



**LEAVING NO ONE BEHIND**  
EVIDENCE FROM LEBANON ON HOW  
MULTI-PURPOSE CASH BENEFICIARIES  
WITH DIFFERENT VULNERABILITY PROFILES  
SPEND INCOME AND ACCESS SERVICES

# ACKNOWLEDGEMENTS

This research explores the expenditure patterns and access to services of vulnerable Syrian refugees receiving multi-purpose cash assistance in Lebanon. Data collection for this research took place between October and December 2021.

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The research was conducted by the Exigo Global team, which included Eric Ramadi, Lizzy Galliver, Nour Bizri, Melike Karlidag, and Starling Carter. The authors of this report are Eric Ramadi, Lizzy Galliver, and Starling Carter.



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**Eric Ramadi, Lizzy Galliver, and Starling Carter** | Authors

**Karma Haidar** | CAMEALEON Field Research Team Leader

**Chiara Genovese** | CAMEALEON Consortium Manager

**Adrian Hartrick** | Cover photo

**Therese Bjorn Mason** | Editor

**Karin Enskog** | Graphic Designer

## BACKGROUND AND RATIONALE

Since 2017, the World Food Programme (WFP) has been assisting Syrian refugee households living in extreme poverty in Lebanon by providing unrestricted multi-purpose cash (MPC) transfers to help cover basic household needs. The aim of the MPC programme is to stabilize the situation of households, improve the food security of families, and to contribute to other well-being outcomes, including increasing access to primary healthcare, children's school attendance, and mental well-being. As of October 2021, WFP assisted 64,589 Syrian refugee households with monthly unrestricted multi-purpose cash assistance.

Since 2019, Lebanon has experienced political instability and a rapidly unfolding economic crisis. The financial and banking crisis has resulted in a collapse of the economy, and currency depreciation plus subsidy removals were followed by the long-lasting economic effects of the 4 August 2020 Beirut explosion, as well as the devastating consequences of Covid-19. The devaluation of the Lebanese pound (LBP), losing more than 90% of its value since October 2019, has led to high inflation and price increases, with food prices rising 400% between January and December 2020.<sup>1</sup> The result is increasing levels of poverty and vulnerability across the country, both within host and refugee communities.<sup>2</sup> In 2021, 88% of Syrian refugee households were living under extreme poverty, in comparison to 55% in 2019.<sup>3</sup> As a result, households' capacity to afford food, shelter and healthcare has been increasingly eroded.<sup>4</sup>

Daily experiences are shaped by high inflation rates for food, fuel, services and basic commodities, alongside diminishing livelihood opportunities. This crisis is impacting the lives of all Lebanon residents, but is especially challenging for the most vulnerable refugee households. Importantly, food insecurity in Lebanon is anticipated to continue to rise as a result of the conflict in Ukraine. Cereals are a staple food in Lebanon, and the country is highly dependent on wheat imports from both Ukraine and Russia. Wheat

prices have already risen sharply—before the start of the Ukraine conflict on 14 February, the Survival Minimum Expenditure Basket (SMEB) cost was 560,000 LBP and merely a month later the cost of the food basket had risen to 634,000 LBP.<sup>5</sup>

The Cash Monitoring, Evaluation, Accountability and Learning Organizational Network (CAMEALEON) is an NGO-led consortium providing monitoring, evaluation, accountability, and learning (MEAL) support to the World Food Programme's (WFP) multi-purpose cash programme. In Lebanon, there is a growing body of studies that has looked at the general impact of multi-purpose cash (MPC) on targeted refugee populations. However, there is **a gap in evidence and understanding of how MPC-recipient households with specific vulnerabilities meet their basic needs**. Importantly, the MPC assistance does not cover the full recommended Survival Minimum Expenditure Basket (SMEB)—the calculated amount of funds that ensures a household's minimum survival needs are met.<sup>6</sup> Therefore, the context is especially challenging for households with certain vulnerabilities—such as households with no working-age male adults, and/or households with vulnerabilities that impact the ability of household members to work or result in additional spending needs.

This study aims to generate a more in-depth and nuanced understanding of the impact of MPC assistance on Syrian refugee households with different vulnerability profiles, and explores how complementary interventions can support severely vulnerable households to meet their basic needs and address issues beyond the reach of cash.<sup>7</sup> Generating evidence on this topic will support WFP, donors, and other cash actors in monitoring the adequacy of the transfer value of MPC in relation to the Survival Minimum Expenditure Basket (SMEB)<sup>8</sup> for specific vulnerable groups, future refinements of the Grievance Redress Mechanism (GRM)<sup>9</sup>, and considerations on which complementary services need to be prioritized to create a safety net for refugees.

