The Gendered Dimension of Multi-Purpose Cash Supporting Disaster Resilience

Early learning on the impacts of Multi-Purpose Cash Transfers and Community Support Projects on household and community resilience building, Amran and Abyan Governorates, Yemen

Funded by the European Union
ACKNOWLEDGEMENTS

The study team (Technical Lead Sarah Ward and the team from AFCAR Consulting, led by Adnan Qatinah) would like to sincerely thank all the enumerators who walked, biked, hiked, and bumped along difficult passages to reach and talk with beneficiaries and stakeholders. We would also like to thank all the Yemeni men and women who gave of their time and were open and willing to share with us. Finally, we would like to thank CARE, ACF, and the rest for the consortia team for focusing on the importance on this information and investing in learning more about how their work is impacting resilience and how gender is impacting their work. Asking these questions, we hope will shine a light on some ways forward and add to our wider understanding.

Sarah Ward and Adnan Qatinah, May 2019

This project was implemented with support from CARE Nederland.
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In 2017, in response to the mounting humanitarian crisis in Yemen, CARE Yemen and Action Contra la Faim (ACF) implemented a cash transfer program and community asset rehabilitation and skill building programing in the governorates of Abyan and Amran. This European Union (EU)-funded program integrated these interventions to enhance resilience building at household and community levels.

The overall objective of this study is to assess the impact of the Multi-Purpose Cash (MPC) on the resilience of households targeted by the program, with a focus on the experiences of female-headed households, their challenges with increasing their resilience, and barriers that male-headed households do not face.

THE KEY QUESTIONS WERE:

The study had a qualitative-quantitative approach and the key questions were explored from the perspectives and experiences of male- and female-headed households. All new and existing data was disaggregated by gender for comparison and to explore any differences. Gender-related questions were also asked in key informant interviews (KII).

<table>
<thead>
<tr>
<th>ABSORPTIVE</th>
<th>How is the multi-purpose grant used within the household and does it reduce harmful coping behavior and support a more capable/resilient profile?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTICIPATORY</td>
<td>What systems, supports, and information pathways exist in the community that allow for collective understanding of, planning for, and management of risks?</td>
</tr>
<tr>
<td>ADAPTIVE</td>
<td>Did the households use the MPC to invest in their own resilience via livelihood or other asset investments? Did households’ and communities’ feel their ability to prepare for or recover from a crisis was affected by the community resilience support projects?</td>
</tr>
<tr>
<td>TRANSFORMATIVE</td>
<td>Did households develop new or improved pathways to understand and plan for risks? Were new groups formed that created positive connections and increased access to support networks, markets, or shared assets?</td>
</tr>
</tbody>
</table>
Key Findings

ABSORPTIVE: The project did support household absorptive capacities. Ninety percent of recipients in Amran and 44% of recipients in Abyan had significantly lower negative coping behaviors based on the Coping Strategy Index (CSI). Livelihood Coping Strategy Index (LCSI) number showed positive reductions of 69% in Arman and 43% in Abyan, and across both governorates 41% invested in livelihoods.1 There was not a significant difference in experiences for female- and male-headed households.

ANTICIPATORY: The project’s methodology of inclusive planning and discussion with communities for the selection of asset rehabilitation and skill building activities were cited by both communities and staff as having a positive effect on community cohesion, but not on planning and or risk management. In discussions (KII and focus group discussions (FGDs)), there were no reported plans for crisis or response at the community levels. However, overwhelmingly, people reported turning to neighbors and local leaders (Sheiks, prosperous community members like grocers and doctors/vets) for support and advice in times of crisis, which does show a strong localized community support and risk-mitigation network based on social capital. Over 99% of the survey respondents said they could borrow enough money from someone in their community to help their family in an emergency and 60% could turn to neighbors for information and assistance.

ADAPTIVE: The MPC allowed debt repayment (41%), increased saving and investment in livelihoods and supported less exclusive dependence on borrowing from neighbors and merchants in times of crisis; all key factors in improving resilience at the household level. 41 percent invested in their livelihoods, predominantly in livestock, some early in the MPC cycle (21%) and others towards the end (10%). 23 percent of respondents were able to save in the last 3 months (52% females, 48% males). While women were not as likely to engage in non-home-based labor to diversify their income stream, they were just as likely, and sometimes more likely, to save or invest in household productive assets, such as livestock.

The targeting of female-headed households for MPC assistance did support their resilience. The female heads of households reported significant decision-making power over the use of the money in the household. The participation in and use of community projects did not seem to be gender dependent; there was no difference in the way women or men reported their experience, access to, or use of community resilience projects. However, it is worth noting that neither men nor women reported significant effects from or use of many of the infrastructure projects when they talked about how they dealt with crises and what supports mattered to them. When asked about the key areas where they struggled, what their support systems were, and where and to whom did they turn to for help (all speaking to their resilience), the focus was on family and community supports. They only mentioned projects directly tied to livelihoods and market access (Village Savings and Loan Associations (VSLAs) and market feeder roads).

TRANSFORMATIVE: Study data showed that 48% the of respondents from the KIIs turned to their community when times were hard or when they needed support or information (31% turned to their neighbors or well-off community members and 17% turned to their family). While those who belonged to VSLAs did save in their groups and these groups continue to function, no one specifically mentioned them when asked about social capital or risk planning. The majority spoke of social systems that allowed them to borrow money or credit goods from less vulnerable neighbors when times were hard and then pay it back when they had the resources. The money from the MPCs, which many reported using for debit repayment, strengthened this support network.

KIIIs with market stakeholders and FGDs with community leaders showed some unanticipated positive results. More than half of the randomly selected market actors knew about the cash assistance project (52%) and many adjusted both the amount and items they sold to better meet the community’s needs. In fact, there were instances of local community members themselves investing in a new grocery in response to the increased purchasing power. Main markets expanded their offerings and new shops opened to meet demand. This showed that the MPC did have strong positive effects on the

1 The decreases in Abyan are less dramatic, as the index scores were more in the middle range at baseline. For more analysis on the CSI, LCSI, and FCSs, see the endline project reports.
local market systems, beyond just the household beneficiaries. The market actors who benefited from were predominantly male-run enterprises, so if follow-on projects aim to also develop female entrepreneurship there will have to be a specific effort and understanding for a more direct approach.

RECOMMENDATIONS:

■ If the project expects measurable outcomes and shifts in gender equity and empowerment, especially in constantly changing and crisis-affected contexts, these goals need to be explicit in both the project design and monitoring evaluation, accountability, and learning (MEAL) plan for program activities. The targeting of female-headed households is not sufficient to create change in gender normative behavior. However, the fact that there was not a significant difference in male and female engagement with the project does show that the design ensured access and supported women’s participation.

■ Basic needs support is not “solved” once families and communities begin to invest in common resources or livelihoods strategies. It only means that the MPCs have been effective in assisting with meeting basic needs, allowing minimal space for other work and investment. If MPC ends, that space contracts and the resilience activities are less effective or end all together. Therefore, to protect gains, it may be necessary to continue the MPC during continued resilience programing.

■ If there is an expectation of investment in livelihoods or improvements in household’s resilience, this would need to be factored into a MPC amount as part of the Minimum Expenditure Basket (MEB) process.

■ If we are always selecting the least able and most vulnerable, then the expectation for investment, action and change over time toward resilience without significant social support programs and services may be unreasonable. There may be a need to define criteria that allows for the differentiation between those who will need continued higher-level psychosocial and financial support due to extreme age, illness, or infirmity and those who have economic or social vulnerability that can improve over the medium-to-short term.
1. INTRODUCTION

In October 2017 CARE Yemen, in partnership with ACF implemented a European Union-funded resilience program in Abyan and Amran Governorates using a “Cash Plus” approach. The program focused on previously underserved areas and provided cash transfers combined with community support projects. The overall objective was to enhance food and nutrition security, promote livelihood recovery and resilience of vulnerable households, and stimulate local markets. The program design was aligned to the Humanitarian Development Nexus framework, which focuses on a shift from supplying humanitarian assistance to those who need it, to reducing the demand for humanitarian assistance by addressing the root causes.

A key activity of this program was the monthly MPC transfers to vulnerable households over 10 months. The programme also supported community resilience projects for the rehabilitation of vital community assets and the provision of livelihoods skills. Both interventions were deliberately integrated to enhance resilience building at the household and community levels.

