



Refugees in Turkey: Comprehensive Vulnerability Monitoring Exercise (Round 2)



In Partnership with
Program Ortakları



Coordinated by
Koordinasyonuya

With the support of
Destekleyen



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1. Introduction & Methodology

By the end of 2017 there were 3,424,237¹ (mainly Syrian) refugees living in Turkey. Just seven percent of them (228,229 refugees²) were housed in 20 camps, and the rest were living in Turkish communities throughout the country.

Launched across Turkey in November 2016, the Emergency Social Safety Net (ESSN) is a multi-purpose cash transfer programme that aims to support up to 1.5 million of the most vulnerable refugees to meet their basic needs. Each beneficiary household receives a debit card loaded with 120 Turkish Liras per family member per month to use in shops or ATMs. Families also receive quarterly top-ups.³

Under the design of the ESSN, WFP is responsible for monitoring and accountability. Within WFP Turkey, the VAM/M&E unit is responsible for providing the evidence required to plan and adjust programmatic interventions. This second CVME (CVME2), led by the World Food Programme and Turkish Red Crescent, seeks to understand the depth of vulnerability of refugees in Turkey and to identify their unmet needs. The results of this exercise can be used to adjust the ESSN design and implementation accordingly.

The first round of data (CVME1) was collected in May-August 2017 with findings used to enhance the ESSN processes in 2017. The CVME2 data was collected in September-November, with data cleaning in December 2017.

Like CVME1, CVME2 collected information on respondents' health, education, income, expenditure, debt, living conditions and food security, aiming to track trends in socioeconomic vulnerability across the refugee population. As beneficiary and non-beneficiary groups are tracked separately, the CVME2 also allows insight into the effect of the ESSN cash transfers.

ESSN Partner Organisations

- Directorate General of Migration Management (DGMM)
- Directorate General of Population and Citizenship (DGPC, or Nufus)
- Disaster and Emergency Management Presidency (AFAD)
- European Civil Protection and Humanitarian Aid Operations (ECHO)
- Ministry of Family and Social Policies (MoFSP)
- Turkish Red Crescent (TRC/Kizilay)
- World Food Programme (WFP)



ESSN Essential Processes

- Registration of all family members with DGMM
- Address registration with DGPC
- Disability Health Report from hospital If any family members are disabled
- Submission of ESSN application at local Social Assistance and Solidarity Foundation
- Receive SMS notification regarding eligibility
- If eligible, collect debit card from local HalkBank branch

¹ <http://data.unhcr.org/syrianrefugees/country.php?id=224>

² <http://data.unhcr.org/syrianrefugees/settlement.php?id=59&country=224®ion=0>

³ For more details on the ESSN please refer to <https://www.essncard.com/>



CVME DATA COLLECTION LOCATIONS



SAMPLING & LIMITATIONS

The sampling methodology for CVME2 is identical to CVME1: using the ESSN beneficiary lists, 30 clusters (neighbourhoods) were selected, probability (of presence of ESSN beneficiaries) proportional to size – i.e. those neighbourhoods with more beneficiaries were more likely to be selected. Within each neighbourhood, 20 households were interviewed, giving a total sample size of 600 households. Eight of the 20 households were selected randomly from the list of ESSN beneficiaries. WFP/TRC does not have access to a list of ESSN non-beneficiaries per neighbourhood, therefore monitoring assistants used ‘snowball sampling’ to identify and interview eight ineligible applicant households, and four households that had not applied for the ESSN in each neighbourhood.

Unfortunately, the lack of neighbourhood level data means the results are not representative of the refugee population beyond the sample. This means the data is limited in terms of numeric extrapolation to the broader refugee population. Despite this, the total sample size of 600 households allows

a measure of confidence in the overall results. In addition, the demographic similarity between the sample and the broader population (see below), indicate that results are likely similar between the two. The sampling methodology is being revised for the 2018 CVMEs.

As Figures 1 and 2 demonstrate, the composition of the CVME2 sample is very similar to that of the Directorate-General of Migration Management (DGMM) data. This goes some way towards validating the sample – the demographic similarities indicate that the results are likely similar in the broader refugee population. However, as in the CVME1 and the ESSN Pre-Assistance Baseline, two key differences are noted: the CVME sample has a larger proportion of children under five, and a smaller proportion of adult men. This is likely because the ESSN criteria prioritise households with more children and fewer adults able to work.

Figure 1 Demographic comparison of CVME and DGMM samples: male

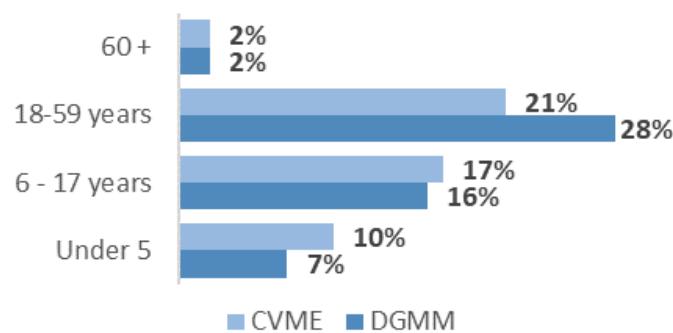
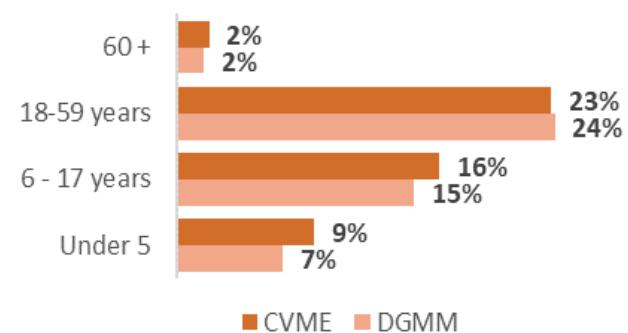


Figure 2 Demographic comparison of CVME and DGMM samples: female



It is important to highlight that in June 2017, the ESSN targeting criteria changed, automatically resulting in a group of non-beneficiaries becoming beneficiaries. These new beneficiaries had been the poorest within the non-beneficiary group, but, on average, less poor than the beneficiaries. This change in status (from non-beneficiary to beneficiary) of a large group of households has implications on the tracking of trends in results – i.e. changes in outcomes may be due to the difference in the beneficiary population, rather than the results of assistance.

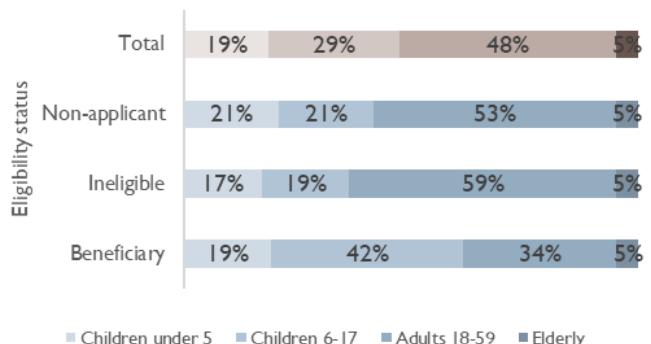
2. Profile of Survey Respondents

DEMOGRAPHICS

As in CVME1, most households were headed by men (83%), but more than half of the survey respondents were women (58%) since their husbands were more likely to be out at work when the survey data was collected. The majority of respondents were Syrian (92%), followed by Iraqi (7%), Afghan, Iranian or others (1%).

