

# SUPPORTING FOOD SECURITY AMONG VULNERABLE HOUSEHOLDS IN THE GAZA STRIP



**K-PSE-2020-4033**  
**Final Evaluation Report**

The Palestine Association for Education and Environmental Protection  
Diakonie Katastrophenhilfe Regional Office for West and Central Asia



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## Background

The evaluated project, “Supporting Food Security Among Vulnerable Households in the Gaza Strip,” was a five-month collaboration between the Palestine Association for Education and Environmental Protection (PAEEP) and the Diakonie Katastrophenhilfe Regional Office for West and Central Asia (DKH RO Asia). The project was launched in July of 2020 with the goal of contributing to the food security of vulnerable Gaza households through the provision of five months of food vouchers. This intervention also saw the use of a novel modality for both DKH and PAEEP in Gaza, utilizing the RedRose e-voucher system with the support of Oxfam. This project serves to further inform the cash and voucher assistance (CVA) programming of DKH and PAEEP in Gaza, with the findings of the below evaluation informing the design of interventions that are both effective and dignifying for the vulnerable populations they seek to serve.

## Executive Summary

This final evaluation report draws on the results of several monitoring and evaluation activities, including two midterm focus group discussions (FGDs), two endline FGDs, three (one every two distribution cycles) rounds of post-distribution monitoring (PDMs), and one baseline survey performed as part of the evaluation process of this project. Overall, this project targeted 88 households (HHs) among the most impoverished in Gaza and Khan Yunis Governorates with five months of food vouchers between July and December 2020. The project was designed as a contribution to the response effort to the current socio-economic crises of the Gaza Strip including skyrocketing unemployment and poverty rates.

The project targeted households with three tiers of food voucher support per month based on HH sizes: Category A (3-5 members) received 190 NIS monthly (\$57); Category B (6-9 members) received 300 NIS (\$90); and Category C (more than 9) received 380 NIS (\$113). The vouchers covered two categories of food: vegetables and fruits, and meat and eggs. The vouchers were redeemed from four designated shops, two in each targeted governorate. The redemption process was facilitated by the RedRose platform managed cooperatively by Oxfam as Information Management System and Financial Service Provider (IMS/FSP) being a liaison for RedRose, and PAEEP.

The FGDs and PDMs aimed at understanding the impact of the project on the beneficiary HH well-being and the level of coverage of their needs. The three PDM rounds assessed changes in the Food Consumption Scores (FCS) and Coping Strategies Index (CSI) of the surveyed beneficiaries in comparison to the baseline survey. They also aimed at assessing the beneficiary satisfaction regarding project components including the redemption process, the values of the vouchers, the

modality, the complaints and feedback mechanism, the monitoring and evaluation process, the awareness sessions, and the overall impact of the project.

Overall, respondents in both the FGDs and PDM rounds reported that the project helped their HH better meet their basic needs and enjoy a more dignified life. The redemption process was said to be dignifying at all stages, including treatment at the shops. The project was also said to have helped beneficiary HHs increase the quality and diversity of their diets as represented by improved FCS and decreased reliance on coping strategies, as represented by the CSI.

Overall, the values of the vouchers were said to be acceptable, and covered more than 65% of the relevant food needs of beneficiary HHs in terms of the two categories of food provided. However, it was also noted that increasing the value of the vouchers would help these households cover their food needs more completely. The coverage period was largely said to be too short, with beneficiary HHs preferring interventions covering between six to twelve months.

Regarding modalities, beneficiary HHs indicated a preference for multipurpose cash and multipurpose vouchers, followed by food vouchers and cash-for-rent. Respondents reported overall satisfaction with the complaints and feedback mechanism, and the level of responsiveness from PAEEP staff. The three cycles of PDM were also not perceived as too frequent or too burdensome by the beneficiaries. Overall, the project was found to have improved the well-being of the beneficiary HHs, specifically by reducing stress related to food insecurity.

## **Introduction**

In response to the protracted crises in the Gaza Strip - as exemplified by soaring poverty, food insecurity, and high unemployment rates - PAEEP and Diakonie Katastrophenhilfe initiated a project to target the most vulnerable households in the Gaza Strip, specifically in Gaza City and Khan Yunis Governorates, to contribute to the enhancement of their food security. Specifically, the project aimed increase the food consumption scores for 90 vulnerable households in the Gaza Strip for a period of five months by the end of the project.

Overall, 88 beneficiary HHs were selected from the eligible beneficiary lists of the Palestinian National Cash Transfer Program (PNCTP) of the Ministry of Social Development (MoSD). Specifically, targeted households were those with children 0-5 years old, and who were suffering from a combination of vulnerability criteria including living in rented houses, lacking proper sustainable income, and having heads of families or other members with disabilities or chronic diseases. Beginning in July 2020, the 88 HHs benefited from five months of food vouchers covering purchases of meat, eggs, vegetables. As shown in Table 1 below, the selected HHs received varying voucher values based on the household size.

Table 1: Categories of HH voucher values

Category	HH size	Voucher value for meat & eggs (NIS/month)	Voucher value for vegetables & fruits (NIS/month)	Total voucher value (NIS)	Total voucher value (USD)
CAT. A	3-5	80	110	190	54
CAT. B	6-8	120	180	300	85
CAT. C	>=9	150	220	380	109

As noted, the beneficiary HHs were selected from the eligible beneficiary lists of the PNCTP, which is run by MoSD. In selecting these beneficiaries, PAEEP first requested a Gaza-wide list of HHs with children under 5 years old, who live in rented accommodation, and who are not benefiting from similar projects. Based on these criteria, PAEEP received an initial list of 500 HHs, with the highest number of these HHs from the Gaza and Khan Younis Governorates. Accordingly, these two Governorates were chosen as those from which the 90 beneficiary HHs would be selected.

Subsequently, PAEEP conducted two focus group discussions (FGDs) with representatives of 14 randomly selected HHs from the filtered MoSD lists to finalize the beneficiary selection process, including determining the full set and weights of the vulnerability criteria to be used for the final beneficiary selection. Based on this, a list of candidates from Khan Yunis and Gaza Governorates was received from MoSD. This list was cross-checked with multiple organizations including UNRWA, Mercy Corps, Oxfam, the Ministry of Labor, and the Food Security Sector. The crosscheck process included examining whether these HHs were receiving similar assistance, or had members benefiting from cash for work schemes.

