The Global Women's Institute
THE GEORGE WASHINGTON UNIVERSITY

EMPOWERED AID - Lebanon
Food Parcel Post Distribution Monitoring
Household Phone Survey Results

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Background

In May 2020, URDA, CARE Lebanon, and the Global Women's Institute distributed 501 food parcels to a targeted group of Syrian refugees who met UNHCR vulnerability criteria. This not only supported needs identified by the humanitarian response but was also part of Empowered Aid's efforts to reduce sexual exploitation and abuse (SEA) in aid distributions by identifying risk factors (Phase 1) and building evidence on safer distribution mechanisms and monitoring (Phase 2).

Specifically, this food distribution was designed using recommendations made by Syrian refugee women and girls during Phase I of the Empowered Aid study, in which they described the SEA risks they face when accessing distributions and ways to minimize these risks.[1] With the onset of COVID-19, we expanded the distribution design and monitoring to better capture the pandemic's effects on women and girls' access to information, concerns related to SEA and other forms of

[1] See the recommendations within Empowered Aid's policy brief on reducing SEA risks in food distribution, as well as within the main results report for Lebanon.

violence, and knowledge of reporting mechanisms and services—at a time when refugee communities had few other avenues for communicating this information with aid actors.

Both distributions took place on May 5, 2020 during the 'general mobilization state,' when safety measures were put in place by the Lebanese Government in response to the COVID-19 pandemic. Based on recommendations from Syrian women and girls during Phase I of the Empowered Aid project on how to reduce risk of SEA during aid distribution, two types of adapted distribution modalities were used: (1) a targeted, pre-assigned times distribution modality, and (2) a door-to-door distribution modality (see Table 1).

Table 1. Post Food Distribution Monitoring Overview

Distribution Modality	Pre-Assigned Times Distribution	Door-to-Door Distribution
Distribution Location	Sahel Akkar	Mhammra Akkar
Informal Tented Settlement (ITS) Type	Unmanaged	URDA-Managed
Date of Distribution	May 5, 2020	May 5, 2020
Number of Food Parcel Recipients	251 (102 women, 149 men)	250 (218 women, 32 men)
Number of Recipients Interviewed	65 (26%)	88 (35%)

The pre-assigned time distribution allowed groups of 20 aid recipients to receive aid at a time and took place in an unmanaged informal tented settlement (ITS)[2] in Sahel Akkar. The door-to-door distribution took place in an URDA-managed ITS in Mhammra Akkar.[3]

The Empowered Aid research team, in partnership with URDA, carried out a Post Distribution Monitoring Survey by phone after each food parcel distribution to investigate recipient perceptions of safety, risk and satisfaction during each type of distribution.

The findings of the phone survey are summarized here, and alongside the other distribution monitoring conducted (safety audits and brief in-person interviews, summarized in separate reports), provide recommendations for improving this specific distribution as well as general

[2] In this report, we will use "informal tented settlement," "ITS," and "settlement" interchangeably.
[3] Unmanaged settlements are characterized by the spontaneous and undefined nature of their layout, often with tents positioned at random, visible garbage, and animals such as dogs and cats roaming. Managed settlements have defined borders and physical layout of tents, often with a security gate and little visible garbage.

information that can be used by all distribution actors to improve the safety of aid recipients, particularly women and girls, in the context of COVID-19 lockdowns and other restrictions. It is important to note that, given the context of COVID-19, some of the challenges reported in distribution monitoring may reflect the strict conditions of Lebanon's 'general mobilization state' (put in place to limit the spread of COVID-19) rather than challenges specific to the distribution being monitored.

Methodology

Research Team

The GWI team consists of two researchers who, due to COVID travel restrictions, now provide technical guidance and training through fully remote modalities (Zoom). In Lebanon, two Empowered Aid research staff from CARE worked with four partner staff from URDA's distribution and protection teams. GWI and CARE led data collection training with all research team members. Trainings centered on gender & gender-based violence (GBV). Core concepts included SEA, principles of participatory research, centering women and girls, research ethics,[4] the data collection tool, and referral processes, and protection against exploitation and abuse (PSEA)/COVID-19 measures. Team members practiced obtaining informed consent and delivering the household survey tool. Special attention was paid to the new questions on safety and risk pertaining to the Empowered Aid study.

Sampling Approach

The research team conducted a census of all 501 aid recipients across both food distribution modalities. Due to non-response and issues with some of the phone numbers in the list received from UNHCR, the team was able to conduct interviews with 31% (153) of aid recipients: 26% (65) of those who attended the pre-assigned times distribution, and 35% (88) of those who received the door-to-door distribution.

