

TRANSFORMING
CASH TRANSFERS

Holding Cash Transfers to Account

Beneficiary and community perspectives





Acknowledgements

The authors would like to thank the many individuals who contributed to making the study a success as well as in helping to produce this final synthesis report.

Firstly this would not have been possible without the commitment and enthusiasm from the national teams led by their principal investigators: Bassam Abu Hamad in Gaza; Paul Baluluki in Uganda; Thabet Bagash Okish and Khalid Dubai in Yemen; W. Onyango-Ouma in Kenya; Kerry Selvester, Nelia Taimo and Lourdes Fidalgo in Mozambique; and Mohammed Shaheen in the West Bank. The study also benefited greatly from the support provided to the country teams by Sara Pavanello, Paola Perezniето and Carol Watson.

We would like to thank the reviewers who gave insightful and rigorous comments on earlier drafts – Armando Barrientos, Heather Kindness, Maxine Molyneux, Paola Perezniето and Carol Watson. We also wish to acknowledge the inputs of the project advisory committee throughout the research process – Armando Barrientos, Tanya Barron, Sylvia Beales, Michael Drinkwater, Gasper Fajth, Lilian Keene-Mugerwa, Ruba Salih, Nick Scott, Joanna Silva and Fabio Veras.

We are also grateful to Anna McCord from the Social Protection Programme at ODI for her inputs, and to the ethnographic researchers – Matteo Caravani in Uganda, Simona Montanari in Mozambique, and Beryl Oyier in Kenya – whose work we drew on in some sections of this synthesis report.

Likewise, the tireless work of the copyeditors, Kathryn O'Neill and Denise Powers, needs to be acknowledged, as does the design work of Hanna Alder and Catriona Webster. The contributions of PhotoVoice to the participatory photography component of the study are also recognised.

Above all, we would like to thank all the individuals (adults and children) in all five countries who agreed to participate and generously gave their time during the research process.

Foreword

Governments in developing countries are increasingly recognising the need to provide their poorest citizens with social protection in order to offset the risks and shocks that they invariably face on the margins of the economy. Among the most successful forms of social protection are cash transfer programmes which, since they were first pioneered in Brazil and Mexico in the mid-1990s, have spread across the world. Millions of poor households are now beneficiaries of these programmes which have been credited with helping to bring down poverty rates in Latin America and in other parts of the world.

While there is a growing evidence that supports the claim that cash transfers are making a significant difference to poor people's lives, there is little research on how beneficiaries themselves view these programmes and the changes that they may (or may not) bring about. There is considerable debate over the degree to which cash transfers enhance social inclusion, empower women, increase awareness of rights or deepen clientelism, as well as how they affect household social relations. In this report we see how diverse the effects of these programmes are, and how vividly attitudes towards them are coloured by their regional and local contexts. An awareness of these variations is essential if social protection interventions are also to be efficiently and appropriately delivered, and they can be made even more effective if the voices of those who are their beneficiaries are heard.

In an effort to help address the relative paucity of qualitative and participatory research, DFID commissioned ODI and local partners to undertake the investigation on which this report is based. Its focus was on government-administered unconditional cash transfer programmes in Kenya, Mozambique, Uganda, Yemen and the Occupied Palestinian Territories (Gaza and the West Bank). As well as gathering the views and perceptions of beneficiaries, communities and programme implementers in regard to the impact and functioning of the programmes, an important objective was to investigate if and how they had any procedures for involving beneficiaries in monitoring and evaluation processes. As the report makes clear, there is significant scope for embedding participatory principles in social protection programmes to secure greater accountability and programme responsiveness to beneficiary needs, and to address programme shortcomings.

This report and the five country case studies on which it is based will enrich our understanding of the lived experiences, views, and needs of those whom social protection is designed to assist. It is hoped that it will contribute to the ongoing debate over how participatory methods can be developed not only to enhance the effectiveness of poverty reduction interventions but also to help design social protection programmes that that can transform the social relations that underpin and exacerbate poverty, vulnerability and exclusion.

Professor Maxine Molyneux

A handwritten signature in black ink, reading 'Maxine Molyneux', with a long horizontal line extending to the right.

Research Director of Transforming Cash Transfers
Director, Institute of the Americas
University College London

Contents

Executive summary.....	i
1 Introduction.....	1
2 Conceptual framework overview.....	5
2.1 Multidimensional nature of risk and vulnerability	7
2.2 Structural parameters.....	7
2.3 Political economy influences	7
2.4 Local-level impact and outcomes	8
3 Methodology	9
4 Programmes overview	13
5 Poverty, vulnerability and coping strategies.....	15
5.1 Poverty and vulnerability	16
5.2 Coping strategies	23
6 Beneficiary experiences of cash transfers	29
6.1 Positive experiences	30
6.2 Negative effects of the cash transfer	34
7 Perceptions of programme design and implementation	37
8 Programme governance and accountability	41
8.1 Overview of programme governance features	42
8.2 Accountability mechanisms	46
9 Conclusions and policy implications	55
9.1 Key findings	56
9.2 Value-added of qualitative and participatory research approaches.....	56
9.3 Evidence-informed policy and programme recommendations.....	57
I. Targeting	57
II. Transfer amount and delivery mechanism	58
III. Capacity-building	58
IV. Citizen awareness-raising	58
V. Programme governance and accountability	58
VI. Tailored packages of social assistance	59
References.....	60
Annexes (please refer to online version)	
Annex 1: Data analysis, capacity-building, and ethical considerations	
Annex 2: Research questions	
Annex 3: Overview of programme governance	
Annex 4: Extended programmes overview	
Annex 5: Overview of conclusions from country-specific reports	

Boxes:

Box 1: Evolution of social protection approaches in the MENA region and sub-Saharan Africa.....	3
Box 2: Female-headed households in the oPt.....	17
Box 3: Older people in Uganda.....	18
Box 4: Young people in Yemen.....	19
Box 5: People living with disabilities in Mozambique.....	20
Box 6: Orphaned and vulnerable children in Kenya.....	21
Box 7: Mitigating the need for harmful coping strategies? The case of a fishing community in Kenya.....	24
Box 8: Life history: young disabled man, Chokwe, Mozambique.....	30
Box 9: Effects of community social cohesion and intra-household sharing in Uganda.....	34
Box 10: Experiences at the bank in the oPt	46
Box 11: Strengthening community leadership in Yemen through engaging with the cash transfer programme.....	48
Box 12: Coordinated M&E: an example of good practice from Palestine.....	52

Figures

Figure 1: Conceptual framework diagram.....	6
---	---

Tables

Table 1: Summary of different qualitative and participatory research tools.....	12
Table 2: Programmes overview.....	14

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
BWC	Beneficiary Welfare Committees (Kenya)
CAO	Chief Administration Officers (Mozambique)
CDO	Community Development Officer
CPU	Central Programme Unit (Kenya)
CT	Cash transfer
CT-OVC	Cash Transfer – Orphans and Vulnerable Children (Kenya)
DCO	District Children’s Officer
DCS	Department of Children Services (Kenya)
DFID	UK Department for International Development
ESP	Expanding Social Protection (Uganda)
FGD	Focus group discussions
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
ILO	International Labour Organisation
INAS	National Institute for Social Action (Mozambique)
LOC	Location OVC Committee
MENA	Middle East and North Africa
MGLSD	Ministry of Gender, Labour and Social Development (Uganda)
MIS	Management information systems
MoH	Ministry of Health (West Bank)
MoSA	Ministry of Social Affairs (OPT)
M&E	Monitoring and Evaluation
ODI	Overseas Development Institute
OPT	Occupied Palestinian Territories
OVC	Orphans and Vulnerable Children
IDPs	Internally Displaced Persons
UNICEF	UN Children’s Fund
OECD	Organisation for Economic Co-operation and Development
PSSB	Basic Social Subsidy Programme
PMTF	Proxy Means Testing Formula
SDSMAS	District Services for Health, Women and Social Action (Mozambique)
UNRWA	UN Relief and Works Agency
UN	United Nations
MGCSD	Ministry of Gender, Children and Social Development (Kenya)
VFG	Vulnerable Families Grant
PNCTP	Palestinian National Cash Transfer Programme
SSNRP	Social Safety Net Reform Project (OPT)
SHC	Social Hardship Case (OPT)
SCG	Senior Citizen Grant (Uganda)
SP	Social Protection
SAGE	Social Assistance Grants for Empowerment (Uganda)
SSN	Social Safety Net (Yemen)
SWF	Social Welfare Fund (Yemen)
PLHIV	People living with HIV
VFG	Vulnerable Families Grant (Uganda)
WFP	World Food Programme

Study overview

This synthesis report presents qualitative and participatory research findings on beneficiary and community perceptions of five unconditional cash transfer programmes: two in the Middle East and North Africa (MENA) region (the Palestinian National Cash Transfer Programme (PNCTP) in Gaza and the West Bank, and the Social Welfare Fund (SWF) in Yemen); and three in sub-Saharan Africa (Kenya's Cash Transfers for Orphans and Vulnerable Children (CT-OVC) programme, Mozambique's Basic Social Subsidy Programme (PSSB), and Uganda's Senior Citizen Grant (SCG), part of the Social Assistance Grants for Empowerment (SAGE) programme).

In light of the recent global financial crisis and ongoing debates among the international community as to key global development priorities post-2015, social protection is increasingly seen as essential – not just to tackle rising levels of risk and vulnerability but also to promote social inclusion and social justice. While the MENA region has a long history of formal social protection, sub-Saharan Africa's experience is much more recent. Across both regions, social protection policy and programming has largely focused on a short-term safety net approach. While this support is important, its limitations have become evident, leading to calls for social protection to address the longer-term and structural causes of poverty and vulnerability, including the social inequalities that perpetuate poverty such as gender inequality, unequal citizenship status, and displacement. This report aims therefore to contribute to discussions about the role social protection can play in tackling the broad range of socio-political vulnerabilities that affect poor and marginalised people, as well as its potential for strengthening social justice and buttressing the state-citizen contract.

Our analysis encompasses the economic, psycho-social and political dimensions of beneficiaries' experiences, drawing on the six country studies produced by the Overseas Development Institute (ODI) in partnership with national teams in 2012, commissioned by the UK Department for International Development (DFID) (available at: <http://transformingcashtransfers.org/>). It is critical to understand not only the impacts 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 social vulnerabilities and inequalities at household and community levels, including changes in the power dynamics between citizens and the state. Due to resource and time constraints, each study focused on the effects of the cash transfer programme on a specific vulnerable social group: orphans and vulnerable children in Kenya, people living with disabilities and older people in Mozambique, female-headed households in Palestine, older people in Uganda, and young people in Yemen.

The report summarises key features of the cash transfer programme in each country and the extent to which programme objectives address empowerment, social

justice, social cohesion and citizenship alongside economic vulnerability. It considers positive experiences and concerns at the individual, household and community levels, as well as beneficiary and community views on programme governance and accountability. The overarching aim is to help identify gaps and entry points for more tailored support in the context of ongoing national-level social protection reform processes, as well as to offer insights into the potential role of beneficiary participation in monitoring and evaluation in improving the effectiveness of cash transfer programmes. The study did not aim to make comparisons across the programmes since they are all implemented in very different settings, and have distinct implementation processes and procedures. It is nevertheless useful to highlight and reflect on similarities and differences in order to better identify the entry points and barriers to strengthening policy and programme effectiveness.

Conceptual framework

The report is underpinned by a 'social protection – social justice pathways framework'. Its starting point is that poverty and vulnerability are complex, multidimensional and highly contextual, and that interconnected risks facing poor households at the macro, meso and micro levels need to be addressed. At the macro level, the framework explores the main structural factors (fiscal space, labour market structure, the care economy, social institutions, and international legal frameworks and norms) that set the parameters for what types of policies and programmes are feasible in a given country context. As poverty and vulnerability are inherently political in nature, there is then a discussion of the political institutions, interests, and ideas that shape social protection decision-making and programming. At the meso level, the framework considers the quality of the linkages, checks and balances between national-level programme objectives and the realities of local-level implementation contexts. At the micro level, individual, household and community outcomes are each taken into account, as is the dynamism of individual and household lifecycles in order to better assess programme effects on the cumulative and intergenerational impact of vulnerability and risk (Moore, 2005).

The framework's underlying theory of change is that if designed appropriately, social protection programmes can help to transform the social relationships within households and communities that reinforce poverty and vulnerability across generations. Programmes that emphasise participation and accountability can provide opportunities for social groups who are often denied access to decision-making structures to build 'bridges' and social connections both horizontally, with other community members, and vertically, with state actors.

The different elements of the conceptual framework are then reflected in different sections of the synthesis report. The multidimensional nature of risk and vulnerability is captured through a discussion of poverty, vulnerability and coping strategies. Local-level influences and impacts are discussed in the subsections on individual, household and community-level programme experiences, while social justice outcomes

(both individual and collective) are explored in the discussion of beneficiary perceptions of programme design and implementation for the particular marginalised group being studied. The broader political economy dimensions and the governance and implementation environment are analysed in the section on programme governance and accountability.

Poverty, vulnerability and coping strategies

The report's empirical discussion begins by identifying a range of vulnerabilities faced in all countries, which despite considerable contextual differences, are underpinned by a number of common factors. These are divided as follows:

- **Economic vulnerabilities** – which include unemployment and underemployment due to lack of decent employment opportunities, resulting in inability to earn sufficient (and in some cases any) income to meet basic household needs; the high and rising cost of basic goods and services, including healthcare; the size and composition of households: whether large or small, households lacking an able-bodied working-age breadwinner.
- **Gender and age-related vulnerabilities** – female-headed households and divorced women in particular face greater economic hardship as well as social and cultural discrimination; similarly both older and younger people face disproportionate burdens of vulnerability.
- **Other social and psycho-social vulnerabilities** – which include disability, HIV and ethnic minority status; as well as feelings of stress, anxiety and helplessness which all compound other vulnerabilities.
- **Vulnerabilities arising out of eroding social support systems and as result of conflict and insecurity** – with the latter being particularly pertinent to the MENA countries.

Despite the different poverty and vulnerability contexts in the MENA region and sub-Saharan Africa, people reported using broadly similar coping strategies, although there were important differences between the two regions in the specific strategies and priority approaches used. Key coping mechanisms included support from formal government and non-governmental social assistance programmes, as well as a wide range of informal approaches, which can be clustered into five main groups: income generating approaches (e.g. diversifying income and livelihood sources, engaging women and children's labour, resorting to risky or dangerous income-generating strategies, selling assets); consumption reduction approaches (managing expenses more frugally, cutting down on human capital expenses); relying on family and community support; and psycho-social ways of coping, including resorting to substance abuse.

Beneficiary experiences of cash transfers

The research then explores community perceptions of cash transfers (positive and negative) at the individual, intra-household and community levels.

- **Individual level:** In all countries, beneficiaries said the cash transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, and assertiveness. The transfer enabled them to meet their own needs and contribute to household income/expenses, as well as offering greater security, more control over their lives, more freedom of expenditure and a degree of financial independence. Some individuals had been able to build their own capital and improve their livelihoods, often using the transfer to invest in productive activities or access credit. Many women reported a stronger role in household decision-making because of the cash transfer, and greater economic independence.
- **Intra-household level:** Beneficiaries in all countries reported improvements in the general well-being and quality of life of all household members as a result of the transfers, which contributed to improved intra-household relations and reduced tensions and stress. The increased and regular income meant they were better able to meet household expenditures. This was reflected in improved nutrition and food security, better living environments, and greater access to and uptake of health and education services.
- **Community level:** A widely mentioned positive impact was the effect on community relations, including stimulating the formation of social capital in the wider community. The cash enabled many households to take part in and contribute to religious and social events, while older beneficiaries in particular felt that distribution points offered an important opportunity to talk to others and exchange information about community matters. Some beneficiaries from marginalised groups (e.g. people with disabilities and older people) reported greater respect, integration, and social acceptance at community level due to being recipients of the transfers. Beneficiaries in some cases also reported that the transfers had boosted the local economy, particularly on the day the cash was distributed.

Some beneficiaries (although relatively fewer) reported challenges related to the cash transfers highlighting areas for improvement, which are discussed in the recommendations section. Some challenges were common across all five countries, but for others, there was an interesting split between MENA and the sub-Saharan African countries.

- **Individual level:** In all countries, beneficiaries reported that there were few if any links between the cash transfer programme and other sustainable livelihood options and income-generating activities, even though there was a clear demand for these. In Yemen and the OPT, where employment and livelihood opportunities are severely constrained and there are few options for an exit strategy from the programme, people commented that the transfer could increase dependency. (This concern was not raised in the sub-Saharan African countries, possibly because the amount of the transfer was very low and people had to find other ways to earn income.) In contrast to the

commonly expressed view that the cash transfer increased beneficiaries' self-esteem and dignity, a minority of individuals (notably in the West Bank) felt stigmatised by it, experiencing a loss of dignity.

- **Intra-household level:** In all countries, beneficiaries reported some intra-household tensions around how the money was spent, usually between male spouses and female carers. In a few cases (e.g. Kenya) the money was not spent on its intended purpose (educating and caring for orphans and vulnerable children), while in others (the West Bank) it helped to enable ongoing substance abuse by husbands. In some contexts (Kenya, Uganda and the West Bank) the cash transfer had possibly contributed to the erosion of traditional and informal forms of social protection, along with a range of other stresses, including the impact of AIDS and climatic factors.
- **Community level:** Some tensions at community level were reported in all countries, mostly due to resentment from non-beneficiaries or those currently on waiting lists. In the OPT, these tensions were linked to a general lack of information and transparency about programme targeting criteria.

Perceptions of programme design and implementation

There was considerable variation in people's knowledge on key issues such as eligibility criteria, the rationale for programme reform, and the decision-making power of local staff involved in implementation. There were also divergent levels of satisfaction with a range of programme design and implementation features. In Kenya and Uganda, for instance, people generally considered the targeting process to be fair, although some vulnerable individuals (including children who were not orphans but were nonetheless destitute) were not recipients, and some were on a waiting list. Except for Uganda, where paradoxically the transfer amount is very low relative to the national poverty line, beneficiaries felt that the amount was insufficient to meet their basic needs (this was particularly highlighted in Kenya, where all recipients receive the same amount regardless of family size). Distribution procedures generally worked well, although long distances to payment points incurred transport costs and long queues on arrival presented particular problems for frail older people. Frequency and reliability of payments was a source of concern, with monthly payments favoured over quarterly payments, and delayed payments causing significant frustration. That said, however, many respondents emphasised that the reliability of the transfer – that it would eventually be paid even if late – was one of the most appreciated programme features. Finally, while some programmes were already linking recipients to complementary services and programmes (especially in the OPT, where beneficiaries are automatically entitled to social health insurance, food packages and fee waivers), there was considerable support for extending these linkages so as to realise the programme's 'transformative' potential and facilitate greater improvements in beneficiaries' well-being and empowerment.

Programme governance and accountability

Across all five countries, the programmes have been constrained by relatively weak linkages between central and local implementing agencies, although community facilitators (formal and informal) have played an important role in strengthening links from the national down to the grassroots levels. All five programmes face cross-cutting challenges in the following key areas:

- **Institutional capacity.** The location of implementing ministries/agencies has an important bearing on institutional capacity and programme governance. While social protection programmes are often housed in social development ministries or those responsible for women and children's affairs, these tend to lack political influence at the heart of government and with other key ministries (notably finance and planning). There is also a common disconnect between staff capacities and knowledge at central level and the capacities and knowledge of staff responsible for implementation at district and community levels. Key staff involved in implementation at the local level are rarely involved in decisions about programme design or invited to give feedback, which is demotivating and reduces local ownership.
- **Human resource capacities.** Limited human resource capacity has constrained all stages of the programme cycle and has been a critical shortcoming in programme roll-out, but has received scant explicit attention from national policy-makers and development partners. In some cases, staff have been unable to carry out their core professional work supporting vulnerable households because their time is taken up with carrying out means-testing or other implementation activities (as in the case of social workers in the OPT). Where capacity-building efforts were underway, these tended to benefit senior staff rather than 'frontline' staff working directly with beneficiaries.
- **Fiscal sustainability.** Fiscal sustainability (and heavy reliance on donor funding in the case of Mozambique and the OPT) is a major concern across all five programmes, even though social protection expenditure as a percentage of gross domestic product (GDP) is comparatively low.
- **Cross-agency coordination and referral systems.** Coordination within and across government, development partners and NGOs is particularly weak, often leading to fragmentation and duplication of effort, and undermining potential synergies that could be achieved.
- **Monitoring and evaluation (M&E) systems.** Although efforts are being made to improve M&E, there is a dearth of participatory M&E activities within the programmes, despite the potential gains to be had from involving communities in social audits, feedback loops and other ways of improving programme effectiveness. Only in Kenya had respondents been involved in evaluation activities, but they had not yet received any follow-up on the findings.

- **State-citizen relations.** Where information provision is good and community leaders and local implementers have not been excessively politicised, programmes appear to have consolidated state-citizen relations. But the findings reveal very different beneficiary views about the state's role in providing the transfer, ranging from being a 'gift from God' or the European Union, to a form of humanitarian assistance or a citizen 'right' or 'entitlement'.

Conclusions and policy implications

Overall, beneficiaries view unconditional cash transfers as an important component in their repertoire of coping strategies. To varying degrees study respondents noted that the CT programmes had had positive effects in contributing to tackling the range of economic, social and psycho-social vulnerabilities they face. The principle value-added of the qualitative and participatory approaches is their ability to highlight the programme effects on social and psychosocial vulnerabilities, on intra-household power relations and on intra-community dynamics. In addition, the research findings also helped to shed light on a number of key aspects related to programme governance and accountability processes and impacts which would be difficult to elicit from quantitative approaches. These, along with suggestions for future research and evaluation directions, will be synthesised in a forthcoming guidance document for DFID on participatory monitoring and evaluation.

Some programme design features have made a significant contribution to these positive impacts, including: (1) clear linkages to an overarching national social protection policy framework; (2) efforts to streamline social assistance into a single registry or information management system that can be shared at all levels and across agencies; (3) use of a poverty-focused targeting mechanism resulting in a good level of inclusion of extremely poor people; and (4) combining cash transfers with a package of assistance such as food aid, fee waivers for basic services and/or social health insurance coverage. But a number of key areas – especially with regard to programme implementation, monitoring and evaluation – need to be strengthened to tackle the multidimensional nature of poverty and vulnerability more effectively, alongside improvements in human resource capacity and greater community involvement in decision-making.

- **Targeting** needs to be improved, not only to reduce inclusion and exclusion errors but also to extend support to the most vulnerable groups (for instance, by using 'destitution' rather than 'orphanhood' as criteria for OVC programme eligibility).
- The **transfer amount** should be reconsidered, with payments indexed to inflation while exploring options to increase the level of support based on household size.
- **Payment modalities** also need to be revised in order to reduce time expended in accessing them, especially in the sub-Saharan African cases.
- There must be greater investment in **capacity-building for programme implementers** at all levels to increase staff awareness of the needs of the most vulnerable households, to support participatory M&E processes, and to exploit opportunities for cross-agency synergies.
- There should be greater investment in **awareness-raising** among beneficiaries and the wider community to improve information flow and accountability, using radio and print media to communicate key information and success stories.
- **Programme governance and accountability** must be improved, including introducing or strengthening participatory feedback/grievance and M&E mechanisms. Developing a national registry system, alongside mapping complementary services and programmes, should help to strengthen coordination between government agencies, NGOs, and civil society or religious service providers.
- Programmes should develop **more tailored packages of support** so that recipients benefit from linkages to complementary forms of social assistance (e.g. asset transfers, fee waivers), social security and social services, with separate packages designed to meet the specific needs of people with disabilities and the chronically ill. In the same vein, there is an urgent need to support viable graduation pathways for able-bodied working-age beneficiaries so that they can escape from poverty and exit the programme. Behaviour change communication efforts should also be undertaken to promote shifts in discriminatory social norms vis-à-vis marginalised populations to maximise programme impact.
- To improve **programme sustainability**, government funding commitments (to social protection in general and cash transfers in particular) must be increased to avoid over-reliance on volatile donor funding.

Given the strong level of interest among governments and development partners in the effectiveness of these programmes to date, and the opportunities presented by ongoing programme reform in all five countries, the timing of this report is fortuitous. We hope the findings and recommendations will feed into current debates on the future direction of social protection policy and programming, to maximise impact and ultimately to strengthen state-citizen relations and promote social justice through more participatory programme monitoring and evaluation.



Social protection has become an important policy response to high levels of poverty and vulnerability in developing countries. Since the late 1990s, it has gained significant momentum among governments, donors and civil society partners as a result of a growing evidence base demonstrating its positive effects on reducing poverty and vulnerability (Arnold et al., 2011). More recently, 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 – 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).

Distinct from safety nets¹, social protection can take a variety of forms, ranging from public works programmes to cash transfers and social insurance, but they all aim to act as a buffer against transitory and/or chronic poverty. Cash transfers 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 across a wide range of developing countries at scale – in other words, reaching millions or even tens of millions of very poor households. 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, the elderly, and people with disabilities (Jones and Shahrokhi, 2013). Moreover, there is a growing consensus among analysts and programme implementers alike 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.

The report contributes to addressing these knowledge gaps by synthesising the results of research into the micro-level impacts of unconditional cash transfer programmes in five developing countries in the Middle East and North Africa (MENA) region and in sub-Saharan Africa. In these two regions, many countries have focused on a short-term safety net approach to social protection policy and programming. There are, however, growing calls for social protection to also address the longer-term and structural causes of poverty and vulnerability, including gender inequality, unequal citizenship status, and displacement as a result of conflict (Devereux et al., 2011; Holmes and Jones, 2013) and the role that social protection can play in strengthening social cohesion and state-citizen relations (DFID, 2011; Babajanian, 2012). To this end, this report focuses on community and beneficiary perceptions of the following programmes:

- 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
- the Senior Citizen Grant (SCG), part of the Social Assistance Grants for Empowerment (SAGE) programme in Uganda, and;
- the Social Welfare Fund (SWF) in Yemen.

Our analysis is based on qualitative and participatory research findings encompassing the economic, psycho-social and political economy dimensions of programme experiences, drawing heavily from six field studies undertaken by the Overseas Development Institute (ODI) in partnership with national teams in 2012, commissioned by the UK Department for International Development (DFID)². Due to resource and time constraints, each study focused on the effects of the programme on one specific vulnerable group: orphans and vulnerable children in Kenya, disabled and older people in Mozambique, female-headed households in Palestine, older people in Uganda, and young people in Yemen³. It is also important to note that while qualitative and participatory research methods add value by offering rich in-depth insights into the dynamic social, relational and political economy dimensions of cash transfer programming, the findings should ultimately be used to complement other M&E methods (although this was beyond the scope of the current study). As discussed in more detail in section 2, it is critical to understand not only the impacts 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 social vulnerabilities and inequalities at household and community levels, including changes in the power dynamics between citizens and the state.

The report is organised as follows: Section 2 presents our conceptual framework and Section 3 gives a brief overview of the study's research methodology, with additional details in Annexes 1 and 2. Section 4 provides an overview of all five programmes studied, while Section 5 describes the multidimensional nature of poverty and vulnerability across both regions, including the main coping strategies that individuals, households and communities rely on at times of hardship. Section 6 discusses beneficiaries' experiences of the cash transfers at individual, intra-household and community levels. In Section 7, we review perceptions of programme design and implementation. In Section 8 governance and accountability mechanisms are discussed and Section 9 concludes with an overview of cross-cutting policy and programme recommendations. Please note that the annexes are not included in the printed version of the report but can be found online at transformingcashtransfers.org.



The study did not aim to make comparisons across the programmes since they are all implemented in very different socio-economic, cultural and historical settings, and have distinct implementation processes and procedures. It is nevertheless useful to highlight and reflect on similarities and differences in order to better identify the entry points and barriers to strengthening policy and programme effectiveness. This is especially important in contexts characterised by significant resource scarcity but facing high levels of poverty and vulnerability. Synthesising lessons across the five countries is also helpful in thinking about alternative models and approaches to programme design and implementation.

The timing of this study is fortuitous in the light of ongoing programme reforms in all five countries as well as strong government and development partner interest in learning about their effectiveness, especially in the context of the global economic crisis and post-Arab Spring. It is hoped that the findings and recommendations will not only feed into current policy and programme thinking, nationally and internationally, but ultimately contribute to strengthening state-citizen relations as well as greater empowerment and social justice through more participatory programme monitoring and evaluation.

Box 1: Evolution of social protection approaches in MENA and sub-Saharan Africa

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 introduced social insurance provisions, food subsidies and, subsequently, social assistance programmes. As the poorer countries of the region implemented structural adjustment programmes in the 1980s and 1990s, social funds, and in some cases cash transfer programmes, were set up to alleviate poverty, playing an important role at a time when informal sources of support were being eroded due to 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. As a result, 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 in the MENA region (Jones et al., 2010).

