Outcome Monitoring Report

Focus on beneficiaries of the Grievance Redress Mechanism 2018-2019

Many families spend a large portion of the cash assistance on rent (US$ 89),followed by food (US$ 35) and health (US$ 25). Through cash assistance, average per capita monthly expenditure of this group reaches above the poverty line and families are more able to meet their needs.

Families included in assistance through the GRM have low income generating capacities and thus highly rely on MCAP as a primary income source. Over half (56%) of families did not have any working members. Main reasons for not working were lack in skill or a medical condition

Families use a small portion of the cash assistance on debt repayment. 87% of families had some debt and 82% incurred new debt in the past month. Average debt was US$ 700, compared to US$ 1,000 among the overall population.

Families who receive cash assistance exhibit better dietary patterns than families that do not. Only 1% of families had poor food consumption. Compared to non assisted families, a larger proportion of the GRM caseload had acceptable food consumption (71% compared to 53%).

Only 2% stated that distance to the ATM was a challenge. Over 95% did not report any challenge using the ATM. Almost 70% of families were aware about how to report any issue related to the card

Families assisted through the GRM had more positive wellbeing scores compared to the non-assisted. A lower proportion (15%) were classified as having a low wellbeing compared to non-assisted families (23%).

The Grievance Redress Mechanism (GRM) is an alternate pathway to inclusion in UNHCR MCAP through a refugee initiated approach.

Background

UNHCR Lebanon supports some 33,000 Syrian refugee families to meet their basic needs through the multi-purpose cash assistance program (MCAP). As part of a global basic needs approach, UNHCR MCAP enhances household socio-economic capacity through the provision of cash assistance. Assisted families receive a monthly cash transfer of US$175 which can be redeemed at any ATM across the country using a card and PIN. Benefiting families also receive US$27/individual/month from the World Food Program (WFP) through the same ATM card to meet their food needs.

Most families assisted by MCAP are included through an econometric model (the desk formula) that ranks families according to their predicted expenditure. Using expenditure as a proxy for poverty and by applying the model to UNHCR refugee data, families that are living below the Survival Minimum Expenditure Basket (SMEB), *the severely vulnerable*, are eligible for MCAP. However, a portion of families to be assisted is reserved for inclusion through a Grievance Redress Mechanism (GRM). The GRM was designed and implemented as an alternative inclusion pathway for cash assistance and serves to increase accountability to the affected population through a refugee-initiated process. The GRM operates once a year, in connection to the announcement of eligibility following the annual review of the desk formula.

In 2018, refugee families were informed of their eligibility status through an SMS upon which they could lodge a claim about exclusion from assistance either through the Call Center or UNHCR Reception Centres. During September to October 2018, 67,500 grievances were gathered following the eligibility announcements. Of these, 2,740 families were included in UNCHR MCAP through the GRM starting January 2019 and were to receive ten months of MCAP assistance.

Figure 1: The UNHCR basic needs approach

The GRM gave families who had been discontinued from assistance or not previously assisted, an opportunity to be included in the programme, based on the following criteria: 1) the family is *severely vulnerable* according to the desk formula, 2) not recipients of any kind of cash/food assistance or were discontinued in the recent cycle, and 3) matched specific vulnerability profiles that are typically left out of assistance and puts them at an additional risk for socio-economic vulnerability.