Data Collection Protocol

Data collectors reached out to aid recipients by phone approximately one and a half months after the distribution, asking to speak with the recipient. Data collectors called all recipients and noted in the tracking sheet if recipients answered, did not answer, or if there was a problem with the phone number or connection. The recipient was asked if it was a good time to speak; if so, the data collector proceeded with informed consent and if not, asked to schedule another time. After obtaining informed consent and checking that the recipient felt they could safely and comfortably talk, data collectors conducted the interview verbally, noting recipient responses in an electronic Kobo survey form.

[4] Drawing on WHO's ethical and safety considerations when conducting research related to sexual violence in emergencies: https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

Information and referrals

Referral pathways were in place for any recipients who expressed need for humanitarian services or indicated lack of safety, need for psychosocial support, or experience of PSEA or GBV. Recipients were also given information about how to submit complaints around the aid distribution through established mechanisms, i.e. the UNHCR hotline. General information on aid feedback and PSEA reporting mechanisms, and COVID-19-related safety and support measures, was provided as part of each interview.

Findings

Description of Sample

The survey was carried out among 153 Syrian refugee food parcel recipients, 65 who were part of the pre-assigned times distribution modality, and 88 who were part of the door-to-door distribution modality. Most survey respondents were female (74%), and 70% reported that they were from male-headed households. Among respondent households, most household heads were married (77%), followed by widowed (12%). All but one of the respondents were living in a tent in an informal settlement, and all respondents were residents of Akkar (a region in the north of Lebanon).

Among those who participated in the pre-assigned times distribution, 49% of respondents were female as compared to 92% female among those who participated in the door-to-door distribution. Average family size and household size were slightly larger among those attending the pre-assigned times distribution (Table 2).

Table 2. Sample demographics by distribution modality

Demographics:	Distribution Modality *Number (%) or Mean (SD)*		Overall (n=153)
	Pre-Assigned Times / Unmanaged ITS (n=65)	Door-to-Door / Managed ITS (n=88)	
Gender of respondent:			
Female	32 (49%)	81 (92%)	113 (74%)
Male	33 (51%)	7 (8%)	40 (26%)
Age of respondent:			
10-25	12 (19%)	21 (27%)	33 (23%)
26-40	29 (45%)	33 (42%)	62 (44%)
41-55	14 (22%)	18 (23%)	32 (22%)
56+	9 (14%)	6 (8%)	15 (11%)
Gender of household head:			
Female	15 (25%)	20 (24%)	35 (25%)
Male	45 (75%)	63 (76%)	108 (75%)

Marital status of household head:			
Married	45 (70%)	33 (77%)	78 (73%)
Widowed	5 (8%)	8 (18%)	13 (12%)
Divorced/separated	7 (11%)	2 (5%)	9 (8%)
Single (Never married)	7 (11%)	0	7 (7%)
Family size	5.5 (SD 3.76)	3.9 (SD 1.53)	4.6 (SD 2.87)
Household size (no. of people living in HH including non-family)	5.7 (SD 4.99)	4.4 (SD 3.35)	5.2 (SD 4.44)

Note: All percent are valid percent's (missing excluded).

Freedom of movement

We asked several questions to understand freedom of movement among all refugee aid recipients, both before and since the onset of the COVID-19 mobilization restrictions imposed by the Lebanese government. Before COVID-19 restrictions, 27% of respondents reported that no movement was possible, 46% reported accompanied movement was possible, and 28% reported unrestricted movement was possible. After COVID-19 restrictions were put into place, movement was reported to be more limited.

