MULTI-PURPOSE CASH ASSISTANCE REFERRAL MECHANISM TO SECTOR SPECIFIC SERVICES

- Linking MPCA to more sustainable solutions -

May 2022

Contents

1

Introduction

Multi-Purpose Cash Assistance (MPCA) has been a major activity in Iraq since 2015, used mainly for responses for conflict affected populations. Results from Post-Distribution Monitoring (PDM) show high levels of satisfaction, supporting access to basic needs and expenditures on critical needs. However, a recent study conducted by the Cash and Livelihoods Consortium for Iraq (CLCI)[1] showed that 75.4% of beneficiaries remained eligible for MPCA assistance 9 to 12 months after receiving the first assistance and only 8.3% beneficiaries had achieved self-reliance.

Based on these findings, the CWG recommends linking MPCA beneficiaries with integrated approaches in order to increase the impact of this assistance.

Linking MPCA with other sectoral assistance and services is crucial to provide holistic support and to ensure that targeted beneficiaries have access to services for all their existing needs. These referrals to different activities can complement each other: MPCA can be either an entry point to ensure that basic needs are covered before receipt of further assistance, and it can be complemented with other types of support in parallel to increase the impact of this short-term support.

Five sectors have been identified as the most relevant to link with MPCA:

Agriculture	Focused on linking MPCA with agricultural support for better sustainability in rural areas
Livelihoods	Linking MPCA with livelihoods support will provide self-reliance of beneficiaries by engaging with income generating activities
Health	MPCA beneficiaries are reporting health as one of their priority needs, with high level of expenses. However, the SMEB does not include a health component, as needs can vary greatly between households
Protection (GP, CP and GBV)	Continuing with the existing related referrals to legal assistance while identifying new referrals for other protection support, especially those MPCA beneficiaries with extremely high levels of vulnerability and less possibility to engage in income generating activities, knowing that Social Protection support is limited
Shelter	MPCA beneficiaries are reporting shelter as one of their top priority needs. Critical shelter provision is a key indicator of vulnerability for 2022

This document outlines the mechanism to refer beneficiaries receiving MPCA to additional sectoral support. This is a harmonised inter-agency mechanism to facilitate coordination between partners when doing referrals, and it includes the guidelines and considerations as well as a referral tool in the form of an Excel document.

---

[1] Exploring Self-Reliance at the Humanitarian-Development Nexus (CLCI): https://www.calpnetwork.org/publication/exploring-self-reliance-at-the-humanitarian-development-nexus-a-longer-term-review-of-mpca-outcomes/

What is a referral?

A referral is the process of directing an individual or a household to another service provider because s/he requires further action to meet an identified need which is beyond the expertise or scope of the current service provider[2].

Beneficiaries identified with specific needs can face a wide range of issues beyond those that agencies that are directly in contact with them can address. This referral mechanism can help MPCA beneficiaries access the additional services they need.

Guiding principles

In order for a referral not to create harm to the individual/community in need of assistance, the referral needs to respect at all times the following principles:

🔒 Confidentiality

- ✓ Protect information disclosed or gathered in relation to any individual and to ensure that information is accessible to a service provider only with the individual's explicit permission.
- ✓ Ensuring that collecting, storing and sharing information on individual cases is conducted in a safe way and according to agreed-upon data protection policies.
- ✓ It is the right of the individual to decide if, how, when to whom, information on his/her case is disclosed.
- ✓ Staff should refrain from revealing names or any identifying or sensitive information to anyone not directly involved in the provision of services, without explicit consent.

📋 Consent

- ✓ Referrals should only take place once the individual has given their informed consent. If client does not provide consent, then his/her wishes should be respected, and the referral should not be made. This rule can only see exceptions in case the protection concern puts threats/risks to the life of the survivor/client.

🤝 Respect

- ✓ Under no circumstances should you give advice or put pressure on the individual to access one or another service.
- ✓ Respect their dignity, decision-making capacities and preferences. You are not supposed to express your opinion, pass judgment or blame the individual.

☂ Safety and security

- ✓ All humanitarian staff must take actions to ensure the physical and emotional safety of individuals who have experienced or are at risk of violence, abuse, exploitation or neglect.
- ✓ The physical safety of the individual should be prioritized above all other actions or referrals that may be available.
- ✓ Safety and security should also be taken into account when presenting referral options to an individual, to the extent that staff can reasonably be expected to be aware of relevant risks.

Additionally, do not make promises or create expectations and be clear about eligibility criteria.

---

[2] Inter-Agency Coordination Lebanon: Minimum Standards for Referrals

Referral Process

A referral process has been designed to identify MPCA beneficiaries potentially eligible for additional sectoral support. The process is similar for each of the five sectors with particular considerations in each one.

