



Working paper

Basic needs and wellbeing in displacement settings

The role of humanitarian assistance and social protection

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Key messages

Displaced people often have greater needs than hosts given their loss of assets and threats faced before and during displacement, and their more limited access to networks, livelihoods and other rights in the host context. They will continue to have distinct and heightened needs for long periods after their arrival. This means they require different types and higher average levels of support to ensure their basic needs are met.

Assistance recipients in our study generally showed better outcomes than non-recipients in various dimensions of both material and subjective basic needs and wellbeing. These positive outcomes are particularly pronounced for recipients of humanitarian assistance.

Displaced people's basic needs may be neglected and their wellbeing jeopardised if humanitarian assistance closely aligns with social protection transfer amounts, type, or targeting approaches, without considering the unique nature and higher level of their needs.

Any potential linkages should be considered in light of their effects on the displaced population's ability to meet their needs. If displaced people are to be served through national social protection systems, additional provisions will generally be needed to ensure that they can access the type and level of assistance they require.

Where there are concerns that humanitarian assistance meets displaced populations' needs better than social protection meets hosts', this imbalance should be addressed by improving the adequacy of provision for hosts, not by reducing the support for displaced people and leaving an already-vulnerable population at greater risk.



Building the Evidence on Forced Displacement

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About this publication

The overall aim of this project is to better understand effective mechanisms for the integration of social protection programmes and humanitarian assistance. By providing clearer guidance about when, how and why different forms of integration might be considered, the project will develop the theory, evidence base and operational guidance on how social protection systems and humanitarian systems can work together to meet the needs of those affected by displacement crises, including not only the displaced but vulnerable households in their host communities as well. The research is grounded in three country contexts with a total of six study sites that present different contexts of displacement and humanitarian response: Greece (Athens and Ioannina), Colombia (Bogotá/Cúcuta) and Cameroon (Far North/East). The project is led by ODI, who work in close collaboration with the Centre for Applied Social Sciences Research and Training (CASS-RT) in Cameroon, the School of Government at the University of Los Andes in Colombia and the National Centre for Social Research (EKKE) in Greece.

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Acronyms/Glossary

ESTIA	Emergency Support to Integration and Accommodation
FCFA	Central African franc
FGD	focus group discussion
HELIOS	Hellenic Integration Support for Beneficiaries of International
IDI	in-depth interview
IDP	internally displaced person
KII	key informant interview
MINEPAT	Ministry of Planning, Programming and Regional Development
NGO	non-governmental organisation
ODI	Overseas Development Institute
OLS	ordinary least squares
PFS	<i>Projet filets sociaux</i> (Cameroon Social Safety Nets)
PPP	purchasing power parity
rSCI	Reduced Coping Strategy Index
SISBÉN	<i>El Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales</i>
THIMO	<i>Travaux à Haute Intensité de Main-d'oeuvre</i> (cash for work)
TMO	<i>Transferts Monétaires Ordinaires</i> (regular cash transfers)
UNHCR	United Nations Refugee Agency
WFP	World Food Programme

Executive summary

The increasing and sustained presence of displaced people in host communities worldwide requires new approaches to assistance. One potential approach is to link humanitarian assistance with national social protection systems. Yet the implications of linking these in different ways – including for meeting people’s basic needs and wellbeing in displacement settings – are far from clear.

In this paper, we thus explore two key questions:

1. How does assistance provision affect basic needs and wellbeing outcomes in displacement settings?
2. How might these effects differ when international humanitarian assistance is linked more closely and in different ways with state social protection?

This paper combines findings from mixed-methods primary research conducted in 2020–2021 in six sites across three countries

1. **Cameroon:** in the East region, refugees from the Central African Republic (mostly since 2015 in our sample); and in the Far North region, Nigerian refugees and internally displaced persons (IDPs) affected by conflict with Boko Haram since 2015. Assistance for displaced people is largely internationally financed and provided.
2. **Colombia:** in the capital city of Bogotá and border city of Cúcuta, IDPs displaced by decades of internal conflict and violence, and Venezuelans displaced since 2015. Assistance for displaced people is mostly nationally financed and provided.
3. **Greece:** in the capital city of Athens and the smaller north-western municipality of Ioannina, asylum seekers and refugees fleeing Syria and elsewhere, mostly arrived since 2014. Assistance for displaced people was largely internationally financed and provided at the time of our research.

A survey of approximately 1,500 displaced and host community members was conducted in each country from January to April 2021. In addition, we held focus group discussions and in-depth interviews with members of displaced and host populations, and with representatives of the government, UN, non-governmental, and donor organisations.

We mainly focus on outcomes where the direct impact of assistance is most likely to be observable in data that was collected at a single point in time and in the midst of the Covid-19 pandemic, namely (1) the availability of food and water for consumption (for material wellbeing), and (2) satisfaction with one’s life, both financially and overall, and mental wellbeing over the past 30 days (for subjective wellbeing). The analysis consists of regressions as well as extensive analysis of the qualitative data.

How does assistance provision affect basic needs and wellbeing outcomes in displacement settings?

Assistance recipients generally show better outcomes than non-recipients in various dimensions of both material and subjective basic needs and wellbeing – in this case meaning lower food insecurity, greater access to sufficient drinking water, greater satisfaction with life in general and with the household's financial situation, and better mental wellbeing. The quantitative regression analysis shows that where assistance receipt is statistically associated with material or subjective wellbeing outcomes, in most cases the relationship is positive (pointing to greater wellbeing). In the qualitative research too, displaced respondents in particular described the important role that assistance played in their lives, helping them to meet more of their basic needs while avoiding (or relying less on) negative coping mechanisms.

The positive wellbeing outcomes come out most strongly for recipients of humanitarian assistance, in both the quantitative analysis (particularly for displaced recipients in Cameroon and Greece) and also the qualitative research. **For social protection, findings are more mixed**. In the quantitative research for example, Greek recipients of social assistance have better material but generally worse subjective wellbeing outcomes than non-recipients. In Cameroon, host recipients have better outcomes across both dimensions relative to non-recipients, but half of these host recipients' households were receiving World Food Programme (WFP) food assistance and not social protection, so the findings cannot be attributed to social protection specifically. In Colombia, where assistance was largely state provided, there are fewer significant findings compared to the other countries and some 'unexpected' findings, such as IDP assistance recipients showing higher levels of food insecurity than non-recipients. This might be explained by successful targeting of worse-off households. However, where outcomes are similar or worse for recipients compared to non-recipients, it could also reflect the relatively low adequacy of assistance.

We see some evidence that mediating factors like amount and duration of assistance play a role. **There is some evidence of better wellbeing outcomes for those receiving assistance for longer and/or in greater amounts**. However, in Cameroon the quantitative evidence suggests that progressive cuts to WFP food rations over time may have resulted in worse subjective wellbeing outcomes (including satisfaction with life and household finances, and mental wellbeing) for longer-term refugee recipients relative to very recent recipients. Qualitative interviews also highlighted challenges around transfer values, **with lower transfer values limiting the extent to which they supported displaced populations to meet their basic needs**. For instance, in Greece where the value of the humanitarian cash transfer scheme cannot exceed the national social protection system's guaranteed minimum income scheme, asylum-seekers reported that this transfer value was not adequate to meet their basic needs given their limited community or family resources and the restrictions they faced in accessing work.

The quantitative analysis also shows some differences in terms of gender, with the **differences between recipients' and non-recipients' outcomes generally being more pronounced for female-headed households** than for their male counterparts. For Cameroon, this is true for both material and subjective wellbeing, at least for displaced households. More generally, there is some evidence that female-headed households in displaced populations tend to report larger increases in satisfaction with their lives and financial situation (and to a lesser extent mental wellbeing) when receiving assistance, compared to the differences between male-headed recipient and non-recipient households. **This might suggest that assistance is more important for female-headed households**, perhaps because they do not have other income sources.

The qualitative research also highlighted the wide range of urgent needs that displaced populations face. Taken together with the finding from the quantitative analysis that assistance receipt is not always significantly associated with material and subjective wellbeing, this highlights that **humanitarian assistance and social protection alone are not sufficient to improve basic needs and wellbeing outcomes**. While assistance may help overcome 'demand-side' constraints to meeting certain needs, in other cases, basic needs fulfilment may be hindered by 'supply-side' blockages (such as a lack of school places, inadequate health services, limited water and sanitation facilities, or a lack of labour market opportunities), or broader legal, policy or contextual factors restricting displaced people's access to the available supply and opportunities (e.g. exclusionary laws; lack of documentation; violence and insecurity; social discrimination).

How might these effects differ when international humanitarian assistance is linked more closely with state social protection?

Policy level

Linking legal and policy frameworks

Our research indicated the importance of ensuring that assistance schemes are complemented by broader legal and policy frameworks that are designed to meet host and displaced populations' wide-ranging needs and which reflect the legal status of the displaced. We find that where assistance is enshrined in law, it can sometimes outline and guarantee displaced populations' wide-ranging rights and entitlements more explicitly, which may improve their ability to access provisions that meet their various needs. However, in other cases, integrating assistance for displaced persons into national law or policy in principle was not found to facilitate their access to support in practice due to bureaucratic and other barriers (Lowe et al., 2022b), meaning their inclusion in legal frameworks on paper did little to help fulfilling their basic needs in reality, and highlighting the importance of investing in the implementation of rights in practice.

Linking governance and coordination

Supporting displacement-affected populations to meet their diverse basic needs requires comprehensive provision across a broad range of programmes, policies, and actors. Our research generally indicated potential benefits of strong policy coordination (but not necessarily fully

aligned or integrated provision) between different schemes and systems, to ensure that needs are met to the greatest extent possible. Conversely, where such coordination is ineffective or absent, clear gaps in provision emerged, and urgent needs were left unmet.

Linking financing

Our research clearly highlighted the importance of adequate and sustained financing for meeting basic needs of both displaced populations and host communities. Where financing for displacement responses had been dramatically reduced over time, this reduced their ability to meet basic needs. In large-scale protracted displacement situations, the depth, breadth and duration of need is immense. It is therefore vital for the international community to live up to its commitments to share responsibility for global displacement challenges and to ease pressure on host countries by providing financing.

Whether this international financing should be fully linked with (i.e., channelled through) state systems, as opposed to being delivered through humanitarian or non-governmental agencies, is a separate matter. Our research indicated various considerations regarding the potential impacts of linking international and national financing for the fulfilment of affected populations' basic needs. Linking international financing with state systems may be beneficial if it means that broader, better or more reliable support reaches those affected by displacement crises. However, this is not a given, and affected populations' wellbeing may be adversely affected if channelling funds through national systems instead results in a reduction in the quality or quantity of assistance reaching people on the ground, due to resource diversion or governments' difficulty serving populations effectively in areas where they lack capacity, control, public trust or political will.

Design level

Displaced populations typically have greater (and often different) needs than the host community, since they tend to have more limited access to employment, livelihoods, land, secure housing, community/social networks and public services in their new place of residence. They may have lost or exhausted much of their income, assets and savings prior to or during their displacement journey, and may also have developed specific additional needs (for example physical injuries or disabilities, trauma or other mental health conditions) as a result of their displacement experience. Some of these challenges will result in permanently higher needs, and will be exacerbated by other factors, including age and gender; others could theoretically reduce over time, but are in practice likely to persist for many years.

All this means that even in situations of protracted crisis, displaced populations will generally require different types and higher average levels of support than host populations if their basic needs are to be met. Such differences create important considerations for designing and/or linking humanitarian and social protection transfer amounts, types and targeting approaches in ways that do not jeopardise the wellbeing of displaced populations.

Linking transfer amounts

Transfer amounts (values and duration) have generally differed between the humanitarian and social protection systems, with significantly higher levels of assistance being given by humanitarian agencies than social assistance schemes. In part, this directly reflects displaced populations' greater levels of need. It also reflects differences in the objectives of humanitarian versus social assistance, as well as – relatedly – the methods they use to calculate the level of assistance given, and the constraints that the systems face (see also McLean, 2021 and Hagen-Zanker, Lowe and Holmes, 2022). Our analysis shows that the amount provided through social assistance often falls well short of the amount required to adequately support the higher average need levels of displaced populations (as well as the fulfilment of basic needs among the host population).

This raises concerns around potential reductions in humanitarian transfer values and durations if they are aligned with social protection. Lowering humanitarian transfer amounts to 'meet in the middle' with social protection may simply replicate – and exacerbate – problems that already exist in the adequacy of social protection for host populations, and adversely affect displaced populations' ability to meet their basic needs in the process.

Linking transfer type

Our research found that assistance to displaced populations was not always given in the form that best enabled those households to meet their basic needs. Where humanitarian transfers are provided as vouchers or in kind (which has historically been a dominant assistance modality in the humanitarian system), they may not meet recipients' needs as efficiently, reducing wellbeing outcomes. This was the case in Cameroon, where many recipients indicated that in-kind food rations or vouchers did not meet their needs effectively, leading them to sell it back to the shopkeeper, who would take around a 25% cut.

In cases where humanitarian assistance is predominantly provided in kind and social protection predominantly in cash (as in Cameroon), aligning the modality of humanitarian transfers with social protection may help improve the transfers' ability to meet recipients' basic needs, since cash is often more cost-effective and timelier, and can be delivered at larger scale and in a manner that empowers households to determine their own expenditure and meet specific needs.

On the other hand, our case studies also illustrate some potential ways in which alignment of humanitarian assistance modalities with the types of programmes provided in mainstream social protection might reduce their ability to meet displaced populations' needs. This is likely to be the case in relation to needs that may be unique to, or much more common, among displaced households, relative to the host population.

Linking targeting criteria

The ability of a programme to address basic needs depends on how effectively it is targeted to the individuals or households with unmet needs. Humanitarian and social protection schemes

generally have very different approaches to identifying needs and to targeting assistance towards people with those needs. In contexts where existing assistance for displaced populations is expected to be integrated into mainstream social protection provision, these differences in the determination of need and eligibility in the two systems may mean that displaced households are not well identified through standard social protection targeting criteria.

It is possible to integrate different targeting considerations into mainstream social protection programming to ensure the inclusion of displaced households in need (as for IDPs in Colombia). However, this requires proactive adjustments of existing social protection objectives, strategy and targeting criteria. The framing, communication and funding of such adjustments must be undertaken with care, as they may have important implications for social cohesion (discussed further in Lowe et al., 2022c).

Administration and delivery

A transfer's ability to meet basic needs is contingent on the programme's delivery system being designed and implemented in a way that effectively and reliably identifies, enrolls and disburses assistance of the correct value for the population in need.

Displaced populations' ability and willingness to access assistance through state systems may differ significantly from access through humanitarian systems (which are typically established to protect displaced recipients). Any operational challenges or reluctance to engage with state systems on the part of displaced households therefore need to be addressed before linking assistance to them into social protection systems, if their basic needs are to be met effectively and in a manner that promotes rather than compromises their wellbeing (see Lowe et al., 2022b for a more detailed discussion).

Recommendations for host governments and international actors administering programmes for displacement-affected populations

1. Invest in the broad socioeconomic development of displacement-affected regions and promoting both host and displaced populations' legal and effective access to their wide-ranging social, economic and political rights, such as access to documentation, freedom of movement, the right to work, decent livelihoods and land on reasonable terms, financial services, justice and legal protection.
2. Understand differentiated needs of distinct sub-groups and design transfer amount, duration, targeting criteria and modality accordingly, to adequately meet host populations' and displaced populations' basic needs and other dimensions of wellbeing

3. Develop a comprehensive assistance strategy to adequately meet displaced and host populations' needs by expanding existing programmes, developing new government-led schemes, or working in collaboration with international, national or local partners to facilitate non-government provision. Recognise that further investment is needed to translate laws on paper into provision in practice.
4. Ensure sufficient, sustained financing to enable the support of the basic needs and wellbeing of displacement-affected populations.

Recommendations for actors considering humanitarian–social protection links

1. Work to improve coordination both within and across the humanitarian and social protection systems. Carefully consider which displaced populations might fall between the cracks, and address this.
2. Provide assistance at a level and of a modality that adequately meets recipients' needs. If needs between host and displaced recipients are similar, it may be appropriate to provide similar support; but in many cases displaced households have greater needs, which they may struggle to meet within a broader context that is often more restrictive for displaced populations. Increase social protection transfers where provision is inadequate to meet the needs of host households (drawing on new domestic and international financing sources where feasible and necessary) rather than reduce vital support for displaced households.
3. Recognise that vulnerability differs between host and displaced recipients, and therefore approaches to identifying priority recipients between humanitarian assistance and social protection schemes differ too. Do not link assistance to the displaced with social protection targeting criteria unless displaced residents can meet these. Criteria adjustments may be required to enable displaced access in practice.

1 Introduction

The number of forcibly displaced people has more than doubled in the last decade, recently surpassing 100 million for the first time on record (UNHCR, 2022). Displaced populations are now more likely to live among host communities rather than in designated camps, often on a protracted basis (UNHCR, 2019; 2020; OCHA, 2017).

The changing nature of displacement has required shifts in the response approach, away from traditional ‘care and maintenance’ models of humanitarian assistance (based on providing immediate relief for emergency needs) towards longer-term, development-oriented approaches. One proposed approach is to engage more closely with national social protection systems in the provision of assistance to displacement-affected populations, where feasible and appropriate.¹ Yet, there is relatively limited evidence to date of the potential outcomes that may emerge from linking international humanitarian assistance with state-led social protection in different ways in diverse displacement settings (Peterman et al., 2018).

