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INTERNATIONAL DEVELOPMENT ASSOCIATION
PROJECT APPRAISAL DOCUMENT
ON A
PROPOSED GRANT
IN THE AMOUNT OF US\$ 15 MILLION
FROM THE TRUST FUND FOR GAZA AND WEST BANK
TO THE
PALESTINE LIBERATION ORGANIZATION
(FOR THE BENEFIT OF THE PALESTINIAN AUTHORITY)
FOR A
SOCIAL PROTECTION ENHANCEMENT PROJECT

June 30, 2017

Social Protection & Labor Global Practice
Middle East And North Africa Region

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CURRENCY EQUIVALENTS

(Exchange Rate Effective May 15, 2017)

Currency Unit = New Shekel (NIS)

NIS1.00 = US\$0.28

US\$1.00 = NIS3.61

FISCAL YEAR 2017

July 1 – June 30

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ABBREVIATIONS AND ACRONYMS

AS	Assistance Strategy
BR	Beneficiary Registry
CCT	Conditional Cash Transfer
CE	Citizen Engagement
CHM	Complaints Handling Mechanism
CMIS	Case Management Information System
CMS	Case Management System
CRC	Citizen Report Card
CTP	Palestinian National Cash Transfer Program
DA	Designated Account
EU	European Union
FM	Financial Management
FT	Financial Transparency
GBV	Gender-Based Violence
GDI	Gender Development Index
GDP	Gross Development Program
GIS	Geographic Information System
GNI	Gross National Income
GOI	Government of Israel
GP	Global Practice
GRM	Grievance Redress Mechanism
GRMS	Grievance and Redress Mechanism System
GRS	Grievance Redress Service
GSD	General Supplies Department
HDI	Human Development Index
HQ	Headquarters
IASC	Inter-Agency Steering Committee
IBRD	International Bank for Reconstruction and Development
ICR	Implementation Completion and Results Report
ICT	Information and Communication Technology
IDA	International Development Association
IFR	Interim Financial Report
IO	International Organization
IPF	Investment Project Financing
IPV	Intimate partner violence
IRC	International Rescue Committee
JPG	Joint Planning Groups
M&E	Monitoring and Evaluation
MENA	Middle East and North Africa

MIS	Management Information System
MoFP	Ministry of Finance and Planning
MoSA	Ministry of Social Affairs
MoSD	Ministry of Social Development
MoU	Memorandum of Understanding
MoWA	Ministry of Women's Affairs
NCVAW	National Committee to Combat Violence Against Women
NGO	Non-Governmental Organizations
NPA	National Policy Agenda
NSCVAW	National Strategy to Combat Violence Against Women
OM	Operations Manual
OP	Operational Policy
PA	Palestinian Authority
PAD	Project Appraisal Document
PCBS	Palestinian Central Bureau of Statistics
PDO	Project Development Objective
PECS	Palestine Expenditure and Consumption Survey
PMT	Proxy-Mean Test
PMTF	Proxy-Means Test Formula
PMU	Project Management Unit
PPL	Public Procurement Law
PPSD	Project Procurement Strategy for Development
PSS	Psychosocial Support Services
SA	Social Accountability
SDSS	Social Development Sector Strategy
SHC	Special Hardship Case
SOE	Statements of Expenses
SOP	Standard Operating Procedures
SPEP	Social Protection Enhancement Project
SPF	World Bank State and Peace-building Fund
SPL&J GP	Social Protection, Labor and Jobs Global Practice
SR	Social Registry
SSNRP	Social Safety Net Reform Project
SSNs	Social Safety Nets
TA	Technical Assistance
ToR	Terms of Reference
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
VAWG	Violence Against Women & Girls
WA	Withdrawal Application

WB&G	West Bank and Gaza
WFP	World Food Program
WHO	World Health Organization
WPE	Women's Protection and Empowerment



BASIC INFORMATION

Is this a regionally tagged project? No	Country(ies)	Financing Instrument Investment Project Financing
<input type="checkbox"/> Situations of Urgent Need of Assistance or Capacity Constraints <input type="checkbox"/> Financial Intermediaries <input type="checkbox"/> Series of Projects		
Approval Date 21-Jul-2017	Closing Date 31-Mar-2023	Environmental Assessment Category C - Not Required
Bank/IFC Collaboration No		

Proposed Development Objective(s)

The project development objective is to establish a single targeting and referral system to provide cash benefits and services to poor and vulnerable households.

Components

Component Name	Cost (US\$, millions)
Cash Transfer Program support	9,000,000.00
Social Registry	1,400,000.00
Case Management System	3,600,000.00
Program Management and Monitoring	1,000,000.00



Organizations

Borrower : Ministry of Finance and Planning

Implementing Agency : Ministry of Social Development

PROJECT FINANCING DATA (US\$, Millions)

Counterpart Funding Trust Funds Parallel Financing

Total Project Cost:
15.00

Total Financing:
15.00

Financing Gap:
0.00

Of Which Bank Financing (IBRD/IDA):
0.00

Financing (in US\$, millions)

Financing Source	Amount
Special Financing	15.00
Total	15.00

Expected Disbursements (in US\$, millions)

Fiscal Year	2017	2018	2019	2020	2021	2022	2023
Annual	0.00	3.50	4.50	2.00	2.00	1.50	1.50
Cumulative	0.00	3.50	8.00	10.00	12.00	13.50	15.00

INSTITUTIONAL DATA

Practice Area (Lead)

Social Protection & Labor



Contributing Practice Areas

Gender Tag

Does the project plan to undertake any of the following?

a. Analysis to identify Project-relevant gaps between males and females, especially in light of country gaps identified through SCD and CPF

Yes

b. Specific action(s) to address the gender gaps identified in (a) and/or to improve women or men's empowerment

Yes

c. Include Indicators in results framework to monitor outcomes from actions identified in (b)

Yes

SYSTEMATIC OPERATIONS RISK-RATING TOOL (SORT)

Risk Category	Rating
1. Political and Governance	● High
2. Macroeconomic	● High
3. Sector Strategies and Policies	● Moderate
4. Technical Design of Project or Program	● Moderate
5. Institutional Capacity for Implementation and Sustainability	● Moderate
6. Fiduciary	● Substantial
7. Environment and Social	● Low
8. Stakeholders	● Low
9. Other	
10. Overall	● Substantial



COMPLIANCE

Policy

Does the project depart from the CPF in content or in other significant respects?

Yes No

Does the project require any waivers of Bank policies?

Yes No

Safeguard Policies Triggered by the Project

Yes

No

Environmental Assessment OP/BP 4.01

✓

Natural Habitats OP/BP 4.04

✓

Forests OP/BP 4.36

✓

Pest Management OP 4.09

✓

Physical Cultural Resources OP/BP 4.11

✓

Indigenous Peoples OP/BP 4.10

✓

Involuntary Resettlement OP/BP 4.12

✓

Safety of Dams OP/BP 4.37

✓

Projects on International Waterways OP/BP 7.50

✓

Projects in Disputed Areas OP/BP 7.60

✓

Legal Covenants

Sections and Description

No later than 90 days from Effectiveness Date, the Recipient, through the Palestinian Authority, shall establish, and maintain for the duration of the Project: (a) a Social Registry Committee; and (b) a Case Management System Committee, both consisting of representatives of the MOSD, relevant sectoral ministries and the donor community. The Social Registry Committee and the Case Management System Committee shall be responsible for, inter alia, providing guidance on design and implementation of Component 2 and 3, respectively, coordination of activities undertaken under the various project components, and review and evaluation of studies and consultancies undertaken under Components 2 and 3.

Sections and Description

Except as the World Bank otherwise shall agree, Cash Transfers shall be made only to Beneficiaries who satisfy the eligibility criteria and conditions set forth in the Operations Manual. The eligibility criteria shall include, inter alia,



that the Beneficiaries shall be considered extremely poor pursuant to a poverty level measured through geographic targeting and a proxy means test formula acceptable to the World Bank.

Conditions

Type	Description
Disbursement	No withdrawal shall be made under component 3 unless the relevant Section in the Project Implementation Manual on Procedures for Case Management System has been adopted by the Recipient, satisfactory to the Association.

PROJECT TEAM**Bank Staff**

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Extended Team			
Name	Title	Organization	Location



WEST BANK AND GAZA
SOCIAL PROTECTION ENHANCEMENT PROJECT

TABLE OF CONTENTS

I. STRATEGIC CONTEXT	9
A. Country Context	9
B. Sectoral and Institutional Context	11
C. Higher Level Objectives to which the Project Contributes	13
II. PROJECT DEVELOPMENT OBJECTIVES.....	14
A. PDO	14
B. Project Beneficiaries.....	14
C. PDO-Level Results Indicators	14
III. PROJECT DESCRIPTION.....	15
A. Project Components.....	15
B. Project Cost and Financing.....	21
C. Lessons Learned and Reflected in the Project Design.....	21
IV. IMPLEMENTATION.....	23
A. Institutional and Implementation Arrangements.....	23
B. Results Monitoring and Evaluation	24
C. Sustainability	24
V. KEY RISKS	26
A. Overall Risk Rating and Explanation of Key Risks	26
VI. APPRAISAL SUMMARY.....	27
A. Economic and Financial (if applicable) Analysis.....	27
B. Technical	29
C. Financial Management.....	29
D. Procurement.....	30
E. Social (including Safeguards).....	31
F. Gender.....	32
G. Environment (including Safeguards)	32
H. Other Safeguard Policies (if applicable)	33



VII. RESULTS FRAMEWORK AND MONITORING	34
ANNEX I: DETAILED DESCRIPTION OF PROJECT COMPONENTS.....	42
A. Project Components.....	42
ANNEX II: MONITORING AND EVALUATION	51
ANNEX III: IMPLEMENTATION ARRANGEMENTS.....	53
ANNEX IV: IMPLEMENTATION SUPPORT PLAN	63
ANNEX V: MAJOR ACTIVE ACTORS IN THE SOCIAL DEVELOPMENT SECTOR	64
ANNEX VI: DETAILS OF THE MARGINALIZED GROUPS AND CHANGE DETERMINANTS	67
ANNEX VII: ADDRESSING GENDER -BASED VIOLENCE	68
ANNEX VIII: STRENGTHENING MECHANISMS FOR TRANSPARENCY, ACCOUNTABILITY AND CITIZENS ENGAGEMENT.....	75



I. STRATEGIC CONTEXT

A. Country Context

- 1. The Palestinian territories are marked by high vulnerability.** Poverty continues to be high with a quarter of the population living below the national poverty line according to the latest available official data (Palestinian Central Bureau of Statistics, 2011). Given that poverty is highly correlated with labor market outcomes, it is expected that poverty levels may have increased over recent years since growth has not been accompanied with a decline in unemployment. In 2004-2009, the shared prosperity indicator, which measures growth in consumption per capita of the bottom 40 percent of the distribution, grew at two percent. This was same as the rate of growth for the total population. In 2009-2011, however, consumption per capita of the bottom 40 did not grow—similar to that of the total population. Social assistance and international aid play an important role in poverty reduction, especially in Gaza where poverty would be much higher without such funds. A large number of households are very close to the poverty line and a shock, such as a further decline in aid, could result in a large number of them falling below the poverty line, particularly in Gaza.
- 2. Poverty, measured by the national poverty line, was stagnant from 2009-2011 following a period of decline in 2004-2009.** While poverty declined by almost four percentage points between 2004 and 2009, there was a sharp increase in poverty in 2007. This increase was largely related to political shocks in Gaza, resulting in negative effects of this shock on tax revenues and international aid flows. In 2009, poverty declined to pre-crisis level and remained stagnant until 2011, the latest available data (World Bank, 2011).
- 3. There is significant spatial disparity in poverty rates, with a large and widening gap in living standards between the West Bank and Gaza (WB&G).** The level of poverty differs significantly between the WB&G, with Gaza being much poorer. In 2004, the poverty headcount in Gaza was 29 percent higher than in the West Bank. By 2007, this gap had expanded exponentially to reach 145 percent. While it declined after 2009, it remained high (over 100 percent), and never returned to pre-crisis levels. The situation in Gaza is extremely volatile and the human costs of Gaza's political isolation are enormous. Gaza's two million residents are confined to an area of 160 sq. km and are not able to travel beyond this area without permits. The inadequacy of electricity supply (less than half of Gaza's needs) is exacerbated by the dearth of alternative fuels caused by the blockade. Gaza's aquifer, its sole source of fresh water, is overdrawn by 200 percent and is suffering from seawater intrusion. Consequently, only 5 to 10 percent of aquifer water in Gaza is drinkable. Only a small portion of sewage gets treated, and untreated sewage (about 100 million liters per day) ends up in the Mediterranean Sea—resulting in a very high incidence of water-related diseases.
- 4. The productive capacity of the Palestinian economy has been eroded over the years with a significant decline in manufacturing and agriculture.** This is a result of a poor business climate mainly driven by restrictions on trade and access to resources. Assuming that current restrictions remain in place and the security situation stays relatively calm, in the medium term, real Gross Domestic Product (GDP)



growth is projected to hover around 3.5 percent.¹ This sluggish growth implies a stagnation in real per capita income and an increase in unemployment.

5. **Politics are fraught with uncertainty, and the economic situation remains worrying with recent growth being mainly driven by Gaza reconstruction.** After a period of sustained economic recovery between 2007 and 2011 when annual growth averaged 8 percent, growth decelerated to 6 percent in 2012 due a large drop in foreign aid, eventually reaching 2 percent in 2013. Following the Gaza conflict in 2014, the Palestinian economy entered a recession, with average growth declining to -0.4 percent as the Gaza economy contracted by 15 percent. After the war, reconstruction efforts started to progress and this provided the economy with a boost leading to an increase in real GDP by 3.5 percent in 2015, followed by 5.1 percent in the first three quarters of 2016. Given the high population growth, yearly GDP growth levels have not been able to improve living standards as income levels have been almost stagnant. In addition, although total GDP has grown, agriculture – a key driver of inclusive growth – has contracted.

6. **The unemployment rate continues to be stubbornly high and has further increased to 27 percent in 2016—with wide regional and notable gender differences.** In Gaza, the unemployment rate reached 42 percent in the first half of 2016, which is more than twice as high as the West Bank at 18 percent. Unemployment among the youth (ages 15-29) is particularly high, especially in Gaza where it is 58 percent. At 20 percent, the female labor force participation rate is low compared to the already low Middle East and North Africa (MENA) average of 26 percent. Further, skilled women (i.e. holders of tertiary education) are at a major disadvantage, representing 91 percent of unemployed females seeking work and 65 percent of the total unemployed.

7. **Social and gender norms are important factors that can affect women’s access to economic opportunities.** In addition to the same constraints and societal preferences faced by other women in the region on working outside the home, wide-ranging restrictions on mobility and concerns of safety have made it even more difficult for Palestinian women to work and participate in daily life. As such, boosting shared prosperity has proven to be a challenge with the consumption per capita of the bottom 40 percent growing at the same rate as that of the rest of the population.

8. **Despite the PA’s considerable fiscal consolidation achieved in recent years, the fiscal situation continues to be difficult due to structural imbalances and declining donor support.** The external current account deficit decreased from 25 percent of GDP in 2008 to 8 percent of GDP in 2016 (before grants)—mainly through reducing the wage bill and net lending². Due to frontloaded VAT payments, increased customs receipts, ongoing revenue administration efforts and revenue transfers by the GoI, public revenues grew by 5 percent. However, the wage bill also increased by 5 percent in 2016 with total public expenditure (more than budgeted) reaching 32 percent of GDP. The strong increase in revenues offset the increase in spending and pushed the total deficit down by 23 percent. Still, the financing gap was US\$330 million in 2016 as donor support was only US\$761 million, a significant decline from the US\$2 billion donor support in 2008.

¹ GDP projections were produced by the International Monetary Fund (IMF).

² These are amounts deducted by the Government of Israel from tax revenues on account of arrears owed to the Israel Electric Corporation when municipalities, village councils, and distribution companies do not pay electricity bills.



9. **Although poverty rates are low by international standards, sustained progress in poverty reduction remains a challenge, as political shocks and episodes of conflict frequently erode welfare gains and increase the risk of the vulnerable falling below the poverty line.** Poverty trends in Gaza are particularly volatile, increasing sharply with each shock, and recovering slowly to pre-crisis levels thereafter (World Bank, 2011). Vulnerability is therefore a major area of concern, as these sharp increases reflect the large share of the population living very close to the poverty line who remain at risk to these shocks.

10. **Women are particularly vulnerable to cycles of conflict and poverty.** Surveys by the Palestinian Central Bureau of Statistics (PCBS) point to high rates of Intimate Partner Violence (IPV) against women: 29.9 percent of women in West Bank and 51.1 percent of women in Gaza have been exposed to some form of IPV between 2010-2011.³ Of those who have experienced violence, 65 percent of the women preferred to stay silent.⁴

B. Sectoral and Institutional Context

11. **Since 2010, the World Bank has been supporting the PA efforts to reduce poverty and improve Social Safety Nets (SSN).** With support from the World Bank, the Palestinian National Cash Transfer Program (CTP) was created in 2010, which merged the EU-funded Special Hardship Case (SHC) and the World Bank-funded Social Safety Net Reform Project (SSNRP), providing cash assistance to about 55,000 poor households. The World Bank supported the Cash Transfer program through several operations: Emergency Services Support Project (P09677) approved in 2008; WB&G Cash Transfer Project (P119307) approved in 2011; and Cash Transfer Additional Financing (144967) approved in 2014. The creation of the CTP at the Ministry of Social Affairs (MoSA) gave the PA the opportunity to consolidate, harmonize and further develop social assistance that was mostly provided through a complex web of organizations run by the PA (including at least three ministries), non-governmental organizations (NGOs) and other external agencies. The companion National Cash Transfer Strategy identified cash transfers as the main social assistance instrument to fight poverty because of their proven track record and the possibility to scale them up quickly and effectively to aid distraught households during crisis situations.

12. **The CTP provided the PA with a scalable and well-targeted instrument to fight poverty.** The program was later expanded thanks to additional PA funds, while both EU and World Bank have maintained their support to the originally agreed 55,000 households. In addition, MoSA sought to further engage with other donors, such as the World Food Program (WFP) and United Nations Relief and Works Agency (UNRWA), to harmonize their targeting tools with CTP targeting to improve the protection of the poor. As a result, the CTP became a full-fledged national SSN program that provides quarterly payments to about 115,000 beneficiary households through the banking system with an estimated total cost of about US\$130 million a year. Although the World Bank only finances four percent of the program per year, the World Bank has leveraged its position and effectively used its technical expertise to guide the work of other donors.

³ Palestinian Central Bureau of Statistics (PCBS), Violence Survey in the Palestinian Society 2011. Different forms of intimate partner violence surveyed include economic, social, psychological, sexual and physical. In this case, the intimate partner referred to by the survey is 'husband.'

⁴ PCBS. Violence Survey in the Palestinian Society 2011.



13. **The implementation of the CTP has been supported by a sound Management Information System (MIS).** The MIS network links the 17 district (Muderas) offices in WB&G to the central level. This system is currently used for the management and administration of the CTP. Information on beneficiary households (e.g., household size, age, assets, health status, and education level) is collected by trained MoSA social workers using a standardized application form and entered into the MIS at the district level. The web-based MIS is updated regularly based on information provided by the PCBS and MoSA social workers. MoSA then uses the poverty-targeting database (one component of the MIS) to identify CTP beneficiaries and to rank households according to their poverty level. This system allows MoSA to obtain real-time information on the number and location of beneficiary households as well as to track households' application and enrollment status, which is then used to inform decision-making related to planning and resource allocation.

