

SAVING
LIVES
CHANGING
LIVES

The potential of cash-based interventions to promote gender equality and women's empowerment

A multi-country study



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1. Introduction

Over the past decade,¹ the World Food Programme (WFP) has increased its use of cash-based transfers (CBTs)² to assist persons who are food insecure, with CBTs considered an effective tool to contribute to Sustainable Development Goal (SDG) 2 to “End hunger, achieve food security and improved nutrition, and promote sustainable agriculture”. In 2017, WFP provided 1.3 billion USD in cash transfers, up from 880 million USD in the previous year and being 30 percent of the total food assistance provided. 19.2 million people (51% females / 49% males), across 61 countries with 98 operations, were assisted through cash transfers in 2017.

Concurrently, gender equality is central to WFP’s work, being a prerequisite for achieving SDG 2 and so sustained food security and nutrition. Thus SDG 5 – “Achieve gender equality and empower all women and girls” – is central to WFP fulfilling its mandate.

Given the growing importance of cash-based interventions (CBIs) to humanitarian and development assistance, the centrality of gender equality to sustainable and empowering changes, and finite resources, it is critical that WFP programming and operations be evidence-based and guided by reliable and credible information.

The study on *The Potential of Cash-Based Interventions to Promote Gender Equality and Women’s Empowerment* sought to explore how CBIs can contribute to achieving gender equality and women’s empowerment (GEWE), as ends in themselves and for food security and nutrition outcomes. Where changes in GEWE were experienced, the study sought to understand women’s and men’s perceptions of how and why changes occurred. This is not an impact study or an evaluation. Instead, it is formative research to inform WFP’s policies, processes, programming and future research, such as the *WFP CBT and Gender Impact Evaluation Window* scheduled to start in 2019.

The study was guided by the following five questions.

- (i) What GEWE outcomes have been achieved through or by CBIs?
- (ii) How can CBIs contribute to GEWE, as ends in themselves and as needed for sustained food security and nutrition outcomes? Which programme features – programme governance or planning processes, transfer, conditionalities, complementary interventions, technology etc. – are essential for GEWE outcomes?
- (iii) What are the apparent causal linkages that may explain how and why CBIs contribute to achieving GEWE outcomes?
- (iv) Where CBIs are used, how are/can market-related engagement (e.g. retailer engagement, markets for change, market support) contribute to GEWE?
- (v) What are the institutional factors that enable the CBIs to contribute to achieving GEWE outcomes?

¹ The published statistics on WFP’s CBTs date from 2009, when 1.1 million people were provided 10 million USD in 10 countries. (Source: WFP website: <http://www1.wfp.org/>)

² For the purposes of this study, the term ‘cash-based transfers’ (CBTs) refers to the transfer – cash or value vouchers – provided to beneficiaries. The term ‘cash-based interventions’ (CBI) refers to the interventions inclusive of all programme features, such as messaging, conditionalities and complementary interventions.



This report is the culmination of seven months of research, comprising desk reviews, field work in six countries, a practitioner survey and a learning workshop. The report has seven sections. Section 2 describes the study methodology. Section 3 describes and analyses the types of programme features common to WFP CBIs examined in the study. Section 4 describes and analyses the seven dimensions of food security and nutrition-related changes and eight dimensions of gender equality-related changes reported by women and men. Section 5 discusses four contextual issues observed across the six case studies. Section 6 presents the study's findings, including a conceptual model linking CBIs with food security-, nutrition- and gender-related outcomes and the programme features and processes that supported the achievement of equitable and empowering impacts observed. Finally, Section 7 proposes recommendations to strengthen WFP's work that uses cash-based assistance. Summaries of each of the six CBI case studies are provided in Annex 6.



2. Study methodology

The study consisted of four parts: (i) a desk review; (ii) fieldwork comprising six CBI case studies; (iii) a practitioner survey; and (iv) a learning workshop. The detailed study methodology is included in the “Study Outline” document and the data collection tools annexed to this report.³

2.1 Desk review and conceptual model

Building on reviews conducted by entities such as the International Food Policy Research Institute (IFPRI), the Overseas Development Institute (ODI) and UN Women, the desk review summarised (i) core concepts and conceptual frameworks for CBTs, CBIs and GEWE; and (ii) existing evidence on the linkages between CBIs and GEWE outcomes. The desk review contributed to framing the study.

Drawing on work undertaken by the ODI,⁴ a conceptual model was developed to connect CBI programme features and processes with food security-, nutrition- and gender-related outcomes (Figure 1). The conceptual model informed analysis of the information gathered from the CBI case studies.

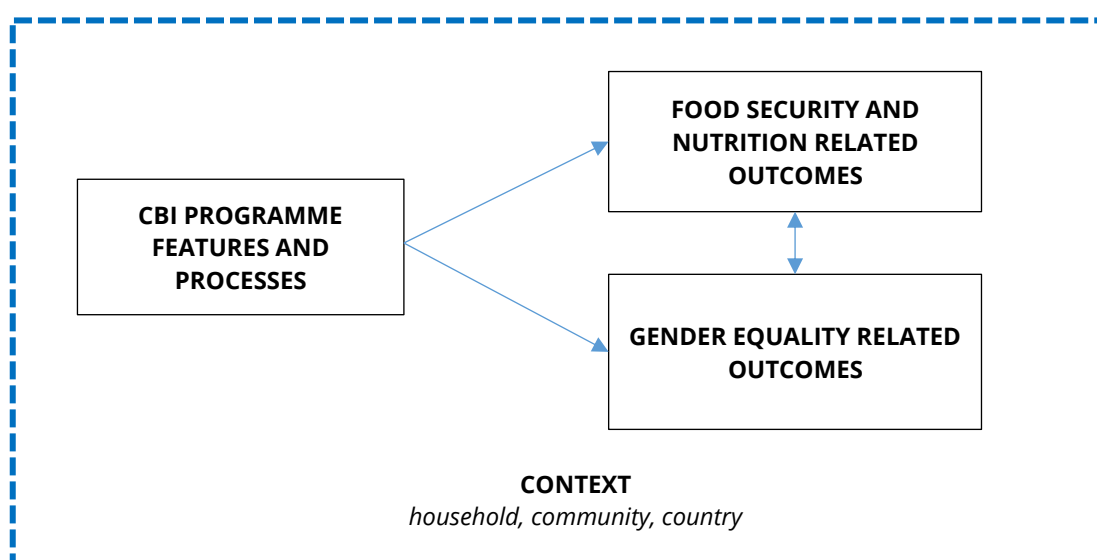


Figure 1: A conceptual framework connecting CBI programme features and processes with food security-, nutrition- and gender-related outcomes.

³ See Annex 1: Study outline and Annex 2: Focus group discussion running sheet

⁴ Bastagli, Hagen-Zanker, Harman, Barca, Sturge, Schmidt and Pellerano, 2016, *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*, London, <https://www.odi.org/publications/10505-cash-transfers-what-does-evidence-say-rigorous-review-impacts-and-role-design-and-implementation>.



The assumptions underlying the conceptual model are that:

- (i) CBIs contribute to food security and nutrition-related outcomes;
- (ii) CBIs can have gender equality-related outcomes and can reinforce gender inequalities;⁵
- (iii) gender equality-related outcomes influence food security and nutrition-related outcomes;
- (iv) in the absence of gender equality-related outcomes, CBIs will not be equitable nor sustainable; and
- (v) contextual factors – at the household, community and national levels – influence gender (roles, relations, responsibilities, rights) and outcomes.

2.2 CBI case studies

Field work for the six case studies was undertaken between July and October 2018. The case studies were qualitative, with a focus on stakeholders' – primarily women and men direct beneficiaries' – perceptions and personal accounts of participation and change in the CBIs of focus.

The study set out to cover a range of operations, contexts, activity types, programme features and geographical areas. From within this range, the study purposively sampled cases of good practice in CBIs, as identified by CBT and gender advisors in the regional bureaux. The positive deviance approach in sampling for 'good practice' was intended to enable learning from successes. That is, the sampling method sought to identify the food security and nutrition-related and gender equality-related outcomes that were possible through CBIs and the design of the programme features that led to the outcomes.⁶ To achieve this, two criteria were used to identify CBIs for the case studies.

Criteria 1: The CBI should have clear gender equality-related outcomes such as public /community leadership, financial independence / income / livelihoods, time use (unpaid), sexual reproductive health and rights. Selected CBIs should have achieved outcomes beyond gender ratios among beneficiaries and programme personnel, protection outcomes (such as related to gender-based violence or intimate partner violence), and equitable decision-making over the use of a transfer.

Criteria 2: The CBI should have programme features that led to the gender equality-related outcomes. This study sought to identify proven or promising features that can be replicated, developed/refined and taken to scale. The features may not necessarily have been designed with the intent of achieving gender equality-related outcomes, but there should be a strong logic of how the features or models led to gender equality-related outcomes.

⁵ Terms – including gender, gender-transformation, gender equality – are defined in the "Concepts" section of the WFP Gender Toolkit.

⁶ This study did not seek to determine if a CBI was successful. If beneficiary women and men reported GEWE-related changes, the study sought to understand how and why a change occurred. Was it, for example, due to certain programme features or contextual factors? Or a confluence of programme features and contextual factors? The study also sought to understand the inter-relationships between food security and nutrition-related and GEWE outcomes.



The six CBIs selected are described in Annex 5. Each CBI case study covered three sites. At each site, there was one women-only and one men-only focus group discussion (FGD). A total of 204 women and 200 men participated in 36 FGDs across the six case studies.⁷ Semi-structured interviews with key informants – including WFP employees, retailers, partners and local government authorities – were conducted.

The FGDs involved a gender process analysis⁸ and a discussion on the changes (positive and negative) experienced by the participants, as they perceived resulted from the CBI. The Most Significant Change technique was employed because it supports examination of transformative changes, which are needed for gender equality. The Most Significant Change technique does not use pre-defined indicators, but asks about changes that have occurred, including capturing unintended consequences.

2.3 Practitioner survey

An online survey of CBI practitioners was conducted to understand:

- (i) attitudes regarding gender equality and women's empowerment within cash-based programming;
- (ii) current practices and achieved gender equality outcomes within CBIs;
- (iii) capacities and resources – gender consciousness, skills, access to guidance, training, influence, and budget, technical expertise – to integrate gender equality into CBIs;
- (iv) challenges to integrating gender equality into CBIs; and
- (v) the range of features currently incorporated CBIs that are intended to contribute to achieving gender equality-related outcomes.

The practitioner survey is provided in Annex and the findings of the practitioner survey are summarised in Annex 7.

2.4 Study limitations

As with any study, the choice of tools and techniques meant choosing certain data collection strengths and limitations. The strength of this study's qualitative approach was in gathering multi-faceted information, based on beneficiaries' personal accounts and perceptions of the CBI programme and how and why changes (outcomes) happened. Where changes did occur, the FGDs and interviews provided information to understand the interplay of CBI-related factors – both programmatic and contextual – that led to gender transformations.

A limitation to the qualitative approach is the quantification of changes, such as the degree or extent of change at the individual, household or community-level. There was an average of 11.3 women and 11.1 men per FGD. The emphasis was to learn and discover issues, rather than assess

⁷ Details of FGD participants are included in Annex 3: Focus group discussion participants

⁸ The gender process analysis examined each aspect of the CBI – registration, receipt of transfer, decision-making around and use of the transfer, complementary activities – and determining women's and men's involvement.



or evaluate the CBIs. Three sites were sampled because research has demonstrated that 80 to 90 percent of issues are discoverable in three FGDs.⁹ Nonetheless, caution is required in extrapolating or applying successful programme features from one CBI to other CBIs or contexts or populations.

Ideally, the study would have had women facilitators for women-only groups and men facilitators for men-only groups. The available WFP personnel meant that all FGDs were facilitated by women, except in Rwanda where there was both a woman and a man facilitator. Ideally too, in addition to women-only and men-only FGDs in each site, there would have been a third mixed women-and-men FGD. These were not logistically feasible for this study due to time constraints. Similarly, three days of primary data collection limited the number of key informants who could be interviewed.

There were several field-level challenges in this study. The emphasis on qualitative methods meant that the quality of interpretation and facilitation was fundamental to the quantity and depth of information obtained. Across five countries, the quality of interpretation and facilitation was generally high. For example, in Mali the requirement for Fulani, Bambara, French and English language skills meant that an external interpreter had to be engaged to conduct the FGDs. The interpreter lacked gender and CBI experience which negatively impacted the fluidity, rapport and depth of information obtained in the FGDs and interviews.

Sociocultural norms meant that, in some contexts, women took more time (than men) to feel comfortable in talking in a group setting. While the study teams anticipated this (and therefore proposed 2.5-hour FGDs for women compared to two-hour FGDs for men), it posed a limitation to the magnitude and depth of information obtained from women. In some countries (El Salvador, Jordan and Mali), not all participants were able to attend the full duration of the FGDs due to reasons such as domestic and childcare commitments, paid work commitments, or (in the case of Mali) curfews.

In some case studies (Bangladesh, Egypt and the first cohort for El Salvador participants), the study relied on recollection of events more than a year prior. This may have influenced the accuracy of women's and men's recollections.

To minimise influencing responses, FGD participants were not told that the study was about gender and cash. Instead, they were told that the study team wanted to learn about the CBI intervention. It is nonetheless conceivable that FGD participants and interviewees may have biased or exaggerated their responses to what they thought the study team wanted to hear. In some FGDs in Jordan and Mali, the atmosphere became tense when questions or discussion explicitly addressed issues related to gender. This made it difficult to deeply explore gender-related issues.

⁹ While three FGDs are insufficient to discover all themes, they are sufficient to discover the most prevalent themes. Guest, Namey and McKenna, 2016, How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes, *Field Methods*, Field Methods, 29(1): 3-22.



Women household heads¹⁰ were over-represented in one FGD in Mali and in Jordan. In Jordan, even though Cooperating Partners randomly contacted households, women household heads were more likely to accept invitations to attend the FGD than married women (for reasons the study team were unable to explore).¹¹ In Mali, some WFP employees and personnel from WFP Cooperating Partners assumed that a gender study team would want to hear primarily from women household heads. In one site in Mali (Kati), there were only women household heads in the women-only FGDs. When women household heads were overrepresented, it made it difficult to explore interactions in households with women and men.

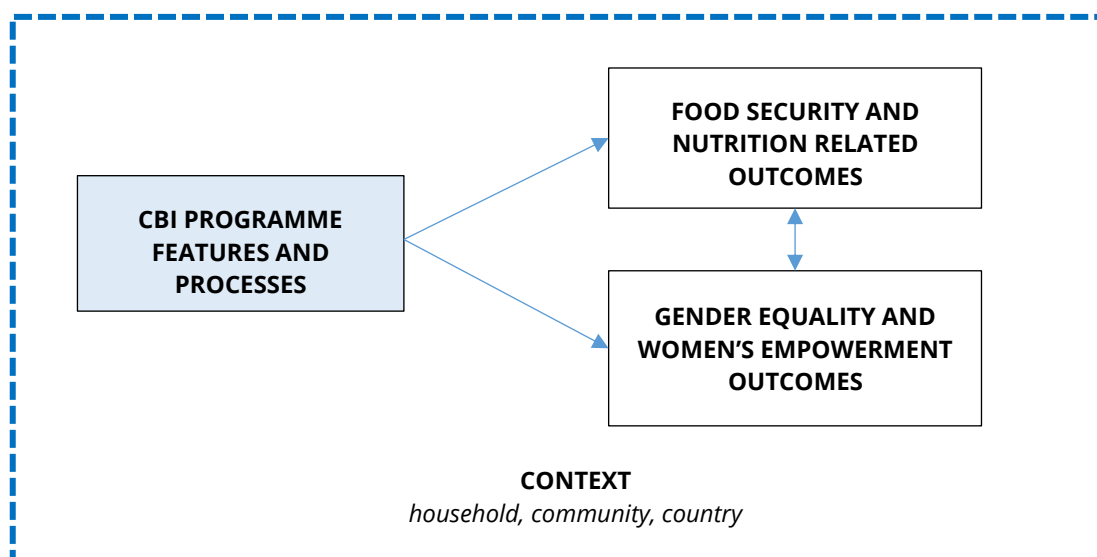
While efforts were made to include a wide range of FGD participants and interviewees (e.g. young, elderly, persons with disabilities), the need to travel to the FGD location may have limited participation to persons who are more mobile. This was suggested, for example, by nine FGD participants reporting living with a disability.

¹⁰ Women heads of households included women who were widowed, divorced, separated, or had a husband who had a disability. There were several reasons for women to be separated. For example, in Jordan, women may have been separated from their husbands as they were missing, in another country or imprisoned. Women heads of households may have unmarried adult sons and daughters living with them. Once married, an adult son can assume the role of a household head and an adult daughter lives with her husband. Women-headed households often have a higher dependency ratio as there is usually fewer adults earning an income, compared to when there is a woman and a man. This compares with men heads of households, or men-headed households, where there households typically include multiple adults.

¹¹ One possible explanation is that women household heads form a higher proportion of the population than assumed. For example, in the Amman women-only FGD, of the 11 women participants, 7 out of 11 were the principal applicant, 11 were married and one widowed. Six were household heads: three women had husbands abroad, one woman had a missing husband, one was widowed, and one had a husband in prison in Jordan.



3. CBI programme features and processes¹²



This study examined the programme features and processes of the six CBIs. Existing evidence¹³ suggests that programme features and processes – along with contextual factors – influence food security and nutrition-related and gender equality-related outcomes. This section describes the types of programme features common to the WFP CBIs examined in the study, namely: targeting and named recipient, information provision, transfer (modality, payment system, value, frequency and duration), governance (committees), complaints and feedback mechanisms, conditionalities, programme activities (or complementary actions). Programme processes explored in the study include analysis, design and monitoring (Table 1).

Discussion on the outcomes observed, their causal linkages and this study's main findings are discussed in Sections 4 and 6 respectively.

¹² Recalling that “CBI” is employed in this study as a short-hand means of referring to programmes, projects or other initiatives that use CBTs as a means of providing food assistance.

¹³ See Annex 1 Study Outline for a summary of the existing evidence.



Table 1: Programme features and processes for the six case studies

Category	Bangladesh	Egypt	El Salvador	Jordan	Mali	Rwanda
Operations	Development	Development	Development	Humanitarian	Humanitarian	Humanitarian
Contexts	Rural	Rural	Urban	Refugee camp (1) and urban (2)	Rural	Refugee camps
Activity types	Food Assistance for Training	School feeding	Food Assistance for Training	General food assistance	General food assistance	General food assistance
Selected programme features						
Target	Ultra-poor women	Blanket targeting of community school students (girls & boys)	Young women and men, including returnees	<i>In camps:</i> Blanket targeting <i>In host communities:</i> targeting based on vulnerability to food insecurity	Food insecure households	Blanket targeting of refugee households
Named recipient	Training participant (all women)	Student (girl or boy)	Training participant (woman or man)	'Principal applicant' (default man)	'Nom du bénéficiaire' (more often man)	'Household representative' (more often woman)
Authorised to transact	Named recipient only	Mother, father or guardian of student	Named recipient only	Any household member over 15 years	Named recipient or named alternate	Named recipient (in practice, any person with card and PIN)
Transfer modality	Unrestricted cash	Food-restricted value voucher (smart card)	Restricted and food-restricted value voucher (smart card) redeemed at WFP-registered retailers	Food-restricted value voucher (smart card/iris scan) and 'choice' modality (food-restricted shopping or unrestricted cash)	<i>Mopti:</i> Food-restricted paper voucher <i>Kati:</i> Unrestricted cash	Unrestricted cash
Payment system(s)	Cash-in-hand distributed by	Redeemed at WFP-registered retailers	Redeemed at WFP-registered retailers (supermarkets)	<i>Vouchers:</i> Redeemed at WFP-registered retailers (small retailers and supermarkets)	<i>Mopti:</i> Redeemed at WFP-registered retailers (mobile markets)	Cash-in-hand through bank agents who are typically retailers



Category	Bangladesh	Egypt	El Salvador	Jordan	Mali	Rwanda
	Cooperating Partners			'Choice': Bank ATM	<i>Kati</i> : Cash-in-hand by mobile bank personnel	(replacing mobile money)
Transfer size (monthly) - equivalent to	1,050 BDT (12 USD) to cover 'essential household consumption needs'	15% of food expenditure	75 USD, over half the household food basket of 135 USD	<i>In camps</i> : Full ration <i>In host communities</i> : Full ration (most vulnerable) or 65% ration (moderately vulnerable)	Full ration, limited to a maximum of six persons per household	Full ration
Transfer duration	21 months during livelihoods programme	Ongoing while child is enrolled at the community school	6 to 9 months, depending on training duration	Ongoing	Four months during hunger gap	Ongoing
Conditionality	Participation in Food Assistance for Training / livelihoods programme	Enrolment and 80% attendance of child in community school	Participation in the Food Assistance for Training programme	No conditionality	No conditionality	No conditionality
Governance	Self-help and apex committees (women) and local oversight committees (women and men)	None	None	None	Targeting or complaints committees (women and men)	Zone (sub-camp) and camp committees, and complaints committees
Programme activities	Integrated livelihoods programme including training, behaviour change sessions, self-help groups and group savings	Nutrition sensitisation, and many – but not all – mothers of students were targeted for livelihoods training and loans	Integrated training programme including technical training, sensitisation, work placement, community volunteering, etc	None	None	The Nutrition Education and Counselling (NEC) project provided nutrition and gender messaging



3.1 Analysis and design

When designing the CBIs, gender analyses were conducted, with analysis ranging from 'light-touch' to 'in-depth'. In some of the country case studies, such as in Mali and Rwanda, WFP employees or partners asked women and men about their preference for modality. While not always documented, when selecting a transfer modality, WFP employees involved in the CBIs considered gender. For example, in Bangladesh, WFP employees explored how feasible and acceptable it would be for women to use various transfer instruments and technologies (e.g. smart card, ATM or mobile banking) or to travel to redeem their vouchers or withdraw cash.

While analyses helped to identify risks, they were also used to identify opportunities for programme design. In the Bangladesh case study, analyses were undertaken on women's and children's nutrition and women's livelihoods. For example, the analysis addressing both nutrition and gender found that women's dietary diversity was poorer than that of men and children. Women typically ate last in the household after nutrient-rich foods were eaten by others. Behaviour change messages were developed to encourage more equitable sharing of food between household members, including by having all household members sit together to share meals. Similarly, analysis of women's livelihood options was used to develop a booklet for women which served as a resource for women when they were deciding how to invest their livelihood asset grants (with guidance from Cooperating Partners' personnel).

When designing a CBT, there are many variables¹⁴ that can influence women's and men's behaviours, such as control of, and decision-making about, the CBT, transfer use, workload and time-use, mobility, savings and indebtedness. Gender analyses can provide information to predict such impacts and pilots can test for impacts. For example, when moving to the 'choice' modality¹⁵ for Syrian refugee response in Jordan, WFP first conducted a pilot, referred to as a 'modality effectiveness evaluation'. In addition to assessing impact on food security indicators, the pilot analysed differences between women's and men's roles in 'holding' the smart card and decision making over the transfers with food-restricted vouchers and unrestricted cash.¹⁶

In Rwanda, the women and men beneficiaries were asked to indicate their preferred transfer modality prior to moving from in-kind transfers to unrestricted cash. Prior to the modality shift, a survey of potential beneficiaries indicated a preference for in-kind transfers, by both women and men. After the shift, the women and men expressed a preference for unrestricted cash.¹⁷ As the change in modality meant a move to an unfamiliar modality, there was a reluctance to change. This is possibly because the risks associated with an unfamiliar modality are unknown to beneficiary women and men.¹⁸ The reluctance felt by women and men seemingly diminishes when they have observed a small caseload or other beneficiaries shift to a new modality due to a demonstration effect. A further example is in the Jordan case study where beneficiary men (in

¹⁴ Examples of variables that may influence women's and men's behaviours include transfer modality and value, as further discussed in Section 3.4.

¹⁵ With the 'choice' modality, WFP beneficiaries can redeem their assistance as food-restricted vouchers and/or as cash from Jordan Ahli Bank (JAB) ATMs.

¹⁶ WFP and BCG, 2017, *Food-restricted voucher or unrestricted cash? How to best support Syrian refugees in Jordan and Lebanon*.

¹⁷ WFP November 2018 post-Distribution monitoring reports.

¹⁸ Interview with Rwanda CO staff member (August 2018).



FGDs) were requesting a shift to the 'choice' modality after they had known of others who used it in the pilot.

3.2 Information and communication

Information was communicated through a variety of channels across the six case studies. In Mali and Rwanda, where beneficiaries lived in geographical proximity, community or camp (in-person) meetings were held where WFP or partners would speak to beneficiary women and men about the CBI (e.g. about how targeting will be undertaken in Mali or the reductions in the transfer value in Rwanda). A WFP in-person helpdesk in each camp in Rwanda was also used. In the Bangladesh case study, self-help group meetings attended by beneficiary women were used to communicate information about the programme. When simple messages needed to be relayed (e.g. on timing for the next distribution), the Cooperating Partner informed a few women in each self-help group who would in turn cascade the information through a communication tree.

During the implementation of the Egypt school feeding and El Salvador Food Assistance for Training CBIs, the primary communication channel was (person) contact points – the community school teacher and the course coordinator respectively. The contact points acted as information sources and trouble-shooters.

In Jordan, where a large majority of beneficiaries lived in cities and towns within host communities, communication was mostly via mobile phone text messages (e.g. on timing of account reloads). With a change of modality (in host communities), in-person information sessions were held, for which the invitation was sent via text message and where flyers were shared. In camps, when the means of verifying payment moved from smart card to iris scanning, the change was communicated through information sessions, door-to-door visits, flyers and banners.

The selection of communication channels was shaped by several factors. In the Mali and Rwanda case studies, the geographical proximity of beneficiary women and men meant that in-person meetings were feasible. In Jordan, such meetings were not possible because the majority of the refugee population is dispersed in host communities. Some programmes offer more in-person contact than others. In conditional programmes, such as Bangladesh, Egypt, and El Salvador,¹⁹ face-to-face contact through programme activities allowed for in-person meetings and contact points. In Jordan, where mobile phone text messages were used, more women than men appeared to have phones. Women also had lower levels of literacy than men. The lower mobile phone ownership and literacy, combined, meant that women were less able to receive and understand text messages.²⁰

¹⁹ In El Salvador, the Conectarte and Gastromotiva Programme Manager provided support with face-to-face contact as well as phone calls and text messages.

²⁰ Notably, in low- and middle-income countries, women are 10 percent less likely to own a mobile phone than men (or 184 million fewer women than men). GSMA, 2018, *The Mobile Gender Gap Report 2018*, <https://www.gsma.com/mobilefordevelopment/connected-women/the-mobile-gender-gap-report-2018/>.



Despite efforts to ensure equitable access, the women and men who participated in the study indicated that they did not always have the same access to information. In the Jordan case study, many women (more so than men) did not know about the shift from smart card to iris scanning, and only learned about this when they were asked to look at iris scanners to approve payments. In the Mali case study, women in two sites did not know that there were women committee members.

The case studies demonstrated that the choice of communication channel(s) can unintentionally exclude women or men. Women and men may differ in their: (i) ability to meet at certain times of the day or locations due to paid, domestic or care work commitments (all case studies); (ii) ability to spend time or money to travel to meeting locations (Jordan); (iii) mobility in public spaces (Bangladesh and El Salvador); (iv) literacy levels (Bangladesh, Egypt, Jordan, Mali and Rwanda); and (v) access to mobile phone technology (Jordan). This in turn influenced how information is accessed and understood.

From the case studies, when women and men do not receive information, they are not able to make informed choices or to act. In Jordan, some women could not afford the transport costs to attend the information session about the shift to 'choice' modality. As a result, some were not aware that they could withdraw cash from ATMs instead of redeeming as a food-restricted voucher at retailers. In Egypt, some women and men did not know that the basket of food that could be purchased with the smart card had expanded, and therefore had not purchased those items.

Of all communication means, the most critical appeared to be the information session on how to access the CBT or use a financial instrument (such as smart card or mobile banking). In Jordan, some men said they (the men, rather than their wives) withdraw the cash from ATMs because women do not know how to use the ATMs. Neither women nor men had used ATMs prior to arriving in Jordan, and only learned how to at the information sessions. The Syrian women household heads reported no challenges in accessing cash at ATMs.

3.3 Targeting and named recipient

Targeting

For the CBIs studied, targeting was either of households or individuals. For General Food Assistance (Jordan, Mali and Rwanda), targeting was of households. For Food Assistance for Training (Bangladesh and El Salvador) and school feeding (Egypt), targeting was of the individuals who fulfilled the conditionality (e.g., participation in programme, training or school attendance). Where individuals were targeted, the transfer was intended to benefit their households (for Bangladesh and Egypt) or the individual (El Salvador).

In Jordan and Rwanda, targeting was based on an individual's status as UNHCR-registered refugees. In Bangladesh, the target was ultra-poor women. To be a beneficiary in Mali, one had to be food insecure. In El Salvador, the targeted beneficiaries were young women and men (majority men), particularly returnees and those living in contexts of violence. Through a rigorous



selection process, the programme's participants were selected for their personal 'character' and potential to use their training to get a job or pursue a livelihood opportunity. In Egypt, it was girl and boy students (majority girls) in community schools.

Targeting processes differed for each CBI. In the refugee camps of Jordan and Rwanda and in Egypt's community schools, there was blanket targeting. In (non-camp) Jordan and Bangladesh, households were selected using surveys to assess household food insecurity (or vulnerability to food insecurity). For the seasonal transfer in Mali, community-based targeting was used. El Salvador adopted a process of community outreach, applications, individual interviews, and a four-day residential camp to select participants.

Of these processes, it was notable that women were only deliberately targeted as individuals in one case study – the EFSN 2 programme in Bangladesh. While EFSN 2's goal is to enhance the FSN status of ultra-poor households, women were targeted as the empowerment of women was seen as a necessary precondition for food security. In the Mali case study, one of the locally-defined selection criteria was households headed by women. This was in recognition of the food security and nutrition vulnerabilities experienced by households headed by women in the Malian context. In El Salvador, more men, than women, comprised the first cohort because of the targeting of returnees, of whom the majority are men. Building on learning, in the second and third cohorts, conscious attention was given to including women through expanded outreach and information provision.

Additionally, the practitioner survey indicated that the integration of gender in a CBI most frequently occurs in relation to targeting. The second most common form of integrating gender into a CBI, as indicated by the survey respondents, is in relation to registration; that is, indicating the gender of the named recipient.

Named recipient and alternate

The named recipient refers (in this study) to the person who is named on the financial instrument. Financial instruments in this study included beneficiary cards, smart cards or paper vouchers. When a household is targeted, there is typically one named recipient. Where there is a conditionality to be fulfilled, the named recipient is usually the individual who fulfils the condition. In the Food Assistance for Training case studies (individual-level participation and receipt of assistance), the named recipients were the Food Assistance for Training participants. In Egypt, the community school students (majority girls) were the named recipients. In El Salvador, the individual young women and men participating in Conectarte and Gastromotiva were the named recipients.

In Jordan where refugee households were targeted, the 'principal applicants' (as registered by UNHCR) were the named recipients. UNHCR had registered men by default as the principal applicant because the men were viewed as the 'heads of the households'. Women were only registered as principal applicants if they were widowed, separated or if their husbands were sick or had a disability. In Rwanda, the other refugee operation included in this study, UNHCR registered a 'household representative' as nominated by household members. Half of the households with married couples selected a woman, and the other half, a man. Women made up



72 to 75 percent of the household representatives in the studied camps (in part, because 44 to 47 percent of the households were headed by women).

The named recipient is typically the individual who is also authorised to carry out the transaction, be it withdrawing cash or redeeming a voucher, such as making purchases with a smart card. The only exception to this is the Egypt case study, where guardians (mother, father or legal guardian) are authorised to use the smart card. In some case studies, an 'alternate(s)' was authorised to transact. In the Jordan case study, anyone in the household aged 16 years or older can make transactions. In Mali, alternates were authorised if the named recipient could not collect the transfer. Although there were no alternates named in Rwanda, in practice, the bank agents accepted transactions from any adult with the smart card and PIN. In Bangladesh and El Salvador, there were deliberately no alternates, ensuring that the transactions were only undertaken by the named recipient.

Being the named recipient influences dignity and control of the transfer. In Egypt, mothers and fathers of named recipients (girl and boy students) reported that they (the girls and boys) felt proud that their names were on the smart cards. The CBT take-home entitlements – in the girls' and boys' names – symbolised their contributions to the household food expenditures. As their names were on the smart cards, girls and boys felt entitled to request their preferred foods²¹, which their mothers would purchase. Similarly, in El Salvador, self-esteem and self-worth improved among the young women and men as they could provide for themselves and contribute to their households' expenses. This was then linked to their increased ability to make decisions. In Bangladesh and one site in Mali (Sokoura), women expressed strong pride in having beneficiary cards in their names. For many, this was the first time they possessed documentation with their names.²² In one site in Mali (Sio), the named recipients were typically the heads of extended families (typically adult or elderly men) as a sign of respect and acknowledgement from other family members of their status. This was practiced even if the heads of the extended family were house-bound (e.g. due to advanced age) and unable to collect the transfer. For some (but not all) women and men, being the named recipient influenced the control of the transfer for symbolic reasons ("because it is in my name") or logistical reasons (being the individual who is authorised to transact).

Who the named recipient is can determine who (woman or man in the household) has access to information. For example, in Jordan, being the named recipient (or 'principal applicant') was associated with greater access to information as SMS messages were sent to the named recipient's phone number.

²¹ Their preferred foods were milk, cheese, pasta, tuna and *halawa*. Except for pasta, these are nutrient-rich foods that households would seldom purchase and eat without the take-home entitlement.

²² The exception being identity cards.



3.4 Transfer

Transfer modality

The transfer modality refers to the mode for distributing resources. WFP uses three transfer modalities: in-kind, vouchers and cash. CBTs were provided as two modalities across the study: (i) unrestricted cash in Bangladesh, Jordan (Amman),²³ Mali (Kati) and Rwanda; and (ii) food-restricted value vouchers²⁴ in Egypt, El Salvador,²⁵ Jordan and Mali (Mopti)²⁶. In three case studies – Egypt, Jordan (Amman) and Rwanda – there had been shifts in the modality, allowing beneficiary women and men to compare their experiences with the different modalities. In Egypt and Rwanda case studies, the transfers had shifted from in-kind food assistance to vouchers and cash, respectively.²⁷

In some countries such as Bangladesh, Jordan and Rwanda, the modality was informed by gender analyses and protection assessments and the stated preference of beneficiary women and men. For most case studies, the modality choice was also driven by other factors, such as feasibility, security or donor preferences. For example, in Egypt, CBT was only introduced in areas where a sufficient number of retailers could comply with WFP's retailer requirements. Retailers also need access to a mobile phone network to use a point-of-sale (POS) machine to process transactions. In Mali, the shift to CBT was driven by security concerns, with attacks of WFP trucks carrying food in the Mopti region, and to provide beneficiaries with greater choice in the Kati cercle.²⁸

In all contexts, there were social norms prescribing gender roles for providing, handling, and deciding over the use of food and cash. Across all case studies, social norms placed women as responsible for preparing food. In the Rwanda case study, Congolese women are also responsible for providing, in addition to preparing, food (Box 1). Men – where they were present – were perceived as being the primary providers (of cash) for their households and were responsible for providing for themselves and their dependents.

Given the (restrictive) gender roles, the transfer modality can strongly influence who in the household (woman or man) controls the CBT, particularly if the transfer is nominally for the household rather than for an individual. With food-restricted vouchers in the Egypt and Jordan case studies, women were the sole or primary decision makers on the CBT. In both cases, men FGD participants said that women were the primary decision makers as they (women) know what food is required for their households. In Jordan (Amman) where the 'choice' modality was used, women FGD participants reported that married women's influence over the use of the CBT

²³ As the 'choice' modality where beneficiary households have the choice of using the smart card to make food-restricted purchases in WFP-registered retailers or withdrawing cash from ATMs.

²⁴ As defined by the WFP Cash and Vouchers Manual, a value voucher is redeemed for a choice of specified food items with the equivalent cash value of the voucher. The value of this voucher is expressed in monetary terms.

²⁵ One group of training participants (Gastromotiva) were able to purchase any item in SuperSelectos supermarkets except for alcohol and tobacco.

²⁶ In Mopti (Sokoura and Sio communes), due to logistical and security challenges, each village agreed to a predetermined 'food kit' comprising the same items, valued at 39,000 XOF. Each household in a village would receive the same kit, typically comprising, rice, pasta, beans, oil, sugar, milk powder and salt.

²⁷ The transition occurred in June 2016 for Egypt. In Rwanda, the transition was phased by camp in July 2016 (Nyabiheke), September 2016 (Kigeme) and September 2017 (Mugombwa).

²⁸ Mali is divided into 10 regions (and the District of Bamako). The regions are in turn divided into cercles (56), and then into communes (706).



diminished with a shift from food-restricted vouchers to unrestricted cash.²⁹ While it is not possible to conclude that women have greater control over food-restricted vouchers compared to unrestricted cash (compared to men), traditional gender roles have interactive effects with transfer modality.

Box 1: Gender roles, cash and food in the Rwanda refugee camps

In the Rwandan case study, socio-cultural norms from the DRC (whence the refugees had come from) placed men as responsible for providing and handling cash (for their households), such as when selling cattle. Women were responsible for the daily provision and preparation of food through subsistence farming.

The different responsibilities transferred to the refugee camps in Rwanda, where initially assistance was provided as in-kind food. Men would work for a cash income,³⁰ while women relied on the in-kind food assistance to provide and prepare meals for their households, while also undertaking unpaid domestic and care work).

The shift from in-kind food to unrestricted cash blurred responsibilities between women and men with the linking of cash (traditionally a man's role) with the provision of food (traditionally a woman's role).³¹ For most households, women (both women household heads and married women) are the primary managers of the CBT and the primary food purchasers on behalf of their households. Despite women being primary managers and purchasers, decision making was reportedly undertaken by adults in households jointly, meaning that both the woman and man in a married couple had to consent to the use of the CBT. Both women and men FGD participants reported that household-level disagreements occurred due to the CBT.³² With previous in-kind transfers, household disagreements had occurred over the sale of food, which was sometimes sold by adolescent girls and boys without their parents' consent. Many women reported agreeing to their husbands using some of the CBT for personal expenses (recreation and alcohol) to maintain household harmony.³³ Some women, reportedly provoked husbands by saying, "My husband is now UNHCR", referring to the diminished role that husbands have in providing cash compared to humanitarian actors.

Within the refugee camps, WFP's Nutrition Education and Counselling (NEC) Project sought to encourage men to play an increased role in providing food for children. Linked to NEC messaging, women and men reported that men were purchasing nutrient-rich foods, such as avocados and bananas, for their children.

²⁹ The sample size for Amman Governorate was small, with 11 women participating (10 married and 1 widowed). Nonetheless, the findings were supported by the BCG evaluation, which reported that women were more likely to 'keep' (that is, look after) the WFP e-card if it was a food-restricted voucher (49 percent) compared to unrestricted cash (41 percent), associated with the women's greater decision-making influence over food-restricted vouchers compared to unrestricted cash. See: WFP and BCG, 2017, *Food-restricted voucher or unrestricted cash? How to best support Syrian refugees in Jordan and Lebanon*.

³⁰ Men's work was typically outside the camp as a day wage labourer for a cash income. Some men did work inside the camp, and others did not work.

³¹ In all FGDs, women and men clearly stated that the cash was intended for food.

³² It was not possible to determine the prevalence or magnitude of household disagreements related to CBT during the study.

³³ Women FGD participants reported that a typical amount given to men was 1,000 to 3,000 RWF, compared to a 7,600 per person per month transfer value. Men FGD participants acknowledged that the practice of giving husbands part of the CBT does occur. Some expressed the view that this practice is undesirable with as much as 10 percent of the household food budget being diverted to (alcoholic) drink.



The use of unrestricted cash in the Bangladesh and Rwanda case studies meant that most women were handling cash for the first time in their lives. This was described as an empowering experience. In the Rwanda case study, the shift from in-kind to cash-based transfers also meant that women's workloads reduced. Women no longer had to wait up to two days for the in-kind assistance, take maize grain to the mill to grind into meal, or spend time (and buy charcoal) to boil poor-quality beans that take a long time to cook. In El Salvador, young women and men reported the vouchers as empowering, providing them with choice and dignity. There was a shift in self-perception, with young women and men moving away from perceiving themselves as victims (subjected to external forces), to having a sense of responsibility, decision-making capacity, and self-determination. In Bangladesh and Rwanda case studies, unrestricted cash had an additional effect of allowing women (and to a lesser extent men) to save small amounts of money in group saving schemes. In Bangladesh, women were saving for times of hardship or their daughter's dowries. In Rwanda, savings were for small-scale livelihood activities or larger consumption needs, like clothing.

With unrestricted cash in Jordan (Amman) and Rwanda, a certain proportion of the CBT was used on non-food needs, including rent, utilities bills, household items (soap, fuel, clothing), medical treatments, educational expenses (books and stationery), and recreational costs.

In Egypt and Rwanda case studies, the shift to CBT had altered the market and food environment. In Egypt, WFP-registered retailers had broadened the types of food available to include more nutrient-rich foods (e.g. cheese, yoghurt, tuna and *halawa*), as the retailers were assured that the items would be sold to WFP beneficiaries (predominantly women). In Rwanda, the shift to CBT resulted in more small-scale petty traders, including for fresh fruit and vegetables.

Payment system

Several payment and verification systems were observed in the case studies.

