



International Rescue Committee

Post Distribution Monitoring Report

**Locations: Fako Division (South West Region) and Mezam Division
(North West Region)**

February 2022

KEY POST DISTRIBUTION MONITORING FINDINGS:

Key findings from the PDM survey:

- 81% of the beneficiary households (HHs) for hygiene and NFI kits were females.
- 91 % of respondents attested that the beneficiary criteria were explained before distribution.
- 87% of respondents said they felt safe while traveling to the distribution point, 88% said the location set for the distribution was safe, 85% confirmed they spend less than an hour to receive their items.
- 100% of respondents said they were satisfied with the hygiene and NFI they received.
- 94% of the respondents said the items were sufficient to meet the needs of the HH, and 93% of them attested that the items were free from damages, expiry, and pests.
- Respondents indicated that cubes of soap (70.7%), cooking pots (69.9%), toothpaste (65.4%), and the buckets with lids (65.4%) were the most useful items while Potty for kids (25.6%) and facemasks (21.2%) were least useful.
- 97.3% of respondents say they have noticed significant change in the hygiene of the HHs.
- 33% of HHs said the need more household NFI's (Mattress, Blankets, Bedsheets, mosquito nets).
- When asked what is the best modality for assistance, 53% preferred cash despite the fact that 94% appraised the voucher method used.

BACKGROUND:

Since 2017, an armed conflict has seen increased clashes between non-state armed groups and regular state security forces in the North West (NW) and South West (SW) regions of Cameroon. This conflict has caused an unprecedented humanitarian and security crisis in this part of the country. In the NW/SW regions, the number of people in need decreased from 1.7 million people in 2020 to 1.5 million people in 2021, where it remains for 2022: 1.5 million people need humanitarian assistance in 2022 in the two regions (HRP 2022). Forced population movements have created a significant level of insecurity, and as a result, the people affected have critical humanitarian needs. The pressure on host population is important as IDPs are often hosted in localities where basic social services (protection, WASH, health care and food assistance services, etc.) are insufficient or even absent. In response to this humanitarian crisis, IRC has been intervening in the SW region since 2018 and 2019 in the NW region by implementing, in selected communities, activities such as food security and livelihoods support, improvement of WASH services and infrastructures, and protection of rights of affected population including prevention and response to Gender-Based Violence.

Data from the baseline survey conducted by IRC earlier in June 2021, indicates that; 73% of households (HH) in the community are unable consume up to 15 liters per person per day with 51% unable to store water in a clean covered container. The survey also indicated that, 29% still practice open defecation and 61% reporting inadequate hygiene practices.

Thanks to funding from Sida, since April 2021, IRC has been implementing WASH programs in the NW/SW Regions of Cameroon to meet WASH needs of conflict affected persons. To improve the WASH situation in the NW/SW and based on findings of the baseline survey, IRC distributed 400 hygiene and non-food item (NFI) vouchers from January 30th to February 15th, 2022, in communities in Mezam Division; Bambili (58), Banja (95), Meforbe (113) and Mbelem (134) and 155 Hygiene and NFI Vouchers in Muyuka, (Yoke) in the SW region. These vouchers allowed beneficiaries to purchase of the following items: buckets with lids 20l, buckets without lid 20l, cups 500ml, potties (1L), cubes of soap (400g), packs of sanitary pad, colgate toothbrushes, tubes of colgate toothpaste (150ml), cotton cloth face masks, wash hand basins (plastic), cooking pots, cook spoons, jerricans of 20 l, jars 2L, plates (ceramic), table spoons, circular soup bowls, rechargeable touches, blankets, and mosquito nets. The IRC therefore organized a post distribution monitoring (PDM) from the 2nd – 18th March 2022.

1.1 Objective

The general objective of the PDM was to inform programming through feedback from beneficiaries into the project cycle to improve assistance design and delivery.

1.2 Specific Objectives

1. To determine if the voucher modality was the best method to reach the intended beneficiaries and if the beneficiaries received the agreed hygiene and NFI kits
2. To determine the beneficiaries' level of satisfaction with the items they received.
3. To identify the strengths and weaknesses of the current distribution system.
4. To determine if the beneficiaries understand the use of the hygiene and NFI kits and the impact of the use in their hygiene behavior.

2. Methodology

IRC conducted a post distribution survey (PDM) across all locations who had beneficiaries for the recent distribution of hygiene and NFI vouchers. The survey was conducted in specific households in Meforbe, Banja, Mbelem and Bambili in the NW region and Yoke in the SW region.

2.1 Sampling procedure and size

A cluster sampling procedure was used to map out all locations and a purposive sampling was employed to identify only beneficiaries in clusters and a random approach was used to identify respondents in each cluster. The sample size was chosen at 95% confidence interval and with a 20% error margin for the total beneficiaries in each cluster. The sample size was of 113 respondents. The sample size was calculated using online survey system¹.

