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Navigating Social Assistance in Lebanon: Experiences and insights of the Bottom Poor



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Acknowledgment

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The authors would like to thank all key informants, in-depth interview and focus group discussion participants for their time and their insights.

The opinions expressed are those of the Urban Axis team, and do not necessarily reflect the views of CAMEALEON. Responsibility for the opinions expressed in this report rests solely with the authors.

Citation

This report should be cited as: Khayat, N., Chalak, A., Moussa, B., Chaiban, N., and Farran, H. (2025). *Towards Inclusive Social Protection: Insights from Lebanon's Bottom Poor Navigating Social Assistance in Lebanon: Experiences of the Bottom Poor*

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This publication was co-funded by the European Union and the Norwegian Ministry of Foreign Affairs (NMFA). Its contents are the sole responsibility of Urban Axis and do not necessarily reflect the views of the European Union or the NMA

Executive Summary

Since 2019, Lebanon has faced a series of overlapping crises, including economic collapse, the COVID-19 pandemic, the Beirut Port explosion, and the 2024 Israeli war, that have severely strained its already fragmented and under-resourced social protection system. In this context, social assistance programmes such as the National Poverty Targeting Programme (NPTP), and the Emergency Social Safety Net (ESSN), now integrated under AMAN, serve as critical lifelines for vulnerable populations. However, these programmes continue to face persistent challenges in design, targeting, and implementation, compounded by heavy reliance on external funding (Bastagli et al., 2019; Al Shami, 2023).

This study explores the lived experiences and perceptions of Lebanon’s “bottom poor”—those identified through multidimensional poverty scoring—as they navigate social assistance systems. Using a mixed-methods approach, the research combines quantitative modelling from the 2023 Multi-Sectoral Needs Assessment (MSNA), with qualitative data from in-depth interviews (IDIs), focus group discussions (FGDs), and key informant interviews (KIIs). The aim is to understand how social assistance is accessed, experienced, and perceived by those most in need, and to identify barriers, inequities, and opportunities for improvement.

Key findings reveal that:

- **Multiple and overlapping crises** have repeatedly disrupted social assistance, leaving vulnerable households without support when they needed it most.
- **Access to information** about aid programmes is inconsistent; while some beneficiaries receive updates via SMS or local offices, many rely on informal networks.
- **Barriers to access**, including digital illiteracy, lack of internet, high transportation costs, and limited payment points, exclude the most vulnerable, especially older persons, women, and those in remote areas (Mercy Corps, 2023; Siren Analytics, 2024).
- **Feedback and grievance mechanisms** are weak; many applicants receive no response or explanation for rejection or discontinuation, fuelling frustration and mistrust.
- **A heavy emotional and psychological toll** are experienced during the process of seeking aid, with participants reporting feelings of humiliation, anxiety, and social stigma.
- **Perceived inequities in aid distribution**, especially between Lebanese citizens and Syrian refugees, have led to resentment, as well as a sense of exclusion among Lebanese beneficiaries (Carpi, 2014; Saade et al., 2024).
- **Women**, particularly female heads of household, face compounded challenges, including procedural barriers, caregiving burdens, and social stigma.
- **Political and social networks** facilitate access to aid but also reinforce perceptions of unfairness and politicisation (Cammatt, 2011; Cammatt & Issar, 2010).
- Most beneficiaries remain **dependent on aid**, with limited opportunities to transition to sustainable livelihoods.

The report concludes with **nine recommendations** aimed at improving the inclusiveness, transparency, and responsiveness of social assistance programmes in Lebanon. This includes enhancing data integration and coordination, improving targeting fairness, strengthening monitoring and feedback mechanisms, and linking assistance to sustainable livelihood pathways. The study also advocates for long-term structural reform, including the adoption of **progressive taxation**, the establishment of a **unified social registry**, and a shift from poverty-targeting to a **rights-based, lifecycle approach** to social protection (Atallah et al., 2022; Bastagli et al., 2019).

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Acronyms and Abbreviations

ATM	Automated Teller Machine
ABA	Area Based Approach
BoP	Bottom of the Pyramid
DRM	Disaster Risk Management Unit
ESSN	Emergency Social Safety Net
FGD	Focus Group Discussions
GoL	Government of Lebanon
HoH	Head of Household
IDI	In-depth Interviews
KII	Key Informant Interviews
MoPH	Ministry of Public Health
MoSA	Ministry of Social Affairs
MSF	Médecins Sans Frontières
MSNA	Multi-Sectoral Needs Assessment
NDA	National Disability Allowance
NGO	Non-Governmental Organisation
NPTP	National Poverty Targeting Programme
NSPF	National Social Policy Framework
NSPS	National Social Protection Strategy
NSSF	National Social Security Fund
OMT	Online Money Transfer
SMS	Short Message Service
UNHCR	United Nations Higher Commission for Refugees
UNICEF	United Nations Children's Fund
VS	Vulnerability Score
WB	World Bank
WFP	World Food Programme

1 Introduction

1.1 Background and Context

Since 2019, Lebanon has been grappling with a series of compounding crises, including economic collapse, the COVID-19 pandemic, the Beirut port explosion, and the 2024 Israeli war, that have severely strained its already fragile social protection system. These overlapping shocks have deepened poverty, widened social and economic inequalities, and exposed critical gaps in service delivery. Most recently the government introduced the National Social Protection Strategy (NSPS) as a long-term reform framework. The strategy adopts a pillar-based approach encompassing social assistance, social insurance, welfare, economic inclusion, and equitable access to basic services (Al Shami, 2023).

Lebanon's social protection system has historically been fragmented and exclusionary, shaped by decades of political instability, economic volatility, and limited institutional capacity. While contributory schemes such as the National Social Security Fund (NSSF) founded in 1963 once provided coverage for formally employed workers, the absence of a comprehensive national social policy framework has left large segments of the population without access to social protection.

Despite its importance, social assistance in Lebanon has never been prioritised in terms of linking it to reliable and sustainable financial sources. In 2019, the Lebanese pound lost more than 98% of its value (World Bank, 2024) and in the absence of meaningful reforms to increase the state's revenue, such as implementing progressive taxation, has hindered the creation of a cohesive national social policy framework. Lebanon's current social assistance system is a patchwork of fragmented services managed by various ministries, public bodies, humanitarian actors and local service providers (Te Lintelo, Khayat and Lakshman, 2025). This fragmented provision of social assistance is marked with high levels of exclusion, opaque eligibility criteria, low coverage, barriers to entry, among others, leaving out poor and vulnerable groups with minimal or no social security.

In 2014 and 2021 respectively, the Government of Lebanon, in partnership with international donors, launched programmes such as the National Poverty Targeting Programme (NPTP) and Emergency Social Safety Net (ESSN), both emergency programmes based on loans from the World Bank. These programmes aimed to provide targeted support to the most vulnerable households in Lebanon. While the NPTP and ESSN serve as essential social safety nets, their structural weaknesses render them inadequate in addressing Lebanon's escalating poverty crisis. The main issue is these programmes were conceived as short-term crisis response measures, rather than as long-term service provision programmes. As a result, they heavily depend on external funding, coupled with fragmented service delivery and political interference, limits their effectiveness and sustainability (Bastagli et al. 2019). Currently, the NSPS offers a long-term vision for reform through a pillar-based approach for a holistic social protection framework (Al Shami, 2023).

This recent development, coupled with the adoption of the pension law, represents a potential turning point in Lebanon's social protection landscape (Bechara, 2024). The establishment of a pension system for private sector workers, after nearly two decades of deliberations, signals a shift toward more structured and sustainable social protection policies (United Nations, 2023). Additionally, the establishment of the National Disability Allowance (NDA) in April 2023 marked a significant development in Lebanon's social protection framework. The NDA is a rights-based, universal social assistance mechanism designed to support individuals with disabilities, ensuring they receive essential aid. This represents a crucial step towards a more inclusive and equitable social assistance system, reflecting a broader commitment to universal, rights-based protection (Ministry of Social Affairs, 2023).

While recognising these efforts, there remains a limited understanding of how the poorest Lebanese households, referred to in this study as the "bottom poor", experience and perceive these programmes.

Existing research has focused primarily on policy design and macro-level outcomes, often overlooking the voices of those most affected by exclusion, intermittent support, and opaque targeting mechanisms.

1.2 Study Objectives

This report seeks to move beyond analyses of policy design, coverage, and fiscal sustainability, by providing valuable insights into how the poorest Lebanese households themselves experience and perceive social assistance programmes, particularly in terms of exclusion, programme opacity, intermittent support, and inequitable access. The following research questions guide this study:

1. What are the perspectives and experiences of the bottom poor Lebanese people on enrolling, being part of, and being excluded from social assistance programmes (NPTP and ESSN)?
2. What are their perspectives and experiences regarding key design (such as targeting, regularity, transfer type/size and mode of delivery) and implementation aspects (registration, claiming, receiving) of these social assistance programmes?
3. What lessons can be drawn from the perspectives and experiences of the bottom poor for improving the inclusiveness and effectiveness of social assistance programmes?

2 Methodology

2.1 Overview

This study employed a mixed-methods approach, combining quantitative modelling to define the target population with qualitative techniques to explore the bottom poor lived experiences and perceptions. The qualitative strategy was used to explore the experiences and perceptions of Lebanon's bottom poor in relation to social assistance programmes, specifically the NPTP and the ESSN, now integrated under AMAN. The research design was organised into two sequential phases: a quantitative phase to define the target population, and a qualitative phase to investigate lived experiences.

2.2 Quantitative Strategy

The quantitative component drew on the 2023 Multi-Sector Needs Assessment (MSNA) dataset conducted by NRC in eight neighbourhoods across all Lebanese governorates, which covers 3,642 Lebanese households. Socioeconomic indicators were analysed for 783 households using STATA 18 to construct a multidimensional vulnerability score (VS). The assessment incorporated demographics (age, gender, household size), economic stability (employment, income, asset ownership), education (literacy and attainment levels), health (prevalence of chronic illness, access to healthcare), housing (physical conditions, tenure security, access to services), and broader dimensions of social vulnerability (legal status, social support networks, environmental risks). Methodological inspiration was drawn from global indices such as the Social Vulnerability Index, the Multi-Dimensional Poverty Index, and the Household Economy Approach (Cutter et al, 2003; Alkire and Foster, 2011; Save the Children, 2008).

Variables were weighted to prioritise dimensions most strongly associated with survival and resilience, notably food security, healthcare, and income stability. Statistical modelling and poverty scoring techniques were then applied to identify households experiencing the highest degrees of deprivation and VS. The bottom quintile (N= 157 households, out of the 783) was identified as the target population for qualitative sampling.

The subsequent qualitative fieldwork focused primarily on households in the lowest quintiles to examine lived experiences of vulnerability and to unpack how assistance programmes are perceived by those most in need. Purposive and stratified sampling were employed to ensure the inclusion of households across key variables identified during the quantitative stage. The data was also expanded geographically to include

diverse districts across Lebanon; from urban centres like Beirut and Metn, to rural and conflict-affected areas such as Muhammara in the North, Zahle in the Bekaa Valley, Bikfaya in Mount Lebanon, and Southern districts near the border; allowing for a nuanced understanding of how location intersects with aid access, vulnerability, and social dynamics.

2.3 Qualitative Sampling Strategy

Qualitative participants were identified through a combination of stratified purposive sampling and snowball sampling. Sampling criteria included:

- **Aid status** (recipients and non-recipients): To capture experiences of accessing aid and perspectives of those excluded from receiving aid.
- **Gender**: The sample was overrepresented by women due to fieldwork conducted during the day. Women acted as primary narrators of household experiences, given men's preoccupation with work.
- **Age and disability**: Older persons and persons with disabilities were not directly interviewed due to ethical considerations. However, some of their experiences were reflected through the accounts of their caregivers.
- **Geography**: Participants were selected across urban and peri-urban sites in Beirut, the Bekaa, and the South¹.

2.4 Data Collection Methods

Three complementary tools were deployed during the qualitative phase:

- **In-depth Interviews (IDIs)**: Forty-nine interviews capturing personal accounts of navigating social assistance systems.
- **Focus Group Discussions (FGDs)**: Six sessions exploring collective perceptions, shared frustrations, and perceived inequalities.
- **Key Informant Interviews (KIIs)**: Eleven interviews with aid practitioners, public officials, and NGO representatives to understand programme inception, design and delivery and situate household narratives within the broader operational and policy context.

Additionally, five journey mapping and transect walks were used to trace interactions with aid systems over time, highlighting bureaucratic and emotional dimensions of accessing assistance.

2.5 Qualitative Synthesis and Analysis

Data were transcribed and systematically coded using a mixed inductive–deductive framework. Themes emerged from both predefined research objectives and patterns within participant narratives. Triangulation across IDIs, FGDs, and KIIs ensured the robustness of the findings. Key themes reflected recurring issues, including the compounding impact of multiple crises, barriers to aid access, communication and feedback gaps, the role of political and social networks, perceived distribution inequities, emotional and psychological distress, and distinct challenges faced by women and other vulnerable groups.

2.6 Ethical Considerations and Contextual Limitations

Ethical protocols for the study included obtaining informed consent, ensuring anonymisation, and guaranteeing voluntary participation. Older persons (above 60) and persons with disabilities were excluded from this study to protect vulnerable groups, as their participation would require additional ethical safeguards and specialised consent procedures. Fieldwork was challenged by contextual factors such as

¹ South included only Saida and Ain Baal but not further due to security concerns during the Israeli war and invasion of 2024.

municipal elections and regional conflict, which affected both trust and access to participants. The qualitative sample was selected purposively, which may introduce sampling bias and limit the generalisability of findings. Self-reported data may be affected by recall bias and social desirability bias, especially when participants are asked about social assistance. Additionally, some participants were hesitant to share information due to concerns about losing aid or having experienced fatigue from repeated interactions with aid organisations. Data saturation indicated that similar narratives were being repeated, suggesting that the same population may have repeatedly targeted, highlighting the need for alternative approaches to capture more diverse perspectives. Finally, potential gaps and inconsistencies in the pre-existing MSNA dataset could have limited the analysis.

3 Social Assistance in Lebanon: A Literature Review

A complex interplay of historical, political, and economic factors shapes Lebanon's social assistance system. This literature review synthesises key themes relevant to the study's focus on the bottom poor.

The term “bottom poor” refers to individuals or households experiencing extreme poverty and multiple overlapping deprivations including unstable income, limited access to education, healthcare, housing, and nutrition. This concept is closely linked to the “bottom of the pyramid” (BoP) framework which identifies the poorest segment of the global population as both underserved and economically significant. (Prahalad and Hammond, 2002)

While poverty is often defined by income thresholds (e.g., living on less than \$2/day) (Pels and Sheth; 2021), the bottom poor are distinguished by persistent exclusion from formal systems such as labour markets, social protection schemes, and public services. Their vulnerability is in constant flux and compounded by factors like gender, disability, displacement, and geographic isolation. As Ceriani et al. (2021) note, the bottom tail of income distributions, including zero or negative incomes, represents the group most in need of assistance and the primary target of social protection programmes.

3.1 Fragmented Social Protection System

Social protection in Lebanon has historically been a fragmented and reactive system rather than a comprehensive, rights-based framework. Initially envisioned under President Fouad Chehab's reforms in 1963, the country's social protection system was designed to provide universal protection through robust public policies. The establishment of cooperatives for civil servants and armed forces personnel offered comprehensive coverage, including retirement pensions, unlike private-sector schemes.

In 1987, a significant gender milestone was reached when women gained the right to extend NSSF benefits to their children, previously reserved for men. The Law 220/2000 marked another step by recognizing the rights of persons with disabilities, though support remained ad hoc and donor-dependent. To address gaps for self-employed and liberal professionals, voluntary health insurance was introduced in 2002, shifting responsibility to individuals and the private-sector. Following the 2006 war, the Paris III conference (2007) led to the creation of the NPIT in 2011, Lebanon's first operational safety net, though its reach remained limited (CESSRA, 2022).

In 2010, Palestinian refugees were granted partial access to NSSF benefits, and Minister Charbel Nahas proposed a universal healthcare plan funded by progressive taxation, an early attempt at systemic reform that was ultimately rejected. The NPIT was relaunched in 2014 as an emergency programme in response to the Syrian refugee crisis (CESSRA, 2022).

By 2021, amid economic collapse and hyperinflation, the government issued one-time cash transfers and launched the ESSN, aiming to expand coverage to 27% of the population. However, implementation faced delays due to political and technical challenges. The ration card programme, also introduced in 2021, remains stalled due to funding and eligibility issues (CESSRA, 2022).