Following the crosscheck process, a list of 130 HHs was selected for direct home visits. PAEEP staff surveyed all 130 HHs with a baseline questionnaire that covered the demographic data of these HHs, their vulnerability characteristics, their food consumption habits, and their coping strategies. PAEEP used the developed vulnerability scoring matrix, in addition to the coping strategies index and food consumption scores, to select the preliminary list of 90 beneficiaries. The non-selected HHs received SMS informing them that they were not selected for the project and provided them with instructions on how to appeal the decision if desired. Through this process, PAEEP received 46 complaints, which were investigated during the process of finalizing the list of beneficiaries. The selected HHs did not match the assumed distribution of HH sizes as initially planned, causing PAEEP to ultimately select only 88 HHs (22 in Cat. A, 49 in Cat. B, and 17 in Cat. C) to avoid exceeding the project budget.

As noted above, the selected 88 HHs benefited from five months of coverage with vouchers restricted to two categories of food: chicken meat and eggs, and vegetables and fruits. To facilitate the exchange of the vouchers, four shops were contracted based on a fair and transparent selection process: two shops in Khan Yunis and two shops in Gaza City. In addition, PAEEP cooperated with Oxfam as the liaison for the RedRose platform, with Oxfam providing PAEEP with access to the platform and training PAEEP staff on its use. Additionally, Oxfam continued its generous cooperation over the project period with PAEEP to assure an effective use of the platform.

PAEEP staff provided training to the selected shops on the use of the RedRose platform to register beneficiary purchases. At the beginning of every week, PAEEP collected the prices of the various items under each food category from a selection of shops, including the ones contracted for the project, to determine the prices for that week. In case the prices changed significantly during the week, PAEEP was able to assess the prices and set new prices on the RedRose platform, as necessary. The top-ups of beneficiary vouchers were completed on a monthly basis, with beneficiaries given a one-month period to redeem the voucher value. At the beginning of each month, beneficiaries also received 15 NIS (4.5 USD) to cover their transportation costs to shops. PAEEP regularly monitored selected shops through field visits and by phone to assure compliance in terms of item quality and availability, in addition to the treatment of beneficiaries.

As part of the project, PAEEP developed a complaints and feedback mechanism that was accessible to all beneficiaries free of cost. The complaints mechanism included a hotline, designated project staff mobile numbers, and complaints boxes placed in the four shops serving the beneficiaries, in addition to a WhatsApp group that was created for the beneficiaries after the project start. The selected beneficiaries were informed about the complaints mechanism during sensitization meetings held with representatives of all beneficiary HHs. Moreover, SMS messages including all the information on the available modes of communication were sent to the representatives of all beneficiary HHs. During the project period, 44 complaints were received and addressed by PAEEP staff. Most complaints were focused on the quality of the food items available at the shops, the treatment by the shop staff, and the loss/damage of e-cards.

Over the course of the project, the beneficiary HHs also received three cycles of nutritional health awareness through 12 awareness meetings (four in each cycle). In these sessions, these beneficiary representatives were sensitized to the following main messages: infant feeding best practices; pregnant women nutritional needs; child nutritional needs; food diversification and food nutritional categories; family nutritional health best practices; hygiene and nutritional health – especially related to COVID-19.

## Methodology

This project served as a pilot for both PAEEP and Diakonie Katastrophenhilfe in the use of electronic vouchers in the Gaza Strip. To effectively record lessons learned and identify best practices, an extensive monitoring and evaluation (M&E) system was established with the aim of measuring the use of the vouchers, their impact on the food security, well-being, and social relations of the beneficiary HHs, and the changes in their coping strategies. The M&E system also aimed to learn about the perceptions and general satisfaction of the beneficiaries with the different processes implemented during the project, to include the PDM and other surveys implemented as part of the M&E system.

To achieve the above-stated objectives, a multi-faceted M&E system was established for the project, allowing for data triangulation to ensure accuracy of findings, and complementarity in terms of covering a broad range of issues and questions in sufficient detail. Specifically, the M&E system included the following:

- A baseline survey
- Three Post Distribution Monitoring (PDM) surveys (one after every two-payment targeting 40-50 households)
- Two mid-term evaluation FGDs after the second payment
- Two final evaluation FGDs after the fourth payment.

## Indicators

Two of the primary indicators utilized to measure the impact of the project were the coping strategies index (CSI) and the food consumption score (FCS). As both the FCS and CSI are context specific, the relevant indicators for Gaza were utilized for the purposes of this project. The CSI used for the evaluation was modified from the index developed by CARE International in 2011.<sup>1</sup> The index focuses on food insecurity, and thus covers the negative strategies employed by food insecure HHs to deal with food shortage. The following table outlines the different coping strategies assessed and their weights in the CSI scoring matrix.

*Table 2: Coping Strategy Index components and weights*

Question Code	Coping Strategy Practice	Weight
C.S.1	Consuming frozen and stored food.	1
C.S.2	Picking and consuming wild plants.	1
C.S.3	Consuming bad quality food items (leftover).	3
C.S.4	Purchasing less quality food alternatives (frozen meat instead of meat, etc.).	3

<sup>1</sup> Care, *Technical Report: Coping Strategies Index (CSI) Development*. 2011.

Question Code	Coping Strategy Practice	Weight
C.S.5	Reducing daily meals for family members.	3
C.S.6	Reducing food amount for adults.	3
C.S.7	Reducing meals for adults.	6
C.S.8	Reducing the food amount in each meal.	6
C.S.9	Buying food from the supermarket on debt.	6
C.S.10	Borrowing money from others.	3
C.S.11	Borrowing food or sending children to eat in other places.	6
C.S.12	Working in a dangerous area to provide food.	6
C.S.13	Working in the home service to provide food.	6
C.S.14	Sending family members to beg to buy food.	8
C.S.15	Sending women or children to beg to buy food.	8

For the FCS, the calculation used was as defined by the Palestine Food Security Sector and the Palestine Central Bureau of Statistics (2016).<sup>2</sup> The FCS assesses the HH intake frequency of eight core food categories over the previous seven days, as shown in Table 3. The weights assigned to each food category indicates the nutritional importance of that food group. After calculating the FCS for each HH, they are then classified into three groups categories: poor ( $FCS \leq 45$ ), borderline ( $45 < FCS \leq 61$ ), and acceptable ( $FCS > 61$ ). As noted above, these thresholds are specific to the Palestinian context.