An Outcome Monitoring (OM) exercise was carried to examine the situation of families included in MCAP through the GRM, to understand what effects the assistance has had and assess whether benefiting families were able to safely access assistance. The findings are presented in this report.
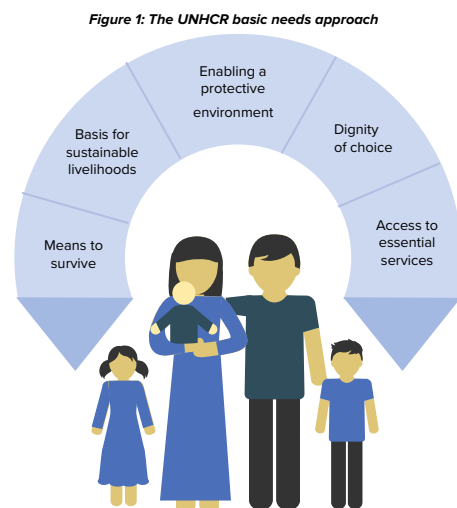
Methodology

Simple random sampling was used to select families included in MCAP through the GRM. Factoring in a 30% non-response rate, 440 households were randomly selected, from which 385 households (1,828 individuals) were interviewed. Main reasons for non-response were a change in phone number, number out of service or closed phone lines. The UNHCR Lebanon Outcome Monitoring questionnaire was used[1].This included questions on household characteristics, specific needs, living conditions, debt, livelihoods, food consumption, expenditures, and wellbeing. There was also a section on access to assistance, including traveling to ATMs, withdrawing cash, and any risks or challenges faced. Trained enumerators carried out face-to-face interviews at refugee homes during May 2019[2].

Baseline and control group data was not gathered through this exercise and as such the findings coming from this analysis are compared to different groups. Comparison groups include:

1. **The overall Syrian refugee population** using findings from the 2018 yearly vulnerability assessment (VASyR)[3]. Referred to in this report as "*the overall population*".

2. **MCAP assisted families included through the desk formula** using findings from an Outcome Monitoring conducted in December 2018[4]. Referred to in this report as "*general MCAP families*".

3. **Families not assisted with multi-purpose cash** using findings from the Outcome Monitoring conducted in December 2018. This group does receive food assistance from WFP but will be referred to as "n*on-assisted families*".

Families assisted with MCAP through the GRM and whom were surveyed for this exercise will be referred to in this report as "*GRM families*".

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1) The full questionnaire can be found via the following link:
2) Enumerators are employed through UNHCR partners. Partners that participated in data collection included World Vision International, Caritas, SHEILD and Makhzoumi Foundation
3) https://www.unhcr.org/lb/wp-content/uploads/sites/16/2018/12/VASyR-2018.pdf
4) https://data2.unhcr.org/en/documents/details/69364

Results

Sample Characteristics

Main sample characteristics are presented in figure 2 in comparison to all the families assisted through the GRM. These are based on data from UNHCR databases and upon which inclusion to the program was based. These figures indicate that the sample used for this exercise adequately represents the profiles of the GRM caseload.

There were marked differences between GRM and MCAP families, and the overall population in other key characteristics, highlighting the unique profiles of this group. Family size of GRM families was smaller than MCAP families (4.7 compared to 8.3) and closer to that reported for the overall population (4.9). Households with a female head were more common among GRM families (36%) as compared to MCAP families (26%) and the overall population (18%). Also, there were more elderly (>60 years) heads of households among GRM families (10%) as compared to the others (1% among MCAP families and 5% among the overall population

Figure 2: Sample characteristics

	Chid Labour	Disabilty	Elderly at Risk	Serious medical Condition
GRM families in the sample	30%	27%	20%	27%
Total GRM famiilies	27%	26%	23%	25%

Expenditures

GRM families were spending the largest amount of money received through MCAP, by far, on rent (US$ 89). This was followed by food (US$ 35) and health (US$ 25). Looking at rent specifically, GRM families spent a larger amount of their assistance on rent as compared to the MCAP families (typically around US$ 50). In fact, average reported rent costs were higher for GRM families than MCAP families by about US$ 50. This is likely due to differences in the place of residence. A large proportion of MCAP families reside in the Bekaa where rent is lower than in other areas. The distribution of GRM families however, is slightly different, with most families living in North Lebanon . Compared to MCAP families, GRM families spent less money from MCAP to repay debts. This could be due to competing priorities where families prioritize rent over other expenses.

