



# Tackling childhood poverty and vulnerability: making the Palestinian National Cash Transfer Programme more effective for children

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## Key messages

- The Palestinian National Cash Transfer Programme (PNCTP) is well targeted to reach the poorest households in Gaza and the West Bank.
- Children benefit from its effects on household economic strengthening, especially in terms of improved health and nutrition.
- The PNCTP is not child-focused. Key dimensions of children's right to social protection and a life free from poverty and vulnerability are not sufficiently addressed.
- The PNCTP could be more child-sensitive if it had stronger linkages to relevant complementary services that tackle children's broader vulnerabilities.
- Key vulnerabilities facing children that require urgent attention and could be supported by the PNCTP include: support to complete higher secondary school; protection from violence; recreational activities for boys and girls; and better care for children with disabilities.

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The most severe challenges to poor and vulnerable households, from the impact of economic crises to human development deficits and daily exclusion, hit their children first and hardest. Social protection programmes have emerged as a key tool to reduce such poverty and vulnerability over the past two decades, but often overlook the multidimensional needs of children and young people. Too often, they remain invisible to policy-makers and to those who design social protection programmes, who tend to focus on the household as a whole.

This paper presents findings from a mixed-methods study of the effects of the Palestinian National Cash Transfer Programme (PNCTP) on children and their families. It explores the impact of the programme across four key dimensions of children's rights, as recognised in the United Nations Convention on the Rights of the Child (UNCRC): survival, development, protection and participation.

### Conceptual framework

The study is underpinned by a conceptual framework that draws on Devereux and Sabates-Wheeler's (2004) transformative social protection framework. This stressed that an interrelated system of social protection programming is critical for the meaningful empowerment of the poorest and most vulnerable populations – a system that combines protection, prevention, promotion and transformation.



- **Protection:** social protection to alleviate the worst economic and social deprivation by safeguarding household income and consumption. Cash transfers and humanitarian relief fall into this category.
- **Prevention:** social protection, such as health insurance, to reduce household vulnerability by easing the impact of shocks.
- **Promotion:** social protection to strengthen vulnerable people by bolstering their productive activities through the provision of assets or subsidies.
- **Transformation:** social protection to address the power imbalances that create or sustain the vulnerabilities that fuel disadvantage based on social identity: gender, religion, ethnicity, race, class, or disability.

Our analysis includes an additional ingredient: **child-sensitive social protection**. This enhances the analytical framework by highlighting the unique and intersecting risks and vulnerabilities that face children – risks that merit a specific focus.

It is important to understand that child poverty is not the same as adult poverty. It has distinct causes and effects. Poverty affects children more acutely than adults because of their age and dependency. It affects them more deeply by undermining their development, often causing life-long cognitive and physical damage and leading to permanent disadvantage that perpetuates the cycle of poverty across generations. Understanding child-sensitive social protection also means understanding that social vulnerability is as important as economic risk for children, who are uniquely dependent on the adults around them. This means that social protection must target not only child-specific vulnerabilities but also the caregivers, families, households, and communities that protect and nurture children and that must, therefore, be protected and nurtured themselves.

## Study methodology

The study used a mixed-methods approach to assess the effects of the PNCTP on children and their families. Cross-sectional quantitative data were collected from one group that has benefited from the programme and a control group, alongside qualitative data from a participatory survey of individuals and groups (including adolescents and adults). In Gaza, qualitative data collection was carried out in Jabalia and Beit Hanoun in the north, which included some rural areas; and Gaza City, including a refugee camp setting (Beach camp), a primarily urban context. Qualitative



data from the West Bank were collected in Jericho district and Jordan Valley, spanning a sample of urban, rural, refugee and Bedouin beneficiaries. Research was carried out in five villages: Alnwe'ma, Aldyouk, Al-Jiftlik, Alouja and Anata.

Data were then triangulated to give a layered analysis. Data collection was sequenced, with quantitative data collected first so that preliminary findings could inform the design of the qualitative data collection instruments and survey. This enabled the study team to carry out an in-depth exploration of the effects of the programme and its complementary social services on children, their caregivers and families.

## Key findings

Overall, our findings reveal that the PNCTP is not sufficiently child-sensitive to address children's poverty in full from a multidimensional perspective. While the programme supports the children's right to survival, its impact on their rights to development, protection and participation is less evident. In addition, many caregivers said that they had to choose whether to use their limited household resources – including the cash transfer – to provide for their children or pay their debts.

