

Outcome Monitoring Report

2018 Round 3



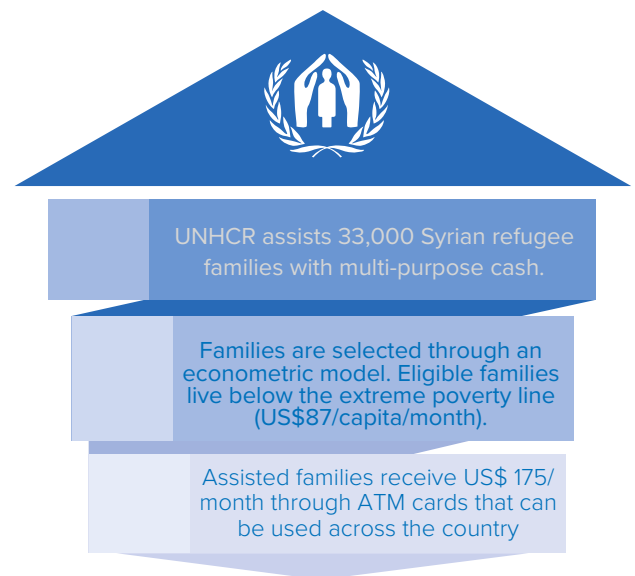
Background

Through the multi-purpose cash assistance programme (MCAP), UNHCR helps some 33,000 Syrian refugee families in Lebanon meet their basic needs with safety and dignity. As part of a global basic needs approach, UNHCR MCAP allows families to have enhanced socio-economic capacity through the provision of cash. Assisted families have access to cash through an ATM card and personal PIN number that can be used at any ATM across the country. Each month, families receive an SMS that their card has been loaded with an amount equal to US\$ 175.

Targeting for MCAP has evolved over the years, since the inception of the programme in 2014. Using innovative methodologies and ensuring the highest standards of data protection, UNHCR is able to assist the poorest, most socio-economically vulnerable families. An econometric model was developed using data from the annual Vulnerability Assessment of Syrian Refugees (VASyR) with the purpose to determine predictors of expenditure. Using expenditure as a proxy for poverty, and by applying the formula to UNHCR refugee data, refugee families are ranked according to their predicted expenditure and in turn, their socio-economic vulnerability. Families that have a monthly expenditure below the Survival Minimum Expenditure Basket (SMEB) of US\$ 87 per capita/month are classified as Severely Vulnerable and eligible for MCAP. The 2018 VASyR reports that about half the refugee population are living below the SMEB.

With such a large population in need and with limited resources, UNHCR targets the poorest families (i.e. those with the lowest predicted expenditures) in each area of operation in Lebanon (Mount Lebanon, Bekaa, North Lebanon and South Lebanon). Humanitarian cash actors in Lebanon, including UNHCR, are currently about to support around 40% of the severely vulnerable population.

Figure 1: Summary of UNHCR's multi-purpose cash assistance programme



Methodology

UNHCR outcome monitoring (OM) serves as one of the main methods for monitoring the effects of MCAP on refugee families. This is done by comparing key household characteristics and behaviours of assisted families with non-assisted families (families that do not receive cash through MCAP). The results of an MCAP OM exercise using data from December 2018 through household visits¹ are presented here.

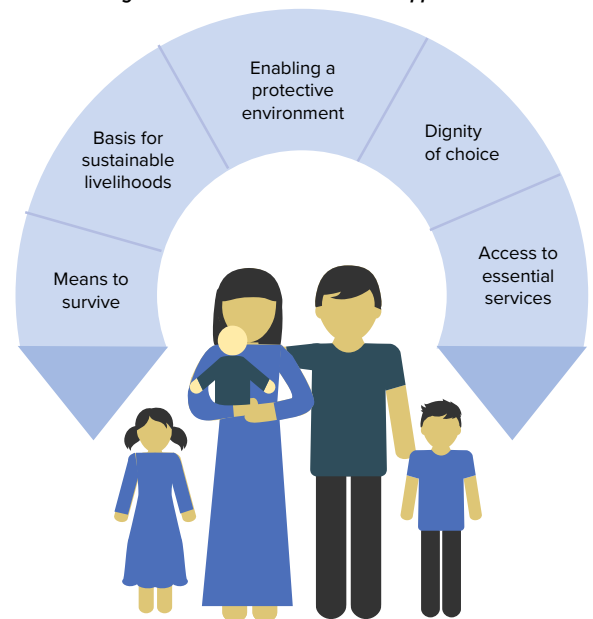
Design and sampling

The following groups were surveyed:

