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Conditional Cash Transfers in the Arab Region



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List of Abbreviations

BEDP	Basic Education Development Project
BEDP II	Second Basic Education Development Project
CCT	Conditional Cash Transfer
CUSP	Central Unit for Social Pension
DFID	Department for International Development
EKN	Embassy of the Kingdom of the Netherlands
ESCWA	Economic and Social Commission for Western Asia
EU	European Union
KfW	<i>Kreditanstalt für Wiederaufbau</i>
LCT	Labelled Cash Transfer
MNE	Ministry of National Education
MoEHE	Ministry of Education and Higher Education
MoH	Ministry of Health
MoPAR	Ministry of Planning and Administrative Reform
MoSA	Ministry of Social Affairs
MoSS	Ministry of Social Solidarity
MoU	Ministry of Education
NAF	National Assistance Fund
NGO	Non-Governmental Organisation
PMT	Proxy Means-Testing
PNCTP	Palestinian National Cash Transfer Programme
RAMED	<i>Régime d'Assistance Médicale</i>
UCT	Unconditional Cash Transfer
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UNR	Unified National Registry

Introduction

Conditional cash transfers (CCTs) are monetary transfers made to poor households on condition that they invest in human capital, typically by ensuring that their children use public services such as education or health care.¹ The essential idea is to thereby alleviate present poverty whilst simultaneously prevent having to do so in the future, as poor children will be enabled to break the cycle of destitution and dependence. Having gained traction in Latin America in the 1990s, the CCT concept has become almost emblematic for the ongoing effort to fight poverty and inequality in that region. CCTs have subsequently spread globally, as they are seen to have yielded impressive results: evaluations show a higher participation rate in education and health activities amongst beneficiaries.² In their eagerness to emulate the perceived success of Brazil's *Bolsa Familia* and Mexico's *Oportunidades*, some policy-makers have come to regard CCTs almost as a panacea; a "silver-bullet" to make social exclusion history.³

Nevertheless, CCTs are far from uncontroversial. The idea that people living in poverty need special incentives to invest in human capital is by sceptics characterised as misguided. The poor, they argue, are no less keen to secure the best future for their children than are other people, nor do they fail to recognise the virtues and benefits of health care and education. Rather, the problem is either that poverty prevents the poor from accessing social services, or that the social services to which they do have access are of so bad quality that it is not worthwhile using them. The sceptics' suggestion that non-utilisation of public services is often a perfectly rational choice on the part of the poor, based on an informed and accurate understanding of the inadequacy characterising the services in question, is commonly substantiated by findings indicating that even when children's school attendance increases due to CCTs, their learning outcomes frequently remain stagnant. Thus, unconditional cash transfers (UCTs), and/or investments in accessible and qualitative schools and hospitals, are argued to be a better solution than CCTs – not least since monitoring whether beneficiaries fulfil conditions is often administratively cumbersome and costly.

Defenders of CCTs counter such objections by contending that poor people do in fact often "underinvest" in human-capital, and for several possible reasons. It could be a matter of them not knowing how much schooling or health checkups would benefit the household. Vaccinations or literacy, for example, may yield a much higher long-term return than popularly assumed.⁴ Underinvestment could also arise from parents valuing the immediate revenue deriving from a child's labour over the eventual gains which sending the child to school would generate, whether that gain would accrue to the child alone or to the parents as well. Underinvestment in girls' human capital could occur due to cultural mores or traditions, such as parents expecting a boy to take care of them later in life but a girl to move away with her husband.⁵

It may, in addition, be the case that the (immediate or future) benefits of human capital investment are of value not only to the investing household, but to society as a whole. Thus, there emerges a case for society to incentivise individual human capital investment in order to secure the positive externalities

¹ Many other types of transfers could theoretically be labeled CCTs, too. Freeland, 2007, p. 75, points out that "taken to its logical extreme, a civil servant may be considered the recipient of a CCT in the sense that he or she receives a cash handout that is conditional on a work requirement". This paper, however, uses the term CCT as it has come to be normally understood: a cash-transfer disbursed to poor beneficiaries on condition that they invest in human capital development.

² Fiszbein and others, 2009, chapters 4 and 5.

³ See, for instance, Norris, 2014.

⁴ Fiszbein and others, 2009, pp. 53-57.

⁵ Fiszbein and others, 2009, pp. 50, 57-59.

it produces.⁶ Concerning the often poor quality of public services, CCT-proponents have been heard arguing that making cash-transfer conditional may be part of the solution to that problem: “by requiring parents to send children to school”, the Economist suggests, CCTs “create pressure to improve educational standards; conditionality changes the behaviour of donors as well as recipients”.⁷

The core controversy, then, pertains to whether poor people are indeed liable to under-invest in human capital formation. If they are, CCTs might seem to make sense, taking into account the welfare of the poor themselves as well as that of society as a whole. If they are not, resources spent on monitoring compliance may be better expended on provision of social services, since the poor would by their own volition utilise schools and hospitals were they accessible and of adequate quality. There are additional aspects to the debate. It is often called into question whether attaching conditions to cash-transfers is congruous with a rights-based approach to poverty-reduction: Basic income security is a human right, and human rights are by their very nature unconditional. Thus, from this point of view, cash transfers ensuring basic income security should be unconditional, too. CCTs, furthermore, have been described as patronising, and said to disempower the poor by restraining their freedom to act and take responsibility for their own lives. CCT proponents, for their part, suggest that conditions help to realise poor children’s inalienable right to education, health care and/or future income security. Conditions, they argue, can in fact have an empowering effect, if they are viewed as “co-responsibilities”. The beneficiary, then, is not just the receiver of a handout, but an individual responsible for his or her own situation. He or she enters into a consensual, mutual agreement with the state, which thereby functions “as a partner in the process, not a nanny”.⁸

It is not merely concerning the conditionality-aspect of CCTs that views depart. Whilst few would dispute the immediate poverty-alleviating impact of giving money to those having little, it is often suggested – in developing as well as developed countries – that cash-transfer constitute a “moral hazard” which could make the poor less willing to look for work. Beneficiaries are sometimes perceived as indulgent and undeserving. When such sentiments are widespread amongst the public, implementing cash-transfer schemes is politically difficult. This, however, is often used as an additional argument in favour of conditions: requiring the poor to “do something” in return for assistance purportedly renders other parts of society more amenable to cash-transfers.

The question of whether cash transfers are an appropriate means to alleviate poverty, and whether they ought to be conditional, should be seen in the context of the wider debate about social protection. Whereas non-contributory social assistance (such as cash transfers) given only to the poorest is resonant with the *selective* approach to social protection, the *universalist* approach calls, rather, for comprehensive systems encompassing the wider society. One could, then, think of cash-transfers which are selective and conditional (i.e. grants given only to the poor and only if they fulfil certain conditions) as making up one extreme, and grants which are universally distributed and unconditional (i.e. grants given to everyone and requiring no behavioural change) as another. Between these two extremes can be found cash transfers which are universal but conditional, and those which are selective but unconditional. A social protection system may include two or more of these varieties – for instance, a universal unconditional cash transfer guaranteeing a basic income, and a targeted, conditional benefit. Such a “mixed” system would seem compatible with the ILO’s notion of a Social Protection Floor (SPF), which calls for “universality of protection, based on social solidarity” as well as for

⁶ Fiszbein and others, 2009, pp. 64-65.

⁷ Economist, 2013.

⁸ Fiszbein and others, 2009, p. 10.

“consideration of diversity of methods and approaches, including of financing mechanisms and delivery systems”.

Are CCTs an appropriate tool to use for policymakers in the Arab region? The question is difficult to answer not merely due to the lack of consensus regarding the general utility (and morality) of CCTs, but also since Arab countries in many respects differ from the rest of the world as well as from each other. What (arguably) works in Brazil may not – for economic, demographic, political, social or cultural reasons – work in Tunisia, and what works in Tunisia may not work in Yemen. Furthermore, each country in the region comprises its own diversity. Thus, a policy measure which generates positive results in rural Upper Egypt may not do so in urban Cairo.

The main *raison d'être* of CCTs is poverty co-existing with underinvestment in human capital. Table 1 shows that poverty rates, like GDP per capita, diverge enormously in the Arab region. It shows, too, the proportion of out-of-school children of primary age, as well as the gender-parity index. These numbers make clear that even though enormous progress has during the last decades been made towards attaining full school enrolment and gender parity, that goal has not yet been reached everywhere, and girls remain disadvantaged. The table also shows that far from all pregnant women in the region receive prenatal care, with not even half of them doing so in Yemen. This illustrates that wide gaps in health-care usage also persist in Arab countries.

Table 1: Various wealth, poverty, education and health care statistics for ESCWA countries

Country	GDP per capita (current US\$)	Poverty ratio at \$2 a day (PPP), %	Net primary school enrolment, %	Female to male primary enrolment, %	Pupil-teacher ratio, primary	Pregnant women receiving prenatal care, %
Bahrain	25,198.1	-	-	-	12 (2013)	100 (2007)
Egypt	3,436.3	15.4 (2008)	95 (2011)	98 (2013)	23 (2013)	74 (2008)
Iraq	6,432.8	21.2 (2012)	92 (2007)	84 (2007)	17 (2007)	78 (2011)
Jordan	5,422.6	1.2 (2010)	97 (2012)	98 (2012)	20 (2003)	99 (2012)
Kuwait	52,196.2	-	92 (2007)	99 (2007)	9 (2013)	100 (2007)
Lebanon	10,139.2	-	93 (2013)	92 (2013)	12 (2013)	96 (2004)
Libya	6,575.4	-	-	96 (2006)	-	93 (2007)
Morocco	3,140.0	14.2 (2007)	98 (2014)	95 (2014)	26 (2014)	77 (2011)
Oman	20,832.0	-	94 (2013)	107 (2013)	7 (2012)	99 (2009)
Palestine	2,965.9	0.6 (2009)	91 (2013)	101 (2013)	24 (2013)	98 (2010)
Qatar	93,397.1	-	-	90 (2005)	10 (2013)	100 (2009)
Sudan	1,904.2	44.1 (2009)	54 (2012)	89 (2012)	46 (2012)	74 (2010)

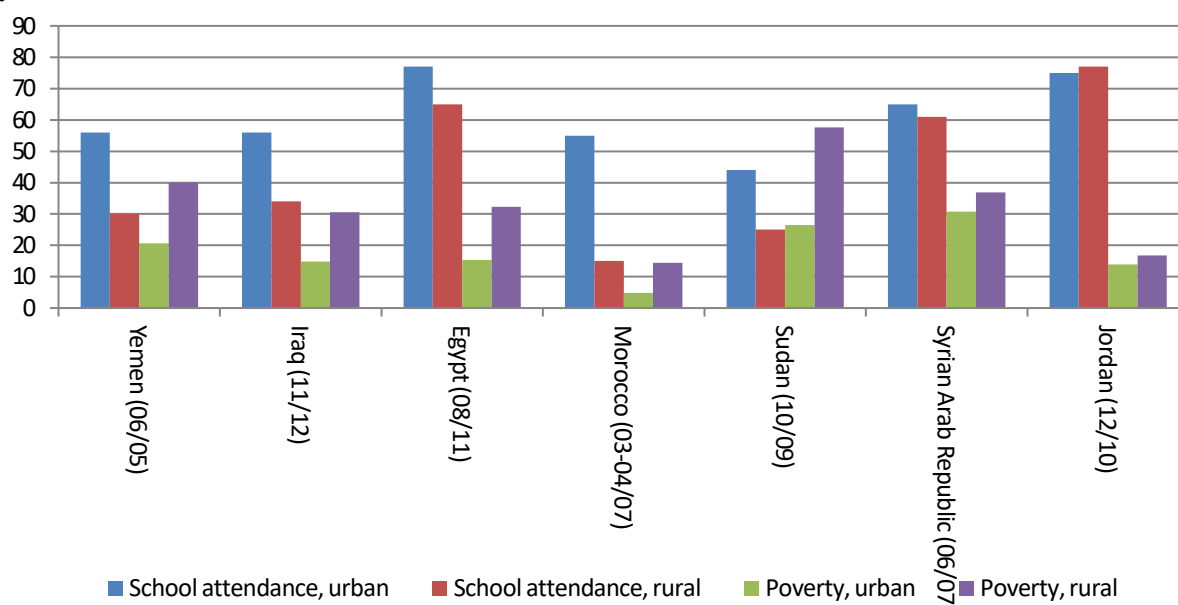
Syrian Arab Republic	2,065.5	16.9 (2004)	62 (2013)	97 (2013)	-	88 (2009)
Tunisia	4,316.8	4.5 (2010)	99 (2013)	97 (2013)	17 (2013)	98 (2012)
United Arab Emirates	42,522.0	-	91 (2012)	97 (2012)	16 (2013)	100 (2007)
Yemen	1,473.1	37.3 (2005)	88 (2013)	84 (2013)	30 (2011)	47 (2006)

Source: World Bank, 2015a

Note: All GDP Per capita values are from 2014 except Kuwait (2013), Tunisia (2013), Syrian Arab Republic (2007) and Yemen (2013).