## Understanding childhood poverty and vulnerability in the occupied Palestinian territory

Many people in the State of Palestine (SoP) are young: more than 40% are under the age of 15. Household poverty (estimated at around 16% in the West Bank and almost 32% in Gaza) has a disproportionate impact on children, partly because of the prevalence of larger families among the poorest, but also because poor children have limited access to basic services and developmental opportunities.

However, the well-being of children and adolescents is, not only determined by household income but by a range of political and social determinants. Poor households often face a range of interlinked challenges, including caring for family members with physical, psychosocial and mental disabilities or chronic disease. A host of other common challenges include gender-based violence, stigma, discrimination, child labour and child abuse, school dropouts, domestic violence, and risky behaviour among young people. It is vital to understand how these vulnerabilities are experienced by children and adolescents if we are to understand whether social protection programmes are adequately tailored and reflect a rights-based approach. Existing evidence from SoP shows that the following rights have not been protected in full.

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***Children's right to survival*** is compromised in many ways. Although child mortality rates in Palestine are relatively low, thanks to improvements in neonatal services and prenatal-care coverage, maternal mortality rates remain a cause for concern for women and, by extension, for their children. Health shocks are a major source of household poverty in Palestine: any illness or accident that afflicts or kills a parent triggers adverse coping strategies that undermine children's development. Typically, girls have to take on the burden of domestic care while boys have to find work to generate income.

Child malnutrition is another persistent problem. According to 2011 data from the Palestinian Central Bureau of Statistics, one child in every ten under the age of five suffers from chronic malnutrition, with the rate slightly higher in the West Bank than the Gaza Strip. Alarming, malnutrition rates are rising: between 2000 and 2010, child malnutrition in the Gaza Strip increased by 60% (over 40% nationally). Many families in both territories, but particularly in Gaza, resort to negative coping strategies to maintain food consumption, such as reducing the number of meals each day, eating less, selling assets, taking on more debt, removing children from school, and even marrying off their daughters while they are still children, before the age of 18.

Access to clean water and adequate sanitation is another major problem, with constant fuel crises disrupting safe water supply and sewage treatment. Diarrhoea is one of the most common illnesses among Gaza's refugee children, and clinics treating refugees in the Gaza Strip report a recent increase in cases of typhoid fever and watery diarrhoea in children under the age of three.

***Children's right to development*** is also severely constrained. Despite important recent achievements, such as full gender equity in basic education enrolment, and near universal access to basic education, the SoP's education system suffers from poor quality and results. The school environment itself is often marred by violence, either by peers or by teachers. Not surprisingly, many adolescents drop out of school after completing their basic education (grade 10, roughly age 16). Typically, this is because they need to work to help their families. But many of those interviewed also said they did not enjoy school as they often faced violence, and were not able to learn very much. Children and young people (and particularly refugee children in camp environments and children living in Area C in the West Bank) also lack safe spaces for play and recreational activities.

***Children's right to protection*** faces particular threats as a result of the protracted conflict and high levels of insecurity and violence in the SoP. Constant exposure to violence in the home and in schools (both physical and psychological) has a direct impact on children's health and well-being. One clear outcome of the ongoing conflict is an increase in mental health conditions, particularly among children. Those exposed to high levels of trauma are more likely to report higher levels of post-traumatic stress disorder (PTSD), depression and anxiety and depletion of their personal and social resources.

In addition, Palestinian children with disabilities face many barriers in accessing public services. Despite near universal access to education for most Palestinian children, more than one-third of those with a disability aged 15 years and over had never enrolled at school. Of those that did enrol, one third dropped out because the services and infrastructure on offer did not meet their needs. Children with disabilities find it particularly difficult to realise their right to leisure as a result of high transport costs, lack of adequate facilities and appropriate activities, and the fear of stigma and discrimination, all of which compound their social isolation.

Finally, ***children's right to participation*** is also constrained. The everyday problems children face severely limit their ability to exercise this right, as there are few safe spaces where they can participate. Hierarchical social norms also represent a major barrier to their participation in family and community matters that can impact their life and wellbeing; girls, in particular, face severe restrictions on their mobility and social activities outside the home.

