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CASH TRANSFERS

BRIEFING

Holding cash transfers to account

Beneficiary and community perspectives

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Our research aimed to explore the perceptions of cash transfer programme beneficiaries, implementers, and other community members, in order to ensure their views are better reflected in policy and programming.

Introduction

Key messages

- **Cash transfers are not only critical to meet basic consumption costs but are also key to increasing people's sense of self-worth, dignity and control over their lives. Within households, cash transfers can affect power dynamics and at community level, they can promote social cohesion.**
- **Beneficiary and community voices highlighted some key implementation challenges, including targeting flaws, payment delays, inadequate grievance channels, and the need to strengthen links with complementary services. These findings both reinforce and provide additional insights to those from mainstream quantitative monitoring evaluation approaches; and together they can be most effective in improving policy and programming.**
- **Key policy recommendations for better governance, transparency and accountability include the need to:**
  - **adequately plan and cost capacity building for programme implementers,**
  - **invest in citizen awareness-raising and communications, and**
  - **institutionalise spaces for interaction between beneficiaries and programme implementers, including participatory monitoring and evaluation processes.**

In the context of the ongoing global financial crisis and in light of discussions around international development goals post-2015, social protection is increasingly seen as essential. Distinct from safety nets, social protection aims not only to tackle rising levels of risk and vulnerability, but also to promote social justice, of which social inclusion is an integral part (Devereux et al., 2011). Cash transfers (CTs) are one of the most widely favoured social protection instruments, as they have proved to be effective in enhancing and smoothing household consumption and increasing uptake of basic services at scale across a wide range of developing countries. Yet despite their generally positive results (World Bank, 2009; DFID, 2011), there is a relative dearth of evidence as to general programming impacts on intra-household, community and citizenship dynamics, as well as specific impacts on marginalised social groups such as women, young people, older people, and people with disabilities (Jones and Shahrokh, 2013).

There is also a growing consensus among analysts and programme implementers that the positive impacts of cash transfers could be further enhanced by paying greater attention to beneficiary perceptions and experiences of cash transfer programme participation (DFID, 2011). This line of thinking underpins recent donor and government interest in greater beneficiary participation in programme monitoring and evaluation (M&E) as a means to strengthen programme effectiveness and accountability for vulnerable groups and populations, and in turn state-citizen relations.

This briefing paper synthesises findings from a multi-country study on the micro-level impacts of unconditional cash transfer programmes in five countries in the Middle East and North Africa (MENA) region and in sub-Saharan Africa:

- the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) programme in Kenya
- the Basic Social Subsidy Programme (PSSB) in Mozambique
- the Palestinian National Cash Transfer Programme (PNCTP) in Gaza and the West Bank, Occupied Palestinian Territories (OPT)
- the Senior Citizen Grant (SCG), part of the Social Assistance Grants for Empowerment (SAGE) programme in Uganda
- the Social Welfare Fund (SWF) in Yemen.

(See Table 1 for details)

Our analysis is based on qualitative and participatory research findings. Our starting point was that it is critical to understand not only the impact of cash transfers on reducing household economic deprivation and human capital deficits (which has been the primary focus of mainstream quantitative impact evaluations to date), but also the role such programmes play in tackling psychosocial and social vulnerabilities and inequalities at household and community levels, including changes in the power dynamics between citizens and the state.

