



Transforming Cash Transfers:

Beneficiary and community perspectives on the
Palestinian National Cash Transfer Programme

Part 2: The case of the West Bank

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Abbreviations

DFID	Department for International Development
DGC	Demand generation consultation
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross domestic product
IDP	Internally displaced person
ILO	International Labour Organization
M&E	Monitoring and evaluation
MENA	Middle East and North Africa
MoH	Ministry of Health
MoSA	Ministry of Social Affairs
ODI	Overseas Development Institute
OPT	Occupied Palestinian Territories
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PLO	Palestinian Liberation Organization
PMTF	Proxy means test formula
PNCTP	Palestinian National Cash Transfer Programme
PNPSP	Palestinian National Programme for Social Protection
PRCS	Palestine Red Crescent Society
PRDP	Palestinian Reform and Development Plan
PRDP-TF	Multi-donor Palestinian Reform and Development Plan Trust Fund
SHC	Social Hardship Case
SPSS	Social Protection Sector Strategy
SSNRP	Social Safety Net Reform Project
UN OCHA	UN Office for the Coordination of Humanitarian Affairs
UN	United Nations
UNDP	United Nations Development Programme
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	World Food Programme
WHO	World Health Organization

1 Introduction

Social protection has become an important policy response to high levels of poverty and vulnerability in developing countries since the late 1990s, gaining significant momentum among governments and donors as a result of a growing evidence base demonstrating positive effects on reducing poverty and vulnerability (Arnold et al., 2011). Social protection interventions have emerged in developing countries as a buffer against severe economic shocks or continued chronic poverty, especially among vulnerable population groups.

In the Middle East and North Africa (MENA) region, many countries have a long history of social protection, deriving largely from Islamic charitable provisions, in tandem with kin-based informal forms of social protection (Marcus et al., 2011). Post-independence governments instituted social insurance provisions, food subsidies and, subsequently, social assistance programmes. As the poorer countries of the region implemented adjustment programmes in the 1980s and 1990s, social funds and, in some cases, cash transfer programmes were set up to alleviate poverty, especially as informal forms of social protection were increasingly eroded in the context of widespread economic and social disintegration. In parallel, assistance to refugees, internally displaced persons (IDPs) and poor people facing hunger and food insecurity led to food- and nutrition-based assistance programmes. Accordingly then, and particularly following the global 'triple F' (food, fuel and financial) crisis of the late 2000s, social protection has come to constitute an important component in poverty reduction approaches in many countries (Jones et al., 2010).

However, most policy and programming attention has focused on a shorter-term safety net approach, designed to enable households to smooth income and consumption. While this is important, more recently there have been calls for social protection to go beyond this and to address the longer-term and structural causes of poverty. There has, however, been only limited attention to the importance of social inequalities that perpetuate poverty, such as gender inequality, unequal citizenship status, and displacement as a result of conflict (Devereux et al., 2011), and the role that social protection can play in tackling broader socio-political vulnerabilities and strengthening social cohesion (DFID, 2011).

This study attempts to contribute to these discussions by focusing on community perceptions of a major unconditional cash transfer programme in the Occupied Palestinian Territories (OPT) and the broader programme experiences of programme beneficiaries, encompassing economic, psychosocial and political dimensions. Cash transfer programmes in the OPT have a history that dates back to the 1990s, but the programme in its current form is the result of a merger in 2010 of two major programmes supported by the European Union and World Bank respectively. Given ongoing programme reforms and strong government and development partner interest in learning about the effectiveness of the programme changes to date, the timing of the study is fortuitous. It is hoped that the findings will feed into current policy and programme thinking, especially in supporting the roll-out of a new social protection/social sector action plan.

The report is part of a broader qualitative research project conducted in five countries (Kenya, Mozambique, OPT, Uganda, and Yemen) by the Overseas Development Institute (ODI) in partnership with national teams, commissioned by the UK Department for International Development (DFID). In the case of the OPT, there are two reports, given the increasingly divergent political and poverty/vulnerability contexts: one reporting on primary research findings from the Gaza Strip (Part 1), and this one (Part 2), on the West Bank. However, because the Palestinian National Cash Transfer Programme (PNCTP) is national in scope and rolled out in both territories, and is implemented within a common national and historical context of ongoing conflict and occupation by Israel, there are obvious and important commonalities. Accordingly, several background sections of the two reports are broadly similar, although with attention to differences between Gaza and West Bank where appropriate, and distinct sections on programme governance. We also purposely developed joint policy and programme recommendations in order to promote greater coordination, synergies and learning across the two contexts, albeit highlighting key differences where appropriate.

In order to ensure the study's feasibility given the resource and time constraints, the OPT study was carried out in two of the poorest districts in each territory (Hebron and Jenin in the case of the West Bank) and focused on female-headed households (either with refugee or non-refugee status) (see sections 3, 4 and 5 for details on the context, research methods and study sites).

2 Conceptual framework overview

In the context of the ongoing global financial crisis, and in light of the current discussions about international development goals beyond 2015 and the MDGs, social protection is increasingly seen as essential – not just to tackle rising levels of risk and vulnerability, but also to promote social justice, of which social inclusion is an integral part (ECA et al., 2012). The available evidence on the impact of social protection largely draws on quantitative assessments, driven by government and development partners' emphasis on results (DFID, 2011).

However, our literature review revealed a dearth of evidence around social protection programming impacts based on participatory research, especially with regard to intra-household and community dynamics and differential effects on the diversity of marginalised social groups. In order to situate our study on citizens' perceptions of cash transfer programmes in sub-Saharan Africa and the Middle East, here we present a conceptual framework for assessing the extent to which social protection, especially social transfers, can address the marginalisation of diverse social groups to achieve social justice. We focus on the different elements of a 'social protection – social justice pathways framework', including an in-depth understanding of:

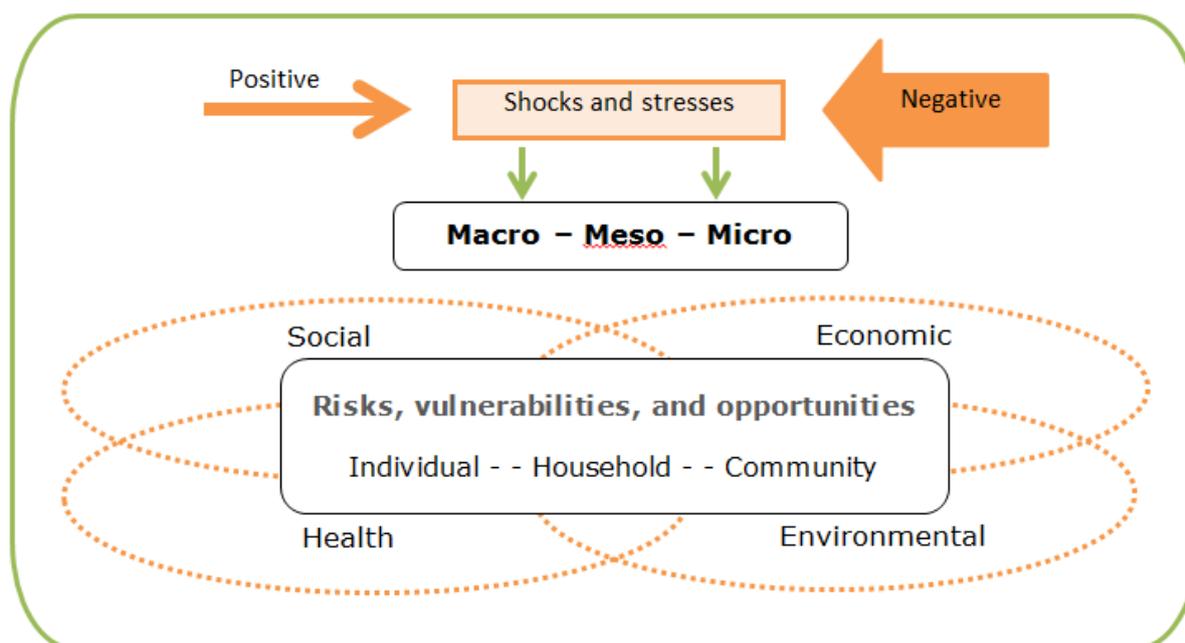
- the multidimensional nature of risk and vulnerability
- the importance of structural and political economy parameters at the national level
- the drivers of programme impacts at the local level.

2.1 Multidimensional nature of risk and vulnerability

The nature of poverty and vulnerability is complex, multidimensional and highly contextual (see Figure 1). Poor households face a range of highly interconnected risks at the macro, meso and micro levels, including economic, socio-political, environmental and health-related shocks and stresses (see Table 1). A nuanced understanding of how different social groups experience poverty and vulnerability is therefore vital in order to design and implement effective social protection programmes that support pathways out of poverty and contribute to social justice outcomes.

To date, social protection programming has largely addressed economic shocks and chronic poverty. But attention is increasingly being paid to socio-political risks and vulnerabilities rooted in inequalities based on gender, ethnic minority, or refugee status (Holmes and Jones, 2009; Molyneux, 2007; Baulch et al., 2010; Sabates-Wheeler and Waite, 2003). Devereux and Sabates-Wheeler's (2004) emphasis on 'transformative' social protection and programming that addresses equity, empowerment, and social justice as well as material needs marked a pivotal conceptual shift in the way we think about social protection. Such transformation can be promoted directly through programme design and implementation or it can be linked to complementary interventions, including rights awareness campaigns and behavioural change communication efforts, and/or social equity measures such as the passage and enforcement of non-discrimination legislation (Jones et al., 2011).

Figure 1: Multidimensional risk and vulnerability context



**Please note the box around the social levels - individual/household/community - shows how they span all of the risk and vulnerability domains (social/economic/health/environmental), and how dynamics at all of these levels are critical for understanding the risk and vulnerability context that will influence the potential impact of social protection.*

Table 1: Examples of sources of risk and levels of vulnerability

	Macro	Meso	Micro
Economic	Global financial crisis	Social malaise as a result of high levels of unemployment. Inter-household inequality in access to productive assets such as land, rights and duties	Job insecurity for low-skilled workers (Razavi et al., 2012). Intra-household tensions due to economic scarcity and engagement in risky coping strategies (Harper et al., 2012)
Socio-political	Demographic change and migration Violent conflict	Erosion of community social capital and informal forms of social protection, with especially high toll on older people, who are highly reliant on social ties for well-being (ILO, 2011).	Family composition (high dependency, intra-household inequality, household break-up, family violence, family break-up), with particularly acute impacts on people with disabilities, who are often more reliant on familial care and support (Marriott and Gooding, 2007)
Environmental	Climate change Environmental degradation	Climate-related migration can put economic, social and infrastructure-related pressure on host communities (Sabates-Wheeler and Waite, 2003)	Exacerbating household economic fragility as a result of falling agricultural yields and exposure to natural disasters (Farrington et al., 2007)
Health	Ageing population is increasing the prevalence of chronic disease and disabilities linked to older age	Status-related hierarchies within communities can limit access to healthcare and public health information for marginalised groups	Breadwinner loss of productive capacity; ongoing costs of care in terms of resources, time

2.2 Structural parameters

The potential of social protection to achieve social justice outcomes (resilience, agency, multidimensional well-being – see discussion below) for the most marginalised groups in any society is influenced by an array of structural factors at the national and international levels (see Figure 2 on page 19), which provide the parameters for what types of policies and programmes may be feasible in a given country context.

First, the productive economy shapes social protection opportunities on a number of levels, principally through the available fiscal space. The composition of the labour market is also an important variable, particularly in relation to linkages to complementary income-generating opportunities, and exit strategies. Second, the care economy (the country-specific mix of family, state and private sector providers of paid and unpaid care work) plays an important role in shaping the demand for, as well as feasibility and desirability of, particular forms of social protection (Molyneux, 2009). Third, social institutions – the collection of formal and informal laws, norms and practices which shape social behaviour – also have considerable influence on development outcomes (Jones et al., 2010). They can be empowering, enabling individual and collective action, or they can reinforce inequality, discrimination and exclusion (Rao and Walton, 2004, in Jones et al., 2010). Finally, various international legal frameworks and norms provide clear commitments to social assistance and social protection so as to ensure a basic minimum standard of well-being for the most marginalised groups in society.

2.3 Political economy influences

National political economy dynamics are also key, as poverty and vulnerability are inherently political in nature. For the chronically poor and most vulnerable groups, who are least likely to benefit from economic growth, politics and political change may be the route to better development outcomes (Hickey and Bracking, 2005: 851). However, until quite recently, decision-making around social protection has focused on economic considerations rather than politically driven approaches that are more context-appropriate and sustainable (Hickey, 2007). Political economists view development policy and programme outcomes as involving a process of bargaining between state and society actors and interactions between formal and informal institutions (Helmke and Levitsky, 2004), and accordingly our framework includes the political institutions, interests, and ideas that shape social protection decision-making and programming as follows.

Institutions:

First, a vital consideration for introducing or scaling up social assistance is the capacity of the state to mobilise funds and other resources (Barrientos and Niño-Zarazúa, 2011). In its assessment of the affordability of cash transfers, DFID (2011) notes that where a government decides to invest in cash transfers, spending is typically within an overall budget for a wide range of sectors, and reflects judgements regarding the comparative advantages (e.g. value for money or political gains such as greater state legitimacy) for achieving broader economic and social goals.

Second, limited institutional capacity represents a major challenge to the roll-out of social protection programmes in most low-income countries, at all stages: from undertaking poverty and vulnerability assessments, to designing and implementing tailored policies, as well as monitoring and evaluating impact (Barrientos and Hulme, 2008).

In many contexts, decentralisation has complicated the picture. While poverty reduction strategies have favoured decentralisation as a way of closing the gap between citizens, local and central government, and of strengthening accountability, in practice, functions have often been delegated to weak institutions with limited knowledge of anti-discrimination legislation and related programme provisions (Chronic Poverty Research Centre, 2008). This can undermine progressive programme design and opportunities for a strengthened social contract (Holmes and Jones, forthcoming).

Finally, robust monitoring and evaluation (M&E) is integral to assessing the impact of social protection programmes, but there is wide variation in the quality of M&E in different countries and regions. There are also considerable challenges due to the limited availability of disaggregated data, especially with regard to intra-household and intra-community dynamics (Holmes and Jones, 2011; Molyneux, 2007).

Interests:

Multiple actors are involved in social protection policy and programming, and in our framework we highlight three key players:

National governments: Evidence from numerous countries suggests that competing interests among government agencies ('departmentalism') is a common characteristic of social protection programmes (Hagen-Zanker and Holmes, 2012). Programmes are often housed within the ministry responsible for social development, with limited buy-in from key ministries such as finance and planning.

Development partners: Similar departmentalist tensions are frequently mirrored in development partners' approaches to social protection. While UN agencies and international NGOs endorse a rights-based approach, development partners are increasingly emphasising results-based aid and value for money.

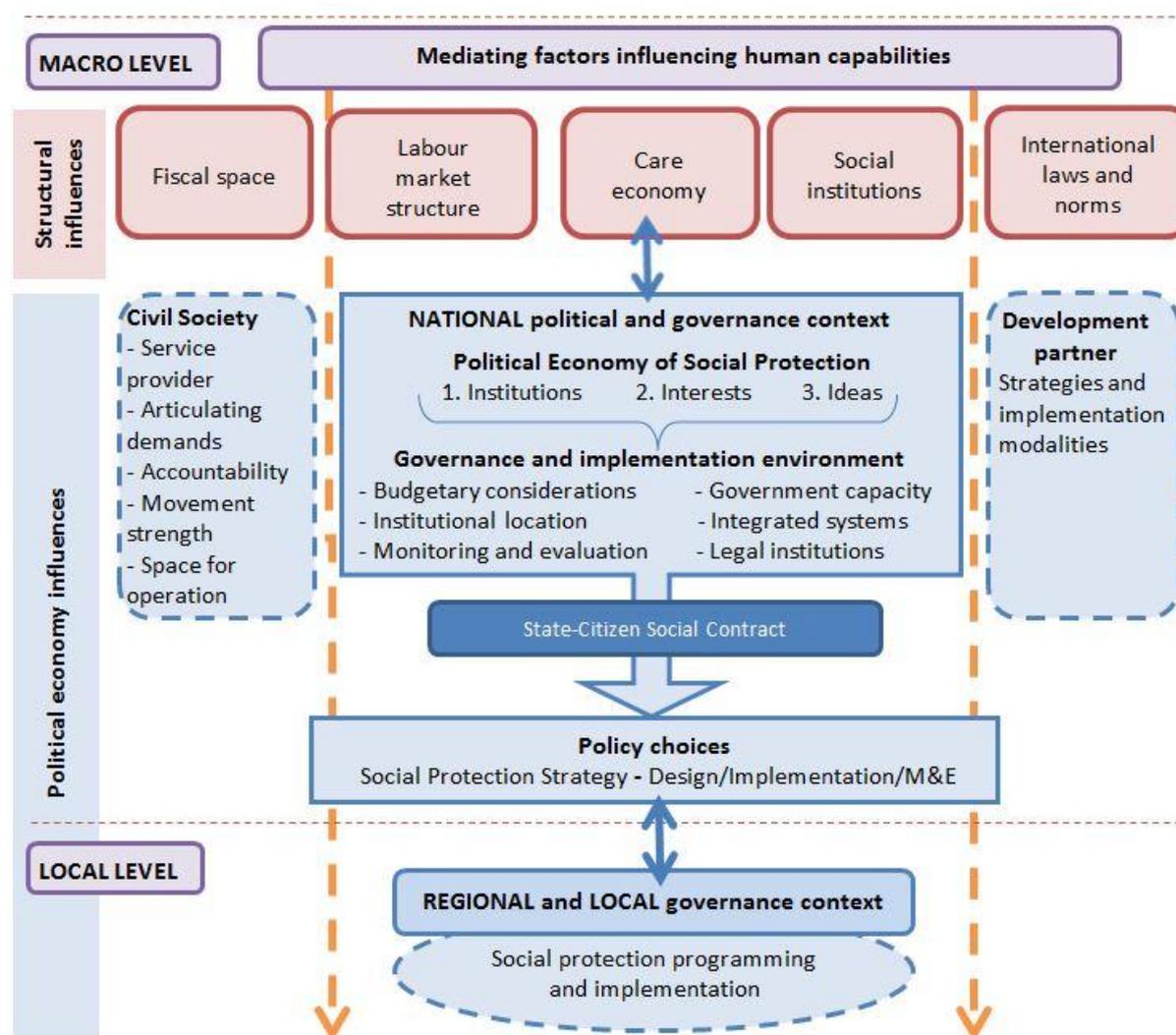
Civil society: The interests of civil society in advancing social protection, and how these interests are articulated, is also critical. Given the isolation experienced by socially excluded groups, their mobilisation around self-identified interests – often supported by NGO intermediaries – is a precondition for their participation in the construction of the social contract (Kabeer, 2010). However, most governments and development partners continue to treat civil society organisations as junior partners or subcontracted service providers, and there are few success stories of effective mobilisation around social protection at the national level (Devereux, 2010: 2).

Ideas:

Political economy influences are not limited to institutional capacity and interests; they also encompass the ideas that drive decision-making. This is certainly the case with social protection, where divergent national systems reflect a wide range of ideas about poverty and vulnerability and their underlying causes, as well as the purpose of social protection and the role of the state vis-à-vis its citizens. Hickey (2009) argues that the concept of a state-citizen contract helps to uncover the philosophical underpinnings of state support towards its citizens, especially the most vulnerable, as well as citizens' rights and responsibilities towards the state. However, while there is a robust case to be made in international law for social protection as a human right, to date, it is only recognised as a justiciable right in very few countries (including India, South Africa, and Uruguay). There is clearly some way to go in the shift from '*development as a welfare activity ... to a policy that recognises basic development needs as rights of the citizens*' (UNDP, 2010: 6, cited Holmes and Jones, forthcoming).

The conceptual underpinnings of social policy frameworks advanced by global development partners are also critical, as they often result in shifts of emphasis and action. The International Labour Organization (ILO), UNICEF and UN Women (the UN Entity for Gender Equality and the Empowerment of Women) all view social protection through a rights perspective, while the World Bank conceptualises it in terms of 'social risk management', with resilience seen as a key tool for growth promotion. The OECD focuses more on the role that social protection can play in promoting social cohesion, especially in conflict-affected contexts (OECD, 2011).

Figure 2: Structural and political economy influences mediating the achievement of human capabilities



2.4 Local-level impact and outcomes

For social protection programming to be both accountable and transformative, the national-level structural and political influences must be more directly linked to local-level impact and outcomes – for the individual, the household, and the broader community. Given the cumulative and intergenerational impact of vulnerability and risk, it is also important to consider outcomes within the context of individual and household life-cycles (Moore, 2005).

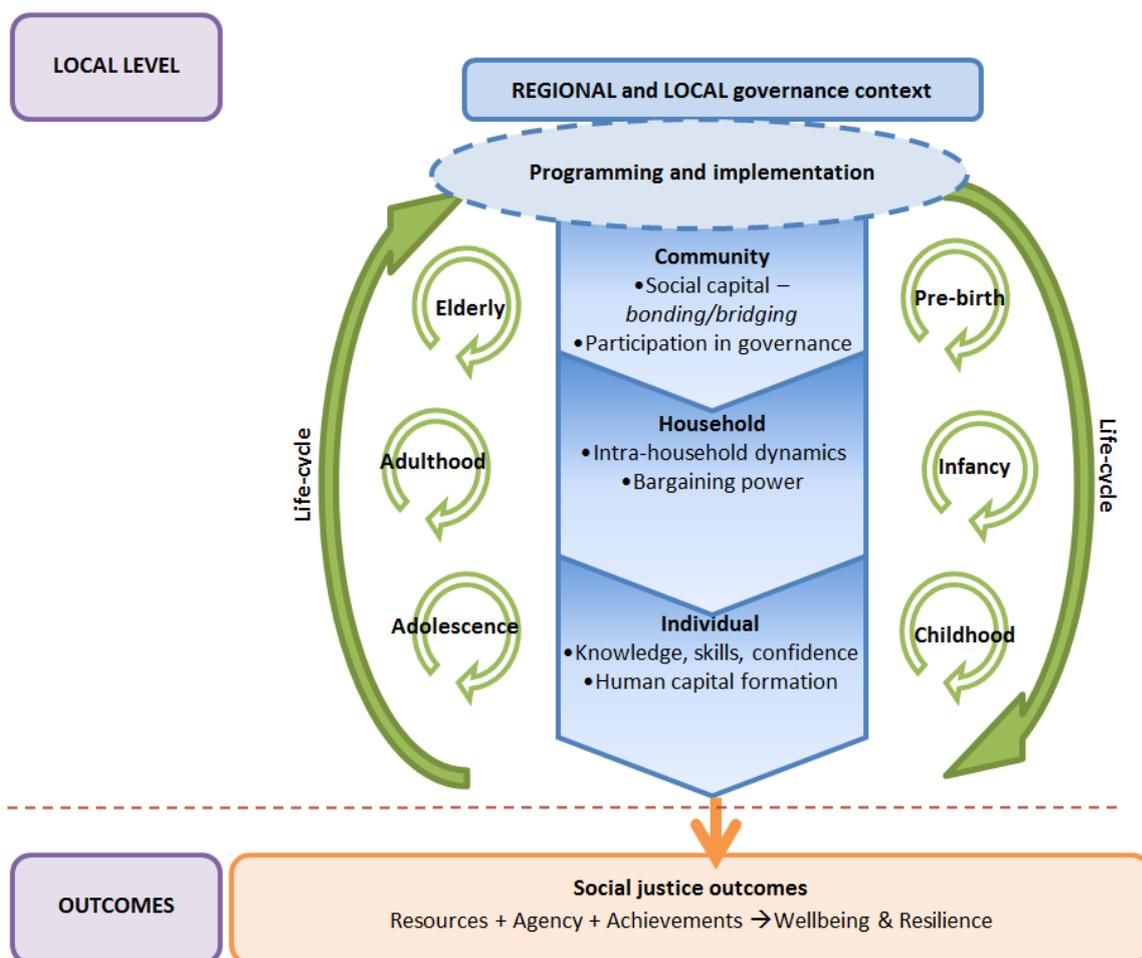
Kabeer’s conceptualisation of empowerment – as both a process for and an outcome of achieving social justice – is useful in helping us frame the pathways through which social protection programming affects people’s lives. Empowered individuals are able to make strategic life choices (those which represent valued ways of ‘being and doing’) in three inter-related dimensions (Kabeer, 2001):

- **Resources:** economic, human and social resources (including relationships) which serve to enhance the ability to exercise choice.
- **Agency:** the ability to define one’s goals and act upon them. Agency encompasses both ‘power within’ and ‘power with’, emphasising the value of individual and collective decision-making.

- Resources and agency together constitute capabilities: the potential that people have for realising **achievements** in valued ways of ‘being and doing’. We frame achievements within the context of relational well-being (the extent to which people can engage with others to achieve their goals) and subjective well-being (the meanings people attach to the goals they achieve) (Jones and Sumner, 2011).

To achieve social justice, social protection programmes must go beyond a safety net approach and seek to empower individuals and groups to tackle inequalities. Programmes can be designed to promote empowerment, helping to reduce inequalities between different household members and also among different social groups at the community level. Programme design, including targeting, and implementation systems should therefore be informed by the specificities of intra-household dynamics as well as consider the nuances of community relationships and pre-existing tensions between and within social groups, with multiple vulnerability criteria where necessary to ensure inclusion (Chronic Poverty Research Centre, 2008: 48).

Figure 3: Local-level influences, sites of impact and social justice outcomes



While in describing the process of the development of the conceptual framework we have split it into different sections, the various components of the framework come together as can be seen in Annex 1.

As will become apparent in the report, the various aspects of this conceptual framework are brought out in different sections. Thus, for instance, the section on country background context addresses the structural dimensions and broader political economy issues, setting the scene for discussing the cash transfer programme. Because programmes do not operate in a vacuum, discussions around programme governance and accountability address the governance and implementation environment, while findings on individual, household and community dynamics address local-level influences. Our

final concern is social justice outcomes, both individually and collectively, for the marginalised group the study is focusing on – in this case, female-headed households.

3 Context and historical emergence of social protection in the West Bank

3.1 Political and historical background

The Palestinian people have been exposed to a wide range of vulnerabilities since 1948, when several hundred thousand Palestinians expelled from Israel took refuge in the West Bank, Gaza Strip, and surrounding Arab countries. Since then, the Palestinian Territories and diaspora have experienced numerous internal and external clashes with Israel, including the 1967 war, the Arab-Israeli war in 1973, the Lebanon-Israeli war in 1982, the First (1987-1993) and Second (2000-2005) Intifadas, the Lebanon-Israeli war of 2006, and multiple confrontations between Israeli security forces, the Palestinian Liberation Organization (PLO), Hamas, and other political organisations.

These conflicts have all contributed to loss of life, land and livelihoods for Palestinians living in these territories, contributing to increased numbers of refugees and internally displaced people, weakened social networks, psychological and emotional difficulties, poor housing and sanitation, and high poverty rates. Internecine violence between Hamas and Fatah has put additional stress on Palestinian society, culminating in direct armed conflict between both groups in 2006-07 – although recently, in 2011, a tenuous political reconciliation was begun. These cycles of political instability, combined with continued Israeli occupation of the West Bank, control of its borders and the building of the separation wall, which drastically restricts freedom of movement and trade, and cycles of international sanctions against Palestinian militancy (particularly the Gaza blockade instituted after the Second Intifada) continue to negatively affect the lives of Palestinians.

The political entities of the West Bank and Gaza first arose in the wake of the Oslo Accords in 1993. Although both areas originally operated under the leadership of the Palestinian Authority (PA), Hamas has asserted independent political control of the Gaza Strip, while Fatah remains the dominant political force in the West Bank. The West Bank itself is divided into three administrative areas: Area A is fully administered by Palestinians, Area B features Palestinian civil administration and Israeli security administration, and Area C remains under full military and civil control of Israel. The majority of West Bank Palestinians (55%) live in Area A, 41% in Area B, and 4% in Area C (World Bank, 2011a).

Economic context

The OPT is currently classified by the United Nations Development Programme (UNDP) as an area of medium human development, with an overall Human Development Index value that has, with the exception of a small decrease between 2006 and 2008, slowly improved since 2003 (UNDP Human Development Reports, 2003-2011). The West Bank has a population of 2.48 million (PCBS, 2009a) of which approximately 848,000 are refugees and 40,000 are of Bedouin origin (Mihlar, 2011). The Second Intifada in particular, however, marked a drastic rise in the territory's poverty rate, from 20.1% in 2000 to 45.7% in 2001, and this has remained more or less constant since (World Bank, 2011a).

The OPT's economic growth rate is driven principally by the West Bank; while the combined annual growth rate of the two territories was 6.8% in 2009, this disaggregated to 8.5% and 1% respectively (ibid). These disparities are exacerbated by a 'West Bank First' policy adopted by Israel and Western donor states, which features a focus on West Bank development to the exclusion of Gaza, in the hope of destabilising the Hamas government (UN OCHA, 2006; Samhuri, 2007). It is worth noting, though, that West Bank economic growth is largely donor driven and not sustainable (World Bank, 2011a).

Poverty and vulnerability

As a result, considerable and increasing variation exists in poverty rates between the West Bank and Gaza, with poverty in the former region in steady decline over the past few years (World Bank, 2011a). In both the West Bank and Gaza, poverty risks are strongly linked to disadvantages in educational attainment, variations in the labour market, and family size (PCBS, 2012b; Shaheen, 2012). In 2010, however, although 26% of Palestinians lived in poverty, this rate was 18% in the West Bank, compared with 38% in the Gaza Strip (PCBS, 2011b). Likewise, the rate of extreme poverty in 2010, according to consumption patterns, was 9% in the West Bank and 23% in Gaza Strip (ibid). A 2010 survey by the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP) found that food insecurity affects 22% of West Bank households, and 52% of homes in Gaza (FAO/WFP, 2011).

As the World Bank notes, the poverty context in the West Bank and Gaza is somewhat unique in that it *'is not correlated with poor human development outcomes'*. The West Bank and Gaza are, in fact, *'stellar performer[s] on many dimensions of human development ...'* (World Bank, 2011a). Life expectancy, literacy rates, and in particular, childhood health and education indicators are much higher than in countries with similar per capita incomes (ibid). Among children under the age of five, for example, only 11% suffer from stunting, while the rate of children affected by wasting (1%) is on a par with the United States and seven times lower than the middle-income average. Similarly, by 2005, primary school enrolment was at 86%, with gender parity (ibid). The World Bank considers such statistics to be an indication of the fact that the Palestinian Authority has invested in human capital *'in a sustained and effective manner'* (ibid). In 2010, the UNDP also judged progress towards achieving the Millennium Development Goals as *'favourable'*, with the exception of MDG 1, to reduce income poverty by 50% (UNDP, 2010a).

Sotnik (2011) suggests that poverty in the OPT is *'largely explained by structural economic factors and labour market outcomes, linked explicitly with the long-term occupation by Israel'* (Sotnik, 2011: 1). This is particularly evident with regard to the weak labour market across the OPT, which has the highest unemployment rates in the MENA region, itself an area of high unemployment compared with the rest of the world (World Bank, 2011a). Indeed, in 2011, although the West Bank continued to enjoy a moderate rise in employment, the unemployment rate stood at 22% (UNRWA, 2011a). Young people and women are particularly vulnerable. According to a recent labour force survey by the Palestinian Central Bureau of Statistics (PCBS), approximately 37% of young people aged 15-29 are currently economically active, disaggregating to 39% in the West Bank and 33% in the Gaza Strip (PCBS, 2012a). Women also had a higher rate of unemployment (28%) compared with a rate of 21% for young men (aged 15 and above) (ibid).

The West Bank's current labour situation is inextricably linked to Israeli policy in the wake of the Second Intifada, including the mobility and trade restrictions imposed by the separation barrier regime. Within the West Bank, the Israeli-built wall adversely affects 4 out of 10 Palestinians, severely restricting travel to jobs, hospitals and schools within and outside the West Bank via a system of checkpoints, road closures, and physical restrictions (The American Task Force on Palestine, 2005). Land access and movement restrictions, especially in Area C, have harmed the welfare of farming families who find it increasingly difficult to access their land and markets (Shaheen, 2012).

Curfews also restrict income-generating opportunities for daily wage workers by diminishing labour demand and impeding regular wage workers – particularly low-skilled labourers – from reaching their place of business or seeking employment in Israel (World Bank, 2010b; World Bank, 2011a). The end of financial sanctions in 2007 and improved private sector confidence under Prime Minister Fayyad's Government have led to some rebound in growth in the West Bank, although not in Gaza (World Bank, 2011a). However, Israel's policies and the unresolved conflict continue to be a major driver of poverty and vulnerability.

Refugees constitute the largest vulnerable group in the West Bank (see Box 1). Other key vulnerable groups include: women and female-headed households, as well as households headed by a male adult following full-time post-secondary study; orphans or vulnerable children; families of imprisoned breadwinners; families of those serving compulsory military service; and political prisoners and ex-detainees. All of these groups suffer considerable economic, social and psychological disparities and risk of marginalisation (Shaheen, 2012). In the West Bank, the number of registered refugees living in

one of the 19 refugee camps was 211,665 – a sizeable figure but still far smaller than the 526,891 refugees in Gaza (ibid).