One of the key outcomes to assess the effectiveness of assistance provision and potential effects of different linkages relates to the fulfilment of basic needs. Our research explores this relationship between assistance provision and basic needs and wellbeing in various displacement settings. While in some cases, it may make little difference how assistance is provided, in other cases, whether and how a programme involves state systems at its design, implementation, governance or financing may influence basic needs and wellbeing outcomes. Section 1.1. outlines how we set out to investigate these potential effects in this study.

1.1 Research approach and conceptual framing

In our research, we set out to explore two key questions:

1. How does assistance provision affect basic needs and wellbeing outcomes in displacement settings? (Discussed in section 3).
2. How might these effects differ when international humanitarian assistance is linked more closely and in different ways with state social protection? (Discussed in section 4).

In relation to the first question, we explored the relationship between assistance provision and various dimensions of basic needs and wellbeing. UNHCR (2017) defines the basic needs approach as a way to enable displaced people to meet their basic needs and achieve longer-term wellbeing.

1 For example, see the commitments to increase engagement with social protection systems and promote displaced populations’ access to such systems in the 2016 New York Declaration on Refugees and Migrants; the Grand Bargain emerging from the 2016 World Humanitarian Summit, and the 2018 Global Compact on Refugees.

While some basic needs are monetisable, not all of them are. For instance, the increasingly studied area of mental health and psychological wellbeing cannot be monetised, and yet is more and more relevant to assessing displaced populations' basic needs fulfillment. We therefore study the effects of assistance on fulfilment of basic needs in relation to both material and subjective dimensions of wellbeing.

Within these material and subjective categories, we focus on outcomes where the direct impact of assistance is most likely to be observable in data that was collected at a single point in time and in the midst of the Covid-19 pandemic (as discussed further in our methodology in section 1.2). For this reason, we focus on material and subjective wellbeing outcomes that are most likely to be directly influenced by receiving assistance within a short period, namely: (1) the availability of food and water for consumption (for material wellbeing), and (2) a person's perceptions of their life, finances and mental wellbeing over the past thirty days (for subjective wellbeing). We recognise that many other aspects of basic needs are vital (e.g., education, health, housing) but variation in these outcomes was more likely to be explained by wider policies or other sectoral initiatives (e.g., whether the population is camp-based or not, or whether health services are free and functioning in the areas studied). In the case of education, assistance has often been found to have a direct impact (Bastagli et al., 2016; Cross et al., 2018; Carter et al., 2019; Behrman and Parker, 2010). However, it was difficult to study education outcomes across contexts given Covid-19 school closures and the wide variation in whether children in different countries and regions were able to continue their schooling in a remote form during the pandemic.

In relation to the second research question, this paper – and our wider research project – uses a conceptual framework outlined in Lowe et al. (2022a), which builds on earlier frameworks by Barca (2019) and Seyfert et al. (2019). In this framework, humanitarian assistance to displacement-affected populations can be linked with social protection to different degrees, and at different 'connection points' in the system.

The degree of linkages can be visualised on a spectrum from 'no linkages' at one extreme to 'full integration' at the other extreme, with intermediary steps of 'alignment' (where humanitarian assistance mirrors the social protection system in some way but remains a standalone programme) and 'piggybacking' (where the humanitarian assistance programme uses elements of the national system but otherwise remains a standalone programme, or vice versa).

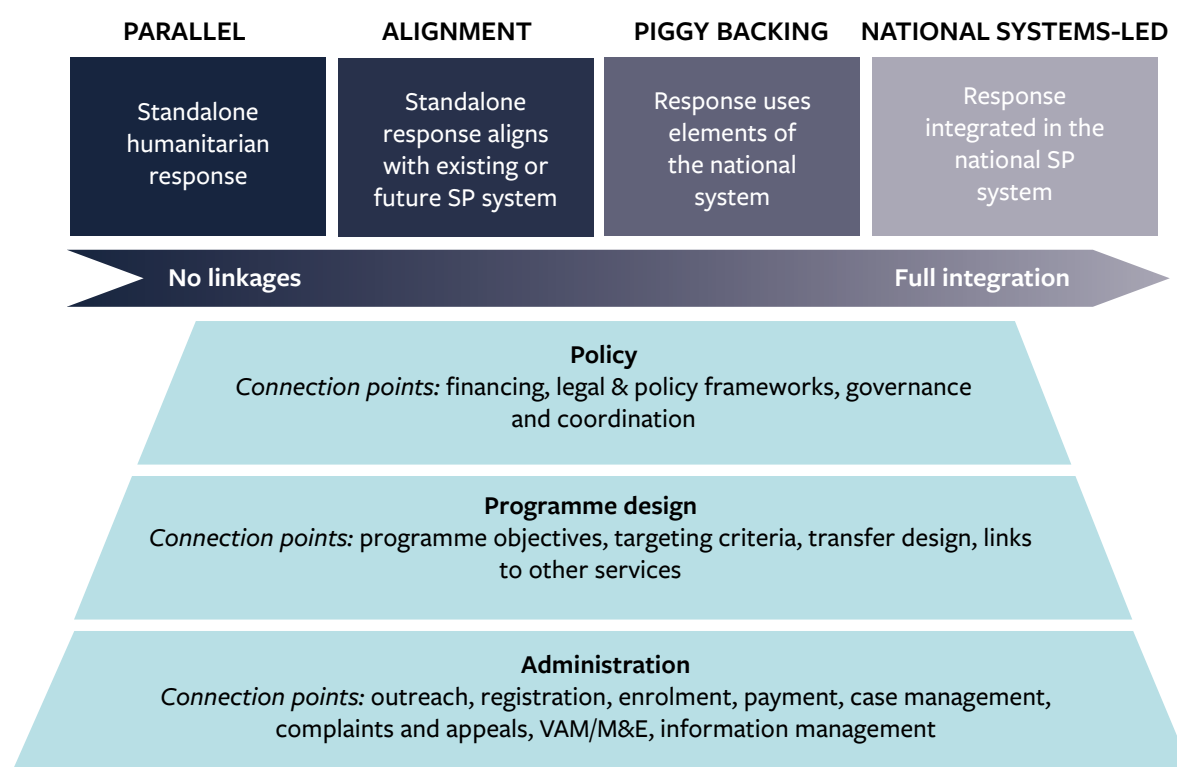
These linkages can occur to different degrees at different points in the formulation, design and implementation of assistance provision. These potential 'connection points' are grouped at three levels:

1. the policy level, which relates to the key policy frameworks and mechanisms that underlie assistance provision

2. the programme design level, which relates to the specific design features of the assistance scheme
3. the administration level, which relates to the operational processes and mechanisms that are used to deliver the assistance in practice.

Building on this framework, in this paper we highlight insights about where and how linkages at particular connection points within the three levels influence the effects of assistance on basic needs and wellbeing outcomes. In this paper we mainly focus on the first two levels, with Lowe et al. (2022b) exploring the third level.

Figure 1 Approaches for linking humanitarian assistance and social protection



Source: Lowe et al. (2022a), based on Seyfert et al. (2019) and Barca (2019)²

² This framework and diagram was updated at the end of the project - see Lowe et al. (2022a) for the revised image.

1.2 Methodology

1.2.1 Case study selection

This paper brings together relevant findings from mixed-methods primary research conducted in 2020–2021 in six sites across three countries as part of a wider research project considering social protection responses to forced displacement.

These case studies were chosen to provide variation in terms of geographies, income levels, maturity of social protection systems, type and duration of displacement situations and humanitarian response, and socio-economic profiles and overlaps between the displaced and host populations.³ The selected sites and countries were:

1. Cameroon (lower-middle income): the East and Far North regions. We considered the refugee influx from the Central African Republic fleeing political instability that began in 2004 (although most of the refugees in our sample related to arrivals since 2015), and the Nigerian refugee and IDP influx resulting from the conflict with Boko Haram since 2015. Most assistance available in these settings is from international humanitarian agencies (mainly to displaced rather than host populations), separate from state systems. Social protection is very nascent in Cameroon, with the recently established social safety net covering only a tiny fraction of the population.
2. Colombia (upper-middle income): the capital city of Bogotá and border city of Cúcuta. We considered internal displacement caused by over six decades of internal conflict and violence, as well as the more recent influx of Venezuelans displaced by the economic, political and humanitarian crisis that has escalated in Colombia's neighbour since 2015. Among the populations we studied, reported assistance was primarily from the state, both for IDPs and Venezuelans. Assistance sometimes related to mainstream social protection (which is relatively advanced in Colombia and which expanded substantially in coverage during Covid-19) and other times related to targeted assistance schemes for IDPs or Venezuelans.
3. Greece (high-income): the capital city of Athens and the much smaller north-western municipality of Ioannina. We considered the situation of asylum-seekers and refugees fleeing violence and instability in Syria and elsewhere, most of whom have arrived since 2014.

Greece has an established social protection system, with *de jure* entitlements to social welfare for eligible citizens and long-term residents. In practice, displaced populations have had limited access to social protection and have relied on separate assistance programmes. These humanitarian assistance programmes were still run by international agencies at the time of our research, but operational responsibilities for them have since been transitioned to the state, while still funded by the EU.

3 For more information on the case study contexts, see additional details in the main country papers (Levine et al., 2022; Ham et al., 2022; Tramountanis et al., 2022).

1.2.2 Data collected

In each country, the primary research combined data from a roughly 1,500-person survey (conducted in January–April 2021), focus group discussions (FGDs) and in-depth interviews (IDIs) with members of displaced and host populations, as well as key informant interviews (KIIs) with government, humanitarian, donor and non-governmental organisation representatives. In Cameroon, 30 FGDs were conducted, together with 76 in-depth interviews and 18 KIIs. In Colombia, there were 12 FGDs, 18 in-depth interviews and 24 KIIs. Finally, in Greece, there were 71 IDIs and 30 KIIs (see Appendix 1 for the complete breakdown).

Table 1 Overview of the quantitative survey sample

Country	Location	Group	Sample size	Of which, sample size in camp
Cameroon	East region	Refugees	497	237
		IDPs	N/A	N/A
		Hosts	251	NA
	Far North	Refugees	218	201
		IDPs	269	257
		Hosts	242	NA
Colombia	Bogotá	Venezuelans	255	N/A
		IDPs	253	
		Hosts	254	
	Cúcuta	Venezuelans	254	
		IDPs	259	
		Hosts	257	
Greece	Athens	Refugees	198	47
		Asylum seekers	210	118
		Hosts	392	N/A
	Ioannina	Refugees	148	47
		Hosts	389	N/A

1.2.3 Data analysis

Basic needs and wellbeing were two of topics on which data was collected through the survey, with the questions being designed by ODI researchers based on their own research design and on

a review of studies and international agencies' surveys exploring similar topics.⁴ In this paper, we opt to focus on the results related to those basic needs and wellbeing dimensions that cut across all three cases. The sample is not designed to be representative of host and displaced populations in each site,⁵ but rather the focus was on collecting data that facilitated robust comparisons of the outcomes of those receiving and not receiving assistance within each case study.

The overall approach for this paper was to assess in each case study the current and potential effects of the assistance model (Section 3) and of linking more closely with the social protection system in that context (Section 4), and to then bring these insights together in cross-country analysis.

To do this, our qualitative analysis draws on the basic needs and wellbeing-related findings from the FGDs, IDIs and KIIs, as reported in the country papers (Levine et al., 2022; Ham et al., 2022; Tramountanis et al., 2022). The KII insights are brought in most strongly in Section 4, when we explore – from various stakeholders' perspectives – the potential effects of linking humanitarian assistance with state social protection in different ways. Meanwhile, the FGDs and IDIs form the basis of Section 3.3, where we complement the quantitative analysis (discussed below) with recipients' own accounts of the importance and value of assistance in meeting their basic needs. We see these qualitative insights as essential for understanding the role of assistance in basic needs fulfilment: due to the complexity of factors influencing basic needs and wellbeing outcomes, it can be challenging to detect the effects of assistance in statistical analysis alone.

This qualitative analysis is combined with additional quantitative analysis conducted for this thematic paper. Our quantitative analysis draws on the three survey datasets from each country, running comparable regression analysis. Given that our basic needs dependent variables of interest can take the form of continuous indices or dichotomous variables

4 These included: IRC (2014), UNDP (2015), World Bank (2019), UNHCR, UNICEF and WFP (2017), UNHCR (2018), Fix et al., (2019), Quattrochi et al. (2020), Harb (2017) among others. To enquire on food security and coping mechanisms we used the RCSI standard scale. For availability of drinking water, we used the standard question from 'Core questions on water, sanitation and hygiene for household surveys' (WHO and UNICEF, 2018). For the questions on mental wellbeing, we referred to the Perceived Stress Scale originally developed by Cohen et al., (1983), which remains a widely used tool for assessing psychological stress (Lee, 2012).

5 In Colombia, the survey was conducted in low-income neighbourhoods (and is representative of these neighbourhoods, meaning the host population is by definition more socio-economically vulnerable than the average citizen of Colombia as a whole). In Greece, the enumerators targeted low-income neighbourhoods in Athens for host interviews in order to over-sample households receiving some form of assistance, meaning the findings should not be assumed to be representative for the host population in Athens as a whole. In Cameroon, due to the extremely low rate of assistance provision for the host population and high rate of assistance provision for the displaced population, significant oversampling was used to try to get a relatively even proportion of recipients and non-recipients (meaning the sample is not random or representative). However, even with these attempts, it was difficult to find enough host population households receiving assistance, which sometimes makes it difficult to detect any statistically significant effect (as discussed in the limitations section below).

measuring different dimensions of well-being, we use both ordinary least squares (OLS) and logit regression models depending on the outcome of analysis. More specifically, for indices of well-being such as the Reduced Coping Strategy Index (rCSI), life and financial satisfaction indices, we employ OLS estimation; for access to water and well-being outcomes that measure the likelihood of occurrence of an outcome, we use logistic regression analysis. For easier interpretation of logistic regression coefficients, we further estimate marginal effects evaluated at the mean value of all covariates. By doing this, we can directly interpret the coefficients as the change in probability when the independent variable of interest increases by one unit (from 0 to 1 in the case of binary variables).

Moreover, we add a set of control variables to account for regional, individual and household-level characteristics that could influence both our outcomes and main independent variables of interest. Table 13 in Appendix 3, details the basic needs dependent variables of analysis, the assistance-receipt, amount and duration independent variables of interest as well as the individual and household level controls. The key independent variable of interest is assistance receipt – this includes anyone who reported receiving *any kind* of transfer in the last three months in Greece, and 12 months in Cameroon and Colombia. Venezuelans in Colombia are the only group, where significant shares of the population receive government and/or humanitarian assistance (other groups almost exclusively receive one or the other, see Section 2). For this regression we also added a binary variable measuring whether they received a government transfer to separately assess the effect of social protection.

In the analysis of regression findings, we focus on statistically significant findings, though in some cases also point out noteworthy non-significant findings. To capture gender effects, we also run the main regressions separately for female- and male-headed households, comparing the coefficients of the main independent variables of interest. In some populations, the sample of female-headed households is very small (particularly for displaced populations in Greece), though in the interest of adding gender analysis to the paper, all statistically significant findings are reported.

Given the data was collected only at a single point in time, our ability to make direct causal claims is inherently limited. Where possible, approximate causal relationships are drawn on the relationship between assistance receipt and specific outcomes, by comparing outcomes of assistance recipients and non-recipients – controlling as far as possible for individual and household-level characteristics. However, assistance is often only a small driver of changes in outcomes, and there are likely to be large omitted variable biases, meaning caution is needed to avoid drawing causal claims. The determinants of material needs and particularly subjective wellbeing are broad and far-reaching, going beyond factors controlled for in the regression analysis, with unobservable factors such as experience of trauma surely driving some of the findings. Therefore, we complement the survey analysis with the qualitative findings, as discussed above.

1.2.4 Limitations

A major limitation faced in this study was the impact of the Covid-19 pandemic, which affected the research in two important ways.⁶

First, it hindered data collection across the three countries, requiring adjustments to the research methodology that in some cases affected the range and quality of responses we could collect. Due to restrictions on in-person gathering in Greece and Colombia at the time the qualitative research was conducted, some of the qualitative interviews conducted were conducted on the phone (both countries), through WhatsApp-based conversations (Colombia) or standing up outdoors (Greece). This may have affected interview quality.

Secondly, across all three countries, data was collected several months into the pandemic. This undoubtedly influenced many of the outcome areas under study (including basic needs and wellbeing). While it is impossible to determine how the survey or interview responses on specific outcome areas may have differed in the absence of the pandemic circumstances, we hope to have to some extent averted this constraint as our focus is not on analysing the basic needs levels overall among the population but on comparing how these levels appear to differ between assistance recipients and non-recipients. We also recognise that Covid-19 had a substantial effect on the range of assistance programming in place, given the expansion of government and non-governmental assistance to mitigate the socio-economic impacts of the pandemic. Efforts were made to address this by distinguishing – in both the qualitative and quantitative research – between assistance that was initiated solely due to the Covid-19 crisis and assistance that would have been available to displacement-affected populations in other circumstances.

