



AMERICAN UNIVERSITY OF BEIRUT

EXPLORING THE PERCEPTIONS AND EXPERIENCES OF  
SYRIAN REFUGEES TOWARDS THE FOOD AND BASIC  
NEEDS ASSISTANCE MODALITIES IN TYRE, LEBANON: A  
QUALITATIVE STUDY

by  
REEM MOHAMMAD NISR

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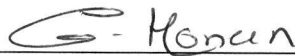
by  
REEM MOHAMMAD NISR

Approved by:


\_\_\_\_\_  
Dr. Lamis Jomaa, Assistant Professor  
Nutrition and Food Sciences

  
\_\_\_\_\_  
Advisor

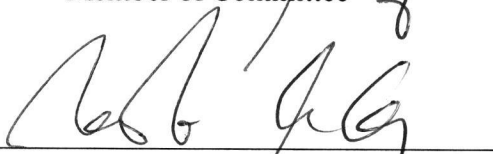
\_\_\_\_\_  
Dr. Gladys Honein, Assistant Professor  
Rafic Hariri School of Nursing

  
\_\_\_\_\_  
Member of Committee

\_\_\_\_\_  
Dr. Martin Keulertz, Assistant Professor  
Food Security Program

  
\_\_\_\_\_  
Member of Committee

\_\_\_\_\_  
Dr. Guiliano Martiniello, Assistant Professor  
Rural Community Development Program

  
\_\_\_\_\_  
Member of Committee

Date of thesis defense: September 4, 2019

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## AN ABSTRACT OF THE THESIS OF

Reem Mohammad Nisr for Master of Science  
Major: Food Security

Title: Exploring the Perceptions and Experiences of Syrian Refugees towards the Food and Basic Needs Assistance Modalities in Tyre, Lebanon: A Qualitative Study

Background: Into its ninth year, the Syrian crisis remains one of the largest humanitarian disasters that have serious repercussions on the food and nutrition security of displaced individuals in Syria and neighboring countries, including Lebanon. To address these challenges, the humanitarian community in Lebanon has increasingly been assisting refugees through cash-based interventions. Two main cash-based assistance modalities are currently implemented in Lebanon, namely the restricted food transfers (e-card) and the multi-purpose cash (MPC) assistance. However, limited studies have explored the perceptions and experiences of Syrian refugees towards these cash-based modalities. In addition, research on how cash transfer programs achieve their nutrition and health outcomes is rather still limited in similar protracted refugee crises.

Study aim and objectives: The present study aimed to examine the food purchasing behaviors of Syrian refugees and to explore their perceptions and experiences towards the cash assistance modalities currently implemented in Lebanon. The perspectives of key informants and stakeholders were also evaluated to further identify the main facilitators and barriers that refugees faced with the food assistance modalities.

Methods: A qualitative descriptive exploratory approach was adopted to fulfill the purpose of the study. Focus group discussions (FGDs) were conducted with Syrian refugee (SR) beneficiaries of both assistance modalities (e-card and MPC). Inclusion criteria included SRs, who have been living in Tyre for the past three months or longer, and have been receiving one of the cash transfer assistance modalities. In addition, in-depth interviews were conducted with key informants and stakeholders, including shop owners and representatives of non-governmental organizations (NGOs) working closely with refugees in the area of Tyre.

Results: Four FGDs were conducted with SRs and four interviews with supermarket owners and NGO representatives. A total of 11 themes and 9 subthemes emerged from these discussions. Nine of these main themes and four sub-themes were related to the perceived factors influencing food purchasing behaviors of SRs. These themes were further categorized under the different levels of the socio ecological model, including: contextual factors (themes included food assistance/cash transfer modalities and country labour legislation and policies whereas sub themes included perceived view of each modality and insufficient nutrition education with assistance); community factors (themes included shop-related factors and distance between beneficiary homes and contracted shops whereas sub themes include physical availability of food and food prices), interpersonal ( themes included interaction with shopkeepers and family dynamics) and individual/household factors (themes included financial management skills, kitchen equipment and income/purchasing power). Two main themes also emerged from the focus groups referring to the impact of cash transfers on SRs: the positive impact of cash assistance which was further supported by 2 subthemes, including increasing food security and economy of SRs. Another major theme emerged from the focus groups reflecting the challenges and unintended consequences of cash transfers; this theme was further supported by three sub-themes: fluctuation of food prices in contracted shops, avoidance and discrimination from host communities, and dependence on food assistance.

Conclusion: There are multi-level factors that influence the food purchasing behaviors and food choices of SRs including contextual factors, community, interpersonal and individual level factors. Although the impact of cash assistance modalities was overall positive to ensure food security and support the livelihoods of refugees, the assistance remained insufficient to meet their basic needs. In addition, unintended consequences of such assistance modalities need to be considered for future programmatic evaluations and large-scale interventions in protracted crises. Findings of the study indicated several potential recommendations that can be considered along the different levels of the SEM to improve the food and nutrition security status of refugees and vulnerable communities.

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## ABBREVIATIONS

- AUB: American University of Beirut
- AUBMC: American University of Beirut Medical Center
- CT: Cash transfer
- CCT: Conditional cash transfer
- FIES: Food Insecurity Experience Scale
- FGD: Focus Group Discussions
- FCS: Food Consumption Score
- LMICs: Low and middle income countries
- MPC: Multi-Purpose Cash
- NGO: Non-Governmental Organization
- OXFAM: The Oxford Committee for Famine Relief
- SEM: Socio ecological model
- SD: Standard Deviation
- SDG: Sustainable Development Goals
- SOFI: State of food and nutrition security in the world
- SPSS: Statistical Package for the Social Sciences
- UCT: Unconditional cash transfer
- UN: United Nations
- UNHCR: United Nations High Commissioner for Refugees
- UNICEF: The United Nations Children's Fund
- USD: United States Dollar
- VASYR: The Vulnerability Assessment for Syrian Refugees in Lebanon
- WFP: World Food Programme

# CHAPTER I

## LITERATURE REVIEW

### **A. Food and Nutrition Security**

#### ***1. Definition of food security and its dimensions***

Food security is defined as a condition that exists when “all people, at all times have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life” (FAO Rome World Food Summit 1996). This definition puts the concept of access to food at its center. So many people are still facing food insecurity despite global production currently being sufficient for all. The emphasis changed from increasing food production to increasing access to food for all. This definition also integrates the concepts of food availability and food utilization (Ingram, 2011). The latest revision of the food security definition added a fourth dimension focusing on food stability (World Summit of food security, 2009). Thus, the four key dimensions of the household food security are: 1) Availability of food produced locally and imported from abroad; 2) Accessibility: Physical, economic and socio cultural accessibility of food; 3) Utilization: The individual must be physically healthy and able to eat adequate quantity and quality of food. Also adequate water and sanitation are also involved in this pillar. The fourth dimension is stability which is the ability to withstand shocks of the to the food chain system caused by natural disasters such as climate or man-made disasters such as wars and economic crises (Peng & Berry, 2019).

#### ***2. Prevalence and Challenges with food security at global levels***

Despite the central role that food security plays in human development and being considered as one of the universal human rights for all people , over 2 billion people worldwide do not have regular access to safe, nutritious and sufficient food. According to the latest estimates by the State of Food Security and Nutrition in the World (SOFI, 2019), 9.2 percent of the world population (or 700 million people) were exposed to severe levels of food insecurity in 2018, implying reductions in the quantity of food consumed to the extent that they have possibly

experienced hunger. An additional 17.2 percent of the world population, or 1.3 billion people, have experienced food insecurity at moderate levels. This implies that these additional 1.3 billion people did not have regular access to nutritious and sufficient food, even if they were not necessarily suffering from hunger.

When setting universal targets for the 2030 Agenda for Sustainable Development Goals (SDGs), the United Nations (UN) countries recognized that food insecurity remains a major challenge that requires global efforts to eradicate hunger and alleviate food insecurity among the most poor and vulnerable. Goal number 2 of the SDGs “Zero Hunger Goal” was dedicated solely to end hunger and all forms of malnutrition and to achieve sustainable food production by 2030 (FAO, IFAD, UNICEF, WFP & WHO, 2019). Nevertheless, Progress towards meeting the Zero Hunger goal has been hindered by several challenges. Climate change is one of the main threats that are causing extreme weather conditions and events such as hurricanes, floods and droughts. The impacts of climate change on temperature, precipitation and agricultural productivity are likely to decrease food security in some places. Another challenge for food security is economic; the world is facing economic slowdown where the world economy is not growing as much as expected. This slowdown is expected to be correlated with increasing rates of poverty which affects negatively food security and nutrition (FAO et al., 2015, Tappis & Doocy, 2018). The third challenge for food security is the world population. Globally, the population has grown rapidly and people are mainly living in urban areas. Also food production depends on croplands and water supply, which are under pressure as human populations increase (Population Action International, 2011). Moreover, conflict and instability have increased which led to greater population displacement. People displaced by war are rarely able to access the food they need to live healthy and active life and they are unable to grow or buy enough food. All of the environmental, economic, and demographic factors have led to major shifts in food production, distribution and consumption worldwide- and to new food security, malnutrition and health challenges (FAO et al., 2015, Tappis & Doocy, 2018).

### ***3. Consequences of food and nutrition insecurity***

Food and nutrition insecurity have serious consequences on the health and well-being of affected populations particularly vulnerable groups, such as children, women, and older adults.

The consequences include malnutrition, stunted growth and development of children, increased risk of illnesses and infectious diseases, psychosocial and mental problems, and higher risk of mortality. Beyond the consequences for individuals and families, there are also costly implications for the economy and health care system.

#### a. Malnutrition (Triple burden of malnutrition)

Food insecurity plays an important role as a determinant of many different forms of malnutrition. The lack of regular access to nutritious and sufficient food that these people experience puts them at greater risk of malnutrition and poor health (FAO, IFAD, UNICEF, WFP & WHO, 2019). A challenge related to food security is the triple burden malnutrition consisting of: under nutrition, micronutrient deficiency, and overweight and obesity. Under nutrition refers to stunting (low height for age) or wasting (low weight for age) where about 815 million people are malnourished around the globe. Approximately 200 million individuals worldwide experience key micronutrient deficiencies, namely iron, vitamin A, iodine, and zinc deficiencies, so called “hidden hunger”. It is called hidden hunger because the deficiencies are not visible; in addition hidden hunger refers to people eating food that is deficient in essential vitamins and micronutrients and not to poor people who are unable to afford enough to eat (Pérez-Escamilla, 2017). The third component of the triple burden of malnutrition is obesity or overweight which is the weight that is higher than what is considered healthy for a given height. Around 1.9 billion adults are overweight or obese globally. Many food-insecure individuals consume excessive amounts of calories that are heavily based on starches and a high amount of added sugars such as sugar-sweetened beverages. Obesity is one of the major risk factors for chronic diseases such as type 2 diabetes, heart disease and hypertension (Ingram, 2018).

#### b. Impact on children

While food insecurity has direct and indirect impacts on physical and mental health for people of all ages, food insecurity is especially detrimental to the health, development, and well-being of children in the short and long terms (Hartline & Dean, 2017). Children who live in households that are food insecure are likely to be sick more often and hospitalized more

frequently due to severe infectious diseases maybe as a result of inflammation or/and depressed immune system (Pérez-Escamilla, 2017). Household food insecurity might also negatively influence child development if it results in limited nutritional intake among affected children. Even moderate nutritional deficiencies during the critical first few years of life can disrupt the development of key brain processes and structures and affect physical development. These disruptions can in turn lead to cognitive and self-regulatory functioning, as well as memory, attention, and behavior problems. Another reason why food insecurity affects child development is that food insecure parents would be more stressed and depressed which decrease the quality of the parent-child relationship and reduces positive parenting practices such as time of introduction of solid food and duration of breastfeeding. There is even less evidence linking food insecurity to cognitive development in early childhood; however, such links have been found in older children (Johnson & Markowitz, 2018). Other studies have found negative psycho-emotional and behavioral outcomes among preschoolers associated with household food insecurity. There was an association between household food insecurity and school-aged children's hyperactivity, school absenteeism, or depression, as well as suboptimal academic performance, while further analysis of these data documents an association between household food insecurity and suicidal thoughts and attempts among adolescents (Kirkendall, Citro & House, 2013).

### c. Health care expenditure

Many diet-related diseases such as diabetes, hypertension, heart disease, and obesity have been associated with food insecurity. The two major causes are low quality dietary intake and the stressful state that are associated with food insecurity. Food and nutrition insecurity can also exacerbate existing diseases such as diabetes, chronic kidney disease and human immunodeficiency virus. More diseases mean more physician visits, hospitalizations and medications (Hartline & Dean, 2017).

### **B. Food assistance programs (Food, Vouchers, Cash Transfer)**

Food assistance, as a term, is used increasingly by donors and aid agencies as an alternative to the narrow concept of food aid which means transfer of food commodities to



hungry people. A major reason for the shift in terminology is to include the provision of cash for food related purposes within the definitions of food assistance (WFP, 2017). Nevertheless, the definition of food assistance remains an area of debate as some argue that it should contain all interventions that address food insecurity and nutrition as in-kind food aid, cash transfers and some forms of production and market support, while others limit food assistance to direct food and cash-based transfers. Another debate is whether food assistance should be purely humanitarian or it should also be used as development assistance since food assistance can constitute the bridge connecting humanitarian and development contexts (Hervey, Proudlock, Clay, Riley & Jaspars, 2010).

Food assistance accounts for 40 percent of all humanitarian assistance. In recent years, as humanitarian crises have grown in number and complexity, food assistance expenditures have expanded significantly, more than doubling between 2009 and 2016 (WFP,2018). The world is changing rapidly and food assistance is changing in directions that expand capacity and meet emerging challenges. For example, food assistance is moving from generalized subsidies to targeted transfers, with transitions from food transfers to vouchers or cash transfers. Also, the objectives of food assistance programs are changing from agricultural objectives to social protection programs aiming directly at poverty reduction (Alderman, Gentilini & Yemstov, 2017). Food assistance is more than preventing starvation in humanitarian crises, it can empower vulnerable and food insecure people and communities to access nutritious food. Food assistance programs strive to save lives and livelihoods in the short term while tackling the root causes of hunger in the medium-and long-term (WFP, 2018).

### ***1. Cash transfer programs:***

There is much debate to which of the food assistance programs is best suited for today's food security challenges. Cash transfers is one of the most popular food assistance programs nowadays, as it can provide people with money, while food transfers include the distribution of food commodities (Gentilini, 2015). Food transfers can be obtained internationally (imported food) or local sourced in the same country where the program is implemented. Food vouchers can be used in predetermined locations (including selected shops, supermarkets, retail stores and

fairs) and it takes two forms: “value-based” vouchers that provide access to commodities for a given monetary amount or “commodity-based” vouchers which is tied to a pre-defined quantity of given foods (Gentilini, 2015; Aker 2013). The reviewed studies show that both transfer and cash modalities work (see table 1). When compared to control groups, cash and food transfers, including vouchers, show improvement in a range of indicators such as food consumption, income, dietary diversity, poverty and malnutrition. Some studies show that cash transfers tend to be more effective than food in enhancing food consumption, while food seems to outperform cash in increasing household caloric intake (Bailey& Hedlund, 2013; Gentilini, 2015). On the other hand, there are some studies that show that there is no evidence of differential effects of cash and voucher transfers on income, assets of food security (Aker, 2013).

Since the mid-2000s, cash became the most commonly adopted modality of food assistance due to the criticism over the international food aid system and the growing application of technology (Gentilini, 2015). Supporters of the cash transfers argue that it allows households to save some of their cash transfers (Aker, 2013). Cash is preferred by both the vulnerable households and implementing agencies when markets are functional and food is available, since it reduces operational costs of assistance delivery compared to in-kind modalities and thus it is a cost-efficient way of delivering assistance (Inter - Agency Coordination Lebanon, 2018).The cash transfer is intended and designed to provide beneficiaries with the ability to access food and to have a choice in terms of what and where to buy food. Yet those arguments alone have not always offered a convincing basis for fully replacing food and voucher with cash.

Worth noting that the majority of food transfers in both low and middle income countries (LMICs) are still in-kind. Disaggregated analysis from 108 countries shows that in low-income countries, the mean coverage of the population by voucher and food programs is 8%, which is double that of the cash transfer programs (Alderman, Gentilini & Yemstov, 2017).There are several reasons why in-kind transfers might be preferred to cash. First, government or donors might want to encourage program receipts to consume particular food or non-food items, which is difficult with unconditional cash transfers. This motivation to consume a specific product might come at the expense of individual preferences but it could potentially lead to increased consumption of those goods and thereby lead to improvement in other indicators of wellbeing, such as nutritional status (Aker, 2013; Gentilini, 2015). Second, in-kind transfers may assist in targeting only the poor by encouraging the non-poor to self-select themselves out of welfare

programs. Third, in-kind transfers can increase local supply and household access to items that are not readily available on local markets. Fourth, in-kind transfers may be more politically practicable than cash transfers, especially to populations who are not eligible for the program. A final potential rationale for the use of in-kind transfers is one of security, theft and leakage (Aker, 2013).

Table 1: Advantages and disadvantages of cash and food modalities

	<b>Advantages</b>	<b>Disadvantages</b>
<b>Cash</b>	Less operational cost of assistance delivery	Used to buy non food items
	More effective than food in enhancing food consumption	Expose recipients to price volatility and inflation
	Allows households to save some of their cash transfers	Ineffective if food is unavailable in the market
<b>Food</b>	Outperform cash in increasing household caloric intake	Difficult to administer (High cost of printing, distribution and redemption)
	Encourage program receipts to consume particular food or non-food items	Restrict what beneficiaries can get and may not meet their priority needs
	Increase access to items that are not available on local markets	Beneficiaries may sell the vouchers
	More politically practicable than cash transfers	

## ***2. Impacts of cash transfer programs on:***

### **a. Food security and nutrition**

Social protection strategies are being implemented to reduce household vulnerability to extreme poverty and to strengthen food and nutrition security (Brugh et al., 2018). The most immediate impact of a CT on poor households targeted by the programs is the increase in food consumption at the household level. This change may be due to increase in purchasing power, which enables households to increase the quantity of food purchases. CTs can also improve the quantity and diversity of diet through increased household income. CTs may also improve availability, access and utilization of food for households at risk of experiencing shortages because of seasonal fluctuations or of sudden shocks such as droughts and floods. Moreover,

CTs can play an important role in improving food consumption by stabilizing household income fluctuations (Tiwari et al., 2016).

In addition, evidence shows that CT can improve acute malnutrition in international contexts through different pathways. One pathway is through increasing the household's budget, which can lead to an increase in purchasing power, investment in productive assets, and improvement in the family's psychosocial well-being. Another pathway can be related to how cash transfers can help the household stay within its budget, preventing the family from taking out additional credit, selling productive assets, or migrating for work. Thirdly, cash transfers were hypothesized to increase female empowerment through the women's control over the income and increased decision-making power (Tonguet et al., 2017).

A great deal of evidence on the impact of CT on food security and nutrition originates from Latin America where CCT programs have operated for many years and have contributed to increase in household's food expenditure and particularly for some food groups, such as animal products. However, it is worth noting that these studies didn't always show that this improvement in the intake of animal products turned into improved nutrition outcomes (Siwall, 2008; Tiwari et al., 2016). Evidence from the impact evaluation of four CT programs in Sub Saharan countries (Ghana, Kenya, Lesotho and Zambia) shows that there is large variation in the impact of CT on food and nutrition security indicators across countries. The program design and implementation was the driver of the differences in the impact of CT on food and nutrition security. The main features were the transfer amount, predictability and regularity, and evaluation design. Larger and more positive impacts were on households receiving larger per capita transfer. Regular and predictable transfers allow beneficiaries to plan ahead and smooth consumption over the full period between payments. Finally, the evaluation design helps explaining observed impacts. Sufficiently large transfers, coupled with attention paid to assuring regular and reliable payments appear to be important factors in assuring that CT programs can impact beneficiary food security and nutrition status (Tiwari et al., 2016).

#### b. Growth, health and development of children

Studies show positive effects of cash transfer programs on some child outcomes including infant mortality, illness or morbidity and cognitive, language, and behavioral

development, but there were not clear and consistent effects on anthropometric results or anemia (de Walque et al., 2017).

There are several potential mechanisms that explain how CCTs could improve outcomes for children, via the direct effects of the household having more purchasing power because of the cash transfer, and/or the direct effects of the mandatory participation in health care services and education programs (Fernald, Gertler & Hidrobo, 2012). Even without conditioning the cash transfer, having greater financial resources may allow parents to provide a better environment for their children through improvements in the home (e.g., quality of floor and ceiling, availability of electricity, or quality of water supply) or through the purchase of goods that influence child growth and development (e.g., more expensive or nutritious foods, health care, books, or toys) (D'Addato, 2015; Fernald, Gertler & Hidrobo, 2012; de Walque et al., 2017). Another possible mechanism by which increased cash transfers could be linked to improvements in child development is that income could indirectly improve the psychological well-being of family members, through reductions in subjective feelings of financial strain and deprivation, which could then be associated with improvements in child well-being and achievement. Lastly, since the direct conditions of CCTs require pregnant women to obtain prenatal care and parents to take their children to growth monitoring and vaccination appointments, then the health status of children is expected to increase. Comprehensive programs (including nutrition, health, and parenting components) have the greatest potential for improving child development outcomes (Fernald, Gertler & Hidrobo, 2012).

### c. Economic and social outcomes of beneficiaries

Theoretically, cash transfers can have both direct and indirect positive impacts on economic and social outcomes of beneficiaries. First, receipt of the CTs can overcome financial barriers to accessing goods or services such as the costs of medicine, associated health service fees and school fees. It can also enable beneficiaries to invest in assets or skills needed for work, or travel expenses to reach the service provider or work place. Second, CTs can have indirect impacts with potentially important implications for access to services and work. Receiving a regular alternative source of income frees up other income that the household may have. Finally,

receipt of a regular income can mean that beneficiaries can take the time and risk to search for better livelihood opportunities (Hagen-Zanker, Ulrichs& Holmes, 2018).

### ***3.Types of cash transfer programs***

Cash transfers (CTs) can be characterized by conditionality or/and restriction. Conditionality refers to prerequisite or qualifying conditions that a beneficiary must achieve to receive a cash transfer or voucher. Conditional cash transfer (CCT) mechanisms provide monetary transfers to households on the condition that they comply with a set of behavioral requirements. In other words, for a household to receive a cash transfer they must undertake certain activities, such as taking children for regular health check-ups and sending them to school. The unconditional type (UCT), on the other hand, does not include any condition for households to spend the money upon receiving cash transfers(de Walque et al., 2017).As for the restricted cash transfers, such as food vouchers, they require the beneficiary to use the assistance provided in order to access specific goods or services (WFP, 2017).

Proponents of the CCT programs highlight that these programs try to go deeper than other approaches to get to the root causes of poverty (de Walque et al., 2017). CCT programs have been in place since the 1990s, are mainly focused on improvement of health and wellbeing of children, and are in place in dozens of countries around the world (Fernald, 2013). The World Bank, for example, is one of the main international institutions that advocates for CCTs as a poverty reduction mechanism. The World Bank focuses on incentivizing desired behaviors, and the CCT program operates in a manner that encourages individuals to behave in particular way by providing incentives as a reward for compliance. Although the incentivized behavior would be beneficial to the individuals and families involved, too little of the desired behaviors would exist without incentives (Forget, Peden& Strobel, 2013).

Other international organizations, such as the Oxford Committee for Famine Relief (OXFAM) and the United Nations Children’s Fund (UNICEF), have a different approach to cash transfer modalities. These organizations advocate for the unconditional cash transfer modality because they believe that individuals and families know better than the program designers what behaviors are in their best interests. Human right advocates state that “poverty is associated with behaviors harmful to individuals and families. Children of poor families attend school less and

for fewer years, poor family nutrition is worse, vaccination rates are usually low, marriages and childbearing age often occurs in before an age consistent with optimal health for mother and baby.” The solution to these problems is not to create incentives that reward behaviors consistent with their desired development goal, but it is making resources available to households, so that they can make decisions consistent with their own priorities (Forget, Peden & Strobel, 2013).

#### a. Advantages and Disadvantages of CCT and UCT programs (see table 2)

Both CCTs and UCTs have been found to increase birth weight and they also show large positive impact on the quality and quantity of households’ food consumption. The effect of CCT and UCT programs on the child weight for age z-score or the prevalence of underweight is mixed (de Walque et al., 2017). For school enrollment and several child health outcomes, CCTs outperformed UCTs (de Walque et al., 2017; Akresh, De Walque, & Kazianga, 2013). CCTs have been successful in increasing the use of health services and improving the nutritional and anthropometric outcomes while their effect on health status remains less clear (Manley, Gitter, & Slavchevska, 2013; Lagarde, Haines, & Palmer, 2007).

