

MAKING CASH MORE INCLUSIVE

IMPROVING ACCESS TO CASH ASSISTANCE FOR PEOPLE LIVING WITH DISABILITIES IN LEBANON



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EXECUTIVE SUMMARY

Since 2019, Lebanon's protracted crisis has eroded livelihoods and driven much of the population into poverty, leaving many households reliant on social protection schemes and humanitarian cash and voucher assistance (CVA). Cash-based assistance is especially important for households with people with disabilities. They face the same crisis-related problems as the general population. In addition, they also face other challenges, such as paying for assistive devices, therapeutic care, medicines, and caretaking. The introduction of the National Disability Allowance in 2023 represents a significant step toward providing assistance to this demographic, although both coverage and the value of the monthly assistance remain limited.

This study shares the experiences of people with disabilities participating in or trying to access CVA and cash-based social protection programs in Lebanon. It provides a qualitative, "bottom-up" assessment of the accessibility, appropriateness, and relevance of these programs, focusing on the perspectives of target users. This study draws on over 60 in-depth interviews with men and women of different ages, nationalities, and disability types. It attempts to understand the barriers, pain points, and facilitative factors people encounter during the various phases of the cash assistance 'user journey': outreach, eligibility, enrolment, redemption, and continuation.

The main findings of this study included the following:

1. LACK OF AWARENESS, SKEPTICISM, AND MISINFORMATION.

A large number of participants reported limited awareness of available programs, eligibility rules, or enrolment procedures. Some Palestinians and Syrians thought that they were ineligible for programs. As a result, they sometimes self-exclude from cash-based assistance options. Outreach by ministries and humanitarian agencies has improved, but misinformation continues to circulate.



2. TRANSPORTATION AS A CROSS-CUTTING BARRIER.

The most frequently cited obstacle was transportation. Participating in cash assistance requires recipients to travel to bank ATMs, Money Transfer Operators (MTOs), or contracted retailers. These costs are generally higher for people living in rural or peri-urban areas, further from redemption points and shops. Some respondents reported that transport costs consumed up to 25% of their assistance.



Transport costs are also incurred to reach in-person appointments for registration and validation, as well as to access therapy, education, and training. Some people with disabilities require a friend or relative to accompany them when they leave home, which requires additional fees if public transport is used.

3. REDEMPTION PAIN POINTS.

Redemption was sometimes hindered by long queues at ATMs and MTOs. This was difficult for people with mobility impairments or chronic pain – especially if there was nowhere to sit – and it was also unnerving because tensions sometimes flared among those waiting. These complaints were generally less common at MTOs than at ATMs, because MTO staff are on hand to provide support if needed. Nonetheless, people with less obvious or less visible disabilities do not always receive this support on site.



4. SCEPTICISM AND MISTRUST.

For programs that provide assistance based on vulnerability level, opaque targeting processes left some people sceptical about the accuracy of targeting and suspicious of providers. Trust was also damaged for those who felt discriminated against by provider organizations. This was less frequent in larger programs with a long history. However, a few cases of discrimination were reported in shorter-term or one-off cash assistance schemes.



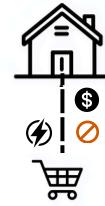
5. GENDERED RISKS AND CHALLENGES.

Unmarried women and their families were particularly worried about being labeled as 'disabled', for fear that this would hurt their marriage prospects. They sometimes excluded themselves from cash assistance for this reason. For married couples, women sometimes struggle when their husbands prioritize other expenses or investments over their own. One case illustrated GBV-related risks; a woman with a visual impairment had to collect aid secretly to prevent her abusive husband from confiscating it. Such cases highlight the importance of confidentiality and safeguarding.



6. INTERRUPTIONS TO ASSISTANCE AND UNCERTAINTY ABOUT FUTURE ACCESS

Widespread shortfalls in humanitarian funding have forced many agencies to re-target assistance, reduce the duration of assistance cycles, or decrease the value of cash transfers. Many participants reported sudden interruptions to their assistance, creating an aid-induced shock in the household budget. While funding constraints and donor priorities are partly to blame, inadequate explanations and difficulty reaching providers on their help lines deepened confusion and stress. Some households resorted to taking goods on credit. Others were forced to cut back on basic needs, such as paying electrical bills.



7. FACILITATING FACTORS

Despite obstacles, several enabling factors were identified during the study. Informal social networks played a crucial role in disseminating information and helping people to navigate the application and enrolment processes for cash-based assistance schemes. Proxies were a crucial resource for many people with disabilities, who could not easily travel to redeem assistance themselves. Participants also expressed appreciation for the supportive staff at MTOs or shops who personally assisted them. Above all, participants overwhelmingly preferred cash over vouchers or in-kind aid because cash affords them greater flexibility, dignity, and autonomy. Even small amounts were described as meaningful, helping recipients to meet urgent needs and feel they were contributing to their households.



KEY LESSONS AND RECOMMENDATIONS

The study identifies a number of actions that could improve the accessibility and equity of CVA for people with disabilities. These include:

- **1** Improving communications and outreach through accessible tutorials, community-based referrals, and regular updates via Organizations of People with Disabilities (OPDs) and municipalities.
- **2** Leveraging digital options to improve access to information (e.g. SMS alerts) and reduce transport costs (e.g. remote redemption via mobile wallets), while ensuring that those who are older or have visual disabilities can choose alternative options (e.g. voice messages, recourse to support helplines, and cash-based redemption).
- **3** Harmonizing eligibility criteria across nationalities using functional definitions of disability, rather than more limited medical criteria.
- **4** Enhancing transparency and accountability through clear SMS notifications, well-staffed call centers to respond to questions and grievances, and public dashboards with updated program details.
- **5** Expanding gender and GBV safeguards, including confidential redemption options and linkages with protection services.
- **6** Increasing program flexibility, giving participants choice in redemption frequency, modality, and allowing tailored support such as transport subsidies or assistive devices.
- **7** Scaling up training for staff and partners, making disability inclusion and GBV sensitivity mandatory, and involving OPDs as co-facilitators.

ACRONYMS

ATM	• <i>Automated Teller Machine</i>
BML	• <i>Beirut / Mount Lebanon Governate</i>
CVA	• <i>Cash and Voucher Assistance</i>
ESSN	• <i>Emergency Social Safety Net</i>
MCAP	• <i>Multi-purpose Cash Assistance Program</i>
MoSA	• <i>Ministry of Social Affairs</i>
MTO	• <i>Money Transfer Operator (e.g., Western Union, BOB, Whish)</i>
NDA	• <i>National Disability Allowance</i>
NPTP	• <i>National Poverty Targeting Program</i>
NSPS	• <i>National Social Protection Strategy</i>
OPD	• <i>Organization for People with Disabilities</i>
PCM	• <i>Presidency of the Council of Ministers of Lebanon</i>
PDC	• <i>Personal Disability Card</i>
PwD	• <i>Person with a Disability</i>
UNESCWA	• <i>United Nations Economic and Social Commission for Western Asia</i>
UNHCR	• <i>United Nations High Commissioner for Refugees</i>
UNRWA	• <i>United Nations Relief and Works Agency for Palestine</i>
WFP	• <i>World Food Program</i>

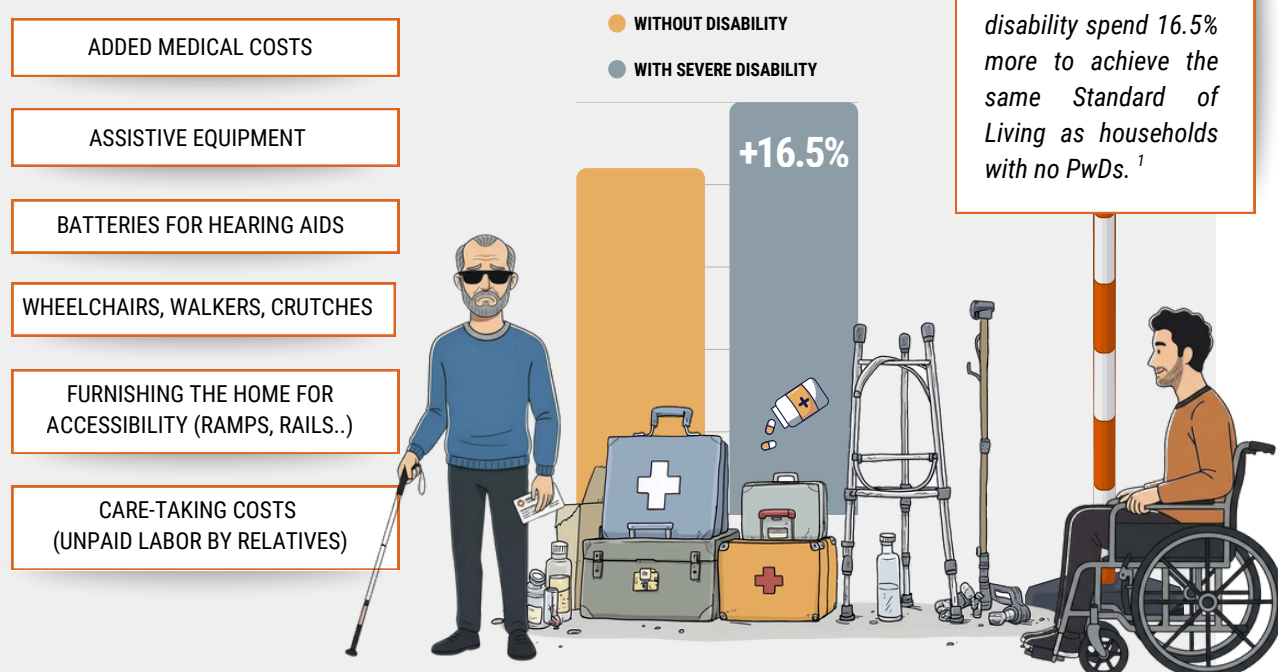
INTRODUCTION

Since 2019, Lebanon's prolonged economic crisis has wiped out assets, weakened livelihoods, and pushed much of the population into poverty. By 2022, one out of three Lebanese and nearly nine out of ten Syrians were living under the poverty line and in need of social assistance (World Bank, 2024). But while Lebanon spends more of its national budget and GDP on social protection than many of its neighbors, coverage of its population is among the lowest and most inequitable. Much of the public expenditure for social protection pays into contributory schemes for the formally employed. The poorer and more vulnerable segments of the population, which have swelled since 2019 – are left without access to public social protection schemes and highly reliant on humanitarian assistance and social safety nets provided by international organizations (Institut des Finances Basil Fuleihan, 2021; ILO & UNICEF, 2021).

While data on people with disabilities since the start of the crisis is lacking, they are likely to be among the most affected segments of the population. Even before the crisis, a 2019 survey found that households with at least one member living with a severe disability earned an average of 37 percent less than households where no one had a disability, but they needed to spend an average of 16.5 percent more to attain the same standard of living. People in these households are also more likely to be employed in the informal sector. And despite being more economically vulnerable overall, Lebanese with severe disabilities were less likely to receive non-contributory social protection from the government or NGOs compared to those without disabilities. Coverage is also shaped by the intersection of disability status with other personal characteristics. Non-Lebanese people with disabilities had far lower rates of social protection coverage than nationals, and men enjoyed greater access to contributory social protection and government assistance than women (ILO, 2023).

Why Social Protection is Crucial for PwDs in Lebanon

ADDITIONAL COSTS OF LIVING WITH DISABILITY



¹ ILO. (2023). *Living with Disabilities in Lebanon*, pp14 [data from 2019].

In the 2023 National Social Protection Strategy (NSPS), the Government of Lebanon recognized that the reform of its social protection system is crucial to the country's transition out of the crisis. Beyond the immediate support that assistance provides to households, this is a matter of repairing the broken relationship between the people and the state. An effective and inclusive universal rights-based system of social protection could help build a new social contract.

The National Disability Allowance, launched in 2023, takes an important first step in this direction and places people with disabilities at the forefront of this agenda. Ensuring that people with disabilities can access cash assistance is therefore essential to both the humanitarian aim of ensuring they can meet their basic needs and the longer-term political vision of reform. However, there is limited comprehensive research on the accessibility and inclusiveness of cash and voucher assistance (CVA) programs for people with disabilities in Lebanon, whether provided by the state, humanitarian agencies, charities or otherwise. Understanding these access barriers is essential for ensuring that people with disabilities receive assistance equitably and are not further disenfranchised during Lebanon's recovery.

