

Multi-Purpose Cash Assistance Strategic and Operational Revision workshop

Linking Multi-Purpose Cash Assistance to Long-Term Solutions



Iraq, January 2022



© Ezra Millstein/Mercy Corps

In November 2021, the Cash Working Group (CWG) in Iraq organized a two-day workshop in Erbil with the aim of discussing the Multi-Purpose Cash Assistance (MPCA) strategy and the harmonised operational components for 2022.

The revision is especially critical in the current transitional context from humanitarian to development, as MPCA can play an important role, especially when linked with longer-term support. Therefore, one of the main topics of this workshop was linking MPCA with other types of activities looking at sustainable solutions.

The workshop brought together 40 senior staff from 30 organizations and 18 panellists, including local and international NGOs, United Nations Agencies and the Red Cross/Red Crescent Movement and it was also supported by the Cash Learning Partnership Network (CaLP Network). The workshop consisted of two days, focused on strategic discussions and on operational components.

This document is a summary of the workshop, outlining the main discussions and conclusions, and serves to document the rationale of the revised MPCA strategy. It also serves to underline the importance of linking MPCA with longer-term solutions.

The humanitarian context in Iraq has changed in the past years. Since the territories previously controlled by ISIS were re-taken, the country started a process of recovery with MPCA playing a key role. In 2022, the needs identified in the Humanitarian Response Plan (HRP) have decreased, giving space for durable solutions actors to increasingly address other needs.

MPCA is proven as a successful method to support vulnerable populations to meet their immediate needs. Especially when returning to their areas of origin from displacement locations, when settling into a new place, or when they are newly displaced. It is also very effective for supporting host communities that are also facing financial barriers. MPCA also works for addressing peoples' basic needs during periods of transition towards to more sustainable solutions.

Delivering large-scale cash assistance requires a harmonized approach that the CWG has been coordinating together with the main actors. MPCA continues to be a preferred assistance modality that affords vulnerable households the flexibility to meet their survival basic needs. Significantly, MPCA decreases the incidence of negative coping strategies, including secondary displacement triggered by financial constraints, and plays an essential role in supporting (re)integration and transitions to durable solutions.

MPCA will continue being a major component in the Iraq HRP for 2022, targeting 135,000 vulnerable returnees and displaced individuals outside camps out of the total 961,000 Acute People in Need (PIN) across prioritized locations.

This workshop and report have been facilitated and written by
Mireia Termes – CWG Co-lead (CashCap) - Mireia.termes@wfp.org



CONTENTS

SUMMARY	2
OVERVIEW OF MPCA IN IRAQ.....	4
STRATEGIC COMPONENTS	5
Linking MPCA with Livelihoods	5
GRADUATION MODEL	5
GRADUATION APPROACH	6
REFERRALS	7
Linking MPCA with other sectors.....	8
FOOD SECURITY.....	8
HEALTH.....	9
PROTECTION	10
SHELTER	11
Linking MPCA with Durable Solutions.....	12
Linking MPCA with Social Protection	14
OPERATIONAL COMPONENTS.....	18
MPCA Harmonised Operational Approach	18
TRANSFER VALUE AND FREQUENCY	18
ASSESSMENT METHODOLOGY	22
VERIFICATION, DUPLICATION AND FINAL SELECTION OF BENEFICIARIES	24
Cross-Cutting Issues	26
GENDER – MOVING BEYOND FEMALE HEAD OF HH.....	26
FINANCIAL INCLUSION	26
MARKETS AND PRICES.....	26
ACCOUNTABILITY TO AFFECTED POPULATION	27
WHAT’S NEXT?	29
ACRONYMS	30
Annex 1: Agenda of the Workshop.....	31
Annex 2: List of participant organizations	33

SUMMARY

MPCA workshop aims to revise the strategy and harmonised operational components for 2022 which became critical in the current transitional context of humanitarian-development nexus, where MPCA can play an important role, especially when linked with longer-term support

STRATEGIC COMPONENTS



Linking MPCA with Livelihoods

Graduation models, graduation approach
– KEY PRIORITY

Common assessment tool for MPCA and Livelihoods

A joint programming/strong coordination between partners

Advocacy to donors

Socio-Economic situation of the HH is key to determine graduation modality/referral

Design an assistance package

MPCA Referrals to sectors

Referrals to address the multi-layer vulnerabilities

Referring beneficiaries to further sectorial assessments not to activities

Coordination between partners and at field level with support of clusters

Mapping of existing activities and services

Data Sharing Agreements can be a challenge



Linking MPCA with Durable Solutions



CWG can share CVA experience with DS

CWG interest in participate in DSTWG

Information to be clarified about the role and operationalisation of DS to actors

It is crucial to link MPCA with DS and discuss referrals

Linking MPCA with Social Protection



Humanitarian actors can contribute to strengthen the Social Protection programs

Focus on strategies and information, targeting model, transfer values, delivery mechanisms

Referrals are limited by the closed registration mechanism

Explore options to reactivate the Social Protection Forum

Identify if there are specific groups excluded from SP

MPCA should be linked with all these components

A transitional/referral pathway has to be design by the key actors

It requires operationalisation of long-term monitoring to assess the impact

IM systems capacity should be in place

Clear indicators should be established to select beneficiaries for referrals

Definition of duplicated, complementary and sequential activities

OPERATIONAL COMPONENTS

Transfer Value and Frequency

- Develop communication strategy and materials with key message for communities
- Discuss transition to the new transfer value and frequency for the ongoing projects
- Transfer value has been calculated in IQD
- Add one more month of assistance to R3 to facilitate the referrals to additional assistance
- A top-up has been added to the specific components of the SMEB
- Deliver 2 transfers in a lumpsum to allow R2 beneficiaries better manage the cash and potentially facilitate investments
- To incorporate new data sources to specific components for next revision
- To provide the Financial Health Encouragement Training to beneficiaries

Assessment

To continue with door-to-door assessment; Promote Community-based approach; Neutral community committees; CRM in place from the assessment

Verification

Separated team doing verification; Standard minimum sample size; More than 30% mismatch – Failure; Flexibility when emergencies occur

Duplication check

Need alternatives when DSA is not possible; List of considerations to determine timeframe of a beneficiary being duplicated; Duplication-check at governorate level

Final selection

List of considerations to determine time-frame of being eligible; Partners to report gaps; Non-eligible HH should be informed or referred

CROSS-CUTTING ISSUES

GENDER – MOVING BEYOND FEMALE HEAD OF HH

- A Gender assessment to be conducted in the first phase of the project to understand the community gender dynamics
- All the phases of the project to be designed based on the findings in the gender assessment
- Community engagement could be an entry point
- Communication and messages should have gender sensitivity
- Gender approach requires specific resources and dedicated staff (challenging)

MARKETS AND PRICES

- The coverage of the price monitoring should be increased with other partners and clusters and geographically in the South
- To differentiate between imports and national products and add new commodities
- Increase the number of informants in the JPMI adding wholesalers and consumers
- Gender should be taken in consideration when selecting informants
- Link the findings with additional existing assessments, including value chain analysis

FINANCIAL INCLUSION

- Financial inclusion should take in consideration cultural and religious aspects
- Training on digital literacy and accessing Micro-Finance Institutes and Savings&Loans groups. Use the existing FHE
- Consider specific barriers for female to access financial integration
- Take in consideration debts is one of the most used negative coping mechanism
- To ensure equitable access at household level

ACCOUNTABILITY TO AFFECTED POPULATION

- Community participation is to empower and give ownership to the communities.
- A consultative process should be done to develop harmonised, regular and consistent messaging at all levels
- FGDs can be conducted at the assessment phase to receive feedback from communities
- PSEA and GBV cases are more likely to not be reported through the normal mechanisms. Specialists should be in place with a safeguard complaint systems

OVERVIEW OF MPCA IN IRAQ

MPCA has been a major activity in Iraq since 2015, used mainly for responses for conflict affected populations but also to other types of shock, for instance the impacts of Covid19 and natural disasters. During this time, the MPCA approach has been harmonised across partners, with standardised tools and guidance developed. These have been supported through several pieces of research to support evidence-based decisions and complimented by regular provision of capacity building.

Harmonised tools

Targeting model
Transfer value and frequency
Assessment methodology
Minimum implementation standards
Market Assessment tool
Price Monitoring activity
Approach for specific responses

The CWG has been supporting cross-cutting issues related to MPCA, such as Accountability to Affected Populations (AAP), protection mainstreaming, reporting mechanisms, sharing information on market assessments and price monitoring, support to local organizations and mapping Financial Service Providers (FSP).

Since 2018, Humanitarian needs of populations directly affected by conflict have been decreasing, resulting to a decrease of the HRP targets and funding. The number of CWG partners has also decreased, but it is projected that new partners will join in 2022, including national and international organizations.