Since the ESSN criteria prioritise households with more children, there was a far higher proportion of children in beneficiary households (40% children aged 6-17 years and 34% adults aged 18-59 years) than in non-applicant and ineligible households (20% of members were children and around 50% adults). See Figure 3. And beneficiary households were therefore larger (7.2 members) than ineligible applicant households (5.0 members) and non-applicant households (4.9 members). On average non-applicant household heads were slightly younger (38) than beneficiaries (42).

Figure 3 Household composition by ESSN status



ARRIVAL PROFILE

Households were asked if all members had arrived at the same time, or if some had arrived earlier than others. In four out of five households, members had arrived in Turkey together. Figure 4 shows that ESSN applicants, including both beneficiaries and ineligible applicants, had been in Turkey for a much longer time than non-applicants. In fact, more than one in four non-applicant respondents had a household member who arrived in the past six months (Figure 5) compared with one in five in the first round of monitoring, indicating an ongoing flow of new arrivals. This indicates that the new arrivals may still be waiting for their DGMM registration, which is a pre-requisite for ESSN application.

Figure 4 "When did your family arrive in Turkey?"
3-6 years ago

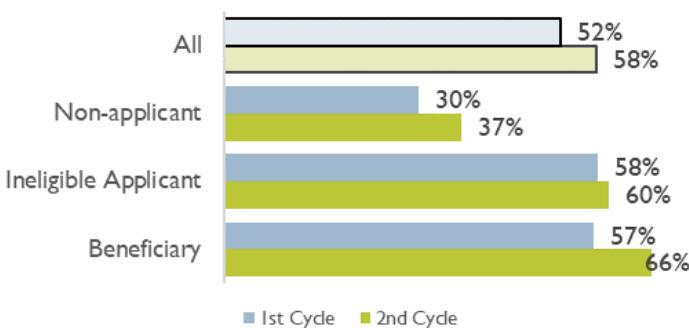
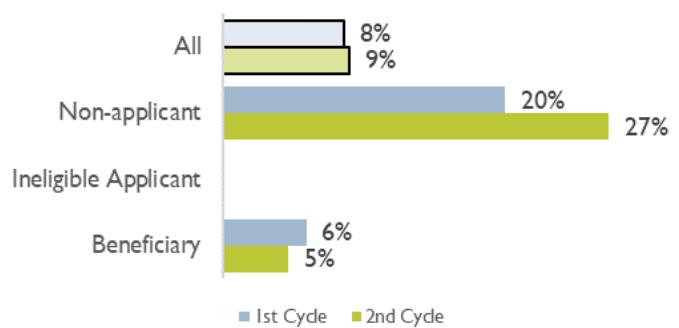


Figure 5 "When did your family arrive in Turkey?"
Last arrival in past 6 months



REGISTRATION AND APPLICATION

In both CVME1 and CVME2, all respondents were asked about the number of household members registered with DGMM. Unsurprisingly – since DGMM registration is an ESSN application requirement – almost all members of ESSN applicant households were registered (97-99%) in both rounds of the survey. There was a slight increase in the percentage of non-applicants registered with DGMM – rising from 54% in CVME1 to 59% in CVME2. While this indicates that some refugees have cleared the pre-registration phase, it still leaves over 40% either in pre-registration or not registered.

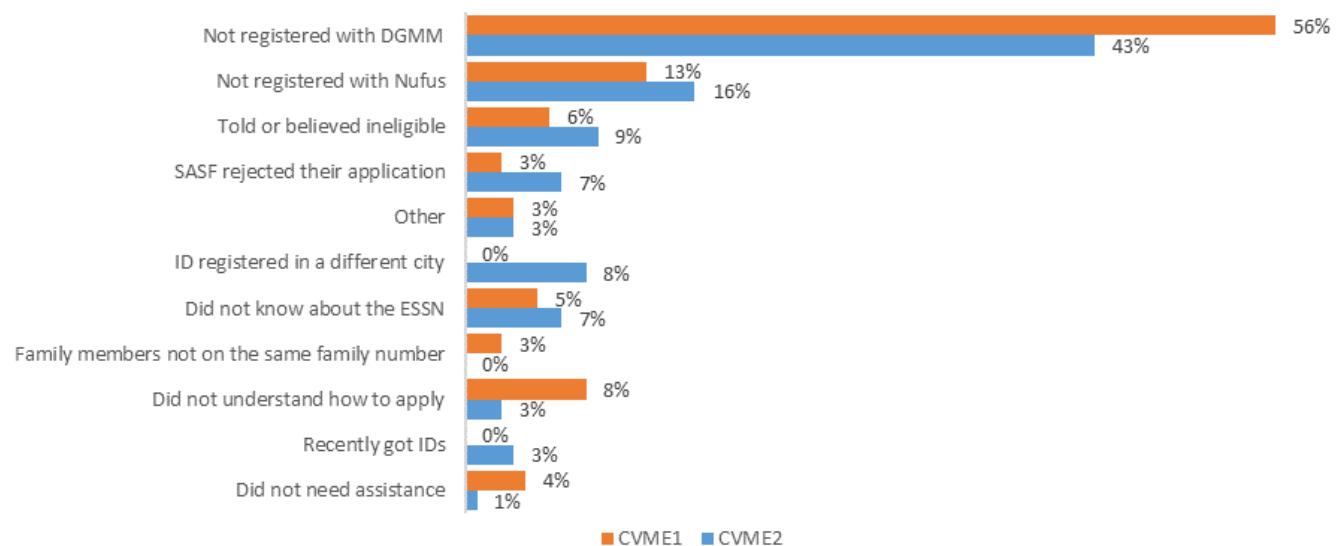
Asked why they had not applied for the ESSN, the proportion citing ‘not registered with DGMM’ fell from 56% in CVME1 to 43% in CVME2 (Figure 6). Compared with the previous monitoring round, non-applicants were however more likely to cite ‘not having registered with the DGPC’ (Nufus, in Turkish) or ‘being told or believing themselves

to be ineligible’. It is also interesting to note that in CVME2, 8% cited having ‘registered in a different city’ as their primary reason for not applying. Meanwhile the proportion of respondents citing ‘not understanding how to apply’ decreased from 8% to 3%.

Respondents were slightly more likely to plan to move on than during the first round – rising from 20% in CVME1 to 25% in CVME2 - even if the conflict continued in their home country. Nearly half of these respondents (46%) planned to go home (for the vast majority of the sample, this would be to Syria), 26% to Europe, 22% to Canada or the USA and 6% to another country.

The increase was mostly driven by the response in the poor Anatolian neighbourhoods in the sample: almost one in three (31%) Anatolian households were making plans to move on. This indicates that limited economic opportunities may be a contributing factor in this decision.

