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EXECUTIVE SUMMARY

INTRODUCTION

The Lebanon Cash Consortium (LCC) is comprised of six INGOs with the objective of providing socio-economically vulnerable Syrian refugees across Lebanon with Multi-purpose Cash Assistance (MCA). The LCC utilizes a proxy-means test (PMT) to target refugee households and identify those eligible for cash assistance. The PMT is conducted via a household visit and survey, designed to assess several HH characteristics such as income, assets, shelter type, amongst others, that serve as proxies to estimate HH economic welfare. Each assessed HH is assigned a score categorizing it as Severely, Highly, Mildly or Least Vulnerable. However, the LCC and Basic Assistance community in Lebanon recognizes that the PMT has a number of weaknesses; it can imply exclusion errors (under-coverage) and inclusion errors (leakage), both of which are embedded as statistical errors. For this reason, the current study aimed at exploring the community’s perspective on the PMT, targeting in general, and inclusion and exclusion errors. The CBT approach has at its core, a commitment to consult with the community in question, identify vulnerable HHs aligned with local definitions of socio-economic vulnerability (SEV) that statistical measures may not capture. The current study does not aim towards the implementation of CBT in Lebanon, rather the study focuses on the perception of Syrian refugees in Lebanon on SEV, while evaluating the current PMT criteria used in Lebanon for targeting. Furthermore, the study also explores coping strategies among Syrian refugees in Lebanon.

METHODOLOGY

The study consisted of both Key Informant Interviews (KII) and Focus Group Discussions (FGD). Participants were selected through random stratification by district from the LCC Baseline Data, which included all refugees assessed by LCC agencies between December 2014 and November 2015. The KII protocols consisted of demographic questions, and a set of questions and exercises grouped into four themes. The first theme revolved around the community’s understanding of SEV, the second around the selection process, the third explored how the community ranks HH vulnerability, and the fourth explored coping strategies. The FGD protocols consisted of the same questions, though the third and fourth themes also explored vulnerability levels and coping strategies but through different exercises. The research team recorded, transcribed, and then analyzed the interviews using a Grounded Theory Approach, which relies on developing theories from the data itself without a predefined framework.
KEY FINDINGS

The definition of SEV as identified by the Syrian refugee community included the lack of employment opportunities, the high costs of living in Lebanon, and inadequate living conditions. Other aspects, such as children’s needs, renewing residency permits, and the costs of rent, and healthcare, were also included in the definition that were not captured in the PMT. The study asked the community about how certain variables impact vulnerability:

HH SIZE:

HH size may influence vulnerability negatively, either through increasing expenditures, or positively, through the presence of more members who are able to work. For this reason, two HHs with the same size but one HH having more income generators is less vulnerable than their counterpart with no income generators.

HH COMPOSITION:

The community believed that certain HH composition, such as children, people with special needs, and pregnant women, are important contributors to vulnerability. Additionally, HH members who are of working age, which is above 15 years old, were reported as important income generators, specifically boys more than girls, in turn, reducing vulnerability.

SHELTER AND ASSETS:

Results show that refugees believed that the type of shelter and its conditions relate to the challenges that HHs were facing. Tents are subjected to harsh winter conditions, such as flooding, and one-room apartments can have an unhealthy environment, such as humidity. Furthermore, the presence of certain assets, such as fridge, washing machine, is associated with lower levels of vulnerability.

RESIDENCY PERMIT:

The absence of a valid residency permit has a strong impact on SEV because it severely restricts mobility and therefore limits one’s options for employment and income generation. Furthermore, refugees were in constant fear that they might be stopped at a checkpoint and get arrested.

GENDER OF HOHH:

The community reported that female-headed households experienced greater difficulty than male-headed households did. The employment opportunities available to women are limited, and mothers of young children are not always able to leave the house, in turn, might end up doing in-house jobs with very limited income or not working at all. Noteworthy, a female HoHH with high income was perceived as less vulnerable than a male HoHH with low income.

SOCIAL CONDITIONS:

While a HH’s expenditures are indicative of its needs, the community indicated that social factors play an important role in shaping its vulnerability. Refugees reported feeling weak due to the lack of social support, and complained of facing discrimination – this includes discrimination against children, who in some cases reported experiencing bullying at school.

EDUCATION:

On the economic level, education was perceived to increase employment opportunities; thus, ameliorating vulnerability. On the social level, education allowed the HoHH greater mobility by being able to read signs and directions. Furthermore, participants reported the importance of being able to educate their children, or at least support them in their homework.

DEBT AND INCOME:

Debt and income generation posed significant challenges because participants believed they relate to expenditures and a HH’s ability to secure its basic needs. Income generation was among the highest-ranking factors influencing the SEV of a HH. Moreover, unemployment was a core component of the community’s definition of vulnerability. Keeping in mind that many respondents complained of unemployment, the majority agreed that a HH with an employed member was automatically less vulnerable than ones without. As for debt, it was reported as a constant coping strategy, where HH always take loans but the frequency of taking loans fluctuates depending on how much they can pay back. Loans were mainly taken for food, medication, and rent. Noteworthy, skipping or delaying rent imposed some protection-related issues, namely eviction. Debt did allow the HH to meet some of their basic needs, but it increased vulnerability as participants reported the difficulty in being able to pay it back, being approached by the lender for pay back, and fear of not being able to take more loans.

Apart from identifying aspects of vulnerability, the study also revealed that there is great uncertainty amongst the community about the selection process for cash assistance. The majority of participants did not understand how selection takes place, and while some thought that it is needs based, others still believed that it was a random exercise. Nevertheless, the majority believed that the allocation of assistance was accurate, despite some inclusion and exclusion errors. The discussion on coping strategies indicated that although seeking employment and utilizing humanitarian assistance were the primary means of covering basic needs, participants also reported borrowing money. Debt is recognized as a significant coping strategy, and it presents a number of protection risks, such as eviction in the case of skipping or delaying rent. Finally, the vulnerability exercise showed that the community considers the gender of the HH head, income, assets, and shelter to be among the main criteria that determine a HH’s vulnerability level.
KEY RECOMMENDATIONS

Given that the community produced a complex definition of SEV that was not always in line with the targeting measures used, the study recommends that agencies make a consistent effort to incorporate the input of the community in program design. Recently, there was a shift towards the desk formula (current targeting formula), which only incorporates the data required when refugees register at UNHCR. However, the findings show that SEV is beyond demographic data and vulnerability is a dynamic construct. As such, frequent monitoring, such as spot checks, and/or needs assessment can be useful to capture aspects unmet by the formula and investigate the convergence level between statistics and field. The current targeting (Desk formula) includes variables such as length of stay in Lebanon and district of origin in Syria. This aspect of vulnerability requires additional research, as the findings of the current study did not explore the mentioned variables, considering that the desk formula was operation after the development of the current study. Agencies need to explore the impact of protracted displacement and the impact of origin and current stay on vulnerability.

Another demographic variable the desk formula incorporates the district where the HH is residing in Lebanon, while participants highlighted some differences between urban and rural areas, the study did explore the impact related to the location of stay in Lebanon on vulnerability. Moreover, the findings show that there are pros and cons to location, e.g., job opportunities, market and rent prices, that might balance each other out.

Understanding how the community perceives SEV can benefit targeting approaches, specifically those that do not rely on statistical methods. In particular, qualitative evaluations of HHs to be included into cash programmes can consider the number of HH members above 15 years old, number of HH members above 59 years old, presence of HH members with special needs, female HoHH with no working members, lack of employment skills, and absence of residency permits.

As the study found, SEV is a dynamic construct, and cannot be defined by one or two variables. Further research into HH vulnerability can benefit from Structural Equation Modeling to measure the direct and indirect effects of each of the variables considered, while considering vulnerability as a latent variable rather than observed, which the case in most PMTs is where expenditure is used as a proxy of welfare. Nonetheless, the study also found that the gap between income and expenditure is a stronger proxy of welfare than expenditure alone is.

Developing a common message among cash actors in Lebanon that informs refugees on the targeting formula or selection criteria in turn, reducing confusion and frustration. Furthermore, the message should also clarify to refugees that targeting is formula driven which has embedded errors; however, measures are taken to account for that, such as qualitative inclusion. Findings shows that refugees do know some of the criteria, such as income generation, and do notice exclusion and inclusion errors. For this message to be effective, it should be disseminated primarily among field staff, outreach officers, and hotline offices.

In line of the common messaging, strengthening complaints and feedback mechanism by training hotline officers and field staff on how to effectively handle oppositions regarding exclusions, as the findings show that the lack of knowledge on selection criteria among filed staff is reinforcing refugees’ frustration. Field staff and hotline officers are in constant contact with refugees. For this reason, they can be the most staff who receive different types of questions from refugees. One of the questions is around inclusion and exclusion issues. Participants reported that even field staff tell them that it is random and/or unknown. In turn, this added to the frustration refugees felt towards the ambiguity of the targeting formula. The study highlights the need for a common message around targeting, inclusions, and exclusions to be shared among field staff and hotline officers, all of which strengthens accountability.

EXECUTIVE SUMMARY

The study revealed that many beneficiaries heavily rely on either assistance or debt, either in the form of food on credit, loans from others, or skipping/delaying rent, in order to overcome the challenges of meeting their basic needs. Furthermore, refugees are resorting to less desirable jobs, such as picking up trash, even in some cases sending their children to pick up trash. The implications of these strategies require a better understanding of the contextual coping strategies, as well as their impact on refugee HHs. As such, research is need to delineate commonly used coping strategies, along with the severity, among Syrian refugees residing in Lebanon.

Aside from the cash sector; the findings of the current study inform other sectors by acting as a needs assessment. In particular, HoHH reported the need for some form of education to increase employment opportunities, increase mobility, and support their children. Additionally, participants highlighted on needed skills, such as construction or sewing, that can increase employment opportunities.
INTRODUCTION

In March 2016, the Syrian crisis marked its fifth year, with the impact of war on civilians continuing to snowball. In order to escape death and despair, more than 4 million Syrians fled from their home country to other countries seeking refuge. The influx of Syrians into neighboring countries has caused the world’s largest and unprecedented refugee crisis (cited in Lehman & Masterson, 2014), killed over 220,000 civilians, and given rise to widespread violations of human rights. Lebanon, sharing borders with Syria, is one of the countries that hosts the highest number of Syrian refugees in the region with refugees now making up around 17% of the population. According to UNHCR, as of June 2016 Lebanon hosts approximately 250,000 Syrian registered refugee households (HH), or roughly 1,000,000 individuals, in addition to an unknown number of unregistered refugee HHs. The number of refugees in Lebanon has fluctuated over the past five years, though has not dropped below one million; a phenomenon referred to as a “devastating milestone” (Thibos, 2014).

As part of needs assessment and prospective planning, UNHCR, in collaboration with other UN agencies, INGOs, conduct a yearly household (HH) assessment, the Vulnerability Assessment of Syrian Refugees (VASYR), on a representative sample of the registered Syrian refugee population. The VASYR and Lebanon Crisis Response Plan (LCRP) provide a framework for the Basic Assistance Working Group (BAWG) to work towards enabling refugees to meet their basic needs without increasing negative coping strategies. The BAWG provide multi-purpose cash (MCA) assistance and core relief items (where appropriate) to the most vulnerable households. It also provides seasonal assistance, known as winterization support, based on vulnerability and exposure to cold. The Basic Assistance and Food Security Sector account for 26% and 15% of the response budget for Lebanon, though both sectors have experienced significant funding shortages (cited in Battistin, 2016). In response to this shortage in funds, sectors aim towards high cost-efficiency and effectiveness.

BACKGROUND ON PROXY MEANS TESTS (PMT)

Despite the type of assistance agencies provide and the amount of the grant, all cash actors rely on statistically driven targeting methodology to include HHs into the assistance programme and one of the most commonly used method is the Proxy Means Testing (PMT). The notion of finding the most accurate method to identify and deliver assistance to those most in need is intuitively appealing. When considering economic vulnerability, household income has been one of the most prominent indicators (Alatas, Banerjee, Hanna, Olken, & Tobias, 2012; Jorgensen 2001). In developed-countries, data on income is readily available and assistance programs may use means testing for targeting. However, in developing countries such as Lebanon, verifying income is difficult given the absence of reliable sources of income. Subsequently, targeting tools have included additional variables when examining economic vulnerability. PMT has become a widely used vulnerability targeting mechanism among several assistance programs such as health, social safety nets, and cash. The PMT, originally designed in Chile for a social protection program in the 1980s, is based on a national HH survey, the content depends on the type of vulnerability being measured.

Humanitarian actors are using the PMT to assess and detect several vulnerabilities such as economic, social, psychological, and physical vulnerability, though in the case of cash actors in Lebanon, of paramount importance is socio-economic related vulnerability, and thus the PMT mentioned in the current paper focuses on economic welfare. The information collected from the HH questionnaire allows actors to assess several factors, such as HH expenditure, assets, and shelter type, all of which serve as proxies for estimating HH economic welfare. To select the most relevant proxies, a regression analysis is run, usually against self-reported expenditure as the dependent variable, and the variables with the strongest prediction of expenditure are chosen as part of the PMT model.

The proxies within the model are complementary, i.e. one proxy cannot predict welfare on its own. In fact, individual proxies may show weak correlations with welfare, while several proxies result in strong associations with it. A PMT model would normally include 10 to 30 proxies, and the regression analysis gives each variable a specific weight depending on whether it increases or alleviates vulnerability. After the data is collected and the PMT formula applied, each assessed HH is given a score depending on the answers to the proxies. In the case of Lebanon, the HH information was, until August 2016, collected through the Household Profiling Questionnaire (HPQ). The total score represents per capita consumption and serves as the eligibility criteria for cash assistance.
As with any targeting mechanism, there are both strengths and weaknesses with the PMT. Previous studies have shown that the PMT is an objective measure of welfare (e.g., Chamberlin et al., 2009). Its principle advantage is that it allows for central control and accountability (Maluccio, 2008). PMTs can be undertaken on a large scale, they can generate scores for a variety of households (for instance rural and urban), they are resistant to political interference and household manipulation (Chamberlin et al., 2009), and they offer a classification of households that can be used for a variety of purposes, such as allocation of assistance.

