



Transforming Cash Transfers:

Beneficiary and community perspectives on the
Palestinian National Cash Transfer Programme

Part 1: The Case of the Gaza Strip

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December 2012

Acknowledgements

The authors would like to thank the members of the local research team, Dr. Khitam Abu Hamad, Eman Abu Hamra, Dr. Nadia Al-Bayoumi, Sadi Abu Awad, Riyad Diab, Dr. Faten Khollab and Dr. Mohammed Tabash for their dedication to the fieldwork, translation and transcribing process. Our thanks also go to Mr Daoud Aldeek (MoSA), Meriem El-Harouchi (European Union), Dr Maxine Molyneux (UCL Institute of the Americas), Charlotte Morris (DFID), Dr Nicola Jones (ODI), Heather Kindness (DFID), Ayman Sawalha (MoSA), Dr Mohammed Shaheen (Al-Quds University), and Strahan Spencer (DFID) for their insightful comments and feedback on the report. Sincere thanks and appreciation are also due to HE the Minister of MoSA Mrs. Majida Almasry, Assistant Deputy Minister Mr. Daoud Aldeek, and Director of Combating Poverty, World Bank consultant Tahani Almadhoun for their unlimited support for facilitating all aspects of the research process. The appreciation goes also to MoSA staff and social workers in Gaza for their cooperation throughout the field work. Many thanks to Frances Ellery for her expert editing of the report. We are especially grateful to the many people in Gaza, beneficiaries and non-beneficiaries, and the many key informants interviewed who generously gave their time to take part in this study.

This document is an output of a project funded by UK Aid from the UK Department for International Development (DFID). However, the views expressed and information contained within are not necessarily those of or endorsed by DFID, which accepts no responsibility for such views or information or for any reliance placed on them.

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Abbreviations and acronyms

EU	European Union
CAP	Consolidated Appeal Process for the OPT
CBO	Community-based organisation
CHF	Cooperative Housing Foundation
CPI	Country principal investigator
DFID	Department for International Development
DGC	Demand generation consultation
FHH	Female-headed household
GDP	Gross domestic product
ICSL	International country support lead
IDF	Israeli Defence Force
IDP	Internally displaced person
ILO	International Labour Organization
INGO	International non-government organisation
M&E	Monitoring and evaluation
MHH	Male-headed households
MoSA	Ministry of Social Affairs
NGO	Non-government organisation
NIS	New Israeli Shekel
OPT	Occupied Palestinian Territories
ODI	Overseas Development Institute
PA	Palestinian Authority
PCBS	Palestinian Central Bureau of Statistics
PMTF	Proxy means test formula
PNCTP	Palestinian National Cash Transfer Programme
PNPSP	Palestinian National Programme for Social Protection
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
SSNP	Social Safety Net Programme (UNWRA)
UN	United Nations
UNDP	United Nations Development Programme
UN OCHA	UN Office for the Coordination of Humanitarian Affairs
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WFP	World Food Programme

1 Introduction

Since the late 1990s, social protection has become an important policy response to high levels of poverty and vulnerability in developing countries. It has gained significant momentum among governments and donors as a result of a growing evidence base demonstrating positive effects on poverty and vulnerability reduction (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 instituted 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, 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 – smoothing income and consumption. While this is of course important, more recently there have been calls for social protection to go beyond this and address the longer-term and structural causes of poverty rather than simply the symptoms. There has, however, been only limited attention to the importance of social inequalities – such as gender inequality, unequal citizenship status, displacement as a result of conflict – that perpetuate poverty (Devereux et al., 2011), and the role in turn that social protection can play in tackling broader socio-political vulnerabilities and contributing towards social cohesion (DFID, 2011).

This qualitative and participatory perception survey attempts to contribute to these discussions by focusing on beneficiary and community perceptions of the Palestinian National Cash Transfer Programme (PNCTP), 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 longer history dating back to the 1990s, but the programme in its current reincarnation is the result of a merger of two major programmes supported by the European Union (EU) and World Bank (WB) in 2010. 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 it 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). Given increasingly divergent political and poverty/vulnerability contexts, there are two reports on the OPT – one on the West Bank and this one on the Gaza Strip. However, because the PNCTP is national in scope and rolled out in both territories, within a broader common national and historical context of ongoing conflict and occupation by Israel, there are obvious and important commonalities. Accordingly, some background sections of the two reports are broadly similar, and 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 within the resource and time constraints of the project, and reflecting key poverty and vulnerability data along with PNCTP objectives, the OPT study was carried out in two of the poorest districts in each territory. Within those districts it focused predominantly on female-headed households (FHHs) of both refugee and non-refugee status (see Sections 4 and 5 for further details).

2 Conceptual framework overview

In the context of the on-going global financial crisis, and in light of current discussions about the Millennium Development Goals and international development goals beyond 2015, 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 (Economic Commission for Africa 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

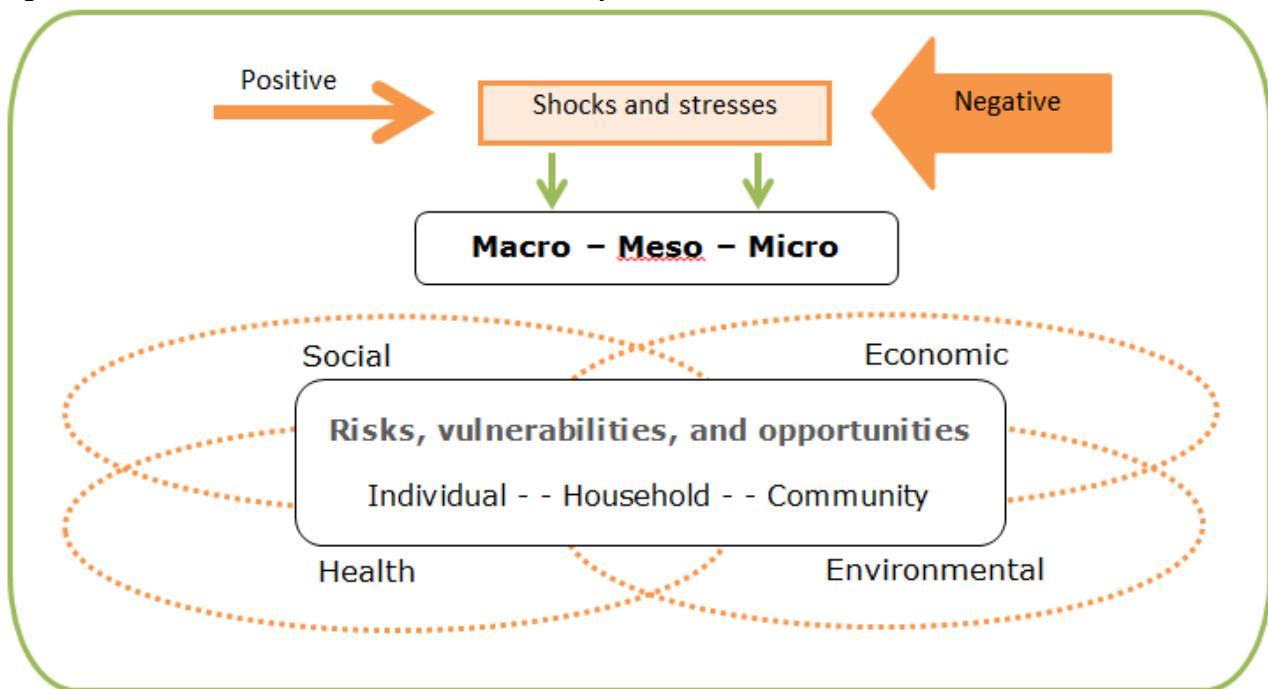
The nature of poverty and vulnerability is complex, multidimensional and highly contextual (see Figure 1). Poor households face a range of highly interconnected risks at the macro-, meso- and micro-levels, including economic, socio-political, environmental and health-related shocks and stresses (see 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.

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

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, minority ethnic, or refugee status (Holmes and Jones, 2009; Molyneux, 2007; Baulch et al., 2010; Sabates-Wheeler and Waite, 2003). Devereux and Sabates-Wheeler (2004)'s 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 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 the risk and vulnerability domains (social/economic/health/environmental), and how dynamics at all these levels are critical for understanding the risk and vulnerability context that will influence the potential impact of social protection.

2.2 Structural parameters

The potential of social protection to achieve social justice outcomes (resilience, agency and multi-dimensional 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 17) 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 that 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). 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 Nino-Zarazua, 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 rollout 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 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, 2013).

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 non-government organisations (NGOs) endorse a rights-based approach, development partners are increasingly emphasising results-based aid and value for money.

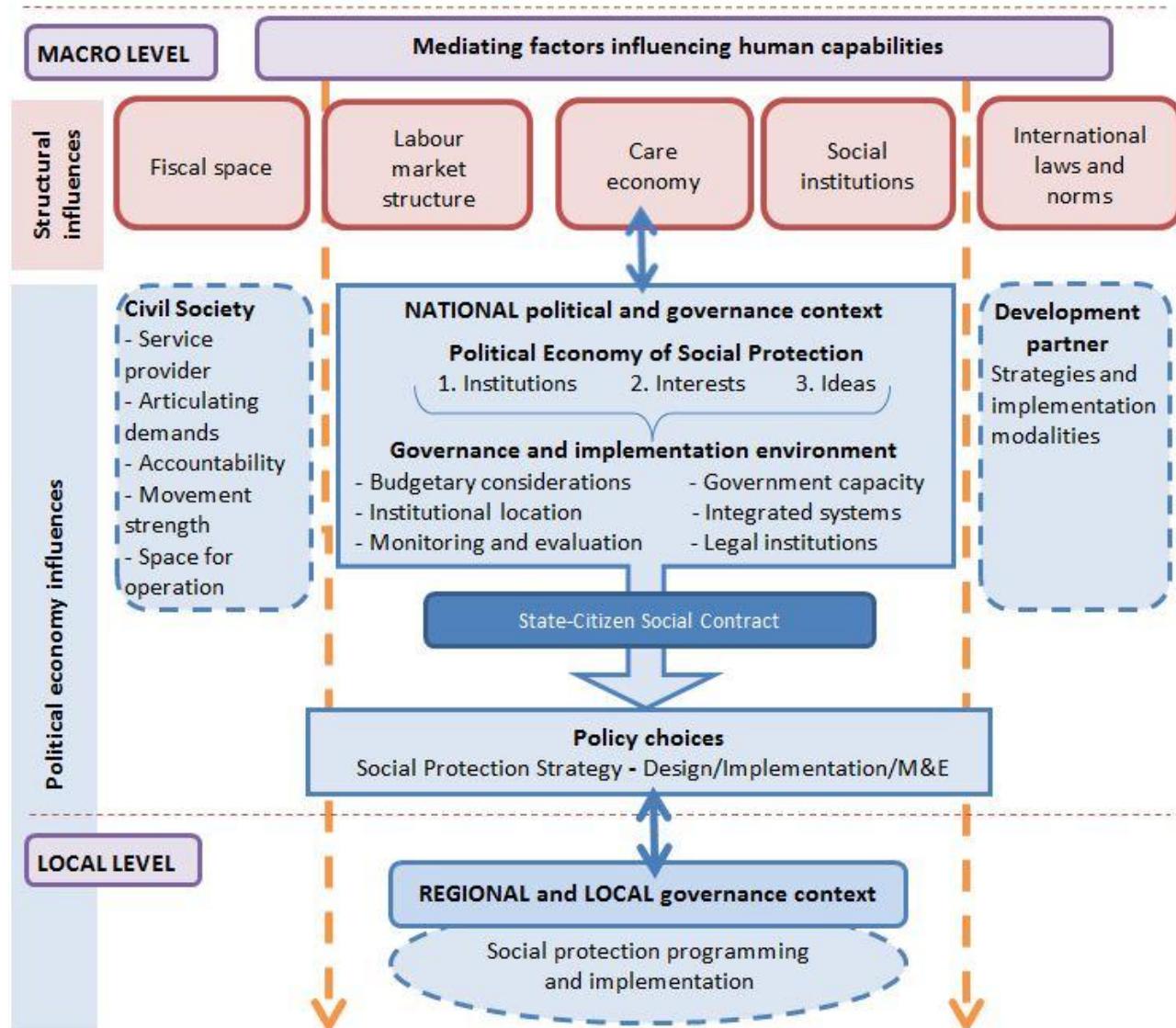
Civil society: The interests of civil society in advancing social protection, and how these interests are articulated, are also critical. Given the isolation experienced by socially excluded groups, their mobilisation around self-identified interests – often supported by NGO intermediaries – is a precondition 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 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, 2013).

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 Organisation for Economic Co-operation and Development (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

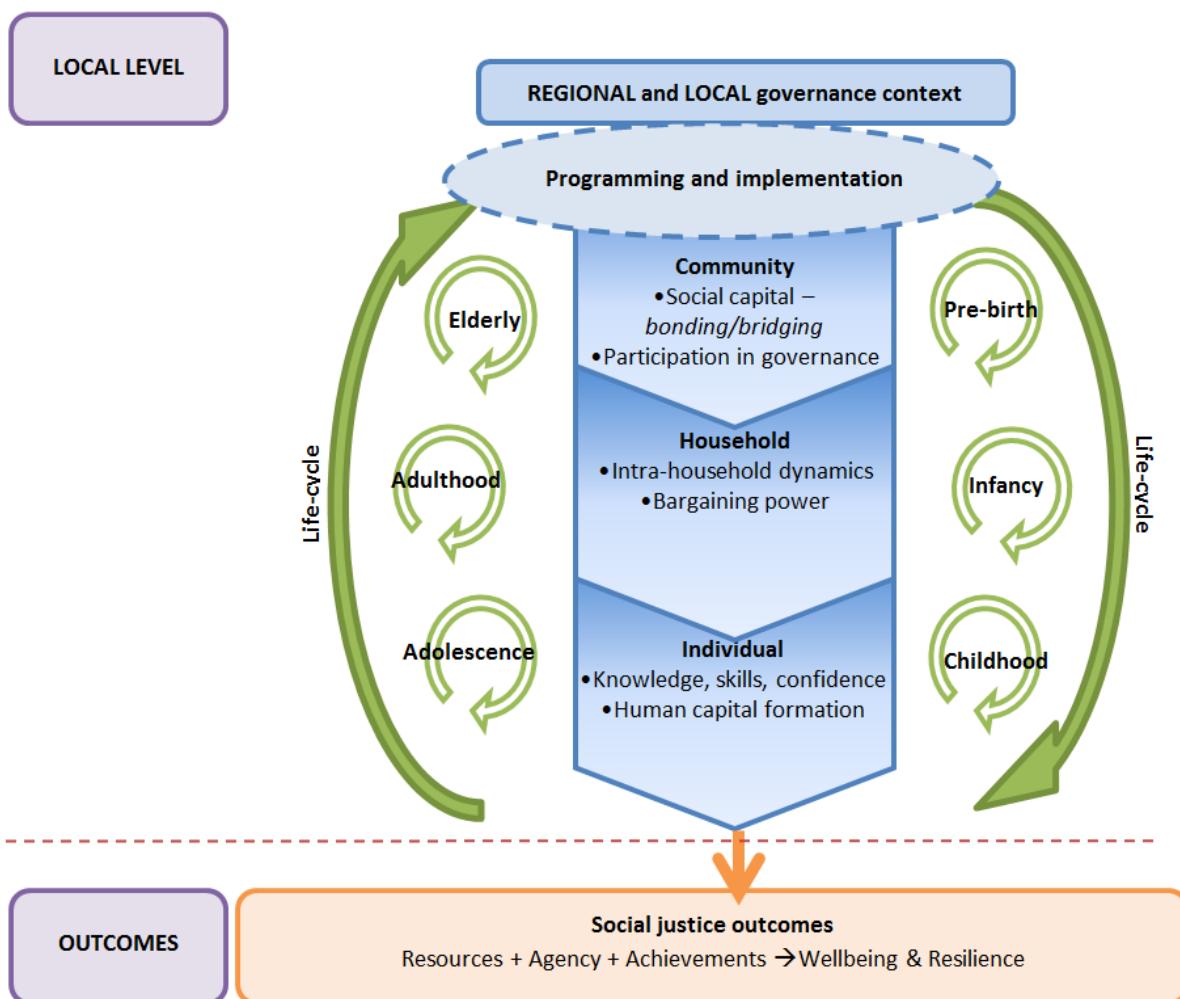
For social protection programming to be both accountable and transformative, the national-level structural and political influences must be more directly linked to local-level impact and outcomes: for the individual, the household, and the broader community. Given the cumulative and intergenerational 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 the different sections. Thus, for instance, the section on country background addresses the structural dimensions and broader political economy, setting the scene for discussing the programme. Because programmes do not operate in a vacuum, discussions around programme governance and accountability address the governance and implementation environment. And discussions of individual, household and community dynamics address local-level influences with our final concern being 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 Gaza Strip

3.1 Political and historical background

The Gaza Strip is a narrow sliver of land between Israel and Egypt, home to more than 1.6 million people packed into one of the world's most densely populated areas. The Strip is divided into five governorates. Running south to north, these are Rafah, Khan Younis, Deir al-Balah, Gaza City and the North Gaza governorate. The majority of Gazans are refugees (66%), most of whom were forcibly displaced in 1948 from nearby areas such as Yafa, Beersheba and Lydd following the Arab-Israeli conflict of 1948, which erupted in the immediate aftermath of the creation of the State of Israel.¹

In 2007, following five days of heavy factional fighting between Hamas and the Palestinian National Liberation Movement (Fatah),² Hamas gained control of Gaza and established its own *de facto* government structures, including ministries, courts and the police force. For the first time, the OPT was politically divided by the emergence of two competing governments – one Fatah-backed government appointed by the Palestinian Authority (PA) President and controlling the West Bank, and one Hamas government controlling the Gaza Strip.

Since the start of the second Palestinian intifada in 2000, the Gaza Strip has suffered a process of increasing economic and political isolation, which culminated in the imposition of a land, air and sea blockade by Israel in 2006.³ This further intensified in 2007 in the immediate aftermath of Hamas' takeover of the Strip. The blockade comprises stringent restrictions on the movement of people, goods and services in and out of Gaza, including the complete closure of border crossings for a number of days. Despite the partial lifting of import bans in 2010, together with other measures aimed at relaxing restrictions, the blockade is still in force today, permeating every aspect of daily life for the entire population. The United Nations (UN) and other agencies have repeatedly called the blockade a 'protracted human dignity crisis' and a 'collective punishment', in clear violation of international humanitarian law (UN OCHA, 2009).

At the end of December 2008, Israel launched Operation Cast Lead, an intensive military offensive that resulted in widespread casualties, injuries and destruction on an unprecedented scale, and which dramatically worsened an already extremely precarious situation. Today, nearly four years later, the ongoing ban on much-needed reconstruction materials – including cement, steel bars, and concrete blocks – and on a wide range of other imports – such as fuel, medicines, spare parts, food and non-food items – represents major challenges to reconstruction efforts, and to the current functioning and future sustainability of basic services, infrastructure, and livelihoods (see UNCT, 2012).

3.2 Economic stagnation, poverty and unemployment

Not surprisingly, the imposition of the blockade in 2007 has been accompanied by a severe economic downturn, reflected in a spike in poverty in Gaza to nearly 50% (from around 30% in 2006) (World Bank, 2011). In 2011, the real gross domestic product (GDP) per capita of Gaza also stood at \$1,165, only 88% of the level in 1994 (UNCT, 2012).

Even before the blockade, Gaza had been witnessing soaring unemployment rates as a result of restrictions on movement of people and goods in and out the Strip, further compounded by the loss of access to the Israeli labour market, which had been an important source of income and employment for many. In 1998, the

¹ The State of Israel was established in May 1948, a few months after UN General Assembly Resolution 181 of November 1947, which recommended the partition of the British Mandate for Palestine into a Jewish and an Arab State. The rejection of the State of Israel by the Palestinian Arab leadership and neighbouring Arab leaders sparked the first Israeli-Arab conflict which prompted the displacement of between 600,000 and 760,000 Palestinians refugees, who fled to Jordan, Lebanon, Syria, West Bank and the Gaza Strip (IDMC, 2008).

² The Fatah political party, also the backbone of the Palestine Liberation Organisation (PLO), has been the dominant political party and ruler of the Palestinian Authority since the establishment of the PA in 1994.

³ In June 2006, the intensification of hostilities between the Israeli Defence Forces and Gazan militants, and the kidnapping of the Israeli soldier Gilad Shalit, triggered the launch of Operation Summer Rain, and the imposition of stringent measures to restrict the movement of people, goods and services in and out of Gaza.

percentage of Gazans working in Israel was 17%; since 2005 it has been zero (World Bank, 2011). With the imposition of the blockade and a marked contraction of the private sector, Gaza has experienced a sharp rise in unemployment to 29% in 2011 (UNCT, 2012). Young people and women are particularly vulnerable. During the first quarter of 2012, the unemployment rate for women was 47%, among the lowest labour force participation in the world, and 58% for those aged between 20 and 24 years (UNCT, 2012).

The very low participation of women and girls in the labour force is not only linked to long-standing Israeli policies that have prevented the establishment of an independent and well-functioning economic base and labour market. It is also linked to gendered restrictions that greatly limit the range of jobs women can take up. These jobs are generally extensions of women's domestic roles and predominantly found in the service sector, especially in the education, health and social services fields. Indeed, positions in these three fields account for almost 90% of all women employed in the service sector (UN Woman, 2011). Male employment, by contrast, is largely concentrated in agriculture, trade, construction, transportation and security.

In the absence of substantial easing of mobility restrictions and a meaningful revitalisation of the economy, Gaza continues to be largely dependent on external aid and on the 'tunnel economy'. By 2009, 71% of the population was reportedly dependent on at least one form of assistance (World Bank, 2011); in 2010 a joint agency report put this percentage at an enormous 80% (Joint Agency, 2010). Since the imposition of the blockade, the tunnels built under the Gaza-Egypt border in the Rafah area have stimulated demand and have supplied the population with a wide range of otherwise unavailable goods, including fuel, construction materials, and consumables, and have become a lifeline for local people. In 2009, the bulk of Gaza's imports (up to 80%) were estimated to come through the tunnels (Hovdenak, 2010; ILO, 2011).

3.3 Vulnerabilities facing female-headed households

This study focuses on female-headed households (FHHs) in Gaza, families that in the absence of an adult male – traditionally seen as the main breadwinner and protector of the household – are headed by women. The exact percentage of Palestinian FHHs is difficult to estimate accurately, and there are no statistics on Gaza specifically. In 2010, the Palestinian Central Bureau of Statistics (PCBS) put the percentage of FHHs in the OPT as a whole at 9% (MoSA, 2011), while the World Bank put it at 5% (World Bank, 2011).

