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DECENTRALIZED EVALUATION FOR EVIDENCE-BASED DECISION MAKING

Decentralized Evaluation

Evaluation of WFP's Unconditional Resource Transfer Activity under
the Social Safety Net Programme in Palestine

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Disclaimer

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Executive Summary

- 1** This decentralized evaluation was launched by the United Nation's World Food Programme (WFP), Palestine Country Office (CO), in October 2019 and started in February 2020. This report covers the period between January 2018 to December 2020 for WFP's first strategic outcome for its Unconditional Resource Transfer (URT) activity under the National Social Safety Net Programme (NSSNP) in Palestine.
- 2** The purpose of this evaluation is to provide information for future programming directions, strategic positioning within the NSSNP in Palestine, and reflect on food insecurity and poverty in the West Bank and Gaza Strip context. This evaluation serves WFP's dual and reinforcing objectives of accountability and learning and is expected to feed the upcoming 2021 Country Strategic Plan (CSP) formulation.
- 3** Key users of the evaluation findings and recommendations are the WFP Palestine Country Office (CO), who commissioned the evaluation; WFP's Regional Bureau in Cairo (RBC); WFP's Headquarters (HQ); and WFP's Office of Evaluation (OEV). In addition, the Palestinian Ministry of Social Development, cooperating partners, other UN agencies, donors, and recipients of URT assistance will have interest in the evaluation findings.
- 4** Since 2012, WFP has employed a range of modalities for the URT, including in-kind food assistance, vouchers, and cash. In 2020, actual URT beneficiaries reached 428,554. The majority of assistance provided is in the form of food restricted cash-based transfers (CBT's) through the voucher modality. In 2020, actual URT/CBT/voucher beneficiaries reached were 351,782. Importantly, the subject of this evaluation are URT/CBT/voucher beneficiaries who are part of MoSDs' National Social Safety Net Programme (NSSNP) and receive cash-based transfers through the national cash transfer Programme (CTP). Under the current Country Strategic Plan (CSP), the activity has been operational at scale for over three years, increasing coverage from 127,668 beneficiaries in 2018 to 170,557 beneficiaries in 2020.
- 5** The Palestinian socioeconomic and political context has undergone significant changes since the outbreak of the novel COVID-19 pandemic. The Palestinian Authority (PA) government's response faced a set a set of challenges, including a stalled peace process, cessation of direct security coordination with Israel, a fiscal crisis extending from 2019, decelerating economic growth, and the urgent need for foreign assistance. Cash transfers under the NSSNP were delayed and cut in 2019 and 2020.
- 6** WFP's emergency preparedness and response included a scaling of activity 1 through the voucher modality to cover non-refugees who are marginalized and living in deep poverty. The poor, vulnerable, and marginalized communities in Palestine are the least equipped to cope positively through health crisis adverse impact and the associated shocks. It is exemplified in the effects on labour markets and income loss for the poor and vulnerable,

especially noting that in comparison to more economically secure households, those in deep poverty showcase higher percentages of food expenditure share in relation to total expenditures.

- 7 The Evaluation Team (ET) for this evaluation employed a mixed-method approach to collect and analyse quantitative and qualitative data from primary and secondary sources while utilizing the criteria of relevance, effectiveness, impact, and sustainability for completing this decentralized evaluation. The ET finished a random survey sample with 2,421 social safety net beneficiaries receiving cash assistance under the national transfer programme (CTP), interviewed seven key informants and eighteen beneficiaries, conducted eight focus groups and four case studies.
- 8 Notwithstanding the completion of this evaluation, the ET faced limitations that included the unspecified effects of the COVID-19 pandemic and associated response measures. It created restraints for the process and conduct of this evaluation. More importantly and relevantly, these effects also impacted the dynamics and realities of food security and poverty for Palestinians in the West Bank and Gaza Strip. To mitigate the impact of the crisis on the conduct and result of this evaluation, the ET undertook a set of measures that included data collection timing, employing multimode data collection, and evoking the necessary health precautions.

Key Findings

Criteria: Relevance and Alignment

- 9 Under the NSSNP, the URT/CBT/voucher is highly relevant to the context and aligns with the Palestinian Authority's national priorities and the Ministry of Social Development's (MoSD) strategic priorities. The URT/CBT/voucher is scalable, serves as an example of innovation, and proved essential to WFP's COVID-19 response. Targeting is done mainly through the MoSD. Yet, despite being limited by macro-level data, targeting is informed by regular and credible analyses. The findings within this evaluation suggest that 85 percent of those targeted are within the lowest echelons of poverty.
- 10 While the URT/CBT/voucher transfer value is tailored to complement the CTP transfer for NSSNP beneficiaries, it does not account for the regional differences and large disparities defining poverty and food insecurity in the West Bank and Gaza Strip. In this regard, satisfaction with the voucher value is higher in the Gaza Strip than in the West Bank. The shifting vulnerabilities in the Gaza Strip, the widening gulf in living standards between the Gaza Strip and the West Bank, and limited data on marginalized families in the West Bank led to lower satisfaction with voucher values. The assumptions in the 2018-2022 CSP, namely, the socioeconomic and complementarity assumptions were invalidated because of multiple shocks between 2018 and 2020. Although the transfer value does not fully

meet the scale and the scope of food gaps in the West Bank and Gaza Strip, it does provide an essential food security safety net to those in deep poverty.

Criteria: Effectiveness

- 11 Despite donor cuts and funding shortfalls in 2018 and 2019, the outputs and the outcomes of activity 1 were largely met in 2018 and 2019 and were exceeded in 2020. A majority of beneficiaries were found to have an “acceptable” food consumption score (FCS). The URT/CBT/voucher constituted the majority of the assistance under activity 1, while in-kind food transfers constituted less than a sixth. Multipurpose cash assistance was introduced during the evaluation period and piloted in November 2020.
- 12 Most recipients under this evaluation agree or strongly agree that the URT/CBT/voucher assistance is a vital source of food security and is effective in diversifying their diets and decreasing their reliance on consumption-based coping strategies.

Criteria: Impact

- 13 Overall, the URT/CBT/voucher has a positive impact on food security and the extent of poverty on beneficiaries. Applying consumption-based coping strategies by URT/CBT/voucher beneficiaries in the Gaza Strip, seems to be negatively impacted by the assistance they receive. It is attributed to market dynamics and scarcity of cash and income resources among persons living in the Gaza Strip. These conditions have increased the ability of MoSD/NSSNP/CTP beneficiaries to buy food on credit. The URT/CBT/voucher beneficiaries seem able to extend the extent of food debt gained by MoSD/NSSNP/CTP beneficiaries by a marginal yet significant proportion. It is pronounced especially for male-headed households in the Gaza Strip. Additionally, the URT/CBT/voucher has positive effects on beneficiaries’ dietary diversity, as measured by the food consumption score.
- 14 Findings show the food expenditure ratio for the treatment group is significantly lower than the control group. This finding shows that the URT/CBT/voucher household beneficiaries are less vulnerable to food insecurity than the control group. In fact, food expenditure for the treatment group was close to national averages in both regions, even amid crises. Results suggest that the URT/CBT/voucher has a small yet positive and significant effect on reducing the poverty gap of beneficiaries in the West Bank. This effect on poverty is unexpected, given the depth of poverty and the poverty profiles of URT/CBT/voucher household beneficiaries in the West Bank. Importantly, the findings show that overall, the treatment and control groups are deeper in poverty than they were when admitted to the NSSNP. Henceforth, those in poverty, especially in the Gaza Strip, are falling deeper into poverty regardless of assignment to treatment or control. The positive effects of the URT/CBT/voucher on the poverty gap of household beneficiaries in the Gaza Strip is, however, less pronounced.

Criteria: Sustainability

- 15 WFP continues to sustain good relationships with the MoSD. In a context of persistent political violence, deepening poverty, and widespread food insecurity, the URT/CBT/voucher continues to be a pillar of the NSSNP and an essential part of emergency preparedness and response. Food security is a clear priority of the Social Development Sector Strategy (SDSS). WFP will need to continue its partnership with MoSD and its commitment to the long-term institutional development of the social protection sector and capacity development of social safety nets in Palestine. A food security dedicated approach will need to be adopted to institutionalize the food security social safety net, which WFP solely provides within the social protection sector, to strengthen the National Social Safety Net Programme.
- 16 WFP continues to build on its strategic position within the social protection sector and the NSSNP to ensure that food assistance is institutionalized and nationally owned by MoSD, the Palestinian government, and Palestinian people.

Summarized Conclusions

- 17 To date, the URT/CBT/voucher is relevant to the context in which it was designed and successfully implemented. While targeting is broadly effective, the limited availability of data does not allow for thorough analyses and learning. The voucher value and degree of coverage should be critically examined, as the current value does not reflect disparities between the West Bank and Gaza Strip. Also, the voucher value does not account for the different needs of households based on poverty gaps.
- 18 According to this evaluation, the URT/CBT/voucher is aligned with national priorities and achieves its intended results effectively. The URT/CBT/voucher has an essential impact on food security and the depth of poverty for beneficiary households. The evidence collected suggests that the context in which WFP based its 2018-2022 CSP is changing, namely the inability of the MoSD to sustain the CTP payments to NSSNP beneficiaries and the rapidly worsening economic situation in the West Bank and Gaza Strip.
- 19 The forthcoming CSP provides an opportunity for WFP to strengthen existing aspects of the NSSNP and institutionalize a food security safety net within the MoSD structures.

Summarized Recommendations

Recommendation 1: Critically review the vulnerability and targeting criteria and assess whether they remain relevant to the context, especially the Gaza Strip context.

Recommendation 2: Explore tiered and targeted assistance using varied voucher values based on need.

Recommendation 3: Consider increasing the voucher value for households composed of below-average members

Recommendation 4: Maximize positive effects for female-headed households through:

Recommendation 4a: A synchronized and coordinated approach with the MoSD and sector stakeholders is required to maximize the positive effects of the URT/CBT/voucher on female-headed household.

Recommendation 4b: Customize the voucher value for female-headed households in the West Bank through tiered and targeted assistance based on food and poverty gaps. Scale assistance to cover an increased number of female-headed households in the Gaza Strip.

Recommendation 5: Minimize unintended effects on households with disabled members through:

Recommendation 5a: Investigate the reasons why households with disabled members are the least effected by assistance.

Recommendation 5b: Improve targeting of households with disabled members, conduct validation of household information, and monitoring of household dynamics to ensure accountability to affected populations.

Recommendation 5c: Custom voucher value for households with disabled members.

Recommendation 6: Consider scaling the URT/CBT/voucher assistance due the severity and scope of need in the West Bank and Gaza Strip.

Recommendation 7: Re-consider Consumption-based Coping Strategy Index (rCSI) as one of the food security outcome indicators used in the Gaza Strip through:

Recommendation 7a: In the Gaza Strip, WFP CO can continue to monitor rCSI but rely on FCS to report on outcomes. Meanwhile, WFP should explore other complementary and appropriate food security indicators, especially given the protracted humanitarian crises in the Gaza Strip and the strong correlation between rCSI and FCS.

Recommendation 7b: Work with partners and national stakeholders to discuss the appropriateness of rCSI as an outcome measure of food security in the context of the protracted humanitarian crises in the Gaza Strip.

Recommendation 8: Prioritize the MoSD/NSSNP/CTP beneficiaries when faced with funding shortfalls or other shocks.

Recommendation 9: Continue to support the MoSD to expand, enhance, and institutionalize food security within the National Social Safety Net in Palestine.

Recommendation 10: Take small steps towards national ownership. Although the context is not conducive to designing or implementing an exit strategy, small steps towards developing a national ownership strategy to support food assistance within the NSSNP appears to be highly relevant.

1. Introduction

1. This decentralized evaluation was commissioned by WFP's Palestine Country Office (CO) to evaluate the Unconditional Resource Transfer (URT) through Cash-Based Transfers (CBT) to non-refugees, poor and severely food insecure people under the National Social Safety Net programme (NSSNP) in Palestine. The evaluation was commissioned in October 2019 and started in February 2020.
2. As part of the CSP 2018-2022, this decentralized evaluation falls within strategic outcome 1, activity 1. This evaluation generated research-based evidence, analysis, and recommendations for WFP Palestine CO and covered the period of January 2018 to December 2020 (2018-2020) to provide insight into the relevance, effectiveness, impact, and sustainability of the URT/CBT/voucher activity on beneficiaries.
3. The evaluation is timely for both WFP CO and the sector at large. It coincides with critical stages of several sector initiatives, including current national and donor efforts to support NSSNP. It also serves to inform the CSP evaluation planned for 2021, the implementation of the current CSP and the next CSP formulation.
4. The main objective of the evaluation is to support WFP, mutually reinforce learning and accountability with a focus on learning. It provides evidence-based findings on the performance and impact of the URT/CBT/voucher activity.
5. The evaluation of this activity focuses on WFP's URT/CBT/voucher assistance to beneficiaries in the West Bank and Gaza Strip to have improved dietary diversity by 2022¹ under the first strategic outcome "Non-refugees,² poor, and severely food insecure people in Palestine.
6. This evaluation focuses on URT/CBT/voucher beneficiaries who are part of the Palestinian National Social Safety Net Programme (NSSNP). In particular, those beneficiaries who, in addition to receiving URT/CBT/voucher, receive cash assistance as part of the national Cash Transfer Programme (CTP). It excludes WFP beneficiaries who receive unconditional resource transfers from WFP CO but are not part of the NSSNP.
7. The CO will use this evaluation as an evidence base to take stock and if, required, adjust the design either or the implementation of the URT/CBT/voucher activity and use it to inform future strategies and programming. The primary utility of this evaluation is to add to the evidence base used for decision-making. It is expected from WFP to utilize this evaluation for providing strategic guidance, programme support and oversight. Also, it is expected from WFP to use this evaluation to support learning in areas of food security and social protection.
8. Overall, the evaluation addresses how relevant is the URT/CBT/voucher to the needs of beneficiaries and the extent of its alignment with the national SDSS. How effective

1 In the West Bank, this includes four governorates: Bethlehem, Hebron, Jericho, and Ramallah. In the Gaza Strip, this includes North Gaza, Deir el-Balah, Gaza, Khan Younis, and Rafah. Please refer to Annex 13 for maps that illuminate the geographical coverage of the evaluation.

2 Palestinians are categorized as refugees and non-refugees. Human development response to refugees is mandated to UNRWA, while the Palestinian National Authority (PA or government formed in 1995) to non-refugees since 1949. WFP complements this mandate.

and sustainable is the activity? What are the impacts of the URT/CBT/voucher on food security, namely, food consumption, food ratio expenditure, consumption-based coping strategies? The evaluation also investigates if there are any unintended impacts for the URT/CBT/voucher on the poverty gap of beneficiaries under NSSNP.

9. In line with WFP's commitment to include beneficiaries as key stakeholders as well as ensuring Gender Equality and Women's Empowerment (GEWE), the evaluation contributed to the direct participation of women, men, boys, girls, and elderly people from different groups as well as Persons with Disabilities (PwDs) in learning activities. As such, GEWE, age and disability were treated as crosscutting issues and were mainstreamed throughout the research design, data collection, and analyses.³
10. A variety of other internal and external stakeholders have interest or played a role in this evaluation; internally: the Palestine CO, RBC, HQ, Office of Evaluation (OEV), and the WFP Executive Board; externally: MoSD, donors, Non-Governmental Organizations (NGOs), the European Union (EU) and the World Bank Group (WBG). A list of the main stakeholders in the evaluation can be found in Annex 1.

1.1. Overview of the Evaluation Subject

11. The Executive Board approved the Palestine CSP in November 2017 to cover the period 2018-2022. As specified in the logical framework of the CSP, the activity under evaluation falls within the output of poor and food insecure nonrefugees receiving diverse and nutritional food to improve their dietary diversity.
12. **Resource requirements** for activity 1 of the CSP grew significantly during the first three years of the CSP. Between 2018 and 2020, five main budget revisions were conducted to reflect operational changes concerning the first, second and third years of the CSP.⁴ Actual expenditure for activity 1 of the CSP was USD 41,270,459 in 2018 and reached USD 52,880,347. The main change in WFP's budget revisions was increasing the resources required to increase the number of beneficiaries under activity 1. Additionally, these changes included WFP's COVID-19 response. Annex 2 details those budget revisions.
13. In 2018, the number of **URT beneficiaries** was 353,616. In 2019 the number of beneficiaries was 343,434 and in 2020 the number of beneficiaries reached 431,862. Among the 431,862 beneficiaries receiving URT, 355,090 receive the transfer through the voucher modality (URT/CBT/voucher). The remaining 76,772 receive the transfer through the in-kind modality or cash modality. Moreover, among the 355,090 beneficiaries who receive the transfer through the voucher only 246,278 beneficiaries are part of MoSD/NSSNP/CTP. Those 246,278 beneficiaries are the subject of this evaluation.
14. Beneficiaries are divided equally across gender. Between 2018-2020, female-headed households formed 20 to 30 percent of households targeted.⁵

³ The methodology section details how GEWE, age, and disability were mainstreamed throughout the research.

⁴ Out of the 5 revisions, 2 were technical budget revisions. For a detailed discussion of resource requirements and budget revisions please refer to Annex 2.

⁵ For detailed comparative analysis for both outputs and outcomes of planned vs actual numbers (see Key Findings: Effectiveness; Tables 5 and 6 for outputs and Figures 4 and 5 for outcomes, all of which are further broken down in Annex 3 and Annex 4 respectively).

Table 1: Activity 1 Beneficiary Breakdown -Overall⁶

Year	Actual Beneficiaries (Total: CBT voucher +In-kind+CBT cash)	Actual CBT-voucher beneficiaries	Actual CBT-voucher beneficiaries who are part of MoSD/NSSNP/CTP <i>(Subject of the evaluation)</i>
2018	353,616	282,615	127,668
2019	343,434	272,347	170,547
2020	431,862	355,090	246,278

Table 2: Activity 1 Beneficiary Breakdown -per sex and age group⁷

Year	Female under 5 years	Male under 5 years	Female 5-18 years	Male 5-18 years	Female 18 plus	Male 18 plus	Total
2018	13,197	13,888	59,898	63,438	100,873	102,322	353,616
2019	12,686	13,493	57,027	61,158	99,581	99,489	343,434
2020	18,275	16,872	73,948	69,481	125,436	127,850	431,862

15. As such the **subject of the evaluation** are beneficiaries who received URT in the form of CBT through the voucher modality (URT/CBT/voucher) and are part of the MoSD/NSSNP/CTP. Indeed, those targeted by WFP but are not part of the NSSNP are excluded from this evaluation. The URT/CBT/voucher assistance to households under NSSNP forms 57 percent of WFP's activity 1 beneficiaries (in-kind, voucher, cash), and comprises 70 percent of all URT/CBT/voucher beneficiaries under activity 1.
16. The URT/CBT/voucher **transfer value** redeemed by beneficiaries under the MoSD/NSSNP/CTP forms 58 percent of all transfers redeemed by beneficiaries targeted by the URT/CBT/voucher.⁸ In the first three years of the CSP, the total transfer value redeemed by all beneficiaries through the voucher reached USD 99,823,985, among which 58,074,438 were redeemed by URT/CBT/voucher beneficiaries under the MoSD/NSSNP/CTP. Actual expenditure value for URT/CBT/voucher beneficiaries under MoSD/NSSNP/CTP through the voucher reached USD 10,385,722 in 2018, USD 18,935,545 in 2019, and USD 28,424,135 in 2020. Table 3 provides a breakdown of actual expenditure for those targeted by URT/CBT/voucher under MoSD/NSSNP/CTP.

⁶ Annual Country Reports (2018-2019-2020)

⁷ WFP M&E database -Reports

⁸ 42 percent is the value redeemed by WFP beneficiaries who are reached through the NGOs and are not part of this evaluation.

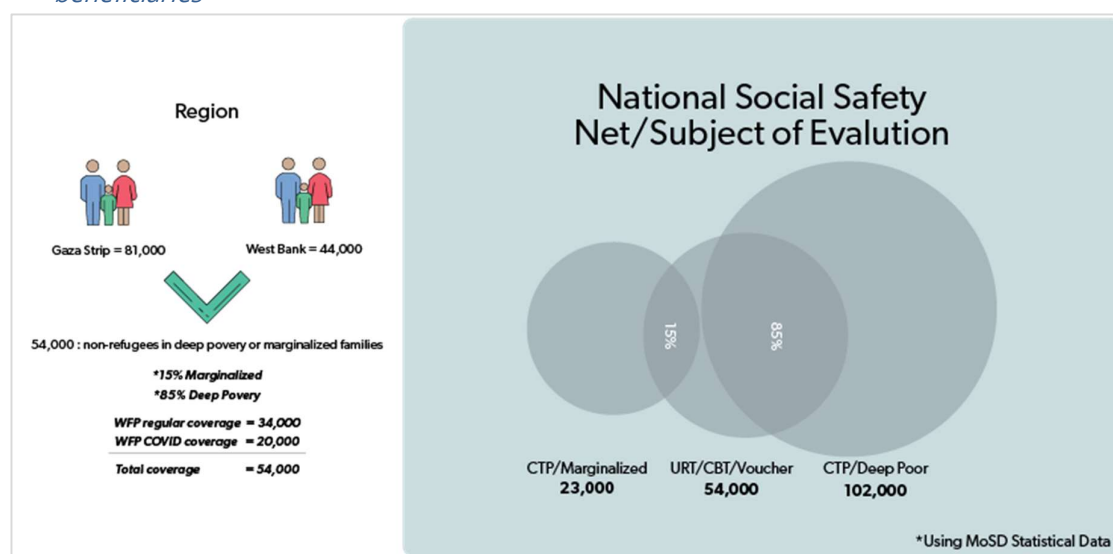
Table 3: Actual transfer value redeemed through URT/CBT/voucher by beneficiaries under the NSSNP

Region	Year	Total Actual (ILS)	Total Actual (USD)
Gaza Strip	2018	22,231,550	6,333,774
Gaza Strip	2019	46,451,956	13,234,176
Gaza Strip	2020	58,425,651	16,645,485
West Bank	2018	14,430,050	4,111,125
West Bank	2019	20,390,518.64	5,809,264
West Bank	2020	41,911,549.63	11,940,612
Total		203,841,278	58,074,437

Partnerships

17. Between 2018 and 2020, WFP continued to work with the MoSD to support the SDSS and the NSSNP by providing unconditional resource transfers to CTP recipients, strategic planning, and capacity development in line with activities 1 and 2 of the CSP and in tune with the Sustainable Development Goals (SDG) 1 and SDG 17.
18. In 2020, WFP expanded its work with the MoSD to support the national response to COVID-19 by providing top-ups and rapidly increasing the number of households that receive URT/CBT/voucher assistance.
19. The MoSD manages the NSSNP and targets those living in poverty or those who are marginalized. Notably, the CTP is the largest programme under NSSNP. The CTP targets 125,000 households with four cash transfers annually. Activity 1 supports the unconditional resource transfer of cash-based assistance to non-refugee households who are in deep poverty. In 2020, about 54,000 of all households targeted by WFP were part of the NSSNP and received CTP assistance from MoSD.

Figure 1: MoSD/NSSNP/CTP Household Beneficiaries and WFP coverage of NSSNP beneficiaries



20. Under activity 1 of the CSP, WFP partners with the United Nations Relief and Work Agency (UNRWA) to distribute food transfers to Bedouins and herders in Area C of the West Bank. WFP also partners with international NGOs, such as Oxfam and Global Communities, to facilitate the provision of URT through in-kind and CBT/voucher assistance to poor and food insecure households in the West Bank and Gaza Strip. These households are also targeted under activity 1 of the CSP but are not part of the NSSNP.
21. In 2019, a Joint Programme on social protection has been designed by WFP, the United Nations Children’s Fund (UNICEF), and the International Labour Organization (ILO) to introduce a Social Protection Floor (SPF).⁹
22. The Palestinian Central Bureau of Statistics (PCBS) is the main partner responsible for assessing and reporting on macro-level food security indicators through the conduct of Socio-Economic and Food Security Survey (SEFSec). This survey is supported jointly by the Food and Agriculture Organization of the United Nations (FAO) and the Food Security Sector (FSS).

Theory of Change

23. The logical framework of the CSP (attached in Annex 5) is the foundation on which the theory of change (ToC) has been constructed to inform the evaluation matrix. The ToC developed for this evaluation is intended to highlight and test the assumptions underpinning the intervention’s contribution to food security and poverty alleviation.¹⁰
24. The ToC suggests that if beneficiaries increase their access and consumption of food, they become less vulnerable to resorting to coping mechanisms. Food security is maintained by the enhanced ability to deal with shocks and stresses and is anticipated to protect livelihoods and reduce deep poverty for the target population. The URT/CBT/voucher expects to gradually contribute to long-term effects or impact, in line with SDG1 and social protection priorities under the SDSS.

Previous evaluations

25. This evaluation sought to consider and build on the findings and recommendations of other recent and related studies. The 2015 Country Portfolio Evaluation (CPE) has found strong support for coordination, collaboration, and partnerships with other humanitarian and development actors. It also found strong support for innovation, effectiveness, and relevance of the URT/CBT/voucher to NSSNP beneficiaries. Past studies such as the Secondary Impact of CBT/voucher have found support for the positive tendencies of the activity on beneficiaries’ food security. This evaluation builds on these past efforts by focusing on validating some of the findings on food security and estimating the impact of the URT/CBT/voucher activity on the poverty of NSSNP beneficiaries. It also re-examined some recommendations related to relevance and effectiveness, especially relating to targeting and context. A list of

⁹ The joint effort works: “towards a universal and holistic social protection floor for persons with disabilities (PwDs) and older persons in the State of Palestine.”

¹⁰ The causal logic detailed in the ToC narrative and visual diagram in Annex 6. The model includes: (i) A visual diagram that synthesizes the results chain (in greater detail than the standard WFP log frame) and enables identification of nonlinear connections across results as well as key partner contributions. (ii) A narrative table that explains causal linkages, assumptions & risks, and the strength of the available evidence that informed the change hypotheses presented in the visual diagram. Guidance on Developing Theories of Change, WFP, March 2017.

documents used and a summary of the most notable key studies relevant to this evaluation are detailed in Annex 7.

1.2. Context

26. Palestine is considered a lower middle-income economy with per capita gross domestic product (GDP) of USD 2,915.5 in 2020, an 11.6 percent decrease in GDP from 2019. The economy of the Gaza Strip has been contracting since 2006. The West Bank economy continued to grow from 2006 to 2018, but growth have slowed down in the face of a fiscal crisis in 2019. It is expected to shrink by 16 percent in 2020 due to the COVID-19 crises.¹¹ The proportion of poor households in the Gaza Strip is expected to increase from 53 percent to 64 percent and expected to double in the West Bank from 14 to 30 percent.¹²
27. According to Human Development Index (HDI) indicators, in 2020, Palestine's HDI index value is 0.708, placing it in the medium human development category, in the position of 115 out of 189 countries and territories.¹³
28. Palestinians in the West Bank are subject to a comprehensive system impeding movement, including physical barriers, such as the wall, army-controlled checkpoints, roadblocks, and the Israeli-issued permit system. Continued displacement, home demolitions, and Israeli military and settler violence frequently interrupt daily life. Persistent settlement expansion, lack of border control, and restrictions on accessing and using lands and natural resources stymies abilities to provide or access essential services, such as WASH, electricity, and security.¹⁴
29. The Gaza Strip remains under an ongoing 15-year military-imposed blockade. Concurrent to Israeli army incursions, which led to extensive infrastructural destruction and internal displacement, Israeli-imposed restrictions on types and quantities of goods and medical supplies are fettered. The de-development process, deep rooted poverty, a shift in social vulnerabilities drained individual and public savings, and exhausted coping mechanisms. Public services are minimal and mainly financed through the West Bank based PA. Yet, with 97 percent of the water unfit for human consumption, a failing health system, and a dysfunctional market economy, and the protraction of intra-Palestinian political divisions exacerbate the dire conditions.¹⁵
30. Almost 33 percent of Palestinians in West Bank and Gaza Strip are food insecure. The latest official estimate for food insecurity in the West Bank reached 12 percent in 2018. Urban areas in the West Bank are least affected by food insecurity, with only 10 percent facing insecurity compared to 18 percent in rural areas, namely those in Area C of the West Bank. More widespread in the Gaza Strip, food insecurity currently

¹¹ <http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3879>

¹² <http://documents1.worldbank.org/curated/en/574441606230442130/pdf/Economic-Developments-in-the-Palestinian-Territories.pdf> and <http://documents1.worldbank.org/curated/en/844141590600764047/pdf/Economic-Monitoring-Report-to-the-Ad-Hoc-Liaison-Committee.pdf>

¹³ http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/PSE.pdf

¹⁴ <https://www.ochaopt.org/reports/situation-reports>

¹⁵ *ibid*

affects 69 percent of the population. Severe food insecurity reached 6.50 percent among female-headed households and 2.50 percent among male-headed households in 2018.¹⁶

31. Data from the latest Palestinian Expenditure and Consumption Survey (PECS) in 2017 shows that 29 percent of the population lived in poverty. Based on GDP per capita growth, projections indicate that poverty has constantly increased since the project entered into the current CSP in 2018. Based on GDP per capita growth, projections indicate that multidimensional poverty has increased from 24 percent in 2018 and reaching 28 percent in 2020. Monetary poverty is higher; however, no new PECS data is available.¹⁷
32. Most important, however, these numbers mask a substantial divergence in trends between the two regions of Palestine, namely the West Bank and Gaza Strip. While just over 14 percent of the population lived in poverty in the West Bank, nearly every second person in the Gaza Strip lives below the national poverty line. In the Gaza Strip, the protracted siege has created a humanitarian crisis where access to electricity, water, and employment is imaginary.
33. In the Gaza Strip, 49 percent of those in the labour force were unemployed in the second quarter of 2020, while the West Bank recorded an unemployment rate of 15 percent during the same period. Furthermore, the modest increase in unemployment rate is largely explained by a sharp reduction in the second quarter, down from 43 percent in the first quarter of 2020. With the outbreak of COVID-19 some 121 thousand people have lost their jobs in the second quarter alone.¹⁸
34. Gender-related socioeconomic disparities between individuals and households persist. Women in Palestine face protection challenges, including psychosocial, economic, and sexual gender-based violence (GBV). Between 2018 and 2019, approximately 29 percent of Palestinian women reported violence from their husbands (38 percent in the Gaza Strip and 24 percent in the West Bank).¹⁹ Laws to protect women are often non-existent or routinely unenforced.²⁰
35. According to the United Nations Population Fund (UNFPA), the most vulnerable groups in the West Bank and Gaza Strip are youth, women, minors and PwDs.²¹ Socioeconomic disparities are prevalent amongst these groups. Poverty among individuals who live in female-headed households (30.6%) is slightly higher than in male-headed households (29.2%).²² Moreover, in 2019, labour force participation for individuals aged 15 years and older was 44.3 percent constituting only 18.1 percent

¹⁶ https://fsccluster.org/sites/default/files/documents/sefsec_2018_preliminary_results_survey-web_0.pdf

¹⁷ http://www.pcbs.gov.ps/site/lang_en/796/default.aspx

¹⁸ <http://www.pcbs.gov.ps/site/512/default.aspx?lang=en&ItemID=3748>

¹⁹ UNFPA, 2018-2019 <https://www.ochaopt.org/content/almost-one-three-palestinian-women-reported-violence-their-husbands-2018-2019>

²⁰ Palestinian Working Women Society for Development (PWWSD) (2020). "In-depth Assessment of Women's Access to and

Ownership of Land and Productive Resources in the occupied Palestinian territory"

²¹ UNFPA, 2016 <https://palestine.unfpa.org/sites/default/files/pub-pdf/YVS%20Report%20-%20En.pdf>

²² Poverty profile.

<http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3503#:~:text=The%20poverty%20percentage%20among%20Palestinian,34%25%20in%20Gaza%20Strip>.

for females and 69.9 percent for males.²³ Unemployment among PwDs participants of 15 years and above reached 37 percent (19 percent in the West Bank and 54 percent in Gaza) in 2017.²⁴

36. The efforts of the government and international community to curb food insecurity have proved to be essential for the safety net for the poorest segments of the population. In line with SDG 2 for ending hunger, achieving food security, improving nutrition, and promoting sustainable agriculture, WFP is the main actor providing food assistance to poor and food insecure non-refugees in Palestine.
37. The PA's SSDS focuses on four pillars: 1) poverty alleviation, 2) creating an enabling environment for marginalized people, 3) developing a comprehensive social protection system and 4) developing an adequate legislative and institutional environment. The MoSD implements several social protection programmes for economic empowerment: rehabilitation for the disabled; social care and defence; family and child-care, and protection. The ministry also implements multiple poverty alleviation programmes, such as the NSSNP, Special Hardship Cases Programme, and the Emergency Assistance Programme.
38. Current Palestinian government policy to address poverty and food insecurity includes the national CTP and quarterly cash-based assistance to families that fall below the deep poverty line in the West Bank and Gaza Strip. However, for 76 percent of beneficiary households, this assistance covers the extreme poverty gap by only 30 percent or less. Vulnerable groups are the main targets of the programme's inclusion mechanisms, such as households headed by women, PwDs, the elderly, orphans, and those with chronic illnesses.²⁵
39. The PA social protection system for vulnerable communities is regularly undermined by fiscal crises, especially by the continuous interruption of transfers of Palestinian tax revenues by the Israeli Government. It results in long delays in disbursing welfare assistance, pushing the vulnerable and poor further into poverty. Generally, the social, economic, and political context compounds the vulnerability of Palestinians and shrinks capacities to cope with shocks.
40. The COVID-19 outbreak has spread rapidly in the West Bank in the first half of 2020 and started spreading in the Gaza Strip in September of 2020. Palestine struggled with the public health response. At the household level, the lockdowns and quarantines have increased economic vulnerabilities through reduced labour income. The PA's approach to contain and mitigate effects of the COVID-19 included a comprehensive response plant and requested donor support to finance it. The context of COVID-19 impact and response is detailed in Annex 8.