Despite their comparatively low costs and convenience compared to other targeting methods (e.g., community based targeting), PMTs have received some well-founded criticism. For instance, PMTs are not particularly precise measures of poverty. The literature suggests that inclusion (leakage) and exclusion (under coverage) errors of 30-40% are a normal by-product of using PMTs (Kidd & Wylde, 2011). In order to remain efficient, programs need to keep the two errors at a minimum while maintaining low targeting costs (Yusuf, 2010). However, these errors increase rapidly when programs implement stricter cut-off levels, as can be seen in the next figure.

PMTs tend to perform the worst when identifying the poorest of the poor. Studies illustrate that when the target is 20% of the population, the PMT performs just below the level of mere chance (Kidd & Wylde, 2011). Additionally, PMT measures are not sensitive to the characteristics of the poorest households, and tend to overestimate their consumption (Haughton & Khandker, 2009).

While implementers may find the PMT methodology appealing because of its simplicity, the results may be confusing for the communities in question. In Mexico, one program participant likened the process to a lottery – various community members received assistance, but many of its poor members were excluded (Huber et al., 2008). The impression that distribution is random has the potential to undermine the legitimacy of the program and increase intra-community tension. It is also likely to result in families giving inaccurate answers to the PMT questionnaire in order to trick the system.

Moreover, PMTs may not be the most appropriate tool in situations of humanitarian emergencies. The target population may face increased restrictions on freedom of movement, employment, and access to healthcare and education. Typical PMTs do not measure these aspects of vulnerability and focus instead on assets and demographics. Furthermore, program implementers may fail to account for the relationships, incentives, and power dynamics that exist in an emerging situation. In such a rapidly changing context, the PMT may no longer be a robust mechanism for identifying the vulnerable.

BACKGROUND ON THE LEBANON CASH CONSORTIUM (LCC)

One of the main cash actors who used the PMT in Lebanon, is the Lebanon Cash Consortium (LCC). The LCC is comprised of six INGOs with the objective of providing socio-economically vulnerable Syrian refugees across Lebanon with Multi-purpose Cash Assistance (MCA).

Through MCA provision, the LCC empowers refugees to make their own decisions with dignity. To avoid overlap and ensure national coverage, each LCC agency covers specific districts in Lebanon (see Annex I for LCC coverage map).

In order to assist those most in need and to calculate the amount of cash assistance, the LCC relies on the Minimum Expenditure Basket (MEB). The MEB for Syrian refugees was developed in 2014 based on global standards, adapted to Lebanon, and was set at $570 ($114 per capita) for one month. Furthermore, the Survival Minimum Expenditure Basket (SMEB) was calculated to capture the minimum basic needs required for survival, and was set at $435 ($87 per capita) per month. Based on the SMEB, along with the assumption that a Syrian refugee household could generate $110 per month, and considering that $150/HH of food assistance was being provided by WFP, the amount of the LCC MCA is $435 - $150 - $115 = $175 (260,000 L.L.). Furthermore, using the PMT and through the Refugee Assessment Information System (RAIS), a score is generated for each HH that is further categorized into vulnerability levels using the per capita MEB and SMEB as thresholds. As such, households that score above $114 on the PMT are considered to be least or moderately socio-economically vulnerable. Households that score between $113 and $87 are highly socio-economically vulnerable, and those that score below $87 are severely vulnerable (see table below for Vulnerability Level and PMT score).

<table>
<thead>
<tr>
<th>VULNERABILITY LEVEL</th>
<th>PMT SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least Socio-Economically Vulnerable</td>
<td>&gt; $143</td>
</tr>
<tr>
<td>Moderately Socio-Economically Vulnerable</td>
<td>$114 - $142</td>
</tr>
<tr>
<td>Highly Socio-Economically Vulnerable</td>
<td>$113 - $87</td>
</tr>
<tr>
<td>Severely Socio-Economically Vulnerable</td>
<td>&lt; $87</td>
</tr>
</tbody>
</table>

Based on the above categories, the LCC assisted approximately 3,800 severely and highly socio-economically vulnerable households from February 2015 until June 2015. From June 2015 to September 2016, the number of households assisted by the LCC increased significantly reaching more than 18,000 households. In addition to distributing assistance and working to harmonize national approaches to multi-sector cash transfer programming, the LCC engages in multilateral forums in Lebanon and provides technical leadership on targeting approaches, delivery mechanisms for cash transfers, and the monitoring and evaluation of cash programming. The LCC works closely with other partners, namely UNHCR and WFP, and is an active member of the BAWG in Lebanon.

It is important to note that in July/August 2016, a number of multi-purpose cash actors in Lebanon, including UNHCR, WFP and LCC agencies, shifted from the PMT to a Desk Formula, which uses the Profile Global Registration System data (ProGres). The main difference between the two approaches being the variables used, and the availability of the respective data. When refugees register with UNHCR, the agency collects the data for the variables included in the desk formula, which are mainly demographic. This eliminates the need for a HH visit and allows for a scoring of all registered refugees.

In an attempt to mitigate the errors embedded in the PMT or any other data driven targeting, the LCC implements a qualitative tool known as the Qualitative Inclusion Committee (QIC). Three QIC meeting points exist at different locations in the country to allow for geographical representation, and at least three agencies have to be present for each review. Agency representatives review households that are not severely vulnerable according to the PMT but that they may still consider vulnerable according to additional criteria, such as gender of HoH, social isolation, debt, or a sudden shock, such as death of breadwinner. The QIC takes place when an agency identifies a need for review, mainly based on complaints and/or field visits. During the meetings, each agency presents the cases it brought forward along with the evidence for them, and then the three agencies take a vote. As of September 2016, the LCC is assisting 64 households through the QIC.
BACKGROUND ON COMMUNITY BASED TARGETING (CBT)

Despite the strengths of an algorithm, the results of proxy means testing do not always mirror the reality for refugees and agencies working towards identifying the most vulnerable. Subsequently, there is continuous effort to explore alternative mechanisms for increasing the effectiveness and efficiency of targeting. One of these methods is community-based targeting. A community-based method consults with community members and identifies the poor based on local definitions of poverty; granting those who are vulnerable a chance to voice their perspective, thereby increasing local satisfaction and improving the legitimacy of programs.

According to Alatas et al. (2012), communities have demonstrated that their shared perceptions of poverty are distinct from per-capita consumption, and that incorporating their input produces higher satisfaction levels. The same study examined the use of CBT in rural communities in Indonesia in comparison with the PMT and a hybrid method (including both CBT and PMT), and found that CBT resulted in 60% less complaints than PMT. Similarly, communities were more likely to find assistance distribution fair in cases where the community was consulted (Giligan et al 2005). Greater program legitimacy may help generate complaints than PMT. Similarly, communities were more likely to find assistance distribution fair in cases where the community was consulted (Giligan et al 2005). Greater program legitimacy may help generate higher political support for the initiative (Himmelstine, 2012). Ridde et al (2010) have also suggested where the community was consulted (Giligan et al, 2005). Greater program legitimacy may help generate higher political support for the initiative (Himmelstine, 2012) highlights the potential exclusion of some groups and differing community priorities as some of the main disadvantages of CBT. Giving communities the chance to identify the vulnerable among them according to their own terms could lead to the neglect of groups such as refugees or minorities, or to the allocation of resources on a basis other than need. Similarly, Adato and Haddad (2010) detected gender-based discrimination in some community-based programs, and suggested that community involvement could make room for nepotism and favoritism.

Moreover, the results provided by the community may not be reliable enough. Participants can experience difficulties defining the community and then identifying and agreeing on indicators of poverty. Several evaluations have concluded that CBT is not necessarily more accurate than statistical measures of poverty (Alatas et al., 2012; Karlan & Thuybaert, 2013) and in some cases may even allocate services to those who are not most in need (Adato & Haddad, 2010). In addition to that, community based approaches may not distinguish between levels of poverty; while the results are accurate at detecting the most vulnerable, they are less accurate when it came to moderately vulnerable households (Karlan & Thuybaert, 2013). According to Ravallion (2009), community targeting may also imply external costs for participants and may undermine political support for the respective program.

Several studies refuted the abovementioned disadvantages. For example, Schuring (2014), through a field experiment, found that both egalitarianism and favoritism do not emerge as prominently as would have been expected. The community does not treat all households similarly, and does not believe that benefits should be shared equally. Those who were very poor still received 12% more in benefits than those who were better off. Furthermore, a meta-study conducted by Coady Grosh, and Hoddinott (2004) found that programs where the community was involved in targeting ended up transferring more to the poor than programs with universal allocation. It also found that differences in targeting outcomes could be due to a number of factors: the country context and the capacity for program implementation, the choice of targeting methods, whether there is a mechanism to hold governments accountable, and the extent of inequality.

CBT enhances the understanding of poverty by adding components that statistical measures do not capture. It often reveals that the local community factors in additional aspects that produce different targeting outcomes (Savadogo et al, 2015). Local definitions of poverty can be closely associated with the geographical, cultural, and social environment, and with household characteristics, such as size and composition (Sikula, Davis, & de la Vega, 1999). Furthermore, CBT is a stronger method for identifying the poorest of the poor because it provides accurate results for selecting the most and least vulnerable - categories that the PMT often overlooks (Karlan & Thuybaert, 2013). Community identification can also be cheaper to implement, which makes it a more cost-efficient technique (Giligan et al, 2005), considering using a PMT requires daily HH visits to fill the assessment, which can be costly.

However in a targeting exercise where the outcome implies acquired benefits, making room for community input runs the risk of elite capture. In a review of CBT programming, Himmelstine (2012) highlights the potential exclusion of some groups and differing community priorities as some of the main disadvantages of CBT. Giving communities the chance to identify the vulnerable among them according to their own terms could lead to the neglect of groups such as refugees or minorities, or to the allocation of resources on a basis other than need. Similarly, Adato and Haddad (2010) detected gender-based discrimination in some community-based programs, and suggested that community involvement could make room for nepotism and favoritism.

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PREVIOUS STUDIES

Few previous empirical studies explored how the community defined poverty and identified elements that profile a poor HH. For instance, a study in Burkina Faso conducted a Community Wealth Ranking (CWR) study to identify poor households from the perspective of the affected community. The study reported the different criteria the community resorts to in order to assess a family’s wealth status. The criteria used were the scarcity of basic needs, deprivation of capacities, poor living conditions, and the absence of social capital, voicelessness, and powerlessness. Using these criteria, the community categorized households into three poverty groups: poor, intermediate, and wealthy households. The ‘poor’ group was composed of people who according to the community had nothing, had insufficient amounts of food, were not in sufficient health to work, were unable to solve their own problems, had no social networks, and/or were not owners of livestock (Savadogo et al, 2015).

Another recent study in Lebanon conducted by the REACH Initiative, UNICEF, and OCHA examined the host and refugee communities’ perception of vulnerability. Although the Syrian community defined vulnerability primarily in terms of income, they also cited access to essential food and non-food items as important determinants, as were social networks, access to employment, and security concerns. The most vulnerable groups revealed difficulties in accessing shelter, education, and health services. Moreover, participants identified female-headed households and households with pregnant women as the most vulnerable within their community (REACH, 2015).
OBJECTIVES OF THE STUDY

To our knowledge, the current study is the first of its kind in Lebanon that explores a definition of socio-economic vulnerability (SEV) from the affected community’s perspective in line with targeting formula (PMT). Furthermore, a revision of the PMT formula took place during the course of this study, resulting in a Desk Formula, and the results of both formula remain unknown to both beneficiaries and agency field staff. Keeping in mind the misinformation about this formula and the weaknesses of the PMT highlighted above, the core objective of this consultation is to improve targeting methodologies and inform decision-making related to communication with refugees. Considering that the implementation of CBT in Lebanon for cash actors can be challenging due to several factors, such as movement of refugees and the lack of formal settlements for Syrian refugees, the study does not aim towards the implementation of CBT.

SPECIFICALLY, THIS STUDY AIMS TO:

- Identify local definitions of SEV based on the perception of refugees, reflecting on the used cash targeting methodology (PMT)
- Evaluate the PMT criteria through community consultation
- Gauge the degree of community agreement with the current targeting process
- Suggest improvements to the criteria and/or weightings that comprise the PMT
- Identify key criteria that distinguish the poorest of the poor, which are usually unmet using PMT

METHOD

PARTICIPANTS

For both the KIIs and FGDs, participants were selected through random stratification by district from the LCC Baseline Data, which includes all refugees that were assessed from December 2014 until November 2015.

KEY INFORMANT INTERVIEWS

The sample consisted of 131 participants (see Figure 1 for sample per LCC agency), with an average age of 39 ± 10 ranging from 18 to 68. Of the 131, 68 (52%) were females, with an average age of 38 ± 12, and 63 (48%) were males, with an average age of 40 ± 9.
The participants were randomly selected from seven governorates in Lebanon, and one governorate (Nabatieh) was excluded due to security concerns (see Figure 3 for governorate distribution). The male participants had been residing in Lebanon for an average of 41 months, while the female participants had been in the country for an average of 37 months.

Almost half of the sample, 49%, had reached the primary level of education, 24% had no education, 9% reached the secondary level, 8% were illiterate, and 6% reached intermediate education (see Figure 4).
Almost half of the sample, 49%, had reached the primary level of education, 24% had no education, 9% reached the secondary level, 8% were illiterate, and 6% reached intermediate education.

(see Figure 5).

FIGURE 5
EDUCATION LEVEL OF SAMPLE

<table>
<thead>
<tr>
<th>Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>18%</td>
</tr>
<tr>
<td>No Education</td>
<td>24%</td>
</tr>
<tr>
<td>Primary</td>
<td>49%</td>
</tr>
<tr>
<td>Intermediate</td>
<td>6%</td>
</tr>
<tr>
<td>Secondary</td>
<td>9%</td>
</tr>
<tr>
<td>Tertiary</td>
<td>4%</td>
</tr>
</tbody>
</table>

The sample also consisted of a variety of shelter and occupancy types. Specifically, half of the sample lived in adequate housing, 29% settled in substandard buildings, and 21% lived in informal settlements. Additionally, most of the sample (74%) was living in an unfurnished and rented shelter, and 9% were living in a space provided by their employer (see Figure 6).