- 1) **Group 1: 403 MCAP assisted families (3, 171 individuals)**
- 2) **Group 2: 419 Non-assisted families (2, 340 individuals)²**

To maximize comparability with the assisted group, the non-assisted group is selected from the pool of severely vulnerable families who do not receive cash through UNHCR MCAP or any other multi-purpose cash programme. Thus, it is important to keep in mind that both groups represent high levels of vulnerability as compared to the overall population. In fact, the differences in vulnerability between the two groups is marginal and allows us to expect comparable key characteristics. Due to their heightened vulnerability, both groups receive food assistance from the World Food Program (WFP) at a rate of US \$ 27/person/month.

Figure 2: The UNHCR basic needs approach



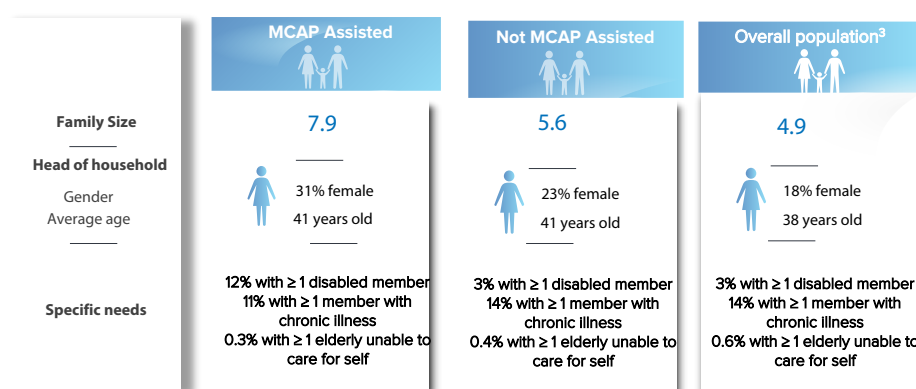
Results

Household Characteristics

Assisted families have, on average, larger family size than those not assisted, with an average of 7.9 individuals per family (compared to 5.6). There is also a larger proportion of female headed households among the assisted families (31% compared to 23%). With regards to individuals with specific needs, 12% of assisted individuals report having a disability, compared to 3% among the non-assisted. The non-assisted group, however, has a higher prevalence of individuals with a chronic illness (14% compared to 11%). Prevalence of a temporary illness or an older person unable to care for her/himself is similar across the two groups.

It is important to keep in mind that families in the non-assisted group, while, slightly less vulnerable than those assisted, are still more vulnerable than the average Syrian refugee family in Lebanon. For example, they have larger family size, are more commonly female headed, and have a higher prevalence of some specific needs as compared to the overall population. That being said however, as mentioned above, both groups are considered to be Severely Vulnerable.