²³ <http://pcbs.gov.ps/Downloads/book2515.pdf>

²⁴ PCBS, Preliminary Census Results, PHC 2017 http://www.pcbs.gov.ps/portals/_pcbs/PressRelease/Press_En_3-12-2018-disability-en.pdf

²⁵ <https://policy-practice.oxfam.org/resources/responsiveness-of-the-palestinian-national-cash-programme-to-shifting-vulnerabi-620989/>

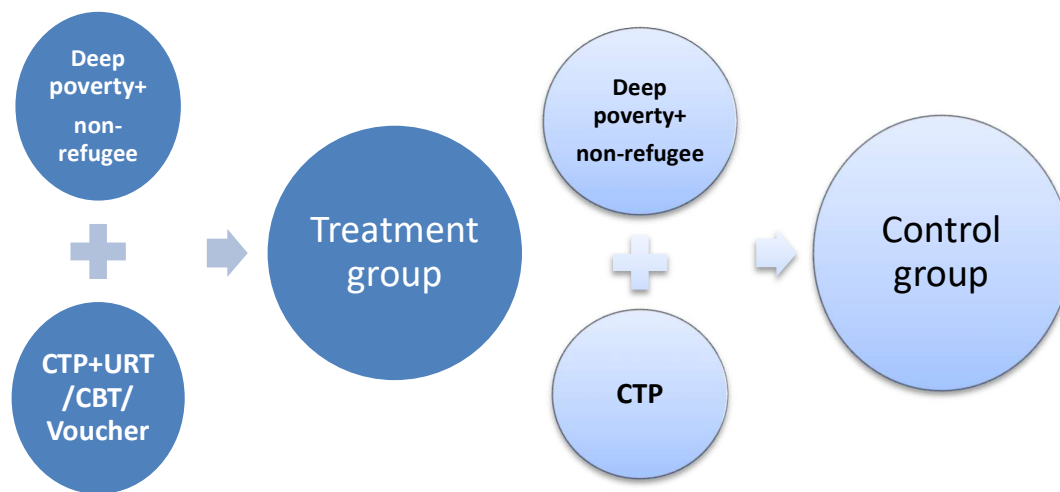
1.3. Evaluation Methodology and Limitations

41. This evaluation used a mixed-method approach and utilized data from primary and secondary sources. This evaluation occurred between February 2020 and January 2021, and data collection took place in August 2020. The holy month of Ramadan, Eid-al Adha, and COVID-19 lockdowns caused extensive disruptions to the timeline, generally, and to field work, specifically. It also forced the ET to use multimode to collect data (face to face, telephone and online modes were used).
42. Primary quantitative and qualitative data collection utilized using the following key data collection tools: quantitative household survey, key informant interviews (KIIs), focus group discussions (FGDs), and case studies. For a detailed presentation of qualitative and quantitative data sources, please refer to Annex 9.
43. Qualitative insight was collected from key stakeholders involved in the activity, key actors in the sector, and an array of beneficiaries. Quantitative data was collected from URT/CBT/voucher beneficiaries and from MoSD/NSSNP/CTP beneficiaries. Secondary quantitative data was sourced from the MoSD and WFP CO. The ET also made use of national statistics published by the PCBS.²⁶ Secondary data was sourced from WFP previously commissioned studies, WFP reports, and studies commissioned by other key actors, such as the World Bank, EU, and Oxfam.
44. Gender dimensions were explicitly incorporated throughout the evaluation approach. The data collection tools were gender sensitive. The sampling methodology accounted for female-headed households and ensured the participation of female beneficiaries from male-headed households. The survey completed 54% of all interviews with females. All quantitative and qualitative results were disaggregated by gender, age, and household composition. The effects of URT/CBT/voucher on gender were explicitly modelled and tested. Qualitative insight was collected through specifically targeted tools and methods from female heads of households, females within male-headed households, boys and girls, elderly, and persons with disability.
45. Information collected for the evaluation revolves around four key criteria: relevance, effectiveness, impact, and sustainability. Criteria are applied thoughtfully to support high-quality and credible evaluation, as they cover the needs and the context of the relevant stakeholders. Data collection tools (Annex 10) have been tailored to this activity evaluation and involved stakeholders. Evaluation questions are informed by interpreting and analysing the criteria. The ET used the evaluation criteria and questions presented in the ToR (Annex 11) to develop an evaluation matrix (Annex 12) with fitted and straightforward questions, sub-questions, and data sources.
46. Measurement reliability issues were minimized by checking the consistency of responses across researchers' sites and days. Responses to similar questions and measures were checked, as well as coding checks on quantitative data. Internal validity was maximized based on the principle of aggregation of a varied of indicators and measures of progress as detailed in Annex 19.

²⁶ These include PECS and SEFSec.

47. A systematic and thorough data triangulation process was conducted. All data were coded against the specific indicators in the evaluation matrix. Indicator calculation was done twice independently to ensure consistent results. The data was analysed and triangulated when drawing findings.
48. The sample frame was restricted to the four governorates targeted by WFP URT/CBT/voucher in the West Bank and all five governorates targeted in the Gaza Strip.²⁷ For the purposes of this evaluation two groups were randomly sampled to participate in the survey. The treatment group is composed of 1,200 households of non-refugees in deep poverty who receive both MoSD/NSSNP/CTP and URT/CBT/voucher. The control group is composed of 1,200 households of non-refugees in deep poverty who receive only MoSD/NSSNP/CTP assistance.
49. The treatment group is formed of non-refugee households characterized by deep poverty as specified by the Proxy Means Testing Formula (PMTF) and by marginalization as specified by the MoSD.²⁸ The control group is formed of those households in the targeted governorates who only receive NSSNP/CTP assistance. For a detailed breakdown of the sample please refer to Annex 14.

Figure 2: Illustration of the treatment group and control group



²⁷ The sample frame includes data that identifies if persons in the household are elderly, chronically ill, disabled as well as the composition of women, girls, men, and boys. Age, illness, and disability are also part of the identification and selection criteria of social safety net beneficiaries. The random sample generated ensured equal and proportional representation of these groups in the survey sample as they are in the frame.

²⁸ The formula predicts the welfare of the household for each applicant based on a set of household characteristics (demographic, geographic, housing conditions, ownership of durable goods and assets, sources of income, among others). Each household obtains a score that is compared to a cut-off point where the household would be eligible to participate in the CTP if its score was less than or equal to this cut off point. The cut off point is equivalent to the national poverty line set by PCBS. The PMTF is considered to be a highly accurate identifier of poverty. In fact, an evaluation by the World Bank have found that 70 percent of those classified as extremely poor by the PMTF are among the poorest 10 percent and 84 percent are among the poorest 20 percent of the population.

50. The evaluation relied on a varied set of analytical methods to answer the questions stipulated in the evaluation matrix. These include t-tests, ordinary least squares, multivariate regression, difference in differences, and propensity score matching. The ET also utilized the different data sets available to it to conduct robustness checks, to triangulate and validate the findings.
51. During this evaluation, the core ethical issue that was considered was the situational conflict between minimizing the risks associated with COVID-19 for communities of interest, as well as for the enumeration team, their families, and their communities, while maintaining the quality, goals, and time plan for the evaluation. Prevention and mitigation measures to manage these issues are detailed in Annex 15.
52. The ET strictly followed the Decentralized Evaluation Quality Assurance System (DEQAS) Process Guide and its proposed guidelines and formats strictly. The DEQAS is in line with WFP and the United Nation Evaluation Group (UNEG) Evaluation Guidelines. Also, the ET followed industry ethical standards and best practices, such as those developed by the OECD. A more detailed description of the standards most relevant to this evaluation are provided in Annex 16. The methodology and approach ensure impartiality, independence, objectivity, transparency, and credibility.

Limitations

53. There are two difficulties in analysing the effectiveness and impact of the URT/CBT/voucher on household beneficiaries. First, it is always difficult to attribute changes to a specific intervention since there are always many other processes of change going on (e.g., COVID-19 and COVID-19 response). Second, there is an additional difficulty in attributing the changes to the URT/CBT/voucher as the intended/unintended outcomes may be influenced more by other aspects of the programme design (e.g., transfer value).
54. The seasonal effects of Eid al Adha and associated celebrations on food security indicators were minimized.²⁹ COVID-19 effects on the food security of beneficiaries cannot be isolated or controlled, for which may limit the internal validity of the findings. The adverse effects of COVID-19 should, theoretically, influence both the treatment and control groups in similar ways. However, as the findings suggest WFP targets the poorest of the poor of NSSNP beneficiaries, which, in turn, suggests that the effects of COVID-19 shock may be different for the treatment group and the control group.
55. Other important limitations that need to be considered when learning from results are:
 - advantages and disadvantages associated with multimode data collection in surveys as indicated above,
 - Misalignment and different coding and archiving process of different data sources,

²⁹ Eid al Adha is an Islamic holiday celebrated worldwide each year in commemoration of this holiday an animal (usually a lamb) is sacrificed ritually. Two thirds of the meat are distributed to friends, neighbours, and those in poverty. To avoid the impact of this assistance on food security indicators data collection was postponed for two weeks after the meat distributions have ended. At that point a second round of COVID-19 restrictions were being imposed in the West Bank forcing the team to use phone-based interviewing to survey the treatment and control group in the West Bank. Face to face interviews were conducted to survey the treatment and control group in the Gaza Strip.

- measurement error resulting from the use of different data sources,
- omitted variable bias when estimating impact,
- (v) and exogenous variation.

56. Measures to limit the possible impacts of these factors on evaluation findings were applied. They are detailed in Annex 15.

2. Evaluation Findings

57. The evaluation findings and the evidence to substantiate those findings are presented below. They are structured as a response to each evaluation question in turn.³⁰ The evaluation is underpinned by the COVID-19 crisis that exacerbated an already challenging economic situation in both regions of Palestine the West Bank and the Gaza Strip.

2.1. Relevance

Evaluation Question 1 To what extent is the provision of URT/CBT/voucher in terms of voucher value to National Social Safety Net beneficiaries relevant to the needs of selected beneficiaries, including men, women, boys, girls, women-headed households, elderly people, and persons with disability?

58. The URT/CBT/voucher is relevant to the needs of food insecure Palestinians.³¹ WFP and the URT/CBT/voucher are perceived favourably by beneficiaries and stakeholders in terms of their complementarity to CTP assistance by the MoSD.

Box 1: Beneficiary Voice

"We completely depend on the voucher. We have no other source of income. We receive CTP every three to four months, but it is used for health expenses and is inconsistent, so we mainly rely on the voucher to cover our food needs." (Female, 32, Gaza Strip)

"Since corona, the voucher has become our primary source of income. It covers most of our food consumption; it covers our basic needs and allows us to get some important items for the children, such as eggs and yogurt." (Female, 30, West Bank)

"The voucher is the only source of weekly income we have. It is the only guarantee that we will be able to buy food supplies for the house. The voucher made a difference in our lives and gave us hope." (Female, 68, Gaza Strip)

2.1.1 Targeting

59. WFP continues to target beneficiaries carefully and well while keeping the targeting criteria relatively simple. Households were selected based on poverty and refugee status with no further differentiation of needs among beneficiary groups. Outside

³⁰ Due to the similarity and commonality of evaluation question 1 under relevance and evaluation question 5 under effectiveness both questions were answered as part of the relevance criteria. Similarly, due to similarity and commonality of evaluation question 4 under effectiveness and question 7 under impact both questions were answered under the impact criteria.

³¹ Food needs as discussed in the body of this report and as relevant to WFP CO and the food security sector in Palestine normally refers to a deficiency in the ability of a person to cover his/her needs of 2,100 calories per day.

WFP, the MoSD uses a proxy means test formula to qualify households to receive assistance under NSSNP. The MoSD and the World Bank developed the proxy means test formula and it is widely considered to be a highly effective targeting tool.³² The data used is collected through household visits by the MoSD social researchers and is supposed to be updated every two years.

60. The ET conducted a review of MoSD's data for all 34,318 households who are part of the NSSNP and are targeted by WFP under the URT/CBT/voucher. The MoSD data shows that 13 percent of URT/CBT/voucher beneficiaries are not in deep poverty. Henceforth, 87 percent of households targeted by URT/CBT/voucher are indeed in deep poverty.³³ The analysis also shows that the remaining 13 percent are socially marginalized and vulnerable to falling into deep poverty.
61. MoSD data was triangulated by survey data from this evaluation. The survey results showed that out of the 1,224 households surveyed as part of the treatment sample, 98 percent are indeed in deep poverty, and 97 percent were non-refugees. This indicates that WFP targeting of non-refugees who are in deep poverty is met.

2.1.2 Poorest of the Poor

62. There is a stock of secondary evidence that the MoSD has been highly efficient in identifying and targeting the poorest households in Palestine. Independent evaluations of the CTP targeting show that 70% of those classified as in deep poverty are in fact among the poorest 10% of the Palestinian population and 85% are among the poorest 20% of the population.³⁴
63. Stakeholders noted that food assistance is, indeed, reserved for the poorest of the poor, as stated by a MoSD representative:

Box 2: Expert Voice

"Though the MoSD doesn't use a food scoring system. The MoSD targets households based on poverty and marginalization. It's clear to us that URT/CBT/voucher assistance is targeted at those neediest and deserving." (MoSD representative).

64. Both the MoSD data and the survey data show that the destitute are indeed the group that is targeted by WFP in its URT/CBT/voucher activity. It is especially notable in the Gaza Strip. In the Gaza Strip, comparisons between the poverty gap for the treatment and control groups show that the treatment group is poorer than the control group. It is true among female and male-headed households. In the West Bank, comparisons

³² The formula predicts the welfare of the household for each applicant based on a set of household characteristics (demographic, geographic, housing conditions, ownership of durable goods and assets, sources of income, among others). Each household obtains a score that is compared to a cut-off point where the household would be eligible to participate in the CTP if its score were less than or equal to this cut-off point. The cut-off point is equivalent to the national poverty line set of NIS 1974 as set by the PCBS. The PMTF is considered a highly accurate identifier of poverty. In fact, a World Bank evaluation has found that 70% of those classified as extremely poor by the PMTF are among the poorest 10%, and 84% are among the poorest 20% of the population.

³³ MoSD household and family assessment. Data for all 34,318 households targeted by WFP shared with ET in March 2019.

³⁴ Ibid.

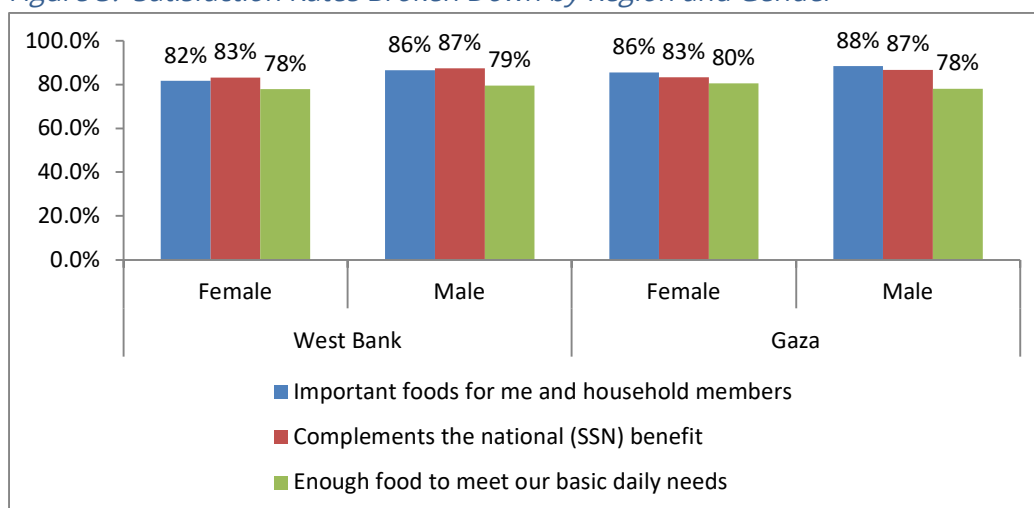
show that the treatment and control groups have similar poverty levels. It should be noted that the average household size for the treatment group is larger than that of the control group in both regions.

65. Furthermore, analysing households' economic capacity to meet essential needs and analysis of minimum expenditure basket, both reveal that those benefiting from URT/CBT/voucher assistance are unable to meet essential or minimum needs. However, URT/CBT/voucher beneficiaries are slightly less vulnerable to shocks and more food secure than those benefiting from MoSD/NSSNP/CTP only. This latter finding is demonstrated and further discussed under the food security sub-section under the impact criteria.

2.1.3 Satisfaction with Transfer Value

66. WFP monitoring data shows that household satisfaction with voucher value is significantly higher in the Gaza Strip than in the West Bank. An absolute majority (93%) of female and male-headed households in the Gaza Strip believe that the voucher value partially covered their food needs, while only 7 percent of female and male-headed households in the Gaza Strip believe that the voucher does not cover their food needs at all. This latter sentiment is shared by 50 percent of female and male-headed households in the West Bank, while the remaining 50 percent share the former opinion that the voucher value partially covers their food needs.
67. The evaluation survey found that 87% of male-headed households in the West Bank and Gaza Strip agree or strongly agree that the voucher value appropriately complements the CTP cash transfer their household receives. This level of agreement is shared by 83% of female-headed households. Similarly, in both regions - the West Bank and Gaza Strip- 88% of male-headed households and 86% of female-headed households stipulated that the assistance helped provide essential food for themselves and household members. Importantly, 79% of beneficiaries (male and female-headed households) stated that since they started receiving the voucher, their households have had enough food to meet their basic daily needs.

Figure 3: Satisfaction Rates Broken Down by Region and Gender



68. The assistance remains important and is perceived favourably by beneficiaries. However, satisfaction levels indicate that assistance is becoming more significant to people's lives and well-being in the Gaza Strip. On the other hand, the transfer value does not account for special needs and is not designed to meet current level of poverty. This result confirms previous findings from independent evaluations of the MoSD/NSSNP/CTP programme.³⁵
69. The importance of the voucher to beneficiaries in the Gaza Strip was best described by one of the beneficiaries:

Box 3: Beneficiary Voice

"The importance of the voucher for us in Gaza is because of the poor conditions and the bad economic situation. We consistently face hardship in generating income, saving, or finding money to spend. The voucher has largely solved this problem for us. I have credit that I can go and spend on food every week. And most importantly, I have to wait 3 to 4 months to receive the CTP." (Male, 55, Gaza Strip)

2.1.4 Expenditure and Consumption

70. The voucher value was determined based on the coverage of caloric needs. The WFP set the voucher transfer value to be equivalent to cover 60% of 2100 calories per person, per day., The voucher value was set at USD10.3/person/month in both regions, the West Bank and Gaza Strip. This value is equivalent to the value of the in-kind ratio with a 10 percent margin to buffer beneficiaries from added urban expenses and fluctuations in prices and exchange rates.³⁶ Since the transfer value is based on the in-kind ration, it only covers the cheapest 60 percent of consumed calories. The voucher value also covers a much lower proportion of actual average monthly food expenditure and consumption than caloric analysis would suggest.

Box 4: Beneficiary Voice

"The voucher covers 70% of our food needs, but I have no other source to cover the remaining 30%. The voucher covers two main meals for us every day. At the end of every month, we start prioritizing children for food, and there are days where all we have left is tea and bread." (Male, Gaza, 35)

"I would guess that the voucher covers 50% of our food needs. The voucher currently is the only source of income, and it is the primary source of food for our family. Importantly, it provides us with most of our basic needs and some extras, like eggs or cheese." (Male, 55, Gaza Strip)

71. National statistics from PCBS show that in 2017, the average monthly per capita food expenditure and consumption in Palestine was 74.4 USD/person/month. The regional

³⁵ <http://documents1.worldbank.org/curated/en/950641560110250637/text/West-Bank-and-Gaza-West-Bank-and-Gaza-Cash-Transfer-Project.txt>

³⁶ USD 10.3 were equivalent to ILS 40 in 2012. Using current exchange rates, ILS 40 is equivalent to USD 12.4. Henceforth, the current ILS value of 10.3 USD is equal to 8 USD in 2009. This entails a 20% decrease in the real value of the transfer. <https://www.investing.com/currencies/usd-ils-historical-data>

disparity between per capita food expenditure and consumption is stark. PCBS data shows that per capita food expenditure and consumption in the West Bank were USD 92/person/month and only half of that in the Gaza Strip, USD 47/person/month. Macrolevel analysis of voucher value using national statistics, indicates that the transfer value covers only 14 percent of monthly household food expenditure and consumption compared to the average family in Palestine, while covering 59 percent of food expenditure and consumption needs of the treatment group as reported by the survey. These regional disparities show that WFP's transfer value covers a higher proportion of food consumption needs in the Gaza Strip (22%) than in the West Bank (11%).³⁷ This disparity is even more pronounced when comparing treatment households benefiting from WFP's URT/CBT/voucher in the Gaza Strip and the West Bank. WFP voucher value covers 73 percent of food consumption in the Gaza Strip, compared to 30 percent of food consumption in the West Bank.

Table 4: Coverage of food consumption and Food expenditure share (FES)

Area	Average Food Consumption per household (USD) / national level ³⁸ (PECS Data)	Coverage of total food consumption of a household (%) /national level (PECS Data)	Coverage of total food consumption of treatment household (%) (Survey Data)	FES/food ratio per household/national level (Survey Data) (%)	FES/food Ratio Control group (Survey Data) (%)	FES/food Ratio Treatment group (Survey Data) ³⁴ . (%)
Gaza Strip	284.04/hh (6.1)	22.00%	73.44%	34.77	41.12	37.52
West Bank	479.19/hh (5.2)	11.17%	30.01%	29.50	41.11	36.45
Palestine	409.77/hh (5.5)	13.8%	58.83%	30.67	41.12	37.16

72. Compared to the national FES (31 percent), the treatment group enjoys a better standing than the control group in both regions. The FES for the treatment group is 37 percent and the FES for the control group is 41 percent. The FES for the treatment group in the Gaza Strip is slightly higher than the FES for the average household (2.75 percentage points, equivalent to 8 percent difference between treatment and national average). In contrast, the FES for the treatment group in the West Bank is higher than the FES for the average household (6.95 percentage points, equivalent to 23.5 percent difference between treatment and national average). This result shows that households in the treatment group are less economically vulnerable to food insecurity than households in the control group.

³⁷PECS Data, 2017. http://www.pcbs.gov.ps/site/lang_en/796/default.aspx

³⁸PECS Data, 2017. http://www.pcbs.gov.ps/site/lang_en/796/default.aspx

2.1.5 Household Composition

73. The current transfer value seems most appropriate for average or above-average sized families with a male or female household head. Transfer value is most appropriate for households composed of 6 or more beneficiaries. The average size of a family targeted by URT/CBT/voucher under the NSSNP is 6.2. Henceforth, theoretical transfer value for the average household is USD 64 every month. It is explained by the larger sum of the transfer that these households receive and the increasing marginal utility of the monthly cash-based transfer as the number of members of the household increases.

Box 5: Beneficiary Voice

"I can buy large amounts of rice that can serve for more than a month, especially that my children are young and do not eat a lot, and prices can differ by one or two ILS per kilo when I buy in larger sizes, and expiry dates are normally distant."
(Female, 33, West Bank)

74. Transfer value seems however to disadvantage families that are composed of; (i) smaller households (<4 members); (ii) single member households, especially those composed of an elderly person; (iii) households with a member/s who are disabled.

Box 6: Beneficiary Voice

"The voucher covers about 10% of my basic food needs. The voucher value is not enough and does not even cover my absolute basic needs. I can buy some oil and a two-kilo bag of rice with it every month. The rest of my food, I buy on credit from the supermarket, and then I repay the supermarket from my CTP transfer when I receive it, which, by the way, I only receive it every three months and is barely enough." (Female, 70, Gaza Strip)

"The voucher value is ILS 35 per month, they are hardly enough for anything. The only things I buy with it is eggs, oil, yogurt, and a stick of spam." (Female, 78, West Bank)

75. Evaluation results and previous similar studies have shown increasing re-organization of household members in the Gaza Strip where families are coming together in a hybrid formation of nuclear and extended families³⁹. Smaller families as documented by CTP are found to be some of the most dissatisfied with transfer value. This is largely attributed to outdated enrolment data and the urgent need to continuously and accurately update data in the rapidly changing context of the Gaza Strip.

Box 7: Beneficiary Voice

"A drop in the bucket. The voucher only targets my brother. We are seven in the house. My father and my mother are both chronically ill, and my youngest sister is also disabled." (Female, 56, Gaza Strip)

³⁹ <https://policy-practice.oxfam.org/resources/responsiveness-of-the-palestinian-national-cash-programme-to-shifting-vulnerability-620989/>

76. A case study was conducted with such a family; their insight makes this finding clear.

<u>Box 8: Case Study</u>	
<p>Household Description:</p> <p>Household head: female. Age: 68 Role: mother and grandmother Sources of income: CTP (ILS 750 every three months) & URT/CBT/voucher (voucher value= USD 10.3 every month) Household size: 14 Education: Illiterate Social Status: Widow Age at Marriage: 15 Marginalization: Chronically ill, elderly.</p> <p>Relevant information:</p> <p><i>When admitted to CTP, she lived in her household alone, and she relied on CTP and her two older children who worked in Israel. Her two older children helped finance the education of their youngest brother. Nowadays, she lives in her household with her eldest son, his wife, and their six children; and her middle child, his wife, and their two children; and her youngest child, who has a master's degree, is now divorced because he can't provide for his wife and his children. The house is 170 m² made of cement and is in good condition.</i></p> <p><i>Her youngest child finished his master's degree six years ago and hasn't worked a day in his life due to high unemployment and underemployment in Gaza.</i></p> <p><i>The Israeli market has been closed for workers from Gaza since 2007.</i></p>	<p>Beneficiary Voice:</p> <p><i>The voucher is a token and does not cover my minimum food needs. It does not have an impact, and it did not improve our situation."</i></p> <p><i>"I live with my children. All of my sons are unemployed and do not have a source of income and no opportunities, and that is negatively impacting us and impacting those around us." "My youngest has a master's degree and didn't work a day in the past five years. His wife left him and returned to her parent's house along with their two children."</i></p> <p><i>"We live an undignified life because I can't provide the most basic needs for my family. Even when the babies need milk, their mothers go get it from their parents."</i></p> <p><i>"We strictly rely on legumes; we can't buy eggs or any type of meat or fruits."</i></p>

Evaluation Question 2 To what extent is the intervention aligned with the needs of the National Social Development Sector Strategy (SDSS)?

2.1.6 Alignment with National Priorities and SDSS

77. The PA's national policy agenda (2017-2022) sets ambitious goals for reducing poverty and promoting inclusive growth by triangulating three national priorities of statehood, effective government, and sustainable development through a citizen-centric lens. Moreover, the MoSD SDSS for 2021-2023 aims at reducing poverty, eliminating all forms of social exclusion, violence, vulnerability, and maintaining the social fabric.
78. Importantly, the URT/CBT/voucher and the targeting mechanism used is an integral part of the Palestinian Social Safety Net. The URT/CBT/voucher has become a cornerstone of the Social Safety Net Programme and enabled the CTP to become a full-fledged social safety net. A World Bank evaluation of the CTP has found that "in addition, MoSD sought to engage further other donors, such as WFP and UNRWA, to harmonize their targeting tools with the CTP targeting to improve the protection of the poor. As a result, the CTP became a full-fledged NSSNP that provides quarterly payments."
79. WFP's activity builds on and supports the implementation of the SDSS by providing cash-based transfers and food transfers to non-refugees in deep poverty. The URT/CBT/voucher is fully aligned with the aim of the SDSS to improve the protection of the poor and their access to economic opportunities. In alignment with the National Policy Agenda 2017-2022, the SDSS 2017-2023 supports the vision of building a resilient, productive, and creative Palestinian society that guarantees a dignified life for all its members, unleashes their potentials, believes in rights, equality, justice, partnership, and inclusion. The main objectives of the strategy are poverty reduction and elimination of all forms of social exclusion, discrimination, violence against women and girls, vulnerability, as well as maintenance of the social fabric.
80. In fact, qualitative testimonies collected through this evaluation seem to indicate that the URT/CBT/voucher contributes significantly to maintaining the social fabric and guarantee a dignified life. This is especially true among men, women, girls, and boys.

Box 9: Beneficiary Voice

"Without this voucher, I am without food and cannot find a morsel for myself and my children. In case, God forbid, this voucher is cut off from me, we will not find a living. The voucher has relieved me of the trouble of asking my husband's family for support, seeking help from relatives, all of whom are going through tough times now. Another important thing is that my children feel deprived and in need. To ask people for help is embarrassing, cruel, and traumatic." (Female, 32, West Bank).

"The voucher saved our family from hunger." (Female, 30, West Bank).

"With the voucher we do not beg or ask people for help." (Female, 30, Gaza Strip).

"My situation is similar to that of my peers" (Boy, 14, Gaza,).

"Before the voucher, we didn't always have wheat or rice. Now. It is available" (Boy, 14, Gaza Strip).

2.1.7 Alignment with Emergency Response COVID-19

81. As part of the PA's actions to contain and mitigate the effects of COVID-19, the PA prepared a comprehensive response plan to mitigate the impacts of COVID-19 and requested donor support to help finance it. The COVID-19 response plan calls for donor support to finance: (i) the direct public health response to address critical gaps (USD 120 million); (ii) the expected increase in the fiscal deficit (USD 1.8 - USD 2.4 billion) as a result of the decline in revenues; (iii) also, the need to increase spending on social safety nets; (iv) the need to finance an economic recovery plan to help businesses weather the crisis while assisting workers, namely daily workers, in coping with the shocks that have affected their sources of income.

Box 10: Beneficiary Voice

"The primary source of income is the CTP and voucher. My son is a daily worker and before corona, he used to be able to contribute to the household expenditure. He used to work in anything that is available and make (ILS 20-30) when he finds a job. But since COVID-19, he has not been able to work or to generate any income. It is psychologically and socially straining to all of us. And now that there are no schools and children are at home all day, our food needs have increased." (Female, 67, Gaza Strip)

82. The PA has started introducing measures to support poor households and workers affected through loss of income. In April 2020, the Ministry of Labour issued a support plan for those who have lost their livelihoods due to the pandemic and resulting lockdowns. By the end of Q2 (June), more than 275,000 workers and small business owners have enrolled, of which 95 percent are from the West Bank. The MoSD launched an enrolment process for families in need of assistance and, in collaboration with WFP, has also stepped-up efforts to support poor and vulnerable households through the URT/CBT/voucher to ensure food security.
83. Key stakeholders praised WFP's rapid response. It was also acknowledged in the World Bank Proposal Appraisal Documents submitted for financial support for the PA in 2020. More importantly, WFP was the go-to partner for MoSD and proved to be rapid and capable at scaling its activity to cover and distribute to the entire NSSNP caseload of non-refugees in deep poverty. MoSD representatives stated:

Box 11: Expert Voice

"At the beginning of the COVID-19 crisis and as part of MoSD's response plan, the MoSD wanted to give food assistance to all those under the NSSNP, and it was indeed realized and met by WFP. As it pertains to those who have a voucher, they are the poorest of the poor, and it was obvious to us that their poverty has deepened in this crisis." (MoSD representative)

84. The MoSD representative noted that WFP's rapid response and ability to scale up the URT/CBT/voucher to all qualified households was essential for the food security of poor households especially that the PA's fiscal crisis and loss of revenue from COVID-

19 resulted in a funding gap in social safety net transfers to MoSD/NSSNP/CTP recipients.⁴⁰

Box 12: Expert Voice

“Studies conducted by the MoSD show that poverty has deepened during the crises. WFP’s response had a real impact. It strengthened the resilience of households and increased their ability to withstand these hard times. Secondly CTP recipients who do not receive URT/CBT/voucher assistance indeed fell deeper into poverty. Many of our local and NGO partners in the social safety net were not able to deliver regular assistance because of the economic impact of the crises and associated disruptions of movement and economic activity. We have also seen evidence of that through increased street level coping and income generation activities such as begging, trash collection, and scrap metal/aluminium can redemption,” (MoSD, representative)

2.2. Effectiveness

Evaluation Question 3 What were the major factors influencing the achievement or non-achievement of the objectives of the intervention?

85. After years of chronic poverty, the challenges facing social safety net beneficiaries remain, and coping mechanisms are depleted by frequent conflicts and shocks. In response to the continuing needs and recurring crises, the URT/CBT/voucher assistance to non-refugees in deep poverty is, generally, delivering as planned, and its performance is perceived as positive by a range of stakeholders. The URT/CBT/voucher assistance exceeded planned outputs in the COVID-19 crisis of 2020.

2.2.1. Summary of outputs

86. Between 2018 and 2020, WFP extended its assistance to 21 percent more beneficiaries in Palestine with food transfers/in-kind and cash-based transfers (cash and voucher). According to WFP’s reports and monitoring data, the total number of beneficiaries increased from 353,616 in 2018 to 431,862 in 2020. The total number of activity 1 beneficiaries is divided across different assistance modalities. In 2020, 70,485 received food transfers/in-kind, 355,090 received cash-based transfers through vouchers, and 6,287 beneficiaries received multi-purpose cash transfers.⁴¹

87. The URT/CBT/voucher forms the largest part of the CSP as 82% of all WFP beneficiaries receive assistance through the voucher modality. Cash-based transfers largely replaced in-kind food transfers. In 2020, food transfers accounted for 16% of all beneficiaries targeted by activity 1. The remaining 2% of the beneficiaries receive cash transfers under the multipurpose cash programme, which is currently being piloted.

⁴⁰ <http://documents1.worldbank.org/curated/en/357071595970203856/text/West-Bank-and-Gaza-Emergency-Social-Protection-COVID-19-Response-Project.txt>

⁴¹ Cash assistance was planned for the duration of the CSP, but due to funding shortfalls, it was only introduced in November 2020. The multi-purpose cash is currently being piloted by WFP CO.

Table 5: Planned vs actual beneficiaries 2018-2020⁴²

Year	Planned beneficiaries (Total)	Actual Beneficiaries (Total)	Planned CBT-voucher beneficiaries	Actual CBT-voucher beneficiaries	Planned CBT-cash beneficiaries	Actual CBT-cash beneficiaries	Planned In-kind Beneficiaries	Actual In-kind Beneficiaries	% of planned total
2018	368700	353616	281000	282615	15700	0	72000	71001	96%
2019	404000	343434	316300	272347	15700	0	72000	71087	85%
2020	426000	431862	337300	351782	15700	6287	73000	70485	101%

88. In absolute terms, the total number of beneficiaries increased by 78,246, representing a 22 percent increase in number of beneficiaries from 2018 to 2020. The absolute majority (92%) of new beneficiaries are using the voucher modality. Henceforth, households of around 85,000 newly enrolled beneficiaries (COVID-19 response) benefited from URT assistance through the voucher modality. The investment in the voucher system and the significant scale of coverage of beneficiaries by it are all in line with WFP’s progress towards “choice” modalities. They build on the findings of the 2011-2015 Country Portfolio Evaluation and the Strategic Review on Food Security and Nutrition (2017).

89. In-kind food assistance is still used to target households without access to retail shops and maintain WFP’s emergency preparedness and response capabilities. Over half of in-kind beneficiaries are Bedouins, herders, or communities that live in remote and hard-to-reach areas without easy access to retail shops in the West Bank. Food transfers for these communities are essential to protecting their livelihoods. The remaining 48 percent of beneficiaries reside in the Gaza strip. The strategic choice to maintain food transfers/in-kind in the Gaza Strip is attributed to emergency preparedness, the importance of maintaining a reliable logistical network at times of crisis and meeting acute and recurring food security challenges in Palestine, more generally.⁴³

⁴² Annual Country Reports (2018-2019-2020)

⁴³ According to the Country Portfolio Evaluation, WFP’s logistical network was essential during emergencies in Gaza in 2012 and in 2014, where WFP’s actual tonnage distributed exceeded planned tonnage (160% of planned). The 2011-2015 CPE stipulated that the response is “likely to have contributed to saving lives.” Many local stakeholders share this latter view.

