



Photo © UNHCR Yemen (Flickr)

Review of UNHCR's multipurpose cash assistance and protection outcomes for internally displaced people in Yemen

Final report

Prepared by Key Aid Consulting for UNHCR

December, 2022

www.keyaidconsulting.com

Acknowledgments

This report was authored by Clément Charlot, Martin Ossandon, Dana Nabulsi and Helene Juillard under the guidance of Andrea Bigio, Senior Cash-Based Interventions (CBI) Officer at UNHCR.

The report benefited from the input of a steering committee composed of eight members of UNHCR: Andrea Bigio, Senior Programme CBI Officer), Annika Sjoberg (Senior Programme CBI Officer), Ebrahim Madaghesh (Assistant Programme CBI Officer), Sasha Abdi (Information Management Officer), Areti Siani (Assistant Representative - Protection), Gordana Popovic (Senior Programme Officer), Yasser Waris (Senior Field Coordinator), Eraj Imomberdiev (Deputy Representative) and Sana Khan (Programme CBI Officer).

The authors would like to thank all key informants and people of concern for their time and their insights. Special thanks go to Safwan Ahmed and Fatimah Al-Rae'e from Blumen Consulting, a third-party monitoring firm under contract with UNHCR, who carried out the quantitative and qualitative data collection with people of concern.

Citation

This report should be cited as: Charlot C., M. Ossandon, D. Nabulsi, H. Juillard. 2022. Review of UNHCR's multipurpose cash assistance and protection outcomes for internally displaced people in Yemen. Aden: UNHCR.

Acronyms

| | |
|-------|--|
| CBI | Cash-Based Interventions |
| CCCM | Camp Coordination and Camp Management |
| FSP | Financial Service Provider |
| GBV | Gender-Based Violence |
| IDP | Internally Displaced People |
| INAT | Initial Needs Assessment Tool |
| IPC | Integrated Food Security Phase Classification |
| KII | Key Informant Interview |
| MPCA | Multipurpose Cash Assistance |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| PDM | Post-Distribution Monitoring |
| PMT | Protection Monitoring Tool |
| SGBV | Sexual and Gender-Based Violence |
| SMEB | Survival Minimum Expenditure Basket |
| SOP | Standard Operating Procedure |
| UN | United Nations |
| UNHCR | United Nations High Commissioner for Refugees |

Executive Summary

Introduction and Methodology

The United Nations High Commissioner for Refugees (UNHCR) provides cash-based interventions (CBI) in Yemen to the more than 23 million Yemenis affected by the internal conflict.¹

UNHCR commissioned Key Aid Consulting to (1) assess how UNHCR's multipurpose cash assistance (MPCA) maximised protection outcomes by reducing protection risks and supporting remedial actions and solutions, and (2) provide evidence on the added value of mainstreaming protection in the targeting of MPCA.

The review was explorative and focused on internally displaced persons (IDPs) in five governorates.² The methodology relied on a mixed methods approach combining KIIs with UNHCR staff and external stakeholders, a household survey with recipients of the cash assistance and follow-up interviews with recipients of the assistance, to further explore the initial findings. The most important limitations were a high turnover of UNHCR staff and limits to data collection imposed by the authorities.

Review Results

Extent to which MPCA maximised protection outcomes

Cash in Yemen is cost-efficient, allowing households to cover a variety of needs. A well-developed financial service providers ecosystem exists, in part as people in Yemen are recipients of remittances. MPCA enables UNHCR to ensure countrywide coverage in a war context. Due to its fungibility, MPCA is also a way to indirectly cover protection outcomes, in a context where cash for protection or cash for the prevention of gender-based violence would not be politically acceptable, nor considered within UNHCR programming in Yemen.

UNHCR calculates the household's vulnerability score, with a scorecard system that relies on socioeconomic criteria and specific needs, such as single-headed household, or pregnant and lactating women. There was a consensus among interviewees that the scorecard system was effective in identifying the most socioeconomically vulnerable and those with heightened protection risks while limiting inclusion and exclusion errors. Almost all MPCA recipients interviewed were satisfied with the assessment and distribution processes, which were reportedly smooth, well organised, and safe.

UNHCR has developed a protection risk-analysis matrix that comprehensively identifies 15 protection risks associated with MPCA in Yemen and for the most part, effectively mitigate them.³ The three high-level risks are unofficial charges levied by staff, FSP agents and

¹ The CBI interventions take the form of multipurpose cash assistance (MPCA), rental subsidy, winterization and emergency cash assistance.

² Al Jawf, Al Hudaydah, Hajjah, Marib and Taizz.

³ The 15 risks are categorized in physical safety, civil registration, people with specific needs, social cohesion and peaceful coexistence.

authorities; lack of documentation; and inclusion and exclusion errors. UNHCR and its partners have enforced mitigation measures against those risks. For example, by communicating the transfer value to beneficiaries by SMS, so they are aware of the amount that they should receive and can flag a problem if they receive a different amount. Most interviewees were confident that the current targeting system limited inclusion and exclusion errors as far as possible, which was corroborated by most interviewed recipients who believed the criteria were fair and targeted the most vulnerable members of the community.

Social cohesion is ranked as a medium risk, but inter-household conflict between recipients and non-recipients was a concern regularly cited in interviews. Although UNHCR aims to ensure that 20% of recipients are members of the host community, two thirds of recipients interviewed reported increased tensions within the communities. Data protection, is another concern, with increasing government requests for recipients' personal data.

UNHCR's ability to monitor these risks appears limited by the unknown level of recipient awareness and safe access to the feedback and complaint mechanisms. Restrictions imposed by the authorities on data collection is an additional obstacle to monitoring.

Extent to which MPCA delivered on protection outcomes

Although the MPCA being distributed is focused on addressing basic needs, it is expected to contribute indirectly to protection outcomes, such as the risk of abuse due to a lack of access to basic services, eviction, and premature returns to unsafe areas. The underlying assumption is the main determinant for households to engage in harmful behaviours to cover their basic needs is financial, therefore cash assistance would enable them to cover those needs and resort less to harmful behaviours.

The cash assistance was mostly used to cover food needs (98,9% of the survey respondents mention using it to buy food), followed by health expenses (83,1%) and debt repayment (78,7%). Disaggregating the data against household status or the gender of the head of household did not lead to any significant differences overall.. In Hajjah, a larger share of the assistance appears to be spent on firewood / fuel, probably because MPCA recipients there are in rural areas and camp alike sites without reliable utilities.

The assistance has reduced the stress within the households, as recipients are in a better position to meet households needs. Similarly, 92,5% of surveyed households think that the situation of children has improved after receiving the assistance, and 88,8% think that the situation of the elderly has increased.

Most households surveyed report meeting less than half of their basic needs (72,2%), with food, health and debt being the most important needs not being met. All households surveyed resort to at least one food-based coping mechanism, such as buying food on credit, buying cheaper foods, reducing the size/number of meals, or relying on relatives for food. One out of five households further engaged in other negative coping strategies, such as sending family members to eat elsewhere or engaging children in employment.

MCPA has a temporary protection outcome by reducing the need to resort to harmful behaviours. Not only does it have a positive impact on recipients' dignity, but can also

reduce the risk of abuse, which sometimes stems from engaging in harmful behaviours or negative coping strategies.

MPCA recipients highlighted the high medical expenses and several reported that they were unable to cover medication costs or have surgeries due to their prohibitive cost. Some beneficiaries reported an improvement in their debt status, and they were better able to meet their needs after paying off their debts.

Being limited to three instalments, MPCA has had a limited positive effect on school attendance. For 63% of households surveyed, MPCA reduced the need to stop sending children to school. For a third of the households, it had no effect on school attendance.⁴

Receiving MPCA seems to have a positive impact on the reduction of concern about personal and family's safety, and the risk of losing their home. However, in female-led households, respondents are less certain about the effect relative to male-led ones. IDP households have a more positive view about the effect of cash than host communities.

Conclusion

Through its MPCA programme, UNHCR ensures a meaningful, safe and dignifying access to humanitarian assistance to people forced to flee (**protection mainstreaming**). Moreover, the MPCA can be seen as a means to meet unmet need, while contributing to UNHCR sectoral protection objectives or protection outcomes as a spill over effect of improved basic needs coverage (**protection integration**). The study has confirmed the importance of considering protection-related risk at the moment of targeting the population. While MPCA is targeting basic needs, this targeting approach enables to contribute to protection outcomes.

Although by design, the use of CBI can be seen as a means to enhance crisis-affected households' protection, the extent to which it can attain protection outcomes ultimately depends on the transfer value and on the duration of the assistance. Irrespective of the potential that cash for protection presents, it will only be fully realised if the amount distributed matches the needs, which currently in Yemen does not appear to be the case.

Nonetheless, UNHCR has made adjustments in its strategy and for example, since 2022 provides three instalments instead of only one. This has been a critical move to increase the overall effect of the intervention and to mitigate the risk of resorting to certain negative coping behaviours. As a result, the MPCA allows recipients to temporarily cover their basic needs, especially food and health expenses, and to pay back some of their accrued debts. By temporarily increasing the household income, MPCA allows basic needs coverage, temporarily reduces the need to resort to negative coping strategies, hence reaching protection outcomes. Furthermore, the ability to cover these needs and debts has a positive impact on the reduction of concern about physical safety, new displacement, the wellbeing of all households' members, including older people and children, while the assistance lasts.

⁴ The study had considered school dropout and child labour among the protection risks. Nevertheless, given the time-limited assistance represented by MPCA, the study did not further assess these trends and limited the analysis to the findings presented in the report. Additionally, the presence of minors working within the households is a dynamic that requires an in-depth analysis able to consider type of work, duration and age of the person engaged in working activities. The scope of the study did not allow to proceed with such analysis.

Nonetheless, despite the increase of the duration of the assistance given that most of the assistance is being used to cover food expenses, the direct effect on protection outcomes is limited. Therefore, increasing the transfer value or duration of assistance would further contribute to protection outcomes for MPCA recipients.

While it is theoretically possible to play on the transfer value and duration of the assistance to further promote protection outcomes, it does not currently appear realistic for UNHCR to do so in the context of Yemen. First, the transfer value has been coordinated with the members of the CWG, and the government is advocating to UNHCR to reduce the duration of the assistance to one month to increase the coverage of needs among the crisis-affected population. Second, in a context of reduced funding to meet growing needs, UNHCR cannot increase the transfer value or duration of the assistance, without reducing its current caseload, which could in addition create additional tensions around the exclusion of potential recipients from the assistance due to the targeting.

Given the inability of UNHCR to increase the transfer value and the duration, the only lever available seems to be complementary programming, i.e. providing additional support to household meeting specific vulnerability criteria. This could take two forms:⁵

- Linking other programming in Yemen, such as livelihood programming, with the MPCA assistance to provide a more comprehensive assistance.
- Should the duration of the assistance be reduced as the government in the North requests, UNHCR could consider top ups for those at greater risks.

UNHCR thanks donors who contributed earmarked and unearmarked funds for their support to the response in Yemen

2021: [United States of America](#) | [Private Donors Worldwide](#) | [Sheikh Thani Bin Abdullah Bin Thani Al-Thani Humanitarian Fund](#) | [Germany](#) | [CERF](#) | [Japan](#) | [UNO-Fluechtlingshilfe](#) | [Canada](#) | [Australia for UNHCR](#) | [France](#) | [Switzerland](#) | [Qatar](#) | [Private donors Canada](#) | [Republic of Korea](#) | [Qatar Charity](#) | [Other Private Donors](#). [Norway](#) | [Sweden](#) | [Private Donors Spain](#) | [Netherlands](#) | [Denmark](#) | [Germany](#) | [Private donors Republic of Korea](#) | [Japan](#) | [France](#) | [Private donors Japan](#) | [Switzerland](#) | [Ireland](#) | [Private donors Italy](#) | [Belgium](#) | [Italy](#) | [Private donors Sweden](#) | [Other donors through the UNHCR's Refugee Zakat Fund](#)

2022: [United States of America](#) | [Germany](#) | [Sheikh Thani Bin Abdullah Bin Thani Al-Thani Humanitarian Fund](#) | [CERF](#) | [Japan](#) | [Denmark](#) | [Kuwait](#) | [Sweden](#) | [UNO-Fluechtlingshilfe](#) | [Canada](#) | [Country-Based Pooled Funds](#) | [France](#) | [Spain](#) | [Switzerland](#) | [European Union](#) | [Private donors Canada](#) | [Qatar](#) | [United Kingdom for UNHCR](#) | [Qatar Charity](#) | [Kuwait-America Foundation](#) | [Fondation de Luxembourg](#) | [Private donors Lebanon](#) | [Private donors Kuwait](#) | [Fondation Philanthropique Famille Sandoz](#) | [Private donors United Arab Emirates](#) | [Iceland](#) | [Australia for UNHCR](#) | [HUMANITI](#) | [Other private donors](#) | [Other donors through the UNHCR's Refugee Zakat Fund](#)

Between January 2021 and December 2022, a total of 1.65 million internally displaced persons were supported by UNHCR's cash-based interventions, with a total transfer value of 106.56 million USD. Funding for this crucial intervention was provided by government and private donors, including 22 million USD from Zakat donations channeled through UNHCR's Refugee Zakat Fund.

⁵ At the moment of releasing this report, both complementary actions are under review and expected to be implemented during 2023.

Table of Contents

| | |
|---|-----------|
| ACKNOWLEDGMENTS | 1 |
| ACRONYMS..... | 2 |
| EXECUTIVE SUMMARY | 3 |
| I. INTRODUCTION..... | 9 |
| I.1. CONTEXT: CBI AND PROTECTION IN YEMEN..... | 9 |
| I.1.1. THE YEMEN CONTEXT | 9 |
| I.1.2. PROTECTION SITUATION IN YEMEN | 10 |
| I.1.3. UNHCR IN YEMEN | 11 |
| I.2. OBJECTIVES AND SCOPE..... | 12 |
| II. METHODOLOGY | 13 |
| II.1. METHODOLOGICAL APPROACH..... | 14 |
| II.2. CHALLENGES AND LIMITATIONS..... | 15 |
| III. REVIEW RESULTS..... | 17 |
| III.1. THE EXTENT TO WHICH MPCA DISTRIBUTED BY UNHCR TO IDPS AND HOST COMMUNITIES IN YEMEN MAXIMISED PROTECTION OUTCOMES BY DESIGN | 17 |
| III.1.1. ENHANCING PROTECTION BY DESIGN | 17 |
| III.1.2. TARGETING AT-RISK VULNERABLE POPULATIONS..... | 25 |
| III.2. EXTENT TO WHICH THE MPCA DISTRIBUTED BY UNHCR TO IDPS AND HOST COMMUNITIES IN YEMEN DELIVERED ON PROTECTION OUTCOMES..... | 28 |
| III.2.1. CONTRIBUTING TO ADDRESSING URGENT NEEDS OR DECREASING PROTECTION-RELATED NEGATIVE COPING STRATEGIES | 28 |
| III.2.2. REACH POSITIVE OUTCOMES ON CROSS-CUTTING ISSUES RELATED TO PHYSICAL INTEGRITY, HOUSEHOLD DYNAMICS AND SOCIAL COHESION | 37 |
| IV. CONCLUSION | 43 |
| V. ANNEXES..... | 45 |
| V.1. ADDITIONAL INFORMATION..... | 45 |
| V.2. REVIEW MATRIX | 46 |
| V.3. DETAILED METHODOLOGY..... | 51 |
| V.3.1. DESK REVIEW AND INCEPTION REPORT | 51 |
| V.3.2. PRIMARY DATA COLLECTION | 52 |
| V.3.3. VALIDATION WORKSHOP | 56 |
| V.3.4. ANALYSIS AND REPORTING..... | 56 |

| | |
|--|-----------|
| V.4. BIBLIOGRAPHY | 56 |
| Figure 1: Definition of Protection mainstreaming and integration..... | 17 |
| Figure 2. Protection risks considered in UNHCR CBI standard operating procedures (SOPs) | 18 |
| Figure 3. Protection risks considered by UNHCR MPCA design | 18 |
| Figure 4 MPCA and harmful behaviours result chain and assumption | 24 |
| Figure 5. To what extent can you currently meet your household’s basic needs? (n=1,200) | 31 |
| Figure 6. Perception about negative coping strategies..... | 33 |
| Figure 7. Negative coping mechanisms for food..... | 33 |
| Figure 8. Use of the assistance for debt repayment..... | 34 |
| Figure 9. MPCA and school attendance..... | 35 |
| Figure 10. Cash and child work | 36 |
| Figure 11. Fear of losing home for host communities and IDPs | 38 |
| Figure 12. Cash and source of income..... | 41 |
| Figure 13. Cash and the situation of women and girls..... | 41 |
| Figure 14. Yemen control map 2022 | 45 |
| Figure 15: Steps of the study | 51 |
| Table 1. Protection risks identified in the IDP Protection Strategy | 10 |
| Table 2. Governorates studied..... | 13 |
| Table 3. Study questions and sub-questions | 13 |
| Table 4. Summary of the methodology | 14 |
| Table 5. Evolution of the SMEB 2020-2022 | 23 |
| Table 6. How did you spend the cash assistance from your last transfer by UNHCR? (Multiple choice)..... | 28 |
| Table 7. Please arrange the expenses for which you used the last cash assistance in order of importance (n=1,200) | 30 |
| Table 8. Since I received cash assistance, I have become less concerned about... .. | 37 |
| Table 9. Since I received cash assistance, I have less fear of being displaced (n=1,178) | 39 |
| Table 10. Since I have received cash assistance, I have become less concerned about losing my (or my family’s) source of income..... | 40 |
| Table 11. Cash and social relations..... | 42 |
| Table 12. Categories of KIIs..... | 53 |
| Table 13. Survey sampling frame..... | 54 |
| Table 14. Sampling by governorate and district..... | 54 |
| Table 15. Final sampling by governorate and district..... | 55 |
| Table 16. Final sampling by governorate and gender for the follow-up interview..... | 56 |

I. Introduction

I.1. Context: CBI and protection in Yemen

I.1.1. The Yemen context

The conflict that broke out in Yemen in 2014 has led to one of the largest humanitarian crises in the world. As of June 2022, 23.4 million Yemenis, or 73% of the population, are in need of humanitarian assistance, including 13 million children and 4.3 million internally displaced people (IDPs).⁶ As a result of the conflict, the Houthi movement, from the North of the country, has taken control of a large part of the territory, leading to a de facto partition between the internationally recognised government and the National Salvation Government. Territorial control is constantly changing. Figure 14 in the annexe provides an overview of the situation in 2022.⁷ In April 2022, the United Nations (UN) mediated a truce between the Government of Yemen and Houthi forces, which has been extended until October 2022.

