POST DISTRIBUTION MONITORING REPORT





Cash for GBV / Protection

PROJECT: IQ246 BRC Sinjar

FRENCH RED CROSS | IRAQ DELEGATION

DIFFUSION: Donor, IRCS Branch, IRCS HQ, FRC Coordination, Desk

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POST DISTRIBUTION MONITORING (PDM) – CASH FOR GBV / PROTECTION

Project funded by BRC

Title: "MPCA and Wash in Sinjar, Iraq"

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ACRONYMS:

| BRC | British Red Cross |
|-----|-----------------------|
| FRC | French Red Cross |
| GBV | Gender Based Violence |



| нн | Household |
|------|-------------------------------|
| IDPs | Internally Displaced Persons |
| IRCS | Iraqi Red Crescent Society |
| MPCA | Multi Purpose Cash Assistance |
| PDM | Post Distribution Monitoring |

PROJECT:

The French Red Cross (FRC), in partnership with the Iraqi Red Crescent Society (IRCS), received funding from the British Red Cross (BRC) for a WASH and cash project in Sinjar. The proposed activities include the rehabilitation of two boreholes in Sinjar District, as well as the cash distribution to 115 households as MPCA, and cash assistance to 62 GBV survivors / persons at risk.

A post distribution monitoring was conducted for the beneficiaries of the cash assistance for GBV survivors / persons at risk.

OBJECTIVES:

The following were the specific objectives of the PDM:

- 1. to collect information about the impact and effectiveness of the activity
- 2. to identify any risks, gaps and shortcomings to improve in future programming
- 3. to identify any safety risks associated to the cash distribution
- 4. to allow beneficiaries to give feedback and input on the implemented activity

METHODOLOGY:

This survey was conducted in by phone with each beneficiary. Out of the 62 beneficiaries who received cash assistance, 54 were surveyed (the remaining six were not available).

The interviews were conducted via phone, to minimize any transmission risks during the ongoing COVID-19 outbreak and due to the sensitivity of the nature of the activity. Only the beneficiary numbers were recorded, not the names. The data collection took place from 14 – 31 March 2021.

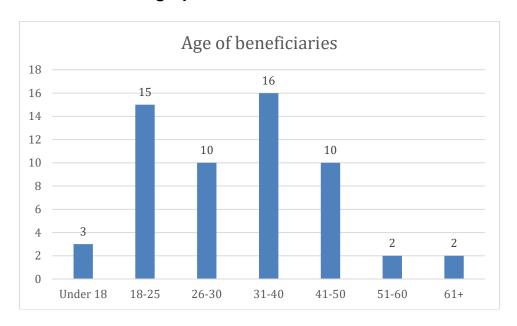
The team used a digital questionnaire set up on the Kobo Toolbox mobile data collection application to carry out these surveys.

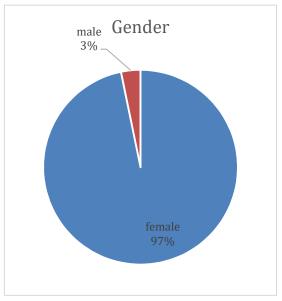
QUESTIONNAIRE:

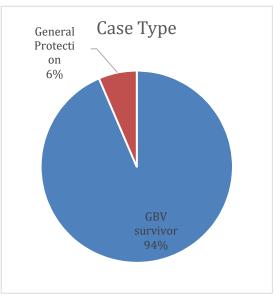
The questionnaire used in Kobo toolbox can be found here.

RESULTS:

Section 1: Demographics

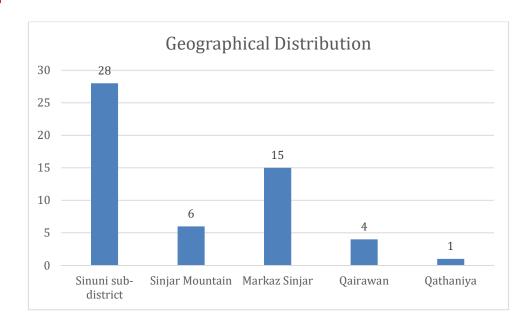






Note: these previous three questions were not asked in the PDM, but rather represents the distribution among all beneficiaries. Out of the 62 cases assisted, the majority were female and GBV survivors. The four general protection cases were female headed households with additional factors such as risk of evicition.

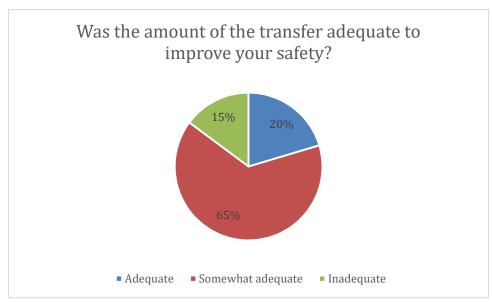
Two of the beneficiaries were male, the rest was female.



