Evaluation Report

End-of-project Evaluation
"Increased Food Security and Livelihoods Resilience in Northern Iraq Impacted by COVID-19 Crisis"

Implemented by GOAL & funded by the Center for Disaster Philanthropy

Ref: DOH-LIV-984

Acronyms

CCI	Cash Consortium for Iraq
CDP	Center for Disaster Philanthropy
CWG	Cash Working Group, Iraq
FCS	Food Consumption Score
FGD	Focus Group Discussion
FHE Training	Financial Health Encouragement Training
GBV	Gender-based Violence
HC	Host community
HH	Household
IDP	Internally Displaced Person
IQD	Iraqi Dinar
KII	Key Informant Interview
KRI	Kurdistan Region of Iraq
M&E	Monitoring & Evaluation
MPCA	Multi -Purpose Cash Assistance
MHPSS	Mental Health & Psycho-Social Support
PDM	Post-Distribution Monitoring
PSS	Psycho-social support
rCSI	Reduced Coping Strategies Index
SEVAT	Socio-Economic Vulnerability Assessment Tool
SMEB	Survival Minimum Expenditure Basket
UNHCR	United Nations High Council for Refugees
WFP	World Food Programme

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EXECUTIVE SUMMARY

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As the conflict in Syria enters its eleventh year, Dohuk governorate has still been hosting a large number of refugees – the Syrian citizens who fled the violence in their country and sought refuge in Iraq. Many of these Syrian war refugees originated from northern and eastern Syria. The local community in Dohuk City and Governorate have welcomed not only these refugees but also large numbers of Iraqi people displaced from other areas of Iraq since 2014. Multi-purpose cash-based assistance (MPCA) has been used by humanitarian actors as a cost-effective modality of support to these two types of vulnerable people facing emergency in meeting their food and basic needs. In May-June 2021, GOAL supported 186 households (HHs) in Waar City, a residential complex in Dohuk Governorate, the majority from the Syrian refugee community with a small number of host families, with cash assistance and a complementary training program supported by Center for Disaster Philanthropy (CDP). The most vulnerable HHs were selected by GOAL in April 2021 by using the CWG's Socio Economic Vulnerability Assessment Tool (SEVAT), an assessment which was conducted by GOAL team on 5-14 April 2021. This tool proved to be equitable, effective, and efficient in selecting the most vulnerable and deterring any social or governmental interference in selection process.

This evaluation was conducted by GOAL through an external consultant to evaluate the impact of this multi-purpose cash approach on the expected results of its CDP-funded project "Increased Food Security and Livelihoods Resilience in Northern Iraq Impacted by COVID-19 Crisis" on targeted HHs food quality intake and consumption and use of cash to meet other HH financial demands, including debt repayment. Relevance of project interventions was aimed at improving project outcomes and outputs indicators, particularly in terms of use of the cash assistance to meet basic HH needs, food consumption levels, dietary diversity, and less reliance on coping strategies. Resilience was expected from this cash assistance by enabling HHs to improve the quality and diversity of their food intake and have money left over to pay for other cash demands, such as transportation costs, doctor visits and medicines, and minimizing or reducing incurred debt and overdue rent.

The cash assistance included two monthly stipends, the equivalent of 400 USD each month, and a training program with two components. The first component, Financial Health Enforcement (FHE) included practical information on financial management savings and debt reduction strategies, and introduction to business support. The second training focused on gender-based violence (GBV) and empowerment. Primary participants were female heads of HHs though sometimes accompanied by other females in the HH or the male head of HH. Before receipt of the monthly cash allowance, one of the most vulnerable heads of HHs (female, male, or female and male) completed a FHE training program, and at the end received the monthly cash assistance.

Before this cash infusion, the food prepared for daily meals included mainly oils, fats and butter; vegetables and leaves; and cereals, tubers, pasta, and bread. The main source of protein came from legumes and nuts. Due to HHs' inability to obtain or buy food, coping strategies were applied with the cash infusion so that other essentials, like milk and dairy products, could be bought for consumption some days a week. GOAL staff attempted to make comparison in certain aspects of beneficiaries' food security and socio-economic situation at baseline and endline[1] using primary and secondary data sources.

In this evaluation, a total of 66 beneficiary HHs and 16 non-beneficiary HHs were interviewed using survey questionnaires. Other primary data collection sources included 10 key informant interviews (KIIs) with stakeholders and 2 focus group discussions (FGDs) with project beneficiaries. In addition, desk review of project documents and databases including SEVAT (Socio Economic Vulnerability Assessment) and PDMs, as well as available online reports to obtain secondary data that proved useful for comparing results with similar programs.

[1] The results of the initial assessment conducted by GOAL in April 2021 using CWG's SEVAT and of the Post-Distribution Monitoring (PDM) (round 1 & 2) conducted following distribution of each of the two cash installments in May and June 2021 respectively were used as baseline and endline data. Endline data also include results of the primary data collected under this evaluation.

KEY FINDINGS

Results indicate that cash assistance led not only to improvement in beneficiary HHs dietary diversity through consumption of more food groups in terms of frequency and variety, but also led to higher food consumption scores (FCS). Reductions in negative coping strategies also occurred because beneficiaries were generally able to meet their basic needs during these two months. However, the primary research found that the targeted HHs remain vulnerable with most (97%) having expenditures that still exceed their reported incomes. Key findings from the evaluation are as follows:

Impact of COVID-19

- COVID-19 was not specifically cited as the reason for spending money on health care or making more frequent medical visits. Yet, the increased health care expenditure found particularly for elderly at endline is likely due to fear of COVID-19's impact on the elderly. Moreover, if anyone in the family became infected with COVID-19, it could spread through the whole household. Making sure elderly are healthy from eating more nutritious food and more protein, keeping themselves isolated from others, and spending cash to receive timely health care, as indicated in food habits, distribution and expenditure findings, no doubt helped lo decrease the spread of COVID-19 among the elderly and the targeted HHs.
- The more frequent expenditures on health care further suggest that family members likely could not afford to spend money to go to doctors, health centers, hospital or pay for medicines prior to the cash assistance.
- COVID-19 did not have an impact on attendance of heads of HHs at the trainings because social distancing, masking, and travel precautions were required for attendance.
- HH decisions on use of cash allocations to meet their priority needs varied from decisions made at SEVAT (Socio Economic Vulnerability Assessment). Heads of HHs decided to give greater attention to addressing health needs as evident from comparisons of cash allocations at SEVAT with end line expenditure allocations.

Access to Cash/Other Support

- All targeted 186 HHs received the full cash assistance (800 USD) in two monthly payments at safe and easily accessible distribution sites in Dohuk city. This evaluation covered 35% of the total project beneficiaries.
- From the 66 beneficiary HHs surveyed under the evaluation, 44% of beneficiaries (29 HHs) and/or their proxies attended a 1-day FHE training immediately before receiving the first cash installment. In addition, 48% of beneficiaries (32 HHs) and/or their proxies attended four sessions on GBV awareness. Both were complementary activities whose objectives were to promote beneficiary's financial practices and reduce GBV concerns of women in targeted HHs.
- Cash distribution and other project administrative processes were transparent and clear to a majority of beneficiaries despite the fact that 39% of total beneficiary HHs were illiterate and 22% were elderly (over 60 years). Communication methods addressed the educational and age levels of participants. However, these factors still could have hindered their ability to grasp and recall information easily, specifically on recall of monthly expenditures.
- Evaluation results indicate smooth, safe, effective, unhindered distribution of the cash. There were no reports of mismanagement of funds, corruption, or exploitation in the whole distribution phase in both months. The phases of distribution include identification, assessment, verification, selection, and cash delivery. This runs counter to the attitude of almost quarter of non-beneficiary respondents who casted doubt on the equitable selection of the cash beneficiaries.
- The cash assistance incurred low costs to recipients in terms of transportation and related costs. Average waiting times at the distribution site was 11 minutes and average transportation costs to arrive at the distribution site was 5,117 Iraqi Dinar (IQD) (3.2 USD).

Use of Cash & Household Expenditures

- Majority of HHs (83%) had spent all the cash they received, while 17% kept some cash that may last at maximum for another two months to meet family food needs.

- Beneficiary HH average expenditure increased by 43% from the month prior to the cash distribution to the end period, two months post-cash distribution (630 USD vs. 900 USD).
- No correlation could be established between the HH expenditures over the two periods as the HH monthly average expenditure prior to the cash distribution (during the 30 days prior to conducting the SEVAT assessment) was higher than that after the cash distribution (in May or June 2021 - from evaluation survey). Average HH expenditure in April 2021 was 931,004 IQD (630 USD) (without any cash assistance); in May or June 2021 it was roughly 664,848 IQD (450 USD) (inclusive of the cash assistance). Average HH expenditure since distribution of the cash assistance, i.e., from May 2021 until end of June 2021 (approximately 50 calendar days) amounted to 1,329,697 IQD (900 USD). Possible respondents' memory lapses and bias could account for data gaps or incurrent higher expenditures than reported in April 2021.

Household Priority Needs Addressed

- The cash support addressed the top priority needs identified by the beneficiaries which correlates with their expenditures. It enabled 98% of beneficiary HHs to meet their basic needs and gave them free option in how to spend it.
- Beneficiary HHs spent the cash assistance to a high percentage on priority needs articulated by them prior to cash distribution – with no significant deviation over the two periods. They clearly were aware of their needs) and used the cash assistance to meet these.
- Food, medical/health care, and rent payment were the top priority needs that were addressed through cash assistance (91%, 79% and 73%, respectively). Debt repayment was another area of need, which was largely addressed (70%).
- Only 8% of the cash recipients invested cash in productive assets. Of these few HHs, 3% of them invested more than half of the cash and 5% less than half, or at least some of the cash[2]. Another 16% added a portion of the cash received to their savings. All others (76%) spent the money on daily and exigent family needs of a non-investment or savings nature. The amount of cash allowance provided was appropriate for almost all HHs to just meet their basic monthly needs requirement. The Survival Minimum Expenditure Basket (SMEB) guidelines used to calculate the cash allowance were appropriate to service these vulnerable HHs.

Level of Debt

- The cash transfer has led to reduction of the beneficiary HH debt level. Only 3% of surveyed HHs reported using credit or loans as the main source of income since May 2021. This is a lower than the level of debt at baseline (15% HHs).
- Fifty-three percent of beneficiary HHs reported they are currently in debt. This number of HHs is a 37% reduction from that prior to the cash distribution 90% HHs but indicates that incurring debt and borrowing are still coping strategies that need to be addressed.

Food Consumption & Diversity

- There was no significant increase in the HH monthly expenditure share allocated for food per capita so that the quantity of food consumed by HHs pre- and post-cash distribution remained the same (only 1 USD per capita). Apparent beneficiaries' care to sufficiently feed their HHs members remains always a priority for them. They did increase the amount of capital spent on food but not the share of the total capital spent monthly. Some females said it would be a waste of money to increase food intake as members were accustomed to the proportions generally allocated to them.
- Improvement in dietary diversity of beneficiaries, however, did change from baseline (SEVAT assessment) to endline (PDMs). It was evident with the increase in the average number of days per week that certain food groups were consumed during the last seven days preceding the survey (SEVAT assessment, PDM 1 & [DM 2)– in particular dairy (+2.1 days), vegetables (+1.8 days), and meat, fish and eggs (+0.4 days).
- Cash assistance led to increases in FCSs (Food Consumption Scores) for beneficiary HHs. The percentage of HHs having inadequate and borderline FCS thresholds decreased considerably from 59% at baseline to 12% at endline. However, the percentage of those within acceptable threshold (adequate food consumption) increased almost double, from 41% to 88%, respectively. This indicates a higher variety and frequency of

[2] Based on PDM 1 results.

natural foods consumed, and therefore a greater probability that a HH is achieving greater nutritional adequacy.

- All beneficiary HHs (100%) consumed foods from at least five food groups (out of nine) a day and achieved a satisfactory level of (minimum) dietary diversity. This represents a statistical difference of 19% from the figure at baseline. Of note was a decrease in consumption of legumes and increase in consumption of protein through meat, fish and eggs and dairy products.

Food-related Coping Strategies

- The cash assistance also led to a remarkable reduction in the percentage of HHs that were not able to meet their basic needs, i.e., having experienced a lack of food (and/or money to buy it) from 100% at baseline to 1% after the 2nd cash installment distribution.
- This finding can be corroborated by the fact that 81% of the comparison group (non-beneficiary) respondents were not able to meet their needs, indicating food insecurity among this group. Reliance on food-related coping strategies has declined considerably in these times from 95% HHs prior to the cash distribution to 36% HHs and 32% HHs after the distribution of the two cash installments, respectively. This is a good achievement especially that all the comparison group (non-beneficiary) respondents still reported that they are deploying these coping strategies

Livelihoods & Income

- No significant changes were observed in the beneficiaries' livelihoods and income sources during the evaluation period compared to the period prior to the cash assistance.
- No correlation could be established between per capita expenditure at baseline and at endline due to unrealistic higher monthly HH expenditure reported at baseline compared to lower expenditure at endline. This means the evaluator could not find out the reasons for this difference. This could be mostly attributed to respondents' biases in over reporting of expenditures at baseline to indicate their dire need for cash support.

Decision-making

- Evaluation results show that women had a larger role than men in making decisions on spending HH cash. Twenty-eight percent (28%) of HH said females made more decisions on how to spend cash compared to 14% HHs who said men did. However, 55% of HHs reported that decision making was jointly made with their spouses.
- Results for females making sole or joint decisions were mixed for the multiple decision fields and were largely non-significant and inconclusive. Further efforts need to be explored to tease out how joint decision-making is actually carried out and how much influence females actually have when a decision is "jointly made."

Improved Financial Health Management

- Almost all interviewed participants (93%) reported on the usefulness of the training and multiple benefits gained.
- FHE training was effective in creating knowledge of, and information on HH expenses and debt management. This was confirmed by results from pre- and post-tests conducted as part of the training. Learning how to save money was the benefit most frequently cited by participants (48%), followed by learning debt management and repayment (38%).
- Some participants were motivated to invest in productive activities, including livelihoods and business start-ups.[3] However, only 8% of HHs was able to make an allocation for a productive asset.
- A few FGD participants indicated that they could not fully apply the learnings from the training. They stated they have no money or income source to manage a productive asset or set up a business. This realistic assessment that at this point in time their capital was too limited, and this would increase their financial HH risks if they invested in a productive asset.

Improved GBV Awareness

[3] 9% of PDM 1 respondents reported of being motivated to invest in productive assets.

- Almost all participants (97%) in the GBV Awareness Sessions reported multiple learnings from this activity. The most frequently reported was GBV types and prevention methods (34%).
- The training provided participants with knowledge and awareness of their rights, strategies and practical non-violent methods on how to protect themselves from violence from spouses. Participants cited examples on how they applied and adapted these methods of avoidance to their own situations as well successful examples of their own applications. Notably were examples on how they protected their children from GBV.
- Many women reported they had not heard before of these strategies and approaches. Female participants reported they started immediate application of non-violent gender empowerment methods and dialogue to address their own GBV situation in their HHs, post training. Some respondents confirmed they learned how to express their opinions without receiving a violent response. An example was one woman reporting she had gained courage and used an appropriate strategy to convince her husband not to force their daughter to marry a cousin. Her husband as a result changed his decision.

Modality of support

- Despite its short durability, cash assistance was the modality of support preferred by almost all beneficiaries (100% in PDM and 97% in evaluation survey), as opposed to food, voucher, and other support modalities.

Overall Impact

- Generally, evaluation participants perceived that the cash assistance has contributed to improving their living conditions in some way. Top of the impact list was enabling access to better medical/health care services, followed by access to more food, opportunity to pay down their debts, and then monthly rent.
- There was no evidence regarding negative externalities caused as result of the cash assistance at the HH or community level such as family disagreements on the use of the cash or community tensions.
- Overall, the project was implemented to the full satisfaction of beneficiaries as well as stakeholders. Nearly 97% of beneficiary HHs expressed happiness in receiving the cash allowance and in participating in the trainings funded by CDP and implemented by GOAL
- Continual infusion of cash allowances coupled with training on business and women's empowerment issues for a defined period (a year) will be reviewed further to assist vulnerable HHs improve the quality and quantity of food consumption on regular basis and to attend to their other basic needs, like health care, so that they will have the energy, health and knowledge to build up opportunities to improve their productive assets, minimize their debts, and build up their savings.
- The evaluation findings indicated that some HHs also put away savings; some began to pay off their debts to shopkeepers/traders; a few were even able to buy a productive asset. These cash spending decisions suggest that COVID-19 has hindered HHs from reducing their economic vulnerability. Savings set up a greater potential for meeting health emergencies while COVID-19 was still surging. There was no evidence of savings among the most vulnerable HHs for a health emergency. Therefore, the results indicate that the economic vulnerability of the HHs who had members infected by COVID-19 would have been much worse off and less able to move forward, post pandemic, without this cash transfer assistance.

INTRODUCTION

PROJECT DESCRIPTION AND APPROACH

The GOAL project, funded by CDP, uses a cash-based approach that is now being implemented by many multilateral organizations, national governments, international non-governmental organizations, to provide humanitarian assistance to refugees and low income HHs faced with economic or health crises and risks of food insecurity. Cash transfers in humanitarian settings are defined as "the provision of money to individuals or HHs, either as emergency relief intended to meet basic needs for food and non-food items or to buy assets essential for the recovery of livelihoods."[5] The defining characteristic of cash-based approaches is that the choice resides with the beneficiary and not with implementing organization, as is the case with in-kind assistance. Integral to application of this approach by GOAL is the inclusion of two training programs. One was on market basket economic mechanisms suitable to overcome the participants emergency needs by learning how to assess choices of cash use and the second on developing coping mechanisms to overcome GBV by helping women as heads of HHs and food providers to overcome critical physical and mental stresses they incur and that deter their management of livelihood support and decision-making on strategic choice of use of cash infusion.

The main objective of the GOAL project in Dohuk was to apply an emergency cash-based approach to enable the most vulnerable HHs and especially women and children who have been affected by secondary effects of COVID-19 to survive the crisis. An urban area within Dohuk governorate, in Kurdistan Region of Iraq (KRI), was selected and HHs included the most vulnerable of Syrian refugees and low income HHs of Dohuk residents. It is believed that the resilience of targeted families will increase by cash transfer because its use will enable these HHs to meet their basic emergency needs and reduce negative coping mechanisms through the decisions on how they spent the cash infusion and who makes the decision on spending choice. This is possible through MPCA which, based on empirical evidence, can enable HHs to meet their most pressing needs in case it is provided unconditionally, i.e., the HHs are given the choice to spend the cash on their priority needs.[4]

PROJECT DESIGN

The project initially targeted a total of 177 HHs, which was later increased to 186 HHs with an estimated total of 1,064 individuals. This included the most vulnerable HHs among the Syrian refugee community and the host community (HC) members in Waar City, an outlying private residential complex located about 19 km to the southwest of Dohuk city. Each HH received cash assistance, with a value of 800 USD, through a private cash distribution agency, locally called *Hawala*. The assistance was provided in two monthly installments: 400 USD at the beginning of May 2021 and 400 USD at the beginning of June 2021. The amount of cash was designed in conformity with the Cash Working Group - Iraq (CWG) guidelines to provide a HH with an equivalent SMEB to purchase basic food and non-food items including services. Multi-purpose cash is usually calculated as a contribution to a MEB, which represents the absolute minimum needed to survive and keep an individual or family from destitution and poverty.[5]

From those 186 HHs, 100 were also provided with a 1-day FHE training and/or four sessions (1-day training) of GBV awareness, called Social Cohesion Training. The FHE training was designed around four modules: HH-Expense Management, Savings, Debt Management and Investments in Productive Assets. This combination of activities was based on an assumption tested by Cash Consortium for Iraq (CCI) in 2020, which indicates that when cash assistance is combined with financial education, it produces better outcomes especially on FCS. The GBV training was designed to help address local security concerns and issues around GBV in targeted communities and provided to HHs whose decision-makers were female or decisions were made jointly by males and females.

The unconditional cash support was expected to drive a reduction in the number of vulnerable HHs using negative coping strategies to meet their food needs, and to support HHs' food consumption and dietary diversity. The cash

[4] GOAL Project Proposal, 2021.
[5] UNHCR, 2018.

amount was calculated to cover their SMEB each month. The project was expected to achieve two main results that would be measured through three indicators as shown in the below box.