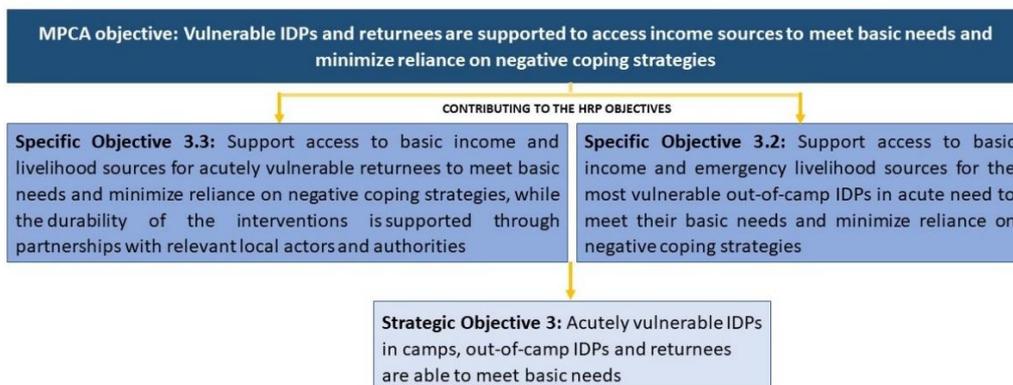
2021	2022
Target: 390,000	Target: 135,000
Funding request: \$78M	Funding req: \$26.5M
Achieved: 133,000	Estimated #
# Partners: 15	partners: 20

Results from Post-Distribution Monitoring (PDM) show high levels of satisfaction, access to basic needs and expenditures on critical needs. However, the Cash and Livelihoods Consortium for Iraq (CLCI) study on [Exploring Self-Reliance at the Humanitarian-Development Nexus](#) and showed that:

- 75.4% beneficiaries remained eligible for MPCA assistance 9 to 12 months after receiving the first assistance, based on their Socio-Economic Vulnerability Assessment¹ scores;
- 8.3% beneficiaries had achieved self-reliance;
- 76% of households considered themselves to be self-reliant, but many beneficiaries view the MPCA as a brief moment in their overall survival narrative.

Based on these findings, the CWG considers important to explore how best to link MPCA beneficiaries with longer-term support and integrated approaches in order to increase the impact of this assistance.

MPCA HRP Objectives



¹ The Socio-Economic Vulnerability Assessment Tool (SEVAT) was until 2021 the harmonised MPCA assessment tool used by partners to identify beneficiaries. In 2022, the new harmonised assessment tool is called Integrated Socio-Economic Assessment (ISEA) as it has been designed to be aligned with the reviewed targeting model conducted at the end of 2021 and to integrate additional questions to facilitate linkages with livelihoods. The tool is based on the harmonised targeting model based on a Proxy Means Test.

STRATEGIC COMPONENTS

The first part of the workshop was on strategic components with a focus on identifying links from MPCA to longer-term support. This section includes the summary of the presentations, discussions and conclusions of each of the topics:



Linking MPCA with Livelihoods

Panellists: Emergency Livelihoods Cluster

Linking MPCA with livelihoods support is crucial to ensure longer-term impact but also self-resilience of beneficiaries through engagement with income generating activities. MPCA can act as an entry point, supporting basic needs while people initiate livelihoods activities. MPCA can also protect existing livelihoods, preventing failure and better enabling scale up.

cash for work in urban areas and asset replacement, each of them has its own Standard Operational Procedures (SOP). There is a [dashboard](#) available with key information and data, including one specifically for referrals.

The Emergency Livelihoods Cluster was formed in 2014 and it is currently chaired by UNDP and Caritas Czech. Currently it has 9 different sub-clusters in Iraq with around 54 partners. The cluster coordinates 5 key activities: Vocational training, job placement, business incubation,

Example: [UNDP 3x6 Intervention](#)

It is based on a graduation model with 3 principles and 6 steps to include vulnerable people in economies with a “Graduation Lens” that helps to sequence existing interventions, ensuring the poorest people receive the appropriate support at the appropriate point through their development.

GRADUATION MODEL

Definition	Details	Example
A link between consumption support and longer-term solutions to increase self-reliance of the participant	Consumption support helps in meeting basic needs and allows people to focus on income generating activities Target population: Vulnerable	Provision of MPCA followed by business grants support

Key conclusions

- Graduation from MPCA to livelihoods is an important approach for improving impact and a key priority for the new MPCA strategy;
- Participation in different activities as a routine part of assistance might require managing behavioural shifts for referred participants;

- Jointly designing programming with partners is necessary to ensure the appropriate provision of different activities;
- It is necessary to design a transitional pathway with clear steps, information management and relevant activities;
- Advocacy to donors is key to ensure availability of resources and to ensure graduation is done on a timely manner.

How?

COORDINATION: Coordination between partners and internal departments, especially starting from the field level

PARTNERSHIP: Engagement with private sector, governmental bodies, and other key actors

ASSESSMENT TOOL: Develop/adopt a common assessment tool for MPCA and Livelihoods. The CWG is currently using the Socio-Economic Vulnerability Assessment Tool (SEVAT) but the CLCI is developing an Integrated Socio-Economic Assessment (ISEA) tool to identify beneficiaries for MPCA

COUNSELLING/COACHING: Individual counselling to understand interest and capacities and provision of regular coaching during the graduation

PDM FOLLOW-UP: Analyse the results of the PDM, especially after the provision of MPCA, to understand the impact on the access to basic needs and eligibility for livelihoods support

LINKING: Exploring linkages to Social Safety Nets or other governmental support

EXIT OPTIONS: Identify potential exit options for the graduation to ensure sustainability

GRADUATION APPROACH

Definition	Details	Example
A program that empowers people to escape extreme poverty. A holistic set of interventions designed to address their complex and long-term needs	Provision of a comprehensive package during a long period of time (24-36 months) Target population: Extremely poor	Provision of consumption support + skills training + Business grant + Coaching/mentorship + Financial inclusion

Key conclusions

- Graduation approach is feasible and needed in Iraq. Access to Social Protection schemes is limited, so graduation is especially important for the extremely poor population if their situation is to change. However, there are a number of challenges to consider, such as financial resources or long-term engagement of participants;
- The Socio-Economic situation of households needs to be carefully considered and analysed for this type of intervention to be successful;
- It requires donor sensitization, as this approach requires larger resources and longer-term projects to create impact;

How?

CAPACITY ANALYSIS: Ensure good internal/external capacities and identify key topics to build organizational capacities

TARGETING: Design an effective targeting using ISEA as an entry point but combining it with counselling and more deep understanding of HH vulnerabilities, protection risks and opportunities

STRATEGY: Design a proper strategy and assistance package based on beneficiary needs

PARTICIPATION: Government and communities need to participate and engage in the process

REFERRALS

Definition	Details	Example
Identified population to be linked to other types of services/assistances	Referrals can be done to other internal programs or externally to other actors. Target population: Identified population with needs that the program cannot provide	Less vulnerable MPCA beneficiaries are referred for Livelihoods activities

Key conclusions

- Referrals to livelihoods is key to ensure the provision of complementary support towards income generating activities and self-reliance of beneficiaries. Identification could be based on socio-economic status and understanding their livelihoods interests and capacities;
- Challenges: Coordination between partners; Engagement with communities to discuss the eligibility of beneficiaries; Data sharing agreements; Operationalising IM systems; Appropriate beneficiaries get engaged in multiple activities can create community tensions, which is also counter to donors' preferences for larger numbers of diverse beneficiaries; Conducting different assessments for each activity, can create potential assessment fatigue;
- What works well: The existing referrals from MPCA to legal assistance; the coordination between partners when sudden responses occurred (camp closure, floods); the Iraq Information Center collects feedback and complaints which can be used to identify referrals; some organization have community resource centres that could be used, too.

How?

TYPE OF ACTIVITIES: To define the existing type of livelihoods activities and which ones are duplication, complementary and sequential with MPCA

ASSESSMENT TOOL: The ISEA can be used as an harmonised tool for MPCA and Livelihoods partners,

COMMUNICATION: Increase communication between partners at national and field level and to communities to ensure proper information is shared

IM CAPACITY: The CWG needs to prioritise and ensure IM capacity is available with a strong

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, or it can be complementary to other types of support in parallel.

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

Food Security	Focused on linking MPCA with agricultural support for better sustainability in rural areas; Food Assistance is considered a duplication
Health	MPCA beneficiaries are reporting health as one of their priority needs, with high level of expenses. However, the SMEB does not include health, as needs can vary greatly between households
Protection	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
Shelter	MPCA beneficiaries are reporting shelter as another of their priority needs. Critical shelter provision is a key indicator for 2022, and MPCA and Shelter partners have a harmonised assessment tool

FOOD SECURITY

Linking MPCA with Food Security only focuses on the agricultural sector in rural areas. This is because food assistance is provided mainly inside camps and MPCA is only provided outside camps. Also, the food basket is included in the Survival Minimum Expenditure Basket (SMEB) that informs the MPCA transfer value.

Receiving MPCA initially will allow beneficiaries to ensure their basic needs are covered first and foremost. Subsequent agricultural support will then allow MPCA beneficiaries to access additional income generating activities, leading to more sustainable impact.