- (i) In Bangladesh, beneficiary women received cash, distributed by Cooperating Partner personnel at a local distribution point.
- (ii) In Egypt, beneficiaries (mostly women) redeemed their vouchers at WFP-registered retailers using smart cards and verified payments with a PIN.
- (iii) In El Salvador, beneficiary women and men redeemed their vouchers at SuperSelectos supermarkets with smart cards and verified payments with a PIN.
- (iv) In Jordan, the payment system varied by location. In Za'atari refugee camp, refugee women and men redeemed their vouchers at two supermarkets using iris scanning. Refugees living in host communities redeemed their vouchers at a range of WFP small-retailers or supermarkets using smart cards and verifying with PINs. With the 'choice' modality in Amman Governorate, beneficiary women or men could withdraw money from a bank ATM.
- (v) In Mali, two payment systems were observed. In Mopti region, paper vouchers were redeemed at 'mobile markets' held by one trader per commune. A standard 'food kit' was



determined for each village.³⁴ Each household was provided with the same kit. In Kati, cash-in-hand was provided by mobile bank personnel.

- (vi) In Rwanda, beneficiary women and men collected cash from bank agents within or outside the camps. Verification occurred using a smart card and PIN or biometric scan of a thumbprint. Bank agents were typically also retailers and would sell items on credit. Prior to the bank agents, cash was provided through mobile money agents. This ceased in 2016 due to technical challenges.

Interviewed WFP employees indicated that payment systems were selected based on a combination of CBT technical, gender and protection considerations. CBT technical considerations mentioned included the availability and cost of financial service providers or retailers. Both gender and protection were considered in terms of ease-of-use, acceptability, mobility, and potential risks of exclusion or violence. In Bangladesh, one of the reasons for using cash-in-hand through Cooperating Partners was that EFSN participants without Bangladeshi documents, such as Rohingya refugees, are not permitted to have bank accounts.

Some factors, such as low levels of literacy and access to mobile phones, were considered in selecting the payment system. In Rwanda when mobile money was introduced, low-cost phones were distributed to each named recipient. Training was conducted in how to access the mobile money through phones. In Jordan, additional in-person support was provided to support the introduction of a new payment system. Each JAB bank ATM was staffed by WFP employees and Cooperating Partner personnel in the first few days following the introduction to the 'choice' modality to help WFP beneficiary women and men make withdrawals.

Other factors considered by WFP included the distance that needed to be travelled to collect cash or redeem a voucher, and implications considering men's and women's mobility and time availability. In Cox's Bazar in Bangladesh, women have limited mobility outside the home due to social norms. The CBT was distributed as cash-in-hand by Cooperating Partner personnel at a public location, such as a school or cyclone shelter, no more than 20 minutes' walk from beneficiary women's homes. Under encouragement from the Cooperating Partner, women met with other members of their self-help group to walk (to and from) and wait at the distribution points together. For some self-help groups, this monthly distribution became an amicable social event. Some women reported that they would arrive at the collection point more than two hours in advance of the scheduled distribution time to spend time with other self-help group members. Married women reported that their husbands were happy with them collecting the CBT locally. In one site, some local community members (mostly men) did not approve of women making such public appearances and would harass the women. The local oversight committee – comprised of eminent women and men from the community – provided public endorsement of the women's movements in these spaces. Their actions changed community acceptance (mostly men's) about women's mobility.

A payment verification method can have implications for ease of use. In Jordan (Za'atari Camp), beneficiary women and men reported preferring iris scanning to smart cards. As a woman in Za'atari Camp remarked, "I can't lose my eyes, but I can lose my card or forget my PIN".

³⁴ The standard food kit was determined by village leaders and intended to be 'approved' at a village assembly meeting.



Replacement of lost or damaged cards typically took some months, during which households would not be able to access their assistance.

Transfer value

The transfer values ranged in size, related to the programme purpose and context. In Jordan, Mali and Rwanda case studies, transfer values equivalent to a full ration³⁵ were provided (or 65 percent ration for “moderately vulnerable” households in Jordan). For many households in Jordan, Mali and Rwanda, the CBT constituted a sizeable proportion of the household income. In Mali, the transfer value was determined assuming six persons in each household, regardless of household size.³⁶ In El Salvador, the transfer value was 75 USD, which was equivalent to 7.5 days of a the minimum wage.³⁷ In Bangladesh and Egypt, the transfer values were considerably smaller – equivalent to 12 USD to cover ‘essential household consumption needs’ in Bangladesh and 15 percent of food expenditure in Egypt.

The transfer value was determined by the cost of food baskets, the CBI’s purpose, and comparability to other national programmes, such as the social protection programmes in Bangladesh and Egypt. Gender equality and women’s empowerment were not primary considerations in determining the transfer values. Nonetheless, the transfer value potentially had gender equality-related effects.

In Egypt and Bangladesh, women FGD participants reported that the CBTs were under their control; husbands or sons did not seek to control the CBT. In Egypt, this was in part because the CBT was perceived by men as “so small” (and food-restricted). In Bangladesh, women and men FGD participants reported that men would – from time to time – request a small portion of the monthly subsistence allowance CBT to meet household needs (e.g. to buy food)³⁸. This would only occur when men’s income, such as from fishing or day labouring, was less than expected. While the regular monthly transfers were under women’s control, four of twelve men FGD participants at one site reported that they appropriated the asset transfers. The asset transfers were stipulated for their wives’ livelihood activities, however the four men used it to invest in their own (men’s) livelihood activities. At 15,000 BDT, the asset transfers were much larger than the 1,050 BDT monthly subsistence allowance transfers. While it was not possible through this study to draw conclusions on a relationship between transfer size and a woman’s role in decision making and control of the CBT, men’s reported disinterest in small transfers suggests that their interest may be piqued by a large transfer.

While the transfers in Bangladesh were comparatively small, women and men FGD participants reported that it was empowering for women. Prior to the CBI, married women or women with adult sons did not commonly handle money. The transfers – albeit small – created opportunities

³⁵ These were calculated based on an energy requirement of 2,100 kCal per person per day. These did not necessarily provide a nutritious diet, which would include more fresh foods (fruit and vegetables, for example). In Jordan, post-distribution monitoring results indicated that the transfer value constituted half of a household’s food expenditure.

³⁶ Women and men FGD participants that the transfer was typically shared by more than six persons.

³⁷ The minimum wage for workers in the El Salvador commerce and services sector is 1.25 USD/hour, 10 USD/day and 300 USD/month. [Ministerio de Trabajo y Previsión Social, <http://www.mtps.gob.sv/avisos/nuevo-incremento-al-salario-minimo/>]

³⁸ Shopping for food in Cox’s Bazar, Bangladesh is typically a man’s role. In some less socially conservative communities or if the household has no man, a woman can shop.



for women to control money, learn how to budget, contribute to savings schemes, and buy mobility (by paying for transport). Most of all, women reported that it gave them dignity and pride.

In Egypt, the CBT – despite being comparatively small – increased dietary diversity, promoted school attendance and improved school retention rates of the students (mostly girls). As the CBT was food-restricted,³⁹ the CBT led to households (especially girl and boy children) eating more nutrient-rich foods, such as milk, cheese, yoghurt, tuna and *halawa*. During the pipeline break, these foods were not purchased as much (or at all), and household members were eating ‘filling’ foods. The CBT off-set the loss of income from child labour for many women and men FGD participants, allowing most children (mostly girls) to attend school instead of work. Some children (both girls and boys) still had to work after school hours to supplement household income, in addition to domestic work. The transfer meant that girls were more likely to finish primary education in the community schools before getting married (at 16 years or older).

Across the case studies, women and men FGD participants commonly reported that the transfer value was insufficient. With very few exceptions, women and men reported that they were unable to meet all their food needs through the CBT.⁴⁰ In some case studies, this was exacerbated by pipeline breaks (of two months in Jordan and three months in Egypt) and reductions in transfer values (for eight months in Rwanda). The pipeline breaks and reductions in transfer values resulted in negative coping strategies being used. During the pipeline break in Jordan, men FGD participants reported selling furniture and (men) engaging in ‘exploitative’ work.⁴¹ Some women FGD participants said that their husbands had migrated to other countries in search of work, leaving their families behind. In Egypt, a small proportion of both girls and boys were reportedly required by their households to work (either after school or in lieu of school) to provide additional income during the pipeline break. Other coping strategies reported, by women and men, with pipeline breaks or transfer value reduction included buying food on credit, borrowing from friends and relatives, reducing meals, and eating ‘filling’ (rather than nutrient-rich) foods.

Transfer frequency, duration and timing

Transfers were provided monthly to all FGD participants, which did not allow for comparisons of different transfer frequencies within or across CBIs.

Transfer durations varied. The refugee responses in Jordan and Rwanda had no defined end dates. For the Egypt school feeding CBI, the transfer is for the duration that the child is enrolled and attending the community school, with children normally take between three⁴² to six years to complete Grades 1 to 6 of primary education. The Bangladesh Food Assistance for Training provided transfers over 21 months in a two-year programme. The El Salvador Food Assistance for Training was shorter, with transfers varying from six to nine months. The shortest transfer duration of four months – as a seasonal transfer – was in the Mali case study.

³⁹ Also, many households received a government subsidy that covered staples.

⁴⁰ Each CBI was designed with a specific purpose (or purposes), in a particular context. The CBT was not always calculated to cover all (average) food expenses for a beneficiary (individual or household).

⁴¹ This was described as working for long hours in physically arduous work for little remuneration.

⁴² When older children who have ‘dropped out’ of school are re-enrolled, they are offered the option of accelerated learning, completing two grades in one calendar year.



The transfer duration was determined by the CBI's purpose and context. In the refugee responses, the CBT is for an indefinite period, as the CBT supports refugees to meet food needs in protracted displacement. This is viewed as necessary in the context of limited livelihood opportunities. For school feeding, the CBT is provided for the entire duration of a child's enrolment in school as an incentive for school attendance and retention. In Bangladesh, experience from pilots and earlier programmes showed that two years was the minimum duration for the promotive (women's livelihood) and transformative (women's empowerment) objectives to be realised.⁴³ In El Salvador, the transfer was provided for the duration of the programme, of six to nine months. In Mali, the CBI aimed only to have preventive and protective effects during the four-month seasonal lean season (being the time between harvests), thus the four-month transfer duration. Many beneficiary women and men in Mali felt that the transfer duration was inadequate and had requested a longer transfer period so that they could be assured of meeting their food and nutrition needs.

As with duration, the timing of the transfer was important too. The four-month CBT in Mali was described by women and men FGD participants as occurring "at the right time". The CBT was provided during the rainy season (which is also the lean season) when women and men plant and tend to their crop(s) to assure a harvest. Without the CBT, women and men FGD participants alike reported that they would be working to obtain small amounts of daily income⁴⁴ to feed their households instead of working on their own crops. This in turn compromises their longer-term food security when they do not have a harvest or as large a harvest. Women FGD participants reported being grateful that they do not have to collect firewood to sell as frequently. They were fearful of threats of physical and sexual violence when collecting firewood from remote locations. By ensuring appropriate timing of the transfer, the CBT met immediate food needs, supported longer-term food security and averted women's use of negative coping strategies.

3.5 Governance

This study explored programme-specific decision-making entities broadly. There were no governance bodies in Egypt, El Salvador or Jordan. In Bangladesh, there were three governance bodies: (i) each self-help group had a committee; (ii) apex committees – comprising two-three women champions (per self-help group) from an average of 16 self-help groups per apex committee – were formed to promote learning and collaboration between the self-help groups; and (iii) local oversight committees, comprising five to seven eminent women and men from the community. Across all sites in Mali, two committees were formed – a targeting committee and a complaints and feedback committee. In Rwanda, WFP established a complaints and feedback committee in each camp for the General Food Assistance. The NEC project also had committees, such as for its group farming activities. In addition, each camp had one executive committee and several zone committees that were not established by WFP.

⁴³ This is particularly the case in Cox's Bazar which is poorer and more socially conservative than other parts of Bangladesh.

⁴⁴ Work undertaken included collecting firewood, fodder or stones to sell (reported by more women than men); undertaking paid domestic work for more well-off households (women); and engaging in day wage labour, such as planting on land for other more well-off households (women and men).



One of WFP's Corporate Results Framework indicators is the proportion of members of food assistance decision-making entities who are women.⁴⁵ In the Bangladesh case study, membership of self-help group and apex committees were all women, whereas membership of local oversight committees was an average of 40 percent women. In Mali, all committees comprised both women and men. According to committee membership lists provided by the Cooperating Partner (for two sites), the targeting and distribution committee members were five women and ten men, while the complaints committee was comprised of two women and three men. In Rwanda, all committees comprised a minimum of 30 percent women (as required by law in Rwanda for all levels of decision making). This included the committees established for each camp and each zone within the camp. Women held 52 percent of positions in WFP-established committees, such as the committees established to receive complaints and feedback or for NEC programme activities.

While women were present on all committees (where there were committees), women were not necessarily able to influence or exercise power in the committees. In Mali, women FGD participants were not aware of the women representatives in their committees. At one site, the women expressed a desire to have women committee representatives because they feel comfortable approaching a woman, but not a man. When interviewed, a Cooperating Partner woman personnel suggested that women do not play active roles on committees as they have no prior, relevant experience.

In Rwanda, the committees played a role in mediating or arbitrating intra-household conflicts related to the CBTs. When conflict arises, one (or both) parties would take the issue to an external mediator or arbitrator, such as NEC father-to-father support groups or zone committees. If the issue remained unresolved, it would be escalated to the executive committee (as the camp's highest authority) for arbitration. In two camps, the executive committees decided to remove the smart card from the perceived 'irresponsible' spenders (men and women) and give it to their spouses (who then changed the PINs).⁴⁶

The role of committees can extend beyond governance and include changing social norms and building market linkages. In Bangladesh, local oversight committees were established by WFP Cooperating Partners to oversee cash distributions, attend quarterly stakeholder meetings and support in conflict and incident resolutions and other emergent issues. At one site, the local oversight committee did more than this; they influenced social norms on women's mobility by publicly endorsing women's being in public spaces (e.g. to collect their CBT or to attend self-help group meetings). When women from one self-help group wanted to sell their fattened cattle, committee members supported them by locating buyers. This effectively resulted in beneficiary women building their social capital.⁴⁷

⁴⁵ Indicator C.3.2: Proportion of food assistance decision-making entity – committees, boards, teams, etc. – members who are women. See <https://docs.wfp.org/api/documents/041a58c8b9e3432eaaf23d4d0a21483b/download/>

⁴⁶ This study was unable to interview the relevant parties (committee members and beneficiary women and men) to discuss the dispute resolution processes.

⁴⁷ Drawing on the Sustainable Livelihoods Framework, "social capital represents the social resources that people draw on to make a living, such as networks/relationships with either more powerful people (vertical connections) or with others like themselves (horizontal connections), or membership of groups or organisations. Generally, relationships of trust, reciprocity and exchange that the poor [sic] can draw on in times of need, and that lower the costs of working productively together." See: DFID, 1999, *Sustainable Livelihoods Framework Guidance Sheets*, <https://www.enonline.net/dfidsustainableliving>.



3.6 Complaints and feedback mechanisms

Across the CBIs, the WFP formal complaints and feedback mechanisms included phone hotlines (all case studies), in-person helpdesks (Rwanda), complaints and feedback committees (Mali). Feedback was also provided through less formal means, such as through WFP Coordinator (El Salvador), Cooperating Partner personnel and community teachers (Egypt).

Phone hotlines were primarily used by beneficiaries – women and men – to address technology issues, such as forgotten PINs, damaged or lost cards, and incorrect or no reload, and report 'disrespectful' retailers. The purpose of the hotlines was perceived as addressing technical challenges, rather than safety security concerns, intra-household conflict or other forms of violence. Where phone hotlines were used, such as in Jordan and Egypt, many women and men reported that they were put on hold for a long time and often could not get through. Many women – and some men – did not have phones to use the phone hotlines and had to seek the help of friends or retailers to access the hotline.

In all case studies, both women and men FGD participants could name a person (or persons) to whom they would make a complaint or provide feedback about the CBI. WFP's formal complaints and feedback mechanisms were not always identified. Women and men FGD participants cited:

- (i) Cooperating Partner personnel, WFP employee or local oversight committees (all women and men) in Bangladesh;
- (ii) community teachers (women) in Egypt;
- (iii) WFP Coordinator (man) in El Salvador;
- (iv) village chiefs (men) or commune mayors (men) in Mali; and
- (v) the camp's executive or zone committees (women and men) in Rwanda.

Jordan was the only case study where no person was named, but instead the phone hotline was identified as the means of making complaints and providing feedback.

In several contexts – Bangladesh, Egypt and Mali – beneficiary women said that they would be more comfortable talking to a woman, than a man, if they had a complaint. Similarly, in Egypt and Mali, beneficiary men said that they would prefer to talk to a man. In Bangladesh, it was because women do not commonly talk to men to whom they are not related. In Egypt, it was because beneficiary women felt that women are 'more patient', rather than there being social prohibitions on women talking to men. This underscores the importance of appointing (and supporting) both women and men to receive and respond to complaints.

3.7 Conditionality

Conditional assistance requires beneficiaries – the targeted women and men – fulfilling a 'condition' (like a requirement for participation in a CBI) to receive assistance, as can be provided as CBTs. Examples of conditions in this study were participation in the livelihoods or Food Assistance for Training programmes in Bangladesh and El Salvador case studies and 80 percent school attendance in the Egypt case study.



In the Bangladesh case study, conditionalities were described by women FGD participants as being easy to fulfil. Over the two years of the programme, the time requirements for training and behaviour change sessions were considered to be 'light'. There were eight days of formal livelihoods training. Women were required to attend monthly meetings with their self-help groups. Minimal travel was required as training and meetings were located within their communities. A small number of women – 207 (or 2 percent) of 9,600 women – dropped out of the programme. The most common reason for dropping out was migration out of the geographical area, rather than the conditionalities of CBI.

Relative to the Bangladesh CBI, the conditions for participation in the El Salvador CBIs – Conectarte and Gastromotiva – were more time intensive. The women and men Conectarte participants attended classes three days a week, and completed a community project, for nine months. As one young woman noted: "We were busy every day for nine months."

Gastromotiva participants attended training for five hours a day, six days a week (Monday to Saturday) for eight weeks (48 days) and were required to undertake a two-month work placement. The Gastromotiva's two-month work placement was difficult to fulfil due to labour market challenges. For the first Gastromotiva cohort, 3 of the 13 women and 2 of the 14 men were unable to complete the work placements. The women FGD participants (who did not undertake the work placements) said that it was due to the lack of work placement opportunities in their communities or within manageable travelling distance, or not meeting employers' requirements for a high school certificate. The women FGD participants who undertook the work placements reported long work days, sometimes with double shifts and sleeping at their work places.⁴⁸ Of the participants in the 2017 Gastromotiva cohort, three women and five men did not complete the programme. Eleven women and 10 men successfully completed the programme. As only women and men who had completed the education and training component of Gastromotiva were included in the FGDs, reasons for not being able to undertake or complete the work placement were not entirely elucidated. Long distances to work placement opportunities, requirements for qualifications, and heavy workloads contributed to women finding it difficult to complete the work placement. Women FGD participants also reported that they (the women) continued to have domestic responsibilities during the CBI duration, while their men counterparts did not. This was despite efforts made by the training provider to provide childcare support.⁴⁹ Overall, women experienced more challenges in fulfilling the programme's conditionalities, compared to the men.

In the Egypt case study, the requirement for 80 percent school attendance was a conditionality aimed at increasing the school attendance of girls and boys. At one community school, interviewed (women) teachers said that school attendance is now close to 100 percent,⁵⁰ which they attributed to the CBT conditionality. School attendance had improved in comparison to when the transfer had been in-kind assistance. The condition of school attendance was not reported as being difficult to fulfil. For households that are more vulnerable to food insecurity, community

⁴⁸ Long shifts and sleeping at workplaces (rare instances) were decided by the employer and participant, not WFP.

⁴⁹ Child care support was provided by the University, for the Gastromotiva participants (used by the women) during the education and training component of the programme.

⁵⁰ School records for Fayoum confirm attendance rates of 97-100 percent for the 2017-2018 school year. (WFP Egypt Country Office)



teachers reported that the CBT served as sufficient incentive to off-set income that is not earned if children attend school. Mothers and fathers of students reported that they were more likely to keep the children in school until the completion of primary education because of the CBT.

3.8 Programme activities

The programmes in Bangladesh, Egypt, El Salvador and Rwanda included activities in addition to the CBTs. Table 2 summarises the programme activities and their intended outcomes.

Table 2: Programme activities observed in the four case studies and their intended outcomes.

Programme activities	Case study	Outcomes
Livelihoods or vocational skills training (including entrepreneurial or business training)	Bangladesh, Egypt (Livelihoods Programme), El Salvador	To improve human capital, livelihood opportunities, and women's and men's economic empowerment
Work placement	El Salvador – Gastromotiva	To provide work experience
Voluntary work / urban community project for revitalisation	El Salvador - Conectarte	To build vocational skills and a sense of community
Household vegetable gardens and group farming	Rwanda (NEC)	To produce vegetables and staple crops to meet household food consumption needs
Awareness-raising / education sessions – gender	Bangladesh, El Salvador, Rwanda (NEC)	To change social norms, reduce violence, and improve knowledge of rights and services
Awareness-raising / education sessions – nutrition	Bangladesh, Egypt, El Salvador, Rwanda (NEC)	To improve nutrition practices, including hygiene practices and infant and young child feeding practices
Awareness-raising / education sessions – access to services	Bangladesh, El Salvador	To provide information about services, such as health, education, gender-based violence
Self-help or peer support groups and safe spaces	Bangladesh, El Salvador, Rwanda (NEC)	To provide peer support for livelihoods, group businesses, group savings, and create social cohesion / build social capital or diminish social exclusion
Savings groups, loans, access to finance	Bangladesh, Egypt (Livelihoods Programme), Rwanda (NEC)	To provide savings and access to financial services to support livelihoods, save for times of hardship, reduce debt, save for consumption expenditure



Programme activities	Case study	Outcomes
Instruction in financial literacy (including budgeting and debt management)	Bangladesh, Egypt (Livelihoods Programme)	To provide skills in financial management for household finances or livelihoods

The design of the programme activities was informed by analyses, such as nutrition, livelihoods, and labour market analyses that, variably, integrated gender, age and lifecycle needs. For example, the livelihood analysis in the Bangladesh case study identified the types of livelihood activities that can be undertaken by ultra-poor women (primarily agricultural and petty trade). When identifying livelihoods in Bangladesh, factors such as women's capacities, women's mobility, women's workload, return, risk, and time to maturity, were considered. In Rwanda, the (gendered) nutrition analysis examined mothers' and fathers' roles in the nutrition of infants and young children. From this analysis, actions that can be taken by mothers and fathers were identified.

In each case, the choice of programme activities was informed by the CBI's overall purpose. For Bangladesh and El Salvador case studies, the aim was to socially and economically empower beneficiaries – ultra poor women in Bangladesh and young women and men in El Salvador.

Consistent with international evidence on women's entrepreneurship,⁵¹ the Bangladesh EFSN 2 programme offered a comprehensive and integrated package of programme activities. Each activity was designed to consider the several dimensions of women's empowerment⁵² and the different livelihood assets⁵³ required to secure and sustain women's livelihoods, income and social empowerment. In FGDs, women reported that all programme activities played a critical role in the changes they experienced. Each programme activity was necessary to bring about change, but – in isolation – would have been insufficient to bring about the changes experienced. Beneficiary women provided examples. If they had received the livelihoods asset grant, they would not have known how to invest it without the livelihoods training. If they had only received the training, but not been provided with the asset grant, they would not have had any capital to invest. The women required the behaviour change sessions – in particular on intra-household conflict resolution – to navigate the changes in their households brought about by the creation of livelihood. The peer support group provided friendships and gave the women the opportunity to aggregate produce (e.g. vegetables or fattened cattle) to sell together. In at least one site, the local oversight committees shaped community views, such as on women's mobility in public spaces, and helped to identify buyers. The monthly subsistence allowance CBT was critical because it helped women secure permission to participate in the programme. More practically, the CBT supported the women's mobility (by providing money for transport) and gave them an opportunity to learn how to handle cash.

⁵¹ See for example ILO, 2018, *Entrepreneurship Development Interventions for Women Entrepreneurs: An update on what works*, http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---ifp_seed/documents/briefingnote/wcms_616805.pdf.

⁵² Ibid.

⁵³ Social, human, natural, financial and physical capital as detailed in the asset pentagon of DFID's sustainable livelihoods framework. See DFID, 1999, *Sustainable Livelihoods Framework Guidance Sheets*, <https://www.enonline.net/dfidsustainableliving>.



In El Salvador, programme activities - such as the training, work placements and voluntary work –provided the young women and men with the chance to acquire vocational skills, obtain work experience (and improved prospects for long-term employment), support their personal development and increase their social capital. The education sessions were to equip young women and men with life skills; while the urban community projects and voluntary work were to build a sense of community while providing vocational and life skills.

In the Egypt (school feeding) and Rwanda CBIs, a primary purpose was not socioeconomic empowerment of the targeted persons. For the Egypt school feeding programme, the aim was to encourage mothers and fathers to send children (especially girls) to school. In Rwanda, the purpose of the Nutrition Education and Counselling programme was to improve infant and young child feeding. In Egypt, the livelihoods programme worked with mothers of community school students. It sought to reduce the risk of boys and girls being withdrawn from school through providing their mothers with livelihoods support (as distinct from women's livelihoods being the primary concern). Programme activities included livelihoods skills training and access to loans. In the Rwanda case study, the NEC programme activities not only sought to improve knowledge on nutrition (through awareness raising on nutrition), but also change gender norms on women's and men's child care responsibilities (through gender messaging to mother-to-mother and father-to-father support groups) and ensure that more nutritious food was available for households (through savings and loan groups, vegetable gardens and group farming).

Both Egypt's livelihoods programme and Rwanda's NEC project were designed as standalone (that is, not integrated) programmes to the CBI. Both worked with the same beneficiaries and shared some objectives with the CBIs. In Egypt, a Cooperating Partner field officer for the livelihoods programme was unaware of the CBT take-home entitlements; she was only aware that the programme should target mothers of community school children. Both programmes could have been enhanced if closer links were made. For Egypt, the livelihoods programme may have been more acceptable and attractive (particularly to husbands), if the stated rationale was to increase children's school retention and attendance. For Rwanda, NEC could have been strengthened if linked to the CBT, for example in messaging around decision making and use of the CBT and setting aside some of the CBT for savings groups.

3.9 Monitoring

Framing monitoring in WFP is the Corporate Results Framework (CRF). As a minimum, the CRF requires that person-related data be disaggregated by sex and age, and as possible disability (e.g. school enrolments and attendance disaggregated by sex, household food security indicators by sex of the household head). For the CRF cross-cutting gender equality result, there are three indicators that measure participation, decision-making and transfer receipt, along with a set of "SDG-derived" indicators, including for SDG 5 targets.⁵⁴

⁵⁴ See the WFP [Revised Corporate Results Framework](#) (2017-2021)



CBT monitoring tools, such as distribution monitoring⁵⁵ and post-distribution monitoring⁵⁶ forms, collect data at the household level, but prompt for recording respondents' sex and age. The distribution monitoring forms include questions on protection issues faced in receiving or using a transfer, asking for the sex of the household member experiencing the problem. The post-distribution monitoring form includes questions relating to decision-making over the transfer and household resources that are not related to the WFP entitlement.

Many WFP employees across the six case studies expressed the view that the corporate systems, and templates, are insufficient to comprehensively understand the programmes, including intra-household dynamics and differences among members (by gender, age and other 'factors'). For example, some WFP employees reflected that decision-making indicators were unclear. When households report joint decision making, does it mean that each step of decision making is shared, or could it potentially mean that the man would 'allocate' a proportion of the CBT to food and women decide what food to buy? Some country office employees wondered if food was shared equitably between household members or if men eat the majority of their households' food. In the Bangladesh case study, minimum dietary diversity for women of reproductive age (MDD-W)⁵⁷ data were collected after analysis found that women had markedly poorer diets than other household members. For other WFP personnel and units, the available monitoring tools and processes did not allow for collection of information about all elements of their programmes, including in terms of clarity in who benefits.

In some of the case studies, programme personnel had assumed that differences between men-headed and women-headed households would provide an indication of how women and men (even from households with a husband and wife) fared. As Syrian refugee widows in Jordan pointed out (in an FGD), while they have different vulnerabilities to married women, they are sole decision makers and do not have to 'fight' with husbands over the CBT.

In most case studies, qualitative processes supplemented the collection of quantitative data. A questionnaire would be provided to Cooperating Partners to hold women-only and men-only FGDs. The questionnaires may, for example, explore challenges with new modalities or payment systems. Some Country Offices felt that the qualitative monitoring was resource-intensive, particularly if large numbers of FGDs were conducted. Where Cooperating Partner personnel lacked capacities or interest in undertaking the FGDs, the data collected were not particularly enlightening. Some Country Office employees stated that they lack the tools and capacities to undertake gender-responsive monitoring.⁵⁸

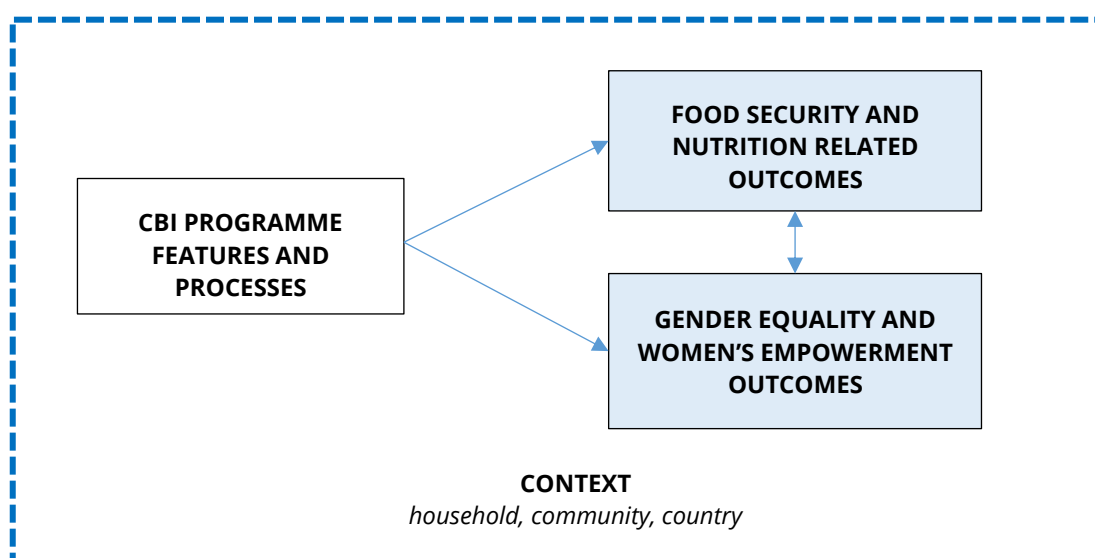
⁵⁵ The [distribution monitoring form](#) is used to interview beneficiaries at the distribution, to determine their satisfaction with or constraints experienced during the distribution process. It disaggregates interviewees by sex and age, but does not examine gender-specific challenges, such as gender-based violence.

⁵⁶ The [post-distribution monitoring form](#) is used to gather household-level information on food consumption, expenditures, coping strategies, decision making and protection issues. The sex and age of interviewees are recorded. As a household-level questionnaire, however, data are not recorded or examined at the individual level, such as food consumption at by different members of the household.

⁵⁷ MDD-W is now a WFP-wide indicator for nutrition-sensitive programmes.

⁵⁸ Gender-responsive monitoring is defined as an ongoing activity to ensure that we assess: (i) the programme implementation process and impacts for the diverse women, men, girls and boys we serve; and (ii) the contribution of a programme to advancing gender equality and empowering all persons.

4. Outcomes and causal links



Across the six country case studies, the study teams collected women's and men's narratives of change (or 'outcomes') that were attributed to the CBTs and programme activities. The reported outcomes were grouped into two categories – food security and nutrition-related and gender equality-related outcomes. Seven dimensions of food security and nutrition-related changes and eight dimensions of gender equality changes were reported (Table 3).

In analysing the outcomes, the study took into account the purposes of the CBIs. Using Devereux and Sabates-Wheeler's 2004 definitions in the social protection framework, the General Food Assistance CBIs in Jordan, Mali and Rwanda were designed as protective and preventive measures aimed at providing relief from deprivation and averting deprivation. The Food Assistance for Training CBIs in Bangladesh and El Salvador – in addition to serving as protective and preventive measures – were aimed at being promotive and transformative for the training participants and their households (for Bangladesh) and their communities (for El Salvador Conectarte). The school feeding CBI in Egypt – along with the livelihoods programme – aimed at serving protective, preventive, promotive and transformative purposes. The promotive and transformative effects were not only intended for the mothers (who attended livelihoods programmes), but also aimed at bringing about intergenerational change through the community school students.

Box 2. Devereux and Sabates-Wheeler's (2004) Social Protection Framework⁵⁹

- *Protective* measures provide relief from deprivation.
- *Preventive* measures seek to avert deprivation.
- *Promotive* measures aim to enhance incomes and capabilities.
- *Transformative* measures address the causes of social inequities, exclusion and inequalities.

⁵⁹ Devereux and Sabates-Wheeler, 2004, *Transformative social protection*, Brighton, England, <http://www.ids.ac.uk/files/dmfile/Wp232.pdf>.



Where outcomes were reported (and when the causal links were not already reported), the study teams asked FGD participants and key informants how and why they thought the outcomes occurred. Was it, for example, due to the CBI or contextual factors or a confluence of both? Where outcomes were attributed to the CBI, the FGD participants and interviewees were invited to reflect on which of the programme features (see Section 3 for a list of programme features) they believed contributed to the outcomes. This analysis helped to understand beneficiaries' (and other stakeholders')⁶⁰ personal accounts of change (outcomes) and perceptions of attribution (causal links).

As time allowed in the FGDs and interviews, the study teams also sought to understand the inter-relationships between food security and nutrition-related and gender equality-related outcomes. For example, did gender equality-related changes lead to food security and nutrition-related changes, or vice versa? Alternatively, were gender equality-related changes a pre-condition for food security and nutrition-related changes, or vice versa? Or were they interlinked, occurring concurrently and synergetic.

Prospective answers to these questions were suggested by the practitioner survey, where the respondents indicated a belief that gender is relevant to CBIs and that CBIs can contribute to gender equality outcomes.

⁶⁰ The other stakeholders included WFP personnel and teams, partners and local authorities.

Table 3: Food security and nutrition-related and gender equality-related outcomes reported in the six case studies

Outcome	Bangladesh	Egypt	El Salvador	Jordan	Mali	Rwanda
Food security and nutrition-related outcomes						
Improved FSN	✓	✓	✓	✓	✓	✓
Improved livelihoods and income	✓	potentially	potentially			✓ (CBT and NEC)
Enhanced resilience	✓		✓			✓ (CBT and NEC)
Wellbeing and dignity	✓	✓	✓	✓	✓	✓
Strengthened capacity	✓		✓			
Access to health services	✓		✓			
Access to financial services	✓	✓ (Livelihoods programme)				✓ (CBT and NEC)
Gender equality outcomes						
Reduction / prevention of violence	✓	✓	✓	✓	✓	
Reduction / prevention of negative coping mechanisms	✓	✓		✓	✓	✓
Strengthened individual decision making / self-determination / autonomy	✓	✓ (Livelihoods programme)	✓		potentially	✓
Equitable resource sharing and control	✓		✓			potentially (NEC)
Equitable redistribution of unpaid care and domestic work						potentially (NEC)
Improved social capital or diminished social exclusion	✓	✓	✓			
Increased women's leadership	✓					
Equitable communal decision-making			✓		potentially	



4.1 Food security and nutrition-related outcomes

Seven outcomes relating to food security and nutrition were reported. These were improved food security and nutrition, improved livelihoods and income, enhanced resilience, wellbeing and dignity, strengthened capacity, access to health services and access to financial services. These outcomes were grouped together as they were reportedly strongly inter-linked. For example, strengthened capacities (e.g. technical skills) and access to financial services were reported as contributing to improved livelihoods. These, in turn, resulted in greater income, access to food and better nutrition. Improved wellbeing and dignity were often reported as resulting from having improved food security.

Across all six case studies, improved food security and nutrition and improved wellbeing and dignity were reported. These were 'protective' and 'preventive' outcomes and were linked to individuals or households being provided the CBT.

Improved food security and nutrition. Women and men FGD participants from the six countries reported having more or 'better' food to eat. In Bangladesh and Egypt case studies, 'better' food was explained as eating nutrient-rich foods more frequently.⁶¹ In the Egypt case study, it was because: (i) households could afford to buy the nutrient-rich foods using the CBT; and (ii) local retailers began to stock (or stocked a greater variety of) nutrient-rich foods following the introduction of CBTs.⁶² In the Mali case study, beneficiary women and men reflected that they had not had such diversity and quantity of food previously. In Rwanda, the CBT meant that beneficiary women could purchase rice (their preferred staple), maize meal (rather than maize grain) and food that was appropriate for young children and elderly persons.⁶³

Better nutrition practices, in part attributed to the CBT, were also reported by women and men FGD participants as resulting from awareness-raising and education on nutrition (Bangladesh, Egypt, El Salvador and Rwanda), gender messages (Bangladesh and Rwanda) and household vegetable gardens (Rwanda). In Bangladesh, following participation in awareness-raising sessions, many (but not all) women FGD participants reported that the members of their households now eat all together. Before the CBI, women ate last (and children ate second last), after the more nutritious foods were eaten. In Rwanda, providing food and ensuring children were fed was previously almost exclusively a woman's responsibility. Many men who participated in the NEC father-to-father support groups reportedly changed their behaviours to purchase nutritious food for their children, such as avocados and bananas); support wives in breastfeeding; and 'help' their wives with the care and domestic work.⁶⁴

⁶¹ In the Bangladesh case study, the women spoke of using the unrestricted CBTs to purchase vegetables, fruit, fish and small prawns. In the Egypt case study, the nutrient-rich foods that women reported purchasing with the food-restricted vouchers were tuna, *halawa*, and dairy products (milk, yoghurt and cheese).

⁶² This was primarily because the retailers were guaranteed of a consumer market – the CBT beneficiaries – for the nutrient-rich products.

⁶³ These comparisons were made to the maize and beans that WFP had provided with in-kind food. The maize was provided in grains and were often of poor quality and needed to be picked through to remove mouldy grains and stones. Women would then need to pay for it to be milled. The beans provided often required long cooking times, adding to women's workload to requiring extra charcoal. Children and elderly persons needed certain grains and pulses that would be milled into a meal to make porridge.

⁶⁴ Care and domestic work were still seen as a woman's responsibility.



Improved wellbeing and dignity. Wellbeing and dignity improved among the women and men FGD participants. The improved wellbeing and dignity was related in cessation or reduction in the use of 'negative' coping mechanisms. In the Jordan case study, both women and men beneficiaries described how the CBT – which typically met half their household's food expenditures – gave them 'peace of mind'. In Mali, where many beneficiary women and men had been severely food insecure, distribution day was described as being "like a party" with girl and boy children being very excited at being able to eat their preferred food of pasta. At one site in Mali, beneficiary women described how everyone in their village would know which day "the vulnerables" received their CBT as pots would be banged in the street in celebration. At another Mali study site, an elderly beneficiary man described how he was able to sleep during the period when the CBT was provided, where previously he was kept awake by hunger and worry.

In the Bangladesh and Rwanda case studies, there was an additional reason for greater dignity. Beneficiary women in these case studies had not commonly handled cash prior to the CBI. Cash had previously been the exclusive control of men – husbands or adult sons. Beneficiary women expressed greater self-respect and pride in controlling the CBT.

In El Salvador, the young women and men reported more self-esteem, self-respect and self-belief. This was in part due to CBT, which meant they were able to provide for themselves and contribute to their households. The personal development gains were attributed to the selection process (interviews and camp), education and training, work placement, community work and project, and the transfer.

Improved livelihoods and income. 'Promotive' food security and nutrition outcomes, such as improved livelihoods, were not commonly reported across the case studies. Improved livelihoods, increased income and improved resilience were only clearly reported in Bangladesh, where these outcomes were experienced by the majority of FGD participants.⁶⁵ Egypt's livelihoods programme and El Salvador's initiatives showed significant potential in terms of improving livelihoods and income. Some Gastromotiva participants got short-term and longer-term jobs after their training; some Conectarte participants started their own businesses. For Egypt, a longer duration may be required before outcomes are realised.

In Rwanda, the shift to unrestricted cash was linked with increased market vibrancy and petty trade, particularly for women petty traders. Men FGD participants and camp officials described how – prior to the shift from in-kind food to unrestricted cash – there was only a very small number of petty traders selling limited products. Similarly, small retailers were not as well-stocked, as they are now that food assistance is provided as CBTs. The changes in the economic activity and food environment were attributed to the shift from in-kind to CBT. Savings schemes introduced by the NEC project supported women and men (primarily women) petty traders to buy stock.

The food security and nutrition outcomes of 'strengthened capacity', 'access to health services' and 'access to financial services' were only reported in the integrated programmes (e.g.

⁶⁵ Section 3.8 includes a description of how programme activities led to improved livelihoods and increased income in the Bangladesh case study.



Bangladesh's and El Salvador's Food Assistance for Training and Egypt's school feeding) and complementary programme activities (Egypt's livelihoods programme and Rwanda's NEC project).

Strengthened capacities. Women and men reported strengthened capacities when the CBIs included awareness-raising, education and/or training activities, typically targeting programme participants and/or their household members. In El Salvador, women and men training participants reported that they had developed work and life skills, derived from the vocational training, education sessions, work placements (in *Gastromotiva*) and community projects (in *Conectarte*). Additionally, the CBT provided opportunities for participants in El Salvador (both women and men) to practice skills in budgeting and selecting healthy food for their households. As a result of their strengthened capacities, women and men reported (in FGDs) having ambitions for decent work – as employees or from their own businesses – and for constructively contributing to their communities.

