

Multisectoral emergency assistance to vulnerable conflict-affected population, Armenia

POST DISTRIBUTION MONITORING REPORT

October 2021

ACTED Appraisal, Monitoring, and Evaluation Unit



ACTED OFFICE IN ARMENIA

22 Parpetsi srt., apt.1
Yerevan, Armenia
Tel : +374 33 00 71 29
yerevan.info@acted.org

ACTED HQ OFFICE

33 rue Godot de Moroy, 75009
Paris, France
Tel: +33 1 42 65 33 33
paris@acted.org

1. BACKGROUND

The ECHO-funded project “Multisectoral emergency assistance to vulnerable conflict-affected population, Armenia”, implemented in consortium with PIN, IMPACT/REACH, AASW and ART, aimed to cushion the impact of the 2020 Nagorno-Karabakh conflict on displaced and host populations in Armenia through evidence-based multi-sectoral humanitarian assistance.

To address the urgent needs of the displaced and host population, 4100 individuals were targeted (reached 4166 individuals/986HHs¹) with multi-purpose voucher assistance (hereinafter MPVA) in five northern Marzes² of Armenia: Kotayk, Gegharkunik, Lori, Shirak and Tavush.

2. OBJECTIVES

Post distribution monitoring (PDM) was conducted between 23rd -27th August following completion of distribution in all the target Marzes.

The PDM was designed to assess the quality of the MPVA during all its phases. It also aims to ensure the appropriateness and timeliness of the action, as well as to identify potential gaps in assistance provision. Key areas of PDM investigation included:

- the appropriateness of vulnerability criteria to predefined ones;
- beneficiaries’ satisfaction with all the aspects of project (verification process, selection criteria, distribution process, selection of supermarkets, etc.);
- the appropriateness of MPV as a modality of assistance;
- the expenditure types prioritized by beneficiaries;
- the short-term outcomes of MPV assistance on the ability to meet households’ urgent needs;
- the level of awareness and usage of Project’s Complaints and Response Mechanism (CRM).

3. METHODOLOGY

Out of the beneficiary list, a total of 323³ households were selected at 97% confidence level and 5% margin of error.⁴ Beneficiaries were subdivided into smaller groups (stratas) based on their location (Marzes); after which the sample survey was further selected through simple random sampling. Data was recorded using KoBoToolbox, a free open-source tool for mobile data collection. Due to mobility restrictions to prevent the spread of Coronavirus disease-19 (COVID-19) and time limitation, as the last distribution was done two weeks prior the project completion, trained enumerators conducted interviews via phone.

¹ Within the beneficiaries’ verification and selection, the priority was given to displaced population from Nagorno-Karabakh, as the number of host households has decreased significantly by the end of the project and the local authorities could not provide updated information on host families.

² Administrative division of Armenia. Armenia is subdivided into eleven administrative divisions. Of these, ten are provinces, known as Marz (մարզ) in Armenian. Yerevan is treated separately and granted special administrative status as the country’s capital.

In addition, ACTED AME Unit on 26th, August conducted two focus group discussions (FG) with displaced people in collective shelters located in Tsakhkadzor (Kotayk Marz) to explore and understand the rich depth and context of perspectives, opinions, and ideas. Among participants of the FG discussion, gender balance, presence of persons with disabilities, as well as engagement of people with different social and educational backgrounds, were ensured.

PDM limitations

A first limitation entails the time at disposal to conduct the PDM after the end of MPVA distribution⁵.

Secondly, another major constraint was due to the Covid-19 pandemic, which prevented ACTED from conducting in-person interviews. In fact, all interviews with MPV recipients were conducted over the phone, which may have not allowed assessing the reliability of some answers with regards to the vulnerability criteria (such as disability, etc.).

Lastly, in some cases, the recipient and the user of MPV were different, which makes it difficult for the respondent to answer all the questions of the questionnaire related to different aspects of the distribution process and MPV usage.