We also have some challenges common to many quantitative surveys. The aim for the survey was to compare the responses of those receiving assistance with those not receiving assistance, as well as the responses among recipients for those receiving transfers of different types or levels. For certain hosts and displaced groups, we were unable to carry out specific regression analyses as some samples became too small when evaluating differences among transfer recipients. For instance, in the case of Cameroon, only a very small number of hosts receive assistance, which is why they were not included in this part of the analysis.

6 For more details on the methodological approach and limitations in each country, see the separate case studies from Cameroon (Levine et al., 2022), Colombia (Ham et al., 2022) and Greece (Tramontanidis et al., 2022).

2 Overview of main assistance programmes studied in Cameroon, Colombia and Greece

Below we provide a summary of the main assistance programmes studied in Cameroon, Colombia, and Greece, as described in the country case studies (Levine et al. 2022; Ham et al., 2022; Tramountanis et al., 2022).

2.1 Cameroon

2.1.1 Social protection

Formal social protection in the country is at an extremely nascent stage. Since 2013, the World Bank has been funding the rollout of a **Social Safety Nets project (PFS, *Projet filets sociaux*)**, in partnership with the Ministry of Planning, Programming and Regional Development (MINEPAT). Its coverage has gradually expanded since then, including areas with a sizeable displaced population. Following initial pilot schemes, PFS includes both unconditional cash transfers (delivered through *Transferts monétaires ordinaires* – TMO) and cash-for-work (delivered through *Travaux à haute intensité de main-d’œuvre* – THIMO), as well as an emergency cash transfer scheme to respond to short-term shocks (e.g., displacement, Covid).

- Concerning the **type** of benefits provided, TMO provides around \$26 per household per month for two years, with additional annual grants of around \$140, while THIMO pays around \$2.25 a day for a maximum of 60 days per year. Payments are mostly cash-in-hand, although the Covid-related emergency cash transfers experimented with mobile money for the first time.
- In terms of **targeting**, TMO focuses on poverty using a community-based targeting approach followed by a proxy means test, with predetermined quotas of recipients in an administrative area. There is no entitlement to social protection in Cameroon, which makes it neither predictable nor dependable (the characteristics of a safety net).
- Finally, regarding **coverage and access**, PFS officially included refugees as of 2021 (a requirement of the renewed IDA-18 funding), and theoretically has always included IDPs

(although some IDPs in camps reportedly had been excluded because of receiving humanitarian assistance instead). However, coverage of refugees, IDPs and host households alike was extremely low at the time of our survey.⁷ As a result, a negligible fraction of our survey respondents reported receipt, meaning the sample is insufficient to conduct quantitative analysis on experience of social protection receipt for any of the populations in Cameroon.

Alongside the World Bank/MINEPAT-led Social Safety Net project, UNICEF has also been working with the Ministry of Social Affairs (MINAS) to develop community social centres providing various services for particularly vulnerable individuals (the elderly, people with disabilities, etc). While these pre-date the PFS, they have not been systematically established and are run by a ministry with a relatively weak budget and implementation capacity. Since the arrangements are somewhat ad hoc and were not raised by qualitative research participants, experiences of accessing these social centres were not a central focus of our case study.

2.1.2 Humanitarian assistance

In general, international humanitarian agencies, rather than government, have had the principal responsibility for assisting refugee or IDP populations. Initially, humanitarian agencies aimed to provide direct food assistance to all refugees from the Central African Republic, but since 2016, there have been progressive cuts to food rations (in part because Cameroon's Humanitarian Response Plan has been one of the most under-funded internationally for years). Even so, in the areas sampled in our survey in the Far North and East Regions, **WFP-provided food assistance** was widespread for refugees and covered a large share of IDPs too, while most host respondents were excluded. Much of the assistance is still provided in-kind, or alternatively through vouchers.

Given the limited state of the social protection system, most humanitarian assistance to displaced populations has been delivered entirely separately. One exception is a small-scale UNHCR pilot (the **Transitional Safety Net**) that aligned its monthly transfer values with the government's PFS cash transfer programme. This program was designed to mirror the levels and duration of support offered by TMO, targeting displaced households slightly above the vulnerability threshold for WFP's food assistance. For the Transitional Safety Net, money is paid through mobile phone transfers. This was not a focus of our case study, however, since less than 1% of households in our sample received it.

7 The current phase of the programme is expected to eventually reach 200,000 households, which amounts to less than 10% of those living below the poverty line nationally. As of May 2021, the World Bank reported that 52,000 households were receiving TMO (including 2,100 refugee households), 22,000 had received TMU (including 1,300 refugee households), and 40,000 were working under THIMO (including 2,900 refugee households) (Mamadaliyev, 2021).

Table 2 Overview of transfers received by different sub-groups in Cameroon survey sample

Location	Group	Share receiving assistance (% and sample size)	Share of recipients receiving government assistance (% and sample size)	Share of recipients who are in camp (% and sample size)	Share of recipients who are female headed households (% and sample size)	Average amount received in the last 3 months among recipients in PPP USD	Average time assisted (in months)
East region	Refugees	34% (N=167)	1% (N=2)	80% (N=134)	35% (N=58)	202.31	51
	Hosts	4% (N=10)	50% (N=5)	N/A	20% (N=2)	235.01	34
Far North	Refugees	96% (N=209)	2% (N=5)	92% (N=192)	33% (N=68)	110.75	58
	IDPs	58% (N=156)	8% (N=12)	99% (N=154)	39% (N=60)	205.56	20
	Hosts	7% (N=16)	25% (N=4)	N/A	N/A	545.06*	6
Total	Refugees	53% (N=376)	2% (N=7)	87% (N=326)	34% (N=126)	151.42	55
	IDPs	58% (N=156)	8% (N=12)	99% (N=154)	39% (N=60)	205.56	20
	Hosts	5% (N=26)	35% (N=9)	NA	8% (N=2)	425.81	17

Note: Purchasing power parity (PPP) USD estimations based on the World Bank's World Development indicators database on PPP conversion factor by country (<https://data.worldbank.org/indicator/PA.NUS.PPP>)

* This amount is probably driven by participation in the THIMO cash-for-works scheme.

2.2 Colombia

2.2.1 Social protection

Colombia has a moderately mature social protection system including several social assistance schemes for low-income or vulnerable populations.

- The main programmes run by the Department of Social Prosperity are provided in the form of **conditional cash transfers**, such as *Familias en Acción* (for low-income or vulnerable families), *Colombia Mayor* (a non-contributory pension for low-income or vulnerable older people) and *Jovenes en Acción* (support for low-income or vulnerable young people to attend university). The pandemic saw an expansion in the social protection available, with top-up payments to existing scheme recipients, as well the establishment of new schemes.

- In terms of **targeting**, non-contributory social protection programmes are often targeted through a proxy means-tested system for identifying potential beneficiaries of social programmes (*El Sistema de Identificación de Potenciales Beneficiarios de Programas Sociales – SISBÉN*). This registry covers over 75% of the national population.
- The largest new scheme established since the onset of Covid-19 *Ingreso Solidario*, which targets 3 million vulnerable households who were registered in the SISBÉN but not covered by any of the routine cash transfers mentioned above. Initially designed as temporary, it has continued through the pandemic and is expected to remain as a permanent scheme in some form.
- In relation to **access and coverage**, 62% of the host population were receiving cash or in-kind transfers in the low-income neighbourhoods we surveyed in Bogotá and Cúcuta; 22% were receiving *Ingreso Solidario*, highlighting the role of the Covid-19 response in expanding coverage. For IDPs, we found relatively high rates of coverage, with 76% receiving cash or in-kind transfers in the low-income neighbourhoods we surveyed in Bogotá and Cúcuta; around half were receiving routine transfers while 21% were receiving *Ingreso Solidario* (indicating that they were not served by any routine cash transfers prior to the pandemic). IDPs who are registered in the government's 'Victims' Registry' have preferential access to these social protection schemes, under the 2011 Victims' Law and associated policy framework. Under this law, IDPs may also have access to a government-funded humanitarian assistance scheme (*Atención Humanitaria*) run by the Victims' Unit (UARIV) immediately after their displacement. They are also entitled to longer-term reparations (notably a lump-sum cash compensation), although the rollout of this component has been slow and at the time of our survey, only 1.1 million victims had received reparations out of the 7.3 million covered by the Victims' Law.
- For Venezuelans, access to social protection has been expanding in the years since the initial arrivals. Venezuelan children have had access to the National School Feeding Programme, and Early Childhood Development programmes of the Colombian Institute of Family Wellbeing (ICBF, its acronym in Spanish). Venezuelans in formal employment are also entitled to contributory social protection (although few have done so due to high rates of informal employment). Since January 2020, there has been a notable push to increase Venezuelan coverage in the national Social Health Insurance system, including through the subsidised non-contributory scheme. In relation to the main cash transfer programmes, Venezuelans' access to pre-pandemic schemes was limited because budgetary constraints prevented new programme enrolment in recent years. However, some were still accessing such schemes due to living in mixed-nationality households (with Colombian household members). Furthermore, those who were registered in the SISBÉN social registry and otherwise met eligibility criteria were able to qualify for the new *Ingreso Solidario* scheme that was established during the pandemic. Through these cash transfers, or through mainstream or targeted in-kind assistance, 48% of the Venezuelans in our sample were accessing assistance, predominantly from the government (and around half in cash, and half in-kind). In nearly all cases, the assistance received had only begun during the pandemic.

2.2.2 Humanitarian assistance

In the low-income neighbourhoods we surveyed in Bogotá and Cúcuta, the vast majority of assistance provision to displaced and host households alike came from government. Therefore, the main focus of the empirical analysis in Section 3 is on households' experience of accessing these state-led assistance schemes. However, there is also a growing international humanitarian response to the Venezuelan population, and some remnants of the previously substantial international humanitarian response to the IDP situation. Alongside the small number assisted by non-governmental or international organisations, our research also suggested that other actors playing an important role in humanitarian support are churches, private individuals, and community members. While we are unable to study households' experience of accessing this non-governmental or community-based provision in our survey data, we did discuss it extensively in KII with non-governmental organisation (NGO), UN and government representatives. These discussions feed directly into the analysis of the potential effects of linking humanitarian assistance with social protection in Section 4.

Given the difficulties precisely allocating this minority, our social protection analysis throughout this paper looks at households' experiences of accessing any form of transfer, on the basis that these transfers were specifically attributed to a named government programme in the vast majority of cases. In Table 3 we report the distribution of assistance according to type and category of recipients.

Table 3 Percentage of households in Colombia sample receiving types of assistance, per sub-population

	Host	Venezuelan	IDP
Percentage of households receiving a specific government transfer	57	38	71
Percentage of households receiving a specific non-governmental or humanitarian transfer	1	4	2
Percentage of households receiving another unidentified transfer	6	11	7

Table 4 Overview of transfers received by different sub-groups in Colombia survey sample

Location	Group	Share receiving assistance (% and sample size)	Share of recipients receiving government assistance (% and sample size)	Share of recipients who are in camp (% and sample size)	Share of recipients who are female headed HHs (% and sample size)	Avg. amount received in the last 3 months among recipients in PPP USD	Average time assisted (in months)
Bogotá	Venezuelans	46% (N=118)	84% (N=99)	NA	30% (N=35)	219.02	8.92
	IDPs	70% (N=176)	92% (N=161)	NA	56% (N=99)	307.65	51.01
	Hosts	55% (N=139)	87% (N=121)	NA	47% (N=65)	324.15	20.6
Cúcuta	Venezuelans	50% (N=127)	73% (N=93)	NA	47% (N=59)	289.68	15.39
	IDPs	82% (N=212)	96% (N=204)	NA	56% (N=119)	331.24	58.16
	Hosts	69% (N=176)	98% (N=172)	NA	48% (N=84)	264.85	50.03
Total	Venezuelans	48 % (N=245)	78% (N=192)	NA	38% (N=94)	255.65	12.27
	IDPs	76% (N=388)	94% (N=365)	NA	56% (N=218)	320.54	54.92
	Hosts	62% (N=315)	93% (N=293)	NA	47% (N=149)	291.02	37.04

Note: PPP USD estimations based on the World Bank's World Development indicators database on PPP conversion factor by country (<https://data.worldbank.org/indicator/PA.NUS.PPP>)

2.3 Greece

2.3.1 Social protection

Greece has a mature social protection system, in that it has been long established and attempts to have a broad-encompassing approach, but its functioning is hindered by low coverage and inadequate assistance, high rates of bureaucracy and inefficiency. Although these issues emerged in the 1990s (Symeonidou, 1996), since the 2008 financial crisis the state has issued new adjustment programmes that have made access to social protection even more arduous. The national social protection system is the sole responsibility of the Greek state and is administered and funded by it.

- **Targeting:** both long-standing programmes such as the child benefit scheme and more recent ones such as the guaranteed minimum income scheme or the rent subsidy (rolled out nationally in 2016 and 2019, respectively) are means-tested.
- **Access and coverage:** the main Greek asylum law (the International Protection Act, 2019) establishes that recognised refugees should have access to social assistance on the same terms as Greek citizens. However, administrative barriers (discussed in Lowe et al., 2022b) hinder their access in practice, meaning that less than 1% of refugees in our sample had access to any state benefits.

2.3.2 Humanitarian assistance

Most cash and housing assistance for the displaced is provided by EU-funded programming. For asylum-seekers, assistance principally comes from the EU-funded Emergency Support to Integration and Accommodation (ESTIA) programme: this was implemented until 2021 by UNHCR, in collaboration with non-governmental partners, but the operational responsibilities have now been transitioned to the Greek government. Financing is still provided by the EU.

Meanwhile, the main assistance for vulnerable newly recognised refugees comes from the EU-funded Hellenic Integration Support for Beneficiaries of International Protection (HELIOS) programme. This is implemented by IOM and its partners, with the support of the Greek government. It provides up to one year of rental subsidies, along with integration and employability support. However, its coverage of refugees is limited (in part due to delays accessing required legal documentation), meaning only one in seven newly recognised refugees accessed HELIOS rental subsidies between 2018 and 2020 (in our sample, HELIOS accommodation support covered around 11% of refugees). In practice, this gap in access leaves many refugees homeless, since a recent amendment to legislation requires newly recognised refugees to leave asylum-related accommodation facilities almost immediately after being granted refugee status (within 30 days of being notified).

A summary of the main programmes studied in this paper across the case studies is included in Appendix 2.

Table 5 Overview of transfers received by different sub-groups in Greece survey sample

Location	Group	Share receiving assistance (% and sample size, N)	Share of recipients receiving government assistance (% and sample size, N)	Share of recipients who are in camp (% and sample size, N)	Share of recipients who are female headed households (% and sample size, N)	Average amount received in the last 3 months among recipients in PPP USD	Average time assisted (in months)
Athens	Refugees	15% (N=29)	10% (N=3)	3% (N=1)	28% (N=8)	1416.22	6.69
	Asylum-seekers	79% (N=166)	0%	55% (N=91)	34% (N=57)	582.89	4.3
	Hosts	46% (N=182)	100% (N=182)	N/A	38% (N=69)	763.58	50.07
Ioannina	Refugees	39% (N=57)	0%	33% (N=19)	19% (N=11)	985.67	7.32
	Asylum-seekers	45% (N=119)	3% (N=3)	62% (N=74)	20% (N=24)	1105.52	11.34
	Hosts	39% (N=153)	100% (N=153)	N/A	39% (N=59)	724.23	40.46
Total	Refugees	25% (N=86)	3% (N=3)	23% (N=20)	22% (N=19)	1130.86	7.1
	Asylum-seekers	60% (N=285)	1% (N=3)	58% (N=165)	28% (N=81)	801.11	7.24
	Hosts	43% (N=335)	100% (N=335)	NA	38% (N=128)	745.61	45.68

Note: PPP USD estimations based on the World Bank's World Development indicators database on PPP conversion factor by country (<https://data.worldbank.org/indicator/PA.NUS.PPP>)

3 Relationship between assistance and basic needs and wellbeing outcomes

This section presents the key findings on the relationship between assistance and different basic needs and wellbeing outcomes, first focusing on material wellbeing (Section 3.1), then on subjective wellbeing (Section 3.2). Within each of these sections we present regression analyses looking at the correlations between (1) assistance receipt and wellbeing outcomes, and then (2) the extent of recent assistance received and the same wellbeing outcomes.⁸ Section 3.3 then complements this purely quantitative analysis by discussing beneficiaries' direct insights on how assistance received relates to their fulfilment of basic needs, mainly drawing on the qualitative findings from the country papers. In contrast with the definitions adopted throughout the rest of the paper, in Section 3 we refer to social protection as 'government assistance' to ease interpretation of findings in this section, while 'humanitarian assistance' continues to be used to indicate provisions provided by UN and NGO agencies (principally for displaced populations).

3.1 Relationship between assistance receipt and material wellbeing

In this first section, we study the effects of assistance on two essential dimensions of material wellbeing, namely secure access to food (section 3.1.1) and drinking water (section 3.1.2).⁹

3.1.1 Food insecurity

We measure food insecurity using the rCSI, a standard proxy indicator used by humanitarian agencies to measure a key dimension of food insecurity. Respondents were asked how many days in the past week a household member had resorted to the following indicators of food shortages: (1) relying on less preferred foods, (2) borrowing or relying on help from friends, (3) limiting portion sizes, (4) restricting adult consumption to allow children to eat, or (5) skipping meals. The rCSI is a weighted composite score of the frequency with which these strategies were used. This means the higher the rCSI score, the higher food insecurity.