In Bangladesh, women FGD participants reported strengthened capacities through training and awareness raising sessions, e.g. technical livelihoods and business skills, where and how to access services, what do to when there was a cyclone, conflict resolution skills, nutrition and hygiene knowledge. Husbands and mothers-in-law were invited (but did not necessarily attend) all sessions. Some men FGD participants said that all the training and awareness-raising sessions were valuable as there are no other adult learning opportunities in Cox's Bazar. Not all capacities were developed through formal sessions; some of the capacities that women gained – such as in handling cash, group work and leadership – were developed through experiences arising from the CBI.

In the Egypt case study, mothers and fathers of community school students reported that the education provided by the community schools was superior to government-run schools. For example, parents reported that the literacy levels and happiness at being at school was significantly higher among their children who attended community schools compared to children who attended government-run schools. Children who dropped out of government-run schools were reportedly happier attending community schools. The interviewed (women) community school teachers attributed the quality of the education – in large part – to the 'active learning' techniques that they had been taught in WFP training sessions. The instruction equipped teachers with the knowledge and skills to make learning engaging for children. Other WFP actions that contributed to educational outcomes included providing schools with learning materials, like materials for puppet plays and tablets.

Access to health services. Improvements in access to health services were reported in the Bangladesh and El Salvador case studies. In the Bangladesh case study, some beneficiary women's (and their household members') attributed their better access to health services to four critical changes: (i) women were informed about a range of health services through the programme's awareness raising sessions; (ii) women could afford the services because of the CBT and increased income from women's livelihoods, but also because they had had savings in the programme's group savings scheme; and most critically, (iii) women could physically travel to health providers as they had gained confidence to move outside their homes and because social



prohibitions on women's movement had eased as a result of the programme. A woman FGD participant shared that her young son had broken his leg and – because of changes brought about in her life because of the CBI – she could support him. She could afford his hospital fees (because of group savings) and stay in the hospital with him for several days (because of transformed attitudes on women's mobility). In El Salvador, the young women and men participating in *Gastromotiva* could access the health services provided by the Universidad Francisco Gavidia, where they were enrolled as students for the eight weeks of vocational training.

Access to financial services. In the Bangladesh and Rwanda case studies, financial services were provided through group savings. In Bangladesh, beneficiary women saved a small amount of cash (typically 100 BDT or 1.14 USD per month) as part of their self-help group. The cash was provided from the monthly subsistence allowance CBT, then drawn from women's income after the CBT duration. If women did not have an income that month, married women would request the 100 BDT from their husbands, who would provide it to them. The savings would be deposited in each group's bank account, which could only be withdrawn with the approval of multiple signatories. The savings were primarily for times of hardship (e.g. illness, injury or death) in the family or for a daughter's dowry. To increase their return, one group had reported withdrawing their savings from a bank to invest; they leased a piece of land cheaply and sublet smaller parcels of land at a profit.

In the Rwanda case study, the NEC project encouraged group savings that were stored in a savings box with multiple padlocks (with committee members each having a key to one padlock). These savings were intended to improve consumption of nutritious foods. Some interviewed women reported using small micro-loans to purchase items (potatoes, sweet potatoes, or charcoal) to re-sell for a return. For many, the rigidity and record-keeping requirements of these savings groups were replaced with less formal rotating saving schemes.⁶⁶ Women and men in FGDs reported how there are such saving schemes for 'everything'. For example, one was called "Let's Clothe Ourselves" and was used to save to purchase clothes. In one of the camps, a group comprising 12 women and three men would regularly purchase a live cow, butcher it, and sell the meat, making a return of 20,000 RWF (~23.16 USD) per cow.⁶⁷

The livelihoods programme in the Egypt case study linked beneficiary women to microfinance providers. The process of applying for loans was competitive; not all women who applied for loans were selected to receive loans. Some women beneficiaries reported (in interviews and FGDs) having expanded their livelihood activities (e.g. tailoring or petty trade) using the loans. A small number of women earned enough to meet loan repayments and have additional income. In comparison, more women (in interviews and FGDs) reported being unable to meet loan repayments from income derived from their new livelihood activities. In such circumstances, and if married, the women requested money from their husbands to meet repayments.⁶⁸

⁶⁶ These saving schemes are rotating savings and credit associations (ROSCAs). They are called *ibimina byo kubitsa* in Kinyarwanda, merry-go-rounds in parts of Anglophone Africa and tontine in Francophone Africa. Typically, a group meets on a regular basis (e.g. weekly), where the members contribute the same, agreed amount, with one member takes the whole sum once per cycle (of meetings).

⁶⁷ This was described as a 'profitable' exercise.

⁶⁸ Some husbands, in the men's FGD discussions, reported being unhappy about this.



Enhanced resilience. Longer-term resilience was only reported in Bangladesh and El Salvador case studies. The enhanced resilience was the result of having enhanced capacities, improved self-confidence, social capital, and, for most in Bangladesh and many in El Salvador, improved livelihoods and income. These were due to training, education, peer support and the CBT. In Rwanda, resilience was due to having access to credit with retailers associated with the shift from in-kind to cash-based transfers.

To summarise, the six case studies reportedly led to food security and nutrition-related outcomes for women, men, girls and boys – similarly and differently. Improved food security and nutrition, wellbeing and dignity were often directly attributed to the CBT. In contrast, the more promotive outcomes – such as improved livelihoods and income – were primarily attributed to programme activities that were implemented alongside the CBT. Capacities were reported as strengthened through the CBT and programme activities such as awareness-raising, education, training and group activities.

4.2 Gender equality-related outcomes

The two most commonly reported gender equality-related outcomes were ‘preventive’ – the reduction or prevention of negative coping strategies and of violence. Promotive and transformative outcomes were also described.

Reduction or prevention of coping strategies. In almost all case studies, beneficiary women and men reported that the CBT meant that they had to use coping strategies to a lesser extent, less frequently, or not at all. In Egypt, Jordan and Rwanda, beneficiary women and men reported relying more heavily on coping strategies during pipeline breaks or periods of reduced rations.

According to beneficiary women and men across the CBIs, the CBIs reduced the need to:

- (i) send children (more boys than girls) to work, which would often mean that children would need to be withdrawn from school (Egypt and Jordan);
- (ii) undertake hazardous or poorly-remunerated work (boys and men in Jordan and more women than men in Mali);
- (iii) borrow food or money (more women than men in Egypt, Mali and Rwanda) or buy food on credit (more women than men in Egypt, El Salvador, Jordan, Mali and Rwanda);
- (iv) sell household assets, such as furniture (Jordan); and
- (v) reduce meal size, skip meals, eat less preferred foods, eat cheaper ‘filling’ foods, or have adults eat less so that children can eat (Bangladesh, Egypt, Mali and Rwanda).

Of the reported coping strategies, the first three are strongly gendered. More boys (than girls) were withdrawn from school to work in Egypt and Jordan (for Syrian refugees). In Mali, women’s ‘coping’ livelihood activity of collecting firewood was more hazardous than men’s ‘coping’ livelihood activity of working as daily wage labourers. Collecting firewood meant that women (more so than men) would travel to isolated locations to each day to gather the firewood to sell for small amounts of money to meet immediate food needs. Women FGD participants reported



being fearful for their safety (from robbery, physical assault and sexual assault) when they collected firewood. They reported incidents where women had been attacked. Undertaking such 'coping' livelihood activities meant that women and men did not have time to farm their own crops, therefore not being able to harvest crops, leading to longer-term food insecurity.

Reduction or prevention of violence. In all but the Rwanda case study, several forms of violence were reported as being reduced or even prevented. In the Bangladesh, Egypt and Jordan case studies, girl marriage – a harmful practice – was reported as a common occurrence. Girls as young as 12 years are reportedly married by their parents (both mothers and fathers). In Egypt and Jordan (for Syrian refugees), FGD participants reported that girl marriages sometimes occurred to cope with times of financial hardship. Marrying a daughter would mean having one less person to provide for, gaining a bride price, and maintaining a girl's 'honour'.⁶⁹ In Bangladesh, girls were reportedly not married by their EFSN-participant parents as a coping strategy for a financial hardship.⁷⁰

In the Bangladesh case study, girl marriage was reduced associated with awareness-raising sessions. Women and men reported that they did not realise that girl marriage had harmful effects, such as early pregnancy and a lost childhood. After the awareness-raising, when the women or men FGD participants found out that a girl (and, to a lesser extent, boy) in their community was to be married, they would visit the girl's (or boy's) parents to convince them to do otherwise. The prevention of two girl marriages was reported in the FGDs.

In the Egypt case study, reduction in early marriage was reported as occurring due to a combination of awareness-raising (undertaken by community teachers) and the CBT. Interviewed teachers and FGD participants (mothers and fathers) said that parents were more likely to have their daughters remain in school and complete Grade 6, before considering marriage, when the assistance was cash-based rather than in-kind. After girls completed their schooling, parents (both mothers and fathers) would look to have their daughters married. While some girls in Egypt are married before 18 years, marriage is usually delayed till the girl is at least 16 years old.⁷¹ In Jordan, awareness-raising on gender-based violence was not conducted. Women and men FGD participants reported, however, that in times of financial hardship, they would have older sons work and would have older daughters married. The CBT, they reported, allowed them to not marry daughters early.

Child labour is another form of violence against children.⁷² In the Egypt and Jordan case studies, paid child labour (boys more than girls) occurred when households required additional income. An estimated 60 percent of Syrian families in host communities rely on money earned by children

⁶⁹ UNWomen, 2013, *Inter-Agency Assessment: Gender-Based Violence and Child Protection Among Syrian Refugees, with a Focus on Early Marriage*, Amman, <http://jordan.unwomen.org/en/digital-library/publications/2013/7/gender-based-violence-and-child-protection-among-syrian-refugees-in-jordan>.

⁷⁰ The girls' parents pay the grooms' parents a dowry in Bangladeshi culture, and often have to save for this dowry.

⁷¹ Nationally, six percent of girls aged 15-17 years were married before their eighteenth birthday. The national median age of first marriage for females is 20.8 years. It is lower in Fayoum (19.3 years) and in Menia (19.3 years) where the study were located. MOHP, Associates and International, 2015, *Egypt Demographic and Health Survey 2014*, Cairo, Egypt and Rockville, Maryland, <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>.

⁷² For ILO and UNICEF definitions of child labour, see <https://data.unicef.org/topic/child-protection/child-labour/>



who are withdrawn from school to work.⁷³ In the Egypt study sites, and according to 2014 data, 11 percent of children were engaged in child labour.⁷⁴ In the Egypt FGDs and interviews, children (more boys than girls) as young as nine years were reported working primarily as agricultural labourers and in factories. Reportedly, it was socially more acceptable (because of restrictive cultural norms) for a boy child or even a girl child to work, rather than the child's mother. In the Jordan case study, many women FGD participants reported that employers would rather employ a young boy than his 'old' (that is, older than 30 years) mother.⁷⁵

Interviewed teachers in Egypt said that they would visit the guardians of out-of-school working children and convince them to send their children to school using the CBT as an incentive.⁷⁶ The CBT was persuasive because it could off-set the income that a child could earn. For some households where the CBT was insufficient to meet household needs; parents would send children to work after school, for example from 15:00 to 21:00.⁷⁷ With the CBT pipeline break, two mothers in FGDs reported that they had to send their children (both sons and daughters) to pick fruit to compensate for the lost CBT. Prior to the pipeline break, they had not sent their children to work.

In El Salvador, young men reported that their engagement in Conectarte reduced their likelihood of joining a gang due to the project visibility materials (T-shirts), improved livelihoods (or prospective livelihoods) or fostering safer and more protective communities. For the Conectarte programme, the creation of a community (through the bringing together of young women and men) provided the participants with a group where the members would support one another. Education around gender, sexuality and violence also contributed to shifting attitudes and self-perception (of violence being part of one's identity).

In Bangladesh, women and men FGD participants reported that men hit their wives less, and for some, not at all. Both women and men also reported hitting and swearing at their children less or not at all. Women and men FGD participants attributed the changes in their behaviours to the behaviour change sessions. Men FGD participants reported valuing the conflict resolution training that included role plays demonstrating nonviolent ways to resolve conflict.

Strengthened individual decision making / self-determination / autonomy. This outcome was reportedly experienced by women training participants in Bangladesh; adolescent girl and boy students in Egypt; young women and men training participants in El Salvador; and beneficiary women in Rwanda. In Mali, beneficiary women who had greater control over the transfer – such as women households heads – reported strengthened decision making.

⁷³ Human Rights Watch (2016). *Barriers to Education for Syrian Refugee Children in Jordan*. Human Rights Watch.

⁷⁴ MOHP, Associates and International, 2015, *Egypt Demographic and Health Survey 2014*, Cairo, Egypt and Rockville, Maryland, <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>. p. 283. Data are not provided disaggregated by sex or age. The time spent on economic activities, in an average week, is 27.46 hours: 29.21 hours for boys and 21.75 hours for girls. Girls spend 7.89 hours a week on household chores, compared to 4.22 hours for boys.

⁷⁵ Many women FGD participant reported wanting to find employment but were unable to.

⁷⁶ In one case, interviewed teachers reported going to the grandmother (the guardian) of a nine-year-old boy to ask her to send her grandson to school. The grandmother had been unable to work herself and had been reliant on the child's income to raise him.

⁷⁷ This was reported by both interviewed teachers and women FGD participants who themselves sent their children (boys and girls) to work.



In the Bangladesh case study, most women FGD participants reported improved autonomy and mobility, decision making over money, carrying out livelihoods and earning their own income (for the first time). This was attributed to multiple programme activities within the EFSN programme.

In the Egypt case study, linked to the livelihoods programme, some women FGD participants and interviewees reported greater skills in budgeting, carrying out livelihoods and earning their own income (for the first time), and more autonomy in their decision making. Girls and boys who were interviewed in the Egypt case study said that because of their experience in attending the community schools, they now aspired to be doctors, lawyer and teachers for girls, and policemen and businessmen for boys.

In El Salvador, many women and men FGD participants reported having greater autonomy, self-esteem and decision-making abilities. As a result of the education and vocational training, and work placements or community projects, many FGD participants (young women and men) had more positive perspectives (about themselves and their peers) and aspirations. Many emerged from the programme with a clearer sense of what they wanted to do in life. Their aspirations included having a decent job (paid employment) or establishing a business, such as in catering or event planning. Some women FGD participants commented that even if they have skills and aspirations, some employers are not as willing to employ women as men because they think that “women will get pregnant and they (the employers) will have to pay to cover the four months’ maternity leave”.⁷⁸

In Rwanda, women FGD participants reported enhanced status of women (in their camp communities) and strengthened decision-making, self-determination and independence. This was in large part attributed to their control of the CBT (which they seemingly had more control of than men). Women and men FGD participants also spoke of higher social and legal status that women have in Rwanda compared to in the DRC. Men FGD participants bemoaned the fact that they would no longer take money from their wives without their consent in Rwanda, lest they call the police (who would attend). The autonomy and pride that women experienced was also attributed by some women FGD participants to the phones provided by WFP when mobile money was introduced.

Control and redistribution of unpaid care and domestic work. In Bangladesh, El Salvador and Rwanda case studies, changes were reported on intra-household dynamics relating to resource sharing and control and unpaid care and domestic work. In the Rwanda case study, this was attributed to the awareness raising sessions in the NEC father-to-father and mother-to-mother support groups. These sessions sought to shift restrictive gender roles related to the nutrition of children. Fathers were encouraged to provide nutritious food for their children, which was previously the responsibility of women (Box 1). Fathers were also encouraged to undertake unpaid care and domestic work, which provided some women with time to adequately breastfeed their infants. Interviewed fathers reported that they had changed their behaviours where they were now supporting their wives with chores such as preparing food and looking after children if their wives are busy; interviewed mothers and women FGD participants concurred. The

⁷⁸ This underscores the importance of not only empowering women, but also working with others (employers, community leaders, etc) to transform views about women's work.



respondents to the practitioner survey indicated that unpaid care and domestic work is an area of gender equality that is infrequently addressed in CBIs unlike, for instance, decision-making and livelihoods.

Equitable resource sharing (food). In the Bangladesh case study, women FGD participants reported a significant (to the women) shift in sharing of food in households when all family members started sitting down for meals together. Prior to the CBI, elderly men and women would eat first (out of socio-cultural respect), then the man, followed by children, and women would eat the leftover food, if any. Women FGD participants attributed the change to awareness-raising sessions, where households were encouraged to eat together. The monthly subsistence allowance CBT and women's income from livelihood activities also likely altered the status of women in their households, thereby contributing to family members sharing meals. While the sharing of meals was an important manifestation change of women's status in their households, it could potentially lead to improved women's nutrition.⁷⁹

Improved social capital or diminished social exclusion. These changes were reported in Bangladesh, Egypt and El Salvador case studies. In the Bangladesh case study, this was largely the effect of women's self-help group and local oversight committees providing women with horizontal and vertical linkages, respectively. Women FGD participants reported that self-help groups were used to 'discuss problems' and troubleshoot solutions. While this is important from a wellbeing perspective ("Now, I am not alone"), it also provided critical networks for livelihoods and income. Some self-help groups reported jointly selling produce (vegetables and cattle) and making investments. Women FGD participants also reported that influential persons in the local oversight committee helped to shift social norms about women's mobility.

In the Egypt case study, the CBT take-home entitlement increased the acceptability and attractiveness of community schools. Whereas community schools were previously viewed as schools for poor and socially marginalised families, they are now seen as schools with high-quality teaching and a variety of benefits. Demand for the schools is now greater than the number of places available, no longer viewed as socially and educationally undesirable schools. The schools that were visited for the study continue to provide an education for children – girls and boys – who are vulnerable to social exclusion. For example, in one school, two boys with disabilities were included who could not access the government schools. The community schools preferentially accept girls and boys who have dropped out of the government school system (for reported reasons such as being bullied or beaten at school) or children who live far away from government schools.

In the El Salvador case study, the young men and women FGD participants reported that being part of the programmes gave them greater recognition within their communities. For young men, it helped to lift the stigma of being a returnee or a violent young man.⁸⁰ Young women in Conectarte also reported that the work in painting street art and teaching children enhanced their status in their communities. None of these effects were directly attributed to the CBT, but instead to the voluntary work and community projects (Conectarte) or participation in the programme

⁷⁹ The study team did not have sufficient time to explore whether women's food consumption improved when families ate together.

⁸⁰ The stigma for young men was that they were reportedly perceived as being violent and involved in gangs, rather than decent work.



(Gastromotiva). The CBT 'bought time' for the young women and men to participate in the programme.

Increased women's leadership. Enhanced women's leadership was only observed in the Bangladesh case study. This occurred when women were placed in leadership roles in their self-help groups, for example, as committee members. Women committee members were required to undertake a variety of responsibilities, such as hold meetings, coordinate a savings and loan group, liaise with the Cooperating Partner personnel and the local oversight committee, and attending apex committee meetings. The responsibilities supported these women in developing their leadership and representational skills.

Equitable communal decision-making. In El Salvador's Conectarte programme, women and men would decide on a community project collectively and undertake it together.

To summarise, the CBTs were strongly linked to preventive effects, such as the reduction or prevention of negative coping strategies and violence. In the Bangladesh, Rwanda, Egypt and El Salvador case studies, the CBTs also played a transformative role. Women and men more often attributed the more promotive and transformative outcomes to the programme activities, such as awareness-raising, training, self-help groups and committees, and work placements or community work, than with the CBT. In the Rwanda case study, the CBTs were linked to transformation as Congolese women had not commonly handled money prior to the CBT. Even so, the design of the CBT – such as having the majority of women as named recipients – was critical. In Egypt, the CBT made community schools more socially-acceptable, and made it possible for poor and socially-excluded households to send children to school. In El Salvador, young women and men reported that the CBT meant that they could provide for themselves, and that it contributed to improved self-worth, financial management and decision making.

Even in cases where transformation was not strongly attributed to the CBT, the CBT was a necessary part of – or precondition for the participation in – the programme. For example, in Bangladesh, many women FGD participants acknowledged that, without the monthly subsistence allowance CBT, husbands may not have 'allowed' the women to participate in the programme. In El Salvador, many women and men FGD participants reported that the CBT 'bought time' for them to participate in the programme.

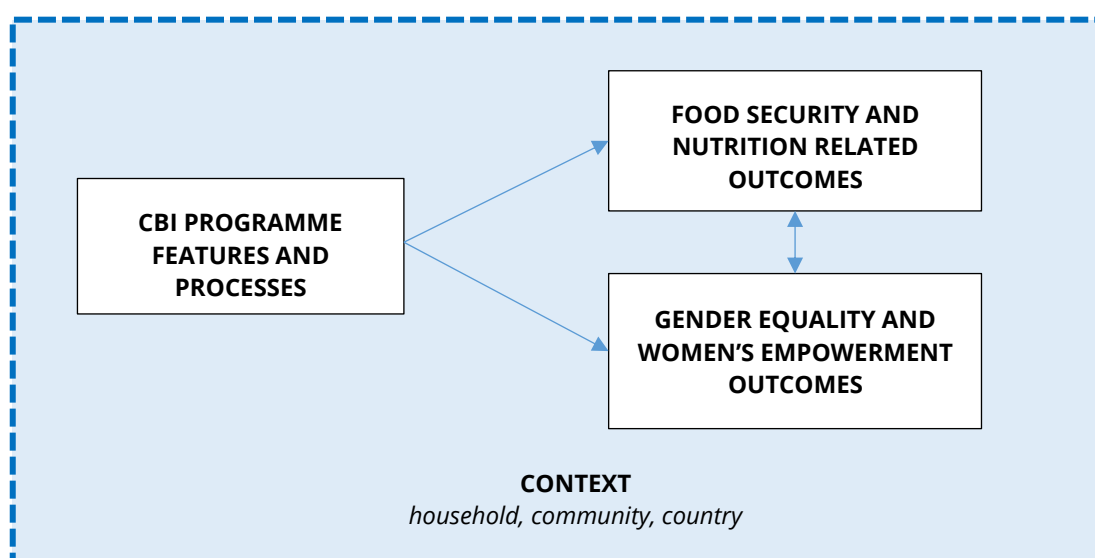
The case studies showed potential linkages between food security and nutrition and gender equality outcomes. In the Rwanda case study, this was through contributing to transforming gender roles, where men were encouraged through the NEC project to play a role in providing for and protecting their children's nutrition. In the Bangladesh case study, women and children potentially had improved diet when the family sat together to eat. Women's livelihoods also increased their ability to purchase nutritious foods.

While CBTs are not, in themselves, a guarantee of empowerment or transformation, they can contribute to such outcomes. Empowering and transformational outcomes are conditional on how a programme using CBT as an assistance modality are designed, implemented and



monitored. The conditional, integrated programmes in Bangladesh, Egypt and El Salvador reported more promotive and transformative outcomes, than the General Food Assistance.

5. Contextual issues



Referring to the conceptual model above, CBIs were influenced by contexts at household, community, and country levels. In the case studies, contextual factors influenced: (i) the design of CBI programme features and processes; and (ii) each CBI's food security and nutrition-related and gender equality-related outcomes.

Across the CBIs studied, four broad contextual issues were observed: (i) protracted displacement and conflict; (ii) urban contexts; (iii) working in middle income countries; and (iv) making markets more accessible and equitable. Each of the four 'issues' have implications and present opportunities for the design of equitable or equitable and empowering programmes that use CBT as a form of assistance.

5.1 Protracted displacement and conflict

Four of the CBIs studied were implemented in contexts of protracted displacement or conflict. The Jordan and Rwanda case studies were of the Syrian and Congolese refugee responses respectively. In the Mali case study, the Mopti region was experiencing heightened insecurity from jihadist attacks and organised criminal activity. A proportion of the WFP beneficiaries in the Mopti region were internally displaced or were hosting internally displaced persons. In the El Salvador case study, the CBIs were contributions to the national Government's social protection efforts, as well as strategies to reduce violence and reintegrate returnees in a city characterised by high rates of (multiple forms of) violence.



Stemming from the field work and desk reviews for these case studies, several observations were made. First, in protracted refugee situations, the average duration of displacement is 26 years.⁸¹ In Jordan, the Syrian refugees are in their seventh year of displacement; the Congolese refugees in the camps studied were displaced in successive waves in 2005, 2012 and 2014. As remarked by one Syrian refugee woman, “I wish that when I wake up tomorrow, everything would be as it was eight years ago, before this war started. I had a husband, and I was the queen of my house.” Many women and men FGD participants in Jordan echoed her sentiment. Yet, at the time of the study, the duration of displacement for both Syrians and Congolese refugees appeared to be indeterminate. With protracted displacement, the right to decent work and having livelihoods is important for refugee women and men to live with dignity and self-reliance, and so secure their food security, nutrition and rights (including “women’s rights”).⁸²

Secondly, in protracted displacement and conflict contexts, women and men experience similar and different threats and opportunities. For example, an estimated 36 percent of Syrian refugee households in Jordan are headed by single women.⁸³ Across the Syria refugee population in the region,⁸⁴ women-headed households are among the most vulnerable to food insecurity, with 89 percent of widow-headed households classified as food-insecure or vulnerable to food insecurity, compared to 70 percent of all households.⁸⁵ Women FGD participants reported that this is because women-headed household typically do not have adults capable of earning incomes or livelihoods, unlike men-headed households. In Jordan, women heads of households are almost twice as likely (17 percent) as men heads of households to have not received any formal education.⁸⁶ Women who are in paid work are likely to be from a woman-headed household.⁸⁷ Boys and girls too face different vulnerabilities. Women and men FGD participants reported that – in times of hardship – boys are more likely than girls to be withdrawn from school to work, whereas girls are more likely than boys to be married early and to undertake unpaid care and domestic work.

Thirdly, in protracted displacement, gender roles may be in flux and women and men may respond to changes in gender roles differently. For example, in FGDs, Congolese men spoke of their inability to fulfil the traditional male role of a provider due to limited income earning opportunities in and around camps. With much of the household income being derived from the General Food Assistance CBT, men spoke of a lack of dignity. “Because I have no job,” said a man in Mugombwa camp, “I accept the situation and allow my wife to feed me like I’m a child.”⁸⁸ This

⁸¹ UNHCR estimated the average number of years of displacement – of being a refugee – for “protracted refugee situations” at 26. See: UNHCR 2015. *Global Trends: Forced Displacement in 2015*, Geneva: UNHCR, <http://www.refworld.org/docid/57678f3d4.html> To note, that the 26-year statistic has been challenged, as reported by [Focus on Refugees](#) and the BBC “[More or Less](#)” programme.

⁸² UNHCR, 2011, *Promoting livelihoods and self reliance: Operational guidance on refugee protection and solutions in urban areas*, Geneva, <https://www.unhcr.org/publications/operations/4eeb19f49/promoting-livelihoods-self-reliance-operational-guidance-refugee-protection.html>.

⁸³ WFP 2017. *Jordan - Gender Analysis and Programme Review*. Amman, World Food Programme.

⁸⁴ Lebanon, Turkey, Jordan, Iraq and Egypt. See <https://data2.unhcr.org/en/situations/syria>

⁸⁵ WFP 2016. *PRRO - Syrian Refugee Crisis (Regional) - Assistance to Vulnerable Syrian Refugees and Host Communities in Egypt, Iraq, Jordan, Lebanon and Turkey*. World Food Programme.

⁸⁶ UNICEF-ESWG 2015. *Access to Education for Syrian Refugee Children and Youth in Jordan Host Communities - Joint Education Needs Assessment Report*. UNICEF.

⁸⁷ Of the women surveyed in 2016, 44 percent of Jordanian and Syrian refugee women who were in paid work were the heads of their households or from a (woman-headed household (single adult). UN Women-Reach 2016. *Women Working: Jordanian and Syrian Refugee Women's Labour Force Participation and Attitudes Towards Employment*. Amman, UN Women Jordan.

⁸⁸ In Mugombwa camp, several suicides of men were reported by the American Refugee Committee and confirmed by UNHCR. Men FGD participants attributed the suicides to despondency in protracted displacement that was at times exacerbated by conflict over the transfers



despondency and emasculation that Congolese men reportedly experienced in protracted displacement contrasted with women's reports of their status improving. The improvement in status was in part attributed to their control of CBT and in part to Rwandan law.⁸⁹ Some women and men FGD participants reported that married women sometimes taunted men by saying, "My husband is now UNHCR", referring to the fact that UNHCR and other humanitarian actors have displaced men as providers.

Fourthly, protracted displacement or conflict can involve shifts in livelihoods and gender roles around livelihoods for both women and men. For example, women who had not had paid employment or income-earning livelihoods previously, such as the Congolese refugee women, find themselves engaging in petty trade.⁹⁰ Most Congolese men FGD participants reared cattle prior to displacement to Rwanda, and found it difficult to obtain meaningful work in an area where cattle rearing is not possible. In Jordan, some women FGD participants reported that they work for income out of economic necessity, in addition to the unpaid care and domestic work that carried over from Syria (experiencing the 'double burden').

Fifthly, programmes can potentially help individuals to (re)integrate into their new contexts, such as by navigating stigma/exclusion, conflict and/or accessing services. For example, Conectarte in El Salvador reduces stigma and tackles violence in the communities of young women and men returnees through voluntary work and community projects. Gastromotiva supported young women and men participants who were returnees to re-integrate in El Salvador by developing vocational skills and gaining work experience. In Mali, a displaced woman reported that through the process of receiving the CBT, she became familiar with the local authorities and service providers, such as the commune officials and NGO personnel. This allowed her to know how and where to access certain services.

Sixth, the programme features of CBIs were selected to reflect the security context due to ongoing conflict. For example, in Mali's Mopti region, in-kind food assistance posed a security risk for WFP truck convoys carrying food. Beneficiary women and men did not report facing any security risks in attending or travelling to and from voucher distribution sites or mobile markets. The Cooperating Partner played a key role in providing safe transportation for beneficiary women and men.

(CBT or in-kind). Conflict over the CBT is considered a contributing factor for the suicides, as distinct from other forms of conflict at the household or community generally.

⁸⁹ In Rwanda, the law affords equality between women and men, with the de jure rights encompassing refugee women, girls, men and boys. In principle, women have equal rights with men in areas such as inheritance and land access, ownership and utilisation. The law legislates equal opportunities and equal pay in the workplace; criminalizes gender-based violence in all its forms, including marital rape; and requires a minimum 30 percent representation of women at all levels of decision making. See The Constitution of the Republic of Rwanda

(http://www.mininfra.gov.rw/fileadmin/user_upload/aircraft/RWANDA_CONSTITUTION_NEW_2015_Official_Gazette_no_Special_of_24.12.2015.pdf) and the 2010 National Gender Policy (<http://www.oit.org/dyn/natlex/docs/ELECTRONIC/94009/110188/F-1576743982/RWA-94009.pdf>)

⁹⁰ Most Congolese refugee women were subsistence farmers, growing crops and rearing small livestock for their households' consumption. See Box 1 for a description of a shift in Congolese women's roles in their displacement from the DRC to Rwanda.



5.2 Urban contexts

This study included two urban case studies: Jordan and El Salvador. For the Jordan case study, where approximately 80 percent of WFP beneficiaries (Syrian refugees) lived within host communities in cities and towns, there were greater logistical challenges in engaging with beneficiaries, compared to the camp context in Rwanda and rural context in Mali. In the Rwanda and Mali case studies, regular meetings were held to explain the programme and provide programme updates. In contrast, with the dispersed Syrian refugee population in Jordan, WFP or Cooperating Partners would communicate with beneficiaries by automated mobile phone text messages or phone calls. In-person information sessions were held in Jordan for the refugee beneficiaries when a new transfer modality was introduced. Not all FGD participants, residing in host communities, attended the information sessions because they could not afford the cost of transport and had unpaid care and domestic responsibilities (women) or had to attend paid work (men). Also, some FGD participants (women and men) in Jordan were unaware of the information sessions. In the Jordan case study, there were also limited mechanisms for awareness raising (on topics such as women's rights and services or food choices for better nutrition), except through automated text messages.

The El Salvador, the urban context required attention to, for example, density and daily violence, livelihood opportunities and means of meeting food security and nutrition needs. The urban context meant that the types of livelihood assets⁹¹ that could be built were different to rural contexts. Instead of only building physical capital – such as through building water storage or improving land in Food Assistance for Assets programmes – the Conectarte and Gastromotiva programmes also built human and social capital. Gastromotiva built human capital to enhance vocational prospects, particularly in terms of obtaining paid employment. Conectarte built social and human capital through the training and voluntary work, as well as physical capital with the community projects. In the urban context, food security and nutrition needs of the programme participants are mainly met through purchases (at the SuperSelectos supermarkets), rather than through production (such as where WFP supports smallholder women and men in agricultural work).

5.3 Working in middle income countries

The study included four middle income countries: Bangladesh, Egypt, El Salvador and Jordan. In some of these countries, WFP's role is evolving from direct provision of food assistance, such as with in-kind and cash-based transfers, to including strengthening the capacities of governments to establish (or strengthen) and implement policies, programmes and services aimed at achieving SDG 2 – end hunger, achieve food security and improved nutrition and promote sustainable agriculture. In the CBI case studies, WFP has worked with national governments to promote complementarity or synergies in caseloads, ensure alignment of CBTs (such as transfer values), and/or influence policy at scale.

⁹¹ Social, human, natural, financial and physical capital as detailed in the asset pentagon of DFID's sustainable livelihoods framework. See DFID, 1999, *Sustainable Livelihoods Framework Guidance Sheets*, <https://www.enonline.net/dfidsustainableliving>.



In Egypt, for example, WFP and the Government of Egypt work together to provide full coverage of school feeding in primary schools – the Government of Egypt provides school feeding to government primary schools while WFP covers community schools, thereby attempting to ensure the food security and nutrition of all girls and boys in the primary level. WFP has also been working with the Government of Egypt to develop a gender manual for school feeding, thereby improving practice for equitable and empowering outcomes.

In Bangladesh and El Salvador, WFP has been working to pilot integrated promotive and transformative programmes – EFSN in Bangladesh and Conectarte and Gastromotiva in El Salvador – that could be scaled up as part of government social protection programmes. For the latest phase of EFSN – EFSN 3 – the Government of Bangladesh will be providing the same caseload of beneficiary women with in-kind transfers, thereby ensuring that they have a longer duration to achieve sustainable outcomes. In El Salvador, Gastromotiva and Conectarte support government efforts to assist young women and men returnees with reintegration and in tackling the urban violence (with increasing attention to gender as lessons are learned from one cohort to the next), both of which are linked to immediate and future livelihood prospects, and so poverty, food security and nutrition.

5.4 Making markets more accessible and equitable (as retailers)

One of the study questions was: “Where CBIs are used, how are/can market-related engagement (e.g. retailer engagement, markets for change, market support) contribute to GEWE?”. In each CBI case study, the study teams intended to explore the potential for achieving gender equality-related outcomes through food supply chains from producers, aggregators, processors, intermediaries, retailers and consumers. In addition to being consumers (using the CBT to purchase), beneficiary women and men may also play role within supply chains, as for example a small-scale producer or retailer.

While, for each case study there was only time to cursorily explore this question, several observations were made.

In terms of market access, the modality and payment systems influenced beneficiary women and men's spending choices, patterns and behaviours. This in turn influenced opportunities for retailers, large and small. With food-restricted vouchers, only WFP-registered retailers stand to directly profit from the WFP CBT beneficiaries. Some, but not all, beneficiaries felt that food-restricted vouchers took advantage of the retailers' (primarily men) monopolistic or oligopolistic positions. In FGDs in Jordan, beneficiary women and men reported inflated prices and crowds in supermarkets and smaller retailers on the days that their smart card accounts were reloaded. FGD participants (both women and men) suggested that unrestricted cash would be better than vouchers, as they would have the flexibility to shop at local markets where the prices were lower. In theory, unrestricted cash in this context could potentially have enable more retailer to benefit from the CBTs compared to vouchers. In contrast, in the Egypt case study, even though many of



the WFP-registered retailers had monopolies,⁹² the FGD participants said the retailers charged fair prices⁹³ when purchases were made using the smart card. In Egypt, the CBT encouraged WFP-registered retailers to stock a variety of nutrient-rich foods not previously stocked, like milk powder, cheese, tuna and *halawa*, because the retailer would have guaranteed buyers, being the mothers of the beneficiary community school students.

With unrestricted cash⁹⁴, WFP personnel anticipated that there would be more diffuse spending through markets (supermarkets, larger shops and small-scale vendors), but this was not always the case. It also depended on the payment system. In Rwanda across all three camps studied, where the CBT was unrestricted cash, there was a concentration of purchasing at one retailer for each household. This was because items would have been purchased on credit at that one retailer (who was also the money agent) over the previous months, and on the day the account was reloaded, the debt to the retailer would be cleared.⁹⁵ Despite the 'concentration' of purchasing, both women and men beneficiaries (FGD participants) and camp managers reported more economic activity and small-scale vendors with the move from in-kind to cash-based transfers. There is also research indicating that there can be multiplier effects of the CBT, where each 1 USD given in cash to a refugee in a Rwandan camp translating into about 2 USD in the local economy.⁹⁶ In Kati (Mali), where the CBT was unrestricted cash, beneficiary women and men reported spending the bulk of their CBT on the day it is distributed at a small number of nearby retailers (mostly owned and staffed by men).⁹⁷ A small amount of cash would be retained to spend on fresh food items, such as tomatoes and onions, throughout the month (depending on household size).

The WFP-registered retailers were owned and staffed by overwhelmingly more men than women. In Egypt, despite WFP's efforts to recruit women retailers, only 2.9 to 3.9 percent of the WFP-registered retailers in the studied governorates were women.⁹⁸ In some WFP-registered retailers, such as the supermarkets in Za'atari Camp in Jordan, there were deliberate actions by supermarket management to ensure that there were women cashiers. In both Rwanda and Egypt case studies, interviewed women small-scale retailers said that women face several barriers in terms of their own livelihoods. These barriers were listed as a lack of literacy and numeracy and competing responsibilities of unpaid care and domestic work. In both Rwanda and Egypt, there were women small-scale vendors who would sell vegetables, poultry and other items. In Egypt, these small-scale vendors could not be WFP-registered retailers as they were unable to meet WFP requirements, such as related to record keeping, operating a point-of-sale machine, and having the capital to manage cashflow given that WFP reimbursed for vouchers monthly. While CBTs can

⁹² The retailers had monopolies, as there was often only one WFP-registered retailer per village. While there were other retailers in other villages or nearby towns, they were often too inconvenient to travel to for using the CBT.

⁹³ That is, a 'normal' price which was the same as for non-beneficiaries or purchases that were made by cash, not by smart card.

⁹⁴ Unrestricted cash was used in Bangladesh, Jordan (Amman), Mali (Kati) and Rwanda.

⁹⁵ Almost all woman and men FGD participants reported incurring debts with the retailers. For some, the debts had exceeded one month's CBT. In one camp, the retailers placed a maximum debt of two months' CBT. Food purchased on debt was 10 to 20 percent more expensive than food purchased using cash.

⁹⁶ Taylor, Filipiski, Alloush, Gupta, Valdes and Gonzalez-Estrada, 2016, Economic impact of refugees, *Proceedings of the National Academy of Sciences of the United States of America*, Proceedings of the National Academy of Sciences of the United States of America, 113(27): 7449-7453.

⁹⁷ Each small retailer stocked a variety of items, but each retailer would have a focus on one commodity (e.g. rice, millet or maize). Women and men beneficiaries (more men than women) would purchase items according to their need at the retailers.

⁹⁸ Some of the retailers registered by men have women serving customers. The women would typically be the wives – performing unpaid family labour – of the men shop owners.



provide a large cash injection into markets, women – more so than men – face barriers to accessing opportunities in these markets and may miss economic opportunities if gender analyses do not inform the design of programmes.

In both Egypt and Bangladesh Country Offices, there were discussions about possible ways to integrate the livelihoods programme participants with voucher programmes. For example, in Bangladesh, women training participants could potentially sell their produce (like eggs or vegetables) to WFP-registered retailers as part of the Rohingya response. In Egypt, women small-scale vendors could potentially sell vegetables and poultry through a small retailer's point-of-sale machine.



6. Findings

Earlier sections of this report (Sections 3 and 4) illustrated that CBIs can achieve food security, nutrition and gender equality-related outcomes. Conditional on their design, programmes using CBTs as a means of assistance can lead to equitable and empowering impacts for women and men, girls and boys (see Box 3). Noting that CBIs⁹⁹ can serve preventive, protective, promotive and transformative functions,¹⁰⁰ all WFP CBIs – regardless of function – can be designed and implemented for equitable impacts. For empowering impacts, a CBT alone is insufficient. To empower, CBIs require a combination of a CBT¹⁰¹ and programme activities, such as skills training, social behaviour communication change and access to services.

Box 3: Equitable and empowering impacts

Equitable impacts are achieved when women and men fairly benefit from the positive changes brought about by a CBI, relative to their situations, needs and priorities. Programming equitably requires identifying and responding to inequalities.

Empowering impacts are achieved when a CBI fosters promotive and transformative changes, where women, men, girls and/or boys have enhanced income and capabilities and causes of social inequities, exclusion and inequalities are addressed.

This section summarises the study's conclusions. Section 6.1 presents a conceptual model that was developed by the study researchers to provide a theoretical framework for structuring or guiding the study. Sections 6.2 and 6.3 present the actions that supported the achievement of equitable and empowering impacts, respectively. Finally, Section 6.4 outlines programme processes that support equitable and/or empowering impacts.

6.1 Conceptual model for CBIs for food security-, nutrition- and gender equality-related outcomes

Prior to undertaking the qualitative field research for the six CBI case studies, a desk review was undertaken. The literature reviewed did not contain a conceptual model to explain how CBIs or CBTs may lead to gender equality outcomes. Drawing on conceptual models that explained the

⁹⁹ For the purposes of this study, a cash-based intervention includes the interventions, inclusive of all programme / operational features such as messaging, conditionalities and complementary interventions.