14. **The new Social Development Sector Strategy (SDSS) aims to improve the protection of the poor and their access to economic opportunities.** To better coordinate policies to reduce poverty and vulnerability, MoSA became the Ministry of Social Development (MoSD) and thereafter a new SDSS (2017-2022) has been approved. In alignment with the recently approved National Policy Agenda (NPA) (2017-2022), the new SDSS supports the vision of building a resilient, productive and creative Palestinian society that guarantees a dignified life for all its members, unleashes their potentials and believes in rights, equality, justice, partnership and inclusion. The main objectives of the strategy are poverty reduction, elimination of all forms of social exclusion, violence and vulnerability as well as maintaining the social fabric. Under this new strategic vision, social policies do not only aim to protect the poor and the vulnerable but also help them grow, become independent and contribute to economic development. In this new system, cash would become an instrument of last resort for those who need it the most (the extreme poor) to cover basic needs, while services would be provided to the poor, including the extreme poor, to reduce social vulnerabilities and improve access to economic opportunities. This new system is expected to improve the cost-effectiveness of social programs in a fiscally constrained environment.

15. **Monetary poverty, food insecurity and non-monetary dimensions of poverty (social vulnerabilities) remain high.**

- a. Poverty is high and likely to have increased since 2011. In 2011, 25.8 percent of Palestinians were poor and many households were just above the poverty line, and thus vulnerable to falling back into poverty. Poverty is significantly lower in the West Bank (17.8 percent) than in Gaza (38.8 percent). Although social assistance, and the CTP in particular, have helped, poverty is very much linked to jobs, which is why higher unemployment and reduced incomes since 2011 are likely to have led to increased poverty, particularly in Gaza.
- b. Food insecurity remains prevalent, particularly in Gaza. According to 2014 estimates, 27 percent of the population (about 1.55 million people) are food insecure, half of whom are classified as "severely food insecure," which can result in malnutrition and anemia. Food insecurity is more prevalent in the Gaza Strip as well as among refugees and female-headed households in the West Bank.
- c. Recognizing that poverty is a multidimensional phenomenon that comprises both monetary and non-monetary dimensions (social vulnerabilities related to health, education, housing etc.), the National Poverty Commission was created in 2014/15 to study the adoption of multidimensional poverty



measures. A multidimensional poverty methodology has been developed and data is being collected as part of the Palestine Expenditure and Consumption Survey (PECS) 2016-17.

C. Higher Level Objectives to which the Project Contributes

16. **The proposed Social Protection Enhancement Project (SPEP) will support the implementation of the SDSS by: (i) contributing to the delivery of cash transfers and services to the poor, and (ii) strengthening the supporting systems to deliver these benefits: Social Registry (SR) and Case Management System (CMS).** The SR of the poor and vulnerable (potential beneficiaries of social programs) will help improve the coordination, coverage and targeting of social development programs, as well as reduce program administration costs. The CMS will help expand the SR through outreach and make use of it to refer poor households to programs and services that meet their needs and conditions. Thus, the project is helping to develop a platform for delivering social services and benefits to the poor and vulnerable as well as contributing to these services and benefits. This platform is fully aligned with the single gateway approach for social assistance approved by the Council of Ministers in January 2017. It will: (i) expand coverage of current social assistance to all extreme poor and vulnerable population; (ii) improve programs effectiveness while maximizing cost benefits and minimizing errors and fraud; and (iii) achieve social justice and equal opportunities. This platform can be used to channel public resources and donor funding targeted to the poor and vulnerable.

17. **Alignment with the World Bank's twin goals.** The project contributes to the elimination of extreme poverty and boosting shared prosperity by (i) providing cash transfers to a subset of extreme-poor households; (ii) developing a SR to improve the coordination, coverage and targeting of social programs to the poor and vulnerable; and (iii) developing a CMS to provide services to the extreme poor to reduce social vulnerabilities and improve access to economic opportunities.

18. **Alignment with the MENA Regional Strategy.** The proposed project specifically supports: (a) the MENA Strategy Pillar on Renewing the Social Contract, particularly, the strengthening of public institutions for more efficient and effective service delivery and the modernization of social protection systems. The project contributes to citizen empowerment as part of the social contract agenda. Eligibility to cash transfers and services under the CMS will be determined objectively and transparently, households will be informed about their benefits (and responsibilities) and will be able to access a strong Grievance Redress Mechanism (GRM); and the Pillar on Resilience, by increasing resilience through institutional strengthening and improved capacity for SSN delivery, especially at the local level.

19. **Alignment with the World Bank Group Gender Strategy (FY16-23).** The strategy argues for the need for SSN programs to go beyond the targeting of women and girls to developing innovative features that build in positive externalities such as financial inclusion, access to identification documents, and changes in household bargaining power. Building on this need, the SPEP will be aligned with all four pillars of the Gender Strategy by facilitating access to services that aim to (i) improve human endowments, (ii) remove constraints for more and better jobs, (iii) remove barriers to women's ownership and control of assets, and (iv) enhance women's voice and agency. In response to gaps identified during preparation stage, the project will develop a measurable intervention aimed at mitigating and/or reducing high rates of violence against women and girls through prevention counseling and referral services during home visits. Further, SPEP has been selected as a demonstration project in the forthcoming Regional Gender Action Plan FY 18-21 where a concerted effort will be made to showcase results and lessons learned on how to close gaps between men and women in the region.



20. **Alignment with the WB&G Assistance Strategy (AS).** The proposed project is well-aligned with the World Bank Group's forthcoming AS for the WB&G, whose overarching objective is to create conditions that incentivize the private sector and simultaneously mitigate the risks faced while investing in a fragile and uncertain environment. The proposed AS pillars are: (i) Stimulate an environment for dynamic, inclusive private sector growth for job creation; and (ii) Strengthen institutions' accountability and capability towards protecting the most vulnerable and building the public's trust. The proposed project is aligned with pillar two of the AS by focusing on the extreme poor.

II. PROJECT DEVELOPMENT OBJECTIVES

A. PDO

21. **To establish a single targeting and referral system to provide cash benefits and services to poor and vulnerable households.**

B. Project Beneficiaries

22. The project direct beneficiaries are poor and vulnerable households in the WB&G.

- a. For the cash transfer program support component, the project will benefit 5,000 extreme poor households living in both WB&G.
- b. For the SR component, the project will benefit:
 - i. 150,000 of poor and vulnerable households through increased access to social protection programs in both WB&G,
 - ii. MoSD program administrators to better monitor performance, identify potential beneficiaries for social programs, formulate coherent social policies, and foster coordination and information exchange with other sector ministries and social programs; while reducing targeting errors, leakages, and fraud.
- c. For the CMS component, the project will benefit about 15,000 extreme poor households currently benefiting from the CTP from Hebron, Nablus, Tulkarm, Ramallah, East Jerusalem, Yatta and Tubas governorates. These services are expected to be particularly beneficial to women by supporting female employment and entrepreneurship and addressing domestic violence, given that female-headed households comprise the majority of extreme-poor CTP beneficiaries.

C. PDO-Level Results Indicators

Indicator 1: The number of households enrolled in the Social Registry

Indicator 2: Number of households benefiting from referral services in targeted areas, by gender of the household head.

Indicator 3: Number of households benefiting from counseling services provided by social workers, by gender of the household head.

Indicator 4: Number of households benefiting from the Bank's funded CTP by gender

23. Intermediate Indicators:



- a. Percentage of beneficiaries who know their rights and responsibilities in terms of program rules and entitlements, for component 1 and component 3.
- b. Percentage of claims and grievances of Social Registry beneficiaries documented, processed, and resolved within 30 days (from year 2 onwards).
- c. Number of households reached by the Case Management System in targeted areas.
- d. Number of social workers and supervisors trained in the new Case Management System methodology.
- e. Number of social workers and supervisors trained in counseling services, by type of service.
- f. Percentage of beneficiaries satisfied with service, by type of service and gender.

III. PROJECT DESCRIPTION

24. The proposed project builds on the successful experience of CTP and supports the new SDSS to develop a platform for delivering cash transfers and services to the poor and vulnerable to reduce multi-dimensional poverty and improve access to economic opportunities. The project will help develop the two key building blocks of this platform, the SR and the CMS, and will contribute to the delivery of cash transfers and services to the extreme poor. Development partners have expressed strong interest in contributing to this platform, which builds in part on the experience from the EU-funded case management pilot.

A. Project Components

Component 1: Cash Transfer Program support (estimated cost US\$9.0 million).

25. This component will finance cash transfers for about 5,000 households in the WB&G, representing 4 percent of the total of the CTP.

26. The proposed component builds on the achievements of the CTP and on the collaboration between the World Bank, the EU and the PA to continue supporting cash transfers to the extreme-poor households. The specific objectives of this component are:

- a. In the short-term: support the mitigation of poverty and vulnerability of the targeted extreme poor households by smoothing and increasing consumption, particularly of food (quantity and quality of meals).
- b. In the medium/long-term: support the protection and growth of human capital of targeted children from extreme-poor households, complemented by support services identified through the CMS to be developed under Component 3.

27. This component will finance eight quarterly cash payments to extreme-poor households, aiming at increasing and smoothing their food consumption as well as improving their ability to cope with shocks. The provision of timely, predictable, regular and adequately-sized transfers to households classified as extreme poor will support both objectives. Timely and predictable transfers help households make the best use of the money by enabling them to plan and invest in the future, particularly in the human capital of their children. The provision of regular transfers over a two-year period can also help the household acquire productive and agricultural assets.



28. The benefit amount per household differs according to the estimated consumption level. The benefit amount is set to bridge the household extreme poverty gap in accordance with the PCBS surveys, and can vary between a minimum of NIS250 and a maximum of NIS600 per month.

29. This component will be complemented by World Bank advisory services and analytics to improve the CTP over the medium run, including by:

- a. aligning CTP targeting to the new multidimensional approach
- b. updating the monetary Proxy-Mean Test (PMT) model
- c. setting CTP recertification procedures in alignment with SR procedures
- d. revising CTP Operation Manuals (OMs) and parameters for:
 - i. duration of benefits
 - ii. benefit amount structure
- e. developing a Monitoring and Evaluation (M&E) framework

Component 2: Social Registry (estimated cost US\$1.4 million).

30. This component will provide technical and financial support to: (i) develop, feed, and update the SR inclusion and information system (architecture, software, hardware, OMs, and household registration, among others); (ii) establish a legal framework for it as functional entry point for social programs; and (iii) assure the transition of beneficiaries of CTP and other programs into the SR.

31. The current CTP has a robust information system to support its management and implementation. The features presented in this system are those of what the literature refers to as Beneficiary Registry Information System, henceforth Beneficiary Registry or (BR).

32. As this project aims to support implementation of the MoSD SDSS (2017-2022), this BR must be enhanced beyond its current coverage/objective/functions to expand current social assistance to all extreme poor and vulnerable population, promoting inclusion and access to social policies.

33. This component will have two objectives. First, it will support the transition of the current BR to a SR to provide a “gateway” for anyone (individuals, families) to be considered for inclusion in one or more social programs based on an assessment of their needs and conditions. Second, it will increase the coverage of the extreme poor and vulnerable by expanding the caseload from about 115,000 CTP beneficiaries to 150,000 potential beneficiaries of social programs.

34. To achieve the first objective, the SR will build on the current BR. The SR will capitalize on the existing infrastructure, both technical and operational. A modular SR will be developed for supporting registration and determination of potential eligibility for any social program targeted to the poor and vulnerable. The SR will support improvements in the current citizen interface - for example via mobile



teams, at local offices, or via digital service windows – and help establish clear legal and institutional arrangements, including the designation of MoSD as the “host agency” for developing and operating the SR. This component will also support the development of the regulatory frameworks needed to ensure proper utilization and sustainability of the SR, particularly when it comes to the protection of personal data.

35. To achieve the second objective, the component will finance home visits to 150,000 households across the WB&G. More specifically it will finance:

- a. The recertification of the current case load of 115,000 CTP households once the CTP targeting strategy is aligned with the new poverty measurement based on PECS 2016/17
- b. The addition of new cases that would be identified either by social workers as part of component 3 CMS activities or by a household request at the Muderias offices
- c. The incorporation of households that are receiving benefits from other donor programs (but not from CTP), as a result of donors joining the common gateway for social programs, and
- d. The distribution of cards with unique household ID numbers and expiration date for SR enrolment. The estimated cost of each home visit for recertification/new enrollment is US\$6 (six dollars). And the estimated cost of the card is of US\$1 (one dollar).

36. This component will also include TA for (i) the preparation of the SR operations manual (OM) and the SR architecture; and (ii) setting up of M&E procedures and improvement of the overall grievance and redress mechanism system (GRMS) for both SR, CTP and CMS.

37. Because of the development of the SR, MoSD program administrators will benefit from enhanced ability to monitor performance, identify potential beneficiaries for social programs, formulate coherent social policies, and foster coordination and information exchange with other sector ministries and social programs. The SR is also expected to improve governance, efficiency, and equity of social spending while reducing targeting errors, leakages, and fraud.

Component 3: Case Management System (estimated cost: US\$3.6 million).

38. This component will finance the development and implementation in selected areas of a CMS. Based on international best practices, the CMS will initially target extreme poor households through home visits by social workers, since those households are in greater need and are less likely to seek support by themselves. However, the CMS can also be used to support other poor and vulnerable households who seek assistance through MoSD local offices (Muderias).

39. MoSD currently employs around 300 social workers as civil servants. Social workers conduct visits to CTP beneficiary households, but mostly to collect and verify CTP eligibility information. Social workers spend most of their time on the administration of benefits, rather than on actual social work. Social workers operate through Muderias, that in most cases do not have adequate supporting infrastructure for social workers and supervisors to perform their tasks. The most important constraints cited by



Mudieras are transportation, office space and IT equipment as well as efficient use of their time which is mostly spent on data collection. Mudieras receive very limited funding from MoSD for operating costs.

40. This is also true for social workers trained on matters related to Gender-Based Violence (GBV). These social workers are referred to as “woman’s counselors”. Each of the 12 Mudieras has a Women Protection Unit headed by a woman’s counselor dedicated to focus on women empowerment and gender issues, including those related to domestic violence. Currently, there are 12 woman’s counselors working at the Mudieras with a case-load of 874 survivors of GBV in 2016, as reported by the MoSD. Depending on the Mudiera, many face challenges in managing their high case-load and in seeing cases through the entire referral pathway where survivors become empowered to reintegrate into society. Similar to all social workers, woman’s counselors are responsible for paying for their own transportation for home visits and during emergency situations where they must travel far to transport survivors to shelters outside of their Mudiera due to security concerns for the survivor. Additionally, the line of work is highly sensitive and restrictive social norms around GBV (in public and in the workplace) make it difficult for woman’s counselors to openly and proactively address the issue.

41. The CMS will be piloted in the seven governorates covered by phase 1 and phase 2 of the ongoing EU-funded social protection TA project: Phase I (Hebron, Nablus, East Jerusalem); Phase II (Tulkarm, Ramallah, Yatta and Tubas). A mapping and assessment of social services in Hebron, Nablus, and East Jerusalem show that, although limited, there is a critical mass of services meeting minimum quality standards, including employment-support services. Joint Planning Groups (JPGs) have been established in those three governorates. JPGs include representatives from Mudieras, service providers (public and private) and private sector (in their corporate social responsibility role) and aim to create a partnership at the local level to improve the access to and quality of services for the poor and vulnerable. The TA project also supports the development of tools to assess the needs of households and the quality of services, particularly for people with severe disabilities. These seven Governorates currently include 15,119 CTP beneficiary households classified as extreme poor (the total CTP caseload in these regions is 25,615 households) and 160 social workers. The majority of social workers are trained as social workers with graduate, post-graduate and diploma degrees.

42. The CMS will make use of the SR (starting with the CTP BR) to reach out to the extreme poor through home-visits by social workers in order to assess needs and conditions, identify opportunities and support services, provide counseling services and monitor progress. Through home visits, social workers will also try to identify other extreme-poor households not currently covered by CTP, thus helping to build the SR. The CMS will also serve other poor and vulnerable households that seek support directly through Mudieras. The CMS will have two main building blocks:

- a. Home visits by social workers to:
 - i. Assess needs and conditions of households and their members
 - ii. Identify opportunities and actions by households to move out of poverty and vulnerability;
 - iii. Identify supporting services that households/household members are eligible for;
 - iv. Refer to locally available services (see below);



- v. Provide counseling services to households/household members, depending on needs and conditions, with particular attention to family counseling on non-violent conflict resolution and elimination of child maltreatment;⁵ and
 - vi. Monitor progress.
- b. Referral to locally available services, which will require developing arrangements for:
- i. Partnering with service providers and private sector (in their corporate social responsibility role);
 - ii. Providing preferential access of CMS beneficiaries to services, and
 - iii. Financing of referred cases.

43. The success of the CMS ultimately relies on the availability of quality services for the poor and vulnerable. Parallel efforts are needed to increase the supply of quality services (both public and private) in West Bank and Gaza. The project will contribute to enhancing the supply of services available to the poor and vulnerable in the target areas both directly, through the provision of counseling services by social workers, and indirectly, through referrals to locally available services: public service providers that have the mandate and the budget to cover referred cases, donor-funded programs like the UNDP's Economic Empowerment Program, and privately-provided services that can be purchased by MoSD with the budget already allocated for such purpose. Should additional financing for the project become available at midterm, direct support to services will be considered, focusing on employment-support services and potentially infrastructure rehabilitation (i.e. to ensure security and confidentiality of MoSD women protection services in Bethlehem, Jericho, and Nablus).

44. The project will support the development and implementation, in the seven selected governorates, of the following key elements of the CMS:

- a. Communications campaign that will target the poor and vulnerable, especially women and youth, and the public at large, and will seek to provide information, through various channels, about the new SDSS, including its goals, who gets what, how and why under the new strategy, and the supporting systems: the SR and the CMS (targeting people in the areas to be covered by the pilot).
- b. CMS methodology, Case Management Information System (CMIS) and training, including (i) Terms of Reference (ToR) for social workers and supervisors; (ii) Methodology for CMS, including protocols for home-visits and service referrals; (iii) CMIS, which will include information on beneficiaries, services and social workers that will feed into the SR; and training of social workers and supervisors on the new CMS methodology and the CMIS. Social workers will also be trained to provide one or more counseling services, including psycho-social support services (PSS), family guidance, and possibly other, more targeted, support to caregivers of the elderly, the disabled and preschool children (parenting). Counseling services could be complemented by more specialized referral services. For issues related to GBV, any counseling service to survivors of violence will be carried out by a woman's

⁵ Global examples have shown that such interventions reduce GBV/IPV. See Annex V for more details.



counselor. All social workers will be expected to raise their awareness about different forms and triggers of Violence Against Women & Girls (VAWG)/IPV however they will not be responsible for actively identifying cases due to sensitivities. If a household member reports a case, the social worker is expected to consult with a woman's counselor or provide a referral to a VAWG service in a safe and confidential way. Standard operating procedures for handling cases of GBV will be included in the SPEP OM.

- c. Supporting infrastructure to implement the CMS, including: (i) tablets with an internet connection loaded with the CMIS for social workers and supervisors; and (ii) performance-based grants for Muderias (channeled through MoSD) to cover the operating costs of home-visits and help address gaps in transportation, office space and IT equipment.

Component 4: Program Management and Monitoring (estimated cost: US\$1 million)

45. This component will ensure that the MoSD team is operational and the project is implemented in accordance with the Legal Agreement, the Project Appraisal Document (PAD) and the project OM. This component will cover:

- a. Remuneration of project staff and consultants who are not civil servants;
- b. Training of MoSD and of social workers;
- c. Equipment and operating costs for MoSD team directly linked to the daily management of the project (office space, utilities and supplies, bank charges, communications, vehicle operation, maintenance and insurance, building and equipment maintenance costs, travel and supervision costs, etc.)
- d. Training of personnel of MoSD (at both central and regional levels), and
- e. M&E activities, which are key for the project due to the importance of assessing the project's performance on a regular basis to inform the PA, the World Bank, and other development partners about its results.

