



Photos: CAMEALEON

Building a Cash plus Response in Lebanon

Final Report

Prepared by Key Aid Consulting for CAMEALEON

September 2022

CAMEALEON

CASH • MONITORING EVALUATION ACCOUNTABILITY & LEARNING
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CAMEALEON is an NGO-led network, co-managed by the Norwegian Refugee Council, Oxfam and Solidarités International. The purpose of CAMEALEON's work is to conduct independent research and analysis in support of the World Food Programme's multi-purpose cash programme for Syrian refugees in Lebanon, as well as contribute to wider cash-related learning.

Acknowledgments

This report was authored by Helene Juillard, Rediet Abebe Kabeta and Dana Nabulsi under the guidance of Chiara Genovese and Moses Chourombo from CAMEALEON.

The report benefited from the inputs of Amal Chami, Leila Meliouh, Soha Moussa, Shirley Odero, WFP; Sara Fowler, FCDO; Frederic Gibaudan, Karma Haidar, Hekmat Shemaly, NRC; Esmée De Jong, ECHO.

The authors would like to thank all key informants and focus group discussion participants for their time and their insights.

Citation

This report should be cited as: Juillard H., Kabeta A, R., and Nabulsi D. (2022). Building a Cash Plus Response in Lebanon. Beirut: CAMEALEON

The research was funded by UK aid from the British people, the European Union through the EU Regional Trust Fund in Response to the Syrian crisis, the EU Madad Fund, the Norwegian Ministry of Foreign Affairs and the German Federal Foreign Office. The views expressed in this report do not necessarily reflect the official policies of these governments, and findings of this study do not necessarily reflect or align with WFP's position. The research was conceptualized in collaboration with WFP and other members of the WFP multi-purpose cash steering committee, which includes the donors mentioned above, as well as the European Union Civil Protection and Humanitarian Aid (ECHO).

With generous support from:



Funded by the European Union
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Norwegian Ministry
of Foreign Affairs

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Executive summary

Multi-Purpose Cash grant (MPC) is a pivotal instrument of the humanitarian response plan in Lebanon both in terms of coverage and financial volume. About 60%¹ of the Syrian refugees in Lebanon receive MPC assistance. Maximising the impact of MPC can therefore have important and at scale effects for the well-being of Syrian refugees. “Cash Plus”² is an avenue to boost the outcomes of MPC by addressing non-financial and structural barriers to need coverage.³

Accordingly, this study commissioned by Norwegian Refugee Council (NRC) on behalf of CAMEALEON, explores how and when to combine Multi-Purpose Cash (MPC) assistance with targeted complementary services to cover essential needs.

Study scope and objectives

The overall aim of Cash Plus is to achieve greater impacts of MPC for Syrian refugees by addressing some of the non-financial and structural barriers that refugees face and to reinforce the positive effects of MPC. Cash Plus, as set out in this report, is about combining existing MPC with service delivery across sectors in a way that is people centred and takes a holistic approach to needs.

Cash Plus is the recognition that cash alone can't cover all needs and thus decentralises cash (or MPC, in the case of this report). In the future, the notion of Cash Plus in Lebanon could encompass all types of CVA distribution (such as vouchers or sectoral cash grants).

Cash Plus can be planned for from the design stage. This would be a programme that combines, by design, supporting better access to services and/or supporting supply of services alongside MPC distribution. Cash plus can also alternatively be “reactive”, linking the cash and the services afterwards by referring people in need to existing services.

In addition to maximising outcomes of MPC, Cash Plus could also provide opportunities for social cohesion by boosting availability of services that not only benefit Syrian refugees but also Lebanese households. Furthermore, Cash Plus also obtains a high degree of sustainability when the services are delivered through local service providers.

The specific objectives of the study are to:

¹ On the basis of 1,5 million Syrian refugees in Lebanon and an average of 5 people per household

² The CALP Glossary uses Cash Plus and complementary programming interchangeably and defined it as: « programming where different modalities and/or activities are combined to achieve objectives »

³ Durable Solutions Platform (DSP), and CAMEALEON. ‘Pinning Down Moving Targets. Adapting Humanitarian Cash Programmes to the Multi-Pronged Crises in Lebanon’, November 2020.

1. Identify what non-financial barriers Syrian refugees are facing to meet essential needs⁴
2. Map the key services that exist in Lebanon that Syrian refugees could be referred to and identify challenges and opportunities of such linkages
3. Discuss next steps to operationalise Cash Plus approach(es)

Non-financial barriers to essential needs

These non-financial barriers, organised as per the supply and access side barriers, form the basis of the Theory of Change for future Cash Plus approaches, i.e. what the Plus element should tackle.

Figure 1: Non-financial barriers at a glance

DEMAND SIDE CONSTRAINTS	SUPPLY SIDE CONSTRAINTS	ACCESS SIDE CONSTRAINTS
<ul style="list-style-type: none"> • Willingness: Minimal constraints – strong willingness to use services • Capacity: Financial barriers, though not covered here, remain a key determinant to services uptake 	<ul style="list-style-type: none"> • As a result of the economic crisis and COVID • More prominent in the Shelter, Health & Education sectors 	<p style="text-align: center;">Main non-financial barriers to services uptake</p> <ul style="list-style-type: none"> • Lack of social capital – leading to exclusion • Limited physical access • Lack of information • Lack of legal status and documentation

The study found that social access was the main non-financial barrier to the uptake of services, such as education. Social access barriers mostly pertain to the specific status of refugees⁵ and their depleted social capital, exacerbated by the economic crisis and increasing vulnerabilities of Lebanese households.

Being a refugee is in and of itself a barrier to access services, refugees tend to have limited social capital with restricted social networks or anchors to use in case of need and therefore are exposed to more exploitative practices. In the Informal Tent Settlement (ITS), power dynamics between the Shawish⁶, the ITS supervisors, and Syrian refugees is a major constraint to access services. The Shawish reportedly prevent delivery of assistance in certain ITS or restrict refugees’ freedom of movement hence limiting their capacity to physically access services. Refugees’ social capital has been also reduced because of the economic crisis and increased socio-economic vulnerability of Lebanese households. Refugees experience exclusion from quality health or education services. Refugee school children are limited to the afternoon school cohorts (2 pm to 6 pm) when teachers and students are reportedly less receptive to learning. Second school shifts further expose children who can’t

⁴ Basic needs defined as per the 2020 Minimum Expenditure Basket in Lebanon: food, shelter, health, education, water, hygiene and sanitation, legal protection (i.e., residency).

⁵ As of 2022, Lebanon is not a signatory to the 1951 Refugee Convention

⁶ Shawish in Lebanon traditionally refers to men managing foreign labour but now refers to the refugees’ settlement supervisor. The Shawish are nominated by refugees or appointed by local security forces. Shawish are overwhelmingly men and can be either Syrian or Lebanese nationals.

afford transportation services to having to walk long distance at night on their way back from school.

COVID-19 and the digitalisation of aid limited physical interactions between refugees and humanitarian workers. Combined with an increase in telecom fees that decreased refugees' online presence, it led to a lack of information by refugees about available services. As per conducted FGD, refugees mostly know about these services through word of mouth, which in turn is largely dependent on their social capital that has been reduced.

Finally, the sharp decrease of **official ID and legal residency** among the refugee population reduced access to higher education and financial services, as it limits their capacity to move and pass check points as well as threaten the security of tenure. None of the hundred refugees interviewed for this study had a written lease. The risk of large-scale eviction has not materialised yet, but it has opened the door to abusive behaviours from landlords and Shawish with significant price rent increase being reported as well as preventing children from playing outside, limiting freedom of movements.

The economic crisis as well as the COVID-19 pandemic have also had negative effects on the **supply of services**. The economic crisis has reduced the availability of qualified staff in public hospitals and schools while also increasing the demand for those services by vulnerable Lebanese households. Supply of services, especially when it comes to legal and health services, is unequally spread across the country, where access is unsurprisingly more difficult in rural areas.

Health and education services are further constrained by a lack of quality supply at an affordable price mostly as a result of the depreciation of the Lebanese Lira, increasing the cost of imported goods such as medications and schoolbooks. Simply put, service providers have less money to buy more expensive items that are necessary for the functioning of the services they run. Similarly, the limited electricity supply and water shortages (largely resulting from electricity shortages) also limit the capacity to run those services.

Key services that exist in Lebanon

As per the latest service mapping from the Lebanon information hub,⁷ there are 126 organisations operating in 29 districts that are providing services across sectors and are open to accepting referrals. This mapping, however, mostly captures services provided by humanitarian organisations, and not those delivered by national private and public service providers. In the available mapping there is an uneven distribution of the types of services

⁷ Lebanon Information Hub, Inter-sector service mapping, "Service Mapping," accessed May 12, 2022, <http://ialebanon.unhcr.org/ServiceMapping/index.html>. NB: this mapping is regularly updated by the inter-agency sector coordination

provided among the different the sectors, of the diversity of the type of services within a specific sector and of the geographical distribution of services.

Operationalising integrated programming

MPC recipients in Lebanon are mostly linked to services through internal (i.e. within the same organisation) or external (across organisations) referrals. The rate of acceptance of referrals remains low, despite improvement from 23% in March/June 2020 to 36% in January/February 2021.⁸



There are multiple referral pathways and mechanisms that actors must navigate. The complexity of the referral landscape hinders an up-to-date and scalable system for referrals. Being the largest

and most widely used platform, the RIMS has clear added value in operationalising the Inter-Agency standards and tools, automating the referral process, reducing human errors and easing follow up of referrals. However, most of the interviewed key informants, irrespective of the organisations they work with, were not clear on how the different pieces of the puzzle would relate to one another.

A lot of the services aid organisations rely on for referrals are services delivered by aid organisations themselves. These services are tied to short term funding with usually limited geographical scope and beneficiary coverage. ⁹ It is therefore harder for refugees and other organisations alike to keep up to pace with what services is available where.

The difference in targeting methods used by the different actors and programmes on the ground is another challenge for effective referrals. MPC targeting uses proxy means test to identify vulnerability, while that may not be – and usually isn't the case for other programmes. This difference makes referrals to MPC by service providers impossible and referrals to service providers by MPC implementers difficult as targeting criteria are not always known and/or it may imply additional data collection.

Finally, donors interest *vis-à-vis* Cash Plus approaches is an opportunity to design and implement MPC that intendedly connects recipients with services.

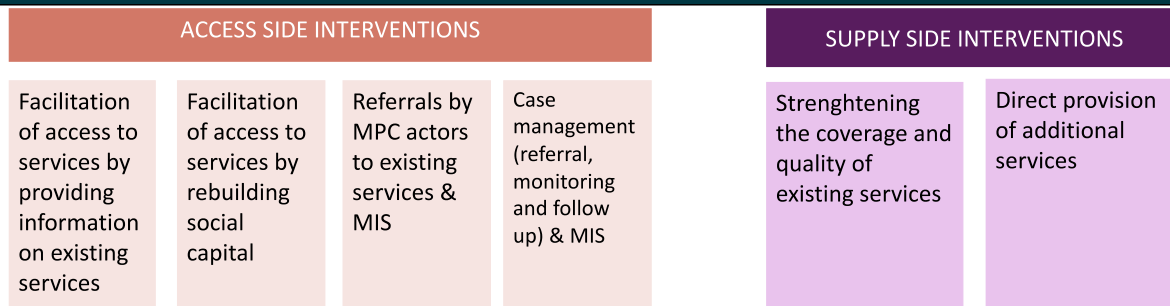
⁸ RIMS and DRC, "Improving Access to Services for Communities during COVID-19 Lockdowns," 2021.

⁹ Cited by 4 KIIs

Recommendations

The recommendations are articulated in three different sections and developed in full in the main text of the report.

Menu of Cash plus options



Creating a Cash Plus conducive environment

Recommendation 1: Ensure a strong commitment from MPC providers to operationalise linkages with services

Recommendation 2: Formalise a Cash Plus strategy

Recommendation 3: Systematise the use of the RIMS as the referral platform

Recommendation 4: Donors to incentivise linkages between MPC recipients and services

Cash Plus design considerations

Recommendation 5: Strengthen the existing service mapping

Recommendation 6: MPC providers to design reactive Cash Plus and Cash Plus by design

Model 1: Reactive Cash Plus	MPC and services are provided independently. MPC providers combine the cash and the services after MPC programme design by referring people in need to existing services using the RIMS platform
Model 2: One agency Cash Plus by Design	A MPC provider makes dedicated efforts, under one programme umbrella, to connect the households it distributes MPC to with the services it delivers
Model 3: Interagency Cash Plus by Design	Under one programme umbrella, a MPC provider is developing partnerships with external service providers (be they public or private) so as to serve the households it distributes MPC to.

Recommendation 7: Use the multi-dimensional deprivation index for sectoral prioritisation of Cash Plus and targeting

Recommendation 7: Mainstream Cash Plus, across all CVA, not only MPC

Recommendation 8: Build on LOUISE lessons learned (e.g. Management Information System and data sharing)

Recommendation 9: Explore more ambitious Cash Plus such as graduation approach to combine MPC, services for essential needs and income generation as a Plus continuum

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List of Acronyms

ATM	Automated Teller Machine
FSS	Food Security Sector
BAWG	Basic Assistance Working Group
CAMEALEON	Cash Monitoring, Evaluation, Accountability and Learning Organizational Network
CFF	Cash for Food
CVA	Cash and Voucher Assistance ¹⁰
FGD	Focus group discussion
(I)NGO	(International) non-governmental organisation
ITS	Informal Tented Settlements
KII	Key Informant Interview
LCC	Lebanon Cash Consortium
LCRP	Lebanon Crisis Response Plan
LOUISE	Lebanon One Unified Inter-Organisational System for E-Cards
LOUISE	Lebanon One Unified Interagency System for E-Cards
LBP	Lebanese Pound
LRC	Lebanese Red Cross
MDDI	Multi-Dimensional Deprivation Index
MEB	Minimum Expenditure Basket
MoSA	Ministry of Social Affairs
MPC	Multi-Purpose Cash
MSF	Médecins Sans Frontières
NFI	Non-Food Item
NRC	Norwegian Refugee Council
OV	Outreach Volunteer
RAIS	Refugee Assistance Information System
RIMS	Referral Information Management System
SGBV	Sexual and gender-based violence
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Emergency Funds
VASyR	Vulnerability Assessment of Syrian Refugees
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme

¹⁰ As per the CaLP Glossary, this is the preferred term but can be used interchangeably with CTP, CBI, CBA and CBT.
<http://www.cashlearning.org/resources/glossary>

I. Introduction

I.1. The context in Lebanon

I.1.1. The humanitarian situation

Lebanon is home to a population of 6,8 million nationals.¹¹ As of 2022 – eleven years since the start of the Syrian civil war, Lebanon hosts an estimated 1.5 million Syrian refugees and more than 13,000 refugees of other nationalities. This makes Lebanon home to the largest number of refugees in the world per-capita.¹² Syrian refugees who account for the largest refugee population, have settled all over the country with the Bekaa region hosting the most (39,1%), followed by North Lebanon (27,3%), Beirut (22,7%) and South Lebanon (10,9%).¹³

According to the Lebanon Crisis Response Plan 2022-2023, the conflict in Syria has had social and economic impacts and added to the development constraints in the country.¹⁴ By 2019, compounded by one of the highest debt burdens in the world (151%), chronic fiscal deficit, high unemployment and a dollar pegged economy, Lebanon's economy took a hit. This manifested as a stagnated economy, a liquidity crisis, inflation, and currency devaluation – eventually leading the government to default in 2020.¹⁵ This was further exacerbated by the COVID-19 pandemic which negatively affected businesses and led to further currency devaluations and inflation within Lebanon.¹⁶ Moreover, the COVID-19 pandemic was overlaid on top of a protest movement amidst a political crisis. The combination of the multifaceted crisis effectively contributed to the deterioration of the national situation, affecting both nationals and refugees alike.¹⁷

Considering the compounding needs, the capacity of the country to cope continues to be exhausted from year-to-year.¹⁸ As of 2022, there are a total of 3,2 million people in need in Lebanon, of which 1,5 million are Syrian refugees, 1,5 million are vulnerable Lebanese, 180,000 Palestine refugees from Lebanon and 29,000 Palestinian refugees from Syria.¹⁹

¹¹ OCHA. 'Lebanon', 30 January 2018. <https://www.unocha.org/lebanon>.