Box 1: Refugee vulnerability in the West Bank

The Occupied Palestinian Territories (OPT), by the very nature of their historical origins, are defined by large numbers of refugee and internally displaced populations. Refugee populations fall under the mandate of the United Nations Relief and Works Agency (UNRWA), unlike the rest of the world's refugees, who fall under the remit of the United Nations High Commissioner for Refugees (UNHCR). The number of UNRWA-registered refugees rose gradually in the aftermath of the 2000 Intifada; figures stood at 607,770 in the West Bank and 852,626 in the Gaza Strip in 2001, and 848,494 and 1,167,361 respectively in 2011 (UNRWA, 2012).

From this 2011 peak, the number of registered refugees in the West Bank has declined slightly, but the situation in Gaza remains unchanged. In the Gaza Strip, just under 50% (526,891) of registered refugees lived in one of the eight existing UNRWA refugee camps (ibid). In the West Bank, the number was just 211,665 (though up 48,562 from 2001) in 19 camps (ibid). The figures for internally displaced persons (IDPs), similarly, showed a worrying trend, driven by demolitions of homes in some parts of the West Bank and farmers' loss of access to land and livelihoods near the barrier. Figures spiked in 2009 following the Israeli offensive in Gaza, which displaced more than 100,000 people; since then, the number of IDPs has fallen by 90,000 to 160,000, an increase on the 2003 figure of 12,700 (IDMC, 2011).

Refugees continue to exhibit high levels of food insecurity, at levels of 20% in the West Bank and 42% in Gaza. Moreover, West Bank refugees are exposed not only to the full range of protection concerns which the non-refugee population faces, largely arising from occupation policies, but have fewer assets and community support structures with which to face these challenges. Refugees are also denied equal access to services and assistance provided by the Palestinian Authority (PA), the UN, and NGOs, with UNRWA (the primary provider of refugee support) offering a lower level of assistance than cash and food transfers distributed by the PA's Ministry of Social Affairs (MoSA) to non-refugee Palestinians. As a result, UNRWA notes that West Bank refugees are also increasingly vulnerable compared with non-refugees, particularly those residing in the region's 19 refugee camps (UNRWA, 2010a; 2010b).

Gender-specific vulnerabilities

This study highlights the situation of female-headed households, revealing the greater risks and vulnerabilities that many women experience in the OPT. Despite high levels of education and participation in civil society, women remain particularly under-represented in public and economic life in the OPT. This is due to traditional societal norms and is also a result of the Israeli occupation, which has a disproportionate effect on the informal economy and other areas often dominated by women (Azzouni, 2010). Women's participation in the OPT labour force, at less than 16% between 1999 and 2009, is consistently one of the lowest rates in the MENA region and the broader developing world.

The overall rate of paid employment among women in the OPT is very low and has remained relatively static over the past 15 years: from 1995 to 2006 it was 12.1% compared with 68.1% for men, while as recently as 2010, men's participation in the labour market stood at 67% compared with 14% for women (MoSA, 2011). The female unemployment rate is especially high among better-educated women (i.e. those who have completed 10 or more years of education) (PCBS, 2012a). Moreover, wage gaps remain between men and women employed for identical work, while few women across the OPT possess high-level jobs (PNA/UN Women, 2011). Nonetheless, female workers and young people have become more likely to seek survival strategies for alternative income, particularly when the male head of their household is unemployed; most end up in unprotected, often risky, low-paid domestic or unpaid agricultural work, which men are unwilling to adopt due to the lack of status and low wages associated with those types of work (World Bank, 2010b).

Women are also subject to a variety of other vulnerabilities across the OPT and within the West Bank. Many women of reproductive age suffer disproportionately from malnutrition and anaemia, related to early marriage and successive pregnancies, while most women are quickly discharged from hospital only hours after giving birth (PNA/UN Women, 2011). Postnatal care rates across the OPT are under

30%, although in theory government health centres offer such services. A gender gap also exists in literacy rates, with a female illiteracy rate of 9.5% in 2007 compared with just 2.4% for men (ibid). Women also encounter serious levels of domestic violence: a study conducted in 2005 found that 62% of ever-married women across the OPT had experienced psychological violence, 23% had experienced physical violence, and 11% had experienced sexual violence at least once by their husband during that year (PCBS, 2007a).

Palestinian society also has one of the highest fertility rates in the Arab region, a function of several related factors that place a strong socio-cultural value on large families. These include the anticipation of future help in assisting the family to maintain economic stability, taking care of parents in older age, compensation for family loss in cases of conflict and/or migration, and fertility as a form of political resistance. The average household size in the OPT was 5.8 persons in 2011, compared with 6.4 in 1997: this disaggregates to 5.6 persons in the West Bank and 6.3 persons in the Gaza Strip (PCBS, 2011b). Higher educational attainment among women and men, economic hardship, and greater awareness of and access to family planning services is gradually encouraging a decline in fertility. Nonetheless, despite widespread knowledge about family planning and availability of services, about 30% of women who reported not wanting another child are not using any form of contraception. Moreover, as of 2010, only 52% of married women aged 15-49 in the OPT use family planning methods (most commonly oral contraceptives), with a slightly higher rate (55%) in the West Bank than Gaza (48%) (Hammoudeh and Abu-Rmeileh, 2009; Wick, 2010).

Vulnerabilities facing female-headed households

Female-headed households represent a particularly vulnerable population: they face social and cultural discrimination, which limits their mobility, and often lack employment skills and ready access to extra labour. Female-headed households (i.e. those led by widowed, divorced, separated, single-never-married women, and women with imprisoned or absent male heads) represented just 9.1% of the total number of OPT households, and 7% of those in the West Bank, as of the most recent 2007 PCBS survey (PCBS, 2006). Several authors suggest, however, that female-headed households are more prevalent in the West Bank and Gaza Strip than commonly assumed, due to methodological limitations in existing census and survey data, which fail to differentiate between *de jure* and *de facto* female heads (a difficult distinction given the tendency of many women to under-represent their home responsibilities) (Abdo, 2006; Khalifa, 2010).

Within the West Bank, the highest percentage of female-headed households comes from Hebron district (20%), followed by Nablus, Ramallah, Al Bireh, and Jenin. The majority (65%) of female-headed households are in urban locations (compared with 27.6% in rural areas and only 7.7% in refugee camps). More female heads (76.3%) are aged 45 or above (Khalifa, 2010). Among female-headed households, widowed women face unique challenges. According to PCBS statistics (2007, cited in Khalifa, 2010), most female-headed households (61%) are widowed, followed by married (18%), never married (12%), divorced (5%) separated (2%), and engaged (2%). Widows also have the largest illiteracy rate among these groups, at 54%, and are the least economically active, with a labour market participation rate of just 8% (ibid; PCBS, 2009b).

Although female-headed households form a relatively small percentage of the total population of poor Palestinian households, poverty rates are consistently high for households maintained by women (World Bank, 2011a). As of 1998, 26% of female-headed households lived below the poverty line, compared with 20% of male-headed households (ibid; MoSA, 2011). By 2007, following the collapse of the OPT economy after the Second Intifada, these percentages had increased to 61.2% and 56.9% respectively (UNECOSOC, 2010). (In 2010, there were 23,711 refugee female-headed households in the West Bank, with 33% food insecure and 27% vulnerable) (UNRWA, 2010a). In one study of female heads by Khalifa (2010), 8% of the sample earned an income of 1,000 NIS or less – i.e., below both the 2007 poverty and deep poverty lines. Many relied heavily on either welfare assistance as their main source of income or on the limited income of a single working adult. For those female-headed households with illnesses, their poverty level forced them to take on low-paid jobs with long hours. Moreover, the female-headed households West Bank survey shows that only 13% of the female heads are economically active, while 37% of employed female heads of household are food insecure and fail to generate sufficient income to lift their families out of poverty. While female-headed households tend to possess a lower ratio of children to adults, their family size is still large (an average of 5.8 persons per family in 2009), and reflects a high dependency ratio of adult members on a single income earner (ibid).

Evidence also suggests that separated and divorced female head of households have less access to social support than those who are widowed or married. The small-scale survey by Khalifa (2010) showed that in a sample of West Bank female head of households, 45% identified welfare assistance as their main source of income. Indeed, the Social Safety Net Reform Project (SSNRP) explicitly identifies female-headed households as among those '*most likely to receive assistance*', while according to the 2008 Joint Rapid Food Security Survey, of the 19% of households that received MoSA assistance, 60% were female-headed (WFP/FAO/UNRWA, 2008; World Bank, 2010b). However, many women rely on more than one source of income, and may draw on both government welfare and non-governmental funding sources simultaneously, as well as a range of informal social assistance mechanisms. Due to poor coordination within the Palestinian social protection sector, however, some women consulted by Khalifa (2010) have in the past reported confusion and potential tensions arising from one or more contributing agency when they discover these women's alternative sources of funding (ibid).

Estranged female household heads have also complained that their access to government welfare programmes is often impeded by the difficulty in disproving that they might still be receiving some income from deserting husbands (ibid). Government and UNRWA conditionalities for female-headed households to be eligible for assistance also require that there is no unmarried young male in the household, which is often challenging when young adult males are either unemployed or underemployed with low monthly salaries (ibid). While MoSA runs several promising vocational training projects aimed at women's empowerment, female household heads also note the need for better dissemination of information about such opportunities (ibid).

Social protection in the West Bank: opportunities and challenges

The political and economic environment of the West Bank offers opportunities as well as challenges for the formation and implementation of social protection policies and programmes. Strengths include a firm political national will to protect vulnerable groups, the emergence of a coherent social protection policy, and a strong international commitment to assist the Palestinian people (PNA, 2010a). The concept of social security also enjoys a strong foundation within the Palestinian Basic Law. Article 22 states that '*social, health, disability, and retirement insurance shall be regulated by the law*', while Article 25 also stipulates that '*work is a right for each citizen*', and calls, to this end, for '*the regulation of labor relations to ensure Security and justice for all, welfare, social and health care for workers*' (Palestinian Basic Law, 2003).

Social protection programming, however, also faces several serious challenges in the West Bank. As discussed in further detail in Section 6, internal and external constraints include, among others, the weakness of the economy, fragmentation of social protection institutions and providers, a lack of transparency, and the continuation of the Israeli occupation (PNA, 2010a). Mobility restrictions imposed by the 'barrier regime' also challenge social protection in other ways. As the World Bank (2011) notes, for example, informal assistance networks made up of relatives and friends, which traditionally represent an important alternative source of social support, have diminished in recent years as a result of the increasing severity of internal mobility restrictions on the flow of goods and services in the West Bank (World Bank, 2011a). Likewise, families and individuals now located in Area C of the West Bank as a result of the barrier division cannot access social, health and education services from Israeli authorities on the other side of the barrier, while the PA itself is severely restricted from access to East Jerusalem to provide those same services (MoSA, 2011). Moreover, as a result of the West Bank's lower level of poverty relative to Gaza, the allocation of national and international resources to combat poverty in the OPT have tended to favour Gaza.

'Social assistance, whether provided by the PA or any other organizations, is much less widespread in the West Bank than in Gaza. Across the years, for the entire population and even for all quintiles of the expenditure distribution, coverage rates from any of the sources of aid remained in the single digits ... However, in the context of near 20 percent poverty incidence, these single-digit coverage rates do raise some concerns.' (World Bank, 2011a)

Social protection infrastructure: government agencies

The Palestinian social protection sector is comprised of a diverse, often overlapping and occasionally competitive network of government bodies, NGOs, private charities, UN agencies, and international organisations (PNA, 2010a). Within this broad set of institutions, the Ministry of Social Affairs (MoSA)

is the key government body tasked with creating, implementing and managing social protection policies in both the West Bank and Gaza. It operates through 17 directorates and 15 branch offices; an additional 33 centres across the OPT provide specialised services to target households and groups with particular needs (PNA, 2010a).

MoSA also works with several other government organisations responsible for the delivery of social protection programmes. These include the Support of the Families of Martyrs and Injured Citizens Foundation, which offers care to families of Palestinian ex-combatants and injured citizens inside and outside Palestine, including the provision of monthly cash allowances, educational services, and health insurance (PNA, 2010a). The Ministry of Detainees and Released Detainees and the Presidential Committee both provide services and in-kind assistance to Palestinian political prisoners held or formerly held within Israeli prisons (ibid). Health insurance is also provided to almost 65,000 poor and extremely poor families by the Ministry of Health (MoH) in coordination with MoSA (Shaheen, 2012). School fee exemptions for the poor and extremely poor are also provided by the Ministry of Education (ibid). Currently under approval, a national health insurance scheme will cover all Palestinians, with particular emphasis on poor and vulnerable families (PNA, 2010a).

Social protection infrastructure: non-government bodies

As well as government agencies, a large number of non-government charities and NGOs provide social assistance to poor households, orphans and other vulnerable groups. Supervised by the Ministry of Awqaf and Religious Affairs (MoWRA), Zakat committees are one of the most prominent groups, providing programmes worth \$30 million in financial and in-kind assistance (PNA, 2010a). The Palestine Red Crescent Society (PRCS) also provides assistance to vulnerable families across the OPT, providing healthcare and psychosocial services among other support to vulnerable and marginalised groups such as people with disabilities, older people, and children with special healthcare needs. The Emirates Red Crescent provides financial support (grants of 200 NIS per month) to 2,500 orphaned children (Shaheen, 2012). More broadly, more than 700 other charitable societies (including humanitarian and international NGOs) carry out a wide range of social development initiatives and direct service provision for vulnerable social groups, including cash and in-kind assistance, vocational training, and medical rehabilitation. These groups also function as lending institutions, providing facilitated loans to poor households in order to encourage economic empowerment (PNA, 2010a).

The West Bank also remains heavily dependent on international assistance, particularly from UNRWA, which is the most influential international organisation currently providing relief and social protection services within the OPT (Shaheen, 2012). UNRWA provides primary healthcare, basic education, poverty reduction programmes, and immediate support and relief to refugee poor households and marginalised groups. However, due to chronic budget limitations, UNRWA's ability to meet the needs of refugees across the OPT is severely constrained (ibid). In addition to UNRWA, the European Union (EU) is a primary funder of the Palestinian Authority (PA)'s social assistance programmes (particularly its cash transfer scheme); WFP and FAO both provide food assistance to poor households via MoSA and charitable organisation partnerships, and the World Bank offers limited cash assistance to poor households (Shaheen, 2012).

Cash transfer programmes in the West Bank

The establishment of the social protection sector in the OPT dates back to 1967 with the start of the Israeli occupation of the West Bank and Gaza. From that time, until 1994, when the PA was established, social protection assistance to poor and vulnerable Palestinians was delivered under the auspices of the Israeli administration. From 1994, an increasing number of social protection programs were run by the PA under MoSA, including two major cash transfer programmes – the EU Social Hardship Case (SHC) programme, which was rolled out in 2006, and the Social Safety Net Reform Project (SSNRP) financed by the World Bank and launched in 2007 (World Bank, 2012a). These, along with other government and non-government programmes, operated in a highly fragmented way, hindering effective coordination and coherence, and were ultimately limited in their overall impact on poverty reduction. The absence of a unified database across humanitarian and social assistance programmes delivered by MoSA and other organisations was also affecting targeting accuracy and decision-making (World Bank, 2012a; World Bank, 2012e; MoSA, 2011).

The two main cash transfer programmes – the SHC and the SSNRP – applied different targeting criteria, standards of payments, and entitlement rights, posing significant challenges to transparency,

governance and accountability. The SHC was the largest cash transfer programme in the West Bank and Gaza, in terms of funding allocation and coverage. Eligibility was assessed during home visits by social workers, using categorical classifications that prioritised vulnerable groups such as children at risk, women, older people, and people with disabilities. The SSNRP was a smaller programme and used objective measures to estimate household consumption. Its targeting was dependent on a proxy means test formula (PMTF) through which households living below the poverty line were identified and classified as poor (MoSA, 2010; World Bank, 2012a). Key informant interviewees widely indicated that one of the main problems with the SHC programme was the lack of transparency of its targeting mechanism, which relied on social workers' subjective assessment, and which opened the door for favouritism and nepotism in the selection of beneficiaries.

In the mid-2000s, there was growing recognition among key stakeholders and particularly the PA, MoSA, and international donor partners such as the EU and the World Bank that despite the significant role that social assistance was having in poverty reduction and mitigation in the OPT, there was room for increasing efficiency gains through improved targeting, coverage, and coordination. This provided the springboard for the major reform that the Palestinian national social protection sector has recently undergone. In 2011, the 2011-13 Palestinian Reform and Development Plan (PRDP), supported by the Multi-donor Palestinian Reform and Development Plan Trust Fund (PRDP-TF, see also Section 6), mandated MoSA to lead an ambitious reform of the social protection sector (MoSA, 2010).

A key step in the reform process has been the formulation of a social protection strategy in 2010 – the Social Protection Sector Strategy (SPSS) for 2011-13, led by MoSA. The driving vision of the SPSS is: *'[a] decent life for the Palestinian citizens on the path to sustainable human development in the independent Palestinian state'*, with social protection seen as a responsibility and duty of the PA towards citizens (MoSA, 2010: 12). Its main goals are to: (1) alleviate poverty among Palestinians; (2) care for and empower weak and marginalised groups (including people with disabilities, older people and children, among others); (3) form and reinforce social security in an effort to maintain an integrated social security system; and (4) develop the legislative and institutional environments and the cooperation to achieve objectives of the social protection sector (ibid).

The Palestinian National Cash Transfer Programme (PNCTP) is the main component of the SPSS and the largest social transfer programme administered and implemented by MoSA in terms of both coverage and funding; this programme alone represents approximately 1% of national gross domestic product (GDP) (World Bank, 2012a; MoSA, 2011). The programme seeks to mitigate poverty in the West Bank and Gaza by providing cash assistance to poor and extremely poor Palestinian families. The cash transfers are complemented by a package of assistance, including in-kind support in the form of access to education and health services, and food. A detailed examination of the functioning of the PNCTP is undertaken in Section 6.1.

In the West Bank, the programme was launched in June 2010 following the merging of the SHC and the SSNRP with the objective of *'unify[ing] the two main CTs of MoSA into one central, transparent, fair, accountable and relevant program which would integrate and lead other national CTs and mobilize all resources for better addressing poverty in Palestine'* (PNA, 2010b). In the words of the Minister of Social Affairs, who was interviewed for this study in Ramallah:

'The main objective of the unification was to help Palestinian families living in extreme poverty by providing them with a just, equitable and transparent cash transfer to allow them to live in dignity.'

In line with the rights-based approach to social protection adopted in the SPSS outlined above, the Minister defined the cash transfer programme as *'a right of the citizens of Palestine'*, with the citizens being *'the responsibility of the PA'*.

4 Methodology

4.1 Research objectives, themes and questions

Key primary field research objectives included:

- exploring the views, experiences and perceptions of Palestinian National Cash Transfer Programme (PNCTP) beneficiaries and other community members (non-beneficiaries) in order to ensure that they are better reflected in policy and programming
- gathering perceptions and experiences from programme implementers
- providing examples of best practice on how to involve beneficiaries and communities in participatory monitoring and evaluation (M&E) of cash transfer programmes
- building the capacity of national researchers in qualitative and participatory data collection and analysis.

The conceptual framework (see Section 2) provided a tool to guide this inquiry into beneficiary perceptions of cash transfer programming within the context of social justice outcomes. Social protection programming does not operate in a vacuum, and thus we addressed the structural dimensions and broader political economy issues, including state-citizen relations, to contextualise this operating space. This provided an important starting point to understand both the multidimensional nature of risk and vulnerability and the drivers of programme impacts at the local level, as uncovered in the fieldwork. How individual, intra-household and community dynamics (including social cohesion, exclusion and stigma) interact with these influencing factors to achieve social justice outcomes for female-headed households, both individually and collectively, is central to our theory of change for transformative social protection.

Research themes included sets of questions around views on programming to date and on the potential for future programming. Box 2 presents more detailed questions.

Box 2: Research questions

1. Views on programming to date

What are the positive and negative effects of cash transfer programmes according to beneficiaries/community members?

What are the social costs and benefits of taking part in cash transfer programmes?

What are the intended/unintended effects?

- Service access
- Human capital outcomes
- Voice, empowerment and agency
- Time use
- Access to and income from income-generating opportunities
- Intra-household, social status, distributional and multiplier effects of cash transfers in the larger community

What are beneficiaries' and programme implementers' perceptions of process and design issues/implementation modalities (cash, payment via phone card, etc.)?

In their view:

- Was the programme correctly targeted?
- Were the mechanisms for identification of beneficiaries appropriate?
- Were the processes, mechanisms, timing and frequency of the distribution of benefits appropriate?

- Was the amount of the transfer appropriate?
- Did the transfers reach the intended beneficiaries?
- Were any complementary activities useful in reducing economic and social risks and vulnerabilities and promoting resilience and well-being?

What do they think about accountability processes?

- Was the programme fairly executed?
- Were there opportunities to voice complaints?

How do gender, age, ethnicity or caste, (dis)ability and illness, etc. affect the outcomes of cash transfer programmes?

Do cash transfer programmes affect men, women, girls, and boys differently? If so, how, and why?

Is delivery of services affected by prejudicial attitudes of staff towards beneficiaries on the grounds of ethnicity, race or class?

What are the effects (if any) of patronage systems on attitudes and delivery of services?

What effect do cash transfers have on social cohesion at community level?

Have cash transfers had either positive or negative effects on social cohesion at community level?

Have they strengthened or weakened traditional social protection mechanisms within the community?

What effects do cash transfers have on social capital formation – both horizontally (among other community members) and vertically (especially with authorities and service providers)?

What effects do cash transfers have on state-citizen relations in terms of conceptualisation of a social contract, understanding of rights and entitlements, etc.?

2. Views on potential for future programming

How can the perceptions/experiences of beneficiaries be incorporated into the design, implementation and M&E of cash transfer programmes?

How can beneficiaries/communities members be empowered to take part in the design and M&E of cash transfer programmes?

What incentive structures could be put in place to improve the efficiency of cash transfer delivery and services and alter potentially negative behaviours?

4.2 Research tools and sample

The study used a range of qualitative and participatory research tools (see Table 2 for a summary, and also Annex 2), which were designed and sequenced to build up a rich picture of the impacts of the PNCTP in the West Bank at individual, intra-household and community levels.

Table 2: Summary of qualitative research tools used

Instrument	Purpose	Target population	Jenin	Hebron	Anata, Jerusalem	National/ international Ramallah and Jerusalem	Total number of interactions
A review of the secondary published and grey literature on social protection, poverty and vulnerability, with a particular focus on vulnerabilities faced by female-headed households	To ascertain extent of existing knowledge base and to contextualise primary research findings	n/a	Yes	Yes	n/a	n/a	n/a
Historical timeline	To understand community history and significant events with beneficiaries and non-beneficiaries in order to contextualise primary research findings, and especially the life histories	Communities in research sites	8 women aged above 40 years old, 3 beneficiaries and 5 non-beneficiaries	Total 12 females, (3 beneficiaries and 9 non-beneficiaries) from Hebron			2
Social and institutional mapping	To understand the social and institutional context for programme implementation	n/a	At beginning: -Total 6 middle-age community non-beneficiary women	At beginning: -Total 10 non-beneficiary males from Hebron city above 50 years old			2
Key informant interviews (KIIs) with different representatives with relevant government sector actors, NGOs, and	To discuss key vulnerabilities and programme dynamics with experts in relevant sectors; also to explore political economy dynamics of	Government sector actors, NGOs, and international and donor agencies/ stakeholders	11 KIIs, 3 females (one social worker + women's group leader + technical supervisor (MoSA)) + 8 males (2 MoSA, director and assistant director of	6 KIIs (4 females from MoSA directorate + one school teacher + one male member of SPN)	One with a community Bedouin leader in Anata	6 international + 8 national = 14 6 international (5 female and 1 male)	32

international and donor agencies/ stakeholders	the programme at national and sub-national levels		Jenin Directorate + 2 social protection network members + member of Zakat committee+ technical supervisor Tubas)			8 national (4 female and 4 male)	
Individual in-depth interviews (IDIs) with different types of beneficiaries	To understand experiences of individual programme beneficiaries in detail	Communities in research sites	10 IDIs - 9 female beneficiaries (4 under 40 years old and 5 above 40) and 1 younger male (son of a beneficiary woman)	10 IDIs -5 in Aroub camp (one younger male beneficiary, one older male beneficiary and one mixed age beneficiary family) -5 older and younger women beneficiaries in Hebron city -One younger male (son of a beneficiary)	3 Bedouin women beneficiaries (one older, one middle-aged, one young)		23
Focus group discussions (FGDs) with male and female beneficiaries, implementers and non-beneficiaries including male and female community groups	To discuss key strengths and weaknesses of the cash transfer programme with beneficiaries and non-beneficiaries To discuss programme reform processes with social workers	Communities in research sites	7 FGDs -6 female FGDs and 1 male FGD: -2 female FGDs from Jenin refugee camp (one younger and one older) -2 female FGDs in Jenin city (one younger and one older than 40) -One female FGD from non-camp refugees in Jenin city -Older than 40 years -One male FGD in the city	5 FGDs -One in Aroub camp (one younger and one older female beneficiaries) -2 female Bedouin beneficiaries in Anata (one older and one younger) -one FGD with MoSA director and social workers	2 female FGDs with beneficiaries from Hebron city (one younger and one older)		14
Life histories with older female and	Aimed at understanding the	Communities in research	5 life histories (one female beneficiary age	4 life histories: one young female			9

male beneficiaries	relative importance of the cash transfer in the life course of beneficiaries with more extended programme experience	sites	75 years from Jenin camp + one widow beneficiary 50 years old; one older widow graduated from the programme; one older non-beneficiary; one widow who had previously graduated from the programme) but reapplied)	beneficiary from Aroub camp; older woman beneficiary Aroub camp; young woman non-beneficiary Hebron; one 40-year-old beneficiary Hebron)			
Observations of programme processes (at MoSA offices; at banks)	Aimed to capture interactions and dynamics between service providers and programme beneficiaries	Service providers	-4 observations -MoSA directorate office: 2 hours -Follow husband and wife complaining process at the office: 2 hours - Observing beneficiaries at Palestine Bank receiving their cash: 4 hours -One observation at a supermarket where beneficiaries obtain their food assistance: 1.5 hours	-One observation in Hebron: Palestine Bank (3 hours)		-One observation of beneficiaries in Ramallah: AIQuds Bank (3 hours)	6
Analysis of vulnerability and coping strategies	Aimed to understand the vulnerability context of programme beneficiaries and their coping strategies	Communities in research sites	At beginning: -Total 6 middle-age community non-beneficiary women	At beginning: -Total 12 females, (3 beneficiaries and 9 non-beneficiaries) from Hebron			2
TOTAL							90

The above number and range of respondents interviewed, using a variety of different techniques and approaches, including participatory, was sufficient to obtain in-depth and triangulated information on both beneficiaries' and the wider community's perceptions of the CT. The number and range of respondents was also deemed sufficient since, unlike quantitative data which seeks to illicit as many responses as possible to be able to make conclusions which are statistically significant, with qualitative data once the research starts uncovering similar kinds of responses or once variation appears to have been captured to its fullest, the research has in a sense fulfilled its purpose. Thus the numbers above were sufficient to capture the ranges of experiences and perceptions of the CT in these sites.

Table 3: Total number of people who participated in all types of interviews by site and citizenship (residence)

	Hebron		Jenin		Total	
	Male	Female	Male	Female	M	F
1. City	11	80	11	57	21	137
2. Bedouins	1	23	-	-	1	23
3. Refugees	2	11	1	18	3	39
Sub-total	14	114	12	75	25	209
Total	127		87		214	

Reflecting a review of key poverty and vulnerability data (see Section 3), as well as in the interests of research manageability, our sample focused on female-headed households in urban populations – a major target group of the cash transfer programme and of our assessment – including refugee camp residents in Hebron and Jenin. Given the project’s broader focus on socio-political exclusion, we also included a Bedouin community to capture a diversity of citizen status and explore the ways in which citizen status interacts with programme participation dynamics.

The focus group discussions and in-depth interviewees were purposely selected according to pre-defined criteria (see Table 2 on page 32) – in the case of beneficiaries, from the list of cash transfer recipients provided by MoSA, and in the case of non-beneficiaries, on the basis of recommendations by local NGOs and community leaders working with impoverished households. For the case studies, community groups, life histories and key informants, we used a snowballing technique, selecting interviewees from the focus group discussions and in-depth interviewees, as well as through key informants from relevant organisational and policy channels.

4.3 Capacity-building

Capacity-building was conceptualised in a broad sense and covered: (1) research methodologies, including qualitative and participatory methods; (2) organisational capacity – for example, developing skills in organising training, and data collection and analysis processes; and (3) institutional capacity, including skills to develop risk assessment and mitigation strategies, carry out policy engagement and dissemination events, and prepare policy briefings. The principal investigator attended a regional training workshop on the methods and approaches to be used, including qualitative and participatory data collection, analysis and write-up. Skills in preparing outputs for different kinds of audiences, including policy-makers, donors and members of the community, were also developed, as well as skills around communication strategies and processes. There was also an opportunity to share and exchange views with principal investigators from the other countries involved in the study as well as members of the international team.

The OPT research team received training and support to enable the researchers to carry out qualitative and participatory data collection and analysis on issues that are often very sensitive and personal related to people’s experiences of poverty, vulnerability and social exclusion. The country team attended a five-day training session followed by piloting of the research tools before embarking on data collection. They were also involved in a two-day participatory debriefing exercise in order to tease out key themes, disentangle impact pathways, and identify similarities and differences across sites and at individual, intra-household and community levels.

4.4 Ethical considerations

Prior to the fieldwork, the research team submitted the proposed research to the local Helsinki committee in Gaza and received approval for conducting the research. It was agreed that recording of focus group discussions and in-depth interviews, including other types of visual documentation, should not be carried out without the consent of the interviewees. Interviewing children under 18 required both the consent of the parent/s and the child. It was agreed that if any ethical concerns arose during the research, these would be referred to local institutions in the respective research sites with the consent of the participant’s family. Researchers and field researchers were informed and made aware of ethical considerations during the training and throughout the fieldwork.

All stakeholders were contacted to inform them of the purpose and nature of the assessment methodology, including: MoSA, municipalities in Ramallah, Jenin and Hebron, local directorates, local leaders, and some NGOs working in the field. The consent of interviewees, especially women, was obtained verbally by the site coordinators during the recruitment phase and before the interviews. Written consent for those older than 18 years was not required by the local ethical committee.

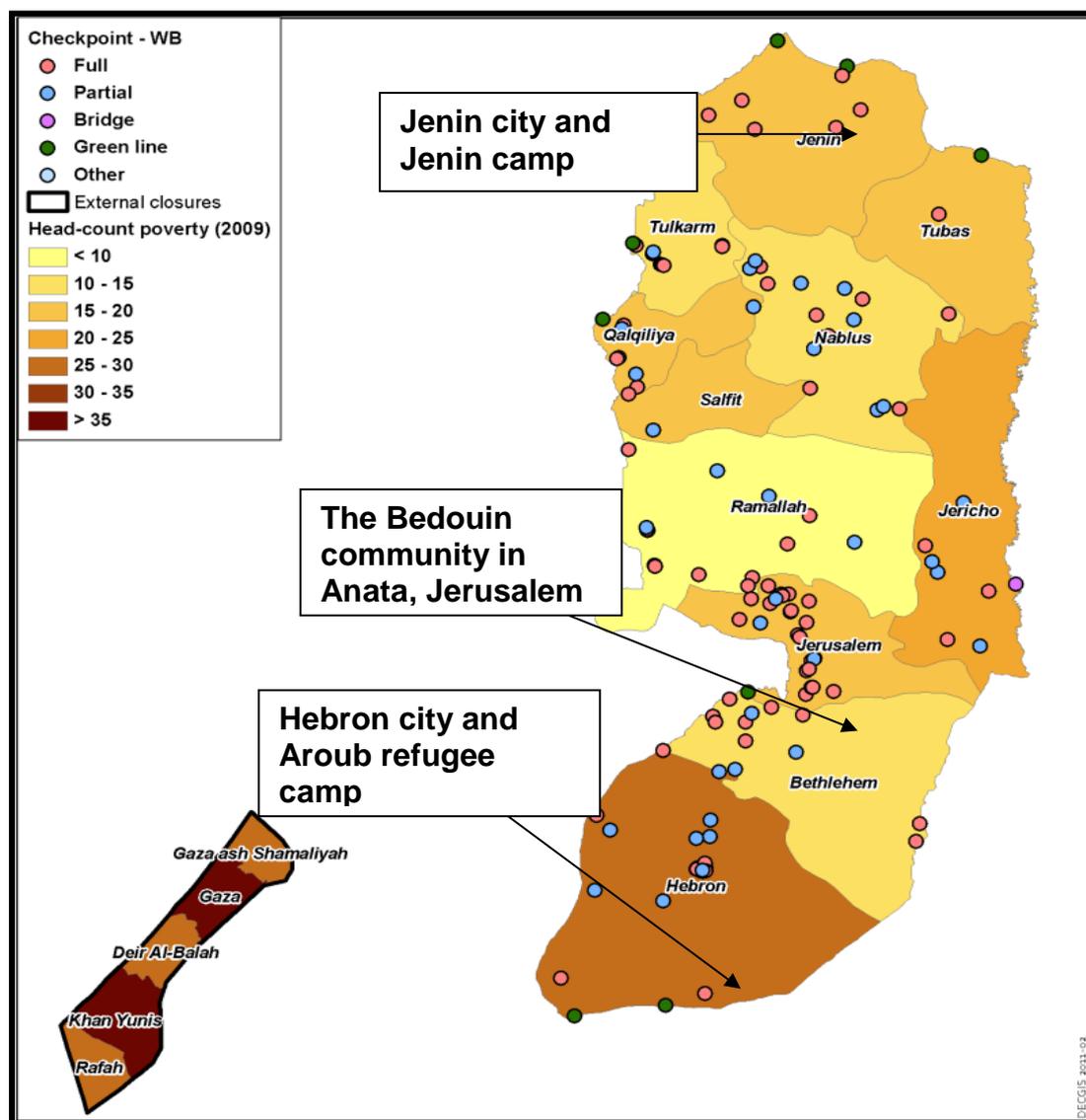
Participants were given an overview of what would be discussed in each interview, its purpose, the themes to be addressed, and reminded of their right to refuse to answer any question, to request clarifications, or to withdraw from the interview, and were assured that their names would not be used in the reporting or analysis. Some participants were initially suspicious of the researchers' intentions, questioning if they had anything to do with MoSA. The overwhelming majority of participants had no difficulty expressing their views, whether positive or negative. For example, when the researcher reiterated that people's names would not appear in the analysis, one of the older men in Jenin city said: *'No, I want them to know my name. I am not afraid and I want you even to record my voice and take my photo because we are talking from our hearts and cash assistance is our right.'*

For further details on the methodology, fieldwork and analysis process, please see Annex 2.