Project Results	Indictors
• HHs rendered vulnerable by secondary impacts of COVID-19 can meet basic survival needs. • Financial literacy and social cohesion (GBV) training identified as FHE training is completed by 100 participants of whom 40% of them are women.	• % of HHs and people affected by crisis, including the most vulnerable groups, that consider their needs are met in a timely fashion. • % HHs whose level of debt has not increased following receipt of the cash amount. • % of target population with acceptable FCS.

PROJECT SUMMARY / TARGET GROUP

Based on the database of the SEVAT (the Socio-Economic Vulnerability Assessment) conducted by GOAL in April 2021, the beneficiary 186 HHs included 90% Syrian refugees, 9.5% HC members (local residents) and 0.5% returnee HHs. In addition, 55% were female-headed HHs and 45% were male-headed HHs, with the highest percentage (24%) falling within age group (30-39 years), followed by 50-60 years (19%). Family size ranged between 2 and 14 members with an average of 5.7 persons. Sixty-seven percent of HHs had between 4 and 6 members. The highest number of HHs (23%) had 4 or 6 members, followed by 22% with 5 members. Mean was relatively similar to the median (5.7 versus 5 persons) (see *Table 3* under Demographics section).

HH heads had different marital statuses with majority being married (62.5%), followed by widowed (28%). Divorced, single and HHs with a missing spouse represented a minority of 10%. While only 13% of HH heads were disabled; of those, 79% were not able to work. In addition, 49% suffered from chronic illnesses, which prevented 54% of them (26% of total beneficiaries) from working. Of beneficiary HHs, 22% had 1-2 persons over 60 years, 92% had 1-7 children per HHs, and 46% had a pregnant or lactating woman. The beneficiary refugee HHs were not registered for any government assistance, while 56% of host community HHs had public distribution system (PDS) cards. However, this assistance was typically reported as neither received in full nor on time. With majority as Syrian refugees, the general profile of beneficiaries is that of the high risk HHs of Syrian refugees.

According to the SEVAT results, prior to the cash distribution, majority (78%) of the 186 targeted HHs were relying on daily-wage labor as the main source of income and to provide for their basic needs. Nearly half of that proportion (40% HHs) were relying on external sources of support including cash and in-kind gifts and assistance, as well as credit (money borrowing). Majority of the 186 targeted HHs (96%) used all or either of 15 (negative) livelihood copying strategies to provide their daily needs. There was heavy reliance on reduction of expenditure on non-food items namely health and education (87% HHs), buying food on credit or through money borrowed from relatives and friends (72%), spending available HH savings (58%), and selling household property (32%). Changing place of residence and accommodation to reduce expenses was a practice followed by 18% of the HHs, while dropping out children from school and allowing/sending out children (under 18 years) to work outside the Waar City were practiced by 17% and 15% of the HHs respectively. Next strategies followed in reported frequencies were engagement of adult family males (14%) and adult female family members (12%) in illegal acts and risks including sex. Also majority of the 186 targeted HHs (95%) were using food-related coping strategies, during the last seven days preceding the SEVAT assessment, i.e., prior to the cash distribution, due to their inability to address their daily needs. From those, the majority (85% HHs) were relying on cheaper and less quality food items. Others were reducing the number of daily meals (65%), consuming less food during meals (62%), borrowing food or asking assistance from relatives and friends (53%), and curbing the adults' need to ensure food needs of children (46%).

Based on the FGD results, the targeted HHs were generally trying to keep themselves from hunger even if it required borrowing money and buying cheaper food and other HH requirements, and some were "eating wild edible plants" from nearby arable areas. This could account for the fact that majority of the targeted HHs (90%) were in debt prior to receiving the cash and for spending more of their income/savings on food purchases (37% HHs) than on medical/ health services or treatment (17% HHs) although majority of the HHs (64% HHs) had at least one sick member in the family. While most of the targeted HHs could not afford to spend money to go to doctors, health centers, hospital or pay for medicines prior to the cash assistance, they were keen to feed themselves as required.

PROJECT LOCATION & POPULATION

Sumail district where the project is located was among the Iraqi districts targeted under Humanitarian Response Plan, Iraq (HRP) 2020 and CWG 2020 plan as a district with high severity in terms of food security. Internally displaced persons (IDPs) in this district were classified as catastrophically vulnerable and extremely vulnerable. In addition, Sumail was among the Iraqi districts with 26%-50% of HHs with at least one member reporting permanent or temporary unemployment as result of the COVID-19 outbreak. It also had 51%-75% % of HHs having an average monthly income below 480,000 IQD/month (325 USD). In fact, it ranked second among the Iraqi districts with the highest percentage of HHs with a debt value above 505,000 IQD (342 USD). Sumail also ranked third among the districts with the highest percentage of HHs relying on humanitarian aid as a primary source of income (15% of district HHs). Of HHs surveyed, 60% were located in this area.[6]

Waar City, where the targeted groups were located, is a private residential complex situated in Domiz area within Sumail district. It includes 3-story apartment buildings rented out to the Syrian refugees and other people against a monthly rent of 125,000-200,000 IQD (85-135 USD), depending on the apartment location. Apartments on the first (ground) floor have higher rent value for advantages such as access to land pieces for home gardens.

COVID-19 IMPACT

The COVID-19 pandemic and its secondary impacts have threatened the food security in Iraq like other Middle Eastern countries which host vast populations of refugees and IDPs. It had devastating social and economic impacts on individuals and HH economies.[7] Iraq is one of the countries that were worst hit by COVID-19 in the Middle East, with 1,298,703 confirmed cases and 16,935 deaths registered since the start of the pandemic.[8] Measures implemented by the Federal Government of Iraq and Kurdistan Regional Government (KRG) to limit the spread of COVID-19 had curbed people's access to livelihood activities, and both experienced lockdowns and intermittent movement restrictions. Access to shops, supplies, and trade routes were all interrupted. Prices of most goods increased and access to markets became limited. The pandemic impacted the economic and livelihood activities in the country especially in terms of demand on products and services, income, and employment.[9]

The impact on the labor market was more severe, as this sector had already been facing serious challenges. Even in the past, Iraq's overall labor force participation rate was among the lowest in the world. Daily workers in the informal labor market are the population group reported to be more impacted by COVID-19 in Iraq. Informal workers have suffered disproportionately. This group mostly includes refugees and IDPs who often lack a safety net to accommodate for a sudden drop in income generating activities. The pandemic also caused an increase in the poverty rate (by 11.7%) among the Iraqi population reaching 31.7% compared to 20.0% in 2017-2018 (increase in KRI is 6.4%). It brought about a surge in unemployment especially among female workers and food security concerns and resulted in a significant drop in both in-kind and cash transfers.[10]

Inadequate diet was evident among the HHs with fewer members engaged in economic activities to generate income. The consumption patterns especially of vulnerable people were affected. HHs with insufficient food consumption, i.e., less than 35 FCS, reached 4.6% of the population in KRI in October 2020. In addition, 19.2% of the Syrian refugees in Iraq (47,508 out of 247,440 or 19%) were with insufficient food consumption, and 41% (101,450 people) adopted negative coping strategies (consumption based).[11]

[6] REACH Iraq, 2020 (2)
[7] Crown, 2020; IOM & WFP, 2020.
[8] Estimates calculated based on John Hopkins Coronavirus Resource Center Data
[9] CCI, 2020; IOM & WFP, 2020; IOM DTM Iraq COVID-19 Dashboard; PIN, 2020.
[10] CCI, 2020; UNDP Iraq, 2020; UNICEF, 2020; World Bank & WFP, 2021.
[11] World Bank & WFP, 2021; WFP, 2020.

MULTI-PURPOSE CASH ASSISTANCE

Since 2014, MPCA has become an integral component of the conflict and recovery response modality by the humanitarian actors particularly in the urban areas of Iraq. The term 'MPCA' refers to unconditional and unrestricted transfers or provision of money to individuals, HHs or communities, either as emergency relief designed to address, fully or partially, a range of HH needs for food and non-food items, or services, or to buy assets essential for the recovery of their livelihoods. MPCA is usually calculated to contribute to MEB, which represents the absolute minimum needed to survive and keep an individual or family from destitution and poverty. Cash was initially used in 2014 as part of the humanitarian response for the Syrian refugees in Northern Iraq. Available reports indicate that, in 2019, 37% of food security assistance in Iraq was cash-based. It has been proved as a cost-effective way of providing emergency support in areas where markets are functioning. It has become a preferred and appropriate modality of assistance.[12]

Multipurpose cash is a dignified and appropriate form of assistance especially to the food needs of vulnerable persons. It gives vulnerable HHs a flexibility and a greater autonomy in using the assistance to provide their real choices. It allows people to meet their survival basic needs effectively and with dignity, gives them a sense of independence and productiveness, and provides them with the freedom to decide how to spend the cash on their own immediate needs. It decreases the incidence of negative coping strategies, improves HH food security, and plays an essential role in supporting transition to durable solutions. Multi-purpose cash can also stimulate local markets and support the local economy, improve social, care and health environments, and support women's economic empowerment if planned and implemented as part of gender responsive intervention.[13]

EVALUATION PURPOSE

The main objective of the evaluation was to assess the performance of the CDP-funded GOAL project based on the overall performances against the principal objectives, and in accordance with DAC OECD specific criteria outlined for emergency aid, including project's relevance, effectiveness, impact, sustainability, and learning. It is to provide information and an opportunity for learning and accountability purposes and to provide recommendations and learning points to be taken into consideration in future programs. Due to the COVID-19 pandemic, specific attention is also directed to determine how the pandemic affected trainings, food shopping, family expenditure priorities and needs, and levels of nutritious food and protein consumption when cash is more available to make changes in their food marketing and consumption behaviors possible. (See *Annex I* for evaluation ToR).

METHODOLOGY

METHODOLOGICAL APPROACH

This was a cross-sectional descriptive evaluation conducted using participatory methods involving both quantitative and qualitative approaches for triangulation purposes. The evaluation took a holistic approach to evaluating outcome and impact of the project particularly the cash assistance. Primary data collected from the field were complemented by desk review of project documents and relevant literature to add to the knowledge base. As a consequence of using this multi-analytical approach, i.e., deploying different data collection methods including cross-checking from desk review of project materials and triangulation, the evidence of outcomes and impact became reliable, achievable and comprehensive,

DESK & DOCUMENT REVIEW

- An in-depth desk review of documents included analysis of key reference project documents particularly project proposal, logframe, SEVAT and PDM databases, and relevant available online reports from other

[12] CWG - Iraq, 2015; CWG-Iraq, 2019; FSC - Iraq, 2021; IED, 2017; Kristin Smart, 2017; LCC, 2016; UNHCR, 2018.
[13] CWG - Iraq, 2015; CWG - Iraq, 2019; CWG - Iraq, 2020; IIED, 2017; Sara Pavanello, 2018; UNHCR, 2016; UNHCR, 2018.

agencies to develop a concrete understanding of the mechanics of project implementation. The desk review led to tool design and later to selection of methods of data analysis.

- Project data were also used to establish baselines and endlines for comparison with the evaluation results including changes that the project has made in the lives of beneficiaries. In conducting the literature review, a wide variety of case studies reviewed also identified different types of cash transfers, including unconditional cash transfers. A wide range of data were collected especially from the SEVAT and PDM databases to establish a base for comparing the changes brought about by the project in terms of HH FCSs, monthly expenditure on food, coping strategies, etc. Desk review and analysis of secondary data helped identify the short-term impact (outcomes) of the project and assess different aspects of the project per the DAC OECD evaluation criteria.
- Review of multi-purpose cash evaluations and impact assessments helped capture evidence of sectoral outcomes as well as identified challenges, opportunities and lessons learned.

PRIMARY DATA COLLECTION

- Primary data were collected from interviews with project beneficiaries, non-project beneficiaries, and highly relevant stakeholders, as detailed below (*Table 1 & Annex III*).
  - Several interviews were held with key project team members to gain first-hand knowledge about the project activities and different project aspects to be evaluated.
  - 10 KIIs were held with project stakeholders to explore and understand perceptions about the changes in the food security and sufficiency of the target community over the project period, and their perceptions on evaluation of different project aspects, etc.
  - 66 beneficiary household survey questionnaires were conducted to explore use, benefits and impact of the cash assistance and other project support. The questionnaire was typically administered with the head of HH or another adult HH member with ability to accurately provide needed information.
  - 16 non-beneficiary household survey questionnaires were conducted to establish a comparison group for comparative analysis of evaluation results.

  <u>Focus Group Discussions</u>

  - 2 FGDs were conducted with project beneficiaries to explore and assess the project services in terms of relevance and appropriateness, usefulness, and effectiveness, especially through seeking their perspectives on different relevant aspects. Selected project beneficiaries were invited to gather perceptions and views on several topics including effectiveness of the cash in supporting their basic needs and suggestions for improvements and complementary interventions that would enhance the effectiveness of the project.
  - One FGD was conducted with 9 beneficiaries of both cash assistance and FHE training, and the other one with 10 beneficiaries of both cash assistance and GBV awareness sessions. A large number of participants were females, and a few were accompanied by family members.

Table 1. Summary of primary data collections conducted

3 In-depth Interviews - GOAL Project Team	10 KIIs - Stakeholders & trainers	
• Project manager • MEAL Officer	• Public Relations Director, Dohuk Governor's Office • Sumail District Mayor Secretary • Hawala (Dunya Group) representatives (2) • Mukhtar & deputy (2)	• Markets in Waar City (2) • Project FHE Trainer • Project GBV Consultant
66 Beneficiary Survey Questionnaires	16 Non-beneficiary Survey Questionnaires	2 Beneficiary FGDs (10 women, 9 men)
• 66 questionnaires • (39 female & 27 male)	• 16 questionnaires • (10 female & 6 male)	• 9 cash & FHE training beneficiaries • 10 cash & GBV training beneficiaries

DATA COLLECTION PROCESS

Primary data were collected in person (face-to-face) with the deployment of 3 experienced enumerators for 6 working days (from 24 June to 7 July 2021) after they were briefly trained in the evaluation methodology and provided with guidance and follow-up during the data collection process (see evaluation schedule in *Annex II*). Enumerators were also trained on the data collection tool, contextual background, methodology, and ethical considerations. Data collection tools were designed based on SEVAT, PDM, CWG and other MPCA program guidelines *(Annex IV)*. They were translated into Kurdish language and uploaded into KoBoToolbox and pre-tested by the lead evaluator to ensure the reliability and practicability of the instruments especially in terms of the average time taken to administer the questionnaire to the respondent. All questionnaire data were collected at participants' homes, and the collected data were entered on electronic tablets at the point of collection using KoBoToolbox software *(Annex V)*. GOAL's project team provided the lists of project beneficiaries and assisted with the preparations for conducting the two FGDs. Diversity was maintained in the selection of evaluation participants in terms of residency status, gender, type of assistance received.

SAMPLING METHOD & SAMPLE SIZE

The initial sample size for beneficiary questionnaire was calculated with a confidence level of 95% and an error margin of 10% based on a sampling unit of 177 HHs, i.e., all 'initial' project beneficiary HHs. This equated to 63 questionnaires which were increased to 66 HHs that were recipients of the cash support and either of the two trainings to address any potential gap in information due to potential non-responsiveness to some questions. The evaluation coverage was representative of the project/evaluation population and represented 37% of total 'initial' project beneficiary HHs and 35% of total eventually targeted beneficiary HHs. Simple random sampling was followed for selection of respondent HHs as well as of the comparison group – 16 non-beneficiary respondent HHs.

ETHICAL CONSIDERATIONS

It was always declared to evaluation participants that answering questions was optional and avoidable and they had a right to choose not to answer any question or stop the interview at any time. All interviews including survey questionnaires and FGDs were conducted after participants had provided their written consent to permit GOAL to use their answers, statements, quotes, and photos in the CDP-funded project evaluation report. All efforts were made to ensure the privacy and confidentiality to those involved in the questionnaires and the FGDs, including taking notes were respected so that participants would feel free to express their concerns. The FGDs took place in safe environment (in a good hotel), taking into consideration the cultural and religious context. COVID-19 precaution measures were also taken through use of masks and hand sanitizer, as well as maintaining an appropriate social distance requirement of at least 1 meter.

DATA ANALYSIS

Primary quantitative and qualitative data were aggregated, coded, and analyzed under common themes and sub-themes in accordance with major evaluation topics. Quantitative results were analyzed using Excel to describe different situations or phenomena based on statistical interpretation of figures. Qualitative data were analyzed using content analysis and thematic coding to describe different aspects of the project to systematically draw out key findings and quotes. Evaluation results were validated through comparison with qualitative results to identify patterns, trends or commonalities as well as to outcome results collected earlier by the project team through surveys including PDM 1 & 2, pre and post-tests using same or similar tools. Similarities and differences were compared at baseline and endline using SEVAT, PDM 1 & 2, and evaluation results. Disaggregated data from comparison group were compared to those of beneficiary survey to establish the same. Results from the comparison group and the beneficiary questionnaires were also compared to identify project impact.

LIMITATIONS & CHALLENGES

- The fact that 22% of beneficiaries were elderly (over 60 years) could have created recall biases especially in reporting monthly expenditure and income of the HHs.
- The probability that respondents might hide some personal information that they felt uncomfortable sharing, such as underreporting of income or over-estimating of expenditures, might bias results. Although response bias is always a limiting factor in self-reported data, evaluation enumerators were trained on how to secure and assess if informed consent is understood to reassure the main aspects of confidentiality, how to reduce risks of non-confidentiality, and the benefits and risks to study results if impartiality and confidentiality are not respected and understood by respondents.
- Memory lapse is another issue that could have created biases in the self-reported data. The quality of data might be inhibited by the ability of respondents to recall over a 24-hour period namely for the food consumption groups consumed.
- There needs to be more evidence generated on the use of cash for GBV outcomes for the crisis affected populations. There was lack of baseline and evidence-based studies on the use of cash for GBV in the target area and by targeted groups. This is certainly an area for further evaluation.
- Analysis reports of the SEVAT and PDM 1 & 2 surveys were not available for the evaluation team. Only raw data in Excel databases were made available, which necessitated considerably more time and efforts than expected (planned) for disaggregation of data to find similarities, differences, and trends for analysis purposes.

Evaluation team members conducting a KII

FGD conducted with beneficiaries of cash assistance & FHE training

DEMOGRAPHICS & HOUSEHOLD INFORMATION

The evaluation team ensured that the sample of the population of GOAL program beneficiaries was representative of beneficiaries of their May and June 2021 cash transfer allowance initiative. Several criteria were used to determine proportionate sampling. These included:

- receipt of two months of cash transfer stimulus assistance,
- residency status,
- family/marital status,
- gender of HH head,
- family size (number of children and number of members eating from same pot), and
- families with sick and elderly people.

The extent of participation in economic and social cohesion (GBV) training programs was applied to enable comparisons in outcomes from receipt of the cash transfer from those who went through one or more trainings and those who did not. All 66 beneficiary HHs surveyed received cash assistance. From those, 44% (29) participated in FHE training and 48% (32) participated in the GBV awareness sessions. In addition, 26% HHs received cash assistance and participated in both trainings. From the 19 FGD participants, 63% were beneficiaries of the cash assistance and the FHE training and the same percentage were beneficiaries of the cash assistance and the GBV awareness sessions. Twenty-six percent were beneficiaries of all three project activity components.

HOUSEHOLD SOCIAL CHARACTERISTICS

PROJECT BENEFICIARIES

Results are based on responses from completed Beneficiary Survey Questionnaires. A proportionate representative sample was drawn to ensure that respondents represented all the beneficiary groups on five key socio-demographic and economic factors. The majority of beneficiary survey respondents (89%) were refugees, and 11% were host community members *(Table 2)*. The average age of heads of HHs was 30.9 years. The survey results show that 94% of heads of HHs were over 35 years old. However, the largest age group was 35-64 years (56% of respondents). This was followed by 24% of respondents who were between 25-34 years. Some 14% of HH heads were over 64 years. Female-head HHS were the majority (59%), with 41% male-headed HHs.

The beneficiary HHs ranged in size from 2 to 12 persons with 65% of HHs having 4 or more members. The highest group included 6 members (27%), followed by 5 members (21%), and 4 members (14%). Majority of beneficiary heads of HHs (44%) had no education degree and 45% of HH heads had a high school or primary school diploma. While 11% had earned an undergraduate degree, only 2% of them had earned a graduate degree.