In 2024, Lebanon introduced its first National Social Protection Strategy, proposing a rights-based, lifecycle approach to reform the fragmented system. It aims to build a sustainable, inclusive, and accountable framework aligned with broader governance and economic reforms.

Over time, Lebanon's visions for a comprehensive provision eroded, leading to a reliance on social assistance provided by multiple stakeholders, including donors, humanitarian organisations, local organisations and religious charities. This resulted in fragmented, exclusionary social assistance rather than a structured, contributory social security system that protects everyone from life-cycle vulnerabilities (ILO, 2021). The fragmented social assistance with limited coverage reflects a broader trend of state retrenchment and dependence on external aid, exacerbating socio-economic vulnerabilities and undermining the long-term stability of the welfare system (Khayat 2024, Al Shami, 2021).

For many, navigating the complex landscape of state, NGO, religious, and international agency programmes is a daunting task. The bottom poor often lack the literacy, social capital or connections required to access fragmented services and are left confused by overlapping mandates and inconsistent information. The recent crisis, including the economic 2019 crisis, COVID-19 pandemic or the Israeli 2024 conflict, the absence of a coordinated response mechanisms has left the bottom poor especially vulnerable to disruptions in aid, with little recourse or support (Khayat, 2025, Diab 2025).

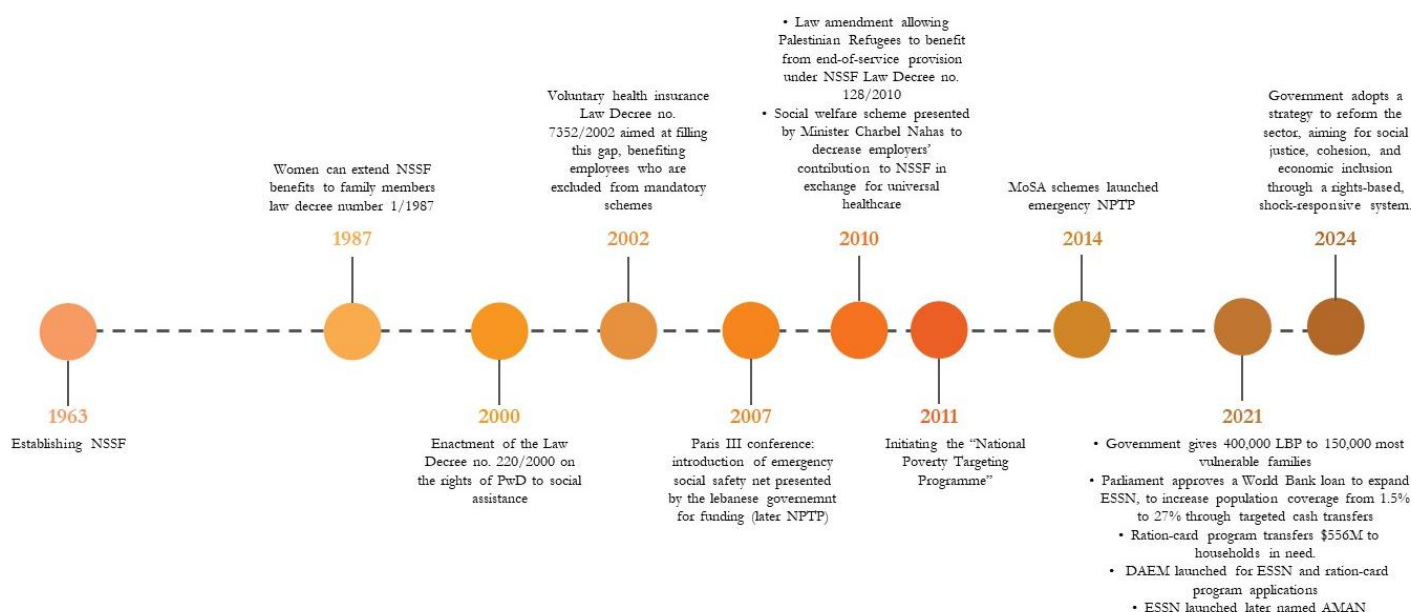


Figure 1- Timeline of Social Assistance in Lebanon

3.2. Opacity of Targeting in Social Assistance Programmes

Both the NPTP and the ESSN are central pillars of Lebanon's social assistance landscape; however, both have been subject to sustained criticism regarding the transparency of their targeting mechanisms.

The NPTP, established in 2011 by the Ministry of Social Affairs (MoSA) with support from the World Bank, utilises a proxy means testing (PMT) system to assess household income and assets (MoSA, 2022; Bastagli et al., 2019). However, the criteria underpinning the PMT process remain opaque to both applicants and external observers, raising persistent concerns about fairness, exclusion, and the overall integrity of beneficiary selection (WFP, 2022a; Kumar, 2021; World Bank, 2023). Political interference and administrative inefficiencies further undermine the credibility of the programme, while efforts to expand its reach following the 2019 crisis have proved insufficient. By 2022, the NPTP supported only 75,000 households in a context where poverty rates exceeded 80% of the population (WFP, 2022b).

Similarly, the ESSN, introduced in 2021 as a crisis response, employs a hybrid approach that combines categorical targeting with proxy means testing to identify eligible beneficiaries (World Bank, 2023; Kumar, 2021). While this method is intended to enhance inclusivity by prioritising households with children, elderly members, or persons with disabilities, the specific criteria for selection remain inadequately disclosed. Implementation challenges, including delays in disbursement, political interference, and weak monitoring systems, have further eroded the credibility of the ESSN (WFP, 2022a). Notably, the programme has struggled to reach marginalised groups in informal settlements and rural areas, due to their peripheral location, higher illiteracy rates, and the lack of documentation required to access assistance (WFP, 2022b). Collectively, these issues underscore the persistent opacity in targeting across both programmes, raising important questions about accountability and the equitable distribution of aid, especially to the bottom poor.

3.3 Barriers to Accessing Aid

Accessing aid through Lebanon's two primary social safety net programmes, the NPTP and ESSN, remains fraught with challenges for many vulnerable households. These barriers are rooted in a combination of systemic, geographic, and social factors that disproportionately affect the poorest segments of the population.

A major barrier is the lack of awareness about available aid programmes and how to access them. According to a 2023 Mercy Corps study, over 75% of respondents reported not knowing how to contact international aid organisations. This information gap is particularly pronounced in regions such as Baalbek-Hermel and Beirut, where outreach efforts have been insufficient (Mercy Corps, 2023). The problem is further compounded by digital exclusion and low literacy levels, especially among older adults and marginalised communities.

Physical access to aid is another significant challenge. Many vulnerable households, particularly in rural and peri-urban areas, face high transportation costs and logistical difficulties in reaching ATMs or aid distribution points, which are often concentrated in urban centres. These barriers limit the ability of beneficiaries to collect cash transfers or attend registration appointments (Siren Associates, 2022).

The 2019 collapse of Lebanon's banking sector had a profound impact on the country's most vulnerable populations. The crisis led to a severe liquidity shortage, with banks imposing informal capital controls that restricted withdrawals and transfers (Al Jazeera, 2024). As a result, many low-income individuals were locked out of their own savings, and remittances - a critical source of income for many, became inaccessible. Aid payments routed through the banking system also became unreliable, further complicating access for those most in need.

3.4 Emotional and Psychological Impact of Accessing Aid

Lebanon's prolonged socio-economic crisis, compounded by political instability, the 2019 banking collapse, the COVID-19 pandemic (Al Mulki et al, 2022), and successive conflicts, has deeply affected the mental well-being of its population. Within this context, the role of social assistance has been both a lifeline and a source of emotional complexity for recipients.

Social assistance programmes such as the NPTP and the ESSN have provided critical support to vulnerable households. Despite their benefits, receiving aid can also carry psychological costs. Studies have shown that aid recipients often experience feelings of shame, dependency, and social stigma, particularly in communities where self-reliance is culturally valued. These emotional responses are intensified when aid is irregular, insufficient, or tied to complex bureaucratic processes. According to the UNICEF-ODI report (2020), the lack of transparency and consistency in aid delivery contributes to stress and uncertainty among recipients, especially those who are repeatedly excluded or dropped from beneficiary lists without explanation (Bastagli et al. 2019).

The broader mental health landscape in Lebanon has deteriorated significantly. The Ministry of Public (MoPH) Health, in its National Mental Health Strategy, highlights a surge in anxiety, depression, and PTSD, particularly among displaced populations and those affected by war and economic collapse. Lebanese citizens face significant barriers to accessing competent and affordable mental health services, with many reporting that such services are not readily available or accessible. This lack of access limits the potential positive impact of social assistance on mental health for the Lebanese population, especially in rural and marginalised areas (Kerbage, 2017).

3.5 Aid Inequity, Spatial Disparity and Social Cohesion

Lebanon's social assistance landscape has become increasingly reliant on international organisations, which have stepped in to fill the void left by a fragmented and under-resourced state welfare system. The compounded effects of the economic collapse, the COVID-19 pandemic, the Syrian refugee influx, and recurring political instability have overwhelmed Lebanon's capacity to deliver equitable and sustainable social protection (UNHCR, 2022; WFP, 2024). In this context, humanitarian actors have become central to aid delivery, yet their interventions are often shaped by short-term donor cycles rather than long-term national strategies, resulting in fragmented and inconsistent support (Barrientos and Hulme, 2009). A growing body of literature highlights the inequities embedded in aid distribution, particularly along lines of nationality, legal status, and geography. Te Lintelo, Khayat, and Lakshman (2025) argue that aid allocation in Lebanon is highly stratified, with different modalities and levels of support provided to Lebanese citizens, Syrian refugees, and Palestinian refugees. These disparities are exacerbated by the type of settlement - whether formal, informal, or camp-based - leading to exclusion and inefficiencies in reaching those most in need.

The issue of spatial disparity is deeply rooted in Lebanon's development history and mirrors broader patterns observed in the Global South. Classic development theorists such as Lipton (1977) and Friedmann (1966) have long critiqued the "urban bias" in national development strategies, whereby urban centres receive disproportionate investment in infrastructure and services. In Lebanon, this bias manifests in the concentration of aid distribution points and services in urban hubs, leaving rural and peripheral areas underserved (WFP, 2022b). These spatial inequalities not only limit access to aid but also reinforce long-standing regional disparities.

The influx of Syrian refugees has placed additional pressure on Lebanon's already strained infrastructure and services, contributing to rising intercommunal tensions. While humanitarian aid has been essential for refugee survival, its perceived uneven distribution has fuelled resentment among host communities, many of whom are themselves living in poverty (Carpi, 2014; Saade et al, 2024). This dynamic has undermined social cohesion, as aid is seen not as a shared safety net but as a source of competition and division.

3.6 Role of Networks in Accessing Aid

In Lebanon's fragmented welfare landscape, social and political networks play a critical role in shaping access to aid. The weakness of state institutions and the absence of universal social protection mechanisms have created a vacuum often filled by informal and politicised structures. These networks, ranging from sectarian parties and religious organisations to local governance actors, community-based networks, mediate who receives aid, how, and under what conditions.

Political allegiance and sectarian affiliation are widely perceived to influence eligibility and prioritisation for social assistance. Cammett (2011) and Cammett and Issar (2010) demonstrate how sectarian parties and religious organisations act as welfare providers, distributing aid along clientelist lines. These networks offer essential services, such as food, healthcare, and education, but often reinforce sectarian divisions and dependency. In the absence of a strong state, they serve as parallel welfare systems - responsive in the short term but structurally exclusionary in the long run.

Local governance actors, particularly municipalities and *mukhtars*, are pivotal intermediaries in aid delivery. Under programmes like the NPTP and the ESSN, *mukhtars* verify household information, assist with documentation, and liaise with central authorities (Siren Associates, 2024). Municipalities, especially in areas with limited digital access, support outreach, organise registration drives, and provide logistical support. However, their effectiveness could be shaped by political affiliations, administrative capacity, and resource availability. Mercy Corps (2023) notes that in some cases, municipalities have been accused of favouritism and exclusion in aid registration processes.

Beyond formal structures, community-driven mechanisms often serve as the first line of support for vulnerable populations. These include neighbourhood leaders, family networks, and informal community groups. Mercy Corps (2022) highlights the effectiveness of these systems in bridging service gaps, particularly in underserved areas. However, Toussaint et al. (2015) caution that without regulation and integration into formal systems, these networks can reinforce socio-economic inequalities.

3.7 Gender-Based Barriers to Aid Access in Lebanon

Despite policy efforts to promote gender equality, women and girls in Lebanon continue to face structural barriers that limit their access to education, healthcare, and economic opportunities. These challenges are compounded by entrenched societal norms that restrict women's roles both within the household and in the labour market. Women-headed households, in particular, are disproportionately excluded from formal social assistance programmes, making them more reliant on informal networks and humanitarian aid (Bastagli et al., 2019).

The lack of gender-responsive social protection mechanisms further exacerbates these inequalities, especially in areas such as housing, healthcare, and child support. This is particularly evident in Lebanon's fragmented aid landscape, where programmes often fail to account for the intersection of gender, economic precarity, and caregiving responsibilities (Abi Chahine and Kienzler, 2022).

Finally, the absence of intersectional approaches in policy design intensifies marginalisation for women with disabilities and those from low-income backgrounds. Inclusive social protection frameworks must go beyond financial assistance to ensure accessible services in education, employment, and healthcare, enabling meaningful participation and autonomy (Kidd et al., 2019). Current programmes in Lebanon often overlook the compounded vulnerabilities of individuals facing multiple forms of exclusion - including gender, age, and disability, necessitating the development of more comprehensive and inclusive protection systems (Bastagli et al., 2019).

4 Findings by Thematics

This section presents the study's findings, highlighting the voices and lived experiences of low-income Lebanese individuals as they navigate social assistance programmes in Lebanon.

The findings are grouped under seven overarching themes that consistently emerged across all qualitative data collection tools, highlighting important aspects of participants' perceptions in their pursuit of access to assistance. The final section presents a qualitative intersectional analysis, examining how overlapping factors such as geographic location, gender, age, disability, and household composition interact to shape differentiated experiences of vulnerability, exclusion, and resilience.

4.1 The Effect of Multiple Crises on Receiving Social Assistance

Participants' experiences with social assistance programmes are influenced by the cumulative effects of multiple, ongoing crises affecting Lebanon. These ongoing crises have disrupted assistance, resulted in complex coping mechanisms and have led people to perceive state institutions as incapable of providing consistent and reliable support.

4.1.1 Disrupted Social Assistance

Participants described how assistance was interrupted - or discontinued - during crises, namely the financial crisis of 2019, COVID-19, the August 4th explosion in 2020, and the Israeli war in Lebanon in 2024, depriving them of financial support amid volatile economic and security conditions. Assistance disruption or discontinuation during times of crises increased perceptions of economic uncertainty and instability.

Interviewees who received assistance reported different experiences regarding compensation for the months in which assistance was suspended/interrupted: while some were compensated, others were not. Multiple participants who received assistance were displaced during the 2024 war from South Lebanon. They described the reality and perils of aid suspension that have been compounded by displacement during that time. Participants experienced gaps without any explanation as one male participant in Bikfaya (Mount Lebanon) noted "During the war there was a 5 month wait... no one made up for it." One female participant from the South who was displaced and her aid discontinued suffers two types of cancer expressed her dependency on assistance for her treatment costs: "I have breast cancer, and get treated for it, but was also recently diagnosed with cervical cancer, which I am not treating because we're 8 at home, lost a daughter in the war [...] and were cut off from aid. This amount that we received, even if for a short while, used to help us cover my medical costs."

Interruptions of social assistance during times of crisis exacerbate economic precarity of vulnerable households; forcing them to endure prolonged periods without support while having to deal with their compounded vulnerabilities.

4.1.2 Social Assistance and Resilience

The successive shocks experienced in Lebanon profoundly altered participants' economic realities and perceptions of social assistance as a main lifeline. Interviewees who received assistance had planned their expenditure based on the availability of cash assistance. According to a man who benefits from AMAN in Sir el Donniyeh (North Lebanon): "The amount went to rent, medication, and mostly for heating, diesel or wood, because the generator subscription is too expensive. For example, if my salary is not enough, I take the amount that we get from the aid to cover the rest of the rent and then whatever is left from the aid, it goes to medication and if we have an extra amount left, I put it on the side for heating."

The crises triggered an exponential increase in living costs and a reduction in available aid, exacerbating an already dire situation for low-income households. As a result, households developed complex coping mechanisms, such as borrowing, reducing essential expenditures, or relying on informal networks to secure additional income.

