

Post Distribution Monitoring Report for Dignity Kits and Salama Kits

Jordan - September 2020

This report summarizes the results of the post distribution monitoring (PDM) conducted between July and August 2020 with Syrian refugee receiving Dignity kits and Salama kits* provided by UNFPA and distributed by implementing partners Institute for Family Health and JHAS in Zaatari camp in the Women and Girls Safe Spaces and Reproductive Health Clinic in the camp thanks to the support of ECHO.

The PDM was intended to assess the effectiveness and appropriateness of distribution and make recommendations to partners through careful analysis and evaluation of information obtained from the assessment aimed at improving the service delivery quality of this emergency response during COVID 19 crisis. The purpose of the survey is to verify that the correct entitlements were received by the correct recipients with good quality, and the distribution process is accessible and safe to all recipients To measure the effectiveness of distributions on the recipient population the survey was undertaken with a random Sample size of 10% of all 3000 beneficiaries. Overall, the results of the PDM exercise highlighted the distribution process to be effective and successful.

The data analysis revealed that beneficiaries are satisfied with the content, quality, quantity and durability of the kits in addition to the broader distribution process.

** The Kits will be used as a vehicle to support the dissemination of basic hygiene items for women and their families and at the same time lifesaving gender-based violence and sexual and reproductive health information. Kits content has been adapted in consultation with our partner to add sanitizer items useful in COVID 19 times and leaflets with information on which hotlines to call to seek help. They are tailored with items of size for women and adolescent girls. Kits are designed to ensure the most appropriate items are included, and distribution is carried out in a manner that minimizes the risk of violence against women and girls.*

Moreover, upon distribution mobile credit will be distributed to the beneficiaries to ensure they have the means to make calls.





Dignity kits are means of promoting protection, physical and psychosocial wellbeing, mobility and hygiene for women and girls at risk, while providing a key entry point for understanding risks facing women and girls in communities and providing additional support when distributions are executed with specialized service providers. UNFPA Jordan has considered the implications on COVID-19 imposed restrictions of movement and access for women and girls in particular to menstrual hygiene items, protection and SRH services. In Zaatari camp after consultation with women UNFPA procured kits to address hygiene needs of vulnerable women and access to information, to maximize the reach we procured 1000 dignity kits distributed through IFH WGSS in the context of our Gender Based Violence Program. Moreover 2000 Salama kits- with same content-were distributed through the clinic in the camp to pregnant women and new mom in the context of the Sexual and Reproductive Health program. Beneficiary checklists were cross checked to avoid same person or same household receive multiple kits in line with a strict information sharing protocol for the protection of sensitive data.

DIGNITY KITS

Distribution criteria

Who is most in need

- a. Survivors and/or women and girls at risks of GBV, particularly intimate partner violence (IPV) under GBV Case management by IFH or cases referred by other agencies
- b. Vulnerable adolescent girls and young women who do not have access to free sanitary supplies or are not IBV
- c. Unemployed informal wage earners – women make up the large majority of the informal workforce and are often paid well below national standards. Many are no longer able to earn money due to distancing/lockdown measures.
- d. Women heads of household who have less resources to be dedicated to non-food items
- e. Unaccompanied minors and child-led households
- f. Women and girls with disabilities

Distribution modality

1. IFH run GBV service provision points such as one-stop centers and women and girls safe spaces (WGSS) in district 3, 5 and 8.
2. In case of reduced mobility of beneficiary or under other circumstances House to house distributions was carried out .

Moreover, upon distribution mobile credit will be distributed to the beneficiaries to ensure they have the means to make calls. Lack of credit and prioritization of mobile credit for schooling was mentioned as one of the obstacles in seeking help. The dignity kits distribution will be coordinated with UNHCR and the SGBV and Protection working group at Zaatari level on the basis of agreed vulnerability criteria. Beneficiaries will access IFH centers directly or under referral on an individual basis.

SALAMA KITS

Distribution criteria

- a. Pregnant women coming for ANC contacts at all clinics: Average ANC visits per month is 1,600
- b. Women delivering at the Z3 clinic: Average deliveries per month is 115-130
- c. Women referred to deliver outside Z3 clinic (inside or outside the camp): Average referrals for delivery per month is 100

Distribution modality

JHAS run clinic in district Z3



في أوقات الأزمات

بتزويد فرصة التعرض

للعنف الأسري،

فالمنزل ليس بالضرورة المكان الآمن لكل الأشخاص. عندما يضطر الناجون للبقاء في المنزل أو إلى جانب مرتكبي العنف، يمكن أن يخلق ذلك ظروفاً تهدد سلامتهم وتعرضهم للخطر

نحن هنا لمساعدتك

يمكنك أن تتواصلي معنا لتلقي الاستشارات الفردية النفسية والاجتماعية على إحدى الأرقام التالية:

مؤسسة نور الحسين / معهد العناية بصحة الأسرة

٠٧٧ ٦٩٠ ٩٨٥٧ / ٠٧٩ ١٣١ ٠٢٢٤

ما بين الساعة 8:00 صباحاً وحتى 10:00 مساءً

الخط الساخن للمفوضية السامية للأمم المتحدة لشؤون اللاجئين

٠٧٩ ١٤٢ ٠٢٤٢

للتبليغ عن حالات العنف على مدار 24 ساعة

إدارة حماية الأسرة

٠٧٩ ٠١٨ ٦٤٠٥

للتبليغ عن حالات العنف على مدار 24 ساعة

إن سمحت الظروف، يمكنك أيضاً زيارة أحد المراكز الآمنة للنساء والفتيات التابعة لمؤسسة نور الحسين / معهد العناية بصحة الأسرة في القطاع الثالث أو الخامس أو الثامن، أو زيارة إحدى عيادات جمعية العون الصحي في القطاع الخامس أو الثامن

انت لست لوحدك

يستم المحافظة على السرية التامة في التعامل مع جميع الحالات.

حملي تطبيق أمالي لمعرفة المزيد من الأرقام حسب الموقع والخدمة التي يمكنك الاستفادة منها



أثناء الأزمات وتفشي الأوبئة تشكل الصحة والحقوق الإيجابية قضية هامة في مجال الصحة العامة تتطلب اهتماماً كبيراً. نحن نعمل على معالجة العوائق والحواجز لتمكين النساء والفتيات من الوصول إلى خدمات الصحة الإيجابية بما في ذلك وسائل منع الحمل الحديثة

نحن هنا لخدمتك ورعايتك

أنا امرأة حامل، كيف يمكنني حماية نفسي من الإصابة بمرض فيروس كورونا المستجد؟

واظبي على غسل اليدين بمطهر كحولي لليدين أو بالماء والصابون. وحافظي على مسافة بينك وبين الآخرين. وتجنبي لمس العينين والأنف والفم. واحرصي على تغطية الفم والأنف بثني المرفق أو بمنديل ورقي عند العطس أو السعال. ثم التخلص من المنديل المستعمل على الفور

ما نوع الرعاية المتوفرة حالياً أثناء وبعد الحمل والولادة؟

يحق لك ولجميع الحوامل، الحصول على رعاية طبية عالية الجودة قبل الولادة وأثناءها وبعدها. ويشمل ذلك الرعاية في فترة ما قبل الولادة وأثناء الولادة وما بعدها والرعاية الصحية النفسية وتشمل تجربة الولادة الآمنة والإيجابية

هل أستطيع الحصول على وسائل منع الحمل والاستشارات حولها؟

إن توفر جميع وسائل منع الحمل الحديثة، بالإضافة للمعلومات والاستشارات كخدمات أساسية ينقذ حياتك وهو حق لك ويمكن الوصول إليه أثناء فترة الاستجابة لجائحة فيروس كورونا المستجد

يمكنك أن تتواصلي معنا لتلقي المعلومات وخدمات الصحة الإيجابية على أحد أرقام جمعية العون الصحي الأردنية - الدولية