We hypothesise that assistance support is likely to improve the quantity and quality of food people have, which means they are less reliant on strategies to address food shortages and therefore have a lower food insecurity (rCSI) score. This hypothesis is widely supported in the existing literature showing that government assistance and humanitarian assistance tend to

8 In each case we control for various other factors that we anticipate may be driving differences in wellbeing outcomes between or within assistance recipient and non-recipient populations (see Section 1.2 for details).

9 Due to time constraints, we were unable to ask questions about all aspects of wellbeing. See Section 1.1 for the rationale for selected outcomes.

improve food security outcomes across a wide range of contexts (Hidrobo et al., 2014; Tiwari et al., 2016; Bastagli et al., 2016; Harvey and Pavanello, 2018; WFP, 2022). On the other hand, assistance is often aimed at food-insecure households (DG ECHO, 2013; UNHCR, UNICEF and WFP, 2017); this means that recipients of assistance may still be worse off in terms of food insecurity, compared to non-recipients. Indeed, in some cases, food insecurity is the primary criterion on which programme eligibility is based. This was the case in Cameroon for the WFP programme (the main assistance received by refugees and IDPs), which is aimed specifically at ‘highly food insecure households’, although the precise mechanism for identifying and thereby targeting these food-insecure households was not made available to the research team (Levine et al., 2022).

We first consider how assistance receipt is correlated with food insecurity (Table 6). With only one exception, we see that **people receiving assistance generally show lower levels of food insecurity than non-recipients**. This finding comes out most strongly for those receiving humanitarian assistance.

- **In the Cameroon sample, we see that assistance recipients report lower food insecurity for all populations sampled.** This includes refugees and IDPs who predominantly receive humanitarian assistance and hosts, who receive either government or humanitarian assistance. This effect is bigger for IDPs, where being a recipient of assistance has a lower rCSI score¹⁰ by just under four points on the rCSI scale.¹¹ **For IDPs and refugee households, we also see that when female-headed households receive assistance, they report greater reductions in food insecurity compared to male-headed households.** For instance, for female-headed IDP households, the rCSI is 12 points lower for recipients than non-recipients, compared to 4 points lower for male-headed households (see Annex). For host households, there are larger differences for male-headed recipient households than female-headed households (albeit with a small sample of recipients).

¹⁰ Range 0-56.

¹¹ This large, detected effect may in part relate to the fact that the IDP population was likely the least affected by non-observable factors that might otherwise drive differences in food security levels, being the most homogenous of all the groups we studied across our case studies. IDPs in our sample in Cameroon were almost universally based in camps, in a few select districts in the Far North region. Given that internal displacement tends to be quite localised, most were likely displaced from a similar set of villages nearby, where existing rates of poverty and deprivation were high across the board (77% of the total population in the Far North live in poverty). This is a notable contrast to the refugee population in Cameroon, who come from two distinct places of origin (Nigerian and Central African Republic) and reside in more mixed environments (across a range of non-camp and camp-based settings). In Greece, the displaced population is even more diverse (coming from Syria, Afghanistan, Iraq, etc), while in Colombia, Venezuelans and IDPs from many different places of origin and socio-economic backgrounds are likely to have made their way to the major cities studied (particularly Bogotá). While we attempt to control for certain factors (such as camp vs non-camp residence, current region, and demographics of the household head), there are likely many non-observable factors determining food insecurity that are difficult to measure.

- **In the Colombia sample, there is no significant correlation between food insecurity and assistance receipt overall for hosts and Venezuelans, and for IDPs food insecurity is higher for assistance recipients.** This may show that transfers are targeted at food-insecure households. Indeed, the qualitative evidence suggests that, particularly for Venezuelans, assistance is critical for covering basic needs, like food (see section 3.3). For Venezuelan households, there is no significant correlation between receiving government assistance (compared to humanitarian/unidentified assistance) and food insecurity. When looking at the gender analysis, we find that it is principally among female-headed households that assistance receipt is associated with a higher likelihood of food insecurity, both for IDPs and also for the host population (see Annex). This could suggest effective targeting of the most food-insecure female-headed households or that assistance received is insufficient in reducing food insecurity, especially for this population.
- **In the Greece sample, we see that asylum-seekers who receive assistance report lower food insecurity than non-recipients.** More specifically, asylum-seekers receiving (ESTIA humanitarian) assistance have around four points lower rCSI scores than non-recipients (with larger differences for male-headed households than female-headed households).

Table 6 Relationship between food insecurity score (rCSI) and assistance receipt

	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Vens	IDPs	Hosts	Refugees	Asylum-seekers
Regression coefficient	-2.905*	-3.149***	-6.202***	1.786	2.824	3.528**	0.465	-2.136	-4.421***

Note: The full regression findings are reported in the Annex. The sample of host recipients in Cameroon (N=26) and refugee recipients in Greece (N=86) are small and results should be interpreted with caution.

We also considered the mediating role of the extent of assistance received (duration and amount) among recipients in the past three months (or also 12 months in the case of Cameroon and Colombia). As the sample was now reduced to recipients only, it was no longer possible to run regressions for hosts in Cameroon and refugees in Greece, where the number of recipients is low (see Table 1 in section 1.2). **There were no statistically significant differences in food insecurity based on the duration or amount of assistance recently received in the recent past**, as shown in Table 14 in Appendix 3.

While there may also be other factors at play, in some cases, this is likely to be due to the lack of variation between recipients in the extent of assistance received, as illustrated in the scatterplots shown in Figure 3 in Appendix 3. In other words, most recipients received similar amounts per household member for a similar duration. This is the case both for the case studies where we studied humanitarian assistance models and those where we studied governance assistance models. For Cameroon, the vast majority of refugee assistance recipients were receiving the

same programme – WFP food assistance – resulting in relatively little variation¹² between them. (The transfer value varies by household size, but we controlled for the latter in our regression.) For Colombia, the amounts should theoretically have been more varied since a wider range of (predominantly government) programmes were in place. However, certain schemes (such as *Familias en Acción* and *Ingreso Solidario*) were very common among both IDP and host recipients, and it seems that the transfer values received by recipients through those programmes were highly standardised.¹³

In the case of IDP recipients in Cameroon, host and asylum-seeker recipients in Greece, and (to a lesser extent) Venezuelan recipients in Colombia, the graphs indicate that there was more variation in the extent of recent assistance that they received. However, the extent of variation was still relatively small, and may be unlikely to affect food insecurity outcomes very much.

3.1.2 Drinking water

We measure access to drinking water by asking respondents whether they had always had sufficient drinking water available when needed over the last month.

Where access to drinking water is hindered by affordability constraints (for example if a household lacks money to purchase drinking water from a vendor or to pay for their water connection), we hypothesise that assistance has a positive effect on the availability of drinking water because it gives recipients the financial means to purchase it or pay for access to a drinking water source. Several studies have provided evidence for this hypothesis, for example in relation to social grants in South Africa, pilot basic income grants in India, and humanitarian cash assistance in refugee settings (Case, 2001; Samson et al., 2004; Davala et al., 2014 and UNHCR, 2016, in Lowe et al., 2019).

However, where access to drinking water is hindered by supply-side constraints (such as inadequate or disrupted availability of drinking water at the source or provider level or environmental shocks), the effects of assistance are likely to be limited (Lowe et al., 2019).

12 WFP food assistance was in fact reduced in value within the past year, which means that multiplying the recent transfer value by the past 3 or 12 months probably understated the actual value of assistance they would have received. However, since this change applies to all recipients equally, it doesn't affect overall variation.

13 Furthermore, the duration did not vary significantly since enrolment into routine cash transfer programmes had not occurred for several years (meaning any current recipients would have been receiving the programme for well beyond the 3- or 12-month period studied) and emergency cash assistance (principally through *Ingreso Solidario*) would have started well before the 3-month period for anyone receiving it. Although we would expect to see slightly more variation in duration within the 12-month window (given the scheme only started to be rolled out 9 months prior to the survey), it is possible that most recipients within the same population group started receiving the transfers at more or less the same time, resulting again in relatively limited variation, see also the delivery paper (Lowe et al., 2022b).

This has been demonstrated by wide-ranging studies on government assistance (Collins, 2015; Perezniето et al., 2014). For example, a study of Pakistan's Benazir Income Support Program (BISP) found either no or negative effects of the cash transfers on water deprivation, leading to the conclusion that cash transfers cannot be the only solution to environmental poverty, since their efficacy rather depends upon area-specific needs, infrastructures, and facilities (Nawaz and Iqbal, 2021). Similar conclusions have emerged in relation to humanitarian assistance, with Harvey and Pavanello (2018: 4) warning that in displacement settings, 'cash injections at the individual or household level are simply unable to tackle systemic issues around quality of service provision'.

Before looking specifically at the relationship between assistance receipt and the availability of drinking water, it is important to understand the context of water access more generally between and within the three case studies. In Colombia and Greece, close to 100% of all sub-populations reported in an earlier survey question that they had access to an improved water source (i.e., one appropriate for drinking). In Cameroon, however, only four-fifths of the survey sample had access to an improved water source, with hosts in the Far North region having significantly lower access (35%) than both the camp-based displaced populations in the Far North Region (around 80% for both IDPs and refugees) and the respondents in the East region (around 90% for both hosts and refugees).

Having access to an improved water source, however, does not mean respondents always had sufficient drinking water in the past month in any of the case studies. Overall, in our survey samples, one-third of each displaced sub-population in Colombia lacked sufficient water, as did 6% of the host population, 10% of refugees and 29% of asylum-seekers in our sample in Greece, as well as 40% of IDPs, 50% of refugees and 60% of hosts surveyed in Cameroon. This difference between access to a source and availability in practice could be explained either by non-functioning supply/infrastructure, or lack of affordability (e.g., to buy purified water, to pay for a water connection or bills). The latter is where assistance receipt might potentially have a positive effect.

When looking at the correlation between assistance receipt and sufficient availability of drinking water (having controlled for the impact of a respondent's region, camp or non-camp residence and other mediating factors), we find mixed results, for both humanitarian and government assistance. Assistance recipients have a higher likelihood of sufficient drinking water than non-recipients in the Cameroonian IDP population (particularly female-headed households) and among Greek and male-headed Colombian host households, but a lower likelihood among Greek (male-headed) displaced households, and no change in other cases:

- **In the Cameroon sample, IDPs receiving (humanitarian) assistance were significantly more likely to report having sufficient drinking water than non-recipients.** More specifically, assistance-recipient IDPs were 39 percentage points more likely to have sufficient access to drinking water compared to those who do not receive assistance. This was true for both genders, but it was most pronounced among female-headed households. For hosts and refugees, the likelihood of having sufficient drinking water was also higher for recipients than non-recipients but not statistically significant.

- **In the Colombia sample, male-headed households in the host population were more likely to have sufficient drinking water when receiving assistance** (which in this case was from government social assistance schemes). But for all other populations studied, there were no significant differences between assistance recipients and non-recipients. As in this case of food insecurity, this may be due to effective targeting of more financially constrained households (meaning assistance enabled them to overcome prior affordability constraints but not to surpass non-recipients in their access). Alternatively, it may mean assistance had little effect on water availability, perhaps because the barriers to consistent drinking water access were on the supply side rather than affordability constraints.
- **In the Greece sample, hosts receiving (government) social assistance were also significantly more likely to report having sufficient drinking water than non-recipients.** However, for refugees (overall, driven by the male-headed household sample) and for male-headed asylum-seeker households (but not their female counterparts), the likelihood of reporting sufficient drinking water was *lower* for assistance recipients than non-recipients. This may be because those targeted for assistance had worse water access to begin with, but it could also be that assistance failed to address water insecurity, for example because refugees receiving HELIOS accommodation subsidies must set up utility contracts and pay household bills themselves (Kourachanis, 2022). Alternatively, since the ‘assistance recipient’ sample included anyone who reported receiving assistance *in the past three months* (but not necessarily currently), it is also possible that the negative effect is driven by newly recognised refugees who were previously living in ESTIA accommodation and receiving ESTIA cash assistance as asylum-seekers but had recently been cut off from this assistance (since it ceases within one month of receiving refugee status). As discussed further in section 4, this has led to high rates of deprivation and even homelessness among newly recognised refugees. However, given the small sample size of refugee assistance recipients, it is not possible to further reduce the category to compare outcomes by reported programme.

Table 7 Relationship between sufficient access to drinking water and assistance receipt

	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Vens	IDPs	Hosts	Refugees	Asylum Seekers
Regression coefficient	0.130	0.0684	0.388***	0.0461	0.0440	0.0756	0.0235*	-0.0189*	-0.0257

Note: Coefficients are marginal effects. Full regression results are reported in the Annex. The sample of host recipients in Cameroon (N=26) and refugee recipients in Greece (N=86) are small and results should be interpreted with caution.

Where sample sizes permitted, we also considered the mediating role of the extent of assistance received (duration and amount) among recipients in the past three months (or also 12 months in the case of Cameroon and Colombia) (Table 15 in Appendix 3). We find that the duration of receipt is significant for displaced populations receiving humanitarian assistance in Cameroon and for host populations receiving government assistance in Colombia. Among these populations, the longer a person had received assistance, the higher the likelihood of having sufficient water.

When looking at the overall amount of assistance recently received, we also see significant differences, but only for displaced populations receiving humanitarian assistance in Cameroon. For both IDPs and refugees, the likelihood of having sufficient water is higher the more humanitarian assistance they had received in the recent past. This is true both when the ‘recent past’ is defined as the past three months, and the past year.

Together with the earlier findings above, this suggests that in the case of displaced populations in Cameroon (but not Greece), receipt of humanitarian assistance is associated with an increased likelihood of having sufficient drinking water – and this likelihood is higher still when assistance is received for a longer period, and at higher levels. There are some tentative indications of a similar relationship between government assistance and water availability in Greece and Colombia, but this related to host populations only and not government provision for any displaced populations.

3.2 Relationship between assistance receipt and subjective wellbeing

3.2.1 General satisfaction with one’s life

The first outcome we discuss in terms of wellbeing is general satisfaction with one’s life. With this perceptions-based question, respondents were asked to rate their general satisfaction with life on a scale of 1–10 (1=completely dissatisfied, 10=completely satisfied).

We hypothesise that assistance has a positive effect on subjective wellbeing, given the strong agreement within the literature showing that cash transfers tend to improve outcomes such as mental/psychosocial wellbeing, happiness and life satisfaction in relation to both self and others.

Perhaps the most comprehensive study on this correlation is the one by Romero et al. (2021), who conducted a systematic review and meta-analysis on the causal impact of economic interventions on psychological wellbeing and mental health. They included several types of contexts, interventions (conditional and unconditional cash transfers, poverty graduation programs, asset transfers, housing vouchers, health insurance provision, and lottery wins) and well-being outcomes (depression, stress or anxiety, and happiness or life satisfaction), measuring the programmes' effects two years after receipt. Their findings show that these interventions have a positive effect on well-being, with the largest impacts for asset transfers and unconditional cash transfers.

Studies conducted in previous years also showed the positive correlation between assistance provision and improved life satisfaction (Samuels and Stavropoulou, 2016; Kilburn et al., 2018; McGuire et al., 2022). For instance, Attah et al. (2016) conducted a mixed method evaluation of a cash transfer in Kenya, and cross-country qualitative research from Ghana, Zimbabwe and Lesotho. Their analysis shows that 'cash transfers can have positive impacts on psychosocial wellbeing leading to further positive impacts on educational performance, participation in social life and empowerment for decision-making' (1115). In addition, researchers have focused on the 'flip side' of the relation between assistance and life satisfaction, namely on the effect of insufficient financial support on general satisfaction with one's life. For instance, Coughlan et al.'s (2016) study on Somali Bantu refugees in the US, using longitudinal data from qualitative interviews, reports that when refugees consider the financial assistance they receive as not sufficient to cover their basic needs (i.e., rent, food stamps, and toiletries), their overall satisfaction with life in their destination country shows very little improvement over time.

In our analysis, we first study how the *receipt* of assistance affects general life satisfaction (Table 8). **With one exception, those receiving assistance in our sample tend to be more satisfied with their lives.** This finding comes out most strongly for those receiving humanitarian assistance.

- **In the Cameroon sample, we see that assistance recipients report higher satisfaction with one's life, for all population groups sampled.** The biggest increase is for IDPs, where those receiving assistance report life satisfaction levels of almost two points higher. For IDPs and refugees, we also see that female-headed households that receive assistance report higher increases in satisfaction levels compared to male-headed recipient households. For hosts, it is male-headed recipients households who report higher increases in satisfaction levels.
- **For the Colombia sample, there is no significant correlation between assistance receipt and life satisfaction for all three groups,** nor is receiving a government transfer significant for Venezuelans. There are also no statistically significant findings, when splitting the sample by female and male-headed households.
- **In the Greece sample, we see that assistance recipients in the host group report lower life satisfaction than non-recipients (which we find is driven by male-headed households in the host population), while refugee and asylum-seeker recipients report higher life**

satisfaction than non-recipients (a trend particularly evident among female-headed households). Refugees and asylum-seekers predominantly receive humanitarian assistance (HELIOS and ESTIA respectively), while hosts access assistance through government assistance schemes. It is not clear why host recipients are less satisfied, but one hypothesis we put forward is that this low satisfaction may be related to the stigma and shame of receiving benefits. While there is still too little evidence to be able to judge whether social assistance can break or reinforce the poverty-shame cycle in low- and middle-income countries (Roelen, 2020), research on high-income countries like Greece has been extensive. These studies have mainly connected stigma to underclaims and non-take up of benefits (e.g., Baumberg, 2016). However, in the case of Greece, Matsaganis, Levy, and Flevotomou (2010: 16) argue that the role of stigma in non-take up of benefits is ‘still a mystery’ due to lack of sufficient evidence. The reason for the lower life satisfaction identified amongst male-headed host household in Greece could also lie in other factors not controlled for in the regression.