Coping measures also entailed removing some nutritional elements from household diets, a practice that was common among recipients and non-recipients of MoSA assistance. A non-recipient female participant in Bteghrine (Matn District) explains: "A lot of things we don't get anymore: meat, chicken, we get some but much less now." Moreover, participants shared accounts on how they tend to prioritise medication over food or other medication as well as ration modest quantities of food over long periods of time. A female participant for Qob Elias benefits from AMAN and whose husband lost his job due to a severe back injury exemplifies these cases: I can't stop the medication, especially the medication for my blood pressure and diabetes. I try to reduce other medications or food [...] Now, I buy on a day-to-day basis. [...] What I do is that I buy meat and divide it per meal, especially since my fridge is not working. An interviewed expert corroborates this practice whereby some "have to cut medicines rather than taking the recommended one pill per day; they take it every two days to make it last longer" (KII). These practices exemplify the abject poverty and precarity of households' situations.

The severity of the financial crisis limited the bottom poor's ability to devise collective coping mechanisms. A female recipient in Muhammara noted that collective resilience-building practices like forming money-

pooling groups have diminished due to scarce finances: “Everything is on a budget; we only buy what we can afford. We used to take part in a money-pooling group, a rotating savings group back then, gather money, and someone would benefit from the money, as an indirect way for people in the community to benefit. We don't do it anymore.”

Social assistance has become a major factor supporting the resilience of recipient households. Despite receiving an insufficient amount, it has become an increasingly prominent component of beneficiaries' coping strategies. Participants mentioned how being enrolled in assistance programmes has facilitated borrowing money or deferring payments at local shops, such as the neighbourhood grocery store, where social assistance was used as a symbolic guarantee or collateral.

4.1.3 Perceived Ineffectiveness in Social Assistance During Crisis

There is a widespread view that state institutions are unable to provide reliable support consistently. During emergencies and shocks, people are led to rely on humanitarian aid, which is often seen as unpredictable and temporary. Yet, despite these challenges, it is often perceived as properly managed and distributed.

Despite their confusion about the roles of MoSA, humanitarian organisations, and local NGOs, participants believe that it is the responsibility of the Lebanese Government to provide social protection. They see the government as not fully fulfilling its obligations and therefore relying on NGOs and international organisations to address gaps in social assistance for needs that fall outside its scope. According to a non-recipient male participant from Muhammara: “MoSA should be responsible, and especially the government, but it's not doing its job fully. The NGOs are taking over. For example, the house - if they (INGO) didn't renovate it - it would have been worse.”

Participants perceive that MoSA does not respond appropriately in times of crisis due to budget constraints, logistical limitations, and weak local coordination. One non-recipient female participant from South Lebanon complains about the lack of reliability and organisation of assistance provision, which has worsened during the war: “I have been trying for years to get assistance and have not been able to keep up with anything anymore. Everything is chaotic, and the MoSA office in Tyre was bombed, which made everything much more difficult because we no longer know who to call.” Others perceived that international organisations and local NGOs were more responsive. One displaced non-recipient woman in South Lebanon noted, “We believe the assistance from NGOs and foreign organisations is better than government aid because they are more present among us. The government does not work in the same way, and we rarely see them in our area.” Some even went as far as to say NGOs could take over government responsibilities in social assistance. According to a non-recipient divorced woman in Qob Elias: “since the funding is coming from outside, foreign aid, and the government doesn't have funds, so for now it's better for the organisations to take over the responsibility of helping because the government is unable to do it.”

4.2 Outreach Targeting and design Opacity

The study found that informal networks were the primary source for information about accessing social assistance programs. Information from media outlets created more awareness for participants than official communications from MoSA offices and formal SMS notifications. In addition to perceptions of ineffective outreach, participants voiced their suspicions regarding the fairness of targeting criteria and the existence of political interventions that undermined the implementation of assistance programmes, thereby reinforcing the perception that the programme's design is opaque.

4.2.1 Ineffective Outreach to Communities in Need Respondents

Participants criticised the lack of systematic outreach to the poorest communities. They described institutional channels for accessing information about social assistance programmes as limited and inconsistent. One non-recipient female participant from Muhammara stated: “We never got anything from MoSA. Apparently, they opened offices again but we never went there to apply. We never got a link on the phone. My father wanted to send someone to the MoSA office because he couldn’t go. But I have younger siblings so I had to stay home and my brother is working so no one could go.” Her statement highlights geographic inequities in outreach and discouragement among vulnerable households to pursue access to assistance. On the other hand, accessing institutional websites and platforms was also problematic, requiring digital literacy and smartphone access, resources not available to all.

Mass media channels, such as television and news outlets, were more successful in raising general awareness but failed to provide actionable information. Participants recalled hearing about aid programmes on TV and social media, yet this did not translate into meaningful engagement or access, such as this non-recipient male participant in Sir el Donniyeh: “We heard about the aid programme on TV and on social media. We never received anything and no one contacted us.”

Participants frequently relied on peer-to-peer information sharing to learn about social assistance programmes, often compensating for gaps in formal outreach and accessibility. Many described receiving programme details through family and friend networks, such as one AMAN recipient male participant who noted how his wife’s cousin “forwarded the message to her and she helped us register,” while another non-recipient female in Qob Elias shared, “We had a friend that works with MoSA and she was like “Why don't you do it”. Neighbour networks also played a key role, with a recipient female participant in Muhammara stating, “My neighbours also told me there is this programme”. A non-recipient female participant from Qob Elias demonstrated how community awareness about the assistance programmes was often driven by informal networks: “My neighbours got links and sent them to each other.”

These networks were especially important and reliable for individuals facing literacy barriers, who relied on family members to help navigate application processes.

4.2.2 The Perceived Role of Political Networks and Local Authorities in Accessing Social Assistance

Political affiliations and local power structures often mediate access to social assistance in Lebanon. Respondents reported that political party representatives shared programme details with their supporters before public dissemination, reinforcing perceptions of favouritism and inequity. As one non-recipient male from South Lebanon whose application was rejected noted, “People affiliated with certain parties seem to have better chances of getting assistance. It’s frustrating to see others benefit through connections. There’s a lack of clarity in the entire process. Why were we not eligible? Why no communication?”

Several participants described how political party connections facilitated their inclusion in aid programmes. For instance, a woman in Sir el Donniyeh who was discontinued from the assistance programme shared, “At the time, we were politically affiliated with someone, so that's how we got access”. While another woman who benefits from AMAN since 2021 noted how she sought the help of someone connected to MoSA to enrol in the NPTP programmes 10 years ago, “I registered in Karm El Zaytoun with Professor X in the ministry”, highlighting the role of personal political contacts in navigating the system.

Municipalities are perceived to play a significant role in controlling access to aid, particularly in politically charged environments. Focus group discussions in the South revealed that “Word of mouth from people who are close to the political powers in the municipality” was a common way to learn about programmes. Another recipient male participant in the same focus group added, “People close to the municipality do that to reserve assistance for people who share their political following”, underscoring how local

governance is perceived to reinforce partisan distribution practices. One interviewed expert elaborated on the role of local authorities using their leverage over SDCs in their localities to influence aid distribution, “The role of municipal members and mayors and *makhatirs*. They all do play a role in connecting people to services, whether it's services from non-governmental organisations or from SDCs. You find that very often they play a very important role when it comes to linking beneficiaries to or recipients to required services when they know about them.” (KII)

Information itself is often treated as power capital. A woman in one of the Qob Elias FGDs (non-recipient participants) described deliberate information hoarding, noting that “People don't want others to know about assistance”. This calculated withholding of information by political actors serves to control access and maintain influence, creating a system where aid is distributed not based on need, but on loyalty and proximity to power.

Experts interviewed for the study noted that political pressure could be more prevalent in the NPPT programme prior to 2019, whereas the ESSN is perceived to be less politicised. Nonetheless, many poor households remain excluded due to perceived influence of local elites, who control access to information and services in their communities.

4.2.3 Lack of Clarity and Trust in Targeting and Design

Participants in this study voiced concerns about the lack of transparency in the design and implementation of social assistance programmes. Many believed that aid distribution was not based on clear or measurable criteria, or that such criteria had not been properly communicated to the public. This ambiguity fostered widespread mistrust and discouragement, with individuals often hesitant to reapply or seek further information. A common sentiment was summed up in the question: “Why them, not me?” especially when participants saw neighbours receiving support while they themselves faced repeated rejections without explanation.

The experience of a non-recipient male participant from Bikfaya exemplifies how eligibility criteria and assessments that have not been clearly communicated undermine trust in social assistance programmes. The interviewee's wife claims that they were rejected for aid based on the appearance of their home, as she explained, “They came to do a home inspection from MoSA. They saw the condition of the house and they told me that because we have parquet flooring there, we are not eligible for the aid.” Participants believed that social workers over-relied on visual cues, rather than verified socio-economic data, which caused emotional distress and a sense of humiliation. Some expressed the home inspection process as arbitrary with some areas never receiving visits as claimed by a recipient female participant from Saida: “Honestly I do not recall, but we applied and waited for inspection, while some other people we knew received assistance without any inspection of their homes, so the procedure was different for every household.” Excluded or discontinued participants also struggled to understand how verification visits and their frequency were linked to checking poverty criteria. This lack of clarity undermines confidence and trust in the system among the bottom poor.

4.3 Barriers to Accessing Aid and Support Channels

Households face a range of obstacles in both applying for and receiving assistance. According to this study, perceived barriers include digital and functional illiteracy, physical (infrastructure) and financial barriers, minimal feedback, and difficulty with appeal processes.

4.3.1 Digital and Functional Illiteracy

Vulnerable individuals struggled with online applications due to illiteracy or lack of digital skills, often relying on others for help. However, participants who could access SDCs in their regions did not encounter

challenges related to the usage of the DAEM digital platform used for registration in AMAN programme or applying through the SMS links.

In an increasingly digital world, the prevalence of illiteracy and limited access to, or proficiency with, digital technology can limit accessibility of individuals to programmes that rely on written forms or online platforms for application and distribution. Participants reported difficulties directly caused by their inability to read or write. This requires depending on others for help, whether informal (relatives, neighbours and friends) or formal. For example, a recipient female participant from Sir el Donniyeh remembered, "A female employee at the office of the MoSA helped me in filling the form because I am illiterate". And another non-recipient female participant from the South, who received assistance in accessing the form, said "I can't read or write...so my sister helped me complete the application. This underlies the importance of human intermediaries when official processes are not designed for those with low literacy.

According to expert interviews, relying on technology-based access to assistance programmes alienated poor rural communities and vulnerable social groups in urban settings that face poor internet connectivity, digital illiteracy, and a lack of access to ATMs (or lack of knowledge of using them). One expert highlighted "...everything that has to do with online registration; we knew from Ukraine it would not reach the digitally illiterate. That's the case in Lebanon too. So we need to make sure we accommodate these online-driven registration platforms to the digitally illiterate. Maybe the poorest, the most vulnerable (the elderly or disabled) will not know how to register on a digital platform. So definitely, we should be thinking around that: using more analogue registration, or more community-based registration."

4.3.2 Physical and Financial Barriers to Accessing Aid

Accessing social assistance in Lebanon was often hindered by a combination of physical and financial obstacles, particularly for individuals living in remote or underserved areas. One of the most pressing challenges was the cost and logistics of travelling to designated payment points, such as banks or OMT centres. These journeys were not only expensive but also physically demanding, especially for older individuals or those with limited mobility. A female recipient from Sir el Donniyeh shared her experience: "It cost me 300,000 L.L. to travel to the bank in Tripoli. Now, with the transition to OMT, it is easier to withdraw money, and I am treated better at the OMT location." While the shift to OMT centres improved access for some, it did not entirely eliminate the barriers.

Transportation costs remained a significant concern. For many, the financial burden of reaching assistance points outweighed the benefits of the aid itself, especially when assistance was provided through the banking system. A recipient woman from Muhammara explained: "The closest bank branch was in Tripoli or Halba, it was far for us and costly. Now with OMT, we can go by foot." Similarly, another recipient female FGD participant from Qob Elias described the high cost of travel: "I used to take a taxi to Chtaura to withdraw the money. The taxi fare varied depending on how long I stayed; around 700,000 to 800,000 LBP., and sometimes I had to go more than once a month because there were a lot of people." These testimonies highlight how logistical and financial constraints can effectively exclude vulnerable individuals from accessing support.

Before the transition from banks to OMT centres, beneficiaries faced additional difficulties with ATM withdrawals. Long queues, depleted machines, and overcrowding were common, often leading to tense and even violent encounters. One recipient male participant from Saida recounted: "At the peak of the crisis, when the queues were extremely long, you can ask my wife - I got into an altercation with another recipient, because he was trying to cut the line." Such incidents underscore how the process of accessing aid can itself become a source of stress and conflict, further burdening those already in need.

Moreover, the complexity of banking procedures posed challenges for individuals unfamiliar with digital or formal financial systems. The son of a non-recipient female participant from Qob Elias described her reliance on others to withdraw the amount, for some charges.

“Some people used to help the people in need. They used to take all the cards and go to the bank while taking a small amount in return for the service.” These experiences reveal how institutional design and lack of user-friendly systems can create additional layers of exclusion.

While the shift to OMT centres offered some relief, the broader landscape of social assistance remained fraught with physical and financial barriers. These obstacles not only limited access but also depleted the already scarce resources of the most vulnerable, creating a cycle of hardship that undermines the very purpose of social support.

4.3.3 Lack of Feedback and Appeals Mechanisms

Another major source of distress for participants was the absence of communication regarding the status of their applications or the reasons behind the discontinuation of aid. Many described the process as akin to submitting applications “into a void,” with no follow-up, confirmation, or explanation. This lack of feedback left individuals feeling uncertain, excluded, and powerless in the face of an opaque system.

A recipient male from Bikfaya shared his frustration while trying to track his application through MoSA’s hotline: “We used to call every day to find out what was happening, but the operator wouldn’t answer, and we ran out of phone credit.” His experience reflects a broader sentiment among participants who felt that the system was not only inaccessible but also unresponsive to their efforts to engage with it.

This perceived lack of transparency extended to cases where aid was previously received but then suddenly halted without any explanation. Several participants described being left in the dark, unsure whether the support would resume or why it had stopped. One female participant from South Lebanon, who suffers from several health issues, shared her stress over being discontinued from AMAN: “I don’t know exactly when or why it ended, and I never followed up to ask whether it would resume.” Others echoed similar feelings of confusion and disillusionment.”

In the absence of clear and effective formal appeals mechanisms or feedback loops, individuals were left with no way to contest decisions, seek clarification, or re-engage with the system. This undermined the perceived fairness of the aid process and further eroded trust in institutions meant to provide support.

4.4 Perceived Inequity in Aid Distribution

A recurring theme across interviews was the perception of inequity in how aid is distributed, particularly between Lebanese citizens and Syrian refugees. Many participants expressed a belief that non-governmental organisations (NGOs) prioritised other nationalities, especially Syrian refugees, over Lebanese nationals. This perception contributed to feelings of marginalisation and resentment, particularly among those who felt overlooked in their own country.

Lebanese participants frequently compared their situation to that of Syrian refugees, often concluding that refugees received more comprehensive or better-organised assistance. This sentiment was captured in repeated references to feeling like “refugees in their own country.” A recipient male from South Lebanon described his experience following displacement: “After we were displaced and moved to Ain Baal, it (assistance) became especially critical. I was struggling to find stable housing and employment, and we noticed that in some cases, Syrians were benefiting from certain advantages in these areas that we, as nationals, didn’t have access to.”

This perceived disparity extended beyond material aid to the logistical organisation of assistance. A female recipient from South Lebanon observed: “It is clear that they (Syrian refugees) are receiving more attention in terms of aid programmes and accessibility to them. Collection points for money withdrawals are a clear sign of this, with most queues serving Syrians appearing more organised and efficient.” Such comparisons reinforced the belief that Lebanese citizens were being deprioritised in favour of refugee populations.

Other participants echoed similar concerns. One AMAN female recipient from Qob Elias stated: “Sometimes you feel there's preferences; it's going to the Syrians [...] they go after the women who are widows or orphans.” This remark suggests that even within vulnerable groups, there is a perceived hierarchy of needs that places Lebanese citizens at a disadvantage. Some participants question the fundamental priorities of aid programmes. A non-recipient male participant from Sir el Donniyeh asked pointedly: “Who's more rightful to get the help, Syrians (refugees) or Lebanese?” These statements could reflect a broader tension around national belonging, entitlement, and the role of humanitarian aid in a context of protracted crisis.

