KEY HIGHLIGHTS

BASELINE MONITORING SURVEY

Integrated Social Protection Programme for Children with Disabilities
Homs Governorate

UNICEF Syria - July 2021
UNICEF is supporting the largest social protection programme for children with disabilities in Syria

The Integrated Social Protection Programme for Children with Disabilities provides regular and unconditional cash transfers together with case management services for children living with severe disabilities\(^1\). The programme is implemented in partnership with the Ministry of Social Affairs and Labour (MOSAL) through a network of specialized national non-governmental organizations. In Homs Governorate, UNICEF is partnering with Al Rajaa Organization to implement the programme.

The cash component responds to “demand side” barriers and helps families overcome financial obstacles to support children with disabilities access essential services and goods. The case management component responds to “supply side” barriers and helps address the specific protection needs of children and support their social inclusion.

Since the programme began in Aleppo Governorate in 2016, it has reached over 25,000 children in seven governorates across the country.

In Homs Governorate, the programme is currently reaching 1,200 children with disabilities

A new group of 588 children living in remote rural areas of the governorate\(^2\) was enrolled in October 2020. For a 24-month period, they will receive a regular transfer of US$40 per month (provided in the form of eight quarterly transfers of $120). In addition, each child will be accompanied throughout the period by a dedicated and trained case manager/social worker to address her/his specific protection needs and facilitate her/his referral to available social services.

Families received their first quarterly cash transfers in November 2020.

Case management activities also started at the same time.

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\(^1\) The programme targets the most severe forms of disabilities and children who require full time support. Eligibility criteria covers the following types of disability: Intellectual disabilities, Down Syndrome, Autism, Monoplegia, Quadriplegia, Cerebral Palsy, Spinal Cord Diseases, lower limb loss at either side or both sides, and upper limb loss at either side or both sides. Since 2021, two new disability criteria have been added: (i) full loss of sight (blindness); and (ii) full loss of hearing (deafness).

\(^2\) Qabu, Al-Qusayr, Makhrim, Tall Kalakh, Talbiseh, Maskana, Fayruza, Dar Kabira, Mashrafa, Shin, Qaryatein, Nuzha, Mahin, Taldu, Kafr Laha, Raqama, Hasyaa, Kherbet Ghazi, Kherbet Tin Noor, Kherbet Elhamam in Homs Governorate
Demographic profile of children with disabilities:

The profile of the 588 newly enrolled children is as follows: 44 per cent are girls (261) and 56 per cent are boys (327). Twenty-three per cent are 0-5 years old (138); 40 per cent are 5-11 years old (234); and 37 per cent are 12-17 years old (216). Eighty per cent have never been displaced, while 15 per cent are still displaced and 5 per cent have returned to their areas of origin after a period of displacement.

Medical disability profile of children

Medical profile of disabilities

The main disabilities affecting the group of 588 children are severe/profound intellectual disabilities (33 per cent); monoplegia/quadriplegia (28 per cent); cerebral palsy (13 per cent) and autism (13 per cent).

A baseline survey was undertaken in February 2021 to measure the impact of the programme

A household survey was conducted among 230 families in the new group of 588 children (sample size of 40 per cent) in February 2021. The objectives of the survey were to:
1. Establish a baseline of the socio-economic characteristics of families at the start of the programme in order to evaluate its future impact; and
2. Collect feedback from beneficiaries about their perceptions and satisfaction following four months of enrollment into the programme.

Once conducted in October/November 2022, the end-line survey will indicate how effective and impactful the cash transfers and case management has been to improve the well-being of children with disabilities. It will also indicate the progress made towards improving satisfaction of beneficiaries.

KEY FINDING # 1: Almost 80 per cent of children are out of school

Over seventy-six per cent of children 5-17 years of age did not attend formal education during the school year 2020-2021. Only three per cent were currently benefiting from specialized education. Altogether 52 per cent of children 5-17 years of age never attended any form of education, whether formal, non-formal or specialized.