FHHs in Gaza are predominantly created by widowhood – caused by the death of the male breadwinner either as a result of the Israeli-Palestinian conflict or other forms of violence, illness, or divorce. The routes into becoming a female head of household are overwhelmingly involuntary rather than by choice. Divorce or separation is most often initiated by men, since legal, financial and socio-cultural barriers act as strong deterrents for women. As a result, Gazan women most often instigate divorce only in extremely compelling situations. The findings of this study indicate that both refugee and non-refugee FHHs are particularly vulnerable to poverty. As discussed in Section 7, in addition to structural factors, one important source of their vulnerability is linked to deeply-rooted gender perceptions, norms and expectations that constrain their ability to move freely, remarry, engage in extra-domestic productive activities, or to more broadly exercise their agency to choose the course of their lives and the lives of their children.

The specific vulnerability of Palestinian FHHs to poverty has been recognised in a number of studies (MoSA, 2011; UNIFEM, 2011), and the 2012 UN Consolidated Appeals Process (CAP) for the OPT recognises and specifically targets FHHs as one group of food-insecure households in Gaza (although an in-depth analysis of why FHHs are especially vulnerable to food insecurity is actually lacking in the Appeal) (UN, 2012). According to a recent UNIFEM study, the vulnerability and poverty levels of FHHs in Palestinian society is the key reason why the limited social welfare mechanisms that exist in the OPT specifically target these households (UNIFEM, 2011). Indeed, FHHs are very well represented in the PNCTP. Key informant interviews with MoSA in Ramallah indicated that out of the total beneficiary households reached by the PNCTP (over 95,000), almost half (41,000) are FHHs, split 50/50 between the West Bank and Gaza. This is also reflected in the sites of this study. Out of a total of 9,913 PNCTP beneficiaries in the North Gaza governorate, 3,959 are FHHs; similarly, in Rafah, out of a total of 7,408 beneficiaries, 3,231 are FHHs (MoSA, 2012).

3.4 Social protection and humanitarian assistance in Gaza

In response to the economic crisis and rising poverty levels in 2007, Gaza witnessed a large increase in social assistance, chiefly in the form of food, cash transfers and safety net programmes, primarily financed through foreign aid and delivered both by government and non-government channels. According to a recent

World Bank report, in the wake of the 2007 crisis, the PA expanded its overall social assistance coverage rate from 10% to 21%. Other non-government, mainly humanitarian, organisations also increased their coverage of the population from 8% to 12% (World Bank, 2011). Taken together, these efforts covered up to 60% of the Gazan population living under the official poverty line, acted as a crucial safety net in the face of the crisis, and contributed to lowering poverty rates between 2007 and 2009 (*Ibid.*). While impossible to estimate accurately, social assistance spending by national and international actors has been estimated at a 3% of GDP each, totalling 6%, clearly an exceptionally high percentage by international comparisons (World Bank, 2011; MoSA, 2011).

Government actors

The Ministry of Social Affairs (MoSA) is the main social protection actor in the West Bank and Gaza and the main institution through which the PA delivers social assistance, primarily in the form of unconditional cash transfers. Other government bodies are also key social assistance providers. For example, the Ministry of Detainees provides support to ex-prisoners and their families, including monthly salaries. The Families of Martyrs and Wounded Support Foundation delivers monthly cash assistance and other services, including waivers of university fees and health insurance, to families of Palestinians injured or killed as a result of the Israeli-Palestinian conflict (MoSA, 2010b and 2011). According to a key informant, around 20,000 families in Gaza are currently supported by the Foundation.

Supervised by the Ministry of Awqaf and Religious Affairs, Zakat⁴ committees have also long provided support in the form of charity and alms to poor families and vulnerable groups both in the West Bank and Gaza, including regular cash assistance to widows and orphans. Since Hamas gained control of the Gaza Strip in 2007, the Ministry of Awqaf in Gaza operates independently and without coordination with the Ministry of Awqaf in the West Bank (MOSA, 2010b).

Non-government relief and social protection actors

Relief and social protection services are also provided by a wide array of development and humanitarian actors, including the European Union (EU), the World Bank (WB), United Nations (UN) agencies such as United Nations Development Programme (UNDP), World Food Programme (WFP) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), as well as a myriad of international, national and local NGOs and community-based organisations (CBOs), including Save the Children, SOS village (in Rafah), Red Crescent Society-Gaza Strip, CHF International, Oxfam GB and Islamic Relief Worldwide.

UNRWA: After MoSA, UNRWA is the second largest relief and social protection provider in the OPT in terms of services offered and coverage. With the majority (66%) of the Gaza population being UNRWA-registered refugees (UNRWA, 2010), UNRWA is a major player in Gaza (see Box 1 below).

Box 1: UNRWA's Social Safety Net Programme

For over 60 years, UNRWA has been at the forefront of relief and social protection efforts for Palestinian refugees living in UNRWA's five areas of operation: the Gaza Strip, the West Bank, Jordan, Lebanon and Syria. With a durable solution for Palestinian refugees not in sight, over the decades UNRWA has come to function in a quasi-governmental fashion for a rapidly and steadily growing refugee caseload. UNRWA's Social Safety Net Programme (SSNP) provides a package of assistance to the poorest segments of the refugee population that includes cash, food, health services, house rehabilitation, vocational training, and more (see Section 6.2 for a discussion of the SSNP and linkages with the PNCTP). Beneficiaries of the cash transfer are selected according to a proxy means test formula (PMTF) model, which uses a set of household characteristics and ownership of assets to establish their consumption pattern. Cash assistance is provided to extremely poor refugee families to bridge the gap between the estimated level of consumption determined through the PMTF and the extreme poverty line. According to a UNRWA official, 21,000 refugee families in Gaza are currently SSNP beneficiaries.

Humanitarian assistance in Gaza has and continues to play a key role in addressing the acute assistance and protection needs of the population, and in preventing further deterioration in the livelihoods and food security status of those most at risk. The persistence of humanitarian needs in Gaza and in the OPT more

⁴ Zakat is prescribed by the Koran as an obligatory payment by each individual to the benefit of the poor. It is calculated as a yearly tax, proportional to the individual's wealth.

broadly, however, must be understood as strictly linked to the unresolved, long-standing Israeli-Palestinian conflict and to the politically-driven crisis that has enveloped the Strip in particular. As such, the nature of these needs is by and large chronic and protracted, rather than short term. However, efforts to link ongoing humanitarian activities with long-term development objectives and systems have, until very recently, lagged behind.

There are, however, encouraging signs in this regard. Since publication of the first CAP for the OPT in 2003, for the first time the 2012 CAP has been organised as a two-year plan ‘to allow for humanitarian organizations and donors to better plan their interventions and contributions, and to increase the predictability of the humanitarian response’ (UNCT, 2012: 46). Also, this year the CAP explicitly seeks to complement efforts of development actors through coordination with the 2011–13 Palestinian Reform and Development Plan (PRDP), to draw a clearer line between emergency programmes, recovery and development interventions (*Ibid.*). For example, attention has been paid to avoiding gaps, overlaps and duplications between the CAP and the PRDP, and the CAP this year has a narrow scope, focusing only on areas where humanitarian needs are acute, such as in Gaza.

Islamic charitable organisations, including CBOs and NGOs, are key relief and social protection actors that have long supported poor and vulnerable groups such as people with disabilities, widows and orphans. In recent years, the implementation of counter-terrorism legislation following the events of 9/11 and the ‘no-contact’ policy enforced by many donors since the establishment of the Hamas government in Gaza have had major negative impacts on the funding levels and operations of many Islamic organisations in Gaza, which have come under greater scrutiny than other NGOs. Counter-terrorism legislation sets out to stop the provision of any form of support to designated terrorist groups and individuals, and many private donors have become increasingly afraid of the serious consequences – which include freezing of bank accounts, operations and detention – of funding designated groups or individuals. Many organisations in Gaza have seen their funding levels falling, and some have been forced to stop their operations altogether (Pantuliano et al., 2011). Nonetheless Islamic charitable organisations continue to be key players in Gaza and, as discussed below, they represent an important source of assistance for many, including FHHs.

Informal social protection actors

Familial and kinship networks such as nuclear and extended family members, friends and neighbours, have also long been important informal providers of social protection to those living in poverty, particularly FHHs. The nature and level of support – which includes cash transfers, food, donations of household items, clothes, payment of university tuition fees, etc. – is highly variable and is largely dependent on existing relationships among families, neighbours and friends and, crucially, on the actual capacity of a particular network to provide support. Rising poverty levels and poverty risks have affected the majority of households in Gaza, and in turn the ability of such networks to extend support (Mountfield, 2012; see also Section 7 for an in-depth discussion).

3.5 Cash transfer programmes in Gaza

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.⁵ From 1967 until 1994, with the establishment of the PA, 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 programmes were being run by the PA under MoSA, including two major cash transfer programmes – the Social Hardship Case (SHC) which was funded by the TIM/PEGASE mechanism from 2007, and the Social Safety Net Reform Project (SSNRP), financed by the World Bank and launched in 2007 (World Bank, 2012). These, as well as other government and non-government programmes, were operating in a highly fragmented way, hindering effective coordination and coherence, and ultimately limiting their overall impact on poverty reduction. The absence of a unified national registry system across humanitarian and social assistance programmes delivered by MoSA and other organisations was also affecting targeting accuracy and decision-making (World Bank, 2012; MoSA, 2011b).

⁵ In June 1967 efforts to establish an independent Palestinian state sparked the Six-Day war, between Israel and Syria, Jordan and Egypt. After brief fighting, Israel seized the Golan Heights, the Sinai Peninsula, East Jerusalem, the West Bank and the Gaza Strip. 1967 also marked the beginning of the Israeli occupation of the West Bank and Gaza, and the implementation of a range of physical and administrative restrictions on the movement of people and goods, which continue to persist today.

In particular, the two main cash transfers programmes – the SHC and the SSNRP – were applying 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 only through social workers' home verifications and categorical classification that prioritised vulnerable groups such as children at-risk, women, the elderly and people with disabilities. The SSNRP was a smaller programme and was using objective considerations to estimate household consumption. The targeting of the SSNRP was dependent on a PMTF through which households living below the poverty line were identified and classified as poor (MoSA, 2010a; World Bank, 2012). Key informants widely indicated that a key problem of the SHC programme was the lack of transparency of its targeting mechanism, which relied on social workers' subjective assessment, and which opened the door to favouritism and nepotism in the selection of beneficiaries.

A 2011 World Bank study examining poverty and inclusion in the West Bank and Gaza found that in 2007 around half of the beneficiaries of MoSA social assistance in Gaza were not poor, 30% of MoSA transfers were accruing to the richest two expenditure quintiles, and 40% of poor people were not receiving any form of social assistance (World Bank, 2011).

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 social assistance was playing in poverty reduction and mitigation in Gaza and in the OPT more broadly – and particularly since the sharp economic downturn experienced in 2007, there was room for increasing efficiency gains through improved targeting, coverage, and coordination. This has provided the springboard for the major reform the Palestinian social protection sector has recently undergone. In 2011, the 2011–13 PRDP, supported by the Multi-donor Palestinian Reform and Development Plan Trust Fund (PRDP TF, see also Section 6.1), has mandated MoSA with the responsibility of leading an ambitious reform of the social protection sector (MoSA, 2010a).

A key step of the reform has been the formulation of a social protection strategy – the Social Protection Sector Strategy for 2011–13 (SPSS), 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, 2010b: 12). The SPSS main goals are to: (1) alleviate poverty among Palestinians; (2) care for and enable weak and marginalised groups (including people with disabilities, the elderly 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; the PNCTP alone represents approximately 1% of national GDP (World Bank, 2012; MoSA, 2011). The PNCTP seeks to mitigate poverty in the West Bank and Gaza through the provision of regular financial support to poor and extremely poor Palestinian families. The cash transfer is in turn complemented by a package of assistance consisting of financial and/or in-kind support – in the form of access to education and health services, and food assistance. In the West Bank, the PNCTP was launched in June 2010 and then in June 2011 in Gaza, 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*' (MoSA, 2012a). In the words of the Minister of Social Affairs interviewed 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 Social Protection Sector Strategy outlined above, the Minister defined the PNCTP as '*a right of the citizens of Palestine*', with the citizens being '*the responsibility of the PA*'.

The implementation of the PNCTP started with linking Gaza to the PNPSP online database (which covers both the West Bank and Gaza), the recertification of all households on the basis of the new PMTF, and the

expansion of coverage through certification of new applicants (World Bank, 2012). A detailed examination of the functioning of the PNCTP is undertaken in Section 6.3.

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

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.?

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

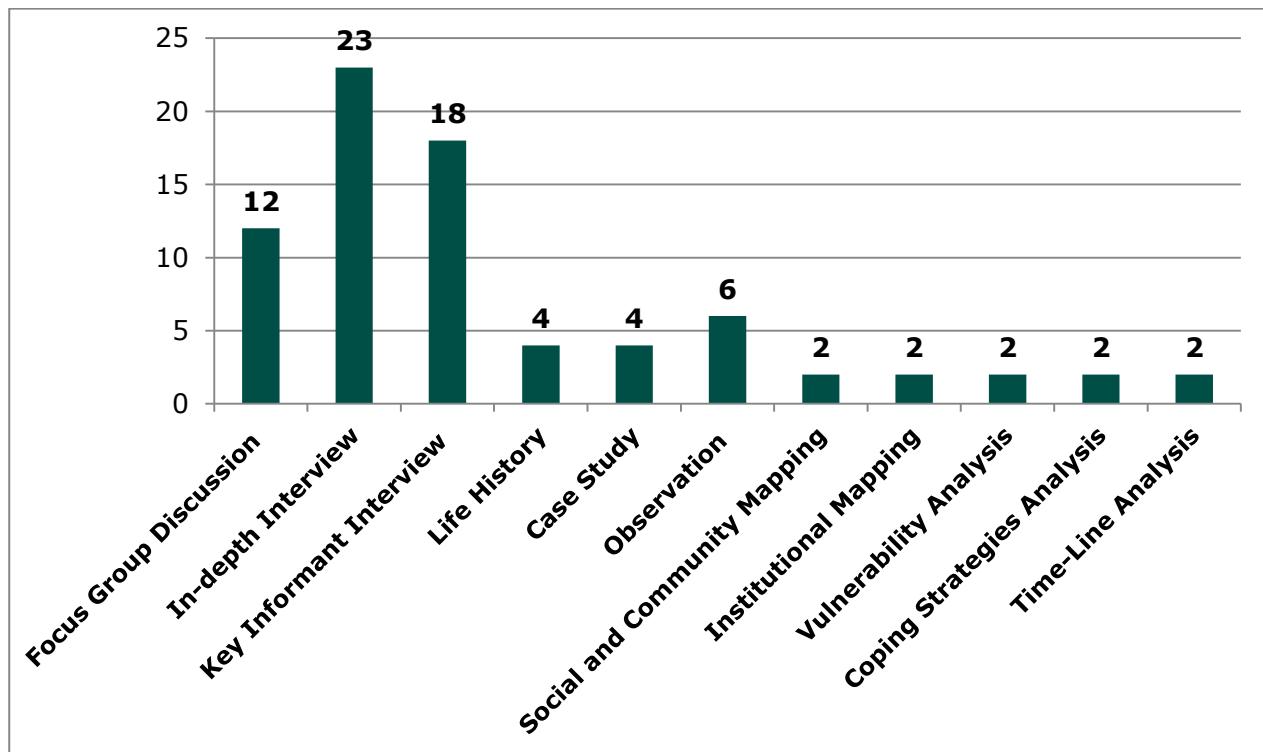
The methodology for this study combined secondary and primary data. Secondary data included both existing quantitative data sets of the PNCTP, and qualitative data gathered through an in-depth literature review of English and Arabic government policy documents and other studies, both published and unpublished on key vulnerabilities, gender, social protection, and cash transfers in the OPT, and in Gaza in particular.

Primary data was collected through five weeks of fieldwork between July and September 2012. The fieldwork was carried out through the following steps:

- A demand generation consultation (DGC) exercise was conducted during the inception stage of the research for two weeks in July in two sites, Khan Younis in the south of the Gaza Strip and Maslakh in the north. The aim of the DGC was to elicit essential contextual knowledge of community members on key issues and themes to be explored in the research, and to enhance local researchers' contextual understanding before starting the fieldwork for this study. The findings of the DGC provided a preliminary situation assessment, which then fed in the development of research instruments and the overall research agenda.
- Primary data collection for this study was conducted between August and September in two urban centres; Beit Lahia in the north of Gaza (North Gaza governorate) and in Rafah in the south (Rafah governorate), using a wide range of qualitative research instruments (see Figure 4 below):
- 12 focus group discussions. 10 with PNCTP beneficiaries and 2 with non-beneficiaries divided as follows: 8 FHH PNCTP beneficiaries (including older than 45 years old, and younger), 1 FHH non-beneficiaries, 1 with married woman, 2 with married men (1 PNCTP beneficiary and 1 non-beneficiary).
- 23 in-depth interviews divided as follows: 12 FHH PNCTP beneficiaries (including older than 45 years old, and younger), 2 sons and 2 daughters from FHHs, 2 FHH non-beneficiaries, 2 PNCTP beneficiaries married women, 3 PNCTP beneficiaries married men.
- 4 life histories and 4 case studies (the latter consisting of 3 repeated visits and interviews with neighbours and relatives) with PNCTP beneficiaries and non-beneficiaries, including new PNCTP beneficiaries and beneficiaries of several years.
- 6 observations involving: 2 food assistance distributions, 1 PNCTP distribution at the Bank of Palestine, 1 at MoSA office in Rafah; 2 observations where local researchers accompanied MoSA social workers during house visits.
- 8 community tools with groups comprising PNCTP beneficiaries and non-beneficiaries: 2 social and community mapping exercises, 2 institutional analysis exercises, 2 vulnerability and coping analysis exercises, and 2 historical time-line exercises.
- 18 key informant interviews, 10 at the national and district level and 8 in Gaza – with a wide range of staff, including government agency (such as MoSA and Ministry of Women's Affairs) officials, representatives of NGOs (such as CHF International), UN agencies, donors (WB and EU), civil society and academic actors, including women organisations, charitable organisations, community leaders and others.

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, done its job. Thus the numbers above were sufficient to capture the ranges of experiences and perceptions of the CT in these sites.

Figure 4: Distribution of tools used in the study by type and number



The two sites that were the focus of this study, Beit Lahia and Rafah, were selected based on prevalence of extreme poverty and specific vulnerabilities (see Section 5 for an in-depth discussion). The selection of respondents for this study, which comprised both PNCTP beneficiaries and non-beneficiaries, was random but guided by key criteria including age, sex, citizenship status, area of residency, duration of PNCTP assistance, and others. PNCTP beneficiaries were selected from the database of PNCTP beneficiaries that MoSA Ramallah shared with the research team.

Table 2: Distribution of PNCTP beneficiaries and non-beneficiaries interviewed (other than key informant interviews) by key variables

Variables	Total number	%
Number of PNCTP beneficiary and non-beneficiaries interviewed	Beit Lahia	67
	Rafah	62
Distribution by tools	Focus group discussions	74
	In-depth interviews	24
	Community tools	23
	Life histories	4
	Case studies	4
FHHs	Yes	81
	No	48
Relatives (e.g. sons/daughters) of FHHs	Yes	85
	No	44
Age groups	< 35 years old	34
	36–45 years old	36
	> 45 years old	59
Gender	Male	30
	Female	99
Education level	Illiterate	15
	Elementary	33
	Preparatory	33
	Secondary	35
	University graduate	26
Marital status	Married	40

	Divorced	17	13.2
	Widow/er	67	52
	Unmarried	5	3.9
Refugee status	Refugee	67	51.9
	Non-refugee	62	48.1
PNCTP beneficiary status	PNCTP beneficiary	102	79.1
	Non PNCTP beneficiary	27	20.9
Duration of membership in the PNCTP	Less than one year	30	30.3
	2–5 years	32	32.3
	6–10 years	23	23.2
	> 10 years	14	14.1
Presence of disability in the household	Yes	21	16.3
	No	108	83.7

4.1 Study limitations

The methodology used for this perception study relied on interviewing a convenient sample of FHH. The study is not intended to be either representative of the sites' beneficiaries or of the Gaza Strip, since this is part of the pre-designed methodology prepared by ODI. Therefore, the findings are not representative of FHHs in the two sites but they can reflect a significant number of issues encountered including those of implementers and key players. The findings are a result of wide triangulation or targets, geographical areas, methods used and analysis.

Given the challenging operational environment with respect to international engagement in Gaza outlined above, this study faced some specific limitations related to the difficulties in gaining an overall picture of the views and perceptions of MoSA programme implementers in Gaza. The 'no contact policy' of DFID which prohibits contact with the *de facto* authorities, has prevented engagement with the Hamas-run MoSA in Gaza, established in 2007 following Hamas' takeover of the Gaza Strip. As a result, key informant interviews with MoSA managers and social workers affiliated with Hamas were not conducted and their perceptions, opinions and experiences have not been included in this study.

However, key informant interviews have been carried out with a number of representatives, including social workers, department directors and district officers of the PA-run MoSA workforce before the establishment of the Hamas government and who are working at MoSA Gaza. Throughout this study, when reference is made to interviews with MoSA staff in Gaza it is intended to refer to the abovementioned key informant interviews only.

4.2 Communication and dissemination

The findings from the study will be fed back in different formats at different levels, including community, sub-national, national – both in Gaza city and in Ramallah – and international -in London- level events. Visual materials, including photographs, videos and digital stories will also be presented, where appropriate, at these different levels. An OPT country briefing will be produced drawing from the West Bank and this report, and highlighting key findings, differences and similarities of both contexts, and programme and policy recommendations. Drawing on findings from the five countries (Kenya, Mozambique, OPT, Uganda and Yemen) that are the focus of this research project, as well as from existing guidance and toolkits on PM&E, and other relevant documents and debates (e.g. Value for Money), guidance for beneficiary participation in M&E of CT programmes will be developed.

4.3 Capacity-building

Building the capacity of the country team was an integral component of this study. Before the fieldwork phase, the Country Principal Investigator (CPI) trained the local research team in the research approach, methodology, and implementation of the research instruments based on training he had received at the regional train-the-trainers four-day workshop organised by ODI in Nairobi in August 2012. It was planned for the International Country Support Lead (ICSL) and CPI to deliver the training jointly. However, because of security concerns, the ICSL was unable to travel to Gaza.

Throughout the research process, the CPI – with remote support from the ICSL – provided supervision, guidance and technical support to the local research team. Drawing on the methodology developed for this

study, one local researcher gave a presentation on participatory research at a conference held at Al-Azhar University in Gaza in early October 2012.