Table 3: Food consumption score components and weights

Food Group	Examples of food items	Weight
Cereal and tubers	Wheat, rice, bread, potatoes, and other grains	2
Pulses	Dried beans, lentils,	3
Vegetables	All types of vegetables	1
Fruits	All types of fruits	1
Meats	Red, white meat, and eggs	4
Dairy Products	Milk and Yogurt	4
Sugars	Dried fruits, sugar, jam, and sweets	0.5
Oil/fats	Cooking oil, olive oil, other vegetable oils	0.5

## The Baseline Survey

The PAEEP team conducted a baseline survey for the 130 candidate HHs as part of the beneficiary selection process between June and July 2020. The list of 130 candidates HHs was collected from the MoSD as being eligible to benefit from the project based on the vulnerability criteria outlined

<sup>2</sup> Palestine Food Security Sector and the Palestinian Central Bureau of Statistics, *Socio-Economic and Food Security Survey 2014*. 2016.

above. The baseline survey collected data on the socio-economic conditions of the households, their spending patterns, and gaps in needs coverage, in addition to their coping strategies (CSI) and food consumption patterns (FCS). Some of the data collected were used for the purposes of beneficiary selection, as well as serving as a baseline for the PDM cycles.

### Post Distribution Monitoring Surveys

Within the course of this project, PAEEP conducted three PDM surveys: after the first distribution cycle (August 2020), the third distribution cycle (October 2020), and after the fourth distribution cycle (December 2020). The surveys covered issues including the efficacy of the redemption process for the vouchers, the utility of the vouchers, the satisfaction related to the redemption process, the social impact of the voucher, the Food Consumption Scores (FCS), and the Coping Strategies Index (CSI) score from the previous month. In the first PDM cycle, 40 randomly selected HHs were surveyed, with 50 randomly selected HHs surveyed in the remaining cycles to allow for inference with a 90% confidence interval and 10% margin of error.

The PDM questionnaire consisted of the following components:

- 1- Demographics
- 2- Beneficiary satisfaction with the voucher redemption process
- 3- Accessibility of designated vendor locations
- 4- Food items sufficiency and utility
- 5- Respondent satisfaction with the voucher
- 6- Perceived needs and gaps coverage
- 7- Social and family impacts of the intervention
- 8- Other assistance received from other parties
- 9- Food Consumption Score (FCS)
- 10- Coping Strategies Index (CSI)

The data were analyzed descriptively, and the changes in the FCS and CSI were tested for significance using the student's T-Test to determine the direct impact of the intervention on beneficiary HHs.

*Table 4: Geographic distribution of PDM survey participants*

<b>PDM</b>	<b>First PDM</b>	<b>Second PDM</b>	<b>Third PDM</b>
Gaza City	20	25	25
Khan Younis	20	25	25
Total	40	50	50

## Focus Group Discussions

In addition, PAEEP conducted four focus group discussions (FGDs) with a total of 42 randomly selected representatives of targeted HHs, divided into two midterm and two final FGDs. The FGDs aimed to triangulate and contextualize data collected in the PDM surveys, in addition to assessing the effectiveness and satisfaction of the different processes of the project.

### *Midterm FGDs*

The midterm FGDs were conducted in September 2020 with 16 representatives of the targeted HHs. The relatively low number of participants reflects the uncertainty and movement restraints that followed the discovery of the first community COVID-19 cases in the Gaza Strip in the last week of August. These FGDs aimed to evaluate the impact of the voucher assistance on HH well-being and social relationships, in addition to assessing their satisfaction with some of the processes implemented in the first half of the project. The midterm FGDs were conducted by PAEEP staff and covered the following topics:

- 1- The redemption process during the COVID-19 lockdown
- 2- The sufficiency of the voucher amounts
- 3- Treatment by vendors
- 4- Food received, consumption, and use
- 5- Impact on family and relationships

*Table 5: Geographic distribution of mid-term FGD participants*

FGD Num	Gov.	Location	Day	Date	Time	Number of participants
FGD 1	Gaza City	PAEEP premises	Tuesday	Sep 22, 2020	10:30am – 12:30pm	6 (4 women, 2 men)
FGD 2	Khan Younis	Al Fajer Association	Wednesday	Sep 23, 2020	11:30am – 01:30pm	10 (5 women, 5 men)

### *Final FGDs*

The final FGDs were performed by the Country Representative of Diakonie Katastrophenhilfe for Gaza in November 2020. A total of 26 randomly selected representatives of the beneficiary HHs participated in the two FGDs. The participants were chosen to represent the three categories of HHs discussed above. These FGDs sought to evaluate the overall impact of the project on the dignity and well-being of the beneficiary HHs, and the full range of processes within the project to include the M&E process itself. Specifically, the final FGDs covered the following topics:

- 1- The redemption process: focusing on maintaining the dignity of the beneficiaries
- 2- Evaluating the categories of vouchers provided

- 3- Assessing the level in which the vouchers covered the food needs of the targeted HHs based on the HH categories
- 4- Evaluating the coverage period
- 5- Evaluating the complaints mechanism and modes of communication
- 6- Evaluating the nutritional health awareness sessions
- 7- Evaluating the M&E process, focusing on the PDMs
- 8- Assessing the impact on the coverage of other needs
- 9- Assessing the general impact of the project.

Table 6: Geographic distribution of end line FGD participants

FGD Num	Gov.	Location	Day	Date	Time	Number of participants
FGD 3	Gaza City	The Hall of Atfaluna Association	Wednesday	November 18, 2020	10:00am – 12:30pm	14 (7 women and 7 men). Cat. A: 3 Cat. B.: 6 Cat. C: 5
FGD 4	Khan Younis	Uptown Restaurant	Thursday	November 19, 2020	10:30am – 1:30pm	12 (4 women and 8 men). Cat. A: 3 Cat. B.: 7 Cat. C: 2

## Data Analysis and Findings

The project was designed to target 90 HHs, but because of targeting issues discussed in the Introduction, only 88 HHs from Gaza City and Khan Younis Governorates were ultimately selected to receive assistance. More than 33% of selected HHs (29) were female-headed HHs, 5.6% of HHs (5) were headed by the eldest son, with the remaining 61.4% of HHs (54) being male-headed. The total number of members within selected HH was 625, or an average of 7.1 members per HH. This figure was considerably higher than expected given that the average HH size in Gaza is 5.6 members. Overall, 52.5% of HH members were female, and 47.5% were males. A total of 53% of HH members were children under the age of 18, showing the results of the beneficiary selection process that prioritized households with children. In addition, the selected households included 225 schoolchildren and 14 university students.

