
Case study K: Palestine's national cash transfer programme: An example of cash transfer programming in a humanitarian setting

Nicola Jones and Bassam Abu Hamad

1 INTRODUCTION

There is strong evidence that in developed and stable contexts, social protection can enhance human capital and productivity, reduce inequalities, build resilience, and end the intergenerational cycle of poverty (World Bank 2019). However, in humanitarian contexts, i.e. settings where a singular event or series of events such as conflict or natural disaster threaten the health, safety, and well-being of a community, most policy and programming has focused on a shorter-term safety net approach, which largely addresses economic shocks and entry into poverty. In such contexts there has been only limited attention to the social inequalities and socio-political vulnerabilities that also perpetuate poverty and threaten social cohesion because interventions are predominantly emergency and relief-oriented (Holmes and Jones 2009; Devereux et al. 2011; Abu Hamad et al. 2015). Evidence shows that in humanitarian contexts, cash transfers (CTs) alone are no silver bullet; their impacts depend on access to other services including education and health care, psychosocial support, and violence prevention efforts, alongside supportive policies that tackle discrimination (Jones et al. 2019).

There are some promising examples of how social protection, especially CTs, can mitigate the effects of crises. Yet the evidence base is still limited, particularly around the role of social protection in rapid-onset crisis versus protracted conflict environments (Ulrichs and Sabates-Wheeler 2018). This case study therefore provides evidence about the impact of social assistance in Palestine, drawing on three rounds of empirical research conducted by the Overseas Development Institute. The first round (undertaken in 2012) explored the impact of the Palestinian National Cash Transfer Programme (PNCTP) on female-headed households (Abu Hamad and Pavanello 2012; Jones and Shaheen 2012); the second (2013–14) explored its impacts on Palestinian children (Pereznieto et al. 2014); and the third (2015–16) aimed to understand the lives of Palestinian children with disabilities (Jones et al. 2016a).

2 PALESTINIAN CONTEXT

Palestine has seen protracted conflict and ongoing occupation for decades, shaping all aspects of life for the 2.9 million Palestinians living in the West Bank and the 1.9 million living in the Gaza Strip (Palestinian Central Bureau of Statistics 2018). Although the Palestinian Authority is committed to a social protection agenda, many serious challenges arise from Israeli de-development policies that include controlling the Palestinian economy and the ongoing

blockade on Gaza – challenges that are compounded by internal political divisions between the governments of the West Bank and Gaza.

These factors have led to deep deprivation, with high rates of unemployment – 27 per cent, rising to 48 per cent in Gaza and over 60 per cent among women and young people (Palestinian Central Bureau of Statistics 2018). Palestine is classed as a lower middle-income country, with a very high literacy rate (95 per cent), yet poverty and food insecurity are worsening, especially in Gaza (affecting more than 50 per cent of all households). Some 20 per cent of individuals living in female-headed households suffer from extreme poverty, unable to fulfil minimum living requirements, compared to 17 per cent in male-headed households. The most recent census found that nearly half of the Palestinian population are children (under 18 years), while only 5 per cent are aged 60 years and above (Palestinian Central Bureau of Statistics 2018). Of the general population, 5.8 per cent have a disability, with slightly higher rates in Gaza (6.8 per cent) and among males (7.6 per cent) as a result of conflict-derived impairments.

3 HISTORY OF SOCIAL PROTECTION IN PALESTINE

Drawing on the UNICEF (2012) definition of social protection as the set of public and private policies and programmes aimed at preventing, reducing, and eliminating economic and social vulnerabilities to poverty and deprivation, including CTs, food assistance, and subsidized access to basic services, we now turn to a discussion of the historical evolution of social protection programming in Palestine.

Like many neighbouring countries, Palestine has a long history of social protection, based on religious charitable provisions alongside kin-based informal support (Marcus et al. 2011). Since the 1948 war between Israel and the Arab world, the United Nations has provided assistance to Palestinian refugees, and continues to do so today.

In terms of government provisioning, the social protection sector in the Occupied Palestinian Territories dates back to 1967, with the start of the Israeli occupation of the West Bank and Gaza. From 1967 until 1994, social protection was delivered under the auspices of the Israeli administration, benefiting around 10,000 poor and vulnerable Palestinian families (Abu Hamad and Pavanello 2012; Jones and Shaheen 2012).