5 Description of study sites and respondents

We selected Hebron and Jenin due to their high poverty levels (see Figure 4 below) as well as their historical legacy of heightened socio-political vulnerability due to proximity to settler communities (Hebron) and associated political tensions and violence and incursions (Jenin). In order to put our primary research findings in context, in this section we provide a brief overview of key population, poverty and livelihood characteristics, as well as infrastructure and services, before turning to a brief discussion of the coverage of the Palestinian National Cash Transfer Programme (PNCTP) in each district (see Annex 3 for additional information on demographics and human development indicators in the two study sites).

Figure 4: Geographical distribution of poverty headcount in the West Bank (as of 2009)



5.1 Jenin

Population, poverty and livelihoods

Jenin has a relatively small population when compared with other governorates in the West Bank. In the 2007 census, it made up around 10% of the total population, at 256,619. Average household size was marginally below the average for the West Bank as a whole, at 5.3, and the birth rate is relatively high. A fairly substantial proportion of the population are refugees when compared with other governorates in the West Bank (32%). Poverty levels are higher than the West Bank average (18.3%), at 24.8% (UNRWA, 2010b; PCBS, 2012b).

Livelihoods in Jenin consist mainly of rain-fed subsistence agriculture. There is also a limited amount of mixed and livestock-based farming.¹ Even the economy of the city of Jenin is primarily based on agriculture (World Bank, 2011a: 67). However, beyond agriculture, there is a small services sector in the north of the governorate.

¹ Number of agricultural holdings in Jenin Governorate (2009/10): Total: 14,662; Mixed: 2,629; Animal: 1,521; Plant: 10,512 - 9,806 is for household consumption (PCBS, 2010a).

Before the uprising in 2000, the Israeli labour market absorbed tens of thousands of Jenin residents. However, following the outbreak of the Second Intifada in 2000, the Jenin workforce in Israel fell drastically. Today, only 46.8% of Jenin's residents are economically active; 13.5% are unemployed and 10.8% are underemployed. This proportion is substantially higher for men, but as in the rest of the West Bank, female participation in the labour market is very low, at around 20% (PCBS, 2012b).

Infrastructure for human development

Jenin's education sector is relatively similar to the rest of the West Bank. Most students (over 90%) attend government schools, and the bulk of these students are in primary school (over 85%). Class sizes and student-teacher ratios are generally comparable with the regional average. Slightly less than the regional average (14%) of household heads have completed higher education (compared to 18% in the West Bank generally). This is, in part, attributable to the nature of livelihoods and the proportion of the population that live in rural areas (FAO, 2009; PCBS, 2012b).

Jenin's health infrastructure is fairly limited. The governorate has only one government hospital and two non-government hospitals, with fairly low capacity. As such, it depends on primary care clinics. It has 46 governmental primary care clinics, 17 non-government clinics, and 6 operated by UNRWA (PCBS, 2012b).

In terms of human development indicators, children's nutritional status in Jenin is better than the OPT average: for instance, there is a lower rate of stunting (PCBS, 2008b). However, a survey by the Food and Agriculture Organization of the United Nations (WFP/FAO, 2011) found that food insecurity affected around 34% of the population and 12% were classified as vulnerable. Regarding maternal health, family planning methods are used by over two-thirds of women of reproductive age, a high proportion of women receive antenatal and postnatal care from qualified health personnel, but vitamin and iron intake and health education are limited and the rate of home births was more than three times the national average (PCBS, 2008b).

Despite its predominantly rural condition, basic services infrastructure coverage is higher than the OPT and West Bank averages. As of 2006, more than two-thirds of households depended on connections to public water networks to obtain drinking water; 90% had access to safe drinking water, slightly higher than the national average (87.7%). Households that were not linked to these networks depended mainly on rain water collection or artisan wells (PCBS, 2008b). As of 2010, 28 out of 80 localities had no water network (PCBS, 2012b). Sanitation coverage is far lower. Most households (83.4%) rely on cesspits as the main method for wastewater disposal, while only 16.5% of households in the governorate live in homes that are connected to public sanitation (PCBS, 2008b). As of 2010, 9 out of 80 localities had no solid waste collection service (PCBS, 2012b). Finally, in terms of transport, Jenin has limited mobility restrictions compared with the rest of the West Bank. It has seven full checkpoints. However, it has only three major roads.

Cash transfer programme overview

Jenin

Before 2005, there were around 4,000 beneficiary households enrolled in the EU-funded Social Hardship Case (SHC) programme in Jenin. Beneficiary households used to receive 1,000 NIS (\$262) per quarter. Each household received the same package; all were treated equally regardless of family size, health conditions, age, and number of people with disabilities living in the family. However, the programme's targeting mechanism suffered from limited transparency, with concerns about potential favoritism and nepotism by social workers who were in charge of selection. As such, in 2005, there was an attempt by the Ministry of Social Affairs (MoSA) to try a new proxy means test formula (PMTF) to examine the successes and challenges in the old programme. In 2005, there was also a national campaign to improve targeting, expand the database of poor people in order to reach out to more marginalized families in the district. This was done in coordination with municipalities, respected leaders, local media, and educational posters. As a result of this campaign, MoSA was able to fill out more than 10,000 applications. This new data was transferred to the Ministry in Ramallah where the PMT formula was applied to all applications. Only 42 were approved on this basis and added to the programme. Moreover, the pilot PMTF approach was interrupted after the political division between Hamas and Fateh in 2006, and consequently the Jenin MoSA directorate continued to use the old system until 2010.

In 2010 the Jenin directorate updated the already existing database and applied the PMTF to all beneficiaries (approx. 4000); as a result around 380 beneficiaries of the SHC programme in Jenin were excluded. MoSA continued to pay those beneficiaries that were excluded the same amount for six months, but later on many of them re-joined the programme as part of a vulnerable group category, receiving fixed financial assistance (only 750 NIS) regardless of their family conditions.

Following the adoption of the PMTF in 2010, social workers' caseloads have increased: around 300-650 beneficiary households compared to 250-450 before. The caseload increase after 2010 was attributed to an increase in the number of cases while the number of employed social workers has not proportionally increased (Technical Supervisor, MoSA, Jenin).

As per the database provided by MoSA, Table 4 below shows that in Jenin Governorate, female-headed households account for 14.3% of total cash transfer beneficiary households.

Table 4: Distribution of female-headed households among total PNCTP beneficiary households in Jenin Governorate

	Jenin (number)	Jenin (%)	West Bank
Total households	6,188	13	47,256
Female-headed households	2,989	14.3	20,887
Divorced	231	11.2	2,064
Widowed	1,660	14	11,823
Separated	121	8.9	1,362

Source: MoSA, August 2012.

5.2 Hebron

Population, poverty and livelihoods

Hebron has a large population when compared with other governorates in the West Bank. In the 2007 census, it made up around 23% of the total population, at 552,164. Hebron is the most populous city in the OPT and is divided into two districts: H1 and H2. In 1997, Israel withdrew from the 80% of Hebron (H1) in which about 100,000 Palestinians reside, and retained full control over 20% (H2), where less than 400 Jewish settlers live among 30,000 Palestinians (Dajani, 2012). Hebron has the highest average household size of all governorates in the West Bank, yet remains below all the governorates in the Gaza Strip. The birth rate is also particularly high. A relatively low proportion of the population are refugees when compared with other West Bank governorates (16%). Poverty levels are highest in this governorate, at 32.5% (compared with 24.8% in the West Bank generally) (UNRWA, 2010b; PCBS, 2012a).

Hebron accounts for roughly one-third of the West Bank's GDP. Livelihoods in Hebron consist predominantly of rain-fed crop-based agriculture and manufacturing, which are both labour intensive and low paid (World Bank, 2011a). Further, unemployment is among the highest in the West Bank, at 21%, with underemployment at 8.3% (PCBS, 2012a). This is greatly affected by the increased inaccessibility of the Israeli labour market.

With regard to industry and manufacturing, Hebron's largest industries are stone-cutting (the governorate holds roughly 60% of the West Bank and Gaza's national reserve in marble),² manufacturing of leather and shoes (one of the largest industries until a decade ago), manufacturing of plastic pipes, dairy products (home to major dairy product manufacturer Al-Junaidi) and other agricultural produce (World Bank, 2011a: 67). There is a large manufacturing cluster occupying the border area between Hebron and Bethlehem (World Bank, 2011a: 77). Beyond domestic productive sectors, migrant labour is an important livelihood source, although heavily dependent on employment opportunities in Israel. This generally involves men engaged in casual labour (ibid).

Although we are primarily interested in urban populations, it is also important to consider agriculture, as some of our respondents also relied on agriculture-related income sources. Hebron's agriculture is

² This makes up for a large contribution to the West Bank's GDP (World Bank, 2011).

mainly plant-based, but there is also some mixed farming and animal husbandry.³ Plant production consists mainly of vegetables, fruits and grapes (National Expert Optimum for Consultations and Training, 2011).⁴ Livestock farming consists of cattle and sheep for meat and dairy and poultry for the production of meat and eggs, and there are farms for beekeeping and farming other animals such as rabbits. Most of the West Bank's livestock are based in the Hebron Governorate.⁵

Infrastructure for human development

Hebron's education sector is similar to the rest of the West Bank. The majority (close to 90%) of students attend government schools and the bulk of these students are in primary school (over 85%). Class sizes and student-teacher ratios are generally comparable with the West Bank average (PCBS, 2012a). However, if one takes into account the high number of live births, that there are several rented buildings used as schools, that some schools use two shifts for lack of capacity, and the lack of classrooms, then it is reasonable to suggest that there is considerable need to increase capacity (A`mar, 2012).

Hebron's health infrastructure accounts for around one-fifth of hospitals in the West Bank. However, six out of its nine hospitals are run by NGOs. It also has a substantial number of primary health clinics: 126 run by the government, 16 by NGOs and 8 run by UNRWA (PCBS, 2012a).

With regard to human development indicators, children's nutritional status is poor. The Hebron Governorate has the highest rate of chronic malnutrition, at 16.9% (compared with 11.3% in the rest of the West Bank) (PCBS, 2011a: 28). In 2010, the rate for underweight children was 5.6%, significantly higher than the West Bank average (3.8%) (ibid). Slightly under half of reproductive-age women use family planning methods, which partly accounts for the high birth rate (PCBS, 2008a). A fairly high proportion of women receive antenatal and postnatal care from qualified health personnel, and the rate of home births is lower than the OPT average, but vitamin and iron intake and health education are limited (ibid).

The coverage of basic services is more concerning. This is partly attributed to the Israeli occupation, which has limited the coverage of service networks, and placed restrictions on movement between H1 and H2 areas. Forty out of 92 localities lack access to water networks; 34 localities use rain water collection as an alternative source and 44 use artisan wells. Others were obliged to buy water. In 2010, this cost an estimated \$8.5 million (A`mar, 2012). The percentage of households with access to safe drinking water in 2006 was lower than that across the OPT (87.7%) and the West Bank (92.5%) (PCBS, 2008a). Sanitation is also a considerable problem. As of 2006, only 31.3% of households were connected to a public sanitation network (PCBS, 2008a), and 35 localities had no solid waste collection (PCBS, 2012a).

Finally, in terms of transport, the Hebron Governorate has enormous mobility and connectivity problems (see also Annex 3) as it lacks road infrastructure (only one main road connects Hebron to Ramallah and the rest of the West Bank). It was already the poorest governorate in the West Bank, but this situation has been worsened by mobility restrictions, which are the result of a high concentration of checkpoints in the governorate. Hebron has various Israeli settlements within the city and a part of the city is under Israeli control. A UN OCHA report from 2010 argues that: '*Israeli settlements and their continuous expansion have the single largest impact on the configuration of the system of access restrictions applied to the Palestinian population*' (UN OCHA, 2010 in World Bank, 2011a: 68). Hebron city has the highest number (11) of permanently manned checkpoints within the city itself (ibid).

³ Number of agricultural holdings in Hebron Governorate (2009/10) Total: 19,768 Mixed: 3,995; Animal: 2,826; Plant: 12,947 - 15,990 is for household consumption (PCBS, 2010b).

⁴ The total plant production in the agricultural year 2006-07 was \$172.5 million while the value added was \$23.5 million. Hebron is one of the largest fruit-producing governorates, especially of grapes, with an estimated annual production of about 40,000 tons, in addition to the production of orchard trees, where the area planted with orchard trees is approximately 183,849 acres with a production capacity of 57,483 tons, the area cultivated with field crops is 141,053 acres producing 13,476 tons and the area planted with vegetables is 13,498 acres and produced 21,798 tons in the same year (National Expert Optimum for Consultations and Training, 2011: 28).

⁵ There are about 225,464 sheep, 92,944 goats and about 10,795 cattle in addition to more than 7.3 million chickens. There are also 6,847 beekeeping farms. The value of livestock production in US dollars in the governorate was \$38.6 million of milk during the agricultural year 2006/2007, \$62.1 million of meat, \$5.8 million of eggs, \$0.7 million of honey and \$1.6 million from other products in the same year (ibid).

The World Bank (2011a: xviii, 74) argues that there is a clear relationship between poverty, unemployment and mobility restrictions, as checkpoints lead to increased transaction costs. These are most evident in transport costs, particularly related to fuel and labour, but additional travel time also means that lower volumes of goods can be transported, which implies a higher fixed cost per unit. With greater uncertainty waiting at checkpoints, trade potential is significantly diminished; there may also be damage to the shipment which, especially for perishable goods, adds to the unit costs (World Bank, 2011a: 81).

Cash transfer programme overview

There were approximately 3,500 Social Hardship Case (SHC) programme beneficiaries in Hebron before 2005. In 2005, the introduction of the proxy means test formula (PMTF) meant that around 350 cases were excluded. The aforementioned campaign by MoSA was able to attract around 7500 applicants in Hebron to join the PNCTP but few new cases were approved. The same historical development discussed in Jenin district applies to Hebron as well (see above).

Table 5 below shows the distribution of the cash transfer beneficiaries by the percentage of female-headed households. In Hebron Governorate, female-headed households account for 11.7% of the total PNCTP beneficiary households in the West Bank.

Table 5: Distribution of female-headed households among total PNCTP beneficiary households in Hebron Governorate

	Hebron (number)	Hebron (%)	West Bank
Total beneficiary households	5,974	12.6	47,256
Female-headed households	2,451	11.7	20,887
Divorced	194	9.4	2,064
Widowed	1,116	9.4	11,823
Separated	123	9	1,362

Source: MoSA, August 2012

6 Overview of programme mechanics and programme governance

6.1 Mechanics of the MoSA cash transfer

The Palestinian National Cash Transfer Programme (PNCTP) is the Palestinian Authority (PA)'s flagship social protection programme, managed and administered by the Ministry of Social Affairs (MoSA) under the umbrella of the recently formulated Social Protection Sector Strategy (SPSS). The launch of the PNCTP in the West Bank first and then in Gaza, after the merger of the two main pre-existing cash transfer programmes – the European Union (EU)-funded Social Hardship Case (SHC) programme and the Social Safety Net Reform Project (SSNRP) – resulted in major reforms to the national cash transfer system, which included an important shift to poverty-based targeting, a substantial expansion of coverage, and the creation of a unified registry or database of beneficiaries.

Targeting and selection criteria

The main objective of the PNCTP is to reduce poverty in the West Bank and Gaza, particularly focusing on extremely poor households. The targeting approach reflects the overarching objective of reducing poverty. The programme selects beneficiary households according to a consumption-based proxy means test formula (PMTF) that estimates the welfare of each applicant household. The first step is for households to come forward and apply for the PNCTP by filling in a questionnaire (the targeting application form).⁶ The information they give is then entered into the unified database, which calculates a total consumption score through a multiple regression analysis, on the basis of the PMTF, which comprises 31 proxy variables measuring different aspects of consumption. The regression model has been built on the basis of indicators that were used in the 2007 Palestinian Central Bureau of Statistics (PCBS) nationwide household budget survey (MoSA, 2011; PNA, 2010b).

Households that are deemed eligible on the basis of this score are visited by a social worker who validates the information supplied with a set of questions (as per the verification form). This second round of information is then entered into the unified database again, where the PMTF is run a second time. Households that are again found eligible are put forward for enrolment. Those who are deemed not eligible can raise a written or verbal complaint at MoSA offices either at the governorate or national level and request for their household consumption situation to be reassessed.

Key informants interviewed at MoSA Ramallah noted that when the PMTF was first launched in the West Bank, there were widespread complaints from beneficiaries and social workers that potentially eligible households were being excluded. Key informants acknowledged that this exclusion error was linked to the lack of inclusion or sufficient weight of variables in the PMTF that may correlate with poverty – for example, such as disability of a family member(s) and the household head being female. In mid-2011, therefore, a category of 'vulnerable' was added to the formula, which includes households headed by females, those with people with a disability, and those with chronically ill and/or older members (World Bank, 2012a). Furthermore, this category has been introduced to allow the continuation of assistance to households that were beneficiaries of the previous SHC programme, and had been admitted to the PNCTP in 2010 on a temporary basis. The latter were supposed to have been removed by June 2011, since their score on the PMTF had placed them above the extreme poverty line. The number of households covered by the PNCTP who live above the extreme poverty line is around 19,000 in both the West Bank and Gaza (World Bank, 2012a).

In principle, before new households are enrolled in the PNCTP and receive their first transfer, they should be vetted by regional social assistance committees. The establishment of these committees was part of the design of the programme and their role and function was to complement the PMTF-based targeting. These bodies have been established in the West Bank, are chaired by the director of each MoSA Regional Directorate, and membership (typically 5-7 members) includes local government, municipality, and NGOs representatives, teachers, health workers, and other respected community members. Their primary role is to verify information collected about the economic and

⁶ Potentially eligible households can apply directly at MoSA offices in Gaza by filling in and signing the targeting application form. Alternatively, a social worker can fill in the form on applicants' behalf and applicants can sign it.

social vulnerability of programme applicants (e.g. confirming property and asset ownership; providing insights into particular family tensions and vulnerabilities, etc.). Verification is mainly done based on committee members' knowledge of the relevant applicants/beneficiaries and occasionally through consulting with known and trusted key informants and/or home visits. Given the minimal guidance and clarity on the committees' role and mandate, social workers admitted that they have so far played a limited role in implementation, and that members may often be swayed by clientelistic attitudes vis-à-vis political parties or extended family connections.

Enrolment in the PNCTP and reassessment

Decisions to enrol new beneficiaries are made on a quarterly basis and before receiving their first cash payment, households that are deemed eligible are requested to present several supporting documents at regional MoSA offices, including (and where applicable): UNRWA assistance information form and card, medical reports, ID card and birth certificates of all household members, school enrolment certificate for children of 6-18 years, divorce certificate, unemployment certificate, and others (MoSA, 2010).

Following the successful completion of this final enrolment phase, cash disbursements take place approximately every three months. The consumption situation of beneficiary households is then reassessed after one year through home visits by social workers (on the basis of the verification form) in order to re-certify them (MoSA, 2010). If the PMTF scoring finds that the household's consumption situation has worsened, the amount of cash assistance is also re-calculated, and in principle increased. If it finds that, on the basis of the most up-to-date information collected, the situation has improved – for example, because of new employment, or the building of a new house – either the cash amount is decreased or a process of gradual withdrawal of assistance is put in place to phase the household out of the programme within six months.

Households that have their cash amount reduced or are put forward for the gradual withdrawal of assistance can raise a written or verbal complaint with MoSA and an appeal committee reviews their case. If the MoSA appeal committee at the district level also finds that the household should no longer receive assistance, beneficiaries can lodge a final appeal with the MoSA Complaints Unit in Ramallah.

Transfer amount

The amount of cash awarded to beneficiary households is between 750 and 1,800 NIS (\$195-468) per quarter and is calculated so as to bridge 50% of the household poverty gap – i.e., the difference between estimated household consumption (the total consumption score calculated through the PMTF) and the extreme poverty line⁷ (MoSA, 2011; PNA, 2010b). If the total consumption score is below the extreme poverty line, the household is classified as extremely poor; if it is between the extreme poverty line and the poverty line, the household is classified as poor; and if it is above the poverty line, the household is classified as non-poor (PNA, 2010b; World Bank, 2012a).

The cash transfer amount is also adjusted to take into account the number of family members until a certain threshold, with the relative additional amount starting to decline after nine family members, and with no increase beyond 17 members (MoSA, 2012). This is not sufficient to address the poverty gap of larger families but it does provide some relief. The average amount given to each family in Gaza, where the average family size is more than six members, is 1,284 NIS (\$334.65); in the West Bank, where the average family size is lower (around four members), the average amount paid is lower, at 918 NIS (\$239.25).

Payment system

Recipients are the heads of households approved by the PMTF and/or complementary mechanisms such as social worker recommendation and social protection network committees overseen by MOSA in each directorate. It is not possible to send a proxy to apply to be part of the programme (save in exceptional circumstances) although payments can be collected at the bank by authorised representatives of registered beneficiaries. Payments are now made directly into beneficiary bank accounts (replacing an earlier system of cheques) at a number of banks pre-authorized by the Monetary Authority and the Ministry of Finance. Beneficiaries register their bank account details with MOSA and then MOSA sends these on to the Ministry of Finance and in coordination with donors, the

⁷ For an average Palestinian household of two adults and four children, the extreme poverty line for 2010 was set at 1,783 NIS (\$478) per month, and the poverty line was 2,237 NIS (\$609) (World Bank, 2012b).

money is transferred to the Ministry of Finance and then to a central bank, the Bank of Palestine, which in turn transfers the beneficiaries' money to the corresponding banks⁸.

Payments are usually made quarterly⁹; more frequently payment intervals have been trialled previously (monthly and bi-monthly) but proved impractical given the logistics involved in coordinating payments from donors and distributing money through the Ministry of Finance. The date of distribution is set by MoSA in advance in agreement with the participating banks, and is announced several days earlier through various local media channels including TV, radio, local municipality offices, directorate offices, village councils and mobile text messages. MoSA also sends letters to each directorate specifying the date of cash distribution. In most cases collecting the bank transfers does not involve more than 30 minutes travel time one way, although it may be considerably longer in the case of beneficiaries residing in remote villages in Area C but this was beyond the scope of our primary research. All beneficiaries are now paid via bank deposits, with the exception of new beneficiaries whose paper work is still being processed; they may be paid via cheques temporarily. Beneficiaries interviewed for this study all reported that the money was generally withdrawn for immediate use and no one mentioned using the money for formal or informal savings, even though it is theoretically possible to leave the money in the bank.

Coverage

As Table 6 below shows, the PNCTP currently reaches over 95,000 beneficiary households, with approximately half living in the West Bank (47,267) and half in Gaza (48,551). At the beginning of the merger of the two former programmes,¹⁰ the total number of MoSA beneficiary households was around 55,000 (MoSA, 2012); this is clearly an impressive expansion of coverage. Nonetheless, there remain a substantial number of extremely poor households that are not included in the programme. According to the most recent estimates of the PCBS in 2011, approximately one out of four Palestinians, 26% of the total population, live in extreme poverty. Of those living below the extreme poverty line in 2011, 9% were in the West Bank, compared with 23% in the Gaza Strip) (PCBS, 2011b).

Table 6: List of PNCTP beneficiary households in the West Bank and Gaza as of September 2012

Donor	Gaza		West Bank		Total		Proportion	
	Families	Amount	Families	Amount	Families	Amounts	% of families	% of amount
EU	38,625	50,281,836	24,616	25,207,482	63,241	75,489,318	66	71.39
WB	3,334	5,563,605	1,195	1,106,694	4,529	6,670,299	4.73	6.31
PA	6,592	6,497,640	21,456	17,087,466	28,048	23,585,106	29.27	22.30
Total	48,551	62,343,081	47,267	43,401,642	95,818	105,744,723	100.00	100.00

Source: MoSA, 2012a

MoSA key informants estimated that the majority (around 76,000) of PNCTP beneficiary households in both the West Bank and Gaza are classified as extremely poor. This echoes the findings of a recent World Bank assessment, which found that a large majority of beneficiaries fall into this category (83% in Gaza and 56% in the West Bank), reflecting the higher prevalence of poverty in Gaza (World Bank, 2012a).

However, establishing a household's eligibility through the process described above is not a sufficient condition for receiving cash assistance. Availability of funds is also a key determinant. Only a small number of new eligible applicants are put forward for assistance each quarter, with priority given to extremely poor households with the lowest PMTF score. For example, in the first quarter of 2012, a total of 1,499 new beneficiaries (presumably from both Gaza and West Bank) were newly added households (World Bank, 2012c). That said, because of stringent budget limitations in a context of a

⁸ Examples of these banks include: Alrafah bank, Islamic Bank, or Alquds Bank, Arab Bank and Palestine Bank. These banks have branches in main cities and towns.

⁹ However, payment delays because of liquidity shortages at MoSA are not uncommon. For example, the PNCTP payment of the first quarter of 2012 was due in March, but it was not made until late April (World Bank, 2012c).

¹⁰ The reference (MoSA, 2012) does not specify the month and year.

growing number of people living in poverty, as highlighted above, there are thousands of households, both in Gaza and the West Bank, that have been found eligible but have been put on a waiting list.

Complementary programmes

The PNCTP also entitles eligible beneficiaries to a range of complementary programmes to enhance their welfare, including food, through the Assistance to Destitute Families programme managed by the World Food Programme (WFP). With the roll-out of the PNCTP in Gaza in 2011, UNRWA and MoSA have been coordinating food assistance to minimise duplication. Today, MoSA's household beneficiaries that are also UNRWA-registered refugees receive food rations from UNRWA, while non-refugee cash transfer beneficiaries receive food rations from WFP.

PNCTP beneficiary households are also entitled to government health insurance. Beneficiaries obtain a letter from MoSA, which can be taken to the Ministry of Health (MoH) to issue a health insurance card, which covers all household members and provides them with free access to healthcare services in both the West Bank and Gaza. Eligibility is decided by MoSA but the administration, funding and delivery of health services remains the responsibility of the MoH (MoSA, 2010; MoSA, 2011). PNCTP beneficiaries and their sons and daughters wishing to enrol at university can also receive an exemption or waiver of tuition fees, through coordination with the Ministry of Education (PNA, 2010a).

All PNCTP beneficiary households can also apply for a lump-sum emergency grant from the Emergency Assistance Programme, which is independent of the cash transfer programme but is also managed by MoSA. As one key informant explained, if there is a fire at a beneficiary's house, the beneficiary can request that a social worker visits to assess the damage and provide an estimation of the losses incurred, also by cross-checking the estimation with civil defence. The assessment report is then sent to MoSA in Ramallah as supporting documentation for the distribution of emergency assistance (cash and other items such as blankets and mattresses).

Sources of funding

According to MoSA key informants in Ramallah, the average budget contribution of the PA to the PNCTP in 2012 is 48.2%, with the rest funded by the EU through the PEGASE¹¹ mechanism, and the World Bank. The PA contribution is, however, also heavily dependent on international assistance. This is not surprising; because of high levels of political uncertainty and a difficult fiscal situation, since the establishment of the PA in 1994, the bulk of the national budget, including salaries, pensions and social assistance, has been financed through donor funding rather than domestic revenues (see also Section 6.2 below) (World Bank, 2011a; MoSA, 2011).

While in recent years, foreign assistance to the PA has been declining (see Table 7), it nonetheless continues to represent a substantial share of the national budget. As Table 7 shows, the main sources of direct budget support to the PA are now Arab donors, the EU, the World Bank, and the Multi-donor Palestinian Reform and Development Plan Trust Fund (PRDP-TF). The PRDP-TF, to which the United Kingdom also contributes,¹² has been administered by the World Bank since 2008 and seeks to provide budgetary support to the PA for the implementation of the 2011-13 PRDP, which also includes support to the social protection sector. One of the four pillars of the PRDP is supporting human development in health, education, and social safety nets,¹³ and as outlined in Section 3 of this report, it is under this pillar that the PRDP has mandated MoSA to undertake the overarching reform of the social protection sector and to launch the PNCTP.

¹¹ PEGASE (French acronym for *Mecanisme Palestino - Européen de Gestion et d'Aide Socio-Economique*) is a European mechanism established in February 2008 by the European Commission to channel assistance to the PA in support of a broad array of activities in the four priority sectors of the Palestinian Reform and Development Plan. For more information on the PEGASE, see: http://eeas.europa.eu/occupied_palestinian_territory/tim/pegase_en.pdf

¹² The main donors of the PRDP-TF are Australia, Canada, Finland, France, Kuwait, Norway, Poland and the United Kingdom.

¹³ See <http://www.unctopt.org/en/agencies/wbank.html>. The other three pillars of the PRDP are: improving governance and supporting fiscal reform, supporting economic and private sector development, and supporting public infrastructure development.

Table 7: Estimates of external assistance to the recurrent budget (2008-11) in \$ millions

Source	2008	2009	2010	2011
Arab Donors	447	462	234	288
European Union (PEGASE)	651	426	383	281
World Bank PRDP Multi-donor TF	243	80	216	164
World Bank Development Policy Grant	40	40	40	-
Other	381	341	271	81
Total	1762	1349	1143	814

Source: World Bank, 2012b: 3.

6.2 Programme governance

As discussed in Section 2, poverty and vulnerability are inherently political in nature – both in terms of underlying drivers as well as approaches to tackling entrenched poverty and marginalisation (Hickey and Bracking, 2005). For the chronically poor and most vulnerable, who are least likely to benefit from economic growth, politics and political change are often the key means by which such poverty can be challenged (Hickey and Bracking, 2005: 851). Moreover, the greater the level of fiscal constraint on a government, the more it is likely to be influenced by political attitudes concerning who deserves support, and in what form (Graham, 2002: 25 cited in Hickey, 2007: 1). In order to understand such dynamics, political economists typically focus their analysis on the balance of power between institutions and incentive structures for different actors in a given policy arena. In this sub-section, we therefore consider MoSA's institutional capacity to implement this large-scale, poverty-targeted cash transfer programme, including: its human resource and monitoring and evaluation (M&E) capacities; issues of fiscal sustainability; and interactions with other key stakeholders, especially development partners and NGOs.

Institutional capacity

A critical issue for the sustainability and growth of social protection schemes concerns their institutional location within government; they are often located within social development ministries or agencies. While these ministries may offer a 'natural' home, they often lack political influence at the centre of government, especially in relation to more powerful ministries such as finance and planning (Chronic Poverty Research Centre, 2008). Given the unique political context of the OPT, however, such inter-agency distinctions are not as stark. Indeed, given considerable donor interest in supporting social programmes to tackle rising levels of poverty and vulnerability in the context of the ongoing Israeli occupation and the so-called 'barrier regime', coupled with the PA's commitment to social protection as a means of promoting citizens' well-being, MoSA arguably has considerable political salience and not insignificant resources.

