



Guarantee 360-Degree Satisfaction in Cash Interventions

Adjusting to zero harm and exclusion by shifting from 'targeting an individual beneficiary' to 'dealing with an entire household'

A Learning paper based on a multi-layered study looking at Islamic Relief's inclusive humanitarian cash transfer programme

Islamic Relief Palestine Quality Assurance Unit

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**On the authority of
Abu Sa'eed al-Khudree
(may Allah be pleased with him),
that the Messenger of Allah
(peace and blessings of Allah be
upon him) said:
There should be neither harming
(darar) nor reciprocating harm
(dirar).**

Hadith 32, 40 Hadith an-Nawawi

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CONTENTS

Acknowledgements	3
Executive summary	5
Introduction	6
Islamic Relief’s cash-based interventions	6
Cash-based intervention in the Occupied Palestinian Territory.....	6
Significance of this paper	7
Key findings	9
Group A: Participants from all ages, gender, and abilities	9
Group B: Participants from at-risk groups	12
Lessons learned	14
Recommendations	15
A: Conceptual model of family satisfaction	15
B. Inclusion	16
C. Protection: 360-Degree Satisfaction’s four process groups	17
360 Satisfaction process groups	18

EXECUTIVE SUMMARY

Islamic Relief Palestine puts the 'Leave No One Behind' (LNOB) and 'Do No Harm' (DNH) principles at the centre of its humanitarian and development work, while also striving to incorporate the concepts of protection and inclusion into actual practices and practical procedures.

To this end, the QUA utilises the Monitoring, Evaluation, Accountability and Learning (MEAL) framework to focus its learning activities and products to ensure that persons from at-risk groups (People with Disabilities (PwDs), women, children, older people and patients (such as individuals suffering from chronic conditions)) are able to equitably access their rights in each sector of intervention. Implementing the MEAL framework also helps ensure those from at-risk groups are meaningfully protected against any intended or unintended form of the harm, especially the harm of violence and exclusion at household or community levels.

Reducing intended or unintended violence or harm as the result of exclusion would not be possible without obtaining reliable data that allows for in-depth analysis. The obtained data must also reflect the reality of at-risk persons under the thematic areas of accessibility, gender, age, disability, protection risks, needs, and requirements. The data must also be presented in a way that complements the quantitative and bio data Islamic Relief has available, while adding more in-depth analysis to standardised Washington Group questions (recognised targeted questions that help shape data collection).

This learning paper includes four chapters. The first chapter will highlight the importance of the learning paper, the second chapter summarises the key findings of the four studies divided into two respondent groups:

Group A: Participants of all ages, gender, and abilities.

Group B: Participants from at-risk groups (PwDs, women, older people, pregnant women, patients).

The third chapter will look at the main lessons learned that lead to the suggested recommendations highlighted in the fourth chapter of the learning paper.

The recommendations were drawn from two data groups:

Generalisation-oriented data group

This data group is related to inclusion and accessibility in terms of inclusive access to the market (referring to shops, workplace, financial service providers), modality, delivery mechanism, needs, and amount of

inclusive assistance. These data are characterised as generalisation-oriented data that could be generalised (per sector). These data should be assessed and generalised prior to the design phase and used to inform the design for more inclusive programming.

This paper highlights market accessibility signals relating to the Multi-Purpose Cash scheme (MPCA) and voucher modalities. As an important popped-up result, the paper recommends further studying market accessibility relating to sectors or modalities other than MPCA, as these conditional cash modalities are preferred by those who are able or have the skills to work. Accordingly, the paper does strongly recommend studying the accessibility in livelihoods, employment and cash for work (CfW) sectors and assessing the most accessible markets and work opportunities that match the capacities and potentials of female and male youth with disabilities (who have work skills or background) in order to make humanitarian programming more protective and inclusive.

Customisation-oriented data group

This data group relates to protection and inherent protection risks associated with the following criteria: gender roles, access to resources, control over resources, exclusion, gender-based violence (GBV), protection against sexual exploitation and harassment (PSEAH), fraud, social relations, dignity, safety, privacy, livelihoods, and environment, and thus the potential conflict and tension that might be caused as a consequence at household level.

This data group is characterised as customisation-oriented (in other words, not generalised) that could not be generalised as each household has its specific gender and social dynamics. This data should be analysed after the design and selection stage and should inform the planning phase for more adapted and appropriate planning. This paper will highlight the 360-degree satisfaction four stage process selecting, consulting, adjusting, and empowering those that should be considered within the planning and implementation phases to help us achieve zero harm, zero exclusion and total satisfaction for all participants, regardless age, gender, or disability.

This learning paper strongly recommends continual assessment of the feasibility of inclusive multi-sectorial programming based on data-driven inclusion, with a focus on those with PwDs, older people and enhancing organisations of people with disabilities (OPDs) and civil society organisations' (CSOs) engagement to provide community-driven results.