العيادات: ٠٧٧ ٥٠٠ ٦٠١٠

الخط الساخن لمباشرة تنظيم الأسرة: ٠٧٧ ٨٧٦ ٢٩٤٢

الطوارئ: ٠٧٧ ٨٤١ ٤٠١٢

إن سمحت الظروف يمكنك أيضاً زيارة عياداتنا في القطاع الخامس

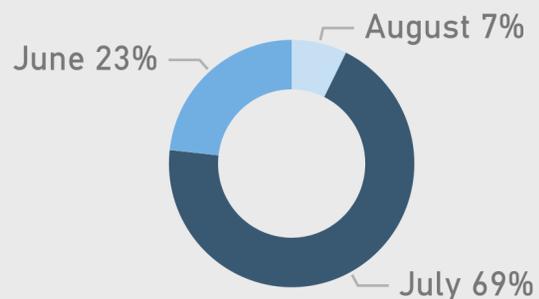
حقيقية سلامة... لأنه سلامتك بتهمتنا



Distribution Background Information

NUMBER OF SURVEY RESPONDENTS

301

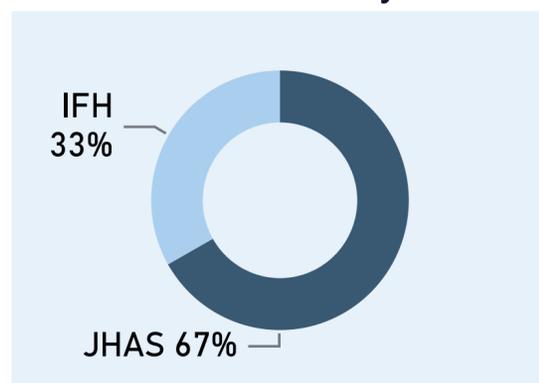


TOTAL ----- DISTRIBUTION BY MONTH -----

Data Collection Type

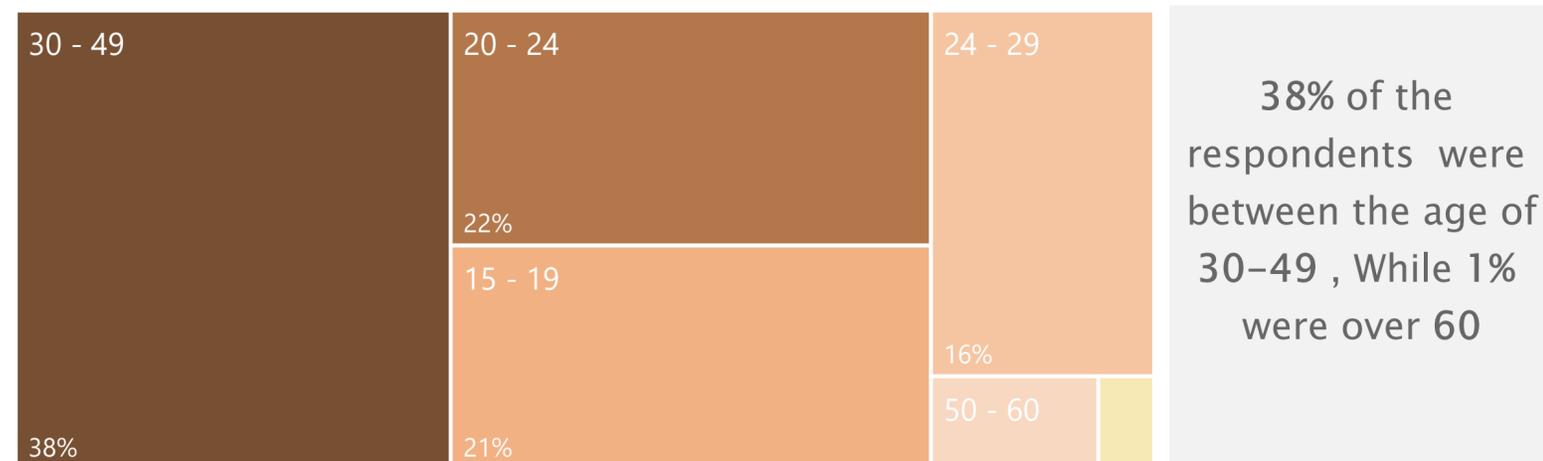


Distribution by IP



Respondent information

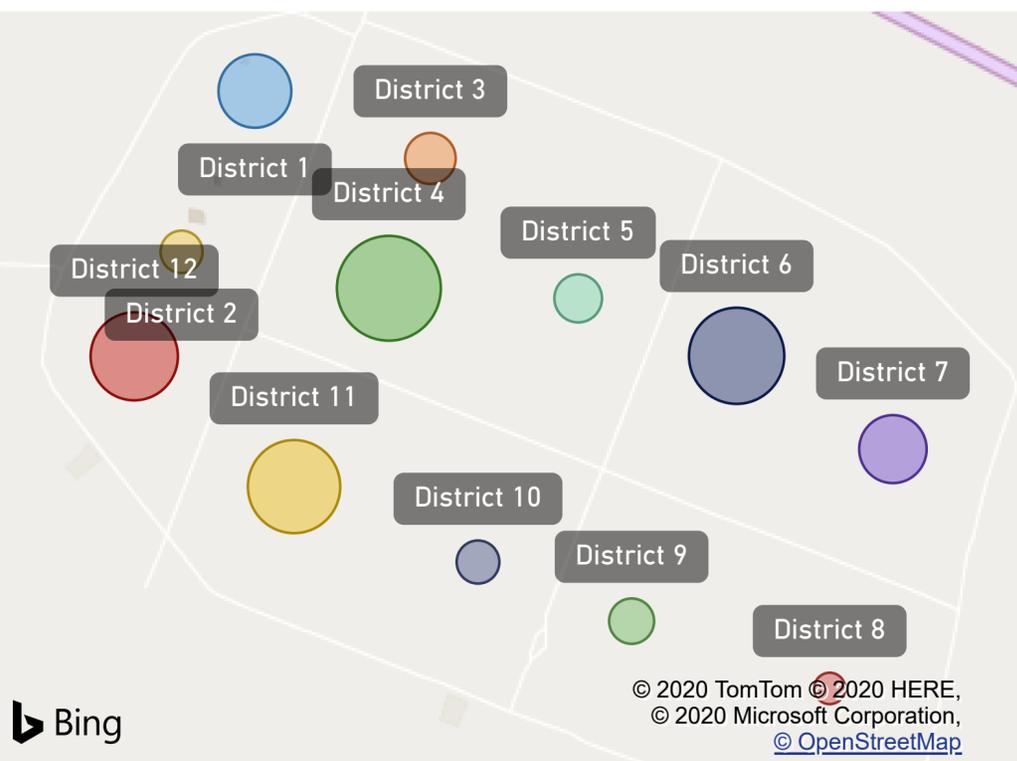
RESPONDENTS AGE GROUP



RESPONDENTS MARITAL STATUS BY HOUSEHOLD HEAD



RESPONDENTS LOCATION : Zaatari camp, Mafrq Governorate



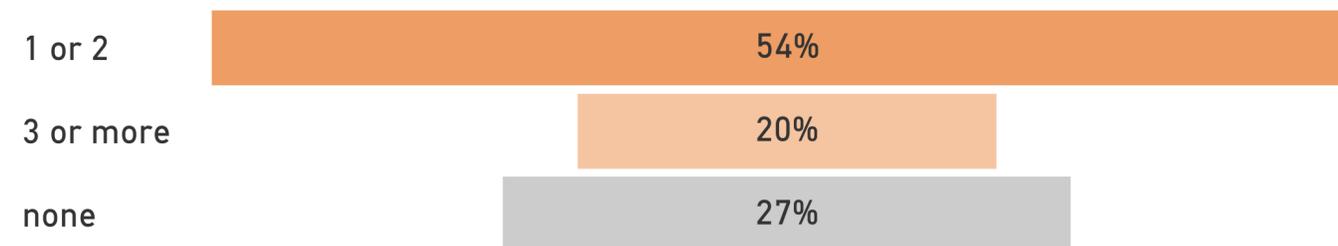
All respondents reside in Zaatari camp, located east of Mafrq governorate. The map shows that most respondents were from District 4, 6, 11 and 12 while the fewest respondents were from districts 8, 2, 10 and 9.



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© 2020 Microsoft Corporation,
© OpenStreetMap



% OF CHILDREN UNDER THE AGE OF FIVE IN THE HOUSEHOLD

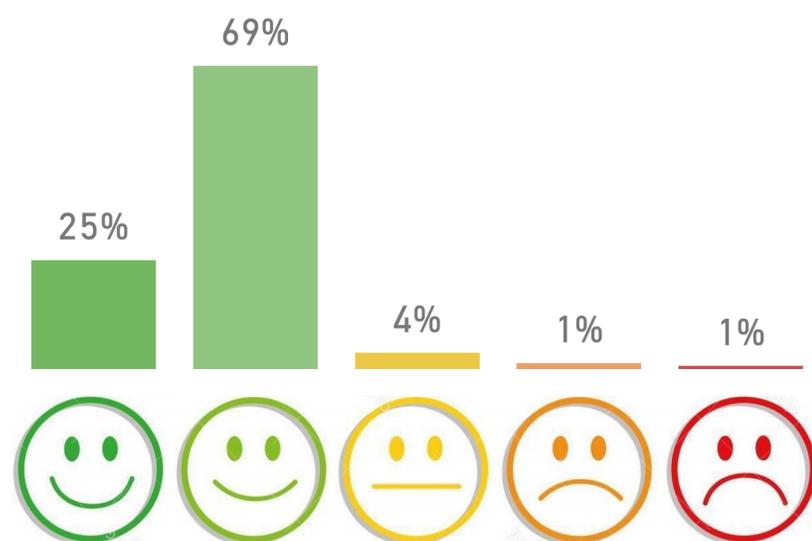


Beneficiary Satisfaction 1/2

OVERALL SATISFACTION WITH RECEIVED ITEMS

94%

said they are overall satisfied with received items



more than **40%** of respondents confirmed that the **most 3 useful** items were the: Hand Sanitizer followed by Bath Towel and Washing Powder.



While around **11%** confirmed that the **least 3 useful** items were: Comb followed by Head Cover and the Self powered torch.

However, more than **67%** stated that all items were useful.



50% stated that they were not provided with adequate information on how to use all items in the kit. However **68%** said that the information provided in the two leaflets about hotlines to seek help were useful.