Table 8 Relationship between assistance receipt and general life satisfaction

	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
Regression coefficient	1.156**	0.421**	1.826**	-0.244	-0.197	0.498	-0.430**	0.954***	1.040***

Note: The full regression findings are reported in the Annex. The sample of host recipients in Cameroon (N=26) and refugee recipients in Greece (N=86) are small and results should be interpreted with caution.

As before, we also consider the mediating role of the extent of assistance received (duration and amount) among recipients in the past three months (or also twelve months in the case of Cameroon and Colombia) (Table 15 in Appendix 3). There are few statistically significant findings, which is not surprising given the lack of variation (see discussion in section 3.1.1).

- **For Cameroon, there is a negative correlation between extent of assistance and general life satisfaction for refugees.** In other words, refugee recipients who have received assistance for longer and/or in greater amounts report *lower* life satisfaction than other assistance recipients. As shown in section 2, refugees who receive assistance mainly receive WFP food assistance. These benefits have been cut in the past year, a change that affected all recipients, and hence does not lead to any variation in current value of assistance received. However, one could expect that those who have been experiencing assistance for longer (and who therefore experienced progressive cuts to the value and coverage of assistance over time) may have experienced further stress, worries, concerns and dissatisfaction. Hence, the cut in WFP food rations may potentially drive these counter-intuitive findings for extent of assistance.

- **For the Greece sample, there is evidence of a positive correlation between extent of assistance and life satisfaction for both government and humanitarian assistance.** Host recipients who had received assistance for longer (within a three-month period), reported higher life satisfaction levels. Asylum-seeker recipients who had received greater effective assistance (greater amounts and/or for longer), also reported greater life satisfaction.

3.2.2 Satisfaction with financial situation of household

This perceptions-based question asked respondents to rate their satisfaction with the financial situation of the household on a scale of 1–10 (1=completely dissatisfied, 10=completely satisfied). We were interested first in how the *receipt* of assistance affects satisfaction with financial situation of household.

We apply also to financial satisfaction our hypothesis that assistance is likely to have a positive effect on subjective wellbeing. This is because financial satisfaction tends to be approached in the literature as one of the dimensions of individuals' overall satisfaction rather than a stand-alone topic.

The regression findings on assistance receipt (Table 17 in Appendix 3), paint a similar picture as for general satisfaction with one's life. **With one exception, those receiving assistance tend to be more satisfied with the financial situation of the household.** All populations for whom we see this association receive humanitarian assistance.

- **In the Cameroon sample, we see that refugee and IDP assistance recipients report higher satisfaction with the household's financial situation than non-recipients.** The biggest increase is for IDPs, where those receiving assistance report financial satisfaction levels of one point higher. In the IDPs and refugee sample, female-headed households receiving assistance have higher increases in financial satisfaction levels than male-headed recipient households.
- **For the Colombia sample, there is no significant correlation between receiving assistance and satisfaction with the household's financial situation** for all three groups; receiving a government transfer is also not significant for Venezuelans. There are no statistically significant findings when looking at female or male-headed households separately.
- **In the Greece sample, we see that assistance recipients in the host group report lower satisfaction with the household's finances than non-recipients, while refugee and asylum-seeker recipients report higher satisfaction.** As for general satisfaction with one's life, we see recipients of humanitarian assistance (refugees and asylum-seekers) report a greater financial satisfaction, whereas hosts receiving government assistance report a lower satisfaction. In terms of gender, we also see again that among hosts, male-headed households

report larger reductions in satisfaction with household finances when receiving assistance compared to female-headed recipients, with the opposite pattern for refugee and asylum-seekers, where it appears that the increase in satisfaction with household finances for assistance recipients compared to non-recipients is larger for female-headed than male-headed households.

Table 9 Relationship between assistance receipt and satisfaction with household's finances

	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
Regression coefficient	0.126	0.553***	1.010***	-0.255	-0.0292	0.0358	-0.554***	0.515**	0.696***

Note: The full regression findings are reported in the Annex. The sample of host recipients in Cameroon (N=26) and refugee recipients in Greece (N=86) are small and results should be interpreted with caution.

In terms of the mediating role of the extent of assistance received (duration and amount) among recipients in the past three months (or also 12 months in the case of Cameroon and Colombia), the findings are very similar as for general satisfaction with one's life.

- For the Cameroon sample, as before there is a negative statistically significant association between extent of assistance receipt and satisfaction with the household finances for refugees in Cameroon. This may be explained by the cut in WFP assistance, as discussed above. It should be noted that the magnitude of this correlation is small. For example: those receiving assistance for one month longer report a satisfaction with the households' finances score that is only 0.03 points lower.
- For the Greece sample, asylum-seekers receiving humanitarian assistance for longer and/or greater amounts within the past three months report greater satisfaction with the household's financial situation.

3.2.3 Mental wellbeing

We also considered three outcome variables from the Perceived Stress Scale (Cohen et al., 1983) that measure aspects of mental wellbeing. They are all reported as binary variables that consider whether respondents stated that they are: (1) (very) often nervous and stressed, (2) (almost) never on top of things and (3) (very) often unable to control life.

Before discussing the results of our analysis, we add some considerations that can help clarifying the area we are exploring. While we feel much more confident regarding the results to the question 'How often do you feel nervous and stressed?' in relation to our hypothesis that assistance increases mental wellbeing, we appreciate that 'feeling on top of things' is a more

difficult concept to pin down and prone to different interpretations (i.e., some connect it to the fulfilment of necessary bureaucratic requirements, such as applications for refugee status, while others link it to more material needs).

We ran regressions with these three binary variables as the dependent variable. A negative coefficient for the independent variables shows a lower likelihood of agreeing with these statements, hence better wellbeing.¹⁴

The first set of regressions looks at how *receipt* of assistance affects these mental wellbeing outcomes. Compared to previous subjective wellbeing outcomes, the findings are somewhat more mixed. **However, in the majority of cases where significant differences were observed, those receiving assistance show better mental wellbeing compared to those not receiving assistance, for humanitarian assistance and government assistance.**

- **In the Cameroon sample, we see some evidence for all groups that those receiving assistance report better mental wellbeing** (i.e., *lower* stress levels). This is the case for hosts receiving government or humanitarian assistance and refugees and IDPs receiving humanitarian assistance. For instance, IDPs receiving assistance are 15 percentage points less likely to report that they are (very) often nervous and stressed, compared to non-recipients. In terms of gender, the assistance receipt coefficient is only significant (and negative) for female-headed IDP and refugee households for the ‘nervous and stressed’ outcome, and while significant (and negative) for both male- and female-headed IDP and refugee households for the ‘not on top of things’ outcome, it was greater in magnitude for female-headed households. This suggests, that **female-headed IDP and refugee households are more likely to see improvements in some aspects of mental wellbeing when receiving assistance, compared to male-headed households.**
- **For the Colombia sample, none of the regressions show a significant association between assistance received and mental wellbeing.** The only gender-disaggregated regression that is statistically significant shows that male-headed Venezuelan households receiving assistance are less likely to state that they are (almost) never on top of things, compared to non-recipients. Female-headed Venezuelan recipient households, on the other hand, are more likely to state that they are (almost) never on top of things than non-recipients. While it is not clear what is behind this pattern, **it indicates that male and female-headed households have different experiences in receiving assistance.**
- **In the Greece sample, few of the regressions by population group show a significant association between assistance received and mental wellbeing** (when broken down into sub-groups by gender of the household head, more are significant). For refugees and asylum-

¹⁴ We also ran this regression as a continuous variable to test whether the construction of these binary variables led to loss of important data. The findings were very similar, so we drew the conclusion that the binary specification is robust.

seekers, those receiving assistance are more likely to state that they are (almost) never on top of things. For refugees, that finding seems to be driven by male-headed recipient households, while for asylum seekers is it strongly driven by female-headed households. Female-headed recipient host households are also more likely to state they are (very) often nervous and stressed than non-recipients.

Table 10 Relationship between assistance receipt and mental wellbeing

	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
(Very) often nervous and stressed	-0.0457	-0.0185	-0.154**	0.0443	0.0138	0.0521	0.0570	0.0335	0.0189
(Almost) never on top of things	-0.213*	-0.140***	-0.271***	0.0268	-0.0152	-0.00151	-0.0161	0.0752*	0.0989**
(Very) often unable to control life	0.0597	-0.0131	-0.0863	-0.00148	-0.105	0.0259	0.0269	-0.0499	-0.0366

Notes: The coefficients show marginal effects. The full regression findings are reported in the Annex. The sample of host recipients in Cameroon (N=26) and refugee recipients in Greece (N=86) are small and results should be interpreted with caution. A higher number reflects higher perceived stress, indicating lower mental wellbeing.

In terms of the mediating role of the extent of assistance received (duration and amount) among recipients in the past three months (or also 12 months in the case of Cameroon and Colombia) (Table 18 in Appendix 3), **many of the regression coefficients are not significant and there are no clear patterns.**

- **For the Cameroon sample, for refugees we see that greater duration and/or amount is associated with worse mental wellbeing.** This can potentially be explained by the cut in WFP assistance (see discussion in section 3.2.1). Longer duration of receipt for IDP households is associated with a greater likelihood of respondents stating that they are (very) often nervous and stressed.
- In the Colombia sample, two of the regressions with significant findings show that longer duration of assistance for hosts and greater effective assistance for IDPs is associated with

a lower likelihood of respondents stating that they are (very) often nervous and stressed. Venezuelans with longer duration of assistance are less likely to state that they are (very) often unable to control their life. **Hence, we see some evidence in Colombia that longer duration and/or higher amounts for government assistance are associated with better mental wellbeing amounts.**

- Finally, **for the Greece sample, there are two mixed findings.** Hosts who received assistance for longer are less likely to state that they are (very) often nervous and stressed than more recent recipients. For asylum-seekers, on the other hand, longer duration is associated with a greater likelihood of being (almost) never on top of things.

3.3 Reported role of assistance in meeting basic needs

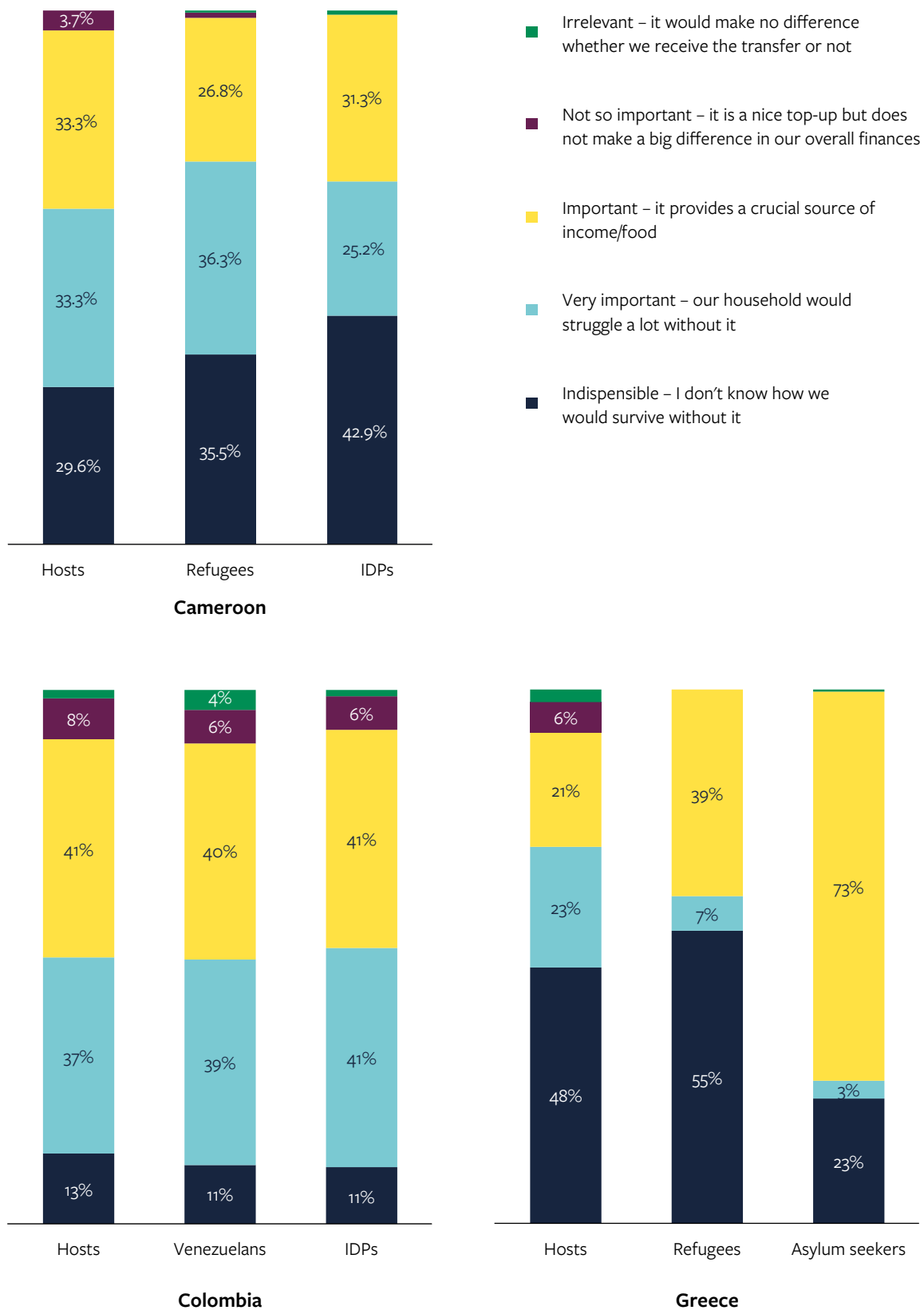
This section complements our regression findings in Sections 3.1 and 3.2 by drawing on recipients' direct insights on the relative value and use of assistance for meeting their basic needs and supporting their wellbeing. We find these recipient accounts to be essential in providing a more detailed understanding of assistance and basic needs fulfilment, since the complexity of factors influencing basic needs and wellbeing outcomes can make it challenging to detect the effects of assistance in statistical analysis. Recipients' perspectives were explored through one of the survey questions, as well as through extensive discussions in the qualitative research.

In the survey, we asked all assistance recipients about the relative importance of the transfer for their household finances. The vast majority of recipients surveyed stressed that the assistance was important, very important or (especially in Greece) even indispensable to household finances. In Cameroon, too, nearly half of displaced recipients of assistance reported that the assistance was indispensable, and another third described it as very important.

These findings were heavily supported by the qualitative research, where respondents discussed the extent to which the value and type of assistance enabled them to meet their basic needs, as outlined below.

3.3.1 Adequacy of transfer values to meet differentiated needs

In FGDs and IDIs, displaced respondents in particular repeatedly emphasised the central role of assistance in enabling them to reduce reliance on negative coping strategies to meet basic needs. In some cases, this contrasted with host population recipients of government assistance, who were less likely to discuss transfers as central to meeting their basic needs. This may indicate the differentiated type and level of needs between displaced and host households – as well as (relatedly) the different objectives of humanitarian versus social assistance schemes and the relative size of their transfer values.

Figure 2 Perceived importance of the transfer for household finances

For example, in Cameroon, displaced recipients of humanitarian assistance repeatedly described their dependence on such transfers to meet urgent daily needs:

To feed and clothe my family, I no longer take out debts like before to look after my family, my children go to school and I can also take them to the hospital when they are sick. (Refugee, Recipient, Gado camp, East Region)

By contrast, recipients of PFS social assistance (principally from the Cameroonian host population) discussed transfers more as representing a welcome contribution to meeting household needs, rather than as critical for coping. This is unsurprising since, until recently, the PFS was giving 10,000 FCFA (US\$17.50) per month, which only represented about 8% of the national poverty line. Even when considering the increased monthly PFS cash transfer value of 15,000 FCFA (US\$26), combined with the annual lump-sum grant, the value of PFS support would still equate to around 20% less in the East Region and around 70% less in the Far North region than the equivalent value of WFP food assistance for displaced households.¹⁵ Whereas displaced recipients overwhelmingly relied on the higher-value humanitarian assistance to cover basic day-to-day food (and sometimes education) needs, host recipients of PFS social assistance talked more about using the money for non-food items, and for healthcare, schooling, saving, improving their housing and repaying debts.

In Colombia, there were similar indications of differences in reliance on and use of transfers between population groups. Venezuelans in the qualitative research largely spoke of assistance helping them to meet imminent daily needs, namely food and shelter. They explained that the support they receive often comes at critical times when they would otherwise be at risk of food insecurity or eviction from their dwellings.