FIGURE 6
KII SAMPLE SHELTER TYPE

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate Housing</td>
<td>50%</td>
</tr>
<tr>
<td>Standard Building</td>
<td>29%</td>
</tr>
<tr>
<td>Informal Settlement</td>
<td>21%</td>
</tr>
</tbody>
</table>

Results showed that 71% of the sample was receiving at least one type of assistance, while 29% was not receiving any form of assistance. Of those receiving assistance, 75% received WFP vouchers, 48% received LCC assistance, 14% received fuel vouchers, 11% received winterization, and 9% received other cash assistance.

FOCUS GROUP DISCUSSION

A total of 24 FGDs were conducted. Three discussions were conducted in each governorate (one male, one female, and one mixed gender), with the exception of the South where three FGDs were conducted in Sidon and another three in Tyr. On average, there were seven participants in each FGD. The average age of the male participants was 42 ± 10 (from 32 to 69), that of female participants was 37 ± 11 (from 24 to 61), and that of participants in the mixed FGDs was 39 ± 11 (from 25 to 62).

The male FGD and mix FGD participants had been in Lebanon for an average of 40 months and the female FGD participants had been in the country for an average of 35 months (see Figure 7).

FIGURE 7
FGD SAMPLE AVERAGE TIME IN LEBANON (MONTHS), PER FGD

<table>
<thead>
<tr>
<th>Gender</th>
<th>Average Time (Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35%</td>
</tr>
<tr>
<td>Male</td>
<td>40%</td>
</tr>
<tr>
<td>Mix</td>
<td>40%</td>
</tr>
</tbody>
</table>
MEASURES

KEY INFORMANT PROTOCOL

The IRC Research team developed the KII protocol after conducting a literature review on community-based targeting. The protocol consisted of five demographic questions, eleven open-ended questions, and four activities, all clustered into four themes. The demographic questions included the following information:
- Age & Gender
- Location in Lebanon
- District of Origin (Syria)
- Time in Lebanon
- Education Level
- Assistance received, if any

The first theme (Conceptualization of Vulnerability) included three questions assessing the community’s conceptual understanding of SEV, with detailed probes around specific constructs that are not all included in the current PMT, such as HH size, education, residency permits, and others. The second theme (Conceptualization of Selection) was a single question with three probes, related to the perception of the selection process. Participants were asked if they understood the selection process, if they thought it was fair, and whether they observed exclusion or inclusion errors.

The third theme (Classification) included one activity and two questions on how the community ranks HHs based on their SEV level. For the activity, participants were given three HHs of different SEV level: severe, moderate, and least vulnerable. For each of the three HHs and considering the given vulnerability level, participants were asked to fill in the following information that was based on the PMT:
- Age, gender, and education level of the HoHH
- Number of children and adults in the HH
- Presence of any special need, such as illness
- Shelter and toilet type
- Assets
- Quality and/or quantity of Food
- Total monthly income and expenditure

Once the relevant information was provided, participants were asked to rate from the criteria mentioned above the top five with the highest impact on the household’s vulnerability; the first criteria having the highest impact and the fifth having the least impact. The final question in this theme, asked participants to rate their own household’s vulnerability level, while simultaneously comparing it to the examples discussed during the exercise.

The fourth theme (Conceptualization of Coping Strategies) included five questions revolving around what refugees do to meet basic needs under limited resources and how they overcome obstacles. Additionally, using the coping strategies listed below, two exercises on the conceptualization of the coping strategies were conducted. The first exercise asked participants to rate the strategies based on how common they are. In the second exercise, participants were asked to rate the strategies based on how severe they are. In the first exercise and according to their severity in the second exercise (see Annex II for the full KII protocol).

FOCUS GROUP DISCUSSION

The FGD protocol included the same questions as the KII protocol, with a few modifications in questions and a different set of exercises. The demographic questions included age, gender, and time in Lebanon. The first theme (3 questions), which is the conceptualization of SEV, included the same questions as the KII protocol. Likewise, the second theme (1 question), the conceptualization of the selection process, was also identical to that of the KII.

As for the third theme, which consists of the vulnerability rating exercise, participants were shown a set of two different cards listing HH constitutions namely, gender, age and education level of the HoHH, the number of children and adults, shelter and occupancy type, toilet type, income, and expenditure. The first set was a pair of severely vulnerable HHs, the second set a pair of moderately vulnerable HHs, and the third set consisted of a severely vulnerable HH against a moderately vulnerable HH. The information provided was chosen from the LCC Baseline data, in order to reflect real aspects of vulnerability. From each set, participants were asked to select one HH that they perceive to be more vulnerable than the other. After selecting the more vulnerable HH, participants were asked to rate each HH’s vulnerability level on a scale of 1 (Least Vulnerable) to 10 (Severely Vulnerable), and the cards were placed on a rope showing cards with these numbers (see Annex III for the full FGD protocol and Annex IV for FGD Vulnerability Exercise).

A professional translator translated all protocols and exercise tools from English to Arabic.
The current study is a mixed-method approach; both quantitative and qualitative data (KII's and FGDs) were collected and triangulated.

**QUALITATIVE DATA**

All KII's and FGDs were recorded and transcribed verbatim into the spoken language by transcribing agents. The LCC research team analyzed all transcripts using a Grounded Theory Approach, which is a type of thematic analysis. The Grounded Theory Approach is interview data driven, where the analysis is based on the content of the interview with no prior framework. As such, the first step consisted of coding all the interviews. This process entails assigning any key piece of text a specific code that can be applied consistently and repetitively to all interviews. After coding the interviews, all related codes were collapsed into an assigned category. A category contains a set of codes that are closely related because their respective quotes have the same meaning. Similarly, related categories were then grouped into themes. The LCC research team conducted the analysis using a qualitative analysis software (Atlas.ti).

**QUANTITATIVE DATA**

The vulnerability and coping exercises were all quantified. Answers were calculated as either frequencies or averages depending on the exercise. All results were further segregated by gender and location in Lebanon in order to identify any differences.

**PROCEDURE**

The LCC research team initially piloted the KII's and FGDs in the North governorate with support from Solidarités International. Based on the pilot, minor wording changes were made in order to enhance the robustness of the tools. After that, the study received ethical approval from the Institutional Review Board (IRB) at the IRC. A one-day training, facilitated by the LCC research team, was provided to all the LCC agencies’ staff members involved in data collection. The training included a brief overview on qualitative studies, the process of recruiting participants and acquiring informed consent, and key points on conducting and recording interviews. Additionally, facilitators discussed the objective of the study and the tools used. Data collectors communicated both the KII and the FGD protocols, after the facilitators explained the objective of each question and the steps of each exercise. Subsequently, data collection ran for approximately two weeks.

**KEY INFORMANT INTERVIEWS**

Participants for the KII were notified by phone one day prior to the interview, which took place in the participant's residence. Interviewers read the informed consent and acquired the approval of participants before commencing and recording the interview which lasted for approximately 30 minutes.

**FOCUS GROUP DISCUSSION**

Field teams invited participants to join the FGDs through phone calls two days in advance of the discussions. Participants that were unreachable, due to change in phone number or relocation, were randomly replaced from the sample frame of the same district. On the day of the focus group, all participants were asked to give an oral consent for participation and only upon approval was the interview conducted and recorded. During the vulnerability exercise, participants were split into two groups, and the exercise was done with each group separately. The results of the two groups were compared and participants were encouraged to discuss the differences, and if possible, reach an agreement. The FGD was then resumed with the group as a whole. The discussions lasted around 90 minutes.
RESULTS

The findings from the different measures (KII, FGDS, and exercises in both) were all collapsed under the relevant result/theme to allow for triangulation of the findings. For more details on exercises results, refer to the following:

- Annex 5: KII Vulnerability Exercise Results P.80
- Annex 6: KII Vulnerability Exercise Results P.81
- Annex 7: KII Vulnerability Exercise Results P.82

CONCEPTUALIZATION OF SOCIO-ECONOMIC VULNERABILITY

GENERAL DEFINITION

The three most prominent words across all transcripts were difficulty, unemployment, and absence of money. Participants reported these words in every interview and following almost every question. The FGDS added high costs of living and inadequate living conditions to their definition of SEV. Children’s needs, rent, health, and legal residency were the factors mentioned most as “making life harder”. In light of this, the majority believed that the HH’s total expenditure is indicative of the HH’s needs, and that the higher the expenditure the HH’s needs, the more vulnerable the HH. However, some participants believed that expenditures are not the sole determinant of vulnerability, because there are other social factors that also contribute and the fact that SEV is comprised of diverse elements.

Participants stressed the difficulties associated with living as a refugee, not only on an economic level but also on a social one. There was a recurrent mention of social maltreatment and discrimination, where several participants reported feeling unwelcomed in Lebanon. In fact, isolation and discrimination were distinguishing factors between someone who is “economically vulnerable” and someone who is “socio-economically vulnerable”. Both lacked resources and were unable to meet their basic needs or satisfy their children's needs. However, some participants reflected on how refugee status was imposed on them and how this differentiated them from the local population living in poverty. Additionally, while some refugees might have had some savings when they left Syria, participants reported that almost everyone ran out of resources as the crisis progressed. The length of the displacement contributed to a worsening of conditions for refugees in comparison to the Lebanese community living in poverty, in part because the latter have access to social and formal governmental support/social assistance/security.
The number of members within the household had two opposing impacts on SEV. On one hand and as reflected by the majority of FGDS, the larger the HH size, the higher the expenditure. Expenditures on food, health, and children’s needs would increase the most. Apart from expenditure, HH size can also lead to crowded living within one shelter. Having male and female members sleeping in the same room with no privacy also lead to crowded living within one shelter. Having male and female counterparts. Furthermore, as reported by the HoH female children complained about the need to have their own space. On the other hand, HH size could contribute to alleviating vulnerability when HHs have members who are able to work. HH composition ranging from 15 years of age to 60 years of age were viewed as being capable of working (though the former may be considered too young at times and the latter physically unable). One participant expressed, “...An elderly affects [vulnerability] and children are not of help and they effect as well. As for boys they do not affect, they work and girls work...” (Male, 29, Akkar). Additionally, participants reported that this was exacerbated by the difficulties associated with securing income at such an age.

Despite the great needs of children and the elderly, having a member with special need, e.g. pregnant woman, chronic illness, and disability, was perceived to be an even greater source of vulnerability. “Children, member with illness, elderly all affect vulnerability. But if the family had any member with chronic illness we will need a budget for that alone because here [Lebanon] physicians and hospitals are expensive.” (Male, 39, Aley). Special needs were mainly defined as having chronic illnesses or disabilities, which incur constant medical expenses. If these conditions exist in the HH, the HH is deemed vulnerable despite its constitution. Similarly, in the KII vulnerability exercise, the majority of participants reported that the least vulnerable HHs would have no special needs, whereas the severely vulnerable ones are likely to have a member with some kind of chronic illness, disability, or a combination of both.

Participants considered this a factor that differentiated between HHs within the same shelter or neighborhood. While the majority of participants believed that HHs within the same shelter exhibit different conditions of SEV, some of them explained that this is related to HH composition, i.e. whether there are people of working age and/ or whether there are male members. It is noteworthy that male HH composition above 15 were considered more important income generators than their female counterparts.

As such, two HHs of the same size will have different vulnerability levels if the ages and genders of their members differed. “The people who live on the floor above us, they are Syrian. They have three or four young men who work in Beirut. They work for companies. They each have one-year residency permits from the owners of the company, and they each make 800 USD, so do you see how different it is?” (Female, 36, Minnieh). In the KII vulnerability exercise, and in line with this finding, the average HH size did not differ much across vulnerability levels (Least, Moderate, and Severe). However, vulnerability level increased as the average number of children within HH increased.

Children who are below ten years old, specifically infants (from 1 month to one year old), contributed the most to a HHs vulnerability. This was reflected in the interviews, the FGDS, and the vulnerability exercise where the presence of children was rated among the variables with the greatest influence. The main reason behind that are the specific needs of children that would require additional spending. Those needs included food, medication, clothing, and school supplies. Furthermore, the contribution to vulnerability was not only about meeting the children’s basic needs, but also about the challenge of explaining the reason behind one’s inability to satisfy these needs. One mother shared the following: “Sometimes the school supervisor will send me warning because I do not give my children any pocket money for school. She asks why I do not give them any money, and they see the other kids spending as well. I tell her that I do not have any money” (Female, 23, Minnieh).

In addition to children, the elderly (59 years and above) also increased the economic burden on the family. Specifically, having elderly members assumed close attention and constant medical care, thereby increasing expenditures, as one male said “...Like the elderly like my mother, God have mercy on her [May she rest in peace], she used to need medications, and sometimes we were not able to buy them...” (Male, 29, Akkar). Additionally, participants reported that this was exacerbated by the difficulties associated with securing income at such an age.

Despite the great needs of children and the elderly, having a member with special need, e.g. pregnant woman, chronic illness, and disability, was perceived to be an even greater source of vulnerability. “Children, member with illness, elderly all affect vulnerability. But if the family had any member with chronic illness we will need a budget for that alone because here [Lebanon] physicians and hospitals are expensive.” (Male, 39, Aley). Special needs were mainly defined as having chronic illnesses or disabilities, which incur constant medical expenses. If these conditions exist in the HH, the HH is deemed vulnerable despite its constitution. Similarly, in the KII vulnerability exercise, the majority of participants reported that the least vulnerable HHs would have no special needs, whereas the severely vulnerable ones are likely to have a member with some kind of chronic illness, disability, or a combination of both.