The majority of IDPs are living in the northern areas controlled by the de facto authorities (63%), while the rest are in areas under the control of the internationally recognised government (37%).⁸ The governorates with the highest numbers of IDPs are Ma'rib, Hajjah, Al Hudaydah, Taizz and Amran.⁹ The International Organization for Migration estimates that there are more IDPs living in the city of Ma'rib than in any other district. As a result of past and recent displacement, Ma'rib, which used to have a previous population of 300,000, is now hosting more than one million IDPs.¹⁰

At country level, over one million IDPs are estimated to live across more than 1,600 IDP sites, and only half of these sites are supported by humanitarian actors.¹¹ Although conflict remains the primary cause of displacement, there are other factors that are aggravating humanitarian needs. Disasters – particularly floods – continue to displace thousands of civilians. It is estimated that the 2020 summer rainy season displaced more than 74,000 households, the majority of whom were already IDPs.¹² Moreover, the risk of eviction for rent-paying IDPs increased significantly, especially in 2020. Between 2015 and 2020, rental costs experienced a 200% increase, explained by a shortage of houses and their destruction as a result of conflict. In addition, the COVID-19 pandemic significantly decreased work opportunities, limiting the financial resources available to pay rent.¹³

⁶ UNHCR, "UNHCR Yemen Fact Sheet, June 2022," 2022.

⁷ ACLED, "The State of Yemen: Q1 2022 – Q2 2022", available [here](#) (vi September 2022).

⁸ UNHCR, "UNHCR IDP Protection Strategy 2020 - 2021 Yemen," 2020.

⁹ UNHCR, Operational Data Portal, available [here](#) (vi: January 2022)

¹⁰ Internal Displacement Monitoring Centre, "Internal Displacement Data", available [here](#) (vi : Januart 2022).

¹¹ UNHCR, "UNHCR IDP Protection Strategy 2020 - 2021 Yemen."

¹² UNHCR.

¹³ "Yemen PC Protection Brief- OCT2020.Pdf," n.d.

I.1.2. Protection situation in Yemen

In Yemen, IDPs are faced with various protection risks, which are captured in UNHCR's 2020-2021 IDP Protection Strategy and other protection sources, such as the United Nations Office for the Coordination of Humanitarian Affairs' (OCHA) Humanitarian Needs Overview in Yemen,¹⁴ and summarised in the table below.

Table 1. Protection risks identified in the IDP Protection Strategy

| Nonetheless, UNHCR has made | |
|--|---|
| Physical safety | Civilians are permanently threatened by the armed conflict, not only by ground fighting, but also airstrikes, landmines, and shelling. In 2020, about 50% of IDP sites were within five kilometres of active fighting. Civilians' lives are at risk due to the presence of anti-personnel and anti-vehicle mines that have been used not only in conflict zones, but also on farmlands and roads, and in villages and wells. These artefacts also hamper livelihood possibilities, access to humanitarian assistance and the possibility of a safe return. |
| Psychological distress | As a result of the ongoing conflict and persistent displacement situation, households are under permanent stress and prone to suffer mental health problems. |
| Rule of law | Yemen has a weak judicial system that leaves IDPs vulnerable to abuse and exploitation, because they do not have the access to basic services (health, food, shelter and justice). The situation is aggravated for women, children, people with disabilities and marginalised groups (particularly the Muhamasheen), due to sociocultural norms that are detrimental to them. |
| Civil registration | Due to an insufficient understanding of the legal procedures for obtaining civil status and the disruptions to public services, including registry offices, access to civil registration is limited. This limitation hampers access to services because of a lack of identity documents. In addition, it increases the risk of arbitrary arrest and detention, and reduces the possibility of accessing assistance. |
| Inadequate shelter/evictions | IDPs are at risk of eviction due to their limited capacity to pay rent, and often have poor shelter conditions. As a result, IDPs can be evicted (often violently), detained or returned to conflict areas. |
| People with specific needs | People with disabilities, and members of marginalised groups (such as the Muhamasheen), suffer from discrimination and a lack of opportunities, which leads to negative coping strategies (including begging, child marriage, child labour and sexual exploitation). |
| Children | Children's rights are permanently at risk from having to leave school to work, being recruited for the war, or marrying early. |
| Sexual and gender-based violence (SGBV) survivors | In Yemen, sociocultural barriers leave SGBV survivors more vulnerable. The culture of impunity, the prevalence of "honour killings" and the stigma around SGBV survivors limits their access to services. |
| Livelihoods | Due to the economic context, livelihood opportunities are scarce and households often resort to negative coping behaviours. |

¹⁴ OCHA, "Humanitarian Needs Overview 2022," n.d.; UNHCR, "Humanitarian Needs Overview 2021," n.d.

| | |
|------------------------|---|
| Social cohesion | Peaceful coexistence in the country is hindered because of the discrimination against IDPs. |
|------------------------|---|

| | |
|-------------------------|---|
| Premature return | All of the above explained risks often lead IDPs to return to unsafe areas. In fact, monitoring shows that almost 70% of IDPs want to return home within 6 months of being displaced. |
|-------------------------|---|

I.1.3. UNHCR in Yemen

The United Nations High Commissioner for Refugees (UNHCR) has intervened in Yemen since the onset of the conflict in 2014 to provide lifesaving assistance to IDPs, refugees and asylum seekers affected by the war across the country's 20 governorates. Moreover, as a member of the inter-agency response, UNHCR leads the Protection, Camp Coordination and Camp Management (CCCM), and Shelter/Non-Food Items clusters, and co-leads the Refugees and Migrants Multi-Sector response with the International Organization for Migration.

The core of UNHCR's work in Yemen takes the form of **cash-based interventions (CBI)**. In 2020, the UNHCR's intervention in Yemen was its fifth-largest cash operation worldwide in terms of budget targeting IDPs.¹⁵ Between January 2021 and December 2022, UNHCR's CBI interventions for IDPs in Yemen reached a total of 1.65 million people forced to flee, with a total transfer value of 106.56 million USD.¹⁶

- 1. Multipurpose cash assistance (MPCA):** Cash was provided to socioeconomically vulnerable households to cover basic needs and improve the conditions of people with specific needs. The transfer value was equal to the Survival Minimum Expenditure Basket (SMEB) and amounted to 122,000 YER in the North and 240,000 YER in the South in 2022. Each targeted household receives three instalments annually. UNHCR covered more than 250,000 households from 1 January 2021 to 31 December 2022.
- 2. Rental subsidy:** A two-time transfer for households that were struggling to pay the rent or living with a host family or relatives who were having issues paying the rent. The transfer is designed to cover six months of rent. Each transfer is of 100,000 YER in the North and 150,000 YER in the South, with a 3-month gap between the 2 transfers.¹⁷ In addition, in 2022, an additional 1,200 households received three payments instead of 2, with a transfer value of 100 USD per month.
- 3. Winterisation:** A one-time transfer, the value of which is determined by the Shelter and Non-Food Items Cluster. In 2021, it amounted to 145 USD (delivered in YER) and was combined with in-kind distribution to 48,900 households living in substandard shelter conditions, to ensure that they had sufficient domestic items for winter (November to February).
- 4. Emergency cash:** A one-off transfer based on the Cash & Markets Working Group (CWG) SMEB for 12,000 households that faced exceptional circumstances, such as those in need of a medical intervention due to a non-permanent, life-

¹⁵ UNHCR, "UNHCR and Cash Assistance - 2020 Annual Report," 2020.

¹⁶ Figure shared by the UNHCR team.

¹⁷ The YER 200,000 corresponds to around USD 340.

threatening/severe illness¹⁸ and victims of international humanitarian law violations. Other cases included unaccompanied older people and people with a disability who had no other forms of family/community support.

This review will focus on the first intervention, namely, MPCA. The cash assistance is monitored through post-distribution monitoring (PDM) carried out by a contracted third party. It directly evaluates how cash recipients managed and spent the money received, including whether they faced challenges in meeting their basic needs.¹⁹

1.2. Objectives and scope

As part of UNHCR's mandate to protect refugees and displaced people, it is critical to understand how CBIs can contribute to protection outcomes. It is in this context that UNHCR commissioned a review to provide insights on **how the MPCA distributed by UNHCR has contributed to improving protection for the most vulnerable IDPs through better coverage of their food and shelter needs**. More specifically, this research seeks to:

1. understand how UNHCR's MPCA maximised protection outcomes²⁰ by reducing protection risks and supporting remedial actions and solutions;
2. provide evidence about the added value of mainstreaming protection in the targeting of MPCA.²¹

The audience for this study will be primarily the UNHCR Yemen operation, and UNHCR's Regional Office and headquarters.

Scope

IDPs are the focus of this study because of the humanitarian context and displacement trends in Yemen. Host communities and returnees receiving assistance from UNHCR are also considered in the analysis, but to a lesser extent. The impact of CBIs on refugees and asylum seekers was not examined in this study.

The scope of the study was not limited to a specific timeframe. However, a particular focus is on the second quarter of 2022 onwards as, for methodological reasons, the information needed to be collected from individuals who received assistance within a few weeks of data collection.

The study was limited to five governorates in Yemen. This research **is explorative and does not aim to produce representative, country-wide results**.²² Furthermore, the number of

¹⁸ This aid is not applicable for treatment for chronic illness, as emergency assistance will not lead to a durable solution (e.g. dialysis, chemotherapy).

¹⁹ "Yemen Fact Sheet - How Is UNHCR Cash Assistance Used by IDPs in Yemen, October 2020.Pdf," n.d.

²⁰ When the protection risk to affected people is reduced as a result of a CBI, it is considered to have had a protection outcome.

²¹ As mentioned at the beginning of the previous section, UNHCR's CBI attends to protection needs in two ways: protection mainstreaming and delivering cash to address basic needs.

²² This project will follow the definition of IDPs in the Guiding Principles on Internal Displacement as "People or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized

governorates covered by the study was optimised based on available resources. The governorates studied are:²³

Table 2. Governorates studied

| | |
|---------------|------------------------------|
| North | Hajjah and Al Jawf |
| Split control | Al Hudaydah, Marib and Taizz |

II. Methodology

The study objectives were met by answering two main research questions, each encompassing three sub-questions.

Table 3. Study questions and sub-questions

Question 1: To what extent has the MPCA distributed by UNHCR to IDPs and host communities in Yemen maximised protection outcomes by design?

1.1. What protection risks and integrity risks with protection implications have been identified and mitigated as part of the MPCA’s design?

1.2. To what extent has the MPCA successfully targeted at-risk vulnerable populations who do not benefit equitably from services, even when these populations did not qualify for MPCA at first?

1.3. To what extent does the calculated transfer value take UNHCR sectoral protection objectives into consideration?

Question 2: To what extent has MPCA distributed by UNHCR to IDPs in Yemen delivered on protection outcomes?

2.1. To what extent has MPCA been integrated into UNHCR’s overall protection approach?

2.2. To what extent has MPCA contributed to addressing urgent needs or decreasing protection-related negative coping strategies?

2.3. To what extent has MPCA contributed to reaching positive outcomes on cross-cutting issues related to gender, age and diversity?

The full study matrix detailing how each of the sub-questions was assessed, and the source of information, is available in annex V.2.

violence, violations of human rights or natural or human made disasters, and who have not crossed an internationally recognized State border” (Global Protection Cluster, “Handbook for the Protection of Internally Displaced People”).

²³ The rationale for data collection in these governorates is explained in the methodology section. No directorate that is purely under South control will be included in the study, based on a decision from UNHCR to prioritise Taizz over Hadramout because the former has a higher concentration of IDPs receiving assistance.

II.1. Methodological approach

The detailed methodology is available in annex V.3.

The research relied on a mixed-methods approach combining both qualitative and quantitative, and primary and secondary sources of data.

