

# Outcome Monitoring Report

Multi-purpose Cash Assistance to refugees of nationalities other than Syrian  
2019



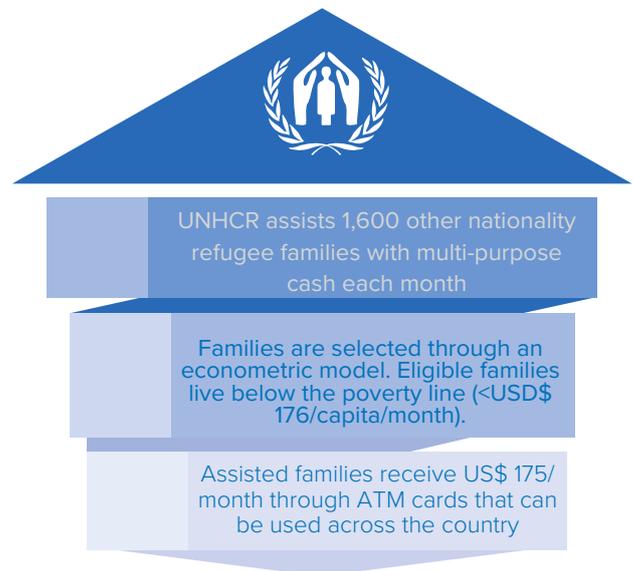
## Background

Throughout 2019, UNHCR was assisting, on average, around 1,600 refugee families of nationalities other than Syrian (Iraqi and others) each month through the multipurpose cash assistance programme (MCAP). Through this delivery of assistance, UNHCR aims to enable vulnerable refugee families to meet their most basic needs in a safe and dignified way. The cash programme is in line with the UNHCR basic needs approach, aiming to enable refugees increased access to services through enhanced socio-economic capacity.

By means of proxy means testing, an econometric model designed through data gathered during the annual vulnerability assessment of refugees (VARON), monthly expenditure is predicted for each refugee household. In this way the population of concern to UNHCR can be classified according to their poverty level. Households who live below a per capita monthly expenditure of US\$ 176 are deemed to be living in poverty. These families are targeted for MCAP.

Assisted families are provided with an ATM card and respective PIN number through which they receive a monthly cash transfer equivalent to US\$ 175. This cash transfer is calculated with the aim of complementing other sources of income including other types of assistance and any income from work. In this way, UNHCR supports poor families to have increased expenditures and live a dignified life.

**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 report presents the findings of an outcome monitoring exercise carried out between July and August of 2019.

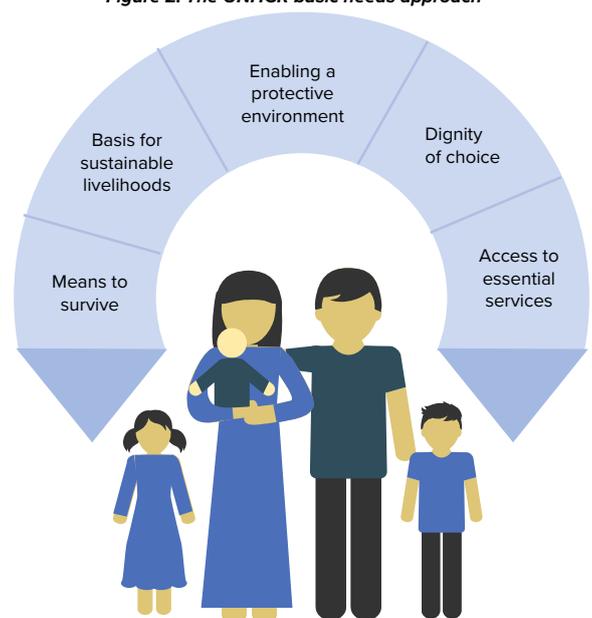
### Design and sampling

Data from a total of 414 refugee households was used for the analysis presented in this report. Data collection took place through face-to-face interviews at refugee homes by trained enumerators<sup>1</sup>. The primary objective was to interview households that were recipients of cash assistance from UNHCR. Additionally, a smaller group of non-recipients was also included as follows:

- 1) **Group 1: 297 MCAP assisted families (1,317 individuals)<sup>2</sup>**
- 2) **Group 2: 117 Non-assisted families (388 individuals)**

The sample of non-assisted families is not large enough for representative results in the same way as group 1. However, for informative and inferential purposes, the comparison between the two groups is provided for key indicators. Targeting for MCAP follows an approach where the poorest families are selected for assistance. As such, assisted families in this sample are slightly more vulnerable than the non-assisted. Families in both groups receive food assistance from WFP at the rate of US\$ 27/person/month.