Why Social Protection is Crucial for PwDs in Lebanon

GREATER VULNERABILITY AND SOCIO-ECONOMIC DISADVANTAGES



PWDS LIVING
IN DEPRIVATION ²



HOUSEHOLDS WITH PEOPLE
WITH SEVERE DISABILITIES
EARN 37% LESS INCOME ³



MOTHERS OF CHILDREN WITH
DISABILITIES 23% LESS
LIKELY TO BE EMPLOYED ⁴



² ILO (2023) *Living with Disabilities in Lebanon*, pp 33, ³ *ibid*, pp 14, ⁴ *ibid*, pp 25 [All data from 2019]

STUDY OBJECTIVES

This study documents the experiences of people with disabilities participating in or attempting to access CVA and cash-based social protection programs in Lebanon. It provides a qualitative, “bottom-up” assessment of the accessibility, appropriateness, and relevance of these programs, centering the perspective of target users. The study is designed to address three key questions:

- 1** *What are the factors that influence access to and participation in social protection, including both barriers and facilitative factors?*
- 2** *How do program design details – such as the duration, amount, frequency, and method of redeeming cash-based assistance – influence the effectiveness of social protection on people with disabilities?*
- 3** *How do the experiences of receiving social protection vary for people with disabilities according to nationality, gender, age group, region of residence, and disability type?*

DISABILITY-RELEVANT CVA PROGRAMS IN LEBANON

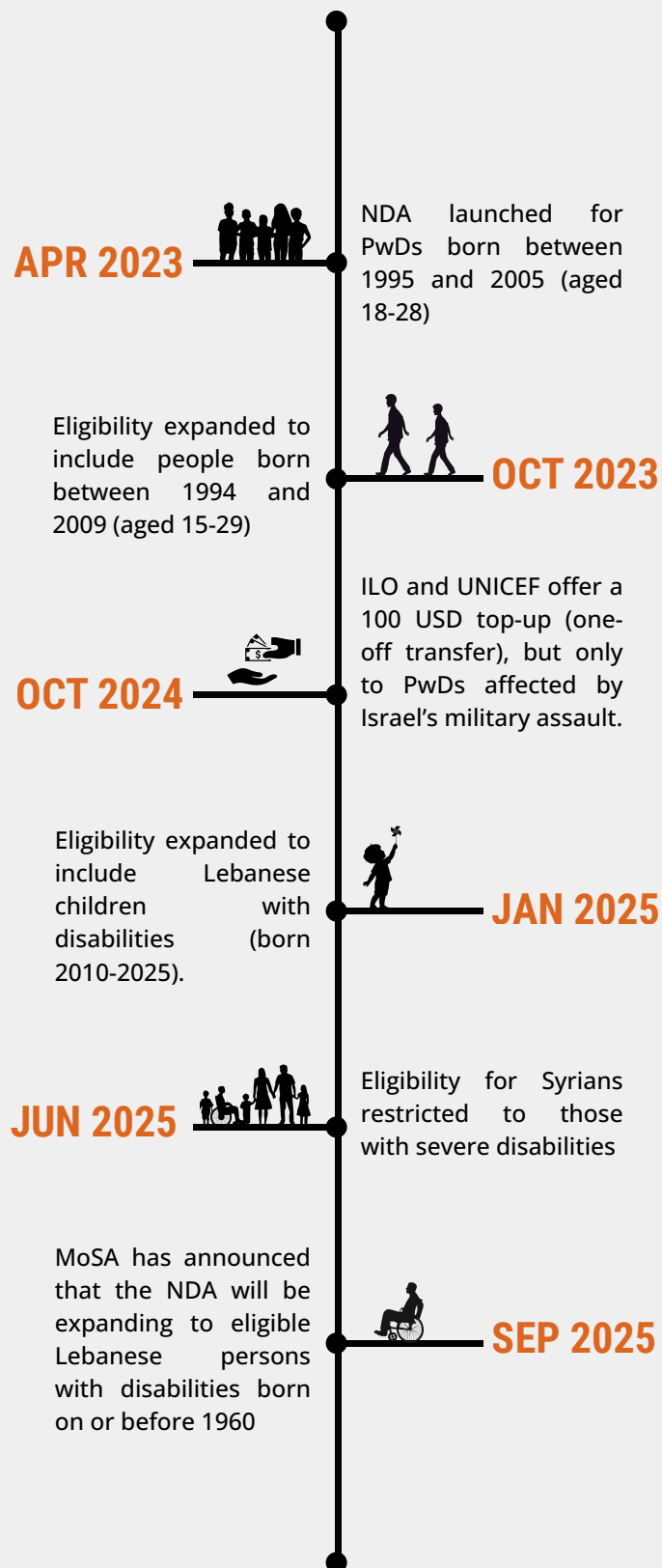
This study encompasses both governmental and humanitarian social assistance schemes that consider disability as a factor for targeting. Most of these schemes are broadly vulnerability-based social safety nets and include disability as a variable within a Proxy Means Test for targeting. The National Poverty Targeting Program (NPTP) was established in 2011 to support 75,000 of the most vulnerable Lebanese households. In 2022, the NPTP was supplemented by the Emergency Social Safety Net (ESSN) program, which was funded through a World Bank loan to extend coverage to another 150,000 vulnerable households during the financial crisis. In 2024, the NPTP was unified with the ESSN under the Aman Program. WFP assists MoSA in implementing these cash assistance programs through money transfer operators (MTOs).

Access to social safety nets in Lebanon has long been nationality-based. The NPTP and ESSN have only benefited Lebanese households, while refugees and migrants can only receive assistance through parallel systems run by humanitarian agencies and other non-governmental organizations. The WFP’s Food e-Card program provides cash vouchers to displaced Syrians; the vouchers can be redeemed for food purchases at over 400 participating retailers across the country. For the most vulnerable Syrian families, the UNHCR and WFP jointly administer a Multi-purpose Cash Assistance Program (MCAP) in which monthly disbursements can be withdrawn as cash from an ATM. At the time of data collection, there were no major social safety nets to cover vulnerable Palestinians or non-Syrian refugees and migrants.

Previously, the UNHCR's Multi-Purpose Cash Assistance Program (MCAP) was vulnerability-targeted while the WFP's e-Card program was provided to all Syrians; more recently, however, the coverage of the e-Card program has also been restricted to focus on more vulnerable households. Starting in 2024, WFP ceased providing assistance to non-Syrian refugees, who now receive assistance only from UNHCR.

Finally, the main program dedicated specifically to supporting people with disabilities is the National Disability Allowance (NDA), which is implemented by MoSA in partnership with UNICEF and ILO. Unlike the vulnerability-based social safety nets above, the scheme aims to provide universal coverage of \$40 USD per month to all people with disabilities within the target age range in Lebanon. This scheme also breaks from the convention of creating separate schemes for different nationalities. Anyone who can demonstrate to the appropriate authority that they are living with a disability can benefit – whether Lebanese, Syrian, Palestinian, or otherwise. However, they are subjected to different eligibility criteria and disability determination processes, as explained later in this report.

As of December 2024, the NDA covered individuals aged 18-32 years, while UNICEF managed a similar fund for families with children with disabilities. In January 2025, the age range was extended to 60 years. Eligibility criteria have also changed over time. Changes to the NDA are listed in the timeline to the right (Figure 1).



The programs described above are the main social assistance and humanitarian CVA schemes in Lebanon that are either disability-targeted or disability-inclusive. They can be distinguished by a number of factors. Table 1 summarizes the key characteristics of these programs at the time of primary data collection for this study (February to May 2025).

Table 1. Main Cash & Voucher Assistance Programs in Lebanon

	NDA	ESSN / AMAN	MCAP	Food e-Cards
Targeting	Disability	Poverty / Vulnerability	Vulnerability	Vulnerability
Eligibility	People with disabilities aged 15-29 (all nationalities) and children 0-14 (Lebanese only)	Vulnerable Lebanese	Vulnerable Refugees	Vulnerable Refugees
Targeting Method	Disability Determination (varies by nationality)	Proxy means testing (PMT) + Categorical	Proxy means testing (PMT)	Proxy means testing (PMT) (previously universal for all refugees)
Launch Year	2023	2022 (absorbed the earlier NPTP)	2013	2013
Duration	Intended to be a permanent form of social protection following a rights-based approach	Multiple ongoing extensions, although some households have been discontinued	Cycles of varying duration; funding dependent	Cycles of varying duration; funding dependent
Benefit	\$40 USD per person with a one-off \$100 USD top up for households affected by displacement and conflict in late 2024.	Maximum of \$145 USD (\$20 for a household and \$25 per person up to 5 people; some top ups for education)	Max of \$145 USD (\$20 per individual up to 5 individuals, plus an additional \$45 per household)	\$20 per individual, capped at 5 individuals
Implementer	MOSA ILO UNICEF	MOSA PCM WFP	UNHCR WFP	WFP
Redemption	MTOs	MTOs	LOUISE Card, redeemed at ATMs (some MTOs)	LOUISE Card; redeemed as a food voucher at participating shops

METHODOLOGY

This study was designed to explore the user experiences of people with disabilities as they participate in – or attempt to access – cash and voucher assistance programs in Lebanon. Data collection was primarily qualitative in nature. In addition to key informant interviews with practitioners and experts, we conducted interviews with a diverse sample of over 60 people with disabilities. Semi-structured interviews were guided by an instrument designed to elicit ‘user journeys’, which are in-depth accounts of the interviewee’s experience participating in a social assistance and humanitarian CVA program, covering all the various phases involved from selection and enrolment to redemption and termination. By conducting this process with a diversity of respondents, we attempted to identify reasons for variability in the user experiences of people with different personal characteristics and socio-economic circumstances.

DEFINING THE JOURNEY TEMPLATE

The inception phase of this study was conducted from September to November 2024. It included key informant interviews and a desk review of existing knowledge about people’s access to social assistance and humanitarian CVA. A range of stakeholders were consulted, including social protection experts, local and national-level service providers, organizations serving people with disabilities (OPDs), and people with disabilities themselves. The objectives of these interviews were to gather existing information relevant to the research questions and to develop a “journey template” – a generic series of phases that characterizes the important parts of the user journey for most social assistance and humanitarian CVA programs, which was then used when eliciting user journeys during data collection. Some details of the user journey template vary from program to program, but the following overview describes the basic phases common to most social assistance and humanitarian CVA programs.

OUTREACH, ASSESSMENT & IDENTIFICATION

This is the phase where providers and potential social assistance and humanitarian CVA recipients make initial contact with one another. Potential recipients must determine if they are eligible. Some programs are disability-dedicated, meaning that disability is a requirement for eligibility. In disability-inclusive cash assistance programs, disability might be considered as one component within a broader framework for assessing need or vulnerability.

In some programs, participants are identified as eligible based on existing lists or registers. In other cases, organizations inform communities about an opportunity, share the eligibility or selection criteria, and instruct them on how to apply. Sometimes there is some mix of the two, with the process differing according to each person’s situation.

The National Disability Allowance (NDA) is an example of a delivery mechanism alignment for people with disabilities of all nationalities, including Lebanese citizens, as well as Syrian and Palestinian people residing in Lebanon. For Lebanese participants, the Ministry of Social Affairs (MoSA) has maintained a registry of personal disability card (PDC) holders since 1995. To obtain the PDC, Lebanese persons with disabilities schedule an appointment with the closest Rights & Access Center (or request a home visit), where they undergo a medical examination to determine if they qualify for the card. For Syrians and Palestinians, the data of recognized persons with disabilities is shared by UNHCR and UNRWA, respectively. UNICEF receives this data and ensures that they are then enrolled in the NDA. The main difference across nationalities is the eligibility criteria; while Lebanese nationals are screened according to a medical definition of disability at the Rights & Access Centers, UNHCR, and UNRWA use criteria based on the Washington Set of Questions to identify functional disabilities.

For some programs, such as NRC's cash-based shelter assistance, potential participants are identified based on lists from previous projects or by assessing all households within a designated geographic area. Technical and vulnerability assessments are carried out during home visits to inspect the buildings and their occupants, after which scoring determines who will be included.

REGISTRATION & ENROLMENT

At this phase, providers register eligible participants by entering their personal details into their systems. Depending on whether documents must be provided, enrolment can take place either over the phone or in person. This stage sometimes also includes distribution of the physical modality used to redeem the cash assistance, most often an ATM card. But for programs that provide cash directly or that deliver it via MTOs, there is no modality to distribute.

REDEMPTION AND USE

This is the phase at which users pick up their cash, which they can use to purchase goods, make payments for utilities and services, or pay off debts. For most programs in Lebanon, redemption takes place at an MTO office (e.g. the NDA), at an ATM (e.g. MCAP), or at an office (e.g. many smaller and one-off cash assistance programs).



Voucher programs do not necessarily require a separate redemption phase; the voucher value becomes available on the user's card, and they can then travel to the participating shop to exchange that value for qualifying items. There is often a timeline within which participants must redeem their assistance. For example, in the case of the NDA, participants have about three weeks to redeem, after which the cycle is closed. They receive SMS reminders, but if they fail to redeem the assistance before the end of the cycle, the amount is added to the next month's redemption. If the person misses redemption three times in a row, the provider reaches out to check on them. Those who cannot be reached have their assistance halted.



UPKEEP






This encompasses all of the actions involved in maintaining access to a social assistance and humanitarian CVA program over time and remaining eligible in the eyes of the provider. Many programs do verification exercises to ensure that the originally intended recipient is still in need of the assistance, or to retarget assistance under a new set of vulnerability criteria. It also includes handling questions, concerns or grievances from participants and responding to feedback. Upkeep may not always be considered as a distinct phase, because it often occurs alongside the redemption of regular disbursements.

ELICITING USER JOURNEYS

In-depth interviews were structured using the journey mapping approach, in which the interviewer elicits a retrospective narrative account of the respondent's experiences with a product or service (cash and voucher assistance, in this case). By referring either to a visual aid or – in the case of people with visual impairments – a narrative prompt, the interviewer ensures that each of the key phases of the user journey is touched upon, while allowing the respondent to diverge from chronological order to address the experiences, encounters, or issues that were most significant to them (Nielsen et al. 2021). Journey mapping is useful for cash transfer programs because user journeys can be aligned with the delivery frameworks defined by provider organizations (Lindert et al., 2020). Much like Lee et al. (2024) did for PwDs' use of public transportation services, we use journey mapping to identify "pain points" within social assistance and humanitarian CVA programs, which include not only barriers that prevent people from accessing cash assistance, but also hurdles that impose additional costs, personal inconvenience, or undignified situations. This approach has already been used in Lebanon to study PwDs' experiences with the National Disability Allowance (ILO, not yet published) as well as Syrians' experiences with multi-purpose cash assistance (Seilern 2021).