46. The key M&E activities the project will finance include:

- a. Annual process evaluations between 2017 and 2021 after 9-12 months of project implementation and one at the end of the second year of implementation to inform the mid-term review;
- b. Regular audits to assess the program's operations and to verify if its operational guidelines, as described in the PAD, are being applied in practice;
- c. Regular spot checks (such as beneficiary surveys and qualitative evaluations) to be conducted by external evaluators;
- d. One impact evaluation with two rounds of data collection for measuring impact of CMS on beneficiaries;
- e. Annual independent audits of the safety nets system, and

- f. Production of quarterly implementation reports.

B. Project Cost and Financing

47. The total cost for the proposed project is estimated at US\$15 million. Table below summarizes the overall project costs and the distribution between components.

Project Components	Project cost	IBRD or IDA Financing	Trust Funds	% of Financing
Cash Transfer Program Support	US\$9.0 million	N/A	US\$9.0 million	50% cost sharing by the PA
Social Registry	US\$1.4 million	N/A	US\$1.4 million	100%
Case Management System	US\$3.6 million	N/A	US\$3.6 million	100%
Program Management and Monitoring	US\$1 million	N/A	US\$1 million	100%
Total Costs	US\$15 million	N/A	US\$15 million	100%
Total Project Costs	US\$15 million		US\$15 million	
Front End Fees				
Total Financing Required	US\$15 million	N/A	US\$15 million	

C. Lessons Learned and Reflected in the Project Design

48. Given the innovative approach of the operation and the involvement of various PA agencies and donors, consensus building and coordination among stakeholders will be crucial during project implementation. The proposed operation will build on the successful coordination experience around the CTP. The World Bank has been supporting the MoSD in its efforts to coordinate and align support from other development partners (EU, WFP, and United Nations International Children's Emergency Fund (UNICEF)). The World Bank has been engaged in the sector for nearly ten years through several Cash Transfer operations (Emergency Services Support Project (P09677) approved in 2008; WB&G Cash Transfer Project (P119307) approved in 2011; Cash Transfer Additional Financing (144967) approved in 2014). The World Bank has facilitated regular coordination with development partners to inform and build synergy and complementarity between programs and there has been strong interest from development partners in contributing to the service delivery platform to be developed under the project.

49. The design of the SR and CMS components is based on international best practices and the toolkits for service delivery, SR and CMS. The SR will build on the existing CTP BR and MIS, while the CMS will build in part on the experience from the EU-funded case management pilot and similar initiatives.



50. Given the development of a new multi-dimensional approach for measuring poverty, and the availability of the new PECS 2016/17 in 2018, the project will support the improvement of the CTP targeting method and the enhancement of the overall process for the identification of households (through the implementation of the SR).

51. The introduction of the SR will require: (i) an adjustment in the processes, rules and benefit structures of participating social programs in order to align them with SR procedures; and (ii) the mainstreaming of the citizen engagement (CE) approach, by improving the GRMS. Each program will need to develop a clear entry and exit strategy to avoid social tensions, and to be aligned with the recertification of socio-economic characteristics in the SR. In order to address the inclusion aspects of SR, the enhancement of current CTP outreach efforts will be needed to assure that the poorest households register in the SR to reduce exclusion errors.

52. The diagnostic of the existing Complaints Handling Mechanism (CHM) showed that the mechanism is already functional and several of its aspects are already included in the current information system. The study also identified ways to enhance its effectiveness by: (i) improving the efficiency of grievances management, information communication and education among the beneficiaries and other citizens about the mechanism; and (ii) building the capacity of MoSD employees working on complaints handling. The study also showed that while social workers were overburdened with informal complaint handling as they interacted with the beneficiaries, only a small number of complaints were addressed through the CHM. There is a need to clarify procedures and responsibilities for MoSD officials, provide training and training materials on complaints handling, and develop systems that ensure that all complaints are captured and can be addressed. Following this diagnostic, MoSD is implementing an action plan for improving the design of the complaints handling system, increasing awareness among beneficiaries, and building the capacity of Ministry's employees working on complaint handling.

53. To complement the enhanced CHM, the project will broaden and deepen CE by introducing robust Financial Transparency (FT) and innovations in Social Accountability (SA). The objective is to ensure that the project's clients are aware of their entitlements, are receiving their entitlement promptly, in full, and with dignity and that citizens' participation in planning and providing feedback on project activities shall be facilitated to allow informed feedback and development of appropriate solutions. Activities under this intervention are aligned with PA's vision of promoting inclusive and participatory mechanisms and the Bank's vision of strengthening mainstreaming of CE.

54. Finally, following concerns about the prevalence of IPV identified during project preparation and the sensitivities around handling such cases, the project aims to include short interventions during home visits that provide family with tools around non-violent conflict resolution and elimination of child maltreatment which have proven to reduce incidents of GBV/IPV. In close collaboration with the MoSD, these short prevention interventions will leverage the experience of the UN and civil society to engage with communities and design a context-specific approach to GBV prevention that is safe and gender sensitive. The focus on this issue can also help boost the Women's Protection Units in the Muderias. Standard operating procedures (SOP) and reporting mechanisms will be included in the SPEP OM.



IV. IMPLEMENTATION

A. Institutional and Implementation Arrangements

55. The MoSD will be the implementing agency responsible for project implementation and will have the primary responsibility for all technical, operational, and fiduciary aspects related to the project. The MoSD's technical and implementation capacities were assessed by the Bank and deemed satisfactory to implement the project.

56. The Project will rely on the MoSD's existing organizational structure, including the involvement of its various departments and district offices. The various development partners will continue to play a prominent role in building the MoSD's capacity to implement various elements of the Social Development Strategy.

57. The MoSD will be responsible for project implementation through the existing CTP management unit. Since 2010, the MoSD has been managing the CTP program by establishing a program management unit within the MoSD that oversees project implementation. This management unit works in close relationship with the MoSD's technical and implementation units. The management unit, composed of Project Director, Procurement Specialist, Economic Empowerment officer, Communications Specialist, Case Management Coordinator, Financial Management Specialist, and an Administrative Assistant, will oversee the overall coordination of project activities and the day-to-day management of the project, including all fiduciary aspects and project monitoring and reporting. It will report to the Minister of Social Development and will ensure coordination across donors and technical committees. The management will be composed of civil servants from various departments of the MoSD and will be strengthened by specialized consultants to support certain activities.

58. The Project will use the Operations Manual (OM) approved by MoSD on May 31, 2017, containing detailed procedures for carrying out of the Project, including the requirements to be fulfilled by the local branches of MoSD and Beneficiaries as pre-requisites for the provision of cash transfers, the criteria for identification, registration and selection of beneficiaries, the procedures for payments and the amount of cash transfers; and the verification mechanisms. The current OM builds on the Operational Manual for the West Bank and Gaza Cash Transfer Project and the Additional Financing.

59. Cash transfer beneficiaries will be vetted according to eligibility criteria and conditions set forth in the Operations Manual. The PMU will ensure that all fiduciary controls are complied with. The project M&E system includes spot checks and audits, as well as evaluations to ensure that the controls are not only in place but are regularly enforced. For cash transfer recipients, the funds will be deposited directly into beneficiaries' bank accounts to increase transparency.

60. As the leading agency for the implementation of the single gateway approach for social assistance approved by the Council of Ministers in January 2017, MoSD will be responsible for ensuring coordination among various agencies providing social programs to effectively implement the SR and CMS.

61. The Ministry of Finance and Planning (MoFP) will continue to play an active role in project implementation. The MoFP will manage the Bank's designated account (DA) and closely coordinate with



the Bank of Palestine to make payments to beneficiary households. The MoFP will also ensure that the necessary counterpart funds are allocated annually for this project.

62. Two technical committees, one for SR and one for CMS, are to be established no later than 3 months of project effectiveness (dated covenant). The technical committees are composed of representatives from the MoSD, representatives of other sectoral ministries and donors. Their tasks include:

- a. Discussion of activities for the design and implementation of the technical components of the project;
- b. Setting up a framework and guidelines with technical tools for their implementation;
- c. Ensuring coordination and coherence of activities undertaken under the various project components, and
- d. Review and evaluation of studies and consultancies.

63. Implementation support will be provided by the Bank throughout the lifetime of the project. Support will include regular implementation support missions and a detailed midterm review mission about two years after project effectiveness. The midterm review mission will, among other things, analyze progress toward achieving the main result indicators and determine where adjustments are needed.

B. Results Monitoring and Evaluation

64. The MoSD, through the program management unit (PMU), will be responsible for monitoring and evaluating progress toward the achievement of the project's results, and ensuring timely submission of monitoring data and progress reports to the Bank. The management team has adequate capacity to meet the project's M&E requirements and may have to evolve as the project will be implemented gradually and seeks to include other social programs.

65. Because of the nature and scope of the project, a solid M&E system is a key element of project implementation. The current system under MoSD will be enhanced under component 2 to enable systematic and timely data collection to monitor progress and performance, to inform decision makers, and to trigger corrective actions as needed. The M&E framework will be developed and the system is expected to include an integrated information system linked to relevant databases and have a clear dashboard to monitor the progress of main and intermediary result indicators. The project's M&E framework will also involve spot checks, audits, and performance evaluations to be financed under component 4.

66. The Results Framework described in Annex 1 provides the key project indicators, targets, and data collection arrangements for the duration of the project.

C. Sustainability

67. The social protection system in the West Bank and Gaza has two distinguishing features: (1) it operates in a context of political instability and conflict under Israeli control undermining effective system



governance; and (2) its financial viability is severely constrained by its dependence on donor funding which is subject to fluctuations due to political considerations.

68. The cash benefit component under the proposed project is not likely to be financially sustainable without donor funding. However, the PA has committed to continue to provide cost-sharing arrangements as has been the case under the existing CTP to partially address the sustainability issue (i.e., the PA agreed to cover 50 percent of the cash benefits for the eligible households).

69. Also, the achievement of institutional capacity building is not necessarily at risk. Capacity has been successfully built. The MIS is working well, and MoSD's staff have also gained technical strengths as they worked on developing an excellent social protection strategy and are heavily engaged in managing other non-cash assistance programs and interventions, such as the Deprived Families Economic Empowerment Program (which is a quasi-microenterprise program) and the Food Aid Program. Moreover, MoSD is chairing an active Social Protection Sector Working Group and is heavily engaged in consultations and reach out to the local community and civil society. Therefore, MoSD should be able to manage the project and maintain the ability to deliver cash effectively, even if the amount of the cash benefit is reduced due to a lack of donor funding or economic conditions.

D. Role of Partners

70. Social assistance programming in the WB&G is provided by a wide range of partners. These include the MoSD, UN agencies including UNRWA and UNICEF, International Organizations (IOs), NGOs and traditional community arrangements such as the Zakat Committee, private transfers and contributions from abroad. The EU has been instrumental in building MoSD's technical capacity by financing several short- and long-term experts in key areas such as social policy, adherence to the reform actions, and PMT updates (updating the PMT formula using more recent poverty data). The EU is also, by far, the largest contributor to the CPT. In 2015 the EU and EU Member States contributed over €52.5 million to the CTP, equivalent to roughly 40% of its total cost.

71. WFP and the UNICEF directly provide in-kind contributions such as food aid and school feeding programs to poor non-refugee households. UNRWA provides a variety of services to Palestinian refugees, including quarterly cash transfers to the most impoverished Palestinian refugees as well as food-aid and school feeding programs.

72. MoSD is the regulatory body and the implementing agency in charge of the social protection system. The Ministry has branches in the seventeen governorates in the WB&G (12 the West Bank and 5 in Gaza, respectively). The EU has worked closely with the MoSD, providing TA that has helped guide policy reform. The Bank's work has complimented these efforts. To date, 23 national sectoral and non-sectoral strategies have been developed. Some of these strategies focus on MoSD's efforts in providing CTs to households throughout WB&G.

73. In WB&G, the Bank does not provide the largest financial contribution of active donors. The World Bank, however, plays a key role in leveraging the approach of other donors. The most salient example of this was the merger of the EU SHC and the Bank's SSNRP programs into one program, the CTP. The Bank was able to encourage the EU to adopt the same targeting mechanism (based on the proxy means test formula or PMTF), and to adopt a uniform method of determining the benefit level and to have the same payment modality. These were significant shifts from the approach previously used in the SHC program



which had used a categorical approach and provided a standard CT amount to all beneficiaries. The unified targeting system has strengthened coordination among all major actors working in the social protection sector in WB&G. Furthermore, within the context of this partnership, the Bank was instrumental in ensuring that the PA's reform efforts maintain momentum—moving the larger social protection agenda forward. Annex V outlines the major active actors in the Social Development Sector.

74. The Bank has effectively used its technical expertise to guide the work of other donors and of the EU (which provides significantly more funding than the Bank and/or other donors). This guidance has ensured that donor efforts do not overlap and encourages greater collaboration in the distribution and evaluation of benefits. The Bank has become a reliable partner for MoSD as well as for other donors, which has helped coordinate efforts in response to MoSD's needs and has been pivotal in the continued success of the CTP.

V. KEY RISKS

A. Overall Risk Rating and Explanation of Key Risks

75. Political and Governance risk is rated as High. The peace process remains vulnerable and the domestic political situation remains unsettled. Political instability and the long-lasting Israeli restrictions on movement, access and trade are substantial impediments to project implementation in Palestinian territories, particularly in Gaza. To mitigate the risk, political and security developments are monitored routinely for the Bank Group to remain alert to any situation that may require adjustments to its operation. The Bank Group also partners with local communities, municipalities, NGOs, utilities and educational institutions which could provide additional modes of implementation to ensure program and project continuity. Under the current scenario, this project cannot address any of political and governance risks, except for improving Social Protection governance aspects due to the support to the SR and CMS that would support improvements in governance and transparency on the usage of resources for social policies.

76. Macroeconomic risk is rated as High. Political instability, including the 2014 war in Gaza and the outbreak of clashes in the West Bank, have increased the level of uncertainty and negatively impacted business confidence. Also, the ongoing system of restrictions on movement, access and trade imposed by the GoI presents a key binding constraint to private sector investment and economic growth. On the fiscal side, risks relate to the PA's persistently high fiscal deficit financed through donor grants that have been unpredictable and on a declining path since 2008. Also, the possibility of suspensions of revenue transfers for taxes collected by the GoI on behalf of the PA and the latter's lack of control over public finances and economic management in Gaza significantly add to the risks. A possible further reduction in the level of donor assistance poses significant risks to the sustainability of the macroeconomic and fiscal framework. While the PA has charted a course toward lesser dependence on external aid and is undertaking the relevant reforms, it will take time for the PA to achieve fiscal sustainability and that will only be possible if there is a political settlement that allows for strong private-sector-led growth. Thus, a further reduction in the overall level of donor assistance or lack of its predictability is a significant source of risk to the PA's finances and the Palestinian economy as a whole. To mitigate the risk, the World Bank Group works closely with development partners to complement their efforts and to maximize aid effectiveness, as well as to help the PA improve the linkage between macroeconomic forecasting and development planning. The Bank also partners with local communities, municipalities, nongovernmental organizations, utilities,



and educational institutions, which could provide additional modes of implementation to ensure program and project continuity. Furthermore, the Bank has developed reasonable coordination and working relationships with other project stakeholders in order to intensify monitoring the direction of the assistance provided by some stakeholders to avoid possible misalignment with the reform and the project as well as to ensure the efficacy of the development process.

77. Fiduciary risk is rated as Substantial. Given the WB&G context and its prevailing circumstances, and in the absence of a procurement and Financial Management (FM) system that is consistent with the respective international best practices, the fiduciary risk is rated substantial. To mitigate the identified risks of Procurement and FM, the PMU will be strengthened with a full-time qualified procurement specialist who would work closely with MoSD purchasing department. In addition to day-to-day implementation of project procurement, the procurement specialist would provide on-job training to MoSD procurement staff, who would provide the necessary coordination and follow up with General Supplies Department (GSD). In addition, The PMU based in the MoSD will be responsible for project implementation, financial recording, and the preparation of quarterly interim financial reports (IFRs) to ensure thorough monitoring of financial arrangements. Procurement and FM arrangements are detailed in Annex III.

VI. APPRAISAL SUMMARY

A. Economic and Financial (if applicable) Analysis

Expected Benefits of Component 1

78. The CTP component of the project is expected to yield tangible outcomes in alleviating the impact of poverty on the lives of the extremely poor and marginalized households. Previous targeting assessment conducted on the CTP proved the targeting efficiency and cost benefit value. The rationale for the continued support of the CTP is based on the most recent evaluation of the program conducted in 2012 which shows that 68.7 percent of beneficiaries are indeed extreme poor; 10.3 percent had consumption levels in between the extreme and the poor poverty line, and only 21 percent of them do have adult equivalent household expenditure above the poverty line. In terms of targeting accuracy, the PMTF correctly identified almost 70 percent of the cases. Exclusion and inclusion errors were estimated at 20 percent which are below those errors found in analyses of programs that are widely considered successful worldwide. Also, 70 percent of those classified as extreme poor by the PMTF are in fact among the poorest 10 percent, and 84 percent are among the poorest 20 percent population. Moreover, CTP had an impact on reducing poverty and the poverty gap. In Gaza, extreme poverty declined by 9 percent while the gap declined by 21 percent, compared to 20 percent reduction of extreme poverty in West Bank and 33 percent reduction of the poverty gap. In terms of cost-benefit, NIS0.66 out of each NIS1 spent in benefits goes to extreme poverty gap reduction, NIS0.77 in the Gaza strip and NIS0.52 in West Bank. In summary, the evaluation findings indicate that CTP performs well but could be further improved if more recent PECS data would be available to improve the PMT model. However, since 2011 no new PECS data is available and for this reason no improvements or model adjustment were made since then. Finally, the proposed SPEP will fill up the gap of adding other elements to the already efficient system. Through a combination



of cash assistance and CMS, this project aims to address social vulnerabilities, enhance women’s voice and agency, and expand economic opportunities among the very poor.

Expected Benefits of Component 2

79. Development of a SR will contribute to improving efficiency of social expenditures, particularly of social policies. The proposed project will contribute to the development of a “public good” that will:

- a. Promote savings due to errors, double dipping, and fraud in social programs. The actions supported under this project will contribute to build a robust and reliable information basis about program recipients and to reduce leakage, double dipping, and fraud (further contributing to costs reduction).
- b. Reduce the cost to target beneficiaries of social programs. Estimates based on international experiences (see World Bank, 2014) indicate that targeting potential beneficiaries of safety nets can account for 25 to 75 percent of all administrative costs related to the implementation of social programs. The development of a SR will contribute to consolidating the administrative processes linked to targeting and registration of several social programs, thus reducing administrative costs.
- c. Foster a more progressive allocation of social expenditures. The harmonization and update of targeting process across programs and donors will decrease inclusion and exclusion errors, thus making spending on SSN more progressive and effective.
- d. Promote social inclusion. Activities supported by the project will contribute to higher take-up of the poorest households in the main social programs.