Table 1. Sampling structure

Region	Division	Sub-division	Location (cluster)	Number of beneficiaries	Number targeted for PDM	Number of acquired respondents
NW	Mezam	Tubah	Bambili	58	17	17
		Bamenda III	Banja	93	19	19
		Santa	Meforbe	119	20	20
		Bamenda III	Mbelem	130	20	20
SW	Fako	Muyuka	Yoke	155	37	37
Total				555	113	113

2.2 Selection of Enumerators

IRC selected one enumerator per location in Mezam (total of 4 enumerators) and three in Fako (3 males and 4 females in total for both areas). They were selected based on their knowledge of the field area, experience in documenting interview responses and ability to use tools as they had to use tablets and mobile phones to enter the data.

2.3 Training of Enumerators

The selected enumerators were invited for a one-day training at the IRC field office in Bamenda and Buea and were taken through the questionnaire for clarity and better understanding of what is needed and expected. The training itinerary included:

- The IRC way; Code of conduct, our values, the humanitarian principles.
- Duties of an Enumerator.
- Basic Data entry on Kobo.
- Explanations of what is expected from each question.
- Signing of Enumerator contracts.
- Filling the discharge sheet with ID cards.

2.4 Data collection and Analysis

Data was collected using questionnaires in mobile data collection (KoBo collect) tools through individual households in a face-to-face interaction in each cluster (location). The survey also used interviewers' observation techniques.

¹ <https://www.surveysystem.com/sscalc.htm>

Collected data was analyzed using descriptive statistics particularly frequency distribution. Microsoft Excel was used to analyze data collected.

3 Results and Analysis

3.1 General demographics of respondents

All respondents were beneficiaries of the Hygiene/NFI voucher distribution given a 100% beneficiaries' response. The highest number of respondents were from Yoke as informed by the number of beneficiaries during the distribution and its calculated sample size for the survey. 81% those who participated in the PDM survey were females as indicated by the gender disaggregation in the figure 1 below. A further disaggregation per community is indicated in Figure 2. Most of the respondents were either the registered beneficiary themselves (73%), a spouse (12%), a child (5%) and a parent (10%) to the registered beneficiary (See Figure 3).

Figure 1: Gender disaggregation of respondents

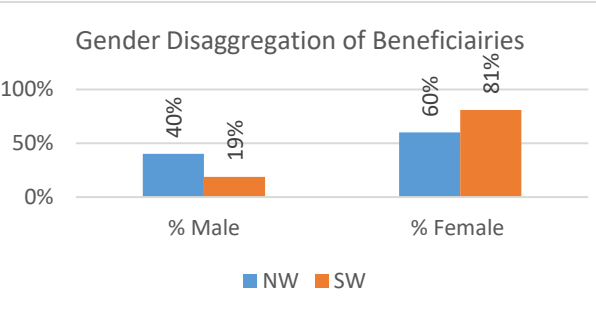


Figure 2: Gender disaggregation per community

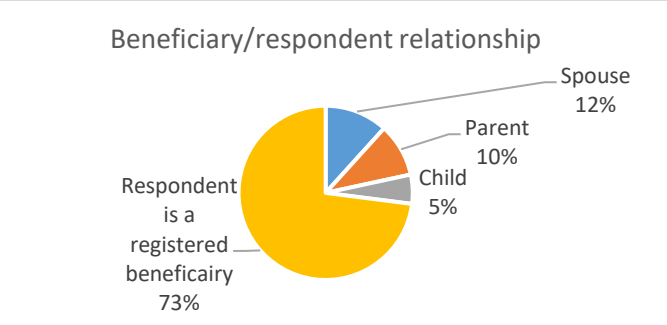
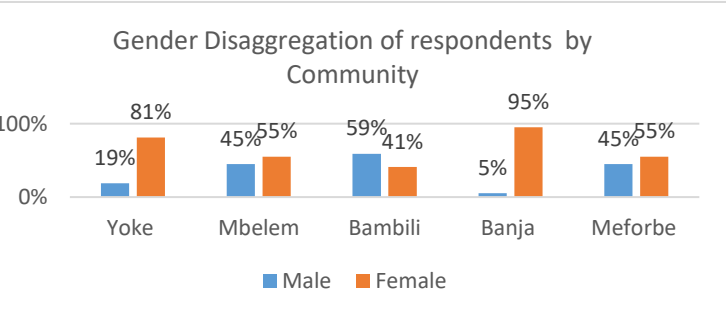


Figure 3: Beneficiary/respondent relationship

3.2. Information on respect of beneficiary selection criteria

3.2.1 Explanation of the beneficiary criteria

It is customary for the criteria for selection of beneficiaries be explained to the household before distribution. In this survey, 91 % (figure 4) of respondents attested that the beneficiary criteria were explained before distribution. Generally, beneficiary selection criteria are to always made available to all as part of the strategy of accountability to affected population (AAP). Clear and understandable justifications must be provided for any targeting of aid to a specific group or for exclusions of a specific group.