## **The Palestinian National Cash Transfer Programme (PNCTP)**

The PNCTP is the SoP's flagship social protection programme, managed and administered by the Ministry of Social Affairs (MoSA). Beneficiaries are selected according to a consumption-based proxy means-test formula (PMTF) that estimates the welfare of each applicant household. Eligible households receive between 750 and 1,800 new Israeli shekels (NIS) (\$195-468) per quarter to bridge 50% of the household poverty gap. Beneficiary households are also entitled to other state-provided assistance, including health insurance, food support (in the



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form of dry food rations in Gaza and in isolated areas of the West Bank, and vouchers in urban areas of the West Bank), school-fee waivers, and cash grants to help with one-off emergency needs.

According to MoSA, as of September 2013, 105,678 households were receiving the cash transfer (57,449 in Gaza and 48,229 in the West Bank). Given the average number of children per family, the total estimated number of children living in beneficiary households is 287,794. Most of these households are classed as extremely poor.

While the PNCTP was not designed as a child-focused programme, it does prioritise household expenses and consumption goods in response to the large family sizes that are common in the SoP – particularly among poorer households. These expenses include meeting children’s needs, principally for food, but also for clothing and schooling.

### **Other sources of support for vulnerable children**

In addition to the PNCTP, there are multiple government and non-governmental organisation (NGO) programmes that provide social protection support for children, and these address a range of vulnerabilities that cut across the four dimensions of children’s rights (see above).

However, communication and coordination across agencies remains limited and there is no strong referral mechanism to ensure that the needs of vulnerable children are identified and addressed more effectively. For example, there is no coordination between the social workers who implement the PNCTP and child protection services; yet the social workers could refer suspected cases of abuse that they identify during their home visits (mostly used to gain information to determine the applicant household’s PMTF score). The existing child protection network established by MoSA in 2006 would be a good forum in which to raise child protection issues. But again, there are no linkages between the network, the PNCTP or any other support services.

Another problem cited by respondents was the discontinuation of targeted programmes for children with disabilities or other specific vulnerabilities following the 2010 launch of the PNCTP, which merged a number of

smaller, fragmented programmes. While the PNCTP has been welcomed in general, as some families have received more cash income since the changes, other families have suffered from the loss of valuable in-kind support. This includes equipment (e.g. wheelchairs and hearing aids) and personal care items (including diapers and sanitary towels), as well as access to therapeutic services. The merger of the different strands of support in 2010 did not focus on child-specific vulnerabilities and, as a result, some of these moved down the list of priorities at a programming level.

### **Children’s right to survival**

For those who need to access health services, the health insurance component of the PNCTP was considered its most important element. Without it, they might not have been able to get necessary treatment or surgery (including those accessed abroad), or would have had to take on large debts to pay for these services. In other words, it reduces out of pocket health expenditure and can prevent financial shocks and deeper poverty among poor and vulnerable beneficiaries. However, health insurance does not cover some of the everyday costs involved in caring for children with disabilities (such as diapers and the maintenance of special equipment/devices), or treatment for specific illnesses. Paying for these meant that families often had to go without other basic items, given their limited incomes.



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Many respondents were also worried about the high cost of medicines and equipment – a common source of debt. Although the health insurance covers a package of basic medicines, these are often out of stock at government hospitals, so patients need to purchase them privately, eating into their cash transfer. Where families cannot afford to pay for the repair and maintenance of their child’s hearing aid or wheelchair, for example, this limits the child’s prospects of attending school or taking part in any activities outside the home.

### **Box 1: Living with spina bifida – the triple challenge of disability, gender and poverty**

Rana\*, aged 13, lives with her five siblings and parents in Gaza City. They are covered by the PNCTP because of their poverty, and because Rana has a disability. Rana’s experiences highlight the multiple vulnerabilities facing children with disabilities and their families.

She lives in a clean, but very poor home. All of the money from the family’s cash transfer is spent on her diapers. As her mother explained, *‘We buy diapers with this cash, she needs three packets per month ... I pay 450 NIS per month, while the cash transfer amount every three months is only 1,000.’*

Rana had difficulties enrolling in school because the head teacher was reluctant to accept a disabled child. She relented only after repeated visits and pleas by Rana’s parents, telling them, *‘I accepted her as a humanitarian case, I did a favour for you.’*

Rana’s school has not, however, been adapted to meet her needs. There are no special toilet facilities, for example, and the head teacher insisted that Rana wear diapers at school even though Rana is acutely aware that they are not always reliable and could cause her great embarrassment.