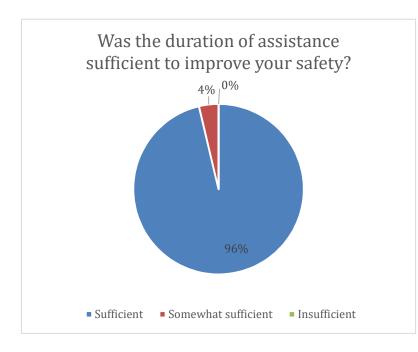
The geographical distribution of the beneficiaries surveyed shows that there is a clear over representation of beneficiaries from Sinuni sub-district. This might be due to the fact that this area has already seen a higher number of returnees in the past, and as such has more established partners working in GBV case management and thus are able to refer cases. The other sub-districts have seen more recent returnees, and attention needs to be paid to engage partners potentially newly working in those areas in any continuation of the activity.

Section 2: Impact of Cash on Survivor's Safety and Access to Services:

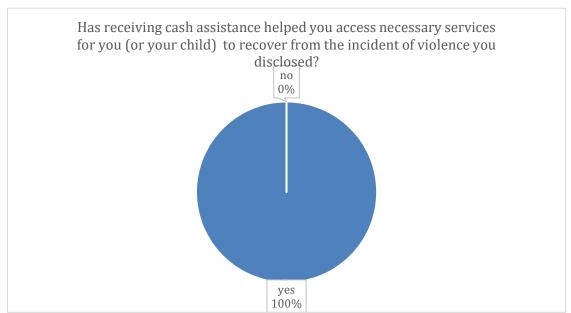
The first section of the questionnaire focused on the impact of the cash assistance on the beneficiaries' safety and their access to required services.



The follow up question was why the respondents chose the respective answer. The ones who chose adequate stated that they were able to cover some of their needs / pay off debts / visit the doctor. The ones saying it was somewhat adequate said that it was enough to provide some of the needs, like visiting a doctor or improving their shelter with door and windows, but that they have multiple needs and it was not enough to cover all of them. The ones responding inadequate said that they have many needs, they have children or they don't have a house.



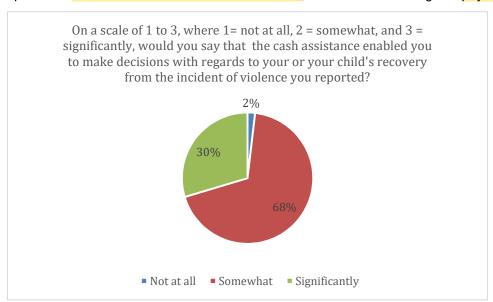
The majority of respondents answered that the duration was sufficient. However, looking at the previous questions and the answers to the follow up question ("why did you pick that answer") it seems that this question was not formulated well enough. The idea was to check whether one payment was enough, or multiple payments would be better. However the answers given are towards the timing – that it was received at a time where it was needed, and quickly.



All respondents confirmed that the cash assistance has helped them access services that were necessary to recover from the incident based on which they were referred to FRC.



The clear majority of beneficiaries used the received cash to access health services (similar to the result of the MPCA PDM), followed by mental health services. The ones using it for "other" services mostly spent it on basic needs such as foods and clothes, with some also using it to pay off debts.



Most people said that the assistance helped them somewhat in making decisions helping them to recover – by allowing them to visit a doctor / psychiatrist, however only some problems were addresses with the amount available. The 30% responding that the assistance helped significantly stated that they were able to address their needs, and in two cases responded specifically that it also was an emotional support and motivated them to seek assistance.

The one case that said that the assistance did not help at all in this regard responded that she was only able to see a psychiatrist.



None of the cases reported experiencing any safety risks as part of receiving the cash. The risks looked for here were sexual assault / harassment, physical threats, theft, forced to handover cash to someone else, when using transportation from receiving the cash assistance, militia, or other. None of these were reported.