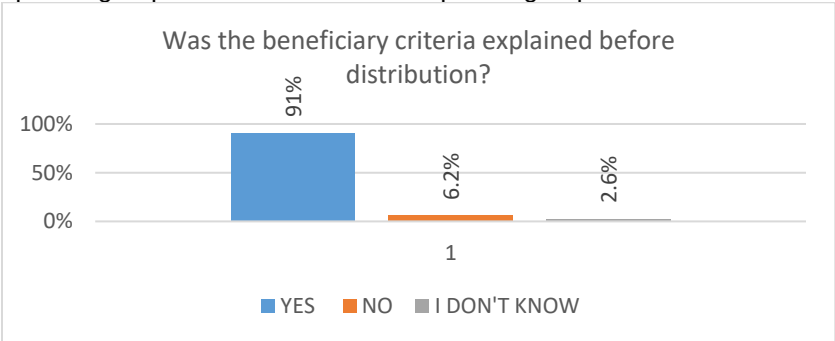


Figure 4: Beneficiary selection criteria explained before distribution?

In figure 5 and 6 below, respondents give reasons that they think made them to be selected as beneficiary as well as reasons why others around them were also selected.

Common reasons respondents put forth for being selected include

- There is a disabled person living in the house
- HH is headed by a woman or widow.
- There is an IDP in the house
- HH has a breastfeeding or pregnant woman
- HH is headed by and elderly person.

Most of these common reasons for being selected were some of the criteria approved and scored by the validation committee in this community before the distribution process.

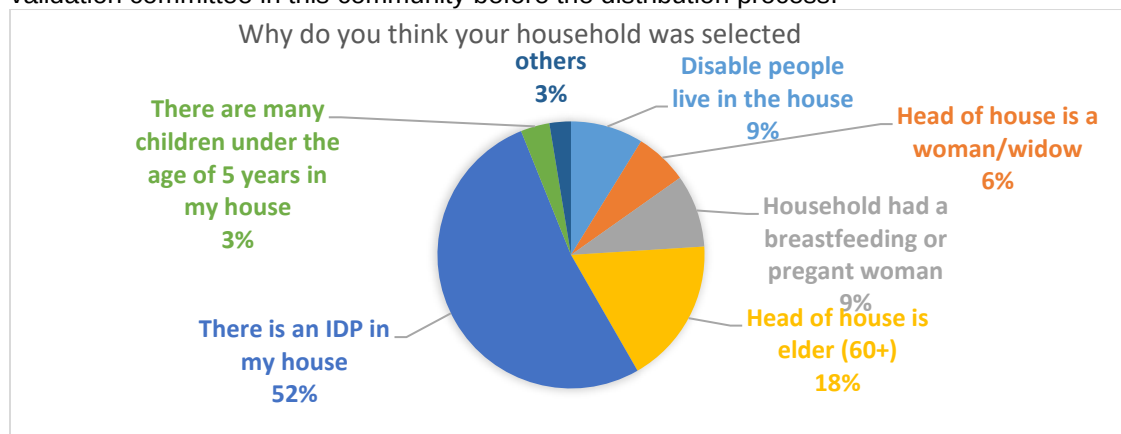


Figure 5: Why beneficiary think their household was selected

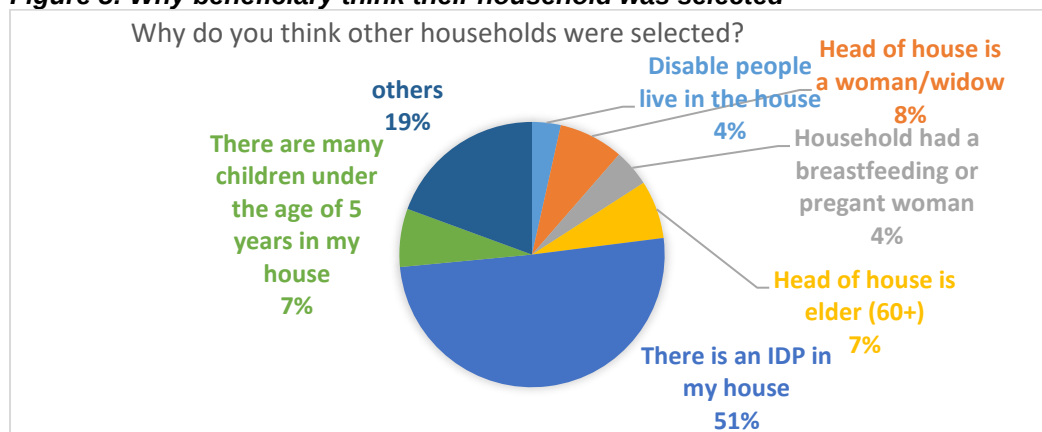


Figure 6: Why Beneficiary thinks other households were selected.