INTRODUCTION

Islamic Relief's cash-based interventions

Globally, and especially following the Grand Bargain Commitments (an agreement to reform the delivery of humanitarian aid, agreed at the World Humanitarian Summit in 2016), there has been a growing appetite among humanitarian and development partners to increase the use of Cash and Vouchers Assistance (CVA) and to provide assistance to those in need through the delivery of cash and vouchers. CVAs are used in humanitarian, development and peace operations, as well as in various other related conflict-affected situations. It is considered an effective and efficient response option to meet project objectives while empowering targeted individuals and communities, and also contributing to the recovery of local markets.

As CVAs are increasingly being recognised as a dignified means of assisting vulnerable people, Islamic Relief Worldwide is taking further steps to increase the use of CVA in its programming, in line with our Grand Bargain commitment. In a dedicated policy, Islamic Relief set out why and how it can help people in crisis more swiftly and effectively through the use of CVAs. This approach has not only met the most pressing need for increased assistance, but also protected people against resorting to harmful coping strategies and provided a much-needed boost to struggling local economies. During 2021, Islamic Relief delivered around £22.5 million in at least 31 emergency and livelihood recovery responses, including challenging contexts such as Gaza, Niger, Somalia, Sudan, Syria and Yemen. The CVA interventions benefited over 350,000 people, with cash assistance in the form of food vouchers and cash transfers, which includes CfW and Multi-Purpose Cash (MPCA) which enable beneficiaries to meet their food, shelter and health needs, while preserving their choice and dignity.¹

Cash-based intervention in the Occupied Palestinian Territory

In the Occupied Palestinian Territories, CVA is one of Islamic Relief's main interventions in different sectors and is provided in various unrestricted modalities as MPCA or restricted to certain sectoral expenses, such as for education or agriculture. It is also delivered through various mechanisms, i.e., over the bank counter, through ATM cards and most recently through e-wallets.

Based on learning's obtained from Islamic Relief Palestine accountability system, CVA project's monitoring, and complaints and feedback response mechanism, it has been noted that a well-designed CVA can be more cost effective than other forms of assistance modalities. The less flexible a CVA is, the greater the chance of inequalities occurring, based on gender roles and social norms.

In terms of coordination with our partner organisation Food Security Cluster (FSC) and Cash Working Group, Islamic Relief Palestine is an active member in CVA coordination platforms. Islamic Relief also participates in consultative activities, processes and regularly reports to existing tools such as the Food Security Sector 4Ws (who, when, what, where) matrix. For example:

- Islamic Relief Palestine is co-chairing the MPCA task team for 2022-2023.
- Islamic Relief is participating in the development of the Gaza Cash Working Group (GCWG) 2022-2023 work plan and co-lead with UN Office for the Coordination of Humanitarian Affairs (OCHA).
- Islamic Relief is participating in revising Minimum Expenditure Basket (MEB) and Emergency Minimum Expenditure basket (EMEB) contents and amounts.
- Islamic Relief is participating in revising the Gaza- Unified Vulnerability Assessment Tool (UVAT).

Islamic Relief Palestine works closely with a wide

¹ IRW Annual Report 2021, CVA is the common term agreed by the Grand Bargain sub-stream on cash programming

range of local organisations, including organisations of PwDs, OPDs, women's rights organisations, unions, representative bodies, the Ministry of Social Development (MoSD), the Ministry of Labour (MoL) and the United Nations Relief and Works Agency (UNRWA). This coordination allows CVA interventions access to different social groups, enables broader coverage, and allows for better cross-checking to assure right-holders eligibility. Our partner organisations play a central role in beneficiaries' identification and nomination for CVAs.

This paper was developed through a SIDA-funded project that contributes to enhanced food security for conflict-affected households, through provision of two CVA modalities: CfW and value vouchers that target around 650 households which was seen as a learning objective undertaken by MEAL under in SIDA's 2021–2022 project.

SIDA's 2021–2022 project aimed to improve access to sufficient and nutritious food, and basic household non-food needs through providing access to conditional cash for 260 affected households, and unconditional voucher assistance for 397 households. The project included emergency components that provided urgent basic food and non-food items for approximately 5,718 crisis-affected households as a result of the escalating crisis in May 2021.

Islamic Relief Palestine is learning from its experiences, and the work mechanism proposed in this paper is a result of cumulative efforts to ensure the provision services is equitable, dignified, and no one is left behind.

Significance of this paper

Humanitarian actions should always be people-centred and should aim to protect the rights, dignity, and safety of people whose rights are violated. When we refer to '360-Degree Satisfaction', this is the feeling, perception, belief and expression of our rightsholders and participants (previously referred to as beneficiaries) with a considerable level of dignity, justice, equity, and safety while experiencing, and as a result of, Islamic Relief Palestine interventions.

Islamic Relief humanitarian and development work in Palestine is geared towards raising a socially acceptable level of justice and community peacebuilding. This is reflected in Islamic Relief's work in undertaking social cohesion objectives and outcomes that can be attributed to the many interventions we stage in the area.

We arrive at this conclusion as a result of the continuous development and improvement of MEAL frameworks, tools, techniques and learning results, that recently have not only focused on tangible and quantitative results, but additionally on the qualitative and social dimensions of our work. This focus has helped Islamic Relief search out and locate the unseen and hidden impact of our interventions, and as a consequence, also identify potential risk factors associated with our interventions. These risk factors specifically come from persons from at-risk groups. It also helps Islamic Relief find solutions and recommendations that prevent and mitigate any potential expected or unexpected harm that might be caused.