Table 4. Summary of the methodology

| Stage | Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---------|-------------|---------|--------|-------|-------|-------|--------|-----|----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|-----|-------|-----|-----|-----|-----|-----|-------|
| Inception report | Development of an inception report detailing the consultancy plan and including the precise scope of the research, the timeframe, the methodology and data collection tools, the expected outputs and the approach used to achieve them. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Desk review | Review of over 50 documents, such as the initial needs assessment, the IDP Protection Strategy, the country operational plan, Yemen fact sheets, PDM data, and external sources of information linking IDPs and protection. The desk review started during the inception phase and continued during the data collection phase. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Quantitative data collection | <p>A household survey with 1,200 recipients of UNHCR cash assistance conducted in two governorates in the North (Al Jawf and Hajjah) and three under split control (Al Hudaydah, Marib and Taizz). The research team selected these five governorates based on UNHCR's CBI caseload, an Integrated Food Security Phase Classification (IPC) score of four, and accessibility. The data collection was carried out by Blumen Consulting, a third-party monitoring firm known to UNHCR.</p> <p>Sample size</p> <table border="1"> <thead> <tr> <th></th> <th>Al Hudaydah</th> <th>Al Jawf</th> <th>Hajjah</th> <th>Marib</th> <th>Taizz</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>129</td> <td>98</td> <td>124</td> <td>123</td> <td>122</td> <td>596</td> </tr> <tr> <td>Male</td> <td>111</td> <td>142</td> <td>116</td> <td>117</td> <td>118</td> <td>604</td> </tr> <tr> <td>Total</td> <td>240</td> <td>240</td> <td>240</td> <td>240</td> <td>240</td> <td>1,200</td> </tr> </tbody> </table> <p>Number of households with people with a disability in the sample: 538</p> | | Al Hudaydah | Al Jawf | Hajjah | Marib | Taizz | Total | Female | 129 | 98 | 124 | 123 | 122 | 596 | Male | 111 | 142 | 116 | 117 | 118 | 604 | Total | 240 | 240 | 240 | 240 | 240 | 1,200 |
| | Al Hudaydah | Al Jawf | Hajjah | Marib | Taizz | Total | | | | | | | | | | | | | | | | | | | | | | | |
| Female | 129 | 98 | 124 | 123 | 122 | 596 | | | | | | | | | | | | | | | | | | | | | | | |
| Male | 111 | 142 | 116 | 117 | 118 | 604 | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 240 | 240 | 240 | 240 | 240 | 1,200 | | | | | | | | | | | | | | | | | | | | | | | |
| Qualitative data collection | Remote key informant interviews (KIIs) with 19 informants from UNHCR and other organisations working in Yemen, mostly on MPCA and protection. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Validation workshop | Once data collection was finalised, the consultants conducted a remote validation workshop to discuss preliminary findings, conclusions and possible recommendations to present to the steering group. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <p>Follow-up qualitative data collection</p> | <p>Following the validation workshop, exploratory follow-up interviews took place with 60 MPCA recipients in the governorates in the South to explore trends identified during quantitative data collection. The consultants and the steering group identified these trends in the validation workshop.</p> <p>Sample</p> <table border="1" data-bbox="507 488 1177 638"> <thead> <tr> <th></th> <th>Al Hudaydah</th> <th>Marib</th> <th>Taizz</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>8</td> <td>13</td> <td>10</td> <td>31</td> </tr> <tr> <td>Male</td> <td>11</td> <td>8</td> <td>10</td> <td>29</td> </tr> <tr> <td>Total</td> <td>19</td> <td>21</td> <td>20</td> <td>60</td> </tr> </tbody> </table> | | Al Hudaydah | Marib | Taizz | Total | Female | 8 | 13 | 10 | 31 | Male | 11 | 8 | 10 | 29 | Total | 19 | 21 | 20 | 60 |
|---|---|-------|-------------|-------|-------|-------|--------|---|----|----|----|------|----|---|----|----|-------|----|----|----|----|
| | Al Hudaydah | Marib | Taizz | Total | | | | | | | | | | | | | | | | | |
| Female | 8 | 13 | 10 | 31 | | | | | | | | | | | | | | | | | |
| Male | 11 | 8 | 10 | 29 | | | | | | | | | | | | | | | | | |
| Total | 19 | 21 | 20 | 60 | | | | | | | | | | | | | | | | | |
| <p>Data analysis</p> | <p>The primary and secondary qualitative data collected was recorded in a coding matrix, and organised by sub-question and source of information to triangulate the different sources and produce robust results. The survey was analysed using R and Excel, and the findings were used to support the review findings.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Final report</p> | <p>The main output of the review was this final report capturing the main findings of the study, the methodological approach used, and recommendations for future CBI programming in Yemen. The report was developed in two iterations: the first was submitted after the validation workshop, and the second after the follow-up qualitative data collection.</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Final presentation</p> | <p>After submitting final version of the report, the consultants will give a final presentation to set out the study's main findings and recommendations.</p> | | | | | | | | | | | | | | | | | | | | |

II.2. Challenges and limitations

The review faced various challenges and limitations that resulted in delays and changes to the initial plans:

1. Due to turnover at UNHCR Yemen and Key Aid Consulting, the teams involved in the consultancy changed over time, requiring the inception phase to be paused and restarted. Furthermore, the framework agreement with the service provider in charge of the data collection expired during the consultancy, meaning UNHCR had to launch a procurement process to find a new provider, which delayed data collection further. As a result, the timeframe for this consultancy, which was supposed to be completed in June 2021, was extended and completed in 2022.
2. The approved methodology initially planned for preliminary qualitative interviews to be conducted to collect insights on how MCPA led to protection outcomes, and to inform and contextualise the survey. However, the consultants and steering committee cancelled the use of this data collection method because the authorities in the North refused all open-ended questions in the tool submitted for approval. The rationale for cancelling this method was value for money: without open-ended

questions, these interviews would not have yielded the data expected and would have further delayed the consultancy by two months.

3. However, the consultants and steering committee assessed the possibility to conduct the qualitative interviews in few selected areas, where clearance could be obtained faster. The consultants and steering committee agreed to conduct follow-up qualitative interviews with MPCA recipients in these few selected locations to explore specific trends coming out of the survey. Although the geographical scope of the interviews is more restricted than the scope detailed in section 1.2, the need for qualitative data from MPCA recipients justified this change in the agreed methodology. When reflecting on the qualitative findings stemming from MPCA recipients, readers should therefore keep in mind that they are specific to MPCA recipients living the identified locations.
4. After submitting the survey to the authorities, the consultants had to remove and revise some of the questions. As a result, open-ended questions were scrapped and questions on more culturally sensitive topics, such as household dynamics, gender, and child marriage, could not be asked.
5. Although the idea was to conduct the survey with recipients who had received a cash distribution in the last four weeks, this did not take place and the sample included recipients who had received assistance months ago. As a result, it was not possible to determine the extent to which the timing of the last distribution biased the responses. The study had to consider HHs who received cash more than four weeks ago due to several reasons: the sampling strategy included specific criterion to include different age, gender and diversity groups which were not found among recently assisted families. Furthermore, several families were not reachable due to connectivity issues, the back-up sampled families replacing the unreachable families was selected from past distributions.
6. Although the follow-up interviews were aimed at being in-depth interviews, aiming to explore specific trends and understand causalities, the data collection conducted by the first in charge of the primary data collection with MPCA recipients ended up being more like semi-qualitative data with open-ended questions asked in a semi-quantitative approach, without probing further on the replies from interviewees. As a result, while the data collected was used to enrich the report, it was not sufficient to understand with accuracy the drivers of decision-making within households on how the MPCA was sent and how it contributed to specific protection outcome, e.g. the wellbeing of specific household members.

III. Review results

III.1. The extent to which MPCA distributed by UNHCR to IDPs and host communities in Yemen maximised protection outcomes by design

This section seeks to understand how, by design, UNHCR's MPCA has contributed to reducing, mitigating and/or responding to protection risks for IDPs identified by UNHCR, either by **mainstreaming** them in MPCA implementation to reduce risks and promote equal access; or by **integrating** them with the aim of MPCA yielding protection outcomes for IDPs.

Figure 1: Definition of Protection mainstreaming and integration²⁴

Protection mainstreaming: Promoting meaningful access, safety and dignity in humanitarian programs using CBI – which could be intended to meet one or multiple basic needs and/or support livelihoods.'

Protection integration: The humanitarian programmes, including CBIs and other activities, is designed to support both protection and assistance objectives, and to actively contribute to reduce the risk and exposure of the affected population

III.1.1. Enhancing protection by design

According to interviewees, UNHCR's decision to use MPCA was based on a double rationale. First, this modality was the most relevant for covering households' wide variety of needs while maximising coverage (cash being a cost-efficient modality in the context of Yemen).²⁵ Due to historical factors, Yemen has a strong cash infrastructure. As a result of its long-term reliance on remittances (which have, at times, amounted to 70% of the country's GDP), there is an existing cash infrastructure with experienced financial service providers (FSPs) that have strong outreach in both urban and rural areas.²⁶ Second, MPCA enables UNHCR to ensure countrywide coverage. UNHCR's MPCA is designed to mainstream and integrate the protection risks (see I.1.2) identified in UNHCR's IDP Protection Strategy and by the humanitarian community.²⁷

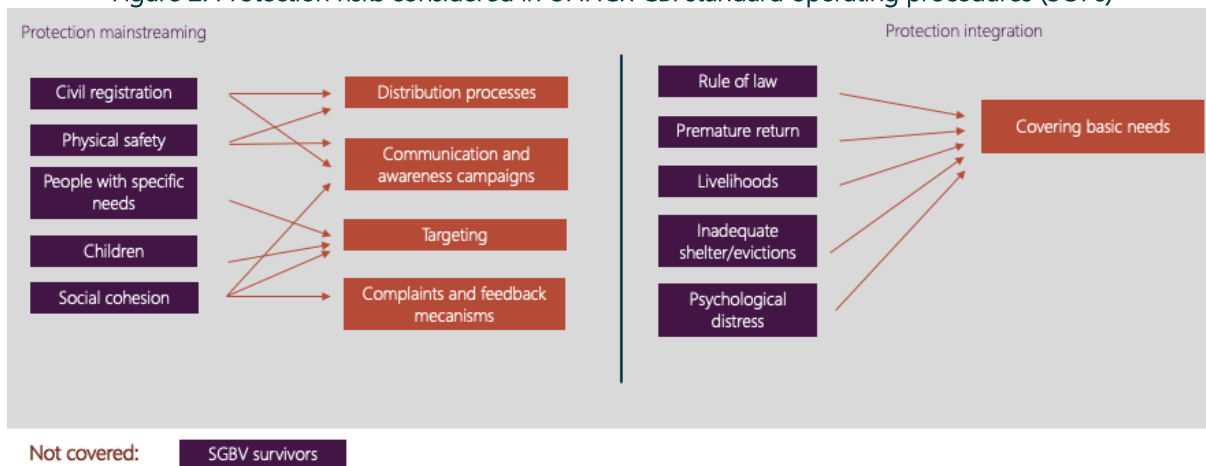
²⁴ These two definitions were used and are coming the regional Study for UNHCR Operations in MENA: Cash-Based Interventions and Protection.', 2021. The definition of protection mainstreaming is aligned with UNHCR, "Cash Assistance And Protection Why, What And How?," 2021..

²⁵ KII with UNHCR staff.

²⁶ CaLP, "Humanitarian Cash and Social Protection in Yemen: CaLP Case Study," 2021.

²⁷ UNHCR, "UNHCR IDP Protection Strategy 2020 - 2021 Yemen."

Figure 2. Protection risks considered in UNHCR CBI standard operating procedures (SOPs)



Protection mainstreaming

In its CBI SOPs, UNHCR has developed a **protection risk-analysis matrix that identifies 15 protection risks associated with MPCA in Yemen**. It also explains the main reasons behind them, as well as the mitigation measures to be put in place and by whom.²⁸ This matrix provides a comprehensive overview of risks, from market functionality to security and safety, along with the proposed mitigation measures for each.

As detailed in the table below, these risks and mitigation measures tackle five of the protection risks detailed in UNHCR 2020-2021 Protection Strategy.

Figure 3. Protection risks considered by UNHCR MPCA design

| Protections risks | Risks identified in the SOP | Mitigation measures |
|-------------------|---|--|
| Physical safety | Security incidents, and physical violence and harassment during distributions (cash distributions). | <ul style="list-style-type: none"> Train distribution staff in crowd control management. Carefully plan distribution space and procedures according to best practice. Plan for enough distribution points based on planning figures. Sensitisation campaign and proper communication of CBI programme and distribution schedule. |
| | Sharing of sensitive personal data by FSPs or other third parties. | <ul style="list-style-type: none"> Comply with UNHCR’s data protection policy and ensure that FSPs have safe data sharing protocols and systems in place. Carry out a data protection impact assessment when in doubt. Ensure that the agreement on protection of beneficiaries’ personal data is signed and adhered to. |
| | Long waiting times and overcrowding during cash distributions. | <ul style="list-style-type: none"> Train distribution staff in crowd control management. Carefully plan distribution space and procedures according to best practice. |

²⁸ Risks are ranked according to their severity (low, medium or high) and likelihood (low, medium or high), which gives them an overall risk level (low, medium or high).

| | | |
|--|---|--|
| | | <ul style="list-style-type: none"> Plan for enough distribution points based on planning figures. Stagger payments/distributions over several days and follow up on FSP internal procedures. |
| | Limited physical access to FSP branches | <ul style="list-style-type: none"> Include the payment modality through mobile units in the FSP contracts. Regular follow-up with target population. Request FSPs to open additional distribution points/teams in remote areas. |
| | Sexual exploitation and harassment from FSP agents and sub-agents. | <ul style="list-style-type: none"> Include legal provisions in FSP contracts to ensure training/sensitisation of field agents, sub-agents or traders; sensitise beneficiaries on their rights (i.e., assistance is free); and make a complaint and response mechanism available. Ensure adequate protection referral pathways for at-risk populations identified during processes to determine eligibility for CBI assistance. Put in place on-site monitoring, FSP monitoring and PDM. |
| Civil registration | Lack of ID and civil documentation. | <ul style="list-style-type: none"> Include the list of accepted ID in the terms of reference for the FSPs. Regular follow-up with target population on available ID (at assessment level). Referral to legal unit/civil registration authorities. |
| People with specific needs | Inclusion/exclusion error. | <ul style="list-style-type: none"> Training of partner staff and enumerators. Monitoring and follow-up. Verification exercises. Assessment conducted at household level. Spot-checks. PDM. |
| People with specific needs | Forged documentation. | <ul style="list-style-type: none"> Include the list of accepted ID in the terms of reference for the FSP, using only the latest ID or passport issued by the government. Verification of supporting documents. |
| Social cohesion and peaceful coexistence | Intra-household conflict over the use of cash. | <ul style="list-style-type: none"> Sensitise community on intended use of cash. Ensure targeted households with known gender-based violence (GBV) receive dedicated protection follow-up and are monitored. |
| | Beneficiaries are not aware of key information in relation to CBI, such as eligibility criteria, distribution date and time, procedures for accessing assistance, transfer value entitlements, etc. | <ul style="list-style-type: none"> Ensure that a solid communication and sensitisation plan, based on consultation with beneficiaries, are rolled out prior to cash distributions, and continue sensitisations throughout programme implementation. Put in place monitoring, and a complaint and response mechanism. |

| | | |
|--|---|---|
| | <p>Community members are unable to raise concerns in relation to cash assistance or receive a timely response to questions.</p> | <ul style="list-style-type: none"> ▪ Strengthen the existing complaints and feedback mechanism, based on consultation with the community. ▪ Review SOPs for the existing complaint and response mechanism and make adjustments based on feedback from the community. ▪ Ensure an effective monitoring mechanism is in place. |
|--|---|---|

According to the KIIs with UNHCR and partners, **these mitigation measures are all in place and are, overall, effective in reducing the protection risks listed in the SOPs.** For instance, UNHCR ensures that security personnel are present during cash distribution and, in some cases, during the assessments. The way cash is distributed has also been modified based on security concerns. In the beginning, when the caseload of the programme was still limited, cash was handed out directly to beneficiaries by partner organisations. In the last years, CBI has been delivered through UNHCR direct implementation and disbursed “over the counter” by FSPs, which are entities specialised in the delivery of cash notes.²⁹ This has proved to be a more secure and transparent way of distributing the assistance,³⁰ for both staff and recipients.

The review team was **not able to fully triangulate these perceptions with MPCA recipients’ feedback.** Not only was investigating these mitigation measures beyond the scope of the review, but it would also have required qualitative interviews to be conducted with MPCA recipients . In the North, the government only allows closed-ended questions in data collection tools, which makes qualitative interviews difficult to conduct. However, in the South, the review team was able to conduct interviews with MPCA recipients, which included questions around the targeting, distribution and information sharing processes. Overall, almost all the MPCA recipients interviewed during the follow-up interviews, regardless of gender and governorate, were satisfied with the assessment and distribution processes, which were reportedly smooth, well organised, and safe. They had no suggestions for improvements with regards to these processes, except around communication about the distribution. About half of the recipients, which received SMS, would have liked to receive information about the distribution by another medium of communication than SMS, such as call from field workers or from the *Aqil*.³¹ Furthermore, there were nine interviewees who reported not having received any forms of communication regarding the distribution, but had to rely on their neighbours and other beneficiaries to be informed about the distribution.

Among the 15 risks in UNHCR 2020-2021 Protection Strategy, there are **three with a high-risk level:**³² two relating to access (unofficial charges levied by staff, FSP agents and authorities; and lack of documentation) and one related to targeting (inclusion and exclusion errors). These risks were specifically discussed during the interviews. Inclusion and exclusion errors are discussed in III.1.2. For the other two risks, the review found that the mitigation

²⁹ KII with UNHCR staff.

³⁰ Only direct “cash in hand” was only used to give out emergency cash.

³¹ Equivalent to a neighborhood chief.

³² Seriousness (high) and likelihood (high).

measures were enforced by UNHCR and its partners, and regularly reassessed based on feedback from protection teams. For instance, with regard to the risk of recipients being charged unofficial levies, UNHCR communicates the transfer value to beneficiaries by SMS, so they are aware of the amount that they should receive and can flag a problem if it is different. The FSP is also given regular training to raise awareness on humanitarian principles and data responsibility.