Poverty and low utilisation of public services tend to coincide, and to be disproportionately concentrated to rural areas. This pattern is illustrated by Figure 1, which shows rural and urban levels of secondary-school net attendance and poverty ratios for seven Arab countries. The phenomenon manifests itself in the area of health care, too. For instance, the proportion of births being attended by skilled health personnel is far lower in rural areas than in urban ones.⁹

Figure 1: Secondary school net attendance and poverty headcount ratio at national poverty lines by residence



Sources: UNICEF, 2014; UNICEF, 2008, p. 4; World Bank, 2015a.

Note: Numbers within parentheses denote, in turn, the year of the two values relating to school attendance and the year of the two values relating to poverty.

It can thus easily be established that there are many people in the Arab region who do not use public services, and that those people tend to be disproportionately poor and living in rural areas. However, ascertaining the cause(s) behind this is rather more difficult. Does the low utilisation of public services

⁹ ESCWA, 2014, p. 24.

occur because parents do not fully realise how beneficial education and health care are, or for any of the other reasons typically cited in favour of CCTs? Or is the problem rather that (adequate) social services simply are not there for people to use? Notably, Table 1 above shows that the pupil-teacher ratio is higher in those countries where enrolment is low, and vice versa. This correlation could arguably be taken to indicate that low enrolment is primarily a consequence of overcrowded classrooms,¹⁰ implying a need for investments in service delivery and quality rather than for CCTs.

Of course, the reasons may well overlap. The fact that public services are of low quality does not preclude the possibility of parents underestimating the returns to education, or vice versa. Furthermore, each explanatory factor's relative applicability is bound to vary from one context to another, as alluded to above. There may, in addition, be other factors at play which the typical debate about CCTs' merits and faults misses.

This paper does not aim to definitively answer the question of whether implementing CCT programmes in the Arab region is advisable, let alone the questions about the general virtues of CCTs. It does, however, hope to inform and stimulate the ongoing discussion. The main part of the paper is divided into two chapters. The first one of these briefly reviews the global experience of CCT programmes. Doing so, the chapter first looks at general outcomes, i.e. whether CCT programmes appear to have generated positive results. Secondly, it illuminates aspects of the wider contexts in which the CCT programmes have been set, focusing on institutional responsibility and coordination, unified databases, and whether social services have been added or improved to complement the CCTs. Thirdly, the chapter narrows down to look at how CCT programmes have been implemented, taking into account the vital factors of targeting beneficiaries, choosing cash-recipients within beneficiary households, devising methods for disbursing the cash transfers to the recipients, and monitoring of conditions.

The second major chapter of the paper uses the same framework to explore, at greater length and in more detail, the experience of CCTs in the Arab region. Here, it focuses on those programmes which are most widely known and about which there is information available. Lastly, the paper offers some concluding thoughts and suggests topics for future discussion.

¹⁰ Although using teacher-pupil ratio as a proxy for measuring the quality of education is not straightforward or uncontroversial, the method is likely to have a considerable degree of validity. A study has found, for instance, "that pupil-teacher ratios in South Africa have significant positive impacts on enrollment, educational achievement, and test scores for numeracy". See Das and others, 2005, pp. 74, 76, referring to Case and Deaton, 1999.

I. THE WORLDWIDE EXPERIENCE OF CCTS

There have been at least 48 CCT schemes in Latin America and the Caribbean.¹¹ Projects have also been implemented in the United States,¹² in at least 13 countries in Sub-Saharan Africa,¹³ and in Asian countries from Pakistan to the Philippines.¹⁴ It has recently been estimated that up to a billion people around the world are now being reached by CCTs.¹⁵ Programmes have varied in size from individual villages to nationwide initiatives, with conditions imposed on health- and/or education-related activities. The following section describes the general outcomes of some CCTs, and how well they seem to have achieved their short- and long-term goals.

A. GENERAL OUTCOMES

The positive effects of CCT projects in Mexico, Brazil, Ecuador, Bangladesh, Cambodia and many other countries on school enrolment have by all indications been considerable. A meta-analysis combining the findings from impact-evaluations of CCT-programmes in a very large number of countries has found that primary and secondary school enrolment on average increased by 6.2 percent and 10 percent, respectively, as a result of the CCTs.¹⁶ In Cambodia the increase in enrolment for girls in grades 7-9 caused by the CCTs was found to be as high as 31 per cent.¹⁷ The impact has generally been higher in those contexts where baseline enrolment was low.¹⁸ Whilst that is perhaps not entirely unexpected, an arguably more surprising finding is the apparent lack of correlation between more generous grants and higher enrolment. Notably, the just mentioned Cambodian programme had cash payments corresponding to merely 2-3 percent of per capita household expenditure, far less than the 7-20 percent typically disbursed by Latin American CCT programmes.¹⁹

Results concerning use of health services have been somewhat more mixed. The proportion of children up to three years of age taken to health clinics increased by 20 per cent amongst beneficiaries in Honduras, and in Jamaica the number of visits to health centres increased by some 35 percent for children up to six years of age.²⁰ Vaccination rates, though, have in several countries failed to go up significantly as a result of CCT programmes.²¹ Nevertheless, the aggregate impact of CCTs on utilisation of public services has indisputably been high.

Evaluations addressing final outcomes on human capital development show less clear positive effects. Final outcomes are defined by Fiszbein and others as “effects on learning outcomes and completed schooling” as well as “nutrition, health status and cognitive development in early childhood”.²² Most evaluations of final educational outcomes of CCTs consist of either language attainment or mathematical tests, applied in schools or at home over a period of a few years. The results of these evaluations show that students receiving CCTs have test results that are at best on par with control

¹¹ ECLAC, 2016.

¹² Riccio and others, 2013.

¹³ Garcia and Moore, 2012, p. 353.

¹⁴ Fiszbein and others, 2009, p. 4.

¹⁵ Norris, 2014.

¹⁶ Saavedra and Garcia, 2013, pp. 18-19.

¹⁷ Fiszbein and others, 2009, p. 129.

¹⁸ Saavedra and Garcia, 2013, pp. 23, 29.

¹⁹ Fiszbein and others, 2009, pp. 128-129.

²⁰ Fiszbein and others, 2009, pp. 137-138.

²¹ Fiszbein and others, 2009, pp. 139-140.

²² Fiszbein and others, 2009, pp. 141, 145.

groups, and thus evince no clear improvement.²³ A study focusing on learning outcomes in Mexico found that even

*after removing the variation associated with school quality and socioeconomic status, receiving an Oportunidades scholarship is negatively and significantly related to achievement. In other words, students who receive the scholarships have lower levels of performance on a language test than their peers not receiving them, after controlling for socioeconomic status and school quality.*²⁴

As for health outcomes, most evaluations look at child height for age and weight for height. A number of evaluations have discerned no effect, and some have found that CCTs have had an impact on child height for age.²⁵ Closer looks at individual interventions also give seemingly incongruous indications: A CCT programme in India, for instance, apparently increased the proportion of births at institutions, but without any significant effects on maternal mortality rates.²⁶ *Bolsa Familia*, on the other hand, whose conditions include pre- and post-natal health-centre visits, has been credited with drastically reducing Brazil's infant mortality rates.²⁷

Final indicators for health and education thus show mixed results. However, it could be that measurement limitations conceal certain types of positive outcomes which may in fact have resulted from the programmes, e.g. such cognitive development that does not transpire from math tests or the like. It is also conceivable that the longer-term final impact will be more substantive – the relative novelty of CCT schemes makes this difficult to tell.

Focusing on the positive impacts which seemingly *have* materialised, i.e. chiefly the increased utilisation of social services, the big question is to which extent they were impacts of the cash transfers' being conditional. In other words, was it the increased income or the attendant requirement(s) that caused the change? The multi-programme analysis cited above reports a positive correlation between stringent conditions and high impact on school-enrolment, implying that CCTs are more impactful than UCTs. That source also cites individual studies of CCTs in Mexico and Ecuador arriving at the same conclusion.²⁸ Interestingly, as will be shown later on, some research on CCTs in the Arab region has generated very different findings.

B. INSTITUTIONAL ARRANGEMENTS AND SYSTEMIC SYMMETRY

Before turning to the implementation components of CCTs, it is important to consider how CCTs fit into the wider institutional context in their countries. This chapter will first consider the vital issue of institutional responsibility and coordination before turning to the closely related areas of unified databases and links to provision of social services.

Distributing CCTs typically requires the involvement of more than one ministry, since the focus is both on social security and on human capital investment. The division of responsibilities varies widely, as do the links between ministries. In some of the countries where CCTs have focused on education alone - such as Bolivia, Bangladesh and Cambodia - the programmes have been led by the education ministries.²⁹ In Kenya, where the focus has been on orphans and vulnerable children, the Department

²³ Fiszbein and others, 2009, pp. 141-145 .

²⁴ Reimers and others, 2006, p. 40.

²⁵ Fiszbein and others, 2009, pp. 145-151.

²⁶ Randive and others, 2013.

²⁷ See, for example, Norris, 2014.

²⁸ Saavedra and Garcia, 2013, pp. 24-25.

²⁹ Fiszbein and others, 2009, pp. 222, 236, 284.

of Children's Services in the Ministry of Home Affairs has been responsible.³⁰ In countries where CCTs span over a wider range of areas and have become integrated as a major pillar of the social system - such as Brazil, Mexico, Argentina and the Philippines - implementation is led by the ministry responsible for social affairs, in close coordination with other ministries and entities.³¹ In all cases, successful implementation usually depends upon vertical as well as horizontal coordination, as the central government needs to enlist the help of local actors to distribute the cash, monitor compliance, and provide services.

1. *Institutional Arrangements*

The Brazilian *Bolsa Familia* programme used to be two separate programmes, *Bolsa Escola* for school children and *Bolsa Alimentação* for younger children, lead by the Ministry of Education and the Ministry of Health, respectively. The 2003 *Fome Zero* (Zero Hunger) strategy established the Ministry for Social Development and Fight Against Hunger in order to organise social programmes. Amongst other things, this led to the unification of programmes into *Bolsa Familia*, led by the new ministry in cooperation with the Ministries of Health and Education as well as with, amongst others, municipal authorities and state governments.³² The 2011 *Brazil Sem Miséria* (Brazil Without Poverty) strategy went further in coordinating existing programmes to integrate the poorest through a three-pronged strategy of an income guarantee, access to services, and a programme for productive inclusion in urban and rural areas.³³

In Chile, the *Chile Solidario* (now *Ingreso Ético Familiar*) programme has also been founded upon intra-ministerial collaboration. An Executive Secretary of Social Protection has been added within the Ministry of Social Development in order to coordinate the social protection network and function as a link between the Ministries of Health; Education; Housing and Urban Planning; and Employment and Social Security. This integrated approach has made it possible for *Chile Solidario* to establish "agreements with other public institutions, aimed at achieving preferential access to social programmes in the areas of employment, housing, education and health".³⁴

In Indonesia, the responsibilities for the CCT programme *Keluarga Harapan* have been divided amongst several ministries, with the Coordinating Ministry of Social Welfare in control of the process. The National Development Planning Board has been responsible for the design, the Central Statistics Agency for the targeting, the Ministry of Social Welfare for the implementation, and the postal service for disbursing payments.³⁵

The interplay between various actors in bringing about CCTs and in integrating them in the wider social protection systems has often had positive externalities, since the necessary coordination has caused spill-overs into other areas.³⁶ In the words of Fiszbein and others, "in at least a number of countries, the avenues of coordination established for the [CCT] programs not only led to addressing the issues directly involved with the CCT program, but also have facilitated collaborative identification and

³⁰ Fiszbein and others, 2009, p. 218-219.