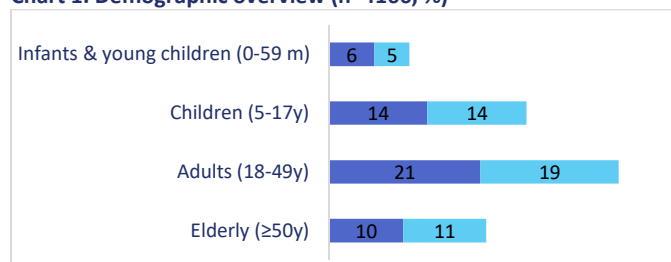
4. FINDINGS

4.1 Beneficiaries profile

In this part of the report the general profile of the MPVA beneficiaries is outlined, as well as their compliance with predefined vulnerability criteria will be determined.

Chart 1. below, shows the disaggregation by age and gender of the population supported via MPVA.

Chart 1. Demographic overview (n=4166, %)



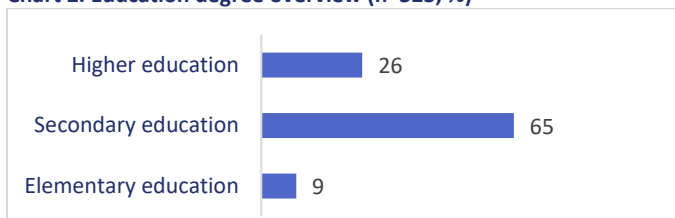
With regards to the education level, the beneficiaries have an educational background that could allow their socio-economic integration in the country, given that over ¼ of respondents have higher education.

³ The sample size 277HHs at 95% confidence level and 5% margin error was defined. Given the share of unavailable phone numbers during verification survey, 50 additional HHs were selected, of which 46 were effective. As a result, a database comprising 323 HHs was defined.

⁴ Sample sizes calculated using: <http://www.raosoft.com/samplesize.html>

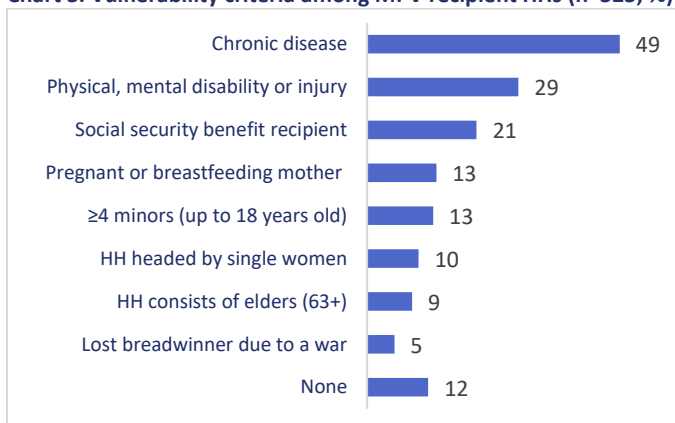
⁵ According to [international standards](#) the PDM exercise is normally conducted 4-6 weeks after the NFI distribution has ended.

Chart 2. Education degree overview (n=323, %)



Prior to MPV distribution, a set of 8 vulnerability criteria was defined upon discussion with the Cash Working Group in Armenia, the Ministry of Labor and Social Affairs (MoLSA), and project partner organizations (PIN, ART, and AASW). MPV recipients were selected if the HH met at least one of the selected criteria. An exception was made only in collective/community shelters hosting displaced people, upon discussions with local authorities and on-site focal points. To ensure a do-no-harm approach and avoid the risk of social tension, the entire population of the selected community centers was targeted by MPVA.

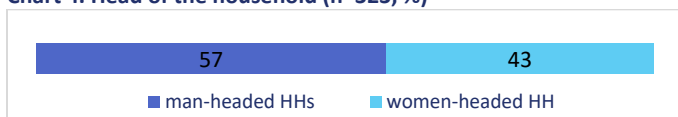
Chart 3. Vulnerability criteria among MPV recipient HHs (n=323, %)



Almost half (49%) of the surveyed recipients claimed having a HH member with chronic disease, while about one-third (29%) of the surveyed HHs have at least one HH member with physical or mental disability. Out of this 29% HHs reporting having member(s) with disability, 10% reported having two members with disability.

As shown in Chart 4, out of the total number of surveyed households, 43% are women-headed. It should be noted that this is a perception-based criteria compared to HHs headed by single women where no adult male is living in the HH for some reason (divorce, migration, non-marriage or widowhood).