1 UNOCHA (2021) *Emergency Response Plan Lebanon 2021–2022*. (Revised September 2021). [bit.ly/3N4Eoyx](https://bit.ly/3N4Eoyx) (Accessed 22 April 2022)

2 Press release by Save the Children, Lebanon, 29 July 2021. <https://bit.ly/3ypP6M0>

3 UNICEF, UNHCR, WFP (2020) *VASyR 2020: Vulnerability Assessment of Syrian Refugees in Lebanon*. <https://bit.ly/3w8HSJo> (Accessed 22 April 2022)

4 WFP (2021) *Economic Crisis Response for Vulnerable Lebanese*. Beirut: World Food Programme, <https://bit.ly/3kTxb8d> (Accessed 21 April 2022)

5 Basic Assistance Working Group Meeting. Beirut, 24 March 2022.

6 On 24 March 2022, the multi-purpose cash transfer value was estimated to cover 53% of the food SMEB and 44% of the non-food SMEB. Ibid.

7 This study was one of the three commissioned research studies as part of CAMEALEON's work looking at MPC-related impact and conceptualising a cash plus approach.

8 The survival minimum expenditure basket (SMEB) corresponds to what a Syrian refugee family of five needs to survive. The SMEB is used to assess the socio-economic vulnerability of Syrian refugee households and determine transfer values of multi-purpose cash assistance and food assistance. Since August 2020, the Basic Assistance Working Group monitors the SMEB for Syrian refugees on a monthly basis.

9 A system where refugees excluded from the annual retargeting exercise can appeal and be reconsidered for inclusion in the assistance programmes.

# KEY RESEARCH QUESTIONS

- 1 Do the spending patterns and coping strategies of households with specific vulnerabilities differ from those of the average MPC beneficiary household?
- 2 What complementary formal and informal social services do MPC households with specific vulnerabilities have access to?
- 3 Do these vulnerable households face specific challenges accessing services?

## METHODOLOGY



Box 1: Methodology overview

The research team adopted a collaborative approach, and key CAMEALEON personnel and relevant stakeholders were consulted to inform the research design. The methodology focused on three vulnerable household profiles with higher protection-related risks. The target groups were selected after thorough review and discussion around the most common beneficiary profiles based on the criteria used by WFP for the Grievance Redress Mechanism of the MPC programme, and the candidate variables used in the 2021 targeting model.

The research study applied a mixed-methods approach by combining a desk review with quantitative and qualitative data. The quantitative survey was conducted between October and December 2021, while focus group discussions (FGDs) took place during the months of November and December 2021.

The household survey employed a random sampling approach, stratified by each of the three vulnerable target groups plus a comparison group. Sample sizes were calculated through a pre-sampling analysis in collaboration with UNHCR and aimed for a confidence level of 95% and a margin of error of 5%.

Limitations of the study include potential bias and misreporting in regards to expenditure and income. To mitigate the effect of recall bias, survey participants were asked to limit reports on income and expenditures to within 30 days of the survey date. Importantly, consent forms were used to ensure that households were aware that participation in the study would have no bearing on receipt of future assistance.

The survey tool aimed to include only households that had been receiving multi-purpose cash assis-



Photo: Adrian Hartrick

tance for food and basic needs before the survey and who would continue to do so after recalibration. However, assistance recalibration during the month of data collection caused some households to be included even though they had not received MPC assistance for 2-4 weeks before the survey was conducted. These households made up 15% of the overall sample, largely represented among

the female-headed households and the comparison group. While this may have had limited impact on the overall income and expenditures reported by households, the comparative analysis showed no reported differences in expenditure patterns and in primary and secondary income sources, since most of these households still recalled MPC as a source of income.

## FINDINGS: RESULTS RELEVANT TO ALL MPC-RECIPIENT HOUSEHOLDS

**Income and labour:** The vast majority of MPC-receiving households, including the three vulnerable household profiles, report MPC as their primary source of income.

Households with specific vulnerability profiles are more likely to rely on other forms of cash and voucher assistance as a secondary source of income compared to the typical MPC-receiving households.