The general process is the following:

SOCIO-ECONOMIC VULNERABILITY ASSESSMENT

MPCA partner conducts the harmonised Integrated Socio-Economic Assessment (ISEA) to individual Households (HH).

BENEFICIARY SELECTION

Based on the harmonised targeting model, HHs will be selected for receiving MPCA.

BENEFICIARY IDENTIFICATION FOR REFERRAL

Specific indicators in the ISEA have been selected to identify those MPCA beneficiaries that need additional support. A specific excel tool has been designed and automatically highlights those MPCA beneficiaries that would be eligible for referrals.

SERVICE MAPPING

Partners have access to a service mapping to identify active partners in the specific locations. The main mapping is based on the ActivityInfo dashboards. In addition, specific clusters have additional dashboards and resources.

PARTNER'S COORDINATION

The MPCA partner will coordinate with the sectoral partner to discuss the potential eligible HH to be referred and the sectoral partner capacities to absorb the referral. This coordination can start at the very beginning of the process, to have an agreement well in advance.

ASSISTANCE IS PROVIDED TO BENEFICIARIES

MPCA is provided to beneficiaries. Those beneficiaries that can be potentially referred to sectoral partners should be coordinated to see whether the MPCA assistance should be provided at the same time as the additional sectoral support or would be sequential assistance. As a reference, the CVA mapping lists the duplication, complementary and sequential activities.

DATA SHARING

A Data Sharing Agreement should be in place before sharing beneficiary data. MPCA partner will act as beneficiary data exporter to the sectoral partner.

CASE FOLLOW-UP

The MPCA partner will follow-up with the sectoral partner to see whether the referred case has got access to additional support as part of the referral. The follow-up cases have to be recorded by the MPCA partner in the Excel Tool and report it in ActivityInfo on a monthly basis.

Sectoral Activities

The following activities have been identified under each sector to potentially refer MPCA beneficiaries:

Agriculture

Referrals to agricultural activities are focused on linking MPCA beneficiaries to livelihoods in this sector and implemented in rural areas; therefore, the referrals will be limited to these geographical locations.

Linking MPCA and Agricultural livelihoods support will have a double benefit: 1) Enhance their income generating activities and therefore, increase their self-reliance and long-term sustainability; and 2) the stress of covering basic needs is reduced with MPCA, allowing beneficiaries to focus on livelihoods.

To ensure this complementarity, it is recommended that the two activities are provided either sequential or along with, when possible.

Selected activities:

➢ Provision of agricultural tools and equipment
➢ Provision of agricultural and livestock inputs, tools and equipment

Livelihoods

Referring MPCA beneficiaries to livelihoods activities is crucial to support beneficiary self-reliance through income generating activities and ensuring sustainable solutions for vulnerable populations. In Iraq, unemployment rate is high particularly among youth, with 30% of unemployed youth in 2021 according to Ministry of Planning. With the economic contraction caused by the pandemic and the cut in oil prices in 2020, the poverty rate rose to 30% in 2020. While the immediate impact of COVID-19 seems to be stabilizing and oil prices have recovered, long-term economic challenges remain.

Linking MPCA beneficiaries to livelihoods will follow a graduation model by receiving first MPCA to support addressing basic needs. This modality will allow beneficiaries to focus better on the livelihoods development while basic needs are covered by MPCA. To ensure this complementarity, it is recommended to provide the livelihoods support right after the MPCA or along with.

Selected activities:

➢ Job placement
➢ Vocational Training
➢ Business development

Cash for Work is considered a duplication with MPCA as both activities aim to support basic needs and are short-term assistance.

Health

Based on Post-Distribution Monitoring data in 2021, 73%[3] of the MPCA beneficiaries reported having healthcare needs with an average expenditure of 133,000[4] IQD per month. This makes this basic need crucial for the MPCA beneficiaries. However, MPCA is not intended to cover healthcare needs, as it is considered that these specific services are either provided by the public system or supported by the health partners, and this cost is not included in the Survival Minimum Expenditure Basket (SMEB). Therefore, supporting this referral will facilitate better access to health services.

---

[3] CLCI MPCA Post-Distribution Monitoring data for the period January-September 2021
[4] UNHCR MPCA Post-Distribution Monitoring data for the period June-July 2021

The MPCA and Health activities can be provided simultaneously or sequentially.

Selected activities:

➢ Physical rehabilitation through partners or supporting link with government services
➢ Reproductive health
➢ Treatment of common diseases
➢ Nutrition/immunization: Support on receiving transportation to the public service
➢ Cash and Voucher Assistance (CVA) for health

Protection

MPCA targets extremely vulnerable population who cannot afford basic needs and with multiple layers of vulnerabilities and protection risks. Historically, MPCA partners have been successfully referring beneficiaries to legal assistance, but complementary support is needed to address additional protection needs. This is especially important when Social Protection support is limited.