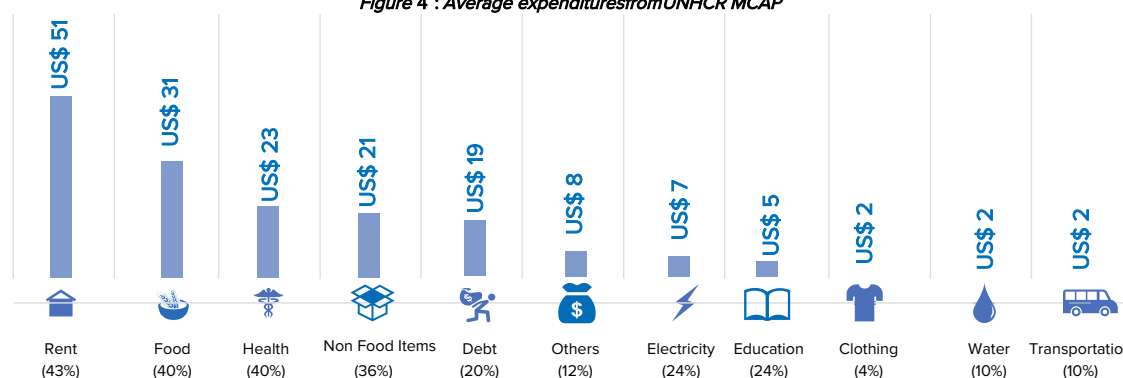
Figure 3: Sample characteristics



Expenditures

Consistent with previous monitoring results, MCAP is being used by families on basic expenditures to cover survival needs, namely rent, food and health costs. These results are consistent with the 2018 VASyR where food, rent and health are reported as the largest component of Syrian refugee expenditure. A little less than half (43%), of families spend some portion of the cash received through MCAP on rent. While rent costs have remained stable over the past couple of years with, on average, families paying US\$ 182 per month, refugee families are burdened with high rent payments (VASyR 2018). Inability to pay rent may place families at risk of eviction and exploitation.

Figure 4 : Average expenditures from UNHCR MCAP



A significant proportion (40%) reports spending cash through MCAP on food or health-related expenses. MCAP also allows families to repay some debt with an average of US\$ 20 per month. The amount spent on other expenditures differed between seasons. July 2018 outcome monitoring indicated that US\$ 8 from MCAP was spent on non-food items. This figure rose to US\$ 21 in December. Non-food item expenditure could include buying blankets, mattresses, heaters or similar items. While details on the types of items bought was not collected, the increase in expenditure on non-food items could be due to winter preparation. Previous research has shown that families' increase their expenditure in the winter season due to additional needs including heating and shelter preparation. In fact, overall household monthly expenditures for both groups were higher in December than in July, with US\$ 573 and US\$ 527 for assisted families and non-assisted families, respectively, compared to US\$ 514 and US\$ 451 in July.

While household monthly expenditure is higher among the assisted, it is important to also analyse expenditure at an individual level. As mentioned, assisted households have larger family size than those not assisted and their per capita expenditure is found to be significantly lower as compared to those not assisted (US\$ 75 compared to US\$ 102). This means lower per capita expenditures on specific expenses like food, rent, health, fuel, and debt repayment. In the summer, however, per capita monthly expenditures were comparable across the two groups. This indicates that assisted, more vulnerable families, are less able to increase their expenditure in winter at the same rate as those not assisted. In fact, non-assisted households had about a US\$ 25 larger increase in monthly household expenditure than the assisted group since July 2018 .

Among female headed households, she (the head) reports being the primary cardholder, meaning that the card is kept in her possession. For the male headed households, 11% report that their wife keeps possession of the card and 6% report that she alone makes the decisions on how to spend the cash. For others it is mainly the head of households that takes these decisions.

Very few families reported any problems within the household and with the community as a results of being a cash assistance recipient. Almost all surveyed households (about 98%) report that no disagreements occur in the household when it comes to making decisions about spending the cash assistance. Similar proportions report no issues with other refugees and with the host community, in relation to the programme.

Income and Work

Syrian refugees face numerous challenges when it comes to finding work. Firstly, they are legally permitted to work only in the agriculture, construction and environment sectors. Moreover, they are limited in their ability to move freely to different areas in the country whether it be due to lack of valid residencies or general fear of safety.

Among assisted families, 31% have no working members and 15% have only one working member. This varies only slightly from the non-assisted group where 27% have no working members and 19% have one member who works.

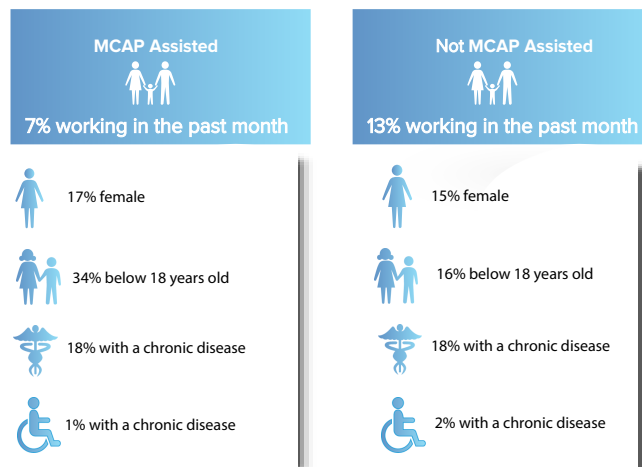
At the individual level, reliance on work instead of cash assistance is evident in that 13% of non-assisted individuals reported working, compared to 7% of those assisted. The likelihood of a female to work was similar across the two groups however there was a larger proportion of children among the assisted working individuals (34% compared to 16% of non-assisted working individuals).