Table 1: Overview of unconditional cash transfer programmes in the study

Country	OPT		Yemen	Kenya	Mozambique	Uganda
	West Bank	Gaza				
Name	Palestinian National Cash Transfer Programme (PNCTP)		Social Welfare Fund (SWF)	Cash Transfer for Orphans and Vulnerable Children (CT-OVC)	Basic Social Subsidy Programme (PSSB)	Senior Citizen Grant (SCG)
Start date	2010	2011	1996	2009	1992	2011
Transfer amount and frequency	Between NIS 750 -1,800 ($195-$468) per household, per month. Paid quarterly.		YER 1,000 ($5) per beneficiary, plus YER 200 for each household dependant, up to a max. of YER 2,000 ($10) per month. Paid quarterly.	KSh 4,000 ($48) per household, per two months. Paid every two months.	Mzn 130-380 (approx. $4.5-$13) per household, per month. Paid monthly.	UGX 24,000 ($8.70) per individual, per month. Paid monthly.
Target group	**Extremely poor households** with specific consideration to female-headed households, older people, the chronically ill and people with a disability.		**Range of vulnerable groups** – older people, orphans, women with no caretaker (divorced and widowed), people with a disability, older people and female-headed households, and families missing a household head.	**Extremely poor households** supporting at least one OVC under 18 and not receiving benefits under a similar scheme.	**Permanently labour constrained households** that are extremely poor.	**People aged 65 years and above** (60 and above in Karamoja) in rural areas.
Payment mechanism	Bank account	Payment slip – collected and exchanged at bank or MoSA	Post office, bank account or cash from mobile cashiers	Post office	Cash	MTN Mobile Money account
Recipient	Paid to the household representative accepted as a beneficiary of the PNCTP.		Official beneficiary (frequently, when the targeted individual is not the household head, it is the latter whose name is included on the beneficiary list and therefore receives the payment).	The head of the household, though households can nominate an alternative recipient.	The head of the household, though households can nominate an alternative recipient.	Beneficiary
Coverage	Approx. 99,000 households	Approx. 48,000 households	Approx. 1,000,000 households	Approx. 145,000 households	Approx. 260,000 households	Approx. 60,000 beneficiaries

Poverty, vulnerability and coping strategies

Poverty and vulnerability

Economic vulnerabilities

Economic vulnerabilities stem from a range of meso- and macro-level factors external to individuals and their households, including fragile ecological environments (Uganda, Kenya, Mozambique); fragile security situations (OPT, Yemen); de-development and prolonged economic recession (OPT); loss of remittances (Uganda, Mozambique); and lack of productive resources and other household assets (all countries). The high and rising cost of basic goods and services, along with challenges in accessing services, further contributes to vulnerability across all countries, as does the size and composition of households.

Social vulnerabilities

Study respondents also highlighted the importance of a range of social vulnerabilities which exacerbated their economic vulnerabilities. Lack of and/or the disintegration of informal social support from relatives, neighbours and friends was viewed as an additional factor that has heightened vulnerability and made it more difficult to cope with shocks and stresses.

- Generally **women** whatever their status – married, single, widowed, divorced – face specific vulnerabilities, including time poverty due to care and domestic work burdens as well as vulnerability to various forms of gender-based violence.
- **Older people** in all countries face particular vulnerabilities in terms of being alone, having inadequate support and, in some contexts, caring responsibilities – e.g. in skipped-generation households in the context of HIV.
- **Young people** in all study countries face high rates of unemployment and have limited work and training opportunities. This is particularly the case for young women in the MENA countries.
- **Disability** creates vulnerabilities due to social stigma and isolation; inappropriate, inaccessible or no specialised care; limited (or no) ability to engage in productive activities; and increased needs, including reliance on care and support from others.
- **People living with HIV** may face limited productive capacity and also stigma and discrimination both from within, as well as outside, the household.
- **Psychological stress**, anxiety, depression and general mental health as well as psychosocial disorders were

mentioned in all countries. These psychosocial vulnerabilities arise from the blockade and ongoing violence and conflict in Gaza; the refugee camp environment in Gaza and West Bank; the limited prospects for the future in Yemen; and the stigma and discrimination faced by people living with HIV in Kenya. Such stresses often create feelings of helplessness and powerlessness; an inability to cope; frustration; lack of self-esteem; loss of dignity and humiliation; and can fuel alcoholism, substance abuse and addiction.