On the other side, CT programs have been criticized due to several reasons. CCTs require that households do not receive the cash transfer unless they participate in activities designed specifically to improve household health and nutrition. CCT programs in countries without nationalized health care might not be as effective (Fernald, 2013). Even if household do comply with the conditions, increased usage of health services may not translate into improved health outcomes if the quality of health services is characterized by poor infrastructure, absenteeism or lack of adequate supplies which is the case in many low and middle income countries (Fernald, Gertler & Hidrobo, 2012). Also, CCT programs might provide resources necessary for individuals to consume extra calories in a context without intentional policies or programs designed to prevent obesity and non-communicable diseases (NCDs). For example, receiving a greater amount of cash in Mexico’s conditional cash transfer program (Oportunidades) was associated with increased risk for obesity and hypertension in adults (Fernald, 2013). A major concern with UCT is that parents may have competing priorities for the cash transfer other than improving child health and development; for example, adults may want to spend the cash transfer on housing or buy cigarettes (Fernald, Gertler & Hidrobo, 2012). Moreover, CTs have



been criticized due to the lack of potential sustainability. Social assistance programs have often been faulted for their focus on short-term fixes to the problem of poverty, rather than long-term structural changes. Unexpected reported effects associated with a program in Africa included some women planning new pregnancies and some individuals not expecting the transfers to end (Tonguet-Papucciet.al, 2017).

Table 2: Advantages and Disadvantages of Conditional and Unconditional Cash Transfers

	Advantages	Disadvantages
Conditional cash transfers	CCTs* outperformed UCTs* in school enrollment and several child health outcomes	Beneficiaries have to accept what the implementing organization or donor thinks is best for them
	Increase the use of health services	Ineffective in countries without nationalized health care
	Improve the nutritional and anthropometric outcomes	
Unconditional cash transfers	Freedom to spend aid money on what is best for the beneficiaries	May use the transfer for priorities other than improving child health and development
	Less administrative cost	Underinvestment in public goods
	Simple	Poor household consumption if they have imperfect information

\*: CCTs: Conditional Cash Transfers      UCTs: Unconditional Cash Transfers

#### ***4. The effects of cash transfers for refugees in the context of protracted displacement***

The changing nature of humanitarian emergencies has recently been coupled with a rise in global food insecurity. Also the number of people affected by conflict has increased (Hagen-Zanker, Ulrichs& Holmes, 2018). According to UNHCR, 2015; 1 in every 122 humans worldwide is now either a refugee, internally displaced, or seeking asylum. Governments, UN agencies and NGOs must work collaboratively to address both immediate humanitarian needs in addition to longer term concerns that arise in the recovery period. Humanitarian actors must ensure that assistance is provided in a way that minimizes risks and maximizes benefits to people affected by crisis (Tappis & Doocy, 2018). Today the majority of refugees worldwide are in urban environments, as compared to camps, which necessitates a different type of response from



host governments and international community. Food aid is a pillar of humanitarian response which is essential for addressing short-term food insecurity associated with displacement and loss of livelihoods. Emergency food aid provision is dominated by assistance strategies that focus on meeting basic survival needs with little attention devoted to underlying causes of food insecurity (Doocy et al., 2011). Protracted displacement requires durable measures.

Transitioning from short-term humanitarian assistance, which focuses on meeting immediate basic needs in the context of a humanitarian disaster, to the provision of social protection policies and programs, which aim to reduce poverty and vulnerability in the longer-term, can be a tool to support refugees (Hagen-Zanker, Ulrichs & Holmes, 2018). Over the past decade cash assistance has been increasingly utilized in emergency contexts. In non-emergency settings, providing cash assistance has facilitated access to health services, food, transportation, education, and has enabled households to mitigate shocks, develop livelihoods, build assets, and develop stronger social relations. In emergency settings acceptance and use of cash interventions have increased over the past decade and have proven to be feasible and effective in such settings. Common types of cash and voucher interventions include direct cash transfers, cash for work, conditional cash transfers, or voucher programs used for a particular type or bundle of goods. Widespread adoption of cash-based programs has been limited by the fact that funding cash assistance is often difficult and because of fears that cash assistance is less effective or will be misspent. However, major advantages of cash assistance are that it is cost-effective use of funds and that it provides a great deal of flexibility for beneficiaries in deciding when and how to use funds (Doocy et al., 2011).

### **C. Food and nutrition security status in MENA region**

*“Most wars of the late 20<sup>th</sup> century and early 21<sup>st</sup> century are “food wars”, meaning that food is used as weapon, food systems are destroyed in the course of conflict, and food insecurity persists as a legacy of conflict” (Breisinger, 2014).*

Broad geographic displacement often accompanies conflict, and the Middle East region has the highest number of refugees and internally displaced people in the world. People in these countries are about twice as likely to be malnourished and to die during infancy as people in other developing countries. Wars have been the largest driving factor leading to the displacement

of populations in the region, with one of the most prominent examples being the nakba or expelling of three-quarters of the Palestinian population between 1947 and 1949 (Moran, Khawaja, Khoshnood, Ramahi & Inborn, 2011). Conflict reduces food availability by destroying agricultural assets and infrastructure. Conflict also destroys physical infrastructure and increases the security risk associated with increasing food markets, thus driving up local food prices. This negative impact on food availability is accompanied by conflicts' detrimental impacts on household level food security, particularly on key determinants of food insecurity such as nutrition, health and education (Breisinger, 2014)

Food insecurity is not only a consequence of conflict but can lead to conflicts. In particular, increases in food prices have greatly increased the risk of conflicts. The 2007-2008 global food crises sparked rioting in 48 countries and food insecurity at the national and household levels is a major cause of conflict in Arab countries (Breisinger, 2014).

### *1. Effect of Syrian Conflict on FNS in Lebanon*

The Syrian crisis is one of the largest humanitarian disasters that are witnessed today. The number of refugees worldwide has increased in the past years due mainly to the conflict in Syria. This crisis affected approximately 5.5 million individuals, who have fled the war and moved to countries bordering Syria. Currently, Lebanon hosts the largest number of refugees relative to its population followed by Jordan and Turkey (OECD, 2017). As of November 2017, approximately 998,000 Syrian refugees (SRs) have been registered in Lebanon by United Nations High Commissioner for Refugees (UNHCR), which is slightly less than 20 percent of the total Lebanese population (WFP, UNICEF & UNHCR, 2017; WFP, 2018). Evidence shows that refugees in general are the most food and nutrition insecure in Lebanon (ESCWA, 2016). According to the 2018 Vulnerability Assessment of Syrian Refugees (VASYR) report, access to food remains a serious challenge for SRs in Lebanon (WFP et al., 2018). In fact, the majority of Syrian refugee households (90%) were estimated to experience some degree of food insecurity (WFP et al., 2018).

Since the Lebanese government cannot handle the large Syrian influx alone, international organizations have been supporting Lebanon with a wide range of interventions that can help

address food insecurity, increase employment and livelihood opportunities, and improve the local infrastructure and public institutions in the country (ESCWA, 2016). One of the main interventions include provision of cash assistance by humanitarian international organizations to help the most economically vulnerable refugee households meet their basic needs. UN agencies, primarily UNHCR and WFP, have been working together to identify the most socio-economically vulnerable families who are unable to cover basic family needs, such as food, health care and medicines and rent. WFP is providing life saving food and basic needs assistance to vulnerable UNHCR-registered displaced Syrians through an electronic card system (e-card) since September 2013. Each family receives one card that is loaded each month automatically with \$27 for every family member for the purchase of food items from specific contracted shops. It was absolutely forbidden to use the card to buy alcohol, cigarettes and household items (UNHCR, 2015).

In October 2017, the multipurpose cash (MPC) for essential needs modality was introduced to support SRs in Lebanon. This means that one grant is being provided that covers multiple purposes rather than several sector-specific grants. MPC grants are \$175 per household and transferred on a monthly basis to selected households, regardless of their size. The transfers are processed via ATM cards during the last week of each month. Recipients can withdraw the money from any ATM, in either US\$ or LBP, in one lump sum or multiple tranches. MPC is usually calculated as a contribution to a Minimum Expenditure Basket (MEB), which represents the absolute minimum needed to survive and keep an individual or family from destitution and poverty (WFP, 2018). Eligible families receive \$175 per month from UNHCR, and those included in the food program receive additional \$27 per person per month. Another group of eligible families receive the same amount per family plus \$27 per person for food covered by WFP. Others receive from WFP only \$27 per family member to cover food needs, but do not benefit from the MPC. An estimated 725,741 people were assisted in January 2018 but according to the Lebanese Crisis Response Plan 2017-2020, the food security situation of displaced Syrians remains critical. Both e-cards and MPC are unconditional cash transfer programs. While e-cards are restricted for food, MPC are unrestricted cash transfers (WFP, 2018).

Although e-cards and MPC were intended to give their beneficiaries greater purchasing power to select their preferred food and non-food items, 10% of SRs still have poor food consumption with a decrease of less than 1% compared to 2017. Discrepancies exist at the

national level; the governorates that reported an increased share of households with poor and borderline consumption are: Mount Lebanon, South and North. Reduction in food consumption in these areas could be explained by increases in rent, therefore households allocated fewer resources to the purchase of food.

The major food group consumed by the SRs was the cereals food group (including bread/pasta and potatoes). The consumption of eggs, vegetables and fruits increased compared to 2017. While meat and Vitamin A rich fruits and vegetables were hardly consumed (less than one day per week) (WFP et al., 2018).

Preliminary results from a WFP-led food security outcome monitoring study conducted in 2019 showed that the percentage of households with acceptable food consumption slightly decreased for food e-card beneficiaries from 77% in November 2018 to 73% in February 2019 however the percentage increased for MPC beneficiaries from 68 % to 77%. As a consequence, the percentage of assisted households with poor food consumption decreased from 5% to reach 1% for MPC and from 4% to reach 2% for food e-card beneficiaries. In addition, the most commonly employed coping mechanism related to food consumption is eating the same quantity but less preferred or cheaper food followed by reducing the number of meals per day and/or reducing meal portion size (WFP et al., 2018). Nevertheless, the impact of these modalities on the food and nutrition security status of refugees requires further attention.

#### **D. Study rational**

Research on how cash transfer programs achieve their nutrition and health outcomes is limited in protracted refugee crises. Also the perception of beneficiaries towards cash transfers in protracted humanitarian settings has not been well-explored. Thus, research should focus on understanding the factors that could maximize the effectiveness of cash transfers at the community, household and individual levels in protracted refugee contexts and modify existing cash transfer programs to have greater focus on improving food and nutrition security (de Walque et al., 2017).

To our knowledge, none of the studies, to date, investigated the perceptions and experiences of SRs towards the nutritious food basket in Lebanon. From this point of view, there are several key gaps in linking quality of purchase with e-cards/MPC which will be the scope of

this research. The research is intended to identify the barriers facing SRs receiving food assistance and that may inhibit their purchase and/or consumption of nutritious and diverse foods, which in turn can impact their nutrition security. Also, the results will help us explore possible alternatives and solutions to the challenges facing refugees with the currently distributed cash assistance modalities to alleviate their food and nutrition insecurity status and improve their overall health and wellbeing.

#### **E. Research Questions and Research Objectives:**

The study focuses on the following two research questions:

- What are the perceptions and experiences of Syrian refugee beneficiaries towards the cash assistance modalities (e-cards, MPC) in a protracted refugee context?
- How are the food purchasing and consumption behaviors of SRs affected by the current food and basic needs assistance modalities in Lebanon?

The objectives of this study are to:

- 1) Examine what are the common food purchasing behaviors of SRs receiving cash transfers as a food and basic needs assistance modality;
- 2) Explore the perceptions, barriers, and facilitators related to accessing nutritious and diverse food by cash transfer beneficiaries (e-cards vs. combined e-cards and MPC);
- 3) Investigate the perspectives of relevant stakeholders (WFP-contracted food vendors, local and international NGOs supporting the cash transfer programs) with respect to the potential facilitators and barriersfacing refugees in accessing nutritious and diverse food; and
- 4) Explore possible alternatives to the food vouchers and MPC to alleviate food and nutrition insecurity and improve nutritional diversity and quality among beneficiaries

## CHAPTER II

### METHODOLOGY

#### **A. Study Design**

A qualitative research design was adopted in this study to explore the perceptions and experiences of SRs toward the cash assistance modalities in Lebanon. Qualitative research helps access the thoughts and feelings of the participants which enable understanding of the meaning that people ascribe to their experiences (Sutton and Austin, 2015). Focus groups were conducted with beneficiaries to generate a broad overview of their perceptions toward barriers and facilitators of purchasing food using the cash transfer program that they receive as assistance. To triangulate our findings, interviews were done with key informants and stakeholders to further investigate the facilitators and challenges that SR beneficiaries face with the different cash assistance modalities. Each of these methods will be described in detail in this section.

#### **B. Settings**

The present study took place in Lebanon, a small middle income country in the Middle East and North Africa region. More specifically, it was conducted in Tyre, one of three districts, of the South of Lebanon governorate. The South region of Lebanon is one of the regions reported to have high levels of mild to moderate food insecurity because of the lack of economic resources to obtain food. Prior to the war in Syria, Tyre has been home to refugees from Palestine for more than 70 years. The location of Tyre close to the Palestinian-Israeli borders has historic and ongoing implications for the political sectarian mix of residents and this lead to international political conflicts in the city. With the start of war in Syria in 2011, the country witnessed a large influx of refugees, who were dispersed throughout the country. In Tyre urban area, there were approximately 122,260 refugees which make up 60% of the urban area population. Of the registered refugee population: 87% were Palestinian refugees in Lebanon, 4.2% were Palestinian refugees from Syria and 8.7% were SRs. The large refugee population that resides in this coastal city was argued to have further aggravated the political and socioeconomic instability in the city.

In Tyre, only 6.8% of SRs are food secure and food insecurity has been determined by worsening food consumption and dietary diversity (UN- Habitat, 2017). Food represents the highest expenditure category (40%) among Syrian households (WFP et al, 2018). Studies show declining income among refugee and host community households in Tyre, against high expenditures and rising debt to cover those expenditures. The high level of expenses was largely caused by high costs associated with rent, health and high water cost. In Tyre, the main livelihood resource for SRs was food vouchers (48%), non-agricultural wages (24%), and informal credit (6%) (UN-Habitat, 2017).

### **C. Population:**

#### ***1. Syrian Refugee beneficiaries***

The target group of our study included SR families receiving one of the cash transfer modalities in Lebanon. More specifically, the participants were included in the study if they were: Syrian women, aged between 18 and 65 years old, and living and receiving one of the cash transfer assistances in the area of Tyre during the past 3 months or longer.

A purposive sampling approach was adopted where 40 Syrian refugee households were approached, of which 39 women accepted to take part in the study and participated in one of the focus group discussions (FGDs):19 were receiving the MPC assistance on top of the e-cards assistance, whereas 20 women were receiving e-card assistance only. Data was collected until repetitiveness and data saturation were reached.

#### ***2. Key informants and stakeholders***

Key informants and stakeholders, who have firsthand knowledge about the cash assistance distributed in the area of Tyre were included in the present study. The inclusion criteria for key informants were : manager or owner of a WFP-contracted shop in Tyre that accepts e-cards from beneficiaries or an NGO representative that works with SRs in the South of Lebanon region specifically Tyre and involved in either the distribution or the monitoring and evaluation of the current cash transfer modalities in the area. Interviews were conducted with four key informants:

managers of two WFP- contracted shops that were identified by the beneficiaries during the focus group discussions as places where they usually shop on a regular basis. As for the NGO representatives, one was an operation manager and a second was a field officer from a local NGO that works with SRs in the South of Lebanon region, specifically Tyre. The identified NGO was approached at the start of the study as it was found to be the only NGO contracted by the WFP-Lebanon offices at the time of the study to distribute and manage the direct food assistance in the South of Lebanon governorate.

#### **D.Data Collection:**

##### ***1.Focus Group Discussions with SRs beneficiaries:***

We held four focus groups in Tyre, South of Lebanon, during the month of February 2019. Two focus groups were for e-card beneficiaries and two were for the beneficiaries of the combined MPC/ e-card assistance. All focus groups were conducted in colloquial Arabic language. The focus group participants were recruited on a voluntary basis with the assistance of a local NGO working closely with SRs in the area of Tyre. Staff from these NGOs first approached refugee through phone calls and informed them of the study's objectives (Appendix 1-Invitation script for Syrian refugees). The NGO staff who was not involved in any means in the implementation of the activities or provision of services to beneficiaries were recruiting participants. This would ensure that there was no undue coercion or influence when recruiting participants for the study. Beneficiaries who were interested to take part in the study were informed about the date and location of the focus group discussion. The women were divided into four groups according to the type of assistance they were receiving. Focus group size ranged from 7 to 12 participants. The groups were homogenous and composed of women only. Women were chosen because of their primary role in food preparation within their households. In addition, women were chosen to further explore their role in food shopping and meal planning decisions at the household level. The partner NGO contacted a municipality in Tyre region and took their approval to conduct the focus group discussions in one of their rooms. We choose municipality since we wanted a convenient location of proximate distance to all participants and to avoid any undue influence or coercion for the beneficiaries by selecting a neutral place where



services or assistance are not offered directly from the partner NGO. Focus groups lasted two hours and were tape-recorded after the oral permission of the participants. All participants received a small monetary compensation intended to cover the travel costs of participants to the site of the focus groups. Refreshments were provided to participants during all FGDs.

All FGDs were moderated by the same person (Masters Student, R.N.) and observed by a research assistant (S.Z.). The moderator introduced the groups, guided the participants through topics concerning challenges with food purchases, and encouraged everyone to express their thoughts. The observer assisted the moderator in taking notes of the focus groups including verbal and nonverbal cues expressed by the participants.

At the start of the focus group, the moderator introduced herself and invited participants for light refreshments, as an ice breaker, placed at the center of the room. The moderator introduced herself and explained that she is a graduate student at AUB and explained briefly the purpose of her research project. She also emphasized that her role as a moderator is to facilitate rather than guide the discussion while her colleague will be there to take few additional notes during the focus group. Oral consent of study participants and their approval to audio-record the discussion were secured prior to data collection. All participants also provided their oral consent for audio-taping the discussion after being informed that each has a choice to be audio-taped if they gave their consent (Appendix 2: Oral consent form for Syrian refugees).

- **Focus group script**

To create a friendly environment, the moderator asked participants to introduce themselves by their first name and to indicate the time period they were benefiting from the assistances. The moderator then emphasized that they were all invited to participate in the discussion and there was no “right” or “wrong” answer. She then asked participants whether they had any questions before the start of the discussion. At this stage, the moderator ensured that the audio-tape was “on” then proceeded with the questions using a question guide (Appendix 4: Focus group script).

The first question was the introductory question to ignite the discussion. Following that, we used the question guide but without rigid structure to allow a natural flow of the discussion. We allowed participants to be free to give additional information about their experiences,

opinions, and expectations at any time. The main discussion focused on the perceptions of participants toward barriers and facilitators of purchasing food using the cash transfer program that they receive as assistance. Participants were asked to assess the food/basic assistance provided to them and to discuss how receiving the cash assistance has affected their families. Participants were also asked to reflect on their experiences with local community members, managers or staff within supermarkets, NGOs, or other international organizations and UN agencies.

The moderator used prompts and probes to elicit more in-depth information from participants. The observer intervened occasionally to probe on important views that were either mentioned by participants but not well-heard or may have been overlooked by the moderator, or if several focus group participants were talking at once. At the end, participants were encouraged to add any relevant ideas or issues that were not raised by the moderator and that were of interest to them.

- **Questionnaire:**

FGDs were also complemented with a short questionnaire that was comprised of 23 questions on household demographics and socioeconomic characteristics, experience of food insecurity, coping mechanisms and dietary diversity (Appendix 3: Questionnaire for Syrian refugees). The demographic questions included participants' age, educational level, employment, marital status and number of children. The socioeconomic questions included total monthly income, sources of income (debts, labor, assistance) and monthly expenditure (Food, health, education, rent...).

The questionnaire included assessment of the food insecurity status of the household using the Arabic translated and validated version of the Household Food Insecurity Experience Scale (FIES) measurement tool developed by the Food and Agriculture Organization (FAO) (FAO, 2019). This tool has been endorsed at the international level and used for global and country monitoring. HFIES is composed of eight questions and uses a 30-day reference period. Respondents answer yes/no to the 8 questions and responses were aggregated to give raw scores ranging from 0 to 8. To establish the FIES reference scale, FAO used data collected in more than 140 countries worldwide, from 2014 through 2016. This has generated a distribution of severity levels for each of the eight questions that compose the FIES survey module (FAO, IFAD,

UNICEF, WFP & WHO, 2019). The HFIES in the study was analyzed based on the total scores it yielded and HHs were categorized into three levels of food insecurity (Food secure with raw scores= 0-3, moderately food insecure with raw scores =4-6, severely food insecure with raw scores=7-8) (Wambogo, Ghattas, Leonard & Sahyoun, 2018; FAO, IFAD, UNICEF, WFP & WHO, 2019).

The participants were asked to choose the range of strategies that they adopt to cope with a lack of food and/or the means to buy it. Coping strategies included food and non food mechanisms. Food-related strategies such as relying on less preferred or less expensive food, reducing the number of meals per day, borrowing food from friends or relatives and reducing portion sizes at meal times. Whereas non food coping strategies include sending children to work or/and begging to get money (WFP et al., 2018). Participants could choose more than one coping strategy. Coping strategies were then assessed based on the number of cases and presented as percentages (%) to show which coping strategies were used the most. In addition, the questionnaire included the Food Consumption Score (FCS), which is a composite indicator developed by WFP that considers diet diversity (number of food groups consumed by the households during the seven days prior to the survey), frequency of consumption (number of days on which each food group is consumed during the seven days prior to the survey) and nutrient value of the food groups (relative nutritional importance) consumed over a recall period of seven days. A weight was attributed to each food group according to its nutrient density and as per the VASYP guidelines. The FCS was calculated by multiplying the frequency of consumption of each food group by each food group weight and then averaging these scores and categorized into three levels ( Poor if <28, borderline if between 28-42, and acceptable food consumption if >42) (WFP, UNICEF & UNHCR, 2017).

The short questionnaire was self-completed by those who have shown the ability to read and write, whereas the remaining participants were supported individually by the graduate student and the research assistance to ensure the completeness of data. The questionnaire took 20 minutes on average to be completed.

## ***2. In-depth Interviews with key informants***

In depth interviews were done key informants and stakeholders. These interviews were conducted in April 2019; two months post the completion of the FGDs with SRs. The research team contacted the eligible interviewers by phone to invite them to participate and to assign a date and time for meeting (Appendix 5: Invitation script for Key informants/Stakeholders). On the day of the interview, the participants were asked to provide their oral consent before starting (Appendix 6: Oral consent form for Key informants/Stakeholders). After securing the consent of key informants, semi-structured interviews were conducted by the MS student using an interview script and the RA was present to take notes (Appendix 7: Interview guides for key informants/stakeholders). Questions addressed were the potential logistical, financial or cultural barriers that may exist among the Syrian refugee beneficiaries within our study setting and that may affect the latter's overall purchasing behaviors and food choices. Probes were used during the interviews. The interviews were done in the interviewers' office and lasted between 45 to 60 minutes taking into account their busy schedules.

## **E.Data Analysis**

Data from the short questionnaire completed with SR participants at the beginning of the focus groups were entered and analyzed using Statistical Package for the Social Sciences (SPSS) version 22 software (IBM Corp, 2013). Independent sample t-tests and chi-square analyses were conducted for continuous and categorical variables, respectively. Results were reported as means and standard deviations (SD) for continuous variables and as frequencies and percentages n(%) for categorical variables. Statistical significance was reported at p-value  $\leq 5\%$ .

For the analysis of the qualitative focus group discussions, a thematic inductive analysis approach was adopted using the socio ecological model (SEM) as a framework for data analysis. The SEM is a theory- based framework for understanding the multi-faceted and interactive effects of personal and contextual factors that determine behaviors, and for identifying behavioral and organizational leverage points and intermediaries for health promotion within organizations (UNICEF, 2016).The SEM has different hierarchical levels which are: contextual,

community, interpersonal and individual. The thematic data analysis process consisted of 2 main steps:

The first step was transcribing the audio-tapes. The moderator and observer/note taker undertook the responsibility of transcribing verbatim in Arabic, the original language of the discussion. The transcripts reflected the factual account of the discussion including the pauses, laughter, and emphases. We purposively did not translate while transcribing in order not to depart from the original statements and to avoid any interpretation at this level. It is also noteworthy to indicate that all team members were well versed in Arabic.