Overall, for the households under the three studied vulnerability profiles, **labour is often not seen as a viable option** due to the need to prioritize care work for older persons and household members with a disability. Additionally, labour opportunities are seen as limited and hazardous, even if there are household members who are able and willing to work.

Figure 1: Summary of household primary income sources over the previous month

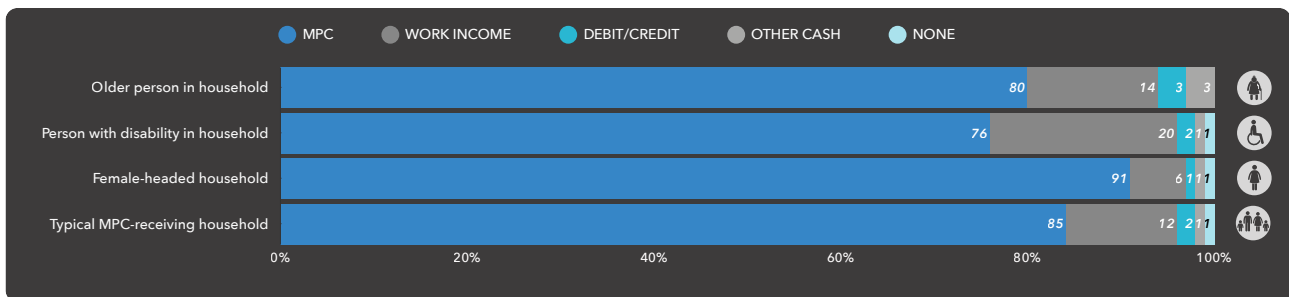


Figure 2: Summary of household secondary income sources over the previous month

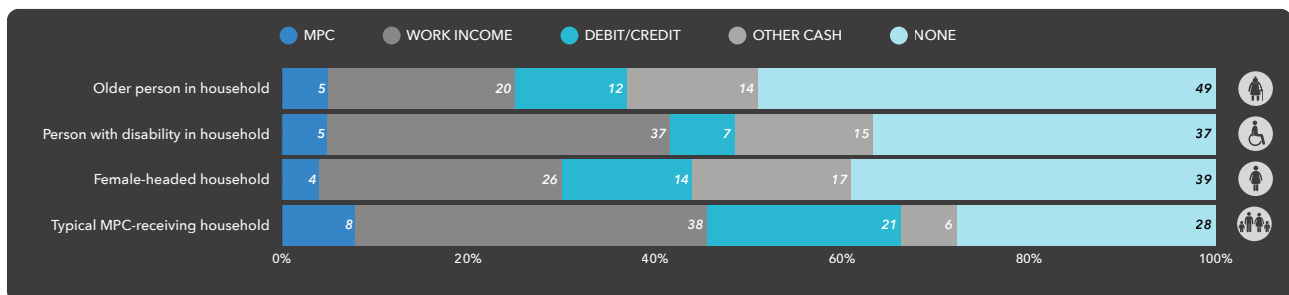
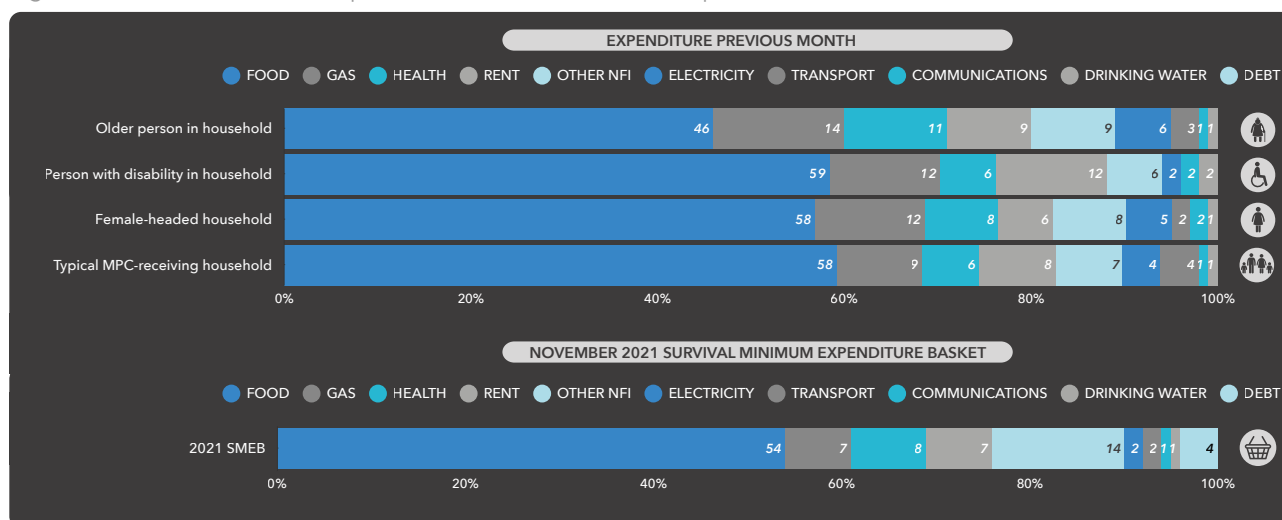