ITEMS QUALITY



more than **85%** stated that the items were of a good quality

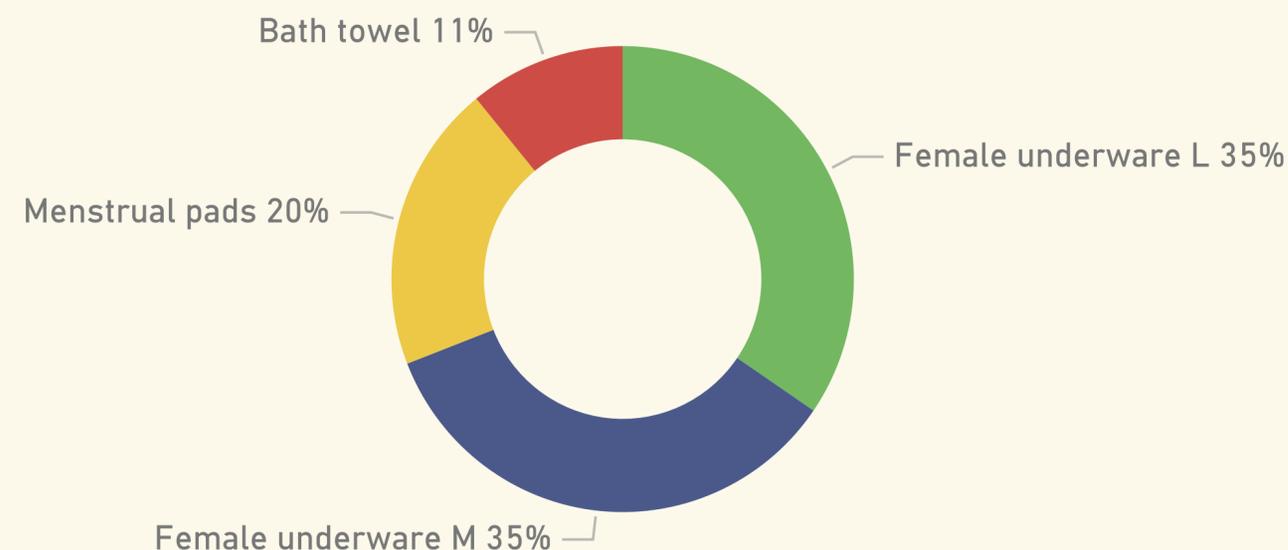
- **50%** stated that additional items should be included in the kit.

- More than **93%** said that they received the correct quantity of items as listed in the content list

Kit Items

Washing powder Q2
Toothpaste Q1
Toothbrush Q2
Shampoo Q1
Self powered torch Q1
Menstrual pads Q5 packs
Leaflets with information Q2
Head Cover/ Hijab Q2
Hand Sanitizer Q. 1
Female underwear M Q2
Female underwear L Q2
Disinfectant/antiseptic soap Q.2
Disinfectant spray killing bacteria Q1
Deodorant stick Q1
Comb Q1
Bleach cloar Q1
Bath towel Q1
Backpack Q1
Baby wipes Q1

Items with Poor Quality

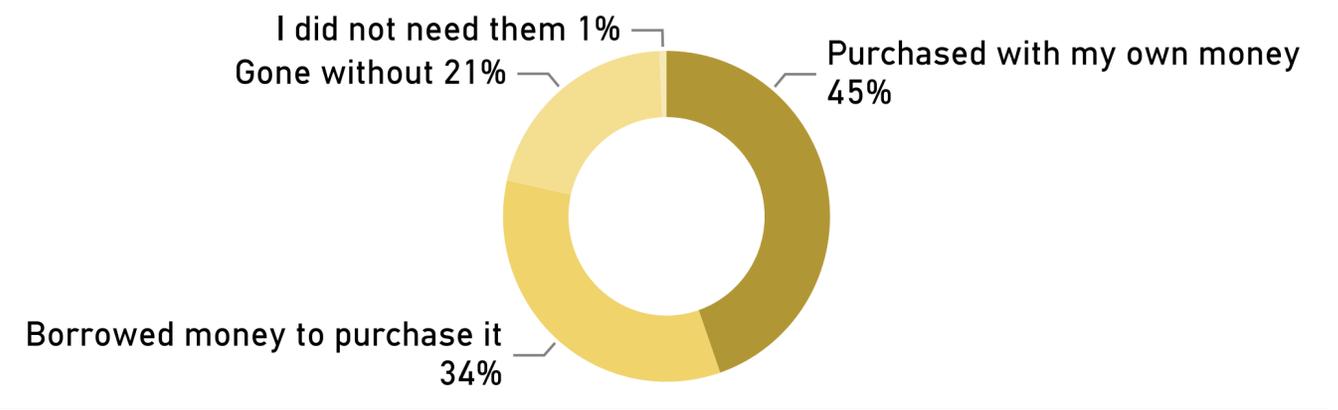


% is from the 15% who stated that the Items were in bad quality

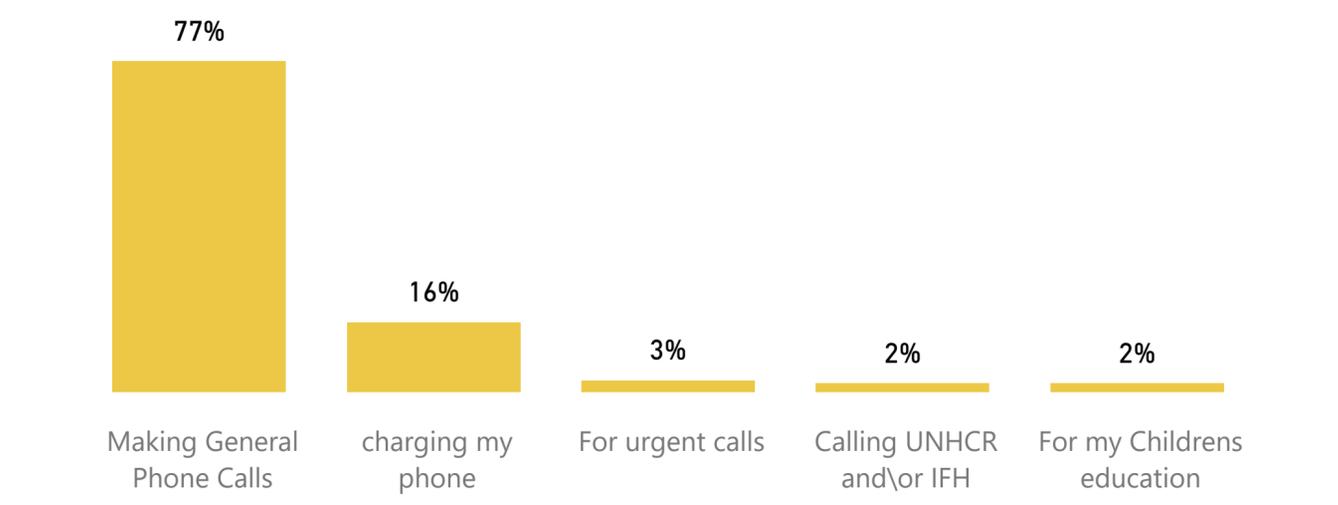
Beneficiary Satisfaction 2/2

ITEMS USABILITY

If these items were not distributed with this kit, how would you have obtained them?



What do you use the credit for the phone for?



"My phone was disconnected for more than 6 months, I am so happy I could contact my children" Widow from district 6

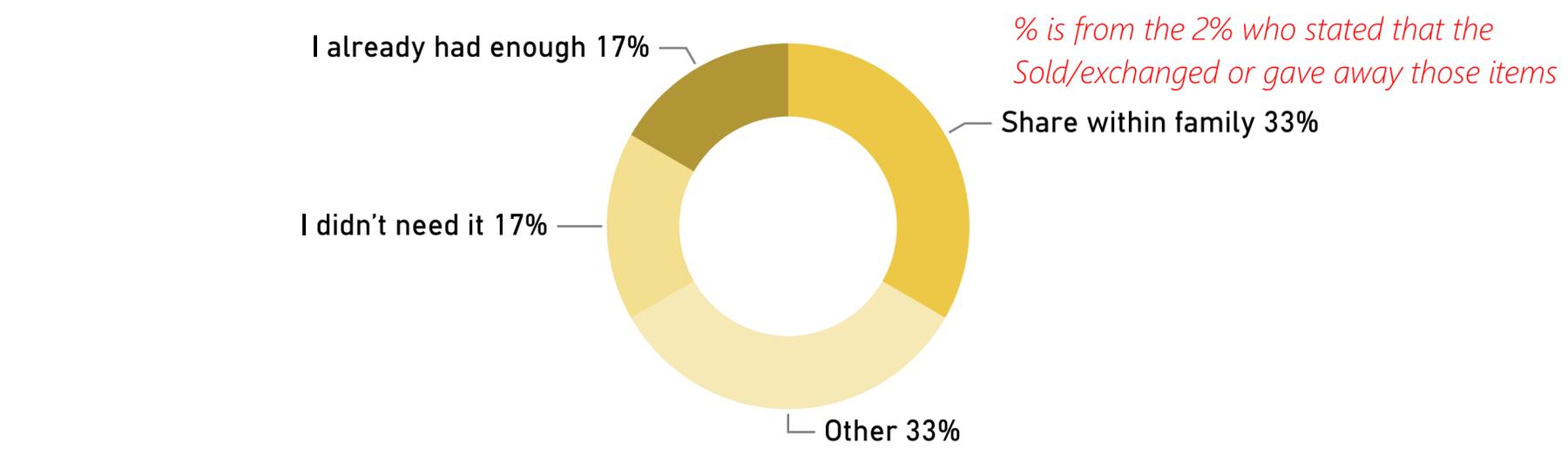
Do you know how to use the torch in the kit?



