



Transforming Cash Transfers:

Beneficiary and community perspectives of the
Social Welfare Fund in Yemen

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Abbreviations

| | |
|--------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| BEDP | Basic Education Development Project |
| C&Y | Children and Youth |
| CPRC | Chronic Poverty Research Centre |
| CSO | Central Statistical Organisation |
| CSOs | Civil Society Organisations |
| CT | Cash Transfer |
| DFID | Department for International Development |
| DGC | Demand Generation Consultation |
| DPPR | Development Plan for Poverty Reduction |
| FGD | Focus Group Discussion |
| GCC | Gulf Cooperation Council |
| GDP | Gross Domestic Product |
| GII | Gender Inequality Index |
| GoY | Government of Yemen |
| HDI | Human Development Index |
| HIV | Human Immunodeficiency Virus |
| HRW | Human Rights Watch |
| IDI | In-depth Interview |
| IDP | Internally Displaced Person |
| EU | European Union |
| ILO | International Labour Organization |
| KfW | German Development Bank |
| KII | Key Informant Interview |
| M&E | Monitoring and Evaluation |
| MDG | Millennium Development Goal |
| MENA | Middle East and North Africa |
| MICS | Multiple Indicator Cluster Survey |
| MoPIC | Ministry of Planning and International Cooperation |
| NGO | Non-governmental Organisation |
| OCHA | Office for the Coordination of Humanitarian Affairs |
| ODI | Overseas Development Institute |
| OECD | Organisation for Economic Co-operation and Development |
| OPM | Oxford Policy Management |
| OPT | Occupied Palestinian Territories |
| PMT | Proxy Means Test |
| PRSP | Poverty Reduction Strategy Paper |
| PWP | Public Works Project |
| SEDF | Small Enterprise Development Fund |
| SFD | Social Fund for Development |
| SIGI | Social Institutions and Gender Index |
| SP | Social Protection |
| SSN | Social Safety Net |
| SWF | Social Welfare Fund |
| TPSD | Transitional Programme for Stabilisation and Development |
| UK | United Kingdom |
| UN | United Nations |
| UNDP | UN Development Programme |
| UNESCO | UN Educational, Scientific and Cultural Organization |
| UNHCR | UN High Commissioner for Refugees |
| UNICEF | UN Children's Fund |
| UNRISD | UN Research Institute for Social Development |
| WFP | World Food Programme |

Executive summary

This report presents the results of a study on beneficiary and community perceptions of the Social Welfare Fund (SWF) cash transfer in Yemen. The study was part of a global research project funded by the UK Department for International Development (DFID), which included similar studies in another four countries with long-running cash transfer (CT) programmes (Kenya, Mozambique, the Occupied Palestinian Territories and Uganda).

In Yemen, the study was conducted in two districts of different governorates: Al-Qahira district in Taiz and Zabid district in Hodeidah, both with primarily urban and peri-urban populations. The study team met with relevant stakeholders at national level (SWF officials and donors) and in the selected districts with a diverse range of beneficiaries and non-beneficiaries, local authorities, youth leaders and civil society actors.

The key objectives of the study included the following:

- Exploring the views, experiences and perceptions of CT programme beneficiaries and other community members (non-beneficiaries) in order to ensure they are better reflected in policy and programming;
- Gathering perceptions and experience from programme implementers;
- Building and synthesising a rich and textured body of data and evidence on key research themes at the individual, household and community levels pertinent to CTs that will complement and inform quantitative survey findings and lead to enhanced understandings of the dynamics of change;
- Providing examples of best practice on how to involve beneficiaries and communities in participatory monitoring and evaluation (M&E) of CT programmes.

In order to fulfil the research objectives, several qualitative and participatory assessment techniques and tools were used, including in-depth and key informant interviews (IDIs and KIIs), focus group discussions (FGDs) with some participatory and visual tools, case studies, structured observation of situations and events and life histories. Prior to the start of the main research component, a short, participatory demand generation consultation (DGC) exercise was held to elicit essential contextual knowledge of key issues and themes to be explored in the research, as identified by SWF beneficiaries.

Data collection was carried out during the period of 5-20 September 2012 by two teams. Each team comprised two females and two males. A country principal investigator led the two data collection teams.

The study revealed the following key findings:

- 1 In the initial vulnerability analysis, **catastrophic spending on health** as a result of high levels of morbidity – particularly given the high costs of medicines, tests and operations – was described as the main cause of dramatically increased levels of poverty. It was identified as the most challenging vulnerability facing beneficiaries and non-beneficiaries. Households with severe and immediate medical needs are forced to sell assets or take on debt. Although the Social Welfare Law exempts beneficiaries from payment for social services, including education and health, this is not the case in practice. This situation reflects the fragmented and complex institutional arrangements around providing social protection services.
- 2 There is a **general lack of knowledge about the programme and its operations** among beneficiaries and non-beneficiaries alike. In the absence of access to official information about the programme, people tend to rely primarily on knowledge provided by local figures, community leaders, representatives of

local councils, relatives, other beneficiaries or applicants. This poses risks, as it can influence the decision of potential beneficiaries as to whether to register, can create biases and, in some cases, these intermediaries take advantage of the poor and uninformed during the application process.

- 3 The current **value of cash assistance is low**. A family with six persons receives an amount¹ in local currency equivalent to \$56 per quarter, just enough to buy six pita breads per day, which is inadequate to feed the family, let alone meet other basic needs. Beneficiaries and non-beneficiaries have complained about the current value of the CTs, but still say it is better than nothing. In terms of the effects of the CT, beneficiaries reported that it had a limited but generally positive impact, which also varied depending on the context and on vulnerability. Households count on cash assistance to pay for essential services (in Hodeidah mainly water and electricity), the money was said to enable extra spending capacity when the transfer coincided with special occasions or times of need (Ramadan) and the beneficiary card is mostly used as a guarantee to borrow money or buy goods. Some widows said that the cash contributed a little to their independence and decreased reliance on men. People from marginalised groups felt cash assistance made them feel they were being recognised as being part of the community.
- 4 There is a growing **demand for scaling up SWF coverage**. This was reiterated by all respondents at all levels, and was evident in the relatively long waiting lists in all the visited sites of people who have long been accepted but have not yet received assistance; many others are still waiting for their applications to be processed. There are also those who are eligible but who have not accessed the SWF for various reasons, as well as a large number of poor individuals and families who do not fit the SWF's categories or its criteria for cash assistance.
- 5 SWF officials and main stakeholders, including donors at national level, recognise that **current coverage is not great enough to make any sizable impact on poverty** on a national scale. The current budgetary allocation is inadequate to reach the estimated 4 million poor households. Current numbers of the poor are thought to be higher than this estimate, as a consequence of the 2011 crisis, yet the pressing priorities resulting from such a context have led national political dialogue to push social protection in general and CTs in particular aside.

In light of the above key findings, the following priority recommendations are proposed by the researchers, based on the perspectives of different respondents involved in this study and the evidence collected.

- 1 Improve **access to knowledge and information about the programme** at different levels, using effective and appropriate communication channels, with a need to develop and implement a communication strategy for the SWF to increase awareness, clarify and dispel misconceptions and advocate for increased resource allocations for social protection in general and CTs in particular. More information is needed about the most appropriate channels to access the relevant population, including those who live in isolated areas or in conditions of marginalisation, women who spend significant time in their house and those who are illiterate. One option could be for district SWF officials to conduct periodic community meetings – for men and women separately – to provide more and relevant information.
- 2 Technical assistance by donors should support the SWF to set up parallel and independent **grievance procedures** and develop some sort of a **beneficiary charter**, which could be one page describing the SWF policy to beneficiaries and the general public.

¹ Smaller households get half of this amount.

- 3 The Central Government – particularly the Ministry of Finance and the Office of the President and the Prime Minister – should support an increase in **resource allocations for the CT** to support large households, using poverty more systematically as the main eligibility criterion, in order to increase coverage to include currently excluded groups that face severe poverty and even destitution (e.g. marginalised ethnic groups, other economically insecure and disadvantaged groups, young people living in poverty and very low-income families.) Poverty-based targeting could be a more transparent way to target the transfer.
- 4 The Central Government should also support an **increase in the value of the CT** given high poverty levels, inflation, the effects of the recent political unrest in Yemen on people’s coping strategies, costs incurred collecting the CT from delivery sites, large household sizes, etc.
- 5 The SWF at the national level, with the support of the Central Government, should **review and update current criteria and targeting methods** building on European Union (EU) and World Bank initiatives with the SWF in consultation with donors. These updated criteria should then be clearly communicated to SWF at the governorate and district levels.
- 6 SWF officials should **coordinate with other social service providers**, particularly government agencies at the district level (education, health, water, etc.) to identify gaps (e.g. school dropouts might owe to teacher absenteeism, reproductive health problems might owe to lack of community midwives, etc.), as well as to ensure complementary SWF services – particularly fee exemptions aimed at improving access for beneficiaries – are implemented. This coordination should also include national and international NGOs who are providing important services at the local level. Given that this coordination might require additional human and financial resources at the local level, it needs to be done with full support from the national SWF, who should also foster coordination amongst relevant Ministries.
- 7 Multi-agency coordination, led by the SWF, should promote improved **access to work and income generation opportunities** through complementary programmes and other initiatives in the public or private sector to improve beneficiaries’ income and enhance their chances of graduation, and introduce a range of additional complementary activities that are well suited to the contextual realities of beneficiaries, for example women in some areas who are unable to work outside their home.
- 8 The SWF needs the support of the Central Government to address the 270,000 **non-eligible cases currently benefiting from the CT**, to free up resources to include those eligible cases who have been on the programme’s waiting list for years. This decision will also send clear signals that the government of Yemen is not doing ‘business as usual’: maintaining the *status quo* undermines the credibility of the SWF in targeting.
- 9 Improve **delivery of CTs** through, among others, 1) improved regularity of payments (promptly on a quarterly basis), for which the MoF needs to ensure disbursements to pay the transfers are done in a timely manner; and 2) establishment of a transparent bidding process with intermediaries based on their capacity and reach, with clear contracting terms and conditions that are enforced through monitoring by the national SWF and utilising the complaints and grievances system.
- 10 The Central Government, with the support from donors, need to review the **current role of the SWF** as an implementer of cash transfers vis-à-vis its role in facilitating and providing oversight, and advocating for the expansion of social

protection. Improve financial and management systems, decentralise decisions to lower levels and set up sound monitoring and evaluation (M&E), accountability and donor reporting procedures.

- 11 The SWF needs to establish and maintain a nationwide **comprehensive electronic management information system** to enable registration and monitoring of all beneficiaries of social protection programmes. This requires financial support from the MoF as well as collaboration from agencies implementing other social protection programmes, including NGOs.
- 12 Establish a **collaborative agenda for action to promote inclusive social protection as key to social cohesion and stability**. The current donor working group could be a starting point for this collaborative agenda for action.

1 Introduction

Social protection (SP) is most commonly conceptualised as a set of interventions that aim to reduce and eliminate poverty, vulnerability and risk. Such interventions may be carried out by the state, by non-governmental actors (civil society or religious organisations), by the private sector or through community initiatives and individuals. Over the past decade and a half in particular, social protection has become an important policy response to poverty and vulnerability in developing countries as a result of a growing evidence base demonstrating positive effects on poverty and vulnerability reduction (Arnold et al., 2011). More specifically since 2008, and as a result of the economic and food crises, social protection has further emerged as a buffer against severe economic shocks or continued chronic poverty, especially among vulnerable population groups (Jones et al., 2010).

In the Middle East and North Africa (MENA) region, many countries have a long history of social protection, deriving largely from Islamic charitable provisions, in tandem with kin-based informal social protection mechanisms (Marcus et al., 2011). Most post-independence governments have instituted social insurance provisions, food subsidies and, subsequently, social assistance programmes. As the poorer countries of the region put in place adjustment programmes in the 1980s and 1990s, social funds and, in some cases, cash transfer (CT) programmes, were set up to alleviate poverty, especially as informal forms of social protection were increasingly eroded in the context of widespread economic and social disintegration. This was the case of Yemen's Social Welfare Fund (SWF), the subject of this study.

However, most policy and programming attention has focused on a safety net approach: smoothing income and consumption, sometimes with narrow targeting of vulnerable groups. While this is important, there have been calls more recently for social protection to go beyond this to address the longer-term and structural causes of poverty rather than simply the symptoms. Thus, the focus remains on providing some poverty reduction support, but a more 'transformational' vision, in terms of what social protection can achieve, has yet to be put into action. For example, there has been only limited attention to the importance of social inequalities – such as gender inequality, unequal citizenship status, displacement as a result of conflict – that perpetuate poverty (Devereux et al., 2011), and the role in turn that social protection can play in tackling broader socio-political vulnerabilities and contributing towards social cohesion (DFID, 2011a), for example in the case of young people living in poverty.

Expanding social protection is one of several general orientations of the government of Yemen's Millennium Development Goal (MDG)-based Development Plan for Poverty Reduction (DPPR) for 2011-2015 (GoY, 2011), which follows on from its DPPR for 2006-2010. Further, social protection is one of the four priorities of the Public Investment Programme, intended to finance implementation of the DPPR. Given the large size of Yemen's social protection programmes and their potential to contribute to the improvement of citizens' lives, this is an area that continues to receive important scrutiny, particularly from donors.

This study is part of a multi-country study exploring beneficiaries, non-beneficiaries and programme implementers' perceptions of unconditional CTs. In order to create a comprehensive picture of individual, household, community and national views, experiences and perceptions of the CT programmes, ranging from design and implementation to effects and impacts, the research design was informed by an extensive and comprehensive review of secondary materials, including programme documents and evaluation reports. Primary data were collected using qualitative and participatory methodologies, thus allowing the complexities of reality to emerge and the voices of participants to be heard, while at the same time ensuring critical exploration of

gender, poverty, age, socioeconomic status and other vulnerabilities in the project design, the formulation of aims and objectives and the data collection process. We sought opportunities to involve different policymakers, practitioners and people in the community, thus enhancing the reliability of our analysis by bringing in diverse perspectives. Capacity building and policy engagement at different levels (from community through to national) and with different target audiences were carried out on an ongoing basis.

This qualitative and participatory analysis, covering perceptions of beneficiaries, non-beneficiaries and key informants related directly or indirectly to the SWF, Yemen's flagship unconditional CT programme, aims to understand respondents' programme experiences, encompassing economic, psycho-social and political dimensions. The payment of the SWF CT has been in place since 1996, but has continued to expand and reshape and now uses broader targeting criteria to include more categories of the poor and reaches a significant number of Yemeni families. However, the crisis the country has faced since 2011 has led to funding constraints and problems with implementation. These need to be solved for the programme to continue providing support to the population. Given that donors are currently engaging with the government of Yemen to strengthen the programme, the findings of this report are timely, as they present beneficiaries' perceptions of what works and what does not work in the current SWF, so that those the programme touches most directly can inform possible solutions.

An important aspect of this study is the fact that it includes the views of young people, who constitute a particularly vulnerable group in Yemen, given high rates of unemployment. Although the SWF does not specifically target youth, young men and women are important actors in the community, many of them facing multiple vulnerabilities. Youth are increasingly trying to make their voices heard, as seen during the country's 2011 social uprising. It is therefore important to understand whether and how the SWF can do more to provide support to this critical population group.

This study is part of a broader qualitative research project conducted in five countries (Kenya, Mozambique, the Occupied Palestinian Territories (OPT), Uganda and Yemen) by the Overseas Development Institute (ODI) in partnership with national teams, commissioned by the UK Department for International Development (DFID). In the case of Yemen, ODI partnered with Interaction in Development, a Yemeni research institute that carried the research in country.

The paper is structured as follows. Section 2 presents an overview of the conceptual framework used for the global study. Section 3 provides a contextual overview of Yemen, including a review of economic and poverty characteristics, a glance at vulnerabilities facing some of the population groups that are of particular interest for this study and a synthesis of the social protection context. The study's methodology is presented in Section 4, and is followed in Section 5 by a description of the study sites and respondents. In Section 6, we provide a brief depiction of the SWF, how it links to other elements of Yemen's social protection agenda and some of the challenges external evaluations of the programme have uncovered. Section 7 analyses research findings in relation to people's vulnerabilities and coping strategies, while Section 8 focuses on respondents' perceptions of programme implementation. Section 9 explores the use of the CT and its positive and negative effects. Section 10 contains a brief analysis of programme accountability. Finally, Section 11 provides some ideas about future directions as well as some policy recommendations.

2 Conceptual framework overview

In the context of the ongoing global financial crisis, and in light of current discussions about international development goals beyond 2015 and the MDGs, social protection is increasingly seen as essential – not just to tackle rising levels of risk and vulnerability but also to promote social justice, of which social inclusion is an integral part (Economic Commission for Africa et al., 2012). The available evidence on the impact of social protection largely draws on quantitative assessments, driven by government and development partners’ emphasis on results (DFID, 2011a). However, our literature review revealed a dearth of evidence around social protection programming impacts based on participatory research, especially with regard to intra-household and community dynamics and differential effects on the diversity of marginalised social groups. In order to situate our study on citizens’ perceptions of CT programmes in Sub-Saharan Africa and the Middle East, in this section we present a conceptual framework for assessing the extent to which social protection, especially social transfers, can address the marginalisation of diverse social groups to achieve social justice. We focus on the different elements of a ‘social protection–social justice pathways framework’, including an in-depth understanding of:

- the multidimensional nature of risk and vulnerability;
- the importance of structural and political economy parameters at the national level; and
- the drivers of programme impacts at the local level.

2.1 The multidimensional nature of risk and vulnerability

The nature of poverty and vulnerability is complex, multidimensional and highly contextual (see Figure 1). Poor households face a range of highly interconnected risks at the macro, meso and micro levels, including economic, socio-political, environmental and health-related shocks and stresses (see Table 1). A nuanced understanding of how different social groups experience poverty and vulnerability is therefore vital in order to design and implement effective social protection programmes that support pathways out of poverty and contribute to social justice outcomes.

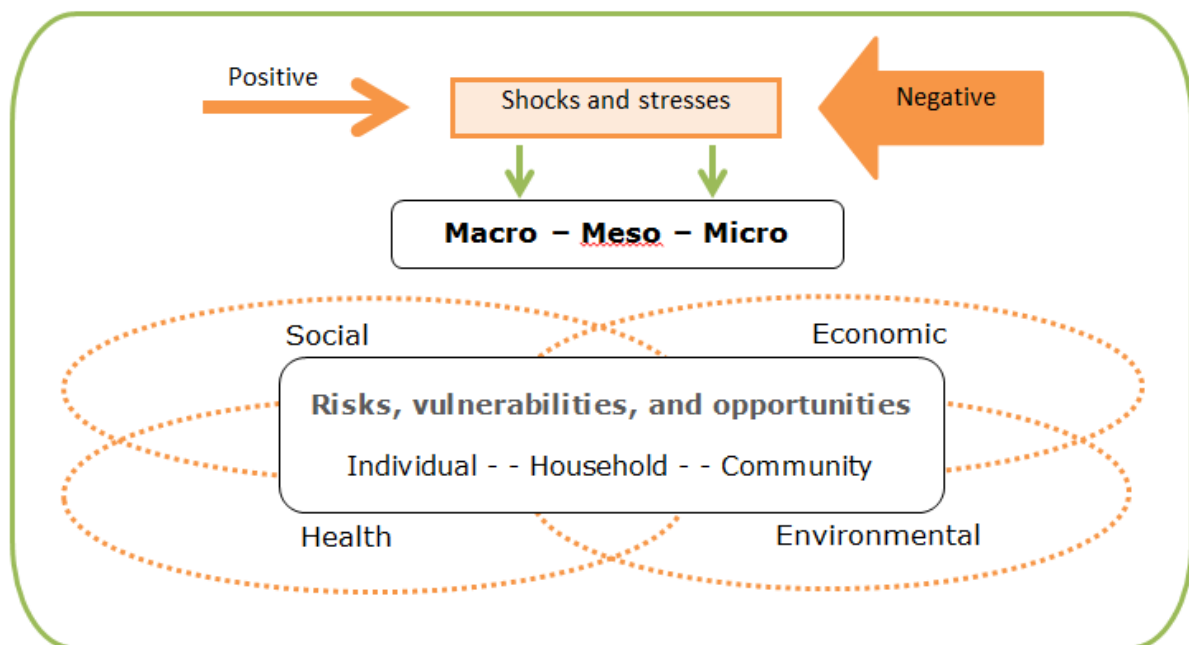
Table 1: Examples of sources of risk and levels of vulnerability

| | Macro | Meso | Micro |
|------------------------|--|---|---|
| Economic | Global financial crisis | Social malaise as a result of high levels of unemployment. Inter-household inequality in access to productive assets such as land, rights and duties | Job insecurity for low-skilled workers (Razavi et al., 2012). Intra-household tensions due to economic scarcity and engagement in risky coping strategies (Harper et al., 2012) |
| Socio-political | Demographic change and migration Violent conflict | Erosion of community social capital and informal forms of social protection, with especially high toll on older people, who are highly reliant on social ties for well-being (ILO, 2011). | Family composition (high dependency, intra-household inequality, household break-up, family violence, family break-up), with particularly acute impacts on people with disabilities, who are often more reliant on familial care and support (Marriott and Gooding, 2007) |

| | | | |
|----------------------|--|--|--|
| Environmental | Climate change Environmental degradation | Climate-related migration can put economic, social and infrastructure-related pressure on host communities (Sabates-Wheeler and Waite, 2003) | Exacerbating household economic fragility as a result of falling agricultural yields and exposure to natural disasters (Farrington et al., 2007) |
| Health | Ageing population is increasing the prevalence of chronic disease and disabilities linked to older age | Status-related hierarchies within communities can limit access to healthcare and public health information for marginalised groups | Breadwinner loss of productive capacity; ongoing costs of care in terms of resources, time |

To date, social protection programming has put greater emphasis on economic shocks and chronic poverty. Attention is also increasingly being paid to socio-political risks and vulnerabilities rooted in inequalities based on gender, ethnic minority or refugee status (Baulch et al., 2010; Holmes and Jones, 2009; Molyneux, 2007; Sabates-Wheeler and Waite, 2003). Devereux and Sabates-Wheeler (2004)'s emphasis on 'transformative' social protection and programming that addresses equity, empowerment and social justice as well as material needs marked a pivotal conceptual shift in the way we think about social protection. Such transformations can be promoted directly through programme design and implementation or can be linked to complementary interventions, including rights awareness campaigns and behavioural change communication efforts and/or social equity measures such as the passage and enforcement of non-discrimination legislation (Jones et al., 2011).

Figure 1: Multidimensional risk and vulnerability context



Note: The box around the social levels – individual/household/community – shows how they span all of the risk and vulnerability domains (social/economic/health/environmental), and how dynamics at all of these levels are critical to understanding the risk and vulnerability context that will influence the potential impact of social protection.

2.2 Structural parameters

The potential of social protection to achieve social justice outcomes (resilience, agency, multidimensional wellbeing – see discussion below) for the most marginalised groups in any society is influenced by an array of structural factors at the national and international levels (see Figure 2), which provide the parameters for what types of policies and programmes may be feasible in a given country context.

First, a productive economy shapes social protection opportunities on a number of levels, principally through the available fiscal space. The composition of the labour market is also an important variable, particularly in relation to linkages to complementary income-generating opportunities and exit strategies. Second, a care economy (the country-specific mix of family, state and private sector providers of paid and unpaid care work) plays an important role in shaping the demand for, as well as feasibility and desirability of, particular forms of social protection (Molyneux, 2009). Third, social institutions (the collection of formal and informal laws, norms and practices that shape social behaviour) also have considerable influence on development outcomes (Jones et al., 2010). They can be empowering, enabling individual and collective action, or they can reinforce inequality, discrimination and exclusion (Molyneux, 2009). Finally, various international legal frameworks and norms provide clear commitments to social assistance and social protection so as to ensure a basic minimum standard of wellbeing for the most marginalised groups in society.

2.3 Political economy influences

National political economy dynamics are also key, as poverty and vulnerability are inherently political in nature. For the chronically poor and most vulnerable groups, who are least likely to benefit from economic growth, politics and political change may be the route to better development outcomes (Hickey and Bracking, 2005). However, until quite recently, decision making around SP focused on economic considerations rather than politically driven approaches that are more context-appropriate and sustainable (Hickey, 2007). Political economists view development policy and programme outcomes as involving a process of bargaining between state and society actors and interactions between formal and informal institutions (Helmke and Levitsky, 2004); accordingly, the framework of this research includes the political institutions, interests and ideas that shape social protection decision making and programming.

Institutions

First, a vital consideration in introducing or scaling up social assistance is the capacity of the state to mobilise funds and other resources (Barrientos and Niño-Zarazúa, 2011). In its assessment of the affordability of CTs, DFID (2011) notes that, where a government decides to invest in CTs, spending is typically within an overall budget for a wide range of sectors, and reflects judgements regarding the comparative advantages (e.g. value for money or political gains such as greater state legitimacy) for achieving broader economic and social goals.

Second, limited institutional capacity represents a major challenge to the rollout of SP programmes in most low-income countries, at all stages – from undertaking poverty and vulnerability assessments, to designing and implementing tailored policies, as well as monitoring and evaluating impact (Barrientos and Hulme, 2008).

In many contexts, decentralisation has complicated the picture. While poverty reduction strategies have favoured decentralisation as a way of closing the gap between citizens, local and central government, and strengthening accountability, in practice functions have often been delegated to weak institutions with limited knowledge of anti-discrimination legislation and related programme provisions (CPRC, 2008). This can

undermine progressive programme design and opportunities for a strengthened social contract (Holmes and Jones, forthcoming).

Finally, robust monitoring and evaluation (M&E) is integral to assessing the impact of social protection programmes, but there is wide variation in the quality of M&E in different countries and regions. There are also considerable challenges as a result of the limited availability of disaggregated data, especially with regard to intra-household and intra-community dynamics (Holmes and Jones, 2011; Molyneux, 2007).

Interests

Multiple actors are involved in social protection policy and programming; in our framework, we highlight three key players in particular:

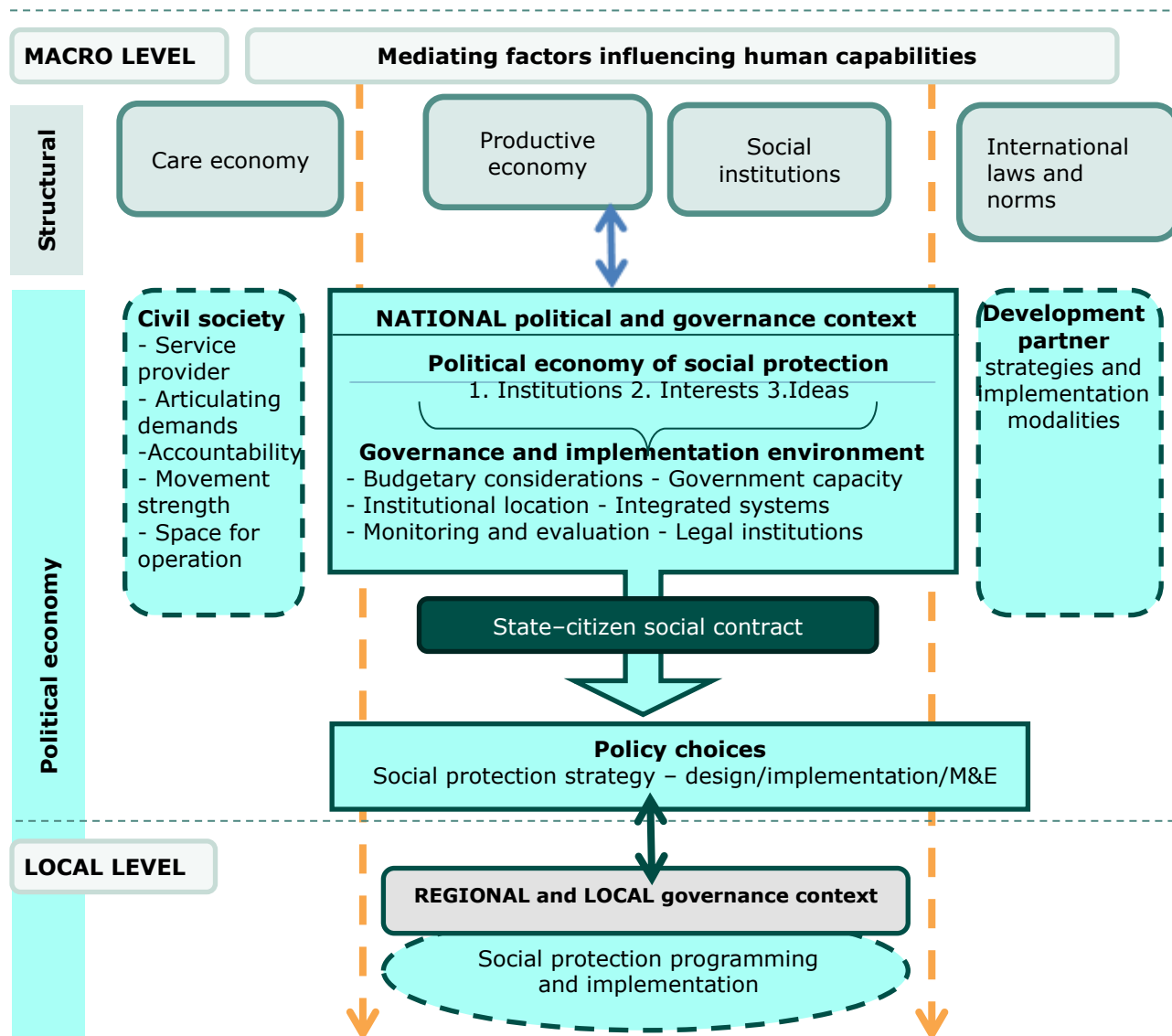
- 1 **National governments:** Evidence from numerous countries suggests competing interests among government agencies ('departmentalism') is a common characteristic of social protection programmes (Hagen-Zanker and Holmes, 2012). Programmes are often housed within the ministry responsible for social development, with limited buy-in from key ministries such as finance and planning.
- 2 **Development partners:** Similar 'departmentalist tensions' are frequently mirrored in development partners' approaches to social protection. UN agencies and international non-governmental organisations (NGOs) endorse a rights-based approach, whereas development partners are increasingly emphasising results-based aid and value for money.
- 3 **Civil society:** The interests of civil society in advancing social protection, and how these interests are articulated, are also critical. Given the isolation socially excluded groups experience, their mobilisation around self-identified interests, often supported by NGO intermediaries, is a precondition for their participation in the construction of the social contract (Kabeer, 2010). However, most governments and development partners continue to treat civil society organisations (CSOs) as junior partners or subcontracted service providers, and there are few success stories of effective mobilisation around social protection at the national level (Devereux, 2010).

Ideas

Political economy influences are not limited to institutional capacity and interests; they also encompass the ideas that drive decision making. This is certainly the case with social protection, where divergent national systems reflect a wide range of ideas about poverty and vulnerability and their underlying causes, as well as the purpose of social protection and the role of the state vis-à-vis its citizens. Hickey (2009) argues that the concept of a state-citizen contract helps in uncovering the philosophical underpinnings of state support towards its citizens, especially the most vulnerable, as well as citizens' rights and responsibilities towards the state. However, although there is a robust case to be made in international law for social protection as a human right, to date it is recognised as a justiciable right in only very few countries (including India, South Africa and Uruguay). There is clearly some way to go in the shift from 'development as a welfare activity [...] to a policy that recognises basic development needs as rights of the citizens' (UNDP, 2010, in Jones and Shahrokh, 2012).

The conceptual underpinnings of social policy frameworks advanced by global development partners are also critical, as they often result in shifts of emphasis and action. The International Labour Organization (ILO), the UN Children's Fund (UNICEF) and UN Women all view social protection through a 'rights perspective', whereas the World Bank conceptualises it in terms of 'social risk management', with resilience seen as a key tool for growth promotion. The Organisation for Economic Co-operation and Development (OECD) focuses more on the role social protection can play in promoting social cohesion, especially in conflict-affected contexts (OECD, 2011).

Figure 2: Structural and political economy influences mediating the achievement of human capabilities



2.4 Local-level impact and outcomes

For SP programming to be both accountable and transformative, national structural and political influences must be increasingly directly linked to local-level impacts and outcomes: for the individual, household and broader community. Given the cumulative and intergenerational impact of vulnerability and risk, it is also key to consider outcomes within the context of individual and household lifecycles (Moore, 2005).