In sub-Saharan Africa, formal social protection initiatives are generally more recent, although informal kin-based forms of social protection have historically been widespread. Informal sources of support have, however, come under increasing pressure in the context of the HIV epidemic, especially in southern Africa, and in the context of rapidly increasing migration and urbanisation – all of which have served to weaken family ties and undermine traditional coping mechanisms. Social protection is therefore moving up the development agenda in sub-Saharan Africa as policy-makers increasingly recognise its potential as a powerful tool to reduce poverty, vulnerability and social inequality, and to bridge gaps between short-term humanitarian actions and longer-term social development. Since the early 2000s, development partners (bilaterals, multilaterals and international NGOs) have supported national governments to pilot social protection mechanisms and approaches – including safety nets – and to gradually scale up programmes. More recently, some governments have established national social protection systems to coordinate and guide their programming and policy priorities (Handa et al., 2010; World Bank, 2012).

¹ A useful working definition of social protection is: ‘all interventions from public, private and voluntary organisations and informal networks to support communities, households and individuals in their efforts to prevent, manage and overcome risks and vulnerabilities’ (Shepherd et al., 2004). Social safety nets, by contrast, focus primarily on safeguarding against adversity rather than aiming for more transformative outcomes.

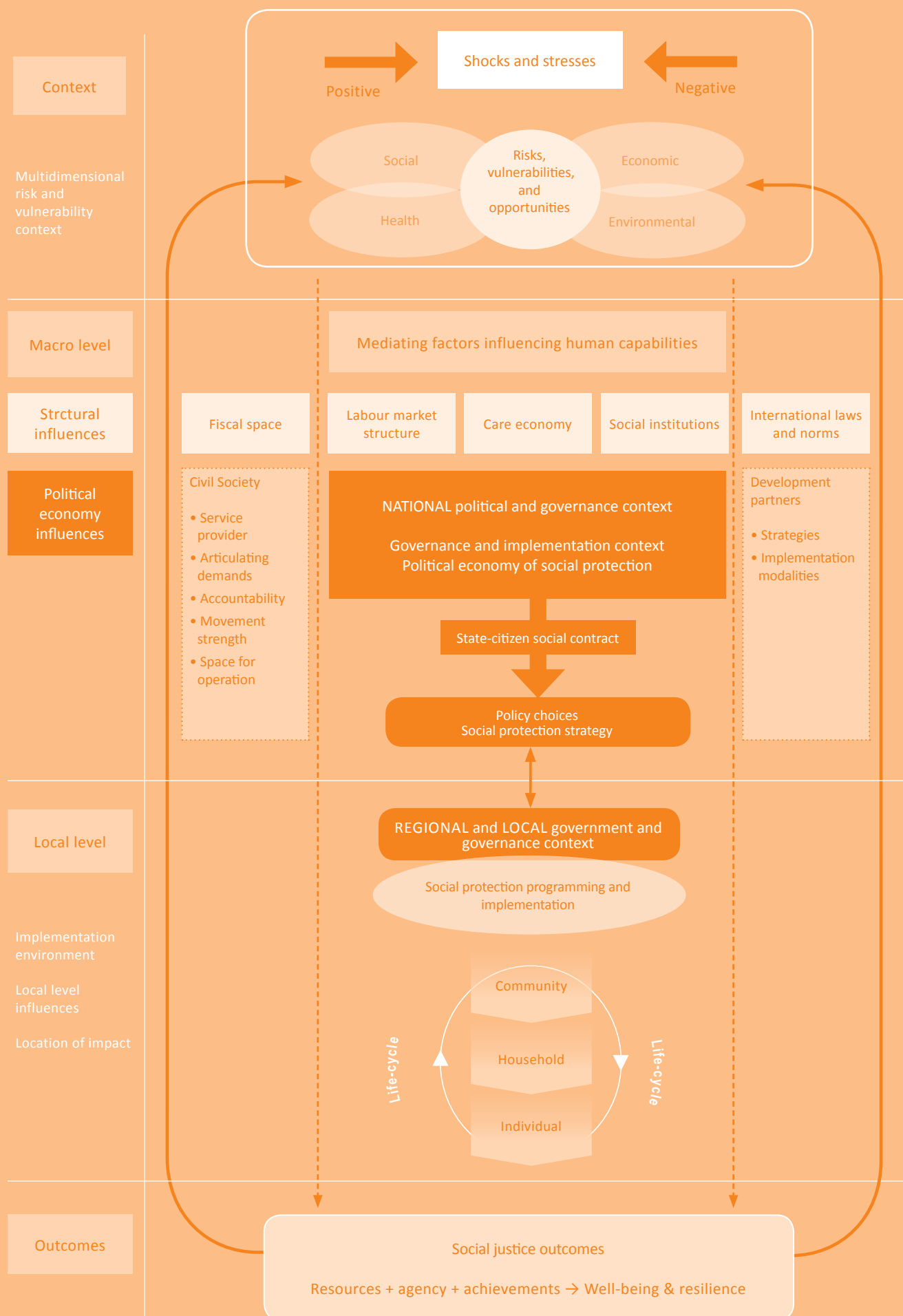
² See transformingcashtransfers.org for more information.

³ Youth are not specifically targeted by the SWF although some youth (particularly women) are reached as they overlap with targeted categories. Youth were selected given wider vulnerabilities of youth in Yemen and to understand how the SWF could play a role in improving their situation.

Conceptual framework overview



Figure 1: Conceptual framework diagram



In order to understand the multiple effects of social protection instruments on poor households and communities, we have developed an analytical framework that can capture the defining elements that constitute the context in which these programmes are implemented. Our ‘social protection – social justice pathways framework’ takes into account: 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; and social justice outcomes (see Figure 1). Although this report focuses on social transfer programmes – non-contributory social assistance provided by public and civic actors to those living in poverty or at risk of falling into poverty – we believe that the framework could be applied to a broader array of social protection programmes, including social insurance.

2.1 Multidimensional nature of risk and vulnerability

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

2.2 Structural parameters

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

First, the available **fiscal space** for investing in social protection obviously has a significant impact on the parameters of debate; low-income countries simply have fewer resources to invest in social protection than their middle-income counterparts, although as we emphasise below, expenditure decisions within a given fiscal envelope depend heavily on political factors too (Handley, 2009). Second, the structure of the **labour market** is also an important variable to consider; if social protection programmes are to be linked to complementary income-generating opportunities, this is likely to be more feasible in contexts where there is considerable potential for growth within labour-intensive economic sectors. Third, 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). Fourth, **social institutions** – the collection of formal and informal laws, norms and practices which shape social behaviour – also have considerable influence on development outcomes (Jones et al., 2010). They can be empowering, enabling individual and collective action, or they can reinforce inequality, discrimination and exclusion (Rao and Walton, 2004, in Jones et al., 2010). Finally, various international legal frameworks and norms provide clear commitments to social assistance and social protection so as to ensure a basic minimum standard of well-being for the most marginalised groups in society.

2.3 Political economy influences

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

Institutions

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

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

In many contexts, decentralisation has complicated the picture. While poverty reduction strategies have favoured decentralisation as a way of closing the gap between citizens, local and central government, and of strengthening accountability, in practice, functions have often been delegated to weak institutions with limited knowledge of anti-discrimination legislation and related programme provisions (Chronic Poverty Research Centre, 2008). This can undermine progressive programme design and opportunities for a strengthened social contract (Holmes and Jones, 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 departmental tensions are frequently mirrored in development partners' approaches to social protection. While UN agencies and international NGOs endorse a rights-based approach, development partners increasingly prefer 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). Nevertheless, civil society organisations, including religious institutions, often play an important role in plugging gaps in governmental social protection by providing various forms of financial and in-kind support, and/or providing complementary programmes and services. For

instance, NGOs are often key actors in providing psycho-social support to marginalised populations.

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 about 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, it is currently recognised as a justiciable right in very few countries (including India, South Africa, and Uruguay).

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

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 (1999) conceptualisation of empowerment as the ability to make strategic life choices – 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. 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 (Chronic Poverty Research Centre, 2008: 48).



The multi-country research sought to contribute to the knowledge base on experiences of cash transfers (CTs) targeting different categories of vulnerable people through qualitative and participatory techniques. The overall aim was to elicit beneficiaries' and non-beneficiaries' perceptions of the transfer, as well as the views of implementers and other stakeholders at local and national levels. Such knowledge is critical as it allows programmes to potentially become more effective, transparent and accountable. Additionally, engaging people in these kinds of participatory processes not only increases their awareness but is also an important step towards empowerment, contributing to achieving a range of social justice outcomes, as outlined in the conceptual framework set out in Section 2.

The specific research questions can be found in Annex 2. The key primary field research objectives included:

- exploring the views, experiences and perceptions of CT programme beneficiaries and other community members (non-beneficiaries) on programme impacts and programme governance in order to ensure they are better reflected in policy and programming
- providing examples of good practice on how to involve beneficiaries and communities in participatory monitoring and evaluation (M&E) of CT programmes
- gathering perceptions and experience from programme implementers
- building the capacity of national researchers in qualitative and participatory data collection and analysis.

The study explored a number of cross-cutting themes, which were adapted and tailored to particular programme realities and contexts. These related to: (1) individual material, psycho-social and political outcomes and experiences; (2) intra-household dynamics and change; (3) community dynamics (including social cohesion, exclusion and stigma); and (4) service provision (supply-side issues).

The different elements of the conceptual framework are reflected in different sections of the synthesis report. The multidimensional nature of risk and vulnerability is captured through a discussion of poverty, vulnerability and coping strategies. Local-level influences and impacts are discussed in the subsections on individual, household and community-level programme experiences, while social justice outcomes (both individual and collective) are explored in the discussion of beneficiary perceptions of programme design and implementation for the particular marginalised group being studied. The broader political economy dimensions and the governance and implementation environment are analysed in the section on programme governance and accountability.

Research tools

Our methodology combined both secondary and primary data collection, review and analysis. Secondary data included

reviewing existing quantitative data sets (where available) and qualitative data gathered through an in-depth literature review of governmental policy documents and other studies (published and unpublished) on key vulnerabilities, gender, social protection, and cash transfers, in the research countries and beyond. Primary data were collected through fieldwork between July and September 2012. The study employed a number of standard qualitative and participatory data collection methods, along with innovative tools tailored to the objectives and context of the research. These methods included:

- **Demand generation consultation:** In order to ensure that the concerns of beneficiaries and other stakeholders were included in the research tools, this initial process involved consulting members of the community about which kinds of themes and questions should be asked during the study. This entailed carrying out a number of key informant interviews and focus group discussions (FGDs) in a site different to the two sites selected for the main study.
- **In-depth and key informant interviews:** Using semi-structured guides, in-depth interviews and key informant interviews were conducted with programme beneficiaries and non-beneficiaries, programme implementers, community leaders, government representatives and other analysts/academics working on social protection.
- **Focus group discussions:** Using semi-structured guides, and also making use of visual and participatory tools where appropriate (e.g. mapping exercises, historical timelines), FGDs were conducted with programme beneficiaries and non-beneficiaries, disaggregated by gender, location and age.
- **Case studies:** Guided by the in-depth interviews and key informant interviews, case studies were carried out with programme beneficiaries identified by their particular characteristics (i.e. male/female, age, particular vulnerability). Individuals and households with particularly interesting stories were also selected, giving a chance to explore intra-household dynamics and relationships in greater depth.
- **Structured observation:** Guided by key informant and in-depth interviews, the study identified situations and events that provided interesting perspectives about interactions between programme implementers/service providers and beneficiaries during capacity-building or awareness-raising activities, for instance, or when accessing services.
- **Life histories:** This method (including the visual technique of creating a timeline) provided detailed information about change over time in an individual's life, focusing in particular on how the CT programme may have affected life trajectories. It also explored issues around empowerment, vulnerability and, more broadly, pathways out of poverty.

- **Participatory photography:** Participants in Kenya and Mozambique were supported to produce their own photographic work in order to share lived experiences of poverty and vulnerability and their feelings about the CT programme. This allowed participants an alternative means of expression which enabled them to actively shape the ways in which their lived experiences are conveyed to external audiences. Participatory photography served as a communications tool for the dissemination of the research, as well as a research methodology in its own right. As part of this process, the study produced a range of communications outputs, including digital stories.

In addition to the methods listed above, in-depth ethnographic work was carried out in Uganda, Kenya and Mozambique after the main study was concluded in order to explore in more depth issues that emerged from the core findings, especially with regards to the effects of the cash transfer on social capital and community dynamics.⁴

Overall, the combination of methodological tools worked well in enabling us to triangulate different perspectives and experiences. In hindsight, however, we think it could have been more effective to have embedded the ethnographic work more centrally within the country research teams. This may have allowed us to develop more in-depth case studies (including for instance via overnight stays with families) in order to better disentangle complex intra-household and intra-community dynamics. In the Kenyan case, where the ethnographer was part of the main team and we provided more dedicated support, the findings were more complementary to the core research results.

Site selection

A number of processes informed site selection. Given resource constraints, it was decided to carry out the study in just two programme sites in each country. It was also decided – after



discussion among the international and local teams, and consultation with in-country and London-based DFID advisors – that, in order to keep variability to a minimum, the country studies would selectively focus on either two rural, two urban or two peri-urban sites.

Sample size

Table 1 shows the different data collection methods applied in each of the countries and research sites. Local coordinators and programme implementers as well as other key stakeholders facilitated recruitment of respondents.

The number and range of respondents together with the diversity of research techniques enabled researchers to obtain in-depth and triangulated information on beneficiary and community perceptions of the cash transfer. The exact number of respondents differed across the countries but was deemed sufficient to capture the broad range of experiences and perceptions of the CT in each site once the point of data saturation was reached. Wherever secondary data were available (including quantitative data sets and other M&E data), these were used alongside the primary data to provide a more comprehensive picture on which to base policy and programme decision-making.

See Annex 1 for details on data processing and analysis, the report writing process, capacity-building efforts and ethical considerations.



The diversity of research techniques used enabled researchers to obtain in-depth and triangulated information on beneficiary and community perceptions of the cash transfers.

⁴The findings from the ethnographic research are referred to briefly in this report, but will be used further in forthcoming communication products.

Table 1: Qualitative and participatory research tools used per country

Tools	West Bank		Gaza		Yemen		Kenya		Mozambique		Uganda	
	Hebron	Jenin	Beit Lahia	Rafah	Hodeidah	Taiz	Makueni	Busia	Chokwe	Chibuto	Nebbi	Kabera-maido
Key informant interviews (KIIs) (District/ community/ national level)	32		18		16		29		19		33	
Focus group discussions (FGDs)	13		12		8		12		9		12	
In-depth interviews	23		23		14		20		22		22	
Life histories	4		4		9		11		13		8	
Case studies	4		4		2		4		7		4	
Community, vulnerability and coping strategies mapping	2		2		2		2		2		2	
Institutional mapping and historical timeline	2		2		2		2		2		2	
Structured observations [# of observations]	6		6		5		9		6		6	
Total for both sites	86		71		58		89		80		89	



We examined unconditional cash transfer programmes in the five countries, limiting our focus to non-emergency contexts. Table 2 below shows key characteristics of each programme. A more detailed table, including programme definitions of poverty and vulnerability and attention in the programme objectives to empowerment, justice and citizenship, can be found in Annex 4.

Table 2: Programmes overview

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

⁵The two study areas entered the programme at different times - Kaberamaido was part of the SCG pre-pilot phase initiated in September 2011 while Nebbi joined in March 2012 as part of the second phase.

Poverty, vulnerability and coping strategies



This section explores what it means to be poor and vulnerable in the different country contexts, using the perceptions of programme beneficiaries and other community members. We then go on to explore how people manage and cope with their multiple vulnerabilities. Exploring these in-depth and nuanced perceptions is critical for understanding beneficiary and community priority concerns, and for identifying gaps in programme coverage as well as the types of complementary programmes and services that may be needed in order to provide more effective multidimensional responses to poverty and vulnerability (Bevan, 2005; Shaffer, 2013).

5.1 Poverty and vulnerability

As seen from the conceptual framework, poverty and vulnerability are multidimensional and highly contextual with people facing different combinations of micro, meso and macro level risks. Here we explore the range of vulnerabilities focusing at individual, household and community levels. Although these vulnerabilities are often overlapping and interlinked, we separate out those which are more economic and those which are more social including gender, age-related and disability vulnerabilities for the sake of analytical clarity.

Each country context is unique, but common themes nevertheless emerged as underpinning experiences of poverty and vulnerability. Thus beneficiaries and other respondents spoke of poverty and vulnerability as being associated with and ranging from having feelings of shame, humiliation and loss of dignity, to having insufficient food and land, large families, inadequate housing, limited employment opportunities, and being unable to access and pay for health and other basic services.

Economic vulnerability

This section explores economic vulnerabilities. Key factors associated with economic vulnerabilities are mostly external to individuals and their households and have to do with, amongst other things, the context, the environment and broader policies. The effects of these are felt by individuals and households in a number of ways including in the need to take on additional employment, reducing consumption and lack of access to basic services.

Lack of employment opportunities: This resulted in many respondents being unable to meet their families' basic needs such as food, shelter, clothing, and medical care. The reasons varied across the countries but included: a fragile ecological environment (Uganda, Kenya, Mozambique); a fragile security situation OPT, Yemen, post-conflict areas of Uganda); de-development, prolonged economic recession (OPT), sometimes leading to loss of remittances (Uganda, Mozambique); and lack of productive resources and other household assets (all countries).

High and rising cost of basic goods and services: Increases in the cost of food and other goods and services have significantly increased vulnerability. As one 40-year-old man said in Taiz, Yemen: *'Everything has gone to the worst since the beginning*

of the conflict, increase of prices and no income...'. Many poor households cannot afford to use health services; households with members who have chronic health needs are even more vulnerable: *'I suffered a stroke three years ago, that requires paying for the medications and is more than I can afford, this is being poor'* (male non-beneficiary, 57, Hebron, West Bank).

Size and composition of households: Households with large numbers of dependents were particularly vulnerable, as were households with fewer productive members and/or those where the breadwinner was absent (either because of abandonment, migration, imprisonment or death). *'The poor are those who work and earn 50 NIS per day and have 10 children and elderly...'* (male beneficiary, Hebron, West Bank). Other households that were considered particularly vulnerable across all five countries include households caring for orphaned and vulnerable children, polygamous households, households with older people or people with disabilities, households with HIV-positive members, households headed by women, and households where older people were caring for young children.

Environmental factors: These increased people's economic vulnerabilities, especially in the three African countries, where frequent flooding and drought⁶ are a major concern, exacerbating food insecurity and water scarcity. In Uganda, one man in Kaberamaido district lost his wife and three children to floods; in Nebbi district, a 66-year-old man from Angal Ayila village said: *'I encounter difficulties such as lack of rain which hinders crop growth ... water shortage for our livestock ... Pest and diseases at times affect crops. Sometimes I lack food in my home'*. In the more urban study sites of the OPT, contextual environmental factors included streets and other public areas being covered in open sewage and litter due to few or no rubbish collections.

Gender and age-related vulnerabilities

Both gender and age-related vulnerabilities compound existing and ongoing economic vulnerabilities. Thus women in all countries tend to be at a disadvantage to men and both older and younger people are exposed to a disproportionate burden of vulnerability.

Female-headed households tend to be particularly vulnerable (see Box 2) as existing economic vulnerabilities are frequently compounded by social and cultural discrimination, which often limits their mobility and ability to find work. In the West Bank, teenage girls and young women from female-headed households are exposed to even greater social and mobility restrictions, usually imposed because of a perceived need to 'protect her' from possible harassment or 'wrongdoings': *'It is not accepted to see young women walking alone without their mothers or mother-in-law. Can you imagine what people would say about them?'* (mother of female beneficiary, 22, Rafat, West Bank).

Households headed by widows are another particularly vulnerable group. They often face difficult economic stresses, as one widow from Busia, Kenya, described: *'I have eight*

children I have to take care of and they have to go to school, they have to eat and they have to wear clothes. The little I have is not enough for all these children. Additionally, widows are also often subject to stigma and suspicion from their husband's family or the wider community. In Kenya, many widows are HIV positive and reported suffering stigma and neglect from members of their extended family. They were also typically denied the right to inherit land and other assets from their late spouse, often placing them in a particularly vulnerable situation. Similarly, in the West Bank, widows

reported feeling under constant surveillance by relatives and community members and were never expected to enjoy themselves or spend any money on their own personal needs. In some contexts (e.g. the West Bank and Yemen), divorced women were seen as the most vulnerable group, especially those with children.

Whatever their marital status, women face specific vulnerabilities that are also compounded by age, disability, HIV status, and other factors. This was particularly evident

Box 2: Female-headed households in the OPT

The World Bank estimates that female-headed households account for between 11% and 39% of all households worldwide.⁷ While they are commonly assumed to be poorer than their male counterparts, the reality is often more complex. Chant (2004) suggests that poverty levels among female-headed households depend more on the woman's personal circumstances (such as age, household composition, and reasons for a male breadwinner's absence) than being female headed per se. However, a multidimensional approach to poverty indicates that women's layered vulnerabilities will include and compound their household head status, resulting in fewer opportunities to work outside the home (and therefore greater economic dependence on male relatives) and less access to productive assets, leaving them more exposed to social stigma, especially if they are divorced (Rajaram, 2009).

In the Occupied Palestinian Territories (OPT), female-headed households represent around 9% of all households, predominantly created by widowhood due to the conflict or, in some cases, illness or divorce. Almost half the households reached by the Palestinian National Cash Transfer Programme (PNCTP) are female-headed, indicating that they experience a high level of income poverty. Women across the OPT are especially vulnerable due to gendered restrictions on mobility and employment outside the home, and their subsequent surveillance by male relatives. The outcome is that few women work, and divorced or widowed women who are heads of households, who need to leave the home, face a high level of social stigma and often have less access to social networks and support.

In 2011, unemployment in Gaza stood at 29% generally and 47% for women, putting it among the highest in the world (UNCT, 2012). In the West Bank, women's participation in the formal labour force in 2010 was just 14% compared with 67% for men (MoSA, 2011). Female heads of household under 45 years old generally expressed their desire and ability to work, to free themselves from external dependence and ensure stability for their children; but very few respondents were employed in the formal sector and only a handful engaged in informal activities. Gendered norms dictate that only a few types of jobs in the education, health and social sectors are socially acceptable for Palestinian women. These require university education and are difficult to acquire, as there are so few. In the informal sector, women lack agency as gendered norms dictate that activities outside the house are 'inappropriate' behaviour: *'We are under the eyes of our society. People observe us when we move, they want us to be prisoners at our homes! When a young woman is divorced or becomes a widow, she is expected to stop doing everything'* (focus group discussion with female household heads aged 35-45, Rafah, Gaza). Patriarchal norms also mean that female heads of households may not be able to control any income they receive, as fathers or brothers often take control of money.

The high levels of social stigma experienced by female household heads reduce their support networks. Psycho-social support through sharing experiences with other women is not always available, especially if it means leaving the house to pay social visits. Some respondents reported self-imposed isolation in preference to hearing about themselves through neighbourhood gossip. Poverty further restricts the ability of female household heads to participate in social events; some respondents explained they were unable to fulfil social expectations such as bringing gifts, or providing meals of a certain quality to guests: *'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'* (focus group discussion with female household heads over 45 years, Rafah, Gaza).

Divorced women experience even more social stigma and find it more difficult to get work than widows or young women. Divorce is considered shameful for women (but not for men) and they are considered less deserving of support or charity than widows, for example. *'If I were to have money, I would not give it to a divorced woman, but I would help those who are widows with orphan children'* (female beneficiary, 36, Jenin, West Bank). A divorcee must give up her rights to maintenance, dowry and other assets; as a result, households headed by divorced women are often extremely impoverished and socially excluded.

in the MENA countries, where restrictive gender norms prohibit women from moving freely, working outside the home, exercising household/family decision-making power, exercising agency (by making decisions about their and their children's lives) and living on their own (in the case of divorced or widowed women or unmarried girls). Early marriage (for girls as young as 10 in Yemen), with its associated negative consequences for children's development – including greater reproductive health risks – was also seen as causing increased vulnerability.⁸ As discussed later in the report, there is evidence from a number of countries (e.g. the OPT and Kenya) that poor families are increasingly resorting to early marriage of daughters as a coping strategy. In the African countries, while women face comparatively fewer restrictions on their mobility outside the home (for work or social purposes),

their increased vulnerability was expressed in terms of lack of control over decision-making and lack of power and involvement in household and family decision. Again, this was often compounded if the woman was old and/or disabled: *'I do not want to lie to you, I am not involved in any decision-making in my family, and they only come to inform me on the decisions taken'* (75-year-old woman, Nyapupii village, Nebbi district, Uganda).

Older people were mentioned in all countries as facing particular vulnerabilities. In Kenya, the fact that many were caring for orphans posed particular challenges, and in Mozambique, old age was often associated with being alone and having no one to support you. Generally, older people are vulnerable because they face ill-health, as one focus

Box 3: Older people in Uganda

Old age can sometimes result in a decline in people's productive capacities and abilities (HelpAge International, 1999: 2) and possible ill-health. Most older people turn to their adult children and families to help them cope when they can no longer work (Heslop and Gorman, 2002: 1125), but this dependence on others makes them feel insecure, and can create isolation and feelings of loss of dignity. In many sub-Saharan African countries, the AIDS epidemic has eroded traditional family support structures, leaving older people as the primary caregivers of people living with HIV or their orphaned grandchildren, often in impoverished households, unable to rely on familial support (HelpAge International, 2004: 17).

Uganda's 1.4 million older people (aged 60 and above) constitute about 4% of the population. Of these, 64.5% have a disability and 10.7% live alone in single-person households. Around 15% of households are headed by an older person, and almost 72% have care responsibilities for children and family members who are ill. More than one in five households (21%) in the poorest decile are headed by an older person. Poverty rates in households with both older members and children are high, at around 32%. The risks poor people face in old age are gendered, with more than half (55%) of women less likely to access pension schemes than men. In addition, 63.2% of older women are widows, compared with 15.3% of older men who are widowers. In most Ugandan communities, an older widow often loses any claim to her late husband's property or assets (MGLSD, 2012).

Study participants in Uganda reported specific vulnerabilities faced by older people, including loss of strength and ill-health, loss of status and greater isolation, and lack of income or means of livelihood, which combined to contribute to conditions of pervasive poverty. Older women were regarded as the most vulnerable: *'Women are more vulnerable than men in all aspects of life. And it is the women that care a lot for the families'* (interview with SAGE district implementation officer, Nebbi district).

The decrease in income means that older people are often dependent on their children and social networks for support. In the past, children were seen as an investment, providing security for their parents in their old age. But the impact of the AIDS epidemic in Uganda, as well as increased migration and civil conflict, means that traditional family relationships and support systems have been eroded, creating further burdens on older parents, and particularly women. As in Kenya and Mozambique, the Ugandan study showed that the burden of caring for orphaned and vulnerable children falls heavily on older people (and older women), increasing their poverty and vulnerability. In addition, any surviving adult children are less likely to provide care and support to their parents than previously: *'Nowadays, as people grow older, they lose respect from others, lose control over resources, and lose support from other family members'* (interview with female community development worker, Kiboga district). If adult children do provide economic support, it is more likely to be with in-kind items than cash: *'When I am sick [my son] takes me to the hospital because sometimes I don't have money. At times, he buys food for us when we have no food and my daughters also support me ... As for other children, I am the one who supports them ... for instance, I give them goats'* (69-year-old woman, Kaberamaido district). As well as the increasing economic and care burdens on older people, social isolation contributes to their vulnerability: *'Before the programme, there was not even a path to the elderly's homes, because nobody was visiting and they never went out'* (interview with female community development worker, Kiboga district).

group participant from Gogonya, Kiboga district, Uganda, said: *'We, the aged, have a lot of disease. We suffer from diseases such as hypertension, hernia, visual problems, leg and backaches. And most of us at this age, we are widows and have also lost our children who used to give us support.'* In Uganda respondents also reported being treated badly and encountering prejudiced attitudes from service providers such as *'Don't bother me, why do you still want to live?'* thus also deterring many from accessing health services. Older people generally also have reduced productive capacity and may have reduced access to social support networks while at the same time supporting orphans and vulnerable children. They may also feel a sense of isolation and powerlessness (see Box 3).

Young people in all study countries face high rates of unemployment and have limited work and training opportunities at a time when they are coming under pressure to start supporting their households and start their own families (see Box 4). This is particularly the case for young women in the MENA countries. In all countries (see section 5.2) economic vulnerabilities often resulted in young people (including children) turning to risky coping strategies, with both short- and longer-term consequences. In the short-term they risk not only physical injury but also social stigmatisation; in the longer term their future possibilities are also being curtailed through, e.g. being withdrawn from school and being married off at an early age. As is the case for older people, it is usually girls and young women who face the greatest burden

Box 4: Young people in Yemen

Young people growing up in poverty around the world are more likely to have dropped out of school, to be unemployed than those over 25 (Moore, 2005), and to turn to risky coping behaviours such as substance abuse and crime (Kuehn et al., 2011). As they are in the early stages of accumulating assets, young people also have lower resilience to shocks and may have poorer social networks and social capital.

Yemen has one of the youngest populations in the Middle East, with more than 75% of people aged under 25 (Assaad et al., 2009). The level of educational attainment is good: 40% of children enrol for secondary school, which includes 31% of all Yemeni girls; and 6% of women and 14% of men enrol at tertiary level.⁹ But youth unemployment is high, resulting in frustration and social exclusion.