4.4 Ethical considerations

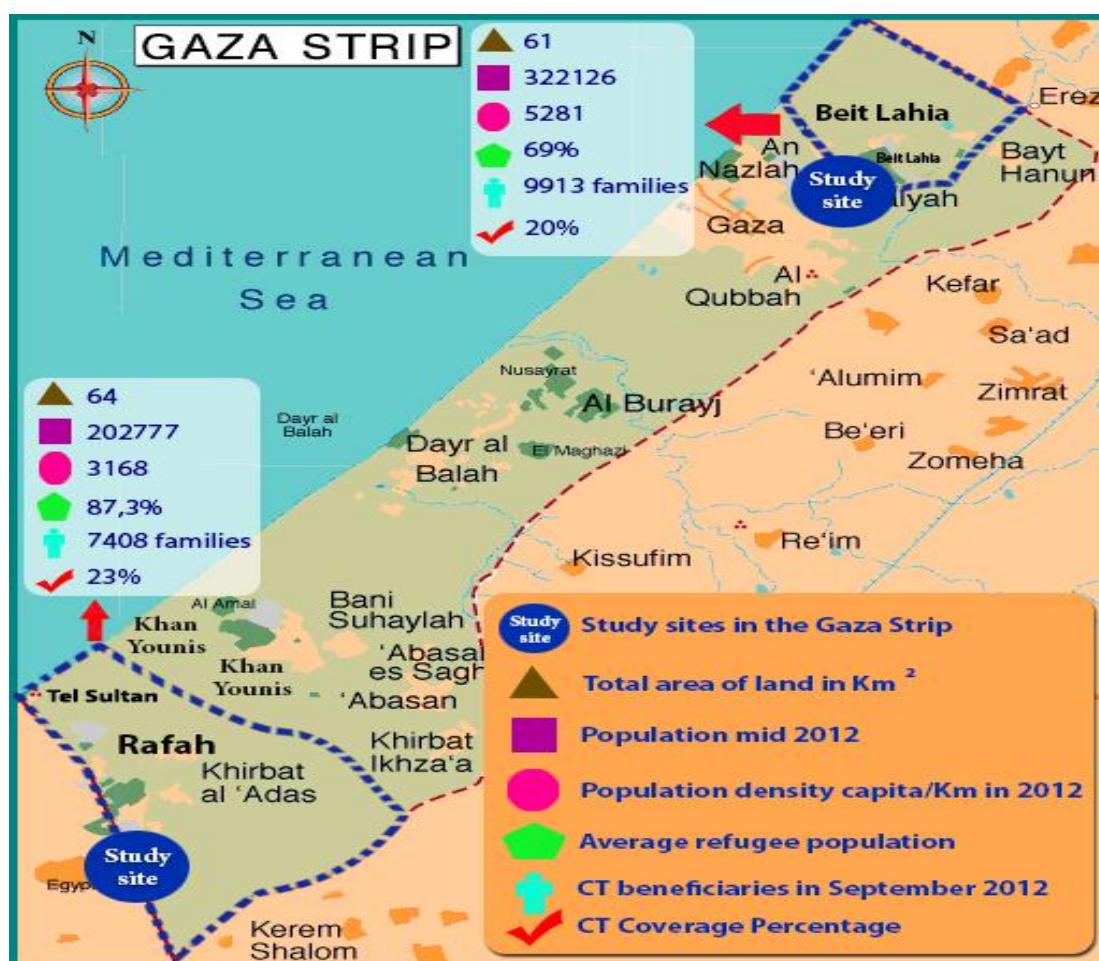
Throughout this study, care has been taken to ensure that the rights of participants were protected. The 1975 International Code of Ethics Principles (known as the Declaration of Helsinki and adopted by the World Medical Assembly), was followed and an official letter of approval obtained from the Helsinki Committee in Gaza. Prior to taking part in the fieldwork for this study, all participants were provided with a comprehensive explanation of research objectives and outcomes, and were given assurances on anonymity and confidentiality. In addition to verbal consents to carry out fieldwork discussions, written consents were also taken for note-taking, audio-recording and photography.

See Annex 2 for further details on methodology, including fieldwork and analysis process.

5 Description of study sites

The two sites that were the focus of this study, Beit Lahia city in the North Gaza governorate and Rafah city in the Rafah governorate (see Figure 5 below), were selected based on prevalence of extreme poverty and specific vulnerabilities.

Figure 5: Map of the Gaza Strip and study sites



As Table 3 below shows, the poverty rate in the Gaza Strip does not vary substantially across the five governorates. But there are some indicative variations; Beit Lahia and Rafah, for example, have the highest percentage of extreme poverty at 40% and 42% respectively (UNDP, 2009). In addition, as discussed below, both sites are located in border areas (Beit Lahia in the north bordering Israel, and Rafah in the south bordering Egypt) and are particularly vulnerable to repeated and highly destructive large-scale Israeli military operations and incursions. Deaths and injuries, displacement, loss of assets, and livelihood sources are particularly acute in both areas, carrying important repercussions on households' welfare and economic vulnerability.

Table 3: Poverty level in the five governorates of the Gaza Strip

	North Gaza	Gaza	Deir Al-Balah	Khanyounis	Rafah
Extremely poor	40%	35%	38%	38%	38%
Below poverty line	28%	29%	28%	26%	28%
Above poverty line	23%	35%	34%	36%	31%

Source: UNDP, 2009

See Annex 4 and 5 for additional data on Rafah and North Gaza governorates.

5.1 Rafah

Population, vulnerability, and livelihoods

Rafah town is located in the southernmost border area between Gaza and Egypt, and the Rafah governorate hosts a total population of 202,777 people (12.3% of the total population of Gaza) (PCBS, 2012). The unemployment rate in the Rafah governorate is 33%, with female unemployment at nearly 47% (*Ibid.*). The population of Rafah is overwhelmingly made up of refugees (87%) (*Ibid.*). With 3,168 inhabitants per square kilometre, Rafah is very densely populated, and the Rafah refugee camp even more so. Densities in the camp reach up to 10,000 people per km², among the highest in the world (PCBS, 2012).

More than half of Rafah residents live in the refugee camp that is situated in the centre of Rafah governorate and is the second most populated camp in Gaza (UNRWA, 2012). The majority of vulnerable people in Rafah are reportedly refugees clustered in two areas, Rafah refugee camp and the neighbourhood of Tel Sultan. In addition to overcrowding and poor living conditions, several respondents identified these two neighbourhoods as being especially vulnerable because they were targeted by Israel with repeated and highly destructive military operations during the 1990s and throughout 2000s. As highlighted in Section 6.1, these attacks have razed thousands of homes and have caused *en masse* displacement; with the effects of these events continuing to date. Many have been unable to redress their displacement experience and, as Box 3 below illustrates, there is a feeling that these events have been an important driver of deepening poverty in the area.

Box 3: *En masse* house demolitions, displacement and poverty in Rafah

During a life history interview with a 56-year-old widow living in Rafah refugee camp, the participant recalled with deep sorrow the events in 2007 when '*the Israeli bulldozers*' demolished her home only two years after she and her husband finished building it. She added: '*I felt that my life was over, it was as if it killed us. I still feel longing for our home.*' She also linked her current poverty status first with the displacement experience, and secondly with the death of her husband two years ago.

Historically, the main sources of livelihoods in Rafah were jobs in the service sector, mainly in government agencies and UNRWA, as well as in the agriculture sector, including livestock rearing and fishing. Since the establishment of the tunnel economy in 2007, tunnel owners have reaped huge economic benefits, and a recent International Labour Organization (ILO) report has defined them as 'a new class of millionaires' (ILO, 2011: 5). While precise information is unavailable, some estimates have put the total number of people – mainly adult males, young men, and boys – earning a living in the tunnels between 2,000 to 2,500 (UN OCHA, 2011). As discussed in Section 6.2, however, work in the tunnels is extremely dangerous, death and injuries are common, and labourers are in turn faced with daily threats that put their physical safety and well-being at serious risk.

Social assistance providers

UNRWA and MoSA were widely perceived as the two most important providers of assistance in Rafah. For many, UNRWA was the most important entity in terms of the number of beneficiaries reached, services delivered and in terms of accessibility in times of difficulty, with MoSA as the second most important entity. This is not surprising since the overwhelming majority of Rafah residents are UNRWA-registered refugees and have been used to the quasi-governmental assistance provided by UNRWA for over 60 years. A number of UNRWA and United Nations Development Programme (UNDP)-funded projects, mainly in construction in Al Salaam, Al Brazil, and Tel Sultan neighbourhoods, were indicated as important sources of income for adult males and young men in the area. Local organisations such as Faten, offering micro-loans for the poor, and Islamic Relief Worldwide, supporting small business development, were also mentioned as key providers of assistance. Other NGOs and CBOs include Al Salah Organization, Yeban Association, the SoS Village, and a number of rehabilitation societies.

5.2 Beit Lahia

Population, vulnerability and livelihoods

Beit Lahia town is located in the North Gaza governorate in the north-western part of the Gaza Strip, bordering Israel. The governorate hosts a total of 322,126 people (18% of the total population of Gaza), and Beit Lahia town is inhabited by 75,000 people (PCBS, 2012). The unemployment rate in the North Gaza governorate is 28.5% and, as in Rafah and in the Gaza Strip as a whole, female unemployment is much higher, at 43.1% (*Ibid.*). Compared to Rafah, the percentage of refugees is less, at 69% of the total population (UNRWA, 2012). The population density in the North Gaza governorate is higher than in Rafah governorate, at 5,281 per square kilometre (PCBS, 2012).

Unlike in Rafah, those living in poverty in Beit Lahia are reportedly not clustered in specific areas, but scattered across several neighbourhoods. This settlement pattern has been linked to the prevalent rise of unemployment and deepening poverty that many households across Beit Lahia have suffered as a result of the loss of jobs in the Israeli labour market.

Historically, the largest source of livelihood in Beit Lahia has been agriculture. The area was famous for its production of citrus fruit and apples, as well as strawberries and flowers, which were also exported abroad. Many young and adult men from Beit Lahia, however, were working in Israel as daily labourers in the agricultural and construction sectors, including in Israeli settlements, as wages in Israel had always been higher than in Gaza. With employment opportunities in Israel becoming increasingly difficult to access, up to 2005 when the Israeli labour market was completely closed off to Gazans, these labourers began to enter the local economy. This gradual influx into the local labour market occurred in parallel with Israel's increasingly stringent restrictions on the movement of people and goods in and out of the Strip since 2000. These were having serious repercussions on the local economy and the labour market, resulting in higher unemployment and fewer private sector jobs. Only a limited number of labourers were able to find work in the private or agricultural sector in Gaza; many have remained unemployed.

Located close to the Israeli border, Beit Lahia was particularly affected by Operation Cast Lead in January 2009, with *en masse* destruction of factories, workshops, farms, agricultural land and homes. For example, a 2009 UNDP survey conducted among 1,800 Gazan households in the immediate aftermath of the Israeli military operation found that the highest percentage of injuries and deaths, displacement, and residential damage from bullets or artillery shells occurred in the North Gaza governorate (UNDP, 2009). Before, during, and after Operation Cast Lead, frequent Israeli Defence Force (IDF) ground and aerial incursions, and the inability to access much of the surrounding agricultural land, have led to the systematic weakening of local livelihoods. Many households have been plunged households into extreme poverty.

Social assistance providers

In Beit Lahia, MoSA was widely perceived as the most important provider of assistance in the area. During an institutional mapping exercise conducted with FHHs, unmarried and married women said health services were the most valuable source of assistance, some ranking it before MoSA in order of importance. As discussed in Section 6.1, this indicates the importance that women, and particularly older women and those caring for chronically ill family members, attribute to health assistance. Several charitable organisations such as Al Salah and other NGOs and local organisations, including the Beit Lahia Development Association, Rural Women Development Association and Strawberries Associations, were all indicated during fieldwork discussions as important players and providing a range of services including cash transfers, food assistance and other in-kind support, job creation opportunities, health services and agricultural support.

6

Overview of programme mechanics and programme governance

6.1 Mechanics of the cash transfer programme

The PNCTP is the PA's flagship social protection programme, managed and administered by MoSA under the umbrella of the recently formulated SPSS (see Section 3 above). The launch of the PNCTP in the West Bank first and then in Gaza – following the unification of two main cash transfer programmes, the SHC and the SSNRP – resulted in a major reform of the national cash transfer system. This included an important overall shift to poverty-based targeting, a substantial expansion of coverage, and the creation of a unified national registry system 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. In the words of a MoSA official in Gaza:

'... the PNCTP deals with poverty, and the overarching idea is to target the poorest of the poor. Since the unification, the poverty situation of the whole family is taken into account, not that of specific categories such as widows or orphans. MoSA wants to help the family as a whole.'

The PNCTP targeting approach reflects the overarching objective of reducing poverty, with beneficiary households selected according to a consumption-based PMTF that estimates the welfare of each applicant. The first step is for households to come forward and apply for the PNCTP by filling up a questionnaire (the Targeting Application Forms⁶). The information of potentially eligible households is then entered in the unified registry by Data Entry Operators in both the West Bank and Gaza, and is calculated as 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 PCBS nationwide household budget survey (MoSA, 2011 and 2012a).

Households that are found eligible through the PMTF during the application phase are visited by a social worker who validates the information supplied following a set of questions (as per the Verification Form). The information collected is then entered in the unified database, where the PMTF is run a second time. Households found eligible again are put forward for enrolment. Those who are deemed not eligible can raise a written or verbal complaint at MoSA offices in Gaza and request their household consumption situation to be reassessed (see Section 9 for an in-depth discussion on grievance channels).

Key informants interviewed at MoSA Ramallah noted that, when the PMTF was first launched in the West Bank, widespread complaints were received from beneficiaries and social workers that potentially eligible households were being excluded by the PMTF. 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, disability of a family member(s) and FHHs. In mid-2011, a category of 'vulnerable' – FHHs and disabled, chronically ill and/or elderly people – was added to the calculation of the PMTF (World Bank, 2012).

Furthermore, this category has been introduced to allow the continuation of assistance to beneficiaries of the previous SHC programme (who had been admitted to the PNCTP in 2010 on a temporary basis and were supposed to have been removed by June 2011), who the PMTF found not eligible because their scores were above the extreme poverty line. As discussed below, this category are holders of pink payment slips in Gaza, and their total number in Gaza is 6,592 (see Table 4 below).

In addition, in April 2012 MoSA Gaza introduced the following two conditions before any new application is considered: (1) the existence of 'special circumstances' in the household, including FHHs, illness, disability,

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.

elderly and orphans, and (2) large family size (more than six members) with at least one member attending university education, and having no income (MoSA, 2012c).

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 PNCTP and their primary role and function was to complement the PMTF-based targeting through verification of information collected about the economic and social vulnerability of programme applicants (e.g. confirming property and asset ownership; providing insights into particular family tensions and vulnerabilities, etc.). These bodies have been established in the West Bank as part of the launch of the PNCTP,⁷ but key informant interviews suggest that their functioning remains weak. They meet infrequently and do not appear to follow specific guidelines and a systematic collective decision-making process when vetting new PNCTP applicants. According to key informants, regional social assistance committees were also supposed to be established in Gaza as part of the roll out of the PNCTP in mid-2011, but the current political division between Gaza and Ramallah has essentially prevented an agreement being reached on the formation and nature of inclusive and multi-party membership of these structures. These committees have therefore not been established in Gaza.

In the absence of regional social protection committees in Gaza, household eligibility is predominantly determined through the PMTF which is run in Ramallah. However, given the ongoing political division between Ramallah and Gaza, there appear to be very limited, if any, possibilities for MoSA in Ramallah to further investigate the consumption situation of applicants and beneficiaries in Gaza.

Enrolment in the PNCTP and reassessment

Decisions to enrol new beneficiaries are made on a quarterly basis. Before receiving their first cash payment, households deemed eligible are requested to present several supporting documents at 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 aged 6–18 years, divorce certificate, unemployment certificate, and others (MoSA, 2010).

In addition, when the household consumption situation is reassessed (see below), beneficiaries are once again requested to submit relevant supporting documents. The vast majority of beneficiaries interviewed found this extremely burdensome, costly and time-consuming as it requires several trips (and queuing times), to different institutions (e.g. courts to obtain a divorce certificate, schools and universities to obtain enrolment certificates, and so on), and then to MoSA to submit the documents. Beneficiaries noted that with better coordination between MoSA and other ministries and institutions, MoSA could obtain most supporting documents directly, thus saving beneficiaries' time and costs.

Following the successful completion of this final enrolment phase, cash assistance is disbursed to new beneficiaries every three months. The consumption situation of beneficiary households is then re-assessed after one year through social worker home visits (on the basis of the Verification Form) (MoSA, 2010). If the PMTF formula finds that the household's consumption situation has worsened, the amount of cash assistance is also re-calculated, and increased.

If the PMTF formula finds that, on the basis of the 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 the cash transfer is stopped. Affected households can raise a written or a verbal complaint at MoSA Gaza and an appeal committee reviews their case. Key informant interviews indicated that this committee has been established by MoSA in Gaza, and comprises MoSA staff, at the managerial level, and social workers. If the MoSA appeal committee in Gaza also finds that the household should no longer receive assistance, beneficiaries are advised by MoSA Gaza to contact MoSA in Ramallah for a final appeal. As discussed in Section 9 below, however, the functioning of the appeal committee in Gaza appears to be weak and lacking a systematic approach to dealing with cases, with the committee reviewing cases largely on an *ad hoc* basis and if affected beneficiaries raise and follow up on a complaint (see Section 9 for an in-depth discussion on grievance channels). According to the latest MoSA data, since October 2011, 344 beneficiaries in the North Gaza governorate and 274 in Rafah have been cut off from PNCTP assistance as a result of this process and (a total of 1,667 beneficiaries in Gaza as a whole) (MoSA, 2012).

⁷ Regional social assistance committees in the West Bank are chaired by the director of each MoSA Regional Directorate. Membership includes a wide range of inter-agency actors including local government, NGO representatives, teachers, health workers, and other community members.

As key informants explained, only beneficiaries that have been enrolled since the launch of the PNCTP may potentially be cut off from assistance or have their cash transfer amount reduced. Former beneficiaries of the previous SHC programme do not undergo verifications and changes in the amount of cash transfer. They continue to be supported by MoSA on a temporary basis – 750 New Israeli Shekels (NIS) (\$195) per quarter – reportedly until a decision on this matter is taken.

Furthermore, a key informant from MoSA in Gaza explained that the Ministry of Finance also runs additional checks on PNCTP beneficiaries that can also lead to immediate withdrawal of cash assistance. If beneficiaries are found to be PA employees, receive regular salaries, are recipients of other government assistance (e.g the Families of Martyrs and Wounded Foundation), or have assets that have not been declared during the application phase, they are put forward for removal of assistance. Since October 2011, 107 beneficiaries in North Gaza governorate and 90 in Rafah have been cut off as a result (a total of 602 beneficiaries in Gaza as a whole).

Cash transfer amount

The amount of cash awarded to PNCTP beneficiary households in Gaza is between 750–1,800 NIS (\$195–468) per quarter and is calculated so as to bridge 50% of the household poverty gap, i.e. the difference between the estimated household consumption (the total consumption score calculated through the PMTF) and the extreme poverty line⁸ (MoSA, 2011 and 2012a). However, mainly because of the high costs of living⁹, in practice the cash transfer bridges less than 50%, and according to MoSA official in Gaza around 30% only. 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 is classified as poor, and if it is above the poverty line the household is classified as non-poor (MoSA, 2012a; World Bank, 2012).

In the determination of cash transfer amount (and eligibility) the PMTF takes as its starting point consumption levels to determine poverty on the basis of the variables of the 2007 PCBS household budget survey. The cash transfer amount is also adjusted to take into account the number of family members until a certain threshold, as can be seen in Table 4, with the relative additional amount starting to decline after 9 family members, and with no increase beyond 17 members. This is not sufficient to address the poverty gap of larger families but it does provide some relief. 1,284 NIS (334.65 US\$) is the average amount given to each family in Gaza, where the average family size is more than six members; and in the West Bank the average is lower 918 NIS (239.25 US\$) where the average family size is also lower at around four members.

Payment system

Cash transfers are paid to the representative of a household accepted as a beneficiary of the PNCTP, and are intended for the entire household (MoSA, 2010)¹⁰. When cash is available to be disbursed – approximately every three months – a public announcement is made on the national TV channel (Palestine TV). While disbursements should take place on a quarterly basis, 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, 2012a). As discussed in Section 7, many beneficiaries also reported having experienced delays of up to one month. There were frequent mentions that, despite the reliability of cash assistance, these delays and the fact that there is no set date every quarter when cash is disbursed, result in feelings of heightened financial pressure.

Unlike in the West Bank, where a system of payment to beneficiaries' bank accounts was recently introduced, cash transfers to Gazan beneficiaries continue to be disbursed through a system of mixed payment slips, which can be collected (and exchanged) either directly at the Bank or from MoSA. In particular, the share of beneficiaries supported by the EU hold white payment slips and can collect the cash transfer directly at the Bank of Palestine¹¹ or other banks. Beneficiaries supported by the World Bank and the

⁸ For a reference, for a Palestinian household of two adults and three 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).

⁹ Under the SHC, the cash transfer amount was fixed for all beneficiaries at 1,000 NIS (\$262.50) per quarter; under the SSNRP, beneficiaries were receiving between 600 and 1500 NIS (\$157–394).

¹⁰ MoSA PNCTP "Quick Guide to Policy and Procedures", defines a PNCTP applicant as "the member of the household that completes and submits an application [for PNCTP] on behalf of the entire household" (MoSA, 2010: 4), and a PNCT client or beneficiary as "the household or the representative of a household accepted as a beneficiary...Prior to being accepted clients are referred to as applicants" (*Ibid.*).

¹¹ According to a key informant interviewed at the Bank of Palestine, the Bank currently handles 90% of the PNCTP caseload in Gaza.

PA hold yellow and pink payment slips respectively, which need to be collected at MoSA's offices. They can then be exchanged for cash at the Bank of Palestine or other banks. None of the beneficiaries interviewed indicated having a bank account at the Bank of Palestine or at any other bank. As discussed in Section 8.2 the vast majority of beneficiaries are eager to collect the cash to repay their debts, and meet basic expenses, and only few, FHHs in particular, mentioned setting aside some money from the cash transfer to purchase clothes for their children. Furthermore, as distances in Gaza are in general very short only a handful of respondents, particularly from Beit Lahia living near the border with Israel, complained that the bank was located far from their place of residence, while the vast majority of beneficiaries said that the bank was easy to reach.

There are ongoing negotiations between MoSA in Ramallah and Gaza to open bank accounts for beneficiaries and introduce a system of cash transfer payment directly to their bank accounts, similar to the West Bank, and phase out payment slips. However, key informants interviewed for this study did not indicate a specific timeframe for when this shift to a bank account payment system will actually take place.

PNCTP coverage

As Table 4 below shows, the PNCTP currently reaches more than 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 unification of the cash transfer system,¹² the total number of MoSA beneficiary households was around 55,000 (MoSA, 2012a). This is clearly an impressive expansion of coverage. The percentage of beneficiaries from Gaza has also increased; according to key informants at MoSA in Ramallah, before the unification the share of beneficiaries from Gaza was 30–35%, while now is 50%.