1.1. Context

In 2015, the escalation of the conflict in Yemen resulted in economic collapse and the breakdown of public institutions and services. Conditions continue to deteriorate and there are now areas with never-before-recorded levels of hunger and deprivation. In 2019, an estimated 24.1 million people, about 80% of the total population, need some form of aid or assistance, an increase of 64% from 2014. Currently, 70% of Yemen's districts are food insecure. Rapid depreciation of the Yemeni Rial, most dramatically in the last quarter of 2018, contributed to increase costs of basic commodities. The cost of the food basket increased by 60% last year. Average food prices are now 150% higher than before the conflict began. Fuel prices rose by 200% in 2018 compared to pre-crisis prices, impacting both livelihoods and public services, including agriculture, irrigation, water supply, transport, electricity, and health and sanitation services.

1.2. Rationale of the study

Provision of humanitarian aid in the form of cash transfers has gained significant momentum over the past few years. Research and evidence on certain aspects of cash-based initiatives (CBIs) has been well documented, particularly regarding the efficiency and effectiveness of cash. It is also well recognized that cash-based responses have the potential
to support longer-term gains beyond consumption; however, it is less clear which aspects of resilience they support and how cash-based transfers (CBTs) can best complement other forms of programming in more complex interventions to build longer-term resilience. Incorporating a resilience ‘lens’ into CARE’s work is about securing lasting development outcomes even in changing, changeable, and risk-prone contexts. It is about ensuring that the most vulnerable women and men are supported to reduce the risks they face and build their ability to thrive and survive. Additionally, it is about programming that does not assume stable conditions, but rather understands and anticipates the risks that people face and works with communities in ways that enables them to manage life’s ups and downs. Without increasing resilience, vulnerable women and men face a deteriorating situation as hazards and changes become more frequent and/or more severe.

The role of cash programing in supporting gender equality and increasing women’s empowerment is a key area of research, with ongoing multi-country studies just now adding to our learning. A recent six country study from the World Food Programme (WFP) found that, “Cash Based Initiatives (CBIs) can serve preventive, protective, promotive, and transformative functions” and that “cash-based initiatives—regardless of function—can be designed and implemented for equitable impacts.” However, they found that “for empowering impacts, a CBT alone is insufficient. To empower, CBIs require a combination of a [cash transfer] and programme activities, such as skills training, social behaviour communication change and access to services.”

In an effort to better understand the effects of their MPC and community resilience support activities in Amran and Abyan Governorates, the EU Consortium members commissioned a learning study. This study applies a gender lens to better understand the different experiences of women and men and draw out the gender-specific barriers they may face in their journey toward improved resilience.

1.3. Background

The way households and communities experience and respond to crisis is not simple. The current understanding of resilience building, and emergency response has shown that there is no finite point when crisis ends or when stable development begins. We know that it is unrealistic to program as though the current state, whether positive or negative, stability or crisis, will be the only state for all communities and households forever. Household and their communities are often in a cycle of crises and challenges, with periods of ebb and flow, of improvement and then downward spirals. Designing interventions that protect and encourage improvements in times of growth, as well as ensure protective measures for when challenges and crises arise, can make sure the project’s supports remain effective and relevant over the ups and downs of real life.

Over the course of the ten-month cash transfers and 69 community support projects over eleven sub-districts of Amran and Abyan governorates, beneficiary households universally saw a reduction in their level of use of the negative coping skills. These changes were tracked in the index with 90% of Amran households and 44% of Abyan households reporting decreased index scores and showing significant improvement in the CSI ranking. In Amran, 96% of households have an ‘acceptable’ food consumption score, up from only 27% at baseline. In Abyan, early endline data shows 64% of households now have acceptable food consumption scores. Other relevant baseline to endline measures show households improving their dietary diversity, and there was a remarkable improvement specifically in women’s dietary diversity scores, with improvement in Amran, the most underserved area, up by over 150%. While this is not surprising – as they were at emergency levels during baseline analysis and there was previously no assistance reaching these areas – it does indicate effective targeting. These endline comparisons also show the project’s cash transfer methodology was successful in meeting its stated goals, including:

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2 These community self-selected projects included local projects addressing community infrastructure often paired with cash-for-work (roads, irrigation) and skill building opportunities (skills training, VSLA groups).
3 The decreases in Abyan are less dramatic, as the index scores were more in the middle range at baseline. For more analysis on the CSI, LCSI and FCSs, see the endline project reports.
4 For this context 0-3 is no/low coping (worst), 4-9 medium, and 10 or above high (best). For more granular information on the CSI and LCSI, see the project’s endline reports, April 2019.
- **SURVIVAL**: Addressing pressing priorities of vulnerable individuals and families, which they themselves are best placed to identify;

- **FOOD AND NUTRITION SECURITY**: Addressing multiple pathways to ensure that basic and underlying causes of malnutrition can be addressed simultaneously.

Across both Amran and Abyan governorates in the project implementation areas an independent team of 23 trained enumerators surveyed 324 MPC households, interviewed 27 beneficiaries and 20 market actors and market stakeholders, held FGDs with key staff members, and held eight resilience support mapping exercises with 141 local community leaders. For all data collection activities, there was a purposive and equal sampling of both genders, as well as disaggregation by sex in all results.

While this study primarily focused on the beneficiary experiences and their own planning and decision-making for their resilience, there were also discussions with project staff to identify recommendations for future activities, suggested improvements in design, and areas for further research.

### 1.4. Objectives of the Study

The overall objective of this study is to assess the impact of the MPC on the resilience of households targeted by the program, with a focus on the experiences of female-headed households, their challenges with increasing their resilience, and barriers they face that male-headed households do not face. This perspective was explicitly addressed during the analysis and any changes these households have experienced were highlighted.

**STUDY OBJECTIVES**

- Determine what lessons can be drawn from MPC programming for resilience building
- Identify areas of good practice in the program for building resilience
- Provide recommendations for future resilience programming

**OVERARCHING QUESTION:**

- What might resilience look like and how could it be supported for the households and communities in these highly challenged areas of Yemen?

**AND A RELATED QUESTION,**

- Are there different coping strategies that are more or less effective or accessible depending on gender, age, or other demographic characteristics?

### 1.5. Project Assumptions

The project’s assessment and design assumed that MPC Assistance over ten months will impact not only the individual and household level, but also help stabilize community networks and support social capital and local markets.

The cash transfers were designed to be a pilot. They were the first in these areas and piloted mechanisms for beneficiary identification, delivery, and participant feedback. Within the first year, these mechanisms were tested, improved, and finalized. Cash transfers were providing a comparatively fast, reliable, efficient, and effective channel for assistance as compared to other less direct options (i.e. provision of in-kind assets). The Post Distribution Monitoring (PDM) and baseline to endline data compilations showed that the MPC met the established needs, addressed the gaps households needed filled, and were, for the most part, the best tool for the job. There were challenges with implementation and process, but as the pilot progressed these were identified and adjustments were made to improve the delivery and implementation process. Details around process and implementation are available in the End of Project Report from CARE Yemen.
2. METHODOLOGY

The study adopted a mixed methods (qualitative-quantitative) approach including desk review, qualitative interview-based tools, a quantitative household survey (Adapted-Self-Reliance Index (SRI)), and statistical analysis of existing data. These mixed methods allowed for a broader picture of households’ and communities’ Absorptive, Anticipatory, Adaptive, and Transformative capacities from the CARE Resilience framework.

CARE’s Resilience Framework describes resilience as strengthening poor households’ capacities to deal with shocks and stresses, manage risks, and transform their lives for the better in response to hazards and opportunities. This is further distilled into four core resilience capacities that CARE’s programming seeks to strengthen: Anticipatory, Absorptive, Adaptive, and Transformative capacities. These capacities help people to cope better with shocks, stresses, and uncertainty. These capacities are defined as:

- **ANTICIPATE RISKS**: Foresee and reduce the impact of hazards that are likely to occur and be ready for unexpected events through prevention, preparedness, and planning.
- **ABSORB SHOCKS**: Accommodate the immediate impact shock and stress have on their lives, wellbeing, and livelihoods by making changes in their usual practices and behaviors using available skills and resources and by managing adverse conditions.
- **ADAPT TO EVOLVING CONDITIONS**: Adjust their behaviors, practices, lifestyles, and livelihood strategies in response to changed circumstances and conditions under multiple, complex, and – at times – changing risks.
- **TRANSFORM**: Influence the enabling environment and drivers of risks to create individual and systemic changes in behaviors, local governance and decision-making structures, market economics, and policies and legislation.\(^5\)

This study used team-based, collaborative qualitative research methods, combining structured KII, and FGDs. This method focused on gathering data on the Abortive, Anticipatory, Adaptive, and Transformative capacities from the matrix

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not already addressed in existing data sets like the PDMs, as well as perspectives from implementation staff, project leaders, and technical specialists.