The strongest source of vulnerability reported by young people in Yemen was their very poor employment prospects. Overall, unemployment stands at 16.3%, but the United Nations Development Programme (UNDP) estimates that 40% of young people will face unemployment in the next 10 years (UNICEF, 2010). In 2008, unemployment for adult men was 12% compared with 41% for women,¹⁰ and this rate is likely to be higher for young people, perhaps even twice as high (UNDP, 2011). Young men may be under more pressure than young women, as they are expected to be income earners. The lack of economic opportunities available to well-educated young people in a politicised environment like Yemen has sometimes resulted in extreme frustration, with some youth (particularly young men) turning to negative coping strategies and engaging in risky and anti-social behaviour, including substance abuse, theft, robbery, and even hijacking. In Taiz, young men are increasingly getting involved in political activism, which has the potential for positive change or negative outcomes through radicalisation and disaffection: *'Nothing works here, we raised our voices, what more can we do than make a revolution? And yet still things are getting worse. There is a vacuum, and people do not believe any more in peaceful revolutions'* (35-year-old man, focus group discussion, Taiz).

For Yemeni young women early marriage is common, with 32% of young women aged 20-24 married before the age of 18, and poor young women more likely to be married early (49% of young women in the poorest households married early, compared with 23% in the richest) (Ministry of Health, 2006). Early marriage has a succession of negative consequences for a girl's development; it is a major factor in school dropout, increased maternal health risks, and often entrenches unequal spousal power relations in the household. Respondents also noted that leaving school early is a common coping strategy for poor girls' families. When they marry, women in rural and peri-urban areas in Yemen have limited opportunities to work outside the household as a result of social marginalisation, which limits their independence and agency and exacerbates their vulnerability. Where women become head of the household due to death or divorce, their social and economic vulnerability is compounded even further as there are so few jobs available to them (Bagash et al., 2012).

Young men and young women alike reported feeling stigmatised by being poor. Their appearance and clothing gave away their status, and they reported harassment and exclusion at school and university. This led to feelings of humiliation and frustration: *'I want to go to the school cafeteria to eat like [other girls]. I do not want to continue pretending I have already had breakfast. In many cases, I go to get ice cream and eat it in front of my classmates at breakfast time so they believe I have already had my food'* (16-year-old girl, Taiz).

of vulnerability, including that of time poverty given greater pressures to take on domestic and caring work.

Other social vulnerabilities

Disability: The World Health Organization (WHO) estimates that 15% of the world's population are living with a disability (WHO, 2011). The vulnerability experienced by disabled people is multidimensional, covering discrimination and exclusion, possible increased care needs and costs related to their physical or mental disability, and greater dependence on others (see Box 5). Conversely when support is available, as this man from Chibuto, Mozambique notes, independence and broader wellbeing can be significantly enhanced: *'Four months ago I received these crutches from my church. This was a significant event in my life. I can now go to the hospital by myself, to the church, and talk to my friends. I can even sell credit [mobile phone credits]'*.

In all study countries, disability compounded economic, gendered and age-related vulnerabilities. Thus in Uganda, for instance, illness and disability linked to old age increased people's economic vulnerability because of the high transport costs and long distances to travel to access healthcare: *'I was unable to stabilise at home and do some agriculture since I kept on going to hospital for several months'* (66-year-old beneficiary of the Social Assistance Grants for Empowerment (SAGE) programme, Kaberamaido district). In other cases, while services may be more readily available, individuals with disabilities and their families, especially female caregivers, may face high levels of social exclusion. So in the West Bank



for example a mother of an adult daughter with Downs Syndrome reported that she was seldom able to participate in social occasions due to the negative treatment she and her daughter received, and as a result had faced high levels of social isolation.

HIV status and orphans and vulnerable children: People living with HIV often have limited productive capacity but also face stigma and discrimination within the household as well as outside it. Orphaned and vulnerable children, often resulting from HIV-related deaths of parents, are also highly vulnerable because of their reliance on grandparents or extended family members for care, often facing considerable stigma because of their status (see Box 6).

Ethnicity: Particular ethnicities, usually when they are in a minority in any particular country, often face higher levels of poverty as well as discrimination and social exclusion. In Yemen, the Muhamasheen community¹¹ experience the

Box 5: People living with disabilities in Mozambique

In Mozambique, around 6% of the population are estimated to have a disability (WHO, 2011). Disabled people's inability to access income and services – because of discrimination, lack of awareness of their rights, or physical incapacity, among other factors – makes them extremely vulnerable to poverty. Some disabled beneficiaries of Mozambique's cash transfer programme reported that they never felt discriminated against by their families and communities, but experienced problems with health workers. Some of those who did manage to travel the long distance to a health facility said they were treated last and forced to wait a long time, confronted by unhelpful and unfriendly staff. Respondents also reported that younger people with disabilities often lack access to education due to problems of mobility and distance, as well as very limited productive work opportunities.

The strongest vulnerability reported was being dependent on others, as having a physical disability often leads to total loss of income and economic independence: *'Five years ago I became blind. Before that I was the head of the block [of houses], and could harvest enough maize when the rains were good to eat through to the next harvest. Now I can't work. Now I am totally dependent on others'* (elderly woman, Chibuto). Disabled respondents said they were often completely reliant on friends and family to bring them water and food and to care for them. This was commonly cited as a source of frustration and loss of dignity. The vulnerability and care needs of a disabled family member can also constrain opportunities available to other family members: a man who went blind was reliant on his two sons to guide him to his farm every day, meaning that neither son completed his schooling.

Respondents reported that the cash transfer made them a little less vulnerable, mainly because receiving a regular cash sum meant they could plan expenses, and the transfer afforded them some dignity in the eyes of family, friends and the community. The low value of the transfer was respondents' main concern though, as it is not enough to meet all basic needs, and lacks transformative potential. Other changes are also needed, including improving school and healthcare facilities to increase access for disabled people, and providing appropriate income generating opportunities (Marriott and Gooding, 2007: 60).

greatest levels of poverty, discrimination and social exclusion in the country. In Zabid (a more remote peri-urban area), this is exacerbated by local leaders' discriminatory practices in not considering this vulnerable community for government support. This discrimination exacerbates precarious living conditions and the community's low status limits people's ability to access land and housing; the Muhamasheen generally carry out the most menial types of work, such as collecting rubbish. *'What to say about feelings? Where to share them and complain? Put yourself in our situation, where it is normal for people to see you cleaning streets and working as a porter carrying cement and heavy things. But as soon as you are seen in a school or a wedding, everyone stares at you, your clothes, and laughs, saying, 'what do you do here? This is not your place''* (focus group discussion, 26-year-old young man, non-beneficiary, from marginalised group, Zabid).

Psycho-social vulnerabilities

In all countries, respondents cited psychological stress, anxiety, depression and general mental health/psycho-social disorders as compounding other vulnerabilities (most notably in the OPT, where according to the WHO, 10% of the population suffer from a mental health disorder). Generally speaking, these feelings or disorders arise from the economic as well as household and community tensions in which vulnerable individuals find themselves. In Gaza, for instance, extreme levels of stress are caused by the pervasive impacts of the blockade and ongoing violence; in the West Bank, living in a refugee camp environment causes enormous stress and anxiety; in Yemen, the limited prospects for the future causes considerable stress, particularly among young people; and in Kenya, the stigma and discrimination faced by people living

with HIV or children orphaned by HIV causes considerable stress and anxiety.

As well as the social stigma and isolation associated with mental health disorders, feelings of helplessness and powerlessness, inability to cope, frustration, lack of self-esteem, loss of dignity and humiliation, along with deepening poverty, are contributing to increased intra-household tensions, conflict, and even domestic violence. As one 50-year-old man in Beit Lahia, Gaza, 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 ...'*. Young people are also strongly affected by increasing intra-household tensions, stress and violence, as this orphaned 16-year-old girl in Taiz, Yemen, said: *'I miss the old days of my father and being able to smile at home. This is now a dream because of the daily fight among my siblings over food, clothes and sleeping sheets and mattresses. My dream is to see my brothers respect me, my mother and my sisters, and for them to stop beating us'*.

In some cases, mental health problems and economic stresses also contributed to growing levels of alcoholism, substance abuse and addiction, compounding people's vulnerabilities, as they were often linked to intra-household violence and tension. In Kenya, alcoholism and drug abuse were particularly prevalent in Busia, an area where there was more mobility due to being close to the Uganda border and being an important fish trading centre, and arguably easier access to alcohol and drugs. Interestingly, in Yemen, respondents spoke

Box 6: Orphaned and vulnerable children in Kenya

In 2007, 12 million children in sub-Saharan Africa were estimated to have lost one or both parents to AIDS (JLICA, 2009). Children in areas with high HIV prevalence face specific vulnerabilities because caring for them creates an extra burden on their families, especially grandparents; these children are often more likely to drop out of school and are more susceptible to child labour, abuse, and involvement in criminal activities. This contributes to strong social stigma and poor life chances and outcomes (IATT, 2008).

In Kenya, 1.5 million people were estimated to be living with HIV in 2009, and 1.2 million children were orphaned due to AIDS (UNAIDS, 2004-2010). Kenya defines orphaned and vulnerable children (categorised as OVC) as either single or double orphans; children who are chronically ill or who have a caregiver who is chronically ill; or children who live in a child-headed household as a result of orphanhood (MGCSO, 2011). While some children become classed as OVC through other means, in most cases, children have lost one or both parents to AIDS and are living with their grandparents.

Carers for orphaned and vulnerable children reported a strong change in community attitudes towards these children since the government rolled out the cash transfer programme (CT-OVC) in 2007. Before, these children were viewed as a burden on their households; they were extremely vulnerable because they lacked access to support networks and felt isolated within their community. Relatives were also reluctant to foster orphans due to the increased drain on their resources. The cash transfer has relieved carers of some of the financial burden involved and the community now see orphaned and vulnerable children as an asset to families. While regarding children as a potential source of income can be problematic, overall, the programme has had positive effects in transforming family and community attitudes towards orphaned and vulnerable children. Their improved status means they have a newfound social acceptance within the community, and have reported making more friends.

about the growing threat of substance abuse, and particularly khat chewing,¹² among unemployed young men, but also said that young women were increasingly turning to it. In the OPT, substance abuse was particularly prevalent among young men: *'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 in the house to buy Tramadol pills'* (comments made during focus group discussion with men under 45, Beit Lahia, Gaza).

Vulnerabilities resulting from eroding social support systems

The disintegration of informal social support from relatives, neighbours and friends was viewed as an important factor that has heightened vulnerability and made it more difficult to cope with shocks and stresses. A number of inter-related factors have led to the disintegration of these traditional support networks, including the deteriorating economic situation, demographic changes, the impact of HIV and AIDS, as well as the political and security situation, which often exacerbates existing vulnerabilities. In the West Bank, for example, respondents noted that people who lacked political or social connections or did not come from an influential family would find it difficult to access assistance, work and support, thus making them more vulnerable, economically and socially. *'Those who have wasta [social connections] live, and those who don't do not live'* (male non-beneficiary, 62, Hebron).

In Uganda, the loss of intergenerational support was particularly lamented by older people. Traditionally, older people maintained reciprocal relationships with their adult children, receiving support in exchange for work in the home or on family land. However, a combination of factors (including urban migration, civil conflict, and the AIDS epidemic) have eroded these systems and today, older people may not be cared for by their family or receive remittances, and are treated less respectfully, as one community development worker from Kibigi sub-county, Kiboga district, explained: *'Nowadays, as people grow older, they lose respect from others, lose control over resources, and lose support from other family members'*.

Vulnerability as a result of political instability and conflict

In the MENA countries, political instability and divisions, conflict, violence, insecurity, and restrictions on free movement were seen as key vulnerabilities. In the West Bank, for instance, the Intifada is seen as contributing to the deterioration of living conditions and incomes, bringing poverty even to some who used to be well off. *'Before the Intifada I used to go to work at 5 o'clock in the morning until 4 o'clock in the afternoon. Our economic situation became*



much better during my work in Israel, I was very comfortable and in a good health condition. I felt good because I could feed my kids. Now though, life is so difficult' (female beneficiary, 65, Hebron). In Gaza, in areas where there had been intense Israeli military operations, some respondents were more vulnerable because of displacement after their homes were destroyed: *'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'* (female head of household, under 45, Rafah). People often mentioned how internal political divisions had created a rift among Palestinians and undermined the community's social fabric: *'Brothers opened fire on each another because one belongs to Fatah party and the other from Hamas'* (comment made by one woman during a community discussion in Beit Lahia).

The effects of the conflict and civil unrest in Yemen also increased people's vulnerability as, according to respondents, it constrains employment opportunities, but it also has broader consequences, as one 40-year-old man from Taiz explained: *'During the past three years and before the civil unrest, we were working ... as [day] labourers and sometimes one week there was work and the other week there was not, but there was no problem. Now, we have been jobless for two years ... The conflict in Taiz also has other problems – women can no longer walk outside at night and young men are also more out of control, so women feel more threatened'*.

Similarly, insecurity was cited as increasing people's vulnerability in one study site in Uganda – Kaberamaido district – where the population has suffered from multiple displacements and widespread loss of assets over a lengthy period due to attacks by the Lord's Resistance Army (LRA) and cattle raids by the Karamojong. Community members recalled how *'... animals were stolen, leaving people in total poverty and misery. Children were abducted ... some people were killed ... Women were raped by the Karamojong ... In 2003,*

Kony [the LRA leader] invaded ... This brought a lot of death, famine, loss of property ...' (historical timeline discussion with villagers in Oboketa, Kaberamaido district).

5.2 Coping strategies

Across all study countries, people's coping strategies ranged from seeking informal support (from family and neighbours) to seeking formal assistance (from governments, NGOs and religious or community-based organisations). Social networks were a key source of support in the African countries, with respondents in Kenya, Mozambique and Uganda citing borrowing money and food from friends and family as one of their first options. This was less of an option in the MENA countries, with respondents in Gaza in particular noting that prolonged economic strain caused by conflict had all but exhausted family or kin-based avenues of support. Instead, people coped with additional strain by reducing their consumption – of food, utilities, health and education, including withdrawing their children from school.

Formal support

Cash transfers and other types of formal assistance from governments and NGOs were cited as important sources of support, helping people meet their basic needs. In Gaza and the West Bank, the cash transfer was considered the most important form of external support (see Section 6), and was often used for borrowing or buying on credit. Respondents in Kenya and Mozambique identified local leaders and government representatives as their first or second point of call for emergency assistance, acting as 'gatekeepers' to formal support systems. Religious organisations also provided valuable support (cash or in-kind), with support from Islamic organisations proving especially important for orphans and widows in Yemen and the OPT.

The use of Zakat¹³ funds was also mentioned in the MENA countries as an important source of support, with resources also coming from external sources (the Gulf states, in the case of the OPT). In Mozambique, the Catholic Church was seen as one source of support, providing mobility aids for some disabled people as well as material support (e.g. food baskets for people with HIV). However, some respondents felt that faith-based organisations did not offer any significant support.

In all countries, respondents mentioned receiving assistance from international and local NGOs and civil society organisations, including the provision of vital farming inputs in Uganda: *'I got support in May this year from NAADS (National Agricultural Advisory Services) who gave me 8 kg of groundnuts and two hoes for planting the groundnuts, which I have planted'* (75 year old man, Angal Ayila village, Nebbi district). In Yemen, support can come from various organisations: *'There is additional support from Hayel Saeed [a private company that provides a social transfer to the*



poor during Ramadan] during Ramadan of YER 2,000, also from Oxfam YER 15,000' (male respondent, Zabid). In OPT cash transfer beneficiaries automatically receive government health insurance, and many also receive education subsidies or tuition waivers. This type of bundled support was acknowledged as playing a fundamental role in addressing people's multiple vulnerabilities in such settings, especially in light of the very low value of the cash transfer.

Informal coping strategies

Given the limited formal support available, respondents reported relying on a wide range of strategies which we have grouped here as: income generating strategies, consumption reduction approaches, reliance on family and community support and psycho-social forms of coping.

Income generating approaches

In order to increase household income, families resorted to one or more of the following income generating strategies:

- **Diversifying livelihood activities:** This was a common coping strategy mentioned by respondents in all countries. In Mozambique, Uganda and Kenya, people often did additional informal/casual labour on other people's fields to see them through difficult times, and grew some vegetables or other food crops on small plots near their home to boost their consumption and even sell any small surplus. In the OPT, however, people's options for diversifying their livelihood and income-generating activities have been much more limited since the second intifada.
- **Engaging women's labour:** In the African countries, women's labour was already being utilised in households' everyday economic activities. But in the MENA countries, largely because of social norms about what types of job are suitable for women and restrictions on their movement, engaging women's labour was often seen as an extreme coping strategy, particularly outside large urban centres in Yemen. Thus, whenever possible, women take on home-

based activities like sewing, making perfume, and cooking food for sale. In the OPT, the situation was somewhat different; many women have been educated to tertiary level with the expectation of a job in a recognised profession (e.g. working in government or social services), but are unable to do so because of limited availability of jobs and instead take on low-paid jobs to make ends meet.

- **Engaging children's labour:** Some families resorted to engaging children's labour, often withdrawing them from school to help out in times of difficulty, with negative consequences for their well-being. As one man receiving the PNCTP in Jenin, West Bank, said: *'During the summer break, to complement the cash transfer, my son [15] works from early morning until evening ... for only 20 NIS [approx. 5.5 USD] a day. His body is burned by the sun, also he is harassed by the police as they don't allow kids under 18 to work'*. Engaging children's labour was also mentioned

in Kenya and Uganda, where some parents withdrew their children from school to work in the fields. *'Some of us dropped out of school and concentrated on farming to get money because we had failed to get money for school fees'* (focus group discussion with orphaned and vulnerable children, Angal Ayila village, Nebbi district, Uganda).

- **Engaging in risky income-earning activities:** Some respondents reported resorting to more dangerous livelihood activities. In Gaza, given the challenging security and economic context, young men and boys often had few options but to engage in tunnel work in Rafah, where goods (including Tramadol pills) are smuggled from Egypt into Gaza. As one woman, a 58-year-old widow, said of her son: *'He works there [in the tunnel] so what else can he do? He wants to feed us, to build his home and get married. It's better than begging'*. In Yemen, young men in Taiz were reported to be increasingly involved in theft, hijacking

Box 7: Mitigating the need for harmful coping strategies? The case of a fishing community in Kenya¹⁴

In some communities, where alternative livelihood options are very limited, coping strategies can involve transactional sex and risky sexual behaviour (mostly involving women and young girls), which often increase transmission of HIV¹⁵ and other sexually transmitted infections (STIs), compounding household poverty and vulnerability in the longer term.

On the banks of Lake Victoria in Kenya, local communities rely heavily on fishing for their livelihoods. Women's usual role is to buy fish from the fishermen, which they sell on to local people and outsiders. Some women become *'customers'* of the fishermen, whereby they offer sexual favours in return for credit or gaining first priority on the available fish. According to female respondents: *'... you are forced to involve in sexual activity with them to get fish for sale. You will not get fish if you don't give in to their demands'* (focus group discussion with HIV-positive women). If a woman customer is unable to perform the required services, she may send her daughter instead. Additionally, orphans and vulnerable children may be coerced into performing sexual acts to get something to bring back to their family: *'Female children have been forced to engage in prostitution because when one goes to the lake and doesn't get fish, they won't survive at home'* (interview with volunteer children's officer). It is also common for vulnerable and poor children in this area to drop out of school to engage in fishing activities to help sustain their households (Oyier, 2013).

This HIV-risk situation is compounded by the frequent occurrence of polygamy, people having multiple sexual partners and where there are high levels of mobility and migration – both of which are also high-risk factors for HIV (Armonkul et al., 2009; Drimie et al., 2009; Haour-Knipe et al., 2013; Mukulu et al., 2012). In this community, fishermen often have more than one *customer*, and these are usually married women. The town also has a culture of entertainment based around alcohol and discos, with richer men (often fishermen or traders passing through) entertaining younger girls and giving them gifts in exchange for sex. Respondents also identified alcohol consumption as a risk factor for HIV as it increases the likelihood of having unprotected sex.

Not surprisingly, the area has a large number of households that include HIV-positive people, including female-headed households (often widows) and households headed by older people caring for orphaned or vulnerable children. The social stigma and economic vulnerabilities faced by these households often leave them with few options but to engage in even more risky coping strategies – thus creating a vicious cycle.

The Cash Transfer for Orphans and Vulnerable Children (CT-OVC) has gone some way towards reducing the need to adopt risky behaviours and beginning to break this vicious cycle. As the cash is keeping children in school (itself a more protective environment), this could eventually enable them to engage in safe and more lucrative livelihood activities. Similarly, some respondents used the transfer to invest in small business activities, potentially reducing the need to engage in risky livelihood strategies. Finally, the cash transfer has allowed people living with HIV to cope better. Some reported that the transfer had positive effects in terms of them *'feeling less stressed'* and reducing their worries about how they will buy food or clothes for their children.

cars and motorcycles and robbing passengers. In Kenya, young women in Busia were more likely to get involved in transactional sex and sex work – a coping strategy with particularly harmful risks (see Box 7). Where people were very desperate, scavenging, begging or stealing food and other items they could sell (e.g. scrap metal in Gaza) were reported as risky coping strategies. In Yemen, children and young people from impoverished communities such as the Muhamasheen were said to be collecting leftover food from restaurants, looking through rubbish and begging in the streets, increasing their exposure to abuse and harm.

- **In-country (rural to urban) and cross-border migration:**

This was a common coping strategy, increasingly involving young people. However, many migrants work in low-paid agricultural jobs or the informal sector, often in illegal activities. Although remittances are still an important part of household income, they are declining and also becoming less predictable, putting additional strain on households that depend on migrants' remittances. In Gaza, while cross-border migration is not an option for most people due to the blockade, many young men and boys migrate from Beit Lahia to Rafah (i.e. from north to south) to find work. In Yemen, the more educated young people from Taiz often migrate to Saudi Arabia to find work in order to support their families back home. As one 60-year-old man from Zabid explained: *'The emigration of my two sons, who started to support the family, was helpful, but they returned from Saudi and they are jobless now and can't even get married. Another of my sons got a visa to Saudi, he is the only one who supports the family.'*

- **Borrowing, buying on credit, or taking out loans:** In all countries, borrowing was an important coping strategy, and one that is facilitated by regular cash transfers (see section 6). In Uganda, Kenya and Yemen, respondents reported mostly borrowing from friends and relatives, although a few people borrowed from money-lenders and formal lending institutions. *'When I am in trouble I go to friends to borrow some money to help me, like the other day ...'* (75-year-old man, SCG beneficiary, Angal Ayila village, Nebbi district, Uganda). In all countries, respondents also reported buying food, medicines or other basic items on credit or paying utility bills or other expenses in instalments whenever they received the cash transfer (this was cited as a key coping strategy in Gaza, Kenya and the West Bank).

- **Selling assets:** Respondents in all countries resorted to selling assets when first-choice strategies were exhausted. This was a particularly important coping strategy in the OPT and Yemen, where, given the socio-economic settings (peri-urban areas) and historically higher levels of economic development, people generally have more assets to sell. In Gaza, the West Bank and Yemen, people reported selling TVs, furniture, and jewellery; women tended to sell gold or jewellery as a last resort, because this is a key component of a girl's dowry in both the Palestinian and Yemeni settings: *'When my husband died, I sold all my gold for nearly 5,000*



JD to pay all his debts and help us cope with the loss of my husband's income' (female PNCTP beneficiary, 48, Hebron). In the African countries, respondents reported selling assets such as land, livestock and bicycles that were not commonly identified as women's assets but were nonetheless damaging to the household's longer-term livelihood options: *'When we have assets we mortgage them [sell] to get money, like bicycles. We also sell our goats to get money for food'* (78-year-old man, SCG beneficiary, Angal Ayila village, Nebbi district, Uganda).

Consumption reduction approaches

Although the vast majority of respondents noted various consumption reduction approaches, these were most heavily relied upon in Palestine and Yemen given the very limited income generating opportunities for women and youth in particular (see discussion above). Strategies included the following:

- **Reducing consumption/managing expenses more frugally:** Many respondents reported reducing consumption and trying to use household income more carefully (respondents in the West Bank talked about 'taltheeq', which means 'trying to use the money in a very careful and conservative way in order to make ends meet'). In all countries, reducing consumption of basic goods and services (principally food, healthcare and education) was a common and important coping strategy. Many women respondents reported reducing the number of meals they prepared each day (for instance in Uganda and Kenya) and buying cheaper and lower quality food (in Gaza and the West Bank). As one woman aged 42 in Jenin camp (a PNCTP beneficiary) said: *'Nowadays things are very expensive and we can hardly afford buying vegetables and fruits from the market. We look for bad quality or thrown away stuff like tomatoes, potato, eggplant, cucumber, onion, and occasionally fruits.'*
- **Early marriage:** Marrying daughters early is an extreme form of reducing consumption and household expenditure but was cited by respondents in the West Bank and Kenya as a last resort coping strategy (particularly for large

households). As one woman from Hebron with 12 children explained, she had married her daughter off to a much older man with three wives to ‘protect her from poverty’ and from her father, who had sexually abused her. *‘As they say in our community: marry your daughter off – she is pretty and you are poor’* (female PNCTP beneficiary, 44, Hebron). Although early marriage often has a negative impact on girls’ health and well-being the motives for choosing this option can also be seen as positive, as it can offer girls the potential of a better life in some situations.

- **Reducing spending on human capital development:** Despite the comparatively high value placed on children’s education in some contexts (e.g. Gaza), withdrawing children from education to help the family generate income was cited as a coping strategy in all countries. As one 48 year-old woman (a PNCTP beneficiary) in the West Bank explained: *‘I was obliged to let my son drop out of school at nine years so that he can help me as a worker when my husband abandoned us and went to Amman’*. In Gaza and Yemen, girls were more likely to be taken out of school than boys at times of hardship, but in one area of Yemen (Zabid), it was pointed out that boys were more likely to be withdrawn from school as they were better able to generate income than girls. In some cases, though, households tried very hard to protect longer-term or productive strategies; in Gaza, many families continued to invest in higher education, particularly for daughters, in the hope that they may be able to find better-paid jobs.
- **Reducing spending on health:** This was another common coping strategy; other options included greater reliance on self-medication or using alternative health providers such as traditional healers. In Yemen, for instance, participants reported visiting a traditional healer or buying medicines directly from pharmacies without undergoing the required tests. Others delayed seeking treatment until their health problem became severe.

Reliance on family and community support

In all countries, respondents talked about receiving support from family, friends, neighbours or community groups, though of different types and to differing extents.

- **Informal financial support from family, friends, community:** In Yemen, for example, while respondents mentioned receiving informal financial support (usually for one-off events such as weddings, funerals or health shocks) from neighbours, family, and the wider community, this was small and sporadic (e.g. during Ramadan) and did not result in significant improvements in people’s situation. What was perhaps more significant in Yemen (as mentioned during a focus group discussion in Zabid) was the support received from family when sending their children to live with better-off relatives. However, this was seen as a last resort strategy as it may expose children to risk, including being treated badly or forced to do domestic work in their relative’s household. In the African contexts, support from family members

was often more forthcoming, perhaps because each of the vulnerable groups studied (older people, orphans and vulnerable children, and people with disabilities) may be seen as ‘more deserving’ of family support. By contrast, the situation of female-headed households in the OPT, for instance – in the context of discriminatory social norms and attitudes – arguably reflects the more tense and less supportive relationships between in-laws and other family members. In Mozambique and Uganda, respondents identified family, neighbours and local leaders as sources of financial and other support, particularly when dealing with shocks like ill-health. *‘When I am faced with trouble like sickness and need quick help, I turn to my family members ... 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, Nyapupii village, Nebbi district, Uganda).



- **Community groups:** Self-help groups and savings associations were cited as important in Uganda and Kenya, helping people to manage economic and social risks and vulnerabilities, particularly in case of serious illness or bereavement. As one 66-year-old man (a SCG beneficiary) from Nebbi district, Uganda, said: *‘We have a communal group, ‘Kilimba’. We contribute UGX 10,000 [\$3.80] to the group on a monthly basis. The money collected is given to the group members on a rotational basis. In one month we give one member, next month another member ... until we all get. We pay school fees if we get cash, we use for buying food’*. Similarly, in Kenya, respondents spoke about informal savings associations (‘merry-go-rounds’) and ‘table-banking’ groups (which the cash transfer helped to stimulate, as discussed in Section 6), where money is pooled and distributed to those most in need. As in Uganda, these groups provide vital financial support to members, but also psychological support – in the Kenyan case, supporting HIV-positive widows and elderly grandmothers caring for orphans and vulnerable children.