Case managers play a key role to help families identify education solutions, either by facilitating access to specialized education services or referring children to the regular education system. Case managers maintain a regular contact with the families, follow-up on the specific needs of children and help identify practical solutions to refer children to available services that best meet their needs.

Education profile of children

Graph 3
KEY FINDING # 2:
Health issues are the main reason children are out of school

The main reasons reported for never having attended schools were “health related problems” (61 per cent) and “lack of accessibility” (28 per cent).

⇒ The formal education system and standard school curriculum are not adapted to respond to the specific learning needs of children enrolled in the programme.

⇒ The availability of specialized education services is limited in the remote rural areas where the programme is implemented.

⇒ Recommendation: Implement complementary education interventions to respond to the specific learning needs of children enrolled in the programme

Main reasons for never attending school

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health related problems</td>
<td>61.8%</td>
</tr>
<tr>
<td>Financial barriers</td>
<td>22.5%</td>
</tr>
<tr>
<td>School not accessible for children with disabilities</td>
<td>27.5%</td>
</tr>
<tr>
<td>Distance of school</td>
<td>18.6%</td>
</tr>
<tr>
<td>Social or cultural barriers</td>
<td>4.9%</td>
</tr>
<tr>
<td>Safety and security related problems</td>
<td>6.9%</td>
</tr>
<tr>
<td>School refusing to enrol children</td>
<td>5.9%</td>
</tr>
<tr>
<td>Other reasons</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Graph 4

KEY FINDING # 3:
Over 60 per cent of households reported that their monthly income was less than SYP 100,000 (not including the cash transfer)

Female-headed households were more likely than male-headed households to report lower income: 77 per cent of female-headed households reported that their monthly income was less than SYP 100,000 against 60 per cent of male-headed households.
The main reported sources of income were ‘day labour income’ (51 per cent), followed by ‘salary/wage’ (33 per cent), and ‘pension’ (6 per cent). Eighty-two per cent of households reported that they were unable to meet the basic needs of their households with their own resources, including the cash transfer distributed by UNICEF.

**Main sources of households income**

- **Salary/wage**: 33%
- **Pension**: 6%
- **Own business**: 5%
- **Assistance/charity**: 4%
- **Others**: 1%

**Reported income by households**

- **Less than 50,000**: 11%
- **50,001-100,000**: 51%
- **100,001-200,000**: 27%
- **200,001-300,000**: 6%
- **300,001 and Above**: 3%
- **Do not know/Refused to Answer**: 1%
KEY FINDING # 4: 
The majority of households received no external support aside from UNICEF

Less than half of households (45 per cent) reported that they received support from organizations other than UNICEF in the six months prior to the survey. Among households who received support, 82 per cent reported they received food support, followed by cash (17 per cent), health services (5 per cent) and education support (3 per cent).

KEY FINDING # 5: 
Most children do not have a disability card

Prior to the start of the programme, only 26 per cent of children had a disability card. Following four months of implementation, already 9 per cent of households reported that they gained a disability card thanks to the referral services provided by case managers.

The time taken to obtain a disability card greatly varied: about one-third reported they received the card in less than one month, 19 per cent received it with 1-3 months and 24 per cent reported that it took over 3 months.

→ Disability cards issued by the Department of Social Affairs and Labour (DOSAL) in coordination with the Department of Health (DOH) are important legal documents which all children with disabilities should own.

Ownership of disability card

Disability cards facilitate access to social services and government benefits for certain types of disability such as cerebral palsy.
The registration process for children with disabilities has been largely disrupted in the country. DOSAL and DOH have limited capacity to issue disability cards to the full backlog of children who require them. MoSAL has recently developed an Integrated Management Information System, which aims to bring all social protection schemes together.

The process of obtaining a disability card is cumbersome for families as it requires time, money to cover the transportation costs to DOSAL headquarters, legal ID documents, and a review by a committee of experts convened by DOH.