While this group has more children engaged in work as a proportion of overall working members, they still have significantly less people working- possibly due to their capacities (more female headed households, more children in the family, and higher prevalence of disabilities). MCAP assisted families are targeted because they are the poorest, most vulnerable families, and as such, they may be more likely to take on negative coping strategies such as involving children in work. When comparing working conditions, a larger proportion of the working assisted individuals stated that they feel positive about their working conditions (20% compared to 15% for the non-assisted). In both groups, the majority of working individuals rate their working conditions as neutral.

Keeping in mind the legal prohibition of working in several sectors, reasons given for not working were similar across the two groups with most (37%) stating no work opportunities. A little less than a third report not working due to an injury or medical condition.

A larger proportion of non-assisted families rely on work as their primary income source with income from work is much lower among the assisted (US\$ 37 compared to US\$ 77). This may be linked to the ability of assisted families in the assisted group to rely on MCAP. In fact, 87% rely on cash assistance as their primary income source. For those that do not work and thus do not have income from work- reliance on either cash assistance or debt increases. Once the cash assistance is depleted, families tend to fall back on debt with 55% of assisted families reporting debt as their secondary income source.

Figure 5: Characteristics of working individuals



Debt

Most Syrian refugee families have incurred debt during their time in Lebanon. In this sample, 96% of families have some kind of debt. Debt is either in the form of actual borrowed money or in the form of credit from storeowners, landlords, or others. Debt from borrowed money is common in both groups and makes up the larger proportion of overall debt. That being said, MCAP assisted families have lower average debts than the non-assisted (US\$ 1,059 compared to US\$ 1,248). This has been a consistent finding throughout MCAP monitoring exercises and results.

Examining the reasons behind borrowing money or taking on debts provides some insight to the importance of MCAP and links back to findings discussed above on expenditures. With MCAP being used, to a large extent, to pay rent, the proportion of non-assisted families who borrow money to pay rent is significantly larger than the assisted. About 60% of non-assisted families borrow money for rent, as compared to 39% of assisted families. For both groups, approximately 70%, borrow money or take out credit to cover food needs and report the source of their debt to be store owners.

While MCAP is allowing families to pay back debts at a higher rate than non-assisted families, debts are still a huge burden on refugee families, regardless of their assistance status. When asked about their ability to pay debts back, less than 3% from both groups report feeling positive about being able to do so. Most, in fact, feel negative (66%).

Food consumption

Consistently MCAP has been shown to have a positive effect on household food consumption as measured using the food consumption score (FCS). FCS is calculated using the frequency of consumption of different food groups (cereals and breads, meats and eggs, milk and dairy, legumes and beans, sugar, vegetables and fruits) taking into account different weights according to the nutritional value of the different groups. Using this score, families are classified as having poor, borderline or acceptable food consumption. A larger proportion of assisted families have an acceptable FCS (61% compared to 54% among the non-assisted). Overall, both groups have better food consumption score classifications as compared to general population, possibly due to the received food assistance.

That said, large portions (above 80%) of families in both groups are struggling to meet their food needs and report experiencing a shortage of food in the week preceding the interview. This was experienced, to a lesser extent, among the MCAP assisted families (83% compared to 88%). Assisted households report lower frequencies on some, but not all, food related coping strategies. During the preceding week, assisted families relied less frequently on borrowing food, reducing number of meals per day and reducing portion size. For other strategies, including relying on less expensive or less preferred food, spending days without eating, sending family members elsewhere to eat, or restricting consumption of females or children- assisted families were resorting in similar frequencies to the non-assisted.

Figure 6: Frequency and prevalence of food related coping strategies

	MCAP Assisted		Not MCAP Assisted	
	% of households	Frequency (days/week)	% of households	Frequency (days/week)
Relied on less expensive or less preferred food	100%	4.9	100%	5.1
Borrowed food	54%	1.0	52%	1.2
Reduced number of meals	64%	3.1	66%	3.5
Reduced portion size	58%	2.9	65%	3.6
Spent a day without eating	17%	0.02	12%	0.02
Restricted consumption of adults	59%	3.0	55%	3.0
Sent household members to eat elsewhere	23%	0.1	17%	0.1
Restricted consumption of females	29%	0.3	17%	0.2