In addition to the challenges posed by the aforementioned categories, the participants interviewed revealed that there is great difficulty associated with female-headed households. In fact, the gender of the head of HH was assigned the highest rating among the variables that impact vulnerability. Female HoH HHs were often singled out as HHs facing extreme adversity, and participants used terms such as ‘tragic’ and ‘suffering’ when referring to them. The employment opportunities available to women are very limited, and when available, salaries are usually insufficient. One participant shared the following: “I have no breadwinner. I am the head of the household. I work, but I barely make the rent, and most of the time, I do not. I have a lot of debt; to the grocer and to the landowner. I am behind on rent. Life is very difficult here” (Female, 36, Baabda). Some women may be unable to work due to the lack of any employment skills. Moreover, mothers of young children have the additional challenge of not being able to leave the house and their children unattended, for long periods. One participant described the resulting difficulties saying that: “there are families without a man, where it is just the mother and her children, and the mother cannot work. She may be able to do some simple job from within her home where she could make 2,000 or 3,000 LL a day, and that is not enough to cover her expenses” (Female, 30, Beirut), and another participant also said “There are families who do not have a male, and the family is made up of the woman and her young children. So she can take care of herself only through charity and assistance” (Male, 42, Bekaa).

As for boys they do not affect, they work and girls work…”. (Female, 36, Minnieh). In the KII vulnerability exercise, participants reported that the moderately vulnerable HHs would be living in tents. The overlap between moderately vulnerable and severely vulnerable, where both might be living in tents, supports the fact that shelter type by itself is not enough to determine vulnerability.

Aside from shelter type and condition, paying rent was also an important aspect of securing shelter. The FGDS revealed that some tenants might even be subject to abuse or manipulation by their landlords. “I have been threatened with eviction a few times because of delays in paying the rent. I have to work for the proprietor, around 12 hours for 10,000 LL, in order to pay off my debt to him” (Male, 44, Akkar). Those who did not have to pay rent expressed a feeling of great relief, whereas those who did pay rent described it as a great burden when talking about the relation between shelter and vulnerability. In turn, this makes the influence of shelter and the ability to meet rent on SEV two-fold, an expenditure burden and a protection case.

Household had an important impact on a HH’s vulnerability level, but the type of shelter was not the sole contributor. The condition of the shelter also acted as a strong moderator between shelter type and vulnerability. As with gender, it was also assigned as one of the highest rating among the variables that influence vulnerability. Tents and rooms were the two main shelter types that participants were associated with vulnerability. There was a strong agreement that winter caused a great threat to tents, specifically flooding and strong winds, which made them cold and unstable. Those living in tents mostly believed that rooms or apartments were more stable options. As one participant stated, “Who lives in an apartment, is it the same as living in a tent? Since morning, we are very afraid from water entering our tent. It was not until the sun came out, that we were able to clean the water from around our tent so we can move...” (Female, 32, Minnieh). On the other hand, while an apartment or room might shield from some winter conditions, their sanitary conditions and humidity may have a great impact on the health of HH composition and children. Humidity reportedly causes allergies among children, which require medication and consultations with doctors. Additionally, participants living in rooms reported leakage during the winter and some unhygienic conditions such as the presence of rats and flies. The FGDS reflected the same health-related problems, and indicated that the inadequate conditions, along with crowdingness, could also affect HH composition’s psychological well-being.

Participants reported that while a room or an apartment might give the impression of less vulnerability, the interior of the room might make it just as risky as a tent. Interestingly, in the KII vulnerability exercise, participants reported that the least vulnerable HHs would live in an apartment or room that is in good condition, and that the moderately vulnerable would most likely be in a room or a tent, but that the majority of the severely vulnerable HHs would be living in tents. The overlap between moderately vulnerable and severely vulnerable, where both might be living in tents, supports the fact that shelter type by itself is not enough to determine vulnerability.

CONCEPTUALIZATION
VULNERABILITY
SOCIO-ECONOMIC
COMMUNITY CONSULTATION ON TARGETING

FEMALE-HEADED HOUSEHOLDS

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CONCEPTUALIZATION
VULNERABILITY
SOCIO-ECONOMIC
COMMUNITY CONSULTATION ON TARGETING
The notion of owning assets was associated with the availability of resources, which meant that the HH who owns assets is better off. However, participants mentioned two other criteria that influence this finding. The first criterion was the condition of these assets; participants reported buying some washing machines and televisions for very cheap prices but in bad conditions. The second criterion was how the HH came to own these assets; participants could have been given the asset as charity, they could have been given to the HH as a gift, or they could have bought them. Participants also reported having assets that were in good condition, but were not necessarily less vulnerable because they did not have the money to pay for it.

Nevertheless, participants reported a number of assets that they found necessary for carrying out everyday tasks. The most reported assets were washing machines, fridges, furniture, and to a lesser extent mattresses, gas stoves, clothes, and heaters. “It [washing machine] makes washing clothes easier, especially in winter to have some clean clothes for the children.” (Male, 36, Akkar). A considerable proportion of the sample reported having no assets, and those were the most to stress the difficulties they face. Apart from washing machines and fridges, some of the FGDs also mentioned televisions. The importance of having a television was to keep the children entertained, and to keep them from becoming “depressed”.

Unsurprisingly, residency permits consensually emerged as one of the strongest contributors to vulnerability through both the interviews and the FGDs. The majority of participants reported lacking the two main requirements necessary for acquiring legal permits: the fees and a national sponsor. Participants considered finding a sponsor an impossible task; they had the impression that no Lebanese citizen would accept sponsoring a Syrian refugee. Failure to secure a permit limited the mobility of HH composition and prevented them from seeking jobs. Participants expressed a fear of leaving the house to look for jobs, and in some cases even going to the hospital, mainly because of random checkpoints. In Baalbeck, an individual with no legal permits was referred to as an “errant”.

One participant described the restrictions on movement: “If we wanted to move somewhere from here, the driver would tell us not to take a specific road if there is a checkpoint on it. For example, sometimes I take the road through Koura. Instead of paying 10,000L, I pay 25,000L or 30,000L” (Male, 44, Zgharta). A few male HoHs would cope with the absence of permits by sending their wives to work since females were less susceptible to security checks. However, a few participants still reported incidents of females and teenagers stopped at checkpoints.

Participants reported that there was “no mercy” when it came to registration permits; having to pay a considerable amount of money for the permits meant staying without food, not paying rent, and not spending on health, i.e. dropping most, if not all, of basic needs. Those who were apprehended at checkpoints, or during random house checks, needed to pay an additional fee to be released from detention. In some cases, they were deported to Syria where they were exposed to additional safety risks.

Debt was one of the few criteria that all participants in both interviews and FGDs saw as highly contributing to HH vulnerability. Debt mainly took the form of delaying rent, buying food on credit, or borrowing money from neighbors or friends in order to meet basic needs. The main impact of debt was the challenge of repaying it, and of being in constant need of money. One participant described being indebted to the grocer: “the vegetables I buy on a loan I end up paying double for. I cannot say a word because I note it down and sometimes pay at the end of the month or two months later. Debt is annoying” (Female, 35, Zgharta). Participants revealed that debt was a very heavy burden on HHs; it is humiliating, and becoming all the more so when lenders reach a point of insistence of repayment. Participants reported that their pride is compromised when they are obliged to borrow from others. The longer the debt from the same lender was sustained, the more humiliating the situation became, and the greater the risk of becoming abused by the lender. Moreover, participants reported engaging in negative coping strategies, such as reducing food consumption among children, in order to save money and repay some of their debt. In some cases, delaying rent and being indebted to the proprietor resulted in threats of eviction.

Income generation was one of the main things that differentiated HHs within one settlement or neighborhood. Participants who claimed that there is a difference in conditions among neighbors made a strong link with employment, i.e. whether the HH head or any of the other members are working. As one participant said: “they have a career; they work and they are able to get by, and they are considered better-off. Moreover, if they face any challenges they are able to borrow from someone they know and make it work” (Male, 43, Sour). Another shared the following “our neighbors treat us like they are better than us. They go to work in Beirut, get paid weekly and buy anything they need. For example, I do not like to visit my neighbors because I see them giving money to their children to buy what they want and I cannot do the same with my children” (Female, 22, Deir Ammar). Apart from employment, the availability of money, expenditures, and whether or not a HH receives assistance were highlighted as factors that differentiated between HHs within one neighborhood or settlement.

Nonetheless, finding work, as well as securing a constant stream of income, was a great challenge. Most of the participants reported that they would only work intermittently (i.e. once every 10 days), which was insufficient given the small salaries available. HHs would then engage in several coping strategies to overcome the challenges of unemployment. One participant shared the following example: “I will tell you of a weird thing I did because of my condition. A few days ago, I was looking for copper and other metals I could sell because my kids needed several things. I went around looking for and selling copper in order to meet my kids’ needs… to at least buy them bread. There are some people looking through the dumpster…” (Male, 41, Beirut).

Moreover, weather conditions affected the availability of work. Agricultural and construction jobs were the two most reported job types, but both were less available during winter. Additionally and reiterating on the above criteria, a few participants reported working being related to physical health and gender: HH composition with an illness are unable to work, and female HoHs face additional challenges when seeking employment.

Most participants believed that there are several skills that a HoH could acquire that would increase his/her chance of working, and therefore improve their vulnerability status. Participants found that men could benefit from construction-related skills, and that women would mainly benefit from sewing or other skills that they would use within the home. A smaller group of participants also mentioned additional skills, namely carpentry, painting, electric work, blacksmithing, and teaching.
When comparing urban areas to rural areas, participants expressed different opinions. Some participants believed that HHs living in rural areas face less challenges than those in urban areas. The main reason behind that was the fact that low skilled jobs, namely agricultural ones, were widely available in rural areas. Moreover, food and commodities generally cost less than in urban areas. On the social level, participants saw rural areas as more convenient because children would have space to play and, due to a lower density of people, refugees would be less susceptible to discrimination and harassment. These were portrayed as indicators of a more “comfortable” environment.

Contrary to that, other participants reported a preference for urban areas. Employment opportunities were the principle distinguishing factor because urban areas tend to have a greater diversity of jobs. The focus groups mirrored this finding. Furthermore, HHs living in urban areas and able to pay rent, were perceived to be better-off since they are able to afford a house or apartment. Some FGDs explained that people living in rural areas were subject to harsher weather conditions during the winter months. Moreover, access to services, such as medical assistance, education, and water, was better in urban areas. Refugees living in rural areas might have to travel long distances to access such services, putting themselves at risk of passing through checkpoints. An interesting finding emerging through the FGDs was that people living in urban areas may also have improved access to a wider range of humanitarian assistance.

Some participants still reported that the situation of Syrian refugees was the same in all locations. This portion of the sample summarized the balance between rural and urban areas. For instance, there was indeed greater opportunity for income generation in urban areas, but the cost of living was much higher, and the opposite was true in rural areas. Additionally, some participants reported that as long as the HH can find a job and/or receive assistance, then it did not matter whether they lived in urban or rural settings. Nevertheless, some participants did not know whether there was a difference between urban and rural areas. Interestingly, it was the participants living in rural areas that reported not knowing if there was a difference between the two areas. The two main reasons behind that were either that the participant had never visited urban areas or that s/he does not know anyone in rural areas. This signals the social isolation that some refugees may be experiencing (more details in the section Social Aspect).
Social-related criteria were emerging components of vulnerability, compared to the variables included in the PMT. Respondents defined the social aspect of vulnerability as the relations and connections with others within the community. Although some believed that it is distinct from income, others linked the two together saying that economic well-being would directly improve one’s social well-being. Participants reported both positive social relations within their own community and with the Lebanese community, and negative issues such as isolation and maltreatment. Some of the respondents also made a link between social conditions and mental health, i.e. the stress associated with displacement and a changing social environment. One participant even equated the two together:

“Social challenges are a mental illness. We don’t live like we used to in Syria... to go places and recognize what surrounds us. I am an old woman. And I don’t know anything outside this tent” (Female, 61, Akkar).

The main challenges that respondents mentioned were feeling isolated, and being mistreated by the host community. The majority of participants explained that they rarely interact or socialize with anyone around them. In some cases, this bore positive connotations as it meant that they were not subject to any abuse or tension. For example, a 43-year-old female in Sour said the following:

“...they [Syrian refugees] are subject to a lot of abuse. They tell me about it and I say that I have never experienced this. They tell me that it’s because I keep to myself and live in the countryside, and that Syrians in the cities face a lot of harassment”.

Social isolation is in fact often linked to living in rural parts of the country, and in non-collective shelter types, i.e. apartments, houses, or rooms. Moreover, this isolation implied negative consequences such as loneliness, boredom among children who had no friends to play with, and the stress of not knowing many people to rely on. It also meant being away from assistance and services. Participants often explained that transportation was difficult to access from rural areas and that made seeking employment opportunities, medical assistance, and other services costly and inconvenient.

Host maltreatment was defined by abuse or harassment by the Lebanese community. Alarmingly, this was also detected among children and within schools. “The way children are treated in school; because they are Syrian, nobody cares for them, treats them well, or speaks to them nicely” (Female, 62, Sour). The main concern among adults was lack of employment or poor working conditions.

Many participants described challenges attributed to their nationality when looking for work “employment opportunities are very limited for Syrians, people are afraid of hiring us” (Female, 60, Akkar). Others explained that they are often forced to settle for lower wages or face harassment at work because of their refugee status. Additionally, participants reported that they were harassed by their neighbors or when walking down the street. This was closely linked with expressions pertaining to the difficulties or challenges that the refugee community faces in Lebanon. “The most difficult thing is that Lebanese people do not accept Syrians. This is very difficult” (Male, 43, Beirut).

Furthermore, respondents linked harassment to stress, anxiety and mental and emotional well-being. One respondent said “I really suffer when my child comes home crying because someone harassed him when he was outside. This is very painful” (Female, 35, Saida).

The relation between education and SEV was reported in the context of livelihoods and daily mundane. There was a general consensus among participants on the fundamental value of education. One of the participants said, “Education enlightens your road. When education increases, so does thinking of ideas. When the glass is empty, how would one drink from it? Education is like a glass or cup of water, the more you learn, the more you fill it [the glass]. This is education to me.” (Male, 46, Beirut), another participant expressed, “Educated and literate is like a person who can see and a blind person.” (Female, 62, Mount Lebanon). When it came to the relation between education and SEV, the majority of participants agreed that education does influence SEV, while very few participants opposed this argument.

