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Key Highlights

Post-Distribution Monitoring Survey

Integrated Social Protection Programme for Children with Disabilities

AL-HASAKEH GOVERNORATE, SYRIAN ARAB REPUBLIC

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I - About the survey

The Post-Distribution Monitoring Survey was conducted in September 2021 in Al-Hasakeh Governorate among 372 families of children enrolled in the Integrated Social Protection Programme for Children with Disabilities.

The children surveyed were part of a cohort of 1,058 children who were enrolled in the programme in March 2021 across all 16 sub-districts of the governorate. Surveyed families were identified following a random sampling design according to a proportional allocation of children among the 16 sub-districts reached. The sample size was 35 per cent[1].

The **objectives of the survey** were to:

1. Understand the socio-economic characteristics of families benefiting from the programme;
2. Assess the effectiveness, efficiency and impact of the programme following six months of implementation; and
3. Collect feedback about beneficiaries' perceptions of and satisfaction with the programme.

Data was collected between 13 and 24 September 2021 in the four districts of Al-Hasakeh Governorate (Al-Hasakeh; Quamishli; Al-Malikeyyeh; and Ras Al Ain), covering families in 61 locations across all 16 sub-districts. Data was collected by 12 teams of 2 enumerators each. Data was collected using KoBo[2] and analyzed using SPSS.

II- About the Integrated Social Protection Programme for Children with Disabilities

The Integrated Social Protection Programme for Children with Disabilities is the largest social protection intervention for children with severe disabilities in Syria. **The programme combines regular and unconditional cash transfers with case management services** to facilitate the referral of children with disabilities to available social services and increase their social inclusion.

The programme promotes an **integrated social protection model** with links to public services, and a view to prepare the ground for a future transition from an emergency response to a nationally-owned social protection scheme.

The programme is implemented in partnership with the Ministry of Social Affairs and Labour (MOSAL) through a network of specialized national non-governmental organizations. Since the programme started in 2016, over 30,000 children with severe disabilities - and over 150,000 people in families of children with disabilities – have benefited from the programme in eight governorates. In Al-Hasakeh Governorate, the programme is implemented in partnership with Al-Ihsan Charity.

- **How does it work?** For a 24-month period, families of children with disabilities receive a regular quarterly transfer equivalent to US$ 40 per month or US$ 120 per quarter. In addition, each child is followed throughout the period by a dedicated and trained case manager. While the cash helps families meet the basic needs of the children and others in the households, the case management component facilitates the referral of children with disabilities to available social services, increases their social inclusion and responds to their specific protection concerns. The case management is thus a vital component that seeks to empower families to better respond to the needs of their children, beyond the life of the cash transfer intervention.
- **Who is benefitting?** The programme targets children who suffer from 12 forms of severe disabilities, as per the National Classification of Disabilities, and who require full time care. These are: (1) Severe intellectual disabilities; (2) Profound intellectual disabilities; (3) Autism; (4) Down's syndrome; (5) Monoplegia: (6) Quadriplegia; (7) Cerebral palsy; (8) Spinal cord diseases; (9) Lower limb loss; (10)

1 The sample was identified following the standard statistical formula to present a five percentage-point interval confidence and an anticipated non-response rate of five per cent. The total number of children enrolled in the programme in March 2021 (i.e. 1,058 children) was used as the Sampling Frame. Six families chose not to respond to the survey, or a non-response rate of 1.5 per cent.

2 KoBo Toolbox is a free open-source tool for mobile data collection.

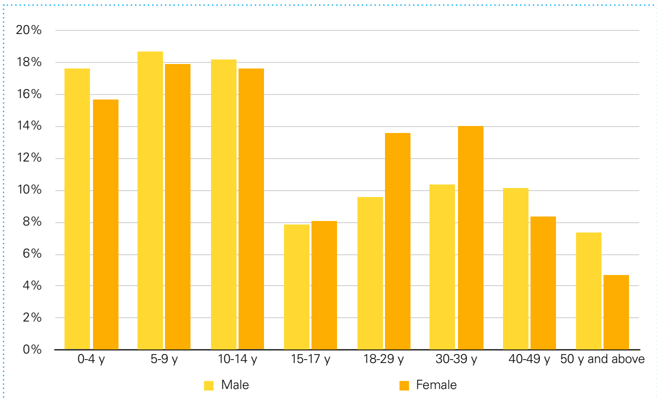
Upper limb loss; (11) Severe hearing impairment; and (12) Severe visual impairment.

- **How are children with severe disabilities identified?** The national registry and identification of children with disabilities have been significantly affected by the conflict. To address this situation, UNICEF identifies eligible children through a vast network of national NGOs, community platforms, community and religious leaders, and outreach activities/field assessments. To be enrolled in the programme, children must provide a recent medical report attesting to her/his disability or a national disability card.
- **How is cash being transferred to beneficiaries?** UNICEF uses financial service providers (FSPs) to distribute the cash. Cash is handed "over the counter" to beneficiaries on a quarterly basis. There is a segregation of functions: the FSP is responsible for the distribution of cash while the national implementing partner is responsible for the case management component.

III- Demographic profile of survey population

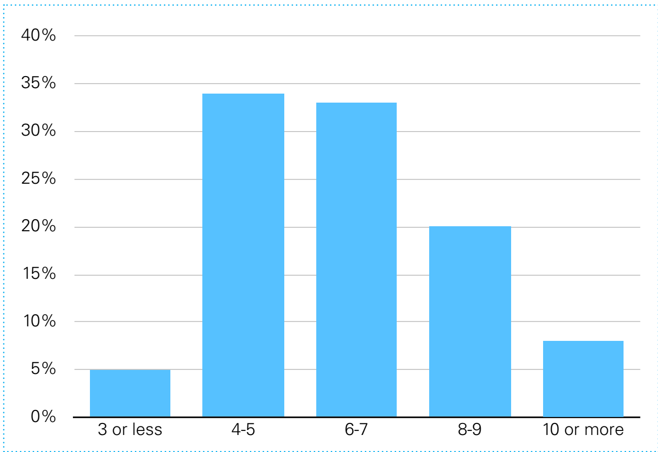
- There were **2,389 people** (49.9 per cent female and 50.1 per cent male) in the 372 families surveyed: 60.9 per cent were children 0-17 years of age (51.4 per cent boys and 48.6 per cent girls); 11.6 per cent were 18-29 years old; 12.2 per cent were 30-39 years old; 9.3 per cent were 40-49 years old; and 6 per cent were 50 years old and above (Graph 1).

Graph 1 Age structure of survey population by sex and age groups



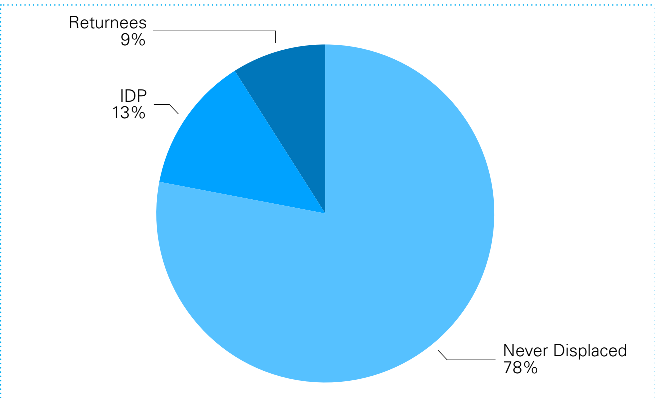
- **The average number of members per family was 6.42**, with more members in male-headed families (6.53) than female-headed families (5.82). There were slightly more members on average in IDP families (6.65) than in resident and returnee families (6.39 each).
- **The average age of family members was very young: 19.4 years old.**
- **Eighty-five per cent of families were headed by males while 15 per cent were headed by females.**
- **The size of families greatly varied:** 5 per cent of families had 3 members, 34 per cent had 4 to 5 members, 33 per cent had 6 to 7 members, 20 per cent had 8 to 9 members, and 8 per cent had 10 or more members (Graph 2).