Whereas prior to 2010, social assistance was provided through a 'complex web' of government organisations, NGOs, and external agencies (particularly UNRWA) implementing a series of uncoordinated social protection initiatives, during the reform process, the PA assumed full control of the social protection sector, giving primary and direct responsibility for it to MoSA, in partnership and coordination with the various government, private and international organisations involved, including UNRWA (PNA, 2010a). Before this date, MoSA had prepared its own plan for integrating social protection into the overall social sector plan and then into mid-term national development plans (MoSA, 2010), and as a result of these efforts it was chosen to prepare a Social Protection Sector Strategy (SPSS) in 2010.

Having established buy-in from key ministries (Planning, Health, Education and Higher Education, Finance and other international partners), the plan was endorsed in early 2011 (UNSCO, 2011).

MoSA is now responsible for creating and implementing social protection policies in both the West Bank and Gaza (PNA, 2010a), although there is still some overlap between MoSA and other ministries, including the Ministry of Women's Affairs (MoWA), Ministry of Detainees and Released Detainees (MoDRD), and the Support of the Families of Martyrs and Injured Citizens Foundation (PNA, 2010a: 10).

Key informant interviews also suggested that there is a notable degree of political will towards tackling poverty and vulnerability on the part of the PA, not least because of a keen awareness of the importance of responding to citizen and social demands in the wider regional context of the Arab Spring. This political will at the Ramallah level is in turn reflected in the relatively quick pace with which the PNCTP reforms have been undertaken since 2010. This includes the establishment of a single registry database system which has considerable potential for facilitating streamlined services for MoSA beneficiaries, improved information flows between government levels and across agencies, and more in-depth monitoring and evaluation processes and systems.

Nonetheless, there does seem to be an important disconnect between the knowledge base that is being built around the new poverty targeting system at the central level compared with the district and community levels. On the one hand, key informant interviews indicated that the core team leading the roll-out of the PNCTP reforms in Ramallah are well versed in learning from international good practice around social transfer programming and have taken ownership over the rationale for and importance of the reforms. They have worked closely together with international experts, taken part in international study tours, and appear to be actively and strategically applying this knowledge to the particularities of the OPT context. By contrast, however, social workers at the directorate level in the districts had limited knowledge about the reforms and the rationale for them, and expressed a strong sense of intellectual and emotional distance from the changes.

There was a general consensus in focus group discussions with social workers in Hebron and Jenin that the new system had effectively eroded their professional role due to onerous data collection requirements to monitor household eligibility. They also perceived that it has reduced their credibility in the eyes of the community as they were unable to provide clear reasons for programme inclusion or exclusion. Furthermore, it has lessened their job satisfaction, as they do not have a clear picture of the rationale behind the reforms, nor the values in the PMTF, which would enable them to explain them to applicants; and their very heavy caseload means they do not have time to provide more tailored support to vulnerable households:

'I feel guilty and powerless – I cannot explain why some people are excluded or included. So I can listen to people's problems but I can't really do much. I just gather information but don't have a role in decision-making. It is a very frustrating working environment.' (Social worker, Jenin)

'I wish I knew which questions in the targeting tool had the most weight to affect the formula to make these deserving families more eligible to receive assistance or to continue receiving assistance.' (Another social worker, Jenin)

Moreover, the relationship with MoSA Ramallah seems to be uni-directional – that is, social workers in the district are expected to provide inputs into the national database but are not actively included in programme design decisions or feedback processes. While central level officials are aware of these concerns to a certain extent and have sought to involve districts in various outreach efforts, clearly these efforts have not gone far enough and require urgent attention if social workers are to play an effective bridging role between programme designers and beneficiary and non-beneficiary households alike.

Human resource capacities

Delivery capacity limitations are a major challenge to the extension of social protection in most low-income countries. These apply at several points in the policy cycle, beginning with the capacity to study, measure, and analyse poverty and vulnerability, the capacity to design and implement appropriate policies, and the capacity to deliver and evaluate social protection programmes (Barrientos and Hulme, 2008). For Barrientos and Hulme, the successful extension of social protection will involve *'the horizontal integration of poverty researchers, policy analysts, political scientists, financial experts, programme managers, information systems analysts and developers, accountants, and field officers'* (ibid: 17), but to date, developing these capacities in developing

countries has rarely been an explicit objective of policy-makers, research institutes, or international organisations.

Key informant interviews with MoSA staff and development partners alike suggested that under-investment in staff capacity-building is also a critical shortcoming in the roll-out of the PNCTP in the West Bank. In particular, at the district level, there was a strong sense that the training that had been provided on the reforms did not give adequate contextualisation or background to the reform process. This means that social workers felt unable to communicate the changes effectively to beneficiaries and non-beneficiaries.

This said, however, the EU is currently implementing a multi-year capacity strengthening programme for MoSA staff and also undertaking a review to identify skillsets that are missing or that need to be strengthened so that the ministry can achieve its strategic goals as set out in the MoSA Business Plan 2011. Given limited funding, the coverage and scope of this initiative is necessarily limited, and according to social workers who took part in the focus group discussions in both Jenin and Hebron, the capacity-building initiative is not always sufficiently tailored to their situation. For instance, social workers gave the example of having been on a study tour in Kenya but felt that not only was the political, economic and socio-cultural context very different, but that, given the relatively long history of cash transfers in the West Bank, the PNCTP was in some aspects more advanced than the 'good practice model' being demonstrated. It is also worth noting that the capacity-building programme currently appears to be reaching senior management levels at the district level rather than rank and file social workers, where there is arguably the greatest need for such support.

Human resource capacity is also an issue in the case of the PNCTP Complaints Unit (CU), which is responsible for responding to citizens' grievances about the programme. These can either be communicated in writing and posted in local district office complaints boxes (the keys to which are kept by the Ramallah CU), or made verbally to social workers or NGOs who in turn record the complaints, collate and channel them to Ramallah, by fax or, in more rare cases, directly to the media. The most common complaints include: exclusion from the programme after submitting the application; inadequate transfer amount; exclusion from the list for food distribution; needing emergency assistance; being excluded from health insurance; and unsatisfactory treatment by staff in the field and/or in other related MoSA programmes (interview with Head of the MoSA Complaints Unit).

However, due to limited staffing and limited influence over other departments and agencies, a senior staff member in the CU noted that:

'Usually we succeed in addressing around 40-50% of beneficiaries' complaints. Almost 60% can't be resolved because of the peculiarities of the formula – as it functions now, no one can challenge it or negotiate. We do, however, sometimes provide either emergency assistance – i.e. project financing and health insurance – or refer complainants to other ministries or NGOs working in social protection.'

Moreover, on account of resource constraints, the complaints database remains uncomputerised, further hindering staff capacity to respond to citizens in a timely and systematic manner.¹⁴ This said, CU staff do seem to approach their role from a strong citizens' rights perspective, suggesting that if technological shortcomings can be addressed, they could play a more proactive role in future:

'Our role is not only responding to people's complaints but we find ourselves as advocates for their rights and this is not always positively received by some managers of the different programmes.' (Complaints Unit, key informant interview)

Fiscal sustainability

International evidence suggests that financing a basic level of social assistance is affordable for most developing countries, but that it is obviously more difficult to achieve for low-income countries with low revenue mobilisation capacity (Barrientos and Hulme, 2008). And while securing an increased level of international assistance is often an important catalyst for developing and expanding social protection infrastructure, there is a growing international consensus that sustainable social protection institutions need to be financed domestically, at least in the medium term (Barrientos and Niño-Zarazúa, 2011;

¹⁴ Since 2010 it has also suspended responding to complaints originating from Gaza as senior officials deemed that working relationships were not such that it is possible to effectively respond via the appeals committee appointed by MoSA in Gaza.

DFID, 2011). Given the financial precariousness of the Palestinian Authority (which is in a third consecutive year of fiscal austerity), the challenges of sustaining funding to the OPT within a global climate influenced by post-2011 anti-terror preoccupations, and the protracted global financial crisis, particularly threatening the EU, fiscal constraints loom large for the PNCTP.

It is recognised by government and development partner key informants, for example, that the number of extremely poor households in need of cash assistance is probably as high as 150,000, but that the programme is already financially stressed at approximately 96,000 households. For this reason, community outreach efforts have remained modest. There are already an additional 8,000 households on the waiting list, 5,000 in Gaza and 3,000 in the West Bank (World Bank, 2011b).

MoSA senior officials are acutely aware of the issues of fiscal precariousness and have successfully secured increased funding for the programme from the PA, raising MoSA's budgetary contribution to the programme to around 50% (although obviously much of the PA's core funding is supported by international assistance). Interestingly, however, as our discussion in Section 8 highlights, there is little awareness of MoSA's contribution among citizens, effectively undermining the potential political mileage that could be gained.

Monitoring and evaluation mechanisms

A fourth key dimension of programme governance concerns monitoring and evaluation (M&E) capacities. Robust M&E is crucial both for programme performance and political sustainability; a range of M&E tools can provide insights into the extent to which interventions are aligned with particular policy goals and objectives, how the programme is being implemented and delivered, what can be learned from successes and challenges, and what adjustments can be made to improve effectiveness and impact (UNICEF, 2012: 45). Overall, there is a general sense among key informants that the M&E culture for social programmes is very weak within the OPT. This said, however, key informant interviews among officials and development partners alike suggested that currently there is a refreshing openness to M&E developments, as reflected in a number of quantitative and qualitative impact assessments of the PNCTP currently being carried out.

The World Bank has just completed an assessment of the extent to which the PMTF is effectively targeting the extremely poor and vulnerable (see Al Markaz, 2012; EMCC, 2012); the EU is undertaking a qualitative assessment of the spill-over effects of the transfer on individual and intra-household well-being; UNICEF is commissioning a mixed methods study on the effects of the cash transfer on children's well-being; while DFID has commissioned this current qualitative study exploring community perceptions of the cash transfer programme at individual, household and community levels, with a particular focus on the impacts on female-headed households.

MoSA appears to be actively engaging with these evaluations and open to the learning that will emerge as to how to strengthen the programme and maximise scarce resources. There is, however, as yet no embedded M&E strategy, and no current plans to implement participatory M&E approaches such as social audits, which would involve communities in providing regular feedback to programme implementers. Similarly, while the community social protection committees (discussed earlier in the subsection on targeting) are involved to at least some degree in decision-making about targeting, and debating inclusion and exclusion errors, they do not currently have a role or mandate for broader M&E of the programme. Moreover, as highlighted in Section 8, until the composition and functioning of these committees becomes more transparent and they are afforded greater credibility within the eyes of the community, then their role as neutral assessors of programme effectiveness is likely to be questioned. Currently, they tend to work on an ad hoc basis, and people approach them on an individual basis rather than the committee meeting as a group to jointly deliberate and reach collective decisions.

Cross-agency coordination

A fifth but very important dimension of programme governance relates to coordination mechanisms within and across government, development partners and NGO agencies. Because of the cross-cutting nature of social protection, this is a challenge that all social protection programming faces (see Holmes and Jones, forthcoming), and is arguably one of the weakest areas of programme governance in the case of the PNCTP. Obviously, the merger of the EU and World Bank-supported programmes that we discussed above was a very important step to reduce programme fragmentation and duplication; but much more remains to be done if synergies are to be achieved in tackling the

multidimensionality of poverty and vulnerability, especially given the complex and conflict-affected operating environment in the West Bank.

Indeed, the PA acknowledges that the Palestinian social protection sector lacks clear institutionalised functions and strong governmental bodies to implement programmes – a situation it attributes to *'the occupation, absent social protection agencies before the PNA was established in 1994, and weak institutions during the post-PNA periods'* (PNA, 2010a). In particular, it draws attention to the *'outdated, lacking or unenforced'* nature of the social protection sector's present regulatory legislation, although the new national social protection strategy introduced by MoSA in 2010 represents an important step forward in this regard (ibid).

In terms of coordination with other government agencies, there is direct coordination between MoSA and the health and education ministries. For example, the Ministry of Education regularly receives the list of all MoSA beneficiaries whose children are of school age (primary education) so that they can assess what additional assistance they can provide. MoSA also sends a letter to beneficiaries whose children are at university so that students can benefit from a reduction in tuition fees. In a similar vein, the Ministry of Health checks the MoSA database when someone requests health insurance. However, analogous linkages – while possible in principle with the single registry computerised database – are yet to be established with, for instance, the Ministry of Women's Affairs (MoWA), the Ministry of Justice and the Ministry of Labour.

In terms of coordination among development partners and international agencies, there is growing cooperation with UNRWA in terms of the roll-out of the proxy means test formula in an effort to avoid duplication of effort, although there is a general sense that there is further scope for strengthened coordination, information exchange and learning. A sector working group has also been established among development partners to coordinate support to the social protection sector, and to streamline M&E efforts, although meetings tend to be somewhat infrequent and involve only a limited number of stakeholders (for instance, UN Women is not represented despite considerable involvement in some aspects of protection services and its ongoing support to MoWA).

Linkages with other service providers, including national and international NGOs, are quite weak, although a mapping initiative is in the pipeline to ascertain which services are being provided at the district level, and to strengthen referral of beneficiaries to complementary services. As one senior official in MoSA noted:

'I want us to retreat back from service provision and work on policy level. My dream is to move from social assistance to social security. For this, we will need to design referral systems, manuals to ensure quality of services, M&E systems, and to raise capacity levels.'

7 Community understandings and experiences of vulnerability, and related coping strategies

7.1 Definitions and experiences of vulnerability

According to Hillal (cited in FAO and MAS, 2008), poverty as explained by poor people in the OPT is a result of a range of economic, health and socio-cultural vulnerabilities including '*unemployment, low income, absence of a [working age] male in the household, illness, disability, old age, orphanhood, large family size, restrictions on women's freedom to work, alcohol and drug addiction and low level of education*'. These conditions exacerbate the risks facing socially marginalised individuals, households and communities, with intersecting economic and social vulnerability leading to poverty and the inability of the household to meet basic needs. In a similar vein, the beneficiaries in our sample did not have any problem talking about vulnerabilities and what it means to be poor, although they largely focused on their own experiences rather than having the ability to stand back and assess the vulnerabilities of the broader community. As one widow from Hebron said in response to the question 'What does it mean to be poor?', '*Look at us and you can tell what poor people look like, you don't have to go outside to know the answer to your question.*'

During the focus group discussions and in-depth interviews, participants identified some common characteristics of vulnerability, including the following: large families, elderly with chronic diseases, divorced women, people with disabilities and mental health problems, unmarried women with poor education, people in need but not known to others, young women from beneficiary households, victims of settler violence or of the Israeli army, families with more than two or three children enrolled in university education, and families engaged in using drugs and illegal practices.

In Jenin, employment type was also identified as a key source of vulnerability, and included: '*unskilled labourers who work in high-risk jobs with low-paid wages, or those who had work-related accidents and became disabled and lost their only source of income*' (young non-beneficiary woman, Jenin city). The intersecting nature of poverty and vulnerability, especially lack of employment, ill-health and multiple dependants in need of care, was also frequently mentioned by interviewees. For instance, another beneficiary noted that:

'The head of our family is unemployed, my granddaughter had a stroke, and I have diabetes; and my father has hypertension and most of the time we suffer from lack of medication at the government health clinics.' (Female beneficiary, 45, Hebron)

A man from Jenin camp described a similar case of overlapping deprivations:

'I have 11 children; my wife has breast cancer and lower spinal injury and can't work. I also struggle to work as I need to take care of her – I only have temporary employment at the mosque a few days a week for very low pay. Recently, I was obliged to marry another wife – a teacher – so she could help me with house expenditures and care for my ill wife. We [the new wife] have an infant daughter but I can't really be considered her father as I can't afford to pay to cover even her basic needs.' (Male beneficiary, 54, Jenin camp)

In the following section we discuss the key vulnerabilities that emerged in more detail, clustering them as economic and then social vulnerabilities for ease of analysis, although we recognise that both are often closely interconnected.

Economic vulnerabilities

Family size: Large families with no or limited income due to unemployment or under-employment and with high dependency ratios (e.g. young children, family members with disabilities) were widely recognised by respondents as a particularly vulnerable group. '*The poor are those who work and earn 50 NIS per day and have 10 children, and elderly, and need to meet their basic demands*' (male beneficiary, Hebron). As discussed in Section 3, the OPT still has one of the highest fertility rates in

the Arab region for a variety of reasons, including socio-cultural norms around ‘*needing a brother for my son*’, as a form of political resistance, ignorance about family planning, and/or concepts of masculinity that involve fathering large families.

Absence of a breadwinner: Beneficiaries in both Jenin and Hebron described women with an absent or disabled breadwinner as vulnerable. The reasons for absent breadwinners were multiple and included abandonment, migration, and imprisonment or political affiliation (e.g. with Hamas) resulting in tensions with the local authority, those who have lost their business because of the violence by settlers or soldiers, or those not allowed to work in Israel or travel outside the OPT. In this regard, the political instability, violence and restriction of movement especially due to both Intifadas were viewed by a number of beneficiaries as core vulnerabilities. A Jenin resident noted that ‘*before the Intifada I used to go to work at 5 o’clock in the morning until 4 o’clock in the afternoon. Our economic situation became much better during my work in Israel, I was very comfortable and in a good health condition. I felt good because I could feed my kids. Now, though, life is so difficult*’ (female beneficiary, 65, Jenin). The Intifada, from the beneficiaries’ perspective, contributed to the deterioration of living conditions and income; it created a new wave of ‘new poor’ in Palestine, even among some who used to be relatively well off.

An additional reason identified for economically inactive breadwinners was mental health-related problems. As one respondent in Hebron commented: ‘*Being a poor man means being mentally ill in your family and not finding anyone to take care of him*’ (male beneficiary, 48, Hebron). A number of respondents mentioned that adult males in their household were unable to work due to mental ill-health, often stemming from frustration linked to a lack of employment opportunities and/or conflict-related stress and trauma; during the focus group discussions and interviews, several respondents also acknowledged that they themselves were suffering from anxiety or depression due to a perception that they had very limited prospects for escaping their current economic marginalisation. This is not surprising given the strong correlation between conflict contexts and mental ill-health (Baingana et al., 2005). Indeed, the World Health Organization (WHO) estimates that up to 10% of the OPT population suffers from a mental health disorder (WHO, 2010). It is also important to emphasise that the economic vulnerability that respondents face is often exacerbated by the social stigma surrounding mental illness in the Palestinian community, which makes this category of people even more vulnerable and isolated. In this regard, the WHO estimates that less than one in five of those in need of mental health services actually access them (ibid).

Links between poverty and ill-health: Echoing recent research findings that the percentage of households making catastrophic health payments and the intensity of the poverty gap attributable to health payments increased considerably between 1998 and 2007 (Mataria et al., 2009),¹⁵ beneficiaries repeatedly stressed the link between poverty and ill-health, especially people with chronic diseases that require ongoing treatment and medication – which they can scarcely afford.¹⁶

‘I suffered a stroke three years ago, and I had a stroke that requires paying for the medications and is more than I can afford, this is being poor.’ (Male non-beneficiary, 57, Hebron)

‘As a father, I would say that the hardest thing is when I see my child sick and I can’t help, it breaks my heart.’ (Male beneficiary, 42, Jenin)

It is worth noting that while a large proportion of the beneficiaries in our study were part of the social health insurance programme (for which PNCTP members are eligible) and acknowledged its

¹⁵ A 2009 World Bank report indicated that expenditure on health has been rising rapidly. For example, recurrent Ministry of Health spending on salaries almost doubled in the period 2000-05 (from \$48 million to \$83 million) and public sector expenditure on outside treatment referrals increased tenfold during the same period (\$6 million to \$60 million). The same source indicated that around 40% of total health expenditures in the West Bank and Gaza Strip take the form of out-of-pocket household expenditures.

¹⁶ Palestinians living in the OPT are witnessing epidemiological and demographic transitions. Cardiovascular diseases, hypertension, and diabetes mellitus are among the leading causes of adult mortality and morbidity. In 2004, heart disease caused the highest number of adult deaths, with a mortality rate of 60.5 per 100,000 men and 48 per 100,000 women, while 12% of the urban population are estimated to have diabetes (World Bank, 2012).

In 2010, 18.8% of people aged 18 and above were estimated to be suffering from at least one chronic disease compared with 11.5% in 2000. In 2010, 70.5% of older people aged 60 and over in the OPT suffered from at least one chronic disease, up from 46.5% in 2000 (disaggregating to 71.4% in the West Bank and 68.8% in the Gaza Strip) (PCBS, 2012c).

importance in their lives, many still complained of limited access to necessary treatments and specialised medications.¹⁷ A man from Rafat who has recently lost 70% of his sight noted: *'There are no medications in the Ministry of Health clinics, except for the cheapest, and the essential rest I must buy, which cost me 1,000 NIS'* (male beneficiary, 44, Rafat).

People with disabilities: Families with members living with disabilities were identified by respondents as especially vulnerable and appeared relatively common among our research sample.¹⁸ As is increasingly recognised, this vulnerability has multiple dimensions – economic, medical and social. Typically, people with disabilities face greater care burdens, including need for special food, support with mobility limitations, and ongoing and specialised medical care (Groce, 2008). A mother of five in Jenin explained that:

'We tried to take our disabled son to get help, but no organisation accepted him. I am ready to work outside my home to make a better living for my children but I cannot leave my son alone. This lack of care options really limits my chances of employment and mobility. This is why we have to make do with assistance from the cash transfer and UNRWA.' (Female beneficiary, 44, Jenin camp)

In the West Bank, respondents emphasised that families with disabled members face further vulnerability because of the lack of specialised institutions with skilled staff and the necessary facilities and equipment, even in the case of relatively common disabilities such as deafness or Down's Syndrome. A widow who lives with her adult daughter who has Down's Syndrome explained:

'I worry so much about my own health – which is not good these days – because if I die, I do not know who would care for her. For example, if I take her along to a wedding people laugh at her, and she cries and is too afraid to interact with anyone. She is completely dependent on me. I just pray to God that she goes before me so she does not have to suffer.' (Female non-beneficiary, 65, Jenin city)

Moreover, when available, treatment is often expensive and frequently inaccessible by people with disabilities.

In terms of economic vulnerability, besides the costs of medical treatment, access to employment for those with a partial disability is also very challenging, and there are gender differences too. Interviewees noted that women with disabilities are considered more vulnerable than their male counterparts who are more likely to be employed, given social and cultural norms about women's mobility outside the home as well as norms about female appearance.

Women with children with disabilities also face greater economic difficulties, and often cannot leave their homes to find work, especially if their children are young. One refugee widow, for example, who has three daughters and one son who is completely paralysed, lamented that:

'I am a widow without work and receive only 750 NIS every three months. My son requires a large budget to cover his special food, Pampers [nappies], and his medication, and no organisation is willing to take him or care for him, and this is a huge burden that prevents me from seeking other work that could bring in income.' (Female beneficiary, 40, Jenin camp)

Social vulnerabilities

Divorced women: Beneficiaries interviewed in focus group discussions and in-depth interviews in both study sites (Jenin and Hebron), as well as social workers, indicated that divorced women are the most vulnerable group. Economically, they tend to struggle, as having usually been abandoned by their husband, they frequently end up living with their parents who are more likely to be older and with less resources to afford to cover their expenses, especially where the divorced woman has young

¹⁷ The Ministry of Health is the largest health insurance provider in the OPT, covering 69% of households. Between them, UNRWA and private insurance companies account for an additional 14%. Coverage tends to be family-wide: if one member is insured, the remainder are also likely to be; only 17% of families had partial coverage, while 20% of the population had no coverage at all. Poor households were nearly 1.5 times more likely to rely primarily on the PA than were families above the poverty line. Hardship cases relied comparatively less on the PA (24%) and more on UNRWA (16%), (Near East Consulting, 2007).

¹⁸ The number of people in the West Bank who have at least one disability was 107,785 people (5.3%), 55,557 men and 52,228 women (PCBS, 2008b).

children. This phenomenon seemed more common in Hebron, where a number of cases were mentioned whereby husbands had abandoned their wives without giving them any support, even for the children. One social worker, for example, cited the case of an abandoned woman who was literally destitute:

'I had to deal with a difficult case of a woman with her children, who lives in a very poor house, where there is no furniture and an almost empty house. I helped her to apply and benefit from the cash transfer.' (Social worker, Hebron)

Furthermore, it is not easy for a divorced woman to assume work outside the home since she is monitored and scrutinised by the community, thus limiting her ability to depend on herself. This economic marginalisation is, in turn, exacerbated by social vulnerability reflected in the fact that the local community is usually reluctant to provide financial or other support to divorced women, unlike widows, as they are looked down on by the community. A young woman from the Jenin camp noted that:

'When we want to go and visit other neighbours or we want to dress in light colours or wear eye shadow, people look at us suspiciously and accuse us of wrongdoing. This makes me reluctant to socialise with others.' (Female beneficiary, 33, Jenin camp)

In some cases, divorced women's in-laws were also reported to have sought to sabotage their opportunities to receive aid as a result of ill-feeling, a sense that they no longer belong to the same family, and feel resentful of the woman receiving any support, given that she is typically viewed as the cause of her own misfortune. Additionally, social organisations are not likely to help divorced women since their focus is on other categories of poor people, including widows and people with disabilities.

Older people, including widows: Many beneficiaries also indicated that older people, especially those without any source of income or children to support them, are especially vulnerable, particularly if they suffer from chronic diseases and require regular medications and care. This in turn often results in psychological and mental health problems, compounding their marginalisation. Unmarried or widowed older women are particularly vulnerable as they typically have poor education and limited social contacts.

Many of the women participants interviewed considered being a widow as a source of vulnerability in and of itself: respondents noted that they felt under constant surveillance by relatives and community members, were expected never to enjoy themselves or spend anything on their own needs, and considered to be an object of charity. One young widow complained that: *'I am only expected to go out if in the presence of my brothers'* (female beneficiary, 33, Hebron), while another noted that: *'I wouldn't even dare to buy a new scarf'* (female beneficiary, 33, Jenin camp).

However, widows seem to face less stigma than divorced women. As one older woman explained, *'My daughter divorced and she came to live with us. Over the last four months she has not had even 5 shekels to buy anything. I feel so sad when I look at her face'* (female beneficiary, 70, Jenin camp). Moreover, there was a general consensus that widows have better opportunities of being helped by charitable and Islamic relief agencies compared with women who are divorced or never married. When one young woman in a community meeting in Jenin was asked who are the most vulnerable people, she said *'If I were to have money, I would not give it to a divorced woman but I would help those who are widows with orphan children'* (female beneficiary, 36, Jenin). Such attitudes are motivated by religious beliefs and the high value put on such tithing practices in Islam.

Absence of connections, voice and agency: Another category of vulnerability that emerged clearly from the interviews across both study sites was the dearth of voice and social connections that vulnerable groups have. Beneficiaries in both Jenin and Hebron commented that people who are not connected politically or do not come from an influential family or circle would not have access to assistance, work and support. This makes them vulnerable to economic, health and psychosocial conditions and isolation. As one man from Hebron said: *'Those who have wasta [social connections] live, and those who don't, do not live'* (male non-beneficiary, 62, Hebron). Others noted that if you know an influential person or are connected because of family relations, you are more likely to get support – either directly or in terms of someone advocating for your inclusion in the programme.

A related vulnerability concerned individual voice and agency: that is, people who are not vocal and persistent about their poor conditions are considered poorer than those who are in need but manage to get help from different organisations. Although this category of poor people is viewed as 'dignified' because they try to conceal or downplay their situation, they are less likely to receive support from local and international organisations. In this vein, one man from Hebron city reflected that: *'Those who have silent tongues can't get what they want; these are the real poor people'* (male non-beneficiary, 56, Hebron city). Another man from Jenin city noted that: *'The poor are not the ones who present documents proving they are poor, but the poor are those who are dignified and don't go to ask for help from others'* (male beneficiary, 44, Jenin city).

In this regard, the patterning of vulnerability also varies depending on the socio-cultural context. Women in Jenin, and especially among the refugee population, were more vocal about their rights, more open about expressing their vulnerabilities, and also more willing to seek help than their counterparts in Hebron. By contrast, and as we discuss in more detail in Section 7.2, women in Hebron are more likely to take on additional home-based or agricultural work to make ends meet rather than seek external support. As one woman from Hebron city said:

'I am a young widow with two children and live with my husband's family, it will be very difficult for me to go to other houses to work. People here are not like in Ramallah. The men of my husband's family would not allow me to work.' (Female beneficiary, 42, Hebron city)

Young females in female-headed households: Teenage girls and young women in female-headed households are also exposed to greater social and mobility restrictions in their home by male members of the family such as brothers or uncles. These restrictions are usually imposed because of a perceived need to 'protect her' from possible harassment or 'wrongdoings' as per local culture. A young unmarried woman could not attend the pilot focus group discussion without her mother, who said to the researcher:

'It is not accepted to see young women walking alone without their mothers or mother-in-law. Can you imagine what people would say about them?' (Mother of female beneficiary, 22, Rafat)

Substance abuse: Palestinians in the West Bank have been facing a range of political, economic, psychosocial and cultural challenges for a prolonged period, and associated stress and frustration is manifesting itself in an increase in high-risk behaviours such as alcohol and drug use. While there are no national studies on the prevalence of drug use in the West Bank, there is a consensus among health experts that substance abuse is on the rise, especially among the male population, as suggested by some of the interviewees in Hebron and Jenin. A number of respondents, especially in camps, indicated that vulnerability includes women whose husbands or children are drug addicts or alcoholics and suffer different types of psychosocial and physical challenges. As one woman with an alcoholic husband noted: *'My husband is alive but almost unconscious and always drunk. He is a dead man, for me, he is alive but he does not do anything like any father who performs his duties'* (widow beneficiary, 37, Jenin camp).

According to respondents, drug-dealing and addiction appear to be a relatively common problem within the camp environment. This is also affecting the lives of families who have children as they are beginning to turn to drugs, smoking and drinking alcohol. This increases the economic and psychosocial vulnerabilities among these families. Some parents reported that children are rebelling against them and that they can turn violent, demanding money for drugs.

'My son beats me when I don't give him money on daily basis, he needs to buy things like his peers in the neighbourhood but because we can't, he becomes angry and beats me.' (Female beneficiary, 37, Jenin camp)

'Others noted that this behaviour 'is a big source of stress, makes us nervous... [and] we are losing control over our children'. (Female beneficiary, 53, Jenin city)

'I receive 750 NIS from the cash transfer programme. I have two sons, one of them is addicted like his father. When I don't have money to give him so he can buy his drugs, he starts to break all the things in the house. One time in the middle of the night he attacked me. I escaped from the house, rushed to the police. They said to me 'go and bring me medical reports as evidence that you are hurt in this incident'. (Female beneficiary, 43, Jenin camp)

Spatial vulnerability: A person's place of residence can also be a source of vulnerability. Interviewees noted that poor people are often 'marked' by the place where they live and suffer from continuous harassment by other families who live around them. A female household head from Hebron noted that:

'... when a poor woman walks in the street, people stare at her and say this woman is from X area (a poor neighbourhood), isn't there anyone who could help her ... These areas often do not even receive municipal services – neighbourhood rubbish bins aren't there. Even if they are, they aren't emptied regularly.' (Female beneficiary, 48, Hebron)

This can also translate into discrimination against children by others who enjoy better living conditions. One example given in a focus group discussion was of a poor widow from Jenin city living among rich neighbours who was acutely aware that her children did not fit in. Once, a better-off neighbour gave her family 50 NIS through her son, who was playing with the neighbour's son, but it was communicated in a condescending rather than generous way so that the focus group participant's son felt humiliated by the experience. In general, however, in Jenin, poor people tend to be concentrated in the poorer neighbourhoods. One beneficiary, who lived in the poor eastern neighbourhood of Jenin city, said:

'There is a stigma against us in rich neighbourhoods (but) here in this poor neighbourhood, everybody is of the same economic status, rents are low, no one looks differently at anyone else, all are poor.'

She added: *'Poor people in other areas would go to live in the eastern neighbourhood so that they would fit in – to avoid discrimination. Also, here we have cheap rents and occasionally you can be excused from paying electricity.'* (Beneficiary, widow, 39, Jenin city)

Other spatial vulnerabilities included poor infrastructure and related problems of hygiene and ill-health:

'Even decorative trees and flowers – poor areas are not included in urban beautification; this [neglect] also brings diseases, cats, filth, etc. Trash bins should be emptied weekly, but in poor areas they are not – and so there are lots of associated health problems.' (Female non-beneficiary, 40, Jenin city)

'People from neighbourhoods would sometimes burn rubbish, it smells bad. There is no infrastructure, the streets are full of potholes.' (Female beneficiary, 36, Jenin city)

In the case of Hebron, where the city is divided by a major Jewish settlement, participants in the focus group discussion also noted that living close to the settlement was an additional source of vulnerability. They risked being attacked by settlers or seeing their businesses suffer as people avoided shopping in areas close by, and households with adolescent males risked seeing their children imprisoned by the Israelis for attacks on the settlements.

7.2 Coping strategies

Beneficiaries used a variety of creative ways to deal with their considerable economic and psychosocial challenges. It is, of course, important to note that during and after the Second Intifada, due to a rapidly deteriorating economy and spike in unemployment, many families exhausted most of their savings, assets and resources, making them more vulnerable to new challenges (World Bank, 2010b). Perhaps not surprisingly, respondents tended to focus on coping mechanisms that deal with economic and financial difficulties, and only gave information on how they cope with psychosocial challenges when probed in interviews. Many did, however, emphasise that they face a huge social and psychological burden, especially female-headed households, which endure significant responsibilities but need to meet these in the context of the lower socio-cultural status attributed to being both poor and female in the Palestinian context.