Coping strategies

Respondents relied on a variety of both formal and informal support. Formal assistance was obtained from a range of organisations including governmental, faith-based (Islamic in the MENA countries, including Zakat[1] contributions), non-governmental and community-based bodies. Given the limited formal support available respondents reported relying on a wide range of informal coping strategies as follows:

Income generating approaches: Common coping strategies across all countries included diversifying livelihood and income-generating strategies; engaging women's and child labour; and migration, particularly by young men. Because of gender norms around restriction of movements in the MENA countries, women's labour market participation was often seen as an extreme coping strategy. Resorting to more risky income-earning activities was also reported and strategies included men engaging in dangerous tunnel work in Gaza whereby goods are smuggled in from Egypt; resorting to crime, e.g. theft, hijacking vehicles and robbing passengers (Kenya, Yemen); transactional sex and sex work (Kenya, Yemen); and scavenging for food and other items. In all countries borrowing, buying (food items) on credit

or taking loans were important coping strategies, with people borrowing mostly from friends and relatives with a few borrowing from money lenders and formal lending institutions.

Consumption reduction approaches: Common strategies included selling of assets (TVs, furniture, land and jewellery in MENA) and land, livestock and bicycles in sub-Saharan Africa. Reducing consumption and more frugal management of expenses were found in all countries, often resulting in women cutting back on their consumption for the sake of their children. Decreasing spending on human capital, including health, through self-medication and visiting alternative health providers and withdrawing children from school, were other frequently mentioned approaches. Marrying daughters off early was also practised: '*As they say in our community, marry your daughter off, she is pretty and you are poor*' (female beneficiary, Hebron, West Bank).

Reliance on family and community support: In all countries, obtaining both material and psychosocial support from family, neighbours, friends and groups was important: '*When I'm faced with trouble like sickness and need quick help, I turn to my family members because they're the nearest. My son's wife warms water for me for bathing, children light a fire for me to keep my house warm, so I still have family support'* (88-year-old man, Uganda). Psychological support was particularly important in OPT, with women turning to daughters as sources of support, and widows finding solace in the company of other widows. Informal groups, e.g. communal labour groups (*Kilimba* in Uganda) and informal savings associations (Kenya) were seen to not only cushion members financially, but also to provide psychological support, e.g. to HIV-positive widows.

Psychosocial ways of coping: A range of individual psychosocial coping strategies was mentioned, particularly in the MENA countries. Young men in OPT and Yemen were reported to use drugs as a key means of dealing with stress and to escape reality. Both political activism and prayer were spoken about as coping strategies in Yemen; and in OPT self-imposed isolation was a common way of coping among female-headed households, with isolation being perceived as a better choice than people gossiping about them. '*I stay at home. Better than hearing 'the talking*'' (divorced woman, Beit Lahia, Gaza).

> Before I received the [cash] my life was not going well … many things have now improved. Before, nobody wanted to have anything to do with me. Now, nobody looks down on me.
>
> (Elderly disabled man, Chokwe, Mozambique)

Beneficiary experiences of cash transfers

Positive effects of the cash transfers

Individual level

In all countries beneficiaries spoke about the cash transfer as having increased people's sense of self-worth, self-esteem, self-confidence, dignity and ability to be more assertive. In Kenya, orphans and vulnerable children felt that since they were better clothed, fed and going to school they could now engage on an equal footing with their peers and could talk with confidence about their future. Similarly, disabled beneficiaries in Mozambique felt that the cash transfer had helped to restore their dignity by making them less dependent on others.

Box 1: Individual level effects of the cash transfers

Increased control and decision-making power over one's own life: *'It means I can cook for myself for the first time in a long time. Before I hardly ate anything – just when it was given to me'* (male beneficiary, disabled, Chokwe, Mozambique).

Cash as empowering: *'If you give someone something like food, you see the children will still be chased from school. You see [...] money is what is important ... If you are given food only, can you educate a child? You can't'* (beneficiary, Makueni, Kenya).

Buying on credit: '*I accepted to give food to her [referring to a FHH beneficiary] because I'm confident that she will have cash and will pay me back'* (grocer in Rafah, Gaza).

Much of this increased confidence or dignity arose from people now being able to meet their own needs, with the CT giving them greater security and control over their lives, and contributing towards greater financial independence. In OPT, as well as "improving the morale" of female-headed households, the financial independence gained increased women's role in household decision-making. When beneficiaries were asked whether they preferred cash or other in-kind transfers (e.g. food), in most countries cash was preferred, as it allowed people more freedom and independence, empowering them to make decisions concerning their own wellbeing.