Graph 2 Distribution of families by size of family



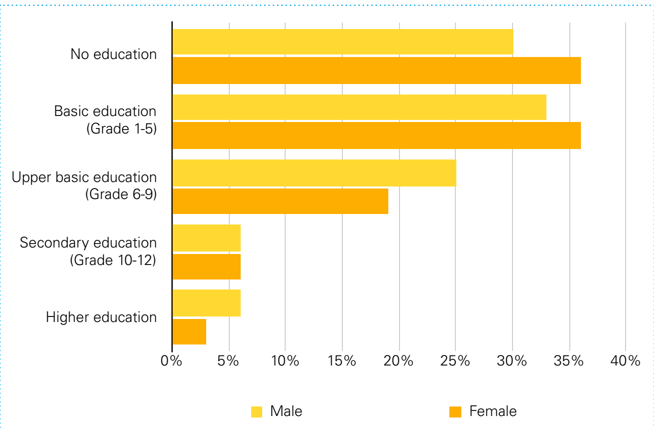
- **The average number of children per family was 3.9.**
- **The average number of children with disabilities per family was 1.2.** Eight-seven per cent of families had one child with a disability, while 11 per cent had two children with disabilities and 2 per cent had three children with disabilities.
- **Seventy-eight per cent of families have never been displaced,** while 13 per cent were displaced at the time of the survey and 9 per cent had returned to their areas of origin after a period of displacement (Graph 3).

Graph 3 **Displacement status of families**



- **About one third of family members aged 6 years and above had not received any form of education;** another third had achieved basic education (grades 1-5) and another third had achieved higher levels of education. There was a higher proportion of women with no education (36 per cent) than men with no education (30 per cent) (Graph 4).

Graph 4 **Education status of family members aged 6 years and above by sex**



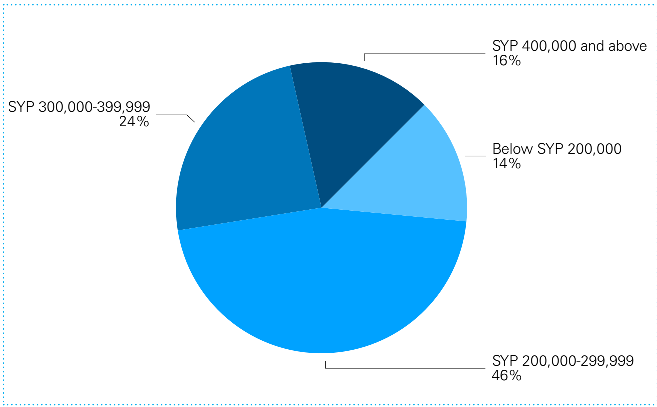
IV- Socio-economic characteristics of the survey population

Key highlight # 1:

Sixty per cent of families reported that their monthly income was below SYP 300,000 (US$ 120)

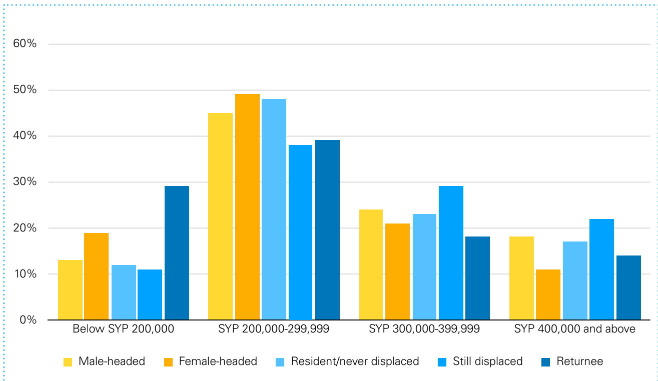
The monthly income reported by families varied greatly. Families were asked to report their average monthly income according to four income categories and **excluding the cash transfer** received from UNICEF. Among families who responded to the question[3], 14 per cent reported that their monthly income was less than SYP 200,000; 46 per cent reported that it was between SYP 200,000 and SYP 299,999; 24 per cent reported that it was between SYP 300,000 and SYP 399,999; and 16 per cent reported that it was over SYP 400,000 (Graph 5).

Graph 5 **Monthly reported income of families by income category**



There were important variations according to the sex of the family head and the family's displacement status. There were more female-headed families and returnee families among the lower income categories than other groups (Graph 6).

Graph 6 **Income category by displacement status and sex of the family head**



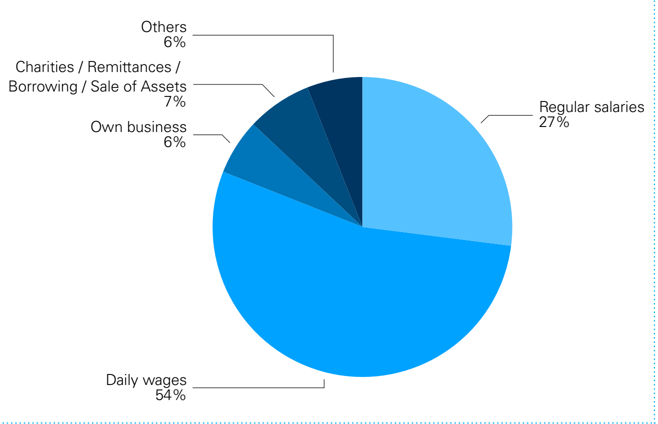
3 Of 372 families interviewed 34 did not know their monthly income category and 13 families refused to respond.

Key highlight # 2:

Over 50 per cent of families rely on daily wages as their primary source of income

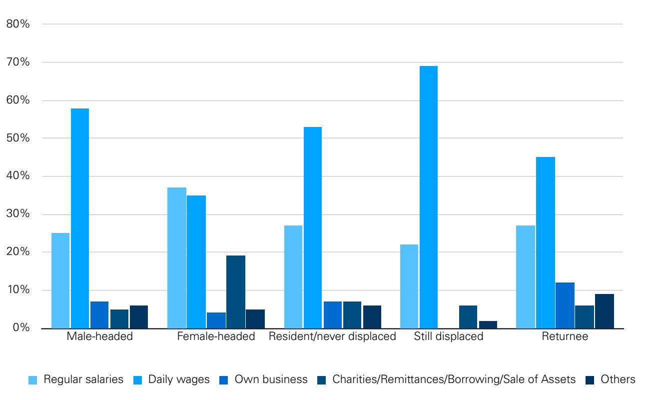
When asked to rank the top-most important source of income, daily wages was the top-most important source reported (54 per cent), followed by regular salaries and wages (27 per cent), own business (6 per cent), assistance/charity (3 per cent) and remittances and pension (2 per cent each) (Graph 7).

Graph 7 **Primary income source of families**



Income from salaries was higher among female-headed families (37 per cent) than male-headed families (25 per cent), while reliance on daily wages was higher in male-headed families (58 per cent) than female-headed families (35 per cent) (Graph 8).

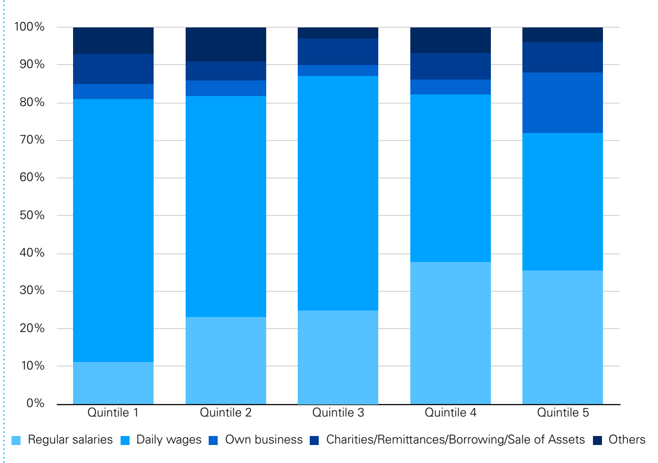
Graph 8 **Primary income source of families according to their displacement status and sex of the family head**



Income dependency was much higher among female-headed families, with 19 per cent relying on charity, borrowing, remittances and sale of assets compared to only 5 per cent among male-headed families.