The MPCA and Protection activities can be provided simultaneously or sequentially.

Protection includes the following sectors:

❖ General Protection (GP) ❖ Child protection (CP) ❖ Gender-based violence (GBV)

Selected activities:

General Protection	➢ Case management
	➢ Cash for protection
	➢ Mental health and Psychosocial support
	➢ Legal assistance – Documentation, family law matters, HLP
Child Protection	➢ Case management
Gender-Based Violence	➢ Case management

Shelter

Based on Post-Distribution Monitoring data in 2021, 78%[5] of the MPCA beneficiaries reported having shelter needs in different forms: For paying rent, for shelter rehabilitation or for Non-Food Items (NFI). Critical shelter is a key indicator to determine the vulnerability level and, although the SMEB includes a shelter component, additional support is required.

The MPCA and Shelter activities can be provided sequentially once the MPCA support is completed, since the SMEB includes a shelter component and beneficiaries can prioritise spending MPCA on shelter needs.

Selected activities:

➢ Critical shelter upgrades – Cash or in-kind: This activity is based on a Bill of Quantities to support the shelter rehabilitation. The SMEB only intends to cover very small repairs in a lumpsum that Returnees can prioritise.
➢ Cash for rent: The transfer value and frequency of assistance that shelter partners provide is more extensive than the value included in the SMEB for IDPs. Therefore, referrals could ensure longer-term support as a sequential activity after receiving MPCA.

---

[5] CLCI MPCA Post-Distribution Monitoring data for the period January-September 2021

Identification of Referrals

Screenings

The identification of MPCA beneficiaries to be referred to each specific sector and activity is based on two screenings:

Beneficiary category: Eligible beneficiaries for MPCA are categorised in two groups based on the harmonised targeting model and using the standard Integrated Socio-Economic Assessment (ISEA)[6] tool. Each category reflects a different level of vulnerability severity that informs the frequency of the assistance to be received.

Beneficiary category	Severity category	Score in ISEA	Predicted consumption threshold in IQD	Threshold rational	Frequency of assistance
R2	Extreme	4.85-5.06	70,0001 – 115,000	National Poverty Line	2 transfers in a one-off lumpsum
R4	Catastrophic	< 4.85	≤ 70,000	SMEB per capita[7]	4 months of assistance on a monthly basis

It is important to note that MPCA is provided to IDP outside camps and returnees and it is not implemented inside IDP camps.

Selection of key indicators in ISEA: The ISEA represents a comprehensive and efficient mechanism to trigger referrals for complementary humanitarian-led sectoral assistance. The tool can be used, jointly with sector specific indicators, to prioritize socio-economic HHs among those eligible for sector-specific interventions.

The following figure depicts the potential referral interactions:
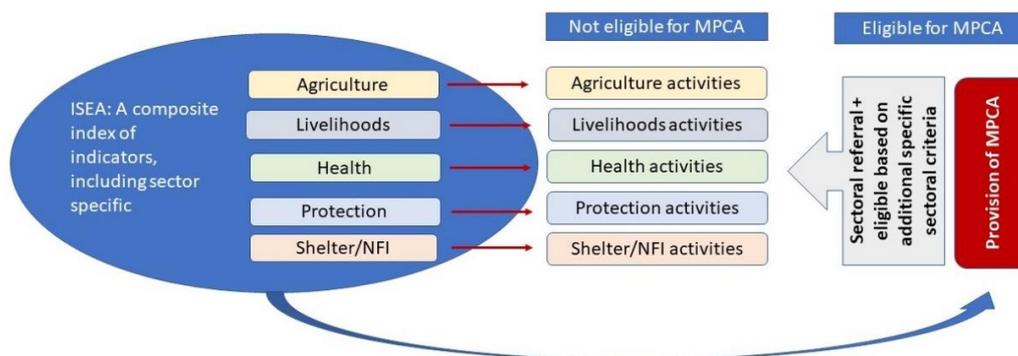
The following sections describe the two levels of screening for each of the sectors and its related activities.

---

[6] The ISEA is the harmonized survey that all MPCA partners use to collect household data and, based on the scoring system of the harmonized targeting model, informs the eligibility of households for assistance. The complete survey is in Annex 1.