Since 1994, the Palestinian Authority, through the Ministry of Social Development (MoSD), has extended its social protection programming, including two major CT programmes: the Social Hardship Case, which was targeted at the most vulnerable (including poor, unemployed, persons with disabilities, and divorced women) and funded by the European Union; and the World Bank-funded Social Safety Net Reform Project (World Bank 2012). Other governmental bodies also provide assistance (e.g. the Ministry of Detainees provides support to ex-prisoners and their families). Zakat committees have also long provided cash and other support to poor families and vulnerable groups (including widows and orphans) in the West Bank and Gaza.

Many international organizations, non-governmental organizations, community-based organizations, and faith-based organizations also provide social protection to vulnerable Palestinians, as does the private sector (Abu Hamad and Pavanello 2012; Jones and Shaheen 2012). Familial and kinship networks also provide informal social support (e.g. food, household goods, clothes, etc.), though rising poverty undermines this.

However, in the 2000s, it became apparent that these programmes were fragmented, applying divergent targeting criteria, standards of payments, and entitlement rights. This not only hindered coordination and posed significant challenges to transparency, governance, and accountability, it also limited the overall impact of social protection programming on poverty reduction. A 2012 World Bank study found that in 2007, around half of the beneficiaries of MoSD social assistance in Gaza were not poor, 30 per cent of MoSD transfers were accruing to the richest two expenditure quintiles, and 40 per cent of poor people were not receiving any form of social assistance. To improve governance, in 2011 the Ministry was mandated to lead the development of an ambitious reform of the social protection sector.

4 OVERVIEW OF THE PALESTINIAN NATIONAL CASH TRANSFER PROGRAMME

The PNCTP (launched in 2010 in the West Bank and 2011 in Gaza) aimed to unify the two main CT programmes (Social Safety Net Reform Project and Social Hardship Case) into one central, fair, and accountable programme that would integrate other national CTs and mobilize resources to maximize impact in reducing poverty (MoSD 2012). It is the main component of the national social protection strategy and the largest CT programme administered and implemented by the Ministry, in terms of both coverage and funding (representing approximately 1 per cent of national gross domestic product) (World Bank 2012).¹ It is complemented by a package of complementary entitlements consisting of lump-sum emergency assistance, access to health care and education services, and food.² Food assistance for non-refugees is managed by the World Food Programme, while registered refugees come under the United Nations Relief and Works Agency for Palestine Refugees in the Near East. PNCTP beneficiary households are also entitled to government health insurance and university tuition fee waivers.

Beneficiary households are selected according to a consumption-based proxy means test formula involving 35 variables, administered by social workers during regular home visits following a formal application process for inclusion in the programme (Jones and Shaheen 2012).³ The formula includes poverty-related variables (rather than solely categorical targeting as was the case with previous programmes) but has been developed over time to include other vulnerabilities such as disability and chronic illness (Abu Hamad and Pavanello 2012). Each selected household receives between NIS 750 and 1,800 (Israeli new shekels) per quarter

¹ According to the MoSD (2019), the Palestinian Authority contributes an average of 53 per cent funding to the PNCTP, with the European Union contributing 44 per cent and the World Bank 3 per cent.

² The complementary entitlements are part of the PNCTP and provided to households based on their vulnerability score as calculated by a proxy means test formula. However, these entitlements are not given to everyone; they are determined according to needs. Governmental health insurance is provided for families who need it, food rations are given through the United Nations Relief and Works Agency for Palestine Refugees in the Near East to refugees and through the World Food Programme to non-refugee beneficiaries, waivers for basic education fees are provided, while waivers for university fees are not guaranteed as universities have their own systems to support poor students.

³ Social workers visit households that apply for the programme at the MoSD premises or through the net (web-based application is an option). Households that apply are visited by social workers and assessed by them. However, poor households who don't apply are not visited by social workers and the programme doesn't proactively target them.

(USD 214–USD 514) depending on family size to bridge 50 per cent of the household poverty gap. The PNCTP has grown rapidly and now covers more than 119,000 households (75,000 in Gaza and 44,000 in the West Bank), reaching nearly 600,000 people (more than 310,000 of them children) (MoSD 2019).

5 STRENGTHS OF THE PNCTP AND REMAINING GAPS

5.1 Targeting

The PNCTP does not proactively target impoverished households; before receiving their first cash payment, households deemed eligible have to present supporting documents (such as divorce certificates or school/university enrolment certificates) at different MoSD offices. The vast majority of beneficiaries interviewed by the Overseas Development Institute found this process burdensome, costly, and time-consuming.

A 2012 World Bank study found that the PNCTP had rates of exclusion and inclusion errors that were lower than other programmes widely considered successful. However, the proxy means test formula's 35 variables are more oriented to assessing chronic poverty, and are not sufficiently sensitive to detect at-risk households affected by the ongoing conflict who may face different kinds of vulnerabilities, especially in Gaza. This is exacerbated by the fact that social worker visits focus on collecting quantitative household data only, rather than qualitative observations.