Income vulnerability was much higher among families in the lowest expenditure quintile compared to families in the highest expenditure quintile. For example, 70 per cent of families in the bottom quintile reported that their primary source of income was daily wages compared to 37 per cent among the top quintile. Similarly, income from own business was the primary source of income for 16 per cent of families in the top quintile compared to only 4 per cent in the bottom quintile (Graph 9).

Graph 9 **Primary source of income by expenditure quintile**

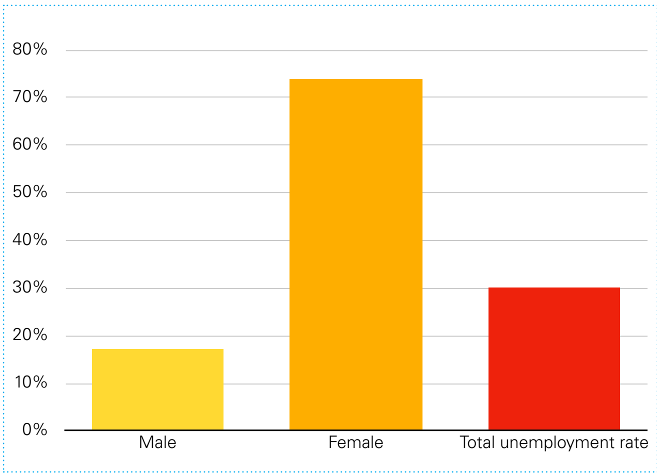


Key highlight # 3:

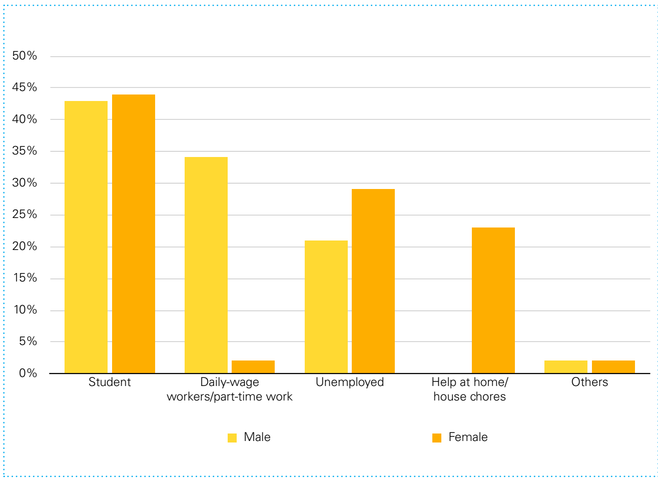
The unemployment rate was four times higher among women than men

The overall unemployment rate among the survey working-age population (15 years and above) was 30 per cent: 17 per cent for men and 74 per cent for women (Graph 10).

Graph 10 **Unemployment rate among survey population by sex**



Graph 11 **Occupation of family members between 15 and 17 years**



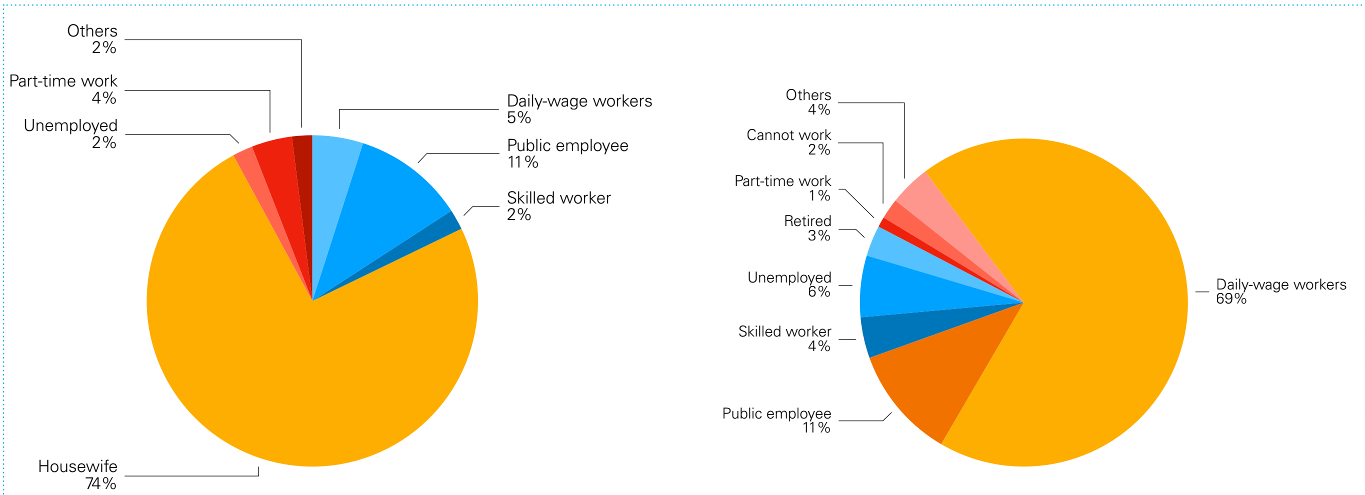
Key highlight # 4:

Over 50 per cent of girls 15-17 were either unemployed or staying at home to help with household chores

The main occupation of children 15-17 years of age in families was as follows: 43 per cent were students; 25 per cent were unemployed; 18 per cent were working (full time or part time); and 12 per cent were staying home to help with household chores. There was no difference between boys and girls among those who were studying (43 per cent boys and 44 per cent girls). However, there were significant differences in other occupations. One third of boys were working (full time or part time) compared to two per cent of girls. Twenty-three per cent of girls were staying at home to help with house chores, while another 29 per cent of them were unemployed (Graph 11).

The main occupation of the heads of families was as follows: 59 per cent were daily-wage workers; 12 per cent were housewives; 11 per cent were public employees; 5 per cent were unemployed; and 4 per cent were skilled workers. There were important differences in the occupation of heads of families according to their sex. Three-quarters of female heads of families reported they were housewives (Graph 12).

Graph 12 **Occupation of heads of families**



Female heads **Male heads**

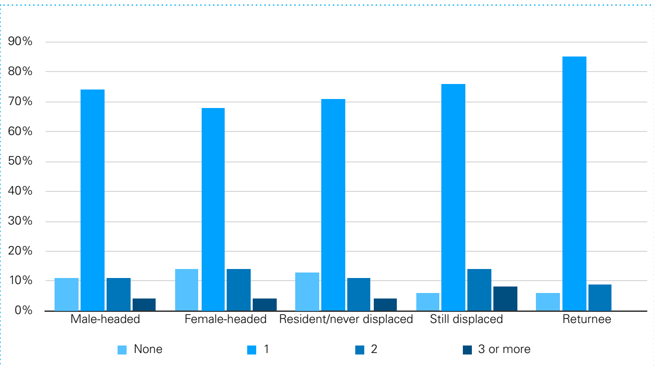
Key highlight # 5:

Eighty-nine per cent of families had one or more income earner

On average, there was 1.1 income-earning member per family. Most families had one income earner (73 per cent), while 12 per cent had 2 income earners, 11 per cent had no income-earning members and 4 per cent had 3 or more income earners.

There were no major differences according to the sex of the family head. However, there were notable differences by displacement status, with more income earners in returnee and internally displaced person (IDP) families than in resident families. This might partly explain why resident families have a lower monthly expenditure than IDP and returnee families (Graph 13).

Graph 13 Number of income earners in families according to their displacement status and sex of the family head



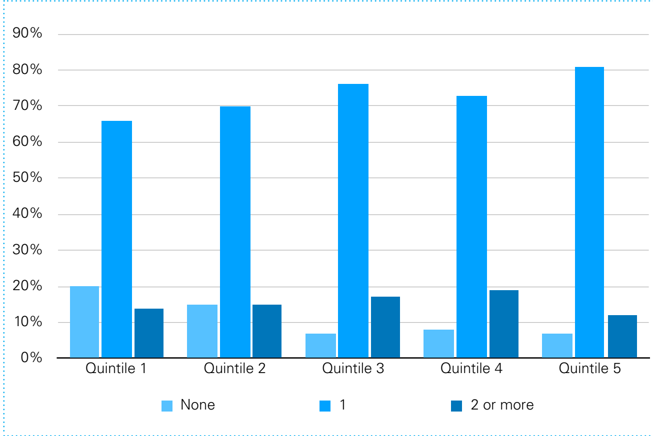
There was a close relationship between the number of income earners and level of family expenditure. For example, families in the lowest expenditure quintile had three times more non-income earners (20 per cent) than families in the top expenditure quintile (7 per cent) (Graph 14).