Each participant was given an ID on the focus group (e.g. M P 1-1; where M stands for multi-purpose, P for participants, in FGDs the first number stands for the number of focus group, second number for the number of participant; or E P 1-1 where E for E-card, S P 1 where S for supermarket managers or N P 1 where N for NGO representative. For two FGDs, despite the efforts to track each participant's statements, we could not identify some of the participants in the recorded FGDs due to them talking over each other; hence, the identifiers excluded the participant's number (e.g. MP Unknown 1).

The second step was conducting the thematic analysis. The thematic analysis consisted of 6 phases: phase 1, two members of the research team (R.N & S.Z) were immersed in the data by reading and re-reading each transcript in order to familiarize themselves with the information provided; phase 2, the data coding started where short phrases or words were added as comments to describe the essence capturing the attribute of the data (Open coding); phase 3, the list of codes were refined through discussions among the research team namely the graduate student (R.N.), the note taker (S.Z.), co-investigator (G.H.) and PI (L.J.) in order to identify the links between them; In phase 4, the emerging categories were elaborated and grouped under the hierarchical levels of the SEM (axial coding); phase 5, the final themes and subthemes were refined through discussions; finally in phase 6, a complete narrative of the findings was provided (Braun & Clarke, 2006). The research team supported these findings with relevant quotes for each theme and sub-theme. At this stage, we translated the quotes within each theme and sub-theme into English. It is noteworthy to indicate that every attempt was made to differentiate between individual views and collective views. When shared views were expressed, we made sure to report that most participants expressed this view, pointing to the collective perspective.

Individual views were included in the final narrative and noted as “one”, “a couple”, or “a few participants indicated”, hence giving voices to singular opinions.

#### **F.Ethical Considerations:**

Oral consent was voluntarily given, without manipulation, undue influence or coercion; and participation might have been withdrawn at any time. There was no collection of information other than those included in the FGD script and interview guide. Furthermore, there was not any documentation of the participants’ names on the oral consent forms or the documentation of FGD’s and interviews.

The notes taken during the FGDs were compiled without any personal identifiers. All data were represented as aggregated data and had no identifiers that could be linked to the personal responses of participating women and stakeholders. Opinions shared during the discussions were kept confidential and used only as collective information. Findings from this study were used for research purposes only.

Documentation of the FGDs, interviews and the oral consent forms were collected and stored in locked filing cabinets in the primary investigator’s office to ensure the confidentiality and anonymity of the participants. They will be saved in the office for a total of five years.

Furthermore, it was clearly communicated to the participants at the beginning of each of the FGDs that they had the right to refuse to answer any question or to withdraw from the discussion at any point with no penalty to them or any of their household members. In addition, all study participants were assured that their refusal to participate in the study will not affect services offered to them or to their HHs. In addition, participants were informed that if they refused to participate or decided to withdraw from the study, their decision would involve no penalty or loss of benefits to which the subject is otherwise entitled neither would it affect their relationship with the referring NGO, WFP, UNHCR, AUB or AUB Medical Center (AUBMC).

Finally, this study followed the Consolidated criteria for Reporting Qualitative research (COREQ) Checklist (Tong et al., 2007) (See Appendix 8: COREQ; Consolidated criteria for Reporting Qualitative research Checklist).

## CHAPTER III

### RESULTS

#### **A.Descriptive characteristics of study sample**

##### *1. Demographic and socioeconomic characteristics:*

All study participants were Syrian refugee women living in Tyre. The demographic and socioeconomic characteristics of the study participants are summarized in Table 3. The majority of study participants (92.3%) were married with an average age of  $34.8 \pm 7$  years. Most women have been in Lebanon for an average of 5.4 years and about 61% were illiterate. Approximately 75% of study participants reported being moderate to severely food insecure. The most coping mechanisms reported among study participants were decreasing the amount of food consumed (74.4%), relying on less expensive food (84.6%) and borrowing money to buy food (71.8%). Approximately 5% of SRs were relying on coping strategies such as sending members of the household to eat elsewhere (5.1%) and spending whole day without eating (7.7%). None of SRs reported begging to get money in case there wasn't enough food at home. All SRs spend the highest share (36.3 %) of their average monthly expenditures on food. Rental expenses constitute the second highest share (33%) of the SRs monthly expenditures. The rest of monthly expenses were spent on health (14.6 %), education (7.8%) and others (electricity, water, phones...) (8.3%).

Significant differences were observed between the two groups (MPC and e-cards) regarding a number of demographic and socio-economic variables. MPC beneficiaries had more children than e-card beneficiaries ( $6.7 \pm 2$  vs.  $4.8 \pm 1.8$ ,  $p=0.004$ ). Compared to e-card beneficiaries, the monthly income of MPC beneficiaries was significantly higher ( $\$ 451.5 \pm \$ 111.8$  vs.  $\$ 337.9 \pm \$ 130.1$  USD,  $p=0.010$ ). Also, there was a significant difference regarding sources of income between both groups, where the majority of e-card beneficiaries (70%) reported the use of debt as a source of income compared to 36.8 % of MPC beneficiaries ( $p=0.038$ ). Regarding coping strategies, a higher percentage of e-card beneficiaries reported skipping meals compared to MPC beneficiaries (65% versus 31.6%, respectively,  $p= 0.037$ ). In addition, 60% of e-card participants relied on less nutritious food compared to 21.1% of MPC beneficiaries ( $p=0.013$ ).

Although a higher percentage of MPC beneficiaries were moderately to severely food insecure compared to e-card beneficiaries (80 % vs 70 %, respectively), this difference did not reach statistical significance.

In terms of food consumption, 80% of e-card beneficiaries had an acceptable food consumption intake (food consumption score > 42) compared to 64.7% of MPC beneficiaries. In fact, none of the e-card participants had poor food consumption. Nevertheless, these differences did not reach statistical significance. When comparing the intake of both groups of food assistance beneficiaries (e-card vs MPC) in terms of specific food group intake, no statistically significant differences were noted.

Table 3: Demographic and socioeconomic characteristics of participants in the study (n=39)

	<b>Total Sample</b> (n=39)	<b>MPC</b> (n=19)	<b>e-cards</b> (n=20)	<b>p-value</b>
<b>Age (years)</b> mean ± SD	34.8 ± 7	36.3 ± 6.7	33.4 ± 7.2	0.197
<b>Marital Status</b> n (%)				0.575
Married	36 (92.3)	18 (94.7)	18 (90)	
Unmarried	3 (7.7)	1 (5.3)	2 (10)	
<b>Years in Lebanon</b> mean ± SD	5.4 ± 2.2	4.9 ± 2.1	5.8 ± 2.2	0.180
<b>Education Level</b> n (%)				0.084
No school/Illiterate	23 (60.5)	13 (72.2)	10 (50)	
Read and Write	7 (18.4)	4 (22.2)	3 (15)	
School	8 (21.1)	1 (5.6)	7(35)	
<b>Work outside home</b> n (%)				0.732
Yes	7 (17.9)	3 (15.8)	4 (20)	
No	32 (82.1)	16 (84.2)	16 (80)	
<b>Number of children</b> mean ± SD	5.7 ± 2.1	6.7 ± 2	4.8 ± 1.8	0.004*
<b>Number of individuals</b> mean ± SD	8.3 ± 2.2	9 ± 2.1	7.7 ± 2.2	0.053



<b>Monthly Income (USD) mean ± SD</b>	389.8±133.3	451.5±111.8	337.9±130.1	0.010*
<b>Source of income n (%)</b>	21 (53.8)	7 (36.8)	14(70)	0.038*
Debts Yes	6 (15.4)	2 (10.5)	4(20)	0.408
Agricultural Labor Yes	22 (56.4)	10 (52.6)	12 (60)	0.643
Non Agricultural Labor Yes	38 (100)	18 (100)	20 (100)	
Assistances Yes				
<b>Years of Assistance mean ± SD</b>				
MPC	1.3±1.8	1.3±1.8	-	
e-cards	3.3±2.2	3.8±2.9	2.9±2.4	0.274
<b>Total Monthly Expenditure (L.L) mean ± SD</b>	792.9 ±353.2	751.9 ±223.1	827.4 ±437.5	0.537
<b>Monthly Expenditures (L.L) %</b>				
Food	36.3	39.4	33.4	0.592
Health	14.6	13.6	15.9	0.584
Education	7.8	8	7.5	0.921
Rental	33	30.8	34.8	0.180
Others (electricity, water, phones...)	8.3	8.2	8.4	0.626
<b>Coping Strategies n (%)</b>				
Decrease amount of food	29 (74.4)	14(73.7)	15(75)	0.925
Skip Meals	19 (48.7)	6 (31.6)	13(65)	0.037*
Rely on less expensive food	33 (84.6)	15 (78.9)	18 (90)	0.336
Rely on less nutritious food	16 (41)	4 (21.1)	12 (60)	0.013*
Borrow money to buy food	28 (71.8)	14 (73.7)	14 (70)	0.799
Rely on help from relative/friend	4 (10.3)	4 (21.1)	0	0.030*

Send member to eat elsewhere	2 (5.1)	1 (5.3)	1 (5)	0.970
Restrict adult consumption	12 (30.8)	6(31.6)	6 (30)	0.915
Send children to work	9 (23.1)	5 (26.3)	4 (20)	0.640
Beg to get money	0	0	0	0.514
Spend whole day without eating	3 (7.7)	2 (10.5)	1 (5)	
<b>FIES†</b> n(%)				0.246
Food Secure	10(25.6)	4(21.1)	6 (30)	
Moderate Food Insecure	21(53.8)	9 (47.4)	12 (60)	
Severe Food Insecure	8(20.5)	6 (31.6)	2 (10)	
<b>FCS</b> n(%)				0.259
Poor Food Consumption	2 (5.4)	2(11.8)	0	
Borderline Food Consumption	8(21.6)	4 (23.5)	4 (20)	
Acceptable Food Consumption	26(73)	11 (64.7)	16(80)	
<b>Groups Consumption ‡</b> mean (days/week) ± SD				NS
Main Staples	6.5±1.2	6.3±1.2	6.6±1.2	
Pulses	2.6±2.1	2.4±1.5	2.8±2.5	
Fruits	0.7±1.6	0.8±1.7	0.6±1.6	
Vegetables	2±2.1	2.1±2.2	2±2.10	
Meat & Fish	0.9±1.2	0.8±0.7	1.1±1.6	
Milk	4.9±2.7	4.7±2.9	5.1±2.5	
Sugar	6.1±2.1	5.4±2.8	6.7±0.7	
Oil	6.8±1.2	6.5±1.7	7	

†Food Insecurity Experience Scale (FIES): an indicator of household food insecurity measured using 8 questions that focus on self-reported food-related behaviors and experiences related to food access due to lack of money or other resources (FAO, 2019).

‡NS: no significant differences were noted between the e-card and MPC beneficiaries for all the food groups listed in here.

Below is an elaboration on food choices and the identified themes and subthemes that emerged from the study. Kindly refer to Appendix 9 for the complete list of themes, subthemes and supportive quotes.

## **2. Food Choices**

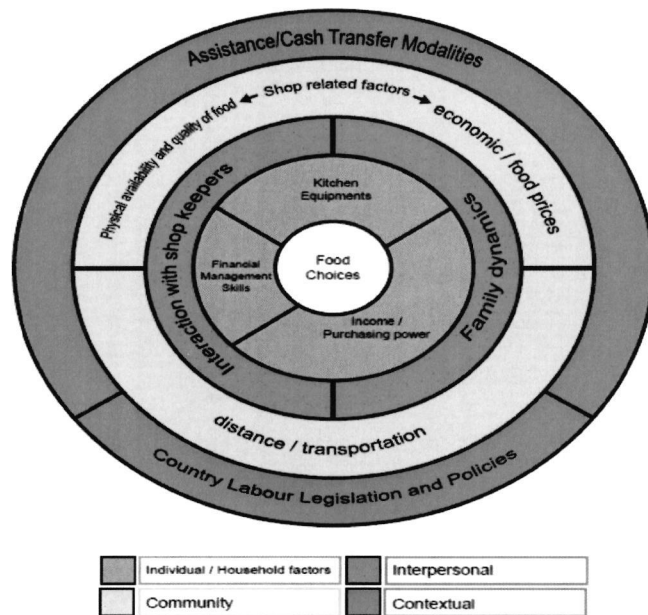
During the focus group discussions, SR women reported the main food purchasing behaviors that seemed to be in accordance between both the MPC and e-card beneficiaries. The supermarket owners and NGO representatives confirmed the SR women food purchasing behaviors. For example, the majority of study participants have common food purchasing choices. SRs buy staple food in bulk for the whole month *“At first we ensure that we buy rice, sugar, lentils, tea, oil and coffee. These are the basics in the house. Then if money remains, we bring other things. In one month I need 10 Kg rice. We bring large quantity for the whole month .... These are the basics in our home; we bring them before anything else”* (M P Unknown 1) ; SRs have low consumption of fresh produce such as vegetables and fruits *“No we don't buy vegetables and fruits. We all know how much fruits are beneficial to us but we don't have money so it is not necessary for us to eat fruits”* (E P 2-5) and they buy milk and dairy products mainly for children *“The most important thing is that at the beginning of each month we need milk for the children”* (E P 2-5). SRs also reported secondary food choices, in case they had more money available after their primary food choices *“The secondary products may differ from month to another such as cheese, canned food, corn, mushrooms. These products may be considered as basic food but it differs from house to house and from month to month”* (S P 1). Most SRs also do not buy some products such as bread from the supermarket, instead they buy them by cash from bakeries or bread vehicle for two reasons. The first reason since it is cheaper outside and the second one is because they need bread daily so they will not go every day to contracted shop which are far from their houses and buy bread *“Every day I need two bags of bread, and I can't bring bread for the whole month at once. I don't go to supermarket every day. There is bakery next to my house and I bring bread from it”* (E P 2-11). Only MPC beneficiaries mentioned that they bring some items on debt since they are capable of paying it again when they have cash in their hands. Other products that beneficiaries mentioned that they buy by cash or debt are yogurt, meat, chicken and vegetables.

## **B. Emerging themes from the focus groups and interviews**

A total of 9 themes and 4 subthemes emerged from the focus groups with women and interviews with contracted shop owners and NGO representatives that were relevant to the factors affecting food choices of SR participants. The perceived factors influencing food choices of SRs moderated by food assistance modality were categorized by the different levels of the SEM namely: contextual factors (Food assistance/cash transfer modalities and Country Labour Legislation and Policies), community factors (Shop related factors and distance between beneficiary homes and contracted shops), interpersonal (Interaction with shopkeepers and family dynamics) and individual/household factors (Financial management skills, kitchen equipment and income/ purchasing power). In addition, two other major themes emerged related to the impact of cash transfers on SRs. The first major theme emerged with 2 subthemes referring to the positive impact of cash assistance on food security and livelihoods of SRs and the second major theme emerged with 3 subthemes referring to the challenges and unintended consequences of cash transfers on SRs which were fluctuation of food prices in contracted shops, avoidance/ discrimination from host communities and dependence on food assistance.

### ***1. Factors affecting food choices of SR participants:***

Figure 1 summarized the levels of socio ecological model and major themes that evolved around the factor affecting food choices that emerged from FGDs with SRs and interviews with contracted shop owners and representatives from NGO.



**I. Contextual Factors:**

By way of describing the contextual level factors influencing the food choices and ultimately their experience of food security, participants described two important themes: A. food assistance/cash transfer modalities and B. Country Labour Legislation and Policies

**A. Assistance/Cash transfer modalities**

In terms of assistance/ cash transfer modalities, all interviewees and focus group participants described the available modalities in Lebanon, their perceived views of each, their actual use and challenges associated with these modalities.

The majority of assistance beneficiaries use the assistance as it is intended to be used while few participants utilize it for other non-food needs such as medicine and health purposes. Most SR participants expressed their preference for MPC or cash for food as it gives flexibility of choice while few preferred e-cards as a restricted to food modality.

**A.1 Perceived views of each modality:**

Most of the SR beneficiaries expressed their preference to withdraw the assistance as cash for several reasons, including giving them the choice to go to a nearby supermarket, one

that offers lower prices than the WFP-contracted shops or allowing them the choice to use the cash for non-food purposes, as permitted. MPC participants expressed their satisfaction with the cash assistance: *"We are able now to buy from any shop. We are not obliged to go for a far shop to buy our food"* (M P2-5); while e-card beneficiaries would have preferred cash *"I prefer cash; I go and buy from other than the contracted shops because they are too expensive. I go and buy from cheaper place"* (E P1-1); One participant indicated using the assistance to pay for health. *"We pay all the assistance for operations to my son. The amount allocated for food, we use half of it food and the other half we pay it for the operation. We even go into debt in order to complete the payments for the operation. The disease is a priority for us more than food"* (M P1-6).

These viewpoints were backed up by the supermarket owners who stated that beneficiaries prefer to withdraw their assistance as cash to use it for cleaning supplies that are not allowed in the restricted cash modality: *"beneficiaries who withdraw cash are able to buy cleaning agents"* (S P 2) and *"For far customers, they now can withdraw the assistance cash and buy from nearer supermarket"* (S P 1).

The NGO representative confirmed the viewpoints reflected by the SR beneficiaries and their preference for the cash transfer modalities over the food e-card modality. *"Through cash, there is more relief for beneficiaries. They can withdraw the assistance as cash and spend it as they want. Maybe this month the household has available food, so they can spend the money for rent, medication or other choices. There is now more flexibility and beneficiaries are able to control their priorities better"* (N P-2). He added also that *"women are now able to buy more things in cash such as pads."*

Conversely, there were a few participants who preferred to spend money in contracted shops and didn't withdraw their assistance as cash to ensure that it is spent on food, primarily for children: *"I spend the money for food in the contracted shop only. I prefer to go to any contracted shop but don't withdraw it as cash since if I have cash in my hand I will spend them on other things and end having no money to buy food. This means buying food for my children is better than buying other things"* (M P 2-6). *"I prefer to withdraw the assistance from contracted shops. If the money was in our hand, we start to pay debts and bring unnecessary things until the money finishes"* (E P 1-7).

It was revealed that perhaps these viewpoints were gendered as for the NGO representative *“In general, the women don’t prefer cash, they like to go to contracted shops and make sure that there are using the assistance to buy food while the head of the house prefer to spend the cash on things other than food. He considers that he has the responsibility to pay for rent. So each one acts according to his/her priorities”* (NP1).

Worth noting that all participants from the beneficiaries, supermarket owners and NGO representatives agreed that the cash transfer assistance is better than in-kind assistance (ie. food baskets): *“There is nothing better than cash transfers. Withdrawing cash is better than bringing us a cartoon to the home. It is not applicable to bring me a cartoon because; I want to divide the assistance on more than food and drink”* (M P 2-5). *“This assistance is better than the cartoon. In the past they used to give us sugar and oil; things that were useful and other not while now we can buy according to our needs”* (E P 1-4). *“For us, the food parcels was the worst method and not convenient in a place where food is available. But they [UNHCR, WFP] changed the assistance into cash later on which is better”* (N P 1)

#### **A.2. Nutrition education with assistance mostly ignored:**

The majority of SR participants mentioned that once accepted to take the assistance, all beneficiaries within the household were requested to come to distribution point for an interview during which nutrition information was relayed as part of a lecture. However few said that either they weren’t invited or only their husband attended. All those who reported attending the mandatory lecture said that they ignored the instructions; most did not apply the advices that were given concerning healthy eating and chose what was more appropriate for their means. A participant said *“When accepted to take assistance, all the family is invited to interview. They give us a booklet that contains the healthy food, contracted shops, what to do in case the card was lost and prohibited purchases. They just give you advice but do not oblige you. I never looked at the booklet”* (E P 1-6). Others echoed this viewpoint: *“They only explained to us when they gave us the card what is healthy and not healthy. For example, they said that we should buy fish, milk, labneh, cheese”* (E P 2-3); *“I attended a lecture on what should we buy through the card. They said that we should eat meat, eggs, beans and such food. But I forgot what they said. I apply what I want and I buy what my house needs. I am telling you the truth.”*(M P 1-3); *“No*

*education sessions on healthy eating were given, and if they say to us what is healthy food, we bring the food that is enough and not as they say to us” (M P 1-4).*

Interviewed NGO representatives stated that their NGO did not deliver any nutrition project to SRs. One of the NGO representatives said that *“No nutrition projects were done. Only when filling assessments we explained to participants about food groups and their benefits .The topic wasn’t of their interest. They [SRs] didn’t accept that we were saying to them what should they eat. They consider that they know more than us what their family needs to eat” (N P 2)*

### **B. Country labor legislation and policies**

The second important contextual factor influencing food choice was labor. Most FGD participants said their husbands worked in constructions, agriculture and other sectors that are allowed by the country’s labor legislation and policies. However, the labor opportunities were seasonal. They often become scarce in winter to weather conditions. Thus, the decrease in income of the households also leads to a decrease in food purchasing power and intake. FGD participants said that *“In Lebanon, Syrians are not allowed to work as daily workers” (M P 1-11), “This winter, there was no work at all. My husband hasn’t worked from 4 months“ (M P 1-5).*

The NGO representatives confirmed that the policy enforcement limited the work opportunities for Syrians *“Syrians as workers are capable of living, they can work in everything but they have employment restrictions” (N P1).* Thus, *“limited job opportunities affect SR purchasing power since there is no income and can’t buy enough food for his family or food that he wants or he is just bringing the minimum/basic food needs” (N P 2).*

## **II. Community Factors:**

Community factors influencing food choices and food security included: A-shop-related factors divided into: economic and food prices and availability of food items; B- distance from homes to contracted shops.

### **A. Shop-related factors**



All focus groups contained discussions on the food products available in Lebanon and they compared their prices to Syria. The majority of SRs reported that the food options available in Lebanon were more or less similar to what was available in Syria before the war; however, they expressed major differences in the quality and prices of food between both countries.

### **A.1. Economic/ Food prices**

Some participants stated that they do not purchase healthy food because it is expensive “*If healthy food price is cheaper, we would always buy it*” then she added “*I like bringing healthy food, but sometimes we are obliged to buy anything since we want the card to be sufficient for the end of the month. We bring the cheap products because healthy food is expensive*” (M P 2-2).

The NGO representatives echoed the concern that SR participants had with regards to the high food prices in Lebanon: “*There is always enough food but the problem is in the price of food*” (N P 2); “*When we were doing shop monitoring, Syrian refugees were complaining mostly from prices. They said that this shop is expensive and that shop is cheaper. I think that the problem was solved after WFP made Dalili application*” (N P 1).

Yet, the shop owners considered their prices as the cheapest in the area. Both supermarket managers said that they had the lowest prices in the area and they consider that the food prices in their shops are very acceptable and fair. “*We know what the most sold products are for Syrians so they study the prices of these products. There is even coordination between the supermarket and WFP where supermarket managers always update them with the prices*” (SP1);

### **A.2. Availability and quality of food**

All women agreed that a variety of food options are available in the market but sometimes the quality of food was questionable not good. Most of them reported cases where they bought products from the shops and they found that these products passed their expiry dates: “*The triangle cheese was always rotted. We threw it and never bought from this kind of cheese*” (E P 1-3). Some said they could not exchange expired food because they have to pay for the transportation again. “*... .. When we go again next month to the shop and tell them about the expired product that we bought last time, the employee says for us that we could return the products but we say that we can't because if we want to pay taxi we will pay more than the cost*

of the product. We explain to the employee that we are just saying in order to let you know to remove it from shelves. I never bought from the same product again.” (M P 1-10). However, this experience taught them to be vigilant. A participant said that “We became aware to look on the expiry date before buying any product” (E P 2-5).

## **B. Distance/Transportation**

SR participants in our study, regardless of their assistance modality, expressed that distance between their homes and the WFP-contracted shops was one of the major challenges they faced since they do not have cars and the transportation cost is high. “We don’t go to contracted shop if we need just one or two products. We will not pay 10,000 LL for taxi just for one product” (E P 1-8). After the assistance changed to MPC, the beneficiaries had the choice to withdraw the assistance as cash, the distance problem to contracted shop was solved and beneficiaries were then able to buy more food products: “With the availability of cash, we are buying from any supermarket. We are no more obliged to go to a far [WFP-contracted] shop in order to buy our food products” (M P 2-5). “We were paying 10,000 L.L alone as transportation fees to these contracted shops, now we save this 10,000 L.L to buy 2 or 3 more products than before” (M P 2-1).