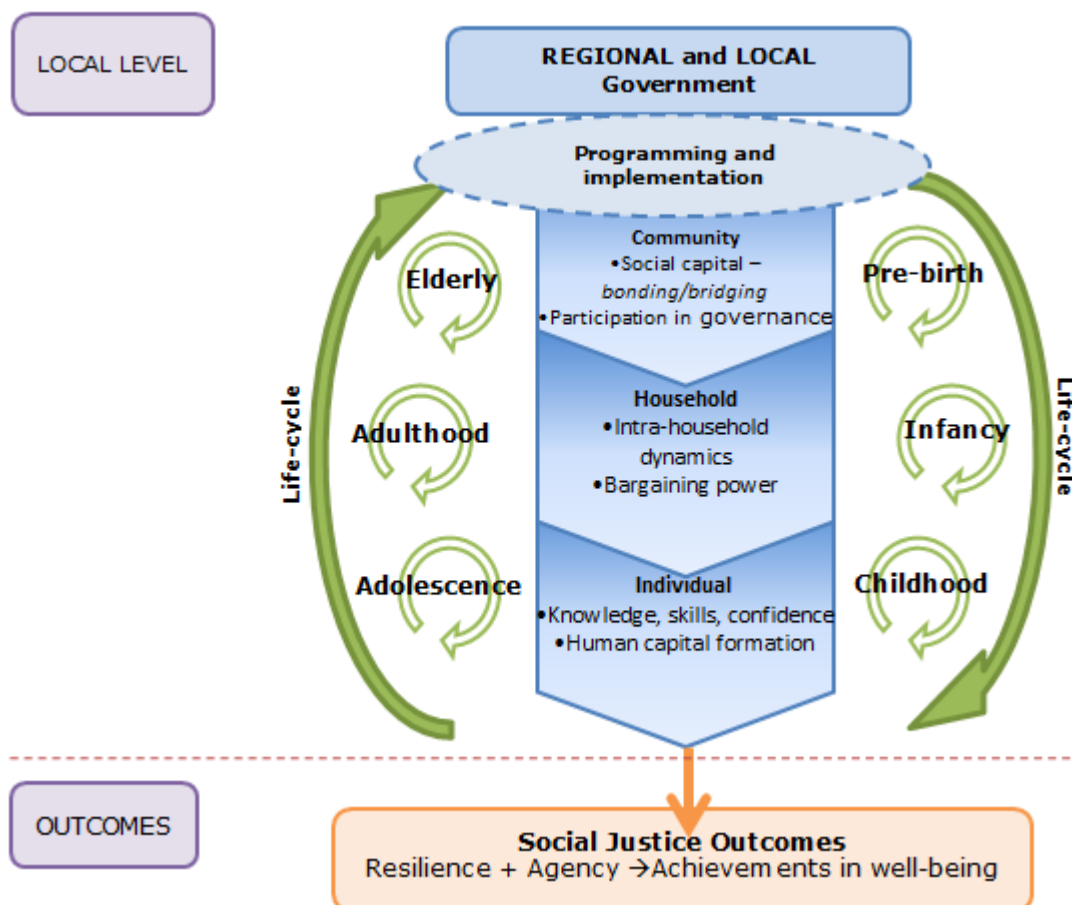
Kabeer (2001)'s conceptualisation of empowerment, as both a process for and an outcome of achieving social justice, is useful in helping frame the pathways through which social protection programming affects people's lives. Empowered individuals are able to make strategic life choices (those that represent valued ways of 'being and doing') in three interrelated dimensions:

- **Resources:** Economic, human and social resources (including relationships) that serve to enhance the ability to exercise choice;

- **Agency:** The ability to define one’s goals and act on them. Agency encompasses both ‘power within’ and ‘power with’, emphasising the value of individual and collective decision making.
- Resources and agency together constitute capabilities: the potential people have for realising **achievements** in valued ways of ‘being and doing’. These achievements are framed within the context of relational wellbeing (the extent to which people can engage with others to achieve their goals) and subjective wellbeing (the meanings people attach to the goals they achieve) (Jones and Sumner, 2011).

To achieve social justice, social protection programmes must go beyond a safety net approach and seek to empower individuals and groups to tackle inequalities. Programmes can be designed to promote empowerment, helping to reduce inequalities between different household members and also among different social groups at the community level. Programme design, including targeting, and implementation systems should therefore be informed by the specificities of intra-household dynamics as well as consider the nuances of community relationships and pre-existing tensions between and within social groups, with multiple vulnerability criteria where necessary to ensure inclusion (Chronic Poverty Research Centre, 2008: 48).

Figure 3: Local-level influences, sites of impact and social justice outcomes



While in describing the process of the development of the conceptual framework we have split it into different sections, the various components of the framework come together as can be seen in Annex 1.

The various aspects of this conceptual framework come out in the different sections of this study. Thus, for instance, the country context addresses the structural dimensions and broader political economy, and as such sets the scene for discussing the programme (i.e., programmes are not operating in a vacuum). Discussions of governance and accountability address the governance and implementation environment. And discussions of individual, household and community dynamics address local-level influences, with the final concern being social justice outcomes, both individual and collective, for the marginalised.

3 Yemen country context

This section provides an overview of the current context in Yemen, focusing particularly on its macro economy, the poverty outlook and the situation of some important vulnerable groups, including youth.

3.1 General context

Yemen, with a population of over 24 million² (49% female and 51% male), is one of the least developed countries in the world and the poorest in the Middle East, with a per capita gross domestic product (GDP) of \$1,361 in 2011 according to World Bank data.³

During the early 1990s, Yemen experienced severe economic difficulties, arising in part as a result of a series of shocks, including the unification of the north and south, with their very different political and economic systems; the Gulf War, which resulted in the suspension of a large portion of aid to Yemen and the return of around 1 million Yemenis; developments in the former Soviet Union, which cut off another source of aid; and civil conflict in 1994. Yemen responded to these crises by embarking on an economic, financial and administrative reform programme in 1995. Since then, despite the implementation of social safety net and development programmes by both the government and development organisations, poverty indicators have remained dismal and unemployment high, particularly among youth.

The country continues to face multiple development challenges, which have been compounded by political instability (UNDP, 2011a) and high population growth (Chemingui, 2007). With 42.4% of the population below the income poverty line in 2010 (GoY, 2011), chronic poverty and inequity are root causes and catalysts for conflict, internal wars and insurgencies (UNDP, 2011a). The security situation hinders the provision of development assistance to vulnerable groups, especially in remote areas. According to the second national MDG report in 2010 (UNDP and Republic of Yemen, 2010), although Yemen has made progress in some areas, the country is unlikely to achieve most of the MDGs by 2015 owing to chronic under-development, security problems and lack of financial resources (UNDP, 2011a).

From February 2011, the prevailing poverty crisis was aggravated by mass demonstrations throughout the country, with violent clashes between pro- and anti-regime groups (World Bank, 2012a). Consequently, the economy, which is heavily dependent on the export of dwindling oil reserves, contracted by about 10% during 2011.⁴ In addition to the collapse of exports, reduced availability of fuel, particularly diesel, has exacerbated electricity and water shortages. The agriculture, services and industry sectors have faced significant cost increases for inputs, also resulting in a reduction in production and exports. The interruption of production processes has led to business closures and job losses. Food and consumer prices have risen steeply, and official price data for 2011 show an upsurge in annual inflation to 23% (end-2011). The Yemeni economy is thus caught in a jobless slow growth cycle, which is leading to stagnant per capita incomes and rising unemployment. Even before the unrest unemployment was widespread, especially among youth, and gender inequalities are severe (World Bank, 2012a). Unless resolved promptly, the political crisis that erupted in 2011 threatens to make Yemen's prospects for rapid growth and progress on MDGs even bleaker (Batuly et al., 2012).

² Estimated by the research team based on the 2004 Census using the country's annual population growth of 3%.

³ <http://data.worldbank.org/indicator/NY.GDP.PCAP.CD>

⁴ World Bank World Development Indicators.

3.2 Recent political developments

Almost two years into the crisis, in the wake of the Arab Spring, Yemen embarked on a political transition based on an agreement brokered by the Gulf Cooperation Council (GCC). What is known as the 'Gulf Initiative' resulted in the formation of the Government of National Reconciliation and was endorsed by Parliament in December 2011. The initiative was signed by then-President Ali Abdullah Saleh, who, after more than 33 years in power, left his position on the 23 November 2011. This was followed by the election of consensus President Abd Rabbuh Mansur Hadi. The transition is expected to end in February 2014, with legislative and presidential elections to be held under the new Constitution. Despite a recent history of conflict and unrest, there is an overall sense of optimism and hope for inclusive change with the finalisation of the peaceful transfer of power and the restoration of political stability through the smooth implementation of the Gulf Initiative. However, Yemen's transition may face significant risks if reforms do not materialise quickly and if substantive changes are not felt within the population, thus contributing to disillusionment with the efforts of the new government and potentially a return to unrest and a reversal of gains made.

3.3 Poverty and vulnerability

Yemen's population is just above 24 million, and, according to the 2004 Census, 46% are under 15 years old and 2.7% above 65 years. Yemen's population in 2009 was 24% urban and 76% rural.⁵ At 3%, Yemen has one of the highest population growth rates in the world, with the number of people expected to double in 23 years to over 40 million. This will increase demand for educational and health services, drinking water and employment opportunities. Further, poverty has risen in recent years, as noted below. There are large gender disparities, with significant gaps in women's access to economic, social and political opportunities.

Yemen is not on track to meet the MDGs, including MDG 1 on reducing poverty by half, with the state of the supportive environment 'weak but improving' (World Bank, 2012a). On average, Yemen has seen a gradual but steady improvement in its Human Development Index (HDI) value, from 0.322 in 1995 to 0.462 in 2011, to rank 154 out of 187 countries (UNDP, 2012). However, since 2005, estimated improvements have been driven largely by estimates of what might have happened to life expectancy based on forecasts, as there has been no new data collection. Further, the impact of the 2011 crisis is not yet reflected in the data. Situated in the 'low human development' category, Yemen still lags significantly behind the Arab regional HDI average, which was 0.641 in 2011 (ibid.).

The Household Budget Survey of 2005/06 indicated that about 35% of the population lived below the national poverty line, with poverty more widespread and persistent in rural areas. Although no new poverty data have been collected, it is estimated that, as a result of constant increases in consumer prices, notably food prices, income poverty had risen to 42% in 2010 (MoPIC, 2011) and was estimated to have risen further to 55% in 2012 (World Bank, 2012b). Poverty is particularly high in rural areas, which are home to about 73% of the population and 84% of the poor. An estimated 806,000 people are now considered vulnerable⁶ owing to current and previous conflicts in Yemen (UNCHR, 2011), including children who have been directly involved in or affected by the infighting and violence, as well as 213,000 returnees and war-affected persons in the north,

⁵ <http://www.undp.org/ye/y-profile.php>

⁶ The vulnerable population is that at risk of falling into poverty or becoming poorer in terms of income, as well as being exposed to conflict, displacement, poor access to services and violence.

203,900 refugees and asylum seekers (ibid.) and approximately 150,000 displaced people in the south⁷.

In terms of vulnerable population groups, the Akhdam ethnic minority people⁸ are Yemen's poorest minority group, and, although Arabic-speaking Muslims, they are considered 'servants' by mainstream Yemeni society. Other vulnerabilities are related to age, gender and disability, as outlined below.

3.4 Youth

Young people constitute a very important population group in Yemen, both for their potential and for their vulnerabilities. With over 75% of its population under 25 years of age, Yemen's population is one of the youngest in the Middle East, and the share of youth in the total population will not begin to diminish in the short term (Assaad et al., 2009). This youth bulge could foster economic growth and stimulate social development if the socioeconomic context were more favourable, but deficits in both human development and natural resources and the deteriorating economic and political conditions highlighted above, compounded by social and institutional obstacles, impede youth from reaching their potential (ibid.).

Young people in Yemen are at a disadvantage, with high incidence of illiteracy, limited access to basic education and weak prospects for employment. In fact, youth unemployment and lack of opportunities have become one of the most challenging issues for this population group, fuelling their discontent. For example, while overall unemployment is estimated at 16.3 % – but may be as high as 34% – the UN Development Programme (UNDP) estimates that more than 40% of young people in Yemen will face unemployment in the next 10 years.⁹ According to Assaad et al. (2009), given that youth exclusion is a cumulative, multidimensional process, deprivation, social exclusion and vulnerability across a number of variables in young people's lives, such as gender, education and ability to earn income, among others, build cumulative marginalisation. In particular, the authors find that youth exclusion in Yemen is highly gendered and regionalised, so females and rural residents are much more likely to be excluded than males and urban residents.

While young Yemenis were particularly active during the 2011 political process, including through demonstrations, participation in elections and, in some cases, becoming political activists, they are still highly critical of the transition to date because they see a general crisis of authority and have not seen much progress in areas of day-to-day needs in their lives such as access to electricity, jobs, basic services and infrastructure (Saferworld, 2012).

As a result of this situation, in its Transitional Programme for Stabilisation and Development (TPSD) (MoPIC, 2012), prepared for the current two-year transition period of 2012-2014, the Government of National Reconciliation considers unemployment, particularly among youth, the most important challenge facing the country's development, as it undermines the political stability and security of the country. Hence, the TPSD stipulates youth aspirations and employment as a priority (Priority 4): 'Youth and Women's Aspirations and Human Development'. However, the multidimensional multi-sectoral nature of youth's needs and aspirations lends itself to confusion or fragmentation of institutional mandates and responsibilities. For instance, employment

⁷ Escalated fighting in Abyan governorate, in southern Yemen, displaced approximately 1,800 people in March 2012, according to the UN Office for the Coordination of Humanitarian Affairs (OCHA), as cited in <http://www.worldbank.org/en/country/yemen/overview>

⁸ The Akhdam (which means 'servant' in Arabic), or Muhamasheen, is a social group in Yemen, distinguished from the majority by its members' black African physical features and stature. They are considered to be at the very bottom of the societal ladder and are mostly confined to menial jobs in the country's major cities.

⁹ http://www.unicef.org/infobycountry/yemen_53074.html

and vocational training lie in two different ministries, with little, if any, coordination between them.

To address these institutional gaps, the National Strategy for Children and Youth (C&Y) was developed, followed by National Action Plans for C&Y, with the support of the World Bank and UNICEF, but these plans have not yet materialised. Further, the major social protection programmes in the country do not specifically target young men and women, as they are generally seen as 'able to find work'. However, although budget constraints for social protection are a real barrier, as we see below, excluding youth from such programmes ignores the reality of there being virtually no economic opportunities for them, despite their individual and family needs (many of them are heads of household in their early 20s). Helping Yemeni young men and women break out of the poverty trap in which so many of them are contained necessitates more active policies.

3.5 Vulnerabilities resulting from gender, age and disability

Gender-based vulnerabilities are widespread in Yemen. Although the Constitution guarantees 'equality in rights and public obligations among citizens without any gender-based discrimination' (GoY, 2006), gender inequality in Yemen is rated as among the worst in the world. The Gender Inequality Index (GII) for 2011 ranked Yemen at 146 out of 146 countries, with a value of 0.770 (declining from 0.880 in 1995) (UNDP, 2011c). This reflects, for example, very low indicators for female secondary education and labour force participation. Women held 0.7% of seats in Parliament in 2007/08, with no improvement by 2011.¹⁰ Yemen's Social Institutions and Gender Index (SIGI) outlook is much the same: its 2012 ranking was 83 out of 86, with a value of 0.507 (up from 0.327 in 2009), noting that the government is yet to pass legislation outlawing domestic violence and female genital mutilation.¹¹ Indeed, many laws contain provisions that discriminate against women, including the Personal Status Law, the Penal Code, the Citizenship Law and the Evidence Law. For example, in front of the court, a woman is not considered a full person, and in some cases a woman's testimony is not accepted at all (e.g. in cases of adultery and retribution) (UNICEF, 2011).

Additionally, there is currently no legal minimum age for girls to marry in Yemen, so many girls are forced into marriage, some as young as eight (HRW, 2011). According to the 2006 Multiple Indicator Cluster Survey (MICS) (Ministry of Health, 2006), 32% of young women aged 20-24 years were married before the age of 18. Young women belonging to the poorest households are more likely to be married before the age of 18 (49% compared with 23% among women belonging to the richest households), and 11% of young women of the same age group (20-24) are married before the age of 15 (UNICEF, 2011). In line with customary practice, the mobility of many women is limited as they have to be accompanied by a male relative, and men generally dominate decision making in the household.

Nonetheless, the government of Yemen prioritised gender issues in its 2006-2010 DPPR, stating that the 'legislative and legal framework for women has been enhanced as a result of 57 different law reviews consistent with international conventions related to women' (GoY, 2006). Still, Yemen has been evaluated as 'unlikely' to achieve MDG 3 – to promote gender equality and empower women – and MDG 5 – to improve maternal health (UNDP and Republic of Yemen, 2010).

Further to this situation of disadvantage, women have suffered disproportionately as a result of the crisis. Preliminary figures from 2011 indicate decreased access to basic and social services and economic opportunities, as well as high levels of gender-based violence as a result of the unrest. These effects have compounded the severe gender imbalances that already existed.

¹⁰ <http://hdrstats.undp.org/en/indicators/83506.html>

¹¹ <http://genderindex.org/country/yemen>

Children are also particularly vulnerable in Yemen. While the country's under-five and infant mortality rates have fallen in the past two decades (UNICEF, 2012), acute child malnutrition increased from 12.9% in 1997 to 15.7% in 2010, and chronic child malnutrition from 51.7% to 57.9% in the same period (WFP, 2010). In fact, according to recent UNICEF estimates, Yemen has one of the highest rates of chronic malnutrition in the world, with 58% of children reported as stunted. Almost 1 million children are acutely malnourished, with about 267,000 suffering from severe acute malnutrition.

Yemen's primary school net enrolment ratio between 2007 and 2009 was 73%, with the net attendance ratio (2005-2010) at 73% for the richest quintile and 44% for the poorest quintile (UNICEF, 2012). Certain groups of children are particularly vulnerable, including those living in rural areas with high rates of poverty, those displaced by conflict (UNDP, 2011b) and those in the Akhdam communities. Yemen's 2006 MICS reported a 5% prevalence of orphans¹² (Ministry of Health, 2006). Furthermore, between 2000 and 2010, there was a 23% incidence of child labour (between ages 5 and 14) and 11% incidence of child marriage (by 15) (UNICEF, 2012). In terms of Yemen's progress on MDG 2 – to achieve universal primary education – and Goal 4 – to reduce child mortality – Yemen has been assessed as 'potentially' likely to achieve both targets, if there is a 'fair' supportive environment, but the 2011 crisis has not been favourable to generating such an environment (UNDP and Republic of Yemen, 2010).

Yemen's 2004 Census reported that 1.6% of the population (approximately 314,562 people) had a disability (CSO, 2006). The link between disability and poverty is evident in the country, with disability prevalence twice as high in the lowest income deciles as it is in the highest income deciles (NHS, 2005, in OPM, 2011). Furthermore, a large proportion of impairments in Yemen are preventable, ranging from accidents and conflict casualties to low immunisation rates and poor maternal care. While the government has incorporated the rights and needs of persons with disability into national legislation to a considerable extent, through the implementation of laws such as the Disability Welfare and Rehabilitation Law (1999) (Mont, 2006), assistance programmes often fail to reach their targeted beneficiaries as a result of a lack of awareness of the funding streams among persons with disabilities.

3.6 The social protection context in Yemen

Yemen does not currently have a social protection strategy. Nevertheless, the country's social protection agenda has been outlined in the past three national development plans, the 2003-2005 Poverty Reduction Strategy Paper (PRSP) and the 2006-2010 and 2011-2015 DPPRs. This agenda sets policy guidance in two main areas:

- 1 A large Social Safety Net (SSN) – essentially Yemen's social assistance programmes, which the government sees as 'an integrated package for poverty reduction, by means of increasing productivity of local communities and focusing on poverty pockets' (ILO, 2008);
- 2 Social security schemes covering workers in the formal economy (public sector and private sector).

This study focuses on an unconditional CT that is part of Yemen's SSN, the SWF.

In the late 1990s and early 2000s, the government of Yemen's social protection efforts centred on offering social assistance through welfare programmes and care for vulnerable groups, including people with special needs such as the elderly and juvenile delinquents, to help reduce their vulnerabilities and poverty levels, as well as enabling their better integration into the community. The SSN was also mandated to assist through setting mechanisms to finance income- and job-generating small and micro

¹² In Yemen, any male or female under the age of 18-year-old is considered orphan in the case of the death of one of parents or if the parents are unknown. However, in practice the SWF and welfare associations, children are considered orphans in the case of the death of the father or the unknown parents.

enterprises, supporting agricultural and fishery production and developing capacities through training and rehabilitation (GoY, 2006). In recent years, however, the vision of social protection has expanded.

One of the key aims of Yemen's 2006-2010 DPPR is to 'strengthen and further extend special programmes supporting Yemen's Social Safety Net in order to expand the umbrella of social protection and services for poor communities' (ibid., 2006). As such, the SSN's objectives in the 2006-2010 DPPR included the achievement of social protection by offering direct money assistance, providing physical and social infrastructure in underprivileged areas and creating job opportunities through the implementation of projects.

As a result of these changes, a new Social Welfare Law was approved in 2008. This marked an important change with respect to the prior reach of social assistance by not only aiming to include specific categories of the vulnerable – for example the elderly, orphans, the severely disabled and women with no caretaker (divorced and widowed) – but also indicating that a person can be eligible for social assistance if living under the poverty line, increasing the reach of social assistance programmes.

Although there is increasing interest in social protection as a means to reduce poverty and vulnerability, government spending on social protection is still low relatively to spending on other social sectors and programmes. According to a 2011 report (Breisinger et al., 2011), while petroleum subsidies still made up more than 20% of the government budget, more than total spending on education, health and social transfers in 2007 combined, social protection made up only 0.2% of total government spending.¹³ Similarly, the World Bank (2010) estimates that public financing for safety net programmes is quite modest, representing only 0.6% of GDP, with the largest share of 'social expenditure by far consumed by an expensive and untargeted subsidy system'.

Some of the most relevant social assistance programmes in Yemen, as identified in the 2006-2010 DPPR, are the following:

- 1 The **SWF (1996)** provides assistance to the poorest through unconditional CTs. Its original targeting included the elderly, orphans and women with no caretaker (divorced and widowed) in addition to segments unable to work and generate income. As indicated above, these criteria were expanded after the 2008 Social Welfare Law, although new targeting criteria have not been applied consistently.
- 2 The **Social Fund for Development (SFD, 1997)** seeks to improve education, health services, water supply and sanitation and contribute to the creation of permanent job opportunities, with a focus on the development of small and micro enterprises and institutional support for national associations and NGOs. The SFD covers all governorates in Yemen (to a total cost of \$928 million)
- 3 The **Public Works Project (PWP, 1998)** covers all governorates in Yemen and aims to improve the provision of social services, taking into account the environmental situation, to improve the basic infrastructure for alleviating the adverse effects of reform programmes through job creation, and to raise the level of community participation in the preparation and implementation of civil works projects.
- 4 The **Agricultural and Fisheries Production Promotion Fund (1993)** aims to alleviate burdens resulting from rises in the prices of accessories and inputs for agricultural production, livestock and fisheries to enable beneficiaries to maintain their activities, raise efficiency and conserve agricultural land through related project financing.
- 5 The **Small Enterprise Development Fund (SEDF)** provides financing/funding for small enterprises to help create job opportunities. It works mainly in the major cities.

¹³ The government is currently undergoing a reform of this subsidy, which has the potential to generate fiscal space that could be used for social protection.

- 6 The **National Programme for the Development of Society and Productive Households (1987)** aims to assist households that live in poverty, while giving priority to women by rehabilitating them and training them in productive and income-generating professions. Although it covers all governorates, its function is limited to trainings provided in the capital city of each governorate.

These programmes are still in place, although evaluations and monitoring information for most of them is largely unavailable. The SWF and SFD have been assessed more systematically by the government and by donors, given their reach and relevance as important poverty reduction programmes for Yemen. Section 6 presents findings from some evaluations of the SWF.

New, smaller-scale social protection programmes have been introduced in recent years, including CTs funded by donors such as DFID, the European Union (EU) and the World Bank, which build on the information on beneficiaries and implementation mechanisms put in place by the SWF. For example, a multi-donor Basic Education Development Project (BEDP), supported by the World Bank, the Netherlands, DFID and the German Development Bank (KfW) has been developed in conjunction with the government to increase access to education. Under the BEDP, one initiative is a pilot conditional CT scheme to encourage girls' enrolment and retention in schools. The scheme was introduced as a pilot in eight schools in Lahej in February 2007 then rolled out in 216 schools, including the pilot schools, in Lahej. It was then expanded to cover 100 schools in Hodeidah in September 2008 (Zaina, 2010). The World Bank supported the Emergency Social Safety Net Enhancement Project in 2010 to contribute to a reduction in the negative impacts of food price volatility on the poor and vulnerable in selected areas, and to support the protection and building of community assets in poor communities (World Bank, 2012c).

4 Methodology

This section describes the methodology utilised for the study in Yemen. It builds on the methodology developed for the global study, adapted to reflect contextual realities and focus areas of the research in Yemen. The section first describes the research instruments used, then explains how the data were processed and analysed, before moving to other methodological aspects, such as team composition, sample size and characteristics, capacity building and ethical considerations, ending with a look at some of the main challenges posed by this methodology.

4.1 Research objectives, themes and questions

The primary field research objectives for this study included:

- Exploring the views, experiences and perceptions of CT programme beneficiaries and other community members (non-beneficiaries) in order to ensure they are better reflected in policy and programming;
- Gathering perceptions and experience from programme implementers;
- Providing examples of best practice on how to involve beneficiaries and communities in participatory M&E of CT programmes;
- Building the capacity of national researchers in qualitative and participatory data collection and analysis.

The conceptual framework guided this inquiry into beneficiary perceptions of CT programming within the context of social justice outcomes. SP programming does not operate in a vacuum, and by addressing the structural dimensions and broader political economy issues this operating space was contextualised. This provided an important starting point to understand both the multidimensional nature of risk and vulnerability and the drivers of programme impacts at the local level, as uncovered in the fieldwork. Specifically, we looked at how individual, household and community dynamics interact with these influencing factors to understand whether social justice outcomes are being achieved for beneficiaries, as part of our theory of change for transformative social protection. Young people, although not directly targeted by the programme as a vulnerable category, have an important role in the transformation of communities, and as such we investigate if and how they can reap benefits from the SWF.

The study also explored a number of crosscutting themes, which it adapted and tailored to particular programme realities and contexts (see Annex 2 for the fieldwork matrix). These relate to 1) individual material, socio-emotional and political outcomes and experiences; 2) intra-household dynamics and change; 3) community dynamics (including social cohesion, exclusion, stigma); and 4) service provision (supply-side issues).

Research questions included sets of questions around views on programming to date and on the potential for future programming. Box 1 presents more detailed questions, and the instruments utilised in the fieldwork can be found in Annex 3.

Box 1: Main research questions

Views on programming to date

- What are the positive and negative effects of CT programmes according to beneficiaries/community members?
- What are the social costs and benefits to taking part in CT programmes?
- What are the intended/unintended effects of CT programmes?
- What do they feel about accountability processes?

- How do gender, age, ethnicity or caste, (dis)ability and illness, etc. affect the outcomes of CT programmes?
- Is delivery of services affected by prejudicial attitudes of staff towards beneficiaries on the grounds of ethnicity/race/class?
- What effect do CTs have on social cohesion at community level?

Views on potential for future programming

- How can the perceptions/experiences of beneficiaries be incorporated into the design, implementation and M&E of CT programmes?
- What incentive structures could be put in place to improve the efficiency of CT delivery and services and alter potentially negative behaviours?

4.2 Methods and techniques for data collection

In Yemen, several qualitative and participatory data collection methods were used, which Annex 3 presents in detail. These methods included (but were not limited to) the following tools. The field team made adjustments and additions to the instruments described below in response to specific requirements.

- **In-depth and key informant interviews** (IDIs and KIIs): Using semi-structured guides, IDIs were conducted with SWF beneficiaries and non-beneficiaries (e.g. male and female beneficiaries and non-beneficiaries, and young¹⁴ male and female beneficiaries and non-beneficiaries). KIIs at the local level included SWF programme implementers, government representatives, community leaders, leaders of available activist or civil society groups (youth, women, marginalised groups) and national-level key stakeholders, including NGOs and donors, working on social protection. These IDIs and KIIs sought to elicit diverse perspectives on programme implementation at the national, district and community levels. Programme effects at the individual, household and community levels were also explored.
- **Focus group discussions** (FGDs): Incorporating some participatory and visual tools based on semi-structured guides, FGDs were conducted with several groups in each locality, disaggregated by gender, age (mainly youth and adults) and involvement in the SWF (e.g. beneficiaries and non-beneficiaries). The key issues explored were key vulnerabilities and coping strategies and people's perception of the programme (e.g. its implementation, positive and negative effects, challenges, targeting, accountability, complementary programmes, communication, community participation and recommendations for programme future sustainability and directions).
- **Case studies:** Guided by the IDIs and KIIs, case studies were carried out with beneficiaries of the SWF identified for their particular characteristics – male/female, adult/youth, particular vulnerability – and to explore intra-household dynamics. Using a key theme and issue guide, members of the research team visited the individual and their household on various occasions at different times of the day, holding discussions and triangulating findings with different members of the family/household, peers and friends.
- **Structured observation:** Guided by the KIIs and IDIs, situations and events that provided interesting perspectives about interactions between programme implementers/service providers and beneficiaries were identified. The research team agreed on key issues to track, and spent time observing and noting interactions, behaviours, non-verbal communication, levels of

¹⁴ While the UN defines youth as those aged between 15 and 24, in Yemen a person is considered 'young' until he/she is 30 years old. For the purposes of this research, we used the Yemeni definition.

awareness and confidence, among other things (during, e.g., programme registration, CT delivery, accessing services, daily routine coping strategies by specific groups, SWF staff working time, etc.).

- **Life histories:** Using life history approach IDIs, whereby an individual relates their life story, either focusing on a specific theme or period or taking their life as a whole, this method provided detailed information of change over time in the life of people met, challenges and vulnerabilities they face, coping strategies, the arrival of the CT and how it has influenced their lives and future plans in the short and long term (see Annex 4 for examples of life history diagrams).

4.3 Data processing and analysis

All interviews, with appropriate consent, were recorded, except in very few cases, when families did not agree. Researchers also took detailed notes during FGDs, IDIs, life histories and KIIs, including on non-verbal communication during interviews and other meetings. All interviews were transcribed to Arabic, and summaries were translated into English. Every day following data collection, the research team under the coordination of the country principal investigator held a detailed debrief and analysis meeting to identify key themes and sub-themes first to track and then to analyse in depth. Research team members generated summaries of each meeting, including identified themes and supporting verbatim statements. These summaries were also translated. All identified themes and sub-themes formed the basis of an internal analysis workshop at the country level among the local research team, and another debriefing and analysis meeting/workshop outside the country (in Jordan) with the international ODI focal point, who provided support to the team in all steps of the research process. A detailed summary of different thematic areas and findings (by sector, social group, locality, gender, age group, etc.) was developed during the debriefing in Jordan and formed the basis for report writing.

4.4 Demand generation consultation

Prior to undertaking the main component of the research, and in order to elicit essential contextual knowledge of key issues and themes to be explored in the research as identified by beneficiaries of the SWF, the Yemeni research team carried out a short demand generation consultation (DGC) exercise. The DGC was conducted in Maen district in the capital, Sana'a, an urban site, which would have some similarities with the urban sites selected for the main component of the research. This exercise helped the team become more familiar with the SWF in preparation for the actual fieldwork. SWF beneficiaries as well as local key informants were interviewed for this process, using participatory instruments similar to those described above. Findings from the DGC were captured in a short report, and used to inform adaptation of the research instruments developed by the international team. Once the main research was completed, it was interesting to observe that DGC findings were closely aligned with findings from the two main research sites, indicating that the issues facing the SWF and beneficiaries are similar in different urban localities across the country.

4.5 Research team composition

Given the qualitative and participatory nature of the research and the context of the research areas, the team structure reflected a clear balance of skills, knowledge and experience in qualitative and participatory evaluation. The team was comprised of the principal investigators and four qualitative researchers (two men and two women) who were familiar with the local dialects in the research area (Tihama dialects of Hodeidah region and Hugaria dialect of Taiz). Work was done by two sub-teams and reflected a gender and cultural balance (a two-member female team to conduct meetings and apply

tools with women, and a two-member male team to conduct interviews with men, in respect of cultural norms).

The research team was aware of the possible bias of having SWF officials helping in the selection of people to meet, thus two local coordinators were recruited in each site (one male, one female) to help facilitate meetings and entry into the research sites. These coordinators also assisted the head of the team in conducting a few observations, taking photos and video for documentary and communication purposes. The role of local coordinators was also crucial in explaining the purpose of the mission to people who attended meetings pushing to be interviewed in the assumption that the team was working with SWF staff to register new cases.

4.6 Sample sizes and types of respondents

Table 2 shows the different data collection methods applied in each of the research sites. Local coordinators and programme implementers as well as other key informants facilitated recruitment of respondents. More details about the research methods, sample size and characteristics of participants can be found in Annex 2.