¹² UNHCR. 'Lebanon - Needs at a Glance - 2022', 2022.

¹³ 'Situation Syria Regional Refugee Response'. Accessed 27 April 2022.

<https://data2.unhcr.org/en/situations/syria/location/71>.

¹⁴ Government of Lebanon and United Nations, "Lebanon Crisis Response Plan 2022-2023," January 2022, 2022-23.

¹⁵ Durable Solutions Platform (DSP), and CAMEALEON. 'Pinning Down Moving Targets. Adapting Humanitarian Cash Programmes to the Multi-Pronged Crises in Lebanon', November 2020.

¹⁶ CAMEALEON. 'Round Two: CAMEALEON Rapid Field Monitoring Survey on the Impact of COVID-19 on WFP Multi-Purpose Cash Recipients April 2020', 2020.

¹⁷ Durable Solutions Platform (DSP), and CAMEALEON. 'Pinning Down Moving Targets. Adapting Humanitarian Cash Programmes to the Multi-Pronged Crises in Lebanon', November 2020.

¹⁸ OCHA. 'Increasing Humanitarian Needs in Lebanon', April 2022.

¹⁹ Government of Lebanon, and United Nations. 'Lebanon Crisis Response Plan 2022-2023', January 2022.

Syrian refugees within the country were particularly affected because of limitations on mobility and livelihood activities leading to an increase in negative coping mechanisms. Based on World Food Programme (WFP) estimates, there was a 51% increase in extreme vulnerability amongst Syrian refugees between 2019 and 2020.²⁰ According to the 2021 Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR 2021), there was a marked worsening in the situation of Syrian refugees. More than half of Syrian refugee households were found to be food insecure; Water, Sanitation and Hygiene (WASH) circumstances were dependent on type of shelter – with over 57% living in overcrowded and below standard shelters. Additionally, access to healthcare was noted to have decreased, and access to education was hampered by COVID-19 restrictions. Furthermore, the existing trend of a decline in legal residency was noted.²¹

1.1.2. Multi-purpose cash in Lebanon

Since the start of the crisis in Syria, international humanitarian response in Lebanon had significantly increased along with the use of Cash and Voucher Assistance (CVA).²² Three years after the start of the Syrian refugee crisis in Lebanon, CVA was used towards achieving at least 14 different objectives by different organisations. This highlighted the need for increased harmonisation towards the adoption of Multi-Purpose Cash (MPC).²³ In 2014, the Lebanon Cash Consortium (LCC) was formed by six international NGOs²⁴ to create a harmonised MPC programming. In 2016, WFP, UNHCR, the LCC and UNICEF established a common card payment system under the Lebanon One Unified Inter-Agency System for E-Cards (LOUISE) Platform.²⁵

MPC has for long been the most widely used approach to aid Syrian refugees in Lebanon, both in terms of coverage as well as total financial volume transferred, as shown below in Table 1.²⁶

As of September 2021, 222,594 Syrian households were receiving a monthly MPC of 800,000 Lebanese Pounds (LBP) over 12 months.²⁷ The MPC transfer was adjusted from 400,000 LBP to 800,000 LBP in September 2021, in order to adapt to the devaluation of the LBP and high

²⁰ CAMEALEON. 'Round Two: CAMEALEON Rapid Field Monitoring Survey on the Impact of COVID-19 on WFP Multi-Purpose Cash Recipients April 2020', 2020.

²¹ Government of Lebanon, and United Nations. 'Lebanon Crisis Response Plan 2022-2023', January 2022.

²² Smith, Gabrielle. 'Review of Cash Programming and Linkages to Social Protection in Lebanon'. Coffey, May 2019.

²³ The Cash Learning Partnership glossary defines MPC as "unrestricted transfers (either periodic or one-off) corresponding to the amount of money required to cover, fully or partially, a household's multiple basic and/or recovery needs. Smith, Gabrielle. 'Review of Cash Programming and Linkages to Social Protection in Lebanon'. Coffey, May 2019.

²⁴ ACTED, CARE, IRC, Save the Children, Solidarités International, World Vision

²⁵ Keith, Amy Louise. 'The Cash Debate in Lebanon'. Humanitarian Practice Network, 2017.

<https://odihpn.org/publication/cash-debate-lebanon/>

²⁶ For more on the outcomes and impact of MPC: CAMEALEON, 2020 Multi-Purpose Cash Assistance in Lebanon. Impact Evaluation on the Well-being of Syrian Refugees.

²⁷ From Activityinfo

inflation²⁸ rates in Lebanon.²⁹ The MPC transfer value was then further adjusted in April 2022 to 1,000,000 LBP.³⁰

Table 1: Largest cash assistance programmes in Lebanon by transfer amounts (LBP) and household coverage – September 2021^{31,32}

Cash Assistance Programmes	Duration of Assistance	Amount (LBP) (September 2021)	Beneficiaries (as of September 2021)	Amount (LBP) (September 2021)
MPC assistance	12 months	800,000 LBP	239,862 HHs	1,000,000 LBP
Cash for food (CFF)	12 months	300,000 LBP per person	46,007 HHs	500,000 LBP per person
Food e-card (e-vouchers)	12 months	300,000 LBP per person	137,901 HHs	NA
Winter assistance	One-off cash payment	954,000 LBP	40,570 HHs	NA

As of February 2022, 176,900 households received MPC assistance, making it the largest resource distribution type in Lebanon. MPC is mostly distributed by UNHCR and WFP as per the below figure.³³

The organisations providing MPC assistance to Syrian refugees in Lebanon coordinate their action through the Basic Assistance Working Group (BAWG)³⁴ and through the Food Security Sector (FS) for the food part of the MPC. As of 2022, the BAWG is co-chaired by the Ministry of Social Affairs (MoSA) and the UNHCR.³⁵ The FSS is co-chaired by WFP and FAO.

²⁸ As per the Central Administration of Statistics, Republic of Lebanon, the country's inflation rate as of April 2022, stood at 208,13%.

²⁹ Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft).

³⁰ UNHCR, "Basic Assistance Working Group Meeting: April 2021- Minutes of Meeting," April 28, 2022.

³¹ Basic Assistance Working Group Presentation September 2021 Assistance Summary as cited in "Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft)."

³² UNHCR, "Basic Assistance Working Group Meeting: April 2021- Minutes of Meeting," April 28, 2022.

³³ Inter-agency Coordination Lebanon, "Basic Assistance Working Group Meeting Presentation, March 24, 2022," 2022.

³⁴ "Working Group: Basic Assistance Working Group - Lebanon," accessed May 12, 2022, <https://data2.unhcr.org/en/working-group/15>.

³⁵ Inter-agency Coordination Lebanon, "Basic Assistance Working Group Meeting Presentation, March 24, 2022."

I.1.3. The use of Cash Plus in Lebanon

Globally and in Lebanon, the use of Cash Plus³⁶ is gaining traction as an effective way to meet needs. In 2020, the study by the Durable Solutions Platform (DSP) and CAMEALEON noted that, in Lebanon, in light of non-financial and structural barriers, the combination of cash with different services would be a more effective approach towards alleviating needs of Syrian refugees.³⁷ Cash alone falls short of meeting non-financial needs (e.g. the needs for safety) and/or could lead to depleted outcomes (e.g. poor construction of shelters using purchased shelter materials will lead to sub-standard housing).

Yet, in 2022, Cash Plus approaches in Lebanon are still very much at infancy stage, as illustrated in the below table. To date, Cash Plus approaches in Lebanon, have mostly been reactive: as a beneficiary receives assistance from a programme and is then referred to another programme to receive complementary assistance. The few Cash Plus programmes which, from the design stage, combine cash with another activity, for the same recipient, were all implemented within one single organisation. It is indeed more resource intensive and time consuming to design a programme across organisations.³⁸

Table 2: Existing Cash Plus approaches in Lebanon

The largest cash-plus programme currently taking place in Lebanon is the UNICEF's Haddi programme. The Haddi programme targets 82,000 children (30% Lebanese, 50% Syrian and 20% Palestinians), who are already benefiting from UNICEF education and child protection services. The Haddi aims to provide a monthly unconditional cash grant to those families in addition to the health and nutrition services already provided, so as to contribute to children well-being. Transfer value ranges from 40 to 80 USD based on number of children per family. The grant is distributed in USD for a duration of 6 to 12 months. In addition to the cash grants and services provided by UNICEF and its cooperating partners, households can also be referred, if need be, to additional services. Referrals are done using the Referral Information Management System (RIMS) as the platform that offers the largest number and diversity of providers (for more on the RIMS, see [Section V.1. Referrals](#)). Those referrals can be internal or external to UNICEF and its partners.³⁹

Syrian households receiving MPC can also be included as part of the Haddi programme but being a MPC recipient is not a criterion for inclusion as such.

³⁶ As per the CALP glossary Cash Plus or Complementary programming, involves the use of a combination of activities or modalities by one or more actors to achieve programme objectives.

³⁷ Durable Solutions Platform (DSP), and CAMEALEON. 'Pinning Down Moving Targets. Adapting Humanitarian Cash Programmes to the Multi-Pronged Crises in Lebanon', November 2020.

³⁸ Hélène Juillard et al., "Cash Assistance How Design Influences Value for Money," 2020, https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/Cash-how-design-influence-VfM_FV.pdf.

³⁹ UNICEF, Oct 2021, Paving the way for a national child grant in Lebanon, the Haddi programme <https://www.unicef.org/lebanon/media/7301/file/Haddi%20Child%20Grant%20Oct%202021%20EN.pdf>

What is unique about the Haddi programme is its reverse targeting approach, where beneficiaries that were already being supported by child protection, health, nutrition and education partners are brought into the integrated Haddi social protection programme as one.

Save the Children runs a child well-being assistance programme that uses a cash plus approach. The programme targets 1225 households (57% Syrian, 40% Lebanese, 3% others) in Beirut, Mount Lebanon, Zahle and the North. Its combines bi-monthly cash assistance for a period of 12 months along with nutrition messaging, financial counselling, savings support, and referral follow up. The additional services are intended to maximise the well-being of children either through available services by Save the Children or through referral to external support in cases such as the identification on malnutrition cases. The programme is intended at linking necessary MHPSS, child protection, education, shelter, and health services with cash.⁴⁰ External referrals for this programme are done through both the interagency as well as the RIMS platform.⁴¹

Relief International provides cash for education, along with mental and psychological support. The cash portion of the programme is provided upon the condition that parents retain their children in schools – the cash is unrestricted and can be used as needed. The programme targets children aged 6 – 18 years who are registered for the second shift public school (Syrian), but also includes Lebanese children enrolled in first shift. The programme included 500 Syrian children in the Bekaa who are registered with the UNHCR. The programme is meant to be an added support and hence does not exclude if beneficiaries are recipients of MPC assistance. However, beneficiaries of other forms of cash assistance are not included. External referrals made and accepted are done through the interagency and RIMS.

NRC is distributing cash for rent along with providing legal services on housing land and property rights. Services are also provided towards the resolution of disputes between landlords and tenants.⁴² The cash plus services provided by the NRC cross over the shelter and protection sector (with Housing Land and Property being part of the remit of the protection sector). Thus far, the NRC has provided a mix of these services in Bekaa (Bekaa and Baalback-Hermel governorate), Beirut and Mount Lebanon governorates, North (North and Akkar governorate), and South (South and Nabatieh governorate). Between 2020 and 2021, the cash for rent assistance covered a refugee population of 23,829 individuals out of which roughly 95% of whom were Syrian refugees. In parallel, 61,264 individuals received Housing Land and Property support. This support consisted in

⁴⁰ Save the Children, "Save the Children Lebanon, Child Wellbeing Assistance Presentation," March 2022.

⁴¹ Cited by 1 KI

⁴² Cited by 2 KI

information, counselling sessions and legal assistance along with trainings provided for community leaders and stakeholders.

UNHCR on top of the cash assistance it distributes provides additional services such as subsidized access to health services for refugees as well as protection related services such as counselling, child protection and GBV support.⁴³ The health care subsidisation is essentially a cost sharing mechanism where beneficiaries who fall under a vulnerable grouping (children under 5, pregnant women, elderly etc), would pay 15% of their needed treatment, while the UNHCR covers 85%.⁴⁴

1.2. Research purpose and objectives

To contribute to the development of Cash Plus approaches in Lebanon, CAMEALEON has commissioned this study to explore avenues for better, more integrated MPC.

This study explores why and how to combine MPC assistance with targeted complementary services, based on the recognition that cash alone is not sufficient towards covering all needs and may lead to sub-standard outcomes.

The specific objectives of the study are to:

4. Identify what non-financial barriers Syrian refugees are facing to meet essential needs⁴⁵
5. Map the key services that exist in Lebanon that Syrian refugees could be referred to and identify challenges and opportunities of such linkages
6. Discuss next steps to operationalise Cash Plus approach(es)

The study focuses on complementary assistance to MPC which is primarily intended to support some of the most vulnerable Syrian refugees in meeting their essential needs. The objective of the foreseen Cash Plus approach is not to change the objective of the MPC but rather to maximise its impact. The study focuses on service delivery as the main complementary modality to support Syrian refugee households in meeting their essential needs. This study uses the 2020 Minimum Expenditure Basket (MEB) components to define the scope of essential needs: food, shelter, health, education, WASH, and legal protection (i.e., residency).

The study explores both **reactive Cash Plus** approaches by linking CVA recipients with services through via referrals by design and **Cash Plus design** approaches where other

⁴³ Cited by 4 KII's

⁴⁴ CAMEALEON, "Multi-Purpose Cash Assistance in Lebanon. Impact Evaluation on the Well-Being of Syrian Refugees," March 2020.

⁴⁵ Basic needs defined as per the 2020 Minimum Expenditure Basket in Lebanon: food, shelter, health, education, water, hygiene and sanitation, legal protection (i.e., residency).

sectorial activities are integrated within the cash programme (e.g. consultations, trainings, sensitizations, etc).

When looking at how to operationalise identified relevant Cash Plus approaches, the study builds on what already exists to direct and orient Syrian refugees towards services. A key building block of future Cash Plus approaches that the study explores are the referral mechanisms, both the Interagency Platform and the RIMS – a common platform used by more than 50⁴⁶ organisations in Lebanon to “facilitate, track, follow-up and monitor referrals and extract referral data across sectors.”⁴⁷

The study does not discuss the extent to which MPC assistance is reaching its intended objective of meeting essential needs in the current context of economic crisis and drastic currency depreciation. The adjustment of the MEB and MPC transfer value is touched on by the study. However, the study does not delve into details as discussions are taken forward separately by the cash stakeholders in Lebanon. The study rather discusses the potential of complementing MPC with services to maximise the impact of the MPC as identified in the latest impact study.⁴⁸

Following a brief introduction of the [methodology](#), the report discusses the [non-financial barriers for Syrian refugees to meet essential needs](#), the [key services that exist in country](#) and finally presents key areas of attention to [operationalise Cash Plus approaches](#). The report finally presents [recommendations](#) to create an enabling environment for Cash Plus approaches and to design Cash Plus going forward.

II. Methodology

The table below presents an overview of the methodology used. A detailed methodology is available in [Annex 2](#).

Inception phase & desk review	Inception Report	Desk review
	Development of the evaluation matrix and data collection tools	Comprehensive review of over 50 documents
Data collection	Remote key informant interviews (KIs)	Field data collection
	Total: 32 key informants consulted	Total: 12 Focus Group Discussions (FGDs) (6 Men’s FGDs, 6 Women’s FGDs) with 78 people

⁴⁶ RIMS, 2021, Improving access to services for communities during COVID 19 lockdowns
⁴⁷ RIMS, 2019, Increasing effectiveness and accountability in referral pathways
⁴⁸ “CAMEALEON-MPC-Impact-Assessment_print.Pdf,” 2020.