The NGO representative confirmed the SR point and reported that “before the cash assistance, beneficiaries were facing a problem of the far distance from their homes to contracted shop” (N P 2).

The change of assistance into cash also influenced the shop owners’ customers. One noted a large loss because beneficiaries lived far from the shop while the other supermarket was only slightly affected since their prices were the cheapest in the area. “Beneficiaries living far from our supermarket are no longer coming and buying from our shop after the assistance changed into cash. They are withdrawing the cash and buying from shops that are closer to them” (S P 1) “The number of customers slightly decrease after changing the assistance into cash because our prices are cheaper than other supermarkets and this encourage people to come and buy from our shop”

## **III. Interpersonal Factors**

Interpersonal factors influencing food choices and food security included: A. Family dynamics and interaction with shop keepers.

### **A. Family Dynamics**

Many participants considered that it is the woman's responsibility to choose what food should be brought to the home since she is responsible for cooking and feeding the children: *"The mother for sure goes for shopping and chooses food"* (M P 2-1,2-2,2-6,2-7; E P 1-4,1-5,1-6), *"Women know what is lacking in the house. Men just want to come, find the food ready and eat"* (M P 2-5). Another woman said that *"My husband says: what you eat, I will eat with you. He doesn't interfere in choosing food. He gives me the total freedom in anything related to food"* (M P 1-10). Few participants stated that the choice of what food to purchase and prepare is done regularly in agreement between the woman and her husband *"Sometimes I go and buy food and sometime my husband goes"* (M P 2-5). *"I and my husband agree on the purchases. Then I go for shopping and bring what we had agreed on"* (E P 2-10).

Only one participant expressed a different opinion. She stated that *"My husband spends the money as he wants. My husband is controlling. He chooses what should we eat and then he goes and buys the food. This doesn't happen as an agreement between us. But his choices are always for the sake of the children"* (M P 1-6).

One of the supermarket managers noticed that in some families the husband visits the supermarket and purchases the basic food products (such as rice and sugar) and then their wives come and buy secondary products *"The woman knows what is missing in the house and what the family needs are"* (S P 1). While the second supermarket manager (P 2) and the NGO representative (P 2) noted a different purchasing behavior amongst Syrian families whereby women tend to always come alone to the supermarket and only sometimes men accompany their wives. *"The husband considers that it is the responsibility of the woman to choose food"* (N P 2).

### **B. Interaction with shop keepers**

One of the sub-themes that emerged from our FGDs was related to the interaction that took place between the SRs as customers and the WFP-contracted shop employees. Some participants stated that they preferred interacting with Syrian employees rather than the Lebanese employees

at the shops they go to: “... if there is Syrian employee we can talk with him [at the store]. If there is no Syrian employee we can't approach and talk to him. Lebanese employees here don't help us” (M P 1-1). While others considered employees from the host community to be friendly and helpful: “If you don't know to read, employees help you. Or if you need to ask about any product employees also help you” (E P 1-6).

The supermarket manager confirmed the second point of view regarding the openness of employees to assisting SRs at their shops: “We consider the Syrian customers like any Lebanese customer, and we care a lot to keep them satisfied” (S P 1).

#### **IV. Individual and Household Factors**

##### **A. Kitchen equipments**

Some e-card participants expressed that they do not have refrigerators at home or that they face electricity shortages most of the time, which causes them to choose food that can be stored at room temperature rather than food that requires refrigeration such as meat and chicken. Few participants from the e-card group said that “Because there is no refrigerator all the time when there is no electricity, we prefer to bring things that don't need refrigerator” (E P 1-5,1-6,2-3). In contrary, few MPC participants don't face electricity problems and they can buy frozen products when shopping at the beginning of the month and store them in refrigerators “We bring everything frozen since it is on the card” (M P 1-1).

##### **B. Financial management skills**

Most participants expressed different skills and strategies to financially manage their assistance in order to be sufficient for the whole month. MPC participants were able to apply more management skills than e-card beneficiaries. Most e-card beneficiaries agreed on the same management skill that is withdrawing the assistance in the contracted shops just once per month in order not to pay transportation fees each time and by these savings they can buy more food products. “We don't go and do shopping if we need just one or two products since we need a car in 10,000 L.L” (E P 1-8); “I use all the card once per month and bring all my needs to decrease transportation costs” (E P 2-11); “If we pay more than one time per month transportation fees to supermarket, we can't bring all our basic needs” (E P 2-2).

MPC participants were able to apply wide range of management skills since they could buy from any supermarket which would be near the home, do offers and have cheaper prices than contracted shops. “Through *cash*, we are capable of buying from places that do offer” (M P 1-11); “When assistance changed into cash; we are buying the same amount of food but with lower prices. The total amount of the assistance is lasting longer” (M P 1-8); “I go shopping 4 times in the month. Each week alone. In this way, the amount in the card will be enough for the whole month.” (M P 2-2); “We can’t buy bread every day from the supermarket and pay 1500 L.L for each bag of bread. We bring it from outside and pay 1000 L.L for each bag” (M P 2-7, 1-3)

The super market owner and NGO representatives confirmed that beneficiaries have financial management skills that they use while food planning and shopping. “The assistance card is limited so Syrians have specific amount to buy. Syrians make their calculations to have *mouneh* for all the month” (S P 1), “If Syrians were financially uncomfortable they just bring food basics and don’t buy secondary products” (N P 2).

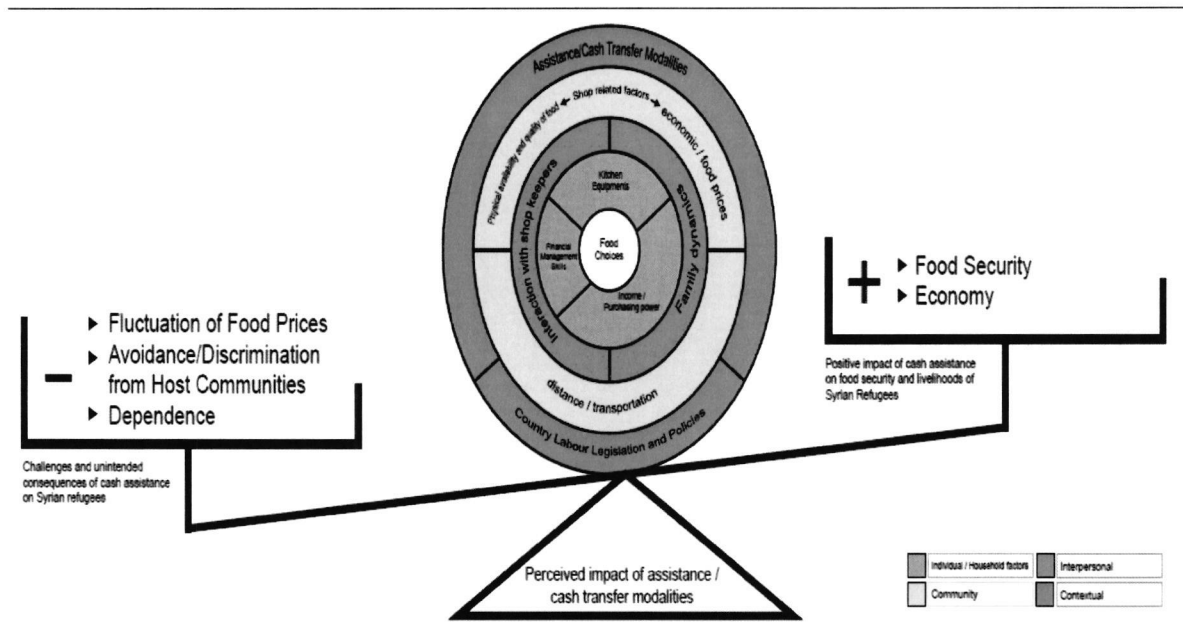
### **C. Income/purchasing power**

The income and purchasing power of SRs is the primary factor affecting food choices. Syrians don’t always have the capacity to buy food. A participant summarized the situation by saying that “Here in Lebanon if there is money there is food; if there is no money there is no food. Even water is brought with money here” (M P 2-5). The same participant then mentioned that “In the supermarket, the vegetable is expensive. I don’t have the ability to buy fresh vegetables. I buy cheaper vegetables for the card to stay sufficient for the end of the month. For example the vegetables of today are fresh and expensive. The vegetables of yesterday and the day before are cheaper”. In Lebanon, Syrian beneficiaries are buying according to the amount of money in the assistance card. They are living each month alone and not capable of thinking in the next month.

The two NGO representatives agreed that food is always available, but the food choices made by the SRs purchases depend mainly on their purchasing power: “If there is no income and a Syrian beneficiary can’t buy enough food for his family, so he just brings the minimum/basic food needs” (N P 2)

## 2. Perceived impacts of cash assistance on SRs:

Figure 2 summarized the impact of the impact of cash assistance on the food security and livelihoods of SRs, both positive and unintended consequences that emerged from FGDs with SRs and interviews with contracted shop owners and representatives from NGO.



Another two major themes emerged from the discussions with SRs, supermarket owners and NGO representatives included their perceptions of the impact of cash assistance: 1- Positive impact on the food security and livelihoods of SRs and 2- The challenges and unintended consequences of the cash transfer on SRs.

### a. Positive Impacts of cash assistance on food security and livelihoods of SRs:

Food assistance positive impacts were: 1- Increasing food security of SRs by increasing their economic access to food and 2- Enhancing the SR economic status.

#### 1. Increases Food Security

All SR women considered that cash transfer assistance increased their food security and improved their life. The assistance mainly improves the economic access of SRs to food. A participated woman said *“If there are cards, there is food. If there are no cards, there is no*

food”, then she added “For example, now I wait till the end of the month in order to buy something for the house and for my children. Now we can take debt from the supermarket and he knows that we could return the money at the end of the month. If I have no assistance then I can’t have this power” (M P 2-5). Another woman said “Lot of things has changed for better on the children after we started to take the assistance. Children feel happy when we [parents] buy them food to eat” (E P 1-6).

Both the supermarket manager and NGO representative explained the increase in food security after taking cash assistance through the same point of view of SRs which is improved economic accessibility of food “After taking assistance, beneficiaries have more power to buy things that they couldn’t buy before. Their purchasing power improved and it resulted in increasing the beneficiaries’ food and nutrition security” (N P 2), “Through the assistance, beneficiaries can take whatever they want. This means they can buy any food product allowed by WFP” (S P 1).

## **2. Enhance SRs economy**

The cash assistance is improving the economy of SRs and they are spending the money in the country in different sectors. “In cash we are able to buy our needs in food, and then pay for house rent, electricity and water” (M P Unknown 1), “Our life was miserable before the assistance. Our life differs a lot after starting to take the assistance” (E P 2-2).

Supermarket owners and NGO representatives supported the above point regarding cash assistance enhancing SRs economy. “The cash assistance that SRs are taking is considered as more income to beneficiaries. It may not lift him above the wind but it will satisfies some of his/her needs” (N P 1), “The assistance is not enough for everything but it fills a corner of the beneficiaries needs” (S P 1).

### **b.Challenges and unintended consequences of cash assistance:**

Challenges and unintended consequences from cash transfers were: 1- Fluctuation of food prices in contracted shops and mainly for e-cards beneficiaries, 2- Avoidance/

discrimination of SRs from host communities and 3- Beneficiaries became so dependent on the cash assistance.

### **1. Fluctuation of food prices**

There was a disagreement in point of views between participating women and supermarket shops. Most of the participated women said that there was fluctuation in food prices in contracted shops and it was solved for the beneficiaries that started to take MPC while the supermarket owners said that their prices differ according to the offers that they do for specific period of time. NGO representatives' point of view comes in agreement with the beneficiaries since they reported what they hear from beneficiaries. A MPC participant said: *"Supermarkets were controlling us with the card because we were obliged to buy from them. But when they changed it into cash, we are having the freedom to choose what is cheaper"* (M P 1-9). Then she added *"They put a price and count it different on the card. For example, if something is priced 7000 on the rack they count it as 7500 on the card. We were obliged to buy"*, *"When you go to the supermarket and buy using the card you find that the prices are higher than if you go again and buy same products on cash. Before 5<sup>th</sup> of the month there is price and after 5<sup>th</sup> of the month there is another price"* (M P 1-1), *"If we were taking cash, the things would be much cheaper than from supermarkets"* (E P 1-6).

In order to verify beneficiaries' thoughts regarding the difference in prices between SRs having e-cards and other customers in shops, we asked the supermarket managers if there was fluctuation in prices in their shops. Both supermarket managers said that they don't have two prices and that the prices are fixed and they always send the data to WFP. The supermarket may do offer for just one week but throughout the rest of the month, the prices are fixed; *"Prices change according to offers. We do offer every weekend and when the offer ends, the prices of the products increase. Syrians can benefit also from the offers in weekends"* (S P 2), *"We don't have two prices; the prices are fixed and we always send the data to WFP. We may do offer for just one week but throughout the rest of the month, the prices are fixed"* (S P 1).

The NGO representative (N P 2) said that *"Before cash, beneficiaries said that there was injustice and that shops were imposing prices and playing with receipts"*



## 2. Avoidance and Discrimination from host communities

The majority of SR women said that Lebanese people try to avoid Syrians mainly in supermarkets at the beginning of each month. A Syrian woman said *“Lot of people talk about how we are getting the assistance .... People say that they hate 5<sup>th</sup> of the month when Syrians take the cards because the supermarket becomes too crowded. People even look at us and talk about how we are buying with the cards. As we said we take products for the whole month ....”* (E P 2-5).

The supermarket owner agrees with the beneficiaries point and they said that the assistance has negative effect on the Lebanese customers. *“Maybe Lebanese customers come and find the supermarket crowd so they don’t enter”* (S P 1). Then he added *“ The Syrian has card so he is coming to take the mouneh for the whole month and don’t have other choices. While the Lebanese may not be comfortable and he can delay the shopping or go to another place ”*

The NGO representative said that *“The major challenge that is happening is discrimination against Syrians from Lebanese”* (N P 1)

## 3. Dependence of beneficiaries

Beneficiaries reported that they are dependent on the food assistance for their livelihoods. A woman always said to her husband *“The assistance is the cause we are still here. If the assistance stops, I can’t sit a minute here. Everything is expensive and especially there is no work in winter”* (M P 2-4). Another woman said that *“ Without the assistance we can’t live”* (M P 1-9), *“ Before the assistance, I was working to secure myself. Now I decrease my work hours”* (E 1-9).

## CHAPTER IV

### DISCUSSION

The present study is the first, to our knowledge, to examine how the food purchasing behaviors of SRs are affected by the different food assistance modalities currently implemented in Lebanon. The perceptions and experiences of Syrian refugee women, who are benefitting from the cash assistance modalities, and those of key informants that are working in the area of Tyre were evaluated as part of this study.

Findings showed that three quarters of the study participants were experiencing moderate to severe food insecurity. In addition, all SRs spend the highest share of their average monthly expenditures on food followed by rent and health. The most common coping mechanisms reported among study participants were relying on less expensive food and decreasing amount of food. These findings were in line with the VASYR report (2018), which showed that approximately 82 % of SRs in South Lebanon were food insecure; about third of them were moderate and severe food insecure (30 %) and two thirds were marginal food insecure (52 %). Looking at expenditure at the household level, food (40%), rent (20%) and health (12%) continued to represent the most significant expenses. In addition, similar coping strategies to those reported among study participants were previously identified among SRs in Lebanon (VASYR, 2018) as well as other neighboring countries, including Jordan, Turkey and (REACH, 2014). These coping strategies included relying on less preferred/expensive foods when SRs were or lack of means to buy food.

When comparing the socioeconomic characteristics and coping strategies of recipients of the different food assistance modalities; a higher percentage of e-card beneficiaries reported negative coping strategies compared to MPC beneficiaries such as skipping meals and relying on less nutritious food. Regarding the impact of cash assistance on debt; we noted that there were significant differences regarding source of incomes between MPC and e-card groups, where the majority of e-card beneficiaries (70%) reported the use of debt as a source of income compared to 36.8 % of MPC beneficiaries. The results of the difference in source of income was in line

with the Food Security Monitoring Outcome report (FSOM) conducted by WFP in 2019, which found that debts were lower among MPC beneficiaries compared to e-card beneficiaries. Despite assistance, all SR households continue to lack enough resources to cover their essential needs including food.

The main food purchasing behaviors in our study seemed to be in accordance between both the MPC and e-card beneficiaries. SRs in our study sample reported buying staple food in bulk for the whole month and they consumed main staples, sugar and oil approximately all days per week. Study participants reported low consumption of fresh produce, such as vegetables and fruits, and as well as low consumption of red meat less than 1 day per week. SR participants buy milk and dairy products mainly for children and this was shown as the consumption of milk was 5 days per week. Also SRs reported secondary food choices, in case they had more money available after their primary food choices were purchased, such as cheese, canned food, corn, mushrooms. Most SRs also don't buy some products such as bread, yogurt and chicken from the WFP-contracted shops; instead they buy them by cash from outside contracted shops. A study done in Lebanon by WFP showed that food groups, such as fats, sugar, cereals and spices, are the most frequently purchased by households using e-cards, while fresh food items were mostly bought with their own budget (Caccavale, Flamig & Laliq, 2015). The food purchasing behaviors were also in line with a study done in Malawi which found that staple foods are the least expensive source of calories so poor households tend to spend most of their food budget on cereals and tubers (Brugh et al., 2018). However, critical essential micronutrients (vitamins and minerals) are mostly concentrated in non-staple foods and the regular intake of low amounts of vitamins and minerals will increase prevalence of micronutrient deficiencies, affecting the short- and long-term nutrition and public health of the poor (McClure & Haytmanek, 2010). In addition, the continued access to energy-dense yet micronutrient-poor diets can increase the risk of obesity, leading to diet-related chronic diseases among children and adults. Moreover, inadequate food consumption increases the vulnerability to infectious diseases, which further compromises the ability of the body to absorb nutrients from food properly, thus increasing the risk of malnutrition (McClure & Haytmanek, 2010; Thompson & Officer n.d). It is hypothesized that when a poor household's budget is increased, purchases can be expected to shift toward more expensive foods with improved caloric quality such as fruit, vegetables, and meat, after meeting a critical caloric quantity threshold (Brugh et al., 2018). However, this was not observed in our study. In fact, although MPC beneficiaries

were receiving a larger amount of assistance compared to the e-card recipients, there was no statistically significant difference between both groups in terms of their diet diversity as reflected through the food consumption scores and the FGDs. One reason could be that MPC assistance was provided to larger households and those suffering from higher rates of poverty and food insecurity. Thus, the assistance remained insufficient to improve diet quality and diversity among recipients of both food assistance modalities.

When exploring the factors associated with the food purchasing behaviors of SRs in the present study, a total of 9 themes and 4 subthemes emerged from focus groups with women and were further validated through interviews with contracted shop owners and NGO representatives. These themes were further categorized under the different levels of the SEM model namely: contextual factors (food assistance/cash transfer modalities and country labour legislations and policies), community factors (shop- related factors and distance between beneficiary homes and contracted shops), interpersonal (interaction with shopkeepers and family dynamics) and individual/household factors (financial management skills, kitchen equipment and income/purchasing power). Two main themes also emerged from the focus groups referring to the impact of cash transfers on SRs: the positive impact of cash assistance which was further supported by 2 subthemes, including food security and economy of SRs. Another major theme emerged referring to the challenges and unintended consequences of cash transfers, which was also supported by three sub-themes: fluctuation of food prices in contracted shops, avoidance and discrimination from host communities, and dependence on food assistance. In a study conducted by Huang (2014), the SEM was used to analyze how facilitators and barriers at various levels of influence affect food security among refugees in Hamilton, Canada and the SEM provided researchers with a framework that illustrated how the integration of multiple levels of influence either supported or hindered refugees from achieving a healthier diet. The multiple levels of influences that were reported by researchers included: intrapersonal (such as age, income, employment status, nutrition literacy), interpersonal (Key family members' role in influencing food consumed by the household, informal forms of assistance from family, friends and neighbours), organizational (Food system including regulation of food prices and food available at local grocery stores, built environment), community (cooking, shopping, food storage) and public policy (Canada food guide recommendations, nutrition labeling regulations). The study in Canada had 5 levels in the SEM but we had only 4 since we combined themes in organizational

and community levels together. Several themes were in parallel between our study and the study done in Canada such as intra household decision making, built environment, income, food prices and food storage. However, few themes emerged that were different between both studies and mainly at the public policy level such as social programs policies in the country, nutrition labeling and food guide recommendations. This difference could be since the study in Canada was based on the food security of all refugees in the country and not just the refugees taking specific cash assistance.

Two main themes emerged in the present study under the contextual factors that affect the food choices of SRs, namely the cash transfer modalities and country labour legislation and policies. Concerning first theme, findings from this study showed that most SRs expressed their preference for unconditional, non-restricted MPC modality followed by unconditional restricted cash for food over the restricted food transfer modality (ie. e-card). Nevertheless, there were a few participants who preferred to spend money in contracted shops and didn't withdraw their assistance as cash to ensure that it is spent on food, primarily for children. These results are in line with the growing literature that supports unconditional and unrestricted cash modalities that provide beneficiaries with the freedom of choice and dignity (Caccavale, Flamig & Laliq, 2015). For example, a study conducted in Democratic Republic of Congo by Aker (2012) showed that while cash and voucher households received identical amounts of money during the same time periods, the majority of program recipients (98%) reported that they preferred the cash transfer primarily due to the freedom of choice in the timing and location of purchases, as well as the ability to share and save. Another study conducted in Ecuador showed that the majority of participants who received cash, vouchers, or in-kind transfers of equal value expressed a preference for the program into which they had been randomly assigned, with such preference being highest among the cash recipients. Nevertheless, a study in the slums of Delhi by Alderman et al, found that 99 percent of women surveyed said that they prefer food transfers to cash because they fear that male family members will misuse the funds which was also in line with our findings. Other Studies done in Bangladesh and the United States showed that moving from food stamps or ration cards to cash transfers reduces food consumption in poor households, as households use cash to purchase other goods (Alderman et al, 2017). So, assistance is important; cash gives more flexibility but both (cash and food) are not sufficient to secure basic needs including food.

The other theme in the contextual factors was country labour legislation and policies. Most women participants in the present study reported that their spouses did not work during the winter season due to weather conditions that affects the type of jobs they could work in including construction and agriculture. These conditions limited the household livelihood opportunities during the winter season, and influenced the income and overall purchasing power of the household. As per the Lebanese Labor Law, SRs are legally permitted to work in agriculture, construction and the environment sectors only (WFP et al., 2018). However according to WFP Vasyr Report (2018), these are the sectors (construction and agriculture mainly) in which the Syrians were traditionally engaged before the start of the Syrian crisis. Moreover, the majority of SRs have to accept lower salaries, longer shifts and no social security benefits. According to the international labour organization, SRs average monthly income is around LBP 418,000, while the minimum wage in Lebanon is LBP 675,000. According to the opinions of SR participants and NGO representatives, the job limitations for Syrians are decreasing the income of Syrian households thus decreasing their food purchases and intake and making them dependent on assistances. In a displacement situation where refugees do not have access to reliable income or sufficient assistance, families may restrict the quantity, quality and diversity of food consumption (Seferis, 2014).

As for community factors; shop related factors were affecting food choices of SRs specifically physical availability of food and high food prices. The majority of SRs reported that the food options available in Lebanon; however, food prices in Syria were much lower than food prices in Lebanon which is limiting their food choices and intake. A market assessment done in Lebanon by WFP (2015) showed that although the Syrian crisis has led to tremendous stress on the local demand in a small country like Lebanon, it had a limited impact on national consumer prices. The Syrian demand that is targeted to low cost products was one of the possible causes for this non increase in prices. The prices of staple commodities consumed by SRs vary significantly across the six governorates tending to be above average in Beirut and South Lebanon and below average in Mount Lebanon and the North. The food basket in South Lebanon is statistically significantly more expensive than in the other regions. So WFP should take into consideration the price difference and adjust the monetary value between the governorates for beneficiaries to redeem equal quantities of food (Caccavale, Flamig & Laliq, 2015).

Another sub-theme that emerged at the community level among our study participants was the distance from the WFP-contracted shops, which was considered as an obstacle for many households since they don't have cars and the transportation cost is high. A market assessment conducted in Lebanon have confirmed the above result and show that e-card beneficiaries tend to redeem the full amount in one visit to the store for several reasons. These reasons included how close the beneficiaries are to their preferred contracted shops, which has implications in terms of money allocated to arrange appropriate transportation. This leads to eating habits that do not necessarily prioritize nutritious food. Thus, a large amount of money is spent on bulk purchases that can be stored for the whole month. Also, it is likely that more nutritious food (including fruit, vegetables and fresh meat/fish) are neglected through this type of behavior, which has drawbacks for beneficiaries' food security. The more isolated a contracted shop is, the more likely beneficiaries will use their e-card less efficiently and the less effective the transfer modality will be (Caccavale, Flamig & Laliq, 2015). According to a study in Kenya by Sugow and Ndegwa (2017); for money or voucher exchanges to work, people must have the capacity to purchase what they require in their neighborhood markets and markets must have the ability to react to expanded request through expanded supply as opposed to through expanded costs.