Negative Coping Strategies

When examining the more severe coping strategies, it becomes more difficult to understand the effects of MCAP. Livelihood coping strategies are categorized into stress, crisis and emergency coping strategies with increasing severity respectively⁴. While there was a slightly lower proportion of assisted families adopting stress coping strategies, the level of crisis and emergency coping strategies were similar, across both assisted and non-assisted families. Looking at specific coping strategies, the most prominent difference between the groups is related to debt. A lower proportion of assisted families report borrowing money in the past 30 days as compared to the non-assisted (83% versus 88%). Delaying rent payments was substantially less common among MCAP assisted families- linked to the ability to use a portion of the MCAP to cover that expense

For others, such as, involving children in work or accepting dangerous or degrading work, rates are similar for the assisted and non-assisted groups. In fact, the proportion of families that report withdrawing children from school is higher in the assisted group (19% compared to 14% for the un-assisted group)- which may be in turn linked to findings discussed above on working children. The high prevalence of severe negative coping strategies among the assisted families highlights their inherent vulnerabilities.

Even with the cash received through MCAP, families are struggling to meet their basic needs and because of the high costs and high needs, the direct link between MCAP and severe negative coping strategies becomes less obvious.

Figure 7: Proportion of households resorting to negative coping strategies

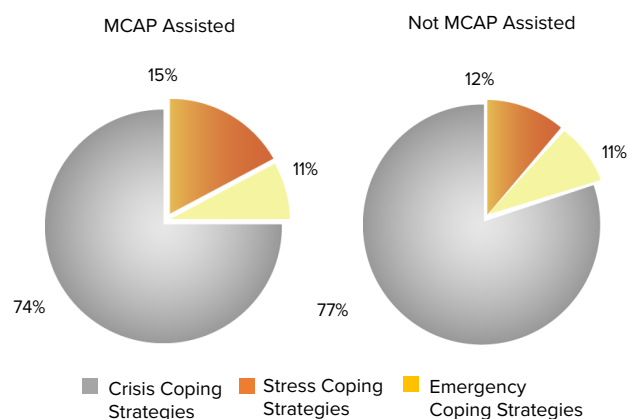
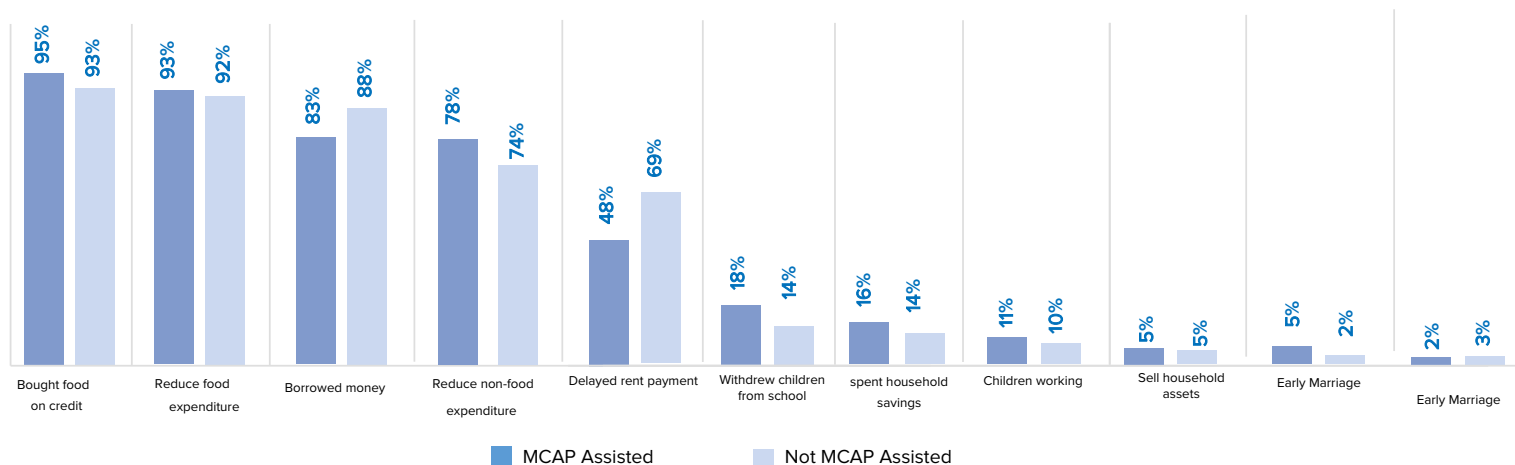


Figure 8: Proportion of households reporting resorting to negative livelihood coping strategies.