Key highlight # 6:

The monthly expenditures (mean) of families was SYP 379,644 (US$ 152) with important variations among families

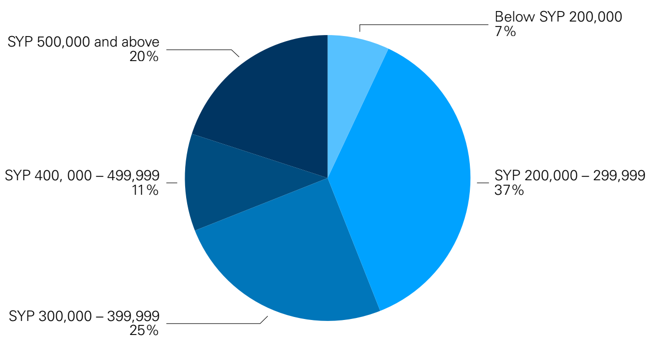
The economic profile of families, as measured by the level of families' monthly expenditures, varied

Graph 14 Number of income-earning members in families according to expenditure quintile



greatly: 7 per cent reported that their monthly expenditures were below SYP 200,000; 37 per cent that it was between SYP 200,000 and SYP 299,000; 25 per cent that it was between SYP 300,000 and SYP 399,999; 11 per cent that it was between SYP 400,000 and SYP 499,999; and 20 per cent that it was above SYP 500,000 (Graph 15).

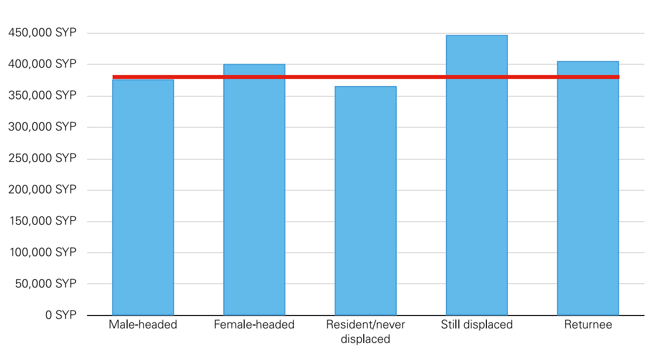
Graph 15 Distribution of families according to expenditure categories



Resident families had on average lower expenditures (SYP 365,296) than displaced families (SYP 446,501) and returnee families (SYP 405,152). Female-headed families had slightly higher expenditures (SYP 400,756) than male-headed families (SYP 375,812) (Graph 16).

The expenditures profile of female-headed families in Al-Hasakeh Governorate contrasts with the findings of surveys conducted by UNICEF in other governorates, which systematically indicated lower expenditures among female-headed families than male-headed families. This finding might be

Graph 16 **Mean monthly expenditure of families (SYP) by sex of the heads of families and displacement status of families**



related to the specific population characteristics in Al-Hasakeh Governorate. Similar findings were highlighted by the Humanitarian Needs Assessment Programme's (HNAP) demographic survey, which indicated that in June 2021, the median expenditures of female-headed households was six per cent higher than in male-headed households in north-east Syria, while in all other regions of the country female-headed households reported lower expenditures.

Key highlight # 7:

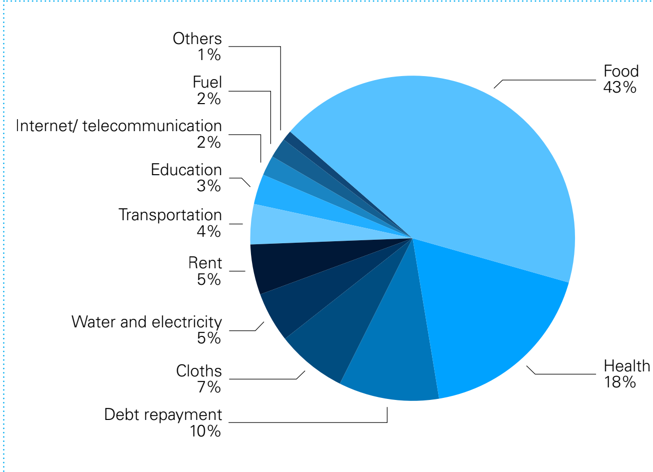
Food, health and debt repayments are the top three expenditures for families, accounting for over 60 per cent of their monthly expenditures

The breakdown of families' monthly expenditures was as follows[4]: 43 per cent was spent on food; 18 per cent was spent on health; 10 per cent was spent on repaying debt; 7 per cent was spent to purchase clothes; and 5 per cent was spent each for water and electricity bills and for rent (Graph 17). There were important differences according to expenditure quintile, with share of food expenditure among families in the bottom-quintile higher than families in the other quintiles (Graph 18).

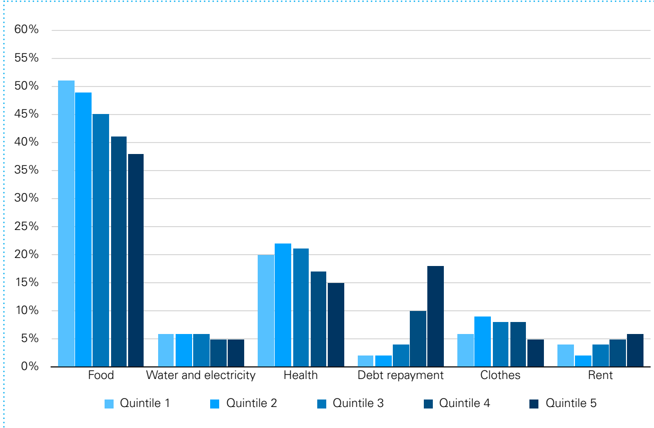
The share of families' expenditures on health is much higher than the share spent by families on health observed in other demographics survey.

4 Families were asked to report their expenditures on different items in the month preceding the survey. Given that families had received their monthly quarterly transfer eight weeks before the survey, it should be assumed that the cash assistance covered some of these expenditures.

Graph 17 **Monthly expenditure by items**



Graph 18 **Family monthly expenditure by item and expenditures quintile**



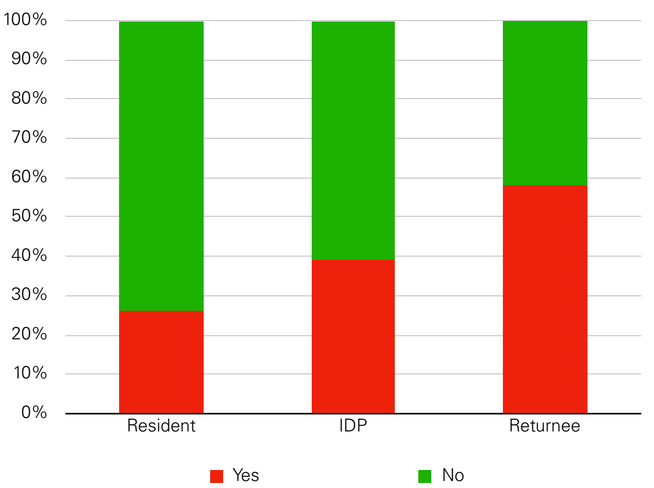
For example, the June 2021 HNAP survey indicated that on average families' spending on health was only 4 per cent. This highlights the additional financial burden that families caring for children with disabilities are facing.