FOOD SECURITY ACTIVITIES

- Cash for Work
- Provision of agricultural tools and equipment
- Provision of agricultural and livestock inputs, tools and equipment
- Provision of 'Cash+' for IDPs out-of-camp and returnees

HRP Target locations for FS and MPCA

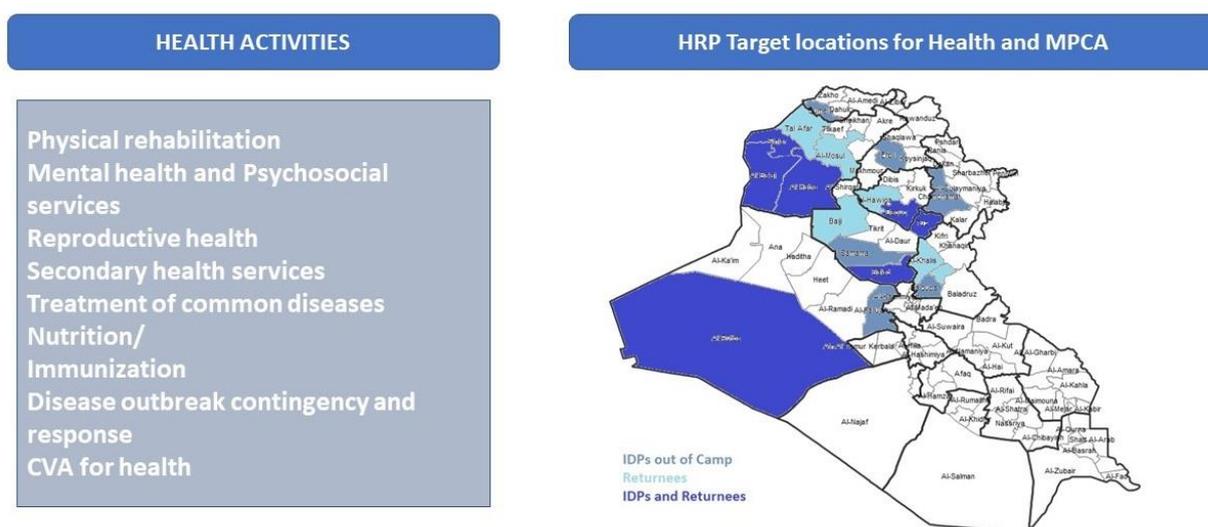


Key conclusions

- Identify which activities are duplication, complementary and sequential between MPCA and Food Security;
- Define a harmonised referral mechanism and referral pathway;
- Include referrals as a required activity with associated indicators when designing projects;
- Include in the ISEA more questions related to agricultural information;
- Coordination should be ensured between partners at national and field level. Clusters can support on this;
- Donors can play a key role by linking their partner organizations;
- Challenges: Data sharing agreements and processes; Centralised database and IM systems; Inability to support referrals because of funding limitations.

HEALTH

Results of the SEVAT and PDM show that a large number of beneficiaries are reporting health as one of the main needs, it is also one of the top reported household expenditures. The SMEB does not include a health component, so linking MPCA with health support will allow beneficiaries to access these additional critical services in parallel to MPCA covering their basic needs.



Key conclusions

- Geographic health service mapping needs to be done to understand the availability of services;
- Beneficiaries should be referred to the nearest facility. In case it is out of the location, consider covering the cost of transportation;
- Health services are free in public hospitals but not all services are available and there is a shortage of medicines. Referrals to health partners is key for more appropriate access to services.

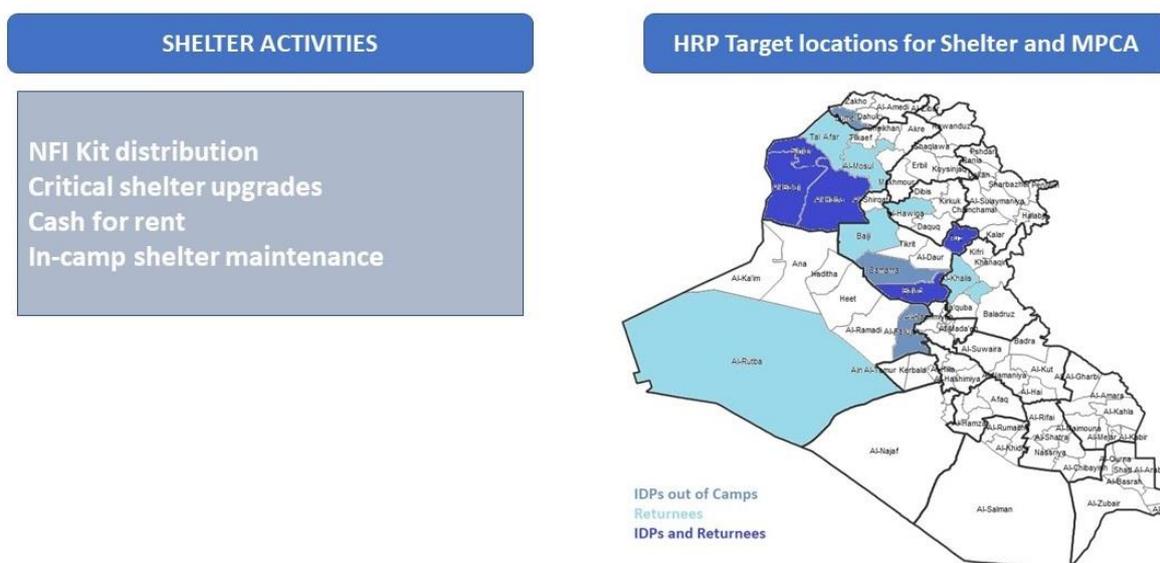
Key conclusions

- Referrals for civil documentation is already existing with good results. This can be an example;
- Engagement with communities is key;
- All Protection activities are relevant for referrals, except cash for protection that can be considered a duplication with MPCA. Also, UNHCR and its partners deliver cash for protection as MPCA under the coordination of the CWG and reported under the Protection Cluster. It is important to consider the nature of the program;
- Look specifically at MPCA Beneficiary category R4 as they are the most extremely vulnerable population;
- The ISEA is based on socio-economic indicators, but a more in-depth protection assessment would need to be done. Specific criteria should be developed to ensure the referrals of selected beneficiaries for protection services are based on relevant protection needs;
- Challenges: Raising expectations within the population when resources are limited; Data sharing agreement needs to be in place but depends on partner's internal policies, capacity development of MPCA actors contact points with households to ensure appropriate protection needs identification and referrals.

SHELTER

Critical shelter is one of the key indicators of the HRP 2022 and it has been included when calculating the MPCA targets in specific locations. Shelter partners are using the same MPCA targeting model when identifying beneficiaries with an additional technical assessment of the shelter. Therefore, the operationalisation could be easier when identifying beneficiaries.

The SMEB includes a shelter component, which is calculated to cover either the cost of the rent for IDPs or a lumpsum for other shelter needs for returnees. However, there is a large number of populations needing shelter reconstruction, which falls under the shelter cluster.



Key conclusions

- Households reporting shelter needs are highly vulnerable;
- Linking MPCA with shelter reconstruction will reduce negative coping mechanisms;
- CWG and Shelter/NFI cluster can operationalise the referral pathways;
- To continue using the same assessment tool -ISEA- for both MPCA and shelter activities;

- Cash for rent is included in the MPCA transfer value, so is not applicable for referral as this would be considered duplication of assistances. However, more in-depth analysis needs to be done to better understand the cost of the rent;
- Challenges: Partner’s capacity for referrals and availability of resources.

HOW TO OPERATIONALISE ALL THESE REFERRALS?

REFERRAL PATHWAYS: To design clear pathways with the operationalisation of referrals, coordinated by the relevant clusters and CWG

DUPLICATION OF ACTIVITIES: Identify which sectorial activities are duplicated with MPCA and which

ASSESSMENT TOOL: Agree on an assessment methodology and define clear criteria for referring beneficiaries to each sector

DATA SHARING AGREEMENT: Facilitate data sharing among partners and clusters to support when

Linking MPCA with Durable Solutions

Panellists: Durable Solutions Technical Working Group

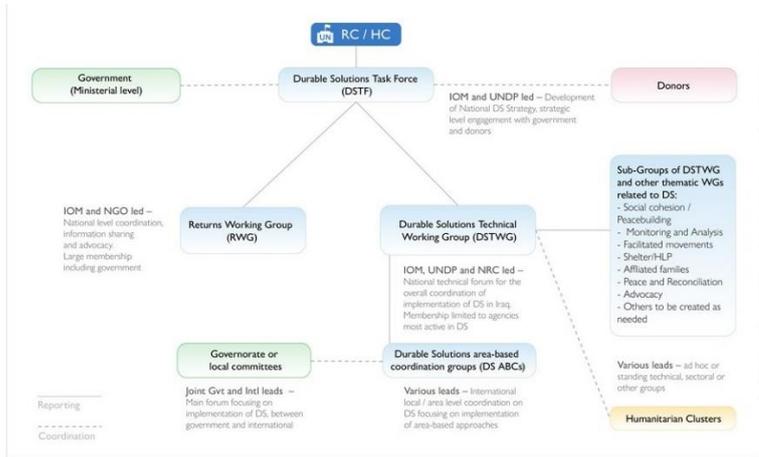
In the current context there is a need to link MPCA with new mechanisms such as Durable Solutions to support the emerging nexus strategies for more sustainable solutions. MPCA can be considered an entry point to complement additional layers of support provided within Durable Solutions activities.