The school’s lack of adaptations for children with disabilities also means that Rana misses all the information technology classes because the computer lab is on the second floor, and there is no one to help her up the stairs. She feels this is an important gap in her schooling.

When the researcher asked Rana about the best times of her life, after some thought, she answered *‘When I go outdoors.’* This reflects her everyday reality: few leisure opportunities, and little chance of spending time with friends.

*\* Names have been changed to protect identities*

Source: Observation in the home of a 13-year-old girl with a disability, Shijaja, Gaza City

The research paid particular attention to the impact of the PNCTP on children with disabilities. Overall, families with children with disabilities felt that the cash transfer had helped them, mainly through the entitlement to health insurance. The cash transfer itself had helped them to pay for goods and services that they could not have afforded for their disabled family member.

However, families also emphasised that the unmet needs of children with disabilities are still a major economic and psychosocial burden. While PNCTP beneficiaries are entitled to health insurance, there were mixed views about whether this was adequate to meet the needs of children with disabilities. While these families receive equipment for children with disabilities – such as wheelchairs or hearing aids – no provision is made for expensive maintenance costs, such as new wheels or new batteries. If families cannot meet these costs, the equipment itself becomes useless to them. In addition, such households tend to have higher expenses, limiting the purchasing power of the cash transfer.

In relation to nutrition, the cash transfer has enabled beneficiary households to buy larger quantities and a greater variety of more nutritious food – particularly animal proteins – which has helped to improve the nutritional status of their children. Some respondents noted that they can now buy meat, chicken, fruits and vegetables (either once per payment cycle, or more regularly). Indeed, adolescents in the study highlighted this as a particularly positive outcome of the programme for them, as they value having a more varied diet and food they enjoy eating.

While housing and living conditions are important in determining children’s well-being, the cash transfer amount is too low to enable families to make significant improvements to their housing conditions. However,

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respondents used the transfer to help pay for water and energy costs that would otherwise have been unaffordable. In Gaza, in particular, beneficiaries were less likely to have their power cut because of non-payment than the comparison group.

### **Children's right to development**

The PNCTP was reported to have made a mixed contribution to children's access to education. The main contribution to education is exemption from school fees, which although low, can still be a barrier for very poor households. Nevertheless, some beneficiary caregivers reported poor coordination between MoSA and the education authorities, which meant that supporting documentation often failed to arrive in time for enrolment, forcing households to pay (even if the fee was later refunded).

Additional barriers, however, are the indirect and opportunity costs of schooling. For some families, the extra cash provided through the transfer was enough to keep children in school by allowing them to pay for transport, books, uniforms and school bags. But for the poorest households, the small amount of the cash transfer was not enough to cover school expenses after other expenses (food and health care). For these households, the opportunity costs for adolescents are important, particularly for boys who are better able to find paid work outside the household. When beneficiary households were asked what difference the cash transfer had made to their lives or the lives of their families, only a small minority whose children were previously working mentioned that the children had been able to stop working and return to school. This may be because the transfer is so small: it is not enough to compensate the family the income earned by a younger member.

The PNCTP has had some effect on children's capacity to enjoy recreational activities – such as summer camps, which require families to pay transport costs – within the constraints of the local environment. A few caregivers also reported being able to buy toys or other 'treats', but most households used the transfer to cover more basic and urgent needs. Still, children continue to have very limited opportunities or resources for recreation. One important gender dimension was uncovered in relation to children's ability to enjoy recreational activities: boys and girls both expressed the view that girls faced a more difficult situation, given the limits to their mobility outside the home imposed by restrictive social norms.

### **Children's right to protection**

Quantitative data suggest that the PNCTP has no significant effect in reducing violence at the household, community or school levels. Both quantitative and qualitative findings showed that violence is widely practiced – by children and adolescents themselves, their parents, teachers, and service providers. Qualitative interviews did, however, indicate that the cash transfer has helped to reduce violence, a reflection, in part, of lower stress levels as a result of a slight easing of financial pressures.



