Emergency assistance and psychosocial support to vulnerable populations affected by the Nagorno-Karabakh conflict in Vayots Dzor and Gegharkunik regions, Armenia

POST DISTRIBUTION MONITORING REPORT

November 2021

ACTED Appraisal, Monitoring, and Evaluation Unit
1. BACKGROUND

The Project was implemented from 15th March to 31st August 2021 in Vayots Dzor and Gegharkunik regions to address the multi-sectoral needs of the most vulnerable populations hit by the 2020 Nagorno-Karabakh (NK) conflict.

Multi-purpose cash (MPC) transfer was the assistance modality selected to support and cushion conflict-affected populations against shocks while contributing to increasing communities’ longer-term resilience.

ACTED negotiated and signed a trilateral contract with the Unified Social Security Service (USSS) and Converse bank on 31st of May, 2021. The contract set forth the terms and modalities of transfer.

Throughout the project, ACTED implemented one cycle of MPC distribution per beneficiaries to 1,000 individuals (414 HHs, 80% displaced HHs and 20% host HHs).

In line with existing state social protection programmes guidance, each displaced beneficiary received one round of MPC transfer valued at 68,000 AMD (equivalent to the current minimum wage - approximately 119 EUR), whereas host beneficiary received MPC transfer valued at 30,000 AMD (approximately 53 EUR) for each adult displaced person from Nagorno-Karabakh whom they hosted.

The lists of individuals who indicated their residency in Gegharkunik and Vayots Dzor marzes and agreed to have their data shared with third parties within the framework of the cash assistance programs developed by the Government of Armenia (GoA), were provided to ACTED by the Unified Social Security Service (USSS). The USSS also provided ACTED with the bank account details of those beneficiaries.

Overall, ACTED disbursed two cycles of transfers, one on June 17th to the 362 displaced HHs, and the other on July 8th and July 9th to 66 host HHs. All beneficiaries were notified via SMS upon cash transferring. The SMS text with limited characters included information on the GoA decree number within which assistance is provided, as well as the ACTED hot-line number, notifying the beneficiaries that the governmental assistance for the month of May 2021 was provided by ACTED.

2. METHODOLOGY

From the beneficiary list (428HHs5), ACTED Appraisal Monitoring and Evaluation Unit (AMEU, AME Officer and 4 enumerators) interviewed 7 a sample of 205 HHs at 95% a confidence level and 5% margin of error. Beneficiaries were divided into groups (stratas) based on their status (displaced and host HHs) and location (Gegharkunik and Vayots-Dzor), after which the interviewees were selected via random sampling technique. Data was collected using KoBoToolbox, a free open-source tool for mobile data collection.

The main objectives of this Post distribution monitoring on the MPC assistance provided are:

- To assess short term impacts (outcomes) of cash transfers on household income and access to food;
- To reveal difficulties encountered with receiving money from bank;
- To determine beneficiaries’ level of awareness and usage of ACTED Complaints and Response Mechanism (CRM);
- To evaluate the satisfaction of the beneficiaries with the assistance provided;
- To assess if the assistance causes any risks for beneficiaries at HH or community level;
- To better tailor the programmatic strategy of the organization in light of the needs and main findings showcased by the Post Distribution Monitoring (PDM) in the framework of this project.

Limitations

Both the verification of beneficiaries and the PDM were conducted via phone interviews due to mobility restrictions as Marz (Մարզ) in Armenian. Yerevan is treated separately and granted special administrative status as the country’s capital.

4 The beneficiary list comprised the data of a total of 428 households/records. However, the number of unique beneficiaries amounts to 414 households. It should be mentioned that the governmental online platform accepts separately each application of individuals who wanted to be registered in the GoA cash assistance program. Thus, this discrepancy is due to the fact that individuals within the same household submitted and obtained governmental assistance, and they were wrongly counted as separate households/records.

7 PDM was conducted from 11th to 16th August 2021
to prevent the spread of Coronavirus disease-19 (COVID-19) and the time restrictions outlined in the trilateral agreement to make transfer within three days upon receipt of the beneficiaries’ list with bank account details (hereinafter “payment list”). It should be mentioned that phone interviews do not allow to assess the reliability of some answers with regards to some eligibility criteria (such as regional location, etc.).

The payment list provided by the USSS - within the cash assistance program for host HHs - in most cases comprised contact details of the hosted HH member, instead of hosting HH member, which did not allow to interview the selected host family members.