For the majority who agreed, education was primarily important because then parents are able to teach their own children. In turn, this would reduce costs of education, such as transportation, and also the need to have a teacher. Participants explicitly expressed the need for some level of education to be able to academically support their children, “I do not know how to read or write. When my children do not understand their homework, they ask me to help them, so I tell them I do know how. So they start scribbling with no limits. Both me and their dad, we are both uneducated.” (Female, 23, Minieh). Additionally, another participant reported, “Of the very important things, we do not even sometimes buy a lot of food and cut our expenses even though the cash assistance is worth 260 thousand, and my husband’s salary is 450, but we cut our expenses so that we can send our children to study.” (Female, 26, Beirut).

Education played an important role in the mobility of refugees, where they felt uncomfortable moving around because they cannot read signs and get lost easily. As a participant reported, “If you went to Baalbek for example, and you do not know where the doctor clinic is located, he [educated person] does not have to ask, he can look at the signs and know where the doctor clinic is located. Education makes life easier, for sure.” (Male, 36, Baalbeck). Additionally, participants reported that they might be less discriminated against if they were educated, “Education is important to be able to socialize with others, reducing the risk of being discriminated.” (Male, 39, Mount Lebanon). Furthermore, a considerable proportion of the participants reported the importance of education in increasing employment opportunities, such as teaching.

Contrary to the above, the main argument among the few participants that disagreed on education influencing vulnerability was that despite whether a refugee is educated or not, that will not make difference as they are still not finding jobs and the jobs available are mostly labor work. One participant said, “I hold a degree and I am educated, but where do I work? Just like any other person with no education. Isn’t that true? My situation is the same as someone with no degree.” (Female, 36, Tripoli). The fact that refugees struggle finding jobs due to legal permits was mentioned as diminishing the influence of education on job opportunities. Aside from that, the main reason refugees did not send their children to school was mainly related to expenses such as transportation and school appliances, difference in the curriculum, and unsafe roads. Reflected on the curriculum, one participant reported, “Sometimes she [my daughter] came to me crying, and asking me to remove her from school. My daughter left the school because she did not understand anything at school. She was in public school, and she told me that she did not learn anything.” (Female, 43, Bekaa).
There is great uncertainty regarding the process through which agencies select beneficiaries for assistance; the majority of the respondents do not know how it works. Apart from those who reported having poor knowledge of the selection process, a portion of respondents believed that the allocation of assistance was fair enough since most refugees are in need, and a smaller group specified that it is in fact based on need. Participants also explained that the size of the assistance may be too small for some, and that others are not receiving assistance at all.

Following those who explained that selection was needs based, some participants found that being selected for receipt of assistance was based solely on luck, as was echoed in the FGDs. One participant claimed: “It is luck! The computer picks names and assistance is given to those names” (Female, 62, Zahle). This was not just participant speculation; in some cases, they reported that agency staff had talked about this occurring. “The agency visits, they record 5000 families on their computer, and they select only 10 tents within this tented settlement. When you ask them why, they say it was the computer’s selection” (Male, 30, Tripoli). This reveals a sense of elusiveness regarding selection, which gives the impression that agencies do not follow a set process for selecting households and instead distribute assistance randomly.

Those who believed that agencies rely on needs assessments explained that household size and number of children were the most prominent factors that influence the selection process. Assessed households with a large number of members or number of children were more likely to receive assistance. The selection process was reported to have some exclusion and inclusion errors; participants often referred to these errors when asked how they believed the selection process took place. For example, one participant complained that: “It’s different in the wintertime between one area and another. Some people live in areas that are not very cold and they get the same assistance that others do. A man who lives with his wife and kids gets the same assistance that a large family with five or six kids gets. Some people take over the share of others. I am not very cold and they get the same assistance that others do. A man who lives with his wife and kids gets the same assistance that others do. This was not fair enough since most refugees are in need, and a smaller group specified that it is in fact based on need. Participants also explained that the size of the assistance may be too small for some, and that others are not receiving assistance at all.

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The majority of participants believed that there were in fact inclusion errors embedded in the selection process. “There may not be enough precision in the process, or it may not be managed adequately” (Male, 34, Sour). This concern also emerged during the FGDs. It is imperative to note that among some of those who did find inclusion errors, there was still an underlying belief that everyone deserved assistance but that there was still some room for oversight.

Inclusion errors were observed in some cases simply because participants believed that some beneficiaries have a less need for it than others do. This may not mean that those who are currently receiving it are undeserving but rather that some of those who are missing out are in relatively more difficult conditions. Inclusion errors were particularly linked to beneficiaries who were employed or have HH composition who are able to work. Participants believed that those who were employed were less eligible for assistance than others who could not find work. “One of them has a car that he works with, and the other has a job in construction… these people do not deserve the assistance and they should leave it to others so they can eat and drink” (Male, 56, Saida). The same applied to households with young members, particularly young men, because it was believed that these members had the capacity to work and therefore meant that the HH was less vulnerable. In addition to having employed members, FGD participants thought that those receiving assistance while others need it more might have better living conditions or more assets. For example, community members who appeared to be driving cars or owning items such as gold and jewelry were often seen as less deserving of assistance. A few of the participants felt that HHs with smaller families were also less deserving. The reasons listed in the FGDs as to why this error could occur included luck, negligence from agencies, corruption, and deception (e.g., refugees hiding assets).

Participants implied that some households might hide certain assets, especially gold, when agency staff visit their homes. They also suggested that HHs might not spend much of their money in order to appear worse off, and might accept assessment visits in a shelter that appears to be of worse conditions than their own. “They called and registered for assistance. They rented a warehouse for two or three months while they waited for a call from you. Then you called them and conducted assessments. They received the 260,000LL. When they did, they moved into an apartment. Do you think these people really need it?” (Female, 37, Akkar).

Exclusion errors were an important concern among participants. One aspect that was explored with participants who believed there was exclusion error was why they thought those excluded had a greater need than those receiving assistance. This was primarily related to household size. Those mistakenly excluded from assistance had an urgent need for it because they constituted large households. “They are in need for assistance because they do not work, their family is made up of 7 or 8 people and their house is completely empty. All of these things make them eligible for assistance” (Male, 39, Sour). Apart from household size, the FGDs added that there was a need among those who lack employment opportunities. One participant gave the example of his nephew: “He is here without work. He gets food assistance but it is not enough, and he has not received winterization assistance or 40$ as part of the assistance for children. He is unemployed. Does he not need assistance? Of course he does. And he has three children and a wife” (Male, 29, Akkar).

Moreover, households excluded by error had an important need for assistance because they were either not receiving assistance from any other source (as some households receive assistance from more than one source) or because they are female-headed households. The latter are considered especially vulnerable because there are generally less opportunities available to women, and because it becomes difficult for women to work when they have no one to watch their children while they go out in search of employment. One participant spoke about her neighbor: “She has four children, and she is young, as old as my daughter, and she doesn’t get the 260,000LL. She is unable to work. And there are families where the husbands are around, and they own gold and cars, and still receive assistance” (Female, 62, el Bass).
Both of the below errors are related to statistical errors.

Inclusion error is when a beneficiary is included in the programme but due less of need than others.

Exclusion error is when a beneficiary is excluded by the formula but in need of the assistance.

The variables under each are the community’s perception. Refugees reported that for inclusion errors, or people they perceive as less in need than others but still in the programme, the main reason is because they have an employed head of household, high number of male members, etc.

Exclusion error is when a beneficiary is excluded from the programme (Figure 9) due to less of need than others. People they perceive as more in need than others but still not in the programme, the main reason is because they have an unemployed head of household, high number of female members, etc.

FIGURE 9
FACTORS THAT CONTRIBUTED TO PERCEPTION OF INCLUSION AND EXCLUSION ERRORS

**INCLUSION ERROR**

- Employed HHH
- High number of male HH members
- Better living conditions
- More assets
- Corruption

**EXCLUSION ERROR**

- Large HH size
- Lack of employment opportunities
- Not receiving any form of assistance
- Female HH

Although a number of coping mechanisms were detected, a few of them stood out among the Syrian refugee community as means through which to secure basic needs. In the first place, refugees are settling for less desirable work or accepting intermittent jobs with low wages, as a way to mitigate their vulnerability. This comes in light of the very limited job opportunities available to Syrians in Lebanon. “What else is there to do but to look for work?” said one participant (Female, 29, Baalbeck). One interviewee described the situation of one family: “Her daughter needs a hormone that every week that costs 115,000LL, and she has asked for help from everyone but no one has helped her. Therefore, her husband goes looking through the trash for containers to sell. He comes home with 10,000LL at most” (Female, 32, Minnieh). The FGDs also revealed that some people might resort to collecting recyclables in order to sell them. An additional coping mechanism was relying on assistance, such as MCA, winterization support, and food assistance. Finally, debt was also employed as a coping strategy.

Selling assets was also reported as means through which to overcome the abovementioned challenges. “We get the food assistance, but that barely lasts 10 days. I then have to borrow some money or sell some of the things I have at home” (Male, 31, Baalbeck). However, participants were careful to underline that many households rarely had anything to sell because their assets are limited, but if anything were available, they would sell it, even if it was in-kind assistance, such as mattresses, wood, and blankets. One participant expressed, “Sometime, when you need money and you have a dozen of cups you sell it. Or, you can sell your children’s clothes to buy them bread!” (Female, 44, Bekaa). This shows that when households’ resources become severely restrained they will consider selling some of what they own. An important finding that the focus groups revealed was that in order to overcome challenges, some community members were reportedly marrying off children, as a participant said, “…most of the Syrian refugees marry off their daughters in an early age only because they cannot meet their basic needs. And this is a phenomenon widespread.” (Female, 29, Baalbeck). Participants also mentioned feeling helpless, i.e. having nothing to resort to when they are not able to secure their basic needs. This is likely linked to reports of unemployment that were an underlying concern among participants discussing coping mechanisms. Unsurprisingly, participants reported things such as traveling back to Syria and relying on their faith as alternative mechanisms. Despite the security situation, going back to Syria remains a consideration because commodities are generally cheaper than in Lebanon and because certain public services are provided free of charge. Relying on their faith delineates respondents resorting to prayer or giving in to God’s will. For example, one respondent said, “If God didn’t fix it; it won’t be fixed otherwise” (Male, 31, Minnieh).

Some additional coping mechanisms were mentioned to a lesser extent; these included decreasing food consumption, spending less, and relying on friends or relatives for assistance. It is alarming to note that, although infrequently, respondents still reported begging, stealing as one participant said, and sending children to work, such as sending them to gather plastic, among the mechanisms that some people are resorting to in their most dire situations. One participant said, “Some people are obliged to do that [send their children to work] and they say it is ok to do it. A 13 year-old child is sent to a sawmill or blacksmith shop and he might be at danger, it is better if he stays at school and studies. My son is 13 years old, used to be in school but now not in school anymore.” (Male, 50, Bekaa).

When asked to rank the food-related coping strategies based on frequency and severity during the FGD exercise, it was found that buying cheaper food items and borrowing food from neighbors are commonly employed coping strategies, and have similar severity levels. Additionally, adults eating less to that children can eat was a moderately common strategy. Whilst, staying without food the whole day was the least common strategy, and the most severe. Reducing the size of the meals was reported as moderately severe. On the gender differences, male FGDs perceived adults staying without food was the least severe, while female FGDs perceived borrowing food or relying on cheaper food as the least severe. Concerning livelihood coping strategies, begging and marrying off a child got an average score of 10, being the most severe.
FGD VULNERABILITY EXERCISE

Participants rated the severity of a HH’s vulnerability based on a number of given criteria. Participants were presented with sets of two HHs, each with a list of variables. Participants were then asked to decide which HH they considered to be more vulnerable based on the information presented. The variables were gender, age, education, number of children, HH size, shelter, shelter conditions, toilet type, assets, income, and expenditures. The ones that stood out as determining factors were gender, income, assets, and shelter. The first set of households, although both were based on the PMT severely vulnerable, were rated differently, and their differentiating factors were gender, income, and, assets shelter conditions. Although both HHs were composed of a large number of children (10 and 11 children), the one selected as most severe was headed by a female, and the other by a male. It is interesting to note that the male HoHH had no education, whereas the female HoHH was literate, but that the difference in education was not reported as a differentiating factor. The female-headed HH was occupying an inadequate shelter and had minimal assets. The female headed HH stayed in a communal shelter, living in one room, with a traditional toilet, and minimal assets. On the other hand, the second HH was in an adequate shelter with two rooms, and some assets, including mattresses, a gas stove, and water containers. Finally, although both were indebted, the female-headed HH had no income, whereas the second still made 300,000LL per month. Both the fact that the female head household were living in one room and the lack of income were the two factors participants relied on to distinguish between the two HHs.

SEVERELY VULNERABLE

<table>
<thead>
<tr>
<th>HEAD OF HOUSEHOLD</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>60</td>
<td>31</td>
</tr>
<tr>
<td>Education</td>
<td>No education</td>
<td>Reads and writes</td>
</tr>
<tr>
<td>Children</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Adults</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Housing</td>
<td>Substandard shelter: Two rooms, unfurnished and rental: Traditional pit latrine, shared with 25 Owns mattresses, gas stove, and water containers: No blankets and beds</td>
<td>Unmanaged collective shelter: One room, unfurnished and rental: Traditional pit latrine, not shared Owns nothing</td>
</tr>
<tr>
<td>Total Income</td>
<td>300,000 LL</td>
<td>0 income</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>660,000 LL</td>
<td>1,000,000 LL</td>
</tr>
</tbody>
</table>

Similarly, in the second set, although both were moderately vulnerable according to the PMT, participants gave the two HHs different ratings. The differentiating factors in this case were also income and shelter. The two HHs, both headed by women, exhibited similar conditions. Although both were indebted, the one highlighted as more severe by participants had no income at all (the latter was allotted 180,000LL per month, i.e., not a significant amount). There were also some differences in the conditions of shelter between the two households. The HH rated as more severe lived in a tent, in an unfurnished, one-room structure with no basic amenities and an urgent need for refurbishment. The toilet was traditional but unshared. The assets were minimal, including only mattresses, blankets, and a water heater. On the other hand, the household considered less severe by the participants, was living in a room, which reveals that the type of settlement may not be as strong a factor as shelter type and conditions. The shelter condition of this HH in question posed a safety threat to its inhabitants, but the assets included mattresses, blankets, kitchen utilities, water tanks, and a gas stove. The variable that was a prominent is the fact that the former HH lives in a tent while the latter lives in a room, regardless whether it was a formal or informal settlement.