Violence in schools was widely reported and was generally accepted as the norm, especially in terms of how teachers discipline children from poor households. Although there are counselling staff in some schools, some children said that they did not believe that their problems would remain confidential, and only a few identified teachers as sources of support. As mentioned, school violence was one of the main reasons for non-attendance or drop-out reported by adolescents, which works against one of the aim of the PNCTP – to support children's schooling.

On child labour, the quantitative and qualitative data produced some contradictory findings. The quantitative data suggest that the number of boys working outside the household is relatively low (particularly in Gaza), while the qualitative component indicates that a number of children – even those from beneficiary families – are working; boys tend to do paid work outside the home while girls support activities within the home (and work in agriculture in rural areas).



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In terms of children’s mental health and emotional well-being, access to psychosocial support and counselling is very limited, and the services that do exist are of poor quality, despite the heavy psychosocial burden on poor households in the SoP – particularly those with children with physical or mental disabilities. Support from the informal sources that people once relied on (such as extended family and neighbours) has evaporated in the face of the hardships faced by families in the SoP living in continuous conflict and instability.

While many children who experience mental and emotional health problems live in beneficiary households, the lack of outreach by social workers who visit these households on a semi-regular basis, and the limited information about the support services available, means that they do not receive the support they need. School counsellors are available (in state schools and those run by the United Nations Relief and Works Agency (UNRWA) for refugee children). But there are too few of them (one counsellor for approximately 1,000 pupils) and most have had insufficient training to deal with children’s psychosocial problems. Overall, the cash transfer appears to have had limited impact on the psychosocial vulnerabilities of children and adolescents.

### Box 2: Violence against children at home, and its consequences

Rawan\*, aged 15, has a severe leg injury – the result of being beaten on the leg by her father because he did not want her to speak to people he disliked. The hospital applied a cast, but her knee was so badly damaged that she now has a permanent disability.

According to Rawan’s mother, Ghalia, her husband has been physically and verbally abusive towards her and her children for 23 years. He has hit Ghalia with sticks and has even tried to suffocate her. She thinks the violence is because he wants food and cigarettes but usually has no money. He is particularly violent with his eldest son, whom he beats in order to get him to bring him more money.

Rawan’s family are very poor. They often have no money for food, let alone school. The father has only occasional work, and Ghalia was forced out of work to care for her daughter full-time, putting further financial strain on the household.

Because they live in extreme poverty, the family are PNCTP beneficiaries. But Ghalia complains that her husband receives the cash transfer and often spends most of it on himself. She wishes the money could be allocated by MoSA to Rawan so that it could be used to meet her needs and those of her siblings.

Ghalia explained: *‘I wish I could help my older daughters to go back to school as we don’t have the money to support their transportation, and my husband is not in favour of sending them to school.’* She commented, however, that their situation has improved as a result of the cash transfer: they can buy more food (including meat on occasions), clothes, and now have health insurance too.

*\* Names have been changed to protect identities*

(Source: In-depth interview with caregiver, Bedouin area, Jordan Valley, West Bank)

### Children’s right to participation

Poverty and hierarchical cultural norms in SoP have combined to limit children’s opportunities to participate in family decisions or in schools, and even their awareness of their rights. Participation and decision-making are also highly gendered, and are the realm of men and young boys rather than women and young girls.

Children and adolescents – particularly children with disabilities – spoke of their frustration at their limited opportunities to participate in everyday life, including going out to meet friends and socialising with their peers.





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Finally, there was little evidence of efforts within the PNCTP to involve children from beneficiary households in programme governance, including any participation in the community forums that support targeting decisions and grievance redress.

## Implications for policy and programming to strengthen the impact of the PNCTP on children's lives

The PNCTP makes a positive contribution to children's right to survival. It also helps households cope with economic hardship and meet children's basic needs, such as buying more nutritious food, paying some school- and health-related costs and, importantly, contributing to household debt repayment, which is a major source of stress in Gaza and the West Bank. The provision of health insurance means that households with people (including children) who have a disability or severe or chronic illness are able to cover some of the economic costs related to their care – support that is greatly valued by the families concerned. As such, the PNCTP contributes to meeting many essential household needs that affect children directly, and contributes to improving their emotional and mental well-being in an extremely pressured and challenging situation.

The PNCTP is, therefore, an important programme, valued by beneficiaries. As such, it is a programme that should continue with greater support and investment in order to strengthen and improve it, particularly in terms of its impacts on the lives of children and adolescents living in poverty and facing multiple vulnerabilities.