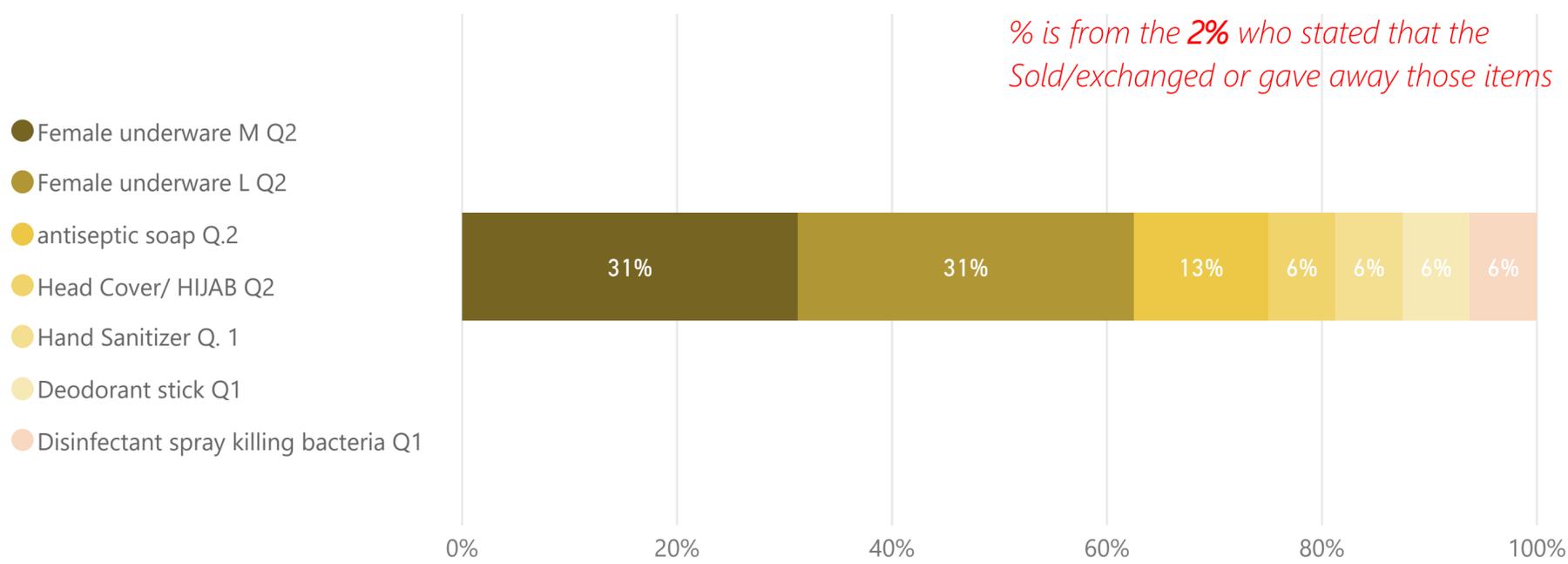
SELL\EXCHANGE\GIVE AWAY RECEIVED ITEMS

98% of recipients did not sell/exchange/give away any of the received Items

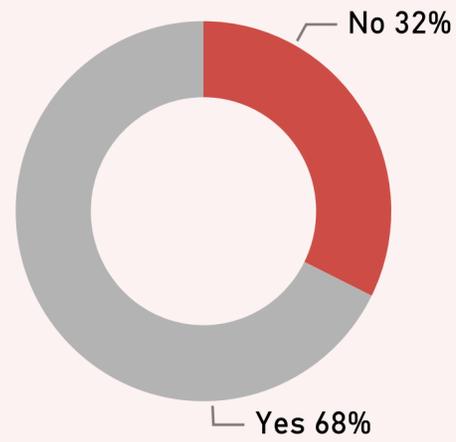
Why did you sell/exchange/give away these items?



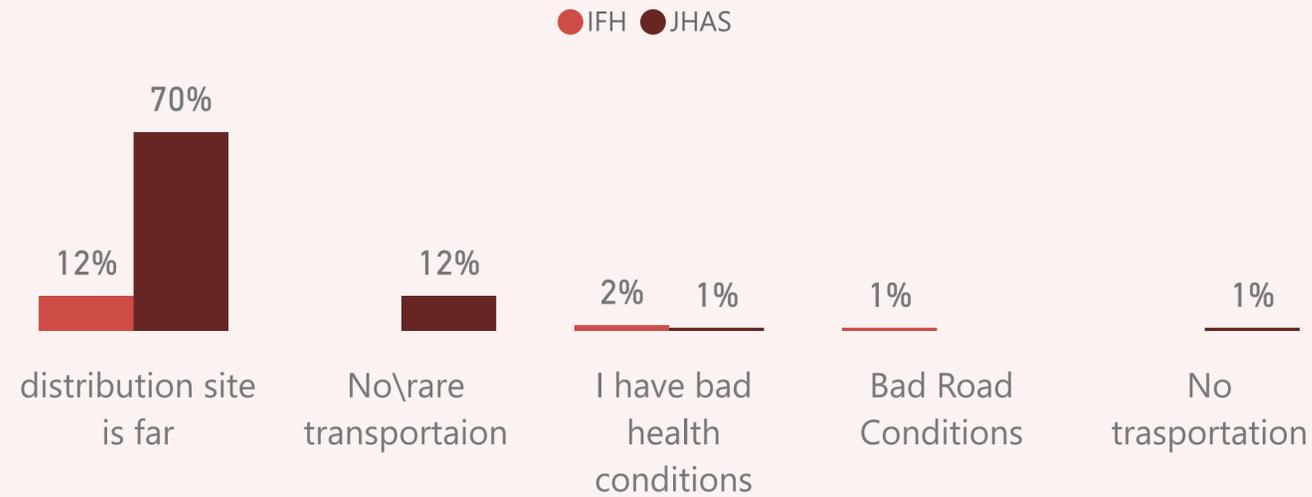
Sold/exchanged/gave away Items



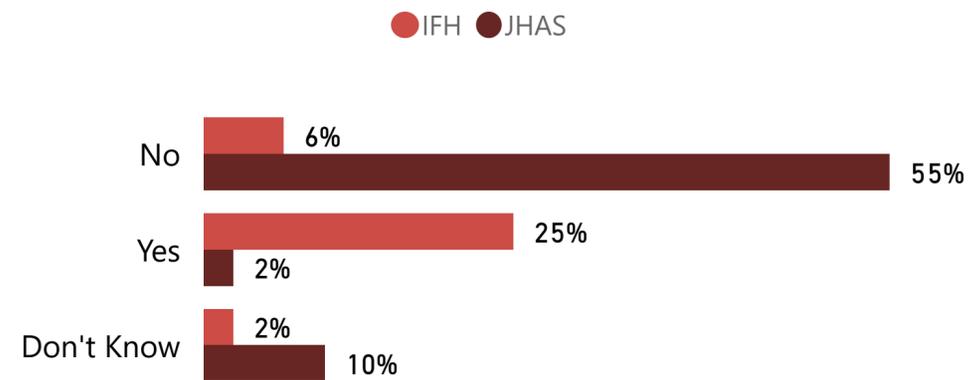
IS THE DISTRIBUTION SITE EASILY ACCESSIBLE?



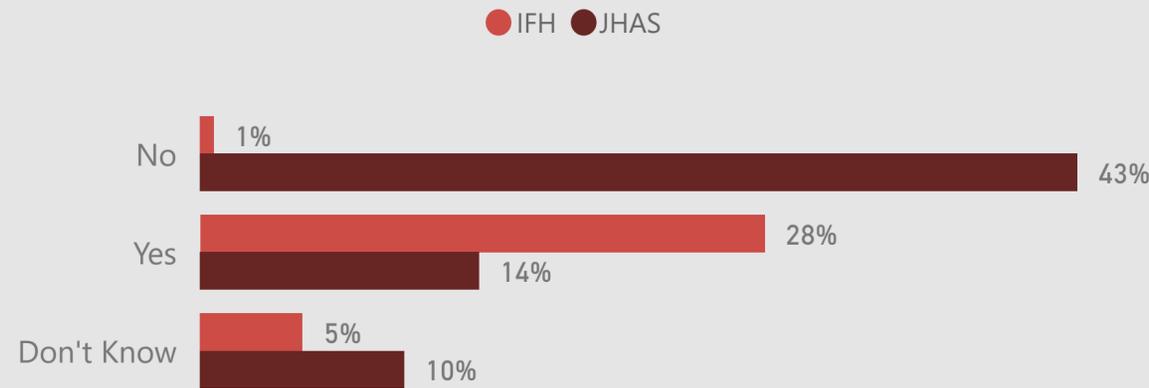
% of Accessibility Challenges by District



Site easy accessibility for people who have physical disabilities?