Psycho-social ways of coping

Psycho-social ways of coping were also mentioned by a number of respondents, and these included the following:

- **Psychological support from family members:** This was mentioned as an important type of support, particularly by respondents in the OPT. Women in the West Bank relied on daughters or mothers as confidantes and sources of support, while widows were also able to find support from other women in the same situation. *'After my husband died, my mother spent all her time with me'* (female PNCTP beneficiary, 38, Jenin city). In Gaza, women tended to provide psychological support to their husbands but this was not reciprocal, turning instead to relatives, friends and neighbours for such support.
- **Substance abuse:** Some individuals, particularly young men in the OPT and Yemen, cited drug use (and in other cases alcohol) as an important means of dealing with the stresses of their lives and to provide a temporary escape from reality. (Interestingly, there were no reports of women using drugs, but some women in the West Bank mentioned smoking as a way of relieving stress.) In some cases, this coping strategy led to dependency on nicotine, addiction to Tramadol (in Gaza), and misuse of the cash transfer, even prompting domestic violence, as one woman aged 38 (a PNCTP beneficiary) in Hebron City described: *'Every time I receive the cash from the bank, my husband beats me, so I'm forced to agree to give him some money to get drugs'*.
- In Yemen, **political activism and prayer** were both mentioned as coping strategies. Young people have increasingly become involved in street protests and are joining radical armed groups, although some young people said they only took part in these protests because the organisers gave them food or money.
- Finally, some female heads of household in the OPT talked about **self-imposed isolation** as a type of coping strategy. This was linked to poverty, as poor women could not afford to maintain traditional social norms that involve providing food, drink and gifts to visitors (or could only do so by considerably reducing their own consumption for some days). Others mentioned staying at home as preferable to hearing community gossip about their situation: *'I stay at home. Better than hearing 'the talking''* (43-year-old divorced woman from Beit Lahia).



When I am faced with trouble like sickness and need quick help, I turn to my family members ... children light a fire for me to keep my house warm, so I still have family support.

(88-year old man, Nyapupii village, Nebbi district, Uganda)

⁶One of the research sites in Mozambique, Chokwe, was devastated by floods not long after the team finished the data collection, affecting the livelihoods of many of the people we spoke with.

⁷The World Bank DataBank (<http://databank.worldbank.org/data/home.aspx>).

⁸Surprisingly, more men than women raised concerns about early marriage. Women in Zabid were more concerned about being unable to find a husband after the age of 20. Men are more likely to have been reached by NGOs whereas sensitisation campaigns have been weak in targeting women.

⁹Data from World Bank DataBank. Data for secondary enrolment are from 2011; data for tertiary enrolment are from 2007.

¹⁰World Bank DataBank.

¹¹The Muhamasheen or Akhdam (which means 'servant' in Arabic), is a social group in Yemen, distinguished from the majority by its members' black African physical features and stature. They are considered to be at the very bottom of the societal ladder and are mostly confined to menial jobs in the country's major cities.

¹²Khat (or qat) is a flowering plant native to the Horn of Africa and the Arabian Peninsula. Among communities from these areas, khat chewing is a social custom that dates back thousands of years. Khat contains an amphetamine-like stimulant, which is said to cause excitement, loss of appetite and euphoria. In 1980, the World Health Organization classified it as a drug of abuse that can produce mild to moderate psychological dependence (less than tobacco or alcohol).

¹³Zakat 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).

¹⁴This box draws on findings from the ethnographic study.

¹⁵HIV prevalence in Kenya in 2011 was estimated at 6% (among those aged 15-49), 4% among women aged 15-24, and 2% among men aged 15-24. World Bank DataBank (<http://databank.worldbank.org/data/home.aspx>).

Beneficiary experiences of cash transfers



This section explores the effects and experiences of the CT programmes in all five countries, first describing the positive experiences at individual, household and community levels, and then detailing less positive effects. Whilst there clearly is overlap and linkages between the individual, household and community levels, it is useful nevertheless to distinguish and disentangle the effects on each so as to better identify gaps and entry points for more tailored support and programmatic action.

6.1 Positive experiences

Positive experiences at the individual level

Feelings of self-confidence: In all five countries, beneficiaries reported that the cash transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, and assertiveness. In Kenya, for instance, orphans and vulnerable children felt that since they were now better clothed, fed and were going to school as a result of the transfer, they could engage on an equal footing with their peers and talked

about how they wanted to succeed in life and build a better future. Similarly, disabled beneficiaries in Mozambique felt that the cash transfer had helped to restore their dignity by making them less dependent on others and improving their relationships: *‘Before I received the help [transfer] my life was not going well ... With the help, many things have improved. My relationship with other people has improved. Before, nobody wanted to have anything to do with me. Now, nobody looks down on me’* (elderly disabled man, Chokwe, Mozambique)(see also Box 8). In the West Bank, women in particular felt that the cash transfer had enabled them to become more assertive, providing them with better access to information about complementary sources of assistance and income-generating opportunities. In Uganda, beneficiaries reported that *‘Before, we were treated as if we were dead ... Now, people respect me’* (76-year old male beneficiary, Obur parish, Kaberamaido district) and *‘I also can command respect ...’* (77-year-old woman, Senior Citizen Grant (SCG) beneficiary, Kaberamaido district).

Box 8: Life history: young disabled man, Chokwe, Mozambique

‘My father died when I was two years old. I became sick for a number of years starting when I was around eight. When I was 10, my mother also died, so I lived with my brother. When I was 13 I became sick again and couldn’t use my legs anymore. I didn’t have a wheelchair [from 13-18 years old] and my family had to carry me or help me to walk.

In 2000 my house was destroyed by the floods. I was saved from drowning by my friends. These same friends and neighbours re-built my house after the floods. In 2003 my brother, the one I lived with, left for South Africa and I was left with a domestic worker to care for me.

In 2005, when I was 18, I received my first wheelchair from INAS [National Institute for Social Action] and my married sister, who lives close by, started to bring me meals. My wheelchair broke down in 2009 and then I had to depend on others to get around again. In 2010, a nurse found a wheelchair on the hospital dump and gave it to me. My friends repaired it and it still works.

In 2010, I started to receive the subsidy [Basic Social Subsidy Programme]. I received 70 meticais (MTn) [\$2.5]. In 2011, I began to receive 130 MTn [\$4.6]. This is my only money, I live alone. The money makes a big difference in my life because now I don’t have to rely on my friends and family for every little thing that I need’.



Sense of control: Much of this increased confidence and dignity stemmed from the fact that people could now meet their own needs, as the transfer has given them more security, control over their lives, freedom of expenditure and contributed towards greater financial independence. In Gaza, this ‘improved the morale’ of female-headed households, while at the same time ‘decreasing anxiety and worry’. In the West Bank, the financial independence women gained due to the cash transfer increased their role in household decision-making and their bargaining power, in turn increasing their economic independence. This was evidenced through a number of respondents using the security offered by regular cash transfers to take out loans or to use it as a springboard to other, more sustainable income sources: *‘We started to become more confident to ask for these loans as we now have a regular source of income’* (female PNCTP beneficiary, 48, Hebron).

For people with disabilities in Mozambique, the CT gave them increased control and decision-making power over their own lives: *‘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, PhotoVoice 2012).

Empowerment: When beneficiaries were asked whether they preferred cash or in-kind transfers (e.g. food), in most countries (except for the OPT) cash was felt to be preferable, as it allowed people more freedom and independence in deciding how to spend the cash, as well as setting their own priorities and also, in some cases, empowering them on decisions around their own well-being. As one beneficiary respondent in Makueni, Kenya, said: *‘If you give someone something like food, you see the children will still be chased from school. You cannot even buy clothes or shoes and yet you have been given food. And you cannot sell the food. You see [...] money is what is important ... If you don’t have food you will buy it with money, and if you want to educate a child you must take money to school. And what if you are given food only? Can you educate a child? You can’t’.*

Among respondents in the West Bank, the transfer was also linked to empowerment, since it had helped to raise beneficiaries’ awareness of other potential sources of support, including health and psycho-social services and job creation schemes or income-generating activities. Older people in Uganda were also reported to have felt a sense of empowerment as the cash transfer had reduced their dependency on others: *‘I think the cash transfer has reduced over-dependency of older people on their families for support. They can now buy whatever they want at any time, even though they have no money, they get things on credit, that shows empowerment among them’* (health worker, Kaberamaido district). On the other hand, in Mozambique and Yemen, where the value of the cash transfer was seen as very low, recipients generally agreed that it was useful but felt that additional support in the form of food would also be valuable. Similarly, while receipt of the CT in both

these countries was perceived as conferring some dignity on beneficiaries, the limited amount of the transfer and the lack of linkages to complementary programmes limited its potential to be truly transformational or empowering. As one 27-year-old man in Taiz, Yemen, said: *‘The positive effect is that you can buy food items under the card guarantee. This increases your image in front of the children. The negative effect is feeling embarrassed because the amount is so little and people are waiting to receive their loan repayment’.*

Contributing to household expenses: This was also viewed as a critical aspect of the CT in most countries. In Mozambique, for example, disabled people felt they could now contribute to the household, something they were previously unable to do. In Yemen, being able to contribute financially to the household resulted in beneficiaries becoming more active in their households and communities, which also helped to restore their dignity. *‘When coming to the house with money, family members will like you, the wife will be happy and everything is OK. Money is the main source of happiness’* (27-year-old male beneficiary, Taiz). And in Uganda, a member of the Social Assistance Grants for Empowerment (SAGE) team commented that: *‘The grandchildren come around because they know the grandmother is cooking something and grandfathers carry some pancakes to their grandchildren’* (group interview with the SAGE team, Nebbi district).

Livelihood improvements: From an individual perspective, not only does the CT allow the beneficiary to contribute to household expenses, but when the money is sufficient it has also allowed them to build small amounts of financial capital and improve their livelihoods and productive activities, crucially enabling them to invest in the future. In Kenya, individuals used the money to set up small-scale businesses (e.g. food kiosks, tailoring, motorbike taxis), purchase animals (goats, cows, chickens), and invest in small-scale farming; they were also able to join (or set up) informal savings groups such as merry-go-rounds and table-banking groups¹⁷ to invest their money, both individually and as members of a group. Many beneficiaries have also been able to open bank accounts. Beneficiaries in Uganda reported using the cash transfer in similar ways, to buy livestock and farming inputs as well as setting up or expanding small businesses. Some frail older people in Uganda used the money to hire labour to work in their gardens.

Meeting current consumption costs: For many recipients, the CT is vital for meeting current consumption costs or basic necessities including food, clothing, shelter, education and medical costs. At one extreme, in the West Bank, many beneficiaries felt the transfer was of such importance that its discontinuation could lead to people being forced to beg or steal or even take their own lives. *‘Without the cash transfer we have zero’* (female household head, 40 Jenin city). *‘If the programme stops, I have no reason to live anymore and I keep a bottle of poison on the top of my closet and I think of drinking it if things get worse’* (male beneficiary, 80, Jenin). In Kenya, too, many people living with HIV see the CT as a

lifecycle, given that their physical condition often makes it difficult for them to engage in productive livelihoods. Similarly, in Uganda, beneficiaries noted that: *'Discontinuation will be a severe blow to us. SAGE [the Social Assistance Grants for Empowerment programme] has given us a lot of hope and the will to live. If it is discontinued, we shall definitely die. We shall have no income to hope for and invest'* (focus group discussion with beneficiaries, Obur parish, Bululu sub-county, Kaberamaido district).

At the other extreme, beneficiaries in some countries reported that the cash transfer had resulted in small but significant changes in their lives. In Uganda, for example, one female SCG beneficiary noted that the CT had enabled older people to take care of their personal hygiene, giving them the confidence to interact with 'ease and without shame' with other community members: *'Soap that used not to be available, you can now buy it and your body smell becomes better...'* (focus group discussion with female beneficiaries, Angal Ayila village, Angal Lower parish, Uganda). The CT was also critical to many children's lives as it enabled them to remain in education. This was particularly the case in the Kenya programme, as one of its criteria for selection of beneficiary households was that the orphan or vulnerable child eligible had to be in education. Thus, CT beneficiaries are now able to pay the costs (uniforms, books) involved in sending children to school, even though basic education is free. Teachers are also willing to keep these children in school even if money is not immediately available as they know the bill can be settled later: *'This money has helped me a lot because I wouldn't have reached Standard 7 and my mother makes sure school fees are paid in full. And also at home, it cares for all our needs of food, clothing, well-being at home and building a house'* (school-going orphan/vulnerable child from beneficiary household in Busia, Kenya).

Improved access to credit: The knowledge that the cash will definitely be forthcoming, even if it is not currently available, has also enabled a range of other behaviours/activities. In Kenya, Uganda, Yemen and Gaza, respondents spoke about having easier access to credit, with the CT acting as a guarantee, as well as using it to repay short-term debts for food and medicine. *'Beneficiaries can now take items from shops on credit because shop owners are sure that their debtors will get the money at the end of the month'* (group interview with the SAGE team, Nebbi district, Uganda). *'I accepted to give food to her [referring to a female household head beneficiary of the PNCTP] because I am confident that she will have cash and will pay me back'* (interview with a grocer in Rafah, Gaza). *'We feel OK for something like 10 days and then we start to buy on credit again till the next cash transfer comes'* (focus group discussion with male beneficiaries over 45, Beit Lahia, Gaza). Respondents in Gaza generally felt they could 'breathe again' the day they collected their cash transfer since they were able to settle their debts. A further critical aspect of the CT – and one that was found in all five countries – was that its predictability and regularity allowed people to plan for expenses. In Mozambique and Yemen, respondents



pointed out that unlike support from NGOs (which is sporadic and often linked to natural disasters or emergencies), the cash transfer was regular and, as such, *'We can make plans for the future'* (focus group discussion with beneficiaries in Chokwe and Chibuto, Mozambique) (see also section 7).

Positive experiences at the intra-household level

Increased household wellbeing and access to services: While the CT usually targeted specific individuals in a household, in all countries studied, positive impacts were felt by other members of the household as well. Thus, general well-being and quality of life of all household members had increased, with more income available to meet household expenditures and provide for the family/household as a whole. This was reflected in improved nutrition and food security, better living environments, and increased uptake of health and education services. As one male recipient of the Senior Citizen Grant in Uganda said: *'Good diet is no longer a challenge to my household. I have hens, and from the SCG money, I allocate 4,000 shillings every month for buying a big fish for my family'* (in-depth interview with male elder, Bululu, Kaberamaido district). Similarly, according to a 31-year-old married woman in Gaza: *'If we want to eat certain foods, such as fruit and meat, we wait to buy them when we receive the cash'*.

The cash transfers were frequently cited as enabling households to keep children in school. CT recipients in Gaza were granted fee waivers at the university, which encouraged enrolment of their children (although other costs such as transport still acted as barriers to access). As the 26-year-old son of one female beneficiary in Beit Lahia, Gaza, said: *'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'*. In Uganda, the CT enabled older people (SCG recipients) to meet the costs of schooling, uniforms, books and stationery for their grandchildren, thus improving enrolment and retention rates. *'We are using the SCG to educate our grandchildren. Some of these children are orphans. Before the SCG, we could not afford sustaining these children in school. These children could constantly miss school or drop out due to lack of scholastic materials like books'*

and uniforms. But now we help them with that' (65-year-old female SCG beneficiary, Kaberamaido district). Similarly, in Yemen, the Social Welfare Fund helped some families keep their children in school: *'The positive effect is that it helps us buy food, and if we don't have this support we can't send our kids to school'* (50-year-old female beneficiary, Taiz).

Positive impacts were also reported in increasing people's access to and uptake of health services. In Uganda, for example, the CT allowed older people to cover transport costs and other out-of-pocket health expenses (e.g. medicines), with credit also facilitating this improved access: *'When we get this money, we go for treatment. But even before the pay day, one can go and get treated on credit, then refund later on'* (75-year-old female, SCG beneficiary, Kaberamaido district). Improved access to healthcare is likely to reduce the burden of care on other household members and increase older people's capacity to undertake productive activities.

Reduction in intra-household tensions: These improvements in well-being and quality of life also led to better intra-household relations and a reduction in household tensions and stress. In the West Bank, there was a sense that intergenerational relationships have become less fraught and more cooperative, a feeling expressed strongly by fathers: *'I feel closer to my kids when the payment comes. I can meet their needs. Other times when they ask for money, I become angry'* (male beneficiary, middle aged, Hebron). The CT was also credited for bringing some spouses closer together: *'The programme has brought us [husband and wife] closer together as now we spend the money together, go and shop for the house together'* (female beneficiary, 44, near Jerusalem). More broadly, some respondents in Uganda observed that the CT had strengthened relationships with family and friends – partly because older people were no longer seen as a 'burden'. *'My social relations with my friends have become stronger because once I receive this money, my friends come here and we share good moments together. My elder son, who collects this money on my behalf, has become the most humble because he knows that he will always receive something from me on pay days'* (79-year-old male beneficiary, Nyapupii village, Nebbi district). Disabled beneficiaries in Mozambique also felt that the CT had improved their relations with family and friends, as they were now less dependent on them: *'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'* (in-depth interview, elderly and disabled woman, Chokwe).

Positive experiences at the community level

Boosting local economies: In Yemen, Uganda and Kenya, respondents spoke about the impacts of the cash transfer in boosting the local economy, thus indirectly benefiting local shop-owners and small businesses too. In Taiz, Yemen, key informants said that payment day was a 'happy day' or a day of celebration; in Kenya, respondents noted a trickle-down effect benefiting a range of local people, from 'shopkeepers,

schools, bodaboda [moped] taxi drivers, bar owners, thieves and health facilities'; and in Uganda, payment days attract traders, create new markets and boost regular trade on market day. As one health worker in Bululu, Kaberamaido district, said: *'There has been increased business on paydays since these elderly persons ensure that at least each of them buy something like sugar, food like fish, meat ... and this increases sales for shops on the paydays'*.

Stimulating social capital: Many respondents mentioned the CT's positive effects on community relations, including the stimulation of social capital. In both Gaza and the West Bank, not only did the CT enable people to take part in social and religious events, thus building community solidarity, but people felt that the time spent queuing to receive it was an important opportunity to exchange local information and provide informal support and solidarity – the phrase *'money enhances socialisation'* was commonly used. In Kenya, as already noted, some beneficiaries used the cash to set up informal savings groups, thus strengthening community relations. In Uganda, the CT enabled older people to maintain connections and social networks (through contributions to funerals, religious festivals and other events) and increased opportunities to socialise – on payment days and through using the income to visit friends. *'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?' This meeting means more to them than just money'* (senior community development officer, Nebbi district). Additionally, this interviewee explained that the cash transfer had also enabled older people to participate in 'Koya', which brings social as well as economic benefits: *'Some people do Koya, a communal digging practice in which the owner of the garden gives food (chicken and flour). For you to reach the level of preparing a meal for people, you must have some money. Access to the CT has now helped the elderly to attract youth through this mechanism, and this helps older people to open up land and to weed their cassava gardens. They save at least 5,000 shillings for labour in their gardens through 'koya arrangements'*.

Improved social acceptance: Mirroring the positive effects of the CT on individuals' self-esteem and self-confidence, it was also felt to have brought greater respect, integration, social acceptance and recognition at community level of people from marginalised and excluded groups. *'People respect us more for having some money, unlike when we didn't have anything'* (middle-aged female PNCTP beneficiary, Hebron, West Bank). Similarly, a disabled woman in Taiz, Yemen, said she felt that the programme had enabled her to be recognised as being part of the community. This greater integration and respect also afforded some respondents more access to community leaders, as these comments from a focus group discussion with disabled beneficiaries in Chokwe and Chibuto (Mozambique) suggest: *'The transfer means that we have more recognition and credibility in the community... We can get closer to the leaders in the community'*. And in Kenya, as already noted,

orphans and vulnerable children who were previously seen as a burden within their communities are now viewed more positively, as adults recognise the valuable contribution they can make to households and the wider community. Similarly, in Kenya and Yemen, respondents mentioned that the transfer had not only provided support to groups who were previously vulnerable and stigmatised (e.g. widows and people living with HIV in Kenya, and divorced women in Yemen) but had also begun to give these individuals and groups a stronger voice in their communities (see also Box 9).

6.2 Challenges related to cash transfers

Positive experiences notwithstanding, a number of respondents identified some challenges related to the cash

transfer, at individual, intra-household and community level.

Individual level

Generally, recipients in both Yemen and the OPT expressed the opinion that in the absence of any other livelihood alternatives, including a clear exit strategy, and despite strong interest in engaging in employment/income-generating projects, they would rather hold on to the security of the cash transfer, even at the risk of losing their dignity. However, they also noted the potential dependency and loss of dignity that the cash transfer and other safety net mechanisms had created. As one woman beneficiary in Beit Lahia, Gaza, said: *'We are losing our dignity. I wish all support ends and we have jobs instead'*. Interestingly, this was not raised as a negative effect in the African countries, possibly because the transfer

Box 9: Effects of community social cohesion and intra-household sharing in Uganda

It has been suggested that an important effect of CT programmes is their role in facilitating social capital formation. 'Social capital' has varied definitions, but there is convergence on the concept of *'features of social organization such as networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit'* (Putnam 1995:67). Exploring this among recipients of two CT programmes in the Karamoja region of northern Uganda, social capital appeared to be limited to horizontal social networks. Respondents in this community did not use their cash to generate vertical connections with leaders or authority figures or create a wider network, but tended to invest it in immediate peer-to-peer reciprocal networks. The low value of the transfer meant the vast majority was spent on themselves and their immediate family, mainly on healthcare needs, followed by education fees for grandchildren. The research also showed that there was social pressure to share cash with family and, to a lesser extent, community. The programmes focused on the elderly – the SAGE programme targeting people aged over 60, and the cash-for-work programme provided by WFP to households with an able-bodied working-age member – and started in 2012 and 2011 respectively. The recentness of the programmes means it is difficult to tell whether broader and more diverse social capital will be created over time.

While the CT amount is very small (WFP: UGX3,000 [\$1.12] per labour day, usually 13 labour days in a cycle; SAGE: UGX24,000 [\$8.70] every month), some beneficiaries do use money left after meeting immediate basic needs to help friends and neighbours, thus potentially building community reciprocal networks. Helping neighbours out is a traditional coping strategy, which beneficiaries had rarely been able to participate in due to lack of ready cash. Thus there are accounts of beneficiaries giving money to people in particular need: *'When my child was sick ... they [beneficiaries] gave me UGX 40,000 and later they also sent me food and when we were ready to go back home they also provided for transport'* (female non-beneficiary). And sometimes they contribute to a community project: *'When the borehole breaks down and there is someone who has received money, they ask for that person's money to help repair the borehole and later the whole manyatta [homestead unit] will contribute and pay back the money'* (NUSAF II male beneficiary). However, contributing to networks and community can also happen for negative reasons. Some beneficiaries mention helping others due to social pressure and as a form of preventive action: *'If we don't give they will get annoyed and they will become unfriendly'* (NUSAF II male beneficiary). This shows that social capital formation can also arise through negative processes.

CTs have had both positive and negative effects on community strengthening. Since the amount and frequency of beneficiary contributions to community is low, non-beneficiaries do not always see the CT as positive. The provision of targeted transfers can sometimes therefore be divisive, and potentially erode community cohesion: *'Sometimes you can go to someone and they give you UGX 500 [\$0.18] but you cannot always rely on them and this causes division... Targeting a few people and not all makes the others want to go and steal what the others have'* (NUSAF II male beneficiary). Stealing was not, however, a commonly cited problem, as social norms regarding respect for elders in Uganda meant that people felt the age of beneficiaries entitled them to some support. Nevertheless, community feeling is largely that CTs have improved the well-being and income of the whole community: *'I feel more secure than before because at least I know my friends have money and since we are not at the same level [of wealth] there are some we can go to now and can help'* (male non-beneficiary). Many non-beneficiaries now see beneficiaries as people to turn to in times of need, and being part of a give-and-take relationship has improved beneficiaries' social standing. Since older people are not usually able to contribute physical labour to community projects, enabling financial contribution is a positive means to ensure they are able to benefit from the strengthened social capital that community participation produces.

amount was so little that people had to search out other forms of livelihoods and could not rely solely on the cash transfer or because (in the case of Uganda) the transfer targets older people, for whom dependency is often a function of their declining physical capacity for work. People in the OPT and Yemen are also not able to survive on the cash transfer alone but, unlike in the other countries, beneficiary status has given them access to a wider package of support (including health insurance and fee waivers), so it is easier to see how feelings of dependency might arise. Additionally, given the ongoing and varying levels of insecurity and violence in Yemen and the OPT, dependency – mostly undesired – is the day-to-day reality for many people.

Intra-household level

Intra-household tensions: These were referred to by respondents in all countries, usually around how the money was spent. In Kenya and Uganda, such tensions arose between spouses and carers, with men usually being seen to misuse the transfer, spending it on alcohol rather than to improve their situation or, in the case of Kenya, spending it on education for orphans and vulnerable children. It should be stressed that these were relatively rare cases, but nonetheless they did occur: *‘I had a case where the caregiver was selected to be the man. The grandmother of this child used to complain that, whenever this man is paid, the money never got to the children. We decided to change ... so that the grandmother could receive the money ... This old man (then) told the grandmother not to step into the homestead because she was now receiving the money’* (District Child Officer, Makueni, Kenya). In Kenya, tensions were also reported in households where the carer would spend money on their biological children rather than on the orphans and vulnerable children the transfer was supposed to be helping. Similarly, in Yemen, there were tensions between targeted beneficiaries and those who usually control and make decisions on household expenditure – parents or husbands. In some households in the West Bank, the cash transfer exacerbated existing household tensions, with some family members believing they were more deserving than others; there were a few cases where the transfer was reported to be facilitating substance abuse by husbands or sons, an already existing negative coping strategy (see Section 5.2).

There were also observed effects on intra-generational tensions, as this quote from Uganda highlights: *‘Some children who have been helping their elders are now lazy and folding their hands ... They should be encouraged to continue supporting them’* (69-year-old female beneficiary, Agulo village, Kaberamaido district, Uganda). Such tensions can also result in household members being characterised negatively: in the case of Kenya, for instance, some orphans and vulnerable children were said to become ‘arrogant’ and ‘disrespectful’ towards their caregivers, placing demands on them and challenging their authority. In Gaza, the term ‘envy’ was frequently used, especially by female household heads, to describe relatives’ attitudes to them since they became beneficiaries. *‘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’ (49-year-old widow, Beit Lahia).

The erosion of traditional and informal social protection systems: This was mentioned in Uganda and Kenya as a possible negative consequence of the cash transfer, along with a range of other stresses, including HIV and AIDS and climatic factors. Thus, in Uganda, a few study participants 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. As the quote at the start of the previous paragraph shows, children were no longer supporting older people as they used to. It was also observed in Kenya that previously, despite the economic constraints facing many households, taking in vulnerable children (whether orphaned or not) was an accepted part of daily life and have had a responsibility that adults, mostly those related by kinship, had to take on. Such forms of fostering now have a monetary value placed on them and orphans are seen as important assets as they bring in an income. Some people who are willing to take in orphans are doing so not necessarily because they want to foster them, or because they feel it is their ‘traditional’ duty, but because they know they will receive the cash transfer. Local support systems could therefore be said to be slowly giving way to formalised systems, where caregivers receive the transfer in return for fostering orphans and vulnerable children. Finally, in the West Bank, some PNCTP beneficiary households ended up being worse off because informal support from within the family was withdrawn as a result of their receiving the cash transfer: *‘When we became beneficiaries of the cash transfer and because sometimes my husband works some days, my family in-law envy is envious and say ‘You must cut off from the cash transfer’ because they think that our situation has become better than their conditions and our kids better than their kids’* (female PNCTP beneficiary, 37, Jenin).

Community level

In all countries, some tensions at community level were reported, mostly as a result of non-beneficiaries/recipients feeling they should be recruited into the programme (some are on lengthy waiting lists, as is the case in Kenya, for instance). In the case of the OPT, these tensions were thought to arise from limited information and transparency about the programme (see discussion in Section 8). These tensions were variously expressed as resentment, jealousy and envy on the part of non-beneficiaries in the OPT and Yemen. According to one male respondent in Zabid, Yemen: *‘Conflict might happen even between friends when one of them is receiving support and the other one is not, while they face the same situation, blaming each other for not notifying the SWF about their friends who face the same circumstances’*. However, this problem was not reported as widespread in Yemen.

In some countries, respondents spoke about the cash transfer raising expectations among non-recipients about the support they can expect to receive from those who are recipients: *‘Sometimes people invite themselves to lunch at my home thinking I have lots of money’* (female household head, PNCTP beneficiary, Beit Lahia, Gaza).

While on the one hand, in Kenya, respondents spoke about beneficiary caregivers becoming arrogant and disrespectful, no longer attending meetings and taking part in activities related to the cash transfer (according to the Volunteer Child Officers you *‘need to spell out the regulations to them [...] otherwise there is a tendency to abuse the system’*), the West Bank respondents reported being stigmatised, victimised and feeling as if they had lost dignity because of negative attitudes towards them. *‘They name us beggars. We wish to give up this stigma but we don’t have any other choice’* (young female beneficiary, Hebron city). Children of beneficiaries also expressed dismay and the stigma they felt when others found out they were recipients: *‘My daughter told me: ‘Mom, I was so bothered when one of my friends said to me ‘I saw your mother in MoSA’’’* (female beneficiary, 54, Jenin City). *‘My oldest son shouted at me and tried to prevent me from becoming a beneficiary of the cash transfer programme because, he said ‘My peers said your mother is a beggar and also servant and cleaner of houses,’ so he tried to stop me and also to stop me working’* (female beneficiary, 37, Jenin camp). Some respondents even reported that their children tried to intervene to stop them receiving the assistance. In response, mothers tried to reassure their children that the assistance was only temporary and *‘that God will help them through difficult times’*.