2.2.2. Meeting Targets

90. WFP largely met its planned targets for beneficiaries and value disbursements in 2018 and 2019. In the face of COVID-19 crisis in 2020, WFP managed to exceed them. In the face of severe funding shortfalls in 2019, WFP was unable to pursue the planned beneficiary target it had set previously.
91. In response to COVID-19 in 2020, the URT/CBT/voucher planned number of beneficiaries' coverage was increased to target the entire caseload of NSSNP households that meet WFP's targeting criteria of being non-refugees in deep poverty. The high planned target of URT/CBT/voucher to the NSSNP beneficiaries' level is due to WFP's COVID-19 response and is limited to 2020. Prior to COVID-19, the URT/CBT/voucher covered 66 percent of eligible NSSNP households.
92. During the first half of 2019, WFP struggled to extend assistance to all beneficiaries and was forced to cut voucher values and remove around 25,000 people from its beneficiary lists, all of whom are not URT/CBT/voucher beneficiaries who are part of the NSSNP. During the second half of 2019, WFP newly sourced direct and multilateral funding enabled WFP to extend voucher assistance to 12,000 new beneficiaries. Importantly, WFP maintained NSSNP beneficiary numbers (the subject of the evaluation) close to planned levels, even when facing funding shortfalls, and exceeded them during the COVID-19 crisis in 2020.
93. Importantly, WFP's URT/CBT/voucher assistance is the only regular food assistance source within the government's NSSNP. The prioritization of NSSNP beneficiaries in the face of funding shortfalls allowed WFP to continue contributing to a larger social safety net environment and maintain its strategic position within the national social safety net protection and food security sector. More importantly, disruptions in WFP assistance to NSSNP beneficiaries would disrupt the Social Safety Net Programme that the poorest of the poor Palestinians rely on for food and income.
94. Moreover, disruptions in the URT/CBT/voucher assistance would have emulated disruptions in MoSD/NSSNP/CTP assistance and compromised the positive image of WFP at the national level. It would have also compromised the credibility and reliability of WFP and URT assistance. More importantly, the URT/CBT/voucher assistance cuts to NSSNP beneficiaries would have exacerbated an already challenged national social safety net and jeopardized the only source of monthly food/income for a large proportion of food insecure households in Palestine.

2.2.3. Disbursement Value

95. Between 2018 and 2020, WFP actual value disbursed reached ILS 335,574,496 (over USD 95 million), exceeding the planned value by 2 percent. It, in part, is due to the WFP's COVID-19 response. WFP constantly met or surpassed planned value disbursements in the Gaza Strip and is within reach to meet them in the West Bank.

Table 6: Planned vs actual voucher value 2018-2020

Region	Year	Overall (ILS)		Overall (USD) ⁴⁴		Overall
		Planned Value (ILS)	Actual Value (ILS)	Planned Value (USD)	Actual Value (USD)	% of Target
Gaza Strip	2018	67,446,153.00	67,283,601.71	18,839,707.54	18,794,302.2	100%
Gaza Strip	2019	84,599,012.43	87,938,474.94	23,631,009.06	24,563,819.8	104%
Gaza Strip	2020	86,662,756.37	92,852,667.79	25,192,661.74	26,992,054.6	107%
West Bank	2018	29,505,660.00	28,554,641.25	8,241,804.469	7,976,156.77	97%
West Bank	2019	20,773,770.00	20,535,669.14	5,802,729.05	5,736,220.43	99%
West Bank	2020	39,621,403.00	38,409,441.54	11,517,849.71	11,165,535.3	97%
Total		328,608,754.80	335,574,496.37	93,225,761.57	95,228,089.10	102%

96. The URT/CBT/voucher actual value disbursed to complement MoSD/NSSNP/CTP programme accounted for ILS 203,725,690 (almost USD 58 million). Similar to the overall disbursements, WFP met or exceeded its total planned amount in the Gaza Strip and is within a few percentage points of reaching its planned target in the West Bank. A detailed breakdown of planned vs actual disbursements per year and region are provided in Annex 3.

Table 7: Planned vs actual value URT/CBT/voucher to MoSD/NSSNP/CTP 2018-2020

Region	Year	Overall (ILS)		Overall (USD) ⁴⁵		Overall
		Planned Value (ILS)	Actual Value (ILS)	Planned Value (USD)	Actual Value (USD)	% of Target
Gaza Strip	2018	22,347,755	22,231,550.37	6,330,808.78	6,297,890	99%
Gaza Strip	2019	46,425,765	46,451,956.76	13,151,774.8	131,59,195	100%
Gaza Strip	2020	47,163,767	58,425,651.77	13,360,840.5	16,551,176	124%
West Bank	2018	14,744,275	14,430,050.9	4,176,848.44	4,087,833	98%
West Bank	2019	20,623,655	20,390,518.64	5,842,395.18	5,776,351	99%
West Bank	2020	39,031,018	41,911,549.63	11,056,945.6	11,872,960	107%
Total		190,336,235	203,841,278.1	53,919,613.3	57,745,405	107%

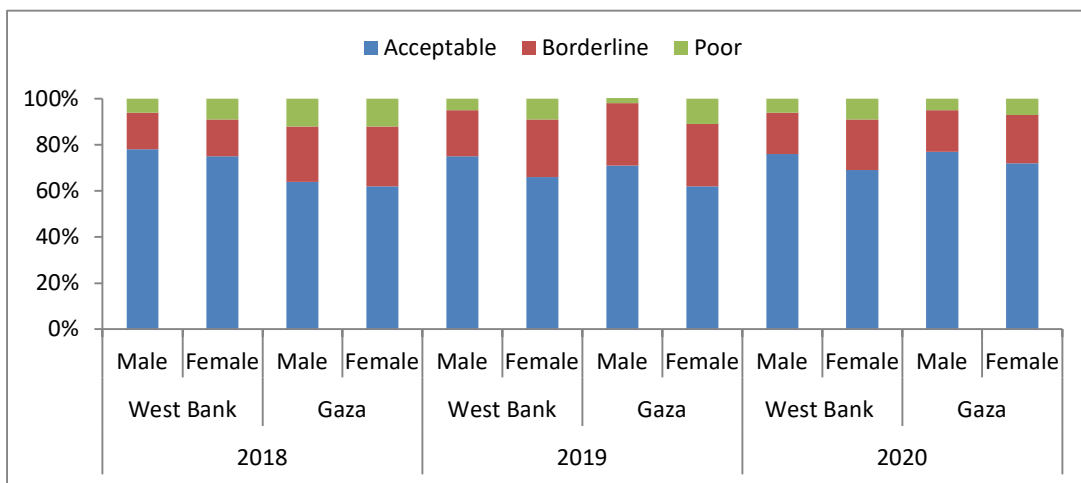
⁴⁴ Based on UN operational exchange Rates 2018-2020

⁴⁵ Based on UN operational exchange Rates 2018-2020

2.2.4. Outcomes

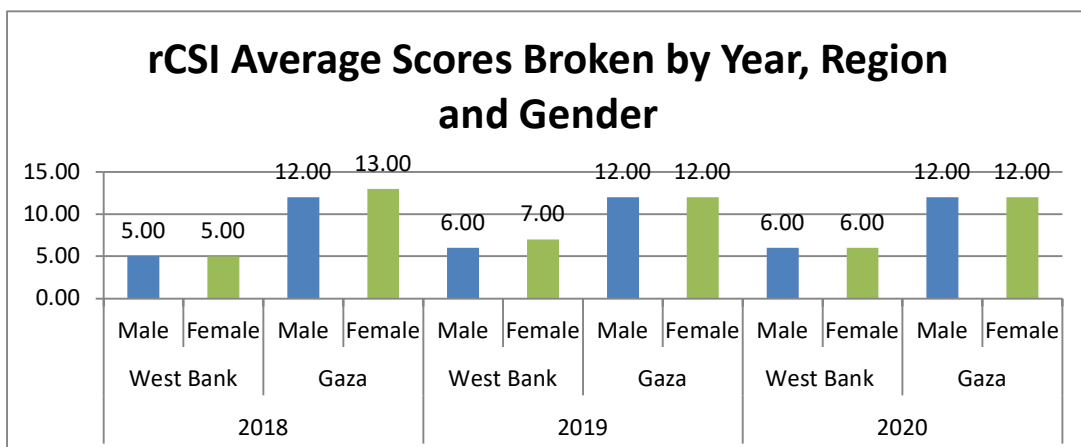
97. Between 2018 and 2020, WFP’s monitoring data shows that WFP food assistance has become more effective year after year. WFP largely met its target outcome values for FCS and rCSI. It also indicates that WFP assistance was effective at stabilizing the food security status of assisted households, as three-quarters of households had an acceptable FCS score. In the West Bank, those with an acceptable FCS score reached 73.3%, and in the Gaza Strip, those with an acceptable FCS score reached 76.2%. Monitoring data also shows that the rCSI reached an average of 6.1 for households in the West Bank and reached 12.0 for households in the Gaza Strip.⁴⁶ A detailed breakdown of outcomes per year and region and gender are found in Annex 4.

Figure 4: FCS Scores Distribution by Year, Region, and Gender



98. Monitoring data also shows that rCSI reached an average of 6.1 for households in the West Bank and reached 12.0 for households in the Gaza Strip.⁴⁷ Detailed breakdown of outcomes per year and region and gender are detailed in Annex 4.

Figure 5: rCSI Average Scores Broken by Year, Region and Gender



⁴⁶ Median CSI for beneficiaries in Gaza is 11 according to the evaluation survey.

⁴⁷ Median rCSI for beneficiaries in the Gaza Strip is 11 according to the evaluation survey.

2.2.5. External Factors

99. In the Palestinian context, poverty has been long associated with households that include members who are persons with disability, women (divorced, widowed, abandoned), chronically ill, and the elderly. Recent studies on vulnerability revealed major shifts in marginalization and the creation of the new poor who, are characterized by higher levels of education, younger ages, and ownership of durable goods. It is especially applicable to the Gaza Strip context, resulting from the humanitarian crises and associated exhaustion of livelihood coping sources. At the present time, a majority of the population in the Gaza Strip, do not pay electricity bills, many sold assets off, used life savings, accumulated debt by borrowing money or consuming on credit, resorted to agriculture, or re-organized households into hybrid patriarchal structures that combine nuclear and extended families together under one roof top.
100. Falling levels of foreign aid, assistance and remittance as well as the adverse effects of COVID-19 on income generation opportunities and employment are adding strain on beneficiaries and the institutions that provide them with social protection and social services including WFP and MoSD. Since the start of the CSP, none of the URT/CBT/voucher beneficiary who is part of MoSD/NSSNP/CTP was cut off by WFP due to funding shortfalls.
101. Beneficiaries expressed strong concerns about the cuts in CTP transfers in 2019 and 2020, and many quoted the adverse impact that COVID-19 have had on their livelihoods and ability to generate supplementary income. Lastly, many beneficiaries have emphasized that WFP assistance has become the only source of income for targeted households as CTP is becoming less reliable.

2.2.6. Internal Factors

102. Overall, the evaluation team found that the URT/CBT/voucher to be development oriented, with an emphasis on targeting, modality, delivery mechanisms and strong support to the national social safety net in Palestine. The result is a programme that is exemplary in terms of its payment platform, scalability, and effectiveness. The urgent and widespread need provide an ample opportunity for WFP to extend the strongest aspect of its strategy: URT/CBT/voucher to reach a wider population.
103. Going forward, the need to scale URT/CBT/voucher in terms of value and reach becomes ever more pressing. As the new CSP is developed, and as the URT/CBT/voucher is positioned within that strategy, links to other programmes are likely to become more of a priority. For example, links to livelihood programming and WFP's own resilience programming could prove useful in addressing the lack of transformational results within the URT/CBT/voucher going forward. Given the profile of those targeted by the URT/CBT/voucher under NSSNP this will require adequate resourcing.

Evaluation Question 5 To what extent the relevant standards met and or contributed to minimum needs (food vs non-food) of beneficiaries (men, women, boys, girls, women headed households, elderly people and people with disability)?⁴⁸

2.2.7. Meeting Needs

104. According to the MoSD data and the survey data, most households in the treatment and control groups cannot meet all their essential needs and are indeed below the deep poverty line. The evaluation survey data shows that the provision of URT/CBT/voucher is essential in helping households meet their food needs, However, the majority of households in the treatment and control group continue to have expenditure levels that are well below the national deep poverty line, especially in the Gaza Strip.

Table 8: Food vs non-food expenditure

Region	Sample type	Total expenditure (ILS)	Food vs non-food	Mean value (ILS)	Expenditure Ratio
West Bank	Control	1765	Food	791	44.8%
			Non-food	965	55.2%
	Treatment	2095	Food	832	39.7%
			Non-food	1263	60.3%
Gaza Strip	Control	1250	Food	541	43.3%
			Non-food	709	56.7%
	Treatment	1215	Food	478	39.3%
			Non-food	737	60.7%

105. The survey results indicate that 71 percent of household beneficiaries have stated that their households are healthier because of the URT/CBT/voucher. Similarly, 77 percent of household beneficiaries have expressed that their ability to make more balanced meals have improved or greatly improved since they started receiving the URT/CBT/voucher. A majority (83%) of household beneficiaries have stated that due to the URT/CBT/voucher, the ability of their households to get enough food had improved or greatly improved. Another 16 percent of respondents have stated that their ability to get enough food did not change. Importantly, 76 percent of household beneficiaries stated that their ability to provide nutritious food items to household members who may be vulnerable (chronically ill, disabled, elderly) have improved or greatly improved.

106. Perception data also indicates that households' ability to save, spend, cope, and care for their most vulnerable has improved. The survey results reveal that 68% of female-

⁴⁸ This question was initially placed under the effectiveness criteria, however for the logical flow of the report the ET found it best to answer this question under the relevance criteria.

headed households in the West Bank have been able to save money because of the URT/CBT/voucher. This sentiment is shared by 62% of male-headed households. In Gaza, only 40% of female-headed households and 39% of male-headed households stated that their ability to save money because of the URT/CBT/voucher has improved.

2.2.8. GEWE

107. A regional gap between the Gaza Strip and the West Bank was captured by the survey when asking about the households' ability to pay for health, education and livelihood expenses. Two thirds of the sample (66%) in the West Bank have stated that their ability to pay for health, education, or livelihood expenses have improved or greatly improved. In the Gaza Strip, only 45 percent of household beneficiaries shared that sentiment. In fact, more than half of household beneficiaries (52%) have stated that their ability to make such expenses have not changed since they started receiving URT/CBT/voucher.

108. The relative proportion of female-headed households benefiting from the NSSNP is on the decline. This is mainly due to the fact that the vast majority of the new poor are young, have higher levels of education and are qualified to be part of the labour force (as indicated in the recent data obtained from MoSD on the most recently added new beneficiaries). While the URT/CBT/voucher beneficiaries are divided equally across gender, female-headed households formed 20 to 30 percent of households targeted (2018-2020). At the same time, the 2018 data showed that severe food insecurity level reached 6.50 percent among female-headed households and 2.50 percent among male-headed households.⁴⁹

109. Poverty among individuals who live in female-headed households (30.6%) is slightly higher than male-headed households (29.2%)⁵⁰. Recent data showed that the food security gap between male and female-headed households is shrinking. This is especially true in the Gaza Strip.⁵¹ The present evaluation shows that both male and female-headed households and individuals are equally targeted by WFP in its URT/CBT/voucher activity. Region is a better explanatory variable of satisfaction with WFP assistance. While 90 percent of both male and female-headed households in the Gaza Strip believe that the voucher value partially covered their food needs, only 50 percent of female- and male-headed households in the West Bank feel the same way. In addition, 79 percent of beneficiaries (in male and female-headed households) stated that since they started receiving the voucher, their households have had enough food to meet their basic daily needs. In contrast, female-headed households in the West Bank seem to find the most utility in the URT/CBT/voucher, where 68 percent of them report that they have been able to save money because of the URT/CBT/voucher. This is compared to 62 percent of West Bank male-headed households, 40 percent of Gaza female-headed households and 39 percent of Gaza male-headed households. The evaluation survey results show that there is a

⁴⁹ https://fscluster.org/sites/default/files/documents/sefsec_2018_preliminary_results_survey-web_0.pdf

⁵⁰ Poverty profile.

[http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3503#::~:~:text=The%20poverty%20percentage%20among%20Palestinian,34%25%20in%20Gaza%20Strip\).](http://www.pcbs.gov.ps/post.aspx?lang=en&ItemID=3503#::~:~:text=The%20poverty%20percentage%20among%20Palestinian,34%25%20in%20Gaza%20Strip).)

⁵¹ <https://policy-practice.oxfam.org/resources/responsiveness-of-the-palestinian-national-cash-programme-to-shifting-vulnerability-620989/>

significant correlation between gender and food security especially FCS and rCSI. For more details on the relationship between URT/CBT/voucher on gender as expressed by food security and poverty indicators please refer to the impact section.

110. **Household dynamics and gender relations:** FGDs and case studies conducted in this evaluation as well as survey data, all indicate that priorities within the household are the same for both men and women as the value is relatively low to allow the family to make purchases beyond those required to meet basic needs.
111. In 2020, WFP completed a Gender Action Plan for 2021-2022. The participatory gender analysis considered the worsening context and its disproportional effect on women. In line with recommendations of the Gender Action plan this study finds that for genuine GEWE within URT, WFP must strengthen linkages with other programmes. The evaluation found evidence of links between the URT and other WFP programmes, but little evidence of links to programmes implemented by other organizations. There is evidence of past awareness-raising and complementary programming by WFP and its partners to strengthen GEWE within URT recipients.

2.3. Impact

Evaluation Question 6 How much of the improvement of beneficiaries' food security status can be attributed to the intervention? Has the intervention resulted in any unintended impacts? What were the gender specific impacts of the interventions? What is the percent of monthly household expenditure that the CBT transfer covers?

Evaluation Question 8 What were the gender specific impacts of the interventions?⁵²

Evaluation Question 9 What is the percent of monthly household expenditure that the CBT transfer covers?

112. The URT/CBT/voucher is neither designed to fully satisfy the food needs of the treatment group nor expected to fully meet them. Instead, it is expected to protect livelihoods by ensuring food security. The URT/CBT/voucher ensures that beneficiary households have reliable access to a substantial portion (60%) of their food needs, kilocalories, assists in providing them with access to more diverse foods, and ensures they minimize the scope of consumption-based coping strategies to meet those needs.
113. The ET conducted impact analyses of the URT/CBT/voucher effects on food security status of URT/CBT voucher beneficiaries. To assess the impact of the URT/CBT/voucher on food security, the ET looked at three food security indicators⁵³

⁵² Gender was a cross cutting theme. Gender specific impacts of CBT assistance are explored across all the questions and sub questions in this section.

⁵³ FCS: A composite score based on dietary diversity, food consumption frequency, and relative nutritional importance of different food groups.

rCSI: Measures adoption of consumption based coping strategies frequently employed by households exposed to food insecurity.

FES: Measures the proportion of each household's available budget spent on food as a proxy indicator for the economic vulnerability of the household to food insecurity.

Detailed definitions of each indicator are provided in Annex 19.

and complemented the results with qualitative insights. Data was triangulated and robustness checks were conducted when data was available.

2.3.1. Descriptive Results: Impact on Food Security

114. Table 9 provides descriptive findings for the food security indicators used in this evaluation. As broken down in table 9, the average FCS for the control group in the West Bank is 60 and the average FCS for the treatment group is 66. The average FCS for the control group in the Gaza Strip is 62 and the average FCS for the treatment group is 71.
115. Compared to 2018, 2020, results show that the average FCS for the treatment group has increased from 62 to 70. This increase in FCS is witnessed across both the West Bank and Gaza Strip. In the West Bank, average FCS increased from 63 in 2018 to 66 in 2020. In the Gaza Strip, average FCS increased from 61 to 71. This finding shows that URT/CBT/voucher beneficiaries have better dietary diversity status than the control group in both regions.
116. The average rCSI for the control group in the West Bank is 11 and the average rCSI for the treatment group is 11. The average rCSI for the control group in the Gaza Strip is 13 and the average rCSI for the treatment group in the Gaza Strip is 15.
117. Compared to 2018, 2020 results show that rCSI for the treatment group has increased from 10 to 14. This increase in rCSI is observed across both regions. In the West Bank, average rCSI for the treatment group increased from 6 in 2018 to 11 in 2020, and in the Gaza Strip, it increased from 13 in 2018 to 15 in 2020. This finding shows that URT/CBT/voucher beneficiaries have been resorting to consumption-based coping strategies more frequently than they used to in 2018 as well as more frequently than the control group in the Gaza Strip.
118. There are significant disparities in the value of household expenditure between households in the West Bank and households in the Gaza Strip. In the West Bank, households in the control group were found to have an average monthly per capita expenditure of ILS 489 compared to ILS 483 average monthly per capita expenditure for households in the treatment group. In the Gaza Strip, households in the control group were found to have an average monthly per capita expenditure of ILS 213 compared to ILS 196 average monthly per capita expenditure for households in the treatment group. The results show that the average per capita household expenditure in the Gaza Strip amount to only 41% of the average per capita household expenditure in the West Bank. This significant regional disparity in the value of household expenditure emphasizes the extent of the difference in standards of living between the West Bank and Gaza Strip.
119. On average, households in the control group had a food expenditure share of 40%, while households in the treatment group had a food expenditure share of 36%. In the West Bank and Gaza Strip, the average difference between the food expenditure share of the control group and the treatment group is 6% and 5%, respectively. Henceforth, the food expenditure share of households in the treatment group is lower than the food expenditure share of households in the control group. It means that households in the treatment group are less likely to be food insecure, although

they are poorer and more vulnerable economically than households in the control group.

Table 9: Average Outcome Indicator Scores

Region/Sample type	Gender (Household Head)	FCS	rCSI	Food Ratio (FES) ⁵⁴	Exp per Capita (ILS)
West Bank Control group	Male	59	11.1	0.42	405
	Female	60	10	0.39	677
West Bank Treatment group	Male	66	11.5	0.37	381
	Female	65	10	0.36	572
Gaza Strip Control group	Male	61	14	0.42	191
	Female	63	11	0.40	269
Gaza Strip Treatment group	Male	72	16	0.39	182
	Female	69	13	0.37	241

2.3.2. Food Security Indicator 1: Food Consumption Score (FCS)

120. Table 10 presents difference in means results for FCS. The test results show significant differences between the FCS scores of the treatment and control groups. The results are statistically significant at conventional levels ($p < 0.005$). Regardless of gender and region, the differences in FCS are statistically significant at conventional levels.

Table 10: FCS Mean Difference Results

Region	Sig. tailed (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		Sample size (n)
West Bank Male	0.000	7.395	1.57	4.31	10.48	399
West Bank Female	0.002	4.54	1.49	1.61	7.48	420
Gaza Strip Male	0.000	10.96	0.964	9.07	12.85	1130

⁵⁴ HH monthly consumption/HH monthly food consumption

Gaza Strip	0.000	5.93	4.51	2.97	8.88	472
Female						

121. The treatment has a positive significant effect on the FCS scores of beneficiaries. This positive effect is significant when comparing male-headed households in treatment and control groups as well as female-headed households in treatment and control groups, respectively. In the West bank the average FCS scores for male-headed households in the treatment group 7.4 points higher than male-headed households in the control group. The average FCS scores for female-headed households in the treatment group is 4.5 points higher than female-headed households in the control group. In the Gaza Strip, the positive effects of the treatment on FCS scores for male-headed households are most pronounced. The mean difference between treatment and control is 11 points for male-headed households while it is only 6 points for female-headed households.

Henceforth, the project’s positive effects are more pronounced and noteworthy in the Gaza Strip, given that the URT/CBT/voucher targets mostly the poorest of the poor, confirming the previous findings on higher purchasing power parity and voucher value appropriateness in the Gaza Strip than the West Bank. It also adds an important gender perspective that shows that the URT/CBT/voucher effects are most significant for female- and male-headed households, yet the magnitude of the positive effects seem to be larger for male-headed households. This latter finding is at odds with conventional wisdom on the positive effects of the URT/CBT/voucher. A MoSD representative stated that women are expected to benefit the most from the URT/CBT/voucher. These findings suggest otherwise. When asked about the segments of society that are most likely to benefit from the assistance, a MoSD representative explained:

Box 13: Expert Voice

“Honestly, there are no studies on this. However, logically, households headed by females that are either divorced, widowed or abandoned are more likely to benefit from the programme.” (MoSD, representative)

122. The ET did not find significant differences between the FCS of household heads, as categorized by age (elderly versus young). The ET did not find significant differences between the FCS of households with disabled members. However, the results show that households with disabled family members are worse off across all outcomes.

2.3.3. Food Security Indicator 2: Consumption-Based Coping Strategies (rCSI also known as CSI)

123. Table 11 presents the difference in means results for the rCSI. The test results show a negative significant difference between the rCSI scores of the treatment group and the control group. The results are statistically significant at conventional levels (p<0.005). However, there are regional and gender disparities in the significance of the results.

124. The URT/CBT/voucher assistance is associated with a higher degree of adoption of consumption-based coping strategies when exposed to food shortages in the Gaza Strip. It is especially prevalent among male-headed households. Though the difference is insignificant, the only group that seems to resort to consumption-based coping strategies less frequently are female-headed households in the West Bank.

Table 11: rCSI Mean Difference Results

Region	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		Sample size (n)
West Bank Male	0.652	-0.399	0.890	-2.14	1.34	399
West Bank Female	0.724	0.3106	0.880	-1.42	2.04	420
Gaza Strip Male	0.002	-2.14	0.680	-3.48	-0.81	1130
Gaza Strip Female	0.014	-2.20	0.891	-3.94	-0.45	472

125. These results support findings from other studies on cash transfers that found higher incidences of negative coping in the Gaza Strip among recipients of cash assistance. Cash-based transfers (cash and voucher) extend the market power of beneficiaries and allows them to resort to consumption-based coping strategies to a larger degree. This finding is reflective of the devastating state of poverty, food insecurity, and exhaustion of coping strategies in the Gaza Strip, an exceptional reality that gives household beneficiaries of social assistance more market and social power than that of the members of the average household.⁵⁵

126. Market dynamics associated with the siege and the humanitarian crises in the Gaza Strip provide voucher beneficiaries with real market power that they can leverage to extend the scope of consumption-based coping strategies. The results of previous studies and qualitative insights suggest that shop owners allow MoSD/NSSNP/CTP recipients to buy food on credit. The results from the evaluation survey confirm that finding and finds that URT/CBT/voucher extends the frequency of purchasing food on credit and the debt ceiling that shops would normally allow. This dynamic in turn is likely leading to higher FCS scores among treatment households.

127. This finding shows that beneficiary households are more likely to successfully resort to consumption-based coping strategies, especially buying food on credit. They also show how male-headed households are especially prone to be successful at taking advantage of the market power provided by the assistance. This unintended

⁵⁵ For more on the shifting vulnerabilities and the new poor, refer to: <https://policy-practice.oxfam.org/resources/responsiveness-of-the-palestinian-national-cash-programme-to-shifting-vulnerabi-620989/>

consequence requires further investigation before any action is taken to mitigate it, especially given that the rCSI module weighs the incidence or frequency of adoption of consumption-based coping strategies but not the extent of reliance on them.

128. Moreover, qualitative results confirm that the extent of rCSI has been decreasing but not necessarily its incidence:

Box 14: Beneficiary Voice

“Before the voucher, I used to buy ILS 500 worth of food on credit from three supermarkets, and most of it was essential food items. Today, I still buy food on credit, but it has decreased to NIS 150, and it’s spent mainly on cleaning supplies and some candy for the children.” (Female, 33-year-old).

“Before the voucher, I used to rely on others for support, mainly my husband’s family, neighbours, relatives, and people of goodwill. Nowadays, I only need to ask my husband’s family for vegetables.” (Female, 32-year-old).

“In addition to covering 50% of household food consumption, it stopped us from borrowing, begging, or buying food on credit. Indeed, it decreased our debt substantially.” (Female, 42-year-old, West Bank)

2.3.4. Food Security Indicator 3: Expenditure on Food (Food Expenditure Share FES or Food Ratio)

129. Table 12 presents the difference in means results for food expenditure share. The test results for food expenditure share shows that there is a statistically significant difference in FES in both the West Bank and Gaza Strip. The results are statistically significant at conventional levels ($p < 0.005$). The results show that households in the treatment group in the Gaza Strip spends 3.5 percent less on food than households the control group. Similarly, households in the treatment group in the West Bank spends 4.6 percent less on food than households in the control group. In fact, food ratio expensed by households in the treatment group are much closer to national averages than households in the control group.

130. FES measures that the proportion of each household’s available budget spent on food as a proxy indicator for the economic vulnerability of a household to food-insecurity. Henceforth, the results show that households that receive URT/CBT/voucher are less likely to be vulnerable to food-insecurity.

Table 12: Food Expenditure Share (FES) mean difference results

Region	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		Sample size (n)
West Bank Food Expenditure Share Male HH	0.000	0.0557	0.013	0.02964	0.08177	399

West Bank Food Expenditure Share Female HH	0.003	0.03795	0.013	0.01331	0.06254	420
Gaza Strip Food Expenditure Share Male HH	0.000	0.04038	0.0084	0.02384	0.5692	1130
Gaza Strip Food Expenditure Share Female HH	0.021	0.02917	0.0125	0.04	0.05386	472

Evaluation Question 4 What were the unintended positive/negative results?⁵⁶

Evaluation Question 7 Has the intervention results in any unintended impacts, i.e. reduction in poverty gap?

2.3.5. Descriptive Results: Impact on Poverty

131. The poverty gap for the control and treatment group in the West Bank is largely the same. In the West Bank, the control group has a PMTF median score of 5.5 (estimated consumption: 272 ILS) and the treatment group has a score of 5.5 (estimated consumption: 265 ILS). The treatment group in the Gaza Strip has a PMTF score of (5.47) (estimated consumption: 240 ILS) while the control group, on the other hand has a score of (5.74) (estimated consumption: 333 ILS).

Table 13: Average Poverty Gap

Region/Sample type	Estimated Consumption	Poverty Gap Value (Estimated Consumption - Deep poverty Line)	Gap %
West Bank - Control	1463	-511	26%
West Bank - Treatment	1458	-516	26%
Gaza Strip - Control	1245	-729	37%
Gaza Strip - Treatment	1152	-822	42%

132. The results indicate inherent and systematic differences between the control and treatment groups in both regions. Henceforth, the control group is significantly better off than the treatment group at baseline and at end line. It provides further support

⁵⁶ This question was initially placed under the effectiveness criteria, however for the logical flow and appropriateness of these of the report the ET found it best to answer this question under the impact criteria.

to previous findings on the effectiveness of targeting and confirms that URT/CBT/voucher targets the poorest of the poor.

2.3.6. Impact Analysis Poverty

133. Importantly, the findings of the propensity score matching and differences in differences (DiD) analyses show that, overall, the treatment and control groups are deeper in poverty than they were when admitted to the NSSNP. Henceforth, those in poverty, especially in the Gaza Strip, are falling deeper into poverty regardless of assignment to treatment or control.

134. The DiD analysis shows that the URT/CBT/voucher has a positive and significant small effect on reducing the poverty gap for treatment households in the West Bank.⁵⁷ In fact, the findings suggest that the URT/CBT/voucher closes the poverty gap for the average household in the treatment group by ILS 20 or by 1 percent of the deep poverty line. Although the DiD coefficient is statically significant, it is small in magnitude.

135. The DiD results show a large negative but highly significant effect for “time.” This means that the poverty gap has generally increased for the poor over time, as in the scores for the treatment and control are worse off today than they once used to be.

136. The DiD estimate (i.e. treatment effect) in this specification is only significant at the 10 percent level (p=0.1) while the “time” and “PMTF” effects are significant at the 5 percent level (p=0.05). The analysis results confirm the positive effects of URT/CBT/voucher on treatment. The results of the same analysis for the Gaza Strip did not show significant effects.

Table 14: DiD Results in the West Bank

Difference in Differences Regression Results, Poverty Gap Reduction West Bank, 2010-2020				
	Coefficients (ILS)	Estimated Error (ILS)	t-value	Pr > t
Intercept	645.4	6.2	104.09	0.000****
Treated	-54.57	9.107	-5.992	0.000****
Time	-28.787	8.132	-3.540	0.000****
DiD	19.61	11.76	1.668	0.095*
R ² = 0.011				
n = 819				
Significance: ****0.01; ***0.05; *0.1;				

⁵⁷The evaluation survey only collected end line data for PMTF scores, and WFP CO does not maintain a panel data set of households and PMTF scores or report on unintended effects on poverty. This leaves the MoSD's database, as the only source for time varied PMTF scores that the ET can compare for treatment and control households' group.

2.3.7. Other findings from the impact analysis

137. Furthermore, comparisons between the treatment and control groups provide heterogeneous support for unintended positive effects on reducing the poverty gap. The following analyses present the results from a series of ordinary least squared regressions. To minimize the effects of omitted variable bias, a series of demographic and economic controls are introduced, namely, gender, disability, age, and PMTF.

West Bank Only

138. The URT/CBT/voucher has a significant positive effect on the treatment group's rCSI scores in the West Bank. Indicating that as a result of URT/CBT/voucher the treatment group less frequently resorts to consumption-based coping when facing food shortages. The analysis result shows that the assistance causes a 2-index point decrease in rCSI scores of beneficiaries due to receiving the treatment. This result is significant at conventional levels ($p=0.05$).

139. For female-headed households, the URT/CBT/voucher assistance has a small, positive and significant effect on closing the poverty gap. Regression results indicate that URT/CBT/voucher assistance closes the poverty gap by 28 ILS. Henceforth, the assistance can bring female-headed households in deep poverty 1.4 percent closer to the deep poverty line.

West Bank and Gaza Strip

140. Depth of poverty in the end line is robustly and significantly predicted by depth of poverty in the baseline. This means that there is much path dependency for the poor in Palestine, and that the poor are likely to stay in poverty regardless of URT/CBT/voucher assistance. It also shows that there is a ceiling for the positive impact of MoSD/NSSNP/CTP assistance and URT/CBT/voucher assistance on the poverty gap of beneficiary households. Henceforth, cash-based transfers can only do a little to address the root causes of poverty in Palestine. Graduating people from poverty will need programming that addresses the micro determinants of poverty in the West Bank and micro and macro determinants of poverty in the Gaza Strip.

141. The ET also conducted propensity score matching of PMTF scores pre-treatment (2011) with end line scores (2020). It found that PMTF scores for the control and treatment groups more than halved over the 10-year period. However, in the West Bank this decrease in PMTF scores disproportionately declined for the control group. The difference in means tests between treatment and control in 2020 did not demonstrate any significant differences in the PMTF scores of control and treatment.

2.3.8. GEWE

142. Having said that, the URT/CBT/voucher assistance has a significant positive effect on the FCS scores of beneficiaries when comparing male and female headed households. In the West Bank, the average FCS scores for male-headed household in the treatment group is 7.4 points higher than male-headed households in the control group. The average mean difference in FCS scores for female-headed households in the treatment group is smaller but still significant compared to female-headed households in the control group. The mean difference is 4.5 points indicating that FCS scores for female headed households are lower on average when compared to male

headed households. In the Gaza Strip, the positive effects of the URT/CBT/voucher on FCS scores for male-headed households are most pronounced. The mean difference between treatment and control is 11 points while it is only 6 points for female-headed households.