Table 2: Data collection plan

| Research method | Number of research instruments applied in each site |
|---|--|
| Poverty and coping strategies mapping and institutional mapping Done together | 2 exercises (1 in each site), 1 with 10 men and 1 with 12 women representing different groups as follows: 11 adults, 11 youth/9 beneficiaries, 13 non-beneficiaries |
| FGDs 8 total , 4 per site | 65 total participants, 33 men, 32 women 36 in Hodeidah, 29 in Taiz 36 adult beneficiaries, 18 men and 18 women 29 non-beneficiaries, 15 young men and 14 young women |
| KIIs at community level 8 total , 4 per district | 2 community leaders 2 SWF implementers 5 young leaders from groups or NGOs (2 female and 3 male – 2 work with marginalised groups) |
| IDIs 14 total , 7 per site | 8 with women, 6 with men/8 with youth, 6 with adults 5 with non-beneficiaries, 9 with beneficiaries or individuals from beneficiary families, as follows: 2 youth male beneficiaries, 3 adult male non-beneficiaries, 1 adult male beneficiary, 2 adult female beneficiaries, 4 youth female beneficiaries, 1 adult female non-beneficiary, 1 youth female non-beneficiary |
| Life histories 9 total , 5 in one site, 4 in the other | 8 beneficiaries, 1 non-beneficiary/4 male, 5 female/4 adults, 5 youth |
| Case studies 2 total , 1 per site | 1 male non-beneficiary, 1 female beneficiary |
| KIIs at national level 8 total | Donors, NGOs and SWF officials |

The above number and range of respondents interviewed, using a variety of different techniques and approaches, including participatory, was sufficient to obtain in-depth and triangulated information on both beneficiaries' and the wider community's perceptions of

the CT. The number and range of respondents was also deemed sufficient since, unlike quantitative data which seeks to illicit as many responses as possible to be able to make conclusions which are statistically significant, with qualitative data once the research starts uncovering similar kinds of responses or once variation appears to have been captured to its fullest, the research has in a sense fulfilled its purpose. Thus the numbers above were sufficient to capture the ranges of experiences and perceptions of the CT in these sites.

4.7 Capacity building

In addition to providing pre-developed materials and guidelines, ODI ensured capacity building through various channels, as detailed below, in addition to support by a member of the international team and on-the-job capacity building to the research team by the principal investigator.

- The country principal investigator participated in a regional training of trainers workshop in Nairobi, Kenya, where capacity was built in terms of the methodologies and approaches to be used, including qualitative and participatory data collection, analysis and write-up. Skills in preparing outputs for different kinds of audiences as well as on how to develop a communication strategy were also developed. There was also an opportunity to share and exchange with principal investigators from other countries as well as members of the international team.
- Interaction conducted a five-day training workshop in Yemen to build the capacity of the country team in carrying out qualitative and participatory data collection and analysis.
- Instruments were piloted in Sana'a before embarking on data collection.
- Daily review meetings were conducted during the fieldwork to discuss key issues and build on lessons learnt to enhance the next data collection tasks.
- An initial analysis workshop was conducted in Sana'a following the data collection to enhance analysis of the key issues and ensure appropriate documentation of data collection materials for the following analysis process.
- A debriefing and analysis workshop was conducted in Jordan with the international ODI focal point to promote common understanding of the findings and homogeneous analysis approaches between local team and the international expert and to prepare for the report write-up process.

4.8 Ethical considerations

Given the sensitive nature of the enquiry, and the focus on particularly vulnerable and marginalised groups, efforts were made to ensure respondents were fully aware of the risks and benefits involved in participating in the study and confidentiality and anonymity were maintained. Informed oral consent was taken and recorded and all study participants were informed about the objectives of the study and the issues and questions to be covered during the interview/discussion. Respondents had the right to refuse to participate and could withdraw at any time during the interview. A safe space and an appropriate time were identified for interview to ensure confidentiality and minimal disruption to the lives of respondents. In the report writing, quotations and opinions have been made anonymous.

4.9 Challenges and limitations

An important limitation to the study is that, being conducted in only two sites has implications for the extent to which the findings can be generalised to the whole country. Further, the study was conducted only in urban locations, which had the highest concentration of beneficiaries. Findings may therefore not be generalised beyond the

regions. Because of the nature of the urban site in Zabid district in Hodeidah, which is similar to most rural districts centres in Yemen, as well as the participatory and qualitative design of the evaluation, the study has produced in-depth and nuanced findings that are likely to be relevant beyond the study sites. However, the limited scope of the study made it difficult to capture some vulnerability issues and groups that are more common in specific parts of the country (e.g. internally displaced persons (IDPs) in the northern and southern provinces, refugees, people living with HIV/AIDS, families of victims of the recent political crisis, etc.).

The study was conducted during the distribution period of some humanitarian programmes, including an international NGO CT, which meant many people wanted to participate in interviews assuming the team members were SWF or international NGO staff registering new cases. The local coordinators and the head of the research team were crucial in explaining the purpose of the mission to people, but these challenges still affected daily planning. Additionally, there was a wrong perception of the term 'researcher' in the communities visited: it has been used to describe SWF community staff, so, to avoid confusion, the study team used the term 'academic study' to minimise the chance of research participants altering their answers with the expectation of being registered in the programme.

Although the study team used various approaches to select people for interviews, being aware of a possible bias arising from having the SWF helping in this process, organising sessions and reaching the right people was very time consuming. The term 'beneficiaries' was also somewhat misleading/confusing. In many cases, the beneficiary individuals recommended for KIIs and FGDs were not involved in the CT and did not benefit directly; rather, they were members of the extended family of the main holder of the SWF identity card. In other cases (mainly in Zabid district), many were introduced as 'true beneficiaries', even though they had been included on the list following the 2008 survey but had received only one CT at that time and then no more. Similarly, some individuals were introduced as beneficiaries but later the team realised they were registered with a specific international NGO programme and thought they were included in the SWF. This is illustrative of the confusion that exists regarding the SWF.

Most participants and SWF staff involved in the study indicated that they were happy, as this was the first time they had been involved in a participatory, in-depth study. However, people's expectations of the results of the study varied from one group to another based on the influence of the recent political crisis on their life. Radicals (especially in Taiz) expected the SWF to change swiftly following the dissemination of the study. Others were sure nothing would change in the near future.

5 Description of study sites and respondents

Selection of the research sites in Yemen was the result of a multi-stage process. First, given the overall study design for the global research project, there was a decision to choose urban or semi-urban sites in Yemen, as sites chosen in most of the other study countries were rural, and a balanced mix of sites was desirable. A poverty profile was developed for Yemen's governorates to inform site selection (Annex 1). Based on the information in this profile, DFID, ODI and Interaction made a joint decision to select two governorates – Hodeidah and Taiz – given their high levels of poverty, their large population size and the larger number of SWF beneficiaries. While both governorates are in what was previously politically considered the northern part of the country, and thus are not a representative sample of the country, they have multiple characteristics in common with 'southern' governorates, including in relation to challenges facing the SWF. However, they were considered more secure governorates than those in the south, given the current situation in the country, and thus did not present risks to the safety of the research team.

5.1 Description of study sites

Research for this study was conducted in two districts in different governorates in western Yemen: Al-Qahira district in Taiz and Zabid district in Hodeidah. Both governorates have an important incidence of poverty; in particular, the poor are overrepresented in rural areas of each governorate in comparison with the population share – about one-third of the poor live in rural areas of three governorates, Hajja, Taiz and Hodeidah (World Bank, 2007). For the purposes of this study, however, the two districts identified have primarily urban and peri-urban populations. This allowed us to explore economic and social vulnerabilities that have been exacerbated by the economic crisis and conflict – such as unemployment, food insecurity and rising prices of basic goods and services – and to see the extent to which the SWF has helped households mitigate these.

Zabid district, Hodeidah governorate

Figure 4: Hodeidah governorate



Source: Wikimedia Commons

Hodeidah governorate borders the Red Sea and is part of the narrow Tehamah region. With high population growth, of 3.25% per year, Hodeidah's total population is estimated at 2,662,289 in 2012.¹⁵ According to figures from the 2005/06 Household Budget Survey, total incidence of poverty in the governorate is 31.72% (21.58% urban and 36.43% rural). As one of the original governorates targeted by the SWF in 1996, Hodeidah has a total of 10% of SWF beneficiaries, making it the governorate with the third highest number of beneficiaries: 101,726.¹⁶ Its capital, Hodeidah City, serves as the second most important port city for the country after Aden.

Zabid is one of Hodeidah's 26 districts, and contains one of the biggest urban centres outside Hodeidah City. It was chosen as the site for our research in consultation with the SWF branch office in Hodeidah, based on its level of poverty and marginalisation and because it has a relatively large share of SWF beneficiaries. Hodeidah is famous for its 'popular market days', when people from various districts and from outside Hodeidah governorate gather to buy and sell goods. Most livelihoods in urban Zabid rely on daily wages from agriculture, construction and trade in local markets; a few people are either fishers in neighbouring districts or government employees. Although it experiences high temperatures throughout the year, Zabid is located on a fertile flood plain, enabling agricultural production of a wide range of crops, such as chilli, tomatoes, mango, lemon, banana, papaya, maize, cotton, sesame, beans and watermelon. Animal husbandry is also an important economic activity: rearing of cattle, sheep, goats and camels is widespread. Zabid itself is urbanised, although its surrounding areas are rural.

Zabid has a population estimated at 197,550 in 2012,¹⁷ and the largest number of SWF beneficiaries in the region, at 10,381, given its level of poverty.¹⁸ The region is diverse, as its geographical location has exposed it over time to African influences through trade and migration. In fact, it has an important population of migrants from Africa and of people from the black ethnic minority, denominated 'Akhdam', who face social exclusion and marginalisation. Zabid's domestic and military architecture and its urban layout make it an archaeological and historical site, recognised by the UN Educational, Scientific and Cultural Organization (UNESCO). The town also played an important role in the Arab and Muslim world for many centuries because of its Islamic university.¹⁹ While its historical value could be a potential economic advantage, via tourism, the chronic security issues and ongoing political crisis in Yemen mean tourists do not visit. Meanwhile, the area's recognition by UNESCO and resulting building restrictions have made construction expensive, so construction workers are no longer hired and are losing their livelihoods; in addition, buildings are deteriorating, so people are now living in precarious housing conditions. Makeshift houses inhabited by the poor are common.

Zabid urban centre has a public district hospital and two public reproductive health centres in addition to ten private clinics and several commercial pharmacies. Public services are perceived to lack quality, and drugs in public health facilities are insufficient, while private facilities are unaffordable. As a result, the most common economic shocks relate to illness and high health care costs. The most common health problems in Zabid are diarrhoea, malnutrition, malaria and dengue fever

People living in the urban centre of Zabid enjoy public piped water and sewerage, but the poor who live on the edge of town are not connected to either of these. All households, including the poor, are connected to the public electricity supply, although it is expensive. There are a total of 87 schools in Zabid (7 boys only, 8 girls only and 72 mixed), of which 12 are located in the urban centre. The number of students at all levels of education in the district is 39,518, of whom 59% are male and 41% female. A total of

¹⁵ Estimated by the research team based on the 2004 Census using the district's annual growth rate of 4.2%.

¹⁶ www.cso-yemen.org/publication/household2006/group4.xls

¹⁷ Estimated by the research team based on the 2004 Census using the district's annual growth rate of 3.03%.

¹⁸ Records of the SWF Office in Zabid.

¹⁹ <http://whc.unesco.org/en/list/611/>

91% of these students are in primary education, which is compulsory in Yemen. The enrolment rate in primary for boys is 58% and for girls 42%.

Among the different social programmes in place in Hodeidah, including Zabid, DFID is financing a joint international NGO humanitarian programme implemented by Oxfam, Care, the Adventist Development and Relief Association, Islamic Relief and Save the Children through a basket funding mechanism to address food insecurity. A few NGOs address food insecurity, through unconditional CTs (targeted and delivered to SWF beneficiaries through post offices), and livelihood recovery, with plans to introduce commodity vouchers. In particular, Oxfam is working in nine districts, including Zabid, using the same list as the SWF.²⁰ Additionally, Islamic Relief provides food aid to the poor.

Al-Qahira district, Taiz governorate

Figure 5: Taiz governorate



Source: Wikimedia Commons

Taiz is a large governorate, with an estimated population of 2,909,335 as of 2012.²¹ Taiz has two main livelihood groups: in the mountainous zone, agriculture – notably *qat* – is the main livelihood; in the lowland coastal plain near the Red Sea, vegetables, sorghum, fruit and millet are cultivated, and fishing is considered an important economic activity.

The governorate's capital is Taiz City, with a population estimated at 567,650,²² making it the third largest city in Yemen after the capital Sana'a and the southern port of Aden. It lies at an elevation of about 1,400 metres above sea level. Taiz governorate has the greatest share of SWF beneficiaries of any governorate, at 14.1% (143,460 people).²³ This responds in part to the governorate's significant poverty incidence. According to the 2005/06 Household Budget Survey, total poverty incidence in Taiz is 37.8% (23.66% urban and 41.51% rural).

²⁰ Oxfam has already started distribution in the other eight districts, and will start shortly in Zabid. Islamic Relief is distributing food items to 59,000 families in Hodeidah, including 6,000 in Zabid. Half of those targeted are from the old SWF list; the other half are from the new SWF list.

²¹ Estimated by the research team based on the 2004 Census using the annual growth rate of 2.47% for Taiz.

²² Estimated by the research team based on the 2004 Census using the annual growth rate of 2.47% for Taiz City.

²³ www.cso-yemen.org/publication/household2006/group4.xls

As a result of its greater level of urbanisation, proximity to the port city of Aden, greater exposure to information and historic tradition as a centre of education, the people of Taiz have a high level of education and society is quite politicised. As a result, it was one of the bastions of the 2011 social movement, with visible protests and demonstrations, some of which led to violence. Youth engaged actively in these protests, particularly because of their limited opportunities. Price hikes in electricity, basic food and housing have been significant, and, given that most people in the city rent, this has made life in Taiz more difficult.

Taiz has a more active civil society and presence of NGOs. For example marginalised groups such as the Akhdam and the disabled have a louder voice, through active NGOs that work to improve their situation. Women are also more active in society, go to school and university (despite problems, such as harassment, which we discuss in the section on vulnerabilities) and many work outside the home.

As a governorate, Taiz is targeted by several social programmes, most of which reach the population in the city. In addition to the SWF, the EU is funding a conditional CT programme aimed at providing support to those poor most affected by price increases. This is connected to children's primary school attendance. It is targeted and implemented through the SWF and reaches 8,000 families, and is expected to reach 30,000 families; it will end in March 2013. DFID funds the Emergency Food Security Programme, consisting of an unconditional CT and commodity vouchers, implemented by Save the Children. Additionally, the Hayel Saeed (a private company) provides a social transfer to the poor during Ramadan; it is also helping fund the SWF in Taiz with YER 3 billion annually²⁴. Several capacity-building interventions are implemented by DIA (a French organization working in Taiz) and the SFD. None of these coordinates explicitly with the SWF, so beneficiaries overlap in some cases and there is very limited coherence in terms for targeting and transfer delivery.

Research was conducted in Al Qahira district, which is part of Taiz City. People's livelihoods lie in a variety of sectors, including services, trade and industry, as well as in the government. The level of education of the population as a whole is higher than in Zabid; in particular, the gender education gap is much lower. Al-Qahira was selected because it is the most populated district in Taiz, with population growth that is 1.6 times that of the whole governorate. It has the largest number of beneficiaries (6,207) in the city, with 10,800 on the waiting list.²⁵ The district has seven pockets of poverty.

Al-Qahira urban centre has three general hospitals, which serve as tertiary hospitals for the whole governorate, in addition to five public health centre and one health unit. There are also numerous private clinics and commercial pharmacies. Like Zabid district, people cite poor quality of care and a lack of drugs, and feel that private facilities are not affordable for the poor. The most common health problems in Al-Qahira are diarrhoea, malnutrition, malaria, dengue fever and pneumonia. Disability and mental illnesses were also mentioned during FGDs as a major burden. There are a total of 23 government schools located in Al-Qahira district, 7 of which were reported to have been severely affected by the recent political violence, as well as a number of private schools for those who can afford them.

Parts of the district of Al-Qahira are covered by a public sewerage network, but the main problem is access to safe drinking water, which is irregular. Housing is seen as a major problem, given overcrowding in rented dwellings; rental prices are increasingly unaffordable. Marginalised people live in makeshift housing located in more than seven slum areas in the district.

²⁴ £8.5 million, exchange rate used £1 = YER 349.6, on December 2012, www.oanda.com

²⁵ Those on the waiting list are applicants waiting for the SWF's assessment of eligibility.

5.2 Description of respondents in the study sites

Respondents in both localities were identified in the community as poor and indicated that lack of work or income generation opportunities was their main challenge, but specific characteristics were different. While large household size and high levels of fertility were common, this was much more evident in Zabid. Most people, including youth, had been married and had families, and divorce was quite common. Men were usually the main decision makers, although several women said household decisions were typically made jointly.

In Zabid, most respondents had a low level of education, particularly the women. Women were not active outside their home, although some of them had or wanted to take part in income generation activities they could carry out from within their household. Young people in particular expressed their frustration with widespread unemployment. Although the locality is semi-urban, male respondents generally worked in agriculture; a few others were teachers or had a small business. Most respondents lived in brick or cement houses that belonged to them, although some FGD participants belonging to the Akhdam community lived in very precarious/makeshift housing.

Both male and female respondents in Taiz had a higher level of education and more income generation opportunities – although youth unemployment is particularly high – but jobs are not always well paid. Despite higher levels of education, household size was large, but living with extended family was less common. For those respondents who could pay rent, housing was not a major challenge, but, given limited household ownership, those who could not afford high rent prices were living in precarious conditions.

This study focuses primarily on the SWF's impact on two groups: vulnerable women, who are seen to be a clear target group, and youth, given the relevance of this demographic group in Yemen, as outlined in Section 2. However, focusing on this group presented a challenge, since the SWF does not target youth directly – some benefit because they are young widows or divorcees, are disabled or live in a household with someone else who benefits. Nevertheless, the study tried to understand the vulnerabilities of young people interviewed; a common characteristic among them was the lack of work opportunities, to the extent that some in Zabid questioned the value of education if it did not lead to better paid work. A more comprehensive analysis of respondents' vulnerability can be found in Section 7.1.

6 SWF programme mechanics and governance

As outlined above, the SWF is the government's main targeted social assistance programme, and its only unconditional CT programme. It was originally conceived through the SWF Law in 1996 as a way to compensate the poor for the removal of subsidies, and has undergone several expansions and reforms since its inception. In its original design, the SWF was meant to provide monetary assistance to a range of vulnerable groups, including the chronically poor, orphans and vulnerable children, widows, persons with disabilities, the elderly and female-headed households. Over time, the government's commitment to the SWF has translated into a gradual expansion of coverage (World Bank, 2010). The SWF has expanded from 100,000 beneficiaries at its start to over 1 million households over a 10-year period; the budget has grown from \$4 million at the outset to \$200 million in 2008/09 (ibid.).

6.1 Objectives

The government's 2003-2006 PRSP states: 'Through the provision of cash assistance to the needy – who were identified by the Law – the SWF aims to effectively contribute to reduce the burdens of poverty and lift suffering of the poor, especially with the lifting of the subsidies to prevent them from feeling lost and dependent on begging or deprivation' (GoY, 2002). These objectives were later refined and reoriented with a reform of the SWF Law in 2008, with the following issues clarified (World Bank, 2010):

- Income poverty is the primary focus of assistance and is more clearly defined.
- Beneficiaries can include those in economic difficulty (unemployed, etc.) as well as the poor covered by previous social categories (female-headed households, widows, elderly, disabled, etc.).
- A case management system will be established to reassess beneficiaries' eligibility and recertify them within a defined period of time for either re-enrolment in, or graduation from, SWF benefits.
- A SWF beneficiary development role to assist the transitory poor (i.e., those around the poverty line) to exit poverty through skills training and linkages with the labour market is legally mandated.

Some of these objectives, such as the case management system and beneficiary development support, are not yet systematically in place, but are programme goals in the short term.

6.2 Donor support

The SWF is largely funded by the government and implemented by the SWF, an agency that depends on the Ministry of Social Affairs and Labour. Nevertheless, it also has had important international donor support:

- The EU has been supporting the SWF since 2002, focusing on policy reform and institutional capacity building to improve effectiveness and efficiency. The EU contributed €261,834.00 during 2009 and €642,742.00²⁶ (100% of total) from 2010 to 2011. In 2012, the EU – with the support of other donors – commissioned an institutional assessment of the SWF. Some of the main findings of this are highlighted below.
- The World Bank has been providing technical assistance to the SWF since 2007, including the introduction of proxy means testing to improve targeting

²⁶ £1=€1.24, exchange rate in December, 2012, www.oanda.com

(World Bank, 2011). The Bank is also administering an European Commission-funded emergency cash transfer project (Enhancing Emergency Social Safety Nets), which provides temporary cash transfers to 41,000 poor households in tandem with the SWF (World Bank, 2009). However, this latter component has been put on hold as a result of the 2011 crisis (ibid.).

- DFID and the government of the Netherlands were implementing a joint assistance programme to target a total of 30,000 vulnerable households, of which DFID's contribution was being used to reach 10,000 of the poorest Yemeni households over 12 months by committing £1.5 million over that period, with a no-cost extension that allowed the project duration to be extended. The government of the Netherlands committed £3.37 million between 2010/11 and 2012/13²⁷. However, this programme was put on hold as a result of the crisis, given issues related to programme and resource management capacity on the side of the government.
- UNICEF is also providing technical assistance to improve the SWF's M&E capacity (UNICEF, 2010).

6.3 Targeting, coverage and selection

The SWF covers all governorates in Yemen, with the selection of districts covered dependent on estimated levels of district-level food poverty. The SWF has branch offices in each governorate, and district offices in 211 out of Yemen's 333 districts.

On conception, the SWF followed a geographical, means-tested and categorical selection process for beneficiaries, based on specific levels of deprivation. That is, the SWF aims to ensure that poor and vulnerable households receive social assistance that will raise their living standards. Originally, the SWF had strict categorical targeting, including the following vulnerable groups, which were defined quite broadly:

- Orphans;
- Widows with and without children;
- Divorced women with and without children;
- Single women above 30 who were unmarried and have no income source;
- The fully and partially disabled (permanent and temporary);
- The chronically poor (various measures below the poverty line);
- The elderly;
- Families with a missing head of household;
- Families with an imprisoned head of household or one recently discharged from prison.

By targeting these 'vulnerable' categories, there was an implicit aim to achieve social justice outcomes, in line with what the conceptual frameworks identifies as one of the aims of social protection. However, as noted above, and explained in more detail below, as a result of the 2008 reforms and the identified need to expand assistance beyond these groups, the targeting criteria now include individuals or households living below the poverty line, independently of whether they fit this categorical criteria, although budgetary constraints and the difficulty in expanding targeting and programme reach have meant this has not yet been achieved. The SWF was estimated to reach over 1 million beneficiaries in 2009 (World Bank, 2010) which is approximately 2.3% of the population. Considering that over 50% of the population is below the poverty line, and estimating one beneficiary per household with an average household size of six people, the SWF would need to cover over 3.7 households to achieve its target of reaching all those below the poverty line. That is, more than triple the number it currently reaches.

²⁷ €4.15 million, exchange rate used £1 = €1.23, on December 2012, www.oanda.com

Originally the first stage of the targeting process was geographic. The SWF's Board of Directors decides how many cases it can afford each year based on its budget and allocates transfers to each governorate based on incidence of poverty (initially using food poverty estimates from 1998/99, now using household data for 2005/06), share of the country's population and cases of pre-SWF assistance.

In the second stage, targeting was based on estimates of district-level food poverty. The governorates are in turn responsible for distributing cases to the districts on the basis of lists of the eligible. These allocations, however, are likely to be influenced by political considerations. At the third stage, within a district, applicants were evaluated according to 15 criteria measuring their degree of deprivation. Accordingly, the SWF targeted the vulnerable groups mentioned above. In addition to falling into one of these groups, recipients also needed to be deemed without income or income-earning potential (in principle, their only income should be the benefits from the SWF, although in practice this is untenable, given the small amount of the transfer). This means those already receiving assistance from any NGO or religious institution, or a pension, for example, were in principle not eligible. Since 2008, there has been an attempt to respond to shocks by including both temporary cases (those directly impacted by the shock) and permanent cases (the chronically poor and vulnerable). The law also provides for lump sum assistance to households that experience personal emergencies or are affected by covariate disasters.

To receive transfers, potential beneficiaries were required to fill out applications and provide proof of status and of lack of income or earning potential in the form of documentation and various certificates. Typically, beneficiaries must come to SWF branch offices to submit their applications, and, in principle, SWF staff should make an effort to seek out the eligible, although this seldom happens in practice, given resource limitations. Applicants are disqualified for incomplete or misleading applications and if a household member is found begging. Local staff are required to conduct follow-ups every three months, as well as yearly, and this could result in beneficiaries being left or taken off the lists if they no longer met the criteria, but a lack of monitoring and resource constraints in local SWF offices mean this does not happen in practice.

6.4 Poverty targeting reform

In October 2010, the government approved a new targeting methodology for beneficiaries of the SWF, based on a survey conducted by the SWF in 2008 and amendments in the 2008 Social Welfare Law. The new targeting mechanism categorises poor households that currently benefit from a SWF income supplement and those that should benefit but currently do not (DFID, 2011), based on information from the survey and SWF databases. In addition to adding new households based on the poverty criteria, the government has committed to a gradual reduction of the number of non-poor who are currently benefiting from CTs, although this process has been challenging, from both a practical and a political perspective. Still, as a result of the reform, the SWF, with support from the World Bank, is taking active steps to improve targeting of the poorest.

At the moment, in principle the SWF has a two stage targeting process. The first stage uses data from the 2005/06 Household Budget Survey combined with 2005 Census data to produce a proxy means test (PMT) model that generates district-level projections of the number of poor households. The PMT model identifies a series of economic variables along with associated weights, which are then used to predict the household's income level. These variables include quality of housing and household ownership of durable goods. The second stage involves surveying listed households using the same PMT model to obtain a score for each household relative to the regional poverty line. Households that score below a certain cut-off point are classified into six categories:

- A: income below 70% of the regional poverty line;
- B: income between 70% and 100% of the regional poverty line;

- C: income close to the regional poverty line (up to 24% above it);
- D: income approximately 25-55% above the regional poverty line; and
- E-F: income substantially above the poverty line (55% or more) – should not receive transfers.

The new targeting categories are now grouped as either 'social' or 'economic' cases for support. This method is expected to result in households in categories E-F (estimated to number 272,000) to be phased out over a period of about three to five years, and the gradual admittance of new category A-D households that were identified by the 2008 survey as meriting support but that are currently on a waiting list. According to DFID calculations, about 600,000 households have been identified by the SWF as fitting into the high poverty groups (A and B) and therefore are 'highly eligible'. About 240,000 of these do not currently receive assistance (DFID, 2011b). Disaggregated data on the types of beneficiaries reached per category are not available outside the SWF.

However, given that this new process is taking time to be rolled out, targeting is generally still done like it was originally. As Section 8 explores, our research indicates that, despite this 'simpler' targeting mechanism, there is widespread confusion among SWF implementers and citizens about targeting criteria and the selection process, with some people still thinking targeting is categorical, and few understanding how poverty targeting is being carried out or how they can become registered in the programme.

Young people were not considered a vulnerable category in the earlier categorical criteria (although some youth, particularly young divorced or widowed women could be targeted), the expansion of the programme to cover poor households could potentially mean more youth are reached, since many young people are heads of poor households or live in households under the poverty line. However, information about the extent to which the SWF reaches youth is currently unavailable.

6.5 Transfer amounts

Initially in 2006, SWF CTs had a value of YER 1,000 per beneficiary (roughly \$5), plus YER 200 for each additional dependant in the household, up to a maximum of YER 2,000 per household per month, and was available to the 15 vulnerable target groups (World Bank, 2002). The payments have always been made on a quarterly basis (although there are sometimes delays), so a household would receive a maximum of YER 24,000 a year for a family of six, translating to about YER 333 per person per month, or approximately 10% of the 1998 national poverty line.

The CT value of the SWF has increased significantly, and in response to the national food crisis prevailing since 2008, the government doubled the maximum benefits to YER 4,000 (\$20) per person per month. Still, the amount of the transfer is largely seen as very low, as confirmed by beneficiaries and local-level key informants.

6.6 Disbursal process

The procedure for delivering transfers to beneficiaries is mainly through the country's post offices; however, other means to reach beneficiaries are increasingly in place, such as mobile cashiers and the CAC Bank and its branch offices (Proman, 2011). Banks have become more common in urban areas, although they are seldom in rural areas. Still, given that much of the rural population is far from post offices and bank branches, about a third of all CTs in Yemen are transmitted in cash through cashiers²⁸ (EU, 2012).

In principle, payments are made on a quarterly basis, with cash delivered to the payment point and claimed by the beneficiary on the SWF list (the process to enable

²⁸ This refers to individuals who are paid by the SWF to distribute the cash in remote localities.

someone else to claim the payment for the person on the list is challenging, requiring several documents). Some delays in payment happen, as confirmed by our data.

The CT is meant to be paid to the 'vulnerable' person in the household, but frequently, when the targeted individual is not the household head, it is the latter whose name is included on the beneficiary list and therefore receives the payment. There are no specifications about the gender of the recipient. However, as the programme has been expanded to poor households rather than to those that meet the categorical criteria, it is typically the head of household, generally a man, who receives the payment.

6.7 M&E of the SWF

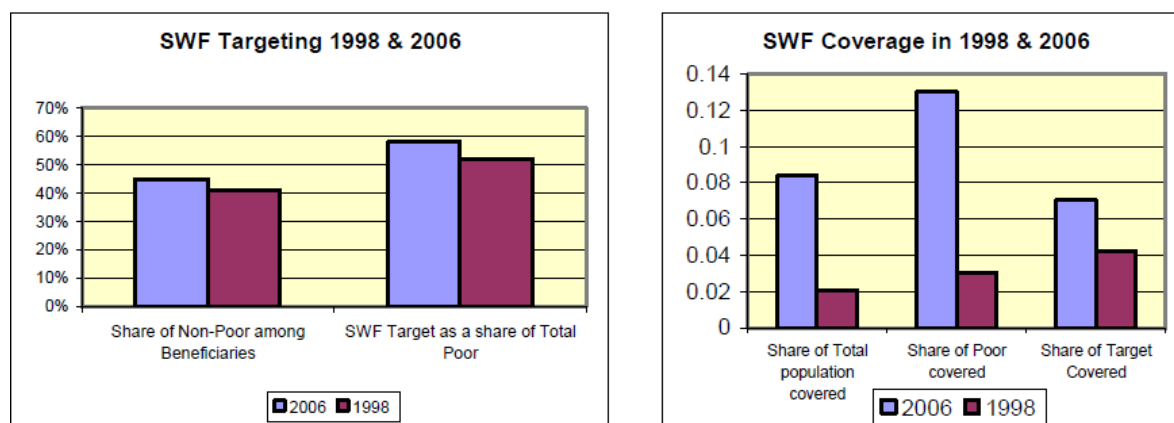
The SWF has no systematic M&E mechanisms in place. As such, most M&E has been done by donors in partnership with the government. Below is a synthesis of the findings of two of the main evaluations.

Government, World Bank and UNDP Poverty Assessment of Yemen, 2007

Leakage to the non-poor

Among the main findings in this evaluation is the significance of programme leakage to the non-poor. Using 2005 data, an estimated 52% of SWF transfers went to the poor, with SWF transfers collected by only 8% of those that satisfy its targeting criteria (World Bank et al., 2007). Out of the beneficiary population, 70% were not in the intended target group, and, out of these untargeted beneficiaries, 75% were not classified as poor. Overall, the programme covered 8.4% of the population and 13% of the poor. Over 45% of beneficiaries were non-poor in 2005 compared with 40% in 1999, with non-poor beneficiaries absorbing 47% of all benefit payments. At the end of 2006, nearly three-quarters of the 1 million beneficiaries were in the 'permanent' category of beneficiaries, absorbing about 80% of the budget.

Figure 6: SWF targeting and coverage, 1998 and 2006



Source: World Bank estimates based on 2005/06 Household Budget Survey.

Budget

The 2007 Poverty Assessment concluded that the SWF scale at the time was not enough to make any sizable impact on poverty. The budget was too low to reach all targeted beneficiaries, who were estimated at around 4 million people, and, even assuming all the current budget were to reach all intended beneficiaries, it would amount to a transfer of only around YER 277 per capita per month, or 5% of the average poverty line. This scenario would still leave around 40% of the poor, or around 3 million people, without coverage.

Recommendations

- Introduce finer geographical targeting coupled with the status indicators already used;
- Establish targeting indicators on the basis of poverty data that are more easily verified and transparent as well as difficult to manipulate;
- Decentralise beneficiary selection and final approval to the governorates or even to the district level to speed up the application process;
- Review mechanisms to deliver transfers. Since most of the poor are located in remote areas and have no access to post offices or bank branches, other mechanisms need to be considered (e.g., working through schools);
- Set up local women's councils in targeted communities. Since many correlates of poverty will be public knowledge in communities, a local women's councils could better tap into this knowledge and avoid reliance solely on Sheiks;
- Obtain more budgetary resources. With some redesigning, the SWF could perform an extremely valuable role in Yemen's SSN, but the targeted amounts are currently far too small to make much difference to the most needy.

Out of these recommendations, only the first two have been addressed, although the remaining ones are still applicable, as our research findings indicate.

EU Yemen SWF Monitoring Mission, 2012

The SWF Monitoring Mission took place in early 2012, with visits to Sana'a, Taiz, Hajjah and Hodeidah governorates (EU, 2012). Its conclusion was that CTs do reach beneficiaries, but there are limitations to the process. Cash delivered is not always in the right amount; beneficiaries in the more remote and rural areas are more difficult to reach though advanced bank and post systems and there are more 'mobile cashiers'²⁹ in place to transmit cash to the beneficiaries, although these are more difficult to monitor and there is evidence that they deduct a small 'fee' from the transfer for their services, which seems to be accepted by beneficiaries.