Concerning interpersonal factors affecting food choices and according to our study, focus groups showed that women were the major decision makers on what food should be brought to the home using the assistance. Beneficiaries reported that women have a lead role, since they are responsible for cooking and feeding the children. In fact, only few of our study participants considered men and women to be equally responsible in taking decisions related to the household food purchasing behaviors. These results differed from another report published by WFP (2019) reporting that the majority of the SR households agreed that men and women decide together on how the assistance should be spent. The difference between our findings and those reported previously could be due to reporting bias as our study included only women participants, whereas the previously conducted survey included both genders. In addition, the present study was conducted in the area of Tyre, whereas the previous report included households in different regions across all areas in Lebanon.

Three main themes emerged under the individual level factors that affect the food choices of SRs, namely the income and purchasing power of SRs, the financial management skills and



kitchen equipments. The first theme was confirmed by the Global Panel (2017) which showed that in low-income countries, consumer income and purchasing power are key determinants of food choices and can either enable or prevent access to nutritionally adequate diets. A study by the National Research Council (2013) in Central America examined the ability of homeless families living in temporary housing with limited or no cooking and storage equipment to prepare healthy meals so families with no adequate kitchen equipment resorted to the consumption of more unhealthy foods.

The second and third major themes in the study were regarding the impact of cash assistance on SRs. All SR women considered that cash transfer assistance to have tremendous impact on their food security and improved their life; a study participant said “If there are cards, there is food. If there are no cards, there is no food” (M P 2-5). Cash transfers have shown to increase people’s food security and consumption due to increased purchasing of food using the cash transfer. However important factors have resulted in a study conducted in 4 of Sub Saharan African countries to assure that the cash transfers can positively impact the food security and nutrition status of beneficiaries. Program design and implementation are important to achieve intended results of cash transfers; a relatively generous and regular and predictable transfer increases the quantity and quality of food and reduces the prevalence of food insecurity. On the other hand, a smaller, lumpy and irregular transfer does not lead to impacts on food expenditures (Tiwari et al., 2016).

On the other hand, challenges and unintended consequences emerged from cash transfers as per study participants and stakeholders. Most of the SR participants reported that there was fluctuation in food prices in contracted shops and that this affected their food purchasing behaviors, as they favored cheaper yet staple foods. This issue was primarily a problem for the e-card recipients but not the MPC beneficiaries. The supermarket owners, on the other hand, referred to the change in food prices due to in-store temporary offers that usually take place over a specific period of time, such as the beginning of the month. It is worth noting that for WFP to contract specific stores to be part of its food assistance programs, shopkeepers are required to meet a variety of criteria, such as the presence of a wide selection of goods, constant electricity supply, availability of point-of-sales machine and fair prices (Johnson, 2017). In addition, the WFP-contracted shops are encouraged to price their items competitively to help



attract more customers and increase their business. So prices in contracted shops must be lower than those in non-contracted shops. In fact, a price monitoring study was conducted in Lebanon by WFP to evaluate the price fluctuations among WFP- contracted and non-contracted shops, results showed that shops are 4.43% lower than non-contracted ones (Harvey & Pananello, 2018). Nevertheless, another study done in Lebanon has shown that there is no clear evidence that contracted shops promote cheaper prices, even though in many cases they manage to have better purchasing opportunities from their suppliers because of the huge number of customers from WFP. In other words, contracted shops simply channel a large share of food assistance efforts towards their own profit, as businesses can be expected to do (Caccavale, Flamig & Laliq, 2015).

Another unintended consequence of cash assistance was that the majority of SR women feel that Lebanese people avoid Syrians mainly in supermarkets at the beginning of each month. Also SRs hear Lebanese people talking about how the Syrians are taking the privilege concerning assistances, access to services and labor opportunities. These talks come in line with the market assessment done by WFP (2015), where some Lebanese reportedly believe that Syrians benefit more from national and international assistance; poor Lebanese live in similarly detrimental conditions but receive only limited assistance from the government or from international and national NGOs. The feelings expressed by refugees in the present study were earlier echoed in a survey carried out in 2016 by UNHCR, whereby 63% of the refugee population felt they were not being welcome in Lebanon and only 27% of Lebanese surveyed considered their relationship with refugees to be good or very good. The role of cash transfers in such a context could possibly exacerbate existing tensions, if they are considered to be unfair or privileged to one group over another (Hagen-Zanker et al., 2017).

- **Recommendations and implications:**

The findings and issues raised by the current study indicate several recommendations and potential implications that can be considered along the different levels of the SEM to improve the food and nutrition security status of refugees and vulnerable communities. At the contextual level, study findings provide an insight into how work policies and regulations can be revised to consider temporary work permits for refugees to support their livelihoods. For example, the Jordanian Ministry of Labor's amended the work permit procedures and regulations for Syrians

for specific period of time and data showed that the largest increase in monthly issuance of work permits occurred immediately after work permit fees were waived in April 2016 (ILO Regional Office for Arab States, 2017). In addition, SRs must be encouraged to engage in demand-driven vocational trainings to increase their income (Lyby, 2001). In terms of the community level factors, several interventions can be also considered based on our study findings and existing literature. Cash transfer assistance could be complemented with supportive health and nutrition education in order to achieve the intended results of the program and improve the household food consumption. For example in Kenya, when fresh food vouchers was distributed along with education on infant and young child feeding, the number of 6–12-month-old children consuming more than four food groups and iron-rich foods significantly increased (Bailey & Hedlund, 2013). Moreover, projects such as community kitchen or community gardens should be encouraged so people improve their nutritional intake. In Lebanon, community kitchens allowed participants and their families to improve their nutritional and health status through consuming wide variety of food items and in large quantities (Ibrahim, Honein-AbouHaidar & Jomaa, 2019). Another project that can be done at the community level is establishing food banks to provide food to people in need, including refugees. Food banks work by collecting the surplus food donated by schools, supermarkets and restaurants and delivering it to people in need (Huang, 2014). On the interpersonal level, nutrition educations can be arranged to mothers to improve their food decision making in their households. Moreover, the community in the neighborhood should raise funds/in kind donations to refugees and vulnerable people to avoid food insecurity. On the individual/household level; testing different interventions and communication approaches that can assist refugees in making healthier choices with a limited budget should be piloted. It is important to recognize that there are various key stakeholders and players who can support in mobilizing these interventions such as: Government of Lebanon, Ministry of Labor, Ministry of Social Affairs, WFP, UNHCR, NGOs and local municipalities.

- **Strengths and limitations**

The strengths of this study include the triangulation of data through exploration of our research topic from different perspectives; the perspective of women, who were benefiting from cash transfers, and the perspective of key informants and stakeholders, who have firsthand knowledge about the cash assistance. Using the SEM framework to analyze the main themes that

emerged from the focus groups and interviews regarding the factors affecting the food purchasing behaviors and choices of food assistance beneficiaries can be also considered as strength of the study. Other strength of the study was that the research team ensured credibility and reflexivity were observed to increase the rigor of the data collection and analysis. In terms of credibility, the research team relied on the transcribed, audio-recorded interviews as the main data repository supported by mental notes and the observers' notes. In addition, themes and sub-themes were supported with quotes. Every attempt was made to maintain a level of reflexivity at each stage of the research. These efforts included keeping mental and written notes regarding participants' transparencies during data collection. During data analysis, frequent team meetings were conducted to compare and contrast emerging themes while putting priority on the collected data backed up by quotes from participants. In addition, the research team followed the COREQ checklist for reporting this study.

Nevertheless, the present study has a number of limitations worth considering. First limitation of the study is that it was conducted in one district in Lebanon and findings regarding the perceptions and experiences of refugees towards food assistance modalities may not be generalized to other settings. Another limitation of the study is that it did not take into consideration the viewpoints of males/spouses, although they may provide useful insights that are worth exploring in future studies. We also cannot rule out reporting bias, as participants may have under- or over-reported their experience with food insecurity and the challenges they face in accessing food to ensure the continuity of their food assistance. Nevertheless, the research team exerted every effort to assure the study participants that their personal identifiers will not be shared as part of this study and that the study findings will not have any direct effect on their access to food assistances or any other services provided by the local and international NGOs and UN agencies.

## CHAPTER V

### CONCLUSION

This study is a first step towards exploring an untapped research topic in the MENA region. To examine how the food purchasing behaviors of SRs are affected by the different food assistance modalities currently used in Lebanon, a descriptive qualitative exploratory approach was adopted. Focus groups with SR beneficiaries and interviews with key informants were conducted to explore the perceptions and experiences of participants towards the different cash assistance modalities currently implemented in Lebanon.

Cash transfer is the preferred modality of assistance to beneficiaries compared to food vouchers or in kind distribution since cash gives beneficiaries more flexibility in choosing what goods they want to buy, and allows them choices about the quantity and quality of their purchases. There are multi-level factors that influence the food purchasing behaviors and food choices of SRs including contextual factors, community, interpersonal and individual level factors. Although the impact of cash assistance modalities was overall positive to ensure food security and support the livelihoods of refugees, however, the assistance remained insufficient to meet their needs. In addition, unintended consequences of such assistance modalities need to be considered for future programmatic evaluations and large-scale interventions in protracted crises. Finding of the study indicated several potential recommendations and implications that can be considered along the different levels of the SEM to improve the food and nutrition security status of refugees and vulnerable communities. The support of multiple collaborators is essential to achieve effective intervention.

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## APPENDICES

### **Appendix I: Invitation Script for Syrian Refugees**

Hello, I am inviting you to participate in a research study about the perceptions and experiences of Syrian refugees toward the food and basic needs assistance modalities. It will be conducted by a graduate student at American University of Beirut (AUB) as part of her Master studies.

You will be asked to complete a short questionnaire with demographic information and then join a focus group discussion to share your perceptions and experiences toward the factors that affect your purchasing behaviors including the food choices using the cash transfer assistance that you are receiving.

You are eligible for the study if you are Syrian refugee, woman, aged between 18 and 65 years, living and receiving the food and/or basic needs assistance in Tyre for at least the past 3 months.

The estimated time to complete the focus group discussion is approximately 60-90 minutes.

The research is conducted in Tyre, at a place and time convenient for all of you.

If you are interested in the study or/and have any questions or concerns, please inform the AUB research team.

Contact details of the AUB research team:

Dr. Lamis Jomaa, Faculty of Agricultural & Food Sciences-AUB

**Tel:** 961-1-350000 (Ext 4544) **E-mail:** [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

Thank you

## Invitation script for Syrian refugees (Arabic)

مرحباً ، أدعوكم للمشاركة في دراسة بحثية حول مفاهيم وتجارب اللاجئين السوريين تجاه المساعدات النقدية و الغذائية . سيتم إجراء هذه الدراسة من قبل طالبة دراسات عليا في الجامعة الأمريكية في بيروت (AUB) كجزء من دراستها للماجستير في علم التغذية.

سيطلب منك ملء استبيان قصير يحتوي على معلومات ديموغرافية ثم الانضمام إلى حلقة نقاش لمشاركة مفاهيمك وتجربتك تجاه العوامل التي تؤثر على سلوكياتك الشرائية بما في ذلك خيارات الطعام باستخدام المساعدة النقدية/ الغذائية التي تتلقاها.

أنت مؤهلة للدراسة إذا كنت لاجئة سورية ، عمرك بين 18 و 65 سنة ، تعيشين وتتلقين المساعدة الغذائية و / أو النقدية في صور لمدة لا تقل عن 3 أشهر.

الوقت المقدر لإكمال حلقة النقاش هو حوالي 60-90 دقيقة.

سيتم إجراء البحث في صور ، في مكان ووقت مناسب لكم جميعاً.

إذا كنت مهتم بالدراسة أو لديك أية أسئلة أو استفسارات فيرجى إبلاغ فريق البحث في الجامعة الأميركية في بيروت.

تفاصيل الاتصال بفريق البحث في الجامعة الأميركية في بيروت:

الدكتورة لميس جمعة، كلية العلوم الزراعية والغذائية، الجامعة الأميركية في بيروت

هاتف: 961-1-350000، تحويلة (4544)، البريد الإلكتروني: [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

شكراً"

## Appendix II: Oral consent form for Syrian Refugees

**Title of research study:** Exploring the Perceptions and Experiences of Syrian Refugees towards the Food and Basic Needs Assistance Modalities in Tyre, Lebanon: A Qualitative Study

**Principal Investigator:** Dr. Lamis Jomaa

**Graduate Student:** Reem Nisr

Hello. My name is Reem Nisr. I am a graduate student in the Food Security Program at the American University of Beirut AUB. I would like to invite you to participate in a research study about the perceptions and experiences toward the factors that affect your purchasing behaviors including the food choices using the cash transfer assistance that you are receiving.

Before we begin, I would like to take a few minutes to explain why I am inviting you to participate and what will be done with the information you provide. If you decide to participate in this study, you will be asked to join a focus group discussion related to the cash transfer modality that you receive as assistance. Please stop me at any time if you have questions about the study. You will be provided with a copy of the consent form.

The objective of this study is to address what are the challenges that may inhibit the nutritious and diverse food purchasing and consumption behaviors of Syrian refugee beneficiaries and may thus impact their nutrition security.

The inclusion criteria are: Syrian nationality, women, age between 18 and 65, living and receiving the cash transfer assistance in Tyre for at least the past 3 months.

I am doing this study as part of my studies at AUB. You will be one of the 40 participants who will be recruited to participate in focus group discussions. Recruitment of study participants will take place by NGO staff, who will directly approach beneficiaries to explain study objectives. Then, interested participants inform the AUB research team directly if they are interested in taking part in the study. Upon agreeing to participate in the study, we will ask you to complete a short questionnaire that includes questions on socio- demographic, food security and food consumption data prior initiating the FGDs. The questionnaire or the FGD might include few sensitive questions included related to socio-economic and food security status of your households. Please feel free to skip any of the potentially sensitive questions or other questions and you have the right to discontinue participation at any time without penalty.

I will use the information from questionnaire and discussions as the basis for my thesis. I may also use this information in articles that might be published, as well as in academic presentations. Your individual privacy and confidentiality of the information you provide will be maintained in all published and written data analysis resulting from the study. There will be no collection of personal identifiers, as we will not collect your name, or any other data that can relate the FGD to your personal ID or record. Only the members of the research group will have access to the data that will be used for research purposes only.

Please understand that your participation is entirely on voluntary basis and you have the right to withdraw your consent or discontinue participation at any time without penalty. There are no anticipated risks associated with your participation in this study. There are no direct benefits, but the results of the study would help in improving the cash transfer assistances and that would serve as a successful example of what works and what are the potential barriers to eating nutritious diet in food insecure and impoverished communities. The focus group discussion will last for around 1 hour and you will receive food and refreshments as compensation for the time lost. Also, you will receive compensation in the value of 10,000 L.L to cover travel costs to the site of the focus groups.

If at any time and for any reason, you would prefer not to answer any questions, please feel free to skip those questions. If at any time you would like to stop participating, please tell me. We can take a break or stop altogether. You will not be penalized for deciding to stop participation at any time. Refusal to participate or withdrawal from the study will involve no penalty or loss of benefits for you or your family members and it will not affect your relationship with the referring NGO, AUB, AUBMC, UNHCR, or WFP, and it will not affect the services offered to beneficiaries from any of these entities.

I would like to tape record the discussion to make sure that I remember accurately all the information you provide. If you refuse to be audiotaped, extensive notes will be taken about what you say during the discussion and audiotaping will be halted once you want to speak. Please indicate for us by a hand gesture that you would like to talk so we can pause the audiotaping at your turn. I will keep these tapes and FGD notes in a locked cabinet in the research unit at AUB. Electronic versions of the data will also be secured and locked by a password. Records will be monitored and may be audited by the Institutional Review Board (IRB) or/and our staff while assuring confidentiality.

Although it might be tempting for you to share what you hear in these group discussions with neighbours, friends, or family member, however, I wish to bring your attention to the importance of keeping the group's responses confidential. This will make you and all the participants feel comfortable sharing your thoughts.

If you have any questions, you are free to ask them now.

If you have any questions or concerns about the research, you may contact:

Dr. Lamis Jomaa, Faculty of Agricultural & Food Sciences-AUB

**Tel:** 961-1-350000 (Ext 4544) **E-mail:** [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

If you have any questions, concerns or complaints about your rights as a participant in this research, you can contact the following office at AUB:

Social & Behavioral Sciences Institutional Review Board

**Address:** American University of Beirut; Riad El Solh, Beirut 1107 2020, Lebanon

**Tel:** 00961 1 374374, ext: 5445 **Email:** [irb@aub.edu.lb](mailto:irb@aub.edu.lb)

Are you interested in participating in the study?

May I record the discussion?

Do you accept to quote your thoughts in texts, reports and articles (A pseudonym will be used to protect your identity)?

## Oral consent form for Syrian Refugees ( Arabic)

عنوان الدراسة البحثية: استكشاف مفاهيم و تجارب اللاجئين السوريين نحو المساعدات النقدية و الغذائية في صور، لبنان: دراسة نوعية

الباحث الرئيسي: الدكتورة لميس جمعة

الطالبة: ريم نسر

مرحباً. اسمي ريم نسر. أنا طالبة دراسات عليا في برنامج الأمن الغذائي بالجامعة الأمريكية في بيروت. أود أن أدعوك للمشاركة في دراسة بحثية حول مفاهيمك و تجاربك تجاه العوامل التي تؤثر على سلوكياتك الشرائية بما في ذلك خيارات الطعام باستخدام المساعدة النقدية/ الغذائية التي تتلقينها.

قبل أن نبدأ ، أود أن أخذ من وقتك بضع دقائق لأشرح لك سبب دعوتك للمشاركة وما الذي سيتم عمله بالمعلومات التي سوف تقدمينها. إذا قررت المشاركة في هذه الدراسة ، سيطلب منك الانضمام إلى حلقة نقاش متعلقة بالمساعدة النقدية/ الغذائية النقدي التي تتلقينها كمساعدة. يرجى إيقافي في أي وقت إذا كانت لديك أسئلة حول الدراسة. ستحصل على نسخة من نموذج الموافقة.

الهدف من هذه الدراسة هو التعرف على التحديات التي قد تعوق اللاجئين السوريين المستفيدين من المساعدات النقدية/ الغذائية من شراء واستهلاك الأطعمة المغذية والمتنوعة والتي بالتالي قد تؤثر على أمنهم الغذائي.

أنت مؤهلة للدراسة إذا كنت لاجئ سورية ، عمرك بين 18 و 65 سنة ، تعيشين وتتلقين المساعدة الغذائية و / أو النقدية في صور لمدة لا تقل عن 3 أشهر.

أقوم بهذه الدراسة كجزء من دراستي في الجامعة الأميركية في بيروت. ستكونين واحدة من بين 40 مشاركاً سيتم تعيينهم للمشاركة في حلقات نقاش. سيجري تعيين المشاركين في الدراسة من قبل موظفي المنظمات غير الحكومية الذين سيقترّبون مباشرة من المستفيدين لشرح أهداف الدراسة. ثم يقوم المشاركون المهتمون بإبلاغ فريق أبحاث AUB مباشرة إذا كانوا مهتمين في المشاركة في الدراسة. بعد موافقتك بالمشاركة بالدراسة، سيطلب منك إكمال استبيان قصير يشتمل على أسئلة حول البيانات الاجتماعية/الديمغرافية، الأمن الغذائي و استهلاك الأغذية قبل البدء في حلقة النقاش الجماعية. قد يشمل الاستبيان أو مناقشات مجموعة التركيز عدد قليل من الأسئلة الحساسة المتعلقة بالوضع الاجتماعي الاقتصادي والأمن الغذائي لأسرتك. لا تتردد في تخطي أي من الأسئلة الحساسة المحتملة أو أسئلة أخرى ولديك الحق في التوقف عن المشاركة في أي وقت دون عقوبة.

سيستخدم الطالب المعلومات من الاستبيان و المناقشات كأساس لأطروحتة. قد يستخدم أيضاً هذه المعلومات في المقالات التي قد تنشر ، وكذلك في العروض الأكاديمية. سيتم الحفاظ على خصوصيتك وسرية المعلومات التي تقدمها في جميع تحليل البيانات المنشورة والمكتوبة الناتجة عن الدراسة. لن تكون هناك مجموعة من المعرفات الشخصية ، حيث لن نقوم بتجميع

اسمك ، أو أي بيانات أخرى يمكن أن ترتبط النقاش بمعرفك الشخصي أو تسجيلك. لن يتمكن سوى أعضاء مجموعة البحث من الوصول إلى البيانات التي سيتم استخدامها لأغراض البحث فقط.

يرجى تفهم أن مشاركتك تتم بالكامل على أساس طوعي وأن لك الحق في سحب موافقتك أو التوقف عن المشاركة في أي وقت بدون عقوبة. لا توجد مخاطر متوقعة مرتبطة بمشاركتك في هذه الدراسة. لا توجد فوائد مباشرة ولكن نتائج الدراسة ستساعد في تحسين المساعدات الغذائية والنقدية من خلال معرفة ما ينجح وما هي العوائق المحتملة التي تحول دون تناول أطعمة مغذية في المجتمعات التي تعاني من سوء الأمن الغذائي والمجتمعات الفقيرة و من ثم تشكل مثالا " ناجحا" لغيرها من المساعدات. ستستمر المناقشة الجماعية المركزة لحوالي ساعة واحدة وستتلقى الطعام مرطبات كتعويض عن الوقت الضائع. كما ستحصل على تعويض بقيمة 10000 ل.ل لتغطية تكاليف القنوم إلى موقع مجموعات التركيز.

إذا كنت تفضلين في أي وقت ولأي سبب عدم الإجابة عن أي أسئلة ، فلا تترددي في تخطي هذه الأسئلة. إذا كنت ترغبين في أي وقت في التوقف عن المشاركة ، فالرجاء إخباري بذلك. يمكننا أخذ استراحة أو التوقف نهائياً. لن تتم معاقبتك لقرار إيقاف المشاركة في أي وقت. لن يتضمن رفض المشاركة أو الانسحاب من الدراسة أي عقوبة أو خسارة في المزايا بالنسبة لك أو لأفراد عائلتك ولن يؤثر ذلك على علاقتك مع برنامج الأغذية العالمي أو مفوضية الأمم المتحدة السامية لشؤون اللاجئين أو الجامعة الأميركية في بيروت أو الجامعة الأمريكية في بيروت أو أي من المنظمات الشريكة.

أود تسجيل المناقشة تسجيل صوتي للتأكد من أنني أتذكر بدقة جميع المعلومات التي تقدمها. إذا رفضت التسجيل الصوتي ، فستأخذ ملاحظات واسعة حول ما تقوله أثناء المناقشة وسيتم إيقاف التسجيل الصوتي بمجرد أن تتحدث. يرجى الإشارة إلينا عن طريق إيماة يد أنك تود التحدث حتى يمكننا إيقاف التسجيل الصوتي عند دورك. سأحتفظ بهذه الأشرطة والملاحظات الخاصة بالمجموعة في خزانة مغلقة في وحدة الأبحاث في الجامعة الأميركية في بيروت. كما سيتم إغلاق الإصدارات الإلكترونية للبيانات بواسطة كلمة مرور. سيتم مراقبة السجلات و يمكن مراجعتها من قبل مجلس المراجعة المؤسسية أو موظفينا مع ضمان السرية.

على الرغم من أنه قد يكون من المغري بالنسبة لك مشاركة ما تسمعه في مناقشات المجموعة هذه مع الجيران أو الأصدقاء أو أفراد العائلة ، إلا أنني أود أن أوجه انتباهك إلى أهمية الحفاظ على سرية إجابات المجموعة. هذا سيجعلك وجميع المشاركين تشعرعون بالارتياح لمشاركة أفكاركم.

إذا كان لديك أي أسئلة ، فلك مطلق الحرية في طرحها الآن.