Figure 1. Freedom of movement related to COVID-19 among all recipients

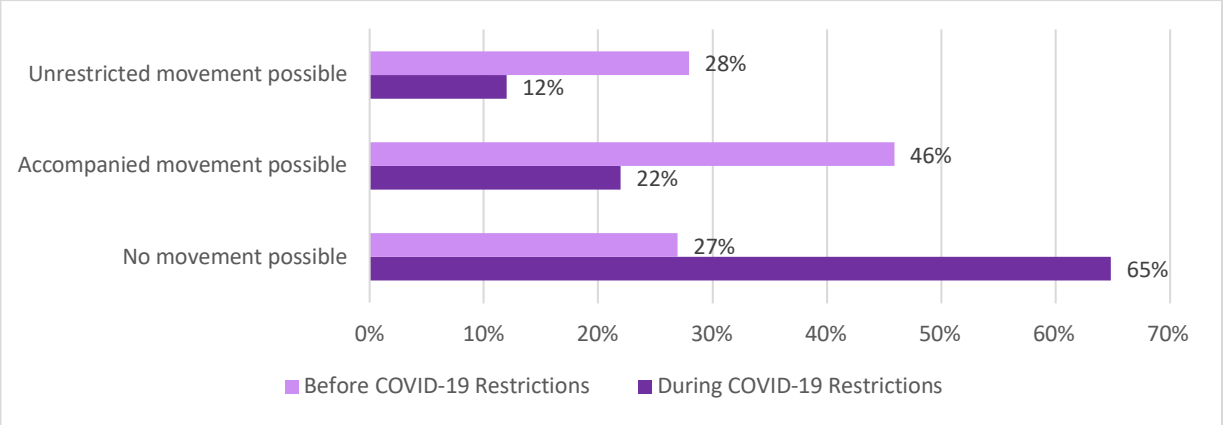
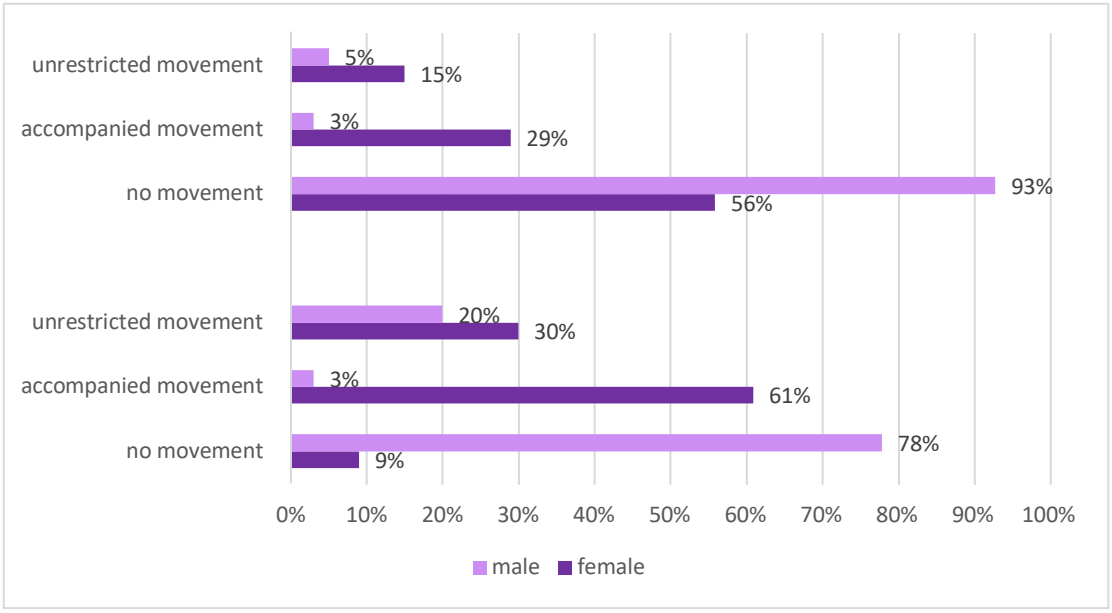
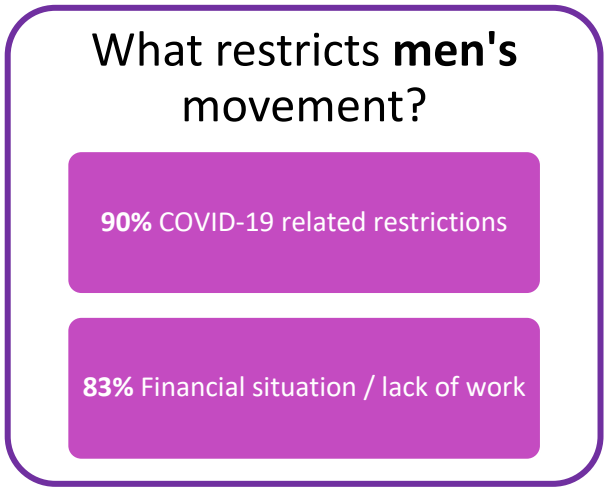