THE COMPARISON GROUP – NON-PROJECT BENEFICIARIES

Results are based on responses from completed Non-Beneficiary Survey Questionnaires. Like beneficiary respondents, majority of non-beneficiary survey respondents (81%) were refugees. Others were host community (13%) and IDPs (6%) *(Table 2)*. Also, female-head HHS were the majority (63%), compared to 38% male-headed HHs. HHs ranged in size from 2 to 16 persons with higher group including 3, 5 and 8 members (19% each). HH average size was 5.8 persons. Also, like beneficiaries, the highest age group (75%) was 35-64 years. Average age of heads of HHs was 49 years.

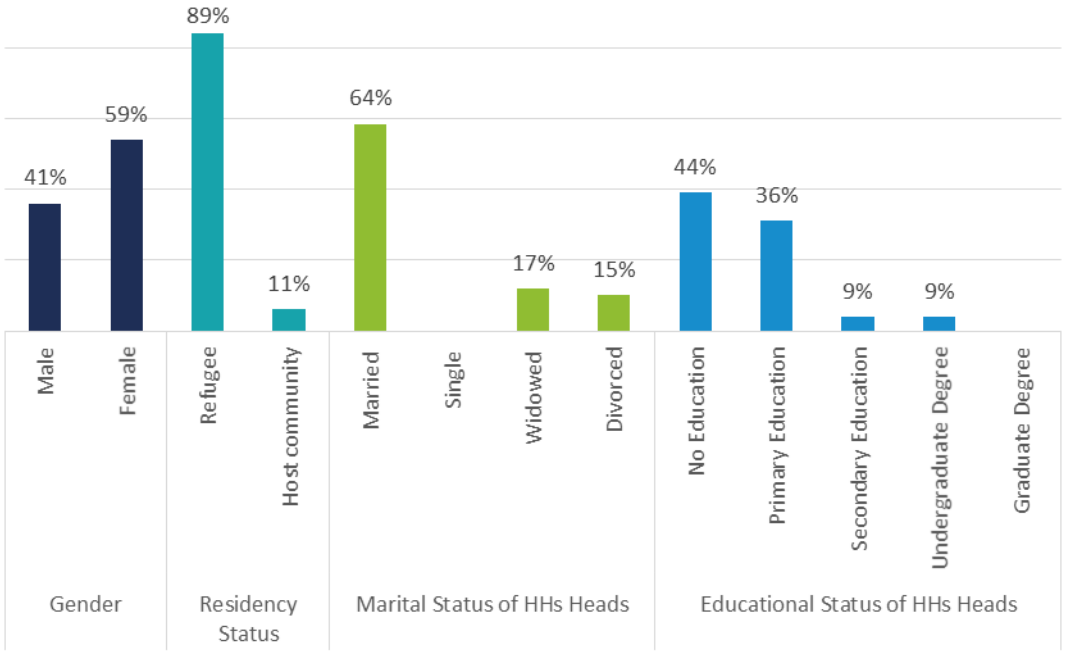
Most non-beneficiary respondents were married (81%) compared to 63.5% of project beneficiary respondents. However, these non-beneficiary respondents being single was due to being widowed (17%) or a single head of HH (6%). Whereas, for beneficiary respondents divorce caused 15% to be single, widowhood (17%), and single only (4.5%). Majority of non-beneficiary heads of HHs (44%) had primary education, followed by those with no degree

(38%). There were slightly more non-beneficiary HHs with high school education (13%) compared to beneficiaries (9%) and 4% more who had earned a graduate degree (6%).

Table 2. Evaluation Survey Respondents & HH Characteristics

		Evaluation Participants		
		Beneficiary Questionnaire (*n* = 66)	Non-beneficiary Questionnaire (*n* = 16)	FGDs (*n* = 19)
Number	Total number of participants	66	16	19
Gender	Male respondents (heads of HHs) Female respondents (heads of HHs)	41% 59%	62.5% 37.5%	16% 84%
Residency Status	Refugee HHs Host community HHs IDPs	89% 11%	81% 13% 6%	84% 16%
Age	Average age of heads of HHs Range	45 years	49 years	46.6 years 24-80 years
HH size	Average HH size Range	6.1 persons	5.8 persons 2-16 persons	
Marital Status of HHs Heads	Married Single Widowed Divorced	63.5% 4.5% 17% 15%	81% 6% 13%	
Educational Status of HHs Heads	No Education Primary Education Secondary Education Undergraduate Degree Graduate Degree	44% 36% 9% 9% 2%	38% 44% 13% 0% 6%	

Figure 1. Demographics of the evaluation beneficiary questionnaire respondents (n = 66)



ALL PROJECT BENEFICIARIES

The below table provides basic characteristics of the 186 HHs who benefited from this project and were initially surveyed under SEVAT by GOAL project team in April 2021.

Table 3. Project beneficiary HHs profile & vulnerability status (SEVAT)

HH Characteristics (*n* = 186)					
Gender	Male heads of HHs Female heads of HHs	45% 55%	***HH size***	Average size Range Median Mode	5.7 persons 2 – 14 persons 5 persons 4 persons
Residency status	Refugees HC Returnees	90% HHs 9.5% HHs 0.5% HHs	***Children under 16 years***	HHs with 0 children HHs with 1-3 children HHs with 4-7 children	8% HHs 72% HHs 20% HHs
Age	Average age Range 20 – 39 years 40 – 60 years Over 60 years Median Mode	47 years 22 – 83 years 37% HHs 40% HHs 22% HHs 45 years 35 years	***Illnesses & disability***	HHs with a severe illness or a disabled member (exclusive heads of HHs) HHs heads with a disability or chronic health conditions	46% HHs 51% HHs
Parents	HHs with both parents (husband & wife) HHs with single parents (either husband or wife) HHs with singles (not married heads of HHs)	62.5% 34.5% 3%	***Marital status***	Married Single Divorced Widowed / spouse missing	62.5% HHs 3% HHs 6% HHs 28.5% HHs

HOUSEHOLD INCOME AND EXPENDITURE

MAIN INCOME SOURCES

Daily-wage labor was the main source of income for 53% of beneficiary HHs in May/June 2021 *(Table 4)*. According to KKI and FGDs, many families especially in the refugee community have been engaged in skilled and non-skilled labor outside Waar City. This finding is supported also by the baseline (SEVAT) data which indicate that the primary source of 78% of targeted HHs in March/April 2021 was temporary labor. Like beneficiary respondents, temporary (daily-wage) labor was the main source of income for majority of non-beneficiary respondents (69%).

Table 4. Main income sources of project beneficiaries & non-beneficiaries

	HHs %		
	SEVAT	Evaluation Survey	
Source of Income	Beneficiaries (*n* = 186)	Beneficiaries (*n* = 66)	Comparison Group (*n* = 16)
Temporary labor	78%	53%	69%
Ordinary wage	8%	23%	6%
Cash gifts and assistance	17%*	12%	13%
In-kind gifts and assistance		11%	13%
Other (borrow money)	15%	3%	19%
Income from transfers / remittance	8%	2%	
Head or member(s) of HH currently work	91%	71%	63%

* Support from the community, friends, family.

INCOME & EXPENDITURE

A comparison was made between respondent's HHs income and expenditure for two months following delivery of the cash assistance to determine if the cash allowance decreased their spending. Majority of beneficiary HHs (60.5%) had an income level [14] below 0.5 million IQD (338 USD), and at the same time majority of HHs (92.5%) had a spending level[15] exceeding this amount (*Table 5*). Excluding the expenditure share of the cash assistance

[14] Excluding the cash assistance received under GOAL project.
[15] Including the cash assistance received under GOAL project.

from the spending, it appears that majority of HHs (64%) had an expenditure level below 0.5 million IQD (338 USD) and the average monthly expenditure in June 2021 was 167,942 IQD (114 USD). That means there is a decrease in monthly average expenditure (excluding expenditure from the cash assistance) since the cash distribution date – from 931,004 IQD (630 USD) under SEVAT (assessment) to 178,008 IQD (120 USD) under the evaluation survey. *Table 5* suggests that that the nearly nine-fold more expenditures were included in the SEVAT analysis. While these differences may indicate there are fewer expenses at time of evaluation, it is likely there is some bias in respondent reporting. Moreover, if the two months cash assistance were included before averaging current expenditures, the average would be about the same.

When SEVAT data are compared to the data collected at evaluation, beneficiaries before the project were 48% dependent on credit, in-kind and other risky sources of money to be used for income. At evaluation there is much less use of these sources for income and greater economic independence through temporary labor and wage earnings. This is a significant finding especially that dependence on credit decreased by 71% from baseline to post-cash period (*Table 15 under Effectiveness section*). It is to be noted that while only 3% of HHs reported a debt/loan as the main source of income since May 2021; it is lower than the respective baseline results (15% HHs).). Only 53% of targeted HHs earned temporary wages since that period versus 78% of HHs at the SEVAT baseline (since April 2021). COVID-19 pandemic restrictions affected wage workers ability to work. The increasing importance of the cash assistance to add to their diminished list of income sources for livelihood and meeting basic needs cannot be underestimated.

Majority of non-beneficiary HHs (75%) had a monthly income level below 0.5 million IQD (338 USD), which is higher than the percentage of beneficiary HHs (60.5%) having the same level of income (*Table 5*). Average monthly income for non-beneficiary HHs (207,031 IQD/140 USD) is similar to that for beneficiary HHs (216,958 IQD/147 USD). However, lower percent of income of non-beneficiaries is derived from wage income and greater percent from borrowing and in-kind gifts, implying more income instability in non-beneficiary group than in the beneficiary group due to temporary sources of income. The GOAL project likely has transitioned beneficiary HHs to seek greater security in their sources of income due to program initiatives. Moreover, the majority of non-beneficiary HHs (50%) had a monthly expenditure of 0.5 -0.99 million IQD (338-670 USD), which means that they are either better off than the beneficiary HHs whose majority (64%) have a monthly average expenditure below 0.5 million IQD (*Table 5*) or they have higher expenditure demands then they can meet. They result to borrowing from family or market credit traders who often require service charges or additional obligations which deepen their debt. Note when comparing beneficiaries and non-beneficiaries, the latter have more insecure sources of income, higher HH expenditures, and a nearly 2:1 expenditure ratio of expenditure to income. There is much need for this project intervention among vulnerable refuge HHs in Dohuk area.

Table 5. Monthly income & expenditure of project beneficiary & non-beneficiary HHs in May & June 2021 (Evaluation survey)

	Beneficiaries (*n* = 66)			Comparison Group (*n* = 16)	
	Income	Expenditure [1]	Net Expenditure [2]	Income	Expenditure
Amount	% HHs			% HHs	
< 0.5 million IQD (338 USD)	60.5%	7.5%	64%	75%	31%
0.5 - 0.99 million IQD (338 - 670 USD)	35.0%	13.5%	33%	25%	50%
1.0 - 1.49 million IQD (677 - 1,008 USD)	3.0%	32.0%	2%		13%
1.5 - 1.99 million IQD (1,015 - 1,346 USD)	1.5%	36.5%	2%		
2.0 million IQD (1,353 USD)		10.5%			6%
	Amount			Amount	
Average (May & June 2021)	431,439 IQD (291 USD)	1,329,697 IQD (900 USD)	356,015 IQD (241 USD)		
Monthly average (June 2021)	215,720 IQD (146 USD)	664,848 IQD (450 USD)	178,008 IQD (120 USD)	207,031 IQD (140 USD)	364,063 IQD (246 USD)
Monthly per capita	35,154 IQD (24 USD)	108,346 IQD (73 USD)	29,009 IQD (20 USD)		
Median (June 2021)	400,000 IQD (271 USD)	1,400,000 IQD (947 USD)	324,000 IQD (219 USD)	400,000 (271 USD)	600,000 (406 USD)

	Beneficiaries (*n* = 66)			Comparison Group (*n* = 16)	
	Income	Expenditure [1]	Net Expenditure [2]	Income	Expenditure
Amount	% HHs			% HHs	
Mode (June 2021)	500,000 IQD (338 USD)	1,300,000 IQD (880 USD)	0	600,000 IQD (406 USD)	400,000 IQD (271 USD)

ANALYSIS OF FINDINGS

RELEVANCE

This section provides an assessment of the CPD-funded cash allowance project design on: (i) objectivity in beneficiary selection, (ii) role of government agencies in beneficiary selection and targeting; (iii) effectiveness of requiring participation in financial economic training and gender-based training conditional to receipt of cash allowance; (iv) usefulness of integrated delivery strategy; (v) impact of COVID-19 security risk factors on accessing cash allowance and its uses; and (vi) receptivity of direct beneficiary participants, similar beneficiaries who did not participate in the program, and government officials on usefulness and appropriateness of project design approach and specific interventions.

OBJECTIVITY IN BENEFICIARY SELECTION

"*GOAL team members visited us several times to register and assess us. They were looking for those who were really in need*" – FGD participants

Evaluation team member interviewing a beneficiary at her home.

Selection of project beneficiaries followed a structured approach that closely considered a set of vulnerability criteria in conformity to the CWG guidelines and as embedded in the MPCA Vulnerability Scoring Tool. The demand on cash support is high, especially in the displaced communities. This is attributed to the lucrative nature of cash coupled with limited livelihood strategies opportunities in the targeted area, GOAL's project team implemented a semi blind recruitment technique in which the beneficiaries were not informed about the selection criteria when interviewing them under the SEVAT assessment. This procedure was highlighted as an effective step by a few FGD participants to eliminate bias in beneficiary selection. As attested by a few FGD participants, "*The selection of beneficiaries was just and there was no interference from the Mukhtar.*"

The fact that the role of *Mukhtar,* community representative in Waar City, was limited to only provision of vulnerable HH lists and he was not involved in the selection process was commended by many FGD participants. In addition, almost all evaluation results, including those from beneficiary questionnaires and from KIIs and FGDs, indicate that the selection process was transparent and fair. They also stated that this resulted in no tensions between the selected project beneficiaries and the non-beneficiaries in the same community.

ROLE OF GOVERNMENT AGENCIES IN SELECTION & TARGETING

"*The project targeted the most vulnerable people in this area. And this is the first time that cash is provided to the people here*" – A community leader

Selection of the 186 cash recipients was made using the MPCA Vulnerability Scoring Tool 2019 Iraq after assessment of vulnerable HHs was made by GOAL project team using the CWG's SEVAT. This tool was used to identify most vulnerable and eligible HHs to receive the support. Hence, 186 HHs, 77% of total initially surveyed

HHs, were scored as eligible for MPCA and were supported under the project. The selection was based on a rigorous process which involved identification of vulnerable HHs in coordination with the Sumail Mayoralty and the *Mukhtar* by obtaining from them lists of vulnerable people. The lists were used as a basis for registering vulnerable HHs ahead of afore-mentioned assessment which provided factors and ground basis for an efficient and equitable scoring system. Selection was conducted digitally, i.e., without manual interference from persons.

Twenty percent of key informants were from the government side. All government key informants assessed their non-involvement in the selection of cash recipients as positive and as an area that requires attention. On one hand, they said this digital process helped the project team to select the most vulnerable people for the support and on other hand one government key stakeholder considered future involvement of relevant department representatives as an asset to the selection process.

PROJECT APPROACH & INTEGRATED DESIGN

The project was designed in an integrated approach. Its complementary activities namely the FHE training and GBV awareness sessions addressed financial management and gender-specific issues that were highly needed and not addressed by other actors. The project included not only the 800 USD two-month cash assistance divided in half monthly but also complementary financial training to support the cash recipients in financial management of the cash, including effective spending, reduction in debt, and encouragement of developing productive assets. The second training for female heads of HHs or females as joint heads, included ways to reduce debt, make decisions on how to allocate cash towards their basic needs, and learn methods of overcoming GBV concerns within their HH. At end of training, the cash assistance was received. Both trainings were supported by CDP resources.

The GBV trainings offered women ways to protect themselves from violence, as well as protect their female children or elderly mothers from abuse and exploitation that may arise from a situation of acute financial need. The project included gender-based targeting on the basis of a common rationale that women are more likely to spend transfers for HH goods, while men are more likely to spend more on temptation goods like alcohol and tobacco, and that female-headed HHs tend to be more vulnerable than other HHs.[16] The receipt of the cash assistance at the end of the training session attended also provided incentive to attend the trainings and enabled them to also save on transport costs by eliminating the need to pay additional transport costs to collect the cash assistance. A one-time cost to receive all benefits was appreciated and motivated training attendance. This method was chosen in part also to reduce exposure of trainees to COVID-19 risks.

TIMELINES & APPROPRIATENESS

"*The cash assistance was a perfect match to the target groups' needs. It came on the right time*" – A government stakeholder/ key informant

All empirical evidence confirms project timeliness and appropriateness or suitability to the local needs and context of need. The cash assistance and the trainings were reported by evaluation participants (survey questionnaire, FGDs and KII participants) as highly and appropriately relevant to their needs. The severity of the target group needs especially to cash was apparent in the SEVAT assessment results, which indicated that 90% of 186 HHs 1(targeted under this project) were in debt (before they received the cash assistance), 59% had inadequate food security levels, were poor and were under borderline FCS, and that 95% were employing negative coping strategies. The fact that 64% of beneficiary HHs had at least one sick member (*Table 6*) and that 68% of them already spent all or some of the cash assistance on medical/health care prove the needs of the target group and high relevance of cash assistance to addressing their most exigent needs.

Table 6. Specific demographics on beneficiary HHs before & after cash distribution

	Before cash distribution (SEVAT) (*n* = 186)	After cash distribution	
	% HHs	% HHs	Source
HHs in debt	90%	87%	PDM 1 & 2
HHs with at least one sick member	64%	48%	Evaluation survey

[16] Allyson Cross, et al., 2018.

	Before cash distribution (SEVAT) (*n* = 186)	After cash distribution	
	% HHs	% HHs	Source
HHs with highest expenditure share on medical/ health services or treatment	17%	10% - HHs who spent most of cash assistance on medical/ health care. 79% - HHs who reported medical/ health care as among top 4 areas of cash spending.	PDM 1 & 2 Evaluation survey

According to key informants, high relevance and suitability of the cash assistance and complementary trainings is needed by the target group which is evident by the existence of a large number of vulnerable people especially refugees living in Waar City. In addition, most of them were displaced fleeing the war and violence that have left them with no livelihood support, as confirmed by a key informant who said, "*The cash support was beneficial to those who have escaped the war since their living conditions are bad*". Another key informant/community leader said, "*There are many poor families in Waar City. Before receiving the cash assistance, some families were eating wild plants which they used to collect in vacant lands in Domiz area. Now, they have been able to purchase good quality food.*"

All PDM and evaluation participants were highly satisfied with the cash assistance they received and the support package, i.e., in terms of amount, distribution/receiving process, etc. (*Table 7*). In addition, 100% of PDM respondents and 97% of evaluation respondents preferred cash over other modes of support. Only 3% of evaluation respondents preferred to receive other types of support. Instead of cash, they said they need also small-business support, vocational trainings, and relocation to a camp. In addition, 2% of PDM respondents requested support for re-location to the camps specifically to overcome the rent issue.

All evaluation participants highlighted significance of the cash assistance particularly due to current circumstances when targeted groups were in dire need for money to pay for their exigent family needs - especially rent, medical/healthcare, and debt. Beneficiary HHs level of the cash expenditure on these areas confirm the needs. As attested by a stakeholder/a key informant, "The support was duly related to the target group needs especially that they pay rent for their apartments."

Figure 2. Changes in FCS & use of coping strategies by beneficiary HHs

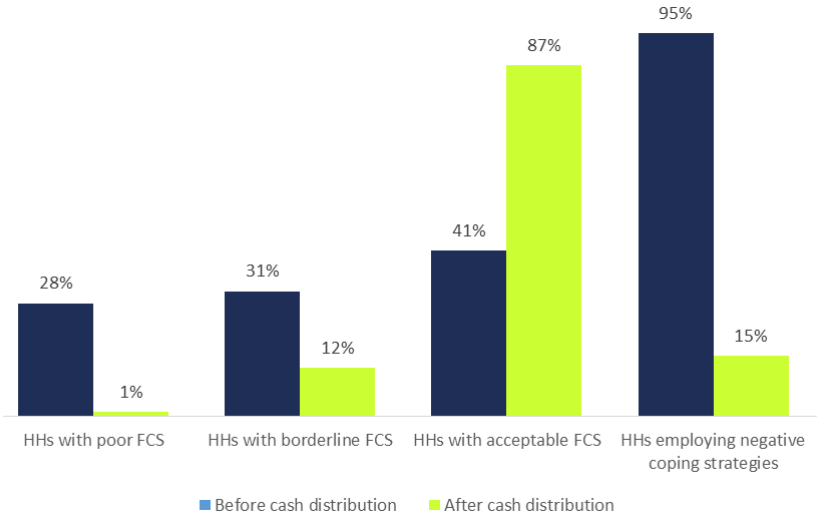


Table 7. Beneficiary assistance method preferences & satisfaction levels

		% HHs			
		SEVAT (*n* = 186	PDM 1 (*n* = 122)	PDM 2 (*n* = 122)	Evaluation Survey (*n* = 66)
Preferred assistance method	Cash	100%	100%	100%	97%
	Other				3%
Satisfaction with the cash assistance	Highly satisfied	N/A	97%	100%	100%
	Satisfied	N/A	3%		

DELIVERY APPROACH TO ACCESS TO CASH & TRAININGS

Since there were no appropriate facilities in Waar City or nearby, the cash distribution and the two trainings were delivered in safe, easily accessible, and comfortable locations including Jiyan and Dilshad Palace hotels in Dohuk city. The cash distribution proceeded safely with no difficulty or challenges. Beneficiaries generally received their cash with much ease and no significant difficulty or risks.