PARTICIPANT RECRUITMENT

Participants were recruited through NRC's partner OPDs operating in Lebanon's various governorates: Mousawat in Beirut and Mount Lebanon (BML), LUPD in the Beqaa, CBRA in Tripoli and North, and EAIL/Tamkin in South and Nabatieh. Partners were provided with a list of target profiles intended to create as diverse a sample as possible, with a focus on the following characteristics:

Nationality (focus on Lebanese, Syrians, & Palestinians)	
Gender (Men and Women)	
Age Group (Children, Young Adults, Middle Aged Adults, Older Persons)	
Region of Residence (BML, North, Beqaa, South/Nabatieh)	
Disability Type (Visual, Hearing, Mobility/Physical, Cognitive)	

Each OPD sent a list of potential participants, and our research team reached out to them to provide information about the study and request an interview. Participants were interviewed either at the OPD centers or in their homes, depending on their preference. In a few cases, participants chose to be interviewed remotely by phone.

INTERVIEWS

Informed consent was undertaken before each interview, and participants who traveled to the interview were compensated for associated transport costs. Adult participants were interviewed either alone or with a caregiver, depending on their preferences. For children with disabilities, their parents or caregivers were the primary respondents, although children were also present and could participate. For participants with cognitive disabilities, we also treated the primary caregiver as the main respondent. Interviews and discussions followed the semi-structured interview guides that were proposed, revised, and approved during the inception phase (see Annexes).

ANALYSIS

Transcripts and notes were analyzed using the NVivo software package. Themes were identified during the first reading and used to create the code book, which focused on the following aspects of people's user journeys. Some issues were phase-specific, while others were cross-cutting, affecting people across multiple phases of the user journey.

BARRIERS



Factors or experiences that reduce people's access to social assistance and humanitarian CVA programs, and in some cases lead to their exclusion or removal from assistance.

PAIN POINTS



Issues faced along the user journey that cause difficulty, inconvenience, additional costs, indignity, stigma, or other negative impacts related to their involvement.

FACILITATIVE FACTORS



Features of social assistance and humanitarian CVA programs that eased access to these programs.

COPING MECHANISMS



Strategies or arrangements that allowed respondents to overcome barriers and manage pain points.

PREFERENCES AND COMPLAINTS



User perspectives related to program design, such as suitability, sufficiency, relevance, and transparency.

The coding process was iterative, and the codebook was amended as analysis continued through multiple reviews of the interview transcripts. Issues that are qualitatively "significant" were identified based on one or more of the following criteria: 1) the issue is a trend noted by many participants, 2) the issue was raised by a small number of participants with similar personal characteristics, or 3) the experience was raised without probing and emphasized as a salient part of the user experience by even one individual. Qualitative significance is determined not by numerical prevalence among the sample, but by the emphasis, salience or meaningfulness of an idea in a respondent's narrative. Unlike quantitative significance, it cannot be used to make claims about the representativeness or pervasiveness of a finding in the wider population, but indicates that an account provides important explanatory insight into a particular individual or group's experience.

PARTICIPANT CHARACTERISTICS

Our study reached a total of 61 interview participants. Our sample had more men than women, but nonetheless had sufficient representation among women across all nationalities other than Palestinians (see Table 2).

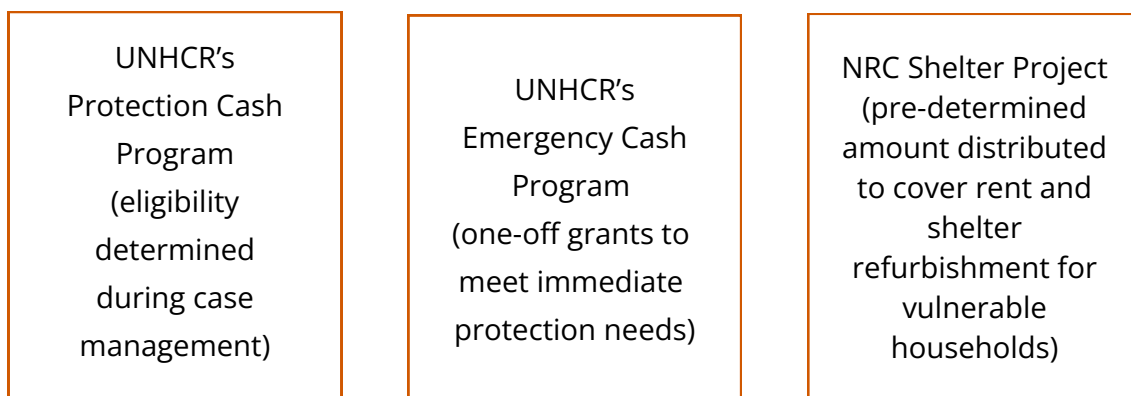
Our overall representation among the three target nationality groups (Lebanese, Syrians and Palestinians) was also sufficient, although we had few Syrians among our sub-sample in the North and no Palestinians among our sub-sample in Beqaa (see Table 3). While we did not seek interviews with other nationalities, we ended up with an interview with one Sudanese man in Beirut. Because we learned that MoSA had decided to include non-Syrian migrants – including migrant workers – in the NDA, we decided to continue with the interview for this participant and to include his account in our analysis.

Our sample's age profile was sufficient across most nationalities, although we had few Syrian young adults, and a lack of children and older persons among Palestinians (see Table 4).

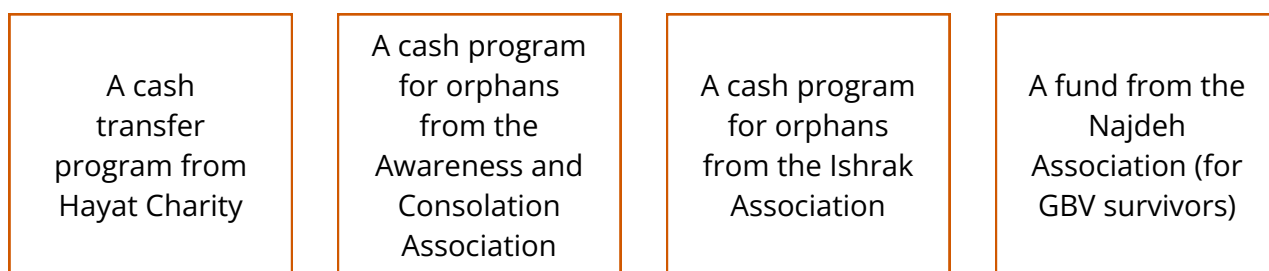
To ensure that our sample was inclusive of different disability types, we used a modified version of the six domains defined by the Washington Group. These were used only as a measure of inclusivity in our sample, but we did not apply this categorization during the analysis of transcripts. While many OPDs collect data on their participants using the Washington Short Set, many of our respondents did not identify according to these categories. They instead described their disability status according to the specific condition, ailment, injury or functional impairment that they have experienced. Many also experience more than one kind of impairment, which is why the totals for the columns in Table 5 add to more than the sample size of 61. Overall, our sample had sufficient respondents from each disability type for Syrians and Lebanese, but we only managed to recruit Palestinians with physical/mobility and visual impairments.

As for social protection and humanitarian CVA coverage, our OPD partners did not always have this data about their respondents. Therefore, for many interviewees, we only discovered their coverage status during the interview. Fifteen of our interviewees had never been covered by a cash transfer program, and their interviews were relatively short (see Table 6). Richer interviews were provided by people who were currently or had previously received access to cash assistance. Most of our currently or formerly covered participants had experience with one or more of the major social assistance and humanitarian CVA programs mentioned in Table 1: the ESSN, MCAP, WFP's Food e-Cards, or the NDA (UNICEF's corresponding disability allowance for minors). However, we also considered people's accounts of some other CVA interventions.

Large-scale humanitarian cash assistance programs run by UN agencies and INGOs:



Small aid projects run by smaller national or local NGOs and foundations:



Some participants also reported social assistance provided by religious institutions, such as the Zakat Fund managed and distributed by the Dar al-Fatwa, and some small funds provided by particular municipalities. Lastly, a significant number of participants had recent experience with the one-off Shock-Responsive Social Safety Net (SRSSN) cash program provided by the Government and implemented by WFP for people affected by attacks from Israel.

Table 2. Participant Characteristics: Gender x Nationality

	 Men	 Women	Total
 Syrian	14	10	24
 Lebanese	14	14	28
 Palestinian	7	1	8
 Sudanese	1	0	1
Total	36	25	61

Table 3. Participant Characteristics: Nationality x Region of Residence





	North / Akkar	South / Nabatieh	Beqaa / Baalbak	Beirut / Mt Leb	Total
 Syrian	2	6	12	4	24
 Lebanese	5	11	6	6	28
 Palestinian	2	2	0	4	8
 Sudanese	0	0	0	1	1
Total	9	19	18	15	61

Table 4. Participant Characteristics: Age Group x Nationality





	Children	18-30 years	30-50 years	Over 50	Total
 Syrian	12	2	7	3	24
 Lebanese	5	7	11	5	28
 Palestinian	0	3	4	1	8
 Sudanese	0	0	1	0	1
Total	17	12	23	6	61

Table 5. Participant Characteristics: Nationality x Disability Type














	Cognitive 	Communicative 	Hearing 	Physical Mobility 	Visual 	Total
 Syrian	3	3	3	14	7	30
 Lebanese	6	3	6	18	4	37
 Palestinian	0	0	0	6	2	8
 Sudanese	0	0	0	1	0	1
Total	9	6	9	39	13	76

Table 6. Participant Characteristics: Nationality by SP Coverage

	Covered Now	Covered previously	Never Covered	Total
 Syrian	13	11	0	24
 Lebanese	10	8	10	28
 Palestinian	1	3	4	8
 Sudanese	0	0	1	1
Total	24	22	15	61

VALIDATION

People with disabilities were consulted during both the construction of the research instrument as well as following preliminary analysis of collected data. Both of these participant validation processes included two focus groups convened at the offices of Mousawat in Beirut: one focus group included Lebanese and Palestinian participants, and the other was constituted by Syrian participants. Feedback was used to revise and refine the text of both the findings and the recommendations in this report.

LIMITATIONS

NON-RANDOM SAMPLE

Participants were selected using purposive sampling. As such, the quantitative trends observed in our sample cannot be used to infer trends in the broader population.

NON-COVERAGE

We recruited all interviewees from lists belonging to organizations that support people with disabilities (OPDs) – a few were also contacted using NRC data. Our sample is therefore likely to be biased toward people who are better connected to support organizations. There is less representation of people who have not made contact with OPDs, perhaps because they do not know about them, or because they fear that receiving disability support would bring stigma from their families or communities.

WAR-TIME CONTINGENCIES

This project began in September 2024, which was also when Israel escalated its assault on Lebanon. Data collection was therefore delayed to 2025, and even then some locations were deemed unsafe for interviews. Some of our participants from South were internally displaced at the time of the interview, which made it difficult to reflect on access to social assistance and humanitarian CVA during normal times.



SMALL-SUB SAMPLES

This study was exploratory in nature and aimed to gather in-depth accounts of the user experiences of people with disabilities. The inclusivity of our sample yielded insights into the variability of user experiences across differences in nationality, gender, age, and disability type. But the small size of sub-samples does not allow us to make conclusive claims about correlation.

FINDINGS: ACCESS TO CVA

In its narrowest definition, “access to cash-based assistance” refers to the ease or difficulty with which people with disabilities can obtain effective coverage under the programs for which they are eligible. It considers not only whether someone achieves coverage, but also the added costs, inconveniences, indignities, and other problems that they encounter in doing so. Accessing cash assistance is an ongoing process rather than a discrete event. It requires action from both prospective recipients and service providers across multiple phases of the implementation cycle.

The sections that follow discuss the factors that affect access to social assistance and humanitarian cash and voucher assistance at one or multiple points of the cycle. The first section considers both barriers that prevent people from accessing (or maintaining access to) social assistance and CVA programs, as well as pain points that make participation uncomfortable, undignified or otherwise unpleasant. For each, there is also consideration of any support structures, provider actions, or coping strategies that help people to overcome barriers or that alleviate ‘pain points’. The second section considers facilitative factors that help people access assistance in an effective and dignified way.