3.2.2 Beneficiary exploitation check

99% of the respondents attested that they were not asked anything to be selected as beneficiaries and just 1% said they were asked to provide something to be selected but none of them mentioned anything they gave to be selected.

3.2.3 Information about the distribution process

All sampled respondents confirmed having received the Hygiene/NFI items and 98% of the respondents also acknowledged they received information about the date, time, and place of the distribution. This goes a long way to stand as evidence that information about date, time and place of the distribution was disseminated.

From the figure 7 below, 68% of the respondents said they were informed either one, and 24% more than two days before the distribution and 95% of the population attested that the notification period was acceptable (Figure 8).

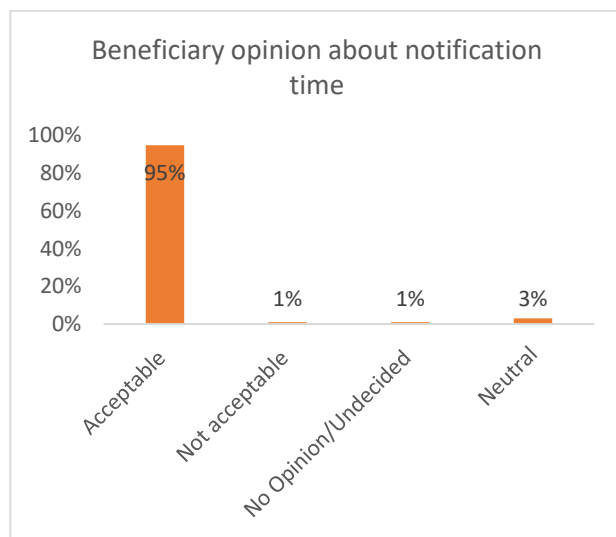
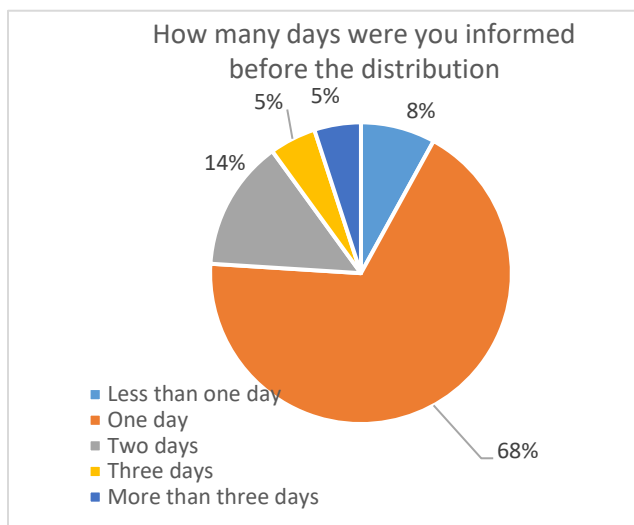


Figure 7: Number of days informed before distribution **Figure 8: Acceptability of notification period**

3.2.4 Accessibility and safe travel to distribution point

The distance to the distribution site ranged from 2km to 45km. The beneficiaries from the furthest community came from Meforbe and Yoke while the closest community came from Banja. 70% of the beneficiaries covered less than 10km to get to the distribution point and 2% of the beneficiaries covered 21-30km to get to the distribution point (Figure 9). In all these, 87% of the respondents said the distance to the distribution was acceptable, (Figure 9). 90.9% of respondents attested they felt safe while receiving the items but among those who felt unsafe, all of them gave the reason for fear of attack at the distribution ground. 87% confirmed the distance from their home to the distribution point was acceptable (Figure 10). This goes a long way to ensure protection mainstreaming. By mainstreaming protection into WASH programming, humanitarian actors can maximize the positive impacts of WASH programs on people's safety and dignity and support affected populations access and enjoy their rights². Based on this, we ensured that the distribution site was safe for beneficiaries to redeem their vouchers, avoided distributing on lockdown days or on days beneficiaries had challenges accessing the distribution site. We also ensured to make packaging bags available so to minimize the risk of beneficiaries losing some of their items redeemed.