The PNCTP would, however, have greater impact on children's lives and well-being if it were linked more closely to other complementary programmes that address the multidimensional nature of poverty and vulnerability and their specific impacts on children. Specifically, programme managers should consider implementing the following measures.

- ***Streamline social workers' caseload and role.*** Social workers should engage with all members of beneficiary families, not just parents, so that they can identify children's needs and make appropriate referrals. To do this, **they need additional training and a reduction in caseloads to a manageable level**, with sufficient time allocated to each family for regular follow-up. Social workers need to clearly understand that their role includes monitoring the physical and emotional well-being of children and young people in beneficiary households and referring them to the appropriate services if necessary. The PNCTP could also consider using volunteers as 'community facilitators' to provide routine follow-up, following the lead of other social protection programmes that use community facilitators to good effect – often recruiting local women on a voluntary basis, who are trusted by the community. This could improve regular communication between the programme and beneficiaries and provide local women with a rare opportunity to develop skills. Their remit should include meeting the needs of individual family members with specific vulnerabilities, as well as ensuring the well-being of the household as a whole.
- ***Invest in capacity-building.*** MoSA should provide training for social workers in children's rights to survival, development, protection and participation as part of a broader cultural shift away from a policing approach to the programme (identifying 'undeserving' beneficiaries) and towards a supportive, rights-based approach. PNCTP social workers also need to develop specialist skills in, for example, the issues facing children with disabilities; children coping with extreme psychosocial stress; children struggling with low school performance/literacy issues; children at risk of abuse, exploitation and harm; children with post-traumatic stress disorder; children with violence/anger management issues; and issues facing children from marginalised communities such as the Bedouin. **Training for social workers needs to be followed through with regular performance monitoring of individual staff as well as directorates to reinforce the principles of child-sensitive programming.**
- ***Strengthen the capacity of other government staff who interact with children and strengthen referral systems.*** Given that the PNCTP aims to reduce household poverty and vulnerability,

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meeting the needs of children – who face specific challenges and are fundamental to breaking the cycle of poverty – should take a multidimensional approach. Therefore, **teachers need training in non-violent forms of discipline so that they can respect children’s rights and improve the school performance and motivation of their pupils**. The role of school counsellors needs to be reassessed, as they are not the confidantes they should be for vulnerable children. Counsellors could be based in health centres as well as schools to reach children who are out of school. MoSA could use its strong links with the ministries of education and health to coordinate capacity-building and learning processes, and strengthen cross-sectoral referral systems to support the most vulnerable children.

- ***Address gender-specific vulnerabilities.*** Because girls are more socially isolated than boys, there is an acute need for gender-segregated safe spaces, particularly in Gaza, given the influence of prevailing religious norms. Girls would benefit from regular discussions about the issues affecting their lives with girls in similar situations (along the lines of the focus group discussions undertaken for this research), mediated by an independent third party. Practical support is also needed: given that girls are more likely to be called on by their parents to shoulder family care burdens, the provision of **respite care** – such as community-based crèches or centres to care for people with disabilities – could help girls to better manage their education and their domestic-care duties, and, in the case of older adolescents, facilitate their access to additional employment opportunities.
- ***Provide fora for women to meet regularly with other women and discuss issues of importance to them and their families.*** Cash transfer programmes that target women caregivers as beneficiaries (such as those in Latin America) are thought to have an important but limited empowering effect on women at the household level. However, evidence from this study and other recent PNCTP evaluations (Jones and Shaheen, 2012; Pavanello and Hamad, 2012) suggests that women are often subject to strong social control by male members of the extended family, even when they are not financially dependent on them. So, while targeting women as beneficiaries may have some impact on increasing child-sensitive spending, this would be limited by their inability to control or make decisions over the use of resources. It would be more important **to provide fora for women to break down their social isolation and address some of the pervasive psychosocial stresses** found among programme participants, enabling them to provide better care and support to their children.
- ***Develop a broader and better-tailored package of comprehensive child-sensitive social protection services.*** Although a package of services already exists as part of the PNCTP, additional complementary services should be considered to maximise its impact on the intersecting social and economic vulnerabilities that face children. Specific areas that need to be addressed include:
  - psychosocial counselling
  - community- and school-based interventions to create a more supportive environment for children and their families
  - awareness-raising about gender-based violence and related support services
  - child protection services
  - support for children with disabilities
  - low-cost recreational activities for girls and boys in the poorest households who are unable to access those that already exist
  - awareness-raising about longer-term effects/risks of child marriage
  - subsidised transport
  - vocational counselling
  - awareness-raising about the risks of child labour and children’s right to education
  - housing renovation support