³¹ Fiszbein and others, 2009, pp. 95, 98, 231, 235, 243, 269.

³² Fiszbein and others, 2009, pp. 238-241.

³³ Robles and Mirosevic, 2013, pp. 16-21.

³⁴ Farias, 2012, pp. 13-16.

³⁵ Fiszbein and others, 2009, pp. 229.

³⁶ International Labour Organization, 2014, p. 15.

solution of problems beyond that.”³⁷ Chile, Mexico, and Brazil are frequently cited as examples of CCTs fostering positive coordination on all administrative levels.

2. *Unified Databases*

One approach to integrating CCTs with other schemes is to have administrative databases of all beneficiaries. A unified national registry (UNR) of beneficiaries can “facilitate coherence and convergence” and improve the impact and adequacy of social protection measures.³⁸ These social protection databases contain information about the people in need of social protection in a country, and gaps and overlaps in protection are thus more easily identified. This enables common access to information not usually shared between ministries, facilitating dialogue and freeing up ministerial capacities to focus on ministry-specific activities.

Pioneered by Chile in the 1980s, and aided by advances in technology, unified registries of beneficiaries have become commonplace in many countries.³⁹ Brazil’s *Cadastro Unico*,⁴⁰ Chile’s *Ficha de Protección Social*,⁴¹ and Colombia’s *Red Juntos*⁴² serve as examples. The popularity and spread of unified registries have led to them being considered one of the main ways to modernise programme administration.⁴³

3. *Supply and Quality of Social Services*

Available and accessible health and/or schooling facilities are self-evident prerequisites for demand stimulation in those sectors to have any effect in terms of increased public service utilisation. If beneficiaries simply have no services to use, they will have no chance of complying with the programme conditions. Furthermore, even when services are available and accessible, it may be that their quality is not high enough to generate the desired final outcomes. Low quality of services is one highly probable reason behind the fact that increased service utilisation, as shown above, often fails to result in improved health or learning.

Many countries have adopted a holistic approach, endeavouring to meet quantity and quality deficits of social services provision when implementing their CCT programmes. In Mexico, Honduras, Bangladesh, Jamaica, and Cambodia, new classrooms and – in the countries with health conditions – health centres have been constructed to enable parents to meet the conditions. In some countries, school construction has not been limited to CCT areas, and has thus caused positive spill-overs to non-beneficiaries.⁴⁴

With regard to improving the quality of schools, Jamaica has provided text books, teaching materials and library services, and Honduras has supplied transfer payments to parent-teacher associations. Mexico has been offering financial incentives to encourage higher teacher performance. In El-Salvador and Nicaragua, non-governmental organisations (NGOs) have been contracted to provide local health

³⁷ Fiszbein and others, 2009, p. 99.

³⁸ Silva and others, 2013, p. 243.

³⁹ Silva and others, 2013, p. 244.

⁴⁰ Robles and Mirosevic, 2013, p. 17.

⁴¹ Farias, 2012, p. 14.

⁴² Rosero, 2013, p. 15.

⁴³ De la Brière and Rawlings, 2006, p. 10-11.

⁴⁴ Fiszbein and others, 2009, pp. 189-190.

services and nutrition packages. In Chile, where the quality of services is comparatively high, supply side interventions have focused on coordination between providers.⁴⁵

The meta-analysis of numerous CCT-schemes referred to earlier in this chapter shows, again based on evidence from a wide range of programmes, that “educational impacts are stronger in programs that complement cash transfers to families with supply-side interventions such as school infrastructure, additional teachers, grants or textbooks”.⁴⁶ This finding provokes the question of how large the educational impact would have been absent the CCTs, i.e. if the supply-side measures had been implemented in isolation (or accompanied by UCTs).

C. IMPLEMENTATION

There are many elements to consider in the implementation phase of a CCT programme. Beneficiaries must be identified, their compliance with the conditions needs to be monitored, and the cash has to be transferred to a designated recipients in the household. This leaves the implementing agency or agencies with a range of alternatives.

1. Targeting

Proper targeting methods are necessary to ensure that the cash-transfers reach the intended beneficiaries. According to Fiszbein and others, “CCT programs have moved forward the state of the art and standards for targeted programs generally”.⁴⁷ Most countries that have implemented CCTs use geographical targeting, proxy means testing (PMT), or a combination of both. The Dominican Republic, Indonesia, Kenya, Nigeria, Cambodia, Peru, Bangladesh, and Pakistan have also made use of community assessments.⁴⁸

Means testing entails controlling the income and wealth of individual households. This method is accurate, but administratively demanding and frequently one-dimensional. PMT, in comparison, requires less administrative work and is more multidimensional. It implies checking easily observable household characteristics against a formula for statistical analysis, and gives each household a score. The formula is devised from household income survey datasets, and the details of the formulas largely depend on the quality of the original datasets. PMT avoids the hassle of verifying income, and often includes indicators of poverty that go beyond monetary measures. Targeting accuracy requires a large dataset and administrative capacity, though Cambodia, a country with relatively low administrative capacity, has applied a form of PMT in conjunction with community assessments.⁴⁹

With geographic targeting, beneficiaries in entire areas are selected to receive the transfers. This reduces the trouble of identifying individual beneficiaries, and therefore the proportion of programme budgets spent on targeting. Geographical targeting is also beneficial in that targeting a large amount of people in a certain area tends to remove feelings of stigma or jealousy. There is, furthermore, a lesser degree of ambiguity as to which families are eligible for participation. Potential benefits of both geographic targeting and PMT are that the methods are relatively transparent and therefore increase accountability – possibly a requirement for public support and for understanding amongst beneficiaries. Many

⁴⁵ Fiszbein and others, 2009, pp. 189-190. The idea of seeking to improve education through support for parents’ associations, as done in Honduras, has been charged with having “very weak theoretical and empirical links with learning” – see Reimers and others, 2006, p. 38.

⁴⁶ Saavedra and Garcia, 2013, p. 23.

⁴⁷ Fiszbein and others, 2009, p. 70.

⁴⁸ Fiszbein and others, 2009, pp. 68-69.

⁴⁹ Fiszbein and others, 2009, p. 71.

countries – e.g. Honduras, Mexico, Panama, Nicaragua, and Paraguay – use a combination of both geographic and PMT-based targeting.⁵⁰

Community assessment measures, whilst potentially less transparent, can also help reach beneficiaries, especially in countries with lower administrative capacity. In Cambodia for example, school teachers and pupils partake in assessing and confirming each child's eligibility.⁵¹ In Tanzania, so called community management committees, democratically elected by prospective beneficiaries and approved by village assemblies, have been relied on to identify vulnerable persons with the help of screening cards.⁵²

The choice between geographical targeting, on the one hand, and (proxy) means testing or community-based targeting of some sort, on the other hand, often amounts to a trade-off between efficiency and equitability: geographical targeting may make a CCT-intervention more efficient by yielding the larger increase in social-services utilisation, but more sophisticated and precise targeting mechanisms, identifying the very poorest or most vulnerable within communities, may be more impactful in terms of promoting equity. One CCT-programme implemented in Bangladesh, for instance, which used geographical targeting alone, was found to generate a considerable impact upon girls' secondary school enrolment, but also to have "adverse distributional impacts" in the sense that beneficiaries came disproportionately from households which were relatively wealthy.⁵³ At the opposite end, Mexico's CCT scheme, which has (partly) used PMT, has been found to distribute transfers to people who are very poor but who would have sent their children to school anyway, whilst missing those community members who are somewhat less poor but whose children do not attend school⁵⁴ – implying a considerable degree of equitability, but a lesser degree of efficiency.

2. *Recipients*

Another important element of CCT implementation is the decision as to whom within beneficiary households the money should be given to, i.e. who should be the designated recipient. In most Latin American schemes, mothers from participating families receive the transfers. This way of procedure has become intimately associated with CCT schemes (though it may, of course, just as well be used to disburse UCTs). In a few countries, such as Bangladesh and Bolivia, where the CCT beneficiaries are older children, the cash is given to the students themselves.⁵⁵

The arguments for giving transfers to women have been extensively laid out and evaluated in the CCT-literature. One is related to increased effectiveness in terms of ensuring that the transfer benefits the child. This rationale stems from a substantive body of research suggesting that women have different consumption preferences than men, as they devote a larger share of their income to the children. It follows that giving money to mothers rather than to fathers should increase the proportion of it being spent in ways which serve to further children's interests – provided, crucially, that mothers receiving the cash actually get to spend it as they see fit.⁵⁶ Another argument in favour of transferring the money

⁵⁰ Fiszbein and others, 2009, pp. 68-69.

⁵¹ Fiszbein and others, 2009, pp. 71.

⁵² Evans and others, 2014, p. 14.

⁵³ Das and others, 2005, pp. 71-72.

⁵⁴ Reimers and others, 2006, pp. 31-32, 45-46.

⁵⁵ Fiszbein and others, 2009, pp. 211-213.

⁵⁶ See Dawani, 2010, pp. 47-50 for a succinct review of these arguments. See also Fiszbein and others, 2009, pp. 59, 183.

to women is that it has an empowering impact: When women's incomes increase, their leverage and standing in society and in the household does too, which is *in itself* positive.

Whether CCTs promote gender equality or not is a very complex and contested question. One analysis of CCT programmes in Latin America has deemed that they are "based on the maternalist assumption that the responsibility of the care for children is the woman's and only partially, if at all, do they consider women as workers, and even less so, men as caretakers".⁵⁷ Giving cash-transfers specifically to mothers may, according to such thinking, actually have the effect of keeping women in the traditional care-role rather than encourage them to seek employment. Structures preserving a gender-based division of labour and responsibilities are thus further entrenched rather than challenged. This view, however, is far from universally held. It seems impossible to draw any definitive conclusions from experiences studied so far, since findings diverge greatly.⁵⁸ Not least in the Arab region, evaluations of CCT schemes paint a conflicting picture, as will be shown below.

3. *Payment*

Payment methods can have implications on programme success and have varied widely from country to country. ATM cards and banking services are popular in many countries, for instance in Brazil and Turkey, particularly because of their convenience in urban areas. The use of bank services has been praised for adding additional benefits, such as giving people access to and awareness of other banking services, enabling credit and other financial means to spread to the poorest. In addition to this, the use of bank cards may reduce transaction costs as well as the possible stigma associated with receiving transfers.⁵⁹

Banking, however, is not accessible everywhere. In remote areas, transaction costs may be quite high - so high that a lot of people in the Amazonas let several instalments of funds accumulate before collecting it.⁶⁰ In Mexico, the postal system has been used to deliver the money to community centres,⁶¹ and in Tanzania the money has been handed out to community management committees responsible for distributing it amongst beneficiaries.⁶² In Kenya, a system based on payments through mobile phones has been tried, apparently with successful results.⁶³

4. *Monitoring of compliance*

Whilst CCTs have engendered and developed innovative methods with regard to both targeting and payment, these aspects of implementation are not peculiar to them - any cash-based programme, conditional or not, has to target beneficiaries and find a way to pay them. CCTs add the unique element of conditions. Compliance with these has been monitored with varying rigour in international CCT schemes, ranging from strict control mechanisms and a reduction in payment on the first incidence of non-compliance, as in the Mexican *Oportunidades*, to no monitoring or penalties at all, as in the Ecuadorian CCT project.⁶⁴

⁵⁷ Martínez Franzoni and Voorend, 2009, p. 25.