143. The ET also found significant impact for the URT/CBT/voucher assistance on female-headed households in the West Bank. The result indicates that female-headed households in the West Bank are less likely to resort to consumption-based coping strategies. However, the result was not robust and could not be attributed to the treatment due to limited data. Further validation and triangulation of this finding is needed in the future. Nonetheless, this adds to the positive tendencies of the assistance on the wellbeing of female-headed households.
144. Lastly, in terms of poverty while the difference in differences results shows that the URT/CBT/voucher assistance has helped close the gap for the average treatment household by ILS 20, it helped close the gap for female-headed households in the treatment group by ILS 28.
145. Female-headed households emphasize that food assistance has been critical in empowering them in their community and empowering their children in schools and socially. The sense of security and relief from need were quoted as some of the most important benefits of the assistance by female-headed households. Importantly, female-headed households highlighted the important role that the assistance has played in ensuring that they need to rely less on family, friends, and neighbours for support. They also stressed that they are more likely to participate socially since they do not feel needy or ashamed.
146. The effects on gender were more observable in the West Bank than in the Gaza Strip. Gender and its association with poverty have been overshadowed by the widespread need and the humanitarian crises in the Gaza Strip, suggesting that women in the Gaza Strip are further marginalized.

2.4. Sustainability

Evaluation Question 10 If the intervention should be extended/scaled up/replicated or handed over, what are the suggestions for the programme design changes?

147. The issue of sustainability within the humanitarian and social assistance regimes has additional dimensions. Development work expects to generate and consolidate sustained dynamics, capacities, and internalized mechanisms to ensure continuity and ownership at the individual, community, and institutional levels. Humanitarian and social assistance regimes designed to provide assistance that reinforces coping and survival at the individual and community levels while ensuring sustained and dynamic national and institutional capacities to provide for, extend, replicate, and own a successfully implemented URT/CBT/voucher.
148. A review of the evidence (from the MoSD database and interviews with key informants as indicated in previous sections) reveals that the WFP's unconditional

resource transfer activity is an integral and significant component of the NSSNP. Its sustainability and need for continuity to be ensured through the following:

- The continuing and increasing demand and need for food assistance among Palestinians and its relevance to national food security and social protection needs, priorities, and strategies.
- Its complementary role and integral nature of a well-established national cash transfer system run by the highest national authority in Palestine (i.e., MoSD).
- The consolidated capacities of partners, including WFP CO, MoSD, MoSD directorate offices, and implementing partners (i.e., global communities).
- Established and well-functioning coordination and harmonization mechanisms between WFP CO and the MoSD.
- The prevalent sense of national ownership of the programme at the policy and implementation levels.

149. The sustainability of the URT/CBT/voucher is, however, at risk due to the following factors:

- The volatile and declining levels of funding due to changing levels of interest among donors in supporting Palestinians and shifts in donors' priorities and agendas.
- The deepening economic crises and the continuous decline in the agricultural sector leading to a higher level of food insecurity and unequal growth.
- Consideration of the deepening and increasing poverty rates as well as the rise of the new poor due to the increasing vulnerabilities, especially in the Gaza Strip.⁵⁸
- The shifts in government priorities because of the economic crisis, tax revenues, and the pressures, hence, mitigation measures relating to the COVID-19 pandemic.

150. The present limited capacities, absorption, and implementation capacities of the MoSD led to a common understanding by all stakeholders that the current implementation modality is the most suitable and must be preserved for years to achieve the most effective delivery of food assistance activities under the social safety net.

Evaluation Question 11 What are the potential linkages between the intervention and the national social safety net programme?

151. A longer-term sustainability approach leading to localization will require further systematic and consolidated efforts to build national capacities, including the following areas of intervention (see the recommendation section for more details):

⁵⁸ For more on the shifting vulnerabilities and the new poor, refer to: <https://policy-practice.oxfam.org/resources/responsiveness-of-the-palestinian-national-cash-programme-to-shifting-vulnerabi-620989/>

- Management and organizational capacity building within the MoSD at the central level, including establishing a devoted internal unit specialized in the food security field.
- The internalization of the present eligibility, verification, and monitoring systems within the MoSD.
- The improvement of the data collection system as connected to the existing beneficiary's MoSD database and the need for regular updating.
- A clear commitment of the national government to sustain the URT/CBT/voucher through fundraising and diversification of resources.
- Reinforcement of a government (MoSD) strategy to enable beneficiaries to exit the social safety net through expanding their present economic empowerment programme.
- A clearer linkage between the URT/CBT/voucher and other social assistance and poverty alleviation programmes outside the MoSD and the WFP.
- A special focus on food security strategies, including support for the agricultural sector in coordination with other governmental agencies (e.g., Ministry of Agriculture and Ministry of Economy) and other UN agencies (e.g., FAO and IFAD), INGOs, and relevant NGOs.

3. Conclusions and Recommendations

3.1. Conclusions

152. The WFP's food assistance continues to be a critical safety net for the destitute and marginalized Palestinians whose access to reliable social services and employment opportunities remains hindered.
153. Overall, the URT/CBT/voucher is highly relevant to the context. The URT/CBT/voucher is a much-needed endeavour and is a significant aspect of the PA's National Social Safety Net Programme in Palestine.
154. Driven by fragility, conflict, and violence, poverty rates increased in the West Bank and Gaza Strip from 2011-2020, with nearly one in three persons living in poverty. Data from the PCBS show that the overall share of the population below the poverty line has increased.
155. Data from the MoSD show that the size of the poverty gap has been increasing in the West Bank and Gaza Strip. Proxy means test scores show that the poverty gap for beneficiaries in the baseline was smaller than in later years.
156. Deep poverty in the Gaza Strip has been increasing for the entire population and URT/CBT/voucher beneficiaries. URT/CBT/voucher beneficiaries are significantly poorer than MoSD/NSSNP/CTP beneficiaries in the Gaza Strip.
157. However, it masks a substantial divergence in trends between the two regions. The poverty rate in the West Bank (pre-COVID-19) has been declining year after year, while poverty and the extent of poverty continued to increase dramatically in the Gaza Strip.

158. In the West Bank, poverty and food security status is sensitive to even small shocks. Meanwhile, in the Gaza Strip, a protracted siege and recurring violent conflict has created an irreversible humanitarian crisis, increased the incidence of poverty, and deepened the poverty gap substantially
159. **SEFSec survey results**, which were collated in 2013, 2014, and 2018 by the PCBS in partnership with the FAO and WFP, show that food security has improved in 2014 relative to 2013. However, gains were reversed in 2018, suggesting that food insecurity in Palestine is chronic rather than a transitory weakness.
160. Similar to poverty, regional disparities in food security are pronounced. The share of food-secure households in the Gaza Strip was at 27 percent in 2018. Henceforth, food insecure households form 73 percent of all households in the Gaza Strip. Interestingly, food insecure households in the West Bank have increased from 3 percent in 2014 to 6.2 percent in 2018.
161. The determinants of poverty, food insecurity, and marginalization are markedly different in the West Bank and Gaza. URT/CBT/voucher beneficiaries in the West Bank seem to suffer from chronic poverty and food insecurity. The determinants of poverty and food insecurity are predominantly associated in the West Bank and seem to be: i) microlevel determinants (household, community, social status, employment, underemployment, and labor force participation); ii) inelastic over time (single mothers, disabled, chronically ill, and elderly). In the Gaza Strip, the determinants of poverty and food insecurity are also predominantly associated; however, poverty and insecurity are overwhelmingly driven and exacerbated by macro factors connected with the political and humanitarian context. Micro-level determinants are essential but less relevant given the time and context.
162. The profiles of West Bank URT/CBT/voucher households are different from the profiles of households in the Gaza Strip. Social marginalization is more influential in determining vulnerability in the West Bank context than in the Gaza Strip context. Female-headed households and the elderly compose a larger proportion of the households targeted by URT/CBT/voucher in the West Bank but compose a significantly smaller proportion of households in the Gaza Strip.
163. Patterns and levels of expenditure and consumption show wide differences between the West Bank and Gaza Strip. This is mostly driven by the decrease in the purchasing power in the Gaza Strip.
164. Much of the evidence suggests that WFP targets the poorest of the poor, indicating that WFP targeting of non-refugees who are in deep poverty is met.
165. Household composition plays an essential role in determining the satisfaction level of household beneficiaries with voucher value and appropriateness as well as the achievement of food security outcomes.
166. Importantly, qualitative evidence suggests a degree of targeting error among marginalized beneficiaries, mainly adult persons with disabilities who are not household heads. This evaluation did not capture the full scope of this unintended effect. But qualitative evidence suggests that this error in targeting is disrupting

cohesion within households while, simultaneously, increasing the marginalization of disabled family members and the collective vulnerability of households to food insecurity.

167. The reliability of the URT/CBT/voucher transfers provides NSSNP household beneficiaries with an essential social safety net to secure their food needs, especially given the recurring fiscal crisis and budgetary shortfalls that the PA faces and their associated effects on social assistance.
168. In all three years under evaluation, the CTP transfers were delayed, or values temporarily cut. These make the URT/CBT/voucher even more relevant, important, and needed.
169. Funding shortfalls and delays of CTP transfers are expected to continue for the remainder of this CSP, making CBT the only source of income and consumption for long periods for many MoSD/CTP/NSSNP beneficiaries.
170. COVID-19 is exacerbating an already challenging economic situation in the West Bank and Gaza. In 2021, the PA faces a number of major downside risks that could impact the livelihood, vulnerability, and poverty of households. These include:
- *Resurgent COVID-19 outbreak and limited vaccine rollout,*
 - *A severe economic slowdown and the potential for the private sector to cut wages,*
 - *A political standoff between the Palestinian Authority or the ruling faction in the Gaza Strip and Israel.*
171. There are also several upside risks:
- *The resumption of US foreign assistance to Palestinians under the Biden Administration,*
 - *National presidential and legislative elections.*
172. WFP CO was effective at meeting its targets. Monitoring data shows that outputs were largely achieved. Furthermore, monitoring data demonstrated that WFP reached its acceptable FCS targets and was close to meeting its rCSI targets.
173. The URT/CBT/voucher assistance has a positive impact on the dietary diversity of household beneficiaries. It also significantly contributed to decreasing their overall vulnerability to food insecurity. Household beneficiaries are less economically vulnerable to food insecurity. food expenditure for URT/CBT/voucher households accounts for a lower ratio of total household expenditure. URT/CBT/voucher assistance has a pronounced positive impact on food security of female-headed households in the West Bank.
174. URT/CBT/voucher assistance has a positive tendency to close the poverty gap of poor households, mainly for female-headed households in the West Bank. This tendency while significant is quite small in magnitude.
175. WFP emergency preparedness was evident in its rapid COVID-19 response. WFP's assistance, capacity, competence, and voucher modality proved invaluable and provided relief and food security at a time when the other government social safety nets were faltering.

176. In the West Bank, poverty and food security are sensitive to the smallest shocks, while in the Gaza Strip any change in social assistance flows can significantly affect the population's wellbeing. This also presents risks and opportunities for WFP beyond emergency response.
177. WFP's alignment and strategic positioning are in protection, by providing reliable humanitarian relief to help tackle chronic and transitory food-insecurity, while also responding to the recurring crises that erupt in Palestine. Its developmental role is linked to the development of the NSSNP hand in hand with MoSD.
178. Donors and other humanitarian agencies, such as the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), are pointing to a devastating humanitarian crisis in the Gaza Strip in the next two years (2021-2022). The majority of the Gaza population is in poverty, does not have a stable source of income, and is food insecure. The true extent, variety, and depth of poverty and vulnerability in the Gaza Strip are not captured in macro-trends and measures and not articulated in other independent studies. It limits the ability of WFP to learn. Lastly, these limitations are exacerbated further by the inability of the PMTF to neither account for regional disparities in poverty measures nor qualify the "new poor" for inclusion.
179. The URT/CBT/voucher is aligned with the SDSS priorities and with COVID-19 emergency response priorities. The activity is more relevant today than ever before, given the increase in poverty and the deepening of poverty in the West Bank and Gaza Strip. There is more energy within the MoSD around food assistance, and there is more need to scale food assistance to all non-refugee MoSD/NSSNP/CTP beneficiaries and not just the poorest of the poor. It is partly due to the overwhelming food insecurity resulting from COVID-19 and the need for food assistance among the population. It also contributed to more emphasis on expanding, improving, and synergizing social safety nets. It was evident from the national demands made publicly by MoSD representatives on increasing the PA's commitment to CTP and through MoSD's partnerships with the Ministry of Labor and the Ministry of Agriculture.
180. Food security, however, remains a theoretical priority for the MoSD and the government. This is despite the alignment with the SDSS and despite the high synergy that exists between WFP and the MoSD.

3.2. Recommendations

181. Based on the findings and conclusions of this evaluation, the recommendations of the Evaluation Team are outlined below. The target group for each recommendation is clearly identified.

Recommendation 1: Critically review the vulnerability and targeting criteria and assess whether they remain relevant to the context, especially the Gaza Strip context.

Target Stakeholders: MoSD with support from WFP CO.

182. To have a better understanding of the caseload and support identification of allocation errors, WFP should make use of 2021 PMTF and 2017 PECS data to assess the marginalization, poverty, and vulnerability of households.

183. WFP CO should work to support the MoSD to validate the poverty, food security, and vulnerability status of URT/CBT/voucher beneficiaries, especially for those in the Gaza Strip and those recently admitted to the NSSNP.
184. Develop a detailed profile for a sample of households using existing, updated, or new data as a launch point. Explore using non-macro data and targeted household field research to enhance learning, accountability, and planning.

Recommendation 2: Explore tiered and targeted assistance using varied voucher values based on need.

Target Stakeholders: WFP CO.

185. Consider the voucher value given the changing context and widening regional disparities and the different needs of households. The review should focus on the degree of coverage of the food needs for the different strata targeted by the URT/CBT/voucher.
186. The voucher value must reflect the varied needs of different beneficiary households, especially given that WFP targets a combination of the marginalized and the poorest of the poor across the West Bank and Gaza Strip.
187. Tiered and targeted assistance should consider alternatives to consumption (caloric)-based coverage and these could include monetary poverty coverage, coverage based on vulnerability, among other possibilities.

Recommendation 3: Consider increasing the voucher value for households composed of below-average members.

Target Stakeholders: WFP CO.

188. Value customization at the household level is necessary to ensure the food security of households composed of one or two people. A tiered approach to voucher value is therefore required to enhance appropriateness and increase satisfaction among this group of beneficiaries and to maximize chances of ensuring food security, social protection, and dignified life.

Recommendation 4: Maximize positive effects for female-headed households.

189. Recommendation 4a: Support female-headed households to ensure a dignified life for them and their children. A synchronized and coordinated approach led by the MoSD, along with other sector stakeholders is required to maximize the positive effects of the URT/CBT/voucher on the lives and wellbeing of beneficiaries in female-headed households.

Target Stakeholders: MoSD, WFP CO, and other sector stakeholders.

190. Recommendation 4b: Customize the voucher value for female-headed households in the West Bank through tiered and targeted assistance based on food and poverty gaps. Scale assistance to cover an increased number of female-headed households in the Gaza Strip. This effort should also take steps to address and mitigate the imbalance in outputs, outcomes, and impact on female-headed households across the two regions.

Target Stakeholders: WFP CO, MoSD.

Recommendation 5: Minimize unintended effects on households with disabled members.

191. Recommendation 5a: Investigate the reasons why households with disabled members are the least effected by the URT/CBT/voucher assistance to prevent and mitigate the imbalance and adverse effects on households with disabled members.

Target stakeholder: WFP CO & MoSD.

192. Recommendation 5b: Targeting of households with disabled members must be improved, especially given that NSSNP targets both those in deep poverty and the marginalized. WFP CO should conduct independent validation for households with disabled members to ensure appropriate targeting and to minimize the effects of exclusion and inclusion errors. Monitoring household dynamics, and analysis of protection indicators should be independently done for marginalized households to ensure accountability to affected populations, unintended effects are positive and do no harm.

Target stakeholders: WFP CO & MoSD.

193. Recommendation 5c: Custom voucher value for households with disabled members should be considered to minimize the impacts of unintended effects and to cover essential food gaps.

Target stakeholders: WFP CO.

Recommendation 6: Consider scaling URT/CBT/voucher assistance due to the severity and the scope of need in the West Bank and Gaza Strip.

Target stakeholder: WFP CO.

194. A sustained scaling of food assistance is much needed in Palestine as the COVID-19 crisis has added to already challenging times and pushed many vulnerable households into poverty. Scaling of URT/CBT/voucher will further center WFP's technical role it takes enhancing the smooth operation of national social protection systems. The scaling of the caseload will ensure the food security of an increased proportion of the population while simultaneously cementing the technical role that WFP plays in developing the NSSNP.

195. A long-term sustained scaling of relevant and needed food assistance will plant seeds and create future opportunities for national ownership of food assistance and its full institutionalization within the National Social Safety Net programme.

Recommendation 7: Re-consider rCSI as one of the food security outcome indicators used in the Gaza Strip context.

196. Recommendation 7a: Given the severe and protracted humanitarian crises, the frequency, severity, and long-lasting effects of shocks and cycles of violence, the dynamic of a sieged market with scarce cash, and given the long trend of deteriorating standards of living and a shrinking economy, consumption-based coping strategies have been wide-adopted as part of daily living. The rCSI rationale where higher stress leads to higher behavioural responses, and therefore, higher rCSI index does not work

in the Gaza Strip. In the Gaza Strip context, rCSI is an essential metric to assess the frequency of adoption of consumption-based coping strategies. However, they do not appropriately reflect the severity of the shock or capture behavioural responses to stress. ***WFP CO can continue to rely on FCS in the Gaza Strip while exploring other complementary food security indicators***, especially given the strong correlation between rCSI and FCS.

Target stakeholders: WFP CO

197. Recommendation 7b: Work with partners and national stakeholders to discuss the appropriateness of rCSI as an outcome measure of food security in the context of the protracted humanitarian crises in the Gaza Strip. It should be done in a participatory and collaborative manner to sustain the positive reputation and long-standing credibility of WFP.

Target stakeholders: WFP CO, MoSD, other sector stakeholders.

Recommendation 8: Prioritize the MoSD/NSSNP/CTP beneficiaries when faced with funding shortfalls or other shocks.

Target stakeholders: WFP CO & MoSD.

198. WFP CO must continue to prioritize NSSNP recipients of the URT/CBT/voucher. It is especially essential when facing funding shortfalls. It is pivotal to the WFP CO to sustain its current strategic position within the NSSNP, positive relationship with food security and social protection sector stakeholders and continue its significant and essential contributions to the development of the NSSNP.

Recommendation 9: Continue to support the MoSD to expand, enhance, and institutionalize food security within the National Social Safety Net in Palestine.

Target: WFP CO, MoSD, sector stakeholders

199. Sustain and expand the current WFP efforts aimed at creating sector-wide synergies. It includes recent partnerships with the MoSD and sector stakeholders, such as the joint effort between WFP, UNICEF, and ILO to introduce a social protection floor for people with disabilities. The creation of synergies with new efforts, such as the EU's "Strengthening of the Monitoring and Evaluation System of MoSD", may also prove essential.
200. Continue current efforts aimed at increasing linkages and complementarity to other programming in the social protection sector. For example, this could include linkages to current livelihood, employment, and resilience programming in Palestine.
201. Work with sector stakeholders, such as the World Bank and the EU, to support and ensure that the MoSD updates beneficiary data every two years.

Recommendation 10: Take small steps towards national ownership.

Target stakeholders: WFP CO & MoSD.

202. Although the context is not conducive to designing or implementing an exit strategy, small steps towards developing a national ownership strategy to support food

assistance within NSSNP appear to be highly relevant. It could focus on the following aspects:

- Obtain and support policy commitments to operationalize food security into the NSSNP.
- Obtain and support commitments from the MoSD to develop the capacity of its human resources to fully operationalize food security and food assistance into the national social safety net.
- Institutionalize food security outcome indicators within MoSD reporting, analysis, and data collection processes.

Annex 1: Stakeholder analysis and mapping

Stakeholder	Interest in URT/CBT under the National Social Safety Net Programme in Palestine	Involvement in Evaluation and Likely Use	Who (for the Evaluation)
Internal Stakeholders			
Palestine CO	Responsible for the country-level planning and operations implementation. The CO is called upon to account internally as well as to its beneficiaries and partners for performance and results of its operation.	WFP Palestine has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. The results will guide the way of activity implementation and improved linkages with the National Social Safety Net Programme in the next CSP planning for formulation in 2021/2022.	<ul style="list-style-type: none"> • Country Director • Deputy Country Director • Head of Programmes • Head of VAM • Head of M&E • Compliance and Risk Management Officer • Gov't and Private Sector Partnership Officer • Sr. Procurement Associate • Finance Officer • Programme Officer - Gaza • Others TBD
Regional Bureau Cairo	Responsible for both oversight of COs and technical guidance and support.	The RBC management and technical units such as CBT and Social Protection and Evaluation have an interest in an independent/impartial account of the operational performance and in learning from the evaluation findings to apply this learning to other country offices. The Regional Evaluation Officer will support the Palestine CO to ensure	<ul style="list-style-type: none"> • Head of CBT • Regional Evaluation Officer • Regional Monitoring Officer • Social Protection Advisor

		the quality, credibility, and usefulness of the DE. RBC Programme unit will also be engaged as part of cross-regional learning. The evaluation will contribute to regional evidence collection/ analysis on CBT managed by RBC evaluation unit.	
WFP Headquarters	WFP has an interest in the lessons that emerge from evaluations, particularly as they relate to WFP strategies, policies, thematic areas, or delivery modality with wider relevance to WFP programming.	The current evaluation will be particularly beneficial for WFP HQ as it will assess the impact of URT/CBT and its contribution to social protection objectives.	<ul style="list-style-type: none"> • Deputy Global Coordinator, Cash Transfers • Global Advisor on Protection and Accountability to Affected Populations
OEV	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralized evaluation stakeholders as identified in the evaluation policy.	Findings and recommendations from the evaluation may feed into evaluation syntheses as well as annual reporting to the Executive Board.	
Executive Board	The WFP governing body has an interest in being informed about the effectiveness of WFP programmes.	This evaluation will not be presented to the Board, but its findings may feed into thematic and/or regional syntheses and corporate learning processes.	<ul style="list-style-type: none"> • Not applicable
External Stakeholders			

Beneficiaries	Beneficiaries are one of the primary stakeholders in this evaluation as the results preview the impact of the intervention on their lives. A total of 160,000 beneficiaries have been assisted in 2019 through unconditional resource transfer in the form of e-vouchers. As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective.	The level of participation in the evaluation of women, men, boys, and girls from different groups will be determined and their respective perspectives will be sought.	<ul style="list-style-type: none"> • Beneficiaries (including men and women) randomly selected in sampled sites • Other beneficiaries by means of existing data previously collected
Government (Palestinian Ministry of Social Development)	The Government has a direct interest in knowing how food assistance links to social protection objectives and how it could be better aligned with its priorities and harmonized with the activities implemented under the national social safety net, cohesion between social transfers/food assistance and food security results.	Government stakeholders will be key sources of information during the evaluation process. Their interest in the evaluation is linked to their role with the social safety net and to what extent the UFT/CBTs are appropriate and effective for more sustainable results towards social protection objectives.	<ul style="list-style-type: none"> • Ministry of Social Development
UN Country Team (UNCT)	The UNCT's harmonized action should contribute to the realization of the government developmental objectives. It has therefore an interest in ensuring that WFP programmes are effective in	Individuals from other UN agencies will be key sources of information during the evaluation process. Learning from the evaluation may be	<ul style="list-style-type: none"> • UNICEF

	contributing to the UN concerted efforts. Various agencies are also direct partners of WFP at policy and activity level. UNICEF and ILO are implementing social protection-related programmes and have therefore a strong interest.		
Non-governmental Organizations (NGOs)	WFP partners with several national and international NGOs, who are also implementing a wider range of activities in the country.	WFP partners have a direct interest in knowing whether the implemented URT/CBTs were appropriate and effective, and, in particular, understanding the results and performance of URT/CBTs.	<ul style="list-style-type: none"> • Global Communities
Donors	WFP operations are voluntarily funded by a number of donors.	They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. The European Union (EU) is supporting social protection-related programmes and therefore has a strong interest.	<ul style="list-style-type: none"> • EU • World Bank • Germany • Switzerland

Annex 2: Funding Situation

Resource Requirements and Funding Situation

International and humanitarian funding to Palestine started to decline in 2011, reaching a record low in 2018. It undermined the ability of humanitarian actors to meet needs. Compared to 2017, the WFP's resources dropped by 35%, forcing WFP to suspend, delay, and/or reduce its assistance to the West Bank and Gaza Strip in the first trimester of 2018.

To mitigate the decrease in donor resources, the WFP leveraged an unprecedented level of multilateral donor funding accounting for almost one-third of the total resources received in 2018. Available resources for Strategic Outcome 1 covered 82% of WFP's funding requirements (USD 38.9 million). The WFP was also forced to cut beneficiaries off its lists in 2019, in addition to decreasing the transfer amount by 20% in the first quarter of 2019.

Alongside flexible multilateral funding, new donors also stepped in with significant contributions. And while funding requirements increased compared to the previous year, the WFP's outreach efforts secured USD 7.6 million⁵⁹ more than the planned 2019 budget. By the end of 2019, the WFP was able to start increasing its beneficiaries again.

New donor funding committed late in 2019 resulting in significant rollover to 2020. In addition, stable donor funding in 2020 and an internal loan (USD 10.3 million) ensured uninterrupted food assistance throughout the year 2020 and scale up of URT/CBT/voucher assistance as part of COVID-19 response allowed the WFP to maintain its beneficiaries, increase their transfer values, and widen their coverage. CBT was scaled up pointedly to households most affected by COVID-19 and most vulnerable to food insecurity. The total USD 70.9 million annual funding requirements was 93% funded in 2020 (USD66 million), the majority of which was committed to unconditional food assistance under Strategic Outcome 1.

⁵⁹ 2019 Annual Country report highlighted that WFP advocacy efforts focused on stabilizing or increasing donations from traditional donors, such as Germany; on new donors, such as DFID and the Republic of Korea; on UN and NGOs, such as the Kuwait Red Crescent Society; and private donors through WFP's Share the Meal digital fundraising platform.

Total resource requirements grew significantly during the first three years of the CSP.

Budget Requirements, Funding, and Revisions, 2018-2020

Year	Overall Funding Requirements Activity one of the CSP (USD)	Actual Expenditure Activity one of the CSP (USD)
2018	56,883,915	41,270,459
<p>Budget Revisions:</p> <ul style="list-style-type: none"> a. BR01: Technical budget revision to amend the indirect support costs (ISC). b. BR02: Technical budget revision for the budget simplification exercise. c. BR03: the third budget revision included the following changes. <ul style="list-style-type: none"> ➤ Increase the overall budget by USD 12,869,109 million. ➤ Increase the overall planned number of beneficiaries for the year 2018 by 54,700 people (from 314,000 to 368,000 people). ➤ Among beneficiaries in the Gaza Strip, decrease the number of beneficiaries under the in-kind component by 95,100 people (from 167,100 to 72,000) and increase the number of beneficiaries under the CBT/voucher component by 149,800 people (from 131,200 to 281,000) under activity one (Unconditional resource transfer). ➤ Increase the total CBT transfer value by USD 12,644,009. ➤ Decrease the total in-kind food quantities by -6,472 MT. ➤ Revise the food basket to include canned fish and pulses in the first year CSP, adding 682 MT with a value of USD 3,355,200. 		
2019	64,497,538	41,281,551
<p>Budget Revision:</p> <ul style="list-style-type: none"> d. BR04: the fourth budget revision reflected the increase in the number of beneficiaries based on the increased number of severely food insecure people in the West Bank and Gaza Strip, according to the Socio-Economic and Food Security Survey 2018, and included the following changes: <ul style="list-style-type: none"> ➤ Increase the overall budget total to accommodate the increase in needs ➤ Increase the overall planned number of beneficiaries for the year 2019 by 90,000 people (from 314,000 to 404,000 people). 		

➤ Increase the total CBT transfer value as more beneficiaries receive CBT assistance in lieu of in-kind food.		
2020	68,690,642	52,880,347
Budget Revision:		
e. BR05: an increase in the number of beneficiaries to reflect the increased needs similar to 2019, in addition to the response to COVID-19 and included the following changes:		
<ul style="list-style-type: none"> ➤ Increase the overall planned number of beneficiaries under Activity 1 for 2020 by 22,000 to a total of 426,000 beneficiaries and adjust the food and cash-based transfer (CBT) requirements under Activity 1. ➤ Expand capacity strengthening inputs (technical assistance and agricultural supplies) under Activity 2 through the Climate Smart Agriculture Initiative to strengthen the resilience of vulnerable families. 		

Budget Requirements, Funding, and Revisions, 2018-2020

	Main Donors	2018-2020 Activity 1 contributions (USD)
1.	Multilateral	48,378,935.00
2.	Germany	29,646,253.00
3.	Switzerland	14,829,719.00
4.	Japan	14,495,283.00
5.	United Kingdom	11,951,357.00
6.	Canada	10,869,523.00
7.	Russian Federation	10,755,869.00
8.	European Commission	10,695,315.00
9.	France	2,522,023.00
10.	UN Country based pooled funds	1,917,645.00
11.	Private donors	1,501,722.00
12.	Republic of Korea	1,500,000.00

13.	Spain	1,335,608.00
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Annex 3: Outputs

Numbers of Assisted Beneficiaries

	Planned beneficiaries (Total)	Actual beneficiaries (Total)	Planned CBT-voucher beneficiaries	Actual CBT-voucher beneficiaries	Planned CBT-cash beneficiaries	Actual CBT-cash beneficiaries	Planned In-kind Beneficiaries	Actual In-kind Beneficiaries
2018	368700	353616	281000	282615	15700	0	72000	71001
2019	404000	343434	316300	272347	15700	0	72000	71087
2020	426000	428554	337300	351782	15700	6287	73000	70485

	Planned CBT-voucher beneficiaries	Actual CBT-voucher beneficiaries	Planned CBT-voucher beneficiaries (SSN -MoSD)**	Actual CBT-voucher beneficiaries (SSN – MoSD)**
2018	281000	282615	125000	127668
2019	316300	272347	171000	170547
2020	337300	401332	255430	246278

**Subject of the evaluation.

URT/CBT/voucher Value all beneficiaries under Activity 1

Region	Year	Planned value	Actual value	% Covered
Gaza	2018	67,446,153.00	67,283,601.71	100%

Gaza	2019	84,599,012.43	87,938,474.94	104%
Gaza	2020	86,662,756.37	92,852,667.79	107%
West Bank	2018	29,505,660.00	28,554,641.25	97%
West Bank	2019	20,773,770.00	20,535,669.14	99%
West Bank	2020	39,621,403.00	38,409,441.54	97%
Total		328,608,754.80	335,574,496.37	102%

URT/CBT/voucher Value to NSSNP beneficiaries (Subject of the evaluation)

Region	Year	Planned Value	Actual Value	% Covered
Gaza	2018	22347755	22231550.37	99%
Gaza	2019	46425765	46451956.76	100%
Gaza	2020	47163767	53403690.77	113%
West Bank	2018	14744275	14430050.9	98%
West Bank	2019	20623655	20390518.64	99%
West Bank	2020	39031018	37853861.63	97%
Total		178877172	178854752.2	100%

Annex 4: Outcomes

Food Consumption Score

Outcome

Indicator 1.1.1 Food Consumption Score

Region	Indicator	Baseline			Target			Follow-up 2018			Follow-up 2019			2020			
		Male	Female	Overall	< = >	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall
West Bank	Percentage of households with Poor Food Consumption Score	28	29	27	< = >	10	10	10	6	9	7	5%	9%	7%	5.5%	9.1%	7.0%
West Bank	Percentage of households with Borderline Food Consumption Score	48	36	46	< = >	10	10	10	16	16	16	20%	25%	21%	18.4%	21.7%	19.7%
West Bank	Percentage of households with Acceptable Food Consumption Score	24	35	27	> = >	80	80	80	78	75	77	75%	66%	72%	76.1%	69.2%	73.3%
Gaza	Percentage of households with Poor Food Consumption Score	13	13	13	< = >	10	10	10	12	12	12	8%	11%	8%	4.9%	7.0%	5.2%
Gaza	Percentage of households with Borderline Food Consumption Score	23	23	23	< = >	15	15	15	24	26	24	21%	27%	22%	18.2%	20.6%	18.6%
Gaza	Percentage of households with Acceptable Food Consumption Score	64	64	64	> = >	75	75	75	64	62	64	71%	62%	70%	76.9%	72.4%	76.2%

Consumption - based Coping strategies - rCSI

Outcome 1.1.2

Indicator rCSI

Region	Indicator	Baseline			Target			Follow-up 2018			Follow-up 2019			2020			
		Male	Female	Overall	<= >	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall	Male	Female	Overall
West Bank	Value	7	7	7	<= >	5	5	5	5	5	5	6	6.6	6	6.1	6.1	6.1
Gaza	Value	13	13	13	<= >	11	11	11	12	13	13	12	12	12	12.0	12.0	12.0

Annex 5: Logical Framework

Strategic Goal 1: Support countries to achieve zero hunger	
Strategic Objective 1: End hunger by protecting access to food	
Strategic Result 1: Everyone has access to food	
<p>National Priorities: <i>National Policy Agenda: Pillar 3: Sustainable Development, Policy intervention: Ensure food security</i> <i>Social development Sector Strategy: First Strategic Objective: Poverty Reduction</i></p> <p>Related National SDG Indicators: Proportion of population under national extreme poverty line Food Insecurity Experience Scale (FIES)</p>	
UNDAF priorities: All Palestinians, especially the most vulnerable have greater access to a unified, integrated, and shock-responsive social protection system	
<p>Strategic Outcome 1: Non-Refugees, poor and severely food insecure people in Palestine (primarily in the Gaza Strip and Area C of the West Bank) have improved dietary diversity by 2022</p> <p>Nutrition Sensitive: yes</p>	<p><i>Alignment to outcome category</i></p> <p>1.1 Maintained/enhanced individual and household access to adequate food.</p> <p><i>Indicators:</i></p> <p>1.1.1 Food Consumption Score, disaggregated by sex of household head 1.1.2 Coping Strategy Index (average) 1.1.3 Food Consumption Score – Nutrition</p>
Output 1.1: Poor and food insecure non refugees receive diverse and nutritional food in order to improve their dietary diversity.	<p><i>Alignment to output category</i></p> <p>A1. Unconditional resources transferred</p>
<p>Output 1.2: Poor and food insecure non refugees receive social behaviour change communication (SBCC) to raise nutritional awareness.</p> <p>Activity 1 Provision of unconditional food assistance (including through CBT and in-kind modalities) and nutrition-sensitive education to poor and food – insecure households</p>	<p><i>Alignment to output category</i></p> <p>E. Advocacy and education provided</p> <p><i>Alignment to activity category</i></p> <p>1. Unconditional resource transfers to support access to food</p>
<p>Cross-cutting results</p> <p>Cross-cutting result 1: Affected populations are able to hold WFP and partners accountable for meeting their hunger needs in a manner that reflects their views and preferences.</p> <p>Cross-cutting result 2: Affected population are able to benefit from WFP programmes in a manner that ensures and promotes their safety, dignity and integrity.</p> <p>Cross-cutting result 3: Improved gender equality and women's empowerment among WFP –assisted population.</p> <p>Cross-cutting result 4: Targeted communities benefit from WFP programmes in a manner that does not harm the environment</p>	