Beneficiaries hired or shared taxis to reach the cash distribution sites. Travel time to the sites was not consistent among PDMs respondents. While it normally takes about 20 minutes to travel from Waar City to the two

distribution sites (Dilshad Palace and Jiyan hotels), it took beneficiaries 25-50 minutes to travel there. However, the length of time spent on the travel was acceptable for all the beneficiaries. The same applies for feeling of safety during travel, existence of no difficulty, easiness with which they collected the cash, and suitability of the cash distribution time to the HH needs.

Travel to the cash distribution points was safe and required majority of respondents (94%) to pay an average of 5,117 IQD (3.5 USD) for the transportation cost. The fact that the second cash installment was made immediately after the FHE training helped to save time and transportation costs. Collection of the cash at the distribution sites was easy and safe, made at suitable times, and didn't involve much waiting time as reported by all PDM respondents. Almost one-third of beneficiaries (35%) received the money with no waiting time or problem, while it took 10-25 minutes for 63% of recipients.

Training participants were paid transportation cost to reach the training venues. Refreshments were provided to them during the training sessions. In addition, some participants especially elderly and women were allowed to attend training or receive cash with the company of family members. In fact, this was an appropriate procedure that did not only help beneficiaries logistically but also served as an opportunity for learning by the companions. This was a serendipitous outcome because it resulted in helping to reinforce the learning by female heads of HHs and notably older HH heads.

Table 8. Access to the cash distribution site (n = 122)

		PDM 1	PDM 2	Average
Travel time to the cash distribution site (minutes)	Average	41.4	40	40.7
	Median	50	50	50
	Mode	50	50	50
Acceptability of length of time spent travelling to receive the cash	Acceptable	96%	100%	98%
	Unacceptable	4%	0	2%
Feeling safe on way to and from the cash distribution point	Very safe	98%	100%	99%
	Very unsafe	2%	0	1%
Waiting time to receive the cash (minutes)	Average	63	11	37
	Median	25	11	18
	Mode	25	0%	12.5
Easiness of collecting the cash	Very easy	99%	100%	100%
	Very difficult	1%	0%	1%
Suitability of cash distribution time to family needs	Yes	99%	100%	100%
	No	1%	0%	1%
Feeling safe at the cash distribution site	Very safe	99%	100%	100%
	Not safe	1%	0%	1%
Paid for travel to the cash agent	Yes	94%	94%	94%
	No	6%	6%	6%
Travel cost to the cash agents	Range	1,000-10,000 IQD (07-6.8 USD)	1,000-10,000 IQD (07-6.8 USD)	
	Average	5052 IQD (3.4 USD)	5182 IQD (3.5 USD)	5117 IQD (3.5 USD)
	Median	5,052 IQD (3.4 USD)	5,183 IQD (3.5 USD)	5,117 IQD (3.5 USD)

IMPACT OF COVID-19 PRECAUTIONS ON OUTCOMES

Adequate COVID-19 protection measures were considered during beneficiary assessments, trainings, and cash delivery. It was always made mandatory for project team members to wear masks especially when interacting with beneficiaries and other people. The two trainings were accommodated in large hotel rooms that allowed for keeping sufficient social distance. The same is true for cash distribution such that sufficient distance between each person and another was maintained. It was also made mandatory for all beneficiaries to wear masks while attending the trainings or receiving the cash. The same rules were applied during the evaluation field data collection process.

The evaluation study reviews the impact of the COVID-19 pandemic on HH spending areas, spending priorities and allocations, coping strategies used to meet their needs. It further helped them make decisions they hope will

protect family members from getting COVID-19 but also enabled them to meet their basic health, food and cash needs without going into debt.

Majority of beneficiaries reported that they took precautions when travelling to the markets - either always (36%) or sometimes (35%), while only 39% reported otherwise. However, the same level of safety was not reported for the market traders as they did not take required precautions when beneficiaries were shopping at their shops/markets, as reported by 66% of PDM respondents. Protection measures taken by the remainder traders (34% of respondents) involved wearing face masks (66%) or wearing both masks and gloves (44%). These more cautious shopkeepers/traders were located in more distant markets from Waar Cty so that transportation costs were incurred to shop there.

USEFULNESS OF CASH & TRAININGS ON IMPACTING VULNERABILITY

All evaluation participants indicated usefulness of the cash assistance. There are numerous indicators on the usefulness of the cash, which are discussed in the Effectiveness session of this report. The FHE training was found helpful especially that "*no other organizations provided the refugees with cash complemented by financial management training*" (FHE trainer). GBV awareness sessions were identified as useful since they improved awareness of women participants of different types of GBV and women rights, among other topics. That these trainings were considered useful and informative to them also indicates that the targeted women did not receive any GBV awareness in the past. This gap was further supported by the project GBV consultant who said, "*GBV and traumatic incidences are evident among the refugee community because of wars, displacement, etc. I fact, the refugees need more support especially MHPSS [*mental health and psycho-social support*].*"

RECEPTIVITY TO PROJECT MANAGEMENT & COORDINATION

Since the project inception, the project team established good levels of coordination and collaboration with relevant government agencies and CWG partners as main stakeholders. The coordination was focused on the basic stage of project implementation: Identification of most vulnerable HHs for the cash support. For this, Dohuk Governorate Office, which was highly represented by Sumail District Mayoralty, and the target community, represented by Mukhtar were highly cooperative in providing lists of vulnerable HHs. The relevance of this transparency and good levels of coordination resulted in smooth implementation and positive outcomes for beneficiary HHs as well as for the local community.

EFFECTIVENESS

SELECTION PROCESS

"*The selection process of the beneficiary people was done in the right way. No one can complain about it. This is the first time that an NGO conducts such selection process in this area*" - A key informant, Waar City

Need assessment and selection of beneficiaries followed rigorous procedures that were established on the basis of MPCA and CWG guidelines. The need assessment was conducted effectively with all required information collected using the SEVAT, and it covered 244 HHs in Waar City, which represented 13% of the total HHs living in Waar City. The assessment results were shared with the CWG focal point for analysis and identification of most vulnerable that were eligible for MPCA using the standard CWG selection system. The selection criteria included: HHs with elderly heads over 60 years in age; single parent HHs, i.e., HHs with orphans; female-headed HHs, and HHs with at least one member suffering from chronic illnesses or disabilities, children under 16 years, and/or pregnant women or lactating mothers. All these procedures demonstrate efficiency and suitability of the selection process as attested in general by all KII and FGD participants.

Targeting & Selection

- The project targeted most vulnerable HHs that were selected on the basic CWG vulnerable criteria and scoring system, which can be considered the right tool used at the right time and location with the right procedure. This tool proved to be adequate for identification and selection of vulnerable people eligible for the cash support. Selection was based on a more equitable basis because neither randomness nor identification of vulnerable people in an urban setting like Waar City, where there was community mechanism that could

have made equity possible in selection if either had been applied. Furthermore, the use of this tool is justified not only for most vulnerable HHs equitably but also for effectiveness in identification of HHs in its application.

- The project registered cash beneficiaries who had no prior knowledge about the selection criteria. This 'semi-blind' registration mechanism was apparently efficient in the targeted urban setting for same afore-mentioned reason. Another advantage of the use of this tool is that this technique reduced incidences of interference by external actors and by eliminating the pressures from people who actually did not qualify.
- Limiting the scope of the cash support primarily to the refugees with inclusion of a limited number of host community HHs was viewed by a few stakeholders/key informants as a rather inadequate measure. The need arises for inclusion of all segments of people not only in the targeted location but also in other areas within Sumail District to determine if both refugees and IDPs. However, it is highly probable that additional host community HHs would react with similar uses and allocations.
- Beneficiaries considered it positive for objectivity in beneficiary assessment and selection if there is little involvement of stakeholders-- particularly community leaders like Mukhtar. This was declared also by the absolute majority of stakeholders/key informants as well as evaluators. This incorporates validity and efficiency of the CWG selection tool despite reservations by nearly a quarter of the non-beneficiary group that it should have been equitably applied to the smaller number of host community HHs. FGDs participants generally indicated that the Mukhtar was not acting justly under projects implemented by other actors in the area in the past. They reinforced that their non-involvement would be positive in continuations of this project.

SUPPORT MODALITY PREFERENCES

All the evaluation results indicate that cash assistance was the support modality preferred not only by the beneficiaries but also by the stakeholders. This can be justified by the fact that the target groups had diverse non-food needs and beneficiaries had access to functioning markets. As indicated earlier, cash was among the top four priority needs of the targeted HHs (SEVAT). In fact, it was the preferred method of support as indicated by all beneficiary HHs surveyed under SEVAT and those under the two PDMs, and by nearly all evaluation respondents (98%). In addition, almost one quarter of FGD participants-- especially women who were heads of HHs, elderly, or with sick husbands -- prefer cash. They do not favor other solutions to their daily dilemma. The statement below expresses the sentiment of the elderly and sick people not capable of working.

"*We are sick and other family members are also sick. We spend all of our money on medical treatment. We would like to continue receiving the cash assistance….*" - An elderly woman, FGD participant.

All PDM respondents and evaluation participants were highly satisfied with the cash assistance, as well as of the two complementary trainings (FHE and GBV). There are concerns expressed particularly among majority of key informants including the government stakeholders that cash transfers are perceived as a short-term solution to the multiple challenges faced by vulnerable people particularly refugees. They are more supportive of the option of providing durable solutions for vulnerable people.

Based on the above concerns and in the spirit of trying to avoid dependency on cash transfer, evaluation survey respondents were asked to state their preferred choices for support. Although only 2% of beneficiaries preferred non-cash support, the tendency for longer-term solutions was more evident among FGD participants who find themselves capable of working or having family members in the workforce age. They are conscious about the necessity to be productive and as such would in the long run prefer business grants or access to employment (promotion) support, such as vocational trainings over unconditional cash assistance. This shows, to some extent, how the beneficiaries are focused on engaging in more sustainable livelihood opportunities and do not want to remain vulnerable, dependent and food insecure.

TRANSPARENCY & ACCOUNTABILITY

"*As I know many people who shop at my market, I can say those who received the cash were the most vulnerable. Unlike other organizations which go directly to the stakeholders to get lists of beneficiaries, GOAL did the right thing by selecting poor people*" – A market owner in Waar City

All information related to the cash assistance was conveyed to the beneficiaries on an adequate and timely manner. This included such information as selection criteria and amount of cash, and documents required for receiving the

cash. Generally, almost all PDM beneficiary respondents acknowledged receipt and understanding of relevant information and guidelines. However, there was divergence in some other aspects of the process particularly under PDM 1. For instance, not all recipients were familiar with the amount of money to receive (65%), the distribution venue (33%), the distribution process (35%), and duration of the assistance (32%). The fact that many beneficiaries were elderly or did not complete primary education, i.e., illiterate, could account for these shortcomings or simply the newness of this type of program. As a result, 16% of PDM 1 recipients indicated that what they received was not the amount they expected. Since respondents were mainly illiterate and were not expected to keep records, the figures given were likely inflated or inaccurate. However, there were considerable improvements in the process during distribution of the 2nd payment as surveyed under PDM 2 particularly in terms of the amount of the cash and when the cash will finish (100% each).

All guidelines related to corruption management and reporting mechanism were conveyed to beneficiaries during selection and implementation processes. In addition, banners with numbers of hotlines were installed at the cash distribution sites, *Hawala*. Unlike the PDM 1 results, all PDM 2 respondents were familiar with the feedback mechanism and the necessity of not being indulged in any corruption act, i.e., giving bribes for receiving the support. Almost all beneficiaries (97%) were aware of where and how to report complaints or feedback. Only one complaint was received by the project team. No concerns regarding corruption, bribery, (sexual) exploitation, or diversion of the assistance were reported. Also, KII and FGD results did not reveal any diversion from the MPCA and CWG guidelines.

Table 9. Familiarity with the cash distribution process (n = 122)

Familiarity with		% Respondent HHs			Familiarity with		% Respondent HHs		
		PDM 1	PDM 2	Average			PDM 1	PDM 2	Average
Selection criteria	Yes	99%	100%	99.5%	***When cash received will finish***	Yes	71%	100%	86%
	Somewhat					No	29%		29%
	No	1%		0.5%					
Amount of money to receive	Yes	34%	100%	67%	***Understand feedback mechanism***	Yes	60%	100%	80%
	Somewhat	1%		1%		Somewhat	8%		4%
	No	65%		65%		No	32%		16%
Distribution venue	Yes	65%	35%	50%	***Aware of where & how to report any complaints feedback & concern***	Yes	88%	97%	92.5%
	Somewhat	2%	25%	14%		Somewhat			
	No	33%	40%	37%		No	12%	3%	7.5%
Distribution process	Yes	32%	65%	49%	***Made a complaint/ asked a question about this project***	Yes	7%	5%	6%
	Somewhat	33%		33%		Somewhat			
	No	35%	35%	35%		No	93%	95%	94%
Duration of assistance	Yes	34%	65%	50%					
	Somewhat	34%		34%					
	No	32%	35%	34%					

PROJECT TIMELINES & APPROPRIATENESS

The cash was distributed in a timely manner and at times when the value of US Dollar was increased compared to IQD there was unexpected extra cash. Ninety-three percent of PDMs (96% in PDM 1 and 90% in PDM 2) respondents indicated that they were able to meet their needs in a timely manner. The remainder did not mention any specific reasons why they were unable to meet their needs. As a few FG participants indicated, conversion rate of the USD into IQD was 1 = 1460 during the first cash installment period and 1 = 1490 during the second cash installment period. This was helpful as it increased value of the cash (US Dollars) given to them.

ACCESS TO MARKETS

To better understand the HH food security, evaluation respondents were asked about their access to food, either through own production or through purchases. Since almost all respondents are living in apartments (93% rented) with reportedly no access to owned lands or home gardens, beneficiary HHs were generally not engaged in any farming or food production activities. This indicates that all targeted HHs particularly refugees were mainly

depending on the local markets for food purchases. In addition, all beneficiary PDMs and evaluation survey respondents stated that they have unhindered access to a functioning market where they could purchase, among other items, their staple foods. This finding was supported by PDM results with 67% of beneficiary HHs spending all or most of the cash in the markets.

Almost all beneficiaries (99%) reached the markets with no problems and 54% with no transportation cost. For 46% of beneficiaries, the average transportation cost was 4,117 IQD (2.8 USD) to reach the markets where they spent the cash. In addition, 85% of beneficiaries found all the goods and services in the market, and no changes were reported in the prices of goods and services, which was also confirmed by the interviewed market owners. However, most FGD participants indicated that because of the higher prices of goods at the markets in Waar City, they were obliged to go to other places including Domiz and Fayda towns where prices were lower to obtain their needs, and even to Dohuk for medical/health services.

All these demonstrate functionality of the general goods markets. It takes into consideration that the expenditure on medical/health care was made outside Waar City. This pattern of transportation expenditure was also confirmed by the KIIs and FGDs results. Purchases with the cash assistance were primarily made by female-heads of HHs (45%), and to a lesser extent by male-heads of HHs (33%), or jointly by both spouses (15%). The beneficiaries generally converted the cash into IQD at money exchange markets in Domiz area or in Dohuk city.

Table 10. Access to the markets (PDMs)

		% HHs (*n* = 122)		
		PDM 1	PDM 2	Average
Reached the markets with no problem	Yes	98%	100%	99%
	No	2%		1%
	Mean IQD	5,052 IQD (3.4 USD)	5,182 IQD (3.5 USD)	5,117 IQD (3.5 USD
Paid for travel to the markets	Yes	48%	44%	46%
	No	62%	56%	59%
Travel to the markets cost	Range IQD	1,000-10,000 IQD (0.7-6.8 USD)	3,000 - 5,000 IQD (2-3.4 USD)	
	Mean IQD	3,814 IQD (2.6 USD)	4,420 IQD (3 USD)	4,117 IQD (2.8 USD)
Spending the cash in the local markets	Yes	62%	71%	67%
	Some	25%	17%	21%
	No	13%	12%	13%
Found all the goods & services wanted in markets	Yes	84%	85%	85%
	No	1%	3%	2%
Who made the purchases	Female-heads of HHs	48%	42%	45%
	Male-heads of HHs	35%	30%	33%
	Jointly	9%	20%	15%

CASH ADEQUACY

Majority of evaluation respondents (98%) indicated that the cash they received was sufficient to cover the basic needs of their HHs; thus, effectively achieving the objective of the project. Only one HH was not able to do so as they spent all the cash assistance on the health care of sick and disabled family members. In addition, an average of 85% of PDMs respondents were able to cover their HH basic needs during the 7 days preceding the survey. Similar sentiments were expressed by almost all FGD participants. The testimony below indicates the general agreement of FGD participants that the cash was adequate and beneficial. This change is evident if compared to the inability of majority (81%) of the comparison group HHs to meet their basic needs in May-June 2021.

Table 11. Cash adequacy and HHs' ability to meet basic needs

		% HHs			
		PDM 1	PDM 2	Average	Evaluation Survey
Cash sufficiency to cover basic HH needs	Yes				98%
	No				2%
	Yes	83%	87%	85%	

		% HHs			
		PDM 1	PDM 2	Average	Evaluation Survey
HHs' ability to cover their basic needs during the 7 days preceding PDMs survey	Somewhat	4%	12%	8%	
	No	13%	1%	7%	
HHs' ability to cover their basic needs in a timely manner	Yes	96%	90%	93%	
	No	4%	10%	7%	

USE & USEFULNESS OF CASH

"*The cash assistance was really helpful. We were able to address our daily requirements, pay our rent and our debts and most importantly we were able to doctors and pay for our medications"* – A female FGD participant

As *Table 12* shows, all HHs participating in this evaluation spent the cash assistance since they received it in May 2021, with majority (95.5%) spending most of it, i.e. above 400 USD. However, the expenditure on food purchases was lower with just 65% of HHs spending less than 200 USD on food. Food expenditure represents 30% of the total expenditures (using the cash assistance).

Table 12. Cash assistance expenditure by beneficiary HHs in May & June 2021 (Evaluation survey. n = 66)

Amount spent (USD)	% HHs spending cash	% HHs spending cash on food only
<=200	3.0%	65.0%
201 – 400	1.5%	29.0%
401 – 600	7.5%	4.5%
601 - 800	88.0%	1.5%
Average expenditure	721 USD	224 USD

This finding concurs with the PDMs results that indicate that the highest percentage of beneficiaries (84%) spent some of the cash (i.e., less than half) on food, compared to 2% who spent most of it (i.e., more than half). *Table 13* shows only top five areas on which the highest percentages of HHs spent the cash.

Table 13. Spending areas of the cash assistance with the highest percentages of HHs

Spending area	% Beneficiary HHs (*n* = 122)					% Non-Beneficiary HHs
	PDM 1 & 2 *				Evaluation Survey ** (*n* = 66)	Evaluation Survey (*n* = 16)
	Most (more than half)	Some (less than half)	None	Total		
Food	2%	84%	15%	85%	91%	94%
Medical/ health care	10%	58%	33%	68%	79%	75%
Debt repayments	8%	59%	34%	67%	70%	38%
Rent or shelter materials	2%	60%	39%	61%	73%	75%
Hygiene items	0%	55%	45%	55%	8%	

* In PDMs, the percentages were calculated by summing up percentages of HHs who reported spending the cash assistance (most of it plus some of it), and then identifying the top 4 areas of spending (in PDMs), while in the evaluation survey, respondents were requested to identify top 4 areas on which they spent the cash assistance, and summing them up to calculate the averages.