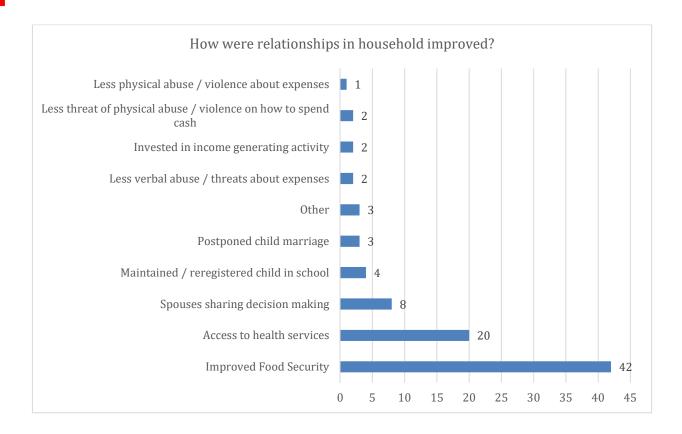


The exposure of the majority of cases to violence has been reduced – this was not necessarily related to the cash assistance however. In six cases, the exposure has remained the same. All assisted cases are under case management with other agencies at the time of assistance.

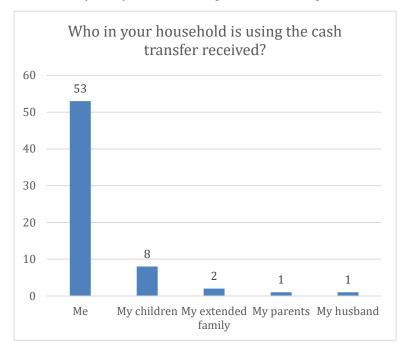
The next question was whether the beneficiary has experienced another incident of violence as a result of receiving the cash. 100% answered "no" to this question (note: one answer was recorded wrongly and is shown as yes – this was followed up when preparing the PDM and turned out to be a wrongly recorded answer).

The next questions looked at how the received cash assistance has impacted relationships within the households. All of the beneficiaries responded that yes, it has positively impacted the relationships within their household and no, it has not negatively impacted the relationships within the household. The majority reported that this was due to improved food security, followed by access to health services. Three respondents stated that it led to child marriages being postponed.

For the three responding other, it contributed to covering shelter and transportation costs.

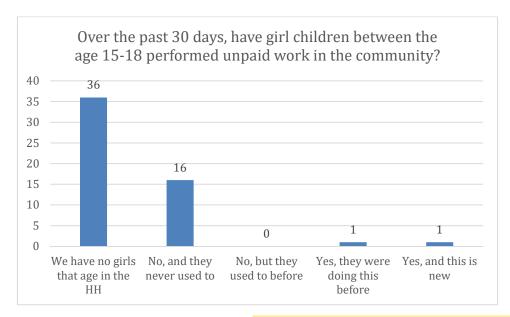


The next question was whether, when cash assistance ends, beneficiaries will be able to prevent further exposure to harm. 18 said "no" or "I don't think" so, 25 said somehow or to some extent, 5 said yes or probably and the rest don't know. This shows the limited impact of a one off payment. The ones saying no or somewhat further explained that the assistance only solved some of their problems, but their needs remain many. They do acknowledge that the damage can be decreased however by the assistance.



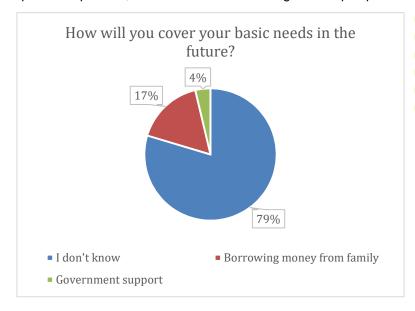
The next question on who is using the cash shows that the vast majority of the cash is used as intended by the person itself. Multiple answers were possible here, but it seems that most people used the cash for their own needs. Only very few shared the cash with their parents or husband.

In the cases where it was shared, it was mostly used for health care for another person in the family (9) and for items benefiting the entire household (6). In four cases, it was used for personal items for another person.



It seems that the cash assistance had no significant impact on underage girls working unpaid in the community, as the overall rate seems relatively low. One case is reporting that an underage girl has newly started doing this.

The next question was whether any girls of that age have gotten married in the last 30 days, to which the answers given were either no or we have no girls of that age in the household. As shown in a previous question, at least three child marriages were postponed due to the cash assistance.

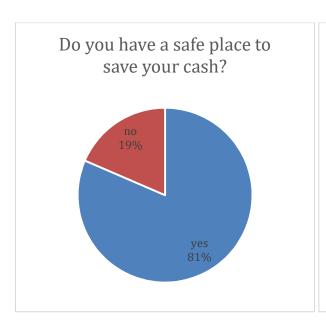


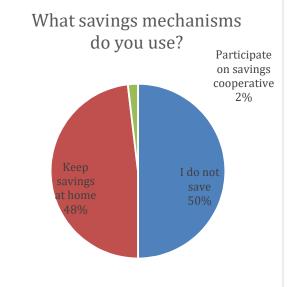
The last question in this section looked at how beneficiaries are planning to cover their needs in the future. The result shows clearly that the need among the population remains.