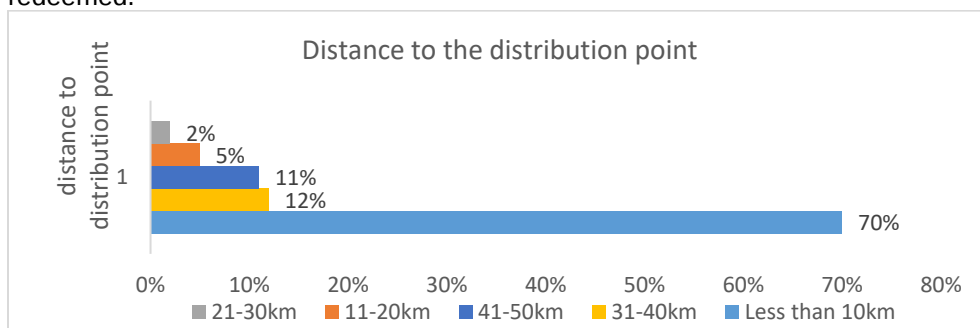


Figure 9: how far was the distribution site

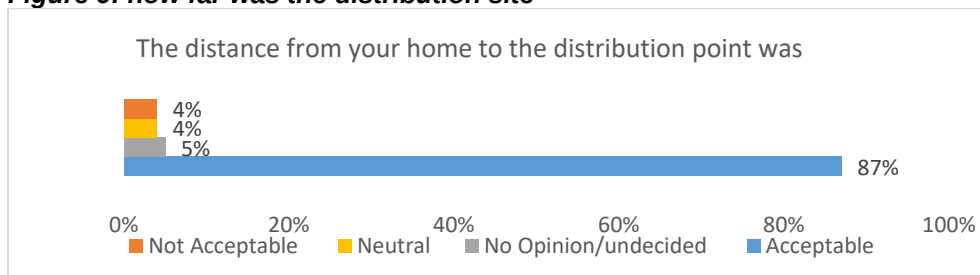


Figure 10: Acceptability of the location

²https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/pm_somalia_booklet_-_wash_final.pdf

97% of the respondents paid transportation cost to the distribution site and most of the transportation cost were between 1000frs (22%) and 3000frs (44%). (Figure 11)

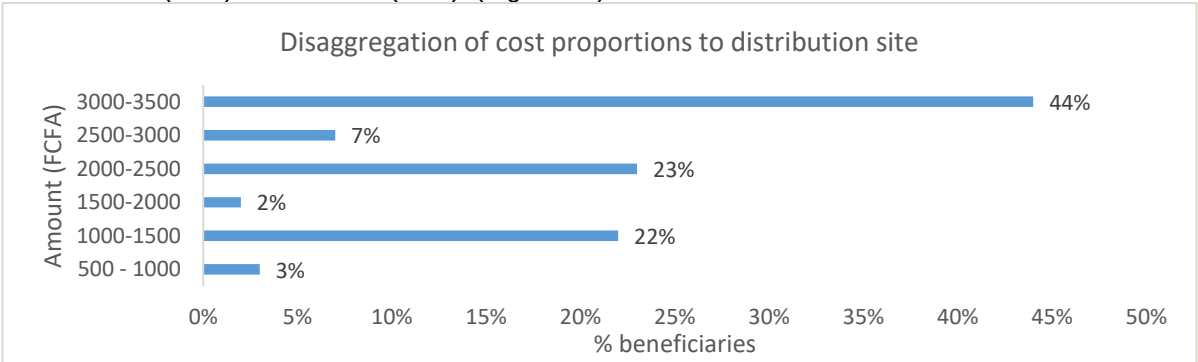


Figure 11: Disaggregation of transportation cost

86% of respondents felt safe traveling to the distribution site while 14% expressed that they felt unsafe traveling to the distribution site. The aspect of feeling of unsafe was mostly due to the insecurity and general risky nature of the town as seen by the 93% who expressed this concern. The other 7% feared getting lost in town or on the way. With regards to time taken to get to the voucher collection point, 60% took 1 hour and 24% took 2 hours as seen in figure 12.

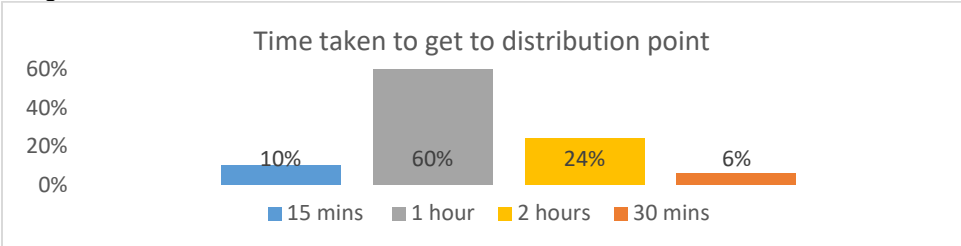


Figure 12: How long did you take get to the voucher collection point?