Figure 3: Median household expenditure distributions over the previous month vs. November 2021 SMEB



**Household expenditures:** The **cost of food is the highest expenditure for all households**, followed by gas for cooking, rent and health.

Notably, expenditures on schooling, medical needs other than medication, and shelter repairs are found to be minimal for *all* households. **The costs of medication and healthcare pose significant challenges to MPC-recipients across all three vulnerable groups.** While households with a disabled family member prioritize medication to the extent that they are able to afford it, many focus group participants speak about the burden of this cost and the struggle to locate the medications in pharmacies due to shortages.

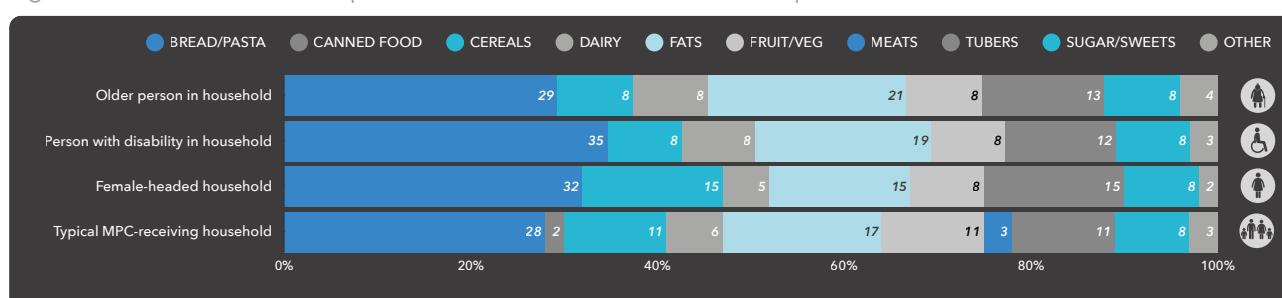
These findings reveal **large shifts in traditional expenditure patterns** in the Syrian refugee population. While the Vulnerability Assessment of Syrian Refugees in Lebanon (VASyR) analysis 2013-2021 shows that food, rent and health were the top three expenditure priorities, the fact that cooking gas now is the second largest expenditure reflects the disruption caused by the economic crisis and the impact that the removal of subsidies on all items but wheat and selected medicines has had on the ability of Syrian refugee households to meet their essential needs. The assistance has been adjusted, but the value of multi-purpose cash, even when combined with food assistance, has not been able to keep up with Lebanon's level of inflation. Focus group dis-

cussions (FGDs) show that rent, electricity, gas and fuel for heat are highlighted as significant costs that households face on a monthly basis. The rising costs of fuel, electricity and water are clear concerns to many participants. Debt repayment is included in the SMEB calibration that uses a rights-based approach but households' debt levels are increasing due to the deteriorating economic circumstances. Findings show that the median debt repayment in the 30 days prior to the survey was zero for all three vulnerable household profiles surveyed.

**Expenditures on food:** Food expenditure patterns are similar across the three vulnerable households and the 'typical' MPC recipient group with **households prioritising cheaper, filling and less nutritious foods such as bread, fats, and tubers<sup>10</sup>** over other food types. Meanwhile, expenditures on dairy products, fruits and vegetables appear to be more limited. Critically, **almost none of the vulnerable household groups report having recently purchased meat and canned products** compared to 'typical' MPC recipients, who spend 3% on meat and 5% on canned foods. Indeed, results show that these households are no longer able to afford more expensive nuts, beans, pulses and meat, and report **relying on less nutritious foods** in general.