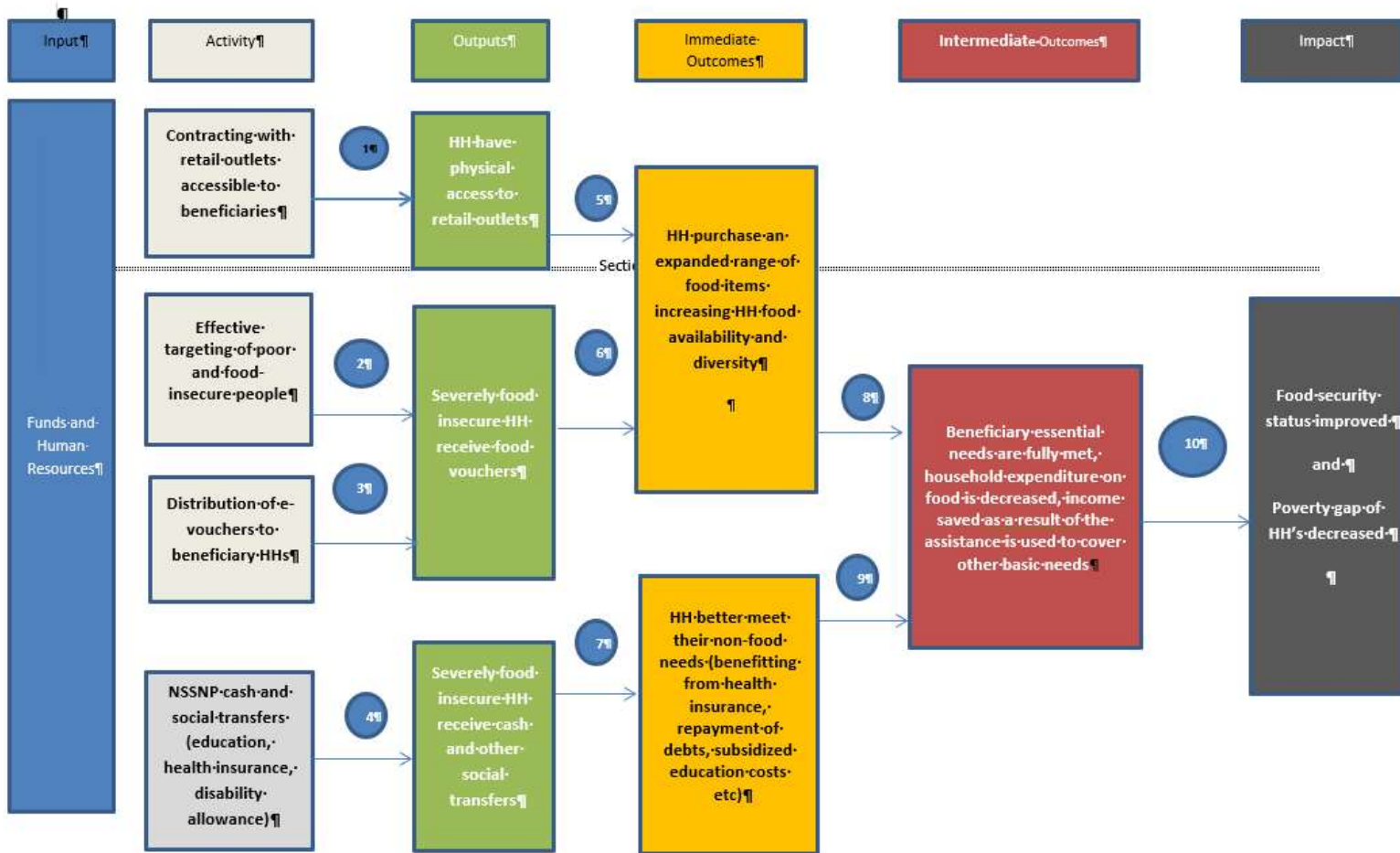
Annex 6: Theory of Change

Narrative of Theory of Change

#	EXPLANATION OF THE CAUSAL LINKAGE	UNDERLYING ASSUMPTIONS AND RISKS	STRENGTH OF THE AVAILABLE EVIDENCE
1	If access to retail outlets is safe and at no cost, severely poor households will experience physical access to food	Shops are in locations close their houses The surrounding environment is safe for HH heads to reach shops and return home	WFP monitoring data suggests the evidence for this is strong. Beneficiaries' perceptions of safety and dignity
2	If targeting is effective, poor and severely food insecure households will receive e-vouchers	Targeting of beneficiaries meet criteria established for poor and severely food insecure household. WFP Technical Assistance to MoSD and other national institutions has had a positive impact on targeting capacities	WFP monitoring data suggests that the actual outputs for the technical assistance provided were met but provide no outcome/qualitative evidence for this. Monitoring data shows almost 100% compliance with targeting criteria.
3	Poor and severely food insecure households receive e-vouchers	WFP distribution system reaches all targeted beneficiaries WFP funds are sufficient to meet all planned targets	Country Report for 2019 shows that only 78% of planned targets (by value) were met.
4	Poor and severely food insecure households receive cash assistance and other social transfers under the NSSNP	All households targeted with the CBT/voucher in partnership with MoSD are also beneficiaries under the NSSNP	Strong
5	If physical access to retailers is secured, households will be able to redeem their vouchers at retail outlets, increasing their food availability and diversity	Retailers stock all available food items	Evidence for this is strong from WFP monitoring reports.
6	If poor and severely food insecure households receive e-vouchers, they will redeem the vouchers for food, increasing their food availability and diversity	WFPs anti-corruption measures are adequate and sufficiently regular to prevent fraud associated with diversion of e-vouchers to non-food items and to track, prevent and mitigate the risk of abuse and harmful practices on beneficiary wellbeing.	WFP monitoring data suggest that evidence for this is strong, with the % of redemption of e-voucher between 98-99%.

7	If households received cash assistance and social transfers, households can better meet their non-food needs (benefitting from health insurance, subsidized education costs, essential shelter repairs, clothing and food)	NSSNP social and cash transfers and WFP food voucher transfers are delivered to beneficiaries in timely fashion throughout the programme Beneficiaries use cash assistance for meeting their essential food, clothing and shelter needs.	Expenditure/consumption/coping strategy survey modules will provide evidence of changing expenditure, consumption and coping patterns as a result of the food voucher programme through comparison of treatment and control group data.
8	If households purchase an expanded range of food stuffs increasing food availability and diversity in parallel with NSSNP assistance then, beneficiary essential needs will be fully met, percentage of household expenditure on food will decrease, and income saved as a result will be used to cover other basic needs	Beneficiaries use income saved to cover other basic needs. NSSNP social and cash transfers and WFP food voucher transfers are delivered to beneficiaries in timely fashion throughout the programme	Expenditure/consumption/coping strategy modules will provide evidence of changing expenditure, consumption and coping patterns as a result of the food voucher programme through comparison of treatment and control group data.
9	If households better meet their non-food needs (benefitting from health insurance, repayment of debts, subsidized education costs etc), in parallel with food voucher food assistance, then beneficiary essential food needs will be fully met, household expenditure on food will be decreased, and income saved as a result of the assistance will be used to cover other basic needs.	Beneficiaries use their income saved to cover other basic needs. NSSNP social and cash transfers and WFP food voucher transfers are delivered to beneficiaries in timely fashion throughout the programme	Expenditure/consumption/coping strategy modules will provide evidence of changing expenditure, consumption and coping patterns as a result of the food voucher programme through comparison of treatment and control group data.

Visual Theory of Change



Annex 7: Documents Reviewed

Summary of Past Evaluations and Reviews

In 2015 an independent Evaluation Team commissioned by the United Kingdom Department for International Development (DFID)-a main donor at the time- to evaluate the voucher programme in Gaza for beneficiaries outside the NSSNP. Improvement of food security status among the beneficiary group was noted. Providing beneficiaries with higher purchasing power, diversifies diet and reduces resorting to already depleted negative coping mechanisms in Gaza.

WFP Palestine CO has been measuring the “Secondary Impact of WFP Palestine Cash-based Transfer-Voucher” to capture the multiplier effect of WFP’s voucher modality on the local economy. The direct impact of the voucher modality on beneficiary households and the trickle-down effects on the economy along the dairy supply chain are also assessed. The 2014, 2016, 2019 assessments demonstrated that for improving non-refugee’s food security status, CBTs are more effective than in-kind assistance by triggering positive effects on sales, job creation, and investment in the agro-industrial sector. Small-scale food producers and farmers’ resilience improved through enhanced market reach and revenue. The secondary impact report stipulates that WFP CBT programming primarily forms one of the most cost-efficient instruments to support the failing economy and cash-short marketplace in Gaza Strip.

WFP relies on a set of monitoring instruments to examine the most critical elements underlying the effectiveness, accountability, and success of WFP’s URT/CBT/voucher programme on three different levels: process, output, and outcome. Through process monitoring, WFP field monitors assess and report on the operational implementation of WFP’s interventions and the risks that might adversely affect the achievement of the planned distributions and intended outcomes. Process monitoring is conducted at all contracted retail shops on regular basis for a representative sample. Monitoring the food security status of assisted people and assess the effectiveness of its interventions, WFP also conducts post distribution monitoring (PDM) at a household level for a representative sample.

WFP collects qualitative and quantitative data (outcome indicators) on people’s diet, food consumption, and coping strategies and measures the satisfaction of families receiving assistance. WFP’s household visits and monitoring tools also enable assessing the appropriateness and effectiveness of WFP’s response and/or chosen aid modality and inform on appropriate review strategies for all segments of the populations.

Country Portfolio Evaluation: State of Palestine: An evaluation of WFP’s portfolio 2011-mid2-15 have found that WFP Palestine Country Office performed well in both relief and

preparedness pillars of the portfolio. In the dominant activity of food assistance, it worked to complement the NSSNP and MoSD.

Strategic Review of Food and Nutrition Security in the State of Palestine conducted to support the formulation of CSP 2018-2022 identified continuing challenges to ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture in line with SDGs, particularly, SDG 2.

Annex 8: COVID-19 Impacts and official response

In 2020 economic indicators were thrown into flux due to COVID-19. After a growth of about 1 percent in 2019's fiscal crisis, the Palestinian economy is expected to contract by 7.6 percent in 2020. Nominal GDP per capita is expected to decrease by 13.4 percent as nominal GDP is expected to fall from USD 17,059 million in 2019 to USD 15,154 million in 2020. The economic prospects depend on how long the COVID-19 crises and containment measures remain in place. On December 9, there were over 26,000 active cases and over 117,233 Palestinian have tested positive for the virus since March. Government officials warned in December, that the public that the health sector is on the verge of collapse as Palestinians started to log over 2000 confirmed daily cases, about 20 daily deaths and no real prospects for containment.

This flux in indicators extends to food security and poverty. As a result of the pandemic, as much as 81% of Palestinians in the West Bank have expressed increased concerns regarding food. By March 2020, the unemployment rate had increased by 4.5 percentage points from 25% to 29.5 percent (an 18 percent increase. The World Bank estimated that poverty rates have increased from 14% to 30% in the West Bank and from 53% to 64% in Gaza leading to a total number of households under the poverty line reaching 422,915 (compared to 275,819 in 2017). Relatively higher in the West Bank, the number of poor households increased from 96,065 to 205,854, while in Gaza it increased from 179,754 to 217,061. One third of farmers and fishers report increasingly resorting to debt to meet food needs. Pertaining to gender, while Palestinian Civil Police Sources indicate lower rates of GBV, they emphasize it is largely due to the inability of victims to report to government institutions amid the lock down. Alternatively, other service providers confirm an increase in GBV, mostly taking place within the household.

COVID-19 has also affected the operations and modalities of distribution of aid. Due to COVID-19 WFP resorted to house to house distribution modality. In the West Bank, UNRWA and WFP were to distribute in-kind food parcels to 37,000 persons from Bedouin Communities who are particularly vulnerable and face protection concerns. WFP also increased the value of the monthly voucher (by USD 5) for 165,000 people who regularly receive CBT. Personal protective equipment and crowd management procedures were also adopted for distributing in-kind food assistance. WFP reported 67,600 new registered beneficiaries that received electronic vouchers, with 40,000 having been redeemed. With economic closures more drastic, 99% of the new beneficiaries were in the West Bank, and almost half are households headed by women.

Annex 9: Data Collection Methods

Quantitative Data (Primary & secondary)

The evaluation relied on three sources of data to report and analyze the relevance, effectiveness, impact and sustainability of the intervention.

Data Source	Sample Size	Type-Years of Coverage-Indicators-	Use
MoSD	2,421	Panel data set, year-ID. Years covered 2010-2020. PMTF scores used are from the year they were admitted to the programme.	Poverty Baseline Data Set.
WFP Post Distribution Monitoring Database & Data sets from WFP commissioned studies from 2016 and 2018. ⁶⁰	10,000	Cross sectional data set. No identifier. Years covered 2011-2020. Data only available for two indicators, namely FCS and CSI.	FCS & CSI Baseline Data Set. 2020 Programme Outcome Data Set. (PDM).
Evaluation Survey	2,421	Panel data set, year-ID. Data collected from treatment and control in August 2020.	Poverty, FCS, CSI end line. Analyses of control and treatment data across all indicators: expenditure, poverty FCS, CSI.
MoSD	34,318	Cross sectional data set.	WFP beneficiary sample frame. Analysis of targeting effectiveness and inclusion errors.

⁶⁰ The evaluation made use of the existing records of WFP's CO. This included the post distribution monitoring database and the two data bases used for estimating the secondary impact of WFP Palestine in 2018 and 2016.

A full inspection of existing data files from the WFP and the MoSD in finalizing the methodology allowed the team to construct a sampling frame for the treatment group from the WFP's beneficiary lists and the control groups from the MoSD's CTP database. The sample frame for the treatment group was the WFP's list of URT/CBT/voucher household beneficiaries who receive cash transfers as part of the NSSNP. The sample frame for the control group was limited to those who only receive cash transfers as part of the NSSNP.

Site Mapping

The NSSNP target population comprises 125,000 CTP recipient households living across 16 governorates of the West Bank and Gaza. In 2020, the WFP targeted 54,923 households through the URT Activity across 11 governorates in the West Bank and five governorates in the Gaza Strip.

Prior to COVID-19 response, the URT Activity targeted four governorates in the West Bank and five governorates in Gaza Strip. The treatment group is formed of CTP recipients who also receive URT/CBT/voucher from the WFP. They are non-refugee households characterized by deep poverty as specified by the Proxy Means Testing Formula (PMTF) and by marginalization as specified by the MoSD. The control group is formed of those households in the targeted governorates who only receive CTP assistance.

Prior to the COVID-19 response, approximately one-third of beneficiaries lived in the West Bank, whereas the remaining two-thirds reside in Gaza. Female-headed households account for just under half URT/CBT households in the West Bank, whereas in Gaza, this is the case for less than one-third of URT/CBT households. The percentage of female-headed households is consistent across West Bank governorates where, on average, 49% are female-headed households. In Gaza, the presence of female-headed households is comparatively lower (29%).

Following the COVID-19 response, approximately 48% of households are in the West Bank, and 52% of households are in Gaza Strip. Female-headed households account for just under half the URT/CBT households (47%) in the West Bank, whereas in Gaza, this is the case for about a quarter of beneficiaries.

Sample

Household Survey: The ET used a simple random sample of 2,400 households equally divided between the treatment and control groups. Due to lockdowns and restrictions on movement, the survey was conducted in Gaza using face-to-face tablet-assisted interviewing, while it was conducted using computer-assisted phone interviewing in the West Bank. The team was able to complete a net of 2,421 interviews.⁶¹

⁶¹ The gross sample was 2,480 accounting for an estimated non-response rate of 3.3%. Non-response was slightly lower allowing the enumeration team to complete a net of 2,421.

	West Bank	Margin of error using 95% CI	Gaza	Margin of error using 95% CI	Palestine	Margin of error using 95% CI
Control	409	±4.8	788	±3.4	1,197	±2.8
Treatment	410	±4.8	814	±3.4	1,224	±2.8
Total	819	±3.4	1,602	±2.4	2,421	±1.8

The survey included questions on food security, poverty, gender dynamics, and other forms of assistance. In addition, this included the PMTF module as well as the Dietary Diversity Module, Consumption Module, Expenditure Module, Consumption-based Coping Strategy Index, Livelihood Coping Strategy Index, among other perception and satisfaction questions. The survey questionnaire is attached in Annex 10.

Annex (13) and Annex (14) presents a comparative descriptive analysis of beneficiary households sampled, beneficiary households in WFP lists, and control by a variety of characteristics.

Qualitative Data (Primary)

A total of eight (8) FGDs were carried out as part of the evaluation to explore the issues detailed in the evaluation matrix in Annex 2 and the FGDs guidelines detailed in Annex 5. Participants for the focus groups were recruited from the beneficiary lists.

Target group	#
Women beneficiaries	3
Men beneficiaries	3
Girls & boys' beneficiaries	2
Social field researchers for MoSD, NGO's, and international organizations	1
Total	8

For the KIIs, a total of seven (7) KIIs were carried out as part of the evaluation to explore the issues detailed in the evaluation matrix in Annex 2 and the KII guidelines in Annex 5. The team also conducted a total of 18 in-depth interviews with URT/CBT/voucher beneficiaries.

Target group: In-depth beneficiary interviews	#
Girls & boys	4
Persons with disability beneficiaries and household heads	4
Male household heads	5
Female household heads	2
Elderly household heads	3

	Sub-total	18
Target group: Key informants' interviews		
Ministry of Social Development		3
WFP team		2
OXFAM (partner NGO)		1
Women Affairs Technical Committee		1
	Sub-total	7
	Total	25

For the case studies, four case studies were carried out as part of the evaluation to explore the issues detailed in the evaluation matrix (Annex 2). These case studies were identified and conducted post quantitative data collection, given their importance in illuminating quantitative results, filling gaps in household data, and adding context to analysis and findings.

Target group	#
Female-headed household	1
Male-headed household	1
Elderly-headed household	1
Household with two disabled family members	1
Total	4

Annex 10: Data Collection Tools

Annex 10.1.: Survey Questionnaire

Section 1: General Details

ID00	Serial Number (office): <input type="text"/> <input type="text"/> <input type="text"/>	ID01	Governorate: -----		
ID02	Locality: -----	ID03	Address: -----		
ID04	Head of the household Name: -----				
ID04_A	Head of household Gender	1. Male 2. Female	<input type="checkbox"/>		
ID05	Respondent Name: -----				
ID05_A	Respondent Gender	1. Male 2. Female	<input type="checkbox"/>		
ID06	Head of household age: ----- (years)				
ID07	Respondent's relationship to the head of the household?	1. Him/herself 2. Husband/wife 3. Son/Daughter 4. Brother/Sister 5. Others/specify: -----	<input type="checkbox"/>		
ID08	Tel. No.: <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
ID09	Mobile No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
ID10	Sample Type	1. Study 2. Control	<input type="checkbox"/>		
Interview Record:					
IR01	Interview Date	Day	Month	Year	
		<input type="text"/>	<input type="text"/> <input type="text"/>	2020	

Section 2: Household Members Data

D1	Total number of household members	<input type="text"/> <input type="text"/>
D1_a	Number of Male members	<input type="text"/> <input type="text"/>
D1_b	Number of Female members	<input type="text"/> <input type="text"/>
D2	Number of children of 5 years and below	<input type="text"/> <input type="text"/>

D3	Number of children aged 6 to 11 years		<input type="checkbox"/>	<input type="checkbox"/>
D4	Number of children aged 12 to 15 years		<input type="checkbox"/>	<input type="checkbox"/>
D5	Number of children aged 16 to 17 years		<input type="checkbox"/>	<input type="checkbox"/>
D6	Number of adult aged 18 to 64 years		<input type="checkbox"/>	<input type="checkbox"/>
D7	Number of elderly people aged 65 years and above		<input type="checkbox"/>	<input type="checkbox"/>
D8	Number of adults 18 years or older and unemployed (including head of households)		<input type="checkbox"/>	<input type="checkbox"/>
D9	Number of household members with special needs (Disability)		<input type="checkbox"/>	<input type="checkbox"/>
D10	Is the head of household refugee?	1. Yes 2. No	<input type="checkbox"/>	
D11	Head of households' Academic Qualification	1. Illiterate 2. Familiar 3. Elementary 4. Prep. 5. Vocational diploma 6. Secondary 7. Intermediate 8. diploma. 9. B.A 10.M.A. 11. PhD	<input type="checkbox"/>	
If head of household is employed or unemployed but used to work, please answer the below questions:				
D12	Head of household's job status	1. Employer 2. Self employed 3. Wage labourer 4. Unpaid family member	<input type="checkbox"/>	
D13	Head of household's work sector	1. Private national (inside est.) 2. Private foreign (inside est.) 3. International organization 4. Private national (outside est.) 5. Private foreign (outside est.) 6. National government 7. Foreign government	<input type="checkbox"/>	

		8. Charity 9. UNRWA 10. Irregular sector	
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Section 3: Housing characteristics

H1	House type	1. House 2. Apartment 3. Independent room 4. Tent 5. Barracks 6. Shelter/ Elderly house 7. Other specify: _____				<input type="checkbox"/>	
H2	Main building material for external walls	1. Clean stones 2. Cement & stones 3. Old stones 4. Bricks 5. Cement 6. Other specify: -----				<input type="checkbox"/>	
H3	What is the total number of rooms in the housing unit? (including kitchen, bathroom and rooms used for work only)		<input type="checkbox"/> <input type="checkbox"/>				
H4	What is the total number of bedrooms in the housing unit?		<input type="checkbox"/> <input type="checkbox"/>				
H5	Bathroom description:	1. Bathroom with piped water 2. Bathroom without piped water 3. No bathroom				<input type="checkbox"/>	
H6	What is the main energy source of for Heating	0. No heat 1. Gas 2. Kerosene 3. Electricity 4. Wood 5. Diesel 6. Coal 7. Other (specify).....				<input type="checkbox"/>	
H7	How many of the following durables are available to the household?	1. Private car	<input type="checkbox"/>	2. Electric fridge	<input type="checkbox"/>	3. Freezer	<input type="checkbox"/>
		4. Solar water heater	<input type="checkbox"/>	5. Water heater (Kezar, boiler....)	<input type="checkbox"/>	6. Fully automatic	<input type="checkbox"/>
		7. Normal washing	<input type="checkbox"/>	8. Dryer	<input type="checkbox"/>	9. Dishwasher	<input type="checkbox"/>

	(Register (0) when none)	10. Kerosene burner	<input type="checkbox"/>	11. Palestine mobile network	<input type="checkbox"/>	12. Vacuum cleaner	<input type="checkbox"/>
		13. Fan	<input type="checkbox"/>	14. Gas/electric	<input type="checkbox"/>	15. Microwave	<input type="checkbox"/>
		16. Gas/electric	<input type="checkbox"/>	17. Central heating	<input type="checkbox"/>	18. Heater	<input type="checkbox"/>
		19. Home	<input type="checkbox"/>	20. TV	<input type="checkbox"/>	21. Video/DVD	<input type="checkbox"/>
		22. Receiver/Dish	<input type="checkbox"/>	23. Telephone line	<input type="checkbox"/>	24. Israeli mobile network	<input type="checkbox"/>
		25. Computer	<input type="checkbox"/>	26.	<input type="checkbox"/>	27. Water filter	<input type="checkbox"/>
		28. Smart	<input type="checkbox"/>	29. Air Conditioner	<input type="checkbox"/>	30. Central	<input type="checkbox"/>
		31. Other:.....					
H8	During last 6 months, did the HH receive any assistance from any organization (such as: food, voucher, cash, etc.)?			1.Yes 2. No (move to next section)	<input type="checkbox"/>		
H9	How do you use the saved income due to the received assistance?						
	1. Purchasing more food	<input type="checkbox"/>	4. Health (e.g., fees, medication, etc.)	<input type="checkbox"/>	7. Clothing	<input type="checkbox"/>	
	2. Rent payment	<input type="checkbox"/>	5. Education (e.g., fees, uniform, books, etc.)	<input type="checkbox"/>	8. Tobacco, entertainment, etc.	<input type="checkbox"/>	
	3. Utilities (electricity, phone, water)	<input type="checkbox"/>	6. Debts (i.e., repayment of money borrowed)	<input type="checkbox"/>	9. Other, Please Specify:		
H10	Please rank the most important three answers in the above question?						
	1. The first	<input type="checkbox"/>	2. The second	<input type="checkbox"/>	3. The third	<input type="checkbox"/>	

Section 4: Dietary Diversity—Food Consumption Score

During the past week, how many days did the household consume the following food groups:		
FC1	Food Group	a. Number of days consumed (regardless of the number of times per day. If not consumed insert 0)
1.	Starches and tubers (rice, pastries, wheat flour, barley, potatoes, wheat bread, Freekeh, bulgur wheat)	<input type="checkbox"/>
2.	Legumes (lentils, chickpeas, fava beans, green peas)	<input type="checkbox"/>
3.	Fish (dried, canned, fresh)	<input type="checkbox"/>
4.	Eggs	<input type="checkbox"/>
5.	Red meat (beef, sheep, etc)	<input type="checkbox"/>
6.	White meat (poultry)	<input type="checkbox"/>
7.	Liver, kidney, and other	<input type="checkbox"/>
8.	Dairy products	<input type="checkbox"/>
9.	Oils and fats	<input type="checkbox"/>
10.	Vitamin A rich fruits (melons, mango, papaya, apricots, etc.)	<input type="checkbox"/>
11.	Other fruits (orange, apples, bananas, etc.)	<input type="checkbox"/>
12.	Vegetables (orange-colour)	<input type="checkbox"/>
13.	Green leafy vegetables	<input type="checkbox"/>
14.	Other vegetables (onions, tomatoes, radishes, etc.)	<input type="checkbox"/>
15.	Sugar, jams, honey and sweetened drinks	<input type="checkbox"/>
16.	Others (coffee, tea, condiments)	<input type="checkbox"/>

Section 5: Coping Strategy Index

CS1	<p>During the last 7 days, when the household did not have enough food or money to buy food, how many times did you</p> <p>Make sure to repeat the following when asking about the coping strategies adopted during the past 7 days:</p>	<p>Number of times during the past 7 days (0-7)</p>
-----	---	--

1	Reduce the number of meals for all household members per day	<input type="checkbox"/>
2	Reduce the quantity of meals eaten by adults in favour of children	<input type="checkbox"/>
3	Purchase low quality market “leftovers”	<input type="checkbox"/>
4	Limit portion size at meal time for all household members	<input type="checkbox"/>
5	Borrow food or rely on help from family and friends	<input type="checkbox"/>
6	Refrain from consuming expensive foods and resort to alternatives (buying cheaper kind of food)	<input type="checkbox"/>

CS2	During the last 30 days, when the household did not have enough food or money to buy food, did household members do any of the following?	A. Answer 1. Yes 2. No 8. Not applicable 9. Don't know (2,8,9 skip to next line)	B. Number of times	C. Does the possibility of using this strategy in the future still exist? 1. Yes 2. No
1	Not pay bills/utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Sell off assets: jewellery, furniture, productive assets, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Used life savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Sell off productive assets (sewing machine, vehicles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Re-organize the HH members to save money (live or eat together)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Reduce HH expenditures on health, education, and clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7	Resort to agriculture (planting, animal husbandry, fishing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Look for secondary job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Take children out of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Reduce production costs; for example, cut costs on fertilizers etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Sell remaining productive assets such as female goats etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Sell land or housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Buy food on credit, borrow food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Borrow money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Send children to eat somewhere else, eat in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Beg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Expenditure

E1	What is the average HH monthly expenditure on food (IIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E2	What is the average HH monthly expenditure on clothing and shoes (IIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E3	What is the average HH monthly expenditure on housing (IS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E4	What is the average HH monthly expenditure on home appliances (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

E5	What is the average HH monthly expenditure on house needs (cleaning materials etc.)? (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E6	What is the average HH monthly expenditure on health care (NIS) first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E7	What is the average HH monthly expenditure on transportation (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E8	What is the average HH monthly expenditure on communication (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E9	What is the average HH monthly expenditure on cultural and recreational activities (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E10	What is the average HH monthly expenditure on personal care (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E11	What is the average HH monthly expenditure on cigarettes and tobacco (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E12	What is the value of HH annual expenditure (on average) on education (NIS) during 2019?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E13	What is the value of HH annual expenditure (on average) on durable goods (NIS) during 2019?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E14	What is the value of HH annual expenditure (on average) on furniture (NIS) during 2019?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E15	What is the average HH expenditure over the past 3 years on vehicles (NIS)?	
E16	What is the average HH monthly expenditure on electricity including bills, fuels, repairs, etc. (NIS) during first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E17	What is the average HH total monthly expenditures during the first half of 2020?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Relevance of project interventions

In view of the following statement and its applicability to your situation, please tell us if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. Please mark the number that represents your answer in the answer box in the table below.

1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
Statement				Your answer
The voucher value compliments the national social safety net benefit my household receives				
The assistance helps to provide important foods for me and for members of my household				
Since I started receiving the food voucher, we have enough food to meet our basic daily needs				

Effectiveness of Intervention (understanding of purpose of intervention, beneficiary satisfaction)

In view of the following statement and its applicability to your situation, please tell us if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree. Please mark the number that represents your answer in the answer box in the table below.

1 Strongly agree	2 Agree	3 Neutral	4 Disagree	5 Strongly disagree
Statement				Your answer
The assistance we received was exactly what we were told				
Since I started receiving the food voucher, no one in my household goes to bed hungry				
Since I started receiving the food voucher, my household is able to save money as a result of the voucher programme				
Since I started receiving the food voucher, my household is healthier as a result of the voucher programme				

Impact of intervention

In view of the following statement and its applicability to your situation, please tell us if circumstances have greatly improved, improved, not changed, gotten worse, or gotten much worse. Please mark the number that represents your answer in the answer box in the table below.

1 Greatly improved	2 Improved	3 Not changed	4 Got worse	5 Got much worse
Statement				Your answer
As a result of the intervention, how has your household's ability to get enough food to eat changed since you started receiving the food voucher?				
As a result of the intervention, how has your household's ability to make more balanced meals changed since you started receiving the food voucher?				
As a result of the intervention, how has your household's ability to ensure that when members are vulnerable, they get what they need in terms of nutritious food since you started receiving the food voucher?				
As a result of the intervention, how has your household's ability to invest in health, education or livelihood activities changed since you started receiving the food voucher?				
Since I started receiving the food voucher, how has women's influence in deciding what the household eats changed?				
Since I started receiving the food voucher, how has women's mobility outside of the house changed?				

Annex 10.2: Key informant interview guide

(The below version was tailored depending on stakeholder being interviewed, however intent and themes remains the same)

Note for evaluators - remember to:

- Focus on collecting data per the guide below and not offer your own opinions.
- Ensure confidentiality by not attributing information gathered in another interview.
- Don't make promises such as including more people on the interview list or sending any documents - thank them for suggestions and refer them to the Team Leader.
- Keep in mind the primary objectives for the evaluation:
 - ✓ To assess the relevance, effectiveness, impact and sustainability of the WFP food voucher programme.
 - ✓ To produce evidence and analysis regarding whether the food voucher modality is relevant to beneficiary needs, how successful the programme has been in meeting its objectives, what changes have resulted in gender issues as a result of the programme, what impact the programme has had on food security and poverty within the targeted households, what recommendations you would have for any programme design changes in the programme if the intervention should be extended/scaled up/replicated or handed over, and lessons to help inform the development of the CO's Country Strategic Plan (CSP) and operational direction.

Introduction:

- Thank you for agreeing to participate in the interview.
- The WFP Palestine Country Office commissioned this evaluation to provide a comprehensive assessment of its URT/CBTs/voucher Programme. We're looking at the programme between 2018 to the June 2019.
- Arab World for Research and Development, a local specialist evaluation firm that works in the humanitarian and development sectors, is carrying out the evaluation. It's due to be completed by mid-November 2020.
- The interview will last around one hour (adapt length as needed for participant's schedule). Information provided in this interview is strictly confidential and will be consolidated into an integrated overall report. No personal quotes or reflections will be linked to interviewees so we are asking all participants to be frank and open in answering.
- When answering the questions, please be ready to support your views and opinions with examples of the point you are making, where possible.

- Do you have any questions for us before we begin?

Relevance

Q1.1 -To what extent is the provision of unconditional resource transfer in the form of voucher value to national social safety net beneficiaries relevant to the needs of selected beneficiaries, including men, women, boys, girls, women-headed households, elderly people and people with disability?	
Q1.1.1: How do you ensure that the voucher modality is relevant/appropriate to the food security/poverty alleviation needs of all targeted household members over time?	
Indicator	Prompt/Follow up Question
Frequency of monitoring of beneficiary modality preferences and satisfaction	<ul style="list-style-type: none"> • To what extent is it important that all members of the household are included in your targeting? • Are they impacted differently by food insecurity and poverty? • What do you think are the main factors which influence the ability of the present modality in contributing to national poverty alleviation and food security goals? • How could the modality be improved in terms of being more appropriate to beneficiary needs?
Q1.1.2: Is the voucher value based on accurate and sound analysis?	
Frequency and accurateness of food security, national poverty, and market assessments	<ul style="list-style-type: none"> • In your opinion, how accurate are these assessments? • Are they frequent enough to capture the changes in food security and poverty levels? • Is there anything missing from the assessments and analyses? • How could they be improved?

Effectiveness

Q.2.1 - What were the major factors influencing the achievement or non-achievement of the objectives of the intervention?	
Q.2.1.1: To what extent were the intended project outputs and outcomes achieved?	
Indicator	Prompt/Follow up question

Perceptions of stakeholders of the extent of the success of the intervention	<ul style="list-style-type: none"> • How successful was the programme in achieving its planned outputs and outcomes? • You have talked about successes. Could you talk about any shortcomings in meeting outputs and outcomes?
Q.2.1.1: What were the main internal and external factors influencing the extent of intended results?	
Indicator	Prompt/Follow up question
Economic factors (affecting results)	<ul style="list-style-type: none"> • What are the main economic factors affecting the results of the intervention?
Socio-political factors including gender norms (affecting results)	<ul style="list-style-type: none"> • What are the main socio-political factors affecting the results of the intervention? • How were gender dimensions incorporated into the programme design?
Q.2.2 - What were the unintended positive/negative results as they pertain to poverty alleviation/food security and gender considerations of the intervention?	
Indicator	Prompt/Follow up Questions
Perceptions of stakeholders on unintended results	<ul style="list-style-type: none"> • Have there been any unintended short-term positive or negative results created by the intervention? • You've talked about unintended positive results. Could you talk about any unintended negative results?
Q.2.3 - To what extent did the relevant assistance standards meet and/or contribute to minimum needs (food v non-food) of beneficiaries (men, women, boys, girls, women-headed households, elderly people and people with disability)?	
Q.2.3.1: To what extent are selected beneficiaries meeting the targeting criteria of being below the deep poverty line, and gender and disability targets?	
Indicator	Prompt/Follow up Questions
Extent of the beneficiary selection process being inclusive and reflecting the intervention's beneficiary targeting criteria	<ul style="list-style-type: none"> • To what extent is the PMTF used to determine eligibility? Do any other factors influence eligibility? • How do you establish gender and disability targets?