To work and strive for excellence (Ihsan) and comply with our quality and accountability standards that put the dignity, access, and safety of the target populations at the heart of the work Islamic Relief does. This paper tries to transfer the overarching Core Humanitarian Standards (CHS) principles of Do No Harm (DNH) and Leave No One Behind (LNOB), and the related meanings of protection and inclusion, from the general framework and multi-methodological tools into systematic practices to reach zero harm and zero exclusion.

This learning paper differentiates and separates selection and targeting into two different concepts: selection is the process of nominating and approving the target number of households according to selection criteria based on sex, age, disability disaggregated data (SADDD); while targeting is in relation to targeting the right individuals who will directly participate in the project from each selected household.

An important aspect is looking at how to engage with the right person within each selected household in order to ensure equitable access to all family members regardless of gender, age or disability. This helps ensure that the programme team is not completely reliant on basing key decisions on biodata just to satisfy or achieve the indicators' target values undertaken in the project logical framework matrix (LFM). Instead, it empowers them to assess the selected household's social and gender dynamics. This means we can act accordingly to target a participant accepted by the household who will represent the family, and not just himself or herself while participating and benefiting from the intervention. (selection vs. target number vs. targeting).

The purpose of this learning paper is to inform the design of future protective and inclusive cash programming, particularly the MPCA.

This paper highlights the results under the thematic areas of the study and gives recommendations in how to better address them through MPC in terms of appropriateness and accessibility of modalities and delivery mechanism, market accessibility, protection risks and multi-sectorial needs. It gives recommendations to set the transfer value based on the Minimum Expenditure Basket (MEB) calculations after considering the extra costs of PwDs, older persons, women, girls and persons at-risk.

This learning paper has been produced by the Quality Assurance Unit of Islamic Relief Palestine as a learning activity undertaken within the MEAL requirements of the SIDA-funded project (2021 – 2022) that contributes to enhanced food security for conflict-affected households, through two CVA modalities: CfW and value vouchers.

This learning paper is an abstract of four community-driven data-oriented studies implemented on stratified and representative samples of a total of 405 respondents of all genders, ages, and abilities from amongst SIDA 2021-2022 participants, as a diversified blend of community and at-risk groups. The methodology of these studies adopted qualitative and quantitative approaches, using related multi-methodological tools through direct participation and feedback from the following groups of respondents:



Study 1: Cash programming feasibility study towards more protective and inclusive programming for the social groups of female and male (F/M) PwDs, vulnerable women, older persons, and other persons such as boys, girls, etc.

Study 2: Needs and gender assessment of pregnant women and surrounding social groups (Age group (including early-normal-late delivery), disability group, men and husbands' groups.

Study 3: Age-Gender-Diversity analysis for all SIDA 2021 CfW participants.

Study 4: Satisfaction survey for a representative sample of SIDA 2021 participants that cover the themes of appropriateness and relevance, accountability, and protection risks.

The learning paper has transferred the results of these studies into action-oriented recommendations and process groups in order to make humanitarian cash transfer action more protective and inclusive based on concrete inclusive data and, accordingly, push towards changing the protection and accountability, safeguarding approaches and mechanisms to be more preventive rather than responsive to concerns and harms as it is commonly used practice at present.

KEY FINDINGS

Respondents Group A: Participants from all ages, gender, and abilities

Learning area 1: Appropriateness and accessibility of cash modality and delivery mechanism	
Learning topic	Extract
Access to cash	<ul style="list-style-type: none"> 34% of participants had no income at all
Current expenditure mechanisms	<ul style="list-style-type: none"> 93% of respondents confirmed cash as the only accessible mechanism 98% of participants did not have any information about other mechanisms (electronic wallet, visa card, etc)
Market accessibility	<ul style="list-style-type: none"> 100% of (voucher participants) respondents confirmed that they access shops easily enough and what they need is the transportation cost, which could be resolved through the MPC modality 100% of at-risk persons who had no skills or ability to work (older people, PwDs, pregnant women, F/M with health problems) expressed that they do not care to access the market, and they will be happy if a family member would do the shopping on their behalf, and all that they need is to participate in shopping decisions and have their needs considered in shopping lists so as not to expose them to harm of exclusion or put their needs as lower priority 100% of respondents, particularly youth with disabilities (YwDs), who were able to work and possessed skills confirmed that they have potential to access to various sectors, and all that they requested is to select more inclusive sectors under the CfW modality (in addition to agriculture) to increase the equitable access to work for all gender, ages and disabilities YwDs and PwDs organisations explained the barriers to markets that YwDs face include the presumption held by employers and stereotypes that YwDs are not able to work, in addition to the limited access to markets due to sectors that are not accessible to PwDs such as agriculture YwDs and organisations of PwDs OPDs requested to know more about the abilities of PwDs and wanted to explore the employment markets and sectors that are accessible for PwDs, and thus, diversify the CFW markets to include additional sectors such as ICT, office work, housekeeping, trade, industry and handicrafts in addition to agriculture OPDs requested to include awareness components for employers on the ability and value that PwDs could add to market

