MULTI-PURPOSE CASH ASSISTANCE IN LEBANON

IMPACT EVALUATION ON THE WELL-BEING OF SYRIAN REFUGEES

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The authors of this report are: Jad Chaaban, Hala Ghattas, Nisreen Salti, Wael Moussa, Alexandra Irani, Zeina Jamaluddine and Rima Al Mokdad.

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Cover photo:
A WFP MPC programme beneficiary in her settlement in the Bekaa.
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EXECUTIVE SUMMARY

Since the onset of the Syrian crisis, the humanitarian community has increasingly relied on cash-based assistance provided from donor contributions and implemented by aid partners under the Lebanon Crisis Response Plan to support the affected population. In November 2017, the World Food Programme (WFP) joined the United Nations High Commissioner for Refugees (UNHCR) and non-governmental organisations (NGO) in the delivery of multi-purpose cash (MPC) to assist the most economically vulnerable Syrian refugee households to meet their basic needs. WFP provides a monthly unconditional and unrestricted transfer of $27 per person per month and a top-up of $173.50 to Syrian refugee households to stabilise or improve access to food and basic needs over a 12-month cycle.

This study aims to measure the short-term (12 months or less) and long-term (more than 12 months) causal impact of the $173.50 and $175 MPC assistance provided by WFP and UNHCR respectively, over and above the $27 per person per month assistance, as well as the impact of discontinuation from MPC on the well-being of Syrian refugees.

This report presents the causal impact on multiple dimensions of well-being, namely household expenditures, food security, housing, water, sanitation and hygiene (WASH), education, employment, health and decision-making. The key take-away messages from the study are:

1. The impact of MPC materialised across most dimensions of well-being in the long-term, indicating the importance of households' access to a longer duration of MPC.
2. The benefits of MPC fade for many indicators within 4 to 10 months after discontinuation, and households' well-being returned to pre-assistance levels for most indicators, and dropped slightly below the pre-assistance baseline for others.
3. The findings would suggest that there are benefits to instituting longer cash cycles and/or linking MPC to other services through a 'cash plus' approach to expand and extend the positive impact of cash on beneficiary households and ensure sustainable impact.

A total of 11,457 households were visited and used in this analysis, which constitutes one of the largest samples among impact evaluations conducted in Lebanon to date. Key findings revealed in the research and analysis include:

Household expenditures: MPC led to a sizeable and significant increase in total reported monthly household expenditure (including food, rent, health etc.) from $486.90 in the control group to $581.90 in the long-term MPC group. No significant decrease in total expenditures was observed among the discontinued group compared to the control group. Receiving the MPC top-up lead to a significant increase for the long-term MPC group in food and cooking gas expenditures, which confirms the observed significant increase in the food quality and quantity and the decrease in the food insecurity experience of long-term MPC households.

Food security: Long-term MPC had a significant positive impact on the food security of households over and above any effect of the $27 cash assistance. The food insecurity experience of long-term MPC households decreased by a 0.9-point score (on a scale of 8 points). Over and above the $27 cash assistance, long-term MPC recipients had a minimal 6-point increase in the adapted Food Consumption Score (FCS) along with an increase in the consumption of cereals, vegetables, fish, eggs, and oil indicating a slight improvement in the food consumption and diet quality of households. Long-term MPC also lead to a $32.70 increase in recipient households' food expenditures.

Housing and WASH: Access to sufficient drinking water was significantly higher for all treatment groups compared to the control group. No significant impact was detected in rent expenditures for any of the treatment groups. No significant impact was detected on residential housing and WASH outcomes such as access to toilets located inside the household. Housing outcomes are largely dictated by a shortage of affordable quality housing that predates the Syria war, and was exacerbated by the rising demand for housing by the influx of refugees. Housing conditions cannot be tackled through MPC alone and require linkages with institutional and legal efforts to protect tenants' rights. These could be pushed through municipal initiatives to institute yearly rental contracts, with provisions to protect against evictions and price increase.

Education: Formal school enrolment for children aged 5-14 increased significantly for short-term and long-term MPC groups. The positive impact was similar in magnitude among boys and girls. Reasons for non-enrolment also suggest that long-term MPC households are significantly less resource constrained in their enrolment decisions.

Employment: Long-term MPC appears to be increasing working males' ability to choose work with better employment conditions according to the findings. For example, this was observed in a decrease in their employment by 17 percentage points, which was coupled by an increase of 10.6 percentage points in the rate of unemployed men who are not working but are actively looking for a better job, a finding that was confirmed qualitatively. In fact, access to any duration of MPC

was correlated with a lower probability of working in hazardous conditions or having a work injury among the employed in the target population.

The labour market impact of MPC is different for women. Long-term MPC appears to give women the option to leave the labour force and avoid low-paying and, often, hazardous jobs they would have otherwise had to take part in. Conversely, labour market dynamics for women in the discontinued group suggest that the loss of MPC depressed their reservation wage (the lowest wage they are willing to accept for a job). Results show a significant increase in employment (10.7 percentage points) coupled with a significant drop in unemployment (8.8 percentage points). This suggests that MPC allows women to prioritise household chores and childcare, the reasons reported for not looking for work in this assessment by 67.2 per cent of the working-age women. These dynamics were also confirmed by the qualitative findings of Economic Development Solutions' (EDS) informal employment assessment.

Child labour is lower among all children in the 5-14 age group in the long-term MPC group. However, with baseline rates of child labour in the control group already very low, the difference in rates between the control and long-term MPC is not statistically significant.

Health: Households receiving long-term MPC reported a significant 8.3 percentage points increase in accessing any type of primary health care (PHC) compared to the control group. This increase in access was specifically significant for children under 5 and those between the ages of 5 and 19. This was paralleled by a significant decrease of 9.9 percentage points in the reported need for hospitalisation in the long-term MPC group compared to the control group.

MPC also had a positive impact on the mental health of respondents. Respondents who report good mental health increased significantly by almost three-fold from 18.5 per cent in the control group to 54.5 per cent in the long-term MPC group.

Decision-making: Results for females making sole or joint decisions were mixed for the multiple decision fields and were largely non-significant and inconclusive. There is a need to adapt the international tools used, based on the International Food Policy Research Institute (IFRI) and the Demographic and Health Survey (DHS) modules, to the local refugee context and explore the use of other potential indicators of decision-making in future studies.

This report concludes with a number of recommendations and evidence gaps including:

1. Holding consultations with MPC and other cash actors in relevant working groups to revisit the duration of current cash cycles, or customise cash cycle durations based on the needs of beneficiary households.
2. Conducting sector focused MPC impact evaluations to better understand the process behind the impact. Unpacking the causal mechanisms through a mixed methods approach could lead to a more detailed and accurate measurement of impact and provide a finer cross-sectional view rather than a general snapshot.
3. Evaluating 'cash plus' interventions that are based on linkages between MPC and external services to better understand how combining cash assistance with complementary programmes can lead to achieving more effective sustainable impact.

Future assessments should focus on answering the below to guide the humanitarian sector and cash practitioners in their programming:

- What is supporting or inhibiting the impact of MPC on the studied outcomes of interest at the micro level (individual or household) and at the macro level (institutions, service providers, legal, political and socio-economic environment)?
- How are these external services and their quality affecting the impact of MPC on refugees' well-being?
- What are the causal pathways through which MPC is improving the household's well-being and access to quality services?