Levels of suspicion within the community were also seen to increase as a result of the cash transfer 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 PNCTP beneficiary and who is not, and why. In the West Bank, when widows (subject to excessive community scrutiny) are included as recipients and other families are excluded, people were reported to be suspicious as to where the social protection committees obtained the information that resulted in their exit.

Finally, in Yemen, some respondents in Zabid suggested that the programme could contribute to corruption by giving local leaders a say in who would become beneficiaries: *‘Tension might occur among mediators and non-beneficiaries and registration could be used as propaganda for political people and parties’* (key informant interview with informal community leader, male, Zabid).

¹⁵In the OPT, many people (particularly refugees) are also receiving food aid from the United Nations Relief and Works Agency (UNRWA). This food aid is also seen by beneficiaries as critical, including as a symbol of international support for Palestinians.

¹⁷Money is lent to members of the group with minimal interest (1-2%) depending on the person’s immediate need for cash and ability to pay back.

¹⁸This box draws on findings from the ethnographic study which was carried out in Karamoja and sought to map out community dynamics in relation to cash transfers provided through the second Northern Uganda Social Action Fund (NUSAF II) initiated in 2011, implemented by the World Food Programme (WFP) targeting vulnerable households with cash for work with able-bodied adults aged 18-60. Many of the NUSAF II beneficiary households were also beneficiaries of the SAGE SCG programme of unconditional cash transfers targeting the elderly aged 60 and above, which started in Karamoja in 2012.

Perceptions of programme design and implementation



This section explores perceptions of programme design and implementation both from the perspectives of beneficiaries and implementers. It starts by exploring knowledge and understanding of the programming, moving on to perceptions of the targeting process, the amount of the transfer, delivery mechanisms, how implementers treat beneficiaries, and concluding with a brief discussion on views around linkages to complementary programmes and services.

Knowledge and understanding of the programmes

Knowledge and understanding of the programmes varied across the countries. In Uganda and Kenya, there appeared to be high levels of knowledge, with most adult¹⁹ study respondents (including beneficiaries and other community members) understanding the eligibility criteria, the targeting process, the key actors, payment processes, and the transfer amount. In the other countries, people seemed to have less knowledge. In Mozambique, for example, households, local leaders and even the *permanentes*²⁰ were unclear about eligibility criteria and the selection procedures, while in the OPT, although there was some general awareness that the programme has undergone changes recently, the objectives, rationale, and functioning of the programme remains a mystery to most people (beneficiaries and non-beneficiaries alike). For instance, most beneficiaries and other community members remain largely unaware of the shift from categorical to poverty-based targeting and the pivotal role of the proxy means testing formula (PMTF). The vast majority of people are under the impression that eligibility criteria are linked to poverty and vulnerability but many also assume that political affiliation and/or the pervasive system of patronage (*wasta*) influences programme inclusion. There is also a widespread (but mistaken) view in Gaza that social workers ultimately retain decision-making power on eligibility, retention in the programme, and the amount of cash disbursed. Similarly, in Yemen, the dearth of information about programme details for beneficiaries, potential beneficiaries and programme implementers was seen as one of the main problems, which resulted in poor transparency and accountability and increased the chances of mis-targeting.

Targeting process

Views on targeting varied considerably across the five countries. In Uganda, beneficiaries and other community members agreed that the Senior Citizen Grant (SCG) targets one of the most vulnerable population groups (older people) and perceived the targeting process to be fair, with no significant differences in experiences of targeting or enrolment based on the two different methods used (automated registration in Kaberamaido district and community registration in Nebbi). The SCG was perceived to be less prone to potential corruption than other types of programmes, as money is given directly to beneficiaries and the process of accessing the benefits is clear. Similarly, in Kenya, all respondents also perceived the targeting process of the Cash Transfer for Orphans and Vulnerable Children (CT-OVC) to be fair and were satisfied with the main selection criterion – presence of an orphan

in the household. Nevertheless, according to respondents and confirmed by observation, some vulnerable people – including children who were not orphans – were not included in the programme, although some were on the waiting list. In Mozambique, however, due to lack of knowledge about the programme among beneficiaries and the wider community (see above), there was little response when study participants were asked about their views on targeting, with households merely waiting for selection and inclusion in the programme. The general view was that the programme should be expanded to include all older people and disabled people, rather than respondents taking the view that many people were included in error. *‘We have heard people in the community say that selection has not been good because there are many elderly people who have not been selected, even if they are in need, because they are said to have children who work – but these children do not support them at all ... There are also people with disabilities who should receive INAS [National Institute for Social Action] support, and we do not know why they are not getting it. We are of the opinion that all those who have a disability which does not allow them to walk should be benefited by the programme’* (female beneficiary in focus group discussion, Chibuto, Mozambique).

In Yemen, some respondents (particularly in Zabid) perceived the targeting process led by community/traditional leaders to be fair, since they thought they were the people best placed to make accurate decisions about their communities. Also, as poverty is widespread in Zabid, most respondents felt that there was little risk of wrongly including households – rather, it was necessary to include many more. In Taiz, on the other hand, a larger urban locality, respondents were more critical about problems with targeting. A change in targeting criteria in 2008 – from categorical to poverty-based targeting – has not yet been implemented consistently, causing further confusion. For some respondents, the exclusion of young people (aged 18–30) from the original categorical targeting criteria (because as a group they are seen as better able to generate an income) was of concern. Both young people and adult respondents criticised this exclusion given the dearth of income-generating opportunities available to young people in the area, who are also often heads of households. The programme was also criticised for not including other vulnerable groups such as unemployed young people and Muhamasheen households. Uncertainty about targeting had, in some cases, led to unnecessary tensions and suspicion about the programme. *‘The programme is well targeted because it reaches people who deserve it, such as widows and the elderly, but there are other people who deserve it, such as youth, but they say young people are able to work. But there are youth who have diseases but get no support’* (key informant interview with female youth leader, Zabid). There was also a perception, particularly in Taiz, that the Social Welfare Fund is a political tool – with those who support the ruling party receiving cash. As one 40-year-old non-beneficiary in Taiz said: *‘I was not selected because I am not politically oriented and not a member of any party’*.

The majority of respondents in the OPT agreed that the Palestinian National Cash Transfer Programme (PNCTP) is targeting the poorest families. However, there were also strong feelings that many poor households who deserve assistance are not reached. Terms such as *'injustice'* and *'unfairness'* were frequently used during discussions on targeting, eligibility criteria and retention in the programme – for example, when describing the importance attached to housing conditions and family size. Many respondents linked inclusion errors to the *wasta* system: *'It is all about wasta! I have a cousin who went to register at MoSA [the Ministry of Social Affairs] 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 10 days after he did'* (male non-beneficiary, aged 25-46, Beit Lahia, Gaza).

Transfer amount

Except for Uganda, where a considerable number of study participants felt that the transfer amount was sufficient to meet the basic needs of older people (and the amount was periodically adjusted to account for inflation), respondents in all countries felt that the transfer amount was insufficient to meet their basic needs. In Kenya, this feeling was exacerbated by the fact that the CT-OVC amount does not take into account family size (all households receive the same amount irrespective of their size), and the transfer amount had not risen since 2008. By contrast, in Yemen, the transfer amount does vary according to household size but it is still regarded as inadequate to feed a family and meet basic needs; and although it is seen as better than nothing, the small value means that respondents do not consider it to have any real transformative value for their lives. As one key informant (a male informal community leader in Zabid) said: *'As it is a small amount, it will not lead to empowerment of the poor'*. In Mozambique, study respondents agreed that the value of the transfer is inadequate to meet even basic needs and as such, the economic impacts of the transfer on their lives (as individuals, on their households and on their wider community) were limited. However, although the value of the transfer is low and the payments irregular, the knowledge that it will be paid eventually – and in full – is sufficient to allow some beneficiaries to leverage small amounts of credit for household consumption or asset accumulation. Finally, in the OPT, all recipients indicated that the amount of the cash transfer is insufficient to cover basic household needs, especially in large families, and that without additional sources of assistance they would not be able to cope.

Transfer delivery mechanisms

In terms of access to the transfer, and delivery mechanisms, beneficiary views varied considerably across countries. Beneficiaries in Kenya were generally satisfied with the current arrangement whereby they collect money from the post office, although they complained of the distance (up



to 15 km) and the costs this entailed (\$2 for a return trip), proposing that cash distribution points be brought closer to the community. Crowding on payment day was also mentioned as a potential problem (even though there is a window of 10 working days in which beneficiaries can collect the payment) as there were occasional delays in the post office actually receiving the funds and beneficiaries feared being robbed by those who had seen them collect the cash. The vast majority of CT recipients interviewed in the OPT and Yemen also complained of long waiting times and long queues. In Gaza, there were reports that sometimes the situation degenerates into clashes and general disorder, with the police sometimes resorting to beating beneficiaries in queues outside the bank. Older people in Uganda faced a number of challenges when accessing the CT, including: occasional difficulties in proving their age (particularly in areas where birth and death registration processes had not yet been initiated); network/system failures at the pay points; and long distances to pay points, raising the opportunity costs of accessing benefits and creating difficulties for the frail elderly. Similar constraints were faced by people with disabilities receiving the Basic Social Subsidy Programme (PSSB) benefit in Mozambique.

Frequency and reliability of payments

A number of challenges were raised around the frequency and reliability of payments. In the OPT, while the CT is widely perceived as a reliable and regular source of household income, all beneficiaries interviewed expressed their strong preference for 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.²¹ In Mozambique, delivery of the PSSB cash transfer is supposed to be on a monthly basis, but beneficiaries reported that this rarely happens in practice. Payments are irregular due to logistical and budgetary constraints, and established payment schedules are rarely

followed – with payments often arriving two or three months late. Beneficiaries are informed by the *permanentes* about the date and place of the payment a day or two before payments are made. Some delays in receiving payments were also reported in Kenya; in addition, there was also a report of one recipient receiving fake money and another received less than the full payment. However, in Yemen as in the other countries, even though the transfers may be delayed, the fact that they will eventually arrive – being able to rely on them – was the most consistently mentioned feature of the Social Welfare Fund.

Treatment by programme implementers

There were mixed views about how beneficiaries were treated by programme implementers – in Kenya and Uganda, beneficiaries spoke about being treated fairly by implementers at different levels. Similarly, in the OPT, beneficiaries' interactions with social workers were largely positive. In Gaza, many respondents felt that social workers understood their problems and empathised with them, while in the West Bank, their role was often appreciated but seen as limited given the infrequency and brevity of their home visits. Some, however, described them as disrespectful and 'unhelpful', especially during visits to the offices of the Ministry of Social Affairs (MoSA).

Social workers, on the other hand, frequently highlighted an increased caseload following the launch of the PNCTP, and an inability to provide the core (although time-consuming) psycho-social support for which they were originally employed. However, experiences were less positive in Mozambique where some respondents with disabilities felt they were not treated well by implementers, saying that payment lists for disabled people are separated from others; they were also always the last beneficiaries to receive the payments.

Linkages with complementary programmes or services

Many respondents expressed a demand to link the CT with other complementary programmes or services as a means of further improvements in well-being, self-sufficiency, sustainability and, ultimately, leading to empowerment. In Yemen, complementary programmes included fee exemption services, and potentially (though these were not delivered in practice) capacity-building and skills training and microcredit. Participants felt that these could be more helpful than the Social Welfare Fund and support income generation, which would help them in the longer term. The need for complementary programmes for young people was particularly stressed in Yemen. In Uganda, while respondents felt that overall the CT amount was sufficient, additional systems and programmes of care were needed to really improve older people's well-



being and to provide them with sustainable support. In the OPT, the CT had also allowed people to access additional services (e.g. vocational training, access to credit), giving children and family members a new sense of purpose and reducing the risk of them becoming involved in violence. In Uganda, a number of study participants also expressed the desire for strengthened linkages to other programmes and services (for example, free healthcare, and productive inputs for those still able to work), which would enhance the CT's long-term impact.

¹⁹Orphans and vulnerable children in recipient households in Kenya did not always know the precise details of the programme, particularly younger children.

²⁰A *permanente* is a member of the local community who acts as a liaison agent between the INAS and the beneficiary and beneficiary community.

²¹This is however unlikely to happen given that the Palestinian Authority relies on multiple sources of funding, including donor funding, to make the transfer payments and related administration processes are complex and time-consuming.

Programme governance and accountability



Poverty and vulnerability are inherently political in nature – both in terms of underlying drivers as well as approaches to tackling entrenched poverty and marginalisation (Hickey and Bracking, 2005). For the chronically poor and most vulnerable, who are least likely to benefit from economic growth, politics and political change are often the key means by which such poverty can be challenged (Hickey and Bracking, 2005: 851). Moreover, the greater the level of fiscal constraint on a government, the more that government is likely to be influenced by political attitudes concerning who deserves support, and in what form (Graham, 2002: 25 cited in Hickey, 2007: 1). In order to understand such dynamics, political economists typically focus their analysis on the balance of power between institutions and incentive structures for different actors in a given policy arena. In line with our conceptual framework, we therefore begin by considering national governments' institutional capacity to implement large-scale, poverty-targeted cash transfer programmes, including: human resource and monitoring and evaluation (M&E) capacities; issues of fiscal sustainability; and linkages with other key stakeholders, especially development partners and NGOs. We then turn to a discussion of programme accountability mechanisms, including information provision and feedback channels, grievance mechanisms, monitoring and evaluation systems, before reflecting on the effects of current programme governance and accountability approaches on state-citizen relations. This section concludes with a brief discussion on beneficiary and community views as to how programme governance and accountability could best be strengthened.

8.1 Overview of programme governance

Governance mechanics

Overall, as can be seen in a table in Annex 3, which provides an overview of the key governance mechanics of the five cash transfer programmes, programme governance is characterized by relatively weak or imperfect linkages between central and local implementing agencies. In the African cases, however, community facilitator roles – both formal and informal – play an important role in strengthening linkages from the national down to the grassroots levels (see further discussion below). There are a number of cross-cutting challenges that all the programmes are grappling with, and it is to these we now turn.

Institutional capacity

Relative political influence: A critical issue for the sustainability and growth of social protection schemes concerns their institutional location within government; they are often located within social development ministries or agencies. While these ministries may offer a 'natural' home, they often lack political influence at the centre of government, especially in relation to more powerful ministries such as finance and planning (Chronic Poverty Research Centre, 2008). This is the case in the three sub-Saharan African countries where the programmes in focus are run by ministries of women

and social development, all of which are relatively politically weak, and in Yemen, where the programme is managed by a stand-alone but also relatively weak and isolated Social Welfare Fund. Nevertheless, some of these programmes, as in the case of Uganda, can still have high political visibility, as demonstrated through public launches by the President and well-respected national authorities.

Given the unique political context of the OPT, however, the Ministry of Social Affairs (MoSA) enjoys 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'. Having established buy-in from key ministries (Planning, Health, Education and Higher Education, Finance and other international partners), a social protection plan was endorsed in early 2011. MoSA is now responsible for creating and implementing social protection policies in both the West Bank and Gaza (PNA, 2010a), although there is still some overlap with other ministries, including the Ministry of Women's Affairs (MoWA), Ministry of Detainees and Released Detainees (MoDRD), and the Support of the Families of Martyrs and Injured Citizens Foundation (PNA, 2010a: 10). Importantly, key informant interviews also suggested that there is a notable degree of political will towards tackling poverty and vulnerability on the part of the PA (manifested, for example, in the relatively quick pace of PNCTP reforms undertaken since 2010 and the establishment of a single registry system to facilitate cross-agency working) – not least because of a keen awareness of the importance of responding to citizen and social demands in the wider regional context of the Arab Spring.

Centre-local relations: In most countries, there seems to be an important disconnect between the knowledge base about programme reforms and procedures at the central level on the one hand, and at district and community levels on the other. In some countries, as we discuss below, implementation problems at the local level stem primarily from under-staffing, under-resourcing and/or use of volunteers who have received inadequate training and ongoing support, and often have to juggle competing roles with very limited resources. As one sub-county chief in Kaberamaido district, Uganda, noted:

'This programme relies on parish chiefs and local council leaders. But you find that in some parishes we do not have effective parish chiefs and in such cases we are using people like the PDC [parish development committee] representative in villages. And in some areas some parish chiefs cover more than one parish in the sub-county and this becomes tiresome for them'.

In Mozambique, although information flows were also uneven, key informants put greater emphasis on the problem of political manipulation by local community leaders. Since the launch of the Basic Social Subsidy Programme (PSSB) in the early 1990s, the programme has had a strong political

overtone. Although it no longer enjoys such a high profile at national level, at the local level, our study findings indicated that the cash transfer still brings substantial political cache to local leaders who can be seen to be addressing visible and highly distressing cases of destitution.

In the West Bank, there is also a stark divide between central-level and district-level programme staff in terms of their knowledge about key programme features and reforms, which largely stems from the new emphasis on rigorous application of a proxy means testing formula (PMTF) to improve poverty targeting. On the one hand, key informant interviews indicated that the core team leading the rollout of the PNCTP reforms in Ramallah are well versed in learning from international good practice around social transfer programming, and have taken ownership over the rationale for and importance of the reforms. They have worked closely with international experts, taken part in international study tours, and appear to be actively and strategically applying this knowledge to the particularities of the OPT context. By contrast, however, social workers at the directorate level in the districts had limited knowledge about the reforms and their rationale, and expressed a strong sense of intellectual and emotional distance from the changes. They have found the process to be very top-down and disempowering, as reflected in the following quotes:

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

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

In the case of the OPT, it is not only a case of poor and ad hoc information flows from the centre to the districts; to some extent, political tensions between the Gaza and West Bank leadership are also echoed between MoSA Ramallah and MoSA Gaza, adding an additional level of complexity to governance arrangements. In Gaza in particular, this has resulted in a poor understanding of the objectives, targeting and functioning of the reformed PNCTP, and as such has been a catalyst for speculation and suspicion among beneficiaries.

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



bridging role between programme designers and beneficiary and non-beneficiary households alike.

Human resource capacities

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

Key informant interviews with government staff, development partners, community members and beneficiaries alike all suggested that under-investment in staff constitutes a critical shortcoming in programme rollout. First, 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, reflecting in part the broader programme governance challenges that surfaced with the Hamas takeover of the Gaza Strip in 2007, including the fact that many social workers – although still being paid by the Palestinian Authority – remain at home due to the ongoing political stalemate. In Kenya, although there was adequate staffing at national level, at the community level all the work was being done by volunteers. This has obvious limitations in terms of their capacities and reliability, as well as giving rise to concerns about how realistic it is to rely on volunteers for longer-term programme implementation. In Uganda, existing staff were found to be covering for staffing gaps but were stretched too thin; parish-level facilitators have now been put in place to try to fill this gap. In Yemen, the Social Welfare Fund officer at the

district level is in charge of multiple functions but is severely under-resourced; while in Mozambique, *permanentes* play an instrumental role, but their stipend (much less than a 'wage', as they are seen as partly volunteer workers) is similarly inadequate. In each of these cases, there is a dearth of training or capacity-building, in addition to the limited financial resources for programme staffing.

Second, there were cross-cutting concerns about staff mandates. In Uganda, some study participants reported ambiguity in the roles of the SAGE technical officer and the senior community development officer (CDO), which led to tensions:

'There are conflicts between some local government staff and the technical officer, especially the role ambiguity between the SAGE technical officer and the senior CDO in charge of SAGE. In the guidelines, there is a clause that each is a counterpart to the other, but this is not clear and caused friction, especially at the beginning of the programme' (group interview with SAGE team, Nebbi district).

Similarly, in the OPT, there were complaints by social workers and beneficiaries alike that because of the time-consuming monitoring demands of the proxy means-testing formula, social workers were now unable to practise their core professional role of supporting vulnerable individuals and households experiencing intra-household violence, drug addiction, and other threats to their psycho-social well-being. Moreover, in the OPT, there were concerns that while district-level staff had attended various trainings in the context of the programme reform process in 2009/10, these were not adequately contextualised and thus social workers felt unable to communicate the changes effectively to beneficiaries and non-beneficiaries. However, the European Union (EU) is currently implementing a multi-year capacity-strengthening programme for MoSA staff, which includes a review to identify gaps in skillsets or areas that need to be strengthened so that the Ministry can achieve its strategic goals (as set out in the MoSA Business Plan 2011). It is also worth noting that the capacity-building programme currently only appears to be reaching senior management at the district level rather than rank and file social workers, where there is arguably the greatest need for such support. The EU is also establishing a capacity and management-strengthening programme for the Social Welfare Fund in Yemen with the aim of improving processes and service delivery.

Lastly, staff were not always seen as competent in dealing with specific vulnerabilities in a sensitive and effective manner. In Gaza, a number of beneficiaries complained of rude and stigmatising treatment at the hands of social workers as well as by bank staff involved in distributing payments; there was also a general perception that MoSA employees and social workers from the PA were better qualified and more professional than new staff appointed by Hamas.



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

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

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

In Mozambique, strong concerns were also voiced about the limited capacities of many programme staff to deal sensitively with the particular vulnerabilities experienced by people with disabilities or older people, and there were even complaints of some having short-changed beneficiaries, exploiting their specific vulnerabilities. Similar complaints about ill-treatment by staff involved in distributing payments were also voiced in the Yemen study.

'My son is disabled and my request to include him in the programme was refused and I went to the local council and they gave me a written direction to be registered; they refused these directions at the beginning but they finally registered him' (focus group discussion with adult women, Taiz).

'Beneficiaries are less aware of their rights. There are delays in payment and small amount. Post Office [where the transfer is delivered] and SWF workers treat beneficiaries with no respect' (key informant interview with informal community leader, male, Zabid).

While the establishment of community facilitator roles in the sub-Saharan African programmes was generally seen as a positive feature, there were concerns in Mozambique that the *permanentes* had received inadequate capacity-building support, manifested in important gaps in their knowledge and understanding of the programme rationale and delivery mechanisms. INAS (the National Institute for Social

Action) would like to see the permanentes become a more professional role, redefining them as (paid) community-based social agents with a broader social mobilisation mandate. But these discussions and plans are currently still in their infancy.

Fiscal sustainability

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

Our findings suggest that fiscal sustainability was a significant concern in all the case study country programmes, even though expenditure as a percentage of gross domestic product (GDP) remains relatively low compared with international recommendations (Handley, 2009). For instance, in Kenya, expenditure on social protection in 2010 was just 2.28% of GDP; while in Uganda, given that the Senior Citizen Grant (SCG) and the wider Social Assistance Grants for Empowerment (SAGE) programme is still in its pilot phase, the extent of commitment to scale-up and related resource provision have not yet been determined. In most cases, although resourcing from national budgets is increasing, there remains a significant level of reliance on donor funding either through direct budget support or technical assistance. For instance, in Mozambique, more than 30% of PSSB funds are derived from direct budget support from the UK Department for International Development (DFID) and the Government of the Netherlands, while in the case of the OPT, international funding accounts for around 50% of the total programme budget, rendering extended coverage very challenging (World Bank, 2011). In Yemen, the SWF is primarily funded by the government, although donor resources (mainly from DFID, the EU and the Netherlands) are supporting various aspects of the programme, including improving management and delivery mechanisms, and complementing resources available for the cash transfer itself, particularly with a view to expanding the programme.

These budget deficits were reflected not only in coverage gaps of vulnerable populations but also in under-resourcing of staff and staff capacity, undermining the overall effectiveness of programme implementation. As one key informant in Yemen noted: *'Small salaries and no support budget to run field activities force them to take from beneficiaries'* (key informant interview with male informal community leader, Zabia). In the case of Gaza, key informants similarly identified the very limited investment in staff performance monitoring and professional development since 2007 as a critical shortcoming.

Cross-agency coordination and referral systems

Another very important dimension of programme governance relates to coordination mechanisms within and across government, development partners and NGOs. Because of the cross-cutting nature of social protection, this is a challenge that all social protection programming faces (see Holmes and Jones, 2013); it is arguably one of the weakest areas of programme governance in all five countries, although there are some promising signs of growing cooperation (or plans to cooperate, in the case of Uganda's SAGE programme, which is still in its infancy). In the case of Mozambique, for example, people with disabilities were largely unaware that the main entry point for the PSSB was through a health systems certificate of disability, and currently there are no functional referral systems between education services and INAS. However, UNICEF and the Ministry of Women and Social Affairs are developing an improved referral scheme that will include community committees, while INAS is introducing a Social Assistance booklet in 2013 that will register all the services and benefits that a household is receiving from INAS and other social services in order to improve case management, transparency and opportunities for beneficiary input.

In the OPT and Yemen, both programmes include access to complementary services such as food aid, free medications, exemptions from education and health fees, access to microfinance, and (in the case of Yemen) training for young people; but in practice, there is low or no awareness of these provisions, which are, as a result, under-utilised. Moreover, in Yemen, even when beneficiaries are aware of their entitlements as SWF card holders, service providers often fail to honour relevant commitments. In the OPT though, the recent creation of a computerised single registry database that is gradually being made available to all relevant ministries (not just Health and Education but also Justice and Women's Affairs, for instance) is likely to go a long way in addressing these implementation shortcomings.

Outside of government, linkages to other programmes and services implemented by development partners or civil society organisations appear to be especially weak in all five countries, resulting in considerable programme fragmentation and duplication, and lost opportunities to realise synergies. In order to address this weakness, there have been efforts to establish sector working groups (e.g. in the OPT and Yemen) involving government, donors and, in some cases, international NGOs (as in Yemen). In the OPT, other initiatives have included sharing the proxy means testing formula (PMTF) to strengthen cooperation between the PNCTP and UNRWA's social assistance programming. Also, as part of its efforts to become more involved in policy and programme regulation and oversight, MoSA Ramallah is currently planning an exercise to map the availability of services in each district to tackle the multidimensional nature of vulnerabilities facing communities. As one senior MoSA official remarked:

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

Analogous processes, however, do not yet seem to be on the agenda in the other countries in our study.

8.2 Accountability mechanisms

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

with state actors. By the same token, 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).

In this next section, we focus on three key mechanisms and the extent to which they have been effectively implemented: grievance mechanisms, channels for ongoing feedback about programme rollout, and participatory monitoring and evaluation (M&E) processes. We begin, however, by contextualising our discussion with an overview of the characteristics of the programme beneficiary 'interface' in each country, including spaces where beneficiaries and programme staff interact, the role of informal leaders, and channels to promote information flows about the programme to beneficiaries and the community.

Overview of interaction opportunities between programme implementers and beneficiaries

Spaces for interaction

The spaces in which programme beneficiaries interact with one another and with programme staff vary considerably across the programmes. In the OPT, beneficiaries seem to

Box 10: Experiences at the bank in the OPT

Besides home visits, payment days at banks constitute the main regular link between beneficiaries and the CT programme in the OPT. In the West Bank, there were mixed views on the treatment that beneficiaries received at the distributing banks, perhaps reflecting the range of banks involved (e.g. Cairo Bank, Islamic Bank, Investment Bank in Hebron, and Islamic Bank, Alrafah Bank and AlQuds Bank in Jenin), and the different procedures used by each to distribute the transfers. For instance, some banks distribute the transfers on one day only, involving long queues and big crowds, especially where there is no dedicated payment desk for cash transfer beneficiaries; in other cases, the distribution is spread over a number of days and queues are not a significant problem.

Some respondents thought that bank staff were helpful and considerate: *'The bank people are kind to us and they try to help the older people'* (female PNCTP beneficiary, 54, Aroub camp). However, others complained of condescending and disrespectful treatment: *'No, they are mean to us and sometimes they call us beggars'* (female beneficiary, 42, Aroub camp). *'They call this day 'the beggars' day' and so ordinary people typically don't go to the bank on the same day'* (male beneficiary, middle-aged, Hebron city).

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

In Gaza, the bank queue is often a more tense experience, as there are fewer banks involved in distribution and one set day for beneficiaries to receive payment, resulting in long waits and even skirmishes that sometimes necessitate police intervention.

have limited opportunities for interaction with one another except for on payment days at the banks. In some cases, the bank queues provide opportunities for information exchange and networking, but in other cases they result in tensions or no interaction – i.e. some people go to collect their money without engaging with others (see Box 10). As regular bank staff are involved in disbursing payments, the delivery mechanism does not provide an opportunity for beneficiaries to interact with programme staff. Instead, since the 2010 programme reforms, the primary interaction between social workers and beneficiaries or programme applicants takes place during short (15-30 minute) home visits when social workers come to assess whether the household is still eligible according to the PMTF. Social workers and beneficiaries alike emphasised that there was seldom time to discuss broader vulnerabilities and needs – unless the situation was already very serious (e.g. child custody contestations or cases of serious child abuse).