		Locations: 2 FGDs in Saadnayel-Bekka, 3 in Chiyah, 4 in Tripoli and 3 in Aley
	106 individuals consulted	
Final Report	Data coding and analysis (qualitative and quantitative) using a coding matrix in Excel	First draft of the report shared on June 7 th , 2022, for review by CAMEALEON and the Steering Committee.
Limitations	<ul style="list-style-type: none"> ▪ The study scope was initially centred around how Cash Plus assistance could be operationalised through the linkage of WFP’s MPC with existing services in Lebanon. This scope was later expanded to include MPC in general as provided by all actors in Lebanon. For this reason, primary data collection with MPC recipients only included WFP recipients. The consultants have triangulated data to adapt to the readjusted scope but this may have narrowed the breadth of MPC recipients’ perspectives. ▪ Despite intense follow-up both by CAMEALEON and the study teams, there was limited involvement from WFP from the inception stage that extended during data collection. Consequently, one of the initial objectives to “identify drivers of economy to complement the current WFP MPC with these services” could not be discussed.” The study team raised this concern during the inception report and preliminary findings presentations in front of the Steering Committee. The study team also formalised its concern in writing about the impact this lack of involvement may have in terms of providing concrete and actionable recommendations. As a result, the study team included recommendations on the importance to shift mind set about Cash Plus and for the main MPC providers to be willing to explore Cash Plus. ▪ A preliminary findings workshop was initially planned to be conducted in Beirut, however due to a delay caused by Key Informant unavailability and focus group discussions being delayed due to logistical issues, the workshop was moved to be conducted online. This limited the engagement of stakeholders and recommendations could not be co-constructed as initially planned. ▪ This study focused on the Plus element and has not looked at the Cash element, as in it did not investigate the effectiveness of the MPC or the efficiency of its delivery. Hence there is an important follow up action to joint reflections on the Plus element and on the Cash element. Considering the on-going MPC evaluation, there will be added value in bringing together both these findings. 	

III. What should the Plus be about?

The following section presents the cross cutting non-financial barriers from the access and supply dimensions. The [access side constraints](#) section discusses the extent to which limitations towards physical access of services, refugee status and depleted social capital,

access to information and lack of documentation affects the level to which Syrian refugees can meet their essential needs. Second, the [supply side constraints](#) section discusses the extent to which the availability of quality services plays a role in limiting Syrian refugees from meeting their essential needs.

Each of the sections present barriers that are observed throughout areas of essential needs. i.e. food, shelter, WASH, health, education and legal residence. **These non-financial barriers form the basis for the Theory of Change for future Cash Plus approaches, i.e. what the Plus element should tackle.**

Note that the demand side constraints are not being discussed below as they were not found to be key barriers to services uptake. Demand is characterised by the willingness and capacity to pay for accessing services. During FGD, Syrian refugees demonstrated high willingness to access services, this therefore is not a barrier. The capacity to pay for these services falls beyond the scope of discussing non-financial barriers.

Figure 2: Non-financial barriers at a glance⁴⁹

DEMAND SIDE CONSTRAINTS	SUPPLY SIDE CONSTRAINTS	ACCESS SIDE CONSTRAINTS
<ul style="list-style-type: none"> • Willingness: Minimal constraints – strong willingness to use services • Capacity: Financial barriers, though not covered here, remain a key determinant to services uptake 	<ul style="list-style-type: none"> • As a result of the economic crisis and COVID • More prominent in the Shelter, Health & Education sectors 	<p>Main non-financial barriers to services uptake</p> <ul style="list-style-type: none"> • Lack of social capital – leading to exclusion • Limited physical access • Lack of information • Lack of legal status and documentation

III.1. Access side constraints

Unsurprisingly access side constraints have been exacerbated by COVID-19 and the financial and economic crisis. These barriers mostly pertain to the specific status of refugees and their diminished social capital, aggravated by the economic crisis and increasing vulnerabilities of Lebanese households.

III.1.1. Depleted social capital

Syrian refugees in Lebanon face barriers to accessing services as a result of their social status and depleted social capital.

First, one of the main barriers to access services and overall assistance that refugees living in Informal Tented Settlements (ITS) face pertains to the **role of Shawish**. “Shawish” in

⁴⁹ A discussion of the non-financial barriers as reported by FGD participants and organised per sector is available in [Annex 3: Barriers to meet essential needs: Voices from Syrian refugees](#).

Lebanon traditionally refers to a person managing foreign labour but now refers to the refugee settlement supervisors. The Shawish are nominated by refugees or appointed by local security forces. Shawish are overwhelmingly men⁵⁰ and can be either Syrian or Lebanese nationals. The Shawish may be used as entry points to ITS by NGOs and have a say on what or to what extent services are provided in ITSs. This role is reportedly⁵¹ often abused as the Shawish are in a position of imbalanced power *vis-à-vis* refugees. They are the “President of the Republic of each camp”⁵² and refugees have been made dependent on the Shawish⁵³ to access services.

During FGDs, there were multiple reports of Shawish employing refugees at very low rate while preventing assistance to be delivered in their areas so that refugees could remain in need. FGD participants in Bekaa, for example, noted that they see food parcels being distributed to other ITSs but not theirs. They perceived this to be linked to the power the Shawish have in controlling the targeting of assistance in ITSs – noting that if the Shawish doesn’t agree, they don’t get the services.⁵⁴ Many participants in the Bekaa reported that the Shawish prevents aid organisations from accessing the ITS as the Shawish would like to keep refugees purchasing food items from them⁵⁵ – as they often have shops in-location. This is not borne out in evidence as WFP for example reports having no issues accessing the ITS. It is nevertheless illustrative of misperceptions from refugees, that form non-financial barriers to access services.

Refugees also reported a **change in the terms of trade**, the possibility they had to buy on credit has drastically reduced and where they still can, the interest rate has gone up. This was especially mentioned to be the case in ITSs such as those in Bekaa, where the majority of the shops are owned by the Shawish, who decide on prices. FGD participants also noted that most supermarkets are no longer allowing them to buy items on credit, as reportedly the case of Lebanese and Syrian alike as a result of the economic crisis.⁵⁶ One FGD participant noted:

“Now ... the shops no longer give us things on credit to pay later, especially if they know you're Syrian.”

⁵⁰ <https://www.unhcr.org/lb/11806-syrian-refugee-challenges-traditions-community-leader-role.html>

⁵¹ From FGD

⁵² The Syrian camps shawish: A man of power and the one controlling the conditions of refugees

<http://www.lb.undp.org/content/dam/lebanon/docs/Governance/Publications/PEACE%20BUILDING%2012th%20web%20p12.pdf>

⁵³ “Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft).”

⁵⁴ Source: FGD

⁵⁵ Source: FGD

To an extent, these differential treatments may be related to the **misperception by vendors and landlords that Syrian refugees receive MPC in US dollars** and could therefore afford to pay higher prices for food and rent. Consequently, there have been arbitrary increases in rent prices reinforced by the lack of written rent agreements.⁵⁷

"They [landlords] tell us that we get [assistance] in dollars and they [aid agencies] help us with schooling and everything".

Finally, Syrian refugees reported discrimination in accessing quality services, especially health and education, as a result of being refugees. This could be linked to the increase in demand for such services by Lebanese households as a result of the economic crisis. These barriers are described in more details in [Section III.2 Supply side constraints](#).

III.1.2. Physical access to services

Limited physical access to service is first and foremost determined by the location where Syrian refugees reside. For instance, shortage of food in markets was not perceived to be a barrier by FGD participants and key informants alike.⁵⁸ However, diverse nutritious foods is not equally accessible between urban and rural residents, with the former having more options.⁵⁹

Similarly, the type and level of water and sanitation access is dependent on area and type of residence. The main sources of water, which are bottled water (38%) and tap water (19%) are used to different extent, with Southern Lebanon and Beirut accounting for the highest use of bottled water (74% and 75% respectively).⁶⁰ On the other hand, households residing in informal settlements are not connected to the public water supply and hence do not have access to tap water. They instead rely on water trucking services and boreholes.⁶¹

Disparity in access as a result of location is also apparent towards accessing healthcare, as healthcare services are better concentrated in and around administrative centres while being sparse further away.⁶² Accordingly, among FGD participants, those residing in Mount Lebanon and Beirut reported better access.⁶³ However, those in Beirut, attributed the lack of access as being particular to the type of healthcare provided (secondary healthcare), see [III.2. Supply side constraints](#).

⁵⁷ Cited in FGDs

⁵⁸ Cited by 4 KIIs and 12 FGDs

⁵⁹ Cited by 2 KIIs

⁶⁰ UNHCR, "Vulnerability Assessment of Syrian Refugees in Lebanon," 2021.

⁶¹ "Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft)."

⁶² Cited in 2 KIIs.

⁶³ UNHCR, "Vulnerability Assessment of Syrian Refugees in Lebanon."

The **elderly and persons with disabilities** as well as women with children to a lesser extent, struggle to access markets and services. The former groups face mobility challenges,⁶⁴ while women with children – especially those living in ITS would have to leave their children at home or struggle to find transport.⁶⁵

Lack of documentation to pass check points **and Shawish abusive behaviours** also limit refugees' freedom of movement and capacity to access services.

Further, there are also concerns with security that hinder access to services. A 2020 CAMEALEON survey revealed that there were limitations to access of MPC. These limitations related to not feeling safe travelling to ATMs to withdraw cash due to checkpoints (57%), fear of catching COVID-19 (43%), and fear of robberies (16%).⁶⁶ While the fear of catching COVID-19 may be timebound, the fear of checkpoints was already reported as a barrier to access assistance in 2019.⁶⁷

Security concerns were also noted in relation to accessing education services. As a result of the economic crisis and related increase in fuel prices, FGD participants noted that transportation prices to and from school are steadily becoming unaffordable. As a result, some parents noted that they have stopped sending their children to school because they cannot afford the transportation costs.⁶⁸ Others parents noted sending their children walking on-foot to schools by themselves if they are close, or walk them to school themselves.⁶⁹ However, this is not always possible for children with disabilities as an immediate option.⁷⁰ Moreover, parents highlighted fears for the safety of their children on their way back from school at night.⁷¹

*"I am very scared for my children when they go to school. We hear about a lot of robberies and people being harassed so I am always scared."*⁷²

III.1.3. Lack of information about existing services

Lack of information about existing services is a major barrier across sectors reported by refugees and UN stakeholders alike. The digitalisation of aid has limited the physical interactions between Syrian refugees and humanitarian organisations distributing MPC.

⁶⁴ Cited by 1 KII

⁶⁵ Cited in 1 FGD

⁶⁶ CAMEALEON, "Round Two: CAMEALEON Rapid Field Monitoring Survey on the Impact of COVID-19 on WFP Multi-Purpose Cash Recipients April 2020," 2020.

⁶⁷ Gabrielle Smith, "Camealeon/CaLP Research on Accountability to Affected Populations in Cash Assistance in Lebanon," March 2019.

⁶⁸ Cited in FGD

⁶⁹ Cited in FGD

⁷⁰ Cited by 1 KII

⁷¹ Cited by 1 KII; Cited by FGDs

⁷² Cited by FGD participant in Tripoli

Often physical interactions between refugees and MPC providers are limited to the card distribution and then quarterly validation exercise with the LibanPost. On this occasion, refugees interact with LibanPost agents and in the most popular LibanPost sites, at peak times, with WFP cooperating partner staff members. The LibanPost agents have limited capacity to share information about existing services and how to access them. This has de facto limited the opportunities where refugees could get information about the services that are available, and they could access.

The limits to interactions as a result of the digitalisation of aid was already highlighted in 2019.⁷³ MPC providers made efforts to provide in-person interactions where needed, through measures such as putting in place WFP cooperating partner staff at selected ATMs locations. Nonetheless, this remains a limiting factor to access services.

The increase of hotline numbers, though managed by the same service provider, was also highlighted by UN stakeholders as a barrier to share consistent information with refugees.

Word of mouth is the most frequent way participants reported finding out about different services available. Relatives and neighbours tell each other about different services that they can benefit from. *"We hear about it from each other and call"*.

Social media, namely WhatsApp groups and Facebook, were also reported as a source of information by FGD participants.⁷⁴ UNHCR set up community reference groups made up of outreach volunteers. They facilitate closed refugee Facebook groups in addition to WhatsApp trees to provide information to all refugees on services.⁷⁵ However, residents of areas such as rural parts of Mount Lebanon, may not be aware of the use of links for purposes such as self-registration and assessment or may have a tendency to mistrust such approaches.⁷⁶ Additionally, **despite an increase in using social media for accessing information, the increase in telecom fees are becoming a deterrent for uptake.**

UNHCR and other organisations such as the Lebanese Red Cross also relies on outreach volunteers (OV) to disseminate information about what services exist. As of 2022, the UNHCR has mobilised 500 outreach volunteers. About a third of them have been trained to provide community-based psychosocial support. These outreach volunteers have multiple roles:

- Share updated information on national policies, assistance and other types of information which impact refugee well-being.

⁷³ Gabrielle Smith, "Cameleon/CaLP Research on Accountability to Affected Populations in Cash Assistance in Lebanon."

⁷⁴ Cited in FGDs. NB: the website for refugees: www.refugees-lebanon.org also provides information but was not specifically quoted as a source of information.

⁷⁵ It is plausible but could not be ascertain that the Facebook and WhatsApp group mentioned by FGD participants were those facilitated by UNHCR.

⁷⁶ Cited in 2 KIIs.

- Raise awareness on various topics including legal residency, birth and marriage registration, child labour and early marriage, among others.
- Provide insights into community risks and priorities, as well as gaps in assistance and services to inform UNHCR's humanitarian programmes.
- Identify and refer persons at heightened (protection) risk to UNHCR and specialised services.
- Contribute to implementing solutions to certain risks. Despite their importance, the numbers of OV remain limited considering the number of refugees.

III.1.4. Lack of legal status or documentation

Syrians have the option of legally staying in Lebanon through either the sponsorship of a Lebanese national (*kafeel*) or through the UNHCR.⁷⁷ The 2021 VASyR indicates that only 16% of Syrian refugees above 15 years old had legal residence permits and legal residency is one of the biggest challenges highlighted by key informants to accessing services.⁷⁸ **Legal residency is on a sharp decline** as the figure stood at 20% in 2020, 22% in 2019, and 27% in 2018.⁷⁹ This points to a reduced prioritisation of legal residency among Syrian refugee households in light of needs which are considered to be more important and pressing needs. FGD participants⁸⁰ noted that they do not see legal residency to be of high importance, noting:

*"My residency is from the UNHCR, but I stopped it. You forget about it and it doesn't affect me. I don't leave the house much and never go far away so it doesn't matter."*⁸¹

These opinions mostly arise out of the tedious bureaucracy, as well as the lack of proper documentation such as passports, ID cards and birth certificates, which Syrian refugees do not readily have access to and would require going back to Syria for access or renewal.⁸² Frustration was noted even among those that possessed legal residency who highlighted the existence of too many bureaucratic processes and payments related to transport and fees for the processing and certification of documents.⁸³ One FGD participant noted:

*"The bureaucracy is expensive now; you need to keep going from one place to another and this is all expensive transportation, and you need to keep jumping from one place to another and getting signatures and stamps. I had to do 6 trips to finalise the papers for my children."*⁸⁴

⁷⁷ Cited by 3 KIIs

⁷⁸ Cited by 3 KIIs

⁷⁹ UNHCR, "Vulnerability Assessment of Syrian Refugees in Lebanon."

⁸⁰ Cited in FGDs

⁸¹ Cited by FGD participant in Tripoli

⁸² Cited in FGDs

⁸³ Cited in FGDs

⁸⁴ Cited by FGD participant in Tripoli

In addition to the above-mentioned limitation, formal avenues of receiving legal residence such as the sponsorship avenue through a Lebanese national and the UNHCR avenue are not favoured as much anymore among Syrian refugees. For the sponsorship through Lebanese nationals, FGD participants noted that this avenue is increasingly becoming more difficult due to unaffordable payment requests made by the sponsors.

*"You know how we work every day somewhere, so it is difficult to find a kafeel (sponsor) if you are not working in a company unless you pay them around \$200."*⁸⁵

As for the UNHCR avenue to legal residency, FGD participants noted that having once received sponsorship through a Lebanese national, makes them ineligible for renewal through a UNHCR pathway. This is indeed the case as per the UNHCR process.⁸⁶

*"I had a sponsorship and my kafeel (sponsor) died so I went and tried to find someone and couldn't. I tried securing the residency from UNHCR and went to get the proof of residency and they told me they can't give it to me because I had a sponsorship. This is a major problem."*⁸⁷

FGD participants, with limited cash, remarked that having to pay for the years they have lived in Lebanon without a residence permit is a major deterrent.

This **lack of documentation has major perceived implications in terms of accessing services**, especially when it comes to **higher education services**. In terms of education, one barrier amongst others, especially concerning older children is related to the lack of required documentation from Syria to be enrolled in the national Brevet and grade 12. This is different between districts / schools and usually depends on the flexibility of school directors to loosen or tighten the requirements, mainly concerning birth certificates or report cards.