Expected Benefits of Component 3

- a. Improved protection and productive inclusion of extreme-poor households. Based on the evaluation of similar programs worldwide (e.g. Chile Solidario in Chile), the introduction of a CMS is expected to increase the intake of social services and programs among extreme-poor households, many of whom would otherwise not seek support by themselves or be provided with preferential access to those services. By identifying a package of complementary support services that matches needs and conditions, the CMS is expected to improve the protection and productive inclusion of extreme-poor households. Specific impacts will depend on the nature of the services provided, but in general the combination of cash assistance and services (addressing social vulnerabilities and productive inclusion) is expected to help address multiple dimensions of poverty and help households move out of the poverty in a sustainable way.
- b. PSS have been shown in other countries to be effective in breaking the poverty ‘mindset’ of the poor and increasing self-esteem, self-efficacy and optimism about the future. The combination of psychosocial support and employment-support programs led to an increase in employment rates among the extreme poor in Chile, particularly women. Parenting programs (home-based/group-based) have been shown to improve the cognitive and social-emotional development of preschool children of disadvantaged families, with substantial long-term impacts on educational and labor market outcomes. Further, home visits by trained social workers can also provide an opportunity to deliver GBV prevention interventions. Such interventions cover non-violent conflict resolution



and elimination of child maltreatment and have been effectively shown to reduce incidence of IPV.

- c. The combination of knowledge about what to expect from the CMS, the services being offered (delivered through the communications campaign and home visits) and access to the grievance redress mechanism will make MoSD and service providers accountable and is expected to lead to service improvements. The local partnerships of service providers and the private sector is expected to contribute to increasing the access to and the quality of services. Finally, by developing a single-window for the provision of services to the poor and vulnerable, and prioritizing services for the extreme poor, the CMS is expected to improve the use of limited public resources for social development programs.

Rationale for Public Sector Financing

80. There is strong rationale for the PA to develop the platform for delivering benefits and services to the poor and vulnerable. PA funding is used to provide cash benefits to the poor, purchasing some privately-provided services and leveraging private sector financing.

Value added of Bank's Support

81. The Bank offers in-depth technical knowledge and expertise in the areas of social protection, as well as international experience in supporting governments to design and implement more equitable, transparent, and efficient systems for social service delivery. The proposed operation builds on and will continue to be complemented by continuous technical assistance provided by the Bank to help develop a more efficient, integrated and equitable social protection system.

B. Technical

82. The proposed operation was designed to support the implementation of the new SDSS (2017-2022), which emphasizes the need for cash transfers to be complemented by services to address social vulnerabilities and promote productive inclusion.

83. Project preparation has benefited from close and continuous interactions between the World Bank's team, PA officials and donors. The project has benefited extensively from north-south and south-south learning participation of MoSD staff, who visited Chile and China. These activities have contributed to incorporating important design elements for component 2 and 3. Furthermore, a study-tour to Jordan is under organization to expose MoSD staff at both central and local levels to the CMS activity financed through the World Bank project (P144832, National Unified Registry and Outreach Worker program).

C. Financial Management

84. The country level fiduciary risk level in the PA system is rated as High before mitigation. This is mainly due to deterioration in the financial reporting of the PA and delays in the issuance of public sector financial statements. There are specific risks associated with the project's intervention in Gaza, due to security-related access challenges and possible political interference. The risks are mitigated through



strong management information systems, an experienced PMU which has good capacity and close supervision by the team, as well as a range of regular technical and financial audits. The risk is mitigated through an experienced PMU which has good capacity and close supervision by the team, as well as regular audits. The project level risk is rated at Substantial and there are current measures in place for the ongoing CTP project which are applicable to SPEP to reduce the risk. The entity level risk is rated at Substantial as the PMU at the MoSD will have a bigger role than in the previous CTP. The team has had good experience managing similar projects and the team at the MoFP has experience with World Bank policies and procedures. The FM risk rating for the project is assessed at **Substantial**.

85. The financial management arrangements for the proposed SPEP will be the similar to those used for the on-going CTP, except for that there will be two DA accounts (see below). The PMU based in the MoSD will be responsible for project implementation, financial recording, and the preparation of quarterly IFRs.

86. A US Dollar DA will be opened by the MoFP and managed by the MoFP for Component 1 (cash transfers). Cash benefits will be deposited directly into the bank accounts of individual beneficiaries. MoSD will submit payment requests with supporting documentation to MoFP for review, approval, and payment ensuring compliance with the grant agreement. The MoFP will ensure that there are no duplicate payments to beneficiaries and maintain all supporting documentation. Disbursement into this DA will be contingent upon receiving a letter from the MoSD confirming that the beneficiary households are not receiving cash benefits from other funding sources. A second US Dollar DA will be opened by the MoFP and managed by the PMU for Components 2-4. MoSD will submit withdrawal applications with the necessary supporting documentation to MoFP for signature which would then be forwarded to the Bank.

87. IFRs should be submitted to the Bank within 45 days after the end of each quarter. The Grant Agreement will require the submission of annual audited project financial statements within six months after year-end. Project financial statements will be audited in accordance with international audit standards by an independent, experienced and internationally recognized audit firm acceptable to the World Bank and recruited on a competitive basis based on TORs acceptable to the Bank. The cost of the audit will be financed from the Grant proceeds. The audited annual project financial statements will be publicly disclosed according to the Bank disclosure policy. Additionally, a quarterly spot audit for Component 1 according to TORs acceptable to the Bank will be required to be submitted to the Bank 45 days after the end of each quarter.

88. FM and disbursement arrangements are detailed in the Annex.

D. Procurement

89. Procurement will be carried out in accordance with the World Bank's Procurement Regulations for Investment Project Financing (IPF) Borrowers, dated July 2016. Furthermore, the PA Public Procurement Law No. 8 of year 2014 (PPL) entered into effect on July 1, 2016. Specific components of the national procurement system (e.g. national standard bidding documents, single procurement portal, CHM, etc.) which would be acceptable for use in the project, shall be identified and agreed as they become available. The Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by International Bank for Reconstruction and Development (IBRD) Loans and International Development Association (IDA) Credits and Grants", dated October 15, 2006, and updated January 2011, shall apply to the project.



90. MoSD, through the PMU, will continue to hold the overall responsibility for procurement following the same arrangements in place for CTP. More specifically, MoSD will act as the Bank's counterpart for all procurement aspects of the project. The PMU will carry out procurement in close coordination with MoSD relevant technical departments and Muderias who shall provide inputs on technical aspects of procurement. An updated procurement risk and capacity assessment of MoSD was finalized during appraisal with the purpose of identifying potential risks and proposing appropriate mitigation measures. The assessment concluded that the enactment of the new procurement law has brought substantial improvement to the legal framework for public procurement on aspects related to efficiency, transparency, accountability and integrity, however implementation of various provisions of the law is still work-in-progress. The implementing regulation to the procurement law sets a rather low threshold for centralized procurement execution. This could result in substantial procurement delays and would require rigorous follow up from MoSD. Furthermore, procuring entities, including MoSD, are in need for substantial capacity building in procurement. While MoSD has been involved in implementing procurement under the World Bank-financed projects for over a decade, its capacity remains weak and it would require strengthening in terms of staffing and training. The project will finance procurement packages that are mostly simple and of small value, however few of the envisaged procurement packages, especially those involving Information and Communication Technology (ICT)/MIS are rather complex and would therefore require specialized skills.

91. To mitigate the identified risks, the PMU will be strengthened with a full-time qualified procurement specialist who would work closely with MoSD purchasing department. In addition to day-to-day implementation of project procurement, the procurement specialist would provide on-the-job training to MoSD procurement staff, who would provide the necessary coordination and follow up with GSD. Procurement training will be provided to concerned MoSD and GSD staff immediately after effectiveness. For ICT/MIS packages, additional technical support by a specialized expert will be made available to the PMU for the definition of the requirements, preparation of bidding documents, evaluation, and supervision of contract execution.

92. The project will finance goods, information technology, non-consulting services and consultant services for components 2, 3 and 4. The majority of the envisaged goods and services are available in the local market either through local suppliers and/or agents of foreign manufacturers/service providers who are capable and authorized to provide after sale services. MoSD prepared Procurement Plan for the first 18 months of project implementation. The procurement plan was approved by the Bank on May 31st, 2017.

93. Procurement risk is rated **Substantial**. The World Bank Prior Review thresholds for High risk rating projects shall apply to the project. In addition to contracts estimated to fall above these threshold, all ToR for TA packages and the ICT/MIS procurement packages (for development of SR and CMS MIS), which are critical for the achievement of the project objectives, will be subject to prior review. Procurement arrangements are detailed in Annex III.

E. Social (including Safeguards)

94. The project aims to improve the service delivery of social policies by preparing a SR and improving the quality of services provided by MoSD by developing a CMS that will help in assessing needs and conditions of extreme poor households, providing counselling services and referral to available services, while supporting delivering of financial support to selected households through the CTP. The



establishment of these systems, SR and CMS, shall help the PA achieve the objective of better assessing the socioeconomic characteristics of residents and households to improve the targeting and efficiency of social programs, as well of better assisting households that face multiple vulnerabilities. Clearer assessment of needs and conditions should improve access to poorer and needier segments of the population, while reducing targeting errors and wastage of resources associated to fraud and errors.

95. The activities under Components 2 and 3 will support the development of those foundational information systems that would help in covering and servicing a large share of the population once in place. The project encompasses establishment of policy, legal, regulatory framework for the SR and capacity building activities to improve social workers' skills, but none of the proposed activities will include construction or present social risks that would trigger Operational Policy (OP) 4.10 - Indigenous Peoples or OP 4.12 - Involuntary Resettlement.

96. Although social safeguards are not triggered, the enhancement of the grievance redress system will be supported to address population' queries and complaints about the SR, CTP and CMS within a binding time frame. In addition, a communications campaign will be financed to inform population about SR, CMS and CTP activities.

F. Gender

97. Special attention has been paid to addressing gender-based consequences of conflict during the preparation of this operation. As a result of findings from the Country Gender Action Plan (FY18-19) that pointed to increased levels of IPV against women in targeted communities of the SPEP, the team carried out a study to look at interventions aimed at mitigating and/or reducing VAWG with support of the World Bank State and Peace-building Fund (SPF).

98. The objective of GBV study in SPEP was to generate a greater understanding of the IPV landscape in the Palestinian context through a consultative process and by building on existing knowledge and resources (See Annex VII for details). Results showed that home visits are an effective way of implementing a prevention intervention, providing families with tools such as non-violent conflict resolution, parenting, self-care which have proven to reduce incidents of GBV/IPV. As such, the project will include a GBV prevention intervention as part of the design of the CMS approach and more specifically home visits. SOP for handling cases of GBV will be included in the SPEP OM.

99. Activities carried out through this grant responded directly to the Gender Strategy (FY16-23) thematic call for increasing women's economic opportunities and supporting programs that reduce IPV. The project aimed to close gender gaps in operations through identification of gaps, addressing these through specific actions and then measuring results on the ground. Indicators to measure enhanced knowledge of women and protection services is included in the results matrix.

G. Environment (including Safeguards)

100. The proposed activities will not have effects on the country's environment, forests, and other natural resources and will not finance the building or rehabilitation of facilities. Consequently, the proposed environmental category of the project is C.



H. Other Safeguard Policies (if applicable)

I. World Bank Grievance Redress

101. Communities and individuals who believe that they are adversely affected by a World Bank supported project may submit complaints to existing project-level GRM or the World Bank Grievance Redress Service (GRS). The GRS ensures that complaints received are promptly reviewed to address project-related concerns. Project affected communities and individuals may submit their complaint to the World Bank's Independent Inspection Panel, which determines whether harm occurred, or could occur, as a result of World Bank non-compliance with its policies and procedures. Complaints may be submitted at any time after concerns have been brought directly to the World Bank's attention, and Bank Management has been given an opportunity to respond. For information on how to submit complaints to the World Bank's corporate GRS, please visit <http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service>. For information on how to submit complaints to the World Bank Inspection Panel, please visit www.inspectionpanel.org.



VII. RESULTS FRAMEWORK AND MONITORING

Results Framework

COUNTRY : West Bank and Gaza

Social Protection Enhancement Project

Project Development Objectives

The project development objective is to establish a single targeting and referral system to provide cash benefits and services to poor and vulnerable households.

Project Development Objective Indicators

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: The number of households enrolled in the Social Registry		Number	0.00	150000.00	Regular	Information System	MoSD
Number of households enrolled in the Social Registry with Female head of household		Number	0.00	60000.00	Regular	Information System	MoSD
Description:							
Name: Number of households benefiting from		Number	0.00	15000.00	Regular	Information System	MoSD



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
referral services in targeted areas, by gender of the household head							
Number of Households benefiting from referral services with Female head of household		Number	0.00	6000.00	Regular	Information System	MoSD
Description:							
Name: Number of households benefiting from counseling services provided by social workers by gender of the household head		Number	0.00	5000.00	Regular	Information System	MoSD
Number of households benefiting from counseling that are aware of women and family protection services available to them		Number	0.00	2500.00	Regular	Information System	MoSD
Number of households benefiting from counseling services with Female head of household		Number	0.00	2500.00	Regular	Information System	MoSD
Description:							



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: Number of households benefiting from the Bank's funded CTP		Number	5000.00	5000.00	Quarterly	CTP Database	MoSD and MoFP
Number of households with Female head benefiting from the Bank's funded Cash Transfer Program		Number	2000.00	2300.00			

Description:

Intermediate Results Indicators

Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: Percentage of beneficiaries who know their rights and responsibilities in terms of program rules and entitlements, for component 1 and for component 3		Percentage	0.00	60.00	Evaluation cycle	Evaluation data	MoSD and Evaluation Firm

Description: Measure the additional impact of cash transfer on households



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
Name: Percentage of claims and grievances of SR beneficiaries documented, processed, and resolved within 30 days (from year 2 onwards).		Percentage	0.00	70.00	Regular	Information System	MoSD
Description: To measure efficiency of grievance redress system in place							
Name: Number of households reached by the Case Management System in targeted areas.		Number	0.00	130.00	Regular	Information System	MoSD
Description:							
Name: Number of social workers and supervisors trained in the new CMS methodology.		Number	0.00	100.00	Regular	Information System	MoSD
Description:							
Name: Number of social workers and supervisors trained in counseling services, by type of service.		Number	30.00	70.00	Regular	Information System	MoSD



Indicator Name	Core	Unit of Measure	Baseline	End Target	Frequency	Data Source/Methodology	Responsibility for Data Collection
<p>Description: Joint Planning Groups are core for supporting implementation of Case Management System. One JPG per Muderia is required. Currently there are 3 JPGs. The end target is to cover 7 JPGs of the targeted Muderias.</p>							
Name: Percentage of beneficiaries satisfied with service, by type of service and gender.		Percentage	0.00	60.00		Data from External Evaluation	MoSD and External Evaluators
<p>Description:</p>							
Name: Number of households benefiting from the national Cash Transfer program, by region (West Bank and Gaza) and gender of the household head.		Number	110000.00	110000.00	Quarterly	MoSD CTP database	MoSD
<p>Description:</p>							
Name: Number of households with Female head benefiting from the Cash Transfer Program		Number (Thousand)	44000.00	46000.00	Quarterly	MoSD CTP database	MoSD
<p>Description:</p>							



Target Values

Project Development Objective Indicators

Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
The number of households enrolled in the Social Registry	0.00	0.00	100000.00	130000.00	140000.00	150000.00	150000.00
Number of households enrolled in the Social Registry with Female head of household	0.00						60000.00
Number of households benefiting from referral services in targeted areas, by gender of the household head	0.00	0.00	15000.00	15000.00	15000.00	15000.00	15000.00
Number of Households benefiting from referral services with Female head of household	0.00						6000.00
Number of households benefiting from counseling services provided by social workers by gender of the household head	0.00	0.00	1000.00	3000.00	5000.00	5000.00	5000.00
Number of households benefiting from counseling that are aware of women and family protection services available to them	0.00						2500.00
Number of households benefiting from counseling services with Female head of	0.00						2500.00



Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
household							
Number of households benefiting from the Bank's funded CTP	5000.00						5000.00
Number of households with Female head benefiting from the Bank's funded Cash Transfer Program	2000.00						2300.00

Intermediate Results Indicators

Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
Percentage of beneficiaries who know their rights and responsibilities in terms of program rules and entitlements, for component 1 and for component 3	0.00	0.00	30.00	60.00			60.00
Percentage of claims and grievances of SR beneficiaries documented, processed, and resolved within 30 days (from year 2 onwards).	0.00	0.00	20.00	50.00	70.00	70.00	70.00
Number of households reached by the Case Management System in targeted areas.	0.00	70.00	130.00	130.00	130.00	130.00	130.00
Number of social workers and supervisors trained in the new CMS methodology.	0.00	0.00	3.00	3.00	3.00	3.00	100.00



Indicator Name	Baseline	YR1	YR2	YR3	YR4	YR5	End Target
Number of social workers and supervisors trained in counseling services, by type of service.	30.00	3.00	7.00	7.00	7.00	7.00	70.00
Percentage of beneficiaries satisfied with service, by type of service and gender.	0.00						60.00
Number of households benefiting from the national Cash Transfer program, by region (West Bank and Gaza) and gender of the household head.	110000.00						110000.00
Number of households with Female head benefiting from the Cash Transfer Program	44000.00						46000.00



ANNEX I: DETAILED DESCRIPTION PROJECT COMPONENTS

102. The proposed project builds on the achievements of the MoSD in supporting the poor and vulnerable population in the West Bank and Gaza, and will support MoSD in implementing the new SDSS to complement cash assistance with social services. Therefore, the project will support the implementation of the single gateway approach for social assistance approved by the Council of Ministers in January 2017 that envisages: expanded coverage of current social assistance to all extreme poor and vulnerable population; improved programs effectiveness while maximizing cost benefits and minimizing errors and fraud; and achieved social justice and equal opportunities.

103. The project builds on: (a) the recent MoSD SDSS (2017-2022); (b) successful implementation of the CTP, which is considered one of the best performing cash assistance programs in the MENA region; (c) interest by all development partners in establishing a unified/harmonized platform for social services delivery; and (d) the case management program pilot financed by the EU. As such, the project will innovate on the provision of social assistance in the territory, and even in the region, by supporting a move from merely a provision of cash to the poor to a provision of a complementary package of services. The package will include direct cash support, fee waivers, in-kind transfers, micro-credit and psycho-social support to address social vulnerability and to promote productive inclusion, while developing an improved program delivery and services to the extreme poor and vulnerable through the SR and the CMS.

104. The objective of the Project is to expand coverage of population in need of social assistance, expand provision of services for population that face multiple vulnerabilities, and to improve targeting of social programs. By attaining these objectives, the project will lay important foundations to improve governance and effectiveness of social service delivery and to develop a more integrated and efficient system to access social programs.

- a. Component 1: This component will support financing quarterly cash payments to extreme poor households.
- b. Component 2: The project will finance the acquisition of goods and provision of technical assistance for the design and development of the SR information system.
- c. Component 3: The project will finance the acquisition of goods, the development of tools, procedures and framework for CMS.
- d. Component 4: The will support overall project management, including integrated monitoring and evaluation framework and monitoring and evaluation activities.

A. Project Components

Component 1: Cash Transfer Program support (estimated cost US\$9.0 million).

105. This component will consist of providing financial cost of about 5,000 households in the WB&G of the CTP caseload, which will represent 4 percent of total program cost.



106. The proposed component builds on the achievements of the CTP and on the collaboration of the World Bank, EU and PA to continue supporting cash transfer to the extreme poor households. The specific objectives of this component are:

- a. In the short-term: support the mitigation of poverty and vulnerability of the targeted extreme poor households by smoothing and increasing consumption, particularly of food (quantity and quality of meals).
- b. In the medium/long-term: support the protection and growth of human capital of targeted children from extreme-poor households, complemented by support services identified through the CMS to be developed under Component 3.

107. This component will finance eight quarterly cash payments to extreme-poor households, aiming at increasing and smoothing their food consumption as well as improving their ability to cope with shocks. The provision of timely, predictable, regular and adequately-sized transfers to households classified as extreme poor will support both objectives. Timely transfers will ensure achievement of the CTP objectives, smoothing and increasing consumption, as well as protecting assets. Timely and predictable transfers' help households make the best use of the money by enabling them to plan ahead and invest in the future, particularly in the human capital of their children. The provision of regular transfers over a two-year period can also help the household acquire productive and agricultural assets.