The CT was also viewed as critical for meeting current consumption costs including food, clothing, shelter, education and medical costs. At one extreme, not only was the CT seen to be the most important means to cover these consumption costs, but its discontinuation would potentially lead to people being forced to beg or steal or even contemplate taking their own lives, according to West Bank respondents. At the other extreme, respondents appreciated that the CT had made small changes in their lives, for example it had enabled older people in Uganda to take care of their personal hygiene, giving beneficiaries the confidence to interact with "ease and without shame" with other community members.

The knowledge that the cash will definitely be forthcoming, even if payments are delayed, has also enabled a range of other activities. In Kenya, Uganda and Gaza respondents spoke about having easier access to credit, with the CT acting as a guarantee, as well as using the CT to repay short-term debts (see Box 1).

Intra-household

Most beneficiaries reported that general wellbeing and quality of life of all household members had improved. This was reflected in improved nutrition and food security; better living environments; and access to health and education services for all household members. As a result of improved wellbeing and quality of life, in all countries intra-household relations were seen to improve and household tensions and stress reduced. These included both inter- and intra-generational relationships (see Box 2).

Box 2: Intra-household level effects of the cash transfers

Increased support to family to access basic services: '*We're using the SCG to educate our grandchildren. Before the SCG we couldn't afford keeping these children in school'* (female SCG beneficiary, Kaberamaido district, Uganda).

Improved intra-household relations: *'Before being a beneficiary I was totally dependent on my son. Among the positive effects of the programme is that I'm now able to contribute to some basic household expenses'* (elderly disabled woman, Chokwe, Mozambique).

Community

A number of positive effects of the CT were also visible at community level. In Yemen, Uganda and Kenya respondents spoke about the local economy being boosted or stimulated as a result of the increased inflow of cash. *'There has been increased business on pay days since these elderly people ensure that at least each of them buys something like sugar, food like fish, meat … and this increases sales for shops'* (health worker, Kaberamaido district, Uganda).

The CT also appeared to have a positive effect on community relations, including the stimulation of social capital. Not only did the CT in OPT enable people to take part in social and religious events from which they had previously been excluded, thus helping to build community solidarity, queuing

on payment days was also mentioned as an important means of exchanging information and providing support and solidarity by a sizeable number of respondents. In Kenya, beneficiaries used the CT money to set up informal savings groups (merry-go-rounds), thus building community relations. In Uganda the CT increased opportunities for older people to socialise – both on payment days, and by using the income to visit friends.

Box 3: Community-level effects of the cash transfers

Stimulating social capital: *'It also helps to unite the elderly – they will meet and talk and socialise. The first payment was like an elders' convention ... They would ask each other, 'You mean you are still alive? What about the sickness?' '* (senior community development officer, Nebbi district, Uganda).

'The transfer means that we have more recognition and credibility in the community' (male beneficiary, Chokwe, Mozambique).

Mirroring individual effects on self-esteem and self-confidence, the CT was also seen to bring greater respect, integration, social acceptance and recognition, at community level, of marginalised and excluded groups. For instance, orphans and vulnerable children in Kenya, previously seen as a burden in the communities, are now viewed positively and as a valuable addition to a household and community. Similarly, respondents mentioned that previously vulnerable and stigmatised groups – e.g. widows, people living with HIV (Kenya) and divorced women (Yemen) – had not only received support, but had also begun to have a voice in their communities (see also Box 3).

Challenges related to the cash transfers

Individual

Despite the overwhelmingly positive experiences of the cash transfers, respondents identified some important implementation shortcomings. Recipients in Yemen and OPT felt that, in the absence of any other livelihood alternatives, they would rather hold on to the security of the CT. However, they also noted the potential dependency the CT and other safety net mechanisms had created, with people opting not to try out other income generating approaches for fear they would lose the security of the CT.