Key questions for this study

<table>
<thead>
<tr>
<th>CAPACITY</th>
<th>QUESTION</th>
<th>RELEVANT DATA POINTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSORPTIVE</td>
<td>How is the MPC transfer used within the household and does it reduce harmful coping behaviors and support a more capable/resilient profile?</td>
<td>CSI; LCSI; Dietary Diversity Scores; PDM reports; Adapted-SRI</td>
</tr>
<tr>
<td>ANTICIPATORY</td>
<td>What systems, supports, and information pathways exist in the community that allow for collective understanding of, planning for, and management of risks?</td>
<td>FGDs with local community leaders and community members (beneficiaries and non-beneficiaries); KIIs with beneficiaries and market actors; PDMs; Adapted-SRI</td>
</tr>
<tr>
<td>ADAPTIVE</td>
<td>Did the households use the MPC to invest in their own resilience via livelihood or other asset investments? Did households’ and communities’ feel their ability to prepare for or recover from a crisis was affected by the community resilience support projects?</td>
<td>PDMs; LCSI; Adapted-SRI; FGDs; KIIs with beneficiaries and market actors</td>
</tr>
<tr>
<td>TRANSFORMATIVE</td>
<td>Did households develop new or improved pathways to understand and plan for risks? Were new groups formed that created positive connections and increased access to support networks, markets, or shared assets?</td>
<td>FGDs; KIIs with beneficiaries and market actors; Adapted-SRI</td>
</tr>
</tbody>
</table>

To learn more about the households’ and communities’ experiences with the project’s support and their responses to these ups and downs, the learning study used qualitative (FGDs and KIIs) and quantitative (Adapted-SRI) tools and analysis. To ensure that the different experiences of women and men were captured, purposive sample was used to ensure equal representation of women and men and data was disaggregated by sex to facilitate comparison of results. We looked at many data points and cataloged experiences from beneficiaries, market actors, community stakeholders, local leaders, and project implementers. Analyzing existing data from consolidated PDM, CSI, LCSI, baseline and end line reports, and other desk research, we were able to draw out some interesting results. This was complemented by in-depth KIIs, FGDs, resource mapping experiences, and a household-level resilience survey adapted from the Self-Reliance Index. Quantitative data was gathered by trained enumerator teams (23 staff in total) using a household-level survey, the Adapted-SRI, which gathers data from multiple sectors to create a “household self-reliance index.” The Adapted-SRI tool gives an overall index score for households across ten domains: housing, food, education, healthcare, health status, employment, income, savings, debt, safety, social capital, and initiative. For more information see the SRI Tool Information in the Annex.

This quantitative data was combined with existing data from the EU-Consortium’s MEAL system (based on the CSI and the LCSI) and other data, such as PDMs and baseline and end line reports. This data was reinterpreted to reflect choices around specific resilience-focused capacities that have been strengthened.

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6 The Self-Reliance Index is a tool and system under development with the Self-Resilience Initiative. Copies of all the tools used and the data they generated can be found in the Annexes.
Geography

The study was conducted in the four (4) districts where the Consortium has introduced MPC: Dhaibeen and Habour Zolaimah (Amran governorate) and Khanfar and Sarar (Abyan governorate). Gender parity was maintained in all sampling, both random and purposive.

Quantitative Method

For obtaining quantitative data, the Self-Reliance Index was adapted for the Yemeni context and revised to provide a short-from survey for MPC households. This Adapted-SRI tool moved beyond the CSI and the LCSI to provide relevant information on specific domains that support household resilience.

The data initially collected will inform this study, but the hope and recommendation is for the Adapted-SRI to be used to track resilience change over time with these households – at 3-to-6 month intervals – as the second phase of the project moves forward. If the household remains in the program’s sphere of activity (as is recommended in the “What Can We Do About What We Know?” section below) the effects of sustained support will become apparent. If not, then the results will show if there is value in this design to support resilience without continued engagement.

Sampling

All female and male heads of households were randomly selected from pre-identified communities as primary respondents. The sample size was statistically representative of the population with a 95% confidence level.

The sampling frame was drawn from the MPC project participant lists, which contain household information on composition and demographics. As the purpose of the study is to gather information on any perceived impacts of the MPCs on engagement with pro-resilience capacities (information, livelihoods, social engagement) the sample was limited to those who received the MPC over the full course of the project. A clustered sampling was done with three-stage clustering. First selection was done by districts, then by blocks (urban) or villages (rural), and then, within those, by female-headed and male-headed households. The only sampling criterion used was that 50% of respondents should be female and 50% should be male.

Sample size estimation was calculated based on the desired confidence level and acceptable margin of error:

- Margin of error: 5%
- Confidence level: 95%
- The population of the selected survey areas is: 2,010 households
- Sample size: 323 households

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7 The sampling frame was established with respect to the proportion of the real population by location: the sample size in each district was determined by the proportion of beneficiary population in the targeted districts.

8 A single random sampling process draws a predefined number of households for the sampling frame, disregarding the districts that the families reside in. For a clustered random sampling, the study population is split into clusters, usually based on geographical criteria. In general, a clustered sampling strategy has the advantage that it reduces the survey costs, as it requires less traveling across the study region. One-stage clustered sampling randomly defines a number of clusters in which the entire target population will be included in the study.
Field Work Data Collection Tables 1-3

HOUSEHOLD SURVEY

### TABLE 1: NUMBER OF HOUSEHOLDS SAMPLED

<table>
<thead>
<tr>
<th>GOVERNORATE</th>
<th>DISTRICT</th>
<th># OF HHS BENEFICIARIES</th>
<th>%</th>
<th># OF HHS SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amran</td>
<td>Dhaibeen</td>
<td>529</td>
<td>26.3%</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>Habour Zolaimah</td>
<td>521</td>
<td>25.9%</td>
<td>41</td>
</tr>
<tr>
<td>Abyan</td>
<td>Khanfar</td>
<td>251</td>
<td>12.5%</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Sarar</td>
<td>709</td>
<td>35.3%</td>
<td>57</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>2,010</strong></td>
<td></td>
<td><strong>170</strong></td>
</tr>
</tbody>
</table>

FOCUS GROUP DISCUSSIONS

### TABLE 2: NUMBER OF IN-DEPTH INTERVIEWS

<table>
<thead>
<tr>
<th>GOVERNORATE</th>
<th>DISTRICT</th>
<th># OF FGDS</th>
<th># OF PARTICIPANTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amran</td>
<td>Dhaibeen</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Habour Zolaimah</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Abyan</td>
<td>Khanfar</td>
<td>2</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Sarar</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>8</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

KEY INFORMANT INTERVIEWS

### TABLE 3: NUMBER OF KEY INFORMANT INTERVIEWS

<table>
<thead>
<tr>
<th>GOVERNORATE</th>
<th>DISTRICT</th>
<th>MPC BENEFICIARIES</th>
<th>MARKET ACTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amran</td>
<td>Dhaibeen</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Habour Zolaimah</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Abyan</td>
<td>Khanfar</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Sarar</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>29</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>
Qualitative Methods

For qualitative data collection, the sampling methodology for cohort groups was purposive, with four main participant groups:

- MPC beneficiaries (29) – KIIs
- Market actors/local stakeholders (20) - KIIs
- Community leadership structures and beneficiaries - FGDs (16)/Participants (141)
- Implementation/provider staff (to assess implementation process) – KIIs by international consultant (7)

The qualitative sample size was not pre-determined but instead based on the situation and availability of participants. The sample was complete when no new significant insights or key informant groups are found, so data analysis and review was concurrent with data collection.