**Figure 2: The UNHCR basic needs approach**



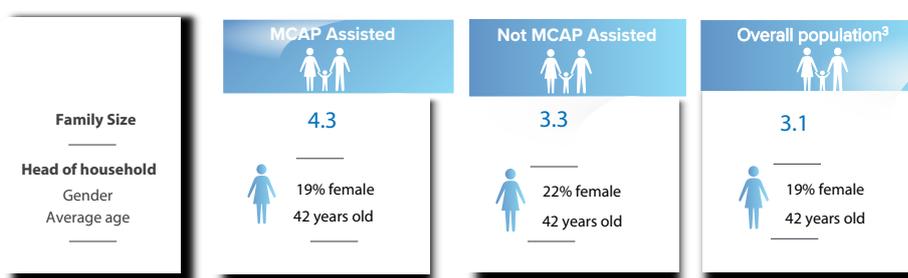
## Results

### Household Characteristics

Most refugees of nationalities other than Syrian reside in Beirut and Mount Lebanon. In this sample, 78% of families were living in Beirut or Mount Lebanon, 12% were living in the South and the remaining in the North (7%) and Bekaa (3%). The majority (95%) were living in residential housing, primarily apartments or concierge rooms, 4% were living in non-residential housing and 1% in non-permanent housing.

**Assisted families had, on average, larger family size (4.3) as compared to non-assisted families and the overall population,** as per the annual vulnerability assessment (VARON 2019). This is expected as household size plays an important role in vulnerability, where larger families are seen to be more vulnerable. Gender and age of the head of household was similar across the groups with about 20% of families being headed by a female and the average age of the head of household at 42 years old.

Figure 3: Sample characteristics



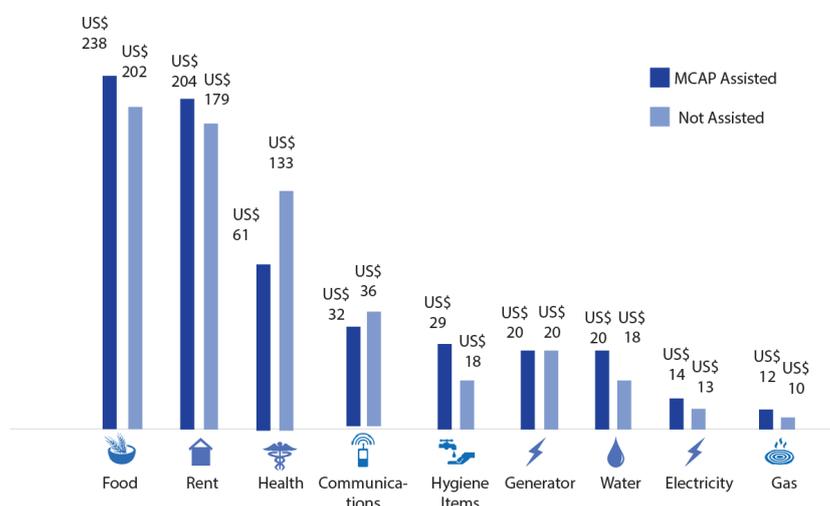
### Expenditure

**Assisted families had an average household expenditure above the poverty line (US\$176/person for an average household size of 3.5) at US\$ 659.** Non-assisted families' average household expenditure was equal to the poverty line at US\$ 616.

Examining the top level household expenditures, assisted families were spending more, on average, on food and rent, as compared to the non-assisted. However, health spending was significantly lower among the assisted, with less than half of what the non-assisted families reported. Potentially, **vulnerable families could be de-prioritizing health expenses over other needs such as food and rent.** Other main expenditures included communications, hygiene and cleaning items, electric bills, water and gas.