However, UNHCR’s ability to monitor these risks systematically is limited. First, it depends on MPCA recipients awareness of, access to and confidence, in the existing complaint and feedback channels. As UNHCR does not have permission from the authorities to conduct qualitative interviews or include open-ended questions in data collection tools, it is limited to qualitative feedback provided by partners’ protection and CBI officers, or data from the complaint and feedback mechanism. Yet, according to key informants, the mechanism is not currently sufficiently strong to make it a reliable source of information, because it is unclear whether MPCA recipients know about the various channels, can access them, and feel confident using them.

The channels are shared between implementing partners, FSPs and UNHCR, and each channel has a different purpose. The FSPs have a helpline that recipients can use to ask questions about the payment (such as the nearest branch), and to raise any issues encountered during the distribution.³³ The partners conducting the assessments also have feedback mechanisms in place in the form of a hotline and complaint boxes, with the information being uploaded to CommCare. Finally, UNHCR has established a hotline that recipients can use to file complaints about the partners and submit individual requests. The PDM data about the complaint and feedback mechanism only captures whether recipients are aware of the mechanism’s existence and does not differentiate across channels and intended use. Furthermore, the feedback received is not compiled in a systematic way.

Based on the follow-up interviews with MPCA recipients, the awareness of UNHCR’s mandate and role in providing the MPCA was inconsistent. While a third of interviewees were unaware of UNHCR, ten recipients were well aware of UNHCR operations and their implementing partners describing them as a *“program that provides cash assistance; emergency shelter program; payment for rentals project; and non-food items project”*. The rest vaguely answered that UNHCR was an organisation that provides assistance to IDPs but could not provide more information.

Two thirds of interviewees were aware of at least one complaint channel. Those who did know how to submit a complaint mentioned the complaint box, hotline, community representatives, local leaders, and social media. Interviewees had no complaints regarding distribution or behaviour of the staff, but highlighted the accessibility and comfort in submitting a complaint if need be. Only one interviewee complained through the hotline and the issue was resolved. However, around a third of interviewees did not know the complaint mechanism, either due to lack of information sharing and awareness, or the need did not arise. There was no difference in awareness or accessibility of complaint channels

³³ UNHCR, “Country-Level Standard Operating Procedures (SOPs) for Cash-Based Interventions for Refugees, Asylum Seekers and Internally Displaced People in Yemen,” 2022.

based on gender, however, interviewees from Hudaydah were less likely to be aware of the proper channels.

Although **social cohesion** is ranked as medium in the risk analysis, it was a concern regularly cited in interviews, and the protection risk matrix anticipated that MPCA could hamper social cohesion at the inter-household level.

The inter-household risk to social cohesion comes from potential conflicts between targeted and non-targeted households, and between IDPs and host communities. To reduce conflicts between those who are assessed and receive the assistance, and those who do not receive it, UNHCR aims to ensure that 20% of recipients are members of the host community. This decision was made after field visits in which UNHCR staff noticed that the conditions that host communities were living in were quite similar to those of IDPs, and that disagreements were arising as a result of affected population not understanding why some of them were getting assistance and others not. A quarter of participants, mostly from Tai'zz, reported increased tensions within the community, especially among households that did not receive assistance and the host community. As one beneficiary explained: "Yes, some members of the community held a grudge against us for not being targeted with us, which led to an exacerbation of hatred, envy and disagreements." A proposed solution was extending the assistance to a greater number of households and the inclusion of the host community. Few participants also mentioned the tension during debt collection, as explained by a beneficiary: "If you owe someone some money, then he comes to claim his money from you. This means he knows that you received the assistance and you do not pay the debt. He often comes insulting and shouting that you must repay the debt to him."

Around ten MPCA recipients in the follow-up interviews reported concerns with the exclusion of the hosting community and landowners from the assistance,, which created tension within the community, especially in Tai'zz (where, interviewees reported facing threats of eviction from landowners as they were not included in the list to receive such assistance provided to the IDPs. It is worth noting that MPCA recipients reportedly did not flag these issues via UNHCR's complaint and feedback channels, which could not therefore be investigated by UNHCR.

Furthermore, there was concerns that the cash assistance could also generate frictions within households due to different priorities among its members. As a mitigation strategy, UNHCR seeks to inform and guide households on the use of the assistance and follow up where there are known cases of GBV. It is difficult to measure the extent to which this risk is present, due to the limitations in examining household dynamics. However, it is often the case that rather than hampering social cohesion, cash can have the opposite effect, reducing frictions within households by bringing some relief to an otherwise more stressful situation.³⁴

³⁴ See, for example, Claire Simon, "The Effect Of Cash-Based Interventions on Gender Outcomes in Development and Humanitarian Settings," 2019; and UNHCR, "Cash Assistance and the Prevention, Mitigation and Response to Sexual and Gender-Based Violence (SGBV): Findings from Research in Lebanon, Ecuador and Morocco," 2019.

Finally, there is one protection risk that was reported in more than half of the interviews. According to the interviews, there was a growing **data protection risk**, with personal data being demanded by the authorities before the distribution could be made.

Protection integration

MPCA gives recipients the flexibility to cover a wide range of needs, usually defined under the term “basic needs,” and may contribute to meeting protection outcomes as a spill-over effect of improved basic needs coverage. As such, it has the potential to contribute to reducing the following protection risks: risk of abuse due to lack of access to basic services³⁵ (rule of law); inadequate shelter and evictions; premature returns to unsafe areas; and negative coping strategies impacting recovery (livelihoods). In that regard, **MPCA is focused on addressing basic needs, while indirectly contributing to protection outcomes**. However, although the needs are many, the resources are limited and the extent to which MPCA can cover those needs depends on the amount being transferred.

UNHCR’s transfer value equals the SMEB calculated by the CWG. The SMEB includes critical food commodities; shelter-related non-food items and housing; water, sanitation and hygiene items; and health costs. It also considers two protection costs under the services component: transportation and communication. However, other protection costs, such as legal documents, are not considered in the calculation of the SMEB.

As Table 5 shows, the transfer value based on the SMEB for 2022 is 240,000 YER for the South and 122,000 YER for the North. The transfer value has increased in the past three years to take account of the increase in prices. The items considered for the SMEB have not been modified.

Table 5. Evolution of the SMEB 2020-2022

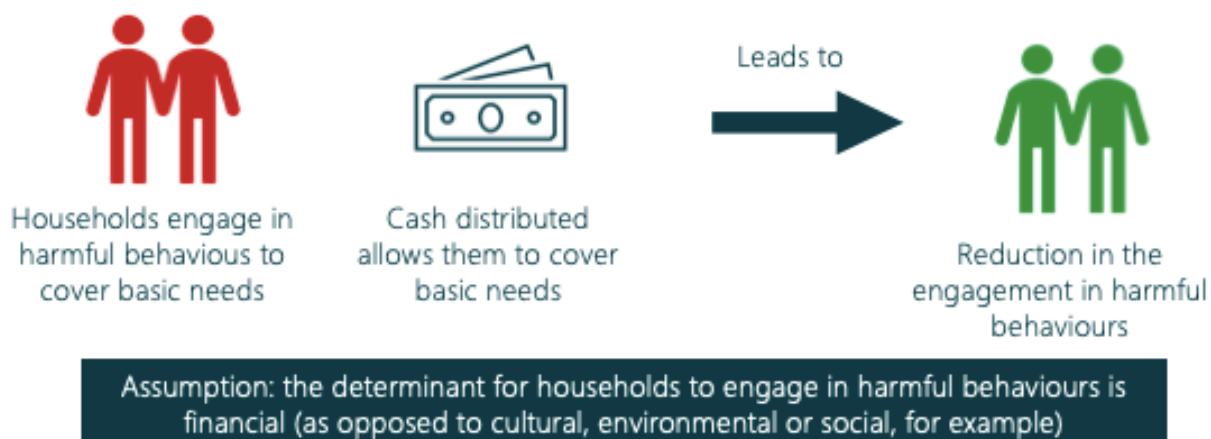
| Period | South (YER) | North (YER) |
|----------------|-------------|-------------|
| 2020 | 117,000 | 101,000 |
| August 2021 | 147,000 | 116,000 |
| September 2022 | 240,000 | 122,000 |

At the time of writing, UNHCR was still using the August 2021 SMEB, and was planning to adjust its transfer value to the September 2022 amount in January 2023.

One of the underlying assumptions of UNHCR MPCA is that where households engage in harmful behaviours to cover their basic needs, cash assistance would enable them to cover those needs and resort less to harmful behaviours. For example, multipurpose cash can reduce the risk of eviction by increasing a household’s income, and therefore the ability to pay for rent.

³⁵ Health, food and shelter.

Figure 4 MPCA and harmful behaviours result chain and assumption



This proposed result chain is, however, based on the assumption that the main determinant for households adopting this harmful behaviour is financial, acknowledging however that there are other determinants as well, such as social or contextual determinants, which are likely to influence harmful behaviours. As a result, for the CBI to lead to increased protection outcomes, not only should the primary determinant of such harmful behaviour be financial, but the transfer value should be sufficient to cover basic needs. The transfer value and duration of the assistance will therefore either increase or limit its “protective potential.”³⁶ Based on the survey data, Section III.2 evaluates the extent to which this result chain materialises.

Due to contextual factors and internal programmatic decisions, UNHCR has opted for MPCA to address IDPs’ basic needs and contribute to indirect protection outcomes but has not designed and implemented cash for direct protection outcomes, such as cash for SGBV or cash for education. The rationale appears to be threefold. First, some topics cannot be explored by decision of the authorities; for example, GBV. Combined with the fact that the government requests recipients’ personal data, making it impossible to ensure data privacy, GBV case management and cash for GBV could actually cause harm to recipients. Second, the crisis in Yemen is underfunded, with needs amounting to an estimated 4.3 billion USD in 2022, of which only 1.3 billion USD have been pledged.³⁷ Third, UNHCR cash assistance in Yemen is focused on CBI for unmet needs, through a protection mainstreaming and integration approach that enables to indirectly contribute to protection outcomes, as confirmed by this study. UNHCR therefore focused its funding on covering basic needs and did not have enough funds to cover extra needs.

³⁶ Indeed, the transfer value appears to be the primary determinant of the effectiveness of CBI, including the need to resort to harmful coping strategies. Moreover, cash in multiple instalments, as opposed to one-off assistance, will increase the cash’s protective potential. Source: Juillard H, Ershaidat M, and Lamoure G, “Regional Study for UNHCR Operations in MENA: Cash-Based Interventions and Protection”, 2021.

³⁷ UN News, “UN humanitarian say \$4.3 billion is needed to halt ‘worsening’ Yemen crisis”, available [here](#) (ví: 27/10/2022).

III.1.2. Targeting at-risk vulnerable populations

The eligibility of potential recipients is assessed by some 20 partners of UNHCR, using different tools in the North and South. In the North, UNHCR uses an **Initial Needs Assessment Tool (INAT)**,³⁸ and collects data on household composition, income, shelter conditions, and individuals in the family with protection risks.³⁹ In the South, UNHCR uses a **Protection Monitoring Tool (PMT)**,⁴⁰ which includes additional sets of sectoral and protection questions,⁴¹ as well as questions on topics covered by the INAT.⁴² While partners in the North and in the South use different templates, the questions that are included in and considered for the scorecard are the same. This has harmonised the targeting process and the programme's implementation at country level.

Targeting criteria

Using the assessment data, UNHCR calculates the **household's vulnerability score**, with a scorecard system. This MPCA scoring system relies on socioeconomic criteria and the household's ability to cover its basic needs, depending on criteria related to household size and dependency ratio, income and shelter conditions.⁴³ In addition, it considered other "protection" vulnerability criteria around people with specific needs, such as members of a single-headed household, or pregnant and lactating women, are considered in the scoring. The UNHCR SOPs⁴⁴ define the scoring system based on:

- The sex of the head of the household;
- The number of household members and their ages;
- The dependency ratio;
- Income;
- Type of accommodation;
- Protection considerations and negative coping mechanisms;
- Children at risk;
- Women at risk;
- People with disability;

³⁸ UNHCR, "Initial Needs Assessment Form (INAT) Step by Step Guide," n.d.

³⁹ The tool looks at: children at risk (unaccompanied child; separated child; children not attending schools; child head of household; child engaged in worst forms of child labour; child engaged in other forms of child labour); women at risk (pregnant and lactating women; women-headed household); head of household with disabilities; older person without family support; individuals in need of physical and/or legal protection and psychosocial support (serious or chronic medical condition; death in the family; injury because of conflict; person exhibiting signs of conflict-related or non-related psychological distress or trauma; physical protection concern; violence against women and girls; head of household or family members in need of legal documentation (birth certificates, IDs etc.); individuals requiring legal assistance).

⁴⁰ UNHCR, "Protection Monitoring Tool," n.d.

⁴¹ Causes of displacement; intentions of IDPs for the next 6 months; water, sanitation and hygiene/energy; civil registration and documentation; legal and physical protection needs; social cohesion; community-based protection and dispute resolution; satisfaction with previous humanitarian assistance received; and coping mechanisms.

⁴² The PMT looks, for instance, at single parents, forced marriage and SGBV.

⁴³ UNHCR - FAQs CBI Cash Program Intended for IDP Beneficiaries.

⁴⁴ UNHCR - Country-level Standard Operating Procedures (SOPs) for Cash-Based Interventions for Refugees, Asylum Seekers and Internally Displaced People in Yemen.

- Medical conditions;
- Elderly people without family support;
- People in need of legal and/or psychosocial support.

There was a consensus among interviewees that the scorecard as currently designed enables UNHCR to balance households' socioeconomic vulnerability with criteria around people with specific needs. Indeed, based on field monitoring done by the protection teams from UNHCR and partners, feedback from the community focal points, and protection-network and PDM data, the households targeted were the most socioeconomically vulnerable, and their level of vulnerability was exacerbated by having people with specific needs as the head of or a member of the household.

Most of the districts in which UNHCR delivers cash assistance are IPC 4 or more. However, this indicator does not suffice as an indicator for the conditions of the locations IDPs live in. A few key informants pointed out that **the locations in which IDPs lived were not being taken into consideration in the scoring**, although it increased a household's vulnerability and its potential need to resort to negative coping strategies. As the basic service coverage of IDP sites by humanitarian actors was reduced due to shrinking funding, this either created additional needs to be addressed (such as the need to pay for water trucking) or made basic needs more costly to cover (for example, due to the additional costs of transportation to remote camps).

Targeting flexibility and referrals

Several functioning mechanisms are in place for referring potential beneficiaries, making the UNHCR targeting system agile. Referral and self-referral are possible through field partners, hotlines, and other complaint and feedback mechanisms, as well as community focal points and protection networks. Partners conduct quarterly assessments in the target areas, and new households are identified and assessed. Case management is done by partners on the ground, and this is another source of referrals, as partners identify vulnerable eligible households and often provide them with emergency cash and then refer them for MPCA assessment. SGBV and women at risk are criteria restricted by the authorities, so they can only be identified through case management by UNHCR partners, and not through general assessments. Community-based protection networks are another source of referral, and they are incentivised to inform partners and UNHCR about newly displaced households.

After they are identified, a household assessment is conducted and uploaded for review by UNHCR. Assessment for eligibility is conducted in targeted areas, and the results are uploaded to the Kobo system for UNHCR to score them for eligibility using a vulnerability scoring formula. The process has been automated since 2021, flagging potential duplication errors and automatically identifying eligible households.⁴⁵

Although eligible households are identified and included on an ongoing basis through these channels, cash distribution occurs at specific times. Households are reassessed once a year, except in cases where a significant change in status has been identified by partner organisations. Newly settled households are prioritised in ongoing inclusion due to their increased vulnerability. Based on interviews, it takes between two weeks and one and a half

⁴⁵ UNHCR Yemen CBI Strategy Overview – 2020.

months for new households to be assessed and one to three months to receive the cash assistance, depending on when the last distribution cycle took place. In the meantime, the most vulnerable households usually receive emergency cash assistance to cover their basic needs.