Participants frequently expressed concerns over what they perceived as unequal treatment between Lebanese citizens and Syrian refugees in the distribution of aid. A dominant narrative was that non-governmental organisations (NGOs) prioritised refugees, while government-led programmes were either less accessible or less generous towards Lebanese nationals. This perception was shaped not only by the quantity of aid received but also by its quality and consistency.

Several participants pointed to the wide range of support available to Syrian refugees through multiple NGOs and international agencies. A recipient female participant from Qob Elias described the disparity between her situation and that of her Syrian (refugee) neighbour: “She gets medical care for free; she gives birth for free etc. Everything is covered by the UN. I've had two kids since then and have had to worry about giving birth and being in very poor hospitals. Even if her husband works or doesn't, they get money and food supplies from the UN. And her husband works 3–4 jobs all day long. God bless them, but you look at this and you feel like a refugee in your own country.”

4.5 Emotional and Psychological Toll of Aid Dependency

The process of seeking, receiving, or being excluded from social assistance imposed significant emotional and psychological burdens, including feelings of stigma and humiliation, anxiety and uncertainty, as well as social isolation.

4.5.1 Stigma, Humiliation and Social Isolation

Participants frequently described feelings of shame and humiliation associated with seeking and receiving social assistance. These emotions were not limited to the act of collecting aid, but extended to how individuals perceived themselves within their communities. A non-recipient female participant from Muhammara communicated this sentiment starkly: “I prefer to stand next to a wall and cry rather than ask for help or accept money from someone.” Her feeling is echoed by a recipient female participant from South Lebanon: “You feel quite humiliated and degraded just standing there waiting for \$150.”

For others, the stigma attached to aid was so profound that it led to social withdrawal and isolation. The visibility of receiving assistance was considered shameful, as it exposed the vulnerability of individuals and households. A recipient woman from Karantina shared: “All the neighbourhood gets the help, but they deny getting the help. I found it shameful. I don't say anything to anyone, no one knows. I don't mix with people; I stay at home.” This account illustrates how stigma could silence recipients and push them out of communal life, reinforcing their marginalisation.

Recipients reported being shamed for receiving social assistance, challenging the societal expectations around masculinity and self-sufficiency, especially in rural areas. One focus group participant noted, “Someone bullied me for receiving this assistance as if I am not manly enough”. However, these comments were however made particularly by non-recipients.

4.5.2 Anxiety and Uncertainty Pertaining to Unpredictable Aid

The unpredictability surrounding social assistance programmes was a major source of chronic stress and anxiety for many participants. Repeated rejections, sudden interruptions in aid, and the absence of clear

communication channels contributed to a persistent sense of emotional and psychological strain. The process of seeking assistance was not only practically challenging but also mentally exhausting, often leaving individuals feeling frustrated and helpless.

Even those currently receiving aid expressed anxiety about the continuity of support, especially when they learn about the discontinuation of benefits around them. One male participant receiving aid in Muhammara described this tension and mixed feelings of gratitude and uncertainty: “As long as we have the card, we are grateful and we leave it to God. I don’t know why other people have stopped getting cards.” The uncertainty surrounding programme rules and eligibility criteria created a climate of fear, particularly among those whose household circumstances had changed. A female participant receiving aid in Karantina, whose husband passed away, shared her concern: “I’m scared that because they stopped for 2 months now, it’s probably because they know my husband passed away.” Her words reflect the emotional toll of unclear policies and the fear of losing vital support.

Temporal confusion further exacerbated this anxiety. Participants frequently reported being unable to track payment schedules or understand the timing of aid delivery. One recipient male from Sir el Donniyeh described confusion resulting from interrupted delivery schedule: “I used to get it for 18 months, then they stopped it for a while, then they renewed it for 5 months and then we received it for 3 months. I honestly forgot when exactly”. Another recipient female participant from Burj Hammoud also recounts a similar experience: “I don’t remember how long we waited between the filling of the form and the acceptance.” This lack of clarity made it difficult for individuals to plan or feel secure, deepening their sense of instability.

Despite these challenges, some participants adopted proactive coping strategies to manage their anxiety. Active information-seeking was one such approach, with individuals monitoring aid updates and attempting to clarify procedures. A recipient female participant from Qob Elias explained: “We need to know who is helping, there is no shame in asking because if you don’t ask you go down a rabbit hole.” These strategies reflect a desire for agency and clarity in a system that often feels inaccessible and unpredictable.

4.6 Gender-Related Perceived Challenges in Receiving Aid

While social assistance programmes aim to alleviate hardship, their impact is often shaped by gendered roles and expectations. Women, particularly those in caregiving or widowed roles, experience aid not only as a form of relief but also as a source of added responsibility and emotional strain. This section explores how women perceive and navigate the complexities of receiving aid, balancing empowerment with burden and confronting structural barriers that limit their access and autonomy.

4.6.1 Women’s Economic Empowerment versus Burden

Several female participants described how receiving aid provided a sense of relief and empowerment, particularly in their role as primary caregivers. In Zahle, women noted that they were more attuned to household needs than men, with one (recipient) stating: “The woman is more important in the house than the man. Women are more aware of household needs.” Another who also receives assistance added: “As a woman, I feel relieved having a source of income. I can cook for my kids.” However, this empowerment was at times limited. Another recipient woman reflected: “It’s freedom [...] I get the money and I give them to my kids. I don’t get anything for myself.” She highlighted how aid is often absorbed into family responsibilities, leaving little room for personal benefit.

Historically, women have played a supportive economic role, as noted by a male recipient in the South: “Women have always supported their husbands, they used to work in the field and go to the market.” Yet, in the current crisis, this support has become more burdensome, with women shouldering increased responsibilities without adequate recognition or resources.

4.6.2 Widowhood Vulnerabilities and Administrative Barriers

Widowed women faced distinct challenges in accessing aid, often due to patriarchal administrative systems. One recipient widow from Karantina explained: “I put the application under the name of my late husband because he is the man.” These practices reflect how male-centric registration systems complicate access for widows. The fear of losing aid due to changes in household status such as death was also discussed in section 4.4. This points to a broader issue where the death of a male household head disrupts aid continuity, creating uncertainty and vulnerability.

Widowhood often resulted in complete financial dependency, particularly in the absence of alternative income sources. In many cases, adult children became the financial safety net for widowed mothers. A recipient widow from Karantina explains: “For example, I pay electricity, and then my kids add on more to be able to pay the bills.” Some women noted that their independent status contributed to their acceptance into the programme, as this recipient widow from Burj Hammoud noted: “Because I am a widow, I get the help.” While others highlighted that financial hardship intensifies feelings of exclusion and being overlooked by aid mechanisms: “Since my husband died, I’ve been the only one trying”, says a non-recipient widow from Bikfaya.

Women also bore the brunt of intensified care responsibilities. Several participants described being the primary caregivers for ill or elderly family members. Health sacrifices were common among women trying to balance care and financial constraints. One female recipient from Qob Elias stated: “I sacrifice my own medication so I can feed my kids.” While another female recipient from Burj Hammoud explained: “Sometimes the budget doesn’t allow me to buy the medication so I lessen my intake.”

These testimonies reflect the difficult choices women make daily, often prioritising their families’ needs over their own health and well-being.

4.7 Intersectionality and Aid Access

This section explores how geographic location, recipient status, gender, and social identity intersect to shape differentiated experiences of accessing aid, emotional impact, and perceived inequalities. The findings reveal that vulnerability is not uniform but rather layered, with certain groups facing compounded barriers due to the overlapping effects of social and structural factors.

Northern Lebanon (Muhammara)

Rural isolation and agricultural dependency define this region’s vulnerability. Despite having one of the highest aid ever receipt rates (70%), which is likely due to the enormous needs in the area (the highest quantiles found in the North), residents face transportation barriers, health system gaps, and origin-based discrimination. Extended family networks both facilitate and complicate aid coordination.

Mount Lebanon (Bikfaya)

Traditionally middle-class, Bikfaya now hosts newly vulnerable populations due to the banking crisis. Ever having received access to aid is lowest (17%), with significant program invisibility and asset-based exclusion. Older adults with inherited property are misclassified as wealthy, despite lacking income.

Bekaa

Bekaa presents a mixed rural-urban profile with strong inter-group tensions, especially between Lebanese citizens and Syrian refugees. Aid access is high (67%), but health crises, care burdens, and cultural dignity norms prevent help-seeking. Women here experience gender role transformation, often becoming breadwinners while managing chronic illness in the household.

Greater Beirut (Karantina/Burj Hammoud)

Urban centres offer better access to information and digital platforms, and have the highest percentage of aid ever received, 80% cementing the idea that urban centres are better served than rural areas such as Bekfaya. Educated individuals provide good critiques of targeting mechanisms but remain economically insecure. The paradox of urban, educated, unemployed reveals that proximity to services does not guarantee inclusion.

Southern Region

Conflict and displacement dominate this region's profile with a low percentage of 44% ever receiving aid. This could indicate regional policy implementation differences or conflict-related access. Women face documentation issues, care burdens, and exclusion from aid systems. The compounded profile of war-displaced, chronic illness and poverty reflects cascading vulnerabilities.

Compounded Vulnerabilities

The intersection of rural location, female-headed households, and health crises created particularly acute barriers. Women in these contexts faced transportation challenges, limited access to medical care, and administrative exclusion. A 57-year-old illiterate woman in Ain Baal who became the sole breadwinner after her husband developed a chronic kidney condition requiring oxygen dependency. She opened a small mini-market to support the family but was rejected for aid while her brother (with a healthy family) was accepted. She lives in poor housing with inadequate ventilation that worsens her husband's condition but cannot afford to move.

In Southern districts, war-induced displacement, chronic illness, gender discrimination and economic collapse created cascading vulnerabilities. The same participant whose story is depicted above also suffered gender discrimination. She explicitly states "women-led households are less likely to receive aid," while explaining how her brother received aid knowing that her situation is worse than his.

Older adults with limited literacy and physical disabilities were also excluded from digital systems and unable to navigate complex bureaucratic procedures. The following profile exemplifies this compounded vulnerability: A 58-year-old retired public sector worker with lateral hemiplegia (severe mobility disability) who required his son's help to complete the AMAN application. Despite meeting eligibility criteria and completing home inspection, he was rejected without explanation. When he called the ministry for clarification, no one answered, leaving the family "feeling invisible" in the system. This group faced age-based employment discrimination and lacked the means to advocate for themselves.

Families living in geographic isolation and engaged in informal economies struggled with aid assessment complexity. Despite having multiple income earners, they faced educational sacrifices and unpredictable earnings, which were not adequately captured by standard eligibility criteria. A 50-year-old woman whose husband drives a truck for daily hire with completely unstable income. Living in rural Muhammara, they faced high transportation costs to access services. With three children in school, they struggle to balance educational expenses against irregular income that cannot be properly documented for aid assessment purposes.

5 Navigating Through User Journey

This chapter presents a synthesis of individual and household-level experiences with social assistance programmes in Lebanon, drawing on detailed user journeys collected through in-depth interviews and focus group discussions. These journeys offer a person-centred lens into how intersectional factors - such as gender, health status, geographic location, political affiliation, and social identity, shape access to aid,

emotional responses, and perceptions of fairness. Rather than treating these cases as isolated narratives, the chapter groups them thematically to highlight recurring patterns and systemic challenges.

5.1 Gender, Care Burden, and Livelihood Precarity

Several journeys illustrate how gender roles have been redefined under conditions of economic collapse and aid dependency. In Bissariyeh, a 45-year-old male cattle herder (Journey 1) suffering from chronic illness and illiteracy delegated the application process to his wife. Despite receiving assistance, he expressed anxiety about the adequacy of the cash transfer, which was quickly spent on medicine and electricity. His case reflects the psychological relief provided by aid, as well as the limitations of cash-only support in addressing complex health and livelihood needs.

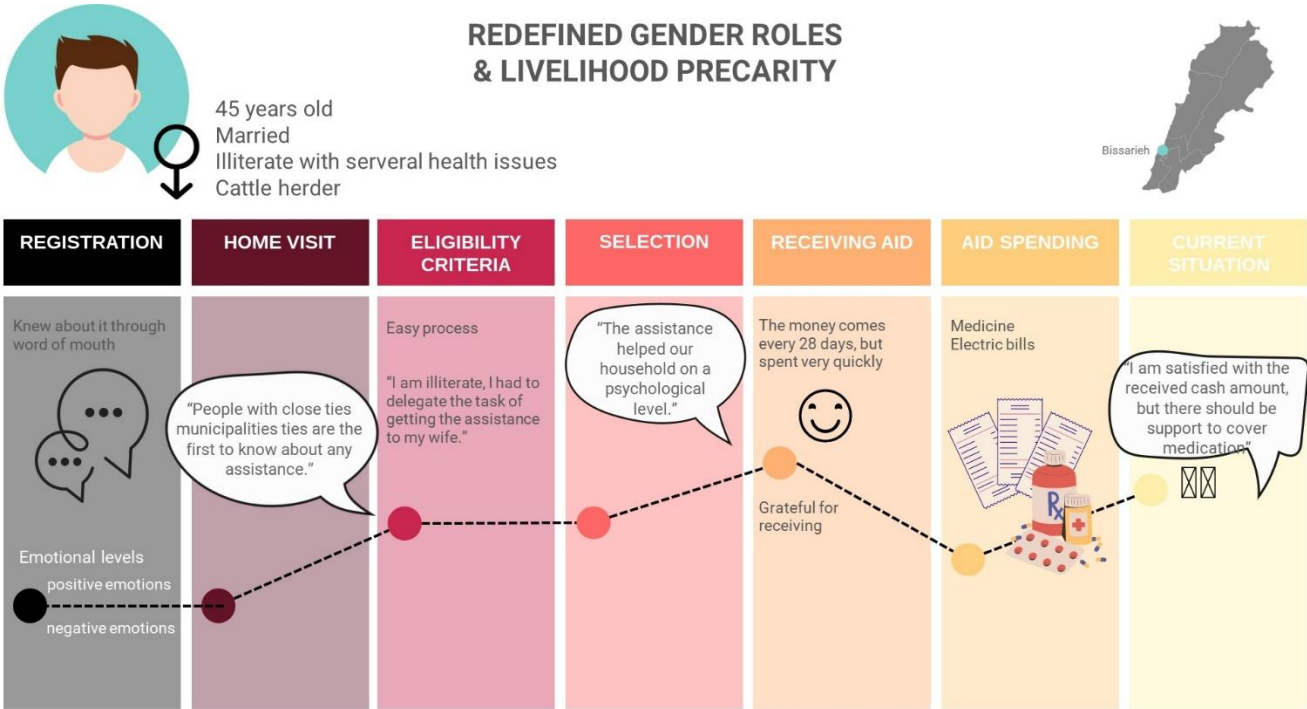


Illustration 1: Redefined Gender Roles and Livelihood Precarity (Journey 1)

In Qob Elias, a 58-year-old woman caring for a comatose husband and grandchildren (Journey 2) described her experience with repeated rejection from the TADAMON programme before eventually receiving AMAN support. Her journey underscores the emotional toll of navigating opaque systems and the fear of losing assistance, especially when caregiving responsibilities are intense and continuous.



58 years old
Married to a comatose
Mother of 4
Housewife

DEPENDENCY CULTURE AMID IMMENSE NEEDS

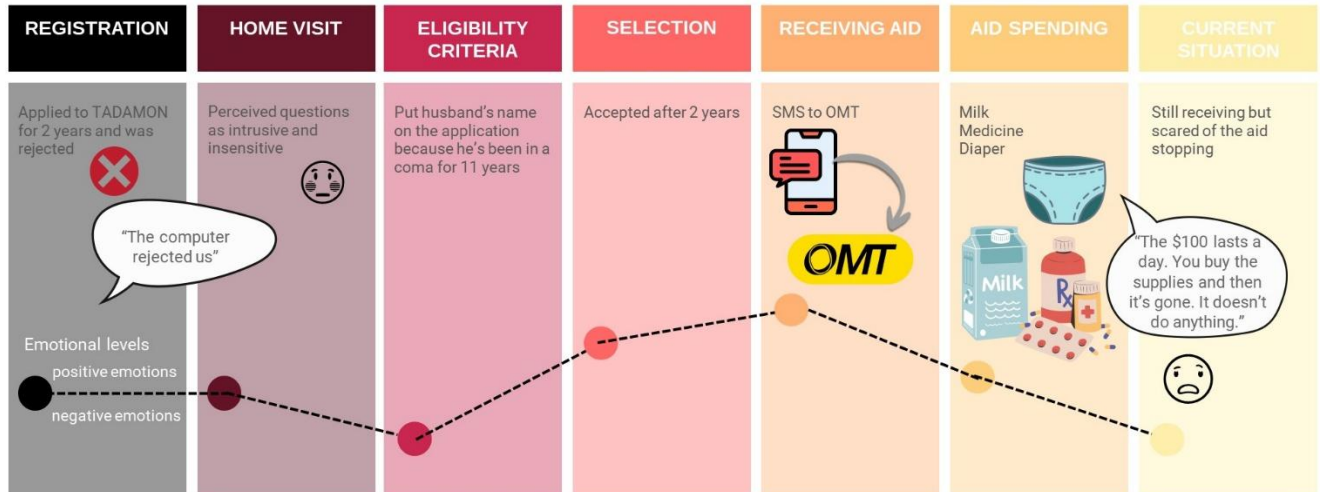


Illustration 2: dependency culture and immense needs (Journey 2)

5.2 Political Networks and Institutional Distrust

Political affiliation and local governance structures emerge as critical mediators of aid access. In Sir el Donniyeh, a woman (Journey 3) believed her husband's withdrawal from a political party led to the discontinuation of their aid. Although she was later reinstated, the experience left her disillusioned and eager to leave the country. Her case exemplifies how political dynamics could influence programme inclusion and reinforce perceptions of favouritism.