*"My sister needed the paperwork for her residency so that she can do her exams in school, we have been waiting for 3 months and trying to call so we can get the proof of residency to do it, and they still haven't gotten back to us."*⁸⁸

Some FGD participants noted having circumvented this barrier through registering their children into informal education programmes provided by NGOs. However, these programmes do not provide certification.⁸⁹ An FGD participant expressed the unclarity of the enrolment process noting:

"I don't have anyone [of my children] in [public] school as they did not accept them because they are 11 and 12 years old. I don't know why they didn't accept them, and they

⁸⁵ Cited by FGD participant in Aley

⁸⁶ UNHCR, "Q&A for Syrian Refugees on Requirements for Residency Renewal in Lebanon Based on UNHCR Certificate," 2020, https://www.refugees-lebanon.org/uploads/poster/poster_148957049554.pdf.

⁸⁷ Cited by FGD participant in Aley

⁸⁸ Cited by FGD participant in Aley

⁸⁹ Cited in FGDs

didn't give me a reason. I put them in a Christian charity that is helping them learn, but it is unofficial"

Although education for younger children has relatively less issues compared to older children, there are legal requirements such as Syrian children having to go through early childhood education (KG1 – KG2) to enrol in the first grade, where such requirements do not exist for Lebanese children.

Lack of documentation is also a major threat to the security of tenure. Most refugees either live in ITS or have verbal leases with no security of tenure. Participants reported that owners do not want to sign contracts with Syrians so they can increase the price or evict them.

"They don't want to do contracts, so they can increase the price. And kick you out at any time".

While the risk of eviction has not yet materialised, it has led to abusive behaviours from landlords and Shawish. Several FGD participants mentioned restrictions imposed on them by the landlord or neighbours such as preventing them from inviting guests, letting their children play outside, or from drying their clothes outside.

Despite these difficulties, most Syrian refugees tend to stay in their homes unless they are evicted. This is mostly because Syrian refugees find it exceptionally hard to find alternative housing. In addition, there is an expressed preference to reside in areas where there is a large Syrian community due to the sense of safety and community that is created.

III.2. Supply side constraints

When it comes to supply side constraints, a largely observable barrier is the weakening state of an already strained public and NGO-led service sector because of the economic and political crisis as well as the COVID-19 pandemic. The increasing demand from poor vulnerable households as well as the high demand from Syrian refugees further constrain the supply of services.

Some FGD participants remarked that in comparison to previous year, there are less NGOs providing assistance as some activities had been removed due to the COVID-19 pandemic, among these was the provision of **food** parcels (accessed either in-kind or through vouchers).⁹⁰ Nonetheless as services were not uniformly ceased, some beneficiaries have continued to receive pre-COVID-19 services, while others no longer have access.

⁹⁰ Cited in FGDs

"My neighbour receives coupons for food from some NGO and she gets them, but we don't. She helps me out though and gives me some. I called them and tried to register but they haven't gotten back to me".⁹¹

Moreover, since the government has removed subsidies to fuel prices and foods except for wheat flour following the economic crisis, there has been a marked increase in food prices further magnified by global inflation.⁹² In line with this, FGD participants had noted that compared to last year there has been a major decrease in the variety and quality of the foods they are able to afford, since meat, vegetables, and dairy products as well as cooking oil have become too expensive.⁹³

In terms of non-financial barriers to **shelter** needs, the saturation of the Lebanese housing market was already a phenomenon being observed even before the economic crisis. The Syrian refugee crisis has contributed to the increased competition for housing and increase in rent prices.⁹⁴ As a result, there is a lack of supply of safe housing from the private, public and NGO sides. As of 2020, the allocated budget for the sector was only 14% of the needed appeal.⁹⁵ This means that the services provided by humanitarian organisations towards the shelter needs of Syrian refugees are greatly below the needs that exist in the context of Lebanon. In line with this an FGD participant in Chiyah noted:

"We are 12 people together in 2 rooms, living room and a bathroom, and my father-in-law has cancer so he sleeps alone in the living room."

The majority of FGD participants reported their shelters to be below international SPHERE standards with mold, unsafe plumbing, and leaks in the ceilings and walls in the winter months. Considering these, almost all FGD participants noted that landlords expect these issues to be fixed by the tenants themselves, including any services that require payment.

As for **WASH** services, the addition of Syrian refugees to a national water crisis that predates the economic crisis,⁹⁶ has added an 8 – 12% increase in demand to the strained system.⁹⁷ Supply of clean drinking water is a main concern among Syrian refugees. FGD participants in Chiyah and Aley noted that they have to resort to buying water as they fear health problems due to low tap water quality across both locations and lack of access. Participants in Bekka noted:

⁹¹ Cited by FGD participant in Aley

⁹² Cited by 1 KII

⁹³ Cited in 12 FGDs

⁹⁴ "Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft)."

⁹⁵ CAMEALEON, "CAMEALEON-AUB Phase 2 Research Component. Impact Evaluation of MPC on Shelter and WASH Outcomes. Terms of Reference," 2020.

⁹⁶ Cited by 5 KIIs

⁹⁷ "Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft)."

"We get water regularly [in ITS] but the quality is very bad, and people are having a lot of health problems."

However, not all households can afford to purchase water and hence resort to drinking the tap water despite the perceived low quality:

*"It costs 12 thousand LBP to get a gallon of filtered water, so we drink tap."*⁹⁸

Menstruating women and girls are especially affected by the scarce access to water, which inhibits safe, dignified and hygienic menstrual management.⁹⁹ This is especially true for residents of ITS of whom 27% share sanitation facilities with other households, compared to the overall percentage of 19%.¹⁰⁰

With regard to the supply of services related to **healthcare**, shortage and/or lack of access to medication – especially for chronic illnesses as well as mental health medication were noted to be among the highest barriers faced by households.¹⁰¹ These are linked to financial as well as availability limitations, as the lifting of subsidies and the economic crisis has made medications unaffordable for consumers and limited their availability in the market.¹⁰² As a result, households either do not buy the necessary medications,¹⁰³ while others receive them through relatives in Syria or through pharmacies in camps that sell Syrian medications at a lower price or generic versions.¹⁰⁴ The multiple crises in Lebanon have led to an exodus of trained medical doctors from Lebanon, creating a limitation in capacity of the healthcare system. As a result, healthcare provision is mostly limited to primary assistance with significant limitations towards providing secondary healthcare assistance.¹⁰⁵

Households with elderly members were found to be particularly sensitive to the barriers to healthcare as these households are more likely to require support for chronic illnesses, while at the same time being more likely to spend more on medications (11% of total expenditure).¹⁰⁶ The same was noted for households with members with disabilities, as medication would be rationed as a way to cope with costs and unavailability coupled with de-prioritisation of medication relative to other costs.

Moreover, the quality of healthcare is different between the different districts of Lebanon, which is reflected through the level of satisfaction reported by FGD participants. Most FGD participants in Bekaa and Tripoli are satisfied with the access and care provided at public

⁹⁸ Cited by FGD participant in Aley

⁹⁹ The Government of Lebanon and United Nations 2021 as cited in "Assessing Shelter and Water, Sanitation and Hygiene (WASH) Conditions of Syrian Refugees in Lebanon in Relation to Cash Assistance and Services (Draft)."

¹⁰⁰ UNHCR, "Vulnerability Assessment of Syrian Refugees in Lebanon."

¹⁰¹ Cited by 4 KIIs

¹⁰² Cited by 3 KIIs

¹⁰³ Cited in FGDs

¹⁰⁴ Cited in Several FGDs; Cited by 1 KI

¹⁰⁵ Cited in 1 KI

¹⁰⁶ Exigo and NRC, "Research Study: How Multi-Purpose Cash Beneficiaries with Different Vulnerability Profiles Spend Income and Access Vulnerability Related Services - Second Draft," 2022.

health centres. In Aley however, there were reports of a limitation in appointments, long wait times as well as poor treatment from nurses and physicians by FGD participants. In particular, a participant in Aley noted:

"When you come and stand in line for the appointment, and someone Lebanese arrives, they put them first. They take 65 thousand and put appointments and you may wait for hours and then they prescribe a medication that you can't find anywhere."

In terms of limitations towards **education** needs, the stressed Lebanese public school system presents another barrier as more and more Lebanese nationals are registering their children in public schools as a way of dealing with the economic pressures they face themselves.¹⁰⁷ Many public schools are accommodating Lebanese and Syrian students by using a half day system, where Lebanese students attend the morning shift and Syrians in the afternoon shift between 2 P.M and 6 P.M. This is however critiqued as reducing the quality of education and draining resources of an already stressed school system, as students and teachers are often tired and lack motivation during the afternoon sessions.¹⁰⁸ Moreover, this is noted to be a barrier in the interaction of Syrian and Lebanese students.¹⁰⁹ Although FGD participants in Chiyah had mixed feelings on the quality of education, some families expressed discontent, stating:

"I don't feel the education is good or they understand a lot. They are 3rd and 4th grade and barely know the letters properly. They just take their bags back and forth."

Others noted:

"My children are in a school that is not so great. Some teachers just want to finish the class, and some actually make an effort."

Limited supply of **electricity** was another element that was noted as being a cross-cutting barrier among all sectors. In terms of food needs, the shortage in electricity was noted as contributing to a limitation on safe storage of foods (refrigeration). Hence purchase of limited foods or foods with longer shelf life is prioritised.¹¹⁰ Access to water is similarly affected by the supply to electricity as ground water is extracted through electromechanical equipment leading to direct or indirect costs to Syrian refugees. The capacity of the healthcare system has also been halved by the limited supply of electricity, in turn reducing services available to Syrian refugees. Furthermore, the COVID-19 pandemic had necessitated a move to digital modes of education, which was not accessible to all Syrian

¹⁰⁷ Cited by 1 KI

¹⁰⁸ Cited by 2 KIIs,

¹⁰⁹ ODI, "World Food Programme Multi-Purpose Cash Assistance in Lebanon. Protection Outcomes for Syrian Refugees" (CAMEALEON, June 2020).

¹¹⁰ Cited by 4 KIIs and 2 FGDs

refugee households due to having limited numbers of digital devices per household as well as the lack of electricity.¹¹¹ As a result, only 47% of school aged refugee children aged 6 to 17 years were noted as having attended school in the 2020/2021 academic year. There was a particular drop in children aged 6 to 14 years from 2020 to 2021, decreasing from 67% to 53%,¹¹² Following this, a reluctance to register back to schools was mentioned by key informants despite there being efforts to incentivise children and teachers on the supply side.¹¹³

IV. Key humanitarian services in Lebanon

This section presents services provided by humanitarian organisations in the context of Lebanon, with the understanding of the term ‘service delivery’ as per the CALP glossary definition.¹¹⁴ The services presented here are those that can be linked to CVA, to form a Cash Plus approach.

Aid activities related to Syrian refugees are coordinated under the Lebanon Crisis Response Plan (LCRP), which is jointly planned by the Government of Lebanon along with international and national partners.¹¹⁵ The LCRP has three broad based areas of targeting with sectors of coverage nested under each. These are, ‘**Socio-economic**’ (basic assistance and food security), ‘**Categorical**’ (livelihoods, education and protection) and ‘**Geographical**’ (water, shelter, social stability, livelihoods and health).¹¹⁶

As per the most recent available service mapping data for organisations providing services to Syrian refugees in Lebanon, there are a total of 126 organisations operating in 29 districts that are providing services across the aforementioned sectors and are open to accepting referrals.¹¹⁷ The services provided likely range in scale and coverage but this information is not included in the available service mapping. While the inter-sector service mapping classifies cash transfers and in-kind assistance provided under the ‘Basic assistance,’ ‘Food and Agriculture’ and ‘WASH’ sectors as ‘services’; for the purpose of this study, the term

¹¹¹ Cited in 3 KIIs

¹¹² UNHCR, “Vulnerability Assessment of Syrian Refugees in Lebanon.”

¹¹³ Cited by 1 KII

¹¹⁴ The provision of services to affected populations e.g. water and sanitation, healthcare, education, protection, legal, etc. In crisis contexts humanitarian agencies might independently deliver services, or work in partnership with state/public service providers.

¹¹⁵ Government of Lebanon and United Nations, “Lebanon Crisis Response Plan 2022-2023.”

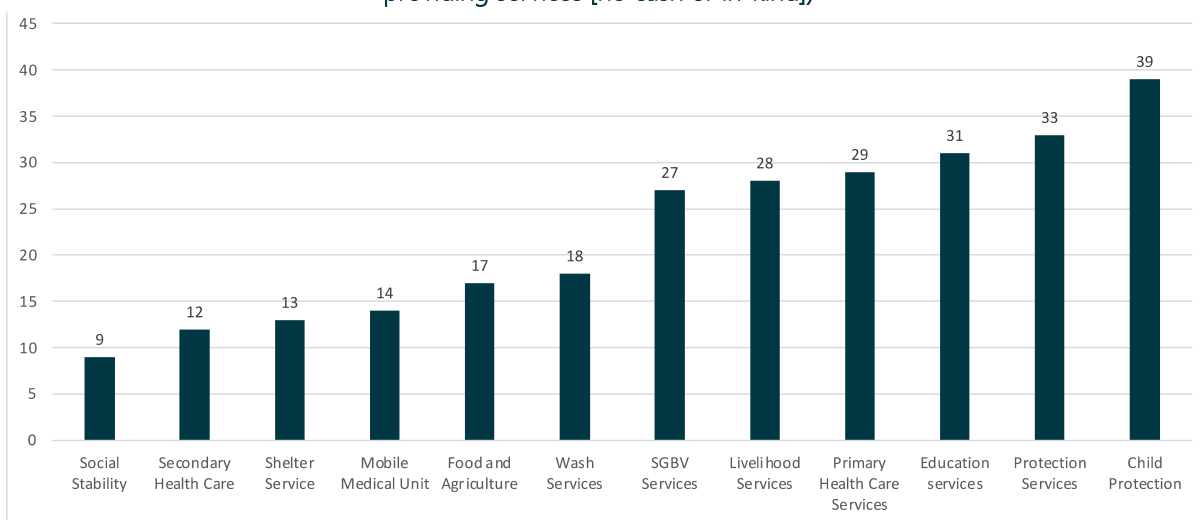
¹¹⁶ “Inter-Agency Lebanon Crisis Response Plan (LCRP) January 2022 - Lebanon,” ReliefWeb, accessed May 11, 2022, <https://reliefweb.int/report/lebanon/inter-agency-lebanon-crisis-response-plan-lcrp-january-2022>.

¹¹⁷ Lebanon Information Hub, Inter-sector service mapping, “Service Mapping.”

service delivery has been limited to that of the CALP glossary,¹¹⁸ excluding cash and in-kind distribution.

As such, among the registered humanitarian actors engaged in service delivery, most are engaged in child protection, providing services ranging from case management to psychosocial support and legal services. However, when it comes to the diversity of services delivered per sector, primary healthcare services top the list with a total of 21 types of primary healthcare services delivered by various humanitarian organisations. These services range from dental care, sexual and reproductive health to the provision of vaccinations. (See figures 3 and 4, and see [Annex 4](#) for a detailed description of the type of services provided).

Figure 3: Number of organisations providing services per sector (Active, accepting referrals and only providing services [no cash or in-kind])¹¹⁹

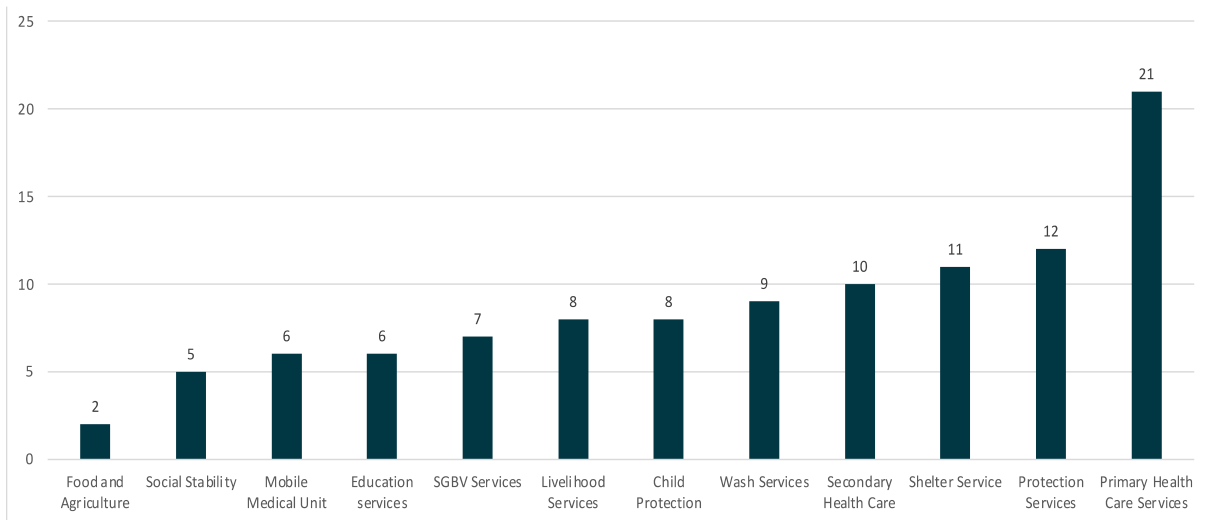


Considering the above, the diversity of services provided per sector also differs (see figure 4).