However, UNHCR’s capacity to onboard new and additional recipients is limited, because of the funding available. A few key informants, especially from partners, reported that given the living conditions seen during field visits, some households that score slightly below the eligibility score (after taking the need assessments) are also in need and thus could be eligible and be receiving the assistance. However, due to funding restrictions or new assessments being conducted (and new households being targeted), these households remain just below the selection threshold and are not entitled to assistance, which creates frustration. A major issue flagged by key informants was the lack of available documentation among some households preventing their inclusion into MPCA. Several strategies have been developed to address this issue, most notably the provision of emergency cash assistance to cover urgent needs. A few key informants also mentioned activities designed to assist individuals in securing the necessary personal documentation, but acknowledged that these activities were taking a long time to conclude as there was no process for expediting the issuing of a new ID by the authorities.⁴⁶

Inclusion/exclusion errors

Most interviewees were confident that the **current targeting system limited inclusion and exclusion errors as far as possible**, due to two factors: 1) regular training and follow-up by enumerators to ensure the quality of the data collected; and 2) automated data collection through Kobo, and data management through the Assessment and Cash Assistance Tool, which provides automatic scoring and avoids duplication errors. However, considering the sensitivity of the scorecard, interviewees acknowledged that exclusion errors could happen..

Most interviewed recipients had a positive perception of targeting, as they believed the criteria were fair and targeted the most vulnerable members (i.e. household with members with disability, widows, etc.). Some of the IDPs contacted in follow up interviews reported inclusion and exclusion errors. However, it is worth noting that while these ten interviewees reported disagreements and even altercations, none filed a complaint to the implementing partner or to UNHCR, which meant that they could not be investigated by UNHCR and thus followed up on.

All exclusion errors that have been raised by the population via the hotline, a complaint box or a CBI officer from an implementing partner, and brought to UNHCR’s attention, were investigated. For instance, one partner reported 55 complaints about exclusion errors (out of 380 calls in the last month) that were currently being investigated. Although the review team could not confirm how regularly this was happening and whether it was

“The selection process was good; the elderly and people with disabilities, as well as those with chronic diseases were selected; those who deserve to receive assistance were selected”.

⁴⁶ Update: Since the completion of the data collection, UNHCR launched a cash for documentation intervention to overcome challenges around documentation. This activity is implemented by UNHCR partners.

happening systematically, the protection monitoring done by partners seems to have led to potential exclusion errors being reported.

Several hotlines are in operation to receive complaints from beneficiaries, including those run by FSPs, partner organisations and UNHCR. These hotlines mostly address complaints related to the processing of cash assistance, and its delivery and withdrawal. UNHCR offices, partner offices and several implementation locations (such as community centres) also have a complaint box installed, which is monitored monthly. As one key informant described: “If a household wishes to complain, they can complain to a partner’s complaint and feedback mechanism office, submit a letter to the complaint box, or call the hotline. Once a complaint is made, UNHCR will check the complaint and the CBI focal point for each partner will then communicate with the households.” However, interviewees mentioned that they do not know how complaints are referred and managed further by UNHCR, and how they are resolved.

III.2. Extent to which the MPCA distributed by UNHCR to IDPs and host communities in Yemen delivered on protection outcomes

This section seeks to understand to what extent the MPCA yielded protection outcomes for IDPs, in addition to covering their basic needs, using the survey results and follow-up interviews conducted with MPCA recipients in the South.

As agreed during the inception phase with UNHCR, for each of the variables/outcomes presented in the report, the review team systematically sought to establish whether the gender of the head of household, their age,⁴⁷ status (IDPs vs. host communities), or having at least one household member with a disability impacted protection outcomes. Furthermore, depending on the outcome in question, the review team also looked at how other variables, such as the impact of existing income on food-related negative coping strategies, may influence the data.

III.2.1. Contributing to addressing urgent needs or decreasing protection-related negative coping strategies

Addressing basic needs

In the five governorates studied, most of the assistance is used to cover two needs, namely **food and health expenses**, followed by debt repayment, as shown in Table 6.

Table 6. How did you spend the cash assistance from your last transfer by UNHCR? (Multiple choice)

| | Total | Al Hudaydah | Al Jawf | Hajjah | Marib | Taizz |
|--|-------|-------------|---------|--------|-------|-------|
| | | | | | | |

⁴⁷ The report does not disaggregate based on the age of the head of household, because that variable is independent of other variables in the sample. As such, there is no relationship between this variable and the other variables presented in the report.

| | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|
| Food | 98.9% | 99.2% | 98.3% | 99.6% | 98.3% | 99.2% |
| Water | 41.8% | 31.7% | 28.3% | 88.8% | 20.4% | 40.0% |
| Health | 83.1% | 92.1% | 85.0% | 92.9% | 71.7% | 73.8% |
| Rent | 8.1% | 6.3% | 0.0% | 0.8% | 10.4% | 22.9% |
| Firewood / Fuel | 41.9% | 41.7% | 40.0% | 60.0% | 26.3% | 41.7% |
| Clothes | 44.8% | 37.5% | 55.0% | 46.7% | 25.0% | 60.0% |
| Education | 20.5% | 9.6% | 15.8% | 13.3% | 36.7% | 27.1% |
| Debt repayment | 78.7% | 85.8% | 78.8% | 95.4% | 58.3% | 75.0% |

This tendency holds true when looking at the data at governorate level. There are no important differences in how MPCA recipients spent the assistance, except for a large majority of respondents in Hajjah that spent the assistance on water and firewood/fuel (88.8% and 60%, respectively).⁴⁸ According to UNHCR staff, most of Hajjah IDPs are in rural areas and camp alike sets. These are settings without reliable camp services/utilities. Hence, it is probably the case that IDPs in Hajjah do not have sufficient access to public water grids or cooking gas distribution points. Such conditions lead households to spend more of the assistance on covering these basic needs.⁴⁹

Disaggregating the data against household status or the gender of the head of household did not lead to any significant differences overall. Both male- and female-led households, whether they are IDPs, returnees or host communities, have similar needs and use the cash accordingly. Similarly, there were no significant differences in the use of the assistance based on the number of instalments received by the households or the date when the last instalment was received.⁵⁰ The share of respondents using the assistance to pay rent is higher in the cohort that has received four instalments (28,6%)⁵¹ than in the ones that have received three instalments (4,2%) or two instalments (10%).⁵² However, households with at least one member with a disability spend on average slightly more on health (around 5% more in each governorate), probably to meet that person's needs. As a result, they also spend less on debt repayments and rent.

Recipients were also asked to rank the expenses for which they used the assistance in order of importance. As the table below shows, the priorities follow a similar trend to the use of

⁴⁸ The notable differences in the table (e.g. education expenses representing 36.7% in Marib and 9.6% in Al Hudaydah) come from the composition of the sample in each governorate (e.g. different incomes).

⁴⁹ Based on existing literature reviews (e.g. Acacia Water's "Water Availability in Yemen – Literature Review of the Current and Future Water Resources and Water Demand in Yemen", 2021), the review team was not able to confirm whether availability of resources was lower in this governorate, or in the districts visited as part of the study. However, the lack of water in Yemen is impacting more than 18 million Yemenis, according to the World Bank Yemen overview.

⁵⁰ The data from the follow-up interviews also back this findings up. The vast majority of the MPCA is used for food and deb repayment.

⁵¹ Although households should receive only three installments, there were cases in the households surveyed that received four installments.

⁵² In the case of households that have received only one instalment the share is 50%

cash assistance in Table 7, with food, health and debt repayment being the top priorities most respondents mentioned.

Table 7. Please arrange the expenses for which you used the last cash assistance in order of importance (n=1,200)⁵³

| | Priority 1 | Priority 2 | Priority 3 | Priority 4 | Priority 5 |
|--|------------|------------|------------|------------|------------|
| Food | 78.4% | 13.0% | 0.8% | 0.0% | 0.0% |
| Health costs (including medicines) | 7.5% | 30.8% | 24.6% | 11.8% | 6.5% |
| Debt repayment | 5.9% | 16.8% | 24.9% | 14.6% | 15.0% |
| Water | 4.3% | 23.7% | 7.7% | 3.3% | 2.3% |
| Firewood/fuel for cooking or heating | 0.3% | 6.1% | 14.1% | 11.4% | 7.7% |
| Rent | 2.5% | 2.3% | 1.2% | 1.3% | 0.3% |
| Education (e.g. school fees, uniform, books) | 0.4% | 1.4% | 5.3% | 6.7% | 3.5% |
| Clothes/shoes | 0.7% | 5.9% | 12.4% | 12.1% | 8.8% |

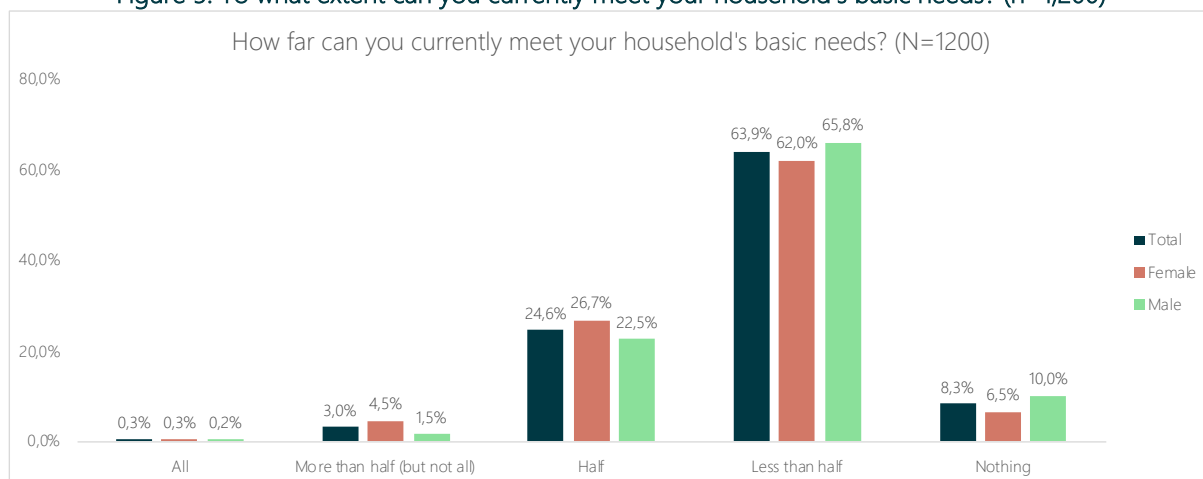
This was confirmed during follow-up interviews with MPCA recipients. Interviewees most frequently reported spending the MPCA on food, followed by rent and medicine, and paying off debt. Around half of the beneficiaries spent some of their MPCA on medicine or healthcare costs. For those with family members with chronic diseases, covering healthcare and medication costs was a priority, or paying off debt accrued as a result of such expenses. There were no differences in spending priorities based on gender or location.

The governorate, gender of the head of household and status of the MPCA recipients do not determine these priorities. However, households that have at least one member with a disability systematically rank health costs as a higher priority.⁵⁴ When asked about the extent to which they can meet their basic needs, most households say that they can **meet less than half of them** (63.9% can meet less than half and 8.3% cannot meet them at all – Figure 5); and only about 3% of them can meet more than half of their needs.

⁵³ Note that not all respondents give five priorities, hence, not all the columns add up to 100%.

⁵⁴ For instance, health costs were the first priority for only 3% of households without a member with a disability, while it was 12% for those with a member with a disability.

Figure 5. To what extent can you currently meet your household's basic needs? (n=1,200)



With regard to the first need that is not being met, 79% of respondents say the most important is food, followed by health expenses (with 32.7% of respondents ranking it second), and debt repayment (with 29.7% ranking it third). The needs that are not being met are relatively similar across governorates, except for Hajjah, which has a higher share of people citing water as a need (18% vs. less than 8% in the other governorates). The gender of the head of household, the household's status, and whether or not there is a household member with a disability did not impact the results. Likewise, there are no significant differences in the extent to which needs are being met when considering the number of instalments received or the date of the last instalment. On the other hand, households that have had another source of income in the past four weeks (85% of respondents) show a slightly better capacity to meet needs (26.9% vs. 11.6% on average across governorates). This was confirmed by the follow-up interviews with MPCA recipients where interviewees with other source of income reported a better-off situation/coverage of needs than those without (regular) source of income.

Due to limited and irregular sources of income and high expenses, many MPCA recipients interviewed reported being unable to cover all their basic needs, with food and medicine among the expenses that they are unable to cover in full and had to resort to negative coping mechanisms. They highlighted the high medical expenses and several reported that they were unable to cover medication costs or have surgeries due to their prohibitive cost. One participant reported *"I am suffering from cataracts, because I could not undergo the surgery."* Many beneficiaries would have wanted to acquire winter clothes, blankets, mattresses, and conduct shelter improvements (kitchen, water tank, and toilet), but reported not being able to do so due to the amount of the assistance received.

The prioritisation of expenses was not affected by the assistance, as they explained these were necessities that they cannot do without. However, some beneficiaries reported an improvement in their debt status, and they were better able to meet their needs after paying off their debts.

Negative coping strategies

With regard to negative coping strategies, the survey looked at five main topics: food, debt repayment, the situation of children (employment and education), household dynamics and physical integrity. The review team did not ask households directly whether they resorted to

negative coping strategies before or after receiving the assistance, because of three concomitant factors:

- the review group and research team feared that these questions would not be accepted by the authorities;
- household dynamics around the decision to resort to these strategies were supposed to be explored in preliminary interviews;
- members of the review group deemed that it would be inappropriate to ask households these sensitive questions in a survey.

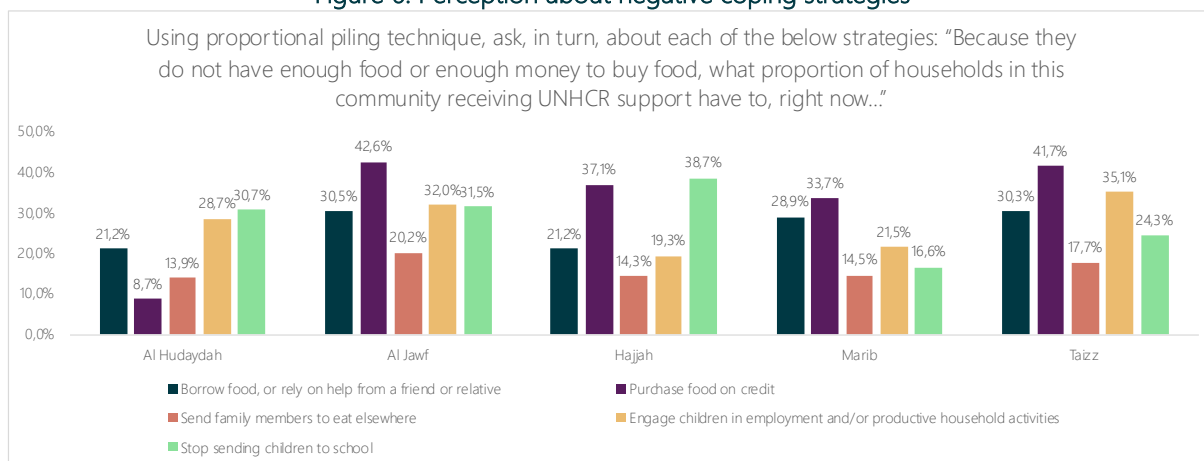
The review team instead opted for a proxy to ask recipients about behaviour in communities. The only downside of this was that it did not allow the extent to which negative coping strategies reduced after an MPCA distribution to be clearly established.

According to the survey respondents' perceptions, **negative coping strategies are common but occur in less than 50% of the households in their communities**. In the case of buying food on credit, respondents think that about 32% of households do this. The percentage is highest in Al Jawf (42.6%) and lowest in Al Hudaydah (8.7%). On the contrary, the follow-up interviews with beneficiaries showed that the vast majority of interviewees had to buy food on credit. Almost two thirds of beneficiaries also reported that they resorted to cheaper foods, half limited portions size, and some reduced number of meals. Several participants further elaborated that they relied on staple foods that they could afford and store, such as sugar, rice, oil and vegetables. They could not afford fruits or meats. Furthermore, two thirds of respondents had to rely on relatives and neighbours to meet their food needs.

The least prevalent negative coping strategy was sending family members to eat elsewhere, which was also confirmed by the follow-up interviews. Engaging children in employment occurs less in Hajjah and Marib, although it is still around 20%. However, it appears that a significant number of households stop sending their children to school (almost a third on average in the fourth governorates), with this happening less in Marib (16.6%) and much more in Hajjah (38.7%). Although studies linking cash and school enrolment show a positive correlation, this also depends on the duration and amount of the transfers, and other factors such as the condition of schools.⁵⁵ In contrast, follow-up interviews showed very few children engaged in work and most school-age children enrolled in school, and this was not affected by the assistance.

⁵⁵ Michelle Berg and Louisa Seferis, "Protection Outcomes in Cash Based Interventions: A Literature Review," 2015.