Intra-household

Intra-household tensions surfaced in a minority of households in all countries as a result of the CT. Tensions arose: between spouses around how the money should be used, with accounts of misuse and spending on alcohol by men (Kenya, Uganda) and on biological children instead of orphans and vulnerable children (Kenya); between those who received the cash and those who usually control it, e.g. young women vs parents or husbands (Yemen); and because beneficiaries, e.g. orphans and vulnerable children in Kenya, were said to become "arrogant" and "disrespectful" towards their caregivers.

The erosion of traditional and informal social protection systems within households was mentioned in Uganda and Kenya as a negative consequence of the CT. In Uganda respondents reported that the cash transfer had led to a reduction or "crowding out" of family support, including remittances and intra-family transfers, and other forms of informal support to older people. In the West Bank, some households ended up being worse-off since informal support from within the family was withdrawn as a result of the CT.

Community level

In all countries, some tensions at community level were also reported, mostly resulting from non-beneficiaries feeling they should be included in the programme. In the case of OPT, these tensions stemmed in large part from limited information and transparency about the programme. Additionally, West Bank respondents reported that as a result of being part of the programme they were stigmatised and felt they had lost their dignity.

Levels of suspicion within the community were also seen to increase as a result of the CT in some contexts – according to respondents in Gaza, community members "start to ask and investigate about each other" in order to know who is a CT beneficiary, who is not and why.

Box 4: Negative effects of the cash transfers

Dependency and loss of dignity: '*We are losing our dignity. I wish all support ends and we have jobs instead'* (woman, Beit Lahia, Gaza).

Erosion of traditional support systems: *'Some children who have been helping their elders are now lazy and folding their hands … they should be encouraged to continue supporting them'* (female beneficiary, Kaberamaido, Uganda).

Community tensions: *'Conflict might happen even between friends when one of them is receiving support and the other one is not'* (adult male, Zabid, Yemen).

Community stigma: *'My oldest son shouted at me and tried to prevent me from becoming a beneficiary because, he said 'my peers said your mother is a beggar and also servant and cleaner of houses' '* (female beneficiary, Jenin, West Bank).

Programme governance and accountability

For the chronically poor and most vulnerable who are least likely to benefit from economic growth, politics and political change are often key means by which such poverty can be challenged (Hickey and Bracking, 2005: 851). Here we begin by considering national governments' institutional capacity to implement large-scale, poverty-targeted cash transfer programmes, then turn to a discussion of programme accountability mechanisms and impacts on state-citizen relations.

Institutional capacity

Relative political influence

A critical issue for the sustainability and scale-up of social protection schemes concerns their institutional location within government; they are often located within comparatively weak ministries, with limited financial resources and high levels of donor dependence. This is the case in the three sub-Saharan African study countries where the programmes are run by ministries of women and social development, all of which tend to have limited political influence and significantly less budget than internationally recommended minimums for social protection programming (Handley, 2009). In Yemen the programme is managed by a stand-alone but also relatively isolated Social Welfare Fund. Only in OPT, and, given the unique political context of the OPT, does the Ministry of Social Affairs enjoy greater relative political salience and resources, with social protection increasingly seen as a key means through which the Palestinian Authority (PA) can tackle rising poverty and vulnerabilities in the context of the ongoing Israeli occupation and the so-called 'barrier regime'.

Human resource capacities

Key informant interviews highlighted under-investment in staff as a critical shortcoming in implementation roll-out. A common complaint was the inadequate number of staff to deal with large numbers of beneficiaries. For instance, in Gaza social workers were responsible for managing up to 800 beneficiary cases, while in Kenya the community level work is done entirely by volunteers and in Mozambique by inadequately trained and poorly remunerated community facilitators. There were also cross-cutting concerns about staff mandates – either lack of role clarity (in Uganda) or pressures to move away from core social work tasks in order to cope with programme data collection and monitoring demands (OPT). Lastly, staff were not always seen as competent in dealing with specific vulnerabilities, e.g. those faced by people with disabilities or by older people, in a sensitive and effective manner.