Figure 6 Primary reason for not applying to the ESSN (percentage of 120 non-applicant households)



3. Vulnerability of Refugees

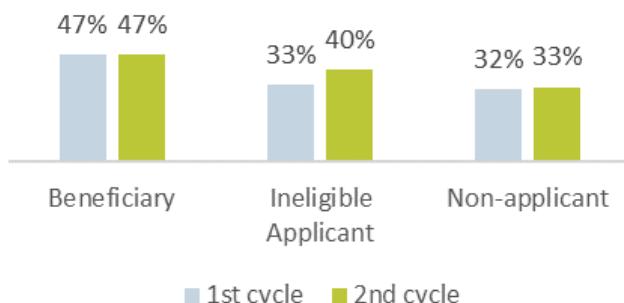
3.1 LIVING CONDITIONS

Trained WFP monitoring assistants rapidly assessed the quality of the housing, evaluating the standards of construction, hygiene and winterisation. The results show that almost half of beneficiaries (47%) lived in a good or acceptable quality house, versus 40% of ineligible applicants and 33% of non-applicants. Again, the results look most concerning for the non-applicant population. This data for non-applicants and beneficiaries showed little change between CVME1 and CVME2 (Figure 7), but there was some improvement for the ineligible applicants.

Beneficiaries were less likely to share houses with another family (15%) than ineligible applicants (25%) and non-applicants (29%). This may be linked to the fact that beneficiaries have larger families than non-beneficiaries, or perhaps that ESSN assistance allows them to rent without sharing. While their housing conditions may be better, in general beneficiaries were living in more crowded conditions – which again may be because they have larger families. But the crowding index fell

for both beneficiaries (from 3.05 to 2.7 per room) and non-beneficiaries (from 2.2 to 2.1). These small decreases are likely a result of changes in sampling locations rather than any influence of assistance – given that the reduction was also present for non-beneficiaries.

Figure 7 Percentage of households living in a good or acceptable quality apartment

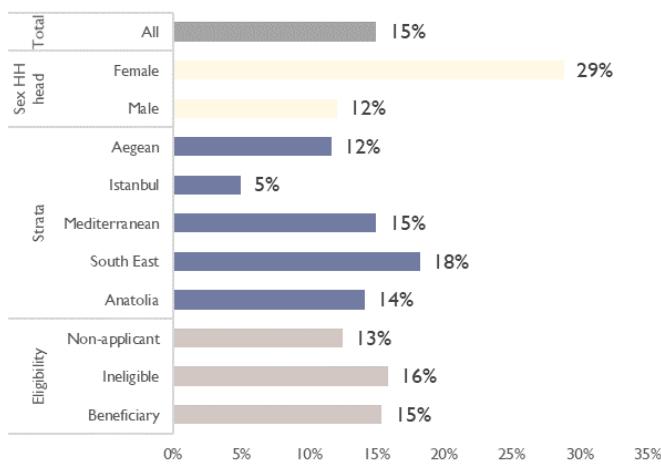


3.2 EDUCATION

Almost two out of three (61%) household heads were not educated beyond primary school. This includes 15% who were illiterate, almost doubling to 29% among female-headed households. Across regions, the Southeast had the highest proportion of illiterate heads of household and Istanbul the lowest (18% and 5%, respectively) (Figure 8).

Around a third of school age children had been absent from school for more than one year, rising to about half among non-applicant families (Figure 9). While there was little change since the last round of monitoring for non-applicant and beneficiary households, the small decrease noted for ineligible applicants may be simply a result of changes in data collection locations.

Figure 8 Percentage of households with illiterate head



The data demonstrates that in male-headed households, the absence rate of boy and girl children was equal at around 30%. However, as Figure 10 shows, in female-headed households, boys were far more likely to be absent (42%) than girls (27%), indicating that women household heads may be withdrawing their boys from school so they can contribute to household income. Indeed, when asked the main reason for non-enrolment, 28% of respondents cited sending children to work as the primary reason.



Figure 9 Percentage of households with school age children absent from school for more than a year

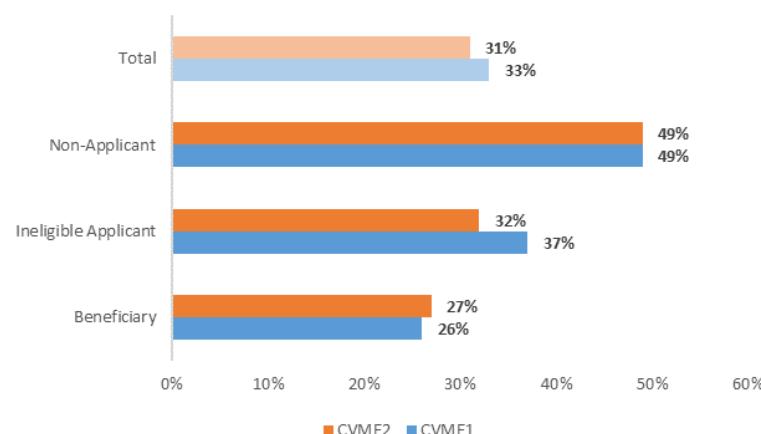
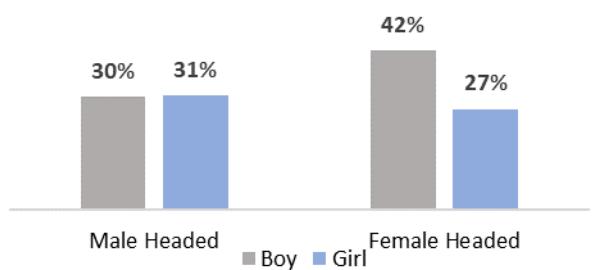


Figure 10 School absence by sex of household head



3.3 HEALTH

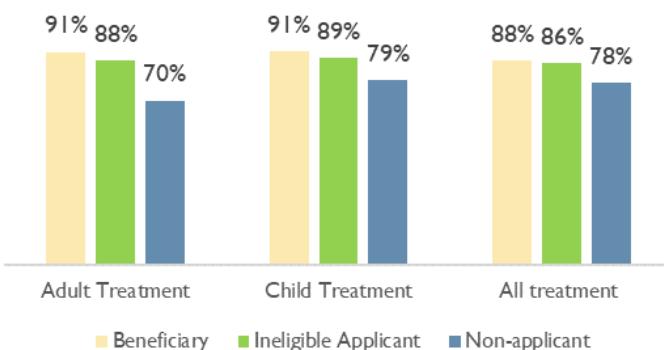
The proportion of adults (22%) and children (28%) who were sick in the previous 30 days increased slightly between the CVME1 and CVME2, most likely due to seasonal factors, as the CVME2 took place in colder months when outbreaks and transmission of infections are more common.

Similar to CVME1, a fifth of households reported having one household member with a chronic illness or other serious disease, 13% a household member pregnant or lactating and 6% a disabled member with a Ministry of Health disability report stating he or she was disabled.

As in CVME1, households were likely to seek treatment for ill children and adults, and 86% of those seeking treatment went

to a government hospital to access free healthcare. Non-applicants were still far less likely to seek treatment for ill children and adults than beneficiaries and ineligible households (Figure 11). This is likely because a higher proportion of non-applicants are not registered, and therefore unable to access government hospitals.

Figure 11 Percentage of children and adults seeking treatment for illness



3.4: HOUSEHOLD INCOME, EXPENDITURE AND DEBT

Almost half of ESSN beneficiaries interviewed under CVME2 cited the ESSN assistance as their primary source of cash/income (Figure 12). While almost all households had a working member, clearly the ESSN is a more reliable and consistent source of money. Roughly half of ineligible and non-applicant households relied on casual labour as their primary source of cash, followed by skilled work. This varied across regions, with higher reliance on skilled work in the regions of Istanbul (64%) and Aegean (50%). The results between CVME1 and CVME2 have not changed significantly.