¹¹⁸ The provision of services to affected populations e.g. water and sanitation, healthcare, education, protection, legal, etc. In crisis contexts humanitarian agencies might independently deliver services, or work in partnership with state/public service providers.

¹¹⁹ Lebanon Information Hub, Inter-sector service mapping, "Service Mapping."

Figure 4: Number of types of services provided per sector (Active, accepting referrals and only providing services [no cash or in-kind])



The above figures demonstrate that there is a disproportionate distribution of the types of services provided among the different the sectors. Furthermore the diversity of the type of services delivered within a specific sector also differs from one to the other. As noted in [Section III.2](#), service delivery is not evenly distributed between districts and access and quality of services tend to be better in and around urban areas or close to administrative centres.

V. Operationalising Cash Plus

This section describes the referral landscape in Lebanon and identifies the operational barriers for the use of reactive Cash Plus (i.e. using referral systems to connect CVA recipients with services for referrals). Next, this section highlights potential the [funding strategies of donors](#).

V.1. Referrals

V.1.1. The referral landscape

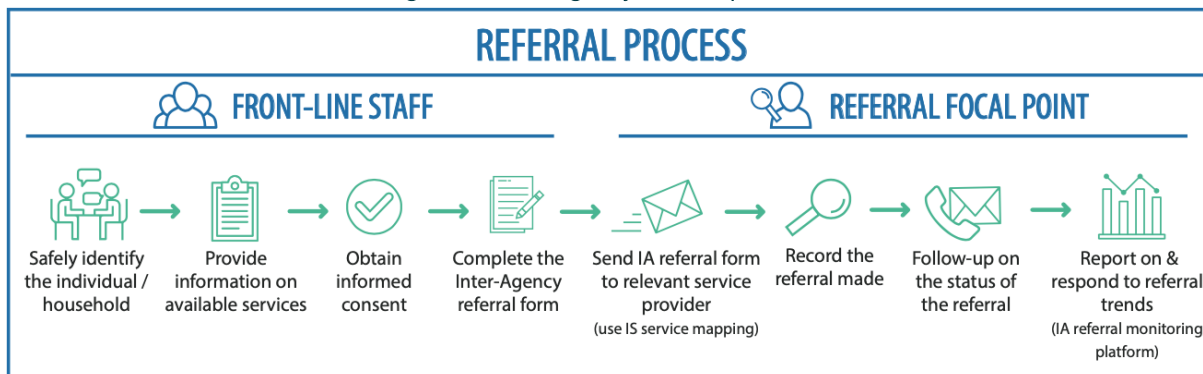
The 2020 Inter-Agency Minimum Standard on referrals in Lebanon distinguishes between 'referrals' and 'self-referral' as the following:

*"A **referral** is the process of directing an individual or a household to another service provider because s/he requires further action to meet an identified need which is beyond the expertise or scope of the current service provider."*

"A *self-referral* is the process of an individual making a request for assistance to the needed service provider themselves, either in person or by phone."¹²⁰

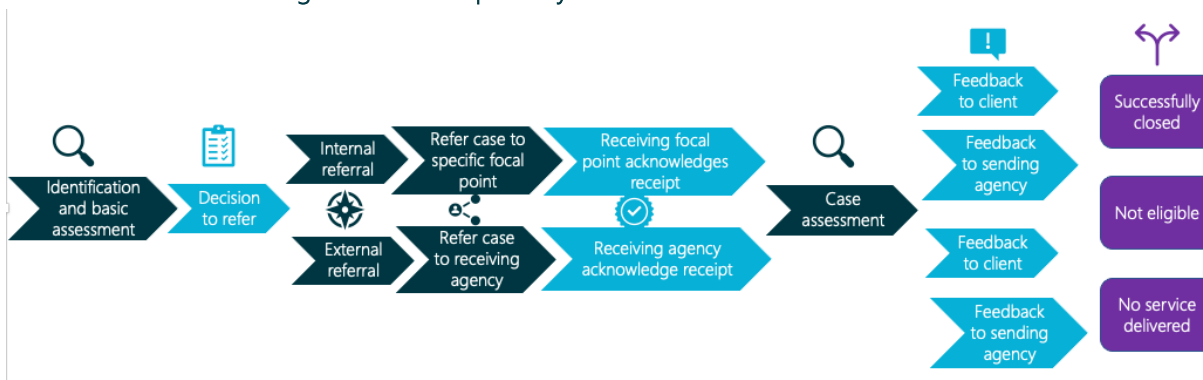
In the case of the former, there is an SOP that is put in place by the Inter-Agency based on minimum standards that must be adhered-to by all organisations (see Figure 5).

Figure 5: Inter-Agency referral process¹²¹



While the above Inter-Agency referral process presents the minimum standards, the figure below distinguishes between internal and external referral pathways, where referrals are made within a given organisation or across organisations (see figure 6).

Figure 6: Referral pathway - Internal and External referrals¹²²

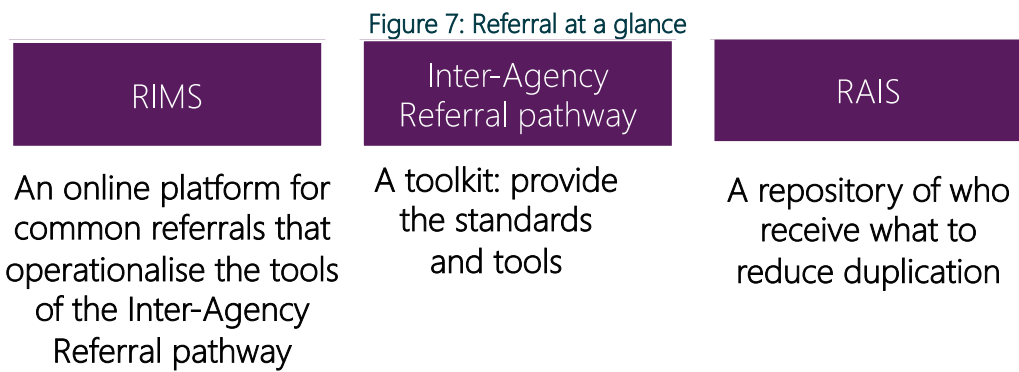


In Lebanon, the referral mechanisms are complex and there are multiple referral pathways and mechanisms that actors must navigate as showed in the below figure.

¹²⁰ Interagency Coordination Lebanon, "Inter-Agency Minimum Standard on Referrals," 2020, <https://data.unhcr.org/en/documents/details/76370>.

¹²¹ Interagency Coordination Lebanon.

¹²² DRC, "RIMS Referral Information Management System Managers Introduction Presentation."



The Referral Information Management System (RIMS) on the other hand, is a common platform that was developed by the Danish Refugee Council (DRC) to coordinate and manage referrals across the different platforms in the context of Lebanon. The DRC's Referral Information Management System (RIMS) brings together data from the RAIS, the Interagency Referral Pathway as well as the Child protection Information Management System (CPIMS) and Gender Based Violence Information Management System (GBVIMS).

The RIMS is essentially intended at strengthening referral pathways through serving as a centralized information management, smart service mapping, data analysis and coordination platform.¹²³ For this reason, the RIMS is multisectoral with more than 100 voluntary member organisations and growing. As the RIMS is a separate entity from the member organisations, interaction with beneficiaries is done through referral focal points of member organisations which in turn make referrals using the RIMS platform.¹²⁴

The Inter-Agency Referral pathway provides minimum standards for referrals, a standardised referral form and a referral monitoring system that is used for reporting on referrals.¹²⁵

The UNHCR's RAIS complements the above processes by providing information on services assistance that are already provided to refugees by different organisations to reduce duplication. This system is kept up to date by member organisations which are expected to send data on beneficiaries and services provided on a monthly basis.¹²⁶

Between the November 2020 and February 2021, there has been a 60% increase in the volume of referrals made through the RIMS platform. This was particularly pronounced in the basic assistance, livelihoods and education sectors owing the increased needs brought on by the COVID-19 pandemic and economic crisis. Nonetheless, the rate of acceptance of

¹²³ DRC, "RIMS Referral Information Management System Managers Introduction Presentation."

¹²⁴ Cited by 1 KII

¹²⁵ DRC, "RIMS Referral Information Management System Managers Introduction Presentation."

¹²⁶ UNHCR, "RAIS, Refugee Assistance Information System, Jordan Mission – Assistance Master Coordination – Cross-Checking Cash, Voucher and NFI Prior to Distribution Training-of-Trainer Guide," n.d.

referrals remains low, despite having improved in contrast to March/June 2020 from 23% to 36% in January/February 2021¹²⁷

Similarly, for between January/March 2021, only 32% of referrals made through the Inter-Agency channels were accepted for the basic assistance sector. This is a decrease compared to 2020 where rate of acceptance was 66%.¹²⁸

V.1.2. Challenges to referral

Why do services and MPC not always meet to provide complimentary assistance?

First the **complexity of the referral landscape** is an impediment to having an up to date and scalable system for referrals. The RIMS has clear added value in operationalising the Inter Agency standards and tools, automating the referral process, reducing human errors and easing follow up of referrals. However, most of the informants, irrespective of the organisations they work with, were not clear on how the different pieces of the puzzle would relate to one another. Major MPC players such as WFP are not yet part of the RIMS, though reportedly assessing its added value, possible overlap with the Inter-Agency Referral Pathway as well as any possible challenges related to data sharing through the RIMS.

Second, a lot of the services humanitarian organisations rely on for referrals are services delivered by humanitarian organisations themselves. These **services are tied to short term funding with usually limited geographical scope and beneficiary coverage**.¹²⁹ It is therefore harder for refugees and other organisations alike to keep up to pace with what services are available where. As noted in [Section III.2](#) the sectoral imbalance of services per location is similarly reflected in the service mapping used for referrals. For instance, this can be demonstrated in the service provision of actors mapped on the RIMS platform, which have better coverage of protection, shelter and education actors as opposed to a relatively low number of food sector actors.¹³⁰

Third, a major concern that was expressed was the difference in targeting methods used by the different actors and programmes on the ground. For example, MPC targeting uses proxy means test to identify vulnerability, while that may not be – and usually isn't the case for other programmes.¹³¹ This difference makes referrals to MPC by service providers impossible and referrals to service providers by MPC implementers difficult as targeting criteria are not always known and/or it may imply additional data collection. Further, most

¹²⁷ RIMS and DRC, "Improving Access to Services for Communities during COVID-19 Lockdowns," 2021.

¹²⁸ Inter-agency Coordination Lebanon, "Inter-Agency Referral Analysis, Report Covering January - March 2021 (Q1 2021) Basic Assistance," n.d., <https://reliefweb.int/report/lebanon/lebanon-inter-agency-inter-agency-referral-analysis-report-covering-jan-march-2021-q1>.

¹²⁹ Cited by 4 KIs

¹³⁰ Cited in a key informant interview

¹³¹ Cited by 3 KIs

of the services referenced are tied to short funding cycle, so by the time the referral is made, the service may not exist anymore.¹³²

Fourth, although key informants noted that the UNHCR's Refugee Assistance Information System (RAIS) provides information on refugee details and needs, there is little to no information towards the follow up of referrals that are made. Moreover, data that is input in the RAIS as well as the interagency mapping is done by hand and hence there are differences in the updating of information on when people have been reached or what services are provided when and to whom.¹³³ Moreover, referrals are not done in a systematic manner. The **ad-hoc nature of referrals**, as it stands, would make it hard to scale up service linkages with cash programmes which have beneficiaries in the hundreds of thousands, as it makes planning, resource allocation, implementation and follow-up unmanageable. This especially complicates the process of matching and following up on referrals.¹³⁴

Fifth, the **RIMS** is an important facilitator of referrals in the Lebanese context but **is not invited to coordination meetings** (from either sectors).¹³⁵ The absence of the RIMS in coordination meetings could potentially contribute to information gaps, in turn preventing effective referral coordination among humanitarian agencies.

V.2. Donors' funding strategies

As Cash Plus in Lebanon is a relatively new approach, there have not been marked moves by donors to promote cash plus in their funding strategies. Nevertheless the implication and interest of MPC donors¹³⁶ in this study is in and on itself a positive sign of donor's interest towards Cash plus approaches.

At global level, Cash Plus is also gaining traction as is reflected in the 2022 DG ECHO thematic policy document on cash transfers – a document intended at supporting the achievement of sector outcomes through designing complementary interventions along with a basic needs approach.¹³⁷

¹³² Cited by 3 Klls

¹³³ Cited by 3 Klls

¹³⁴ Cited by 2 Klls

¹³⁵ Cited in 2 Klls

¹³⁶ Namely : ECHO, FCDO, EU Madad, GFFO and NMFA

¹³⁷ European Commission. Directorate General for European Civil Protection and Humanitarian Aid Operations (ECHO)., *Cash Transfers: DG ECHO Thematic Policy Document No 3*. (LU: Publications Office, 2022), <https://data.europa.eu/doi/10.2795/502383>.

Plausible donor interest *vis-à-vis* Cash Plus, and eagerness to harness the potential of such approaches to maximise MPC outcomes should nevertheless be tempered with what may be a pedantic reminder that “greater ambitions need to be matched with greater resources”¹³⁸

VI. Conclusion

MPC assistance has a central role in the humanitarian response in Lebanon. As of February 2022 alone, 176,900 Syrian refugee households had received MPC assistance.¹³⁹ Exploring Cash Plus for MPC is therefore an opportunity to improve the assistance received by almost 60%¹⁴⁰ of Syrian refugees in country.

The assessment of the non-financial barriers presented in this study further indicates that cash alone cannot meet all needs. Refugees face access barriers that stem from their status as a refugee, difficult physical access, lack of information about available services or lack of documentation to access these.

To tackle these barriers, humanitarian organisations, among which MPC providers, have a menu of options available. These options can be combined and designed, from the start, as a Cash Plus programme, whereby the non-financial barriers to services are tackled alongside the distribution of MPC. The Cash and the Plus can be delivered by the same organisation, as is currently being done by the Save the Children, NRC, Relief International or UNHCR. The Cash and the Plus can also be delivered by different organisations, through the design of a multi-agency programme, as currently implemented by the UNICEF and its cooperating partners as part of the Haddi programme. Cash Plus can also be reactive whereby MPC providers invest in internal and external referrals to ensure better linkages between MPC recipients and service providers.

To that end, the complex referral architecture in Lebanon should be made more efficient and effective, so that it is clear for all how the different referral pathways, tools and databases interact.

The global and in-country momentum around Cash Plus is an opportunity to better serve refugees but should not hide the fact that from a refugee standpoint the primary determinant of the effectiveness of cash is its transfer value.¹⁴¹ Cash plus could strengthen sub-optimal outcomes, but incomes remain key to reach outcomes and cover essential needs in the first place.

¹³⁸ Roelen, Keetie; Devereux, Stephen; Abdulai, Abdul-Gafaru; Martorano, Bruno; Palermo, Tia; Ragno, Luigi Peter (2017). How to Make ‘Cash Plus’ Work: Linking Cash Transfers to Services and Sectors, Innocenti Working Papers no. 2017-10,

¹³⁹ Inter-agency Coordination Lebanon, “Basic Assistance Working Group Meeting Presentation, March 24, 2022.”

¹⁴⁰ On the basis of 1,5 millions Syrian refugees in Lebanon and an average of 5 people per household

¹⁴¹ Juillard et al., “Cash Assistance How Design Influences Value for Money.”