 **INFORMATION CARD** 

NAME *Fady*



AGE 22

NATIONALITY *Lebanese*

DISABILITY *Physical*



ID : XXX-XXX-XX



 **INFORMATION CARD** 

NAME *Mona*


AGE 45

NATIONALITY *Lebanese*

ROLE *Caregiver*



ID : XXX-XXX-XX


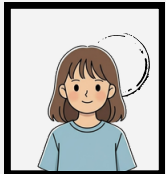
 **INFORMATION CARD**

NAME *Sarah*


AGE 4

NATIONALITY *Lebanese*

DISABILITY *Cognitive*



ID : XXX-XXX-XX



 **INFORMATION CARD**

NAME *Omar and Rana*

AGE 32

NATIONALITY *Lebanese*

ROLE *Caregivers*



ID : XXX-XXX-XX

INFORMATION CARD

NAME *Leila*

AGE *75*

NATIONALITY *Syrian*

DISABILITY *Hearing*

ID : XXX-XXX-XX

INFORMATION CARD

NAME *Nada*

AGE *21*

NATIONALITY *Syrian*

ROLE *Caregiver*

ID : XXX-XXX-XX

INFORMATION CARD

NAME *Tarek*

AGE *65*

NATIONALITY *Sudanese*

DISABILITY *Physical*

ID : XXX-XXX-XX

INFORMATION CARD

NAME *Yousef*

AGE *49*

NATIONALITY *Palestinian*

DISABILITY *Visual*

ID : XXX-XXX-XX

Not everyone experiences the same barriers or is affected by them in the same way. Experiences accessing CVA differ according to gender, nationality, age, and other factors. For illustrative purposes, this report introduces several personas – fictive characters based on the accounts of real people involved in this study – whose insights draw attention to intersectional differences in the user journeys of CVA and social assistance users. The key issues affecting access to social assistance and humanitarian CVA programs differ significantly according to program design, especially between disability-targeted and disability-inclusive schemes and programs. As such, it is important in the sections below to specify which kind of program – and in some cases even which particular program – each barrier or facilitative factor pertains to.

However, schemes shift and change according to funding availability, in response to user complaints and feedback, and to accommodate changing circumstances in Lebanon. Some interviewees recalled their experiences with programs dating as far back as 13 years. As such, concerns and complaints – and even praise – about specific programs do not necessarily reflect what is currently being implemented. Nevertheless, they provide useful insight about the ways program design details can hinder or facilitate access to social assistance and CVA.

JOURNEY ROADMAP

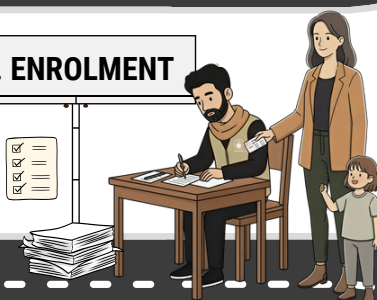
- 🚦 Lack of awareness of available CVA
- 🚦 Misinformation and misunderstandings about eligibility

- 🚦 Community network and professional referrals
- Direct NGO outreach

1. OUTREACH



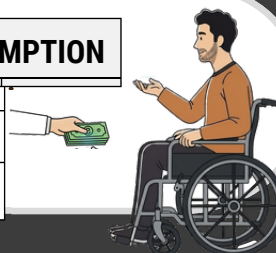
2. ENROLMENT



- 🚦 Difficulty acquiring required documents
- Transportation costs to attend in-person enrolment
- Opaque systems for targeting

- 🚦 Assessment and enrolment via home visit
- Remote enrolment and home visits

3. REDEMPTION



- 🚦 Unexpected delays in monthly disbursement
- 🚦 Long queues at redemption site
- Discrimination or unwanted attention at pick-up

- 🚦 Supportive MTO staff
- 🚦 SMS alerts and follow-up reminders
- Option to redeem via proxy

4. USE



- 🚦 Restrictions require use at high-cost shops
- Disputes within families or between divorcees

- 🚦 Unrestricted cash that can be used anywhere

5. UPKEEP



- 🚦 Unexpected termination/interruption
- Transportation costs to attend verification appointment

- 🚦 Verification via home visit

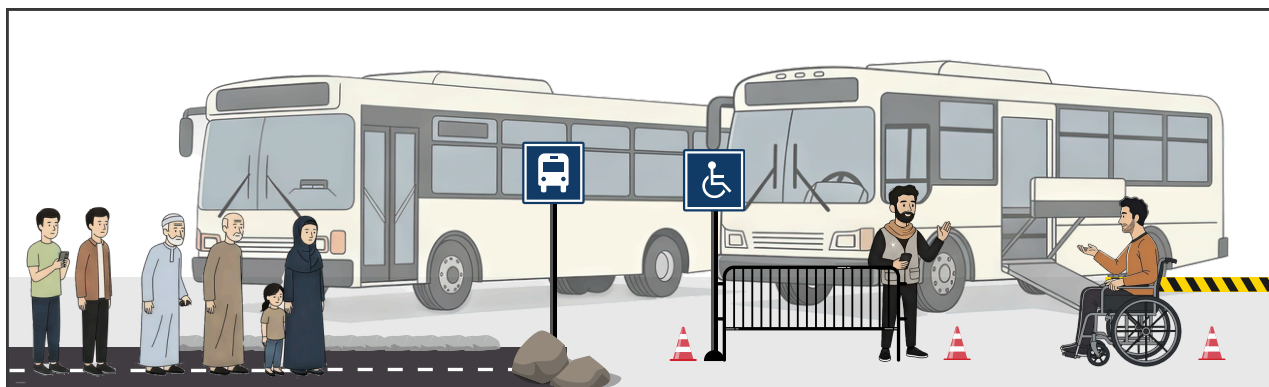
BARRIERS AND PAIN POINTS

TRANSPORTATION AS A MULTI-PHASE BARRIER

Transportation was the most frequently cited barrier to social assistance and humanitarian CVA, mentioned by over half of all respondents and in reference to most phases of the CVA implementation cycle. Transportation can add costs to participation in social assistance and humanitarian CVA programs at multiple phases.

First, there may be transportation costs if participants need to travel for an in-person appointment to be enrolled. For example, refugees who registered in one location and then moved to a new place in Lebanon may be required to travel to their original location for an interview or verification; this can be a costly barrier until they change the location to which their UNHCR file is registered.

Second, many respondents pay for transportation to reach an ATM, an MTO office, or another redemption point. And lastly, some recipients of restricted cash (vouchers) must travel long distances to reach contracted retailers where they can use the assistance. Depending on where they live, respondents benefiting from cash transfers may spend as much as 25% of their monthly cash transfers on transportation costs alone, especially those residing in rural or peri-urban areas at some distance from MTO/ATM facilities or contracted retailers.

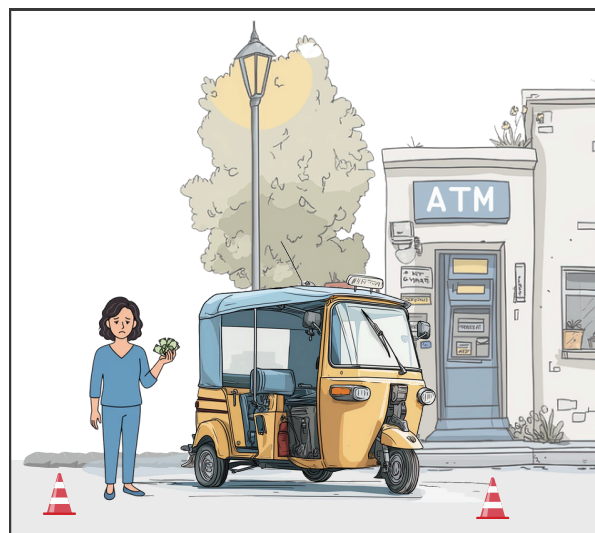


Disability type was not a major factor in transport costs related to redemption, probably because many participants had proxies who could redeem on their behalf. But for those who redeem their assistance themselves, the type and severity of one's disability make a difference in terms of the forms of transportation that can accommodate them.

One respondent who had suffered a major work-related injury was initially unable to make it to his OPD without a large vehicle and accompaniment by relatives. Over time, however, as his condition improved, he could travel on his own and with cheaper alternatives like motorbikes. The main factor seems to be the distance between one's place of residence and the redemption point.

Urban dwellers are more likely to have redemption points within walking distance, although redemption remains a significant pain point for those with mobility-related impairments who cannot walk to the nearest MTO or ATM. Transportation barriers are related to vulnerability in several ways. Most obviously, this problem disproportionately affects people who do not have a vehicle of their own, and who must therefore hire a private taxi or pay a bus fare to reach the redemption point or to receive the cash transfer modality (e.g., the ATM card). As one Lebanese woman in Beqaa explained, “I end up paying a lot of the assistance for the tuk-tuk”.

The transportation barrier also reinforces vulnerability more generally. Multiple participants cited a lack of transportation as a barrier to attending physical therapy, which leaves them with more severe functional disabilities than those who can attend therapy regularly. Others described how the lack of transport prevented them from attending training and livelihood workshops, thus reducing their ability to take advantage of opportunities to improve their economic situation.



Children with disabilities are often prevented from attending school; multiple participants cited a lack of transportation as the primary reason that their children had to withdraw from educational opportunities. For those who can cover the transportation costs required to take advantage of opportunities, the investment is significant.

One Lebanese woman praised the Lebanese Red Cross for providing excellent physiotherapy services for her son, who needs a prosthetic. But they need to travel from Saadnayel in Beqaa to Aley in Mount Lebanon for each session, which costs them 2,000,000 LBP (about \$22 USD) round-trip.

Support Structures:

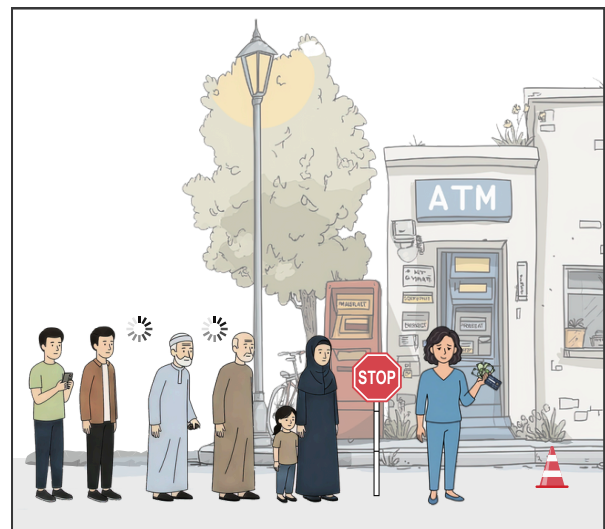
People living within range of the transport routes plied by buses and vans were less likely to cite cost as a barrier to participation in social assistance or humanitarian CVA programs. This is not an option for everyone, such as those using large assistive devices like wheelchairs. It also remains an inconvenience if the destination is distant or if there are long waiting times before departure.

LONG QUEUES AT REDEMPTION POINTS

Many organizations are aware of the inconveniences caused by crowded redemption points, and large cash-assistance providers have made efforts to address this. MoSA and UNICEF have issued requirements for MTOs to prioritize access for people with disabilities when there are queues. However, some kinds of disability are more easily recognized than others; cognitive disabilities are often recognized easily, while visual and hearing impairments are not always as obvious to bank employees or MTOs (Kidd et al. 2023). It is also notable that the problem of long queues was mentioned by four people, two of whom encountered problems during intensified violence from Israel, when large-scale displacement left some areas depopulated and others overcrowded. The redistribution of people left ATMs and MTOs located near shelters overwhelmed, regardless of attempts to reduce congestion during normal times. Nonetheless, another pain point affecting people across all program types was the long queues at ATMs and MTOs. Those with physical disabilities or with chronic pain were especially affected, as there is often nowhere to sit while waiting in line. Some recipients were forced to depart and return another time, adding inconvenience and cost to the redemption process. As one Syrian man living in Mount Lebanon explained:

“There were so many instances where the ATM was very busy, I’d try multiple times to pass and redeem, but it would still be busy. I would leave because of my knee pain. And there is no branch of the bank here, so I’d have to pay for public transport to go to Beirut to redeem.”

Aside from physical discomfort, long waits sometimes caused tension among those waiting in line, leaving people with disabilities feeling unsafe. A Lebanese woman explained,



“I would sometimes wait for two hours for my turn, and others would become frustrated and start causing a scene.”

DIFFICULTY MEETING ELIGIBILITY REQUIREMENTS

While most interviewees described eligibility determination as a straightforward process without complications, a few participants faced trouble procuring the documentation required to receive assistance. Some Syrian respondents had been asked to show evidence of legal entry into Lebanon, which is often lacking for those who had to cross the border irregularly. One Syrian man explained that he had recently received an SMS from UNHCR asking for documents related to his family’s status in Lebanon, but he did not understand what is required of him.

Although we had only one interview with a migrant who did not identify with any of the three nationalities targeted for this study, it has been shown by many other studies that African and Asian migrant workers are frequently deprived of their documents by employers and recruitment agencies under the kafala system.

Lastly, we spoke with one individual who had formerly been enrolled in a cash assistance program for landmine victims

When a new scheme emerged, he was rejected because his brother, who had served as his proxy, had been registered as the recipient. Because his brother was no longer in the country, he was unable to clarify the issue and gain access to the new program. This highlights the importance of accurately distinguishing target beneficiaries from proxies, especially if the list in one program might be used for identification and targeting for a later program.



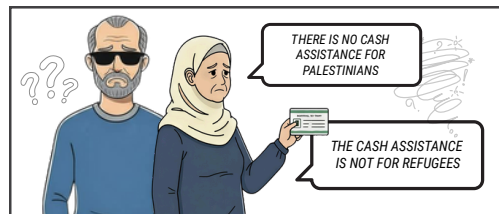
LACK OF AWARENESS AND MISINFORMATION

Another common barrier expressed by participants was the lack of awareness about program details, including eligibility requirements, the application process, or the existence of the program altogether. This barrier is prevalent across both recipients and non-recipients of social assistance and humanitarian CVA programs and was cited explicitly by five Syrian and seven Lebanese participants in our study. Even when participants do eventually learn about a program, they might be too late to register.