[7] The threshold has been calculated using the average value of the SMEB and the MPCA Transfer Value for 2022, convert it to per capita consumption. Average of: 373,991 (SMEB value) + 440,000 IQD (MPCA Transfer Value) and divided by 6 as this is the average family size. The result is 67,833, which has been rounded to 70,000

Agriculture

Referrals to Agricultural activities are identified as follows:

Beneficiary category: R2 – The referral includes only this category because the level of vulnerability predicts that beneficiary can graduate easily to income generating activities. The provision of two tranches in a one-off assistance facilitates better investments in livelihoods

ISEA indicators:

#	Indicator	Question in ISEA	Selected options
		All indicators should be applied	
1	Type of employment	Household Disaggregation – Type of employment	• Temporary job • Unemployed
2	Interest in economic activities	Are you interested and will be committed to Economic activity	• Business development
3	Agriculture as priority needs	Over the past year, what were the top 3 priority needs for your household?	• Seeds or other agricultural inputs
4	HH individuals actively working	In your current location, how many household members over 18 have worked in the past month? (including head of HH)	• 0 • 1 if it's temporary job (linked to indicator 1)
5	Primary source of income	What were your household's primary income sources over the last 30 days?	Any option except • Regular employment • Retirement

Livelihoods

Linking MPCA to Livelihoods activities are identified as follows:

Beneficiary category: R2 – The referral includes only this category because the level of vulnerability predicts that beneficiary can graduate easily to income generating activities. The provision of two tranches in a one-off assistance facilitates better investments in livelihoods

ISEA indicators:

#	Indicator	Question in ISEA	Selected options
		All indicators should be applied	
1	Type of employment	Household Disaggregation – Type of employment	• Temporary job • Unemployed
2	Interest in economic activities	Are you interested and will be committed to Economic activity	• Training • Business development • Wage employment

3	Livelihoods as priority needs	Over the past year, what were the top 3 priority needs for your household?	• Livelihoods support/employment
4	HH individuals actively working	In your current location, how many household members over 18 have worked in the past month? (including head of HH)	• 0 • 1 if it's temporary job (linked to indicator 1)
5	Primary source of income	What were your household's primary income sources over the last 30 days?	Any option except • Regular employment • Retirement *Please, refer to Annex 1 – ISEA to see the options*

Cash For Work

CFW is considered a duplicated activity with MPCA. Therefore, it is not included as part of the referrals. However, non-selected HH (because they are not eligible or because there are not enough resources to cover all eligible beneficiaries) can be referred to CFW considering the following:

Indicator	For HH not eligible for MPCA	For MPCA Beneficiaries that cannot be supported with MPCA
Coping strategy index score high (CSI >19)	X	
Household income should be less or equal to the MPCA transfer value which is 440,000 IQD	X	
Exclude any HH selected regular employment and retirement as a source of income	X	
Capacity/ Interest in Cash for Work Activities	X	X
And not selecting the option "Cannot work" in all adult members in Type of employment	X	x

Health

Linking MPCA to Health services are identified as follows:

Beneficiary category: R2 and R4 as both categories are socio-economically vulnerable in front of health costs.

ISEA indicators:

There are two layers of indicators to be applied for the identification of referrals:

• Preliminary indicators for any health activity: These indicators are a first condition for any referral before determining to which activity/support the beneficiary will be linked. Therefore, any referral should meet these indicators.
• Second layer of indicators per activity: These are the specific indicators that will inform to which activity/service the beneficiary will be referred.

#	Indicator	Question in ISEA	Selected options
Preliminary indicators for any health activity - Both indicators should be applied			
1	Expenditures on medical care	Expenditures in your current location for the past 30 days (IQD)	Expenditure reported on medical care
2	Health as priority need	Over the past year, what were the top 3 priority needs for your household?	• Healthcare
Physical rehabilitation *One of the indicators should be applied*			
3	Head of HH with physical disability	Does the Head of HH have a physical, visual, auditory or mental disability?	• Yes
		If Yes, does this disability prevent the head of household from working, attending school, caring for themselves?	• Yes
4	Any HH members with a physical disability	Are there any household members with a physical, visual, auditory or mental disability?	• Yes
		If Yes, does this disability prevent them from working, attending school, caring for themselves?	• Yes
Reproductive Health *Consider if the HH health need is related to the pregnancy*			
5	HH member pregnant or lactating	Are any of your household members pregnant or lactating?	Yes
Treatment of common diseases			
6	Access to Primary Health Care	There is no specific question in ISEA but partners can either add this question in the observations "Do you have access to PHC?" or identify if the population in a certain community has difficulties in accessing PHC	
Nutrition			
7	Food Security Score (FSC)	How many days in the past 7 days did your HH consume… (all the questions from cereals to condiments)	FSC should be less than 21 (poor level)
CVA for Health *One of any of these indicators is enough for the referral eligibility*			
8	Head of HH with disability	Does the Head of HH have a physical, visual, auditory or mental disability?	• Yes
9	HH member with a disability	Are there any household members with a physical, visual, auditory or mental disability?	• Yes
10	Head of HH with a chronic illness	Does the Head of HH have a Chronic Illness?	• Yes
11	Any HH member with a chronic illness	Are there any household members with a chronic illness? (excluding the head of HH)	• Yes
12	Member of the HH pregnant or lactating	Are any of your household members pregnant or lactating?	• Yes
13	Food Security Score	How many days in the past 7 days did your HH consume… (all the questions from cereals to condiments)	• FSC should be less than 21 (poor level)

Protection

Linking MPCA to Protection services are identified as follows:

Beneficiary category: *R4* – The referral includes only this category because it is considered the highest vulnerable population with more protection risks and less possibilities to transition to be self-reliant.