Overall, it was apparent that although the cash transfer they receive from MoSA is insufficient to meet all their basic needs, it has helped them to cope with life's daily challenges. As the director of the

MoSA programme in Jenin said: *'People have knocked on our door because they do not know where to go or to whom to turn. It is as if we are the address for all the society's problems.'*

Perhaps most importantly, being part of the cash transfer programme has increased beneficiaries' awareness of a range of other types of assistance, with the more persistent now also receiving assistance from Zakat committees, charities, health and psychosocial services, job creation and income-generating projects, emergency funds, or others (see Box 3 below). Together, these provide the majority of respondents with the basic means to cope with financial and other difficulties.

Box 3: Complementary forms of social assistance

Two key non-government providers of social assistance in the West Bank are the Zakat committees and the United Nations Relief and Works Agency (UNRWA).

The Zakat committees, which build on Muslim norms of tithing, help poor people with donations of cash and in-kind assistance as well as education fee support. They have recently been undergoing major reforms, and are now consolidated into 14 regional committees in the West Bank. They target families who cannot meet their basic needs of shelter, food, education, and also families with members with disabilities and orphans under the age of 18.

UNRWA is a major service provider in the West Bank and relies on three areas of support to complement vulnerable people's existing coping strategies and incomes by providing financial or in-kind assistance. These three areas are as follows:

Cash-for-work: This programme provides short-term employment positions at a salary of \$420 per month for those refugee families who are most food insecure and vulnerable. Depending on their level of food insecurity, families are eligible for one to three months cash-for-work in every six-month period, determined by the income needed to reach marginal (90%) food security (defined as not having to substantially reduce the quality, variety and quantity of their food intake) (USDA website). The cash-for-work scheme offers the additional benefit of contributing to improved community and public infrastructure.

Food assistance: This programme is provided to families living in localities without functional markets or with physical access constraints to food, generally in Seam Zone (an area in the West Bank located east of the Green Line and west of the Israeli barrier largely populated by Israeli settlements) and Area C herding communities.

Cash assistance: This is provided in cases where families are unable to provide a candidate for cash-for-work and instead receive a cash subsidy. As a pilot in 2011, 7,000 food insecure and food vulnerable refugee families unable to enrol in cash-for-work received a cash transfer. In 2012, cash assistance is being expanded to reach more beneficiaries.

Borrowing and paying off debt

Many respondents noted that the cash transfer was helpful in allowing them to borrow money from neighbours, friends or family members to tide them over during difficult times, and also in paying off debts, especially for basic services such as utility bills, food and rent. As one widow noted, *'We postpone paying for one thing to pay another'* (female beneficiary, 37, Jenin). The majority of women and men interviewed in both sites, for example, indicated that they accumulate utility bills (ranging from 1,000 to 12,000 NIS) until they receive the cash from MoSA through the bank. People pay the electricity debts when the electricity company alerts them that electricity will be cut off, and therefore they are forced to pay part of their bill, but often they are juggling multiple debts. One woman refugee from the Jenin camp explained that: *'For example, this time I paid part of the debt for the taxi and postponed paying for the electricity bill, etc'* (female beneficiary, 38, Jenin).

Reducing consumption and service uptake

Beneficiaries indicated that reducing consumption in a wide variety of domains was another critical coping mechanism, and they often used the term *'taltheeq'* as expressed among different interviewees, which means being frugal, *'trying to use the money in a very careful and conservative way in order to make ends meet'*. In terms of food, many respondents reported scaling back on expenditure on basic foodstuffs (such as meat, vegetables and fruits, and store-bought bread),

'cooking fewer times per month (e.g. just once or twice a week and with meat only once or twice a month' (female beneficiary, 37, Betunia), 'sharing food with neighbours and relatives, or going to the mosque when there is a food distribution every Monday and Friday' (woman, 38, focus group discussion, Hebron). Many women also indicated that they go to the market and look for cheaper, poor quality vegetables and fruits:

'Nowadays things are very expensive and we can hardly afford buying vegetables and fruits from the market. We look for bad quality or thrown away stuff like tomatoes, potato, eggplant, cucumber, onion, and occasionally fruits.' (Female beneficiary, 42, Jenin camp)

In the case of utilities, respondents reported trying to reduce the amount of electricity and water they consume, as one widow said: 'turning on appliances only a few hours a day in winter, lighting just one room' (female beneficiary, 37, Jenin city), 'doing laundry only once a week, replacing cooking gas with wood for cooking and heating' (female beneficiary, 37, Betunia)', or borrowing electricity and water from nearby vicinities such as neighbours' houses, mosques, shops and even electricity sources from the street.

Many respondents also lamented that they had to reduce spending on their children, including buying fewer clothes or using second-clothes (from neighbours, relatives, charities or mosques), sending children to school on foot, reducing pocket money for children, reducing social and recreational events, and postponing their university education.

'I have been wearing my school uniform for six years. My sister and I have one pair of trousers, which I usually wear when I visit my friends. The problem is when my sister needs to wear the same trousers at the same time as me. Recently, we fought over the trousers, and as a result I fell from the stairs and fractured my hand.' (Female beneficiary, 17, Jenin city)

'I have two sons in school, but I do not give them pocket money. This does save money, but this, however, keeps them hungry all day. They come home telling me that their peers had bought candies and they did not.' (Female beneficiary, 45, Hebron city)

Others also reported giving up medicines that they have to pay for and which are not available at the public health clinics, and restricting their activities outside the house so as to cut down on transportation costs.

Seeking paid work for themselves or their children

As discussed above, the overall rate of paid employment among women in the OPT is very low and this pattern was also reflected among our respondents, with a number of women reporting that despite their tertiary qualifications, they had tried out different low-skilled jobs just to make ends meet, while some had failed to get a job at all. As one woman from Jenin city noted:

'I want to be frank with you, I am married and my husband is a worker in a carpentry shop, and I have a sewing machine. My husband helped me to complete my university studies and this was an investment for him. After I graduated, I asked MoSA to give me a letter to help me get employed by the Ministry of Education and then went to that ministry and was told you have to wait until there is a vacancy. The paper from MoSA did not help me get the job and I am still waiting.' (Female beneficiary, 32, village in Ramallah district)

Moreover, poor women interviewed in both sites indicated that their caring responsibilities can leave them with little time, or they cannot easily find work for a range of reasons: for instance, older women and women with disabilities may find it difficult to leave the house, women may have low education and poor skills, childcare responsibilities that leave little time, lack of approval from husbands to work outside the home (especially in Hebron), or they may fear being abused, or face social stigma and shame.

However, some women (usually those with older children due to limited childcare options) acknowledged that they coped by working full-time to supplement their income. Widows often work as cleaners or janitors, pick vegetables or sell home-prepared food, dried herbs, vegetables, sweets, olives, and other products.

'I worked in everything; I harvest vegetables in the close farms to cover my daily basic needs. (Female beneficiary, 37, Jenin city)

Others reported engaging in small businesses such as renting plots of land to plant and sell vegetables, selling goat milk, soap and meat, making pillows and dresses, taking photos at weddings or striking bargains with local merchants to promote certain commodities such as clothing, chicken, homemade products, food products and sweets. For instance, a widow from the Jenin camp explained: *'I work where I can get a good bargain. I tell the merchants, for example, "If I bring you 10 women daily to buy chicken, then I get two chickens free." This is the only way we can eat chicken.'* (Female beneficiary, 37, Jenin camp)

In some cases, these coping strategies came at the cost of their children's well-being, as single parents or single income-earners had no other sources of support:

'I was obliged to let my son drop out of school at nine years so that he can help me as a worker when my husband abandoned us and went to Amman. I also do work drying sheep skin to sell to people.' (Female beneficiary, 48, Ramallah city)

'Some families send their children out to sell coffee near traffic lights in Jenin city, home-baked cake or sweets in the market in kiosks, to beg from others in the street, near the mosque or from car drivers and shops, or to collect metal or plastic to sell from dumpsters or landfills.' (Female beneficiary, 37, Jenin city)

'During the summer break, so as to complement the money from the cash transfer, my son [15 years] works from early morning until evening, until the sun subsides, for only 20 NIS a day. His body is burned by the sun, also he is harassed by the police as they don't allow kids under 18 to work. I don't know what else to do given my back problem.' (Male beneficiary, 38, Jenin)

Selling personal belongings

Although the previous Intifadas and the long economic hardship have stripped families of many of their savings and assets, in some cases, women or men also reported selling assets such as gifts, gold, food, furniture and land to make ends meet. A widow from Hebron said: *'When my husband died, I sold all my gold for nearly 5,000 JD to pay all his debts and help us cope with the loss of my husband's income'* (female beneficiary, 48, Hebron). Another widow said: *'Sometimes I sold packages of sugar and some of my food to meet urgent needs for my children as I did not have any other choice'* (female beneficiary, 38, Hebron).

Soliciting charity

Many interviewees indicated that women or men who are vocal and ask persistently tend to be better off than those who are unable to express their needs. As one woman noted: *'If you have a tongue and keep visiting MoSA directorate in Jenin, at the end you will get what you want. I know many people who were rejected by MoSA but still managed to be beneficiaries'* (female beneficiary, 54, Jenin camp). Similarly, the majority of male and female participants in both Jenin and Hebron indicated that people who have *'wasta'* (connections) or *'have a strong back'* (meaning people with social support) are more able to manage their life demands and difficulties. Beneficiaries and non-beneficiaries alike indicated that it is common to seek support from a range of formal institutions (including MoSA, the Muslim Youth Society, religious organisations that give out food, organisations that support orphans, and political parties) but that in reality it is more common that they get informal assistance from individuals who provide charitable donations (*Ahli-elkhair*).

For example, one widow said: *'My oldest son has someone to sponsor him by AL-Zahra society for 100 NIS each month'* (female beneficiary, 54, Jenin city) while another young widow in Hebron similarly noted that: *'The Zakat committee gives me 25 JD each three months, it is so little money but it is better than nothing'*. In some cases, individual charity may even prevent a family from falling into financial ruin, as this example illustrates:

'One time my daughter had an accident and did not have health insurance, so when I took her to the hospital, the hospital treated her but I could not pay for the cost of treatment. Then the hospital threatened to imprison my husband if I didn't pay. I went to MoSA but no one helped

me, and finally I found a decent charity person who paid the money to the hospital.' (Female non-beneficiary, 38, Hebron city)

Marrying off daughters early

For some women, marrying off their daughters early so they do not have to keep supporting them economically is a coping mechanism of last resort. One widow noted: '*As they say in our community – marry your daughter off – she is pretty and you are poor [meaning trade beauty for money they don't have]*' (female beneficiary, 44, Hebron city). In both Hebron and Jenin, a number of women, especially those with large families, also acknowledged that they had sought to marry off daughters to alleviate economic problems, even if this was at the expense of the girl's education. '*After the girl finishes high school – get her married – and then the husband can support her university study, we can't afford it*' (female beneficiary, 44, Jenin city). A former beneficiary from Hebron noted that she had left the cash transfer programme so that she would be more socially accepted and in turn make her children more marriageable, while another woman from Hebron with 12 children, in a very desperate situation, explained that she had married her daughter off to a much older man with three wives to '*protect her from poverty*' and from her father, who had sexually abused her (female beneficiary, 42, Hebron).

Getting psychosocial support

Seeking formal psychosocial support is not a common strategy among women beneficiaries interviewed for the study. There are some programmes (including those run by local NGOs, the YMCA, UNICEF, and Doctors without Borders) in the West Bank that provide outreach psychosocial support services, but they are generally inaccessible or available for only a minority of beneficiaries. For mental health problems, social workers refer such cases to more specialised institutions, but there is still a strong social stigma around mental illness, which prevents people accessing mental health services (WHO, 2010).

In order to cope with psychosocial vulnerabilities and challenges, women in both Jenin and Hebron commented that they found the focus group discussions a very useful opportunity to vent their anger and express themselves about the problems they face. One refugee woman explained that '*This is the first time that someone listens to us and respects us*' (female beneficiary, 41, Aroub camp). Outside of this type of community discussion (which appears to be very infrequent), women noted that they largely relied on informal social support systems within their families and the community. In particular, many women respondents noted that they relied on their daughters as confidantes and sources of support, and likewise daughters relied on mothers in times of stress:

'After my husband died, my mother spent all her time with me.' (Female beneficiary, 38, Jenin city)

'I do not trust anyone to talk to; my daughters are my close friends.' (Female beneficiary, 54, Jenin city)

'Those with daughters who keep their secrets and feel with their mothers and use crying as one of the common strategy for coping.' (Female beneficiary, 38, Hebron city)

In the case of widows, sometimes respondents noted that they were able to find solace from other women in the same situation. One widow noted that: '*When I am stressed, I talk to my neighbour, she is a widow like me and she understands what I am going through*' (female beneficiary, 38, Jenin city). An older widow, however, noted that she often felt very socially isolated (female beneficiary, 48, Jenin camp), and similarly a younger widow confided that '*We cry and keep everything in our heart*' (female beneficiary, 35, Jenin city). One creative strategy employed by one respondent (female beneficiary, 38, Jenin camp) with nowhere else to turn was to open her closet, walk in, scream loudly, and then walk out.

In Hebron, however, women in focus group discussions expressed the need for such services to help deal with their psychosocial difficulties and mental ill-health. They complained that social workers cannot afford the time to listen to them as they come just once a year and focus on assessing their economic situation. When talking about coping with stress, women indicated that many of their psychological difficulties resulted from the Israeli occupation. One widow, for instance, noted that '*I incurred a neurological disease after my husband was killed in front of us; my daughter goes to the*

clinic to bring me medicine and has no shame about this' (female beneficiary, 42, Jenin city). Another young mother emphasised how anxious and hopeless she felt following the arrest of her 14-year-old son by the Israelis following an incident with the Jewish settler community: *'They do this to break us and destroy our futures. I don't know what to do ... We have no money to pay the fine that is needed to secure his release after three months. I cannot even visit him – they only give permission to his sister to visit'* (female beneficiary, 38, Aroub camp).

Using drugs

During interviews in both Jenin and Hebron, respondents indicated that drug use among men is increasingly prevalent as a mechanism for coping with severe stress and extreme poverty. Beneficiaries use a range of drugs, including injectables, alcohol, tablets and sedative-emitting skin adhesives. Some interviewees indicated that husbands or sons threaten women beneficiaries to get money to buy drugs to support their addiction. One woman said: *'My husband tries to take the cash from me when I get it from the bank to buy drugs'* (female beneficiary, 44, Hebron city). Another woman complained that once her husband sold house assets to pay for drugs and is often violent: *'Every time I receive the cash from the bank, my husband beats me, so I'm forced to agree to give him some money to get drugs'* (female beneficiary, 38, Hebron city). In a few cases, women reported these incidents to the police and in some cases through MoSA social workers, as there is some coordination with the police to deal with such cases. In general, however, such cases remain under-reported, reflecting women's lower socio-cultural status and lack of power within family relationships.

The use of drugs as a coping mechanism seemed to be virtually unheard of among women. Only smoking – a habit which is generally not socially acceptable for women – was mentioned by some as a coping strategy. This seemed to be more common among women in Jenin than in Hebron as a means to vent their anger and stress, although in Hebron a few women reported smoking in secret.

8 Community and beneficiary perceptions of programme design and implementation

Recent evaluations of the Palestinian National Cash Transfer Programme (PNCTP) have focused primarily on the extent to which it is effectively targeting the extreme poor and having an impact on consumption poverty (World Bank, 2011). A wider assessment of programme experiences and the effects of the cash transfer on the multiple dimensions of vulnerability (as discussed in Section 7) among diverse beneficiary groups has hitherto not been undertaken. However, as highlighted by a growing evidence base, unless broader inequalities and socio-political marginalisation are tackled, meaningful and sustainable approaches to poverty reduction are likely to remain elusive (UNRWA, 2011a; UNRWA, 2011b). The findings from our primary research therefore represent an important opportunity to strengthen understanding of the underlying pathways through which unconditional cash transfer programmes deliver change; they can also help us unpack the effects of programmes on social risks and vulnerability, and how these factors intersect with economic risks and vulnerabilities.

In this regard, MacAuslan and Riemenschneider (2011: 1) suggest that social protection interventions, particularly cash transfers, should be conceptualised as ongoing processes of intervention in a complex system of social relations. Within this system *'Individuals are embedded within institutions at several levels: households, communities and national political and social institutions'* through which resources, power, and knowledge flow. Cash transfer interventions operate through and affect these flows at each level.

With this in mind, this section provides an overview of beneficiary views of programme design and implementation, including the targeting and application process, knowledge of programme objectives and regulations, as well as their experiences with programme implementers. This enables us to contextualise our analysis, in Section 9, of community perceptions of the value and impacts of the cash transfer at different levels (individual, household, community, and polity), and explore the extent

to which these views are similar or divergent across different groups – especially female-headed households compared with male-headed households, and refugees compared with non-refugees.

Overall, beneficiaries acknowledged that the PNCTP is an important but limited component of their range of coping strategies. It is valued in part because of its broad eligibility: *'refugees and non-refugees, rural, urban and Bedouin'* (male member of the social protection network, Jenin camp). He added: *'This is the first programme that does not discriminate between refugees and non-refugees ... Too often we hear when we recommend assistance for refugees – no UNRWA helped them.'* Some people reported that they had gone to considerable lengths (in some cases, over several years) to apply to the programme, including multiple visits to local offices of the Ministry of Social Affairs (MoSA) and other agencies to obtain the necessary documentation. They also reported that they approached the annual assessment visits by MoSA social workers with considerable trepidation, fearing that they may be excluded from the programme at some point in the future. Given limited and decreasing sources of alternative forms of informal and formal social assistance, as well as the limited income-generating opportunities available, female-headed households in particular appeared to rely heavily on the programme as a minimum safety net, and especially those who had been beneficiaries for a number of years. As one 24-year-old son of a female household head beneficiary noted: *'Little continuous drops of water is much better than a river that may dry up.'*

Despite this strong reliance on the cash transfer programme, many people have limited knowledge about the aims and rationale underpinning the recent reforms. In particular, a significant number of people (beneficiaries and non-beneficiaries) remain largely unaware of the shift from categorical to poverty-based targeting and the purpose and implications of the introduction of the proxy means test formula (PMTF) to determine eligibility. Some respondents were aware that eligibility is determined by assessing the economic status of a family through a computer-based programme, but the large majority lacked understanding of the purpose of the household-based assessments, continuing to believe that eligibility is supposed to be linked to specific forms of vulnerability (e.g. disability, chronic illness, large family size)¹⁹ and that social workers ultimately retain decision-making power on eligibility, retention in the programme, and the amount of cash disbursed.

Targeting

Most respondents generally felt that the programme is targeting the poorest and most marginalised families in the West Bank, but that significant inclusion and exclusion errors persist. Many felt very strongly that a considerable number of households were receiving assistance unfairly, while more vulnerable families were not benefiting because they lacked the ability, resources and personal connections to effectively navigate the social protection system. Respondents emphasised that becoming programme beneficiaries necessitated hearing about the programme from friends, family or contacts, and going in person to a local MoSA office. Although awareness-raising campaigns through local media, leaflets and announcements by loudspeakers at mosques were carried out in Hebron and Jenin (in 2005 and 2011) to inform people about the programme, MoSA does not have the resources (or mandate) to actively seek potential beneficiaries, and only carries out home visits after an application has been submitted. However, for the most vulnerable people, this may present a nearly insurmountable barrier, as the following quotation highlights:

'My husband suffers from Alzheimer's with memory loss every hour, half an hour. And I had a stroke at a young age (36) and while my kids were all young. After that, I had to take regular injections that cost 100 NIS per day. People in the camp were asked to chip in to cover the costs of the injections given my circumstances, and as a result a neighbourhood widow suggested that I go and ask for help from MoSA as I had young kids to take care of. I explained I couldn't because of my husband's problems and so she went to apply to MoSA on my behalf. But MoSA refused to accept the application and said I had to put the request in in person. But how can I? My situation is impossible.' (Female non-beneficiary, late 30s, Qalandia camp, Ramallah, during interview as part of the demand generation consultation (DGC) exercise)

Hebron respondents in particular noted that the governorate has many remote villages and that without community leaders (including the municipality and women's organisations) identifying and

¹⁹ As discussed in Section 7, this is not entirely surprising given that a significant portion of eligible households are still included on the basis of categorical vulnerabilities despite exclusion on the basis of the PMTF. This may, therefore, explain part of the source of confusion if beneficiaries and non-beneficiaries alike compare their circumstances to others on the programme.

sending people to MoSA on their own initiative, many very poor people would not receive any support. The municipality head in Jenin gave the example of a family in a nearby village with three disabled members who were identified by a local mayor and sent to the municipality for help: *'We immediately went to the family. In the beginning, they tried to hide the disabled persons in the house because they felt ashamed. They asked for help but didn't want to disclose the fact that they had family members with disabilities.'* Similarly, a leader in the Women's Union noted that: *'When I came to West Bank, the women were not so active and they were ashamed to ask for help but after 1994, with the PA in control, many women organisations were established that supported women and encouraged them to ask for help and their rights'* (female beneficiary, 52, Jenin). A similar pattern was noted among the Bedouin community included in our fieldwork, as highlighted in Box 4 below.

Box 4: Social and economic exclusion experienced by Bedouin communities

The Bedouin community residing in Area C are the Jahalin tribe, who were expelled from the Tel Arad area of the Negev in the early 1950s. The Israeli Government heavily restricts the movement of Palestinians in Area C, with 70% of the land off limits to the Palestinians for any development. This restriction has affected the traditional livelihoods of the Palestinians, which include herding; and it has had a particularly serious impact on the pastoralist Bedouin, whose dwellings are often at risk of demolition for violating the mobility restrictions. As a result, living conditions for many of the West Bank Bedouin are dire; most of them do not have access to water, electricity or sanitation. Many are food insecure (i.e. have limited access to and availability of food); in Area C, 79% of the herders fall within this category, compared with 25% of the total Palestinian population of the West Bank. In addition, 42.5% of the herders from Area C have poor food consumption (shaped by financial and socio-cultural factors) compared with 10% of the West Bank Palestinian population, and only 6.7% of Area C children eat the recommended three meals a day.²⁰

These conditions were mirrored in the Bedouin community in Anata, Jerusalem Governorate,²¹ Area C, where we also interviewed people for this study. As one older widow in a focus group discussion explained: *'Poor people are like us, with no income or land or proper house – we have a roof but it leaks when it rains and we have no electricity to heat the room with in the winter ... Six years ago the Israelis came and destroyed our houses ... It was in the middle of winter. We have rebuilt but they have a demolition order so they could come at any time ...'* (widow, older age, non-beneficiary, Anata). Another emphasised: *'Things we really want we can't buy, things we deserve we just don't buy, everything is very expensive. It's so bad – it's sad. Sometimes we go to sleep hungry'* (widow, middle-aged, non-beneficiary, Anata).

Economic marginalisation is in turn compounded by a profound sense of social exclusion among interviewees. As one older widow explained: *'No one comes to help us. They assume we are rich because we have goats and sheep – and they say Bedouin move from place to place and take from everywhere. But in reality we have no support – only MoSA now – God bless – they visited us and told us we needed these documents and now we have this little cash every three months'* (widow, older age, beneficiary, Anata).

There was a general feeling that even social workers do not bother to check on Bedouin communities, and this sentiment was confirmed by the local cooperative leader who highlighted that only with his mediation did social workers visit, and that even then they tended to go through him to find out about individual household vulnerabilities rather than take the effort to visit prospective beneficiary houses in person. As one focus group discussion participant lamented: *'Even if we were hanging by a rope they would not help us! ... They don't tell us anything [about other services and entitlements] – only from each other and our neighbours do we learn about our rights'* (female beneficiary, middle-aged, Anata).

While interviewed beneficiaries were obviously grateful to be part of the PNCTP, especially because of a high incidence of chronic illness and disability within their families, incurring expensive and hard-to-obtain medicines and treatments, there was also a strong feeling of disgruntlement about the various stages involved in obtaining the requisite documentation, especially as no one seems to want to address the concerns of the Bedouin community: *'Following the Oslo Accords, Israeli support has*

²⁰ See Amnesty International (2012); Mihlar (2011).

²¹ Anata is a Palestinian town in the Jerusalem Governorate in the central West Bank, located 4 km north-east of Jerusalem. The total number of Bedouin families in Anata is approximately 110 (90 outside the separation wall and 20 inside the wall). Interview with Bedouin leader, September 2012.

stopped and we don't exist because we are in Area C. And then the PA says we can't help you – you are in Area C. So we have nothing' (male, local key informant, Anata).

Some respondents were resigned to this state of affairs but others were adamant that the authorities need to be held to account, as this quote from an older widow highlights: *'Write up a report about us and take our complaints ... We want a place to knock on the door and be listened to – but MoSA gives us a deaf ear. We want to know where to complain. Dear God, if they would tell us where we can make our voices heard, we would go with our complaints'* (widow beneficiary, older age, Anata).

During discussions around inclusion errors, respondents frequently used the term 'injustice' when mentioning cases of PNCTP beneficiaries who they think do not deserve to be part of the programme, and attributed the problem to the widespread system of clientelism or *wasta*. Some respondents complained of acquaintances they knew who had been included primarily because of contacts with social workers or MoSA staff.

'There is this family – I don't want to mention names – and they have buildings and cars and assets ... and they have links and connections and ties to MOSA ... so they benefit the most. These people are eating up MoSA's resources.' (Male beneficiary, middle-aged, Aroub camp)

'The protection committee is a big lie. They support those with whom they have interests. I went to them and asked for help but they said nowadays there is no financial assistance. I shouted and said, "you are not fair", but they told me to shut up.' (Female beneficiary, 38, Jenin camp)

Social workers also recognised that historically clientelistic practices had been a problem in some instances, particularly regarding the role of the social protection committees, whereby: *'We conducted meetings for social protection and discussed with them the list of beneficiaries and sometimes they are biased towards some potential beneficiaries – they clearly serve their own interests and constituencies. Yes, "wasta" does play a role'* (social worker, Jenin). Other respondents noted that some beneficiaries give gifts to social workers to improve their chances and build good personal relations (male beneficiary, 54, Jenin camp), with some even suggesting that some form of sexual incentive could at times play a role in programme inclusion: *'They did not give me any money or any type of assistance because I did not come to see them with my young daughter well dressed like others'* (female non-beneficiary, 38, Jenin camp).

Despite these comments, there appeared to be a general consensus that neither mosques nor political parties played a significant role in targeting programme beneficiaries. Zakat committees have historically been an important source of support to some of the most vulnerable families, but in recent times their influence was felt to have dwindled significantly (see Box 5).

Box 5: The evolution of Zakat committees in the West Bank

Phase 1: Jordanian law (until 1967)

During this phase, the West Bank was still under Jordanian control and governed by Jordanian law. Zakat committees were mainly based in mosques where alms were collected and distributed. Some of the income for the committees was also derived from *waqf* (real estate) assets. Alms collected were distributed to poor and needy people, which was mainly the responsibility of the Imams but governed by Islamic law under the supervision of the Jordanian Ministry of Awqaf, which was in charge of religious affairs and holy sites in the West Bank, including Jerusalem.

Phase 2: Israeli occupation (1968-1994)

This phase started after Israel occupied the West Bank and Gaza in 1967. Zakat committees increased their activities and had the opportunity to work relatively freely. With the outbreak of the First Intifada (9 December 1987), the committees became important channels for bringing foreign funding to the West Bank. As a result, they built schools and health centres and created jobs to compensate for services that were lacking as a consequence of the ongoing Intifada. At the end of the Intifada and with the establishment of the Palestinian Authority (PA) in 1994, the PA assumed responsibility of Awqaf and Zakat committees in areas under their control, but not those in Jerusalem, which remained under the supervision of the Jordanian Ministry of Awqaf as of 2009.

Phase 3: New PA (1994-2006)

The newly established PA appointed a number of new people to high posts in the Ministry of Awqaf. The Jordanian Zakat law remained applicable during this period, with the PA indicating this would continue until the establishment of a Palestinian state, which would allow for the drafting of a Palestinian Zakat law. Under the guidance of the PA Ministry of Awqaf officials, Zakat committees were also established in Gaza, where they had previously not existed.

Phase 4: Hamas governs the PA (March 2006-June 2007)

During this period, Hamas appointed the Minister of Awqaf of the first Change and Reform Government. After his arrest by Israel on 29 June 2006, another minister was appointed. Consequently, the international community boycotted the new government and Israel withheld taxes that it had previously collected on behalf of the PA. The Ministry of Awqaf of Hamas registered 32 informal local committees as Zakat committees. In March 2007, the Hamas-Fatah unity government was formed and appointed the Minister of Awqaf for a short time. The unity government did not last long. By June 2007, there were 92 Zakat committees registered in the West Bank: 1 in Jenin, 19 in Nablus, 5 in Tubas, 4 in Tulkarem, 11 in Qalqilia, 12 in Salfit, 1 in Ramallah and 1 in Albireh, 9 in Jerusalem, 9 in Bethlehem, 13 in Hebron, and 7 in Dora.

Phase 5: Prime Minister Fayyad's emergency cabinet (June 2007 to the present)

On 15 June 2007, a new prime minister was appointed with a new government. On 12 July 2007, a new Minister of Awqaf and Religious Affairs was appointed and implemented a reform of the Zakat system in consultation with the Council of Ministers. The 92 West Bank Zakat committees were dissolved and 11 central committees were formed, although most members were new and had little experience. Following initial difficulties, the committee composition was modified and by 2009, the central Zakat committees involved a broad range of government and community representatives.

Source: Schäublin, 2009.

A number of issues around targeting criteria and weighting were also raised during fieldwork discussions as underpinning unfair exclusion. One respondent captured community views about the lack of transparency surrounding the mechanics of the PMTF by likening it to '*the Coca-Cola secret formula*'. A common complaint related to family size, and the fact that large families often have to make do with the same transfer amount as much smaller families or even an individual beneficiary. While it is clearly problematic to offer cash support on the basis of family size, given the scope for perverse incentives (especially in a context such as the OPT, where fertility rates are unusually high), it is also the case that the potential to effectively address consumption and human capital development deficits through a cash transfer without such differentiation is very limited.

The perceived disproportionate weight given to housing conditions, including furniture, and the fact that these do not correlate well with poverty, was also a frequent complaint. Many respondents emphasised that historically, they had been relatively better off, especially those with work in Israel, but following the Second Intifada, their earning possibilities had shrunk dramatically. Beneficiaries complained that when social workers visit these families, they focus on '*nice sofas*' or a '*recent model refrigerator*', and fill out their assessment accordingly, overlooking their current circumstances. These findings echo some of the findings from the recent World Bank assessment of the PMTF. However, as noted previously in Section 7, the formula is still considered a work in progress, with key policy actors already planning to take steps to address some of these weighting limitations.

Amount and frequency of cash transfers

All beneficiaries interviewed for this study complained that the amount of cash was too little to cover households' basic needs, especially in large families. Many said that unless they also had other sources of assistance, they simply would not be able to cope, especially in the context of recent rapid spikes in the cost of living. Furthermore, with the unification of the two previous cash transfer programmes into the PNCTP, some beneficiaries are now receiving less cash – 750 NIS down from 1,000 NIS (a reduction of approximately \$65) every three months (especially those in the two 'better-off' categories) while beneficiaries in the third 'extreme poor' category can now receive more than 1,000 NIS every three months. Those who have been negatively affected are, not surprisingly, resentful, but also largely unaware of the reasons for the reduction, which further adds to their resentment.

All beneficiaries interviewed stated that they would prefer the cash to be distributed more frequently (e.g. monthly) rather than on a quarterly basis, so that they could better manage their debts and ensure a more frequent influx of cash into the household. In addition, the fact that cash distribution does not take place on a fixed date, but varies from one quarter to another, together with delays in distribution (for instance, because of PA liquidity constraints), exacerbates people's feelings of unpredictability and uncertainty, including stress about the ability to repay debts.

Experiences with social workers

In Hebron and Jenin districts, the general consensus was that social workers were largely playing a policing role to determine eligibility for the cash transfer programme and, with one visit a year (on average), they were not expected to provide broader support and guidance to households experiencing psychosocial vulnerabilities. House visits by social workers are not only infrequent, but when they do visit, they have very limited time, especially considering the detailed asset and vulnerability assessment forms they need to complete for PMTF monitoring purposes.

In terms of how social workers treat people, there were mixed views. During the demand generation consultation (DGC) exercise, the beneficiaries in Ramallah district reported a range of negative treatment from Ramallah employees, including being shouted at and disrespecting their privacy.