Calculating both percentages of HHs who spent most and /or some of the cash assistance, analysis of PDMs reveal that food is the top use. The highest percentage of HHs spent most on food, followed by medical/health care, debt repayments, rent or shelter materials, and hygiene items. Like the beneficiary HHs, the comparison group share the same four spending areas: Food, medical/health, rent, and debt repayment. Significant, however, is that 70% of beneficiary HHs spent the cash on debt repayment compared to 38% of non-beneficiaries; indicating effectiveness of this cash transfer to them to reduce their economic vulnerability and secure food security. The average amount of the cash spent by beneficiary HHs so far was 721 USD, of which 224 USD was spent on food. This amount contradicts the percentage of HHs who reported spending less than 200 USD on food. This means 37 USD per capita, which is slightly higher than the figure calculated at baseline (36 USD per capita).[17]

[17] This variation could be attributed to the difference in the HH size calculated at baseline (SEVAT) (5.8 persons) and at endline (PDM) (6.1 persons).

Evaluation survey results indicate that the top four expenditure shares of the cash assistance were food, medical/health (health services, medicines), rent, and debt repayments (*Table 13*). Three of those areas match the top priority needs initially articulated by targeted HHs at baseline (under SEVAT), with the exception of debt repayments. Under SEVAT, respondents did not clearly indicate debt repayments as their priority need, but rather indicated cash (*Table 14*). The top four priorities is similar to the top four priority needs of the comparison group: Food, medical/health care, shelter, debt repayment, and employment. However, beneficiaries of cash assistance and trainings spent less on debt repayment (4%) than they expressed as a need (83%). The highest spending area was for food (37%), followed by shelter/rent (20%) and medical care and health needs (17%). It is likely the demand for cash in part was due to owing back rent (i.e. in debt on shelter rent) and hence fearing loss of shelter was the priority choice for reducing debt than repaying shopkeepers/traders. Wanting to spend on debt reduction was a priority need but not yet totally feasible. Once food, shelter and medical needs were paid for, there was little left to apply to credit reduction and yet they did spend on it. This use of the cash assistance for debt repayment despite all other spending needs may in part be a result of the FHE training on importance of reducing debts if finances are to be managed effectively.

Apart from food, which is an essential life requirement, other three spending areas of the cash assistance are basic needs. Analysis of SEVAT results indicate existence of a high proportion of sick people (64% HHs) in the target community, which justifies Medical/health as among the top four spending areas. Level of HH debts was also high during the period before the cash distribution (90% of respondents), and rent is a required shelter expenditure, which could hardly be addressed otherwise, especially by low-income HHs. As evident of local reflection on how refugees and beneficiaries used their cash allowance, one market owner said, "*After the people received the cash, they bought more food and repaid their debts.*"

Table 14. Top 4 priority needs and spending areas (SEVAT, n = 186)

Top 4 HH priority needs		Top 4 HH spending areas*	
Need	% HHs	Area	% HHs
Shelter	95%	Shelter/ rent	20%
Cash	84%	Debt repayments	4%
Food	84%	Food	37%
Medical/healthcare	83%	Medical/ healthcare	17%
Employment	31%	Employment	N/A
Water	7%	Water	2%
Sanitation	6%	Sanitation	N/A
Education	6%	Education	3%
HH items	2%	HH items	2%
HH repairs	1%	HH repairs	N/A
Productive Assets	1%	Productive Assets	0%
Transportation	0%	Transportation	7%

* The percentages of HHs were calculated on the basis of average of percentage of HHs expenditure per each area over the 30 days preceding the assessment.

According to PDM results, medical/health, and debt repayments were the top areas that incurred most of the cash assistance spending, i.e., more than half of the amount, as reported by 10% and 8% of respondents respectively. They are followed by business investment and savings (3% and 2% respectively). Whereas food, rent or shelter materials, debt repayments, medical/ health, and hygiene items were the top five areas that incurred some of the cash assistance spending, i.e., less than half, as reported by 84%, 60%, 59%, 5%, and 55% of respondents, respectively. Note that spending on productive items is only 8% even though there is a desire to work because their priority at this stage is meeting their basic survival needs.

Four areas of spending were the same reported top spending areas by majority of FGD participants: Food (78%), medical/health care (50%), rent and debt repayment (44% each). Only 17% of beneficiaries (all female-headed HHs) managed to invest biggest share of the cash assistance in small-businesses including home-based tailoring, mobile tailoring training, and mobile welding services. These findings are supported by theoretical concepts from literature which indicate that cash assistance to the poorest segment of population results in one of the following actions, depending on the level of vulnerability of beneficiaries: (1) cash is spent on food or other goods (clothing, shelter,

utensils etc.) or services (health, transportation, etc.), (2) cash is saved or used to pay off existing debt, or (3) cash is invested in assets or services.[18]

DEBT

While 67% of HHs used part of the cash assistance to repay their debts, PDM results reveal that 87% of HHs were still in debt by the end of June 2021. This represents a slight decrease (3%) in the proportion of HHs in debt prior to receiving the assistance (90%). It also indicates that the way to get out of debt and focus on meeting basic needs longer term are continuance for a specific period of cash transfers and more business and productive trainings and support because of the strategies used by the HHs in paying off debts and incurring debt.

The average HH debt decreased by 9% from 90% to 88% over pre- and post-cash distribution – from baseline (SEVAT) to endline (evaluation survey) (*Table 15*). Changes were made in the debt level of the beneficiary HHs after receiving the cash. The changes were positive (decreased debts) for a majority (65%), while they were negative (increase) for a very limited number of HHs (3%). Nearly one-third (32%) of beneficiaries reported no changes in their debt levels. Of the total beneficiaries, 44% have debts below 1 million IQD (677 USD), 34% from 1 to 2 million IQD (677-1,353 USD), and 10% from 5 to 37 million IQD (3,383-25,034 USD). Of the evaluation participants, 24% had no debt prior to receiving the cash; this improved to 47% after receiving the cash. At baseline (SEVAT), only 10% of HHs had no debt. According to evaluation survey, new debts were made by 11% of beneficiary HHs since May 2021, but the total percentage of HHs in debt after cash distribution dropped to 53% from 76% pre-cash distribution or 90% at baseline (SEVAT). Majority of HHs surveyed (76%) were in debt prior to the cash distribution period, i.e. before May 2021. Despite of receiving the cash assistance in May and June 2021, money was still borrowed to cover food purchases (53% HHs), followed by medical and health services (26%), rent (23%), and HH daily needs (17%).

There are discrepancies in the debt data collected under PDMs and evaluation survey, such as percentage of HHs in debt and average HH debt level. Further investigation of the effectiveness of the cash transfer on enabling vulnerable HHs to gradually get out of debt and also to clear these discrepancies might be needed. The fact that all HHs in the comparison group borrowed money since May 2021 supports the finding that there were new borrowers during this period from the

Figure 4. ***Benefits from the FHE training*** *(Evaluation survey)*

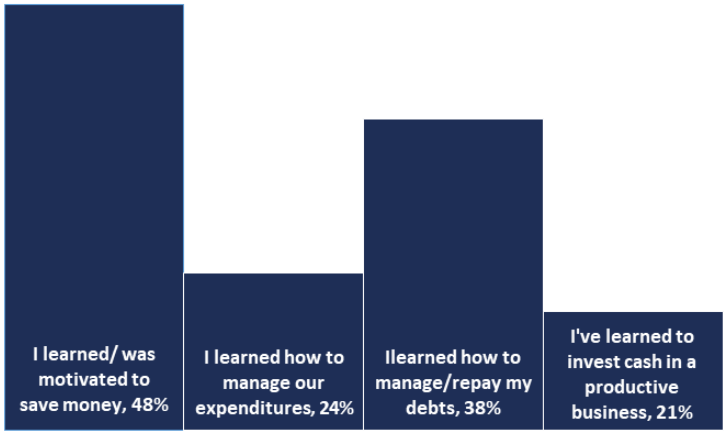
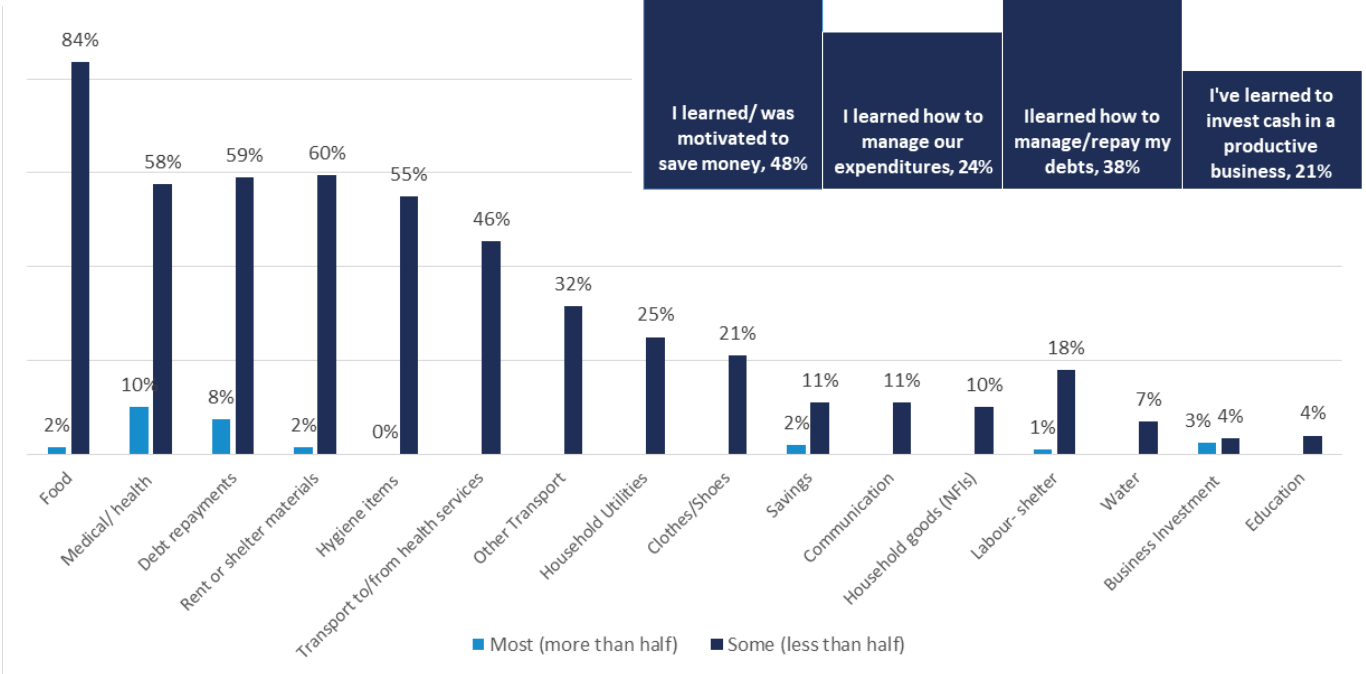


Figure 3. ***Cash expenditure shares by the beneficiary***



[18] CAMEALEON, 2020; Barrientos, A., 2012; Bastagli, F., et al., 2016; Deaton, A., 1992.

beneficiaries group for a small number of HHs, but a general improvement in reducing all debt from HHs. That 20% of the cash was used to pay shelter/ rent also means that their income earnings are not sufficient to pay shelter and meet other basic needs from the income earning activities they are now doing.

Table 15. Level of beneficiary HH debts pre- and post-cash distribution, & of the comparison group

	% Beneficiary HHs in Debt				
	SEVAT (*n* = 186)	PDM 1 (*n* = 122)	PDM 2 (*n* = 122)	Evaluation survey (*n* = 66) Pre-cash distribution	Post-cash distribution*
HHs in debt	90%	86%	88%	76%	53%
Average HH debt amount	2,676,192 IQD (1,811 USD)	1,774,918 IQD (1,201 USD)	2,220,393 IQD (1,502 USD)	1,574,242 IQD (1,065 USD)	184,697 IQD (125 USD)
Debt amount					
Zero	10%	14%	12%	24%	47%
< 0.5 million	16%	25%	23%	24%	36%
0.5 - 0.99 million IQD	18%	21%	21%	18%	17%
1.0 - 1.49 million IQD	17%	10%	11%	11%	
1.5 - 1.99 million IQD	5%	11%	5%	6%	
2.0 - 4.99 million IQD	24%	9%	18%	12%	
5.0 - 9.99 million IQD	7%	7%	6%	2%	
>=10.0 million IQD	3%	3%	4%	3%	

* Figures include only those HHs who borrowed money since May 2021.

EFFECTS ON LOCAL ECONOMY

According to interviews made with market owners, beneficiaries, and FGDs participants, there were no changes in market prices as result of the cash distribution. This is despite the fact that beneficiaries generally made food and NFI purchases at the local markets within Waar City. A few market owners confirmed these spot checks and indicated that most shopped locally because these clients neither have transportation means nor an ability to pay for frequent transportation costs. Because they credited shopkeeper/traders in more distant markets with better quality produce and better COVID-19 prevention practices, they did shop there a few times post cash allowance transfer to purchase the higher quality produce.

BENEFITS FROM FHE TRAINING

"*In the financial training, we gained a better understanding of how to manage our purchases and debts*" – Female FGD participants

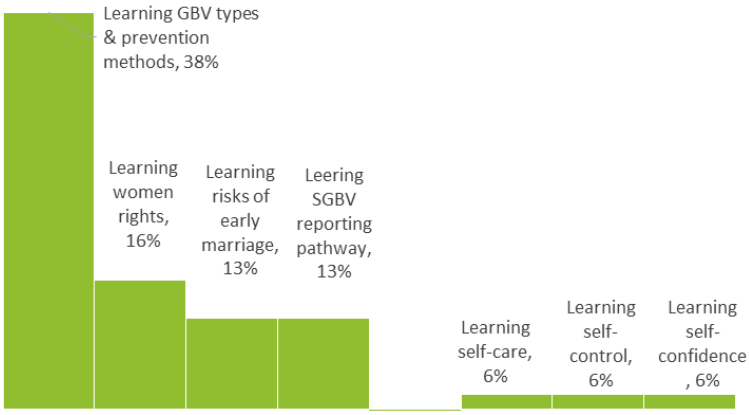
FHE training proved to be effective in creating positive impact on the participants in terms of the knowledge and information gained especially in HH expense and debt management. This was confirmed by the results of the pre- and post-tests conducted as part of the training. Results indicate an improvement in participants' attitude about the possibility to save money and to invest in productive activities, including livelihoods and business start-ups. Almost all interviewed participants (93%) reported usefulness of the training and multiple benefits they gained from it. These benefits were coded and categorized to reflect a summary of the findings (*Figure 4*). Learning how to save money was the benefit most frequently cited by participants (48%), followed by learning debt management and repayment (38%). A few evaluation surveys and FGD participants indicated that they could not fully apply the learnings from the training because they "*have no money or income source to manage*". As attested by a FGD participant, "*In the past we did not take the issue of money saving seriously although we were in debt. Now, we came to know that we should wisely manage our expenses and debts.*"

BENEFITS FROM THE GBV AWARENESS SESSIONS

"*We acquired a greater awareness of women's rights, how to protect ourselves, and how to avoid violence – through this [GBV] training*" – Female FGD participants

Almost all participants (97%) in the GBV Awareness Sessions reported multiple learnings from this activity. The most frequently reported learning (34%) was about the GBV, its types and prevention methods. The training provided participants with knowledge and awareness not only of their rights and how to protect themselves from GBV but also in how to protect their children. This conception was evident among majority of female FGD participants. An apparent outcome of the training was the fact prior to receiving the training that not all participants had adequate knowledge about GBV especially the types. One woman confirmed this, saying "*Before, we thought GBV is only beating women, but now, I have learned that there are several types of GBV – psychological, economic, etc.*"

Figure 5. ***Learnings from the GBV awareness sessions*** *(Evaluation survey)*



MONITORING & EVALUATION

SEVAT served as comprehensive pool of data that can be used as project baseline, while the two PDMs served as end line surveys. Both types of the tools provide sufficient data for comparative analysis of project outputs and impact. GOAL established processes to monitor and evaluate cash distribution during and after the activity. To ensure that assistance was delivered to the target beneficiaries according to the CWG procedures, the project team monitored distributions especially through verification of the names during times when cash was being received.

Random interviews were also conducted with selected beneficiaries regarding different aspects related to the distribution. In addition, post-distribution surveys including PDM (round 1 & 2) were conducted following each round of cash distribution to gather information about the relevance, efficiency, and effectiveness of the assistance. The project team collected information on the actual number of beneficiaries served, the actual transfer value provided, the timing of the distribution, the distribution sites, and other aspects of the distribution process, such as queue management, waiting time, beneficiary verifications, access, security, and safety. HHs' characteristics also covered included, among others: income, expenditures, food security outcomes, coping strategies, perceived problems with the assistance, and modality preferences. All the data from the field were collected and stored digitally using CommCare application which allowed access not only to statistics about beneficiaries but also analytical reports that were designed as required. All M&E work was conducted by the project MEAL officer with field support provided through daily hired enumerators.

ACHIEVEMENT OF OBJECTIVES

The project has nearly achieved the target indicators and even overachieved two of the four main indicators. While 90% was the target for the percentage of HHs and people reporting their needs were addressed in a timely fashion, 98% of the evaluation respondents confirmed this status. Similarly, the percentage of HHs reporting no increase in the level of their debt after receiving the cash has exceeded the target (80%) by 17%. In fact, 65% of beneficiary HHs have their debts decreased and 32% have seen no changes in the debts, compared to the period prior to receiving the cash. Moreover, 47% of HHs said they were not in debt compared to 10% at baseline.

Reaching acceptable threshold of the FCS was another indicator set for a target of 90% in the project logframe. PDM results bring the achieved target closer to that figure with a difference of 2%. The below table describes in summary only those findings related to the M&E logical framework indicators.

Table 16. Project indicators – targets vs. achievement

Indicator	Target	Type	Findings
Objective 1: HHs rendered vulnerable by secondary impacts of C-19 can meet basic survival needs			
% of HHs and people affected by crisis, including the most vulnerable groups, that consider their needs are met in a timely fashion	90%	Output	98% of HHs interviewed under evaluation believed that they had been able to meet their needs especially food – with the use of the cash assistance.

Indicator	Target	Type	Findings
% HHs whose level of debt has not increased following receipt of the cash amount	80%	Outcome	97% of HHs surveyed under PDM 2 reported no increase in the level of their debts (of those, 65% HHs have debt level decreased, while 32% did not change)
% of target population with acceptable FCS - and/or - Individual Dietary Diversity Score (IDDS) in target population	90%	Outcome	88% HHs surveyed under PDM 2 have been within acceptable FCS (>35).
Objective 2: Financial Health Awareness Training			
# of participants trained on FHE training			100% HHs members received training in FHE.

IMPACT

MAIN FOOD GROUP CONSUMPTION

Theoretically, food items are classified into nine food groups to measure food diversity at individual and HH levels. A comparison of the proportions of surveyed HHs consuming individual food groups was made covering the nine food groups (*Table 17*). Results indicate, there were increases in proportions of HHs in consumption over all nine food groups between pre- and post-cash delivery. The main food group with the greatest proportional change (increase) registered was Sugar and sweets group (34%), followed by meat, fish and eggs (33%). By contrast, consumption of legumes/nuts and oil groups decreased (10.7% and 2.3%, respectively). HHs that did increase their sugar consumption did not do so every day. The most common number of days sugar and sweets were consumed was 3.5. Half of the HHs consumed them in less than a day (0.75, median) and average number of days consumed was only one day (1, mean). This increased consumption suggests that consumption in the sugar group may be due to religious holidays or providing a special treat to family. It does not appear to reflect a change in consumption patterns towards more intake of sugar or sweets due to decreased legumes/nut consumption.

Noticeable increases were also observed in the average number of days that the two food groups were consumed: meat, fish and eggs and milk/dairy products groups (32% and 25%, respectively). While milk and dairy products were most commonly consumed every day (mode is 7 days), consumption did vary among HHs. Half of HHs consumed milk and dairy products 5 days per week (median, 5) or less. On average, milk and other dairy products were consumed 4.9 days which indicates that even though consumption of milk and dairy products was not most commonly consumed 7 days, on average HHs still consumed milk 5 days or less. It is to be noted that 83% of HHs consumed meat, fish and eggs after receiving the two cash installments, a 32% difference from baseline. However, the average number of days consumed only slightly improved: 1.2 compared to 0.8 at baseline. Fruit consumption was reported by 69% of HHs with an increase of 14.1% from baseline reporting (55%). Nevertheless, the average number of days consumed only improved slightly for some HHs. The average at baseline was 1 day and 1.2 days at endline with mode and median still at 1 day only.