The monitoring mission also highlighted that the SWF could improve its efficiency in several areas, including in developing an operational estimate budget and also a human resource management policy. The assessment indicated that initiating any plan to improve the SWF seems to be blocked on the basis of a lack of budget, although it may also often rather be a result of a planning deficit. As such, one of the recommendations made was to improve the whole programme's resource management system to be in a better position in the medium term.

A further constraint the mission highlighted is that the SWF does not have a systematic M&E process. Efforts at both the branch and head office levels are occasional, do not adhere to standards and are not adequate for management decision making. Follow-up of beneficiaries is not carried out systematically as required by the law, by-laws, policies and the SWF manual. Experts also have to rely on other monitoring systems, such as third party verification. To overcome this challenge, experts proposed a new M&E system as part of the daily work of the SWF.

6.8 Programme governance

The SWF is the policymaking and implementing agency, managing operations at national as well as at governorate and district levels. It is headed by a Board of Directors responsible for overall policy. The SWF head office in Sana'a is also responsible for coordination with national and international donors and other collaborating

²⁹ Mobile cashiers are employees of the SWF. Some post offices sometimes also send cashiers to major villages as a way to improve access for the poor, although this is not always the case.

organisations. As the main executing agency, it has eight departments and five units dealing with all SWF affairs on a national level. In the governorates, 22 branch offices handle all SWF programmes; 214 district offices serve the population. In response to its expansion in coverage, the SWF has expanded in terms of staffing and regional presence (EU, 2012). The SWF is largely funded through the government budget.

While district offices manage the daily operations of the SWF, including registration of potential new beneficiaries and oversight of the disbursement process, they do not have the authority to make decisions on selection or elimination of beneficiaries on the list, they do not manage a clear grievance mechanism and they lack resources (human and financial) to monitor the eligibility of beneficiaries or assess how the SWF is operating. Local leaders have more authority than SWF officials to make targeting decisions, supposedly bringing power to those who are closer to the community, but, as our findings indicate, this method lends itself to patronage relationships and is affected by local politics. Our study found similar governance structures in both sites, and SWF officials in both reported being under-resourced and unable to respond adequately to people's demands. They had limited information about some important programme details, for example targeting criteria and selection procedures once people had registered with them, or linkages between the SWF and other social protection programmes being implemented in their localities, limiting their accountability to citizens.

In terms of programme governance and its visibility on the policy agenda, interviews with key stakeholders at the national level indicated that, given the current context in Yemen, social protection in general and the unconditional CT in particular are not a top priority in current policy debates, so it is unlikely to expect higher budget allocations for the SWF and other crucial development issues. In addition, some donors and stakeholders find it somewhat challenging to be individually involved in policy and advocacy issues, given the current politicised country context. However, among the promising issues observed during this study is an increased tendency and efforts among donors and international NGOs to enhance coordination and joint work, for example through the creation of a working group on social protection in 2012 involving DFID, the Netherlands, the World Bank, UNICEF and the EU. Similarly, the international NGO forum created two years ago has become more functional in terms of carrying out joint humanitarian interventions. Donors in particular are pushing for greater programme accountability through more rigorous and systematic M&E mechanisms and appropriate grievance mechanisms, so that the performance of SWF authorities can be assessed more transparently.

This study complements recent institutional assessments of the SWF by focusing on beneficiary and non-beneficiary perceptions of the SWF, which are found in Sections 8 and 9. These can contribute to a better understanding of the programme's benefits and limitations and thus inform recommendations for its improvement, particularly at the 'ground level'.

7 Community perceptions and experiences of vulnerability and coping strategies

This section analyses responses of research participants in relation to their main vulnerabilities and the coping strategies available to them. This enables a deeper analysis of the extent to which the SWF is able to respond to the most important needs, which would be an important way of improving its positive impact.

'Being poor means [...] to be considered low class by the community; being humiliated by the community' (IDI, 28-year-old male, Taiz).

7.1 People's perceptions of poverty and vulnerability

A common characteristic in the two research localities was people's perception of poverty as a profoundly shameful and humiliating state:

'Being poor means self-abasement and having to beg even if you hate doing that kind of work' (IDI, 55-year-old male, Zabid).

'The social problem is that people deal with the poor with less respect' (IDI, 24-year-old female, Taiz).

'Being poor means desperation, humility and disrespect' (FGD, 22-28-year-old males, Taiz).

This means that, in addition to the challenges posed by being poor, which include inability to buy sufficient food, having inadequate housing and not being able to pay for education and health care services, among others, people are weighed down by a heavy social stigma that limits their ability and willingness to participate in social interactions and marginalises them from life in the community.

There are, however, specific ways in which poverty is experienced in Zabid and Taiz, given their distinctive contextual characteristics. In Zabid, where people are more homogeneously poor, respondents tended to accept their situation with a degree of resignation, many seeing it as 'God's will'. In Taiz, on the other hand, where society is more politicised, people blamed politicians for poverty, but several respondents felt they could do something to improve the situation; in some cases, this greater proactivity had encouraged their participation in demonstrations and protests during the height of the conflict in 2011. This greater activism can be linked to the higher average level of education and greater awareness of rights in Taiz.

In both localities, respondents – many of them adults with families – expressed their concern about the precarious situation of young men and women, with very dire prospects in the short and medium term given the dearth of work opportunities and pressures linked to forming families. In Zabid, the pressure is greater on young men as the main (and often only) income earners, although, given the greater incidence of divorce, many young women find themselves having to provide for their families in an environment that is adverse to women's economic participation, as detailed in the next section. In Taiz, economic challenges are compounded by social and peer pressures. Unemployment is high, but many youth continue studying, aspiring to good work opportunities that do not materialise. In secondary and tertiary education, poorer youth face competition with the better off, and felt frustrated and humiliated by not having the resources even to purchase adequate clothes that would give them a better status. Unemployed young men in Taiz spoke about the rising threat of substance abuse – particularly of *qat* – and young men's involvement in theft and their bleak prospects for the future. A majority of adult respondents in both localities complained about the

dearth of support for youth, their bleak prospects and limited opportunities, and saw this as a challenge to the country's stability. Yet political activism, particularly in Taiz, has allowed young men to feel more empowered to push for a transformation.

'Nothing works here, we raised our voices, what more can we do than make a revolution, and yet still things are getting worse. There is a vacuum, and people do not believe any more in peaceful revolutions' (FGD, 35-year-old male, Taiz).

Women are a particularly vulnerable group, and even more so in Zabid, where their opportunities are more limited and generally circumscribed by stricter social norms, which compel them not to seek economic opportunities outside the house at the risk of being harassed or socially marginalised. This limits their agency, particularly in cases where they are divorced or widowed and have to find ways to support their family. Women in Taiz, although not treated as equal to men, have more independence, which helps them be more resilient.

In terms of racial marginalisation, the Akhdam community faces the greatest levels of poverty and marginalisation. In Zabid, this is exacerbated by the fact that, according to key informants and people of this population group interviewed, local leaders do not consider them for government support such as the SWF because of discriminatory perceptions and practices against them including a belief that they will never stop begging rather than looking for an alternative livelihood, even if they receive support in this regard. As a result, leaders prefer channelling support to other families, although the SWF in principle could be targeted to them. In this case, there are also important differences between Zabid, where the Akhdam are very disempowered and are limited to basic survival strategies, and Taiz, where NGO groups advocate on their behalf, providing them with education opportunities and supporting their more active political participation.

7.2 Vulnerability mapping

Given that the participants sampled, beneficiaries and non-beneficiaries, were selected on the basis of being poor, they spoke of the multiple vulnerabilities they face in different areas, including, for example, economic, social and health related. Experiences of vulnerability are significantly affected by location, age, sex and social standing, and, although respondents belonging to similar groups (e.g. divorced young women) share common vulnerabilities, in several cases respondents in a certain category had particular coping strategies that allowed them to be more resilient. This section first maps and analyses the most salient vulnerabilities facing respondents, then moving to a brief analysis of coping mechanisms available to these individuals – including the SWF – highlighting cases where such mechanisms have enabled real resilience.

Table 3 provides an overview of the main vulnerabilities identified according to location, and whether these are experienced primarily at an individual, household or community level. However, there is a clear overlap between these, such that, for example, individual experiences of vulnerability can result in household-level vulnerabilities as well.

Table 3: Overview of main vulnerabilities

| | Zabid (semi-urban) | Taiz (urban centre) |
|-------------------|---|--|
| Individual | <ul style="list-style-type: none"> • Women are rarely able to work outside the house, or risk social stigma, thereby reducing their livelihood options • Education levels are low, particularly for females • Early marriage – particularly for girls – is common, with no legal | <ul style="list-style-type: none"> • Women are harassed when working outside the home and at school/ university • Divorced women are less likely to go through a judicial process and be granted alimony |

| | Zabid (semi-urban) | Taiz (urban centre) |
|------------------|---|--|
| | age of marriage | |
| Household | <ul style="list-style-type: none"> • Capacity to purchase food • Large families, often linked to greater economic insecurity • Men’s inability to provide creates tensions inside the household, which leads to domestic problems, including violence and divorce • Vulnerability to illness and poor access to health services and medicines | <ul style="list-style-type: none"> • Capacity to purchase food • Large families, often linked with greater economic insecurity |
| Community | <ul style="list-style-type: none"> • Limited income generation opportunities • Rising prices of basic goods and services • Marginalised groups constrained from accessing land and housing (in both localities but more so in Zabid) • Bills for electricity and water high in Zabid, given the heat • Large families, often linked to greater economic insecurity | <ul style="list-style-type: none"> • Limited income generation opportunities • Rising prices of basic goods and services • Conflict saw rise in insecurity, and reduction in economic activity, with an impact on jobs • Youth unemployment despite higher levels of education |

Respondents spoke mainly about social and economic vulnerabilities, although the causes of some of the economic challenges faced could be traced to health and environmental vulnerabilities.

Economic vulnerabilities

At the community level in both Zabid and Taiz, economic insecurity is a grave issue, triggered by the limited and poor quality income generation opportunities that affect all, but particularly the young. In Taiz, where the economy is larger and more diverse, including an important services sector and industrial production, there are some more work prospects, whereas largely agricultural Zabid has fewer opportunities on offer. Prices of basic goods and services have been on the rise throughout the country, and have affected respondents in Zabid and Taiz differently. In Zabid, for example, where temperatures are persistently high, high demand for power and water, leading to higher bills, poses a significant challenge to households, who thus need to spend an important part of their income (typically all or most of the SWF transfer) on these services. In Taiz, a factor aggravating economic hardship is the political crisis beginning in early 2011:

'Everything has gone to the worst since the beginning of the conflict, increase of prices and no income' (life history, 40-year-old male, Taiz).

'During the past three years and before the civil unrest, we were working on daily income bases as labourers and sometimes one week there was work and the other week there was not, but there was no problem. Now we have been jobless for two years owing to the conflict in the country. There is not much work in construction because of the conflict and the increase in prices [...] The conflict in Taiz has also had other problems—women can now no longer walk outside at night and young men are also more out of control, so women felt more threatened' (life history, 40-year-old male, Taiz).

The situation for young men and women is quite precarious: they are overwhelmingly affected by lack of work opportunities, which has become an important source of frustration for those in Zabid who have completed secondary and tertiary education without this being a guarantee for a job. Further, given the young age at which families

are formed, young men and women are usually household heads by their mid-20s, so their unemployment has an impact on their young families.

One of the factors exacerbating economic vulnerability is household size: large numbers of children (generally more than six) economically dependent on parents, as well as the extended family, some members of which may or may not work. This problem is common to both Zabid and Taiz, although the greater level of education and mobility of women in Taiz could explain why female respondents tended to have fewer children than in Zabid. Respondents were defensive of their right to have the number of children they desired; having a large family tends to be encouraged, and several respondents said they expected to be supported to be able to do so (e.g. by government or religious institutions). Most respondents acknowledged, however, that there was hardship in being unable to provide for them.

'I depend on my daily income as a labourer, with little support from the youngest brother, who works as a porter, and our work is not on daily basis, while the family members are 12 persons' (IDI, 25-year-old male, Zabid).

'My salary is not enough to cover the needs of 10 children, especially when there is a special occasion or also exposure to illness' (IDI, 55-year-old male, Zabid).

Health-related vulnerabilities

One of the factors people identified as compounding economic hardship significantly related to health-related shocks, which weigh households down financially.

'During the year, there was an outbreak of disease, and fever attacked all family members, who required medical care, which increased the family loans and sale of properties' (IDI, 22-year-old male, Zabid).

'I started to get loans and my health situation become worse until I had a heart attack. More sicknesses and outbreaks occurred among the family' (life history, 60-year-old male, Zabid).

In Zabid in particular, adult respondents spoke of high levels of morbidity, with many identifying cases of severe illness such as high and persistent fever or afflictions requiring surgery among close family members. Households then needed to allocate some of their already limited resources to pay for transportation to health facilities (health services at clinics are free), and, even more significantly, often had to pay for medicines, which ought to be free at the clinics but are seldom in stock, so they need to be purchased on the private market, making them unaffordable.

'The work accident affected my health badly, especially my back, which led to disability, so I can't tolerate heavy work. There is also sicknesses in my family, like my mother, who has a stomach hernia, so I can't afford the treatment' (IDI, 28-year-old male, Taiz).

Further, the hospital in Zabid has very limited services, and is located outside the town; many respondents complained about having to spend a great deal of money on transport to the hospital or to Hodeidah, resulting in many of them not bothering to go. Medical costs in Taiz are different: people are more aware of disease and more services are available, so many people spend more money on tests and physical exams.

'If I have money I would take my mother to the hospital for surgery and also help any of my family members' (IDI, 24-year-old female, Taiz).

Social vulnerabilities

Social risks, which can be shaped by social norms and behaviours (Jones and Holmes, 2010), compound household and individual experiences of economic challenges. A clear example of this is women's limited capacity to contribute to household income, given the social stigma attached to females working, particularly outside the home. In Zabid, most female respondents said they were not able to work outside the home, and those who

did work outside, for example in government institutions (schools, hospitals) said they were looked down on by society. Given the dearth of work opportunities, it is generally only men, and sometimes boys, who seek income-generating alternatives such as petty trade, which seldom generate enough income to sustain the family. A few respondents in IDIs and FGD said women sometimes produced goods such as food and textiles at home for their sons, brothers and husband to sell, but this was rare, partly because there is not enough information or start-up support for women to carry out economic activities inside the house – something most female respondents agreed the government should provide. In Taiz the problem is less severe, although there is still social stigma attached to many public-facing jobs for women, exposing women to harassment. This means that, in practice, the possibilities are far more limited for women than for men.

'Nowadays, with instable security, we feel afraid walking alone. Harassment and worse when walking, in the bus and everywhere. It has become even worse. Every day, we hear a new story; thieves on motorcycles attack women and steal their handbags. A few days ago, a girl got raped and killed. We work in a district government office compound, do you think we feel safe? When we walk in or out, all men stare at us. Some of them drop bad words. We rarely leave our room. Many times we are scared when men have disagreements or tribal people come to the building. When they disagree they sometimes raise their weapons against each other' (FGD, poverty and coping strategy mapping, 36-year-old female, Taiz).

Another important social vulnerability triggered by economic challenges is divorce, which respondents explained not only leads to economic hardship for the divorced woman and her family but also can result in their social marginalisation.

'Now I am neither married nor divorced. I just receive support from neighbours and charitable people. My brother wants me to leave the house, and I don't know where to go. I used to serve as a domestic servant in houses, but now my son is working as a labourer and has started to support the house' (life history, 42-year-old female, Taiz).

The SWF originally targeted divorced women, in recognition of these challenges. Several women interviewed, in both IDIs and FGDs, explained that a common cause of divorce was men's inability to provide for the family, which then leads to household stress and marital problems. Five respondents and most participants in FGDs and participatory mapping exercises also linked household economic stress to domestic violence, including physical and verbal violence against children.

'I always get nerves inside the house, but I put pressure on myself and say these are my kids. My kids are quiet and when there is any problem they keep saying "oh mum we will pay you back" (God bless them). Sometimes I get mad and lose my temper from this situation' (IDI, 50-year-old female, Taiz).

An interesting finding in Zabid was that women often take divorce cases to court, generally winning and therefore being granted alimony to look after their children. This phenomenon can be explained by the fact that Zabid is a small community where people hear about legal cases being raised and won, as well as by Zabid's history as an Islamic centre, where people know about sharia law and procedures, under which men need to be able to support their wives and family, even after divorce, if there are children left with the divorced women. In Taiz, where there is little time or resources to take divorce cases to court, some female respondents explained that it was common for men to abandon women without continuing to support their household, especially if a woman does not have someone to assist in following her case at the court.

An important social risk that is particularly common in Zabid is early marriage – sometimes for girls as young as 10. All respondents mentioned this practice, and it is common even though it has negative consequences for children's development, including as a result of school dropout, reproductive health risks arising from having children early and unbalanced power relations in the household. In Zabid, the vast majority of young

people (25 years or under) interviewed were married; this was less common in Taiz. Surprisingly, men rather than women raised concerns over the consequences of early marriage during FGDs, possibly because men have been more sensitised through work by NGOs and CSOs. Sensitisation campaigns have been weak in terms of targeting women in Zabid. Women interviewed, including the young, tended to see early marriage as a reality rather than a problem, and as such were more concerned about being unable to find a husband after the age of 20 years. However, both young men and women with families from a young age suffer economic challenges that can erode the marriage.

There is a general interest in education in Yemen, and interviewees spoke about this in both research localities. As a result, most children, including girls, in both localities have attended at least some years of schooling. However, girls' education beyond secondary is rare in Zabid; though more common in Taiz, there is still an important gap with respect to the level of enrolment for boys. A few young men and women interviewed in Taiz who had been able to attend secondary and tertiary schooling despite economic hardship said they faced marginalisation, as their appearance and clothing gave away their poverty status, leading to harassment and exclusion. Young respondents' also felt their appearance challenged their ability to socialise or get a good job.

Box 2: Case study, 16-year-old orphaned girl in Taiz

Sana³⁰ is a 16-year-old female single orphan. Her mother is a SWF beneficiary and receives YER 12,000 every three months. Her story is illustrative of the multiple vulnerabilities faced by a girl living in poverty, in a household with numerous members and exposed to social challenges such as domestic violence.

Sana lives with her mother and 10 siblings in a very small rented house with 3 rooms. Her father passed away in a car accident. He used to drive a taxi and was able to cover all household expenses. Sana remembers that he used to protect his daughters from the violence of their older brothers.

One of her brothers is married and lives with his wife and children in the same house as her. The oldest brother has a daily labouring job that pays very little, and only sometimes supports his mother in paying for household expenses. One of her sisters got married recently and her husband provides support when he is able to.

'I like to keep challenging myself to continue my education. I do not want to do as my older sisters, they dropped out from school and stayed at home with dreams of getting married to leave the crowded house and get better food,' she said with a smile.

However, school is costly for the family, with so many expenses and such limited income.

'In school, my teacher encourages me as I am active there and participate in many student groups, including a traditional and religious singing group. They reward me from time to time by exempting me from payment of fees for some entertainment trips organised by school to some public gardens.'

Despite her interest and good performance in school, Sana is unsure how long she will be able to continue.

'I am afraid that that one day I may have to stop my education. I do not want to reach that day. Although I am exempted from school fees, I face many difficulties covering other schooling needs, such as clothes, transportation and food when in school. I want to have better clothes like other girls. I want to go to the school cafeteria to eat like them. I do not want to continue pretending I have already had breakfast. In many cases, I go to get ice cream (YER 20) and eat it in front of my classmates at breakfast time so they believe I have already had my food. I force

³⁰ Name changed to ensure confidentiality.

myself to walk more than 3 km on a daily basis to get to school and back to my home, although it is sometimes scary being alone.' Sana continued speaking with the same smile on her face but trying to control the tears falling from her eyes.

'I miss the old days of my father and being able to smile at home. This is now a dream because of the daily fight among my siblings over food, clothes and sleeping sheets and mattresses. My dream is to see my brothers respect me, my mother and my sisters, and for them to stop beating us. I hope that someday I will see my family members smiling again and happy as they used to be during the time of my father.'

Marginalised ethnic groups such as the Akhdam also face discrimination and social exclusion in these communities, exacerbating their precarious living conditions. Their low status in addition to their poverty limits their ability to access land or adequate housing, for example, and they are generally tasked with what are seen as the most degrading forms of work, such as collecting rubbish. People from the Akhdam community are rarely targeted by government programmes, such as the SWF, which adds to their sense of exclusion, as explained by an Akhdam non-beneficiary respondent.

'What to say about feelings? Where to share them and complain? Put yourself in our situation, where it is normal for people to see you cleaning streets and working as a porter carrying cement and heavy things. But as soon as you are seen in a school or a wedding, everyone stares at you, your clothes, and laughs if not saying, "Oh khadem³¹! What do you do here? This is not your place." Is this easy to feel every time? If you try to forget and enjoy your time, you get your [tape] recorder and open your preferred song to its maximum volume, but your very poor house keeps reminding you that you are a "khadem". What feelings shall we speak about?' (FGD, non-beneficiary youth, 26-year-old male from marginalised group, Zabid).

During the study, respondents in Zabid rarely mentioned disability as a source of challenge. This is probably more as a result of the stigma attached to disability, which makes this vulnerable population invisible. In Taiz, on the other hand, where there is more information and awareness on disability, including through the advocacy of some NGOs, disability has more visibility. For example, more persons with disabilities are registered in the SWF.

7.3 Coping strategies

Respondents provided insights into the most common coping strategies they use in response to the range of vulnerabilities and challenges they face. Some of these entail actions that have negative short- and medium-term consequences for different household members' education, health or emotional stability, and as such are particularly problematic. These strategies are taken, nevertheless, because there are not many alternative options available to deal with vulnerabilities and challenges.

One of the most commonly cited responses to lower household income and higher prices of food is household members eating less food and reducing the quality and diversity of food consumed to only tea and bread. When probed whether particular household members took more cuts in food, the common response was that all household members ate less.

'All earning goes towards house and family needs, but does not cover the basic needs, which leads to a reduction in food and the number of meals' (IDI, 25-year-old male, Zabid).

³¹ "Khadem" is used for individuals while "Akhdam" is used for addressing a group in this marginalized ethnic minority.

Distress sale of assets is another common coping strategy. In this case, women are most affected, as the most tradable asset poor households typically have is women's jewellery, which comes as part of their dowry. After the sale of this jewellery to cover basic household expenses – usually health services or medication, payment of debts or rent – women have no other assets. In both localities, some respondents also spoke about selling household electronics as a way to earn cash.

'I sold assets such as my wife's gold and my mother-in-law's gold, especially when treating my daughter, which cost YER 120,000' (IDI, 28-year-old male, Taiz).

Migration was mentioned as another important coping strategy in Taiz, where people are more educated and thus feel better equipped to migrate to other cities; several respondents spoke of having migrated or knowing someone who had migrated to Saudi Arabia.

A coping strategy that is particularly negative for children, and for the development of their capabilities in the future, is their withdrawal from school. This is more common in semi-urban Zabid, where formal education is not valued as highly as in Taiz, a major urban centre. Children – particularly girls – were seen to be at risk of being taken out of school when households are facing hardship, given the costs linked to schooling,³² although the opposite was also found to happen in Zabid: a respondent explained that, since some parents felt girls could not generate income if taken out of school, taking boys out was often preferred.

'Some children are not enrolled in education because of discrimination and also have no ability to afford the school fees and other requirements such as uniforms' (FGD, 22-28-year-old men, Taiz).

'Difficult to support 12 brothers and sisters for education, medical care and food, so my brothers and sisters could not continue their education' (IDI, 25-year-old male, Zabid).

Another adverse coping strategy with potentially harmful consequences is reduction in the uptake of formal health services to avoid paying more expensive fees. Those with ill health either forgo treatment completely or go to traditional healers, who might not be able to provide the necessary care, or obtain medicine directly from pharmacies without meeting a doctor/undergoing tests. Others delay treatment until their case becomes severe. This was said to happen particularly with adults facing chronic diseases, including diabetes, for which treatment is expensive.

In Zabid, women's work is seen as an extreme coping strategy. As discussed earlier, this is not well regarded and therefore men and women prefer women not to work at all. However, given the need to generate additional household income, women get involved in activities inside the household, such as sewing, making local perfume or cooking food for sale. It is generally older women who engage in this type of work. Despite the social stigma attached to this, and in recognition of the difficult situation households face, most women participating in IDIs and FGDs said that they saw their role as income earners as being increasingly necessary, and that they would benefit from receiving government or NGO support and training on productive activities they could carry out from home, such as processing of certain agricultural products for sale and textile weaving.

³² Participants in FGDs indicated that the most demanding school-related costs were daily transportation costs, daily cash for children to cover food and drink when in school and clothes/shoes. People mentioned materials and books because they all need to be bought at the beginning and require a large amount of money at once; most people need to be prepared in advance for these costs or borrow or sell things or obtain assistance from welfare NGOs at the start of the schooling period. However, daily needs are too demanding, especially in urban sites and tougher if children are attending private school (there are no private schools in Zabid).

Box 3: Case study, divorced, beneficiary woman in Zabid

Despite the constraining social norms in Zabid that limit women's ability to cope with economic challenges, there were a few cases of women defying these to be able to provide for their family. In one case, a divorced woman who needed to support her family became empowered to challenge the community and decided to produce perfume in her house and sell it herself outside. She had limited support from her family, but inability to offer her children a better life than hers and a lack of social capital in her case (so poor social connections) translated into a 'freedom' from social norms, enabling her to defy the context to be able to sustain her family.

'One of my husbands (father of my daughter) said to me "Take your daughter, I'll pay nothing for you." So I gave up my gold, dowry and expenditure and took my daughter.'

'Following the death of my mother and father, and since my last husband, who was so supportive and had to leave to go to his country [...] I have learnt to be rough and kind, and they always say "attack the soldier before he attacks you."'

The woman is a poor female SWF beneficiary, 37 years old and married 4 times. She is divorced now, with three daughters and a son. She is supporting her daughters in their university costs through the SWF CT and her small income from selling homemade perfumes and food products. She worked as a cleaner in the governorate before being registered in the SWF. She is very well known for being strong in her responses to any accusations or talk against her as result of not adhering to mobility controls over women.

'If I keep silent, shy and not moving freely, I will not be able to survive with my children.'

'I am rough and never shut my mouth on my rights and I have been to the police to complain about anyone insulting me without being scared. If I am not with strong heart I cannot confront men.'

'People praise the rich men and insult the poor ones but, for me, no one can defeat me, because I am rough and defend myself, impose my opinion. I have a good heart and I am good but life conditions have obliged me to act like that.'

In Taiz, women's participation in the workforce is much more common, and even more so in poorer households. However, respondents spoke about changes in the type of work they were willing to do when the economic situation got more difficult, for example working as domestic workers, which is not a well-regarded activity and puts women at risk of abuse and harassment. Although a few FGD participants spoke about some women engaging in sex work, no one participating in the research seemed to have done this, and it was seen as rare, given the cultural context.

Children and young people are particularly affected by economic hardship, and, given the importance of capabilities developed during the early years, the consequences of adverse coping strategies adopted can last a lifetime and be transmitted across generations. In Zabid, adults in an FGD mentioned that parents were sometimes forced to send children to live with better-off relatives who could support them, despite the risk in some cases of these children not being given the same status as the new family's own children, thus enduring poor treatment and having to carry out domestic labour.

In both Zabid and Taiz, respondents identified a new survival strategy: children and young people were being seen collecting leftover food from restaurants or looking through rubbish to identify items to sell and recycle. Begging is also on the rise, and respondents felt women and girls – some of them divorced or orphaned – were more often seen begging (particularly in Taiz) than men because people are more likely to give charity to women. One interviewee even said that men were purposely sending their wives and daughters out to beg as a way to obtain an income for the household. All

these actions are seen as very stigmatising. In particular, male respondents said that beggars should not be supported because they will never change, so assistance is pointless. In some cases, young people in Taiz said that, when children and youth begged, they were often accused of being thieves and ended up being beaten. Girls are frequently harassed and might even be asked to engage in sex work.

Other coping strategies mentioned included precarious living conditions, such as moving into small inadequate houses where several families share a crowded space. A few respondents said that those who were able to would bribe officials to try to get support. In Taiz, political activism was seen as a way to cope, particularly among the young; in Zabid, people said they resorted to prayer.

FGDs and interviews with young people in particular resulted in interesting insights into the specific coping strategies this group engages in, often in tandem with some of the other actions mentioned above – particularly when youth are already married and have children, such as in Zabid. Many of these actions were particularly common in Taiz, where young people form families later and have more agency. As mentioned above, leaving school early is a common response, particularly for women. In Taiz, young men are increasingly getting involved in theft and hijacking of cars and motorcycles and robbing passengers, and in substance abuse as a way to forget their economic woes. Adults in Taiz said young people were joining radical armed groups (such as Al Qaida), given the dearth of alternatives. Other young people saw political activism as a way to promote change, and have become involved in street protests in an attempt to demand government support. Some said they participated in these protests only because the organisers gave them food or money, so this was an immediate way to get support.

In general, people engage in more than one coping strategy, given the multi-layered challenges they face and the very limited relief they receive from a single action. With many of these adverse strategies, the consequences for the individual and household can be protracted and severe, but they are seen as the only alternative given the shortage or weakness of support mechanisms.

'I get by with people's support, with the benefit from the SWF, by selling my wife's gold and other properties. The emigration of my two sons, who started to support the family, was helpful, but they returned from Saudi and they are jobless now and can't even get married. Another of my sons got a visa to Saudi; he is the only one who supports the family' (life history, 60-year-old male, Zabid).

7.4 Formal and informal support mechanisms

This section provides an overview of the main formal and informal support mechanisms identified by respondents. Not surprisingly, given that our research targeted SWF beneficiaries, this was the most commonly cited formal support mechanism – and this is explored in detail in the next section, but very few non-beneficiaries reported other formal support mechanisms, suggesting there are not many. The situation is particularly stark in Zabid, where the reach of NGOs is limited; in Taiz, as a major urban centre, NGOs and CSOs are much more active.

In terms of formal support mechanisms, a few respondents – mainly adult men – spoke about being able to access loans from moneylenders or shops and, very rarely, from banks. As we analyse further in the next section, those receiving the SWF are in a better position to take very small loans, since the SWF card can be used as a guarantee that the money will be paid when the transfer is received. Loans are usually taken to pay for food, medicines/health services, rent or, in some cases, school supplies. Most common formal mechanisms are moneylenders and shops. Moneylenders in both localities are usually friends, relatives or neighbours. Shops in most cases provide food and non-food items and other supplies, but not cash. Banks that provide small/micro credit are very rare in both localities, as in the rest of the country. In Zabid, only the CAC Bank is

present, but this does not yet have an agreement with the SWF to provide loans or transfers to beneficiaries. To access these, beneficiaries tend to use personal contacts and support from significant figures in the area as a guarantee.

Although several banks are functioning in Taiz, banks providing small credit schemes are still limited and require various guarantee-related steps and documents that are not easy for poor people who do not have fixed salaries to cover the loan repayment or a guarantee from a commercial institution or individual. According to respondents, Al-Amal Bank (translated as Hope Bank), a microfinance bank established by the SFD, is the only institution in Taiz other than the post office that has an agreement with the SWF to provide transfers to beneficiaries. Repayment is deducted from the regular transfers. It is worth mentioning here that the SWF has a limited credit programme that provides loans to beneficiaries without interest. In the past two years Al-Amal Bank has been subcontracted to provide this service to beneficiaries, although it does not have branches in most parts of the country. However, respondents in Taiz indicated that Al-Amal Bank charged a high interest rate on loans provided to beneficiaries, which is also deducted from beneficiaries' transfers.

Meetings with stakeholders also revealed that a few NGOs in Taiz provide loans to the poor, focusing on women, to enhance their income-generating opportunities. However, it seems there is a lack of information among respondents on these programmes. Overall, people are still wary about accessing credit through banks, for reasons including religious restrictions (such as payment of interest) or fear of the consequences if they fail to follow repayment schedules agreed with the bank.

Young people in particular indicated that they wished they could access vocational training linked to market demand, with an emphasis on life skills that could help them overcome the fear that restricts them from starting their own projects (i.e., importance of income generation projects, carrying out feasibility studies, project management, marketing, how to obtain support and through whom when facing challenges in a project, etc.).

Respondents spoke about seeking registration with welfare organisations, many of them faith-based/Islamic organisations that distribute food and clothes, particularly during Ramadan using Zakat funds. These organisations tend to focus on orphans, widows and poor families; they rarely support adult males as household heads. These organisations include Al-Saeed Welfare Foundation, which belongs to Hayel Saeed private company, and a few Islamic-oriented welfare associations like Al-Islah Association and Al-Hikma Association. In particular, five respondents in Taiz and most participants of the FGDs and participatory mapping exercises in both localities said that, during Ramadan, they received support from Hayel Saeed, generally as food and small cash transfers.

There is a greater NGO presence in Taiz; these generally provide material and non-material support depending on their focus, for example medicines in the case of NGOs formed to support specific illnesses, or capacity building on rights in the case of NGOs supporting the disabled or ethnic minorities. This support was mentioned as essential by respondents with specific forms of vulnerabilities, such as rare diseases or disabilities.

'Buying drugs for my children [respondent has four children with haemolytic anaemia] with the money I have available is very difficult. There is an association called Friends of Patients of Blood-related Problems Blood Sicknesses Diseases Association that helps us by providing free check-ups and investigation; if the association receives some support from donors it provides free medicine' (life history, 40-year-old male, Taiz).