Extent of efforts and ability to estimate and mitigate against inclusion and exclusion errors of beneficiaries during the targeting and selection process	<ul style="list-style-type: none"> • As the intervention does not cover all those below the deep poverty line, how are beneficiaries who meet this criterion prioritized for assistance? • To what extent are you able to estimate and mitigate inclusion and exclusion errors during the beneficiary selection process?
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Sustainability

Q.4.1 - If the intervention should be extended/scaled up/replicated or handed over, what are the suggestions for the programme design changes?	
Q.4.1.1: How could the programme be re-designed to contribute more effectively to the social protection/food security/poverty alleviation objectives of the SDSS?	
Indicator	Prompt/Follow up questions
Promoting social and economic empowerment of marginalized groups	<ul style="list-style-type: none"> • In your opinion, should the targets for women-headed/disabled households be adjusted? • What about households with disabled members?
Q.4.1.2: How could the programme be re-designed to contribute to more effectively filling the gaps in the NSSNP?	
Indicator	Prompt/Follow up Questions
Sustainability of impact on households targeted	<ul style="list-style-type: none"> • How could the impact on targeted households be sustained?
Ability of beneficiary households to overcome barriers in the future	<ul style="list-style-type: none"> • How could the intervention capacitate beneficiaries to meet barriers to improving food security in the future? • How could intervention capacitate beneficiaries to meet barriers to alleviate poverty in the future? • How could intervention capacitate beneficiaries to achieve greater gender equality in relation to food security/poverty alleviation?
Q.4.2 - What are the potential linkages between the intervention and the National Social Safety Net Programme?	
Indicator	Prompt/Follow up questions

Existing and future potential linkages between intervention and the NSSNP	<ul style="list-style-type: none"> • How could the linkage between food security and poverty alleviation be improved? • How could the impact on the non-food component of poverty be improved? • How could the gender dimensions of the intervention be improved? • Are there other unintended impacts relating to food security and poverty alleviation that must be further considered?
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Annex 10.3: Focus Group Discussion Guide

General information

1	Date and time	Date:	
		Time:	
2	Location	City	
		Host Community	
3	Participants	Number of participants	
		Gender	Male
			Female
		Number of households with a person presenting a disability	
4	Facilitation Team	Moderators name:	
		Note taker's name:	

Purpose of the FGD

The evaluation uses and combines a range of different data collection methodologies to answer the evaluation questions. Focus group discussions with WFP Programme beneficiaries as well as non-beneficiaries will be facilitated by the evaluators in Arabic in different host communities to collect qualitative data with a particular focus on relevance of the programme to meeting your needs, the impact of the programme on your lives, and gender issues.

Focus groups selection

Focus group participants will be selected primarily purposively. Several sites will be selected to cover the diversity of geographical areas covered. Within each site, a representative sample of male-headed and female-headed households and diverse ages will be randomly selected. Potential participants will be invited and replaced if they do not agree to participate. Efforts will be made to include disabled and other marginalized groups.

Introduction

I would like to thank you all for coming,

My name is and this is We are from AWRAD, an independent evaluation firm that works in the humanitarian and development sector. WFP has commissioned AWRAD to do an evaluation for its food voucher programme in Palestine from 2018 to the end of 2019. We are here today to discuss that Programme, and particularly how this particular type of food assistance meets your needs, and what kinds of changes in your lives you have experienced because of the assistance.

You are kindly requested to provide answers about the topic based on your current experience and personal opinion of this programme. Do not worry about giving your opinion with full transparency; all names will be kept anonymous. There are no right or wrong answers, and you are free to ask for clarification at any time if you do not understand the question. Also, please be assured that the answers you give today will not have any implications for receiving WFP assistance. Nor will you receive any additional services or specific benefits from WFP or any other organization for participating in today's discussion.

Our discussion will take just under 2 hours. We want this to be a group discussion, so feel free to participate without waiting to be called on. However, we would appreciate it if only one person speaks at a time. Be assured that all of you will have equal opportunity to

express your opinions and please be respectful to opposing views expressed by another participant. There is a lot we want to discuss, so at times I may move the discussion along a bit.

The discussion taking place will be kept confidential, and your names will be kept anonymous. You can withdraw from the discussion at any time.

Finally, we request that you kindly turn your phones on silent. You may leave temporarily if there is an urgent call.

Do we have your permission to begin? Does anyone have any questions for us before we begin?

Questions

The facilitator will use four types of questions as needed: open-ended, follow-up, probing and prompted questions. In some cases, the facilitator will follow a sequence that consists typically of four parts: (1) S/he will be starting with the main question and listening for its answer. (2) Then s/he will follow up and inquire about the answer and (3) probe to clarify. (4) If necessary, they prompt using probing questions suggested by the 'notes for facilitator' column.

Topic of Discussion	Question	Link to evaluation question	Time	Notes for the facilitator
Registration	Participants register: sex, age and whether they are head of household, number of HHS	n/a	10 mins	
Introduction	Outline purpose of the meeting	n/a	10 mins	
Relevance	How is the food voucher modality relevant to your needs?	Q 1.1.1	30 mins	
Effectiveness	What do you think about the assistance you receive? What are the main results on you and your family?	Q 2.3.2	30 mins	

	How successful has the food voucher you received been in helping you meet your food needs? Alleviating poverty?	Q 2.3.2		
	Has the food voucher improved your HH's ability to eat a greater variety of meals? How? Why?	Q 2.3.2		
Impact	In what ways has the food voucher changed your lives? Short term? Longer term? In relation to food security? Poverty alleviation? Please provide examples.	Q 3.2	30 mins	
	Has the food voucher changed the way that decisions are taken within your family? In what way? Gender relations in the household?	Q 3.3		
	Please think of other families in your community that are facing the same situation as your household, but do not receive food assistance from this programme; please describe how your life is compared to their lives. What evidence could you provide us to validate your arguments?	Q 3.2		
Sustainability	If you could make any changes to a future food voucher programme to make it more impactful in -Poverty alleviation -Food security -Gender equality in relation to food security what would they be?	Q 4.1.2	10 mins	

Annex 11: Terms of Reference

Terms of Reference

EVALUATION of

WFP's Unconditional Resource Transfer Activity

under the National Social Safety Net Programme in Palestine from 2018 to 2019

WFP Palestine Country Office

October 2019

1. Introduction

1. These Terms of Reference (TOR) are for the evaluation of the United Nation's World Food Programme's (WFP) unconditional resource transfer (URT)/Cash Based Transfers (CBTs) to nonrefugees, poor and severely food insecure people under the national social safety net programme in Palestine. The evaluation is commissioned by WFP's Palestine Country Office (CO) and will cover the period from 2018 until the start of the evaluation phase, expected to take place in April 2020. The final report is expected to be delivered by the evaluation team in August 2020.
2. This evaluation is an activity evaluation and intends to assess the performance and lessons learned of the unconditional resource transfer in Palestine. Complementing the National Social Safety Net Programme in support to poor people, WFP Palestine has been implementing the unconditional resource transfer in the form of CBTs/voucher under the national social safety net since 2012 in the West Bank and since 2016 in the Gaza Strip under PRROs 200037 and 200709 and continued to increase the scale of coverage until the most recently country strategic plan (CSP) Outcome 1, Activity 1, reaching around 160,000 beneficiaries in both the West Bank and the Gaza Strip in 2019.
3. This evaluation is expected to generate learning to inform future programming, for the coming years in the framework of WFP's CSP formulation in 2021 and for the National Social Safety Net Programme. It presents an opportunity to understand the operational direction in terms of impact of the activity on food security and its contribution to Sustainable Development Goals 1 and 2, as well as to ensure transparency and accountability towards stakeholders.
4. The TOR was prepared by the WFP Palestine Country Office based upon an initial document review and consultation with stakeholders. The purpose of the TOR is twofold. Firstly, it provides key information to the Evaluation Team and helps guide them throughout the evaluation process; and secondly, it provides key information to stakeholders about the proposed evaluation.

2. Reasons for the Evaluation

2.1. Rationale

5. In the context of renewed corporate emphasis on providing evidence and accountability for results, WFP Palestine is committed to increase its evidence building initiatives. The CSP 2018-2022 included two decentralized evaluations to be conducted; the first about impact of cash assistance and the second is about impact of nutrition awareness component, which both fall under the first Strategic outcome and the first CSP activity. The proposed subject of the TOR is about the first CSP activity "unconditional resource transfer". It is important to continue investing in studies and research to underpin programme design and build a solid evidence base. This is suitable to inform planning and programme design for the remainder years of

the CSP, for the next CSP after 2022 and for WFP's Strategic direction towards supporting the National Social Safety Net programme.

6. Now that the URT/CBTs has been operational at scale for more than two years, WFP Palestine has prioritized this intervention for an evaluation taking in consideration the current reform of the national social safety net that is expected to be completed by end of 2019, the mid-term review of the national Social Development Sector Strategy (SDSS) that is planned in 2020, the timeframe of the CSP ending in 2022, the end year review of the national SDSS that is expected in 2022 and a Country Portfolio Evaluation that is planned in 2021, all of which will benefit from this decentralized evaluation thus informing WFP's next CSP and its strategic direction in support to the National Social Safety Net Programme.
7. The primary utility of this evaluation will be:
8. a. Provide information on the impact of WFP's unconditional resource transfer in the form of CBTs on national social safety net beneficiaries, which can inform future programme direction and will serve as a basis for continuation with the component in the same or different manner, specifically discussing transfer value recommendations and targeting decisions;
9. b. The evaluation results will also inform on WFP's strategic direction towards the National Social Safety Net Programme, by providing recommendations at strategic and implementation levels particularly on linkages between food insecurity and poverty in the Palestine context as well as to the contribution that WFP programme can have on the non-food component of poverty.

2.2. Objectives

10. Evaluations in WFP serve the dual and mutually reinforcing objectives of accountability and learning. This evaluation is conducted to feed into the formulation of WFP's CSP in 2021, and therefore geared more towards the learning objective:
 - **Learning** – The evaluation will provide evidence-based findings in terms of performance and impact, to inform operational and strategic decision-making regarding the first activity of the current CSP and derive lessons learned for the upcoming programme cycle formulation. Findings will be actively disseminated, and lessons will be incorporated into relevant lesson sharing systems. The evaluation will provide evidence to inform adjustments to programme design and the strategic direction of the unconditional resource transfer.
 - **Accountability** – The prolonged political context in Palestine and the shift in donors' priorities comes with high internal and external demand for information. Publicly shared and actively involving a wide range of stakeholders including donor countries, the evaluation will report on the performance and the impact of

URT/CBT on national social safety net beneficiaries and its complementarity to social transfers and contribution to social protection objectives.

2.3. Stakeholders and Users

11. A number of stakeholders both inside and outside of WFP have interests in the results of the evaluation and some of these will be asked to play a role in the evaluation process. Table 1 below provides a preliminary stakeholder analysis, which should be deepened by the Evaluation Team as part of the inception phase.
12. Accountability to affected populations (AAP), is tied to WFP’s commitments to include beneficiaries as key stakeholders in WFP’s work. As such, WFP is committed to ensuring gender equality and women’s empowerment (GEEW) in the evaluation process, with participation and consultation in the evaluation by women, men, boys and girls from different groups; i.e. female and male-headed households and People with Disabilities (PwD).

Table 1: Preliminary Stakeholders’ analysis

Stakeholders	Interest in the evaluation and likely uses of evaluation report to this stakeholder
INTERNAL STAKEHOLDERS	
Palestine CO	Responsible for the planning and implementation of WP interventions at country office level. WFP Palestine has a direct stake in the evaluation and an interest in learning from experience to inform decision-making. It is also called upon to account internally as well as to its beneficiaries and partners for the performance and results of its programmes. The results will guide the way of activity implementation and improved linkages with the National Social Safety Net Programme in the next CSP planned for formulation in 2021.
Regional Bureau Cairo (RBC)	Responsible for oversight of country offices and technical guidance and support, the RBC management and technical units such as CBT, Social Protection and Evaluation have an interest in an independent/impartial account of the operational performance as well as in learning from the evaluation findings to apply this learning to other country offices. The Regional Evaluation Officer will support the Palestine CO to ensure quality, credible and useful decentralized evaluation. RBC Programme unit will also be engaged as part of cross-regional learning. The evaluation will contribute to regional evidence collection/analysis on CBT managed by RBC evaluation unit.

WFP Headquarter (HQ)	WFP has an interest in the lessons that emerge from evaluations, particularly as they relate to WFP strategies, policies, thematic areas, or delivery modality with wider relevance to WFP programming. The current evaluation will be particularly beneficial for WFP HQ as it will assess the impact of URT/CBT and its contribution to social protection objectives.
Office of Evaluation (OEV)	OEV has a stake in ensuring that decentralized evaluations deliver quality, credible and useful evaluations respecting provisions for impartiality as well as roles and accountabilities of various decentralised evaluation stakeholders as identified in the evaluation policy.
WFP Executive Board (EB)	The WFP governing body has an interest in being informed about the effectiveness of WFP programmes. This evaluation will not be presented to the Board, but its findings may feed into thematic and/or regional syntheses and corporate learning processes.
EXTERNAL STAKEHOLDERS	
Beneficiaries	Beneficiaries are one of the primary stakeholders in this evaluation as the results preview the impact of the intervention on their lives. A total of 160,000 beneficiaries have been assisted in 2019 through unconditional resource transfer in the form of e-vouchers. As the ultimate recipients of food assistance, beneficiaries have a stake in WFP determining whether its assistance is appropriate and effective. As such, the level of participation in the evaluation of women, men, boys and girls from different groups will be determined and their respective perspectives will be sought.
Government (The Ministry of Social Development)	The Government has a direct interest in knowing how food assistance links to social protection objectives and how it could be better aligned with its priorities and harmonised with the activities implemented under the national social safety net, cohesion between social transfers/food assistance and food security results. Their interest in the evaluation is linked to their role with the social safety net and to what extent the URT/CBTs is appropriate and effective for a more sustainable results towards social protection objectives.
UN Country team (UNCT)	The UNCT's harmonized action should contribute to the realisation of the government developmental objectives. It has therefore an interest in ensuring that WFP programmes are effective in contributing to the UN concerted efforts. Various

	agencies are also direct partners of WFP at policy and activity level. UNICEF and ILO are implementing social protection related programmes and have therefore a strong interest.
Non-governmental organizations (NGOs)	WFP partners have a direct interest in knowing whether the implemented URT/CBTs was appropriate and effective. In particular, understanding about the results and performance of URT/CBTs.
Donors	WFP operations are voluntarily funded by a number of donors. They have an interest in knowing whether their funds have been spent efficiently and if WFP's work has been effective and contributed to their own strategies and programmes. The EU is supporting social protection related programmes and have therefore a strong interest.

13. The primary users of this evaluation will be:

- The WFP Palestine CO will use the evaluation alongside other sources of information to create a solid evidence base for decision-making with regards to e.g. programme design and the new CSP;
- Given the core functions of RBC, it is expected to use the evaluation findings to provide strategic guidance, programme support and oversight to WFP Palestine and other country offices in the region. RBC evaluation will use the learnings from this evaluation to derive and summarize regional learnings in the areas of CBT and Social Protection;
- WFP HQ may use evaluations for wider organizational learning and accountability;
- OEV may use the evaluation findings, as appropriate, to feed into evaluation syntheses as well as for annual reporting to the Executive Board.

14. The secondary users of this evaluation will be:

- The UN Country team, UNICEF and the World Bank as well as other agencies and NGOs involved in social protection.
- Donors such as the EU will be interested in learning from the evaluation findings.

3. Context and subject of the Evaluation

3.1. Context

The context in Palestine has remained largely unchanged in the past couple of years, with the main challenges continuing to emanate from the protracted conflict, economic stagnation, high unemployment, gender inequalities and high rates of poverty and food insecurity. Humanitarian assistance has prevented a deterioration

in food security and is a major element in the international and government-led responses. Restricted trade and access to resources in the West Bank and the Gaza Strip, combined with the impact of civil unrest and conflict, particularly in the Gaza Strip, where the blockade is in its thirteenth year, present key challenges to sustainable recovery and to the growth of the Palestinian economy. According to the latest national Socio-Economic and Food Security Survey (SEFSec), more than one in five households were found to be food insecure in 2018 - 32.7% of the total population or 1.7 million people – being severely or moderately food insecure. The population in Palestine are categorised as either vulnerable or non-vulnerable; within these groups there are refugees and nonrefugees. The United Nations Relief and Works Agency (UNRWA) is mandated to respond to the needs of refugees, with the Palestinian national authority supporting the nonrefugee populations. Humanitarian and development actors, including WFP, support the national authority in the provision of assistance to vulnerable segments of the nonrefugee population.

15. Palestine has a lower-middle-income economy with an average per capita gross domestic product (GDP) of USD 4,484. From 2000-2015, the GDP growth has been volatile and structurally unbalanced in favour of sectors not exposed to foreign competition. During this period total GDP grew on average by over 3%, however agriculture, the main sector exposed to foreign competition and a key driver of inclusive growth, contracted.
16. Palestine's economy continues to show progress in all Human Development Index (HDI) indicators. Between 2005 and 2015, its HDI value increased from 0.655 to 0.684, an increase of 4.4%, placing it in the medium human development category in the position of 114 out of 188 countries and territories⁶². Palestine's life expectancy at birth increased by five years, mean years of schooling increased by 1.3 years and expected years of schooling increased by 3 years. Palestine's gross national income (GNI) per capita increased by 81% between 1990 and 2015.
17. Gender inequalities play a significant role in the food security and nutrition status of individuals; women are especially affected by food insecurity and poverty. The prevalence of food insecurity among households headed by women is 6.6 percentage points higher than that among households headed by men – 39.1 versus 32.5 percent. Women's economic empowerment is likely to be impeded by lower wages and domestic work. The average family monthly income for food insecure households headed by women is NIS 1,957 – equivalent to USD 548 – well below the “deep” poverty line of NIS 1,974 or USD 553 per month per family. The average family monthly income for food insecure households headed by men is NIS 2,024 (USD 567) compared with NIS 5,749 (USD 1,611) for food-secure households. At 30.6%, the poverty rate for individuals in households headed by women is higher than the 29.2% for those in households headed by men. From 2011 to 2018, the unemployment rate among households headed by women increased by 23 percentage points from 28 to 51 percent, while the unemployment rate among households headed by men increased by 6 percentage points from 19 to 25percent. The labour force participation

⁶²United Nations Human Development Indicators. UNDP. Retrieved from <http://hdr.undp.org/en/countries/profiles/Palestine>

rate for women reached only 20.7% in 2018 compared with 71.5% for men. The unemployment rate increased significantly during the second quarter of 2018 in the Gaza Strip, reaching 56.8%, which is considered one of the highest rates in the region and the highest since the third quarter of 2018.

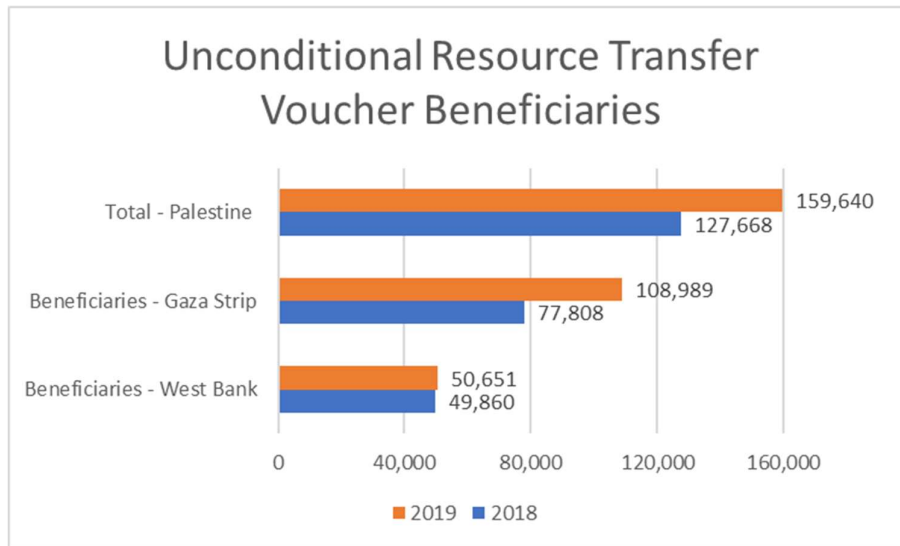
18. The economic and political situation has had a strong impact on women. The illiteracy rate is four times higher among women than among men: in 2018, illiteracy was 1 percent among men compared with 4 percent among women. National performance in reaching targets for women's economic and political participation remains low. Traditional gender roles in the West Bank and the Gaza Strip continue to reinforce the predominance of men in economic activities, while women are generally expected to prioritize domestic responsibilities. Despite the rise in women's participation in the labour force over the past ten years, the rate is still low: 20.7 percent of women were active in the labour force in 2018 compared with 15.2 percent in 2008. Women's participation is concentrated in the informal sector and a narrow range of fields in the formal economy. The Palestinian Authority has shown commitment to advancing gender equality and women's empowerment and adopted the first cross-sector national gender strategy in 2011.
19. Regarding food security and livelihoods, severe and moderate food insecurity are higher among households headed by women; women are at higher risk of malnutrition because of their reproductive role; and household resilience is depleted as a result of high unemployment among women, women's limited access to resources and the tendency for women's economic activities such as herding and harvesting to be affected by protection violations.
20. Disability is a key vulnerability factor taken into consideration in targeting poor and food insecure households and included in the data collection tool that is used in targeting. Disability of food insecure people is an eligibility factor to receive assistance under the National Social Safety Net Programme and for assistance implemented with WFP's cooperating partners (CPs), Global Communities and Oxfam. Operationally WFP considers disability a factor in the selection of distribution points and shops to ensure accessibility.

3.2 Subject of the evaluation

21. Transforming Our World: the 2030 Agenda for Sustainable Development sets forth a people-centred global framework for achieving sustainable development and ending poverty, hunger, and inequality. WFP prioritizes two Sustainable Development Goals (SDGs); SDG 2 on achieving zero hunger and SDG 17 on partnering to support implementation of the SDGs – while contributing to SDG 1 based on Palestine context and national priorities.
22. WFP has been providing unconditional resource transfer through CBTs/voucher to nonrefugee Palestinian households in Palestine since 2009, with a gradual increase in the number of beneficiaries towards the shift from in-kind modality to CBTs/voucher. Under the national social safety net, WFP has been providing URT/CBTs/voucher since 2012 in the West Bank and since 2016 in the Gaza Strip with a gradual increase in the number of beneficiaries over the years. Currently the number of beneficiaries

reached around 160,000 (32,978 households) out of whom around 51,000 (10,748 households) in the West Bank and around 109,000 (22,230 households) in the Gaza Strip with around 49.7 percent boys and men and 50.3 percent girls and women. Households headed by women comprise around 35 percent. The URT activity implementation under the CSP is expected to continue until the end of the current CSP in 2022.

23. Based on a previous evaluation of the voucher programme in the Gaza Strip in 2015 that was conducted by an independent Evaluation Team commissioned by the United Kingdom Department for International Development (DFID) as a main donor at the time, it clearly highlighted the improvement of food security status among the beneficiary group and that the voucher modality had no significant impact on the level of poverty. The evaluation was related to beneficiaries outside the National Social Safety Net Programme, and it only covered the Gaza Strip.
24. One of the recommendations of the 2017 Strategic Review of Food and Nutrition Security in Palestine was to gradually transition from in-kind food assistance to CBTs, considering that this shift would be economically empowering to men and women by providing better choices, providing them with autonomy in the decisions on the use of CBTs. To ensure the integrity of transfers to intended beneficiaries, WFP has contracted shops that can offer e-voucher beneficiaries' quality and diverse food at market prices.
25. With the objective of enhancing/maintaining the food security of the most vulnerable, poor and food insecure nonrefugee households in Palestine, the URT/CBTs/voucher provides unconditional value voucher of US\$ 10.3 per capita per month to be redeemed at WFP participating shops for food items in the five governorates of the Gaza Strip and at four governorates of the West Bank (see Annex 1-URT Map-Beneficiaries per Governorate and location of shops).
26. One of the main beneficiary groups receiving CBTs/voucher is comprised of poor and food insecure people who are registered under the National Social Safety Net Programme comprising around 62% of CBT/voucher beneficiaries in the West Bank and Gaza Strip. The below graph shows the number of assisted beneficiaries under the National Social Safety Net Programme since the start of the CSP in 2018.



27. The logical framework of the CSP of activity 1 is annexed to the TOR with details on results envisioned (see Annex 5 CSP Logframe-Activity 1)
28. WFP continued, during the CSP 2018-2022, to work with the Ministry of Social Development in the provision of food assistance, strategic planning and capacity development. WFP provides technical support to the Ministry of Social Development on reform and management of the social safety net and complements the support provided by the government through food assistance for identified families. WFP coordinates with the Ministry of Social Development on overall planning, strategic matters and targeting, and with the Palestinian Central Bureau of Statistics on food security assessments. WFP continues to partner international and local NGOs in food assistance and nutrition awareness areas. WFP continued to coordinate with the food security sector on food security matters and with United Nations agencies on inter-cluster matters, contingency and emergency preparedness.
29. In tune with the SDG 1 target of implementing nationally appropriate social protection systems and measures for all people, the Ministry of Social Development's National Social Safety Net Programme has been expanding, starting with support to 42,000 poor households in 2004 and increasing to around 110,000 families by 2019. This support is mainly done through the national cash transfer programme in addition to other forms of social transfers. This indicates growing coverage but may also indicate increasing vulnerability. The probability of vulnerable Palestinians falling into poverty is high. The national targeting of social protection has been deemed among the best in the region and its unified beneficiary system is considered a regional best practice.
30. WFP's food assistance has been one of the social transfer components to poor and food insecure nonrefugees, thus complementing other social transfers such as the national cash transfer programme that is supported by the World Bank and the EU. WFP has also been working closely with UNICEF, in relation to coordinating and implementing the Social Development sector strategy 2017-2022 in support to the Ministry of Social Development.

31. In support to social protection, a joint SDG programme has been designed recently, jointly by WFP, UNICEF and the International Labour Organization (ILO) called “Towards a universal and holistic social protection floor for persons with disabilities (PwD) and older persons in the State of Palestine Joint Programme”. This programme is expected to be implemented during the coming two years.
32. WFP relies on a set of monitoring instruments to examine the most critical element underlying the effectiveness, accountability and success of WFP's URT/CBTs/voucher on three different layers, at the process, output and outcome levels. Through process monitoring, WFP field monitors assess and report on the operational implementation of WFP's interventions and the risks that might adversely affect the achievement of the planned distributions. Process monitoring is conducted at all contracted retail shops on a regular basis for a representative sample. WFP also conducts post-distribution monitoring (PDM) visits at household level for a representative sample, with a view to monitor the improvement or deterioration in the food security status of assisted people and assess the effectiveness of its interventions. WFP collects qualitative and quantitative data (outcome indicators) on people's diet, food consumption and coping strategies, and measures the satisfaction of families receiving assistance. WFP's household visits and monitoring tools also enable assessing the appropriateness and effectiveness of WFP's response and/or chosen aid modality and inform on appropriate review-strategies for all segments of the populations.
33. WFP has a gender-responsive monitoring and evaluation (M&E) plan with a clear emphasis on outcome monitoring that measures the impact of WFP's food assistance on targeted households. Under WFP's regular monitoring, data is collected at household level taking into consideration age and sex of the head of household, household size, number of school age children disaggregated for boys and girls, number of incomes generating adults in the household, persons with disability, status of the household (permanent residents, refugee status). The collection, analysis and use of sex and age-disaggregated data generate an understanding, of the impact of food assistance household categories, understanding whether there are any differences among these categories and causes if any.
34. On top of WFP's regular monitoring activities described above, WFP Palestine CO has also been measuring the secondary impact of its CBTs/voucher “Secondary Impact of WFP Palestine Cash-based Transfers -Voucher”, capturing the multiplier effect of WFP's voucher modality on the local economy. This monitoring assesses the direct impact of the voucher modality on the beneficiary households, and the trickle-down effects on the economy along the dairy supply chain.

4. Evaluation Approach

4.1. Scope

35. The evaluation will focus on WFP's URT/CBTs/voucher to national social safety net beneficiaries in the West Bank and the Gaza Strip, which is the first CSP activity under the first strategic outcome “Nonrefugees, poor and severely food- insecure people –

primarily in the Gaza Strip and Area C of the West Bank – have improved dietary diversity by 2022”. It intends to assess the performance and derive lessons learned from the unconditional resource transfer in Palestine, in addition to assessing the impact on food security level and will also assess how the URT/CBTs/voucher complements other humanitarian and development actions in place (understanding how CBT/voucher fits into the larger picture-linkages between humanitarian and social protection) and to what extent is WFP’s URT/CBT/voucher is contributing not only to food security objectives but also to SDG 1 and to social protection objectives of “poverty reduction”. The evaluation will look at the URT/CBTs/voucher implementation cycle under the current CSP PS01, covering 2018-2019. This evaluation will not cover the in-kind food component of the first activity of the CSP, that is implemented outside the umbrella of the National Social Safety Net Programme.

36. A one-week preliminary evaluability assessment mission was conducted by the Regional Evaluation Officer in September 2019, that was preceded by an introductory meeting with the M&E Officer, Vulnerability Analysis and Mapping (VAM) Officer, Head of Programmes and the Country Director. The missions contributed to the design of the scope, subject of decentralized evaluation and evaluation criteria and questions. During his visit, technical meetings were held with WFP technical staff, partners, and beneficiaries, about the decentralized evaluation in general and about agreeing on the most appropriate methodology based on the review of available data. On the national level, a meeting was held with the Deputy Minister at the Ministry of Social Development and with UNICEF’s technical staff.
37. The assessment under this decentralized evaluation will be based on the analysis of household survey and focus group discussion for qualitative articulations. Secondary data review will also be necessary as part of the evaluation approach that will be complemented by some primary data collection.

4.2. Evaluation Criteria and Questions

38. **Evaluation Criteria.** The evaluation will apply the international evaluation criteria of Relevance, Effectiveness, Impact and sustainability.
39. Gender Equality will be mainstreamed throughout the analysis and process. The evaluation will assess the inclusion of gender dimensions in the intervention design and implementation.
40. **Evaluation Questions.** Allied to the evaluation criteria, the evaluation will address the following key questions, which will be further developed by the Evaluation Team during the inception phase. Collectively, the questions aim at highlighting the key lessons and performance of URT/CBTs/voucher, which could inform future strategic and operational decisions.

Table 2: Criteria and evaluation questions

Criteria	Evaluation Questions
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Relevance	<ul style="list-style-type: none"> • To what extent is the provision of unconditional resource transfer in the form of voucher value to national social safety net beneficiaries relevant to the needs of selected beneficiaries, including men, women, boys, girls, women-headed households, elderly people and people with disability? • To what extent is the intervention aligned with the needs of the national SDSS?
Effectiveness	<ul style="list-style-type: none"> • What were the major factors influencing the achievement or non-achievement of the objectives of the intervention? • What were the un-intended positive/negative results? • To what extent the relevant assistance standards met and/or contributed to minimum needs (food vs non-food) of beneficiaries (men, women, boys, girls, women-headed households, elderly people and people with disability)?
Impact	<ul style="list-style-type: none"> • How much of the improvement of beneficiaries' food security status can be attributed to the intervention? • Has the intervention resulted in any unintended impacts, i.e. reduction in poverty gap? • What were the gender-specific impacts of the interventions? • What is the percent of monthly household expenditure that the CBT transfer covers?
Sustainability	<ul style="list-style-type: none"> • If the intervention should be extended/scaled up/replicated or handed over, what are the suggestions for the programme design changes? • What are the potential linkages between the intervention and the National Social Safety Net Programme?

4.3. Data Availability

41. The Evaluation Team will have access to corporate externally available documents such as the CSP, the Standard Project Report (SPR) and the Annual Country Report (ACR). They will also have access to the report of a previous evaluation of the voucher programme in the Gaza Strip "Improving Food Security for the people of Gaza", that was an independent evaluation commissioned by the DFID in 2015.
42. The WFP Palestine CO will also provide the Evaluation Team with the programme planning documents, the monitoring reports, output level data and the monitoring data sets for process and outcome level data. Disaggregated data on gender and age is captured through monthly CP reports. Outcome monitoring data also includes data on gender indicators under cross-cutting result three "improving gender equality and women's empowerment among WFP assisted population".

43. The available data at the Ministry's level (administrative data), information and reports, WFP's first round of monitoring data, household data sets of the secondary impact assessment of voucher of 2018 will serve as baseline data for this decentralized evaluation. The 2018 socio-economic and food security survey will also be shared with the Evaluation Team. A follow-up survey (primary data collection) under this decentralized evaluation will be conducted during Q1 2020. The data collection tools will be designed during an inception mission by the contracted firm/consultant and in consultation with local specialists including the development of a statistically representative sampling framework.
44. Concerning the quality of data and information, the Evaluation Team should:
- a. Assess data availability and reliability as part of the inception phase expanding on the information provided in section 4.3. This assessment will inform the data collection.
 - b. Systematically check accuracy, consistency and validity of collected data and information and acknowledge any limitations in drawing conclusions using the data.

4.4. Methodology

45. The detailed methodology will be designed by the Evaluation Team during the inception phase. It should:
- Employ the relevant evaluation criteria; relevance, effectiveness, impact and sustainability;
 - Develop the theory of change for the Strategic Outcome 1 activities;
 - Demonstrate impartiality and lack of biases by relying on a cross-section of information sources (stakeholder groups, including beneficiaries, etc.) The selection of field visit sites will also need to demonstrate impartiality and be statistically significant in terms of measuring the impact;
 - Using mixed methods (quantitative, qualitative, participatory etc.) to ensure triangulation of information through a variety of means. Quantitative and qualitative data collection will need to be conducted to answer the impact level evaluation questions;
 - Develop an evaluation matrix geared towards addressing the key evaluation questions considering the data availability challenges, the budget and timing constraints;
 - Ensure through the use of mixed methods that women, girls, men and boys from different stakeholder groups participate and that their different voices are heard and used;
 - Consider WFP's approach to protection and Accountability to Affected Population, as, respectively WFP's Policy on Humanitarian Protection and WFP's Strategy on AAP;
 - The methodology should be GEEW-sensitive, indicating what data collection methods are employed to seek information on GEEW issues and to ensure the

inclusion of women and marginalised groups. The methodology should ensure that data collected is disaggregated by sex and age; an explanation should be provided if this is not possible. Triangulation of data should ensure that diverse perspectives and voices of both males and females are heard and considered.

- Respect the Humanitarian Principles of Humanity, Neutrality, Independence, and Impartiality
46. The impact criteria will be relying on quantitative data collection and analysis based on the quasi-experimental method as the CO maintains a database of household expenditure data and other data on food security and poverty indicators from the “Secondary Impact Assessment” exercise of 2018. The comparison will be done through a “before and after” approach with the potential reconstruction of the comparison group according to statistical analysis. The consultant will have, during the inception phase, the responsibility to assess the availability and reliability of the provided household-level data by WFP and the Ministry of Social Development and identify the exact data that needs to be collected to derive the impact analysis. The sampling will take into consideration at least three strata; geographical (West Bank and Gaza Strip), transfer modality and gender.
47. The evaluation findings, conclusions and recommendations will reflect gender analysis, and the report should provide lessons/challenges/recommendations for conducting gender-responsive evaluation in the future. The evaluation, through mixed methods, is expected to capture GEEW results interviewing women and men, girls and boys separately, making use of gender-based focus groups or even conducting gender-related case studies as appropriate.
48. **Impartiality and independence:** Mechanisms to ensure the independence and impartiality of the decentralized evaluation include outsourcing the evaluation conduct to a third-party actor without connections to the design or implementation of the unconditional resource transfer activity in the West Bank and Gaza Strip with full access to information. As well as the establishment of an Evaluation Committee (EC) and an Evaluation Reference Group (ERG), which will both support a credible, transparent, impartial and quality evaluation process in accordance with WFP Evaluation Policy 2016-2021.
49. The following potential risks to the methodology have been identified, which is the evaluability as the current financial shortfall which might suspend CBT distribution during the timeframe of data collection. The risk will be mitigated by employing qualitative/focus-group discussions wherever, after a sampling analysis, the quantitative data would present bias. The sampling analysis should be done by the consultant at the inception phase. The potential suspension might present an opportunity for a qualitative establishment of the comparison group.