Figure 4: Average expenditure from cash received through MCAP, US$
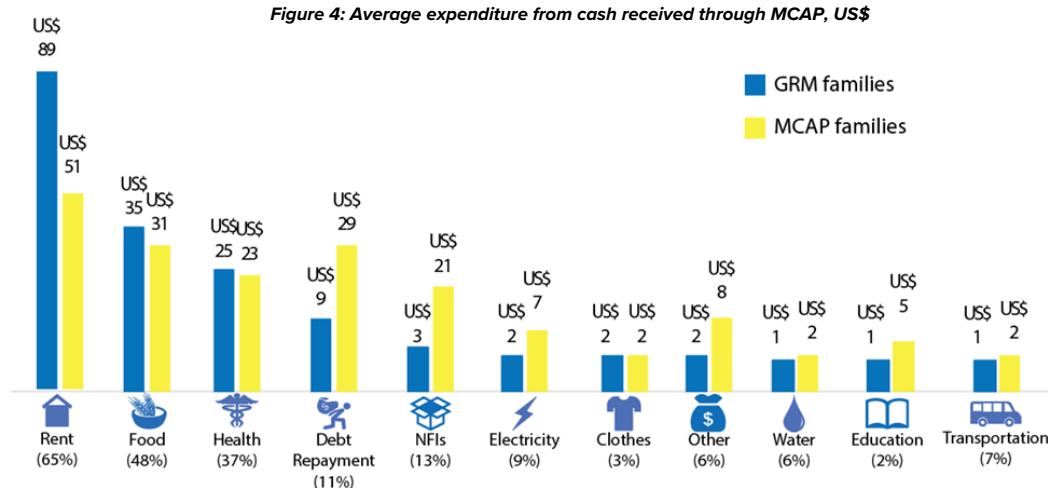
MCAP has enabled GRM families to have, on average, expenditures just above the Minimum Expenditure Basket (MEB). Monthly per capita expenditure was found to be US$ 115 (MEB= US$ 113). The highest per capita expenditure was on food (US$ 45), followed by rent and health. Expenditures among GRM families were significantly higher than those of the MCAP families (US$ 82/capita/month) and the non-assisted families (US$ 102). Moreover, 70% of the families assessed had monthly per capita expenditures above the SMEB. Without the MCAP, these families would have had significantly reduced expenditures below survival needs. No pattern was noted in terms of the profiles of households who continued to have expenditures below the SMEB after receiving MCAP. The main driver of this difference is likely to be family size. As family size increases, per capita monthly expenditure decreases.

Figure 5: Average per capita monthly expenditure, US$
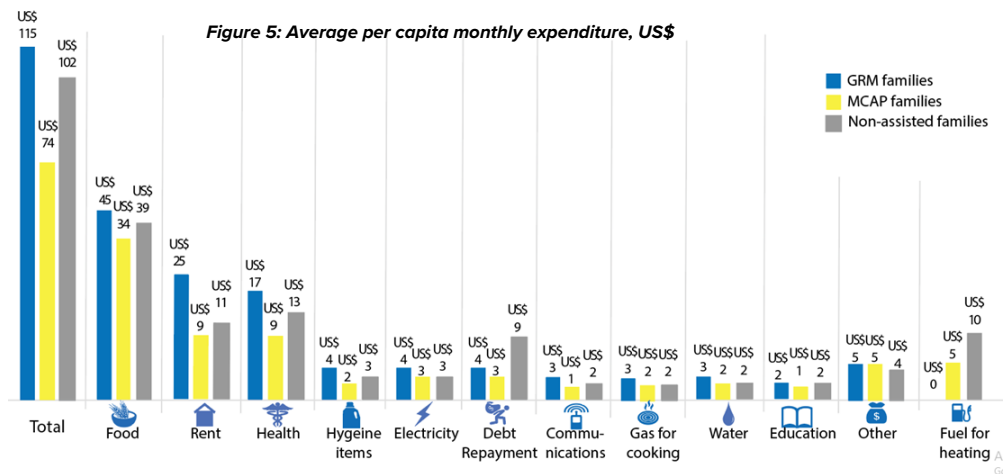
When examining expenditures more closely per profile group, expenditure patterns among the elderly stood out. Families that have an elderly at risk had a higher per capita expenditure on medical and health costs (US$ 38 versus US$ 12). **Families with elderly are largely using cash received through MCAP to cover a significant amount of health expenses** (US$ 47 from MCAP is spent on health expenses as compared to US$ 20 among others.