Key highlight # 8:

The debt burden among returnees and IDP families is much higher than among resident families

The share of monthly spending to repay debt was much higher among families in the highest expenditure quintile (18 per cent) than the lowest quintile (2 per cent). It was also much higher among returnee families (19 per cent) and IDP families (13 per cent) than resident families (8 per cent). The higher burden of debt among returnee and IDP families was also illustrated by the fact that 58 per cent and 39 per cent of returnees and IDP families respectively reported repaying debt, compared to only 26 per cent among resident families (Graph 19).

Graph 19 Percentage of families reporting debt repayment by their displacement status



Key highlight # 9:

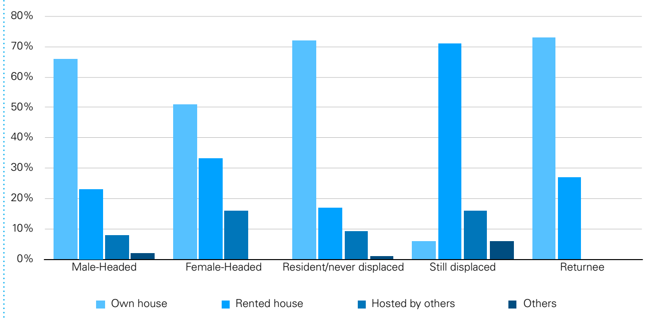
The majority of families live in their own accommodation

Sixty-four per cent of families were living in their own accommodations; 25 per cent were living in rented accommodations; 5 per cent were living in accommodations arranged by the local community; and 4 per cent were living in accommodations hosted by others.

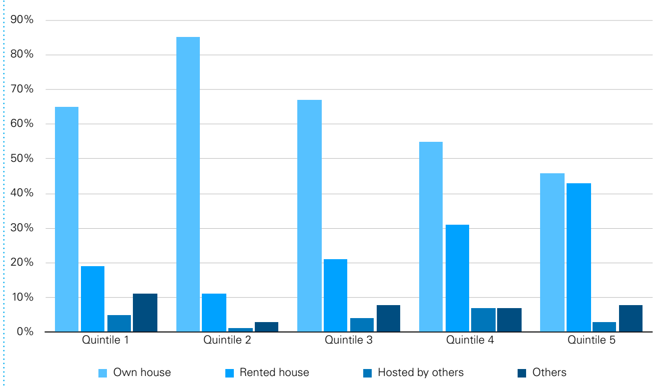
There were major differences between resident and IDP families, with 71 per cent of IDP families living in rented accommodations compared to only 17 per cent among resident/never displaced families. Female-headed families were also twice as likely to live in accommodations provided by the local community or hosted by others (16 per cent) than male-headed families (8 per cent) (Graph 20).

House ownership was higher among families with the lowest monthly expenditure than in families with the highest expenditure. There were twice as many families in the upper quintile renting their dwelling (43 per cent) than in the lowest quintile (19 per cent) (Graph 21).

Graph 20 Occupancy situation of families according to their displacement status and sex of the family head



Graph 21 Occupancy situation of families by expenditure quintile

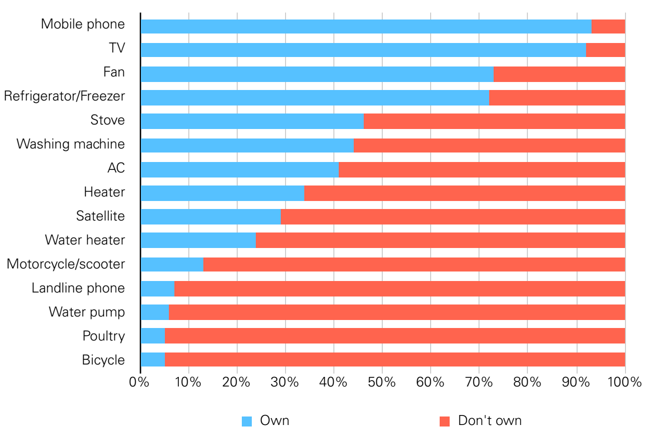


Key highlight # 10:

The most commonly owned family assets are mobile phones, TVs and fans

There were no major differences in asset ownership between male and female-headed families, with the exception of satellites, which were twice as common in female-headed families (51 per cent) than in male-headed families (25 per cent) (Graph 22). In general, displaced and returnee families reported that they owned fewer assets than resident families.

Graph 22 Asset owned by families



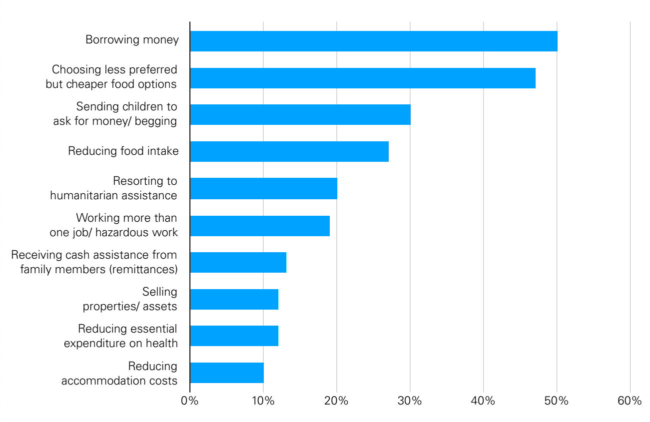
Key highlight # 11:

Borrowing money and choosing less preferred food options are the most common coping mechanisms for families

Families were asked to list the three most important types of mechanisms they were using to cope with the economic hardship. Families were also asked to rank them in order of importance.

The most common mechanisms cited by families were borrowing money (50 per cent); choosing less preferred but cheaper food options (47 per cent); sending children to ask for money/beg (30 per cent); reducing food intake (27 per cent); and asking for humanitarian aid (20 per cent) (Graph 23)

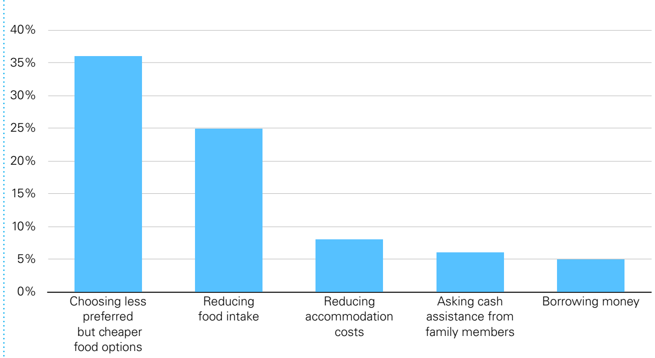
Graph 23 Ten most common mechanisms used by families to cope with economic hardship



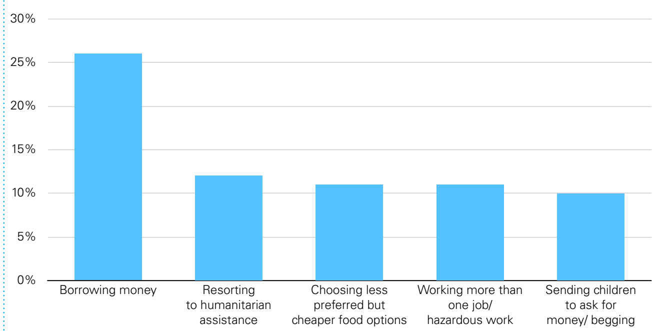
When ranked by level of importance, there were however important nuances. In terms of first-most important mechanism, respondent families cited choosing less preferred but cheaper food options (35 per cent); reducing food intake (24 per cent) and reducing accommodation costs (8 per cent). Borrowing money and sending children to ask for money/beg were only reported by five per cent and three per cent of families respectively.

In terms of second and third-most important mechanism, borrowing and sending children to beg were however cited more often (Graph 24).