4.5. Expected Deliverables:

- Inception Report that includes a theory of change, detailed methodology, sampling framework (statistically significant), data collection tools and a workplan;

- Full analytical report that is expected to include an executive summary, objectives and methodology, presentation of findings with analysis at all levels, including the results of focus group discussion and case studies if any, conclusions and recommendations;
- Infographic Report;
- Summary Report (two pagers and PPT (20 slides deck)).

4.6. Quality Assurance and Quality Assessment

50. WFP's Decentralized Evaluation Quality Assurance System (DEQAS) defines the quality standards expected from this evaluation and sets out processes with in-built steps for Quality Assurance, Templates for evaluation products and Checklists for their review. DEQAS is closely aligned to the WFP's evaluation quality assurance system (EQAS) and is based on the UNEG norms and standards and good practice of the international evaluation community and aims to ensure that the evaluation process and products conform to best practice.
51. DEQAS will be systematically applied to this evaluation. The WFP Evaluation Manager will be responsible for ensuring that the evaluation progresses as per the [DEQAS Process Guide](#) and for conducting a rigorous quality control of the evaluation products ahead of their finalization.
52. WFP has developed a set of [Quality Assurance Checklists](#) for its decentralized evaluations. This includes Checklists for feedback on quality for each of the evaluation products. The relevant Checklist will be applied at each stage, to ensure the quality of the evaluation process and outputs.
53. To enhance the quality and credibility of this evaluation, an outsourced quality support (QS) service directly managed by WFP's Office of Evaluation in Headquarter provides review of the draft inception and evaluation report (in addition to the same provided on draft TOR), and provide:
 - a. systematic feedback from an evaluation perspective, on the quality of the draft inception and evaluation report;
 - b. recommendations on how to improve the quality of the final inception/evaluation report.
54. The Evaluation Manager will review the feedback and recommendations from QS and share with the team leader, who is expected to use them to finalise the inception/evaluation report. To ensure transparency and credibility of the process in line with the [UNEG norms and standards](#)^[1], a rationale should be provided for any recommendations that the team does not take into account when finalising the report.
55. Concerning the quality of data and information, the Evaluation Team should systematically check accuracy, consistency and validity of collected data and

^[1] UNEG Norm #7 states "that transparency is an essential element that establishes trust and builds confidence, enhances stakeholder ownership and increases public accountability"

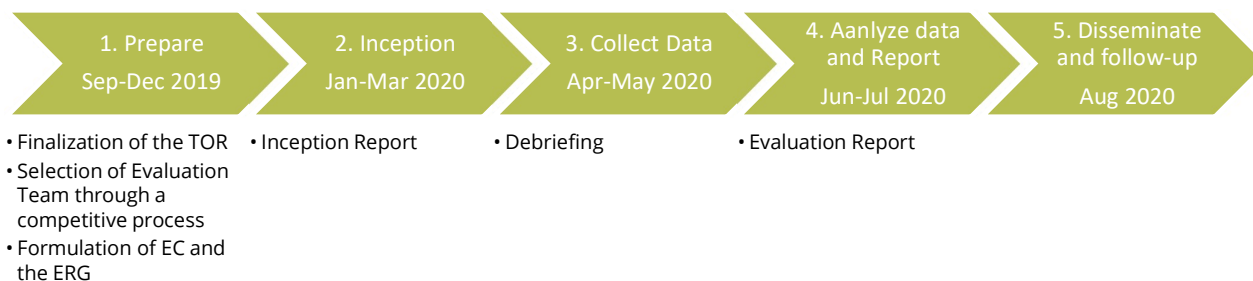
information and acknowledge any limitations/caveats in drawing conclusions using the data

56. This quality assurance process as outline above does not interfere with the views and independence of the Evaluation Team, but ensures the report provides the necessary evidence in a clear and convincing way and draws its conclusions on that basis.
57. The Evaluation Team will be required to ensure the quality of data (validity, consistency and accuracy) throughout the analytical and reporting phases. The Evaluation Team should be assured of the accessibility of all relevant documentation within the provisions of the directive on disclosure of information. This is available in [WFP's Directive CP2010/001](#) on Information Disclosure.
58. All final evaluation reports will be subjected to a post hoc quality assessment by an independent entity through a process that is managed by OEV. The overall rating category of the reports will be made public alongside the evaluation reports.

5. Phases and Deliverables

59. The evaluation will proceed through the following phases. The deliverables and deadlines for each phase are as follows:

Figure 1: Summary Process Map



60. **Preparatory phase:** The Evaluation Manager is responsible for deliverables in the preparatory phase, which includes finalization of the TOR including external quality assurance mechanisms, ensuring the selection of the Evaluation Team through competitive process, and contracting of the evaluation company. As well as the formation of the EC and ERG. This phase is expected to be completed by end of December 2019.
61. **Inception phase:** The Evaluation Team is responsible for conducting a comprehensive desk review of available data. The team should timely inform the Evaluation Manager about any identified information gaps to be addressed. Based on the overall assessment, the team should suggest revisions to the TOR if needed and prepare a draft inception report detailing the detailed approach methodology,

data collection instruments, teamwork plan and fieldwork schedule for the evaluation.

62. **Evaluation Phase:** The Evaluation Team will conduct field-level data collection, expected to take place during April and May 2020. The team will communicate regularly with the Evaluation Manager regarding the field workplan including site visits, meetings with internal and external stakeholders, and a debriefing session to present preliminary findings.
63. **Data analysis and reporting:** The Evaluation Team is expected to deliver a final evaluation report in July 2020 based on the draft version feedback received following completion of the quality assurance protocol.
64. **Dissemination and follow-up:** For the final dissemination and follow-up phase, the evaluation report will be shared with relevant stakeholders and users of the evaluation. The WFP Commissioning Office management will respond to the evaluation recommendations by providing actions that will be taken to address each recommendation and estimated timelines for taking those actions.
65. More detailed description of the evaluation schedule with the sequence of activities and deliverables is presented in Annex 2.

6. Organization of the Evaluation & Ethics

6.1. Evaluation Conduct

66. The Evaluation Team will conduct the evaluation under the direction of its team leader and in close communication with the Evaluation Manager. The team will be hired following agreement with WFP on its composition.
67. The Evaluation Manager and the Evaluation Team will not have been involved in the design or implementation of the subject of evaluation or have any other conflicts of interest. Further, they will act impartially and respect the [code of conduct of the evaluation profession](#).

6.2. Team composition and competencies

68. The evaluation will be conducted by a local research institute /Consultancy firm that will appoint the evaluation leader and team members. The evaluation leader should have leadership skills, relevant education, solid experience in food security, poverty and social protection. The Evaluation Team leader must have a knowledge of the operational context and good client engagement skills. The research institute/consultancy firm will also undertake the sampling analysis, conduct the needed primary data collection (including the recruitment of enumerators) and will be responsible for all logistical, administrative and procurement costs. To the extent possible the evaluation will be conducted by a gender-balanced, geographically

diverse team with appropriate skills to assess gender dimensions of the subject as specified in the scope, approach and methodology sections of the TOR.

69. The team will be multi-disciplinary and is expected to include at least two members in addition to the team leader who together includes an appropriate balance of expertise and practical knowledge in the following areas:

a. Food security;

b. poverty and Social Protection;

c. Strong statistical analysis skills (quantitative and qualitative);

d. Gender expertise / good knowledge of gender issues;

e. All team members should have strong analytical and communication skills, impact evaluation experience in Palestine;

f. Team members and enumerators will have excellent oral and written communication skills in Arabic and English languages.

70. On top of the Team leader's leadership skills, he/she will have technical expertise in quasi-experimental evaluation design, sampling calculations, methodology and data collection tools and demonstrated experience in leading similar evaluations in similar contexts. She/he will also have communication skills, including a track record of excellent English writing and presentation skills.

71. Her/his primary responsibilities will be: i) defining the evaluation approach, design, sampling type, and methodology; ii) guiding and managing the team including all administrative and procurement aspects; iii) leading the evaluation mission and representing the Evaluation Team; iv) drafting and revising, as required, the inception report, the end of field work (i.e. exit) debriefing presentation and evaluation report in line with DEQAS.

72. The team members will bring together a complementary combination of the technical expertise required and have a track record of written work on similar assignments.

73. Team members will: i) contribute to the methodology in their area of expertise based on a document review; ii) conduct fieldwork; iii) participate in team meetings and meetings with stakeholders and coordinate qualitative data collection; iv) contribute to the drafting and revision of the evaluation products in their technical area(s), v) develop infographic products.

6.3. Security Considerations

74. **Security clearance** where required is to be obtained from the UN Department of Safety & Security (UNDSS) Palestine.

- As an 'independent supplier' of evaluation services to WFP, the evaluation company is responsible for ensuring the security of all persons contracted, including adequate arrangements for evacuation for medical or situational reasons. The consultants contracted by the evaluation company do not fall under the UNDSS system.

6.4. Ethics

75. WFP's decentralised evaluations must conform to WFP and UNEG ethical standards and norms. The contractors undertaking the evaluations are responsible for safeguarding and ensuring ethics at all stages of the evaluation cycle (preparation and design, data collection, data analysis, reporting and dissemination). This should include, but is not limited to, ensuring informed consent, protecting privacy, confidentiality and anonymity of participants, ensuring cultural sensitivity, respecting the autonomy of participants, ensuring fair recruitment of participants (including women and socially excluded groups) and ensuring that the evaluation results in no harm to participants or their communities.
76. Contractors are responsible for managing any potential ethical risks and issues and must put in place in consultation with the Evaluation Manager, processes and systems to identify, report and resolve any ethical issues that might arise during the implementation of the evaluation. Ethical approvals and reviews by relevant national and institutional review boards must be sought where required.

7. Roles and Responsibilities of Stakeholders

7.7. The WFP Palestine Country Office:

- a- The Country Director and Representative of the WFP Palestine Country Office, Stephen Kearney will take responsibility to:
- Assign an Evaluation Manager for the evaluation.
 - Compose the internal evaluation committee and the evaluation reference group (see below).
 - Approve the final TOR, inception and evaluation reports.
 - Ensure the independence and impartiality of the evaluation at all stages, including establishment of an Evaluation Committee and of a Reference Group (see below and [TN on Independence and Impartiality](#)).
 - Participate in discussions with the Evaluation Team on the evaluation design and the evaluation subject, its performance and results with the Evaluation Manager and the Evaluation Team
 - Organise and participate in two separate debriefings, one internal and one with external stakeholders
 - Oversee dissemination and follow-up processes, including the preparation of a Management Response to the evaluation recommendations
- b- The appointed **Evaluation Manager** (EM) is Arwa Smeir, Monitoring and Evaluation Officer, who will:
- Manages the evaluation process through all phases including drafting this TOR;
 - Ensures quality assurance mechanisms are operational;
 - Consolidates and shares comments on draft TOR, inception and evaluation reports with the Evaluation Team;
 - Ensures expected use of quality assurance mechanisms (checklists, quality support),

- Ensures that the team has access to all documentation and information necessary to the evaluation; facilitates the team's contacts with local stakeholders; sets up meetings, field visits; provides logistic support during the fieldwork; and arranges for interpretation, if required;
 - Organises security briefings for the Evaluation Team and provides any materials as required.
78. An internal **Evaluation Committee** has been formed as part of ensuring the independence and impartiality of the evaluation. The Evaluation Committee will oversee the evaluation process, by making decisions, giving advice to the Evaluation Manager and clearing evaluation products submitted to the Chair for approval. Annex 3 indicates the list of members of the Evaluation Committee.
79. **An Evaluation Reference Group (Annex 4)** has been formed, as appropriate, with representation from WFO internal experts from relevant programmatic and technical units, and external stakeholders, mainly a representative from the Ministry of Social Development, UNICEF and experts in the Evaluation field. The ERG members will review and comment on the draft evaluation products and act as key informants in order to further safeguard against bias and influence.
80. **The Regional Bureau Cairo**, mainly through Regional Evaluation Officer Luca Molinas will take responsibility to:
- Advise the Evaluation Manager and provide support to the evaluation process where appropriate.
 - Participate in discussions with the Evaluation Team on the evaluation design and on the evaluation subject as required.
 - Provide comments on the draft TOR, Inception and Evaluation reports
 - Support the Management Response to the evaluation and track the implementation of the recommendations.
 - Join the evaluation mission if requested by the Country Director
 - Integrate the findings of this evaluation into the regional CBT learning project

While the Regional Evaluation Officer will perform most of the above responsibilities, other RBC relevant technical staff, mainly CBT and Social Protection will participate in the evaluation reference group and/or comment on evaluation products as appropriate.

81. The **CBT and Programmes units in HQ** will take responsibility to:
- Discuss WFP strategies, policies or systems in their area of responsibility and subject of evaluation.
 - Comment on the evaluation TOR, inception and evaluation reports, as required.
82. The **Office of Evaluation (OEV)**. OEV, through the Regional Evaluation Officer, will advise the Evaluation Manager and provide support to the evaluation process when required. It is responsible for providing access to the outsourced quality support service reviewing draft TOR, inception and evaluation reports from an evaluation perspective. It also ensures a help desk function upon request.

8. Communication and budget

8.1. Communication

83. To ensure a smooth and efficient process and enhance the learning from this evaluation, the Evaluation Team should emphasize transparent and open communication with key stakeholders in all phases. The team is encouraged to meet with as many as internal and external stakeholders as needed for the purpose of this evaluation. These will be achieved by ensuring a clear agreement on channels and frequency of communication with and between key stakeholders.
84. The team leader will regularly communicate with the Evaluation Manager, providing updates on the progress of the evaluation. The TOR and inception report will be shared internally and externally as per the membership of the EC and ERG. The final evaluation report will be made publicly available on WFP's external website along with the management response. Following the approval of the final evaluation report, a stakeholder workshop with WFP partners, donors and the Government, will be organized to present the evaluation findings and recommendations. A communication plan will be developed by the Evaluation Team and the Evaluation Manager to share learnings in the most efficient and relevant way.
85. The Communication and Learning Plan should include a GEEW responsive dissemination strategy, indicating how findings including GEEW will be disseminated and how stakeholders interested or those affected by GEEW issues will be engaged.

8.2. Budget

86. The evaluation will be covered by the WFP Palestine CO and the budget will cover the costs of contracting a local consultancy firm through launching a competitive procurement process to contract the most qualified and experienced research Institute/Consultancy firm. The budget will be determined upon the contracting of the consultancy firm, that will include all costs, i.e. per diem, transportation, the extent of primary data collection etc.
87. The budget covers any costs related to production of communication materials etc. the final report is not foreseen to be translated.

Annex 12: Evaluation Matrix

Criteria	Evaluation Question	To R	Theory of change Ser	Sub questions	Indicators/Measure of Progress	Data Sources	Data Collection Methods	Data Analysis Methods / Triangulation	Evidence/ Availability / Reliability
Relevance	To what extent is the provision of unconditional resource transfer in the form of voucher value to national social safety net beneficiaries relevant to the needs of selected beneficiaries, including men, women, boys, girls, women-headed	1.1	1	Is the voucher modality appropriate to the needs of targeted beneficiaries ?	<p>Frequency of consultations/monitoring reports about appropriateness of voucher modality and value with targeted beneficiaries.</p> <p>Appropriateness of the URT/CBTs/voucher modality to the needs of beneficiaries.</p> <p>Comparison of consumption, expenditure and coping strategy data</p>	<p>WFP monitoring reports</p> <p>WFP M&E Staff</p> <p>Beneficiaries</p>	<p>Document review</p> <p>KII</p> <p>Focus Group Discussions</p> <p>Survey</p>	<p>Quantitative and narrative analysis of secondary data</p> <p>Analysis of primary data</p>	<p>Monitoring data available and reliable</p> <p>Can be disaggregated by gender of household head</p>

	households, elderly people and people with disability?				between treatment and control groups				
		1.1	1	Is the value of the voucher based on accurate and sound analysis?	Frequency and thoroughness of market, food security and vulnerability assessments. Reported use of assessments and analysis to inform decision making	WFP monitoring reports, SEFSEC reports, PCBS data WFP M&E staff MoSD staff	Document review KII KII	Quantitative and narrative analysis of secondary data Analysis of primary data	Monitoring data available and reliable The methodology for value calculation will need to be shared
	To what extent is the intervention aligned with the needs of the National Social Development Sector	1.2	2		Degree of alignment of documented objectives and approaches with SDSS objectives (reducing poverty, eliminating marginalization, violence and social	WFP programme documents, previous evaluations	Document review KII KII	Quantitative and narrative analysis of secondary data	Will need access to project documents on alignment with national priorities

	Strategy? (SDSS)				inclusion and enhancing social cohesion) Positive/negative stakeholders' perspectives on alignment	MoSD and WFP staff Other donors		Analysis of primary data	and national consultation process.
Effectiveness	What were the major factors influencing the achievement or non-achievement of the objectives of the intervention?	2.1	4	To what extent were the intended project output and outcome targets achieved?	Perceptions of the extent of success of the programme Planned versus actual outputs and outcomes, disaggregated by gender of household head, age and disability Extent of coverage of target (versus control) beneficiary group by MoSD national safety net programme transfers Assumptions of the TOC fulfilled based on	MoSD and WFP staff Beneficiaries from target group (versus control) WFP monitoring reports Progress Reports uploaded into the WFP M&E database WFP Annual Country	KII Focus Group Discussions Document review Document review Survey	Analysis of primary data Quantitative and narrative analysis of secondary data Quantitative and narrative analysis of secondary data Quantitative and	Output and Outcome data is available up to Q2 of 2020

					the outputs and outcomes achieved	Reports (ACRs)		narrative analysis of primary data	
						Comparison of assumptions in TOC with actual outputs and outcomes			
		2.1	3	What were the main internal and external factors influencing the extent of intended achievements?	<p>Economic factors</p> <p>Socio-political factors (including gender norms)</p> <p>Internal process factors</p> <p>Internal capacity factors</p> <p>Partnership factors</p> <p>WFP leadership and management factors</p> <p>Coordination and collaboration with other donors and implementers</p>	<p>MoSD and WFP staff</p> <p>Other stakeholders</p> <p>Beneficiaries</p>	<p>KII</p> <p>KII Focus Group Discussions</p>	Analysis of primary data	Data and perspective will be collected on contextual factors

	What were the unintended positive/negative results?	2.2	3		<p>Positive/negative perceptions of stakeholders on unintended results</p> <p>Significant changes in food consumption patterns for different beneficiary categories</p> <p>Perceptions of beneficiaries on short term changes in their lives</p>	<p>MoSD and WFP staff</p> <p>Changes in beneficiary consumption, expenditure, coping strategies, disaggregated by beneficiary category</p> <p>Beneficiaries</p>	<p>KII Survey</p> <p>Focus Group Discussions</p>	<p>Analysis of primary data</p> <p>Quantitative and narrative analysis of primary data</p> <p>Analysis of primary data</p>	<p>Unintended consequences may be difficult to identify across time however they should be reliability inferred when comparing data from treatment and control.</p>
	To what extent did the relevant assistance standards meet and/or contribute to minimum needs (food vs non-food) of beneficiaries (men, women,	2.3	4	<p>Are selected beneficiaries meeting the targeting criteria of being non refugees below the deep poverty line?</p>	<p>Extent of efforts and ability to estimate and mitigate against inclusion and exclusion errors of beneficiaries during selection process</p> <p>Planned versus Actual Beneficiaries meeting targeting criteria (below deep poverty</p>	<p>MoSD staff WFP staff</p> <p>WFP Monitoring reports</p>	<p>KII</p> <p>Case Studies</p> <p>Document review</p>	<p>Analysis of primary data</p> <p>Quantitative and narrative analysis of secondary data</p>	<p>Limited but reliable data is available on targeting criteria</p>

	boys, girls, women-headed households, elderly people and people with disability)?				line) and gender and disability targets				
		2.3	5	To what extent did the CBT/voucher value contribute to meeting minimum food and non-food needs of the various beneficiary categories?	<p>Comparison of consumption, expenditure and coping strategy data from control and target groups, disaggregated by beneficiary category</p> <p>Perceptions of beneficiaries on the ability of the food voucher value and content to meet their minimum needs</p>	<p>Control and target group data</p> <p>Target group Beneficiaries</p>	<p>Survey</p> <p>Case Studies</p> <p>Focus Group Discussions</p>	<p>Quantitative analysis of primary data</p> <p>Analysis of primary data</p>	

Impact	How much of the improvement of beneficiaries' food security status can be attributed to the intervention?	3.1	10	Has the food security status of beneficiaries improved?	Extent of positive changes compared to baseline (2018) % of beneficiaries employing fewer negative coping strategies by gender compared to control % of beneficiaries reporting that no one in household goes to bed hungry	Consumption, expenditure and coping strategy data from food voucher beneficiaries Target v Control groups Target v Control group	Survey Case Studies Survey Survey	Quantitative analysis of primary data	Baseline panel data of PMTF score (targeting criteria) is available from MoSD on all beneficiaries. WFP's monitoring data on food security is aggregated observational data.
		3.1	10	How much of the improvement in beneficiary food security status can be attributed to the	Comparison of food security status of treatment and control groups	Comparison of control and target group data	Survey	Quantitative analysis of primary data	Attribution may be difficult.

				intervention ?					
	Has the intervention resulted in any unintended impacts, i.e. reduction in poverty gap?	3.2	10	Is there any reduction in the poverty gap?	Reduction in the poverty gap (extent of upward progress towards the poverty line compared to baseline) % of beneficiaries reporting increased savings, treatment vs control groups	Beneficiaries Target v Control groups WFPs monitoring reports on secondary impact of food voucher intervention Progress Reports uploaded into the WFP M&E database	Survey Case Studies Document review Survey	Quantitative analysis of primary data Quantitative and narrative analysis of secondary and primary data	Panel baseline data on poverty is available from MoSD.

						Beneficiaries			
What were the gender-specific impacts of the interventions?	3.3	10	What are the impacts of this intervention on female headed households? On women and girls in male headed households? On men and boys? And on the elderly?	Changes in gender equality Changes in women's empowerment Changes in gender relations in the household Changes in levels of intra-household conflict	Beneficiaries WFPs monitoring reports on gender-specific impact of food voucher intervention WFP Annual Country Reports	Focus Group Discussions Case Studies Document review	Analysis of qualitative data and secondary data analysis	Data for female headed households is available from MoSD and WFP. Limited data on children, women, girls, men, boys, and the elderly is available.	
What is the percent of monthly household expenditure	3.4	9		Average monthly household expenditure with and without CBT transfers (treatment vs control)	Expenditure data of target and control	Survey	Quantitative and narrative analysis of	WFP monitoring data tracks expenditure data with	

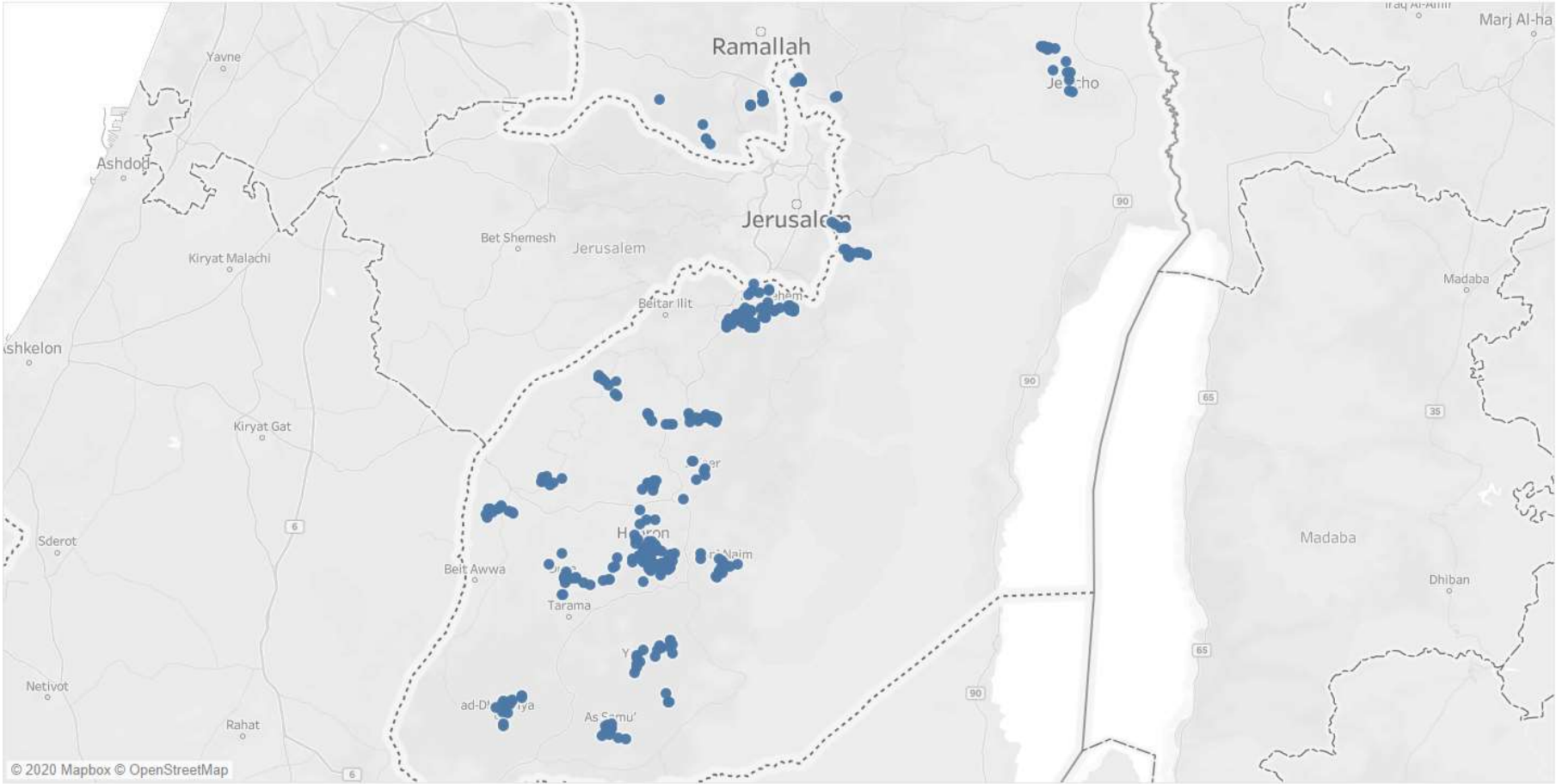
	that the CBT transfer covers?					beneficiary groups		secondary data	CBT vouchers. PCBS publishes national expenditure data. Both are observational and aggregated data sets.
Sustainability	If the intervention should be extended/scaled up/replicated or handed over, what are the suggestions for the programme design changes?	4.1		How could the programme be re-designed to contribute more effectively to social protection objectives of the SDSS?	Promoting social and economic empowerment of marginalized groups Improving access to and utilization of services Contribution to economic growth	Perceptions of all stakeholders	KII	Analysis of primary data	
		4.1	7	How could the programme be re-designed to	Extent of under-coverage of food needs of population in deep poverty	WFP reports Food Consumption	Desk Review Survey	Quantitative and narrative analysis of primary and	Some issues have been recorded and recognized

				and to fill the gaps in the NSSNP more effectively?	Extent of gap filling by food voucher programme Sustainability of impact on households targeted Ability of beneficiary households to overcome barriers in the future Reported remaining gaps in the National Social Safety Net Programme (NSSNP) not addressed by current WFP intervention (capacity and technical development needs, value of voucher, improved targeting, increased harmonization of efforts with other donors and MoSD,	n Scores, Household Expenditure , CSI scores Perceptions of all stakeholders	KII	secondary data	by WFP and social protection stakeholders.
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					exchange of knowledge generated)				
	What are the potential linkages between the intervention and the National Social Safety Net Programme?	4.2	9		Extent of existing linkages (by component, by partner) Extent of potential linkages (by component, by partner)	Perceptions of stakeholders Actual Existing Linkages	KII Project Documents	Analysis of secondary and primary data	

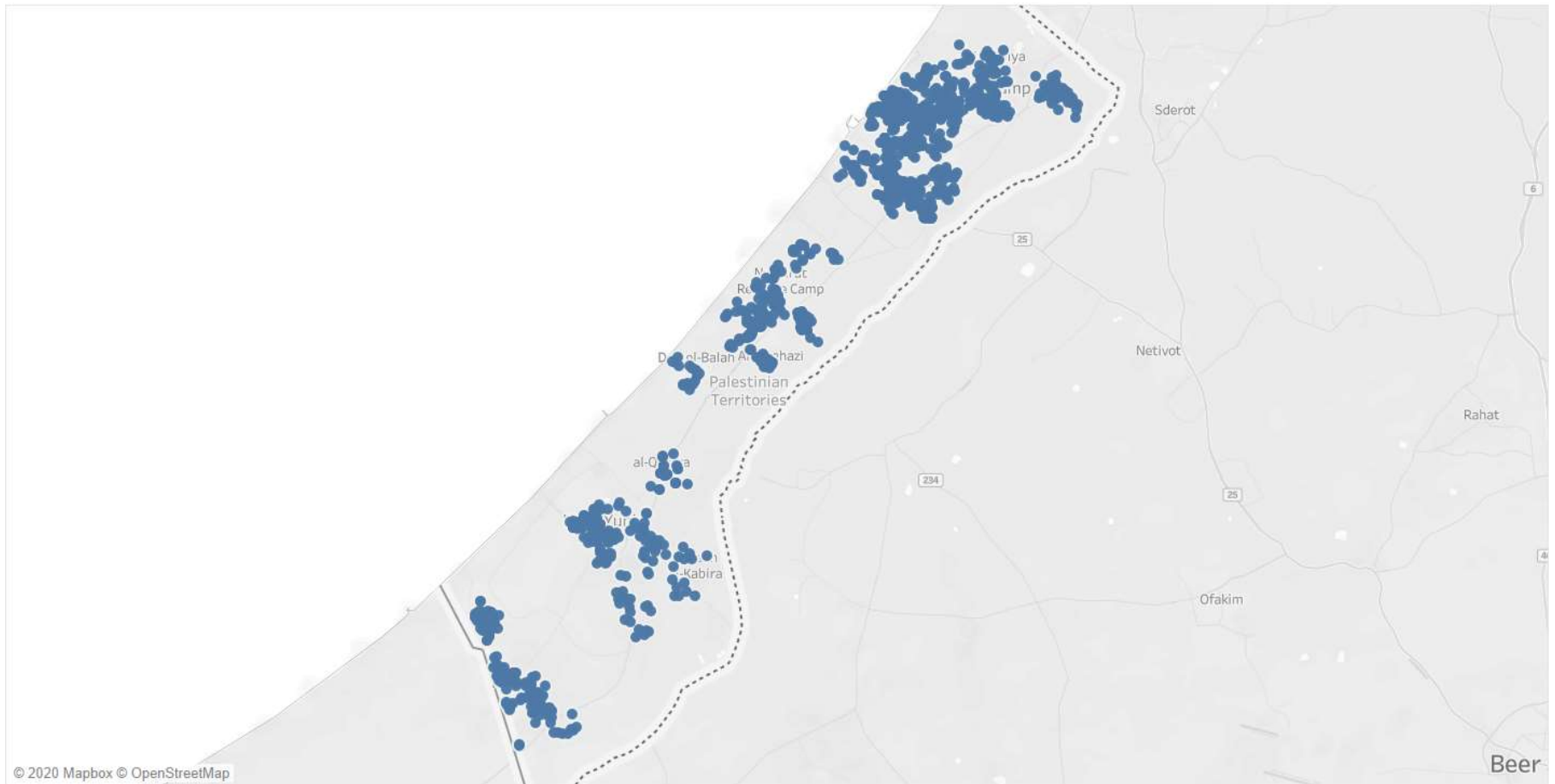
Annex 13: Site Mapping

Locations West Bank



Map based on average of Location Longitude and average of Location Latitude. Details are shown for Number1. The view is filtered on Number1, which excludes Null.

Locations Gaza



Map based on average of Location Longitude and average of Location Latitude. Details are shown for Number.

Annex 14: Sampling Strategy and Sample

The target population comprises 170,557 URT/CBT NSSNP recipients, living in Gaza (119,884) and the West Bank (50,673). Recipients are nonrefugees, poor and severely food insecure people primarily in the Gaza Strip and Area C of the West Bank, as specifically estimated by the proxy means formula, based on the following characteristics:

- The location and quality of their dwelling,
- Their possession of durable goods,
- Demographic structure of the household,
- Health, disability and labor force characteristics of households' members.

WFP & MoSD fields are broken down by Governorate. In the NSSNP database, where all the above information on beneficiaries' characteristics are recorded and tracked, NSSNP recipients are assigned a governorate referring to the administrative location of their dwelling. The breakdown of NSSNP households per governorate is presented below.

Table 1: West Bank URT/CBT/MoSD beneficiaries' breakdown

West Bank	Percentage	Count
Bethlehem	22.70%	2518
Hebron	63.91%	7090
Jericho	4.24%	470
Jerusalem	9.15%	1015
West Bank Total	100.00%	11093

Gender of HHH	Percentage
FEMALE	49.18%
MALE	50.82%
West Bank Total	100.00%

Table 2: Gaza URT/CBT/MoSD beneficiaries' breakdown

Gaza	Percentage	Count
Deir Al-Balah	3.25%	552
Gaza	58.50%	9938
Gaza North	20.03%	3403
Khan Yunis	14.41%	2448
Rafah	3.80%	646
Gaza Total	100.00%	16987

Gender of HHH	Percentage
Female	7.79%
Male	92.21%
Gaza Total	100.00%

Approximately one third of the beneficiaries live in the West Bank (30%) and the remaining (70%) reside in Gaza Strip. Female headed households account for less than one quarter of all URT/CBT households in the two areas. In the West Bank, female headed households account for about half of the households, whereas in Gaza this is the case for almost (8%) of the targeted households. This is partly explained by high unemployment rates and the de-development process in Gaza, as evidence by mean age of male headed households with female headed households in the two areas.

	West Bank	Gaza
Female Mean Age	58.4	56.6
Male Mean Age	55.3	46.6

Sample Selection

For the treatment the sample frame used is an electronic list of all WFP URT/CBT beneficiaries; for the control the sample frame used in an electronic list of all NSSNP beneficiaries who qualify for URT/CBT but don't receive the assistance.

As such the following process is utilized for the selection of a random sample of 1200 treatment interviewees and 1200 control interviewees.

The Palestinian Territory is divided into several administrative and statistical fields. PCBS, MoSD and WFP utilize these administrative fields in conducting their monitoring and data collection activities. The Beneficiaries are divided across two regions the West Bank and the Gaza Strip. Further, each region has multiple governorates. However, the subject of this evaluation is located in 4 governorates in the West Bank and across all 5 governorates in Gaza.