SUMMARY OF OUTCOMES

Significant increase compared to the control group

Significant decrease compared to the control group

No significant change compared to the control group

Dimensions	Outcomes of interest	Discontinued	Short-term MPC (12 months or less)	Long-term MPC (more than 12 months)
Household (HH) expenditures	Total self-reported monthly $ expenditure per HH			
	Monthly $ expenditure on food per HH			
	Monthly $ expenditure on cooking gas per HH			
	Monthly $ expenditure per HH on: health, education, diesel, hygiene, water, communication and transportation			
	Total $ debt per HH			
Housing and WASH	Monthly $ expenditure on rent per HH			
	% HHs with residential housing			
	% HHs with sufficient drinking water			
	% HHs with sufficient cooking and washing water			
	% HHs with toilet inside the shelter			
Education	% children (5-14) enrolled in formal school			
	% children (5-14) enrolled in non-formal school			
Employment	% employed children (5-14)			
	% employed adults (15-64)			
	% employed adult (age 15-64) females			
	% employed adult (age 15-64) males			
	% unemployed adults (age 15-64)			
	% unemployed adult (age 15-64) females			
	% unemployed adult (age 15-64) males			
	% inactive adults (age 15-64)			
	% inactive adult (age 15-64) females			
	% inactive adult (age 15-64) males			
Food Security	Adapted FCS (score points)			
	HDDS (score points)			
	% HHs using emergency coping strategies			
	FIES (score points)			
Health	% individuals with need for PHC			
	% HHs with need for hospitalisation			
	% HHs received hospitalisation			
	% individuals with access to any PHC			
	% individuals (under 5) with access to any PHC			
	% individuals (age 5-19) with access to any PHC			
	% individuals (age 20+) with access to any PHC			
	% respondents with good mental health			
	% married female respondents with access to modern contraceptives			

INTRODUCTION

Background

Lebanon currently hosts the world's largest per capita refugee population estimated at a quarter of the Lebanese population. The Lebanese government estimates that nearly 1.5 million Syrian refugees are currently in the country (Government of Lebanon & United Nations, 2019), of which 910,256 are registered as refugees with the United Nations High Commissioner for Refugees (UNHCR) as of 31 January 2020 (UNHCR, 2020). The majority of the Syrian refugee population in Lebanon lives in difficult and deteriorating socio-economic conditions with limited livelihood options, little or no savings, and in dire need of humanitarian assistance. The latest findings from the Vulnerability Assessment of Syrian Refugees (VASyR) reveal that, in 2019, an alarming 55 per cent lived below the survival minimum expenditure basket (SMEB) equivalent to $2.90 per person per day (United Nations High Commissioner for Refugees, United Nations Children's Fund & World Food Programme, 2019).

Since the onset of the Syrian crisis, the humanitarian community has increasingly relied on cash assistance provided from donor contributions and implemented by aid partners under the Lebanon Crisis Response Plan to support the affected population. The World Food Programme (WFP) has been delivering food assistance in Lebanon since 2012. In November 2017, WFP joined UNHCR and other non-governmental organisations (NGO) in the delivery of multi-purpose cash (MPC) to assist the most economically vulnerable Syrian refugee households to meet their basic needs. WFP provides a monthly unconditional and unrestricted transfer of $27 per person per month and a top up of $173.50 to 23,000 Syrian refugee households to stabilise or improve access to food and basic needs over a 12-month cycle. UNHCR uses the term MCAP (multi-purpose cash assistance programme) for its monthly transfer of $175 per household/month to around 33,000 households. Those receiving MCAP from UNHCR also receive $27 per person per month from WFP. For the purpose of this report, the term MPC is used to refer to the $173.50 and $175 top-up monthly transfers delivered by WFP and UNHCR respectively.

In a refugee population context, cash-based interventions restore a sense of independence and productiveness among beneficiaries (UNHCR, 2016). They allow beneficiaries to live with more dignity by enabling them to make decisions about their priorities and spend money accordingly. From a programming perspective, where functioning markets exist, transferring cash through digital payment systems makes cash transfers affordable, secure and transparent.

The global growth in cash assistance is paralleled by a significant variation in the availability of comparative evidence on cash transfers. There is substantial evidence on the effectiveness of cash assistance in improving food security, but more limited evidence on its effectiveness for health, education, shelter and sanitation. There is a need to further develop the evidence base for the use of cash assistance, especially in humanitarian settings (World Bank, 2016).

The WFP MPC programme includes an independent monitoring, evaluation, accountability, and learning component, which is delivered by the Cash Monitoring Evaluation Accountability and Learning Organisational Network (CAMEALEON). CAMEALEON is an NGO-led network of partners, including the Norwegian Refugee Council (lead agency), Oxfam and Solidarités International. It works in collaboration with Lebanese and international partners including the American University of Beirut (AUB), Economic Development Solutions (EDS), Overseas Development Institute (ODI), and the Cash Learning Partnership (CaLP), and WFP as a member of the MPC steering committee. CAMEALEON generates independent evidence, learning and recommendations with the goal of strengthening the effectiveness, efficiency, accountability, and learning of the WFP MPC programme, as well as informing the wider cash response.

The AUB research component of CAMEALEON presented in this report measures the short- and long-term impact of MPC assistance ($173.50 and $175) provided by WFP and UNHCR, over and above the $27 per person per month, as well as the impact of discontinuation on the well-being of Syrian refugees across multiple dimensions including: household expenditures, food security, housing and WASH, education, employment, health and decision-making. More specifically, the report aims to measure the extent to which the MPC programme contributes to its intended impact of household stabilisation, as reflected in the outcome monitoring pillar for the WFP MPC steering committee framework. This study is the first to analyse duration variability and discontinuation of cash assistance for multiple well-being dimensions using multiple waves of data collection.

Methodological approach

A total of 11,457 households were visited and used in this analysis, which constitutes one of the largest samples among impact evaluations conducted in Lebanon to date. The impact evaluation used a quasi-experimental fuzzy regression discontinuity design, which enables estimation of the causal impact of MPC after different enrolment periods in the programme (rather than producing simple correlations). For this purpose, a multi-sectoral household survey was collected across three regions in Lebanon (Bekaa, North, and Mount Lebanon), where 85 per cent of Syrian refugees and 94 per cent of MPC beneficiaries live, over three waves of data collection held in July/August 2018, February/March 2019, and July/August 2019. The multiple rounds of data collection allowed for

the measurement of effects that materialise at different points in time and enabled the validation of the detected impact. Furthermore, collecting data in the summer and winter made it possible to account for seasonal variations, and accessing administrative data from UNHCR on other assistance programmes targeting the population of interest made it possible to append this information and distinguish between the effect of MPC and other programmes.

WFP and UNHCR cash assistance beneficiaries are selected based on a proxy means testing formula that constructs a vulnerability score for each household based on a set of socio-demographic characteristics from the UNHCR database. This score predicts the per capita expenditure level of households and is used to rank them from most to least vulnerable. All households with a score below the SMEB are eligible for MPC. However, due to budgetary constraints, only about 29 per cent of eligible households currently receive the MPC package. WFP follows a bottom-up approach by including in the programme households starting from the lowest scores and moving up the scores until the allocated funding is fully disbursed. UNHCR employs a geographical bottom-up targeting approach by including the most vulnerable households in each geographic region until it reaches the region's allocated proportion given its budget constraints. Accordingly, the point at which the funding is fully disbursed creates an artificial cut-off line. This creates a quasi-natural experiment where households on either side of the cut-off are plausibly similar along observable and unobservable characteristics. As a result, the argument is that the only difference is the receipt of MPC. Thus, any differences in outcomes between households are attributable to the amount of cash assistance received, which allows for measuring the causal impact of the MPC.

Notably, because the annual recalibration of the targeting formula that determines a household's eligibility for MPC occurred prior to the collection of wave 2 data, this uniquely positioned the study to measure the impact of discontinuation on affected households.

The impact of three MPC treatment combinations was measured compared to non-receiving households:

- **Discontinuation from MPC**

  Households from waves 2 and 3 are combined in this group to measure the impact of receiving MPC for 12 months followed by getting discontinued from MPC (while continuing to receive the $27 per person per month).
- **Short-term receipt of MPC (12 months or less)**

  Households from the three waves are combined in this group to measure the impact of receiving 4, 9 or 10 months of MPC.
- **Long-term receipt of MPC (more than 12 months)**

  Households from waves 2 and 3 are combined in this group to measure the impact of receiving 16 or 22 months of MPC.

Figure 1: MPC treatment groups

While the impact of MPC on the three treatment groups can be measured against the control group, it is not possible to measure the marginal impact of MPC between groups. Given the available data and research design, this study is not able to explain why statistically significant long-term effects for some outcomes are smaller in size than the discontinued group or the short-term group.

One of the key advantages of this study, compared to previous impact evaluations in this setting, is the use of three waves of collected data instead of a single cross section, allowing to account for wave specific characteristics and events and produce results and recommendations that are consistent over time. Such events include changes in the political, legal and macroeconomic environment (such as government crackdowns on refugees' semi-permanent structures and undocumented foreign labour) and seasonal effects (e.g. job availability and winter cash assistance).