3.3 Information sharing about the distribution

88% of respondents attested that the location chosen for the distribution was acceptable (Figure 13) and 85% attested that the time waited before receiving the voucher was acceptable. (Figure 14)

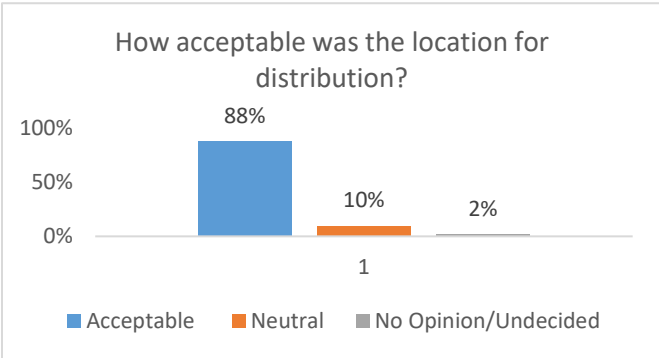


Figure 13: Acceptability of the voucher location

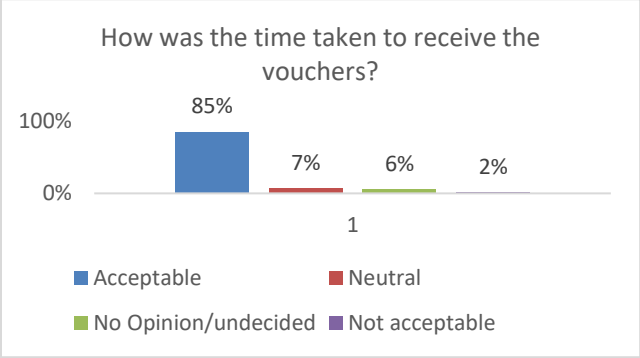


Figure 14: Acceptability of time before receiving vouchers

3.4 About the Distribution Items

All the respondents were satisfied with items they received from the vendors during the distribution. 94% of the respondents said the items were sufficient to meet the needs of the HH (Figure 15), and 93% of them attested that the items were free from damages, expiry, and pests.

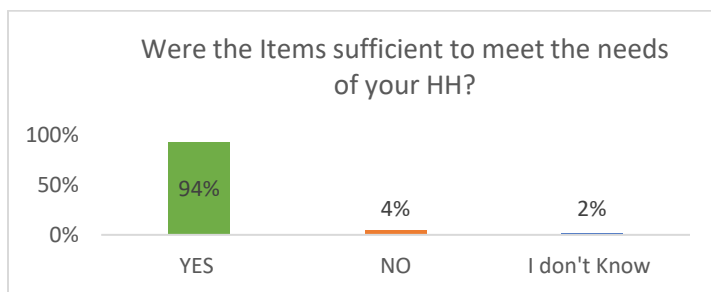


Figure 15: Items sufficient to meet HH needs?

Also, respondents were assessed on the items that were most useful and least useful to them. Respondents were expected to tick as many items as possible that fitted the criteria provided. According to respondents, the most useful items were the cubes of soap (70.7%), Cooking pots (69.9%), Toothpaste (65.4%), and the buckets with lids (65.4%), (Figure 16). On the other hand, the least needed items were the Potty for kids (25.6%), facemasks (21.2%) as seen in the figures below. (Figure 17)