Nonetheless, there remains a substantial portion of extremely poor households that are not included in the programme. According to MoSA key informants, 125,000 Palestinian households currently live in extreme poverty, the majority of which are found in Gaza.

Table 4: Cash transfer beneficiary households in the West Bank and Gaza as of September 2012

Donor	Gaza		West Bank		Total		Proportion	
	Families	Amount in NIS	Families	Amount in NIS	Families	Amount in NIS	% of families	% of amount
EU	38,625	50,281,836	24,616	25,207,482	63,241	75,489,318	66.00%	71.39%
World Bank	3,334	55,63,605	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	4,8551	62,343,081	47,267	43,401,642	95,818	105,744,723	100.00%	100.00%

Source: MoSA, 2012

MoSA key informants also 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, according to which the large majority of MoSA beneficiaries are extremely poor, with 83% of Gaza beneficiaries being extremely poor compared with 56% in the West Bank, reflecting the higher prevalence of poverty in Gaza (World Bank, 2012).

The establishment of a household's eligibility through the steps highlighted above is not, however, a sufficient condition for receiving cash assistance. Availability of funds is also a key determinant. A small number of new eligible applicants are put forward for assistance, 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 (presumably from both Gaza and West Bank) were newly added households (World Bank, 2012b). That said, because of stringent budget limitations in a context of a growing number of poor households – as highlighted in the sections above – there are thousands of households, both in Gaza and the West Bank, that have been found eligible by the PMTF but have been put in a waiting list. Recent data indicate that in the two sites that were the focus of this study, a total of 4,450 families are currently on a waiting list; 1,750 families in Rafah and 2,700 in the North Gaza governorate (MoSA, 2012a). According to a MoSA representative, the total number of eligible families on the waiting list in Gaza is around 15,000. The existence of a waiting list of

¹² The reference (MoSA, 2012a) does not specify the month and year.

eligible, extremely poor families who – in the spirit of the SPSS should receive assistance as their ‘right as citizens of Palestine’ (see above) – raises questions of equity and accountability, since 6,592 former SHC beneficiaries (see Table 4 above) continue to receive quarterly assistance of 750 NIS (\$195) even if, according to the PMTF, they have been found to be above the extreme poverty line.

Complementary programmes

The PNCTP also entitles eligible beneficiaries to a range of complementary programmes aimed at enhancing their welfare. Food assistance is a key complementary programme managed by the World Food Programme (WFP) under its ‘Assistance to destitute families’ programme. With the roll out of the PNCTP in Gaza in 2011, UNRWA and MoSA have been coordinating around food assistance to minimise duplication. Today, MoSA’s household beneficiaries that are also UNRWA-registered refugees receive food rations from UNRWA, while non-refugee PNCTP beneficiaries receive food rations from WFP and other providers, such as Oxfam GB or CHF International.

All PNCTP beneficiary households can also apply for lump-sum emergency assistance from the Emergency Assistance Programme, which is independent of the PNCTP 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 a visit by a social worker to assess the damage and provide an estimate of the losses incurred, also by cross-checking the estimate with civil defence. The assessment report is then sent to MoSA in Ramallah as supporting documentation for the disbursement of emergency assistance cash and non-cash items, such as blankets and mattresses.

PNCTP beneficiary households are also entitled to government health insurance. Beneficiaries obtain a letter from MoSA that can be taken to the Ministry of Health, which issues a Health Insurance Card that covers all household members and provides them with subsidised access to health care 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 Ministry of Health (MoSA, 2010 and 2011). Children of PNCTP beneficiaries (and PNCTP beneficiaries themselves) wishing to enrol at university can also receive an exemption or reduction in university tuition fees. Unlike the coordination currently in place with the Ministry of Health, however, there is no formal coordination between MoSA and universities in Gaza. Full or partial waiver of tuition fees is decided by universities on the basis of a number of criteria, including being a recipient of MoSA assistance.

Sources of funding

According to MoSA key informants in Ramallah, the average amount of PA contribution to the PNCTP for 2012 is 48.2%, with the rest funded by the EU, through the PEGASE¹³ mechanism, and the World Bank. The PA contribution to the PNCTP 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 6.5 below) (World Bank, 2011; MoSA, 2011).

While in recent years foreign assistance to the PA has been declining (see Section 6.2.2 and Table 5 below), it nonetheless continues to represent a substantial share of the national budget. As Table 5 below shows, today the main sources of direct budget support to the PA are 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,¹⁴ 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 Palestinian Reform and Development Plan (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 nets¹⁵ and, as outlined in Section 3.5 above, 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.

¹³ 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 (PRDP). For more information on the PEGASE see: http://eeas.europa.eu/occupied_palestinian_territory/tim/pegase_en.pdf

¹⁴ The main donors of the PRDP TF are Australia, Canada, Finland, France, Kuwait, Norway, Poland and the United Kingdom.

¹⁵ See <http://www.unctopt.org/en/agencies/wbank.html>. The other three pillars of the PRDP are: improving governance and support fiscal reform, supporting economic and private sector development, and supporting public infrastructure development

Table 5: Estimates of external assistance to the recurrent budget (2008–11) in millions of \$

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	1,762	1,349	1,143	814

Source: World Bank 2012a: 3

6.2 Programme governance

The political and territorial division between Ramallah and Gaza since 2007 and the establishment of a parallel MoSA institution in Gaza has had significant implications for the governance of the PNCTP. The ‘no contact policy’ that was followed for this study has prevented engagement with the Hamas-run MoSA in Gaza to gain a clearer understanding of the nature and extent of coordination, decision-making, and relations between the two MoSAs. From the interviews with the PA-run MoSA workforce, the picture that has emerged is one where the management and decision-making structure of the PNCTP is handled centrally in Ramallah, while delivery and implementation of the programme takes place in Gaza.

In the current context – where political tensions are still considerable and access to the Strip remains difficult, as a result of both the blockade and factional divisions – this ‘remote management’ solution has ultimately allowed assistance to continue and, since the launch of the PNCTP in Gaza in June 2011, to substantially expand coverage. This must be seen as an achievement in itself. Unsurprisingly, however, the governance of the PNCTP in Gaza is also fraught with a number of challenges, particularly around human resources, coordination, monitoring and evaluation mechanisms, and information flow, which are considered in this sub-section.

Human resource capacities

In the wake of Hamas’ takeover of the Gaza Strip in 2007, and as a result of the ongoing internal conflict between Palestinian political parties, PA employees across government institutions, including MoSA, stayed home while continuing to receive their salaries from the PA in Ramallah. The sudden and large-scale evacuation of staff from their positions negatively affected service delivery in all fields throughout Gaza. MoSA’s services were also gravely affected and respondents indicated that in the months immediately following the takeover, MoSA cash assistance was stopped.

In order to maintain basic service provision and infrastructure, and to fill the sudden vacuum left by hundreds of striking public sectors workers, the Hamas administration started to hire a new workforce to quickly replace PA-affiliated ministers, managers, administration personnel, and others. The relatively swift seizure of government institutions by Hamas in the months following the takeover was partially also facilitated by the PA decision to instruct its workforce to stay at home which, as one key informant observed in retrospect, was taken with the expectation that the political crisis would be short term. Instead, it has turned into a long-term state of affairs. More than five years later Hamas still controls Gaza and the government apparatus.

As explained during a key informant interview in MoSA Ramallah, currently MoSA’s workforce in Gaza comprises the following three main categories of employee: 52 who were originally contracted by the World Bank in 2005 and were authorised by the PA to remain in their positions after the crisis in June 2007, who are still working and receive their salaries from the PA; 520 who were ordered to stay at home in 2007, who are still at home and receive their salaries from the PA; 120 who were hired by the Hamas government in 2007 and in following years, who are working and are paid by Hamas.

In the process of distributing employment and new positions in 2007 and beyond, ministry officials and staff, including at MoSA, were reportedly selected on the basis of their affiliation with Hamas rather than on their qualifications and competencies. At the same time, qualified staff refused to work with the newly installed Hamas administration in different ministries and institutions. For the most part, this situation is ongoing and,

as indicated above, around 500 employees in MoSA continue to stay at home while receiving their salaries from the PA. A key concern around human resources in MoSA Gaza is the decreased staff number – both social workers and other personnel- since 2007, in a context of increasing coverage and larger caseload, as discussed in the section above, following the launch of the PNCTP in June 2011. An equally important concern is also the capacity and professionalism of current staff, and social workers in particular. In addition, since 2007 the decline in the qualified workforce in MoSA (and in other ministries) can be seen as also being sustained by the lack of capacity-building provision as a result of the no contact policy with Hamas. As outlined above, counter-terrorism laws include strict prohibition of the provision of training, capacity-building, expert advice or assistance as part of support to designated terrorist groups and individuals.

There were widespread perceptions among key informants and communities that MoSA employees and social workers from the previous PA administration were better qualified and more professional than the ones hired after 2007. According to respondents, this was linked to regular trainings, as well as logistical support, and a larger workforce operating under the PA administration. However, the great majority of employees who received training under the PA administration are, as outlined above, still not working. Reportedly, since 2007 the only training received by social workers working in Gaza has been a one-off three-day workshop before the launch of the PNCTP in Gaza, which focused only on the implementation of the PNCTP, and particularly on how to administer the application and targeting forms during home visits.

MoSA social workers in general are in dire need of training and capacity-building, not only on the PNCTP but also on a wide range of topics and disciplines to strengthen their competencies and professional capacities. This was recognised by most key informants, including MoSA staff. In particular, social workers interviewed expressed interest in training courses on social assistance and social policy, community empowerment, gender, domestic violence, IT, English language and others. There were also mentions of exchange programmes in other Arabic countries, such as Tunisia and Lebanon, so that they could benefit from experiences outside Gaza.

Furthermore, key informant interviews with MoSA representatives suggested that under-investment in monitoring performance and support for social workers' professional development is also a critical shortcoming of the PNCTP implementation roll out in Gaza. Respondents from MoSA indicated that there is no mechanism at the Gaza level to assess the performance of social workers. Promotions and rewards are dependent on decisions made centrally and remotely in Ramallah rather than on the outcome of systematic appraisals of staff performance, competencies, and development needs on the ground. Mechanisms to support social workers to deal with high stress levels and prevent burn-out, which appear to be on the rise among the Gaza workforce, also appear to be lacking. In addition, meetings between social workers and their supervisors reportedly take place once or twice a month, but appear to be strictly focused on tasks rather than an opportunity for one-to-one discussions about concerns, professional development, grievances, enhancing motivation, and so on.

Fiscal sustainability

As yet, there is no viable exit or 'graduation' strategy for beneficiaries. This is indeed challenging to develop for the PNCTP given the prevailing political context in the OPT, and in Gaza in particular, and the limited job opportunities available to vulnerable groups. However, it is unlikely that PNCTP assistance will be provided forever and even less likely that the current high level of coverage and huge costs of cash assistance provision can be sustained in the long term. The fiscal sustainability of the PNCTP looks uncertain given the huge dependency of the PA on donor funding, including for financing the PNCTP, and in light of declining funding levels in recent years.

In response to the severe budget crisis the PA suffered during the second *intifada*, for example, direct budget support increased substantially. Between 2001 and 2008, donor funding increased by a staggering 500% and, in 2008, support to the public sector reached 58% of GDP. Transfers to the government made up the bulk of this aid, equivalent to 32% of GDP, and, while some of this assistance has been directed towards institution building, the majority has gone to humanitarian assistance and social sector infrastructure and services (World Bank, 2011). The heavy dependence of the PA on donor assistance has been defined by the World Bank as 'unsustainable'. As Table 5 in Section 6.1 above shows, since 2008 aid levels have begun to fall (World Bank, 2012c) as a result of the global climate influenced by post-2011 anti-terror preoccupations and the now protracted financial crisis within leading donors, especially the EU.

Monitoring and evaluation mechanisms

Another dimension of governance concerns monitoring and evaluation (M&E) capacities, which are of crucial importance both for programme performance and political sustainability. Fieldwork discussions with beneficiaries and key informants indicated that M&E is a weak area of the programme governance of the PNCTP.

There currently is no embedded M&E strategy within the PNCTP design, and no current plans to implement participatory M&E approaches, such as social audits, which would involve communities providing regular feedback to programme implementers. Furthermore, the social protection committees (discussed in Section 6.1 on targeting above), which are part of the PNCTP design and which could have a role or mandate in relation to broader programme M&E, are yet to be established in Gaza.

This said, however, key informant interviews among officials and development partners alike in Ramallah suggested that currently there is a refreshing openness in MoSA Ramallah to M&E developments, as reflected in a number of quantitative and qualitative impact assessments currently being carried out with respect to the PNCTP in both the West Bank and Gaza. The World Bank has just completed an assessment of the extent to which the PMTF is effectively targeting extremely poor and vulnerable households (see World Bank 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 PNCTP on children's well-being; while DFID has commissioned this current qualitative study exploring community perceptions of the PNCTP 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 best strengthen further the programme and maximise scarce resources.

Cross-agency coordination

In terms of coordination among development partners and international agencies, there is growing cooperation with UNRWA to address duplication of food assistance for UNRWA-registered refugees who are also MoSA's PNCTP beneficiaries, although there is a general sense that there is further scope for strengthened coordination, information exchange and learning going forward. Similarly to MoSA, in 2010 UNRWA also launched a major reform of its social assistance programme in Gaza, the SSNP (see Box 1 in Section 3). The SSNP has shifted to a poverty-based approach to social assistance, with a focus on extremely poor refugee households, and has introduced a PMTF as a major targeting mechanism. An UNRWA official in Gaza also highlighted that, during the inception phase of the SSNP reform, UNRWA and MoSA taskforces met a number of times, particularly to discuss targeting mechanisms – for example, the variables to be included in the PMTF. The PMTF used in the PNCTP is also reportedly very similar to the one used in UNRWA's SSNP, except for some variables that have been adjusted to assess welfare conditions of refugees. However, after the PNCTP inception phase, discussions between UNRWA and MoSA to review and update the PMTF, as well as to explore other synergies between the SSNP and the PNCTP and areas of potential intra-agency coordination, have stalled.

MoSA also coordinates with the Bank of Palestine in Gaza, from which 90% of beneficiaries collect their cash transfer, as well as other banks. Interviews with staff of the Bank of Palestine highlighted that poor coordination between MoSA and the bank in relation to PNCTP policies, procedures and timing of disbursement of transfers at times affects the ability of bank staff to plan and prepare in advance so as to be ready for the extremely busy day when cash is delivered. For example, in some cases MoSA has sent specific instructions and procedures around disbursement of cash that entail changes in established bank procedures, with little advance notice. Bank staff reportedly struggled to implement them on time, further adding to stress and chaos on the day of the disbursement of the cash transfer.

Effective coordination with the many NGOs providing social and relief assistance is also currently lacking. Several key informant interviews indicated that MoSA requires local NGOs to send regular updates of their list of beneficiaries, but MoSA does not share the list of PNCTP beneficiaries with local NGOs and no one mentioned having access to MoSA's online database. Discussing this issue one key informant stated, '*It is not coordination, it is more control.*'

Information flow and sharing

The findings of the fieldwork indicate that this is a particularly weak area and that the sharing of information is not happening at different levels. This is perhaps not surprising given the strained relationship between MoSA Ramallah and MoSA Gaza, and the fact that information flows and coordination mechanisms between the two ministries are difficult.

After a few months of paralysis following the establishment of the parallel MoSA in Gaza, a mechanism of coordination was put in place where a limited number of MoSA technical staff and managers of the previous PA administration (who are still receiving salaries from the PA) act as a liaison point between MoSA in Ramallah and MoSA in Gaza. This coordination, however, does not appear to follow systematic and consistent procedures, but is mostly *ad hoc*. For example, during a key informant interview, a MoSA official reported having liaised with the two ministers to reinstate at least part of the previous Gaza workforce that is still at home and to this effect travelled to Ramallah to agree on a list of employees who could be reinstated. Upon return to Gaza the official presented the list of employees compiled in Ramallah to MoSA in Gaza, and MoSA Gaza started to go through the list to decide who was allowed to return to work and who was not. Reportedly MoSA in Ramallah did not accept MoSA Gaza's interference in this process and negotiations have now stalled.

The flow of information from MoSA Ramallah to social workers in Gaza is also problematic as the latter receive no clear indications on the reasons behind changes in the amount of cash transfer or eligibility status. As discussed below in Section 7, social workers have no idea of the functioning of the PMTF, or the weight of different variables, and with no detailed information on the reasons behind changes are merely able to notify beneficiaries or applicants of the outcome of changes or applications.

Not surprisingly, this lack of information creates a considerable amount of stress and frustration among social workers, beneficiaries and applicants. In addition – and particularly in light of the poor understanding or awareness of the unification process, the objectives, rationale and functioning of the PNCTP and its targeting mechanisms (see Section 7) – this situation has created a climate of confusion and doubt among beneficiaries that is a breeding ground for speculation and suspicion. In the highly politicised environment where political affiliation and/or *wasta* are entrenched and can determine a person's ability to attain assistance or job positions, this lack of clarity is opening the door to attributing changes or outcomes precisely to political affiliation and/or *wasta*, and to encouraging the interference of social workers in decision-making even if in reality, given the vast reliance on the PMTF, there is ultimately little room for such interference.

The flow of information from beneficiaries to MoSA is also very poor. There is no channel that beneficiaries can use to convey their needs and interests to higher decision-making levels and, as discussed in Section 9, current grievance channels are considered largely ineffective. Many beneficiaries, however, strongly emphasised that they would be eager to have opportunities to come together to express their views about the programme and how it could be strengthened going forward. Many also saw this as an opportunity that would also allow them to come together, socialise and find support. During a focus group discussion with FHHs aged less than 45 years in Rafah one woman, for example, indicated how a number of Islamic charitable organisations in the area have recently created a space for widows to meet and exchange information and experiences. Similarly, many FHH beneficiaries expressed the desire for a forum or a space to be created so that they can meet, exchange their experiences and find support. Indeed, when asked about which services they would like to see as complementing the PNCTP, many FHHs explained that they would value a space where they could meet. Some explicitly suggested meeting under the umbrella of regular meetings organised by MoSA, where they could interact with other peers and openly discuss problems and solutions. During a focus group discussion with FHH beneficiaries aged less than 45 years in Rafah, a woman elaborated on this idea as follows:

'We meet each other only at MOSA, UNRWA, and at the bank. When we meet we talk about our concerns and situation, but there are no places where we can raise our voices and speak up. It would be great if these places existed. But in these places the people we speak to should also be in a position to help us. They should be people in charge and who can decide, and can provide us with the things we really need.'

7

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

7.1 Definitions and experiences of poverty

Perceptions of poverty in both Rafah and Beit Lahia were widely linked to material deprivations, in particular of income. For example, when asked who is poor in both sites, respondents almost unanimously answered by pointing to lack of jobs, income and money as primary indicators of poverty at the household level. Poor households were also identified through descriptions of their lives that included living on debt, having little or no income, being unable to meet basic needs, inability to consume food every day, lacking assets, consuming poor quality goods, children wearing 'bad' and second hand clothes, and inability to pay tuition fees and bills.

These discussions were largely focused at the household level. When specific vulnerabilities faced by individuals were mentioned, they were often correlated with the impact they had on the whole household and as additional drivers of poverty, reflecting the importance of the family as the main social unit in Palestinian society. For example, respondents who had disabled and/or chronically ill family member(s) widely associated their household poverty status with the huge financial burden that came with caring for them, including medicines, equipment, hospitalisation and related medical costs, travel to seek health care and other specialised assistance, and so on.

Poverty and deteriorating social cohesion in Gaza

In addition, the impact that chronic income poverty is having on community dynamics more broadly also emerged during a number of field discussions. Many indicated how poverty in the context of prolonged occupation, repeated bouts of violence, and internal factional divisions had cumulatively affected social support and cohesion in Gaza. Similarly, the findings of a 2010 World Bank report also point to the increasingly '*fragmented social space, a key source of material and moral support especially for women*' in Gaza (and in the West Bank) as a result of the protracted occupation and related loss of life and property, and mobility restrictions that together have '*created a sense of collapse of the public, social, and moral order*' (World Bank, 2010: 46).

FHHs, in particular, mentioned that traditional informal social support, both financial and in-kind, from relatives, neighbours and friends had substantially decreased and explicitly linked this process to general impoverishment. As one woman of less than 45 years of age in Rafah put it; '*social cohesion has decreased because of poverty*'. In addition, as discussed below, decreased socialisation was also observed among several FHHs and MHHs as a result of poverty, and largely because of the inability to fulfil social expectations, such as bringing gifts to hosts or providing good meals to guests.

In addition to poverty, there were also frequent mentions of how internal political divisions have created a rift among Palestinians and contributed to the deterioration of the social fabric. Referring to the escalation of violence between Fatah and Hamas forces before the latter gained control of Gaza in 2007, during a community exercise in Beit Lahia one woman said:

'Brothers opened fire on each another because one belongs to Fatah party and the other from Hamas.'

Geographical and environmental vulnerabilities

A number of respondents indicated the geographical location of both sites as a source of vulnerability. Beit Lahia and Rafah are sited respectively in the northernmost and southernmost part of the Strip, bordering Israel and Egypt. In the early 2000s during the second Palestinian *intifada*, Israeli military operations were particularly intense in Rafah, and caused widespread destruction, death and displacement. In May 2004, for example, the IDF launched Operation Rainbow, which led to the destruction of around 1,500 homes to create a buffer corridor between Rafah and the border and led to the displacement of 16,000 people (HRW, 2004).

The effects of these events and the displacement that many have suffered are still felt today, and have plunged many into poverty. One woman linked her current situation with the displacement experience she suffered almost ten years ago:

'My house was demolished in 2003. Since then I have been living in rented accommodation. I always face problems to pay the rent, and I am forced to move out every seven/eight months. It is horrible living like this.' (FHH, less than 45 years old, Rafah)

As noted earlier, the proximity of Beit Lahia to the Israeli border makes it particularly vulnerable to aerial and ground attacks by the IDF. The area was severely affected during Operation Cast Lead in January 2009. The rural areas around Beit Lahia town continue to be especially insecure as they are close to the so-called buffer zone. Since the beginning of the second *intifada* in 2000, areas along the border security fence that Israel erected in 1994 surrounding the Gaza Strip started to be increasingly affected by access restrictions (UN OCHA and WFP, 2010). A 150–500 meter-wide buffer zone, or restricted-access area, was added, consisting of a bare strip of land alongside the border fence inside Gaza where access was prohibited on security grounds. The buffer zone was never clearly demarcated and has been substantially expanded over the years. This expansion has meant the loss of huge tracts of the most valuable arable land in Gaza, including around Beit Lahia. Today, the restricted-access areas are estimated to cover an area of approximately 62 km², representing 17% of the Gaza Strip's total land mass (UN OCHA and WFP, 2010; UN, 2012). Indeed, respondents in Beit Lahia said the surrounding villages of Attatra, Sayafa and Um al Nasser Bedouin village were less densely populated, extremely dangerous because IDF soldiers patrolling the area open fire on anyone getting closer, and very poor, precisely because of their proximity with Israel.