108. Out of the current program caseload of about 115,000 CTP beneficiary households, this component will provide budgetary support to cover the cost of 5,000 households in the WB&G, as it has been the case since 2008 through a series of World Bank projects (Social Safety Net Reform Project, Cash Transfer Project and CTP Additional Financing) Therefore, the component will pay for approximately 4 percent of total costs, complementing the support from the PA and the EU.

109. The Benefit amount per household differs based on their estimated consumption level. The benefit amount is set to bridge the household extreme poverty gap in accordance with the PCBS surveys, and can vary between a minimum of NIS250 and a maximum of NIS600 per month.

110. The target population is the extreme-poor households that were identified by MoSD based on a combination of geographic targeting and a PMT. The PMT model for household adult equivalent consumption was estimated on the basis of the 2009 and 2011 PECS, and classifies as extreme poor households those households with PMT scores below the extreme national poverty line.

111. This component will benefit from a set of TA support to improve the CTP in the medium run. As the PA is exploring the possibility for implementing a multidimensional poverty approach based on the under collection PCES 2016/17, and due to the fact that the program will be "integrated" into the SR to be developed in component 2, this component will benefit from TA to:

- a. Align CTP targeting to the new multidimensional approach
- b. Update the monetary PMT model
- c. Set CTP recertification procedures in alignment with SR procedures
- d. Revise CTP OMs and parameters for:



- i. duration of benefits
 - ii. benefit amount structure
- e. Develop a M&E framework

Component 2: Social Registry (estimated cost US\$1.4 million).

112. This component will consist of providing technical and financial support to (i) develop, feed, and update the SR inclusion and information system (architecture, software, hardware, OMs, and household registration, among others); (ii) establish a legal framework for it as functional entry point for social programs; and (iii) assure the transition of beneficiaries of CTP and other programs into the SR.

113. The current CTP has a robust information system to support its management and implementation. The features presented in this system are those of what the literature refers to as “Beneficiary Registry Information System”, henceforth Beneficiary Registry or BR. As such, this BR only keeps records of program beneficiaries, that is, those who are not eligible do not have their information stored.

114. The BR links the 17 district (Muderias) offices in WB&G daily activities, transactions and case management to the MoSD headquarters in Ramallah. The BR keeps data on beneficiary households (e.g., household size, age, assets, health status, and education level), allows MoSD to obtain real-time information on the caseload and geographic location of beneficiary households, tracks households’ application and enrollment status, and informs decision-making related to planning and resource allocation for the sector. It also allows MoSD to:

- a. Track information on CTP beneficiaries and benefits
- b. Underpin CTP program management, including payments, case management, monitoring, grievance redress of beneficiaries
- c. Link CTP program beneficiaries to other available programs, without having the proper legal framework and Memorandums of Understanding (MoUs) in place to, such as
 - iii. WFP's Food Assistance and Voucher Program;
 - iv. UNDP's DEEP Program "Economic Empowerment for deprived families”;
 - v. Health Insurance provision to the social hardship cases in coordination with Ministry of Health
 - vi. Education and tuition waivers with the Ministry of Education and Higher Education.
- d. Verify program beneficiary information with other information system for Data exchange and data quality and validation

115. As this project aims to support implementation of the MoSD SDSS (2017-2022), this BR must be enhanced beyond its current coverage/objective/functions to expand current social assistance to all extreme poor and vulnerable population, promoting inclusion and access to social policies.



116. Therefore, the current BR must evolve towards a Social Registry Inclusion and Information System, henceforth Social Registry (SR). SR is one of the systems that supports implementation of social policies serving as a gateway and social delivery platform for the population to have access to different social programs. SR ensures inclusion of the intended population to treat through improvements on outreach, intake and registration process, and by allowing social programs to select their beneficiaries after assessing the needs and conditions of the applicant. More specifically, SR supports the implementation phases of outreach, intake & registration, and assessment of needs and conditions to determine potential eligibility for inclusion in selected social program(s). In terms of population covered, social registries contain information on all applicants, whether they are deemed eligible for select social programs or not. This feature is important because it allows SRs to serve multiple programs, supports transparency in eligibility determination and record keeping, provides information in cases of grievances or appeals, and supports the use of SRs for analytics and monitoring. As such, SR core features also facilitate the progressive realization of universal access to social protection.

117. Therefore, by the transition to a SR MoSD can provide a “gateway” for people (individuals, families) to apply for and to be considered for inclusion in one or more social programs, offered by MoSD and other sectors and donors, based on an assessment of their needs and conditions. By doing so it supports countries to improve coordination and efficiency on service delivery by improving business processes and minimizing cost of running similar but independent business process, while promoting resilience, development and economic empowerment of population, and reducing inequalities of opportunities.

118. This component will have two objectives. First, it will support the transition of the current BR to a Social Registry Information System, henceforth Social Registry or SR, to provide a “gateway” for any one (individuals, families), to be considered for inclusion in one or more social programs based on an assessment of their needs and conditions. Second, it will increase coverage of extreme poor and vulnerable by expanding the caseload from about 115,000 CTP beneficiaries to 150,000 potential beneficiaries of social programs.

119. To achieve the first objective, the SR will be built on the BR, and a gradual transition is envisaged. The SR will capitalize on the existing infrastructure (technical and operational) set at the MoSD. A modular SR will be developed for supporting registration and determination of potential eligibility for any social program in the West Bank and Gaza that aims to support the poor and vulnerable population. The SR will support improvement on current citizen interface of the Beneficiary - for example via mobile teams, at local offices, or via digital service windows – and will establish clear legal and institutional arrangements, including designation and capacity of the MoSD as “host agency” for developing and operating the SR.

120. In addition, this component will support MoSD in the development of regulatory frameworks in order to assure its proper utilization and sustainability of the SR since it will collect, keep and share personal data, it will need to assure proper utilization of data as well as data privacy and proper protection of personal information. Regulatory frameworks will also be necessary to provide clear roles and responsibilities across different stakeholders that will use the system and clear mandates to programs (existing and to come) to use the SR as entry point to become beneficiaries of social programs. Therefore, to achieve this objective, the component will finance acquisition of IT equipment; development of software; development and test of application forms; development of operational, regulatory, and legal frameworks such as data exchange procedures and protocols for data validation; development of interoperability functions across user programs; and improve GRM. The estimated cost related to these activities is of US\$ 500,000, and it breaks-down as follows:



- a. IT equipment (PC, Laptop, one server and Printers) US\$200,000
- b. Software, architecture and of interoperability functions development US\$ 250,000
- c. Development and test of application form US\$ 10,000
- d. Development of operational, regulatory, and legal frameworks US\$ 40,000

121. To achieve the second objective, the component will finance home visits to 150,000 households across the West Bank and Gaza. More specifically it will finance:

- a. the recertification of the current case load of 115,000 CTP households once the CTP targeting strategy is aligned with the new poverty measurement based on PECS 2016/17
- b. the addition of new cases that would be identified either by social workers as part of the component 3 CMS activities or by a household request at the Muderia offices.
- c. the incorporation of households that are receiving benefit support from other donor programs but not from CTP as result of the donors' commitment to the creation of the common gateway for social programs, and
- d. the distribution of a card that has the unique household ID number and expiration date regarding the SR enrolment. The estimated cost of field visits is of US\$6 (six dollars) based on the current visit of social workers to collect CTP application data and the estimated cost of the card is of US\$1 (one dollar).

122. Therefore, the cost breakdown is as follows:

- a. 150,000 home visits US\$ 900,000

123. In addition, this component will benefit from a set of TA support to the preparation of the SR OM, the social registry architecture, and the setting up of M&E procedures and improving overall GRMS for both SR and CTP.

124. The SR will facilitate the progressive realization of universal access to social protection, and facilitate the coordination and access to social policies, attaining the multi-sectoral objective of the sectoral strategy. In addition, the SR interoperability to other systems benefits from the large coverage of unique national individual IDs combined with the system generated unique household number which ensures uniqueness of the record.

125. Due to the development of the SR, MoSD program administrators will benefit from enhanced ability to monitor performance, identify potential beneficiaries for social programs, formulate coherent social policies, and foster coordination and information exchange with other sector ministries and social programs. Additionally, the MoSD public administration will increase governance, efficiency, and equity of social spending while reducing targeting errors, leakages, and fraud.

Component 3: Case Management System (estimated cost: US\$3.6 million).

126. This component will finance the development and implementation in selected areas of a CMS. Following international best practices, the CMS will initially target extreme poor households through home visits by social workers, as those households are in greater need and less likely to seek support



by themselves. However, the CMS can also be used to support other poor and vulnerable households who seek assistance through MoSD local offices (Muderias).

127. MoSD currently employs around 300 social workers as civil servants. Social workers conduct visits to CTP beneficiary households, but mostly to collect and verify CTP eligibility information. Social workers spend most of their time on the administration of benefits, rather than on actual social work. Social workers operate through Muderias, which in most cases do not have adequate supporting infrastructure for social workers and supervisors to perform their tasks. The most important constraints cited by Muderias are transportation, office space and IT equipment as well as efficient use of their time which is mostly spent on data collection. Muderias receive very limited funding from MoSD for operating costs.

128. The CMS will be piloted in the seven governorates covered by phase 1 and phase 2 of the ongoing EU-funded social protection TA project: Phase I (Hebron, Nablus, East Jerusalem); Phase II (Tulkarm, Ramallah, Yatta and Tubas). A mapping and assessment of social services has already been conducted in Hebron, Nablus, and East Jerusalem and JPGs have been established in these three governorates. JPGs include representatives from Muderias, service providers (public and private) and private sector in their corporate social responsibility role. The idea behind these JPGs is to create a partnership at the local level to improve the access to and quality of services to the poor and vulnerable. The TA project also supports the development of tools to assess the needs of households and the quality of services, particularly for people with severe disabilities. These seven Governorates currently include 15,119 CTP beneficiary households classified as extreme poor (the total CTP caseload in these regions is 25,615 households) and 160 social workers. Most social workers are trained as social workers through graduate, post-graduate and diploma degrees.

129. The CMS will make use of the SR (starting with the CTP BR) to reach out to the extreme poor through home-visits by social workers to assess needs and conditions, identify opportunities and support services, provide counseling services and monitor progress. Through home visits, social worker will also try to identify other extreme-poor households not currently covered by CTP, thus helping to build the SR. The CMS will also serve other poor and vulnerable households that seek support directly through Muderias. The CMS will have two main building blocks:

- a. Home visits by social workers to:
 - i. Assess needs and conditions of households and their members.
 - ii. Identify opportunities and actions by households to move out of poverty and vulnerability;
 - iii. Identify supporting services that households/household members are eligible to;
 - iv. Refer to locally available services (see below);
 - v. Provide counseling services to households/household members, depending on needs and conditions, with particular attention to family counseling on non-violent conflict resolution and elimination of child maltreatment;⁶ and

⁶ Global examples have shown that such interventions reduce GBV/IPV.



- vi. Monitor progress;
- b. Referral to locally available services, which will require developing arrangements for:
 - i. Partnering with service providers and private sector (in their corporate social responsibility role);
 - ii. Providing preferential access of CMS beneficiaries to services, and
 - iii. Financing of referred cases.

130. The success of the CMS ultimately relies on the availability of quality services for the poor and vulnerable, which is currently limited in West Bank and Gaza. The assessment of services conducted in Hebron, Nablus, and East Jerusalem shows that although limited, there is a critical mass of social services providing in-kind assistance (51 percent of institutions), vocational education and training (44 percent), health services (41 percent), and psycho-social support (33 percent). A small number of institutions (10 percent) provide micro credits. Most institutions are NGOs or for-profit (69 percent), while 24 percent of institutions are either public or donor-funded. About half of the institutions have minimum quality standards for their services. Thus, parallel efforts are needed to increase the supply of quality services (both public and private) in West Bank and Gaza. The project will contribute to increasing the supply of services available to the poor and vulnerable in these areas in the following ways:

- a. Directly, through the provision of counseling services by social workers.
- b. Indirectly, by developing arrangements for referring beneficiaries to services that are made available to beneficiaries at no additional cost to the project. This will include public service providers that have the mandate and the budget to cover these cases, donor-funded programs like the UNDP's Economic Empowerment Program, and privately-provided services that can be purchased by MoSD with the budget already allocated for such purpose. Additional services can be added to the menu of referred services in the Case Management Information System (CMIS) as they become available. Should additional financing for the project become available at midterm, direct support to services will be considered, focusing on employment-support services, and potentially infrastructure rehabilitation (i.e. to ensure security and confidentiality of MoSD women protection services in Bethlehem, Jericho, and Nablus).
- c. As part of the project, the CMS will be added to the existing GRM (to be strengthened under component 2).

131. The project will support the development and implementation in selected areas of the following key elements of the CMS:

- 132. Communications campaign US\$500,000
This campaign will target the poor and vulnerable, especially women and youth, and the public at large, and will seek to provide information, through various channels, about the new Social Development Strategy, including its goals, who gets what, how and why under the new strategy, and the supporting systems: the SR and the CMS (targeting people in the areas to be covered by the pilot).
- 133. CMS methodology, CMIS and training US\$600,000



- a. ToR for social workers and supervisors (deputy director and director of Muderias).
- b. Methodology for CMS, including protocols for home-visits and service referrals.
 - i. Home visits. It is expected that each extreme-poor household will be visited about 4 times during the year as long as they remain extreme-poor during the project cycle (4 years). Households will be visited in batches and the calendar of visits for each social worker will be organized accordingly. The first visit will focus on the assessment of needs and conditions, the second on service referral and subsequent visits will focus on monitoring progress and providing counseling services. For households receiving counseling services an additional 4 visits will be made during the project cycle. The estimated average case load for each social worker, 40 visits per month, is manageable and would leave time for office-based tasks (e.g. work related to the preparation of and follow up to home-visit cases as well as management of cases that seek assistance directly through the Muderia). The CMS methodology will also include the development of weekly work plans for social workers. Technical assistance will be provided to Muderias to make the most efficient use of social workers and transportation means.
 - ii. Service referrals. The project will complement the EU-funded TA project in assessing services in the target areas. In addition, the project will develop arrangements for (i) partnering with service providers and private sector (in their corporate social responsibility role), building on the JPGs and complementing the work under the EU-funded TA project; (ii) providing preferential access of CMS beneficiaries to services; and (iii) financing of referred cases.
- c. CMIS, which will include information on beneficiaries (characteristics and services they benefit from), services (including algorithms to determine eligibility) and social workers (e.g. cases managed and referred). This information will feed into the SR.
- d. About 175 social workers and supervisors will be trained on the new CMS methodology and the CMIS. In addition to the initial training, social workers and supervisors will benefit from continuous professional development delivered both online as well as through peer-to-peer learning. Social workers will also be trained to provide one or more counseling services, including psycho-social support to break the poverty mindset and possibly other, more targeted, support to caregivers of the elderly, the disabled and preschool children (parenting) and to survivors of IPV against women. Some of these counseling services will be provided to groups of beneficiaries. Counseling services could be complemented by more specialized referral services. For issues related to GBV, any counseling service to survivors of violence should be carried out by a woman's counselor. All social workers will be expected to raise their awareness about different forms and triggers of VAWG/IPV however they will not be responsible for actively identifying cases (due to sensitivities). If a household member reports a case, the social worker is recommended to consult with a specialized woman's counselor or provide a referral to a VAWG service in a safe and confidential way. SOP for handling cases of GBV will be included in the SPEP OM.
- e. Finally, social workers will also be trained on the new questionnaire to be used to recertify existing CTP beneficiaries and to expand the current registry. Training will be preceded by an assessment of social workers and supervisors.



134. Supporting infrastructure to implement the CMS US\$2.5 million
- a. Tablets with internet connection loaded with the CMIS will be provided to about 175 social workers and supervisors along with supporting servers (one per Muderia).
 - b. Performance-based grants for Muderias (channeled through MoSD) to cover the operating costs of home-visits and help address gaps in transportation, office space and IT equipment. An initial grant of 50,000 will be provided to each Muderia to help address those gaps. Additional resources will be provided each year based on the actual number of home-visits performed (based on an estimated cost per visit of \$6), plus a bonus per household benefiting from referral services (for years 2-4).

Component 4: Program Management and Monitoring (estimated cost: US\$1 million)

135. This component will ensure that the team of MoSD is operational and implements the project in conformity with the Legal Agreement, the PAD and the project OM. This component will cover:

- a. Remuneration of project staff and consultants who are not civil servants
- b. Training of MoSD and of social workers
- c. Equipment and operating costs for MoSD team directly linked to the daily management of the project (office space, utilities and supplies, bank charges, communications, vehicle operation, maintenance and insurance, building and equipment maintenance costs, travel and supervision costs, etc.)
- d. Training of personnel of MoSD (at both central and regional levels), and
- e. M&E activities.

136. M&E is a key subcomponent of the project due to the importance of assessing the project's performance on a regular basis to inform the PA, the World Bank, and other development partners. By transforming the collection, processing, and management of information, the Information System to be developed under Component 2 will facilitate the implementation of all project components and will make it possible to track progress and measure results.

137. Key M&E activities the project will finance include:

- a. Annual process evaluations between 2017 and 2021 after 9-12 months of project implementation and one at the end of second year of implementation to inform mid-term review
- b. Regular audits to assess the program's operations and to verify if its operational guidelines, as described in the PAD, are being applied in practice
- c. Regular spot checks (such as beneficiary surveys and qualitative evaluations)
- d. One impact evaluation with two rounds of data collection for measuring impact of CMS on beneficiaries
- e. Annual independent audits of the safety nets system, and
- f. Production of quarterly implementation reports.



ANNEX II: MONITORING AND EVALUATION

138. In order to strengthen its M&E, MoSD will focus on the development of a broader information system that is linked to a GIS to collect, analyze, process and disseminate information needed to monitor / strengthen social programs, and support PA's decision-making. The information system of MoSD is responsible for:

- a. Producing indicators for target populations and monitoring and evaluation of programs that are user-programs of the SR
- b. Provision of a unique household identification number combined with national identification number that can be used for duplication of records in the SR;
- c. Preparing analytical reports and disseminate information of MoSD actions.

139. The assessment of the current information system of MoSD shows that:

- a. Interaction between the MoSD information system and other user programs are not 100% automated, mainly among donor programs;
- b. Social indicators are not efficiently measured and shared by all stakeholders in the field;
- c. Lack of operational guidelines and monitoring frameworks within MoSD, and no data exchange framework for guarantying the quality, privacy and protection;
- d. Lack of guidelines and procedure for data collection, management and monitoring.

140. The project will support improvement of the MoSD information system to overcome the existing identified issues and to prepare the guidelines and procedures to support development of capacities of the MoSD with regards to monitoring and evaluation at both central and Muderia levels.

141. A rigorous M&E system will be established within the project, in order to determine: (1) the satisfactory implementation of all components, including the transfer of cash to the beneficiaries; (2) accuracy of the targeting mechanisms; (3) the efficiency of CMS and (4) the impact on the beneficiaries.

142. To that extent, the following surveys and assessments have been built into the project to produce various reports: (i) beneficiary surveys; (ii) spot checks; (iii) process evaluation; and (iv) impact evaluation. The MoSD management team will produce quarterly progress reports to monitor outputs and results against achieving the Project Development Objectives (PDOs). The format of these reports will be agreed upon with the Bank and reflected in the project implementation manuals. A comprehensive mid-term review will be carried out 18-24 months after project effectiveness and will involve all project stakeholders: (1) representatives from the Muderias, (2) government entities, (3) JPGs and (4) development partners, to draw lessons from project implementation experience and take corrective measures, if necessary. In addition, both the PA and the World Bank will prepare an Implementation Completion and Results Report (ICR) within six months of project closing.