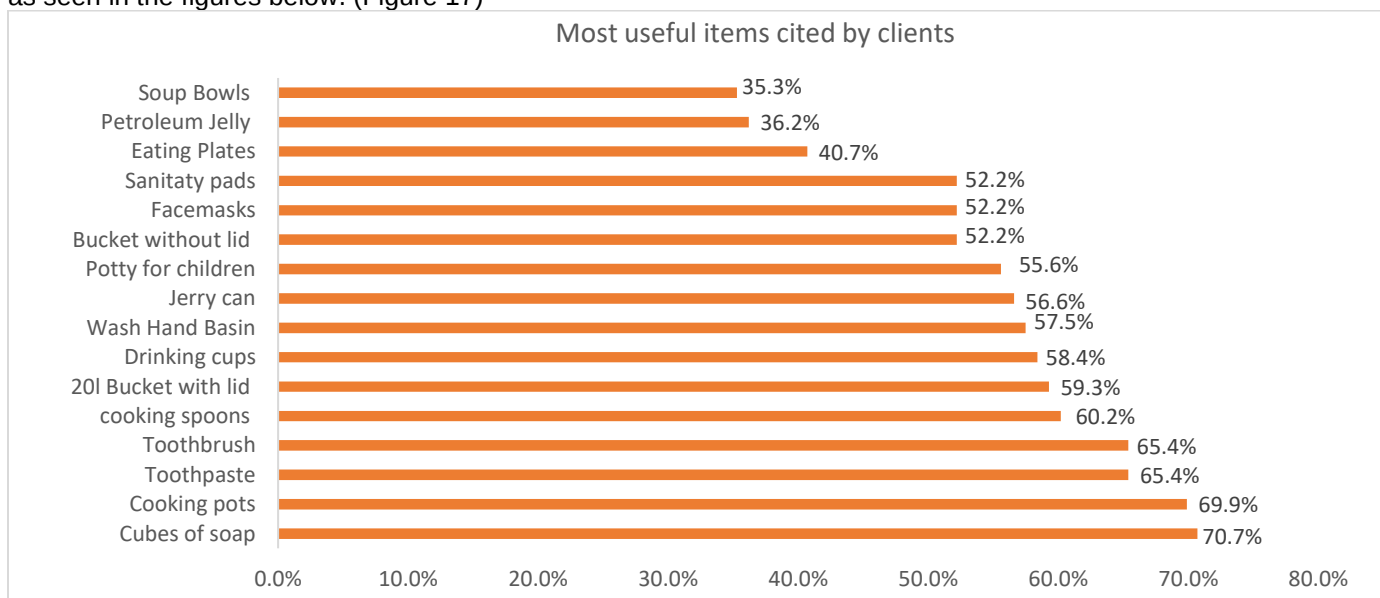


Figure 16: Which items were MOST useful to you?

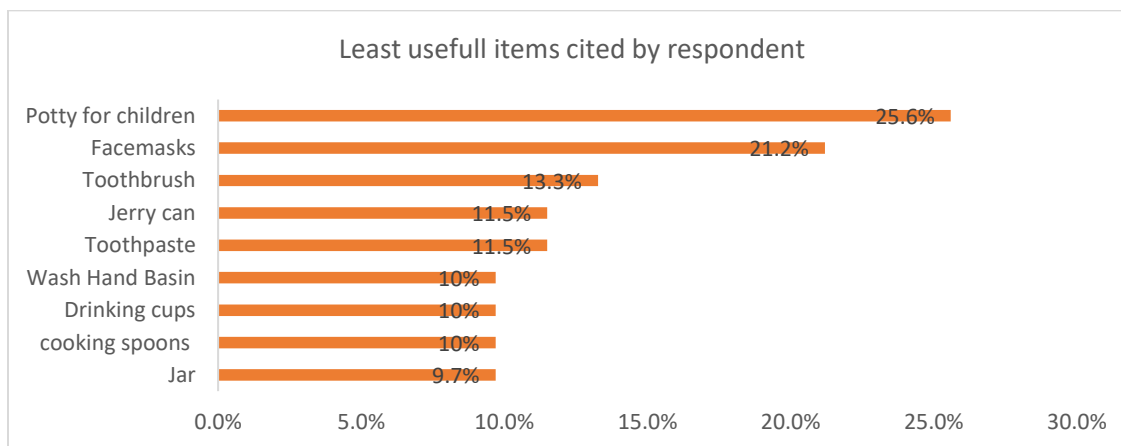


Figure 17: Which items were LEAST useful to you?

3.5 Community perceptions and change in the community

3.5.1 Overall Appraisals about distribution:

All the respondents expressed satisfaction with the overall treatment towards them. 98% attested that the staff were polite towards them. Also, 94.6% expressed that the voucher programming was very relevant.

IRC also assessed the appreciation that clients have of the voucher distribution method compared to other aid modalities. To this end, IRC found that most of them preferred cash aid (53.1%), followed closely by in-kind distribution (23.4%) and the voucher program (23.4%). (Figure 18)

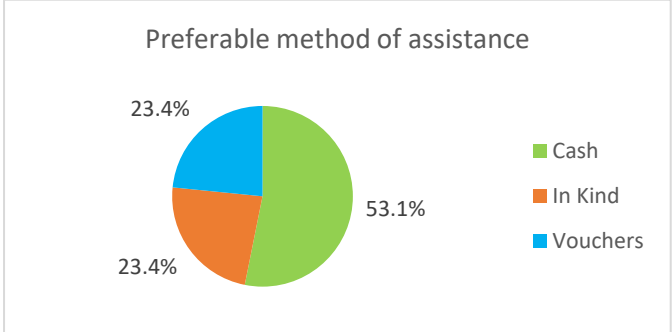


Figure 18: Preferable method of assistance

3.5.2 Change in the community relative to distribution

Respondents were asked if they still had some of the items the received and 99% said they still have the items and could show the items. All the respondents said they use the items to cater for the different needs of their families. With regards to change in the community relative to the distribution, 97.3% say they have noticed significant change in the hygiene of the HH and community (72.6%) following the distribution of these items. All the beneficiaries (100%) believed it could help them prevent diarrheal diseases.

Some of the major changes mentioned which contributed to the impact of the distribution as indicated by the respondents included:

- Improved water storage capacity (82%).
- Improved hygiene of the household and the community (18%) as shown in the figure below. The improvement in hygiene in household will be better captured during the KAP endline as significant changes are not expected shortly after distribution of kits.

Although 76.6% of the beneficiaries did not face any challenges in their community post distribution however, about 21.4% of the beneficiaries reported having faced some challenging issues post distribution (Figure 19). 61.5% of these beneficiaries faced issues as person from the community complained of having been registered but not selected to benefit. (Figure 20).