Table 7: Geographic and age distribution of beneficiary HHs

Governorate	HH count	Total Family members	>5 years	5-18 years	18-60 years	>60 years	School students	University students
Khan Younis	40	306	51	109	108	14	107	3
Gaza City	48	317	57	116	106	14	118	11
Grand Total	88	625	86	339	264	7	244	11

## Project Impact

As previously noted, the project ultimately benefited 88 HHs of the target of 90 as planned, or a 97.7% achievement of the project target. This limited deviation was the result of prioritizing vulnerability over family size in the selection process, with fewer HHs selected, but with more family members than anticipated. This reflects one of the issues in using differing categories of benefits for varying household sizes, as it is difficult to commit to the planned distribution of the different categories amongst the beneficiary population. This suggests the need for some range of targeting flexibility in implementing similar projects to allow for proper targeting, without imposing the design distribution of categories over the actual distribution of the most eligible HHs.

### *Food needs coverage*

All PDM respondents and FGD participants reported enhanced food accessibility in terms of both quantity and quality, highlighting that the project helped them eat nutritious and tasty food items regularly over an extended period. Many participants in the final FGDs stated that the project enabled them to consume certain food items that were completely inaccessible to them previously, including fresh fruits such as figs and mangos, as well as chicken meat.

The respondents in the three PDM surveys also confirmed this impact. In assessing the coverage of basic food needs of the survey households, the PDM found that the coverage rate for the vegetables and fruit needs ranged from 82-85%, while the coverage rate for meat and eggs needs was 75-80%.

To better understand the levels of food needs coverage, participants in the final FGDs were asked to distinguish between the level of coverage provided by the voucher alone, and when combined with other resources available to their HHs. For this component, HHs were also assessed by their HH size category. For meat and eggs, the vouchers alone were reported to provide 59-71% of HH need, while with additional sources and the vouchers able to cover 73-83% of the perceived needs, as can be seen in Figure 1. The HHs in Cat. B (HH size 6-8) reported slightly higher coverage than those in Cat. and Cat. C.

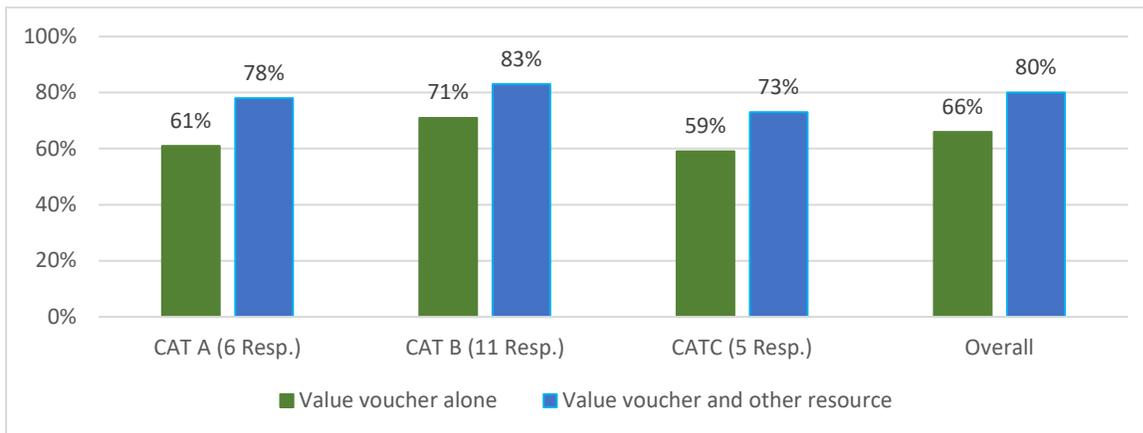


Figure 1: Coverage of monthly meat and egg needs – end line FGDs

For vegetables and fruits, the participants also reported that the vouchers alone covered 65-75% of their perceived monthly needs, and that they were able to cover an additional 16% of their needs using other resources. However, this coverage also varied between the HH size categories, as shown in Figure 2.

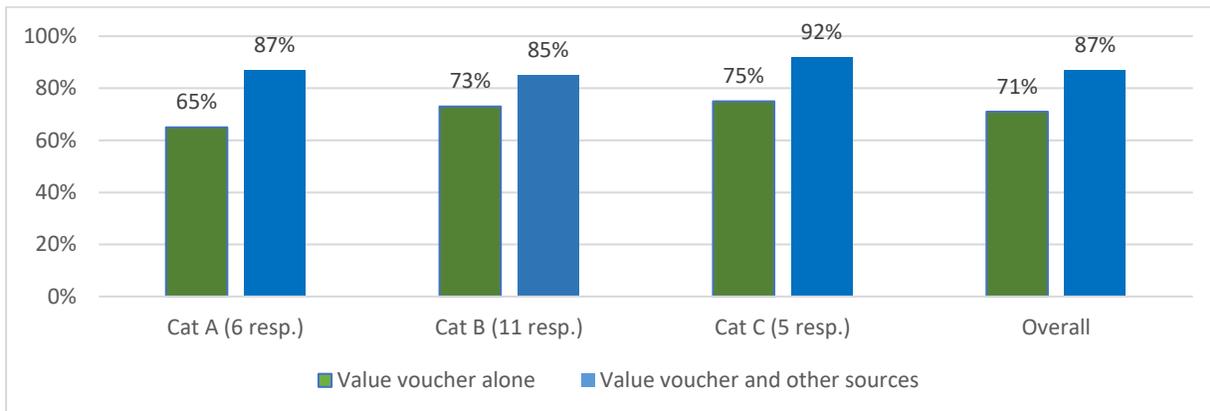


Figure 2: Coverage of monthly fruit and vegetable needs – end line FGDs

### Changes in the Food Consumption Scores

The impact of the project on HHs food security is clear when comparing the assessed FCS of the HHs surveyed in the three rounds PDMs with the corresponding FCS in the baseline. In all three PDM rounds, the increase in the FCS was found to be statistically significant. The percentage of HHs improving their FCS was 95% in the first PDM, increasing to 98% in the second PDM, and to 100% in the final PDM. As shown in Table 7, the average FCS increased from approximately 42 in the baseline to between 58-68 across the three PDM surveys.

Table 8: FCS comparison – baseline and PDM rounds

Description	Baseline of assessed HH	First PDM	Baseline of assessed HH	Second PDM	Baseline of assessed HH	Third PDM
Highest FCS	76.5	93	66.5	79	76.5	95
Lowest FCS	20	36	22	32.5	22	33.5
Mean FCS	42.4	68.6	42.7	58.3	42.6	63.8
One-way t-test between Baseline and PDM	Statistically significant (t= 8.9 and p= 0.000) positive change in the FCS between the baseline for assessed HHs and the first PDM.		Statistically significant (t= 9.2 and p= 0.000) positive change in the FCS between the baseline for assessed HHs and the second PDM.		Statistically significant (t= 12.017 and p=0.000) positive change in the FCS between the baseline for assessed HHs and the third PDM.	