The final set proposed one moderately vulnerable HH and a severely vulnerable one. Interestingly, participants switched this rating by categorizing the moderately severe HH as severe. The severely rated HH by the PMT had a male head and the other had a female. Otherwise, the HH heads were of a similar age group and educational level, and had the same number of children. There were differences in shelter conditions, assets, and income. The severely rated HH, which is male headed, lived in poor shelter conditions, with no furniture, and only winter clothes, a gas stove, and water containers as assets. A final and significant difference between the two was income. On one hand, the female headed HH had a monthly income of 262,000LL with no debt and expenditure equal to her income, whereas the second made 1,000,000LL and spent 1,200,000LL, making a gap of 1,029,000LL.

SET 2

MODERATELY VULNERABLE

<table>
<thead>
<tr>
<th>HEAD OF HOUSEHOLD</th>
<th>FEMALE HEAD OF HOUSEHOLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>60</td>
</tr>
<tr>
<td>Education</td>
<td>No education</td>
</tr>
<tr>
<td>Children</td>
<td>4</td>
</tr>
<tr>
<td>Adults</td>
<td>1</td>
</tr>
<tr>
<td>Housing</td>
<td>Tent formal settlement</td>
</tr>
<tr>
<td></td>
<td>One room, unfurnished and rental</td>
</tr>
<tr>
<td></td>
<td>Improved pit latrine, not shared</td>
</tr>
<tr>
<td></td>
<td>Shelter has no basic services and requires urgent repair</td>
</tr>
<tr>
<td></td>
<td>Owns mattresses, blankets, and heater</td>
</tr>
<tr>
<td></td>
<td>No beds, winter clothing, kitchen utilities, water containers, and gas stove</td>
</tr>
<tr>
<td>Total Income</td>
<td>No income</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>485,000 LL.</td>
</tr>
</tbody>
</table>
The results from this vulnerability exercise reiterated a number of the factors that were examined in preceding sections; in turn, confirming that these variables are important in determining vulnerability. Shelter and living conditions, and the challenges associated with female-headed HHs were reported as factors that distinguish vulnerability difference between two HHs. Participants considered assets when rating the vulnerability of HHs, which validates their previous association of assets with income (or lack thereof). The fact that income was a differentiating factor reflects its importance as a component of SEV. This was even more prominent when the gender of the HoH no longer plays a role on vulnerability, when the gap between income and expenditure is vast.

**FIGURE 10**

**DISCRIMINATING FACTORS BETWEEN TWO HHS WITH EITHER THE SAME OR DIFFERENT VULNERABILITY LEVEL.**

<table>
<thead>
<tr>
<th>HH VULNERABILITY LEVEL</th>
<th>DISCRIMINATING FACTORS</th>
<th>KEY DISTINGUISHERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two Severely Vulnerable HHs</td>
<td>Gender of HoH, income, and assets</td>
<td>The female HoH was perceived as more vulnerable, and the fact that she owned minimal assets with no income, compared to the other HH, made her be perceived as more vulnerable.</td>
</tr>
<tr>
<td>Two Moderately Vulnerable HHs</td>
<td>Shelter type and income</td>
<td>The difference between the two HHs relied on the fact that the more severe lives in a tent and has no income, as contrary to the other HH who lived in a room with some income.</td>
</tr>
<tr>
<td>Severely (Female HoH) vs. Moderately (Male HoH)</td>
<td>Income/expenditure gap</td>
<td>Participants rated the HHs opposite to the PMT. The male HoH was perceived as more severe, regardless of the HoH gender. This is because the male HoH had a substantial gap in expenses, where his expenses outweighed his salary by almost 80%. Conversely, the female HoH had no gap.</td>
</tr>
</tbody>
</table>
DISCUSSION AND RECOMMENDATIONS

Discussing SEV among the community gives rise to sensitivity concerns. The discussion is rarely neutral, and the language has the potential to be construed as sexist, racist, or ageist if not used appropriately (Mckendrick, 2011). In the current study, the community defined SEV as a dynamic construct where single variables did not act as discriminating factors, but the combination of several elements together intensified SEV. This combination included HH size, HH composition, assets, working conditions, shelter, and others such as debt and residency permits. Each of these elements contributed to SEV in a different way and yet they were all interconnected. To our knowledge, the current study is the first of its kind in exploring a holistic definition of SEV from the Syrian refugees’ perspective. Therefore, the comparison of the current findings to previously studies or literature is limited. However, the literature review still revealed similar definitions in some previous studies (e.g., Savadago et al., 2015).

In Lebanon, it is difficult to implement CBT or even systematic self-referrals due to the relatively high movement of refugees from one area to another or to outside Lebanon, and the absence of any formal settlements for Syrian refugees. While refugees from the same part of Syria will often cluster together, the various forms and sizes of these clusters make a standardized approach utilizing community structures for targeting impossible. Furthermore, if feasible, CBT is mostly convenient with small scale programs (Himmelstine, 2012), unlike the LCC that is a national scale intervention. For this reason, the findings of this study are not aimed towards implementation of CBT in Lebanon, rather to gather the community’s perception of SEV, compare the existing MCA targeting methodologies with the community’s input, provide insights on what can be communicatd on targeting criteria, support qualitative inclusion of vulnerable HHs, explore coping strategies, and inform multiple sectors on the reported gaps in needs.

Comparing the community’s input to the PMT 2015, the results show an overlap in terms of the variables and their weighting, but also some noteworthy differences. As a score that captures the impact of several factors, the PMT does capture the main elements that the community reported, namely HH size, crowdedness, assets, and income generation. However, the model excludes education and social-related constructs, both of which were reported by the community as potential contributors to vulnerability. On a variable level, the PMT 2015 gave occupancy the highest negative weighting (increases vulnerability) among all variables, but failed to capture the impact of shelter type. Participants highlighted paying rent as a major contributor, along with the type of shelter and its conditions repeatedly. Given that most refugees are struggling to keep up with rent payments, this variable is more-or-less a non-discriminating factor. According to participants, it was instead bad shelter conditions, in combination with shelter type, which differentiated vulnerability levels among refugees. Additionally, the amount of rent differed by only $81 between the current MEB and SMEB, which further supports the fact that occupancy type might be overrated (given a high weighting) in the PMT, while shelter type and condition might be underrated (given a low weighting) due to its exclusion from the PMT variables.

Furthermore, the Disability Adjusted Dependency Ratio, which reflects the number of dependent people in a HH compared to able-bodied adults, had a relatively low weighting in line with the community. This can be attributed to the fact that children below 15 have a greater impact on vulnerability than those below the age of 18. The findings show that HH members above 15 may alleviate vulnerability if they become income generators, whereas the least vulnerable HHs most probably owned a flush toilet.

Unlike the above, Disability-adjusted Dependency ratio consider children of age between 15 and 18, as increasing vulnerability, where the community perceived the opposite.

Moreover, the PMT 2015 did emphasize on income generation, which is one of the most prominent variables. The community underlined income generation as a major component that may alter the expenditure, which will increase vulnerability. On the other side, if the HH was constituted of boys who are 15 years of age or older, then this group is considered as income generators, in turn, alleviating vulnerability. This was also found in the vulnerability exercise. Income generation was reported as the strongest indicator of SEV, and even change the relation of another variable and SEV. Specifically, HH members and female-headed households, who are income generators, would no longer be contributors to vulnerability rather would be ameliorators. As such, the higher the income and individuals who are working, the less vulnerable the HH is.

Furthermore, if feasible, CBT is mostly convenient with small scale programs (Himmelstine, 2012), unlike the LCC that is a national scale intervention. For this reason, the findings of this study are not aimed towards implementation of CBT in Lebanon, rather to gather the community’s perception of SEV, compare the existing MCA targeting methodologies with the community’s input, provide insights on what can be communicated on targeting criteria, support qualitative inclusion of vulnerable HHs, explore coping strategies, and inform multiple sectors on the reported gaps in needs.

Comparing the community’s input to the PMT 2015, the results show an overlap in terms of the variables and their weighting, but also some noteworthy differences. As a score that captures the impact of several factors, the PMT does capture the main elements that the community reported, namely HH size, crowdedness, assets, and income generation. However, the model excludes education and social-related constructs, both of which were reported by the community as potential contributors to vulnerability. On a variable level, the PMT 2015 gave occupancy the highest negative weighting (increases vulnerability) among all variables, but failed to capture the impact of shelter type. Participants highlighted paying rent as a major contributor, along with the type of shelter and its conditions repeatedly. Given that most refugees are struggling to keep up with rent payments, this variable is more-or-less a non-discriminating factor. According to participants, it was instead bad shelter conditions, in combination with shelter type, which differentiated vulnerability levels among refugees. Additionally, the amount of rent differed by only $81 between the current MEB and SMEB, which further supports the fact that occupancy type might be overrated (given a high weighting) in the PMT, while shelter type and condition might be underrated (given a low weighting) due to its exclusion from the PMT variables.

Furthermore, the Disability Adjusted Dependency Ratio, which reflects the number of dependent people in a HH compared to able-bodied adults, had a relatively low weighting in line with the community. This can be attributed to the fact that children below 15 have a greater impact on vulnerability than those below the age of 18. The findings show that HH members above 15 may alleviate vulnerability if they become income generators. Nonetheless, the PMT 2015 did emphasize on income generation, which is one of the most prominent variables. The community underlined income generation as a major component that may alter the impact of other variables. They also reported that job opportunities are higher in urban areas in comparison to rural ones, and that the chances of generating income are better. However, the higher living expenses in urban areas offset this advantage. As such, a HH residing in an urban area might generate more income but will also spend more on food, rent, and other basic needs.

<table>
<thead>
<tr>
<th>PMT VARIABLES</th>
<th>COMMUNITY PERCEPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL HH SIZE</td>
<td>HH size played two opposing roles in relation with SEV. On one side, the larger the HH size, the higher the expenditure, which will increase vulnerability. On the other side, if the HH is constituted of boys who are 15 years of age or older, then this group is considered as income generators, in turn, alleviating vulnerability. This was also found in the vulnerability exercise.</td>
</tr>
<tr>
<td>DISABILITY ADJUSTED DEPENDENCY RATIO</td>
<td>Similar to the above, Disability-adjusted Dependency ratio consider children of age between 15 and 18, as increasing vulnerability, where the community perceived the opposite.</td>
</tr>
<tr>
<td>OCCUPANCY TYPE</td>
<td>Paying rent was reported as a heavy burden on the HH, which in some cases led to protection issues, such as eviction. Nonetheless, participants also reported the importance of the shelter type (ten, apartment, and room), and more importantly, the condition of the shelter.</td>
</tr>
<tr>
<td>TOILET TYPE</td>
<td>The KI vulnerability exercises showed that oriental toilet types, or also described as a pit, were most common for the severely vulnerable HHs, whereas the least vulnerable HHs most probably owned a flush toilet.</td>
</tr>
<tr>
<td>ASSETS</td>
<td>The three main assets that participants reported to have an impact on vulnerability are washing machines, televisions, and fridges. Those were constantly reported in making life easier. Noteworthy, it was also important to consider the condition of assets and whether the asset was bought or given as charity.</td>
</tr>
<tr>
<td>INCOME GENERATING</td>
<td>Income generation was reported as the strongest indicator of SEV, and even change the relation of another variable and SEV. Specifically, HH members and female-headed households, who are income generators, would no longer be contributors to vulnerability rather would be ameliorators. As such, the higher the income and individuals who are working, the less vulnerable the HH is.</td>
</tr>
<tr>
<td>REDUCED MEALS</td>
<td>The study showed that reducing meal size, along with not eating or just eating less, frequently, are common coping strategies that refugees might employ. Additionally, in the KI coping exercise, participants reported reducing meals as an average severe coping strategy.</td>
</tr>
<tr>
<td>MEAT CONSUMPTION</td>
<td>Meat consumption was not reported during the interviews as a possible vulnerability criteria. The interviews did not explore the type of food. However, the vulnerability exercise show that the least severely vulnerable HHs will most probably eat some type of meat, this proportion decreased as vulnerability increased, reaching to no meat at all among the severely vulnerable HHs.</td>
</tr>
<tr>
<td>CROWDING INDEX</td>
<td>When exploring the relation between shelter and SEV, participants highlighted on the impact of having a crowded living. There was a strong agreement that having many members living and sleeping in the same room was a burden on the family, especially when it came to girls and boys staying in the same room.</td>
</tr>
</tbody>
</table>
After the current study was conducted, the multi-purpose cash actors in Lebanon shifted from the PMT to a desk formula. The main difference is the variables used in each model, and the availability of the respective data. The variables included in the desk formula are those that the UNHCR collects when refugees register at UNHCR. This allows for a scoring of all refugees who register with UNHCR, without the need for conducting a HH visit to fill out the Household Profiling Questionnaire. When comparing the community’s perception with the desk formula, HH size emerges as the variable with one of the strongest impact and consistency between the PMT and CBT. The desk formula is stronger in segregating HH size by age groups; it gives one weight to the total HH size and another weight to each age range among the members. Similarly, the community reported that the number of members within the HH is not enough to determine vulnerability as their age also plays a role.

On one hand, the desk formula captures important factors such as the gender of the HoHH, and the presence of any disabilities among its members. Another overlap between the desk formula and the community’s input is the education level of the HoHH, which was not included in the PMT. Although education is not necessarily directly linked to the economy of the HH given the limited opportunities for employment, it is still linked to the social wellbeing of its members. Literate adults may face restrictions on their movement, in turn reducing work opportunities, and cannot fully support their children’s education. On the other hand, there are some variables captured in the desk formula that the community disregarded. For instance, the community did not mention the district of origin and district of arrival, both of which are included in the desk formula. The same applies to the date of arrival. Additional research is required to explore these differences further and to capture the additional impact of protracted displacement. The community mentioned other variables that have an impact on SEV but not captured by the desk formula, namely shelter type/condition, assets.