46 years old
Married to a sick man
Mother
Housewife

NAVIGATING AID THROUGH SOCIAL AND POLITICAL CHANNELS

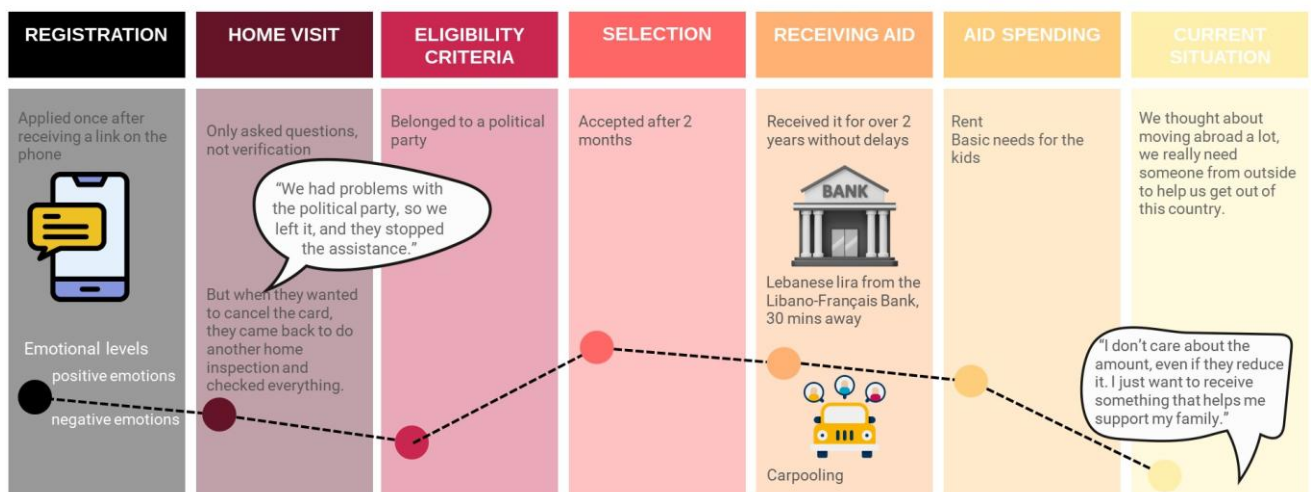


Illustration 3: Navigating aid through social and political channels (Journey 3)

Similarly in Burj Hammoud, a cancer patient originally from Arsal (Journey 4), described the bureaucratic complications of registering for aid with health complications, including using a relative's phone number due to lack of access. Despite eventually receiving assistance, she continued to ration her medication, highlighting the inadequacy of support and the emotional strain of navigating fragmented systems.

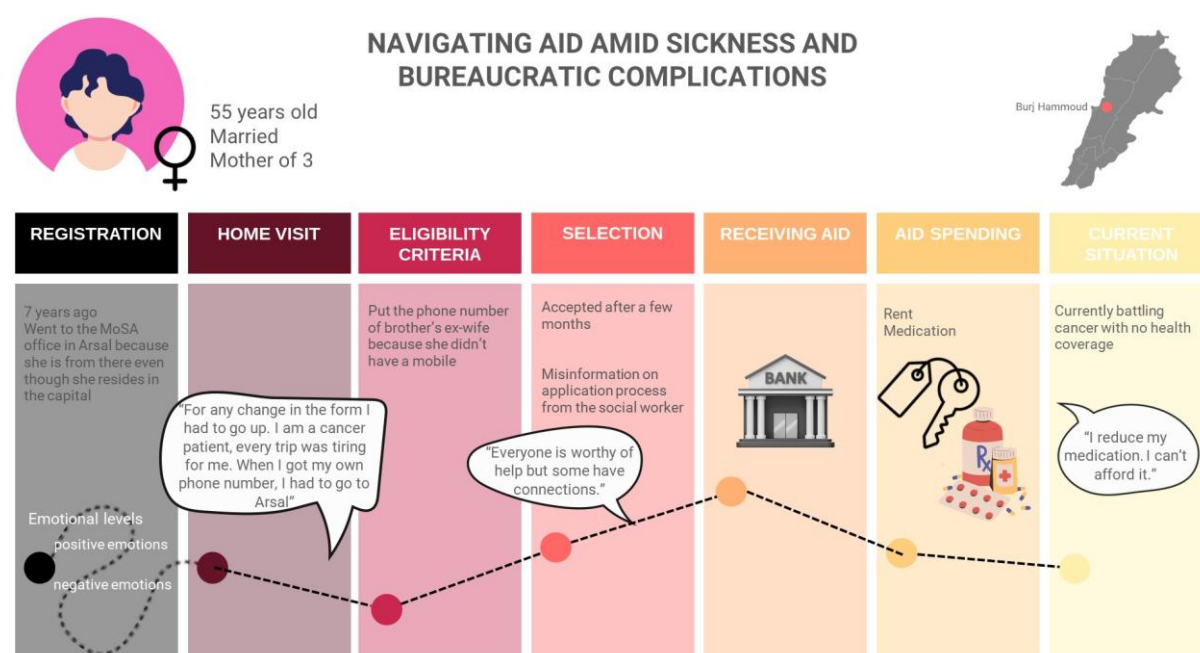


Illustration 4: Navigating Aid amid Sickness and Bureaucratic Complications (Journey 4)

5.3 Crisis, Displacement, and Interrupted Assistance

The cumulative impact of Lebanon's multiple crises, is evident in several user journeys. A woman (Journey 5), married to a taxi driver, described how the DAEM programme helped her cover basic needs for her four children. However, following the port explosion, her aid was discontinued, leaving her overwhelmed and unable to afford school expenses. Her experience reflects the vulnerability of aid-dependent households to sudden programme changes and the absence of shock-responsive mechanisms.

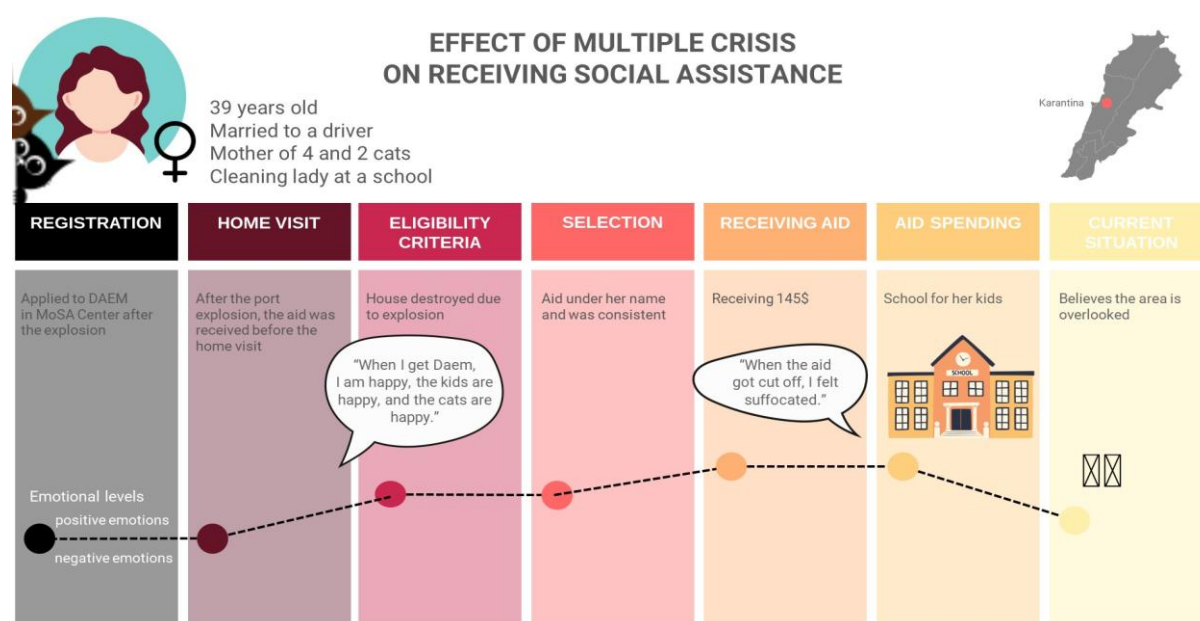


Illustration 5: The Effect of Multiple Crisis on Receiving Social Assistance (Journey 5)

The user journeys outlined in this chapter show that social assistance in Lebanon is experienced not as a straightforward process, but as a fragmented and emotionally exhausting route. While aid offers temporary relief, it frequently fails to tackle the structural and intersecting barriers that create exclusion and dependence. The stories highlight the need for more inclusive, transparent, and responsive systems that recognise the complexity of vulnerability and go beyond cash transfers to offer holistic support.

6 Recommendations

6.1 Strengthen crisis-responsive social assistance programmes and aid continuity

Findings reveal that assistance recipients often face sudden disruptions during crises, with poor communication or unclear information about whether aid would continue. This unpredictability eroded trust and caused emotional and financial stress. Although shock-responsive mechanisms exist, their implementation remains disjointed and inadequately communicated. Improving institutional coordination and maintaining aid during emergencies are crucial for developing a more resilient and responsive social assistance system that prevents the most vulnerable populations from relying on harmful coping mechanisms.

Action	By whom	How
Develop and communicate shock-responsive measures (emergency cash transfer infrastructure, Ad-hoc emergency related assistance) for AMAN during crises.	MoSA and Disaster Risk Management Unit (DRM) under the presidency of Council of Ministers (PCM)	MoSA in coordination with the DRM needs to publish public guidance on crisis-triggered programme adjustments.
Clarify the distinction between MoSA-led and humanitarian programmes.	MoSA, Donors and international partners, and local entities	Coordinate with partner INGO's, donors and other local entities Conduct joint home-visit assessments during shock responsiveness interventions to avoid beneficiaries' confusion regarding sources and scope of assistance. Actors should prepare and communicate clearly their various programmes to the public through easy-to-follow infographic brochures in Arabic
Secure sustainable funding to avoid aid interruptions.	MoSA, Humanitarian INGOs, Local NGOs, Municipalities	Establish multi-year funding frameworks and allocate emergency specific funds prior to crisis.

6.2 Improve Communication and Information Pathways

Participants across all regions reported confusion about programme eligibility, application procedures, and aid status. These issues were worsened by functional illiteracy, digital exclusion, and inconsistent messaging. While some beneficiaries relied on social media or word of mouth, older adults and rural residents, in particular, remained uninformed. Clear, accessible, and standardised communication ensures fair access to information and minimizes misinformation and frustration.

Action	By whom	How
Standardise messaging and develop accessible material.	MoSA (content creation and oversight)	Create standardised multilingual, low-literacy-infographic, friendly material to be used by all dissemination outlets, websites, and platforms. Ensure inclusion of information on <i>how</i> to access programs and get more information.
Use multi-channel communication to reach diverse audiences.	MOSA, NGOs and media partners	Enhance the dissemination of programme information and updates via social media, TV, radio, and print; ensure traditional local channels are updated monitor success and effectiveness of outreach to targeted public.
Engage municipalities and SDC in training and brochure literacy for better dissemination at local points.	MOSA, Municipalities, SDC	Enhance program understanding for local leaders/authorities/SDC staff regarding what programs are available when and for whom.
Engage municipalities and local leaders in outreach (in line with the MoSA 2026 – 2030 strategy).	Social Development Centres (SDCs), Municipalities and local authorities	Coordinate outreach through municipal networks. Ensure brochures are available at all SDC centres Enhance the area-based approach (ABA) that aims to align social services with local need and leverage municipalities and SDCs (MoSA Strategy 2026 – 2030).

6.3 Reduce Barriers to Access and Enhance Feedback Mechanisms

The findings underscore how digital illiteracy, transportation costs, and lack of feedback mechanisms systematically exclude the most vulnerable. The following recommendations aim to dismantle these barriers through inclusive design and responsive service delivery.

Action	By whom	How
Disseminate the application process clearly.	MoSA	Disseminate content via multiple communication channels (Facebook, Instagram, TikTok), traditional media (TV commercials, radio, newspaper advertisement, etc...) and through local partners for effective word of mouth reach.
Establish community registration hubs with social worker support.	MoSA, SDCs, social workers	Engage and support (by SDC social workers) social networks to assist older persons and PWDs through the application process and expand outreach to peripheral areas.
Enhance mobile money and decentralised payment systems such	MoSA, donors, and transfer payment providers (OMT, Whish Money, etc.)	Establish streamlined and secure payment point procedures and pilot mobile money services through

mobile money pilot systems and open new locations in rural hubs.		<p>formal partnerships with licensed transfer providers to improve efficiency, reduce crowding, and expand access to financial assistance, especially for remote and underserved populations.</p> <p>Ensure assistance for older persons, PWDs, and others who are digitally illiterate continues concurrently.</p>
Consult with the communities to get their preferred channels of communication. Among those, some channels can be: Comment boxes, establish community groups trusted and approved by the community through voting.	MOSA, Municipalities, SDC	Set up town hall meetings at municipalities to engage with the community regarding aspects of social assistance including preferred channels of communications
Improve grievance and appeal systems. Adapt grievance and appeal systems to address functional barriers of marginalized populations.	DRM, MoSA, and SDCs	<p>Upgrade the 1714 hotline to be toll-free and develop a secure digital portal that allows applicants to track the status of their applications, view reasons for rejection, submit complaints, and receive feedback—enhancing transparency, accessibility, and user empowerment.</p> <p>Explain the grievance and appeals systems through brochures, posters, information sessions, ads, and videos streamed on digital screens I SDCs (in line with MoSA's strategy objective to digitise SDCs)</p> <p>Develop and deliver targeted training programs for social workers in SDCs, focusing on empathetic communication, gender sensitivity, disability inclusion, and trauma-informed approaches, to enhance their capacity to effectively assist vulnerable applicants throughout registration and service delivery processes.</p> <p>Develop and upgrade SoPs pertaining to Grievance and appeals mechanisms</p> <p>Special follow up and case management approach to older persons, PWD, and residents if remote areas</p>

6.4 Mitigate Emotional and Psychological Toll

Given the recurring emotional and psychological burdens described by participants—including stigma, humiliation, and anxiety—recommendations must go beyond material support. They should embed trauma-informed principles and dignity-preserving protocols into every stage of aid delivery.

Action	By whom	How
Train social workers in trauma-informed approaches.	MoSA and Humanitarian INGOs	Develop training modules with mental health experts targeting municipalities and SDC staff especially those who conduct or accompany assessment and verification home visits; hotline workers; and (such as money transfer providers).
Eliminate or reduce factors that could generate feelings of humiliation and distress	MoSA, NGOs and training institutions	<p>Review and revise aid delivery protocols to minimize public visibility during distribution—such as shifting to discreet appointment-based systems, digital transfers, or home delivery options—to reduce stigma and preserve the dignity of beneficiaries.</p> <p>Limit public relations activities and avoid photographing beneficiaries during aid delivery to protect their privacy, reduce stigma, and uphold dignity in humanitarian assistance.</p>

6.5 Promote Equity in Aid Distribution

The findings exposed widespread perceptions of unfairness in aid distribution, especially among Lebanese citizens who felt sidelined compared to refugees. To regain trust and promote fairness, targeting mechanisms must be transparent, inclusive, and based on clear criteria. While the PMT need not be disclosed, holistic criteria could be communicated. A unified social registry and harmonised coordination among stakeholders are essential to achieve this.