During fieldwork discussions, specific environmental vulnerabilities were also mentioned in Beit Lahia, particularly with reference to open sewage, insects, and general unsanitary conditions. The Um al Nasser village north of Beit Lahia, inhabited by a community of approximately 2,500 refugees of Bedouin origin, has been particularly vulnerable in this regard. Lack of maintenance in the nearby water treatment plant created unsanitary sewage lakes around the village. In March 2007, a basin collapsed and 30,000 cubic metres of sewage flooded the village. Two children and three women were killed, a few were injured, approximately 110 houses were damaged or totally destroyed, and 1,450 people were displaced (MacAllister, 2009; Save the Children, 2009).

Economic vulnerabilities

Broadly speaking there were no substantial differences in levels of poverty among respondents from Rafah and Beit Lahia. This is in line with existing secondary data (see Section 5 above). However, respondents in both noted that, while poverty is widespread, FHHs, and households with many children, members who are disabled or chronically ill, and those who are unemployed are particularly vulnerable to poverty.

Unemployment

In line with the findings of a World Bank study (2011), when assessing and conceptualising poverty in their households, in Gaza, and in the OPT more broadly, respondents placed substantial value on labour market outcomes and specifically stressed the pervasive lack of productive work and unemployment as a direct result of the Israeli occupation and the imposition of the blockade. Statements like '*Everyone is poor here and in Palestine!*' and '*You are closed up, there are no industries and no jobs*' were common in both sites. In Beit Lahia, where, as discussed above, agricultural livelihoods have been systematically weakened by the expansion of the buffer zone and related insecurities, respondents were clear about the reasons why they are poor. As a 49-year-old woman stated during the historical time-line exercise conducted in Beit Lahia; '*the Israelis have intentionally destroyed the agriculture to make us poor.*'

Often, respondents in both sites also stressed that, in addition to material deprivation, poverty is also linked with the '*loss of dignity*' and '*humiliation*', accompanied by feelings of frustration and desperation, which were also often palpable during discussions. Indeed, this resonates with the description of the blockade as a '*human dignity crisis*' (mentioned in Section 3) (UN OCHA, 2009).

As perceived by the overwhelming majority of respondents in both sites, there is a clear correlation between disadvantages in labour market outcomes and poverty in Gaza, where households with unemployed members, particularly the household head, are at greater risk of being poor than households with employed members. In 2009, the poverty incidence in Gazan families with unemployed heads was more than 68%, compared with only 24% among households whose heads were employed (World Bank, 2011). These

figures are not disaggregated according to gender, however, and therefore do not explicitly indicate the incidence of poverty in households headed by women.

Family size

Another link that was frequently made during fieldwork discussions was between households with many members and poverty. Mentions of large families, both FHHs and MHHs with ten or more children, were not uncommon. Many of these households indicated that having a large number of dependants, in a context of rising costs of living and difficult access to job opportunities was a key reason for their inability to cope. As one 53-year-old male participant said during a focus group discussion in Beit Lahia, '*I have a family of 15 members and one son at university. How do you think I am doing?*'

Secondary data also confirms the correlation between household size and incidence of poverty. This is more pronounced in Gaza than in the West Bank since the average household size in Gaza is higher, at 6.4 compared to 5.8 in the West Bank (World Bank, 2011). According to MoSA, the incidence of poverty among Palestinian families with ten or more children is 58.5%, compared to only 18% for families with 2–3 members (MoSA, 2011).

Residence in refugee camps

There were generalised perceptions among non-refugees that refugees are better-off and less in need of assistance, and vice versa. In both sites, refugees felt that non-refugees are rich, largely because of their wider ability to access valuable assets, in particular land. In turn, non-refugees perceived that, since refugees have long been the recipients of UNRWA's as well as many other organisations' assistance, including MoSA, they are better protected and able to cope in difficult times.

Perceptions that refugees in Gaza fare better, albeit very slightly, than non-refugees are not unfounded, and may indeed be correlated with greater availability of targeted assistance to refugees. According to recent UNRWA data for example 63% of refugees in Gaza are considered food insecure vis-à-vis 65% of non-refugees (UNRWA, 2012). Also, as Figure 5 below shows, a slightly higher percentage of extremely poor people are non-refugees (40%) compared with refugees (36%) (UNDP, 2009). That said, a number of studies also indicate that, overall, and particularly when considering other indicators such as education and work status, there is no significant difference between these two groups (UNDP, 2009; World Bank, 2011). In addition, over the decades many refugees have left refugee camps to take up residence outside the camps and many currently live in the sprawling urban centres. Today only 40% of refugees are estimated to be still residing in camps (PCBS, 2010). Rather than refugee status, what appears to determine the highest incidence of poverty among all groups is residence, with poverty rates being higher in refugee camps than in urban and rural areas. As Figure 5 shows, more extremely poor people (41%) are found in refugee camps.

Table 6: Poverty according to place of residence and refugee status

	Place of residence			Refugee Status	
	City	Village	Refugee camp	Refugee	Non-refugee
Extremely poor	35%	37%	41%	36%	40%
Below the poverty line	28%	30%	30%	29%	27%
Above the poverty line	36%	33%	29%	35%	34%

Source: UNDP, 2009

Economic and social vulnerabilities: female-headed households

The vulnerability of widows, and separated and divorced women in Gaza is also linked to the multiple gender and community norms that profoundly constrain their ability to move freely, engage in extra-domestic productive activities, and in general exercise their agency to choose the course of their lives and those of their children. The traditional and still prevalent Palestinian family model sees men as the household's main breadwinner and source of protection, and women as dependent housewives and the primary care-givers and nurturers. A number of studies have documented the gender obstacles and ingrained expectations of women's role in Palestinian society that hinder employment opportunities and participation in the labour force (UN Women, 2011; World Bank, 2010). But FHHs appear to be confronted with yet another layer of gender obstacles that further limit their access to extra-domestic productive activities.

Divorced women are arguably exposed to the most severe social sanctions. During fieldwork discussions there were frequent mentions of the '*social stigma*' surrounding divorced women, who are often viewed as the cause of their own misfortune, with divorce largely considered '*shameful*' for women, but not for men. Separated women also suffer stigma and live in limbo until a decision to either return to their husband's house or finalise a divorce is taken. In the meantime, separated women most often live temporarily at their father's or brother's house. Widowhood appears to be less stigmatised because of Islamic precepts that see widows and orphans as vulnerable groups in need of assistance, and as a social responsibility. This is also the reason why Islamic charitable societies specifically target widows and orphans with their programmes, including cash assistance.

In general, widows, and separated and divorced women are expected to spend most of their time at home. Activities outside the domestic space are often viewed with suspicion and can be associated with '*inappropriate*' behaviour. Putting on makeup, wearing jewellery or bright colours, or dressing in embroidered *abayas* (a robe-like dress worn by Arabic women) were also reported to be considered more appropriate for unmarried and married women, but less so for widows and divorced women.

A number of FHHs were vocal about these norms and restrictions. During one focus group discussion with FHHs aged between 35 and 45 years of age in Rafah, one woman said angrily:

'We are under the eyes of our society. People observe us when we move, they want us to be prisoners at our homes! It is an unbelievable culture. When a young woman is divorced or becomes a widow she is expected to stop doing everything. We have the right to live normal lives!'

When asked, women (FHHs and married women) older than 45 years frequently mentioned their inability to work because of illness. However, the majority of FHHs younger than 45 years expressed a desire to work, spoke of their ability to engage in productive activities, and wished for more job opportunities to be available (such as in groceries, small businesses, the home-based food industry, and public service sector waged jobs), so that they could be less dependent on external assistance and ensure more stable support for their children. In practice, however, none of the women interviewed was employed in the formal economy, and only a handful were engaged in informal income-generating activities, such as tailoring, home-based food production and working in local shops.

The restrictions on the freedom of movement of widows, and separated and divorced women – particularly if they are young and therefore more prone, in the eyes of society, to attract men's attention – often hinders their ability to find and engage in work outside the house. For FHHs, particularly younger ones, the support (or interference) of relatives, including in-laws, is often pivotal in their ability to look for and eventually engage in extra-domestic productive activities. While the story of Om Sa'ed in Box 4 below is extreme in terms of the extent of control her close relatives exert on her mobility, it nonetheless indicates how the approval of family members is an important determinant in FHHs' participation in the labour market.

Box 4: Familial constraints on mobility, access to labour market and destitution

Om Sa'ed is a 33-year-old divorced woman living in a two-roomed house with her ten-year-old son. Most of the families in the street where they live in Beit Lahia are close relatives, and include her four married brothers. Her brothers exercise very tight control over her mobility. Even when she goes to visit relatives nearby, they sometimes look for her and tell her to return home. Her brothers have several children, are unemployed and/or doing casual jobs, and are not supporting her financially. But they do not allow her to find a job outside the house.

Om Sa'ed's main source of support is the PNCTP and she is struggling. She strives to make the money from the PNCTP '*last as much as possible*'. When she receives the cash transfer she makes '*calculations all the way from the bank back home*'. In her words, she feels '*overwhelmed with the gap between the money I have and the needs I have*'. Many days the family meal consists only of *duqqa* (cracked wheat and spices) and bread. She eats a lot of bread because is '*cheap and fills you up*' and she encourages her son to do so as well. Both Om Sa'ed and her son are anaemic. Om Sa'ed would like her son to remain in school but if her financial situation gets worse, or the PNCTP stops payments, she would be left with no option but to send her ten-year-old to work on a nearby farm.

Gender norms are also a major barrier preventing FHHs (and unmarried girls) from living alone and independently. The great majority of FHHs interviewed for this study lived either at their father's or brother's

home, or with their in-laws. Within this space, however, unequal power relations make women and their children vulnerable to a wide range of familial and economic pressures that greatly constrain their decision-making power. Not surprisingly, many FHHs said their ‘dream’ would be to live alone with their children – in the words of a 50-year-old divorced woman in Beit Lahia, ‘to feel independence and comfort’.

One widow living at her brother’s house in Rafah (consisting of only one room) said: ‘*I, my daughter and my brother all live in the same room. Whatever he says, we agree. We can’t say our opinion if it is against his; we are scared.*’

A widow in Rafah aged less than 45 years explained:

‘Without the husband, not only economic problems increase, but also social [familial] ones. For instance, when potential husbands come to ask for marriage of my daughters, their uncles are interfering and they have told me ‘you have no say in this and we will take the right decision.’ Now they are rejecting grooms, and I feel that my daughters are losing their chances of getting married, but we don’t know how to fix this situation.’

Gender discrimination in the Palestinian Personal Affairs Law

The high degree of gender discrimination in the Palestinian Personal Affairs Law or Family Law affects several important areas such as inheritance, maintenance, marriage, divorce, and child custody. It contributes to the persistence of gender inequalities and to FHHs’ acute vulnerability to poverty, which is also a result of their inability to access their entitlements.

For example, in the case of divorce, the guardianship of children or the decision-making power over children is granted to the father. Mothers are given physical custody based on the child’s age and sex: for sons until the age of nine and daughters until the age of 11, at which point the father (or the paternal family) gains custody, unless he accepts to extend the custody period. If a divorcee remarries, however, she immediately loses custody rights over her children (UN Women, 2011). A number of divorced women interviewed for this study explained how their ex-husbands had threatened to exercise their custody rights as a way to coerce them into renouncing their spousal maintenance or aliments. In most cases, divorced women have indeed foregone their rights to maintenance, and in the process have often been subjected to significant levels of psychological stress, as Box 4 below shows.

Box 5: Family law and custody of children

Om Sa’ed is a 33-year-old divorced woman living in Beit Lahia. Her younger daughter died a few months after Om Sa’ed was divorced. She was born with a congenital heart disease and had to be treated outside Gaza. Om Sa’ed had been at hospital with her daughter for over two months when she received a call from her ex-husband. As she described it, he bluntly told her *‘he was no longer able to tolerate the situation and that he knew another woman who owns a piece of land and some money and that he intended to marry her.’* When Om Sa’ed returned home, she discovered that her ex-husband had left the house, had taken their son to his grandmother’s house, and had married the other woman. Om Sa’ed went to court with her father to ask for her maintenance, but when the court notified her ex-husband he told her that he was going to enforce his right of custody and would take the children from her. Om Sa’ed was very scared at the prospect of losing her children, so decided to withdraw her request and has foregone her right to alimony so that she can keep them.

The Personal Affairs Law stipulates that if the wife initiates a divorce, unless she proves that she is being physically abused by her husband, she must give up all her financial rights to maintenance, dowry and any other financial assets she may have accrued during marriage (UN Women, 2011). The obvious possibility of being suddenly pushed into destitution, together with the pervasive social stigma around divorce, together act as major deterrents for women to initiate divorce. The majority therefore prefer to either remain trapped in unhappy and/or abusive marital relationships. Those who initiate a divorce do so only in extreme circumstances where their lives are literally at risk, as Box 6 below shows.

Box 6: Family law and divorce

Om Tareq is a 45-year-old widow living in Rafah. She painfully described the incessant violence she was subjected to during her first marriage, which only lasted 27 days, when she was 21 years old. Referring to her ex-husband, Om Tareq recalled: '*He wasn't human, nor was his family. The neighbours felt sorry for me when they heard me screaming when he was beating me. If I would complain his mother would also beat me. I lived 27 days of torture and humiliation and then I escaped to my brother's house.*' She eventually managed to get divorced but, in her own words, '*It wasn't easy to ask for divorce only a few days after marriage ... you know how critical that is in our culture. But what helped me is that everyone in the area knew how they were treating me. I left the house covered in blood because of the beatings. I went to a doctor and my brother reported him at the police station, otherwise the court wouldn't sanction the divorce.*'

7.2 Coping strategies

The coping strategies that the participants in this study were adopting in the face of the high levels of poverty and vulnerabilities discussed in the section above can be grouped in three categories; distress strategies; seeking assistance from formal and informal providers, and investing in higher education, particularly of girls.

A number of studies have repeatedly highlighted the near exhaustion of local coping mechanisms (UN, 2012; UN OCHA and WFP, 2010). Indeed, the wide range of distress strategies that the overwhelming majority of respondents indicated – including poor food consumption, indebtedness, withdrawal of children from school and child labour, engagement in risky livelihood strategies, and several others – had already been adopted a decade ago and beyond (see WFP with FAO, 2003). This clearly reflects the prolonged strain that years of economic isolation are having on Gazan families.

The vast majority of respondents across all groups indicated seeking assistance from several NGOs, both international and local. In particular, local NGOs and Islamic organisations were indicated as important sources of assistance for many, and for FHHs in particular. On a number of occasions, issues around the apparent biased approach of these organisations were raised, with some perceiving that access to assistance is either dependent on political affiliation, or on knowing someone in the organisation. Support from nuclear and extended family members was also frequently discussed, but again, many FHHs were also quick to add that in the past, such as ten years ago, this was more common and more reliable as discussed in Section 7.1 above. With most people in Gaza struggling to make ends meet, today familial and social networks may provide FHHs with gifts, food or *zakat* cash transfers only in special occasions, such as during the month of Ramadan or Islamic festivities.

Families' investment, both FHHs and MHHs, in higher education, particularly of girls, emerged during fieldwork discussions and this is clearly a positive strategy. That said, and as discussed below, a number of constraints continue to limit access to higher education and higher participation in the labour market, especially for girls and women.

Buying on credit and reducing household expenses

The overwhelming majority of respondents in both Rafah and Beit Lahia across all groups indicated purchasing food and medicines on credit, paying in instalments, and selling assets as key strategies to keep the household functioning and meeting essential needs.

Buying food and medicines on credit, which was settled upon receipt of the cash transfer, was a strategy adopted more frequently by PNCTP beneficiaries than non-beneficiary households. As also highlighted in Section 8, the PNCTP acts as a collateral or guarantee for shop owners who know that beneficiaries have a reliable cash source and therefore feel more confident to sell on credit. The ability of non-beneficiaries to buy food and other necessities on credit appeared to be largely dependent on their relation with the shop owner and the availability of other income sources that could act as a guarantee.

A great deal of effort is expended on the careful management of extremely limited resources, which for most entails the prioritisation of essential needs, and cutting-back on expenses. FHHs, in particular, felt strongly the huge responsibility of having to solely provide for their children. The vast majority reported a worsening economic situation following the loss of their husbands. For them, managing and reducing expenses has become imperative. In this 'expense management process', women's own needs are often set aside or given least priority for the sake of their children's well-being. For example, on the rare occasions when women can

afford to buy relatively expensive food such as fruit, sweets, or *shawerma* (kebab), they often prefer to reduce their share of food or refrain from eating so as to leave a bigger share for their children.

Purchasing cheaper and lower quality food, clothes and medicines, and increasing reliance on carbohydrates such as bread while significantly decreasing consumption of expensive protein-rich food such as meat, were also frequently mentioned. While these strategies may help to keep the household functioning in the face of very limited resources, not surprisingly they can carry significant health repercussions, such as deficiencies in different forms of macro and micro-nutrients,¹⁶ especially iron deficiencies and anaemia (see Box 3 above).

Crucially, the overwhelming majority of beneficiaries also mentioned the PNCTP as a key coping strategy in the face of dwindling economic resources. For some, it was the most important one. Many said that they can ‘breathe again’ the day they collect the cash transfer, mainly because they can settle their debts. FHHs in particular try to compensate for all the efforts that they and their children make to manage and reduce household expenses by treating their children, often to sweets and/or fruit. An in-depth analysis of the positive and negative effects of the PNCTP is found in Section 8.

Selling household and personal assets

Selling household and personal assets such as TVs, furniture and gold dowry – most often the only assets women have – was a distress strategy indicated by many respondents, both beneficiaries and non-beneficiaries. During focus group discussions and interviews, similar examples among neighbours and/or relatives were also mentioned, pointing to the widespread nature of this strategy in both Rafah and Beit Lahia.

A number of respondents described their houses or rooms as almost bare, unhealthy and squalid places, most often in need of repair. One woman beneficiary in Rafah said that she had recently sold the TV, the bedroom furniture and most mattresses. Another from Beit Lahia explained that, because of cracks in the ceiling of the room where she is living, she had to use all her jars and cooking utensils to keep herself and her children dry when it rains.

Risky livelihood activities among young males, adults and boys

Destitution, desperation and unemployment are the main reasons pushing young men and boys to eke out a living by engaging in activities that pose serious risks to their physical safety and well-being.

The tunnel industry in Rafah is an important source of employment for able-bodied men, youth and boys. Work in the tunnels to dig passages, carry out maintenance, and transport goods is strenuous and dangerous. It takes place deep underground, shifts are around the clock, and tunnels can collapse or be the target of IDF attacks at any time. UN OCHA recently estimated that, since June 2007, 172 people have been killed and 318 injured in the tunnel industry (UN OCHA, 2012).

Not surprisingly, earning a living through tunnel work was widely mentioned by respondents in Rafah, where this industry is burgeoning. A few respondents from Beit Lahia also said that their sons were working in the tunnels in Rafah, pointing to some migration streams to Rafah on a daily basis. Several mothers – both beneficiaries and non-beneficiaries – complained of unsafe work conditions and serious injuries, which in some cases have led to death. This is in line with the findings of a recent UN OCHA study, which found that the most frequent incidents include limbs being serrated by moving goods with sharp edges, breathing impaired by spilt cement bags, broken legs resulting from falls down the shaft of a tunnel, electrocution triggered by humidity affecting powering systems, and many others (UN OCHA, 2011).

The use and smuggling of Tramadol, a synthetic opioid painkiller similar to morphine, is also very common among tunnel workers and, as discussed below, rising addiction to Tramadol is a worrying trend across Gaza. According to a number of beneficiaries, one reason why Tramadol has become popular in the tunnel industry is because it keeps the mood of workers high, makes them fearless, and helps them to cope better with stress and fatigue. There were reports that tunnel owners also drug their employees, including children, by dissolving tramadol tablets in water bottles to improve their work performance.

¹⁶ Around one-fifth of school children in Gaza are thought to be iodine deficient. The prevalence of anaemia among children 9-12 months old is 61.6%, and among pregnant women is around 29% (AIDA, 2009).

The experience of a 20-year-old son of a 58-year-old widow in Rafah is illustrative in this regard. He had recently started to work in a tunnel to support his mother and his 11 siblings, and to save money to marry. He has suffered many injuries and has sought care at the hospital several times. Hamas police recently arrested him as he was caught smuggling Tramadol. His mother said, '*he works there [in the tunnel], so what else can he do? He wants to feed us, build his home and get married. It's better than begging.*'

Despite the importance Gazan families place on education (see below), destitution can also push both FHHs and MHHs to take their children out of school to work. In addition, for cash-strapped households with several school-age children, indirect costs of schooling such as bags, uniforms, and stationery can quickly build up and were often indicated as a major barrier to access and continuation of education.

As in other contexts, the earlier children and adolescents, and girls in particular, drop out of education, the more serious and lifelong impact this will have on their well-being, on their offspring, and on their chances of climbing out of poverty. In addition, while some of the work carried out by children may carry relatively low risks to their physical safety, such as working in a grocery shop or farming at a neighbour's or relative's, other jobs pose serious risks to children. In Beit Lahia, a number of respondents said that male, but also female, children as young as five are seen selling small items such as mint candies, cigarettes and lupini beans (*turmos*) at traffic lights, in the street or in public parks. During a focus group discussion in Beit Lahia, a woman said that she had recently witnessed an accident where a car ran over and killed a child who was selling in the street. During fieldwork discussions, some respondents also mentioned that their sons earn a living collecting rubble and scrap metal from areas close to the buffer zone. Since Israeli soldiers patrolling the area open fire on anyone getting close, they are exposed to acute death and injury threats. As mentioned above, in Rafah there were also several reports of children working in the dangerous tunnel business.

Seeking assistance from NGOs and Islamic charitable organisations

Given the huge difficulties in finding self-reliant solutions to support their households, it is not surprising that many FHHs said that seeking assistance from international and local NGOs, CBOs, and Islamic charitable organisations was an important way to gain financial support. For widows, there is also an added incentive in knowing that Islamic charitable organisations specifically target widows and orphans, so there is general awareness that they are entitled to support from these organisations.

According to a 2010 World Bank study which focused on married women and young women (as well as adult and young men), a key survival strategy for married women in Gaza was volunteering with Islamic charitable organisations, including participating in lectures and training courses, taking part in the distribution of humanitarian assistance, and participating in social activities. This was seen as providing them with social and economic support (World Bank, 2010).

The findings of this fieldwork, however, indicated a different strategy for FHHs. Rather than volunteering and taking part in other activities, FHHs engagement with these organisations was largely limited to seeking orphan sponsorships, cash and food assistance, help with tuition fees, and any other financial or material support available. Some FHHs said they were not knocking on the door of other organisations simply because they did not have time. The different behaviour observed among the respondents of this study may be linked to the busier life and heightened responsibilities of FHHs compared to married or young women. On a number of occasions, FHHs mentioned feeling overwhelmed, having to play the double role of father and mother. Examples like the one below from a FHH beneficiary in Rafah aged less than 45 years were common:

'Before the death of my husband, when my child got sick, my husband was helping out for example with food shopping, but now I have to do everything alone, no one is helping!'