Chart 4. Head of the household (n=323, %)



Although the employment status wasn't among the vulnerability criteria initially selected, the PDM showcases that 39% of the surveyed households, have at least one member of the HH with paid work or own business, either officially employed or not. As chart 5. illustrates, 69% recorded having a source of income in Armenia, versus 26% in/from Nagorno-Karabakh (NK). It should be mentioned that within the government support program, those formerly employed in state or local government bodies in NK will continue getting their salaries till the end of 2021.

Chart 5. Employment status (n=126, %)

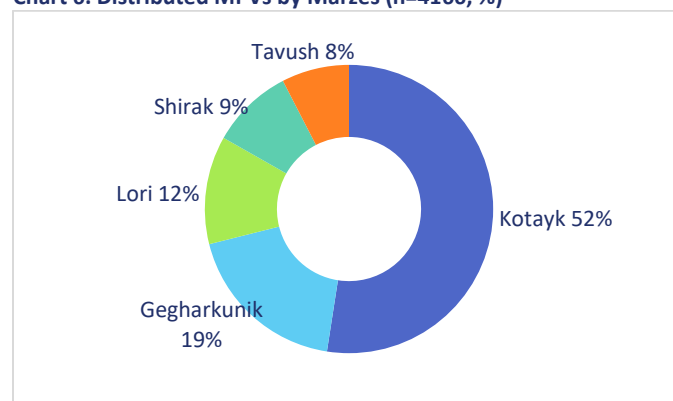


4.2 Distribution process

The distribution of MPVA was conducted between July 16th - August 17th. In total, 986 MPVs were distributed in 13 locations throughout the project area. It was provided one (1) MPV per HH amounting to 12000 AMD⁶ (equivalent 21.3 EUR⁷) for each HH member - for a total of 4166 beneficiaries reached. The validity period for vouchers was defined 14 days considering the dates of project completion.

Chart 6. illustrates the distribution of MPVs by Marzes, which reflects the distribution of displaced population by regions⁸.

Chart 6. Distributed MPVs by Marzes (n=4166, %)



As a result of the PDM, it can be concluded that no significant shortcomings were reported with the distribution process.

- No respondent (0%) reported paying someone or give gifts to be included in the beneficiary list;

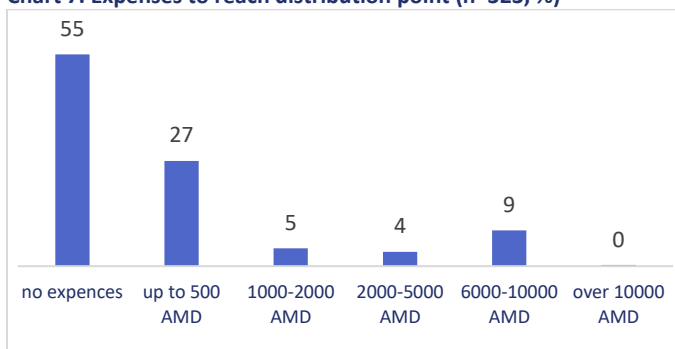
⁶ The amount has been defined based on calculation of food basket jointly done by RA Ministry of Labour and Social Affairs and WFP in February 2021 in Armenia.

⁷ Based on [InforEuro](#) exchange rate as of 21.10.2021

⁸ [Departure monitoring from Yerevan to Return Areas, UNHCR, September 2021](#)

- **98%** reported they had been provided with clear information on the day, time and place of MPVs distribution;
- For **66%** it took less than ½ hour to arrive at distribution site, for 7% between ½ hour and 1 hour, and for 3% more than 1 hour;
- **45%** didn't pay for transport to reach the distribution place, 55% have some expenses which averages 2300 AMD (4.1 EUR). In particular, 27% spent less than 500AMD (0.9 EUR), 9% reported they had spent from 501 to 6000 AMD (0.9-10.7EUR), and another 9% spent from 6001 to 10000 AMD (10.7-17.8EUR) to reach the distribution place.

Chart 7. Expenses to reach distribution point (n=323, %)



1/4 of the respondents were not able to answer this question either having difficulty to assess the time or given the fact that they did not receive the voucher personally.

Chart 8. Time to reach distribution point (n=323, %)



The duration of the distribution process and the number of people at the distribution site (10-15 people was served during an hour) was generally manageable. As shown in Chart 9. over 60% was served within 15 minutes, 19% within 15-30 minutes and 9% had to wait over 0.5 hour at the distribution point.