In Uganda, while the cash benefit is also delivered directly to beneficiaries through mobile banks, participants complained about a lack of pay points, costly transport to collect the money, and frequent breakdown of the mobile service. Staffing gaps also contributed to long lines at the pay points. However, on the positive side, programme implementers do appear to be making concerted efforts to interact with beneficiaries on payment days, giving them an opportunity to raise questions and provide feedback.

‘We normally interview beneficiaries on pay days (we could pick about 20 persons), talk to them informally and get their feedback on SAGE activities’ (key informant interview with sub-county chief, Kaberamaido district, Uganda).

In addition, local leaders organise monthly and quarterly community meetings to generate feedback and complaints. However, given that the SAGE programme is still in its early stages, the efficacy and sustainability of these meetings is unknown.

Programme design has gone a step further in Kenya, where since 2011 the programme has introduced local participatory spaces in order to address the perceived distance between Location OVC Committee (LOC) members and beneficiary realities, and to strengthen community involvement in programme governance.

‘That is why we have the BWCs and these committees are meant to involve the community more in decision-making and in monitoring. Because a LOC member is someone who is not a beneficiary so may not really understand the programme all through, so the issue of the BWC is supposed to enable the community to input more into the programme. It is at the initial stages but I am sure we are going to go miles once it picks up’ (District Children’s Officer, Busia, Kenya).

In Mozambique, while *permanentes* and neighbourhood committees play an important linking role between beneficiaries and the programme, focus group discussions and key informant interviews highlighted that in practice, they often serve as powerful local gatekeepers. This restricts people’s access to independent information about the PSSB and other programmes and limits their ability to raise grievances, while also increasing the likelihood of patronage relationships. Staff at central level are aware of the importance of the permanente role and the need to review it, possibly redefining them as community-based social agents with a broader mandate (as mentioned earlier).

Role of community leaders

An unexpected finding was the critical role played by informal community leaders across most of the countries. In Kenya and Uganda, beneficiaries repeatedly mentioned the importance of the parish and sub-county chiefs in supporting them to access programme entitlements, in channelling feedback to district implementers, and in helping to resolve grievances.

‘Whenever a beneficiary has a complaint, the parish chiefs, CDOs [community development officers] and sub-county chiefs help in addressing it’ (key informant interview with local council chairman, Kaberamaido district, Uganda).

‘We are always in contact with parish chiefs who take our complaints to the district SAGE office’ (focus group discussion with male beneficiaries, Obur parish, Kaberamaido district, Uganda).

Participant 2: *‘I really thank our chief because they usually call us here at the centre and they ask us if we are not served well while receiving this money. Anyone who has a problem while receiving this money should tell him and we don’t see anyone saying they are having any problem with this money. But they call us for a meeting here and everyone comes here and we are asked to say if we have any problem’* (focus group discussion with female beneficiaries in Busia, Kenya).

Participant 3: *‘The chief tells us that we should be open. Even if it is the LOC member who is giving you problems, if it is the village elder who is giving you problems because of this money, we should say it freely’* (focus group discussion with female beneficiaries in Busia, Kenya).

Moreover, in the Kenyan case, even though respondents were generally aware of the telephone complaints system, run by an independent firm (Kimetrica), they noted that they preferred to report complaints using local channels – especially chiefs.

Similarly, in the West Bank, respondents from Hebron in particular noted that the governorate has many remote villages, and that without community leaders (including the municipality and women’s organisations) identifying and sending people to MoSA on their own initiative, many very

poor people would not receive any support. In the same vein, the municipality head in Jenin gave the example of a family in a nearby village with three disabled members who were identified by a local mayor and sent to the municipality for help:

‘We immediately went to the family. In the beginning, they tried to hide the disabled persons in the house because they felt ashamed. They asked for help but didn’t want to disclose the fact that they had family members with disabilities’.

Similarly, a leader in the Women’s Union noted that:

‘When I came to West Bank, the women were not so active and they were ashamed to ask for help but after 1994, with the PA in control, many women organisations were established that supported women and encouraged them to ask for help and their rights’ (female beneficiary, 52, Jenin).

A similar pattern was also noted among the Bedouin community included in our fieldwork in the OPT, whose main source of interaction with MoSA social workers was via a local cooperative leader, because social workers were typically reluctant to seek out households off the main road. However, there were also concerns that the recently established community social protection committees (designed to channel community feedback into the targeting process) could be susceptible to clientelistic practices, especially as they tend to function as a collection of individuals who are consulted by MoSA on an ad hoc, individual basis, rather than as a group

with a strong collective identity and sense of responsibility.

In Yemen, community leaders also played a very important role, but there were divergent views among research sites about the value of their involvement. In Zabid, where local leaders enjoy considerable legitimacy (perhaps partly reflecting lower levels of education), respondents supported the role of traditional leaders in beneficiary selection as they felt they knew ‘more about them’ than outsiders; whereas in Taiz (a generally more politicised community), beneficiaries expressed more critical views about the role played by community leaders. It is interesting to note that community leaders who select families known to be among the poorest and most vulnerable have also seen their leadership status augmented within the community, as Box 11 below illustrates.

Information flow mechanisms

Information provision about programme regulations and entitlements appears to be stronger overall in the sub-Saharan African countries studied than in the OPT and Yemen, largely because of the community facilitators and community-level committees that are embedded within programme design in the former. So in Uganda, for instance, regular interactions with programme implementers and community meetings are facilitating information flows about the programme, even though it is still in its infancy, and public launches by well-respected national figures and public awareness campaigns are an important feature. In Kenya, since the establishment of the BWCs, information flows seem to be smoother.

Box 11: Strengthening community leadership in Yemen through engaging with the cash transfer programme

In response to the dearth of strong programme leadership at the local level, in some communities informal leaders are emerging in order to help strengthen poor and marginalised people’s access to the Social Welfare Fund, as this example of a 35-year-old community leader in Zabid, Yemen, attests:

‘I did not used to be a leader; a few years ago while I was at the local council supporting a neighbour in his case to get assistance from the local authority to rehabilitate his house, representatives of the SWF came and started talking with other leaders about the need for assistance in their survey to select poor people. The general secretary of the local council nominated the leader for each site and asked me to join the researchers in case they wanted any assistance. I worked with them during the whole process and assisted them in some cases when they were not clear whom to prioritise, as the situation in Zabid is similar for most families.

After the survey, the local council had a meeting with all leaders to acknowledge their role in assisting the SWF. The SWF attended too. At the end of the ceremony, the head of the local council asked the SWF manager to indicate who was the best leader. Surprisingly, the SWF manager said the best was the person assigned to assist them, and said my name. Immediately, the head of the local council addressed me, saying in front of all people that “From today onwards, you are one of the leaders”, and asked me to be the leader in his own area, where I am from. Since then, I have been assisting many families and guiding them to join the SWF. Some of them had never heard about it or dreamt about being a beneficiary. Recently, even the security office asked me to handle some conflicts between people on property, divorce, etc. I have also been asked to help international organisations that have started targeting poor people in Zabid.

Although working with the poor is so tough in our area given their very large numbers, it is so good that you feel that you are doing something. The feeling of respect by the poor and community members means a lot to me and has been motivating me to keep working with them, although it is so tough sometimes to leave your work and run to help others and sometimes it is so tough too to identify the poorest families. Thus I always work with others in the community to handle such situations to avoid depending on my little information on some families’.

Previously, however, when beneficiaries were not informed of programme changes – as was the case with a pilot shift in payment service provider from the Post Office to the Equity Bank – the lack of community involvement in the change process resulted in a boycott of the exercise.

‘If the people had been involved from the initial stages and sensitised to the change, there would not have been such a scenario. We need to involve the people in the case of any changes in the terms of payments; when we want to introduce a new agent, we need to seek the opinions of caregivers rather than just rolling out any changes the MGSD [Ministry of Gender and Social Development] has decided on. You might find that they will revolt in this way because they also have rights. As much as they are being assisted, they also need to be listened to and they have a right to be listened to and to give opinions of how they would like things to be done. There is need to involve caregivers in anything involving the programme and their opinions need to be sought before any changes are made by headquarters’ (District Children’s Officer for Makueni, Kenya).

In the case of the OPT and Yemen programmes, by contrast, dissemination of programme information appeared to be irregular and patchy at best. For example, a significant number of people (beneficiaries and non-beneficiaries) remain largely unaware of the shift from categorical to poverty-based targeting and the purpose and implications of the introduction of the proxy means testing formula (PMTF) to determine eligibility, with one respondent in the OPT describing it as akin to *‘the secret Coca-Cola formula’*. In the OPT, many people felt very strongly that while a considerable number of households were receiving assistance unfairly, more vulnerable families were not benefiting because they lacked the ability, resources and personal connections to effectively navigate the social protection system. Respondents emphasised that becoming programme beneficiaries necessitated hearing about the programme from friends, family or contacts, and going in person to a local MoSA office. *‘Correct information is the people’s treasure, but we rarely get it’* (widow, focus group discussion, Aroub camp).

Although awareness-raising campaigns through local media, leaflets and announcements by loudspeakers at mosques were carried out in Hebron and Jenin (in 2005 and 2011) to inform people about the programme, MoSA does not have the resources (or mandate) to actively seek potential beneficiaries, and only carries out home visits after an application for the PNCTP has been submitted. However, for the most vulnerable people, this often presents an insurmountable barrier:

‘My husband suffers from Alzheimer’s, with memory loss every hour, half an hour. And I had a stroke at a young age (36) and while my kids were all young ... People in the camp were asked to chip in to cover the costs of my medical treatment given my circumstances, and as a result a neighbourhood widow suggested that I go and ask for help



from MoSA as I had young kids to take care of. I explained I couldn’t because of my husband’s problems and so she went to apply to MoSA on my behalf. But MoSA refused to accept the application and said I had to put the request in person. But how can I? My situation is impossible’ (female non-beneficiary, late 30s, Qalandia camp, Ramallah).

Grievance and complaints mechanisms

All of the programmes in our study have grievance and complaints mechanisms, but their implementation record varies, with all exhibiting potential for further improvements. In the sub-Saharan African programmes, because the transfers are largely seen as a gift – either from political leaders or God – the volume of complaints and grievances was generally low. As one Kenyan caregiver noted:

‘I think if you have been given something for free you cannot [...] complain’ (female non-beneficiary, Makueni, Kenya).

Similarly, a Ugandan beneficiary noted:

‘[It comes from] Museveni. Whether it is a gift or charity we don’t know, but I believe he saw our old age and its challenges and so he gave us the money. At my age of 72, there is no way you can dig with strength, walk long distance for business purposes, and because of that he had pity, pity upon us from his generous ear’ (72-year-old female SCG beneficiary, Angal Ayila village, Nebbi district, Uganda).

As a result, even though there is a formal appeals process which parish chiefs were reported to help beneficiaries access, there was a general view that people are often reluctant to express their grievances, concerned that they may be victimised and lose their entitlement.

‘Some beneficiaries fear to complain even when they have a genuine reason. They usually fear because they seem to view complaining as a rumour that may annoy those serving them to their detriment’ (75-year-old male beneficiary, Nebbi district, Uganda).

In other instances, the process was simply too tardy to inspire confidence:

‘Whenever a beneficiary has a complaint, the parish chiefs, CDOs [community development officers] and sub-county chiefs help in addressing it. A complaints form is filled in on the complaints day. But sometimes there are delays in handling these complaints and this can go up to four, five or six months’ (key informant interview with local council chairman, Kaberamaido district, Uganda).

Moreover, some beneficiaries observed that even when they had raised their concerns about the programme to local council chairpersons, parish chiefs and sub-county officials, they had rarely been provided with feedback.

Similar concerns were expressed by respondents in the Mozambique study. While INAS (National Institute for Social Action) staff reported that grievances can be voiced on payment days, this does not appear to have been the experience of beneficiaries:

‘If we complain and they discover who complained, we will be put out of the programme’ (focus group discussion, older woman, Chibuto).

‘My child, what do you think I can do with 100 MTn? I can hardly buy anything. But as it is something that is given [as a gift] you just have to be grateful’ (elderly beneficiary, Chokwe).

Moreover, there appears to be a dearth of formal guidelines – for staff and beneficiaries – on how complaints can be lodged and what the response process should look like. The sense of disenfranchisement was particularly strong among people with disabilities who were generally unaware that they were legitimate claimants. In Mozambique, all of the beneficiaries in our study had been recommended by the neighbourhood secretaries or identified by the permanentes, rather than being referred directly from the health system.

In the case of Yemen, while there is no official grievance system, and respondents were generally reluctant to complain for fear of being withdrawn from the programme, there were reports of informal action being undertaken to address grievances, suggesting that at least some beneficiaries have a stronger perception of the cash transfer as a right rather than a gift. One case where pressure brought to bear by beneficiaries was reported to have led to change was in Zabid. Here, following prolonged community and beneficiary complaints about poor treatment at the Post Office (where some workers were charging ‘commission’ to make the payment), the head of the Post Office was replaced in an effort to minimise abuse of the system.

In the OPT, programme beneficiaries typically saw their involvement in the PNCTP as their right rather than a gift or charity – especially in Jenin, in the West Bank, where there is



a strong rights-based culture fostered by a substantial NGO presence, as these quotes highlight:

‘This is better than a hand-out. It is my right’ (older female beneficiary, Hebron).

‘You [to a bank official] must pay me this until I’m dead. This is my right. You do not pay it from your pockets’ (older female beneficiary, Jenin).

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

Nevertheless, respondents were relatively negative about the value of utilising grievance and complaints channels:

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

‘When they reduced the amount of my cash transfer from 1,000 to 50 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 that the problem was in Gaza. Basically, both sides didn’t hear from me and I gave up’ (49-year-old man, Beit Lahia).

Complaints can either be communicated in writing and posted in local district office complaints boxes (the keys to which are kept by the Ramallah Complaints Unit), or made verbally to social workers or NGOs who in turn record and communicate them to the Ramallah-based PNCTP Complaints Unit. Some people are reluctant to complain. In addition, the complaints database remains uncomputerised, further hindering staff capacity to respond to citizens in a timely and systematic manner.²² The head of the Complaints Unit (CU) estimated

that they were able to address just 40% to 50% of complaints made. Nonetheless, CU staff do seem to approach their role from a strong citizens' rights perspective, suggesting that if technological shortcomings can be addressed, they could play a more proactive role in future:

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

Programme feedback loops

Besides grievance mechanisms, which are largely focused on targeting and exclusion errors, there are, in most cases, very limited opportunities for providing ongoing feedback about programme experiences. In the West Bank, for example, while there is supposed to be a suggestion box in each MoSA office, there appeared to be a considerable degree of scepticism about the value of this channel. In Hebron, focus group discussion participants emphasised that only 'If people go to the MoSA office and scream and shout' do they get attention. Similarly, when asked about giving feedback, one refugee camp beneficiary noted that: *'If we complain to MoSA, they just give us their deaf ear'*. In Gaza, there was also a strong desire to have more opportunities to input into the programme and exchange experiences and tips.

'We meet each other only at MoSA, UNRWA and 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' (woman 45, Rafah, Gaza).

In Mozambique and Yemen, the opportunities for providing feedback were viewed as especially limited due to the lack of interaction with programme officials and the high levels of politicisation of the cash transfers. Only in Uganda did there seem to be embedded mechanisms for feedback from beneficiaries to programme implementers, including regular community meetings, as well as efforts to publicise success stories – stories about beneficiaries whereby the transfer has facilitated a significant change in their lives.

Monitoring and evaluation mechanisms

Another key dimension of programme governance concerns monitoring and evaluation (M&E) capacities. Robust M&E is crucial both for programme performance and political sustainability; a range of M&E tools can provide insights into the extent to which interventions are aligned with particular policy goals and objectives, how the programme is being implemented and delivered, what can be learned from successes and challenges, and what adjustments can be made to improve effectiveness and impact (UNICEF, 2012: 45).



Overall, there is a general sense among key informants that the M&E culture for social programmes is very weak within all five countries, although there is a growing appetite for and interest in addressing this key weakness. For Palestine, details of the reform process pertaining to M&E of the PNCTP can be found in Box 12. In Uganda, the social protection sector has undergone or is currently undergoing substantial reforms and a baseline data collection exercise is underway for the SAGE programme as a whole to lay the foundation for subsequent evaluative exercises. In Mozambique, a new M&E system is being developed in conjunction with a new management information system, supported by the launch in 2013 of a pilot Civil Society Platform on Social Protection to promote a 'community eye' or community-based monitoring systems. In Yemen, as a result of the 2008 Social Welfare Reform, there has been greater action at the national level to improve M&E, with a recent push by donors supporting the SWF. This renewed interest can be harnessed to improved M&E at both the national and local levels.

A cross-cutting theme that was repeatedly emphasised by respondents was the dearth of participatory monitoring and evaluation methods used to date, even though many people – beneficiaries and other stakeholders – could see the value of involving communities as a means of improving programme effectiveness, and using participatory methods to strengthen interaction between implementers and beneficiaries. As focus group participants in the Aroub camp, near Hebron, emphasised: *'MoSA officials should come and see themselves and listen to us about our views on the programme'*. Only in Kenya had beneficiaries been involved in evaluation processes so far, but they had not been provided with any feedback on the findings. Beneficiaries and non-beneficiaries alike were largely very positive about the opportunities that the country case study had provided for sharing and exchanging experiences, and emphasised that they would like similar opportunities on a regular basis going forward. A middle-aged woman beneficiary from Jenin camp noted that: *'This is the first time that anyone listened to us deeply and in detail. We really appreciate this opportunity'*. Only in Ramallah in

the West Bank during the demand generation consultation exercise did we find some study participants who were less positive about the participatory research exercise, fearing that it may lead to stigmatisation for young unmarried men and women, rather than raising criticisms of participatory processes in principle.



This amount I get each month is simply not enough. I go through the money within the first month at least...

(38-year old male beneficiary, Hebron, West Bank)

8.3 Programme governance and its effects on state-citizen relations

As discussed earlier, delivering regular and predictable types of social protection can be seen as buttressing a ‘social contract’ – a reciprocal and reliable relationship between citizens and their government (Hickey, 2007). However, there is often a major disconnect between national legislation and commitments to citizen welfare and local implementation capacity, perpetuated by the under-development and under-funding of strategies to sensitise programme implementers and recipients about their rights and responsibilities. By providing channels for inputs and feedback, governments can be held accountable for the implementation of citizens’ rights to social protection and their commitments vis-à-vis the provision of social security (UNICEF, 2012). At the same time, programme accountability also encompasses notions of citizen responsibilities vis-à-vis the state and other citizens, including the transparent provision of information about vulnerabilities in accordance with programme regulations. Accordingly, in this section, we discuss the extent to which unconditional cash transfer (UCT) programme governance and accountability has served to strengthen state-citizen relations, as well as areas where there is room for improvement and respondents’ views on how this might be achieved.

Box 12: Coordinated M&E: an example of good practice from Palestine

While officials from the Ministry of Social Affairs (MoSA) are candid when talking about the limited M&E culture within social programmes in Palestine, there is strong interest in improving M&E systems and practices – partly because there is an acute recognition of the importance of responding to citizen demands in the context of broader regional political instability following the Arab Spring, aside from the need to demonstrate better results given the growing economic vulnerability of the Palestinian Authority. This is reflected in a proactive approach to learning from and seeking to maximise synergies across a number of quantitative and qualitative impact assessments of the PNCTP currently being undertaken by development partners.

The World Bank completed an assessment of the extent to which the proxy means testing formula (PMTF) is effectively targeting the extremely poor and vulnerable in 2012 (see Al Markaz, 2012; EMCC, 2012); and DFID has commissioned this current qualitative study exploring community perceptions of the cash transfer programme at individual, household and community levels, with a particular focus on the impacts on female-headed households. Building on these two 2012 evaluations, in 2013, the European Union is undertaking a mixed methods assessment of the impact of the transfer on multidimensional poverty and vulnerability, and is closely coordinating its quantitative work with another mixed methods study commissioned by UNICEF on the effects of the cash transfer on children’s well-being. Within this context, MoSA is playing a key role in facilitating cross-institutional dialogue and access to programme data.

Despite these developments, however, there is as yet no M&E strategy embedded in the PNCTP, and there are currently no plans to implement participatory M&E approaches such as social audits, which would involve communities in providing regular feedback to programme implementers. Similarly, while the community social protection committees are involved, to a certain degree, in decision-making about targeting, and debating inclusion and exclusion errors, they do not currently have a role or mandate for broader M&E of the programme. Moreover, until the composition and functioning of these committees becomes more transparent and they are afforded greater credibility within the eyes of the community, then their role as neutral assessors of programme effectiveness is likely to be questioned.

Impacts on understanding of citizenship rights

In countries such as Kenya and Uganda, where there is relatively good information provision about the UCT programme in focus, and where community leaders and local programme implementers have not been excessively politicised, the programme does appear to have consolidated citizen-state ties. Respondents were generally positive about the role of the state in initiating the programme. In Uganda, it was viewed as a symbol of the government's commitment to supporting older people:

'I have never heard [people saying that] the elders are paid monthly salary without doing any work for the government ... "free money" ... I have never heard of this before' (88-year-old male beneficiary, Nyapupii village, Nebbi district, Uganda).

And in the Kenyan case, volunteer children's officers (VCOs) noted that people with children over 18 years would be willing to withdraw from the programme as they know the eligibility criteria and would see the value of others benefiting from the programme.

In Mozambique and Yemen, however, where the programme has been politicised at the local level and has experienced irregular payments and various forms of corruption, confidence in the state has generally not improved:

'As we have just received [the transfer], maybe we will receive again in December. They said they were going to increase the amount of money that we received but we only received three of the four months that were owed to us, and we received only 330 MTn. Another time they owed us five months but only gave us 560 MTn' (grandmother of disabled beneficiary, Mozambique).

'There was political intervention in the past, but after the involvement of the social workers in the process, this did not occur. But in rural areas there is still a kind of political intervening' (key informant interview with informal community leader, male, Zabid, Yemen).

In the case of the OPT, while the programme arguably has a number of strengths (especially the linkages with complementary services) and is recognised as a critical part of the poorest people's coping strategies, there is little recognition of the Palestinian Authority (PA)'s contribution, in large part due to limited awareness-raising and information dissemination efforts on the part of MoSA. This is 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, 42, Jenin), while another respondent noted that: *'MOSA is part of the PA. Before Arafat it was much better as we had more assistance than under the current PA'* (female beneficiary, 30, Rafat), and even suspected that payment delays may be the result of interventions to cover PA salaries. A number of respondents

were quite bitter, especially non-beneficiaries and refugee camp residents:

'This is a corrupt government. Record my voice and take my photo to Mahmoud Abbas. These are corrupt and thieves, and ignore the poor' (male non-beneficiary, 55, Hebron city).

'This amount I get each month is simply not adequate. I go through the money within the first month at least, and recently with the price increases much quicker ... Every night I watch the news and pray that I will see that [Nabeel Qasees, Minister of Finance] will suffer a worse fate than that of Libya's Gaddafi. I pray for that to happen as he is slowly killing me and my family' (male beneficiary, 38, Aroub camp, Hebron).

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

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

Impacts on a sense of citizen responsibilities

Because all the programmes under consideration are unconditional, public discussions around citizen responsibilities in the context of programme participation have been considerably weaker than in contexts with CCTs (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 [see discussion in Annex 4 on programme overview]). This is partly because of a dominant perception in the sub-Saharan African countries of the cash transfer as a gift or charity (see discussion above). But even in the OPT and Yemen contexts, where there is a stronger rights-based perspective, discussions about citizen responsibilities are noticeably absent.

In the OPT, this silence was manifested in two ways: first, there was only a weak sense of concern about inclusion errors. In an environment of scarce resources, citizens might be expected to exercise their civic responsibility by providing accurate information during visits by MoSA social workers, and also in providing information about cases of fraudulent membership. However, given the substantial economic challenges facing many respondents since the Intifadas and their limited options for alternative livelihoods, our fieldwork suggested that they were primarily concerned about their own situation, which prevented them from considering their entitlement vis-à-vis other eligible programme applicants. This is not to suggest that the large majority of respondents were not highly vulnerable, but that there were some (as there are in any programme) who were relatively better off and not clear contenders for eligibility under the PMTF.

Second, there was little appetite for the introduction of programme conditionalities among beneficiaries, with many expressing their indignation at the very question:

‘What? Is it not enough that we are poor – you also want us to do something? But we are educated, have vaccinations. This assistance is our right’ (widow, 42, Jenin).

A number then went on to explain that they did not want to remain dependent on the cash transfer programme indefinitely and would be willing to take on paid work if this were available. One woman who worked as a janitor in a private school in Jenin noted: *‘I would give up the cash transfer if they gave me employment. If I were employed in a public school then this would mean I would get a pension when I retire. I would quit the cash transfer yesterday’*. It is worth noting, though, that this language of ‘someone finding me a job’ was quite widespread, suggesting that beneficiaries had relatively little confidence in their independent abilities to find paid employment and that a sense of reluctant dependence on the state was not unusual. Similarly, in the case of large households, there was a strong emphasis on the inadequacy of the cash transfer but little reflection on beneficiaries’ own role – through decisions or non-decisions about family planning practices – in contributing to this situation.

In Yemen, the original categorical targeting was linked to individuals who were seen as unable to generate income (and in fact, receiving income was an excluding variable). However, the proxy means test targeting in principle recognises that even those with a source of income can still be poor and thus be included in the programme, though this new targeting criteria is still not sufficiently rolled out to assess its likely impact on poor people who have a source of (albeit insufficient) income. Beneficiaries who were asked about conditionalities saw them as undesirable, and even limiting their right to decide how best to use the cash, though responses among key informant interviewees were mixed. In general, misuse of the cash transfer in Yemen was not widely reported.

Finally, in the ethnographic research in Karamoja, in Uganda, comparison of beneficiary perceptions and attitudes around the unconditional Senior Citizen Grant (SCG) through the Social Assistance Grants for Empowerment (SAGE) programme and the cash-for-work transfer through the Northern Uganda Social Action Fund (NUSAF) II reveals some interesting findings. The majority of respondents view SAGE as an appropriate programme for protecting the weakest social group within the community (the elderly), while they see NUSAF II as carrying an educational purpose, whereby



after so many years of receiving free food aid from the World Food Programme (WFP), people are now required to work in order to earn money or food. Many respondents recall the recent past in which the entire community used to receive unconditional food transfers from WFP, and say that it is difficult for them to accept the present state of affairs where only certain social groups or individuals are targeted. Most people perceive SAGE as a charity/gift and NUSAF II as an exchange/wage aimed at creating work opportunities and keeping people busy. Respondents largely agreed with the principle that elderly people should receive unconditional cash transfers, as they are the ones who can no longer engage in physical labour. Among older people who are beneficiaries of both NUSAF II and SAGE, there is a general tendency to prefer the SAGE programme as it does not require them to work.

²²Since 2010 it has also suspended responding to complaints originating from Gaza as senior officials deemed that working relationships were not such that it is possible to effectively respond via the appeals committee appointed by MoSA in Gaza.

²³Note that while the World Bank also funds the programme, its contribution is smaller, with its role for technical and capacity-building support better recognised.

Conclusions and policy implications



9.1 Key findings

Overall, our findings highlight that beneficiaries view unconditional cash transfers (UCTs) as an important component of their repertoire of coping strategies, and it is often the main source of support received by vulnerable households. At the individual level, beneficiaries emphasised that the transfer had increased their sense of self-worth, self-esteem, self-confidence, dignity, and assertiveness, and – by giving them greater economic security – had afforded them more financial independence and control over their lives, with a more limited number using the transfer to invest in productive activities or access credit. At the household level, beneficiaries in all countries reported improvements in the general well-being and quality of life of all household members as a result of the transfers, which contributed to improved intra-household relations and reduced tensions and stress. And at the community level, a widely mentioned positive impact was the effect on community relations, including stimulating the formation of social capital and facilitating participation in religious and social events. Some beneficiaries from marginalised groups (such as people with disabilities and older people) reported greater respect, integration, and social acceptance due to being recipients of the transfer.

There were, however, some unintended but negative spill over effects reported by a minority of respondents. In all countries, beneficiaries stated that there were few if any links between the cash transfer programme and other sustainable livelihood options and income-generating activities, which limited their options for graduation and programme exit for working-age able-bodied people, thereby reinforcing economic dependence, especially in the case of OPT and Yemen. At the intra-household level, there were some reports of increased intra-household tensions due to disagreements about how the money was spent, as well as evidence that the cash transfers were, in some cases, eroding more informal forms of support. Similarly, in all countries, some tensions were reported at the community level, mostly due to resentment from non-beneficiaries or those currently on waiting lists for registration.

There was considerable variation in people's knowledge on key issues such as eligibility criteria, the rationale for programme reform, and the decision-making power of local staff involved in implementation. There were also divergent levels of satisfaction with a range of programme design and implementation features. In Kenya and Uganda people generally considered the targeting process to be fair. However, beneficiaries generally felt that the transfer amount was insufficient to meet their basic needs. Payment procedures generally worked well, although long distances to distribution points incur transport costs and long queues on arrival presented particular problems for frail older people. Frequency and reliability of payments were a source of concern, however, many respondents saw the reliability



of the transfer as one of the most appreciated programme features. Finally, while some programmes were already linking recipients to complementary services and programmes, there was considerable support for extending these linkages so as to realise the programme's true transformative potential and facilitate greater improvements in beneficiaries' well-being and empowerment.