Target population

While a new sample of households was extracted for each wave of data collection, the three samples essentially represent the same target population of severely vulnerable Syrian refugee households from the North (28.5 per cent), the Bekaa (55.6 per cent), and Mount Lebanon (15.9 per cent) regions.

To reach a total of around 4,000 completed household surveys per wave, a ~40 per cent non-response rate was assumed, based on previous surveys such as the VASyR 2018. The sample phone verification exercise held before the start of each wave of data collection revealed a lower non-response rate of 29 per cent for waves 2 and 3.

The majority of households (59.2 per cent) live in residential buildings (apartments or houses), and 7.2 per cent in non-residential structures such as agricultural rooms, active construction sites, warehouses, and garages (Figure 2). The percentage of households living in informal tented settlements (ITS) (33.6 per cent) is significantly higher than what is reported for the overall Syrian refugee population in the VASyR 2019 at 20 per cent.

Figure 2: Distribution of households by type of residence structure (n=11,457 HHs)

The vast majority of households (92.7 per cent) are registered under one UNHCR case number. The average household size of 5.9 members is higher than the average household size of five members reported in the VASyR 2019. A larger household size is likely the result of the samples being extracted from households eligible for MPC (who are more vulnerable than the average representative household described in the VASyR 2019). The average refugee household in this target population is composed of 3.1 children below 15 years of age, 2.7 members of working-age (between 15 and 64 years of age), and less than one member above 64 years of age. The population is almost equally split between males and females, with a slightly higher proportion of females (51.5 per cent) than males (48.5 per cent). A little over half of the population (52.6 per cent) is below 15 years of age, and the older adult population (aged 65 years and above) constitutes only 1.2 per cent of the population.

Obtaining legal documentation continues to be a challenge for Syrian refugees. The percentage of households in which no members aged 15 or above hold legal residency increased from 52.8 per cent in wave 1 to 62 per cent in wave 3. The lack of legal residency affects household members' mobility, access to services, and employment. The cost of renewal ($200 annually) was cited as the main reason for not holding legal residency by 65.4 per cent of respondents.

The share of female-headed households is 18.7 per cent, which aligns with the VASyR 2019 figure of 18 per cent (figure 3).

Figure 3: Gender of the household head by region (n=11,457 HHs)

The average age of the head of household was 40.4 years old, slightly older than the VASyR 2019 figure of 39 years. The majority of household heads (68.5 per cent) did not complete intermediate education (the ninth grade/brevet). Female heads of households are less educated than their male counterparts with 32.3 per cent of female heads having never attended school (31 per cent reported to be illiterate), compared to 14.6 per cent of male heads (12.9 per cent reported to be illiterate).

Limitations and challenges

Data used in this impact evaluation is self-reported and therefore has limited reliability and can suffer from several biases such as social desirability bias or recall bias. Respondents might hide sensitive information they feel uncomfortable sharing, which could lead to underreporting. While other major cash assistance programmes were tested for (such as winter cash assistance) to ensure that any detected impact can be attributed to the MPC programme, households may have received other forms of cash and non-cash assistance programmes not included in this data, which may bias results.

RESEARCH FINDINGS

This section highlights the key findings across the different dimensions of well-being. For each dimension, results for selected outcomes are presented, the causal pathway of cash transfers is described, and evidence on previously documented impacts from Lebanon is used to contextualise and interpret the results. The impact of MPC is measured by comparing each treatment group to the control group.

Household expenditures

Total reported monthly household expenditure (as estimated by respondents based on the past month, and including debt repayment) was $517.90, or $90.30 per capita. The top three expenditure shares were reported to be on food (35.7 per cent), rent (19.6 per cent) and health (8.1 per cent). Similarly, in the VASyR 2019, the top three expenditure shares were on food (44.1 per cent), rent (15.4 per cent) and health (11.9 per cent).

MPC led to a significant increase in total reported monthly household expenditure from an average of $486.90 for households in the control group to $581.90 for households receiving long-term MPC (figure 4). The estimated change in total reported expenditure ($95) is lower than the MPC transfer value ($173.50/$175) due to several potential reasons, including the fact that self-reported expenditure can be affected by recall bias and that respondents might misreport expenditures if they believe it would affect their access to assistance.

Figure 4: Impact of MPC on total reported monthly expenditure (n=11,109 HHs)

(Note: Colour-filled bars indicate statistically significant results at 10% significance levels. Each treatment group is compared to the control group.)

Receiving the MPC top-up lead to a significant increase in food expenditure for the long-term MPC group. The average monthly food expenditure for the control group was $216.10 and increased by $32.70 for the long-term MPC group. This consequently had a positive impact on food quality and quantity and a decrease in food insecurity experience, as reported in the food security chapter below.

Cooking gas expenditures also increased significantly for the short-term and long-term MPC groups who respectively spent $3.20 and $1.40 more per month than the control group ($15.50). A cooking gas canister costs around $12 and even a small expenditure increase can provide the household with the means to continue cooking food.

No significant impact was detected for health expenditures, which include payments for hospitalisation, consultation, medication and diagnostic test. Some health expenditures are one-off payments (diagnostic tests or surgery), while others are regular payments (monthly chronic illness medication). This heterogeneity in the frequency and nature of health expenditures makes it challenging for respondents to recall their expenditures accurately.

No significant impact was detected for other household expenditures including rent, education, diesel, hygiene, water, communication and transportation. As mentioned above, this could be due to recall bias or misreporting of expenditures.

While the majority of households (87.7 per cent) reported having debt, no significant change was detected in total household debt as a result of MPC. This could be due to underreporting or recall bias. This high prevalence of debt among households is similar to the VASyR 2019 findings, where nearly nine out of 10 households reported having debt.

Interpretation

Cash assistance is associated with increases in household expenditures as was observed in this analysis. The increase in the purchasing power of households results in increased overall expenditure and expenditures on household essentials such as food, rent and health. In this case, a significant and sizeable increase was detected for total expenditures and food expenditure. Food expenditure is the largest expenditure component for poor households, and therefore changes in expenditure levels (and poverty levels) can be accounted for through changes in food expenditure.

Conceptually, cash assistance to the poorest segment of the population results in one of the following actions, depending on the level of vulnerability of the beneficiaries: (1) cash is spent on food or other goods (clothing, shelter, utensils etc.) or services (health, education, transportation etc.), (2) cash is saved or used to pay off existing debt, or (3) cash is invested in assets or services (Barrientos, 2012; Bastagli et al., 2016; Deaton, 1992).

Similarly to findings in this study, Battistin (2016) reports that the Lebanon Cash Consortium (LCC) cash assistance caused a significant increase in total well-being expenditure (the summation of food, water, health, hygiene and housing expenditures) of Syrian refugees in Lebanon. Total monthly expenditures were found to be, on average, 21 per cent higher among beneficiaries than non-beneficiaries. Other studies on Syrian refugees found that cash assistance is also associated with significant increases in fuel expenditure (LCC, 2017) and gas and heating expenditure (Lehmann & Masterson, 2014). The latter assessed UNHCR's winter assistance, which might explain why a positive significant impact was detected for heating expenditure while this study did not detect any significant impact. While significant decreases were detected for debt expenditure (Lehmann,

2014), less than half the sample in this study reported on debt repayment expenditure, preventing the running of a robust and representative impact analysis.

Food security

Theoretically, cash assistance increases income, which would allow the purchase of better-quality food, leading to increased food security and diet quality. In this study, the impact of MPC (over and above the $27 per person per month) was estimated on these outcomes. Food insecurity was measured using households' reliance on emergency coping strategies and the Food Insecurity Experience Scale (FIES), a Food and Agriculture Organization validated experiential measure of severity of food insecurity (Ballard, Kepple, & Cafiero, 2013). This indicator is based on responses to eight questions about the constraints households face when trying to obtain adequate food. The scale can take values from 0 to 8, with 8 indicating the highest level of experienced food insecurity. Diet quality was assessed using an adapted Food Consumption Score (FCS), and Household Dietary Diversity Score (HDDS).

In the long-term, MPC led to a significant decrease in household food insecurity experience as reported using the FIES. Food insecurity experience in those receiving long-term MPC decreased significantly by 0.9 scale points from 4.9 to 4 (Figure 5). A decrease of 1 point out of eight in this scale is indicative of the significant improvement in food security of this population in the long-term.