'When I was baby of eight months, I became disabled (paralysed after an injection). I felt bad as I was the only disabled person in my family. I had no friends except my sister. I was lonely and I was left aside and not participating in the class. I managed to reach Grade 9 and then I decided to stop as I got tired; after three years I returned to school and completed secondary education. I started working at a telephone station but

I found it difficult because of harassment and lost income through cheating and theft. I went to the association for the handicapped and I found some friends there. I got some work there as a secretary and teacher and the association gave me the courage and self-confidence to defend my rights' (life history, 40-year-old female, Taiz).

More respondents mentioned informal support from the extended family and neighbours and social solidarity from the community, although this is generally small and more sporadic, therefore generally does not result in a significant change to the situation of the individuals facing challenges. This includes, in particular, support during specific events, such as weddings, funerals of relatives or major health crises, where informal social networks tend to be more supportive.

'We just get some support from our neighbours and also from charitable people during Ramadan' (IDI, 25-year-old male, Zabid).

8 Knowledge and perceptions of programme implementation

This section provides an analysis of responses research participants gave in relation to the SWF CT, from their knowledge and perceptions of the programme to challenges related to programme implementation. This information from beneficiaries, non-beneficiaries and some key informants at the local level is crucial to understand whether the programme it is being implemented in line with its objectives and whether its benefits are being received by the neediest. Throughout the analysis, we highlight distinctions between the two research sites that provide insights into the variations in programme design, implementation and use.

8.1 Knowledge and perceptions of the SWF

'It is a gift from God and we buy rice and sugar. When we receive the amount it is a happy day for us [...] I know nothing about the programme, sometimes they say it is support from abroad or from the president, I don't know. A committee came and they distributed the salary straight away after my husband 's death. They [social workers] first came and asked for the community leader's stamp and we have given pictures and everything' (IDI, 50-year-old beneficiary woman, Taiz).

There was very limited knowledge on virtually all aspects of the SWF among beneficiaries, as well as other members of the community, such as local leaders. One of the main information gaps relates to the programme's targeting. First, interviewees said the decision about who should receive assistance was up to the appointed traditional community leader and the SWF officer, but no knowledge existed about the rationale for selection and the correct process. Some research participants perceived the SWF's assistance as a 'salary' for the poor; this means that, once the benefit starts coming in, they know they will not stop receiving it (there is no graduation), which, as we explore later, seems to be one of the programme's most positively perceived benefits and makes sense, given the situation of chronic poverty and dearth of income generation opportunities identified above.

Despite misinformation about the programme, some respondents did mention that the SWF was targeted at large households that have no head of household (breadwinner), at those where the head is elderly or at widowed or divorced women. Similarly, not all participants knew the amounts paid to different households and the criteria for differentiated transfers; in fact, some beneficiaries believed the intended amount of the transfer was \$100 but that most of this money was being siphoned off by programme implementers and thus only a small amount was left for the actual transfer.

There is virtually no sensitisation, awareness raising or information about the CT in the community. People do not know if the programme is temporary or permanent, or if it is an entitlement. There is also insufficient clarity about the source of the transfer; some people thought it was God, others that it came from Zakat resources and others that it came from their or foreign governments. In any case, information is incomplete.

'We know that it is a foreign-backed support and the amount is YER 10,000.'

'They told us, the government, that foreign countries are supporting the programme.'

'We know only that it is a charity' (FGD with adult women, beneficiaries, Taiz).

Most people were not aware that more than one person in the household could receive the transfer. All these information gaps limit the programme's transparency in the eyes of beneficiaries. According to local SWF implementers, there is no plan for oral

communication or materials for dissemination at the grassroots level, which would improve this situation. These constraints are true for both research sites.

According to discussions in the field, only people with better networks (e.g. those who know SWF officers or community leaders) have more information. This implies that those who are better networked, who are already less vulnerable because of their informal social protection, can also reap the greatest benefits from the programme.

In Zabid, the dearth of information is even more severe and there is no mechanism in place for beneficiaries to obtain information about how to access their transfers. Some people spoke about getting to the SWF office to register or to the post office to receive the transfer and not knowing what to do. A respondent in Zabid said that this helplessness made him feel that he hated being poor.

One more challenge beneficiaries in Zabid face is that there is a great deal of confusion about who is doing what, as there are many programmes coming in from different organisations (particularly NGOs), most of them drawing on the SWF beneficiary list and implementation structure. As a result, people do not understand why they might get food and no cash, or why some get more than others and at different times.

'Sometimes, there are people receiving food items and additional money, about YER 17,400, and some people do not and don't know the reason' (IDI, adult male, Zabid).

In this sense, although it is useful for other programmes to build on the existing structures put in place by the SWF, including identification of the poor and cash distribution mechanisms, better information about the different programmes and why certain beneficiaries are being targeted twice would go a long way to increasing the programme's accountability with beneficiaries. Currently, inadequate coordination between government programmes, NGOs and the SWF at the local level is causing confusion about which programme does what, who people receive benefits from, procedures, what they are registering for, etc.

Weak SWF knowledge, including about its structure, beneficiary registration and selection mechanisms and overall programme operation was common among local programme implementers and community leaders also. A communication campaign is needed at this level in order to enable better communication with the community.

A specific example of misinformation is that some interviewees still think the programme is conditional on sending children to school (community promoters at the beginning of the programme might have said this). However, since there has been no follow-up or enforcement, some currently believe that the condition has been dropped rather than that the programme is unconditional.

Overall, the fieldwork indicated that programme beneficiaries and non-beneficiaries were very interested in receiving more information about the SWF. They want to know about the programme through various channels to reduce their dependency on community leaders, representatives of local councils, relatives and other beneficiaries/applicants when seeking information. Respondents identified a number of areas they would like to know more about, including programme objectives, targeting mechanisms, the application process, documents needed, other complementary programmes, how long they are able to receive the transfer for, how to avoid exploitation, grievance and complaints mechanisms, ways of organising themselves to have their voices heard, who is the contact for specific issues, what to do following death or divorce within the family, how to access exemptions and rights in public services, etc.

8.2 Programme implementation constraints

Most comments regarding programme implementation were negative, which indicate a problem in the way the programme operates on the ground, despite it being in place for

many years. Many of the complaints came from men, particularly in Zabid (women were less critical, given social norms that keep them from participating). Given the higher level of education, there were more complaints about the programme in Taiz (both women and men). Many respondents mobilised by the local leader started the discussion by being very positive, but once they opened up they became more critical. One of the most important issues people raised regarding implementation was beneficiary selection.

Targeting and selection

Targeting is the source of many concerns, although perceptions were not homogenous. Respondents in Zabid tended to think the programme was better targeted than those in Taiz, although a local key informant noted that this might be because poverty in Zabid is more widespread, so more people satisfy the selection criteria. Further, some respondents (mainly beneficiaries) indicated that the SWF was well targeted. It was usually non-beneficiaries who complained about poor targeting, in terms of missing categories (such as youth), or patronage or corruption as constraints to adequate targeting. However, in Taiz, some more politicised research participants, particularly the young, said the programme was conditional on being affiliated to the party. They blamed the government for its shortcomings, including weak governance and a failure to convey that the programme was a right for the poorest and most vulnerable.

'I know they give money to poor people, but there are people who receive it and don't deserve it because they are employees' (IDI, 22-year-old female, non-beneficiary, Taiz).

'I know nothing; I just know they give money to poor people, widows, the divorced and elderly [...] God knows if they select the right people' (IDI, adult widow, non-beneficiary, Zabid).

'The CT programme supports the elderly, widows and poor people. My brother received it one time only. My parents, each one of them, have received YER 7-10,000 for six years' (IDI, young female, beneficiary, Taiz).

'They say it is from the government for the poor people and those who have limited income [...] All those who receive it deserve it as they are jobless and poor' (IDI, adult female, beneficiary, Zabid).

Limited clarity about the SWF's targeting creates uncertainty among vulnerable people who are potential beneficiaries as to whether they can be enrolled or not. This triggers a lack of trust in the programme.

'I talked with the head of the neighbourhood telling him that I had a disabled daughter and he said "this is the Handicapped Association's responsibility not mine"' (FGD, young females, non-beneficiaries, Zabid).

'The committee came to us and we asked Abdu Adam to register me and he refused. I was in dispute with my neighbours and they told him that I was married. Therefore, they have not registered us' (FGD, young females, Zabid).

Youth (18-30) were excluded from the original categorical targeting criteria of the SWF as they were seen as 'employable' or able to generate an income, and therefore not vulnerable. However, the expanded targeting of the programme to include all poor households could potentially incorporate many vulnerable youth, who might be poor and unemployed and face equal challenges as adults, particularly given that people are married from a young age and have large families. Both young and adult respondents criticised the exclusion of young people from the targeting criteria.

There was a perception, particularly in Taiz, whose context is more politicised, that the SWF is a political tool, with those who support the party receiving the cash.

'I was not selected because I am not politically oriented and not a member of any party' (IDI, 40-year-old non-beneficiary, Taiz).

'This programme was made for the poor, but many people who don't deserve it are included because of political biases' (KII, secretary of the Youth Association, Taiz).

'I think there was political involvement. There were also biases and mediation [...] The main challenge is that community leaders are given the main role in the selection process' (KII, leader of Youth Association, Taiz).

There were also some criticisms among respondents about criteria not including very vulnerable groups, for example abandoned women, unemployed youth and households from the Akhdam ethnic minority.

'The programme is well targeted because it reaches people who deserve it, such as widows and the elderly, but there are other people who deserve it, such as youth, but they say young people are able to work. But there are youth who have diseases but get no support' (KII, youth leader, female, Zabid).

Uncertainty about targeting had in some cases led to unnecessary tensions and suspicion about the programme.

Several respondents had concerns about the process of the 2008 household survey, carried out to refine targeting and reduce leakages. For example, a respondent in Zabid said it was not fair that social workers consulted neighbours about a household's situation because, in their case, tensions with neighbours resulted in the latter making unfavourable comments about them, which meant they were not selected. Although it is unlikely that this is the reason the respondent was not selected, the point about social networks is a useful one when deciding how best to triangulate data on household wealth to make more informed targeting decisions.

Respondents, particularly local key informants, said that, even if the 2008 survey improved the targeting process somewhat, the results were still skewed. One respondent even said that surveyors had included people they knew from other districts. Respondents from marginalised families (Akhdam) claimed that the survey criteria were not applied when assessing applicants from their ethnic group out of a concern that they would all be eligible for assistance. As such, their perception of the SWF fund was that it was skewed against them.

Many respondents saw the targeting and selection processes as biased, and, although some beneficiaries did 'deserve' the transfer, given their poverty, many others were not 'deserving' beneficiaries.

In Taiz, there was more suspicion about mis-targeting than in Zabid, perhaps as a result of a more educated, more active community:

'It is 100% wrong because they take money to register the non-poor while poor people are left unregistered.'

'There are non-poor/undeserving people registered in the programme and we know them 100%.'

'Yes! Millions! People who are not poor were registered in 2008. And the survey committee went to Al-Qahira district, where 2,500 registered were, only 900 deserving.'

'My son is disabled and my request to include him in the programme was refused and I went to the local council and they gave me a written direction to be registered; they refused these directions at the beginning but they finally registered him.'

'I complained about the repeated names. Teachers, for example, have been registered and given salaries. For those we know well, we could drop their names from the programme' (FGD, adult females, Taiz).

These quotes illustrate that women in Taiz are vocal in their complaints about selection problems; some even said they had taken their complaints to the head of the SWF at the district level.

However, not all perceptions about targeting were negative. In Zabid, some people agreed with the system of beneficiary selection headed by the community leader, as they felt traditional leaders knew 'more' about them and were able to make a fairly accurate selection. However, this is in contrast with comments (below) about community leaders selecting people they are closer to. Local leaders have more credibility in Zabid, possibly given the low level of education of the population as compared with Taiz, but also because it is a smaller (and less politicised) community.

Amount of the transfer

Most respondents – beneficiaries and not – considered the amount of the transfer small and generally saw it as charity rather than an entitlement, although a few respondents in Taiz felt it was the latter. Respondents were aware of the size of the transfer they received (typically YER 6-12,000), but less clear about why different people received different amounts.

There were some misconceptions about the size of the transfer. On the one hand, beneficiaries did not understand why some recipients received more than others. Additionally, some respondents in both localities said the amount they received was low because money was being taken along the way, as they were convinced the transfer was supposed to be \$100 quarterly. An additional source of uncertainty was that some beneficiaries receive additional benefits from other CT programmes, but are not able to differentiate between them. Section 9 explores in detail the implications for beneficiaries of the transfer being so low.

Registration

There is inadequate information about registration mechanisms. Several people in Zabid said that, in order to be registered, they needed to go through the traditional leader. According to the SWF, this was the case until 2008, when they 'improved' targeting, and then targeting was more 'transparent'; now, selection is done through a 'means-tested approach', with a social worker collecting information from interested families, which is sent to the central level for selection.

The process of applying for assistance was seen as lengthy and bureaucratic: the eligibility assessment requires the applicant to present documents they often do not have (such as birth, death and disability certificates), which take time and resources to obtain, even more so for the poorest and the illiterate. Participants felt these documents were only a formality and could be overlooked by the SWF worker if they were not attached to the application. However, some people with connections were easily able to obtain these documents, even if they were not eligible. In addition, the criteria for inclusion are not clear. The decision to allocate money is made centrally so the SWF locally does not know how the process works.

'Exclusion is easy, but registration and re-registering is difficult' (KII, SWF programme manager, Taiz).

The SWF is demand based, that is, the application for assistance has to be made and endorsed by community leaders. This presents a challenge to the most vulnerable and stigmatised groups, such as the Akhdam and the disabled, who are more likely to be unaware of the programme or to have the knowledge or the means to be registered, and also might not be known to local leaders. And once an application is made, there are still very few new members being added to the beneficiary list, with most being put on the 'emergency SWF transfer' rather than into the regular programme.

Although the programme provides an ID card on successful registration, there is very little awareness of its contents and its use, among either government or beneficiaries.

This is made worse by the fact that beneficiaries are frequently illiterate, with no one explaining what the card is for. Several respondents said they had tried to register but had been unable to. One particular challenge in Zabid, given social constraints, is that there is no separate way for women to reach the person registering potential beneficiaries, making it harder for them.

A major issue noted by key informants but not understood by beneficiaries is that, as a result of the 2008 survey, although 250,000 people (out of 1 million previous beneficiaries) were excluded from the programme because of false names ('ghost beneficiaries') or other problems, 500,000 new members were incorporated onto the beneficiary list. However, this decision was politically motivated and not planned or budgeted for, so these 'new' beneficiaries have so far only received one payment and are unlikely to receive more in the short run – although they are still expecting to.

Further, some others have received the transfer only once either because they were registered as part of the emergency SWF transfer, or because they were registered in 2008 and then taken off the list. As they were not given any information, they have no way of knowing about their situation and continue to wait for the transfer to arrive.

'The CT programme started about two years ago and I only received YER 8,000 from the post office only once' (life history, 32-year-old male, beneficiary, Zabid).

An interesting complaint by women in a FGD in Zabid was that, during the 2008 survey, no women were involved in collecting household information, so they had no privacy, and they felt uncomfortable talking to men. The situation was different in Taiz, first because women have less of a problem with male enumerators, and also because women's more active labour force participation means there are women working in the SWF office and registering new potential members (although these women do not go to the field and are not involved in any type of decision making in the office).

According to SWF officers, the new (post-2008) process for selecting beneficiaries through social workers means they are currently receiving requests from beneficiaries themselves or through trustworthy people, with the list sent to the Board of Directors to be included in the coming survey. However, officers complained about resources being too limited for the number of needy people, so selection does not reflect the reality. They felt it was necessary to find a better alternative means of selecting individuals.

Delivery mechanism

Complaints about the SWF's delivery mechanism were widespread, particularly in Zabid. Most beneficiaries interviewed in both localities received their transfer through the post office, although some key informants in Taiz spoke about a few beneficiaries receiving the transfer through the bank, which was found to be inconvenient.

Money is supposed to be delivered every three months, but it is generally late by at least a month, effectively resulting in an annual reduction in the total. Meanwhile, inadequate communication has resulted in several people thinking the transfer should arrive on a monthly basis and thus feeling 'short-changed' because it does not. Also, people who expect it in the third month and go to collect the money incur direct and indirect costs. On the other hand, it was reported that some people had not gone to pick up their money for six months, allowing it to accrue (as a form of saving and to avoid transport costs every three months), but then they actually lost one of the transfers. Again, no information is provided to beneficiaries explaining in detail the characteristics of the payment process.

In both localities, respondents raised concerns about the vulnerable (such as the elderly and disabled) being able to go to the town centre to receive the transfer, resulting in some people just not doing so. Transport costs were identified as a problem in both localities, reducing the size of the benefit of the transfer.

In terms of points of delivery for the transfer, some women in Zabid who lived near the post office said they liked receiving it there. Distance is an important variable, because the costs involved in travelling from outside Zabid to the post office can reach YER 3-4,000, almost a third of the transfer. In Taiz, as a result of the 2011 conflicts, it was dangerous for women to go to the post office to collect money, so they usually send a man; the situation is better now and they feel freer to move.

There were many negative comments about delivery at the post office in Zabid. As a result, respondents in Zabid generally felt the payment process was not good.

'[The post office is] crowded, there is a long queue and it is tiring waiting under the sun' (IDI, 25-year-old male, Zabid).

Complaints were of poor treatment by post office staff and local leaders during the day of transfer delivery. In particular, two post office workers were singled out as causing problems and not treating recipients with dignity. They also charged random fees in transferring the payment. This very noticeable problem had led local authorities to ask for their remission, which did occur, so there is some optimism about specific problems being resolved more or less promptly.

In addition to 'human' problems at the post office in Zabid, people complained about the conditions during payment days: at the time of payment, long lines form outside the post office, typically in the sun; people also have no access to water, making it particularly harsh for the elderly and the disabled. Women also found this process difficult, as they have to stay outside the house a long time, standing in the sun, along with men, with no separate facilities (such as toilets). Women spoke about wanting to receive the transfer on a separate day to men. Also, given challenges in distribution, women said that sometimes they would like to send someone else to pick up the money (husband/son), particularly when they were busy or ill, but the process involved in releasing the transfer to someone not on the list is complex and often ends in refusal.

SWF officers and leaders also felt the post office delivery mechanism did not work properly and that a competitive process should be put in place using banks, to see which can deliver cash better. Local officials said they had complained to the authorities in the governorate and Sana'a; nothing had changed initially but, after a great deal of pushing, they were able to change the head of Zabid's post office, even though they sensed that it was not the head but the staff who were causing trouble and mistreating beneficiaries. One way to solve some of these challenges would be to hire additional people at the post office on distribution day; local implementers made no mention of such a measure.

'In the past, beneficiaries had to pay a certain amount for transportation and facilitation, which we consider corruption, and we solved this issue by informing all beneficiaries using loud speakers' (KII, local council member, Zabid).

According to interviews with the SWF at national and local levels, the original agreement with the post office was that these would ensure good treatment of beneficiaries and would decentralise distribution to remote areas in order to reach the most vulnerable. In practice, this is not happening. In Zabid, they decentralised distribution twice at the beginning (to minimise long journeys), but this mechanism is no longer in place and the transfer is again made only in the centre. This means the poor and elderly are not really paid or it is very difficult for them to access the money.

'The post office was contracted at 2% interest and started distribution to all villages through a delivery map in coordination with the SWF and the local council. Now it has changed its policy and distribution is only through the district post office itself, which makes it difficult for beneficiaries and causes them transportation costs and long waiting times' (KII, SWF branch coordinator, Zabid).

Delays in the transfer of funds are seen to be caused by problems at the national level, both by the SWF and the Ministry of Finance, which are not seen to be managing the payments effectively.

'Beneficiaries are less aware of their rights. There are delays in payment and small amounts. Post office and SWF workers treat beneficiaries with no respect' (KII, informal community leader, male, Zabid).

In Taiz, old cases are still being paid through the post office whereas new cases are starting to be processed through the Al-Amal Bank. However, the system is not working very effectively yet, particularly because some people need to travel long distances to obtain the transfer as the bank has few branches located in urban centres.

'Challenges such as delays by the post office are not being addressed in their distribution schedule. In this case, the responsible person needs to be replaced through the post office authority. Also, sometimes, disabled people need someone to collect on their behalf, which requires a lot of paperwork and delay' (KII, local council member, Zabid).

Implementation constraints facing complementary services

Although the SWF is supposed to include access to some support services for beneficiaries – including exemption from school and health fees, free medication in government hospitals, access to microfinance and training for young people in beneficiary households – this is rarely known and under-utilised. In principle, access is granted to those in possession of a SWF card, which mentions these complementary services, but beneficiaries are rarely aware of this, especially in Zabid, partly because many are illiterate and cannot read what the card says, but also because there is no sensitisation by local implementers about what they could access. More beneficiaries in Taiz are able to read the cards and know they should have access to free health and education, but they are not provided with these services and therefore feel tricked.

In addition, according to key informants in both localities, schools and health centres do not usually honour their commitment to provide services for free. Although this information is supposed to be disseminated by SWF community staff when they receive information from SWF headquarters (as these services are still managed at the central level), the information seems to be incomplete and does not flow down to beneficiaries. In fact, only one male beneficiary,³³ participating in a FGD in Taiz, mentioned that he had made use of credit from Al-Amal Bank that he received through the SWF, which he found useful. There is also a dearth of information by implementers about how the SWF can be integrated with other SSN programmes.

'We suggested this and we had a card that mentioned provision of free health and education services and if there were free drugs, especially for diabetics. People are not aware about the card's contents and that, on instruction from the district director, exemption from payment will be implemented' (KII, youth leader, female, Zabid).

Coordination between social protection programmes implemented locally

An overarching challenge raised by implementers was poor coordination among social protection programmes being implemented in the research localities, particularly in Zabid. People in the SWF database may receive other benefits, given that other organisations use these lists as a basis for targeting. But, lacking information, beneficiaries who had received more money were said not to understand what programme they were benefiting from, what they would get and for what purpose. This suggests a lack of coordination between SWF and other organisations, as well as underlining the issue of poor communication to beneficiaries.

³³ This respondent explained that he had heard about bank loans being granted against the guarantee of the SWF card and applied. In general, with the SWF as a guarantee, it is not too difficult to obtain a loan from the bank. However, people are more interested in loans provided directly by the SWF, which are interest-free. When the SWF contracted the bank to provide loans, the bank applied its conditions (interest) to SWF beneficiaries too.

For example, Oxfam is distributing a conditional CT (as explained above, to the same targeted population, as it is using the SWF database), but there is no real coordination that could build better systems, particularly given that smaller NGO-led programmes have introduced positive innovations that the SWF could learn from.

'The CT programme is best in terms of continuity, but the amount is limited compared with Oxfam support, but Oxfam support is not for the long term (three times only). Oxfam is better organised during delivery, with no involvement of any kind of mediators. Beneficiaries are satisfied with the Oxfam programme, which goes in parallel with awareness on nutrition' (KII, informal community leader, male, Zabid).

Resource and capacity constraints for SWF implementers

A major challenge to the implementation capacity of SWF staff at the local level is their lack of resources, which tends to result in them having no incentive to spend time on careful selection: they are hardly paid and have no administrative budget, equipment or support for transport costs, among other constraints, so they cannot afford to go to the field to help with the selection process.

At a higher level, this is linked to issues of insufficient budgeting, poor planning and unqualified staff. Little to no capacity building is provided to SWF employees – investment in this is extremely low (including in comparison with other SSN programmes). This has resulted in a low level of capacity.

'Small salaries and no support budget to run field activities force them to take from beneficiaries' ((KII, informal community leader, male, Zabid).

Additional challenges to programme implementers include limited mandates for the SWF branch and the fact that staff promotion is said to be linked to corruption and connections rather than performance.

9 Use of the transfer and perceptions around the value and effect of the SWF

This section explores in more detail responses regarding the use of the SWF transfer, as well as respondents' perceptions regarding the value of the transfer and its effect on individuals, households and communities.

9.1 Use of the transfer

The use of the CT provided by the SWF is generally influenced by who the household head is, which generally coincides with who receives the cash. If the household head is a woman (mother, elder, divorced, widow), she is typically the main decision maker. However, women head only a small minority of households. In most cases, men are household heads, and they decide on the use of the cash. Our evidence suggests most men use it for specific expenses, such as repayment of debts, special meals or even *qat*. In female-headed households, spending tends to be better informed by the needs and priorities of all household members – particularly children – so spending priorities are different. Thus, women interviewed said they used the money for food, Ramadan, medication, schooling, water and electricity, as explained in detail below. These different spending patterns – in line with international evidence and practice on CTs – mean there is a tendency among international NGOs and donors to ensure females are the main recipients of new CT programmes, and, in cases where women cannot attend, they need to appoint other females to collect the money, not men. This is not the case for the SWF.

The analysis above does not outline the use of the transfer by young people, despite the study's focus on this group. This is because, as explained in prior sections, youth are not targeted as a vulnerable group, so we did not find any young single and able-bodied people who were the main beneficiary of the transfer. Young people who benefit are either part of a household where they do not make decisions on the use of resources, or are household heads themselves, in which case their pattern of use of funds is similar to those of adult household heads. Nevertheless, as noted before, some households prioritise expenses that are important for young people – particularly education – and therefore use some of the SWF transfer for this purpose.

There are two main types of expenses for which the SWF transfer is being used: the purchase of goods and services and the repayment of small loans. Given the low amount of the transfer, these expenditures are small and do not play a major role in the wellbeing of household members, although the transfer is certainly seen as useful.

Purchase of goods and basic services

There was a very clear difference in the use of funds in the two sites, reflecting the most urgent needs in each locality. In Zabid, the majority of respondents, including both men and women, said money was used to pay for electricity and water – which are a priority, given the heat (so in a way, it represents a service subsidy for the poorest). This is a regular payment they have to make, and beneficiaries said the SWF was the only way to afford it. In some cases, respondents mentioned having a bit of money left, which they used to purchase some food items.

'The positive effect is that it helps us buy food and if we don't have this support we can't send our kids to school' (IDI, 50-year-old beneficiary female, Taiz).

In Taiz, respondents did not mention payment of bills. Most female respondents said they first used the money to send their children to school and second on food for the household; men mainly spoke about repaying debts they had incurred in buying groceries and paying rent, and were also concerned about health-related costs and to some extent school equipment, but not school fees. Male respondents in a FDG said that

if the money came right before Ramadan or Eid, they could use it for food and related expenses, but because it usually comes at different times, they cannot cover these expenses with it. Similarly, if it comes at a time when there is a specific health need, the money can be used to cover health care costs, which are generally regarded as high.

'There is YER 8,000 in support from Hayel Saeed during Ramadan, also YER 6,000 from Europe to school students. But the cash support from the SWF is better because people can use it for their basic needs. The SWF provides only a limited amount of money every three months and covers 10-15 days of food. Given the amount, whether the transfer is available or not does not affect my life' (life history, 40-year-old man, Taiz).

'I swear, I buy only a cylinder of gas and a bag of flour.'

'I buy a chicken and fruit.'

'We eat chicken when we get the money and we pray for Ali Abdullah Saleh [former President of Yemen].'

'In villages, representatives take money from the beneficiaries' money' (FGD, adult females, beneficiaries, Taiz).

Guarantee for loans

One of the frequently cited uses of the SWF was as a guarantee to take out loans to smooth consumption in between payment periods. Most loans are for small amounts of money and are given by shops or landlords, but they enable beneficiaries to afford some items they would not be able to pay for on a regular basis otherwise.

'I clear my debt to the shop and also buy rice, oil and sugar' (life history, 40-year-old female, Taiz).

However, this also has the potential for a negative impact, as moneylenders are aware when individuals receive the transfer and then pressure them to pay up, even when the money is required to cover another expense.

Insufficient amount

Research participants agreed that the SWF was useful, although there was a unanimous sense that the amount of the transfer was too low; beneficiaries can use it to meet some short-term resource demands but it is not transformational. In fact, most participants complained that the amount was insufficient to meet essential needs. For example, a household with six persons receives an amount in local currency equivalent to \$56 per quarter (\$19/month), which is \$0.6 per day. This is only enough to buy six pieces of bread. Smaller households get the half this amount. Interviews with SWF implementers, local authorities and key donors/stakeholders revealed that, with such a limited amount, it had been difficult to make a sound impact at the household/beneficiary level. The size of the transfer therefore means that its effects are limited.

'The positive effect is that you can buy food items under the card guarantee. This increases your image in front of the children. The negative effect is feeling embarrassed because the amount is so little and people are waiting to receive their loan repayment' (IDI, 27-year-old male, Taiz).

'The positive effect is that it helps in water and electricity payment. The negative effect is that it is just a small amount and you can't do much with it' (IDI, 25-year-old male, Zabid).

This is particularly problematic because beneficiaries complained about the high costs of the process of being registered for the programme. For example, women need to get specific identity cards that state they are divorced or widowed, and this comes at a cost; or there is the need for certificates (death of father, children's birth certificate), which entail direct and indirect costs. This reduces the cost-benefit ratio of the programme.

Nevertheless, people are willing to incur these costs despite the small amount of the transfer because they think the transfer is actually higher and that someday they will receive the right. This links back to the problem of inadequate information.

9.2 Value and effects of the SWF

Perceptions around the value and effect of the CT were usually positive at the individual level, although some concerns were identified at the community level in terms of tensions between beneficiaries and non-beneficiaries, as well as political patronage arising as a result of the transfer.

As noted above and explored in more detail here, the value of the CT was commonly agreed to be very low, particularly in a context of large household size and rising prices. As such, other positive and negative impacts of the transfer on individuals, households and communities mentioned by respondents are limited.

Positive effects

Reliability

The most consistently mentioned value of the SWF was its reliability. Most beneficiaries have received a transfer (even if small) consistently for the past several years. This allows them to plan, as they have an idea of the sum of money they will receive throughout the year. Although the transfers themselves are not always on time, and are sometimes delayed by a month or two (which in practice means the total sum of money the beneficiary receives in the course of a year is reduced), people are confident that 'some' money will come and that the programme will not be cut. This allows them to rely more on having this money to pay for some important recurrent expenses. This is one of the challenges to introducing graduation criteria, which are currently inexistent in the programme, as beneficiaries would lose the programme's reliability. However, some also felt this reliability over such a long period of time caused dependency.

'I think beneficiaries can use the amount to cover household needs and school fees also, and yes it is a long-term effect because it is continuous support. The negative effect is that the amount is not enough and it doesn't cover beneficiary needs, and also some people depend on this support and don't move on to improve their income' (KII, Youth Association member, female, Taiz).

'There is additional support from Hayel Saeed during Ramadan of YER 2,000, also from Oxfam YER 15,000 just one time. SWF support is better as it is continued payment' (life history, 60-year-old man, Zabid).

As has been noted, a minority of beneficiaries have received only one transfer, either because they were included after 2008, with these payments for 'new' beneficiaries not yet regularised, or because they were unknowingly registered in an emergency sub-component of the SWF in which they would receive fewer payments, but this was suspended in 2011 as a result of the conflict. Without any information on these changes, they continue expecting regular SWF payments like other people in the community.

Dignity

Given that poverty is seen as a cause of humiliation, programme beneficiaries highlighted that the SWF had given them some dignity by allowing them to cover some small expenses, particularly in providing for their family and on occasions even being able to participate in social gatherings.

'When coming to the house with money, family members will like you, the wife will be happy and everything is OK. Money is the main source of happiness' (IDI, 27-year-old male beneficiary, Taiz).

For example, a disabled woman in Taiz said she felt that the programme had enabled her to be recognised as being part of the community.

Benefits to the community

One of the positive effects identified by key informants in both localities was that on the day the transfer is made there is more economic activity in the community, not just for beneficiaries but also for others who own shops and services, who receive an injection of resources. Since it is a very small community, benefits last a week.

'I think there are a lot of positive effects, such as food, water and electricity payment, economical movement (60 million pumping), increase in voluntary work and certain vulnerability groups such as the marginalised and divorced getting support. Also, people's awareness about their rights increases, leading to more pressure on the programme, and with its limited resources, incidence of misuse and wrong targeting will increase' (KII, SWF branch coordinator, Zabid).

Similarly in Taiz, key informants said the day of payment was a 'happy day' or a day of celebration. Some respondents in Zabid also reported that the transfer built more positive relations and reduced tension between community leaders and families.

In fact, a leader could offer registration in the SWF as a way to support poor families. Given the limited resources of the SWF staff and limited clarity on targeting mechanisms, SWF staff still depend on community leaders to nominate some families for the CT. Good community leaders tend to nominate some families that are well known in the community as the poorest. Such practices improve community perceptions of their leaders and increase their support. As a result, such types of leaders become the main channel for SWF staff, local authorities and other welfare organisations seeking support to reach poor people.

Box 4: Indirect role of the SWF in strengthening leadership at community level

The following quotes were taken from a meeting with a 35-year-old community leader in Zabid.

'I did not use to be a leader; a few years ago while I was at the local council supporting a neighbour in his case to get assistance from the local authority to rehabilitate his house, representatives of the SWF came and started talking with other leaders about the need for assistance in their survey to select poor people. The general secretary of the local council nominated the leader for each site and asked me to join the researchers in case they wanted any assistance. I worked with them during the whole process and assisted them in some cases when they were not clear whom to prioritise as the situation in Zabid is similar for most families.'