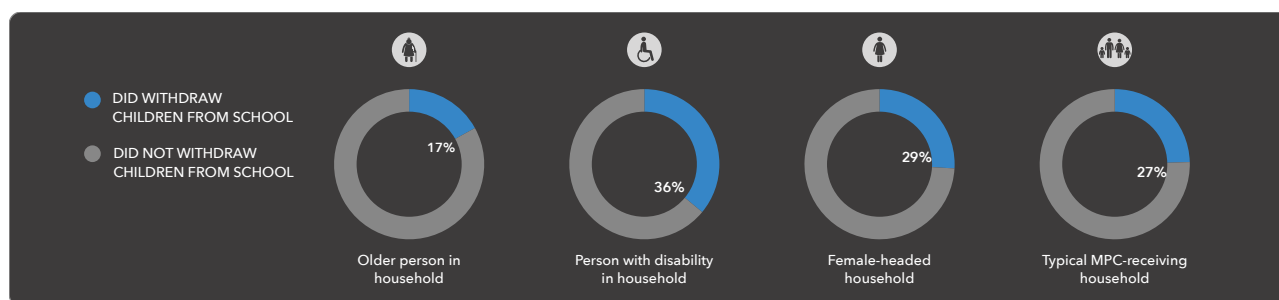
**Coping strategies:** The reduced Coping Strategies Index (rCSI) is an indicator of household food security.

Figure 4: Median household expenditure distributions on food over the previous month



<sup>10</sup> Tubers are vegetables that grow on the root of a crop and are a major source of carbohydrates. Potatoes are a common tuber consumed in Lebanon.

Figure 5: Livelihoods coping strategies: withdrawing children from school



The rCSI assesses how people cope when they do not have enough to eat or any money to buy food. Households were asked if they had borrowed food, gone a day without eating, eaten less preferred food, limited portions, or reduced the number of meals per day over the month prior to the survey. Findings reveal a high reliance on reduced coping strategies across the three profiles and the comparison group, with **almost all surveyed households reporting having eaten less preferred foods (90-94%), limiting portions (81-90%), and reducing the number of meals per day (94-99%).** Fewer households report borrowing food or going an entire day without eating, yet significant numbers report doing so. Across all surveyed households, 46-56% borrow food while 34-43% go a day without eating.<sup>11</sup> These coping strategies place households' health at risk, even with MPC and food assistance, which was often seen as not enough to cover the cost of more nutritious food.

The Livelihoods Coping Strategy Index (LCSI) assesses the extent to which households engage in various harmful coping behaviours to meet their essential needs. It also considers longer-term impact, as certain behaviours can reduce a household's ability to cope when faced with future hardships. Findings show that surveyed households use several coping strategies in order to survive on the assistance they receive from aid agencies or employment. Results indicate that large proportions across all three target groups and 'typical' MPC-recipients have already sold their assets and exhausted their savings.<sup>12</sup> A high proportion of all surveyed households resort to purchasing food on credit (76-89%) and reducing essential expenditures (53-58%) to cope.

**Other than reducing consumption, taking on debts is the most commonly reported coping strategy** among FGD participants across the vulnerable household profiles. Overall, participants want to avoid borrowing, if at all possible, but many state that there is no other way to make ends meet. Some participants report borrowing money from friends, relatives or neighbours to meet their needs, while

some borrow from others, including groups who will then pressure them for payment.

A significant proportion reported withdrawing their children from school to reduce costs associated with education. A female head of household from Baalbek-Hermel breaks down the costs of education as follows: *'A lot of children are kept out of school, and this is heart-breaking. For example, many people suggested that I register my daughter at a public school, but I didn't because I can't afford the transportation fees. They charge 300,000 LBP for transportation so I would be left with only 600,000 LBP for the whole month.'* Other focus group participants were are to keep their children enrolled in school but highlight that paying for the transportation and tuition fees is a significant burden.

When it comes to severe 'emergency' coping strategies, findings show that a minority among the vulnerable household profiles and the comparison group relied on these coping strategies in the previous month. Respondents from all three vulnerability profiles are less likely to report adult members having taken on exploitative work (12-16%) compared to the comparison group (26%). Female-headed households are somewhat more likely to report having married off children (12%) compared to 'typical' MPC-recipient households (5%), households with an older member (4%) and with a member with a disability (8%). All surveyed households report similar levels of reliance on begging by adults (3%) and by children (2-4%).