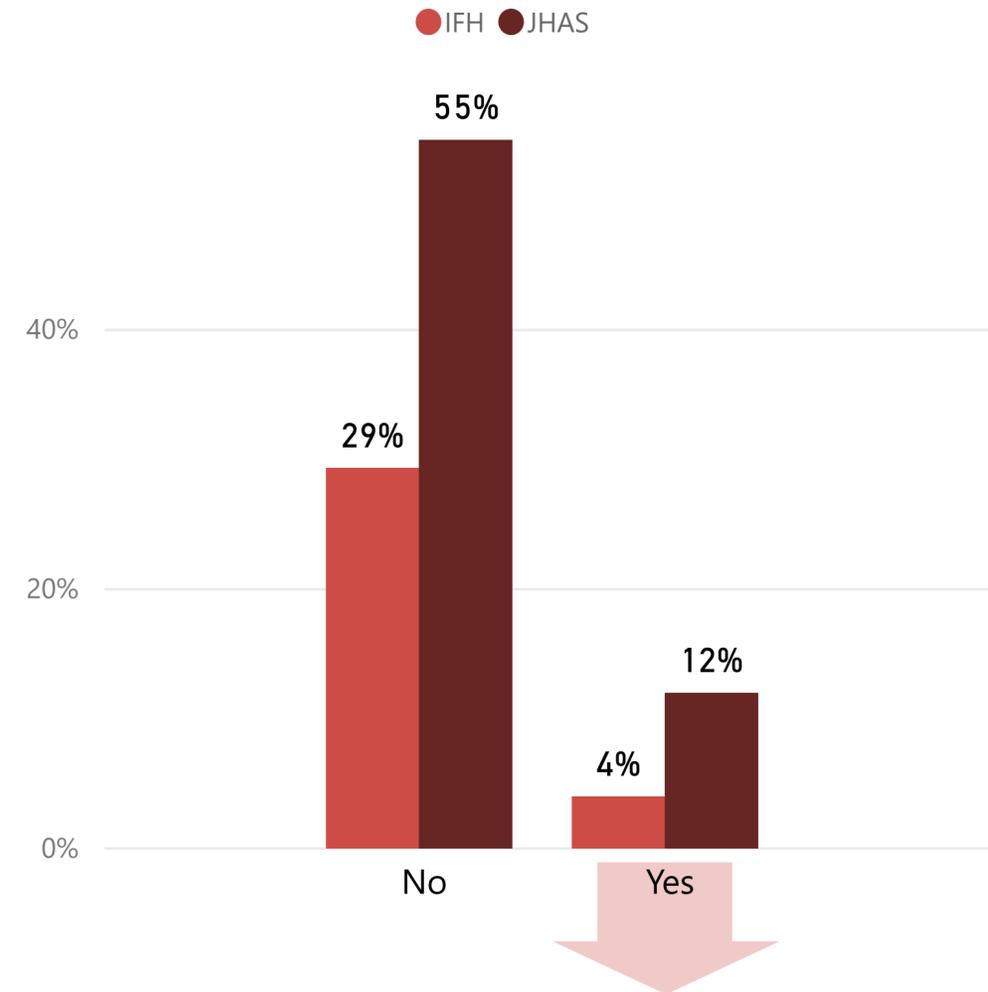


Was information provided easy to understand who cannot read not write?

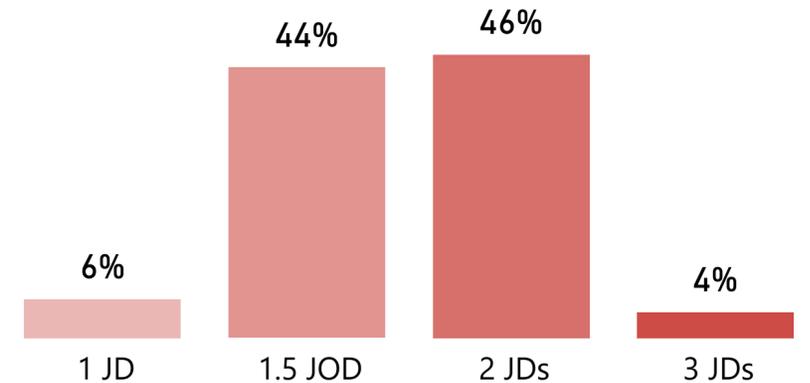


TRANSPORTATION FEES

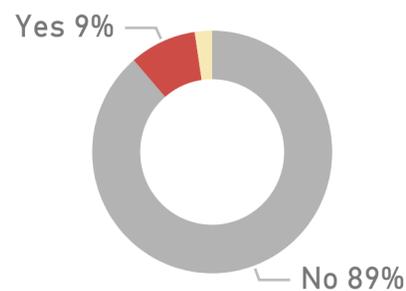
Did you have to pay for transportation costs to travel to the distribution site?



Amount paid from the 16% of women



Are there any physical obstacles that could compromise the distribution?

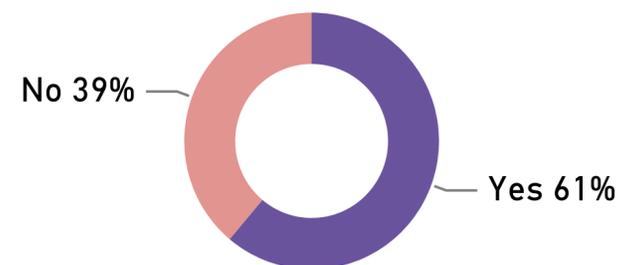


Physical obstacles Types



Beneficiary Selection Process - Comments and Feedback

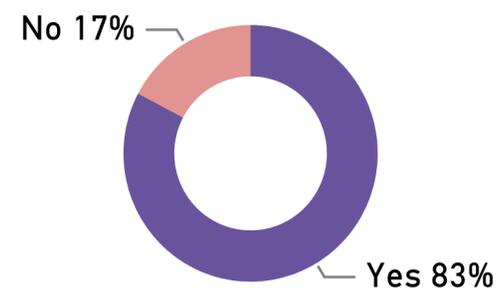
Do you understand why you were selected to benefit from this distribution?



Comments on Beneficiary Selection Process	%
I am one of the beneficiaries	30%
I have special needs	21%
Because I am a widow	9%
I have health condition\Disability	9%
Conditions applies on me	5%
Because i am single	2%
because me and my husband are disabled	2%
i thought they will distribute to all the camp and its my turn now	2%
i was volunteer in the center zumba teacher	2%
i went and register my name and took the bag	2%
living alone	2%
my economic situation is bad , as her husband is away	2%
my family members are sick and iam the FHH	2%
one of thier benefeceries and pregnant	2%
They told me based on need	2%
Why only for pregnant women?	2%
Total	100%

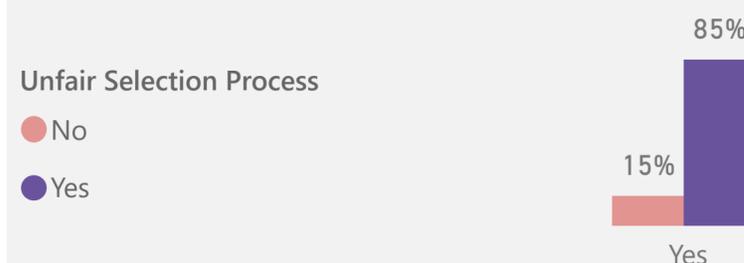
None of the respondents stated that they had to pay fees, gift or tip to be selected for this assistance or during the distribution process

Did you feel the selection process was fair?

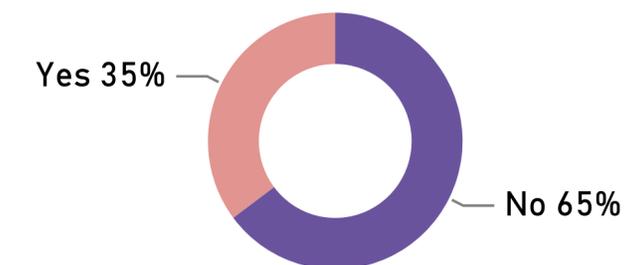


Was the process unfair?	%
It should be distributed to all women	35%
Some people who are not in need have received it	17%
All people need hygiene kit these days	13%
There were more people in need that did not receive it	12%
because she got 2 bags wasn't fair	2%
It was not distributed to all pregnant women	2%
Its distributed only for pregnant women	2%
Non pregnant women cannot afford the buy these Items	2%
Selection Process wasn't clear	2%
some people didnt recieve it and they are in need	2%
Some people thought it's unfair not to receive it	2%
Some received it twice	2%
There are women needs it more than pregnant women	2%
There is no difference between +5 months pregnancy and less than 5 months	2%
There were missing items	2%
They didn't call me although I am registered as a beneficiary	2%
Total	100%

Out of the 61% who understood the seelction process, this is the % of who thinks its fair selection process or not



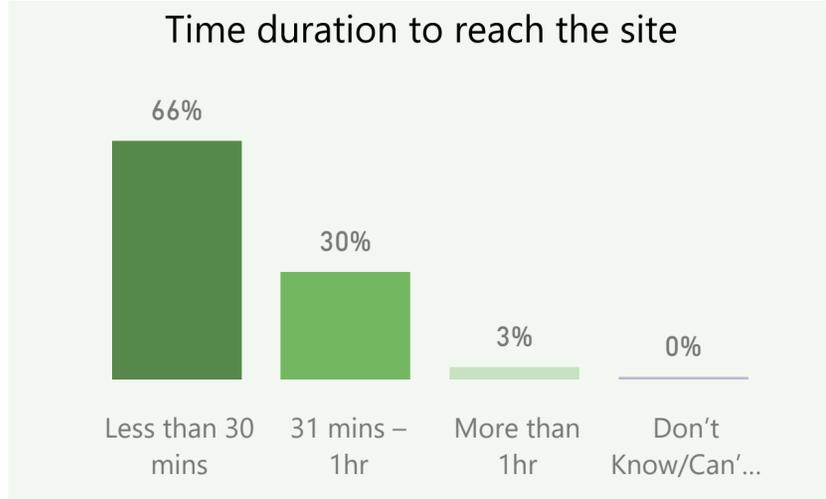
Were there any complaints in the community with how the beneficiaries were selected?