Figure 5: Impact of MPC on FIES (n=11,401 HHs)

(Note: Colour-filled bars indicate statistically significant results at 10% significance levels. Each treatment group is compared to the control group.)

Households that face a diminishing or a limited ability to secure their food needs or earn sustainable income revert to relying on different coping strategies. Livelihood coping strategies adopted by households are classified into three categories according to their severity: stress, crisis and emergency. The emergency coping strategies only included two strategies, as opposed to the suggested three included in WFP guidelines: having school children involved in income generation or having household members accepting high risk, dangerous or exploitative work. In wave 2, the third strategy (begging) was removed from the questionnaire given the sensitivity of the question. Data collectors were uncomfortable asking the question in some instances, and in others they were rephrasing it in ways that would be misinterpreted by households ("Have you taken money from strangers" was being misinterpreted as taking a loan). This might have inflated the "yes" answers to the begging question.

These strategies directly reduce future productivity, including human capital formation, and are difficult to reverse. Although not significant, the results of this study show a decreasing trend in the reliance on emergency coping strategies among households who received long-term MPC (11.1 per cent) compared to the control group (13.3 per cent).

In this study, an adapted version of the FCS was used, a WFP composite index of dietary diversity, food frequency and nutritional quality of diet. The adaptation used a variable recall period, which provides more granularity than the 7-day recall period traditionally used (WFP, 2008). A higher FCS is indicative of higher dietary diversity and frequency. The adapted FCS can have a maximum value of 112 and has a minimum value of 8.7 in this sample.

It is worth noting that households who received long-term MPC had a small, but significant, increase in adapted FCS by 5.6 score points compared to those who never received MPC. Also noted was an increasing trend in HDDS in households who received long-term MPC as compared to the control (although not significant).

This increase in adapted FCS is reflected by a significant increase in weekly household consumption of cereals, vegetables, fish, eggs and oil for long-term MPC groups compared to the control group, indicating an improvement in micronutrient and protein intakes as a result of MPC. In addition, receiving short-term MPC increased weekly cereal, chicken, and meat, eggs and fish consumption and decreased weekly dairy consumption.

As compared to the control group, a significantly higher adapted FCS was noted among discontinued households (64.7 score points in the control group compared to 78.8 score points among the discontinued). In fact, discontinued households increased their beverage, sweet and egg consumption. The latter may be an adaptation whereby households try to increase their consumption of cheap energy and protein sources.

Interpretation

A significant improvement was observed in the food security among households receiving long-term MPC. Noteworthy is the fact that positive results come above and beyond what households benefit from their access to the $27 per person per month WFP cash assistance (which might explain the lack of short-term MPC impact). These findings attest to the importance of the MPC top-up for the sustained improvement of food security outcomes in the long-term. No significant negative impact was detected among households discontinued from the MPC programme as compared to those who never received MPC.

Increases in food expenditure can lead to increases in quantity of food consumed and improvement in food quality and diet diversity (such as consuming meat, a wider variety

of fruits and vegetables etc.) as was observed in the significant increase in adapted FCS. This increase in food expenditure can also lead to a decrease in negative coping strategies (such as skipping a meal, or sending members to eat outside etc.) as was observed in the significant decrease in the households' FIES (Bastagli et al., 2016).

Results from this study are aligned with previous evidence from Lebanon that shows a significant impact on the food security dimension among beneficiary households. The LCC (2017) found a decrease in the use of negative food-related coping strategies among beneficiary households, specifically in the number of days household members resorted to borrowing food and the number of days the household resorted to eating elsewhere. In addition, the LCC report points out that beneficiary households have a significant increase in the quantity of dairy consumed as compared to those not receiving assistance. An International Rescue Committee (IRC) report (Lehmann, 2014) also found significant decreases in relying on less preferred foods, reducing the number of meals per day and restricting the consumption of adults so children can eat.

Housing and WASH

As illustrated in Figure 2, the majority of the target population households (59.2 per cent) reside in residential buildings, 7.2 per cent reside in non-residential structures and 33.6 per cent in non-permanent structures, primarily in ITS, which is a much higher rate than what is reported for the overall Syrian refugee population in the VASyR 2019 (20 per cent). This higher rate is due to the association between shelter type and economic vulnerability. Since MPC targets economically vulnerable households, it follows that a larger percentage of the sample would reside in non-permanent structures. According to the VASyR 2019, 73 per cent of households living in non-permanent structures are below the SMEB compared to 62 per cent in non-residential shelters and 49 per cent in residential shelters.

In this study, 7.6 per cent of households reported having switched residences in the past 3-6 months, 6.3 per cent reported moving once while 1.3 per cent reported having moved more than once. Almost half of those who moved (47.2 per cent) reported the reason for switching as lower rent, similarly to the 40 per cent reported in the VASyR 2019. While only 0.9 per cent of households in this study reported switching residences due to eviction, the rate is much higher at 12 per cent in the VASyR 2019 (the VASyR 2019 recall period is 12 months, while the recall period for this study is 3-6 months).

Households living in non-permanent structures pay a monthly average rent of $53.50, those living in non-residential structures pay $127.80 and those in residential structures pay $180. This is lower than what is reported in the VASyR 2019 for non-permanent structures ($61), non-residential structures ($149) and residential structures ($213). Noteworthy is the fact that study respondents live in the North, the Bekaa, and Mount Lebanon, while the VASyR 2019 covers all five regions.

No significant impact was detected on changes in household rent expenditures and residential housing for any of the three treatment groups. Households switching residences because of rent expenses or because of eviction were too few in this sample to explore the impact of MPC on this outcome. This may have contributed to a lack of detected impact on rent expenditure.

The ongoing crisis in affordable housing long predates the war in Syria. Today, Syrian refugees face a housing market that was already saturated before their arrival and is now squeezed beyond any measure that a cash assistance programme alone can address. There are also a number of institutional and behavioural factors that could explain the absence of any measurable effect of MPC on rent expenditures. In urban areas, refugees commonly resort to sharing the same premises with other families to reduce their rent expenditures. At the risk of being charged higher rent if they are found out, households also choose cohabitation as a way to mediate and shield themselves from eviction. In ITS, the shaweesh (camp representative) typically negotiates rental terms with the landowner, ensures price stability, manages rent payments and intervenes to mediate tenure conflicts. As rent payment in ITS is typically paid yearly, this could delay the impact of any change in the household's spending ability and could explain the lack of significant difference in rent expenditures between any of the treatment groups and the control group.

The impact of MPC on access to drinking water was significant. Households reporting sufficient access to drinking water was significantly higher for all treatment groups compared to the control group (15 to 32 percentage point significant increase above the control group level of access at 67 per cent of households) (figure 6).

Figure 6: Impact of MPC on access to sufficient drinking water (n=11,457 HHs)

While treatment groups are not to be compared to each other, the smaller impact size observed in the long-term group could be due to a shift in behaviour and is worth investigating in future studies. No significant results were observed for other WASH outcomes, such as access to toilets located inside the household or access to sufficient washing and cooking water, as these would probably require access to municipal services, and water and sanitation pipes, that cannot be secured short of the household changing dwellings altogether.

Interpretation

Theoretically, cash assistance, as an additional source of income, allows households to improve their housing and WASH conditions and to invest in their living environment through enabling them to meet their rent payments, to move to a residence with better living conditions or to undertake housing repairs (Harvey & Pavanello, 2018). This study found no significant change in rent expenditure.

As observed in this study, cash assistance can increase access to safer drinking water by increasing access to a variety of water vendors and improving access to kits for water storage and treatment. Moreover, cash transfers are thought to support increased access to sanitation facilities by covering the costs of materials and labour required for the construction of these facilities (flush toilets) (Harvey & Pavanello, 2018). However, in a saturated housing market dominated by non-formal rent agreements between landlords and refugees, neither the owner nor the tenant have the incentive to invest in housing repairs and improvements.

The non-permanent and highly volatile living situation of refugees might be a further deterrent to investing in housing repairs and improvements. 40.8 per cent of households in the target population live in non-residential or non-permanent structures and have lived through multiple political, legal and macroeconomic shocks. These include the housing demolitions in Aarsal and the Bekaa region in the summer of 2019, and the government crackdown on undocumented foreign labour, including Syrian refugees, during that same year.