Respondents were often confused to distinguish ACTED support from the assistance received by other organizations under the umbrella of the GoA cash support programs.

3. FINDINGS

3.1 Beneficiaries profile

Out of 414 unique beneficiary HHs lists, 405 were verified via phone interview. The last 9 HH contacts were unavailable for the period of verification.

64% of 1,000 MPCA recipients are female, while 36% are male recipients.

30% of surveyed women stated to be head of the household.

Chart 1. Disaggregation of MPCA recipients by age and gender (%,

As Chart 1. illustrates, the main share (41%) of beneficiaries are women aged 18-63 years, in line with the eligibility criteria of the GoA cash support program, which excluded men aged 18-63 years, except those having disability and/or receiving pension.

At the time of verification, the recipients were residing in Vayots Dzor (54%), Gegharkunik (42%) and 4% of recipients HHs in other marzes. It needs to be noted that during the PDM the share by region slightly changed as follows: Vayots Dzor (53%), Gegharkunik (37%) and 10% of recipients HHs in other marzes, which indicates that 5% of displaced moved mainly from Gegharkunik to other regions.

The PDM showcased that the average household size supported is 5 members per household.

38.5% (79HH) of surveyed MPC recipients have at least one member of the HH with paid work or owning a business.

Chart 2. Source of income (%,

Out of those who reported having any kind of income, almost 1/4 (24%) mentioned Nagorno-Karabakh (NK) as the place of receipt of income. It should be taken into account, that within the frame of the government cash support program, displaced persons formerly employed in state or local government bodies in NK will continue getting 50% of their salaries until the end of 2021.

Although the vulnerabilities of HH were not considered selection criteria within this project, different types of vulnerabilities among recipients HH were assessed during the PDM.

As displayed in Chart 3 (see below), 32% of surveyed recipients reported meeting none of the assessed vulnerability criteria, while 6% mentioned other vulnerabilities. Out of those (62%) reporting meeting some of the listed criteria, 64% HHs met at least one of the defined vulnerability criteria, 21% reported two criteria, 15% over 3 or more criteria.

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8 The verification of displaced population was conducted from 4th to 7th of June and from 1st to 2nd July the list of host HHs

9 The vulnerability criteria were not specified neither in MoU nor in the trilateral contract given the limited number of beneficiaries eligible for the GoA assistance project residing in the targeted marzes. From the other hand, the USSS database of beneficiaries didn’t contain a comprehensive data on vulnerability.
Over half of the surveyed HHs reported having at least one member of HH with medical issues either due to a chronic illness (33%) or disability (21%).

Chart 3. Vulnerability among MPC recipient HHs (multiple choice, n=205, %)

- Chronic disease: 33%
- Physical, mental disability or…: 21%
- Social security benefit recipient: 21%
- Pregnant or breastfeeding…: 18%
- ≥4 minors (up to 18 years old): 14%
- HH headed by single women: 8%
- Lost breadwinner due to a war: 4%
- HH consists of elders (63+): 32%
- None: 0%
- Other: 6%

3.2 Distribution process

Over half (54%) of the surveyed recipient reported to receive the transfer later than expected. According to the established procedure defined in the GoA cash assistance programs, for each month transfers are made by the 15th of the following month, except for the cases when the application to join the governmental assistance program is submitted within the current month.

Chart 4. Transfer day vs expectation day (n= 205, %)

- I get the day I expected: 23.0%
- I get later than expected: 54.0%
- I get it earlier than expected: 1.5%
- I didn’t expect a specific day: 21.5%

As per Chart 6 (see below), 40.5% (83HH) reported incurring in transport costs for receiving the cash, of which over 1/3 (35%) reported having expenses up to 10000AMD (1.8 EUR), over half (52%) have expenses from 1001-5000 AMD (1.8-9 EUR), and 13% spent between 5001 and 10000AMD (9-18 EUR).

Chart 5. Time spent to reach bank office (n= 205, %)

- up to 15 min: 25%
- 15-30 min: 27%
- 0.5-1 hour: 8.5%
- over 1 hour: 11%
- I withdrew the money…: 26.5%
- I don’t know: 2%

Chart 6. Transportation expenses (n=83, %)

- up to 1000 AMD: 35%
- 1001-5000AMD: 52%
- 5001-10000AMD: 13%

92% of beneficiaries didn’t report encountering any issue with cash withdrawal. 4% reported problems due to ATM services, and 2% (4 HHs) couldn’t withdraw the money due to the Judicial Acts Compulsory Enforcement Service, which blocked the cash transfers for bank liabilities such as outstanding loans or unpaid penalties and fines. The rest (1.5%) of recipients reported that the amount was less than expected, and 0.5% reported poor service of bank employee.