Action	By whom	How
Finalise the Unified Social Registry. ² (including non-Lebanese residents and refugees)	MoSA and the Central Management Unit (CMU) of the PCM that hosts the current AMAN registry/Database	Develop SOPs for managing, updating, and securing beneficiary records to build an accurate and reliable unified registry partially link refugees and migrant workers to the Lebanese social protection system and administrative procedures (registration of refugees, referral systems, monitoring humanitarian aid provision)

² MoSA, CMU, INGOs, UN bodies, and need to enhance their collaboration to set the principles and guidelines of data management, storage and protection in line with NSPS goal to create a Unified Social Registry. Since several challenges are delaying the implementation NSPS strategy, it is recommended to start with the establishment of guidelines and working modalities to accelerate the actualization of this goal.

Formulate harmonised SOPs and referral systems among MoSA, INGOs, and NGOs.	CMU, MoSA, UN agencies, INGOs, donors	<p>Establish a coordinated data-sharing framework among ministries and international partners/donors by drafting formal Memorandums of Understanding (MoUs) with each entity to enable efficient, secure, and standardized use of vulnerability and beneficiary data across assistance programs.</p> <p>Create and activate unique identification number for households– or even persons, while handing over collected updated data.</p>
Ensure data update, security and protection	CMU and third-party data audit	Design strict quality control measures to ensure data quality and reliability, while a third party (data audit) monitors data security and confidentiality on a periodical basis.
Proactively address perceived inequities in Aid provision (humanitarian aid vs. Social Assistance programmes), particularly between Lebanese and Syrian populations.	MoSA, Humanitarian INGOs, local authorities, and other local actors	Design and implement inclusive livelihood projects that serve both host and refugee populations, based on joint needs assessments and community consultations, to reduce tensions and perceptions of competition, while promoting shared economic resilience and social cohesion.

6.6 Integrate Gender-Sensitive Approaches

The findings of this study highlight the need for gender-sensitive approaches within Lebanon's social assistance framework. Women's experiences—especially those of widows and carers—illustrate how patriarchal systems and caregiving responsibilities contribute to their marginalisation. To address these gendered vulnerabilities, the following measures propose structural and operational reforms that focus on women's needs.

Action	By whom	How
Ensure female-headed households are prioritized.	MoSA	Integrate female-headed households into the targeting criteria of social assistance programs and train field staff on gender-sensitive outreach and registration practices to ensure equitable access and respectful engagement with vulnerable women.
Provide childcare support and flexible access options through SDC's.	Mosa SDCs	Enhance and increase childcare facilities within or near SDCs that offer flexible service hours (evenings/weekends)
Enhance transparency fair targeting with attention to gender representation.	MoSA	Use gender-disaggregated data in beneficiary databases and regularly audit targeting outcomes

6.7 Enhance transparency and targeting fairness

To ensure transparency and targeting fairness in access to social services, transparency in targeting mechanisms must be strengthened. The intersectional analysis reveals how overlapping factors—such as gender, geography, and disability—shape exclusion. In order to improve equity, targeting systems must be recalibrated to reflect these layered vulnerabilities, as outlined in the recommendations below."

Action	By whom	How
Revisit selection criteria and communicate broader criteria.	MoSA, INGOs, local providers, SDCs	Organize inclusive workshops at national, regional, and local levels with key stakeholders, including government agencies, NGOs, municipal representatives, and community leaders—to collaboratively review, assess, and update vulnerability metrics and beneficiary selection criteria using disaggregated data and lived experience insights.
Communicate and disseminate updates to selection and eligibility criteria with a clear explanation of the use of intersectional vulnerability indicators and categorical targeting vis-à-vis the poverty indicator in the PMT.	MoSA (UN agencies and international organisations could provide technical advice and fund this effort.)	Disseminate the outcomes of deliberations on integrating intersectional vulnerability indicators into Proxy Means Testing (PMT) to all stakeholders involved in assistance programs, including government agencies, NGOs, local authorities, and community representatives, through policy briefs, workshops, and digital platforms to ensure shared understanding and coordinated implementation.
Apply participatory approach to the reassessment of vulnerability metrics and selection processes, whereby targeted populations/beneficiaries are included/ consulted.	MoSA, SDCs, UN agencies and international organisations could provide technical advice and fund this effort.)	Organize multi-level stakeholder workshops, including representatives from local municipalities, NGOs, national ministries, and community groups, within Social Development Centers (SDCs) to collaboratively review, validate, and update vulnerability metrics and beneficiary selection criteria using region- and gender-disaggregated data and lived experience insights. Engage the maximum number of bottom-poor households by deploying inclusive outreach strategies—such as in-person visits, mobile phone calls, online platforms, and paper-based surveys—through Social Development Centers (SDCs), local municipalities, and community networks to ensure broad and equitable participation in

		livelihood and social protection initiatives.
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6.8 Link Social Assistance to Livelihoods

It is important to connect cash assistance to livelihood pathways to reduce reliance on social support programmes as partial safety nets and to promote long-term self-reliance. However, this recommendation involves a long-term aspect whereby the comprehensive social protection system, as outlined in the NSPS and the social inclusion pillar of MoSA's strategy 2026-2030, should be integrated with other sectoral policies and undergo significant reforms.

Action	By whom	How
Enhance better linkages and coordination with existing vocational training and micro-grants.	Ministry of Labour; Donors/NGOs (technical support and funding), SDC vocational training programs, MOSA new economic inclusion unit	Bridge social assistance to vocational training programmes, supporting small business initiatives through grants, or SMEs (including agriculture, urban farming, artisanal food production, tailoring, electronic repair.) Develop a formal referral system between MoSA and the Ministry of Labour to connect aid recipients to job opportunities in sectors like agriculture, tailoring, and small-scale manufacturing. Use Maison de L'artisan as a platform to train and employ individuals from the bottom poor category, particularly women and persons with disabilities. Offer vocational training in crafts, design, and marketing, combined with micro-grants for start-up kits
Enhance the presence of SDCs in livelihood referral hubs as envisioned in MoSA's 2026 -2030 strategy.	SDCs	Develop and expand clearly marked livelihood referral hubs within Social Development Centres (SDCs) and network them with the private sector and NGO to connect vulnerable individuals to job training, financial literacy, and small business support through tailored guidance, community outreach, and data-informed targeting.

6.9 Institutionalise Accountability and Monitoring

Institutionalised accountability and monitoring help address gaps, inconsistent implementation, and stakeholder engagement challenges. Effective accountability systems support the development and fair application of policies. Implementing monitoring processes allows for tracking progress, identifying obstacles, and maintaining ethical practices. Strengthening trust and communication channels between MoSA and beneficiaries or targeted populations is important to enhance public confidence and improve the integrity, accountability, and oversight of social assistance programmes.

Action	By whom	How
Organise community accountability sessions	MoSA	MoSA could organise community accountability sessions (in SDCs), offering a space for beneficiaries and

		discontinued participants to discuss and monitor their application status.
Publish simplified social assistance briefs	MoSA	MoSA needs to publish its own policy briefs (beyond press conferences) to communicate the impact, achievements, and challenges of AMAN.
Leverage third-party monitoring/external assessment	Universities/consultancies (external assessments, reports)	The PCM/CMU should transparently publish third-party monitoring and assessment reports, programme design, outreach, and outcomes.
Improve and standardise the assessment, verification and feedback process	MoSA	MoSA should standardise household visits with clear SOPs, speaking notes, scheduled assessment and verification units, and post visit follow-up communication including rejections.

6.10 Advocacy Recommendation for Long-Term Structural Reform

A more stable and equitable social protection system relies on a robust and sustainable financial support. Progressive taxation could be utilised as the primary means to fund social assistance programmes. Such an upgrade to the programme would be the first step towards reintroducing a contributory, rights-based safety net and shifting from poverty targeting to an impactful life-cycle approach. This recommendation aims to identify feasible and suitable taxation reforms that cover social assistance for the bottom poor and vulnerable social groups in Lebanon. Reforms include progressive taxation on high-income individuals, taxes on luxury goods, and other high-profile and profitable corporations.

Action	To Whom	How
Advocate for feasibility studies to be conducted on taxation-based funding for social protection.	Government of Lebanon GoL, World Bank WB, WFP, ILO	Collaborate on technical assessments on improved revenue collection, banking sector reform, fiscal analysis, and policy simulations to evaluate viability and design options.
Advocate for the design and adoption of progressive taxation models (e.g., high-income, luxury goods, large corporations) to ensure sustainable financing for social protection.	Ministry of Finance (MoF), GoL, with support from WB and ILO	Develop tax policy proposals targeting wealth and consumption; consult stakeholders; ensure gender and equity considerations.
Promote a shift from poverty-targeting to a life-cycle approach in social protection programming to enhance inclusivity and long-term resilience	MoSA, GoL, supported by ILO and UN agencies	Redesign eligibility and benefit structures to cover all life stages (childhood, working age, old age)
Support the establishment of a rights-based and nationally financed social protection system to ensure equitable and sustainable coverage.	Parliament, Council of Ministers, MoSA, Ministry of Finance	Enact legal and policy reforms including improved revenue taxation, progressive tax, and transparent banking policy; allocate

		national budget resources; reduce reliance on external aid
Encourage policy actions to reduce disparities in aid provision and promote equitable distribution of social assistance across all population groups.	MoSA, SDCs, civil society organizations	Use gender- and region-disaggregated data; monitor and adjust targeting mechanisms; engage communities in oversight.

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Annexes

Annex 1: Data gathering/Interview Tools

Key Informant Interviews

Table 1: KII Participants Profiles

KII Interviews – Participants Profiles		
International Organizations / Academic/Ministry of Social Affairs		
Organisation	Designation	Date conducted
ILO	Technical Officer in Social Protection	2 – June - 2025
Arab Reform Initiative (ARI)	Senior Fellow	4 - June - 2025
Arab NGO Network for Development	Expert and Consultant	2 – June - 2025
Ministry of Social Affairs	Advisor	5 - June - 2025
UNWOMEN	Gender and Social Inclusion Technical Specialist	19 – June - 2025
Centre for Social Science, Research and Action	Co-Director	12 - June - 2025
Mercy Corps	Cash Advisor	12 – June - 2025
UN Resident Coordinator's Office	Cash Working Group (CWG)	16 - June - 2025
World Food Programme (WFP)	Head of Social Protection	10 – June - 2025
World Bank	Senior Social Protection Specialist	15 - July - 2025
Ministry of Social Affairs	Head of AMAN	24 – June - 2025
Ministry on Social protection	Advisor	15 - July - 2025

KEY Informant Interviews (KII)

Research Questions

1. What are the perspectives and experiences of the bottom poor Lebanese people on enrolling, being part of and/or being excluded from social assistance programmes (NPTP and ESSN)?
2. What are their perspectives and experiences regarding key design (such as targeting, regularity, transfer type/size and mode of delivery) and implementation aspects (registration, claiming, receiving) of these social assistance programmes?
3. What lessons can be drawn from the perspectives and experiences of the bottom poor for improving the inclusiveness and effectiveness of social assistance programmes?

Consent Form

Project Title: Research on the Experiences of the Bottom Poor in Accessing Social Programmes in Lebanon

Research Institution: UrbanAxis

Interview Duration: Approximately 60 minutes

Date: _____

Location: _____

You are invited to participate in a key informant interview as part of a research study that explores how Lebanon's most vulnerable households experience social assistance programmes, including the National Poverty Targeting Programme (NPTP) and the Emergency Social Safety Net (ESSN). This interview seeks your professional insight into the design, implementation, and challenges of these programmes. Your perspective will help identify barriers to access, gaps in coverage, and possible improvements in Lebanon's social protection system.

Participation is entirely voluntary. You may choose not to answer specific questions or end the interview at any time, without providing a reason and without facing any consequences.

With your permission, the interview may be audio recorded to ensure accuracy. All data you provide will be treated with strict confidentiality. Your name, organization, or any identifying details will not be published or disclosed without your explicit consent. All recordings and notes will be stored securely and deleted after the research is completed. Your insights will be used solely for research and policy recommendations aimed at improving social protection in Lebanon.

There are no direct risks or personal benefits to participation. However, your contribution is valuable in shaping more effective and inclusive programmes for the poorest communities in Lebanon. By signing below, you confirm that you understand the purpose of the interview and agree to participate voluntarily.

Do you consent to participate in this interview? ☐ Yes ☐ No

Do you consent to an audio recording of the interview? ☐ Yes ☐ No

Name of Interviewee: _____

Signature of Interviewee: _____

Name of Interviewer: _____

Signature of Interviewer: _____

Research Questions

2. What are the perspectives and experiences of the bottom poor Lebanese people on enrolling, being part of and/or being excluded from social assistance programmes (NPTP and ESSN)?
3. What are their perspectives and experiences regarding key design (such as targeting, regularity, transfer type/size and mode of delivery) and implementation aspects (registration, claiming, receiving) of these social assistance programmes?
3. What lessons can be drawn from the perspectives and experiences of the bottom poor for improving the inclusiveness and effectiveness of social assistance programmes?

Research Guidelines for KIIs

Introduction and Respondent Profile:

- Introduce UrbanAxis
 - Relation of UrbanAxis to the project
 - Objectives of the Research and introduction of the project
 - Consent form and information sheet
1. Profile of the respondent, their background and expertise. Open question
 2. Awareness of the programmes?
 3. Were you involved in any of these programmes? And in which phase? (as an advisor, implementation, design, M&E)?

If they were involved in the programmes (ILO, MoSA)

1. What was your contribution or your organization's contribution to the programmes?
2. History of the NPTP and ESSN and how they were initially conceived (*5 minutes*)
 - a. What was the context surrounding their conception?
 - i. Political
 - ii. Economic
 - iii. Other policy consideration (part of other programmes or as part of social cohesion efforts to balance with programmes targeting Syrian refugees?)

Prompt about the migration of beneficiaries from NPTP to ESSN

3. What were the objectives of the programmes?
 - a. What are the goals it intends to reach?
 - b. What types of assistance
 - c. Were there any key metrics considered as outcomes for the programmes? (Poverty alleviation, employment figures, housing figures, anything measurable...)
4. Impact of the programmes
 - a. How do you assess the impact of the programmes on the well-being and livelihood of targeted households?
 - b. Do you think that there are certain demographic segments that benefitted more than others from these programmes? Why?

Targeting

5. Are you aware of the approach to Needs Assessment? And hence, how was vulnerability defined?
 - a. What were the key considerations and targeting mechanisms for the programmes (how were the beneficiaries chosen) What was the role of the PMT (Proxy Means Testing) formula.
 - b. Who determined the formula? (Were there political motivations in how the formula was determined)
 - c. Were these needs expressed in previous studies?
 - d. Were the programmes intended to substitute other social welfare policies/programmes in Lebanon?
 - i. Have the targeting criteria (beneficiaries) changed over time? Why and how so? (*Prompt: were certain groups prioritized over others*)
 - ii. Are there any groups that miss out on social assistance? Which and for what reason?
 - iii. Have there been any major changes in the kinds and level of support provided to these populations in these areas over the last decade? Why?
 - iv. Prompt on the geographic distribution and if there were any changes to that.
6. What challenges have emerged in identifying eligible households, especially among “bottom poor”?
 - a. (Look for potential biases in determining needs)

Design, Implementation, and Challenges

7. Can you describe how the registration and verification process function for both programmes? (How do the programmes verify the needs of the applicants).
8. What are the challenges related to the implementation of the NPTP and ESSN Programmes?
 - a. Based on your knowledge, can you describe the overall process (distribution, access...)
 - b. What were the challenges associated with funding?
 - c. What are the logistical/administrative challenges currently facing the NPTP and ESSN
 - d. How are delays in disbursement addressed?
 - e. What are the feedback mechanisms in place (by beneficiaries and third parties) to bring to light challenges/appeals/
9. How are the roles and responsibilities distributed among the various stakeholders (state agencies, donors, implementing agencies, local government...)?
 - a. Decision-making process
 - b. Oversight and audit processes
 - c. Political interference?
 - d. How is the data managed? Where is it stored? Who is responsible for it? (ministries, 3rd parties, MoSa)
10. Transition and sustainability of the programmes
 - a. How do you assess the recent transition from NPTP to ESSN?
 - i. Could there be another transition and why?
 - Operation
 - Design
 - costs
 - b. What are the risks associated with this transition? For the beneficiaries and for other stakeholders?