The sample is distributed across region and governorate in a proportional manner:

West Bank	Percentage of Governorate	Treatment Sample (n)
Bethlehem	22.70%	82
Hebron	63.91%	230
Jericho	4.24%	15
Jerusalem	9.15%	33
West Bank Total	100.00%	360

Gaza	Percentage of Governorate	Treatment Sample (n)
Deir Al-Balah	3.25%	27
Gaza	58.50%	491
Gaza North	20.03%	168
Khan Yunis	14.41%	121
Rafah	3.80%	32
Gaza Strip Total	100.00%	840

WFP recipient households are spread across 235 localities in the West Bank, Gaza, and East Jerusalem (both inside and outside the Wall J1+J2). Those living in the West Bank are spread throughout 208 localities, whereas in Gaza they are spread across 27 localities. In the West Bank, UTP recipients are comparatively spread out relative to Gaza. There are 5 localities of 250+ households in the West Bank and they are all concentrated in one governorate (Hebron). These 5 locations account for approximately a third of all recipients in the West Bank. The remaining two thirds are distributed across 203 localities. In Gaza, by contrast, the target households are extremely concentrated: 95% of target households reside in 13 out of 27 localities. The remaining 5 percent are spread across 14 localities. For feasibility reasons, localities with less than 15 households will not be targeted by field workers and are associated or excluded from the sampling frame in the West Bank.

The proposed sample is an independent representative sample of the population. The treatment sample is representative of WFP beneficiaries and the control sample is representative of MoSD beneficiaries. The sample was selected using random sampling techniques, giving every household in the population an equal probability of selection. This will yield a representative, self-weighting sample that resembles that target population.

Characteristics of Beneficiaries:

Female Headed Households

West Bank

Row Labels	Count of Gender	Count of Gender2
FEMALE	49.18%	5455
MALE	50.82%	5638
Grand Total	100.00%	11093

Gaza

Row Labels	Count of MBW gender	Count of MBW gender2
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Female	28.46%	6616
Male	71.54%	16634
Grand Total	100.00%	23250

Age of Beneficiaries

West Bank

Row Labels	Average of Age of HH	StdDev of Age of HH	Max of Age of HH	Min of Age of HH
FEMALE	58.44692942	14.42481352	105	16
MALE	55.25931181	14.12714312	108	17
Grand Total	56.82682773	14.36234614	108	16

Gaza

Row Labels	Average of MBW Age	StdDev of MBW Age	Max of MBW Age	Min of MBW Age
Female	56.64073005	16.67110563	106.09	6.99
Male	46.60939642	14.12268076	106.09	1.18
Grand Total	49.46390409	15.56461589	106.09	1.18

Family Size of Beneficiaries:

Gaza

Row Labels	Average of Actual FS	StdDev of Actual FS	Max of Actual FS	Min of Actual FS
Female	2.994407497	2.508301955	20	1
Male	6.014608633	2.613404555	21	1

Grand Total	5.155182796	2.921221088	21	1
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West Bank

Row Labels	Average of Household	StdDev of Household	Max of Household	Min of Household
FEMALE	3.24	2.31	17	1
MALE	5.91	2.74	20	1
Grand Total	4.597313621	2.870164994	20	1

Descriptive Statistics on Beneficiaries:

Dwelling and service access

According to descriptive data acquired by the Evaluation Team, the majority of beneficiaries in the West Bank reside in houses (85.4%) whereas in Gaza only 38.9% live in houses and the majority of beneficiaries reside in apartments (53.8%). In regards to beneficiary home ownership, the overwhelming majority in both the West Bank (82.6%) and Gaza (89.6%) own their homes and 99% of beneficiaries in both regions use their dwellings for living purposes while 0.9% also use their residence for other purposes (such as work). On average, almost three quarters of beneficiary dwellings have 2-3 rooms (71.8% in the West Bank and 70.1% in Gaza). Beneficiary access to services such as water and electricity is largely dependent on public networks. A total of 99.31% of beneficiaries in the West Bank and Gaza rely on public networks for electricity while 89.6% rely on public networks for water. Contrastively, there is a regional disparity in access to sewerage systems. Only 15.09% of West Bank beneficiaries rely on public networks for sewerage systems, compared to an overwhelming 83.65% of beneficiaries in Gaza. The majority of West Bank beneficiaries rely on absorption pits (82.53%). Descriptive

data on access to elementary schools and clinics for mothers showcases that most beneficiaries in the West Bank and Gaza are less than one (1) kilometer away from elementary schools (56.76%) and clinics for mothers (44.81%).

Possession of durable goods

Adding to the aforesaid, categorical descriptive data also showcases that more than 95% of West Bank beneficiaries and more than 99% of beneficiaries in Gaza do not own a car. However, rate of possessing products such as fridges and washing machines is high. On average, 89.6% of West Bank beneficiaries own a fridge and/or a washing machine. Similarly, in Gaza the average beneficiary possession of a fridge and/or washing machine is 91.9%. More than 92% own a television, while only 9.8% and 9.1% have a landline and computer, respectively. Contrastively, over a quarter of beneficiaries have a mobile phone (78% in the West Bank and 94.2% in Gaza). Internet access remains low in both regions, wherein on average only 6% have internet.

Direct effects of occupation on dwelling

While the impacts of the Israeli occupation on households are diverse and varied, the descriptive data acquired by the Evaluation Team highlights direct impacts on beneficiary dwellings. In this regard, 1.39% of dwellings in the West Bank and 4.6% of dwellings in Gaza have been partially or severely damaged/destroyed. Additionally, data shows that a majority of beneficiaries in both the West Bank and Gaza (76.1%) do not live in close proximity to the Israeli apartheid wall. Finally, the overwhelming majority (93.77%) do not own land; however, for those that do, almost 2.6% of it is for agricultural use and 1.1% is for construction purposes. After agricultural use, beneficiary-owned land in both the West Bank and Gaza (1.5%) is abandoned.

Beneficiary Characteristics

Region	Type of dwelling	Number of beneficiaries
	Shack	7
	Tent	6

West Bank	House	1042
	Apartment	82
	Independent room	74
	Other	7
	Villa	1
Total		1219
Gaza	Shack	11
	Tent	2
	House	978
	Apartment	1354
	Independent room	160
	Other	8
Total		2513
Grand Total		3732

Region	Type of ownership	Number of beneficiaries
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West Bank	For free	141
	Other	7
	Unfurnished rental	62
	Furnished rental	1
	In exchange for work	1
	Owner	1007
Total		1219
Gaza	For free	156
	Other	10
	Unfurnished rental	92
	Furnished rental	2
	In exchange for work	1
	Owner	2252
Total		2513
Grand Total		3732

Region	Use of dwelling	Number of beneficiaries
West Bank	For residence	1211
	Multi-purpose (residence, work)	8
Total		1219
Gaza	For residence	2482
	Multi-purpose (residence, work)	31
Total		2513
Grand Total		3732

Region	Number of rooms	Number of beneficiaries	Average number of rooms
West Bank	1	228	1
	2	513	2
	3	364	3
	4	101	4
	5	10	5
	6	1	6

	10	1	10
	21	1	21
Total		1219	2.327317473
Gaza	1	460	1
	2	847	2
	3	916	3
	4	254	4
	5	32	5
	6	3	6
	42	1	42
Total		2513	2.442499005
Grand Total		3732	2.404876742

Region	Water access	Percentage of beneficiaries
West Bank	Private extension	14.93%
	Public network	82.69%

	Not available	2.38%
Total		32.66%
Gaza	Private extension	3.18%
	Public network	96.54%
	Not available	0.28%
Total		67.34%
Grand Total		100.00%

Region	Electricity access	Percentage of beneficiaries
West Bank	Public network	97.46%
	Not available	1.48%
	Private generator	1.07%
Total		32.66%
Gaza	Public network	99.16%
	Not available	0.36%
	Private generator	0.48%

Total	67.34%
Grand Total	100.00%

Region	Sewage system	Percentage of beneficiaries
West Bank	Absorption pit	82.53%
	Public network	15.09%
	Not available	2.38%
Total		32.66%
Gaza	Absorption pit	16.04%
	Public network	83.65%
	Not available	0.32%
Total		67.34%
Grand Total		100.00%

Region	Elementary school distance	Percentage of beneficiaries
	Less than 1 km	58.33%

West Bank	More than 5 km	3.20%
	Between 1-5 km	38.47%
Total		32.66%
Gaza	Less than 1 km	55.19%
	More than 5 km	3.94%
	Between 1-5 km	40.87%
Total		67.34%
Grand Total		100.00%

Region	Clinic distances for mothers	Percentage of beneficiaries
West Bank	Less than 1 km	43.07%
	More than 5 km	5.82%
	Between 1-5 km	51.11%
Total		32.66%
Gaza	Less than 1 km	46.56%
	More than 5 km	5.65%

	Between 1-5 km	47.79%
Total		67.34%
Grand Total		100.00%

Region	Car possession	Percentage of beneficiaries
West Bank	Does not own a car	95.41%
	Owns a car	4.59%
Total		32.66%
Gaza	Does not own car	99.52%
	Owns a car	0.48%
Gaza Total		67.34%
Grand Total		100.00%

Region	Fridge possession	Percentage of beneficiaries
West Bank	Does not own a fridge	6.89%
	Owns a fridge	93.11%

Total		32.66%
Gaza	Does not own a fridge	7.36%
	Owns a fridge	92.64%
Total		67.34%
Grand Total		100.00%

Region	Washing machine possession	Percentage of beneficiaries
West Bank	Does not own a washing machine	13.78%
	Owns a washing machine	86.22%
Total		32.66%
Gaza	Does not own a washing machine	8.83%
	Owns a washing machine	91.17%
Total		67.34%
Grand Total		100.00%

Region	Television possession	Percentage of beneficiaries
West Bank	Does not own a television	6.89%
	Owns a television	93.11%
Total		32.66%
Gaza	Does not own a television	8.36%
	Owns a television	91.64%
Total		67.34%
Grand Total		100.00%

Region	Has a landline phone	Percentage of beneficiaries
West Bank	Does not have a landline	88.02%
	Has a landline	11.98%
Total		32.66%
Gaza	Does not have a landline	92.32%
	Has a landline	7.68%

Total	67.34%
Grand Total	100.00%

Region	Has a mobile phone	Percentage of beneficiaries
West Bank	Does not have a mobile phone	21.99%
	Has a mobile phone	78.01%
Total		32.66%
Gaza	Does not have a mobile phone	5.73%
	Has a mobile phone	94.27%
Total		67.34%
Grand Total		100.00%

Region	Computer possession	Percentage of beneficiaries
West Bank	Does not own a computer	88.52%
	Owns a computer	11.48%
Total		32.66%

Gaza	Does not own a computer	93.24%
	Owns a computer	6.76%
Total		67.34%
Grand Total		100.00%

Region	Has internet services	Percentage of beneficiaries
West Bank	Does not have internet	90.24%
	Has internet	9.76%
Total		32.66%
Gaza	Does not have internet	97.61%
	Has internet	2.39%
Total		67.34%
Grand Total		100.00%

Region	Dwellings damaged/destroyed	Percentage of HHs	Number of HHs
	No damage done	98.61%	1202

West Bank	Yes (partial damage/partial demolition)	0.98%	12
	Yes (Complete damage/complete demolition)	0.41%	5
Total		32.66%	1219
Gaza	No damage done	90.73%	2280
	Yes (partial damage/partial demolition)	7.96%	200
	Yes (Complete damage/complete demolition)	1.31%	33
Total		67.34%	2513
Grand Total		100.00%	3732

Region	Dwelling proximity to apartheid wall	Percentage of HHs	Number of HHs
	Localities divided by the wall	0.25%	3
	Localities surrounded by the wall	1.97%	24

West Bank	Localities outside of the wall	74.57%	909
	Localities behind the wall	21.82%	266
	(blank)	1.39%	
Total		32.66%	1202
Gaza	Localities outside the wall	77.64%	1951
	Localities behind the wall	9.15%	230
	(blank)	13.21%	
Total		67.34%	2181
Grand Total		100.00%	3383

Region	Owns a piece of land	Number of beneficiaries	Percentage of beneficiaries
West Bank	No	1137	94.44%
	Yes (for construction)	6	0.50%
	Yes (for agriculture)	27	2.24%
	Yes (for other reasons)	13	1.08%
	Yes (but land is abandoned)	21	1.74%

	(blank)	15	0.00%
Total		1219	32.40%
Gaza	No	2339	93.11%
	Yes (for construction)	47	1.87%
	Yes (for agriculture)	75	2.99%
	Yes (for other reasons)	15	0.60%
	Yes (but land is abandoned)	36	1.43%
	(blank)	1	0.00%
Total		2513	67.60%
Grand Total		3732	100.00%

	CTP Transfer MoSD	Count of Region	Average CTP Transfer	StdDev CTP Transfer
West Bank	No	441	166.138	272.461
	Yes	778	500.619	1344.107
WB Total		1219	379.613	1097.803
Gaza	No	1266	24.112	107.612

	Yes	1247	409.131	177.806
Gaza Total		2513	215.166	242.045
Grand Total		3732	268.880	662.440

	Count of Region	Average CTP Transfer	StdDev CTP Transfer	Sum CTP Transfer	Max CTP Transfer	Min CTP Transfer
West Bank	1218.00	349.27	287.88	425411.00	1800.00	0.00
No	441.00	166.14	272.46	73267.00	1800.00	0.00
Yes	777.00	453.21	240.83	352144.00	1800.00	0.00
Gaza	2512.00	213.93	233.97	537384.00	681.00	0.00
No	1266.00	24.11	107.61	30527.00	600.00	0.00
Yes	1246.00	406.79	157.42	506857.00	681.00	0.00
Grand Total	3730.00	258.12	260.65	962795.00	1800.00	0.00

Annex 15: Risks & Mitigation Measures

Risk	Mitigation measure
<p>Data availability: The National Cash Transfer Database is considered as a relatively reliable source of data. With that, the selection process of the sample is conducted by MoSD staff based on clear criteria from the Evaluation Team. However, it is important to mention that, based on the MoSD and World Bank resources, the database has 20% inclusion/exclusion error. The ability of MoSD staff to do the selection based on our stringent criteria was impacted by the skills of the staff and their commitment to the selection of criteria.</p>	<p>For the treatment sample, the selection process was clarified, and our team provided assistance by way of explanation and coaching to ensure that the sample is representative. This was made easier through reliance on WFP records that were checked against MoSD records.</p> <p>For the control sample, further consultations with and coaching for MoSD staff were provided. As all the members of the control sample had to be drawn directly from the CTP database only, more selection criterion and steps had to be implemented.</p> <p>The control sample had to be generated and fielded three different times to ensure comparability with the treatment sample.</p>
<p>Data quality: The data used for analysis and triangulation revealed a degree of measurement error.</p>	<p>Each data source was used for independent comparisons only and not for joint analysis of beneficiary information. This is true for poverty, FCS, and rCSI.</p>
<p>COVID-19 related lock downs: The Palestinian government has imposed strict movement restrictions and lockdown in the region (complete lockdown in some communities highly impacted).</p>	<p>The evaluation team developed a contingency plan by distributing and setting up phone assisted telephone interviewing kits in field researchers' homes. This was done in both the West Bank and Gaza Strip. Phone assisted interviewing was used in the West Bank and face to face interviewing was used in Gaza.</p> <p>The sample was approached based on the lists provided by MoSD. This posed additional risks of incorrect names or contact information, which was mitigated through a replacement strategy that ensures comparable sample selection of beneficiaries and non-beneficiaries.</p>
<p>COVID-19 response and effects: The Palestinian government and its partners in the public and private sectors made significant efforts to aid and support households affected by COVID-19.</p>	<p>More than 115,000 food packages were distributed by MoSD partners to the poor. The Palestinian Ministry of Labour made a cash transfer for households impacted by COVID-19.</p>

	<p>WFP in partnership with MoSD increased the number of targeted households and increased top up to 15 USD for one quarter. Other donors, NGOs, and philanthropists distributed assistance or provided support to poor families. Remittance a traditional source of income for the poor in Palestine was heavily affected.</p>
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Annex 16: Quality Assurance and Ethical Standards

The Team Leader was the primary person responsible for the quality of the evaluation process and outputs at each stage of the evaluation. The team leader ensured that all enumerators were trained on using the different data collection tools and conducted daily follow up and quality control during data collection. The team leader also ensured that best practices were followed to ensure validity and reliability of measures.

A systematic and thorough data triangulation process was conducted. All data were coded against the specific indicators in the evaluation matrix. Indicator calculation was done twice independently to ensure consistent results. The data was analysed and triangulated when drawing findings.

The following ethical issues were considered for the preparation/design, data collection, data analysis and reporting phases.

Informed consent: Stakeholders participating in the evaluation were fully informed about the evaluation’s purpose, who is conducting, how the findings will be used, how data is processed and anonymized and who and how they can be accessed. Based on this information, stakeholders were asked to make an informed decision on whether or not to participate.

Voluntary participation: All participants are free to withdraw their participation from the evaluation at any time. It is the right of participants to leave the evaluation, without pressure or coercion on those who choose not to participate.

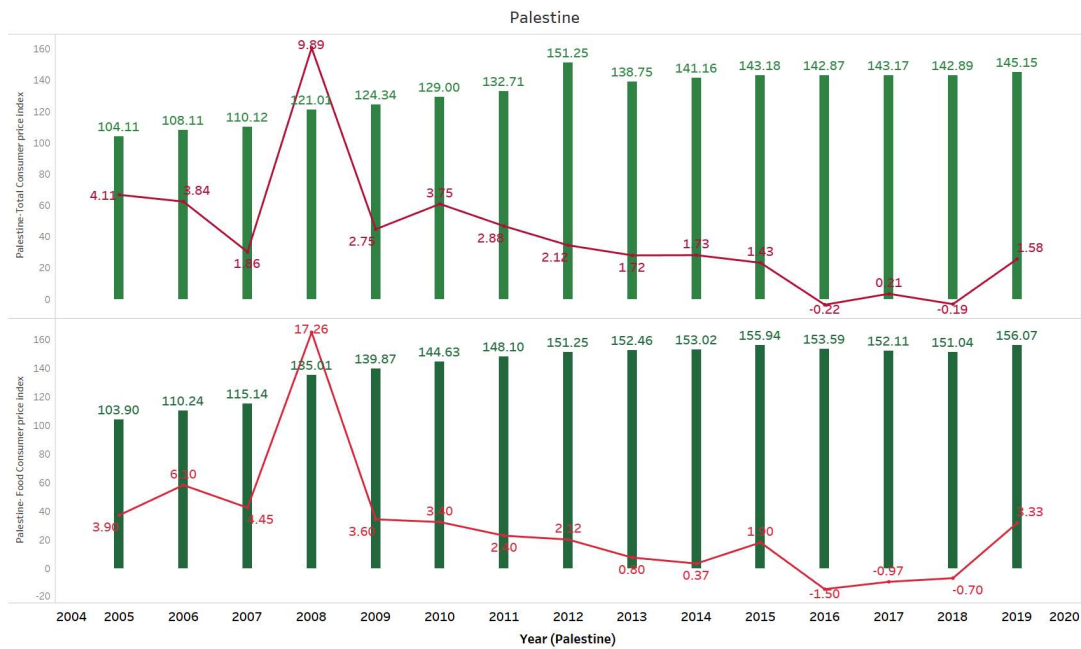
Anonymity and confidentiality: The evaluation team treated information from participants only after anonymising it and treated it as confidential. The evaluation team also took steps to ensure that information cannot be tracked back to the source.

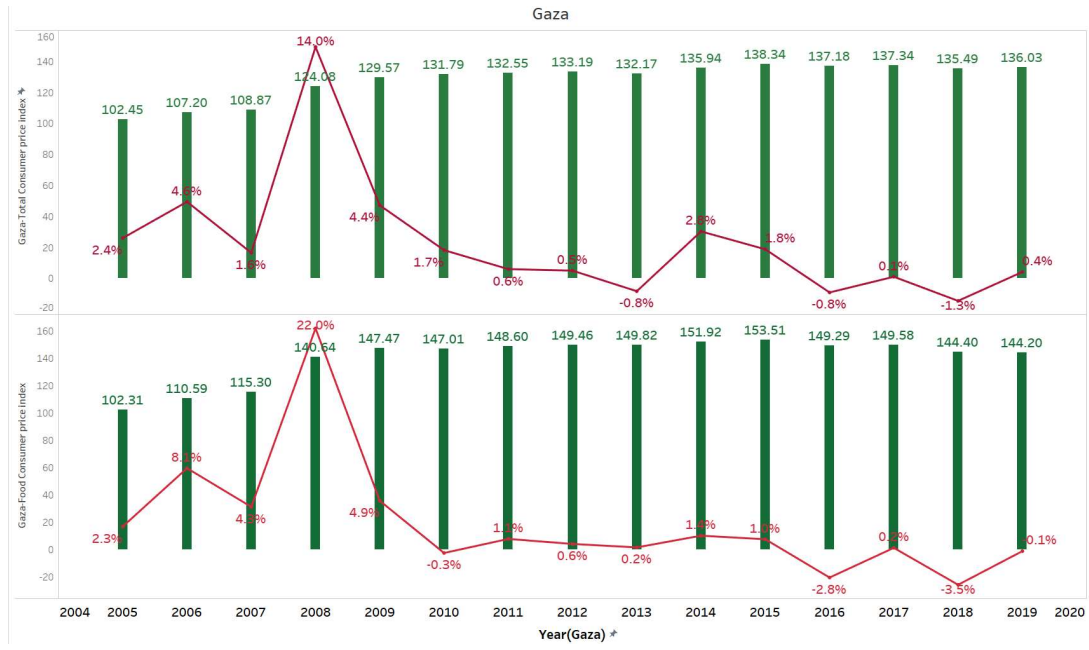
Recognition of universal values and respect for cultural norms: Team members were respectful of others regardless of who they are or what they do.

Do no harm: The evaluation process was designed to not harm participants or people potentially affected by the evaluation. Every effort was made to minimize the impact of

the evaluation on participants. The privacy and choices of participants were respected. The evaluation team made every effort to minimize its footprint on the lives, households, livelihood, community and space of participants.

Annex 17: CPI Analysis





Annex 18: Descriptive Statistics

Respondent Gender					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Male	171	41.8%	20.8%
		Female	238	58.2%	29.1%
		Total	409	100.0%	49.9%
	Treatment	Male	141	34.4%	17.2%
		Female	269	65.6%	32.8%
		Total	410	100.0%	50.1%
	Total			819	
Gaza	Control	Male	409	51.9%	25.5%
		Female	379	48.1%	23.7%
		Total	788	100.0%	49.2%
	Treatment	Male	387	47.5%	24.2%
		Female	427	52.5%	26.6%
		Total	814	100.0%	50.8%
	Total			1602	
Grand Total			2421		100.0%

Head of household role					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Household head	275	67.2%	33.6%
		Wife/husband	57	13.9%	6.9%
		Brother/sister	51	12.5%	6.2%
		other	26	6.4%	3.2%
		Total	409	100.0%	49.9%
	Treatment	Household head	290	70.7%	35.4%
		Wife/husband	66	16.1%	8.1%
		Brother/sister	32	7.8%	3.9%
		other	22	5.4%	2.7%
		Total	410	100.0%	50.1%
Total			819		33.8%
Gaza	Control	Household head	543	68.9%	33.9%

		Wife/ husband	150	19.0%	9.4%
		Brother/ sister	54	6.9%	3.4%
		other	41	5.2%	2.6%
		Total	788	100.0%	49.2%
	Treatment	Household head	508	62.4%	31.7%
		Wife/ husband	219	26.9%	13.8%
		Brother/ sister	50	6.1%	3.1%
		other	37	4.5%	2.3%
		Total	814	100.0%	50.8%
	Total		1602		66.2%
Grand Total			2421		100.0%
Head of household gender					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Male	200	48.9%	24.4%
		Female	209	51.1%	25.5%
		Total	409	100.0%	49.9%
	Treatment	Male	199	48.5%	24.3%
		Female	211	51.5%	25.8%
		Total	410	100.0%	50.1%
Total		819		33.8%	
Gaza	Control	Male	531	67.4%	33.1%
		Female	257	32.6%	16.4%
		Total	788	100.0%	49.2%
	Treatment	Male	599	73.6%	37.4%
		Female	215	26.4%	13.4%
		Total	814	100.0%	50.8%
Total		1602		66.2%	
Grand Total			2421		100.0%

Educational level of the head of the household					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Illiterate	102	24.9%	12.5%
		Familiar	48	11.7%	5.9%
		Prep	91	22.2%	11.1%
		Elementary	100	24.4%	12.2%
		Intermediate	8	2.0%	0.9%

		Diploma or higher	60	14.7%	7.3%
		Total	409	100.0%	49.9%
	Treatment	Illiterate	96	23.4%	11.7%
		Familiar	65	15.9%	7.9%
		Prep	78	19.0%	9.5%
		Elementary	100	24.4%	12.2%
		Intermediate	5	1.2%	0.6%
		Diploma or higher	66	16.1%	8.1%
	Total	410	100.0%	50.1%	
	Total		819		33.8%
Gaza	Control	Illiterate	111	14.1%	6.9%
		Familiar	32	4.1%	1.9%
		Prep	219	27.8%	13.7%
		Elementary	155	19.7%	9.7%
		Intermediate	37	4.7%	2.3%
		Diploma or higher	234	29.7%	14.6%
		Total	788	100.0%	49.2%
	Treatment	Illiterate	108	13.3%	6.7%
		Familiar	41	5.0%	2.6%
		Prep	210	25.8%	13.1%
		Elementary	208	25.6%	12.9%
		Intermediate	28	3.4%	1.7%
		Diploma or higher	219	26.9%	13.7%
	Total	814	100.0%	50.8%	
Total		1602		66.2%	
Grand Total			2421		100.0%

Having disability cases - Females					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Yes	90	22.0%	10.9%
		No	319	78.0%	38.9%
		Total	409	100.0%	49.9%
	Treatment	Yes	73	17.8%	8.9%
		No	337	82.2%	41.1%
		Total	410	100.0%	50.1%
Total		819		33.8%	
Gaza	Control	Yes	199	25.3%	12.4%
		No	589	74.7%	36.8%

		Total	788	100.0%	49.2%
	Treatment	Yes	141	17.3%	8.8%
		No	673	82.7%	42.0%
		Total	814	100.0%	50.8%
	Total		1602		66.2%
Grand Total			2421		100.0%

Having disability cases - Males					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Yes	104	25.4%	12.7%
		No	305	74.6%	37.2%
		Total	409	100.0%	49.9%
	Treatment	Yes	104	25.4%	12.7%
		No	306	74.6%	37.4%
		Total	410	100.0%	50.1%
Total		819		33.8%	
Gaza	Control	Yes	263	33.4%	16.4%
		No	525	66.6%	32.8%
		Total	788	100.0%	49.2%
	Treatment	Yes	229	28.1%	14.3%
		No	585	71.9%	36.5%
		Total	814	100.0%	50.8%
Total		1602		66.2%	
Grand Total			2421		100.0%

Head of household past job experience					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	Yes	223	54.5%	27.2%
		No	186	45.5%	22.7%
		Total	409	100.0%	49.9%
	Treatment	Yes	211	51.5%	25.8%
		No	199	48.5%	24.3%
		Total	410	100.0%	50.1%
Total		819		33.8%	
Gaza	Control	Yes	458	58.1%	28.6%
		No	330	41.9%	20.6%
		Total	788	100.0%	49.2%
	Treatment	Yes	585	71.9%	36.5%
		No	229	28.1%	14.3%
		Total	814	100.0%	50.8%
Total		1602		66.2%	

Grand Total			2421		100.0%
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Head of household role						
Region	Sample type		Frequency	Percentage	Percentage of total	
West Bank	Control	Self employed	23	5.6%	2.8%	
		Irregular wage worker	125	30.6%	15.3%	
		Wage laborer	75	18.3%	9.2%	
		Employer	0	0.0%	0.0%	
		Unemployed	186	45.5%	22.7%	
		Total	409	100.0%	49.9%	
	Treatment	Self employed	31	7.6%	3.8%	
		Irregular wage worker	113	27.6%	13.8%	
		Wage laborer	64	15.6%	7.8%	
		Employer	3	0.7%	0.4%	
		Unemployed	199	48.5%	2.4%	
		Total	410	100.0%	50.1%	
	Total			819		33.8%
	Gaza	Control	Self employed	51	6.5%	3.2%
Irregular wage worker			328	41.6%	20.5%	
Wage laborer			58	7.4%	3.6%	
Employer			19	2.4%	1.2%	
Unemployed			332	42.1%	20.7%	
Total			788	100.0%	49.2%	
Treatment		Self employed	72	8.8%	4.5%	
		Irregular wage worker	334	41.0%	20.8%	
		Wage laborer	129	15.8%	8.1%	
		Employer	45	5.5%	2.8%	
		Unemployed	234	28.7%	14.6%	
		Total	814	100.0%	50.8%	
Total			1602		66.2%	
Grand Total				2421		100.0%

Working Status for the HH members					
Region	Sample type		Frequency	Percentage	Percentage of total
West Bank	Control	All of the HH members work	49	12.0%	5.9%

		None of the HH members work (A)	198	48.4%	24.2%
		Part of the HH members work (B)	162	39.6%	19.8%
		Sum of A+B	360	88.0%	44.0%
		Total	409	100.0%	49.9%
	Treatment	All of the HH members work	84	20.5%	10.3%
		None of the HH members work (A)	169	41.2%	20.6%
		Part of the HH members work (B)	157	38.3%	19.2%
		Sum of A+B	326	79.5%	39.8%
		Total	410	100.0%	50.1%
	Total		819		33.8%
Gaza	Control	All of the HH members work	120	15.2%	7.5%
		None of the HH members work (A)	251	31.9%	15.7%
		Part of the HH members work (B)	417	52.9%	26.0%
		Sum of A+B	668	84.8%	41.7%
		Total	788	100.0%	49.2%
	Treatment	All of the HH members work	110	13.5%	6.9%
		None of the HH members work (A)	237	29.1%	14.8%
		Part of the HH members work (B)	467	57.4%	29.2%
		Sum of A+B	704	86.5%	43.9%
		Total	814	100.0%	50.8%
Total		1602		66.2%	
Grand Total		2421		100.0%	

Region			Respondent age	HH age	Average number of females with disability	Average number of males with disability	Average percentages of total females in HH	Average percentages of total males in HH
West Bank	Control	Mean	53.9	59.7	1.3	1.1	63.6%	36.3%
		Median	53	60	1	1	42.8%	57.1%
		Min-Max	20-100	25-100	1-3	1-5	0-100%	0-100%
	Treatment	Mean	51.4	55.9	1.1	1.1	61.8%	38.2%
		Median	51	55	1	1	60.0%	40.0%
		Min-Max	18-95	25-95	1-4	1-2	0-100%	0-100%
Gaza	Control	Mean	49.9	53	1.1	1.1	53.9%	46.1%
		Median	50	53	1	1	50.0%	50.0%
		Min-Max	18-88	23-92	1-4	1-3	0-100%	0-100%
	Treatment	Mean	48.4	51.5	1.1	1.1	52.7%	47.3%
		Median	48	51	1	1	50.0%	50.0%
		Min-Max	18-90	24-90	1-3	1-3	0-100%	0-100%

Annex 19: Indicator Definitions

Food Consumption Score:

The household Food Consumption Score (FCS) is associated with household food access and is therefore used as a proxy for household food security. Food consumption indicators are designed to reflect the quantity and quality of people's diet. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. These food consumption groups aggregate households with similar dietary patterns in terms of frequency of consumption and diversity and access to food.

The FCS is a measure of dietary diversity, food frequency and the relative nutritional importance of the food consumed. A high FCS increases the probability that a household's food intake is adequate. The FCS is a good proxy for the current food security status and highly correlated with other food security proxy indicators, including rCSI.

Consumption-based - Average Reduced Coping Strategy Index (rCSI):

The Reduced Coping Strategy Index (rCSI) also called CSI, is used to assess the level of stress faced by a household due to a food shortage. It is measured by combining the frequency and severity of the food consumption based strategies households are engaging in. It is calculated using five standard strategies using a 7-day recall period.

The rCSI measures the stress level a household is facing when exposed to food shortage by assessing the frequency of adoption of the above mentioned 5 food related coping mechanisms, as well as their relative severity. The higher the stress the higher the behavioural responses and the index. Research has confirmed that rCSI correlates well with other food security proxy indicators.

Food Expenditure Share (FES):

This indicator measures the proportion of each household's available budget (estimated through an expenditure module) spent on food. It is important that the overall budget/expenses do not only consider cash expenses but also purchases made on credit, items produced by the households and assistance received.

The FES is a proxy indicator for the economic vulnerability of a household. In general, the higher the expenses are on food in relation to other consumed items/services, the more economically vulnerable the household. In order not to underestimate economic vulnerability, it is important to consider the value of own production and assistance. This indicator generally works better for longer term programmes with sustained impacts on household economic vulnerability status.

Poverty Gap:

Average poverty gap serves as a benchmark against which analysts can evaluate beneficiary's economic capacity to meet minimum needs. Households below the deep poverty line are considered economically vulnerable. This indicator focuses on a household's capacity to meet all minimum needs, food value often makes up a high share of household expenditure. This indicator captures outcomes that are beyond food security and can capture unintended effects on economic vulnerability and poverty.

Annex 20: List of Acronyms

CBT	Cash-Based Transfers
CI	Confidence Interval
CO	Country Office
CSP	Country Strategic Plan
CTP	Cash Transfer Programme
DAC	Development Assistance Committee
DEQAS	Decentralized Evaluation Quality Assurance System
DFID	Department for International Development
DiD	Difference in Differences
ET	Evaluation Team
EU	European Union
EJ	East Jerusalem
FAO	Food and Agriculture Organization of the United Nations
FES	Food Expenditure share – Food ratio
FCS	Food Consumption Score
FGDs	Focus Group Discussions

FSS	Food Security Sector
GBV	Gender Based Violence
GDP	Gross Domestic Product
GEWE	Gender Equality and Women's Empowerment
HDI	Human Development Index
HH	Household
HQ	WFP Headquarters
ILO	International Labour Organization
ILS	Israeli New Shekel
IMF	International Monetary Fund
KIIs	Key Informant Interviews
MoL	Ministry of Labour
MoSD	Ministry of Social Development
NGOs	Non-Governmental Organizations
NSSNP	National Social Safety Net Programme
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development

OEV	Office of Evaluation
PA	Palestinian Authority
PCBC	Palestinian Central Bureau of Statistics
PECS	Palestinian Expenditure and Consumption Survey
PMTF	Proxy Means Testing Formula
PDM	Post Distribution Monitoring
PwDs	Persons with Disabilities (PwDs)
RBC	Regional Bureau\Cairo
rCSI	Consumption-based Coping Strategy Index - reduced strategies
SDG	Sustainable Development Goal
SEFSec	Socio-Economic and Food Security Survey
SPF	Social Protection Floor
ToC	Theory of Change
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency
USD	United States Dollar
URT	Unconditional Resource Transfer

WBG	World Bank Group
WFP	United Nations World Food Programme

Palestine Country Office

<https://www.wfp.org/countries/palestine>



World Food Programme