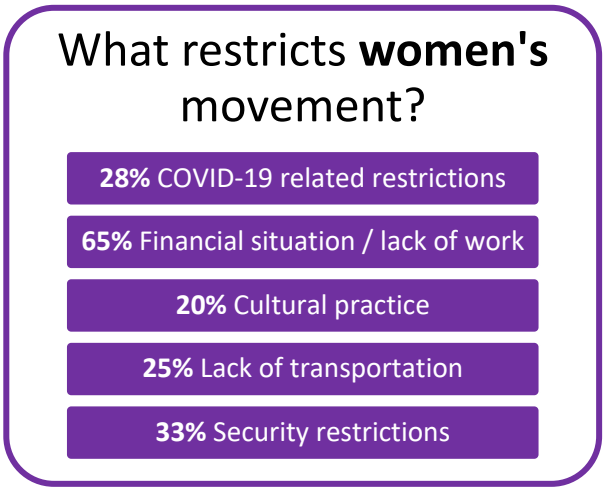
Figure 2. Freedom of movement related to COVID-19 by gender



Before COVID-19 restrictions, female Syrian refugee respondents reported greater freedom of movement than males (p=.000), with 78% of males reporting no movement possible compared to only 9% of females. This could be related to the fact that during the protests in Lebanon in early 2020, there was increase in checkpoints and renewing legal stay paperwork became more difficult. Women were less likely to be stopped at checkpoints, so they often went out on behalf of the family. It should be noted that this could potentially increase women's exposure to SEA or GBV risk.

Overall, men's movement was more restricted than women's under COVID-19 related conditions, with 93% of male refugees reporting no movement possible compared to only 56% of women (p=.000). Furthermore, 15% of women reported ability for unrestricted movement since COVID-19, compared to only 5% of men. Despite this difference, we see that accompanied movement was the most common form of movement for women before the pandemic (61%); but this freedom has been reduced by half since the pandemic, with only 29% reporting that accompanied movement was possible. This was likely related to men's restricted movement, as they previously accompanied women.





When asked in general what things restrict their freedom of movement (not specific to COVID-19), men and women had statistically different responses across the board. Men reported being restricted by both COVID response (90%) and by their financial situation or lack of work (83%). Women also reported these reasons for restriction, but to a lesser degree. Women further cited constricted movement due to cultural practice (20%), lack of transportation (25%) and security restrictions (33%). Restrictions due to cultural practice were significantly greater among younger respondents (ages 10-25), both male and female, as compared to respondents over age 25 (p=0.000).

Finally, all respondents from the unmanaged ITS reported more restricted movement both before and during COVID-19, compared to those from the URDA-managed ITS. Unmanaged ITS residents also reported their movement to be more impacted by the COVID response (66%) than those in the managed ITS (28%). Conversely, managed ITS residents reported movement restricted by cultural practices (22%) at higher levels than those in the managed ITS (6%). These findings appear to reflect the same gender patterns in freedom of movement noted above, as the managed ITS had a higher percent of female respondents than the unmanaged ITS (92% vs. 49%, respectively).

Satisfaction

When asked about overall satisfaction with the food distribution process, 125 (82%) responded that they were satisfied. Satisfaction with various aspects of the food distribution process varied (see Table 3), with the majority across all aspects reporting satisfaction.

Table 3. Satisfaction with various aspects of the food parcel distribution

How satisfied were you with…	**Less than completely satisfied**
Info about date/time	4 (3%)

Info about contents of food parcels	8 (5%)
Info about eligibility	13 (9%)
*Distance to distribution point**	-
Hours/schedule of distribution	5 (3%)
Treatment by staff/volunteers at distribution point	12 (8%)
Timeliness/keeping on schedule	3 (2%)
*Waiting conditions**	6 (5%)
*WASH facilities**	2 (2%)

Note: All percent are valid percent's (excluding missing, non-response, or not applicable)
*Not applicable to door-to-door distribution