¹⁰⁰ Protective measures provide relief from deprivation. Preventive measures seek to avert deprivation. Promotive measures aim to enhance incomes and capabilities. Transformative measures address the causes of social inequities, exclusion and inequalities. See Devereux and Sabates-Wheeler, 2004, *Transformative social protection*, Brighton, England, <http://www.ids.ac.uk/files/dmfile/Wp232.pdf>.

¹⁰¹ The CBTs need to be designed and delivered in an equitable and empowering manner.



functions of cash transfers^{102,103,104} or described GEWE dimensions^{105,106}, a conceptual model – theoretical proposition – was developed for testing during the qualitative field research (see Figure 1 in Section 2.1). A significant output of this study is the conceptual model in Figure 2. The conceptual model details seven food security and nutrition-related and eight gender equality-related outcomes resulting from CBIs, constructed from beneficiaries' personal accounts of change (outcomes) and their attribution of change (causal links).

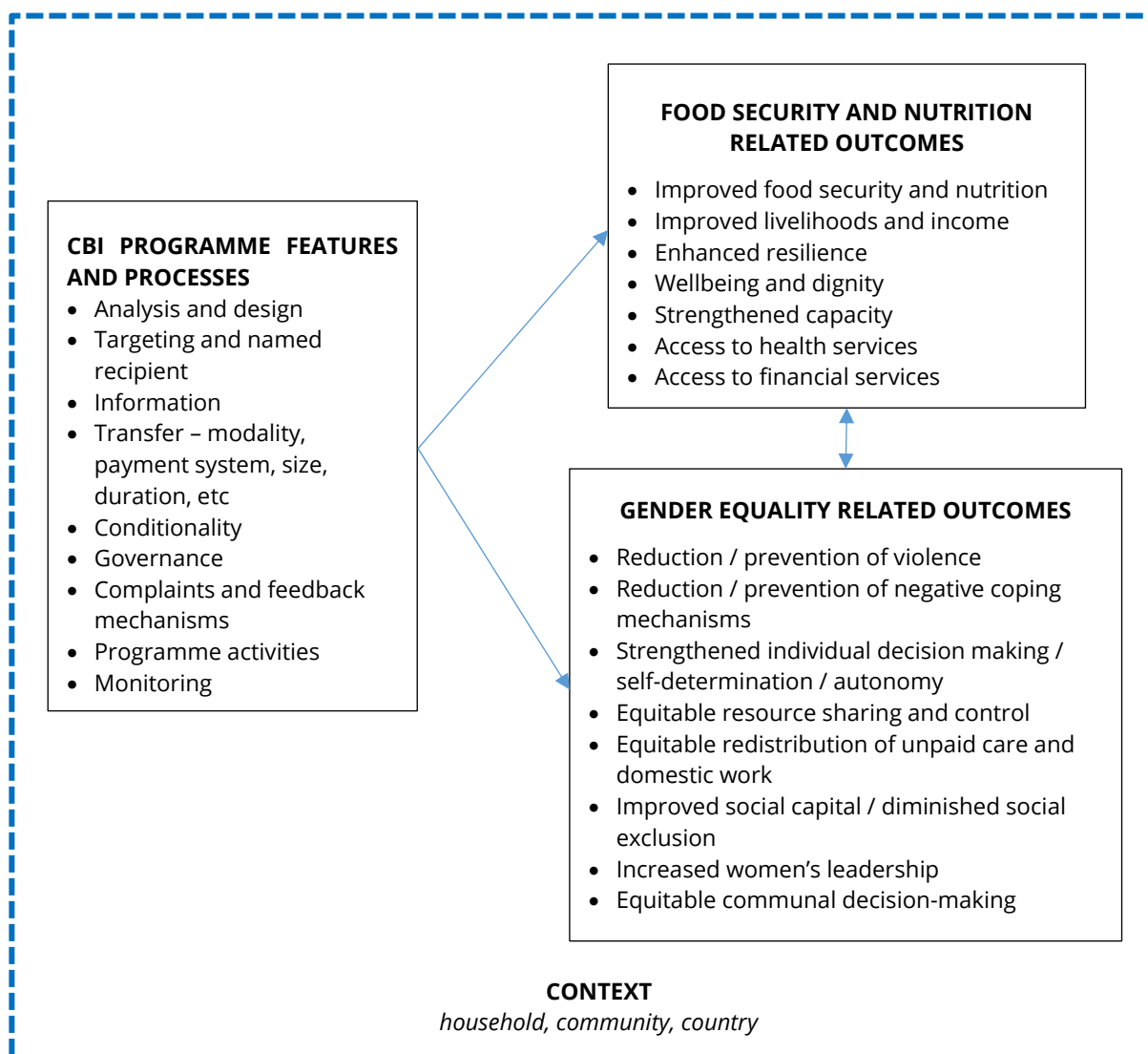


Figure 2: A conceptual model connecting CBI programme features, contextual factors and food security, nutrition and gender equality-related outcomes

¹⁰² Devereux and Sabates-Wheeler, 2004, *Transformative social protection*, Brighton, England, <http://www.ids.ac.uk/files/dmfile/Wp232.pdf>.

¹⁰³ Arnold, Conway and Greenslade, 2011, *Cash Transfers: Literature Review*, London.

¹⁰⁴ Bastagli, Hagen-Zanker, Harman, Barca, Sturge, Schmidt and Pellerano, 2016, *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*, London, <https://www.odi.org/publications/10505-cash-transfers-what-does-evidence-say-rigorous-review-impacts-and-role-design-and-implementation>.

¹⁰⁵ The Project-Level Women's Empowerment in Agriculture Index developed by the International Food Policy Research Institute (IFPRI). See <https://weai.ifpri.info/versions/pro-weai/>.

¹⁰⁶ The Women's Empowerment in Market Systems. See <https://beamexchange.org/resources/794/>.



The CBI case studies demonstrated that:

- (i) CBIs can contribute to food security and nutrition-related outcomes, including improved livelihoods and income, enhanced resilience, and access to services (discussed in Section 3 and 4.1);
- (ii) CBIs can have gender equality-related outcomes (Section 3 and 4.2);
- (iii) gender equality-related outcomes can influence food security and nutrition-related outcomes (Section 4); and
- (iv) contextual factors – at the household, community and national levels – can influence gender (roles, relations, responsibilities, rights) and outcomes (Section 5).

6.2 Equitable impacts

To reiterate, equitable impacts are achieved when women and men fairly benefit from the positive changes brought about by a CBI, relative to their situations, needs and priorities. Programming equitably requires identifying and responding to inequalities.

The six CBI case studies provided examples of how CBIs can be designed to promote equitable access to information, decision-making about and use of the transfer, and participation (or opportunity to participate) in programme activities. How programme features were designed and implemented influenced the potential for equitable impacts. This section discusses key actions that were observed to influence the equity of CBI outcomes.

Named recipient and authorisation to transact

Being the named recipient enhanced a woman's or man's role in decision-making about, and control over, the transfer, even where it was known that the CBT was intended for the entire household. For household-targeted assistance, where there was only one person authorised to conduct transactions, such as withdrawing cash from an ATM or redeeming a voucher, control over the transfer was concentrated with the individual, rather than being shared among (adult) household members. When one individual is registered, it can potentially reinforce restrictive gender norms and undermine potential improvements in food security and nutrition. Where multiple persons within a household are authorised to use the CBT, the opportunity (and workload) to conduct transactions can be shared between household members. In some circumstances, where the assistance is still designed to support the food security of a household, a decision is made to purposefully locate control over the transfer with one person, such as for the Bangladesh CBI.

The named recipient can be important for symbolic reasons. An example is when a child's name is on a smart card as part of a school feeding take-home entitlement. The child is not authorised to transact, however, as reported in the case study, girls and boys (and their mothers and fathers) reported that they feel proud of contributing to their households. The visible recognition motivated them to attend school and entitled them to select their preferred foods.



The following observed actions supported equitable impacts:

- (i) for General Food Assistance, asking households to nominate a named recipient, rather than automatically assigning the 'household head' (Rwanda);
- (ii) for conditional transfers, naming the person who fulfils the conditionality as the recipient (Bangladesh, Egypt and El Salvador); and
- (iii) in some cases, having multiple persons within a household authorised to carry out transactions, thereby diffusing control and sharing workload (Jordan, Egypt, Mali and Rwanda). In other cases, having no alternate to concentrate the control of the CBT with one person (as applied to the individual-targeted CBIs in Bangladesh and El Salvador).

Information and communication

A range of information and communication channels were used across the six case studies: text messages, printed flyers, person contact points, house-to-house visits, community meetings, and communication trees. Women and men face different barriers in accessing information depending on, for example, access to technology (mobile phone), literacy levels, paid and unpaid workload, location of work, mobility, and levels of social exclusion. Where there is reliance on telephone calls and text messages, women are less likely to be direct recipients of information as they are less likely to own mobile phones.¹⁰⁷ In many contexts, the location and timing of community meetings determines who can participate. Women are more able to attend when close to their houses and accommodating their unpaid work. Men engaged in remunerated work away from their houses are likely to find it difficult to attend a meeting held during the day near their homes. The person or entity calling the meeting also matters, with persons of authority – village chiefs, implementing partners, WFP – influencing, or determining, the decisions made. This was observed, for example, in Mali where village chiefs were described as being instrumental in decisions related to membership of committees, beneficiary households and the content of the "food kit".

In some CBIs, only one person per household would receive text messages or be invited to attend meetings. When this occurred, there was an information gap between household members. In one case study, beneficiary men were better informed than their wives about the CBT. This meant that men were better placed to influence how the CBT was used with, for example, the men learning how to use an ATM. When beneficiary women or men do not receive information – on, for instance, how to use a smart card, the contents of the 'food basket' or that changes to the transfer modality – their ability to make choices and act is limited. This diminishes the potential positive impacts for beneficiaries – more often observed for women than men in the study – who may not be able to use their CBTs in an optimal manner for themselves and their households, like purchasing the most nutritious foods using a voucher.

It cannot be assumed that information received by one member of a household (commonly observed to be a man – who may be the father, husband, older brother – in the case studies that involved household targeting) will be transmitted at all or accurately to other members of his/her household.

¹⁰⁷ GSMA, 2018, *The Mobile Gender Gap Report 2018*, <https://www.gsma.com/mobilefordevelopment/connected-women/the-mobile-gender-gap-report-2018/>.



The following observed actions supported equitable impacts:

- (i) using multiple communication channels and not relying exclusively on technology-based channels, such as mobile phone text messages) (Bangladesh, El Salvador and Rwanda);
- (ii) having in-person contact points for provision of information and resolving problems (Bangladesh, Egypt, El Salvador, Mali and Rwanda).

Transfer modality and value

The transfer modality and value influenced decision-making over, and use of, the CBT. When the CBT was provided to a household as a food-restricted voucher, women were more often the sole or primary decision-makers, than were men. This allocation was often due to socio-cultural norms that assign women care and domestic responsibilities, such as shopping for and preparing food. When unrestricted cash was provided, men were more likely to be engaged in decision-making or be the primary decision-maker, than when the transfer was a voucher, card and restricted. Being unrestricted, the CBT would be used to purchase non-food items as well as food. When the transfer value was small relative to household income, women were more likely to be given autonomy in controlling the CBT (given perceptions of relative insignificance).

The transfer modality (in-kind versus cash-based) had effects on wellbeing, dignity, conflict, violence, time use, workload and savings, as experienced differently by women and men. Providing cash-based, rather than in-kind, transfers were observed as enabling access to foods according to lifecycle needs, such as calcium- and iron-rich food for pregnant and lactating women and girls, nutritious porridges for young children and softer food for elderly persons.

The following observed actions supported equitable impacts:

- (i) undertaking gender analyses and protection assessments to understand beneficiary women's and men's preferences (Mali and Rwanda) or the feasibility of CBTs (all case studies);
- (ii) undertaking pilots to understand the impacts of changes in transfer modality on beneficiary women and men (Jordan and Rwanda); and
- (iii) calculating a transfer value according to the recipients (number, age, gender).

Transfer duration and timing

The transfer duration was determined by the CBI's purpose and context. For CBIs seeking promotive and transformative outcomes – such as increasing incomes, improving livelihood prospects and women's empowerment – a longer duration of transfer provision is required, then where the CBI is focussed on (limited to) preventive and protective outcomes. This was evident, for example, in the Bangladesh case study, relative to, for instance, the General Food Assistance for Syrian refugees in Jordan.

The timing of the transfer is critical too, particularly for seasonal transfers. When timed to occur over periods that women and men (or even girls and boys) are especially likely to use negative coping strategies, such as hazardous or exploitative livelihoods, the CBT can support protective and preventive functions.



The following observed actions supported equitable impacts:

- (i) using a transfer duration that reflected the duration required for women and men (and girls and boys) to bring about the desired changes (Bangladesh and Egypt); and
- (ii) for seasonal transfers, ensuring that the timing of transfer occurs when beneficiaries – differentially seen / addressed as women, men, girls and boys – were most vulnerable and likely to use negative coping strategies (Mali).

Awareness-raising and education

Awareness-raising was a common component of the CBIs studied. Common content of disseminated messages addressed equitable intra-household decision-making and meeting the nutrition needs of different household members (infants, children, pregnant and nursing women, elderly persons). In integrated programmes, such as in Bangladesh and El Salvador, the information transmitted reportedly contributed to increased awareness and understanding for the women and men participants about nutrition, hygiene, gender roles, sexuality, citizenship, harmful practices, interpersonal relations, and access to health and financial services; some beneficiaries acted on their new knowledge. For household-targeted CBIs, the learning component was most effective when information reached several members of a household. For example, in Bangladesh, when household members (the woman training participant, her husband and mother-in-law) received awareness raising messages, they worked together towards changing a behaviour, such as better interpersonal relations or hygiene practices.

The opportunities for awareness-raising and education varied across contexts and programmes. For in-kind transfers, beneficiaries are a captive audience while waiting for rations. In contrast, beneficiaries receiving a CBT may not have direct contact with WFP or a partner. Contact has shifted to retailers and bank agents. In conditional CBIs, such as Food Assistance for Assets or Training and school feeding, there in-person contact is retained, providing opportunities to foster learning among beneficiaries. Information can be provided in gender-responsive ways, such that women and men (and girls and boys) have equitable access to the information and learning.

The following observed actions supported equitable impacts:

- (i) designing awareness-raising activities based on participatory gender, protection and nutrition analyses (Bangladesh, El Salvador and Rwanda);
- (ii) including awareness-raising on decision making over the CBT (Bangladesh and Rwanda) and using the CBT to make decisions to improve nutrition, including of all household members based on lifecycle needs (Bangladesh, Egypt, El Salvador and Rwanda); and
- (iii) ensuring awareness-raising and education reaches both women and men using measures that enable direct contact with all participants (Bangladesh, El Salvador and Rwanda).

Governance and complaints and feedback mechanisms

Depending on the type of CBI and the context, committees – or other forms of governance – can contribute to equitable implementation and outcomes. Committees were formed in three of the six case studies. While women were represented in all committees in the three CBIs, women beneficiaries in some communities did not know this. The women committee members may not have been visible because their assigned roles were token or due to their inexperience in leadership roles (which can be redressed through training and mentoring). Women's meaningful



representation in committees is important for several reasons. It can give beneficiary women a voice in how CBTs and programme activities are designed and implemented. Their representation can provide beneficiary women with an in-person mechanism to lodge complaints, provide feedback or resolve problems. It is also an important symbol to women and girls that women, including those in their communities, can be leaders and are capable of making decisions.

Across the CBIs, the complaints and feedback mechanisms were primarily used by women and men beneficiaries to address (i) technology challenges, such as forgotten PINs, damaged or lost cards, and incorrect or no crediting of cards, and (ii) reportedly disrespectful retailers. Where there were phone hotlines, many women and men reported long waiting times or challenges in connecting. The (more) women and (some) men who did not have telephones would request the assistance of friends or retailers to access the hotline. Complaints and feedback mechanisms were mainly perceived as existing to assist with 'technical' CBT challenges, rather than issues associated with a programme or being a 'beneficiary' (like insecurity and violence). When insecurity or violence occurred, beneficiary women and men were reportedly more likely to seek the assistance of a committee member or a contact point, than use a hotline. This underscores the importance of having diverse committee composition, particularly if women are only willing (or able) to contact other women to discuss concerns (and similarly men with men). Where the complaints and feedback mechanism is a contact person or persons (programme manager, village leader, Cooperating Partner personnel etc.), there may be an element of power – linked to roles, inter-personal relations, social position, economic status – that (consciously or unconsciously) limits the likelihood of a beneficiary seeking assistance. In such a situation, gender can be an influencing factor, particularly where there are inequalities in social and economic status.

The following observed actions supported equitable impacts:

- (i) ensuring that women were represented on the committees, that they were assigned roles and provided with training and/or mentoring (Bangladesh and Mali (Kati)); and
- (ii) ensuring that there are multiple mechanisms to lodge a complaint or provide feedback, and not sole reliance on a phone hotline or one contact person (Bangladesh, Egypt, El Salvador, and Rwanda).

6.3 Empowering impacts

Empowering impacts are achieved when a CBI fosters promotive and transformative changes, where women, men, girls and/or boys have enhanced income and capabilities and causes of social inequities, exclusion and inequalities are addressed.

CBIs can reinforce – sometimes strengthen – inequitable power relations between individuals, as well as within and among communities. CBIs can also contribute to shifting power relations so that they are more equitable, which is needed for empowerment and equality. From the six CBI case studies, it was evident that CBTs are, in themselves (as transfers), neither promotive nor transformative. CBIs – integrated programmes using CBTs as a means of assistance – can be promotive and transformative. The case studies provide examples of CBIs with promotive and



transformative impacts: (i) reducing or preventing violence (Bangladesh, Egypt, El Salvador); (ii) strengthening decision-making, autonomy and mobility (Bangladesh, El Salvador, Rwanda); (iii) increasing skills and knowledge (Bangladesh, Egypt, El Salvador); (iv) improving livelihoods and income earning capacities (Bangladesh, El Salvador); (v) reducing social exclusion and increasing social capital (Bangladesh, El Salvador); and (vi) promoting women's leadership (Bangladesh).

As gender equality is multi-dimensional,¹⁰⁸ integrated CBIs – CBT + programme activities – are required for transformational impacts – impacts that reduce existing inequalities, foster resilience, promote self-determination. Examples of programme activities observed in the study are listed in Table 2. A previous women's empowerment study on Food Assistance for Assets¹⁰⁹ and extensive research by the ILO for women's entrepreneurship¹¹⁰ support the finding that multiple actions are required for promotive and transformative outcomes.

Depending on the gender of the participants, programme activities may not be as accessible due to constraints, such as domestic responsibilities and workload, opportunity cost in employment, attitudes as to acceptable roles for women and men, or mobility. In the CBI case studies, efforts were made to reduce barriers to participation through, for example, providing child care and awareness-raising (e.g. on gender roles and women's work). CBTs can off-set lost income during participation in the programme or secure a spouse's or other household members' consent to participate.

CBTs have promotive and transformative potential that in-kind transfers lack. CBTs can potentially (i) shift social norms on women's and men's control of cash; (ii) encourage savings (for consumption,¹¹¹ periods of hardship or livelihoods) and promote financial inclusion (and the associated influence that comes from command of money); and (iii) promote mobility.¹¹²

The following observed actions supported empowering impacts:

- (i) ensuring that gender and age analyses influence the design and implementation of CBIs;
- (ii) designing and implementing integrated CBIs with a range of programme activities to lead to promotive and transformative changes (Bangladesh and El Salvador);
- (iii) ensuring that there were no barriers in women's participation because of the conditionalities of attendance (Bangladesh) and mitigating some barriers to participation by providing child care, transport costs, and off-setting the opportunity cost of attending programme activities (El Salvador);
- (iv) ensuring that the CBIs are implemented for an appropriate duration, noting the length of time required for promotive or transformative changes (Bangladesh and El Salvador);

¹⁰⁸ See for example. UNHLP, 2017, *Leave No One Behind: A Call to Action for Gender Equality and Women's Economic Empowerment*, <http://hlp-wee.unwomen.org/-/media/hlp%20wee/attachments/reports-toolkits/hlp-wee-report-2016-09-call-to-action-en.pdf?la=en>. The panel provided seven drivers for women's economic empowerment.

¹⁰⁹ WFP, 2017, *The potential of Food Assistance for Assets (FFA) to empower women and improve women's nutrition: a five-country study*, Rome, <https://docs.wfp.org/api/documents/WFP-0000023821/download/>.

¹¹⁰ ILO, 2018, *Entrepreneurship Development Interventions for Women Entrepreneurs: An update on what works*, http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---ifp_seed/documents/briefingnote/wcms_616805.pdf.

¹¹¹ This refers to consumption of larger value items, such as school uniform, children's shoes and adults' clothing.

¹¹² For example, cash can promote mobility by providing women with opportunities (or 'reasons') to leave the house (e.g. for shopping) or pay for transportation costs.



- (v) designing livelihoods and vocational activities based on rigorous livelihoods or labour market analyses, with gender integrated (Bangladesh and El Salvador);
- (vi) equipping beneficiaries (women and/or men) with business and entrepreneurial skills and to make business decisions (Bangladesh and El Salvador);
- (vii) enhancing beneficiaries' (women's and/or men's) personal empowerment (self-confidence, self-perception, autonomy, status, decision making, etc) (Bangladesh and El Salvador);
- (viii) promoting savings schemes or access to finance so that women and men can save for consumption, periods of hardship or livelihoods (Bangladesh, Egypt and Rwanda);
- (ix) including behaviour change communications to contribute to transforming social norms – such as on “women's work”, women's mobility and redistribution of unpaid care and domestic work (Bangladesh) and on gender, sexuality, violence and citizenship (El Salvador);¹¹³
- (x) equipping women and men to navigate through change and conflict in their households and communities, such as through awareness-raising, role plays and access to a 'resource person', as social norms shift, such as where women gain or expand livelihood activities (Bangladesh, El Salvador);
- (xi) including actions that build horizontal and vertical social capital, with examples including peer support groups, local oversight committees, voluntary work and community projects (Bangladesh and El Salvador);¹¹⁴ and
- (xii) teaching women how to sign their names (Bangladesh).

6.4 Programme processes supporting equitable and empowering impacts

To design and implement CBIs for equitable and/or empowering impacts, two processes are indispensable: (i) gender (and age) analyses, plus protection assessments, that inform the design and implementation of CBIs; and (ii) gender-responsive monitoring to support implementation.

In the case studies, gender analyses and protection assessments were (variably) used to identify women's and men's preferences, such as for CBT modality or payment system, and/or the feasibility of a CBT (e.g. distance to markets). Analyses were also undertaken to understand contextual factors – social, cultural, political and market – to design relevant and effective CBIs. Some CBIs commenced with pilots to test for unanticipated challenges and effects, before 'scaling-up' to programmes.

Gender-responsive monitoring tracks progress towards equitable and empowering outcomes.¹¹⁵ To understand changes – such as felt and experienced empowerment (or not) and whether impacts are being equitably experienced by targeted women and men (or girls and boys) –

¹¹³ In Bangladesh, the behaviour change communications targeted women and men, as well as 'gatekeepers' such as mothers-in-law and community leaders.

¹¹⁴ Drawing on the Sustainable Livelihoods Framework, “social capital represents the social resources that people draw on to make a living, such as networks/relationships with either more powerful people (vertical connections) or with others like themselves (horizontal connections), or membership of groups or organisations. Generally, relationships of trust, reciprocity and exchange that the poor [sic] can draw on in times of need, and that lower the costs of working productively together.” See: DFID, 1999, *Sustainable Livelihoods Framework Guidance Sheets*, <https://www.enonline.net/dfidsustainableliving>.

¹¹⁵ For information and guidance on gender-responsive monitoring, see the “Monitoring” section of the WFP Gender Toolkit – <http://gender.manuals.wfp.org/en/gender-toolkit/gender-in-programming/monitoring/>



information needs to be gathered and analysed at the individual level, and not restricted to household, community or institutional levels. Moreover, data need to be systematically disaggregated by sex and age (and other variables) and subjected to gender analyses.

The following observed actions supported equitable and empowering impacts:

- (i) undertaking comprehensive analyses and consultations on gender and related issues of protection, nutrition and livelihoods (Bangladesh);
- (ii) piloting the CBI with a small caseload to identify impacts, such as related to control of and decision making on the CBT, transfer use, workload and time-use, mobility, saving, livelihoods etc (Bangladesh, El Salvador, Jordan and Rwanda); and
- (iii) collecting monitoring data at the individual level, and not solely household or institutional levels, and analysing it from a gender perspective (Bangladesh, El Salvador).



7. Recommendations and opportunities

The study confirmed the potential of CBIs to promote gender equality and empower women. The study also highlighted opportunities to expand, consolidate and systematise the potential of WFP's cash-based programming to be equitable and empowering. There are opportunities for WFP to enhance its policy and practice in the design, implementation and monitoring of CBIs for gender equality outcomes. This final section presents programmatic and institutional recommendations to strengthen WFP's cash-based practice, and opportunities for WFP to consider as it expands its cash programming.

7.1 Recommendations

Programmatic recommendations

For CBIs to be equitable, there are four fundamental components. A CBI needs to:

- (i) be informed by gender and age analyses, possibly supplemented with pilots;
- (ii) design or adjust programme features to promote equitable and empowering impacts;
- (iii) promote learning and behaviour change for equitable decision-making over the use of transfers; and
- (iv) ensure that monitoring is gender-responsive.¹¹⁶

For CBIs to be empowering, it needs to be designed and implemented as an integrated programme with a range of programme activities to promote gender equality and empower women.

Recommended actions for each of the five components are summarised in Table 4.

Table 4: Recommended actions to advance gender equality and empower women in programming using CBTs

CBI programme feature	Recommended actions
(i) Be informed by gender and age analyses and possibly supplemented with gender-responsive pilots	
Gender and age analyses and gender-responsive pilots	<ul style="list-style-type: none"> • Undertake comprehensive, participatory gender and age analyses, also attending to issues of protection, nutrition and livelihoods. • Pilot the CBI with a small caseload to identify impacts on control and decision making around the CBT, transfer use, workload and time-use, mobility, livelihoods, savings and indebtedness.
(ii) Design or adjust CBI programme features to promote equitable and empowering impacts	

¹¹⁶ The importance of prioritising gender-responsive monitoring was reinforced through the responses to the practitioner survey. Slightly more than half (57%) of the survey respondents (63% of the men respondents, 51% of the women respondents) stated that gender equality outcomes were tracked and documented in the CBIs with which they have been involved. Additionally, approximately one-third (38%) of the survey respondents listed monitoring systems supporting the tracking of gender equality results as a challenge.



CBI programme feature	Recommended actions
Named recipient and authority to transact	<ul style="list-style-type: none"> • For General Food Assistance, establish a process by which a named recipient is selected or nominated. Do not automatically assign the 'household head' (commonly a man, given prevailing socio-cultural norms) as the named recipient. Ensure that the process of determining "named recipient" is informed by participatory gender analyses and protection assessments. • Where a household is targeted and as appropriate, have multiple named recipients or at least one woman and one man per multi-adult household. • Where appropriate in conditional transfers, and where restrictive gender roles will not be reinforced, name the individual who fulfils the conditionality as the recipient. Examples of conditionalities include school attendance or participation in a Food Assistance for Training programme. Where it is a "named recipient" – so not plural – determine if alternate persons should be permitted to carry out transactions. In some circumstances, a CBI may be designed for individual targeting to redress an inequity or inequality. In other circumstances, having authorised alternates can promote shared control, decision-making and workloads. • Monitor the effects on control and use of the transfer, as assumptions made when designing the CBI may not hold.
Information and communication	<ul style="list-style-type: none"> • Use communication channels that are safely and directly accessible to women and men. • Use multiple communication channels to not rely exclusively on technology-based channels, like mobile phone text messages. • Do not assume that information received by one person will be transmitted at all or accurately to other persons, including within a household. • Check that information has been accurately received and understood by women and men (for General Food Assistance) or the intended persons (for other CBIs).
Transfer modality and value	<ul style="list-style-type: none"> • Ensure that selection of the transfer modality and size enables equitable control and use of the CBT by women and men (particularly for household-targeting). • Consider the effects of transfer modality and size on other outcomes, such as wellbeing, dignity, conflict, violence, time use, workload, livelihoods and savings as experienced (differently) by women and men – and make decisions that support equitable and empowering impacts. • Select the transfer modality (in-kind versus CBT) that most effectively meets lifecycle needs, as vary by gender.
Transfer duration and timing	<ul style="list-style-type: none"> • For CBIs with promotive and transformative functions, use a transfer duration that reflects the duration required for women and men (and girls and boys) to realise the desired changes. • For seasonal transfers, ensure that the timing of the transfer occurs when beneficiaries are likely to be most vulnerable to hunger and malnutrition and so use negative coping strategies, which requires attention and response to differences between women and men.
Committees and complaints and	<ul style="list-style-type: none"> • For non-targeted interventions, ensure that women and men are equally represented on committees (and all decision-making entities), with equal



CBI programme feature	Recommended actions
feedback mechanisms	<p>sharing of roles (including decision-making roles) and provided with training and/or mentoring. In some contexts, there may need for women-only committees to provide women with the space to participate and take decisions.</p> <ul style="list-style-type: none"> • Ensure that beneficiary women and men both know their women and men committee members. • Ensure multiple mechanisms to lodge a complaint or provide feedback, and not solely rely on a phone hotline or one contact person.
(iii) Promote learning and behaviour change for equitable decision making over the use of transfers	
Awareness-raising and education	<ul style="list-style-type: none"> • Design awareness-raising messages that effectively challenge restrictive gender norms and tackle gender inequalities. • At a minimum, include learning on decision-making over the CBT and using the CBT to make decisions to improve the food security and nutrition of all household members (based on lifecycle needs). • Ensure awareness-raising and education directly reaches both women and men using safe and accessible communication channels. • Identify means of reaching women and men if there is minimal (direct) beneficiary contact. • Include awareness-raising on rights and/or services, such as for gender-based violence, health and finance.
(iv) Ensure that monitoring is gender-responsive	
Gender-responsive monitoring	<ul style="list-style-type: none"> • Collect monitoring data at the individual level, and not solely household or institutional levels. • Systematically disaggregate person-related data by sex and age. • Use gender-specific indicators to track impacts. • Use qualitative processes to understand women's and men's personal accounts of change. • Revise the CBI based on learning from the gender-responsive monitoring.
(v) For CBIs to be empowering	
Integrated programming	<ul style="list-style-type: none"> • Design integrated programmes with a range of activities to lead to promotive and transformative changes. • Ensure that there are no barriers to the participation of women and men, including in relation to any programme conditions. Mitigate barriers to participation by, for example, facilitating access to care services, providing transportation costs and off-setting the opportunity cost of attending programme activities. • Ensure that the CBIs are implemented for an appropriate duration, noting the length of time required for promotive and transformative changes.
Livelihoods programming	<ul style="list-style-type: none"> • Design livelihoods and vocational activities (training, asset grants or loans, market linkages) based on rigorous livelihoods or labour market analyses, in which gender and age are integrated.



CBI programme feature	Recommended actions
	<ul style="list-style-type: none"> • Provide activities designed to equip beneficiaries (women and/or men) with capacities to establish or expand their own businesses (individually and/or collectively). • As necessary, include literacy and numeracy training.
Addressing social norms and intra-household conflict	<ul style="list-style-type: none"> • Include social and behaviour change communications to support transformations in restrictive social norms, such as related to “women’s work”, women’s mobility, and redistribution of unpaid household work). The SBCC programmes need to target women and men as well as ‘gatekeepers’ such as mothers-in-law or religious and community leaders. • Equip women and men to navigate through change and conflict in their households (e.g. through awareness raising and role plays) as women gain or expand livelihood activities. • Include actions that build horizontal and vertical social capital. Examples include peer support groups, local oversight committees, voluntary work and community projects.

Institutional recommendations

For programming using CBTs to systematically contribute to GEWE, institutional aspects of WFP need to be addressed. Through the CBI case studies, the global learning workshop¹¹⁷ and the practitioner survey¹¹⁸, a range of areas for institutional strengthening were identified. This section provides recommendations for institutional strengthening that supports equitable and empowering programming utilising CBTs.

CBI and gender capacities. A cited barrier to effective programming using CBTs and addressing gender inequalities was a lack of staff capacities. In the global learning workshop, many WFP employees reflected that too few employees have strong capacities in both CBTs and gender. During the workshop’s group discussions for example, the lexicons of CBI and gender specialists were new to each other, resulting in exchanges such as “What does gender-responsive monitoring mean?” and “How does a transfer modality differ from a payment system?”.

Gender-in-cash’ is a growing area of competence for humanitarian and development actors.¹¹⁹ Competencies are critical for implementing the aforementioned programmatic recommendations, and so equitable and empowering CBIs.

Cash programming and gender capacities can be strengthened by:

- training a cadre of WFP employees as cash-in-gender specialists with, for instance, one or two specialists per region;

¹¹⁷ Held in Rome in November 2018.

¹¹⁸ Results are reported in Annex 7: Practitioner survey summary report.

¹¹⁹ This issue was also discussed in the Cash Learning Partnership (CaLP) Gender and Cash Based Programming in Africa Symposium in Nairobi on 21 February 2018. See for example CaLP, 2018, *Gender and Cash Based Assistance in Humanitarian Contexts: An Agenda for Collective Action*, <http://www.cashlearning.org/downloads/agenda-for-collective-action---gender---cba---final.pdf>.



- bringing necessary CBT and gender expertise¹²⁰ 'around the table' to collaborate on designing and implementing CBIs that are equitable and empowering, while simultaneously exchanging ideas and strengthening each other's capacities;
- developing a training module – possibly combining online and in-person components – that foster learning on gender in CBIs for WFP employees and partners;
- recruiting gender advisors who have experience in cash programming and recruiting CBT advisors who have gender expertise; and
- developing a roster of specialists that have gender-in-cash expertise.

Guidance, processes, tools and resources. WFP's Cash and Voucher Manual and Gender Toolkit are both rich resources of information and guidance. There are also many resources developed by other humanitarian and development actors.¹²¹ Across WFP employees, there is a lack of familiarity with the breadth of resources; and workloads limit opportunities for employees to find and become familiar with the resources, such as on women's entrepreneurship and SBCC programmes.

While many resources exist, there is a need to regularly update guidance and tools to reflect evolving thinking and practice on CBT, integrated programming and gender equality outcomes. For example, aligned to the Strategic Plan (2017-2021), Corporate Results Framework and Gender Policy (2015-2020), there is a need to understand and monitor the food security and nutrition of individuals, as well as the contextual factors that influence the food security and nutrition of individuals. This means seeing and understanding the different women, men, girls and boys involved in WFP's programming. When data are only collected on household-level indicators, disparities in the food security and nutrition of individual household members (such as those between women, men, boys and girls of varying ages) are obscured. Existing processes, tools and indicators to measure outcomes at the individual level need to be systematically applied, strengthened and expanded.

During the study, a commonly cited request to support learning, and so efficient, effective, equitable and empowering cash-based programming, was for 'good practice' examples. There is thus a need for documentation and sharing of good practice examples or lessons learned within (and beyond) WFP.

Potential actions relating to guidance, tools and processes include:

- updating the WFP Cash and Voucher Manual and CBT tools (e.g. monitoring tools), drawing on most recent thinking on gender equality programming and findings from this study;
- applying and developing, as needed, individual-level indicators (and processes to measure them) to complement the household-level indicators currently used;
- documenting and sharing good practice examples and lessons learned;
- curating a list of the most useful external resources, for WFP, relating to gender and cash and disseminating to relevant WFP employees and partners; and

¹²⁰ As a Regional Bureau advisor commented, "If there is no gender-in-cash expert, we just need to bring the gender expert and the cash expert together".

¹²¹ See for example, <http://www.cashlearning.org/thematic-area/gender-and-ctp>.



- supporting gender and CBT advisors at Country Office, Regional Bureaux and Headquarters level in their advisory and cross-learning roles.

Gender analyses and pilots. Another identified obstacle to promotive and transformative programming involving CBTs was inadequate or poor-quality analyses. To design CBIs that are equitable or empowering, the critical first step is a comprehensive, participatory (and context-relevant) gender analysis. The CBI-related gender analyses and protection assessments reviewed for this study varied greatly in quality. While some provided the basic information to inform CBI design, others were cursory exercises. For the needed gender and age analyses to be conducted, gender advisers need adequate knowledge of cash-based programming, while CBT advisers need basic understanding of gender and gender analyses.

Even where analyses are undertaken, not all impacts of a programme can be anticipated. Piloting a CBI with a small caseload can allow WFP and partners to observe intended and unintended effects on women and men (and boys and girls) – such as related to CBT control and use, workload and time-use, mobility, savings, livelihoods, resiliencies and indebtedness – and gender equality. Country Offices in this study that conducted pilots described them as providing valuable learning and insights. Pilots provided an opportunity to fine-tune or adjust programme features. Pilots, and particularly those that integrate gender, can also foster acceptability (or even demand) for the programme or a new CBT modality.

Potential actions to systematise comprehensive and participatory gender and age analyses and programme pilots include:

- ensuring that CBT gender analyses and protection assessments are of high quality by resourcing them with experienced cash-in-gender expertise or, where such expertise is not available, ensuring that the analyses are undertaken jointly by both gender and CBT advisers, over an adequate time period;
- sharing examples of terms of reference and reports for high-quality CBT gender and age analyses;
- sharing examples of terms of reference and reports for pilots that are designed to have equitable and empowering outcomes;
- building the capacities of gender and CBT employees in analysis and programming through cross-learning and mentoring; and
- ensuring that the comprehensive and participatory gender and age analyses, and resulting pilots, are used to inform programming.

7.2 Opportunities

Protracted displacement and conflict. Given the observations in Section 5.1, there are opportunities to design and implement equitable or empowering programmes with CBTs in contexts of protracted displacement and conflict. The opportunities include exploring:

- (i) how programmes can systematically consider the food security and nutrition needs and priorities of women, men, girls and boys in protracted displacement and conflict. For



example, this may include supporting women to have paid employment so that young boys are not withdrawn from school to work;

- (ii) how social and behaviour change communication (SBCC) initiatives can transform inequitable gender norms in protracted displacement. SBCC can potentially redefine gender roles and relations, for example recasting men's traditional role of a household 'provider' to a 'protector' of his children's nutrition;
- (iii) collaborating with UNHCR¹²² and other actors to support women and men to equitably gain new (or build on existing) livelihood, life or work-ready skills. This may include partnerships with potential employers in the private sector (as seen with Gastromotiva) or social enterprises (as seen in UNHCR's work in Rwandan camps); and
- (iv) how programmes can be designed that help individuals to integrate (or reintegrate) into their existing contexts. Programmes may include mechanisms for navigating conflict, building community acceptance or accessing services.

Urban contexts. Given the observations in Section 5.2, there are several opportunities to promote equitable and empowering CBIs in urban contexts. The opportunities include exploring:

- (i) innovative ways of reaching and engaging beneficiary women and men in urban food assistance programmes, taking into consideration gender differences and inequalities in, for instance, women's and men's literacy and access to technology, like mobile phones.¹²³
- (ii) options for building livelihood assets of beneficiary women and men in urban contexts. Programmes need to be designed to consider the particular barriers that women and men have in participating in Food Assistance for Training programmes, such as unpaid care and domestic work, mobility or the need for permission from household members or other persons.

Working in middle income countries. From the case studies and observations in Section 5.3, there are opportunities for CBIs implemented in middle-income countries to be more equitable or empowering. Opportunities to be explored include:

- (i) strengthening capacities of governments in gender-equitable and transformative policy, service and programme design and implementation, such as through facilitating revision of normative frameworks, developing guidance manuals, training, deploying gender technical expertise, supporting initiatives;
- (ii) developing models for and piloting programmes that are promotive and transformative for beneficiary women and men, like EFSN, Conectarte and Gastromotiva; and
- (iii) working with the same beneficiary populations or transitioning beneficiaries to national, gender-responsive social protection systems to ensure synergies.

Making markets more accessible and equitable. From the observations discussed in Section 5.4, there are opportunities to foster equity and empowerment in terms of market engagement. Potential opportunities are:

¹²² As the livelihoods lead in refugee responses.

¹²³ In low- and middle-income countries, women are 10 percent less likely to own a mobile phone than men (or 184 million fewer women than men). GSMA, 2018, *The Mobile Gender Gap Report 2018*, <https://www.gsma.com/mobilefordevelopment/connected-women/the-mobile-gender-gap-report-2018/>.



- (i) to explore effective models of linking small-scale producers or vendors (particularly women) with WFP-registered retailers (where food-restricted vouchers are used) or to markets (where unrestricted cash is used); and
- (ii) supporting women to become sizeable retailers or producers – small and medium, rather than micro, enterprises – such as through training on literacy, numeracy and business skills, providing capital, forming group businesses, and establishing or strengthening market linkages.



Acronyms

ATM	Automated teller machine
BDT	Bangladesh taka
BMS	Banque Malienne de Solidarité
CBI	Cash-based intervention
CBT	Cash-based transfer
COMET	Country Office Tool for Managing (programme operations) Effectively
DRC	Democratic Republic of Congo
EFSN	Enhancing Food Security and Nutrition programme
EGP	Egyptian pound
FFA	Food Assistance for Assets
FFT	Food Assistance for Training
FGD	Focus group discussion
FSN	Food security and nutrition
GEWE	Gender equality and women's empowerment
IFPRI	International Food Policy Research Institute
ILO	International Labour Organisation
JAB	Jordan Ahli Bank
JOD	Jordanian dinar
MDD-W	Minimum dietary diversity for women of reproductive age
NEC	Nutrition Education and Counselling
NGO	Non-government organisation
ODI	Overseas Development Institute
PIN	Personal identification number
POS	Point-of-sale
RWF	Rwandan francs
SBCC	Social and behavioural change communication
SDG	Sustainable Development Goal
UNHCR	United Nations High Commissioner for Refugees.
UNICEF	United Nations Children's Fund
USD	United States dollar
WFP	United Nations World Food Programme
XOF	West African Communauté Financière Africaine (CFA) franc



Glossary

The definitions of the key terms used in this study are those of WFP.