A number of respondents in Rafah and Beit Lahia, both males and females, felt that access to the assistance provided by local organisations, NGOs and associations, including Islamic charitable organisations, was either dependent on political affiliation or on the ubiquitous system of patronage, the ability to draw on influential connections to 'get things done', or *wasta*. During one focus group discussion in Beit Lahia with men under than 45 years old, one participant referring to NGO-sponsored job creation projects in the area explained:

'Three or four years ago I saw a list of beneficiaries [of a non-specified NGO] by accident and because we are small neighbourhood I can recognise the names. In that list there were eight people from the same family. One of them was a lawyer and the other is a public employee so they don't deserve assistance but were listed.'

Psychosocial factors and coping strategies

In Palestinian society, marriage is traditionally considered a source of prestige and recognition, marking the transition to adulthood. In order to be able to marry, young men need to demonstrate their financial stability and ability to fulfil their traditional role of main breadwinner of the household. The diminishing productive role of Gazan men – young and adult, married and unmarried – as a result of the severe scarcity of jobs (as well as the inability to migrate abroad to work and/or study) has had significant repercussions on their mental well-being.

Echoing the findings of recent studies (UNIFEM, 2010; UN WOMEN, 2011; World Bank, 2010), men (and women describing their husbands or men in general) often expressed feelings of helplessness, frustration, and lack of self-esteem. Many appeared to be in a constant struggle to ‘maintain dignity’ and avoid ‘losing face’ in front of family, friends, and neighbours. The effects of mental and psychological pressure and of deepening poverty were mentioned by many as key drivers of intra-household tensions and conflict. There were indications that sometimes tensions were escalating into physical violence. A number of men stated that they preferred to leave the house for a few hours, to go out onto the street, ‘to nowhere’ or to sit, smoke and drink tea with friends, to avoid hearing the many requests of their wives and children that they could not fulfil.

A 50-year-old man in Beit Lahia said:

‘I feel helpless when my wife demands money or food for the family. I can’t provide them with what they need and I can’t go and ask people for help as if I was a beggar. When my wife insists, I beat her. Other times I leave the house to avoid beating her and the children, so I simply go out.’

Substance abuse was also mentioned as a strategy adopted predominantly by males to release stress and anger, and escape reality. Increased dependency on nicotine was indicated by many, but a more disturbing phenomenon that emerged during fieldwork discussions was addiction to Tramadol.

Tramadol, which as highlighted above is widely used among tunnel workers, was reportedly also increasingly used as a cheap recreational drug to escape the grim reality and feelings of powerlessness associated with the cumulative effects of the blockade, unemployment, ongoing violence and conflict. In particular, the findings of a 2010 study indicate that drug addiction among Gazans has risen significantly following Operation Cast Lead, with some, especially in the age bracket between 18 and 30, having become seriously addicted (Progler, 2010). In addition to the serious mental and physical health problems that addiction induces, in some extreme cases it also contributes to families being drawn even deeper into destitution. Tramadol abuse was discussed at length during a focus group discussion in Beit Lahia with men under 45 years old. Two of them explained:

‘People are getting mad because of the siege and the lack of income; they will either lose their minds or escape by taking hallucinating drugs [sic].’

‘My cousin is addicted to Tramadol. His wife left him and went to her parents’ house, but while she was there he sold everything, the refrigerator, the TV ... everything in the house to buy Tramadol pills.’

The role of women as patient care-givers and nurturers appears to also extend to providing psychological support to their increasingly depressed and angry husbands (see also World Bank, 2010). Married men mentioned turning to their wives for support during difficult times, and in turn married women showed understanding of the feelings and the reasons for their husbands’ deteriorating mental well-being.

In the face of the multiple psychosocial risks that married women are exposed to, many said that they found comfort and support among female relatives, friends and neighbours during home visits when they usually open up, discuss and ‘vent their problems’. This coping mechanism was also mentioned by some FHHs but, in general, it seems that FHHs find it more difficult to access it, particularly if it entails having to leave the house to see friends, neighbours and relatives, again because of the societal and families norms that can constrain their freedom of movement.

Several FHHs said they were ‘practising patience’ and resignation to the situation, minimising social relationships and isolating themselves. Self-imposed isolation in particular was perceived by many as a better choice than hearing ‘people talking’, feeding gossip about them in relation to the stigma attached to divorced women, for

example, and perhaps being reprimanded by relatives as a result. As a 43-year-old divorced woman from Beit Lahia said, '*I stay at home. Better than hearing 'the talking'. I accept the situation as it is.*'

When asked what they do when they feel overwhelmed, several divorced women and widows said that they simply sat crying, either alone or with their children. Three respondents in particular said they liked dark places in their houses and that was where they sat and cried.

Self-imposed social isolation was also linked to poverty. This was reported both by FHHs and MHHs. Traditional principles of hospitality are a key part of social interactions in Gaza, where hosts are expected to provide a wide range of food and drinks. Visiting friends and relatives, and taking part in social and familial events such as celebrations of new born babies and weddings, entails bringing gifts. During a focus group discussion with FHHs of more than 45 years in Rafah, one woman explained her strategy to be able to receive guests and, although not explicitly stated, probably also to avoid showing the extent of her poverty:

'If I know I will have a guest, I may fast, cook or eat little for two days before she or he comes so I can provide her or him with better food.'

Investment in higher education for girls

Despite the huge financial constraints and soaring levels of poverty that families face, the overwhelming majority of respondents placed a lot of value on investing in their children's education. While, as discussed above, the poorest and most vulnerable are often unable to keep their children even at primary school, it was clear that the majority of both FHHs and MHHs went to great lengths to ensure that their children, particularly daughters, remained at school and continued to university. One FHH in Beit Lahia aged less than 45 years stated: '*I would prefer not to eat than deprive my children of education.*' This echoes the findings of a recent UN WOMAN study which described investing in girls' education as a relatively new trend in Gaza (UN WOMAN, 2011). The same study found that the rate of women continuing their education beyond secondary school almost doubled between 2000 and 2006 (*Ibid.*).

The waiver or deduction of university tuition fees that PNCTP beneficiaries are entitled to (see below) was clearly appreciated by beneficiaries and is a key incentive towards higher education. But the findings of this fieldwork also point to additional reasons why parents, both PNCTP beneficiaries and non-beneficiaries, may want to invest in the education of their daughters.

In an already strangled labour market, women are faced with additional constraints that significantly limit the range of jobs they can take up. The jobs that are 'socially acceptable' for Gazan women in the education, health and social sectors require university-level education. As such, holding a university degree can increase access to waged work for girls in the short term. In addition, families were also considering their daughters' future marriage prospects and education plays an increasingly important role in this regard. Given the increasingly uncertain productive role of young and adult men, unmarried young women who have a job are reportedly highly sought after, since they are expected to bring an income to the household. Finally, the idea that higher education can open up job opportunities and be an important insurance for women in the event of divorce or widowhood was also indicated by respondents during fieldwork discussions.

Clearly, investing in girls' higher education is a very encouraging trend, both for the current and future prospects of girls, women and society at large. However, and as discussed so far, significant structural and social barriers continue to hinder women's participation in the workforce. As the Gaza labour market is becoming increasingly unable to absorb the ever-growing number of university graduates, 'socially' acceptable jobs have become very difficult to find. Over the past decade, Gazan women have had the highest unemployment rate in the OPT. The vast majority of unemployed people are young Gazan women with high educational qualifications (UN WOMEN, 2011).

Despite families placing a high value on university education, soaring poverty levels mean that, in some cases, parents simply cannot afford to keep their daughters at high school and university. They may decide to marry them off instead. An additional consideration is the ability of women to maintain their incredibly-difficult-to-find jobs once they marry and start to have children. This may indeed be a challenge, particularly in light of the high fertility rates of Gazan women (4.9 children per woman in 2010, UNCT, 2012), their burdensome child-rearing responsibilities, and the additional costs of childcare for women to be able to stay in work.

8 Beneficiary and community experiences of the PNCTP and its impact on well-being

One of the key objectives of the MoSA cash transfer strategy, developed in 2010 to guide the merger of the two cash transfers into the PNCTP is to '*empower poor, deprived and marginalized individuals and families'* (MoSA, 2010a: 3). One pathway to such empowerment is '*increasing their participation in the planning and design of programs and services targeting them*' (*Ibid.*).

However, despite an explicit commitment to the active participation of beneficiaries, the findings of this study indicate that the involvement of PNCTP recipients in the design, planning and implementation of the programme has been limited. In particular, the aim and rationale underpinning the major reform of the Palestinian social protection sector, and the cash transfer programme in particular, have not been fully appreciated by the vast majority of beneficiaries and other community members interviewed for this study. Most remain largely unaware of the shift from categorical to poverty-based targeting and of the introduction of the PMTF to determine eligibility. There is general realisation that the programme has undergone some changes, but the unification process, the objectives and rationale, and in general the functioning of the PNCTP, remain a mystery for most. Only a handful of respondents said that eligibility is determined by assessing the economic status of a family through 'a computer'. The vast majority are under the impression that eligibility criteria are linked to vulnerable categories, but also to political affiliation and/or the pervasive system of patronage or *wasta*. Many also believe that social workers ultimately retain decision-making power on eligibility, retention in the programme and amount of cash disbursed.

8.1 Beneficiary and community perceptions of programme design and implementation

Targeting and selection criteria

The greatest majority of respondents, beneficiaries, non-beneficiaries and key informants agreed that the PNCTP is indeed targeting the poorest families in Gaza. There were, however, widespread mentions of both inclusion and exclusion errors. Across both sites there were strong feelings that many families are very poor and deserve assistance but are not reached by the PNCTP.

Exclusion errors: Largely because of the general limited knowledge on the functioning of the PNCTP targeting, beneficiaries were struggling to identify potential causes for exclusion. Many simply said that they did not know why. Few mentioned that one reason may be the fact that not all poor Gazans are aware of the existence of PNCTP and of their potential eligibility. Others linked it to the social stigma attached to seeking assistance, which could prevent potentially eligible families from coming forward. Participants' opinions on this last point, however, were mixed. The majority recognised that in the past – and particularly ten years ago when the Israeli labour market was open to Gaza and the local economy was less stagnant – asking for assistance was perceived as 'embarrassing' and a 'loss of dignity'. Today, however, given rising levels of unemployment, impoverishment, and the huge reliance on aid, it has become the norm. As a man in Beit Lahia put it during a focus group discussion with beneficiaries aged between 46 and 55 years put it: '*Before [receiving aid] was a shame but now is normal.*'

Inclusion errors: During discussions around inclusion errors, respondents frequently used the term 'injustice' when mentioning cases of PNCTP beneficiaries they think do not deserve to be. Examples like the one below, mentioned by a FHH beneficiary aged more than 45 years in Rafah, were common during fieldwork discussions.

'I know people who work in the tunnels trade and receive 1800 NIS (\$470) from the PNCTP. Other people who have chicken farms also receive assistance.'

Many respondents linked the existence of inclusion errors with the ubiquitous system of patronage or *wasta*. The *wasta* system is entrenched in Gaza (and in the West Bank and neighbouring countries such as Syria and Jordan). As indicated above, this is perhaps why some respondents were quick to link who they thought were undeserving with access to *wasta* connections in Ramallah or Gaza.

A male non-beneficiary in Beit Lahia angrily noted during a focus group discussion with men aged between 25 and 46 years:

*'It is all about *wasta*! I have a cousin who went to register at MoSA and his application was accepted because he knows someone there. When I went to register they told me 'we can't take your application as we have more people than we can serve'. So I wonder how he was accepted at the time I was not. The only explanation is *wasta*, since I went only ten days after he did.'*

A 43-year-old widow in Beit Lahia stated:

'I have a relative who trades with cars and his financial status is very good. He receives assistance from MoSA because he has a friend at MoSA who visits him regularly.'

Discussions around *wasta* were not necessarily linked to affiliation or support for political parties. However, a few respondents did say that – as with the selection mechanisms of other non-government programmes in Gaza – political affiliation influenced the selection of PNCTP beneficiaries. During a focus group discussion with men aged between 35 and 46 years in Beit Lahia, one stated: *'What really matters when they [referring to MoSA] select someone is the colour of the shirt one wears'* (referring to green for Hamas and yellow for Fatah supporters).

Proxy Means Test Formula (PMTF)

Key informant interviews with MoSA pointed to an encouraging recognition and openness that the PMTF could be further improved to better correlate it with poverty and vulnerability. As highlighted above in Section 6, since the launch of the PNCTP the PMTF has already undergone some adjustments in this regard. The findings of this study also indicate several areas for further improvement of the PMTF to provide a more reliable and accurate estimation of household welfare in Gaza.

Context-specific characteristics of poverty: Currently, the same PMTF is used to assess household welfare in both Gaza and the West Bank. However, there is a high risk that this may miss important differences between the two areas and context-specific characteristics of poverty that cannot be captured through one PMTF. As one key informant explained, variables such as distance to the nearest health clinic and ownership of an Israeli mobile phone, for instance, may be relevant for the West Bank but not for Gaza, where distances are in general very short and there is very limited coverage of Israeli mobile networks. UNRWA's SSNP (see Box 1 on page 23), for example, has developed one PMTF for the West Bank and one for Gaza, precisely to capture important differences. This is something that could also be considered for the PNCTP.

Furthermore, PMTF variables are currently based on the PCBS consumption survey conducted in 2007. Since then, however, three major events in Gaza – the Hamas takeover, the imposition of the blockade, and the launch of Operation Cast Lead – have had strong repercussions on the poverty status and living standards of the population. A key concern is therefore that PMTF variables are outdated and may not capture well household characteristics associated with the current levels and nature of poverty.

Family size: Most beneficiaries interviewed in both sites were under the impression that the number of family members is not taken into account in the calculation of the amount of cash disbursed, and this was widely considered as unfair. Respondents frequently noted that large households, for example of ten or more members, receive the same amount or even less cash as relatively smaller households of four or less. A man aged less than 45 years in Rafah example stated, for example: *'Some very small families or even employees receive 1,800 NIS (\$470), whereas larger families, where there are also sick people, only receive 750 NIS (\$195). This is unfair!'*

Housing conditions: The perceived disproportionate weight given to housing conditions, and the fact that it ultimately did not correlate well with poverty, was also a frequent complaint. A 'story' mentioned by many was of thousands of Gazan families who had managed to build relatively good houses when they were working in Israel. Today, they have all lost their jobs in Israel and many are unemployed or earn a fraction of what they were earning before. For most, their houses are the only asset they have left. Beneficiaries said that when social workers visit these families they see a good house and fill in the information accordingly. There is no account of the fact that often the families have lost their main source of income, and that they are destitute but living in a 'good' house.

Transfer of cash transfer ownership: A number of beneficiaries reported that in some cases the payment slip has been transferred from the original recipient, who belonged to a vulnerable group such as widows or

disabled or chronically ill people, to other family members, most often their male kin (usually fathers or brothers) whom they live with. In some cases this has led to the appropriation of the cash by the father (see Box 7 below) and the exclusion of the original beneficiary from ownership and management of the cash. This was widely perceived as unfair.

Box 7: Change in the ownership of the cash transfer and disadvantaged FHHs

A 24-year-old recently divorced woman in Beit Lahia lives with her two small children at her father's house, where they are not welcome. The woman and her two sons spend most of their day in a small room. Before the launch of the PNCTP, the cash transfer was issued in her name, but in 2011 it was transferred to her father's name. He has now taken full control of the money. During an observation when a local researcher accompanied a MoSA social worker on house visits, the social worker suggested that the woman should think about enrolling at university as a way to '*invest in herself*'. The woman said she liked the idea, but that her father is not willing to pay for her to enrol at university. So she has no other option but to accept his decision and stay at home since she no longer controls the money.

According to social workers, these transfers have taken place during the recertification process, where in reply to questions such as 'who is the household head' and 'in which name should the cash transfer be issued', original beneficiaries replied stating their fathers, especially if the father was present at the time of the house visit. Social workers interviewed also added that there is currently no standard procedure on how to deal with these cases, particularly when intra-household conflict or tensions arise as a result.

The idea behind this transfer of ownership is ultimately linked to the spirit of the SSPS, which takes household poverty as the starting point. Cash assistance is therefore intended to reduce poverty of the household as a whole. It is important to note, however, that this approach glosses over important household dynamics and crucially intra-household power relations. As highlighted in the section above, gender imbalances and unequal power relations are rife in Gazan households and, for FHHs in particular, are an important driver of poverty and vulnerability to poverty. In line with the second goal of the SPSS which seeks to '*care for and enable weak and marginalized groups*' (MoSA, 2010b: 17), it is key that intra-household vulnerabilities are brought to the fore, captured, and specifically addressed under the PNCTP.

Amount and frequency of cash transfers

All beneficiaries interviewed for this study complained that the amount of cash was too little to cover basic household needs, especially in large families. Many said that unless they had other sources of food and income and/or assistance, they would not be able to cope by relying solely on the PNCTP. Furthermore, with the unification of the cash transfers and the launch of the PNCTP, some saw the amount of their cash transfer reduced – by up to 250 NIS (\$65 US\$) per quarter in some cases. For others it has increased. Unsurprisingly, those who have been negatively affected are resentful but also largely unaware of the reason behind the reduction, which further adds to their disappointment.

Every beneficiary interviewed also stated that they would prefer the cash to be distributed on a monthly rather than 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 and varies from one quarter to another, together with delays in distribution, adds to feelings of unpredictability and uncertainty. As outlined in Section 6 above, the transfer can be delayed up to one month because of lack of liquidity at MoSA. Such delays were generating additional levels of stress and insecurity, particularly with regards to repayment of debts.

Sources of funding

When asked '*where do you think the money for the PNCTP comes from?*', the overwhelming majority of interviewees in both sites stated the European Union. Only one male in Beit Lahia said that the source of funding was from '*British organisations*', and one FHH in Rafah from the World Bank. One MHH and one young male in Beit Lahia and Rafah respectively did not know the source of cash.

All respondents were aware of the establishment in 2007 of a parallel MoSA in Gaza run by Hamas. However, none held that Hamas was responsible for the administration and funding of the PNCTP. There was broad understanding among beneficiaries, non-beneficiaries and key informants alike that the PNCTP was funded and largely managed by MoSA in Ramallah.

The PNCTP was overwhelmingly viewed as humanitarian or charitable aid for poor people, rather than a form of social protection. Terms such as humanitarian aid, charity, grant and donations were frequently used at community level during key informant interviews, focus group discussions and in-depth interviews when respondents were asked to define or describe the PNCTP.

Discussions with beneficiaries around sources of funding for the PNCTP shed light onto some views on the reasons for international support to the PNCTP. The following quotes show how a number of FHH beneficiaries, both refugees and non-refugees, viewed funding to the PNCTP as a replacement for more robust and effective international political action. Through powerful analogies, they explained how they perceived the PNCTP as a palliative, and a way to make them forget about their rights.

These perceptions seemed to be more entrenched among refugees than non-refugees, and were mentioned more frequently in Rafah – where the majority of the population are refugees. Refugees often referred to their displacement experience in 1948 in the aftermath of the establishment of the State of Israel, and specifically linked the PNCTP with their right to compensation for their losses, particularly land.

'I think it [the PNCTP] is a compensation. They want us to remain silent and to close our eyes on the issue of Jerusalem, the occupation and our suffering in Gaza.' (Focus group discussion with FHH non-refugees aged less than 45 years in Beit Lahia)

'The PNCTP is a compensation for the Palestinian people, because they have been uprooted and displaced.' (In-depth interview with 20 years old male refugee, son of a FHH beneficiary, Rafah)

'The Americans and EU want us to forget about our rights [as Palestinians] but we are not going to.' (In-depth interview with 36-year-old divorced woman refugee beneficiary in Rafah)

During a focus group discussion with FHH beneficiaries aged less than 45 years in Rafah, two young women stated:

'The PNCTP is like an anaesthetic. But we are not going to forget the Palestinian cause.'

'It is like a person taking a painkiller to forget a disease, when in reality the disease is not treated. This is the PNCTP. It is a way of keeping people quiet in the face of the occupation.'

Experiences with and of social workers

The majority of beneficiaries reported that their experiences around interaction with social workers were largely positive, with many adding that they felt social workers understood their problems and empathised with them. Some, however, described social workers as disrespectful and '*unhelpful*'. Respondents also said that social workers are usually polite during home visits as they are going into beneficiaries' houses and it is customary to show respect, but rude behaviour can take place during visits at MoSA offices.

Key informant interviews with social workers frequently highlighted an increased caseload following the launch of the PNCTP. One social worker in Beit Lahia stated that his caseload rose from 350 families to 800. Others said their caseload had reached a staggering 1,000 families and more. Reportedly, household visits last an average of just 10–15 minutes as each social worker has to reach very long lists of beneficiaries or applicants.

Social workers also felt that they had essentially become data collectors, with the bulk of their work now centred on filling up forms. In the words of one social worker, '*we feel as if we are machines*'. None of the social workers knew how the PMTF worked exactly, the weight of the different variables, the exact reasons why households are rejected or put forward for withdrawal of assistance, or the reason why cash amounts do not account for the number of family members, and other conditions. As a result, they frequently complained of their inability to accurately answer beneficiaries' questions; in most cases their answers are limited to saying that they do not know. During an observation when a local researcher accompanied a MoSA social worker on house visits in Beit Lahia, a beneficiary questioned why the amount of cash transfer had been reduced. The social worker replied defensively: '*It is not my mistake, it is not my decision; this is what shows in the computer!*'

Furthermore, the lack of logistical support, such as transport and mobile phone allowances, laptops or computers, were widely seen as further hindering social workers' ability to perform their jobs swiftly and efficiently. One social worker in Rafah explained:

'MoSA provides us [social workers] with a team car; but the driver simply takes us to a given location and we then have to walk to each beneficiary's house and make our way back to the office alone. Therefore I am using my own car to do home visits.'

During a key informant interview with a group of social workers in Beit Lahia it was clear that some lacked basic training, competency and experience. For example, when asked what they would do if during house visits they found families with serious problems –such as violence against a woman or girl that required more than a ten minute visit – one social worker replied that he would ask the family to come to the MoSA office to discuss the matter.

There were widespread complaints about MoSA for not proactively reaching out to beneficiaries. Frequently, male and female beneficiaries expressed themselves with sentences such as '*No one will help us unless we go to MoSA*', and '*Social workers don't come unless you go and ask for assistance*'. Indeed, all beneficiaries stated that they went to MoSA to enquire about the PNCTP after they had heard about it from relatives, neighbours, friends, banners in the street, or TV ads. No one said that MoSA was the source of information at the time of application.