In terms of programme governance and accountability, beneficiaries – with the partial exception of beneficiaries in Uganda and to some extent Kenya, where programme communication efforts have been more proactive (see discussion below) – were generally critical, emphasising that they had received limited information about programme entitlements and processes; had been largely excluded from monitoring and evaluation processes; and had few opportunities to provide feedback to programme implementers. Moreover, while beneficiaries were generally appreciative of the transfer, programme governance realities seem to have done little to inspire improvements in state-citizen relations. In the three African cases, the programme was generally viewed as a gift rather than a citizen entitlement, while in the two MENA countries even though the programme was viewed as a right, programme roll-out practices had not provided the opportunity for strengthened state-citizen relations. The state continued to be seen as remote, untransparent and unresponsive by the majority of respondents. This said, there seemed to be a high level interest among respondents to be better informed about the programme and also to have a higher level of involvement in programme monitoring and evaluation processes.

9.2 Value-added of qualitative and participatory research approaches

As discussed at the outset of the report, mainstream impact evaluations of cash transfer 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 report are able to provide detailed insights into programme effects on social vulnerabilities, including psycho-social individual vulnerabilities and effects on intra-household power relations and intra-community dynamics, including social capital formation and social cohesion. For many of the respondents these dimensions were as important or even more so than the economic dimensions, especially in the case of socially excluded groups such as female-headed households, OVCs and people living with disabilities.

Another key set of value-added findings relates to programme governance and accountability processes and impacts. Views about beneficiary inclusion in programme monitoring and evaluation, the adequacy of grievance processes, or the responsiveness and respectfulness of programme implementers are seldom included in quantitative impact evaluations and thus the policy and programme recommendations III-VI in particular will be of high value to donors, policy and programme actors.

Finally, the research process also provided us with a rich set of insights into participatory and qualitative research and related capacity building approaches. These, along with suggestions for future research and evaluation directions, will be synthesised in a forthcoming guidance document for DFID on beneficiary participation in monitoring and evaluation.

9.3 Evidence-informed policy and programme recommendations

The policy and programme recommendations that follow draw heavily on the insights provided by the study respondents in the five countries. Beneficiary and community views and feedback 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. We have organised the recommendations into six areas, with key differences highlighted in Annex 5. It is important to emphasise that a number of design features stand these programmes in good stead for making continued inroads into reducing poverty and vulnerability, although they will require significant political will and funding to implement them effectively. These include:

- clear linkages to an overarching national social protection policy framework or platform
- efforts – at varying stages of advancement – to streamline social assistance into a single registry or information management system to be shared at all levels and across agencies

- the establishment of either a poverty-focused targeting mechanism that has been found to have a good level of inclusion of extremely poor people or a categorical targeting system that is seen to identify the most vulnerable groups
- combining in many cases cash transfers with other strategic forms of social assistance such as food aid, basic service fee waivers, access to microfinance, skills training or social health insurance coverage.

Moreover, some of the unconditional cash transfer programmes studied here are already implementing these 'good practice' features as part of ongoing reforms to improve impact, and other programmes could learn much from them. Accordingly, where applicable, we signpost the reader to the individual country reports for more detail on these good practice examples. It is also worth remembering that future reforms within these five country programmes should be informed by other M&E evidence alongside considerations of resourcing, feasibility and cost effectiveness.

I. Targeting

Targeting needs to be improved, not only to reduce inclusion and exclusion errors but also to extend support to the most vulnerable groups. Programmes should:

- take steps to significantly reduce inclusion errors by ensuring multiple checks and balances at different levels including for instance involving community members and community leaders in identifying and confirming vulnerable individuals and households
- in some cases (e.g. Kenya) take steps to broaden inclusion criteria and move beyond categorical targeting to ensure that the destitute or extremely vulnerable are reached
- complement consumption- and asset-focused targeting approaches with qualitative assessments to better understand intra-household and community dynamics as well as psycho-social vulnerabilities that may not be easily captured by quantitative assessments
- expedite application processing time and streamline support documentation requirements and procedures
- establish and/or strengthen the mandate and decision-making role of community monitoring networks while ensuring adequate checks and balances to minimise opportunities for clientelism
- ensure that data collection for ongoing targeting and monitoring purposes does not detract programme implementers from providing psycho-social support or making referrals to other services where this is part of their professional remit.

II. Transfer amount and delivery mechanisms

Beneficiaries in all five countries raised concerns about the transfer amount and/or delivery mechanism; these issues demand urgent consideration. Programmes should:

- introduce and/or maintain payments that are inflation-indexed to mitigate spikes in living costs (see Uganda for a good practice example)
- consider increasing the value of the transfer while avoiding the creation of perverse incentives and dependency
- consider options to reallocate resources to cash transfer programmes within existing budget parameters
- consider increasing the support given to larger households (and/or make amount dependent on household size)
- improve transfer delivery mechanisms so as to minimise time and expenses incurred by beneficiaries in collecting the transfer (e.g. bring payment points closer) (see West Bank bank deposit system for a good practice example) and to improve reliability so as to reduce the stress of unpredictable payments, which can have very negative impacts on highly vulnerable households
- increase government funding commitments to social protection in general and cash transfers specifically as part of national poverty reduction and development objectives in order to reduce reliance on donor funding in an increasingly volatile environment.

III. Capacity-building

Greater investment in capacity-building for programme implementers at all levels is necessary to increase staff awareness of the needs of the most vulnerable households, to support participatory M&E processes, and to exploit opportunities for cross-agency synergies. Programmes should:

- invest in capacity-building to improve knowledge and skills in a range of areas, including participatory M&E, and to enable a deeper understanding of the specific challenges facing the most vulnerable groups (including female-headed households, ethnic minority communities, older people, people living with HIV and people with disabilities)
- invest in programme awareness-raising among relevant agencies and promote opportunities for cross-agency synergies – for instance, by identifying ‘champions’ within relevant agencies (see OPT for 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



- create and develop linkages with other social transfer initiatives to foster cross-agency learning, exchange experiences, and build capacity (including through on-the-job training and mentoring) (see OPT vis-à-vis links with WFP and UNRWA programmes).

IV. Citizen awareness-raising

Greater investment in awareness-raising among beneficiaries and the wider community to improve information flow and accountability is necessary and could provide relatively low-cost easy wins. Programmes should:

- invest in awareness-raising efforts with beneficiaries and wider communities to strengthen information flows, accountability and state-citizen relations, including through more active outreach on the part of programme implementers (see Uganda for a good practice example)
- utilise payment days as opportunities to provide key information so that community members can better understand programme features and processes, and access 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).

V. Programme governance and accountability

A number of governance and accountability challenges are common to all of the programmes and must be urgently tackled, backed by high-level political will, to maximise impact. 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, i.e. structures and processes are in place but are not currently sufficiently utilized)
- strengthen coordination across government agencies, NGOs and religious organisation service providers, facilitated by the national registry system (see OPT for a good practice example), a mapping of complementary services and programmes, and strengthened management information systems
- strengthen coordination among development partners and international NGOs, especially regarding M&E, information exchange and learning (in some countries, e.g. Mozambique, platforms exist, further strengthening and supporting them is necessary).
- develop and implement other/complementary tailored social assistance and social services packages that address the diversity of factors that contribute to the vulnerability and poverty experienced by beneficiaries; this includes:
 - ensuring that people with disabilities and people who are chronically ill have adequate access to care and support as well as to basic services, and appropriate income-generating opportunities where feasible
 - developing employment counselling units to support working-age beneficiaries to supplement their income and gradually exit from the programme; and considering providing opportunities to programme beneficiaries who lack experience in the labour market (especially women in the context of the MENA region) to undertake voluntary work to support initiatives to improve beneficiaries' sense of self-worth, identity and potentially longer-term employability
 - develop and promote the uptake of integrated psycho-social support services, including local community centres where beneficiaries can meet and discuss issues of common concern
 - promote shifts in discriminatory norms vis-à-vis marginalised populations through behavioural change communication efforts with implementers and communities alike to strengthen the programmes' contributions to tackling social vulnerabilities.

VI. Tailored packages of social assistance

There should be more tailored packages of support to maximise the impact of the cash transfer programme for specific marginalised social groups. Programmes should:

- 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), social security and social services
- 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



Beneficiaries view unconditional cash transfers (UCTs) as an important part of their repertoire of coping strategies, and it is often the main source of support received by vulnerable households.

References

- Abu Hamad, B. and S. Pavanello (2012) Transforming cash transfers: beneficiary and community perspectives on the Palestinian national cash transfer programme - Part 1: the case of the Gaza Strip. ODI: London.
- Markaz, A. (2012) development and marketing consultancies, 'Assessment of MoSA Targeting System-Survey', Report submitted to the World Bank, Ramallah-West Bank.
- Amornkul P., H. Vandenhoult, P. Nasokho, F. Odhiambo, D. Mwaengo, et al. (2009) HIV Prevalence and Associated Risk Factors among Individuals Aged 13-34 Years in Rural Western Kenya. PLoS ONE 4(7): e6470.
- Arnold, C., T. Conway, and M. Greenslade (2011) Cash Transfers Evidence Paper. London: Department for International Development, Policy Division.
- Assaad, R., G. Barsoum, E. Cupito, and D. Egel, (2009) 'Youth Exclusion in Yemen: Tackling the Twin Deficits of Human Development and Natural Resources'. Middle East Youth Initiative Working Paper No 9. Wolfensohn Center for Development, Dubai: Dubai School of Government.
- Bagash, T., P. Pereznioto, and K. Dubai, (2012) Transforming Cash Transfers: Beneficiary and community perspectives of the Social Welfare Fund in Yemen. ODI: London.
- Babajanian, B. (2012) Social Protection and its Contribution to Social Cohesion and State-Building. Deutsche Gesellschaft fuer Internationale Zusammenarbeit (GIZ).
- Barrientos, A. and M. Niño-Zarazúa (2011) 'Financing social protection for children in crisis contexts', Development Policy Review 29(5): 603–620.
- Barrientos, A. and D. Hulme (2008) Social protection for the poor and the poorest: concepts, policies and politics. Basingstoke: Palgrave Macmillan.
- Baulch, B., H.T. Minh Nguyen, P.T. Thi Phuong, and H.T. Pham (2010) 'Ethnic minority poverty in Vietnam'. Working Paper No. 169. Manchester: Chronic Poverty Research Centre.
- Bevan, P. (2005) Studying Multi-Dimensional Poverty in Ethiopia: towards a Q-Integrated Approach. Q-Squared Working Paper No. 15.
- Bukuluki, P. and C. Watson (2012) Transforming cash transfers: beneficiary and community perspectives on the Senior Citizen Grant (SCG) in Uganda. ODI: London.
- Caravani, M. (2012) Ethnographic Research on Cash Transfer Programmes in Karamoja. Case study of NUSAF2 CT in Iriiri Town Council, Napak District. Overseas Development Institute. Unpublished.
- Chant, S. (2004), Dangerous Equations? How Female-headed Households Became the Poorest of the Poor: Causes, Consequences and Cautions. IDS Bulletin, 35: 19–26.
- Chronic Poverty Research Centre (2008) The chronic poverty report 2008-09: escaping poverty traps. Manchester: Chronic Poverty Research Centre.
- de Janvry, A., E. Sadoulet, and R. Vakis (2008) Protecting Vulnerable Children from Uninsured Risks: Adapting Conditional Cash Transfer Programs to Provide Broader Safety Nets. Working paper. FERDi.
- Devereux, S. (2010) 'Social Protection in Africa: Where Next?' Discussion Paper. Brighton: CSP, IDS.
- Devereux, S., J. Allister McGregor, and R. Sabates-Wheeler (2011) 'Introduction: social protection for social justice', IDS Bulletin Special Issue: Social Protection for Social Justice, 42(6): 1–9.
- Devereux, S. and R. Sabates-Wheeler (2004) 'Transformative Social Protection'. Working Paper 232. Brighton: Institute of Development Studies.
- Department for International Development (2011) Cash Transfers. Evidence Paper. London: Policy Division, DFID.
- Department for International Development (2000) Disability, Poverty and Development. London: DFID.
- Drimie, S., J. Weinand, S. Gillespie, M. Wagah (2009) HIV and Mobility in the Lake Victoria Basin Agricultural Sector: A Literature Review. IFPRI Discussion Paper 00905.
- ECA, ILO, UNCTAD, UNDESA, UNICEF (2012) Social Protection: A Development Priority in the post-2015 UN Development Agenda – Thematic Think Piece. UN System Task Team on the Post-2015 UN Development Agenda. Economic Commission for Africa, International Labour Organization, UN Conference on Trade and Development, UN Department for Economic and Social Affairs, UNICEF.
- Engineering & Management Consulting Center (EMCC) (2012) 'Assessment of Ministry of Social Affairs Targeting System under the Cash Transfer Program'. CTP (P129124). Gaza Strip. Prepared by the
- Engineering & Management Consulting Center (EMCC) for the World Bank.
- Goldring, E., A. Holla, M. Koziol, and S. Srinivasan (2012) Citizens and Service Delivery: Assessing the Use of Social Accountability Approaches in Human Development. World Bank Publications: Washington, DC.
- Hagen-Zanker, J. and R. Holmes (2012) Social Protection in Nigeria: Synthesis Report. London: Overseas Development Institute and UNICEF Nigeria.
- Handa, S., S. Devereux and D. Webb (eds.) 2010. Social Protection for Africa's Children. Routledge. UK.
- Handley, G. (2009) 'Fiscal space for strengthened social protection in West and Central Africa'. Briefing paper. Senegal/London: UNICEF West and Central Africa Regional Office/Overseas Development Institute.
- Haour-Knipe, M., B. de Zalduondo, F. Samuels, K. Molesworth, and S. Sehgal (2013) HIV and "People on the Move": Six strategies to reduce risk and vulnerability during the migration process. International Migration (forthcoming)
- Hardy, C. and M. Richter (2006) Disability grants or antiretrovirals? A quandary for people with HIV/AIDS in South Africa. African Journal of AIDS Research. Vol. 5, Iss. 1.
- Helmke, G. and S. Levitsky (2004) 'Informal Institutions and Comparative Politics: A Research Agenda'. Perspectives on Politics 2(4): 725–740.
- HelpAge International (1999) The Ageing and Development Report 1999. HelpAge International.
- HelpAge International (2004) Age and Security: How social pensions can deliver effective aid to poor older people and their families. HelpAge International.
- Heslop A. and M. Gorman (2002) Chronic Poverty and Older People in the Developing World. CPRC Working Paper No 10. HelpAge International
- Hickey, S. (2009) 'The politics of protecting the poorest: moving beyond the "anti-politics machine"? Political Geography 28(8): 473–483.
- Hickey, S. (2007) 'Conceptualising the politics of social protection in Africa', Working Paper 4, Manchester: Brooks World Poverty Institute.
- Hickey, S. and S. Bracking (2005) 'Exploring the politics of chronic poverty: from representation to a politics of justice?' World Development 33(6): 851–865.
- Holmes, R. and N. Jones (2013) *Gender and social protection in the developing world: beyond mothers and safety nets*. London: Zed Books.
- Holmes, R. and N. Jones (2011) 'Why is social protection gender-blind? The politics of gender and social protection'. IDS Bulletin 42(6): 45–52.
- IATT on Children and HIV and AIDS (2008) Social Protection for vulnerable children in the context of HIV and AIDS. IATT.
- JLICA (2009) Home Truths: Facing the Facts on Children, AIDS, and Poverty. Final Report of the Joint Learning Initiative on Children and HIV/AIDS. JLICA.
- Johannsmeier, C. (2007) The social and economic effects of the disability grant for people with disabilities and their households: a qualitative study in KwaZulu-Natal province. Research Report 74. Durban: School of Development Studies, University of KwaZulu-Natal.
- Jones, N., and T. Shahrokh (2013) 'Social protection pathways: shaping social justice outcomes for the most marginalised now and post-2015'. Background Note. London: Overseas Development Institute.

- Jones, N., and M. Shaheen (2012) Transforming cash transfers: beneficiary and community perspectives on the Palestinian national cash transfer programme – Part 2: the case of the West Bank. ODI: London
- Jones, N., C. Harper, and C. Watson (2010) Stemming Girls' Chronic Poverty: Catalysing Development Change by Building Just Social Institutions. Manchester: Chronic Poverty Research Centre.
- Jones, N. and A. Sumner (2011) Child poverty, evidence and policy: mainstreaming children in international development. London: The Policy Press.
- Kabeer, N. (2010) Can the MDGs Provide a Pathway to Social Justice? The Challenge of Intersecting Inequalities. Brighton: Institute of Development Studies and the MDG Achievement Fund.
- Kabeer, N. (1999) Resources, Agency, Achievements: Reflections on the measurement of women's empowerment. *Development and Change*. 30 (3). 435-64.
- Kuehn, D., M. Pergamit, and T. Vericker (2011) Vulnerability, Risk, and the Transition to Adulthood. Low-Income Working Families Paper 18. The Urban Institute.
- Macours, K. (2012) Volatility, Risk and Household Poverty: Micro-evidence from Randomized Control Trials. Plenary Paper prepared for presentation at the International Association of Agricultural Economists (IAAE) Triennial Conference, Foz do Iguaçu, Brazil, 18–24 August, 2012.
- Marriott, A. and K. Gooding (2007) Social Assistance and Disability in Developing Countries. DFID and Sightsavers International.
- MGLSD (2012) National Social Protection Policy Framework for Uganda: Enabling all Citizens to Contribute to and Benefit from Uganda's Social Transformation (Draft 1). Uganda: Ministry of Gender, Labour and Social Development.
- MGCSO (Ministry of Gender, Children and Social Development) (2011) 'CT-OVC: Operations Manual'. Nairobi: MGCSO.
- Ministry of Health (2006) 'Multiple Indicator Cluster Survey. Monitoring the Situation of Women and Children'. Sana'a: Ministry of Health.
- MoSA (2011) 'Business Strategy'. Ramallah: Ministry of Social Affairs, Palestinian Authority and European Union.
- Molyneux, M. (2009) Conditional Cash Transfers: A 'Pathway To Women's Empowerment? Pathways Working Paper 5. IDS, Sussex. ISBN: 978 1 85864 562 X (<http://www.pathwaysofempowerment.org/PathwaysWP5-website.pdf>).
- Molyneux, M. (2007) Change and Continuity in Social Protection in Latin America: Mothers at the Service of the State? Geneva: UNRISD.
- Molyneux, M. (2002), Gender and the Silences of Social Capital: Lessons from Latin America. *Development and Change*, 33: 167–188.
- Moore, K. (2005) Thinking about youth poverty through the lenses of chronic poverty, life-course poverty and intergenerational poverty. CPRC Working Paper 57. Manchester.
- Mukulu, S., C.S. Wright, and S. Hettihewa (2012) An Inquiry into the Relationship of Wealth/Income and Demographics to HIV/Aids: The Case of Kenya. *International Review of Business Research Papers* Vol. 8. No.2. pp.66–4.
- OECD (Organisation for Economic Co-operation and Development) (2011) Perspectives on Global Development 2012: Social Cohesion in a Shifting World. Paris: OECD.
- Onyango-Ouma W., and F. Samuels (2012) Transforming Cash Transfers: Beneficiary and community perspectives of the Cash Transfer for Orphans and Vulnerable Children Programme in Kenya. ODI: London.
- Oyier, B. (2013) Ethnographic Research in Busia, Kenya, draft report. Overseas Development Institute.
- PCBS (2007) 'Domestic Violence Survey (December, 2005–January, 2006) Main Findings: Summary of Findings'. Ramallah-Palestine: Palestinian National Authority, Palestinian Central Bureau of Statistics (http://www.pcbs.gov.ps/Portals/_PCBS/Downloads/book1258.pdf).
- Palestinian National Authority (2010) 'The Palestinian National Program for Social Protection 'Cash Transfer Strategy''. Ramallah-Palestine: Palestinian National Authority, Ministry of Social Affairs (www.lacs.ps/documentsShow.aspx?ATT_ID=2992).
- Putnam, R.D. 1995. "Bowling alone: America's declining social capital." *Journal of Democracy* 6: 65–78.
- Rajaram, R. (2009) Female-Headed Households and Poverty: Evidence from the National Family Health Survey. University of Georgia.
- Sabates-Wheeler, R. and M Waite (2003) 'Migration and Social Protection: A Concept Paper'. Working Paper T2. Brighton: IDS.
- Selvester, K., L. Fidalgo, and N. Taimo (2012) Transforming Cash Transfers: Beneficiary and community perspectives of the Basic Social Subsidy Programme in Mozambique. ODI: London.
- Shaffer, P. (2013) Ten Years of "Q-Squared": Implications for Understanding and Explaining Poverty. *World Development*. In press.
- UNAIDS (Joint UN Programme on HIV/AIDS) (2004-2010) Global Reports. Geneva: UNAIDS.
- UNCT in the occupied Palestinian territory (2012) 'Gaza in 2020: A liveable place?' A report by the United Nations Country Team (UNCT) in the occupied Palestinian territory.
- UNDP (UN Development Programme) (2011) 'Common Country Assessment. Republic of Yemen'. Sana'a: UNDP.
- UNICEF (2012) 'Integrated Social Protection Systems: Enhancing Equity for Children'. New York: UNICEF.
- UNICEF (2010) http://www.unicef.org/infobycountry/yemen_53074.html
- WHO (2011) World Report on Disability. World Health Organization: Geneva.
- WHO (2010) 'Transforming mental health services and attitudes: phase 2 of EU-funded mental health initiative in the West Bank and Gaza Strip', World Health Organization.
- World Bank (2009) 'More than just money', West Bank and Gaza update, A quarterly publication of the West Bank and Gaza Office, World Bank Group (<http://unispal.un.org/UNISPAL.NSF/0/81B37E8EEEAB805F85257624004AD96D>).
- World Bank (2011) 'West Bank and Gaza: coping with conflict? Poverty and inclusion in the West Bank and Gaza'. Social and Economic Development Group Middle East and North Africa Region. Washington, DC: The World Bank.
- World Bank (2012) 'West Bank and Gaza: Social Safety Net Reform Project' (<http://go.worldbank.org/OID9P135S0>).



Data processing, analysis and report writing

Whilst still in the field the researchers started processing the data through writing daily summaries of the activities they had undertaken that day. The majority of interviews and discussions were recorded; these were then transcribed and translated by the team members. Following various de-briefing sessions after the fieldwork was completed, a list of key themes and sub-themes were identified, which were then used as the basis of the coding structure, which in turn was used for analysis and report writing. Each country produced its own report and country briefing.

Capacity-building

Building the capacity of the country teams was an integral component of this study. Before the fieldwork phase, the Country Principal Investigators (CPI) trained local research teams in the research approach, methodology, and implementation of the research instruments based on training they had received at the regional train-the-trainers four-day workshop organised by ODI in Nairobi in August 2012. Throughout the research process, the CPI – with remote support from the International Country Support Leads (ICSL) – provided supervision, guidance and technical support to the local research team.

Ethical considerations

Given the sensitive nature of the enquiry, and the focus on particularly vulnerable and marginalised groups, efforts were made to ensure respondents were fully aware of the risks and benefits involved in participating in the study and confidentiality and anonymity were maintained. Informed oral consent was taken and recorded and all study participants were informed about the objectives of the study and the issues and questions to be covered during the interview/discussion. Respondents had the right to refuse to participate and could withdraw at any time during the interview. A safe space and an appropriate time were identified for interview to ensure confidentiality and minimal disruption to the lives of respondents. In the report writing, quotations and opinions have been made anonymous.

Views on programming to date

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

What are the social costs and benefits to taking part in CT programmes?

What are the intended/unintended effects of CT programmes?

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 CTs in the larger community

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

Do they feel:

- The programme was correctly targeted?
- The mechanisms for identification of beneficiaries were appropriate?
- The processes, mechanisms, timing and frequency of the distribution of benefits were appropriate?
- The amount of the transfer was appropriate?
- The transfers reached the intended beneficiaries?
- Any complementary activities accompanying the CT were useful in reducing economic and social risks and vulnerabilities and promoting resilience and wellbeing?
- What do they feel 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 CT programmes?

- Are men, women, girls, boys affected/impacted differentially by CT programmes? If so, how, why?
- Is delivery of services affected by prejudicial attitudes of staff towards beneficiaries on the grounds of ethnicity/race/class?
- What are the effects (if any) of patronage systems on attitudes and delivery of services?
- What effect do CTs have on social cohesion at community level?
- Have CTs had either positive or negative effects on social cohesion at community level?
- Have CTs strengthened or weakened traditional SP mechanisms within the community?
- What effects do CTs have on social capital formation – both horizontal (among other community members) and vertically (especially with authorities and service providers)?
- What effects do CTs have on state–citizen relations in terms of conceptualisations of a social contract, understandings 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 CT programmes?