<p>Accessibility and preference - modality</p>	<ul style="list-style-type: none"> • 82% of respondents (who had no academic, vocational or other background for work) confirmed their preference to receive unrestricted cash assistance (MPC), while only 18% preferred to receive restricted cash assistance (vouchers) • 100% of older persons confirmed their preference for any modality that ensures their benefit is equal and their needs considered equitable in shopping decisions • 18.5% of respondents preferred in-kind aid over other options when they receive assistance from non-governmental organisations (NGOs), while 81.5% preferred to get in-cash aid • 48.4% of respondents preferred to receive direct cash, while 37.9% preferred to have the assistance transferred to the bank after they set up an account if they did not have one. 7.3% of respondents preferred to receive it through a cash agent and 4% preferred to receive it through mobile cash or e-wallet. 92.7% of respondents preferred to access and manage cash transfers by themselves, while 7.3% preferred to have a caregiver or a relative to manage and access cash transfers. 73.4% of respondents preferred to be responsible for accessing and managing cash transfers because they are the breadwinners of the families. 12.1% of respondents believed that this is better because of trust issues when it comes to cash transfers. 8.9% of respondents believed that they need to be in charge because it is their responsibility. 100% of participants (particularly YwDs) who had a skill or vocation, confirmed their preference for CfW modality, and considered MPCs or vouchers as an offence to their dignity as they see their abilities being undermined by the unrestrictive MPCAs, and they would delegate anyone from the family to redeem in case of been targeted for MPC assistance
<p>Accessibility and preference – delivery mechanism</p>	<ul style="list-style-type: none"> • Availability of cash transfer services: • 60% of respondents confirmed the availability of bank transfer services • 26% reported that currency exchange points are available and accessible • Only 3% confirmed the e-wallet service availability • Usage of cash transfer services: • 21% of respondents used bank transfer service • Only 2.4% of respondents used e-wallet cash service • 60% of respondents had smart phones, which make it easier to use e-wallet cash services, 40% do not have a smartphone and cannot afford one • 48% of respondents preferred to receive cash assistance in direct cash • 38% of respondents expressed their preference to receive cash via their bank account • 7.5% of respondents preferred to receive assistance via local exchange points, while 4% preferred to use an e-wallet delivery mechanism • 97% were not aware of e-wallets

Learning area 2: Protection risks

Theme	Extract
Control over resources	<ul style="list-style-type: none"> • Only 14% of respondents reported that they take the decisions related to spending cash with input from their family members, 82% reported that the main breadwinner (usually the father) takes the decision alone without consulting the rest of family members, while only 4% of respondents confirmed that parents decide together on how to spend the cash • 2.4% of respondents confirmed that cash assistance may cause conflict at a household level due to disagreements on control over the assistance • 14% of respondents thought they may face troubles at neighbourhood and societal level in case of receiving cash assistance, while 86% were sure that they will not face any troubles • 6.5% of respondents had concerns that they may be exposed to theft when they receive cash assistance, while 93.5% said they could manage this assistance safely • 14% of respondents expressed their worry that may be deprived of other cash assistance interventions they receive from other organisations if they are included in Islamic Relief cash assistance projects • 10% of respondents reported that don't feel safe when they go out to withdraw cash or to buy goods or services in markets or shops, while 90% were sure that they felt safe and could move freely in shopping markets

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Learning area 3: Needs and requirements

Theme	Extract
Delivery mechanism	<ul style="list-style-type: none"> • 33.9% of respondents suggested that easier banking could be one of the services that NGOs provide for participants in future, to ensure they use their cash independently and anonymously. 17.7% believed that NGOs should be able to provide nearby cash transfer points for participants and 8.9% believed that hand-to-hand cash transfer would be an acceptable service if NGOs could provide it. 6.5% of respondents believed that NGOs should provide cash agents in their areas and 33.1% believed that all cash transfer should be independent and anonymous.

Group B: Participants from at-risk groups (PwDs, women, old persons, pregnant women, patients)

Learning area 1: Appropriateness and accessibility	
Satisfaction	Extract
Accessibility	<ul style="list-style-type: none"> • 46% of at-risk persons had no access to information about their rights of owning and controlling resources, while the remaining 54% had this information, but did not receive these rights • 13% of respondents believed that the information they receive is not enough • 14% of respondents could not access cash services due to social restrictions, in particular social norms imposed on them which dictate that decisions are made by heads of families, who are commonly men • 16% of respondents reported they could not reach cash service points due to mobility difficulties, while 14% said that cash exchange points are too far away and not easily accessible
Control over resources	<ul style="list-style-type: none"> • 95% of at-risk respondents claimed that women had no access nor control over managing money, while only 5% of respondents stated that women can manage money • 55% of respondents were sure that PwD had no access or control when it comes to managing money, while only 45% of PwD respondents confirmed that they had access and can manage money freely • 76.6% of respondents believed that women and girls can fairly access, own and manage cash like anyone in the community. 21.8% of respondents believed that it is difficult for women and girls to access, own and manage cash. 1.6% believed women and girls cannot access, own and manage cash • 46% of respondents believed that PwDs could equally access, own and manage cash. 46.8% of participants believed it is difficult for PwDs to access, own and manage cash. 7.3% believe PwDs cannot access, own and manage cash due to community attitudes, perceptions, and stigma • 6% of at-risk persons believed that others should be responsible for managing the cash transfer because of the difficulty in their mobility, while the remaining 94% preferred to manage the cash transfer themselves