Further definitions can be found in the [WFP Cash and Voucher Manual](#) or the [CaLP glossary](#).

Term	Definition	Source
Cash-based transfer	Transfers are cash-based if the recipients of the benefit receive currency or value entitlement (e.g. value vouchers). For the purposes of this study, 'cash-based transfer' refers to the transfer itself, and not the intervention, initiative or programme within which the transfer is provided.	WFP Cash-based Transfers Terminology
Cash-based intervention	For the purposes of this study, a cash-based intervention refers to programmes, projects or other initiatives that use CBTs as a means of providing food assistance.	Study
Complementary interventions	For the purposes of this study, complementary interventions are interventions that are combined with a CBT. Complementary interventions may be implemented by the same entity / entities providing CBI, or by other entities working in collaboration. Examples include provision of training and/or livelihood inputs, or behavioural change communication programmes. A CBI that is combined with complementary interventions is referred to as Cash Plus.	Drawn from the CaLP glossary's definition of Cash Plus
Conditional assistance	<p>Conditional assistance imposes requirements on beneficiaries, such as participation in work, training, attending school or adhering to health treatment (requirements must not include monetary contribution nor repayment from the beneficiary). The transfer, whichever its modality, is given after recipients have performed some task or activity as a qualifying condition of receiving the assistance.</p> <p>Labour/training conditionality: WFP's conditional transfers are usually made in return for participation in work or training, such as in food assistance training/asset creation activities. Food assistance for assets (FFA) activities are intended to directly help beneficiaries as well as support the wider community through the outputs of the labour.</p> <p>Behavioural change conditionality: Assistance can also be used to encourage or influence behaviour change, such as following health advice or treatment, attending nutritional education classes or sending children to school).</p>	WFP Cash and Voucher Manual



Gender-based violence	<p>“Gender-based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.” (Inter-Agency Standing Committee, 2015, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery, p. 5.)</p>	WFP Gender Toolkit
Gender equality	<p>Gender equality refers to the equal exercise by women and men, girls and boys, of rights, opportunities, resources and rewards. Equality does not mean that women and men, girls and boys, are the same; but that their exercise of rights, opportunities and life chances are not governed, or limited, by whether they were born female or male. Rights, responsibilities, opportunities and the command of power are not dependent upon being female or male.</p> <p>For WFP, promoting gender equality means assigning equal value to women and men (and girls and boys) and addressing their particular needs, interests, vulnerabilities and capacities, to realize food security and nutrition for all persons.</p>	WFP Gender Toolkit
Gender-sensitive	<p>Used to describe an intervention – policy, programme, project etc. – that considers and aims to address the specific needs, interests, capacities and contexts for women, men, girls and boys, but does not address gender relations and the need to address the distribution of power between women and men, and girls and boys, for sustainable outcomes.</p>	WFP Gender Toolkit
Gender-transformative	<p>An initiative (law, policy, programme, project etc.) that changes gender relations in favour of the equal sharing of power by women and men, and girls and boys. The action involves revising the socio-cultural, political and economic structures and norms that underpin inequalities.</p>	WFP Gender Toolkit
Programme feature	<p>For the purposes of this study, the term ‘programme features’ refers to the elements of a cash transfer programme that may influence the potential of the programme to contribute to achieving GEWE outcomes. Common programme features include targeting and registration (named recipient); conditionality; transfer modality and mechanism; transfer size, frequency and</p>	None ¹²⁴

¹²⁴ Bastagli et al (2016) and Simon (forthcoming) analyse outcomes by design and implementation features.



duration; messaging; complementary interventions; complaints and feedback mechanisms; governance and committees; and consultation and planning processes.

Protection	Designing and carrying out food assistance activities that do not increase the protection risks faced by the crisis-affected populations receiving assistance, but rather, contribute to the safety, dignity, and integrity of vulnerable people.	WFP Humanitarian Protection Policy
	<p>“All activities aimed at obtaining full respect for the intrinsic rights of all individuals in accordance with international law – international humanitarian, human rights and refugee law – taking into account differences in age, gender, minority or other background.” (Inter-Agency Standing Committee Emergency Directors’ Group, 2015, Protection and Accountability to Affected Populations in the Humanitarian Programme Cycle, Preliminary Guidance Note, p. 8.)</p>	WFP Gender Toolkit
Restricted	Transfers are restricted if beneficiaries' choice regarding the use of the transfer is limited. Transfers are unrestricted if beneficiaries have no programmed limitation on how they use the transfers.	WFP Cash-based Transfers Terminology
Voucher	<p>A voucher transfer is assistance to a targeted individual or household in the form of a paper or electronic entitlement redeemable at preselected retailers or at specifically organized fairs for a predefined list of commodities, but not for cash. Retailers where vouchers can be redeemed are selected and contracted by WFP or its partners based on specific selection criteria</p> <p>The two main types of vouchers are:</p> <p>commodity voucher, which is redeemed for fixed quantities of specified foods. The value of this voucher is expressed in quantities of food; and</p> <p>value voucher, which is redeemed for a choice of specified food items with the equivalent cash value of the voucher. The value of this voucher is expressed in monetary terms.</p>	WFP Cash and Voucher Manual
Women's empowerment	Women's empowerment refers to the process through which women obtain and exercise agency in their own lives, with equal access alongside men to resources, opportunities and power. Women's empowerment involves awareness-raising, building self-confidence, expanding choices, increasing access to and control of resources and reforming institutions and structures so that they contribute to gender equality, rather than perpetuate discrimination and oppression.	WFP Gender Toolkit



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Annex 1: Study outline

Introduction

Over the past decade,¹²⁵ the World Food Programme (WFP) has increased its use of cash-based transfers (CBTs)¹²⁶ to assist persons who are food insecure. In 2017, WFP provided 1.3 billion USD in cash transfers, up from 880 million USD in the previous year. This represented 30 per cent of the Organisation's food assistance provided. 19.2 million people (51 per cent women, and 49 per cent men) were assisted through cash transfers in 2017, across 61 countries with 98 operations. CBTs are viewed as an effective tool to contribute to SDG2: "End hunger, achieve food security and improved nutrition, and promote sustainable agriculture".

Gender equality is a prerequisite for achieving SDG 2 and so sustained food security and nutrition. As stated in the WFP Gender Policy (2015-2020), "a world with zero hunger can be achieved only when everyone has equal opportunities, equal access to resources, and equal voice in the decisions that shape their households, communities and societies". Addressing basic needs and strategic interests, gender equality is needed to end hunger. Thus SDG 5 – "Achieve gender equality and empower all women and girls" – is central to WFP fulfilling its mandate.

Given the growing importance of cash-based initiatives (CBIs) to humanitarian and development assistance, centrality of gender equality to sustainable and empowering changes, and finite resources, it is critical that WFP programming and operations be evidence-based and guided by reliable and credible information.

The increasing use of CBTs in emergency and development contexts has not, however, been accompanied by a similar expansion of understanding as to the equality and empowering impacts of CBIs. Moreover, while evidence is emerging from development settings through relatively large social protection programmes, the evidence from emergency contexts is limited and mixed in terms of empowerment and equality.¹²⁷

Within the limited evidence-base, the gender equality outcomes of cash initiatives that have been examined mostly focus on protection, violence and household-level decision making.¹²⁸ A limited amount of research looks at access to services (including girls' and boys' school attendance), time use and economic outcomes, such as formal labour participation and economic empowerment, with mixed outcomes.¹²⁹ The effects of CBIs on other dimensions of gender equality and empowerment – such as social cohesion, leadership, community decision-making and financial

¹²⁵ The published statistics on WFP's CBTs date from 2009, when 1.1 million people were provided 10 million USD in 10 countries. (Source: WFP website)

¹²⁶ For the purposes of this study, the term 'cash-based transfers' (CBTs) refers to the transfer – cash or value vouchers – provided to beneficiaries. The term 'cash-based interventions' (CBI) refers to the interventions inclusive of all programme features, such as messaging, conditionalities and complementary interventions.

¹²⁷ Simon, forthcoming, *The Effect of Cash-Based Interventions on Gender Outcomes In Development and Humanitarian Settings*.

¹²⁸ Ibid.

¹²⁹ Bastagli, Hagen-Zanker, Harman, Barca, Sturge, Schmidt and Pellerano, 2016, *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*, London, <https://www.odi.org/publications/10505-cash-transfers-what-does-evidence-say-rigorous-review-impacts-and-role-design-and-implementation>.



independence, sexual and reproductive health and rights – have yet to be adequately researched and understood, generally and for the diverse women and men who participate in CBIs.

Also lacking is knowledge of the factors – programme features or contextual factors – through which CBIs can contribute to achieving gender equality and women's empowerment. Current research and technical guidance primarily focus on reaching women and doing no harm, rather than extending to supporting broader gender transformative changes. Programme features such as transfer size, transfer modality, transfer technology, messaging, awareness-raising and complementary interventions (like vocational and financial training) may influence gender equality outcomes.¹³⁰ A clear gap exists in identifying how CBIs may transform gender relations and empower women and girls in different contexts. This is a gap that this study seeks to address, within the mandate of the WFP.

Background

A profile of cash-based transfers in WFP

In 2017, 30 per cent of WFP's transfers were provided as cash and 70 per cent were provided as in-kind transfers. WFP provided 1.4 billion USD in CBTs to 19.2 million people in 61 countries with 98 operations in 2017. Of the 19.2 million beneficiaries, 51 per cent were women and 49 per cent were men. This is an increase from 880 million USD and 14 million people in 2016. This has grown sizeably since providing 10 million USD to 1.1 million people in 2009 (Figure 1). For 2018, it is projected that WFP will provide 1.76 billion USD, forming 32 per cent of WFP's portfolio.¹³¹ WFP is a significant actor in this area of assistance, noting that an estimated 2.8 billion USD of humanitarian assistance was provided through CBTs in 2016.¹³²

¹³⁰ Simon, forthcoming, *The Effect of Cash-Based Interventions on Gender Outcomes In Development and Humanitarian Settings*.

¹³¹ Cash-based transfers 2017 update.

¹³² CaLP, 2018, *The State of the World's Cash Report: Cash Transfer Programming in Humanitarian Aid*.

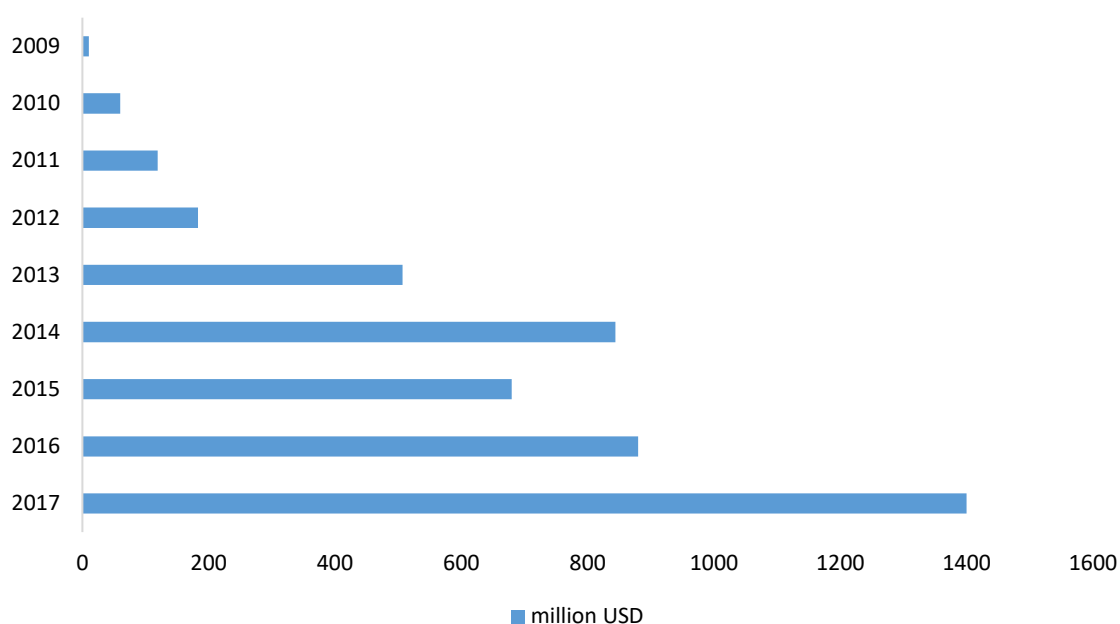


Figure 1: The value of WFP's CBTs¹³³

In 2017, 51.3 per cent of WFP's CBTs was provided as cash (unrestricted) and 48.7 per cent as value vouchers (restricted).¹³⁴ Unconditional resource transfers accounted for 89 per cent of all WFP's CBTs in 2017.¹³⁵ Conditional cash transfers (CCT), where there are requirements imposed on beneficiaries to receive the transfer, comprised 11 per cent of the of all CBTs. The 2017 CCTs were primarily for Food Assistance for Assets (FFA), school feeding and nutrition-related activities.

In 2016, 67 per cent of CBTs were delivered through emergency operations; 31 per cent in relief and recovery operations; and two per cent through development programmes. By geographical area, the three regions with the largest volumes of transfers were Regional Bureau Cairo (933 million USD), Regional Bureau Nairobi (231 million USD) and Regional Bureau Dakar (108 million USD) (Table 1).

Table 1: Transfer volumes by WFP Regional Bureau in 2017¹³⁶

Regional Bureau	Transfer volumes (million USD)
RB Cairo	933
RB Nairobi	231
RB Dakar	108
RB Johannesburg	60
RB Bangkok	41
RB Panama	31

¹³³ Graphic from *ibid.* p. 46.

¹³⁴ Based in validated and estimated numbers from COMET. In contrast, only \$61 million USD was provided as commodity vouchers.

¹³⁵ Based in validated and estimated numbers from COMET.

¹³⁶ Based in validated and estimated numbers from COMET.



The three countries with the largest transfer volumes were Turkey, Lebanon and Jordan (Table 2).

Table 2: Top 16 countries by transfer volume in 2017¹³⁷

#	Country	Transfer volume (USD)
1	Turkey	338,743,439
2	Lebanon	254,376,139
3	Jordan	149,966,371
4	Somalia	134,992,312
5	Iraq	59,915,448
6	Yemen	55,042,392
7	Kenya	33,147,774
8	South Sudan	32,479,778
9	Nigeria	29,578,915
10	Palestine	22,581,164
11	Sudan	22,279,564
12	Egypt	21,384,697
13	Chad	20,888,660
14	DR Congo	18,431,525
15	Mali	13,603,936
16	Uganda	13,477,625

WFP manages a range of processes and tools to support its work in CBTs. A key tool is SCOPE, being WFP's digital beneficiary and transfer management system, which records such information as beneficiary identification details, household demographic information and entitlements. SCOPE is used to inform distribution cycles and instructions to banks and service providers, as well as record feedback about the assistance given to the intended household. SCOPE is not specific to CBTs; it can be used for all transfer modalities.

The quality and type of the information in the SCOPE database depends on several factors (including the data source) and varies across countries. The April 2018 [SCOPE overview](#), for example, records that 31 per cent of beneficiaries are female and 28 per cent are male. Sex is not recorded for 41 per cent of beneficiaries. Typically, data are collected at the household level. The sex of household head should be registered, but the sex of other household members is typically not recorded. Other data collected include the number of household members and dependency ratio. The exception to household-level data collection is for the School Feeding and FFA programmes where individual-level data are collected.¹³⁸

In addition to SCOPE, WFP has developed a triangulation database for its operations in Jordan. The triangulation database will link individual beneficiary information with bank data, retail data, monitoring data, calculate residual balances and data from beneficiary feedback received via the

¹³⁷ Based on validated and estimated numbers from COMET.

¹³⁸ See <http://newgo.wfp.org/collection/all-you-need-to-know-about-scope> for information on SCOPE.



call centre. This concept is being adopted corporately and currently replicated in Turkey, Lebanon, Iraq and Sudan.

WFP's CBT process and tools

WFP's CBT process consists of four stages: (i) assessment phase;¹³⁹ (ii) intervention set up; (iii) distribution cycle comprising distribution planning, implementation and monitoring, and reconciliation and settlement; and (iv) intervention closure. These stages are documented in the WFP Cash and Voucher Manual.¹⁴⁰

Gender is considered in the CBT process primarily from a protection or do no harm lens. For example, during the assessment phase, a gender and protection assessment is required.

*...analyse the gender and protection concerns according to the different transfer modality and delivery mechanism options in order to ensure that programmes do not add to or exacerbate the harm that people are exposed to.*¹⁴¹

There is, however, limited inclusion of gender analysis or gender-transformative measures that may contribute to empowering changes.

At the assessment stage, the stated aspects to consider when analysing gender include beneficiary safety, lack of identification documents, lack of access to technology, gender roles and household tension/violence, social tension/conflict, and negative community perceptions.¹⁴² The purpose of the assessment is primarily to identify acceptable and suitable response options from a protection and do no harm perspective. Consideration of gender transformative opportunities are not precluded, with reference to identification of "opportunities for additional gender and/or protection-related positive externalities" for designing a response.¹⁴³

During the response analysis,¹⁴⁴ the WFP Cash and Voucher Manual requires the selection of activities (or modalities) that:

*...help strengthen the protective impact of assistance and build an environment conducive to the respect of rights of affected populations. Programme are required to identify potential outcomes related to gender, protection and social cohesion and assess them in terms of additional benefits to be pursued, quantified and measured when designing the response and selecting the transfer modality.*¹⁴⁵

¹³⁹ This assessment includes analysis and risk identification on food security, nutrition and market; government policies and safety nets, privacy impact assessments and gender / protection; cooperating partner capacity assessment and risk identification; the supply chain; the ICT capacity; field security; and the financial sector.

¹⁴⁰ WFP, 2014, *Cash and Vouchers Manual*, Rome, <https://www.wfp.org/content/cash-and-vouchers-manual-second-edition-2014>. The business process model is documented in the [RACI matrix](#) (Responsible, Accountability, Consulted and Informed), which provides a cross-functional list of CBT roles and responsibilities.

¹⁴¹ Ibid. p. 26.

¹⁴² Ibid. pp. 26-27.

¹⁴³ Externalities are defined as the positive and/or negative spill-over effects of a project activity and result in an additional benefit and/or cost to the affected party. (ibid. p. 55.)

¹⁴⁴ The purpose of the response analysis is to compare response options in terms of cost-efficiency, effectiveness and externalities to select the most appropriate transfer modality/ies.

¹⁴⁵ WFP, 2014, *Cash and Vouchers Manual*, Rome, <https://www.wfp.org/content/cash-and-vouchers-manual-second-edition-2014>. pp. 53-54.



The gender focus in the response analysis relates to ensuring that both women and men are engaged in the choice and implementation of the transfer modality; access and non-discrimination for women and men; contribution to improved gender relations between men and women, rather than create additional burden on women and other forms of inequities; contribution to a more balanced gender power dynamic and/or increased harmony within the household.¹⁴⁶ While the focus remains on protection and do no harm, there are parts of the analysis that can be potentially gender transformative, such as in relation to household dynamics.

At the implementation stage, both gender and protection are included in the checklist: "Have measures been taken to maximize the positive impact of the programme on gender and protection at the individual, household and community level?". Some monitoring tools, such as distribution monitoring¹⁴⁷ and post-distribution monitoring¹⁴⁸ forms, prompt for recording respondent sex and age, while collecting data at the household level. The distribution monitoring forms include information on protection issues faced in receiving or using a transfer; asking for the sex of the household member experiencing the problem. The post-distribution monitoring form include questions relating to decision-making over the transfer and household resources that are not related to the WFP entitlement.

Table 3: Gender considerations in WFP's CBT processes

CBT stage	Process	Gender considerations	Resource and Tools ¹⁴⁹
Assessment phase	Needs Assessment: Beneficiaries' Gender and Protection Considerations and Preferences	A checklist is provided for the consideration of protection and gender issues.	C&V Manual, p. 26-27 Checklist on Protection and Gender ¹⁵⁰
	Risk Analysis	Encourages consideration of gender issues.	C&V Manual, p. 39
	Response Analysis: Cost-effectiveness Analysis: Food Consumption Score	Encourages consideration of gender issues	C&V Manual, p. 52
	Response Analysis: Cost-effectiveness Analysis: Gender, Protection and Social Cohesion Outcomes	A checklist is included for the consideration of protection outcomes, with gender integrated.	C&V Manual, p. 54

¹⁴⁶ Ibid. p. 54.

¹⁴⁷ The [distribution monitoring form](#) is used to interview beneficiaries at the distribution, to determine their satisfaction with or constraints experienced during the distribution process. It disaggregates interviewees by sex and age, but does not examine gender-specific challenges, such as gender-based violence.

¹⁴⁸ The [post-distribution monitoring form](#) is used to gather household-level information on food consumption, expenditures, coping strategies, decision making and protection issues. The sex and age of interviewees are recorded. As a household-level questionnaire, however, data are not recorded or examined at the individual level, such as food consumption at by different members of the household.

¹⁴⁹ WFP's CBT tools and checklists are available on [WFPgo](#).

¹⁵⁰ [Detailed Checklist on Protection and Gender Analysis with regard to Transfer Modality Section](#).



CBT stage	Process	Gender considerations	Resource and Tools ¹⁴⁹
Intervention set up	Complaint and feedback mechanism	Encourages gender-sensitivity of complaints and feedback mechanisms	C&V Manual, p. 101
	Beneficiary sensitisation	Encourages consideration of gender issues.	C&V Manual, p. 108
	Monitoring and evaluation set-up	Requires inclusion of mandatory cross-cutting indicators on gender.	C&V Manual, p. 110
Distribution cycle	Technical working group	Gender issues is listed as an additional issue for technical working group discussions.	C&V Manual, p. 130
	Programme / M&E Monitoring	Requires inclusion on cross-cutting dimensions such as protection and gender	C&V Manual, p. 134
	Implementation checklist	Checks if measures have been taken for gender impact ¹⁵¹	C&V Manual, p. 136
	CBT Monitoring: Distribution monitoring	Collection of SADD	Distribution monitoring form
	CBT Monitoring: Post-distribution monitoring at the household level	Collection of SADD and decision-making data	Post-distribution monitoring form
Intervention closure	Reviews	Reviews if gender was considered in the choice of transfer modality, if there were effects on gender.	C&V Manual, p. 147-149

To summarise, WFP CBT processes, guidance and tools are gender-sensitive, as distinct from gender-transformative;¹⁵² requiring the consideration of the specific needs, interests, capacities and contexts for women, men, girls and boys, and with attention to protection and do no harm.

Summarised evidence on cash and gender

The existing literature on CBIs and GEWE outcomes has been reviewed by, for example, UN Women,¹⁵³ International Food and Policy Research Institute (IFPRI),¹⁵⁴ Overseas Development

¹⁵¹ The checklist question is "Have measures been taken to maximise the positive impact of the programme on gender and protection at the individual, household and community level?".

¹⁵² See [Gender Concepts](#) in WFP's Gender Toolkit.

¹⁵³ Simon, forthcoming, *The Effect of Cash-Based Interventions on Gender Outcomes In Development and Humanitarian Settings*.

¹⁵⁴ van den Bold, Quisumbing and Gillespie, 2013, *Women's Empowerment and Nutrition: An Evidence Review*.



Institute (ODI).¹⁵⁵ Rather than duplicate, this section summarises existing findings from the reviews undertaken and lists evidence gaps.

This section summarises UN Women's literature review¹⁵⁶ on the links between CBIs and GEWE outcomes.

Protection: In development settings, there is significant evidence that physical violence decreases with CBTs. The evidence on non-physical violence (such as emotional abuse, partner controlling behaviour), however, is mixed. CBTs may increase emotional abuse and controlling behaviour, such as rent-seeking behaviour, control over earnings and male backlash. In some cases, however, non-physical abusive behaviour has been found to decrease; potentially due to increases in women's bargaining power and reductions in poverty-related stress. Higher levels of education for both the woman and her husband have been linked with lower levels of abuse. In humanitarian settings, there is limited and mixed evidence regarding the effect that CBIs can have on gender-based violence (GBV). There is some evidence suggesting that CBIs temporarily reduce household tensions, due to decreased stress. In polygamous households, CBIs can increase tensions when only one co-wife is targeted for assistance. When CBIs target women, the risk of perceived exclusion of men may result in a potential increase in violence.

Girl marriage, pregnancy and survival sex: In development contexts, there is growing evidence that CBIs can delay marriage and pregnancy for adolescent girls. There is similarly growing evidence that cash transfers can increase condom use, limit multiple partners and reduce unsafe sex. A South African study found adolescent girls in households receiving a CBT reported reduced incidence levels of transactional sex and age-disparate sex, as compared to non-recipient households. Programme features, such as conditionality and addition of prevention care, may influence the reported effect of the CBT. In humanitarian settings, the effect of CBIs on survival sex is under-researched and not well understood. There are studies reporting anecdotal evidence that suggest CBTs can reduce the incidence of sex work.

Decision-making: In both development and humanitarian settings, the evidence on CBI's effect on improved decision-making capacities is mixed. In development settings, there is some evidence of increase in women being the sole or joint decision-maker in expenditure-related decisions; however, women's decision-making decreased where a male partner participated in the business training classes. Some studies found no impact on decision-making indicators. Where decision-making capacity over the CBT reportedly increased, this was not (necessarily) extended to other domains of decision-making. For example, there were no significant differences in women's control over decisions relating to child health and schooling. Overall, CBIs did not appear to affect women's traditional role in household decision-making, especially where women were not the household heads. Impacts of CBIs on decision-making often depend on custom and historical circumstance. The potential for CBIs to empower women in decision-making was higher where women already controlled or independently made decisions over income or profits. In humanitarian settings, there is evidence suggesting that CBTs can increase women's decision-

¹⁵⁵ Bastagli, Hagen-Zanker, Harman, Barca, Sturge, Schmidt and Pellerano, 2016, *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*, London, <https://www.odi.org/publications/10505-cash-transfers-what-does-evidence-say-rigorous-review-impacts-and-role-design-and-implementation>.

¹⁵⁶ Simon, forthcoming, *The Effect of Cash-Based Interventions on Gender Outcomes In Development and Humanitarian Settings*.



making over household expenditures or about the CBT only; men remain the primary and final decision-makers.

Additional burden and gender stereotypes: In development settings, programme features – such as conditionalities – can increase women's workload; for example, by requiring that women give birth in hospitals or place children in state-run day-care. Mothers (as distinct from other household members) may assume additional responsibilities as daughters fulfil school requirements. This has been referred to as the 'feminisation of obligations' and may exacerbate time-use inequalities between women and men by reinforcing exclusive responsibility of women for child well-being. In humanitarian settings – as with development settings – CBIs can increase women's work burden. CBIs often reinforce gender stereotypes for both women (their role in the household, responsible for care) and men (lazy or irresponsible with the use of cash).

Economic empowerment: In development settings, there is some evidence that CBTs contribute to women expanding income-generation activities and investing in large assets. There have not, however, been any studies of long-term economic outcomes for women. There is some evidence that CBTs can lead to increased access to credit (when CBT is used as a loan guarantee), increased savings, and decreased debt. There is inconclusive evidence that women have greater control over resources and credit, especially women in male-headed households, as their bargaining power is harder to assert. In humanitarian settings, there is very little evidence – due to lack of specific research and limited focus of emergency programmes – on longer-term economic empowerment. Limited evidence from protracted emergency settings indicates that small transfer values limit the possibility to use a CBT to save and invest.

Evidence gaps

The evidence currently gathered for development settings is primarily from large-scale conditional social protection programmes in Latin America. The scope of GEWE indicators used is often limited, focusing primarily on violence, decision-making, workload, and girl marriage or pregnancy. The indicators employed to date are not sufficient to adequately assess the extent of women's empowerment or progress towards gender equality.

For humanitarian settings, there is limited evidence on CBIs and gender. Where research has been undertaken, attention is primarily focused on protection issues (such as violence); decision making on the CBT (man, woman or joint decision); psycho-social well-being and, to a limited extent, workload.

Study rationale

A study on the potential of CBIs to contribute to gender equality and women's empowerment is proposed for several reasons. Given WFP's increasing use of CBTs, it is necessary for the Organisation to better understand the potential of CBIs to promote GEWE and so ensure that programming is grounded in good practices. WFP's existing CBT processes, guidelines and tools are currently gender sensitive. The proposed study will potentially generate information that can strengthen WFP's processes, guidelines and tools, such that they support gender-transformative CBIs; given that realization of food security and nutrition, along with the other Sustainable



Development Goals (SDGs), requires GEWE. Also, there is a sector-wide gap in the evidence on CBIs and GEWE outcomes. There is limited or mixed evidence on the (i) potential GEWE outcomes that can result from CBIs; (ii) programme features that can influence GEWE outcomes; and (iii) pathways that explain how gender-transformative changes occur. Given these gaps, WFP – as a key CBI actor – can make a significant contribution to sector-wide learning, and subsequent empowering and equality-promoting CBIs.

Study design

Objective

The overarching study objective is to examine how CBIs can contribute to achieving gender equality and women's empowerment, as ends in themselves and for food security and nutrition outcomes.

Questions

The research is guided by five key questions.

- (i) What GEWE outcomes have been achieved through or by CBIs?
- (ii) How can CBIs contribute to GEWE, as ends in themselves and as needed for sustained food security and nutrition outcomes? Which programme features – programme governance or planning processes, transfer, conditionalities, complementary interventions, technology etc. – are essential for GEWE outcomes?
- (iii) What are the apparent causal linkages that may explain how and why CBIs contribute to achieving GEWE outcomes?
- (iv) Where CBIs are used, how are/can market-related engagement (e.g. retailer engagement, markets for change, market support) contribute to GEWE?
- (v) What are the institutional factors that enable the CBIs to contribute to achieving GEWE outcomes?

Study methodology

The study will be undertaken in four parts: (i) a desk review; (ii) a practitioner survey; (iii) fieldwork comprising five CBI case studies; and (iv) a global learning workshop to analyse findings.

Literature review

A literature review will be conducted to (i) better understand the existing evidence on the GEWE impacts of CBIs; and (ii) review the existing guidance on CBIs for GEWE practice. Rather than duplicating the reviews conducted by such entities as IFPRI,¹⁵⁷ ODI¹⁵⁸ and UN Women,¹⁵⁹ this study

¹⁵⁷ van den Bold, Quisumbing and Gillespie, 2013, *Women's Empowerment and Nutrition: An Evidence Review*.

¹⁵⁸ Bastagli, Hagen-Zanker, Harman, Barca, Sturge, Schmidt and Pellerano, 2016, *Cash transfers: what does the evidence say? A rigorous review of programme impact and of the role of design and implementation features*, London, <https://www.odi.org/publications/10505-cash-transfers-what-does-evidence-say-rigorous-review-impacts-and-role-design-and-implementation>.

¹⁵⁹ Simon, forthcoming, *The Effect of Cash-Based Interventions on Gender Outcomes In Development and Humanitarian Settings*.



will be informed by examination of existing reviews and meta-analyses, including listing knowledge and information gaps. Key findings will be summarised in briefing papers.

Practitioner survey and interviews

An online survey of practitioners will be conducted to understand current GEWE-related attitudes, capacities and practices in CBIs. The survey will be complemented with individual key-informant interviews of selected employees and partners.

Practitioners surveyed will include WFP employees, cooperating partners, contractors and service providers engaged in the design, implementation and monitoring of CBIs. The survey questions will address:

- capacities – gender consciousness, skills, access to guidance, influence etc. – to integrate GEWE into CBIs (thus exploring the *how* of CBIs in contributing to GEWE outcomes);
- resources – budget, training, technical expertise – to integrate GEWE into CBIs;
- planned and achieved GEWE outcomes (thus addressing the *what*);
- range of features currently incorporated CBIs that are intended to contribute to achieving GEWE outcomes.

CBI case studies

Prospectively, five CBI case studies will be undertaken from July to November 2018 to explore CBIs from a GEWE perspective.

The case studies will be qualitative and focus on stakeholders' – including direct beneficiaries – perceptions and personal accounts of change and attribution. Qualitative methods are required to develop a multi-faceted understanding of the gender transformational potential of CBIs; particularly given that empowerment is multi-dimensional and experienced at the individual and group-levels.

The study will purposively sample cases of good practice in CBIs from WFP partners. A positive deviance approach will enable learning from successes and identifying the key programme features that contribute to empowering impacts. Five case studies will be sampled from WFP CBIs, and will cover a range of operations, contexts, activity types, programme features and geographical areas (Table 4). It is intended that the five case studies reflect the diversity of WFP's cash-related work.

Table 4: Case study dimensions

Categories	Dimensions
Operations	Humanitarian, peace, development
Contexts	Rural, urban, refugee / displaced
Activity types	Unconditional resource transfers to support access to food, asset creation and livelihood support, school feeding, individual capacity strengthening



	activities, nutrition treatment, malnutrition prevention, smallholder agricultural market support, climate adaptation and risk management
Programme features	Conditionality, transfer type (restricted or unrestricted), transfer modality or mechanism (e.g. immediate cash, bank ATM cards, mobile money), messaging, complementary interventions, governance (e.g. committees), innovations (e.g., SCOPE)

There are two main selection criteria for the case studies.

1. The CBI should have clear GEWE outcomes such as public /community leadership, financial independence / income / livelihoods, time use (unpaid), sexual reproductive health and rights. Selected CBIs should have achieved outcomes beyond gender ratios among beneficiaries and programme personnel, protection outcomes (such as related to gender-based violence or intimate partner violence), and equitable decision-making over the use of a transfer.
2. The CBI should have programme features that led to the GEWE outcomes. This study seeks to identify proven or promising features that can be replicated, developed/refined and taken to scale. The features may not necessarily have been designed with the intent of achieving GEWE outcomes, but there should be a strong logic of how the features or models led to GEWE outcomes.

For each case study, a study team will visit relevant CBI sites which may, for example, include refugee / internally displaced person camps, local communities in receipt of food assistance and schools.¹⁶⁰ Data collection methods will include review of CBI documents, semi-structured interviews, focus group discussions (FGDs),¹⁶¹ and observations of CBI processes.

Beneficiary FGDs will use the Most Significant Change (MSC) technique. The MSC technique supports examination of complex transformative changes, such as GEWE outcomes. While there are universal aspects to GEWE, how empowerment is experienced varies between individual woman and groups of women.¹⁶² MSC does not use pre-defined indicators, but instead asks about changes that have occurred, including capturing unintended consequences. In the FGDs, and following a gender process analysis,¹⁶³ the facilitator will generate discussion around involvement in the CBI and changes (positive or negative) in their lives.

As with any study, selection of tools and techniques brings certain data collection strengths and limitations. The strength of the proposed qualitative approach is in gathering multi-faceted information, based on beneficiaries' accounts of how and why change happened. FGDs that explore significant changes will yield information to better understand the interplay of CBI-related

¹⁶⁰ A sample size of three sites will be used as analysis has found that 80 to 90 percent of themes are discoverable in three FGDs; in Guest, Namey and McKenna, 2016, How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes, *Field Methods*, *Field Methods*, 29(1): 3-22.

¹⁶¹ The FGDs will be women-only, men-only or mixed, depending on context.

¹⁶² van den Bold, Quisumbing and Gillespie, 2013, *Women's Empowerment and Nutrition: An Evidence Review*.

¹⁶³ The gender process analysis will involve examining each aspect of the CBI – registration, receipt of transfer, spending of the transfer, complementary interventions, etc. – and determining women's and men's involvement.



factors – both programmatic and contextual – that lead to gender transformational changes. A limitation to the MSC approach is the inability to quantify changes, such as the degree of change at the individual, household or community-level. Due to the qualitative nature of this study, care will be taken when extrapolating findings, including applying features of particular CBIs that contribute to GEWE outcomes.

The FGDs will require skilled facilitators, capable of generating frank discussion without biasing responses. The preferences of FGD participants will determine if the facilitator is a woman or a man. Where the FGD facilitator is not a member of the study team, a minimum of a half a day will be required to train the facilitator.

Five days are planned for each country case study.

Day	Morning	Afternoon
1	Meetings with WFP and cooperating partners	Facilitator training (as needed)
2	Interviews with key informants Women-only FGD	Men-only FGD Interviews with key informants
3	Interviews with key informants Women-only FGD	Men-only FGD Interviews with key informants
4	Interviews with key informants Women-only FGD	Men-only FGD Interviews with key informants
5	Data analysis within the study team	Debriefing with CO and partners

Global learning workshop

A two-day global learning workshop will be held to analyse findings from the literature review, practitioner survey and case studies. The workshop will bring together representatives from the Gender Office, cash functional units, participating Regional Bureaux and Country Offices, and other technical specialists.

To be held in WFP Headquarters, the workshop participants will review findings on the:

- GEWE outcomes that are possible as a result of CBIs;
- CBI features that can contribute to achieving GEWE outcomes;
- market-based interventions used in conjunction with CBTs that can contribute to GEWE outcomes; and
- causal linkages that explain how and why CBIs can contribute to GEWE outcomes.

Study scope

The proposed research is an exploratory study with the intent of identifying the features of CBIs that contribute to GEWE outcomes and gathering practical recommendations. The research is not an impact study or an evaluation. As the study will encompass five countries where CBIs are implemented, the sampling will not be statistically representative of global CBI practice.



In exploring the potential of CBIs to contribute to GEWE outcomes, the proposed study is not limited to protection issues. Issues of reach, access and do no harm are fundamental elements of good programming because, for example, they involve conscious consideration of who – which women and men – receives cash transfers, benefits and is negatively impacted.

This study will investigate whether CBIs contributed to GEWE outcomes, and how the documented outcomes were achieved. In addition to the transfer, the study will examine a CBIs' programme features, such as messaging, capacity-strengthening, financial inclusion and safe spaces.

Study management

Roles and responsibilities

Overall responsibility for this study lies with the WFP Gender Office. The Gender Office has engaged a consultant to lead development and implementation of the study. Technical input will be sought from relevant WFP functional units/teams (CBT, Protection, Asset Creation, Social Protection etc.), Regional Gender Advisors and Regional Cash Advisors. A small reference group will be formed to regularly review the study's progress and outputs.

Each country case study will be led by the Lead Researcher. Study teams will be formed from a combination of partner and WFP personnel. Support will be sought from participating country offices to provide a study focal point, a skilled facilitator or translator, and logistical assistance.

All financial costs will be met by the Gender Office.

External engagement

Information regarding the development, implementation and findings of this study will be shared with other (non-WFP) CBI actors / stakeholders, including UN agencies (UN Women, UNHCR), practice networks (CaLP, MiC), NGOs (NRC, CARE, Mercy Corps, Women Deliver, Women's Refugee Commission), research organisations (ODI, IFPRI, Lund University) and IFIs (World Bank).

Selected stakeholders will be engaged at critical stages, including in developing the literature review, commenting on the study outline, validating the study's findings and disseminating the study findings.

Study outputs and application

The proposed study outputs are listed in the table below. The research findings are intended to improve guidance, programming and practice. As such, the final report will contain actionable recommendations.

Output	Primary audience	Indicative timing
Study outline	WFP & key partners	May 2018



5 country case study reports	WFP	July – November 2018
Learning workshop	WFP	February 2019
Final report and summary report	Global community	March 2019
Briefing papers WFP CBIs and gender equality Summary of evidence and gaps: CBIs and gender Conditional cash transfers and GEWE Markets, CBIs and gender equality	WFP	March 2019
2019 Women Deliver Conference presentation	Global community	June 2019
Updated WFP guidance (Cash and Voucher Manual & Gender Toolkit)	WFP	End 2019

Timeline

The key milestones of the research are listed in the table below, covering the period 2018 and 2019.

Milestone	Date
<i>2018</i>	
Core team confirmed (including lead researcher)	March
Study outline drafted	30 May
Partners & countries confirmed	30 May
Data collection schedule confirmed	30 June
Data collection tools developed	30 June
Data collection	July-November
Data analysis & draft report	December
<i>2019</i>	
Validation and review of research findings	February
Final report	March
Dissemination	March+



Annex 2: Focus group discussion running sheet

	To gather information on women's and men's views of:
Objectives:	<ul style="list-style-type: none"> • CBI programme features from a gender perspective • changes they experienced • causal links between CBI programme features and the most significant (self-identified) changes in their lives • contextual factors that influenced the most significant changes in their lives
Timing:	Scheduled at times convenient to the participants.
Duration:	<p>Women-only FGDs¹⁶⁴ – 2.5 hours</p> <p>Men-only FGDs – 2 hours</p>
Participants:	<p>Across the FGDs, participants:</p> <ul style="list-style-type: none"> • must be from households that received a CBT (cash, voucher, card) • who were named recipients of the CBT and those who were not (where applicable) • who fulfilled conditionalities (where they applied) and those who did not • who were involved in complementary interventions and those who were not • must be aged 18+ years • include women heads of households • with dependents (children, elderly persons, unwell) <p>Each FGD will comprise 10 to 12 participants.¹⁶⁵</p>
Materials:	<ul style="list-style-type: none"> • A4-size cards in two light colours (20 sheets per colour) • Markers x3 • Tape (2 rolls) • Flip chart stands (x2), where cards cannot be stuck on walls • Refreshments for participants
Support:	<ul style="list-style-type: none"> • English-language interpretation (as applicable) • Safe venue • Assistance to (targeted) women and men as needed to enable their participation

¹⁶⁴ Women-only and men-only focus group discussions will be held.

¹⁶⁵ To facilitate comfort and engagement, the maximum number of FGD participants is 12. The only other persons present for each FGD are the facilitator, 1-2 interpreters and note-taker.



Opening

Duration: 15 minutes

Welcome: Welcome the participants and thank them for giving their time.

We thank you for your spending this time with us. We know that you are busy.

Introduction: Introduce the study team.

Purpose: Explain the purpose of the FGD.