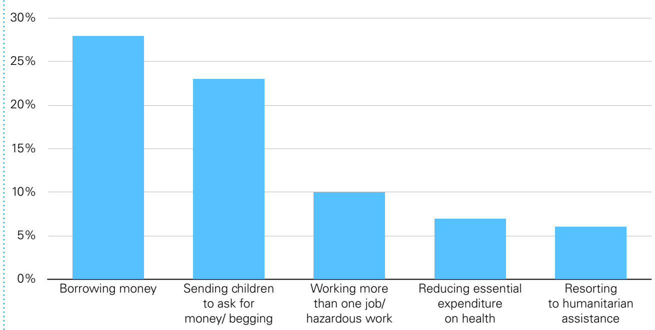
Graph 24 Top five most common coping mechanisms by level of importance: first-most important



Top five most common coping mechanisms by level of importance: second-most important



Top five most common coping mechanisms by level of importance: third-most important



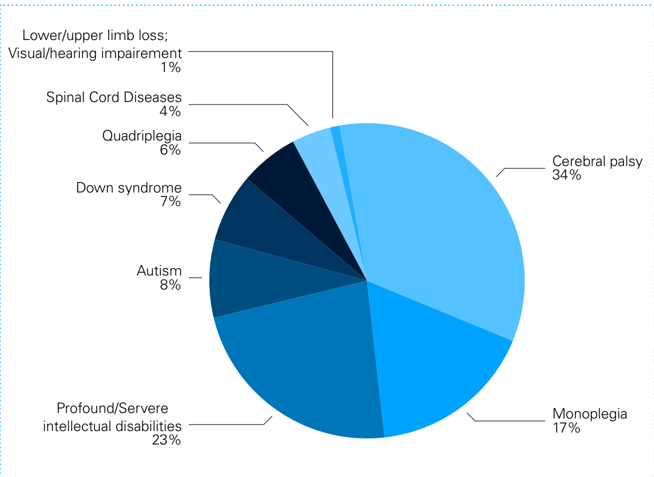
V- Profile of children with disabilities

Key highlight # 12:

The most common types of disability among children were cerebral palsy, profound/severe intellectual disabilities and monoplegia

Over one third of children who were benefiting from the programme were affected by cerebral palsy (34 per cent), followed by severe/profound intellectual disabilities (23 per cent), monoplegia (17 per cent); autism (8 per cent); down syndrome (7 per cent); quadriplegia (6 per cent); and spinal cord diseases (4 per cent). There were no marked differences in the types of disabilities according to the sex of the child, except for autism, which was four times more prevalent among boys (12 per cent) than girls (3 per cent) (Graph 25).

Graph 25 **Types of disabilities among children**



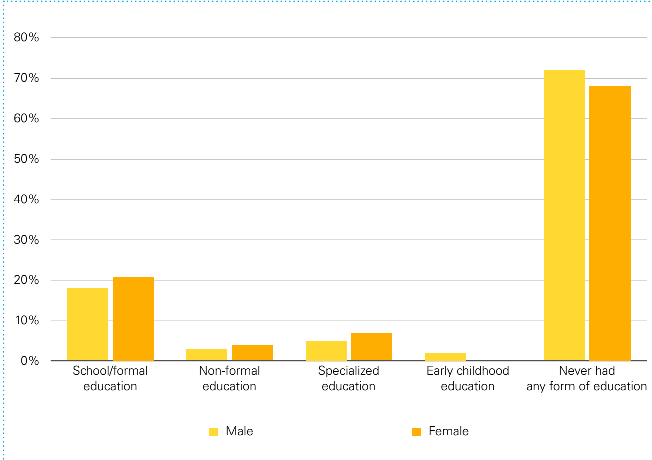
Cerebral palsy was twice as prevalent among younger children (46 per cent among 0-4 years old) compared to older children (23 per cent among 15-17 years old). On the contrary, profound/ severe intellectual disability was much more prevalent among older children (45 per cent among 15-17 years old) than younger children (11 per cent among 0-4 years old).

Key highlight # 13:

Seventy-one per cent of children with disabilities have never attended school or any other form of education

Most children with disabilities enrolled in the programme are out of school. Only 29 per cent have ever attended school or any other form of education: 20 per cent had attended formal school; 6 per cent had received specialized education; 4 per cent had received non-formal education; and 1 per cent had received early childhood education (Graph 26). There was no notable difference between boys and girls.

Graph 26 **Education status of children with disabilities 6-17 years old (percentage of children who ever attended any forms of education) by sex**



There was a higher percentage of children who had never received any form of education among older children 15-17 years (79 per cent) than among younger children 6-9 years (69 per cent).

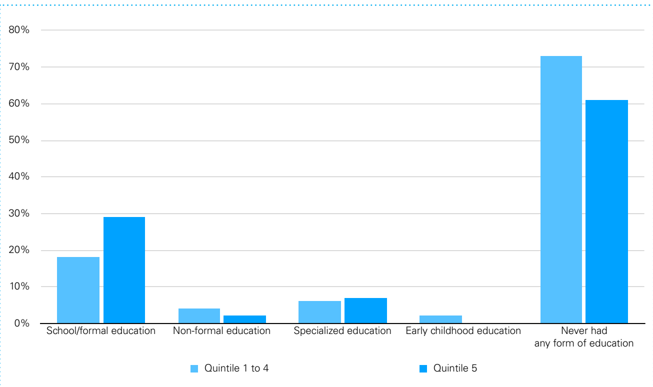
Among children who had ever attended school or any other form of education, 81 per cent reported that they attended during the 2020-2021 school year. More girls (91 per cent) than boys (72 per cent) attended during the 2020-2021 school year.

Key highlight # 14:

Children in families in the top-expenditure quintile are more likely to have ever received some form of education than children in families in lower quintiles

There was a correlation between education and families' level of expenditures. While 29 per cent of children in families in the top expenditure quintile had ever received any forms of education, only 18 per cent of children in families in all other expenditure quintiles combined had ever attended any forms of education (Graph 27).

Graph 27 **Education status of children with disabilities 6-17 years old (percentage of children who ever attended any forms of education) by expenditure quintile**



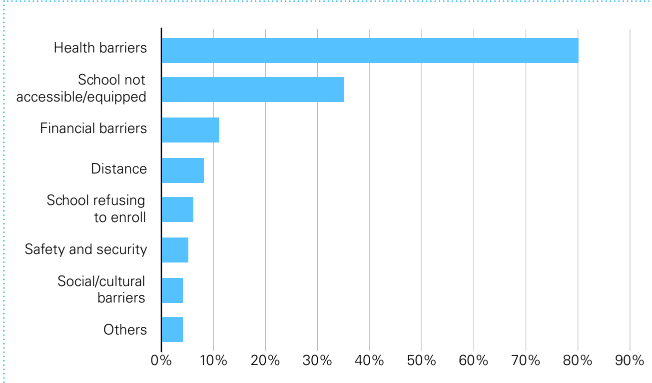
Key highlight # 15:

Health issues are the main reason children never attended any form of education

Among children who had never attended any form of education, 80 per cent reported that the main reason was health-related issues. The second most important reason was that the school was not accessible/adapted for the child (35 per cent), while the third most important reason was related to financial barriers (11 per cent) (Graph 28).

These findings indicate that, for many children, the formal education system is not adapted and equipped to cater for the specific needs of children with severe mental disabilities. In this regard, there is a need to expand the availability of specialized education services.