To explore the role of gender in the use of MPCs, as well as to highlight the experiences of female heads of households’ capacity to build their families’ resilience, there was an equal representation and participation of female heads of households and male heads of households throughout all aspects of the data collection process. Sex disaggregation of data was used to highlight areas of difference or convergence. Where necessary, FGDs or other discussions were conducted separately for men and women to allow all participants to have a voice and overcome unequal power relations associated with socially and culturally determined hierarchies.

Study Limitations

The refining of the key questions, development of the methodology and tools, and the data collection for this study took place rapidly over the course of three weeks. While the consortium did develop ‘areas of inquiry’ for this study, they were not included originally as part of the project’s MEAL design, so data and learning needed to be ex-post and is not a comparison with earlier result so cannot show change over time. The research team also took the initial areas of inquiry and reformulated and refined them into Key Questions that were: critical to the objectives of the study, could be collected, and were reasonable based on other comparison data available. The analysis of the existing data was done to address each of these questions as directly as possible.

As a Rapid Gender Analysis was not done in advance of this project, there was not existing reference data for these governorates. Gender-specific barriers were not identified nor categorized and there were not specific efforts or activities designed to challenge or break down gender barriers to participation. Therefore, the study is unable to speak to change over time to culturally held beliefs or behaviors. However, the study did work to ensure that women’s perspectives and experiences were drawn out, and this can be used to signpost a way forward for the next iteration of the project.

The program made 10 cash transfer cycles. The project intended to understand at what stage/cycle of the transfers do the beneficiaries begin to move from addressing basic needs to investing in resilience building (i.e. 6th or 9th). It was later understood that this is not a linear progression. It is a cycle of household support and response to risk. While there can be positive movement of households out of negative cycles, and there will be times of high need and times of less stress (as shown by positive changes in the LCSI and the CSI and increases in households’ levels of savings, investment in livelihoods, and access to financing) there is not a viable way to pinpoint a month or year when everyone will be at that same moment in that process. There is also no way to control the external environment that would allow that moment to be replicated or relevant outside of a specific time and context. Therefore, this question was transformed into a better understanding of the Adaptive capacities, some relevant markers (like savings, investment in livelihoods, reduction in

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9 To ensure the maximum level of perspectives, 5 participants who have special needs were included within the 29 (e.g. households that are headed by a child, the elderly (above age 55), or a person with disabilities. This also allowed a better matching with beneficiary selection criteria.
What did we learn?

In collaboration with the CARE Yemen team, to guide the design of the tools and the data collection, Key Questions were developed, adapted from initial ‘areas of inquiry’ in the Term of References (ToR). These questions address CARE’s Resilience Framework and its related capacities: Absorptive, Anticipatory, Adaptive, and Transformative. Additionally, each question and the corresponding data points were reviewed from the perspective and experience of women in the program.

3.1. Absorptive: How is the multi-purpose grant used within the household and does it reduce harmful coping behaviour and support a more capable/resilient profile?

Households across the program show significant improvement over all these measures. In Amran, there was positive movement in the CSI of over 90%, which included pregnant and childbearing age women. There was also a decrease in the LCSI, which tracks wider data points around loss of productive assets, assets ownership, and use of inputs, down by over 70%.10

In Abyan, the movement in index scores was less dramatic, with the CSI down 44%; this is likely due to the lower starting CSI index scores in Abyan, which had a smaller gap in aid than Arman at the project’s start. However, there was a significant improvement (69%) in the LCSI in Abyan, on par with the Amran improvement, showing a strong improvement in limiting household losses. This means that over the course of the MPC programming, the vast majority of the households were eating more nutritious meals more frequently, breastfeeding women had significantly better nutrition, and households sold fewer assets and invested more in their basic needs of health, shelter, and productive activities.

10 These results reflect data from endline reports, April 2019. While overall results are good, data disaggregation seems to show slightly less movement in overall index scores for female-headed households.
Absorptive capacities are critical to households’ abilities to be more resilient. As expected, the MPC showed significant effects on the CSI, LCSI, and Dietary Diversity scores of participating households. This demonstrates that the MPC was and remains a critical factor in allowing households to reduce their risk and risky behaviors. There was also an increase of 60% in savings behaviors. However, this is not unusual as these numbers are related to less than 1% of households’ saving prior to the project and the promotion of VSLA groups as one of the community resilience projects selected for support by communities in surveyed villages.

However, the FGDS, which included beneficiaries and community leaders, and the KIIs with beneficiaries provided another perspective. As a majority of the beneficiaries for the MPC were chosen based on their extreme vulnerability, many were unable to invest in productive activities. MPCs were used to settle existing debts with local grocers that were often in excess of three to four total transfer amounts. Many beneficiaries were selected due to advanced age or chronic illness, and their basic needs were previously met by borrowing funds from better-off neighbors, community benefactors, and distant family. As the transfer ended, these costs remain with the households. Debts are again increasing; medicines and treatments are again funded by community resources (when possible). As the majority of households were chosen due to their extreme vulnerability and were unable to change the characteristics that made them vulnerable (age, infirmity, or lack of productive household member), their livelihood situations are unable to improve.

Conversely, for those families and communities that did not meet the most extreme vulnerability categorization, there was investment in livelihoods, primarily in livestock (sheep and cows) and agricultural inputs (cereal seed and other farming inputs). There was not a gender difference between those who invested in livestock or farming, as both men and women were equally likely to buy livestock within the last six months. However, age and illness were determining factors, with the sick or elderly not making livelihood or resilience investments. The relevance of beneficiary criteria as it related to resilience outcomes is explored in the final sections.

Another measure of absorptive capacity and households’ ability to develop a more resilient profile is the Adapted-SRI Tool. This survey and index tool give an overall index score for households across ten domains: housing, food, education, healthcare, health status, employment, income, savings, debt, safety, social capital, and initiative. There is also a final assessment score that the enumerator gives, ranking the household on a five-stepped staircase at the present moment and projecting six months into the future. The data can track change over time, but also gives a strong perspective on households’ current state in these key domains.

The final Adapted-SRI numbers (1-2 most vulnerable/least resilient; 4-5 being most stable/resilient) gives a picture of households’ current position.

- In this study, the Adapted SRI levels show that households are still in vulnerable conditions, with an average score of 2.7.
- Women/female-headed households show an average index score of 2.6.
- Men/male-headed households have an average index score of 2.8.12

While scores are not strong, there are two clear positive implications: These scores demonstrate improvement, as selected households were among the most vulnerable; populations in these communities likely score in the 1-2 range13 whereas the average score of 2.7 (low- to mid-range across the index) is a bit higher. This is significant upwards movement. The other positive result is that gender did not seem to be a barrier to resilience nor improvement in index scoring, as the percentage differences are not significant. This is further explored in the section below on The Gender Dimension.

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11 The beneficiary selection criteria was a scored system based on need and extreme vulnerability, with age, chronic illness, and no productive household member or assets scoring highest for inclusion in the MPC beneficiary list.
12 For more details on the data collected, the index’s scoring system and the Adapted-SRI tool, see the Annexes.
13 While we can only estimate, based on the project’s beneficiary selection criteria and baseline reports, this is a reasonable assumption.
3.2. **Anticipatory: What systems, supports, and information pathways exist in the community that allow for collective understanding of, planning for and management of risks?**

**RESULTS:** At the project’s outset, there was not a mapping of existing supports for resilience nor information pathways. The study held FGDs with local community leaders and community members (beneficiaries and non-beneficiaries) that asked about what crises and shocks they anticipate in the near future, where they access support to deal with those shocks, where they get information, and what community supports exist. The KIIIs added detail by getting the specifics of the household-level decision-making processes around which assets to invest in, whether and how to save, and where to turn for information about possible risks.

FGDs and community mapping exercises showed that communities and households consistently cited 1) lack of water access (for consumption and livelihood use); 2) food and fuel price hikes; and 3) chronic illness and health crises as the most relevant and likely risks faced. Conflict and instability were mentioned in the FGDs, but not often raised in the KIIIs. These communities were specifically selected for this project due to their inaccessibility and the lack of functional services. This

> “What did I do when things went wrong? I had the cash grant, so I saved money and repaid some of my debt. I also bought cattle and a donkey to carry water to the house and agriculture tools, did some beekeeping and invested in two goats, 30 kilos of white corn and around 30,000 YER in the VSLA. However, now that the assistance has stopped, I have started to sell the assets and access my savings for Ramadan. If it did not stop, I would not have to do that and could keep moving forward.”