Many added that they would appreciate it if MoSA carried out community outreach activities to find poor and potentially eligible people and if social workers visited beneficiaries' houses more often. As one respondent put it, not merely to '*inspect*', but to listen to their problems, follow up and help. One FHH in Beit Lahia said that social worker visits could be used to provide '*psychological support*' to FHHs and help them to find solutions to their problems, given the specific challenges they face.

Challenges to cash transfer access and distribution

There were mixed views on the treatment beneficiaries receive at the Bank of Palestine's branches when they go to collect the cash. Some said that bank staff were polite and some also appreciated the fact that, if needed, banks open on Saturdays especially for PNCTP beneficiaries. Others, however, complained of unfair and degrading treatment at the bank, and of employees speaking to them in a rude manner.

There were no disagreements in relation to the waiting time at the bank. The overwhelming majority mentioned long waiting times and long queues that stretched outside the bank onto the street. Many added that there is nowhere to sit inside or outside the building, and of lack of shelter from the sun or rain. Sometimes the situation degenerates into clashes and general disorder, and local shop owners call the police to calm things down. At times the police reportedly also resorts to beating beneficiaries in queue the outside the bank. Queues at the bank are at their peak on the first day the cash transfer can be collected as virtually everyone is in need of money and most rush to the bank.

The process involved in accessing cash was described by a 45-year-old widow in Rafah:

'I went to collect my payment slip at MoSA but there was a queue and it took me three hours to get it. MoSA staff were sitting in a comfortable office, and us women and the elderly had to wait in the sun. Then there was a long queue to exchange the slip at the bank. Usually the first and second days are very crowded, and then it becomes normal. So, if you want to exchange on the first day, you have to stay in the bank all afternoon.'

Not surprisingly, all this generates high levels of stress, and feelings of humiliation among some. One man said during a focus group discussion with beneficiaries aged between 25 and 46 years in Beit Lahia: '*We wait long and we feel some sort of discrimination as we stand in a special queue known to be for beneficiaries of MoSA*'. One FHH aged less than 45 years in Beit Lahia said: '*We wait in long queues and for too long, and we may face clashes with men who push. Some men also tell us "women have nothing to do, but we are busy so you wait"*'.

The above challenges were largely confirmed during a key informant interview with staff at the Bank of Palestine. The main explanation for the long waiting time, even if the bank only attends to PNCTP beneficiaries on payment day, was that with the launch of the PNCTP the number of beneficiaries has increased '*from a few thousand to tens of thousands*'. As a result, bank staff now feel '*overloaded and*

'overwhelmed' when the cash transfer is disbursed and thousands of beneficiaries rush to collect their cash, all on the same day. As discussed in Section 6.2.4, poor coordination between MoSA and the bank also limits the ability of bank staff to plan and prepare cash and other paperwork in a timely way.

8.2 Use and effects of the cash transfer

Use of the cash transfer

Echoing the findings of recent studies (World Bank, 2012; Mountfield, 2012), repaying short-term debts for food and medicines to neighbourhood grocers and pharmacies was ranked in both sites by all beneficiaries, both MHHs and FHHs, as the most important use of cash. For many, purchasing on credit and paying back upon receipt of the cash transfer seems to be a continuous cycle with little respite. As a man put it during a focus group discussion with beneficiaries aged less than 45 years in Beit Lahia: '*We feel OK for something like ten days and then we start to buy on credit again till the next cash transfer comes.*'

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, 2010). The amount of debt households accumulate varies and is largely dependent on the size of the household – ranging from 200 to 600 NIS (\$52–156). Some said that up to one-third of the cash they receive is used in this way.

In households where one or more members are disabled or have a chronic illness, part of the cash that is left after settling debts is used to pay for healthcare and medicines. Again, the amount varies from family to family. Some mentioned allocating up to 200 NIS (\$52). Food-related expenses were mentioned by many, in roughly third order of importance. These included purchasing gas cylinders for cooking (NIS 150, \$40 for a three-month period); some mentioned vegetables, fruit and meat. A 31-year-old married woman in Rafah noted, 'If we want to eat certain foods, such as fruit and meat, we wait to buy them when we receive the cash.'

Very few respondents said expenditures from the cash transfer included paying for electricity and water. The overwhelming majority either did not mention this expenditure or simply said they had large water and electricity arrears, which they could not afford to settle. Additional expenses a handful of respondents said they were covering with the cash transfer were approximately 50 NIS (\$13) to take part in social and family events such as weddings and visits to new-born babies, and around 150–200 NIS (US\$ 40–52) to buy clothes for their children, which FHHs in particular saved up for over six or nine months to pay for.

In addition to helping with immediate needs, part of the cash transfer is also invested in education. As discussed above, this can be seen as a way of securing the future of sons and daughters. The waiver or reduction of university tuition fees for PNCTP beneficiaries is clearly an incentive to enrol children at university. But there are also other costs involved, such as transport, books and stationery, which many said they were covering in full or partially with the cash transfer. As explained in Section 7.2.3, indirect costs of education can quickly mount up, especially for households that have more than one child at university. A FHH aged less than 45 years in Rafah said:

'I have three [not specifying whether sons or daughters] at university and I receive 750 NIS (\$195) through the PNCTP. But I swear I can hardly cover transport costs for them!'

Similarly, some mentioned that sometimes they could not afford to pay transport fees of 510 NIS (\$1.30–\$2.60). This was a key reason why students were missing classes at university or, even worse, were forced to drop out.

Effects on beneficiaries' lives

The perceptions of beneficiaries – particularly around the positive and negative effects of the PNCTP on individuals, households, communities and citizen-state interaction/contract levels –are explored below.

Perceptions of positive effects

The vast majority of beneficiaries and non-beneficiaries across different ages and groups indicated widely that the PNCTP is a very important form of assistance. The expressions and vivid analogies quoted below indicate how vital the PNCTP is for many:

'It is the vein of our life.' (44-year-old divorced woman, Beit Lahia)

'The PNCTP is like first aid that resuscitates the victim.' (Widow, more than 45 years old, Rafah)

'Women like us would be lost without it.' (53-year-old divorced woman, Rafah)

By the same token, it was clear that if the PNCTP did not exist or was discontinued, it would have disastrous repercussions. One FHH in Rafah described this option as 'a nightmare' and another FHH, aged less than 45 in Beit Lahia described it as 'a tsunami which would destroy everything in our life'. As the PNCTP primarily seeks to alleviate poverty, this must be considered a success in itself. The programme has clearly contributed to bridging at least part of the gap between beneficiaries' consumption expenditures and the poverty line, and to generate an important sense of improved financial security and reliability.

Compared to other forms of assistance, particularly food, there was a general feeling that cash was better. In the words of respondents, it allowed '*freedom*' to address family needs, and was seen as a more '*dignified*' choice for beneficiaries. When comparing food assistance with the PNCTP, a 23-year-old divorced woman in Rafah said: '*When I am ill, can I pay the doctor with a bag of flour?*' Most of the widows also benefiting from assistance provided by Islamic organisations compared the PNCTP with the cash transfers they received under orphan sponsorships and said that, despite some delays in the delivery of the PNCTP, it was more reliable and long term. Unlike orphan sponsorship programmes, it does not stop when the child grows up (to 16 or 21 years).

Individual and intra-household level effects

The findings of this study indicate that the PNCTP acted as a guarantee for local grocery store owners and pharmacies and therefore facilitated beneficiaries' access to this type of short-term credit. An interview with a grocer in Rafah shed light on this dynamic. He stated:

'I accepted to give food to her [referring to a FHH beneficiary who was the focus of a case study for this fieldwork] because I am confident that she will have cash and will pay me back'.

The same grocer gives food on credit to another four PNCTP beneficiaries but said that if the PNCTP is discontinued he would also stop to give them food on credit.

FHHs in particular highlighted the positive effects of receiving regular and reliable cash transfer payments on their psychological and mental well-being. Expressions such as '*feeling a sense of security*', '*improving the morale*' and '*decreasing anxiety and worry*' were often used. When describing positive effects the PNCTP had on their personal lives, FHHs immediately included other household members – unsurprisingly, children in particular. Better access to food and medicines enabled by purchases on credit, as highlighted above, and the ability to educate their offspring were indicated as the most important effects of the PNCTP.

Looking back at the past nine years as a recipient of MoSA cash assistance, a 45-year-old widow in Rafah stated that first and foremost the PNCTP programme had given her '*the ability to educate and raise [her] children*'. Indeed, being able to continue their education was also considered a major positive effect of the PNCTP by sons and daughters of FHHs interviewed for this study. Some of them also mentioned the positive effects the PNCTP has had on their outlook for the future. A 26-year-old son of a FHH in Beit Lahia noted:

'The PNCTP helps me and my brothers to finish our academic studies and gives me hope to live as a human being with dignity, security, and assurance in life.'

An interesting dynamic reported by a number of respondents is that women who are in an abusive marital relationship or whose husband is addicted to Tramadol may have an additional incentive to initiate a divorce because they know they are entitled to receiving assistance under the PNCTP. This was seen as providing an important safety net for FHHs.

Effects on community relations

A positive effect of the PNCTP, mentioned both by men and women, was that it enhanced the ability to take part in familial and social activities, and thus had important repercussions both on social relations and the psychological well-being of beneficiaries. Sentences such as '*money enhances socialisation*' were common among MHHs and FHHs in both sites.

A number of beneficiaries also said that on several occasions when queuing at MoSA and/or at the bank they have interacted with other women, exchanged information on the PNCTP or other available assistance, or simply shared their life stories and discussed their problems and difficulties. A few said this interaction had given them some level of support and comfort, and that at times they have felt solidarity and a sense of not being alone.

Effects on state-citizen relations

Against the backdrop of the political situation in the Gaza Strip, discussions around state-citizen interactions are problematic. A key issue is that, since 2007, the Hamas *de facto* authorities carrying out government-like functions and control of the Gaza Strip are non-state actors. As highlighted above, the PNCTP was unanimously understood to be managed and delivered by the PA in Ramallah, with international donors funding support. The discussion here will therefore focus on evidence of effects of the PNCTP on cohesion and state-building, with reference only to the PA.

The fact that the PNCTP was seen by all as managed by MoSA and run by the PA in Ramallah, despite the existence of a parallel MoSA run by Hamas authorities in Gaza, is in itself an indication that the PA continues to retain a certain level of influence in Gaza. Other than this, however, it is difficult to see substantial evidence of the positive or negative effects of the PNCTP on state-citizen relations or contract.

A key issue is that, as already discussed, the PNCTP was overwhelmingly seen as humanitarian assistance, to which Gazans have become increasingly accustomed, rather than as an important part of the Palestinian social protection system. With reference to the PA and the PNCTP, during a focus group discussion with beneficiaries aged more than 45 years in Beit Lahia, one man hesitantly stated that '*the government must take care of its citizen.*' Interestingly, no other participant agreed with him and the discussion continued to be focused largely on PNCTP payments as charity or a donation. In addition, the overwhelming majority of respondents expressed appreciation for the PNCTP, but their words of appreciation or gratitude were mostly directed towards the EU or to God in general, rather than to the PA or MoSA.

Debates around the state's responsibility and obligations to protect citizens against declining living standards, or around the right of citizens to social assistance, appeared not to be fully appreciated by respondents. Interestingly, local researchers also noted that the term citizenship (*mwuatana*) was not clear to or understood by most respondents, not only beneficiaries and non-beneficiaries, but also local key informants. The concept of citizenship often had to be unpacked and issues of rights and responsibilities explained. While for some this concept remained fuzzy or ambiguous, in general there was recognition that the PA was indeed the institution responsible for Palestinian citizens. However, in light of the ongoing occupation and internal political divisions, its ability to fulfil its duties and obligations and simply function as a state authority was often questioned.

Perceptions of negative effects

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

Individual level effects

There was general recognition that over the past ten years Gazans have become more dependent on assistance and less and less self-reliant as a direct result of the increasingly stringent restrictions imposed on the Strip by Israel. As discussed above, in critical times social assistance transfers have been vital sources of support for most of the population. However, there were also serious concerns that recipients might forego (the limited) job opportunities available in Gaza for fear of losing entitlements to assistance. A representative of an INGO interviewed for this study, for example, noted that people increasingly expect or think they deserve assistance. For instance, newly married young couples who are just starting their lives and families together may be inclined to seeking assistance rather than employment.

Two respondents described the PNCTP as a 'salary'. A 26-year-old son of a FHH beneficiary in Rafah stated, 'we have salary like the employees.' And a 44-year-old divorced woman in Beit Lahia similarly indicated, 'I feel as an employee who receives the salary.' While beneficiaries used these sentences to describe the positive effects of the PNCTP on their lives, and particularly to highlight the reliability of the PNCTP, the use of the term salary, especially by an able-bodied young man, may denote a certain propensity for some to view assistance as continuous and long term, and a surrogate for employment.

As the examples below show, some PNCTP beneficiaries have also declined short-term or informal job opportunities. During a focus group discussion in Rafah, a FHH aged less than 45 years explained:

'I have worked at an NGO job creation programme for three months. I received a monthly salary of 1,000 NIS (\$261). I have been offered work for another three months but I refused because people, NGOs and CBOs all stopped providing me with assistance.'

A divorced woman aged less than 45 years in Rafah explained why she turned down a job opportunity at an informal nursery established by hospital employees:

'I have been offered a job in a nursery for 700 NIS (\$182) a month paid by hospital employees. But then I thought, if I accept the job I will lose the cash from the PNCTP, and no CBO, NGO or even people will help me as they do now. All people will think is that I am fine with the job and the salary.'

That said, the high volatility of the economy and labour market was also taken into account by the above respondents and others when considering potential job opportunities. For many, feelings of insecurity with regards to stability of employment and the absence of a vibrant employment market also played an important role in deciding whether to take up jobs rather than continue with PNCTP assistance, which was ultimately considered more reliable and ongoing. As highlighted in Section 5, several respondents, including FHHs, also wished to take up employment opportunities. Some pointed to their capacity and willingness to make an independent living, particularly if restrictions on the economy and labour market were lifted, and said they would prefer jobs to be available, rather than assistance. During one community exercise in Beit Lahia, one woman stated: '*We are losing our dignity. I wish all support ends and we have jobs instead.*'

Intra-household effects

A number of respondents identified tensions within their immediate and extended families as a result of the new source of income. The term 'envy' was frequently used, particularly by FHHs to indicate how their relatives felt towards them as beneficiaries of the PNCTP. In Beit Lahia, a 49-year-old widow angrily said that her brother-in-law is 'jealous' when he sees her receiving aid from different sources. In her own words, '*They [referring to her family members] not only do not show compassion [referring to both moral and material support] but they wish that what compassion I receive also stops.*'

Effects on community relations

Intra-household effects described above also spilled into community relations. The majority of respondents identified resentments, or 'envy' both among beneficiaries and within the community more broadly as an important negative effect of the PNCTP. Respondents explained that community members '*start to ask and investigate about each other*', in order to know who is a PNCTP beneficiary and who is not, and why. Non-beneficiaries were at times described as being envious of beneficiaries. There were also assumptions that being a PNCTP beneficiary would automatically translate into being well-off. As one FHH beneficiary aged less than 45 years explained during a focus group discussion in Beit Lahia:

'Sometimes people invite themselves to lunch at my home thinking I have lots of money!'

Perceived inequities around cash transfer amounts and how they are calculated, as highlighted above and particularly in relation to the lack of proportional allocation of cash on the basis of number of family members, were also fuelling resentment among beneficiaries. Refugee and non-refugee perceptions of their wealth status have been discussed in Section 7.1.3 above. In addition, there were also repeated complaints regarding changes in the delivery of food assistance following the launch of the PNCTP. As highlighted in Section 6.2.4 above, UNRWA and MoSA are coordinating in an effort to address duplication of food assistance. PNCTP beneficiaries who are also UNRWA-registered refugees receive food assistance from UNRWA, while non-refugees are covered by MoSA. Differences in terms of the quality and quantity of UNRWA and MoSA food parcels were frequently highlighted, with the latter frequently perceived as better, providing a wider variety of good quality food items. In some cases, this was contributing to resentment. During a focus group discussion in Beit Lahia, a FHH refugee aged more than 45 years stated angrily: '*They [MoSA] cut the food rations from refugees to give it to non-refugees who own land and valuable properties.*'

All respondents and key informants agreed that discontent in the community was not escalating into overt clashes or violence. This is certainly positive. While the findings of this study did not point to substantial negative impacts on social cohesion as a direct outcome of the cash transfer, the lingering resentment described above should nonetheless be taken into account by MoSA policy-makers and development partners. As far as is possible it should be addressed through improved communication with beneficiaries

about programme functioning and targeting criteria – particularly in light of the increasingly fragmented social space and decreased levels of social cohesion that local communities are experiencing. These are linked to the cumulative effects of occupation, violence, internal political divisions and general impoverishment as discussed in Section 7 above.

9 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 (Goldring et al., 2007). As discussed in Section 2, the role 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, the provision of social protection provides a space to transform the social relationships that generate the poverty and vulnerabilities they are addressing. And in this vein, participatory components of programme governance and accountability can provide opportunities for social groups that 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 systems can not only ensure that people are able to claim their rights and are included in decision-making about intervention reforms and roll-out processes, but also enhance 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 promises about provision of social security embedded with social protection strategies and policies. 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 in relation to 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 cash transfer programme.

9.1 Mechanisms to promote citizens' rights

Social accountability mechanisms have emerged in practical support of the state-citizen social contract, in particular in balancing 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 the focus is on three key mechanisms and the extent to which they have been effectively implemented in Gaza: grievance mechanisms; channels for ongoing feedback about programme roll out; and participatory mechanisms.

Grievance mechanisms

As discussed in Section 6 on programme mechanics, an appeal committee has been established in Gaza to deal with complaints raised by households affected by a reduction in the amount of the cash transfer. The findings of this study indicate that beneficiaries either largely ignored the existence of this grievance channel or found it unhelpful. Several beneficiaries did not know about the appeal committee and its functioning (as highlighted in Section 6 above, its work is not systematised and organised) and were under the impression that the complaint mechanism essentially consisted of merely writing down their names on a list, which is then passed on to social workers to carry out home visits. Some merely opted for accepting the situation and preferred not to lodge a complaint, fearing that it would lead to withdrawal of assistance. During focus-group discussions in both sites, seven respondents stated that raising a complaint – verbal or written- is not useful. Six said that they were not aware they could complain or that there was a complaint mechanism in place and two expressed fear that complaining could lead to withdrawal of PNCTP assistance. Only one said that he/she did not have a reason to complain.

Among those who mentioned that lodging a complaint is not useful, either because they had tried it themselves or had heard others who did, four said that it had to do with the split between MoSA in Ramallah and MoSA in Gaza and with contradictory information they were given from both sides. Those who had tried to raise a complaint at MoSA Gaza were told they had to contact MoSA in Ramallah, which was responsible for the ultimate decision. Reportedly, however, when they called Ramallah many were told they should follow up with MoSA in Gaza. As a 49-year-old man in Beit Lahia explained:

'When they reduced the amount of my cash transfer from 1,000 to 750 NIS, I wrote a complaint to MoSA Gaza. When I followed up with them they said that they hadn't received the complaint and told me that the problem is in Ramallah. I called MoSA in Ramallah and I was told the problem was in Gaza. Basically, both sides didn't hear from me and I gave up.'

This was also echoed by a FHH aged less than 45 years during a focus group discussion in Beit Lahia:

'Whenever we ask them [MoSA Gaza] about something or complain about any delay, they always tell us that is from Ramallah [sic].'

During fieldwork discussions, there were frequent mentions, either directly or indirectly, that social workers could be in a position to manipulate information when filling up the Verification Forms to block the enrolment of a potential beneficiary, withdraw assistance from existing ones, or reduce the amount of cash. This interference was clearly seen as compromising a fair and independent complaint mechanism and was the reason why some were under the impression that raising a complaint would be worthless. In the words of an ex-beneficiary 55- year-old man in Beit Lahia who had been recently phased out of the PNCTP:

'How can one raise a complaint against the judge?'

Channels for on-going feedback

Besides the above grievance mechanism – which is in dire need of systemisation and an expansion of its role and functions – there are very limited opportunities for beneficiaries to provide ongoing feedback about programme experiences. Some mentioned that occasionally they have tried to raise concerns and question social workers during field visits or at MoSA offices, but many – as discussed in Section 7 – did not receive satisfactory answers. While there is supposed to be a suggestion box in each MoSA office, only a handful of beneficiaries said they had seen them, and during a structured observation in the MoSA office in Rafah, no complaint box was seen. Among those who said they had seen complaint boxes, some noted that they were placed more *'for decoration'* than for collecting and meaningfully acting on beneficiaries' feedback.

Participatory mechanisms

Although, in the context of the Arab Spring, MoSA senior officials in Ramallah in particular are acutely aware of the importance of listening to citizen feedback, to date there have been no initiatives to involve programme beneficiaries in monitoring and evaluation processes. No respondent mentioned having joined any PNCTP assessment or evaluation before. Overall, there was general appreciation for taking part in this study. Many beneficiaries in both Rafah and Beit Lahia were visibly satisfied with the opportunity to express their opinions and experiences, and added that they wished to be able to do so more often and in a more systematised way.

Many also expressed their strong desire to be more involved in the programme at different levels, in M&E, providing ongoing feedback, and also contributing to assessing eligibility and targeting. Some beneficiaries suggested the establishment of an independent committee, with membership drawn from community members and beneficiaries, precisely to carry out these functions and ultimately enhance participation and accountability.

As discussed in Section 6, the establishment of a social protection committee was part of the design of the PNCTP to complement the objective investigation of the PMTF but has never been implemented in Gaza. The establishment of such committees which could be involved in the targeting, verification, monitoring of the PNCTP however should remain high in the agenda of MoSA, particularly in light of the 'remote management' arrangement of the PNCTP in Gaza and to complement the objective investigation currently carried out through the PMTF in Ramallah with a subjective investigation on the ground. At the same time, adequate checks and balances should be in place to minimise potential for clientelism. Other I/NGOs in Gaza, such as

CHF International, have created similar committees, as illustrated in Box 8 below. MoSA could draw and build on existing experiences in this regard.

Box 8: Beneficiaries' units

CHF International provides food assistance to non-refugees in Gaza, focusing on FHHs, families with a large number of females, and elderly parents. CHF International has not been able to establish new local committees since the *de facto* authorities requested that CHF deal only with municipality committees – which comprise members affiliated with Hamas. As the no contact policy of the donor (USAID) strictly prohibits engagement with these committees, CHF decided instead to establish so-called Beneficiaries' Assistance Units in each neighbourhood where CHF operates. Membership of these units comprises community leaders and other people well-known in the community. Half of the members are women, who are in charge of a wide range of activities including receiving complaints from other beneficiaries, conducting home visits, distributing food vouchers, and verifying the welfare status of applicants and existing beneficiaries.

9.2 Citizen responsibilities

Turning now to the responsibility side of the accountability equation, this last section discusses beneficiaries' views about programme conditionalities.