Cash Plus approaches imply a centrality of cash,¹⁴² that MPC providers are yet to acknowledge. However, exploring Cash Plus does not mean that all needs should be covered using cash. Cash Plus is rather the recognition that cash alone can't cover all needs. Responding to needs in a dignified and accountable manner in an environment as complex as Lebanon will not be solely achieved through Cash Plus approaches. Sectoral cash or non-cash-based responses as well as social protection schemes have an important role to play.

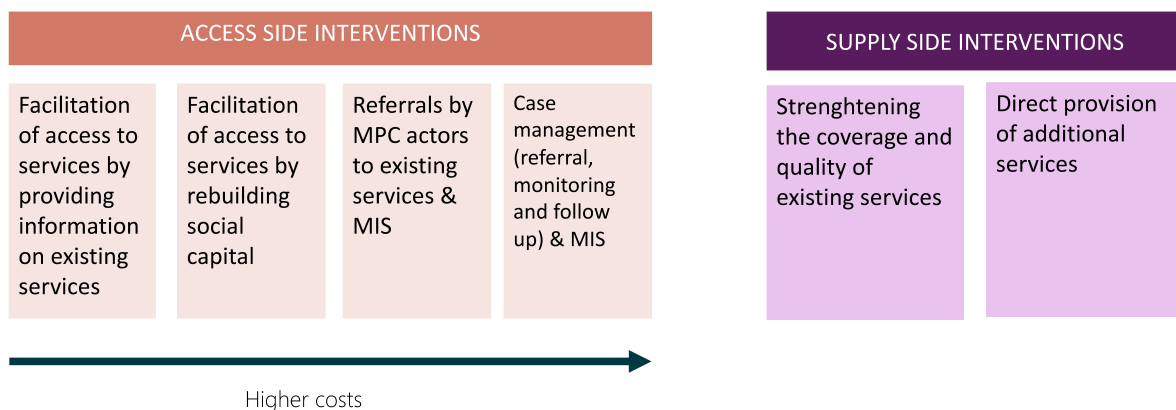
VII. Recommendations

The recommendations directly derive from the study findings. They are articulated in three different sections: the menu of Cash Plus options, the recommendations to create an overall environment conducive of Cash Plus, the recommendations for Cash Plus approaches design.

VII.1. Menu of Cash Plus options

Drawing from the above discussed non-financial barriers, the Cash Plus study provides a menu of options as to what the "Plus" could be. These options have different resources and cost implications. They are presented below as per the options that aim to increase access to tackle [access side constraints](#) (orange options in the below figure) and those that aims to support supply of services, tackling the [supply side constraints](#) (purple options). These options are not mutually exclusive and can be combined in various ways at design stage. Such design can be undertaken by a single organisation or multiple organisations working together and tailor to the scope and objectives of their programmes.

Figure 8: Menu of Plus options



Increasing access options:

To increase access to services, MPC can be combined with:

¹⁴² Keetie Roelen et al., "How to Make 'Cash Plus' Work: Linking Cash Transfers to Services and Sectors" (UNICEF Office of Research, Florence, 2017).

- Actions aimed at providing information on existing services. This recommendation was already part of the 2019 CAMEALEON study that stated: “Invest in enhancing face-to-face channels within the Complaint and Feedback Mechanism”¹⁴³.
- Actions aimed at rebuilding social capital of refugees. This can include:
 - Giving limited weight and power to the Shawish in the distribution of assistance in the ITS and in how humanitarian organisations interact with refugees.
 - Training Shawish on humanitarian principles and abusive behaviour.
 - Increasing communication about MPC with non-recipients (e.g. currency in which MPC is distributed, transfer value and targeting).
 - Making sure that social cohesion is mainstreamed throughout the design of the humanitarian assistance programme. This is also an important element as part of the supply options.

The actions aimed at rebuilding social capital of refugees should be given a particular focus. The major non-financial barriers to cover essential needs are the lack of access to services as a result of the depleted social capital of refugees.

- Referrals by MPC actors to existing services. Referrals at scale imply a functioning Information Management System. To date, the RIMS is the best positioned platform to do so, hence why its use should be systematised (see recommendation 4)
- Case management. Case management implies a referral system functioning at scale with on top monitoring and follow up of each household accessing these services. Be it for case management or overall activities, social workers play crucial direct and indirect roles in establishing linkages to other social services and re-building social capital of refugees.

Developing supply options:

Aid organisations can support the supply of services through contributing to the availability of such services, needed especially for health, education and legal services. Those services can be delivered directly by humanitarian organisations but a more sustained way will be to work through local providers to boost their capacity to deliver quality and at scale services. This could also benefit both Syrian and Lebanese Households.

¹⁴³ Smith Gabrielle (2019) Cash assistance in Lebanon: Accountability to Affected Populations (AAP): Research report on AAP in the World Food Programme’s multi-purpose cash programme, CAMEALEON & CALP

VII.2. Creating a Cash Plus conducive environment

In parallel to considering the menu of Plus options that can be combined with MPC, MPC providers and the steering committee members should consider the following recommendations.

Recommendation 1: Ensure a strong commitment from MPC providers to operationalise linkages with services

To ensure MPC recipients are effectively linked with services through Cash Plus approaches, MPC providers need to be at the forefront of the design and implementation of Cash Plus. This strong push from MPC providers is a necessary but not sufficient condition as all sectors need to be onboard. This represents a shift of gears as in Lebanon MPC distribution has been quite centralised and siloed. Having a Basic Assistance working group was an opportunity to have a multisectoral group, but it has rather surprisingly become a sector of its own. Informants paradoxically opposed basic needs with food or WASH needs, whereas food or WASH needs are generally considered a subset of basic needs.

Key MPC providers, such as UNHCR and UNICEF, are leading on all the sectors that have been identified as key to boost from a supply side: health, education and legal services. This therefore represents an opportunity to decompartmentalise MPC provision and ensure effective linkages with services.

Beyond this national level commitment, experiences from other contexts¹⁴⁴ has also shown the importance of humanitarian organisations' staff, at all levels, having sufficient knowledge of the linkages between MPC and services as well as their role within Cash Plus.

An immediate first step to fuel this commitment could be the facilitation, under the leadership of both WFP and UNHCR of a workshop to discuss how to operationalise, over time and stakeholders the recommendations from this study. This could also be a first opportunity to discuss the content of the below mention Cash Plus strategy.

Recommendation 2: Formalise a Cash Plus strategy

Based on literature¹⁴⁵, formal agreements are a necessary foundation for Cash Plus as they delineate the roles and responsibilities and how Cash Plus is operationalised. The process of formulating this strategy is as important as the content itself. The process should be participatory, bringing in service providers and MPC implementers (or as these could be delivered within the same organisation, the different teams in charge of service delivery and of MPC).

¹⁴⁴ Examples from Colombia in UNICEF and World Bank (2013): Common Ground: UNICEF and World Bank Approaches to building social protection system and from Ghana and Ethiopia in UNICEF (2017) : How to make Cash Plus works : Linking Cash Transfers to Services and Sectors

¹⁴⁵ UNICEF (2017): How to make Cash Plus works : Linking Cash Transfers to Services and Sectors

This study could serve as one of the starting points for the development of such strategy alongside the current ongoing evaluation of MPC.

There are also opportunities to piggyback on existing cross sectoral strategic documents, such as the Interagency LCRP, that could capture MPC providers commitment towards Cash Plus.

Recommendation 3: Systematise the use of the RIMS as the referral platform

The referral architecture in Lebanon is multi-layered, but not necessarily overlapping. The Inter-agency referral pathway provides the tools and standards, the RAIS the information of who receives what and the RIMS provides the technology to operationalise the referrals as per the tools and standards recommended by the Inter-agency referral pathway. To boost the effectiveness of referrals, the first immediate next step is to clarify the roles and added value of each element of the referral architecture as well as the expectations from organisations using the RIMS in terms of updating the information about the services they deliver. This communication efforts can be taken on by the RIMS if the RIMS was to become the main platform for referral in country.

All humanitarian actors and especially WFP, as a large MPC provider, are encouraged to join the RIMS, to avoid manual and ad hoc referrals and allow better follow up of the referral response. To lift concerns about data protection and data sharing, the LOUISE and the RIMS could collaborate. Considering several LOUISE members are already part of the RIMS, and that LOUISE members have signed a data sharing agreement among them, it may be possible to build on the LOUISE data sharing agreement to easily allow the use of RIMS.

With more resources, the RIMS team should aim to reach out to non-humanitarian service providers so that the services they deliver are also included as part of the RIMS. Including services provided by local (private and public) actors will also help overcome the challenges of referring MPC recipients to services that are delivered based on funding availability and are temporary by nature. This recommendation is to be implemented in parallel with the recommendation presented among the Cash Plus option to provide support to local service providers so as to increase their capacity. For the services delivered as part of timebound programme, the RIMS platform could develop a function that allows organisations to enter the programme dates so that the service is automatically taken off the RIMS platform after the completion date of the programme.

If time and resources allow, the RIMS team should participate in coordination meetings, at least the BAWG meeting.

Recommendation 4: Donors to incentivise linkages between MPC recipients and services

Donors engaged in both MPC and service or in-kind provision should consider including effectiveness of service linkages and referral in their funding agreement Key Performance Indicators. This would encourage reactive Cash Plus.

Further, donors should also encourage Cash Plus by design, as in intentionally funding programme that combine MPC distribution with service provision. Cash Plus by design can be first encouraged within the same organisation, whereby an organisation is making specific efforts to connect the households it distributes MPC to with the services it delivers. Cash Plus by design can then be encouraged across organisations where the main MPC providers are developing partnerships with service providers (be they public or private).

VII.3. Cash Plus design considerations

Recommendation 5: Strengthen the existing service mapping

The Lebanon Information Hub should strengthen the Inter-sector service mapping to serve as a basis for referrals and for the design of Cash Plus programme. The following could be strengthened:

- Indicate in the data base the capacity of the service providers to serve clients (number of client/day or week);
- In case of timebound service delivery, indicate the dates within which services are provided;
- Use CALP definition of what service provision is so as not to mix the delivery of MPC or food vouchers or parcels with service provision.

Further, the Lebanon Information Hub should hold a review workshop with the RIMS, MPC providers and Sector Representatives to hear what additional (yet realistic) features they would need to include in the data base to contribute to the design of Cash Plus programme.

Recommendation 6: MPC providers to design reactive Cash Plus and Cash Plus by design

This study offers directions as to what Cash Plus could look like in the future, organised as per the below three models.

Model 1: Reactive Cash Plus	MPC and services are provided independently. MPC providers combine the cash and the services after MPC programme design by referring people in need to existing services using the RIMS platform
Model 2: One agency Cash Plus by Design	A MPC provider makes dedicated efforts, under one programme umbrella, to connect the households it distributes MPC to with the services it delivers
Model 3: Interagency Cash Plus by Design	Under one programme umbrella, a MPC provider is developing partnerships with external service providers (be they public or private) to serve the households it distributes MPC to.

The menu of Cash Plus options provided in Section VII.1 can be undertaken under either of the above three models.

During the next response analysis exercise for MPC, MPC providers should design programmes that correspond to one of the above models. These models are not mutually exclusive and can be designed in parallel within the same programmatic portfolio.

Sector wise, it will be for the MPC providers to decide, on the basis of their own priorities and expertise what non-financial barriers the Plus should aim to tackle. The current study highlights the most pressing needs with regards to non-financial barriers in the areas of legal residency, shelter, health and education.

Refugees are exposed to discriminatory access to quality health, education and shelter services. It is therefore also important, when setting up Cash plus approach, to adopt a social cohesion lens to maximise or at least do no harm to the Syrian refugee social capital. MPC delivered by humanitarian organisations are, at least for now, largely going to remain focused on Syrian refugee. Services complementing this MPC do not need to target solely Syrian refugees. Services could be accessible to both Syrian and Lebanese households, to contribute to social cohesion.

Finally, it may also be possible to engage on what complementary public or government services could be tied with the humanitarian system to accommodate the needs of Syrians and Lebanese.

Recommendation 7: Use the multi-dimensional deprivation index for sectoral prioritisation of Cash Plus and targeting

In September 2021, the UN adopted an updated targeting system for MPC. The vulnerability score is the combined synthesis of four indicators: monthly expenditure per capita, coping strategy index, food consumption score and the multi-dimensional deprivation index (MDDI). The MDDI is a multi-sectoral assessment of non-monetary poverty measured at the household level.¹⁴⁶ The MDDI includes measures for different sectors, including food, health, education, shelter, WASH and safety.

Sectoral aggregated analysis of the MDDI can give MPC providers an indication of the sector where deprivation is the most severe. This sectoral prioritisation could guide MPC providers as to what services to focus on when designing Cash Plus.

Furthermore, household level MDDI can be used by MPC providers to target recipients of Cash Plus.

Recommendation 8: Mainstream Cash Plus, across all CVA, not only MPC

¹⁴⁶ WFP, 2020, Essential Needs Assessment Guidance Note

This study focuses for now on the use of MPC. In the future, however, the notion of Cash Plus in Lebanon could encompass all type of CVA modalities (e.g. sectoral cash or vouchers). To do so, it would be important to openly document the successes and challenges of linking MPC with services as will be implemented going forward. These lessons could serve to develop Cash Plus approaches more efficiently and effectively within sectors and for all type of CVA.

Recommendation 9: Build on LOUISE's lessons learned

Created in 2016 by the LCC, UNHCR, UNICEF and WFP, the LOUISE platform is the major payment platform in Lebanon, through which is channelled close to the entirety of MPC. As of 2022, LOUISE's ambitions have gone back to those of a joint delivery mechanism, as opposed to a "multi-faceted operational model with collaboration across multiple steps of the project cycle."¹⁴⁷ LOUISE may therefore not be the space to host or coordinate Cash Plus approaches. Nevertheless, LOUISE members, through the collaboration they built and the efforts they went through in terms of Management Information System and data sharing have collectively a role to play to operationalise Cash Plus (e.g. for the LOUISE platform to be a RIMS member).

Recommendation 10: Explore more ambitious Cash Plus such as graduation approach to combine MPC, services for essential needs and income generation as a Plus continuum

The graduation approach is a four-pronged approach, developed by BRAC¹⁴⁸, more than 20 years ago, and tested across countries. The graduation approach aims to sustainably lift people out of poverty by combining essential need assistance, financial support and savings, social empowerment and income generation.

Implementing such a comprehensive approach at large scale is ambitious and beyond the scope of this study that has looked at improved linkages between MPC and service provision for better essential needs coverage. Nevertheless, once put in place, the Plus element could also look at income generation, especially considering the livelihood expertise of the MPC providers. That could be about supporting the development of Income Generating Activities within the three sectors refugees are legally allowed to work in.