Almost all households live in rented shelters (94.5 per cent) or work in exchange for rent (3.1 per cent). The remaining households (2.4 per cent) either squat or are assisted by organisations in paying rent, amongst other arrangements. Of those who rent, 85 per cent have unofficial verbal agreements, which make it challenging to negotiate rent deductions in exchange for housing repairs and improvements.

To the best of our knowledge, no studies have investigated the impact of cash assistance on housing and WASH outcomes in the context of Syrian refugees in Lebanon. There is a need to fill this gap in the literature and further investigate the impact of MPC on rent expenditure, shelter quality and living conditions. There is also a need to better understand how combining access to MPC with improved and formalised landlord-tenant relationships and linkages with municipalities can lead to better housing and living conditions.

Education

The three waves of data collection covered two academic school cycles: wave 1 data was collected after the end of the 2017/2018 school year (July/August 2018), wave 2 data during the 2018/2019 school year (February/March) and wave 3 after the end of that same year (July/August 2019).

This study estimates the impact of MPC on enrolment in formal and non-formal education. Formal education includes structured and certified programmes, with curricula developed and approved by the ministry or relevant authority with clear educational pathways. Non-formal educational programmes include a varied range of educational activities run by Lebanese and international NGOs. Activities span unstructured learning in informal classrooms, as well as structured instruction in school settings (Save the Children, UNHCR & United Nations Relief and Works Agency, 2019). Non-formal education is meant to bridge the gap with formal education so that children may eventually integrate into the public-school system. With the strain on the educational system in Lebanon following the Syrian refugee crisis, refugees often seek non-formal schools/programmes when public schools are too far to reach, full, or require documents the families are unable to produce (Human Rights Watch, 2016).

The measured effect of MPC on formal enrolment among children aged 5-14 is positive for the short- and long-term MPC treatment groups and for both genders. Formal enrolment increased from 60.1 per cent among the control group to 70.8 per cent in the long-term MPC group (Figure 7). The effects are similar in magnitude for boys and girls. While treatment groups are not to be compared to each other, the smaller impact size observed in the long-term group is worth investigating in future studies and could be spurred by behavioural changes in the household in an attempt to remain eligible to MPC in the next cash cycle.

Figure 7: Impact of MPC on formal enrolment for the 5 to 14 age group (n=25,332 individuals)

(Note: Colour-filled bars indicate statistically significant results at 10% significance levels. Each treatment group is compared to the control group.)

Enrolment in non-formal education drops for both boys and girls in the long-term and discontinued groups. But this drop is only statistically significant for the discontinued group and goes from an enrolment rate of 13 per cent for the control group to 2.4 per cent in the discontinued group.

The main reasons reported for not enrolling in school are the cost of education (28.7 per cent), a lack of interest in attending school (14.8 per cent) and the school not allowing the household to enrol their child (10.9 per cent). A finding worth noting is that while a lack of interest is cited as the reason for non-enrolment by 11.5 per cent of households in the control group, it accounts for 20.7 per cent of non-enrolment among the long-term MPC group.

This large shift in the composition of the non-enrolled suggests that, for many of the children interested in attending school, long-term MPC seems to be effectively lifting some of the barriers to enrolment.

Interpretation

Cash assistance is thought to increase access to education. By increasing income and reducing household liquidity constraints, households are better able to cover direct costs (fees, clothing, books and stationery) and indirect costs (transportation) associated with school enrolment and attendance. Cash assistance can also help cover part, or all, of the opportunity costs incurred from children going to school, such as forgone earnings (from child labour or children helping with house chores) (Barrientos, 2012; Bastagli et al., 2016; Deaton, 1992). The significant impact of MPC on formal enrolment in the short-term, an impact which persisted in the long-term, was an indication that cash assistance has supported households in overcoming some of the hurdles to enrolling their children in school.

Previous evidence from Lebanon includes a study by De hoop et al. (2018) that finds no impact on enrolment. An earlier study by IRC (2014) found that children from households receiving cash assistance were 6 percentage points more likely to be enrolled in school.

Employment

In the target population for this study, the working-age population (between 15 and 64 years of age) constitutes 46.2 per cent and include a larger fraction of total females (48.2 per cent) than males (44.1 per cent). The dependency ratio (the sum of members below 15 or above 64 divided by the sum of working-age members) is 1.4 dependents for each working-age member. In other words, every working-age member of a household has to support 1.4 dependents. The ratio is highest in Mount Lebanon (1.7) and drops in the North (1.5) and the Bekaa (1.3).

People of working-age will be counted as either in the labour force or as economically inactive. Economic inactivity entails not working and not actively looking for work, while unemployment entails not working but having actively looked for work in the month prior to the survey. The total labour force participation rate (LFPR), which includes both employed and unemployed individuals divided by the working-age population, was 40.1 per cent overall – 73.2 per cent for males and 13.1 per cent for females. This is slightly higher than what is reported in the VASyR 2019 overall (38 per cent), for males (66 per cent) and for females (11 per cent). LFPR was highest in Mount Lebanon (47.5 per cent), followed by the Bekaa (40.9 per cent) and the North (37.3 per cent).

While Syrians were already present and working in Lebanon prior to the Syria crisis, it is estimated that the Syrian workforce increased between 30 and 50 per cent, thus comprising around 14 per cent of the total labour force in Lebanon, after the start of the war (World Bank, 2013). Given the new pressures looming over the weak Lebanese labour market, concerns were raised about the rising competition between Syrian and Lebanese workers, and also between Syrian and Palestinian workers. This gave way to a series of interventions that resulted in the adoption of a new legal framework for the status and employment of refugees as of October 2014 (Jagarnathsingh, 2016).

Syrian refugees are currently legally permitted to work in three economic sectors: agriculture, construction and environmental services. Over a quarter (29.3 per cent) of those who report being employed worked in agriculture, 22.7 per cent in construction and 0.5 per cent in the environmental services sector. The remainder (47.5 per cent) worked in crafts and services, outside the legally permitted sectors, and therefore, most likely, in informal work arrangements. While Syrians were already working informally in Lebanon prior to the Syrian crisis, the complicated legal status of refugees and difficult working conditions increased their informal employment.

Overall, the crafts and service sector, where 47.5 per cent of the employed population works, includes occupations such as supermarket and shop workers, concierges, housemaids, janitors, cleaning services, workers in house paint, carpentry, metal, aluminium, plumbing, cooling/heating systems, tailoring and car repair, among other occupations. Employment in this sector is high across the three regions: 65.9 per cent in Mount Lebanon, 40.5 per cent in the North and 43.4 per cent in the Bekaa.

The agricultural sector employs 29.3 per cent of the employed work force, ranging from 36.2 per cent in the Bekaa, to 35 per cent in the North and 5.3 per cent in Mount Lebanon. The construction sector employs 22.7 per cent of employed workers overall, 28.2 per cent in Mount Lebanon, followed by 23.8 per cent in the North and 20.1 per cent in the Bekaa.

The majority of employed Syrian refugees reported working and getting paid on a day-to-day basis or by piece/service (68.5 per cent), 19.5 per cent on a full-time basis and 12 per cent on a part-time basis.

With a labour market largely shaped by informality, pay precarity, sector restrictions and an inconsistent enforcement of regulation, refugees seeking employment also run a serious risk of hazardous work, job irregularity, and even arrest and detainment. In the absence of other means of livelihood, the LFPR suggests that these risks are predominantly borne by men and tend to be avoided by women. In effect, the top three reasons reported by females for not looking for work include being a housewife (67.2 per cent), social and family pressure (9.1 per cent) and being a student (5.3 per cent). With this backdrop, the impact of MPC on labour market outcomes should be read separately for each gender.

Long-term MPC significantly reduces employment for men from 53.3 per cent in the control group to 36.3 per cent, while significantly increasing the rate of the unemployed men actively seeking for work from 22.6 per cent to 33.2 per cent (figure 8). MPC therefore does not provide

sufficient support for them to opt out of the labour force, but it does allow men in recipient households to be more selective about the jobs they take and possibly leave hazardous or unfair work conditions. In fact, access to any duration of MPC was correlated with a lower probability of working in hazardous conditions or having a work injury among the employed in the target population.