Wellbeing

The wellbeing index, developed by UNHCR in 2018, aims to measure and regularly monitor refugee wellbeing across four different dimensions: socio-economic, health, environment and hopefulness. Using a series of questions, the wellbeing index classifies a family into one of four categories of wellbeing: high, moderate, mild or low. Using the index, families can also be categorized on a four-point scale for each of the four dimensions. While there is no universal definition for well-being, there is a movement towards the creation of more perception-based indicators to measure poverty and vulnerability. While still quantitative in nature, UNHCR's wellbeing index draws on a series of perception based questions with the purpose of drawing on the refugees' experience and views on their life. The index was developed specifically with the objective to enhance the monitoring effectiveness with regards to UNHCR MCAP.

⁴ 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.

This index was initially piloted in UNHCR’s MCAP OM earlier in 2018. The results showed that assisted families were faring better across all dimensions of wellbeing. Findings for this round show similar outcomes.

Overall, assisted families have a better perception of their own wellbeing compared to non-assisted families. A lower proportion of assisted families have a “low” wellbeing as compared to the non-assisted (20% compared to 23%) and a larger proportion are in the “moderate” category (12% compared to 7%). This trend is most prominent within the “hopefulness” and “financial” dimension where a lower proportion of assisted families score “low” as compared to the non-assisted. For the “health” and “environment” dimensions- the two groups exhibit roughly similar distributions.

It is interesting to note that, similar to the results from the pilot, no families score “high” in the overall wellbeing index and very few score “high” in each of the four dimensions. This is indicative of the severe state of vulnerability inherent to refugees.

Access to ATMs and Cash Withdrawal

Over half of assisted families (53%) report travelling to a nearby ATM to withdraw their MCAP payments by taxi, 23% walk and 13% take a bus. A few families drive themselves (5%) or have a friend or relative drive them (4%), while 2% report someone else withdrawing the money on their behalf. On average, across the regions, supported families take 22 minutes to reach an ATM and two thirds of families have an associated cost at an average of US\$ 4. Only 2% of beneficiaries report that getting to an ATM is a challenge and this is mainly in relation to transportation costs. In terms of ATM use, 8% of households face a challenge. In most cases, the waiting time due to overcrowding at ATMs was the issue. This is mainly occurred in North Lebanon and the Bekaa where most of the MCAP and other cash program beneficiaries reside and where some areas have a limited number of ATMs. That being said, safety at the ATM was not reported to be an issue.

Complaints and Feedback

UNHCR has a number of modalities to gather refugee inputs, feedback and complaints with regards to MCAP. A call center in Beirut allows refugees to raise issues related to assistance such as using the card, reporting a lost card or PIN, not understanding an SMS, or any other issue. Hotlines for each UNHCR field office are also available to take complaints (including but not limited to protection, WASH, or shelter issues). Almost all those surveyed (97%) were aware of at least one way in which they could contact UNHCR in case of any issue relates to MCAP. Most households in the sample (81%), stated the hotlines or call centre while others mentioned approaching UNHCR in person and submitted a complaint (15%). Only 3% reported that they were not aware of how to contact UNHCR about MCAP. Very few (4%) reported that they had contacted UNHCR due to a lost card or PIN and 60% of those stated that the issue was resolved at the time of the interview.

Conclusions

- One of the main uses of MCAP is covering rent payment. Refugees are increasingly burdened with heavy rent prices and pressure to pay. A significantly lower proportion of MCAP assisted families reported delaying rent payment in the past month, compared to the non-assisted. This may be alleviating families from pressures from their landlords.

- Consistently, monitoring of the MCAP program has shown that non-assisted families are more heavily burdened with debts. While assisted families are still having to rely on debt to cover needs, the do so at a lower rate that those not assisted. MCAP is also used by some families to pay back outstanding debts.

- Similar to the pilot round earlier in 2018, UNHCR's wellbeing index has shown that refugee families that receive cash assistance through MCAP have, overall, better perceptions of their wellbeing. This includes wellbeing on four different aspects: health, financial, hopefulness and environment.

Figure 10: Wellbeing index analytical framework