Based on the distribution of the 2nd cash installment, PDM results show that cereals, grains and vegetables were consumed by 100% of all surveyed HHs, and milk and dairy products by 99%. Eighty-three (83%) percent of HHs consumed meat, fish and eggs, and fruits, 69% after receiving the cash assistance. This represents a 32% and 13% increase in HHs consuming the two respective food groups from the SEVAT baseline. This cash infusion allowed beneficiaries to diversify their diet; however, these data indicate, when average number of days of consumption are compared that HHs did not spend all their money on diversifying their diet daily. As a result, the limited duration of the change in food diversity had limited impact on the increase in their overall protein intake.

Table 17. Food groups consumed by targeted (beneficiary) HHs (SEVAT, n = 186 & PDM, n = 122)

Food Group	% HHs consuming a food group			Number of days when a food group was eaten						
				Average			Median		Mode	
	SEVAT	PDMs	Difference	SEVAT	PDMs	Difference	SEVAT	PDMs	SEVAT	PDMs
Cereals, grains, roots and tubers	99%	100%	0.2%	4.4	4.6	0.2	4	5	7	5
Legumes/ nuts	48%	37%	-10.7%	0.9	0.8	-0.1	0	0	0	0
Milk and other dairy products	74%	99%	25.2%	2.9	4.9	2.0	2	5	0	7

Food Group	% HHs consuming a food group			Number of days when a food group was eaten						
				Average			Median		Mode	
	SEVAT	PDMs	Difference	SEVAT	PDMs	Difference	SEVAT	PDMs	SEVAT	PDMs
Meat, fish & eggs	51%	83%	31.81%	0.8	1.2	0.4	1	1	0	1
Vegetables, leaves	96%	100%	4.0%	3.8	5.6	1.8	3	6	7	5
Fruits	56%	69%	12.91%	1.0	1.2	0.2	1	1	0	1
Oils, fats & butter	99%	97%	-2.3%	6.0	6.4	0.4	7	7	7	7
Sugar or sweets	18%	52%	34.0%	0.3	1.7	1.4	0	1	0	3.5
Condiments and spices	100%	100%	-0.4%	5.9	7.0	1.1	7	7	7	7
			94.72%	26		7.4				

Figure 6 shows percentages of HHs eating specific food groups in the week preceding SEVAT and PDM 1 & 2 surveys, while *Figure 7* shows HHs not eating any specific food groups during the same period. It is clear that a greater variety of food groups were consumed by the beneficiary HHs after receiving the cash assistance. Cereals, grains, roots and tubers are a case in point. SEVAT data indicated consumption for half of the HHs was 4 or fewer days per week even though most HHs (mode) ate these stables 7 days a week. After the cash assistance there were fewer differences in consumption among HHs. The mode and median were 5 days and the average 4.6 days.

Of particular note are changes in the consumption of vegetables/leaves. Using SEVAT, 96% of the HHs consumed vegetables on average less than 4 days per week (3.8 days) with 50% consuming them 3 days or less (median 3). After cash assistance, HHs increased consumption to an average of 5.6 days and median, 6 days. Results indicate that 50% of HHs consumed vegetables 6 or fewer days per week. The decrease in mode from 7 days at baseline to 5 days at endline suggests that because vegetables are less expensive food items than produce in other food groups, HHs still improved their days of consumption but spent on other food groups to introduce variety into diet at least 1 day and for most HHs 2 days. The average at PDM indicates a substantial increase in days consumed.

With 100% of HHs consuming vegetables, the median is now 6 and average 5.6 days. The mode of 5 days, while lower than at SEVAT, suggests that more HHs are eating vegetables on a regular basis and there is more stabilization in consumption.

Statistical differences were calculated in the beneficiary HHs consumption of the nine food groups following the distribution of each of the two cash installments, i.e., PDM 1 and 2. As it is evident in Table 2, increases were achieved in all the food groups, except legumes/nuts. This finding is also supported by FGD results where the majority of participants indicated changes in their diet since receipt of the cash transfer. It is believed that more food varieties were consumed by the beneficiary HHs especially staples, meat, dairy, fruits and vegetables because they had extra money to pay for them and took the opportunity to buy food produce and products which provide protein that they desire -- such as milk, dairy products, meat, fish and eggs - which are more expensive than those they purchase now in the legumes/nuts group.

The topping off of the cash transfer of 400 USD and use of about 200 USD directly towards food items definitely seemed to enable HHs to improve nutrition and raise protein levels of their food consumption. This was to be expected by enabling these vulnerable HHs to diversify intakes from more multiple food groups as well as increase the number of days they can sustain this diversity in HH food consumption. It should be noted that condiments and spices and oil, butter and fats are stable items and compose two of the nine food groups. These items are regularly used in cooking and as such the number of days used may not significantly change relative to other food groups.

Table 18 reveals that the major difference between PDM 1 and PDM

Figure 8. ***HHs eating specific food groups in the week preceding surveys***

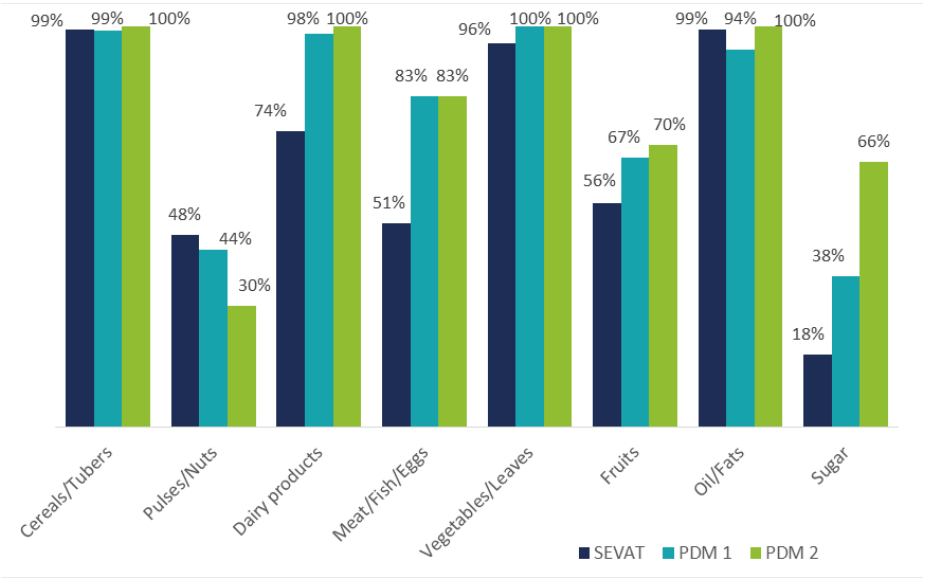


Figure 8. ***HHs not eating specific food groups at all in the week preceding surveys***

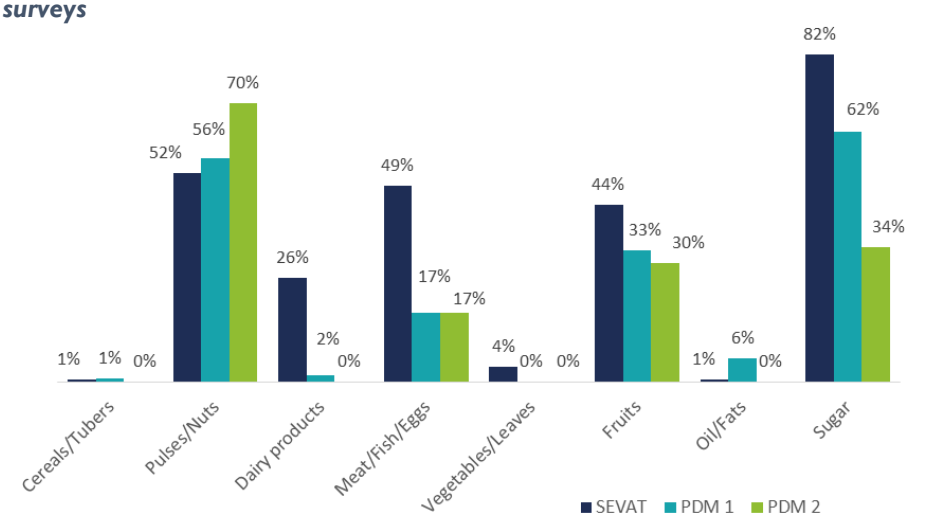
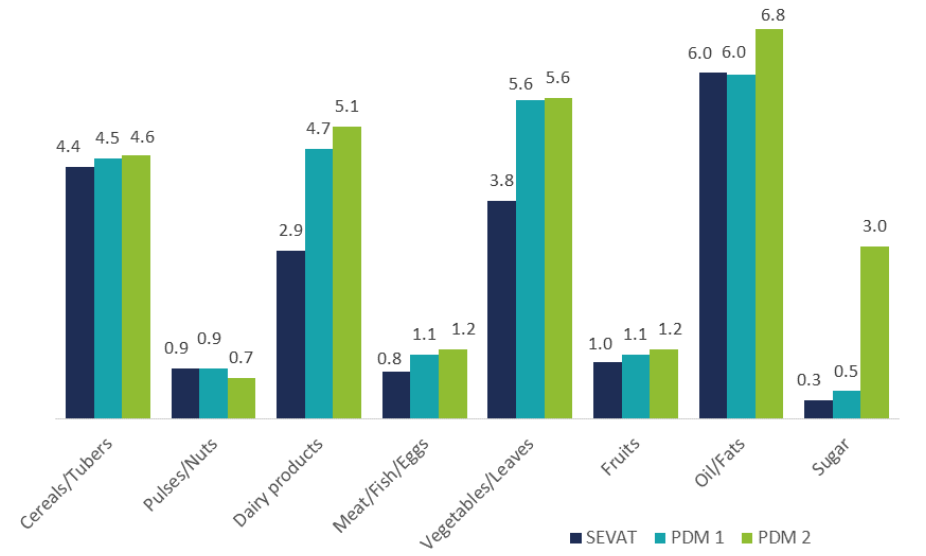


Figure 8. ***Average number of days per week food groups were consumed***



2 results is that there was a 46% decline in consumption of legumes/nuts on average in PDM 2 from PDM 1 and a 43% increase in consumption of sugar. As explained earlier, these data do not indicate a switch in dietary consumption pattern change due to the number of days that sugar and sweets on average were consumed was 1.7 days with half the HHs consuming them in less than 24 hours (a day). For other food groups, few differences were found in average days of consumption between PDM 1 and PDM 2.

Table 18. Days per week food groups were consumed by beneficiary HHs (PDM 1 & 2. n = 122) – Average, median & mode

Food Group	Average PDM 1 & 2				Differences between PDM 1 & PDM 2			
	% HHs	Average	Median	Mode	% HHs	Average	Median	Mode
Cereals, grains, roots and tubers	100%	4.6	5	5	1%	1.0	0.0	0.0
Legumes/ nuts	37%	0.8	0	0	-46%	0.0	0.0	0.0
Milk and other dairy products	99%	4.9	5	7	2%	1.5	0.0	0.0
Meat, fish & eggs	83%	1.2	1	1	0%	0.9	0.0	0.0
Vegetables & leaves	100%	5.6	6	5	0%	1.0	0.0	0.0
Fruits	69%	1.2	1	1	5%	0.8	0.0	0.0
Oils, fats and butter	97%	6.4	7	7	6%	1.8	0.0	0.0
Sugar or sweets	52%	1.7	1	3.5	43%	3.2	1.5	7.0
Condiments and spices	100%	7.0	7	7	1%	1.0	0.0	0.0

FOOD CONSUMPTION SCORE

Food Consumption Score (FCS) is a composite indicator that reflects dietary diversity, food frequency, and relative nutritional importance of the various food groups. It is calculated from a HH's consumption of food over a recall period of seven days. It is a proxy of HHs' food access and is an indicator used to classify HHs into different groups based on the adequacy of the foods consumed in the week prior to being surveyed.[19]

A comparison was made of the number of food groups consumed by beneficiary HHs over the 7-days period prior to the socio-economic and vulnerability assessment (SEVAT) conducted by GOAL project team in April 2021 and following distribution of each of the two cash installments (PDM 1 & 2) to calculate FCS. The purpose was to identify if there had been changes in the number of HHs with higher FCSs from baseline. Based on WFP's pre-established thresholds, the status of HH's food consumption has been indicated through classification of the HHs into three categories: HHs with 0 to 21 scores are considered with poor food consumption, those with 21.5 to 35 scores – with borderline food consumption, and those above 35 scores - with acceptable food consumption. The FCS were calculated based on the number of days each of eight food groups[20] were consumed by a HH over the seven days preceding the survey. Then, the number of days when each food group was consumed by a HH was multiplied by the weight of the food group to calculate the FCS for the HH. Based on the standard weights applied in Iraq, Stables (cereals) have 2 points, pulses/nuts - 3, vegetables/leaves - 1, fruit - 1, meat/fish/eggs - 4, milk (dairy) - 4, sugar - 0.5, and oils/fats - 0.5.

The results reveal an outstanding increase in the percentage of HHs achieving higher FCS. Based on the standard FCS groups, only 41% of targeted HHs had acceptable FCS prior to the cash assistance, i.e. with adequate food consumption. The number of HHs more than doubled (87%) following the cash delivery (*Table 19*). The higher the FCS, the higher the dietary diversity and the frequency of those foods consumed. A high FCS increases the possibility that a HH achieves nutrient adequacy.[21] Theoretically, HHs with poor or borderline food consumption are considered with inadequate food consumption. Insufficient food consumption combined with economic vulnerability results in food insecurity. [22] The percentage of HHs with inadequate food security has decreased almost three times over the period before and after the cash distribution from 59% to 13% (*Table 19*). This indicates that there has been not only a higher variety and frequency of foods consumed, but also there is a greater probability that a HH is achieving nutritional adequacy. Food security exists when "all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life". [23]

[19] UNICEF, 2018; WFP, 2021.
[20] All the nine food groups excluding condiments.
[21] WFP. Food Security Indicators. Training materials.
[22] UNICEF, 2018; WFP, 2009(1); WFP, 2011.
[23] WFP, 2009(2).

Based on WFP's FCS, the SEVAT results indicate that almost two fifths (41%) of surveyed HHs who were selected for the cash assistance had acceptable consumption, with 31% in the borderline category and 28% under the borderline (poor). Most surveyed HHs (93%) have acceptable consumption, with a few (12% and 15% from PDM 1 and PDM 2, respectively) in the borderline category and only 1% n PDM 1 and 2% in PDM 2 under the borderline (poor). Similarly in last week reporting; half of the HHs with an acceptable food consumption were still employing food based coping strategies. Those percentages increase to 90% for border-line and 97% for poor HHs. A common strategy was to reduce adult food consumption so children could eat. Seventy-five percent of HHs with poor food consumption were employed. Those same HHs reported that their main concern was a loss of livelihood. On the other hand, HHs with acceptable FCSs were concerned about COVID-19.

Figure 9. ***FCSs calculated for targeted (beneficiary) HHs before the cash distribution*** *(SEVAT)*

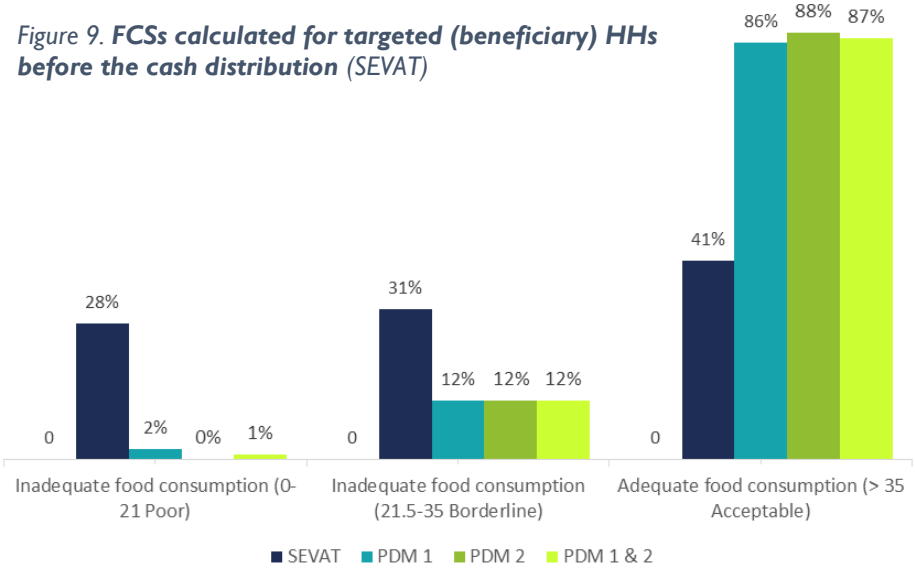


Table 19. FCSs calculated for targeted (beneficiary) HHs (SEVAT, n = 186 & PDMs, n = 122)

	Food Group	% HHs			% HHs		
		SEVAT	PDM 1 & 2	Difference	PDM 1	PDM 2	Difference
Inadequate food consumption	0-21 Poor	28%	1%	-27%	2%	0%	-2%
	21.5-35 Borderline	31%	12%	-19%	12%	12%	0%
		59%	13%	-46%	14%	12%	-2%
Adequate food consumption	> 35 Acceptable	41%	87%	46%	86%	88%	2%

DIETARY DIVERSITY

As indicated in the Effectiveness section, there was a slight increase in the per capita monthly HH expenditure on food. This finding was also corroborated by FGDs when the majority of participants indicated that they didn't observe any change in the quantity of the food consumed at their HHs. While sparing no efforts to keep their children from hunger, FGD participants referred to the importance of wisdom of moderation in food consumption. These positions were clarified by female FGD participants, saying "*The quantity of food we have consumed before and now has not seen any change. We will do our best to keep on feeding our children even if we borrow money*", and "*Cooking more food means wastage. Therefore, we adhere to our common food quantity standards before and now*".

Analysis of PDMs results shows that all respondent HHs (122) have achieved minimum dietary diversity by having at least five of the nine food groups. This means that they are likely to have a higher micronutrient adequacy as they achieved the threshold of food items from at least five groups. Theoretically, those HHs consuming foods from five or more food groups have a greater likelihood of meeting their micronutrient needs than HHs consuming foods from fewer food groups. This is true if the sugar and sweets group is not introduced as a substitute for one of the protein or nutritious vitamin rich food groups.

HHs consuming 4 or less food groups over a period of one week are considered with low dietary diversity. [24] Based on this analysis, percentage of HHs with minimum dietary diversity has increased, compared to the pre-cash distribution period, with a statistical difference of 13.2. As *Table 20* shows, 86% of targeted HHs achieved minimum dietary diversity by having 5 and more food groups during the 7 days preceding the SEVAT survey, i.e., prior to the cash distribution. With the ability of the HHs to buy more food, this percentage has increased to 100% after the cash distribution.

[24] UNICEF, 2018; WFP, 2011.

Nine food groups were the most frequently consumed (by 34% HHs), followed by 6 food groups and 8 groups. The average number of food groups consumed over the 7-day period was 7.5 which is 1.1 points higher than the average (6.4) calculated for the period prior to receiving the cash assistance. Note that these groups include condiments and spices and oils, butter and fats. Products in these groups may not necessarily be purchased each month. The latter demand for monthly purchase would depend on how much of the oils, butter and fat group can be saved and reused for cooking meals.

Moreover, it is not just the number of groups that enhances food nutrition but the combination of food groups chosen to purchase products. There is a big difference in quality of nutrition if you combine cereals, tubers, etc., with meat, fish and eggs; dairy; and vegetables than if you combine cereals, legumes, sugar, fruit, and dairy. Moreover, condiments and spices, and oils and fats are regular parts of the diet and may or may not be necessary to purchase on a monthly basis. These two groups would automatically be included among the 5 or more groups. A key concern would be if sugar and fruit were chosen as basic items over any combination of the other six.