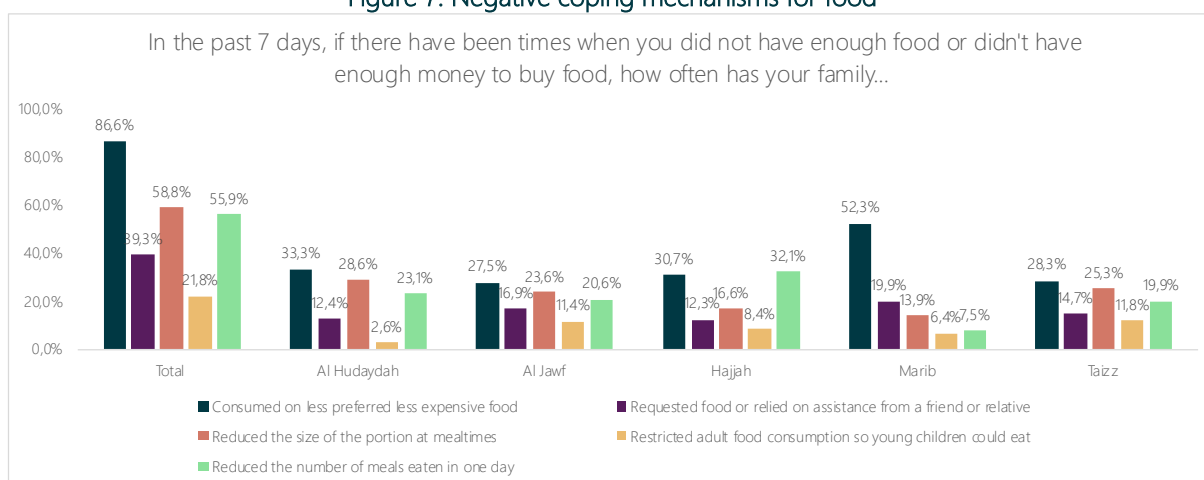
Figure 6. Perception about negative coping strategies



Survey respondents consider UNHCR’s impact on the need to resort to these activities to be moderate (42%), with only 20% of them considering it to be high or very high. In most governorates, the share of respondents who consider the impact to be high is larger for households with a source of income than for households without one. This could be explained by the fact that each source of money alone – either a household’s income or the MPCA – is insufficient, but when combined they enable households to cover most of their immediate needs. On the other hand, households receiving the SMEB alone can only cover their survival needs and have to resort to negative coping strategies more regularly. Many interviewees highlighted that the assistance did not significantly decrease their need to resort to negative coping mechanisms, as they were still unable to meet all their basic needs, and thus had to keep on borrowing/contracting debt.

All households surveyed resort to at least one food-based coping mechanism (1,197 out of 1,200). Of these mechanisms, consuming less preferred or less expensive food is the most common. In Marib, this practice is more prevalent than in the other governorates studied. In the past year, Marib has been at the centre of the conflict, and airstrikes and landmines have increased people’s vulnerability, which could explain their need to borrow more to access food.⁵⁶

Figure 7. Negative coping mechanisms for food



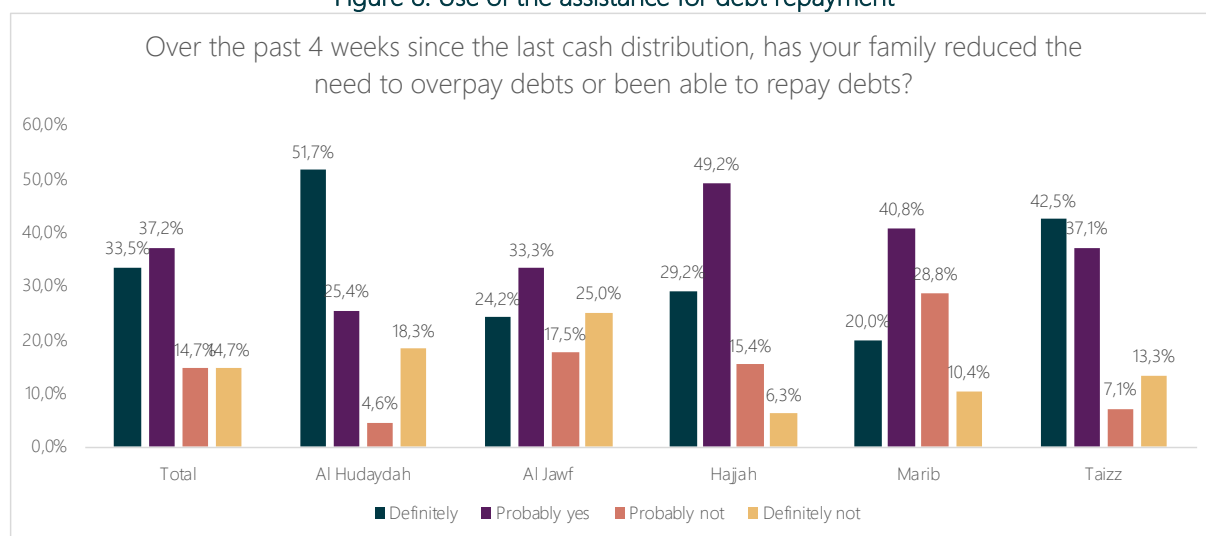
⁵⁶ Oxfam’s “Yemen: Rise in airstrikes and landmines add to misery for civilians in Marib after year of increased conflict”, available [here](#) (ví: 28 October 2022).

Debt repayment

Since food remains the priority need, people rely on credit to buy food, or borrow directly from friends and relatives. The cash assistance is being used to repay these debts. As shown in Figure 8, most respondents (70% for “probably yes” and “definitely”) think that the cash has been useful to cover debts.

From that perspective, MCPA has a temporary protection outcome, because it contributes to reducing the need to resort to harmful behaviours. This not only has a positive impact on a household’s dignity, but can also reduce the risk of abuse, which sometimes stems from engaging in harmful behaviours or negative coping strategies.

Figure 8. Use of the assistance for debt repayment



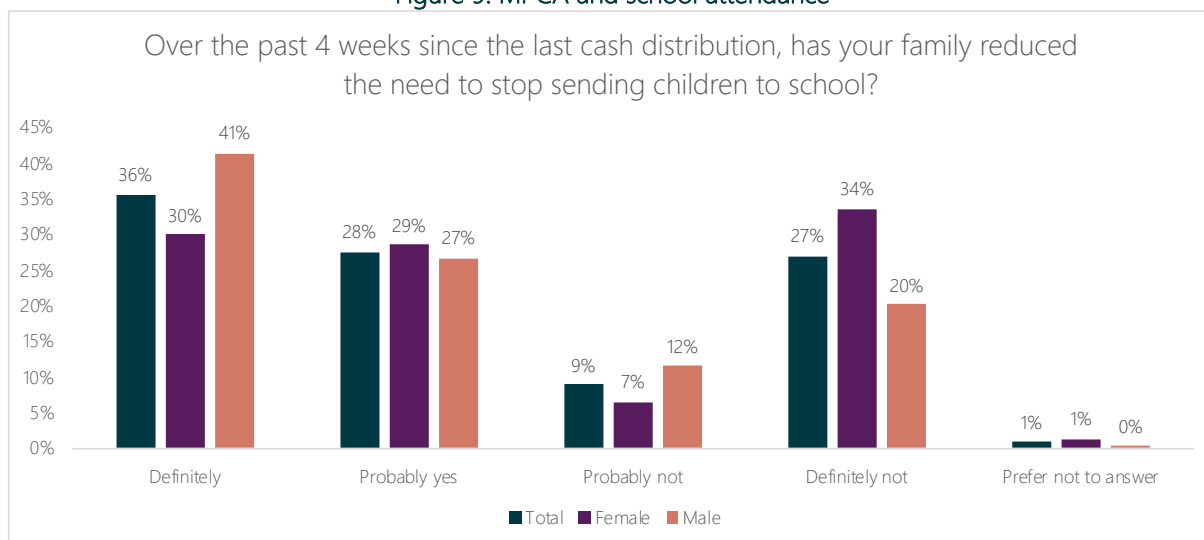
This was confirmed by follow-up interviews as well, as most frequently beneficiaries reported that increased financial assistance helped close off debts that were accrued. Most interviewees’ debt prior to receiving assistance ranged between 100 and 300 thousand YR, while afterwards for those who could pay off some of it the debt range decreased to 20 to 200 thousand YR. The most frequent debt was that to the shop owner, followed by loans from family and friends to cover rent and healthcare expenses. Beneficiaries reported that they had to prioritise debt repayment as the creditors would be aware that they received assistance and expected repayment; otherwise, they risked that they will not lend them again or evict them. However, only few interviewees reported being able to cover their debt in full, while the majority were only able to repay less than half of the total debt. Almost all beneficiaries also reported that they had to take on new debt while receiving assistance, as it was not enough to cover their basic expenses.

Children: education and employment

Cash assistance has had a limited positive effect on school attendance, which can be expected from an assistance based on three instalments. According to 63% of households, four weeks after the distribution their need to stop sending children to school was reduced. However, 33% think that the assistance did not change school attendance. The positive effect appears to be larger in male-led households (with 41% saying “definitely”) than in female-led ones (with 34% saying “definitely not”), which might be explained by the additional vulnerabilities of female-led households.

Follow-up interviews corroborated the limited effect of the MPCA on school attendance. However, this was because most interviewees were sending their school-age children to school regardless of assistance. The school expenses, namely school fees, books, notebooks, pens, school uniforms, and daily expenses, were covered prior to assistance by borrowing money from family and friends, and from the irregular employment.

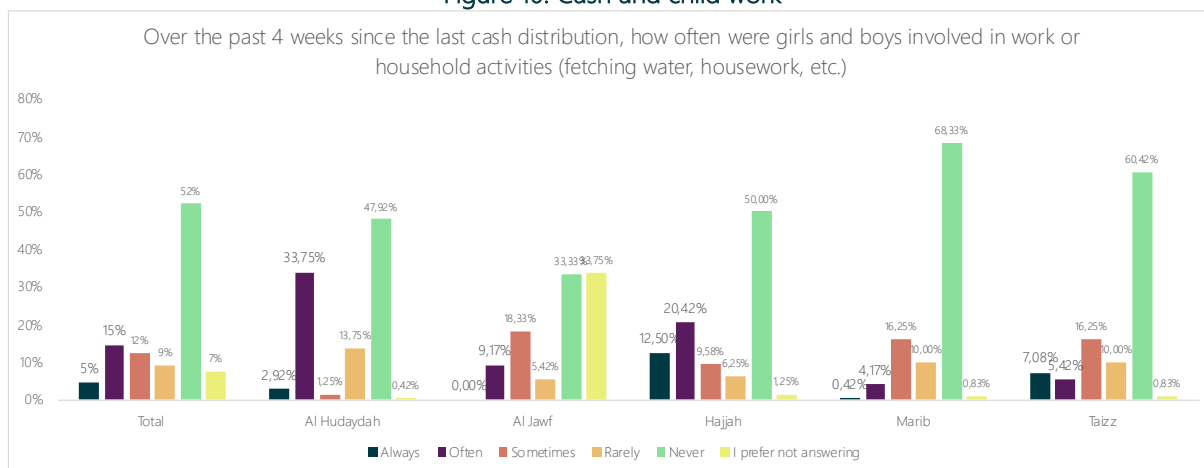
Figure 9. MPCA and school attendance



There are no important differences in school attendance between households that include people with disabilities and those that do not; nor do the results change much based on the number of children in the household, or whether there is a source of income or not. About half of the respondents (52.3%) think that stopping sending children to school happens as often or more often than before receiving the assistance, and 36.3% think it happens less often. In male-led households, the positive result is higher than in female-led ones, with 40.7% of male-led households saying that this happens less frequently after receiving the assistance, compared to 32% of female-led ones. It might be more difficult for female-led households to overcome hardship, even after receiving the assistance, than it is for male-led ones. Based on these answers, the cash has had a limited, but positive, effect on school attendance.

In the case of child work, 52% of respondents said that four weeks after the last cash distribution, children are never involved in work or household chores, and only 5% say this happens all the time (Figure 10).

Figure 10. Cash and child work



Households with at least one member with a disability or chronic illness, and households with no source of income, tend to have to keep making children work. In the first case, children might help take care of the person with a disability. In the second, children probably work to support the household's subsistence.

Conclusion

Overall, these findings point to **MPCA being a critical source of income for the targeted population to help cover their basic needs, with positive protection outcomes** in terms of education and reducing the need to resort to harmful behaviours. MPCA as it is currently designed therefore has a protective role, especially when households have another source of income.

However, that **short-term protection potential is limited due to an insufficient transfer value and insufficient duration of assistance (number of instalments)**. The amount, which is set by the SMEB, is not sufficient for MPCA recipients to meet basic needs such as food and health when other expenses need to be prioritised as well. Households reported that even when the transfer amount was not enough to cover their food needs, they used some of it to cover debt repayment and other basic needs. It is probably the predictive nature of the transfers that enables households to make these decisions and explains why more than 70% of respondents said assistance was not sufficient to meet their basic needs, such as food, while being able to cover needs such as education and clothing. From that perspective, in a context where the SMEB will not significantly increase, the duration of the assistance and the number of transfers received are critical to this predictability. Reducing the number, the instalments is likely to reduce the protective potential of the assistance, while increasing them will further increase household's ability to reduce the need to resort to negative coping strategies. With rampant inflation in Yemen (which led CWG to revise the SMEB in the last semester of 2022, although UNHCR will start following it in January 2023), and a transfer value based on the SMEB and delivered in three instalments only, it is likely that the MPCA might lose some of its protective potential, unless the duration of the assistance or the transfer value are increased.

There are lower protection outcomes for households with at least one member with a disability, compared to those without. While being able to prioritise health expenses is undeniably very valuable to these households, and is a protection outcome in itself, MPCA

would strengthen its indirect protection outcomes if these households benefited from a top-up. Similarly, the data suggests that the respondents' location has an impact on their needs. While there is not enough data to understand how and where households' needs are exacerbated by location, this is something that requires greater scrutiny, and potentially some complementary programming.

III.2.2. Reach positive outcomes on cross-cutting issues related to physical integrity, household dynamics and social cohesion

Safety and physical integrity

Receiving cash assistance seems to **have a positive impact on the reduction of concern about safety**. As shown in Table 8, most respondents think that there has been a positive effect on the reduction of stress in relation to their personal safety and that of their family.

Table 8. Since I received cash assistance, I have become less concerned about...

| | Strongly agree | Agree | Not sure | Disagree | Strongly disagree |
|----------------------|----------------|-------|----------|----------|-------------------|
| My personal safety | 14.4% | 51.8% | 7.3% | 19.2% | 7.1% |
| Female-led household | 9.5% | 53.7% | 11.5% | 18.0% | 7.0% |
| Male-led household | 19.3% | 49.8% | 3.2% | 20.3% | 7.2% |
| My family's safety | 15.0% | 50.9% | 7.4% | 19.1% | 7.3% |
| Female-led household | 10.3% | 52.0% | 12.0% | 18.0% | 7.3% |
| Male-led household | 19.7% | 49.8% | 2.8% | 20.2% | 7.3% |

There are some **differences in terms of the gender of the head of household**. The share of male-led households that strongly agree with the statement "Since I received cash assistance, I have become less concerned about my personal/family's safety" is almost double that of female-led ones. In fact, a higher share of female-led households report that they are "Not sure" about the effect on their personal/family's safety. Given that there are additional risks for female-led households compared with male-led ones, cash assistance may have a lesser impact relative to their vulnerabilities.⁵⁷ Households that have at least one person with a disability tend to report less of a reduction in concern than households without.⁵⁸ There are no significant differences between households that have an additional source of income and those that do not, or between IDPs and host communities.