'When I asked the social worker a question by telephone, she shouted and slammed the phone down.' (Female beneficiary, middle-aged, Betunia)

'When you go to receive your cheque, they give you the feeling that you are begging for their own money.' (Male beneficiary, 37, Rafat)

'The social worker talks to us as if he is the minister or a senior professional doctor.' (Male, 37, focus group discussion in Ramallah refugee camp)

And in the focus group discussion with the Bedouin community on the outskirts of Jerusalem, respondents complained that the social workers do not make the effort to come to their houses but rather just enquire after them from the head of the local village committee.

By contrast, in Jenin in particular, but also in Hebron, respondents generally acknowledged that they were mostly treated with respect and kindness by social workers in the interactions they did have, including at MoSA offices. Even so, there was a general sense that the application questionnaire asks about 'private' and 'embarrassing' matters and threatened personal 'dignity'. Moreover, it was repeatedly mentioned that in order to see results (i.e., become enrolled as a programme beneficiary), persistence was critical, including at times resorting to disruptive tactics. Women in particular were perceived by focus group participants to be more adept at ensuring that their needs were eventually met by MoSA. *'If you don't get a response, give them a headache, yell, make a big fuss'* (female beneficiary, 54, Jenin city).

Access and distribution of the transfers

The new system of opening a bank account for beneficiaries, into which the cash transfer is paid, was seen by most beneficiaries as significantly easier to manage than the old system of cheques for cash distribution, which involved a visit to MoSA on one day and then a second day to cash it at the bank. The MoSA distribution system had been quite chaotic and *'there would always be paramedics and police because of the crowdedness at the office and lack of organisation at MoSA'* (widow, 33, Aroub camp). Now, however, the system is more streamlined, resulting in lower transaction costs for beneficiaries.

There were mixed views on the treatment that beneficiaries received at the distributing banks, perhaps in part because a range of different banks are involved (e.g. Cairo Bank, Islamic Bank, Investment Bank in Hebron and Islamic Bank, Alrafah Bank and AlQuds Bank in Jenin), each using different procedures for distributing the transfers. In some cases, the transfers are made on a single day, involving long queues and big crowds, especially where there is no dedicated payment desk for cash transfer beneficiaries; in other cases, the distribution is spread over a number of days and queues are not a significant problem. Some respondents thought that bank staff were helpful and considerate: *'The bank people are kind to us and they try to help the older people'* (female beneficiary, 54, Aroub camp). Even in such cases, however, respondents did not always feel at ease: *'Generally, employees at the bank are kind but since we are vulnerable and there for assistance, any word could hurt us, everyone is standing in line, and so we are very sensitive'* (female beneficiary, 70,

Jenin). However, others disagreed and complained of condescending and disrespectful treatment: *'No, they are mean to us and sometimes they call us beggars'* (female beneficiary, 42, Aroub camp). *'They call this day "the beggars' day" and so ordinary people typically don't go to the bank on the same day'* (male beneficiary, middle-aged, Hebron city).

In cases where beneficiaries need to wait, sometimes for two hours, due to long queues in the bank, our site observations revealed that these are opportunities for social interaction, with people sharing food and information, especially about MoSA provisions, food aid, and other support services. Given that these interactions rely on informal social and networking skills, however, for those with few social contacts and limited confidence, the bank queues do not become a source of interaction and information exchange, but rather just another thing to be endured each quarter before they head back home.

9 Use and effects of the cash transfer

9.1 Use of the cash

Echoing the findings of a recent study (World Bank, 2012), the majority of respondents reported using the cash transfer to repay short-term debts. Many households are regularly indebted to local grocers as well as being in arrears for utility bills, and use the bulk of the transfer to help them juggle these debts.

'I borrowed from one supermarket around 750 NIS, then when I received the money I pay the debts for one grocery, and then borrow from another one until the debts reach 750 NIS. Every three months I borrow from a new supermarket.' (Female beneficiary, 37, Jenin)

'I wait for the cash transfer to pay part of the electricity and water; I am so worried that they will cut off the electricity.' (Female beneficiary, 39, Jenin)

'I save the cash transfer money to pay my debts. I borrow from the grocer and my friends the same amount as I know I'll get from the cash transfer, and mainly to cover debts for food.' (Female beneficiary, 37, Jenin camp)

This is also in line with the findings of a 2010 World Bank study where respondents, particularly middle-aged women and mothers, prioritised repayment of debts even before paying expenses for their children's education (World Bank, 2010a).

Overall, however, respondents in Hebron and Jenin emphasised that spending on children was a priority whenever they could manage it, including on school supplies, second-hand clothes and, in a few cases, private tuition prior to high school graduation exam (female beneficiary, 37, Jenin city). Some mothers indicated that: *'We put aside some money so that children could buy special snacks, fruit or sweets, when the payment comes through or to provide them with some minimal pocket money so that their children do not feel excluded compared to their peers'* (female beneficiary, 50, Ramallah). Another said: *'I am so careful about the pocket money for my kids. It is an important issue to me, I cannot send one of them to the school without his or her pocket money. I do not like my kids to have any negative feelings because their father is unemployed'* (female beneficiary, 37, Jenin). Other women mentioned that they use the money to afford some rare recreational activities for their children such as using the Internet (female beneficiary, 48, Ramallah). *'When I receive the cash transfer I plan to take two days break to spend with my kids and take them out ... The amount is usually used to pay debts for food – it is equivalent to about 10 days' work for me, so when I receive it I take a break for two days with the children – I deserve it'* (female beneficiary, 38, Jenin camp).

Additional uses include purchasing food items not included in food aid packages, small household furniture items (e.g. a fan) (female beneficiary, 54, Jenin camp), covering the costs of items needed

for small businesses (e.g. making pillows) and transport costs, as one widow from Hebron pointed out: *'I give my daughter money for her transportation to Al-Quds University, this cost around 150 NIS per month'* (female beneficiary, 48, Hebron). Paying for healthcare and medicines, especially in the case of households where one or more members suffer from disability or illness, was also repeatedly mentioned, including being able to pay for better quality medicines. *'After I joined the cash transfer, I was able to buy my medicines for my hypertension and diabetes. Before that I was obliged to go to the UNRWA clinic and pick bad medicines that caused many complications for me. Now, when I receive the cash transfer, I put some money to buy my daily medicines from the pharmacy'* (female beneficiary, 55, Jenin camp).

In some cases, the cash transfer was put towards a savings account for disabled children as a means of insurance for the future. As one young woman in Ramallah said: *'When I receive the money from MoSA, I go directly and put some of the money in my children's account at the bank'* (young female beneficiary, Ramallah). A limited number of respondents also noted that they used the money to cover the costs of social events: *'I wait until I receive the cash transfer to invite people or visit others. This helps me to keep relationships with my friends'* (young female beneficiary, Jenin city).

We now turn to discuss community and beneficiary perceptions of the positive and negative impacts of the cash transfer programme (the PNCTP) at individual, intra-household, household, community, and citizen-state levels. These are summarised in Table 8 on page 81.

9.2 Perceptions of positive effects on beneficiary and community life

All beneficiaries interviewed, across all groups, said that the cash transfer programme was a very important form of assistance, and for many it was the most important. The following quotes indicate just how important it is for many people, arguably especially female-headed households:

'Without the cash transfer we have zero.' (Female household head, 40, Jenin city)

'The cash transfer is like the father of my kids.' (Female household head, 48, Jenin city)

'We see this money equal to the whole world.' (Female household head, 44, Hebron city)

'The cash transfer protects us from begging and burdening our families.' (Female household head, 33, Jenin city)

'Being a beneficiary of the cash transfer, I feel there is someone who cares about us.' (Female household head, 43, Ramallah)

It was clear that, for many respondents, if the programme did not exist or is discontinued, it could have very serious repercussions. One older man (80 years) from Jenin said: *'I have a wife with diabetes and heart disease and I am taking care of her. If the programme stops, I have no reason to live anymore and I keep a bottle of poison on the top of my closet and I think of drinking it if things get worse.'* Others argued that they would be compelled to beg or steal: *'This programme is helping me – if they stop it, we will become beggars collecting money in front of the mosque'* (female beneficiary, 75, Jenin camp). *'If the cash transfer stops, I would be forced to steal I think to feed my kids'* (male beneficiary, 42, Jenin city).

Compared to other forms of assistance, particularly informal assistance from friends and family or charities (e.g. from Islamic organisations, especially in the case of orphans), there was a strong feeling that cash was better, as it was seen as a more *'dignified'* option and allowed greater *'independence'* and *'freedom'*. One middle-aged man said: *'I prefer to get help from MoSA than take money from my brother, this is to avoid hearing something from his wife that may hurt my feeling'* (male beneficiary, 54, Jenin camp). Respondents did not, however, say that they would prefer cash over other forms of assistance such as food aid, health insurance and fee waivers – rather, they were quite attached to the package of support that: *'saves me some money that I can use for other things I need for my children'* while another female beneficiary, aged 70, in Jenin city said, when asked what would happen if the programme ended: *'health insurance is the best thing that happened to me since*

this helps me to get my regular medications without paying. You can take the money but let me keep the health insurance’.

When asked about other sorts of assistance they would value, some respondents mentioned income-generating projects, although there was also some anxiety that given the ongoing economic and political volatility of the West Bank, forgoing the security of the cash transfer for small business loans might be too risky: *‘We trust cash more than projects’* (female beneficiary, 55, Hebron city).

Individual-level effects

In line with research findings from other cash transfer programmes around the world (e.g. Molyneux, 2007; Holmes and Jones, forthcoming), a critical positive effect of the PNCTP, especially for women (who are usually responsible for household consumption), is support in covering practical gender needs or consumption costs. As discussed in more detail in the preceding section, these include food, medical and education costs, transport, clothes, housing, and utility costs. The transfer also provides a degree of economic independence, which for women in a strongly patriarchal society like Palestine, is particularly important. It reduces reliance on and surveillance by their family and in-laws, allows women with younger children to avoid having to leave their children alone at home if they were otherwise compelled to work outside the home, and also provides a much-needed sense of psychological security, knowing that a reliable if limited source of income will be coming in quarterly.

A number of respondents also noted that the cash transfer provided them with improved opportunities to take out loans: *‘We started to be more confident to ask for these loans as we now have a regular source of income’* (female beneficiary, 48, Hebron). Importantly, but more unusually, several respondents noted that being part of the programme had motivated them to seek a more sustainable income source –in effect, using the programme as a springboard to greater economic independence and well-being:

‘When I became widowed, I decided I had to complete my education – high school and college – and to do this I needed an income. My family helped me too but the cash transfer was an important helping factor. This experience also motivated me to get out of this programme as I am not sure it is permanent – I wanted to use this opportunity while I had some cash to improve my situation.’

(Female beneficiary, 48, Jenin city)

Intra-household effects

A number of respondents noted that the cash transfer had had some positive spill-over effects on intra-household relations, including greater personal empowerment among women due to increased resources under their control, and a reduction in familial tension and violence (although the opposite was also reported: see discussion under ‘Negative effects’ below). This was in large part due to a reduction in stress as a result of having a more stable income source, and the ability to better juggle competing priorities, as the following quotes illustrate:

‘After the cash transfer my wife says to me: “Now you can give your brain a break and stop worrying”’. (Male beneficiary, 44, Jenin city)

‘I have family when I have money, and I have a husband so long as I am strong and healthy.’ (Female beneficiary, 47, Hebron city)

‘The programme has brought us [husband and wife] closer together as now we spend the money together, go and shop for the house together.’ (Female beneficiary, 44, near Jerusalem)

‘Two women were married to the same man and lived in the same house. Before the cash transfer they had a very weak relationship, but after the cash transfer the relationship became strong, they cooperated to help each other out ... make favours for one another.’

(Social worker, Hebron)

Positive impacts were reported not just among spouses but also among parents and children. In particular, the cash transfer has helped to relieve stress brought about by limited resources. As one woman from Jenin noted: *‘The cash transfer strengthens us, and strengthens the relationships with our kids because I can buy them at least something they like’* (female beneficiary, 35, Jenin). Another

widow explained that: *'Now me and my sons and daughters discuss everything regarding how to spend the money'* (female beneficiary, 48, Hebron). There was also a sense that inter-generational relationships have become less fraught and more cooperative: *'My son is so happy, he comes with me to the bank to help in carrying what I will buy [from the cash] for the house'* (female beneficiary, 37, Ramallah). These sentiments were also expressed strongly by fathers, with one noting that: *'I feel closer to my kids when the payment comes. I can meet their needs. Other times when they ask for money I become angry'* (male beneficiary, middle-aged, Hebron); while another explained that the cash transfer helped his relationship with his daughter as: *'When we can't give her money, my daughter becomes socially sensitive – she doesn't go to the university to avoid embarrassment'* (male beneficiary, 54, Jenin).

In other cases, programme membership has facilitated parents finding out about complementary services for their family. In Hebron, one widow noted that prior to joining the cash transfer programme, her sons were always fighting as they had nothing to do, but after joining she found out about some free vocational training courses for young men where they were taught how to do household painting and this new sense of purpose solved the violence problem (female beneficiary, 56, Hebron). Similarly, another widow noted that girls were often beaten or bullied by brothers or cousins due to general intra-household frustrations, but after the mothers found out about vocational training through contacts gained as a result of programme membership, they were able to send their daughters out of the house where they are able to learn and also meet others, reducing their vulnerability (female beneficiary, 42, Hebron).

Effects on community relations

The positive effects of the cash transfer programme on community relations were more limited, with respondents generally talking about negative effects in terms of engendering tensions (see Section 9.3 below). However, a number of people did emphasise that the programme had had some positive spill-over effects – admittedly limited – in terms of increasing their social capital, and had served as *'the spark that helps people to talk'*. A number of women in a Hebron focus group discussion explained that their *'personalities had become stronger'* (female beneficiary, 48, Hebron); another widow said *'we become more assertive'* (female beneficiary, 55, Hebron) and they had much better access to information about complementary sources of assistance from other government departments, NGOs, religious associations, as well as income-generating opportunities.

In addition, as discussed earlier, a number of women noted that they treated the cash disbursement days at the bank as an opportunity to discuss their experiences and problems with others in a similar situation, either travelling together with neighbours and friends, or meeting contacts at the bank. *'My neighbour is an older woman like me, she tells me to come with her to the bank. We become tighter, we sit together'* (female beneficiary, 75, Atara village). Several respondents reported that they had learned of other assistance channels in this way and were encouraged by realising that others were coping with similarly challenging circumstances.

Several respondents also noted that the cash transfer had enabled them to participate more in social events: they had used the cash to buy clothes for their children and take part in relatives' weddings or other family and religious celebrations, a change which they highly valued. One divorced woman in Jenin asserted that: *'My daughter will get engaged, I will use the MoSA money to buy her new clothes as a family with limited income with no money to buy such things'* (female beneficiary, 44, Jenin). Many respondents also felt that they had gained some respect in their communities after joining the programme. One woman noted that: *'People respect us more for having some money, unlike when we didn't have anything'* (female beneficiary, middle-aged, Hebron), while another commented that: *'a poor person has neither a door nor a window'* (older female beneficiary, Hebron), meaning that a poor person lacks the confidence to stand at the door and greet others, but that this changes when one's financial resources improve.

Effects on state-citizen relations

Within the political context of the OPT, discussions around 'state-citizen' interactions are problematic, given the ongoing Israeli occupation. This lack of overall control is compounded by the extreme economic fragility of the PA and high levels of dependence on donor funding for social programmes, as discussed in Section 4. This said, however, some interesting views from respondents emerged as to the role of the PA in funding and implementing the cash transfer programme. When asked *'Where do you think the money for the programme comes from?'* the majority of interviewees in both sites

stated *'the Europeans'*. The general feeling was that it *'was a good thing but not enough'*. Interestingly, however, from the perspective of state-citizen dynamics, many respondents felt that the cash transfer was their *'right'*, and a form of support that is more *'dignified'* than charity:

*'This is better than a hand-out. It is my right. (Older female beneficiary, Hebron)
You [to a bank official] must pay me this until I'm dead. This is my right. You do not pay it from your pockets.'* (Older female beneficiary, Jenin)

'I felt more comfortable when I benefited from the cash transfer because this is one of my rights. God bless who sponsored this programme.' (Female beneficiary, 58, Jenin)

'The money is my right and that of my daughters. The oldest said to me this money is for us and the money we receive is better than [support from] people.' (Female beneficiary, 37, Jenin camp)

'The benefit is our right – in Israel people get X and Y. Here we get barely a thing. They take from us but don't give us anything. There are just 10 metres between me and the Arabs in Israel but they are living much better than me. It is our right.' (Young female, non-beneficiary, Hebron)

This sense of entitlement appeared to be most prevalent among beneficiaries with especially vulnerable family members, such as members living with a disability or chronic illness, because *'this is a government responsibility towards vulnerable groups'* (female, Ramallah). Those with young children also held similar views: *'The cash transfer is a right for my kids. MoSA is an easy place that welcomes beneficiaries without complication'* (female beneficiary, Ramallah). Refugees living in the Aroub and Jenin camps were also very vocal about the cash transfer being something they were entitled to: *'This is our right as citizens – this comes from the government and not their own pockets'* (female beneficiary, middle-aged, Hebron). And in Jenin, a sense of entitlement was further reinforced by the negative effects of the 'Jenin War' (the Israeli incursion on 3 April 2002), which destroyed many homes in the area. *'We joined the cash transfer at the time of Jenin war, our home was destroyed in the war and donors re-built it for us and then MoSA accepted us in the programme'* (older female beneficiary, Jenin camp).

9.3 Perceptions of negative effects on beneficiary and community life

A strong acknowledgement of the importance of the cash transfer programme in people's lives notwithstanding, respondents also identified a number of negative effects of the programme at individual, intra-household, community and citizen-state levels.

Individual-level effects

The most important individual-level negative impacts of the cash transfer programme identified by respondents were concerns about it creating dependency and the absence of a viable exit strategy. *How can the cash transfer support me and my wife and our 12 children? We run through the money within the first few weeks. We are desperate'* (male beneficiary, 38, Aroub camp). There was a general recognition that, especially since the Second Intifada, Palestinians in the West Bank had become increasingly dependent on social assistance and less self-reliant. Many respondents mentioned that they would much prefer to have a job than rely on the cash transfer. As one male respondent noted: *'I used to work, but then I hurt my back and I could no longer do physical labouring jobs. But if someone gave me a job that I could do – for example, as a caretaker in a government office – I would much prefer to take it'* (male beneficiary, 54, Jenin camp). As discussed above, many also expressed interest in income-generating projects, albeit with some trepidation given the constrained economic context, and also out of fear that if they failed, they would then lose the security of the cash transfer. In other words, in the absence of a clear exit strategy, people who are capable of working are effectively discouraged from trying other options to reduce their household vulnerability.

Intra-household effects

A number of respondents identified increased tensions within their families and extended families as a result of the new source of income. As one woman noted: *'When we became beneficiaries of the cash*

transfer and because sometimes my husband works some days, my family in-law envy us and say "You must cut off from the cash transfer", because they think that our situation has become better than their conditions and our kids better than their kids' (female beneficiary, 37, Jenin). Some respondents even reported that their in-laws had sought to sabotage their programme membership by threatening to visit MoSA or informing the social protection committee (erroneously) that they had assets. Others found that they had lost sources of informal support after they joined the cash transfer and so, economically at least, they were sometimes no better off, although they did have an increased sense of personal independence: *'My brothers, from the time I joined the programme, did not provide me any assistance'* (female, 33, focus group discussion, Jenin camp).

In some households, receiving the cash transfer has exacerbated pre-existing family tensions. It was reported that some household members believe they are more deserving of the cash than other members. For example, a widow from Hebron noted that her two disabled sons would claim that they were the most deserving (female beneficiary, 47, Hebron). In other cases, the cash transfer served to fuel substance abuse. In Jenin camp, one beneficiary explained that her son is a drug addict and every time he would know the cash transfer had been disbursed, he would beat her to get the money for drugs (this woman still had visible signs of being beaten at the time of the focus group discussion). She would then be forced to report him to the police, reinforcing tensions between them (female beneficiary, 37, Jenin camp). In another case involving drugs, a woman in Hebron reported that her husband would regularly beat her until he secured cash for injectable drugs, and that she has become resigned to handing over the cash to avoid the violence. Several other respondents reported that they tried to keep knowledge about the cash transfer payment from their addict husbands, but their husbands would find out from others and try to get the money by force.

Another negative impact that emerged relates to intra-household sensitivities about receiving MoSA assistance, and concerns about social stigmatisation or ostracisation. Several mothers noted that their children had expressed their dismay when they learned that their family receives assistance from MoSA:

'My daughter told me: "Mom, I was so bothered when one of my friends said to me, 'I saw your mother in MoSA'". (Female beneficiary, 54, Jenin city)

'I am so bothered when I see the flour all over my mother's clothes when she goes to carry food aid.' (Female beneficiary, teenager, Rafat)

Focus group discussion respondents noted that *'mothers don't want to break their children's hearts or will'* and so try to assure them that such assistance was only temporary, and that *'God would help them through difficult times'*. Others reported that their children had tried to intervene and stop them from accepting assistance: *'My oldest son shouted at me and tried to prevent me from becoming a beneficiary of the cash transfer because, he said, "my peers said your mother is a beggar and also servant and cleaner of houses", so he tried to stop me and also to stop me working'* (female beneficiary, 37, Jenin camp).

Effects on community relations

Partly because of the limited information and transparency about the programme and its targeting approach at the community level, there was a general consensus among beneficiaries and non-beneficiaries alike that the programme had engendered a considerable degree of community tension. Beneficiaries perceived that they were objects of envy and resentment because they were receiving the benefit, especially in the case of widows who were generally deemed to be better off, *'because everyone gives them charity'*. In the focus group discussion in Jenin camp, respondents noted that *'Ever since the cash transfer started, the help from the rest of society has stopped – people are saying, why give donations if they receive from MoSA?'* If families are at some point excluded from the programme, then there also appears to be a considerable degree of suspicion as to where the social protection committees obtained the information that led to their exiting the programme. *'This feeling is not openly expressed but the problem would start out as small between her and her in-laws, and then neighbours and others would get involved and a small problem would grow and grow'* (young widow, Jenin camp).

Some respondents also lamented that the cash transfer has become associated with social stigma. One woman noted that: *'They name us beggars. We wish to give up this stigma but we don't have any other choice'* (young female beneficiary, Hebron city), while another explained that: *'The people have negative attitudes against us. The cash transfer has impacted on our dignity'* (female beneficiary, middle-aged, Jenin city).

Effects on state-citizen relations

Interestingly, despite many respondents expressing the view that their membership in the cash transfer programme is their right as Palestinian citizens (as described earlier in Section 9.2), the programme does not seem to have made a meaningful contribution to strengthened state-citizen relations. Perhaps most importantly, few respondents were aware that the PA was contributing significant budget resources to the programme. Indeed, some complained that: *'The PA gave up its responsibility to the EU'* (male beneficiary, 42, Jenin), while another respondent noted that: *'MOSA is part of the PA. Before Arafat it was much better as we had more assistance than under the current PA'* (female beneficiary, 30, Rafat), and even suspected that payment delays may be the result of interventions to cover PA salaries.²² A number were quite bitter, especially non-beneficiaries:

'This is a corrupt government. Record my voice and take my photo to Mahmoud Abbas. These are corrupt and thieves, and ignore the poor.' (Male non-beneficiary, 55, Hebron city)
'This amount I get each month is simply not adequate. I go through the money within the first month at least, and recently with the price increases much quicker ... Every night I watch the news and pray that I will see that [Nabeel Qasees, Minister of Finance] will suffer a worse fate than that of Libya's Gaddafi. I pray for that to happen as he is slowly killing me and my family.' (Male beneficiary, 38, Aroub camp)

In other words, beneficiaries give little credit to the PA for its role in the programme, particularly funding, which is somewhat out of step with the reality (see discussion on PA funding increases over time in Section 6.1). In part, this is because of limited investment in awareness-raising and information dissemination, for the reasons already noted (see also the recommendations included in the Table 9 in Section 11).

Table 8: Summary of perceived effects of the Palestinian National Cash Transfer Programme (PNCTP)

Societal level	Effect	Unconditional cash transfers
State-citizen relations	Positive	<ul style="list-style-type: none"> Promotes sense among beneficiaries of rights-based entitlement to social assistance from the state
	Negative	<ul style="list-style-type: none"> PA receives little credit for the programme, missing opportunity to strengthen state-citizen relations
Community	Positive	<ul style="list-style-type: none"> Better information-sharing among beneficiaries, including about complementary forms of assistance
	Negative	<ul style="list-style-type: none"> Exclusion errors resulting from clientelistic and patriarchal institutions that influence community-based targeting 'Haves' and 'have-nots' can be divisive for social relations Social norms/stigma limit equal participation and influence
Intra-household	Positive	<ul style="list-style-type: none"> Decreases intra-household tensions to a limited extent Increases women's decision-making and bargaining power through increased control of household resources, and smooths consumption patterns, promoting opportunities for human capital formation Lessens some manifestations of familial tension and violence arising from income-related stresses between spouses, and between parents and children Facilitates greater learning about complementary family services, via contacts gained through cash transfer programme membership
	Negative	<ul style="list-style-type: none"> Mismanagement of funds (i.e. for purposes of substance abuse) can entrench negative household power relations New sources of income can introduce tensions and/or exacerbate pre-existing ones within extended families, leading to loss of informal sources of support Concerns about social ostracism due to a family's receipt of MoSA assistance
Individual	Positive	<ul style="list-style-type: none"> Transfers allow individuals to meet their own priorities Human capital formation, e.g. educational opportunities for

²² Note that while the World Bank also funds the programme, its contribution is smaller, with its role for technical and capacity-building support better recognised.

Societal level	Effect	Unconditional cash transfers
		women <ul style="list-style-type: none"> • Greater economic independence for women: reduced reliance on patriarchal societal arrangements, improved access to child support arrangements, greater psychological security, and loan opportunities • Motivates women to seek more sustainable income sources, greater economic independence, and well-being
	Negative	<ul style="list-style-type: none"> • Increases dependency and a lack of investment in the care economy • Provides only temporary solutions for immediate needs • Lack of a viable exit strategy within the programme design, discouraging otherwise capable individuals from seeking alternative means of reducing their household vulnerability.

10 Programme accountability: citizens' rights and responsibilities

While social protection can make a critical contribution to the development of the state-citizen social contract, this contribution is likely to be limited if adequate provision is not made for accountability, citizen feedback and independent oversight of programme operations. As we discussed in Section 2, the role that social exclusion plays in the effectiveness of social protection policy and practice not only influences the type of risk tackled, but also shapes programme delivery and impacts. Designed appropriately, social protection programmes provide a space to transform the social relationships that generate and entrench the poverty and vulnerabilities they are addressing. And in this vein, participatory components of programme governance and accountability can provide opportunities for social groups who are often denied access to decision-making structures to build 'bridges' and social connections both horizontally, with other community members, and vertically, with state actors.

Mainstreaming participation in social protection programmes not only ensures that people are able to claim their rights and are included in decision-making about reforms and roll-out processes, but also enhances programme relevance, ownership and effectiveness by providing channels for feedback from beneficiaries (UNICEF, 2012: 46). Such channels are vital for holding governments to account for the implementation of citizens' rights to social protection and their commitments vis-à-vis the provision of social security. At the same time, however, in keeping with the notion of a social contract between the state and citizens, programme accountability also encompasses notions of citizen responsibilities vis-à-vis the state and other citizens. Accordingly, in this section, we discuss key mechanisms for promoting both citizens' rights and citizens' responsibilities within the context of the Palestinian National Cash Transfer Programme (PNCTP).

10.1 Mechanisms to promote citizens' rights

Social accountability mechanisms have emerged as a practical support to the state-citizen social contract, in particular in helping to balance the direct relationship between citizen and service provider. Although the emphasis has been on citizen action, Goldring et al. (2012: 7) highlight that action by policy-makers is critical to making social accountability mechanisms work: '*Policy-makers create the incentives and processes for ensuring that individual and institutional providers adapt their behaviour and performance in response to citizens' demands.*' For example, policy-makers are responsible for setting the framework within which social protection programming takes place (ibid). Here, we focus on three key mechanisms and the extent to which they have been effectively implemented in the OPT context: grievance mechanisms, channels for ongoing feedback about programme roll-out, and participatory monitoring and evaluation (M&E) processes.

Grievance mechanisms: As discussed in Section 6 on programme mechanics, appeals and complaints can be raised by applicants who have been rejected based on their proxy means test formula (PMTF) score, by beneficiaries who have been put forward for gradual withdrawal from the programme, or who have been affected by a reduction of the cash transfer amount and other complementary services. The findings of this study indicate that many beneficiaries were unaware of the existence of grievance channels; but there were also respondents who were generally dissatisfied with the process, irrespective of the type of complaint. As one female household head in a focus group discussion in Hebron noted: *'Why complain? We did before but there is no use.'* Among those who mentioned that raising a complaint is not useful, either because they had tried it themselves or had heard others who did, it was largely because of the limited answers that MoSA officers were able to give at the district level, the long waiting time before any feedback was given, and the very limited nature of explanations provided by central MoSA staff in Ramallah.

'We complain to the offices but we don't get responses and you need to travel many times to MoSA until you receive an answer.' (Widow, 38, focus group discussion, Jenin camp)

'Our complaints are communicated to social workers. We complain, but nothing happens ... There are no benefits from these complaints. We don't know if our complaints reach to director or the ministry.' (Female, middle-aged, Jenin camp)

'Correct information is the people's treasure but we rarely get it.' (Widow, focus group discussion, Aroub camp)

Complaints tend to be individual rather than group-based, and are channelled via the social worker who liaises with the family, who in turn communicates it to the directorate and then to MoSA in Ramallah. Overall, there appeared to be greater willingness among community members in Jenin to avail themselves of grievance channels, perhaps because of a stronger rights-based culture fostered by a strong NGO presence in the area in recent years. For example, during the structured observation, it was noted that older people with mobility issues as well as a man with a disability had come to the district MoSA office to lodge complaints and were articulately presenting their case to presiding social workers. Moreover, in some cases, the more persistent beneficiaries reported going directly to Ramallah as well as to the media, and as confirmed by senior officials within MoSA, this level of exposure is taken very seriously. It is also worth noting, however, that some beneficiaries' complaints were not just about process but also about outcomes, which probably stem from the limited information given about the changes in programme eligibility criteria since the introduction of the PMTF and the move away from categorical targeting.

Channels for ongoing feedback: Besides the grievance mechanism, which is largely focused on targeting and exclusion errors, there are very limited opportunities for providing ongoing feedback about programme experiences. While there is supposed to be a suggestion box in each MoSA office, there appeared to be a considerable degree of scepticism about the value of this channel. In Hebron, focus group discussion participants emphasised that only *'If people go to the MoSA office and scream and shout'* do they get attention. Similarly, when asked about giving feedback, one refugee camp beneficiary noted that: *'If we complain to MoSA, they just give us their deaf ear'*. Another noted: *'There is a complaint box at the directorate but we are sure no one opens it let alone reads what is in there'*.

Participatory M&E mechanisms: Although in the context of the Arab Spring in particular, MoSA senior officials are acutely aware of the importance of listening to citizen feedback, to date there have not been any initiatives to involve programme beneficiaries in monitoring and evaluation processes. Many respondents noted that this study was the first time they had been consulted about their views and experiences, and emphasised that they would be eager to have more such opportunities to express their views about the programme and how it could be strengthened. As focus group participants in the Aroub camp, near Hebron, emphasised: *'MoSA officials should come and see themselves and listen to us about our views on the programme.'* Another middle-aged woman beneficiary from Jenin camp noted that: *'This is the first time that anyone listened to us deeply and in detail. We really appreciate this opportunity.'*

10.2 Citizens' responsibilities

Turning now to the responsibility side of the accountability equation, we discuss beneficiaries' views about programme conditionalities and mechanisms to tackle inclusion errors.

Beneficiaries' views on conditionalities: All beneficiaries were unanimous in their view that they would not like any conditions attached to the cash transfer programme, with many expressing their indignation at the question itself: *'What? Is it not enough that we are poor – you also want us to do something? But we are educated, have vaccinations. This assistance is our right'* (widow, 42, Jenin). A number then went on to explain that they did not want to remain dependent on the cash transfer programme indefinitely and would be willing to take on paid work if this were available. One woman who worked as a janitor in a private school in Jenin noted: *'I would give up the cash transfer if they gave me employment. If I were employed in a public school then this would mean I would get a pension when I retire. I would quit the cash transfer yesterday.'*

It is worth noting, though, that this language of 'someone finding me a job' was quite widespread, suggesting that beneficiaries had relatively little confidence in their independent abilities to find paid employment and that a sense of reluctant dependence on the state was not unusual. Similarly, in the case of large households, there was a strong emphasis on the inadequacy of the cash transfer but little reflection on beneficiaries' own role – through decisions or non-decisions about family planning practices – in contributing to this situation. In other words, while the discourse of civic rights was strong, a concomitant discourse on citizen responsibilities was notably weak. This is an area that is worth further reflection if awareness-raising and behaviour change communication (BCC) components are eventually introduced into the programme, as they have been in some cash transfer programmes in other regions.