Cross-agency coordination and referall systems

Because of the cross-sectoral nature of social protection, establishing effective coordination mechanisms across government, development partners and non-governmental organisations (NGOs) is a challenge that all five countries are facing. There are, however, some promising signs of growing cooperation. In the case of Mozambique, UNICEF and the Ministry of Women and Social Affairs are developing an improved referral scheme including community committees, while the National Institute for Social Action (INAS) is introducing a Social Assistance booklet to register all the services/benefits a household is receiving to improve case management, transparency and beneficiary empowerment. In OPT a computerised single registry database is gradually being made available to all relevant ministries and is expected to play a critical role in strengthening coordinated programme delivery.

> The programme has brought us [husband and wife] closer together as now we spend the money together, go and shop for the house together.
>
> (Female beneficiary, Anata, West Bank)

Box 5: Perceptions about programme design and implementation

Across the five couturiers there were a number of concerns:

Knowledge and understanding of the programmes was high in Uganda and Kenya, with most respondents understanding the eligibility criteria, targeting process, the key actors and payment processes, whereas there were significant information gaps in the other countries.

Targeting was seen to be fair in Uganda and Kenya. By contrast, in Yemen there were concerns the SWF was often used as a political tool with party supporters more likely to receive the transfer, and similarly respondents complained of clientelism in OPT.

Transfer amounts were generally felt to be insufficient and that without additional forms of support recipients would struggle to cope. '*As it is a small amount, it will not lead to empowerment of the poor*' (male community leader, Zabid, Yemen). In Kenya this was exacerbated by the fact that the CT amount does not take into account family size.

Payment delivery mechanisms were generally viewed positively by beneficiaries in Kenya, Uganda, West Bank and Yemen, although there were some complaints about distance and waiting times. Respondents requested more frequent payments in Kenya and OPT, and improved timeliness in Mozambique, Kenya and Yemen. However, they nevertheless highly valued the predictability of the programme payments.

Links to other services – the recipients stressed the importance of combining the CT with other complementary programmes (e.g. income-generating opportunities, skills training, etc.) in order to increase wellbeing, self-sufficiency, and true transformation in their lives.

Accountability mechanisms

Spaces for interaction and information exchange

The spaces in which programme beneficiaries interact with one another and with programme staff vary considerably. In OPT and Yemen opportunities for interaction are limited – the main interaction with other beneficiaries is in the bank (OPT) or post office (Yemen) queue and with social workers during brief home visits meant for monitoring purposes. Indeed, in Hebron (OPT), focus group discussion participants emphasised that only *'if people go to the MoSA [Ministry of Social Affairs] office and scream and shout'* do they get attention. As a result of limited formal spaces, there were also reports in Yemen of informal measures being undertaken to address grievances, e.g. campaigning to oust a local post office head due to corruption and ill-treatment of beneficiaries, and the importance of informal community leaders in coordinating such action.

By contrast, in the three sub-Saharan African programmes there are more regular spaces for interaction. In Mozambique, *permanentes* (a local-level volunteer programme liaison role) and neighbourhood committees play an important linking role between beneficiaries and the programme. However, respondents also highlighted that in practice they often serve as powerful local gatekeepers. In Uganda programme implementers are making concerted efforts to engage with local leaders, who organise regular community meetings, and to interact with beneficiaries on payment days: '*We normally interview beneficiaries on pay days, talk to them informally and get their feedback on SAGE [Social Assistance Grants for Empowerment] activities'* (sub-county chief, Kaberamaido district, Uganda).

Important aspects of feedback from beneficiaries related to, among other things, programme design and implementation elements are discussed in Box 5 on the left.