The EDS qualitative assessment stated that, even with MPC, men still needed to look for a job. However, it did provide them with more agency and allowed them to opt for jobs with better working conditions, and quit jobs with poor working conditions. Some of the unfavourable conditions described include not being paid on time and/or the agreed upon amount (or at all), as well as a more general feeling of being taken advantage of. Daily wage workers and construction workers mentioned the high rate of physical injuries and hazardous work conditions. Neither discontinuation nor short-term MPC had any significant effect on men's labour market status.

Figure 8: Impact of MPC on the percentage of working-age unemployed males seeking work (n=14,556 males in the 15-64 age group)

The labour market impact of MPC is different for females. Long-term MPC appears to give women the option to leave the labour force, by decreasing the rate of employment from 8.1 per cent in the control group to 2.1 per cent in the long-term MPC group, and significantly increasing the rate of inactivity from 86.6 per cent in the control group to 98.2 per cent in the long-term MPC group (while the rate of unemployment remains statistically unchanged).

Conversely, discontinuation of MPC is associated with two significant effects among women: An increase in their employment (from 8.1 per cent in the control group to 18.8 per cent in the discontinued group), coupled with a decrease in their unemployment from 7.1 per cent among the control group to almost zero for the discontinued group. As such, it would seem that the loss of MPC lowers the reservation wage (the lowest wage rate at which a worker would be willing to accept a job) for unemployed women. Women who took part in the FGDs of the EDS qualitative assessment on non-formal employment mentioned that having access to MPC meant they would not have to look for a job with difficult working conditions, or could get by with only working a few hours a day to be able to manage their household chores and child care duties.

Long-term MPC decreases child labour for the 5-14 age group for both boys and girls. However, with very low reported baseline rates of child labour (2.5 per cent) the impact of MPC is not statistically significant. This is reflected in the EDS qualitative assessment on informal employment where women from MPC households mentioned that MPC helped the household avoid sending their children to work, thus reducing child labour to the occasional need to pay a certain bill.

Interpretation

Participation in labour and the number of hours worked by the household are directly affected by cash assistance in their potential to generate income. Two opposing views emerge when evaluating the direction of the impact of cash on employment. Economic theory considers that an increase in cash leads to a decrease in work activity as the extra cash is considered a disincentive to work. Opposing views consider that the improvement in health and nutritional status of cash beneficiaries would facilitate increased labour market participation.

Cash assistance is hypothesised to cause shifts in labour types and labour patterns. Cash has been known to lead to a decrease in the potential of participating in low-paid, dangerous or undesirable labour activities, or in low-risk, but low-profit, activities. Other expected shifts in the patterns of employment include the reallocation of labour from farm to non-farm activities and non-formal to formal work (Alzúa, Cruces, & Ripani, 2013; Asfaw et al., 2012; Barrientos, 2012; Bastagli et al., 2016; Moffitt, 2002).

In Lebanon, IRC found a small but significant decrease in the number of working days among beneficiaries of the winter cash programme. An adult worked about three days during the past four weeks (3.1 days in the control group compared to 2.7 days in the treatment group) (Lehmann, 2014). Similar to findings in this report (although not significant due to the underreporting of child labour), the study found a decrease in child labour (10 per cent of households in the control group had to send children to work, compared to statistically significant lower 4 per cent in the treatment group). Furthermore, the study mentioned that 13 per cent of households in the control group undertook dangerous physical work compared to 6 per cent in the treatment group. LCC (2017) shows that cash assistance recipients were more likely than non-recipients to count on work (as opposed to negative coping strategies) as their main source of income.

World Vision (2018) found no significant impact between MPC and non-MPC beneficiaries with respect to child labour in the Bekaa. However, the research pointed out that children belonging to households that benefit from MPC are more likely to work in better working conditions by engaging in light and intermittent forms of child labour to assist in income generations without experiencing the financial urge to engage them in forms of labour with higher insecurity or protection risks. Results show that children belonging to households with cash assistance are more likely to feel safe at work (69.8 per cent) in comparison to children belonging to families that are in the control group (44.4 per cent).

De Hoop et al. (2018) mention that parents and children in their sample rarely reported on child economic activities, possibly due to underreporting of child labour out of fear of losing programme benefits. As such, no evidence was found to show the impact of the programme on this outcome of interest. This also potentially explains the low child labour rates in this study and the rest of the literature on refugees in Lebanon.

Health

This study tested the impact of MPC on the perceived need for and access to primary healthcare (PHC) and hospitalisation by age group, asking about access to PHC for illness, preventive care, accident/injury, diagnostic tests, doctor consultations for chronic illnesses, and mental health services, as well as use of family planning methods.

Primary healthcare subsidised by local and international actors is available to Syrian refugees in around 113 public PHC facilities and dispensaries. Refugees are usually charged between 3-5,000 LBP (equivalent of $2-3.30) for physician consultations at supported PHC centres or dispensaries, with the remaining consultation cost covered by UNHCR and partners. For laboratory and diagnostic tests, UNHCR covers up to 85 per cent of costs for children under 5, adults over 60 years, pregnant women and other vulnerable individuals, with the remaining 15 per cent paid by the patient. Some supported PHC centres cover the full cost of laboratory and essential diagnostic tests for all age groups (UNHCR, 2019).

In addition, Syrian refugees also seek healthcare services from mobile medical units or from private doctor clinics (that come at a higher expense), pharmacies, hospitals and through a number of informal practices run by Syrian doctors or midwives (Government of Lebanon & United Nations, 2019).

Hospital care is available through a network of 40 public and private hospitals across Lebanon. Subsidised care is limited to obstetric and life-threatening conditions and covers 90 per cent of costs for severely vulnerable households, but also for patients with acute burns and psychiatric conditions, as well as for infants in need of neonatal and paediatric intensive care. In July 2018, UNHCR introduced a protective measure for refugees with very high hospital bills. The new cost-sharing mechanism requires Syrian refugees to first contribute $100 with the remaining 75 per cent of the cost being covered. The maximum contribution to be paid was capped at $800 for a single admission (Government of Lebanon & United Nations, 2019).

Individuals in households who received short-term MPC or who were discontinued had a significant increase in reported need for any type of PHC of 19.1 percentage points (from 42.8 per cent to 61.9 per cent) and 13.7 percentage points (from 42.8 per cent to 56.5 per cent) respectively. This was accompanied by a reported increase in access to any type of PHC by 8.3 percentage points (from 82 per cent to 90.3 per cent) among individuals in long-term MPC households. Specifically, an improvement in access to PHC for children under 5 (from 87.5 per cent to 99.5 per cent) and children aged 5 to 19 years (from 83.5 per cent to 92.7 per cent) was noted.

This was accompanied by a significantly higher access (10.4 percentage points) to any type of PHC among individuals living in discontinued households (92.4 per cent compared to 82 per cent for the control group) (figure 9). The increase observed among the discontinued group is an indication that the impact of MPC has not yet faded 4-10 months after discontinuation.

Figure 9: Impact of MPC on access to PHC (n=29,302 individuals)

(Note: Colour-filled bars indicate statistically significant results at 10% significance levels. Each treatment group is compared to the control group.)

The increase in need for PHC in the short-term MPC group was paralleled by a decrease in the reported need for hospitalisation of 9.9 percentage points in the long-term MPC group compared to the control group. It may be that MPC enables beneficiaries to seek healthcare at the primary care level, or that it increases willingness to spend more on medication, clinics or private-sector providers, therefore potentially avoiding the need for secondary healthcare at later stages.

There was no significant difference in modern contraception use between MPC recipients and non-recipients. This could be related to the fact that contraception is available free of charge at PHCs.

In terms of health status, the effects of conflict on mental health and psychosocial well-being are widely documented (Charlson et al., 2019). In addition to experiences of conflict-related violence and concerns about the situation in Syria, Syrian refugees face daily hardships of war-driven displacement including poverty, access to basic needs and services, on-going risks of violence and exploitation (socially and in the workplace) and uncertainty about the future. Psychological and social distress manifests in a wide range of emotional, cognitive, physical and behavioural problems (Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016).