As shown in Table 8, the food vouchers enabled the majority of the targeted HHs not only to increase their overall FCS, but also to increase their FCS categories when compared to the baseline. Overall, across the three PDM cycles 68-78% of surveyed HHs recorded a positive change in their FCS categories. Most of these changes were from poor or borderline categories to acceptable, with 34-65% of the surveyed cases recording this change across the three PDMs. The remaining 12.5 to 38% of the surveyed HHs across the three PDMs changed category from poor to the borderline.

Table 9: FCS category change – PDM rounds

Type	Poor → Acceptable	Poor → Borderline	Borderline → Acceptable	Remain Acceptable	Remain Borderline	Remain Poor
PDM 1	21	5	5	1	7	1
PDM 2	10	17	7	3	10	3
PDM 3	12	19	8	5	3	3

### Changes in the Coping Strategies Index

The three rounds of PDM also showed that beneficiary households were largely able to improve their CSI score, with 96-98% of the of surveyed HHs reporting a decrease in their CSI related to food insecurity, exceeding the target indicator of 70% of HHs reporting a decrease. The decrease in the CSI was statistically significant when compared against the average CSI of the targeted HHs in the baseline, as shown in Table 9.

Table 10: General CSI comparison – baseline and PDM

Description	Baseline of assessed HH	First PDM	Baseline of assessed HH	Second PDM	Baseline of assessed HH	Third PDM
CSI scoring	38.4	6.1	34.7	12.84	34.22	12.78
One-way t-test between Baseline and PDM	A statistically significant decrease in the CSI score among the respondents (t= -16.4, p= .000).		A statistically significant decrease in the CSI score among the respondents (t= -16.4, p= .000).		A statistically significant decrease in the CSI score among the respondents (t= - 13.296, p= .000).	

The main reported changes in the CSI concerned strategies such as borrowing from others or buying on credit from shops, sending children to eat in other places, and decreasing meals/the amount of food per meal. Respondents also reported a decrease in the adoption of more severe strategies such as begging, sending female members to work as servants, or sending family members to do dangerous labor. Table 10 outlines the CSI changes in more detail.

Table 11: Detailed CSI comparison – baseline and PDM

Question Code	Coping Strategy	Max Score	Baseline of assessed HH	First PDM	Baseline of assessed HH	Second PDM	Baseline of assessed HH	Third PDM
C.S.1	Consuming frozen and stored food.	1	0.05	0.05	0.06	0	0.06	0
C.S.2	Picking and consuming wild plants.	1	0.05	0	0.1	0	0.08	0.36
C.S.3	Consuming bad quality food items (leftovers).	3	2.775	0.9	2.76	1.02	2.76	1.32
C.S.4	Purchasing less quality food alternatives (frozen meat instead of meat, etc.).	3	2.775	0.825	3	0.96	2.82	0.58
C.S.5	Reducing daily meals for family members.	3	2.55	0	2.46	0.48	2.4	0.48
C.S.6	Reducing food amount for adults.	3	2.7	0	2.52	0.78	2.64	0.6
C.S.7	Reducing meals for adults.	6	5.52	0	4.8	0.48	4.92	0.48
C.S.8	Reducing the food amount in each meal.	6	4.5	0	3.84	0.96	3.6	0.48
C.S.9	Buying food from the supermarket on debt.	6	5.7	0.3	4.92	4.32	5.16	3.96
C.S.10	Borrowing money from others.	3	2.7	1.875	2.46	2.4	2.46	2.12

Question Code	Coping Strategy	Max Score	Baseline of assessed HH	First PDM	Baseline of assessed HH	Second PDM	Baseline of assessed HH	Third PDM
C.S.11	Borrowing food or sending children to eat in other places.	6	4.65	1.875	4.32	0.72	4.2	0.78
C.S.12	Working in dangerous areas to provide food.	6	2.1	0.3	1.92	0.6	1.68	0.72
C.S.13	Working in the home service to provide food.	6	1	0	0.96	0.12	0.48	0.36
C.S.14	Sending family members to beg.	8	0.8	0	0.32	0	0.32	0
C.S.15	Sending women or children to beg.	8	0.8	0	0.32	0	0.64	0

### *Impact on the social relationships*

All respondents across the three PDM rounds reported that the provision of the vouchers enhanced relationships within their HHs. In the midterm FGDs, participants discussed how the vouchers decreased the stress on their HHs providing for themselves, and that the vouchers allowed them to increase their overall satisfaction regarding the quantity and quality of the food provided. Most of the participants in the midterm FGDs stated that the vouchers also improved their relations with neighbors by decreasing their need to ask for cash or in-kind support to cover their food needs.

The vast majority of PDM respondents also reported no disputes caused by the vouchers provided by the project, with only two cases of disputes reported. In one case, the dispute was said to be caused by another family member asking to share assistance for his household, while the second was said to be due to the fact that the assistance provided did not sufficiently meet the household needs.

The decision regarding the type of food to be purchased using the vouchers also did not appear to cause problems within these HHs. As assessed in the across the PDM rounds, in most HHs (46-57.5%) the decision was made cooperatively, followed by the mother of the household (35-46%), and in a few HHs (2-5%) the decision was made by the daughters or sons.

### *Covering other needs*

The final FGDs also focused on understanding if the voucher assistance freed up resources for other expenses, as well as generally measuring the impact on the well-being of the beneficiary HHs. Most participants stated that receiving the vouchers freed some cash resources, ranging from

50 to 250 NIS a month, to cover other basic needs. Some HHs were not consuming any meat or fruit before the assistance, and so had a clear benefit by being able to cover needs that were not able to before. Those who were able to purchase these items previously, but with various levels of sufficiency, were able with the assistance to have additional resources to purchase other needed items.

In Gaza City, the participant HHs reported spending the additional resources largely on school needs, medications, university education, and paying rental fees. In Khan Younis, respondents reported paying for energy (mainly electricity bills), as well as cooking gas. This is generally because, in Khan Younis, most of the households are connected to the electric grid with smart counters that must be prepaid to receive electricity, which may not be the case yet in Gaza City. The other components of additional expenditure in Khan Younis were said to be medications, school fees, and university allowances, as well as clothes for children. Some HHs also reported purchasing food items not covered by the value vouchers, such as flour and dairy products.