One of the key tasks of the case manager is to help families obtain a disability card.

Recommendation: Accelerate the issuance of disability cards. A dedicated DOH committee specifically focusing on the issuance of cards for children would help in this regard.

Recommendation: Strengthen DOSAL capacity to systematically record all children with disability cards into MoSAL’s new Integrated Management Information System.

KEY FINDING # 6: Healthcare and food are the top-ranking expenditures with the cash transfer provided

Fifty-one per cent of households ranked health as the first top expenditure while 41 per cent ranked food as the first expenditure.
KEY FINDING # 7:
Most families are not satisfied with the amount of cash, which only “moderately” helped meet the basic needs of children.

Sixty-one per cent of households reported they were ‘dissatisfied’ (38 per cent) or ‘very dissatisfied’ (23 per cent) with the amount of the transfer provided. (US$ 40 per month was equivalent to SY$ 50,000 when household received their first transfer in November 2020). Only 14 per cent reported full satisfaction. Concurrently, 20 per cent of families reported the transfer helped meet the needs of children “significantly” and 54 per cent “moderately”.

Since the programme started in 2016, the amount of cash transferred to beneficiaries has remained identical. Between 2016 and 2020, the average annual inflation was 46.5%. The value of U$40 in November 2020 was 17% less than its 2016 real value in local currency.

Graph 10

Satisfaction about amount of transfer

Recommendation: Review the cash transfer amount and continuously index it on inflation

KEY FINDING # 8:
Relatively high level of dissatisfaction with the frequency of the transfer.

Thirty-nine per cent of households reported they were ‘dissatisfied’ or ‘very dissatisfied’ with the frequency of the transfer.

Graph 11

Satisfaction of beneficiaries with frequency of transfer

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In the context of the COVID-19 pandemic, the frequency of the transfer was changed in 2020 from every two months to every three months to limit physical contacts.

International experience has shown that the more frequent and regular cash transfers are, the more they help smooth the consumption of households and the more positive impact they have.

**Recommendation:** Review the frequency of cash transfer and introduce more frequent transfer.

**KEY FINDING # 9:**
High satisfaction level with the payment modality

Eighty-six percent of households reported they were “satisfied” or ‘very satisfied’ with the payment modality. In Homs, UNICEF uses the services of a Financial Service Provider (FSP) for the distribution of the cash. On a quarterly basis, the FSP contacts beneficiaries by SMS to inform them that their payment is ready to be collected “over the counter” at the FSP’s outlets in the Governorate.

About two thirds of beneficiaries were satisfied with the proximity of the outlet of the FSP. However, 13 percent were dissatisfied with its proximity. In addition, 20 percent were “satisfied to some extent” with the proximity of the payment outlet.

**Recommendations:** Expand the network of Financial Service Providers to increase the availability and proximity of payments services.

<table>
<thead>
<tr>
<th>Satisfaction with payment modality</th>
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</thead>
<tbody>
<tr>
<td>Satisfied</td>
</tr>
<tr>
<td>Satisfied to some extent</td>
</tr>
<tr>
<td>Very satisfied</td>
</tr>
<tr>
<td>Very dissatisfied</td>
</tr>
</tbody>
</table>

**Graph 12**
KEY FINDING # 10: While satisfied with the services of the case managers, over 60 per cent of households have not yet received support to refer children to services

Over 82 per cent of households reported they were ‘satisfied’ (52.9 per cent) or ‘very satisfied’ (30 per cent) with the services provided by case managers. At the same time, following four months of implementation, only 36 per cent of respondents reported they received support from case managers to refer children to relevant services. Only three per cent of households reported that support from case managers was not needed.

Among those households who received referral services, most of the support was for health services (71 per cent), followed by livelihood services (20 per cent) and hygiene related services (9 per cent).

Recommendation: Strengthen the quality and frequency of case management to ensure that all children receive regular and frequent support from case managers.