Section 3: Assessment of Survivor's Management of Safety Concerns Related to Their Use of Cash

The next section of the questionnaire focused on any safety concerns related to the use of the cash, to establish whether the selected method of assistance increased any risks for the survivors.

The first question was "What precautions do you take to stay safe as a cash beneficiary?" The vast majority stated that they are keeping the assistance confidential / a secret. Others said that they only use it for the most essential needs.





Most beneficiaries have a safe place to store their cash, but 10 respondents do not. None of the beneficiaries keeps their money in a bank, either they keep it at home or they do not save at all. One beneficiary participates in a saving cooperative.

None of the beneficiaries reported any safety issues when accessing the markets to use their transfers (0%).

The following questions looked at a ranking of how safe different cash transfer mechanisms are rated.



This chart shows that cash in hand is by far considered the safest by GBV survivors, with transfers through a third person (hawala, trader) considered as the least safe.

The reasons given for the rankings were that with hawala and traders, confidentiality cannot be maintained and there is a risk of exposure as well as having more people be aware of the cash transaction. Also the risk of exploitation is perceived to be higher. The cash in hand was the preferred method because it was easy to access, in a safe location and maintained confidentiality.

FRC/IRCS delivered cash in hand, which is why all beneficiaries answered the next question – "Are the options FRC uses safe and accessible for you to use?" – with yes (100%).

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Section 4: Survivor's Preferences - Improving Referrals for Cash Assistance as a Type of GBV Response

The next section looked at potential changes to be made for future cash assistance.

Notably, 39% or 21 beneficiaries would prefer to receive the cash in someone else's name in the future. However, when looking at the answers as to why ("multiple needs", "poor economic situation", it seems that the beneficiaries understood the question as whether they would like to receive further cash assistance.

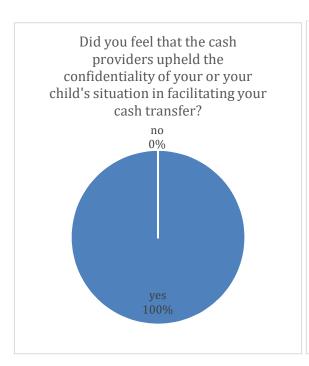


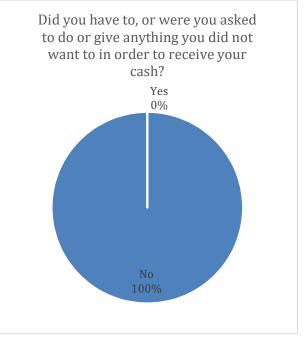
Asked whether they would prefer to receive the cash in another way in the future, 100% of beneficiaries answered no – which is in line with cash in hand being the preferred and safest option.

The final two questions in this sections looked for the beneficiaries input on how to make the program better and safer for participants who are survivors of violence and receiving cash to support their recovery or further exposure to harm. A lot of the beneficiaries requested a continuation of the support (26), followed by requests to support more substantially in re-establishing their livelihoods by opening projects / small businesses to allow people to improve their psychological wellbeing and have a long-term income (13). A number of beneficiaries also used this question to give positive feedback on the programming. On how to make the program safer, most beneficiaries stated that it was safe, however some suggested to also raise awareness in the communities on reducing violence.

Section 5: Service Providers Approach and Support

The final section looked at the distribution process itself.





All of the beneficiaries stated that they felt that the confidentiality was upheld during the transfer. FRC/IRCS organized the transfer when possible with the case manager, and with as few people as possible present. The locations selected were usually the partner's locations, such as community centers, that allowed sufficient space for confidentiality in a private room.

None of the beneficiaries was asked to paid or give anything they did not want in order to receive the cash.

RECOMMENDATIONS:

Overall the chosen method (cash in hand) is perceived as the safest and should continue to be used in future distributions. Likewise the level of confidentiality upheld by the way the organization was organized received positive feedback and should be maintained.

The assistance has a considerable positive impact – 100% have stated that it has helped them access necessary services (mostly health) and it has positively impacted relationships in the households (e.g. by postponing three child marriages). At the same time, the data clearly shows that in the given economic situation, one payment is not enough in many cases – the majority of beneficiaries does not know how they will continue to cover their basic needs.

Regarding the overall organization of the distribution, for future programming more efforts need to be made to engage partners in under covered locations, as the geographical distribution is not balanced.

The PDM also needs to be reviewed since at least two questions were not clear – regarding the duration of the assistance, and whether it should be received in someone else's name in the future.