Mental health of proxy respondents was assessed in wave 3 using the five-item validated version of the Mental Health Inventory (MHI-5) in Arabic (Chaaban et al., 2016; Makhoul et al., 2011; Sibai, Chaaya, Tohme, Mahfoud, & Al-Amin,

2009). MHI-5 is widely used in surveys of general health and is a good predictor of anxiety, depression, behavioural control and general distress (Veit & Ware, 1983). High scores indicate good mental health; this study used a cut-off point of 52 to define good mental health, consistent with the literature.

This study found a significant increase in respondents who report good mental health, from 18.5 per cent in the control group to 54.5 per cent in the long-term MPC group (Figure 10). Access to long-term MPC almost tripled the number of respondents who reported having good mental health.

Figure 10: Impact of MPC on respondents' mental health (n=3,633 respondents)

(Note: Colour-filled bars indicate statistically significant results at 10% significance levels. Each treatment group is compared to the control group.)

Interpretation

Increases in income resulting from cash assistance can allow households to cover the direct and indirect costs of healthcare and healthcare access. Direct costs include costs related to healthcare fees and medication such as consultation fees, diagnostic tests and cost-share for hospitalisation etc., while indirect costs include the incurred costs of transportation to healthcare facilities (Bastagli et al., 2016; Gaarder, Glassman, & Todd, 2010; Lundberg, Fritzell, Åberg Yngwe, & Kölegård, 2010; World Health Organization, 2011). According to the findings of this study, cost of access to healthcare was reported as a main reason for not being able to access PHC or hospitalisation, and MPC had a significant positive impact on access to PHC in the long run, particularly for children under 5 and 5-19 years of age. The need for hospitalisation also decreased in the long run, but access to hospitalisation did not significantly increase.

In other studies from Lebanon, there was no significant difference in the number of reported sick days between treatment and control groups of the UNHCR winter assistance programme (Lehmann, 2014). LCC (2017) measured mental health through a self-rated index and used health expenditure as a proxy for access but only found a significant positive impact of cash transfers on mental health (psychological well-being), similar to findings in this study.

De Hoop et al. (2018) found that the Min Ila cash programme had a positive impact on young children's health. Caregivers in treatment governorates were more likely to report that their young children (aged 5-9) were in good health compared to children from control governorates (a difference of 10 percentage points), and households in treatment governorates spent $10 more on healthcare for their younger children than comparison households.

Decision-making

A decision-making module adapted from the International Food Policy Research Institute (IFPRI) (Peterman, Schwab, Roy, Hidrobo, & Gilligan, 2015) and the Demographic Health Survey modules was administered to female respondents in this study to assess whether they participated in decision-making processes solely or jointly with their spouse or other household members, and the extent to which they felt they could influence decisions made in the household. The module included questions on decisions related to women's employment, minor and major household expenditures, family planning, where to seek health care and their children's education.

Of the 11,457 interviewed households, 84 per cent had female respondents who were administered the decision-making module. Results were mixed for the multiple decision fields and were largely non-significant and inconclusive. There have in fact been critiques of these decision-making modules in the international literature in terms of the lack of specificity and time-boundedness of the questions, leading to discrepancies in the categorisation of women as empowered or not when compared to qualitative methods or the use of scenario-based questions (Donald, A., Koolwal, G., Annan, J., Falb, K., & Goldstein, M. (2017). Measuring women's agency. The World Bank). It may also be that these changes in intra-household dynamics take much longer to be affected and would require longer term follow-up to be detected. In fact, this study is aligned with much of the international literature from impact evaluations that do not find a change in these measures of decision-making. Alternative measures of decision-making should be considered in future studies.

Interpretation

While the main purpose of cash assistance is to alleviate poverty and credit constraints for poor households, cash is hypothesised to have less tangible impacts on women's empowerment and household decision-making processes.

The theoretical approach in the literature assumes that economic empowerment – in terms of giving women more control over resources or more access to productive assets – is linked to both increased decision-making power for women and improved outcomes for children (Behrman, Mitchell, Soo, & Bravo, 2010), which is why giving money to women is a feature of many conditional cash transfer programmes as it is thought to increase their bargaining power at home and give them control over household resources (Holmes & Jones, 2010).

Based on Nash's cooperative bargaining models (1950) of household behaviour, if women have more resource control, they have a higher "threat point" for exiting a relationship and therefore greater bargaining power and a larger role in decision-making. Moreover, cash assistance programmes can provide women with opportunities to expand their social

networks which are associated with a higher probability of women participating in the labour force and in income generation, and therefore with more control over resources (Handa, Peterman, Davis, & Stampini, 2009).

However, in the case of the MPC programme targeting Syrian refugees in Lebanon, the household is given an ATM card that can be used by any individual to withdraw cash from the ATM. While no data was collected on who manages the household income and expenditures, survey results show that only in 22.6 per cent of households and 5.6 per cent of households had cash withdrawn by the wife or the female head of household alone, or jointly with the husband or male head of household respectively. This may explain the mixed results observed and the lack of significance in the decision-making indicators and dimensions tested.

Photo: Adrian Hartrick

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

This report presents the findings of the AUB research component of CAMEALEON that aims to measure the short-term (12 months or less) and long-term (more than 12 months) impact of MPC assistance provided by WFP and UNHCR, above and beyond the $27 per person per month WFP assistance, as well as the impact of MPC discontinuation, on the well-being of Syrian refugees. More specifically, the report aims to measure the extent to which the MPC programme contributes to its intended impact of household stabilisation, as reflected in the outcome monitoring pillar for the WFP MPC steering committee framework.

While impact evaluations of cash assistance have been carried out in this context (Battistin, 2016; Boston Consulting Group & WFP, 2017; De Hoop et al., 2018; Lehmann, 2014; World Vision, 2018), this study is the first to analyse duration variability and discontinuation of cash assistance for multiple well-being dimensions. The study leverages data from 11,457 households from multiple waves of data collection, which constitutes one of the largest sample sizes among impact evaluations conducted in Lebanon to date.

The report explores the impacts the MPC programme has had on multiple well-being dimensions and access to services for its beneficiaries. Dimensions included are household expenditure, food security, housing conditions and WASH, education, employment, health and decision-making. The impact of MPC materialised across most dimensions of well-being in the long-term, indicating the importance of households' access to a longer duration of MPC.

However, **the significant impact observed in the long-term MPC group fades away 4-10 months after discontinuation and households return to their pre-assistance situation for household expenditures, household food insecurity experience, formal education and good mental health.** While well-being levels of discontinued households remain significantly higher than the control group for a few indicators, such as access to drinking water and access to PHC, the significantly higher level of FCS is mainly driven by sweets and beverage consumption, and the increase in employment among women in the discontinued group could be pushing them into hazardous and exploitative informal work.

In the absence of sustainable solutions and decent working conditions in the Lebanese context for Syrian refugees, access to any MPC duration continues to be necessary to alleviate the rampant economic vulnerability and to support refugees in securing their basic needs.

A summary of the main findings by dimension is listed below.

1. **MPC led to a sizeable and significant increase in total reported monthly household expenditure and food expenditure.** While no significant increases were detected in total household debt and other major and minor household expenditures, this could be attributed to the challenges faced by respondents to accurately report such measures due to recall bias.
2. **There was a significant improvement in the food consumption and food insecurity experience among households receiving long-term MPC.** Noteworthy is the fact that positive results come above and beyond what households benefit from already from their access to the $27 per person per month WFP cash assistance, indicating the importance of the MPC top-up for the sustained improvement of food security outcomes in the long-term. No significant deterioration from pre-assistance levels was detected among households discontinued from the MPC programme.
3. **The impact of MPC on access to sufficient drinking water was significant and led to a large increase among all treatment groups compared to the control group.** No significant impact was detected on the type of residence or rent expenditures, an indication of the weak bargaining position of tenants in a saturated housing market with informal rent agreements and practically no protection of the tenant's rights. This structural imbalance cannot be addressed without supplementing MPC with other policies such as municipal support, more formalised landlord-tenant relationships, initiatives to rehabilitate the stock of private residences currently rented to refugees, and the establishment of new collective shelters.
4. **There is a significant impact of short-term MPC on formal education that is sustained in the long-term for both boys and girls.** Results also suggest that long-term MPC beneficiaries face significantly fewer hurdles in accessing education.
5. **Men in long-term MPC beneficiary households are able to opt out of hazardous, risky or irregular employment in ways that the control group cannot afford.** The fact that the decrease in employment was coupled by an increase in their unemployment rates, rather than an increase in their inactivity, is an indication that they are still actively searching for a job but possibly with better working conditions. The labour market impact of MPC is different

for women, for whom an observed increase in inactivity was paralleled by a decrease in unemployment in the long-term MPC group compared to the control group. In a labour market with an excess supply of low-skilled, unregulated, informal labour and with over 53 per cent of the refugee population being under 18, it is not surprising to see that the already low labour force participation rate for women should drop even further in response to long-term MPC given their prioritisation of housework, child care, and the desire to avoid poor and unsafe working conditions. The MPC group shows lower rates of child labour in the long-term, but with low baseline rates for the control group the impact of MPC is not statistically significant.