Beneficiary Selection Process/If yes, please specify the complaints about beneficiary selection	%
Should be distributed to all women	27%
"Why not all?"	22%
"Why only you?"	14%
Unfair distribution	12%
"Why only to pregnant women?"	4%
All people need hygiene kit these days	3%
i heard compalints from some of the nieghbours	2%
Why first months of pregnancy are excluded?	2%
"Why did you receive and I did not though my husband is far?"	1%
i heard some complaints from my niegbours	1%
IFH gave it to both pregnant and non pregnant women	1%
My daughters wants to have kits too	1%
my niegbours complained	1%
people who didn't recive, complained	1%
she heard some complplaints and this causes some problmems	1%
some people complained from not getting it	1%
some people in need and didnt take	1%
Some people who are not in need have received it	1%
there is some complaints fro the women in the community	1%
they didnt know that she recieved 2 bags	1%
Why not to	1%
Why they didn't call me?	1%
Why they didn't call me? And then they complained to IFH	1%
Total	100%

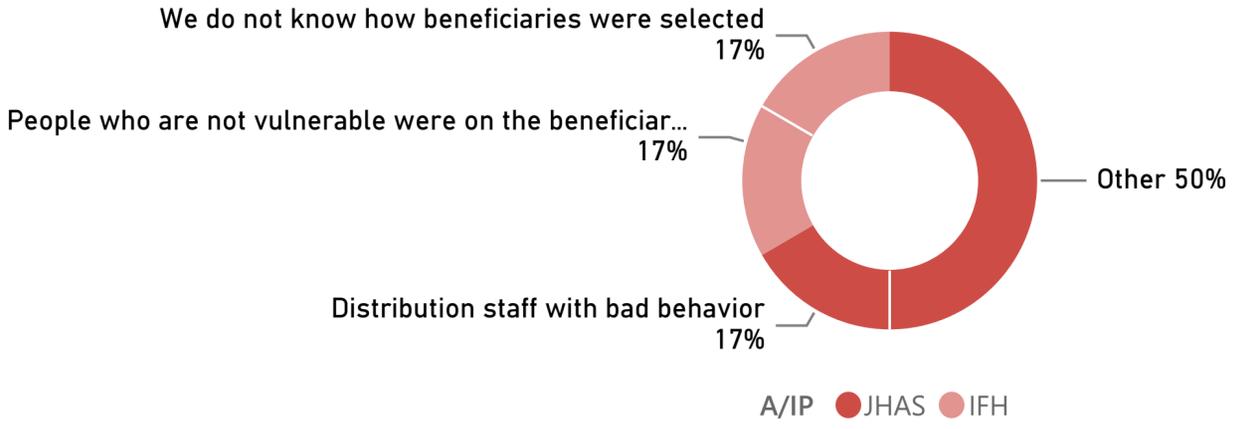
Distribution Process 1/2

BENEFICIARIES SATISFACTION WITH DISTRIBUTION PROCESS



DISSATISFACTION REASONS

Only **1%** of the respondents were unsatisfied with the distribution process



- Dissatisfaction Reason: Other**
- Missing Items
 - I had to go back several times
 - Quantity was not enough and some Items were unuseful

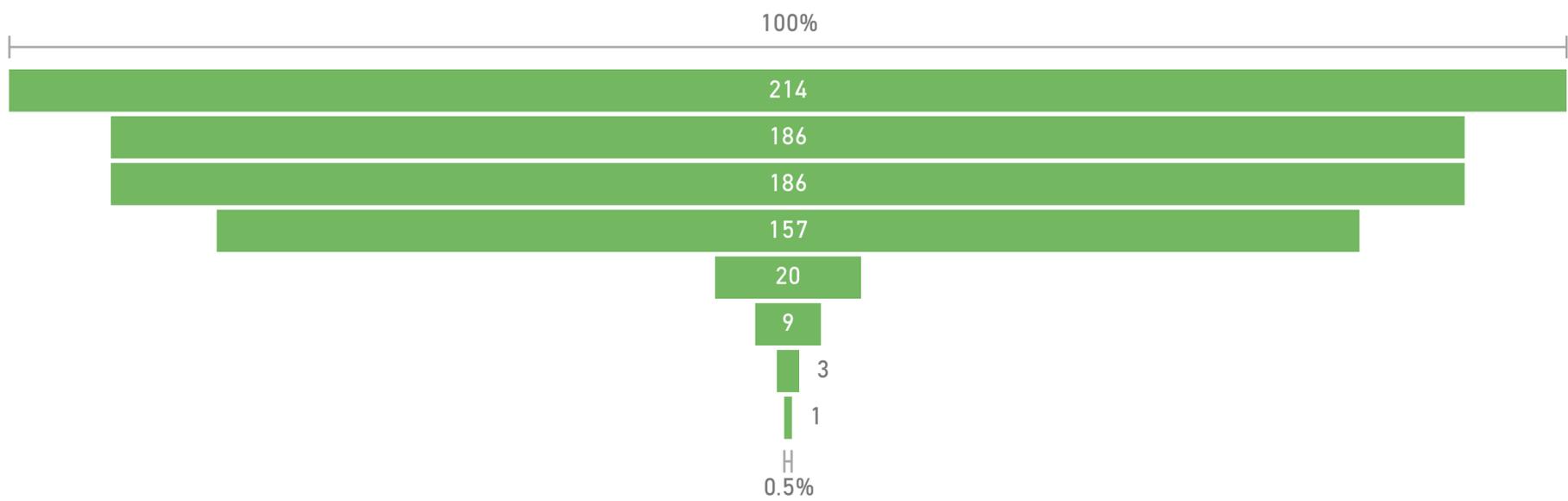
None of the respondents indicated that they weren't informed with enough time to go to the distribution point or that the distribution point was too far or that People who are vulnerable are not on the beneficiary list.

OTHER SERVICES PROVIDED DURING THE DISTRIBUTION PROCESS

Did you receive other services during distribution?

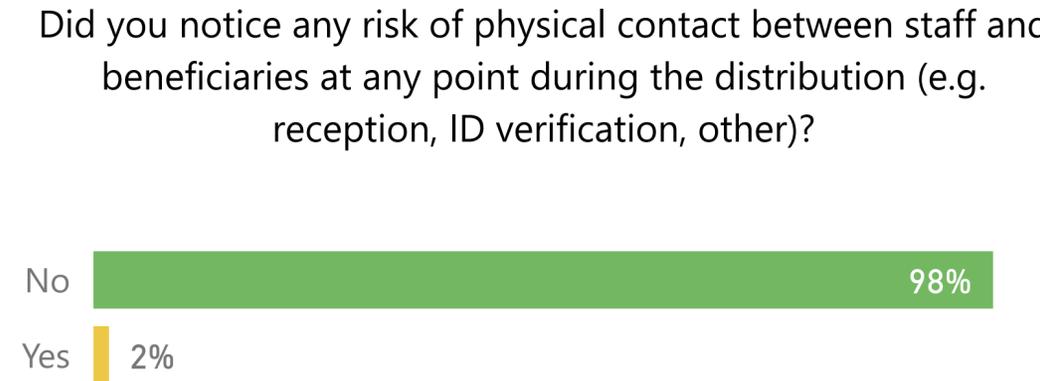
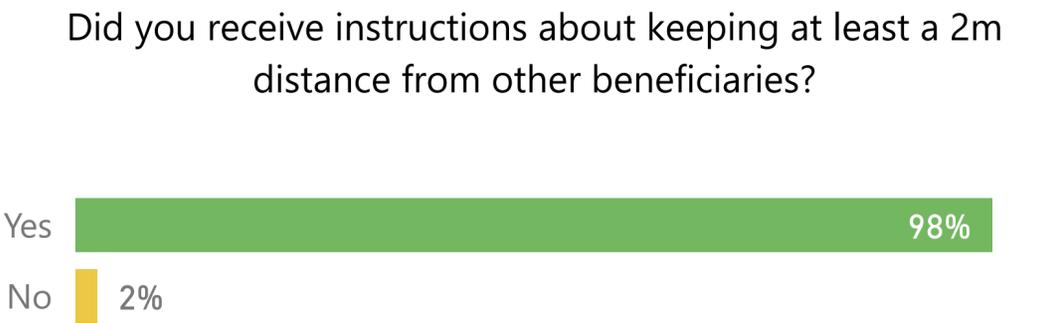
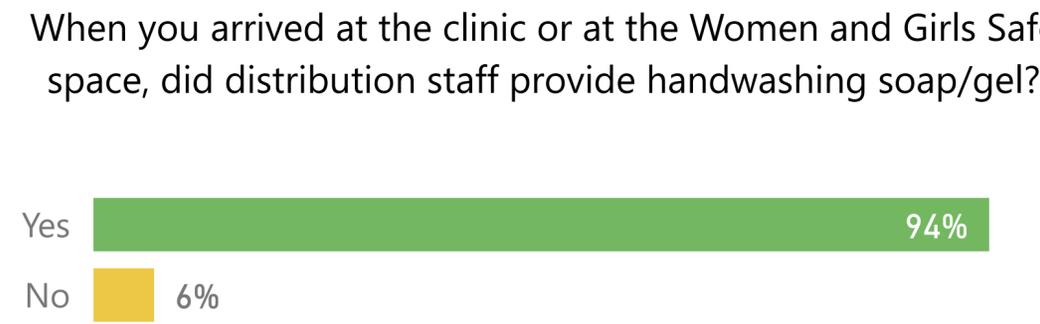
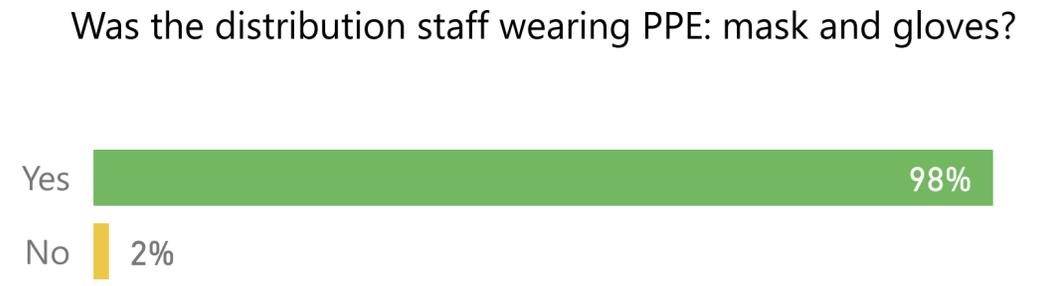