- FEMALE HEAD OF HOUSEHOLD, AL JABER AL ASFAL-AL MAHATTA, AMRAN, KII
meant that most were located up to two or three hours from a larger market hub (with road conditions leading to long travel times, lack of transportation options, and high costs). This also meant a lack of access to healthcare facilities and education. The isolation meant that public services and information pathways were very limited. This has not changed during the project’s implementation. The project areas where road rehabilitation was chosen did mention that access was marginally improved, allowing for better access to markets for consumer goods, but this was not a solution to the overall issue of isolation nor did anyone report that this access specifically improved their livelihood or earning options.

While the project did not have specific disaster risk reduction (DRR) planning components, there was an interest in learning if working on community resilience projects and participating in skill-building groups increased household and community abilities to plan for and manage risks. In discussions (KII and FGD), there were no reported plans for crisis or response. However, overwhelmingly, people reported turning to neighbors and local leaders (Sheiks, prosperous community members like grocers and doctors/vets) for support and advice in times of crisis, which does show a strong, localized community support and risk management network based on social capital. Over 99% of survey respondents said they could borrow enough money from someone in their community to help their family in an emergency and 60% could turn to neighbors for information and assistance.

While there are regional and international systems (like Famine Early Warning Systems Network (FEWSNET) and others) that track rainfall, food scarcity and other metrics, these are not designed to be used by communities for their own planning or livelihoods protection. KIIs with beneficiaries corroborated these challenges, with most citing family, relatives, credit from local merchants, and community associations as their support systems in times of crisis. None cited any formal systems or local officials as key sources of help or information when dealing with community-wide or household-level risks. At the community focus group level, international non-governmental organization (INGO) projects where mentioned, but these were mentioned last, after all other options. As stated earlier, family members and community were the main support systems. While the MPC was cited as the main source of financial
support by the KII respondents, when asked who they would turn to for help in a time of crisis INGOs were not frequently identified in household-level KIIs. This may present an opportunity to develop information links going forward.

There were a few instances where locally-led risk assessment and planning processes were mentioned: in relation to a local dam project, heavy industry (a cement plant), and a local water committee to manage a community asset. The first two were historic and not seen by the community as relevant to their planning for a crisis. The water committee was not seen as strong or developed enough to plan for or manage risks to the community’s infrastructure. However, this question did raise the issue with people and there was an acknowledgement that this could be an important piece of the puzzle, again pointing to a possible gap and opportunity for further programming.

3.3. Adaptive: Did the households use the MPC to invest in their own resilience via livelihood or other asset investments? Did households and communities feel their ability to prepare for or recover from a crisis was affected by the community resilience support projects?

RESULTS: A picture of households’ investments in their own resilience and their community supports emerged by looking at the consolidated data from PDMs on spending of MPCs on livelihoods, productive assets, and savings, the LCSI, which tracks the protection of livelihoods/productive and household assets, beneficiaries’ contributions to and participation in the VSLA groups, and reported data on savings and access to financial services in the Adapted-SRI, as well as details from the KIIs on savings and borrowing and investing in productive activities.

The decline of the LCSI by over 70% shows that the project did have significant positive effects on livelihood protection at the household level, with the depletion of assets decreasing. There was greater improvement for women, with levels

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14 While this data point is valid, there are other savings and spending decisions that are made that affect “resilience” at the household level as well, e.g. spending on debt repayment, communication with relatives, and the families health and education all effect the household’s resilience in the short and the long term. However, for the purpose of this study and with the existing supporting information available, focusing on livelihoods and productive assets was the most viable and direct option.

15 Again, these endline results represent Amran only, as at the time of writing there was not yet any Abyan data.
dropping by 80% compared to 61% for men. As this is an index to show improvement, the fact that women’s LCSI scores were higher than men’s at baseline may account for some of the percentage difference. The details from the Adapted-SRI show that over 22% are saving in organized or informal groups, including the project supported VSLAs. However, the details from PDMs show a very limited percentage of the MPC going toward livelihoods or savings, with the majority going towards food, health expenses, and debt repayment (from previous consumer debt or previous rent). One possible conclusion to draw would be that because the MPC was calculated as a percentage based on the MEB, without specific amounts added for livelihood investments, households did not have other sources of income sufficient to make significant livelihoods and savings investments outside of the MPC amounts.

However, the KIIIs, Adapted-SRI, and LCSI did all show savings increasing, with a 60% increase at endline in engagement in some saving activity and 23% of the Adapted-SRI respondents having saved in the last three months. KIIIs showed that households that are able to meet their most basic needs are seeing their investments in livelihoods increasing, specifically around livestock.

Early baseline data showed daily labor wages for farm labor (where present) as the main source of outside income for beneficiaries. Other income streams included self-employment from microenterprise and small-scale production. This seems to have remained the case, as 54% of households now report some level of self-employment/wages/production, but of those who reported any productive income, 97% characterize it as ‘temporary or seasonal’. In the FGDS and KIIIs, households reported that they used the MPC and other income streams to invest in livestock and repayment of previous debts, allowing them to obtain credit from suppliers for fodder and agricultural input supplies to build livelihoods. However, only 8% indicated that their primary income pathway is now working/self-employment/petty-trade/production.

There are also some other indications of increased access to credit; while previously less than 1% of respondents had access to credit, now over 60% of respondents in Amran indicated they had access to credit after debt repayment and

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16 Consortia project documents and baseline reports do indicate that this result is weighted heavily for Amran. There is little large-scale farming or daily wage labor in Abyan. When the data was consolidated, it was not adjusted of this weighting.
participation in community savings groups. The savings numbers have parity across gender, but the credit is still weighted towards men when looking at farming and livestock inputs, as these are more traditionally male investment areas. However, women heads of household are almost equally likely to invest in livestock if they are investing. This could be an issue to address in upcoming programming.

HOUSEHOLD RESILIENCE LEVELS: Some key data around income streams and household economic choices from the Adapted-SRI include:

- More than half (51%) of respondents are now using multiple pathways to cover their basic needs, with a broad mixture of aid, borrowing, remittances, selling assets, and accessing previous savings on the ‘coping’ side and income from self-employment/production/wage labor on the ‘self-reliance’ side. Only 18% of the total respondents report depending exclusively on aid/assistance.
- 23% have saved in the last three months, but only 7% have enough savings to cover a month’s expenses (50% females, 50% males) and only 3% have enough savings to cover a month’s expenses and invest in a productive asset or activity (60% females, 40% males).

This diversity of pathways shows increased resilience but does not indicate that beneficiary households are approaching a stable level of self-reliance.

While a decrease in the use of aid to meet basic needs is positive, and 56% of households did not list any aid in their income streams in the last three months, this is not unusual since MPC distributions to these households have ended. It is possible, therefore, to interpret this data as either a positive or negative.

- Of the 56% of households that are not relying on aid, 69% of them are relying exclusively on borrowing, selling assets, remittances, and using existing savings to meet their basic needs. This shows that, with the end of the MPC, there are household that are returning to coping mechanisms that may not build their resilience.
- However, the data also shows that 31% of those no longer using aid to meet their basic needs have added productive work/income/wages to their income pathways, which can be built upon and supported.
- An impressive 15% listed neither aid, nor borrowing, nor selling of assets as part of their income streams, showing some level of income stability. This does not necessarily mean these households are all fully meeting their families’ needs – only that aid, borrowing, and selling assets have not been choices made to meet basic needs in the last three months. There are likely still major gaps.

For example:

- 87% are holding debt for critical family activities (like food, healthcare, rent, education and transport) (38% females, 59% males).

In Amran Governorate, where LCSI scores were initially very high and no international support service was available, the targeting strategy of working with female-headed households resulted in:

✔ A 62% change for male-headed households, but a much larger 84% change for the better in female-headed households.

Based on other information from KIIs, there were also significant improvements in women’s ability to maintain and even grow their livelihood options after participation in the program.
45% report no employment (63% females, 37% males).
54% only have temporary/seasonal/irregular employment (21% females, 78% males).

There is clearly a considerable need for support in livelihoods, self-employment, and employment options if any of these modest gains are to be supported and protected.