ISEA indicators:

Specific indicators have been identified for each activity. However, referrals to different activities can be considered for the same HH. Case management includes all the indicators as it is a basic activity to identify protection support required for a HH.

#	Indicator	Question in ISEA	Selected options
**General Protection activities**		
**Case Management** *A combination of at least 2 of these indicators*		
1	Primary source of income	What were your household's primary income sources over the last 30 days?	Any of these options: • Loans/debts • Support from community, friends, family • Zakat • Selling assistance received • NGO or charity assistance • Illegal or socially degrading activities (e.g. unlawful sales, begging) • None
2	Negative Coping Strategies	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	At least 2 of the options are selected *Please, refer to Annex 1 – ISEA to see the options*
3	Risk of eviction	Do you currently face risk of eviction?	• Yes
4	Top priority needs	Over the past year, what were the top 3 priority needs for your household?	• Info about services/psychosocial assistance/legal assistance to protect women and girls from risk/threats • Child Protection • Legal support services
5	Hosted children	Is your household hosting any children (under 18 years old) who do not belong to your family?	• Yes
**Cash for protection** *At least indicator 6 and 7 should be applied*		
6	Primary source of income	What were your household's primary income sources over the last 30 days?	Any of these options: • Loans/debts

			• Support from community, friends, family • Zakat • Selling assistance received • NGO or charity assistance • Illegal or socially degrading activities (e.g. unlawful sales, begging) • None
7	Negative Coping Strategies	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	• At least 2 of the options are selected *Please, refer to Annex 1 – ISEA to see the options*
8	Risk of eviction	Do you currently face risk of eviction?	• Lak of funds to pay rental costs
Psychosocial support *At least indicator 9 should be applied*			
9	Top priority needs	Over the past year, what were the top 3 priority needs for your household?	• Info about services/psychosocial assistance/legal assistance to protect women and girls from risk/threats
10	Negative Coping Strategies	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	• At least 2 of the options are selected *Please, refer to Annex 1 – ISEA to see the options*
Legal assistance *Any of the following indicators should apply*			
11	Head of HH missing documentation	Is the head of household missing any civil documentation	Yes: • National ID Card • Iraqi ID • PDS Card • Birth Certificate
12	Other HH members missing civil documentation	Are any other household members missing civil documentation?	Yes, any of these options: • National ID Card • Iraqi ID • PDS Card • Birth Certificate
13	Available documents	Does every person above 18 in your household have the following documents? This means you have it, it is valid, and it is stored in a secure place	Any of these options: • National ID or unified ID card: No, we don't have it, it is missing, confiscated, expired or invalid • Nationality certificate or unified ID card: No, we don't have it, it is missing, confiscated, expired or invalid

14	Available documents but need replacement	Are the civil documents of any members of your household damaged, expired or have not been updated?	Yes, any of these options: • National ID Card • Iraqi ID • PDS Card • Birth Certificate
15	Top priority needs	Over the past year, what were the top 3 priority needs for your household?	• Legal support services (e.g. civil or HLP documentation)
Child Protection – Case Management *Any of these indicators should be applied*			
16	Hosted children	Is your household hosting any children (under 18 years old) who do not belong to your family?	• Yes Combined with one of the two other indicators
17	Top priority needs	Over the past year, what were the top 3 priority needs for your household?	• Child Protection
18	Negative Copying Strategies	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	• Children under 18 work to provide resources • Child marriage or at risk to enter child marriage
Gender-Based Violence – Case Management *One of the two indicators should apply*			
19	Negative Copying Strategies	During the past 30 days, did anyone in your household have to do one of the following things because there was not enough food or money to buy it?	• Forced marriage (for adults)
20	Top priority needs	Over the past year, what were the top 3 priority needs for your household?	• Info about services/psychosocial assistance/legal assistance to protect women and girls from risk/threats

Shelter

Linking MPCA to Shelter activities are identified as follows:

Beneficiary category: R2 and R4 as both categories are socio-economically vulnerable in front of shelter costs.