We are here today to hear from you about your experiences, opinions and ideas about the programmes you have participated in.

We would particularly like to hear from you about:

- *how you were involved in the [CBI name];*
- *how women and men, generally, were involved in the [CBI name];*
- *any changes that occurred in your lives connected to the [CBI name]; and*
- *where you did experience changes, the reasons why you think they came about.*

While we will be asking you specific questions, you are very welcome to share any thoughts, opinions and ideas about the [CBI name] and your experiences throughout our discussion.

Question: Does anyone have any questions about why we're here today and what we're going to discuss?

Consent: Obtain the informed consent of all participants.

The role of informed consent is to ensure that participants are fully aware of the purpose and content of the research, the procedures to be followed, the risks and benefits of participating, and their rights.

Explain to participants:

- the precautions being taken to protect confidentiality;
- what information will be shared and how;
- their rights to put restrictions on how the information they have given is used; and
- their right to refuse to (i) take part in the discussion, (ii) answer any question, and (iii) withdraw at any stage of the discussion.

I would like to stress that today's discussion is confidential, in that we will not attach names or any other identifying information to what you share with us. Only the study team will have access to the information we gather from the focus group discussions. We will use the information to produce reports, papers, presentations that will be shared widely; but, as just mentioned, without any information that could identify anyone here today. If there is anything that you do share with us that you would like us not to use in our reports, please let us know.



Participation is voluntary. After my having explained the purpose of today's discussion just now, you are completely free to choose to withdraw. During our discussion, we very much encourage you to share openly. You are, however, free to choose to not answer any particular question. And you can also choose to withdraw from the discussion at any time.

I would also like to confirm that you understand that you are not being paid for your participation.

Question: Could you please let me know that you consent to participating in today's discussion by [raising your hand/saying yes].

Rules: Explain the rules of participation.

We expect the discussion to take 2 to 2.5 hours.

So that everyone has a chance to speak, please provide brief responses to the questions.

Everyone's experience and opinions are valid and are to be respected. Here today, there are things that we have in common – like all being wo/men – and experiences and situations that are different – like our ages, education and choices we make with the money we have.

Part 1: CBI Programme Features

Duration: 45 minutes to 1 hour

A. Key activities and processes

Questions: When did the [CBI name] first begin?
Do you remember what happened?

After initial responses, refer to the main activities listed on the coloured cards, such as:

- Communication (about the CBI)
- Registration
- Collection of the transfer (ATM card, voucher, cash)
- Programme governance / committees
- Programme activities

Question: Were there any other activities happening in the community at the same time as the [CBI name]?

Prompt for activities organised by the local community, NGOs, other UN entities, local government.

Write (or draw) the responses on the coloured cards and stick the cards on the walls / flip chart stands.



B. CBI Engagement

ACTIVITIES

Question: Focusing on these main activities here (point to the cards on which the main activities are listed), how were you involved?
[Probe: for participation in the design of the CBI and in its implementation, explore if FGD participants were asked about their preferred transfer modality and delivery mechanism – or not.]

Question: What about men's involvement in the [CBI name] – was it similar to, or different from, their participation in the other activities that you indicated were taking place at the same time?

INFORMATION

Question: How did you hear about this this programme? (Or: Was there information provided about the transfer?)
How was the information provided? And what information was provided?
Who received the information? (Or: Who attended the information session?) Why was it [person or persons] that received the information / attended the information sessions?

TRANSFER

Question: Who was named as the recipient of the transfer? (Or: Who's name was on the beneficiary card / smart card?)
Why was [this person/these persons] named as the recipient/s?

Question: Who collected the [beneficiary card / smart card / voucher]?
Why was it [person]?
When you collected the [beneficiary card / smart card / voucher], was it explained to you how to use the card? What was explained?

Question: Who collected the transfer? Why was it [person]?
[Edited as appropriate, for example if it is a voucher, who went to make the purchases. If a choice model is used, find out ATM withdrawal versus merchant payment. Whose decision was it to withdraw cash rather than make purchase.]

Question: Did you experience any challenges in collecting the transfer?
[Prompt: Did anyone give you trouble? Did you feel it was unsafe? Did you know of anyone who faced challenges? For mobile money, access to phone, etc.]

Questions: Who decided how the transfer would be used?



Was this the same person/s who made decisions about other household income?
Why do you think this was the case?

Question: How was the transfer used? What purchases were made with the transfer?
[Make sure to record who was using the transfer for what purchase.]

Question: Who spent the transfer? For example, who was the person who went to the market to make the purchases?
Did the person spending the transfer change?

Question: Did you experience any challenges or difficulties or problems that you connect to the transfer?
[Prompt for obtaining and using the transfer, household relations, violence, workload.]

COMMITTEE (Only ask the following questions if there was a committee.)

Question: How many women and men were represented in the committee?
Did this change over time? If yes, how?

Question: What were the roles of the women and men in the committee?

Question: Why do you think the representation of women and men in the committee was as it was?

Question: Was there training provided for committee members?
If yes, what was the training on? Did this influence what you did as a committee member? If yes, how?

CONDITIONS & PROGRAMME ACTIVITIES (Modify these questions if there were programme activities)

Question: Did you have to meet some conditions to get the transfer?

Question: Who met the conditions attached to receiving the transfer, such as [insert the conditionalities as listed by the participants]?

Question: How was it determined who should meet the conditions? (If applicable)

Question: For those of you who were responsible for meeting the conditions to receive the transfer, what was the time commitment?

Question: What impacts – positive and/or negative – did meeting the conditions have in your life, such as on your other activities?



Part 2: Outcomes & Impacts

Duration: 40 minutes

C. Changes

Question: Did your involvement in the [CBI name] result in any changes – good or bad – in your life?

Question: Are you happy or disappointed with the change?

Question: Were there changes in your daily routine? How you spend your time?

Prompt about – short, medium and long-term – changes:

- that may have resulted from the (i) transfer, (ii) conditionality, or (iii) programme activities
- in how the participants see themselves, their families, their community
- in what women and men do (their roles and responsibilities)

If needed, prompt in relation to:

- access to and decision-making around resources;
- control over the income
- intra-household relations
- violence – in relationships, in the household, in the community
- physical mobility
- workload & time use (paid and unpaid)
- access to financial services (formal or informal, savings, loans, insurance, remittances etc.)
- access to ICT
- access to services (including health, education, insurance, other)
- learning / skills
- group membership
- leadership
- health (including sexual and reproductive health)
- access to new public spaces (markets/supermarkets/city centre (where banks are located)/associations/training groups/etc.) and its implications, if any

Question: Are you eating differently now? In what ways?
How about other members of your household? Who? How?

Write (or draw) each change on a card and stick the card on the wall / flip chart stand.

Question: Of the changes you have mentioned, which ones do you think would have occurred if WFP had provided food instead of a cash-based transfer?



D. The most significant changes

Question: Of all the changes that you mentioned, which ones were the most significant or the most meaningful for you – in your life? Why?
[Limit the selection to 1 or 2 changes per participant.]

Question: Do you think that the changes lasted only for the duration of the [CBI name] or remained after the programme ended? (If applicable)

Part 3: Causal links

Duration: 10 minutes

Shift the discussion to identifying causes for two or three of the gender equality-related changes that the participants identified.

Now, we'll consider a couple of the significant changes that you identified and explore how they came about.

For each significant change, repeat the significant change and ask the following questions.

Question: What do you think led to this change taking place?

Question: Which elements of the [CBI name] do you think helped to bring about the change? Why? How?
[Prompt by referring to the cards posted on the walls / flip chart stand.]

Questions: Do you think other factors, not related to the [CBI name], contributed to the changes?
What factors?
Why do you think they brought about the changes?

Question: What could have been done for the change to be even more significant in your life?

Questions: Did the change have an impact on your access to (and consumption of) food?
And your household's access to food?
How so?
[Explore type and quantity of food, purchasing, preparation etc.]

Question: Do you think this is a lasting change for you? Why?



Conclusion

Duration: 5 minutes

1. Close the discussion

We have come to the end of our time together.

2. Briefly summarise what was discussed.

To make sure that we have accurately captured your experiences and thoughts about the [CBI name], I will briefly summarise what we have discussed.

List the:

- main CBI programme features, noting what the participants thought worked well and what could have been done better
- most significant changes and why they occurred
- other activities that were occurring at the same time as the [CBI name]

3. Ask participants if there is anything else that they would like to share or think that is important for the study team to know.

Is there anything else that you think is important for us to know or that you would like to share with us today?

4. Thank the wo/men for their participation.

Thank you for your participation. The insights you have shared have greatly helped us to understand the [CBI name] and how changes – and the changes you want – may be brought about. What we have learned here today will help us – WFP and others – in designing better programmes and doing so in partnership.



Annex 3: Focus group discussion participants

Focus Group	#	Age (years)						# of children					Marital status				Disability
		17-19	20-29	30-39	40-49	50-59	60+	0	1-3	4-6	7-9	10+	never married	married	widowed	divorced	
Bangladesh – women	36	0	14	12	7	3	0	5	25	0	0	0	0	30	6	0	0
Bangladesh – men	33	0	3	18	6	3	3	1	21	0	0	0	0	36	0	0	0
Egypt – women	38	0	3	25	7	3	0	0	16	21	1	0	0	38	0	0	0
Egypt – men	33	0	1	10	21	1	0	14	18	0	0	0	0	32	0	0	0
El Salvador – women	23	2	20 ¹⁶⁶	1 ¹⁶⁷	0	0	0	13	10	0	0	0	18	5 ¹⁶⁸	0	0	0
El Salvador – men	35	9	26	0	0	0	0	27	8	0	0	0	26	9	0	0	0
Jordan – women	36	0	6	8	12	9	1	4	12	13	3	3	1	21	12	1	1
Jordan – men	30	0	1	12	12	4	1	0	13	12	4	1	0	30	0	0	1
Mali - women	37 ¹⁶⁹	0	1	7	2	9	6	1	3	14	7	0	4	11	9	0	0
Mali – men	38 ¹⁷⁰	0	0	2	8	10	16	4	4	20	4	4	0	36	0	0	0
Rwanda – women	34	0	8	3	19	1	3	0	15	13	6	0	0	20	8	6	3
Rwanda - men	32	0	4	7	7	6	8	4	10	13	5	0	1	30	0	1	4
Total - women	204	39	88	86	82	53	41	59	115	84	47	40	56	151	63	44	41
Total - men	200	46	72	84	83	51	49	83	107	62	46	38	64	174	37	38	42
Total	404	85	160	170	165	104	90	142	222	146	93	78	120	325	100	82	83

¹⁶⁶ The age range for El Salvador participants here was recorded as 21 to 31 years.

¹⁶⁷ The age range for El Salvador participants here was 32 to 39 years

¹⁶⁸ For El Salvador, the number was recorded for married or partnered (*acompañada*) persons.

¹⁶⁹ Disaggregated data was not collected for one FGD. For the two FGDs where data was collected, 15 of 25 women interviewed were heads of households, typically widowed or with husbands with disabilities; 8 of 25 women were in polygamous marriages.

¹⁷⁰ Data was not collected for two men in one FGD.



Annex 4: Study teams across six case studies

Bangladesh The study was undertaken by Foyzun Nahar (Programme Officer – Protection, Gender and Disability Inclusion, WFP Bangladesh), Senoara Begum (Field Monitoring Assistant, WFP Bangladesh), Felicity Chard (Regional Gender Adviser, Regional Bureau Bangkok) and Zalyynn Peishi (Lead Researcher, WFP HQ). The study was extensively supported by Sunee Singh (Programme Policy Officer, WFP Bangladesh) and the EFSN team.

Egypt The study was undertaken by Omneya Rizk (Programme Policy Officer, WFP RBC), Doaa Arafa (Acting Head of Social Protection, WFP Egypt), Yasmina El Habbal (Programme Assistant, WFP Egypt), and Zalyynn Peishi (Lead Researcher, WFP HQ).

El Salvador The study was undertaken by Gustavo Palencia Texpan (Monitoring Officer, WFP El Salvador), Elena Ganan (Regional Gender Adviser, WFP Regional Bureau Panama), and Jacqueline Paul (Senior Gender Adviser, WFP HQ), with support from Elia Martinez (Programme Policy Officer, WFP El Salvador) and Elvia Mojica de Lopez (Field Monitor, WFP El Salvador).

Jordan The study was undertaken by Rawan Al Abbas (OIM and Performance Reports Officer, WFP Jordan), Nour Khassawneh (UNV – Programmes, WFP Jordan), Jacqueline Paul (Senior Gender Adviser, WFP HQ) and Zalyynn Peishi (Lead Researcher, WFP HQ).

Mali The study was undertaken by Jacqueline Paul (Senior Gender Adviser, WFP HQ) and Zalyynn Peishi (Lead Researcher, WFP HQ) with interpretation by Eva Maiga (independent interpreter) and Ramata Saye (Field Monitoring Assistant, WFP Mali). Mariagiovanna Costa (UNV Programme Policy Officer, WFP Mali), Nanthilde Kamara (VAM and M&E Officer, WFP Mali) and Djenebou Tounkara (Head of Sub-Office, WFP Mali) supported the study substantively and logistically.

Rwanda The study was undertaken by Marie Rose Umutoni (RWEF focal point, WFP Rwanda), Doreen Nyangezi (Gender Analyst, WFP Rwanda), Ernesto Gonzalez (Cash-Based Transfer Adviser, WFP Regional Bureau Nairobi) and Zalyynn Peishi (Lead Researcher, WFP HQ) with inputs from Leon Clement Nsengiyumva (Programme Associate – Refugee and Returnees Operations, WFP Rwanda) and Bosco Muyinda (Head of Kirehe Field Office, WFP Rwanda) who participated in interviews and FGDs.



Annex 5: Case study summaries

The study included six CBI case studies.

- (i) Bangladesh: Enhancing Food Security and Nutrition (EFSN) Food Assistance for Training (FFT)
- (ii) Egypt: School feeding conditional take-home entitlements
- (iii) El Salvador: Conectarte and Gastromotiva Food Assistance for Training
- (iv) Jordan: General Food Assistance (GFA) in the Syrian refugee response
- (v) Mali: Seasonal shock-responsive General Food Assistance
- (vi) Rwanda: General food distribution to Congolese refugees in camps

The six CBIs reflect a range of geographical areas, operation types, contexts, and activity types (Table A5.1).

Table A5.1: CBI case studies by operation type, context and activity type

Category	Bangladesh	Egypt	El Salvador	Jordan	Mali	Rwanda
Operation	Development	Development	Development	Humanitarian	Humanitarian	Humanitarian
Context	Rural	Rural	Urban	Refugee camp and urban	Rural	Refugee camps
Activity	Food Assistance for Training	School feeding	Food Assistance for Training	General food assistance	General food assistance	General food assistance

Five of WFP's six regions are represented in the study. The Regional Bureau Cairo (RBC) is represented twice in Egypt and Jordan case studies due to the large transfer volumes in the region. The transfer volume in the countries covered by RBC was 933 million USD in 2017, which is almost twice as large as the rest of the countries where WFP uses CBTs combined (471 million USD). The case studies spanned equal numbers of development and humanitarian operations. Contexts included three rural, two urban and two refugee camp contexts, with the Jordan case study including one site in a refugee camp and two urban sites. Two Food for Training activities were studied: one promoting rural women's livelihoods (Bangladesh) and one encompassing vocational education and urban art for youth (Gastromotiva and Conectarte respectively, El Salvador). One school feeding programme (Egypt) was included. General Food Assistance activities were strongly represented as they form over 95 percent¹⁷¹ of WFP's cash volumes. Two General Food Assistance case studies were refugee operations (Jordan and Rwanda) and one was a seasonal transfer (Mali). Food Assistance for Assets (FFA) activities were not included because learning on Food Assistance for Assets and women's empowerment had been documented in previous study.¹⁷²

¹⁷¹ Drawn from WFP 2017 COMET data, with COMET being the WFP Country Office Tool for Managing (programme operations) Effectively.

¹⁷² WFP, 2017, *The potential of Food Assistance for Assets (FFA) to empower women and improve women's nutrition: a five-country study*, Rome, <https://docs.wfp.org/api/documents/WFP-0000023821/download/>.



The study captured a range of programme features, including targeting, transfer modality, payment systems, conditionality, governance, complaints and feedback mechanisms, and programme activities. The features are summarised in Section 3. The following sub-sections provides summaries of the six CBI case studies.¹⁷³

A5.1 Bangladesh

The Bangladesh case study – of the Enhancing Food Security and Nutrition Phase 2 (EFSN 2) programme in Cox's Bazar – was undertaken from 9 to 13 September 2018. The study involved six women-only self-help groups¹⁷⁴ that participated in EFSN 2 from three sites: Ukhiya, Teknaf and Moheshkhali. The women FGD participants were EFSN 2 participants, whereas the men FGD participants were husbands (and a few sons) of EFSN 2 participants.

CBI background and programme features

EFSN Phase 1 was implemented in 2012-2014 involving 700 ultra-poor women in Teknaf and Ukhiya.¹⁷⁵ EFSN 2 was a two-year project spanning September 2015 to August 2017. EFSN has mutually-reinforcing interventions to enhance the food security and nutrition status of ultra-poor households – particularly women, adolescent girls, young girls and boys and infants – in Cox's Bazar. While the overarching aim of EFSN 2 was food security and nutrition, one of the desired outcomes was to economically and socially empower ultra-poor women. Across Teknaf, Ukhiya and Moheshkhali *upazila* (sub-districts), 9,393 women completed the programme. The programme is succeeded by EFSN 3, which started in March 2018.

EFSN 2 provided two CBTs – a monthly subsistence allowance of 1,050 BDT (equivalent to 12 USD) provided for a period of 21 months and a once-off asset grant of 15,000 BDT (~174 USD). The monthly subsistence allowance was intended to support immediate food security and nutrition needs of households, while the asset grant was to be used by the women participants for their (the women's) livelihood activities. Both transfers were provided as cash-in-hand with distributions undertaken by Cooperating Partner personnel. The transfers were supported with behaviour change sessions and livelihoods training. Women were grouped into self-help groups of 20-25 members, based on geographic proximity, and were encouraged to save 50-200 BDT per month from their monthly subsistence allowance.¹⁷⁶ Local oversight committees of five to seven influential women (average of 40% women) and men were formed for each self-help group to oversee programme activities, including CBT distributions. Twenty-five apex committees – comprising two or three women champions (per self-help group) from 398 self-help groups – were formed to promote learning and collaboration between the self-help groups.

¹⁷³ Detailed reports were produced for each CBI case study and are internal documents. The individual CBI case study reports can be requested from the respective Country Offices.

¹⁷⁴ In EFSN 2, a self-help group comprising 20 women who would meet on a regular basis to make regular savings contribution and to provide peer support in income-generating activities.

¹⁷⁵ Lacking the resources to meet basic needs, persons (often women) living in ultra-poverty are food insecure, have no assets, lack formal education, experience social exclusion and can suffer from poor health.

¹⁷⁶ Women interviewed in this study typically saved 100 BDT per month.



Process analysis

Targeting. Across the three sites, many women FGD participants recalled why they were targeted in 2015, with some women recalling detailed targeting criteria. In contrast, most men FGD participants did not recall why their households were targeted except that they were 'poor'.

Both women and men FGD participants recalled the in-person information session that was held prior to registration of programme participants. All the women FGD participants, but not all the men FGD participants,¹⁷⁷ attended the information session. Both women and men FGD participants reported that the Cooperating Partner personnel explained each element of the EFSN programme, including the monthly subsistence allowance, asset grants, behaviour change sessions and livelihood training. Some men FGD participants said that the initial information session allayed men's 'worries' or fears about the programme. All men indicated that at, or following, the information session, they 'approved' of their wives participating in the EFSN 2, inclusive of all the programme activities. Neither women nor men FGD participants in all three sites reported impediments or adverse effects regarding EFSN 2 targeting women as the 'primary' participants. Men FGD participants perceived themselves as being involved in – and not excluded from – the programme activities. When men were available or able, they attended the behaviour change and livelihoods training sessions.

Information. Throughout programme implementation, information was communicated at regular self-help group sessions – fortnightly for women and monthly with men. Men FGD participants reported being well-informed about the project activities. For communicating the timing of sessions or monthly subsistence allowance distributions, a cascade communication system was used. The Community Development Organiser from the Cooperating Partner would communicate to the self-help group committee members who, in turn, would communicate with other group members. The cascade communication system was reported to have worked effectively.

Transfer – monthly subsistence allowance. CBTs were collected by the women as cash-in-hand from local distribution points. CBTs were provided to the women EFSN 2 participants as the named recipients; there were no alternates. Most women lived within a five to ten-minute walk of a distribution point. Women FGD participants reported walking to the distribution points with other members of their self-help group.¹⁷⁸ Some women FGD participants in Ukhiya reported arriving at the collection point more than two hours in advance of the scheduled distribution time so that they could spend time with other self-help group members. Men FGD participants reported not being 'worried' about their wives collecting the transfer, as it was 'safe' for the women to go to the distribution sites. If women were not able to collect the transfer at a distribution point due to, for example, illness or advanced pregnancy, the Cooperating Partner would organise a home visit to provide the transfer.

¹⁷⁷ For example, in Teknaf, eight of nine, and in Moheshkhali, five of twelve men FGD participants attended the first EFSN 2 information session.

¹⁷⁸ The study sites are socially conservative areas where women typically do not move outside their homes. Women are not commonly seen in market places or public spaces. When in public spaces, women are expected to wear the *niqab*, which is a veil covering all but the women's eyes. Collecting a transfer in a public space is therefore an extraordinary event.



In Teknaf and Moheshkhali, women FGD participants reported viewing the monthly subsistence allowance as their (the women's) money.¹⁷⁹ Women held the cash when it was not being used. Women managed the cash and determined how the cash was used. When asked if they ever gave the cash to men to control, women emphatically replied that they did not. Women FGD participants reported that their husbands did not ask to control the allowance as "they were properly informed by the Cooperating Partner". Women and men FGD participants reported that men occasionally asked the women for some of the monthly subsistence allowance so that they could purchase food and other essential items for their households. This occurred if the men's income was less than anticipated, for example when men were not able to secure day-labouring work or had an inadequate catch of fish.

Women and men FGD participants reported that the monthly subsistence allowance was used to purchase food as well as meet education expenses, medical needs and some basic household necessities. Each month, 100 BDT from the CBT was saved in the self-help groups' group savings.¹⁸⁰ In Ukhiya and Teknaf, men reportedly did most of the shopping, often with instructions from their wives on the items to purchase. In households with men, women would occasionally shop if a man was not available, for example if he was working. In Moheshkhali, which appeared less conservative than Ukhiya and Teknaf, women or men FGD participants both reported shopping.

Transfer – asset grant. Except for one of the self-help groups studied, women and men FGD participants reported that their asset grants were invested in women's livelihood activities, which were primarily agricultural. A small number of women FGD participants invested in micro-enterprises. The livelihood activities were considered women's (not men's) activities, given that women do most of the work. Men would assist their wives with once-off activities, like constructing a shed for a bull, while children sometimes assisted with physically 'light' tasks, such as like feeding cattle or chickens. Women FGD participants reported that the asset grants had gone through two or three cycles of investment and re-investment.¹⁸¹

Women FGD participants reported selling their own produce and controlling the income they earned from the livelihood activities. Where women engaged in livelihood activities, none of the women FGD participants reported being over-worked or time-poor. While the women's workloads had increased, both women and men FGD participants reported that the livelihood activities resulted in positive changes in their lives, providing mental stimulation and income. There were no intra-household conflicts connected to the women's livelihood activities. The men FGD participants felt that their household circumstances had improved.

Behaviour change sessions. Both women and men FGD participants reported attending the behaviour change sessions, with all women and some men attending. Mothers-in-law and adolescent girls also attended sessions if available. Women FGD participants demonstrated good recall of the behaviour change sessions, listing examples of topics addressed: nutrition; hygiene; interpersonal relations (constructive conflict resolution, respectful interactions, not using violence against women and children); ending child marriage; access to health and financial services; the

¹⁷⁹ This question was not asked in the Ukhiya FGDs.

¹⁸⁰ The savings were deposited in the group's bank account which has multiple signatories from the self-help group membership.

¹⁸¹ Profit and income from original investments were re-invested in expanding their livelihoods or pursuing a different livelihood activity. At the time of the study, women had undergone two or even three cycles. For example, a woman might buy a bull to fatten. She would sell her fattened bull and use the profits to grow vegetables and rear goats. Following the sale of vegetables and goats, she might then invest in further livelihood activities.



benefits of education for girls and boys; and disaster preparedness. As a result of the learning, women reported introducing positive changes to their households' practices.

Livelihoods training. Livelihoods training was provided for a period of eight days, being four days of business and four days of technical skills training. The women EFSN 2 participants were required to attend; their husbands were invited, but not required, to attend. Women FGD participants reported gaining knowledge and skills from the livelihoods training, such as in poultry raising and vegetable growing. The women were also taught how to sign their names.

Self-help groups, group shades and group savings. Following conclusion of EFSN 2, five of the six self-help groups that were covered by this study continued to meet monthly. Women FGD participants reported that they continue to meet to encourage each other in their livelihood activities, to solve problems, to exchange ideas, to save as a group and "to not feel alone".

All except one of the women in the five continuing self-help groups continued to save 100 BDT per month, which was deposited in a joint bank account with multiple signatories.¹⁸² During EFSN 2 implementation, the contributions to the savings account came from the monthly subsistence allowance. At the time of the study, the 100 BDT came from the women's personal income generated from their livelihood activities. If women do not earn sufficient income, husbands provided the 100 BDT. Women FGD participants were typically saving in case of hardship (such as a family member becoming ill) or for a daughter's dowry.

Apex and local oversight committees. The apex committees – bringing together two to three members from each self-help group, and 12 to 18 self-help groups per apex – met to provide mutual encouragement and to exchange ideas on group livelihood opportunities, access to services and other issues, such as how to constructively resolve household conflict. Apex committee members in Teknaf and Moheshkhali reported benefitting from the meetings; the meetings fostered a sense of solidarity between the self-help groups and the opportunity to have their voices heard.

The local oversight committees were comprised of five to seven influential women and men from the community, with, on average, women being 40 percent of the committee members. The local oversight committees oversaw cash distributions, attended quarterly stakeholder meetings and supported conflict and incident resolutions and any other emergent issues. In Teknaf, women FGD participants reported that the local oversight committee supported women's mobility by educating men in their communities on respectful behaviour.

Complaints and feedback mechanisms. Women and men FGD participants were familiar with the available means of making complaints and providing feedback: through the Cooperating Partner; local oversight committee; WFP EFSN personnel; and the *upazila* (district) government officials. The women FGD participants knew of the phone hotline. None of the women FGD participants ever used the complaints and feedback mechanisms, reportedly because they felt that there was never a need.

¹⁸² One elderly woman shared that she did not contribute to the savings because she did not trust other members of the self-help group. She felt that group members would steal her money, or the money might not be released to her if members disagreed with how it would be spent.



Outcomes

The EFSN 2 programme enabled (i) the members of beneficiary women's households to meet their immediate food and nutrition needs, and (ii) transformational changes for gender equality and women's empowerment. The transformational changes spanned three domains: women as individuals, women's households, and in women's communities.

Women and men FGD participants reported that women became more knowledgeable and skilful, had better interpersonal interactions, and were more respected and powerful in their households. Directly arising from EFSN 2, women had greater mobility within their communities and greater social capital through solidarity between women and the self-help groups. Women pursued livelihoods and earned their own incomes. For many women, through EFSN 2 women handled cash on a regular basis for the first time in their lives. Many women reported improved access to services (financial and health).

The changes that women experienced were made possible, in part, through engagement of the women's husbands and mothers-in-law. Men and women FGD participants both reported that men behaved more respectfully to women, beat their wives less frequently, and more frequently consulted their wives on household-related matters. As a result, households were reportedly more harmonious and members more skilled at managing conflict. In some households, the members started to eat together, where women had previously eaten last, the least nutritious food, and after men, boys and girls. The engagement of men, in turn, meant that their support for women's livelihoods was secured.

The empowering changes experienced by women would also not have been possible without shifts in community attitudes and practices. The most notable shift was the acceptance of women in public spaces, including shopping, attending meetings, accessing services and undertaking livelihood activities. Moreover, changes in gender roles and relations had positive impacts for girls and boys, with women and men FGD participants reporting sending both girls and boys to school, feeding girls the same foods as boys, and ceasing the harmful practice of child marriage.¹⁸³

Conclusions and recommendations

The gender equality and women's empowerment outcomes were the result of integrated programming. The two CBTs – the monthly subsistence allowance and asset grants – were necessary (but not sufficient) for the participating women's personal, economic and social empowerment. Other essential programme features included the (i) initial information session, for selecting women for the programme and obtaining their husband's authorisation; (ii) behaviour change sessions, which strengthened the women's personal capabilities and supported attitudinal change among men and mothers-in-law; (iii) livelihoods training provided to women and involving men providing necessary skills to select and undertake their livelihood activities; (iv) self-help groups and apex committees which created social capital for women through the exchange of ideas, shared problem solving and mutual support; (v) women's savings (within group

¹⁸³ While child marriage occurred for both girls and boys, girls were reportedly married at a younger age. Girls might be married as young as 14 years, whereas boys would be married at 16, 17 or older.



savings) that served as a safety net in times of hardship; and (vi) local oversight committees, which fostered shifts in the beliefs of community members as to women's roles and (in Teknaf) brokered linkages with traders. Thus, the transformative changes arose from a programme using CBTs that combined a range of individual and collective-based activities, across the individual, economic and social domains.

Recommendations for the Bangladesh CBI were in three areas.

- (i) **EFSN 2 follow-up.** Two years is a relative short period of time to realise transformative changes that will be sustained. At the time of the study, many of the women who participated in the FGDs reported having consolidated their individual livelihood activities and were considering, as part of their self-help groups, investing in more substantial group businesses. Two further years of business and technical support – forming market linkages, exploring group business or savings models, and improving access to financial services – would increase the likelihood of sustainable transformational changes.
- (ii) **Livelihood opportunities.** Given that women had no livelihoods prior to their participation, EFSN 2 successes – of securing men's agreement for women to work and of women pursuing livelihood activities – clearly contributed to the women's economic empowerment. The women's livelihood activities are, however, relatively modest in scale and in income. Further analyses are needed to determine how to enhance the programmatic impacts, in terms of women's livelihoods – for the EFSN 2 cohort and the EFSN 3 cohort. Such analysis should consider women's priorities, which the FGD participants communicated as including profitability, length of time to mature, amount of work involved, their mobility, risk and the ability to consume unsold surplus. Programming could expand to include facilitating linkages with buyers in and beyond local markets and increased production, such as through group farming or joint product marketing.

The influx of Rohingya refugees has disrupted the economy in Cox's Bazar, creating both an oversupply of men day labourers and new market opportunities. Market opportunities could be explored for EFSN women participants' economic benefit, for example through small pilot activities.

A strategic-level technical partnership with an organisation with requisite skills could provide necessary competencies for analysis and piloting market linkage work.

- (iii) **Delivery mechanism.** The transfer of the monthly subsistence allowance as cash-in-hand, by the Cooperating Partner to the EFSN 2 women participants, is time-consuming and resource-intensive. Consideration could be given to a more efficient (and possibly secure) delivery mechanism. Another delivery mechanism could similarly ensure that the CBTs are given to women – as the programme participants and registered sole recipients – to support their personal, economic and social empowerment. It is difficult to anticipate risks and challenges, and the possibility of resistance to changing from a known to unknown payment system. A well-designed pilot – informed by a gender analysis and protection assessment – could be used to test a more automated delivery mechanism that would increase programme efficiency, effectiveness and empowering impacts. Changes to a payment system would need to be accompanied by information sessions and in-person support for the EFSN 2 participants.



A5.2 Egypt

The Egypt case study – of the school feeding programme's take-home entitlements – was undertaken from 21 to 25 October 2018. While the primary focus of the Egypt case study was the CBT take-home entitlements, the broader school feeding programme and the livelihoods programme¹⁸⁴ were examined. The Egypt case study encompassed three sites: (i) Tameya District in Fayoum Governorate; (ii) Senouras District in Fayoum Governorate; and (iii) several districts in Menia Governorate.

CBI background and programme features

WFP complements the national school feeding programme by providing nutritious in-school snacks to 2.1 million children in selected public and community schools.¹⁸⁵ All children in selected community schools are targeted. Household members of community school students receive take-home entitlements conditional on 80 percent of students' school attendance, either as CBT or in-kind assistance. The CBT take-home entitlement is a food-restricted voucher (as a smart card) that can be redeemed by the student's guardians¹⁸⁶ at WFP-contracted local retailers. The CBT value is 180 EGP (~10 USD) provided monthly and is intended to cover 15 percent of a household's food expenditure. Where in-kind transfers are provided, the transfer is 10 kilograms of rice and one litre of oil. The transfer modality varies by district and depends on the availability of retailers that meet WFP's requirements. CBTs cannot be provided in areas that lack mobile phone network coverage, which is required for point of sale machines.¹⁸⁷

Due to funding shortfalls, provision of both school snacks and take-home entitlement (CBT and in-kind) was suspended for three months during the second half of 2018. At the time of the study (October 2018), the resumption of the snacks and the take-home entitlement was, reportedly, imminent.

While the community schools prioritise girls, in Fayoum and Menia Governorates many – but not all – community schools are co-educational. The community schools serve girls and boys who have: (i) never attended a public school; (ii) dropped out of public school; or (iii) live too far (more than two kilometres) from a public school. Children need to be between the ages of 6 and 14 years when they enrol at a community school. Few children attend a community school beyond the age of 16 years.

Alongside the school feeding programme, WFP supports a livelihoods programme for the mothers of the students attending the community schools. By supporting mothers to secure sustainable incomes, the livelihoods programme is intended to contribute to the empowerment of the participating women and reduce the risk of girls and boys being withdrawn from school (for reasons such as contributing to household income and girl marriage). The livelihoods programme consists of training in women's enterprise and loans, up to a maximum of 3,500 EGP (~194 USD).

¹⁸⁴ The livelihoods programme mothers of students covered by the school feeding programme.

¹⁸⁵ Managed by the Ministry of Education, community schools are multi-grade one classroom schools that provide primary education for vulnerable out-of-school children aged 6 to 14 years. In Egypt, there are estimated 5,200 community schools serving approximately 140,000 students, 82 percent of who are girls.

¹⁸⁶ The guardians are parents or other legally-recognised caregivers.

¹⁸⁷ A point of sale machine is a smart card machine used to process sales. It requires internet connectivity to function.



Process analysis

Named recipient. The smart card is printed with the child's name as "Parents of [child's name]". While the child is the named recipient, either (or both) parents (or guardians) are authorised to use the card. In the FGDs, some mothers and fathers shared that their children feel proud of having their names on the smart cards (signifying a contribution to their families). Given their contribution, the children feel they can request their preferred foods.

Smart card collection. Women FGD participants reported collecting the cards from the community schools when they were issued. Some men FGD participants (most notably in Menia) reported collecting the smart cards. The main reason given for women more commonly collecting the smart card, than men, is that women are available and physically present in their villages, while men are often engaged in paid work outside their villages.

Information. During distribution of the smart cards, information sessions were run by WFP, with the participation of the teachers and the Cooperating Partners. Most women and men FGD participants who attended these sessions could accurately recall the information provided. Aside from this information session, teachers (predominantly women) are the primary source of information for students and parents about the school feeding programme. For example, teachers were responsible for communicating information about the expansion in the food basket (which occurred nine months prior to the study), timing of the smart card reloads, and the women's livelihoods programme. Not all FGD participants – women and men – were aware that the range of food items that could be purchased with the smart card had expanded. Some FGD participants – again, both women and men – expressed the view that they are not adequately informed about when the smart card is reloaded.

Transfer. Women and men FGD participants reported that, with very few exceptions, women shopped using the smart card. This is the practice with other sources of income and prior to the introduction of the smart cards. Women-FGD participants reported going shopping alone or sometimes with their children (girls and/or boys). Women FGD participants did not express concerns or problems with purchasing from men retailers.¹⁸⁸ Similarly, men FGD participants did not express concerns about their wives purchasing from men retailers. Women FGD participants did, however, report preferring to purchase from women retailers because "women are more patient".

Women and men FGD participants reported that women are the primary decision-makers on what to buy with the smart card. If men went shopping, it was with a list of items provided by their wives. Both women and men FGD participants said that women predominantly decide what to buy because "women know what is needed in the house". Women FGD participants in Menia shared that they typically do not consult their husbands or other household members (e.g. mothers-in-law) on what food to purchase because "they will eat what is put in front of them". Women ask their children for their food purchase preferences, because the smart cards are in the children's names. Women reported that children would request milk, cheese, pasta, tuna and *halawa*, which the women would then purchase. In none of the FGDs was there mention of intra-household conflict regarding the transfer.

¹⁸⁸ At the time of the study, 3.9 and 2.9 percent of WFP registered retailers in Fayoum and Menia Governorates, respectively, were women.



Complaints and feedback mechanisms. In all FGDs, the participants did not report significant problems or challenges in using the smart cards. Many FGD participants – both women and men – reported difficulties in using the hotline and had to call multiple times. FGD participants (women and men) reported that their first point of contact for information about the school feeding programme is a teacher. Teachers answer general queries. For issues such as forgotten PIN codes, the teachers refer parents to the hotline. Teachers are also the point of contact for parents when they have concerns about the retailers, such as retailers being rude or refusing to exchange purchased goods. In such instances, the teacher passes the information to the Cooperating Partner.

Awareness raising and training. WFP provides awareness-raising sessions to community school teachers on topics such as child labour, nutrition and emergency preparedness. The teachers, in turn, share information with mothers, fathers and the girl and boy students. WFP provides two types of training for teachers: nutrition education and active learning. In interviews with teachers, they spoke of how the training helped them to design educational activities that are of interest to their students.

Livelihoods programme. Implemented as a standalone programme, the livelihoods programme targets mothers of community school students. Women FGD participants and interviewees reported enjoying the training and appreciating the learning opportunity. Many of the women reported gaining ideas about possible livelihood activities, even if they were not able to initiate the livelihood activities. Not all women who participated in the training took out a loan (which would have been taken out in their name) through the livelihood.¹⁸⁹ Also, not all women who requested loans had their applications approved.¹⁹⁰ Unsuccessful applicants have been included in a waitlist to be considered in subsequent rounds of loan disbursements. Women FGD participants who did not apply for a loan expressed concerns about their ability to meet repayments.¹⁹¹

Some men FGD participants said that they did not think it was a good idea that their wives take out loans. (Some women proceeded to take out a loan anyway.) A reason cited by the men was that the loans were too small to invest in what they – the men – consider to be a ‘meaningful’ livelihood activity. For some men, a loan would need to be around 10,000 EGP (~556 USD) to be meaningful.¹⁹² Another reason was scepticism about their wives’ abilities to establish a successful livelihood activity that would generate enough income to contribute to household costs and support loan repayments.

Outcomes

Food security and nutrition-related outcomes. Women and men FGD participants reported that the CBT resulted in increased (i) quantity of food for their household members, and (ii) variety

¹⁸⁹ The livelihoods programme was designed for micro-loans to be provided to a portion of the women who completed the training.

¹⁹⁰ For example, in Fayoum Governorate, 8,000 women received the Get Ahead training, while only 1,400 (or 17.5% of women) received the loans. In Menia Governorate, 3,400 women were trained, and 1,730 (50.9%) women received loans.

¹⁹¹ The repayments for a loan of 3,500 Egyptian Pounds (~194 USD) was 258 Egyptian Pounds (~14.33 USD) per month, for 15 months.

¹⁹² This is consistent with WFP analysis of an appropriate loan size. The upper limit of the loan amount, of 3,500 Egyptian Pounds, was calculated prior to the currency devaluation. While the loan is currently valued at ~194 USD, the value when first calculated in 2015 was ~466 USD. There is an intention to review the loan size. Source: Interview with Ashraf Adeeb, Programme Policy Officer.



of food being eaten by household members. Many women-FGD participants reported being able to provide both girl and boy children with their preferred foods, which tend to be nutrient-rich foods. Another reported effect of the CBT is that many retailers stock a greater variety of food products than previously, as they are assured of a consumer market. Another reported outcome is that more money is available in the households for other (non-food) purposes. As a consequence, there is reportedly less reliance on coping strategies, such as: (i) eating 'filling' foods, rather than nutrient-rich foods; (ii) buying food on credit; and (iii) sending children (particularly boys) to work for money after school.

Education. The CBT was associated with increased school attendance of girls and boys, including in comparison to when the transfer had been in in-kind assistance. In a Tameya school, interviewed women teachers said that school attendance is now close to 100 percent,¹⁹³ which they link to the CBT conditionality of 80 percent student attendance. Men FGD participants in Tameya felt that the quality of teaching and education had increased because of the monitoring visits by the Cooperating Partner and Department of Education personnel. Within their communities, community schools have become more highly regarded than public schools. Teachers and the Cooperating Partner attribute the preference for community schools, in part, to the take-home entitlement as CBT.

Gender equality-related outcomes. Women and men FGD participants and teachers reported that the CBT reduces the likelihood of children being withdrawn from school – girls primarily for early marriage and boys mostly for remunerated work. Being at school tends to delay marriage for girls because parents (as reported by interviewed teachers, mother and father FGD participants) wait until their daughters finish Grade 6 (12 to 17 years) before considering marriage. Parents and teachers reported that the CBT means that there is less pressure for boys (and girls to a lesser extent) to engage in paid work, such as agricultural labourers or in factories, that can contribute to household income.

Attendance at community schools, motivated by the snack and CBT, can impact on the life course of girls and boys. All interviewed girls reported wanting to complete primary or preparatory school prior to getting married. Some girls expressed the aspiration to be doctors, teachers and lawyers. Interviewed boys expressed ambitions beyond day wage labour, which is the work most commonly done by their fathers.¹⁹⁴ The boys listed desires of being policemen or businessmen.