When examining household expenditure priorities, CVME2 data shows that on average household spent 44% of their total expenditure on food, 22% on rent and 13% on utilities (Figure 13). The rent share varied significantly by region, with a low of 16% in Anatolia and a high of 29% in Istanbul – reflecting the disparities in the cost of living between these regions.

Figure 12 Primary income source

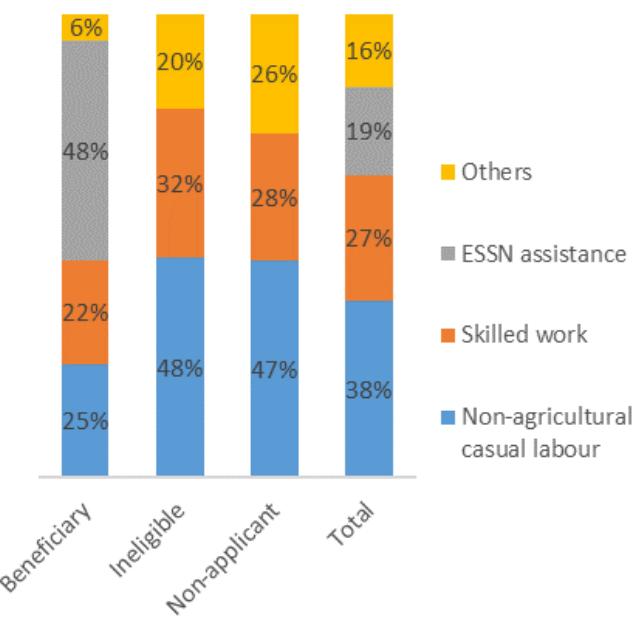
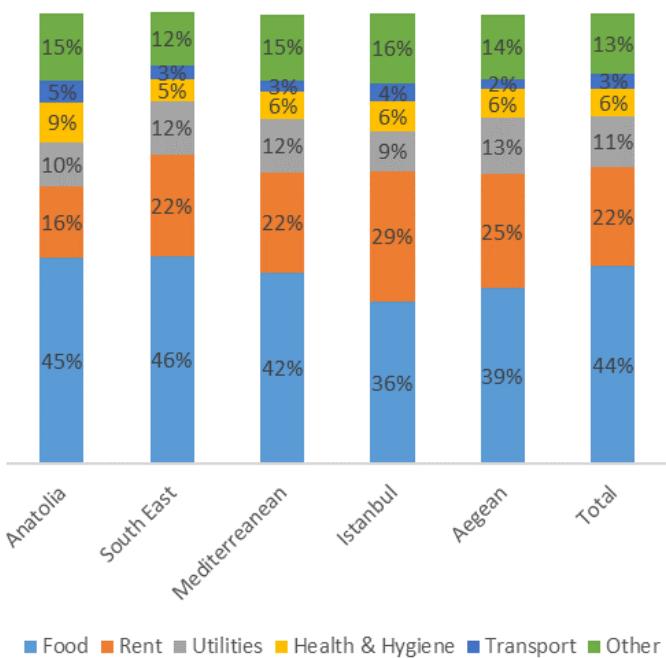


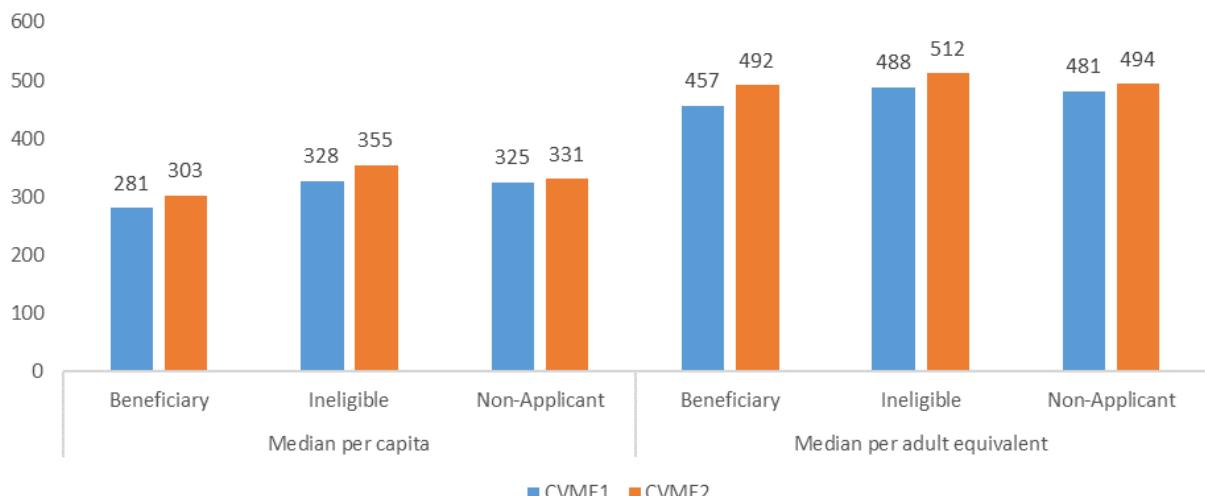
Figure 13 Expenditure share across regions



The median per capita expenditure increased for all households between CVME1 and CVME2. The data shows a 2% increase for non-applicant households, versus a 7-8% increase for both beneficiary and ineligible applicant households. Using an equivalence scale helps account for household size. The per adult equivalent expenditure data also shows a very small increase for non-applicants (3%), versus 5% for ineligible applicants and 8% for beneficiary households (Figure 14).

Although beneficiaries were spending more in this latest round of monitoring than during the previous round, they were still spending less than the other two groups, despite receiving assistance. This could be due to multiple factors, including the fact that they were poorer to begin with, and generally have lower income earning capacity (i.e. fewer adults able to work, or more children to look after) than the other two groups. In addition, the livelihoods coping analysis shows a reduction in the use of damaging coping strategies, which had previously contributed to household cash – such as sale of assets or sending children to work. Therefore the assistance does not immediately contribute to a large increase in expenditure, but instead allows for less frequent use of negative behaviours.

Figure 14 Expenditure (TL) by eligibility status



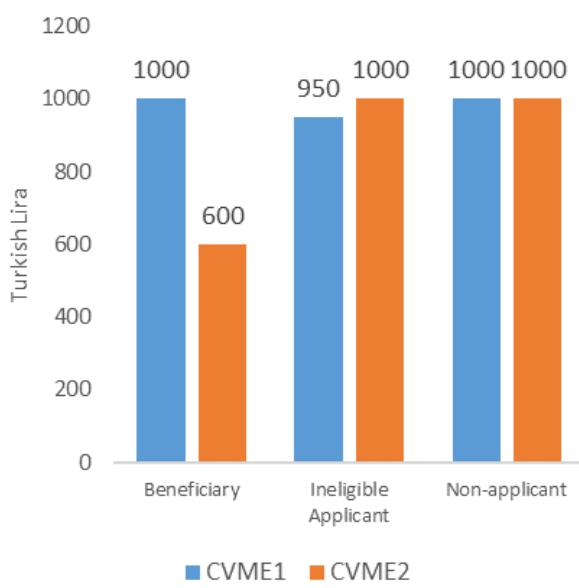
All households were asked their total level of current debt.