One Palestinian interviewee explained that she learned late about a program by the organization 'Samidoun', which was providing cash assistance to families of prisoners. However, by the time she learned about the program and discovered that she would be eligible, the program had already ended. Some participants were simply unaware of programs or their details, particularly in regard to one-off or small-scale initiatives administered by NGOs. In other cases, interviewees misunderstood specific program rules. Most importantly, several Syrian participants were under the mistaken belief that the NDA is only for Lebanese people. During the public inauguration of the NDA, MoSA and its partners had made efforts to inform communities about the NDA and to ensure that eligible individuals knew about the opportunity. Nonetheless, it is clear that there is still some misinformation in circulation. In some cases, lack of awareness about programs stems from frustration with past experiences; people who have been excluded from programs many times before may not even inquire about new programs. This

outlook often reflects a history of marginalization, and was most often expressed by Palestinians in our study.

“Palestinians don't receive cash assistance. Palestinians, disabled or not, benefit from nothing from the state, or any other actors, except for UNRWA and the PLO institutions and Palestinian civil associations and organizations like Mousawat.”



DISCONTINUATION OR INTERRUPTION OF ASSISTANCE

Many participants recalled sudden or unexplained interruptions in monthly assistance. Interruptions varied widely in their duration. Some participants lost access for just a few months before it was restored; others reported interruptions to assistance for years. From the providers' perspective, cash assistance is highly dependent on consistent funding from donors, but the period since 2022 has seen severe shortfalls in aid funding around the world. This has forced many major providers to make cuts by reducing the value of transfers or by retargeting to a smaller group of recipients. While large organizations have robust SMS systems to inform participants of changes in their assistance, as well as call centers to receive queries, participants' comments indicated that there is room for improvement. One Syrian recipient of both MCAP and the food voucher program expressed his confusion over the recent termination of his assistance:

“I used to go every 20th of the month to redeem my assistance and buy groceries using the WFP card. But the cash assistance was stopped only a few months after it was activated. I'm still trying to have the assistance re-activated but the organizations were not responsive.”



Sometimes disruptions occurred without sufficient advance notice to allow recipients to budget and plan for the change in household finances. Some families take essential goods on credit when assistance does not materialize, which can cause increased vulnerability if they become stuck in a debt trap. The parents of a disabled Syrian child described their confusion about an interruption to their cash assistance cycle, followed by its termination:

“At some point, the transfers were halted for about two months. Then it resumed and stopped again completely after eight months. We still don't understand why this happened... We have months' worth of rent that is long overdue, as well. Now we only have electricity from a battery to power some LED lights.”



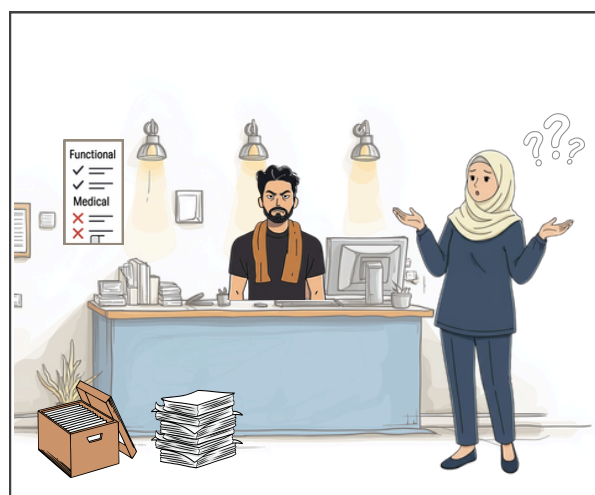
Even among those who are still receiving cash support, five respondents described a feeling of stress about the future of their assistance. Many people have learned of others in their social network losing their support and are nervous that their own will be terminated as well.

DISCRIMINATION AND MALTREATMENT

While not as frequently cited as other barriers, complaints of discriminatory treatment were nonetheless significant. Some participants perceived program selection processes as politically motivated or biased. Others pointed to inconsistencies in who receives aid, suggesting favoritism or unequal access based on community affiliation or nationality.

Stigma also played a role. For example, women with disabilities expressed concern about being seen in public while registering for or collecting aid, fearing it would reinforce societal perceptions of dependency or reduce their marriage prospects. Some families discouraged women or girls with disabilities from participating in cash assistance programs altogether. Some participants also shared stories of discrimination from employees of provider organizations or distributors. One Lebanese woman described her experience with a small cash program operated by a foundation:

“During the war, I was scared to go to Saida to redeem the assistance. I was once 15 days late in redeeming the amount, and it was very urgent at the time as my daughter was suffering from severe burns due to a cooking oil spill. When I finally travelled to their center to redeem the assistance, there was no cash on hand. An employee there told me to go to another branch. When I did, an employee at that branch was very mean to me. He said that I didn't really need the money. I felt attacked and then left without assistance. When I called the fund later, they asked for an interview. So I went to Saida for the interview and explained that due to the war, I couldn't make it for the redemption. I also explained the challenges faced due to my daughter's burns. But they didn't believe me and once again told me that I didn't need the money, and the assistance was stopped.”



Problems with discrimination and mistreatment were not particularly common, especially in long-term cash programs run by larger organizations or INGOs. These programs invest more in staff training about inclusive treatment of participants and also have less staff turnover. Complaints about misconduct are more common in smaller programs that do not focus specifically on people living with disabilities.

GENDERED CHALLENGES

There were a number of gender-specific issues raised during the study, most of which pertained to challenges, concerns, or risks facing women. As noted just above, unmarried women and their families were particularly worried about being labeled as 'disabled', for fear that this would hurt their marriage prospects. They sometimes excluded themselves from cash assistance for this reason. For married couples, decision-making about the use of cash assistance is often done by men. While this is not always a problem, some women explained that they are more likely to spend money on the immediate needs of the household, such as food. They therefore struggle when their husbands prioritize other expenses or investments.

In terms of gender-based violence, one woman with a visual impairment explained that she sometimes faces abuse from her husband. She did not want to leave him, but was receiving psychological support from a local association. The association provided a one-off distribution of cash assistance during Ramadan to help families to purchase food and goods for Iftar. However, she explained that she needed to arrange a way to collect the assistance discreetly.

“ I was fearing that my husband would see me while receiving the money and take the amount away from me... by keeping it to myself, I was able to buy the children clothes and shoes, and even an outfit for myself. So many of our clothes were destroyed in the missile strike on our old home. ”



For discretion, she had to wait for a time when she was alone at home. She then paid \$20 of the total amount (\$180) for a private taxi to and from the bank. This case highlights the importance of discretion, confidentiality, and data protection for recipients of social assistance and humanitarian CVA, especially women who may be extorted if others learn that they have received cash.

FACILITATING FACTORS

COMMUNITY INFRASTRUCTURE

The term infrastructure encompasses all of the systems and mechanisms that operate below the surface, often out of sight and out of mind, but which are responsible for the most basic processes necessary for society to function. We usually think of infrastructure in terms of electrical grids, water networks and sewage systems, but people themselves can also serve as a kind of infrastructure when governments or other organizations implement programs. Almost every participant in the study described ways that their social networks – made up of neighbors, co-workers, and anyone else they might interact with as part of everyday life – had assisted them to gain access to CVA.

For one, social networks serve as a conduit for information. Formal outreach campaigns can only go so far, especially in contexts where not everyone has access to a television, a smartphone, or social media. Many participants learned about the social assistance and humanitarian cash and voucher assistance programs from which they were benefiting through community referrals. As one woman who is the sole provider for her household described:

“I found out about this program from a friend, who is also a widow. She told me the association provides cash assistance to orphans. So I went and submitted my information.”

Even where formal outreach is effective, people draw on additional support or clarifications from others who have already been through the enrolment process. As one Syrian respondent explained:

“They [UNHCR] told me all I needed to know. But also, most Syrians were enrolled in this program at the time, so I found out more about it through word of mouth from them.”

Friends and neighbors also provide support by explaining how to obtain necessary documents, carpooling to redemption points, and providing care support while proxies redeem the assistance. These informal systems cannot replace outreach, call centers, home visits, and other formal support provided by organizations. But they can “bridge the gap” where the coverage of services and outreach is not quite sufficient.

However, these systems of support take time to develop. Such networks may not be available right after a mass displacement event, recent arrivals to a new village or neighborhood may not be “plugged in” until they’ve established familiarity with others around them.

INTRA-FAMILIAL CARE AND PROXY SUPPORT

The presence of supportive family members provides another, more intimate layer of infrastructure upon which many families rely. Primary caretakers for people with disabilities receive crucial support from spouses, children, siblings, aunts and uncles, and other relatives. The majority of caretaking support is provided by women, while male relatives provide financial support. In terms of accessing cash assistance, one of the most important ways that relatives can provide support is to serve as a proxy for those who face significant challenges redeeming their assistance on their own. Even for those who are physically able to redeem their assistance on their own, traveling with a family member provides additional security.

“When the cash was ready, I used to go on foot to the Fransa-Bank in Mar Elias to redeem the assistance. But with age, this became harder and harder. Sometimes, I would send my son to redeem the cash on my behalf.”

66-year-old Palestinian man affected by Polio

In some contexts, use of proxies can result in disputes over funds between the intended beneficiary and the responsible proxy. Studies elsewhere have reported exploitation of participants by their proxies; in the worst cases, people who require medication to manage their conditions reported being denied medication by family members concerned that their health might improve to the point that they are no longer eligible for assistance (Opoku et al. 2018). Such situations are certainly not typical, but the potential for abuse should be investigated so that preventative measures can be put in place if needed. But in our study, this issue only came up in one interview – with a middle-aged amputee who receives assistance through the ESSN. He sometimes has disputes with his spouse over financial matters, and he therefore prefers to collect the assistance himself in order to retain control over its use.

A WARNING ⚠

The general absence of such concerns in our study may be a result of the context in which interviews were conducted. Proxies were often nearby for home-based interviews, or they had accompanied the respondent to help them reach the OPD center where the interview was conducted. This may have prevented respondents from raising concerns about their proxies. However, key informants for the NDA shared that their monitoring data reflects a similarly high level of satisfaction with proxy use. And for many, proxy use is probably still the preferred strategy, even if there are some minor disputes. We asked one Lebanese woman with a visual impairment if she ever has any problems when her cousin collects her assistance. She explained:

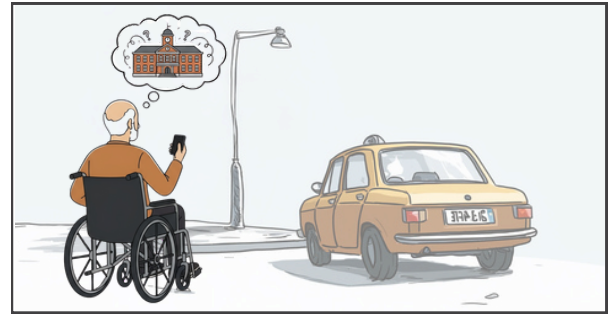
“No, it’s not a problem. He does it as a favor, and he doesn’t usually ask me to pay him anything. The challenge would be if I had to go there. There isn’t any OMT [a prominent MTO] near us, so I would have to pay for a taxi and be accompanied by someone else.”

Most participants described a strong sense of mutual reliance between proxies and recipients, as described by a 33-year-old man living with hearing and communication disabilities:

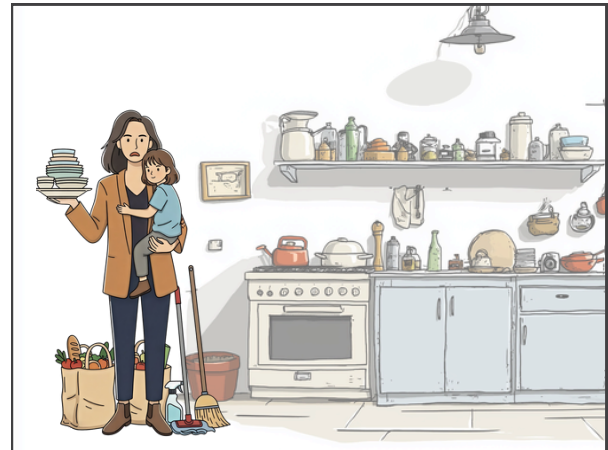
“My mother is the one responsible for keeping the money with her and using it. My parents always inform me when the money comes in and offer to give it to me. But I refuse – sometimes I just take a small amount, if needed. I want to be the one assisting them in financial matters. I’m searching for a job now, so that I can take on this responsibility.”

The importance of family support means that those who have been cut off from relatives for whatever reason – death, divorce, estrangement, or displacement – are the most exposed to other barriers and pain points when participating in social assistance or humanitarian cash and voucher assistance programs. This is particularly true for older persons whose relatives and peers have passed away and whose children do not reside nearby. We spoke to an 80-year-old Lebanese man who was not accessing any social assistance or humanitarian CVA, and who complained that he doesn’t know where to start. When asked if his children can assist, he explained:

“ They are busy with their lives and have other issues to deal with. They don't know who to seek assistance from. So I don't know how to follow up with the Ministry of Social Affairs or whoever. And even if I did know, it will cost a lot to pay for the transportation fees. I'm not even sure where their nearest office is. ”



Single women with children – whether divorcees, widows, or mothers of children with absent fathers – lack conventional sources of financial and care-taking support from spouses and in-laws. Alongside the many responsibilities that they must manage on their own, the steps required to participate in social assistance or humanitarian CVA can become burdensome.