Conclusions

Within the school feeding programme, the CBT take-home entitlements have positive impacts in the lives of the community school students and their parents (mothers and fathers). The CBT take-home entitlements resulted in an increase in the variety and nutritional value of food in beneficiary households. The students (as named recipients) can request their preferred foods, which are typically nutrient-rich foods. Receiving the CBT also means that recipient households have more resources and, consequently, are less reliant on coping strategies such as eating filling foods, buying food on credit, and requiring children to undertake paid work. As the CBT is an incentive

¹⁹³ School records for Fayoum confirm attendance rates of 97-100 percent for the 2017-2018 school year. (WFP Egypt Country Office)

¹⁹⁴ Day labour is an unreliable source of income. Many married women-FGD participants reported their husbands having acquired disabilities due to unsafe work practices.



for, and enabler of, school attendance for girls and boys, there are also positive educational impacts. Teachers and parents (mothers and fathers) reported improvements in the quality of the education, regular attendance and increased interest in community schools.

Recommendations for the Egypt CBI were in two areas.

Form parent committees. Parent committees could strengthen information sharing within the school feeding and livelihoods programmes. Parent committees should be structured such that they (i) are inclusive of the diversity of women and men in the communities, and (ii) provide opportunities for women to assume leadership roles within their communities. Such leadership could be empowering for women themselves, while also serving as positive role models for girls and boys in the schools (and broader community).

Strengthen the livelihoods programme to maximise (economically) empowering and sustainable impacts for women (and their households). Potential actions include:

- mapping viable livelihood opportunities for women (that includes non-gender stereotyped roles and considers women's situations and possibilities) and disseminating information about livelihood opportunities and services;
- addressing the value of the loan, given the devaluation of the EGP and reviewing the repayment schedule so that it reflects the period needed for a livelihood activity to generate a financial return;
- expanding the capacity-strengthening component by including, for example, numeracy and financial management skills and mentoring, as well as connecting (women) to financial services, as consistent with established 'good practice' on programming for women's entrepreneurship;¹⁹⁵
- exploring the possibility of supporting (women's) group businesses to be medium or large-size enterprises; and
- examine opportunities to link women's livelihoods with WFP-registered retailers.¹⁹⁶

A5.3 El Salvador

The El Salvador case study of ConectArte and Gastromotiva¹⁹⁷ was undertaken from 20 to 24 July 2018. Six FGDs were conducted: one women-only and one men-only FGD each for (i) Conectarte, (ii) the first (completed) Gastromotiva cohort, and (iii) the second (current) Gastromotiva cohort.

CBI background and programme features

Combining CBTs with vocational training, employment opportunities and rehabilitation of community assets, Conectarte and Gastromotiva are two contributions to the national Government's social protection efforts, as well as the *Plan El Salvador Seguro* (to reduce violence)

¹⁹⁵ ILO, 2018, *Entrepreneurship Development Interventions for Women Entrepreneurs: An update on what works*, http://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---ifp_seed/documents/briefingnote/wcms_616805.pdf.

¹⁹⁶ Many WFP-registered retailers currently do not sell fresh fruit, vegetables or meat. One option is to link small-scale women vendors who sell fresh food to the registered retailers.

¹⁹⁷ As detailed in the website <http://www.gastromotiva.org/en/>, Gastromotiva is an initiative – implemented in Brazil and Mexico, in addition to that by WFP – that combines education, food and gastronomy to facilitate transformative changes in the lives of individuals living in circumstances of vulnerability and social exclusion.



and strategies for reintegrating returned migrants. The stated purpose of Conectarte and Gastromotiva is to contribute to the food security and protection of youth in situations of social vulnerability in El Salvador, improving their employment, income and empowerment through professional development opportunities.

Conectarte and Gastromotiva are implemented over periods of nine and six months respectively. In the first month participants are recruited from different communities across San Salvador and participate in a selection process that combines individual and group-based interviews and a four-day, residential camp. The selected young women and men then undertake a learning component. For Gastromotiva, the participants complete eight weeks (6 days/week) of gastronomy-related vocational training, which also includes sessions on personal and professional development.¹⁹⁸ The duration of the learning component for Conectarte is nine months and includes voluntary work, through which they share their skills by giving classes to children in their communities. In the third phase, Gastromotiva participants (who complete the training) undertake a two-month work placement, while the Conectarte participants complete a community project to revitalise their public spaces in their communities.

Each month the participants receive a CBT as a voucher (smart card) valued at 75 USD.^{199,200} Receipt of the value voucher – which can be redeemed from selected SuperSelectos supermarkets – is conditional on participation in the training and work placement (Gastromotiva) or community work (Conectarte).

Process analysis

Outreach and selection. Young women and men learnt about Conectarte and Gastromotiva from the Ministry of Foreign Affairs (for Gastromotiva), their local mayors' offices, community leaders and social networks ('word-of-mouth' through relatives and friends). In sharing information about Gastromotiva with returnees (most commonly when the women and men departed from primarily the USA and Mexico arrive in San Salvador), the Ministry of Foreign Affairs plays a significant role in programme outreach, particularly for young male returnees, given they outnumber women returnees at a 4:1 ratio. A similarly influential outreach role is assumed by the mayors' offices (and the Instituto de la Juventud) and community leaders in identifying young women and men eligible to participate in Conectarte.

For both programmes, the nominated women and men undertake an in-person, individual interview, through which WFP collects personal information and assesses interest in the specific nature of the Conectarte and Gastromotiva programmes, motivation and suitability. Selected women and men are invited to the four-day, residential camp. At the residential camp, the young women and men who participated in the FGDs reported that they (i) undertook a range of activities that further explored their motivation and commitment; (ii) were introduced to subjects (e.g. cooking, nutrition, gender, sexuality, violence) about which they would learn more during the

¹⁹⁸ Subjects include citizenship (which includes gender, masculinities, sexuality, conflict resolution, migration, working together), nutrition, food assistance, urban gardening, entrepreneurship, client service, gastronomy basics, cooking together, food hygiene, history of El Salvadorian cuisine, events and baking.

¹⁹⁹ The minimum wage for workers in the El Salvador commerce and services sector is 1.25 USD/hour, 10 USD/day and 300 USD/month. [Ministerio de Trabajo y Previsión Social, <http://www.mtps.gob.sv/avisos/nuevo-incremento-al-salario-minimo/>]

²⁰⁰ 75 USD/month is based on the CBT calculation in the El Salvador Country Strategic Plan (2017-2021).



education/training component of the programme, and (iii) were given the opportunity to establish new inter-personal relationships and share their life experiences with young women and men from similar life circumstances. Upon conclusion of the camp, continuation – or not – in Conectarte or Gastromotiva was confirmed by the women and men themselves and by WFP.²⁰¹

The primary motivation of the young women and men in joining Gastromotiva was the prospect of obtaining (formal) paid work. For Conectarte, young women and men similarly hoped for improved economic circumstances. They were also motivated to contribute to their communities in some way and weaken the stigma associated with being a youth in El Salvador, particularly for a young man.

In deciding to participate, the young men mostly decided for themselves, while the young women generally made the decision in consultation with family members. The young women were clear that the decision to participate was not solely theirs,²⁰² but required justification – that the programme offered something of value, such as potential employment or contributing to their communities. Women also needed to negotiate caring and domestic responsibilities. In the absence of another carer, sometimes the Gastromotiva women (but none of the men) participants would bring their children with them to classes. The women Gastromotiva participants commented that their male counterparts had lesser domestic and childcare responsibilities.

Education and training. Many women and men FGD participants listed the non-vocational lessons – gender, sexuality, sexual and reproductive health and rights, masculinities, violence – as new subjects for them to discuss publicly and thoughtfully. They appreciated these subjects and advocated for retaining them. Women Gastromotiva participants reflected, however, that the men were not always respectful of their contributions in the non-vocational classes, such as the sessions on sexuality.

With a few exceptions for illness (of themselves or a relative), both the young women and men expressed commitment to attending the classes and successfully completing their training.²⁰³

Applied learning. For Conectarte participants, the learning component runs in parallel with the practical application of the knowledge and skills being acquired. For nine months, the young women and men attended classes three days a week and did voluntary work with children (from pre-school to pre-adolescents) in their communities for another three days. The nature of the voluntary work is determined by each person's interests and talents – drawing, painting, urban art, dance, gardening, story-telling. Conectarte culminates in a community revitalisation project. The men in the FGD created urban gardens (which included vegetables), while the women in the FGD contributed to wall murals and creating green spaces. As one young woman noted: "We were busy every day for nine months."

For many, the work placement was the primary purpose of joining Gastromotiva. Paid work (at the minimum wage) was obtained in a relatively short period (within two months of completing the

²⁰¹ Not all FGD participants attended the four-day camp. For example, the Conectarte women joined the programme following a second call for nominees.

²⁰² Only one of the women in the Gastromotiva FGDs stated that she made the decision to participate by herself. She was able to make the decision because she was working and had saved money that would allow her to join Gastromotiva.

²⁰³ Among the first cohort, 21 of the 30 youth who joined – 11 women and 10 men – successfully completed the Gastromotiva programme.



training). Both women and men FGD participants valued the work placement for providing an opportunity to consolidate and expand the knowledge and skills acquired from the education and training component (e.g. in cooking, cashiering and client service). A third benefit noted by the women and men was the reduced stigma of being a returnee and of living in one of the more violent neighbourhoods of San Salvador. Among the first *Gastromotiva* cohort, and of the FGD participants, five of the men completed work placements. Three women FGD participants did not do the work placement for stated reasons of lack of opportunities in their communities (or within manageable travelling distance) or not having high school certificates.²⁰⁴ The women who did work placements reflected on the long work days, sometimes with double shifts and sleeping at their work places.²⁰⁵

From the study, it appeared that restrictive gender stereotypes may diminish the chances of women being selected for work placements and subsequent employment opportunities. Both instructors and employers related a perception that men are more flexible, available and outgoing (extroverted), than are young women. Young women were perceived as having greater caring and domestic responsibilities and less capable of independent decision-making.

Transfer. During the education and training component, the work placement, and the community volunteering and project, the *Conectarte* and *Gastromotiva* participants receive a monthly CBT of 75 USD credited to a card that is issued in their names only.²⁰⁶ As no value-added tax is applied to the products purchased with the card, the actual monthly value of the transfer is approximately 84 USD. The *Gastromotiva* participants receive an additional CBT (as cash-in-hand), of 25 USD per month, during the education and training component to cover transportation-related costs.

At the commencement of the programme, participants attended an in-person meeting where WFP distributed the cards and provided information about the transfer. The women and men are instructed in how to use the card, where the card can be used and what products can and cannot be purchased, along with the condition that they attend the education and training classes. The *Gastromotiva* participants can buy any goods in the selected *SuperSelectos* supermarkets, except for alcohol and tobacco. The first *Conectarte* cohort participants could only purchase food items from a restricted list, which did not include items such as chocolate.

Both women and men reported that they mostly purchased food items, but also personal hygiene products. The women and men differed in the process of deciding what to buy. Men were more likely than women to make the decision themselves, without consultation or obtaining the agreement of another person. For the men who decided how to use the transfer in consultation with others, this was most often with a woman because “women tend to know more what the family needs”. The women consulted with the other members of their households, such as mothers, siblings, aunts and partners. Some of the women did, however, assume sole responsibility for the transfer. Across *Conectarte* and *Gastromotiva*, most women and men did not encounter challenges in the use of the transfer.

²⁰⁴ Certificates of completion of secondary education are a pre-requisite for many employers.

²⁰⁵ Double shifts and sleeping at workplaces were decided by the employer and participant, not WFP.

²⁰⁶ The monthly transfer is provided on the condition of participation. If a young woman or man withdraws, or does not participate, the transfer is not provided.



For both women and men, the transfer was significant for three main reasons. The main reason is that the transfer enables participation in Conectarte and Gastromotiva. The transfer buys the young women and men the time to join the training and complete a work placement or community project. The transfer also serves as a persuasive argument for justifying their participation to others, particularly for the young women. The transfer supports the women and men in meeting their own food and nutrition needs, as well as those of their dependents and other household members. For fathers, the transfer aligned with their role as family provider. The second reason for valuing the transfer was for the contribution to the personal development of the young women and men. Both young women and men described receiving and managing the transfer as strengthening their (i) sense of responsibility, (ii) decision-making confidence, and (iii) consideration of other persons. One young woman articulated how the same impact would not be felt from in-kind assistance. Thirdly, the transfer was perceived as a means of consolidating the learning around cooking, nutrition and healthy eating because the young women and men were actively involved in determining the food purchased, rather than being passive recipients of a pre-determined basket of food.

Outcomes

From the FGDs, interviews and observations, five outcomes of Conectarte and Gastromotiva similarly emerged for women and men: (i) new and strengthened labour market knowledge and skills; (ii) actual and prospective employment; (iii) personal development; (iv) stronger communities and social networks; and (v) improved nutrition (primarily awareness but leading to behaviour change).

While the five significant changes in the lives of the Conectarte and Gastromotiva participants are the same for the young women and men, gender was observed to influence their experiences and impacts.

Young women. After completing Conectarte and Gastromotiva, the young women were engaged in studying, employment or voluntary community work, as well as continuing with their unpaid care and domestic responsibilities. While economic empowerment – critical for food security – was not an immediate outcome for all the young women, some emerged with the perspective of such empowerment. One Gastromotiva participant wishes to “have my own business making food”, while another wants “to be doing something creative, like having my own business planning events.” There was, however, reflection that women encounter challenges in getting paid work because they are women. This observation was expressed by an employer: “There are many who think that women will get pregnant and they will have to pay to cover the four months maternity leave. It’s a disadvantage. Others think that women aren’t as strong as men, and you need to be strong to do the work.”

In terms of decision-making – and autonomy over their own lives – the young women make choices consultatively. For example, women sometimes require the permission or approval of parents, partners and other relatives. Despite needing to consult, women were making decisions – to participate, in the use of the transfer, to be present in public spaces (beyond the domestic sphere), about what community projects to undertake. As a result of participation in Gastromotiva and Conectarte, women expressed greater confidence and ability to make decisions and solve



problems. The shifts in self-perception were mirrored, for the Conectarte women, in communities' perceptions as to young women's capabilities. Women were visible and valued when they were, for example, standing on ladders, transforming the facades of public buildings.

Despite many changes in their lives, women FGD participants reported that there was little shift in terms of time use and work load. Unpaid care and domestic work continued to be greater for the young women, than the young men, reflecting the prevailing machismo. While women received practical support from relatives to participate in Conectarte and Gastromotiva, they continued to undertake unpaid care and domestic work. The training provider, Universidad Francisco Gavidia, was attentive to the life circumstances of the young women, providing practical support (counselling, health services, legal services, childcare support, referral to Ciudad Mujer)²⁰⁷ to assist the young women completing the education and training component of Gastromotiva.

Young men. The young men's stated motivations in joining the programmes were improved economic situations, less stigmatisation (associated with becoming valued members of their communities) and less violence in their lives. Among the first cohort of Gastromotiva men, some (4 of 10) had obtained paid work. Other young men were not engaged in formal work but looking for work and doing odd jobs as available. The Conectarte men are engaged in some kind of activity – volunteering in their communities, continuing with art, establishing their own small enterprises, studying or paid work.

The autonomous decision-making that was more evident among the young men than the young women from the commencement of Conectarte and Gastromotiva was reinforced during participation.

Of significance for the Conectarte men, but including those involved in Gastromotiva, was the combination of stigma, self-worth and violence. In FGDs, the weight of the negative stereotype of a young Salvadorian man – of being violent, belonging to a gang, not having productive work – was conveyed, along with the violence that permeates their daily lives. The stigma and violence – and associated fear and physical threats – limit the young men's movements and activities. They employ strategies to manage the violence, such as detouring around particular areas when travelling and travelling in groups. Conectarte and Gastromotiva facilitate the young men's movement, such as through the identity cards and branded clothing, and create safe spaces in which they can learn and contribute; this, in turn, created the conditions for transformative changes.

For the young men, a reported positive impact of Conectarte and Gastromotiva was greater acceptance of diversity in terms of masculinity (what it means to be a man) and sexuality. Within Conectarte and Gastromotiva, there were men who identified as homosexual and transsexual, with their counterparts acknowledging their sexuality and with reported reduced homophobia.

²⁰⁷ Ciudad Mujer (<http://www.ciudadmujer.gob.sv/>) is the government entity supporting the inclusion, empowerment and rights of women in El Salvador.



Conclusions

Conectarte and Gastromotiva addressed the immediate needs of young Salvadorian women and men, while also contributing to promotive and transformative outcomes in their lives, including in relation to gender equality.²⁰⁸ By directly supporting food security and nutrition, expanding their capabilities and employment prospects, and addressing issues of exclusion and inequalities, both programmes contribute to sustainable changes for the young women and men, their families and their communities.

A5.4 Jordan

The Jordan case study – of the General Food Assistance intervention in the Syrian Refugee Response in Jordan – was undertaken from 1 to 5 July 2018. The Jordan case study encompassed three sites: Za'atari Camp, Mafraq Governorate and Amman Governorate. The selected programme features of these sites are summarised in **Table A5.2**.

Table A5.2: Selected programme features of the three studied sites.

Feature	Za'atari	Mafraq	Amman
Refugee residence	camp	urban host community	urban host community
Transfer value (JOD per person per month)	20 (plus 240 grams of bread per day)	15 or 23	15 or 23
Modality	food-restricted voucher in-kind bread	food-restricted voucher	'choice' modality
Payment method	iris scan	smart card	smart card
Redemption	2 WFP-contracted supermarkets	WFP-contracted retailers	WFP-contracted retailers & ATMs

CBI background and programme features

WFP provides General Food Assistance transfers to UNHCR-registered refugees in Jordan as food-restricted vouchers and/or unrestricted cash. At the time of the study, all refugees living in the two camps received a monthly transfer valued at 20 Jordanian Dinar (JOD) (~28 USD). In the 'host communities', Syrian refugees classified as moderately or extremely food insecure ('vulnerable') receive a monthly transfer of JOD 15 or 23 (~USD 21/32), respectively.²⁰⁹

In camps, the General Food Assistance is provided as electronic value vouchers which are used to purchase food items from the registered (in-camp) supermarkets. Initially items were purchased

²⁰⁸ Protective measures provide relief from deprivation. Preventive measures seek to avert deprivation. Promotive measures aim to enhance incomes and capabilities. Transformative measures address the causes of social inequities, exclusion and inequalities. See Devereux, Stephen and Sabates-Wheeler, Rachel 2004. Transformative social protection. Brighton, England, Institute of Development Studies.

²⁰⁹ The transfers for urban host communities were raised in response to the recent increase in taxes and an end of the government bread subsidy in January 2018, which raised the price of bread by 60 to 100 percent.



with smart cards, but by the time of the study this had changed to iris scanning. For the refugees living in host communities, WFP provides food-restricted vouchers (as smart cards) which can be redeemed at 197 WFP-registered retailers (supermarkets of varying sizes). In Amman Governorate, the 'choice' modality was introduced in April 2018.²¹⁰ With the 'choice' modality, WFP beneficiaries can redeem their assistance as food-restricted vouchers and/or as cash from Jordan Ahli Bank (JAB) ATMs.

Process analysis

Named recipient. UNHCR registers Syrian refugees upon their arrival in Jordan. All members of a family who arrive concurrently are registered as a 'case'. For each case there is one principal applicant assigned at the time of registration. Women FGD participants reported that if there is an able-bodied man in the household, he is automatically registered by UNHCR as the principal applicant. Where a man has a chronic illness or disability, UNHCR asks the household members to nominate their 'principal applicant'.

Information. Information sessions were held concurrently with the collection of the smart card. Typically, the principal applicant received a text message or telephone call to pick-up the smart card. As the principal applicant was most often the man (for households with women and men), men - more often than women - directly received the information provided at the time of smart card collection.

Text messages were used to inform beneficiaries about 'reloading' (credit/cash transfer), distribution dates, programmatic changes and redemption locations.²¹¹ The text messages were sent to the telephone numbers listed against each case, typically that of the principal applicant. Accordingly, for many multi-adult households, men were the direct recipients of the information. Women in households with men reported not receiving information and conjectured that their husbands had received text messages and/or telephone calls.

In Amman where the 'choice' modality was introduced, more men attended the information sessions than women. Where men were married, they were sometimes accompanied by their wives. Men FGD participants said that they attended the information sessions as their wives were busy taking care of their households. Some women FGD participants reported that they did not attend the information sessions because they did not have money for transportation.

In Za'atari Camp, many women FGD participants were not aware of the shift in payment method from smart cards to iris scanning. Most women FGD participants reported learning of the change when they were asked to look into the scanning device at the check-out. In contrast, men FGD participants reported awareness of the iris scanning payment method prior to its introduction.

²¹⁰ The 'choice' modality was introduced following a 2016 modality effectiveness evaluation conducted in Jordan and Lebanon by the Boston Consulting Group (BCG). The BCG evaluation reported that women were more likely to 'keep' (that is, look after) the WFP e-card if it was a food-restricted voucher (49 percent) compared to unrestricted cash (41 percent); associated with the women's greater decision-making influence over food-restricted vouchers compared to unrestricted cash. See: WFP and BCG, 2017, *Food-restricted voucher or unrestricted cash? How to best support Syrian refugees in Jordan and Lebanon*.

²¹¹ WFP 2018. *Assistance to Vulnerable Syrian Refugees and Host Communities in Egypt, Iraq, Jordan, Lebanon and Turkey: Standard Project Report 2017*. Cairo, Egypt, World Food Programme.



Men cited the multiple information sources provided by WFP, such as the in-person information sessions, household visits, brochures and banners.

Transfer. Both women and men FGD participants reported shopping on the day that their smart cards are reloaded.²¹² Women and men FGD participants both reported that women are seen as being responsible for the shopping, notwithstanding all persons within a household being able to use the CBT (through the iris scanning). In Za'atari Camp, women and men reported that the two supermarkets were crowded on 'reload days'.²¹³ Women and men in the Amman governorate reported a reduction in supermarket crowding with the introduction of the 'choice' modality.

For the 'choice' modality, cash was reported as being used for food, rent, utilities, clothing and other basic needs, such as cleaning products. Some women FGD participants reported that men spend the unrestricted cash on non-food-related expenses, such as rent, clothing, utilities, cigarettes and personal items.^{214,215} Women reported not knowing what items were purchased for personal expenses but were cognisant that the purchases were not food. Some of the women and men under the 'choice' modality reported only redeeming their transfer with the smart card in WFP-registered supermarkets. The reasons cited for this included dedicating the WFP assistance to food expenditures, supermarkets being closer to where they live than ATMS and, in a few instances, being unaware of the unrestricted cash option.

When the transfer was food-restricted (as in Za'atari Camp and Mafraq Governorate), women decide – solely or in consultation with household members (e.g. husband, children, mother-in-law) – as to how the transfer is spent. Most men said that women were the primary decision-makers in the use of the transfer because they (women) know what food is required for their households.

In Amman Governorate, married women reported in FGDs that their influence over the use of the CBT diminished with a shift to the 'choice' modality with unrestricted cash. In households with women and men, it is predominantly men who withdraw the cash from an ATM. The men's reasons included (i) the belief that it is safer for men to use an ATM because women could be robbed or harassed;²¹⁶ (ii) women (principally the men's wives) not knowing how to use an ATM (notwithstanding that many of the men were unfamiliar with ATMs prior to their arrival in Jordan); and (iii) the man being the head of the household, which automatically conveys the authority to manage finances ("because I'm the man").

Complaints and feedback mechanisms. Not all FGD participants – women and men – were aware of the WFP hotline.²¹⁷ Of the women and men who knew of its existence, some reported that they were unable to get through to the hotline. For both women and men who had called the

²¹² Reloading occurs monthly, with the 'reload day' depending on household size.

²¹³ On 2 July 2018 when the mission visited Tazweed supermarket in Za'atari Camp, the supermarket was busy but not over-crowded. This was possibly because it was not the busiest reload day, which falls on the 9th of each month.

²¹⁴ The women's accounts in the use of the unrestricted cash align with the 2017 BCG study findings.

²¹⁵ The study did not gather data as to food security outcomes relating to the shift to the 'choice' modality. WFP Jordan Country Office data indicate that the share of households with acceptable food consumption scores was higher among 'choice' beneficiaries, than beneficiaries receiving the restricted food voucher, in both the last quarter of 2017 (90% versus 63%) and the first quarter of 2018 (94% versus 81%). The monitoring data are not available disaggregated by gender of household-head or assistance-level.

²¹⁶ Women FGD participants (primarily household heads) who did collect cash from ATMs noted that they do not fear being robbed or harassed.

²¹⁷ The FGDs did not indicate that use, or not, of the hotline was associated within being the principal applicant. Also, while the FGDs did not delve into the persons or entities from which WFP beneficiaries requested support, in the discussions the women and men described sharing information within their households and local communities (word-of-mouth).



hotline, the most common reasons were to report a lost or damaged card or query changes to their assistance.

Outcomes

Food security and nutrition-related outcomes. From the women's and men's accounts, General Food Assistance has protective and preventive functions providing relief from, and averting, hunger, poverty and exploitation. For all FGD participants, the immediate impact of the General Food Assistance is that they and their households have food. The monthly transfer was nonetheless reportedly insufficient to meet all household monthly food requirements.

Women and men FGD participants reported that the General Food Assistance enabled them to meet other basic needs, such as paying rent and utility bills, and purchasing non-food items. In Za'atari Camp, non-food basic needs were met, in part, by the sale of goods purchased with the transfer. In Amman, the 'choice' modality provided beneficiaries with the option of withdrawing cash from an ATM and using the cash to meet these basic needs.

FGD participants reported that the General Food Assistance means that they are less likely to purchase food on credit, and more likely to retain children in school, not accept exploitative paid work and not be pressured to return to Syria. Both women and men FGD participants stated that if the transfers stopped, it would be likely that they would withdraw their older children from school. During pipeline break in 2015 when there were no transfers for two months, FGD participants reported that (primarily) men undertook exploitative informal work, many households sold assets (such as furniture), or had men migrate in search of paid work.²¹⁸ Some women and men FGD participants said that if they ceased to receive assistance, they would have to return to Syria despite the lack of safety and security.

Gender equality-related outcomes. Rigid social norms and gender roles mean that boys are reportedly more likely to be withdrawn from school because they can more readily obtain paid work than girls. FGD participants also reported that a boy is more likely to be withdrawn from school to undertake paid work, than for his mother undertake paid work. A related challenge is that women older than 30 years are seen (by employers) as being too old to be employable.

Conclusions

The cash-based General Food Assistance supports refugee women and men to meet immediate food and nutrition needs and reduce their use of coping strategies. Coping strategies include buying food on credit, withdrawing older boys from school to work, undertaking exploitative paid work (primarily men and boys), or migrating in search of paid work (primarily men).

Gender roles among Syrian refugees means that women who have husbands are less likely than men to: (i) be the principal applicant (or named recipient); (ii) directly access information; and (iii) collect and spend cash (where that is an option). This was reinforced by registering able-bodied men as the principal applicant by default. As communication from WFP was primarily directed at

²¹⁸ For two of the women FGD participants, their husbands migrated to Germany and to Saudi Arabia in search of work.



the principal applicant, this meant that women had less access to information about the programme. Where women were household heads, they were as likely as men to directly access information and collect and spend cash. Women household heads preferred the 'choice' modality, whereas women who were not household heads expressed a preference for food-restricted vouchers. Across households, women were seen as – and were – responsible for feeding (that is, sourcing and preparing food for) their families. Men were responsible for providing for their families.

Ensure that the General Food Assistance is equitable. To ensure that refugee women and men both have equitable control over and benefit from the CBT, potential actions include:

- (i) working with UNHCR to update the registration process so that adult men are not listed as the principal applicant by default;
- (ii) exploring ways of communicating directly with women beneficiaries (beyond the principal applicant), such as by including their mobile telephone numbers in case documentation or using alternative methods, given that not all women have mobile phones; and
- (iii) monitoring the impacts for women and men (of different ages) of General Food Assistance and of programmatic changes, such as shifts from food-restricted vouchers to the 'choice' modality, as well as mitigate and address negative impacts.²¹⁹

Operationalise the empowering potential of General Food Assistance. Given the prospective duration of displacement,²²⁰ integrating or complementing promotive and transformative project activities. Possibilities within WFP's work include Food Assistance for Training and resilience and livelihood activities. Potential actions include:

- (i) working with UNHCR, the ILO and other livelihood actors in connecting WFP beneficiaries with employment opportunities (including obtaining work permits), ensuring targeting of, and tailored measures for, women and men;
- (ii) collaborating with child and education-focussed actors (like UNICEF and Save the Children) to promote the retention of girls and boys in school by supporting women's (mother's) employment (such as through vocational training, livelihood grants, job search services, childcare services); and
- (iii) exploring the potential of social and behavioural change communication in transforming discriminatory gender roles, relations and responsibilities.

A5.5 Mali

The Mali case study – of the seasonal shock-responsive unconditional General Food Assistance – was undertaken from 23 to 28 September 2018. The General Food Assistance provided during the main, four-month lean season was examined. The Mali case study encompassed three sites:

²¹⁹ Existing monitoring tends to capture data at the household (or 'case') level. Standard monitoring tools could be adapted or complemented to examine programme impacts for women and men. Qualitative methods, such as focus group discussions (women-only, men-only, women and men), can potentially provide explanations regarding intra-household gender dynamics over control and use of transfers.

²²⁰ UNHCR estimated the average number of years of displacement – of being a refugee – for "protracted refugee situations" at 26. See: UNHCR 2015. *Global Trends: Forced Displacement in 2015*, Geneva: UNHCR, <http://www.refworld.org/docid/57678f3d4.html> To note, that the 26-year statistic has been challenged, as reported by [Focus on Refugees](#) and the BBC "More or Less" programme.



Sokoura and Sio communes (both in the Mopti region) and Kati cercle (Koulikoro region).²²¹ At the time of the study, two (Sokoura) and three (Sio and Kati) monthly CBT distributions had occurred.

CBI background and programme features

The *Cadre Harmonisé* (or Harmonised Framework) is a national system used to geographically target areas for the seasonal General Food Assistance. The *Cadre Harmonisé* targets *regions* and *cercles*. Within these, WFP identifies the more food insecure *communes*. The targeting of households is undertaken at the village-level. It is intended to be led by village-level targeting committees that identify potential beneficiary households based on locally-agreed food insecurity and malnutrition vulnerability criteria.

The main lean season transfer is 39,000 XOF (~67 USD) per household, per month for four months.²²² The transfer value is equivalent to 2,100 kCal per person for six persons, regardless of the actual household size. In the two Mopti sites, food-restricted paper value vouchers are distributed. The value vouchers were intended to be used by beneficiaries to make purchases at 'mobile markets' on the day of the voucher distribution. Following purchase, traders at the mobile market would be reimbursed by WFP.²²³ In reality, due to, for example, logistical and security challenges, each village agreed to a predetermined 'food kit' comprising the same items and valued at 39,000 XOF. Each household in a village would receive the same kit, typically comprising rice, pasta, beans, oil, sugar, milk powder and salt. The food kit was provided on the same day as the voucher distribution. In Kati, unrestricted cash was provided, disbursed by Banque Malienne de Solidarité (BMS) staff. Beneficiaries used the cash to make purchases at established shops.

Process analysis

Information. In all three sites, the women and men FGD participants reported that information about the programme was transmitted from WFP and the Cooperating Partner to the commune mayor (and staff) and then to the village chief. Communication within the village is reportedly led by the village chief, in collaboration with the Cooperating Partner.

In Sokoura and Sio, the village-level 'assemblies' (community meetings) were attended by women and men (and girls and boys), according to their availability. From the FGDs, both women and men appeared to have equivalent access to information about the cash-based General Food Assistance before the targeting process commenced. In Sio, women appeared to not know the detailed processes of the programme. In Kati, a village-level meeting was called, with heads of households invited. The household heads were men (in households with a husband and wife) and women (if there was no husband).

Committees. In all three sites, two committees were formed – a targeting committee and a complaints and feedback committee. In Sokoura and Sio, the committees consisted of women and men. According to committee membership lists provided by the Cooperating Partner, the

²²¹ Mali is divided into 10 regions (and the District of Bamako). The regions are in turn divided into cercles (56), and then into communes (706).

²²² Each month the assistance is provided, a beneficiary household receives six vouchers, each valued at 6,500 XOF.

²²³ Traders are provided a cash advance to purchase food.



targeting / distribution committee members were five women and ten men, while the complaints committee was comprised of two women and three men. The women FGD participants were not aware of women representatives in their committees. In Sio, the women expressed a desire for women committee representatives because they feel comfortable and able to approach a woman, but not a man.

In Kati, the women FGD participants were aware that their committee representatives included women and men. Women FGD participants perceived that there were more women, than men, on the committees (at a ratio of six women to four men). The men FGD participants, by contrast, perceived their committees as being formed by equal numbers of women and men.

Targeting. In Sokoura and Sio, women and men FGD participants reported that they were selected to receive the CBT because they are 'vulnerable' or 'poor'. None of the FGD participants could specify the selection (targeting) criteria.²²⁴ Most of the women and men FGD participants were adamant that there were "vulnerable" or "poor" households in their villages who had not been selected for the CBT. In Sio, a woman expressed the belief that assistance is provided on a rotational basis: "This time, it's my turn. The next time, another household will benefit."

Similarly, in Kati, neither the women nor the men could articulate the selection criteria; solely observing that "vulnerable" and "poor" households were selected. The women FGD participants reported that "all vulnerable households" were receiving the CBT, while the men FGD participants stated that "most vulnerable households" had been selected.

Named recipient. The name and identity card number of one member of a beneficiary household is recorded on the registration card.²²⁵ In Sio and Kati, the FGD participants reported that their household head (or head of the family)²²⁶ was the named recipient. In Sokoura, in some instances, the person who was present during the household visit (for selection of beneficiaries) was registered even if s/he was not the household head. Across the three sites, women are a minority of registered beneficiaries: 11 percent in Sokoura; 21 percent in Sio; and 15 percent in Kati. All the women FGD participants in the Sokoura and Kati FGD were the named recipients, despite being in the minority.

Transfer. In Sokoura, the women FGD participants reported travelling (on the two occasions) to the distribution sites to collect their vouchers because "if you're the named beneficiary, you have to go and collect it [the CBT]". In contrast, none of the women FGD participants in Sio had seen a voucher. The women stated that food would arrive at their village chiefs' houses, from where it would be collected. Although the composition of the food kit was predetermined in Sokoura and Sio, no FGD participant reported being dissatisfied with the content; rather, they universally requested more assistance and for a longer duration.

²²⁴ As the FGD participants readily stated that selection was related to poverty, the inability to list the specific criteria appeared to be related to ignorance, rather than a reluctance to share such information.

²²⁵ The registration card entry is '*nom du bénéficiaire*' (beneficiary name) and not '*chef de ménage*' (head of household).

²²⁶ For some General Food Assistance recipients, the transfer was shared between several households, comprising one family.



In Kati, almost all the women and men FGD participants – because they were the stated heads of their households – reported personally collecting the cash.²²⁷ The collection of cash was described as orderly and quick – as brief as five minutes and not exceeding three hours. Both women and men FGD participants reported that the cash was used to purchase food, with the one exception being medicines if a household member was unwell. Food was purchased on the same day as the CBT was received, with typical products being rice, millet, maize, sorghum, beans, pasta and sugar. A small amount of cash was retained to purchase fresh vegetables, like onions and tomatoes, throughout the following month. The interviewed (men) shopkeepers in Kati reported that more men, than women, purchase food because the staple products are heavy and cumbersome, such as 50-kilogram sacks of rice. Transportation of bulky purchases was by wheelbarrow, donkey cart, a beneficiary's own motorcycle or motorcycle taxi. Some women FGD participants (many of whom are widows) reported that the trader would transport their bulky purchases on a motorcycle at no additional cost.

While the name of one household member is registered in the beneficiary card, each household receives an allocation for six persons. In some cases, the CBT was shared by as many as 20 persons and, in one case, 39 individuals. In Kati, the food purchased using the CBT lasted the full month for relatively small households (e.g. six persons). For larger households (e.g. 13 or more persons), the food was completely consumed within eight days.

Complaints and feedback mechanisms. Both the women and men FGD participants clearly stated that they had not experienced problems related to the General Food Assistance, or at least no challenges that they were willing to report. In Sokoura and Sio, women and men FGD participants stated that if challenges were experienced, they would report them to the mayor's office or the village chief. Unlike in Kati, neither women nor men in Sokoura and Sio appeared to be familiar with the complaints committee.

Outcomes

Food security and nutrition-related outcomes. There were two immediate outcomes of the seasonal General Food Assistance. First, beneficiary households had more food and more nutritious food. Many women and men FGD participants reported eating more frequently and eating a greater variety of food. They stressed that they were able to provide 'quality food' to children – both girls and boys – because of the General Food Assistance.

Secondly, and for the women and men FGD participants in Mopti, the CBT was directly associated with reduced workloads. Women and men FGD participants reported reduced reliance on time-consuming, labour-intensive and poorly-paid activities, such as (i) collecting firewood, fodder or stones to sell (reported by more women than men); (ii) doing paid domestic work for wealthier households (women); and (iii) engaging in day labouring, planting land owned by wealthier households (women and men). These activities were undertaken as a coping strategy to obtain regular income to purchase food. Additionally, such activities meant that the women and men did

²²⁷ It is unclear if women collect the cash only when they are heads of households, and not when they are members of a multi-adult household; with women being heads of households when they are widowed, divorced or the men in their households are unable to engage in productive work (because of a disability or illness).



not have time to tend to their own crops or animals²²⁸ with negative implications for their long-term food security.

The FGD participants also shared that they were able to reduce or cease purchasing food on credit (women and men), as well as the distress sale of assets, such as cows and chickens (men). Women and men FGD participants reported feeling less stressed and worried, which means they slept at night and had less tension and conflict among household members.

Gender equality-related outcomes. Some effects of the CBT varied between women and men. The collection of firewood and fodder, which was primarily undertaken by women prior to the commencement of the General Food Assistance, was described as involving spending many hours in remote locations. When in these locations, women were at risk of sexual violence and both women and men were at risk of physical violence. Receiving the CBT reduced exposure to threats of sexual and physical violence because they women no longer needed to collect firewood and fodder.

Women FGD participants reported that the food provided or purchased (e.g. rice and pasta) through the CBT required significantly less preparation than other staples. Prior to the General Food Assistance, women had spent a significant amount of time cleaning and pounding grains, such as sorghum, millet and maize.

Conclusions

The General Food Assistance resulted in more food – and more varied and nutritious food – for women, men, girls and boys in beneficiary households. Women spend less time and labour preparing food. Women and men decreased the amount of hazardous work undertaken to obtain money to purchase food. There is less reliance on strategies that can have negative impacts, such as use of credit and sale of assets. Consequently, exposure to physical harm (men and women) and sexual violence (women) reduced. Both women and men experience less stress and greater household harmony. Both women and men have time to undertake (i) agriculture work that provides food, or (ii) relatively safe income-generating activities.²²⁹

Ensure that the General Food Assistance is equitable. To ensure that refugee women and men both have equitable control over and benefit from the CBT, potential actions include:

- (i) ensuring that women and men beneficiaries have equal access to information (directly), such as through inviting both women and men to information sessions (e.g. “assemblies”) and scheduling meetings at times when women and men are available to attend (which may require several meetings on the same subject);
- (ii) ensuring that women and men are on committees, ideally in equal numbers for both participation and decision-making. Ensuring that both women and men’s ideas, opinions and representation of other community members are considered and counted in decision-making. If necessary, establish a separate women’s committee so that women are not over-ruled or overwhelmed by men in the committee. Where women are on committees, provide learning

²²⁸ A few FGD participants reported farming their own land; others reported farming on rented or borrowed land. The FGD participants in Kati stated that they were given access to land, at no cost, during the lean season, when the land was not being used by the land owners.

²²⁹ One of the women FGD participants, for example, makes and sells doughnuts.



opportunities (e.g. crowd control, problem solving, assertiveness, leadership, literacy) to strengthen their abilities and confidence in undertaking their responsibilities. Similarly, provide men with instruction – delivered by other men – on the benefits of diversity, inclusion and equity, for meeting household and community needs and priorities.

- (iii) ensuring that women beneficiaries know that there are women on committees. An identifying card on a lanyard can help to identify women committee members. Ensure that women committee members are present – and clearly visible – during each General Food Assistance process (information provision, targeting, distributions, monitoring etc.);
- (iv) avoiding automatically registering the 'head of the household' by, for example, ensuring that the adult members of targeted households possess the necessary information to make an informed, collective decision. Explore prospects for registering more than one person per beneficiary household; and possibly all household members, with the ability of persons above a determined age (e.g. 15 years) able to collect the CBT;
- (v) identifying measures, such as through the creation of a women's committee, to support women and men equitably determining the contents of 'food kits' – if this practice continues; and
- (vi) ensuring that both women and men are familiar with targeting criteria and complaints mechanisms (and can use them).

Operationalise the empowering potential of General Food Assistance. Given the gender inequality and the chronic nature of food insecurity in Mali, potential actions include:

- (i) exploring social and behavioural change communications in transforming discriminatory gender roles, relations and responsibilities;
- (ii) linking to livelihoods activities;
- (iii) where unrestricted cash is used, linking to (formal and/or informal) financial services to encourage savings.

A5.6 Rwanda

The Rwanda case study – of General Food Assistance to Congolese refugees in camps – was undertaken from 27 to 31 August 2018. While the primary focus was the General Food Assistance, the study also explored WFP's Nutrition Education and Counselling (NEC) project implemented in the refugee camps.

CBI background and programme features

WFP provides General Food Assistance transfers to UNHCR-registered refugees across six refugee camps.²³⁰ The General Food Assistance has blanket coverage of all refugee and asylum seeker (refugees awaiting registration) households. The three camps included in this study – Kigeme, Mugombwa and Nyabiheke – are Congolese refugee camps, established in successive waves of arrivals of refugees from the Democratic Republic of Congo in 2012, 2014 and 2005 respectively.