Chart 9. Time of being served (n=323, %)



Nearly all respondents (98%) reported that the terms of using the voucher was explained and “fully” understandable, while for 2% it was “partially” understandable.

Seventy-nine percent (79%) of the respondents at the distribution site felt “fully safe” and 15% “partially safe” in terms of the risk of infection with COVID-19, the remaining 6% had “difficulty to assess” the risk.

In general, 90% assessed the voucher distribution process as “very good”, and 7% as “good” and 3% didn't answer due to unawareness of the distribution process.

4.3 Expenditure and coping strategies

The supermarkets where the recipients could redeem their MPV, were selected in order to provide the beneficiaries with the widest range of food and non-food items.

Table1. Proportion of MPV spent per category (multiple choice, n=323, %)

| Category | % |
|-----------------|------|
| Food | 93.5 |
| hygiene items | 65.6 |
| household items | 38.1 |
| Other | 2 |

As shown in the Table 1. 93.5% of recipients reported that they had spent the voucher to buy food. It worth mentioning that 25% of all surveyed recipients had spent the voucher only for buying food, 2% spent on hygiene item and only one HH spent the voucher totally on household items. Among “other” categories stationary, school supplies and diapers were mentioned.

In general, 41% of surveyed beneficiaries reported that there were categories of products they would like to buy, but couldn't either because of shortage of money or due to the lack of these products in the supermarkets.

Among the desired options that beneficiaries would like to buy, but could not, the top category mentioned was medication (11%).

Table 2. Preferable and not available products (multiple choice, n=323, %)

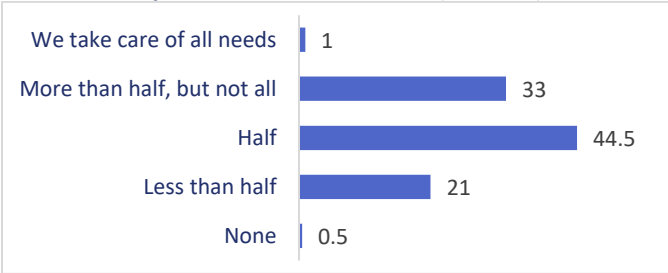
| Category | % |
|-----------------------------|----|
| Medication | 11 |
| Clothing | 8 |
| Fresh meat | 7 |
| Tableware and kitchen items | 6 |
| Kitchen appliances | 3 |
| Stationery | 2 |
| Diaper | 2 |

| | |
|------------|---|
| Flour | 1 |
| Fresh fish | 1 |

During the PDM it was reported only one case of selling/exchanging the voucher. It was due to the absence of a given products (kitchenware) in the specified store.

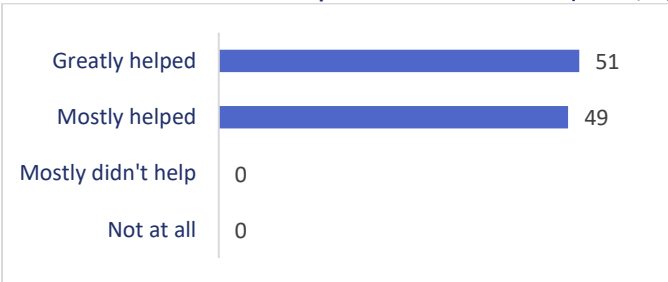
As to coping strategies, Chart 10. shows that at the time of the survey only 1% reported to be fully able to meet all its HH needs, as per answer “we take care of all needs”. Over 1/3 (34%) of all surveyed recipients reported that in general they are able to meet the basic need of their HH either fully or “more than half”.

Chart 10. Ability to take care of basic needs (n=323, %)



As the results of the PDM shows, 100% of respondents reported that the MPV “greatly helped” or “mostly helped” to cover their basic needs.

Chart 11. MPVA’s short-term impact to meet basic needs (n=323, %)



4.4 Beneficiary Complaint and Response Mechanism

The beneficiaries were provided with information on complaint and response mechanism (CRM) (hotline and the e-mail address) both through leaflets distributed together with the vouchers and via posters available at distribution points as well as orally by ACTED staff during the distribution.