3.3 Expenditure and coping strategy

It should be noted that the average size of the HHs supported within MPCA are 5 members, while the average number of these HH members eligible for and supported within this modality is 3.

3.4% (7HH) of all surveyed HHs reported spending the cash only for covering health expenses. All the HHs in this group are displaced and are beneficiaries of 68 000 AMD support program, which is totalling 204 000 AMD (358 EUR).

The share of HH reported spending the cash only on food is 3% (6HH). Given the average number of HH members supported within MPCA modality is 3, the total sum spent only on food is 204 000 AMD (358 EUR).
The most commonly reported combination of expenses covered by MPCA cash are “food” and “utility payments”, which totalling 7.8% (16HH). This group is evenly divided between displaced HHs and by host HHs. The average reported sum of provided cash spent only on food and utility is 147 000 AMD (258EUR).

Table 1. Most reported cash expenditure categories (n=205, %, multiple choice)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>85</td>
</tr>
<tr>
<td>Utility bills</td>
<td>67</td>
</tr>
<tr>
<td>Clothing, shoes</td>
<td>41</td>
</tr>
<tr>
<td>Hygiene items</td>
<td>37</td>
</tr>
<tr>
<td>Health expenses (including medicines)</td>
<td>33</td>
</tr>
<tr>
<td>House rent</td>
<td>29</td>
</tr>
<tr>
<td>Transportation costs</td>
<td>19</td>
</tr>
<tr>
<td>Household items (e.g. mattress, blanket, etc.)</td>
<td>17</td>
</tr>
<tr>
<td>Debt repayment</td>
<td>16</td>
</tr>
<tr>
<td>Communication (telephone, internet)</td>
<td>9</td>
</tr>
<tr>
<td>Education (e.g. tuition fees, books, stationery)</td>
<td>5</td>
</tr>
<tr>
<td>Agricultural supplies, seeds</td>
<td>3</td>
</tr>
<tr>
<td>Savings</td>
<td>3</td>
</tr>
<tr>
<td>Firewood / Fuel for cooking or heating</td>
<td>2</td>
</tr>
<tr>
<td>Home renovation</td>
<td>2</td>
</tr>
<tr>
<td>Services (e.g. rehabilitation, child care, etc.)</td>
<td>2</td>
</tr>
<tr>
<td>Loan Repayment</td>
<td>2</td>
</tr>
</tbody>
</table>

As to coping strategies, Chart 8. shows that at the moment of the survey only 4% reported to be fully able to meet all its HH needs, as per answer “take care of all needs”, while 33% reported “more than half, but not all”, 42% “half”, and 21% “less than half”.

Chart 8. Ability to take care of basic needs (n=205, %)

<table>
<thead>
<tr>
<th>Ability to take care of basic needs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take care of all the needs.</td>
<td>4</td>
</tr>
<tr>
<td>More than half (but not all)</td>
<td>33</td>
</tr>
<tr>
<td>Half</td>
<td>42</td>
</tr>
<tr>
<td>Less than half</td>
<td>21</td>
</tr>
</tbody>
</table>

98% of recipients reported that MPCA “helped a lot” or “mostly helped” to improve their condition.

Chart 9. MPVA’s short-term impact to meet basic needs (n=205, %)

<table>
<thead>
<tr>
<th>Impact of MPVA</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>It helped a lot</td>
<td>30.5</td>
</tr>
<tr>
<td>Mostly helped</td>
<td>67.5</td>
</tr>
<tr>
<td>Mostly did not help</td>
<td>1.0</td>
</tr>
<tr>
<td>Did not help at all</td>
<td>1.0</td>
</tr>
</tbody>
</table>

3.4 Beneficiary complaint and response mechanism

Throughout the project, target community members were able to lodge complaints about project implementation and staff via an independently managed complaints and response mechanism (CRM) accessible to all the beneficiaries. ACTED displayed and disseminated to project beneficiaries its (CRM) hotline number via SMS sent upon cash transfer.