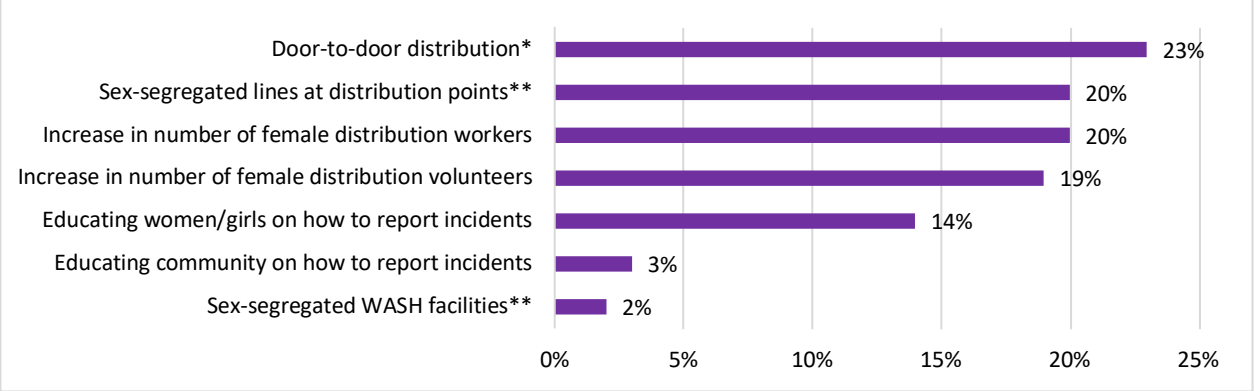
Female aid recipients were significantly less likely to report being completely satisfied with the distribution process (75%) compared with male aid recipients (95%) across both the door-to-door and the pre-assigned times distribution modalities (p=.011). Additionally, satisfaction appeared to increase with age, with those under 25 reporting only 76% satisfaction, while those 56 and over were completely satisfied, though the difference was not statistically significant. More respondents in the pre-assigned times distribution reported being satisfied with the distribution process (88%) compared to those in the door-to-door distribution (77%), though the difference was not significant.

Perceived SEA risk or safety

Respondents across both distribution modalities overwhelmingly reported "feeling safe" at all points during the food parcel distribution (99.3%). The single respondent who reported feeling unsafe at any point, expressed uncertainty the location of the distribution. Similarly, when asked about feelings of fear associated with different points during the distribution, almost all recipients said they were "free from fear" at all points. One respondent was "somewhat fearful" during the registration and verification exercises associated with the distribution. Another was "somewhat fearful" while transporting the food parcel from the distribution point. There was no statistically significant difference between the two distribution modalities.

Further, when asked to select any safety measures they observed during the distribution that may limit potential SEA risks to women and girls, respondents pointed to a few key measures: female distribution workers and volunteers, sex-segregated lines, education on how to report incidents, and the door-to-door delivery modality.

Figure 3: Safety measures recipients observed at aid distributions that help minimize SEA risks



*Only applies to the door-to-door modality; **Only applies to the pre-assigned times distribution
Note: all percents are valid percents.

Overall, respondents noticed female distribution workers/volunteers as a key safety measure, with 28% of males and 17% of females noting the presence female distribution workers and volunteers (not a statistically significant difference). One female respondent stated: *"We feel safe as women and girls when we deal with women workers."*

Aid recipients observed that the education of community members on how to report incidents at a distribution was an important safety measure. Male respondents (8%) noted having observed this safety measure more often than female respondents (1%), which was statistically significant at the .05 level (p=0.024). Respondents also observed that the implementation of sex-segregated lines was a key safety measure. At the pre-assigned times distribution, 30 respondents (46%) noticed that sex-segregated lines when waiting for aid distribution was an important safety measure. Finally, 35 recipients (40%) from the door-to-door distribution selected "other" and specified that the door-to-door modality was a key safety measure, with participants under age 35 being more likely to observe this as a key safety measure (p=.016). Participants stated:

> *"The door-to-door modality was very useful, especially for women, as they do not have to leave their tents" – female respondent*
>
> *"I felt safe because the box was delivered to the tent" – male respondent*
>
> *"We as women felt comfortable because staying in our tent protect us from various difficulties including holding heavy boxes or being exploited from taxi drivers" – female respondent*

Taking safety measures first proposed by women and girls during Phase I of the Empowered Aid study, we asked aid recipients to select the most helpful measures to apply universally to improve

aid distributions. Below we have ranked the safety measures accordingly and presented the top six measures selected. Participants could select as many safety measures as they wished.