⁵⁸ See, for instance, Peterman and others, 2015, pp. 5-6, for a review.

⁵⁹ Fiszbein and others, 2009, p. 122.

⁶⁰ Fiszbein and others, 2009, p. 79.

⁶¹ Fiszbein and others, 2009, p. 82.

⁶² Evans and others, 2014, pp. 16-17.

⁶³ Diniz and others, 2011; Samson and others, 2010, p. 215.

⁶⁴ ECLAC, 2016; Fiszbein and others, 2009, p. 88. Beneficiaries of the Ecuadorian scheme are, nevertheless, formally obliged to comply with the conditions – though whether the cash-transfers are truly *conditional* is perhaps a matter of judgement.

The methods employed to verify compliance have varied widely across schemes. In Cambodia, attendance lists have been collected directly by teachers. The Mexican administrators have made use of optical scanning for monitoring compliance, and the Brazilian government has experimented with using “smart cards”.⁶⁵ In countries where social workers play a monitoring role, such as Chile, this avenue of regular contact with beneficiaries has proved beneficial for compliance checks.⁶⁶ Some countries, such as Bangladesh, have used third party groups to independently monitor school attendance through random spot checks. This approach has been taken in order to allow children to choose private or civil society run schools as well as public ones.⁶⁷

Since monitoring compliance can be an administratively burdensome and therefore costly exercise, it has been considered one of the main drawbacks of CCTs as compared to UCTs. Although it can safely be assumed that monitoring virtually always implies some additional cost, it is usually very difficult to know just how big that added cost actually is. This is so since the task of controlling compliance rarely is carried out exclusively by personnel employed particularly for that purpose (and whose salaries therefore simply could be subtracted from the programme budget if the cash transfers were unconditional). Furthermore, attendance records of some sort are often kept anyway, meaning that a kind of monitoring goes on even when social service utilisation is not a condition to receive cash transfers. When monitoring is initiated specifically to enable a CCT-scheme, the monitoring costs are typically higher in the early stage, before the system is “up and running”. Adding to this, specific numbers for monitoring costs often simply are not calculated or made available even in those instances when theoretically they could be.⁶⁸ The few estimates of monitoring-costs that are available vary widely – “from 2 percent to 24 percent of total program administrative costs”, according to one source.⁶⁹

⁶⁵ Fiszbein and others, 2009, p. 90.

⁶⁶ For more information, see country overviews in Fiszbein and others, 2009, appendix A.

⁶⁷ Fiszbein and others, 2009, p. 193, 286.

⁶⁸ Adato and Hoddinott, 2007, p. 3; Fiszbein and others, 2009, p. 91.

⁶⁹ Fiszbein and others, 2009, p. 91.

II. THE EXPERIENCE OF CCTS IN THE ARAB REGION

Well-documented, large-scale CCT programmes have during the last decade been brought about in Yemen, Morocco, and Egypt. A CCT programme was, in addition, devised and partly implemented in Palestine. This part of the report will describe these projects and their outcomes, using the same framework as was employed above to present CCTs around the world.

The Yemeni “Basic Education Development Project” (BEDP) was a comprehensive endeavour backed by the World Bank with the primary purpose of furthering girls’ education. It spanned from 2005 to 2012, and, from 2007, included a CCT component – “believed to be the first of its kind in the region”⁷⁰ – targeting girls in the governorates of Lahij and al-Hudaydah.⁷¹ The “Second Basic Education Development Project” (BEDP II) started in 2013. It carries forward the BEDP’s CCT-scheme, which in January 2015 benefitted almost 40,000 girls.⁷² Two months later, however, the World Bank, due to the political situation in Yemen, suspended its funding for the BEDP II⁷³. The future of the CCT-scheme in Yemen is thus uncertain. As of December 2015, it was “on hold for security reasons as well because of the suspension of disbursement” [*sic*].⁷⁴

Gender was also central to the first Egyptian CCT programme, which ran from 2009 until the events of the uprising in 2011, when it was prematurely discontinued.⁷⁵ Heavily influenced by Chile’s *Solidario*, the programme included close contact between beneficiaries and social workers, who had received special training and visited each beneficiary on a monthly basis. The scheme had conditions on school attendance and health check-ups as well as on participation in awareness sessions with female heads of households, to whom the cash transfers were given. Topics of those sessions ranged from health to household economics. The programme was first implemented in Ain el-Sira, a slum area in Cairo, with 162 beneficiary families, and subsequently expanded to 65 Upper Egypt villages in 2010.⁷⁶

In 2015, the Egyptian government launched a new CCT programme, *Takaful*, meaning “solidarity”. The conditions include health check-ups for mothers and small children, school attendance for children older than six years, and parents’ partaking in nutrition classes.⁷⁷ In June 2015, the first 53,000 households to benefit from either *Takaful* or its unconditional sister-programme *Karama*, meaning “dignity”,⁷⁸ received their first transfers.⁷⁹ The two programmes, initially limited to the governorates of Asyut and Sohag but gradually expanding to other parts of Egypt, are intended to jointly cover 1.5 million vulnerable households by 2017.⁸⁰ *Takaful* is part of a quite profound overhaul of Egypt’s social

⁷⁰ World Bank, 2013a, p. 21.

⁷¹ World Bank, 2013b, p. 23.

⁷² World Bank, 2015b, p. 7.

⁷³ World Bank, 2015b, p. 2.

⁷⁴ World Bank, 2015h, p. 7.

⁷⁵ UN Women, 2015, pp. 125-127. The Economist, 2011, wrote that the CCTs were cancelled “apparently because they had been started under the old regime”.

⁷⁶ American University in Cairo, undated.

⁷⁷ World Bank, 2015c. For an overview of the various ways in which malnutrition affects Egypt’s poor, and reflections concerning the potential impact of CCTs, see Aitsi-Selmi and others, 2009.

⁷⁸ *Takaful* and *Karema* are technically one single programme. It is therefore often impossible to account for the CCT-scheme in isolation, since only aggregate facts and statistics, pertaining to the conditional and unconditional transfers alike, are available. However, since this paper focuses specifically on CCTs, it treats the sub-programme *Takaful* as a programme in its own right, though it points out when data cited does not apply specifically to *Takaful* but to *Karema* as well.

⁷⁹ Mounir, 2015.

⁸⁰ Mounir, 2015; World Bank, 2015c.

protection system, including the phasing-out of fuel subsidies, the reform of bread-subsidies, and – as will be elaborated upon later – the establishment of a unified database.⁸¹

In Morocco, a CCT project called *Tayssir*, meaning “facilitate”, was launched in 2008 to encourage parents in poor rural areas with high dropout rates to keep their children in school.⁸² *Tayssir* is part of the government’s overall education strategy, and benefitted around 828,000 students in 2016.⁸³ During the programme’s first two years, not all cash transfers were disbursed on a conditional basis: in order to test the effect of conditions, so-called Labelled Cash Transfers (LCTs) were applied in about a third of *Tayssir* school sectors. The LCTs consisted of the same amount of transfers, handed out at schools with the “label” of being education-related: registration for the programme was made at schools, and the nexus to education was made clear to parents registering.⁸⁴ The difference with CCTs lay in the lack of conditions and monitoring.⁸⁵

The Palestinian Government, supported by the European Union (EU) and the World Bank, implemented a “Social Safety Net Reform Project” (SSNRP) from 2004 to 2012. This project originally included a CCT scheme targeting families with children of all ages and with conditions on health and education. However, hardly any CCT grants were ever paid out. Behind this lay a combination of factors, including overly complex programme design, limited administrative capacity, and already high demand for – but lacking supply of – education.⁸⁶ Consequently, the scheme was in 2007 transformed into one based on UCTs.⁸⁷

CCTs have featured on the policy agendas of other Arab countries too, though considerably less information is available in those cases. Jordan’s National Assistance Fund (NAF) decided in 2012 that conditions on cash-transfers distributed by it should be “(re)instated”. Prior to that, conditions relating to school attendance were in place, but they had been “hard to monitor”.⁸⁸ From now on, cash-transfers were to be conditional upon school attendance and participation in immunisation programmes, as well as upon “agreement to avoid perpetrating domestic violence/violence against women” and “agreement to avoid begging”. Non-compliance would imply grants being reduced by 25-30 percent, or, in the case of domestic violence or violence against women, suspended for a year.⁸⁹

In Sudan, apparently, “[a] conditional cash transfer system targeting the poorest groups is under development”.⁹⁰ Evidence exists of a small UNICEF CCT scheme reaching 700 orphans with school kits and cash transfers in Djibouti,⁹¹ as well as a community-based CCT in Somalia, run by the Danish

⁸¹ World Bank, 2015d, pp. 3-5.

⁸² World Bank, 2013c.

⁸³ Gattioui, 2016.

⁸⁴ Benhassine and others, 2014, pp. 8, 10.

⁸⁵ Some commentators have argued that LCTs are essentially indistinct from UCTs, making the term LCT somewhat redundant and even obfuscating. See Freeland, 2013.

⁸⁶ World Bank, 2012a, pp. 2, 7, 30.

⁸⁷ In 2010, there were apparently plans to set up a CCT scheme in Gaza to remedy the nutrition deficit amongst mothers and children, but there is nothing to indicate that the project was ever implemented – see World Bank, 2010.

⁸⁸ UNDP, 2013, p. 58. See also USAID, 2011, p. 33, reporting (before the 2012 “(re)instatement” of conditions) that “[s]ome conditions are placed on receipt of the cash assistance benefit to encourage families to keep children in school, but the monitoring is occasional and it is difficult to show compliance because proper data bases are not yet in place to provide timely data on participation in the program and success in education efforts.”

⁸⁹ UNDP, 2013, p. 58.

⁹⁰ Devereux, 2015, p. 92.

⁹¹ UNICEF, 2012, p. 5.

Refugee Council with monetary support from the EU.⁹² Education-related CCT programmes have, in addition, been implemented in Kuwait and Saudi Arabia. Little information is available about these, but the Saudi programme reportedly had more than 400,000 beneficiaries in 2011.⁹³ Additionally, studies conducted in Egypt describe how some faith-based organisations hand out cash or in-kind transfers on the condition that recipients follow certain religious prescriptions.⁹⁴ Iraqi officials visited Turkey to learn about the Turkish CCT project in 2012,⁹⁵ and some research points to CCTs as a potential solution for the low school enrolment in Iraq.⁹⁶ It has, furthermore, been suggested that CCTs could play a role in alleviating the dire situation of refugees from Syria living in neighbouring countries.⁹⁷

CCTs develop and adjust over time, and a static overview will therefore not depict the projects in their full complexity. Nevertheless, Table 2 below provides a snapshot of the schemes in Palestine, Yemen, Egypt and Morocco. As can be seen, target beneficiaries have varied widely amongst the different schemes, from secondary school girls in Yemen to children as well as parents in Palestine. Conditions have covered a diverse span of activities, with a focus on education in all schemes, on health activities in Egypt and Palestine, and on civic participation in the first project in Egypt.

Transfer sizes, too, have diverged greatly. For that reason, yearly household transfer size in USD as percentage of per capita GDP has been included in the table to allow a rough real-term comparison between different CCT schemes. It must be stressed that these calculations have been made based on arbitrary assumptions of average household size and composition⁹⁸ which do not necessarily correspond to demographic realities. In addition the number of months per year for which the monthly transfer is granted may in fact vary between countries. Furthermore, to give a remotely accurate indication of how the allowances actually may affect households, aspects such as national level of inequality and consumption patterns would need to be factored in. Nevertheless, the figures give an idea (albeit a very approximate one) of the cash transfers' real size in relation to each other.

⁹² HERALD Consultants, 2012, pp. 5, 19, 27.

⁹³ World Bank, 2015e, pp. 94, 98.

⁹⁴ ESCWA, 2013, pp. 11-12.

⁹⁵ World Bank, 2012b. The source, notably, states that “insights [from the visit to Turkey] helped the Iraqi Ministry of Labor and Social Affairs develop its own CCT program”. There is nothing to indicate, though, that the programme in question was ever implemented. “[I]ntroducing a pilot program for conditional cash transfers” apparently emerged as a recommendation from the Iraq Forum for Social Protection held almost year after the ministers’ trip to Turkey - see Alkhoja, 2013.