'After the survey, the local council had a meeting with all leaders to acknowledge their role in assisting the SWF. The SWF attended too. At the end of the ceremony, the head of the local council asked the SWF manager to indicate who was the best leader. Surprisingly, the SWF manager said the best was the person assigned to assist them, and said my name. Immediately, the head of the local council addressed me, saying in front of all people that "from today onwards you are one of the leaders", and asked me to be the leader in his own area, where I am from. Since then I have been assisting many families and guiding them to join the SWF. Some of them had never heard about it or dreamt about being a beneficiary. Recently, even the security office asked me to handle some conflicts between people on property, divorce, etc. I have also been asked to help international organisations that have started targeting poor people in Zabid.'

'Although working with the poor is so tough in our area given their very large numbers, it is so good that you feel that you are doing something. The feeling of respect by the poor and community members means a lot to me and has been motivating me to keep working with them, although it is so tough sometimes to leave your work and run to help others and sometimes it is so tough too to identify the poorest families. Thus I

always work with others in the community to handle such situations to avoid depending on my little information on some families.'

Negative effects

Community-level tensions

Negative effects in the community were also reported, particularly as a result of jealousy between those who receive the transfer and those who do not. Also, some young males in Taiz felt worried about becoming more active, including about criticising the programme, feeling that they or their family members might risk losing access to the programme – so it was seen by some as a political tool to pressure youth. The programme has also been reported to increase tension with leaders – it seems to have contributed to corruption (by creating more opportunities). People were quick to provide examples about how the SWF causes government officials, leaders and people in the community to become corrupt.

'Conflict might happen even between friends when one of them is receiving support and the other one is not, while they face the same situation, blaming each other for not notifying the SWF about their friends who face the same circumstances. To solve this conflict, they sometimes complain to the district director and the community leader about not being registered in the SWF, but they get no response. This means there is no clear system for complaining and problem solving' (IDI, adult male, Zabid).

'Tension might occur among mediators and non-beneficiaries and registration could be used as propaganda for political people and parties' (KII, informal community leader, male, Zabid).

Strain on household dynamics

The programme causes some tensions in recipient households between targeted beneficiaries and those who control the funds – typically parents or husbands. If the main beneficiary in the household dies, it is difficult to decide who should keep the transfer, which can lead to a power struggle. In both localities, a few women (particularly divorced women) said the male head of household (typically the father) or even the mother ended up using the money (or deciding how to use it). For example, some young divorced females targeted by the programme would like money to spend on school or things for their children, but the transfer ends up being spent on other household items.

Lack of transformative value

The small amount of the transfer means respondents do not consider it to have any real transformational value – so it does not lead to real empowerment, which according to our conceptual framework, is one of the aims of transformative social protection. This is compounded by the lack of access to any complementary services or programmes.

'As it is a small amount, it will not lead to empowerment of the poor' (KII, informal community leader, male, Zabid).

Demand for complementary support services and programmes

Women participating in FGDs in Taiz said that complementary programmes – fee exemption, capacity building and microcredit – could in fact be more helpful than the SWF, as people want support to initiate income generation activities and reduce important cost burdens. This highlights the need for integrated systems that address multiple vulnerabilities and work in a more coordinated manner. So far, it is only community leaders or activists who seem to be more aware of these complementary programmes; little is being done to communicate information and help individuals access them.

'Yes, there are joint activities: training on sewing for beneficiaries' families. They also have access to loans from the CAC Bank [...] Some people made good use of the loan as a result of awareness raising on how to use the loan (built houses, bought sewing machine); it has improved income, helped in children's education, and poor people see the amount as wealth' (KII, leader of Youth Association, Taiz).

Overall, people want complementary programmes to improve their income through, among others, opportunities in vocational and skilled training, grants to start income generation projects and access to public or private employment, particularly for youth. These were seen more important than the current SWF transfer. However, respondents complained that current and very limited activities by the SWF and other partners are not appropriately designed for the poor. Many constraints mean youth and the very poor families avoid joining such programmes. These include literacy levels and lack of the qualifications required to join specific programmes, inability to attend long term as a result of their involvement in daily wage labour to feed their family, traditional vocational trainings not matching market needs, etc. Women with limited literacy and mobility require income generation activities that are more home based. Microfinance programmes requires several guarantee documents, have a high interest rate and do not provide supporting services to help build the capacity of the poor and also do not provide alternative solutions for those who fail to meet the repayment schedule, or those who face failure. Given the lack of confidence among youth and limited experience in running projects, many young people are afraid to apply for loans to initiate income generation activities. Poor youth who have graduated from university as well as marginalised groups face difficulties finding an institution to advocate for them to be included in public employment vacancies.

10 Programme accountability

An important finding that emerged from our research in two districts is that the SWF is seen to have many implementation challenges, as discussed in Section 7, although beneficiaries complained little and non-beneficiaries do not have spaces where they can articulate their concerns. Still, the programme is seen as a 'salary' provided by the state, and it is precisely this confidence that it will continue to come – albeit with occasional delays and in small amounts – that has made it a relevant programme for citizens in Yemen.

The chief concern among respondents relates to a major issue of accountability: targeting. There are mixed perceptions on targeting based on the context: findings in the two districts were different. In Zabid, given more widespread poverty, people believed that, although selection might not be done correctly and is politicised, everyone is more or less in a bad situation and 'deserves' the transfer; some said that even the local leaders are poor. In Taiz, people think that many non-poor (well connected) persons receive the transfer, so concerns about mis-targeting are greater.

SWF staff in communities agreed there was a great deal of influence from local leaders – some even spoke about people paying leaders a 'fee' to improve their chances of being selected, placing a significant pressure on programme transparency and accountability. At the same time, the significant influence of community leaders politicises the selection process.

The new selection process is carried out mostly centrally, based on the lists compiled locally by SWF officers, so, even though it is meant to increase accountability by limiting local patronage problems, those working at the governorate and district levels feel they do not have enough authority to recommend changes to selected households or individuals, even when they see they are not 'deserving'. Power to do this is either at the centre or with local authorities, but beneficiaries still blame local SWF officials for selection biases.

'There was political intervention in the past, but after the involvement of the social workers in the process this did not occur. But in rural areas there is still a kind of political intervening' (KII, informal community leader, male, Zabid).

SWF officials also highlighted the challenge of not having a way of verifying the status of individuals receiving the benefit: to confirm they are widowed, unemployed, etc., they need to ask and triangulate information. As a result, many people who do not need the benefit (or do not qualify for it) are being selected. For example, there were a couple of examples of women who had been registered as 'divorced' but during the FGD it became clear they were still married. Similarly, there have been problems with documents, with individuals falsifying age or marriage status, or even claiming deaths in order to be able to receive the transfer. This was worse before 2008 but still happens; also, false cases registered after 2008 have not been resolved – there is no periodic cleansing of the database. Some people have multiple SWF ID cards so they can receive more than one transfer. To reduce this problem, a strong information system is required.

All these situations underline the need to look more closely at community-level decision-making processes, power relations and problems with patronage so as to de-link targeting and disbursement of the SWF from these problems that render the programme unaccountable to its beneficiaries and other citizens.

In addition, implementing staff of the SWF indicated that they did not support the introduction of 'graduation' criteria for the programme, given the lack of complementary programmes for essential needs, as well as the lack of smooth, quick and practical steps

to ensure graduated beneficiaries can easily re-join the programme as soon as they face challenges affecting their wellbeing.

10.1 Views on ‘conditionalities’

The research also explored people’s perspectives of programme conditionality. The majority of respondents did not support conditionalities within the current programme. They considered the amount of the transfer to be too low to justify it being conditional. Some local key informants indicated that a conditional CT programme could be introduced to complement the SWF, but not replace it, given the limited value of the SWF and people’s huge unmet needs. In fact, it was suggested that an additional CT programme directly cover some of the essential needs people face rather than being conditional on the use of such services: cash or vouchers for health services, food items, housing needs, schooling and university-related costs, etc.

10.2 Participation in programme assessments or evaluations

Research participants interviewed in both districts, including beneficiaries, community leaders and local implementers, said this had been the first time they had participated in a study or an evaluation of the SWF. They embraced this opportunity as a chance to convey their concerns as well as to talk about the benefits derived from the CT, and generally had positive comments about the participatory methodology used.

10.3 Views on complaints/grievance channels

When asked as part of the research process about the existence of complaints/grievance mechanisms, virtually all respondents in IDIs and FGDs said there were no formal complaint mechanisms, and that very few people even attempted to complain about the fund to local leaders or SWF officials for fear of being taken out of the programme.

Some programme implementers argued this point, saying that the SWF was open to receiving any complaint from beneficiaries and dealing with them legally. But, given that this process is not anonymous, people are unlikely to complain. So, although a few individuals periodically raise their voices about problems in the programme, their voices are not captured, processed or channelled in any institutional way that could result in acknowledgement of and response to their concerns.

The only evidence found of collective pressure from programme beneficiaries having an impact on SWF implementation was with respect to the transfer delivery process at the post office in Zabid, where people continuously complained about poor treatment, illegal charging of ‘commission’ by post office workers and challenging conditions on the day of payment. While unable to change much in terms of conditions, SWF officials were able to get the head of the post office removed and replaced by someone else so as to minimise abuse. According to respondents, the situation had improved, although it was still less than ideal. However, this illustrates that collective pressure by community members can have some impact in terms of change, even if it is not through an institutional channel.

11 Recommendations and future directions

To develop the recommendations and future directions for the SWF presented below, we explored respondents' views, including different perspectives such as those of beneficiaries, implementers, national decision makers, civil society stakeholders and development partners. The recommendations relate to programme targeting, programme management, value of the cash transfer, programme staffing needs, conditionalities, integration of the programme with other SP programmes and greater coordination with other social sector agencies. A next steps section outlines the sequence of feedback events as well as the products that will be forthcoming linked to this study. It is important to point out that the findings from this study are one part of the picture; other programme M&E information and other factors (e.g. financial resources, capacity, etc.) also need to be taken into consideration when assessing affordability, sustainability, feasibility and acceptability of different design and implementation options.

11.1 Short-term recommendations

Knowledge and awareness about the programme

- 1 Improve **access to knowledge and information about the programme** at different levels, using effective and appropriate communication channels. One of the most common complaints among people who participated in the research was the dearth and inaccuracy of programme information available to them. Having clarity about programme objectives, targeting, payment mechanisms and grievance procedures will increase transparency and allow beneficiaries and non-beneficiaries to understand the goals of the programme and its limitations, as well as to hold local authorities accountable, increasing the programme's efficacy. In this regard, there is a need for the SWF, particularly at the district level, to develop and implement a communication strategy that can increase awareness of its operations and clarify and dispel misconceptions. A clearer and more effective programme might also attract greater resource allocations from the government and donors. Although more information is needed about the most appropriate channels to reach the relevant population, including those that live in isolated areas and in conditions of marginalisation, women who spend significant time in their house and those who are illiterate, one option would be for district SWF officials to conduct periodic community meetings the day of the transfer payment – for men and women separately – to provide more and relevant information. Identifying other effective and context-appropriate means of community dissemination could be the focus of further research.
- 2 Technical assistance by donors should support the SWF to set up parallel and independent **grievance procedures** and develop some sort of a **beneficiary charter**, which could be one page describing the SWF policy to beneficiaries and the general public.

Resource allocation to the SWF

- 3 The Central Government – particularly the Ministry of Finance and the Office of the President and the Prime Minister – should support an increase in **resource allocations for the cash transfer** to support large households, using poverty more systematically as the main eligibility criterion, in order to increase coverage to include currently excluded groups that face severe poverty and even destitution

(e.g. marginalised ethnic groups, other economically insecure and disadvantaged groups, young people living in poverty and very low-income families.) Poverty-based targeting could be a more transparent way to target the transfer.

Value of the cash transfer

- 4 The Central Government should also support an **increase in the value of CT**, given the high poverty level, inflation, the effects of the current political unrest in Yemen on people's coping strategies, costs incurred collecting the CT from delivery sites, large household sizes and the many ineligible cases/individuals within the same family. All respondents interviewed felt the transfer was too small. However, there is evidently a trade-off between expanding coverage and increasing the amount of the transfer. This is why a planned sequence of actions could include raising the level of the benefit in the short term, while institutional reforms currently being put in place with the technical support of donors start making progress, which should include freeing up programme resources by increasing its efficiency, then increasing coverage in the medium term to many of those who have been on waiting lists for years.

Targeting

- 5 The SWF at the national level, with the support of the Central Government and in consultation with donors, should **review the targeting criteria and targeting methods** in line with the 2008 reform, building on EU and World Bank initiatives. Updated criteria should then be clearly communicated to SWF at the governorate and district levels. The targeting review should include the following:
 - By moving toward the inclusion of households under the poverty line, the SWF should include groups that are not currently within the criteria but that are in urgent need of the transfer, such as people of marginalised ethnic communities and young people who are household heads and unable to find work, among others;
 - Given the overlap between some of the prior categories and those under the poverty line, many current beneficiaries are likely to continue being targeted. However, it is important to transition out of the programme those under the categorical criteria who are not poor in practice, to free up space for those who are;
 - The SWF at the national level should align resource allocations for governorates and districts to poverty indicators. At the community level, community-based participatory approaches to targeting can be used (see point below);
 - The SWF would benefit from shifting away from the current demand-based targeting approach to household screening to identify vulnerable households, followed by community participatory techniques with beneficiaries' involvement. It would be more appropriate to use female assessors/social workers to collect household information, particularly in female-headed households, and to prioritise those who are most eligible for assistance;
 - The national SWF needs to allocate sufficient budget for targeting and selection of beneficiaries to eliminate the current targeting bias towards localities that are convenient or within close proximity in order to reach the most vulnerable who are still not reached;
 - The national SWF can reduce the burden on the poor during the application process by removing the barriers of having to produce ID cards, photos and other supporting documents (birth, death and divorce certificates) by themselves. This can be done by joint teams from mandated institutions mobilised by the SWF.

- 6 The SWF needs the support of the Central Government to address the 270,000 **non-eligible cases currently benefiting from the CT**, to free up resources to include those eligible cases who have been on the programme's waiting list for years. This decision will also send clear signals that the government of Yemen is not doing 'business as usual': maintaining the *status quo* undermines the credibility of the SWF in targeting.

Programme delivery

- 7 Improve **delivery of the CTs**. In the short term, this can be done by fostering greater oversight of delivery points by local SWF officials and greater accountability from agencies currently contracted to deliver the transfer to the SWF through a transparent complaint mechanism linked to sanctions (such as fines or removal from their position) to individuals who are under-performing. A more comprehensive overhaul of the delivery system should be pursued in the medium term, as recommended below.

Programme management

- 8 The national SWF needs to review its current **bylaws/operational manual**, taking into account the key issues emerging from this assessment, and lessons learnt from recent assessments and recommendations from current projects.
- 9 The Central Government, with the support from donors, need to review the current **role of the SWF** as an implementer of cash transfers vis-à-vis its role in leading, facilitating and providing oversight, and advocating for the expansion of social protection.

Coordination and joint work with key stakeholders

- 10 One of the key emerging issues from this qualitative assessment is the need for a **collaborative agenda for action to promote inclusive social protection as key to social cohesion and stability**. This can be through, among others, prioritising social protection on the government's policy agenda, highlighting areas where donors and development partners can engage, promoting knowledge and information exchange (e.g. using a unified registry system), harmonising approaches and promoting synergies and improving practices in linking humanitarian action with social protection. The current donor working group could be a starting point for this collaborative agenda for action.

11.2 Medium term recommendations

Graduation

- 1 While 'graduation' from the programme is a contentious and politically sensitive subjective, given that beneficiaries have become reliant on the transfer and its regularity as a dependable source of income, a **phased graduation process** in the medium term, supported by adequate information to prepare beneficiaries for this transition in the short term, could support this process. In the context of institutional reform, although the challenges of improving targeting are great and possibly too difficult to surmount in the short term, there is space for better community-level monitoring of households to ascertain who can graduate if they have transitioned out of poverty and are less vulnerable to falling back into it – for example as a result of new income-generating sources. If communication channels for district SWF officials are improved, this information could be processed at the governorate level to start a gradual improvement of the beneficiary database.

Addressing beneficiaries' essential needs

- 2 Respondents involved in interviews, FGDs and mapping of poverty and coping strategies indicated that future directions and programmes should focus on **assisting beneficiaries to meet the most essential needs** that are still beyond their means and opportunities to address. Identified needs vary based on the context and group characteristics, as discussed in Section 7. According to respondents, failure to meet such needs and challenges will mean people will never get out of the poverty trap, even if the value of the CT is increased and basic complementary programmes are introduced in the form of skills training, food distribution and credit/funds to start small income generation projects. For this purpose, SWF officials should **coordinate with other social service providers**, particularly government agencies at the district level (education, health, water, etc.) to identify gaps in services (e.g. school dropouts might owe to teacher absenteeism, reproductive health problems might owe to lack of community midwives, etc.) might help identify and address some problems that limit beneficiaries' rights to enjoy such services. This coordination should also include national and international NGOs who are providing important services at the local level. Given that this coordination might require additional human and financial resources at the local level, it needs to be done with full support from the national SWF, who should also foster coordination amongst relevant Ministries.

Work/income opportunities and complementary programmes

- 3 **Improve access to work opportunities** through complementary programmes, and other initiatives in the public or private sector for beneficiaries to improve their income and enhance their chances of graduation through, among others, access to vocational and skilled training, grants to start income generation projects and public or private employment, particularly for youth. Given the macro-level challenges Yemen faces, the governorate or district-level SWF could promote dialogue with other local government agencies and private sector and civil society structures to find spaces where people can engage in productive activities, either as micro-entrepreneurs or as day labourers. Beneficiaries saw such opportunities as far more important than getting the current CT from the SWF. It is important, though, that these complementary programmes are designed to suit the poor, accounting for gender specificities and socio-cultural contexts.
- 4 Respondents pointed to a need for **micro enterprise incubator programmes** that provide them with support and advice until they can access better opportunities. For them, current microfinance programmes are designed for economically active groups, but not for the poor, need income to feed their families. The SWF at the national level should strengthen the capacity of the Beneficiary Department and expand its role to include facilitation of beneficiaries' access to market-oriented training opportunities and public and private employment training, play a catalyst role in advocating for pro-poor loan regulations and identify appropriate means of repayment other than deduction of instalments from SWF support.
- 5 The SWF, with support of other mandated ministries and national institutions and in partnership with CSOs, should **introduce a range of additional complementary activities** to augment the impact of its CTs, focusing on the roles of households, communities and culture in building community participation, cohesion and social inclusion, and helping poor households graduate out of poverty. Through a case management system that could be led by SWF officials (with adequate compensation for their added roles), these activities should include awareness raising, counselling, legal assistance and mobilisation and programmes

on behavioural practices, social inclusion, advocacy and networking among beneficiaries representative structures/committees/NGOs on issues that have an impact on their livelihoods (gender, early marriage, divorce, issues related to marginalisation, *qat*, joining armed groups, frustration, sexual exploitation/harassment, etc.). The SWF should put into effect practical measures to influence policies and procedures of other relevant ministries and institutions.

- 6 The district level SWF should promote and support community-led initiatives and community participation, and strengthen linkages with skills development and vocational training activities in other sectors, to create a strong, healthy environment to enable beneficiaries to generate income and **graduate** from social protection programmes.

Programme delivery

- 7 The national SWF should identify and contract **intermediaries for the delivery of CTs** through a transparent bidding process based on their capacity and reach, with clear contracting terms and conditions that are enforced through monitoring by the SWF and utilising the complaints and grievances system. Terms and conditions should include (but not be limited to) the following:
 - The location of the service delivery point (convenient and within close proximity to beneficiaries) and the waiting area (shaded from the sun and rain to ensure dignity while being gender sensitive);
 - The average waiting (queuing) time to receive cash;
 - The staffing capacity required to deliver cash within the agreed time;
 - Other requirements, to be provided by the intermediary to ensure delivery is not interrupted by power blackouts, etc.
- 8 The Central Government could explore the possibility of **reorganising and restructuring the SWF** to be an autonomous organisation like the SFD. If this is not feasible in the short run, then it may be possible to improve the SWF's financial and management systems, decentralise decision making to lower levels, strengthen M&E and enhance accountability and reporting to donors, learning from the successful experience of SFD.

Coordination and joint work with key stakeholders

- 9 Assess **institutional capacities and current roles** of ministries, national institutions, philanthropic organisations, the private sector and international NGOs typically involved in social protection, and identify the relationships between these stakeholders and other key players, like the Ministry of Finance and Ministry of Civil Service. This should include:
 - Assessing current institutional and coordination arrangements;
 - Identifying weaknesses and gaps; and
 - Proposing recommendations for coordination arrangements to enhance capacity and delivery for inclusive social protection.

The growing enthusiasm for expansion of the CTs as a single intervention to vulnerable households by current donor-funded projects should not distract attention from or undermine enhancing the quality of social protection services.
- 10 Conduct donor-funded **capacity-building initiatives** in close consultation with and active involvement of the relevant departments and staff of the SWF to ensure transfer of knowledge and know-how and to promote sustainability of the initiatives.
- 11 The SWF needs to establish and maintain a **nationwide comprehensive electronic management information system** to enable the registration and

monitoring of all beneficiaries of social protection programmes. This requires financial support from the MoF as well as collaboration from agencies implementing other social protection programmes, including NGOs.

11.3 Next steps

Findings from this study will be fed back in different formats at different levels, including community, district, national at a stakeholder forum in Sana'a and international (in London). After discussions with key stakeholders, both from the SWF, and within DFID Yemen and DFID London, a four-page country briefing will be produced, drawing on the full report and highlighting key findings and programme and policy recommendations. This country briefing will be ready for the national and international events.

With regard to the global research project, a synthesis report and synthesis briefing will be produced to provide an overview of findings and programme and policy recommendations from the five country case studies (Yemen, Kenya, Mozambique, the Occupied Palestinian Territories and Uganda) drawing also on the background literature review and the ethnographic work that was done in Kenya, Mozambique and Uganda. This will be ready in time for international dissemination.

Finally, drawing on findings from all the above products, existing guidance and toolkits on participatory monitoring and evaluation (PM&E) and other relevant documents and debates (e.g. on value for money), guidance for beneficiary participation in monitoring and evaluation of cash transfer programmes will be developed.

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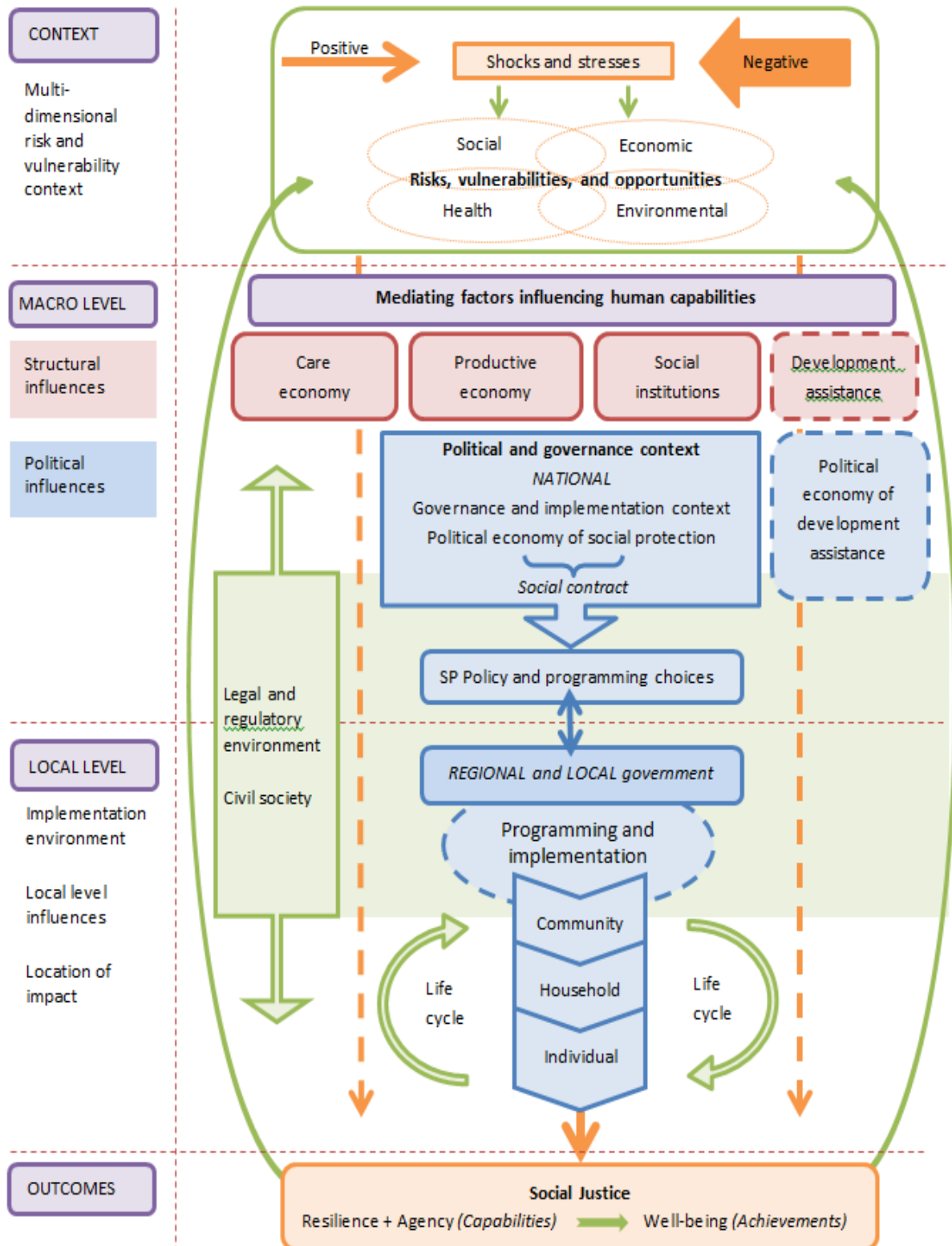
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Annexes

Annex 1: Complete Conceptual Framework Diagram



Annex 2: Site mapping and research site selection³⁴

Zabid district, Hodeidah



Zabid's Key Indicators

- a. Percentage of the poor: 0.36
- b. Poverty Gap: 0.1
- c. Poverty Intensity Index: 0.039
- d. Number of estimated poor: 56,155
- e. Number of poor estimated in poverty gap: 15,518
- f. Number of people affected by poverty intensity: 6007
- g. Male literacy rate: 31%
- h. Female literacy rate: 53.56%
- i. Male basic education enrollment rate: 81%
- j. Female basic education enrollment rate: 74.4%

Source:

- a to f from the 2009 Poverty Assessment
- g to j from the 1994 Census

Qahira district, part of Taiz City



Al-Qahira Key Indicators

- a. Percentage of the poor: 0.16
- b. Poverty Gap: 0.04
- c. Number of estimated poor: 23,990
- d. Number of poor estimated in poverty gap: 5,805
- e. Number of people affected by poverty intensity: 2021
- f. Male literacy rate: xxx
- g. Female literacy rate: xxx
- h. Male basic education enrollment rate: xxx
- i. Female basic education enrollment rate: xxx

Source:

- a to f from the 2009 Poverty Assessment
- g to j from the 1994 Census

³⁴ Images by Thabet Bagash.

Yemeni governate mapping

| Governorate | Poverty Prevalence % (2010) | Standard of Acute Poverty 2005-6 | Urban/Rural (2009) | Programme Coverage (2009) | Security | Main Livelihoods | Comments |
|-------------|-----------------------------|----------------------------------|--------------------|---------------------------|---|--|---|
| Amran | 66.4 | 0.88 | 0.82 (High) | 0.043 | Govt. fighting an armed uprising by the al Huthi movement | Agriculture and livestock: Rainfed Sorghum, Barley, Qat, Potato, Vegetables, and Livestock | High poverty prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Problematic security profile and kidnappings reported. |
| Al-Jawf | 58.2 | 1.15 | 0.86 (High) | 0.046 | There are religious conflicts, such as in al-Jawf where many died during a battle for control of a mosque (Yemen Times 2012). | Agro-pastoral livelihoods: Wadi Palm, Wheat, Vegetables and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Some security issues. |
| Al-Baida | 57.9 | 2.57 | 0.80 (High) | 0.407 | The political transformation process has also affected the tribal structure profoundly. For example in al-Bayda a candidate who won the elections in 2006 was killed (UK Foreign Office, 2012) | Agriculture and agro-pastoralism: Sorghum, Millet, Vegetables, Fruit, Qat, Grain, Fodder and Livestock | High poverty, prevalence, very high acute poverty ratio, highly rural, moderate programme coverage. Perhaps risky security situation. |
| Laheg | 56.6 | 1.93 | 0.91 (V. High) | 0.053 | | Fishing, agriculture and livestock: Fishing, Qat, Grain, Fodder Sorghum, Millet, and Livestock | High poverty, prevalence, high acute poverty ratio, highly rural, moderate programme coverage. Unaware of security issues. |
| Hajja | 55.3 | 1.55 | 0.91 (V. High) | 0.039 | | Agriculture and livestock: Coffee, Qat, Sorghum Wheat, Sorghum, Millet and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Unaware of security issues. |
| Abyan | 51.3 | 1.08 | 0.73 (High) | 0.072 | The long period of political impasse in 2011 has resulted in the withdrawing of effective state control over parts of the country, especially in the north in Sadah and the south in Abyan (UK Foreign Office, 2012). | Agriculture and livestock: Sorghum, Millet, Vegetables, Fruit Coffee, Qat, and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Risky security situation with kidnappings reported. |
| Addahle | 51.3 | 0.19 | 0.86 (High) | 0.046 | | Agriculture and livestock: Qat, Grain, Wheat, Sorghum, Fodder and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Unaware of security issues. |
| Shabwah | 50.4 | 3.42 | 0.83 (High) | 0.066 | There are more than four international oil companies operating in Shabwa governorate and they have been targeted in the last two months by Ansar Al-Sharia, an Al-Qaeda affiliated group (Yemen Times, 2012) | Pastoralism and Agro-pastoralism: Palm, Wheat, Vegetable and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage, delicate security profile, with kidnappings reported. |
| Mareb | 47 | 2.26 | 0.86 (High) | 0.063 | | Agriculture, livestock and urban commerce: Wheat, Millet, Sorghum, Qat, Livestock, and urban commerce | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Kidnappings reported. |
| Taiz | 44.6 | 0.72 | 0.78 (High) | 0.052 | Violent clashes continue across Yemen, particularly in Sana'a and Taiz (UK Foreign Office, 2012). | Agriculture and livestock: Wadi Sorghum, Millet, Vegetable, Fruit and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Kidnappings reported. |
| Al-Hodieda | 44 | 0.71 | 0.68 (M. High) | 0.041 | | Agriculture and livestock: Wadi Sorghum, Millet, Vegetable, Fruit and Livestock | High poverty, prevalence, fairly high acute poverty ratio, highly rural, moderate programme coverage. Kidnappings reported. |