It is also important to note the seasonal differences when comparing the groups. Data for MCAP and non-assisted families was collected during winter whereas the GRM data collection was in spring. As such, expenditure on fuel for heating comes up more prominently in the comparison groups.

Work and Income

GRM families exhibited lower working capacities as compared to the MCAP families. A little over half (56%) of GRM families did not have any working members as compared to 36% among MCAP families. Amoung non-working individuals, most (above 90%) were not actively searching for work. Only 9% stated that they were not working due to lack of opportunities in comparison to 38% among MCAP families. Most common reasons for not working included lacking in skill/education (23%) or due to a medical condition (12%). Age also played a significant role in whether indivduals working with 11% stating that they were too young and 7% too old to work. These reasons are in line with the known profiles of these families.

Figure 6: Characteristics of working individuals
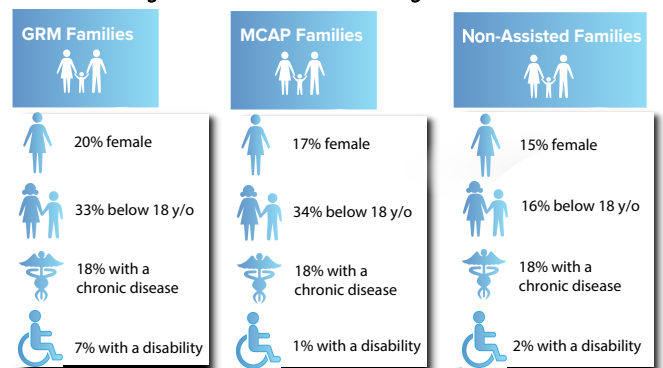
20% of working individuals were female, 33% were under the age of 18, 18% had a chronic illness and 7% had a disability. Families flagged as having elderly at risk had the lowest prevalence of families with working members (7%) and the lowest monthly income (US$100). Families flagged as having incidence of child labor had the highest percentage of families with working members (65%). One quarter of the population was working in agriculture and 18% in construction. A little under one quarter were working in other services including cleaning, driving services and other jobs. Three quarters of families relied on MCAP as their primary income source, followed by food assistance. Income from work did not come up as a major income source for many families. Only 12% relied on work as their primary income source. Once cash is depleted, families relied excessively on debt, in comparison to MCAP families who are able to rely on income from work to a larger degree.

Debt

As seen through expenditure data, **GRM families were using a small portion of MCAP for debt repayment,** at an average of US$ 9. This is significantly less than the US$ 29 reported by MCAP families. The burden of debt, while still high, was lower among this group as compared to MCAP families and the overall population. Among GRM families, 87% reported having had some debt and 82% incurred new debt in the past month. Average debt was found to be US$ 700 (compared to US$ 1000 among MCAP families and overall population). **MCAP played a significant role in preventing families from relying solely on debt,** especially given the limited ability of these families to rely on work.

Negative Coping Strategies

Due to their specific profiles and heightened vulnerabilities, GRM families still engaged in a number of negative coping strategies to meet their basic needs. These families were selected for inclusion due to their increased risk of resorting to negative coping strategies so it is likely that these behaviors were common to begin with. A small portion (5%) of families were not resorting to these behaviors.