The CRM was handled by ACTED’s AMEU. In total 114 complaints/feedbacks were received, of which 95.6% were request for information, and 4.4% were request for assistance. The information requests were related with SMS text which may have been unclear with regards to the program under which the project assistance project was provided. The requests for assistance were related to the impossibility to withdraw the cash due to the Compulsory Enforcement Service.

The CRM showed that 29% of assessed recipients reported not being aware of what to do in case of issues or complaints.

Out of those (71%) who were aware of CRM, only 36% (53 ind.) used it: 1/3 called ACTED hot-line, while over half (54%) reported having used the MoLSA hot-line. ACTED hotline calls mainly aimed to gather information on the support program within which the transfer was done.

Chart 7. Usage of CRM (n=53, %)

<table>
<thead>
<tr>
<th>Usage of CRM</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Called the MLSA hotline</td>
<td>54</td>
</tr>
<tr>
<td>Called the ACTED hotline</td>
<td>34</td>
</tr>
<tr>
<td>Called the bank</td>
<td>8</td>
</tr>
<tr>
<td>Talked to other stakeholders</td>
<td>4</td>
</tr>
</tbody>
</table>

3.5 Beneficiary satisfaction

MPCA beneficiaries reported being “very satisfied” (82%) and “quite satisfied” (9%) with the chosen method of providing financial support.
Chart 10. Beneficiaries level of satisfaction with MPCA modality (n=205, %)

89% of recipients reported satisfaction with the bank selected for support. In total 4% expressed less satisfaction, due to the distance of bank office and additional expenses incurred to reach the place.

Chart 11. Beneficiaries level of satisfaction with bank (n=205, %)

5. CONCLUSIONS AND RECOMMENDATIONS

In summary, the MPC 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:

In terms of data accuracy, the data provided by USSS was found to be not up-to-date due to high mobility of beneficiaries. For instance, some places of residence of the beneficiaries have changed, and some telephone numbers were unreachable. In most cases, the payment list providing the contacts of the displaced HHs rather than the one of hosts. This inaccuracy is coming from displaced, who registered the data of host HH on their behalf. Thus, some members of host HHs were unavailable for verification and PDM.

Visibility and acknowledgement of ACTED among project beneficiaries is insufficient, recipients have difficulty to distinguish ACTED support from other organizations involved in GoA support programs.

Beneficiaries’ profile. Almost 1/3 didn’t meet any vulnerability criteria assessed by ACTED PDM. Moreover, over 1/3 of supported HHs have at least one member of the HH with paid work or own business.

The payments were done with some delays (up to 20 days) due to late submission of payment lists by USSS and extra days requested for beneficiaries’ data verification.

It should be mentioned that some beneficiaries reported that they could not withdraw the money transferred under the present program as the bank upon request of the Judicial Acts Compulsory Enforcement Service automatically freezes until the reduction and/or settle the debts contracted. ACTED promptly flagged this issue to the MoLSA, which sent an official letter to Converse bank branches in Vayots-Dzor and Gegharkunik to notify the humanitarian purpose of the transfer and refund the people concerned.

About 1/3 of respondents reported unawareness on how to lodge a complaint or feedback in case of any issue.

Recommendations:

ACTED should recommend the USSS to check and update the data on beneficiaries benefitting from governmental and/or INGOs support on a more regular basis to avoid inconsistencies and ensure data quality and accuracy.

Taking into account that the verification is carried out only by phone interviews, for those beneficiaries whose verification was impossible due to unavailable phone numbers or for those who didn’t meet the criteria (if any) listed in the contract, a clause should be provided in the MoU and the trilateral contract, specifying the terms of replacement with other beneficiaries.

ACTED will advocate for a renewed commitment of the MoLSA in respecting payment deadlines to avoid significant delays in payments and provide enough time for proper verification. Also, in case of delays it should be properly communicated with beneficiaries.

ACTED should recommend the MoLSA to develop and use a mechanism that will not allow to apply enforcement tools on beneficiaries’ accounts in case of transactions done within humanitarian assistance.

AMEU should reinforce communication on the CRM and conduct proper tracking on referral mechanism for cases/issues, that are out of ACTED responsibilities. Information about the CRM should be clear and easily available. For this purpose, ACTED shall use different means (media, phone, leaflet, banner, etc.) to inform target communities of the existence of the complaint mechanism.