This data also demonstrates that this is not an economically homogenous population. Not everyone is at the same level nor are they accessing or using the same systems for resilience. Not everyone is fully dependent on aid; many have had shifts and changes in how they support their basic needs over the MPC period.

THE ROLE OF BENEFICIARY SELECTION: Again, it is important to mention that these indications are not universal and, when disaggregating by other vulnerable characteristics, there are considerable differences. Women, however, were just as likely to be investing in livelihoods and more likely to mention participating in skills training and savings activities than men, likely because program staff specifically targeted women for participation.

The barriers to resilience building that emerged out of data disaggregation were predominantly for age (above 65) and/or significant disability/illness/infirmitry in the household. Therefore, if resilience building and livelihood investment are primary project goals, these barriers should be taken into account when setting beneficiary criteria. More recommendations on this are in the What Can We Do About What We Know section, below.

Community-based projects, skills trainings, and savings: When beneficiaries were members of VSLAs or had skills training projects in their communities, participants in both FGDs and KIIs cited participation in these groups as “helpful” in managing their household problems and mitigating risk. VSLA groups were mentioned specifically as place to “save in case of a crisis” and borrow to invest in a productive activity. VSLAs were seen as having a direct link on improving the household’s livelihoods (e.g. individuals saved up then bought goats to resell).

However, there were few mentions of skills training helping to start or restart a livelihoods activity. When the training was reinforcing an existing skill or activity that the household had engaged in previously, there were a few reports of households engaging and investing, but no one reported starting a “new” sustained activity based on the skill trainings.

Outside of VSLAs, there was very little mention of the community projects affecting the resilience or livelihoods of households or communities. In FGDs with the larger community and leaders, many projects were mentioned and VSLAs were not seen as helping manage.
the crisis or reduce risks. The focus was on the MPC as a much more powerful tool to support households. In the KIIIs, respondents consistently reported ‘not using’ or ‘not knowing about’ community infrastructure projects. The exception was market feeder road rehabilitation projects, which were mentioned as helping people get to markets to buy and sell things more easily.

When asked if they knew of anyone in their community who used or was supported by a community project, again, there was little information. Within the FGDs there were mentions of one water tank project, two road rehabilitation projects, and one solar project. This does not necessarily indicate that these projects were not of value to the communities, but it does mean that they were not connected to the household’s perception of their own improvement/resilience and the services that they worked to make available were not directly linked to household activities.

While using an improved road will make your commercial activities easier and having access to water will ensure that families and their animals/crops are healthier and more productive, respondents did not seem to link these activities and the community projects in their minds. The active linking and systems thinking necessary for communities to see the MPC and the community projects as two parts of a whole needs to be developed. This would, in turn, lead to clearer choices for community projects and better planning as to how they might support productive activities.

3.4. Transformative: Did households develop new or improved pathways to understand and plan for risks? Were new groups formed that created positive connections and increased access to support networks, markets, or shared assets?

Results: In order to answer questions related to transformation, FGDs were conducted with community members about relevant early warning systems/information flows and community support programming and KIIIs were conducted with beneficiaries to ask about households’ or personal participation in and access to community resilience projects, including VSLAs and skills trainings. In addition, KIIIs with market actors drew out details on their investments in their businesses and their economic relationships to MPC recipients. Reports from FGDs and KIIIs on where communities and individuals “turn to for help in a crisis” signpost ways to support and strengthen local solutions. The Adapted-SRI covers domains of financial and social capital, asking households if they have someone to turn to for financial support in times of crisis and if they have a place to turn to for advice and information in times of challenge. This data, along with household’s general SRI ranking, helped gauge their existing resilience supports.

Data showed that 48% the of respondents from the KIIIs turned to their community when times were hard, or they needed support or information (31% to their neighbors or well-off community members and 17% to their family). While those who belonged to VSLAs did save in their groups, and these groups continue to function, they were not mentioned specifically when households were asked about social capital or risk planning. The majority spoke of social systems that allowed them to borrow money or credit goods from less vulnerable neighbors when times were hard, and then pay it back when they had resources. The money from the MPCs, which many reported using for debt repayment, strengthened this support network.

Further reinforcing this community network, results from the Adapted-SRI tool show that 60% of respondents have strong enough connections that they seek, provide, or both seek and provide information within their community. However, while this use of the Adapted-SRI does not have comparison data (but could with regular monitoring of the index) it does tell us that not everyone is fully dependent. There are periods of change and improvement; families are investing when and where they can and seeking their own solutions. For these to be protected and supported, it will likely be necessary to continue both aid and other support services to ensure these fragile gains are not lost.
40% of respondents did not feel they had any trusted pathways for critical information in a crisis. Access to trusted and relevant information seems to be a gap.

The strength of the community systems, however, is shown by over 99% of the survey respondents saying that they could borrow enough money from someone in the community to help their family in an emergency. This indicates that there is strong community cohesion to build on, trust within and outside of households and resources available in the community.

More than half of market stakeholders (52%) knew about the cash assistance project and many adjusted both the amount and items they sold to better meet the community’s needs. In fact, there were instances of local community members themselves investing in a new grocery in response to the increased purchasing power. Main markets expanded their offerings and new shops opened to meet demand. This showed that the MPC did have strong positive effects on the local market systems, beyond just the household beneficiaries.

3.5. The Gender Dimension: Sex Disaggregated Results

As already noted, there was no Rapid Gender Analysis done nor were any specifics around gender barriers researched in these communities prior to this study. Therefore, in an effort to address the questions around whether women and female-headed households experienced the project differently than men and male-headed households, all the questions were asked of equal numbers of men and women and their responses were compared to identify similarities and differences.

There were also additional questions asked about gender-based barriers and challenges in accessing and taking advantage of activities. These are highlighted in the key results and should be taken into account in further programming.

While it is hard to draw any definitive conclusions, what is interesting is that when asking men, they perceive that they are primarily responsible for decisions and, when asking women, they tend to perceive themselves as the decision-makers. This does indicate that targeting female-headed households and focusing on their perspective does empower them to make household economic decisions. It also confirms that both asking and working with male-headed households overwhelmingly supports their self-perception as household decision-makers.

WHO MADE THE DECISION ON HOW TO SPEND THE CASH?

The figures below demonstrate differences in how men and women perceive that decisions about cash spending were made. This question is drawn from consolidated PDM Data and was only collected in Abyan, as it was removed by authorities in Amran.

![Figure 2: Female Respondents in Abyan](image1)

![Figure 3: Male Respondents in Abyan](image2)
As a point of clarification, as this was drawn from PDM data reanalyzed after its collection, staff have reflected that for many in Abyan the question of ‘pay rent’ was interpreted to mean repay debts and money borrowed; as there is not a strong rental market in these villages it may not only represent payment for a place to live. The answer choice of ‘improving the living conditions’ was also largely understood to mean ‘improving conditions’ of the shelter or structure and may indicate money used for construction or repair of houses.

These two charts show the total data from across the PDMs from all ten months of the MPCs and reflect categories selected by at least 1% of respondents. There is little difference in the way money is used by male- or female-headed household respondents nor are there significant differences in the frequency of choices, as respondents were asked to ‘tick all that apply.’ While this does not show that women and men had identical experiences, it does indicate that major needs were similar and households, whether male- or female-headed, used the cash to meet these needs.

One of the local traders in Khanfar District, Abyan Governorate (Photo: AFCAR)
When looking at the disaggregated results from the relevant domain areas from the Adapted-SRI, there were not dramatic differences in female and male respondent/heads of household’s responses across these key areas of spending and household decision-making (see Figure 7).

As we can see in Figure 7, both male- and female-headed households are having similar experiences; there was no significant difference between men and women under 50 years of age.

Percentages, which some comparisons show more clearly, highlight only a few areas of divergence.

- Houses headed by women under 50 years of age report far fewer issues with health-related vulnerability, with 83% having no issues that significantly impact the households.
- All men and all respondents over 50 years of age reporting over 20% more issues.
- Men under 50 had the highest percentages for livelihoods work, with 39% engaged at some level, around 10% higher than the percentages for women and all genders over 50.
- There were similar percentages regardless of gender, within 10% across all the other domains.