- c. Future of social assistance programmes (particularly in light of recent changes to the global aid system)
- d. What policy or systemic or structural changes could improve trust, accountability, and responsiveness in Lebanon's social assistance architecture from the perspective of the bottom poor HHs and experts?

Recommendations

11. Recommendations

- a. What changes can be made to improve targeting and eligibility?
- b. What changes can be made to improve delivery and access?
- c. How can coordination between stakeholders and decision makers improve?
- d. Can you tell us about examples of good practice and achieved outcomes (worldwide)

If they were NOT involved in the programmes (ANND, Siren associates, ARI)

12. If you are familiar with the NPTP and ESSN programmes: Tell us about the history of the NPTP and ESSN and how they were initially conceived (*5 minutes*)
 - a. What was the context surrounding their conception?
 - i. Political
 - ii. Economic
 - iii. Other policy considerations (part of other programmes or as part of social cohesion efforts to balance with programmes targeting Syrian refugees?)

Prompt about the migration of beneficiaries from NPTP to ESSN

13. What other social assistance programmes exist in Lebanon? What added value would a social assistance programme like the ESSN provide?
14. In your opinion (or in reference to previous studies), how is vulnerability defined in Lebanon (ESSN and NPTP)?
15. What are the needs of the most vulnerable?
16. What other cash assistance programmes in similar contexts are you aware of?
 - a. Impact
 - b. Targeting
 - c. Implementation
17. What lessons can be learned from these similar programmes which are transferable to the context of Lebanon and the NPTP and ESSN?
 - a. Challenges
 - b. Recommendations for improvement
18. What policy or systemic or structural changes could improve trust, accountability, and responsiveness in Lebanon's social assistance architecture from the perspective of the bottom poor HHs and experts?

Adaptive capacities

1. From your perspective, what are the most common informal income-generating strategies households have adopted in this area during the crisis (or past 3-5 years)?
2. Have you observed any shifts in how people manage money; such as borrowing, saving, or dealing with debt since the start of the crisis?
3. How are different forms of support, like remittances, aid, or bartering used by households to meet their basic needs?
4. Can you describe the role of informal leaders or governance figures (e.g., *mukhtars*, community heads) in helping residents access services or resources?
5. Have you noticed any change in gender dynamics or roles in households, particularly regarding work, caregiving, or decision-making, since the economic decline?

In Depth Interviews

Table 2: In Depth Interviews (Region, Aid Status, Gender, and Age Bracket Breakdown)

In-Depth Interviews	STATUS		GENDER		AGE BRACKET		
	Receiving	Non-Receiving	Female	Male	25 - 35	36 - 48	49 - 60
Ain Baal	1	3	2	2		2	2
Bissariyeh	2	3	4	1		3	2
Karantina	5		5		1	3	1
Burj Hammoud	3	2	4	1		2	3
Sir Donniyeh	5	3	4	4		6	2
Muhammara	7	3	4	6		2	8
Qob Elias	3	3	4	2		2	4
Bikfaya	1	5	2	4		2	4
TOTAL # (per group)	27	22	29	20	1	22	26
TOTAL # (IDI participants)	49						
TOTAL % (per IDI participant)	55.10	44.90	59.18	40.82	2.04	44.90	53.06

Research Guidelines for In-Depth Interviews on Social Assistance in Lebanon

This section outlines the structured guidelines used to conduct in-depth interviews with individuals experiencing varying degrees of socio-economic vulnerability. The interviews aimed to explore respondents' lived realities in relation to poverty, livelihood challenges, and access to social assistance programmes, with a focus on understanding their perceptions, experiences, and coping mechanisms.

The questionnaire is organized into thematic sections that guide the interviewer through the respondent's demographic background, employment and income situation, interactions with the National Poverty Targeting Programme (NPTP) and the Emergency Social Safety Net (ESSN) assistance systems, and reflections on the effectiveness and fairness of these mechanisms. The goal is to capture diverse user journeys in order to identify patterns of exclusion, barriers to access, and points for systemic improvement.

Each section includes a clear purpose statement and optional speaking notes to facilitate a respectful, conversational, and participant-centered approach. The questions were designed to allow respondents to express their views and experiences in their own words while ensuring comparability across interviews.

Information Sheet

Project Title: Research on the Experiences of the Bottom Poor in Accessing Social Assistance Programmes in Lebanon

Research Institution: UrbanAxis

Date: _____

Oral Information Sheet (English version):

Hello, my name is [Name], and I'm part of a research team from UrbanAxis. We're doing a study to better understand how people in Lebanon - especially those going through difficult times - are experiencing social assistance programmes. We're focusing on two main programmes: the National Poverty Targeting Programme (NPTP) and the Emergency Social Safety Net (ESSN).

We want to listen to people like you - to learn about how you're coping, how you manage your basic needs, and whether you've applied to or received any kind of help through these programmes. Even if you didn't receive assistance or were rejected, your story is very important to us.

The interview will take about one hour, and you can speak freely and honestly. I'll ask you some questions, but you don't have to answer anything you're not comfortable with. If anything we talk about makes you feel sad or upset, you can stop at any time, no need to give a reason, and there will be no consequences at all.

If you're okay with it, I would like to audio record the interview - just to make sure I don't miss anything important. But that's completely your choice. Everything you say will be kept confidential. Your name and personal information will not appear in any report or shared with anyone outside the research team. We will keep the recordings and notes in a safe place, and we'll delete them once the research is over. The goal is to understand your experience so we can make recommendations to improve how these programmes work for others in the future.

Do you have any questions before we begin?

Consent Form

Project Title: Research on the Experiences of the Bottom Poor in Accessing Social Assistance Programmes in Lebanon

Research Institution: UrbanAxis

Interview Duration: Approximately 60 minutes

Date: _____

Location: _____

Oral Consent Form (English version):

Do you understand what this interview is about and why we're doing it?

☐ Yes ☐ No

Do you agree to participate in this interview voluntarily?

☐ Yes ☐ No

Do you understand that you can skip any question or stop the interview at any time without giving a reason?

☐ Yes ☐ No

Do you agree to have this interview audio recorded?

☐ Yes ☐ No

Name of Interviewee (or initials): _____

Signature of Interviewee: _____

Name of Interviewer: _____

Signature of Interviewer: _____

IDI_s STRUCTURE

Section 1: Respondent Profile

To build a demographic and geographic understanding of the respondent's identity, household structure, and socio-economic vulnerability; key to analysing spatial inequality and disparities in access.

Speaking Note:

"Let's begin with a few general questions to better understand your background and household context."

1. Can you tell me your name (or initials) and age?
2. What area/Neighbourhood do you currently live in? How long have you lived there?
3. Who is the household head? What is your household composition?
4. Do you or your household face any particular vulnerabilities? (e.g., chronic illness, disability, older persons, dependents)
5. What is your current employment status? (formal/informal, sector) For how long? (Employed / part timer / unemployed / self-employed)

Section 2: Livelihood Situation

To understand economic realities, labour participation, and coping mechanisms, helping assess the relationship between social assistance, poverty, and employment.

Speaking Note:

"Now I'd like to ask about your livelihood situation, how you and your household generate income, and the main challenges you face financially."

1. What are your main income sources? Can you list your main expenses? What's the most difficult to cover?
2. Do you or any household member participate in informal work, piece jobs, or other income-generating activities?
3. Have you had to adopt any coping strategies (borrowing, reducing meals, etc.)?
4. Do you receive any form of support (from NGOs, religious institutions, political actors)? If yes, which support do you find most reliable or helpful? Why?

Section 3: User Journey Mapping

To trace the respondent's full experience of applying for, receiving (or not receiving), and using social assistance. This section explores barriers, emotional responses, and systemic insights that will inform a visual user journey map.

A. Awareness and Motivation

Speaking Note:

"Let's talk about how you first became aware of any assistance programmes, and what motivated you to consider applying."

1. Are you aware of any social assistance programmes like NPPT or ESSN?
2. How did you hear about them?
3. Who do you think these programmes are meant for?
4. Do you know anyone who receives support? How did they get accepted?
5. Did you consider applying for assistance?
6. What kind of support did you think you would receive?
7. Did you expect the system/programme to help you? Why or why not?
8. Did you get enough information before applying? How? (By whom? Any sources such as media? Did someone approach you? Did someone come and talk to you?)

B. Application Process

Speaking Note:

"Now I'll ask about your experience with the application process."

1. Can you walk me through the steps you took to apply?
2. Who helped you (if anyone)? Were they from political parties, NGOs, religious organizations, municipalities, or local networks?

3. Was it easy to register online? Were there digital barriers? (internet connection, illiteracy, user-friendly website...)
4. What documents/information were needed? How did you obtain them?
5. How many times did you apply? Were you ever rejected?
6. What were the most difficult parts of the application process?
7. Do you think certain people get prioritized in the process? Why?

C. Assessment and Waiting Period

Speaking Note:

"Let's talk about what happened after you submitted your application."

1. How long did it take to hear back after you applied?
2. How were you informed of the outcome?
3. Did you feel informed and respected during this time?
4. What were you expecting? Were you confident you'd be accepted?
5. Did the process feel transparent or confusing?

D. Outcome: Receiving

Speaking Note:

"If you received assistance, I'd like to hear about how that worked."

1. Did you receive assistance? If yes, when did it start?
2. Was it delivered regularly and in a predictable way?
3. In what currency or form was it delivered? Was it enough?
4. Do you think someone influenced your inclusion?
5. How did you feel when you received the assistance?

E. Outcome: Being Excluded

Speaking Note:

"If you didn't receive assistance, I'd like to understand that experience as well."

1. If you did not receive support, do you know why? Were you given an explanation?
2. Do you think someone influenced your exclusion?
3. How did you feel when you didn't receive the assistance?

F. Use of Support and Perceived Impact

Speaking Note:

"Now let's talk about how you used the assistance, and whether it helped your situation."

1. What did you use the assistance for? (*rent, food, medicine, schooling, debt*)
2. Was it enough to meet your needs?
3. Did the assistance help improve your living situation?
4. Did the support change your decisions about work, migration, or schooling?
5. Did you ever face obstacles in accessing or using the support?

G. Perceptions of Responsibility

Speaking Note:

"This part is about how you see the roles of different actors involved in providing assistance."

1. Who do you think is responsible for helping people in your situation: the government, NGOs, political groups, the UN?
2. Do you feel the state is fulfilling its responsibility to you?
3. What role do international organizations play, in your view?
4. Have you seen any coordination (or confusion) between different actors?

H. Reflections and Suggestions

Speaking Note:

"We're almost at the end. I'd like to hear your reflections on the whole experience and any suggestions you might have."

1. What has been the most difficult part of your experience with assistance?
2. What would you change about how social assistance is designed or delivered?
3. What advice would you give to someone who wants to apply now?
4. Do you feel heard and respected by the people managing these programmes?

I. End of Assistance or Renewal

Speaking Note:

"Finally, I'd like to ask about what happened when your assistance ended or if you tried to renew it."

1. Are you still receiving assistance, or did it stop? When and why did it end?
2. Were you informed in advance that the support would stop or be reduced?
3. Did you attempt to renew or reapply for assistance? What happened?
4. How did you adapt after the assistance ended?
5. What would help you most now?

Adaptive capacities

1. From your perspective, what are the most common informal income-generating strategies households have adopted in this area during the crisis (or past 3-5 years)?
2. Have you observed any shifts in how people manage money; such as borrowing, saving, or dealing with debt since the start of the crisis?
3. How are different forms of support like remittances, aid, or bartering used by households to meet their basic needs?
4. Can you describe the role of informal leaders or governance figures (e.g., *mukhtars*, community heads) in helping residents access services or resources?
5. Have you noticed any change in gender dynamics or roles in households; particularly regarding work, caregiving, or decision-making since the economic decline?

Focus Group Discussions

Table 3: Focus Group Discussions (Region, Aid Status, and Gender Breakdown)

Focus Group Discussions	STATUS		GENDER	
	Receiving	Non-Receiving	Female	Male
Saida	5	3	7	1
Qob Elias	4	7	8	3
Burj Hammoud	3	3	6	
TOTAL # (per group)	12	13	21	4
TOTAL # (FGD participants)	25			
TOTAL % (per FGD participant)	48.00	52.00	84.00	16.00

Research Guidelines for Focus Group Discussions on Social Assistance in Lebanon

This section presents the structured focus group discussion (FGD) guidelines developed by UrbanAxis as part of a qualitative research initiative aimed at understanding the experiences of individuals and households navigating social assistance programmes in Lebanon, and mechanisms such as the National Poverty Targeting Programme (NPTP) and the Emergency Social Safety Net (ESSN).

The purpose of these discussions is to generate insights into how different population groups - particularly vulnerable and marginalized communities - access, perceive, and are affected by these assistance schemes. The guidelines include an information sheet highlighting the purpose of this research, a consent form, an introductory script for facilitators, the composition of the discussion, and a detailed set of questions organized by theme and group profile.

Tailored question sets are included for distinct demographic groups, such as female heads of households and youth, to ensure that the data reflects the diverse challenges and coping strategies across contexts. The resulting evidence will contribute to more informed, inclusive, and responsive social protection programming in Lebanon.

Information Sheet

Project Title: Research on the Experiences of the Bottom Poor in Accessing Social Assistance Programmes in Lebanon

Research Institution: UrbanAxis

Date: _____

Why are we doing this research:

We want to learn more about how people in Lebanon experience social assistance programmes like the National Poverty Targeting Programme (NPPT) and the Emergency Social Safety Net (ESSN). We are speaking with people who have applied for or received help and also those who may have tried and not received anything. The goal is to understand the problems people face and suggest ways to improve these programmes for everyone.

The information you and others share will be used to write a research report and give advice on how to make social assistance programmes better and fairer for people who need them most.

What will happen in this group discussion:

You will join a small group of people to talk about your thoughts and experiences. A trained researcher will ask some questions, but you can share only what you feel comfortable with. The discussion will last about 60 minutes.

Taking part is completely your choice. If the discussion brings up any difficult feelings, you can skip any question, or leave the discussion at any time, without giving a reason and without any consequences.

What you say will be kept private and confidential. We will not use your name or any information that could identify you in any report or publication. We may record the session, but only with your permission, and all recordings will be kept safe and deleted after the study is done.

Contact Information:

If you have any questions now or later, you can contact:

[Full Name]

UrbanAxis

Email: _____

Phone: _____

Consent Form

Project Title: Research on the Experiences of the Bottom Poor in Accessing Social Assistance Programmes in Lebanon

Research Institution: UrbanAxis

Interview Duration: Approximately 60 minutes

Date: _____

Location: _____

Please read the following statements and tick the boxes if you agree:

☐ I have read (or had read to me) the information sheet and understand what the focus group is about.

☐ I understand that I can leave the discussion at any time or choose not to answer any question.

☐ I understand that my name and personal information will not be shared or used in any report.

I give permission to participate in the focus group discussion: ☐ Yes ☐ No

I agree to the discussion being audio recorded: ☐ Yes ☐ No

Name of Interviewee (or initials): _____

Signature of Interviewee: _____

Name of Interviewer: _____

Signature of Interviewer: _____

FGDs STRUCTURE

Introduction Script for Facilitators

“My name is [Facilitator’s Name], and I’m part of a research team at UrbanAxis. We’re conducting a study to better understand how people in Lebanon experience social assistance programmes, especially programmes like the National Poverty Targeting Programme (NPTP) and the Emergency Social Safety Net (ESSN).

We know that life has been very difficult for many people in recent years, and that getting help and support is not always easy. That’s why we are here - to listen, learn, and understand what works, what doesn’t, and what needs to change.

We believe that your experiences, your voices, and your suggestions are very important. What you share with us today will help us write recommendations to improve these programmes for others in the future.

Before we begin, I want to explain how this will go and give you a short information sheet to read, or I can read it out loud if you prefer. This will tell you more about the research, what we will be doing today, and your rights as a participant.

I also have a consent form, which simply means that you understand what this discussion is about and that you agree to take part if you feel comfortable. Everything you share will be confidential, your name or any personal details will never appear in anything we write.

You do not have to answer any question you don’t want to. And if anything we talk about today makes you feel uncomfortable or sad, you can leave the group at any time, no explanation needed.

Do you have any questions before we begin?”

Duration and Composition

- Duration: 1.5 to 2 hours
- Participants per group: 5 to 10
- Note for facilitators: Encourage open discussion while maintaining respect for participants’ comfort and privacy. Follow up on responses with gentle probing when appropriate.

Section 1: Social Assistance Awareness and Access

A brief warm-up section to assess general familiarity and initial interactions with social assistance programmes.