Annex 3: Fieldwork matrix - the ‘snapshot table’

| Tools | Zabid District in Hodeidah Governorate | Al-Qahira District in Taiz Governorate | Number of research instruments applied in each site |
|--|--|--|--|
| <p>Poverty and Coping Strategies mapping</p> <p>Institutional Mapping</p> <p>Done together</p> | <p>Done at the beginning, 10 participants in total:</p> <ul style="list-style-type: none"> • 3 Adult male beneficiaries, • 2 Adult male non-beneficiaries • 2 Youth male beneficiaries • 3 Youth male non non-beneficiaries | <p>Done at the beginning, 12 participants in total</p> <ul style="list-style-type: none"> • 2 Adult female beneficiaries, • 2 Adult female non-beneficiaries • 2 Youth female beneficiaries • 2 Youth female non non-beneficiaries • 4 female staff of the SWF branch in Al-Qahira district, Taiz | <p>2 exercises (1in each site)(1 with men and 1 with women) with participants from various groups including: 22 persons, 12 women, 10 men, Adults 11, Youth 11, Beneficiaries 9, Non-beneficiaries 13</p> |
| <p>FGDs</p> <p>(Total 8)(4 per site)</p> | <ul style="list-style-type: none"> • Adult male beneficiaries (1) • Adult female beneficiaries (1) • Youth male non-beneficiaries (1) • Youth female non-beneficiaries (1) | <ul style="list-style-type: none"> • Adult male beneficiaries (1) • Adult female beneficiaries (1) • Youth male non-beneficiaries (1) • Youth female non-beneficiaries (1) | <p>8 FGDs, 65 participants, 33 men, 32 women, 36 in Hodeidah, 29 in Taiz. (36 beneficiaries/adults including 18 men, 18 women) (29 non-beneficiaries/youth including 15 male youth, 14 female youth)</p> |
| <p>KIIs (Key Informant interviews at community level)</p> <p>(8 , 4 in each district)</p> | <ul style="list-style-type: none"> • 1 Community Leader-Local Council • 1 Implementer – head of the SWF office in Zabid District • 1 Young male leader - socially active • 1 Leader of a Youth Women NGO in Zabid • Traditional leader (agil) | <ul style="list-style-type: none"> • 1 Implementer – head of the SWF office in Al-Qahra District • 1 Young male activist and leader of a youth rights NGO • 1 Young male activist from marginalized groups, leader in a marginalized community NGO • 1 youth female activist. Trainer on youth Issue. Active member in various women NGOs. | <p>9 KIIs at local level including: 2 community leaders 2 implementers 5 young leaders from groups or NGOs (2 female and 3 male-2 work with marginalized groups)</p> |
| <p>IDIs</p> <p>(Total10) (5 in each site)</p> | <ul style="list-style-type: none"> • Youth male – beneficiary family • Adult male - non-beneficiary • Adult male beneficiary • 2 Youth female – beneficiary • Adult female non-beneficiary • Adult female beneficiary | <ul style="list-style-type: none"> • Youth Male beneficiary • 2 Adult male non-beneficiaries • Adult Female beneficiary • Youth female non-beneficiary • 2 Youth female - beneficiary family | <p>Total 14 IDIs, 8 with women, 6 men , 8 with youth, 6 with adults, 5 non- beneficiaries, 9 beneficiaries/ from beneficiaries family As follows: 2 youth male beneficiaries, 3 adult male non-beneficiaries, 1 Adult male beneficiaries, 2 adult female beneficiaries, 4 youth female beneficiaries, 1 adult female non-beneficiary, 1 youth female non-beneficiaries</p> |
| <p>Life Histories</p> | <ul style="list-style-type: none"> • Adult male – beneficiary • Youth male - beneficiary • Adult female beneficiary | <ul style="list-style-type: none"> • Adult male beneficiary • Adult male beneficiary • 2 Youth female beneficiary • Youth female non-beneficiary | <p>Total 9 LHs, 8 with beneficiaries, 1 non-beneficiary, 4 male, 5 female, 4 adults, 5 youth</p> |

| Tools | Zabid District in Hodeidah Governorate | Al-Qahira District in Taiz Governorate | Number of research instruments applied in each site |
|---|--|---|---|
| | <ul style="list-style-type: none"> Youth Female beneficiary | | |
| Case studies (Total 2)(1 per site) | <ul style="list-style-type: none"> Adult female beneficiary | <ul style="list-style-type: none"> Young non beneficiary male | 2 case studies (1 male non-beneficiary, 1 female beneficiary) |
| Observation | <ul style="list-style-type: none"> Delivery/ registration Event SWF Office, marginalized group of youth-their houses- and joining them while working as porters | <ul style="list-style-type: none"> SWF Office, female staff working time Observing conflicts between a female broker and clients and SWF staff (intermediate between poor families and welfare sources, includes sorts of exploitation) | |
| Key Informant interviews at National Level (Total 8) | <ul style="list-style-type: none"> EU, DFID, WB, UNICEF at governorate and national levels, CARE, Oxfam Hodiedah Office, SWF at governorate and national levels | 7 | 132 participants in total |

Fieldwork Matrix

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|--|--|--|--|--|
| Poverty and Coping Strategies mapping Institutional Mapping (simplified version) | At very beginning | PLANED: 2 exercises (1 in each site) (1 male and 1 female) (1 in Hodeidah and and 1 in Taiz) (Male and Female groups separated) (8-10 people, CT beneficiaries and non-beneficiaries ensuring Youth representation | Did Poverty and coping strategies mapping together with a simplified institutional mapping at the beginning, with one male group due to cultural norms, 10 in total <ul style="list-style-type: none"> 3 Adult male beneficiaries, 2 Adult male non-beneficiaries 2 Youth male beneficiaries 3 Youth male non-beneficiaries | Did Poverty and coping strategies mapping together with a simplified institutional mapping at the beginning, with one female group due to cultural norms, 12 in total <ul style="list-style-type: none"> 2 Adult female beneficiaries, 2 Adult female non-beneficiaries 2 Youth female beneficiaries 2 Youth female non-beneficiaries 4 female staff of the SWF branch in Al-Qahira district, Taiz |
| | DONE: 2 exercises (1in each site)(1 with men and 1 with women) with participants from various groups including: 22 persons, 12 women, 10 men, Adults 11, Youth 11, Beneficiaries 9, Non-beneficiaries 13 | | | |
| FGDs (Total 8)(4 per site) (Ensuring that the FGD is in area where poorer people reside/ density of programme participants) | After the community mapping. From then onwards. | PLANED: <ul style="list-style-type: none"> 2 Adults (Male and Female groups separated) 2 Youth (Male and Female groups separated) | <ul style="list-style-type: none"> Adult male beneficiaries (1) Adult female beneficiaries (1) Youth male non-beneficiaries (1) Youth female non-beneficiaries (1) | <ul style="list-style-type: none"> Adult male beneficiaries (1) Adult female beneficiaries (1) Youth male non-beneficiaries (1) Youth female non-beneficiaries (1) |
| | DONE:8 FGDs, 65 participants, 33 men, 32 women, 36 in Hodeidah, 29 in Taiz. (36 beneficiaries/adults including 18 men, 18 women) (29 non-beneficiaries/youth including 15 male youth, 14 female youth) | | | |

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|--|---|--|---|---|
| Key Informant interviews at Area Level (Total 8) (4 in each site) | During field work (while other team members do group based activities) | PLANED: <ul style="list-style-type: none"> • SWF implementers - 1 • Elders /com. leader /Local councils • Health staff • Women's group leaders • Youth leaders • Religious leaders/ NGOs | <ul style="list-style-type: none"> • 1 Community Leader- Local Council- • 1 Implementer – head of the SWF office in Zabid District • 1 Young male leader -socially active • 1 Leader of a Youth Women NGO in Zabid | <ul style="list-style-type: none"> • 1 Implementer – head of the SWF office in Al-Qahra District • 1 Young male activist and leader of a youth rights NGO • 1 Young male activist from marginalized groups, leader in a marginalized community NGO • 1 youth female activist. Trainer on youth Issue. Active member in various women NGOs. |
| | DONE: 9 KIIs at local level including: (2 community leaders, 2 implementers, 5 young leaders from groups or NGOs (2 female and 3 male-2 work with marginalized groups)) | | | |
| IDIs (total planned 10) (Total done 14) (7in each site) | <p>After the community mapping. From then onwards.</p> <p>IDIs might be selected from the poorest households according to their own poverty ranking, see above. Use poverty ranking criteria given by the community in selection the IDI respondents.</p> | PLANED: <p>5 male, 5 female clustered by single, m, unemployed/employed / youth and adults/ marginalized/IDPs? Beneficiaries and non-beneficiaries</p> <p>Including former beneficiary to see if transfer made any lasting difference</p> <p>DONE:</p> <p>Total 14 IDIs, 8 with women, 6 men , 8 with youth, 6 with adults, 5 non-beneficiaries, 9 beneficiaries/ from beneficiaries family As follows: 2 youth male beneficiaries 3 adult male non-beneficiaries 1 Adult male beneficiaries 2 adult female beneficiaries 4 youth female beneficiaries 1 adult female non-beneficiary 1 youth female non-beneficiaries</p> | Male: <ul style="list-style-type: none"> • Youth male, 25 years old, represents a beneficiary family, unemployed, not educated, heading family after disappearance of his father who got mental health problems • Adult male, employed as a teacher, 10 children, could not help them to continue education, got challenges offering food and clothes for family • Adult male beneficiary, got several chronic health problems, unemployed, cannot work. Female: <ul style="list-style-type: none"> • Youth: young female, 25 years old, illiterate, registered as a SWF beneficiary within her mother's ID although not living with her mother or getting support from her, divorced, renting a house for her and her 2 children, have no other resources except 300 YR/ | Male: <ul style="list-style-type: none"> • Youth Male beneficiary, 27 years old, married and got children, his mother still lives with him, has no house recently and all hosted by his parents in law. Unable to work due to an accident in the factory where he used to work several years ago. • Adult male non-beneficiary, illiterate, married and has 5 children, from marginalized groups, work on a motor-bike, lives in one small house with his parents and other brothers who are also married and have children. • Male non-beneficiary 28 years old, married and got 5 children , graduated from University, unemployed, cannot work now, he was injured in the last political crisis, suffer from inability to afford the rent of his house. Female: <ul style="list-style-type: none"> • Female beneficiary, |

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|-------|--------------|-----------|---|---|
| | | | <p>1.5 \$ per day from her ex-husband following case raised in the court, her elder child started assisting in close restaurants to get a daily wage. (S)</p> <ul style="list-style-type: none"> • Youth: female beneficiary, 27 years old, illiterate, from marginalized groups, got married early, divorced and taking care of her 6 children, lives in a very poor shelter/ hut from plastic sheets and palm trees leaves, depends on income from begging to feed her children, she received 1 transfer since 2008 from the SWF.(G) • Adult: female non-beneficiary, 30 years old, single, living with her brother and his large poor family, educated and got trained as a teacher after secondary school, she got employment, she is the main person taking care of the whole needs of the family. Suffer from high demands compared to poor income. (Zi) • Adult: poor female beneficiary, 41 years old, single and lives alone, educated, she used to depend only on the depends on the 6000 YR/27.5 \$ from SWD every 3 months. Recently she started getting 12000 YR/ 55 \$ as a will of her late brother (T) | <p>illiterate, widow, 50 years old, got 6 children (3 girls, 3 boys, one of them suffering with pain in his backbone). In addition to her children she lives with a brother who is disable due to car accident and got a wife and 3 children. All in one small house. (Am)</p> <ul style="list-style-type: none"> • Non- beneficiary young women. 26 years old. Employed after graduation from university. Divorced as her husband has mental health problems. She has 3 daughters and she is also taking care of her 6 brothers and 5 sisters all attending schools. In addition she is hosting her mother who is sick/ Cancer. (Ib) • Young female. 20 years old, single from a beneficiary family, lives with her parents, 10 brother/sisters, 1 nephew, 2 of her brothers have mental health problems. 1of her brothers also married in the same house and has 10 children. (H) • Young female orphan, 16 years old, her mother is a beneficiary and get 12000 YR each 3 months/55 \$. She lives with her mum and other 10 (brothers and sisters) in a very small house of 3 rooms. 1 of her brothers got married and lives with them in the same house with |

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|------------------------------|--|---|--|--|
| | | | | <p>his wife and children. This elder brother and another brother in law are supporting her mum in the living expenses and few support from welfare resources from time to time. She is active in school music team but finds difficulty in covering her needs for good cloths, transportation to school, food in school and food at household. She missed the old days of her passed father due to the violence at home on daily basis between brothers and sisters. Wanted ever member of her family to be happy. (Sn)</p> |
| <p>Life Histories</p> | <p>Exploring in-depth persons' life experience, of their risk and vulnerabilities, coping strategies, and how their life has changed as a result of CT</p> | <p>PLANED: 1 Widow w/ children 1 Divorcee w children 1 of either without children 1 male/female employed or underemployed 1 migrant male r/ marginalized</p> <p>DONE: Total 9 LHs, 8 with beneficiaries, 1 non-beneficiary, 4 male, 5 female, 4 adults, 5 youth</p> | <p>Male:</p> <ul style="list-style-type: none"> • Adult male, represent his beneficiary family, 27 years old, received only 1 transfer since 2008, very poor, from marginalized groups, uneducated, married early and got 5 children, no house, lives with his family with his mother in a small poor hut, unemployed. ID of the SWF is for his mother. • Youth male, 22 years old, represents a beneficiary family, unemployed, university student, challenges with high prices, affording health treatment costs, clothing and costs of education <p>Female:</p> <ul style="list-style-type: none"> • Poor female | <p>Male:</p> <ul style="list-style-type: none"> • Adult male beneficiary, 40 years old, got 10 children, involved in daily wage type of work, 4 of children has thalassemia and requires regular blood transfer and medication which he cannot afford. • Adult male disable beneficiary, 30 years old from marginalized groups, got back to school recently following drop out for several years, attending now school classes of Grade 10, grade, single and lives in a poor house with his brother who is married and has children, they have also 4 other brothers living in the same house and all of them are also disabled. <p>Female:</p> |

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|-------|--------------|-----------|---|---|
| | | | <p>beneficiary. 37 years old. Divorced after getting married several times. She has now 3 daughters and a son. Supporting her daughters in their university education costs through the support from the SWF and her little income from selling home-made perfumes and food products. Very well known of being strong in her responses to any accusations or talk against her as result of being not following mobility control over women as part of the conservative community norms. She believes that "If she keeps silent, shy, and not moving freely, she will not survive with her children."(Za)</p> <ul style="list-style-type: none"> • 20 years old female beneficiary (include in the SWF ID of her mother). Comes from a marginalized group, Illiterate. Her husband left and got married in another area. Thus is following a process at the court to get divorced. She has no place to live with her 2 daughters. Recently she lives with her mother and depends on begging and the transfers that her mother getting from the SWF (9000 YR/42 \$). (Gdr) | <ul style="list-style-type: none"> • 24 years old physically disabled female beneficiary, graduated from secondary school, lives with her family. Her father who was the only bread winner of the family, passed away one year ago in a car accident. Her family and household is very poor. She used to work as a volunteer in the Disability Welfare Association, and that was so good for her to interact with other although she used to depend on 1 leg only in her mobility. However, several months ago, her leg got broken. As a result, she is at home recently, not involved in any job/ actions, has no alternative income for her and her family, and feeling very lonely and desperate. (Fad) • 25 years old non-beneficiary female- her parents are separated- graduated from the university – lives with her mother, 2 brothers, and 4 sisters one of them is disabled. Her mother was retired after working as a cleaner in the ministry of social affairs office in Taiz. The family has no source of income other than the limited retirement allowances of the mother. (Sa) • 45 years old beneficiary female – Her husband abandoned her 11 years ago and did not divorce her. – she was ignored by her husband with |

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|---|--|--|---|---|
| | | | | <p>her 8 children. She has critical health problems (liver and kidney). As she has no place to go following the problem with her husband, she lived in a very small and poor house that belongs to her brother. During the past 2 years, her brother has been pushing her and her kids to leave the house. He started cutting the water connection. She has no other income than the SWF assistance and few money from the elder son who started working in simple daily wage type of activities. (Fa)</p> |
| <p>Case studies (Total 2) (1 per site)</p> | | <p>Young widow or divorced female with children (to understand vulnerabilities of children)</p> <p>Young Malee – Akhdam (unemployed / under employed) (gender issues can be different from site to site)</p> <p>DONE: 2 case studies (1 male non-beneficiary, 1 female beneficiary)</p> | <p>Female: 1 CASE:</p> <ul style="list-style-type: none"> A female widow, 28 years old, has 4 daughters. Her husband was suffering with mental health problems and they used to depend mainly on the support from the SWF and occasional welfare support from individuals. She did not get support during this year and promised to get the ID changed so they can get the same support again. She lives with her children in a very small rented house/ 1 room, no space for cooking, etc.(HH) | <p>Male: 1 CASE:</p> <ul style="list-style-type: none"> Young non beneficiary male, 25 years old, partially blind and suffers from Birth Detect problems in his chest, committed to finish his university education, volunteering with a small and poor NGO works on Blindness Welfare Issues. He has other 5 brothers who are also partially blind. Their father and elder brother have mental health problems. As they do not have a house, an old poor women hosting them and taking care of them temporarily. |
| <p>Observation</p> | <p>Whenever the situation arises, according to what is found in the area</p> | <ul style="list-style-type: none"> Cash delivery Visits / monitoring visits by implementers (social workers) Health facilities | <ul style="list-style-type: none"> Delivery/ registration Event/ Islamic Relief SWF Office, marginalized group of youth- their houses- and joining them while working as | <ul style="list-style-type: none"> SWF Office, female staff working time Observing conflicts between a female broker and clients and SWF staff (intermediate |

| Tools | When and how | With whom | Zabid district in Hodeidah | Al-Qahira district in Taiz |
|---|---|-----------|--|--|
| | | | porters | between poor families and welfare sources, includes sorts of exploitation) |
| Key Informant interviews at National Level | Following the field work (as the head of the team joined teams in their initial community work) | | <ul style="list-style-type: none"> • EU • DFID • WB • UNICEF • CARE • Oxfam • SWF | |
| Other Short Coordination & Consulting Meetings | | | <ul style="list-style-type: none"> • Traditional Leaders (Aqil) at area level (Male) • Head of SWF Offices at Governorate Level (Male) • Head of Unicef Office at Governorate Levels (Male) • Team Leader of Oxfam’s Humanitarian Program at Hodiedah Governorate Level (including Cash Transfer Project in same area with livelihood interventions, Nutrition, Health education) (Female) | |

Annex 4: Study tools and guides

FGD – Beneficiaries main study – Adults

Undertake a detailed household level vulnerability mapping and explore the following:
Selection of FGDs should help to illuminate differences between socio-economic groups

Theme 1: key vulnerabilities and coping strategies [spend no more than 15 mins discussing the vulnerability context because will have already got information from the FGD]

- What do people do to make a living in this community?
- What are the key economic challenges people face in this community? (probe: food insecurity, unemployment, environmental risks, rising prices, drought)
- What are the key social challenges people face in this community? (probe: social exclusion (from information, from celebratory events, from networks) on the basis of discrimination age, gender, ethnicity, disability, HIV status)
- Are there sources of tensions which have led to violence, conflict?
 - Are there particular challenges faced by children, young people, older person, disabled, in this community?
 - Are there any noticeable changes in challenges faced in this community (over time; according to the season; according to the type of difficulty)
- What does being poor mean in this community/to you? (look for gender, regional, age differences)

- What do people do when in difficulty?
 - Probe (for economic): reduce consumption, take on more work, ask non-working family members to take on more work, selling assets (whose assets? women's vs men's), engage in labour-sharing strategies, labour pledging (lack of control when labour returns are demanded = sign of deep distress), borrow/ go into debt, ask for support from extended family or friends, migrate domestically or internationally, rely on remittances)
 - Probe (for social): seek legal aid, seek counselling, seek pastoral care, drink, smoke, engaging in risky behaviours (drugs, risky sex, transactional/commercial sex)
- What forms of support have people in the community received over time, from government, religious institutions, family, NGOs, etc.?
 - Which have been the most important and why?
- If you had more money, what would you spend it on (e.g. health, education, buying land, setting up a small business, etc.)?

Theme 2: CT programme

Perceptions of programme and membership/targeting

- What does the programme consists of/what does the programme do for you?
- Where do you think this cash comes from?
 - Do you think it is a gift, charity, right/entitlement, compensation, any other? (trying to get at issues of rights/entitlements, state/citizen issues)
- What do you know about the programme goals? How did you find out about this?
 - Are there any condition to using the cash?
 - Have you had any training/ information or education about the programme? If so, who provided this? In what format?
- Does the programme have any forum/occasions when you can meet and discuss social issues such as discrimination, rights to better treatment from others, changing social attitudes/norms?
 - If not, d'you think that would be useful? On what types of issues?

- FOR WOMEN: As women do you feel able to participate fully in these occasions? Are you encouraged/assisted/supported (child care, transport, etc.) to participate fully in these occasions?

- How are people selected to receive the cash?
 - Who selected them?
 - What do you think about the selection process? Has it changed over time? (e.g. rotation of households as programme beneficiaries?)
 - What has been the effect of this selection process on community relations, dynamics? (e.g. positive, negative)
 - Do some people receive the cash transfer who shouldn't receive/are there some people who deserve it and who don't receive it? Why do you think this is?

Access and distribution:

- How much cash is given? How often? By whom? Is the frequency of receiving it sufficient?
- How far away is the collection point? Are there safety issues in accessing the cash? (esp. for girls/women)
- Is the amount of cash adequate?
- Are the payments regular and predictable?

- Are there conditions (formal and informal) attached to receiving it (e.g. attend an awareness-raising session, send children to school, send children to hospital, etc.)? If so, what and how are these enforced? If no, do you think there should be conditions? Which?
- In addition to the cash is anything else given (information, links to other services, preferential access to other services, etc.)? What do you think of this?
- Do you think cash is the best/most appropriate item to give to vulnerable households and groups? If no, what else could be given, e.g. food, etc.?

Use (fill out matrix ..)

- What do people use the cash for?
- Who within the household decides how the cash should be used?
- Do you think the cash is used in the best way possible? If not, how could it be improved?
- Are there particular uses of the cash that most concern children (school fees, books, uniforms, shoes, nutritious food); who decides to use cash for these

| HH description | Use of money? (e.g. small business, consumption, service access for kids, transport); proportion of money spent on x item (including e.g. bribes) | Who decides on the use? | Has decision-making on money in your household changed since the introduction of the CT programme? |
|--|---|-------------------------|--|
| e.g. type of household (widow, grandmother care giver, male headed households, female headed household | | | |

Effects

- What are **positive** effects of the cash transfer?
 - On **individuals** (probe re age, ability, gender differences),
 - On **households** (probe re male vs female headed households, extended family hhs, polygamous households, etc.),
 - On the **community** as a whole? (both in terms of bonding social capital – i.e. links to peers – and bridging social capital – i.e. links to authorities)?
- What have been the specific effects of the cash transfer on the children in your household (can be both positive and negative)? (e.g. stigma, exclusion at school, less pressure to engage in sexual favours)
- In thinking of the most significant ways this programme has changed your lives, what comes to mind?
 - Has the cash transfer impacted your psychological well-being in any way? If so, how? (translate as appropriate)
- What are the **negative** effects of the CT programme?
 - Has it created tensions/problems/issues/ conflict within the household, between households, communities, including between those who have received the cash and those who have not? If so, how have these tensions been manifested?
 - What do you think could be done to ease these tensions?
 - Has it impacted on labour supply and time allocation within the household? Competing with other activities, etc.

Accountability

- Overall, are you satisfied with the programme and the way it is working in your community?
 - This programme is supposed to reach the poorest/OVC households, do you think this is happening in reality?
 - Some people say the cash is going to the wrong people? What do you think? Is this a problem in this community?
 - Some people say they are not being treated respectfully by programme staff? Is this a concern in your community?
- Supposing you were not selected onto the programme, is there anything you could do to address this? Complain? Etc.
- Supposing you were treated unfairly, what would you do?
- Do you know of processes in place to ensure that everyone receives the amount they are entitled to?
- Is there space/occasion for you to talk to the programme staff about how the programme is managed and delivered?
- Is there space/occasion for you to voice your concerns?
 - Do you feel able to complain as women? As a member of an excluded group (disabled, older person, youth, PLHIV)?
 - Is there an official process/system in place for complaining? (*track if possible the number of complainants, who they are, etc.*)
 - If there is a complaint system, do you think it could be improved? (What type of mechanism would you prefer (talking to an elected representative? Speaking to village head? Speaking to clinic staff? Speaking to a programme implementer? Voicing concerns on local radio? Via text or mobile phone (an anonymous method), prefer not to have a complaint system?))

- Have you ever voiced a concern/made a complaint? If yes, to whom, about what? If not, why not?
- What happened after you voiced your concern/made a complaint?
- Do you know of any changes to the programme as a result of your complaint?
- Were you concerned about being victimized / punished as a result of voicing your concern? Were you victimized / punished? How? Etc...

Theme 3: complementary services / programmes

- Are there other types of services/ programmes you would like to be linked to/ benefit from? (e.g. education bursary, child sponsorship, violence prevention, legal aid, agricultural training, livelihoods programming, micro-finance groups, vocational training).
- How could programme implementers help you access these other services or programmes?

- In some countries, people have an ID card which helps people access different types of programmes to which vulnerable people are entitled.
- Which types of programmes do you think they should be entitled to?
- Do you think this type of system, i.e. with the ID card, would be helpful? (e.g. In Ghana, CT programme beneficiaries, are supported to get access to subsidised health insurance).
- Could there be difficulties in getting this to work? (e.g. doing paper work and negotiating redtape to establish documentation, paying for brokers if illiterate, issue of fake ID cards, sharing of ID cards, need for birth registration, travelling to govt offices to register, etc.).
- If there you think there could be difficulties, what could be done?

Theme 4: Future directions

- If the programme were discontinued, what effects would it have on your life (e.g. no longer able to invest in x , y etc.?)
- How would you see the programme continuing in the future?
- How could members in the community become more involved in the programme, be given a say in it? (e.g. suggestion/complaint line via text/ mobile phones)

IDI – programme beneficiaries main study – Adults & Youth

Probes: why, what, where, how, when, who, how often ...

Probing sentences:

- *Tell me more about it...*
- *What do you mean by that ...*
- *Can you explain better / more*
- *Give me examples...*
- *How is that / how /what do you mean....*

Basic demographic information: gender, age, ethnicity, religion, type of respondent, community name, date, etc.

Family status and living arrangements

- What is your main family responsibility? (Adults: mother, worker, carer, etc.). Are you married, divorced, widowed? Since when, who do you live with, who is the head of the household (age, gender and relationship to respondent), the number of children you have, number of other dependents (e.g. older family members, members living with a disability or illness), who is the primary care-giver in your household?
- How many years of schooling have you had? Have you had other forms of education? (self-trained, adult learning, etc.)

2. Household and individual livelihood and coping strategies

- What is your main source of livelihood?
- Do you make money and if so how?
- What does the household head do for a living?
- Who does what activities in the household? And why? Who owns what? (eg: land, house, livestock, etc)
- What difficulties/challenges, etc do you face? When in difficulty what do you do? (i.e. What are your coping strategies?) How effective are these/each coping strategy (after each coping strategy ask how effective is it...)?
- What forms of support have you received over time, from government, religious institutions, family, NGOs, etc.?
- Which have been the most important and why?
- How does this form of support compare to this programme?
- What does being poor mean to you?

3. Social networks (highlight differences between men/women, older/younger, etc.)

- If you are in (economic) trouble, need financial support who do you turn to? What support do you receive (economic, in-kind)?
- If you are feeling sad, unwell, abandoned, badly treated, discriminated, etc. what do you do? Who do you turn to? Who takes care of you? Spouse, children, state, no one ...
- Do you give support to others? Who, for what? Has this changed over time...
- Have your social relationships/networks changed over time (also because of the CT programme)? How, why, since when...

- Are you a member of a group? (formal and informal, e.g. kin or clan groups, merry go round, church groups, etc.)
 - If not why not?
 - If yes, since when? What do you do/ what are the objectives of the group? What benefits do you get from belonging to the group?

4. Intra-household dynamics / tensions

- Who makes the decisions and controls resources (cash, land, animals, buildings, family members' labour, family members' time, etc.) in your household? Why is this the case? Has it always been like this? / Who makes decisions in the household? (e.g.: over care of children, elderly, sick, disabled? Use of other people's labour? Consumption? Sale of assets?)
- Do you have disagreements within the household/family? If so, over what? When you face disagreements with other family members how do you resolve them? What happens? Has this changed? If so why, since when, etc.?
- How are you treated within your household and in the community?

- Are you aware of the rights you have as an adult/woman/man/disabled person / ethnic minority group? What are these? Who can help you access them? (countries to find out what their laws are regarding anti-discrimination and equal opportunities)

5.0 The CT programme

Perceptions of programme and membership/targeting

- Since when have you been a member of the programme/receiving a cash transfer? / how long have you been a member of the CT programme?(duration)
- Where do you think this cash comes from?
 - Do you think it is a gift, charity, right/entitlement, compensation, any other? (trying to get at issues of rights/entitlements, state/citizen issues)
- What does the programme do for you?
- What do you / did you expect you will get from being part of the programme? Why?
- What do you know about the programme goals? How did you find out about this?
 - Are there any condition to using the cash?
 - Have you had any training/ information or education about the programme? If so, who provided this? In what format? (e.g.: community meeting, one-to-one, written documentation)
- Does the programme have any forum/occasions when you can meet and discuss social issues such as discrimination, rights to better treatment from others, changing social attitudes/norms?
 - If not, d'you think that would be useful? On what types of issues?
 - WOMEN ONLY: As a women do you feel able to participate fully in these occasions?
 - Are you encouraged/assisted/supported (child care, transport, etc.) to participate fully in these occasions?
- How were you selected? Who selected you?
 - What process was involved? What did they do to select people?
 - What did you think of that process, was it fair/unfair? Why?
- Are you the only one in your household currently receiving the cash transfer? If no, who else, since when? If yes, who, when did others stopped receiving, why?
- Do you think the right people receive the cash transfer? If no, why?
 - Do you think there are some people who should have received but didn't? If so, which people and why?

Access/distribution

- Who collects the cash? And why?
- Where do you go to get the cash? Who gives it to you (chief, donors, carer, post-office..)?
 - Is it the same person/place every time?
 - Do you go alone or does someone accompany you? If yes, who, every time, etc.
- Are you able to use the money as needed once it's been received? If so, how?
- How much do you receive?
 - Has it always been the same amount? If it changed, when, why?
 - Is the amount of cash adequate? (for food needs, etc.) (if no, why not..)
 - Do you think cash is the best/most appropriate item to give?
 - Do you think other items could be given, e.g. food, etc.?
- How often do you receive the cash?
 - Are the payments regular and predictable?
 - How do you know when it is pay day?
 - Is the frequency of receiving it sufficient, should it be more/less frequent? (same amount given but across different periods)

- When was the last time you received the cash?
- In addition to the cash is anything else given (probe: information, links to other services, preferential access to other services, etc.)?
- What do you think of this? Is there anything else you would want them to provide?
- Since when have they been providing these other things?
- Are there conditions attached to you receiving the cash? (do you have to do certain things to receive the cash, e.g. attend an awareness raising session, send your children to school, etc.). If so, what? If no, do you think there should be?
- What challenges have you faced in accessing/getting the cash? (probe: time to travel to receive it, other costs involved in travelling, loss of labour time, stigma associated with receiving it, etc.)