3.6. Key findings as they related to the ‘Areas of Inquiry’

In this section, the research team has framed results to speak specifically to the Areas of Inquiry from the perspective of project implementers. So often, research is seen as difficult to understand or not useful or practical for implementers, program designers, and policy makers. Hopefully, this study will provide a clearer way to see how these research results relate to the project’s goals and make the findings useful and relevant to the work moving forward.

- Did the program support resilience building? To what extent? What were the roles of the MPC and the community projects?
  - Yes, the project did support household resilience. 90% of recipients in Amran and 44% of households in Abyan had significantly lower negative coping behaviors based on the CSI. LCSI numbers demonstrated positive reductions of 69% in Arman and 43% in Abyan, and across both governorates 41% invested in livelihoods.18 There are more details and specifics in the Absorptive and Adaptive sections, above.
  - At the community level, this was harder to measure, but there were indications that social capital was reinforced and

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17 Only 7% of respondents were female household members from male-headed households, so conclusions are reasonable to draw across respondent/head of households.
18 The decreases in Abyan are less dramatic, as the index scores were more in the middle range at baseline. For more analysis on the CSI, LCSI, and FCSs, see the endline project reports.
the process of selecting and completing community projects had positive effects on communities’ anticipatory and transformative capacities.

- The MPC transfer was identified as the most relevant intervention to building households’ resilience among all community projects. The MPC allowed debt repayment, increased saving, and investment in livelihoods and supported less exclusive dependence on borrowing from neighbors and merchants in times of crisis, all key factors in improving resilience at the household level. 41% of beneficiary households’ respondents invested in their livelihoods, predominantly in livestock, some early in the MPC cycle (21%) and others towards the end (10%). 23% of respondents were able to save in the last three months.

- In support of community resilience and economic activity, 52% of traders reported significant increased economic activity due to MPCs in their communities and districts. 70% of those interviewed made investments in their businesses and increased stock to meet demand.

- The community projects that stood out were those that focused on the individual skills and livelihoods, such as VSLAs or market feeder road rehabilitation. There were not significant reports on other infrastructure projects. Skills trainings were not cited as leading to sustained new livelihood actives or having a direct link to families’ or communities’ resilience at this point in the project. It may take time for these effects to be felt, as many were only completed in the last few months.

- Staff did report that the process of selecting the projects improved social capital and created a space for joint action and positive work within the community. This has been in short supply.

- The positive effects on resilience outlined above show signs of disintegrating now that the households are not receiving MPCs. Market activity is reducing and the negative debt cycle is beginning again. Households who were experiencing extreme vulnerability due to age, illness or other effects are still within this vulnerable profile, so it is reasonable to anticipate that some of them will fall back into the same situations without the support of the MPCs. Other households who did not have the same extreme/unchanging vulnerability issues did demonstrate improvements, investments, and now a higher level of resilience.

- Are there any gender-specific challenges and barriers in building resilience? What are the contextual social norms that create these challenges barriers and opportunities? Have these gender-specific barriers changed over the course of the project (e.g. norms, perceptions, views)? Can cash transfer programming help with the agency, relations, and structures that relate to resilience (and, if so, how)?

- There were not any significant gender differences in barriers to building resilience identified. Where there were disparities, there was not a clear causal link to gender. For example, there were significantly higher reports of improvement from households in Abyan than Amran governorates, but this is not gender-specific and is more likely related to Amran’s isolation and previous lack of support from any agency.

- However, the cultural challenges that were outlined in the baseline study – women’s limited freedom of movement, perceptions of more significant security risks when traveling alone, and pressures to stay within their traditional areas of activity when earning income – did not show any significant change throughout the project.

- As there were not any specific barriers outlined nor any baseline gender assessments done for comparison, these questions can only be addressed by general responses from the community, as well analyzing if male- and female-headed households are experiencing the project’s effects differently. In the future, if these questions are important to implementers, the survey team would recommend a specific gender analysis, both pre-and post-project, to assess and identify these barriers and opportunities. Beyond the focus on including female-headed households, which was framed as a vulnerability criterion not as a way to support empowerment, and including women’s perspectives in the community project selection processes, there were no specific investments or project activities on shifting gender
norms, so it is not unusual to see these areas unaffected. 19

Are there variations in the extent to which resilience was supported between women and men? Are there variations between the extent to which resilience is supported between women who are part of a male-headed household and women who are part of female-headed households?

Measuring resilience can be very subjective and based on perception. However, as stated above, insofar as the MPC and community projects supported household’s resilience, there is not a significant difference between male- and female-headed households’ experiences. The variations are based on cultural norms, such as women not engaging in commercial farming and when working focusing on home-based or localized income activities. These were not shifted in any significant way overall.

However, there were isolated incidences where women, due to the crisis state of the family, took on roles that were not within these norms. They expanded their businesses to become the primary household earners, worked in the fields as laborers, and took on other non-traditional tasks. While the project did work to support women in new roles, it also cannot be seen as their primary cause, nor did all women and men see these as positive developments. Some were seen as negative coping strategies to be abandoned when the family had more resources, specifically women traveling to engage in commercial farm labor. Details on women’s and men’s experience of the project’s activities can be seen in more detail in the section on The Gender Dimension, above.

Did the MPCs support flexibility? What other circumstances are needed in order to guarantee this flexibility? What sort of complementary interventions should be delivered alongside MPCs in order to support resilience outcomes, particularly for female-headed households?

MPCs were the right tool to ensure flexibility for households to meet their needs. They were consistently ranked as the number one selected form of assistance20 for this reason. Households did not cite community projects as a significant contributing factor to their resilience, outside of the VSLAs and improvements to market feeder roads. The details of the Adapted-SRI show that over 22% of households are saving in organized or informal groups, including the project-supported VSLAs. This is strong indication of households’ future-thinking and the VSLAs value to resilience outcomes.

Households did not see the community projects focused on public infrastructure as having any direct effect on their lives or livelihoods. It is possible that this will change as these infrastructure projects are integrated into daily life, as most were only very recently completed.

The targeting of female-headed household for MPC assistance did support their resilience. The female-headed households who were targeted reported having significant decision-making power over the use of the money in the household. The participation in and use of community projects did not seem to be gender dependent; there was no difference in the way women or men reported their experience, access to, or use of community resilience projects. However, it is worth noting that neither men nor women reported significant effects from or use of many of the infrastructure projects when they talked about how they dealt with crisis and what supports mattered to them. When asked about the key areas where they struggled, what their support systems were, and where and to whom did they turn to for help (all speaking to their resilience), the focus was on family and community supports and program projects that were directly tied to livelihoods and market access (VSLAs and market feeder roads).

In KIIs with staff, the inclusive process to select the community resilience projects were often cited as one of the most positive impacts on the communities, allowing male and female voices to be heard during the critical reflection on prioritizing projects that would have short-to-medium term impact on people’s recovery.

Does sustained MPC assistance influence beneficiaries’ expenditure behavior (capacity for planning and investing) or a handout mentality?

19 Similar results were found in a recent study on gender and cash, The potential of cash-based interventions to promote gender equality and women’s empowerment: A multi-country study, WFP, February 2019.

20 Consolidated PDM data
There was no evidence of increasing a “handout mentality.” Positive effects included debt repayment, savings, investing in livestock, not depending as much on long-term/extreme levels of credit, and borrowing from social networks and market actors. All these were reported as part of the household’s economic decision-making and show a focus on planning and investing. When asked if family members were taking action to improve their fate and circumstances, over 84% responded positively. However, female-headed households were 20% less likely to say adults were actively working hard to improve their household situation.

Out of all the women surveyed in the Adapted-SRI, only 9 (6%) reported any feelings of insecurity that would interfere with their daily life, and within the PDMS, security issues reported were minimal over the course of the ten-month MPCs. While there is no way to show direct causality, it does point to the design of the project having taken into account and mitigated the security concerns that existed.

What systems need to be strengthened to better support the resilience of households and communities in protracted crisis and what knowledge/tools/skills does CARE/ACF need to do this?

There is a need to reinforce the gains from MPC and recognize that, when they stopped, those gains were in jeopardy, as there was limited self-reliance developed over the MPC period.

The selection criteria developed for MPC beneficiaries targeted the most vulnerable households. This did not focus any MPCs’ support on households that had positive criteria to make permanent gains in resilience over a short timeframe. While this was in service of the humanitarian goals of the project, it did not maximize the MPCs’ resilience building support.