⁹⁶ Shafiq, 2013, p. 136.

⁹⁷ Dahi, 2014; UNICEF, 2013, pp. 14, 19.

⁹⁸ Each household has been presumed to consist of two adults and three children of disparate ages (or, in the case of Yemen, two girls, of whom one attains the achievement bonus).

Table 2: CCTs in the Arab region

Country	Target group	Recipients	Targeting method	Scope	Conditions	Transfer size in USD	Yearly transfer as percentage of per capita GDP	Institutional responsibility and donors
Palestine, 2004, as intended	Children, 0-18, parents age 19-64 ^A	Families ^A	Self-selection, Proxy Means Testing ^A	10,000-20,000 households; 100,000-120,000 children ^A	<p><u>Education</u>, 85% attendance and only one repeated year ^A</p> <p><u>Health</u>, Quarterly checkups for 0-5 year olds ^A</p> <p><u>Training</u> for adults 4 times a year ^A</p>	\$8 per child 0-2 + \$12 per child 13-18 + an annual “bonus” corresponding to two months’ benefits + \$4-12 per adult or elderly household member ^A	38% (2004) ^A	Ministry of Social Affairs, EU, World Bank ^B

Yemen, from 2007, ongoing	Female students, grades 4-9 ^A	Mothers and Fathers ^B	Geographic, Gender-based ^B	Two governorates, 39,791 beneficiaries (2015) ^C	<u>Education</u> , 80% attendance, not repeating years. Bonus for high performance. ^A	\$2.9 (grades 4-6) or \$3.3 (grades 7-9) per girl per month (up to 3) + 5\$ annual achievement bonus in certain grades (up to \$120 per family and year). ^{A,B}	5.4% (2013)	Ministry of Education, World Bank, KfW, DFID, EKN ^D
Egypt, 2008-2011	Families	Mothers ^A	Geographic, self-selection, eligibility tests ^A	162 families in Ain el-Sira, 65 villages in two governorates ^A	<u>Education</u> , 85% attendance ^A <u>Health</u> , regular check-ups for all family members and awareness-sessions ^A <u>Civic participation</u> , cooperation with social worker once monthly and follow-up/awareness sessions ^A	\$35 per month ^B	23.5% (2010)	Ministry of Social Solidarity, Pathways for Women's Empowerment ^A

Egypt, from 2015, ongoing	Children 0-18, Mothers ^A	Mothers ^A	Geographic, Self-selection, PMT ^A	160,317 households benefitting from <i>Takaful</i> (early 2016) ^B	<u>Education</u> , 80% attendance for children 6-18 ^A <u>Health</u> , check-ups for mothers and children 0-6, nutrition classes ^A	\$42 per month + \$1 per child in primary school, \$10 per child in middle school, \$13 per child in high school ^A	23% (2015)	Ministry of Social Solidarity, World Bank, MENA Transition Fund, ESMAP ^A
Morocco, from 2008, ongoing	Primary school children ^A	Mothers and Fathers ^A	Geographic ^A	Circa 228,000 students (2016) in 434 rural municipalities ^B	<u>Education</u> , no more than 4 absences per month ^A	\$8 per child/month in grades 1-2, \$10 in grades 3, \$13 child/month in grades 5-6 ^A	13.2% (2008)	Ministry of National Education. Historically supported by World Bank and various international actors ^C

Sources: Palestine: **A**: World Bank, 2004, pp. 8-9, 33-34, 35-36; **B**: World Bank, 2012a, p. 34; Yemen: **A**: World Bank, 2013b, p. 23, **B**: Fiszbein and others, 2009, p. 280; **C**: World Bank, 2015b, p. 7; Egypt (2008-2011): **A**: American University in Cairo, undated; **B**: Saleh, 2010; Egypt (2015): **A**: World Bank, 2015f, pp. 5, 8, 43-44, 47-48; **B**: World Bank, 2016, pp. 2; Morocco: **A**: Benhassine and others, 2014, pp. 7-10; **B**: Gattioui, 2016; **C**: World Bank, 2013c.

Note: Cash transfer dollar values are as reported in sources referred to, or, in the case of Egypt, converted from the national currency using the exchange rates applicable in 2010 and 2015. The calculations are based on GDP per capita as reported by the World Bank.

A. GENERAL OUTCOMES

As is the case with worldwide experiences of CCTs, intermediate outcomes in the Arab region do at the face of it seem positive. School attendance has gone up amongst beneficiaries in Egypt, Yemen, and Morocco, and gender parity has increased in Yemen.⁹⁹ Just like elsewhere, however, it is generally unclear whether these and other positive developments have occurred as a result of the cash, the conditions, or something else.

Although the conditions of the cash transfers in Palestine were virtually never applied, the national net primary enrolment rate rose from 80 percent to 90 percent between 2005 and 2012.¹⁰⁰ During the same time-span, the number beneficiaries from the country's (unconditional) Palestinian National Cash Transfer Programme (PNCTP) increased from 120,000 to 538,520¹⁰¹ - possibly indicating that the UCTs positively impacted enrolment. Still, determining whether there was a direct causation of that sort at play (and, if there was, whether CCTs would have yielded less positive, similar, or even better results) is difficult.¹⁰²

In Morocco, the impact in terms of enrolment was not lower – but in fact slightly higher – amongst recipients of the “labelled” cash transfers which, as described above, were paid out in parallel with the conditional ones.¹⁰³ This finding seemingly lends some credit to the hypothesis that mere encouragement (as opposed to “hard” conditions) suffices to yield the desired results, allowing monitoring and compliance costs to be saved. Notably, students or parents in *Tayssir* areas who stated that transportation costs or distance to the school were their main reasons for dropping out did not significantly change their behaviour after the introduction of the programme¹⁰⁴ - confirming that cash transfers are no adequate substitute for remedying accessibility impediments. Furthermore, math tests amongst pupils indicated that whereas the LTCs may have had a minor positive impact in terms of learning, the CCTs had no such impact at all.¹⁰⁵

The CCTs in Yemen have been implemented in tandem with reforms seeking to enhance the supply and quality of schools. This renders it difficult to know whether, or to which extent, the increased enrolment rates should be attributed to the cash transfers and/or to the conditions: perhaps it was simply an effect of the fact that relatively good education had now been made accessible. One evaluation of the BEDP, notably, found that the hiring of female teachers in rural areas led to higher girls' enrolment.¹⁰⁶ However, the CCTs, too, appear to have had at least some impact: programme beneficiaries partaking in a workshop reported that they “had friends...that had re-joined school...as a result of the introduction of the CCT program”, and “fe[lt] that the money from the CCT prevented an even greater level of school abandonment”.¹⁰⁷

⁹⁹ Benhassine and others, 2014, pp. 20-22; World Bank, 2013a, p. 18.

¹⁰⁰ UNESCO Institute for Statistics, 2014.

¹⁰¹ World Bank, 2012a, unnumbered page.

¹⁰² One of the World Bank's original performance indicators for monitoring the progress of the SSNRP, which included the intended CCT scheme, was: “Primary school enrollment rates of children of beneficiary households maintained at 90 percent”. However, this indicator was abolished in 2007 as the project was restructured and the conditionality of the cash transfers dropped. Thus, progress reports contain no primary school enrolment data particular to beneficiary households. See World Bank, 2012a, unnumbered pages.

¹⁰³ Benhassine, 2014, p. 26.

¹⁰⁴ Benhassine, 2014, p. 32.

¹⁰⁵ Benhassine, 2014, p. 22, 39.

¹⁰⁶ World Bank, 2013a, pp. 15, 21, 45.

¹⁰⁷ World Bank, 2013a, p. 38.

The Yemeni programme, uniquely, has been qualitatively evaluated with an aim to illuminate the empowering impact upon women and girls. Within the framework of that study, community members were asked about their attitudes to girls' and boys' school attendance, respectively. Whilst respondents did by no means convey indifference, let alone antagonism, towards girls being educated, they typically did not consider it – unlike boys' education – an end in itself, but rather a means to enhance girls' ability to be useful at home and to make good future wives. Many respondents expressed that although it was important that girls were educated, they did not need to be *very* educated: basic literacy and numeracy were considered to suffice.¹⁰⁸ In light of this, it seems likely that the conditions – in addition to the supply side measures and the cash – have made at least some contribution to the increase in attendance, particularly since the programme targets girls from the fourth grade, many of whom may already have attained the elementary skills deemed necessary to possess, and since the cash-transfers, as shown in Table 2, are (slightly) higher for girls in grades 7-9. It is not known whether learning outcomes have improved amongst beneficiaries,¹⁰⁹ although the achievement bonuses have, according to teachers interviewed for the study just cited, induced “increased motivation and competitive manners inside the classroom”.¹¹⁰

During the initial year of the first Egyptian project being implemented in Ain el-Sira, school absence sank dramatically amongst partaking families.¹¹¹ Health improvements, especially relating to child nutrition, were also documented.¹¹² Follow-up studies have, in addition, indicated encouraging impacts upon participating women's life situations: domestic violence apparently decreased by 50 percent, and victims became twice as likely to seek help after the violence had occurred. The proportion of women performing some sort of work rose modestly, although the mean amount of work undertaken per woman sank. Within households, furthermore, women's power concerning expenditures apparently increased.¹¹³ Whilst the intervention as a whole clearly showed significant results, determining which aspect(s) of it really brought those results about is – again – difficult, not least considering the multi-faceted and far-reaching nature of the conditions. It has been explicitly suggested, though, that the conditions in themselves led or contributed to women's augmented household-spending leverage: “The Ain El-Sira women...wanted their children to be educated, well-fed and healthy, and *if the state was endorsing their wishes, this gave them license to spend money in the ways they thought most important*”¹¹⁴

B. INSTITUTIONAL ARRANGEMENTS AND SYSTEMIC SYMMETRY

As outlined in Table 2, the Ministries of Education were or are responsible for the CCT-schemes in the two countries (Yemen and Morocco) that have focused solely on education, and the Ministry of Social Solidarity (MoSS) and the Ministry of Social Affairs (MoSA), respectively, in the two countries (Egypt and Palestine) where the CCT schemes have had broader areas of implementation. This follows the pattern of the global experiences quite well. A distinguishing characteristic of CCTs in the Arab region, though, is that they have been heavily influenced by external donors and partners. Local NGOs have,

¹⁰⁸ Dawani, 2010, pp. 74-77.

¹⁰⁹ No evaluations of learning outcomes resulting from the Yemeni BEDP are known to have been carried out. Generally, the project's impact was measured in terms of input – e.g. percentage of students being taught by trained teachers – rather than final outcomes. The BEDP II does, however, include an ambition to design and implement a learning-assessment. See World Bank, 2013b, p. 22.

¹¹⁰ Dawani, 2010, p. 79.

¹¹¹ Zaky, 2014.

¹¹² Sholkamy and Benova, unpublished, p. 23.

¹¹³ Zaky, 2014.

¹¹⁴ UN Women, 2015, p. 126, emphasis added; see also Sholkamy and Benova, unpublished, p. 9.

in addition played an important role in at least one of the CCT programmes. This calls for a somewhat wider discussion about institutional arrangements and coordination.