What is 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. It does not represent an entirely new set of activities and actors, but rather, more focus on the nexus approach to integrated sustainable support

The government of Iraq has finalized a national plan for resolving displacement - All DS efforts are to work closely with government counterparts, nationally and locally, to support the implementation of this plan and wider solutions to displacement

Durable Solutions Structure



DSTF – Providing overall strategic guidance and leadership, engaging at national level with government counterparts

RWG – Pre-existing group, brought under the new mechanism as wider information sharing platform for DS

DSTWG – Smaller technical group, defining operational approaches, frameworks and guidelines for DS implementation, guiding and supporting ABCs

Area-based Groups: Developing and implementing DS localized plans of action

DS Task Force

- The DSTF created and adopted a coordination structure to support durable solutions in Iraq. The structure was adopted in October 2020.
- Provides strategic direction, advice and coherence
- Coordinates at the heads of agency level
- Supports joint resource mobilisations for DS
- Liaises with the Government (Ministerial level) as well as HCT and UNCT

Members: UN, INGOs

DS Technical Working Group

- Develops operational strategies
- Provides technical advice to DSTF
- Provides technical guidance and capacity
- Develops technical methodology and tools
- Technical guidance for ABC groups

Members: UN, I/N NGOs, ICCG, Working Groups, other entities

DSTWG sub-groups:

- Facilitated Movements
- Housing and HLP
- Social Cohesion and Peacebuilding
- Monitoring and Assessment

The DSTWG has prepared the Strategic and Operational Framework that contains core principles, priority groups, strategic objectives and associated activities and notes for monitoring approaches.

The field coordination is run through Area-Based Coordination (ABC) Groups, established in the following locations:

Governorate	Area	Governorate	Area
Anbar	West Anbar	Ninewa	Sinjar
	East Anbar		Baaj
Kirkuk	Hawiga		Mosul
Diyala		Salah Al-Din	

The ABC Groups are developing plans of action for 2021-2024 providing context analysis, needs and gap analysis and government priorities. The majority of actions are contributions from international and national aid actors. Numbers of cash assistance are reported under several sectors (agricultural cash grants, cash for work, shelter, etc.)

Key conclusions

General

- The government is showing great focus on achieving solutions for displacement. Therefore, initiatives to support sustainability can have a great support;
- ABC groups are open to any organization willing to coordinate in the field, while the DSTWG is closed to specific membership. Therefore, interested organizations should seek to join at ABC level. The Returns Working Group (RWG) also provides information;
- The DS approach is focused on 3 priority groups: IDP inside and outside camps and returnees. Host community is included where there are IDPs. There are 3 main pathway options:
 - Reintegration in the returnees' original location of origin
 - Local IDP integration at location of hosting
 - Resettlement/relocation of IDPs' to a third locationMPCA can be an appropriate assistance modality for these pathways;
- At the moment, DS is focused only on conflict-affected populations and not people affected by other shocks, for example, climate change;
- There is limited clarity among partners on what activities are humanitarian or DS. It is also not clear how to do the reporting. There is a need to clarify these aspects;

- There is little clarity on how to access funding and if it is only for UN agencies. A revision of the funding tool, fundraising strategy and advocacy should be put in place, but this is currently in a very early stage;
- Humanitarian actors have undertaken a lot of programming which is also now included in DS. Experience should be shared, and DS can carry forward a lot of the existing structures
 - The CWG can contribute to CVA under DS programs by sharing existing tools, resources and providing technical expertise. There is interest from the CWG to better participate in the DSTWG;
- More information needs to be clarified for partners about the operationalisation of DS.

Referrals

- CWG needs to be better engaged with DS and discuss referrals from MPCA to other activities, especially to livelihoods;
- There should be better engagement with people of concern and communities to enable their participation in decision-making and common understanding;
- There is a need to better understand the communities needs beyond household level;
- Engagement with the government social safety net, including information sharing will be of key importance;
- Referrals can be challenging because it depends on the level of engagement and readiness of the counterpart responsible for the complementary assistance.

Linking MPCA with Social Protection

Panellists: CaLP, World Bank, UN Joint Program (WFP, ILO and Unicef)

Linking MPCA with government-led Social Protection (SP) is key to ensure sustainability and government ownership. The CWG considered exploring potential linkages for referral of beneficiaries but, at the moment, the Social Protection system is closed to new applicants. However, humanitarian cash actors have developed technical expertise and experience in preparation for feasibility to align and coordinate humanitarian CVA and social protection, and will welcome the opportunity to enter into discussions on potential linkages.

Social Protection in Iraq³

Since Covid19 started, there has been a massive expansion of needs. Despite this, the humanitarian funding has continued to decrease. In terms of Cash assistance, the two parallel systems of humanitarian CVA and government Social Protection operate with different logics and funding streams, and most of the time without coordination. However, stronger coordination between humanitarian cash and Social Protection will be critical to maximise overall effectiveness.

In Iraq, two parallel social protection systems exist: One implemented by the Government of Iraq and one from the Kurdistan Regional Government (KRG). The Public Distribution System and the pensions represent the majority of the social protection spending.

- **Poverty increased by 11.7%**, bringing the national poverty rate to 31.7% (2020) compared to 20.0% in 2018.
- **4.5 million additional poor**, adding to the 6.9 million already under the national poverty line poverty prior to COVID-19.
- **2 out of 5 children living below poverty line**, double pre-COVID-19.
- **3 out of 4 households'** employment was impacted negatively by the epidemic and containment measures with significant impact on incomes.
- **9.1 million people** suffer from chronic hunger; 2.9 million people with insufficient food consumption

Source: WFP

³ Please, refer to the Cash Learning Partnership Network Case Study on Humanitarian Cash and Social Protection in Iraq: <https://www.calpnetwork.org/wp-content/uploads/ninja-forms/2/CaLP-Iraq-Case-Study-WEB.pdf>

Other programs are also available managed by three further Ministries (Planning, Labour and Social Affairs and Trading) but with little coordination between them. In 2014, there was a reform of the Social Protection law, and in 2018 the Poverty Reduction Strategy (2018-2022) was developed, moving the targeting system to a Proxy Means Test. In order to mitigate the risks of Covid19, the government provided Social Protection through mobile money transfer under the specific programme called Minha.

In KRG, there is Social Safety Net (SSN) implemented since 2011 with some efficacy issues. A Social Protection Strategic Framework was developed in 2016, echoing the changes of the Government of Iraq in 2014.

In recent years, humanitarian actors have been providing MPCA to IDPs, returnees, host community and refugees in conflict-affected areas, however it has not been provided to other communities or in other areas in the country experiencing high levels of poverty. This assistance has been provided in parallel to Social Protection but without the ability to transfer cases as registration to the Social Protection from the Ministry of Labour and Social Affairs (MoLSA) has been generally closed since 2016.

Efforts to link humanitarian CVA with Social Protection have been made, including an action plan developed in 2018 within the Social Protection Forum (SPF). This plan aimed to support coordination between actors, funding mobilisation and to ensure best practices. However, this Forum experienced several challenges that prevented further progress. In the meantime, the CLCI and the World Bank conducted a [study with a field test](#) to analyse an alignment of targeting models.

The role of the World Bank

Since 2006, the World Bank has been a strategic partner to the Government of Iraq and the KRG in the areas of poverty alleviation and Social Protection. This includes, for instance, technical and operational support to the launch of the ongoing Cash Transfer Program (since 2016), a roadmap for the establishment of a MoLSA social registry, or a detailed assessment of the Social Protection system in Kurdistan Region resulting in a Framework that lays out reforms at the policy, legislative, programmatic and systems levels for Social Safety Nets, Pensions, and Labor Markets.

The World Bank contributes to the humanitarian development nexus, working with partners to facilitate referral of vulnerable groups covered by the humanitarian system, into the government's system. These efforts are focused on three areas:

Targeting alignment

An Action Plan identified key areas for stakeholder focus (targeting, referrals and information management). Technical collaboration led to a desk review of the PMTs and creation of Proxy PMT; a subsequent field-test to assess PMTs and willingness to be referred; and a lesson learned policy brief.

Social Protection Forum

The WB collaborated with the CWG and UNHCR to prepare for the launching of a Social Protection Forum (2019) as a platform to improve overall coordination among humanitarian, development and government actors in Iraq. With the outbreak of the pandemic, the operationalization of the SPF was stalled.

Upcoming Social Safety Net program in Dohuk

The WB will work with relevant partners, namely UNHCR and UNICEF, to make sure that social protection systems are well developed and harmonized to facilitate eventual inclusion of IDPs and refugees in Dohuk.

In early 2021, the Government of Iraq issued a White Paper on key policy reforms and strategies related to the social protection and labor markets. It seeks to achieve the country's high-level Social Protection objectives to improve resilience, equity and economic opportunity for all.

Since then, the government officially requested the support of the World Bank to operationalize its White Paper, with focus on strengthening systems, increasing coverage of the poor and vulnerable, and improving sustainability and coverage of the pensions system.

Finally, the WB believes that joining efforts with development and humanitarian actors will result in more effective support to the government in implementing its white paper.

Areas of engagement of the World Bank with the government

Engagement at federal level	Iraq Social Fund for Development (SFD, 2018-2023, \$300m lending): To improve access to basic services, generate short-term employment opportunities (with Ministry of Planning)
	Iraq Social Protection Support Program (SPSP): Technical assistance to MoLSA for Social registry and targeting.
	Iraq Household Socioeconomic Survey (IHSES III) and the Poverty Reduction Strategy (PRS III): Support the Central Statistical Organization in providing up-to-date evidence on different population groups.
Engagement at KRI level	A Cash Transfer Pilot in Duhok: To incentivize poor households to invest in their human capital. Technical Assistance for social safety net systems development: support the revision of the SSN regulatory framework, upon the request of KRG MOLSA, and jointly with UNICEF and UNHCR.