Table 20. Number of food groups consumed by targeted (beneficiary) HHs (SEVAT, n = 186 & PDMs, n = 122)

Number of food groups consumed	% HHs			% HHs		
	SEVAT	PDM 1 & 2	Difference	PDM 1	PDM 2	Difference
2	1%		-1%			
3	2%		-2%			
4	12%	1%	-12%	2%	0%	-2%
5	17%	7%	-10%	9%	6%	-3%
6	20%	25%	5%	28%	21%	-7%
7	20%	20%	0%	21%	20%	-2%
8	16%	15%	-1%	7%	24%	17%
9	13%	32%	19%	34%	30%	-4%
2 – 4 groups	14%	0.8%	-13.2%	1.6%	0%	-1.6%
5 – 9 groups	86%	99.2%	13.2%	98.4%	100.0%	1.6%

COPING STRATEGIES

Coping strategies are a set of actions deployed by people to address family needs in response to shortage of food. They can be food-related or livelihood-related. These strategies undermine a HH's ability to access food because they erode fragile resources, affecting a HH's food security. Food coping strategies capture the frequency of adoption and severity of food-related coping behaviors. Actually, food security is an outcome of the livelihood strategies (i.e. coping strategies) adopted by a HH. [25]

This evaluation is based on the most food related coping strategies, grouped as reduced Coping Strategy Index (rCSI)[26], which is formulated by including the most common behavioral changes in response to food shortages[27] (*Table 21*). A higher rCSI implies that the HH adopted more strategies to cope with lack of food or access to food in the past week. Usually poor and food insecure HHs have higher rCSI scores, which means they are resorting to more severe strategies to compensate for shortfalls in food consumption. The higher the CSI score, the more likely it is that the HH is affected by food insecurity. [28] This study compared the reduced CSI, which was calculated for the respondents under SEVAT and PDM 1 and 2, to identify the variation. A reduced CI was calculated by summing up number of days a HH had to employ a strategy on the list of 5 strategies (*Table 21*) during the 7 days preceding the survey in order to cope with a lack of food or money to buy it.

The analysis results show that there is a considerable reduction or even no use of a certain number of strategies after cash assistance (PDM 1 and PDM 2). Negative coping strategies are linked to the HHs' inabilities to meet their basic needs during the 7 days preceding the survey. This ranged from 100% before the cash distribution to 13% and 1% after distribution of the first and second cash installments, respectively. The most frequently reported

[25] UNICEF, 2018; WFP, 2009(2).

[26] Reduced CSI is a standard list of five coping strategies.

[27] Coping Strategy Index (CSI) provides an insight into how HHs manage and cope in times of limited access to food. It is based on the frequency and severity of different types of coping strategies. The higher the CSI score, the more likely it is that the HH is affected by food insecurity. WFP, 2009(1).

[28] UNICEF, 2018; WFP, 2009(1).

strategy was "Shifting towards cheaper and less quality food items" (85% HHs). As indicated in *Table 21*, 95% of targeted HHs deployed all or some of the five coping strategies (Reduced CSI) during the week preceding the SEVAT assessment. Following the receipt of cash, the percentage of HHs resorting to the coping strategies considerably decreased to 36% after distribution of the first cash installment and to 32% after distribution of the second cash installment. By June 2021, only two of the most common food related coping strategies were being applied by beneficiary HHs. "Eating less expensive and preferred food that is low quality and less nutritious" was still the dominant strategy used by 24% of the beneficiary HHs after receiving the cash assistance. The second most frequently used strategy (65% of HHs) was "reducing the number of meals," which was reduced to 0% after the 2nd cash installment distribution. The third coping strategy that also continued though substantially reduced, was "Consume less food during meals". Its use decreased from 62% at baseline to 0% also after the 2nd cash installment distribution. The fourth strategy was "Borrowing food or asking assistance from relatives and friends ". At SEVAT it was used by 53% of HHs; it reduced to 4% of HHs after PDM 1 and 2% after PDM 2. Using the negative coping strategies is linked to the HHs' inabilities to meet their basic needs during the 7 days preceding the survey, which ranged from 100% before the cash distribution to 13% and 1% after distribution of the first and second cash installments respectively *(Table 21)*.

While there was a significant reduction in the use of the coping strategy among beneficiaries, two coping strategies reported by the non-beneficiary comparison group warrant attention. Fifty percent (50%) of these non-beneficiary HHs used "borrowing credit from market vendors" and 19% used their savings to pay for food. This indicates in the past month that economic hardship existed and needs had to be addressed. The cash assistance transfer combined with financial management and GBV training have been helpful to reduce use of these copying strategies but has not eliminated them from this vulnerable group of refugees and host community HHs. Of particular concern among those recipients of cash transfers is that 24% after PDM 2 are still coping by shifting to cheaper and lower quality food items.

Table 21. Coping strategies used during the 7-days preceding survey to meet HH basic needs

	% HHs adopting this strategy			
	Project Beneficiaries			Comparison Group
	SEVAT (*n* = 186)	PDM 1 (*n* = 122)	PDM 2 (*n* = 122)	Evaluation Survey (*n* = 16)
Reduced coping strategies				
Shifting towards cheaper and less quality food items	85%	24%	23%	13%
Borrowing food or asking assistance from relatives & friends	53%	4%	2%	56%
Reducing the number of daily meals	65%			
Consume less food during meals	62%	1%		
Curbing the adults' need to ensure food needs of children	46%	1%		6%
Other strategies				
Sold productive assets or means of credit	NA	2%	1%	
Spent savings	NA	5%	7%	19%
Reduced HH expenditure on health	NA	1%		
Collected waste material	NA	1%		
Bought goods on credit from vendors				50%
Other				13%
HHs not able to meet their basic needs	100%	13% (& 4% somewhat)	1% (& 12% somewhat) *	81%
HHs using either of these strategies	95%	36%	32%	100%

* 2% HHs in beneficiary evaluation survey were not able to meet their needs.

BENEFICIARY PERCEPTION ABOUT IMPACT OF CASH

Asked how cash had improved their family's well-being, 48% of interviewed HHs stated that the cash assistance has improved their living conditions (versus 52% who somewhat agreed with this belief.) In addition, 45% HHs reported that it had reduced their financial burden (versus 53% for somewhat agreement). All evaluation respondents confirmed that the money their families received had made a significant impact – at someway or

another. Apart from other afore-mentioned impact of the project support, PDM respondents were asked to state their perceptions about the impact of the cash in enabling them to address some basic family needs, which were they were not able to do otherwise.

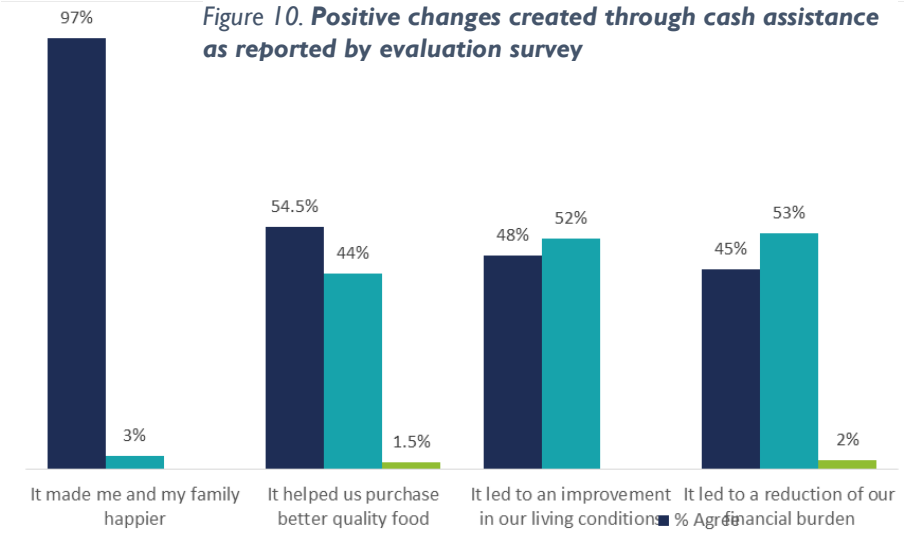
Access to better medical care was the most frequently reported impact (63% HHs), followed by the ability to obtain more food for family consumption, repay their debts, and pay their apartment rent. Actually, these were the priority needs of the targeted group. Each was addressed with the cash assistance. Nutrition and food consumption of children or investing in some productive asset had much lower priority scoring. The things that beneficiaries were able to do with cash assistance that they would not be able to do otherwise indicate the high vulnerability of these HHs to just coping with basics of livelihood: Keeping family members healthy, accessing food, reducing their economic dependency and debts, and paying rent to secure shelter.

Table 22. Beneficiary perceptions about impact of cash assistance (n = 122)

Things that beneficiary HHs were able to do with cash assistance that they would not be able to do otherwise	% HHs		
	PDM 1	PDM 2	**Average**
Family has been able to access good medical care	61%	66%	63%
Managed to acquire more food to eat	56%	65%	60%
Repay debts	52%	57%	55%
Pay rent	56%	43%	49%
Family is eating more variety and nutritious food	11%	2%	7%
Invest in productive assets for income generation/livelihoods	9%	4%	7%
Children are eating more often than before	7%	2%	5%
Other, specify		2%	2%
The project has had no significant impact on the family		0%	0%

At family level, the cash assistance is believed to have helped beneficiary HHs in three major ways: Purchase better quality food (54.5%), reduce financial burden (45%), and improve their living conditions (48%). In addition, specified by them as having the greatest impact of the cash assistance program was "it made them happier than before" (97%) (*Figure 10*). The low agreement level on purchasing better food quality could be justified by the fact that about half of the monthly cash assistance provided to HHs was spent on purchasing food items. The fact that HHs spent the cash on some other priority needs including repayment of their debts justifies this divergence. To expect them to spend all the cash allowance on food may be unrealistic. Female HH heads stated they do not want to waste food by preparing too much. Moreover, buying cheaper but using skills in selection to get better quality for less money is not unreasonable as a smart coping strategy. Buying lower quality could mean less fresh or it could mean lower quality cut of meat. If you are shopping for the day's meal, buying less fresh may be acceptable and a lower quality may mean a larger piece so more family members can eat. These coping mechanisms do not mean they don't care about quality; they care about providing adequately nutritious meal for the family. It is evident they are aware of nutrition from the way beneficiaries diversified their food consumption. Moreover, these vulnerable HHs not only eat but daily face other living conditions in crisis that can be attended to while still improving their food consumption. The cash assistance has led to an improvement in their living conditions and a reduction in their financial burden. It has offered a way to care for sick family members as well as improve their diets and food intake.

Figure 10. ***Positive changes created through cash assistance as reported by evaluation survey***



The evaluation results also reveal that the project beneficiaries enjoy better women empowerment and improved family conditions than the comparison group (*Table 23*). Due to the small sample size of the non-beneficiary group, the question about women's role in decisions on HH's expenditure was posed to both men and women respondents and not to women respondents only as the case with the

project beneficiary group. That could account the reason about the slight difference in the attitudes of respondents from both groups about this aspect.

Considering that non-beneficiary respondents were also of low income and low employment opportunities, this group generally found themselves unable to provide better quality food for their families which is mostly attributed to these two reasons: Majority of the comparison group respondents have financial burden and the absolute majority do not feel they enjoy good living conditions (*Table 23*).

Available data do not help establish the preposition that cash assistance can reduce stress around HH finances and promote social cohesion at community level. Not only more training is required to address the causes of stress and to seek solutions from members of the community, but a single initiative is seldom a solution to a complex interwoven problem. A single initiative, however, can and seems to have been instrumental in awareness- raising and follow up may kick start local initiatives in stress reduction.

Table 23. Comparison group perceptions about their life conditions (Evaluation survey, n = 66)

	% Respondents/HHs		
	% Agree	% Somehow Agree	% Disagree
I believe a woman in this community has a greater say in decisions on HH expenditure.	75%	25%	
I have been able to buy better quality food for my HH during the past two months (May-June 2021)		25%	75%
Our HH's living conditions are good.		19%	81%
We do not have any financial burden.	25%	19%	56%

GBV

Based on literature, outcomes of cash transfer programs include reduction in risk or exposure to GBV through: improved distribution of HH decision-making power; reduction in intimate partner violence; reduction of risk or exposure to sexual harassment, exploitation, or abuse; reduction or prevention of forced and early marriage; and increased asset ownership or control over resources.[29] An attempt was made to identify impact of the GBV awareness sessions on the 32 HHs (48%) that participated in the GBV awareness sessions. However, lack of access to open spaces and to outdoor recreational and entertainment spaces have inhibited especially participants to overcome their home confinement and isolation.

GBV awareness sessions helped participants to talk about incidences of violence committed against them at home. The FGD sessions did also motivate participants to report cases when they used the learnings from the session to claim their rights. Several FGD participants gave evidence on the fact that the sessions were "extremely beneficial". Two cases are worth of mentioning out of the three who subsequently made a cash investment in starting up businesses. A divorced woman who was living with her parents said that her father was not allowing her to work outside the home since she is divorced and this could bring shame on the family. After she became more aware of her rights, she managed to persuade her father to let her work in one way or another. Another woman indicated that her husband tried to compel their daughter to marry her cousin. After this training, she was more conscious and protective of her daughter's rights. She fiercely stood against her husband's plans and made him to forgo his intention.

DECISION-MAKING & FAMILY RELATIONS/DYNAMICS & LIVING CONDITIONS

"*My kids were so happy when I managed to buy for them clothes for Eid*" – A beneficiary refugee woman

Impact of the cash assistance can be measured through changes brought about in the lives of beneficiaries at relevant aspects. All female evaluation survey respondents generally believe that the cash assistance gave women a greater say in decisions on HH expenditure. Results indicate that 92% agreed on this impact and 8% somewhat agreed to it. This belief is supported by PDMs and evaluation survey results, which indicate that female heads of HHs decided, more than male heads of HHs, on what to purchase with the cash they received or how to spend it - with a statistical difference of 14%. Women reportedly made the purchases more than their spouses with a difference of 13%. Elder and other family members had a lower say in the decision-making (*Table 24*). Majority of

[29] Allyson Cross, et al., 2018.

FGD participants have a slightly different perception on how purchases are made. They indicated that family decisions are usually taken by both spouses together and in case of female-headed HHs, i.e., widowed or divorced women, by the women alone

Women's participation in the decision-making, i.e., making informal family decisions, solely or jointly with their spouses indicates some kind of empowerment especially at family level. Based on literature, cash is hypothesized to have less tangible impacts on women's empowerment and HH decision-making processes specifically because its main purpose is to alleviate poverty and credit constraints for poor HHs. However, it is believed that when women have more resource control (cash in this study), they would have a greater bargaining power and a larger role in decision-making. [30] The cash assistance and the two complementary trainings certainly led to improved distribution of HH decision-making power on how to use the cash. It has also increased asset ownership or control over this resource for female-headed HHs. However, these increases still are less than found in the comparison group where 56% of female heads of HH have authority and 31% have authority as join male and female HH decision-makers.

Table 24. Cash use and decision-making authorities

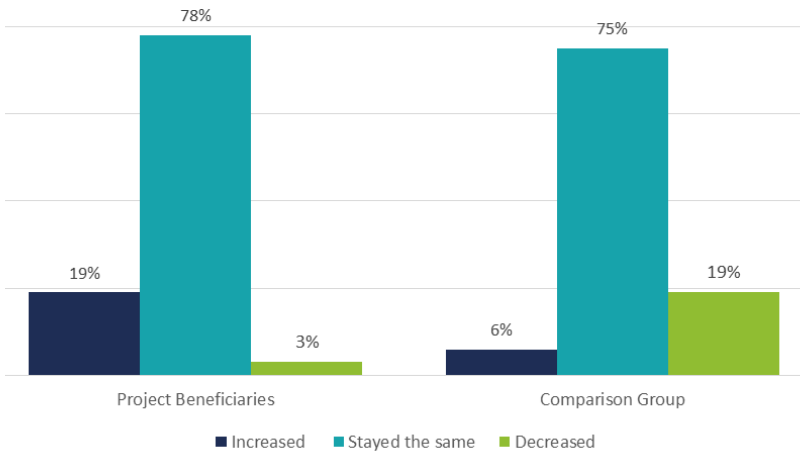
	Who spent the cash & made actual purchases	Who decided on how to spend the cash		Who decide on how to spend the HH income
Authority person	Beneficiaries			Comparison Group
	PDM 1 & 2 (*n* = 122)	PDM 1 & 2 (*n* = 122)	Evaluation Survey (*n* = 66)	Evaluation Survey (*n* = 16)
Male head of HH	33%	14%	33%	13%
Female head of HH	45%	28%	44%	56%
Jointly male & female heads of HHs	15%	55%	21%	31%
Adult male son	10%	0	14%	6%
Adult female daughter	2%	0	18%	
Elder family member	5%	3%	5%	
Other	1%			

COMMUNAL RELATIONS

Majority of participants (66%) have not participated in any social activities or events since April 2021 (versus 34% for participation). The main reasons were lack of social activities or events in the proximity of their residences (38%) and lack of financial resources to access public spaces outside Waar City. Deteriorated health conditions of family members and concerns from COVID-19 pandemic were other reasons reported by 24% of respondents.

The comparison group had a better level of socialization with 50% of respondents reporting participation in the social activities while the remainder 50% did not participate due to the same afore-mentioned reasons given by participants. Accordingly, relatively similar percentages of beneficiaries and non-beneficiaries reported no change in their socialization level now compared to the period before April 2021 (78% versus 75%). However, the beneficiaries experienced more improvements in their status with a statistical difference of 13%. (*Figure 11*)

Figure 11. ***Status of socialization for project beneficiaries & comparison group*** *(Evaluation survey)*



The most common positive spillover effect of the cash assistance across the literature is psychosocial wellbeing, such as reduced anxiety and increased safety and morale in addition to increased ability to participate in social activities and community practices. Negative spillover effects include impact on community relations due to jealousy from non-beneficiaries and

[30] CAMEALEON, 2020; Nash Jr, J. F., 1950.

allegations of corruption in the selection process. The cash assistance did not cause disagreements within the beneficiary HHs, as indicated by almost all PDMs respondents (99%) and by majority of evaluation respondents (98%) (*Table 25*). At the level of family transparency, 67% of PDMs participants indicated that they shared the cash, or what they bought with it, with other HH members. Similarly, the majority of beneficiaries (95% in the PDM and 80% in the evaluation survey) did not believe that the cash assistance created tension between them and other members of the community because of jealousy over the cash assistance. This was confirmed also by almost all key informants. However, a few FGD participants indicated that some community members were grumbling about the reasons for not selecting them and were trying to complain about the process. Unlike food and other in-kind support, beneficiaries in general did not want to share information about the cash support with neighbors and other community members for different reasons. This was attested by several FGD participants particularly women. This is encouraging especially that reportedly tensions existed between host population and refugee communities in some KRI's cities because of rising rent prices. [31]

Table 25. Impact of cash assistance on family & communal relations

		% HHs	
		PDM 1 & 2 (*n* = 122)	Evaluation Survey (*n* = 66)
The cash assistance caused disagreements within beneficiary HHs	Yes	1%	2%
	Somewhat	1%	
	No	99%	98%
Beneficiaries shared the cash, or what they bought with it with other people living in their HHs	Yes	67%	
	Some of it	2%	
	No, none of it	31%	
The cash assistance created tension between them and other members of the community	Yes	3%	
	Somewhat	2%	
	No	95%	
Other members of the community were jealous of beneficiaries because of the cash assistance	Yes		11%
	Somewhat		9%
	No		80%

COVID-19 PRECAUTIONS AND EFFECTS ON OUTCOMES

COVID-19 precautions and regulations on social distancing were kept during interviews, KIIs, FGDs and feedback sessions. Adequate COVID-19 protection measures were considered during beneficiary assessments, trainings, and cash delivery. It was always made mandatory for project team members to wear masks especially when interacting with beneficiaries and other people. The two trainings were accommodated in large hotel rooms that allowed for keeping sufficient social distance. The same is true for cash distribution such that sufficient distance between each person and another was maintained. It was also made mandatory for all beneficiaries to wear masks while attending the trainings or receiving the cash. The same rules were applied during the evaluation data collection process.

Project beneficiaries applied restriction regulations during time of marketing. There were also aware of those who did not follow required restrictions and made choices on where to interact with them in making purchases, traveling, and managing their food and cash sources. Majority of beneficiaries reported that they took COVID-19 precautions when travelling to the markets - either always (36%) or sometimes (35%), while only 39% reported otherwise. This included wearing masks, being fully covered, and keeping social distance from other shoppers and other shopkeepers. Because HHs had become aware of Covid-19 health risks and recommended and required precautions, 66% of PDM respondents reported that the same level of safety they used was not respected by the market traders, especially in the markets within or in close proximity to Waar City. Protection measures taken by the remainder traders (only 34% of respondents) involved wearing face masks (66%) or wearing both masks and gloves (44%).

Decisions to spend money on transport costs to go to safer and larger markets in part was affected by COVID-19 precautions. Almost all beneficiaries (99%) reached the markets with no problems and 54% with no transportation cost. i.e., (the nearby local markets) For 46% of beneficiaries, the average transportation cost was

[31] MERI, 2017.