**لمزيد من المعلومات والأسئلة حول البحث، يُرجى الإتصال بالأشخاص المذكورين أدناه:**

الدكتورة لميس جمعة، كلية العلوم الزراعية والغذائية، الجامعة الأميركية في بيروت

هاتف: 961-1-350000، تحويلة (4544)، البريد الإلكتروني: [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)



إذا كانت لديك أي أسئلة، مخاوف أو شكوى حول حقوقك كمشاركة في هذا البحث، يمكنك الإتصال بالمكتب التالي في الجامعة الأميركية في بيروت:

مجلس مراجعة مؤسسي العلوم الإجتماعية والسلوكية

العنوان: الجامعة الأميركية في بيروت؛ شارع رياض الصلح، بيروت 1107 2020، لبنان

البريد الإلكتروني: [irb@aub.edu.lb](mailto:irb@aub.edu.lb)، التحويلة: 5445، 1 374374 00961 هاتف:

هل تقبل المشاركة في الدراسة؟

هل تقبل أن يتم تسجيل المناقشة تسجيل صوتي؟

هل تقبل اقتباس أفكارك في النصوص والتقارير والمقالات (سيتم استخدام اسم مستعار من أجل حماية هويتك)؟

### Appendix III: Questionnaire for Syrian Refugees

**Title of Research Study:** Exploring the Perceptions and Experiences of Syrian Refugees towards the Food and Basic Needs Assistance Modalities in Tyre, Lebanon: A Qualitative Study

**Principal Investigator:** Dr. Lamis Jomaa

**Graduate Student:** Reem Nisr

**ID Number:**

**Date:**

	Question	Answer
1	Age	
2	Marital status	a- Single b- Married c- Divorced d- Widowed
3	How long have you been in Lebanon?	
4	What city/village do you currently live in?	
5	What is the highest education level that you have reached?	a- No schooling/Illiterate b- Able to read and write c- School d- Technical diploma e- University degree
6	Do you work outside home?	a- Yes 1- Full Time 2- Part Time b- No
	If yes, what type of work do you do?	
7	Do you have children? If so, how many?	a- Yes Number: _____ b- No

8	What is the number of individuals living in your household within the past three months?	
9	What is the average total monthly household income of the family? (In L.L)	
10	What are the sources of income of your household in the last 30 days?  ( Please choose all applicable answers)	<input type="checkbox"/> Crops sale <input type="checkbox"/> Livestock sale <input type="checkbox"/> Assets sale <input type="checkbox"/> Savings <input type="checkbox"/> Debts <input type="checkbox"/> Agricultural waged labor <input type="checkbox"/> Non-Agricultural casual labor <input type="checkbox"/> Gifts from family, relatives or remittances <input type="checkbox"/> Cash/ Food voucher/ e-card from humanitarian agencies <input type="checkbox"/> Other, specify .....
11	What type of assistances do you currently have?  And for how long have you been assisted with them?	a- E-card ( ----- months/years) b- Multi -purpose cash( ----- months/years) c- Others, specify _____ ( ----- months/years)
12	What is the estimated amount of money spent by the household during the last month for the following items (including assistance)?	Write 0 if there is no expenditure  Lebanese pounds (L.L) spent last month  a- Food expenditures ..... b- Health expenditures ..... c- Education expenditures ..... d- Rental/accommodations ..... e- Other ( Pone, electricity, water bills, etc) .....

	Total expenditure by the household in the last moth	.....
13	What assets do you have?	a- House b- Car c- Motorcycle d- Land e- Others, specify .....
14	What do you do if there is not enough food?	a- Decrease amount of food b- Skip meals c- Rely on less expensive food d- Eat less nutritious food e- Borrow money to buy food f- Rely on help from friend or relative g- Send household members to eat elsewhere h- Restrict adult consumption so children can eat i- Beg to get money j- Send children to work k- Spend whole day without eating Other .....
<b><u>Food Insecurity Experience Scale</u></b>		
Now I would like to ask you some questions about food.		
During the last 30 DAYS, was there a time when:		
15	You or others in your household worried about not having enough food to eat because of a lack of money or other resources?	a- No      c- Don't Know b- Yes     d- Refused
16	Still thinking about the last 30 DAYS, was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	a- No      c- Don't Know b- Yes     d- Refused
17	Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	a- No      c- Don't Know b- Yes     d- Refused
18	Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	a- No      c- Don't Know b- Yes     d- Refused

19	Still thinking about the last 30 DAYS, was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	a- No b- Yes	c- Don't Know d- Refused
20	Was there a time when your household ran out of food because of a lack of money or other resources?	a- No b- Yes	c- Don't Know d- Refused
21	Was there a time when you or others in your household were hungry but did not eat because there was not enough money or other resources for food?	a- No b- Yes	c- Don't Know d- Refused
22	Was there a time when you or others in your household went without eating for a whole day because of a lack of money or other resources?	a- No b- Yes	c- Don't Know d- Refused

*Adapted from: Food and Drug Organization (FAO) (2013). Global food insecurity experience scale survey modules .<http://www.fao.org/3/a-bl404e.pdf>*

#### **Household Food Consumption Score**

**23-** How many days over the last 7 days did members of your household eat the following food items, prepared and/or consumed at home, and what was their source?

	<b>Examples</b>	<b>In the last 7 days, number of days item consumed</b>	<b>What was the main source of the food item in the past 7 days</b>
Main Staples	Rice, cereals, wheat (pasta, burghul, bread), corn, potatoes...		
Pulses and nuts	Almonds, beans, peas, chickpeas, walnuts, seeds, lentils...		
Vegetables	Parsley, tomato, rocca, mulukhiyeh, onion, okra, cabbage...		
Fruits	Banana, apple, grapes, oranges, mango, raisins...		

Meat and Fish	Red meat, poultry, seafood, fish (tuna, sardines...)....		
Milk	Yogurt, infant formula, labneh, cheeses, powdered milk...		
Sugar	Honey, sugar and sugar products.		
Oil	Oil, fat and butter.		
Condiments	Spices, tea, coffee, salt...		

*Adapted from: World Food Programme (WFP) (2017). Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) .<https://reliefweb.int/report/lebanon/vasyr-2017-vulnerability-assessment-syrian-refugees-lebanon>*

## Questionnaire for Syrian refugees (Arabic)

عنوان الدراسة البحثية: استكشاف مفاهيم و تجارب اللاجئين السوريين نحو المساعدات النقدية و الغذائية في صور، لبنان:  
دراسة نوعية

الباحث الرئيسي: الدكتورة لميس جمعة

الطالبة: ريم نسر

الرقم:

التاريخ:

الرقم	السؤال	خيارات الأجوبة
1	العمر	
2	الحالة الإجتماعية	أ- عازبة ب- متزوجة ت- مطلقة ث- أرملة
3	منذ متى وانت في لبنان؟	
4	ما هي المدينة / القرية التي تعيش فيها حالياً؟	
5	ما هو أعلى مستوى تعليمي قد حقّقته؟	أ- لم ألتحق بالمدرسة / لا أقرأ أو أكتب ب- أقرأ و أكتب ت- مدرسة ث- دبلوم فني ج- الشهادة الجامعية
6	هل تعملين خارج المنزل؟	أ- نعم 1- وقت كامل 2- دوام جزئي ب- كلا

	إذا نعم، ما نوع العمل الذي تفعليته؟	
أ- نعم العدد: ----- ب- كلا	هل لديك أطفال؟ إذا نعم، كم عددهم؟	7
	ما هو العدد الإجمالي للأفراد في منزلك؟	8
	ما هو معدل الدخل الشهري للأسرة؟ (بالليرة اللبنانية)	9
<input type="checkbox"/> بيع المحاصيل <input type="checkbox"/> بيع المواشي <input type="checkbox"/> بيع الممتلكات <input type="checkbox"/> مدخرات <input type="checkbox"/> الديون <input type="checkbox"/> العمالة الزراعية بأجر <input type="checkbox"/> العمالة غير الزراعية <input type="checkbox"/> هدايا من العائلة أو الأقارب أو الحوالات <input type="checkbox"/> قسيمة نقدية / غذائية / بطاقة إلكترونية <input type="checkbox"/> غيرها ، حدد .....	ما هي مصادر دخل أسرتك خلال آخر 30 يوماً؟ (يرجى اختيار جميع الإجابات المطابقة)	10
أ- بطاقة الكترونية للتغذية ( ---- شهر/سنة) ب- مساعدة نقدية ( ---- شهر/سنة) ت- غيرها، ..... ( ---- شهر/سنة)	ما نوع المساعدة التي تحصل عليها؟ ومنذ متى بدأت بالحصول عليها؟	11



<p>أ- نفقات الغذاء _____  ب- نفقات الصحة _____  ت- نفقات التعليم _____  ث- نفقات الإيجار _____  ج- غيرها ( اتصالات، كهرباء، مياه...) _____</p>	<p>ما هو المبلغ التقديري الذي أنفقته الأسرة خلال الشهر الماضي على البنود التالية:  (يتضمن المساعدات)</p>	12
<p>_____</p>	<p>مجموع النفقات من قبل الأسرة في الشهر الماضي</p>	
<p>أ- منزل  ب- سيارة  ت- دراجة نارية  ث- أرض  ج- غيرها _____</p>	<p>ما هي الممتلكات التي تملكها؟</p>	13
<p>أ- تقلل كمية الطعام  ت- تتخطى الوجبات  ث- تعتمد على الغذاء الأقل تكلفة  ج- تعتمد على الغذاء أقل تغذية  ح- اقتراض المال لشراء الطعام  خ- الاعتماد على المساعدة من صديق أو قريب  د- إرسال أفراد الأسرة لتناول الطعام في مكان آخر  ذ- تقييد استهلاك البالغين بحيث يمكن للأطفال تناول الطعام  ر- أتسول للحصول على المال  ز- إرسال الأطفال إلى العمل  س- قضاء يوم كامل دون تناول الطعام  ش- آخر .....</p>	<p>ماذا تفعل إذا لم يكن هناك ما يكفي من الطعام؟</p>	14
	<p><u>مقياس معاناة انعدام الأمن الغذائي</u></p>	

	أرغب بسؤالك بعض الأسئلة عن استهلاكك للغذاء. خلال ثلاثين (30) يوما" الماضية ، هل حدث وأن:	
أ- كلا ب- نعم ت- لا أعرف ث- رفض	15 أنت أو غيرك في منزلك شعرت بالقلق بأنه لن يتوفر لكم الطعام الكافي لتأكلوا بسبب عدم توفر النقود أو المصادر الأخرى؟	
أ- كلا ب- نعم ت- لا أعرف ث- رفض	16 أيضا خلال الثلاثين يوما" الماضية، أنت أو غيرك في منزلك لم يكن باستطاعتكم أكل طعام صحي ومغذي بسبب عدم توفر النقود أو المصادر الأخرى؟	
أ- كلا ب- نعم ت- لا أعرف ث- رفض	17 أكلت أنت أو غيرك في منزلك أنواع قليلة من الاطعمة بسبب عدم توفر النقود أو المصادر الأخرى؟	
أ- كلا ب- نعم ت- لا أعرف ث- رفض	18 كان عليك أن تتخلى أنت أو غيرك في منزلك عن وجبة طعام بسبب نقص النقود أو المصادر الأخرى؟	
أ- كلا ب- نعم ت- لا أعرف ث- رفض	19 أيضا خلال الثلاثين يوما" الماضية، أكلت أنت أو غيرك في منزلك أقل مما اعتقدتكم أنكم يجب أن تأكلوا بسبب نقص النقود أو المصادر الأخرى؟	
أ- كلا ب- نعم ت- لا أعرف ث- رفض	20 نفذ الطعام لدى أسرتك بسبب نقص النقود أو المصادر الأخرى؟	

<p>أ- كلا ب- نعم ت- لا أعرف ث- رفض</p>	<p>كنت أنت أو غيرك في منزلك جائعاً لكنكم لم تأكلوا لأنه لم يكن هنالك ما يكفي من النقود أو المصادر الأخرى للطعام؟</p>	<p>21</p>
<p>أ- كلا ب- نعم ت- لا أعرف ث- رفض</p>	<p>بقيت أنت أو غيرك في منزلك دون تناول الطعام ليوم كامل بسبب نقص النقود أو المصادر الأخرى؟</p>	<p>22</p>

منظمة الغذاء والدواء (الفاو) (2015). نسخة الأختبار التجريبي لعام 2015 خل مقياس (سلم) تجرية (معاناة) انعدام الأمن الغذائي العالمي. ال مؤسسة غالوب العالمية للأستطلاع. <http://www.fao.org/3/a-be898a.pdf>

<p><b>مجموع إستهلاك الطعام العائلي</b></p>			
<p>23- كم عدد الأيام خلال الأيام السبعة الماضية تناول أفراد أسرته المواد الغذائية التالية ، أعدت و / أو استهلكت في المنزل ، وماذا كان مصدرها؟</p>			
<p>ما كان المصدر الرئيسي للطعام في الأيام السبعة الماضية</p>	<p>عدد الأيام التي أكل فيها نوع الطعام الأسبوع الماضي</p>	<p>أمثلة</p>	<p>نوع الطعام</p>
		<p>الأرز ، الحبوب ، القمح (المعكرونة ، البرغل ، الخبز) ، الذرة ، البطاطس ...</p>	<p>المواد الغذائية الرئيسية</p>
		<p>اللوز، الفاصوليا، البازلاء، الحمص، الجوز، البذور، العدس ...</p>	<p>البقول والمكسرات</p>
		<p>بقونس ، طماطم ، جرجير ، ملوخية ، بصل ، بامية ، ملفوف ...</p>	<p>خضار</p>

		موز، تفاح، عنب، برتقال، مانجو، زبيب....	فاكهة
		اللحوم الحمراء، الدواجن، المأكولات البحرية، الأسماك (سمك التونة، السردين) ...	اللحوم و الأسماك
		اللبن، حليب الأطفال، اللبنة، الجبنة، الحليب المجفف	الحليب و منتجات الحليب
		العسل، السكر، الحلويات....	السكر
		زيت، دهن، زبدة، سمنة...	زيوت
		البهارات، الشاي، القهوة، الملح...	التوابل

World Food Programme (WFP) (2017). *Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR)*. <https://reliefweb.int/report/lebanon/vasyr-2017-vulnerability-assessment-syrian-refugees-lebanon>

## Appendix IV: Focus group script for Syrian Refugees

Hello, I would like to thank you all for coming.

As you all agreed to participate in this discussion, I am going to read for you the consent form orally and give each of you short questionnaire to fill before we start our discussion. If you need any help let me know.

Please help yourself to food and refreshments.

After 20 minutes:

Hello again. My name is Reem and this is my colleague ..... I am a graduate student pursuing a Master's degree in Food Security at AUB and my colleague is a ..... We are here today to discuss the perceptions and experiences of Syrian refugees towards the food and basic needs assistances. The discussion will be audio taped as you already know. You are kindly requested to provide answers about the topic based on your current experience and personal opinion of the assistance. Please give your opinion with full transparency; all names will be kept anonymous. There is no right or wrong answers, and you are free to ask for clarification at any time if you do not understand the question. Also, please be assured that the answers you give today will not have any implications for receiving the cash grant.

Our discussion will take about 60 to 90 minutes at the most. We want this to be a group discussion, so feel free to participate without waiting to be called on. However, we would appreciate it if only one person speaks at a time. Be assured that all of you will have equal opportunity to express your opinions and please be respectful to opposing attitudes/statements expressed by another participant.

The discussion taking place will be kept confidential, and your names will be kept anonymous. You can withdraw from the discussion at any time.

### **Discussion Questions:**

- 1- Tell me a little about yourselves:  
Probe: *(Who are you? How long have you been in Lebanon? And in this area of Tyre?)*
- 2- Can you describe your current food habits in Lebanon in comparison to your food habits in Syria?  
Probe: *(Assume they were different: What are the reasons behind this change? Were the changes good or bad? What are the implications of that change? On children, culture ...)*
- 3- What assistances do you currently receive? How long have you been receiving these assistances? Are the assistances meeting your needs?

- 4- What do you think of the food or/and basic assistance provided to Syrian refugees?
- 5- Overall, has your life improved after starting to receive the assistance? How?  
Probe: *(How do you feel that receiving the cash grant has affected your family overall and children in specific? Please explain).*
- 6- What are your main food purchases and consumption on a monthly basis using the card?  
Bearing in mind that the food assistance is intended only to meet the basic needs of food; do you feel the amount is sufficient?  
Probe: *(What affects your choice? In your family who decides how the money can best be used?)*
- 7- Have you received any education sessions on how to make use of the amount in vouchers in order to ensure balanced diet and good health?
- 8- Have you faced any difficulties or challenges resulting from the receipt of the assistance? (From community members, UNHCR, WFP, supermarkets, banks, additional costs, etc.)  
Probe: *(What happened, how you felt, how often you have faced such challenges ...)*
- 9- If the cash assistance were stopped, in what ways would it affect your situation, if any?  
Probe: *(How would you cope? Please explain – would it impact on food/education/health/other?)*
- 10- Do you have any recommendation for how the cash assistance could work better for Syrian refugee families? What do you like to be changed?
- 11- What can be done to help you as Syrian refugee crises to cover all your needs other than assistances?
- 12- Would any of you like to share anything else with us? (closing question)

## Focus group script for Syrian refugees ( Arabic)

مرحباً ، أود أن أشكركم جميعاً على حضوركم ،

كما وافقتم جميعاً على المشاركة في هذه المناقشة ، سوف أقرأ لكم نموذج الموافقة شفهيًا ثم أسلم كل واحد منكم استبيان قصير لملئه قبل بدء مناقشتنا. اذا احتجت الى اي مساعدة، اخبريني.

الرجاء مساعدة نفسك على تناول الطعام والمرطبات.

بعد 20 دقيقة:

مرحبا مجددا. اسمي ريم ، وهذا هو زميلي ..... أنا طالب دراسات عليا أحصل على درجة الماجستير في الأمن الغذائي في الجامعة الأميركية في بيروت و زميلي هو ..... نحن هنا اليوم لمناقشة مفاهيم وتجارب اللاجئين السوريين نحو المساعدات الغذائية والنقدية. سيتم تسجيل المناقشة الصوتية كما تعلمون بالفعل. يرجى منكم تقديم إجابات حول الموضوع بناءً على تجربتكم الحالية للمساعدات و رأيكم الشخصي . لا تقلقن بشأن إبداء رأيكن بشفاافية كاملة ؛ جميع الأسماء ستبقى مجهولة. لا توجد إجابات صحيحة أو خاطئة ، وأنت حرة في طلب توضيح في أي وقت إذا كنت لا تفهمين السؤال. أيضا ، يرجى التأكد من أن الأجوبة التي تعطينها اليوم لن يكون لها أي آثار في الحصول على المساعدة النقدية.

سوف تستغرق مناقشتنا حوالي 60 إلى 90 دقيقة على الأكثر. نريد أن تكون هذه مناقشة جماعية ، لذا لا تترددن في المشاركة دون انتظار أن يتم مناداتك. ومع ذلك ، فإننا نقدر إذا تحدثتم فردا" فردا". تأكدوا أنه سيكون لديكم فرص متساوية للتعبير عن آرائكن والرجاء احترام المواقف / التصريحات المتعارضة التي عبرت عنها مشاركة أخرة.

سيتم الحفاظ على سرية المناقشات الجارية ، وسيتم إبقاء أسمائكن مجهولة الهوية. يمكنك الانسحاب من المناقشة في أي وقت.

المساعدات الغذائية من برنامج الأغذية العالمي ، 7 - المساعدات الغذائية من الجمعيات الخيرية ، 8 - الصيد / جمع / صيد الأسماك

### أسئلة المناقشة:

1- أخبروني قليلاً عن أنفسكم

دقق: (من أنت؟ منذ متى وانت في لبنان؟ وفي هذه المنطقة من صور؟)

2 - هل يمكن أن تصف عاداتك الغذائية الحالية في لبنان بالمقارنة مع العادات الغذائية في سوريا؟

دقق: (افترضوا أنهم مختلفون: ما هي الأسباب وراء هذا التغيير؟ هل كانت التغييرات جيدة أم سيئة؟ ما هي الآثار المترتبة على هذا التغيير؟ على الأطفال ، الثقافة ...)

- 3 - ما هي المساعدات التي تحصل عليها؟ منذ متى وأنت تتلقى هذه المساعدات؟ هل المساعدات تلبي احتياجاتك؟
- 4- ما رأيك في المساعدة النقدية و الغذائية المقدمة للاجئين السوريين؟
- بشكل عام ، هل تحسنت حياتك بعد البدء في تلقي المساعدة؟ كيف؟
- دقق: (كيف تشعر أن تلقي المساعدة النقدية قد أثر على عائلتك بشكل عام وعلى الأطفال بشكل خاص؟ يرجى توضيح ذلك).
- 5-ما هي مشترياتك الأساسية واستهلاكاتك من المواد الغذائية في الشهر باستخدام البطاقة؟
- ان المساعدات الغذائية تهدف فقط إلى تلبية الاحتياجات الأساسية للغذاء ؛ هل تشعر أن المبلغ كافي؟
- دقق: (ما الذي يؤثر على اختيارك؟ من يقرر في عائلتك كيف يمكن استخدام المال بشكل أفضل؟)
- 6 - هل تلقيت أي جلسات تثقيفية حول كيفية استخدام المبلغ في البطاقات لضمان اتباع نظام غذائي متوازن وصحة جيدة؟
- 7- هل واجهتك أي صعوبات أو تحديات ناتجة عن تلقي المساعدة؟ (من أفراد المجتمع ، ومفوضية الأمم المتحدة لشؤون اللاجئين ، وبرنامج الأغذية العالمي ، ومحلات السوبر ماركت ، والبنوك ، والتكاليف الإضافية ، وما إلى ذلك)
- دقق: (ماذا حدث ، وكيف شعرت ، وكم مرة واجهت مثل هذه التحديات ...)
- 8- إذا توقفت المساعدة النقدية ، بأي طريقة تؤثر على وضعك ؟
- دقق: (كيف تتعاملين؟ يرجى التوضيح - هل سيؤثر ذلك على الغذاء / التعليم / الصحة / أخرى؟)
- 9- هل لديك أي توصية لكيفية عمل المساعدات النقدية بشكل أفضل لعائلات اللاجئين السوريين؟ ماذا تحب أن تتغير؟
- 10- ما الذي يمكن القيام به لمساعدتك في أزمات اللاجئين السوريين لتغطية جميع احتياجاتك غير تقديم المساعدات؟
- 11- هل ترغب أحدكم في مشاركة أي شيء معنا؟ (السؤال الختامي)



## **Appendix V: Invitation script for key informants**

Hello, I am inviting you to participate in a research study about the perceptions and experiences of Syrian refugees toward the food and basic needs assistance modalities. It will be conducted by a graduate student at American University of Beirut (AUB) as part of her Master studies.

You will be asked to participate in an in-depth interview to give your perceptions and experiences toward the factors that affect the purchasing behaviors of refugees including their food choices using the cash transfer assistance that they receive.

You are eligible for the study if you are manager of WFP contracted shop or representative from NGOs working in Tyre with Syrian Refugees.

The estimated time to complete the interview is approximately 45-60 minutes.

The interview will be conducted in your office, at a time convenient for you.

Please read the consent form and consider whether you want to be involved in the study.

If you have any questions or concerns about this study you may contact:

Dr. Lamis Jomaa, Faculty of Agricultural & Food Sciences-AUB

**Tel:** 961-1-350000 (Ext 4544) **E-mail:** [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

Thank you

## Invitation Script for Key Informants/Stakeholders (Arabic)

مرحباً ، أَدعوكم للمشاركة في دراسة بحثية حول مفاهيم وتجارب اللاجئين السوريين تجاه المساعدات النقدية و الغذائية الغذائية. سيتم إجرائها من قبل طالبة دراسات عليا في الجامعة الأمريكية في بيروت (AUB) كجزء من دراستها للماجستير في علم التغذية.

سَيُطلب منك المشاركة في مقابلة لمشاركة مفاهيمك و تجربتك تجاه العوامل التي تؤثر على سلوكيات الشراء للاجئين بما في ذلك خياراتهم الغذائية باستخدام المساعدة النقدية/ الغذائية التي يتلقونها.

أنت مؤهل للدراسة إذا كنت مديرسوبرماركت متعاقد مع برنامج الأغذية العالمي أو ممثل عن منظمات غير الحكومية تعمل في صور مع اللاجئين السوريين.

الوقت المقدر لإجراء المقابلة يتراوح بين 45-60 دقيقة.

سيتم إجراء المقابلة في مكتبك ، في وقت مناسب لك.

يرجى قراءة نموذج الموافقة والنظر فيما إذا كنت ترغب في المشاركة في الدراسة.