Graph 28 **Reasons for never attending any form of education**



Recommendation # 1: ***Implement complementary education interventions to respond to the specific learning needs of children enrolled in the programme.***

VI- Programme impact

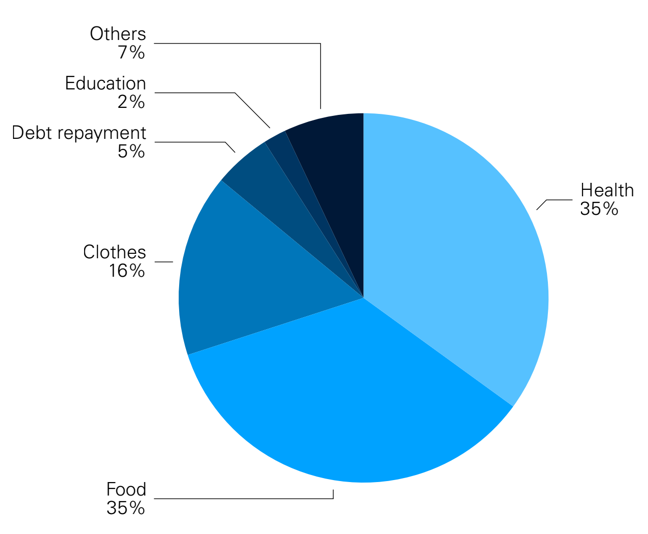
Key highlight # 16:

Seventy per cent of the cash transfer was used by families for health and food related expenses

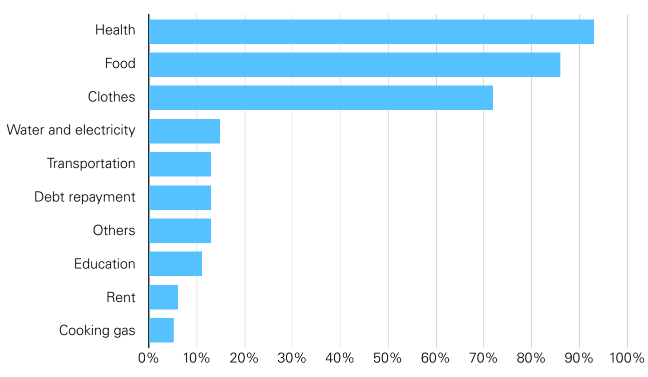
The top expenses with the cash transfer received by families were health (35 per cent), food (35 per cent), clothes (16 per cent) and debt repayment (5 per cent). Alone, they cover 90 per cent of the transfer. Expenditures on education were negligible, accounting for only two per cent of the overall use of the cash (Graph 29).

Health was the most common area of expenditure with the cash transfer received, with 93 per cent of families reporting that they have used some of the cash for health-related expenses. This was followed by food (86 per cent); clothes (71 per cent), water and electricity (15 per cent); transportation (13 per cent); debt repayment (13 per cent); and education (11 per cent) (Graph 30).

Graph 29 **Use of the cash transfer (share of mean expenditure on different items)**



Graph 30 **Most common areas of expenditure with the cash transfer: percentage of families who used the cash transfer to cover expenses in key areas**



Key highlight # 17:

Sharp increase in families' expenditures to meet children's essential needs after the receipt of the cash transfer

Families were asked to estimate their monthly expenditures on key items for children with disabilities before and after receiving the cash assistance. On average, families' monthly expenditure on clothes and diapers for children increased by 116 per cent while they increased by 88 per cent for health care.

Key highlight # 18:

Eighty-four per cent of families reported that they were more aware of services available for their children than prior to being enrolled in the programme.

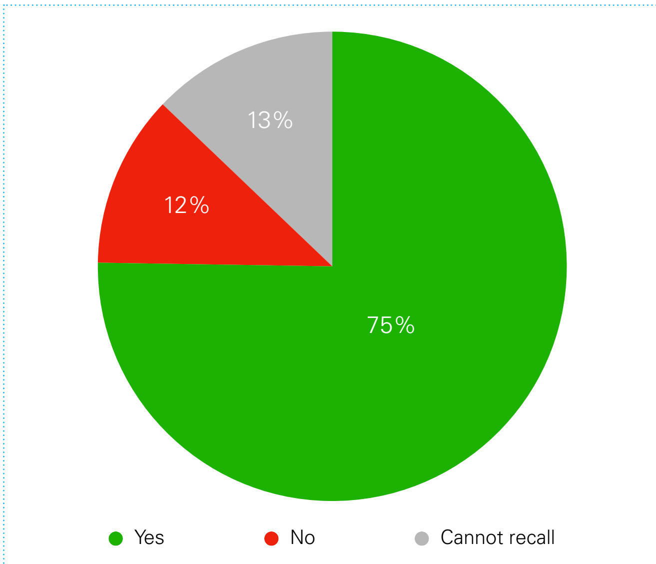
When asked whether they consider themselves more aware of services available compared to prior the programme, 84 per cent of families responded affirmatively. There were slightly more male-headed than female-headed families who reported a greater awareness.

Key highlight # 19:

Seventy-five per cent of children with disabilities have been referred to essential services by case managers

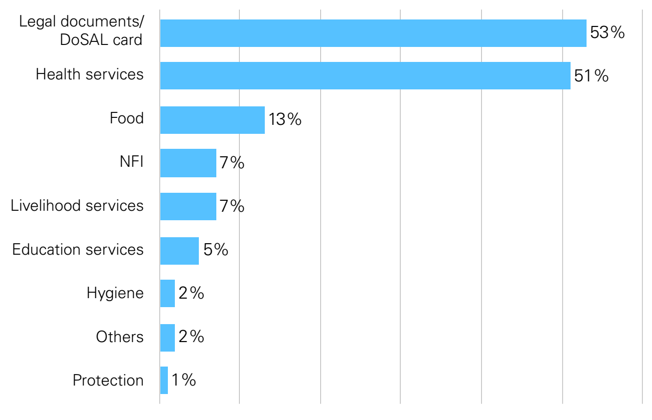
Following six months of enrolment in the programme, three-quarters of children had received support from case managers to access essential services (Graph 31).

Graph 31 **Percentage of children who received referral services from case managers**



The most common types of services that case managers facilitated access to were legal documents/ Department of Social Affairs and Labour (DOSAL) disability card (53 per cent) and health services (51 per cent). Twenty per cent of children were also supported to access food and non-food items and seven per cent received support to access livelihood opportunities. Very few families reported receiving referrals for education services (five per cent) and even fewer for protection services (one per cent) (Graph 32).

Graph 32 **Types of services received through the referral of the case managers**



The limited referral of children to education and protection services is likely related to the unavailability and/or high costs of these services in the governorate. At the same time, there is a need to review the service maps used by case managers to refer families to essential services to ensure they are as comprehensive and updated as possible.

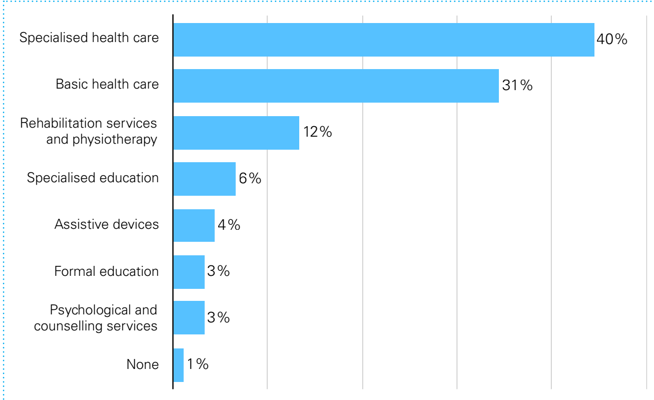
Recommendation # 2: ***In coordination with all partners in the governorate, review the service maps used by case managers to ensure they are as updated and comprehensive as possible.***

Key highlight # 20:

Strong positive impact of the programme on access to health care for children with disabilities – but very limited impact on access to education.

Families were asked about the types of services the child with a disability began receiving after her/his enrollment in the programme. The most notable impact was in the health sector: 40 per cent and 31 per cent of children received specialized health care and basic health care for the first time respectively. In addition, 12 per cent of children received rehabilitation/physiotherapy for the first time. However, only five per cent of children gained access to specialized education and three per cent to formal education (Graph 33).

Graph 33 **Percentage of children who are receiving a service they were not receiving before by types of services**



Key highlight # 21:

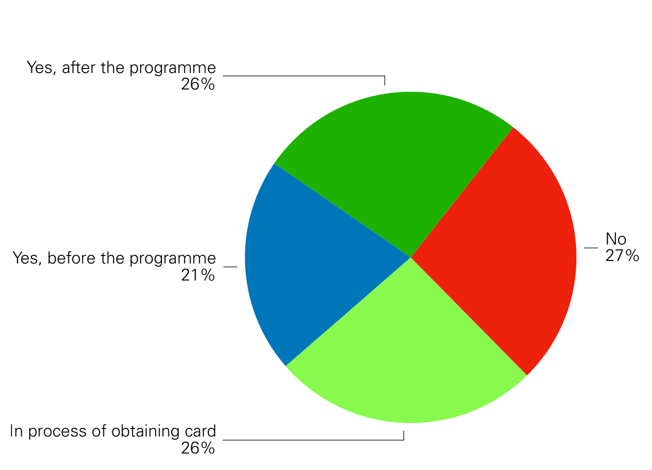
Strong positive impact of the programme on increasing the availability of disability cards for children

Disability cards issued by DOSAL in coordination with the Department of Health (DOH) are official documents that all children with disabilities should have. The cards facilitate access to social services and government benefits for certain types of disability such as cerebral palsy. Disability cards also provide important economic advantages such as reduced public transportation costs.