Learning area 2: Protection risks

Theme	Extract
Safety, dignity and access	<ul style="list-style-type: none"> • 10% of respondents heard or witnessed instances of at-risk persons who were abused, violated, or harassed when going out to withdraw cash or to buy goods or services in markets or shops • 44% of respondents believed they had enough knowledge on how to file a complaint in case they experienced any abuse, violation, or harassment • 37% of at-risk respondents reported they do not receive any support from their families, or their local community to overcome the difficulties they face as a result of their disability, while 44% received social support only from their families or local community, and 19% received cash and in-kind support from their relatives • 14% of at-risk respondents reported they don't receive proper nutrition which negatively affects their health status and increases their vulnerability

Learning area 3: Needs and requirements

Immediate and long term	<ul style="list-style-type: none"> • At-risk persons have specific needs and requirements. Women, PwDs, older persons and other female and male (F/M) persons from at-risk groups have specific needs covering health, psychosocial needs, physiotherapy, hygiene, clothing, specific dietary requirements, home care and supportive devices and maintenance, with an average cost of 320 ILS (£78) per F/M person per month. • Persons from at-risk groups expect to receive support from NGO organisations, they prefer to be included in MPC assistance interventions to be able to satisfy their basic needs. • At-risk persons also expect their households and family members to be aware of their rights in owning cash and having proper control over it. • At-risk persons need to be empowered economically and socially to participate in decision making related to themselves and at household level.
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LESSONS LEARNED

- Adequate and inclusive data on the accessibility of modality and delivery mechanisms and accordingly the market accessibility and inclusive market choices should be identified and selected under each modality. The availability of this data is necessary to inform the design of humanitarian action to make it more inclusive. Inclusion-related data that is able to be generalised (generalisation-oriented at sector level) should be assessed before the design and formulation phase to inform the programming (data-driven inclusion).
- Protection data is difficult to generalise as it depends on the social dynamics of each household (customisation-oriented at household level), so it needs to be assessed to inform the planning phase (adaptation and appropriateness planning) and controlled during the implementation phase.
- When MPC and CfW modalities were used, inherent protection risks including threats to livelihoods, especially in terms of control over resources, and gender-based violence (GBV), were greater than when using value vouchers.
- There is a need to study the skills and competencies of Palestinian youth with different disabilities (mobility, visual, deaf, autism, down syndrome, etc) to design awareness campaigns to change employers' perception of PwDs productivity and their value.
- There is a need to assess the feasibility of market accessibility for PwDs and identify inclusive markets and sectors, and protection risks in CfW modality.
- While designing the programme, adequate time and resources should be allocated relating to conducting adaptation and appropriateness planning at the household level as part of the project planning process to ensure that the project or CfW assistance adequately addresses the needs, risks, and vulnerabilities of the PwDs.
- Fair selection of names and numbers of household is not enough to maintain DNH and LNOB principles and guarantee full satisfaction of participants. Selection should be followed by targeting, and targeting should be a result of the thorough analysis that focuses on social and conflict sensitivity and target a family or household representative, not an individual name or I.D. number.
- Differentiating between selection, target number, and targeting is of critical importance in order to foster dealing with a household and household participant who considers family requirements equitable, and not an individual I.D. or number to satisfy the quantitative target number of population.
- Age, gender and diversity (AGD) and conflict sensitivity analysis framework and tools should include additional thematic areas and indicators for more in-depth study relating to the appropriateness and accessibility of modalities and delivery mechanisms, market accessibility, protection risks (adding climate change), multi-sectorial needs.
- Ongoing home-to-home empowerment, follow-up, and monitoring are essential to maintain the dignity, safety, and accessibility of all participants of all genders, ages, and abilities, with a specific focus on households that include persons from at-risk groups in order to protect at-risk persons and avoid any exclusion or gender or social harm.
- Persons from at-risk groups require additional tangible and intangible (empowerment and protection) support to guarantee equal benefit amongst target populations of all ages, gender, and abilities. The calculation of MEB recommended a transfer value equivalent to ILS 100 (£24) per ARP in addition to the normal transfer value (ILS 174, £42), which in total is equivalent to ILS 274 (£66) per ARP.
- The study concluded with a four-step satisfaction process group that helps implement adaptation and appropriateness and avoid harm and exclusion effectively.
- Cash is the preferable modality as it contributes to satisfying multi-sectorial needs, enhancing adaptive capacity, and reducing vulnerabilities.
- MPCA (unrestricted) is the preferred modality for vulnerable and marginalised households who have no work experience, skills, and ability, as they will lose the opportunity if the criteria for cash is skilled or unskilled labourers.
- CfW is the preferred modality for households that include skilled or un-skilled young people able to work as it enhances their social engagement, capacities, skills, and sustainability, preparing them for future job opportunities. CfW in the agriculture sector is the right choice as it achieves a win-win amongst labourers and farmers, restores productive capacity and food security, and enriches the supply chain.
- The agriculture sector provides essential food security and livelihood opportunities. It has been flexible and agile in adapting to Covid-19 restrictions and is considered an open sector, unaffected by Covid-19 work safety restrictions.
- Participants' preference is direct cash aid, as they are not aware of many more accessible delivery mechanisms such as an e-wallet).