HELPFUL STAFF AT REDEMPTION POINTS

There were overall few complaints about the physical accessibility of MTO and ATM locations. Social assistance or humanitarian CVA providers have assessed these sites across the country and encouraged installation of ramps and other accessibility structures. But even where physical barriers to access remain, these can be overcome with support from staff. As one Lebanese man explained:

“ I collect the assistance from a nearby OMT branch, but the building is not easily accessible. I can't roll my wheelchair over the steps, so I prefer to delay my trip until someone is free to accompany me. But if I do go alone, the shop owner knows me, and he usually comes outside to assist. Sometimes, he even helps me do the whole redemption process outside. ”



Supportive MTO staff help to reduce the stigma and anxiety that users with disabilities can face when redeeming their assistance. These experiences highlight the importance of training and sensitizing staff in order to reduce pain points. This also raises questions about the viability of ATM redemption for people with mobility-related disabilities, as there are not always staff on hand at ATMs to assist them.

FINDINGS: PERSPECTIVES ON APPROPRIATENESS OF CVA

CASH PREFERRED OVER VOUCHERS OR IN-KIND AID

Participants overwhelmingly preferred cash assistance over vouchers or in-kind aid. The flexibility of cash allowed individuals to address immediate and diverse needs, from food and transportation to clothing and medical expenses. Of the 24 Syrian respondents, 11 complained that the shops where they must use the restricted WFP e-Cards have higher prices, and sometimes lack the food goods they prefer to buy. WFP does make an effort to monitor prices and prohibits participating retailers from inflating their prices for participants. However, participants expressed that they would be able to get more value for their money if they received unrestricted cash and could shop around. The only exception to this was one woman who explained that she is more likely to retain control over vouchers that are restricted to cash assistance, whereas her male relatives would likely take over any unrestricted cash. It is noteworthy that the restricted cash programs are largely a result of donor requirements, so the program cannot be changed unless the funder allows it. While most preferred cash, others did express appreciation for in-kind support, so long as it was well targeted to their needs. This included assistive devices, clothing, and winterization materials. As explained by one Lebanese woman:

“ I prefer the cash for the flexibility it provides, so I can buy what I need. But sometimes it is good to receive items, like detergents or cleaning tools, because it reduces the hassle of finding someone to accompany me to the supermarket to buy it. ”



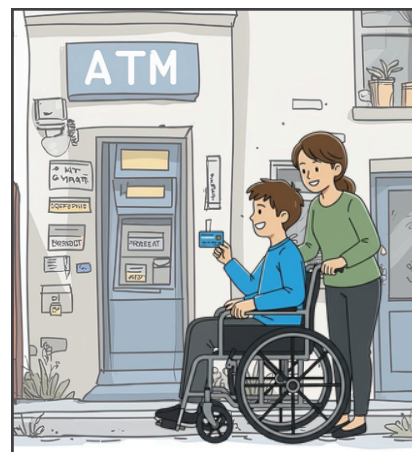
INADEQUATE YET IMPACTFUL VALUE

As described above, social protection in Lebanon is low in terms of both coverage and adequacy to cover basic needs, especially in the context of the multiple crises of recent years. Most respondents in our study echoed the complaint that monthly cash transfers for most programs are too low to meet their basic needs, especially given the inflation of the past few years. Nonetheless, many participants noted that the assistance helps them to stay afloat. The most common uses of the funds – from most to least common – were to cover household expenses (including food), to pay rent and utilities, to cover medical and therapeutic costs, and to pay off debts. One Syrian respondent commented that the assistance helps him to avoid getting further into debt:

“ \$100 per month is better than nothing. Being \$100 in debt is better than being \$200 in debt. ”

Even beyond its material impact on the household economy, some participants highlighted that even small amounts of assistance allow them to maintain dignity in the face of hardship. This was especially true for people with disabilities, who were able to feel that they were contributing to their household economies rather than depending entirely on others. Sometimes, parents of children with disabilities would allow their children to withdraw the money, so that they could feel responsible for a benefit to the household. As one woman explained regarding her young son:

“To feel responsible, I sometimes give him my ID card, so that he can redeem the money himself while I stand aside. I only sign the recipient's paper. And this lets him take the lead in something, for his own sake and benefit... Sometimes I give him the money and he decides how to use it to meet his needs... Since the amount is not that much, it is usually used for basic items, for example getting lunch from the school, paying for transport, buying something small... It does not reflect a noticeable change in the family's budget, but the good thing is that the boy feels responsible.”



These comments suggest that cash assistance for people with disabilities is more than just economic relief. Future assessments of the impact of social assistance and humanitarian CVA should also consider benefits in terms of dignity and sense of autonomy or self-worth.

OPAQUE TARGETING AND SELECTION DECISIONS

Many participants expressed dissatisfaction with the targeting of assistance. The most frequent complaint was that decisions about targeting and selection were often opaque. The parents of a girl with a mobility impairment complained that they had applied to different social assistance and humanitarian CVA programs but had not yet benefited from any assistance. They did not understand why their applications have been refused, and they have no means to seek further information about the decision. For example, they applied to one program by an NGO and submitted all the necessary paperwork, including a detailed medical report about their daughter's situation. After a while, they received a message that they were ineligible, but there was no explanation, and no one responded when they attempted to inquire. Such experiences leave people feeling frustrated and suspicious of those distributing services, and erode trust between providers and recipients of assistance.

Others expressed concerns that aid seems to be missing many of the most vulnerable or overlooking the additional costs that some households face. For example, there were arguments that households with children with disabilities should receive greater support because they face additional hurdles in keeping these children in school.

These complaints do not necessarily indicate that the targeting for the associated programs was actually faulty or unfair. But as discussed below, lack of information or clarity about programs among participants may be interpreted as a problem of transparency and accountability, which can fuel suspicion and mistrust.

DISCUSSION AND RECOMMENDATIONS

As expected, participants in this study conveyed an urgent and widespread need for assistance amidst the multiple calamities that have shaken Lebanon in recent years. Households with people with disabilities face all the same challenges as the wider population, as well as the additional medical and therapeutic bills, assistive equipment costs, care-taking labor, and other expenses associated with disability. Existing safety nets and cash assistance programs fall far short of what is needed, in terms of both coverage and the sufficiency of cash transfer amounts. Nonetheless, humanitarian CVA programs help reduce some of the additional costs that disability imposes on households.

Looking ahead more ambitiously, the NDA is an important first step toward building a universal system of social protection in Lebanon. Even if the current value of the monthly transfer is small, it represents meaningful supplemental income for many recipients. More importantly, the reliable disbursement of assistance is laying the foundation of trust upon which a more substantial, rights-based system could be built.

In the meantime, humanitarian agencies, charities, and civil society organizations must work to ensure that people with disabilities can access the programs for which they are eligible. The following sub-sections summarize key lessons and propose operational, actionable strategies for improving access and dignity in CVA programming.

COMMUNICATIONS AND OUTREACH

Many participants (especially Palestinians and Syrians) lacked awareness about available programs, eligibility rules, or even the existence of schemes like the NDA. Sometimes this is because they have not been reached with the required information about available programs. In other cases, there is misinformation in circulation that dissuades people from applying to programs for which they might be eligible.

Recommendations:

- Regularly update websites and online outreach information with program details, especially eligibility requirements and instructions explaining how to apply or seek help for current recipients. Ensure that out-of-date information is removed to avoid confusion.
- Proactively leverage OPDs, municipalities, and informal community networks to circulate accurate information.
- Develop visual and video-based tutorials accessible to people with limited literacy.
- Integrate outreach into existing community events and OPD activities.

TECHNOLOGY: A DOUBLE-EDGED SWORD

Technology has been an important tool for reducing barriers to access for social assistance and humanitarian CVA and streamlining processes within the implementation cycle. This includes outreach campaigns to reach more people over social media, over-the-phone enrollment, online applications and registration, and SMS alerts to ensure recipients don't forget to pick up their monthly disbursement.

The use of MTOs and ATMs brings redemption closer to participants' homes than if they needed to pick their cash from organizational offices or field posts. Phone-based enrolment was especially appreciated by many of our participants; aside from the cost and inconvenience of traveling for an appointment, it also eliminates additional pain points such as waiting for an interview at the office, finding someone to accompany them. However, technology can also introduce new hurdles for participants, especially for those with low-end phones, those with disabilities that affect their ability to use a phone, and older persons. One older man explained that he struggles even with SMS alerts:

“Even though 8 million LBP were distributed during the war, I did not receive it. My phone is very old, and I can't even read messages when they come. Nor do I know how to receive the cash assistance from the OMT. These methods are a barrier for people my age.”

Another participant, a woman with a visual impairment, explained that she could not read the messages on her outdated mobile phone and therefore missed an opportunity to collect emergency aid during the war.



Recommendations:

- Develop accessible mobile wallet options that allow participants to redeem and spend assistance directly without physical travel. Ensure this is optional, to accommodate those without smartphones or who are uncomfortable with more tech-reliant modalities, and who prefer to redeem their assistance in cash via the methods already in use.
- Invest in accessible communication tools: SMS in simplified Arabic, voice message notifications, and compatibility with screen readers.
- Partner with OPDs to train older persons and visually impaired users on SMS and phone-based systems through community workshops.
- For those who find the use of smartphones difficult – including some older persons as well as those with visual impairments – provider organizations should conduct occasional home visits to ensure that they are managing themselves or via proxies.

EXPANDING ELIGIBILITY

Eligibility requirements were noted as a barrier to access for five participants in our study. Our sampling approach does not allow us to generalize rates of experiences to the entire population, but five comments are enough to indicate a significant problem. Moreover, because recruitment of our study participants was done through OPDs, our sample is likely overrepresented by people who have been assisted to gain access to social assistance and humanitarian CVA, compared to the general population. A larger-scale survey based on a broader sampling frame would likely reveal more barriers related to eligibility requirements.

The NDA is a significant step forward for social protection programming in Lebanon. Social protection as well as humanitarian assistance have long been restricted based on nationality, with Lebanese relying on different schemes than other groups. The inclusion of all nationalities under a single program fully aligned in its delivery modalities – albeit separate in financing, as the non-Lebanese component relies on international funding – is a milestone in inclusivity and equity. One challenge is that different nationalities are still subjected to different means of determining eligibility. Lebanese participants are enrolled on the basis of owning a personal disability card, which is determined based on a more restrictive medical definition of disability. Refugees, on the other hand, are assessed by protection agencies based on a more inclusive functional definition using the Washington set of questions.

Studies from elsewhere have shown how significantly the criteria for eligibility can affect inclusion. Berry & Smit (2011) assessed a cohort of children living with various disability types under three different sets of criteria and found wide differences in inclusion: whereas the criteria for the United Kingdom Disability Living Allowance and the Australian Child Disability Assessment Tool identified 94% and 89% as eligible, respectively, the tool used by the South African Care Dependency Grant found only 44% to be eligible.

Recognition of the functional definitions of disability would ensure that Lebanese participants enjoy equitable access to the NDA.

Recommendations:

- Revise the eligibility criteria for Lebanese and Palestinian participants in the NDA to incorporate functional criteria as recommended by the Convention on the Rights of Persons with Disabilities (CRPD), which Lebanon has ratified. This would harmonize assessments across nationalities and expand access. OPDs are already advocating for this change (Abdallah, 2024; Kabbara, 2024).
- Expand eligibility of the NDA in phases, which should be harmonized with gradual increases in the Lebanese state's budget allocations to the NDA.
- Renewed advocacy efforts to encourage a transition to integrated assistance to both Lebanese and non-Lebanese (rather than parallel systems of assistance for different nationalities, as is currently the case)

TRANSPARENCY, TRUST & ACCOUNTABILITY

Some participants in our study had effectively excluded themselves from potential sources of assistance. This was sometimes due to frustration over past rejections, and sometimes due to suspicion and mistrust of provider institutions. Many participants in our study expressed skepticism or distrust about the systems used for targeting social assistance and humanitarian CVA recipients.

The realization of a more effective social protection system in Lebanon depends in part on maintaining popular and political support for creating more inclusive and equitable systems. If the “new social contract” enshrined in the NSPS is to be actualized, people must have confidence that implementing institutions – governmental or otherwise – are handling resources in a fair and logical way. This includes both those who receive assistance and those who do not. People who are rejected from receiving assistance must be provided a thorough explanation for the decision to reduce misperceptions about unfairly distributed resources. Their grievances must also be taken seriously. Investigations may in some instances, reveal mistakes or malpractice that must be corrected. And if the concern arises from misinformation, clarification should be provided.

Recommendations:

- Thorough explanations of targeting criteria and logic of selection decisions when people are not accepted as recipients of assistance.
 - Well-staffed call centers and inclusive town-hall outreach to hear and respond to grievances.
 - Sustain the transition from vulnerability-targeted social safety nets toward universal rights-based assistance across the life cycle, as proposed in the NSPS. Poverty and vulnerability targeted systems around the world have consistently low accuracy and often miss substantial portions of their target populations, which undermines trust in government providers.
 - MoSA could create a platform based on the NDA registry in which participants can indicate needs for specific equipment, items, or fees. If organizations attain restricted funding, they could use the platform to ensure that it goes to those with matching needs. This could allow a more accurate targeting of in-kind and restricted cash, and allow for a more efficient distribution of the unrestricted cash assistance.
-

GENDER AND GBV CONSIDERATIONS

While only one case emerged in this study, GBV-related risks linked to cash assistance are real. Women may face pressure from abusive spouses or relatives who attempt to control their cash benefits.