Meanwhile, Colombian IDPs discussed using regular transfers (often conditional cash transfers, such as *Familias en Acción*) for day-to-day needs that were described as less immediate such as transportation, health care and education expenses, or to complement the essential foods they consume daily:

I always use [Familias en Acción] to buy [the child's] vitamins, whatever she needs, or to pay for transport when I take her to the doctor, to pay for the tests, etc., or to buy her uniforms. For things that she needs. (IDP, Recipient, Cúcuta).

¹⁵ WFP food assistance is calculated on a per person basis so varies based on average household size – the value used here is based on an average household size of 6 people for the East Region, and of 7.8 people for the Far North region (Levine et al., 2022).

IDPs in Colombia in focus groups also recognised the importance of the government-run humanitarian assistance scheme that supports some IDPs immediately after their displacement and for the subsequent three months. This scheme is only provided to conflict victims and offers an example of tailored assistance for the displaced population that is complemented by their preferential access to mainstream social assistance programmes.

Finally, host households in Colombia commonly discussed using cash transfers to cover needs that in some sense go beyond the basics:

When I was in Jóvenes en Acción I used the incentive to cover my study expenses, now I use Ingreso Solidario to supplement my household expenses. (Focus group host, recipient, Cúcuta)

Unlike Venezuelans and IDPs, hosts occasionally suggested that certain benefits were of minimal use, due to the low value of what was provided:

I went [to] claim the mini food basket, because you can't even call that a decent food basket ... it does not give you access to quality products in Jumbo [supermarket] either. They give people who receive assistance whatever Jumbo doesn't sell to the rich or to any other people. (Host, non-recipient, Bogotá)

Such usage patterns and perceptions make sense given that across almost all basic needs measures, displaced populations fared significantly worse than host populations in Colombia – even in the socio-economically deprived host communities that were studied. Compared to host populations, Venezuelans had worse housing, IDPs had worse health status, and both Venezuelans and especially IDPs had worse food security than hosts (Ham et al., 2022).

In Greece, displaced recipients discussed the vital importance of humanitarian cash assistance to enable them to meet fundamental needs for food, shoes and clothes, medicines, diapers for those with babies, an internet card, and so on. Humanitarian transfers may be particularly important given that many displaced households have no other source of income since they are not permitted to work in the first six months after applying for asylum (and often struggle to access decent work after that) (Tramontanis et al., 2022). Especially in the case of large families, poverty was reportedly so acute that some had to share one pair of shoes between them.

However, in the Greek case and more broadly, there was also clear evidence of **caps or cuts to the value of humanitarian transfers influencing the extent to which they supported displaced households to meet their basic needs**.

In Greece, the government has set guidelines requiring humanitarian cash assistance scheme for asylum-seekers not to exceed the government's guaranteed minimum income scheme for

the host population (although asylum-seekers do generally receive humanitarian cash assistance alongside accommodation or housing assistance). While some key informants argued that the amount is enough to ensure displaced households' basic needs, others disagreed, as did the majority of asylum-seekers who considered the amount of cash assistance inadequate: 'It is just enough so that you do not die... it is poverty', and, 'From the 20th of each month, I do not have a cent in my pocket. The money is enough just to keep us alive' (asylum-seeker, recipient, Greece).

Such findings indicate a potential challenge with humanitarian cash transfer values being capped at the transfer value of a single government assistance scheme, since host community recipients of the latter transfer may be only temporarily between jobs or may be able to complement the transfer with savings, other assistance schemes and/or support from wider family and community networks. By comparison, in Greece, language, education and social barriers – combined with the limited legal employment opportunities – pose major constraints to displaced respondents' ability to find decent work, and at the same time displaced respondents have limited community and family resources, savings, or other assistance schemes, to rely on. All this heightens their need for adequate assistance provision through the principal humanitarian schemes – and indicates why their needs may in many cases be different from the average Greek welfare recipient's requirements.

Meanwhile, in the qualitative research in Cameroon, the inadequacy of humanitarian transfer values was also raised as a common concern. As discussed in section 2.1, until 2016, refugees were receiving a full ration to meet their food consumption needs (i.e., a monthly ration of food containing 2,100 Kcal per person per day). Rations were cut first to 80%, then 70% and since 2020 to around 50% (from the information available). Coverage has also narrowed over the years, with only 20% of refugees who arrived from Central African Republic before 2013 reportedly receiving current food assistance. This may have affected subjective wellbeing, as discussed in section 3.2.3 above. The diminishing provisions were acutely felt by recipients:

What I get really isn't enough ... it doesn't last us till the end of the month. (Refugee, Recipient, Gado camp, East Region)

This money is too small, since it has gone down, I'm afraid my children will starve to death. (Refugee, recipient, Gado camp, East Region)

Furthermore, the shrinking coverage also presents major challenges as social obligations mean that assistance recipients reported having to share transfers with other members of the community who are not benefiting from the assistance. This further reduces the value of the transfer for meeting their own households' needs (and also means that some of the benefits of transfers that we might have expected to see in the quantitative analysis would have been spread across those who were officially and unofficially benefiting from transfers):

When I get my sack of rice, my neighbour's child will come running after me, because his family didn't get any help. I can't just leave him like that! I have to take some of what I got and share it with my neighbour, because they didn't get. (Refugee, recipient, Gado camp, East Region)

3.3.2 Adequacy in the type of assistance provided to meet needs

Alongside the reflections on value adequacy, there was also evidence from Cameroon (the only case study where assistance was almost exclusively provided in kind or through vouchers) that **the use of restrictive food rations or vouchers provided was restricting recipients' ability to meet their basic needs:**

This food ration is precise, there are exact foods that we are required to take... my little girl cries all the time because she needs milk but there isn't any of that. (Refugee, recipient, Gado camp, East Region)

One way around this is to cash the food voucher out (with the shopkeeper taking a cut) and then use this cash to meet other needs such as medical needs. But exchanging the food for cash often comes at a frustratingly high cost for recipients, and results in an inefficient process for meeting their needs:

So, the shop-keeper will tell you, 'OK, you have 13,000, so give me that. I'll keep 3,000 and 10,000 is for you... This is called 'le cash-out'. [The English expression 'cash-out' was regularly used by those speaking French or other languages.] (Refugee, recipient, Gado camp, East Region)

Some respondents had asked to be given cash so that they could allocate it more efficiently to their household needs but said these requests had not been met. Others were afraid to try to withdraw vouchers as cash in case it resulted in them being removed from the programme altogether.

In all three case studies, **the qualitative research indicated the many types of urgent needs that people face, requiring higher level policy action and links with other programming (rather than simply cash or in-kind transfer schemes) to enable them to meet those needs.**

In Greece, poor mental health was common among displaced populations, which in turn can also affect their ability to meet basic needs. Many of the asylum-seekers and refugees interviewed spoke of suffering from mental health problems, such as Post-Traumatic Stress Disorder, anxiety and depression, which remain largely untreated. Many believe they have lost control of their fate and feel uncertainty about their future.

In Cameroon, host and displaced focus group and interview respondents highlighted safety concerns, related both to attacks by Boko Haram and fighting between government and insurgents, as well as incidents of rape and harassment. They therefore need the government to ensure the security and protection. Similarly, when asked about the assistance they need from government to secure their basic needs, refugees in interviews and focus groups frequently spoke of the need for access to documentation that would allow them to travel freely and access financial and public services. With respect to humanitarian agencies, refugees in the Far North highlighted the benefits of WFP's efforts to engage with the community chief to secure land that they could work on (although this arrangement was limited to only one year, making it inadequate to meet their needs). Others noted the importance of the policies the government had taken to permit access to schools and to provide additional places for displaced children.

In Greece and Colombia too, such challenges were equally evident. In Colombia, displaced respondents (particularly Venezuelans) repeatedly cited lack of documentation and, relatedly, lack of policies and programmes to facilitate their employment as the main barriers to securing their basic needs over time:

We all rely on a job, you understand me? We are in a country as undocumented Venezuelans, we do not have papers, we do not have passports, we do not have authorisations to work or look for a job, imagine that. Yes, so we all need a job to be independent. (Interview #6, Venezuelans, Recipient, Bogotá).

In Greece, slow registration and processing of asylum claims delayed legal documentation certifying refugee status, severely hindering displaced people's access not only to direct assistance but also to other means to enable them to fulfil their basic needs (housing, employment, etc).

4 Insights on linking humanitarian assistance more closely with social protection systems

The objective of our wider study was not only to explore the relationship between assistance provision and basic needs and wellbeing outcomes (as discussed in Section 3), but also to consider how this relationship may differ when assistance is delivered separately by humanitarian agencies versus being linked with – or even fully integrated into – the state social protection system.

In this section, in addition to the empirical analysis presented in section 3, we draw on the cross-project insights from key informant interviews in each of the case study countries, to consider the potential effects on basic needs and wellbeing outcomes of linking humanitarian assistance to displaced populations with social protection systems. The section is structured according to our project's analytical framework (see Figure 1 in section 1.1), offering insights in relation to each of the three levels at which system linkages may take place: the policy level (section 4.1); programme design (section 4.2); and administration/delivery (section 4.3).

4.1 Policy level

4.1.1 Linking legal and policy frameworks

Our research indicated the importance of ensuring that assistance schemes are complemented by broader legal and policy frameworks that are designed to meet displaced populations' wide-ranging needs. As illustrated by the discussion in section 3.3, assistance provision is only one factor in securing the wellbeing of displaced and host populations; adequately meeting their needs requires comprehensive policy responses.

As discussed further in our research on state-society relations for another paper in this series (Lowe et al., 2022c), we find that **where assistance is integrated into comprehensive policy responses that are enshrined in law, it can outline and guarantee displaced populations' wide-ranging rights and entitlements explicitly**, which may improve their ability to access provisions that meet their needs. This appeared to be the case in Colombia, where the 2011 Victims' Law seems to have played an important role in improving IDPs' access to social protection (as reflected in their higher coverage rates compared to the host population in our study).

However, integrating assistance for displaced persons into national law or policy in principle again should not be automatically presumed to meet displaced populations' basic needs in reality. As indicated above, this was illustrated in our research through the Greek case,

where most asylum-seekers have at least their most basic needs met by humanitarian assistance, whereas the majority of refugees – who technically have rights to certain forms of social protection in law – are left without access to any safety net in practice.

4.1.2 Linking governance and coordination

Our research generally indicated potential benefits of policy coordination (but not necessarily practically integrated or value-aligned) between different schemes and systems to ensure that needs are met to the greatest extent possible. Conversely, where such coordination is ineffective or absent, clear gaps in provision emerged, leaving urgent needs entirely unmet.

The situation of refugees in Greece is an example of how poor coordination between two systems adversely affects wellbeing outcomes. As already mentioned in Section 3, as soon as asylum-seekers are granted refugee status in Greece, they are ‘logged out’ of the EU-funded humanitarian system of ESTIA assistance system and are required to vacate their humanitarian-funded apartments within a month, regardless of whether they have received their documentation of legal refugee status or not. In our qualitative research, many refugees explained that they did not receive notification or documentation that their case had been processed for many months, and in the interim only realised that they had transitioned from asylum-seeker to refugee status when their ESTIA transfer was cut off.

In principle, newly recognised refugees then become eligible for certain state social protection schemes. Yet the humanitarian and social protection systems are highly disconnected in practice, and less than 10% of refugees in our survey had even heard of any social protection programmes. Only two out of 310 refugees surveyed (less than 1%) had managed to access such schemes, in part because several programmes have administrative or residence requirements that refugees struggle to meet, as discussed further in Lowe et al. (2022b). Technically, the HELIOS programme (an EU-funded scheme that is run by non-governmental actors but ‘supported’ by the Greek government) is intended to facilitate transition into Greek life for newly recognised refugees. However, to enrol in HELIOS, refugees must have received official notification of the Greek Asylum Service’s decision, as well as a local bank account and a tax registration number (which they cannot apply for without their status notification). Consequently, only around 1 in 7 refugees had accessed HELIOS accommodation (both in our survey and in earlier research). The majority of refugees are not accessing any assistance, and often find themselves homeless or in dire poverty, caught between the humanitarian and social protection systems.

To help improve the links between humanitarian and social protection governance, overall management and operational responsibilities for the humanitarian assistance schemes was transitioned to the Greek government in 2021 (although the schemes continue to be EU-financed). However, key informants stressed that combining governance of humanitarian and social protection provisions to the same entity (the Greek government) should not be assumed

to automatically enhance coordination or result in better wellbeing outcomes. Civil society interviewees in our research highlighted the very limited political will among government to attend to the displaced populations' needs in practice even where they have official responsibilities to do so on paper. Many attributed the effective exclusion of refugees from social protection less to operational coordination or governance issues than to 'explicit or implicit political choices' (Tramontanias et al., 2022)

Likewise, **for Cameroon our analysis also shows that stronger linkages and coordination between systems does not always lead to better basic needs and wellbeing outcomes.** There are two entirely separate systems for humanitarian assistance and social protection, and wellbeing outcomes are clearly much stronger for humanitarian assistance, as shown in Section 3. Greater coordination with the nascent social protection system is only desirable if it does not put the displaced population's wellbeing outcomes at risk.

By contrast, **in Colombia, key informants (from government and humanitarian agencies alike) observed that there has been increasing coordination between international humanitarian assistance and the social protection system and felt that this had played a key role in improving the overall response to the displacement influx,** by identifying gaps in provision between agencies and enhancing their ability to understand and address the displaced populations' needs. In this context, the government's political will to serve as the coordination focal point for the overarching Venezuelan and IDP response is perceived to have enabled humanitarian agencies to effectively complement state provision, thereby ensuring greater adequacy and coverage of provision to meet displaced populations' needs.

The benefits of this system-level coordination, however, were reportedly less apparent to displaced populations themselves, at least among Venezuelans. Many admitted to confusion as they tried to figure out what programmes were available, what they were eligible for and how to navigate access to them. However, the governance and coordination of assistance in Colombia still resulted in notably more accessible provisions than in the Greece case study, with 99% of IDPs and 89% of Venezuelans in our sample having heard of at least one social protection scheme – and 76% and 48% respectively accessing some form of assistance, the vast majority of which came from a government agency. As shown in section 3.3, this social protection assistance was particularly important for Venezuelan households' ability to meet critical needs.

4.1.3 Linking financing

Our research clearly highlighted the importance of adequate and sustained financing for meeting basic needs in displacement crises. Where financing had been dramatically reduced over time (as for the displaced populations in the Cameroonian case study), this to some extent reduced the ability of provisions to meet basic needs, both for those cut off from assistance altogether and for those still receiving assistance at reduced levels (as shown in the qualitative evidence in section 3.3 and in the regression analysis of their mental wellbeing in

section 3.2.3). In large-scale protracted displacement situations, the depth, breadth and duration of need is immense, and as outlined in the United Nations' Global Compact on Refugees and associated frameworks, host countries cannot and should not bear this financial burden alone. It is therefore vital for the international community to live up to its commitments to share responsibility for global displacement challenges and to ease pressure on host countries – both by providing financing for host countries (the focus of this section) and by providing resettlement opportunities so that responsibility for hosting refugees is globally shared.

Whether this international financing should be fully linked with (i.e., channelled through) state systems, as opposed to being delivered through humanitarian or non-governmental agencies, is a separate matter. Our research indicated various considerations regarding the potential impacts of linking international and national financing for the fulfilment of affected populations' basic needs.

On the one hand, financing linkages may be beneficial *if* it means broader, better or more reliable support for those affected by displacement crises. To some extent, this was evident in our Colombia case study, where allocating funds for Venezuelans to be included in state programmes was in some cases felt to be an effective and efficient strategy.

In Cameroon, the research also illustrated ways in which heavier reliance on the state might instead reduce the assistance available overall for displacement-affected populations (displaced and host), thereby reducing the extent to which basic needs are met. When asked explicitly about the potential impacts of relying more heavily on government systems rather than humanitarian agencies for assistance (for example by channelling international financing through the state), concerns were repeatedly raised regarding potential reductions in the overall amount available due to resource misuse:

No, everything would disappear, it's best that the NGOs don't give the money to the government. (Host, recipient, Pomla, Far North)

It's better that [humanitarian assistance and government programmes] don't merge. If they did, we wouldn't receive anything anymore... there's too much misappropriation, we'd rather the government doesn't get involved in the work of the NGOs. (IDP, recipient, Wandai camp, Far North)

In Cameroon, allocating funds via the social protection system was thus perceived to bring greater risks of neglect due to exclusion or diversion.

4.2 Programme design

4.2.1 Linking transfer amount and duration

Linking transfer amounts can include several different aspects, including different actors being aware of and transparent about the drivers of transfer values, as well as potential alignment of humanitarian assistance and transfer values (McLean et al., 2021). Evidence from several countries suggest that alignment of transfer values with those of national programmes can affect the ability of an intervention to meet the basic needs of the forcibly displaced (Gray Meral and Both, 2021). The empirical analysis in this study raises some concerns about potential alignment of transfer values.

Generally, transfer values have been very different in the humanitarian and social protection systems, with much higher levels of aid being given by humanitarian agencies. **Transfer amounts tend to differ because of differences in objectives of programmes** (which are often informed by the specific needs of the populations they are serving) **and constraints in the system** (e.g., financial, political). **Duration is often set alongside similar lines, with humanitarian assistance generally being provided as long as the need remains, whereas some social protection programmes aim to ‘graduate’ beneficiaries after a set number of years.** For instance, in Cameroon, humanitarian food assistance is centred around ensuring basic needs are met and sustained, while the social protection programmes (PFS) aim to help (refugee) households move out of poverty within two years on the assumption that they gain some degree of independent livelihood.