Figure 7: Prevalence of negative coping strategies, categorized
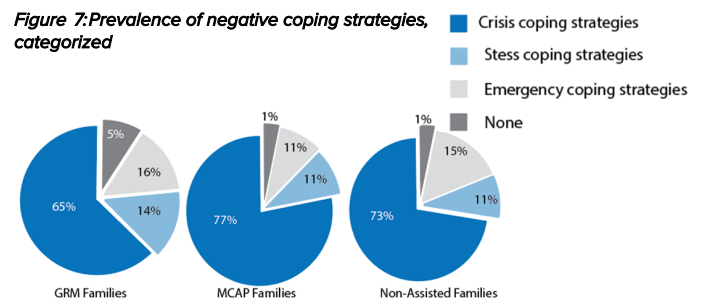
Families with incidence of child labor had a high prevalence of severe negative coping strategies with almost all families (99%) reporting some form of negative coping mechanism. However, reporting of child labor was lower than expected due to multiple factors including underreporting or a change in family situation since receiving MCAP. Families with incidence of disability also resorted to severe forms of negative coping strategies at higher rate than other groups. This includes begging, accepting high risk jobs, and child labor. Families with elderly at risk exhibited a slightly different pattern. Among this group, a larger portion were not resorting to any negative coping mechanisms (10%). For the remaining, most are resorting to the less severe behaviors that fall under the stress and crisis categories[1].

Figure 8: Frequency of specific negative coping strategies
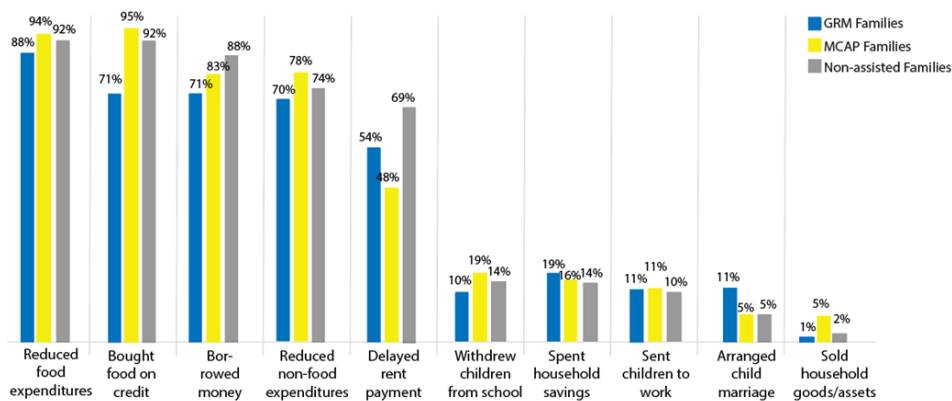
Food consumption

Results from previous monitoring have consistently shown that **families who receive cash assistance exhibit better dietary patterns than families that do not**. This is also true for GRM families. The food consumption score is a composite indicator based on the frequency of consumption of the seven major food groups over seven days. Through this, families are classified as having acceptable, borderline or poor food consumption. Only 1% of GRM families had poor food consumption, compared to 8% in the overall population. Compared to non assisted families, a larger proportion of GRM families had acceptable food consumption scores (71% compared to 53%).

Wellbeing

To quantify and measure refugee wellbeing in the context of MCAP, an index was developed based on four dimensions of wellbeing: financial, health, environment and hopefulness. Through responses to a series of multiple-choice questions, and subsequent weights, households are scored and classified to have a low, mild, medium or high wellbeing. **GRM families had a larger proportion with higher, more positive, scores of wellbeing as compared to the non-assisted.** Non-assisted families had scores that placed them in the lower end of the mild and low categories. GRM families fell more toward the higher end of the mild and the moderate categories. Similar to previous monitoring, very few cases fall in the high wellbeing category. Among GRM families, only 1% were classified as high while none of the non-assisted families fell in this category.