Beneficiaries had lower total debt (600 TL) than ineligible applicants (1000 TL) and non-applicants (1000 TL).

The median debt of beneficiaries decreased by 400TL since the CVME1, while the total debt of ineligible applicants and non-applicants stayed relatively stable (Figure 15). When asked the purpose of the debt, 55% of beneficiaries stated they borrowed money for food and 20% for rent.

In comparison, 44% of non-beneficiaries borrowed money for food and 30% for rent. This is corroborated by focus group discussions in which beneficiaries explained that the bulk of their assistance was spent directly on rent, therefore making them less likely to need to borrow money to pay rent. This data suggests that the ESSN is a reliable and consistent source of income for beneficiaries that has helped to lower household debt.

Figure 15 Median debt amount by eligibility



3.5 FOOD SECURITY

The overwhelming majority of households continued to have acceptable food consumption, as measured by the Food Consumption Score. (Figure 16).⁴ The very slight fall in food security levels across all three groups (beneficiaries, ineligible applicants and non-applicants) was likely the result of seasonal effects, as CVME2 data collection took place during winter months when many food groups are more expensive while CVME1 occurred in the summer.

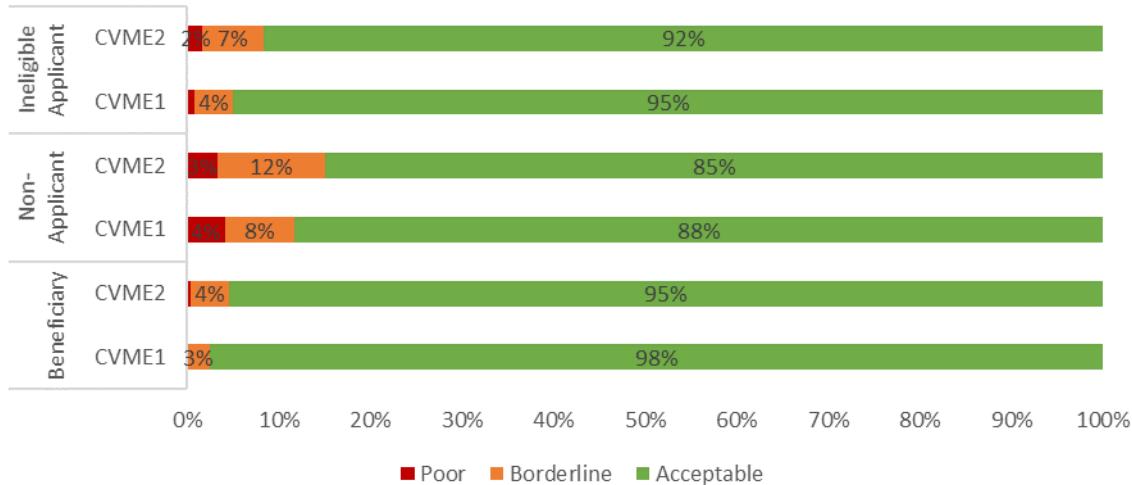
Daily consumption of cereals, pulses, meat, fish, eggs, vegetables and fruit remained relatively steady between CVME1 and CVME2. Households generally consumed these food groups on average five days a week, falling slightly to 4-5 times a week for non-applicants.

The reduced coping strategies index (rCSI) is another measure of food security. Respondents were asked to indicate on how

many days in the last week their household had to employ any of five food-based coping strategies, such as relying on less preferred or borrowed food, reducing the number or size of meals, and/or cutting what adults ate in order for small children to eat. Such behaviours can compromise food security or increase vulnerability to future food insecurity. The strategies are weighted and summed into an index depending on their severity.

The data demonstrates that beneficiaries were less likely to compromise their eating habits than non-applicants and ineligible applicants. Beneficiaries had an average rCSI of six, compared with nine for ineligible households and 12 for non-applicants (Figure 17). Beneficiaries showed the greatest improvement in food security levels by this indicator. Their average rCSI fell by 47% from 11 in CVME1 to six in the latest round of monitoring.

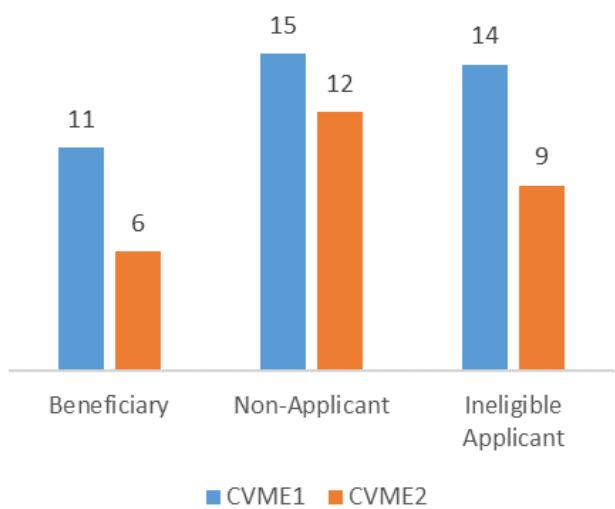
Figure 16 Food Consumption Groups by eligibility, CVME1 to CVME2



The most commonly used coping strategy was relying on less preferred or less expensive food, while the least common was restricting consumption by adults in order to allow small children to eat.

When looking at beneficiary households only, smaller households of 1-4 people had on average a lower FCS (67) than households of 5-8 people (79) or households with more than nine people (85). The average rCSI was also higher for smaller households (8) compared with households of 5-8 people (5) or households with more than nine people (6). These results are likely due to the fact that smaller households receive less assistance than large households, as ESSN provides per capita transfers. This often results in smaller households being unable to meet as much of their needs and so they are forced to continue engaging in negative food-related coping strategies.

Figure 17 Average rCSI by eligibility, CVME1 to CVME2



⁴The FCS is a composite calculation that combines dietary diversity (the number of food groups consumed by a household over a seven-day period), food frequency (the number of days a particular food group is consumed), and the relative nutritional importance of different food groups. It is intended to describe short-term food security at the time of data collection. Food consumption scores are divided into poor, borderline and acceptable food consumption groups. In this report poor and borderline food consumption score is used as a proxy indicator for food insecurity.

3.6 LIVELIHOODS COPING STRATEGIES

Households were asked what coping strategies they had used in the last month when faced with not having enough money to meet basic needs.⁵

The percentage of households using at least one coping strategy in the previous 30 days increased from 76% in CVME1 to 83% in CVME2 – likely because of seasonal factors, as households have less access to income-earning opportunities during winter and higher costs associated with heating and illness. This slight increase in the use of coping strategies was consistent across both beneficiaries, ineligible applicants and non-applicants. A slightly higher proportion of female-headed households used coping strategies when compared to male-headed households: 88% and 84%, respectively.

However, the data shows small decreases in the use of emergency strategies from CVME1 to CVME2 for all eligibility groups; beneficiaries from 8% to 6%; ineligible households from 11% to 7%; and non-applicants from 19% to 13% (see Annex 1). Female-headed non-applicant households remained the most concerning group, with 26% using emergency coping strategies.

Comparing beneficiary households with the other two groups, the former were less likely to employ stress strategies – and particularly less likely to borrow money, but they were more likely to withdraw their children from school and send them

to work (crisis strategies). Again this is likely influenced by the fact that they tend to have larger families.