¹⁴⁷ Pelly I., Juillard H. (2019) LOUISE Learning Review

¹⁴⁸ <https://bracupgi.org/about-the-graduation-approach/>

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VIII. Annex

VIII.1. Annex1 Evaluation matrix

Working questions	Indicator/ how judgement will be formed	Sources of information	Report disaggregation
I. What are the non-financial barriers for Syrian refugees to meet essential needs?			
I.1 As of 2022, what are the non-financial barriers to food needs coverage among Syrian refugees?	I.1.1 Documented non-financial barriers to food needs coverage	Desk review: VASyr 2021, S/MEB, Exigo vulnerability study, needs assessment from the food cluster	Disaggregation by settings (rural/urban/ITS)
	I.1.2 Self-reported non-financial barriers to food needs coverage	FGDs with Syrian refugees KII with Cash experts and Food security experts	Disaggregation by sex, age and disability
I.2 As of 2022, what are the non-financial barriers to shelter needs coverage among Syrian refugees?	I.2.1 Documented non-financial barriers to shelter needs coverage	Desk review: VASyr 2021, S/MEB, AUB WASH and Shelter study, Exigo vulnerability study, needs assessment from the shelter cluster	Disaggregation by settings (rural/urban/ITS)
	I.2.2 Self-reported non-financial barriers to shelter needs coverage	FGDs with Syrian refugees KII with Cash experts and Shelter experts	Disaggregation by sex, age and disability
I.3 As of 2022, what are the non-financial barriers to WASH needs coverage among Syrian refugees?	I.3.1 Documented non-financial barriers to WASH needs coverage	Desk review: VASyr 2021, S/MEB, AUB WASH and Shelter study, Exigo vulnerability study, needs assessment from the WASH clusters	Disaggregation by settings (rural/urban/ITS)
	I.3.2 Self-reported non-financial barriers to food and shelter needs coverage	FGDs with Syrian refugees KII with Cash experts and WASH experts	Disaggregation by sex, age and disability
I.4 As of 2022, what are the non-financial barriers to health needs coverage among Syrian refugees?	I.4.1 Documented non-financial barriers to health needs coverage	Desk review: VASyr 2021, S/MEB, Exigo vulnerability study, needs assessment from the Health clusters	Disaggregation by settings (rural/urban/ITS)
	I.4.2 Self-reported non-financial barriers to health needs coverage	FGDs with Syrian refugees KII with Cash experts and health experts	Disaggregation by sex, age and disability
I.5 As of 2022, what are the non-financial barriers' to education needs coverage among Syrian refugees?	I.5.1 Documented non-financial barriers to education needs coverage	Desk review: VASyr 2021, S/MEB, Exigo vulnerability study, needs assessment from the education clusters	Disaggregation by settings (rural/urban/ITS)
	I.5.2 Self-reported non-financial barriers to education needs coverage	FGDs with Syrian refugees KII with Cash experts and education experts	Disaggregation by sex, age and disability
I.6 As of 2022, what are the non-financial barriers' to legal residency of Syrian refugees?	I.6.1 Documented non-financial barriers to legal residency	Desk review: VASyr 2021, S/MEB, Exigo vulnerability study, needs assessment from the education clusters	Disaggregation by settings (rural/urban/ITS)
	I.6.2 Self-reported non-financial barriers to legal residency	FGDs with Syrian refugees KII with Cash experts, ICLA and protection experts	Disaggregation by sex, age and disability
II. What key services exist in Lebanon that Syrian refugees could be referred to for meeting essential needs?			

Building a Cash Plus Response in Lebanon

II.1 What services exist internally to WFP in Lebanon that Syrian refugees could be referred to for meeting essential needs?	II.1.1 Mapping of existing services within WFP to support meeting essential needs by Syrian refugees	Desk review: WFP programme documents KII with WFP	Disaggregation by sector
	II.1.2 Qualitative accounts of challenges and opportunities to linkages with WFP MPC	KII with WFP	
II.2 What services exist externally to WFP in Lebanon that Syrian refugees could be referred to for meeting essential needs?	II.2.1 Mapping of the main existing services for meeting essential needs by Syrian refugees	Desk review: programme documents, RIMS reports KII with UNHCR and Food, WASH, Shelter, health, education and protection clusters. FGDs with Syrian refugees	Disaggregation by sector
	II.2.2 Qualitative accounts of challenges and opportunities to linkages with WFP MPC	KII with BAWG stakeholders FGDs with Syrian refugees	
III. What are the drivers of costs when complementing the current WFP MPC with services to Syrian refugees?			
III.1 What is the capacity of the existing services to which the Syrian refugees can be referred to?	III.1.1 Examination of the capacity of five key service providers whose services can complement WFP MPC: costs of services, current caseload & capacity to upscale	Desk review: documents from the service providers, pre-existing capacity assessment of such service providers KII with service providers	Disaggregation by service providers
	III.1.2 Examination of what resources would be needed to support these five key service providers to upscale their services coverage	KII with service providers	
III.2 What are the key gaps in the services in Lebanon that Syrian refugees could be referred to for meeting essential needs?	III.2.1 Comparison between the existing services and the key non-financial barriers to meet essential needs	Desk review: programme documents, VASyr 2021, S/MEB, AUB vulnerability study, sectoral need assessments, RIMS reports, Inter-Agency referral portal KII with BAWG stakeholders (including WFP) FGD with Syrian refugees	Disaggregation by sector
IV. What are the next steps to operationalise such Cash + approach(es)?			
IV.1 What steps should be taken to place Syrian refugees at the centre of Cash Plus approaches?	IV.1.1 Qualitative account of who is the most at risk to be excluded of the Cash Plus approaches	KI with Cash stakeholders FGD with Syrian refugees	Disaggregation by settings (rural/urban/ITS) Disaggregation by sex, age and disability
	IV.1.2 Qualitative account of how existing accountability mechanisms should adapt to Cash Plus approaches	KI with MEAL specialists	N/A
	IV.1.3 Qualitative account of how Syrian refugees should be consulted and involved in setting up Cash Plus approaches	KI with MEAL specialists and Cash stakeholders FGD with Syrian refugees	N/A
IV.2 How would the Cash Plus approaches fit within the current Cash architecture in Lebanon?	IV.2.1 Qualitative accounts of where, within the current coordination infrastructure, Cash Plus approaches would fit	KI with BAWG chairs KI with WFP	N/A
	IV.2.2 Donors' funding strategies are aligned with identified Cash Plus approaches	Desk review: HRP, donor strategies KI with donors	N/A
IV.3 To what extent can the Cash Plus approaches be agile to the change in context?	IV.3.1 Capacity of the MPC (as prerequisite to receive Cash Plus services) to enrol Syrian refugees on an on-going basis	KI with WFP	N/A

VIII.2. Annex 2: Detailed methodology

The consultancy utilised a mixed-methods approach through the collection of primary and secondary data, through the following steps:



VIII.2.1. Inception phase

The consultancy started with an **in-depth briefing** between CAMEALEON and the study team (meeting minutes [here](#)). Beyond fostering a more detailed understanding of the consultancy's ToR, the briefing served to capture expectations and refine the study objectives. It was also used to gauge the **level of secondary data available** and refine an **initial list of Key Informant Interviews (KIIs)**.

Subsequently, the study team conducted an **extensive desk review** of relevant documentation, including (but not limited to) cash projects monitoring and study reports, lessons learned exercises, previous studies on cash and social protection programming in Lebanon and in the region, and CAMEALEON research. Both qualitative and quantitative data was reviewed. The consulting team reviewed a total of 50 documents. The list of the desk review documents can be found in the Bibliography.

In addition to conducting an extensive desk review, the study team disseminated a short **preliminary online survey** to inform the direction of the study, given the many perspectives the study's stakeholders have regarding Cash+. The survey asked respondents to agree/disagree with certain statements about Cash+. The survey targeted WFP MPC Steering Committee members and CAMEALEON team members and was disseminated prior to delivering the inception report.

The study team subsequently produced an **inception report**, including key findings from the desk review, a finalised methodology and timeframe, a study matrix, primary data collection tools, a list of key informants to be interviewed, and a finalised criterion for the selection of participants in the data collection exercises.

A one-hour **consultation workshop** was held remotely before the start of the data collection phase. This workshop allowed for the consultancy team to present the contents of the inception report to CAMEALEON and other relevant stakeholders and agree on the study matrix to ensure that the results of the research are as actionable as possible.

The team integrated feedback from the workshop to finalise the inception report and prepare for the data collection phase.

VIII.2.2. Data collection

The study team conducted **both remote and in-person** data collection. The primary data collection included the following methodologies: Key informant interviews (KIIs) and Focus Group Discussions (FGDs).

Key Informant Interviews

The KIIs followed a **semi-structured format** to allow for a more in-depth discussion, in order to clarify details and update evidence and information used in the study. Moreover, these discussions allowed for complementary and additional input and insights. Key informants were selected using purposive sampling to include people who are best placed to provide valuable information and represent the various operational locations/ stakeholder groups. CAMEALEON led on the responsibility of providing the KII list to the study team, and providing transportation to conduct the KIIs. The consultants also added KIIs through referrals once data collection had started.

The final list of interviewees was determined in **a participatory manner during the inception phase** based on the desk review findings, discussions with CAMEALEON and through the feedback received from the CAMEALEON Steering Committee members to the inception report. The profile of key informants was selected to be representative of cash actors in-country and globally, with the following stakeholders: WFP staff, BAWG members, CVA experts/stakeholders, Donors, Food Security experts, Shelter experts, WASH experts, Health experts, Protection experts, MEAL Specialists.

The consultants conducted around **32 KIIs, of 1h each**, in person and remotely. The division between in-person and remote interviews was decided based on the informants' preference.

Focus groups discussions

The consultants organised gender segregated Focus Group Discussions (FGDs) with WFP cash beneficiaries to collect their insights as recipients of aid. FGDs were organised in North, Bekaa and Mount Lebanon. FGD participants were randomly selected by the CAMEALEON team among the households receiving MPC by WFP at the time of the study. CAMEALEON staff were involved in co-facilitating the FGDs and the provision of transportation for the FGD facilitators to the FGD sites. The Key Aid Consulting team translated the FGD questionnaire to Arabic.

The team conducted **12 FGDs, 6 with women and 6 with men**. 4 FGDs were in North, 6 in Mount Lebanon (across 3 different locations) and 2 in Bekaa with **6 to 10 people in each** FGD. In the FGDs, the facilitators encouraged the contribution of participants aged 56+ years and carers of people with disability. Among the FGDs that were conducted, there were no persons with disabilities. Moreover, while there were initial plans to disaggregate between FGD participants receiving only cash assistance and those receiving cash plus

assistance; it was not possible to make this distinction during the actual FGDs. Nonetheless, focus group participants were probed on the type of assistance they received and the differences were noted during the analysis.

VIII.2.3. Data analysis and production of outputs

Workshop: presentation of preliminary findings

A **presentation of preliminary findings** was organised in remotely at the end of the data collection phase. This workshop served to present the preliminary findings and validate them. The presentation used this as an opportunity to co-construct the recommendations. The presentation lasted for two hours and was presented to the target audience of the steering committee.

Analysis

Qualitative data from the KIs, FGDs and desk review was recorded and coded to analyse emerging trends. The analysis was done **iteratively** to be able to adjust the data collection tools and explore some of the trends in more depth. The analysis was disaggregated by setting (rural/urban/ITS), sex, age, disability, sector, and service provider depending on the indicators in the study matrix. For information on the specific indicator disaggregation, please refer to the study matrix in [Annex I](#).

Final Report

Once the **draft report** was finalised, the consultancy shared a copy with CAMEALEON for review on June 5. Once feedback was received, it was integrated by the consulting team in the **final versions of the report**.

Finally, the study team conducted a **final remote report debrief workshop** with the CAMEALEON and steering committee to validate and discuss the findings and recommendations from the final report.

VIII.3. Annex 3: Barriers to meet essential needs: Voices from Syrian refugees

The below is a summary of the 12 focus group discussions conducted as per the study. The study team felt important to be able to carry Syrian refugee voices, hence this annexe written by Dana Nabulsi.

VIII.3.1. Overarching barriers

Food Needs

Almost all participants reported that the only barrier to covering their food needs is financial. *"Only money is unavailable, everything else is available if you have the money"* – Aley Men FGD. Unlike earlier this year, all food items are available, but are extremely expensive and unaffordable even with food assistance. Infant formula is the one item that was reported to be unavailable or difficult to find in several FGDs.

Several participants highlighted how expensive items have become, especially vegetables with price increases further impacted by the exchange rate of the LBN against the USD. *"The subsidies from everything were removed, and now everything is priced by in USD so the prices have reached levels no one can afford"* – Chiyah Women FGD.

The food assistance is said to barely cover the necessities, namely sugar, rice, bread and in some instances oil. However, the price of oil was consistently reported as being too expensive and costing a large proportion of the assistance. As a result, some have had to substitute it with ghee. Most assistance has to be spent on rent and other fees at the expense of nutrition and food variety. Several participants also reported that they have to send children to work in order to cover the increasing expenses.

Shelter and WASH

Rent is a major expense reported by all participants, and one of the main priorities that drains most of the cash assistance. Several participants mentioned that many Lebanese and landlords think that they receive their assistance in USD leading to increase in rent the prices. All participants described that rent has become their major concern as it increases every month, and if they don't pay they will be evicted. *"Whenever the dollar rises, the landlord increases the rent. And when the dollar goes down they don't decrease it, and may still increase it"* – Chiyah Men FGD. In all areas other than in Bekaa, participants reported that many landlords are also requesting rent in dollars. They also highlighted that many owners are evicting Syrians and either prefer to keep the houses empty rather than get paid the low rent in LBP or request high prices in dollars from the next renters.

"They say what is the purpose of this 600,000-700,000 LBP which is now around \$25 so they prefer to evict who is living and find someone who can pay 1.5 million or in dollars because there are a lot of people looking for places." – Tripoli Men FGD.

Several participants reported being evicted, either due to increasing price or without an explanation from the landlord. All participants report on the difficulty of finding alternative housing as prices are increasing very fast and renting any other space will be more expensive. Therefore, they prefer to stay in their current house even if there are many problems, as they cannot find something better at a reasonable price.

"You need to add at least 1 million LBP on top of what you are paying now if you want to change". – Chiyah Men FGD.

There is also difficulty in finding a place landlords will accept Syrians, especially families with several children.

"You need to pay a lot for a room and kitchen, and if you have more than one child they do not want you to rent and don't agree" – Bekaa Women FGD.

Where possible, many participants voiced preference for living in Syrian neighbourhoods or buildings because they feel safer when surrounded by their community, where they have many children, so no one complains.

VIII.3.2. Non-Financial Barriers

Food Needs

Compared to a year ago when there were subsidies on many items, participants reported a major decrease in the variety and quality of their food. Although meat consumption was occasional before, the purchase of vegetables and dairy which were frequently consumed have been limited following the subsidy cuts. Thus, affordability has diminished.

"We used to get all the essentials in summer. We used to get oil, rice, bourghul, sugar, tea, bread, eggs, laban and canned foods and these were the essentials. This was only 4 months ago." – Bekaa Men FGD

Many participants voiced the concern that the assistance is only given for a maximum of 6 household members, and so this creates a deficit for larger families with many children, who have to cover expenses such as diapers and infant formula. While this may not be the case for the Syrian refugee population in general, MPC recipients who took part in FGDs noted that there are also no organizations that are distributing food parcels anymore. Several participants in the Bekaa noted that they see distributions in neighbouring ITSs, but do not receive any themselves.

Few women in the Bekaa reported that they have difficulty going to the supermarket and leaving their children or finding transportation, but most often, their husbands bring the groceries. Most participants in all locations mentioned that they usually visit several shops to find the cheapest items or look for items on sale. Since the difference in cost is often significant. Participants noted that it is worth the transportation cost.

Several participants across all locations reported that one issue was with supermarkets where they could use their food voucher. There was a perception among FGD participants that being required to use designated supermarkets led to inflated prices, due to the lack of options. Participants explained that the owners know they have to buy their products and so would increase the prices, in certain cases significantly higher than anywhere else. Therefore, many participants were glad that the food assistance has evolved in a manner that does not constrict them to those markets and they can buy cheaper products.

"And you try to check more than one and they are all like this. Anything that you can use the UN card on they raise the prices and it is so much more than other places" – Tripoli Women FGD.

In Bekaa specifically, most participants living in ITSs reported that the neighbouring market that is often owned by the Shawish which has higher prices. Moreover, it was noted that they cannot use any other alternative shops. Other than the monopolistic practices of the Shawish, Syrian refugees become indebted to specific shops that allow them to buy with credit. This means that they become tied to a specific supermarket even though the prices may be higher.

However, in Aley, several men reported that the supermarkets are no longer allowing them to buy items on loan. They also noted an increasing discrimination against Syrians in prices and treatment.

"Now also the shops no longer give us things in loan to pay later, especially if they know you're Syrian. Maybe you won't return there." – Aley Men FGD

Shelter and WASH

Several participants mentioned restrictions imposed on them by the landlord or neighbours such as not inviting guests, letting the children play outside, or drying their clothes outside.. In the Bekaa, participants reported that they are restricted from relocating to other sites as a rule from the municipality. This means that if an ITS does not receive adequate assistance or NGO visits, or if the Shawish is exploitative, Syrian refugees residing there cannot relocate to other sites with more favourable amenities.

"We have a Shawish that does not accept any parcels or NGOs to come, and we were trying to move and talking to the municipality since 2016 but with no use." – Bekaa Men FGD

None of the FGD participants, including those with legal residencies, have rent contracts with their landlords. Participants reported that owners do not want to sign contracts with Syrians so they can increase the price or evict them.

"They don't want to do contracts, so they can increase the price. And kick you out at any time" – Tripoli Men FGD.

Landlords in general do not ask about paperwork or legal residency as well.