1. Have you heard of any social assistance programmes in Lebanon, such as NPTP and ESSN? (Yes / No)
2. Have you or anyone you know ever applied to any of these programmes? (Yes / No)
3. In your opinion, how was the application process? (Easy – Medium – Hard)
4. What, in your experience, was the most challenging part of the application? (Explain)
5. In your opinion, how long was the acceptance or rejection decision? (Quick – Medium – Slow)

Section 2: Perceptions and Fairness

Explores participants’ views on programme equity, transparency, and who they believe should be accountable.

1. Who do you think is responsible for helping people in your situation? (Government, NGOs, political groups, UN, municipality, local networks, family networks)
2. In your opinion, who benefits the most from these programmes?
3. To what extent did you benefit from it? (Scale 1 to 5)
4. Do you feel these programmes are fair and reach those most in need? (Explain)

Section 3: Impact

Addresses the adequacy and reliability of support received.

1. Was the assistance enough? (Yes / No)
2. To what extent was it enough or not? (Explain)
3. Was the assistance timely? How often did you get to the source (ATM) and were not able to access the money?

Section 4: Group-Specific Questions

A. Female Head of Household (HoH)

These questions target women-led households to understand gender-specific challenges and experiences.

Social Context

1. What was the reaction of your community or family when you became a recipient of social assistance?
2. Did this motivate you to join or discontinue the application process? How did this make you feel?
3. What do you think is needed, specifically for women, in such a programme?
 - a. In terms of the end result
 - b. Also in terms of the process

Process-Oriented Questions

1. Describe the process of accessing social assistance.
 - a. Describe transportation (carpooling, going together, assigning someone).
 - b. Does transportation cost affect your decision?
 - c. Describe your experience at the point of receipt - any challenges?
2. At any point of the process, what are the reactions of men at the ATM? Are you affected in any way by these reactions?
3. Were you threatened/scared during and after withdrawing the money? What did you do to avoid these issues? Did you consider going in groups?
4. Did you have privacy while withdrawing money?
5. Did you face any technical issues? If yes, did you receive the needed help to solve them? If yes, by who and how?
6. What expenses are covered by the received assistance? What do you spend mostly on? (Medical, food, transportation, clothes, etc.)
7. For how long does the assistance suffice for? (Number of days or weeks)
8. Are you actively looking for other means to support your livelihood? (Other programmes, job opportunities, continuing education, technical school, remarrying, etc.)

B. Youth Head of Household

These questions aim to understand the unique experiences of younger beneficiaries and their coping mechanisms.

Social and Economic Context

1. What was the reaction of your community or family when you became a recipient of social assistance?
2. Did this motivate you to join or discontinue the application process? How did this make you feel?
3. Was someone involved in your decision? (Partner, family, employer, etc.)
4. What's your employment status? And if it covers any household needs.
5. Do you rely on any activities that cover some of your basic needs without generating income? (Small-scale farming, poultry, crops, etc.)
6. Are you actively looking for other means to support your livelihood? (Other programmes, job opportunities, continuing education, technical school, etc.)

Process-Oriented Questions

1. What was your experience at the point of withdrawal (ATM)?
1. Was there enough privacy?
2. Did others intervene?

3. Did you feel safe?
2. Did you face any technical issues while withdrawing the assistance? Did you receive the needed help? If yes, by who and how?
3. What expenses are covered by the received assistance? What do you spend mostly on? (Medical, food, transportation, clothes, etc.)
4. For how long does the assistance suffice for? (Number of days or weeks)

Section 5: Concluding Questions – Recommendations

This section gathers participants' reflections and suggestions to inform future programme development.

1. What would you change about how social assistance is designed or delivered?
2. Any other recommendations? Comments?
3. What advice would you give for someone that wants to apply?

Adaptive capacities

1. From your perspective, what are the most common informal income-generating strategies households have adopted in this area during the crisis (or past 3-5 years)?
2. Have you observed any shifts in how people manage money; such as borrowing, saving, or dealing with debt since the start of the crisis?
3. How are different forms of support like remittances, aid, or bartering used by households to meet their basic needs?
4. Can you describe the role of informal leaders or governance figures (e.g., *mukhtars*, community heads) in helping residents access services or resources?
5. Have you noticed any change in gender dynamics or roles in households; particularly regarding work, caregiving, or decision-making since the economic decline?

Annex 2: Methodological Notes and Codebook

Table 4: Areas Covered by the Study

Governorate	District	Town	Neighbourhood(s)
Akkar	Akkar	Muhammara	Al Kawthar Mosque Street
North Lebanon	Miniyeh-Donniyeh	Sir el - Donniyeh	Old Souk
South Lebanon	Tyre (Sour)	Ain Baal	Mosque street / Municipality Street / Hay el Seha
South Lebanon	Tyre (Sour)	Bissariyeh	Hay el Mazraa
Beirut	Beirut	Karantina	Karantina Public Park
Mount Lebanon	Matn	Burj Hammoud	BH Retirement Home
Mount Lebanon	Matn	Bikfaya	Bikfaya Square
Bekaa	Zahle	Qob Elias	Old Souk / Hay el Naher / Hay el Kaneyes / Hay el Khemarra

Table 5: Overall Participant Breakdown by Gender and Aid Status

Overall Participants	STATUS		GENDER	
	Receiving	Non-Receiving	Female	Male
TOTAL (#)	39	35	50	24
TOTAL # (participants)	74			
TOTAL (%)	52.70	47.30	67.57	32.43

Table 6: Codebook

Codebook
KIIs codes
ESSN = emergency. NPTP = established. Both externally driven.
ESSN born of crisis. NPTP older but reactive.
ESSN = response tool. NPTP = older and more institutional.
NPTP = 2011 WB-led, shift from charity. ESSN = crisis-based.
NPTP = WB-led targeting, ESSN crisis-focused.
ILO lifecycle approach vs poverty alleviation.
NPTP and ESSN poverty alleviation focus.
PMT approach rooted in political economy and poverty focus.
Programme reactive, donor-driven, limited national ownership.
Fragmented. No integration. MoSA sidelined.
Minimal integration. Fragmented design.
ESSN/NPTP not coordinated. MoSA lacks strategy.
ESSN not integrated into other sectors.
No real link to social protection. Donor-driven.
Fragmented coordination, weak MoSA leadership.
ILO role is advisory, limited direct involvement in ESSN/NPTP.
Weak integration, fragmented governance.
Index secrecy weakens transparency and accountability.
PMT index not public, political manipulation risks.
Weak MoSA role, donor-led with minimal government control.
Relief-focused, not transformative.
Basic survival. No graduation logic.
Only targets “extreme poor”.
Temporary poverty mitigation.
No exit strategy. No skills/jobs.
Short-term poverty relief focus.
Differentiates poverty alleviation vs lifecycle support.
Focused on bottom poor households, no lifecycle coverage.
Poverty alleviation narrowly targeted, excludes disabilities.
PMT limits coverage; additional transfers for vulnerable.
Emergency relief, no transformative pathway.
Cash only. No services. Limited amount.
Cash only. No bundled services.
\$25 per person/month. Delivered via OMT.
Cash-only; no bundled services.
Cash-only, fixed, no services.
Mostly cash transfers, minimal complementary support.
Disability allowance cash transfers distinct from ESSN/NPTP.
Cash transfers only, inconsistent values.
Cash only, unpredictable and irregular payments.
No impact evaluations. Static approach.
No monitoring loop.

Not results-based. No feedback cycle.
No policy feedback from M&E.
Impact anecdotal. Not evidence-based, weak M&E
Weak M&E, reports often ignored.
ILO mostly observer, limited evaluation role.
Monitoring fragmented, donor driven.
No transparent M&E, internal reports only.
PMT not evaluated publicly; political use noted.
Little formal evaluation; donor reports only.
PMT = flawed, lacks transparency.
PMT = black box. Distrusted.
PMT = overly technical, lacks human logic.
PMT = technical and opaque. Public doesn't trust it.
PMT = black box. Ignores household conditions.
Proxy means testing criticized, limited community input.
PMT excludes some disabilities; targeting based on surveys.
PMT scoring excludes some vulnerable groups.
PMT algorithm secret; vulnerable groups excluded.
PMT secretive, potentially politically manipulated.
PMT central, lacks transparency, causes exclusion errors.
Many poor excluded; appeals hard.
Exclusion errors high. No remedy.
Formula-based exclusion common.
'Formula error' cited as common problem.
Informal housing and rural areas misclassified.
Errors in rural and informal housing exclusions.
Disability exclusion notable in NPTP/ESSN targeting.
Single mothers, elderly, disabled excluded.
Political interference leads to exclusion and favouritism.
Political influence skews beneficiary lists.
High exclusion, especially rural and vulnerable groups.
Political pressure exists, especially pre-2019.
Local figures interfere with lists.
NPTP vulnerable to political clientelism.
Political pressures on NPTP. Less in ESSN.
Local elite influence observed.
Political pressures at local levels.
Political neutrality claimed but local influence possible.
Local political actors affect targeting and delivery.
<i>Mukhtars</i> and local elites influence beneficiary selection.
Local political actors influence beneficiary access.
Confusion around formulas.
Staff not trained on targeting changes.
PMT changes poorly explained.
PMT not clearly communicated.
Criteria unclear to public and staff.

Lack of clear communication on targeting criteria.
Limited sharing of targeting method details.
Poor communication about eligibility and programme changes.
Formula and criteria not shared publicly, leading to distrust.
Non-disclosure of PMT justified as preventing tampering
Inadequate public explanation of programme criteria.
Older persons, disabled, rural poor excluded.
Single mothers, divorced women excluded.
Informal workers, older persons alone, divorced women excluded.
Informal workers and older persons often missed.
Older persons, disabled, unregistered refugees missed.
Rural poor, disabled, and informal sector workers excluded.
Older persons and persons with disabilities face access barriers.
Women in conservative areas and isolated communities excluded.
Remote areas and marginalized groups often left out.
Rural poor and minority groups excluded due to PMT flaws.
Older persons , disabled, and informal dwellers under-covered.
Web-based access excludes many. Poor internet, digital illiteracy.
Application fails often. No guidance.
Application system broken. Appeals not working.
Application breaks often. Helpdesks overwhelmed.
Access via networks. Not systematic.
Limited outreach; digital and physical barriers remain.
OMT used but delivery uneven.
Weak outreach limited physical access points.
Local elites gatekeep access; digital illiteracy an issue.
Technology-based access limits poor rural populations.
Difficulties in registration and appeal processes.
Fuel shortages for verifiers. Logistical weakness.
Staff overwhelmed. Weak outreach.
Logistics challenge, especially post-COVID.
Site visits limited. Poor logistics.
Verifiers lack fuel. Pandemic worsened.
Limited verifier resources; COVID worsened situation.
Staff shortages affect monitoring and outreach.
Staff constrained, impacting verification and distribution.
Limited field staff capacity affects fairness.
Staffing shortages hinder field-level implementation.
Payment delays frequent.
ESSN often interrupted.
Payment delayed due to donor issues.
Delays due to fund flow. OMT used.
Donor pauses caused unpredictability.
Payment irregularities due to funding cycles.
National disability allowance payments more regular.
Delays common, payments unpredictable.
Unpredictable payments worsen beneficiary trust.

Payments delayed; donor dependency affects regularity.
Irregular payments, delayed disbursement.
Not functional. Appeals go nowhere.
Appeals non-existent or unclear.
Appeals process lacking transparency.
Appeals unclear. Mostly 'wait'.
Appeals escalated via personal networks.
Appeals mechanisms weak, unclear procedures.
No formal appeals; informal resolution only.
Appeals systems weak or non-existent.
No transparent appeals; grievances often ignored.
Appeals process opaque; no formal resolution channel.
Appeals rare, informal, and ineffective.
Shame, jealousy within communities. Aid not empowering.
Aid = humiliation, not support.
Grateful but humiliated. Not transformative.
Grateful but feel humiliated.
Community jealousy, stigma common.
Recipients feel dependent, some social stigma.
Disability beneficiaries feel excluded socially.
Stigma attached to receiving aid in some communities.
Community jealousy and mistrust common.
Aid recipients face stigma; lack of empowerment.
Recipients report shame and dependency feelings.
Minority groups (e.g. Bedouins) excluded.
Rural regions underserved; urban bias prevalent.
Rural vs urban coverage disparities noted.
Marginalized regions often excluded.
Rural poor and minority groups face neglect.
IDI Code
Displacement
no communication
payment irregularities, aid in LBP
Disability card, no aid, medical burden
Informal support
Sole breadwinner
illiteracy, digital illiteracy
No feedback from MoSA, Assistance denied without explanation
Disability card, Interrupted Aid
Repeated aid cuts
Child schooling needs, Education vs cost burden
Medical care, cancer costs, Pharmacy loans
unclear cut of assistance, complete stoppage
Disability card, Interrupted Aid
social media (TikTok, Facebook, and YouTube) tracking for programme's update
Child schooling needs, Education vs cost burden

Lack of follow-up, Household evaluation gaps
Self-harm, Discrimination, No support from MoSA
NRC renovation; confusion of MoSA programmes with others
Refusal to reapply, dignity and humiliation in the application process
Denied of assistance after familial separation, divorce
Refugees get more aid, Frustration with 0
No feedback from MoSA, Denied without explanation
Child schooling needs, Education vs cost burden
Out-of-pocket payments, Disability card, Interrupted Aid
Port explosion trauma
Childcare vs. need to work for mothers
Nepotism, favouritism and unfair distribution of aid
Debt, Rejected applications, Favouritism, Self-employment, Family medical needs, Repeated aid cuts, Political affiliations
Out-of-pocket payments, Disability card, Interrupted Aid
Home-based work, Orphan aid, Mental health of children, Illiteracy, Food preparation, Medical need, Education expenses
Disability from work, Envy among neighbours, Nepotism, Wait times, Public health care reliance
Disc injury, Diabetes, NRC housing dispute, Social envy, Cab driver husband
Heart attack, Nepotism, Harsh winters, Social media misinformation
Child schooling needs, Education vs cost burden
Use of deceased husband's ID to secure aid continuity,
MoSA gatekeeping
Informal networks-MoSA staff
Coping mechanisms
Lack of property
Informal rent, Refugee strain
Overpriced bills
OMT cash withdrawal vs ATM cash withdrawal
FGD codes
Word-of-mouth, neighbours sharing links (AMAN Programme)
literacy and digital illiteracy
Inspections, document collection
Long waits, lack of follow-up
Wasayet (connections)
ambiguous perception regarding the role of local authorities
Aid recipients hiding info
Shaming recipients of aid
coping mechanism: creation of symbolic value for NPTP card, (used to defer payments in shops)
ambiguous relation of MoSA Programmes to other aid Programmes
Temporary coverage of basic needs
Assistance cash amount is not enough not enough
Medication is unaffordable
Coping mechanisms: Crochet, cleaning, shopkeeping
No trust in enrolment and selection criteria
Fragmented assistance, cardless delivery

SMS updates, hotline, staff visits (feedback and monitoring mechanisms)
Database and fairness in selection
Family assistance with registration
Application without follow-up Phone number change untracked
No response after registration
House inspection replaced by phone interview
Repeated house surveys
Sudden stop in benefits
Lack of communication- no complaint resolution
Female HoH coping mechanisms (side jobs and not buying clothes
Wasta (connections)- Unjust selection processes- Distrust in system- Resentment toward favouritism
Assistance kept secret for fear of losing benefits
Coping mechanisms: little or no community sharing
Poor monitoring and evaluation measures
Cost of transport to aid pickup
OMT cash withdrawal vs. ATM cash withdrawal
Need for better outreach and updates of database
need for better targeting of neglected clusters and households
Injustice in selection- clear criteria for eligibility
Informal contacts with MoSA and NGO staff (outreach and referrals)
Long wait times- Lack of clarity- Sudden approvals- Technical or systemic delays
Wasta/favouritism- Unfair exclusion
Visible wealth among undeserving recipients- Lack of transparency
MoSA inspections- Poor coordination
lack of trust in institutions- politicized distribution
Women as providers- Emotional and physical sacrifices- Social pressures and stigma
recipient undeployed men- Social pressure and stigma
High medication costs- Dependency on aid for treatment- Disability and chronic illness- Using card as proof for meds
Selling aid for cash- Using aid as credit collateral- Debt as survival strategy
Male shame and bullying- Criticism from peers- Conflict with community perceptions
Transition from banks to OMT- High transport costs- Long queues- Preferential treatment by staff
NPTP Card as essential- Psychosocial reassurance and symbolic value
Overlapping programmes cause cut-offs