143. The MoSD will establish a single M&E system for the project as part of the MoSD information system. Primary data (Registration forms) for the SR will be collected by social workers at Muderias. Throughout the duration of this Project only the households referred by the social workers will provide information for the SR. If an applicant demands his or her enrolment in the SR, before collecting the data, the social worker will make a quick assessment of the case. Data will be consolidated at the Muderia level for analysis and updated to the central servers for further aggregation and dissemination.

144. Data analysis will be done at two levels: at the Muderia level and at the Central level. At the Muderia level, all data will be managed using the decentralized features of the information system. Computing capacities, training and the technical know-how will be strengthened through the capacity building program under the project components 3 and 4.

145. The expected information system will enable the interoperability between the SR and the current CTP information system (BR). The BR currently: (i) generates information on payments for the CTP beneficiary households in accordance with their eligibility status; (ii) provides separate reports on monitoring indicators; and (iii) enables data entry, management and resolution of complaints by beneficiaries. As the system improves, it will incorporate other M&E information features to facilitate follow-up and analysis to ensure the program objectives towards equity, efficiency and transparency.

146. Given the importance of the project and the innovative character of the intervention, MoSD will carry out continuous assessments. These assessments include: quantitative/qualitative surveys and spot checks; regular process evaluations; and household impact evaluations. These assessments will allow to: track project progress, inform further scale-up, calibrate its processes, and provide information on beneficiary perception and feedback, and measure outcomes and results.

147. More specifically the M&E system includes the following: (i) process evaluation during project cycle; (ii) annual spot checks (beneficiaries' surveys and qualitative evaluations); (iii) one full impact evaluation with two rounds of data collection; and (iv) annual independent audits on technical aspects of the program.

- a. Process evaluation. Regular process evaluations to assess program's operations and to verify if the program's operational guidelines are being applied in practice as described in the program implementation manual. These evaluations will be carried out for CTP interventions. The first process evaluation will take place after six months of program implementation.
- b. Spot Checks (beneficiary surveys and qualitative evaluation). The PMU will launch at least two beneficiary surveys and hold focus group discussions during the implementation period to gather beneficiary perception on the CTP and on the CMS. The qualitative assessments and perceptions of program operations and spot check verifications will be carried out on a randomly selected number of households, and consist of following-up the flow and the quality of information of the results of the project. This information will serve to: (i) adjust program settings and targeting; and (ii) adjust the communication strategy.
- c. Impact evaluation. To measure the impact of the program, an impact evaluation will be carried out during project implementation. The first round of impact evaluation will assess the impact of the interventions and will take place two years after project effectiveness and will be financed under the project.



- d. Audits. In addition to regular internal and external audits (financial, procurement), as per Bank legal requirements, the project will be subject to regular technical audits.

ANNEX III: IMPLEMENTATION ARRANGEMENTS

148. Project implementation mechanisms. MoSD will be responsible for all the technical aspects of implementation. The project will benefit from the same mechanism in place for the administration of the past World Bank projects (P109304, P119307, P144967), and the same organizational structure for the management and implementation of the CTP by MoSD.

149. The MoSD officials at the central level will be assisted by consultants recruited specifically for implementation of the project (e.g. Project coordinator) with TORs and contractual arrangements satisfactory to the Bank. Under the leadership of the Minister, officials at the central level will coordinate their actions with other MoSD units that are involved in the project implementation, such as MoSD's General Directorate for Finance and Administration, the General Directorate of Aid and Family Rehabilitation, and the Management Information System (MIS) Department.

150. For the administration of the project at the governorate level, the following tasks will be carried out by MoSD's 17 District Offices (Muderias) staff:

- a. Organize and manage implementation of project in the governorate
- b. Receive applications and conduct field visits for SR and CMS
- c. Manage local information system
- d. Conduct daily activities related to CMS described in the program implementation manuals
- e. Carry out home visits and complete the home visit Verification Form prepared as part of CMS methodology
- f. Notify and follow up with households regarding referrals and psycho social support
- g. Handle appeals, individual and public, through proper channels and procedures, and
- h. Monitor household evolution.

151. The MoFP manages the DA which will be held at the Bank of Palestine for the project and will coordinate with the Bank of Palestine to ensure that payments are made to eligible households under component 1 and transferred to Muderias under component 3.

152. The MoFP will ensure that the required counterpart funds are allocated annually for the CTP.

153. All implementation arrangements will remain the same as under the on-going Bank-supported Cash Transfer Project. CTP benefits will be deposited directly into the bank accounts of individual beneficiaries. MoSD has a positive track record for project implementation since it has played a lead role in the design and management of the CTP. In addition, CMS related transfers to Muderias will be done through existent MoSD channels for financial support of Muderias.



154. The main capacity constraints relate mostly to FM and procurement. MoFP manages the DA and controls the flow of funds. Further, MoSD has recruited an experienced FM specialist who will be responsible for working on FM issues with the district offices and links with the central level. Though it is expected that the project will have very few procurement activities, MoSD will receive assistance from MoFP on procurement and contract management issues.

MOSD's Governance, Financial Management, Disbursement and Procurement

Governance

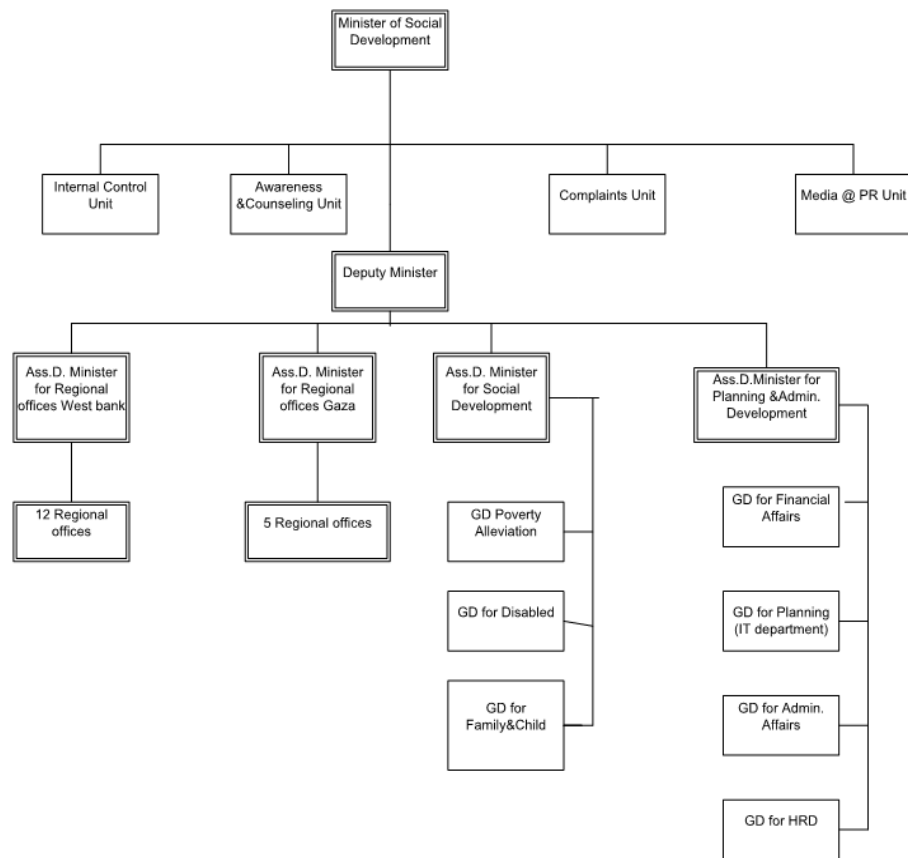
155. The Project will rely on the MoSD's existing organizational structure, including the involvement of its various departments and district offices (see organizational chart below). The MoSD will be responsible for project implementation through the existing CTP management unit. Since 2010, the MoSD has managed the CTP by setting up a PMU within the MoSD that oversees project implementation. This management unit works in close coordination with the MoSD's technical and implementation units. The management unit, composed of one PMU director, economic empowerment officer, CMS coordinator, communications specialist, administrative assistant, procurement specialist and FM specialist, will oversee the overall coordination of project activities and the day-to-day management of the project, including all fiduciary aspects and project monitoring and reporting. It will report to the MoSD and will ensure the coordination across donors and technical committees. The management will be composed of civil servants from various departments of the MoSD and will be strengthened by specialized consultants to support some activities.

156. The Project will use the Operations Manual approved by MoSD on May 31, 2017, containing detailed procedures for the carrying out of the Project, including the requirements to be fulfilled by the local branches of MoSD and Beneficiaries as pre-requisites for the provision of cash transfers, the criteria for identification, registration and selection of beneficiaries, the procedures for payments and the amount of cash transfers; and the verification mechanisms. The current OM builds on the Operational Manual for the West Bank and Gaza Cash Transfer Project and the Additional Financing.

157. Cash transfer beneficiaries will be vetted according to eligibility criteria and conditions set forth in the Operations Manual. The PMU will ensure that all fiduciary controls are complied with. The project M&E system includes spot checks and audits, as well as evaluations to ensure that the controls are not only in place but are regularly enforced. For cash transfer recipients, the funds will be deposited directly into beneficiaries' bank accounts to increase transparency.



West Bank and Gaza: Social Protection Enhancement Project



1. As the leading agency for the implementation of the single gateway approach for social assistance approved by the Council of Ministers in January 2017, MoSD will be responsible for ensuring coordination among various agencies providing social programs to effectively implement the SR and CMS. The PMU at MoSD will manage one of the Bank's DA which will fund Components 2-4.
2. The MoFP will continue to play an active role in project implementation. The MoFP will manage the other of the Bank's DAs and closely coordinate with the Bank of Palestine to make payments to beneficiary households. The MoFP will also ensure that the necessary counterpart funds are allocated annually for this project.
3. For the administration of the CTP at the governorate level, the following tasks are carried out by MoSD's 17 District Offices (muderies):
 - a. Organize and manage implementation of CTP in the Governorate.
 - b. Receive the applicants at the District Office and complete the "Targeting Application Form".
 - c. Enter the applicants' data into the online MIS system. This database is used by MoSD to target, manage and coordinate all social protection services and assistance, including the CTP. Field visits are used to verify this information.



- d. Inform households of the status of their applications and inform beneficiaries that they have been selected as beneficiaries.
- e. Carry out home visits and complete the home visit “Verification Form” for new applicants and recertify current beneficiaries. This process will change under this project with the new social registry.
- f. District notify households that their benefits have been transferred to their respective bank accounts.
- g. Handle appeals, individual and public, through proper channels and procedures.
- h. Follow-up on non-collectors.
- i. Monitor the changes in the welfare of the beneficiaries.

4. All implementation arrangements for the CTP component will remain the same as under the on-going CTP project and additional financing. CTP benefits will be deposited directly into the bank accounts of individual beneficiaries. MOSD has a positive track record for project implementation since they have played a lead role in the design and management of the CTP.

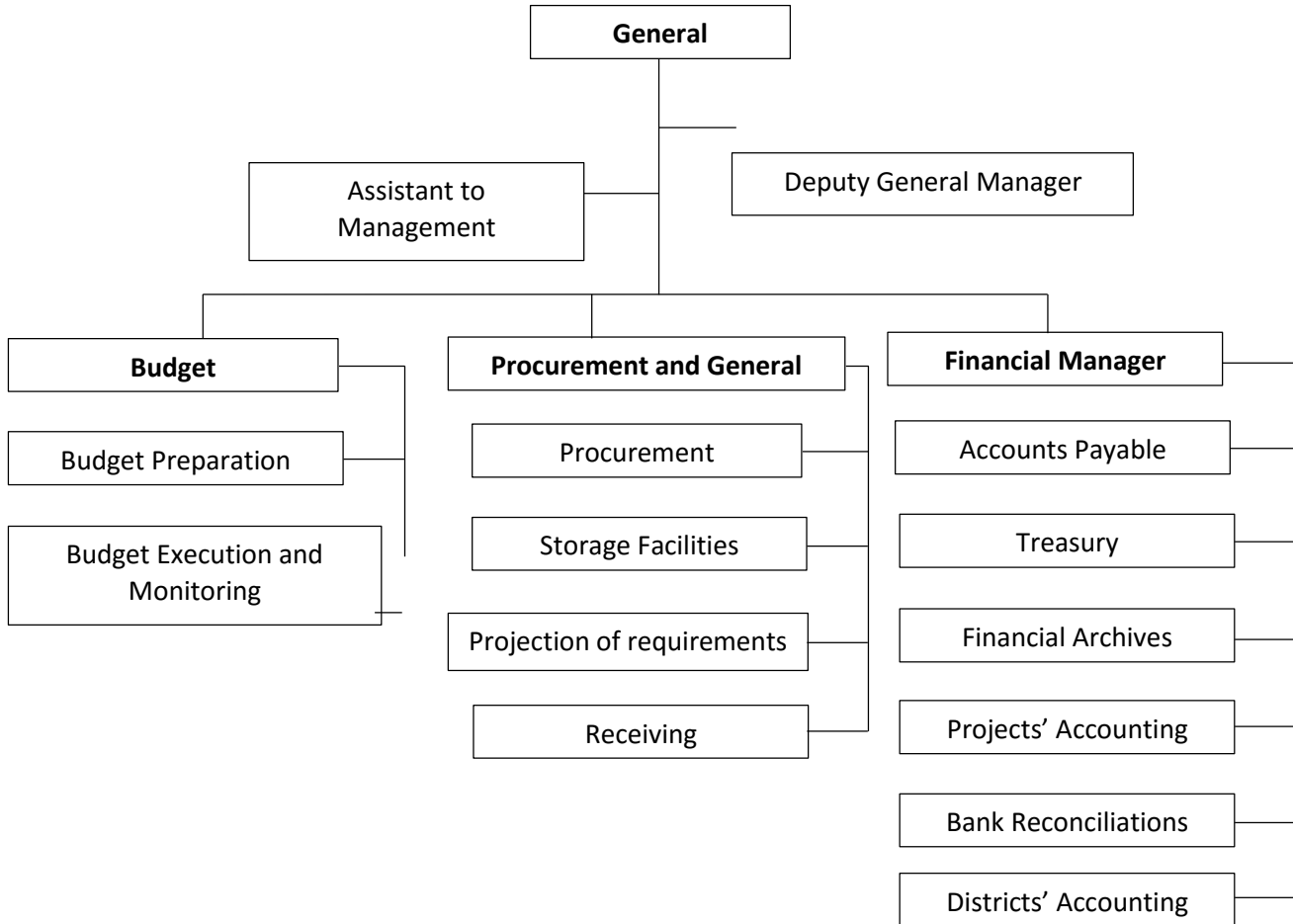
Financial Management

5. **Framework:** The MOSD uses the existing PA financial management framework. It maintains separate books of accounts for each project under a unique cost center in the PA accounting system “Bisan”. Reporting is done according to PA requirements as well as to each donor requirements. A Financial Management Manual was drafted for the CTP and will be updated for this project.

6. **Institutional arrangements:** MoSD is headquartered in Ramallah. The project will fall under the supervision of the Deputy Minister. The finance department organizational chart is below. The PMU will consist of a PMU Director, Case Management Coordinator, Economic Empowerment Officer, Communications Specialist, Administrative Assistant, Procurement Specialist and Financial Management Specialist. Contracts of PMU staff will go through the PA process and will be renewable one year contracts.



Financial Management Organizational Chart



7. **Planning and Budgeting:** The budget and disbursement plan of the project were prepared and approved during negotiations and will be updated throughout the project as required. IFRs will include budget to actual variances.

8. **Funds Flow:** The Bank financing will be a Grant (from the Trust Fund for West Bank and Gaza) to be disbursed through two DAs, a DA opened and managed by the MoFP and the other opened by the MoFP and managed by MoSD. The MoSD and MoFP will prepare a detailed quarterly budget (disbursement plan), according to which the ceiling of the DAs will be defined, to facilitate the availability of funds necessary for on-time project implementation.

9. The MoFP and MoSD will maintain DA accounts denominated in US\$ to which the initial deposit and replenishments from Bank resources will be deposited and will be used in financing project components according to the approved budget, the Grant Agreement, and Project Paper.

10. Benefit payments will be deposited directly into the bank accounts of individual beneficiaries. According to the existing payment arrangements, each eligible beneficiary under the CTP component will have a bank account in one of the following banks: Housing Bank, Palestine Islamic Bank, Arab Islamic Bank, Arab Bank, Egyptian Arab Land Bank, The National Bank, Bank of Jordan, Palestine



Investment Bank, Cairo Amman Bank, Bank of Palestine, and Al-Quds Bank. MoFP has MOUs with each bank. MoFP also maintains a zero balance sub-account to the DA denominated in Israeli Shekels (ILS), in which World Bank percentage of financing of the approved beneficiary payments will be transmitted from the Project's DA, then to the individual beneficiary accounts. The control processes for cash benefit payments to beneficiaries are described in the Financial Procedures Manual.

11. **Accounting:** The CTP financial procedures manual will be revised to outline the necessary steps to ensure proper controls are in place over the new components, as the cash benefit payments to beneficiaries' household will remain unchanged. The control processes for cash benefit payments to beneficiary households are described in the Financial Procedures and Manual and will be updated as needed for the new project. A revised Financial Manual has been submitted to the Bank by Negotiations.

12. **Information system:** The system currently used by the MoSD and MoFP (the Bisan system) will be used for the project with a new separate cost center that will be opened to account for, record, report and monitor the project accounts and generate the project financial reports, by category, component, and by each financing donor separately. The PMU Financial Officer of the MoSD will maintain accounting records using the Bisan accounting system as is currently the practice under CTP.

13. **Interim Financial Reports (IFRs):** IFRs will be prepared by the Project and submitted to the Bank on a quarterly basis by the MoFP. MoSD will send IFRs to the MoFP who will consolidate all information for submission. IFRs will be submitted to the Bank no later than 45 days after the end of the previous quarter. The IFRs will consist of (a) sources of funds and uses of funds by Branch/Region and number of beneficiaries, (b) a reconciliation of the DA and the remaining unpaid funds, and (c) a progress report on implementation. The progress report should include clear and detailed status on the payments to the beneficiaries; reflecting the unpaid and remaining balance in the DA, and the amount paid for beneficiaries by region. Draft IFR forms will be communicated and discussed with the Project team during negotiations.

14. **Financial Control:** The financial control function is covered by the MoFP financial controllers. According to the MoFP financial controller mandate, all project activities implemented by any line ministry have to be reviewed and cleared by the financial controller - this will include this project. The Financial Controllers function is important to ensure that all activities undertaken are in compliance with the implementation manuals and donors' guidelines as well as in compliance with internal control mechanisms.

15. **Internal Audit:** The internal audit function is centrally established at the MoFP, with a mandate to cover all line ministries and public entities including MoSD. MoFP's internal audit function is not fully functional and the Bank will continue the discussion with MoFP to build the capacity of the internal audit function. The internal auditor will ensure that the processes and procedures are properly applied.

16. **Annual External Audit:** The Grant Agreement will require the submission of annual Audited Project Financial Statements within six months following year end. Project Financial Statements are to be audited in accordance with international audit standards by an independent, experienced, and internationally recognized audit firm acceptable to the World Bank and recruited on a competitive basis based on TORs acceptable to the Bank. The cost of the audit will be financed from the Grant proceeds. The State Auditor (SAACB) has the mandate to also audit MoSD accounts and the last audit was for the financial year 2011. As the state audit function is strengthened, the Bank may increase its



reliance on the state audit to conduct the audit of the Bank financed projects. In either case, this will require audit TORs that are acceptable to the Bank which will include the following points:

- a. The auditor will verify and validate (on a sample basis) that the cash transfer payments to beneficiaries have been made in accordance with the Operations Manual (OM), approved by MoSD on May 31, 2017, the Financial Management Manual (FMM), and the MoUs between the MoFP and the commercial banks.
- b. The auditor will be reviewing the cash payment process at MoSD, MoFP, and will give assurances on the adequacy of the controls used during this process.
- c. The auditor will check the existence of the beneficiaries paid on the eligible beneficiaries list.
- d. The auditor will be reviewing sample payments to beneficiaries, reviewing documentation, and all bank reconciliations, and the closing of the payment account.
- e. The auditor will attest to the reliability of the internal control system of the MoFP and MoSD, which will be used to produce the project financial statements.
- f. The scope of the external auditor will be designed to ensure complementarity with the spot checks and technical audits; when defining the sample of beneficiary payments to be selected for review, the external auditor will stratify the total population of beneficiaries to ensure that an appropriate proportion of Gaza residents is reviewed, commensurate with risks.