²³⁰ The General Food Assistance is provided as cash in the five Congolese camps and as in-kind food in the Burundian camp, Mahama.



At the time of the study, the CBT was 7,600 Rwandan francs (RWF) or 8.80 USD, calculated to cover 2,100 calories per day food consumption. WFP reduced the transfer value by 10 to 25 percent between November 2017 to June 2018 due to insufficient funding. The CBT was provided to beneficiaries as unrestricted cash, using an Equity Bank multiple-wallet smart card. The account holder – who was same person as the registered ‘household representative’ – had a bank account with Equity Bank and collected the cash from bank agents within and outside the camp and across Rwanda. In October 2017, UNHCR started using the same Equity Bank smart cards to provide refugees with cash to purchase selected non-food items (NFIs). Prior to introduction of the smart cards in 2016-17, WFP used mVisa, a mobile phone-based bank account. To roll-out mVisa in 2015, WFP provided low-cost mobile phones to each beneficiary household. The use of mVisa ceased in 2016 due to technical challenges. Prior to mVisa, in-kind food was used.

Since 2015, WFP had intermittently implemented the NEC project, subject to funding availability. The NEC project sought to improve maternal, infant and young child feeding and hygiene knowledge and practices within the refugee camps. The project targets pregnant and lactating women and girls, and those aged 15 to 49 years, their partners, refugee camp leaders and community health staff. It includes awareness-raising on nutrition, gender and gender-based violence, kitchen gardens, cooperatives, and savings and loans groups.

Process analysis

Named recipient. Registration (and subsequent re-registrations) of refugees was undertaken by UNHCR. One ‘household representative’, who was also the named recipient of the transfer, was registered for each household. UNHCR asked households to nominate the household representative and did not register a man or the ‘household head’ by default. In studied camps, 72 to 75 percent of household representatives were women.²³¹ This was partly because 44 to 47 percent of households in the camps were headed by women. The other reason was that the assistance was provided as in-kind food assistance initially, and food is viewed as a woman’s role.

Information. The primary source of information about the General Food Assistance was in-person meetings called by each camp’s executive or zone committee. Typically, a WFP employee was invited by the committee to speak at a meeting. Both women and men FGD participants reported attending the meetings where information was provided on the WFP General Food Assistance, if they are available. Both the WFP Office and feedback and complaints desk in each camp were sources of information for the Congolese refugees, and were accessed by both women and men. While some women and men had received text messages from WFP, this was not common.

Transfer. The unrestricted transfers were primarily spent on food, essential household items (such as soap, clothing, shoes, school items and charcoal), transportation, and saving schemes. Both women and men reported that many women agreed to their husbands using some money for personal expenses (recreation and alcohol) to maintain household harmony. The perceived ‘irresponsible’ use of cash was not exclusive to CBTs, as had occurred with in-kind transfers through re-sale of food items.

²³¹ UNHCR registration data, as analysed in: UNHCR, MIDIMAR and UNWomen, 2017, *Inter-Agency Gender Assessment of Refugee Camps in Rwanda 2016*, Kigali, <http://www.unhcr.org/rw/wp-content/uploads/sites/4/2017/06/Final-Report-IAGA.pdf>.



Women and men FGD participants reported that most household purchases were made on credit with one retailer (who is also a bank agent) per household. Retailers charged a 10 to 20 percent premium for food bought on credit. Some retailers reportedly also lent money. Purchases on credit or cash loans were provided at a fixed, non-negotiable, “even if you cry blood” rate to both women or men. Where men seeking loans were not trusted, the retailers reportedly asked that the men return to the retailer with their wives. The wives would be asked to give permission for the purchases and ‘guarantee’ the repayments. Most women and men FGD participants reported that their households had spent their most recent (August) transfer and were purchasing on credit using September’s transfer. Some FGD participants were spending the October transfer. Women and men FGD participants reported the same cause of the debt: the amount of the CBT was insufficient to cover both food and basic needs, making debt inevitable with costs exceeding income.

Both women and men FGD participants reported discussing with other adults, and sometimes adolescent girls and boys, about how the transfer would be used each month. Priorities were determined according to need. If the cost of meeting the needs of all household members is greater than the income – as is reportedly often the case – household members take turns in having their individual needs (e.g. clothing, shoes, school items) met. In a minority of cases, such as if their spouses were considered irresponsible with the use of money, women or men would make decisions independently.

When conflict arose over the transfer that could not be resolved within a household, one or both parties would take the issue to an external (informal) mediator or arbitrator. Examples of mediators and arbitrators were members of NEC father-to-father groups, zone committees, ‘model’ families, or the household’s extended family. If the conflict remained unresolved, it was escalated to the camp’s executive committee. In a small number of cases, disagreements over the use of the transfer resulted in domestic violence, where, most often, men committed acts of violence against women.

Complaints and feedback mechanisms. All FGD participants – women and men – were aware of the WFP complaints and feedback desk. Many women and men had used it to make complaints or obtain information. The main issues reported by the FGD participants were damaged smart cards, accounts that were not reloaded, and withdrawal fees being wrongly charged. No cases of violence or suicides were reported through the complaints and feedback mechanisms.

Nutrition Education and Counselling (NEC) project. Interviewed women reported that men who were involved in the NEC project had changed their practices following receiving awareness-raising messages. For example, men were contributing to household food (previously exclusively a woman’s responsibility) and were engaging in domestic chores and child care.

Outcomes

The most significant changes reported by beneficiaries were that they: (i) had better food (all FGDs); (ii) were able to put cash towards saving schemes (2 women FGDs); (iii) were able to purchase goods on credit (1 women and 1 men FGD); (iv) were saving time (2 men FGD); and (v) were able to meet non-food basic needs (1 women FGD).



Food security and nutrition-related outcomes. With the shift from in-kind to CBT, women and men FGD participants reported consuming a greater variety of food, including rice and vegetables. Food that was purchased was more appropriate for life cycle needs, like porridge for children and soft foods for elderly.

With the move to CBTs, more households joined saving schemes. Women were primarily the members of such saving schemes, for both consumption and income generating-oriented savings. A change highlighted by the women and men FGD participants in one camp was that markets were vibrant and economic activity in the camp had increased, relative to when the General Food Assistance was provided as in-kind food. Women and men can trade more because people have money to purchase goods.

Notwithstanding the debt risk, the shift from in-kind to cash-based transfers had enabled the WFP beneficiary households to make purchases on credit, which smoothed household consumption and helped households cope when food and income were inadequate to meet needs.

The move to CBTs had negative effects too. With limited income sources, households choose to allocate the CBT for both food and non-food items. Given that the General Food Assistance was calculated to meet basic food needs only, the monthly CBT was insufficient to meet the spectrum of basic household needs. To cope, some households chose to make purchases on credit, which incurred a 10-20 percent surcharge (relative to purchases with cash). In these instances, the purchasing power of the CBT was reduced, and households entered a debt cycle, from which it was difficult to emerge. Given that socio-cultural norms ascribed responsibility to women for providing (and preparing) food, debt placed a heavy burden on women when they were unable to fulfil this responsibility. Women were increasingly “guaranteeing” (promising to repay) household debts with the shift to CBT, placing a further burden on women. A few men FGD participants reported that towards the end of the month, they ate only one meal a day so that their children had food to eat.²³²

Food security and nutrition-related outcomes. The shift to CBT reduced the time burden for the WFP beneficiaries, primarily women. Waiting for in-kind General Food Assistance previously was time consuming, taking as much as two days. Instead of receiving maize grains, maize was purchased as meal (*kawunga*) thereby saving money and women's time in milling. Purchased beans did not take as long to cook as those received as in-kind assistance, saving fuel and women's time.

Both women and men FGD participants reported changes in gender relations, as compared to their lives in the DRC. Some changes were attributed to the CBT, while others were related to the refugees' current circumstances in protracted displacement. Women FGD participants reported that they felt that they had more dignity and were treated with more respect compared to when they were in the DRC. The strengthened dignity and respect were attributed, in part, to the women handling the CBT. The women described how, when living in the DRC, they had never “touched” cash. Most refugees were subsistence farmers and households would only “see” cash if they sold

²³² While women did not say they were reducing meals, household-level post-distribution monitoring indicates that this is a commonly-used coping strategy.



a cow (to meet needs that require cash). When a cow was sold, the men in the household would typically handle the cash. Women FGD participants reported that handling cash, using and owning mobile phones,²³³ and interacting with bank agents were new and empowering experiences for them.

Many of the men FGD participants expressed the feeling that their status (within society and their households) was lower than when they were in the DRC. The men ascribed their felt decline in social status to not being able to fulfil the traditional men's role of provider. Their ability to be a 'good' provider – a 'real man' – was constrained in protracted displacement where employment and entrepreneurship opportunities are limited. One man spoke of feeling infantilised. The men FGD participants experience the emasculation when, for example, their wives refer to UNHCR as their husbands – the provider.

Conclusions

The cash-based General Food Assistance addresses the immediate food and nutrition needs of the Congolese refugee women, men, girls and boys residing in the camps in Rwanda, while also contributing to some progress towards gender equality and women's empowerment. From the CBT, it appeared that women (more so than men) allocated a part of the monthly CBT towards saving schemes or group businesses to improve their livelihoods and longer-term income. Being a CBT recipient also positively impacted the women's sense of self, expressed as improved dignity and respect. Implementation of the NEC programme in parallel with provision of the CBT General Food Assistance evidenced a shift in attitudes around nutrition and the care of children (with increased recognition among men as to their responsibilities), and the beginnings of behaviour changes around domestic gender roles.

Household decision making and conflict resolution. In the camps studied, household-level conflict over transfers led to harmful effects. While cases of domestic violence and one suicide were reportedly precipitated by conflict between husbands and wives over transfer use, the underlying causes are complex. These relate to loss of livelihoods and social standing in protracted displacement, as well as restrictive social norms on men's role as a provider. Such underlying causes do not, however, excuse the behaviour of persons (men more than women) who engage in domestic violence. Potential actions include:

- (i) working with other actors on harmonising messaging on household decision making on CBTs;
- (ii) working with and training conflict mediators and arbitrators; and
- (iii) awareness raising on transforming restrictive social norms, for example to recast men's role from a provider to a protector of their children's food security and nutrition needs.

The cycle of debt. The cycle of debt experienced by women and men in the refugee camps requires further study to adequately understand the elements, patterns and impacts for the different women and men CBT beneficiaries, bank agents and vendors. Potential actions include:

- (i) educating refugee women and men on financial management;
- (ii) engaging bank agents to improve lending options for refugee women and men; and
- (iii) supporting savings mechanisms, e.g. for debt repayment or recurrent and large household expenditures.

²³³ The ownership and use of mobile phones in Kigeme and Mugombwa are linked to the mVisa CBT.



Empowering and promoting gender-transformative livelihoods for food security and self-reliance for women and men.

The work undertaken by the NEC programme – like the kitchen gardens, cooperatives, and savings and loans groups – offers a basis for implementing livelihoods-related activities. Any livelihoods initiative needs to be informed by participatory gender analyses, so that the activities respond to the particular circumstances, needs and priorities of the targeted women and men. Potential actions include:

- (i) promoting small-scale income generating activities through business skills training, peer support groups, groups business and livelihood start-up grants; and
- (ii) promoting access to land and group farming, e.g., through drawing on models from Food Assistance for Assets where access to the land is provided in exchange for improvements to the land.



Annex 6: Practitioner survey

Introduction

The World Food Programme (WFP) is conducting a study on gender and cash-based interventions (CBIs) – projects, programmes, operations in humanitarian and development contexts that involve the transfer of cash, in some form, to ‘beneficiaries’. One part of the study is this survey of CBI practitioners.

As someone who has developed, implemented, monitored and/or evaluated CBIs, you are invited to share your opinions and insights by completing this confidential and anonymous 10-minute survey. The results of the survey will be collated and shared in the study report.

The study, including this survey, is being managed by the WFP Gender Office. If you have any questions about the survey, please contact Zuzana Kazdova at zuzana.kazdova@wfp.org.

Attitudes and practices

In your opinion:

- (i) can cash-based initiatives contribute to gender equality outcomes? yes / no
You can explain how and why in the Question 2 below.
- (ii) how relevant is gender to cash-based interventions?
You can explain how and why in the Question 2 below. very relevant, relevant, not relevant
- (iii) was gender consciously considered at any stage of the CBI, from design through implementation, monitoring and evaluation? yes/no

If yes, which elements (components, programmatic features) of the CBI integrate gender?
Select all that apply. *You can add more details in Question 2 below.*

- *Consultation and planning*
- *Conditionality*
- *Targeting*
- *Registration*
- *Transfer type (restricted or unrestricted)*
- *Transfer modality or mechanism (e.g. cash, e-cards, bank ATM cards, mobile money, iris scanning)*
- *Transfer value*
- *Transfer frequency*
- *Transfer duration*
- *Messaging / provision of information about transfer*
- *Complementary interventions (e.g. capacity strengthening)*
- *Governance (e.g. committees)*
- *Complaints and feedback mechanisms*
- *Monitoring*



- *Reporting*
- *Evaluation*
- *Other (please specify)*

- (iv) how important is the need to strengthen the integration of gender into CBIs?
(You can outline the reasons why in the Question 2 below)
very important, important, not important

Optional: You are welcome to share the reasons for your answers to questions (i) to (iv). You might like to, for example, explain how and/or why gender was/is integrated (or not) into the CBIs with which you have been involved.

Objectives and outcomes

Please answer the following questions based on the cash-based interventions that you have been directly involved with in the past year.

- (i) Did the CBI have an explicit (clearly stated) gender equality objective? yes / no
- (ii) Did a gender analysis inform the design of the CBI? yes / no
- (iii) Were any gender equality outcomes achieved (i.e. any outcomes that resulted in more equal decision-making, status, control of resources etc. by women and men)? yes / no

If yes, please select the areas of gender equality that were addressed by the CBI.

- *Decision-making over the use of the transfer*
- *Decision-making (other than in relation to the transfer)*
- *Employment / livelihoods*
- *Access to productive assets*
- *Access to financial services*
- *Access to information/communication technologies*
- *Unpaid care and domestic work*
- *Sexual and reproductive health*
- *Health (other than sexual and reproductive)*
- *Gender-Based Violence*
- *Mobility / freedom of movement*
- *Engaging boys and men / transforming social norms*
- *Other (please specify)*

Optional: To support learning and improved programming, please share details about the gender equality outcomes achieved.

- (iv) Were gender equality outcomes tracked and documented as part of the monitoring of the CBI? yes / no
If yes, what types of gender equality outcomes were monitored? (same list as above)



(v) What was the main sector focus of the CBI?

- Food security and nutrition
- Livelihoods
- Shelter
- WaSH
- Education
- Health
- Other (please specify)

Challenges

In your opinion, what are the three main challenges to integrating gender equality into cash-based programming?

- Gender is not considered as being relevant to CBI
- Lack of knowledge and skills on how to integrate gender among persons involved with CBIs
- Insufficient access to gender technical expertise
- Gender specialist is not included in development and implementation of the CBI
- Gender is not a priority for senior management
- Lack of evidence / good practices
- Gender isn't integrated in CBI guidance and tools
- Lack of gender-specific guidance and tools
- Monitoring system does not systematically measure gender equality results
- Lack of financial resources
- Staffing
- Other (please specify)

Open-ended question

Please share any thoughts, suggestions, opinions, comments etc. about gender equality and cash-based initiatives

Respondent details

Gender: woman / man / non-identifying

Age: 20-29, 30-39, 40-49, 50-59, 60+ years

Type of organisation for which you currently work:

- UN entity
- International NGO
- National NGO / civil society organisation
- Local / community-based organization
- International Red Cross and Red Crescent Movement



Study: The potential of cash-based interventions to promote gender equality and women's empowerment

- Donor / funding body
- Private sector company / enterprise / business
- Public sector / body
- Independent consultant
- Other (please specify)

Place of work (office)

- Headquarters
- Regional office
- Country office
- Field / sub-office
- Independent
- Other

Number of years working in cash-based programming

- Less than 1 year
- 1-3 years
- 3-5 years
- 5-8 years
- 8-15 years
- Over 15 years



Annex 7: Practitioner survey summary report

Survey purpose and methodology

As part of the study on the potential of cash-based interventions to promote gender equality and women's empowerment, an online survey of practitioners was conducted to capture current GEWE-related attitudes, capacities and practices among CBI practitioners within the humanitarian and development community.

The survey results complement the information obtained through the case studies and document review.

Design. The survey was developed by the WFP Gender Office, with inputs from WFP CBT specialists.

The questionnaire was structured around the following five areas:

- attitudes regarding gender equality and women's empowerment within cash-based programming;
- range of CBI components integrating gender equality considerations;
- gender equality objectives and outcomes within CBIs;
- monitoring of gender equality outcomes within CBIs;
- challenges to integrating gender equality into cash-based programming.

The survey combined closed-ended questions (yes/no; three-point Likert scale; selection of top three issues; multiple choice selection) with optional qualitative response questions.

Prior to launching, the survey was tested on a small sample of gender and CBI practitioners.

Targeted audience. The survey targeted persons working for UN entities, international and local NGOs, civil society organizations, government bodies and financial service providers currently or recently engaged in the design, implementation and/or monitoring of CBIs.

Survey data collection. The survey was posted online, in English, French and Spanish, on the SurveyMonkey platform. It was distributed through CaLP and Markets in Crisis D-groups, WFP internal network, and targeted emails to gender and cash practitioners. The data collection was open from 17 September to 19 October 2018.

Responses are presented in an aggregated manner and are not attributable to any specific organisation or individual.



Summary of results

162 questionnaires (84%) were answered in English, 19 (10%) in French, and 13 (7%) in Spanish.

Respondent profile

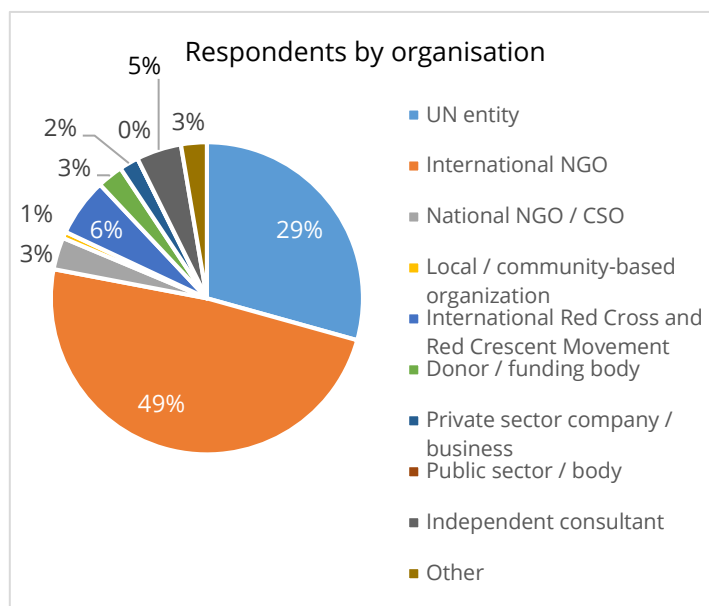
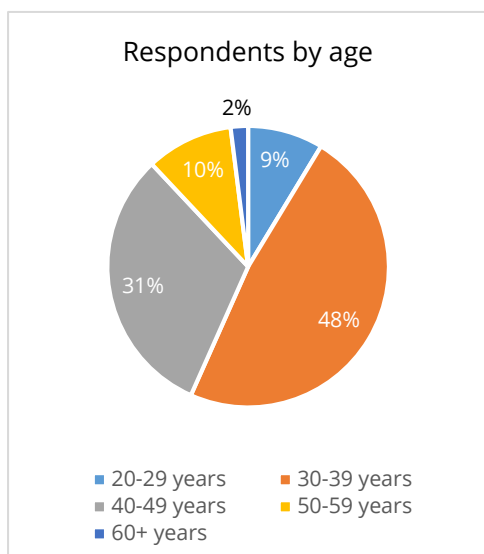
A total of 194 individuals took part in the survey, out of which 150 (43% women, 52% men, 5% non-identifying) completed the full questionnaire, including demographic data.

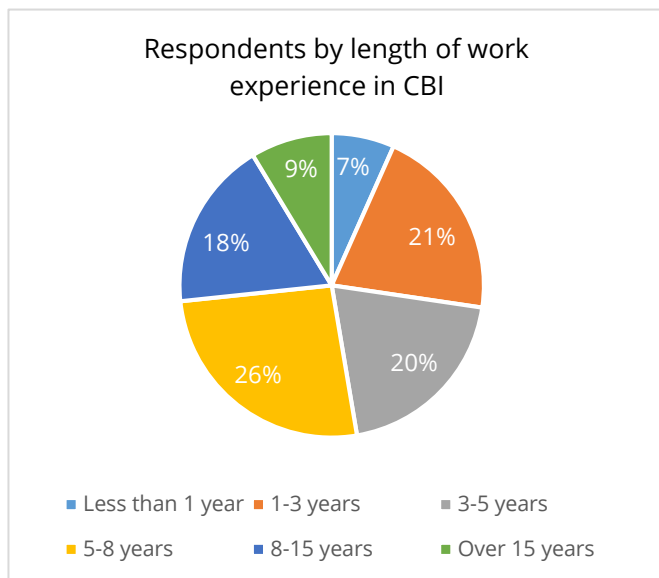
Almost half (48%) of the respondents belonged to the age group 30-39 years, and nearly third (31%) to the age group 40-49 years.

Forty-nine percent of survey participants work for an international NGO, followed by 29 percent of respondents working for a UN entity.

Over one third (37%) of survey respondents work in a country office, followed by field or sub-office (25%) and headquarters (19%).

Approximately one quarter (26%) of survey participants have worked in cash-based programming for 5-8 years. One fifth have CBI experience of 1-3 years (21%) and of 3-5 years (20%).





Attitudes and practices

Attitudes. Nearly all survey respondents (95%) believe that cash-based initiatives can contribute to gender equality outcomes, and that gender is very relevant (81% of respondents) or relevant (18% of respondents) to cash-based interventions. There were no significant differences between women and men.

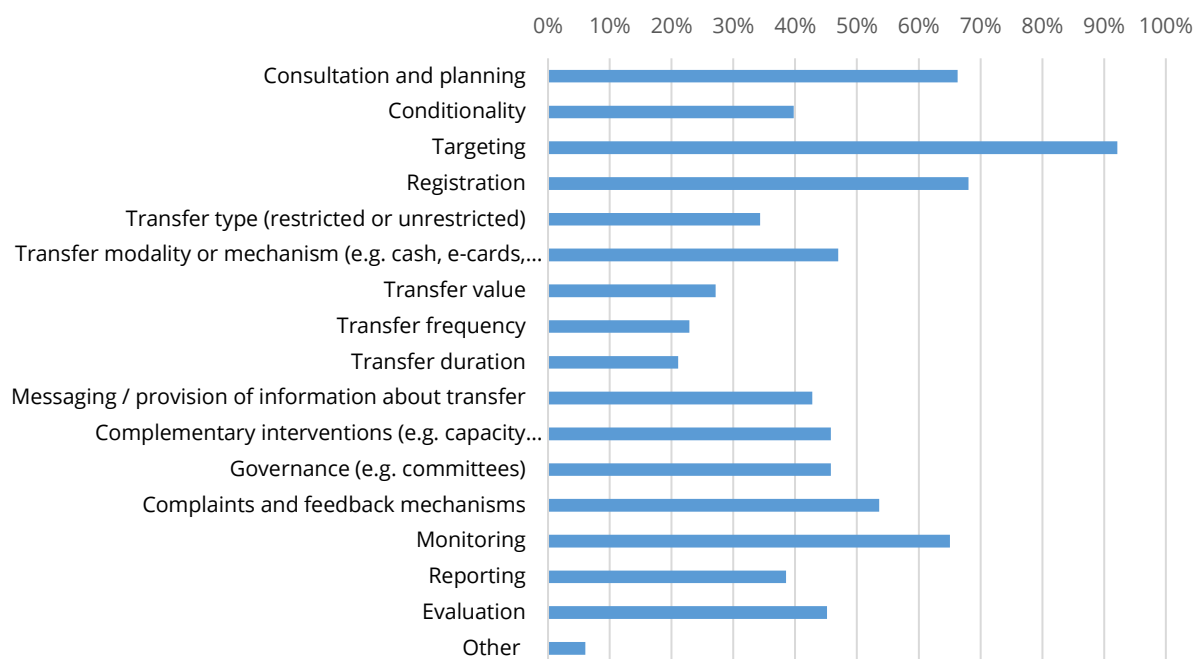
“These interventions can contribute a lot towards gender equality in cases where the community is informed on the questions of equity and sensitised on gender equity considerations. Otherwise, there is a risk of exposing women and girls to violence.”

Integration of gender in CBI initiatives. The majority of survey participants (83%) stated that gender was consciously considered at some stage of the most recent CBI they were involved with. Men were more likely to respond that gender was considered (91%), as compared to women (78%).

Where gender was consciously considered in CBI initiatives, in the overwhelming majority of cases (92%) this was done at the level of targeting, followed by registration (68%), consultation and planning (66%) and monitoring (65%).



*In which of the elements (components, programme features) of the most recent CBI(s) that you have been involved with was gender integrated?**



* Out of the responses which stated that gender was consciously considered at some stage of the most recent CBI they were involved with.

Figure 1: CBI elements with gender integrated

The respondents' comments suggest that in large part integration of gender in CBI initiatives is perceived and done mostly at the level of participation / targeting (i.e. who participates in the initiatives, who receives the transfer), equalling targeting of women with integration of gender; and in the context of protection and gender-based violence prevention.

At the same time, almost all respondents stated that it is very important (80%) or important (19.5%) to strengthen the integration of gender into CBIs.

"Essential – we have to actually gather relevant information and have it influence our programmes, rather than continue asking about M/F [male/female] decision making etc."

Several survey respondents pointed out the potential for both positive and negative impacts of CBIs on gender equality, and the need for a comprehensive and systemic approach.

"Intentionally or unintentionally CBI will challenge or reinforce pre-existing gender issues and at the same time create new dimensions that will have positive or negative impact on social and economic dynamics. It is therefore imperative to be responsive and adaptive."

"Access to resources have direct link to power and influence."



"CBI can contribute to gender equality outcomes, but it can also further entrench inequality. A lot depends on the thorough analysis of the context, needs, and community contribution to the design. Similarly, the results and outcomes need to be thoroughly monitored. For our recent CBI proposals, the frequency, duration and transfer values were agreed at a coordination level. Integrating gender into those decisions needs to be done at a different level - clusters, working groups, donors, etc."

"Cash interventions need to be planned and delivered in ways that can mitigate power imbalances and systemic gender biases. As for the immediate outcomes of cash interventions and their impact on gender inequity - cash transfers can mitigate negative coping mechanisms that put women at risk of GBV or discrimination as long as it is an integrated outcome of deliberate programming."

"Let's not herald cash-based initiatives as the next women's empowerment panacea - there are limits to what CBIs can do. Real gender equality impacts and outcomes can only be achieved if there is some solid gender specific or transformative programming in a project - CBIs won't substitute for this. In addition, I have yet to see a CBI project that, regardless of what the initial proposal intends, implements high gender equality program quality in reality. Finally, learning and MEAL needs to focus on what counts based on evidence and strong gender analysis. Anecdote about what works based on someone's suspicion of what is happening in this one project isn't a good way to inform where an entire industry sub-sector should take its gender work."

"Cash can contribute to gender equality outcomes through a 'cash plus' approach, i.e. coupling it with other interventions. Cash alone can't achieve gender equality."

Gender equality objectives and outcomes in CBIs

GEWE objectives and gender analysis. Basing their answers on the last CBI in which the respondents have been involved, half (50%) of the survey participants stated that the CBI initiative had an explicit gender equality objective; the other 50 percent affirmed it did not. While the majority of women survey participants (62%) responded that the CBI did not have GEWE objectives, the majority of men survey participants (62%) affirmed it did.

Gender analysis informed the design of just over half (59%) of the CBIs (no significant gender differences).

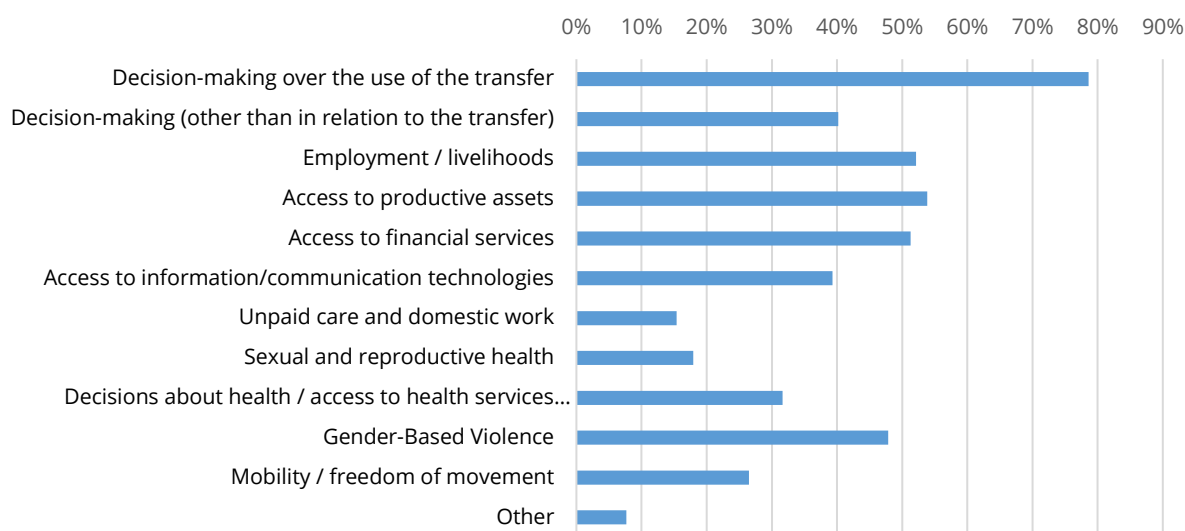
Achievement of GEWE outcomes. 72 percent of survey respondents declared that gender equality outcomes were achieved in the CBI considered. A larger proportion of men (82%) stated that GEWE objectives were achieved, as compared to women (62%).

Out of these, in the majority of cases the gender equality outcomes addressed focused on decision-making over the use of the transfer (79%), followed by access to productive assets (54%), employment/livelihoods (52%), access to financial services (51%) and GBV (48%). Unpaid care and



domestic work, on the other hand, was the least frequently addressed area of gender equality (15%).

*Which areas of gender equality were addressed by the most recent CBI that you have been involved with?**



* Out of the responses stating that gender equality objectives were achieved.

Figure 2: Areas of gender equality addressed by CBIs

"GE weakly integrated into CBI programming. Some gender specific results could be articulated or expected, some vague links to GE programming, but then the GE content in initial design does not play out on the ground."

[Achievement of gender equality outcomes]: "Really dependent of the context: in some context targeting women will increase their status and decision-making voice, in other that may increase GBV so decrease their well-being!"

[Reasons why gender equality outcomes were not achieved]: "Lack of real time gender analysis applied throughout the humanitarian programme cycle (including gender analysis of monitoring, accountability and community feedback information/data). Lack of corrective action/integration of gender equality related interventions."

Monitoring of GEWE outcomes. While almost three quarters of respondents affirmed that gender equality outcomes were achieved, only 57 percent of survey participants (63% men, 51% women) stated that gender equality outcomes were tracked and documented.



Were gender equality outcomes tracked and documented as part of the monitoring of the CBI?

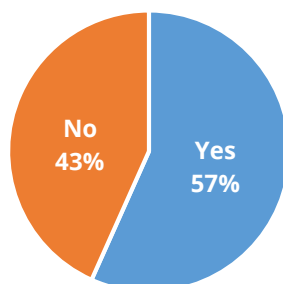


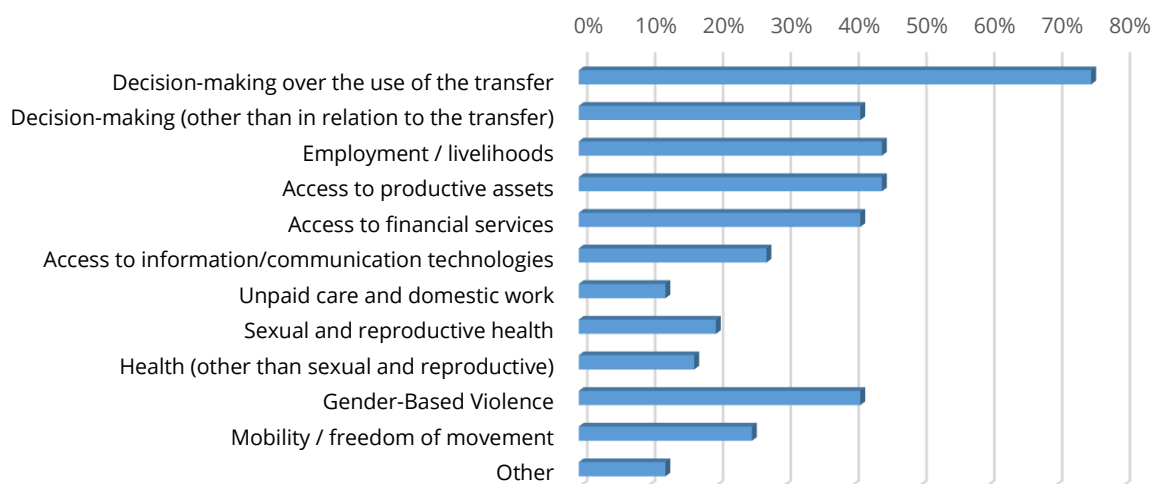
Figure 3: Monitoring of gender equality outcomes

“The absence of a gender audit and assessment prior to implementation and during implementation respectively made the findings more anecdotal than evidence based.”

Out of these, decision-making over the use of the transfer was the outcome most frequently monitored (76% of the cases where gender equality outcomes were tracked). Other frequently-monitored gender equality outcomes included employment / livelihoods; access to productive assets (both 45%); decision-making other than in relation to the transfer; access to financial services; and GBV (41% in all three cases). On the other hand, unpaid care and domestic work was monitored only in 13 percent of the CBI initiatives.

“There is a difference between a gender equality and a gender sensitive indicator. CBI program was able to include some gender sensitive results monitoring, but any real change in gender dynamics [is] not tracked.”

*What types of gender equality outcomes were monitored?**



* Out of the responses stating that gender equality outcomes were tracked and documented as part of CBI monitoring.

Figure 4: Types of gender equality outcomes monitored



Sectoral focus. In over half (52%) of cases, the sectoral focus of the CBI initiative considered by the respondents was food security and nutrition, followed by livelihoods (29%). Multi-purpose cash transfers were most frequently mentioned within the “other” category.

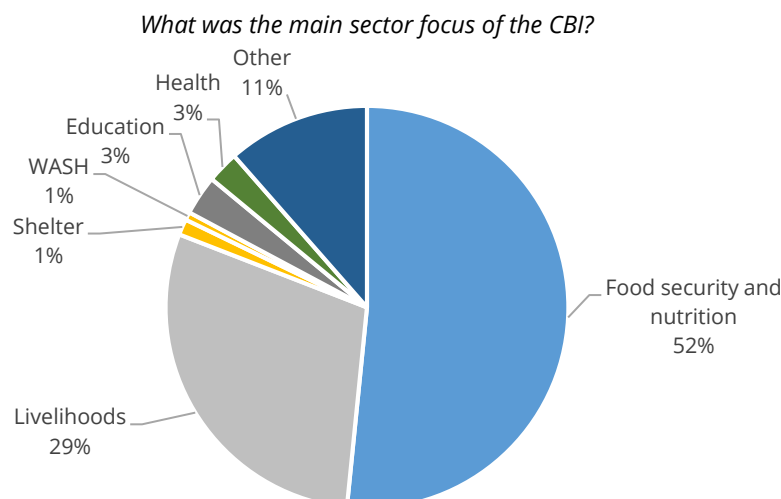


Figure 53: Sectoral focus of CBIs considered by the survey respondents

Challenges to integrating gender equality in CBIs

The main challenge to integrating gender equality into cash-based programming, according to survey participants, is the lack of knowledge and skills on how to integrate gender among persons involved in CBIs, mentioned by 61 percent of respondents. More than one third (38%) of respondents mentioned the fact that monitoring systems do not systematically measure gender equality results as a challenge.

Other challenges highlighted by slightly less than one third of survey participants include insufficient access to gender expertise (31%); gender specialist not being included in the development and implementation of the CBIs (30%); and lack of evidence/good practices (29%).

Women were more likely to highlight gender not being a priority for senior management, lack of gender-specific guidance and tools, and to a lesser extent gender specialist not being included in the development and implementation of CBIs as challenges, as compared to men. Men, on the other hand, mentioned more frequently than women that there is insufficient access to gender expertise, and lack of evidence/good practices as challenges.



In your opinion, what are the three main challenges to integrating gender equality into cash-based programming?

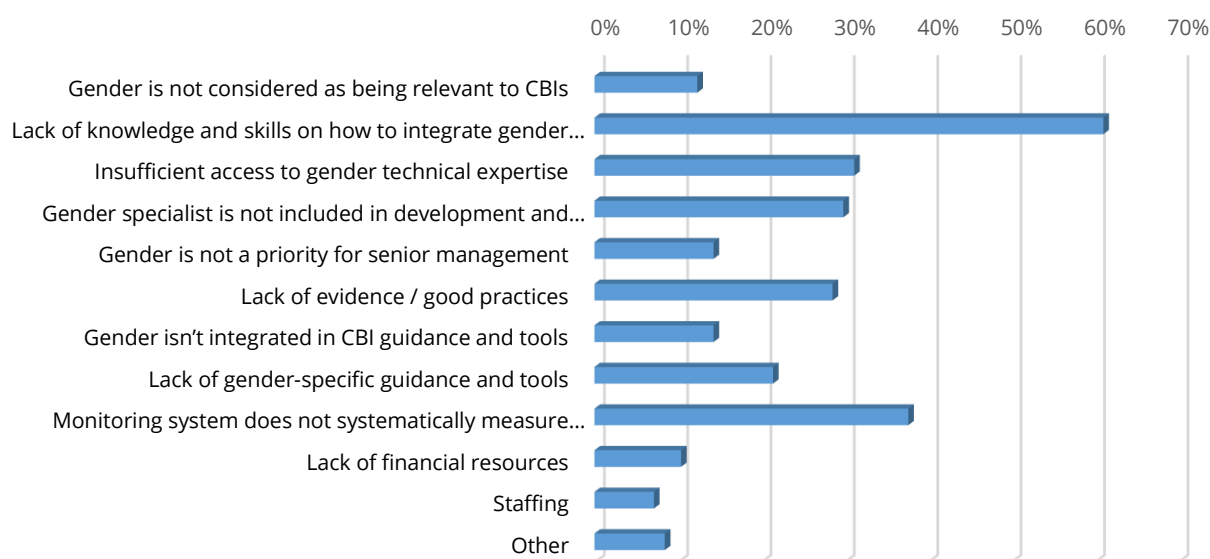


Figure 6: Challenges to integrating gender equality into CBIs

Selected comments about gender equality and cash-based initiatives.

"In most cases gender is mainstreamed rather than being a focus area for programming and hence the gender outcomes are never tracked consciously."

"Considerations towards gender has to be intentional throughout all stages of the intervention planning, designing, implementation, monitoring and evaluation. Unfortunately, understanding gender (regardless if one is male or female or understand their culture) is also not something that is intuitive. It's about power inequalities. People, time and strategic capacity building is necessary if you want a deliberate approach to gender integration you can't expect all staff to be experts of "trained" on gender. Coaching and analysis of power structures and inequities need to be baked into the project and staff capacity building."

"CBI makes sense and has the potential to really alleviate pressures for women and men around the world. This said, the field still needs to make a commitment to doing this work in a gender sensitive manner. Literature shows lack of data on what works and doesn't for GE in CBIs - this lack is there because programs are still run too gender blind. Political will still needed to really do good gender work here."

"It is paramount for the success of any humanitarian response (whether in-kind or in cash) to understand the gender power relations and other social dynamics in the affected or disaster prone areas. Cash is an extremely powerful tool to reinforce or change power relations, therefore, a CTP designed without any gender/social analysis can do harm to socially excluded groups. A weak/poor analysis may cause the failure of the project or increase the risk for women and further magnify the inequalities"



between men and women. At the same time, a well informed CTP can release (albeit temporarily) stress within households and contribute towards supporting women through longer term efforts to changing gender power relations at the household and community level. Therefore, throughout the project cycle, issues of gender, cultural acceptability and vulnerability should be considered. Gender roles, women's existing workload and time constraints should be understood and factored into decision making about the types of cash interventions that might be most appropriate."

"It is essential that gender analysis is not seen as an additional or extra step of CBIs, but a fundamental prerequisite as a complement or integrated component of market and feasibility assessments. Women should be consulted on transfer modality, size, frequency, location, mechanisms for feedback/complaints, in order to truly integrate gender considerations. I've found that this is often an after-thought. Furthermore, more work and research should be done specifically on the dynamics within polygamous households and resource allocation/access to resources and services as the power dynamics are quite unique. Finally, more work should be done on tracking the complementary interventions necessary (if necessary) to actually achieve gender equality outcomes."

Conclusion

The survey participants overall agreed on the relevance of gender for CBI initiatives and the potential of CBIs to contribute to gender equality outcomes, as well as on the need to further reinforce integration of gender into this type of programming.

On the practice side, however, the survey showed that integration of gender in CBI remains relatively limited and is perceived mostly in terms of women's participation in activities, women being the transfer recipients, and protection / gender-based violence outcomes. Where gender equality-focussed activities are integrated in a programme, and monitored, they focus mostly on transfer-related decision-making.