The UN Joint Program

The UN Joint Program is formed by WFP, ILO and UNICEF with an overall objective to ensure that, by 2025, vulnerable groups and the poor including children, youth, women, the elderly, persons with disabilities and displaced persons, will benefit from equitable access to a comprehensive integrated Social Protection system, sensitive to age, food security and gender, while being shock responsive.

Social Protection Response and Gaps (WFP)



The Strategic Areas of Intervention and collaboration are:

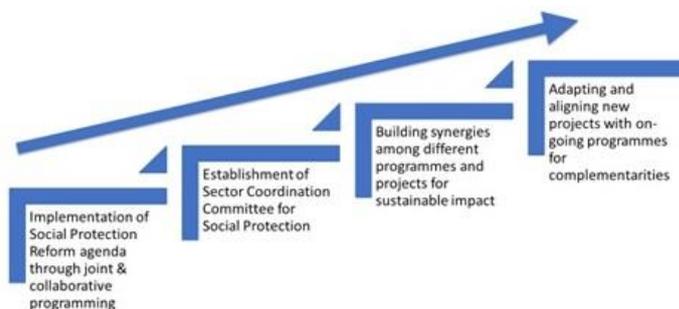
Development of Social Protection Strategy and Reform Roadmap for the period (2021-2025)

Strengthen and transform the Social Safety Net to include a cash top-up for targeting children and pregnant women with linkages to health and education

Extension of social security coverage to include workers in the informal sector and expand provision to include short-term benefits (unemployment and maternity)

Coordinated management of information systems, and the establishment of a single registry

Support effective coordination among government and non-government actors to ensure complementarity in achieving the above outputs and the reform of social protection



Key conclusions

- Linking humanitarian CVA and social protection is key to sustainability. Humanitarian actors can contribute to strengthening the Social Protection programmes;
 - A starting point could be sharing strategies and information, and looking to harmonise targeting models, transfer values and delivery mechanisms (joint negotiations with FSP);
- Referring MPCA beneficiaries to Social Protection will be challenging until the limitations to registration mechanism are lifted;
- Coordination between actors should be strengthened with strong leadership; Explore to what extend the Social Protection Forum can be reactivated;
- Identify if there are any specific groups within the population that are excluded from SP;
- Focus on support to effective and safe data management.

OPERATIONAL COMPONENTS

MPCA operational components have been harmonised in the past years with the coordination of the CWG and special support and collaboration of critical partners. In 2022, the humanitarian response will focus on lifesaving and life-sustaining activities. In addition, MPCA aims to also be an entry point to longer-term solutions. Based on this, the operationalisation of MPCA has been revised to create the linkages and adjustments appropriate to transition from humanitarian to development nexus. For more information, please refer to the [MPCA harmonised guidelines for 2022](#).

MPCA Harmonised Operational Approach

TRANSFER VALUE AND FREQUENCY

The transfer value for MPCA in Iraq is based on the national Survival Minimum Expenditure Basket (SMEB), which includes the basic items needed for a month by a family of six individuals, the estimated average family size in Iraq. The SMEB is revised on a yearly basis, or sooner in the event of a shock or if the value varies more than 20%.

The SMEB informing the transfer value for 2021 was updated in 2019 and was calculated in USD. At the end of 2020, the new exchange rate after the devaluation of the currency was applied to this USD value.

In September 2021 a new revision started. A data review was done using different data sources and a final transfer value was set for use in 2022. For more details, please refer to the [SMEB and MPCA Transfer Value technical note](#).

Components	Transfer Value 2022
Food Security	91,218
WASH	18,701
Shelter	195,000
Water	29,369
Electricity	43,879
Transportation	41,157
Communication	25,078
TOTAL	444,401

**The transfer value has been rounded to 440,000 IQD*

The transfer value for 2022 still uses the SMEB value as the key reference to calculate the foundation of the transfer value. However, additional consideration was applied to the components calculated using beneficiary self-reported expenditure data. The main considerations discussed were:

Shelter component: This component has always included the cost of the rent based on beneficiary expenditure data. However, based on PDM data collected in 2021, 81% of the returnees are not spending money on rent anymore. Therefore, it was agreed to use two different approaches under this component to calculate the value:

	Analysis	Item	Value (IQD)
IDP	IDPs are paying rent and have high shelter needs. Shelter cluster partners recommended to keep the rent item.	Rent	150,000 Based on Median weighted of IDP expenditure in the MCNA
Returnee	Returnees are not paying rent but based on PDM data, Shelter is one of the priority needs; Data in MCNA shows that 72% of returnees are needing shelter NFI; 65% of returnees need shelter improvement; 69% of returnees shelter/housing needs are unmet or not completely met.	Shelter lumpsum to support shelter needs	150,000 Based on the MCNA, returnees and IDPs have similar amount of monthly expenditure. The shelter lumpsum has been aligned with the same value as IDPs

Electricity, Transportation and communication: Expenditure data is used as a proxy to estimate the minimum cost of these components (as with shelter). In this case, expenditure represents the minimum level of spending. The major difference between the SMEB values in 2021 and the revision for 2022 are in these components, with PDM showing a decrease in related HH spending. However, expenditure data shows what a HH can afford but this may not directly translate to an amount which meets minimum standards. The discussion considered different reasons to explain this decrease:

- Households have less income available and therefore less ability to spend, since Covid19 has had an impact to the economy, jobs and income sources;
- MPCA has been targeting households with higher levels of vulnerability that might have less access to different sources of income and therefore, spend less;
- There is no specific data available, but it can be questioned if the 4 previously mentioned components are expenses that have a particular decrease of their cost, especially in this context with an inflation.

It was agreed that expenditure data is not enough to determine the appropriate cost for minimum standards and additional data needs to be collected in the future to better inform these components. Since there is a large difference between the data from to the previous revision, it was considered appropriate to add a top-up to each of these components to ensure that the target population can adequately meet these needs.

Programmatic impacts:

The revised SMEB value is lower compared to the previous years. A considerable decrease in MPCA transfer value may cause other unintended negative programmatic impacts, especially considering the context is susceptible to inflation, the effects of the global pandemic on the economy, and the lack of access income generating activities. The main objective of MPCA is to support extremely vulnerable people to meet their basic needs, so the transfer value should ensure that the population can afford the related essential items.

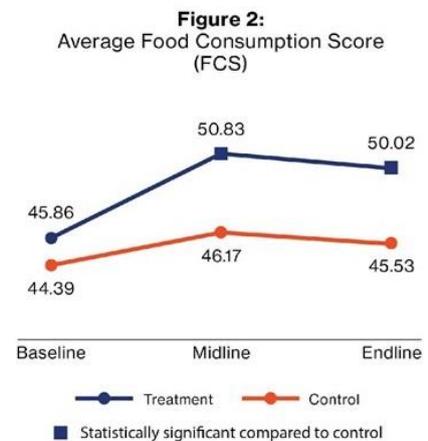
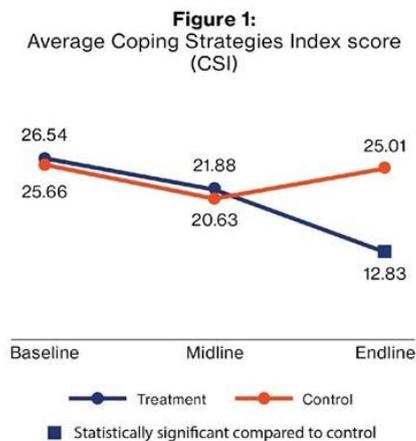
For this reason, it was agreed that the new transfer value is calculated as follows:

- The SMEB value is used as a reference to calculate the foundation of the transfer value;
- An additional top-up of 30%⁴ is added to the components calculated using expenditure data. This top-up brings the values of these components in to approximate alignment with the expenditure data in the previous SMEB.

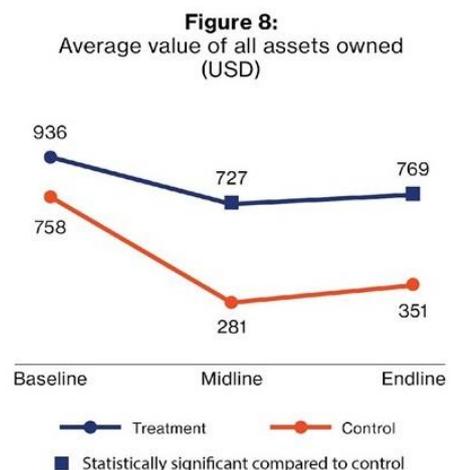
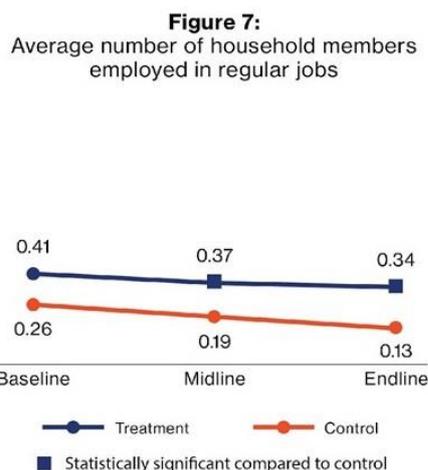
⁴ This top-up was agreed by the MPCA partners but there is no data supporting this specific percentage. The top-up serves to mitigate the lack of additional data sources to better inform these components. This percentage gives closer values to the previous SMEB.