The Project Financial Statements should include:

- a. A Summary of Funds received, and a Summary of Funds paid to beneficiaries as cash transfers, by branch / region and number of beneficiaries - shown under the main project headings
- b. A Statement of Designated Account with DA reconciliation;
- c. A Balance Sheet showing accumulated funds remaining in the Project, bank balances, other assets of the Project, if any. Disclosure of any remaining cash balance in the DA which will be returned to the World Bank; and
- d. Disclosure notes as necessary.

Audited annual project financial statements will be publicly disclosed.

In addition to the Annual audit report, a quarter spot audit report according to TORs acceptable to the Bank will be required to be submitted to the Bank 45 days after the end of each quarter. The auditor will provide assurance, to whether the payments were made to eligible beneficiaries according to the payment request approved from the MoFP controller, and whether the approved amount was paid according to the agreed on percentages of financing among the Bank and the PA, and on a sample basis, the auditor will conduct field visits to the paid beneficiaries to verify their existence and their actual receipt of cash payments through their bank accounts.

17. **Training and Implementation Support:** The Bank will provide training to the MoSD staff on Bank FM and disbursement guidelines and procedures and will provide FM implementation support during project supervision.

Disbursement Arrangements

18. **Disbursements:** Disbursements from the Grant will follow the transaction-based method, i.e., traditional Bank procedures: Statements of expenses (SOEs), Direct Payments, and Special



Commitments. For certain payments, above the “Minimum Application Size” as specified in the Disbursement Letter, Withdrawal Applications (WAs) will be submitted to the Bank for payments to suppliers and consultants directly from the Grant Account.

19. **DA Accounts:** The initial deposit into the DAs will be based on a four months forecast prepared by the MoSD PMU with input from the MoFP and submitted with the WA. Subsequent disbursements into the DAs will be based on SOEs, and accompanied by WAs, reconciled bank statements and copies of all bank statements. The supporting documentation for requests for direct payment should include records which provide evidence of eligible expenditures (copies of receipt, supplier’s invoices).

Procurement

20. Procurement will be carried out in accordance with the World Bank’s Procurement Regulations for IPF Borrowers, dated July 2016. Furthermore, the PA PPL No. 8 of year 2014 entered into effect on July 1, 2016. Specific components of the national procurement system (e.g. national standard bidding documents, single procurement portal, CHM, etc.) which would be acceptable for use in the project, shall be identified and agreed as they become available. The Guidelines on Preventing and Combating Fraud and Corruption in Projects Financed by IBRD Loans and IDA Credits and Grants", dated October 15, 2006, and updated January 2011, shall apply to the project.

21. MoSD, through the PMU, will continue to hold the overall responsibility for procurement following the same arrangements in place for CTP. More specifically, MoSD will act as the Bank’s counterpart for all procurement aspects of the project. The PMU will carry out procurement in close coordination with MoSD relevant technical departments and Muderias who shall provide inputs on technical aspects of procurement, starting with the definition of the requirements, specifications, TORs, etc. up to the inspection of goods and the review of consultants’ deliverables and for subsequently advising the PMU to release payments to suppliers/consultants in accordance with the signed contracts.

22. An updated procurement risk and capacity assessment of MoSD was finalized during appraisal with the purpose of identifying potential risks and proposing appropriate mitigation measures. The assessment concluded that the enactment of the new procurement law has brought substantial improvement to the legal framework for public procurement on aspects related to efficiency, transparency, accountability and integrity. However, implementation of various provisions of the law is still work-in-progress. The implementing regulation to the procurement law sets a rather low threshold for centralized procurement execution. In particular, for contracts of goods, consultants’ services and non-consulting services which are estimated to cost less than the equivalent of US\$50K, procurement execution (advertising through award) should be carried out through MoFP, GSD. This could result in substantial procurement delays and would require rigorous follow up from MoSD. Furthermore, procuring entities, including MoSD, are in need for substantial capacity building in procurement. While MoSD has been involved in implementing procurement under the World Bank-financed projects for over a decade, its capacity remains weak and it would require strengthening in terms of staffing and training. The project will finance procurement packages that are mostly simple and of small value, however few of the envisaged procurement packages, especially those involving ICT/MIS are rather complex and would therefore require specialized skills.

23. To mitigate the identified risks, the PMU will be strengthened with a full-time qualified procurement specialist who would work closely with MoSD purchasing department. In addition to day-to-day implementation of project procurement, the procurement specialist would provide on-job training to MoSD procurement staff, who would provide the necessary coordination and follow up



with GSD. Procurement training will be provided to concerned MoSD and GSD staff immediately after effectiveness. For ICT/MIS packages, additional technical support by a specialized expert will be made available to the PMU for the definition of the requirements, preparation of bidding documents, evaluation, and supervision of contract execution.

24. In accordance with the World Bank’s Procurement Regulations for IPF Borrowers, July 2016, the MoSD prepared a Project Procurement Strategy for Development (PPSD). Based on a review of the project objectives, operational context, market research and implementation capacity, the PPSD outlines how procurement activities will support the development objectives of the project and deliver the best value for money under a risk-based approach. The same is translated into the procurement packaging and methods outlined in the procurement plan. Based on MoSD market research, the majority of the envisaged goods and services are available in the local market either through local suppliers and/or agents of foreign manufacturers/service providers who are capable and authorized to provide after sale services. The thresholds for various procurement methods that would apply to the project are outlined below:

Thresholds for Procurement Approaches and Methods (US\$ thousands)

Type of procurement/Approach	Threshold
Goods, information technology and non-consulting services/Open International	No threshold
Goods, information technology and non-consulting services/ Open National	500
Goods, information technology and non-consulting services/ Request for Quotations	100
Consultant Services/Shortlists comprising only national consultants	300

25. The project will finance goods, information technology, non-consulting services and consultant services. Under Component 2- SR, the project will finance consultant’s services for: (i) the preparation of the SR operations manual and the SR architecture; (ii) setting up of M&E procedures and improvement of the overall GRMS for both SR, CTP and CMS. It will also finance the procurement of software and hardware for upgrading the SR MIS, and the procurement of cards with unique household ID numbers and expiration date for SR enrolment. Under Component 3- CMS, the project will finance consultants’ services and goods for designing and implementing a CMS Communications Campaign, developing CMS methodology, as well as software, hardware and training for CMIS and tablets for social workers and supervisors. IT equipment, furniture, and possibly vehicles for Muderias will also be procured under the performance-based grants (channeled through MoSD), and for which the specific needs will be confirmed during the first year of project implementation. Finally, under Component 4, the project will finance hiring of consultants for various PMU positions, including, Project Director, Procurement Specialist, Financial Management Specialist, etc. as well as office equipment and furniture and external audits. MoSD prepared Procurement Plan for the first 18 months of project implementation which was approved by the Bank on May 31st, 2017.

26. Procurement risk is rated **Substantial**. The World Bank Prior Review thresholds for Substantial risk rating projects are outlined in the table below. In addition to contracts estimated to fall above these threshold, all ToRs for TA packages and the ICT/MIS procurement packages (for development of SR and CMS MIS), which are critical for the achievement of the project objectives, will be subject to



prior review. In addition to prior review, the Bank will carry out two supervision missions a year, including one ex-post procurement review that would cover at least 15 percent of the contracts awarded during the review period.

Procurement Prior Review Thresholds (US\$ thousands)

Type of procurement	Prior Review Threshold
Goods, information technology and non-consulting services	2,000
Consultants: firms	1,000
Consultants: individuals	300



ANNEX IV: IMPLEMENTATION SUPPORT PLAN

27. The Project will be implemented by the MoSD through the PMU. The PMU will report to the Minister of Social Development and will closely coordinate efforts with the technical units and steering committees.

28. The design of the Implementation Support Plan for the proposed Project builds on the experience and lessons learned from the Bank's previous engagements in the social sector. The aim is to align the required implementation support with the Project's key risks and expected results. The Plan will be updated every six months to account for progress made in the implementation of the Project. It includes a consideration of implementation risks, the strategies and actions aimed at mitigating those risks, a detailed schedule summarizing the required supervision missions, and a summary of the required efforts and resource commitments by the Bank to ensure successful implementation.

29. The strategy and approach for Implementation Support is characterized by an important staff presence in the field and great flexibility to provide support from experts in more specialized fields. A significant level of Bank staff effort is necessary to meet the implementation challenges, especially during the first two years. The Bank team comprises the appropriate skills mix and experience, including staff both from the Country Office and from Headquarters in Washington, as required for the successful implementation of the Plan.

30. Support will therefore focus on developing the system and fiduciary control on the use of the proceeds of the World Bank grant. Technical support will be provided on a continued basis by the EU that finances experts on CMS, and by the World Bank on policy reforms, M&E, targeting, system, communications and CMS because the Bank is well-placed to provide TA based on the institution's worldwide experience with social safety net and cash transfer programs for poor households.

31. Furthermore, partnership arrangements between the development partners and the Bank are significant. The EU, the Bank and the PA need to agree on the scope of reforms for the CTP component. Full coordination and harmonization of efforts with all development partners will be pursued throughout project implementation.



ANNEX V: MAJOR ACTIVE ACTORS IN THE SOCIAL DEVELOPMENT SECTOR⁷

Organization/Group	Mandate	Relation to social development
Ministry of Social Development	Mandated with achieving social development in line with the National Policies Agenda, national consensus and commitments towards the international conventions, agreements and the SDGs of 2030.	Leader and regulator of the social development sector, which includes drafting policies, developing directions, in addition to the oversight and monitoring and service provision for the poor households and vulnerable groups, through 17 directorates, 15 district offices and 33 care centers for children, the disabled, the old, juveniles, women, youth and girls.
Ministerial institutions and official entities	A number of ministerial institutions, official entities and state institutions are mandated with the responsibility for economic and social responsibility, their activities are governed with special legislations for them, or the PLO law or report directly to the Palestinian Presidency.	PA ministries, official entities related to social development and the marginalized groups; most importantly, these include the Ministry of Health, Ministry of Education and Higher Education, Ministry of Agriculture, Ministry of Women Affairs, Ministry of Public Works and Housing, Ministry of Labor, Ministry of National Economy, Ministry of Local Government, Ministry of Waqif, the Higher Council for Youth and Sports, the Authority of Prisoners and Ex-prisoners, etc.; They provide a number of basic services in the areas of education, health, housing, agriculture, youth and women development, economy, culture, sports and infrastructure services. They also act on implementing national policies and legislations in all issues related to social and economic development.
Civil society organizations	Different civil society organizations, at the national or grassroots level, act in different development areas and their activities are governed by Law (1) of 2000 on charity societies and civil entities. These organizations have volunteer membership and are run with elected boards and general assemblies.	The act on issues and rights of the marginalized groups, such as women, youth, the poor, the disabled, the old, small time farmers and residents of marginalized areas, by providing different economic and social services that vary according to the different organizations, these activities include raising awareness, legal, social and health education, and provide raining and capacity building for the marginalized groups. These also include providing health, social and empowerment relief, care, protection services, in addition to sport, educational, health and social

⁷ Social Development Sector Strategy, (2017-2022), Ministry of Social Development



Organization/Group	Mandate	Relation to social development
		empowerment besides other recreational, cultural and social activities. Many of them have networks and coordination entities. Many of these organizations, especially those active at the national level, are active in the area of drafting studies on the marginalized groups, lobbying and advocacy for approving policies and legislations in the areas of economic and social development.
The Palestinian Red Crescent Society	A national society that enjoys a legal personality and was established in 1968. In 1969, the Palestinian National Council, in its sixth session in Cairo, approved its health, social and human role in serving the Palestinian people beside the other national Palestinian entities. The PRCS role was further stressed in presidential decree number (46) of 1993, issued on 8/3/2006, as a society that assists public authorities in West Bank and Gaza and in Arab countries that hold Palestinian refugees, in line with the Geneva Conventions of 1949 and their additional protocols and the International Humanitarian law.	It offers a variety of services in the health civil, social and psychological health fields, especially for people with disabilities, the elderly, the injured and children. The society has 27 centers and rehabilitation units and 6 rehabilitation teams for those with disabilities, additionally, there are 47 primary health centers, including four in Gaza and several other hospitals
United Nations Relief and Works Agency for Palestine Refugees in the Near East	A UN entity that was established in 1948 to provide work, protection, assistance and relief for Palestinian refugees.	UNRWA provides, with Arab and international funding, empowerment, employment, health and educational services for refugees in general and those groups of them that are marginalized and needy in particular. UNRWA also runs rehabilitation and training centers and care centers for women, youth and children. These community organizations are found in all refugee camps and play an important role in working with the marginalized groups in addition to being active in times of emergency.
Private sector organizations	There are a large number of private sector organizations, in the form of big and small	They play and important role in economic development, employment and responding to unemployment. Yet, their role is not



Organization/Group	Mandate	Relation to social development
	organizations, industry and commerce chambers unions, contractors' unions and funding institutions.	clear and rather poor in the areas of social development, in spite of starting dialogue on legislations related to that and the increased acceptance of the principle of social responsibility of the private sector. Additionally, there are some funding organizations in the private sector that provide loans to the poor and marginalized groups.
International organizations	This group includes UN organizations, international civil organizations in West Bank and Gaza and major donors of the social development sector; such as the EU, WFP, FAO, World Bank, UNDP, UNICEF, ILO, UNFPA, UN WOMEN and international development agencies.	Many of these organizations consider social development issues, particularly those of the marginalized, the poor, women, youths and children, as part of their priorities. Within their policies, they provide funding to the Palestinian institutions; such as ministries, PA institutions and organizations and civil society organizations, to build their capacity and provide services in different development areas.



ANNEX VI: DETAILS OF THE MARGINALIZED GROUPS AND CHANGE DETERMINANTS⁸

Groups	Estimated numbers ⁹	Change determinants				
		Area	Vulnerability to violence	Economic access	Institutional and political factors	Social and cultural factors
Children who face problems in access to education	50,000	●	●			
Child workers	39,644		●	●	●	●
Children exposed to violence	1,992,065	●	●		●	
Children out of school	123,219	●	●	●	●	●
Children, juveniles, orphans and children who need to nurseries			●		●	●
Households suffering from food insecurity and headed by women	175,000			●	●	●
Poor workers (working in Israel and the settlements and staff of the private sector who earn less than the minimum wage)	>250,000		●	●	●	
Refugees living in extreme poverty	619,133	●		●		
Small farmers and herders is nomadic fishermen	111,310	●	●	●		
Individuals who need emergency medical referrals	102,000	●	●	●	●	
Teenage girls	530,000		●		●	●
Women subjected to gender-based violence	998,583		●	●	●	●
Persons with Disabilities	130,045		●	●	●	●
Elderly	216,742		●	●	●	●
Young	1,440,000	●	●	●	●	●
Bedouin communities in the areas C (183 Beduin and herding communities in 2013)	30,171	●	●	●		
Communities in Area C	297,986	●	●	●		
Gaza's population denied access to clean water	1,787,078	●	●	●		
Residents of the H2 area of Hebron under the Israeli control	40,000	●	●	●		
Residents of border areas	11,000	●	●	●		
The refugees in the camps	789,524	●	●	●		●

⁸ Social Sector Development Strategy - 2017-2022; Ministry of Social Development

⁹ PCBS estimates based on Estimated Population in the Palestinian Territory, 2016



ANNEX VII: ADDRESSING GENDER -BASED VIOLENCE

Background

32. **Freedom from gender-based violence (GBV) is an important measure of gender equality.** GBV is defined by the Inter-Agency Steering Committee (IASC) as “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or private.”¹⁰

33. **Intimate partner violence (IPV) is the most common form of violence against women worldwide.** According to World Health Organization (WHO) 2014 estimates, approximately 1 in every 3 women (or 35 percent) worldwide has experienced physical and/or sexual violence by an intimate partner or non-partner in their lifetime. Most violence tends to be committed by an intimate partner: almost 30 percent of women reported to have experienced physical and/or sexual violence by their intimate partner.

34. **In the West Bank and Gaza, violence within the family characterizes much of the VAWG landscape.** Statistics point to high rates of intimate partner violence with stark regional disparity between Gaza and West Bank: 29.9 and 51.1 percent of women in West Bank and Gaza, respectively, have been exposed to some form of IPV between 2010-2011.¹¹ Of those who have experienced violence, economic abuse is strikingly high at 88.4 percent in Gaza compared to 41.5 percent in the West Bank.¹² Psychological violence is similarly high at 58.6 percent, with women in Gaza carrying the brunt of the burden. In fact, over three quarters of women experiencing violence in Gaza reported to having been exposed to psychological and social violence at least once over a 12-month period. When women who have experienced violence are questioned (overall), only 30.2 percent reported to have sought refuge at a relative’s house while only 0.7 percent reported to have sought assistance from women’s organizations or services offered by the PA.¹³ Early marriage is also an increasing concern: the reported percentage of women ages 15-49 married before age 15 is 2.1 percent and share of 14-49 married before 18 rises to 24.2 percent.¹⁴

35. **VAWG/IPV has far reaching effects on development outcomes, at individual and household levels as well as economy-wide.** Studies have shown that survivors of IPV experience adverse health effects linked to physical ailments such as acute injuries, chronic pain, gastrointestinal illness, (among other serious conditions) and depression risks increase multi-fold. Violence inside the family also leads to

¹⁰ Inter-Agency Steering Committee (IASC). 2015. “Guidelines on Gender Based Violence in Humanitarian Settings.” Geneva.

¹¹ Palestinian Central Bureau of Statistics (PCBS). 2012. “Survey of Violence in the Palestinian Society, 2011.” Ramallah Different forms of intimate partner violence surveyed include economic, social, psychological, sexual and physical. In this case, the intimate partner referred to by the survey is ‘husband.’

¹² Ibid.

¹³ Ibid.

¹⁴ PCBS. 2015. Palestinian Multiple Indicator Cluster Survey 2014, Final Report. Ramallah. According to UNFPA’s database (2016) on early marriage, the share of women in the Palestinian territories age 20-24 years who were first married by age 18 years is 15 percent, almost two times higher than the share of women in Jordan and Lebanon at 8 (2012) and 6 (2009) percent, respectively.



inter-generational consequences. Evidence shows that girls who witness their mothers being abused are twice as likely to experience IPV themselves, and boys show an increased risk in being perpetrators later in life. Economic costs related to lost income and productivity, out-of-pocket expenditures and service provision as a result of violence in society have been estimated to cost countries up to 3.7 percent of their annual gross domestic product (GDP).