When asked if they knew what to do in case they wanted to lodge a complaint or provide feedback, 22% of respondents answered “no”. Out of these 22% (70 individuals) only 10% were those who didn’t receive the voucher personally.

Chart 12. Knowledge on CRM (n=323, %)



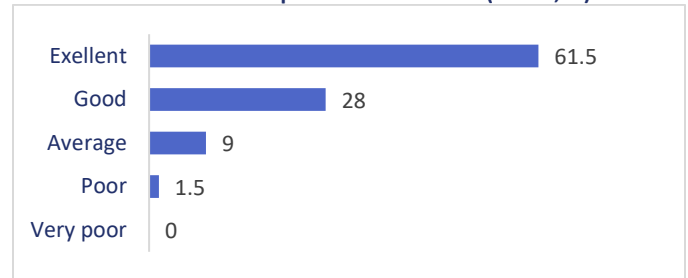
The CRM through e-mail was not very used, while hot-line number was actively employed by MPV recipients among potential beneficiaries. Hot-line calls were mostly made for information inquiries on selection criteria and available assistance opportunities.

In addition, CRM forms were available at distribution points to provide an opportunity for recipients and potential beneficiaries to fill out a CRM form on the spot. Through this mechanism information on potential beneficiaries were collected and directed to project team to verify cases in terms of validity to project beneficiaries’ criteria.

4.5 Satisfaction and preferences

In total, almost 90% of PDM respondents assessed the selection of supermarket as “excellent” (61.5%) and “good” (28%). Those beneficiaries who assessed the supermarket selection as “average” (9%) or “poor” (2%) pointed out the relatively high cost of products in that supermarket (67%), and the distance from their place of stay (25%). The remaining 8% indicated that the variety of products available was not sufficient.

Chart 13. Assessment of supermarket selection (n=323, %)



The PDM study found that only 1% (3 cases) of surveyed recipients encountered some problems while using the voucher. Namely, in two cases the vouchers were inactive at the moment of first visit to supermarket, the other one reported the short validity period of the voucher. The problem with short validity period was also mentioned during the FG discussions.

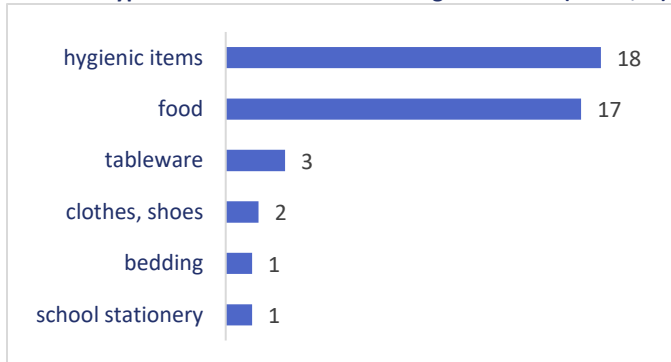
In case of possibility to provide support again, the beneficiaries would mostly prefer cash assistance (73%) and voucher (54%). Out of 323 surveyed, 2 respondents mentioned the need of support in finding a job.

The preference for cash assistance is justified by the need of cash to cover a wide array of necessities (such as, rent, utility bills, healthcare expenses, etc.). The other compelling reason is the flexibility provided by the cash modality to make purchases from the preferred shop and for preferred items. It should be mentioned that the PDM was conducted just before the start of the school year and many respondents mentioned the high need for clothing and school supply for children in school-age.

The PDM study also found that the volume and variety of support by local and international organizations are significantly decreasing every month. During the last month at

the moment of the survey only about 1/5 of respondents were supported with hygiene kits (18%) and food (17%).