Grievance mechanisms

All programmes in our study have grievance mechanisms, but their implementation appears to be relatively weak, with all exhibiting potential for further improvements. In the sub-Saharan African programmes, because transfers are largely seen as a gift – either from political leaders or god – our findings suggested that the volume of complaints and grievances was generally low. As one Kenyan caregiver noted: *'I think if you've been given something for free you cannot ... complain'* (female non-beneficiary Makueni, Kenya). In other instances, the process (both in terms of response and resolution time) was simply too tardy to inspire confidence,

or people were concerned about reprisals. *'If we complain and they discover who complained, we will be put out of the programme'* (older woman, Chibuto, Mozambique). In OPT, programme beneficiaries typically saw inclusion in the PNCTP as their right rather than a gift or charity, as one older female beneficiary in Jenin explained: *'You [to a bank official] must pay me this until I'm dead. This is my right. You do not pay it from your pocket'.*

Monitoring and evaluation mechanisms

Overall, there was a general sense among key informants across the study that the M&E culture for social programmes is very weak, although there is growing appetite and interest in addressing this weakness. This is perhaps especially true in OPT and Uganda where the social protection sector has undergone/or is currently undergoing substantial reforms, but also in Mozambique where a new M&E system is being developed in conjunction with a new management information system and community-based monitoring system. Moreover, a cross-cutting theme emphasised by respondents was the dearth of participatory M&E to date, and the real value participants could see in communities being involved in initiatives such as this Department for International Development (DFID)-funded beneficiary perception assessment exercise.

Programme governance and effects on state-citizen relations

In countries where there is relatively good information provision, and where community leaders and local programme implementers have not been excessively politicised – as appears to have been the case in the Kenyan and Uganda programmes – unconditional cash transfers (UCTs) have contributed to consolidating citizen-state ties. In Mozambique and Yemen, however, where UCT programmes have been politicised at the local level and plagued by irregular payments and some corruption, confidence in the state has generally not improved, and has, at times, been further undermined. In the case of OPT, while the PNCTP is recognised as a critical coping strategy, there is little recognition of the PA's contribution, effectively undermining the potential political mileage that could be gained. In the West Bank people attribute the programme to 'the Europeans': some complained that '*The PA gave up its responsibility to the EU*' (male beneficiary, Jenin, West Bank), with bitterness about programme shortcomings vividly expressed, for example: '*This is a corrupt government. Record my voice and take my photo to Mahmoud Abbas. These are corrupt and thieves, and ignore the poor*' (male non-beneficiary, Hebron, West Bank).

In Gaza people acknowledge European and PA, rather than Hamas, support, but also tend to see the programme quite critically – as a palliative rather than an initiative to proactively address the ongoing problems of de-development associated with the Israeli occupation and blockade.

With the exception of Kenya where the line is more blurred – as caregivers are de facto expected to ensure that orphans and vulnerable children access basic services – public discussions about citizen responsibilities in the context of programme participation have been considerably weaker than in many contexts with conditional cash transfers. In OPT, for example, this silence about citizen responsibilities as part of the social contract between the state and citizens is manifested in very limited appetite for the introduction of programme conditionalities among beneficiaries, with many expressing their indignation at the question itself: '*What? Is it not enough that we are poor? You also want us to do something? But we are educated, have vaccinations. This assistance is our right*' (widow, Jenin, West Bank).

> The PNCTP is a compensation for the Palestinian people because they have been uprooted and displaced.
>
> (Young male refugee, Rafah, Gaza)

Conclusions and policy implications

Overall, our findings highlight that beneficiaries recognise cash transfers as an important component of their coping repertoires, helping them to address not only economic but also psychosocial and social vulnerabilities to varying degrees. Mainstream impact evaluations of CT programmes have tended to rely on quantitative research techniques and to focus on the effects of programme participation on economic deprivation and vulnerability both in the aggregate and at household level. By contrast, qualitative and participatory research approaches, such as those underpinning the findings in this brief, are able to provide detailed insights into programme effects on individual-level psychosocial vulnerabilities, intra-household power relations, and intra-community dynamics, including social capital formation and social cohesion. For many of the study respondents these dimensions were as, or even more important than the economic dimensions, especially for socially excluded groups such as female-headed households, OVCs and people with disabilities.