Comparing the two rounds of monitoring, non-applicant households saw decreases in the use of all 13 strategies from CVME1 to CVME2. Despite this, they remained the group with the highest use of coping strategies overall (82% used at least one strategy), and the group with the highest use of emergency strategies.

Beneficiary households and ineligible applicants had relatively consistent use of coping strategies across CVME1 and CVME2. The most frequently used were buying food on credit and borrowing money. However, it's important to note that beneficiaries were considerably **more likely** to buy food on credit and **less likely** to borrow money during CVME2 than CVME1. Focus Group Discussions (FGD) indicate that ESSN assistance is usually used for rent payments; this data (also corroborated by FGD results) indicates that the assistance is insufficient to cover all needs, therefore they continue to rely on credit for food, but need fewer loans to cover other needs. Qualitative data indicates that during the month, many households buy on credit towards the end of the month, and, after the upload date, may use some assistance to repay the loan.



⁵ To construct a livelihoods-based coping strategies module households were asked: "During the past 30 days, did anyone in your household have to do one of the following things because there was not enough money to meet your basic needs?" Each strategy is categorized as 'stress', 'crisis' or 'emergency' depending on its level of severity, and the impact on future household productive capacity. Within the Turkey context, spending savings, buying food on credit and borrowing money are categorized as stress; selling productive assets, reducing non-food expenses, withdrawing children from school, sending them to work and marrying children under 16 are considered crisis strategies; and a household member moving elsewhere, engaging in risky or illegal behaviour, begging or returning to their home country are considered emergency strategies.

Figure 18 Livelihood coping strategies: beneficiaries

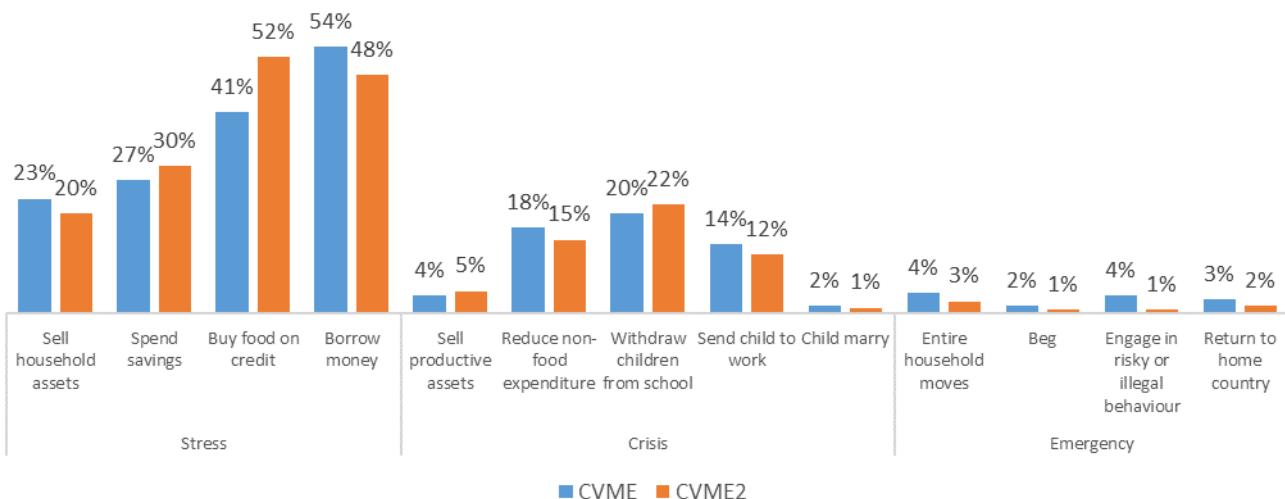


Figure 19 Livelihood coping strategies: ineligible applicants

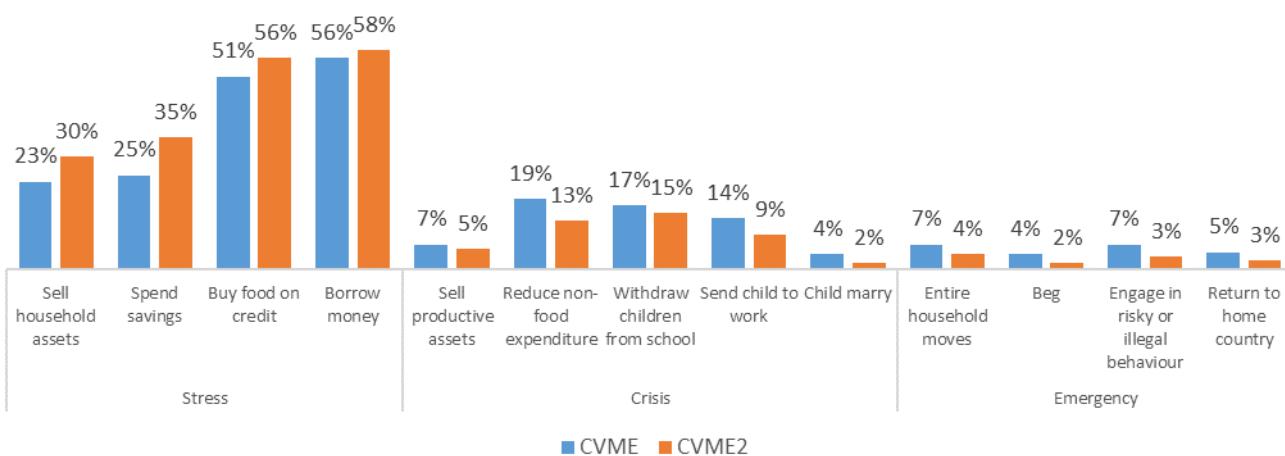
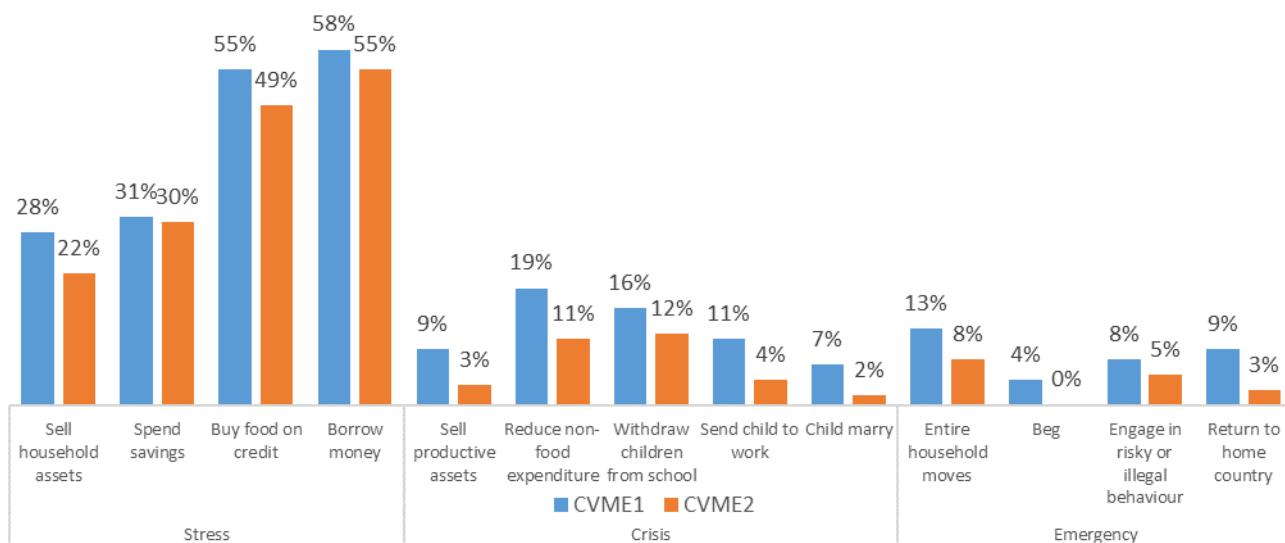