Recommendations:

- Expand confidential redemption options (e.g., mobile wallets, discreet proxy use) to protect survivors.
 - Train MTO/ATM staff to identify and support women at risk, ensuring privacy in transactions.
 - Ensure CVA programs are systematically linked to GBV referral pathways and psychosocial support services.
-

PROGRAM FLEXIBILITY

Most participants expressed a preference for cash over voucher programs and in-kind aid, due to the flexibility afforded by cash assistance. Nonetheless, some participants expressed that well-timed appreciation for particular forms of support that meet their specific needs, such as assistive equipment, fees for therapeutic services, costs of medicine, etc. The challenge is that the CVA program design kind of assistance that is provided is often determined by funders rather than being tailored to the needs of participants. This is true for the restricted versus unrestricted cash programs of large organizations like the World Food Program, which has multiple funders, as well as the programs implemented by smaller organizations with a single funder.

Preference for the frequency of redemptions also varied. Some participants expressed a preference to receive their assistance on a monthly basis in order to avoid long periods between the depletion of assistance and the arrival of the next disbursement. Others expressed a desire for lump sums so that they can reduce the costs and inconvenience of traveling for redemption. Preferences differ according to circumstances. Those who live far from redemption points can yield the most significant savings from less frequent but larger transfers.

Recommendations:

- Provide choice: allow participants to choose how they receive their assistance (MTO, ATM, or mobile wallet), and to opt for either lump sum or monthly disbursements.
 - Expand the NDA registry into a needs-indicator platform, where recipients can specify priority needs (assistive devices, therapy, transport). This would allow funders with restricted grants to target in-kind or restricted assistance to the right households.
-

TRAINING OF STAFF AND PARTNERS

Experiences of discrimination, though less frequent in large-scale programs, were more common in smaller initiatives. People with less visible disabilities sometimes struggle to get assistance from staff at ATMs or MTOs. Training for employees of implementing organizations and their partners has gone some way in reducing the exposure of social assistance and humanitarian CVA recipients with disabilities to discrimination. Staff members working at ATMs and MTOs who prioritize service to people with disabilities – and take a “no tolerance” approach to discrimination – can eliminate pain points and make the redemption process more dignified.

Recommendations:

- Introduce mandatory training on disability inclusion and GBV sensitivity for all implementing staff and MTO personnel.
 - Ensure ATM/MTO staff are instructed to prioritize people with disabilities discreetly, not just those with visible impairments.
 - Encourage joint training with OPDs, making people with disabilities co-facilitators.
-

Table 7. Summary of Recommendations

Thematic Area	Key Recommendations	Operational Steps for Providers
Technology	Introduce mobile wallet options	Partner with telecom providers; pilot opt-in wallets; integrate voice/SMS alerts
	Improve digital accessibility	Simplify SMS content; add voice messages; train users via OPDs
Program Flexibility	Offer choice in disbursement frequency	Provide opt-in for lump sum vs monthly payments
	Tailor restricted aid more effectively	Expand NDA registry to collect specific needs data
Eligibility	Harmonize disability criteria	Integrate functional definitions into MoSA's PDC assessments
Transparency & Accountability	Communicate clearly about targeting & interruptions	Automated SMS explanations; public dashboard updates
	Strengthen grievance systems	Expand call centers; host OPD-inclusive town halls
	Improve outreach methods	Shift from info campaigns to community-based referral systems
Gender & GBV	Provide discreet redemption options for at-risk women	Mobile wallets; proxy safeguards
	Link CVA to GBV services	Staff training; referral pathways
Communications & Outreach	Regularly update program info	Websites, flyers, WhatsApp groups
	Develop accessible tutorials	Short videos with sign-language & subtitles
Training	Train staff on disability and GBV inclusion	Mandatory induction courses; OPD-led workshops
	Support frontline staff	Provide clear guidance for MTO/ATM staff to prioritize PWDs

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ANNEX I – PARTICIPANT INFORMATION & CONSENT FORMS

INFORMATION & CONSENT FORM – ENGLISH VERSION

Consent to participate in an Interview

Opportunities and Barriers for PWDs in Accessing Social Protection and Cash Assistance

I would like to invite you to participate in a research project by completing an interview. We are a team of researchers and scholars from the Institute for Migration Studies at the School of Arts and Sciences at the Lebanese American University. The purpose of this interview is to collect qualitative data for our commission project by the Norwegian Refugee Council (NRC) in Lebanon.

There are no known risks, harms, or discomforts associated with this study beyond those encountered in normal daily life. The information you provide will be used to support our research into opportunities and barriers for persons with disabilities (PWDs) social protection, as well as their access to cash assistance. You will not directly benefit from participation in this study. The study will involve other key informants from the Lebanese humanitarian space, as well as focus group discussions with PWDs across different regions of Lebanon. Completing the interview will take approximately 60 minutes of your time.

By continuing with the interview, you agree to the following statements:

- 1. I have been given sufficient information about this research project.*
- 2. I understand that my answers will not be released to anyone, and my identity will remain anonymous. My name will not be written on the questionnaire nor be kept in any other records.*
- 3. When the results of the study are reported, I will not be identified by name or any other information that could be used to infer my identity. Only researchers will have access to view any data collected during this research; however, data cannot be linked to me.*
- 4. I understand that I may withdraw from this research at any time I wish and that I have the right to skip any question I don't want to answer.*
- 5. I understand that my refusal to participate will not result in any penalty or loss of benefits to which I am otherwise entitled.*
- 6. I have been informed that the research abides by all commonly acknowledged ethical codes and that the research project has been reviewed and approved by the Institutional Review Board at the Lebanese American University*
- 7. I understand that if I have any additional questions, I can ask the research team listed below.*
- 8. I have read and understood all statements on this form.*
- 9. I voluntarily agree to take part in this research project by completing the following interview.*

CONSENT TO ALLOW (AUDIO? VIDEO?)-RECORDING DURING INTERVIEW

I freely give my consent to allow the research team to record my interview. All of my questions regarding the recordings have been answered to my satisfaction. I know that I may refuse to allow my input today to be recorded in any way and that I may withdraw from the session at any time. **I freely give my consent to allow my input to be recorded through audio?video?-recordings.**

- I agree to have my interview audio and/or video recorded ☐
- I do NOT agree to recording, and request note-taking only ☐

CONSENT TO TAKE PART IN THE STUDY

I have carefully read the above information about this study. All of my questions have been answered to my satisfaction. I know that I may refuse to take part in or withdraw from the study at any time. **I freely approve the content of this form and give my consent to take part in this study.** I understand that by signing this form I am agreeing to take part in the study. I have received a copy of this form to take with me.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE (DATED BY THE PARTICIPANT)

STATEMENT OF PERSON OBTAINING CONSENT

I certify that I have fully explained to the person taking part in the study the nature of the above research study, the potential risks and benefits and I have offered to answer any question that he/she may have.

SIGNATURE OF PRINCIPAL INVESTIGATOR/DESIGNATE DATE

NAME OF PRINCIPAL INVESTIGATOR/DESIGNATE

If you have any questions about this study, you may contact:

Name (PI)	Phone number	Email address

If you have any questions about your rights as a participant in this study, or you want to talk to someone outside the research, please contact the:

Institutional Review Board Office,
Lebanese American University
3rd Floor, Dorm A, Byblos Campus
Tel: 00 961 1 786456 ext. (2546)
irb@lau.edu.lb

INFORMATION AND CONSENT FORM - ARABIC VERSION

نموذج موافقة للمشاركة في مقابلة

الفرص والعوائق التي تواجه الأشخاص ذوي الإعاقة في الوصول إلى الحماية الاجتماعية والمساعدات النقدية

سرّني دعوتكم للمشاركة في مشروعٍ بحثيٍّ من خلال إجراء مقابلة. نحن فريقٌ من الباحثين والأكاديميين من معهد دراسات الهجرة في كلية الآداب والعلوم في الجامعة اللبنانية الأميركية. تهدف هذه المقابلة إلى جمع بيانات نوعية لمشروعٍ بتكليفٍ من المجلس النرويجي للاجئين في لبنان. لا توجد مخاطر أو أضرار أو شعور بعدم الراحة معروف مرتبط بهذه الدراسة، بخلاف ما يتمّ مواجهته في الحياة اليومية العادية. سيتمّ استخدام المعلومات التي تقدّمونها لدعم بحثنا حول الفرص والعوائق التي تواجه الأشخاص ذوي الإعاقة (PWDS) في مجال الحماية الاجتماعية، بالإضافة إلى وصولهم إلى المساعدات النقدية.

لن تحصلوا على منفعة مباشرة من المشاركة في هذه الدراسة. ستشمل الدراسة أيضاً مقابلاتٍ مع جهاتٍ رئيسيةٍ فاعلةٍ في المجال الإنساني اللبناني، بالإضافة إلى مناقشات مجموعات تركيز مع الأشخاص ذوي الإعاقة في مختلف المناطق اللبنانية. ستستغرق المقابلة حوالي 60 دقيقة من وقتكم.

من خلال الاستمرار في المقابلة، فإنك توافق مع العبارات التالية:

1. لقد أعطيت ما يكفي من المعلومات حول هذا المشروع البحثي.
2. لن يتم التصريح أو الإفراج عن إجاباتي إلى أي شخص، وسوف تبقى هويتي مجهولة. لن يكتب اسمي على الاستبيان ولن يحفظ في أي سجلات أخرى.
3. عندما يتم تقديم نتائج الدراسة، لن يتم التعرف إلى بالاسم أو أي معلومات أخرى يمكن أن تستخدم للاستدلال إلى هويتي. الباحثون فقط لديهم الحق في الاستطلاع على البيانات التي تم جمعها خلال هذا البحث لكن البيانات لا يمكن أن تكون مرتبطة بي.
4. أدرك أن مشاركتي طوعية وإمكاناتي الإنسحاب من هذا البحث في أي وقت أشاء أو تخطي أي سؤال لا أشعر بالرد عليه.
5. أنا أدرك بأن رفضي للمشاركة لا ينتج عنه أي جزء أو فقدان أي من الحقوق التي أنا مؤهل لها.
6. لقد تم إبلاغي أن البحث يلتزم بجميع القوانين الأخلاقية المعترف بها، وبأن هذه الدراسة تمت مراجعتها والموافقة عليها من قبل مكتب اللجنة الأخلاقية في الجامعة اللبنانية الأميركية.
7. أنا أفهم أنه إذا كان لدي أي أسئلة إضافية يمكنني أن أطلب من فريق البحث المدرجة اسمائهم في القائمة ادناه.
8. لقد قرأت وفهمت كل البيانات الواردة في هذا النموذج
9. أنا أوافق طوعاً للمشاركة في هذا المشروع البحثي من خلال استكمال المقابلة التالية.

ما يلي ينطبق فقط على المقابلات المسجلة ، يرجى حذف النص باللون الأحمر في حالة عدم إجراء مقابلات مسجلة. يرجى التأكد من طريقة التسجيل المناسبة لدراستك: الصوت أو الفيديو.

الموافقة على السماح لتسجيل (صوت؟ فيديو؟) أثناء المقابلة:

أعطي موافقتي بحرية للسماح لفريق البحث بتسجيل مقابلاتي. تم الرد على جميع أسئلتي المتعلقة بالتسجيلات بما يرضي. أعلم أنني قد أرفض السماح بتسجيل مدخلاتي اليوم بأي شكل من الأشكال وأنني قد انسحب من الجلسة في أي وقت. أُمْنَح موافقتي بحرية للسماح بتسجيل مدخلاتي من خلال التسجيلات الصوتية أو المرئية.

- أوافق على تسجيل مقابلاتي صوتياً - كفيديو؟ - فقط
- لا أوافق على التسجيل ، وأطلب تدوين المقابلة خطياً

الموافقة على المشاركة في الدراسة

لقد قرأت الوصف أعلاه من هذه الدراسة. وقد تمت الاجابة على جميع أسئلتي بشكل مُقنع لي. وأنا أعلم أنه يمكنني ان ارفض المشاركة في أو الانسحاب من الدراسة في أي وقت. أعطي موافقتي بحرية على مضمون هذا الطلب وعلى المشاركة في هذه الدراسة. أنا أفهم أنه من خلال التوقيع على هذا النموذج أوافق على المشاركة في الدراسة. وقد تلقيت نسخة من هذا النموذج لاختها معي.

اسم المشترك

التاريخ (بخط المشترك)

توقيع المشترك

بيان موافقة الشخص الحاصل على الموافقة

أؤكد بأنني شرحت للشخص المشارك في الدراسة طبيعة الدراسة المذكورة أعلاه ومخاطرها المُحتملة ومنافعها، وقد عرضت أن أجيب على أية أسئلة قد يكون/ تكون له/ا عن الدراسة.