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- While it is clearly not MoSA's remit to provide all of these services, it could play a key coordination role through its beneficiary database and the outreach role of social workers, ensuring good provision of information about available services to the poorest and most vulnerable families with children. Social workers could meet regularly with community providers (including non-government and faith-based organisations) to understand what services are currently available, and discuss referral options when they visit beneficiary households.
  - ***Improve communication of MoSA's mandate.*** If MoSA is to play an effective coordination role, it needs to improve its communication mechanisms – with beneficiaries and non-beneficiaries – explaining its role, the characteristics of the PNCTP (including targeting criteria and benefit levels), the services it offers, its procedures, and the rationale for any reforms. It should invest in a communications strategy to achieve coherence in its information dissemination and messaging.
  - ***Ensure the provision of disability-specific support.*** The PNCTP needs to do more to address the specific needs of children with disabilities; at present, there is no guarantee that their needs will be prioritised over the (often pressing) needs of other adult family members. There is also a need for regular monitoring of impact, as well as training for social workers to specialise in disability care issues to provide the multi-layered support needed by children with disabilities and their families.
  - ***Expand coverage and improve quality of psychosocial services.*** Given the large number of individuals in beneficiary households – including children and adolescents – who experience mental and emotional health issues that hinder their ability to escape from poverty with the help of the PNCTP, there is an urgent need for MoSA to link to specialist institutions and undertake a referral system for families and children in need. In Area C of the West Bank, for example, a regular mobile service should be introduced so that the programme can reach and identify vulnerable households, rather than expect people to attend the directorate, given the travel distance and expense involved. Given the limited number of social workers in the SoP, community health centres need to play a key role, so good coordination between MoSA and the Ministry of Health is important. The introduction of community facilitators could also help to identify families and individuals in need of specialist psychosocial support.
  - ***Link beneficiaries to technical and vocational training for adolescent girls / boys and youth.*** Improving the quality of education and providing alternative forms of higher education such as technical and vocational training might enable adolescent boys and girls from beneficiary households to earn an income to support themselves and help their families. Given the limited scope for young people to gain formal-sector jobs in the SoP, it is also necessary to promote entrepreneurship by fostering ideas for setting up innovative small businesses.
  - ***Work with parents from vulnerable and extremely poor households to improve parenting skills and behaviour towards children.*** MoSA, through social workers or community facilitators, could do more at the family and community levels to raise parents' awareness on such issues as positive parenting, gender equality, non-violent discipline, and the challenges facing adolescents. It could organise community discussion sessions to sensitise parents to children's rights and needs, thereby encouraging positive parenting practices (such as appropriate discipline), as well as healthy social behaviour, such as taking children out for entertainment or recreation. In this way, lower stress levels and the improved emotional well-being of children in the poorest households could help children and adolescents find a pathway out of extreme poverty.



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Page 1: Bedouin children ages (left to right) 9, 14, 13 and 12 play near their home in Jeftlek, a rural area north of Jericho, in Palestine © ODI/Rebecca Reid, 2013

Page 2: Mohammed Shaheen leads a research session at the Association of Palestinian Local Authorities in Jericho, with boys aged 13 and 12 © ODI/Rebecca Reid, 2013

Page 2: The qualitative researchers lead a research session at HaidarAbdAlshafi Center-Jabalia with boys and girls with disabilities, in Gaza © ODI/Bassam Abu Hamad, 2013

Page 4: A Bedouin mother discusses her children (left to right) ages 2, 1, 5 and 6 in their home in Jeftlek a rural area north of Jericho, in Palestine. Her 6-year-old daughter is deaf and unable to attend school © ODI/Rebecca Reid, 2013

Page 6: A 13-year-old Bedouin girl photographed near her home in Jeftlek, a rural area north of Jericho, in Palestine © ODI/Rebecca Reid, 2013

Page 7: Two brothers in a refugee camp near Jericho, Palestine © ODI/Rebecca Reid, 2013

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