Most participants were renting a room or two with a kitchen and bathroom, often in poorly constructed houses. Many participants reported living in crowded conditions:

"We live 12 people together in 2 rooms, living room and a bathroom, and my father-in-law has cancer so he sleeps alone in the living room" – Chiyah Women FGD.

Almost all FGD participants reported that there is a significant amount of mould and leaking plumbing in the bathroom. Leaks from the ceilings and walls especially in winter were

reported as well. All participants reported that the owners require them to fix any problems in the house themselves even when it comes to structural issues. Several participants reported having to pay for plumbing.

A few participants mentioned that they called the UNHCR to report major issues with housing and received no follow up or assistance. Several participants in Tripoli mentioned that there was a French NGO several years ago that came and refurbished many houses. However, afterwards, the landlords increased the rent because the house is now in a better condition.

"A few years ago, they fixed my house and the landlord saw that after they paid 2500 dollar. They put windows, doors and a lot of things. His house was nothing before, and once he saw that it improved, he raised the rent on me." – Tripoli Women FGD.

Heating was reported as a major problem this past winter, due to the price of fuel, which has risen tremendously. The participants received winter assistance, but many participants reported having to use it for rent and food rather than heating. In the Bekaa, participants reported that when they cannot afford firewood, coal or fuel, they will place anything into the burner like old shoes, tires and plastic. In other areas, most participants relied on gas stoves.

"We put the gas stove in the living room, so we cook the food and heat the space" – Aley Women FGD. However, FGD participants emphasized that they could not afford to use their stoves except for brief moments, and that they mostly kept warm with blankets instead.

Participants emphasized that government electricity is rare, with few hours and often less coverage per day. Many, but not all participants were subscribed to a generator for electricity, and some have a shared subscription with neighbours to split the cost. However, as the price of private generators' is increasing and many providers are requesting payment in dollars, many participants have recently discontinued or are planning to do so.

"Regarding the generator, I have a meter for it and still it turned out to be 37 dollars this month so I will not be doing that again. I don't have that kind of money to afford the generator." – Tripoli Men FGD.

Lack of electricity is directly affecting access to water, as most participants mentioned the lack of water due to the limited electricity (especially government) that is required to pump water into the tanks for use.

"We get it 30 min to an hour a day and that is not enough to fill out the tanks". – Chiyah Men FGD

Water shortages were reported by many participants, except in the Bekaa where water was available but of very poor quality. *"We get water regularly [in ITS] but the quality is very bad, and people are having a lot of health problems"* – Bekaa Women FGD.

However, several women in Chiyah and Aley mentioned that they have water shortages that require them to buy and fill water in the tanks for household use. This was especially the case in Aley and Tripoli. Many participants mentioned the poor quality of tap water across the different locations. Some participants mentioned that they must resort to drinking from tap water as all other options are expensive.

"It costs 12 thousand to get a gallon of filtered water so we drink tap"- Aley Men FGD.

However, many participants buy either filtered water or get water from springs or fountains near mosques. Very few participants mentioned buying drinking bottled water.

"I have to buy a bit and get the rest from the fountain because it is not close, it is near the mosque. The tank water has sand in it and you can't drink it." – Tripoli Women FGD

Due to the electricity shortage and inability to turn on the water heater, participants mentioned resorting to heating water on the gas stove when children needed to shower. However, the price of gas is also rising and becoming restrictive. During the winter there was a high consumption of gas as it would be used for heating the space, heating water and cooking.

Most participants reported no issues with sewage, except for a few participants living in ITSs in the Bekaa. In the Bekaa several participants emphasized that they had good sewage treatment, but the responsible NGOs changed a few months ago and they have not been as responsive.

"The NGO that was working before used to come every month or two, but the new one has not come in three or four months." – Bekaa Women FGD.

One woman living in the ITS in Bekaa mentioned that her bathroom is outside and so she does not go at night and wakes her husband to take the children in case they must go. Few women in Tripoli and Chiyah mentioned that their bathrooms clog often. *"In my house the bathroom is a problem. It is clogging and every 2 to 3 months we must get a plumber to fix it. Yesterday we left the house for the day from the smell."* – Chiyah Women FGD.

In the Bekaa, many participants reported a lack of safety not only on the streets but also at home. Several women highlighted that they cannot leave their children alone and must take them with them wherever they go, and don't let them play outside. Robberies were reported to be on the rise during the past two years, both inside the ITSs and on the streets. Several participants reported concern due to the poor construction of their shelter.

"My door at home doesn't close. I don't have anything to steal but it is unsafe at night" – Bekaa Women FGD.

In Aley, a major concern was discrimination and harassment because the children are considered loud and so they are restricted from playing or moving around.

Healthcare

The majority of FGD participants reported seeking healthcare at the closest public health clinic. However, there were many issues reported to different extents regarding the quality of care in the various areas. In Bekaa and Tripoli, most participants were satisfied with the care at the public health clinics. The major issues reported across locations were limited appointments and long waiting times. In Aley, long waiting times, poor care from nurses and physicians, and discrimination were reported.

"When you come and stand in line for the appointment, and someone Lebanese arrives they put them first. They take 65 thousand LBP and take appointments and you may wait for hours and then they prescribe a medication that you can't find anywhere." – Aley Men FGD.

While, in Chiyah, participants reported many available public health clinics and organizations whose services they can access to assist with medications and laboratory tests. In Chiyah women reported that their physicians connect them to different NGOs that may assist them with healthcare coverage. Few participants mentioned seeking care from the pharmacist directly to avoid the fee and wait time of PHCs.

"I have a pharmacy close by I go to, because we can't pay the physician fee and this way you get the medication that you can afford directly" – Chiyah Men FGD.

Some participants also mentioned that they must visit private physicians as they or their family members have chronic health problems that require frequent follow-up and a higher quality of care. *"I take my son to a private physician, because he has health problems and needs proper care and needs medications"* – Tripoli Men FG

A major issue reported by participants is unavailability of most required medications at public health clinics and the high cost of medications at pharmacies. Almost all participants highlighted that very few medications are available at the public clinics, and they must buy most medications from the pharmacy. The shortages have become less severe since subsidies were removed, but the costs are too restrictive, and many as a result don't buy their medications.

"The issue is medications. For diabetes the medication is available but it is very expensive. It costs 400 thousand LBP" – Bekaa Men FGD.

However, some medications remain unavailable. Several participants mentioned that they get their medications from Syria. Many participants across different locations mentioned that there are pharmacies in the camps that sell Syrian medications at a lower price, however, they do not have foreign medications and will provide an alternative.

Cost of imaging and laboratory tests also impacted healthcare access and utilization. Many participants reported not following up due to restrictive costs.

"Labs and images are very expensive. I have problems in my blood and I am taking Aspirin and another medication and need to do blood tests but I didn't do any since 2019" – Chiyah Women FGD.

Education

There was a mixed response from participants on school attendance, with only a slight majority having children in school. Several barriers were discussed related to school registration and attendance. All participants emphasized how older children cannot be enrolled at school. They are either missing documents from Syria and so cannot transfer to a class in Lebanon or are too old to enrol in the program. Few parents circumvented this issue by enrolling older children in schools with NGOs that teach them but cannot provide school certificates.

"I don't have anyone in school as they did not accept them because they are 11 and 12 years old, I don't know why they didn't accept them and they didn't give me a reason. I put them in a Christian charity that is helping them learn, but it is unofficial" – Bekaa Women FGD.

Some older children cannot enrol in school as they need to work to provide additional income for the family. Almost all participants reported that registration has become easy as now only a birth certificate is required. Only few participants had issues with registration of younger children in the first grade due to lack of paperwork. One man in Chiyah could not register his children as the school told him there are no places and the priority is for those who registered earlier, or those with *wasta* (nepotism) as mentioned by another participant.

A major barrier to school attendance was the high transportation cost, as noted by most participants who don't have their children enrolled in schools. Many do not receive the UNICEF assistance or receive it for a few children in the household, as it is not given after the 3rd grade. Some parents can pay for transportation out of pocket, but it is becoming too expensive.

"My children in 4th and 5th grade were not given the transportation assistance. The 1st and 2nd graders get \$20 per month each, but for the 4 of them \$40 for transportation is not enough considering it is 1.5 million LBP" – Aley Men FGD.

Most schools are far away, but some parents send their children walking if the school is close or walk them to school if possible. The afternoon shift makes it more difficult for transportation, especially with increasing safety concerns.

"I am very scared for my children when they go to school. We hear about a lot of robberies and people being harassed so I am always scared." - Tripoli Women FGD.

The price of transportation is rising very fast with the rise in fuel prices and some parents mentioned that they took their children out of school for this reason. Another issue reported by participants in Aley relates to buses not adhering to specific schedules which sometimes

results in children waiting for long periods of time in the street. Moreover, at times children may spend up to 2 hours on the bus as it picks up all the other children.

There are also mixed reviews on the quality of education. Some parents were satisfied, while the majority reported poor quality of education. Participants mentioned that their children have been in school for a few years and still cannot read or write properly.

"I don't feel the education is good or they understand a lot. They are 3rd and 4th graders and barely know the letters properly. They just take their bags back and forth". – Chiyah Women FGD.

Several reasons were mentioned including lack of quality and fatigue of students and teachers associated with afternoon shifts, lack of books, and discrimination.

"My children are in a school that is not so great. Some teachers just want to finish the class, and some actually put an effort." – Chiyah Men FGD.

A major concern expressed by participants in all locations was the lack of books, as schools have not provided any books for the children this year. COVID-19, lack of electricity and fuel, and teacher strikes have also affected education as school closures took place frequently during the past two years. Most participants were satisfied with the quality of teaching at NGOs.

Legal Residency

Most participants do not have a legal residency. The reasons reported were multiple, including lack of proper documents, expired passports, and broken ID cards.

"They stole my husband's passport and he went to the general security and tried to get papers going but nothing happened." – Bekaa Women FGD.

Renewing an expired passport was highlighted as a major barrier as it requires paperwork that may need a trip to Syria or a relative there to help.

"You need to have the family record updated, which needs me to go to Syria and I can't do that. Here I can't do the papers" – Chiyah Men FGD. Moreover, the fee at the embassy is a deterrent, with fees from \$325 to \$1000 reported.

Some women felt that there is no need for a legal residency, hence need to go through the bureaucracy.

"My residency is from the UNHCR but I stopped it. You forget about it and it doesn't affect me. I don't leave the house much and never go far away so it doesn't matter". – Tripoli Women FGD.

Several participants who have legal residencies mentioned that there are many bureaucratic steps that require payments and transportation fees, such as the mukhtar, and receiving the proof of residency and certifying the documents.

"The bureaucracy is expensive, you need to keep going from one place to another and this all requires expensive transportation and you need to keep jumping from one place to another and getting signatures and stamps. I had to do 6 trips to finalize the papers for my children." – Tripoli Men FGD.

Moreover, there have been a lot of delays in receiving the proof of residency from UNHCR that is required for the legal residency.

"I called them to try and renew as it has been expired 3 months. They are not answering and I cannot do it without the proof of residency from the UNHCR" – Tripoli Men FGD.

"My sister needed the paperwork for her residency so that she can do her exams in school, we have been waiting for 3 months and trying to call so we can get the proof of residency to do it, and they still haven't gotten back to us." – Aley Men FGD.

Receiving a legal residency through the sponsorship program has other issues. Many men reported that it has become very difficult to find a sponsor, and if they manage to find one, a payment is often requested from the potential sponsor.

"You know how we work every day somewhere so it is difficult to find a kafeel if you are not working in a company unless you pay them around \$200." – Aley Men FGD.

Moreover, those who received a legal residency through sponsorship previously, can no longer receive it through the UNHCR pathway.

"I had a sponsorship and my sponsor (kafeel) died so I went and tried to find someone and couldn't. I tried securing the residency from UNHCR and went to get the proof of residency and they told me they can't give it to me because I had a sponsorship. This is a major problem" – Aley Men FGD.

Another concern is the need to pay back for the years when one did not have a legal residency, and this fee as many participants emphasized is deterring.

"You need to pay to get a residency. You also need to pay for the years that you have been illegal in the country." – Bekaa Men FGD

Other paperwork is also difficult to certify. While there are no major issues with receiving birth certificates, there are multiple hurdles in certifying those and receiving official paperwork that requires trips to Baabda and the Syrian embassy or Syria. Some participants mentioned that they are unable to get birth certificates due to missing documents or bureaucratic hurdles.

"We also have an issue with registering children. They don't have an ID and they can't get it because their papers are in Syria. They have no papers at all. I have a son born here and he is registered here and at the embassy, but we can't go to Syria and my ID is also broken so they don't accept it" – Aley Men FGD.

Annex 4: Type of services per sector¹⁴⁹

No.	Food and Agriculture	Social Stability	Mobile Medical Unit	Education services	SGBV Services	Livelihood Services
1	Agricultural Livelihoods - Vocational Training	Youth empowerment initiatives	Medical consultations	Retention Support	Psychosocial Support (PSS)	Business Skills - MSMEs support
2	Agricultural Livelihoods - Basic Skills	Support to solid waste management	Health promotion	Community-based Early Childhood Education (CB-ECE)	SGBV Case Management	Vocational Training- Life skills (soft skills)
3		Establish and Support to community dialogue mechanisms	Non-communicable diseases care	Basic Literacy and Numeracy (BLN)	Other	Vocational Training - Market based skills (ie. vocation)
4		Support to municipal capacity and services	Medication for acute diseases	Basic Literacy and Numeracy - Youth (Y-BLN)	Capacity Building (training and coaching)	Vocational Training - Business Skills
5		Other	Sexual and reproductive healthcare	Specialized education program for severe and moderate disability	Legal Services	In-home income generating activities
6			Other	Other	Community Outreach and Awareness	On the job training - Apprenticeships

¹⁴⁹ Lebanon Information Hub, Inter-sector service mapping, "Service Mapping."

7					Education Support - Vocational Training	On the job training - Internships
						Other

No.	Child Protection	Wash Services	Secondary Health Care	Shelter Service	Protection Services	Primary Health Care Services
1	Case Management	Construction of Sanitation Innovative System	Clinical Management of Rape (CMR)	Cash for Rent - Residential Buildings	Cash Assistance - Protection Cash (PCAP)	Sexual and reproductive healthcare including pregnancy care and Family Planning
2	Community-based CP activities for Caregivers	Hygiene Promotion Sessions	Nephrology and Dialysis	Fire Prevention, Preparedness, Response - Residential / Non-Residential Buildings	Legal Services	Psychosocial services at community level
3	Community-based CP activities for Children	De-sludging services	Cardiology	Shelter Upgrading - Occupied Residential Shelters	Psychosocial Services	Dental care
4	Legal Services	Rehabilitation of WASH facilities	Surgery rehabilitation and for weapon wounded	Distribution of Shelter Kits (weatherproofing) - Informal Settlements	Protection Case management	Mental healthcare (Diagnosis and treatment) for mild to moderate cases

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5	Focused Psychosocial Support	Construction of Grey Water System	Physiotherapy	Shelter Upgrading for Family Relocation - Unoccupied Residential Shelters	Other (specify under "Description of Service)	Health promotion
6	Capacity Building	Construction of Septic Tanks	Psychiatry	Repair - Non-Residential Shelters	Cash Assistance - Emergency Cash (ECA)	Laboratory and radiology tests
7	Alternative Care Solutions	Water Trucking	Blood Disorders	Upgrading of common areas - Residential Buildings / Collective Sites	Support for Eviction - Individual	Basic laboratory and radiology tests
8	Other	Construction of Water Reservoir	Pediatrics	Site Improvements - Informal Settlements	Physical rehabilitation for persons with disability and older persons	Medication for acute and chronic disease
9		Other	Orthopedic	Floor Raising Kits (floods) - Informal Settlements	Support for Eviction - Collective (family, collective site, IS)	Psychiatric and Psychological consultations at center level as well as at hospital level for severe cases
10			Other	Fire Prevention, Preparedness, Response - Informal Settlements	Support for Detainees	Non-communicable diseases care

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11				Other	Advocacy for Humanitarian Border Admission to Lebanon	Clinical Management of Rape (CMR)
12					Other	Psychotropic medications
13						Vaccination
14						Individual Psychotherapy for adults and children as well as therapy for children with special needs
15						Care for caregivers for front liners
16						Group therapy
17						Family therapy
18						Malnutrition screening and referral or management
19						Physiotherapy for victims of torture

20						Legal documentation of cases of torture
21						Other

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