The registration process for children with disabilities has been largely disrupted by the conflict. DOSAL and DOH have limited capacity to issue disability cards to the full backlog of children who require them. To address this situation, one of the key objectives of the programme is to support families obtain a disability card for their children through referral services by case managers.

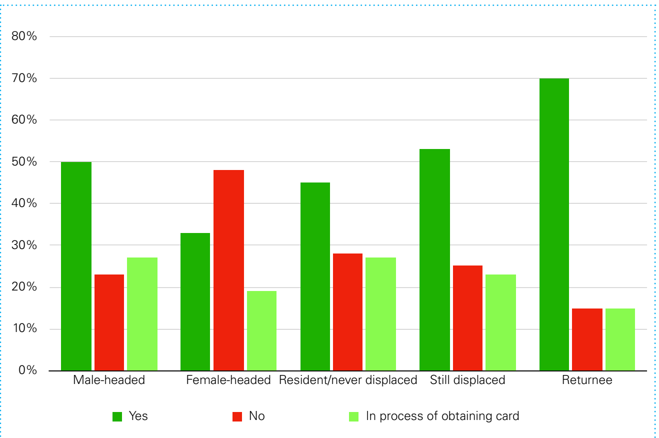
Prior to the start of the programme, only 21 per cent of families reported that their child had a disability card. Following six months of participation in the programme, the percentage of children with a disability card had more than doubled to 48 per cent. In addition, 26 per cent of families reported that at the time of the survey they were in the process of obtaining a card. Among families who reported they obtained a disability card for their child after the start of the programme, 91 per cent reported that that the card was obtained as a direct result of the services provided by the case managers (Graph 34).

Graph 34 **Ownership of disability card**



There were important differences according to the sex of the families, with children in women-headed families less likely to have cards than children in male-headed families (Graph 35).

Graph 35 **Ownership of disability card (percentage of families who report that their child has a disability card) by displacement status and sex of the heads of families**

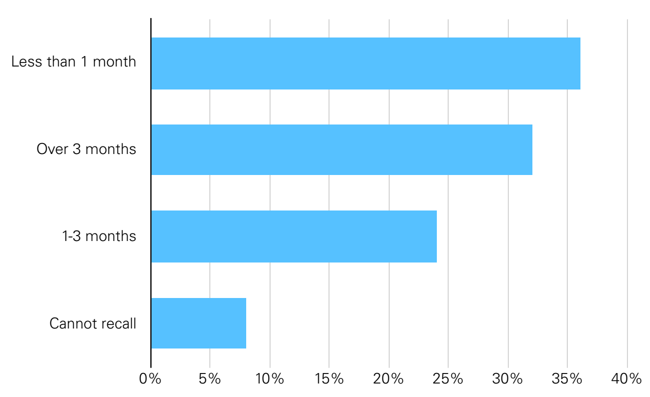


Key highlight # 22:

The time taken for families to obtain a disability card greatly varies

Among families who obtained a card since being enrolled in the programme, 36 per cent reported that it took them less than one month to obtain the card and 24 per cent reported it took between one and three months, while 32 per cent reported it took them over three months (Graph 36).

Graph 36 **Time taken to obtain a disability card among families who obtained a card since the start of the programme**



Key highlight # 23:

The main reason for not having a disability card is related to "complicated application procedures"

Among families whose children did not have a disability card at the time of the survey, the top reasons cited for not having a card were complicated application procedures (41 per cent), followed by transportation costs (22 per cent) and lack of availability of services (11 per cent).

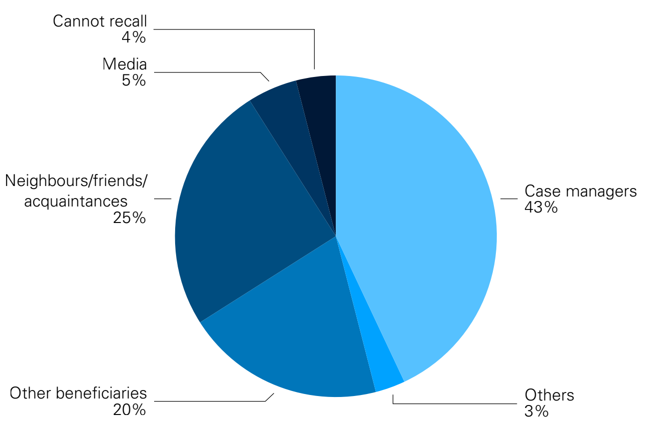
Recommendation # 3: ***Actively identify all children without a disability card and provide the required support to families to overcome the barriers they face to obtain a card***

Key highlight # 24:

Families' main sources of knowledge about the programme were case managers, neighbours/friends and other beneficiaries

Families were asked how they heard about the Integrated Social Protection Programme for Children with Disabilities. Forty-three per cent responded that they heard about the programme from case managers, followed by neighbours/friends (25 per cent) and other beneficiaries (20 per cent). About five per cent had heard about the programme from the media, while only one per cent heard about it from DOSAL (Graph 37).

Graph 37 **Source of knowledge about the Integrated Social Protection Programme for Children with Disabilities**

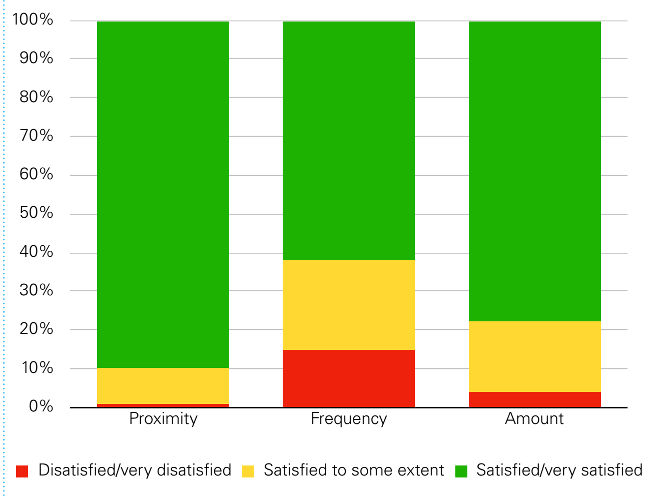


Key highlight # 25:

Overall high level of satisfaction with the proximity of the payment point and the amount and frequency of the cash transfer

In general, beneficiaries expressed satisfaction with the proximity of the FSP outlets (90 per cent satisfied/very satisfied), the amount of the transfer (78 per cent satisfied/very satisfied) and the frequency of the transfer (62 per cent satisfied/very satisfied) (Graph 38).

Graph 38 **Level of satisfaction on the cash transfer payment (proximity, amount and frequency)**



The levels of satisfaction of beneficiaries were generally higher than the levels of satisfaction reported by beneficiaries of the programme in Homs Governorate (*see Homs 2021 PDM report*), where, for example, only 14 per cent of beneficiaries had reported satisfaction with the amount of the transfer. The high level of satisfaction with the proximity of the FSP outlets is somewhat surprising given that the availability of FSPs in Al-Hasakeh is very limited. In fact, at the time of the survey, payments to beneficiaries were only possible in two sub-districts where beneficiaries had to travel to in order to get their quarterly payment.

The frequency of payment was the area with the highest percentage of families not fully satisfied (22 per cent) or dissatisfied (16 per cent). While the introduction of more frequent transfers is highly desirable, the limited availability of the FSP prevents an increase in the frequency of the transfers for the time being.

Recommendation # 4: ***Pending greater availability of FSPs in the governorate, introduce more frequent transfers***

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