As mentioned, the community defines SEV as a dynamic construct and there are no direct relations between single variables and the severity of vulnerability. A regression analysis was used to build the targeting formula, which requires that the variables be regressed against one dependent variable. In most cases, it is either income or expenditures, since there is no reliable data on income sources. The community gave different results when asked whether they think self-reported expenditure is a sufficient reflection of SEV. The community mentioned other variables that have an impact on SEV but not captured by the desk formula, namely shelter type/condition, assets.

Aside from statistically driven targeting methodologies, the study assists agencies in evaluating refugees who appeal for assistance, considering errors are embedded within statistical methods, or those to be assessed for qualitative inclusion, as in the case of the QIC, although both are subject to budgetary restrictions. The findings suggest the following criteria to be considered for above mentioned mechanisms, while noting that the combination of the below criteria is a strong indication of vulnerability:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of individuals less than 15 years old, segregated by gender</td>
<td>The higher the number, with higher female children, the more vulnerable the HH is.</td>
</tr>
<tr>
<td>The number of members above 59 years old</td>
<td></td>
</tr>
<tr>
<td>Presence of individuals with special needs, namely pregnancy, physical disability, and chronic illness, all of which require regular medical care</td>
<td></td>
</tr>
<tr>
<td>Female HoHH with no or limited access to any job, and with no other working members in the household, including children above 15 years old</td>
<td></td>
</tr>
<tr>
<td>Elderly HoHH, with no working members in the HH</td>
<td></td>
</tr>
<tr>
<td>HoHH lacking any employment skills</td>
<td></td>
</tr>
<tr>
<td>Presence of a washing machine, fridge, and TV in good condition</td>
<td>Indicates lower vulnerability.</td>
</tr>
<tr>
<td>Absence of residency permits, especially for the male members</td>
<td></td>
</tr>
</tbody>
</table>

Regarding coping strategies, the study revealed that in addition to food related coping strategies as captured in the reduced Coping Strategy Index, refugees also implement non-food related mechanisms. As reported above, refugees mostly sought employment as a means to meet their basic needs. They also relied on humanitarian assistance, postponing rent, and on borrowing from others. These findings merit additional investigation because relying on assistance implies a strong dependency among the refugee community and debt may put HHs at risk (e.g., eviction) and other protection issues. In an effort to overcome the difficulties associated with these strategies, HHs may try to sell some of their assets or move back to Syria. The implications of these strategies require a better understanding of the contextual coping strategies, as well as their impact on refugee HHs. As such, revising coping strategies would allow for a better contextualized understanding of what Syrian refugees in Lebanon might resort to when in need of money, aside from the food related coping strategies rather focusing more on livelihoods coping strategies.

Communicating with refugees on the selection criteria is a sensitive issue because it might raise corruption concerns. Cash actors in Lebanon would benefit from the findings of this study in identifying what the community knows about vulnerability and aligning this information with what the targeting criteria actually includes. Subsequently, this overlap between the community’s perception and the actual targeting can be the base of what is communicated to refugees on the selection criteria and process. The same message can be used to train hotline officers and field staff on how to answer questions around targeting, inclusion, and exclusion questions. The study showed that as this information was not shared with field staff, the staff themselves did not know how to answer refugees correctly, rather sometimes giving assumptions. This, in turn, increased the ambiguity on the selection process/criteria to refugees and sometimes reinforcing faulty beliefs, such as targeting being random. Hotline and field staff are one way to counter this, as they are in direct contact with refugees and front liners for the voice of the community. Tailored beneficiary communications could be created that give general information about the criteria, but do not give away too much details, to avoid any manipulation.

The findings of the current study also inform practitioners other than cash actors. For agencies who provide education support, participants emphasized the importance of being educated to be able to get to a desired location by reading signs, socialize, increase their chance of finding a job, and, more importantly to teach or support their children in their education. Furthermore, the study revealed various skills that refugees reported as being needed to increase job opportunities. For males, it was preferred to learn skills related to agriculture, construction or labor work, such as carpentry, painting, building, or electricity. As for the female participants, they mostly preferred sewing, and to a lesser extent teaching.
CONCLUSION

There will never be a perfect methodology for measuring a dynamic construct such as vulnerability. The affected population will always be the most accurate source from which to learn about refugees’ experiences and challenges. The current study aimed to gain a comprehensive understanding of SEV from the community’s perspective and to assess the targeting practices implemented by cash actors in Lebanon. It demonstrated that, according to the community, HH size had an impact on vulnerability, but that that depended on its composition. For example, while working members alleviated socio-economic challenges, HH composition with special needs were important contributors to SEV. Shelter type and conditions were closely related to HH vulnerability, but debt, income generation (or lack thereof), and residency permits had a strong impact on it. While the PMT covers a range of variables, it still excluded important factors discovered in this study, such as education, social aspect, and shelter condition. Incorporating these factors, as well as other issues highlighted by beneficiaries, can help improve the effectiveness of the program’s targeting mechanism.

The study also found that beneficiaries do not have a clear understanding of the selection process. Moreover, some of them believed there were inclusion and exclusion errors embedded in the process. Agencies can make use of the current study to assess HHs who appeal or those who are being qualitatively evaluated for inclusion. Furthermore, some beneficiaries revealed that community members might implement significant coping strategies such as debt and dependence on assistance in order to cover their basic needs. Should agencies plan to mitigate the impacts of these strategies, they will need to investigate these strategies and their implications further.

When choosing targeting methodologies, agencies need to take into consideration the context, the efficiency, effectiveness, and fairness of these tools, and most importantly, the potential risks implied. However, they should also consider the input of the targeted population. Through this study, the community proved to be a reliable source for defining vulnerability which they perceived as a dynamic construct where multiple variables can act as either contributors or ameliorators. To date, agencies have not shared the formula and allowing for corruption should be revised, as the community has the right to know how and why households are chosen for assistance.

REFERENCES


PARTICIPANT'S CODE:

INTRODUCTION [Read as it is written]

Good [morning/afternoon]. How are you?

My name is [facilitator name] and this is [recorder name]. We [NGO name] are part of the LCC programme, which provides Syrian refugees across Lebanon with unconditional cash assistance. However, some assistance are decreasing and needs are increasing. Therefore, this research study will help the LCC understand socio-economic vulnerability from the refugees' side. Your name will NOT be included; everything you say will be 100% confidential, secured and only accessed by the principal investigator of the study. Anything you say will not have an impact whatsoever on your inclusion or exclusion to the programme. There is no right or wrong answer; there is only different point of views. Participation is completely voluntarily and you have the freedom to withdraw at anytime and the freedom not to answer one or more questions. The interview will be recorded and it will take approximately 30 minutes. In case you refuse, it will not involve any loss of benefits or penalty and your participation does not involve giving up any legal rights. Do you have any questions? Are you willing to participate and do you agree on recording the discussion? Thank you, now we are going to start the discussion and if you have any questions, you can contact the agency’s hotline (INTERVIEWER: PROVIDE HOTLINE NUMBER).

Location: Date:  
Agency: Interviewer:  
Note Taker: Age of Participant:  
Gender of Participant: Position/role in community:  
Time in Lebanon: Originally From:  
Education Level: Governorate or District:  
Receiving any assistance: YES NO If Yes, Type of assistance:
THEME ONE:
CONCEPTUALIZATION OF VULNERABILITY

1. Please tell me, in general, what kind of things make life difficult for people in Lebanon?
2. Please share with me what you know about the current situation of refugees in Lebanon.
3. In your opinion, what is the definition of socio-economic vulnerability?

PROBES:
• What is the difference between someone being vulnerable and someone being poor?
• Do you think expenditure alone is enough to state that someone is socio-economically vulnerable?
• How do HHs differ within the same settlement? For example, what is difference between your HH condition and your neighbor, in terms of living conditions?
• How do HHs differ from one settlement to another? For example, those living in rural areas and those living in urban areas.
• What is the difference in vulnerability regarding HH size?
• Does the age of HH composition have an impact on the vulnerability of the HH? How?
• In your opinion, is the current assistance being allocated to those who really need it? If No/Yes, why?

THEME TWO:
CONCEPTUALIZATION OF SELECTION

In your opinion, how are beneficiaries selected for cash assistance? (Remind the participant that we are asking for his/her personal point of view only and there is not right/wrong answer as we also do not know how)

Rephrasing question: If we want to give cash assistance to a HH, what do you think we should consider?

PROBES:
• In your opinion, is the current assistance being allocated to those who really need it? If No/Yes, why?
• Without mentioning names or relation, do you think assistance might be allocated to HHs who need it less than others do? If yes or no, why?
• Without mentioning names or relation, do you know any HH who is not receiving assistance but needs it more than others need? If yes, why do you think this HH did not receive the assistance? Whom do you think they need more than others do?

THEME THREE:
CLASSIFICATION & SELF-EVALUATION

If we want to think about the HH condition of Syrian refugees surrounding you, can you please help fill out the following based on your own opinion and given HH condition?

• Let us consider that this HH is severely vulnerable
• Let us consider that this HH is less vulnerable than the one before but still considerably vulnerable
• Let us consider that this HH is least vulnerable compared to the other two

How do you compare your social and economic situation to other refugees? If you want to describe your household by using one of the categories you mentioned above, which will you use? Why?

THEME FOUR:
CONCEPTUALIZATION OF COPING STRATEGIES

1. In your opinion, what are refugees doing now days in trying to meet their daily needs?
2. If you ran out of income resources, how would you cope with these obstacles?
3. In your opinion, how do refugees overcome obstacles?

PROMPTS:
• Selling goods, reduce food or consumption, take a loan, goods on credit, school enrollment, street work, underage marriage…
• Narration: I asked you before about how you would categorize HHs, and you told me [Briefly repeat the categories and then continue to the questions below].
4. How do the coping strategies differ across HH categories?
5. If we want to rate the following in being most common coping strategies when refugees run out of resources, in your opinion, how can we do that? [EXERCISE]
6. If we want to rate the following based on their severity, again in your opinion, how can we do that? [EXERCISE]
7. Are there any other coping strategies that we did not mention?
8. Would you like to add anything that we did not mention? Do you have any questions?

THANK YOU FOR YOUR TIME
Lebanon Cash Consortium
Focus Group Discussion Guide
Community Consultation on Targeting for Multi-Purpose Cash Assistance Among Refugees in Lebanon

Location: Date: 
Agency: Interviewer: 
Note Taker: 
Number of Participants: 

INTRODUCTION [Read as it is written] 

My name is [facilitator name] and this is [recorder name]. We [NGO name] are part of the LCC programme, which provides Syrian refugees across Lebanon with multi-purpose cash assistance. However, some assistance are decreasing and needs are increasing. Therefore, this research study will help the LCC understand socio-economic vulnerability from the refugees’ side. Your name will NOT be included; everything you say will be stay 100% confidential and only accessed by the principal investigator of the study. Anything you say will not have an impact whatsoever on your inclusion or exclusion to the programme. Participation is completely voluntary and you have the freedom to withdraw at anytime and the freedom not to answer one or more questions. The interview will be recorded and it will take approximately one hour and a half. In case you refuse, it will not involve any loss of benefits or penalty and your participation does not involve giving up any legal rights. There might be a risk of sharing some personal information but we ask you not to share your names or names of others. Do you have any questions? Are you willing to participate and do you agree on recording the discussion? Thank you, now we are going to start the discussion and if you have any questions, you can contact the agency’s hotline (INTERVIEWER: PROVIDE HOTLINE NUMBER). 

FGD’S CODE: 

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender: M or F</th>
<th>Originally From</th>
<th>Time in Lebanon</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THEME ONE: CONCEPTUALIZATION OF VULNERABILITY

1. 15. Please tell me abit, in general, what kind of things make life difficult for people in Lebanon?
2. 16. Please share with me what you know about the current situation of refugees in Lebanon.
3. 17. In your opinion, what is the definition of socio-economic vulnerability?

PROBES:

- What is the difference between someone being vulnerable and someone being poor?
- Do you think expenditure alone is enough to state that someone is socio-economically vulnerable?
- How do HHs differ within the same settlement?
- How do HHs differ from one settlement to another? For example, those living in rural areas and those living in urban areas, in terms of living conditions.
- What is the difference in vulnerability regarding HH size?
- Does the age of HH composition have an impact on the vulnerability of the HH? How?
- Who are the most people that can contribute to the increase in the HH’s vulnerability?
- Do you consider housing condition when looking at vulnerability?
- Which assets you might notice in a HH that you will make you consider that this HH is less vulnerable than others?
- Which assets you might find in most severe HHs?
- What are some specific skills the HoH might have that would make life conditions easier on the HH?
- Is debt a criterion for vulnerability? If Yes/No, Why?
- How would education influence the socio-economic vulnerability of the HH?
- Is legal status and costs of registration a criterion for vulnerability? If Yes/No, Why?
**FGD PROTOCOL**

**THEME TWO: CONCEPTUALIZATION OF SELECTION**

In your opinion, how are beneficiaries selected for cash assistance? (Remind the participant that we are asking for his/her personal point of view only and there is not right/wrong answer, as we also do not know how)

Rephrasing question: If we want to give cash assistance to a HH, what do you think we should consider?

**PROBES:**

- In your opinion, is the current assistance being allocated to those who really need it? If No/Yes, why?
- In your opinion, is the current cash assistance being allocated to those who really need it? If No/Yes, why?
- Do you know any HHs receiving cash assistance but others needing it more than them? If yes, why do you think they received the cash assistance? Why do you think they do not need it?
- Do you know any HH who is not receiving cash assistance but needs it more than others? If yes, why do you think this HH did not receive the cash assistance? Whom do you think they need it more than others do?

**THEME THREE: VULNERABILITY RATING EXERCISE**

I am going to give you example of two HHs, please place them in order of vulnerability and explain why. (Examples will be 1 HH Moderately vulnerable and 1 HH Severely vulnerable – 2 HHs Moderately vulnerable – 2 HHs Severely vulnerable).

While the groups are divided, ask the following:

- If you want to prioritize the impact of the criteria listed in the above examples on socio-economic vulnerability, how will you do that?