## Process Effectiveness and Beneficiary Satisfaction

### *The Redemption Process*

As shown through the RedRose platform and confirmed in the PDMs and FGDs, all 88 targeted HHs received five cycles of vouchers in line with their benefit categories based on HH sizes. All PDM respondents indicated that they had received an SMS from PAEEP informing them that their e-cards were topped up every month, and that they could redeem their vouchers. When asked about their e-voucher values, all respondents across the PDM and FGD rounds reported knowing the total voucher value. Representatives of the beneficiary HHs signed MoU with PAEEP at the beginning of the project, in which they acknowledged their rights, and where the value of their vouchers was clearly stated. The HHs also received clarification about the full redemption process in the sensitization meetings that they participated in before receiving the vouchers.

All participants in the final FGDs agreed that the voucher as a modality was dignifying, as it reduced stigmatization as poor people receiving assistance, especially as they could use their e-cards in the same way as debit or credit cards used by better-off HHs. Moreover, the respondents reported being treated in a dignifying manner by all parties including PAEEP staff and the shop employees. However, the participants also noted that some shops were disrespectful toward them, especially during the first months of the project, but that these shops were replaced by others because of their poor behavior. Across the PDM cycles, the level of satisfaction with the treatment by the shop staff rose from 90% in the first PDM to 98% in the third PDM. However, the participants in the final FGDs suggested that PAEEP should increase its field monitoring in the future to assure better commitment of the shops in terms of treatment of beneficiaries, as well as other components such as availability and quality of the food items available.

Overall, 99% of the PDM respondents indicated that they were satisfied with the one-month allowed duration for voucher redemption. In addition, throughout the PDMs and the midterm FGDs, participants reported no difficulties in redeeming their vouchers. Throughout the project period, just one beneficiary reported technical problems in the voucher redemption process, as the ID information needed to be corrected on the RedRose platform.

As assessed during the PDM cycles, the number of visits by the beneficiary HHs to the shops to redeem the voucher was four on average. The time consumed in each visit to redeem the vouchers was reported as being less than 30 minutes for the majority of the participants across the three PDM rounds (87.5%, 98%, and 100%).

### *COVID-19 procedures*

The COVID-19 pandemic presented a test of the effectiveness and resilience of the voucher modality under emergency conditions. The first COVID-19 outbreak in the Gaza Strip was discovered at the end of August 2020, during the second distribution cycle of the project. The discovery was followed by the imposition of strict precautionary measures including restrictions of movement, separating the five Gaza Governorates from each other, and putting more pressure to enforce proper hygiene precautions. However, these measures only resulted in stopping the HHs from redeeming their vouchers during the first 2-3 days after the discovery of the outbreak. Overall, PAEEP continued to be able to provide services to the beneficiaries without significant delays, largely because of the use of the electronic e-voucher modality through the RedRose platform. To ensure the safety of targeted HHs, PAEEP ensured that selected shops take all proper preventing measures, including social distancing, provision of masks, and disinfectant to beneficiaries. However, it is worth noting that due to restrictions on movement in the first month after the discovery of the COVID-19 outbreak, PAEEP was unable to conduct physical monitoring trips to the shops. Despite this, PAEEP staff tracked the quality of the food items and services provided to the beneficiaries by phone, and through the complaints and feedback mechanism.

Participants in the midterm FGDs indicated satisfaction with the fact that they were able to continue to redeem their vouchers and provide for their HHs under the difficult circumstances of the COVID-19 outbreak. Some reported difficulties in reaching the shops, but still reporting being able to successfully put food on their tables. The experience was summarized as follows by the FGDs participants:

- Some participants reported that they reached the shops by walking and/or using bicycles at the beginning of the lockdown.
- During some periods at the beginning of the lockdown, the shops were reported to be overcrowded, and at other times there was said to be a shortage of items, especially chicken

and eggs. Despite this, all participants ultimately reported that they felt safe when they redeemed their vouchers

- Two Gaza City participants said that they faced problems with the chicken and eggs vendor because the shops were very crowded, and the salesmen at these shops gave priority to those paying cash before those utilizing vouchers. These complaints were reported to PAEEP, and the contract of the shop was suspended after follow-up.

#### *Accessibility to shops*

Overall, the selected shops were said to be accessible to all beneficiaries, though the cost of transportation was reported to be an issue for many of the HHs. PAEEP provided each beneficiary HH with 15 NIS (3.3 USD) per month for transportation, but the average cost of transportation as assessed in the PDM surveys ranged from 36 NIS in the first PDM, 23 NIS in the second PDM, and 24 NIS in the last PDM. As shops were selected to be in the main cities of the targeted governorates, the wide range of transportation costs reflects the fact that targeted HHs differed in terms of their distance from selected shops. However, despite the differences in transportation cost, the amount provided generally covered a significant portion (more than 50%) of the average transportation costs reported in the PDM rounds.

Given the variation in transportation cost, it is worth considering the distribution of stipends based on the anticipated cost of transportation per HH or HH category, rather than distribution standardized amounts. Additionally, a more geographically diverse selection of shops, based on the distribution of the benefiting HHs, could be beneficial for projects targeting a larger number of HHs.

#### *Satisfaction with the value of the vouchers of the different categories.*

Generally, the PDM respondents reported high average levels of satisfaction with the value of the vouchers received, as shown in Table 11. Overall, 40-67.5% of beneficiaries reported complete satisfaction with the value of the voucher, with a further 30-60% reporting being partially satisfied. The same applied to the value of the two subgroups of food items available to the beneficiaries (vegetables and fruits, and chicken meat and eggs). Only 2.5% of the participants of the first PDM were minimally satisfied with the value of the vouchers, and none in the subsequent PDM rounds. None of the PDM respondents reported being unsatisfied with the value of the vouchers.

Table 12: Beneficiary satisfaction with voucher value – PDM

Question	Completely satisfied			Partially satisfied			Minimally satisfied			Not satisfied at all		
	PDM1	PDM2	PDM3	PDM1	PDM2	PDM3	PDM1	PDM2	PDM3	PDM1	PDM2	PDM3
Satisfaction with the overall value of the voucher?	67.50%	40%	60%	30%	60%	40%	2.50%	0%	0%	0%	0%	0%
Satisfaction with the value of the meat and eggs voucher	62%	46%	46%	35%	50%	50%	2.5%	4%	4%	0%	0%	0%
Satisfaction with the value of the vegetables and fruits voucher you received?	65%	54%	70%	35%	40%	30%	0%	6%	0%	0%	0%	0%

Concerning the classification of the HHs based on the three voucher value categories noted previously, participants in the final FGD noted that they understood the basis of the classifications and believed that they were fair (33%) or very fair (67%). Specifically, the participants in Gaza City suggested assigning overall values per each person in the HH, and thus changing the value of the voucher with the change in family size based on those values, as they indicated that this would make the process fairer. While the participants in Khan Younis did not provide specific suggestions, when this suggestion was raised with them, they also agreed it would make the process fairer.