5.2 Impacts on Children

Jones et al. (2016a, 2019) argue that the PNCTP supports children's right to survival as it helps poor households buy more nutritious food and pay some indirect costs related to education and health-care access, for example, transportation, medication, snacks at school. It also contributes to household debt repayment – a major source of stress for all poor households in Gaza and the West Bank. The complementary entitlement to health insurance means that households with members (including children) with acute or chronic illness or disability can cover the additional costs related to their care – support that is greatly valued – but the needed co-payment and transportation are unaffordable, drugs covered by health insurance are lacking, and the quality of health care is questionable.

As such, the PNCTP helps vulnerable households meet children's direct needs and contributes to improving their emotional and mental well-being in an extremely pressured and challenging situation. However, it overlooks the specific needs of children, particularly children with disabilities, with minimal impacts on child development and education, protection, and recreation (Abu Hamad et al. 2014; Perezniето et al. 2014; Presler-Marshall et al. 2019). For instance, among children with disabilities, 45 per cent of children are enrolled in education, while among the general population, enrolment is almost universal (Jones et al. 2016a). In terms of social connectivity, only 18 per cent use internet social media, while it is almost universally accessed by the general population; and just 13 per cent visit clubs and organizations compared to 24 per cent of peers without disabilities (Jones et al. 2016a; Perezniето et al. 2014).

5.3 Impacts on People with Disabilities

The proxy means test formula gives specific (but limited) weighting to households with people with disabilities. Jones et al. (2016a), in a nationally representative study, found that 52 per cent of households with people with disabilities were PNCTP beneficiaries. By helping families bridge the poverty gap, the programme is making some contribution to improving well-being among these individuals and their families.

However, our findings confirm that the PNCTP provides only limited support for disability-specific vulnerabilities (Jones et al. 2016a; Abu Hamad et al., 2019). For instance, transfer amounts do not adequately take into account the higher health and personal care costs (including transportation, medicine, assistive device maintenance, etc.) that these households incur compared to households without family members with disabilities. Gaps in provision include psychosocial support for persons with disabilities and their caregivers, and better information on and access to rehabilitation and other available services. More broadly, there is an urgent need for stronger coordination among service providers to address the multidimensional vulnerabilities and needs faced by persons with disabilities (Jones et al. 2016a; Abu Hamad et al., 2019), which are not tackled by the available health services covered by health insurance.

5.4 Impacts on Citizenship and Social Accountability

Many respondents felt that accessing the PNCTP was their right as Palestinian citizens, yet the programme does not seem to have strengthened state–citizen relations (Jones et al. 2016b) – albeit that discussions of such relations are problematic in the Palestine context given the protracted Israeli occupation and the limited mandate and high donor dependency of the Palestinian Authority. Jones et al. (2016b) suggest this is also partly due to limited investment in awareness raising and information dissemination, but also the limited role of social workers in marketing and implementation.

Respondents reported that complaints (via the PNCTP’s grievance mechanism) are seldom responded to in a timely and systematic way, if at all. Many received contradictory information from the MoSD (Samuels and Jones 2013). As one beneficiary from Gaza stated, ‘How can one raise a complaint against the judge?’

There is also a dearth of feedback and social accountability mechanisms which would ensure that programme implementers regularly hear the views of beneficiaries and other community members.

6 CONCLUSIONS AND IMPLICATIONS FOR FUTURE SOCIAL PROTECTION PROGRAMMING IN HUMANITARIAN CONTEXTS

The Palestinian Authority’s flagship social protection programme is exceptional (both in the Middle East and North Africa region and among conflict-affected areas more broadly) in terms of its poverty targeting and scale of coverage, but there remains considerable scope to strengthen programming if it is to meet its full transformative potential. While impacts are largely seen as positive, with 80 per cent of caregivers believing it had improved their chil-

dren's chances for the future, it forms only a limited part of extremely poor households' coping repertoire and does not effectively address the multidimensional aspects of vulnerability in crisis contexts (Jones et al. 2019).

This case study has highlighted that the programme would have greater impact if it were more closely linked to other complementary initiatives that address the multidimensional nature of poverty and vulnerability, including education, vocational training and skills building, employment opportunities, psychosocial services, awareness raising, and protection networks. Within this broader yet interlinked lens, programme design must also address the specific vulnerabilities of particular individuals and groups, including children and persons with disabilities.