Table 4. Aid Recipient Prioritization of Safety Measures

Of the measures listed, which do you think would be the most helpful to implement for all distributions to make women and girls feel safe?	Total Votes	% of females selecting this measure (n=113)	% of males selecting this measure (n=40)
Sex-segregated lines at distribution points	72	53%	30%
Increase in number of female distribution workers	71	48%	43%
Transport support to/from distribution	49	43%	3%
Educating women/girls on how to report incidents	47	41%	3%
Increase in number of female distribution volunteers	46	33%	23%
Sex-segregated WASH facilities	31	27%	3%

Sex-segregated lines at distribution points was the most commonly prioritized item, with female respondents being significantly more likely to select this response than male respondents (p=.012). This was followed by an increase in the number of female distribution workers, which respondents from the door-to-door distribution were significantly more likely to select (p=.043). For transport support, which was prioritized third, female respondents were much more likely to select this response than their male counterparts (p=.000). Educating girls/women on how to report incidents was also significantly more likely to be selected as a priority by women than men (p=.000), more likely to be prioritized by respondents under age 25 than respondents over 25 (p=.050), and more likely to be selected by recipients during the door-to-door distribution modality (p=.000). There were no statistically significant differences in who prioritized an increase in the number of female distribution volunteers. Additionally, female respondents were significantly more likely than males to select sex-segregated WASH facilities at distribution points as a priority measure (p=.012).

Violence, exploitation and abuse

The Empowered Aid team piloted both indirect and direct questions to understand risk of SEA around the distribution and assess broader observations and recommendations for reducing risk of SEA in other distributions. In addition to the above section, where respondents were asked about fear associated with different SEA risks that can be present in distributions, we also included a direct question about experience of violence or SEA related to the distribution. Trained staff and referral protocol were put into place to respond if incidents were reported. While the tool was initially designed to be conducted in-person, due to COVID-19 it was instead conducted remotely by phone, where it is harder to build respondent-interviewer rapport and ensure that privacy is maintained. These factors challenged the ability to ask such sensitive questions.

Feasibility

Both the pre-assigned times food distribution modality and the door-to-door food distribution modality were feasible to execute. In comparison to a 'normal distribution', fewer logistical resources, such as transportation and venue rental, were required. Risks/challenges associated with travel to and from the distribution point were also reduced. Given the circumstances of COVID-19, the door-to-door distribution was viewed as a preferable option by some of the interviewed aid recipients to meet social distancing and non-congregant requirements under the mobilization restrictions established in Lebanon.

Recommendations

1. **Prioritize in-person Post Distribution Monitoring surveys rather than phone-based:** Phone PDM surveys may result in loss to follow up by phone for a variety of reasons. Many beneficiaries were unreachable due to factors such as deactivated lines due to lack of financial means and access to livelihood opportunities; secondary movement; and, unwillingness to speak due to high levels of stress and anxiety.
2. **Ensure mixed-gender teams when conducting door-to-door aid distribution:** Mixed-gender teams can reduce risk to women and girls and are preferred by women and girls, and were noted as important when home visits are conducted.
3. **Ensure recipients are aware of the schedule of the distribution, and call ahead to alert them that a distribution team is on its way**: If it is necessary to meet outside the home for any reason, ensure the meeting point is nearby and easy to reach, is in a safe location, and can avoid stigma of being seen receiving aid in a public location if this is a concern.
4. **Reinforce the presence of female distribution workers and volunteers** who can be approached for complaints and/or raise awareness on how to report an incident. Creating an all-female distribution group.
5. **Ensure sex-segregated lines and WASH facilities at distribution sites:** Sex-segregated lines and WASH facilities were observed to be an important safety measure for women and girls during a distribution.
6. **Educate women and girls, as well as the broader community, on how to report incidents occurring surrounding aid distribution:** Ensure and share an easily reachable helpline widely, taking into considerations PSNs.
7. **Talk with women and girls to support gendered needs around safely traveling to and from distribution points & transporting aid.** Women report feeling unsafe traveling to/from distribution sites because this presents risk factors for sexual harassment or abuse, particularly related to taxis. *Conducting door-to-door distribution will mitigate this risk, or supporting women and girls to be accompanied on the way to/from distributions.*

Annex I.

Annex Table 1. Freedom of movement related to COVID-19 among all recipients

	Before COVID-19 Restrictions	During COVID-19 Restrictions
No movement possible	27%	65%
Accompanied movement possible	46%	22%
Unrestricted movement possible	28%	12%

Annex Table 2. Freedom of movement related to COVID-19 by Gender

	FREEDOM OF MOVEMENT BEFORE COVID-19 RESTRICTIONS			FREEDOM OF MOVEMENT DURING COVID-19 RESTRICTIONS		
	No movement possible	Accompanied movement possible	Unrestricted movement possible	No movement possible	Accompanied movement possible	Unrestricted movement possible
FEMALE	9%	61%	30%	56%	29%	15%
MALE	78%	3%	20%	93%	3%	5%

Note: all differences between female and male respondents are statistically significant at the p<.05 level