36. Promoting gender equality and combatting violence against women and girls are a priority, with the aim to promote sustainable development and improve quality of life of all citizens. The PA's National Policy Agenda (NPA) highlights Gender Equality and Women's Empowerment (2017-2022) as a national policy under its sustainable development pillar with a focus on policy interventions that "(i) promote social integration by establishing job creation programs for excluded groups, including women, (ii) ensure integrated service delivery of and fair access to judicial services particularly for women and children, (iii) eliminate all forms of discrimination of violence against women and girls, (iv) remove barriers that prevent the full participation of women in community and economic development and public life."¹⁵

Linking GBV to Livelihood Interventions

37. Social protection and social safety nets (SSNs) play a critical role in addressing and preventing poverty and vulnerability, sustaining income and fostering economic inclusion. The introduction of Component 3: Case Management System (CMS) in SPEP provides an important complimentary platform to the traditional provision of cash subsidies. Supported by the World Bank State and Peace-building Fund (SPF), the SPEP team has incorporated a GBV initiative into the project which contributes directly to the design of the CMS which is centered on social workers to help them better identify and support the differentiated needs of project beneficiaries of whom 44 percent are female-headed households. By facilitating the delivery of a portfolio of services, the CMS approach can ultimately empower poor communities and strengthen women's agency in the household, while also having a direct impact on women who have experienced violence, linking them to essential services and opportunities.

38. In this context, reported incidents of gender-based violence to the MoSD have increased over the years. According to the MoSD Woman & Gender Unit's *Annual Statistical Report on Violence against Women – 2016*, the number of GBV cases managed at the Ministry increased almost three-fold in one year, from 307 cases in 2015 to 874 in 2016. In addition to the GBV/VAWG specialized Family Protection Units (typically first responders) in the Mudireas, the establishment of Legal and Counseling Units at the MoSD in 2015 has further contributed to the increase in reporting of cases via the PA. This could be as a result of more readily available legal and counseling services at the district level. Nonetheless, the increase in cases is likely to be only a fraction of the actual number of incidents that take place. Underreporting of GBV is common around the world and is a result of various factors, including trust concerns with confidentiality or quality of services, fear of social stigma or retribution if discovered, or limited knowledge

¹⁵ A 2011-2019 National Strategy to Combat Violence against Women (NSCVAW) was endorsed by Council of Ministers Resolution No. 01/79/13, Year 2011. It defines violence against women as "All forms of physical, mental, sexual and verbal violence and social and economic deprivation; threats of such acts; coercion and other deprivations of liberty that are directed against a woman because she is a woman, whether directly or indirectly, inflicting physical, psychological, sexual, mental, social or economic harm or suffering, and whether occurring in public or in private life (Ministry of Women's Affairs, 2011)."



of availability of services. Statistics indicate that sixty-five percent of women who have experienced at least one form of violence prefer to stay silent.¹⁶

39. **There are multiple channels through which survivors of violence can seek assistance in the West Bank and Gaza.** Formal channels of reporting include the specialized Family Protection Units and the Legal and Counseling Units at the MoSD, other PA services such as through law enforcement or health providers who would then refer the cases to the MoSD. The Sharia court is also a channel for women and families to seek help with the aim to resolve the issue at the community level. Survivors can go the informal route and seek help directly from civil society that offers a variety of services in house or through their separate referral network. Sawa Organization is one example of a non-governmental organization that provides a nation-wide private hotline as well as other protection and legal services to support women and children. In addition, the UN agencies in partnership with community-based organizations also have programs, such as Sawasiya, which is a joint UN Women/UNDP program that send mobile legal clinics to respond to reported issues of GBV by women (not exclusively). Refugees also have channels of support through UNRWA's very active prevention and response programs. In all instances of informal channels, extreme cases are referred to MoSD as required by Council of Ministers Decision No. 18 for the Year 2013 (National Referral System for Women Victims of Violence).¹⁷

40. **The typical GBV case profile at the MoSD is a young, married woman out of the labor force.**¹⁸ In 2016, the majority of women who reported cases either directly to the MoSD centers or were referred to MoSD are between the ages of 20-29 at 52 percent followed by 23 percent between the ages of 30-39 years. Fifty-seven percent of the women who sought help were married and approximately 77.6 percent were considered as 'homemakers.' Educational attainment among survivors varied with the majority not having finished high school: 34 percent had completed second primary (5th – 10th grades), 24.9 percent had completed high school (11th and 12th) and 21.6 percent had completed university. Cases reported were slightly higher in cities (49.2) versus rural areas at (42.7) percent, which can be a result of better accessibility to services.¹⁹

41. **Women tend to experience more than one form of violence as reported by MoSD.** The most common type of violence against women documented by MoSD is "different forms of violence" at 33 percent followed by emotional (or psychological) violence at 29 percent. The high rates of "different forms of violence" reported is not surprising; for example, 61 percent of women in Colombia and 93 percent in El Salvador who had experienced IPV in the past 12 months also reported emotional abuse.²⁰ In fact, studies have shown that a woman's exposure to multiple controlling behaviors by an intimate partner, such as being prevented to move freely and make social visits, substantially increases her risk of experiencing sexual or physical violence.²¹ While additional types of violence were recorded at MoSD, which ranged in scope, of those, physical violence stood out at 11 percent followed by sexual and

¹⁶ PCBS, 2012.

¹⁷ Ministry of Women's Affairs, 2013. "National Referral Service for Women Victims of Violence [In Arabic]." Ramallah.

¹⁸ Ministry of Social Development. 2016. "Woman & Gender Unit's Annual Statistical Report (2016): Women Survivors of Gender-Based Violence Who Have Been Helped by Women Counselors, the Legal and Counseling Units, and Women and Family Protection Centers (shelters) [In Arabic]." Ramallah.

¹⁹ Rural areas in West Bank are mostly under the Israeli controlled Area C, making it difficult for the Palestinian Authority to reach and deliver services.

²⁰ World Bank, 2014. "Voice & Agency: Empowering Women and Girls for Shared Prosperity." Washington DC.

²¹ Ibid.



economic violence reported at around five percent.

42. **Majority of VAWG cases are a result of IPV.** Thirty-five percent of all GBV cases indicate that the husband was the main perpetrator.²² A large share of cases was reported as committed by a family member without specificity, highlighting restraint around identifying the perpetrator because of fear of retaliation, family ex-communication, and/or social stigma. High rates of IPV are similar to worldwide trends: one-third of ever-partnered women report experiencing physical and/or sexual violence by an intimate partner and 38 percent of women murdered is committed by an intimate partner.²³

Mapping of GBV/VAWG Services

43. **Legal aid awareness-raising is one of the most common services provided by either development or humanitarian GBV interventions.** A mapping of development and humanitarian GBV interventions was carried out by UNFPA in 2016 to assess the landscape of GBV projects and GBV protection services in West Bank and Gaza with the aim to foster better coordination and collaboration in preventing and responding to GBV. The mapping covered development and humanitarian projects and programs carried out by PA, development agencies and NGOs through stakeholder consultations and desk review. There was found to be a high percentage of interventions addressed awareness raising of legal rights regardless of type of intervention (humanitarian or development) with counseling on legal matters, specializing counseling, and emergency care especially popular across service providers in the humanitarian context. Humanitarian interventions appear to provide a wider scope of services, likely because of the need for flexibility in response for immediate assistance compared to interventions that focus on long-term development goals.

44. **Major gaps in VAWG services exist in terms of rehabilitation of infrastructure and reintegration of GBV survivors back into society.** Other common services provided among development interventions include training, policy development and legislation while least widespread are the provision of emergency medical care for GBV survivors, tertiary psychiatric services, temporary protection and emergency residential care /shelters, rehabilitation of infrastructure and reintegration of GBV survivors. The latter two can be particularly pertinent for Bank engagement in the social policy context. Rehabilitation of infrastructure is critical to ensure the confidentiality and safety of GBV survivors across the referral continuum. Nablus, Bethlehem, and Jericho are the three government-run women shelters (*Mehwar al Mar'a*) available to provide emergency and temporary protection for women (majority stay up to a year) however capacity at the shelters is limited and the infrastructure face inadequate fortifications. Linked to this challenge is a major gap in terms of recovery and helping survivors reintegrate back into society yet very few development interventions focus on livelihood services. It is more common in the humanitarian context (among refugees) though still relatively low compared to what other services are provided.

45. **Humanitarian interventions are concentrated in Gaza, with much of the focus on primary and specialized counseling in addition to services comprising of legal counseling/representation and legal aid awareness raising.** While primary and specialized counseling are principle response services to GBV in humanitarian areas of need, concerns were raised in the mapping with regard to quality of services and

²² Ibid.

²³ World Health Organization (WHO) online factsheet: <http://www.who.int/mediacentre/factsheets/fs239/en/> (updated 2016).



lack of sustainability.²⁴ Findings of the mapping also showed concerns regarding beneficiary reach (ability of services to reach the most vulnerable groups) and lack of cohesion between services that provided primary and specialized support with income generating opportunities. East Jerusalem is least served by GBV interventions.

GBV/VAWG Intervention Challenges and Gaps

46. Most services described through the UNFPA mapping are implemented by non-governmental organizations, many with support from the donor community and UN agencies. While the PA has made concerted efforts to address GBV and provide the necessary protection for women and children, there exist challenges for a combination of reasons, namely:

- a. **Human resource capacity:** There are only a total of 12 *woman's counselors* who have the mandate to respond to GBV/VAWG and who are tasked to manage the 874 cases through the referral pathway. Other social workers at the MoSD (approximately 300 across 12 governorates) concentrate on other areas, such as child protection, care for the elderly, and support to the disabled. Given the sensitivity around GBV/VAWG/IPV, the MoSD raised concerns about the feasibility of adequately equipping the entire pool of social workers to identify and respond to GBV (i.e. during home visits) and, instead, pointed to the need for increasing support to the *woman's counselors*. Linked to this is the challenge for a designated *woman's counselor* to do appropriate case follow-ups throughout a survivor's referral pathway. For example, one gap area in need of attention is related to activities around economic empowerment – designed to help a survivor reintegrate into society. According to the meeting with a *woman's counselor* in the Bethlehem district, anecdotal evidence suggests survivors of violence who receive training on economic empowerment experience higher rates of success in improving their livelihood opportunities than other female counterparts.
- b. **Training and delivering on SOP:** Training of service providers across the spectrum of legal/police, health and psycho-social support are implemented by different actors including UN agencies and other development partners, the donor community (such as the Italian Cooperation), civil society, and to a lesser extent the PA. Yet there is a lack of clarity in terms of who is getting trained (qualifications, commitment, and role) and how the training is translating into practice. For example, the Ministry of Women's Affairs (MoWA) mentioned that despite its trainings of service providers there are many instances where protocols are not fully followed. Monitoring of training impact is limited and services providers, designated by MoWA/MoSD as focal points in the National Referral System, are not necessarily the same ones recommended (or utilized) by civil society and development actors. In fact, non-governmental organizations tend to use their own referral networks comprising of practitioners they train based on their own methodology and SOPs. Only the more serious cases are referred to MoSD. Both MoSD and MoWA indicated that the SOP for the National Referral System is being updated.
- c. **Availability of high quality services:** According to a mapping of GBV interventions carried out by UNFPA in 2016, challenges and needed attention is required to address (i) quality of PA services available to survivors of violence (also linked to challenges in human resource capacity), (ii)

²⁴ United Nations Population Fund (UNFPA). 2016. "Mapping Interventions Preventing and Responding to GBV in the Occupied Palestinian Territory (West Bank, East Jerusalem and Gaza Strip)." Ramallah.



infrastructure rehabilitation of GBV services to ensure survivor safety, security and confidentiality of cases, and (iii) linking counseling and PSS to livelihood interventions with a focus on prevention. Currently the MoSD carries out counseling post identification and/or reporting of a GBV case. Non-governmental actors have launched mobile clinics (SAWA Center and PWWSD) or one-stop shops to provide easy-to-access legal aid and counseling (UNDP/UN Women) for survivors/families seeking help or have questions about availability of services. When prevention measures are carried out, much of it is in the form of raising awareness campaigns through social media or broadcasting (TV, radio), educational programs through school and university partnerships. These are very important interventions to shift mind-sets and promote behavior change. However, such campaigns do not necessarily reach the marginalized or extremely poor population groups who may not have access to media or are outside of the scope of audience members reached and influenced. In this case, a targeted prevention intervention at the household level can be most effective. Anecdotal evidence shows that specialized counseling to families on a variety of household issues prior to any reporting of conflict can, in fact, reduce incidence of IPV/VAWG.

Proposed GBV Approach through SPEP

47. **Home visits are an effective way of implementing a prevention intervention, providing families with tools such as non-violent conflict resolution, parenting, and self-care, which have proven to reduce incidents of GBV/IPV.** Examples of interventions through professional or non-professional mentors can provide important lessons of how early support and prevention counseling involving the whole family can reduce IPV among women experiencing or at risk of IPV. In a randomized study in Australia, evidence points to potential benefits of non-professional mentoring to expectant or recent mothers, such as improving their safety and enhancing physical and mental wellbeing.²⁵ Drawing from global examples, SPEP home visits could include counseling on parenting and non-violent conflict resolution, mother-to-mother and teen mentoring, sharing and making readily available resources and tools on women and family protection services. Specifics around the intervention should be detailed during the development of the SPEP OM.

48. **In close collaboration with the MoSD, the SPEP PMU will leverage the experience of GBV experts for the purpose of designing a context-specific approach to GBV prevention that is safe and gender sensitive.** Care is required when integrating aspects of prevention or response interventions during home visits. In many ways, there are considerable risks involved with addressing GBV/IPV. If interventions are inappropriate or poorly informed, there is a risk of undermining the overall effectiveness of the home visit or worse, exacerbating already fragile situations for women. If home visits fail to identify women experiencing IPV or are at risk, it can result in further isolation or new violence against women and their children. Hence, the focus on GBV for SPEP will take into account multiple risk factors, and will focus on a prevention approach that engages women and their families in a safe and informed way.

Reporting on Results

49. **There are risks associated with collecting, using and disseminating information on GBV.** Therefore, it is critical for programs to ensure those responsible for monitoring and evaluation are well

²⁵ Taft, Angela J, et al. 2011. "Mothers' Advocates in the Community (MOSAIC): Non-professional mentor support to reduce intimate partner violence and depression in mothers." National Institute of Health (NIH): Bethesda, Maryland.



trained in the field, that internationally recognized guidelines are followed (in designing qualitative and quantitative surveys as well as implementing the data collection) and that existing data are being used whenever possible. Operating in the above framework, the SPEP project will report on the following measures to help assess the impact (directly and indirectly) of the GBV approach:

- *Directly*: Number of households benefiting from counseling that are aware of women and family protection services available to them.
- *Indirectly*: Number of households benefiting from referral services in targeted areas, by gender of the household head; Number of households benefiting from counseling services provided by social workers, by gender of the household head.

50. **Discussions around designing a module specific to GBV/VAWG have been discussed as part of the larger impact evaluation planned for the program.** Inclusion of such a module will build on similar evaluations of GBV interventions in other countries (i.e. Jordan) and (if moving forward) will be designed and implemented following international guidelines for documenting, monitoring and evaluating impact. Additionally, any survey work around GBV/IPV will be further discussed with the MoSD Women and Gender Unit and PCBS to ensure appropriate coordination with existing and planned data collection efforts.



ANNEX VIII: STRENGTHENING MECHANISMS FOR TRANSPARENCY, ACCOUNTABILITY AND CITIZENS ENGAGEMENT

Overview

51. The proposed SPEP draws on best practices from the current CTP and aims at establishing a robust system for social protection. Strengthening mechanisms for transparency, accountability and CE is an important underpinning for the envisaged robust social protection system and will be a critical feature of the proposed project. In addition, the mechanisms for transparency, accountability and citizens' engagement will build interfaces between the project and several other initiatives, as well as contribute to building synergy between MoSD and other institutions that primarily deal with the functions of transparency, accountability and citizens' engagement. Activities under the project will facilitate implementation of both demand-side and supply driven initiatives relevant to assuring awareness and voice among the citizenry and beneficiaries, and responsiveness of service providers about the project.

52. Three key interrelated and complementary interventions are proposed to achieve enhanced transparency, accountability and CE. They include financial transparency and accountability, SA and GRM. Seamless implementation of the interventions will enhance and promote constructive engagement between the citizens and the state, and build increased trust between them. As a result, the project will contribute to the establishment of a trusted, transparent and accountable social protection system.

53. The MoSD is currently implementing GRM activities under the existing CTP. A diagnostic of the existing GRM, undertaken with WB technical assistance, revealed that the mechanism is already functional and several of its aspects are included in the current MIS. Some additional improvements could be implemented to make it more effective, however. The study revealed that building on the current GRM, it is possible to enhance its efficacy through strengthening effectiveness of grievances management among the beneficiaries and the other citizens and effective communication of feedback to the concerned clients. The proposed successor project provides an opportunity to strengthen the existing GRM, introduce supply driven transparency and accountability mechanisms, and promote systematic CE using selected and cost-effective, simple SA tools.

54. Interventions under this project are aligned with the PA's vision to promote inclusive and participatory mechanisms and the Bank's focus on strengthening mainstreaming of CE in all its operations that provide support to directly identifiable beneficiaries such as cash transfer programs.

55. A key area of intensive improvements will be to enhance documentation of changes caused by implementation of transparency, accountability and citizen engagement interventions.

Building capacity of service providers and citizens to implement participatory social accountability tools

56. To facilitate a structured mechanism for citizens' participation in planning, evaluation, and feedback provision, a citizens' report cards will be implemented in project areas on a randomly sampled group of beneficiaries at the start of the program, at midterm, and at the end of the program. The Citizen Report Card (CRC) is a simple but powerful tool to provide service providers with systematic feedback from users of public services. By collecting feedback on the quality and adequacy of public services from



actual users, CRC provides a rigorous basis and a proactive agenda for communities, civil society organization or local governments to engage in a dialogue with service providers to improve the delivery of the services committed to at the start of the project.

57. The application of the CRC will help create awareness among the citizenry on their rights, roles, and responsibilities for the project activities. It will also promote monitoring of beneficiary and broader citizenry perceptions about the project and facilitate management of emerging issues as part of implementation improvements. Implementation of the report cards will go hand in hand with empowering citizens to monitor project implementation. Creation of awareness about the project will ensure appropriate and informed citizen participation.

Deepening transparency and accountability

58. These activities will focus on promoting transparency and accountability on project budgetary planning and implementation. The main activities will include budget literacy training and budget disclosure among implementers at all levels and citizens' representatives – including the planning and implementation committees, social workers and citizens' forums. Basic tools for communicating project budgets will be developed and disseminated at all levels. Feedback mechanisms will involve communication of the budget execution performance and variances as well as explanations as part of reporting by the implementers at local government levels. Feedback will be targeted to the citizenry in general and beneficiaries in particular as well as the implementers and service providers.

Strengthening GRM

59. As part of awareness creation, the existing project GRM procedures for citizens will be effectively communicated. The existing complaints appeals committees will be strengthened to have the levels of capacity to effectively handle grievances. Complaints and appeals committees will be established, as needed, at the right local levels to effectively facilitate implementation. Effectiveness of resolution of complaints and appeals will be monitored during implementation. Information on the complaints and appeals will be collected regularly, including information on the cases' management. Information requirements will include project registered cases, cases resolved in a timely manner, and cases referred to the next level of the complaints and appeals structure.

Monitoring and evaluation of transparency, accountability and CE

60. Whereas transparency, accountability and CE are largely rights of beneficiaries and other stakeholders of the project, the interventions are costly, they should be designed to suit the context and need to be monitored to ensure their implementation is value adding and positively contributes to the project development objectives. The following indicators will help facilitate evaluation of the proposed interventions under the project.

- a. Percentage of beneficiaries who know their rights and responsibilities in terms of program rules and entitlements, for component 1 and for component 3.
- b. Percentage of claims and grievances of SR beneficiaries documented, processed, and resolved within 30 days (from year 2 onwards).
- c. Number of households reached by the CMS in targeted areas.
- d. Number of social workers and supervisors trained in the new CMS methodology.



- e. Number of social workers and supervisors trained in counseling services, by type of service.
- f. Percentage of beneficiaries satisfied with service, by type of service and gender.