The frequency of assistance has also been modified. This is based on the [revised targeting model](#) conducted at the end of 2021 and beneficiary categories associated with the findings of the [CLCI Randomized Control Trial](#) conducted to analyse the impact of different transfer values and frequencies. The graphs below show the key findings from the trial.

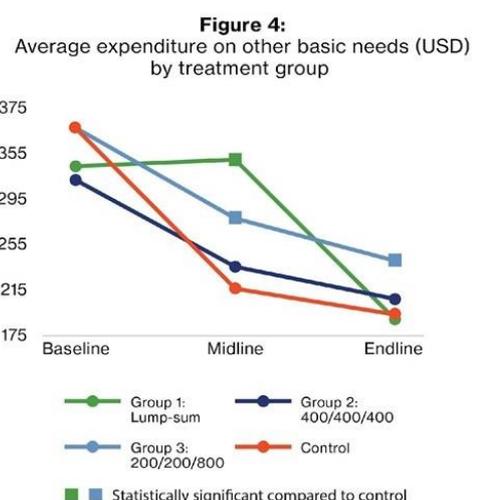
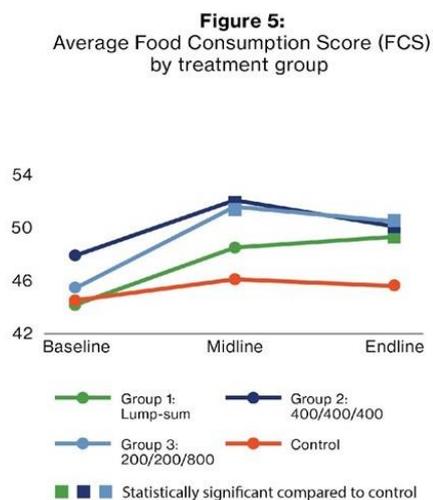
Cash transfers made households more food-secure and enabled them to invest more in meeting critical needs including shelter, education and health



Cash improved households' economic recovery prospects by boosting or stabilising their employment and productive asset ownership in the face of multiple shocks



Variations in cash transfer schedule affected the timing and strength of key outcomes



Provision of financial health education enhanced the strength of economic and psychosocial well-being outcomes.

Key recommendations from the RCT study:

- ✓ Sustain and scale the gains of effective humanitarian cash transfer interventions in the context of a protracted crisis.
- ✓ **Deliberately design and use different transfer amounts and frequencies to optimise the effectiveness of cash assistance based on intended outcomes.**
 - a) Use tranche payments when the aim is to encourage expenditure on immediate consumption.
 - b) Use lump-sum payments when the aim is to encourage larger investments or wholesale purchases to meet basic needs in the immediate term.
- ✓ Provide cash transfers as a precursor to more complex livelihood support services to establish a robust foundation for economic recovery.
- ✓ Incorporate financial health education as a complementary activity to cash programming to amplify impacts of cash on economic and psychosocial outcomes.

Based on these findings, the frequency of the assistance has been modified for the first time in Iraq. As can be noted in the table below, all those with a predicted consumption below 70,000 IQD/per-capita/per-month are considered to be catastrophically vulnerable using the SMEB value for 2022, converted into per capita consumption. These people are likely to be exposed to protection risks and facing severe difficulties in accessing livelihood opportunities. While this group are not the only people potentially facing severe conditions, it is expected that they may need higher referral support for protection services, other sectorial support and social protection.

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. Based on relevant assessments, it is expected that those in this category may be more appropriate for referral to longer-term support, such as livelihoods, after receiving MPCA to cover their basic needs.

	R2 Category (until 2021)	R2 Category (2022)
Threshold	70,000 – 92,000	70,000 – 115,000 (IQ National Poverty Line)
Frequency	2 transfers over 2 months	2 transfers in a lumpsum – One-off
Rational	?	This category (which is the less vulnerable among the extremely vulnerable) are expected to have a greater impact from receiving a larger amount at once, since this will better help protect their livelihoods and allow small investments in income generating activities.
	R3 Category (until 2021)	R4 Category (2022)
Threshold	< 70,000	< 70,000 (SMEB reference)
Frequency	3 transfers over 3 months	4 transfers over 4 months
Rational	Linkages to Social protection	This category are expected to have a greater impact in meeting their basic needs with more staged support. This will also allow for more structured transition to longer-term solutions. This is the category with higher levels of vulnerabilities, so are likely to have less chances to invest in income generating activities, and would require further assistance from other types of support.

In cases of sudden shocks such as natural disaster that require specific emergency response, MPCA can be provided as a one-off emergency response. This approach is detailed in separated guidance⁵ that will be developed for ad hoc cases. Therefore, the main MPCA general approach does not include one-off assistance.

Key conclusions

- To develop a communication strategy and materials with key message to inform communities about these changes;
- Discuss with partners the transition to the new transfer value and frequency for the ongoing projects;

Transfer value

- The transfer value has been calculated in IQD since the devaluation has stabilised in the past months. Also, the prices in the local market are in IQD and MPCA beneficiaries use this currency for their purchases;
- A top-up has been added to the specific components of the SMEB that are calculated on self-reported beneficiary expenditure in the PDM. This is to ensure that beneficiaries can meet their needs in a context where less income is available due to the impacts of Covid19 and that the target population are extremely vulnerable and reliant on appropriate levels of support;
- New data sources to replace expenditure data as a metric for measuring appropriate minimum SMEB standards is needed. This includes new assessments on shelter, transportation, communication and water and modifying or adjusting some options in the PDM;
- The transfer value will be adjusted if a fluctuation of prices is identified during the regular price monitoring. If the SMEB varies more than 20% a revision of the SMEB will take place.

Frequency

- Extending assistance by one additional month to the category considered catastrophically vulnerable to allow a longer timeframe for referrals to additional assistance;
- Providing 2 transfers in a lumpsum to allow beneficiaries under extremely vulnerable category to better manage their resources and potentially facilitate investments;
- Change the name of the beneficiary categories to R2 (2 transfers) and R4 (4 transfers);
- It is strongly recommended to provide the Financial Health Encouragement Training to beneficiaries while delivering MPCA in order to provide additional awareness on cash management.

ASSESSMENT METHODOLOGY

The MPCA approach includes standard assessment and identification processes for consideration while designing the program. These assessments gather essential information to inform the selection of beneficiaries.

The CWG has identified priority locations for 2022 based on the Multi-Cluster Needs Assessment (MCNA). Priorities consider selecting locations with larger PIN, Severity of Needs, and data analysis of

⁵ Two separated guidance notes are in place: MPCA response to informal sites: <https://www.humanitarianresponse.info/en/operations/iraq/document/guideline-mpca-response-informal-sites-iraq> and MPCA response to camp closures: <https://www.humanitarianresponse.info/en/operations/iraq/document/mpca-response-camp-closure>

several indicators relevant for people in need of MPCA. These priority locations have been included in the HRP for 2022 and MPCA partners can take it as a reference when identifying project locations:

IDP out of camp				Returnee			
District	HH	District	HH	District	HH	District	HH
Sumail	2704	Tooz Khurmato	241	Al-Hatra	4210	Tooz Khurmato	480
Sinjar	1091	Baquba	229	Al-Baaj	2423	Al-Rutba	371
Al-Falluja	1245	Chamchamal	196	Al-Hawiga	1966	Beygee	224
Erbil	672	Al-Baaj	191	Sinjar	1794	Telafar	212
Al-Hatra	484	Daquq	72	Al-Mosul	1218	Balad	135
Balad	376	Al-Rutba	64	Al-Khalis	846	Daquq	124
Samarra	371			Al-Muqdadiya	614	Kirkuk	27

MPCA is not provided inside IDP or refugee camps

As per MPCA endorsed SOPs, partners are recommended to do a blanket assessment of the entire neighbourhoods of a given area, doing door-to-door visits, in coordination with other actors. This approach, while ensuring affected populations have 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.

In addition to this approach, MPCA can be also appropriate for referred households. This may be set up through an organization's internal referrals from other programs, referrals from other organizations to cover existing gaps or referrals from other clusters.

In recent years, several partners have used community committees with a specific and limited role when implementing MPCA. It is important to consider how community participation could be strengthened, taking in consideration the assessment mechanism and the use of a Proxy Means Test as a targeting model.

Also, it is important to consider if there are particular groups within communities more at risk of being excluded through use of different assessment mechanism, and how this can be mitigated.

Key conclusions

- The assessment modality should continue in the same format, interviewing households door to door in order to best ensure inclusion of all the population;
- Community based approaches are ideal, and need to be incorporated before starting assessments. Community committees can be strengthened to increase their participation and value. However, it is important to ensure that they are designed to be neutral and trusted, not dominated by specific people or profiles of population, which could negatively influence the assessment. For instance, community committees cannot independently prepare beneficiary lists. A community participation discussion should take place to identify how to meaningfully engage them;
- In case of referrals, households are referred to be assessed using the harmonized tool, not referred directly for assistance;
- Robust feedback and complaints mechanisms should be available from the start of the assessments;
- Doing door to door assessments allows for visiting families in their homes, which helps validate the information provided and increases data quality.

VERIFICATION, DUPLICATION AND FINAL SELECTION OF BENEFICIARIES⁶

Verification process

The verification process is a second layer in the identification of beneficiaries to increase transparency and data quality. It is administered with a sample of beneficiaries and conducted by a team independent from the assessment. The verification process:

- *Checks the quality of the data collected during assessment;*
- *Is a second layer to minimise the risk of inclusion errors. The verification does not serve as inclusion or exclusion of the specific households selected for the sample but only as a process to ensure data quality;*
- *It shows the accuracy of the identified eligible beneficiaries.*

The verification process was not harmonized, although most partners are conducting it in the same way.