The following six policy and programme recommendation clusters draw heavily on the insights provided by the study respondents. Beneficiary and community views were complemented by the research teams' collective knowledge of cash transfer programming more broadly, as well as particular country contexts in order to arrive at our final set of recommendations. Some of the cash transfer programmes studied here are already implementing these "good practice" features. Accordingly, where applicable, we point the reader to the relevant country reports for more detail. Lastly, we recognise that evidence-informed policy and programme decision-making should ultimately also draw on insights from complementary M&E methods, as well as consider issues of resourcing, feasibility and cost effectiveness.

1. Targeting

Targeting needs to be improved as follows:

- Take steps to significantly reduce inclusion errors by ensuring multiple checks and balances at different levels, including involving community members and leaders in identifying vulnerable individuals and households;
- Complement consumption and asset-focused targeting approaches with qualitative assessments to better understand intra-household and community dynamics;
- Speed up application processing time and streamline support documentation procedures;
- Establish and/or strengthen the mandate and decision-making role of community monitoring networks, while ensuring adequate checks and balances to minimise clientelism;
- Ensure that data collection for ongoing targeting and monitoring purposes does not detract programme implementers from providing psychosocial support or making referrals to other services.

2. Transfer amount and delivery mechanism

Programmes should:

- Introduce and/or maintain payments that are inflation-indexed **(see Uganda for a good practice example);** and consider increasing the value of the transfer while avoiding the creation of perverse incentives and dependency;
- Consider increasing the support given to larger households (and/or make the amount dependent on household size);
- Improve transfer delivery mechanisms so as to minimise time and expenses incurred by beneficiaries **(see West Bank bank deposit system for a good practice example).**

3. Capacity-building

Greater investment in capacity-building is critical. Programme implementers should therefore:

- Strengthen knowledge and skills in a range of areas, including participatory M&E, to deepen understanding of specific vulnerabilities of excluded groups;

I think the cash transfer has reduced over-dependency of older people on their families. They can now buy whatever they want, even though they have no money, they get it on credit. That shows empowerment among them.

(Health worker, Kaberamaido, Uganda)

- Invest in programme awareness-raising among relevant agencies and promote opportunities for cross-agency synergies **(see OPT for a good practice example in terms of sharing the single registry system);**
- Establish incentives and monitoring systems to support the professional development of implementing staff (including current 'volunteers') and to enhance their motivation.

4. Citizen awareness-raising

Strengthen information flow and accountability as follows:

- Invest in awareness-raising efforts with beneficiaries and wider communities to strengthen information flows, accountability and state-citizen relations **(see Uganda for a good practice example);**
- Utilise payment days as opportunities to provide key information to the community, including information about complementary programmes and sources of support **(see Uganda for a good practice example);**
- Communicate programme information and success stories more widely via radio and print media **(see Uganda for a good practice example).**

5. Programme governance and accountability

To strengthen governance and accountability, programmes should:

- Develop a stronger programme governance framework, including greater decentralisation and citizen participation in M&E and social accountability processes;
- Strengthen grievance procedures and feedback channels **(see Kenya for a potentially good practice example);**
- Strengthen coordination across government agencies, development partners, NGO and religious organisation service providers, facilitated by a national registry system **(see OPT for a good practice example).**

6. Tailored packages of social assistance

To maximise the impact of cash transfer programmes:

- Ensure that future rollout is embedded within a broader social protection strategy that includes linkages to complementary forms of social assistance (e.g. asset transfers, fee waivers, health insurance);
- Undertake district-specific mappings of public, private and NGO services to identify potential synergies as well as critical gaps, and develop a costed action plan to address these;
- Develop and implement tailored social assistance packages that address the diversity of vulnerability and poverty experiences. This includes:
  - ensuring that people with disabilities and chronic illnesses have adequate access to care, support, basic services, and appropriate income-generating opportunities;
  - developing employment counselling units to support working-age beneficiaries to supplement their income and gradually exit from the programme;
  - developing and promoting the uptake of integrated psychosocial support services, including local spaces for sharing views and experiences.

Footnotes

1. Zakat is the compulsory giving of a set proportion of one's wealth to charity. It is regarded as a type of worship and of self-purification. Zakat is the third Pillar of Islam. (BBC Religions: Islam, accessed 7 April 2013)

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