Finally, this case study has highlighted that programme design and implementation must address the rights of persons affected by protracted humanitarian crises to receive social protection. Crucially, there must be spaces and channels for programme participants to voice their views about programme governance and implementation processes – and have their voices heard by power holders – so as to strengthen social accountability processes and outcomes.

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*. London: Overseas Development Institute.
- Abu Hamad, B., N. Jones and P. Perezniето (2014). Tackling children's economic and psychosocial vulnerabilities synergistically: How well is the Palestinian National Cash Transfer Programme serving Gazan children? *Children and Youth Services Review* 47 (2), 121–35.
- Abu Hamad, B., N. Jones, N. Al Bayoumi and F. Samuels (2015). *Mental Health and Psychosocial Support Service Provision for Adolescent Girls in Post-Conflict Settings: The Case of the Gaza Strip*. London: Overseas Development Institute.
- Abu Hamad, B., N. Jones, P. Perezniето, E. Presler-Marshall and M. Shaheen (2019). A pathway to social justice? Social protection and disability in the state of Palestine. In R. Jawad, N. Jones and M. Messkoub (eds), *Social Policy in the Middle East and North Africa: From Social Assistance to Social Protection*. Cheltenham, UK and Northampton, MA, USA: Edward Elgar Publishing, 134–56.
- 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.
- Holmes, R. and N. Jones (2009). *Putting the 'Social' back into Social Protection: A Framework for Understanding the Linkages between Economic and Social Risks for Poverty Reduction*. 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*. London: Overseas Development Institute.
- Jones, N., B. Abu Hamad, K. Odeh, P. Perezniето, O. Abu Al Ghaib, G. Plank, E. Presler-Marshall and M. Shaheen (2016a). *Every Child Counts: Understanding the Needs and Perspectives of Children with Disabilities in the State of Palestine*. Jerusalem: UNICEF.
- Jones, N., B. Abu Hamad, P. Perezniето and K. Sylvester (2016b). Transforming cash transfers: Citizens' perspectives on the politics of programme implementation. *Journal of Development Studies* 52 (8), 1207–24.
- Jones, N., S. Baird, E. Presler-Marshall, A. Małachowska, K. Kilburn, B. Abu Hamad, A. Essaid, W. Amaireh, J. Sajdi, K. Banioweda, T. Alabbadi, S. Alheiwidi, Q. Ashareef, S. Altal, W. Kharabsheh, H. Abu Taleb, M. Abu Azzam and B. Abu Hammad (2019). *Adolescent Well-Being in Jordan: Exploring Gendered Capabilities, Contexts and Change Strategies: A Synthesis Report on GAGE Jordan Baseline Findings*. London: Gender and Adolescence: Global Evidence.

- Marcus, R., P. Perezniето, E. Cullen and N. Jones (2011). Children and social protection in the Middle East and North Africa: A mapping exercise. Working Paper 335. London: Overseas Development Institute.
- Ministry of Social Development (MoSD) (2012). Business strategy. Ramallah: Ministry of Social Affairs, Palestinian Authority and European Union.
- Ministry of Social Development (MoSD) (2019). Cash assistance. www.mosa.pna.ps/ar/content
- Palestinian Central Bureau of Statistics (2018). Preliminary results of the population, housing and establishments census, 2017. Ramallah: PCBS.
- Perezniето, P., N. Jones, B. Abu Hamad and N. Shaheen, with E. Alcala (2014). *Effects of the Palestinian National Cash Transfer Programme on Children and Adolescents: A Mixed Methods Analysis*. Jerusalem: UNICEF and Overseas Development Institute.
- Presler-Marshall, E., N. Jones and K. Bani Odeh (2019). 'Even though I am blind, I am still human!': The neglect of adolescents with disabilities' human rights in conflict-affected contexts. *Child Indicators Research* 13, 513–531.
- Samuels, F. and N. Jones (2013). *Holding Cash Transfers to Account: Beneficiary and Community Perspectives*. London: Overseas Development Institute.
- Ulrichs, M. and R. Sabates-Wheeler (2018). Social protection and humanitarian response: What is the scope for integration? IDS Working Paper 516. Brighton: Institute of Development Studies.
- UNICEF (2012). Integrated social protection systems: Enhancing equity for children. New York: United Nations Children's Fund. www.unicef.org/socialprotection/framework/files/UNICEF_SPSFramework_whole_doc.pdf
- World Bank (2012). Targeting assessment of the cash transfer program, West Bank and Gaza. Report No: ACS890, 25 June. Washington, DC: World Bank.
- World Bank (2019). Social protection. www.worldbank.org/en/topic/socialprotection