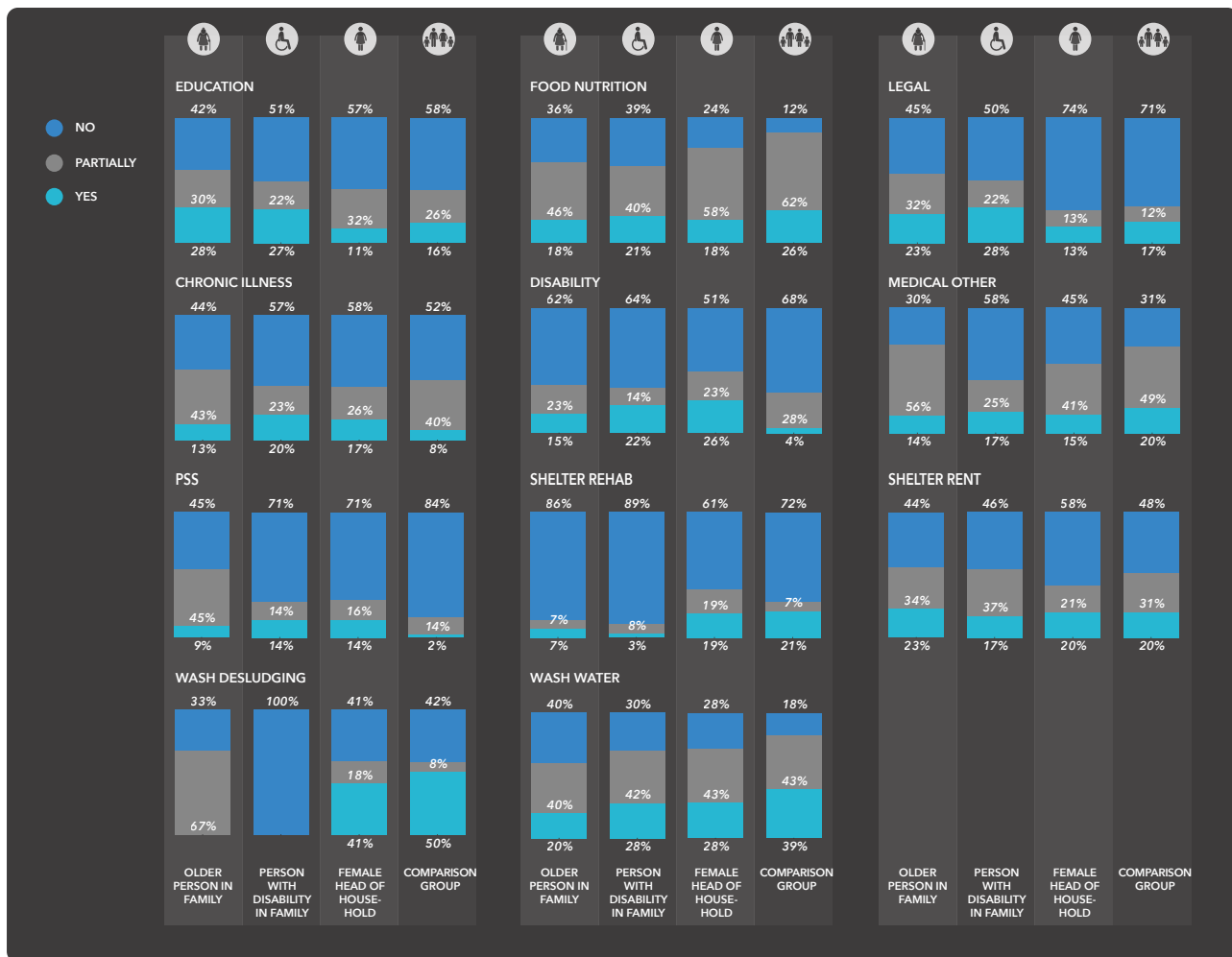
### **ACCESS TO SERVICES: WHAT COMPLEMENTARY FORMAL AND INFORMAL SOCIAL SERVICES DO MPC HOUSEHOLDS WITH SPECIFIC VULNERABILITIES HAVE ACCESS TO?**

Heads of households were asked about the services and assistance their family needed over the previous month before answering questions regarding their ability to access services. Food and nutrition support is reported as needed by almost all households (85-87%) across all three vulnerability profiles and the typical MPC-recipients. Households with an

<sup>11</sup> Although not usually included in the set of reduced coping strategies, going an entire day without eating is a commonly analysed consumption-related coping strategy. For example, in UNICEF, UNHCR, WFP (2020) VASyR 2020: Vulnerability Assessment of Syrian Refugees in Lebanon. <https://bit.ly/3w8HSJo> (Accessed 22 April 2022)

<sup>12</sup> The target groups with family members with disabilities (30%) and female-headed households (32%) are marginally less likely to not have sold household assets in contrast to the comparison group (28%).