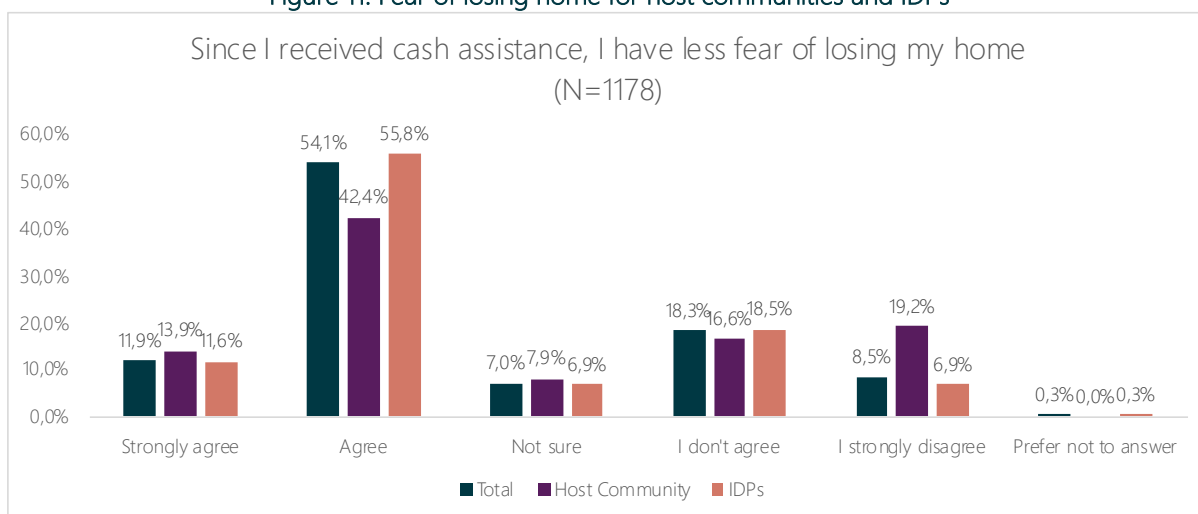
⁵⁷ One potential interpretation put forward by a UNHCR team member is that "males are expected to provide for the family, cash assistance might relieve the social burden on them of being seen as failing their 'male duty'", which the research team did not investigate, as it went beyond the scope of the study.

⁵⁸ The share that strongly disagree is higher than in households without (10.4% vs. 4.4% for personal safety), but otherwise the shares are relatively similar.

The results are relatively similar when it comes to the risk of a household losing their home. Respondents are less concerned about losing their home after receiving the cash assistance (53.7% agree and 12.1% strongly agree), and a higher share of female-led than male-led households are not sure about the effect it has had on their concern (11.3% vs. 2.8%). In Taizz, 39.2% of female-led household respondents answered “Disagree”, potentially pointing to a more difficult situation for women there. There are no significant differences between groups with and without an additional source of income. The share of households with people with a disability that strongly disagree with this statement is more than double that for households without (12.3% vs. 5.4%). This is probably explained by the fact that these households can dedicate less of the MPCA amount to paying rent, as explained in III.2.1.

At the same time, **the effect appears to be slightly different between IDPs and host communities**,⁵⁹ with the former having a more positive view than the latter (Figure 11). In the case of IDPs, 55.8% agree and 11.6% strongly agree with the statement, compared to 42.4% and 13.9% for host communities. Moreover, 19.2% of respondents from host communities strongly disagree with the statement. The effect of the cash assistance here is probably lower for host communities, because they might have had a secure place to live for longer, making the assistance comparatively less important for them than for IDPs and returnees.

Figure 11. Fear of losing home for host communities and IDPs



Lastly, most respondents have less fear of being displaced again (see Table 9: 58.8% agree and 13.8% strongly agree), but there are differences between host communities and IDPs, and across governorates. For IDPs, there appears to be a larger effect, with 60.8% of respondents agreeing to the statement, compared to 45.7% of host community members. The fact that IDPs have already been displaced and that they are in a less stable situation than host communities might explain the different perception of this risk. In host communities, the percentage that strongly disagrees with the statement is 18.5% compared to 5.5% for IDPs. As the data was collected in August, when the ceasefire was still in place, the fear of being displaced might have decreased more than before the ceasefire.

⁵⁹ We haven't considered returnees in the analysis, because the sample size is too low (n=22).

Table 9. Since I received cash assistance, I have less fear of being displaced (n=1,178)

| | Strongly agree | Agree | Not sure | Disagree | Strongly disagree | Prefer not to answer |
|--------------------|----------------|--------------|--------------|--------------|-------------------|----------------------|
| Total | 13.8% | 58.8% | 7.1% | 13.1% | 7.1% | 0.0% |
| Host community | 13.9% | 45.7% | 6.0% | 15.9% | 18.5% | 0.0% |
| IDPs | 13.8% | 60.8% | 7.3% | 12.7% | 5.5% | 0.0% |
| Al Hudaydah | 2.6% | 68.8% | 1.7% | 16.0% | 10.8% | 0.0% |
| Host community | 2.0% | 40.0% | 4.0% | 20.0% | 34.0% | 0.0% |
| IDPs | 2.8% | 76.8% | 1.1% | 14.9% | 4.4% | 0.0% |
| Al Jawf | 14.8% | 58.1% | 10.0% | 14.4% | 2.6% | 0.0% |
| Host community | 17.6% | 76.5% | 5.9% | 0.0% | 0.0% | 0.0% |
| IDPs | 14.6% | 56.6% | 10.4% | 15.6% | 2.8% | 0.0% |
| Hajjah | 31.3% | 52.1% | 5.0% | 8.8% | 2.9% | 0.0% |
| Host community | 29.3% | 37.9% | 5.2% | 19.0% | 8.6% | 0.0% |
| IDPs | 31.9% | 56.6% | 4.9% | 5.5% | 1.1% | 0.0% |
| Marib | 2.9% | 37.9% | 15.8% | 24.2% | 19.2% | 0.0% |
| Host Community | 0.0% | 26.7% | 20.0% | 13.3% | 40.0% | 0.0% |
| IDPs | 3.1% | 38.7% | 15.6% | 24.9% | 17.8% | 0.0% |
| Taizz | 17.2% | 77.7% | 2.9% | 2.1% | 0.0% | 0.0% |
| Host community | 0.0% | 90.9% | 0.0% | 9.1% | 0.0% | 0.0% |
| IDPs | 18.1% | 77.1% | 3.1% | 1.8% | 0.0% | 0.0% |

In terms of governorates, the effects appear to be larger in Hajjah and Taizz, where 83.3% and 94.6% of respondents agree or strongly agree with the statement. In Marib and Al Jawf, the percentage of respondents disagreeing is 43.3% and 17%, respectively. In Marib, the share of households from host communities and IDPs that disagree with the statement is relatively similar, but in Al Jawf only IDPs disagree.

Overall, **MPCA has a protection outcome in terms of the risk of eviction and new displacements.** Curiously, when it comes to questions about safety, the “Not sure” option is much larger in female-led households than in male-led ones. In addition, a significant share of respondents strongly disagrees with the questions about housing and eviction, and they are mostly from the host community. Having an additional source of income does not seem to be related to these variables.

Household dynamics

Within households, decision-making on how the assistance is used is mostly done by the head of household, whether female or male, although a third of respondents said that the decision is made in conversation with relatives. This was confirmed by the follow-up interviews, whereby the head of the household made financial decisions, including on how to spend the assistance. However, more than a third reported that they do so in consultation with their spouse or family. The decision-making has not changed with the assistance, nor were there any resulting tensions reported. **Similar to safety and physical integrity, household dynamics appear to be improving thanks to the assistance.** However, this trend

should be considered with caution, given the limited and mixed evidence around the impact of CBI on women's empowerment in terms of decision-making.⁶⁰

The majority of households agree when asked if they have become less concerned about their inability to meet their family's daily needs (82.5% when adding up "Agree" and "Strongly agree" in Table 10).

Table 10. Since I have received cash assistance, I have become less concerned about losing my (or my family's) source of income.

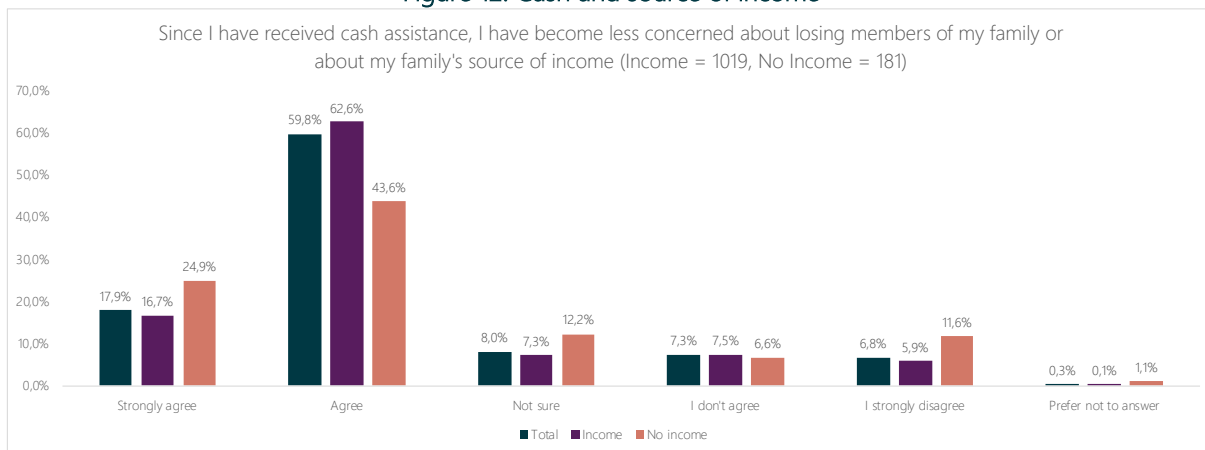
| | Strongly agree | Agree | Not sure | Disagree | Strongly disagree |
|--------------------|----------------|--------------|-------------|--------------|-------------------|
| Total | 16.5% | 66.0% | 4.8% | 6.4% | 6.3% |
| Female | 12.7% | 70.2% | 5.0% | 6.2% | 5.8% |
| Male | 20.3% | 61.8% | 4.5% | 6.7% | 6.7% |
| Al Hudaydah | 3.8% | 78.8% | 0.4% | 9.2% | 7.9% |
| Male | 5.0% | 92.5% | 0.0% | 2.5% | 0.0% |
| Female | 2.5% | 65.0% | 0.8% | 15.8% | 15.8% |
| Al Jawf | 18.3% | 60.8% | 7.1% | 6.3% | 7.1% |
| Male | 28.3% | 46.7% | 10.0% | 8.3% | 6.7% |
| Female | 8.3% | 75.0% | 4.2% | 4.2% | 7.5% |
| Hajjah | 35.0% | 55.4% | 5.0% | 4.6% | 0.0% |
| Male | 45.8% | 50.0% | 1.7% | 2.5% | 0.0% |
| Female | 24.2% | 60.8% | 8.3% | 6.7% | 0.0% |
| Marib | 9.6% | 55.8% | 7.9% | 10.4% | 16.3% |
| Male | 6.7% | 44.2% | 4.2% | 18.3% | 26.7% |
| Female | 12.5% | 67.5% | 11.7% | 2.5% | 5.8% |
| Taizz | 15.8% | 79.2% | 3.3% | 1.7% | 0.0% |
| Male | 15.8% | 75.8% | 6.7% | 1.7% | 0.0% |
| Female | 15.8% | 82.5% | 0.0% | 1.7% | 0.0% |

Similar to the fear of being displaced (Table 9), the share of respondents with a negative perception is **higher in Marib and Al Jawf**. Based on the desk review, the security situation has been worse in Marib than in other governorates because fighting has continued there, despite the ceasefire agreed in April 2022. This could explain the somewhat lower score compared to other governorates.

When asked about their fear of losing their source of income after receiving the assistance, most respondents said that they think their fear has decreased. The share of positive responses ("Agree" or "Strongly agree") is higher for households that already have a source of income. For households with no additional source of income, the effect of the assistance appears to be lower (see Figure 12).

⁶⁰ Simon, "The Effect Of Cash-Based Interventions on Gender Outcomes in Development and Humanitarian Settings."

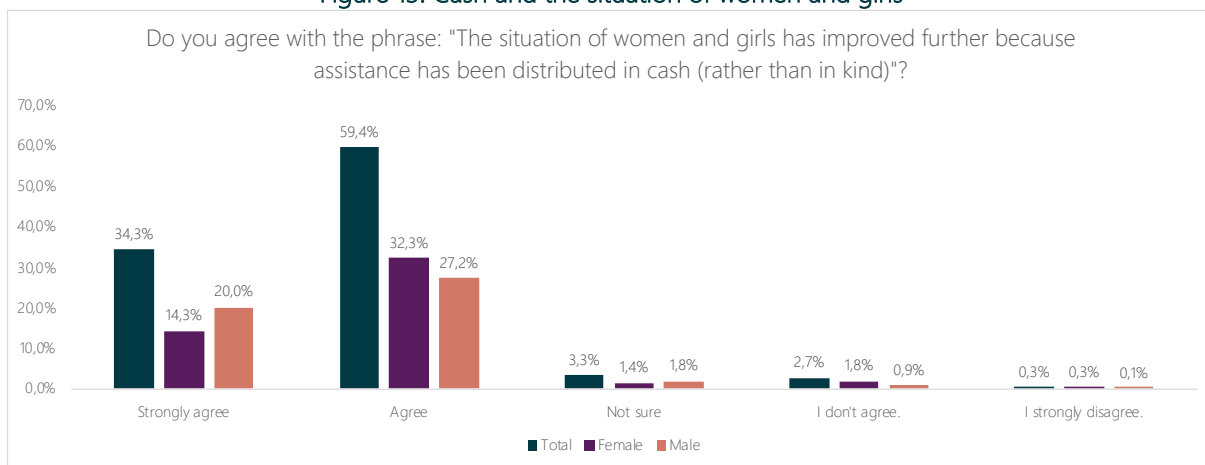
Figure 12. Cash and source of income



In line with previous figures presented by governorate, the share of respondents disagreeing is higher in Marib (26.7% chose “Disagree” or “Strongly disagree”) compared to the other governorates, while there were more positive respondents in Taizz (with 92.5% of respondents choosing “Agree” or “Strongly agree”).

Most of the respondents think that the fact that the assistance is distributed in cash rather than in kind has further improved the situation of women and girls. This response could not be further explored during the survey, because of the authorities’ restrictions.

Figure 13. Cash and the situation of women and girls



The same results are found when asking respondents about the wellbeing of older people and children as a result of receiving the assistance in cash rather than in kind. **The percentage of respondents who think that the situation of children has improved is 92.5% (either “Agree” or “Strongly agree”), and the share is a bit lower in the case of older people, at 88.8%.** There is a slight difference when looking at household size: as size increases, the share of households that feel more negatively about the improvement of the situation of women, children and older people increases slightly. For example, in households with 9–12 and 12–16 members, there is higher share of “Not sure” respondents than in smaller households, which tend to agree or strongly agree. The share of households that do not agree is higher when there are more than 16 members. Furthermore, it is worth mentioning that households that responded that the assistance was not enough to improve children’s school attendance also have a more negative perception of the improvement in the children’s situation (answering “Not sure” or “Disagree”).

This was confirmed by the interviews, where most participants reported that the situation of women and girls, boys, and elderly slightly improved following assistance. It eased the financial burden on the household, and they were able to cover basic needs (food) and even of items of clothing and hygiene supplies without excessive borrowing. Some reported that within the community it reduced the need to send children to get water, work or beg. The situation of elderly people in the household improved because of the family's ability to secure necessary medications.

Social cohesion

Cash assistance does not seem to have had any unintended positive effect on social cohesion. As captured in Table 11, most of the respondents have not shared the assistance outside their households, whether with other family members living outside their household, friends, or neighbours. Based on the results in the previous section (III.2.1), it is still worth mentioning that despite the results relating to needs and use of the money, 8% of respondents still share the assistance with other households.

Table 11. Cash and social relations

| Have you shared the cash received with...? | Yes | No |
|---|-------|-------|
| Other family members outside the household | 8.7% | 91.3% |
| Friends | 1.5% | 98.5% |
| Neighbours | 7.8% | 92.2% |
| I have not shared the cash outside my household | 83.6% | 16.4% |

Conclusion

The results presented in this section suggest that **UNHCR's MPCA had a positive outcome on feelings of safety and physical integrity, and on household dynamics**. There was, however, no reported impact of the MPCA on social cohesion outside of the household.

While the findings are positive overall, there appears to be **a difference across governorates**. The more negative feedback received came mostly from Ma'rib and to some extent Al Jawf. While it is difficult to understand whether the difference is geographical or comes from other variables without collecting further data, it is clearly worth UNHCR and its partners investigating and triangulating this trend with the qualitative data produced by protection monitoring.