1. *Institutional Arrangements and Coordination*

In Yemen, the Ministry of Education (MoE) has collaborated with the World Bank and range of other donors. The BEDP was largely financed by the World Bank's International Development Association, which supplied USD 60 million, and three other donors – the United Kingdom's Department for International Development (DFID), Germany's *Kreditanstalt für Wiederaufbau* (KfW), and the Embassy of the Kingdom of the Netherlands (EKN) – who jointly supplied around USD 70 million.¹¹⁵ For the successor project, the BEDP II, the World Bank provided a grant comprising USD 66 million out of the USD 72 million required.¹¹⁶ Prior to its recent suspension, it was envisaged that the CCT programme would be taken over by the Social Welfare Fund, which operates under the Ministry of Social Affairs and Labour, but remain subjected to the MoEs supervision through a coordinator. A memorandum of understanding (MoU) was been signed between the two ministries. The CCT programme, furthermore, was expected to help the Yemeni Government arrive at a framework to improve the various programmes in the country seeking to promote girls' education, including programmes run by NGOs.¹¹⁷

In the case of Egypt's first CCT programme, the American University of Cairo's Social Research Center (SRC) provided advice and technical assistance to the MoSS in the design, implementation and evaluation phases. Doing so, the SRC was able to draw upon the international expertise of the Pathways of Women's Empowerment network of which it is part. Three-way cooperation between the SRC, the MoSS and the Ministry of Health (MoH) enabled preventive primary-care visits for present and prospective programme beneficiaries at Ain el-Sira's local polyclinic.¹¹⁸ There are some indications that the CCT programme succeeded in reducing fragmentation in the delivery of social services, which had been pointed out in a 2008 UNDP report,¹¹⁹ through coordination with and the involvement of civil society. For instance, civil society actors partook in the process of reviewing and revising the draft design of the CCT programme,¹²⁰ and, once the implementation phase started, helped disseminate information about the scheme in the community.¹²¹ One of the monthly awareness sessions, furthermore, focused on the various services available to women in Ain el-Sira.¹²²

The presently ongoing *Takaful*-programme is, as mentioned, part of a broader undertaking to reform Egypt's social protection system. That effort is at the highest level overseen and coordinated by the Ministerial Committee for Social Justice, led by the Prime Minister and including ministers from inter alia the MoSS, the Ministry of Finance, the Ministry of Planning and Administrative Reform (MoPAR), the MoH, and the MoE. In implementing the CCTs, the MoSS works closely with MoPAR, which, as will be expounded upon below, is developing the new unified registry (UNR). Furthermore, MoUs have been signed by the MoSS, the MoH and the MoE “to support monitoring and reporting regarding the conditionality”.¹²³

¹¹⁵ World Bank, 2013a, p. 28.

¹¹⁶ World Bank, 2013b, p. vi.

¹¹⁷ World Bank, 2013b, p. 23.

¹¹⁸ Sholkamy and Benova, unpublished, pp. 10-12.

¹¹⁹ UNDP and Institute for National Planning, 2008, pp. 134-136.

¹²⁰ Sholkamy, 2011, p.3.

¹²¹ American University in Cairo, undated.

¹²² American University in Cairo, undated.

¹²³ World Bank, 2015d, pp. 6-7.

Within the MoSS, the daily management of the scheme is the responsibility of the Central Unit for Social Pension (CUSP) of the Social Protection Department. The CUSP is supported by a Program Implementation Unit encompassing various specialists. At the local level, MoSS social workers cooperate with NGOs and community development associations as well as with health clinics and schools to enable monitoring.¹²⁴ The World Bank has granted a loan for *Takaful* and *Karema* of \$400 million – slightly less than 9 percent of their projected cost – and is providing technical support.¹²⁵

In Palestine, the planned CCT was, as mentioned, part of the SSNRP, which would be implemented by MoSA, in collaboration with the World Bank. The World Bank was meant to supply USD 10 million out of the proposed USD 82.5 million for the project.¹²⁶ Before the CCT component was converted into a UCT scheme, the Palestinian government faced some complications in the coordination with outside donors. The government was unable to provide their part of the funds in the original donor agreement with the World Bank, and other donor funds failed to materialise.¹²⁷

Figure 2 shows the intended institutional mechanisms for the CCT scheme as illustrated in the World Bank's Project Appraisal Document. The complex structure, involving a large number of actors, has been cited as one reason behind the difficulties the scheme faced.¹²⁸ Notably, compliance monitoring was contingent upon coordination between MoSA, on one hand, and the MoH and the Ministry of Education and Higher Education (MoEHE) on the other. In practice, the arrangement did not function well.¹²⁹ The challenges encountered in arranging the verification of beneficiaries' adherence to the programme conditions necessitated the CCTs being converted into UCTs.¹³⁰ In addition to this, the capacity of MoSA suffered because of frequent staff, leadership and location changes.¹³¹ The World Bank continued the capacity-building after the conversion into a cash transfer without conditions, giving MoSA access to a wide range of capacity-building activities including financial management, information technology support, and various kinds of training.¹³²

Figure 2: Intended implementation and institutional arrangements of the CCT scheme in Palestine

¹²⁴ World Bank, 2015d, p. 6.

¹²⁵ World Bank, 2015d, p. 5, 6.

¹²⁶ World Bank, 2004, p. 1.

¹²⁷ World Bank, 2012a, pp. 2, 6.

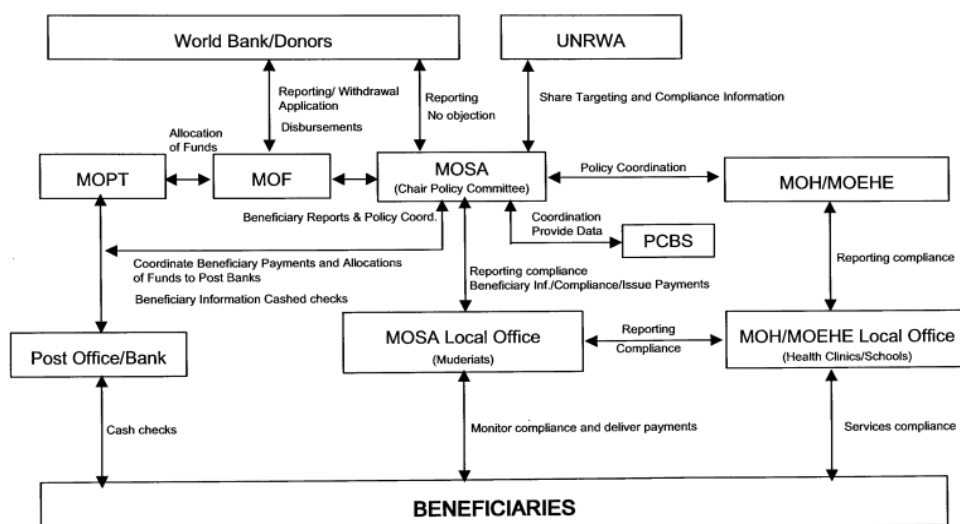
¹²⁸ World Bank, 2012a, pp. 5-6.

¹²⁹ World Bank, 2012a, p. 13.

¹³⁰ World Bank, 2012a, p. 13.

¹³¹ World Bank, 2012a, p. 14.

¹³² Hillis and others, 2013, p. 2.



Source: World Bank, 2004, p. 42.

The *Tayssir* programme in Morocco is entirely funded by the country’s Ministry of National Education (MNE). The preparatory work and the pilot-implementation were, however, co-financed by the World Bank and a variety of other donors, including the Spanish Impact Evaluation Trust Fund. The World Bank as well as two research-focused NGOs - Innovations for Poverty Action and the Abdul Latif Jameel Poverty Action Lab - were involved in designing and setting up the programme, and in carrying out the impact study referred to above.¹³³

2. Unified Databases

As elsewhere, unified registries of beneficiaries are increasingly being established in Arab countries.¹³⁴ Palestine’s UNR is by far the most renowned such registry in the region, though it has not (as of yet) been used to administer CCTs. In 2011, the Palestinian registry, constructed using PMT methods, enabled the government to reach nearly 100,000 poor households.¹³⁵ The PNCTP serves as an entry point for the registry. Being enrolled in the cash transfer programme and registered as poor in the database automatically entitles the beneficiaries to additional services, including food from the World Food Programme or the United Nations Relief Works Agency for Palestine Refugees in the Near East (UNRWA), free healthcare, and tuition waivers for tertiary education. This, notably, has triggered increased coordination between MoSA, the MoH and the MoE¹³⁶ - the insufficiency of which, as described above, contributed to the shortcomings in the CCT scheme’s implementation.

Establishing a UNR is, like the *Takaful*-programme, central to Egypt’s wide-reaching and profound social protection reform drive. The new database is intended to facilitate consolidation and coordination within the country’s social protection system, and will eventually, according to the World Bank, enable the new cash transfers’ expansion to the whole country.¹³⁷ MoPAR intends the UNR to include data on citizens benefitting from any social security scheme linked to the database, which “will play a key role in facilitating integrated record keeping, verification within program enrolment and qualification processes, monitoring and evaluation, and enhancing overall coordination across institutions and

¹³³ World Bank, 2013c.

¹³⁴ Silva and others, 2013, pp. 256-257.

¹³⁵ Silva and others, 2013, pp. 229-230.

¹³⁶ Jones and Shaheen, 2012, pp. 19, 36, 41.

¹³⁷ World Bank, 2015c; World Bank, 2015d, p. 4.

programs”.¹³⁸ The UNR will also connect social security registries with other records, such as those of electricity and phone bills.¹³⁹

In Morocco, a national register of children, MASSAR, was inaugurated in 2013. The MNE plans to utilise this new database in a future expansion of *Tayssir*, and to cross-check the beneficiary register with other national registries, including that of the *Régime d’Assistance Médicale* (RAMED), a non-contributory medical assistance program created in 2011.¹⁴⁰ In the longer term, Morocco aims to create a unified national registry, for which it has been suggested that RAMED should form the basis.¹⁴¹ With regard to Yemen, information is scarce, though it can be mentioned that the BEDPII encompasses an aspiration to create a National Student ID system.¹⁴²

3. *Supply and Quality of Social Services*

Conditions on utilisation of social services require such services to be accessible, and, if the added investment in human capital is to yield any dividend, of good quality. In the Arab region, CCT schemes have sometimes been complemented by efforts to increase the supply and quality of schools and hospitals, though in other instances a more narrow focus on the demand-side has prevailed.

In Yemen, the BEDP and the BEDP II, within which the cash-transfer scheme has been embedded, have, as mentioned previously, included ambitious efforts to improve the accessibility and adequacy of education for girls. The first project included constructing 201 schools and 1,939 classrooms, as well as training 47,674 teachers, 16,186 headmasters, and 6,666 inspectors.¹⁴³ The BEDP II complements the cash-transfers component with similar measures. One of the BEDP II’s stated targets is to have contracted and deployed 700 new female teachers by 2017.¹⁴⁴ Other examples of undertakings to improve the education provided include support for the development of pedagogic material and for national curriculum reform.¹⁴⁵

In Morocco, the government’s overall educational strategy, of which the *Tayssir* programme is a part, addresses supply and quality issues through measures such as distribution of school bags and construction of school cafeterias. A royal initiative aims to supply 3.9 million students with school equipment such as bags and books, and the Moroccan Government’s 2014 budget addressed the maintenance of more than 10,000 classrooms and the construction of more than 100 secondary schools.¹⁴⁶

The Palestinian scheme had conditions in relation to health as well as to education, and capacity constraints in both areas impacted on the success of the scheme. The administrative burden, as mentioned above, was one weighty reason behind the conditions being abolished, but capacity constraints in the health and education sectors was another major factor. Some schools, for example,

¹³⁸ Quoted from the terms of reference for a systems administration consultant to assist with establishing the UNR. See Egypt, undated.

¹³⁹ Egypt, undated.

¹⁴⁰ Inter-Agency Social Protection Assessment Initiative, 2014, pp. 18-19, 20; Gattioui, 2016.

¹⁴¹ ANAM, 2015, p. 29.

¹⁴² World Bank, 2013b, p. 26.

¹⁴³ World Bank, 2013a, pp. 30-31.

¹⁴⁴ World Bank, 2015b, p. 7.

¹⁴⁵ World Bank, 2013b, p. 6.