Mechanisms to tackle inclusion errors: A second mechanism through which citizens can contribute to accountability and exercise their responsibilities is through the system of checks and balances that is in place to identify inclusion errors. As discussed in Section 6, in the case of the PNCTP, this is undertaken through a combination of household vulnerability assessments and community social protection networks. . Citizens can exercise their civic responsibility, in an environment of scarce resources, by providing accurate information during visits by MoSA social workers, and also in providing information about cases of fraudulent membership.

Given the declining economic situation of many respondents since the Intifadas, however, our fieldwork suggested that respondents were primarily concerned about their own situation, and in the perceived absence of other alternative livelihoods, did not have the wherewithal to stand back and assess their situation vis-à-vis other eligible programme applicants. This is not to suggest that the large majority of respondents were not highly vulnerable, but that there were (as in any programme) some who were relatively better off and not clear contenders for eligibility under the PMTF. There were a considerable number of verbal complaints from respondents during discussions and interviews about inclusion errors, such as: *'My neighbour owns her home, and I live in a rented one, yet she receives assistance just as I do.'* However, few respondents said they had lodged such complaints in writing with MoSA or the authorities, perhaps out of a sense of resignation that even if they did voice their concerns, on the basis of their experience, no effective action would be taken.

11 Policy and programme recommendations

A wide array of structural, political economy and other factors at the national and local levels affect the resources, agency, and capabilities of poor and vulnerable individuals and households in the West Bank (see Figure 2, Section 2.3). For the chronically poor and most vulnerable people, political change alongside the substantial easing of mobility restrictions, a meaningful revitalisation of the economy, and a permanent solution to the Israeli-Palestinian conflict – is ultimately the key route to better and sustainable development outcomes (Hickey and Bracking, 2005: 851). Today, the ability of most people in the West Bank to make strategic life choices and lead empowered lives remains severely constrained by structural and political factors. They include recurring violence and insecurity; man-made barriers to mobility; a stagnating economy and very limited job opportunities; dwindling resources, assets and skills; and rising psychosocial problems that threaten people's well-being.

In addition to these factors, female-headed households – the focus of our qualitative research survey – are also confronted with deeply rooted gender norms and expectations that permeate every aspect of their lives. They are prevented from exercising their rights to freedom of movement, to choose if or whom to remarry, to engage in extra-domestic productive activities, and from exercising their agency more broadly in terms of making the best life choices for themselves and their children.

Within this context, our findings have highlighted that beneficiaries regard the Palestinian National Cash Transfer Programme (PNCTP) as an important component of their coping strategies, and that for female-headed households in particular (de facto and de jure) it is often their primary source of support. As we have argued, there are also a number of important features of the cash transfer programme design which stand it in good stead for making ongoing and future inroads into poverty and vulnerability.

These include:

- the successful merging of previously fragmented and sometimes overlapping cash transfer programmes into a single national programme underpinned by an overarching national social protection policy
- the development of a single registry computerised database for all programme beneficiaries which has the potential to be shared at all levels and across agencies
- the establishment of a poverty-focused targeting mechanism which has been evaluated to show a good level of inclusion of the extremely poor
- twinning cash transfers with other forms of social assistance, including food aid, basic service fee waivers, and social health insurance.

These are all programme features which other developing countries involved in rolling out cash transfer programmes often aspire to, and constitute a solid social protection infrastructure.

However, our primary research with programme beneficiaries and non-beneficiaries highlighted that there are a number of areas where the programme could be strengthened so as to:

- reduce inclusion and exclusion errors
- more effectively tackle the multidimensionality of poverty and vulnerability, including recognising intra-household inequalities
- improve the effective deployment of human resources involved in programme implementation
- strengthen community involvement in decision-making, especially vis-à-vis programme governance, accountability, and monitoring and evaluation.

Against this backdrop we have developed a table of evidence-informed policy and programming recommendations for the Ministry of Social Affairs (MoSA), development partners and NGOs, which we believe would do much to maximise the impact of the PNCTP, not only in tackling individual and household-level poverty and vulnerability but also in strengthening social cohesion and state-citizen relations (see Table 9 below). We have organised our recommendations into six key areas, divided further into quick wins, shorter- and longer-term actions, and, where appropriate, bolstered by examples of international good practice that are further elaborated on in Annex 4. We have purposely developed joint recommendations across the Gaza Strip and West Bank reports given that the cash transfer programme is a national one, highlighting key differences and challenges where appropriate (see also Annex 5 for a summary of the main differences emerging between the Gaza and West Bank cases for this study). Overall, it should be emphasised that Gaza programme decision-makers and implementers should be involved as much as possible in discussions and decisions on any reform process so as to promote joint ownership over new initiatives within or linked to the programme. Finally, any policy dialogue around these issues should also be informed by other programme monitoring and evaluation evidence and considerations of resourcing, feasibility and cost-effectiveness.

Table 9: Evidence-informed policy and programming recommendations for the Ministry of Social Affairs (MoSA), development partners and NGOs

Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
1. TARGETING, DATA COLLECTION AND CASH DISBURSEMENT PROCESSES			
<i>Complement PMTF targeting approach with qualitative assessments of context-specific circumstances</i>	Allocate a certain degree of weighting to social worker and/or social protection committee assessments of local context-specific factors (e.g. 30%) given that the PMTF is not infallible and its own weightings are still in the process of being assessed and refined.		
<i>Ensure that the named beneficiary for the cash transfer is the female household head</i>	Review the PMTF to recognise de facto female household heads so that they become the named beneficiary, to promote a degree of economic independence and leverage intra-household decision-making.		
<i>Ensure that the PMTF is context-specific</i>	Review and update the PMTF to capture specific characteristics of poverty in Gaza to ensure a more reliable and accurate estimate of households' welfare.		
<i>Introduce a cadre of MoSA data collectors to free up social workers to carry out their skilled professional role, including proactively targeting the most vulnerable, and also to</i>		Given that the data demands of the PMTF are considerable and the already large caseloads of social workers, introduce a new cadre of MoSA data collectors (e.g. new tertiary graduates). This would free up more time for social workers to carry out	Develop systematic linkages with universities and NGOs working in the social sciences, and human rights and development organisations, to support related training and outreach

<p><i>reduce burnout due to excessive caseloads</i></p>		<p>more frequent home visits, help address social and psychosocial vulnerabilities, and proactively reach out to the most vulnerable people, who may be excluded by regular targeting mechanisms.</p> <p>This cadre could be developed from recent social worker graduates and serve as a stepping stone into the profession.</p>	<p>programmes.</p>
<p><i>Establish, strengthen and expand the role of inter-agency social protection committees</i></p>	<p>Strengthen and expand the involvement of inter-agency social protection committees (e.g. through assigning a specified and transparent weighting to their evaluations of household circumstances); broadening the role of the committee to consider not only targeting concerns but also general programme satisfaction issues and opportunities for synergies with other community-based programmes. This new role should be underpinned by clear guidelines and guidance on responsibilities, with careful screening of committee members so as to minimise the risk of clientelism. Committees should make their recommendations collectively and not individually to minimise personal or political biases. Checks and balances such as rotating membership and leadership roles could help reduce such risks.</p>		<p>Over time, the social protection committees should be equipped with up-to-date information on relevant policies, programmes and strategies that enable them to be more active and effective in programme governance. They could also serve as a conduit of complaints for those who cannot reach local MoSA offices, and act on their behalf.</p>

	<p>In Gaza, more efforts are needed to understand how to establish inter-agency social protection committees or similar local bodies, such as a beneficiaries' only committee. On the basis of the experience of other assistance providers (see example of CHF International, in the Part 1 report on the Gaza Strip), explore how these bodies could be involved in key activities including targeting, as well as general programme satisfaction issues and opportunities for synergies with other community-based programmes.</p>		
<p><i>Take steps to reduce inclusion errors in a context of high resource scarcity</i></p>		<p>In order to facilitate access to the programme for eligible households who are currently on the waiting list, provide ineligible households (on the basis of PMTF screening) with alternative forms of social assistance in the short term; and provide guidance towards an exit strategy, drawing on lessons from <i>Chile's Puente</i> programme, which provides detailed support to households in line with agreed goals and objectives set by the household.</p>	<p>Institutionalise national poverty and vulnerability mapping, down to district level</p> <p>Foster a national coordination system that includes all key stakeholders, with defined roles and mandates</p>
<p><i>Expedite processing time and streamline support documentation procedures</i></p>		<p>Expedite processing time for programme applicants to avoid delays exacerbating vulnerability and frustration. Provide clear information on processing time and steps potential beneficiaries can take if the stipulated time is exceeded.</p> <p>Streamline procedures for submitting supporting</p>	<p>Streamline documentation requirements, which are excessively time-consuming for potential applicants, including providing online registration options (see also recommendation below).</p>

		documents (e.g. school enrolment, divorce certificate, etc.), including strengthening coordination with relevant ministries and other institutions (e.g. Ministry of Education, courts, etc.).	
2. TRANSFER AMOUNT, FREQUENCY AND FISCAL SUSTAINABILITY			
Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
<i>Introduce payments that are inflation-indexed so that households can cope with spikes in cost of living</i>		Given a context of high economic volatility, introduce a payment scheme, supported by development partners, which is inflation-indexed and can help families cope with spikes in food prices, utility prices, etc.	
<i>Increase frequency of cash transfers</i>		Given the extreme economic fragility of many participating households, consider shifting payments from once a quarter to every two months at least.	
<i>Consider options for resource reallocation within the PA budget, including from other social transfer line items which are less pro-poor</i>		Undertake a pro-poor assessment of all social protection expenditure and consider reallocating additional funding to the cash transfer programme, given its pro-poor focus and strong evidence that it is reaching the intended beneficiaries.	
3. CAPACITY-BUILDING			
Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
<i>Invest in capacity-building for social workers involved in the cash transfer</i>	Provide training as soon as possible so that social workers understand the strengths and weaknesses of the PMTF and their role	Maintain regular training programme.	Develop a human resource development policy with a transparent and fair incentive scheme that rewards hard work and high-

<i>programme</i>	<p>within the new system so that they can better communicate this to programme beneficiaries and others. This will also help to increase information flows between the national and district levels.</p>		performing social workers and staff.
		<p>As Gaza is a 'remote management' situation, additional efforts must be made to support social workers and address the particular challenges that they and potential beneficiaries face.</p> <p>To overcome the complexities of funding and delivering training to social workers in Gaza, consider the possibility of outsourcing the training function to a third party.</p> <p>Consider the implementation of management procedures such as setting up a buddy system to increase support among social workers and address feelings of isolation.</p> <p>Establish incentives, procedures and monitoring systems to improve efficiency of social workers, support their professional development, address grievances, and enhance motivation.</p> <p>Create and develop linkages between UNRWA and MoSA social workers to foster cross-agency learning (also through on-the-job training, coaching or mentoring), exchange of experiences, and general skills and capacity-building.</p>	

		Capacity-building modules on gender equality, intra-family violence, and psychosocial service provision should all be included and provided by experts in these areas so that the inter-section of economic and social vulnerabilities can be better addressed.	Increase counselling spaces at MoSA directorate offices so that citizens feel more confident sharing personal and confidential information in order to overcome high levels of secrecy and fears of stigma.
		Develop the capacity of ministry- and directorate-level staff in monitoring and evaluation (M&E) based on the programme goals and indicators, in order to foster a strong M&E culture. Ensure that indicators pertaining to intra-household inequalities, including gender-specific inequalities, are included so as to capture the particular vulnerabilities facing single, widowed and divorced women.	Develop computerised feedback and evaluation to track performance achievements at the national and directorate levels, which can be used for systematic decision-making at the two levels, drawing on good practice from Mexico's CONEVAL (central evaluation unit).
		Provide related incentive structures so that social workers are rewarded for professional development and accumulated expertise. Encourage role specialisation – e.g. around child protection, gender-based violence, people living with disabilities, and people experiencing mental health challenges.	
		Invest in support mechanisms and training for social workers that help them deal with high levels of stress and potential burnout, and that also help them to improve teamwork, develop case management skills, and improve communication, counselling and advocacy skills. The development of clear written guidelines or	Develop an online resource for social workers involved in the programme, enabling them to provide mutual support, and share information, experiences and expertise.

		protocols should be considered as part of this support.	
<i>Invest in awareness-raising about the programme and opportunities for synergies across other government agencies</i>	Introduce an outreach programme to related departments and ministries (e.g. labour, health, justice, energy, women's affairs, religious affairs) to increase awareness about the programme, its poverty-based targeting, and opportunities for programme linkages and synergies. Such an initiative should include sharing of the central database –with clear legal and data protection guidance and quality assurance in place – to enhance coordination and minimise duplication of resources.		Develop an educational programme based at the municipality office and other government and NGO partners' premises utilising high tech web-based applications, complaints, question-answer platform. This could provide an important alternative to face-to-face application processes (also necessary) which could facilitate access to the programme for those with mobility restrictions or who fear social stigma from attending MoSA offices.

4. CITIZEN AWARENESS-RAISING

Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
<i>Invest in communication and awareness-raising efforts with programme beneficiaries and wider communities</i>	Develop communication materials (e.g. TV or radio infomercials, leaflets) to inform beneficiaries of reasons behind programme reforms (including the need to reduce clientelistic practices) and associated changes in status or benefit amounts. For those who are deemed ineligible, provide clear and timely information on the reasons for their exclusion, and offer guidance on alternative sources of support (e.g. through leaflets about complementary programmes and services).	Introduce regular awareness-raising activities about the cash transfer programme and complementary programmes so that the poorest and most vulnerable can be reached, especially those in remote or marginalised communities. Also introduce concepts of citizens' rights and responsibilities, as well as raise awareness about the particular rights and needs of especially vulnerable groups such as those living with disabilities or mental ill-health.	Facilitate regular beneficiary discussion forums to promote information exchange and to solicit beneficiary views and feedback about the programme.

<i>Utilise the bank as a source of community-programme implementer interaction</i>	Set up an information booth in the banks on payment days, staffed by a MoSA social worker, where beneficiaries can get information about support available from other agencies or NGOs designed to tackle diverse vulnerabilities.		Link the bank distribution of cash with other organisations and institutions that can help provide complementary services and programmes (e.g. employment, income-generating projects) and consider the development of formal memoranda of understanding (MoUs) to institutionalise such relationships.
	Increase the number of bank branches in Gaza where beneficiaries can access cash to reduce overcrowding and long queues.	Ensure that adequate procedures are in place, with well-advanced planning and coordination (e.g. between MoSA and the Bank of Palestine, and other banks) to ensure minimum disruption to beneficiaries in Gaza during the planned transition from payslips to bank deposits.	
<i>Communicate programme information and success stories via radio and print media</i>		Regular radio slots could provide information about the programme in a highly accessible format, and also encourage innovative approaches to poverty and vulnerability reduction via the communication of beneficiary success stories. Similar information could be communicated in the form of printed newsletters distributed on payment days and also available for pick-up at MoSA directorate offices.	Programme graduates should become engaged in different types of training and serve as role models to motivate and help others exit the programme (this is, in itself, a significant incentive for people to exit and also as recognition for their role as responsible citizens at the national level).

5. PROGRAMME GOVERNANCE

Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
<i>Develop a governance framework for the programme, including greater decentralisation and citizen participation</i>	<p>Increase involvement of beneficiaries in programme decision-making and governance by setting up quarterly community forums where people can discuss different programme aspects and challenges; and make recommendations on future directions. This will be critical in terms of strengthening a genuine sense of programme ownership. It could be begun on a pilot basis and scaled up over time.</p>		<p>Build an accountability and governance system that guides, audits and controls the work of different stakeholders involved in targeting eligible people.</p> <p>Decentralise programme decision-making, while the central level monitors implementation and provides quality assurance at directorate level. Social protection could be seen as an entry point for such reforms, drawing on good practice examples from Brazil's Bolsa Familia cash transfer initiative and the roll-out of Chile's social health insurance scheme.</p>
<i>Strengthen citizen grievance procedures</i>	<p>Designate one social worker to handle all complaints in each directorate office; and provide clear information about the timeframe in which complaints will be handled.</p> <p>Increase resources allocated to dealing with grievances, including at the national level, and providing resources for computerised procedures linked to the central cash transfer database.</p>		<p>Undertake periodic reviews of grievances received and processed, and use this learning to strengthen programme functioning. Communicate improvements to citizens on a bi-annual basis.</p> <p>Link the computerised system with all relevant departments at MoSA to maximise human resource use and improve effectiveness of responses to grievances.</p>

<p><i>Introduce citizen programme feedback channels</i></p>	<p>Introduce systematic programme feedback channels, including a programme suggestion box in all directorate offices and banks; and evaluation/ suggestion cards that people can post back for free, which could include space for beneficiaries to give feedback on the performance of their social worker.</p>		<p>Provide annual feedback on suggestions given and how these were addressed through programme newsletters distributed with cash payments.</p>
		<p>Institutionalise annual focus group discussions on programme experiences and suggestions for improvement carried out by independent third parties in order to provide opportunities for face-to-face interaction and strengthen a sense of programme accountability and government responsiveness.</p>	<p>Introduce a social audit of the programme to be undertaken annually, drawing on good practice experience from India's National Rural Employment Guarantee Scheme (NREGS) public works programme.</p>
<p><i>Strengthen coordination among development partners and international NGOs working in social protection, especially with regard to M&E, programme design, and learning</i></p>	<p>Ensure that regular agency meetings are held to share information and learning, and develop a shared listserv so that planned and completed evaluations can be readily shared and complementarities maximised.</p> <p>Ensure that this information is also shared with key stakeholders within government.</p> <p>Continue to strengthen coordination and information exchange, including around building the capacity of social workers, between MoSA and UNRWA.</p>		

	Strengthen coordination and communication between MoSA Ramallah and MoSA Gaza , particularly around targeting (reviewing the recent introduction of pre-conditions for application to the cash transfer programme and the PMTF); the system of promotions and rewards of social workers and other staff; and discussions on how to reinstate at least some of the workforce that are currently confined to their homes.		
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6. DEVELOPING TAILORED PACKAGES OF SOCIAL ASSISTANCE/SOCIAL SERVICES TO MAXIMISE PROGRAMME EFFECTIVENESS AND EFFICIENCY

Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
<p><i>Undertake district-specific mappings of available public, private and NGO services aimed at tackling multiple vulnerabilities</i></p> <p><i>Promote shifts in gender norms, roles and expectations in order to strengthen the contribution of the cash transfer programme to tackling gender-specific vulnerabilities which underpin and reinforce experiences of poverty</i></p>	<p>Undertake detailed district-level mappings of services provided by public bodies, private organisations, NGOs and religious organisations designed to reduce poverty and vulnerability to identify key gaps. Make findings available to all service providers in order to strengthen referrals and promote linkages and synergies.</p>		<p>Develop a computerised database on such services that is then widely shared and regularly updated.</p> <p>Develop a comprehensive mix of integrated assistance schemes that combine cash, in-kind and capacity-building components</p>
		<p>Development partners should undertake a comprehensive gender audit of the MoSA cash transfer programme in order to assess its contribution to tackling gender inequalities and promoting girls' and women's empowerment</p>	<p>Government and development partners should promote linkages to programmes and services that empower women (e.g. income-generation, micro-credit, legal aid, prevention and protection against gender-based violence, and reproductive health services) in order to offer potential and sustainable pathways out of poverty and</p>

			vulnerability.
		Strengthen linkages to economic empowerment programmes for women, including initiatives such as the Deprived families Economic Empowerment Programme (DEEP ²³), as well as the provision of affordable childcare services for mothers with young children.	Support the development of government-subsidised childcare services run as micro-enterprises by local women (following the <i>Mexican Estancias model</i>) to facilitate women's entry into the paid workforce and also to create jobs for women.
		Support the development of more tailored vocational training, especially training programmes that are developed in tandem with an assessment of realistic labour market needs in order to provide options for women to exit from social assistance. Where beneficiaries are older citizens or chronically ill, support the development of tailored vocational training programmes for their sons and daughters, also on the basis of robust labour market assessments.	
		Provide legal support for women especially in relation to intra-household violence, child support and child custody.	

²³ The Deprived families Economic Empowerment Programme (DEEP) is a pilot project started in 2007, funded by the Islamic Development Bank and executed by the United Nations Development Programme/Programme of Assistance to the Palestinian People (UNDP/PAPP) in partnership with the Palestinian Authority (PA). DEEP works through intermediary NGOs and microfinance institutions (MFIs) to provide a comprehensive package of financial and non-financial services to meet the needs of 12,000 poor and extremely poor families in the Occupied Palestinian Territories (OPT). This is sought through two main components: the first is through promotion of social safety net activities among families such as being able to manage their enterprises, acquire knowledge related to purchases and sales, calculate profits and losses, utilise Islamic microfinance tools, and connect them with microfinance initiatives in partnership with DEEP. The other component is to identify appropriate mechanisms for offering sustainable services to poor families utilising Islamic microfinance tools that are responsive to poor families' needs (UNDP DEEP, no date) and interview with Nawwaf Al-Atawneh, DEEP Programme Manager, October 2012).

<p><i>Develop employment counselling units within MoSA to support beneficiaries to supplement their income and gradually exit from the programme</i></p>		<p>Assess all households for potential income-generating opportunities and provide guidance and support to reduce dependency on the MoSA programme and promote more sustainable solutions to reducing vulnerability among those who are able to work.</p>	<p>Develop a policy for tracking applicants' employment efforts, especially among able-bodied applicants, to ensure that they have exhausted reliance on their own human capital.</p>
<p><i>Develop and implement tailored social assistance and social services to people with disabilities and the chronically ill</i></p>		<p>Differentiate households who are eligible for the cash transfer based on family members with chronic illness or disabilities, and provide them with a specific package of care and services, including regularly assessing and monitoring availability and affordability of specialised health services and related medications. They are likely to be on the programme for the long-haul and thus exit strategies are less viable than they are for families facing other forms of economic vulnerability.</p>	
<p><i>Develop and promote the uptake of psychosocial support services</i></p>		<p>Include a module in regular social worker assessments on household vulnerabilities in order to screen for individuals who may need such support.</p> <p>Strengthen awareness of and linkages to related non-profit or private sector service providers, which could be funded by social health insurance to which MoSA beneficiaries are entitled.</p> <p>Employ a specialist trained in dealing with stress trauma and drug addiction as part of the system to serve as a proper link with other partner institutions for beneficiaries and staff in need of</p>	<p>Establish a cadre of social workers dedicated to supporting households with needs that go beyond economic vulnerability (e.g. substance abuse, intra-household violence, mental ill-health, etc.) that can offer weekly counselling sessions to those households.</p>

		such support.	
<i>In order to address social isolation and promote the development of community social capital, with the support of development partners, create local community centres where beneficiaries can gather, meet and discuss.</i>		Such spaces could serve several functions: <ul style="list-style-type: none"> - Facilitate exchange of information on the cash transfer programme between social workers and other MoSA staff and beneficiaries. - Be an area where beneficiaries (particularly female-headed households who are often isolated) can come together to discuss problems, find support and strengthen social relations. 	Over time, community centres could deliver complementary training courses, e.g. on how to manage cash, parental skills, health, reproductive health, etc., in response to beneficiary demand. Initiatives should draw on experiences from other countries in the region (such as Jordan, Egypt, and Syria) to maximise the potential benefits of setting up such centres.
<i>Provide opportunities to undertake voluntary work to support MoSA activities so as to improve citizens' sense of self-worth, identity and potentially longer-term employability</i>		For many beneficiaries, especially women, long-term unemployment has taken a toll on their self-esteem and confidence, and opportunities are needed to help them increase their skills, social contacts and sense of self-worth. This could also help MoSA cope with the enormous demands that the roll-out of a large-scale, poverty-targeted unconditional cash transfer programme entails.	

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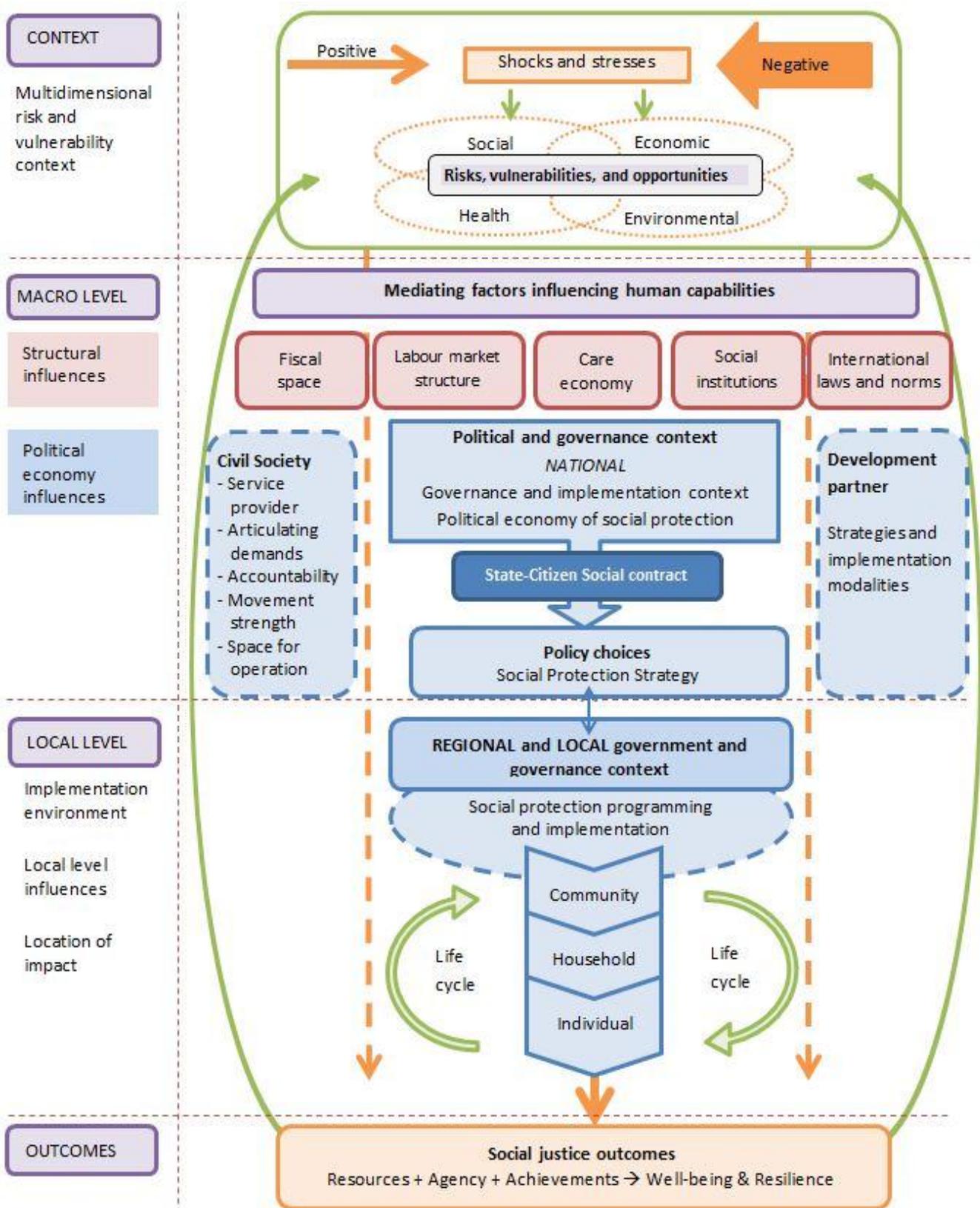
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Annexes

Annex 1 Complete Conceptual Framework Diagram



Annex 2: Further details on methodology, fieldwork and analysis process

Piloting The fieldwork was carried out over two stages of data collection. In the first stage, the research team conducted a demand generation consultation (DGC) exercise as a preliminary situation analysis assessment. This provided important feedback on the tools, interviewee recruitment process, areas of particular sensitivity, and the general feasibility of the exercise within the Palestinian context. It also helped to identify key issues to feed into the development of tools for the main study. Tools were translated from English to Arabic, tested and finalised. Data collection was conducted from 17-25 July 2012. Seven focus group discussions were conducted (four with women and three with men), 10 key informant interviews and five in-depth interviews with beneficiaries, non-beneficiaries, programme implementers and policy-makers. Analysis and report writing were completed prior to the international training workshop in Nairobi (see below).

Research training After completing the DGC, a five-day training of trainers workshop was held in Nairobi from 5-10 August 2012 for all principal researchers of the five countries participating in the multi-country study (Kenya, Mozambique, Occupied Palestinian Territories (OPT), Uganda and Yemen). This provided an introduction to the cash transfer evaluation project and to social protection strategies and frameworks. It also gave an opportunity to present the DGC findings, draft tools to be adapted for individual country contexts, and to draw up a plan of action using different techniques (including focus group discussions, key informant interviews, in-depth interviews, case studies, life histories, observations), as well as using the digital camera and reporting templates. The results of the research on the DGC were shared with participants. All materials and tools were adapted to the Palestinian local culture and were ready to be used in the training.

Following the Nairobi training, the West Bank research team, including international and national researchers, participated in planning and implementing the training of local researchers conducted over five days between 11-15 August. There was an additional review day on 25 August, after Ramadan and before data collection began, where the field plan was prepared and finalised. The training covered the introduction to different concepts of social protection, social protection frameworks, approaches, qualitative research methods, and the research instruments listed above. An interactive approach was employed, using local examples to illustrate the tools discussed in the training. The third day was used to apply some of the tools in the field such as social mapping, focus group discussion, in-depth interview, and a case study; the tools were piloted in Ramallah, which included city and camp beneficiaries and non-beneficiaries.

During the fourth day of training and after the pilot was completed, the team discussed the successes and challenges of the pilot phase, reviewed some tools and finalising them ready for the fieldwork. Before the fieldwork began, another whole day's review was needed on 24 August to ensure that the research team was abreast of the field requirements. A fieldwork schedule was drafted by the team for both Jenin and Hebron.

Fieldwork During data collection, each team member assumed a specific role as either facilitator or note-taker and was assigned to either the Jenin or Hebron team so that the researchers could build up an in-depth knowledge of the research community. The note-taker was assigned to document the interviews in detail, including the write-up, recording, and taking photos whenever possible, observing the process and reminding his or her colleague if something important was skipped. To cover the issues pertinent to the process and impact of the cash transfer programme, different methods were used for the triangulation of sources of information.

The two site coordinators helped in arranging the meetings and interviews according to the fieldwork plan and guidelines. In general, the response was unexpectedly high, since the research team had a difficult experience in encouraging people to participate during the DGC exercise in Ramallah district. To mitigate the risk of non-responsiveness, the site coordinator called 20 people in Hebron city, fearing a low response rate as experienced during the DGC. Due to high expectations by people invited, almost all invitees showed up for the social mapping and then vulnerability and coping mechanisms and historical timeline from beneficiaries and non-beneficiaries. Two women non-beneficiaries noted: *'We are here so we can be heard. We are in need. They stopped giving us bread*

and so I begged for bread in a bakery.' In essence, participants came to complain that they deserve assistance: *'We are trying to get assistance from people – we are going around shops begging for help.'*

From 25 August until 3 September, the researchers worked intensively to complete the essential field interviews required. To ensure quality and harmony among all researchers, the principal researcher, with the whole team, started together in Hebron and the next day in Jenin. Then, the two groups split up to each work in their own site since the distance between Jenin and Hebron by taxi is around three hours (without interruption by checkpoints and any delays on such points), so moving between the two would have been very time-consuming. The principal researcher randomly checked on the quality of interviews and data collection. It was evident that some researchers did not probe deeply enough, mainly because the instruments took longer to complete than the average time allowed (one and a half hours per focus group discussion and key informant interview, and one hour per in-depth interview). Follow-up interviews with new key informants, focus group participants and in-depth interviewees and case studies were subsequently carried out in September, as the international principal investigator (IPI) and local principal investigator (LPI) deemed this necessary to provide a comprehensive picture of community perceptions of programme dynamics and impacts.

The rapid and intensive data collection schedule was exhausting and required intensive follow-up in order to understand all dimensions of the cash transfer programme as well as meeting the different stakeholders in the West Bank.

Data processing, analysis and report writing During the training, field researchers were asked to write summaries and detailed notes as per instructions and as per the templates, which were presented during the training. Some teams managed to complete the writing up of the transcripts during the fieldwork, but most transcripts were reviewed, recordings checked, translated and typed up later on, given that it required intensive meetings and a long period to put them together. After most of the fieldwork was completed, a two-day debriefing session was conducted with Nicola Jones (IPI), where we solicited the team responses based on their interviews, observations and interaction with all interviewees in the field following the different key themes of the debriefing form. The exercise was very useful and thorough and captured in-depth important findings while noting the gender and site age differences on each of the themes listed in the debriefing form. Also, this process allowed the research team to share its experience in undertaking such intensive interviews given the local social and cultural context.

Afterwards, and while translating and summarising the transcripts, follow-up meetings with the research team were required to bridge some gaps from another round of data collection. Data collection was completed by 10 October and concluded with the observation conducted at the distribution of cash in the assigned banks of the research sites (Hebron and Jenin). Then all interviews and observations conducted by IPI and LPI were analysed and issues summarised by the key themes as set out in the debriefing form, which was completed by 15 October. The IPI and LPI shared the final report writing, with regular discussions through email and Skype.