Figure 9: Wellbeing index score classification
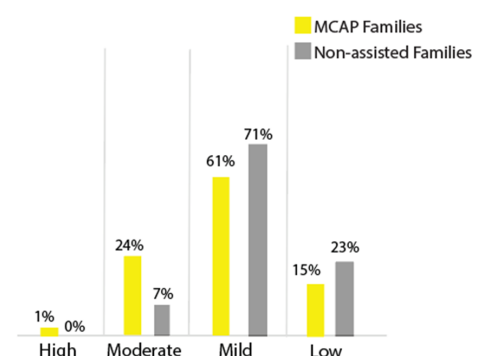
A lower proportion of GRM families (15%) were classified as having a low wellbeing compared to non-assisted families (23%).

1) Stress coping strategies: spending savings, selling household goods, buying on credit and incurring debt. Crisis: selling productive assets, withdrawing children from school, reducing non-food expenses, marriage of children under 18 years old. Emergency: Engaging children in work, begging, accepting high risk jobs, selling house or land.

ATM Access

No risks or challenges were identified with regards to accessing ATMs and withdrawing the cash assistance. Only 2% stated that distance to an ATM was a challenge but there was no associated risk. Only 4% stated that they faced some challenges with using the PIN code.

Most of the beneficiaries (97%) take one trip to the ATM per month. The remaining do not withdraw the full amount at one time to save some money. Most common modes of transportation included taking a taxi (39%) or walking (36%). A little under 18% take the bus while 5% drive themselves. Average time to reach at ATM was reported at 18 minutes with an average cost of US$ 1.5, accounting for less than 1% of the cash transfer provided.

Complaints and Feedback Mechanism

Almost 70% of the sample reported that were aware about how to report an issue related to the card or PIN. This is lower than the figure usually observed among MCAP families where usually over 90% report being aware of the complaint's mechanism. Of those that knew- the field hotlines were reported by most, followed by the call center. A small number cited the UNHCR reception center.

Only 4% reported that they had used one of these outlets to report an issue or get more information since being included in the program. Many these were inquiries about eligibility (34%) or missing an upload (38%). Almost all stated that the issue had been resolved at the time of the interview.

Conclusions

- The GRM allowed for the inclusion of over 2,700 families in the 2019 multi-purpose cash program. These families exhibit specific profiles that place them at a heightened risk of vulnerability and would have been otherwise excluded from cash assistance.

- To a large extent, cash received through MCAP is being used by families to cover rent costs. Other commonly reported expenses covered through MCAP include food and healthcare/medicine. For elderly, MCAP is used mainly to cover health-related costs.

- Through MCAP, almost three quarters of families have per capita monthly expenditures above the survival minimum expenditure basket. Families with larger household sizes still struggle to reach that level of expenditure.

- Families identified through the GRM have less income generating capacities than the overall MCAP families. As such, reliance on MCAP as a primary income source is high. Once MCAP is depleted, most families turn to debt.

- Even with cash assistance, families in specific profiles (particularity child labor and disability) continue to exhibit negative coping mechanisms. Without baseline data it is difficult to conclude the effect of MCAP on these behaviors, given that families included through the GRM are expected to have higher levels of negative coping strategies due to their inherent risk profiles. This also highlights the importance of exploring how other, more specific interventions, can complement cash assistance for families with serious protection risks.

- Compared to non-assisted families, GRM families show slightly better outcomes in terms of wellbeing as measured through the wellbeing index. Using this quantitative measure, GRM families have higher, more positive scores of wellbeing than unassisted families.

- Access to ATMs and cash withdrawal do not pose additional risks to families and challenges with the process are minimal.

- Further examination of knowledge on the complaints and feedback mechanism is required to better understand why a significant number of families are unaware how to report an issue with their card/PIN. Options for future cycles include staff presence at ATMs, ensuring stronger messaging in communication tools and increasing outreach to vulnerable families in a more pro-active way.