¹⁴⁶ Morocco, 2014, pp. 98, 113.

closed due to instability in the country, making it impossible for beneficiaries to comply with the conditions.¹⁴⁷

Although the first Egyptian CCT-scheme in Ain el-Sira, as mentioned above, included cooperation between the CSR, the MoSS, and the MoH to enable health-clinic visits for beneficiaries, the general supply or quality of health facilities was not enhanced as part of the programme. Local schools did not receive additional resources, nor were they subject to reforms seeking to complement the CCTs. There is much to suggest, though, that the cash transfers enabled programme beneficiaries to access higher-quality social services by paying for private alternatives.¹⁴⁸ This is true particularly with regard to schooling. Private tutoring plays a central role in the Egyptian education system, and is often perceived by parents and students to be absolutely necessary.¹⁴⁹ Indeed, fully 75 percent of CCT-receiving mothers in Ain el-Sira surveyed in 2011 reported having spent most of the cash-transfer on their children's education costs.¹⁵⁰ The CCTs, thus, increased demand for education in a dual sense, as both ordinary attendance and use of private provision rose.

It is sometimes suggested, as mentioned in the introduction of this paper, that added demand can “create pressure to improve educational standards”. According to Gawayed, however, no effect of that sort was seen in Ain el-Sira, where “due to the mismatch of power between mothers and teachers and the lack of accountability systems...the program implementation had little impact on the quality of education supply”.¹⁵¹ Whether the added demand for health care affected the supply of related services in Ain el-Sira also seems dubious. Sholkamy and Benova writes that the health condition was partly meant “to craft a connection between families and health services that could be the basis for...raising the profile of people's health conditions and needs amongst health service providers and policy makers”.¹⁵² However, no visible improvement did apparently occur during the short time-span of the Ain el-Sira project. According to Sholkamy and Benova, “[t]he poor organization of services...and the successive crises in staffing and resources meant that families were denied services that they had been promised by the program”, and “the health services lost interest and commitment due to political events”.¹⁵³

The *Takaful* programme does not in itself contain any interventions to enhance the supply or quality of services. Such efforts are, however, ongoing in parallel with the CCT scheme, and synchronised with it through the Ministerial Committee for Social Justice.¹⁵⁴ In August 2015, notably, the United Arab Emirates undertook to supply rural residents in Egypt with no less than 1668 new classrooms and 78 fully equipped health clinics. The new clinics' importance for the strengthening of, amongst other things, nutrition monitoring – and thus their close match with the provisions of *Takaful* – was explicitly emphasised by the Egyptian Minister of Health.¹⁵⁵ To give another example of supply-side efforts, the Social Fund for Development (whose managing director is represented at the Committee for Social Justice) is since 2012 operating a workfare programme called the Egypt Emergency Labor Intensive Investment Project. As of March 2015, that project had rehabilitated 5772 classrooms in 366 schools, aiming for a target of 12000 classrooms by June 2017.¹⁵⁶

¹⁴⁷ World Bank, 2012a, p. 14.

¹⁴⁸ Sholkamy and Benova, unpublished, p. 24.

¹⁴⁹ ESCWA, 2015, p. 6.

¹⁵⁰ Gawayed, 2015, p. 20.

¹⁵¹ Gawayed, 2015, p. 6.

¹⁵² Sholkamy and Benova, unpublished, p. 23.

¹⁵³ Sholkamy and Benova, unpublished, p. 24.

¹⁵⁴ World Bank, 2015f, pp. 15, 36.

¹⁵⁵ UAEinteract, 2015.

¹⁵⁶ World Bank, 2015g, p. 6.

C. IMPLEMENTATION

The following section will round off the chapter about CCTs in the Arab region by going through the same aspects of implementation as were treated in the previous chapter. It will be shown that implementation mechanisms and, in some instances, findings concerning the utility of those mechanisms have varied greatly.

1. Targeting

CCT schemes in the Arab region, like elsewhere in the world, have relied chiefly on geographical targeting and PMT. Morocco and Yemen have applied geographical and – in the case of Yemen – gender-based targeting. The two projects in Egypt have both used a combination of geographical targeting and PMT, whereas the CCT-scheme in Palestine used PMT alone.¹⁵⁷ In most cases the programmes encompass vast, remote regions in which poverty levels tend to be high and use of social services low.

However, the fact that the first CCT-disbursements in Egypt were focused to the Ain el-Sira area shows that geographic targeting can play a role in urban contexts too, provided there exists a degree of spatial segregation concentrating poverty and human capital under-investment to specific areas. In Ain el-Sira, residents were first, through an information campaign, encouraged to apply for participation in the programme if they had children under the age of 15 and suffered from crowding and health-burden. They were also made aware of the programme's conditions. Of the 366 families who applied, 162 were selected by means of a brief eligibility questionnaire. The process was essentially repeated in Upper Egypt in 2010, though on a much larger scale: approximately 47,000 families applied for participation, with some 13,000 being selected after having filled out eligibility forms subsequently evaluated by the MoSS.¹⁵⁸ *Takaful*, similarly, relies on geographical targeting – by, initially at least, focusing on the poorest districts of Egypt – as well as on PMT. For the latter, the MoSS uses the 2012-2013 Household Income, Expenditure, and Consumption Survey.¹⁵⁹

In Yemen, the governorates of Lahij and al-Hudaydah were reportedly¹⁶⁰ selected for the CCT-scheme partly due their average-level poverty rates. Additional determinants apparently included the two governorates' comparatively poor educational statistics with regard to learning outcomes and gender parity,¹⁶¹ as well as the “presence of disadvantaged groups” and “poor access to water and fuels for cooking”. The last element was taken into account since the task of gathering water and fuel often impedes girls' school attendance.¹⁶² Individual schools, almost 200 in total, were selected by virtue of being located in small villages and fulfilling some very basic criteria in terms of infrastructure and teacher-availability. They also had to have reasonably high number of female pupils to limit the administrative cost per beneficiary.¹⁶³

¹⁵⁷ World Bank, 2004, pp. 35-36.

¹⁵⁸ American University in Cairo, undated.

¹⁵⁹ World Bank, 2015f, pp. 43-44.

¹⁶⁰ As reported in Fasih, undated. It should be noted that this source is an internal concept note for an impact evaluation of the CCT-scheme. It is not entirely clear by which organisation (if any) the note was produced, though it is available on the World Bank server.

¹⁶¹ In fact, though, Lahij did not around the time of the CCT scheme's implementation come close to being amongst the worst-performing governorates with regard to gender parity or illiteracy. See Yuki and Kameyama, 2013, p. 11; Yemen, 2009, p. 10.

¹⁶² Fasih, undated, p. 6.

¹⁶³ Fasih, undated, pp. 5, 11.

In Morocco, unlike in Yemen, the very poorest regions – five out of a total of sixteen – were opted for when the *Tayssir* was first launched. Within these, the programme targeted the poorest municipalities with the highest drop-out rates.¹⁶⁴ School personnel were responsible for informing parents and students in their take-up areas about the programme and its provisions. One potential disadvantage of that, illuminated by the impact study conducted between 2008 and 2010, may have been that children unknown or out of reach to headmasters might have been overseen, possibly excluding the most vulnerable. Still, the study estimates that well over 90 percent of households enrolled at least one child.¹⁶⁵ Recently, the Moroccan Government has indicated that, in order to universalise *Tayssir* – and, thereby, gradually extend it to areas where poverty and out-of-school rates are lower – a system based on individual rather than geographic targeting will be devised. This ambition is closely connected to the previously mentioned one of harmonising the *Tayssir* registry with other social assistance databases.¹⁶⁶

2. Recipients

Available impact-evaluations of CCT schemes in the Arab region paint a complex, not to say incongruous, picture and do not unanimously substantiate the hypothesis that channelling cash-transfers to women has an impact in terms of female empowerment or household spending behaviour. Nor is there any evidence of it affecting (positively or negatively) programme participation or compliance with the conditions.

The first CCT scheme in Egypt did, as reported under general outcomes above, seem to empower women who participated, but it is difficult to ascertain whether – or to which extent – this outcome is attributable to the fact that women were the recipients of cash transfers or to other causes, such as the awareness sessions or the poverty-reducing impact on the household as a whole. The Egyptian programme did not, unlike the ones in Yemen and Morocco, give money to both mothers and fathers, rendering impossible any comparison. Some findings from a qualitative study carried out in Ain el-Sira, though, seem to indicate that women being recipients did matter. Domestic violence, as we saw, reportedly decreased amongst recipients. One woman interviewed in the qualitative study conveyed that “[t]he CCT allowed her to ask for less money from her husband, reducing their conflict. She knew that there was an income against which she could borrow and money [*sic*] without relying on him”.¹⁶⁷

The fact that women’s decision-making power over household spending apparently increased as a result of the programme might intuitively be thought an effect of their being the transfer recipients. As noted under general outcomes, however, this positive outcome has been attributed to the very *conditions* of the programme, i.e. the state’s “endorsement” of women’s spending preferences. That interpretation raises the question of whether a programme with similar conditions (and, thus, similar “endorsements”) but with men being the recipients would have yielded different results. Of course, the two factors – women being recipients and the programme conditions – may well both have played a role in strengthening women’s decision-making power, but the relative impact of each remains unclear.

The two hypotheses that making women recipients better benefits the children and that conditions strengthen women’s intra-household power both rely on the presumption that women are more inclined than men to spend money advisably. The qualitative Ain el-Sira study clearly indicates that mothers in

¹⁶⁴ Benhassine and others, 2014, p. 7.

¹⁶⁵ The researchers “estimate[d] that at most 4.5% of children in rural areas lived in families who had never enrolled any child” and were thus not included in their sample, which was based on school registers. Of households within the sample, “97%...had at least one child enrolled in Tayssir by the end of year 2”. See Banhassine and others, 2014, pp. 4-5.

¹⁶⁶ Gattioui, 2016.

¹⁶⁷ Gowayed, 2015, p. 28.

the area were indeed more preoccupied than fathers with the challenge of paying for private tutoring (which, as noted above, is major phenomenon in Egypt). Complicating the picture, though, the study also shows that women did not necessarily *value* education higher, or deem it more important, than did men. Women's higher degree of engagement with the matter of paying for tutoring apparently stemmed, rather, from a gender-based division of responsibilities within the household.¹⁶⁸

Interestingly, evaluations of other CCT-programmes in the Arab region have yielded very different findings. As mentioned above, the Yemeni scheme was the object of a qualitative in-depth study specifically investigating the (possible) empowering effects on women and girls. The results seemingly call into doubt the supposed benign effects of designating mothers rather than fathers recipients of cash transfers. Doing so did not, according to the study, in the Yemeni case appear to augment women's leverage within the household:

*The same pattern of decision making was taking place before and after the cash transfer; there was no difference between the process of decision making over programme money and other expenditures regardless of who the recipient is. Many recipient women reported that they hand the transfer money to their husbands for reasons such as "because he is the decision maker" or "we obey our masters" and others said because he's the one who does the purchasing*¹⁶⁹

The results, furthermore, apparently contradict the assumption of mothers being more disposed than fathers to use the money in an advisable fashion, as it transpired from interviews with beneficiaries that male and female parents had quite similar spending habits and priorities¹⁷⁰ (though even if mothers *had* been "better" spenders, it would of course had made scant difference as their decision-making power within the household apparently remained unchanged). According to the study, some mothers indicated in interviews that going to pick up the money at the local schools became "an excuse to spend time outside the house and socialise".¹⁷¹ Despite this potentially emancipating impact, though, the study argued that letting women rather than men collect the transfers may serve to perpetuate gender-based social structures which render the domestic sphere an exclusively female one. When fathers were made recipients, many of them

*noted that the first time for them to enter the school building was on the cash distribution day, which demonstrates their disconnection from their children's lives, justifying this by saying it's a women's school and they don't go inside...Nonetheless, after they were required to go to school to register/collect the transfer they were happy about it, as they also expressed desire to be involved in father's councils...and other school activities*¹⁷²

The study found that men in Yemen were often sceptical, or even hostile, to the arrangement of making women recipients.¹⁷³ It is not known whether disbursement decisions related to gender impacted participation in the CCT programme, since there are no statistics disaggregating enrolment rates amongst girls based on which parent had been assigned the task of collecting the transfers. In Morocco, on the other hand, such a comparison was done as part of the *Tayssir*-study mentioned above. The

¹⁶⁸ Gowayed, 2015, pp. 12, 24-26.

¹⁶⁹ Dawani, 2010, p. 68.