RECOMMENDATIONS

A: Conceptual model of family satisfaction

The paper proposes two paradigms that came from the study, we advise incorporating them during the design and planning phases of future programmes: a hierarchy of family satisfaction and a satisfaction logic model.

The hierarchy of family satisfaction as shown in Chart 1, gives the key stages and changes that lead to full satisfaction. It starts with identification and analysis of needs and context, to give the tailor-made needed empowerment towards reduced harm, equitable access and equal benefit.

A satisfaction logic model, as shown in Chart 2, shows the Theory of Change (TOC) formula of outcomes and cross-cutting changes that should be married with the programme’s quantitative indicators in the form of immediate changes that lead to intermediate and long lasting consequences to use in the design.

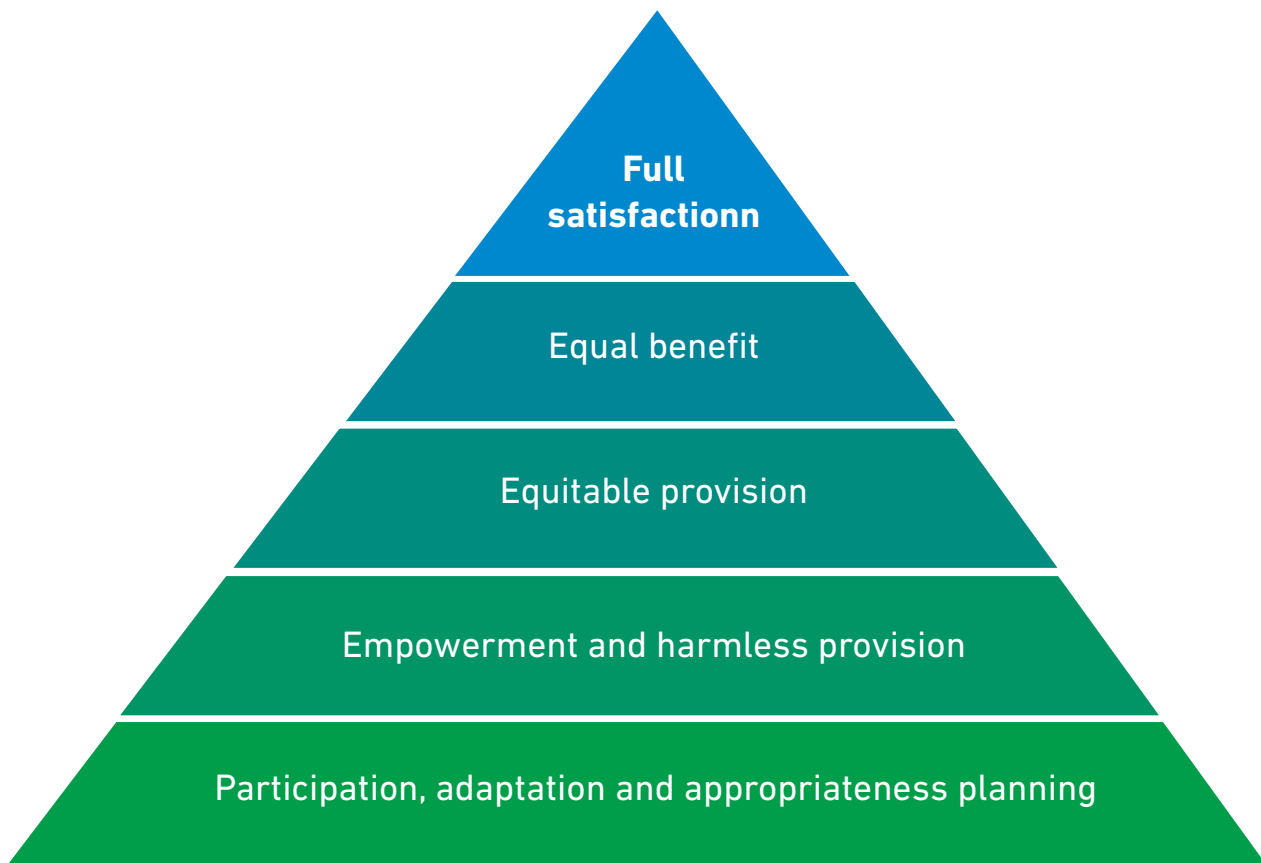


Chart 1: Satisfaction hierarchy pyramid

Satisfaction Theory of Change (TOC) Formula: Participation + Empowerment and Harmless Provision = Equitable Provision + Equal Benefit = Full Satisfaction (Rights, Safety, Dignity)