As discussed in section 3.3, displaced populations do often have greater needs, constraints on livelihoods and employment as well as greater challenges in accessing supply of services, opportunities and infrastructure. Without significant changes to the broader policy landscape, many of these challenges will persist for years. Hence, **a narrower, quota-based, shorter-term programme with limited coverage and lower transfer values would be likely to adversely affect the capacity for assistance to secure the wellbeing of displaced populations.** The case of WFP food rations being cut for refugees is an example. Respondents raised concerns that the reduced rations affected their ability to meet basic needs and seems to have led to lower subjective wellbeing outcomes.

Empirical analysis presented in this paper showed positive wellbeing outcomes for both material and subjective wellbeing emerge most strongly for humanitarian assistance in the quantitative analysis. For social protection, on the other hand, we see the strongest findings for material wellbeing.

This raises concerns around the effects of aligning humanitarian assistance with social protection in terms of potentially reducing transfer amounts and durations. To give another example, in Greece, concerns were raised around the requirement for the humanitarian cash transfer not

to exceed the guaranteed minimum income scheme and the implications for basic needs and wellbeing of asylum-seekers – as discussed further in Section 3.3. In conclusion, **transfer values and duration for displaced populations need to be carefully considered in light of whether they meet needs, especially within broader contexts that might be more restrictive for displaced populations.**

4.2.2 Linking transfer type

As discussed in section 3.3, the ability of different types of transfer to meet displaced populations' needs was discussed at length in the Cameroon case study. There, many displaced recipients of either in-kind or food voucher humanitarian assistance expressed a strong preference for this assistance to be provided instead in cash, so that they could allocate the money in the most efficient manner for their specific needs. But receiving in-kind/voucher assistance instead of cash reduced wellbeing outcomes in some cases, as some household cashed their in-kind rations/ vouchers out at significant expense to have cash to cover other priority needs. Social protection is provided as cash in Cameroon, as is often the case. **Closer alignment of humanitarian transfer modalities (which often rely heavily on in-kind or voucher provision) with the cash modality often used in state social protection systems may be expected to have a positive effect on the ability of transfers to meet recipients' needs.** While there are some scenarios where in-kind transfers would still be the most effective option for meeting needs, cash is often preferable, and can be more cost effective and timely, delivered at larger scale and in a manner that empowers households to determine their own expenditure (UNHCR, 2017).

Our case studies also illustrated some **ways in which alignment of humanitarian assistance modalities with the types of programmes provided in mainstream social protection might reduce their ability to meet displaced populations' needs.** For example, in both Colombia and Greece, the severe and unique mental health needs of traumatised displaced individuals were noted as requiring highly specialised psychological support beyond any assistance programmes that the state was currently providing (Ham et al., 2022; Tramountanis et al., 2022). Simply facilitating access to mainstream social protection programmes will not be sufficient to address those mental health needs, meaning the standard design of social protection programmes must be adjusted to provide or link with displacement-specific support and services.

4.2.3 Linking targeting criteria

Targeting choices affect wellbeing outcomes.¹⁶ We noted above that **humanitarian and social protection schemes often have different objectives, which means their target audience and eligibility criteria will differ**. Cameroon is again illustrative here. PFS is not intended or designed to sustain the destitute, but rather to support the advancement of the poor out of poverty, drawing on assets as a targeting criterion. Humanitarian assistance in contrast is targeted on the basis of urgent food insecurity needs, for as long as those needs exist. It is unclear how reliable the use of asset poverty on its own would be as an eligibility criterion for supporting the destitute among the displaced. In contexts where existing assistance for displaced populations is expected to be integrated into mainstream social protection provision, **these differences in the determination of need and eligibility in the two systems are likely to present a fundamental constraint to ensuring the effective targeting and support of displaced households in need of assistance**.

The Colombian IDP case study illustrates potential lessons in this respect; there, the targeting criteria for many social protection programmes relies on households' multidimensional poverty scores as recorded in the SISBÉN, but for IDPs there is also the possibility to qualify both for mainstream social protection and for specialised IDP assistance schemes based on their status as IDPs in the national Victims' Registry. The fact that IDPs in Colombia had higher social protection coverage than host populations in our sample suggests that the modified targeting criteria is helping to increase access to social protection for IDPs in need. Similarly, the fact that IDPs receiving assistance in Colombia had similar – or lower – levels of basic needs and wellbeing to IDP non-recipients in our empirical analysis in Section 3 may also indicate that assistance is being well-targeted *within* the IDP population to those most in need (thereby helping to put their outcomes on par with non-recipients). Although we cannot definitively prove it, the Colombia case study suggests that it is possible to integrate humanitarian targeting considerations into the social protection system to ensure the inclusion of displaced households in need. However, this requires proactive adjustments of social protection objectives, strategy and targeting criteria – which have been taken for IDPs in Colombia but not yet to the same degree for Venezuelans. Furthermore, the framing, communication and funding of such adjustments must be undertaken with care, as they may have important implications for social cohesion (as discussed further in Lowe et al., 2022c).

16 We focus specifically on targeting/eligibility criteria in this discussion of programme design, rather than the targeting/eligibility determination mechanism. The latter is the administrative/delivery system used to identify households who fit the targeting/eligibility criteria, and as such we analyse it in relation to Administration/Delivery – see next section and Lowe et al., (2022b), which explores in depth the effectiveness for displaced populations of various social protection delivery mechanisms.

4.3 Administration / delivery

A separate paper in this project (Lowe et al., 2022b) discusses the administration and delivery issues influencing respondents' access to social protection and humanitarian programmes. For this reason, we do not explore administration questions in depth here. However, it is worth stressing the obvious point that **a transfer's ability to meet basic needs is contingent on the programme's delivery system being designed and implemented in a way that effectively and reliably identifies, enrolls and disburses assistance in a timely and accurate way.**

If there are concerns about an agency's capacity or will to effectively deliver assistance to the population in question, this may hinder efforts to link operational responsibility for the assistance with that agency's delivery systems in a manner that does not adversely affect recipients' wellbeing. This was raised as a concern by many civil society interviewees in Greece, regarding the decision to hand the operational responsibilities for humanitarian assistance to displaced populations over to the state. Relatedly, if people with urgent needs are reluctant to access support through that delivery system (as was reportedly the case for some IDPs in Colombia) or face administrative barriers to access (as was the case for many refugees being unable to access mainstream social protection in Greece), it will not be able to meet those households' needs. Furthermore, if the transfer loses value during the course of delivery, this will similarly reduce its ability to meet recipients' needs. This was the case for some recipients of the PFS social protection scheme in Cameroon, who explained that they had to travel long distances, paying transport worth up to 5% of the bi-monthly cash transfer value and using a day of their time (and sometimes having to stay overnight) to collect their transfer.

5 Conclusions and policy implications

This paper considered the relationship between the provision of various types of assistance and basic needs and wellbeing outcomes in displacement settings in Cameroon, Colombia and Greece. It described the relationship between assistance provision and outcomes and considered to what extent, and in what ways, impacts may differ if the assistance is or were to be in any way linked or even fully integrated into the state's social protection system, as opposed to being delivered separately by independent humanitarian agencies.

Here we summarise our key findings, before drawing out policy recommendations.

5.1 Key findings on relationship between assistance model and basic needs and wellbeing

Assistance recipients generally show better outcomes in relation to various dimensions of both material and subjective basic needs and wellbeing – in our case meaning lower food insecurity, greater access to sufficient drinking water, greater satisfaction with life in general and with the household's financial situation, and better mental wellbeing. The quantitative regression analysis shows that where assistance receipt is statistically associated with material or subjective wellbeing outcomes, in most cases the relationship is positive (pointing towards greater wellbeing). The most obvious and consistent case of this is for the IDP population in Cameroon, where recipients show better wellbeing outcomes across the board relative to non-recipients. This is important because IDPs receiving and not receiving assistance in Cameroon are in other respects the most homogenous of all the groups we studied and therefore the most comparable, which increases the strength and reliability of the finding.

In the qualitative research too, **displaced respondents described the important role that assistance played in their lives, helping them to meet more of their basic needs while avoiding (or relying less on) negative coping mechanisms**. This is the case for the displaced in Cameroon, who rely heavily on higher-value humanitarian assistance to meet urgent daily needs, in contrast to some recipients of the social protection scheme among the host population who see the assistance more as a supplement to household expenditure, given its low value. In Greece too, displaced recipients spoke of the value of humanitarian assistance to enable them to meet basic needs, as did Venezuelan recipients of social protection.

The positive wellbeing outcomes come out most strongly for recipients of humanitarian assistance in the quantitative analysis, where those receiving assistance have better outcomes than for non-recipients for many aspects of both material and subjective wellbeing. These findings relate to humanitarian assistance provided to IDPs and refugees in Cameroon (mainly WFP food

rations) and ESTIA and HELIOS transfers provided to asylum-seekers and refugees respectively in Greece (although for displaced populations in Greece, the findings on mental wellbeing specifically are more mixed).

In terms of social protection, findings are mixed. In Greece, host recipients have better material but generally worse subjective wellbeing outcomes than non-recipients. In Cameroon, host recipients have better outcomes across both dimensions relative to non-recipients, but half of these host recipients' households were receiving WFP food assistance and not social protection, so the findings cannot be attributed to social protection specifically. In the case of Colombia, there are fewer significant findings compared to the other countries and some 'unexpected' findings, such as IDP assistance recipients showing higher levels of food insecurity. This might be explained by successful targeting of food-insecure households and the relatively low adequacy of assistance in Colombia, which would mean that while assistance helps, recipients still have higher levels of food insecurity than non-recipients.

We see some evidence that mediating factors like amount and duration of assistance play a role. **There is some evidence that those receiving assistance for longer and / or receiving greater amounts, report better wellbeing outcomes.** In Cameroon on the other hand, the evidence suggests that the progressive cuts in WFP food rations for refugees has led to lower levels of subjective wellbeing outcomes (including satisfaction with life and household finances, and mental wellbeing) among longer-term recipients.

Qualitative interviews also highlighted the challenges around transfer values, with **lower transfer values limiting the extent to which they effectively supported displaced populations to meet their basic needs.** For instance, in Greece where the value of humanitarian cash transfer scheme cannot exceed the national social protection system's guaranteed minimum income scheme, asylum-seekers reported that this transfer value is not adequate to meet their basic needs, given their limited community or family resources to rely on and their restrictions in accessing work.

In the qualitative interviews, **type of assistance also came up as a constraint in displaced people's ability to meet basic needs through the transfers provided.** Food rations and vouchers in Cameroon were described by some recipients as not meeting their specific needs, resulting in losses in value when vouchers were cashed out to enable other pressing needs to be met.

The quantitative analysis also shows some differences in terms of gender. For Cameroon, the difference between recipients' and non-recipients' outcomes in material and subjective wellbeing are much more notable for female-headed than male-headed households. More generally, there is some evidence that female-headed recipient households in displaced populations report larger increases in satisfaction with life in general and household finances, and to a lesser extent mental wellbeing. This might suggest that assistance is more important for female-headed households,

perhaps because they do not have other income sources. For male-headed households, on the other hand, effects are quite diverse. This indicates that **male and female-headed households have different experiences of assistance receipt**.

The qualitative research also highlighted the wide range of urgent needs that displaced populations face. Taken together with the finding from the quantitative analysis that assistance receipt is not always significantly associated with material and subjective wellbeing, this suggests that **humanitarian assistance and social protection alone are not sufficient to improve basic needs and wellbeing outcomes**. The analysis also indicated potential supply side blockages, hindering more positive outcomes, for instance with regards to always having clean water available. This suggests that while social protection or humanitarian transfers can play a role in overcoming some demand-side constraints to meeting basic needs (e.g. by providing households with the financial means to pay for food, etc), it needs to be paired with wider policies and programmes – both to ensure that there is adequate supply of services, opportunities and infrastructure in displacement-affected regions, and to ensure that displaced households are legally and practically able to access to the available supply.

5.2 Recommendations

Below we consider the key lessons and policy implications for national governments and the international community, organised in relation to the policy level, programme design and administration. These recommendations consider both general lessons in terms of assistance provision to displacement-affected populations, as well in terms of humanitarian–social protection links. For more detailed recommendations, the basic needs and wellbeing toolkit should be consulted (Hagen-Zanker et al., 2022).

Policy level

Recommendations for host governments and international actors involved in administering programmes for displacement-affected populations

Displaced populations have a wide set of basic needs. Social protection or humanitarian assistance can help meet some demand-side constraints to meeting some basic needs, but actors also need to consider supply-side constraints and broader policy responses, as well as displaced populations' specific additional needs (e.g., around trauma or mental health), to support displaced populations and their host communities effectively. Actions should include:

- **Investing in the broad socioeconomic development of displacement-affected regions** and promoting both host and displaced populations' legal and effective access to their wide-ranging social, economic and political rights, such as access to documentation, freedom of movement, the right to work, decent livelihoods and land on reasonable terms, financial services, justice and legal protection.

- **Developing a comprehensive assistance strategy to adequately meet displaced and host populations' needs** by expanding existing programmes, developing new government-led schemes, or working in collaboration with international, national or local partners to facilitate non-government provision. Recognise that assistance programming is only one component of effective social protection, alongside employment rights, social security and labour protections, and access to broader social services. Keep in mind that displaced populations often have specific needs, which requires specialised, culturally appropriate psychological support. Such an approach thus requires coordination with a wide range of actors beyond the social protection and humanitarian assistance space.
- **International actors and governments should ensure sufficient and sustained financing** to enable the support of the basic needs and wellbeing of displacement-affected populations. Host countries cannot carry this financial burden alone and the international community must step up in line with global commitments to ease pressure on host countries.

Recommendations for actors considering humanitarian–social protection links

Well-coordinated governance between social protection and humanitarian systems can ensure that the needs of displaced populations are met to the greatest extent possible. Where assistance is enshrined in law, it may improve displaced population's ability to meet their various needs, but as the different findings from our case studies show, this is only so if laws are translated into access in practice. Linking international financing with state systems is only beneficial if it means broader, better or more reliable support for those affected by displacement crises, but this could in some cases result in a reduction in the total assistance available and thereby reduce the extent to which basic needs are met.

- **Work to improve coordination both within and across the humanitarian and social protection systems.** Carefully consider which displaced populations might fall between the cracks, and address this, for instance working with gender-focused organisations given the different needs and experiences of recipients by gender.
- **Work with government to develop comprehensive laws and policies to respond to displaced and host populations' wide-ranging needs.** Link assistance with that framework but do not assume that laws or policies on paper equate to strong provision in practice. Recognise that further investment is needed to translate laws on paper into provision in practice. This also requires support by humanitarian actors even where assistance is state led.
- **Ensure that if international financing is linked with national budgets, this results in a net increase in the adequacy of provision reaching populations in need.** International funding sources such as the World Bank International Development Association (IDA) Window for Host Communities and Refugees (WHR), can be used to incentivise their inclusion of displaced populations in the national social protection system where such assistance will meet displaced people's needs.

Programme design

Displaced populations often have greater needs, more constraints on livelihoods and employment, and more restrictive access to broader services. Programme design choices, including transfer amount, duration and targeting choices, affect their wellbeing. Therefore, programme design choices for displaced populations need to be carefully considered in light of their effects on wellbeing outcomes.

Recommendations for host governments and international actors involved in administering programmes for displacement-affected populations

- **Understand differentiated needs of distinct sub-groups** (including hosts vs refugees vs IDPs; male vs female-headed households; recent vs long-term displaced, etc) and:
 - Develop targeting criteria accordingly, ensuring that those with unmet basic needs can qualify for appropriate assistance through the range of assistance programming available.
 - Provide transfer amounts that adequately meet both host populations' and displaced populations' basic needs and other dimensions of wellbeing (see below on linking social protection and humanitarian transfer design).
 - Ensure the type of assistance is tailored to the needs and preferences of those households (for example, paying assistance in cash rather than food rations wherever appropriate and requested by recipient households).
 - Consider linking programmes with complementary programmes and services to improve wellbeing outcomes and to maximise available resources by increasing coordination among actors serving the intended population.
- **Conduct regular mixed-methods evaluations to understand the extent to which assistance is meeting the basic needs** and improving the material and subjective wellbeing of different types of recipient households. Refine programme design accordingly.

Recommendations for actors considering humanitarian–social protection links

Humanitarian and social protection transfer amounts tend to differ because of differences in the objectives of systems and in the needs of displaced populations, amidst a broader context that is usually more restrictive for the displaced in general. A narrower, shorter-term, quota-based programme with limited coverage and lower transfer values is likely to adversely affect the wellbeing of displaced populations.

- Do not pursue the alignment of transfer values or programme design as an objective in itself. **Aim instead to provide assistance at a level and of a modality that adequately meets recipients' needs.** If needs between host and displaced recipients are similar, it may be

appropriate to provide similar support, but in many cases displaced households have greater needs. Increase the adequacy of social protection transfers where provision is inadequate to meet the needs of host households (drawing on new domestic and international financing sources where feasible and necessary) rather than reducing vital support for displaced households.