6. In terms of improving access to PHC by those who needed primary care, the study found **a significant impact of long-term MPC on access to any type of PHC and specifically for children (of all ages up to 19 years),** an indication that households prioritise PHC for their most vulnerable household members. **Access to long-term MPC almost tripled the number of respondents who reported having good mental health.**
7. While the main purpose of cash assistance is to alleviate poverty and credit constraints for poor households, cash is hypothesised to have a less tangible impact on women's empowerment and household decision-making processes, especially when the woman in not the designated recipient. Results for decision-making were inconclusive and the use of other potential indicators of decision-making is recommended for future studies and their adaptation and validation for use in this context.

Recommendations

This research study provides a snapshot of the impact of the MPC programme in Lebanon from November 2017 till August 2019 showing that the $173.50/$175 MPC assistance per household provided in addition to the $27 per person per month in food assistance, is contributing to significant positive impacts on Syrian refugee well-being across a range of well-being outcomes. The findings of this report could be operationalised through:

1. Holding consultations with MPC and other cash actors to revisit the duration of current cash-cycles by extending the period between targeting formula recalibrations, or customise cash cycle durations based on the needs of beneficiary households.
2. Holding consultations with sector-focused actors to discuss dimension-specific impacts, or lack thereof, and explore ways to operationalise the 'cash plus' approach to expand the impact of MPC and ensure its sustainability. 'Cash plus' components could include:
    a. Facilitating linkages to services through, for instance, linkages with municipalities for sanitation, garbage collection, electricity, rent agreement negotiations and shelter rehabilitation programmes.
    b. Linking enrolled students to after school study programmes to increase learner performance given they live in beneficiary households with low educational attainment (one of the indicators used in the targeting formula).
    c. Facilitating linkages to livelihood opportunities in the construction, agriculture and environmental services sectors.
    d. Information, sensitisation and behaviour change communication sessions. For instance, awareness raising could ensure that parents use their cash assistance to purchase more nutritious foods and improve sanitation practices.
    e. Psychosocial support targeting discontinued households for child protection and intra-household dynamics.

The process through which MPC leads to the observed impacts (the why and the how) remains unexplored and should be the focus of future impact evaluations in the Syrian refugee context in Lebanon in order to lead to actionable sector-focused recommendations.

Most of the literature cited in this report, covering the theoretical framework for cash assistance and its hypothesised impact on the different outcomes of interest, is based on research carried out outside the Syrian refugee context in Lebanon and the general humanitarian context. There is a need to further develop the evidence base for the use of cash-based assistance and its causal pathways, especially in humanitarian settings.

The study of 'cash plus' is gaining considerable traction and should be the focus of future research on cash-based interventions in this setting because of its potential to complement cash with linkages to external services that, in combination, may be more efficient and effective than cash alone in achieving the desired impacts and ensuring their sustainability (Carter, Roelen, Enfield, & Avis, 2019; Roelen et al., 2017). This would provide cash practitioners and other stakeholders working in humanitarian settings with a more holistic understanding of the potential and limitations of such interventions and would enable the development of tangible programme recommendations by highlighting the impact trajectories, inhibitors and mediators, and the design and implementation failures and successes.

AUB recommends that future assessments focus on answering the below to guide the humanitarian sector and cash practitioners in their programming:

1. What is supporting or inhibiting the impact of MPC on the studied outcomes of interest at the micro level (individual or household) and at the macro level (institutions, service providers, legal, political and socio-economic environment)?
2. How are these external services and their quality affecting the impact of MPC on refugee well-being?
3. What are the causal pathways through which MPC is improving the household's well-being and access to quality services?

In addition, AUB has identified specific recommendations for further improving the accuracy of MPC outcomes monitoring, more in depth investigation of the impact of MPC on specific outcome dimensions, as well as addressing evidence gaps that have arisen from this study. These are summarised in the table below. Some of these could be addressed through the next phase of CAMEALEON's research and analysis, while others could be considered for uptake by WFP, UNHCR and their partners. Elements of these recommendations are likely already being addressed through internal UN outcomes monitoring exercises.

Table 1: Evidence gap and recommendations

Dimensions	Evidence gap/area for further investigation	Recommendations
Household expenditure	Further research on the impact of MPC on expenditure could benefit from a more extensive expenditure module that incorporates more detailed expenditure items, and the categorisation of and separation between expenditure sources (wages, cash or in-kind assistance).	As part of future monitoring activities, administering a regular detailed expenditure/consumption diary over several months (instead of a one-off expenditure module) would help address telescoping bias or over-estimation of certain expenditures due to short recall (on non-durable items), and the underestimation of consumption for items with long recall (on durables, certain non-food items and housing). Challenges related to expenditure diaries (respondent exhaustion and literacy issues) could be addressed through regular follow-up phone surveys.
Housing and WASH	Address evidence gap on the impact of MPC on rent expenditure, shelter quality and living conditions. There is also a need to better understand how combining MPC with improved and formalised landlord-tenant relationships can lead to better housing and living conditions.	Investigating the MPC causal pathway, its inhibitors and mediators can be done by leveraging the long-standing experience of the CAMEALEON partners and their extensive work in housing in the Syrian refugee context in Lebanon. This is being proposed as an option for a follow-up exercise in the new phase of CAMEALEON.
Education	There is a need for more accurate attendance measurement, and to focus on the quality of education received and school performance through administering standardised assessments.	Attendance data from schools and the Ministry of Education and Higher Education could be used instead of self-reported attendance.

Employment	Employment activities of Syrian refugees in Lebanon are not well researched.	A labour-focused impact evaluation would shed more light on the various dynamics depicted and could go beyond labour force participation and intensity to focus on working conditions. The detailed labour assessment would help draw out the causal pathway for MPC on decisions made regarding employment and work conditions, and increase focus on refugees' working conditions in the informal market they largely operate in.
Health	This study assessed hospitalisation needs and access at the household level. Assessments at the individual level that include a detailed health expenditure module would provide a more accurate picture of Syrian refugees' health needs and access.	A full health utilisation survey that includes hospitalisation needs at the individual level, coupled with supply side mapping of availability and quality of health services building on the mapping already done by UNHCR and other actors, would draw a more holistic picture and help to better uncover the mediators and inhibitors of MPC. This is being proposed as an option for a follow-up exercise in the new phase of CAMEALEON.
Decision-making	Further research is needed to fill the knowledge gap on the role of different design and implementation features (transfer value and duration, payment mechanisms and supply-side restrictions) in shaping empowerment outcomes, and to better understand the impact of MPC on women's empowerment and decision-making within the household in humanitarian settings, especially when she is not the direct cash recipient.	A mixed-methods approach combining a survey that considers other tools to measure women's decision-making combined with a qualitative assessment could help investigate how decisions are made within the household and explore how design and implementation features can affect intra-household dynamics regarding decision-making.

Photo: Adrian Hartrick

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Authors: Jad Chaaban, Hala Ghattas, Nisreen Salti, Wael Moussa, Alexandra Irani, Zeina Jamaluddine and Rima Al Mokdad
CAMEALEON contributors: Chiara Genovese, Liz Hendry and Rachel Eichholz
Editor: Tine Frank
Photographs: Adrian Hartrick
Layout & design: Urge Uganda

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For more information, please contact Chiara Genovese, MEAL Specialist at chiara.genovese@nrc.no; Liz Hendry, Consortium Manager at elizabeth.hendry@nrc.no; or Rachel Eichholz, Cash Specialist at rachel.eichholz@nrc.no.