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

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

Annex 3: Overview of programme governance

Country	Identity and role of central agency	Role of decentralised government agencies	Quality of relationship between centre and local implementing agencies	Presence and effectiveness of community facilitators	Presence and effectiveness of beneficiary participation in programme monitoring committees	Programme-beneficiary interface spaces – what are they like? How effective?
Gaza	Ministry of Social Affairs (MoSA) – since 2010 in charge of implementing the two merged CT programmes; Social Hardship Case (SHC) and Social Safety Net Reform Project (SSNRP) – Palestinian National Cash Transfer Programme (PNCTP)	<ul style="list-style-type: none"> Ministry of Awqaf and Religious Affairs: Zakat committees which provide charity and aims to poor families and vulnerable groups both in the West Bank and Gaza, including regular cash assistance to widows and orphans Ministry of Detainees offers financial assistance to ex-prisoners and families; Families of Martyrs and Wounded Support Foundation: financial assistance to victims of Israel–Palestine conflict 	<ul style="list-style-type: none"> Management and decision-making in Ramallah and implementation and delivery is based in Gaza: this ‘remote assistance’ necessary in context of political tensions and limited access Lack of information sharing between Ramallah and Gaza makes it frustrating for social workers and beneficiaries Social workers’ heavy workload means they cannot fully deal with beneficiary questions/concerns 	<ul style="list-style-type: none"> Beneficiary feedback shows interaction with social workers is mainly positive Beneficiaries felt social workers understood their problems and empathised with them 	<ul style="list-style-type: none"> Currently no embedded monitoring practices Appeal committee set up to deal with complaints by households affected by a reduction in cash transfer amount. Beneficiaries either ignored the existence of this grievance channel or found it unhelpful Lack of awareness or understanding among beneficiaries The social protection committee is part of the PNCTP design but has never been implemented in Gaza 	<ul style="list-style-type: none"> Flow of information from beneficiaries to MoSA very poor No channel that beneficiaries can use to convey their needs and interests to higher decision-making levels Current grievance channels are considered largely ineffective Widespread complaints that MoSA not proactively reaching out to beneficiaries Limited opportunities for beneficiaries to provide ongoing feedback about programme experience Suggestion boxes only available in limited places and under-used
Kenya	Ministry of Gender, Children and Social Development (MGCSGD) is the lead government agency mandated with implementation of the social protection (SP) framework, which houses the SP Management Board and works in collaboration with national, provincial, district and local council committees to implement the framework	<ul style="list-style-type: none"> Centralised system – administered by Department of Children Services (DCS) under the MGCSGD. National Steering Committee provides overall policy guidelines for Cash Transfer for Orphans and Vulnerable Children (CT-OVC) beneficiaries in line with overall Kenyan SP policy Central Programme Unit (CPU) –made up of OVC Secretariat: support, operations, planning, M&E, management information system (MIS) administration and financial management DCO (District Child Officers) (DCO) also serves as a link between the CPU/OVC Secretariat, providers of health, education and civil registration services and beneficiaries Location OVC committees (LOCs) members from community and trained by the District OVC Sub-Committee (DOSC); interact directly with beneficiary households at community level; sensitising communities on the plight of OVC; identifying OVC households and validating selection of beneficiaries through community meetings, assisting in identifying enumerators for household surveys At community level, volunteer children’s officers (VCOs) and beneficiary welfare committees (BWCs) play a critical role: monitor and advise CT beneficiaries Supporting donors and NGOs, including the World Bank, Concern Worldwide, DFID, UNICEF, HelpAge International and HelpAge Kenya, Oxfam, CARE International and the World Food Programme (WFP). 	<ul style="list-style-type: none"> Differential performance at national and community levels National level effective but community level relies on volunteers – less reliable and committed because lack incentives District level understaffed 	<ul style="list-style-type: none"> Strong presence – beneficiary welfare committee (BWC) has increased this Voluntary workers not very reliable or effective because lack incentives Government officials and committees support the process well – process in transition from location OVC committees (LOCs) to BWC as they work better 	<ul style="list-style-type: none"> Evaluator only asked a ‘few questions’ thus limited and not truly participatory Limited involvement of beneficiaries in formal evaluations and assessments, thus limited awareness about its benefits Grievance reporting mechanisms in place (toll-free telephone line, and staff could be approached directly); however, limited grievances reported, attributed to pervasive attitudes that ‘free’ programme could not warrant complaints Beneficiary welfare committee (BWC) – increased participation of beneficiaries in governance – become an important part of the governance structure. LOCs accused of taking bribes from beneficiaries, thus LOCs being replaced by BWCs 	<ul style="list-style-type: none"> Channels for reporting complaints in place at community level

Country	Identity and role of central agency	Role of decentralised government agencies	Quality of relationship between centre and local implementing agencies	Presence and effectiveness of community facilitators	Presence and effectiveness of beneficiary participation in programme monitoring committees	Programme-beneficiary interface spaces – what are they like? How effective?
Mozambique	National Institute for Social Action (INAS) mandated with managing the non-contributory social assistance programmes; subordinate to the Ministry of Women and Social Action	<ul style="list-style-type: none"> INAS HQ in Maputo and 30 delegations across country – in charge of all operational issues Financial management done at delegation level Each delegation covers 3–5 districts Works with District Services for Health, Women and Social Action (SDSMAS) Locally selected community members to serve as liaison between the delegations and the beneficiaries – ‘<i>permanentes</i>’ 	<ul style="list-style-type: none"> No institutional link between INAS and other related social services implementing agencies at the national or local levels Unclear structure re: district administration Limited inter-agency communication Lack of coordination and communication between different services e.g. no functional referral system between INAS and health services – therefore beneficiaries receive inconsistent treatment across different social service providers Inconsistent collaboration between INAS and other services 	<ul style="list-style-type: none"> Main presence is of neighbourhood secretaries and <i>permanentes</i> (sometimes same person) – locally selected community leaders paid a stipend and trained by INAS They have limited capacity and ill-defined role but play an important part in linking and informing beneficiaries Limited case management work with beneficiaries Lack of trained staff on the ground – clerical admin rather than social workers Under-resourced staff at community level 	<ul style="list-style-type: none"> Weak M&E in place from central through to community level Compounded by personal influence and patronage and local power a factor with local leaders and <i>permanentes</i> Weak grievance mechanisms and many beneficiaries unwilling to use those that do exist Lack of information and no anonymity in the process leads to a general reluctance to complain Strong attitude that a ‘handout’ cannot be complained about 	<ul style="list-style-type: none"> No institutional relationship between INAS and any of the community-based organisations Beneficiaries do not have awareness of how to access INAS staff – poor grievance redressal mechanisms No formal guidelines on how to complain, either for staff or beneficiaries and therefore no requirement to respond to individual complaints Cash transfer in some cases brings political cache to local leaders, thus susceptible to corruption Beneficiaries did not know how to complain even if they wanted to Neither the neighbourhood secretaries nor the <i>permanentes</i> were clear about Uganda
Uganda	Ministry of Gender, Labour and Social Development (MGLSD), working through the Directorate of Social Protection. The Directorate is supported by a Social Protection (SP) secretariat, which is charged with the responsibility of policy development and oversight for programme implementation	<ul style="list-style-type: none"> Multi-tiered system: central, district and sub-county level At district level, the programme is integrated into local government systems, with the chief administration officers (CAOs) of the respective districts in charge of programme delivery and funds Direct programme oversight at these levels is provided by district community development officers (DCDOs), who report to the CAO The district SAGE (Social Assistance Grants for Empowerment) team/unit includes senior community development officer (SCDO), a SAGE technical officer, SAGE management information systems (MIS) officer, and SAGE monitoring and evaluation (M&E) officer. It is responsible for managing implementation At sub-county level, programme coordinated by the sub-county community development officer (SC-CDO). Day-to-day programme operations include liaising with parish chiefs, parish development committees (PDCs) and village council chairpersons 	<ul style="list-style-type: none"> Tiered local government system, relying on staff such as DCDO, SD-CDO, sub-county and parish chiefs Effective implementation can be hampered by staffing gaps Data processing takes time, as CDOs have to deliver forms to (MIS) officer at the district, who then enters the data into the system. These delays affect the effective implementation of the programme There is ambiguity in the respective roles of the SAGE technical officer and the senior CDO, which has, in some instances, caused tensions between the two role-holders Clear lines of vertical reporting from sub-county to district 	<ul style="list-style-type: none"> Multi-tiered system allows penetration of staff at all community levels Sub-county staff – CDOs. Parish chiefs, etc all present in the community 	<ul style="list-style-type: none"> Programme guidelines include formal grievance procedures However, not always perceived to be implemented properly, often due to technological problems Formal appeal system for individuals who believe they have been incorrectly excluded from the beneficiary list Some beneficiaries highlight importance of the parish chief in the process of appeals or complaints 	<ul style="list-style-type: none"> Some efforts to interact with beneficiaries e.g. on payment days Interviews sometimes conducted at pay points for feedback Local leaders organise monthly and quarterly community meetings to generate feedback and address complaints

Country	Identity and role of central agency	Role of decentralised government agencies	Quality of relationship between centre and local implementing agencies	Presence and effectiveness of community facilitators	Presence and effectiveness of beneficiary participation in programme monitoring committees	Programme-beneficiary interface spaces – what are they like? How effective?
West Bank	Ministry of Social Affairs (MoSA) under the umbrella of the recently formulated Social Protection Sector Strategy (SPSS)	<ul style="list-style-type: none"> Beneficiaries entitled to complementary SP programmes administered by linked agencies: food from Assistance to Destitute Families programme managed by the World Food Programme (WFP); UN Relief and Works Agency (UNRWA) and MoSA coordinating food assistance to minimise duplication Beneficiaries who are also UNRWA-registered refugees receive food rations from UNRWA, while non-refugee cash transfer beneficiaries receive food rations from WFP Beneficiary households also entitled to government health insurance from Ministry of Health (MoH). Eligibility is decided by MoSA but the administration, funding and delivery of health services is provided by MoH. 	<ul style="list-style-type: none"> Strong political will led to establishment of single registry database system which has potential to enable streamlined services for MoSA beneficiaries and improved information flows between government levels and across agencies Direct coordination between MoSA and the health and education ministries. For example, the Ministry of Education regularly receives the list of all MoSA beneficiaries whose children are of school age (primary education) so that they can assess what additional assistance they can provide Given tough political context, inter-agency divisions are not clear cut – there is still some overlap between MoSA and other ministries, including the Ministry of Women's Affairs (MoWA), Ministry of Detainees and Released Detainees (MoDRD), and the Support of the Families of Martyrs and Injured Citizens Foundation Fragmentation and duplication yet to be fully resolved Palestinian SP sector lacks clear institutionalised functions and strong governmental bodies to implement programmes Social workers in the district expected to provide inputs into the national database but not actively included in programme design decisions or feedback processes, thus unidirectional relationship with central body Knowledge gap between central and community levels about poverty targeting measures 	<ul style="list-style-type: none"> Social workers felt new system had constrained their professional role due to onerous data collection tasks to monitor household eligibility They also perceived that it has reduced their credibility among community as they were unable to justify programme inclusion or exclusion Under-investment in staff capacity has been a critical shortcoming of the programme and thus affected effectiveness in the community Resource constraints and lack of effective training 	<ul style="list-style-type: none"> Community social protection (SP) committees do not yet have a specific mandate or role in formal M&E, currently work on ad hoc basis and people approach them individually No embedded M&E strategy in place yet Limited grievance redressal mechanisms in place – many beneficiaries were unaware of the existence of grievance channels Very limited opportunities for providing feedback about programme experiences No initiatives to involve programme beneficiaries in M&E processes 	<ul style="list-style-type: none"> Complaints Unit has limited staffing, thus only dealing with 40–50% of complaints Lack of clear guidance on the decision-making role of regional SP committees has also caused tensions Limited human resource capacity constrains responses to citizens' grievances about the programme
Yemen	The Social Welfare Fund (SWF) is the policy-making and implementing agency, managing operations at national as well as at governorate and district levels. It is headed by a Board of Directors responsible for overall policy	<ul style="list-style-type: none"> 22 branch offices handle all SWF programmes 214 district offices serve the population District offices manage the daily operations of the SWF District offices lack authority to make decisions on selection or elimination of beneficiaries on the list SWF is supposed to include access to additional support services for beneficiaries – including exemption from school and medical fees, etc. but not implemented or known about 	<ul style="list-style-type: none"> District authorities are limited – local leaders have more authority than SWF officials to make targeting decisions, which lends itself to patronage relationships poor coordination with other social protection programmes, even though many NGO programmes use SWF database Poor coordination with health and education ministries at national and local levels results in fee exemptions to beneficiaries not being implemented consistently 	<ul style="list-style-type: none"> Lack of resources constitutes a major challenge to implementation capacity of local SWF staff, thus no incentive to spend time on careful selection: low-paid and budget constrained for field-based selection Poor central budgeting, poor planning and unqualified staff provided to SWF employees Little or no capacity-building is linked to corruption and connections rather than performance 	<ul style="list-style-type: none"> No beneficiaries or respondents had participated in an M&E mechanism of any sort District staff lack resources to monitor the eligibility of beneficiaries or assess how the SWF is operating 	<ul style="list-style-type: none"> No formal complaint mechanisms and very few people even attempted to complain about the fund to local leaders or SWF officials for fear of being taken out of the programme

Annex 4: Extended programmes overview

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
Programme objectives	Aims to reduce poverty in the West Bank and Gaza, focusing on extremely poor households. Social Protection Strategy 2011-2013 has the driving vision "la] decent life for the Palestinian citizens on the path to sustainable human development in the independent Palestinian state." Main goals are 1) alleviate poverty among Palestinians 2) Care for and empower weak and marginalised groups (including people with disabilities, older people and children 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.		Part of Yemen's Social Safety Net (SSN – which the Government sees as 'an integrated package for poverty reduction, by means of increasing productivity of local communities and focusing on poverty pockets' (ILO, 2008)). SWF aims to contribute to reducing the burden of poverty and lifting the 'suffering of the poor'. 2008 SWF law clarified objectives: income poverty as the primary focus, beneficiaries can include the unemployed in addition to previous categories; case management system will be established; beneficiary development programme to assist exit through skills training and linkages with the labour market. Not all objectives are yet in place, and targeting criteria are not consistently applied.	Aims to encourage fostering and retention of OVC within their families and communities and to develop the human capital of both OVC and their families. There are four areas of focus – Education, Health, Food Security and Civil Registration. Although the programme is described as unconditional, carers must make sure OVC aged 0-5 years are taken for immunisations and growth monitoring; OVC aged 6-17 regularly attend basic education; OVC acquire birth certificates; and caregivers attend awareness raising sessions.	Aims to: 1) guarantee the survival of people permanently incapable of working and living in extreme poverty; 2) invest in those households to promote the development of human capital (dependent children in the beneficiary households); 3) guarantee that all members of households with no labour capacity have access to basic social services. The PSSB is part of Mozambique's wider social protection policy to provide support for households who find themselves unable to overcome a shock or event. Social Assistance is also delivered through the health and education sectors, and through 'Productive Social Action' Programme.	Senior Citizen Grant is a component of the Social Assistance Grants for Empowerment (SAGE) programme – A five year pilot programme to provide regular cash transfers to over 95,000 vulnerable households in 14 districts in four regions of the country, the government plans to scale up the programme from 2015 based on evidence of effectiveness. SAGE is part of the broader Expanding Social Protection (ESP) programme in Uganda which aims to reduce chronic poverty and improve life chances for poor people. The purpose of SAGE is to foster a comprehensive approach to social protection while building the capacity of the Ministry of Gender, Labour and Social Development (MGLSD). The SCG is designed to reduce old age poverty by providing a minimum level of income security to all older people.

Country	OPT		Yemen	Kenya	Mozambique	Uganda
	West Bank	Gaza				
Attention in the programme objectives to empowerment, justice and citizenship	<p>“Within this strategic frame, MoSA wishes to realize positive achievements and impact for a holistic and sustainable development through a process of: (...) adopting rights-based approaches and integrating them into the various programs of MoSA, adopting rights-based approaches and integrating them into the various programs of MoSA.”</p> <p>Source: MoSA, The Palestinian National Program for Social Protection “Cash Transfer Strategy” June 2010, p.3.</p> <p>4th strategic objective: “Care and empowerment of vulnerable and marginalized groups.”</p> <p>6th strategic objective: “To provide a legal environment for achieving justice and ensuring access to the social security program, safe-guarding the dignity of Palestinians.”</p> <p>Source: MOSA (2010), Social Protection Sector Strategy document.</p>		<p>The SWF was not originally planned to have a transformative or empowerment objective, rather just to be a safety net for the poor.</p> <p>However, as a result of recent reforms, its role is being rethought, identifying the need to integrate cash transfers with empowerment and training programmes, and to focus more on women and youth.</p>	<p>No explicit attention in the program objectives.</p>	<p>The programme is considered a safety net for the poorest and so no explicit attention to empowerment in the program objectives.</p>	<p>“Social protection is not just about poverty reduction – it is also about empowerment, justice and citizenship. However, the most vulnerable households rarely have a strong understanding of their rights and often lack the ability to voice their concerns effectively. (...) In order to minimise the risks set out above, SAGE will seek to adopt a rights-based approach.”</p> <p>Source: See Ministry of Gender Labour and Social Development (2012). Social Assistance Grant for Empowerment Programme (SAGE). Senior Citizen’s Grant And Vulnerable Families Support Grant SAGE Implementation Guidelines, chapter 7 pp. 75–76).</p>
	Understanding of poverty in the programmes	<p>“Poverty is a multi-dimensional phenomenon. Very often, poverty has not to do only with economic issues, but its causes and the mechanisms perpetuating poverty have to do with a number of different aspects of the social situation of poor persons and households, for instance, lack of productive assets, insufficient education, poor health, and lack of opportunities to participate in decision-making. Poverty is often perceived as having three basic dimensions: 12: lack of resources and assets, vulnerability to risks, and lack of voice. The first dimension, lack of resources and assets, has not only to do with economic resources but also with such resources as, for instance, education and skills, good health and working capacity, and social resources. Vulnerability to risks, the second dimension of poverty, means that poor people are usually in a fragile position.</p> <p>Crises and tragedies in the life of a person or a family, such as illness, death of a family member, injury or unemployment, can plunge them into deep poverty. In a similar manner, external shocks, such as natural disasters, fluctuations in the market prices of agricultural products and foodstuffs, or political or military conflict, can have devastating impact on people’s livelihoods. The third, dimension, lack of voice has to do with discrimination and exclusion of poor people from decision-making. Quite often, discrimination and lack of rights is the root cause of poverty. This is especially true in Palestine, where the livelihoods of thousands of people are suffering as a result of the occupation and the discriminatory practices related to it”</p> <p>“In principle, poverty can be divided in three basic categories: a) chronic poverty, b) transitory poverty, and c) poverty attributed to a particular vulnerability. The first category consists of people who are poor on a long-time basis and whose livelihoods cannot be expected to substantially change for the better in the near future. The most typical group belonging to this category are rural poor in low-income countries with limited or no opportunity to find employment or additional means of livelihood. The second group consists of people whose livelihoods have deteriorated as a result of an external shock, for instance negative economic or political developments, or a crisis in the life of the household, such as illness, unemployment, death of a family member, or other similar shock. The third group of poor have specific factor, such as disability, old age or large family, that reduces their capacity to earn their livelihoods. The current system of CTP is likely to favour the first group, while failing, to a considerable degree, to address the needs of the two last-mentioned groups.”</p> <p>(MOSA: Business Strategy 2011)</p>			<p>Poverty</p> <p>“The overall rural and urban poverty lines in Kenya are, respectively, Kenya Shillings (K.Shs) 1,562 and 2,913 per month per person (in adult equivalent terms), and include minimum provisions for both food and non-food expenditures. The lower food poverty lines -- K.Shs 988 in rural and K.Shs 1,474 in urban areas -- correspond to the average expenditure needed in 2005-2006 to attain the minimum recommended daily intake of 2,250 kilocalories. “Extreme poverty” refers to the “hardcore” poor households or the households living below the lower food poverty line.”</p> <p>Vulnerability</p> <p>“Vulnerable child- A child whose well-being, including access to basic services, adequate care or a secure home environment, is threatened as a result of orphanhood and chronic illness.” (CT-OVC operations manual, 2011)</p>	

Country	OPT		Yemen	Kenya	Mozambique	Uganda
	West Bank	Gaza (only differences to West Bank included)				
Targeting	<ul style="list-style-type: none"> Reduce inclusion errors in a context of severe resource scarcity Expedite processing time and streamline support documentation procedures Introduce a cadre of data collectors to implement database development and verification processes, to ease burden on social workers Complement targeting approach with qualitative assessments of context-specific circumstances Establish and/or strengthen the role of community monitoring networks. Ensure adequate checks and balances to minimise opportunities for clientelism Index amount of payment with inflation to avoid shocks Increase frequency of transfers Resource allocation to prioritise CT transfer amounts 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) 	<ul style="list-style-type: none"> More efforts needed to understand how to establish inter-agency social protection committees and other local bodies Increase number of bank branches to reduce overcrowding and long queues 	<ul style="list-style-type: none"> Currently no embedded monitoring practices Appeal committee set up to deal with complaints by households affected by a reduction in cash transfer amount. Beneficiaries either ignored the existence of this grievance channel or found it unhelpful Lack of awareness or understanding among beneficiaries The social protection committee is part of the PNCTP design but has never been implemented in Gaza 	<ul style="list-style-type: none"> Include households under the poverty line, and marginalized communities Align resource allocations for governorates and districts to poverty indicators. At the community level, community-based participatory approaches to targeting can be used (see point below); Support community participatory techniques with beneficiaries' involvement Use female social workers to collect HH information, particularly FHH and prioritise those who are most eligible for assistance Eliminate bias towards those places which are convenient in terms of distance and access Increase value of transfer in a gradual manner, but ensuring that can accommodate the scaling up of CT coverage Shift location of the service delivery point to be more convenient and close to beneficiaries; waiting areas should be shaded from the sun and rain to ensure dignity while being gender sensitive Reduce the average waiting (queuing) time to receive cash The staffing capacity should be increased to deliver cash within the agreed time 	<ul style="list-style-type: none"> Expand targeting to include poor households living with disabilities and unable to work Clear and well-disseminated information should be produced for applicants living with disabilities Greater transparency in calculation methods for value of transfer 	<ul style="list-style-type: none"> Expand inclusiveness by lowering eligibility age Increase value of transfer Establish paypoints closer to beneficiary homes to reduce distance burden Resolve technical difficulties caused by lack of connectivity for e-payments
Transfer amount and delivery mechanism	<ul style="list-style-type: none"> Index amount of payment with inflation to avoid shocks Increase frequency of transfers Resource allocation to prioritise CT transfer amounts 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) 	<ul style="list-style-type: none"> Increase number of bank branches to reduce overcrowding and long queues 	<ul style="list-style-type: none"> Increase value of transfer in a gradual manner, but ensuring that can accommodate the scaling up of CT coverage Shift location of the service delivery point to be more convenient and close to beneficiaries; waiting areas should be shaded from the sun and rain to ensure dignity while being gender sensitive Reduce the average waiting (queuing) time to receive cash The staffing capacity should be increased to deliver cash within the agreed time 	<ul style="list-style-type: none"> Increase amount of payment to cushion from inflation Correlate payment amount with number of HH members rather than fixed cash amount per HH Consider introduction of decentralised payment points and bringing them closer to the village, because of costs and risks involved in collecting the CT from the post office, which can be located some distance away. This would need to be balanced with programme implications of concerns about security implications of decentralizing payment points 	<ul style="list-style-type: none"> Greater transparency in calculation methods for value of transfer 	<ul style="list-style-type: none"> Increase value of transfer Establish paypoints closer to beneficiary homes to reduce distance burden Resolve technical difficulties caused by lack of connectivity for e-payments
Capacity building	<ul style="list-style-type: none"> Invest in capacity-building for social workers – training Invest in awareness-raising about the programme and opportunities for synergies across other government agencies Develop M&E at ministerial level 		<ul style="list-style-type: none"> Build institutional capacity for staff at all levels 		<ul style="list-style-type: none"> Reform organisation structure and review existing capacity, particularly in the case of permanentes 	

Country	OPT		Yemen	Kenya	Mozambique	Uganda
	West Bank	Gaza (only differences to West Bank included)				
Citizen awareness	<ul style="list-style-type: none"> Invest in communication and awareness-raising efforts with programme beneficiaries and wider community – communication materials and activities Use bank as a source of community–implementer interaction Use print and radio media to convey success stories and programme information 		<ul style="list-style-type: none"> Improve access to knowledge and information about the programme at different levels, using effective and appropriate communication channels – with marginalised and inaccessible communities in mind 	<ul style="list-style-type: none"> Introduce mechanisms to increase community involvement and participation for example, publicity campaign to create awareness; working with existing community-level structures such as church, youth, women and clan groups 	<ul style="list-style-type: none"> Greater access to information about CT system changes Launch a comprehensive communication and education strategy to reach all stakeholders. It should include: use of the media (particularly radio), capacity-building and refresher-training, plus simple printed information about INAS programmes and linkages to wider social service provision Large-scale dissemination campaign, taking account of how to ensure PWD receive full information 	
Programme governance and accountability	<ul style="list-style-type: none"> Develop a governance framework for the programme, including greater decentralisation and citizen participation Strengthen citizen grievance procedures Introduce citizen programme feedback channels Strengthen coordination among development partners and international NGOs working in social protection, especially with regard to M&E, programme design, and learning 	<ul style="list-style-type: none"> Strengthen citizen grievance procedures, especially given that these are currently not dealt with by MoSA Ramallah 	<ul style="list-style-type: none"> Review current role of SWF as CT implementer Coordination and joint work with key stakeholders Assess the capacity and composition of human resources within the SWF in terms of roles and responsibilities and current qualifications, and develop an appropriate human resources development plan Develop effective grievance system 	<ul style="list-style-type: none"> Decentralisation of activities and systems Monitor effects on target population at district level Joint programme at national level – unify separate donor-funded CT programmes Integrate with other SP programmes Robust M&E and grievance systems 	<ul style="list-style-type: none"> Transparency leading to greater accountability: beneficiary-led monitoring process and disseminate results of CT programmes Develop effective grievance system Implement Management Information System (MIS) for effective interagency communication and M&E 	<ul style="list-style-type: none"> Improve linkages with other programmes (both government and civil society) Improve linkages with complementary SP service providers Conduct thorough impact evaluations
Tailored packages of social assistance	<ul style="list-style-type: none"> Undertake district-specific mappings of available public, private and NGO services aimed at tackling multiple vulnerabilities Promote shifts in gender norms, roles and expectations to strengthen impact of CT on tackling gender-specific vulnerabilities Develop employment counselling units within MoSA to enable beneficiary graduation Tailored social assistance and social services to people with disabilities and the chronically ill Psycho-social support services Promote the development of community social capital to create local community centres where beneficiaries can gather, meet and discuss. Provide opportunities to do voluntary work to improve citizens' sense of self-worth, identity and potentially longer-term employability 		<ul style="list-style-type: none"> Provide linkages to work/income opportunities and complementary programmes – microfinance; technical and vocational education (partner with private sector) Introduce a range of complementary activities focusing on the roles of households, communities and culture – through a case management system which includes awareness raising, counseling, legal assistance and mobilisation and programmes on behavioural practices, social inclusion, advocacy and networking among beneficiaries 	<ul style="list-style-type: none"> Integrate with other SP programmes to provide holistic package of social assistance 	<ul style="list-style-type: none"> Develop a comprehensive social protection platform with cooperation partners. Improve institutional linkage between PWD targeted by the programme and the health system so that they are treated with dignity 	<ul style="list-style-type: none"> Strengthen linkages with other government service provision programmes and also with civil society and donor-led SP programmes
Sustainability			<ul style="list-style-type: none"> In the context of the 'national dialogue' and agreements on medium and long term policies, promote the continued support of the SWF and agreement to allocate more resources to scale up its efforts 	<ul style="list-style-type: none"> Political commitment necessary for core funding – increase state funding for social protection programmes overall and for CT 	<ul style="list-style-type: none"> Ensure continued donor support to the programme to support government's commitment 	<ul style="list-style-type: none"> Ensure government co-financing and take-over of programme costs and expansion after the pilot phase

TRANSFORMING CASH TRANSFERS

Authors: Nicola Jones, Fiona Samuels,
with Agnieszka Malachowska (ODI)

Readers are encouraged to reproduce material from ODI reports for their own publications, as long as they are not being sold commercially. As copyright holder, ODI requests due acknowledgement and a copy of the publication. For online use, we ask readers to link to the original resource on the ODI website.

The views presented in this paper are those of the author(s) and do not necessarily represent the views of ODI.

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

© Overseas Development Institute 2013

Photographs:

Cover photo (top right): Elderly disabled woman, Mozambique © some rights reserved by Eric Miller/World Bank 2007 (Flickr)
Cover photo (top left): EU Humanitarian Aid and Civil Protection (Flickr)
Cover photo (bottom right): Family in Hebron © Some rights reserved by meghamama, 2012 (Flickr)
Cover photo (bottom left): Samuel guides a group of participants in using their new camera skills, Kwakavisi, Kenya © Lucy Williams 2012 / ODI / PhotoVoice
Inside cover photo: Grandmothers in Jinja, Uganda © some rights reserved by Bread for the World, 2011 (Flickr)
Photo opposite executive summary:
Chapter 1 photo: EU Humanitarian Aid and Civil Protection (Flickr)
Page 3: Girl in yellow dress © Stalla Mueni 2012 / ODI / PhotoVoice
Chapter 2 photo: Children in Hodiedah, Yemen © Thabet Okish 2012 / ODI
Page 8: A school friend reads the text under a photo at the community celebration, Kwakavisi, Kenya © Lucy Williams 2012 / ODI / PhotoVoice
Chapter 3 photo: EU Humanitarian Aid and Civil Protection (Flickr)
Page 11: Boys aged 10-14 years getting to grips with the cameras, Kwakavisi, Kenya © Lucy Williams 2012 / ODI / PhotoVoice
Chapter 4 photo: EU Humanitarian Aid and Civil Protection (Flickr)
Chapter 5 photo: Portrait of elderly woman, Mozambique © Some rights reserved by World Bank Photo Collection, 2007 (Flickr)
Page 20: Man, Bigodi, Uganda © some rights reserved by Garrett Ziegler, 2008 (Flickr)
Page 22: Grandmother and son, Kampala, Uganda © some rights reserved by the World Bank Photo Collection, 2003, (Flickr)
Page 23: Community mapping with group of female beneficiaries, Mozambique © Lourdes Fidalgo 2012 / ODI
Page 25: Man waiting to receive identity card at Oxfam's cash distribution, Yemen © Some rights reserved by Oxfam International, 2012 (Flickr)
Page 26: Community poverty ranking exercise, Kwakavisi, Kenya © Onyango Ouma 2012 / ODI
Chapter 6 photo: NABAA - 2012 protection award recipient © STARS/Kristian Buus (Flickr)
Page 30: Self-portrait by Fabiao, a cash transfer beneficiary in Mozambique © Fabião António Tivane 2012 / ODI / PhotoVoice
Page 32: Old woman sitting on the ground, Uganda © some rights reserved by Brian Wolfe, 2011 (Flickr)
Page 35: Grandmothers in Jinja, Uganda © some rights reserved by Bread for the World, 2011 (Flickr)
Page 36: Woman and baby, South Hebron © some rights reserved by Lisa Nesson, 2005 (Flickr)
Chapter 7 photo: Children participating in the pilot, Kangemi, Kenya © Samuel Mbuto 2012 / ODI
Page 39: Elderly disabled woman, Mozambique © some rights reserved by Eric Miller/World Bank 2007 (Flickr)
Page 40: Focus group with beneficiary FHHs © Bassam Abu Hamad 2012 / ODI
Chapter 8 photo: Woman receives a cash lifeline, Yemen © Some rights reserved by Oxfam International, 2012 (Flickr)
Page 43: A beneficiary widow with her son in Gaza © Bassam Hamad 2012 / ODI
Page 44: Self portrait by Linda, a cash transfer beneficiary in Mozambique © Linda Sarmento Manjaze 2012 / ODI / PhotoVoice
Page 49: School girls, rural West Bank © some rights reserved by delayed gratification, 2008 (Flickr)
Page 50: Mother and daughter, rural West Bank © Some rights reserved by delayed gratification, 2008 (Flickr)
Page 51: Female head of household, Gaza © Bassam Abu Hamad / ODI 2012
Page 54: Female beneficiary sitting with her grandchildren, Zaga Zaga Village, Nebbi District © Alex Bagabo 2012 / ODI
Chapter 9 photo: Beneficiaries at Oxfam cash distribution, Yemen © Some rights reserved by Oxfam International, 2012 (Flickr)
Page 56: Female head of household with her daughter, Gaza © Bassam Abu Hamad / ODI 2012
Page 58: Saqina helping her mother, a beneficiary, collect water © Linda Sarmento Manjaze 2012 / ODI / PhotoVoice

Overseas Development Institute
203 Blackfriars Road, London SE1 8NJ
Tel: +44 (0)20 7922 0300
Fax: +44 (0)20 7922 0399
Email: publications@odi.org.uk



Printed on recycled
paper, using
vegetable-based inks



MIX
Paper from
responsible sources
FSC® C021423