- **Recognise that vulnerability – and therefore the approaches to identifying priority recipients – often differ between humanitarian assistance and social protection schemes.**

Do not link with social protection targeting criteria unless these displaced residents can meet these criteria in practice. Criteria adjustments may be required to enable displaced access in practice. Be cautious when adjusting existing programme criteria to avoid aggravating concerns that displaced households are being granted cover under the existing programmes at the expense of vulnerable host communities.

Administration/delivery

A transfer's ability to meet basic needs is contingent on the programme's delivery system being designed and implemented in a way that effectively and reliably identifies, enrolls and disburses assistance of the correct value for the population in need.

Recommendations for host governments and international actors involved in administering programmes for displacement-affected populations

- **Ensure that delivery processes do not inadvertently reduce the net value of support available to meet basic needs**, for example by incurring large administrative or opportunity costs for recipients.
- **Ensure displaced households can easily, reliably and safely access assistance in practice, and thereby benefit from its potential ability to improve basic needs and wellbeing** (see Lowe et al., 2022b for detailed recommendations on designing delivery systems to meet displaced populations' needs).

Recommendations for actors considering humanitarian–social protection links

Displaced populations' ability and willingness to access assistance through state systems may differ significantly from humanitarian systems (which are typically established to protect displaced recipients). Any operational challenges or reluctance to engage with state systems on the part of displaced households therefore need to be addressed before linking assistance to them into social protection systems, if their basic needs are to be met effectively in a manner that promotes rather compromises their wellbeing.

- **Where assistance is channelled through state systems, ensure that this will result in adequate assistance reaching displaced populations** at the last mile to enable them to secure their basic needs and wellbeing.

- **Recognise that displaced households may have had negative past experiences of government institutions and may be anxious about accessing assistance through state systems.** Administrative systems should not be linked without considering and properly addressing these protection concerns.
- **Even where assistance is fully integrated into state social protection systems, recognise that non-governmental agencies may still play an important role in facilitating displaced populations' access to schemes in practice.**

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Appendix 1 Primary data sample description

Table 11 Summary of primary data collected

	Quantitative data from ca. 1,500 households per country	Qualitative data
Cameroon	<ul style="list-style-type: none"> • 497 refugees (50:50 in- vs. out-of-camp) in the East Region • 218 refugees (principally in-camp) in the Far North Region • 269 IDPs (principally in-camp) in the Far North Region • 493 host population households (about 50:50 in the East and Far North Region) 	<p>Focus group discussions:</p> <ul style="list-style-type: none"> • 12 in the East Region and 18 in the Far North Region (with both hosts, and in- and out-of-camp displaced populations) <p>In-depth interviews:</p> <ul style="list-style-type: none"> • 40 in the East Region and 36 in the Far North Region (with both hosts, and in- and out-of-camp displaced populations) <p>Key informant interviews: 18</p>
Colombia	<ul style="list-style-type: none"> • 509 Venezuelan respondents (all out-of-camp) • 512 IDP respondents (all out-of-camp) • 511 host community respondents <p>(all equally split between Bogotá and Cúcuta)</p>	<p>Focus group discussions:</p> <ul style="list-style-type: none"> • 12, split evenly between Venezuelans, IDPs and host community; and between Bogotá and Cúcuta <p>In-depth interviews:</p> <ul style="list-style-type: none"> • 18, split evenly between Venezuelans; IDPs and host community, and between Bogotá and Cúcuta <p>Key informant interviews: 24</p>
Greece	<ul style="list-style-type: none"> • 312 refugee respondents (58% in Athens; 41% in Ioannina) • 432 asylum-seeker respondents (45% in Athens; 55% in Ioannina) • 752 host population respondents (50:50 in Athens and Ioannina) 	<p>In-depth interviews:</p> <ul style="list-style-type: none"> • 28 with displaced respondents in Athens • 33 with displaced respondents in Ioannina • 5 with host respondents in Athens <p>Key informant interviews: 30</p>

Appendix 2 Overview of main programmes studied

Table 12 Summary of the main programmes studied in this paper, across the case studies

Country	Programme(s) of focus in case study	Administrative arrangements	Eligibility for displaced populations
Cameroon			
Social protection	Social Safety Nets Project (PFS): <ul style="list-style-type: none"> • Ordinary cash transfer Cash for work scheme • Emergency cash transfers 	Funded by World Bank, implemented by Government of Cameroon, (MINEPAT)	Eligibility includes IDPs, and refugees (the latter since 2021 in practice)
Humanitarian assistance	Food Assistance programme	WFP	Covers refugees and IDPs, largely excludes host populations
Colombia			
Social protection	Routine cash transfers pre-dating Covid-19: <ul style="list-style-type: none"> • <i>Familias en Acción</i> • <i>Colombia Mayor</i> • <i>Jovenes en Acción</i> 	Government of Colombia, Department of Social Prosperity	IDPs have preferential access Venezuelans in theory had access but in practice were not enrolled unless living with Colombian household members as enrolment closed in recent years
	New cash transfers established during Covid-19: <ul style="list-style-type: none"> • <i>Ingreso Solidario</i> • <i>Devolución IVA</i> 	Government of Colombia, Department of Social Prosperity	Venezuelans and IDPs eligible if they meet general programme criteria
	Atención Humanitaria (state-led humanitarian assistance)	Government of Colombia, Victim's Unit	Specific humanitarian assistance for IDPs and other victims of the internal conflict
	Ad hoc in-kind assistance	Government of Colombia (various)	Includes and sometimes specifically targets IDPs and Venezuelans
Greece			
Social protection	<ul style="list-style-type: none"> • Child benefit • Guaranteed minimum income scheme • Unemployment benefit • Disability (welfare) benefit • Rent subsidy • Childbirth benefit 	Government of Greece, Organisation for Welfare Benefits and Social Solidarity (OPEKA)	Refugees eligible in theory if they meet general programme criteria, but these are administratively challenging to meet in practice

Humanitarian assistance	Emergency Support to Integration and Accommodation (ESTIA) Cash Assistance	EU-financed, UNHCR- implemented at the time of the research	Asylum-seekers
	Hellenic Integration Support for Beneficiaries of International Protection (HELIOS)	EU-financed, IOM- implemented at the time of the research with support of Greek Government	Refugees who meet specific eligibility criteria

Source: Authors' compilation, based on country case studies by Levine et al. (2022), Ham et al. (2022), Tramountanis et al. (2022)

Appendix 3 Additional charts and regression findings

Table 13 Regression dependent, independent and control variables

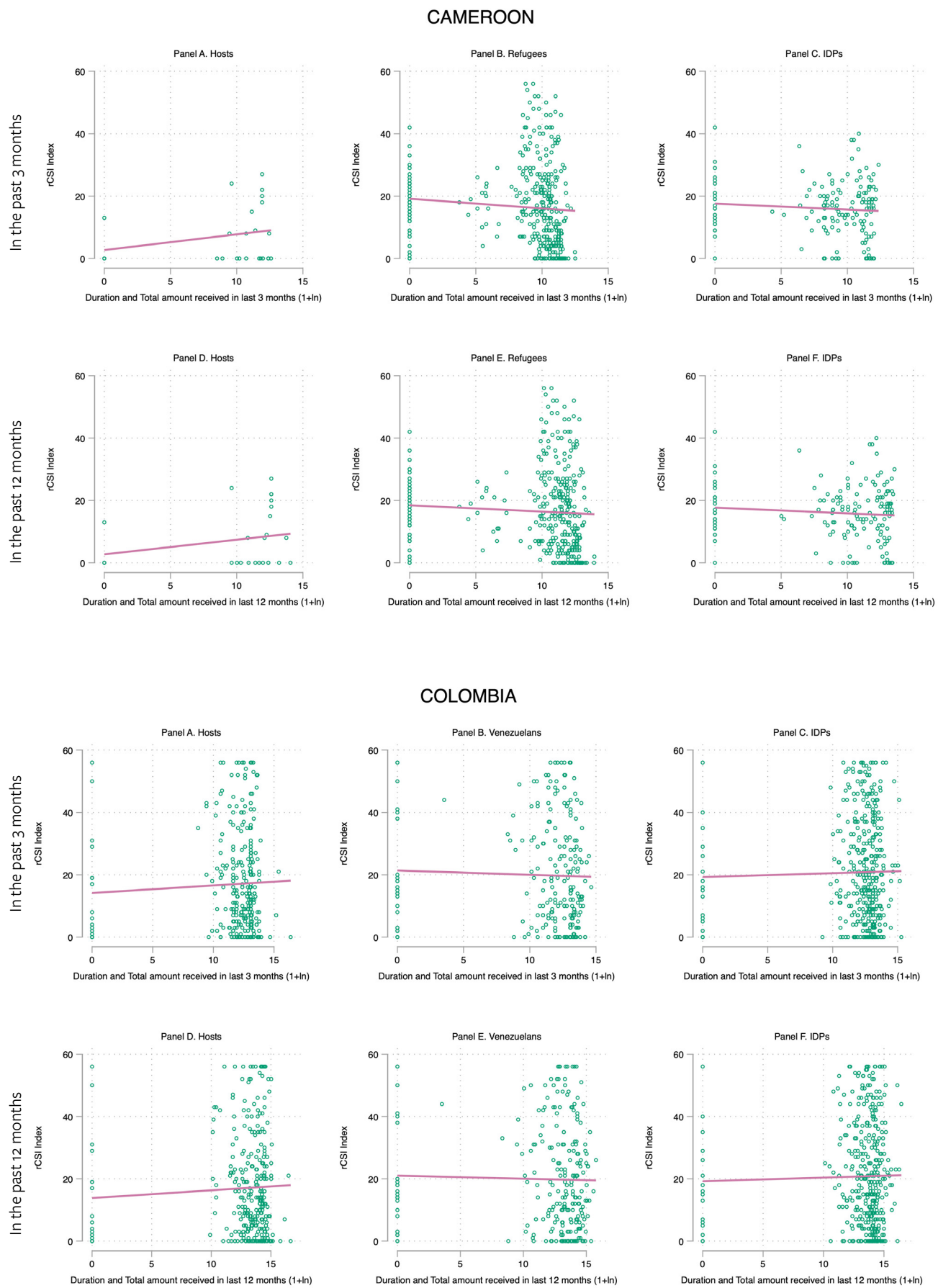
Variable type	Variable name	Description
Outcomes / Dependant variables	rCSI	Self-reported difficulties in accessing sufficient food in five dimension over previous 7 days (weighted index, 0= no difficulties, 56= highest possible difficulties)
	always_drinking_water	Household always had sufficient drinking water last month (1=always had enough drinking water, 0=did not have enough drinking water)
	life_satisfaction_psychsoc	Satisfaction with life in general (1=completely dissatisfied, 10=completely satisfied)
	general_situation_financing	Satisfaction with financial situation of household (1=completely dissatisfied, 10=completely satisfied)
	nervous_stressed	Felt nervous and stressed (1=yes very often and fairly often;0=otherwise)
	ontop_things	Felt that you were on top of things never or almost never last month (1=never or almost never, 0=otherwise)
	control_life	Felt that you were unable to control important things in life (1=yes very often and fairly often;0=otherwise)
Independent variables of interest	receipt_transfer_actual	Transfer receipt (1=yes, 0=no)
	ln1total_socpro_amount_3month	1+log of the effective total amount received in the last 3 months from all programmes, which is estimated as the sum over all programmes of the interaction between the total amount received from each programme in the last 3 months (amount accounting for frequency) interacted with the length of time or duration of transfer receipt as a fraction of a three-month period.
	ln1total_socpro_amount_12month	1+log of the effective total amount received in the last 12 months from all programmes, which is estimated as the sum over all programmes of the interaction between the total amount received from each programme in the last 12 months (amount accounting for frequency) interacted with the length of time or duration of transfer receipt as a fraction of a twelve-month period.[1]

Variable type	Variable name	Description
	total_monthssince_rec_socpro_max	Maximum duration or length of time received any transfer
Control variables	Region	Region or city
	Camp	Whether household was interviewed in a camp (1=yes, 0=no)
	hh_head_age_dem	Age of household head in years
	hh_head_sex_demo	Sex of household head
	hh_num_demo	Number of household members
	access_to_loans	Household has access to loans (1=yes, 0=no)
	hh_ind_level_edu	Household highest education level attended
	employment_status	Anyone in the household works for pay or is self-employed (1=yes, 0=no)
	receipt_remittances_ind	Household receipt of national or international remittances in the past 12 months (1=yes, 0=no)

Table 14 Relationship between food insecurity score (rCSI) and extent of assistance received within recent past

	Cameroon			Colombia			Greece		
Regression coefficients for:	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
Duration of receipt (in months)		0.013	-0.028	-0.01	-0.052	0.001	-0.001		0.12
Effective amount received in past 3 months		-0.028	-0.147	-0.153	0.122	-0.12	0.093		0.25
Effective amount received in past 12 months		-0.147	-0.142	-0.146	-0.089	0.101			

Figure 3 Recipients' food insecurity scores (rCSI) plotted against extent of assistance recently received



GREECE

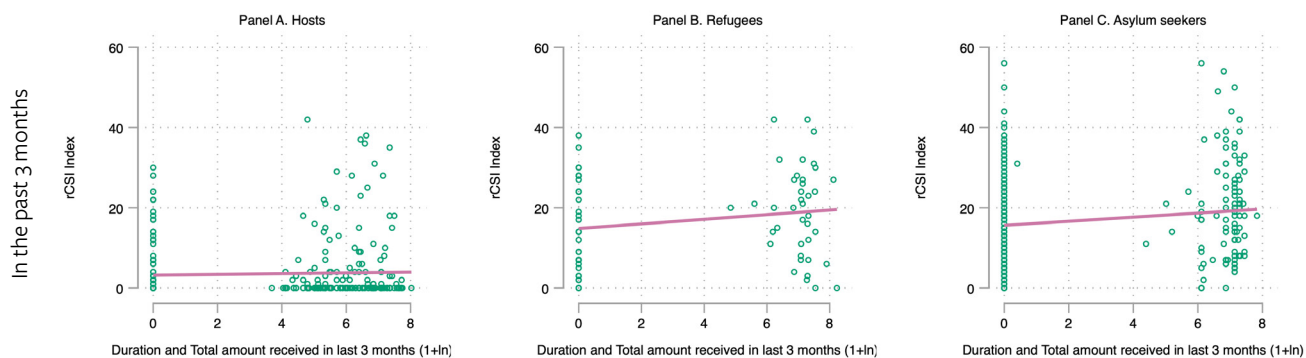


Table 15 Relationship between sufficient access to drinking water and extent of assistance received

	Cameroon			Colombia			Greece		
Regression coefficients for:	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
Duration of receipt (in months)		0.102***	0.0838*	0.00384*	-0.00962	-0.000735	-0.0227		0.00119
Effective amount received in past 3 months		0.107***	0.0987*	-0.0145	0.0437	0.0317	-0.116		-0.112
Effective amount received in past 12 months		0.0159***	0.0383**	-0.0094	0.0384	0.0297			

Table 16 Relationship between general life satisfaction and extent of assistance received

Regression coefficients for:	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
Duration of receipt (in months)		-0.0177***	0.0117	0.0048	0.00931	0.00103	0.00321*		0.0221
Effective amount received in past 3 months		-0.163***	0.0515	0.00204	0.0876	0.0876	0.00306		0.108***
Effective amount received in past 12 months		-0.148***	0.0407	0.00411	0.0685	0.0546			

Table 17 Relationship between satisfaction with the household's financial situation and extent of assistance received within recent past

Regression coefficients for:	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum-seekers
Duration of receipt (in months)		-0.0269***	-0.00835	-0.0036	-0.0099	0.00333	0.002		0.0234**
Effective amount received in past 3 months		-0.184***	0.0223	0.00526	0.0247	0.00436	0.0368		0.123***
Effective amount received in past 12 months		-0.175***	0.0181	0.00231	0.0187	0.00749			

Table 18 Relationship between mental wellbeing and extent of assistance received within recent past

Regression coefficients for:	Cameroon			Colombia			Greece		
	Hosts	Refugees	IDPs	Hosts	Venez.	IDPs	Hosts	Refugees	Asylum seekers
(Very) often nervous and stressed									
Duration of receipt (in months)		0.0118***	0.0202*	-0.00479**	0.0124	-0.00198	-0.00284*		0.00815
Effective amount received in past 3 months		0.114***	0.0842	0.00967	0.012	-0.0730*	-0.0474		0.0078
Effective amount received in past 12 months		0.114***	0.0842	0.00967	0.0124	-0.0612			
(Almost) never on top of things									
Duration of receipt (in months)		0.0189***	0.016	-0.00154	-0.0158	-0.00198	-0.00373		0.0328**
Effective amount received in past 3 months		0.177***	0.17	-0.0165	-0.0371	0.0117	-0.0329		0.00865
Effective amount received in past 12 months		0.164***	0.129	-0.0137	-0.0374	0.0264			
(Very) often unable to control life									
Duration of receipt (in months)		0.00752**	0.00881	-0.00149	-0.0553**	-0.00198	-0.00314		-0.0059
Effective amount received in past 3 months		0.0962**	-0.0296	-0.0105	0.0165	0.0166	-0.0568		0.0282
Effective amount received in past 12 months		0.0962**	-0.0296	-0.0135	0.018	0.0137			

Note. The full regression findings are reported in the Annex.