



# Tackling children's economic and psychosocial vulnerabilities synergistically: How well is the Palestinian National Cash Transfer Programme serving Gazan children?



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## ABSTRACT

Cash transfers are an increasingly popular approach to poverty and vulnerability reduction, including, more recently, in humanitarian contexts. In the Occupied Palestinian Territories, the National Palestinian Cash Transfer Programme provides quarterly payments to extremely poor households. As of September 2013, it reached 57,449 households in Gaza and 48,229 in the West Bank – a total of 105,678. While there is robust international evidence on the positive effects of cash transfers in terms of children's access to basic education and health services, much less is known about the linkages between cash transfers and effects on children's right to protection from exploitation, abuse and neglect. This article draws on mixed methods primary research undertaken in Gaza in 2013 to explore these linkages, paying particular attention to transfer effects on caregiver resources and time use, parental interactions with children and children's psychosocial wellbeing at household, school and community levels. It also reflects on the strengths and weaknesses of service providers working on social protection and child protection in order to identify how better to tackle child protection deficits through the government's broader economic-strengthening efforts.

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## 1. Introduction

The population in Gaza suffers from significant hardship as a result of high levels of poverty and a lack of opportunities. As close to 40% of the population in 2012 was aged below 15 years (PCBS, 2012a), the challenges to children's wellbeing are of particular relevance. The Palestinian National Cash Transfer Programme (PNCTP) aims to lessen the impact of poverty on extremely poor households through regular cash transfers (Al-Markaz, 2012). While there is evidence that the programme is well targeted (World Bank, 2012), children living in poverty experience multi-layered vulnerabilities that additional financial resources to the household do not necessarily tackle. Most children in Gaza have access to basic social services, but shocks to the household (including loss of work, health crises, disability and death of an income earner) can change children's development trajectory, pushing them to abandon school, increasing the violence and stress they experience at home and within the community and reducing their opportunities and hopes for the future. These stresses, more than poverty itself, affect children's cognitive and psychosocial development in the short and long term (Tough, 2011).

Section 2 of this article provides a brief overview of the Gazan context, child-specific vulnerabilities and the PNCTP. Section 3 presents

details about the mixed methods research methodology used. In order to better situate our findings, Section 4 briefly reviews the recent global literature on the links between social protection and child protection, with a specific focus on humanitarian and emergency contexts. Section 5 presents our primary research findings, highlighting important child protection vulnerabilities that are not currently addressed adequately. The article's conclusions (Section 6) include some recommendations about how the PNCTP and the wider social protection system can better address child protection challenges.

## 2. Gazan context

In this context, the aim of this article is to discuss the effects of the PNCTP on child wellbeing, and particularly on child protection deficits. Since the start of the second Palestinian Intifada in 2000, the Gaza Strip has become increasingly economically and politically isolated. A widespread blockade by Israel in 2006, comprising stringent restrictions on the movement of people, goods and services in and out of Gaza, has exacerbated this. The Hamas takeover in 2007 intensified the situation. Although some measures have been relaxed since 2010, the blockade is still in force, permeating every aspect of daily life for the entire population (Abu Hamad & Pavanello, 2012). A further blow came at the end of December 2008, when Israel launched Operation Cast Lead, an intensive military offensive that resulted in widespread casualties, injuries and destruction.

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Against this backdrop, the overall poverty rate in Gaza was 38.8% in 2011, according to data from the Palestinian Central Bureau of Statistics (PCBS). In 2010, 21.1% of the population lived in deep poverty based on their consumption patterns (PCBS, 2012a).

Unemployment rates in Gaza are at 38%, with youth unemployment even higher, at 53%. These rates are indicative of the limited opportunities to find decent work, resulting from a lack of private sector job creation and mobility restrictions (World Bank, 2011).

As a result of this situation, Gazans perceive poverty not so much as an inability to meet basic minimum needs, but rather as a deep sense of despair and frustration, with limited prospects for development and virtually no opportunities: 'they emphasize capability, in particular – their capacity to make an independent living and their success on the labour market' (World Bank, 2011).

Rising prices and declining incomes mean many Palestinians are increasingly food insecure (around 60%) (O'Callaghan, Jaspars, & Pavanello, 2009). Many families have resorted to negative coping strategies to maintain their level of food consumption. These include reducing the number of meals consumed, eating smaller quantities of food, selling disposable assets, taking on more debt, taking children out of school and even marrying their daughters earlier (O'Callaghan et al., 2009). Similarly, the deterioration of environmental factors and poor-quality drinking water and sanitation have resulted in increased incidence of infectious diseases such as gastroenteritis (watery and bloody diarrhoea), acute respiratory infections, viral hepatitis and meningitis (Save the Children & MAP, 2012).

The government's long-term investments in health and education are indicative of the intrinsic value Palestinians place on human capital. The Palestinian Authority has also tried to ensure adequate and relatively equitable physical access to services—a challenge in this difficult context. Still, anecdotal evidence suggests the quality of many of these services remains inadequate (World Bank, 2011). Despite increased supply, income poverty and shocks often mean households are unable to access these basic services, with children more than proportionally affected.