Figure 6: Access to services for households with specific vulnerabilities



older member are more likely to report medical support for chronic illnesses (45%) compared to all other groups (22-29%), while households with a family member with a disability are also more likely to require specialized medical support (24%) compared to the other groups (22-29%).

For households where services are reported as needed, findings show that **access varies greatly by the type of service needed and by vulnerable household profile.**

Households with an older member are more likely to report full or partial access to education services (60%) and more likely to report full or partial access to chronic illness services (56%), other medical services (70%) and psycho-social support (55%) compared to the other groups.

Under shelter services, female-headed families are more likely to report partial or full access to shelter rehabilitation services (39%) compared to the other

profiles (11-14%) and the comparison group (28%). They are, however, less likely to report having access to rental support (42%) compared to the other groups (52-56%).

Overall, FGD participants report **limited access to formal, informal, and non-governmental (NGO) and civil society (CSO) services despite their increasing needs.** Of those who do mention receiving services, whether cash assistance or in-kind aid, the UN is mentioned most frequently. **Very few participants report receiving services that are specific to the household's vulnerability profile,** such as extra support for a family member who is disabled.

When asked about gaps in existing services, participants highlight that **support with healthcare or procuring necessary medications would be particularly important,** as the prices of medication are increasing rapidly. Financial constraints are seen as the primary barrier to accessing services by all surveyed groups.





Families with an older member have specific health needs. Photo: Adrian Hartrick

## FINDINGS: SPECIFIC RESULTS RELEVANT TO VULNERABLE HOUSEHOLD PROFILES



**Households with an older member** are on average the smallest in size, with an average household size of 4.9. Additionally, these households report a **higher need for medical support for chronic illness** than the 'typical' MPC-receiving household. According to the findings, households with an older member spend more on medicines compared to other family groups (11% compared to 6-8%), while spending less on food—46% in contrast to 58-59% among the other households. These households spend less on food than what is recommended in the SMEB (54%) for a refugee family of five.<sup>13</sup> This indicates **that families with an older member have specific health needs related to medications that they meet at the expense of food security.**

'My husband is an elderly man and I'm sick—I had a gallbladder operation a while ago. We depend on the card; there's no money. [The gaps in services] are financial aid for medicines and food.'

While these households report having better access to medical services for chronic illness and psychosocial support than other household profiles studied, findings point towards the need for continued support to these households on this front, particularly with the cost of medication. Thus, it is critical that these households receive more targeted support to be able to afford costs related to chronic illness, including medication and medical services.

'We, older people, suffer from many diseases; blood pressure, heart problems, diabetes, cholesterol, rheumatism. The Al Irshad organization helps us with some medications, while the rest of the medicines we have to buy ourselves, and this is our main problem. We have no money to buy medicine, which means we have to take on debts.'



**Households with a family member with a disability** are more likely to take up any form of work (full-time, part-time, seasonal or self-employment) as a source of primary or secondary income. On average, these households are larger in size (7 members) than the typical MPC-receiving household (6.6 members), which could indicate a higher presence of working-age adult men available to work and earn extra income. When employment is taken on, households with a family member with a disability are more likely to report wanting to discontinue this labour if they could (73%). Some respondents express that they are unable to care for the disabled family member, and thus were unable to prioritize much-needed care work for a vulnerable household member as a result of needing to work.

'[Family] members with disabilities are not receiving suitable support, either psychologically or physically. The cash I am receiving doesn't increase my ability to dedicate more time to care for my disabled mother, and I still need to find other sources of income.'

Households with a member with a disability spend **somewhat less money per person on overall food expenditures.** Although this could be explained by the role that economies of scale play in larger households, food expenditures are usually considered variable with family size. **Lower food expenditures indicate potential financial constraints** faced by households with a member with a disability that exceeded those of other vulnerability profiles and the typical MPC-receiving household. These households are also found to **spend more on rent** compared to other vulnerability profiles. While rent is usually considered a source of economies of scale for larger households, the fact that families with a

<sup>13</sup> Households with an older member are on average smaller (4.9) than the other vulnerable household profiles. Therefore, food expenditures are not directly comparable, however, they are comparable to those recommended in the SMEB, which are calibrated for a refugee family of five.