Chart 14. Type of assistance received during last month (n=323, %)



5. CONCLUSIONS AND RECOMMENDATIONS

In summary, the MPV assistance provided was aimed to address the immediate needs of vulnerable conflict-affected populations. The following conclusions and recommendations can be drawn from the findings:

5.1 Vulnerability criteria

1. Among the predefined vulnerability criteria, some proved to be difficult to measure objectively, such as chronic diseases, which was reported by half (49%) of respondents.
2. Out of all the surveyed MPV recipients, 12% reported that they don't meet any vulnerability criteria. It should be mentioned that this % represents i) recipients from collective shelters who were provided MPV regardless of compliance with vulnerability criteria to escape possible tension and conflicts, ii) beneficiaries who didn't report having vulnerability criteria in post distribution survey, as opposed to the verification survey conducted about a month prior the PDM survey.
3. Among the surveyed MPV recipients, 39% reported that at least one of their HH members has a paid job, own a business, or any other source of income.
4. While 19% of the surveyed displaced are residing in collective shelters and in host families, the other 81% have to pay rent and utilities, which is a significant burden on the family budget.
5. Based on the inquiries made through the hot-line calls displaced people, who were not selected in the result of verification, are often unaware or do not understand the selection criteria, which may form the belief that distribution and/or selection was unfair and biased.

Recommendation:

ACTED's project team should revise vulnerability criteria to ensure that future verification will identify the most vulnerable population based on objectively verifiable criteria to reduce subjectivity of the assessment as much as possible.

Vulnerability criteria should be well communicated to both potential and actual beneficiaries and documented in bilaterally signed agreement between MPV recipient and the ACTED with provision of a copy to the recipient.

The cases of provision MPVs to HHs who don't meet the predefined criteria, but are in need of it, should be well documented and justified. A mechanism must be developed to reduce any possibility of biased approach in decision-making.

Income of the HH should be considered among key vulnerability criteria. A per capita income threshold should be set, which will define the beneficiaries according to the degree of vulnerability.

Type of shelter should be considered among vulnerability criteria. In terms of expenses the type of shelter (collective shelter, relative's house for rent, relative's house for free, own house/apartment and etc) implies different type of expenses, such as rent, utility and others.

Social workers, both state (unified SW), local (municipality staff) and ones of partner organizations should be mapped within program areas. Through them validity of vulnerability of selected beneficiaries will be checked, as well as better communicated criteria of selection among the target population.

5.2 Travel times and distribution

The PDM findings show that respondents took time and spent some money to reach the distribution points: about a half of the recipient spent 2300 AMD on average (about 4 EUR) and 21 minutes in average to reach the distribution point. Besides, 62% have to wait on average for 13 minutes at the distribution point to be served.

Recommendation:

ACTE's project team should take into account the distance and public transport communications when determining the distribution points. For remote communities, it should be used a different distribution mechanism, for example through networks of social workers.

5.3 Expenditure

1. Although food was the main product purchased, the voucher modality limits choice over the expenditure, both in terms of variety of available product and store preference.
2. Overall, 41% reported that there were categories of products they would have liked to buy, but couldn't either due to lack of money or unavailability of desired products.
3. Among the priorities of the desired but not available categories are medication (11%), kitchen utensils (9%), clothing (8%). Apart from them and depending on seasonality, school stationery and winter clothing may become a priority for beneficiaries.

4. Among the expenditure categories not covered by MPV, medication was found to be the top priority, considering that almost half (49%) of the surveyed HHs reported having at least one member with chronic diseases and member(s) having mental, physical disability and/or injury (29%).

Recommendation:

During market research, ACTED's Program team should assess the available products and analyse comparative prices of the different supermarkets. Consider seasonality (winterization, beginning of the school year) in selection of stores in each region to ensure availability of some type of the NFI such as stationary, clothing etc.

ACTED's Program team should assess the needs of medicine and the share of amount spent on it in the HH budget. Consider possibility of accessing pharmacies via voucher.

5.4 CRM knowledge and utilization

1. Although only 3 respondents recorded having concerns with MPV, almost 1/4 of the respondents (22%) reported unawareness in CRM in case of any complaints and concerns.

2. Three types of complaint and response mechanisms were applied during the project (hot-line, e-mail and CRM forms), of which lodging complaints via e-mail was not used by any beneficiary.

3. The vast majority of inquiries via hot-line were information requests on selection criteria and any available assistance.

Recommendation:

ACTED's AMEO should take steps to better communicate and make CRM information more accessible and encourage CRM usage and documentation for lessons learning.

Information about the CRM should be clear, visible, and easily available. For this purpose, ACTED shall use different mediums (cards, flyers, banners) to inform target communities of the existence and working of the complaint mechanism, as well as engage social workers to better communicate beneficiaries on complaint and feedback mechanism.