The MPC amounts were based on MEB and other metrics, which do not normally include livelihoods investment expenses. If the project expects gains in these areas, livelihood expense categories would have to be figured into the cash transfer amounts. As MPC amounts are often set as part of a cluster-based agreement process, this could also be a separate top-up transfer amount as part of a resilience support effort.

If the project is focused on impacting gender barriers, a gender study should be completed as part of the project development process, goals and tracking mechanisms around shifting gender norms should be included in the MEAL plan, and activities should be designed to target gender barriers.

3.7. Where do we need to keep Learning?

GAPS IN OUR KNOWLEDGE, LIMITATIONS, AND TRENDS TO EXPLORE

If gender norms are going to be changed over time, an 18-month project with ten months of MPC is a short time horizon. However, there could be movement in the short term with crisis conditions: women are working outside the home more than usual, in non-traditional roles, leading more households than before, and making more decisions for the family. There could be specific project goals and resources devoted to understanding and supporting this, but more would have to be learned as there has been no specific gender-norms and barriers research. To learn more about the CBIs’ and MPCs’ direct relationship to shifts in gender equity and empowerment, studies with these key questions would need to be built into the program’s design and MEAL plan. This would allow both a focus on the empowerment goals and activities to support them specifically.

The Adapted-SRI is a tool that could be used alongside the CSI and LCSI to track resilience and show household improvement over time. The SRI was created to track refugee/crisis affected households’ progress toward and achievement of self-reliance. As such, it is envisioned as a support to programming, both at the case level (improving assistance to individuals and households), and at the program level to inform and improve program design. It can be useful in targeting/screening clients for assistance, as well as tracking their progress over time, and potentially in support of responsibly “graduating” clients from assistance.

21 See the Annex: SRI Tool Information Sheet
22 The MPC was YER 52,000 per cycle / Approx. 207 USD
With this information, the project could react in “real time” and adjust support programing when certain domains are moving forward quickly or falling behind. This can also help with referrals/links to other services, such as housing, education, and healthcare if and when they become available. However, it may be outside of the scope of a ten-month MPC project to show sustained improvement. Learning about how households can navigate a continued or protracted crisis, such as the one they are facing in these governorates in Yemen, with continued support, as the pilot had shown is effective while it is ongoing, would be an important learning to continue. This will need to be done as the pilot is expanded to more households. Current households would need to remain within the support networks as MPCs recipients for the data collected in this study to be tracked over time.

MARKETS MATTER – LINKS TO RESILIENCE AND MPCs

During conversations with local market actors, who are key informants on the economic vitality of a community, the value and impact of the project is seen from a new perspective- and it also points to the value of MPCs in supporting small businesses during a crisis...

“Yes, I sold them items on credit sit hay can pay back when receiving the cash assistance from the organization (average ceiling was YER 100,000 to 400,000). We also increased the list of food items such as rice, clothing and medicines.”

“The business grew well after the organization intervened but with the suspension of the project things slow and income dropped. The project benefited us and locals alike.”

“Yes, I knew and talked with customers who said the project helped alleviating part of their debts. [We made many improvements when we had more customers] including solar energy for the store and for selling as well as building materials and electricity supplies.”

“My business grew and debts were repaid so I was able to buy more goods. Some clients asked for specific goods including pain killers. I sold new items in big quantities such as rice, flour, sugar, cooking oil, tuna meat and others.”

*From KIIS with Market Actors. For more details, please refer to the data sets for Tool 2-KII Market Actor-Stakeholders*
4. RECOMMENDATIONS

What can we do about what we know?

If the project expects measurable outcomes and shifts in gender equity and empowerment, especially in constantly changing and crisis-affected contexts, these goals need to be explicit in both the project design and MEAL plan for program activities. CBI and MPC do show effects on nutrition outcomes for women within the households and possible effects on more equity in household economic decision-making; however, there are not complimentary activities to specifically support this. As found in the WFP study on gender and cash: “On the practice side, however, the survey showed that integration of gender in CBI remains relatively limited and is perceived mostly in terms of women’s participation in activities, women being the transfer recipients, and protection/gender-based violence outcomes. Where gender equality-focused activities are integrated in a program, and monitored, they focus mostly on transfer-related decision-making.”24

With ongoing crisis, it is very hard for people, households, and communities to “plan for the future” and that is a lot of what resilience work is about. While households and communities can plan for today and tomorrow simultaneously, they have to be realistic and aware of the immediate risks as well as the cyclical ones. Fragile and embattled communities have to cope with risks outside of the conflict and incursions – risks that are climactic, related to poverty, and exacerbated by conflict and instability. Therefore, it is necessary to continue the MPC during other support activities, as basic needs support is not “solved” once families and communities begin to invest in common resources or livelihoods strategy. It only means that the MPCs are effective at assisting with meeting basic needs, allowing space for this other work and investment. If MPC ends, that space contracts and the resilience activities are less effective or end all together.

Address the beneficiary selection issues. If we are always selecting the least able and most vulnerable, then the expectation for investment, action, and change over time toward resilience without significant social support programs and services may be unreasonable. There may be a need to define criteria that allows for the differentiation between those who will

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24 The potential of cash-based interventions to promote gender equality and women’s empowerment: A multi-country study, WFP, February 2019, page 147
need continued higher-level psychosocial and financial support due to extreme age, illness, or infirmity and those who have economic or social vulnerability that can improve over the medium-to-short term.

In planning for support activities and livelihoods, the project did not engage with the market and private sector actors. It is important to engage with this group both when designing projects and programs that engage with markets and when working to support household livelihoods. If we are helping with livelihood diversification and reducing dependence on higher-risk livelihood streams, we will have to understand and engage with the market actors’ beneficiaries are earning money with and from, including:

Input suppliers, buyers, sellers, employers, and others should be engaged in the next step in the process. While income is not the only important part of increasing resilience, nor is monetary capital the only one that can have a positive effect, it is an area where humanitarian and recovery programing can have a medium-term effect. It also provides a clear metric to measure and a strong starting place in the journey to resilience.

There is value in continuing with MPCs in same households and tracking resilience using the Adapted-SRI tool. This is an opportunity to track change over time. If this is not possible with the current households, it should be a goal for new households in the next project iteration. Tracking these index domains will help the project understand which domains are improving, where there are challenges or less movement, and if the overall resilience of the household is improving overtime.

Some of the early information showed that mid-cycle in the MPCs, some families were able to invest a little (e.g. their debt reduced or they knew they had money coming again and were able to buy a few sheep). However, as the MPC cycle wound down, less investment and more panic set in, with households worried hat they would return to limited income and high debt accrual. Consistency of income streams (with MPCs) and less fear allows for future-planning and more investment, which leads to resilience. This information should also allow for the timing of supports that build on investment and savings to happen early- to mid-cycle in MPCs, to better match with households’ focus at those times. It also reinforces the need to have longer MPC cycles if resilience is a goal.

There may be value in redirecting resources from high-cost infrastructure projects towards more or longer MPC programing. It may also be worth exploring community projects that are more directly linked to household and market level engagement with livelihoods and market actors at the community level (local grocer/header) and in the market towns (bigger grocer/supplier/transport/vet). These supports were more frequently and directly mentioned by communities and households as effective and positive activities for resilience (savings groups, market access roads, money to invest in livestock and agricultural inputs). This does not mean that none of the infrastructure work was relevant and, in fact, those that were directly linked to livelihoods and the supply of goods– such as roads that linked communities to markets – were as frequently cited as savings groups.

However, across all the 69 projects completed, only three were road rehabilitation projects and four were VSLAs. CARE and ACF did complete a participatory selection process, where communities chose over 40 projects focused on water issues (wells, irrigation, water storage). While FGDs in communities did cite fears over water shortages as a major issue/crisis facing their communities, when discussing their household resilience or community systems they did not cite these project as having a direct effect on them or being used. There may be a perception problem, with these services not seen as a long-term public good and effecting household and community resilience but rather as separate public service infrastructure that is necessary, but not related to livelihoods and households. This could be explored in future program design.
BIBLIOGRAPHY


This publication was produced with the financial support of the European Union. Its contents are the sole responsibility of CARE International and do not necessarily reflect the views of the European Union.