Figure 20 Livelihood coping strategies: non-applicants

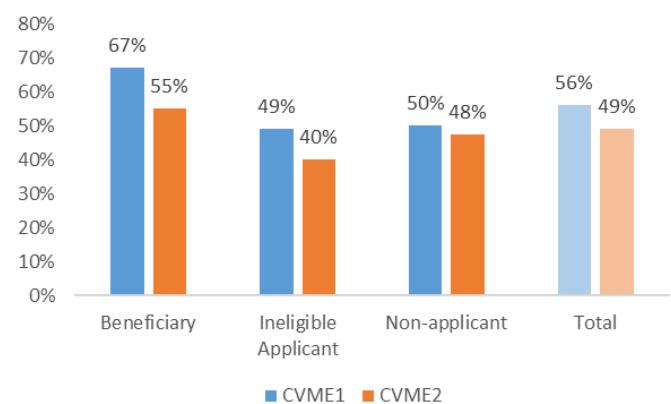


3.7 POVERTY

The Minimum Expenditure Basket (MEB) represents the minimum monthly cost of the goods and services required for refugees to live a dignified life outside the camps. Those whose income is below the MEB of 324 TL per capita per month are considered poor. The proportion of poor households (by this indicator) decreased from 56% in CVME1 to 49% in CVME2. While beneficiaries were the still poorest eligibility group (55% below the threshold), this group showed the largest improvement from CVME1 to CVME 2, with a 12% decrease in the proportion of households below the MEB (Figure 20). The most concerning group is female-headed non-applicant households, 63% of whom were poor by this measure.

The multi-dimensional poverty headcount was constructed in the CVME1 analysis to provide a more holistic indicator of poverty, beyond the economic measures presented above. The Alkire-Foster Method⁶ is used to construct the measure, including five weighted deprivations faced by a household: education, health, food security, living conditions and income. The data demonstrates that overall, the proportion of households classified as multi-dimensionally poor increased from 56% to 59% (Figure 21). This small change (only 3%, versus a 7% change in economic poverty incidence) is a reflection of the fact that some of the indicators included in the multi-dimensional poverty measure are not sensitive to change, such as housing conditions, or the education level of the head of the household.

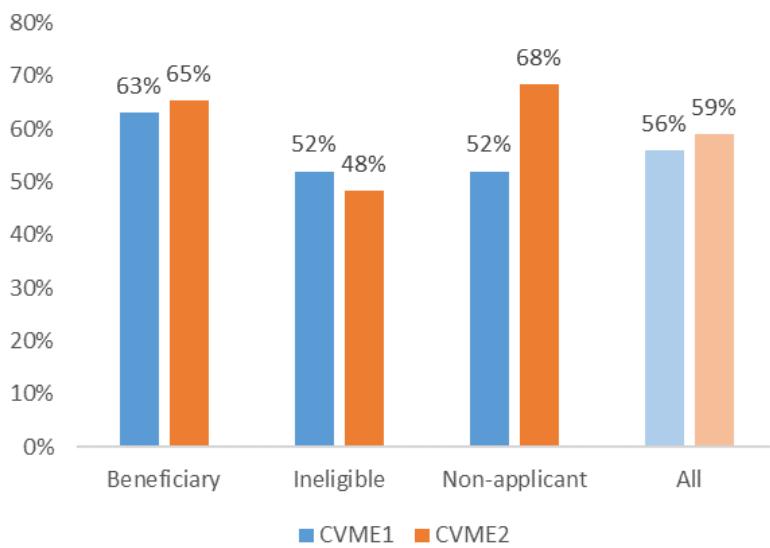
Figure 21 Poverty Incidence (MEB 324 TL)



The data demonstrates a small increase in multidimensional poverty among beneficiaries, a small decrease among ineligible applicants, but a very concerning increase for non-applicants. This is not driven by any single indicator, but small increases for almost all indicators included, such as absence from school, no treatment when sick, unacceptable food consumption, and no beds at home. While some of these changes may be a reflection of the changes in the sampling locations, this finding underscores the high levels of vulnerability among the non-applicant group.

Again, the most concerning group by far was female-headed non-applicant households, 82% of whom were poor when using the multi-dimensional poverty measure.

Figure 22 Multidimensional poverty headcount by eligibility



⁶ For more details on the Alkire-Foster Method of measuring multidimensional poverty, please refer to <http://ophi.org.uk/research/multidimensional-poverty/alkire-foster-method/>



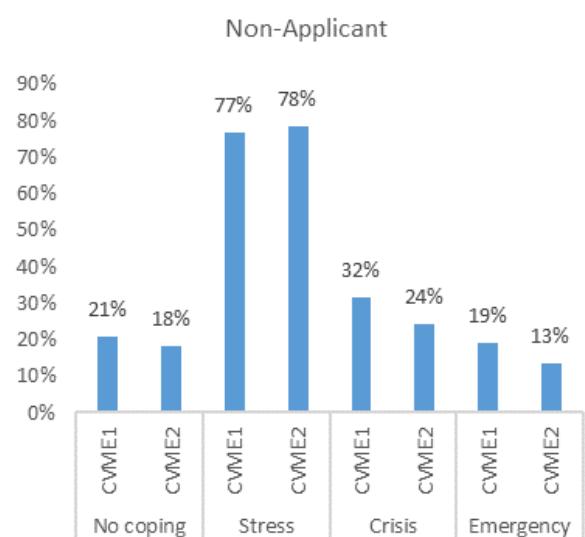
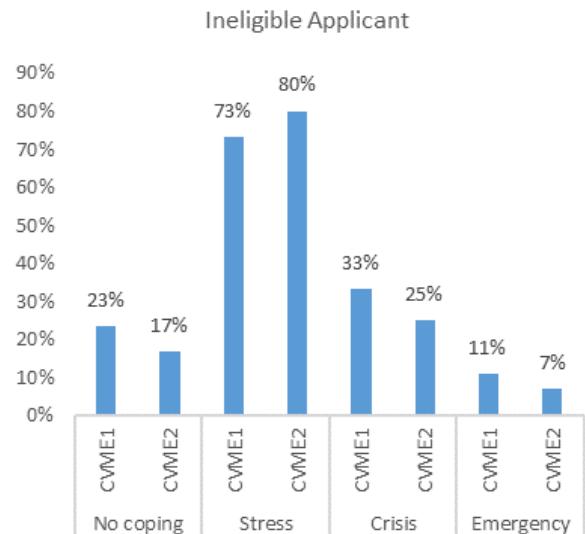
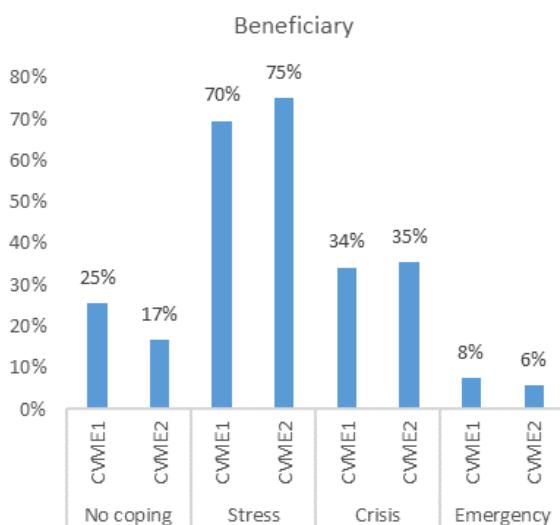
4. Conclusions & Programmatic Implications