Female-headed households with no working-age male are the least likely to undertake labour. Photo: Charbel Kosseifi/NRC

member with a disability spend more on rent could indicate their preference to secure a good (in size or quality) living space to care for the disabled member of the family, as these households are larger in size and tend to live in more urban environments than the typical MPC-receiving household.

These households also report **being less able to afford the specialized medical support** needed for members with a disability. While these households have greater access to these specialized medical and psychosocial support services compared to the typical MPC-receiving household, this **access is still limited, and their reported needs for medical services for disability are higher**. Some households report rationing medication for the household member with a disability. Households with a member with a disability report major constraints in their ability to meet the needs of their disabled relative and household members report taking on additional debt and labour to try to better care for them.

'My son's medicine costs 800,000 LBP. So, I won't be able to buy the whole number of pills; I only buy a few and instead of giving him his pills on a daily basis, he takes them every two days.'



The cost of medicine and medical support for a disabled member of the family is a critical issue for many. Photo: Charbel Kosseifi/NRC



**Female-headed households** are the **least likely among all MPC-recipient profiles to undertake labour as a source of primary or secondary income**. The composition of households headed by a woman include a higher number of children and fewer adult men available to work. Unsurprisingly, those that engage in work activities as a primary or secondary source of income are **more likely to report that children are employed or that work activities are hazardous**. Around half of these households want to discontinue working if they could.

'When I was registered with the UN and I received their assistance, it saved me from dying, I didn't have enough bread, I didn't have a plate, I didn't have a blanket.'

While most households have yet to report resorting to severe 'emergency' coping strategies, such as adults taking on exploitative work, child labour, adults or children being sent to beg, or marrying-off children, it is important to note that a limited number of households are already resorting to such measures. In particular, female-headed households are **more likely to marry off children as a coping mechanism (12%)**. Coupled with the higher incidence of child labour, the results point towards **children from these households being placed at increased protection risk** as a result of the household having fewer income options.



## RECOMMENDATIONS

With the country's rapidly declining economic situation characterized by steep inflation that has affected the prices of basic goods and services across the board, the findings of this research paint a difficult picture of survival for multi-purpose cash-receiving Syrian refugee households in Lebanon.

The following recommendations provide suggestions for improving overall programming that targets MPC-receiving Syrian refugee households in Lebanon, and where possible propose interventions tailored to the specific needs of the three vulnerable household profiles—households with older persons, female-headed households and households that care for a family member with a disability.

- 1. Multi-purpose cash must be complemented with additional resources, particularly in the current economic climate:** MPC is not designed to meet the SMEB as the UN makes calculations on the assumption that households have other sources of income including paid work. Findings show that vulnerable categories of households are not always in a position to take on work due to caring commitments, while results also highlight that the inflation and currency devaluation in Lebanon continue to reduce the value of cash assistance and have a tangible impact on households' purchasing power. For households with particular vulnerabilities, MPC should be combined with additional social protection measures to ensure that households receive critical services and assistance.
- 2. Longer-term stability for vulnerable households can help ease anxiety and reduce reliance on harmful coping strategies:** Given the annual frequency of the targeting process, anxiety over exclusion from MPC programmes may push households to resort to harmful coping strategies to ensure month-on-month survival. If these households have assurances of longer-term assistance, they may be more able to prioritize needs beyond immediate survival, and plan for the medium term. This is particularly important for those families that fall through the cracks of the targeting system because of uncommon vulnerability characteristics. These households can submit their claim for reconsideration through the Grievance Redress Mechanism, and those included should be saved from falling through the cracks at the next recalibration.
- 3. Child protection measures, particularly for female-headed households with no adult male members, are critical:** These households appear to be more likely to rely on child labour and on marrying off children to meet basic needs. If these households are more able to meet their basic needs, they may become less likely to rely on child labour and child marriage.
- 4. Households with a member with a disability need more support to access critical medical and psychosocial support services:** These households appear to be less likely to be able to afford more expensive medical and psychosocial support services that are needed by household members with a disability.
- 5. Households with an older member need more support to cover costs related to chronic illnesses:** These households appear to be in greater need of support with costs related to medication and medical services for chronic illnesses, and these costs may be creating an added burden to households with already limited ability to generate income.

Photo: Adrian Hartrick

# CAMEALEON

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

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