**In terms of prioritizing cash received through MCAP, 64% reporting that food was their top priority and 28% reported rent at the primary priority,** much fewer (8%) reported expenses related to health. Health expenses were more commonly reported as a second priority (16%) on which to spend their cash assistance, but still lower than rent (33%) and food (23%).

Figure 4: Average household expenditure on various categories, by group

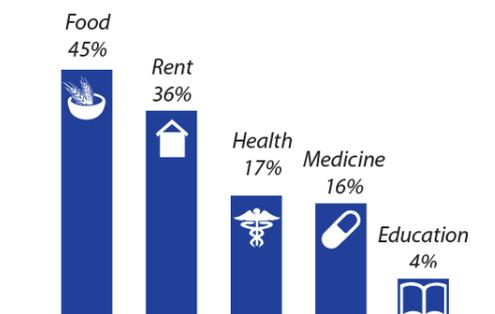


## Debt

Around 62% of households were in debt at the time of interview, with similar rates across both groups. This includes debt incurred through borrowing money, buying good on credit and unpaid rent. **Average incurred debt among households that were in debt was lower among the assisted group compared to the unassisted group (US\$ 638 versus US\$ 845).**

Among assisted households, the main reasons for debt included food (45%), rent (36%), health costs (17%) and buying medicine (15%). Most commonly, families were borrowing from friends in Lebanon (33%) and shop owners (29%). Fewer families were reporting borrowing money from relatives in Lebanon (9%), relatives outside Lebanon (8%) or landlords (12%)

Figure 5: Main reasons for incurring debt among assisted families



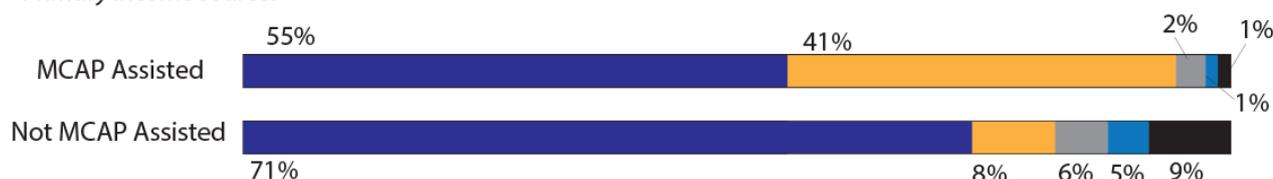
## Sources of Income

**Few households were relying in debt at their first source of income.** Among assisted families, less than 1% were relying on debt as their first income source. Over half (55%) relied on income from work and 41% relied on cash from MCAP as their primary income source. This is compared to 71% of non-assisted families who relied on income from work as the main income source and 5% who relied on debt as the main income source.

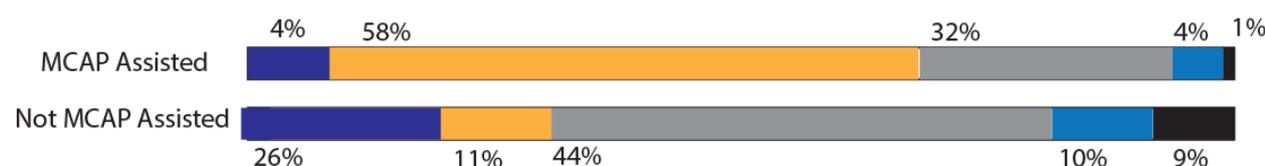
For MCAP assisted families, 58% reported relying on cash from MCAP as the secondary income source and 32% on WFP food assistance.

Figure 5: Primary and Secondary income sources reported by refugee families

### Primary income sources



### Secondary income sources



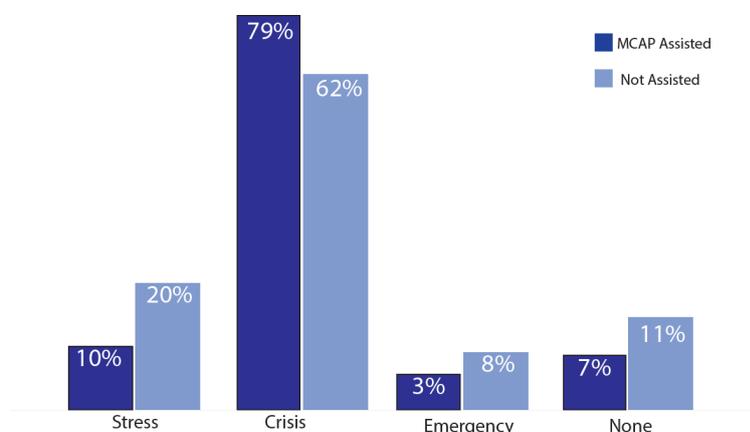
■ Income from work 
 ■ ATM cash assistance 
 ■ WFP food assistance 
 ■ Debt 
 ■ Other