In addition, participants in the final FGDs were asked to discuss their suggested values for the voucher categories. On average, participants suggested 322 NIS (\$95) for Cat. A, 387 NIS (\$116) for Cat. B, and 483 NIS (\$143) for Cat. C. The breakdown by food category is shown in Figure 3. Assuming an average of four HH members for Cat. A., the suggested value indicates 81 NIS per person, including 36 for meat and eggs and 45 for vegetables and fruits. As for Cat. B, assuming an average of seven HH members, the suggested value is 55 per individual per month, including 23 for meat and eggs and 32 for vegetables and fruits. Finally, for Cat. C, assuming an average HH size of 10 members, the suggested value is 48 NIS per individual, with 20 NIS for meat and eggs and 28 for vegetables and fruits. Therefore, on average the suggested per person monthly value was 61 NIS, with 26 NIS for meat and eggs and 35 NIS for vegetables and fruits.

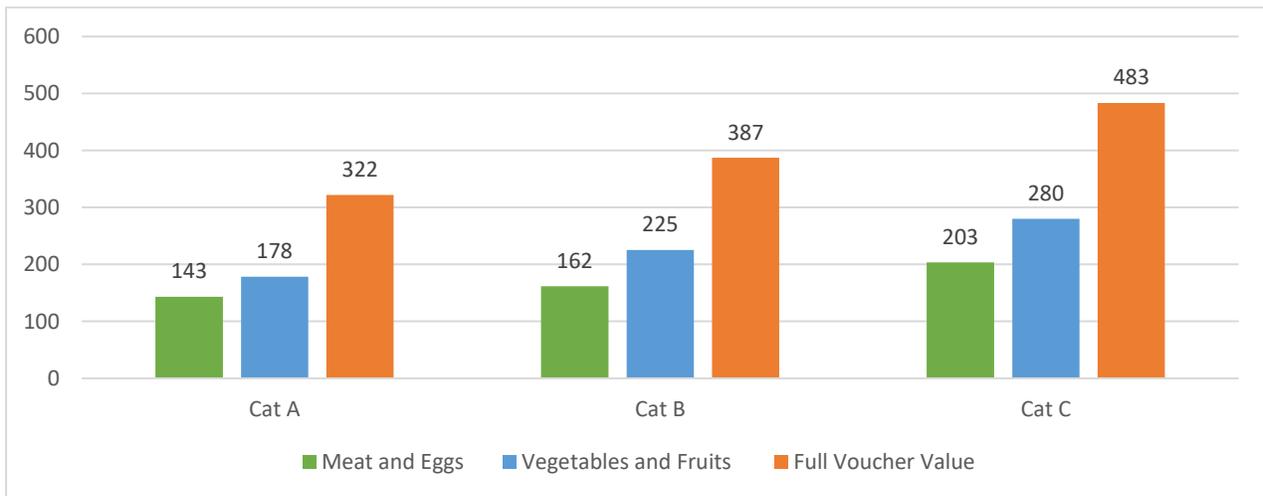


Figure 3: Suggested voucher values by food type and HH category

### *Satisfaction with the coverage period*

Regarding the project coverage period, participants in the final FGDs unanimously agreed that it was too short, indicating that the appropriate minimum coverage should be 6 to 12 months. When asked if they preferred increasing the monthly value of the vouchers or the coverage period, the vast majority of participants preferred the extended coverage period over increased payment amounts. They indicated that the extended coverage meant having more certainty regarding the ability to cover their needs, allowing for better household financial planning.

### *Satisfaction with the type, quality, and prices of food redeemed*

All respondents across the three PDM rounds reported being completely or partially satisfied with the types of food categories covered, indicating that they were suitable to the taste and preferences of their HHs. As outlined by FGDs participants, many HHs were largely unable to purchase fruits and fresh chicken meat before receiving the food vouchers. Many reported previously purchasing frozen chicken meat, and especially frozen chicken fingers responding to the preferences of their children. While for fruit, most HHs reported not purchasing fruits at all.

Throughout the course of the project, the levels of beneficiary satisfaction with the quality of the food items available at the shops increased, largely due to the close monitoring of PAEEP and the usage by beneficiaries of the complaints and feedback mechanism. In addition, beneficiary HHs reported overall satisfaction with the prices of the food items they received. However, the levels of price satisfaction were generally lower than the levels of satisfaction related other aspects of the project implementation. However, when beneficiary HHs were sensitized to the price monitoring and setting system established by PAEEP, levels of satisfaction reliably rose.

For chicken meat and eggs, the number of HHs reporting complete satisfaction increased from 17.5% in the first PDM to 58% in the second PDM, and 66% in the third PDM. The same pattern was found for the satisfaction of beneficiaries regarding the prices of the vegetables and fruits, with the rate of complete satisfaction rising from 20% in the first PDM to 52% in the third PDM.

Table 13: Satisfaction with quality and price of items – PDM

Question	Completely satisfied			Partially satisfied			Minimally satisfied			Not satisfied at all		
	PDM1	PDM2	PDM3	PDM1	PDM2	PDM3	PDM1	PDM2	PDM3	PDM1	PDM2	PDM3
Satisfaction with the types of food provided in terms of suitability to the HH	80%	88%	94%	20%	12%	6%	0%	0%	0%	0%	0%	0%
Satisfaction with the quality of the food redeemed in general	75%	66%	94%	15%	34%	6%	7.50%	0%	0%	2.5%	0%	0%
Satisfaction with the quality of the meat and eggs redeemed	75%	90%	96%	17.5%	10%	4%	5%	0%	0%	2.5%	0%	0%
Satisfaction with the quality of the fruits and vegetables redeemed	N/A	56%	88%	N/A	42%	8%	N/A	2%	4%	N/A	0%	0%
Satisfaction with the prices of the meat and eggs redeemed	17.5%	58%	66%	65%	42%	32%	15%	0%	2%	2.5%	0%	0%
Satisfaction with the prices of the vegetables and fruit redeemed	20%	36%	52%	62.5%	60%	44%	15%	4%	4%	2.5%	0%	0%

### *The Nutritional Health Awareness Sessions*

All participants in the final FGDs stated that they had received three nutritional health awareness sessions, and all reported that the awareness sessions were important to them. The most important lessons highlighted by the participants included the importance of breakfast, the importance of food diversification, proper feeding (especially for children), proper handwashing, the negative impact of tea on the nutritional value of food when it accompanies meals, and the value of antioxidant-rich food items. As a result, the participants indicated that similar awareness sessions should be kept in similar projects. In the future, they reported wanting to learn more on the following topics related to health:

- 1- Feeding school children properly
- 2- Raising children without corporal punishment
- 3- Gender-based violence

### *The Complaints and Feedback Mechanism*

All participants in the final evaluation FGDs stated that they were aware of the complaints and feedback mechanism and the various modes for communicating with PAEEP. They reported learning about the systems in the sensitization meetings conducted for the representatives of all beneficiary HH at the beginning of the project, and through SMS messages sent by PAEEP including all additional contact information needed for communicating feedback and complaints.