Use

- Who keeps the cash after it has been collected? Has it always been like this? If it has changed, when, why, etc...
- What do you think the cash should be used for?
- Do you decide what the cash should be used for? Or are you given instructions on how the cash should be used? If yes, who gives you these instructions?
- What is the cash used for? (savings, investment in livestock, agriculture, children..)
- Is it used for the family/household or for the person targeted by the programme? Why?
- Last time you received it what did you do with it?
- Is any of the cash used for things that are of particular benefit to your children? If so, what? / Are there particular uses of the cash that most concern children (school fees, books, uniforms, shoes, nutritious food); if so, what and how are these decided upon?
- Do you think the money is used in the best way possible? If not, how could it be improved?
- What types of changes would facilitate improvements/allow you to better use the money?
- What are your sources of household income (including the CT)? Rank them in terms of importance (1 most important, to 5 etc. least important). (How important is the CT to you /your household expenditure? How does it compare to other transfers / income coming into the household? If small, big, why , etc.?) (*useful for interviewer to make table in notes)
- What would happen / what would you do without if you did not have it?
- {What proportion of your total expenditure does the CT support? (***Pie chart - go through different expenditures and where income comes from for each expenditure***)}

Effects

- How was your life before you received the cash transfer? (probe: economic, social, inclusion/exclusion aspects).
- What are **positive** effects of the cash transfer?
 - On you as an individual (probe re age, ability, gender differences),
 - On your family/household - certain members of your household, which, why (probe re male vs female headed households, extended family hhs, polygamous households, etc.),
 - On the community as a whole (both in terms of bonding social capital – i.e. links to peers – and bridging social capital – i.e. links to authorities)?
 - Has the transfer:
 - changed your relationship with your spouse? If yes, how, for the better/worse?
 - changed your relationship with other members of the household? If yes, how, for the better/worse?
 - changed your status in the community? If yes, how, for the better/worse?
 - Has the cash transfer impacted your psychological well-being in any way? If so, how? (translate as appropriate)
- What have been the specific effects of the transfer on your children? Positive and negative (e.g. being able to attend school more regularly, stigma, exclusion at school, less pressure to engage in sexual favours)
- What are the **negative** effects of the CT programme?
 - Has this programme created tensions/violence (intergenerational and between men and women)/problems/issues between people within the same household, including between those who have received the cash and those who have not? If so, how have these tensions been manifested/how can you see these tensions?
 - What d'you think could be done to ease these tensions?
 - Has it impacted on labour supply and time allocation within the household? Competing with other activities, etc.
- If the programme were discontinued, what effects would it have on your life (e.g. no longer able to invest in x or y)?
- Are there other people like you but who aren't on the programme? How have things changed for your household compared to them over time? (e.g. building assets, savings, consumption patterns)

Accountability

- Overall, are you satisfied with the programme and the way it is working in your community?
- This programme is supposed to reach the most vulnerable (the most vulnerable, women/ female-headed

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| <p>households, disabled people, etc. – (note: Mention to respondents, the other categories targeted by SWF) Then ASK: Do you think this is happening in reality?</p> <ul style="list-style-type: none"> ○ Some people say the cash is going to the wrong people? What do you think? Is this a problem in this community? ○ Some people say they are not being treated respectfully by programme staff? Is this a concern in your community? ○ How would you rate the performance of programme staff? (good, average, less than average...probe.. what's good, bad, average, etc.) ○ Supposing you were treated unfairly, what would you do? ● Do you think / know of processes in place to ensure that everyone receives the same amount/what they are entitled to? ● Is there space/occasion for you to talk to the programme staff about how the programme is managed and delivered? ● Is there an official process/system in place for complaining or to voice your concerns? ○ Do you feel able to complain as women? As a member of an excluded group (disabled, older person, youth, PLHIV)? ○ If there is a complaint system, do you think it could be improved? What type of mechanism would you prefer (talking to an elected representative? Speaking to village head? Speaking to clinic staff? Speaking to a programme implementer? Voicing concerns on local radio? Via text or mobile phone (an anonymous method), prefer not to have a complaint system?) ● Have you ever voiced a concern/made a complaint? If yes, to whom, about what? If not, why not? ○ What happened after you voiced your concern/made a complaint? ▪ Do you know of any changes to the programme as a result of your complaint? ▪ Were you concerned about being victimized / punished as a result of voicing your concern? Were you victimized / punished? How? Etc... <ul style="list-style-type: none"> ● Are you aware of any evaluation processes? Have you been involved in any evaluations? If so have evaluation findings been shared with you? ● Do you think that programme staff are sufficiently aware of the vulnerabilities/difficulties faced by women and vulnerable groups (disabled, etc.)? Are they aware of the services available to address these? Are they aware of the support needed to address these? <p>Future directions</p> <ul style="list-style-type: none"> ● How would you see the programme continuing in the future? ○ What changes would you make, if any? ○ What could be improved? (probe: targeting, frequency, amount, complementary programmes, links to information, evaluations/ lesson learning; access to vocational training, literacy, psycho-social support, reproductive health, etc.) ● How could members in the community become more involved in the programme, be given a say in it? (e.g. suggestion/complaint line via text/ mobile phones, etc.) |
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| Key informant interviews |
| community leaders, programme implementers, government policy makers, social protection analysts - main study |
| From national level stakeholders get organogram of key policy and programme staff at different levels involved in the CT programme |
| a. KII - Community leaders |
| <p>Themes to cover:</p> <ul style="list-style-type: none"> ● What is your role in the CT programme/What's your relationship to the CT programme? <ul style="list-style-type: none"> ○ Are you involved in identifying beneficiaries? If, so how? <ul style="list-style-type: none"> ▪ What are the main issues, problems, challenges in identifying beneficiaries (probe validity of identify, what happens for newly vulnerable) ▪ How do specific groups get identified, registered? ▪ Are the numbers of potential beneficiaries restricted? How do you then select among the eligible? ▪ Do you think that the criteria for eligible vulnerable groups set by the programme coincides with the most vulnerable groups in your locality? If not, which vulnerable groups do you think are excluded? ▪ What is the political context of CT programme – any relation to national political leaders ▪ Probe for perceptions of universal vs targeted schemes..... ○ Are you involved in programme implementation, monitoring <ul style="list-style-type: none"> ▪ What are the main issues, problems, challenges in programme implementation, monitoring ○ Do you work with programme implementers? If so, how |

- How do beneficiaries access the cash? Are there issues/concerns? (risks of cash being stolen, do they need brokers, etc.)
- How do community members perceive the CT?
 - What do you think their expectations are? How they will benefit from it?
- Are there awareness raising activities linked to this CT? (e.g. when transfer occurs is there a community meeting? If so, what does it entail? (Encouragement to save? Role of local banks, savings plans? How are investment decisions encouraged?)
- Effects of the cash transfer:
 - how has the programme affected the community as a whole (positive, negative), how has it changed over time (lasting change or more transient change only?);
 - have excluded groups become more empowered/vocal/involved;
 - have women, disabled, etc. become more empowered; if so, how can this be seen?
 - Are people/excluded groups more able to speak to people in authority, to demand their entitlements, rights, etc.?
 - has the programme had any unintended spin-offs/benefits; (healing divided communities/reinforcing social divisions, social division /fragmentation) (particularly in terms of any consequences for existing intergenerational transfers/care and support practices)
 - compared to other programmes/sources of support (church, remittances, NGOs, formal pensions, etc) how do you see this programme? How important is it compared to these others? (amount, type of support (psycho-social support), consistency, regularity, etc.) How do other people see it?
- Eligibility
 - Is it fairly targeted, do you think some people have benefited more than others? If yes, which, why?
 - Does it reach the most vulnerable groups? (insert probes around particular vulnerable groups, OVCs, elderly, disabled, etc.) Probe: Does the age cut-off make sense? How is it determined?
 - Are there some people who are not receiving it but deserve it? Are there some people who receive it but don't deserve/need it?
 - Have you actively intervened to influence the selection process? If so, how? Why?
 - Have you ever had to intervene to actively remove people from the programme? How? Why? Impact of this?
 - How could the programme guidelines be adapted to your community needs/dynamics?
- Challenges
 - What are the main obstacles to the programme working well? (understanding of the scheme, unavailability of cash, not regular, capacity and attitudes of staff, etc.)
 - Has it created any tensions – for example between beneficiaries and non-beneficiaries, or within the household between men and women, siblings, older and younger people, etc.?
 - Has the programme led to tensions in the wider community? if so, between whom and who, why, what can be done to address these?
 - Do they think recipients would prefer to receive something else? If so, what?
 - Do they think conditions should be placed on receiving the cash? if so why and which?
 - What do you think might be some of the challenges from the perspective of programme implementers (including capacity constraints –both in terms of substance e.g. limited gender or child-sensitive awareness – time, budget)
 - Do you think these challenges are specific to this location or is your view that these are cross-cutting concerns, affect other areas of the country? Ideas to overcome them
- Future directions:
 -
 - If the programme were discontinued, what effects would this have on ex-beneficiaries lives/livelihoods?
 - How would you see the programme continuing in the future?
 - What changes would you make, if any?
 - What could be improved? (probe: targeting, frequency, amount, complementary programmes, links to information, evaluations/ lesson learning etc.)
 - How could the programme become more child, age, disability and gender sensitive?
 - Could members of the community become more involved in the programme, be given a say in it?
 - (e.g. suggestion/complaint line via text/ mobile phones). If so, how? Would this be helpful in your view? Why/why not?
 - What could be done to ensure different groups (men/women, youth and adults), were involved in programme related discussions? Do you think this would be useful? Why or why not?
 - In some countries, people have an ID card which helps people access different types of programmes to which vulnerable people are entitled.
 - Which types of programmes do you think they should be entitled to?
 - Do you think this type of system, i.e. with the ID card, would be helpful? (e.g. In Ghana, CT programme beneficiaries, are supported to get access to subsidised health insurance).
 - Could there be difficulties in getting this to work? (e.g. doing paper work and negotiating redtape to establish documentation, paying for brokers if illiterate, issue of

- fake ID cards,
 - sharing of ID cards, need for birth registration, travelling to govt offices to register, etc.).
 - If there you think there could be difficulties, what could be done?
 - What would you advice the head of the district/implementers, policy makers, MPs, donors, etc. (people in authority but linked to the CT programme) on how this programme could be improved?

**b. KII - Programme implementers
(volunteer/community based, district level people, questions/emphasis will vary)**

- Themes to cover:
- Details of the programme:
 - Institutional arrangements for programme implementation (which ministry/department? Collaboration with other departments)
 - since when, who is targeted, how was targeting done;
 - how much is given, how often;
 - who gives/how is it distributed;
 - how does the distribution work at community/village level;
 - what else is given (information, link to services, etc.);
 - are there conditions linked to the cash, if so which and how would they be monitored?, if not why not?
 - Accountability mechanisms:
 - Are there processes in place to ensure that everyone receives the same amount/what they are entitled to? If so, what, are they effective?
 - Is their space/occasion for community members to make a complaint? If yes, to whom, when, how often? If not, do you think this could be useful? How could it work?
 - Benefits of the programme:
 - have excluded groups become more empowered/vocal/involved;
 - has the programme had any unintended effects/benefits;
 - how if at all has it benefitted the professional development/capacity building of programme implementers?
 - Challenges of the programme:
 - What challenges do they think recipients face: is the cash sufficient; do they receive it frequently enough; do they think recipients would rather receive something else, what? do they think conditions (**both formal and informal**) should be placed on receiving the cash, if so why and which;
 - Do they think the programme has led to tensions within households or between households in the wider community; if so, between whom and who, why? What can be done to address these? Probe on any impact/substitution or replacement effect on existing inter-generational transfers/solidarity systems...Probe also on any instances of abuse in families because of cash
 - Do you think some people have benefited more than others? If yes, which, why?
 - Do you think the distribution in this area has been fair?
 - What challenges do you face as implementers:
 - Targeting and identification of eligible recipients (IDs, birth certificates)
 - Frailty of older people and disabled who can't come to community meetings
 - Lack of qualified staff
 - Lack of transport to reach remote hhs
 - lack of support from other service providers
 - lack of clarity on goals of the programmes
 - are they pressurized into giving to people who perhaps don't deserve it;
 - What training have you received in relation to the programme? To working with excluded groups? To gender issues? Was this training tailored to meet practical implementation needs?
 - Do you carry out any form of M&E? If so, what challenges do you face in relation to that? (e.g. indicators?)
 - What specific logistical challenges do you face? E.g. communication with beneficiaries and with their superiors, in getting cash out to post office/banks, in reporting back, in updating files/records, etc. In inter-ministerial coordination?
 - How do you share lessons from this programme? What are the challenges in terms of lesson learning?
 - How do you share the knowledge from this programme? What are the challenges in terms knowledge sharing?
 - Future programming:
 - How would you see the programme continuing in the future?
 - What changes would you make, if any?
 - What could be improved? (probe: targeting, frequency, amount, complementary programmes, etc.)
 - How could the programme become more child, age, disabilities and gender sensitive?
 - If a beneficiary changes residence, could they continue in the programme in their new location? If no, what could be done to keep them in the programme?

- Are some people asked to leave the programme?
 - Are there incentives to encourage people to leave the programme?
 - What happens if household situations change? i.e. they are no longer eligible
 - Do people have to re-register?
- Do you think members of the community should become more involved in the programme, be given a say in it? If yes, how, why; if no, why not.

c. KII – Programme/ Policy designers in govt or NGOs/INGOs

Programme/policy designers in govt or NGOs

(In addition to the pre-decided specific questions decided for each institution based on their specific issues with SWF/ Social Protection, The following themes should be covered.)

Themes to cover:

- To INGOs (what projects do they have in these districts / communities)? What are their aims? What vulnerabilities are they aimed to address?
 - What other CT programmes exist
 - How this programme links with other CT programmes/broader social protection in-country programming
 - Have you taken any steps to promote coordination with SWF? How? How does this coordination take place at the local level? What information is given to people about their registration in this programme and how it relates to registration in other programmes? Politics of the programme – Have you had any explicit discussions with SWF about how the programmes work simultaneously?
 - How did the design of this programme come about, what was the origins, who designed it, the extent of government ownership in the process
- What they think of it: the benefits/successes and challenges (and what evidence do they base this on): (referring to other CT with NGOs / to SWF with policy makers in SWF)
- What type of information are people given about the programme? Through what means?
 - What are the main benefits
 - how have people’s lives changed
 - unintended change/benefits
 - Should conditions be placed,
 - whether targeting should occur in a different form;
 - whether the cash is sufficient;
 - whether they think something else should be given;
 - Have they done M&E? What are some of the challenges of doing M&E?
 - sufficient coordination among government agencies involved in programme roll-out and M and E?
 - whether there is sufficient linkages to complementary services ;
 - whether it has created tensions amongst community members (including inter-generational tensions);
 - whether it has suffered from elite capture, and/or whether certain people have received when they shouldn’t and vice versa
 - challenges regarding m and e systems and indicators
 - administrative challenges in targeting/identification/ implementation, distribution, etc
 - financial sustainability (who is financing it)
- Future programming:
 - How would you see the programme continuing in the future?
 - What changes would you make, if any?
 - What could be improved? (probe: targeting, frequency, amount, complementary programmes, building on informal social protection approaches, etc.)
 - How could the programme become more child, age, disability and gender-sensitive?
 - How could the programmes positive effects be strengthened?
 - How do you view graduation and exit issues? How do you take people off the programmes? When, what criteria, etc. Does this happen in practice?
- Do people use the SWF ID card to access other programmes or does each programme have its own ID card? What are the challenges of issuing these cards?
 - Which types of programmes do you think they should be entitled to?
 - Do you think this type of system, i.e. with the ID card, would be helpful? (e.g. In Ghana, CT programme beneficiaries, are supported to get access to subsidised health insurance).
 - Could there be difficulties in getting this to work? (e.g. doing paper work and negotiating redtape to establish documentation, paying for brokers if illiterate, issue of fake ID cards, sharing of ID cards, need for birth registration, travelling to govt offices to register, etc.).
 - If there you think there could be difficulties, what could be done?
- Do you think members of the community should become more involved in the programme, be given a say in it? If yes, how, why; if no, why not.
 - How do you think the community could be more involved in assessing the programme’s performance? Are there any channels for them to voice their concerns about the programme?
- What are challenges faced to influence government / changing policy using evidence from interventions?
- What are the ways of taking advantage of the particular policy context in Yemen? Who do you target?

What are the channels?

- Who are the main stakeholders who can be influenced and have power?
- What are the 'untouchable' issues? If you can't touch them directly, how do you approach them indirectly / alternative approaches.

d. KII – Programme and policy designers - Donors

(In addition to the pre-decided specific questions decided for each institution based on their specific issues with SWF/ Social Protection, The following themes should be covered.)

Themes to cover:

- What do you think about the safety net (social protection policy) in this country? Which vulnerable groups should they be including? Does the targeting criteria make sense For Yemen?
- There is an ongoing debate about state versus private social sector provision, what's your opinion and experience on this? Could /does private sector provision work in your context? (including religious organisations) Can they adequately reach/ /target the most vulnerable? Pros and cons ...
- What social protection programmes exist
 - What other CT programmes exist
 - What other programmes form part of the safety net
- Their knowledge of this CT programme – its relative strengths and weaknesses vis-à-vis other social protection instruments in the country.
 - How this programme links with other CT programmes/broader SP in-country programming and budgeting
- What are the main benefits of CT / other programmes
 - how have people's lives changed (economic and social benefits)
 - unintended change/benefits changes in any existing informal inter-generational solidarity mechanisms (strengthened? Weakened?)
 - changes in state-citizen relations/ social contract / governance/ accountability
- Have there been gains in legitimacy to government / evidence that it has made the government more popular?
- Who gets the credit for the outcomes of the programme?
- What are the main challenges
 - Whether conditions should be placed,
 - whether targeting should occur in a different form;
 - Selection process
 - whether sufficient synergies are tapped with informal social protection/ safety net approaches (e.g. family support, remittances, religious support/welfare programmes, etc.)?
 - whether there is sufficient link to complementary services ;
 - whether it has created tensions amongst community members
 - whether it is sustainable (financially)
- A common challenge can be local elite capture, what form might it take? How can it be avoided, dealt with, etc.? (mention evidence from the field about role of leaders as an example)
- Are there any mechanisms to ensure accountability in general / in this programme? What are these? Do they exist at the different levels (national and local) What are your views of them? Are they effective, if not, why not, etc.
- Future programming:
 - How would you see the programme continuing in the future?
 - What changes would you make, if any?
 - What could be improved? (probe: targeting, frequency, amount, complementary programmes, M and E, lesson learning/ knowledge sharing etc.)
 - How could the programmes positive effects be strengthened?
 - How do you view graduation and exit issues? How/or should you take people off the programmes? When, what criteria, etc.?
 - Given the extent of poverty, what are your views of the benefit of universal vs targeted?
- What are challenges faced to influence government / changing policy using evidence from interventions?
- What are the ways of taking advantage of the particular policy context in Yemen? Who do you target? What are the channels?
- Who are the main stakeholders who can be influenced and have power?
- What are the 'untouchable' issues? If you can't touch them directly, how do you approach them indirectly / alternative approaches.

Life Histories – with adult and youths, male and female

The aims of the LHs are:

- To explore in-depth individuals' experiences of risk and vulnerability, and the individual, household, community and policy-level factors which shape available coping/resilience strategies
- To gain an understanding of the relative importance of the cash transfer programme over time and in diverse individuals' lives

Scope:

- In each site 8 life histories will be carried out amongst beneficiaries of the CT programmes. They will be identified during the FGDs and KIIs, but will likely include 1 male and 1 female youth and 3 female and 3 male adults (ensure age range balance)
- The interview will last approximately 60 minutes
- The respondent will be given a drink/food in recompense for their time
- Age and gender recorded

Preparation:

- As the other interviews, once oral consent is taken, the LH will be recorded and then translated and transcribed verbatim
- Additional notes, observations, will be noted by the researcher
- A sheet of paper and pens need to be brought to the interview

Please be prepared that in some cases a LH will not work so if after around 10 minutes the researcher feels that it is not working either they should bring the interview to an end politely, or convert the conversation into an IDI. This may be especially the case with youth who have shorter histories to be reflected on and probably less experience at articulating their life story. Note working with older people can also take time – needs to be built in as stories and memories are often important sources of information – may be same for persons with disabilities

Please also be prepared that people who have suffered various tragedies may not want to speak in any detail about these and researchers need to be sensitive as to whether they should continue the discussion, give the person the option for a short break, or whether being a sympathetic ear is in fact of value.

Guiding questions (youth/adult; male/female)

Introductions

- Basic background information (name, age, gender, place of birth, living arrangements etc)
- Explain the objectives of this study and the format of the interview

About the CT programme

- Since when have you been a member of the programme/receiving a cash transfer?
- How were you selected? Who selected you?
- Where do you go to get the cash? Who gives it to you?
- How much do you receive?
- How often do you receive the cash?
- In addition to the cash is anything else given (probe: information, links to other services, preferential access to other services, etc.)?
- Are there conditions attached to receiving it? If so, what? If no, do you think there should be?
- What do you use the cash for? What is the most important use?
- How would you rate the relative importance of the programme compared to other forms of formal or informal social support (e.g. from friends, relatives, neighbours, NGOs, etc.)?

Individual recent past (2/3 years for youth, 5 years for adults)(give examples whenever)

- Can you tell us about your life over the last two or three / five years?
- Has anything gone particularly well during this period? What have been the positive changes? Who and what was responsible?
- What particular challenges have you faced over the last two or three/five years (longer period for older people)?
- Can you explain why you think you faced these challenges?
- Have you / your family tried to overcome these challenges? What strategies have you used? How well have these strategies worked? How important have your family resources / networks been in assisting you overcome challenges? Have they changed, deteriorated, improved, etc. over time, then, now?
- How do you think your options / strategies have been similar or different from girls/boys, women/men (opposite sex to interviewee) of the same age?
- Has the CT programme provided support to overcoming these challenges? If no – why not? If yes - in what way?
- When the programme begun, how was it working? How is the programme working now?
- How has being a member of the CT programme influenced your choices and decisions?
- How might access to a CT programme earlier in your life have shaped your options had it been available?
- Have you taken steps to secure your future, i.e. investing in assets, etc. with the idea that you might leave the programme?

Interviewer draws key events on a timeline over the past two/three or 5 years in order to summarise content (STEP 1 in diagram below).

Longer past

Interviewer uses a longer visual timeline to prompt the discussion around the longer past (e.g. interviewer draws a longer timeline underneath the one above (shorter timeline) and draw arrows between the

two to show connections) (STEP 2 in diagram above).

- Thinking back to when you were younger, can you map out **key events** in your life up until now (positive and negative) Why have these been important?
 - At individual level (e.g. schooling, health, work)
 - Household level (e.g. livelihood opportunities; available household resources; decisions in the household to spend on schooling, health, income generating; changes in the family (birth, death, marriage, divorce etc));
 - Community level (e.g. discrimination/exclusion from community activities or resources; exclusion from participating in community decision making, violence)
- How has the way you and/or your family lived life until now influenced the way you deal with the challenges you identified before?
- Do you ever think that if you had made a different choice before, your life would be different now? What would you have done differently?
- How might access to a CT programme earlier in your life have shaped your options had it been available?

Future plans (please note that in some instances (e.g. if the person is elderly, very ill) questions about the future may be sensitive so these may not be appropriate to ask at all, or they should be asked quickly)

- Given your present circumstances what are you planning to do in the short term? What are your longer term plans?
- To what extent can the CT programme help you achieve your short term and longer term plans?
- How would you change the CT programme to better meet your needs?

Future plans (please note that in some instances (e.g. if the person is an older person, very ill) questions about the future may be sensitive so these may not be appropriate to ask at all, or they should be asked quickly)

- Given your present circumstances what are you planning to do in the short term? What are your longer term plans?
- What are your plans and concerns for children and for dependents (applicable for older persons)?
- How do you think your options are similar or different from someone from the opposite sex of the same age?
- To what extent can the CT programme help you achieve your and your families short term and longer term plans? (marriage funds, burial funds, special needs of family)
- How would you change the CT programme to better meet your needs?
- Is your view the same as others in the household or do different members have different opinions?

Observation

Sites where to observe: please *adapt the below accordingly*

- Main sites were beneficiaries and non-beneficiaries – such as delivery points, post office, bank, School, market, clinics, community service point, etc.
- Go round meetings, formal or informal...
- Other informal gatherings – women's meetings, etc.
- Cash delivery points – post office or bank?
- Implementer monitoring visit to the site

Topics to capture:

- Interactions, relationships, etc. between people, difference according to age, gender, education level, etc.
- How policy changes may be affecting beneficiaries, service delivery, etc.
- Do service providers/ programme implementers treat everyone in the same way? (based on gender, age, level of education, dress, etc.)
- Is service / programme delivery adequate (e.g. delays, lack of equipment, open hours, attitudes of staff, staffing levels, and why)? Try to rate poor, reasonable, very good, areas for improvement...
- Was social interaction among beneficiaries shaped by the setting? If so, how? (e.g. concerns re stigma? Staffing attitudes)?

How to observe:

- Researcher will be sitting/standing/wandering around observing situation, people in the context
- Observer should blend in as much as possible - clothing, attitudes, etc.
- If appropriate may start chatting with people, e.g. may comment about how hot it is, length of queue, informal chit-chatting, but should not seem like an interview and no taking of notes
- If appropriate can ask questions, to beneficiaries, to others around to find out what is happening or what happened in a certain situation

Length of time to observe

- Half a day + (min 3 hours)

Things to keep in mind/note:

- How many people are in the queue
- Is the queue orderly?
- the surroundings, physical things, state of repair, drinking water, shelter, sanitary facilities
- how people are organized, seating arrangements, etc.
- who is present, what people are wearing, how they present themselves, the way they talk, etc
- whether people come alone or accompanied, if accompanied by whom... (esp. If old, children, pwd)
- what are people doing, what is happening
- any sources of tension between community members? Between community members and implementers?
- Over-heard conversations about dissatisfaction / satisfaction with programme or service delivery
- when does activity occur – time, the sequence of events, etc.
- where is it happening
- how is the activity organized
- an event/situation/a happening which stands out, describe in detail
- people's reactions, feelings, expressions, etc. both verbal and non-verbal
- How important was non-verbal communication in people's interactions
- Did some members of the group seem to stand out more than others? Why did you think this was so & what could it indicate?
- Check what people do, their reactions, etc. after they leave the facility often a lot is captured when they are leaving, feel more at ease as have finished, etc.
- Is it shameful to be in the queue?
- Distance travelled to reach clinic, delivery point

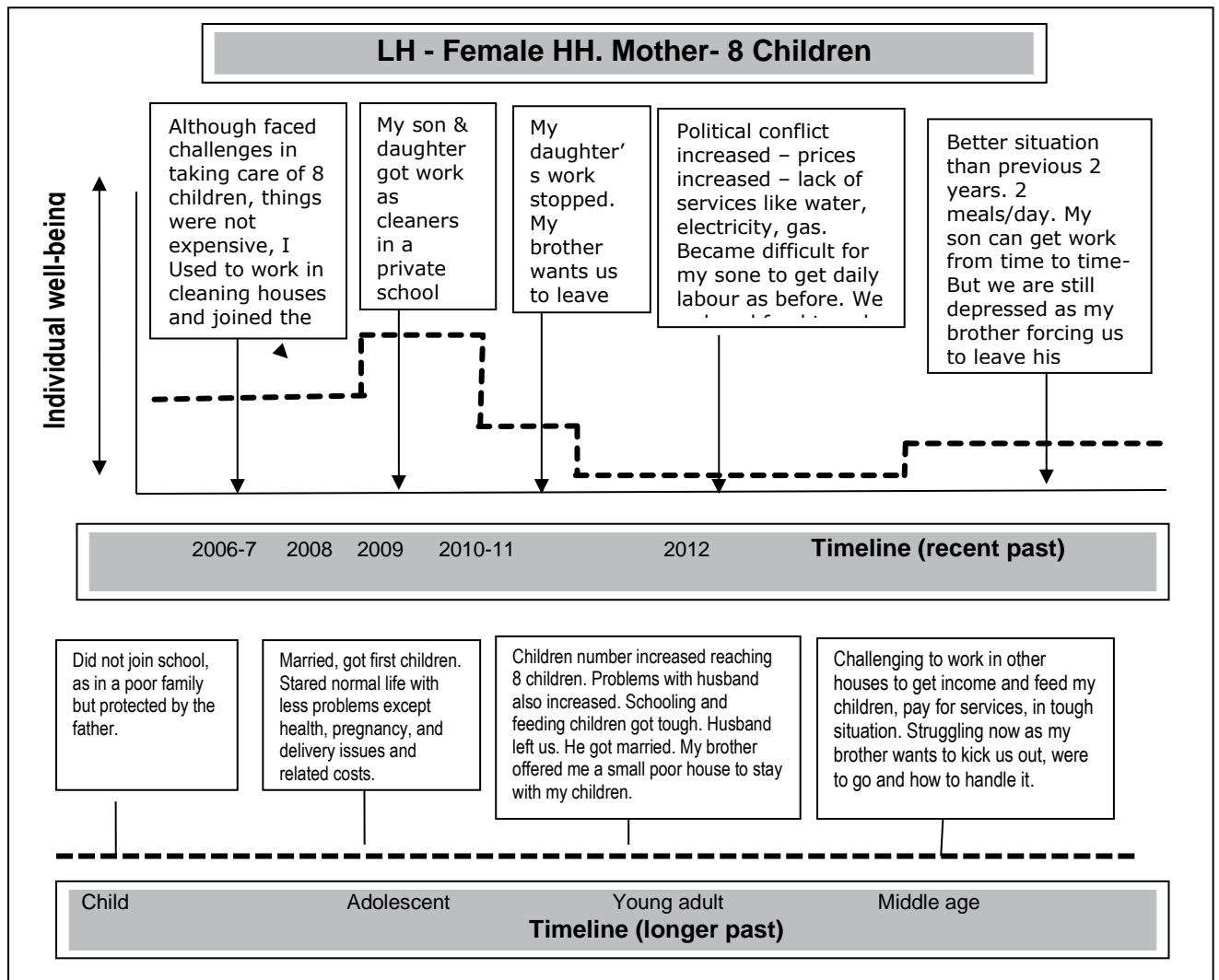
Writing up/Guidance notes:

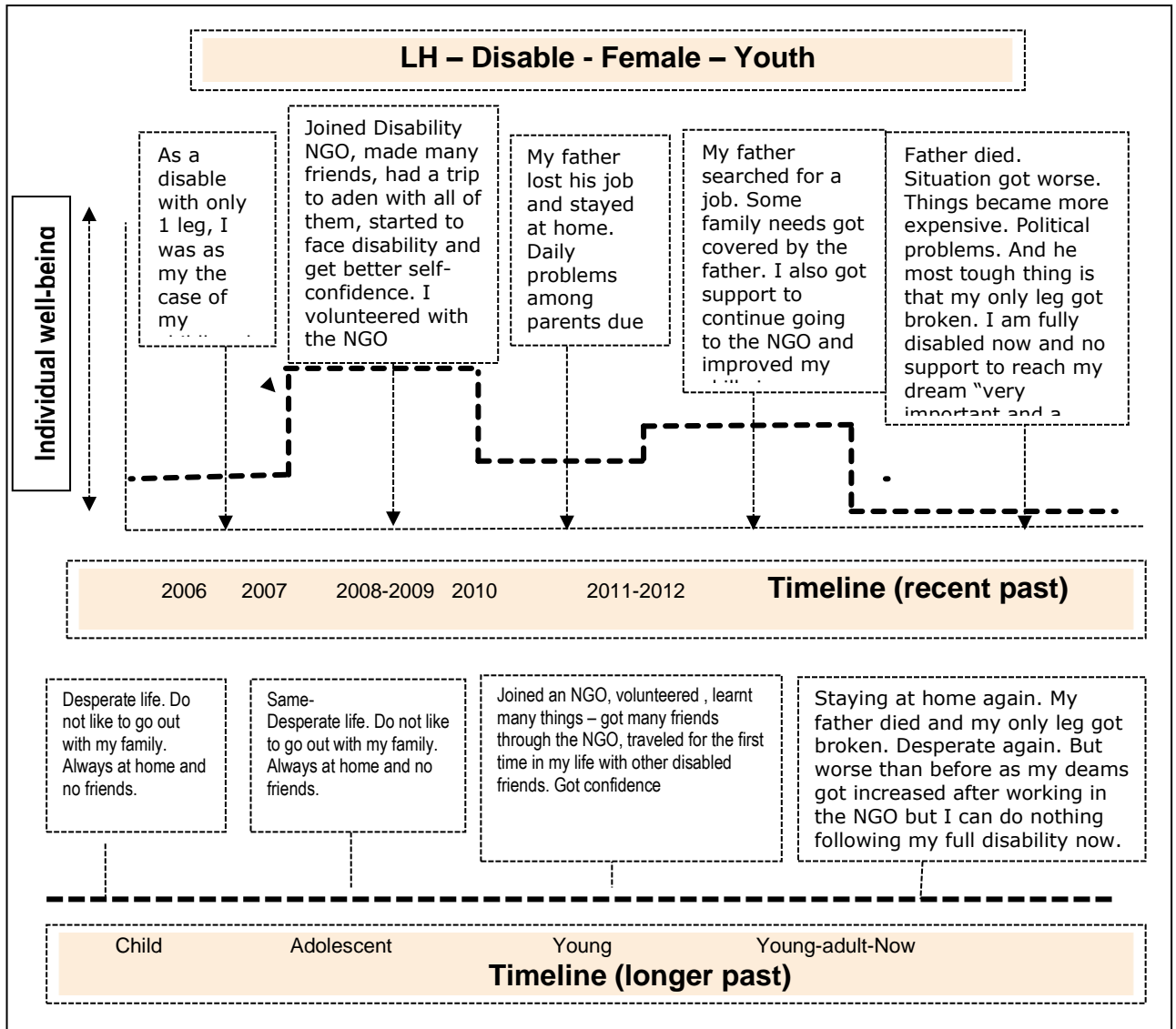
- note the date and length of time of the observation
- don't jump to conclusions straight away
- look for more evidence, ask people to confirm things (triangulate)
- how you being there affected the situation, how you think it affected the situation if nothing very obvious, how people responded to you
- Have notebook in your bag but don't show people, if need to take notes immediately do so discreetly (outside..)
- Write up all notes at the end of each period of observation, provide as much detail as possible, describe literally what you saw
- As much as possible record expressions, ways of saying things, etc. verbatim, i.e. word for word, noting who said this, gender, age, in what context/situation, etc.
- Note difference between what you see, the facts, and your interpretation of events, i.e. what you think was happening, how you explain it, your feelings on seeing it happening, how you explain others reactions, etc.

Case Studies

- Aim is to understand the person in their broader household/family/community context
- Could also speak to other people about how the household is viewed by others, e.g. speak to implementers, others in the community, etc.
- Perhaps could select case study after have found an interesting LH; or could be from service providers, through FGD, etc.
- Could perhaps do a case study of a household/family that is excluded from the programme
- Can also ask more about what the daily activities are, their livelihoods, etc. (in and outside the home) / How they spend their day?
- Can use the IDI or LH guide as starting point
- Also involves informal conversations, observations at different times of the day, hanging out, drawings, etc.
- Can also speak to different members of the household asking similar questions but tailored to them
- You may have to go back a few times to the household

Annex 5: Example of life history report - two diagrams of life histories





Annex 6: List of key informants

| | KIs at National Level | Organization/ Designation |
|---|------------------------------|--|
| 1 | Qasim Khalil | Deputy Manager - SWF - Headquarter |
| 2 | Abdulkarim A. Salah | Director General of Policies - SWF - Headquarter |
| 3 | Manfred Fernholz | Programme Manager / Dep. LSO- Delegation of the European Union- Yemen |
| 4 | Sarah Spencer | Social Development Advisor, DFID Yemen Middle East and North Africa Department (MENAD) |
| 5 | Mira Hong | Operations Officer- Human Development Sector- Middle East & North Africa Region- WB – Yemen Country Office |
| 6 | Buthaina Al-Eriani | Social Policy Specialist- UNICEF – Yemen Country Office |
| 7 | Lydia Tinka | Programme Manager-Hodeidah Office – Oxfam - Yemen |
| 8 | Jeff Gowa | Country Director - CARE International in Yemen |
| KIs at District & Community Levels | | |
| 1 | Yousif Yehya Al-Embari | Community Leader- ex-Secretary General of the Local Council – Zabid, Hodeidah |
| 2 | Abdulrahman Al-Dhahbali | Manager of the SWF Branch – Zabid District , Hodeidah |
| 3 | Anwar Al-Wasabi | Young activist - Zabid, Hodeidah |
| 4 | Hamoda Dukhn | Chair-woman of Zabid Women Development Association – member of the local council - Zabid, Hodeidah |
| 5 | Mohamed Shamsaldin Mansoub | Head of the Services Committee of the Local Council – Community Leader- Al-Qahra District, Taiz |
| 6 | Nofful Amin Abdulhaq | Manager of the SWF Branch - Al-Qahra District, Taiz |
| 7 | Mohamed Abdulah Farea' | General Secretary of Youth for Development Foundation/ NGO – Trainer & activist in Human Rights and Marginalized Groups- Administrative in the Local Council - Al-Qahra District, Taiz |
| 8 | Ghumra Al-Ariqi | Head of the Youth Development Department- Happy Family Club/NGO – Financia Manager in Taiz University- Trainer and active with various women and youth initiatives - Al-Qahra District, Taiz |