In addition to social services, social assistance has been vital to the Gazan population, given that many households live close to the poverty line and are thus highly vulnerable to poverty. By 2009, social assistance coverage in Gaza had doubled, with 71% of all Gazans benefiting from at least one form of social assistance (World Bank, 2011). At 6% of gross domestic product (GDP), social assistance spending is high by international standards. For every dollar spent by beneficiaries below the poverty line, assistance facilitates 44%. What is more, in 2009, transfers to the poor in Gaza by the Ministry of Social Affairs (MoSA), which is responsible for operating and administering social protection, made up about 13% of its expenditure (World Bank, 2012).

### 2.1. Child-specific vulnerabilities

Palestine has one of the highest birth rates in the Arab region, owing to early marriage and the high societal value given to large families (Jones & Shaheen, 2012). It also has a high number of refugees<sup>1</sup>: 1,203,135 in the Gaza Strip in 2013 (Jewish Virtual Library, 2013). Whether in refugee or non-refugee populations, household poverty has a disproportionate impact on children. In 2010, just under 27% of children in Palestine were considered poor, with figures nearly twice as high in Gaza (PCBS, 2012a). While levels of human development remain high in comparison with other countries with similar national income levels (World Bank, 2011), there are weaknesses in some areas. In schooling, for example, poor learning environments, violence and limited extra-curricular activities mean boys and girls are prone to dropping out after basic education (roughly at age 16). In 2007,

for instance, almost 30% did not enrol in secondary school at all (UNICEF, 2010).

The infant (0–12 months) mortality rate has not declined for more than 15 years and remains at 20 deaths per 1000 live births; the child (12–59 months) mortality rate was 25–28 deaths per 1000 live births in 2010 (PCBS, 2011a). Around 74% of infant deaths occur during the first 28 days after delivery, mostly within the first six days of life. These are the result of a shortage of equipment such as incubators and ventilators and a lack of training on advanced technology because of the blockade. Severe shortages exist in terms of medical and non-medical equipment, spare parts for maintenance, medicines for children, special formula milk, supplementations, medical supplies and consumables (MoH, 2014; WHO, 2011). Border closures in Gaza have left approximately 900,000 children more vulnerable to poverty, hunger, disease, stress and violence (MoH, 2014). Moreover, since 2007, more than 720 children in Gaza have been killed and more than 2500 injured as a direct result of wars and conflict (MoH, 2014).

Another consequence of the ongoing conflict is a deterioration in children's mental health. The 2011 Violence Survey in the Palestinian Society indicated that 59.4% of children in Gaza had experienced violence in the household: 69.0% of them had been exposed to psychological violence and 34.4% to physical violence (PCBS, 2012c). Children are also exposed to violence stemming from the Israeli occupation. The Psychosocial Child Health Survey showed that 8.8% of children had experienced conflict incidents first-hand, causing significant psychological distress that has led to mental health problems, including post-traumatic stress disorder (El-Helah & Itani, 2010). Additionally, approximately 2 children out of 100 and 4 out of 100 aged 12–17 years have been exposed to physical and psychological violence, respectively, from occupation forces (PCSB, 2012c).

While children have reasonable access to basic health services, travel permits have significantly reduced their access to specialised services abroad (Save the Children & MAP, 2012). Child malnutrition is a persistent problem. Currently, 1 in 10 children under the age of 5 suffers chronic malnutrition (PCBS, 2011a). Between 2000 and 2010, malnutrition prevalence rose by 41.3% nationally, with a particularly high increase, of 60%, in the Gaza Strip, attributed to the conflict and the worsening political and socioeconomic conditions there (PCBS, 2011a).

Over the past decade and a half, the proportion of the Palestinian population with some form of disability has increased significantly. A total of 1.4% of Palestinian children in Gaza have a disability. Just under half of all disabilities are mobility-related; a quarter is learning-related. Illness is the most common reason for disability, followed by congenital causes. However, a substantial proportion of disabilities are caused by Israeli violence. Estimates suggest the latter leads to 7.6% of mental health disabilities, 4.6% of physical disabilities and 5.2% of learning disabilities (PCBS, 2011b). Operation Cast Lead in 2009 left many Gazan children with limbs amputated or permanent disabilities (Save the Children Sweden, 2011). Children with disabilities face numerous barriers to accessing public services such as education, integrated rehabilitation, psychosocial services and health services. Children with disabilities are also often stigmatised. Further, children with disabilities are disproportionately vulnerable to violence, exploitation and abuse from the community, and sometimes even within the family (UNICEF, 2013).

Access to basic education (for those aged 6–12 years) is nearly universal for boys and girls. The dropout rate at the basic stage is generally low (1%), but it increases at secondary level (in Grade 10, at roughly age 16) (3%). There are a variety of reasons for this, including poor learning environments, violence and limited extra-curricular activities. In 2007, almost 30% of children did not enrol in secondary school at all. The main reasons cited were the need to work to help support the family, early marriage, drug abuse and political polarisation (UNICEF, 2010). With regard to the quality of education provided, learning outcomes have been declining in Palestine, especially in Gaza. The blockade and restrictions on the movement of goods and people across Gaza's borders

<sup>1</sup> 'Refugees' is the term UN agencies use to refer to Palestinians expelled from their homes after the wars in 1948 and 1967. Israel considers the crossing between Israel and Gaza an international border.

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