- Additional information about services
- Delivery
- Post-natal care
- Antenatal care
- Other
- PSS
- GBV awareness activities
- PFA

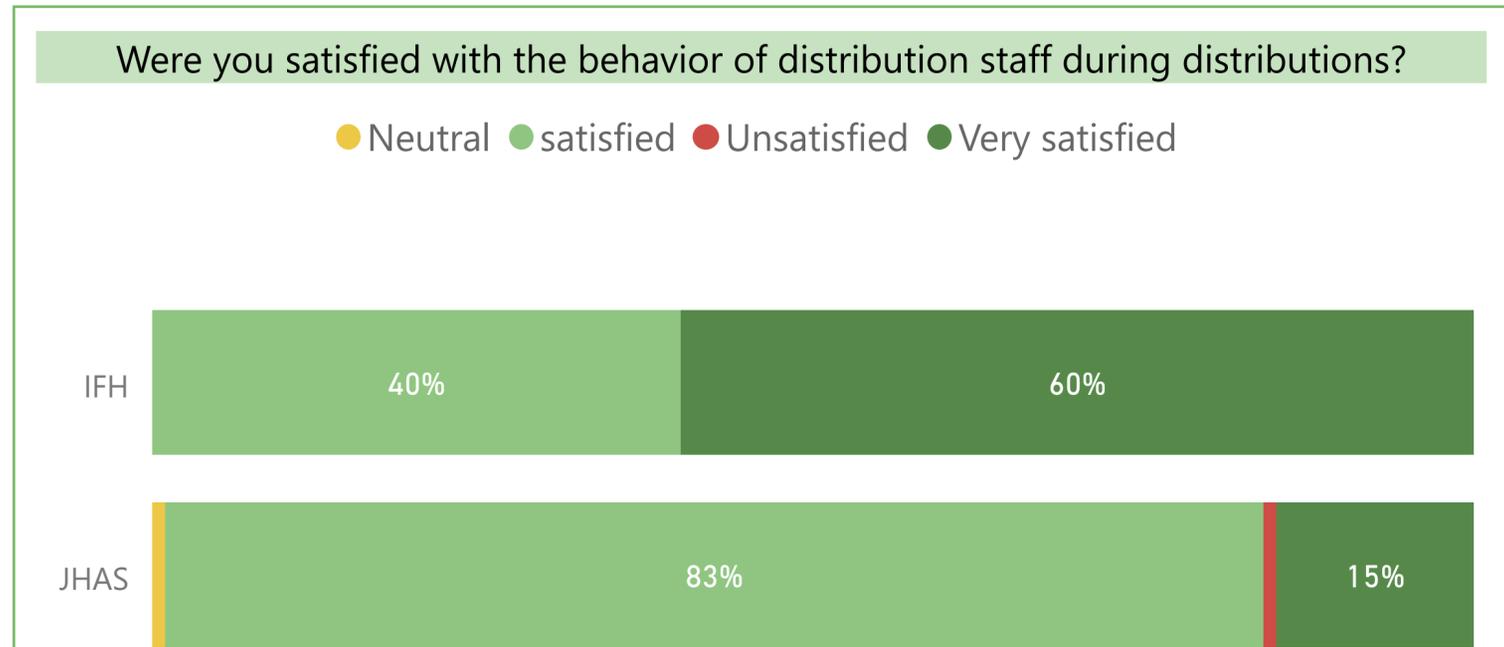


Distribution Process 2/2

SAFETY MEASUREMENTS DURING DISTRIBUTION PROCESS



SERVICE QUALITY PROVIDED BY DISTRIBUTION STAFF



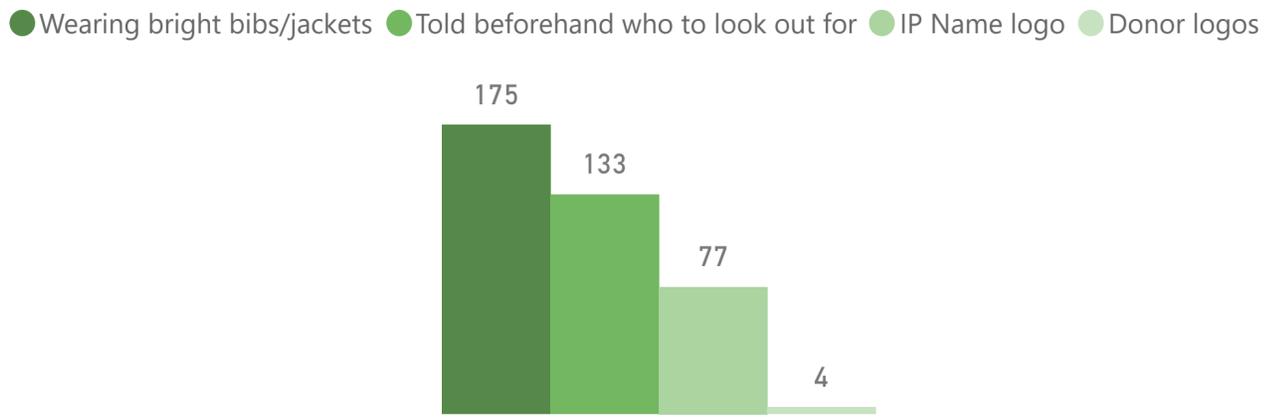
98% of the beneficiaries were overall satisfied .
 The 1% who were neutral towards the staff behavior during the distribution are located in District 7 and 12, while 1% located in District 7 and 11 were unsatisfied with the distribution staff behavior

98%
 confirmed that **there was sheltered/shaded area for them to wait in** (e.g. protected from the sun/rain).
 Where **2%** of the respondents who are located in District 12 , 1 , 2 ,4 and 7 stated that there were no sheltered/shaded areas.

Were there people at the distribution site who you could ask questions to if you did not know what to do or if you had a problem?



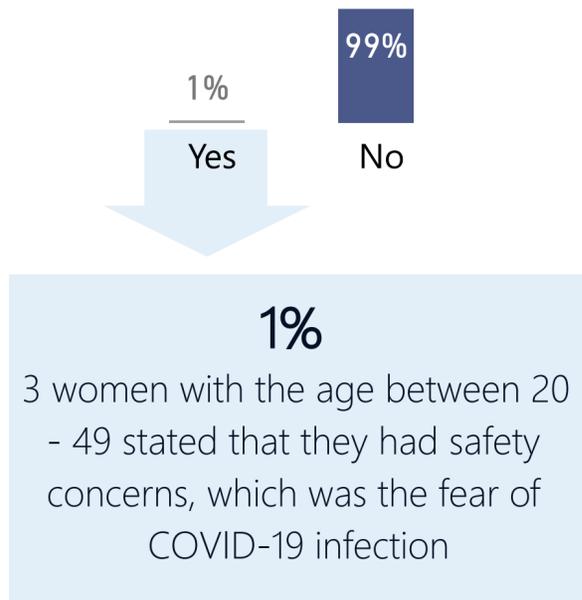
How did you know who these people were?



Security, Safety and Accountability

SECURITY AND SAFETY

Did you have any safety concerns during the distribution?



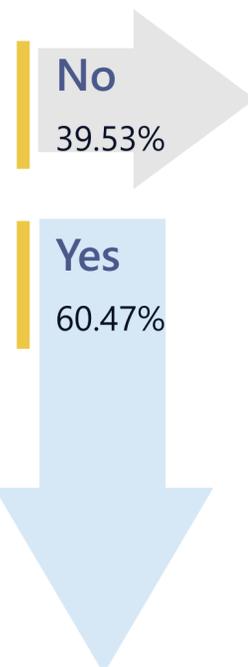
None of the women stated that had safety concerns regarding theft, losing items, traveling at night, sexual harassment, male staff or Presence of armed groups close to distribution team.