Research team composition

The West Bank research team was comprised of 11 individuals. The international principal investigator (IPI) guided the research process and participated in the training, piloting, data collection, writing a debriefing report, data analysis and reporting. The local principal investigator (LPI) took on the role of co-principal researcher, managing and supervising research activities at all stages, as well as producing deliverables, meeting deadlines, and communicating with all stakeholders. The LPI also conducted meetings with ministers and other senior officials and policy-makers in the Ministry of Social Affairs (MoSA), the Ministry of Women's Affairs (MoWA) and key managers of the Cash Transfer Programme, including those at directorate level.

Seven local field researchers participated in planning and conducting the data collection, using all the interviewing tools described earlier. The field researchers were recruited from the two pre-selected sites: two female researchers from Jerusalem were assigned mainly to collect data in Hebron and the Bedouin community around Jerusalem; and two female researchers were assigned to collect data from Jenin. There was one translator and a note-taker from Ramallah, two site coordinators (one per site), two data reviewers and analysts, and one male video-maker (see Table A2 below).

Table A2: Members of the West Bank research team

Name	Role	Educational level	Gender	Language	Location
Nicola Jones	International principal investigator (IPI)	PhD	Female	English	England
Mohammed Shaheen	Local principal investigator (LPI)	PhD	Male	English and Arabic	Ramallah
Kifah Banyodeh	Researcher and overall coordinator	MSc	Female	Arabic and working English	Jenin and Ramallah
Inaam Wheidi	Researcher	BSc	Female	Arabic and working English	Jerusalem
Shyma Salah	Researcher	BSc	Female	Arabic and working English	Jenin
Manar Nabout	Researcher and translator	MSc	Female	Arabic and English	Ramallah
Inas Abu Ghoush	Researcher	BSc	Female	Arabic and working English	Jerusalem
Maryam Alqam	Researcher	BSc	Female	Arabic	Jenin
Maryam Nassar	Coordinator	Diploma	Female	Arabic	Hebron
Abed Banyodeh	Coordinator	BSc	Male	Arabic and working English	Jenin
Varsen Aghabekian	Translator and transcript writing and editing	PhD	Female	English and Arabic	Ramallah

Research process challenges and limitations In general, data collection was implemented as planned despite the time limitations, and the fieldwork dates clashing with Ramadan. While the main fieldwork was planned to avoid the fasting season, the training of trainers in Nairobi and the DGC fieldwork took place during Ramadan when most people were fasting, making it more challenging for people to participate in the interviews. It proved especially difficult to recruit women for the focus group discussions, as they were often reluctant to talk openly about their situation.

The other challenge was the length of time required to conduct the interviews (e.g., some of the focus group discussions took more than two hours). The researchers tried to address the main themes and allowed flexibility with probing, but within the framework of each tool.

Another challenge was the difficulty in supervising two teams located far away from each other, particularly after the first few days of data collection, when the teams worked together in each district. This resulted in missing out on some of the issues early on in the process and necessitated some follow-up interviews. While field researchers were skilled at interview approaches, it was not always easy to capture their insights during the debriefing process due to language barriers (English-Arabic).

The qualitative research methods used, by their nature, involve only a sample, in this case focusing on female-headed households. The study is therefore not intended to be either statistically representative of the study sites' beneficiaries nor of the West Bank more generally.

Although economic hardship is a defining characteristic of life for many people in the West Bank and Gaza Strip, it is useful to indicate that during the fieldwork, popular demonstrations erupted in late August and early September in several cities and localities in the West Bank. These protests were a result of the increase in prices of gasoline and food, among other economic difficulties. The financial hardships experienced by many families, along with the timing of the demonstrations (coinciding with data collection) may have influenced interviewees' responses.

Annex 3: Demographics and human development data

A. Jenin

1. Demographics and poverty data

Table A3a: Population in Jenin and the West Bank

West Bank Governorate	Total population (2007)	Average household size (2007)	Registered refugee population (2007)
Jenin	256,619	5.3	81,788
West Bank	2,350,583	5.8	599,436

Source: UNRWA 2010²⁴

Table A3b: Registered live births and deaths registered in Jenin and the West Bank by sex, 2011

Governorate/Region	Deaths			Births		
	Total	Female	Male	Total	Female	Male
Jenin	845	386	459	7,295	3,532	3,763
West Bank	6,398	3,005	3,393	64,519	31,434	33,085

Source: PCBS 2012b: 55

Table A3c: Poverty rates according to actual monthly consumption patterns of individuals in Jenin and the West Bank, 2010

	Poverty rates			
	Deep poverty	Poverty severity	Poverty gap	Poverty
Jenin	11.4	2.1	5.9	24.8
West Bank	8.8	1.4	4.1	18.3

Source: PCBS 2012b: 60

2. Human development facilities

Table A3d: Schools and students in Jenin by stage and supervising authority, 2011/2012

	Total		Secondary		Primary	
	# Students	# Schools	# Students	# Schools	# Students	# Schools
Government	70,001	224	10,695	108	59,306	116
UNRWA	3,970	10	-	-	3,970	10
Private	3,090	16	196	4	2,894	12
Total	77,061	250	10,891	112	66,170	138

Source: PCBS 2012b: 61

Table A3e: Average number of students per class in Jenin and the West Bank by supervising authority, 2011/2012

Governorate/Region	Supervising authority		
	Private	UNRWA	Government
Jenin (Basic)	21.6	30.3	27.5
Jenin (Secondary)	14.0	-	21.1
West Bank	15.2	27.5	21.4

Source: PCBS 2012b: 62

²⁴ See PCBS 2012a and 2012b for estimates in the middle of 2012.

Table A3f: Average number of students per teacher in Jenin and the West Bank by supervising authority, 2011/2012

Governorate/Region	Supervising authority		
	Private	UNRWA	Government
Jenin	14.1	22.4	19.2
West Bank	15.2	27.5	21.4

Source: PCBS 2012b: 63

Table A3g: Beds per 1,000 inhabitants and number of hospitals and beds in Jenin and the West Bank, 2011

	Number of beds	Hospitals	Beds per 1,000 Inhabitants
Jenin	170	3	0.6
West Bank	3,063	51	1.2

Source: PCBS 2012b: 56

Table A3h: Localities in Jenin and the West Bank by water provider through a public network, 2010

Governorate/Region	Total	No water network	Service provider of water through the public network		
			Other*	Another local authority	Local authority
Jenin	80	28	3	5	44
West Bank	524	109	88	48	279

Source: PCBs 2012b: 78

Table A3i: Localities in Jenin and the West Bank by provider of solid waste collection service, 2010

Governorate/Region	Total	No solid waste collection	Waste collection body				
			Others	Another local authority	UNRWA	Private contractor	Local authority
Jenin	80	9	2	13	1	5	50
West Bank	524	79	15	50	20	26	334

Source: PCBS 2012b: 81

Hebron

1. Demographics and poverty data

Table A3j: Population in Hebron and the West Bank

West Bank Governorate	Total population (2007)	Average household size (2007)	Registered refugee population (2007)
Hebron	552,164	6.1	90,673
West Bank	2,350,583	5.8	599,436

Source: UNRWA 2010

Table A3k: Registered live births and deaths registered in Hebron and the West Bank by sex, 2011

Governorate/Region	Deaths			Births		
	Total	Female	Male	Total	Female	Male
Hebron	1,321	609	712	19,359	9,510	9,849
West Bank	6,398	3,005	3,393	64,519	31,434	33,085

Source: PCBS 2012a: 55

Table A3l: Poverty rates according to actual monthly consumption patterns of individuals in Hebron and the West Bank, 2010

	Poverty rates			
	Deep poverty	Poverty severity	Poverty gap	Poverty
Hebron	16.2	3.1	8.1	32.5
West Bank	8.8	1.4	4.1	18.3

Source: PCBS 2012a: 60

2. Human development facilities

Table A3m: Schools and students in Hebron by stage and supervising authority, 2011/2012

	Total		Secondary		Primary	
	# Students	# Schools	# Students	# Schools	# Students	# Schools
Government	156,680	402	21,455	105	135,225	297
UNRWA	10,526	20	-	-	10,526	20
Private	10,165	52	233	2	9,932	50
Total	177,371	474	21,688	107	155,683	367

Source: PCBS 2012a: 61

Table A3n: Average number of students per class in Hebron and the West Bank by supervising authority, 2011/2012

Governorate/Region	Supervising authority		
	Private	UNRWA	Government
Hebron	18.2	26.5	22.1
West Bank	15.2	27.5	21.4

Source: PCBS 2012a: 62

Table A3o: Average number of students per teacher in Hebron and the West Bank by supervising authority, 2011/2012

Governorate/Region	Supervising authority		
	Private	UNRWA	Government
Hebron	18.2	26.5	22.1
West Bank	15.2	27.5	21.4

Source: PCBS 2012a: 63

Table A3p: Beds per 1,000 inhabitants and number of hospitals and beds in Hebron and the West Bank, 2010

Governorate	No of beds	No of hospitals	Beds per 1,000 inhabitants
Hebron	532	9	0.9
West Bank	3,063	51	1.2

Source: PCBS 2012a: 56

Table A3q: Localities in Hebron and the West Bank by water provider through a public network, 2010

Governorate/Region	Total	No water network	Service provider of water through the public network			
			Other	Another local authority	Jerusalem water undertaking	Local authority
Hebron	92	40	1	7	-	44
West Bank	524	109	24	48	64	279

Source: PCBs 2012a: 78

Table A3r: Localities in Hebron and the West Bank by provider of solid waste collection service, 2010

Governorate/Region	Total	No solid waste collection	Waste collection body				
			Others	Another local authority	UNRW A	Private contractor	Local authority
Hebron	92	35	9	8	1	-	39
West Bank	524	79	15	50	20	26	334

Source: PCBS 2012a: 81

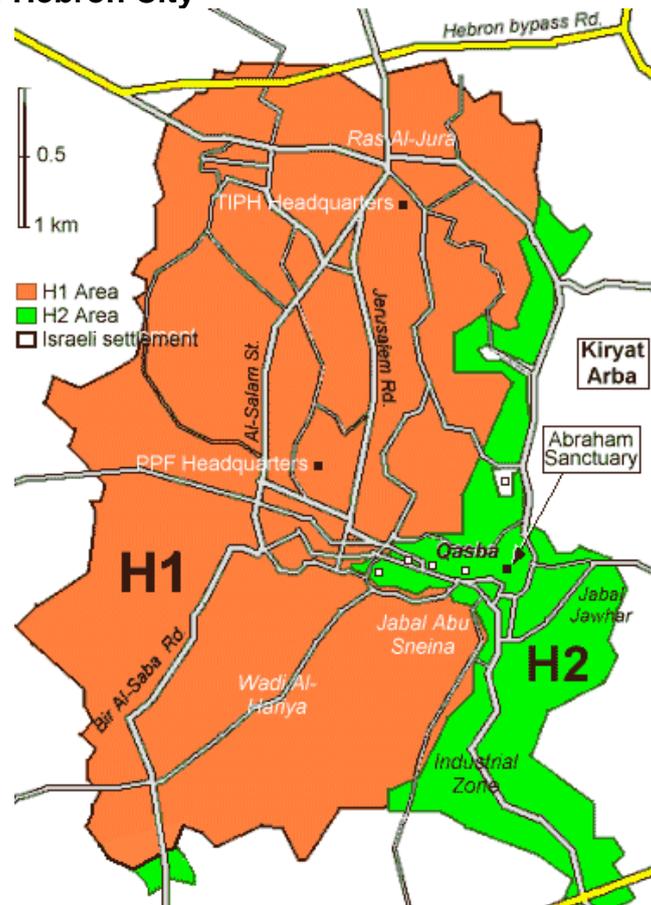
3. Geographical segregation

One crucial aspect which affects welfare in the city of Hebron is the existence of Jewish settlements. Hebron is the only city in the West Bank which has Jewish settlements²⁵ within the urban perimeter.

In January 1997, Israel and the Palestinian Liberation Organization (PLO) signed the Hebron Protocol. Israeli Defence Forces (IDF) withdrew from around 80% of the Hebron municipal territory and according to the Protocol the city was divided in to two parts: H1 and H2 (see Figure 2A below). H2 comprises some 35,000 Palestinians and 600 Israeli settlers and these are guarded by around 2,000 Israeli soldiers.

²⁵Avraham Avinu, Beit Romano, Beit Hadassah and Tel Rumeida

Figure 3A. Map of Hebron City



Source: Jewish Virtual Library 2012

Whereas in H1, the Palestinian Police Forces (PPF) exercises full control, in H2 the Israeli Army has control over the territory. This has various effects in terms of mobility restrictions, labour opportunities and access to services for the Palestinian population situated in H2 (UNOCHA 2005; ARI and LRC ,2009).

H2 is completely enclosed and guarded through checkpoints, roadblocks and military barriers which control access points to the Old City of Hebron. A series of military orders stemming from the Intifada of 2000 imposed a series of shop closures and prolonged curfews in 2001 and 2002, which caused the relocation of wholesale and vegetable markets to H1. Of a total of 1,610 shops licensed in H2 before September 2000, close to 650 remain, and according to the Hebron Rehabilitation Committee only 10% of these are functioning (UNOCHA, 2005; ARI and LRC, 2009). Thus, farmers have no access to markets and the services sector has dramatically declined. Without work opportunities, poverty in H2 has increased. According to Spinner (2012), construction has recovered substantially due, in large part, to support from USAID. The city has doubled the number of building permits issued since 2006, but this section of the economy remains reliant on international donors rather than domestic capital.

Beyond limited work opportunities, the mobility restrictions have resulted in more limited access to emergency services, more than doubling the time to reach a hospital (from around 20 to 50 minutes). The unreliability of medical care is such that many pregnant mothers move to H1 to be closer to hospitals for delivery. Equally, restrictions have impacted negatively on school attendance and performance for students close to settlements. Between 2000 and 2005, for example, attendance in the three schools closest to settlements – Al Ibrahimiyye, Cordoba and Al Fayhaa – dropped by almost 50% to avoid children studying in unsafe conditions (UN OCHA, 2005).

Annex 4: Examples of international good practice to complement policy and programme recommendations

1. Chile's *Puente*: Providing Assistance for Exit Strategy Guidance and Support, Tailored to Individual Households

Chile's *Solidario* initiative, launched in 2002, offers integral social protection to the country's poorest families through three programming components, including guaranteed monetary subsidies, access to the promotional programme and, under the *Puente* scheme, psychosocial support and temporary financial vouchers. *Puente* is designed to run for two years as an entry to the *Solidario* system, during which time social workers assist each beneficiary family in improving their living conditions, followed by their 'graduation' into *Solidario*'s primary services. As part of this design, *Puente* provides each family with a strong degree of support in establishing their own goals and objectives for participation in the programme. Guided by 53 separate life quality standards – ranging from health, education, family dynamics, housing conditions, employment and income – family members coordinate closely with case workers through a process of negotiation and compromise, in order to determine how best to meet targets relative to the unique demands of their own household dynamics. The resulting plans of actions, tailored to their specific domestic contexts, encourage motivation and programmatic knowledge for families, alongside the direct improvements to quality of life which they receive. Impacts have been positive: in 2005, 107,672 individuals were enrolled in *Puente* across 332 of Chile's 341 districts, with roughly 32% of the families that finished their participation in 2004 having achieved all 53 life targets.

Adapted from: Soares and Silva, 2010; de la Guardia et al., 2011; Larrañaga et al., 2012; and Government of Chile, 2006.

2. Mexico's CONEVAL: Institutionalising transparency and accountability through a well-integrated feedback and evaluation unit, operating at both the national and sub-national levels.

The Mexican government has made a concerted effort to ensure adherence to the principles of transparency and accountability within its impact evaluation commissioning with the 2006 creation of a National Council for the Evaluation of Social Development Policy (CONEVAL), a body mandated to undertake monitoring and impact evaluations of Mexico's multiple social development programmes. To promote systematic decision-making, major social programmes must submit to regular impact evaluations as part of CONEVAL's oversight, with the programme implementation agency required to publicise their results on the agency website, officially respond to evaluation findings, and provide a subsequent action plan informed by these results. This process is designed to encourage ownership of evaluation results among implementing agencies, which are given the space to contextualise the evaluation findings and adopt guidance proactively – an approach which serves to diffuse some traditional tensions arising from top-down evaluatory recommendations. CONEVAL's impact in encouraging a shift towards a greater evaluation culture within Mexico has been seen at several levels of government to date; for example, in President Calderón's embrace of impact evaluation results as part of the design of a new nutritional supplement programme, and in the use of evaluation data by an influential state governor in order to demonstrate the effectiveness of a recent housing project to the public.

Adapted from: World Bank, 2008a; Government of Mexico, 2012; and Jones et al., 2009.

3. Brazil's *Bolsa Família*: Successful decentralisation of decision-making to the local level, alongside quality assurance of programme implementation

Reaching 12.5 million poor families in 2009, Brazil's *Bolsa Família* programme is one of the developing world's largest conditional cash transfer programmes. It provides conditional cash transfers from between US\$7 to \$45 per month, with conditionalities primarily related to education and adherence to immunisation, weight monitoring, and prenatal/postnatal care for women. Unlike many other conditional cash transfer schemes which feature strong centralised implementations, however, *Bolsa Família* is notable in its innovative decentralisation of programming: while objectives are set at the Federal level, states and municipalities assume significant responsibility for implementation under a 'shared management' (*gestão compartilhada*) model which emphasises intersectorality,

complementarity and synergy of policy at multiple levels of government. Municipalities are tasked with registering families into a central Single Registry and ensuring conditionality compliance. They are greatly aided in this task by a mechanism known as the IGD (Decentralised Management Index), which provides a means for implementation quality assurance from the national level based on four key quality aspects of *Bolsa Família* implementation. Each municipality's IGD score determines the degree of performance-based financial incentives, in the form of administrative cost subsidies, which it will receive from the federal government on a monthly basis. The IGD index is also notable for its administrative simplicity, based on centralised and transparent data that is easily available to Brazilian municipalities.

Adapted from: Lindert et al., 2007; and Soares and Silva, 2010

4. Chile's FONASA: An innovative social health insurance scheme which encourages decentralisation of programme decision-making to the local level, alongside quality assurance mechanisms

Chile operates a dual health insurance system which includes the option of coverage and services under either private insurance plans (ISAPREs), or through a social health insurance scheme, the National Health Fund (FONASA) aimed at lower-wage earners and the poor. Both ISAPREs and the FONASA programme are overseen by the Chilean Ministry of Health, with public sector services provided by the National Health Service System. Both, however, enjoy a high degree of decentralisation, the result of a comprehensive health sector reform embarked upon by the Chilean government in 1981 which featured the devolution of administration authority for primary health care from the national to the municipal levels. In the period following 1990, decentralisation was encouraged further by the deregulation of authority directly to Chile's Regional Ministerial Secretariats (SEREMI) for specific administrative duties, while mandates and resources for planning, management and decision-making were delegated from the government to local level and directly to hospitals. This roll-out was supported, in particular, by an innovative series of Regional Workshops on Decentralisation, which successfully employed participatory methods in order to promote ownership of the reforms at the central and local levels. As a result, FONASA today is responsible for both funding and providing insurance to its beneficiaries, while the Ministry of Health, in turn, monitors operations and establishes policies, standards, and general performance plans.

Adapted from: World Bank, 2008b; World Health Organization; and Bitran, et al., 2008.

5. India's MGNREGS: Integration of annual social audits to encourage transparency, public accountability, and public participation in social protection programming.

India's Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) today represents the largest, legally guaranteed, labour-based social protection programme in the world, with more than 54 million beneficiary households as of 2011. The MGNREGS public works programme is, in turn, strengthened by a strong commitment to its principles of transparency, public accountability, and participation through its emphasis on social audits as a key mechanism for encouraging public awareness, monitoring programme implementation and opportunities for improvement and corrective actions. Alongside physical and financial audits, regular social audits are held at least once every six months, carried out by user groups and village communities, and aided by civil society organisations. Social audits involve several stages, progressing from initial evidence gathering via interactions with development programme participants, verification of schemes, and interviews with local officials. MGNREGS guidelines also call for the maintenance of detailed records at all levels of government concerning inputs, processes, outputs and outcomes related to the programme, with this information displayed publically on the walls of local offices and made generally available for public review. The social audits serve additional functions in strengthening state-citizen bonds: in conducting social audits, citizens are not only empowered to challenge potential corruption in the provision of programme support, but their involvement also strengthens democratic action by encouraging an informed and civically responsible citizenry active in local affairs.

Adapted from: Government of India, Ministry of Rural Development, 2008; Government of India, Ministry of Rural Development, 2012; UNDP, 2010; Aiyar, A. and Samji, S., 2009.

6. Mexico's *Estancias Infantiles para Apoyar a Madres Trabajadoras*: Supporting women's entry into the paid workforce and job creation for women through government-subsidised childcare services.

Mexico's *Estancias Infantiles para Apoyar a Madres Trabajadoras* (Child Care Services for Working Mothers) is regarded as one of the world's most ambitious child care programmes, and provides subsidised childcare in order to permit low-income parents greater time to pursue economic activity. First implemented by the Federal Ministry of Social Development (SEDESOL) in 2007, *Estancias* has, as of 2011, benefited over 900,000 children between ages of one and four, with ages 5+ covered under state-run preschool programmes. The programme offers lump-sum payments to childcare providers, and has led to the development of a network of 10,000 privately-run home-based day care services. Having been developed within a Mexican policy environment generally supportive of gender equality, the programme contains several laudable design features for facilitating women's entry into the workforce. In particular, *Estancias* responds to the call made in Mexico's 2007-2012 National Development Plan (NDP) to support women's access to labour markets through a network of childcare centres, while also drawing attention to their marginalised domestic and caretaker roles. Enrolled mothers are provided with vouchers, which they can use to enrol their children at care site of their choosing and thus free their time for income-generating activities. It also provides direct (albeit low-paying) employment for tens of thousands of women involved in the management of the *Estancias*. More than 5,000 women have used the programme to become micro-entrepreneurs by starting *Estancias*, or obtain employment and training as assistants.

Adapted from: Calderon, 2011; CIEE, 2012; Pereznieta and Campos, 2010; Staab and Gerhard, 2011.

7. Slovenia's Unemployment Insurance Reforms: Promoting greater market linkages through unemployment insurance reforms focused on effective employment tracking systems.

Slovenia dramatically restructured its unemployment insurance programme in 1998, reducing the duration of unemployment benefits while simultaneously expanding the services it offered to recipients. Results following these reforms show a clear improvement in the number of beneficiaries who graduated from unemployment at the time of the reforms owing to benefit reductions, as well as a concurrent increase in the job-finding rates for men. New support for active labour market programs were introduced, including the awarding of regular worker status and access to benefits for public works participants, and an increase in government spending on active labour market policies. An additional key feature attributable to the improvements of Slovenia's unemployment insurance scheme, however, was the implementation of a new, stricter monitoring system as a condition of eligibility. Conditionalities included the requirement for beneficiaries to ensure they were contactable by employment support workers for several hours each day, a task facilitated by the creation of a new inspection unit within the existing government employment agency. Inspectors now track recipients by phone and home visit to ensure they are unemployed while receiving government assistance and actively searching for a job. Improved monitoring efforts also involve the maintenance of records on those who have found employment.

Adapted from: van Ours and Vodopivec, 2005.

8. UNHCR urban community centres in Jordan, Lebanon and Syria: Providing physical 'protection' spaces where community members can safely access services, information, support, training, and opportunities for integration.

The United Nations High Commission for Refugees (UNHCR) has recently scaled up operations to respond to the assistance and protection needs of thousands of Iraqi refugees living in exile within Jordanian, Lebanese, and Syrian cities. One innovative response to the challenge of dealing with large refugee populations scattered across vast urban areas and mixed among local urban populations has been the establishment of community centres in neighbourhoods where high density of Iraqi refugees were reported. Together with international NGOs and local organisations, UNHCR is running several community centres in Amman, Damascus and Beirut which are opened to Iraqis, other refugees and members of the local population. The centres aim to offer a space where community members can come together and access a broad range of services and skills training (e.g. languages and IT courses, vocational training, library), information, psychosocial counselling and

support, and participate in cultural, recreational and social activities. Community centres offer a 'protection space' that provides refugees with a little respite from their daily chores and concerns, while also restoring some of the self-confidence that many have lost as a result of their displacement. They also promote community cohesion and thus contribute to changing the perception of the host community, which might see refugees as an economic, social, or political threat. A 2011 assessment in Damascus noted, furthermore, the important psychosocial effects that users of these centres had experienced, with men in particular reporting the benefit of accessing activities and attending courses as a way to mitigate the negative consequences of their displacement situation, including changes in gender, employment, and familial roles which had often led to increase stress, loss of self-esteem, and domestic violence.

Adapted from: Crisp, et al., 2009; and Di Iorio and Zeuthen, 2011

9. Citizen Report Cards and Community Score Cards: *Two tools to help generate participation and public accountability in the provision of services.*

Citizen Report Cards (CRDs) are a participatory survey tool which provides quantitative feedback on user perceptions towards the quality and impact of public services, a process which is often accompanied by media coverage and civil society advocacy. Community Score Cards (CSCs), in turn, offer a means of collecting qualitative data in local level monitoring and performance evaluation, and relies on a holistic range of techniques, including social audits, community monitoring, and CRDs, to ensure social and public accountability from service providers. CSCs are intended to function at the individual and intra-household level, and rely on information collected via questionnaires over an implementation process of 3-6 months. CRDs are a shorter (3-6 week) exercise, aimed at the local community level, and rely primarily on information collected through focus group discussions. The CSC/CRD process can also include meetings between the community and service providers in order to further encourage empowerment among community members. A number of countries have successfully implemented the CRC/CSC approach: in the Philippines, for instance, the Filipino Report Card on Pro-Poor Services helps assess basic health, elementary education, housing, water, and food distribution services, while in India, the Bangalore Report Cards on Public Services offers an avenue for the city's citizens to provide similar feedback on government services.

Adapted from: World Bank (2012) Citizen Report Card and Community Score Card, (<http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTPCENG/0,,contentMDK:20507680~pagePK:148956~piPK:216618~theSitePK:410306,00.html>); World Bank (2012) Filipino Report Card on Pro-Poor Services, (<http://web.worldbank.org/servlets/ECR?contentMDK=20509283&sitePK=410136>); and World Bank (2003) 'Case Study 1 – Bangalore, India: Participatory Approaches in Budgeting and Public Expenditure Management'. Social Development Notes no. 70, (<http://siteresources.worldbank.org/INTPCENG/1143372-1116506093229/20511034/sdn70.pdf>).

Annex 5: Key differences emerging from beneficiary and community perceptions of the PNCTP in the West Bank and Gaza Strip

Table A5: Key differences emerging from Beneficiary and Community Perception Study on the Palestinian National Cash Transfer Programme carried in Gaza Strip (see Part 1 report) and West Bank (see Part 2 report)

Area of difference	Gaza Strip	West Bank
Political and economic context	Israeli-imposed restrictions from without; physical and administrative measures to control land, air and sea restricting movement of people and goods in and out of the Strip.	Israeli-imposed restrictions from within; physical and administrative measures, including checkpoints, closed military areas, settlements and roads linking settlements to control and restrict movement of people and goods within the West Bank.
	Strangled economy, persistent declining private sector and agricultural activity. Protracted humanitarian crisis.	Better economy although more dependent on international assistance with chronic financial crisis.
	Growing political and territorial isolation as a result of the blockade, internal political division between Fatah-Hamas, and 'no contact policy' of international donors.	Ongoing occupation limits political stability and possibilities for economic and social development.
Poverty and vulnerability experiences	Higher poverty and unemployment levels, widespread throughout the Strip. Poverty and desperation increasingly pushing boys, young and adult men to engage in risky livelihood strategies (e.g. in the 'tunnel industry'). Higher reliance on relief and social assistance. Worse disability and health indicators. Geographical vulnerability: border areas (Rafah and Beit Lahia) vulnerable to large-scale Israeli military operations and incursions. Environmental vulnerability, deteriorating infrastructure and basic services facilities (e.g. electricity, health and education). Psychosocial vulnerability linked to cumulative effects of recurrent conflict, ongoing isolation, rising poverty levels. Widespread perceptions of poverty as linked to overarching political situation and ongoing blockade. More conservative social context, with particular implications for women's labour force participation and mobility.	Overall poverty levels are lower than Gaza, although Palestinians living in Area C, affected by the separation wall, and remote areas have high levels of poverty as well. Divorced women are more vulnerable than widows, and widows are more vulnerable than married women. Female household heads who are older, with disabilities or chronic diseases, or with intellectually disabled children face greater vulnerability than younger ones. Bedouins face continuous threats of forced resettlement and demolitions, loss of livelihood, lack of institutional support and higher level of illiteracy. Families with chronic diseases and older parents with low or no source of income with children enrolled in universities and schools. Families with mentally challenged children.
	Higher population density throughout, particularly in refugee camps. High	Some camps can be crowded, but much

	<p>percentage of refugees.</p> <p>Larger than average family size.</p>	<p>less in urban and rural areas.</p> <p>Variable family size but large families correlated with high poverty.</p>
Mechanics of the programme	<p>Different components or functioning of programme components:</p> <ul style="list-style-type: none"> -inter-agency social protection committees do not exist -appeals committee established by MoSA Gaza - Recent introduction of pre-conditions for enrolment (e.g., no income, large family size) - Cash distribution through payment slips and collection at banks rather than directly to beneficiaries bank accounts. 	<p>Functioning grievance system in West Bank, although with imperfections.</p> <p>Social protection networks exist, although again imperfect functioning.</p> <p>Beneficiaries receive assistance in the form of bank deposits, which is very convenient for them.</p> <p>There is some coordination with government institutions like MoED, MoH and Ministry of Finance and the police but this is often on an <i>ad hoc</i> basis and not governed effectively.</p>
Targeting appropriateness	<p>Heavy reliance on PMTF to determine eligibility and retention of membership in the programme; however, ability of PMTF to provide reliable estimate of the welfare of beneficiaries is questionable.</p> <p>Information in Gaza is not cross-checked/further verified (e.g. through inter-agency social protection committees) with PMTF run in Ramallah</p> <ul style="list-style-type: none"> -PMTF variables not tailored to Gaza-specific context (e.g. larger family size, shorter distances) -PMTF variables based on PCBS consumption survey of 2007 and therefore probably outdated (Hamas takeover and Operation Cast Lead are two major events that have taken place since then and likely to have altered consumption patterns). 	<p>PMTF is used in the West Bank, and the 'new poor' have more opportunity to be included in the cash transfer than in Gaza.</p> <p>Verification is done by social workers and less by members of the social protection committees.</p> <p>PMTF was developed in coordination with PCBS and local and international experts, which also needs further modifications and updates.</p> <p>Social workers have some weight in influencing who can be eligible, especially those cases that are not captured by PMTF after verifying their conditions.</p>
Beneficiary programme experiences		<p>Complaints are more attended to since beneficiaries have more access than in Gaza, although people complain about the lack of adequate response.</p>
	<p>Poverty is widespread and receiving assistance perceived to be not (less) stigmatising.</p>	<p>In general, stigma is high in all study areas especially in urban or semi-urban and better-off economically like Ramallah, in these areas people feel more stigmatised compared with those in camps.</p>
	<p>Cash transfer programme widely perceived as vital safety net, especially vis-à-vis affordability of basic education</p>	<p>More positive impacts on community relations in West Bank – in terms of 'the spark that got us talking'.</p>

	and health services.	
	Cash transfer programme, particularly among refugee beneficiaries, widely perceived as palliative, as compensation for ongoing occupation, siege, and unresolved political question.	Less critical of the cash transfer approach, and see it as significant but small complement to limited resources they have, allowing beneficiaries to protect their dignity. Respondents have a number of criticisms of operation of programme in practice.
Social workers' working conditions	Social workers' caseload in Gaza is higher.	But still unmanageably high in West Bank.
	Lower social worker morale and high stress levels, resulting from 'remote management' setting and distance from central decision-making processes. Less experienced managers on the ground as hired after the division in 2007.	Sense of confidence with institutional identity belonging to a more stable system.
	Very limited access to information capacity building and training, both on cash transfer programme and other areas/modules as a result of internal division and no contact with international donors' policies.	Capacity-building activities exist but require linkage with strategic directions and remain dependent on donors' support.
	Limited logistic support (communication, mobiles, PCs, transport, etc.)	Logistic support is more readily available but falls short to cope with the high demand on social workers.
Programme governance	<p>Political and territorial divisions between Ramallah and Gaza and establishment of parallel MoSA institution in Gaza have significant repercussions on governance:</p> <ul style="list-style-type: none"> - Human resources (most of previous social workforce still not operative) - Poor, <i>ad hoc</i> coordination between MoSA Ramallah and Gaza; and among agencies implementing social assistance more generally due to politicized context - Limited flow of information/communications at different levels 	<p>Role of social workers is more routine with focus on data collection, which contradicts with their original professional role of providing social and psychological support.</p> <p>Feedback mechanisms are weak from the centre to the districts, and social workers are not informed of the reasons why some applicants are included and others are excluded from the programme.</p>