Note: When the exercise is over, ask everyone the following:

- What other criteria do you think were necessary for us to know in order to assess the HH more accurately?
- To which household will you give cash assistance and why?

**THEME FOUR: CONCEPTUALIZATION OF COPING STRATEGIES**

1. What are refugees doing nowadays in trying to meet their daily needs?
2. How do you think refugees cope with these obstacles?

**PROMPTS:**

- Selling goods, reduce food or consumption, take a loan, goods on credit, school enrollment, street work, underage marriage…

**THEME FIVE: COPING STRATEGIES EXERCISE**

1. I am going to give you example of two coping strategies please place them in order of severity. (Examples will be 6 [3 pairs] from the food coping strategies and 6 [3 pairs] from the non-food coping strategies).
2. What is the most common coping strategy used among the ones I mentioned?
3. What is the most severe one among the ones I mentioned?

Would you like to add anything that we did not mention?

For teams, please rate the degree of accordance between participants.

<table>
<thead>
<tr>
<th>Completely Disagree</th>
<th>Disagree</th>
<th>Average</th>
<th>Agree</th>
<th>Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### FGD VULNERABILITY EXERCISE

#### SEVERELY VULNERABLE VS. SEVERELY VULNERABLE

<table>
<thead>
<tr>
<th></th>
<th>Male – A1</th>
<th>Female – A2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>60</td>
<td>31</td>
</tr>
<tr>
<td>No education</td>
<td>Reads and writes</td>
<td></td>
</tr>
<tr>
<td>Children: 10</td>
<td>Adults: 2</td>
<td>Children 11</td>
</tr>
<tr>
<td>HH size: 12</td>
<td>HH size: 13</td>
<td>Unmanaged collective shelter</td>
</tr>
<tr>
<td>Substandard shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Two rooms, unfurnished and rental</td>
<td>One room, unfurnished and rental</td>
<td></td>
</tr>
<tr>
<td>Traditional pit latrine, shared with 25</td>
<td>Traditional pit latrine, not shared</td>
<td></td>
</tr>
<tr>
<td>Owns mattresses, gas stove, and water containers</td>
<td>Owns nothing</td>
<td></td>
</tr>
<tr>
<td>No blankets and beds</td>
<td>No income</td>
<td></td>
</tr>
<tr>
<td>Total income: 300,000 L.L.</td>
<td>Total expenditure: 1,000,000 L.L.</td>
<td></td>
</tr>
<tr>
<td>Total expenditure: 660,000 L.L.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### MODERATELY VULNERABLE VS. MODERATELY VULNERABLE

<table>
<thead>
<tr>
<th></th>
<th>Female – B1</th>
<th>Female – B2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>No education</td>
<td>No education</td>
<td></td>
</tr>
<tr>
<td>Children: 5</td>
<td>Adults: 1</td>
<td>Children 4</td>
</tr>
<tr>
<td>HH size: 6</td>
<td>HH size: 5</td>
<td></td>
</tr>
<tr>
<td>Housing: Substandard shelter</td>
<td>Housing: Tent formal settlement</td>
<td></td>
</tr>
<tr>
<td>Two rooms, unfurnished and rental</td>
<td>One room, unfurnished and rental</td>
<td></td>
</tr>
<tr>
<td>Improved pit latrine, not shared</td>
<td>Improved pit latrine, not shared</td>
<td></td>
</tr>
<tr>
<td>Shelter imposes physical danger</td>
<td>Shelter has no basic services and requires urgent repair</td>
<td></td>
</tr>
<tr>
<td>Owns mattresses, blankets, kitchen utilities, water containers, and gas stove</td>
<td>Owns mattresses, blankets, and heater</td>
<td></td>
</tr>
<tr>
<td>No beds, winter clothing, and refrigerator</td>
<td>No beds, winter clothing, kitchen utilities, water containers, and gas stove</td>
<td></td>
</tr>
<tr>
<td>Total income: 180,000 L.L.</td>
<td>Total expenditure: 485,000 L.L.</td>
<td></td>
</tr>
<tr>
<td>Total expenditure: 650,000 L.L.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### SEVERELY VULNERABLE VS. MODERATELY VULNERABLE

<table>
<thead>
<tr>
<th></th>
<th>Moderate Male – C1</th>
<th>Severe Female – C2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Primary schooling</td>
<td>Primary schooling</td>
<td></td>
</tr>
<tr>
<td>Children: 4</td>
<td>Adults: 2</td>
<td>Children 4</td>
</tr>
<tr>
<td>HH size: 6</td>
<td>HH size: 5</td>
<td></td>
</tr>
<tr>
<td>Housing: Substandard shelter</td>
<td>Housing: Managed collective shelter</td>
<td></td>
</tr>
<tr>
<td>One room, unfurnished and rental</td>
<td>Two rooms, assistance charity</td>
<td></td>
</tr>
<tr>
<td>Flush toilet, not shared</td>
<td>Improved pit latrine, shared with one</td>
<td></td>
</tr>
<tr>
<td>Owns winter clothing, gas stove, and water containers</td>
<td>Owns mattresses, blankets, gas stove, kitchen utilities, and winter clothing</td>
<td></td>
</tr>
<tr>
<td>No mattresses, beds, oven, and water heater</td>
<td>No beds, refrigerator, and water heater</td>
<td></td>
</tr>
<tr>
<td>Total income: 171,000 L.L.</td>
<td>Total income: 262,500 L.L.</td>
<td></td>
</tr>
<tr>
<td>Total expenditure: 1,200,000 L.L.</td>
<td>Total expenditure: 262,500 L.L.</td>
<td></td>
</tr>
</tbody>
</table>

|        | | |
|--------| | |
# TABLE 1: SEVERELY VULNERABLE VS. SEVERELY VULNERABLE

<table>
<thead>
<tr>
<th>Least Vulnerable</th>
<th>Moderately Vulnerable</th>
<th>Severely Vulnerable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age HoH</td>
<td>38.3</td>
<td>38.5</td>
</tr>
<tr>
<td>Age HoH- Range</td>
<td>18-59</td>
<td>23-75</td>
</tr>
<tr>
<td>Gender HoH</td>
<td>Male (91.4%) Female (8.6%)</td>
<td>Male (87.8%) Female (1.1%)</td>
</tr>
<tr>
<td>Education HoH</td>
<td>No education (24%)- Primary (19%)- Any or Secondary (14% respectively)</td>
<td>No education (38%)- Primary (21%)- Intermediate (13%)</td>
</tr>
<tr>
<td>Number of Children</td>
<td>3.3</td>
<td>3.9</td>
</tr>
<tr>
<td># of Children- Range</td>
<td>0.10</td>
<td>1.12</td>
</tr>
<tr>
<td>Number of Adults</td>
<td>2.4</td>
<td>1.9</td>
</tr>
<tr>
<td># of Adults- Range</td>
<td>0.9</td>
<td>0.5</td>
</tr>
<tr>
<td>Special Needs</td>
<td>No special needs (84.8%)</td>
<td>No special needs (54.1%)</td>
</tr>
<tr>
<td></td>
<td>Illness (5.1%)</td>
<td>Illness (20.7%)</td>
</tr>
<tr>
<td></td>
<td>Disability and Chronic Illness (4% respectively)</td>
<td>Chronic Illness (7.2%)</td>
</tr>
<tr>
<td></td>
<td>More than one (12.4%)</td>
<td></td>
</tr>
<tr>
<td>Shelter</td>
<td>Apartment (31.37%) House (30.39%)</td>
<td>Tent (33.63%) House (20.3%)</td>
</tr>
<tr>
<td>Toilet</td>
<td>Available (35%) Flash toilet (29%)</td>
<td>Available (37%) Oriental (27%)</td>
</tr>
<tr>
<td>Assets</td>
<td>Fridge (32.82%) Fridge (36.64%)</td>
<td>Mattress (45.04%)</td>
</tr>
<tr>
<td></td>
<td>Washing machine (32.06%)</td>
<td>Washing Machine (35.88%)</td>
</tr>
<tr>
<td></td>
<td>TV (26.72%) TV (31.59%)</td>
<td>Blankets (24.43%)</td>
</tr>
<tr>
<td>Food</td>
<td>MCF (36%) Beans (27%)</td>
<td>Beans (30%)</td>
</tr>
<tr>
<td></td>
<td>Vegetables (18%) MCF (27%)</td>
<td>Carbohydrates (28%)</td>
</tr>
<tr>
<td></td>
<td>Other (14%) Vegetables (22%)</td>
<td>Basis (13%)</td>
</tr>
<tr>
<td>Total Income</td>
<td>$744.4</td>
<td>$352.3</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>$598.9</td>
<td>$419.9</td>
</tr>
<tr>
<td>Total Remaining</td>
<td>$145.5</td>
<td>-$67.6</td>
</tr>
</tbody>
</table>

---

# TABLE 2: MOST COMMON COPING STRATEGIES

<table>
<thead>
<tr>
<th>Rating</th>
<th>Borrow</th>
<th>Staying the whole day with no food</th>
<th>Send HH member to eat elsewhere</th>
<th>Relying on less preferred or cheap food</th>
<th>Reduce meal portion size</th>
<th>Adults not eating so children can eat</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>%31</td>
<td>%17</td>
<td>0%</td>
<td>8%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>2</td>
<td>%19</td>
<td>%27</td>
<td>12%</td>
<td>3%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>3</td>
<td>%20</td>
<td>%15</td>
<td>5%</td>
<td>13%</td>
<td>9%</td>
<td>14%</td>
</tr>
<tr>
<td>4</td>
<td>%14</td>
<td>%17</td>
<td>2%</td>
<td>8%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>5</td>
<td>%12</td>
<td>%19</td>
<td>30%</td>
<td>33%</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>6</td>
<td>%5</td>
<td>%6</td>
<td>51%</td>
<td>38%</td>
<td>33%</td>
<td>34%</td>
</tr>
</tbody>
</table>

---

# TABLE 3: MOST SEVERE COPING STRATEGIES

<table>
<thead>
<tr>
<th>Rating</th>
<th>Borrow</th>
<th>No Food</th>
<th>Send Else Where</th>
<th>Cheap Food</th>
<th>Reduce Size</th>
<th>No Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>%22</td>
<td>%67</td>
<td>50%</td>
<td>46%</td>
<td>33%</td>
<td>39%</td>
</tr>
<tr>
<td>2</td>
<td>%20</td>
<td>%39</td>
<td>28%</td>
<td>19%</td>
<td>27%</td>
<td>26%</td>
</tr>
<tr>
<td>3</td>
<td>%22</td>
<td>%20</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>4</td>
<td>%15</td>
<td>%10</td>
<td>3%</td>
<td>2%</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>5</td>
<td>%9</td>
<td>%2</td>
<td>5%</td>
<td>7%</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>6</td>
<td>%13</td>
<td>%22</td>
<td>3%</td>
<td>6%</td>
<td>9%</td>
<td>4%</td>
</tr>
</tbody>
</table>
### TABLE 4: MOST VULNERABLE HH SELECTED PER GENDER

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>Mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 vs A2</td>
<td>A2</td>
<td>A2</td>
<td>A2</td>
</tr>
<tr>
<td>C1 vs C2</td>
<td>C2</td>
<td>C2</td>
<td>C2</td>
</tr>
</tbody>
</table>

### TABLE 5: MOST VULNERABLE HH SELECTED PER GOVERNORATE

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Akkar</th>
<th>Bailleck</th>
<th>Beirut</th>
<th>Bekaa</th>
<th>Mt. Lebanon</th>
<th>North</th>
<th>Saida</th>
<th>Sour</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1 vs A2</td>
<td>A2</td>
<td>A2</td>
<td>A1</td>
<td>A2</td>
<td>A2</td>
<td>A2</td>
<td>A2</td>
<td>A2</td>
</tr>
<tr>
<td>C1 vs C2</td>
<td>C2</td>
<td>C1</td>
<td>C2</td>
<td>C2</td>
<td>C1</td>
<td>C2</td>
<td>C2</td>
<td>C2</td>
</tr>
</tbody>
</table>

### ANNEX 7: KII VULNERABILITY EXERCISE RESULTS

### ANNEX 8: FGD COPING EXERCISES

<table>
<thead>
<tr>
<th>Code</th>
<th>Coping Strategy</th>
<th>Rating of Coping Strategies 1 vs 2 (e.g., A1 vs A2)</th>
<th>Percentage of 1 vs 2</th>
<th>Average Severity Rating (1, Lowest Severity and 10, Highest Severity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>Borrow</td>
<td>13</td>
<td>52%</td>
<td>7.9</td>
</tr>
<tr>
<td>A2</td>
<td>Less preferred</td>
<td>12</td>
<td>48%</td>
<td>6.6</td>
</tr>
<tr>
<td>B1</td>
<td>No food</td>
<td>22</td>
<td>88%</td>
<td>9.9</td>
</tr>
<tr>
<td>B2</td>
<td>Reduce Size</td>
<td>3</td>
<td>12%</td>
<td>6.4</td>
</tr>
<tr>
<td>C1</td>
<td>Eat somewhere else</td>
<td>20</td>
<td>80%</td>
<td>9.1</td>
</tr>
<tr>
<td>C2</td>
<td>Reduce adult</td>
<td>5</td>
<td>20%</td>
<td>6.4</td>
</tr>
<tr>
<td>D1</td>
<td>Child labor</td>
<td>9</td>
<td>38%</td>
<td>8.5</td>
</tr>
<tr>
<td>D2</td>
<td>Withdraw from school</td>
<td>15</td>
<td>63%</td>
<td>8.5</td>
</tr>
<tr>
<td>E1</td>
<td>Begging</td>
<td>18</td>
<td>5%</td>
<td>9.8</td>
</tr>
<tr>
<td>E2</td>
<td>Borrow</td>
<td>7</td>
<td>95%</td>
<td>8.1</td>
</tr>
<tr>
<td>F1</td>
<td>Marry of their child</td>
<td>19</td>
<td>27%</td>
<td>9.5</td>
</tr>
<tr>
<td>F2</td>
<td>Child labor</td>
<td>5</td>
<td>73%</td>
<td>8.3</td>
</tr>
</tbody>
</table>