Some participants in the final FGDs reported having used the complaints mechanism, and in most cases said their complaints related to the quality of food available at the shops or about mistreatment by shop staff. Most of the complaints were made through the direct phone numbers of the project staff, the toll-free number, or by WhatsApp. Throughout the project, PAEEP received 44 complaints, mostly related to the quality of food items available at the shops, or the mistreatment by shop staff. These complaints were addressed directly by PAEEP through contact with the shop owners or managers. As noted above, PAEEP replaced a total of two shops over the lifetime of the project due to corroborated complaints.

The participants in the final FGDs suggested that the project WhatsApp group become more restrictive to project-related discussions, as many other beneficiaries shared pictures, news, and other items that were not relevant to the project. All participants agreed that PAEEP was responsive to their feedback and inquiries, and when asked about the cost of calling PAEEP staff, they responded that the staff in most cases will not answer and call them back, so the cost is borne by PAEEP. The participants ranked their preferred modes of communication were as follows:

- 1- Direct calling of project staff
- 2- Toll-free number
- 3- WhatsApp group
- 4- Complaints boxes at the shops

### *M&E Process and the PDM Surveys*

All except one of the participants in the final FGD reported having been interviewed at least once as part of the PDM rounds conducted for the project. Only five participants said they had been interviewed twice. The participants expressed satisfaction with the project monitoring and evaluation process, and appreciation for being regularly engaged by PAEEP. Some participants noted that these activities made them feel part of a community, and that their voices were being heard. When asked about the frequency of the PDM cycles, all respondents indicated that it is reasonable, with several indicating that there could be a round of PDM after every cycle. All participants reported that the PDM questionnaire was of a satisfactory length, and that the questions were not offensive or too sensitive to answer. The participants agreed that the PAEEP staff were respectful during the PDM process.

### *Modality preferences*

In discussing the preferred modality of assistance in the final FGDs, the respondents in Khan Younis and Gaza governorates demonstrated the most significant discrepancy. In Gaza, the majority of participants (10 out of 13) preferred receiving wide coverage value vouchers. A wide coverage voucher is a voucher that enables recipients to purchase different categories of items, such as food, hygiene materials, school materials, etc. Besides wide coverage vouchers, respondents indicated preference for (in order) food vouchers, restricted cash for rent, multipurpose cash, and in-kind assistance. The respondents outlined that, as they are receiving multipurpose cash from the MoSD which is primarily used to cover rental fees, they preferred vouchers because if they received additional cash, they would be pressured by their landlords and other lenders (shops, pharmacies, etc.) to repay debts, rather than addressing their food needs.

In Khan Younis, all participants indicated multipurpose cash as their preferred modality. Overall, the order of preference was multipurpose cash, followed by (in order) restricted cash for rent, wide coverage vouchers, food vouchers, and in-kind assistance. The respondents reported that they would prefer having more control over the use of the cash assistance, especially considering that the cash payments they receive from MoSD largely go toward paying rent, and even then, is it sometimes insufficient.

Therefore, in general, the preferred modalities for all respondents can be said to be multipurpose cash and wide-coverage vouchers, followed by restricted cash-for-rent and food vouchers – with no stated preference for in-kind assistance. These findings show the struggle between the need to cover costs imposed by external actors – such as rent and debt repayments – and the need to cover basic household needs such as food.

## Conclusions

1. The project supported 88 HHs to improve the quality and quantity of their food intake by providing five rounds of food vouchers for nutritional food items including vegetables, fruits, meat, and eggs.
2. The majority of these HHs witnessed an increase in their food consumption score over the period of five months (increasing from 95% in the first PDM to 100% in the third PDM), and all HHs reported enhanced food accessibility in terms of quantity and quality of food.
3. All beneficiary HHs reported that the project processes were dignifying, including the modality, treatment by PAEEP staff, and treatment by redeeming shop staff.
4. The majority (more than 90%) of beneficiary HHs reported satisfaction with the appropriateness of the type, quality, and quantity of the food items available through the vouchers.
5. More than 95% of beneficiary HHs reported a decrease in their CSI score as a result of reduced food insecurity.
6. Through the provided vouchers, beneficiary HHs reported being able to cover about 82-85% of their vegetables and fruits needs and 75-80% of their meat and eggs needs. The freed financial resources also allowed HHs to better address other needs including education, healthcare, energy, etc.
7. Participants in the final FGDs indicated that the voucher value could be more fairly calculated by designating a value per capita, with HHs receiving vouchers values that match its size. Based on the responses of participants, the suggested value was 61 NIS per month per capita, including 26 NIS for meat and eggs and 35 NIS for vegetables and fruits.
8. Beneficiary satisfaction with the quality of the food items redeemed by the voucher continued to increase throughout the course of the project due to the close and continuous monitoring of the shops by PAEEP staff. The satisfaction with the prices at these shops was initially lower than for other aspects of the project, but ultimately also increased over the lifetime of the project because of the continuous communication and exchange of information by PAEEP.
9. Beneficiary HHs reported that the five months coverage was too short, and that a 6–12-month coverage period for similar projects in the future is preferred.
10. The preferred aid modality based on the results of the final FGDs was reported to be multipurpose cash or wide coverage vouchers, followed by cash-for-rent and food vouchers.
11. Beneficiary HHs indicated that the complaints and feedback mechanism was clear and effective. The mobile phones and the free phone number were the most used and preferred modes of communication by beneficiaries, followed by the WhatsApp group and the complaints boxes.
12. Representatives of the beneficiary HHs received awareness sessions on food security, nutrition, and healthy diets. Participants reported that the awareness sessions were an important addition to the project, as they learned new information that allowed them to better care for the needs

of their HH members, and especially children. They recommend keeping these sessions in future projects and covering a wider range of issues in addition to the nutritional health best practices.

13. The beneficiaries reported that the regular M&E activities were not excessive and helped them to feel better engaged with the project. Throughout the course of the M&E activities, beneficiaries reported that PAEEP staff treated them with respect.

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