Chart2: Satisfaction Theory of Change equation

B: Inclusion

- It is recommended that the bio data of at-risk persons should be complemented with adequate and inclusive data relating to the accessibility of modality and delivery mechanisms according to market accessibility and inclusive market choices under each modality, before the design of humanitarian action to ensure inclusivity.
- Study the skills and competencies of youth with different disabilities (mobility, visual, deaf, autism, Downs syndrome, etc) design awareness campaigns to change employers' perception of PwDs' productivity and their added value.
- Assess the feasibility of market accessibility for PwDs and identify inclusive markets, sectors and protection risks in CfW modality.
- Based on persons from at-risk groups extra requirements, the MEB transfer value equivalent to ILS 100 (£24) per at-risk person in addition to the normal transfer value (ILS 174, £42), which in total is equivalent to ILS 274 (£66) per at-risk person.
- Choose the MPCA (unrestricted) as a modality for vulnerable and marginalised households who have no work experience, skills, and ability.
- Choose the CfW modality for households that have skilled or unskilled young people who are able to work, as the best method to ensure equitable access for young people of all genders and abilities.
- Choose evidence-based additional inclusive CfW sectors under CfW modality, besides the agriculture sector, to ensure accessibility for all.
- Adopt the e-wallet as a delivery mechanism and include adequate awareness and induction on how to use it.



C. Protection: 360-Degree Satisfaction's four process groups

Protection data varies according to the social context and dynamics of each household and it is difficult to assess and analyse at a community level. It tends to depend more on culture and social norms, rather than producing constant or general results applicable to different segments of people or social groups. So, 'customisation-oriented at the household level' data that is generated during the planning phase and after selection by taking direct feedback from various social groups who have been chosen to benefit from the intervention can be considered.

This type of data should be produced and inform the planning phase (adaptation and appropriateness planning). It should also be controlled during the implementation phase to avoid protection risks, especially harm as a result of exclusion, control over resources, and GBV when using MPC and CFW as modalities.

To this end, this paper proposes four process groups that should precede any implementation of any project detailed implementation plan in order to prevent the many forms of expected or unexpected harm at household and community levels, and to prevent ignorance, neglect, and exclusion, especially that which at-risk persons might be exposed to. The process takes from three to five months within the project planning phase.

Chart 3 shows the overall process as general steps, which are illustrated in detail in Chart 4, starting from selection until the ongoing awareness and control.