Finding	Action/ Programmatic Implication
Refugee families in Turkey continue to be joined by new arrivals who still face issues with DGMM registration, which is a prerequisite for ESSN application.	<ul style="list-style-type: none"> - Continued efforts by ESSN stakeholders in the field, and in particular TRC outreach teams, to support families in understanding PDMM registration procedures, thereby overcoming barriers to ESSN applications. - Ongoing coordination at Ankara level with DGMM, to identify and facilitate solutions to rapid registration. - Central level coordination with DGMM should also allow for exchange of information, providing the ESSN stakeholders with an accurate refugee numbers. This will allow for geographically disaggregated calculations of the proportion of refugees who have applied for the ESSN, and targeted monitoring and outreach activities. - Continued fast-tracking of DGMM registration for families or individuals with specific health or protection concerns, allowing them to quickly access available services. Advocate to ensure this practice continues in PDMMs across the country.
In comparing CVME1 to CVME2, a reduced proportion of non-applicants cited DGMM registration as their barrier to ESSN application. A higher proportion cited recently getting their DGMM IDs, or not having registered with the Population Department (Nufus), as their primary reason for not applying to the ESSN. This indicates that households are sequentially passing through the barriers to application.	<ul style="list-style-type: none"> - Continued efforts by ESSN stakeholders to support families in understanding ESSN sequential pre-requisites, including Nufus registration procedures. - Increased coordination at Ankara level to ensure standard Nufus registration procedures are applied across the country (e.g. some locations requiring presence of landlords during Nufus registration, or letters from muhtars, etc). - Ongoing advocacy and coordination efforts with Nufus to ensure that families in informal housing are able to register their addresses. This must be standardized in Nufus locations across the country.
Non-applicants were worse off according to many indicators. They continued to be <i>more</i> likely to have school age children out of school, to live in lower quality housing and be <i>less</i> likely to seek treatment for illness. Overall, the proportion of non-applicants classified as 'multi-dimensionally' poor increased from 52% to 68%.	<ul style="list-style-type: none"> - Ongoing support to families to meet all ESSN pre-requisites (such as DGMM and Nufus, as noted above) to enable their application to the ESSN. - Increased coordination efforts to identify and map services and assistance available to refugees across the country, including those who are not registered. - WFP/TRC field staff and SASF staff to continue providing referrals to non-applicant households to other services and assistance, as appropriate. - Increased dissemination of ESSN monitoring and learning results to allow for targeted support to households most in need. Improve coordination to allow non-ESSN stakeholders to provide appropriate assistance to non-beneficiary households.

Finding	Action/ Programmatic Implication
<p>The data shows that female-headed non-applicant households are the most concerning group. These households are economically poorest (63% below the MEB); poorest using the multi-dimensional measure (82% MPI poor); and had the highest proportion using emergency coping strategies (26%). Female-headed households also have much higher rates of illiteracy (29%) than male-headed households (12%).</p>	<ul style="list-style-type: none"> - WFP/TRC staff should define targeted outreach efforts to female-headed non-applicant households. This should include support to pass barriers to application, including DGMM and Nufus, as noted above. - Given higher rates of illiteracy among female-headed households, specific support may be required to ensure all required forms are correctly completed. Referrals to non-ESSN services, such as community-based NGOs, may be useful. - Additional targeting methodologies should provide guidance to focus on female-headed households, citing evidence of their higher levels of vulnerability.
<p>The median debt of beneficiaries fell by 40% since the CVME1, while that of ineligible applicants and non-applicants remained about the same. While beneficiaries were still the poorest eligibility group, they showed the largest improvement from CVME1 to CVME 2, with a 12% decrease in the proportion of households below the MEB, suggesting that the ESSN is an effective and reliable source of income for them, in part due to its consistency.</p>	<ul style="list-style-type: none"> - Continue to track and monitor levels of debt to understand the programme's impact. While it is impossible to separate the effects of seasonality and assistance, CVME3 is taking place from March-August 2018, which will allow additional insights. - Triangulate all data sources (including baseline, post-distribution monitoring, CVMEs and Focus Group Discussions) to understand how assistance is affecting households, and which groups, if any, require additional support. - ESSN stakeholders to consider the policy issue that some beneficiaries will soon be better off than non-beneficiaries in a number of indicators. As assistance continues, a strategy should be defined regarding how best to support the poorest ineligible refugees, as beneficiaries continue to improve. - Refine targeting methodologies to ensure that the poorest ineligible households are able to access the ESSN by criteria outside the current demographic criteria.
<p>The improvements were lower for smaller beneficiary households, despite the larger amounts paid in the quarterly top ups. In considering the monthly transfers and the quarterly top ups, smaller households receive less assistance than larger households. CVME2 results show the smaller households were often less able to meet their needs and more likely to engage in negative coping strategies.</p>	<ul style="list-style-type: none"> - This finding underlines the importance of quarterly household top-ups, which must be maintained to ensure small households are able to meet their basic needs. - ESSN stakeholders should consider the likely need for additional support for smaller households, through increased monthly transfers or larger quarterly top ups. A minimum transfer amount per household could also be considered.

5. Annexes

ANNEX 1: STRESS, CRISIS AND EMERGENCY COPING STRATEGIES



ANNEX 2: MULTIDIMENSIONAL POVERTY COPING STRATEGIES

Dimension	Indicators	Beneficiary		Ineligible Applicant		Non-Applicant	
		CVME1	CVME2	CVME1	CVME2	CVME1	CVME2
Education	Household head with primary education or below	64%	69%	58%	66%	65%	69%
	Any child absent from school for one year or more	37%	39%	27%	22%	25%	29%
Health	More than half of household reported sick in past month	10%	13%	11%	8%	11%	11%
	Any household member not treated when sick	10%	12%	12%	12%	15%	18%
Food Security	Households with unacceptable (poor or borderline) food consumption	3%	5%	5%	8%	12%	15%
	Households with reduced Coping Strategies Index above 23 (using each strategy 3 days per week)	18%	7%	21%	14%	19%	20%
Living Conditions	Crowding index above 2	70%	65%	40%	31%	43%	43%
	No indoor toilet	11%	6%	11%	8%	19%	8%
	No kitchen	5%	4%	4%	4%	8%	13%
	No beds	45%	51%	43%	49%	49%	58%
Income	No household member worked in the past 30 days	18%	17%	12%	13%	23%	18%
	No skilled or reliable work	75%	78%	68%	65%	69%	71%

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