Beneficiaries' views towards conditionalities

All beneficiaries stated unanimously that they would not like any condition attached to the PNCTP. All placed a high value on the ability to freely decide how to use the cash transfer and prioritise essential needs as they felt appropriate. However, rather than an imposition of conditions, the great majority stated that they welcome awareness sessions and training.

A number of training courses and awareness sessions for FHHs were frequently mentioned, including: management training – to learn how to better prioritise household expenses and manage the cash transfer; general health awareness sessions and first aid courses – given ongoing conflict, violence and ever-present physical threats; parenting skills training – especially how to better manage their relationships with adolescent sons and daughters. Many FHHs also added that they would value the opportunity to talk about their problems with social workers during home visits and would be open to advice and suggestions on the above topics, as well as general advice.

Overall, fieldwork discussions were concentrated predominantly around beneficiaries' civic rights in relation to the PNCTP and also on violations of a range of other rights, largely as a result of the protracted political situation and ongoing blockade. Similarly, arguments around loss of dignity were also frequently mentioned by women and men alike. At the same time, however, a discourse on citizen responsibilities, or reflections on what beneficiaries could proactively do to improve their situation and income prospects, were very weak and largely limited to some respondents expressing their willingness to work, should more job opportunities be in place. This is perhaps not surprising in light of the protracted political and humanitarian crisis that has enveloped Gaza for years, and obvious concerns around increased dependency on social and relief assistance of the population. A sense of resignation to the situation was often palpable during discussion and, as outlined in Section 7, respondents often mentioned '*practising patience*' as a coping strategy to endure, rather than attempting – to the extent possible given the prevailing constraint and limited opportunities – to more actively engage with the situation. This is perhaps worth reflecting on if awareness-raising and behaviour change communication components are introduced into the programme, as they have been in some cash transfer programmes in other regions.

10 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 Gaza (see Figure 2, Section 2). For the chronically poor and most vulnerable people, whose numbers continue to expand, political change – particularly 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 (see Hickey and Bracking, 2005: 851). Today, the ability of most Gazans to make strategic life choices and lead empowered lives remains severely constrained by deliberate de-developmental policies, man-made barriers to mobility, and recurring violence and insecurity, which are key drivers of the increasingly stagnating economy and highly constrained job opportunities; dwindling resources, assets and skills base; and rising psychosocial ill-being.

In addition to these factors, female-headed households (FHHs) – the focus of this qualitative research survey – are also confronted with deeply rooted gender perceptions, norms and expectations that permeate every aspect of their lives. Many are prevented from exercising their rights to freedom of movement, choosing if and who to remarry, taking up paid work outside the home, and exercising their agency more broadly in terms of making the best life choices for themselves and their children.

Overall, our findings have highlighted that the National Palestinian Cash Transfer Programme (PNCTP) is recognised by beneficiaries as an important component of their coping repertoires and that, especially for FHHs, it is often the primary source of support. As we have argued, there are also a number of important features of the PNCPT design that 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 register/computerised database for all programme beneficiaries that has the potential to be shared at all levels and across agencies; the establishment of a poverty-focused targeting mechanism that has been evaluated to show a good level of inclusion of extremely poor people; and the twinning of cash transfers with other forms of social assistance, including food aid, basic service fee waivers and social health insurance coverage. These are all programme features that other developing countries involved in rolling out cash transfer programmes often aspire to and constitute a solid social protection infrastructure.

This said, our participatory research study 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 multi-dimensionality of poverty and vulnerability; improve the effective deployment of human resources involved in programme implementation; and strengthen community involvement in programme decision-making, especially in relation to programme governance, accountability and M&E. Against this backdrop, we have developed a table of evidence-informed policy and programming recommendations for MoSA, development partners and NGOs that we believe would do much to maximise the PNCTP's impact, not only in tackling individual and household-level poverty and vulnerability but also in strengthening social cohesion and state-citizen relations (see Table 7 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 6. 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 Annex 7 for a list of key differences). Overall, it should be emphasised that Gazan programme decision-makers and implementers should be involved as much as possible in any 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 7: 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 reduce burnout due to excessive caseloads</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 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	Develop systematic linkages with universities and NGOs working in the social sciences, and human rights and development organisations, to support related training and outreach programmes.

		<p>targeting mechanisms.</p> <p>This cadre could be developed from recent social worker graduates and serve as a stepping stone into the profession.</p>	
<i>Establish, strengthen and expand the role of inter-agency social protection committees</i>	<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</p>		

	could be involved in key activities including targeting, as well as general programme satisfaction issues and opportunities for synergies with other community-based programmes.		
<i>Take steps to reduce inclusion errors in a context of high resource scarcity</i>		<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>
<i>Expedite processing time and streamline support documentation procedures</i>		<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 documents (e.g. school enrolment, divorce certificate, etc.), including strengthening coordination with relevant ministries and other institutions (e.g. Ministry of Education, courts, etc.).</p>	<p>Streamline documentation requirements, which are excessively time-consuming for potential applicants, including providing online registration options (see also recommendation below).</p>

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 programme</i>	Provide training as soon as possible so that social workers understand the strengths and weaknesses of the PMTF and their role 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	Maintain regular training programme.	Develop a human resource development policy with a transparent and fair incentive scheme that rewards hard work and high-performing social workers and staff.

	<p>national and district levels.</p>		
	<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>		
	<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.</p>	<p>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.</p>	

		<p>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.</p>	<p>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).</p>
		<p>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.</p>	
		<p>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 protocols should be considered as part of this support.</p>	<p>Develop an online resource for social workers involved in the programme, enabling them to provide mutual support, and share information, experiences and expertise.</p>

<p><i>Invest in awareness-raising about the programme and opportunities for synergies across other government agencies</i></p>	<p>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.</p>		<p>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.</p>
4. CITIZEN AWARENESS-RAISING			
Area of intervention	Quick wins	Shorter-term actions	Longer-term actions
<p><i>Invest in communication and awareness-raising efforts with programme beneficiaries and wider communities</i></p>	<p>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).</p>		<p>Facilitate regular beneficiary discussion forums to promote information exchange and to solicit beneficiary views and feedback about the programme.</p>
		<p>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.</p>	

		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.	
<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>	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.		Build an accountability and governance system that guides, audits and controls the work of different stakeholders involved in targeting eligible people. 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 <i>Bolsa Familia</i> cash transfer initiative and the roll-out of Chile's social health insurance scheme.
<i>Strengthen citizen grievance procedures</i>	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. 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.		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. Link the computerised system with all relevant departments at MoSA to maximise human resource use and improve effectiveness of responses to grievances.
<i>Introduce citizen programme feedback channels</i>	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		Provide annual feedback on suggestions given and how these were addressed through programme newsletters distributed with cash payments.

	<p>for beneficiaries to give feedback on the performance of their social worker.</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 listserve 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>		
	<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.</p>		

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>	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>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>
		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>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 vulnerability.</p>
		Strengthen linkages to economic empowerment programmes for women, including initiatives such as the Deprived families Economic Empowerment Programme (DEEP ¹⁷), as well as the provision of	<p>Support the development of government-subsidised childcare services run as micro-enterprises by local women (following the Mexican <i>Estancias</i> model) to facilitate</p>

¹⁷ 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).

		affordable childcare services for mothers with young children.	women's entry into the paid workforce and also to create jobs for women.
		<p>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.</p> <p>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.</p>	
		Provide legal support for women especially in relation to intra-household violence, child support and child custody.	
<i>Develop employment counselling units within MoSA to support beneficiaries to supplement their income and gradually exit from the programme</i>		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.	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.
<i>Develop and implement tailored social assistance and social services to people with disabilities and the chronically ill</i>		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.	
<i>Develop and promote the uptake of psychosocial support services</i>		<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 such support.</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>
<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>		<p>Such spaces could serve several functions:</p> <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. 	<p>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.</p>
<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>		<p>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.</p>	

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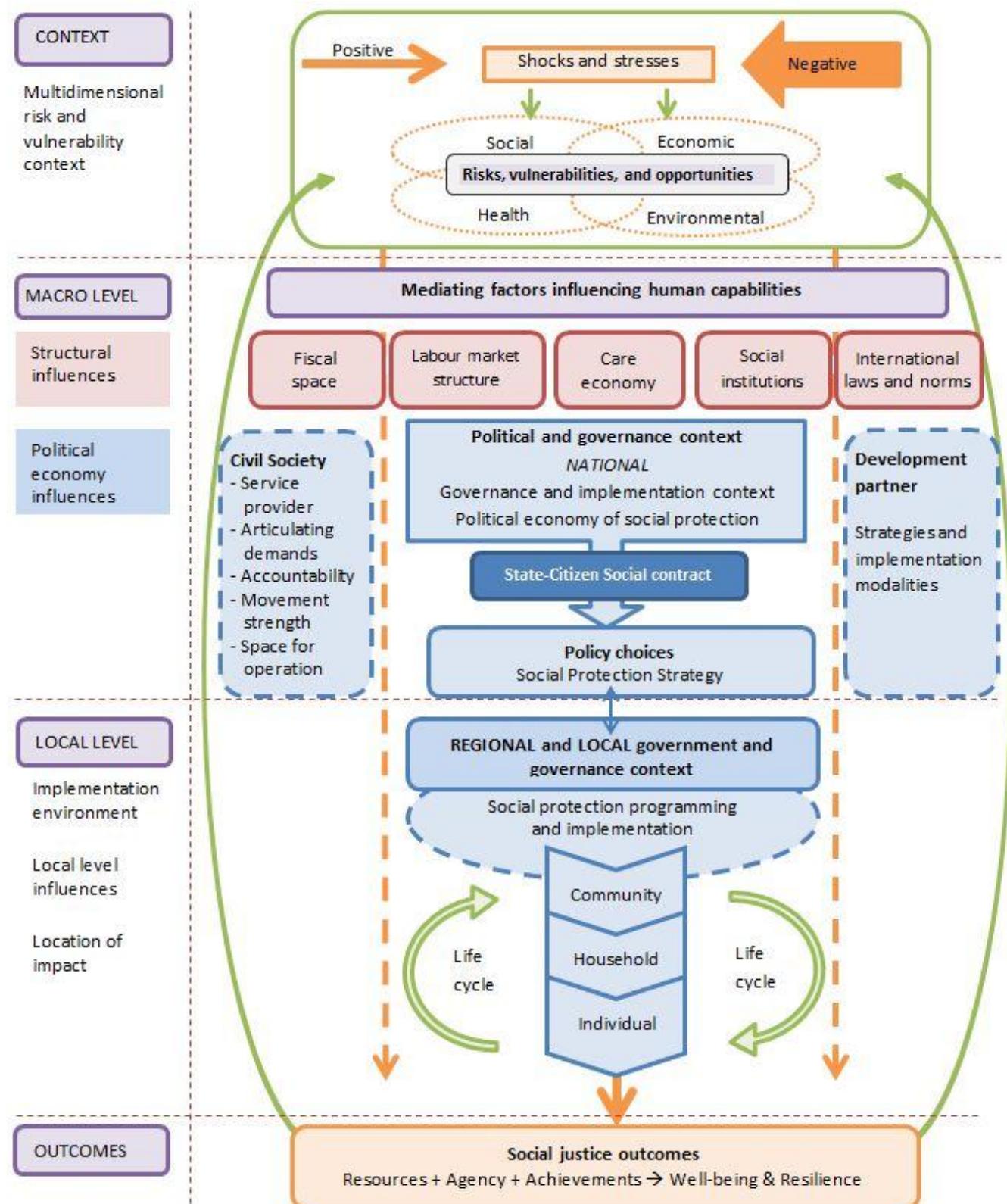
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Annexes

Annex 1 Complete Conceptual Framework Diagram



Annex 2 Methodology

Research team

The research team for this study comprised one country principal investigator (CPI) from Gaza and one international country support lead (ICSL), both with in-depth contextual and subject knowledge, and five local researchers, comprising three women and two men, two from the Rafah area and one from Beit Lahia. Local researchers were selected because of their background, in-depth knowledge of the local context and connections with local communities. All members of the research team had extensive experience in conducting qualitative research and programme evaluations in Gaza. Two members of the team hold a PhD and the rest hold Master degrees.

Data processing and analysis

All research tools were audio-recorded (except for two key informant interviewees who did not give consent) and transcribed into English. In addition, after each fieldwork discussion local researchers filled in a reporting template to capture important themes, illuminating quotes, summaries of discussion, points to follow up, etc. These were then collated in a daily report compiled by the CPI and shared with the ICSL.

Upon completion of primary data collection in early September 2012, the research team took part in a two-and-a-half day debrief workshop which was co-led by the ICSL and CPI on the first day and led by the CPI on the second (because of security concerns the ICSL had to leave Gaza a day early). During the debrief workshop, team members conducted a preliminary analysis of the fieldwork findings. In particular, key topics, arguments, linkages, contradictions etc. that had emerged under each thematic area of the study were discussed using daily reports, audio-recorded material, session transcripts, and researchers' general observations and remarks. All these were captured in a table which formed the first step of the analysis. Subsequently the local research team, with guidance and supervision of the CPI, unpacked each transcript to extract key issues, remarks and quotes for each thematic area of study, which were then collated in an excel sheet which has been used as a key reference in the writing of this report.

Annex 3 Distribution of NPCTP beneficiaries and non-beneficiaries interviewed (other than key informant interviews) by key variables

Variables		No.	%
Site	Beit Lahia	67	51.9
	Rafah	62	48.1
Distribution by type of tools used	Focus group discussions	74	57.4
	In-depth interviews	24	18.6
	Community tools	23	17.8
	Life histories	4	3.1
	Case studies	4	3.1
FHHs	Yes	81	62.8
	No	48	37.2
Relatives of FHHs	Yes	85	65.9
	No	44	34.1
Age groups	Less than 35 years old	34	26.4
	36–45 years old	36	27.9
	More than 45 years old	59	45.7
Gender	Male	30	23.3
	Female	99	76.7
Education level	Illiterate	15	10.1
	Elementary	33	17.1
	Preparatory	33	25.6
	Secondary	35	27.1
	University graduate	26	20.2
Marital status	Married	40	31
	Divorced	17	13.2
	Widow/er	67	52
	Unmarried	5	3.9
Refugee status	Refugee	67	51.9
	Non-refugee	62	48.1
Status	NPCTP beneficiary	102	79.1
	Non-NPCTP beneficiary	27	20.9
Length of NPCTP membership	Less than one year	30	30.3
	2–5 years	32	32.3
	6–10 years	23	23.2
	More than 10 years	14	14.1
Presence of disability in the household	Yes	21	16.3
	No	108	83.7

Annex 4 NPCTP beneficiary households in North Gaza and Rafah governorates from 2004 to September 2012 (MoSA, 2012)

	North Gaza governorate	Rafah governorate
Number of NPCTP beneficiaries in 2004	3,758	2,523
Number of NPCTP beneficiaries in 2005	4,168	2,712
Number of NPCTP beneficiaries in 2006	4,406	2,821
Number of NPCTP beneficiaries in 2007	4,653	2,975
Number of NPCTP beneficiaries in 2008	5,880	3,806
Number of NPCTP beneficiaries in 2009	6,474	4,784
Number of NPCTP beneficiaries in 2010	6,286	4,685
Number of NPCTP beneficiaries in 2011	9,411	6,897
Number of NPCTP beneficiaries in 2012	9,913	7,408
Total number of applicants	11,858	8,937
Total number of beneficiaries	9,913	7,408
Total number of beneficiaries receiving food assistance	4,600	2,222
Total number of beneficiaries receiving health insurance	5,400	4,225
Total number of beneficiaries supported by EU	7,819	5,827
Total number of beneficiaries supported by World Bank	859	434
Total number of beneficiaries supported by MoSA	1,235	1,147
Total number of beneficiaries with a disabled person in the household	1,397	1,056
Total number of beneficiary FHHs	3,959	3,231
Total number of UNRWA-registered refugees	6,139	5,776
Total number of eligible applicants on waiting list	2,700	1,750
Total number of applicants rejected	1,219	611
Total number of beneficiaries put forward for withdrawal of assistance	344	274
Number of people who left the programme for other reasons (Ministry of Finance decision or death)	107	90

Annex 5 Selected indicators in North Gaza and Rafah governorates, and the Gaza Strip (PCBS, 2012)

Indicators	North Gaza Governorate	Rafah Governorate	Gaza Strip
Total area in km²	61	64	365
Total population in mid-2012	322,126	202,777	1,644,293
Population density per km² in 2012	5,281	3,168	4,504
Average refugee population	69%	87.3%	66%
Median age at marriage for females in 2008	19.1	20.2	19.0
Illiteracy rate	5.4%	5.6%	4.5%
Average household size	6.7	6.5	6.3
Registered marriages	3,126	1,946	
Registered divorced	526	322	
Number of primary and secondary schools	118	79	
Average number of pupils per class	37.4	37.45	
Number of health care facilities	35	20	
Average housing density	1.9	1.8	
Participation in labour force	37.9%	39.9%	38.4%
Total unemployment rate	28.5%	33.0%	28.0%
Female unemployment rate	43.1%	46.9	44.0%
Female participation in labour force	11.3%	16.4%	12.4%
Agricultural holdings (animals, plant and mixed (2010)	4,807	3,529	20,402
Poverty rate in 2010	34.6%	34.1%	38.0%
Poverty gap in 2010	7.8%	7.8%	10.3%
Severe poverty	2.7%	2.4%	3.9%
Deep poverty	16.1%	17.0%	23.0%
Agricultural land in km² in 2008	14.3	17.4	
Percentage of cultivated land from total area (2010)	21%	20.8%	20.6%
Agriculture production value in \$1,000	33,010	66,418	

Annex 6 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 action, 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. The programme implementation agency is 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; 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 (CCT) 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. However, unlike many other CCT schemes that feature strong centralised implementations, 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 that 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 that 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 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 the 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 publicly 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, 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 programmes 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 a high density of Iraqi refugees was reported. Together with I/NGOs and local organisations, UNHCR is running several community centres in Amman, Damascus and Beirut, which are open 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 and libraries), information, psychosocial counselling and support. They can also 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. The centres also promote community cohesion and thus contribute to changing the host community's perception of 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, including changes in gender, employment, and familial roles which had often lead to increased 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 that provides quantitative feedback on user perceptions towards the quality and impact of public services, a process that 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 three to six

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, 2012e; World Bank, 2012f; and World Bank, 2003

Annex 7 Key differences between Gaza and the West Bank emerging from Beneficiary and Community Perception Study on the Palestinian National Cash Transfer Programme

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 the result of blockade, internal political division between Fateh-Hamas, and 'no contact policy' of international donors	Ongoing occupation limits political stability and possibilities for economic and social development
Poverty and vulnerability experiences	<p>Higher poverty and unemployment levels widespread throughout the Strip</p> <p>Poverty and desperation increasingly pushing boys, young and adult men to engage in risky livelihood strategies (e.g. in the 'tunnel industry')</p> <p>Higher reliance on relief and social assistance</p> <p>Worse disability and health indicators</p> <p>Geographical vulnerability: border areas (Rafah and Beit Lahia) vulnerable to large-scale Israeli military operations and incursions</p> <p>Environmental vulnerability, deteriorating infrastructure and basic services facilities (e.g. electricity, health and education)</p> <p>Psychosocial vulnerability linked to cumulative effects of recurrent conflict,</p>	<p>Overall poverty levels lower than Gaza, though Palestinians living in Area C affected by the separation wall. Remote areas also have high levels of poverty</p> <p>Divorced women, like widows, face greater vulnerability compared to other kinds of FHHs and widows face greater vulnerability compared to those who are married</p> <p>FHHs who are older, with disability or chronic diseases, or with mentally challenged children, face greater vulnerability than younger ones</p> <p>Bedouins face continuous threats of forced resettlement and demolitions, loss of livelihood, lack of institutional support and higher level of illiteracy (than others in West Bank)</p> <p>Families with chronic diseases and older parents with low or no source of income with children enrolled in universities and schools</p>

	<p>ongoing isolation, rising poverty levels</p> <p>Widespread perceptions of poverty as linked to overarching political situation and ongoing blockade</p> <p>More conservative social context, with particular implications for women's labour force participation and mobility</p>	Families with mentally challenged children.
	<p>Higher population density throughout, particularly in refugee camps. High percentage of refugees.</p> <p>Larger average family size</p>	<p>Some camps as crowded but much less so 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> <p>Inter-agency social protection committees do not exist</p> <p>Appeals committee established by MoSA Gaza</p> <p>Recent introduction of pre-conditions for enrolment (e.g. no income, large family size)</p> <p>Cash distribution through payment slips and collection at banks rather than directly to beneficiaries' bank accounts</p>	<p>Functioning grievance system – although with imperfections</p> <p>Social protection networks exist although 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 on more of an <i>ad hoc</i> basis and not governed effectively</p>
Targeting appropriateness	<p>Heavy reliance on PMTF to determine eligibility and retention of programme membership. However, ability of PMTF to provide reliable estimate of beneficiaries' welfare is questionable</p> <p>Information is not cross-checked/further verified (e.g. through inter-agency social protection committees) with PMTF run in Ramallah</p> <p>PMTF variables not tailored to Gaza-specific context (e.g. larger family size, shorter distances)</p> <p>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>	<p>PMTF is used. New poor have more opportunity to be included in the cash transfer</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 is eligible, especially those cases not captured by PMTF after verifying their conditions</p>
Beneficiary programme experiences		<p>Complaints are more attended to since beneficiaries have more access, although people complain about the lack of adequate response</p>
	<p>Poverty is widespread and receiving assistance perceived to be not or less stigmatising.</p>	In general stigma is high, especially in urban or semi-urban and economically better off areas like Ramallah. In these areas people

		feel more stigmatised compared to those in camps
	PNCTP widely perceived as vital safety net, especially with regard to affordability of basic education and health services.	More positive impacts on community relations in West Bank – in terms of ‘the spark that got us talking’.
	PNCTP, particularly among refugee beneficiaries, widely perceived as palliative, as compensation for ongoing occupation, the siege, and unresolved political question	Less critical of the cash transfer approach, and see it as significant but small complement to limited resources, 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 is higher than in West Bank	Caseload still unmanageably
	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 PNCTP and other areas/modules as a result of internal division and ‘no contact’ international donors’ policy	Capacity-building activities exist but require linkage with strategic directions and remain dependent on donors’ support
	Limited logistic support (communication – mobile phones, computers, transport, etc.)	Logistic support is more readily available but not enough to cope with the high demand on social workers
Programme governance	Political and territorial divisions between Ramallah and Gaza and establishment of parallel MoSA institution in Gaza have significant repercussions on governance	Role of social workers is more of routine with focus on data collection and contradicts with their original role in providing social and psychological support
	Human resources (most of previous social workforce still not operative)	Feedback mechanisms are weak from the centre to districts and social workers are not informed as to why applicants are included and others are excluded
	Poor, <i>ad hoc</i> coordination between MoSA Ramallah and MoSA Gaza and among agencies implementing social assistance more generally due to politicised context	
	Limited flow of information/communications at different levels	