4,117 IQD (2.8 USD) to reach the markets where they usually spent their cash, Before the cash transfer (i.e. the more distant markets), beneficiaries said they mainly shopped in local shops/markets and bought lower quality and less fresh produce which were cheaper. After cash transfer, they still shopped there for daily purchases. However, because the cash transfer enabled them to pay transportation costs and go to the better Domiz area markets and purchase higher quality and fresher produce they did a few days a month. This choice helped them improve the nutritional value of their food intake and also buy larger quantities of produce that could be stored for the same transportation incurred costs of a ride for normal daily food shopping. The market shopkeepers were also more likely to maintain COVID-19 restrictions so they felt at ease and happy being able to shop in the better Domiz markets (i.e. more shopkeepers wore masks and gloves and respected distances in these markets)., COVID-19 risk factors may have contributed to a more frequent use of the Domiz area markets once they received the cash transfer. This decision may have also impacted on their reduction in credit use to make purchases. Moreover, food outcomes resulted in reportedly better-quality produce and fresher and thus of higher nutritional value than the less fresh and lower quality produce sold in the local markets. Reduction in risks of exposure to COVID-19 may have also occurred there due to higher frequency of mask use by shoppers and shopkeepers.

The most striking impact suspected to result from the COVID-19 pandemic is on share of household expenditures gong for medical/health and treatment expenses. As indicated in Table 13, at SEVAT, 17% of HHs expenditures were for health-related expenditures where the average was 68% for both PDM 1 and PDM 2 groups by June/July 2021 when COVID-19 risks were high. In PDM 1 and 2, 10% HHs spent more than 50% of all expenditures on health-related expenses, 58% spent some (less than 50%) and 33% spent none for an average of 68%, changing spending patterns of HHs of target refugee and host community. From the surveyed HHs, 78% spent money on health/medical care. The increased share of spending in health care even occurs while there is a slightly lower percent of HHs having at least one sick member (from 64% at SVAT to 48% at Evaluation)

The cash transfer was critically important during the early stages of COVID-19¸to enable female and male heads of household to make strategic decisions on spending choices and priorities, where they are able to spend safely, for what items they considered important to keep them healthy and free from COVID-19 incidence. While many of the targeted HHs lost their temporary/informal jobs and other livelihood activities during the intense COVID-19 period, the cash support "came at the right time", as indicated by several beneficiaries and stakeholders to reduce their financial burdens. The beneficiary HHs were not only enabled to address some of basic life needs especially food, medicines and health care but also \to address some other HH needs such as payment of rents and debts, which could not be done previously especially due to the impact of the pandemic. As it is known, one of the main livelihood sources of the targeted community was temporary/informal jobs (skilled and non-skilled labor), which were highly affected by COVID-19.

The cash and training support also had impact on the family dynamics. While COVID-19 obliged almost all HHs to be confined at home, the requirement to travel to Dohuk city to attend trainings and receive cash, and then to convert the cash into USD and do sopping to obtain the required goods or services had another advantage for the beneficiaries particularly women. This was an opportunity for female-headed HHs and the women in general to break the house isolation and gain access to normal/ social life.

SUSTAINABILITY

In view of the effectiveness of the cash assistance and multiple benefits reported from the FHE training and GBV awareness sessions, the investment in cash transfer injection and learnings from the two trainings have the potential as a catalyst for longer-term sustainability of improvement in productive assets for the targeted vulnerable HHs. While many calls by beneficiaries, non-beneficiaries, and stakeholders requested continuation and expansion of the cash support, there were still a considerable number of beneficiaries who believe there is also a need to have long lasting solutions for the daily challenges they face. These refugees would like to become less dependent on external help, which they usually view as emergency and short-termed. They realize that while they help them, they do not help them achieve permanent solutions to addressing their multiple needs. Sustainability of the food security level achieved by project beneficiaries depends on their ability to have sustainable income sources through appropriate employment opportunities and less dependence on credit indebtedness to meet short- and long-term needs. Not all the HHs have members in the workforce age or with ability to work so they are seeking other durable solutions that can reduce their vulnerability.

The importance of understanding the family priority needs and productive capabilities may also affect whether cash transfer assistance can be effective even on short term. Another factor learned is that sustainability of the project outcomes and impact could be hindered if trainings and targeting of savings mobilization and business and upgrading of labor skills are not targeted to relevant members. This assumption is evident in the evaluation findings that indicate only 17% of the cash recipients have been able to save some of the cash assistance beyond the two months of support. Each of these concerns was also highlighted by key informants as well as FGD participants.

The impact of the FHE training also was not as evident on participants as that of cash assistance or the GBV awareness sessions. This could result from the fact that MPCA is too small to contribute much to outcomes across multiple sectors.[32] It could also be due to the limited time period cash assistance was offered compared to other evaluation studies of longer-term programs. The successful impact of the GBV trainings may have had greater effectiveness because it was relevant for them to see how and why they need to address these issues for themselves and for improving the lives of their female children in effective, practical and empowering ways. For many women it was also the first time they have been exposed to such gender and development training.

Usually impact of cash-based interventions of small monetary value do not have long-term sustainable impact. This approach is widely recognized as effective mainly for emergency and immediate post emergency situations. As food intake becomes more stable and more nutritious, there is preference both by the vulnerable families for help that enables and empowers them to address their economic and social root causes of their vulnerability. Therefore, sustainability of future interventions of cash support would not be possible only through GBV training but also through the addition of more practical economic, vocational and gender empowerment trainings. These re not only have been stated as welcomed but appear to be effective and relevant when phased into post-conflict development assistance for having lasting impact on reducing vulnerability.

LEARNINGS

Below are the most significant learnings or lessons learnt which were put together based on the interviews with the beneficiaries and the stakeholders.

Project Design & Approach

- Supporting vulnerable people with unconditional cash assistance gave them the choices to spend it on their priority needs. That is why cash support has been appreciated and considered the preferred modality of support by all beneficiaries and stakeholders. In fact, it was confirmed as an effective method of supporting vulnerable people in a sensible, dignified, rapid and integrated manner.
- The support was provided in a way that upheld the safety, dignity and preferences of beneficiaries following people-centered approach that placed choice and responsibility of the cash spending in the hands of the beneficiaries including access to SMEB.
- Taking a 'blanket' approach to setting the level of support, i.e., amount of cash was seen by a few stakeholders/key informants as an inadequate procedure. Different vulnerabilities within HHs are necessary to be considered when determining the amount of support. HHs headed by elderly or disabled people, or women who are not capable of working outside the HH may need more money than HHs with better income sources or with workforce age members.
- All the cash assistance was intended to cover the HH's SMEB that includes food, water shelter, HH goods (non-food items (NFI)), transportation, communication, and debt payment Cash was not only spent on these items, but also on other needs such as education and business investment. It was also not the sole source of economic support for all; however, it was used as a supplement or "topping off", thereby reducing their use of other coping strategies to meet these needs. Food coping strategies were most reduced and center on food reduction, lowering food quality selection, and borrowing to make food purchases.
- In view of the fact that the cash distributed was not only spent on purchasing food and other items within SMEB but encompassed a broad range of sectors supports the assumption that cash is not and was never

[32] UNHCR, 2018.

intended to be a standalone solution to meeting cross-sectoral HH needs. This is an aspect that should be taken into consideration when interpreting project outcomes and impact.

- MPCA without sectoral interventions cannot meet all the needs of vulnerable populations. Neither cash nor other support modalities alone address root causes of protection (from GBV) with individuals or within communities.
- The likelihood of successful assistance solutions to meet daily needs of refugees and other high risk HHs will result from developing varying the appropriate solutions and applying them strategically to reach specific populations and achieve positive results with the participation of vulnerable peoples, government agencies, and aid agencies together.
- Inclusion of the GBV component in the project design has proved to be duly appropriate and needed. A common rationale for gender-based targeting in the literature is that women are more likely to spend transfers for the good of the HH, while men are more likely to spend them on temptation goods like alcohol and tobacco. GBV trainings also enable women to be more confident in expressing their priority needs for the family and taking more initiative to reduce inequalities in accessing the benefits from the intervention. It also raises respect and dignity of the females in the HH as they articulate more their own and HH needs and take part in managing solutions agreed upon jointly with males in the HH.
- Although cash assistance was highly needed and used by the targeted group to address their priority needs, it is not seen as a more durable and lasting solution to meet the complexity of challenges faced by vulnerable people, especially refugees. Noteworthy is that there have been calls from them for more institutional level support to support these needy people with livelihoods and employment services. They want to be resilient and cope with their refugee status, decrease their vulnerabilities and move on with their lives. Emergency assistance has been and is essential and it is recognized for its impact on their dire situations. However, they fear it might end when they are not capable of being food and economically independent. They do not want to fall back, increase their debts, and eat less nutritious food or not be able to pay for health care. They want grounding in productive assets to be able to forward with more security in their lives.
- That 97% of beneficiaries were happy with the transfer indicates they appreciated the fact that during these months they were more independent and could make decisions for themselves on cash use and they could pay down some of their debt. It was a step towards more independence.

Management & Coordination

- The close-knit nature of the CWG allowed for more coordination with the partners and the opportunity to propagate learning and knowledge sharing through training of the project team. It also provided support to the beneficiary selection process.
- Usually, stakeholder engagement makes work easier, and involvement of the community creates empowerment. These two aspects were not highly evident in this project process. Consideration of these could have been an asset for the project. It is vital that the community voices are heard, and their concerns are addressed through community forums to eliminate misconceptions like inequitable selection of the beneficiaries (This was reported by the no-beneficiary group). This will enhance transparency and accountability to the beneficiaries and other community members during and after the implementation. Limitations on holding community forums existed, however, due to COVID social distance guidelines.
- Forging partnerships with other stakeholders in development such as food, livelihood and protection clusters could have maximized the project impact and contributed to promoting its sustainability. This may be advised to be done especially through referrals or linking beneficiaries to their respective programs.

Transparency & Accountability

- Absence of interference by external actors through limiting their role was seen by the beneficiary community as a right procedure. This procedure helped provide project beneficiaries -- FGD participants and key informants, specifically -- with a sense of transparency and equitability in the selection procedure. It also may have given a signal that their community leaders might not be positive actors. This will require further study.
- GOAL established a beneficiary feedback and complaint mechanism to capture potential shortcomings or mismanagement of the cash transfer/distribution and other relevant project aspects. This mechanism included

a hotline that was communicated to the beneficiaries through different means. The hotline was specifically present and working at the cash distribution sites. Evaluation results indicate receipt of no complaints.

Livelihoods

- The targeted community, especially the Syrian refugees, have a large base of labor force in skilled labor and professions that, if utilized properly, can become agents for development and a crucial resource for the economic improvement in the Dohuk and Kurdistan region. In this way, they can transform "… from being passive recipients of aid, to agents of change who work for a brighter future of their children".[33]
- The physical availability of food is determined by level of food production and access to stock levels at reasonable prices. To enable vulnerable people to have a sustainable source of income, supporting them in food producing activities, such as home gardens and access to agricultural land would be helpful. . Given some of the business skills and experiences of the Syrian refugees and local residents, offering training and public/private business development support to those with business experience and graduate degrees may also help them set up food import channels or food/HH goods stores to service their communities.

Mental Health & Psychosocial Support

- The Syrian refugees need more support especially in terms of MHPSS including psychological sessions, psycho-social support (PSS) activities and services like access to recreational and entertainment spaces. Women are always confined in house and there are no public spaces in Waar City where they can go out of their houses and gather communally.
- Almost all FGD participants highlighted the need for women to be empowered and economically independent through offering them access to employment opportunities and employment promotion services.

[33] Skovdal et al, 2013

CONCLUSIONS & RECOMMENDATIONS

GOAL supported 186 HHs in Waar City, a residential complex in Dohuk Governorate with a majority of renters from the Syrian refugee community, with cash assistance and complementary training program support. The most vulnerable HHs were selected by GOAL in April 2021 by using the CWG's SEVAT. The impact of this tool's use is important to the success of this evaluation. It was proved to be equitable, effective, and efficient in selecting the most vulnerable HHs and in deterring any social or governmental interference in the selection process.

The project goals are clear from the title of this multi-faceted project: "Increased Food Security and Livelihoods Resilience in Northern Iraq Impacted by COVID-19 Crisis." The cash assistance project included cash assistance of the equivalent of 400 USD each month for two months. This amount was appropriately determined by Iraq SMEB entitlements standards for most vulnerable HHs. The effectiveness of this amount is demonstrated by the reduction in debt of targeted HHs at baseline were 90% in debt and at endline evaluation 53%. Moreover, all the cash assistance was allocated to address the HHs priority needs that they had identified as their priority needs pre-cash allocation.

The training program included two types of training orientations, each with a focus on practical and applicable information. The first called FHE training, which was required to receive the monthly cash allocation, included financial management, savings mobilization, debt reduction, business support and identification of productive assets. Out of 186 HHs included in the GOAL project, 100 attended this program. Using a purposive and representative sample, 66 HHs were used in the evaluation, as well as 10 KIIs and 2 FGDs. All 66 HHs had male/female heads of HHs, or proxy attend this training. From responses to training and actions taken by the trainees regarding food consumption, food diversity, priority needs spent on from cash allocation, and a reduction in use of negative coping strategies (from 5 to 2) using indexes, scoring and statistical methodologies, it is clear these HHs benefited from this FHE training. Information was easily understood, accepted as useful and applied. The second training was GBV training and delivered in four sessions with HH female heads, often accompanied by other female members or male HH head/or proxy. Attendance at this training came from 32 HHs. In our sample, or 48% participation. Similarly, several female respondents indicated that they applied both verbal and physical action strategies to protect themselves from violence and to reduce the vulnerability of their daughters to GBV actions being taken or proposed by their husbands. Beneficiaries were receptive to these new ideas and innovations and were willing to apply their learning to improve the situation of females in their HHs.

Project interventions were aimed at improving project outcomes. Output indicators, particularly in terms of use of the cash assistance to meet basic HH needs, food consumption levels, dietary diversity, and decreased use of negative food coping strategies were analyzed and results indicated much improvement though still they are at high risk since the amount of cash was a "topping off"- even an opportunity to have more nutritious food, meet healthcare needs, and pay down some of their debt. It became a stimulus for change, not a determinant of sustainable change.

Resilience was expected from cash assistance by enabling HHs to improve quality and diversity of their food intake and have money left over to pay for other cash demands, such as transportation costs, doctor visits and medicines, and minimizing or reducing incurred debt and overdue rent. While this did happen, and hence was successful in implementation, HHs still were found to be overspent with expenditure totals more than income receipts. They were also still using negative coping strategies which cause them to continue to incur debt. The evaluation indicates that a permanent solution to the vulnerability of these HHs was not found through this project. Rather, this approach was found to work as a functional and successful stimulus and with further application, testing and additional trainings in business development and debt management may increase the nutrition levels in their food consumption, and gradually enable them through productive initiatives available to them and more income earnings to cross the line of most vulnerable HHs whose lives are focused on meeting food and most basic human needs.

Cash transfers have been used in Iraq to meet the critical basic needs of a highly vulnerable population, providing them dignity and flexibility in a context of uncertainty and economic need. The evaluation finds clear evidence that the GOAL project achieved its objectives of meeting recipients' SMEB entitlements during the transfer in a cost-efficient way. This suggests that it is sensible to consider scaling up this modality of providing support considering possible changes in the scope and scale of the interventions.

RECOMMENDATIONS

Food Security and Nutrition

- Link the neediest HHs especially with high number of children in the informal settlements with WFP's emergency food programing and other actors that provide food services and nutritional supplements. Efforts were made through the Cluster to undertake this task but a more formalized process is required if the strategy is expanded.
- Improve the availability and access to food through providing support for setting up HH level home gardens for those HHs with access to vacant land plots adjacent to their apartments and for those HHs with access to owned agricultural lands.

Income and Employment

- Since having access to an income source is the hope of the target groups to provide for their daily needs, especially food, health care and rent, as highlighted by most key informants, it is necessary that future initiatives focus more on improving livelihoods and employment opportunities for the vulnerable people, through cash grants.
- Offer entrepreneurship and vocational skills building training, with a specific focus on youth and women and those vulnerable HHs who have members holding university degrees. Training programs would need to be tailored to these different and specific groups. This intervention should be complemented, on a competitive basis, with business start-up support in promising sectors or fields of profession in demand in KRI.
- Offer employment services to effectively match labor demand and supply from the vulnerable communities, and convey information on the labor market, available vacancies, and application/employment procedures. Such services can include supporting the vulnerable people with sufficient labor skills and qualification to have access to employment through participation in job fairs, job vacancies, and interviewing skills.
- Coordinate with sector-focused actors particularly livelihoods to discuss dimension-specific impacts and explore ways to expand the impact of MPCA and ensure its sustainability by facilitating linkages to livelihood opportunities in the formal labor market (skilled and non-skilled labor) and income-generation activities (including small-businesses – preferably home-based businesses) in the informal sector. These interventions would not involve major operational costs and not incur costs of space rent.

Health

- Coordinate with health actors to ensure a functioning referral system for refugees and other vulnerable groups with emergency and chronic health issues in the urban and semi-urban areas. A stream-lined referral system would provide them with specialized services and enable them to maximize their health status through access to quality primary, emergency, and referral health services. It also would better inform them of appropriate services and health providers and reduce transportation wastage costs of repeat visits or searches for appropriate health providers or health facilities.
- Coordinate with relevant actors to provide durable and affordable (subsidized) health services for the vulnerable people in Waar City and other affected areas such as establishment of a medical complex including basic medical specialists and a medical test laboratory. Such facilities can be partly run by the community members with medical and health degrees.

Psychosocial Support

- Coordinate with relevant actors to expand the impact of MPCA and ensure its sustainability by providing psychosocial support for women and girls not only with awareness and counselling sessions but also with access to PSS activities and public spaces where they practice their rights to social interaction and recreation.

Cash Assistance Programing and Implementation

- Complement MPCA with other support modalities or sectoral interventions to ensure that future multi-purpose cash projects are provided as part of a more holistic intervention to the vulnerable refugee, IDP and other affected population. These support modalities would cover a number of highly relevant sectors, such as GBV and protection, MHPSS and health services/referrals as well as management training.
- Coordinate with MPCA, CWG and other cash actors to revisit the duration of current cash-cycle by increasing the number of monthly installments especially for highly vulnerable people located in residential settlements, like Waar City, and not those with unsettled living space such as in camp areas.
- Ensure that MPCA complementary trainings like FHE and GBV awareness are delivered adequately, i.e., with sufficient duration to maximize impact of the cash assistance. This may require a set of trainings with continued reinforcement of knowledge and skills. The duration of trainings should be designed in conformity to the curriculum and should be comprehensive and practical. It should also contain sections on the laws and regulations for business development required to be followed.
- Ensure that participants targeted for trainings are physically and mentally capable of actively participating in the sessions as well as are those from vulnerable HHs.
- Future programing needs to focus not only on Waar City but other affected areas especially within Sumail district, as recommended by two government stakeholders/key informants. This will create a sense of equity within the community (and district) and prevent negative attitudes towards the Syrian refugees from local residents, and government officials.
- Design future programs on the basic of the specific needs and support appropriateness for each individual vulnerable HH. Following blanket approach to designing "same type or same level of support for all" is not an adequate measure due to variation in people's needs.
- Future cash support programs likewise are advised to use the blinded techniques for registration of vulnerable people and digital selection tools like CWG selection system for selection of the target groups.
- Promote an overall accountability framework for cash assistance through involvement of community and stakeholders in the form of joint committees to keep them fully informed of project implementation, particularly the selection process and to enable them to identify some specific community concerns of the vulnerable HHs. This will ensure that there is a more efficient communication system with the target community for targeting of beneficiaries to avoid possible tensions or perceptions of selection inequalities.
- The involvement of HHs as an equal partner group may help motivate and encourage the targeted participants to follow key lessons, such as reducing negative coping strategies and improving diversity of protein in food diets. Community participation, well monitored, can also promote clear communication with beneficiaries about when and for how long they will receive cash assistance, how to spend or invest it in the best interest of the family and the maximum period it can last.

Project Management

- Project guidelines, objects and expected results need to be explicitly and clearly written in appropriate languages to ensure effective and efficient implementation. Staff status reviews of progress also are needed on regular basis for smooth operations.
- Staff should be trained in both quantitative and qualitative methods of delivering messages and instruction and on the use of media to explain messages appropriately to different types and gender-age groups of participants. Mobilizer and Instructor performances of staff are also to be monitored to help facilitate continued good staff/instructor performances.

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