توقيع الباحث الرئيسي/المعين التاريخ

إسم الباحث الرئيسي/المعين

إذا كان لديك أي أسئلة يمكنك الاتصال :

الإسم	رقم الهاتف	البريد الإلكتروني

إذا كان لديك أي أسئلة حول حقوقك كمشارك في هذه الدراسة ، أو كنت تريد التحدث إلى شخص خارج البحث ، يرجى الاتصال مكتب لجنة الأخلاقيات

الجامعة اللبنانية الأميركية
Institutional Review Board Office,
Lebanese American University
3rd Floor, Dorm A, Byblos Campus
Tel: 00 961 1 786456 ext. (2546)
irb@lau.edu.lb

تم الموافقة على هذا الاستبيان من قبل مكتب اللجنة الأخلاقية في الجامعة اللبنانية الأميركية

ANNEX II – INTERVIEW GUIDE

INTERVIEW GUIDE – ENGLISH VERSION

Personal Demographics and Background Information

1 . To begin, please tell us a bit about yourself. Where are you living? Is this your original homeplace, or you lived somewhere else before? Do you or have you ever worked?

Probes:

- Municipality or Village where they live
- Age
- Education Background
- Work history

2 . Our research is about cash assistance in general, including many programs over the past five to ten years. But we are also trying to understand how the current conflict affects this as well. Can you tell us a bit about whether the conflict has affected you, and how?

3 . Our research is trying to understand how different kinds of disability affect people's experience with cash programs. To start, can you tell us about your disability?

Probes:

- Disability type(s)
- Perceived severity (slight, moderate, severe)

4 . As we said, we are trying to understand your experience with these cash programs so that we can understand how best to enhance their processes and remove barriers to access. To start, can you tell us if there are any cash programs you currently receive support from?

5 . Are there any programs that were previously provided to you, but which you no longer receive? Why did you lose access to this program?

6 . Are there any programs that you have been unable to access, but which you feel you should be eligible for? Can you explain?

Probes: (take note of whether they are aware of the program or not)

- National Disability Allowance
- Lebanese:
 - Cash assistance from WFP?
 - National Poverty Targeting Program
- Syrians: CVA from WFP or UNHCR (specify protection cash vs multi-purpose cash)
- Children: UNICEF's NDA-like allowance for families w/ children w/ disabilities

Program-specific User Journeys

This semi-structured interview guide covers the usual steps involved in accessing CVA. Different CVA programs vary, so enumerators will need to adjust the questions according to their relevance. This will be part of the training process. The guide will also need to be responsive to the narratives of non-CVA recipients, whose user journey may end at one of the steps below, or who may "loop back" to a previous step when they face an obstacle.

First Contact / Outreach

- How did you first learn about the program?
- Was information about this program readily available to people in your area?
- When you learned about it, was it clear to you if you were eligible? You could know from the information provided? Or you needed to consult someone?
- Did you have any hesitation about learning more about the program? Probes
- Fear of discrimination by staff
- Doubt that the program would be beneficial
- Concerns that inclusion might bring stigma

Qualification/Enrolment

1. *Did the program require you to provide evidence of your income, your disability, or anything else that affects eligibility? Did you face any challenges with this?*
2. *What did you need to do in order to enrol? Walk us through the steps. Probes:*
 - *Focus on challenges/barriers, but also how these barriers were circumvented*
 - *Transport issues, and risks*
 - *Digital registration issues (SMS / phone calls / online forms)*
 - *Any support that they found useful?*

Distribution

(This is only for programs that require participants to receive a transfer modality, like an ATM card)

1. *How did you receive the device to receive your transfers (e.g. ATM card)?*
2. *Did you face any barriers in receiving this device? What barriers?*
3. *Was there an option for the device to be brought to you?*

Redemption

1. *Please describe your experience redeeming the assistance? Walk us through how you do this.*
2. *What challenges do you face? How has your disability affected your experience in redeeming the allowance? How do you get around these problems? Probes:*
 - *Accessibility*
 - *Transport to the pick up location*
 - *Fear of being seen receiving the assistance in public (both security and stigma concerns)*
 - *Use of proxies?*
 - *Transfers provided too frequently? Easier to receive more money, fewer times?*
3. *Did you ever miss a transfer? Why?*
4. *Do you feel comfortable picking up your transfer? Probes:*
 - *Long lines*
 - *Treatment by OMT agents, or others in the line, or by-passers*
5. *[If current or recent recipient]: Has the conflict affected your ability to receive your assistance, and how?*

Use of Proxies

(Adjust these questions according to whether a caretaker is present, who may be the proxy)

1. *Do you use a proxy to redeem your assistance?*
2. *What is your relationship to the proxy? What were the considerations that led you to decide on assigning a proxy?*
3. *Do you accompany the proxy in redeeming the allowance? Why / Why not?*
4. *How has the assignment of the proxy affected your ability to receive the allowance?*
5. *Did you face any challenges with the proxy itself? What were these challenges?*
6. *Did you experience any changes in your relationship with the proxy?*
7. *Have you ever changed proxy, or considering changing your proxy? Why or why not?*

Use/Benefit

1. *In general, how do you use the cash? Who are the main decision makers about how it is used?*
2. *Any challenges or problems in use of the assistance? Any restrictions on how you spend it?*
3. *Is the transfer enough to make a difference?*
4. *How is life different with this assistance, versus without? What needs has it allowed you to meet?*
5. *Do you receive any other services or support through your participation in this program? Referrals?*

Feedback

1. *What were your initial expectations from this program? How were or weren't they met?*
 2. *Is there a way that you can provide feedback to the program staff? Have you ever used it?*
 3. *In your view, is cash assistance always better than in-kind? Or in some cases, would you rather receive specific goods or devices? Why?*
 4. *Do you feel like there was any discrimination in your experience with this program? Are there certain groups of PWD who face especially high barriers to access for this program?*
 5. *Do you have any feedback you would provide now? Any recommendations for improving the program and making it more accessible to people with disabilities?*
-

INTERVIEW GUIDE – ARABIC VERSION

المعلومات الشخصية والخلفية

1. بدايةً، هل يمكنك أن تخبرنا قليلاً عن نفسك؟ أين تعيش؟ هل هذا هو مكانك الأصلي، أم أنك عشت في مكان آخر من قبل؟ هل تعمل أو عملت من قبل؟
- 2.

استفسارات إضافية:

- البلدية أو القرية التي يعيش فيها
- العمر
- الخلفية التعليمية
- التاريخ الوظيفي

1. بحثنا يتناول المساعدات النقدية بشكل عام، بما في ذلك العديد من البرامج خلال السنوات الخمس إلى العشر الماضية. لكننا نحاول أيضاً فهم كيف أثر النزاع الحالي على هذا الموضوع. هل يمكنك أن تخبرنا ما إذا كان النزاع قد أثر عليك، وكيف؟
2. نحن نحاول في بحثنا فهم كيف تؤثر أنواع الإعاقة المختلفة على تجربة الأفراد مع البرامج النقدية. في البداية، هل يمكنك أن تخبرنا عن إعاقتك؟
- 3.

استفسارات إضافية:

- نوع/أنواع الإعاقة
 - مدى شدتها (بسيطة، متوسطة، شديدة)
1. كما ذكرنا، نحن نحاول فهم تجربتك مع هذه البرامج النقدية حتى تتمكن من تقديم توصيات لتحسينها، وخاصة تحسين الدعم المقدم للأشخاص ذوي الإعاقة. في البداية، هل يمكنك أن تخبرنا إذا كنت تتلقى حالياً أي دعم من برامج نقدية؟
 2. هل كان هناك أي برامج كنت تتلقى الدعم منها في الماضي، لكنك لم تعد تستفيد منها الآن؟ لماذا فقدت الوصول إلى هذا البرنامج؟
 3. هل هناك أي برامج لم تتمكن من الوصول إليها، ولكنك تشعر أنك مؤهل للحصول عليها؟ هل يمكنك الشرح؟
 - 4.

استفسارات إضافية: (تحديد ما إذا كان الشخص على علم بالبرنامج أم لا)

- مخصصات الإعاقة الوطنية
 - للبنانيين:
 - o المساعدات النقدية من برنامج الغذاء العالمي؟
 - o البرنامج الوطني لاستهداف الفقر
 - للسوريين: المساعدات النقدية من برنامج الغذاء العالمي أو المفوضية السامية للأمم المتحدة لشؤون اللاجئين (تحديد الفرق بين المساعدات النقدية للحماية والمساعدات النقدية متعددة الأغراض)
 - للأطفال: مخصصات شبيهة بمخصصات الإعاقة الوطنية تقدمها اليونيسف للعائلات التي لديها أطفال من ذوي الإعاقة
- مسارات استخدام البرنامج
(تُجرى لكل برنامج تم ذكره في الأسئلة 4-6 أعلاه)

التواصل الأول / التعريف بالبرنامج

1. كيف عرفت عن البرنامج لأول مرة؟
2. هل قام البرنامج بعمل جيد في نشر المعلومات للأشخاص في منطقتك؟
3. عندما علمت عنه، هل كان واضحاً لك إذا كنت مؤهلاً؟ هل استطعت معرفة ذلك من المعلومات المقدمة؟ أم كنت بحاجة إلى استشارة شخص ما؟
4. هل شعرت بأي تردد في معرفة المزيد عن البرنامج؟
5. استفسارات إضافية:
6. الخوف من التمييز من قبل الموظفين
7. الشك في فائدة البرنامج
8. القلق من أن المشاركة قد تجلب وصمة

التأهل/التسجيل

1. هل طلب منك البرنامج تقديم إثبات للدخل، أو الإعاقة، أو أي شيء آخر يؤثر على الأهلية؟ هل واجهت أي تحديات في ذلك؟
2. ما الذي احتجت إلى فعله للتسجيل؟ صف لنا الخطوات.
3. استفسارات إضافية:
- التركيز على التحديات / العوائق وكيف تم التغلب عليها
- مشاكل النقل والمخاطر
- مشاكل التسجيل الرقمي (رسائل نصية / مكالمات هاتفية / استمارات عبر الإنترنت)
- أي دعم وجدوه مفيداً؟

التوزيع

(هذا ينطبق فقط على البرامج التي تتطلب استلام أدوات للتحويلات النقدية، مثل بطاقة الصراف الآلي)

13. كيف حصلت على الأداة التي تستلم بها التحويلات (مثل بطاقة الصراف الآلي)؟

14. هل واجهت أي عوائق في استلام هذه الأداة؟

15. هل كان هناك خيار لإحضار الأداة إليك؟

الاستلام

1. صف لنا تجربتك في استلام المساعدة؟ كيف تقوم بذلك؟

2. ما هي التحديات التي تواجهها؟ كيف أثرت إعاقتك على تجربتك في استلام المساعدة؟ كيف تتغلب على هذه المشاكل؟

3. استفسارات إضافية:

- إمكانية الوصول
- النقل إلى موقع الاستلام
- الخوف من أن يُرى الشخص وهو يستلم المساعدة (سواء بسبب الأمان أو الوصمة)
- استخدام وكلاء؟
- هل تُقدم التحويلات بشكل متكرر جداً؟ هل يكون من الأسهل استلام مبالغ أكبر مرات أقل؟

4. هل فاتك أي تحويل؟ لماذا؟

5. هل تشعر بالراحة عند استلام التحويل؟

6. استفسارات إضافية:

• الطوابير الطويلة

• المعاملة من قبل وكلاء OMT أو الأشخاص في الطابور أو المارة

7. [إذا كان الشخص مستفيداً حالياً أو حديثاً]: هل أثر النزاع على قدرتك في استلام المساعدة؟

استخدام الوكلاء

(تُعدل هذه الأسئلة وفقاً لوجود مقدم رعاية أو وكيل قد يكون هو المستخدم)

21. هل تستخدم وكلاء لاستلام مساعدتك؟

22. ما هي علاقتك بالوكيل؟ ما هي الاعتبارات التي دفعتك لاختيار هذا الوكيل؟

23. هل ترافق الوكيل أثناء استلام المساعدة؟ لماذا / لماذا لا؟

24. كيف أثرت الوكالة على قدرتك في استلام المساعدة؟

25. هل واجهت أي تحديات مع الوكيل نفسه؟

26. هل شعرت بأي تغييرات في علاقتك مع الوكيل؟

27. هل غيرت الوكيل أو فكرت في تغييره؟

الاستخدام/الفائدة

1. بشكل عام، كيف تستخدم النقود؟ من هم صناع القرار الرئيسيون حول كيفية استخدامها؟

2. هل واجهت أي تحديات أو مشاكل في استخدام المساعدة؟ هل هناك قيود على كيفية إنفاقها؟

3. هل المبلغ كافٍ لإحداث فرق؟

4. كيف تختلف الحياة مع هذه المساعدة مقارنة بدونها؟

5. هل تتلقى أي خدمات أو دعم آخر من خلال مشاركتك في هذا البرنامج؟ إحالات؟

التغذية الراجعة

1. ما هي توقعاتك الأولية من هذا البرنامج؟ هل تم تحقيقها أو لم تُحقق؟

2. هل هناك طريقة يمكنك من خلالها تقديم ملاحظات لموظفي البرنامج؟ هل سبق لك استخدامها؟

3. برأيك، هل المساعدة النقدية دائماً أفضل من المساعدات العينية؟ أم في بعض الحالات تفضل تلقي سلع أو أجهزة محددة؟

4. هل شعرت بأي تمييز خلال تجربتك مع هذا البرنامج؟ هل هناك مجموعات معينة من الأشخاص ذوي الإعاقة تواجه حواجز أعلى للوصول إلى هذا البرنامج؟

5. هل لديك أي تعليقات أو توصيات لتقديمها الآن؟ أي اقتراحات لتحسين البرنامج وجعله أكثر سهولة للأشخاص ذوي الإعاقة؟