¹⁷⁰ Dawani, 2010, pp. 70-72. Crucially, the finding that fathers' spending choices were no less "good" than mothers' was not based merely on interviews with fathers, but corroborated by interviews with daughters – more than 60 percent of whom preferred their fathers to be recipients.

¹⁷¹ Dawani, 2010, p. 66.

¹⁷² Dawani, 2010, pp. 72-73.

¹⁷³ Dawani, 2010, pp. 64-65.

results show no significant difference in enrolment outcomes based on whether the cash transfers were given to fathers or mothers.¹⁷⁴

3. *Payment*

In Yemen, transfers are disbursed at parent-meetings in school, putting the responsibility of payment directly on school staff.¹⁷⁵ This, considering the programmes concentration to rural areas where ATM's and post offices are scarce, is probably the only viable option. The fact that parents have to go to the school to collect the money has, as shown above, seemingly had positive – if different– impacts on mothers as well as on fathers.

In Morocco, the cash is disbursed via the post office, or directly to beneficiaries who live far from post offices.¹⁷⁶ In Palestine, as Figure 2 above shows, using post offices for this purpose was also part of the original programme design, but these, according to the World Bank, were vulnerable to workers' strikes and not present in all areas. Only a small number of payments were ever made before the CCTs was formally transformed into UCTs, and these were “characterized by beneficiaries as inconsistent and difficult to access”.¹⁷⁷ The subsequent reform of the Palestinian cash-transfer system included switching to use commercial banks for disbursing payments.¹⁷⁸ The donors now transfer their funds to the Ministry of Finance, which transfers it to the Bank of Palestine, which in turn disburses the cash to pre-approved banks where beneficiaries have their accounts.¹⁷⁹

In the project in Ain el-Sira, credit cards were used on an experimental basis. Whilst lacking availability of banks and ATMs is not a problem in Cairo, accessibility at first proved an obstacle for the women to whom the cash was transferred. When recipients at one occasion visited a bank to obtain their new credit cards, the bank manager reportedly “closed the branch and called the police because he had never seen poor women in his bank”.¹⁸⁰ Banks, however, are not always even available. As the first generation of Egyptian CCTs was being extended from Cairo to Upper Egypt, the difficulty of completing the actual transfer in remote villages with limited access to banks posed a considerable challenge. The two alternatives were for recipients to collect their payments at Post Office branches or at local MoSS offices. Both options, though, were deemed to imply a risk of corruption.¹⁸¹ In the end, payments never materialised in Upper Egypt due to the programme's cessation.

Takaful recipients are supplied with payment cards by eFinance, a company providing services in the field of electronic payments. They are then able to collect the grant through post office branches, MoSS offices or ATMs.¹⁸² Whether measures have been taken to pre-empt the possible detrimental impact of corruption in areas where no ATMs are available - which raised concern during the earlier CCT project - is not clear.

¹⁷⁴ Benhassine and others, 2014, p. 35.

¹⁷⁵ Fiszbein and others, 2009, p. 213.

¹⁷⁶ Benhassine and others, 2014, p. 11.

¹⁷⁷ World Bank, 2012a, pp. 7, 13.

¹⁷⁸ World Bank, 2012a, p. 7.

¹⁷⁹ Jones and Shaheen, 2012, pp. 34-35.

¹⁸⁰ UN Women, 2015, p. 126.

¹⁸¹ According to the CCT programme's website, “[t]he alternative [to banks] is the post office, where the Ministry of Social Solidarity already transfers some of its pensions (though not its aid). However, the post office has come under criticism as suffering from corruption of its employees, with some social workers expressing that beneficiaries have complained because of percentages being demanded by post office employees. While the ministry's offices have the capacity and the employees to disburse money, there is fear that this would also lead to corruption.” See American University in Cairo, undated.

¹⁸² Marcopolis, 2015.

4. *Monitoring of Compliance*

The varying conditions of CCTs in the Arab regions, as well as the different settings of the programmes, have implied a diverse range of monitoring mechanisms. The results, too, have diverged. The Palestinian CCT-scheme, as recounted above, failed largely since monitoring could not be realised - in turn a consequence of lacking coordination between ministries. In the Yemeni CCT project, a group of personnel are hired directly for monitoring compliance by verifying attendance records provided by teachers. Spot-checks are also carried out in participating schools.¹⁸³

In the *Tayssir* programme, it is incumbent upon teachers, headmasters, and school committees to keep record of pupils' enrolment and attendance, and to inform the MoE.¹⁸⁴ As part of the evaluation being carried out during the first two years of the scheme, CCT-schools were originally divided into three sub-groups to be monitored in different ways. In one group, teachers would simply be responsible for reporting attendance. In another group, teachers would report attendance, but, to incentivise correct reporting, there would also be random, unannounced inspections at schools. In a third group, teachers' registers would be complemented with electronic devices checking attendance through fingerprints. In the event, though, only the first kind of monitoring was ever practiced: inspectors were unwilling to audit schools, and the machines did not work.¹⁸⁵ However, the external team evaluating the programme carried out school visits, and found that "[s]chool attendance registers were very well kept and updated", with "teachers truthfully report[ing] the *de facto* dropouts as dropouts".¹⁸⁶

The first Egyptian programme relied heavily on self-monitoring, with each recipient being given a special calendar to log her and her family's compliance with the conditions as stipulated in a contract she had signed. Additionally, social workers used check-lists to monitor compliance on their monthly visits.¹⁸⁷ In the *Takaful* project, monitoring of compliance is carried out by the MoE and the MoH, with which the MoSS, as mentioned, has signed MoUs. Instances of non-compliance are reported to the MoSS, who makes contact with the family in question in order to establish the reason for its failure to adhere to the programme conditions. As a last resort, the cash transfer will be suspended.¹⁸⁸

¹⁸³ Fiszbein and others, 2009, p. 280.

¹⁸⁴ Benhassine and others, 2014, p. 10.

¹⁸⁵ Benhassine and others, 2013, p. 8.

¹⁸⁶ Benhassine and others, 2014, p. 13.

¹⁸⁷ Sholkamy, 2011, p. 3.

¹⁸⁸ World Bank, 2015f, pp. 47-48. 60.

Conclusion

It was stated in the introduction of this paper that since Arab contexts – sub-regional, national, local – differ substantially not only from the rest of the world but also from each other, no blanket-finding concerning whether implementing CCTs is or is not appropriate in the Arab region would be presented. Moreover, this paper has included an array of findings which at times have seemed both surprising and mutually incompatible: Whereas stringent conditions, as reported early on in the paper, have been found to imply higher human capital investment in a large number of countries, “labelled” cash transfers have, it seems, worked just as well in Morocco. And whilst designating women as cash-transfer recipients and/or attaching conditions has apparently had empowering effects in Egypt, the same has not proved true in Yemen.

Of course, empirical or methodological differences or shortcomings may go a long way towards explaining the fact that various evaluations generate such disparate findings. This, however, might not be the sole explanation, since different people in different places, facing different problems and having different preferences and priorities, are bound to react differently to any given intervention. Following the line of reasoning proposed in the introduction, it may well be the case that what induces school enrolment in Brazil and Mexico does not necessarily do so to the same extent in Morocco, and that what triggers female empowerment in Cairo does not do so at all in rural Yemen. As the prevalence, nature, and causes of lacking human capital accumulation vary from one setting to another, the remedies do too.

Thus, the fact that CCT-schemes in the Arab region – and elsewhere – have been so heterogeneous in terms of design and implementation should be attributed to their taking into account the specific features of their respective contexts. While there is scope for exchanging experiences, the design and implementation of a CCT-scheme (or the discussion on whether to have one in the first place) need to sufficiently take into account the specific challenges of particular national or local conditions.

Still, though, a few generic recommendations of more or less universal applicability seem to have transpired – or, rather, to have been corroborated. Securing a sufficient degree of coordination between the relevant actors, for instance, has proven crucial in the Arab region and elsewhere alike. Similarly, ensuring that social services are accessible and of good quality has been shown to be a matter of just as high importance as one would have expected.

The paper will end by suggesting a few specific yet broad topics which may be particularly interesting to include in future discussions and research on CCTs in the Arab region. Of course, it follows from what has been said above that the topics in question need not be of equal relevance everywhere in the region, and that discussions concerning them should be expected to generate multifarious answers.

Firstly, there is the matter of whether Arab economies are, and will be, able to harness the human capital supposedly engendered by CCT programmes. It was mentioned in the introduction that one basic argument for having CCTs is that the poor tend to underestimate the returns to education, and that human capital investment leads to externalities benefiting society as a whole. For these assumptions to be cogent, CCT-beneficiaries having accumulated human capital – e.g. by finishing secondary education – must be able to put that newly acquired human capital to use by, for instance, starting a productive business or by gaining more qualified employment than they otherwise would have. Will Arab labour markets be able to meet this challenge? The question merits profound consideration, not least bearing in mind that large cohorts of university graduates performing menial tasks in the informal sector or not working at all have been a long-standing feature in the region. Furthermore, whilst

women's educational attainment has increased very rapidly during recent decades, female employment rates have not kept up.

Secondly, how to implement and sustain CCT-programmes in contexts characterised by armed conflict or political instability has proven to be a potentially critical matter in the Arab region. In Palestine, the Israeli occupation afflicting the country contributed to the failure to fully implementing the CCTs as intended, and in Yemen the World Bank has twice, due to security concerns, frozen funding for the CCT-scheme, whose future presently is imperilled. Suspension of CCTs in times of conflict is extremely unfortunate, since the cash transfers may be more needed than ever during such precarious circumstances, and since the reduced level of human-capital investment risks creating a "lost generation". Presently, civil conflict is plaguing a number of Arab countries. If CCT schemes are in the future to play a role in alleviating the dire need for assistance and human capital accumulation in post-conflict settings, plans for how to finance and implement them must include provisions for the eventuality of instability or violence recrudescing.

Thirdly, public services in the Arab region are to a large extent provided by non-state actors of various descriptions. Such provision sometimes occurs on a for-profit basis, and sometimes does not. Furthermore, it sometimes caters to poor constituencies, and sometimes to rich ones. How will non-state public-service provision affect and be affected by CCT-schemes? What, if any, role ought it to play; is it an obstacle to be overcome or an asset to be taken advantage of? Egypt provides an interesting example. As we saw, the cash transfers from the first scheme in that country were largely used by recipients to pay for private tutoring. Beneficiaries were thus enabled to accumulate human capital. But what long-term impacts might such a phenomenon imply? Could it, for instance, lead to price inflation in the private tutoring market? Another intriguing question is whether CCT-beneficiaries should be able to opt for non-state alternatives, such as education provided by religious charities, and still be entitled to cash transfers. Could that be a way of reducing the pressure CCT-schemes, by increasing demand, may otherwise put on state-provided public services?

Lastly, it is worth bringing some attention to the political-economy aspect briefly mentioned in the introduction, i.e. the notion that conditions may make the general public who do not (directly) benefit from the cash transfers more favourably disposed towards them. This factor has not been much covered in the paper, chiefly due to the difficulty of treating it in anything other than a speculative manner. To obtain the data necessary for a more informed consideration, large-scale public opinion surveys or the like asking informants specifically about CCTs would probably be needed.¹⁸⁹ Nevertheless, the political-economy element could well be intensely salient with regard to present and future CCT-schemes in the Arab region, particularly when these – as in Egypt – are part of wide-ranging reforms affecting large parts of the population.

Cash transfers are an essential element of social protection systems and a key component of the Social Protection Floor. Their specific design needs to conform to the overall socio-economic position of the different countries, the structure of their economies and labour markets, their fiscal position, as well as their demography. A broad based social dialogue with regards to the priorities of public policy in the area of social development may help matching means with expectations.

¹⁸⁹ Some such research has been pioneered. As an example can be mentioned a study carried out by Silva and others (2016), finding that middle class persons in Jordan favoured UCTs rather than CCTs being given to the poor, but that the relative favourability-gap narrowed when the distribution process was less transparent, and that persons nourishing doubt about whether social assistance for the poor actually reached its intended beneficiaries were more inclined to favour CCTs.

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