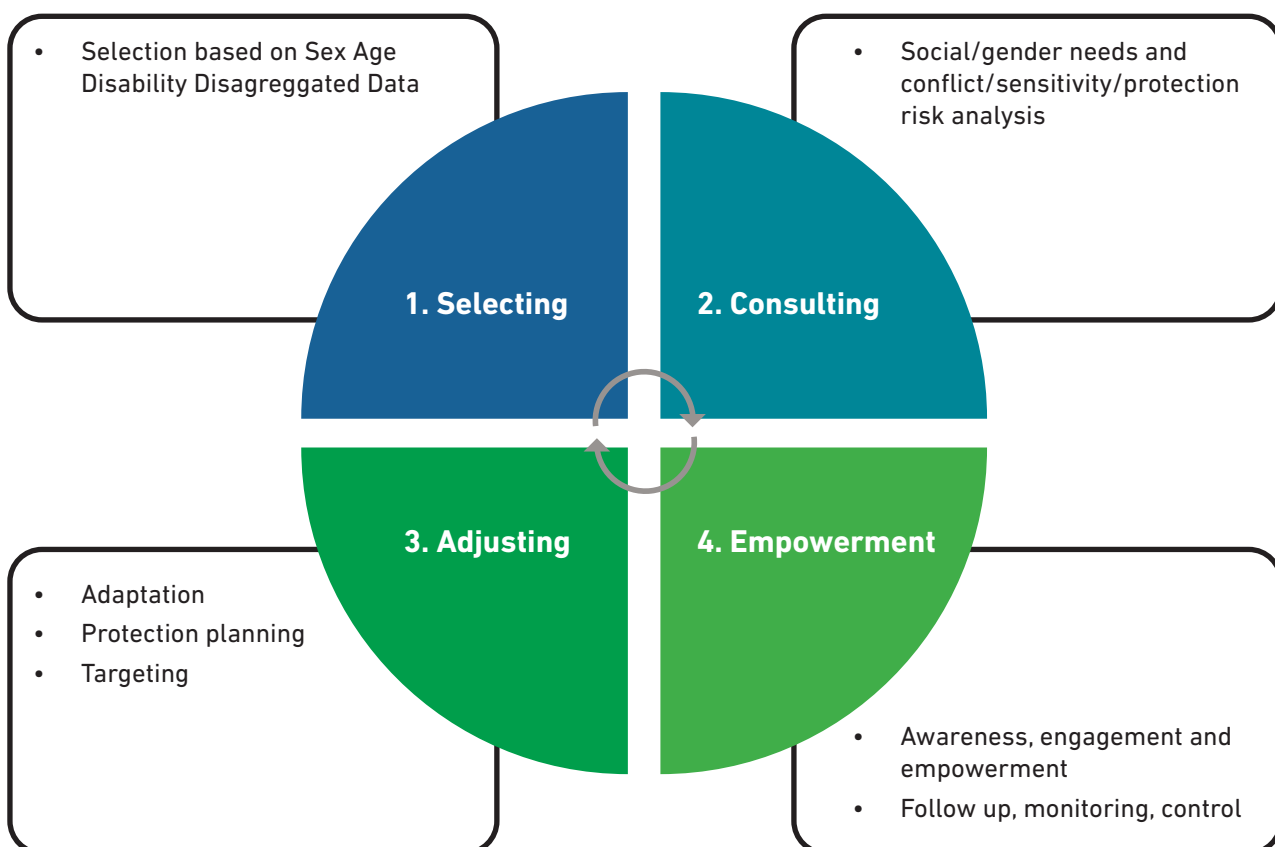


Chart 3: 360-Degree Satisfaction process groups

360 Satisfaction process groups

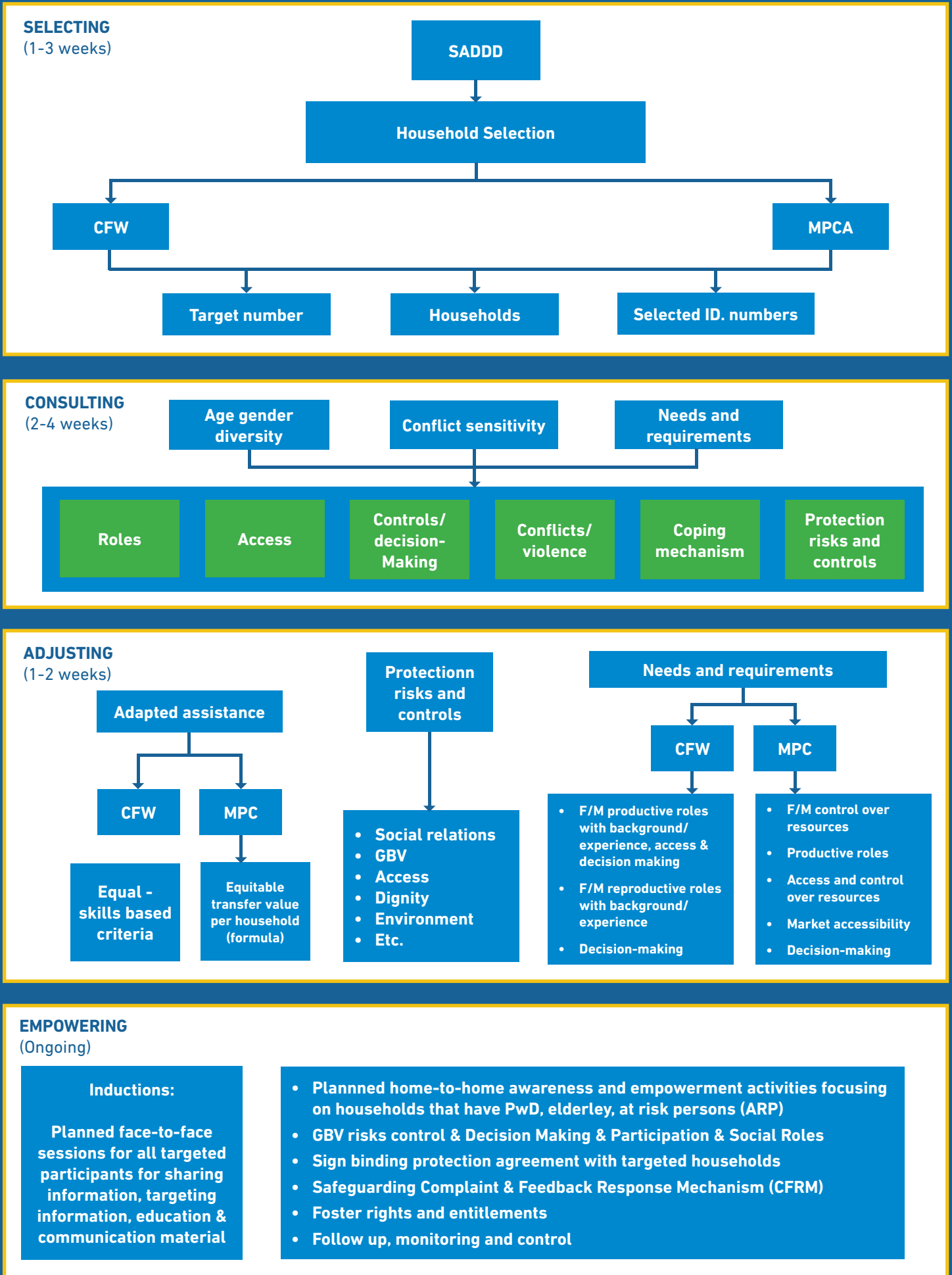


Chart 4: Adaptation and protection process for 360-Degree Satisfaction



Islamic Relief Worldwide

19 Rea Street South
Birmingham
B5 6LB
United Kingdom

Tel: +44 (0)121 605 5555
Fax: +44 (0)121 622 5003

irw@irworldwide.org
www.islamic-relief.org

Registered Charity No. 328158
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