Only one girl who is around 22 years old from district 8 stated that she had safety and security issue after receiving the kit as she is not used to go alone therefore she went with her brother

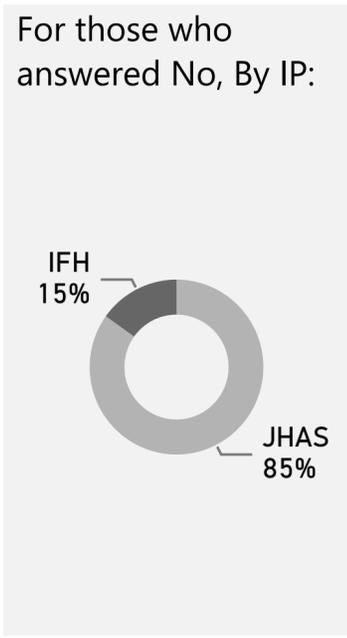


ACCOUNTABILITY

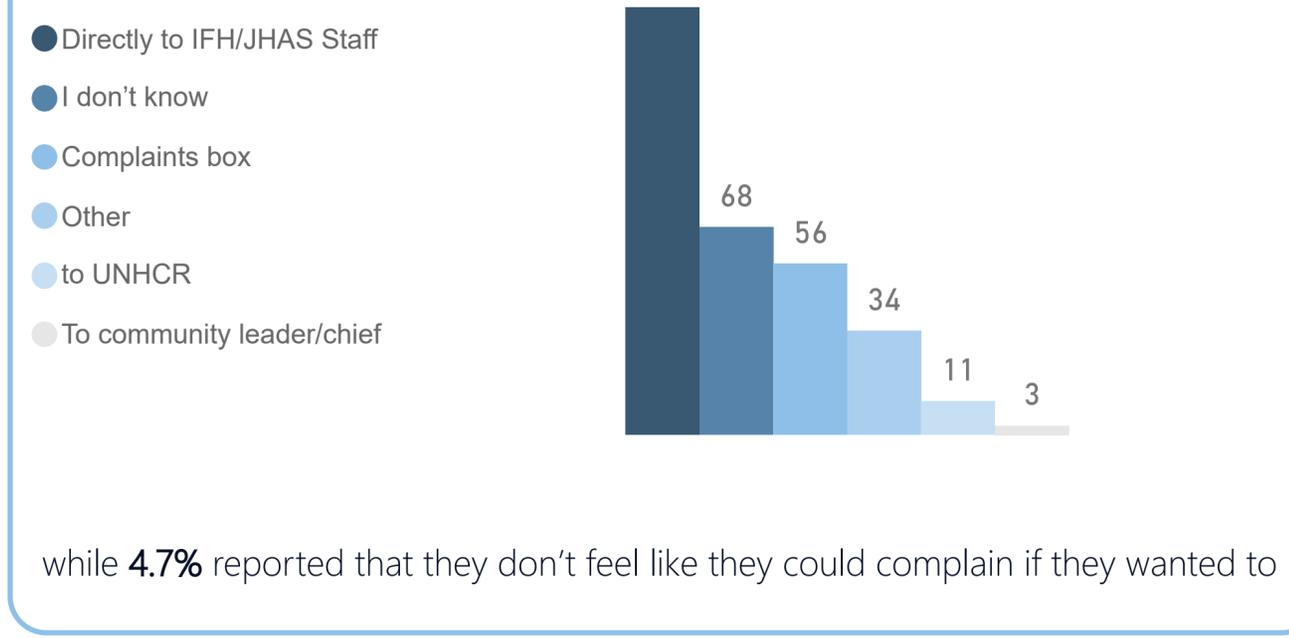
Was information about the distribution shared with you before the distribution?



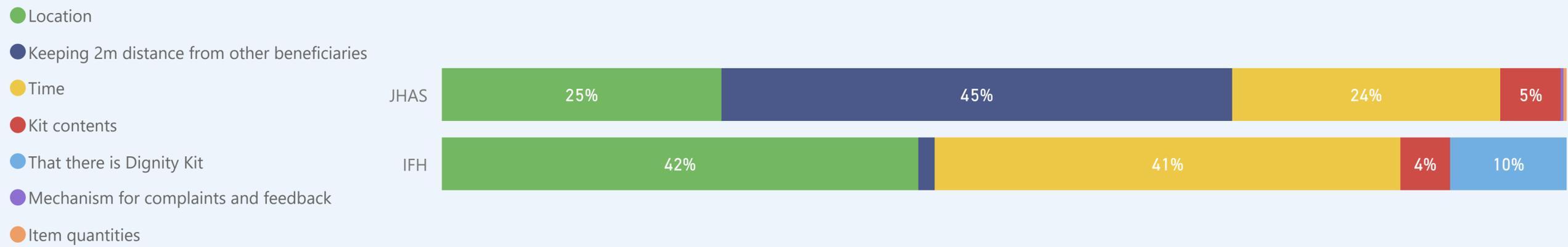
Accountability/why	Count
I Didn't know	1%
I had a doctor appointment, after that I knew about it and receive it	82%
i heard about the distribution and went to ask	1%
I received it after giving birth	5%
I went and asked	3%
i went for a session	5%
i went to register myself	1%
My friend told me about it	1%
they asked me to come to the center without mentioning the reason	1%
Total	100%



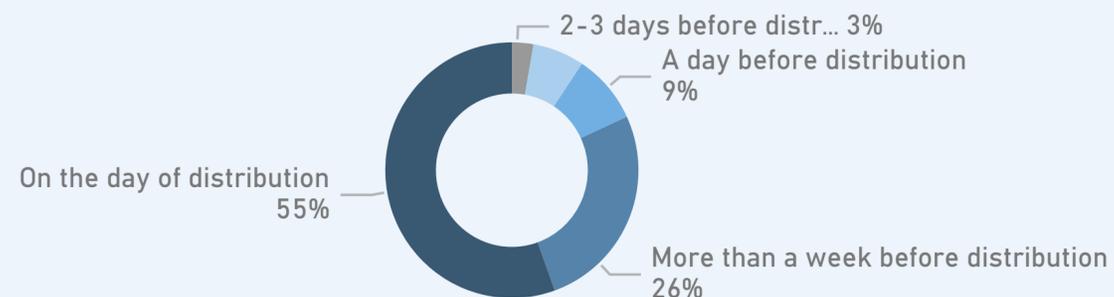
How do you provide feedback on the distribution?



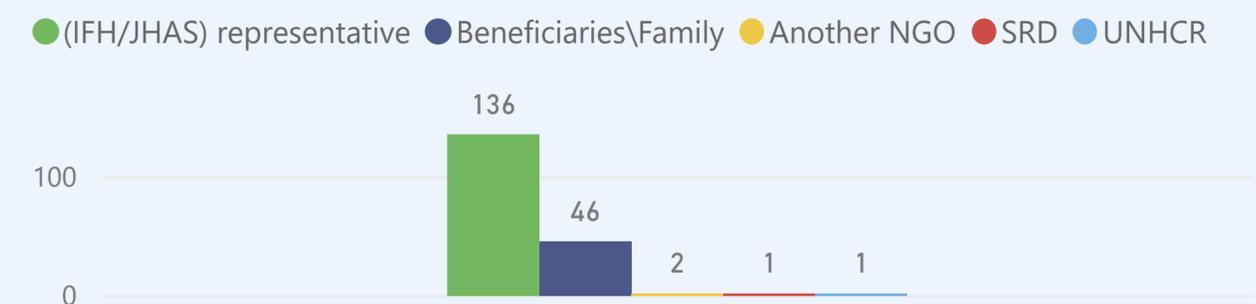
What information was shared with you before the distribution? By District



When were you informed about the distribution?



how was information shared with you before the distribution?



1. For 68% respondent information provided in the leaflets about hotlines was useful- this is a clear indication on the need of strengthening and diversifying means of outreach on services provided in our programming in the camp;
2. Only 8% aged 15-19 received dignity kits from IFH. Although the kit was designed to reach adolescent girls we did not reach many. UNFPA should consider the possibility of making the content more adolescent friendly and engage Child protection and Youth actors to strengthen referral
3. The strategy of distributing DK through 3 WGSS paid off as it made distribution points more accessible (for 85 % of IFH beneficiaries)
4. 89% stated items were of good quality- UNFPA channeled the feedback on underwear and sanitary pads to the procurement branch and supplier .
5. If the items were not distributed 34% of beneficiaries would borrow money to purchase them. This shows how this intervention was needed to meet basic hygiene needs of women but also points out the need of liaising with WASH and basic needs actor in the camp to ensure women and girls hygiene needs are prioritized in the response and minimize risks of sexual exploitation;
6. The IFH to improve beneficiaries' awareness on the complaint by increasing the visibility of IEC material for the call center;
7. 98% of recipients did not sell exchange or give away any received items. This confirms that beneficiaries were in needs of those items. 50% stated that additional items should be included. To this end UNFPA and partners should consider to focus on CVA/e-vouchers for essential hygiene and protection items and on multi-purpose cash for the most vulnerable women and girls, so that they can directly purchase the items they prefer;
8. Referral mechanisms in coordination with UNHCR and protection actors in the camp ensured the response addressed vulnerabilities across the camp and not only limited to IFH beneficiaries.

1. Inform the target group about the selection criteria, location and the nature of the received items prior to the distribution of the kits.
2. Disseminate Sexual and Reproductive Health (SRH) sensitization messages targeting women of reproductive age (aged 15-49) at the time of kit delivery. In addition, ensure that relevant SRH educational materials are included inside the Salama kits. This will increase UNFPA JCO's visibility, provides an opportunity to establish educational programmes, and thereby advance the overall impact of the Salama kits.
3. Explore the possibility of supporting the transportation fees of vulnerable beneficiaries, including those from remote areas, people living with disabilities (PWD), pregnant and lactating women, and those who recently delivered.
4. Expand the selection criteria to include adolescents' girls who seek ASRH services.
5. Include women gown/pyjama and new born outfit in the kits, as these were the items that women identified as essential, but were missing – in particular those women who received the kits after delivery.
6. Enhance the documentation of the dignity kit distribution, including representative stories from pregnant, lactating women and adolescent girls. Undertake monitoring and evaluation of the distribution and follow-up activities.
7. Establish extensive quality control mechanisms by e.g. employing independent quality control systems in order to verify the quality of the items.
8. Establish LTAs with suppliers for the provision of Salama kits, given the protracted refugee crises context and to ensure efficient logistics processes.
9. Explore the possibility of establishing strategic storage sites to stock certain basic kit items and reduce the time it takes to assemble the kits. Engage local women and youth to assemble the kits as an income-generating activity.
10. Strengthen coordination with development partners (i.e. (I)NGOs, other UN agencies etc.) in the distribution of Salama kits and integrate the intervention with the provision of other types of kits and services.



For more information, please contact:

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