ISEA indicators:

| #	Indicator	Question in ISEA	Selected options
Critical Shelter Upgrade *Both indicators should be applied*			
1	Type of shelter	What type of shelter is the household currently living in?	• Habitual residence - damaged/destroyed (not ok for living inside) • Rental apartment/house - damaged/destroyed (not ok for living inside)

			• Sub-standard shelter not for residential purposes/non-residential structure (garage, farm building, shop etc.) • Unfinished or abandoned residential building • Prefab/caravan/RHU
2	Priority needs	Over the past year, what were the top 3 priority needs for your household?	• Shelter/housing
Cash for rent *Indicator 4 and 5 should be applied together*			
3	Type of shelter	What type of shelter is the household currently living in?	• Rental apartment/house - good condition (ok for living inside) • Rental apartment/house - damaged/destroyed (not ok for living inside)
4	Type of shelter	What type of shelter is the household currently living in?	• Makeshift shelter (with scavenged material such as zinc sheets, cardboards, etc.) • Sub-standard shelter not for residential purposes/non-residential structure (garage, farm building, shop etc.) • Religious building • Public building (school, etc) • Tent • Unfinished or abandoned residential building • Prefab/caravan/RHU
5	Risk of eviction	Do you currently face risk of eviction?	• Yes

Service mapping

Coordination between partners is key to operationalise referrals. It is highly recommended that MPCA partners engage with sectoral partners to understand the availability of services and the capacity and timelines of partners to absorb referrals.

In the Humanitarian Response Plan (HRP) for 2022, each cluster and the CWG identified the priority geographical locations to implement the activities. The following maps show the districts where MPCA and each specific sectors have prioritised and coincide, potentially, where there is a higher number of partners.
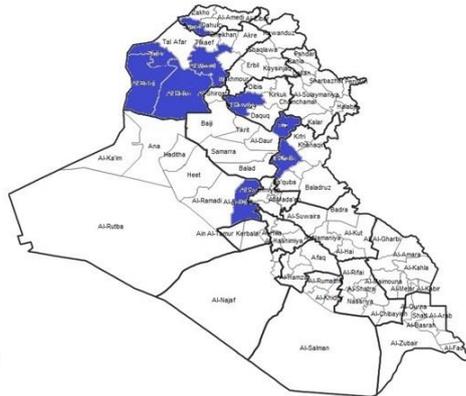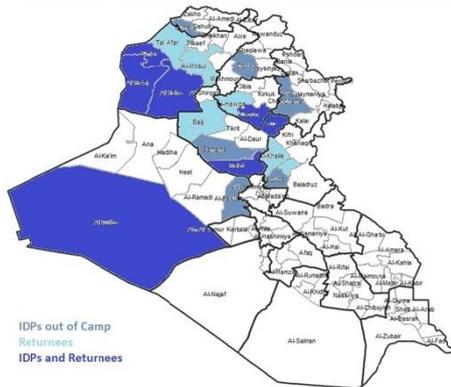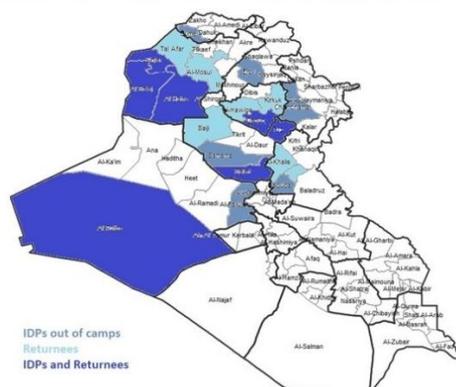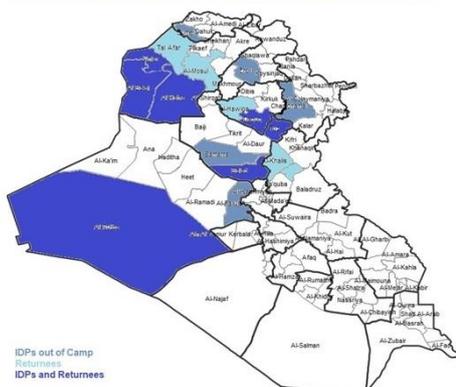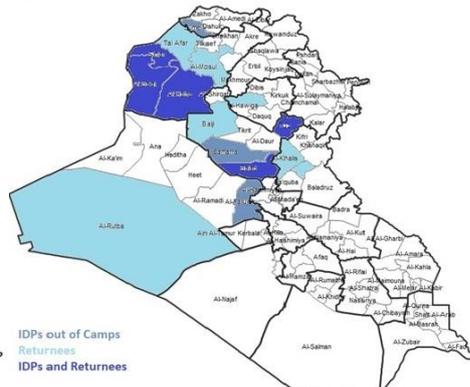
These maps should be complemented with the following resources and mechanisms that are available to map out the existing services at a specific geographical location:

➢ ActivityInfo Dashboards: Partners can identify sectoral plans and the operational responses of partners across all sectors at geographical location. The operational response dashboard reflects the 3Ws.
➢ Coordination with national and sub-national clusters: Coordination mechanisms such as regular meetings, emails or skype groups to request information on available services.
➢ Emergency Livelihoods Cluster dashboard
➢ Health Dashboard
➢ Protection Cluster Dashboard
➢ Child Protection Dashboard
➢ Shelter Cluster Dashboard

Partners can also request information to the local authorities or use additional mechanisms in place in their areas of implementation to understand the availability of services. Also, it is highly recommended to map out the services provided by the governmental departments and to link with them when possible.

Durable Solutions

The Durable Solutions (DS) Mechanism has been established in response to the increased government focus on achieving solutions to displacement and the potential transition of non-governmental actors to complimentary roles. The mechanism follows the nexus approach, combining efforts of humanitarian, development, stabilisation and peacebuilding actors.

The DS coordination mechanism is established at different levels, having the Area-Based Coordination (ABC) groups as the main forum at field level. This mechanism can be used to identify services provided when mapping the available services for referrals in specific locations. ABC groups are currently established in: West Anbar, East Anbar, Hawiga, Diyala, Sinjar, Baaj and Mosul.

IOM Facilitated Returns Program

IOM is implementing a program to facilitate the returns or the relocation of IDPs when leaving their area of displacement. The program is currently implemented in specific locations across the country, primarily in Ninewa, Anbar and Diyala governorates. Locations might change or expand in future.

The program includes, among a number of other steps aimed at informing and preparing families for departure and then supporting them in the areas of destination, a one-off Cash Grant upon departure complemented with an assessment upon arrival in the return location to assess socio-economic vulnerabilities and assistance needs. The results of the profiling are also used, in some locations where IOM is implementing recovery programs, to determine eligibility of respondents for IOM Livelihoods and Shelter support. The profiling results are also used to refer individuals or families for other types of assistance, including MPCA.

It is recommended to coordinate with IOM in the locations where this program is implemented as it is a critical intervention to support long-term impact and resilience of the population.

As part of the program, IOM operates Community centres in five locations (Fallujah – Anbar; Baaj and Mosul – Ninewa; Baiji – Salah ad-Din; Diyala), maintaining regularly updated service mapping in the catchment areas of the centres. These tools are available to be shared with other organisations.

Information Management system

A referral tool has been designed to easily identify which MPCA beneficiaries are eligible to be referred to specific sectors and activities.

A excel spreadsheet (the referrals tool) with the appropriate formulas allows partners to populate a single tab with the cleaned data from their ISEA and see an automated analysis highlight which households would be eligible for a referral and for which sectoral activity.

In order to facilitate and alleviate the partner's input, the entire cleaned dataset can be copy pasted into the tool which will then generate the analysis by populating subsequent tabs for each cluster. Being an internal process, there will be no need to anonymize the data at that stage. However, the inclusion of beneficiary data to any sharing with external partners will depend on the organisation's own data protection guidelines and as per the Data Sharing Agreement.

ISEA indicators have been identified and detailed in a previous section are included in the analysis per selected activity. The analysis tab per sector will indicate, for each household:

- ✓ The household identification (through a uuid)
- ✓ The eligibility score for MPCA
- ✓ The eligibility (yes/no) for a referral (sector activity unspecified)
- ✓ The eligibility (yes/no) for a referral per sector activity
- ✓ The ISEA indicators used for the analysis

The referrals tool can be found here.

Once beneficiaries have been identified for referral, the MPCA partner will coordinate with the sectoral partner with services available in the specific location. The MPCA partner will export the data to the sectoral partner if this has the capacity to absorb beneficiaries.

The MPCA partner will monitor the success of the referral using the referral tool. In the summary tab, the last column is used for the referral follow-up. Therefore, it is also the responsibility of the sectoral partner to report back to the MPCA partner with the final resolution of the referral and if sectoral assistance has been provided.

MPCA partners are also requested to report on ActivityInfo the number of referrals. This is under the Response Monitoring Modul, which is submitted on a monthly basis. Under the sub-form there are the following indicators:

- ✓ If MPCA beneficiaries have been referred to other types of assistance, please indicate the number: Partners can report how many beneficiaries have been referred to each sector during the previous month.
- ✓ If there are MPCA beneficiaries identified to be potentially referred to other types of assistance, please indicate the number: These are the beneficiaries that are eligible to be referred but the referrals are not possible because of lack of services available in the specific location.