## Coping Strategies

Coping strategies are classified into three types: stress, crisis and emergency coping strategies. The less severe fall under stress coping strategies and include spending savings, selling household goods, buying on credit and incurring debt. Crisis coping strategies include selling productive assets, withdrawing children from school, reducing non-food expenses and marriage of children under 18 years old. Emergency coping strategies include engaging children in work, begging, accepting high risk jobs and selling a house or land.

**MCAP assisted families relied less on stress and emergency coping strategies as compared to non-assisted families.** This trend however was not noted with the crisis coping strategies which includes some quite severe behaviors like withdrawing children from school and child marriage. This has been a trend in previous monitoring activities where MCAP has been shown to clearly decrease reliance on some coping strategies but for the more severe behaviors, the effects become less clear.

Figure 7: Share of families resorting to negative coping strategies, by category



## Food Consumption

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. Assisted families exhibit more positive food consumption as per the food consumption score, as compared to non-assisted families. **Among the assisted there is a smaller share of families with poor scores (2% compared to 6%) and a larger share with acceptable scores (83% compared to 77%).**

Similar to the trend noted above, **assisted families were relying to a lesser degree on some of the less severe food coping strategies like decreasing portion size and reducing number of portions eaten per day.** Prevalence of the more severe food related coping strategies was low among both groups with the exception of reducing consumption of adults which was significantly higher among the assisted group.

Figure 8: Prevalence of food related coping strategies

	MCAP Assisted	Not Assisted
Reducing number of meals eaten per day	81%	72%
Reduced portion size	81%	70%
Spent days without eating	2%	3%
Restricted consumption of adults	1%	27%
Sent household members to eat elsewhere	3%	2%

## Access to ATMs and Cash Withdrawal

Almost all families (98%) reported that a household member withdraws the cash assistance, mainly the head of the household. For those that have someone else withdraw the money on their behalf, none reported that they had to pay a fee for this service and only 1% of families reported the females do not feel safe traveling to the ATM alone. With the majority of families living in Beirut, ATMs are at a walking distance. In fact, almost three quarters (73%) report that they walk to an ATM, 18% take a taxi, 8% drive or have a friend or relative drive and 6% take a bus. **The majority (97%) of families did not report facing any challenge getting to an ATM.** For the few that did, distance to an ATM was the reported challenge. Similarly, 96% of families did not face any risk or challenge when using the ATM to withdraw the cash assistance. For those that did, some reported that the ATM machine they approached was out of service and other faced some difficulty using the card.

62% of families reported that they were aware of how to report any issues with the card, mainly citing the UNHCR hotline, leaving 38% of families that, at the time of the interview, reported not knowing how to file a complaint related to the cash assistance.

## Conclusions

- UNHCR MCAP allowed families to have an average household expenditure above the poverty threshold thus enabling them to meet their most basic needs,
- Primarily, MCAP was used for families to buy food and secure rent payment. Assisted families were still facing challenges in meeting health needs, as evident by low expenditures.
- Assisted families did not rely heavily on debt as a main income source but rather on work as well as cash assistance. They also had lower average debt than non-assisted families.
- MCAP helps families rely less on some key negative food and non-food coping mechanisms. However, this effect is less noticed in more severe forms for negative coping.
- Assisted families exhibited positive outcomes in food consumption as evident by the food consumption score where a very low share of families had poor food consumption.
- Most families do not face any challenges getting to and using an ATM and many (almost three quarters) are able to walk to a nearby ATM and withdraw their cash assistance.
- A significant portion of families (38%) reported not being aware of the complaints and feedback mechanism available to refugees, warranting additional examination in to the efficiency of the distribution of this information within the community.