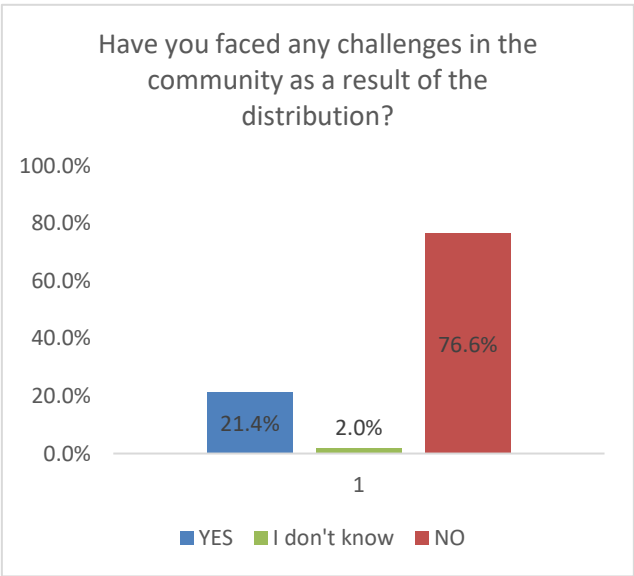


Figure 19: Experienced issues because of the distribution?

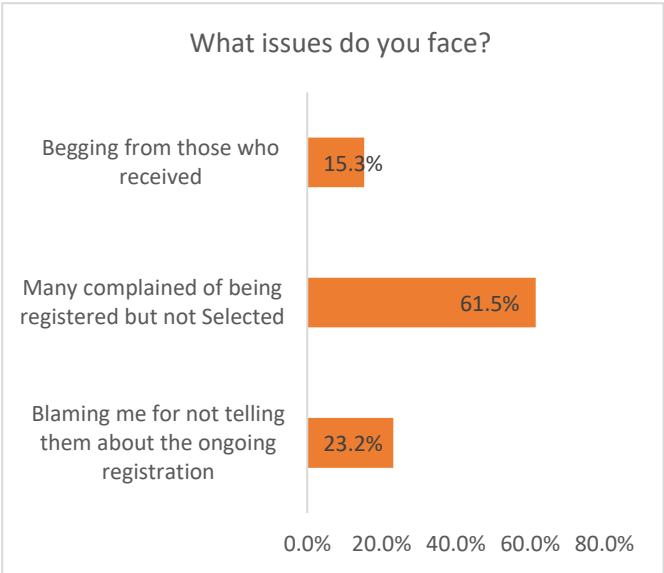


Figure 20: What were the issues?

4. Challenges, Recommendations

4.1 Challenges

Some of the challenges faced during this process includes:

- Beneficiaries had to redeem their vouchers in the market which was most often congested and a risk of theft or loss of items and this also delayed the distribution as beneficiaries were asked to come more on non-market days to reduce congestion.

4.2 Recommendations

Some of the recommendations include:

- Respondents indicated the need for more (33%) NFI's (Mattress, Blankets, Bedsheets, mosquito nets) to be included in the kits.
- Respondents suggest that next time IRC include food (22%) and Hygiene Items (17%) indicating existing needs in the mentioned sectors.
- Despite Potty for kids (25.6%), facemasks (21.2%) been the least useful items, facemask will continue to be part of the package it is necessary for the fight against COVID-19, but potty will be distributed based on the needs of the household.
- The beneficiaries also preferred cash distribution more than vouchers and in-kind. As paper vouchers is another type of cash modality, more explanation and trainings will need to be done for the beneficiaries for better understanding of the various modalities.
IRC should explain more and organize more sessions with the communities to discuss about the beneficiary selection process.

5. Conclusion

The general appraisal of the distribution was good and most of the respondents would like to have IRC come back again with more as the needs (Hygiene, NFI, and food) are still very high. The results obtained showed that all the intended beneficiaries benefitted from the voucher program. Though a few of them found some of the items least useful, most of them found these items very useful to meet up with their HH needs. The results from this analysis also indicated that most the beneficiaries now have an acceptable means to obtain and store portable water for their use which is very important when it comes to preventing the spread of water related diseases.

According to OCHA reports, there are still over 1.6 million persons in NW/SW in need of some form of humanitarian Assistance.³ The IRC continuous to give its contribution to meet the needs and take people from harm back to home.

Next Steps:

- Share the report with WASH and Shelter/NFI cluster members.
- Revise the content of the hygiene and NFI kits and harmonize it with that of the WASH and Shelter/NFI cluster.

N.B: Reference to the results of this report should include: "IRC Post Distribution Monitoring– February 2022 – Fako division (South West region) Mezam division (North West region) - Cameroon"

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<https://reliefweb.int/sites/reliefweb.int/files/resources/Cameroon%20Humanitarian%20Needs%20Overview%202021%20%28issued%20Mar%202021%29.pdf>