This tool can be useful as well to facilitate reporting against partner's project indicators, as sometimes referrals are part of donor requirements when designing and implementing projects.

Data Protection

This referral mechanism should ensure that beneficiary data is protected at all stages. Partners should be aware of data protection policies and protocols as sharing this type of data is highly sensitive.

As first step, MPCA partners should ensure that identified beneficiaries to be referred have accepted the existing consent in the ISEA. Only those who have accepted, can be considered for referrals.

The MPCA partner will always act as data exporter to the sectoral partner. Both partners have to sign a Data Sharing Agreement (DSA) to ensure that data protection policies are in place. The data should be exchanged, stored and managed in a safe way based on internal data protection policies of both partners. It is highly recommended to sign the DSA in advance, as this can take some time to prepare and could delay the referrals.

This is an example of a Data Sharing Agreement designed by CWG partners that can be adjusted and used for referrals.

Contact information

Cluster	Name	Email address	Lead Agency
Cash Working Group	Mireia Termes	Mireia.termes@wfp.org	CashCap (hosted by WFP)
Cash Working Group	Pauline Lietar	pauline.lietar@reach-initiative.org	REACH-Initiative
Food Security Cluster	Las Rashid	las.rashid@wfp.org	WFP
Emergency Livelihoods Cluster	Saudia Anwer	saudia.anwer@undp.org	UNDP
Health Cluster	Kamal Olleri	ollerik@who.int	WHO
Protection Cluster	Claudia Nicoletti	nicoletc@unhcr.org	UNHCR
Child Protection Sub-Cluster	Ranjini Paskarasingam	rpaskarasingam@unicef.org	UNICEF
GBV Sub-Cluster	Farid Gul	fgul@unfpa.org	UNFPA
Shelter Cluster	Aziz Abultimman	snrnatassot.iraq@sheltercluster.org	UNHCR
Facilitated Movements Program	Valentina Bacchin	vbacchin@iom.int	IOM

Annex 1: Integrated-Socio Economic Vulnerability Assessment (ISEA)

The ISEA survey can be found here.

The ISEA is the standard survey that all partners use to identify beneficiaries for MPCA. This survey is designed based on the harmonised targeting model developed in the Cash Working Group. The last targeting model was reviewed and updated at the end of 2021[8] based on the findings of the Multi-Cluster Needs Assessment.

The targeting model uses a Proxy Means Test (PMT). A key objective of the PMT approach in humanitarian MPCA assessment is to find a systematic mechanism for cross-sectoral referrals.

The targeting model is based on the idea of predicted consumption, computed using a range of household characteristics and behaviours (including, for example, shelter type or negative coping strategies), and how these affect the household's capacity to consume, captured through the updated CWG assessment tool called ISEA.

Predicted consumption is generated based on a composite index (including characteristics and behaviours). This is meant to ensure that assistance is delivered based on a rigorous analysis of vulnerability, rather than based on household status (such as displaced, returnee, host) or categorical targeting.

All those with a predicted consumption below 70.000 IQD/per-capita/per-month are considered to be catastrophically vulnerable using the average of the SMEB value and the transfer value for 2022 and converted into per capita consumption[9]. The latter are people likely to being exposed to protection risks and facing severe difficulties in accessing livelihood opportunities. It is expected that those falling in this category (while not exclusively as also people falling in other categories might face severe conditions) can be referred for protection services, other sectorial support and social safety nets.

The extreme severity category includes those with a predicted consumption between 70,001 and 115,000 IQD/per-capita/month based on the National Poverty Line. It is expected that those falling under this category and based on further assessments, can be considered to graduate to livelihoods, in combination with MPCA to cover the basic needs.

For more information on the targeting model, please refer to the document Iraq MPCA Vulnerability Model Review 2021: Technical Report.

As per MPCA endorsed SOPs[10], partners are recommended to do a blanket assessment of the entire neighbourhoods of a given area in coordination with other actors. This approach, while ensuring to the affected population equal possibilities to access humanitarian assistance and minimize the level of potential exclusion, gives the opportunity to identify gaps and enable an efficient allocation of resources.

---

[8] The technical note on the targeting model review can be found here:
https://www.humanitarianresponse.info/en/operations/iraq/document/iraq-mpca-vulnerability-model-review-2021-technical-report
[9] The threshold has been calculated using the average value of the SMEB and the MPCA Transfer Value for 2022, convert it to per capita consumption = Average of 373,991 (SMEB value) + 440,000 IQD (MPCA Transfer Value) and divided by 6 as this is the average family size. The result is 67,833, which has been rounded to 70,000
[10] The MPCA Harmonised guidelines can be found here: https://www.humanitarianresponse.info/en/operations/iraq/document/mpca-harmonised-guidelines-2022