The verification is a survey with a sample of the questions included in the assessment survey and administered by an independent team, usually the monitoring team.

It was agreed that the verification process should be harmonised across the partners. The discussion took into consideration who is responsible to conduct the verification, what is included in the harmonized survey, the sample size, the % of mismatch considered as a positive result and if there is any critical question in the survey that prove more difficult to use for verification?

Key conclusions

- It is essential to maintain separation of assessment and verification teams. Verification should be conducted by MEAL;
- Only the scored criteria questions should be used, with exclusion of any questions where answers might be variable week to week, e.g. reported food consumption or coping strategies;
- Sample size should remain flexible to adjust to the capacity of the MEAL team/partner. Suggested to have a minimum threshold only, with generic guidance which is adaptable to the actor's capacity. The minimum sample size should be either 20% of the total assessed households or 90% level of confidence and 10% margin of error;
- It is recommended that if the result of the verification has more than 30% of mismatch with the assessment, the entire caseload will be re-verified. If the mismatch continues being more than 30%, the verification process is considered failed and all households should be re-assessed again. Indicators for deciding verification check failure should be reviewed to ensure appropriateness;
- Noting some factors could be improved for practical implementation to reduce delays to programmes. CWG and CLCI will review where the survey can be improved for efficiency while still ensuring appropriate accountability and transparency.

Duplication check

The duplication check is a process conducted to identify if any households are already receiving similar assistance from other partners and should be excluded from MPCA beneficiary lists. Usually, duplication checks require of a data sharing agreement between partners.

⁶ This session was discussed in a separated meeting after the workshop due to lack of time during the workshop

This process is done bi-laterally at least between partners implementing MPCA in the same location. However, some key questions have been taken into consideration for the discussion: What is the timeframe within which a beneficiary can be considered duplicated; If a duplication check should be conducted across different locations or only in one specific location; What happens if a population moves to different locations; Which activities are considered a duplication with MPCA; What are the main challenges when sharing data.

Key conclusions

- Duplication checks require data sharing agreements between collaborating partners, but this can sometimes be challenging due to organization's internal data policies. Solutions can sometimes be found, such as codification or actors with stricter policies lead cross-checking processes, as the other actor is more likely to be able to share their data for the process;
- The period of time to consider a duplication should be flexible depending on the context but taking into consideration the following: Risk of increasing community tensions, households that have been recently displaced/returned in another area; available funding and linking beneficiaries with additional support;
- Discussion over appropriate geographic scale for duplication checks favouring governorate or district level. A national database, capable of supporting referral systems would be ideal, but would be challenging to establish with current capacities;
- A list of duplicated activities will be prepared based on the CLCI existing guidance.

Final selection of beneficiaries

The final selection of beneficiaries should take into consideration the following issues before preparing the final distribution list: How long a beneficiary can be eligible; Can a beneficiary be eligible after a certain period of time; What happens when a partner cannot support all the eligible caseload; What happens with the non-eligible households.

Key conclusions

- It is difficult to determine a standard period for which eligible status should be valid for HHs. There are risks associated with not re-assessing regularly and excluding households which have become eligible, and the situation may change for previously eligible households. Guidance should remain flexible on this;
- In the past, a beneficiary could be eligible up to 12 months after conducting the assessment, but it is acknowledged responses to some questions can legitimately change e.g. after 1 week or 1 month. The guidance should be flexible depending on the context. If there is a shock, the timeframe could be shorter;
- Actors should report gaps where they cannot reach all eligible households in ActivityInfo and the CWG can assist in finding another actor with capacity;
- Non-eligible households should be informed about their non-eligibility. Where relevant they should be considered for referral to other types of assistance.

Additional cross-cutting issues were discussed as potentially relevant to incorporate into MPCA operational components. This should increase the quality of the programs and provide more robust support to beneficiaries.

GENDER – MOVING BEYOND FEMALE HEAD OF HH

- A Gender assessment needs to be conducted in the first phase of the project in order to understand the gender dynamics. There are differences in dynamics, decision making and roles in each community and households, the gender dynamics are not the same everywhere. Therefore, this assessment should be conducted for every target community within a project;
- All the phases of the project should be designed to take into consideration the findings from the gender assessment;
- The ISEA is limited on gender information, more information is needed to better engage female members and reduce risks;
- Community engagement could be an entry point to inform best approaches to gender;
- Communication and messages should have gender sensitivity;
- Good gender approaches require specific resources and dedicated staff. This can be a challenge;
- There are key personalities in the community that can play a key role in Gender inclusion. It is important to identify these key actors.

FINANCIAL INCLUSION

- Financial inclusion should take into consideration cultural and religious aspects, for example, regulations on charging interest on credit;
- It is important to include a training on digital literacy as this is becoming more relevant in Iraq, as well as accessing Micro-Finance Institutes and Savings&Loans groups; MPCA partners can also use the CLCI training material on Financial Health Encouragement;
- There are specific barriers for women, especially for female heads of HH, to financial integration;
- In Iraq, debts are a big issue and one of the most used negative coping mechanism. This should be taken into consideration when looking at financial inclusion. Also, it is important to consider levels of vulnerability and ability to save money;
- It is important to ensure equitable access at household level.

MARKETS AND PRICES

Market assessment and price monitoring are harmonized exercises with standard tools coordinated by REACH. The [Joint Rapid Assessment of Market \(JRAM\)](#) is used to conduct a market assessment to new areas of intervention or when a shock happens, and the [Joint Price Monitoring Initiative \(JPMI\)](#) is conducted on a monthly basis to monitor prices in the markets.

Although the markets and prices tools are already standardised, it was considered important to discuss revisions to the approach and tools to ensure adjustment to the new context.

Key conclusions

- The coverage of price monitoring should be expanded to better include partners from other clusters/sectors that are using this information;
- Geographical locations should be expanded, including the south of Iraq;
- Data should differentiate between imports and national products;
- Include additional commodities in the price monitoring, especially seasonal products, fruits and vegetables and other staples;
- Increase the number of informants in the JPMI, adding wholesalers and consumers;
- More JRAMs need to be conducted, not only when there is a partner in a new location; It should be repeatedly conducted at specified intervals in a specific location to see if there are any changes;
- Gender should be taken into consideration when selecting informants;
- Link the findings with additional existing assessments, including value chain analysis.

ACCOUNTABILITY TO AFFECTED POPULATION

Accountability to Affected Population (AAP) is key when delivering any type of humanitarian assistance. For MPCA, it is important to increase and strengthen the AAP mechanisms to understand and respond better to communities, their needs, preferences and find the best ways for them to meaningfully participate in programming.

AAP can include the following:

Community participation in designing CVA - They should influence/help with eligibility, targeting, modalities, conditions, duration, package of assistance, and changes/improvements etc

Good communication with communities - We must provide transparent and accessible information on selection criteria, targeting, distribution, timelines, the organisation, issues/challenges, etc

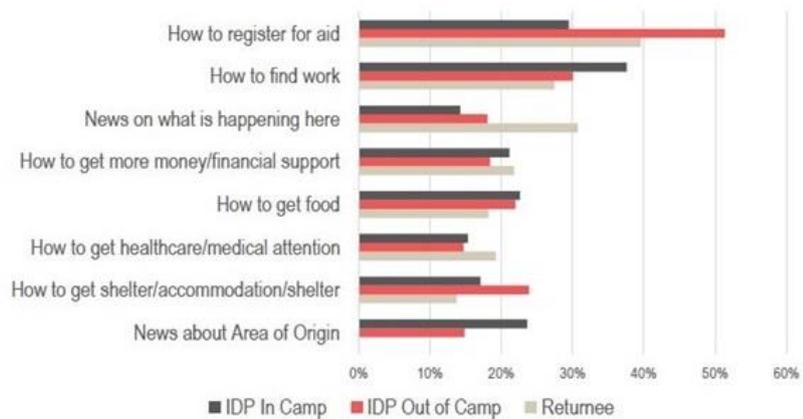
Feedback mechanisms - They must be able to easily raise questions, suggestions, complaints etc, and we must systematically receive, analyse, respond to, act upon, and adapt in response

In September 2021, the CWG together with CashCap organized a webinar in Iraq to start discussing how to increase AAP in CVA. The webinar identified the following outputs:

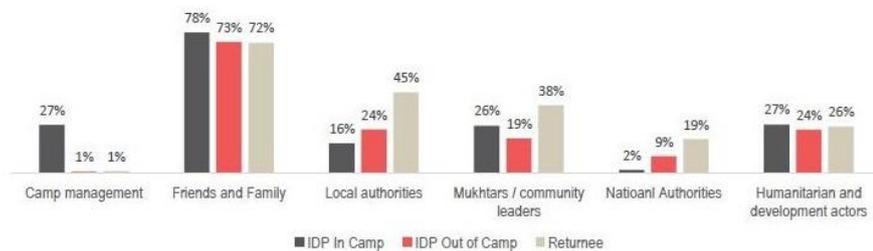


The AAP Working Group has also analysed data collected in the Multi-Cluster Needs Assessment⁷ related to AAP with some key information:

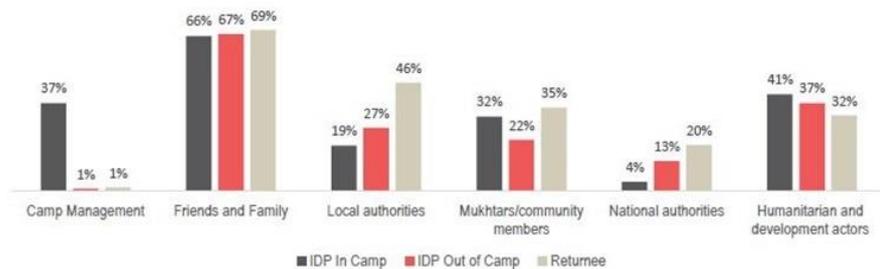
% Households reporting their information needs and preferences, by population group:



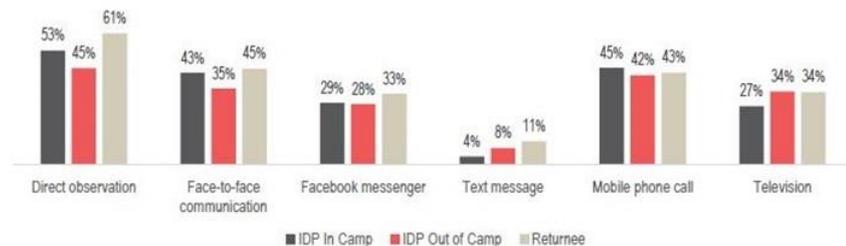
% Households reporting their current top information sources, by population group:



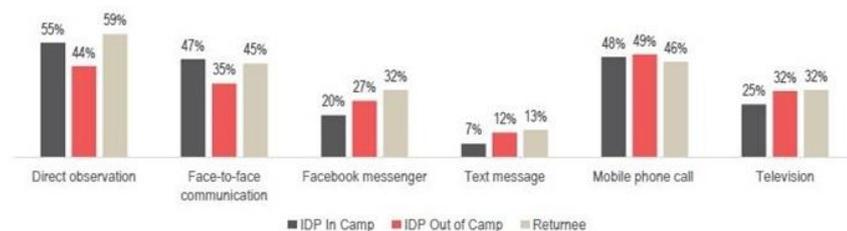
% Households reporting their preferred top information sources, by population group:



% Households reporting their current method of receiving information, by population group:



% Households reporting their preferred method of receiving information, by population group:



⁷ The Multi-Cluster Needs Assessment (MCNA) is an exercise conducted yearly to inform humanitarian needs in the country. It is coordinated by REACH and informs the Humanitarian Needs Overview.

A special focus is on reducing the risks of Sexual Exploitation and Abuse in CVA taking policy and organizational measures as well as operational.

Policy and organizational measures	Operational measures
<ul style="list-style-type: none"> • Contracts issued to implementing partners, vendors, suppliers • Information, Education and Communication (IEC) materials on PSEA • Mandatory obligation to report SEA to the Ethics Office or PSEA FP or the Iraq PSEA Network • Signing of the Code of Conduct • Mandatory courses on SEA prevention and institutional policy • Mapping of complaints and feedback mechanisms in place • Iraq PSEA Victim Assistance Protocol • Annual refresher training on Code of Conduct and PSEA • Raising the awareness among staff members 	<ul style="list-style-type: none"> • Inclusion of women and girls • Planning: Mapping any potential risks and mitigation measures prior to distribution • Whatever modalities for cash assistance is considered ensure safeguards in place (distribution point, in-person household visit and mobile transfer) • Provision of transportation support for those traveling long hours or isolated • Closer supervision of distributors and workers (mandatory training and signing CoC) • Aid delivery and/or repair assistance at the household level • Ensuring more women representation, gender-balanced team • Information sessions on safe and secure withdrawing of money, access • Better information and communication of complaint and reporting and feedback mechanisms for accountability: not affect assistance

Key conclusions

- Community participation is not about collecting data but to empower and give ownership to the communities. Local organizations ownership and empowerment is crucial. A mapping of community-based organizations, community committees and local NGO could support better sustainability and local ownership;
- A consultative process should be done to develop harmonised, regular and consistent messaging at all levels;
- FGDs can be conducted at the assessment phase to receive feedback from communities;
- PSEA and GBV cases are very sensitive and more likely to not be reported through the normal feedback and complaints mechanisms. Specialists should be in place with a safeguard complaint systems. For example, anonymity and trust must be considered if using feedback boxes, both in placement of boxes and who has access to contents; Web forms can be developed for anonymous submission.

WHAT'S NEXT?

Throughout 2022 the CWG and all partners will work to put into practice the main conclusions and key recommendations of this workshop.

Key products are:

- CaLP key recommendations
- CWG Work Plan for 2022
- Prepare the MPCA Guidelines 2022 with the operationalisation components
- Prepare an advocacy note
- Present the new strategy to key donors: In order to implement this new MPCA strategy, the CWG will engage with key donors. A list of potential donors has been identified for outreach.

ACRONYMS

AAP	Accountability to Affected Population
ABC	Area-Based Coordination
CaLP	Cash Learning Partnership
CLCI	Cash and Livelihoods Consortium for Iraq
CWG	Cash Working Group
DS	Durable Solutions
DSTF	Durable Solutions Task Force
DSTWG	Durable Solutions Technical Working Group
FSP	Financial Service Providers
HH	Household
HRP	Humanitarian Response Plan
ISEA	Integrated Socio-Economic Assessment
JPMI	Joint Price Monitoring Initiative
JRAM	Joint Rapid Assessment of Markets
KRG	Kurdistan Regional Government
MCNA	Multi-Cluster Needs Assessment
MoLSA	Ministry of Labour and Social Affairs
MPCA	Multi-Purpose Cash Assistance
PDM	Post-Distribution Monitoring
PIN	People In Need
RWG	Returns Working Group
SEVAT	Socio-Economic Vulnerability Assessment
SMEB	Survival Minimum Expenditure Basket
SP	Social Protection
SPF	Social Protection Forum
SSN	Social Safety Net

Annex 1: Agenda of the Workshop

Time	Description	Panellist	Expected Outcome
17th of November			
8.30 – 9.00	Introduction and overview of MPCA in Iraq	CWG	Participants to know the current MPCA details and information
9.00 – 10.30	Linkages with Graduation models	Livelihoods Cluster UNDP CWG	<ul style="list-style-type: none"> - Identify feasibility of graduation models and referrals to livelihoods - Operational ways to implement graduation models
10.30 – 10.45	Coffee break		
10.45 – 12.15	Linkages with Sectorial support (referrals)	Health, Food Security, Protection and Shelter Cluster Coordinators	<ul style="list-style-type: none"> - Identify key activities in different sectors to refer MPCA beneficiaries - Identify operational ways for Referral pathways to these activities
12.15 – 13.15	Lunch break		
13.15 – 14.45	Linkages with Durable Solutions	Durable Solutions TWG	<ul style="list-style-type: none"> - Identify ways of linking MPCA beneficiaries with DS programs
14.45 – 15.00	Coffee break		
15.00 – 15.45	Linkages with Social Protection	CaLP World Bank UN Joint Program	<ul style="list-style-type: none"> - Identify ways to support linkages between MPCA and SP - Identify ways of linking MPCA beneficiaries with SP programs / referral pathways
18th of November			
8.30 – 9.00	MPCA targets 2022	CWG	Brief of MPCA targets, geographical locations and activity cost for 2022
9.00 – 10.30	Transfer value and frequency	CLCI CWG	<ul style="list-style-type: none"> - Learn about the result of the study on different frequencies - Learn about the last updates on the SMEB and transfer value - Agreement on final transfer value and frequency for 2022
10.30 – 10.45	Coffee break		
10.45 – 11.45	Assessment methodology	CLCI	Agree on a revised assessment methodology

		CWG	
11.55 – 12.30	Verification, duplication and final selection	CWG	Define harmonized process on the verification, duplication and final selection of beneficiaries
12.30 – 13.30	Lunch break		
13.30 – 15.00	Cross-cutting issues by groups <ul style="list-style-type: none"> • Gender: Moving beyond FHH • Financial inclusion • Markets and prices 	DRC Mercy Corps REACH	Identify key action points to move forward with each cross-cutting issue
15.00 – 15.15	Coffee break		
15.15 – 16.30	Accountability to Affected Population	AAP Working Group Thomas Norman	Identify key action points to move forward with each cross-cutting issue
16.30 – 17.00	Donor mapping	CWG	Identify key donors to support the implementation of MPCA

Annex 2: List of participant organizations

The design of the new MPCA strategy has been possible thanks to the contribution of several organizations that took part in the discussions. A special thanks to those who participated in the workshop:

Accountability to Affected Population Working Group

Acted

AlGhad League

Ankawa Humanitarian Committee

Cash Learning Partnership Network

CashCap

Cesvi

Cash and Livelihoods Consortium for Iraq

Cash Working Group

Danish Refugee Council

Durable Solutions Technical Working Group

Emergency Livelihoods Cluster

Food Security Cluster

GIZ

Health Cluster

International Committee of the Red Cross

International Rescue Committee

Mercy Corps

Norwegian Refugee Council

Oxfam

People in Need

Protection Cluster

REACH-Initiative

REACH Iraq

Save the Children

Shelter Cluster

UNHCR

Unicef

World Bank

Women Empowerment Organization

World Food Program