إذا كان لديك أي أسئلة أو استفسارات حول هذه الدراسة ، فيمكنك الاتصال بـ:

الدكتورة لميس جمعة، كلية العلوم الزراعية والغذائية، الجامعة الأميركية في بيروت

هاتف: 961-1-350000، تحويلة (4544)، البريد الإلكتروني: [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

شكراً"

## **Appendix VI: Oral consent form for Key informants**

**Title of research study:** Exploring the Perceptions and Experiences of Syrian Refugees towards the Food and Basic Needs Assistance Modalities in Tyre, Lebanon: A Qualitative Study

**Principal Investigator:** Dr. Lamis Jomaa

**Graduate Student:** Reem Nisir

You are invited to participate in a master's research study conducted by Ms. Reem Nisir from the Food Security Department at the American University of Beirut (AUB). It is important that you read the information below carefully before agreeing to participate in the study, to understand the purpose, actions, benefits and risks related to your participation in the study. Please feel free to ask any questions if you need any clarification about what is stated in this form or if you need any additional information. You will be provided with a copy of the consent form, which includes the project information as well as contact information of those carrying out the study for your future reference.

If you decide to participate in this study, you will be one of the 10 stakeholders that will be interviewed. Key informants and stakeholders will be recruited either through direct approach or through snow balling method that will connect us with potential local or international NGOs working with refugees in the area of Tyre. These NGOs can in turn connect to additional NGOs. You will be asked some questions about the cash assistance provided for Syrian refugees. **Objectives of the Study:**

The objective of this study is to address what are the challenges that may inhibit the nutritious and diverse food purchasing and consumption behaviors of Syrian refugee beneficiaries and may thus impact their nutrition security.

### **Project Description and Duration:**

Our research study will include an in-depth interview conducted with key informants and stakeholders such as food vendors and representatives from NGOs to generate overview on the barriers and facilitators of the purchase and consumption of nutritious and diverse food by Syrian refugees. It will also include focus group discussion with Syrian refugees being assisted with cash transfers and living in Tyre. Below is a description of what will happen if you decide to participate in the study:

The interview will take place at your office which is a comfortable and convenient place for you. The interview will be oral, and it will last between 45 to 60 minutes considering your busy schedule at a working day of your reference.

*Inclusion Criteria are:* Manager of WFP contracted shop in Tyre or representatives from NGOs working in Tyre with Syrian refugees. All others not meeting the inclusion criteria will be excluded.

Semi-structured interviews will be done by the MS student using an interview script. Questions would address potential logistical, financial or cultural barriers that may exist among the Syrian refugee beneficiaries within our study setting and that may affect their overall purchasing behaviors, including their food choices. We assure you that this information will be kept strictly confidential.

### **Risks, Discomforts, and Benefits**

There are no anticipated risks associated with the participation in this study. There are no wrong or right answers so be honest and express yourself with no hesitation. If at any time or for any reason, you would prefer not to answer any questions, please feel free to skip those questions. If at any time you would like to stop participating, please tell me. You will not be penalized for deciding to stop participation at any time.

There are no direct benefits, but the results of the study would help in improving the cash transfer assistances and that would serve as a successful example of what works and what are the potential barriers to eating nutritious diet in food insecure and impoverished communities.

### **Confidentiality**

The data you provide will be kept strictly confidential. Your name or any identifiers will not be included in my research analysis without your explicit permission. Only the members of the research group will have access to the data that will be used for research purposes only. All the documentation of the interviews will be stored in a locket cabinet in the research unit at AUB. Electronic versions of the data will also be secured and locked by a password. Records will be monitored and may be audited by the Institutional Review Board (IRB) or/and our staff while assuring confidentiality. Phone numbers will be destroyed upon the completion of data collection. I would like to tape record this interview to make sure that I remember accurately all the information you provide. If you refuse to be audiotaped, extensive notes will be taken about what you say during the discussion and audiotaping will be halted once you

want to speak. Please indicate for us by a hand gesture that you would like to talk so we can pause the audiotaping at your turn.

Please understand that your participation is entirely on a voluntary basis and you have the right to withdraw your consent or discontinue participation at any time without penalty. Refusal to participate or withdrawal from the study will involve no penalty or loss of benefits for you and it will not affect your relationship with your respective NGO, WFP, UNHCR, AUB or AUBMC. However, your participation will assist us in laying down the groundwork for further studies and programs targeting the food and nutrition security status of Syrian refugees in Lebanon.

### **Contact Information and Questions**

If you have any questions or concerns about the research you may contact:

Dr. Lamis Jomaa, Faculty of Agricultural & Food Sciences-AUB

**Tel:** 961-1-350000 (Ext 4544) **E-mail:** [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

If you have any questions, concerns or complaints about your rights as a participant in this research, you can contact the following office at AUB:

Social & Behavioral Sciences Institutional Review Board

**Address:** American University of Beirut; Riad El Solh, Beirut 1107 2020, Lebanon

**Tel:** 00961 1 374374, ext: 5445 **Email:** [irb@aub.edu.lb](mailto:irb@aub.edu.lb)

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### **Participant Consent :**

Do you have any questions about the above information?

Do you accept to participate in the study?

Do you accept to audio record the discussion?

Do you accept to quote your thoughts in texts, reports and articles we produce? (A pseudonym will be used to protect your identity, unless you specifically request that you be identified by your true name)

## Oral Consent Form for Key Informants and Stakeholders (Arabic)

عنوان الدراسة البحثية: استكشاف مفاهيم و تجارب اللاجئين السوريين نحو المساعدات النقدية و الغذائية في صور، لبنان:  
دراسة نوعية  
الباحث الرئيسي: الدكتورة لميس جمعة  
الطالبة: ريم نسر

أنت مدعو للمشاركة في دراسة الماجستير التي ستجريها الطالبة ريم نسر من برنامج الأمن الغذائي في الجامعة الأمريكية في بيروت. من المهم أن تقرأ المعلومات الواردة أدناه بعناية قبل الموافقة على المشاركة في الدراسة لفهم الغرض، الإجراءات، الفوائد والمخاطر المتعلقة بمشاركتك في الدراسة. لا تتردد في طرح أي سؤال إذا كنت بحاجة إلى توضيح حول ما ورد في نسخة عن نموذج الموافقة هذا الذي يتضمن معلومات هذا النموذج أو إذا كنت بحاجة إلى أي معلومات إضافية. سيتم تزويدك المشروع بالإضافة إلى معلومات الاتصال الخاصة بالذين يقومون بإجراء الدراسة للرجوع إليها في المستقبل.

إذا قررت المشاركة في هذه الدراسة سوف تكون من بين العشر أشخاص الذين سوف يتم مقابلتهم. وسيتم توظيف الأطراف المعنية وأصحاب المصلحة بطريقة مباشرة أو من خلال طريقة ستربطنا بالمنظمات غير الحكومية المحلية أو الدولية المحتملة التي تعمل مع اللاجئين في منطقة صور. ويمكن لهذه المنظمات غير الحكومية أن تربطنا بدورها بمنظمات غير حكومية إضافية. سوف نسألك بعض الأسئلة حول برنامج المساعدات الغذائية/النقدية التي يحصل عليها اللاجئين السوريين.

### أهداف الدراسة :

الهدف من هذه الدراسة هو التعرف على التحديات التي قد تعوق اللاجئين السوريين المستفيدين من المساعدات النقدية/الغذائية من شراء واستهلاك الأطعمة المغذية والمتنوعة والتي بالتالي قد تؤثر على أمنهم الغذائي.

### وصف المشروع ومدته:

ستشمل دراستنا البحثية إجراء مقابلة مع الأطراف المعنية مثل أصحاب المحلات الغذائية المتعاقدة مع برنامج الأغذية العالمي وممثلي المنظمات غير الحكومية لتوليد فكرة عامة حول تصوراتهم نحو الحواجز والتسهيلات لشراء و استهلاك الأطعمة المغذية باستخدام برنامج المساعدات النقدية/الغذائية الذي يتلقونه اللاجئين السوريين. كما ستشمل حلقة نقاش مع اللاجئين السوريين المستفيدين من هذه المساعدات في صور. فيما يلي وصف لما سيحدث إذا قررت المشاركة في الدراسة:

ستجرى المقابلة في مكتبك وهو مكان مريح ومناسب لك. ستكون المقابلة شفوية في يوم عمل يناسبك وستستمر ما بين 45 إلى 60 دقيقة مع الأخذ بعين الاعتبار جدولك المزدحم.

معايير التضمين : مدير سوبرماركت متعاقد مع برنامج الأغذية العالمي في منطقة صور أو ممثل عن منظمة غير حكومية تعمل في صور مع اللاجئين السوريين. سيتم استبعاد جميع الآخرين الذين لا يستوفون معايير التضمين.

سيتم إجراء مقابلات من قبل طالب الماجستير باستخدام نص المقابلة. ستدور الأسئلة حول العوائق اللوجستية، المالية أو الثقافية المحتملة التي قد يواجهها اللاجئين السوريين المستفيدين من المساعدات الغذائية/النقدية في صور والتي قد تؤثر على سلوكيات الشراء بما في ذلك خياراتهم الغذائية. نؤكد لك أن هذه المعلومات ستظل سرية للغاية.

#### المخاطر، المضايقات والفوائد:

لا توجد مخاطر متوقعة مرتبطة بمشاركةك في هذه الدراسة. لا توجد إجابات خاطئة أو صحيحة لذا كن صادقاً وعبر عن نفسك بدون تردد حتى عندما لا تكون رددك متفقة مع بقية المجموعة. إذا كنت تفضل في أي وقت أو لأي سبب عدم الإجابة عن أي أسئلة، فلا تتردد في تخطي هذه الأسئلة. إذا كنت ترغب في أي وقت في التوقف عن المشاركة، فالرجاء إخباري بذلك. يمكننا أخذ استراحة أو التوقف نهائياً. لن تتم معاقبتك لقرار إيقاف المشاركة في أي وقت.

لا توجد فوائد مباشرة ولكن نتائج الدراسة ستساعد في تحسين المساعدات الغذائية والنقدية من خلال معرفة ما ينجح وما هي العوائق المحتملة التي تحول دون تناول أطعمة مغذية في المجتمعات التي تعاني من سوء الأمن الغذائي والمجتمعات الفقيرة و من ثم تشكل مثالا " ناجحا" لغيرها من المساعدات.

#### السرية:

سيتم الحفاظ على سرية البيانات التي تقدمها. لن يتم تضمين اسمك أو أي معرّفات عنك في تحليل البحث دون إذن صريح منك. لن يتمكن سوى أعضاء مجموعة البحث من الوصول إلى البيانات التي سيتم استخدامها لأغراض البحث فقط.

سيتم تخزين جميع وثائق النقاش في خزانة في وحدة البحوث في الجامعة الأميركية في بيروت. كما سيتم إغلاق الإصدارات الإلكترونية للبيانات بواسطة كلمة مرور. سيتم مراقبة السجلات و يمكن مراجعتها من قبل مجلس المراجعة المؤسسية أو موظفينا مع ضمان السرية. سيتم تدمير أرقام الهاتف عند الانتهاء من جمع البيانات. أرغب في تسجيل هذه المقابلة تسجيل صوتي من أجل التأكد من أنني أتذكر بدقة جميع المعلومات التي تقدمها. إذا رفضت التسجيل الصوتي، فستأخذ ملاحظات واسعة حول ما تقوله أثناء المناقشة وسيتم إيقاف التسجيل الصوتي بمجرد أن تتحدث. يرجى الإشارة إلينا عن طريق إيماءة يد أنك تود التحدث حتى يمكننا إيقاف التسجيل الصوتي عند دورك

يرجى تفهم أن مشاركتك تتم بالكامل على أساس طوعي ولديك الحق في سحب موافقتك أو التوقف عن المشاركة في أي وقت بدون عقوبة. لن يتضمن رفض المشاركة أو الانسحاب من الدراسة أي عقوبة أو خسارة في المزايا بالنسبة لك ولن يؤثر ذلك على علاقتك بمنظمتك الحالية أو مع برنامج الأغذية العالمي أو مفوضية الأمم المتحدة السامية لشؤون اللاجئين أو الجامعة الأميركية في بيروت أو مستشفى الجامعة الأميركية في بيروت. ومع ذلك، فإن مشاركتك ستساعدنا في وضع الأساس لمزيد من الدراسات والبرامج التي تستهدف حالة الأمن الغذائي و التغذية للاجئين السوريين في لبنان.

## جهات الاتصال والأسئلة:

لمزيد من المعلومات والأسئلة حول البحث، يُرجى الإتصال بالأشخاص المذكورين أدناه:

الدكتورة لميس جمعة، كلية العلوم الزراعية والغذائية، الجامعة الأميركية في بيروت

هاتف: 961-1-350000، تحويلة (4544)، البريد الإلكتروني: [lj18@aub.edu.lb](mailto:lj18@aub.edu.lb)

إذا كانت لديك أي أسئلة، مخاوف أو شكاوى حول حقوقك كمشاركة في هذا البحث، يمكنك الإتصال بالمكتب التالي في الجامعة الأميركية في بيروت:

مجلس مراجعة مؤسسي العلوم الإجتماعية والسلوكية

العنوان: الجامعة الأميركية في بيروت؛ شارع رياض الصلح، بيروت 1107 2020، لبنان

البريد الإلكتروني: [irb@aub.edu.lb](mailto:irb@aub.edu.lb)، تحويلة: 5445، 1 374374 00961 هاتف:

## موافقة المشاركة:

هل لديك أي أسئلة حول المعلومات المذكورة أعلاه؟

هل تقبل المشاركة في الدراسة؟

هل تقبل أن يتم تسجيل المناقشة تسجيل صوتي؟

هل تقبل اقتباس أفكارك في النصوص والتقارير والمقالات (سيتم استخدام اسم مستعار من أجل حماية هويتك ، إلا إذا طلبت تحديداً تحديد اسمك الصحيح)؟



## **Appendix VII: Interview guide for key informants**

### **Name of supermarket:**

### **Name of manager:**

- How long have you been contracted with WFP?
- What is the average number of customers in a month or per day? What is the ratio of Syrian customers to the total number of customers?  
Concerning Syrian refugees:
- Who within the household usually comes and does the shopping?
- What are the most frequently sold products? Do you play a role in product selection, for example through promotional offers or discounts?
- What is the source of goods (local, imported from Syria, imported from other points of origin...)?
- What is the average increase in revenue after e-cards usage (share of WFP related revenues of their total revenues estimation)?
- Did the transition of some beneficiaries to MPC and withdrawal of cash from ATMs affect your supermarket? In what way?
- What are the benefits to you or your store of contracting with WFP? (Economic/profit, stock ...)
- What are the challenges that you are facing related to your participation in the e-cards program? (Loss of Lebanese customers, need to hire more employees, prompt or delayed payment from WFP....)
- We have heard that in some cases refugees ask to give cash in return of some/all the card value or sell them non-food items. Did you come over such issues? What did you do?
- What are your suggestions to improve the e-cards program? (Solutions, recommendations?)

### **Name of NGO:**

### **Name of NGO representative:**

- Please tell us a little bit about you: How long have you been in Lebanon? And in this area in particular (Tyre)? What is your current work/title?
- How do you describe the food security status of Syrian refugees in Lebanon and what are the challenges that they face? (Access to food, health, rent, limited job options ...)
- What type of activities and projects are you involved in with your current organization as it pertains to refugees? (Probing question: food security-related? Nutrition? Livelihoods? WASH?)
- How do you rate the nutritional knowledge of Syrian refugees with respect to purchasing and consuming nutritious and diverse foods?
- In your opinion, how is the nutritional status of Syrian refugees in this area? Did you notice a change in the vulnerability, food security, and nutritional status of beneficiaries as part of your work experience in this area? (Probe: Was it changed after the use of e-cards or any other food assistance? What kind of change?)
- What do you think about the benefits of e-cards and multi-purpose cash to refugees? (Logistics, nutrition, financial, cultural ...)
- What are the problems/challenges that you heard from the transfer beneficiaries through hotlines or face to face interactions concerning the ability to purchase or consume nutritious and diverse food using the current food assistance modality?
- What are your recommendations to improve the existing food assistance modality (e-cards and MPC)?

## Interview Guide for Key Informants/Stakeholders (Arabic)

### إسم السوبرماركت:

### إسم المدير:

- منذ متى تعاقدت مع برنامج الأغذية العالمي (WFP)؟
- ما هو متوسط عدد الزبائن في الشهر أو في اليوم؟ ما نسبة الزبائن السوريين من العدد الإجمالي؟
- بخصوص اللاجئين السوريين:
- من يأتي عادةً ويقوم بالتسوق؟
- ما هي المنتجات الأكثر مبيعاً؟ (هل تلعب دوراً في ذلك من خلال العروض أو الخصومات مثلاً؟)
- ما هو مصدر البضائع (سورية، محلية أو مستوردة...)?
- ما هو متوسط الزيادة في الإيرادات بعد البدء باستخدام البطاقات الإلكترونية (نسبة الإيرادات ذات الصلة بالبرنامج من إجمالي الإيرادات)؟
- هل لاحظتم أي فرق في السوبر ماركت بعد انتقال البعض إلى الحصول على المساعدات النقدية التي يتم سحبها عبر ATM؟ ماذا كان هذا التغيير؟
- ما هي فوائد التعاقد مع برنامج الأغذية العالمي؟ (الاقتصادية / الربح ، المخزون ...)
- ما هي التحديات التي تواجهك؟ (خسارة العملاء اللبنانيين ، المزيد من الموظفين ، الدفع إلى برنامج الأغذية العالمي ...)
- لقد سمعنا أنه في بعض الحالات يطلب اللاجئون تقديم أموال مقابل بعض / جميع قيمة البطاقة أو يطلبون بيعهم من غير المواد الغذائية؟ هل واجهت مثل هذه المشاكل؟ ما الذي فعلته؟
- ما هي اقتراحاتك لتحسين البطاقات الإلكترونية؟ (الحلول ، التوصيات؟)

### إسم الجمعية:

### إسم الممثل عن الجمعية:

- هل يمكنك إخبارنا قليلاً عنك؟ منذ متى وانت في لبنان؟ وفي هذا المجال على وجه الخصوص؟ وما هو عملك / منصبك الحالي؟
- كيف يمكنك وصف حالة الأمن الغذائي للاجئين السوريين في لبنان وما هي التحديات التي يواجهونها؟ (الحصول على الغذاء ، الصحة ، الإيجار ، خيارات العمل المحدودة...)?
- ما نوع الأنشطة والمشاريع التي تشارك فيها مع منظماتك الحالية فيما يتعلق باللاجئين؟ (الأمن الغذائي؟ التغذية؟ سبل المعيشة؟ المياه والصرف الصحي؟)
- كيف تقيم المعرفة الغذائية للاجئين السوريين فيما يتعلق بشراء الأطعمة الصحية واستهلاكها؟
- برأيك ، كيف هو الوضع الغذائي للاجئين السوريين في هذه المنطقة؟ هل لاحظت حدوث تغيير في نقاط الضعف، الأمن الغذائي والحالة الغذائية للمستفيدين كجزء من تجربة عملك في هذا المجال؟ (التحقق: هل تغير بعد استخدام البطاقات الإلكترونية أو أي مساعدات غذائية أخرى؟ ما هو نوع التغيير؟)
- ما رأيك في فوائد المساعدات النقدية و الغذائية للاجئين (e-card and MPC) ؟ (على الأصعدة اللوجستية والتغذية والمالية والثقافية...)
- ما هي المشاكل / التحديات التي سمعتها من المستفيدين عبر الخطوط الساخنة أو التفاعلات المباشرة المتعلقة بالقدرة على شراء أو استهلاك الأغذية الصحية باستخدام طرق المساعدة الغذائية الحالية؟
- ما هي توصياتك لتحسين طريقة المساعدة الغذائية النقدية الحالية؟

## Appendix VIII: COREQ

### Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Developed from:

Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

YOU MUST PROVIDE A RESPONSE FOR ALL ITEMS. ENTER N/A IF NOT APPLICABLE

No. Item	Guide questions/description	Reported on Page #
<b>Domain 1: Research team and reflexivity</b>		
<i>Personal Characteristics</i>		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	20 & 22
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	20 & 25
3. Occupation	What was their occupation at the time of the study?	20
4. Gender	Was the researcher male or female?	20
5. Experience and training	What experience or training did the researcher have?	-
<i>Relationship with participants</i>		
6. Relationship established	Was a relationship established prior to study commencement?	-
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	21
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	21
<b>Domain 2: study design</b>		
<i>Theoretical framework</i>		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis,	24

	ethnography, phenomenology, content analysis	
<i>Participant selection</i>		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	19
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	20&23
12. Sample size	How many participants were in the study?	19
13. Non-participation	How many people refused to participate or dropped out? Reasons?	-
<i>Setting</i>		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	20
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	-
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	19
<i>Data collection</i>		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	21
18. Repeat interviews	Were repeat inter views carried out? If yes, how many?	-
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	21
20. Field notes	Were field notes made during and/or after the interview or focus group?	20
21. Duration	What was the duration of the inter views or focus group?	23 & 24
22. Data saturation	Was data saturation discussed?	19
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	-
<b>Domain 3: analysis and findings</b>		
<i>Data analysis</i>		
24. Number of data coders	How many data coders coded the data?	24
25. Description of the coding tree	Did authors provide a description of the coding tree?	-
26. Derivation of themes	Were themes identified in advance or derived from the data?	25
27. Software	What software, if applicable, was used to manage the data?	24
28. Participant checking	Did participants provide feedback on the	-

	findings?	
<i>Reporting</i>		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	24
30. Data and findings consistent	Was there consistency between the data presented and the findings?	-
31. Clarity of major themes	Were major themes clearly presented in the findings?	32
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	32

Once you have completed this checklist, please save a copy and upload it as part of your submission. When requested to do so as part of the upload process, please select the file type: *Checklist*. You will NOT be able to proceed with submission unless the checklist has been uploaded. Please DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.

## Appendix IX: Complete list of themes, subthemes and supportive quotes

<b>Themes, subthemes and quotes on the food choices of Syrian refugees , levels of socio ecological model and major themes that evolved around the factor affecting food choices</b>					
Themes	Sub-themes	MPC (1&2)	e-cards (1&2)	Market (1&2)	NGO (1&2)
<b>Food Choices</b>					
Food Choices	Buying Staple food in bulk	<p>Unknown 1: At first we ensure that we buy rice, sugar, lentils, tea, oil and coffee. These are the basics in the house. Then if money remains, we bring other things. In one month I need 10 Kg rice. We bring large quantity for the whole month .... These are the basics in our home; we bring them before anything else</p> <p>2-5: Oil, rice, burghul. These are the basics</p> <p>2-7: Rice, oil, tea, lentils, burghul...</p>	<p>1-8: We store grains, burghul and lentils.</p> <p>1-1,1-5,1-6: Sugar, tea.</p> <p>1-4: Rice, sugar, coffee, tea, oil, labneh, olives, gee.</p> <p>1-7: Oil</p> <p>2-3: We just bring the basic needs</p> <p>2-9: when we store grains and such food in the house, all food are ready to be cooked.</p> <p>2-8: We only bring mouneh, lentils, sugar, gee and oil. These are the most important things.</p>	<p>1: In general, they have basic products that they take if the wife or the husband comes. First they start with sugar, oil, rice, gee. These are the basics and then the woman chooses secondary products</p> <p>1: They have fixed products such as each month they take 5 kilos of sugar</p> <p>2: The most sold products are: Oil, sugar, tea, canned food and grains.</p>	<p>1: The most food they are purchasing is sugar, oil, rice and cheese,</p> <p>2: The most food they are purchasing is: sugar, oil, grains and flour. These are their basics</p>
	Low consumption of fresh produce (Vegetable/Fruits)	<p>1-3: I buy vegetables if money remains.</p> <p>1-7: We bring vegetables from near souk since it is cheaper.</p> <p>2-7: we can buy vegetables or potato from the supermarket.</p>	<p>1-3,1-4,1-5: No for sure we don't buy fruits and vegetables.</p> <p>1-2:I buy vegetables at the beginning of the month such as parsley, garlic and tomato</p> <p>2-8: The contracted shop can give us a voucher to use it in a grocery but the prices are expensive. For example the price of 1 kilo tomato in the contracted grocery is 3000 while outside it is 1000 to 1500 L.L</p> <p>2-3: We don't buy</p>	<p>2: We have vegetables in the shop and Syrians are buying from it.</p>	<p>1-Syrians buy vegetables if available</p> <p>2: The secondary choices may be vegetables but they rarely buy fruits.</p>

			<p>meat, chicken or vegetables.</p> <p>2-11: The vegetables is expensive.</p> <p>2-5: No we don't buy vegetables and fruits. We all know how much fruits are beneficial to us but we don't have money so it is not necessary for us to eat fruits</p> <p>2-7: No we don't buy fruits</p> <p>2-11: Who doesn't know that fruits and vegetables are beneficial but if you don't have money then you should forget it.</p>		
	Milk & dairy products (mainly for children)	<p>Unknown 1: Those who have children in the house are obliged to buy milk for them</p> <p>2-5: I have two children and I need milk for them everyday</p>	<p>1-3: We bring milk, eggs and labneh for breakfast. These are the basic needs of the children.</p> <p>1-9: I buy for the children : Milk, Kaak, Cheese, labneh. They like these food.</p> <p>2-5: The most important thing is that we need milk for the children at the beginning of each month.</p>		<p>2: There are cases where infants are not having their basic food needs. Some mothers can't breastfeed their children and are not able to bring for them milk.</p>
	Secondary food options	<p>1-3: We bring canned food if money remains</p> <p>1-10: The canned food doesn't feel us full. We prefer to buy rice.</p> <p>2-6: In Lebanon, there is a high food price. We are not eating fast food as in Syria.</p> <p>1-3: The children wait for the 5<sup>th</sup> of the month. All love the day of the card loading since they want to buy</p>	<p>2-5: In Syria we could go to a restaurant if we want, but in Lebanon we can't go to restaurants.</p> <p>1-7: My 7 years old daughter knows when the card loads. She insists on me to go to the supermarket on the 5<sup>th</sup> of each month in order to bring her biscuit and chips.</p> <p>1-4: The child</p>	<p>1: The secondary products may differ from month to another such as cheese, canned food, corn, mushrooms. These products may be considered as basic food but it differs from house to house and from month to month</p> <p>1&amp;2: If the parents bring their children with them to the shop, they buy for them chips and</p>	<p>2: Secondary products such as canned food.</p> <p>1-If beneficiaries have children with them at the supermarket they bring for them chocolate and snacks.</p>

		<p>bonbon and biscuit.</p> <p>2-2: The children go with us to the supermarket on the 5<sup>th</sup> of each month and they enjoy buying biscuit and chips</p>	<p>needs food and pocket money. If there is no assistance, we can't bring him his needs.</p> <p>2-6, 2-5: Sometimes, we bring for the children cornflakes, nesquik, corn. At the end, the children like these food and we bring them if we can.</p> <p>2-7: I don't buy chips for my children since they are taking pocket money to the school so they can buy what they want.</p> <p>2-11: We can't take out children to supermarkets and don't bring them what they want. So we prefer to leave them at home</p>	chocolate.	
	Other food items purchased cash or by debt	<p>1-11: I buy bread and yogurt by debt because I want 5 bags of bread every day since my family is big.</p> <p>1-5: There is bread buyer that comes to our home daily. I buy bread by debt from him.</p> <p>Sometimes my balance reaches 100 L.L per month</p> <p>Unknown 1: I buy meat and chicken by cash and not from the assistance.</p> <p>1-7: We buy the cheap products from the shops only. The other things such as vegetables we buy it from the souks since it is cheaper.</p> <p>1-3: We are buying bread from small shops since it is</p>	<p>2-11: Every day I need two bags of bread, and I can't bring bread for the whole month at once. I don't go to supermarket every day. There is bakery next to my house and I bring bread from it</p> <p>2-8: 2-8: The contracted shop can give us a voucher to use it in a grocery but the prices are expensive. For example the price of 1 kilo tomato in the contracted grocery is 3000 while outside it is 1000 to 1500 L.L</p>		



		<p>cheaper by 500 L.L.</p> <p>2-4: We can't buy Yogurt for the whole month at once. Every 2 to 3 days or every 1 week we bring one bottle of yogurt</p> <p>2-7: We can't buy bread from shops. Every day we need bread. From shops it costs 1500 L.L while from outside it costs 1000. For example if we need 5 bags of bread each day, it will cost us 7500 L.L from shops while 5000 from outside.</p>			
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**Contextual Factors**

A-Assistance Modalities	A.1 Perceived views of each modality	<p>2-5: By cash, we are now able to buy from any shop. We are not obliged to go for a far shop to buy our food</p> <p>1-6: We pay all the assistance for operations to my son. The amount allocated for food, we use half of it food and the other half we pay it for the operation. We even go into debt in order to complete the payments for the operation. The disease is a priority for us more than food.</p> <p>2-2: I spend the money for food in the contracted shop only. I prefer to go to any contracted shop but don't withdraw it as cash since if I have cash in my hand I will spend them on other things and end having no money to buy food. This means buying food for my</p>	<p>1-1: I prefer cash, I go and buy from other than the contracted shops because they are too expensive. I go and buy from cheaper place</p> <p>1-6, 1-8: This assistance is for the home, we prefer to buy food since if we have it cash then we would pay for other things.</p> <p>1-7: I prefer to withdraw the assistance from contracted shops. If the money was in our hand, we start to pay debts and bring unnecessary things until the money finishes.</p> <p>1-2: I prefer food, but there is only one month where I withdrew the assistance in order to bring medications for my son. In this month, I brought food from here and there but for</p>	<p>1: For far customers, they now can withdraw the assistance cash and buy from nearer supermarket</p> <p>2: Beneficiaries who withdraw cash are able to buy cleaning agents</p>	<p>2: Through cash, there is more relief for beneficiaries. They can withdraw the assistance as cash and spend it as they want. Maybe this month the household has available food, so they can spend the money for rent, medication or other choices. There is now more flexibility and beneficiaries are able to control their priorities better.</p> <p>2: women are now able to buy more things in cash such as pads.</p> <p>1: In general, the women don't prefer cash, they like to go to contracted shops and make sure that there are using the assistance to buy food while the head of the house prefer to spend the cash on things other than food. Man considers that</p>
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		<p>children is better than buying other things</p> <p>2-6: I prefer to bring with it food. If we need any thing and don't have money, we can bring food with the card. In this way we are managing the assistance to last for the whole month.</p>	<p>sure I will not leave my son die.</p> <p>2-5: For sure we prefer cash more than food because we can go to the shops that you want.</p> <p>2-1, 2-10: We prefer food more than cash.</p>		<p>he has the responsibility to pay for rent. So each one acts according to his/her priorities.</p>
	Compared to In-kind/vouchers	<p>2-5: There is nothing better than cash transfers. Withdrawing cash is better than bringing us a cartoon to the home. It is not applicable to bring me a cartoon because; I want to divide the assistance on more than food and drink.</p>	<p>1-4: This assistance is better than the cartoon. In the past they used to give us sugar and oil; things that were useful and other not while now we can buy according to our needs.</p>	<p>1: When we started with WFP as vouchers, their balance was so high and they used to wait two months until they pay. Also around 10 people used to sit in order to count the vouchers. But now the assistance mode is much better.</p>	<p>1: Using the card is much better than distributing vouchers and giving in kind assistance. Syrians used to buy the in kind assistance in front of us</p> <p>1: For us, the food parcels was the worst method and not convenient in place where food is available. But they changed the assistance into cash later on which is better.</p>
	A.2 Insufficient education with assistance	<p>1-3: I attended a lecture on what should we buy through the card. They said that we should eat meat, eggs, beans and such food. But I forgot what they said. I apply what I want and I buy what my house needs. I am telling you the truth</p> <p>1-4: No education sessions on healthy eating were given, and if they say to us what is healthy food, we bring the food that is enough and not as they say to us</p> <p>1-8: Everyone is used to specific things. We are not obliged to apply what they are</p>	<p>1-6: When accepted to take assistance, all the family is invited to interview. They give us a booklet that contains the healthy food, contracted shops, what to do in case the card was lost and prohibited purchases. They just advice and not oblige you. I had never looked at the booklet</p> <p>1-3: Healthy food as cheese.... We looked at the brochure but we forget the information.</p> <p>1-8: We have a brochure that includes what should we buy. They didn't</p>		<p>1- No nutrition projects but in training we do trainings in food processing.</p> <p>2- No nutrition projects were done. Only when filling assessments we explained to participants about food groups and their benefits .The topic wasn't of their interest. They didn't accept that we were saying to them what should they eat. They consider that they know more than us what their family needs to eat</p>

		<p>saying to us. 1-7, 1-10: Men attend the lectures 1-2: They explained to us when they first give the cards and when they changed them. They did session and spoke about how to use the card, what we can buy and what not. 2-2: When we went for eye scan, they said to us to bring healthy food such as meat. And to pay attention for expired canned food.</p>	<p>specify quantities. Each one knows quantities according to the number of individuals in the household. They advice us not to buy chips and biscuit. 2-3: They only explained to us when they gave us the card what is healthy and not healthy. Example they said that we should buy fish, milk, labneh, cheese 2-11: When they gave us the card, they explained how to use it and what to buy. 2-10: they give us a catalogue that includes what is healthy and what is not. For example, we should buy expired canned food in order not to throw and loose them. We should buy rice and sugar that have long shelflife. Also we shouldn't buy frozen meat and fish if we don't have freezer.</p>		
B. Country Regulations	B.1. Country Labour Legislation and Policies	<p>1-5: This winter, there was no work at all. My husband hasn't worked from 4 months. 1-11: In Lebanon, Syrian are not allowed to work as daily workers 2-6: All Syrians were forced to leave their jobs</p>	<p>2-2: My husband is a worker; his work is not enough to pay for house rents, bus fees, food, etc...</p>		<p>1: Syrians as workers are capable of living, they can work in everything but they have employment restrictions. The skills of Syrian workers don't allow them to work on computers or in institutions. 2- Limited job vacancies affect SR purchasing power since there</p>

					is no income and can't buy enough food for his family or food that he wants or he is just bringing the minimum/basic food needs
<b>Community Factors</b>					
A. Shop related factors	A.1. Economic/food prices	<p>1-2: In Syria, I was eating much more than here and bring more things to home. In Lebanon everything is expensive such as meat</p> <p>1-1: Everything is expensive in Lebanon such as cheese.</p> <p>1-6: 1 kilo of tomato was 500, now 1500 L.L. We stopped buying tomato.</p> <p>2-2: If the price of healthy food is cheaper, we always buy it. I like bringing healthy food, but sometimes we are obliged to buy anything since we want the card to be sufficient for the end of the month. We bring the cheap products because maybe healthy food is expensive.</p>	<p>1-1: In Lebanon everything is expensive. We can't buy whatever we want. As food, everything is available in Lebanon but we can't afford to buy as we were buying in Syrian.</p> <p>1-6: There is huge difference between Syria and Lebanon. We were capable of buying everything we want in Syria. In the price of one bag of bread here we can buy one kilo meat from Syria</p> <p>2-3,2-4,2-5: In Lebanon, we are eating cows' meat. In Syria we used to eat sheep' meat.</p> <p>2-10: In Lebanon, everything is expensive.</p>	<p>1: We know what the most sold products are for Syrians so we study the prices of these products. There is even coordination between the supermarket and WFP where supermarket managers always update them with the prices. We distribute wholesale products for most shops so our prices are very acceptable and fair.</p> <p>2: We consider ourselves from the cheapest supermarkets because we export some products as Chinese rice.</p>	<p>2: There is always enough food but the problem is in the price of food</p> <p>1: When we were doing shop monitoring, Syrian refugees were complaining mostly from prices. They said that this shop is expensive and that shop is cheaper. I think that the problem was solved after WFP made Dalili application.</p>
	A.2. Physical availability and quality of food	<p>1-9: We open the food in the house and we find it spoiled. We throw it.</p> <p>1-3: Sometimes, we buy cheese and find it expired and spoiled.</p> <p>1-10: When we go again next month to the shop and tell them about the expired product that we bought last time, the employee says for us that we could return the products but we</p>	<p>1-3: The triangle cheese was always rotted. We threw it and never bought from this kind of cheese</p> <p>1-4: I also threw 4 boxes of cheese. I didn't return them since the employees at the supermarket say that they don't live inside them.</p> <p>1-8: I buy from different brand since I threw the same product several times.</p>		<p>2: There is always enough food but the problem is in the price of food</p>

		say that we can't because if we want to pay taxi we will pay more than the cost of the product. We explain to the employee that we are just saying in order to let you know to remove it from shelves. I never bought from the same product again Unknown 1: I bought once a can of bean and found it corroded.	2-5: We became aware to look on the expiry date before buying any product		
B. Distance/ Transportation		1-10: Now we can take cash and buy from any supermarket. But the ATMs are still far. 2-5: With the availability of cash, we are buying from any supermarket. We are no more obliged to go to a far [WFP-contracted] shop in order to buy our food products 2-2, 2-3, 2-4: Yes there is distance from home to supermarket. 2-4: There is shop near my house, I only buy the basic needs 2-1: We were paying 10,000 L.L alone as transportation fees to these contracted shops, now we save this 10,000 L.L to buy 2 or 3 more products than before.	1-6: Since the supermarket is frt, we should always have all food products in the house. If we need to do specific food and we don't have its needs then we cook another food. 1-8: We don't go to contracted shop if we need just one or two products. We will not pay 10,000 LL for taxi just for one product 1-4: Yes the supermarket is far. If you don't have a car, you can't go. 2-5: Even if we have motorcycle, we need car to put the products.	1: Beneficiaries living far from our supermarket are no longer coming and buying from our shop after the assistance changed into cash. They are withdrawing the cash and buying from shops that are closer to them 2: The number of customers slightly decrease after changing the assistance into cash because our prices are cheaper than other supermarkets and this encourage people to come and buy from our shop.	2: Before the cash assistance, beneficiaries were facing a problem of the far distance from their homes to contracted shop
<b>Interpersonal Factors</b>					
A. Family Dynamics		1-6: My husband spends the money as he wants. My husband is controlling. He chooses what should we eat and	1-4: For sure the wife does shopping. The husband just eats. 1-5, 1-6: The mother. 1-7: we bring as	1: All the family comes for shopping; the husband, wife and children. In some families, the husband visits the	2: The woman goes to the supermarket and do shopping alone or with her husband. The husband considers

		<p>then he goes and buys the food. This doesn't happen as an agreement between us. But his choices are always for the sake of the children.</p> <p>1-10: My husband says: what you eat, I will eat with you. He doesn't interfere in choosing food. He gives me the total freedom in anything related to food</p> <p>2-5: Sometimes I go and buy food and sometime my husband goes.</p> <p>Unknown 1: The man don't cook and don't know how to cook. The woman is responsible for cooking for the family. In Lebanon we have more freedom.</p> <p>2-7, 2-1, 2-2, 2-6: The woman for sure.</p> <p>2-5: Men take us to supermarkets and wait for us outside until we finish.</p> <p>2-2: The woman is cooking and doing everything.</p> <p>2-1: I ask my husband what to buy, he say that I know more than him in food needs.</p> <p>2-5: Women know what is lacking in the house. Men just want to come, find the food ready and eat.</p>	<p>the children want.</p> <p>2-6: I agree with my husband on the purchases, but I take the decision on what to buy food.</p> <p>2-10: I and my husband agree on the purchases. Then I go for shopping and bring what we had agreed on</p>	<p>supermarket and purchases the basic food products (such as rice and sugar) and then their wives come and buy secondary products. The woman knows what is missing in the house and what the family needs are.</p> <p>2: woman tend to always come alone to the supermarket and only sometimes men accompany their wives. Also children may come with their parents.</p>	<p>that it is the responsibility of the woman to choose food</p>
B. Interaction with shop keepers		<p>1-1: If there is Syrian employee we can talk with him [at the store]. If there is no Syrian employee we can't approach and talk to him. Lebanese</p>	<p>1-6: If you don't know to read, employees help you. Or if you need to ask about any product employees also help you.</p>	<p>1: We consider the Syrian customers like any Lebanese customer, and we care a lot to keep them satisfied</p>	

		employees here don't help us			
<b>Individual and household factors</b>					
A.Kitchen Equipments		1-1: We bring everything frozen since it is on the card	1-5,1-6, 2-3: Because there is no refrigerator all the time when there is no electricity, we prefer to bring things that don't need refrigerator		
B.Financial Management skills		<p>1-11: Through cash, we are capable of buying from places that do offers</p> <p>1-7: We just buy the cheap products from the supermarket and other things we buy it from outside. For example vegetables are cheaper outside.</p> <p>1-8: When assistance changed into cash, we are buying the same amount of food but with lower prices. The total amount of the assistance is lasting longer. Before the cash starts, the assistance finishes in the first 10 days</p> <p>2-2:I plan what I will cook for the whole week. Then I go and bring just what I need.</p> <p>2-7, 1-3: We can't buy bread every day from the supermarket and pay 1500 L.L for each bag of bread. We bring it from outside and pay 1000 L.L for each bag.</p> <p>2-2,2-5: I like bringing healthy food, but sometimes we are obliged to buy</p>	<p>1-4,1-5: If we want additional product we exchange it with another product that we used to buy.</p> <p>1-4: I use all the card once and bring all my needs to decrease transportation cost.</p> <p>1-8: We don't go and do shopping if we need just one or two products since we need car in 10,000 L.L</p> <p>2-5: The good wife knows what to cook for the card to last for the whole month. Also, I like to go to supermarkets that do offers. There is a lot of difference.</p> <p>2-11: I go shopping just once for the whole month.</p> <p>2-2: If we pay more than one time per month transportation fees to supermarkets, we can't bring all our basic needs.</p>	1: The assistance card is limited so Syrians have specific amount to buy. Syrians make their calculations to have mouneh for all the month	2: If Syrians were financially uncomfortable they just bring food basics and don't buy secondary products

		<p>anything since we want the card to be sufficient for the end of the month. We bring the cheap products because maybe healthy food is expensive</p> <p>2-2: I go shopping 4 times in the month. Each week alone. In this way, the amount in the card will be enough for the whole month.</p>			
C. Income / Purchasing power		<p>1-1: We store food for the whole month since our income is low.</p> <p>2-5: Here in Lebanon if there is money there is food; if there is no money there is no food. Even water is brought with money here.</p> <p>2-5: In the supermarket, the vegetable is expensive. I don't have the ability to buy fresh vegetables. I buy cheaper vegetables for the card to stay sufficient for the end of the month. For example the vegetables of today are fresh and expensive. The vegetables of yesterday and the day before are cheaper</p> <p>2-4: The children like to eat meat with rice or fish but we don't always bring this food since we don't always have the purchasing power.</p>	<p>1-3: In Syria, we were used to keep mouneh. In the card we are buying according to the amount of money in the assistance card. We are living each month alone and not capable of thinking in the next month.</p> <p>2-3: In Syria, we don't pay rents or electricity. So our income is somehow enough. Here in Lebanon we pay rents.</p>		<p>1: Food is available in markets, but the problem is in the purchasing power. However, the purchasing power alone is not a problem, if you know what you want then you can buy better.</p> <p>2: If there is no income and Syrian beneficiary can't buy enough food for his family so he just brings the minimum/basic food needs. There is always available food but the problem is in the food prices and purchasing power.</p>



Themes, subthemes and supportive quotes on the impact of cash assistance on the food security and livelihoods of SRs, both positive and unintended consequences					
Theme	Subtheme	MPC (1&2)	e-cards (1&2)	Market (1&2)	NGO (1&2)
Positive Impact of Assistance	Increases food security	2-5: If there are cards, there is food. If there are no cards, there is no food. For example, now I wait till the end of the month in order to buy something for the house and for my children. Now we can take debt from the supermarket and he knows that we could return the money to him at the end of the month. If I have no assistance, I couldn't have this power 1-8: If we don't take assistance, we would be suffering a lot	1-6: Lot of things has changed for better on the children after we started to take the assistance. Children feel happy when we (parents) buy them food to eat. 1-3: If there was no assistance, we couldn't live	1: Through the assistance, beneficiaries can take whatever they want. This means they can buy any food product allowed by WFP	2: After taking assistance, beneficiaries have more power to buy things that they couldn't buy before. Their purchasing power improved and it resulted in increasing the beneficiaries' food and nutrition security
	Enhance Syrian refugees economy	2-4: We withdraw the 260 as cash and add on it to pay for house rent. This means that with half of the assistance I buy food and the other half I pay for electricity and rents. Unknown 1: In cash we are able to buy our needs in food, and then pay for house rent, electricity and water	2-5: I withdraw the assistance as cash and bring with it food. I bring food for all the members of the household. 2-2: Our life was miserable before the assistance. Our life differs a lot after starting to take the assistance	1: The assistance is not enough for everything but it fills a corner of the beneficiaries needs 1: Our work is to sell products and they come to supermarkets to buy products. At the same time, we consider them like and Lebanese or other customer. We care to keep them as our customers if they were buying cash or through the card. 2: Economically, the number of customers increased. At the end we aim to increase our profit. As number of customers increases our profit increase	1: The cash assistance that SRs are taking is considered as more income to beneficiaries. It may not lift him above the wind but it will satisfies some of his/her needs
Challenges and unintended consequences of Assistance	Fluctuation of food prices	1-9: Supermarkets were controlling us with the card because we were obliged to buy from them. But when they changed it into cash, we are having the freedom to choose what is cheaper. 1-9: Shops put a price and count it different	1-6: If we were taking cash, the things would be much cheaper than from supermarkets 1-3: One kilo sugar if you want to buy it by cash you pays 3750, while if on card you pay 6000. 1-1: I prefer cash since I would like to buy	1: We don't have two prices and that the prices are fixed and we always send the data to WFP. We may do offer for just one week but throughout the rest of the month, the prices are fixed. For example, at the beginning of each month we do offer on	2: There is always available food but the problem is in the prices. Beneficiaries say that shops are increasing their prices just for Syrian customers. 2: Before cash, beneficiaries said that there was injustice and that shops were

		<p>on the card. For example, if something is priced 7000 on the rack they count it as 7500 on the card. We were obliged to buy.</p> <p>1-8: When you go to the supermarket and buy using the card you find that the prices are higher than if you go again and buy same products on cash. Before 5th of the month there is price and after 5th of the month there is another price.</p> <p>1-3: There is difference in the prices of the products on shelves and on invoice.</p>	<p>from non contracted shop because it is cheaper.</p> <p>1-4: The contracted shops are taking double if we were using the card.</p> <p>2-6: I prefer cash. I will not be obliged to go to specific shops where prices differ between the shelves and the invoice.</p>	<p>lot of products and after the offer ends, the prices return as before. If the price of one kilo of sugar is 4000, we do it 3500 for just 4 or 5 days. We don't always do offers when the card is loaded wince we take into consideration our Lebanese costumers also.</p> <p>2: Prices change according to offers. We do offer every weekend. After the offer ends, the prices of the products increase. Syrians can benefit also from the offers in weekends.</p>	<p>imposing prices and playing with receipts</p>
	<p>Avoidance and Discrimination from host communities</p>	<p>1-4: When we go to supermarket for shopping, people look at us how we are buying and talk with each others about us.</p> <p>1-11: The community thinks that we are begging</p> <p>1-12: People say that 5th of the month is close, so now we see all Syrians in supermarkets.</p> <p>2-7: We remain as Syrians not welcomed in this place.</p>	<p>1-6: We hear people saying that we as Syrians are living better than them. When we buy products, we hear people saying that we took their livelihoods. We are being insulted.</p> <p>1-4: We hear Lebanese people saying that Syrians took our work. We didn't choose to come. The war obliged us to come.</p> <p>2-5: Lot of people talk about how we are getting the assistance. People say that they hate 5th of the month when Syrians take the cards because the supermarket becomes too crowded. People even look at us and talk about how we are buying with the cards. As we said we take products for the whole month.</p> <p>2-4: Most people say that we should return to our country. We were living in peace in Syria. Now we don't let our children play outside since neighbors shout on them.</p> <p>Unknown 2: we want</p>	<p>1: Negative effects on Lebanese customers: Maybe Lebanese customers come and find the supermarket crowd so they don't enter.</p> <p>The Syrian has card so he is coming to take the mouneh for the whole month and don't have other choices. While the Lebanese may not be comfortable and he can delay the shopping or go to another place. I am speaking in general, we have solved this problem.</p>	<p>1: The major challenge that is happening is discrimination against Syrians from Lebanese</p>

			to be assisted by cash in order to have dignity and use money to pay as others.		
	Dependence of beneficiaries	1-9: Without the assistance we can't live. We don't think to return to Syria if there is no assistance there. 2-4: The assistance is the cause we are still here. If the assistance stops, I can't sit a minute here. Everything is expensive and especially there is no work in winter.	1-9: Before the assistance, I was working to secure myself. Now I decrease my work hours. 1-3: I used to take two shifts in the work. Now I am taking only one shift after I started to take assistance. In this case I see my children more.		1: If we were distributing winterization, they complain that they want food. If we were distributing food, they complain that they want cash assistance. This is the case in general.

M: for multi-purpose / E: E-card / S for supermarket managers / N for NGO representatives / P for participants

In Focus group discussions: The first number stands for the number of focus group and second number for the number of participant