There are two other variables **that negatively impact the results: households that have a member with a disability, and households without an additional source of income**. The former can be explained by the extra expenses that need to be covered by households that include people with a disability. The latter relates to the more limited resources of households that are dependent on MPCA as their only source of income. With an MPCA duration of three months, and without the prospect of additional support or income, recipients' feeling of safety is lower than for a household with an existing source of income. While this sounds obvious, it highlights that MPCA is only one factor contributing to

protection outcomes, as opposed to these protection outcomes being solely attributable to MPCA.

IV. Conclusion

By design, the use of CBI can be seen as a means to enhance crisis-affected households' protection, by ensuring that UNHCR humanitarian programs promote a meaningful access, safety; and dignity to people forced to flee (**protection mainstreaming**). By design, CBI, especially MPCA, can be seen as a means to meet unmet need, while contributing to UNHCR sectoral protection objectives or protection outcomes as a spill over effect of improved basic needs coverage (**protection integration**). The study has confirmed the importance of considering protection-related risk at the moment of targeting the population. While the MPCA is primarily responding to basic needs, this targeting approach enables to contribute to protection outcomes.

UNHCR Yemen has carefully designed and revised its SOP to mitigate the 15 protection risks identified in its protection-risks analysis,⁶¹ an annexe of its CBI SOP. The mitigation measures put in place are assessed once a year or on an ad hoc basis to ensure risks are sufficiently mitigated. Based on the qualitative data collected from MPCA recipients as part of this review, they appear to be satisfied with the assessment and distribution processes albeit requests to emphasise communication around the assistance. However, this data should be considered with caution, considering the sample size (N = 60) and the lack of reliable secondary data source to triangulate this finding.

The absence of such a source is the symptom of a lack of awareness of UNHCR's complaint channel, which is supposedly used for serious complaints, is not known by recipients and is therefore unlikely to be used should the need for such complaints arise. In addition, there exists two channels, namely one for each partner and for the FSP, which are reportedly better known by MPCA recipients and used more regularly. However, the complaints are not systematically documented and aggregated into a data source that can be used to adjust when required the level of protection mainstreaming of the programme.

Therefore, strengthening the communication around the distribution and the complaints channels appears needed, first to ensure a greater accountability of the programme and second to be able to leverage the complaints data, or absence thereof, to monitor the protection-related risks mitigation measure put in place by UNHCR. This is of particular importance in the context of Yemen, given the access constraints and data collection limitations imposed by the authorities in the North.

With regards to protection integration, MPCA allows recipients to **temporarily cover their basic needs, especially food and health expenses, and to pay back some of their accrued debts**. The positive effects of the MPCA on protection outcomes stems from the fact the main determinant for households to engage in negative coping strategies in Yemen is financial. **By temporarily increasing the household income, MPCA allows basic needs**

⁶¹ This matrix provides a comprehensive overview of risks, from market functionality to security and safety, along with the proposed mitigation measures for each.

coverage, temporarily reduces the need to resort to negative coping strategies, hence reaching protection outcomes.

Furthermore, the ability to cover these needs and debts has a **positive impact on the reduction of concern about physical safety, new displacement, the wellbeing of all households' members, including older people and children, while the assistance lasts.**

However, **the extent to which the MPCA assistance can reach such outcomes ultimately depends on the transfer value and the number of instalments.** Irrespective of the potential that cash for protection presents, it will only be fully realised if the amount distributed matches the needs. In that sense, although MPCA cannot cover all the needs of the population, especially in a context such as the one in Yemen, it is a short-term support for households that alleviated their most pressing needs. Even if the assistance is delivered for a short period of time, it prevents the target population from resorting to additional negative copying mechanisms. Nonetheless given that most of the assistance is being used to cover food expenses, the direct effect on protection outcomes is limited. The transfer value currently equals the SMEB, which only covers household's survival needs, and thus limits the protection potential of the cash assistance. As for the duration of the assistance, the data suggests that a longer duration, especially for households with no additional sources of income, would further contribute to protection outcomes.

While it is theoretically possible to play on these two design elements (transfer value and duration), it does not currently appear realistic for UNHCR to do so in the context of Yemen. First, the transfer value has been coordinated with the members of the CWG, and the government is advocating to UNHCR to reduce the duration of the assistance to one month to increase the coverage of needs among the crisis-affected population. Second, in a context of reduced funding to meet growing needs, UNHCR cannot increase the transfer value or duration of the assistance, without reducing its current caseload, which could in addition create additional tensions around the exclusion of potential recipients from the assistance due to the targeting.

Nonetheless, UNHCR has made adjustments in its strategy and for example, since 2022 provides three instalments instead of only one. This has been a critical move to increase the overall effect of the intervention and to mitigate the risk of resorting to certain negative coping behaviours.

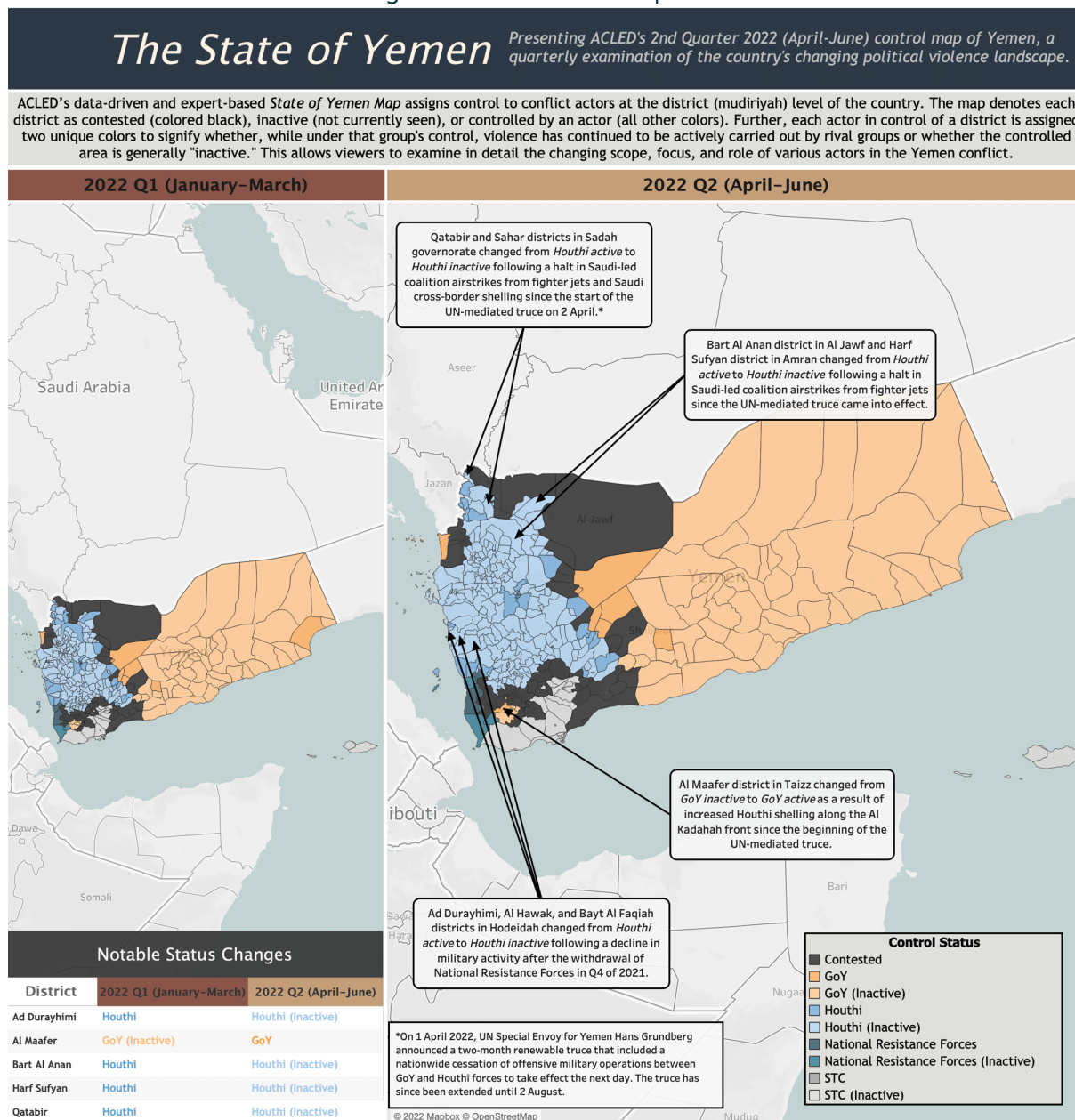
Given the inability of UNHCR to increase the transfer value and the duration, the only lever available seems to be **complementary programming**, i.e. providing additional support to household meeting specific vulnerability criteria. This could take two forms:

- Linking other programming in Yemen, such as livelihood programming, with the MPCA assistance to provide a more comprehensive assistance.
- Should the duration of the assistance be reduced as the government in the North requests, UNHCR could consider top ups for those at greater risks.

V. Annexes

V.1. Additional information

Figure 14. Yemen control map 2022



V.2. Review matrix

This matrix takes stock of the recent UNHCR review of evidence on MPCA and sectoral outcomes,⁶² contextualised for Yemen. It articulates the 2 main research questions in relation to the design and outcomes of MPCA.

In line with UNHCR’s mandate, protection has been approached as a cross-cutting issue, with protection outcomes considered across the 2 main sectors of concern for CBIs in Yemen: shelter and food, as well as in relation to needs, vulnerabilities and coping mechanisms that expose individuals to heightened protection risks.

The research explores:

- how, by design, MPCA has contributed to reducing, mitigating and/or responding to risks;
- the extent to which MPCA can harness positive protection outcomes, including cross-cutting themes such as gender, age and disability.

| Sub-question | Indicator | Source |
|--|--|---|
| Question 1: To what extent has the MPCA distributed by UNHCR to IDPs and host communities in Yemen maximised protection outcomes by design? | | |
| 1.1 What protection risks and integrity risks with protection implications have been identified and mitigated as part of the MPCA’s design? | <ul style="list-style-type: none"> ▪ Number of protection risks⁶³ considered by UNHCR Yemen as part of MPCA design. ▪ Extent to which the protection risks were mitigated or responded as part of MPCA implementation. ▪ Extent to which MPCA design did not hamper social cohesion. | <ul style="list-style-type: none"> ▪ Desk review: UNHCR protection-risks and benefit-analysis tool, programme documents and risk-mitigation matrix. ▪ KI with UNHCR protection team, programme team. ▪ KII with MPCA recipients. |

⁶² P. Harvey and S. Pavanello (2018), “Multi-Purpose Cash and Sectoral Outcomes: A Review of Evidence and Learning.” UNHCR.

⁶³ The protection risks considered here will be the ones from UNHCR’s protection-risks and benefit-analysis tool: safety and dignity; access; data protection; individual with specific needs; inter- and intra-household relations; fraud and diversion with protection implications; and market impact and access.

| | | |
|---|--|---|
| <p>1.2 To what extent has MPCA successfully targeted at-risk vulnerable populations⁶⁴ who do not benefit equitably from services, even when these populations did not qualify for MPCA at first?</p> | <ul style="list-style-type: none"> ▪ Degree of flexibility of the UNHCR’s MPCA-targeting mechanism: frequency of targeting, capacity to onboard new recipients between targeting exercises. ▪ Sufficient number of targeting criteria for MPCA that relate to special needs (as opposed to socioeconomic criteria). ▪ Number of individuals and households included as a result of internal referrals. ▪ Number of individuals and households included as a result of external referrals (e.g. community centres or community-based protection networks). ▪ Number of individuals and households included as a result of a complaint received through the existing CRM. | <ul style="list-style-type: none"> ▪ Desk review: CRM procedures and anonymised log in database; targeting procedures and report; referral reports. ▪ KII with UNHCR MEAL and protection team, as well as other NGO protection staff. |
| <p>1.3 To what extent does the calculated transfer value take UNHCR sectoral protection objectives⁶⁵ into consideration?</p> | <ul style="list-style-type: none"> ▪ Type of protection outcomes considered for the Minimum Expenditure Basket (MEB). <p>3. Rationale behind calculation of the transfer value.</p> | <ul style="list-style-type: none"> ▪ Desk review: CWG minutes, SMEB documents. ▪ KII with UNHCR programme team, CWG chair and Protection Cluster lead. |
| <p>Question 2: To what extent has MPCA distributed by UNHCR to IDPs in Yemen delivered on protection outcomes?</p> | | |
| <p>2.1 To what extent has MPCA been integrated into UNHCR’s overall protection approach?</p> | <ul style="list-style-type: none"> ▪ UNHCR Yemen strategic documents about protection include a reference to MPCA. | <ul style="list-style-type: none"> ▪ Desk review: UNHCR IDP Protection Strategy 2020-2021; country report; end of year report; IDP strategy; dedicated fact sheets. |

⁶⁴ People with disabilities, older people, single women heading households, and Muhamasheen.

⁶⁵ These are a) improve access to legal assistance and legal remedies; b) strengthen civil registration and civil status documentation; c) increase the level of individual documentation; and d) improve reception conditions. Source: P. Harvey and S. Pavanello (2018), “Multi-Purpose Cash and Sectoral Outcomes: A Review of Evidence and Learning.” UNHCR.

| | | |
|--|--|--|
| 2.2 To what extent has MPCA contributed to addressing urgent needs or decreasing protection-related negative coping strategies ⁶⁶ ? | <ul style="list-style-type: none"> Proportion of targeted households reporting a decrease, over the 4 weeks since the last MPCA distribution, in the number of days that children are engaged in employment and/or productive household activities (collecting firewood, fetching water, housework, etc.) and the rationale behind the change. | <ul style="list-style-type: none"> Desk review: complementary programming documents, PDM report.⁶⁷ Household survey. KII with MPCA recipients KII with UNHCR and food security and shelter programme team. |
| | <ul style="list-style-type: none"> Proportion of targeted households reporting a decrease, over the 4 weeks since the last MPCA distribution, in undignified occupations (e.g. begging) and the rationale behind the change. | <ul style="list-style-type: none"> Desk review: complementary programming documents; PDM report.⁶⁸ Household survey. KII with MPCA recipients. KII with UNHCR and food security and shelter programme team. |
| | <ul style="list-style-type: none"> Proportion of targeted households reporting, over the 4 weeks since the last MPCA distribution, an increase in school attendance and the rationale behind the change. | <ul style="list-style-type: none"> Desk review: complementary programming documents; PDM report.⁶⁹ Household survey. KII with MPCA recipients. KII with UNHCR and food security and shelter programme team. |

⁶⁶ The pre-identified protection-related negative coping strategies presented here are derived from livelihood and food-related coping strategies that are assumed to have an impact on household members' level of protection.

⁶⁷ PDM G3a: "In the past 4 weeks, has your household needed to stop a child from attending school?" PDM G3e: "In the past 4 weeks, has your household needed to send household members under the age of 16 to work?"

⁶⁸ PDM G3c: "In the past 4 weeks, has your household needed to: ask for money from strangers (begging)?"

⁶⁹ PDM G2a: "Which of your household's basic needs can you not afford?/Education." PDM F2: "What did you spend the UNHCR cash on?/Education (e.g. school fees, uniform, books)." PDM F2: "What did you spend the UNHCR cash on?/Education (e.g. school fees, uniform, books)." PDM G4: "In the past 4 weeks, has your household needed to stop a child from attending school?"

| | | |
|--|---|--|
| | <ul style="list-style-type: none"> Proportion of targeted households reporting, over the 4 weeks since the last MPCA distribution, a reduction in the need to send household members to eat elsewhere, and the rationale behind the change. | <ul style="list-style-type: none"> Desk review: complementary programming documents; PDM report. Household survey. KII with MPCA recipients. KII with UNHCR and food security and shelter programme team. |
| | <ul style="list-style-type: none"> Proportion of targeted households reporting, over the 4 weeks since the last MPCA distribution, a reduction in the need to ask for or borrow food. | <ul style="list-style-type: none"> Desk review: complementary programming documents; PDM report.⁷⁰ Household survey. KII with MPCA recipients. KII with UNHCR and food security and shelter programme team. |
| | <ul style="list-style-type: none"> Proportion of targeted households reporting, over the 4 weeks since the last MPCA distribution, that MPCA has contributed to their wellbeing,⁷¹ and the rationale behind the change. | <ul style="list-style-type: none"> Desk review: complementary programming documents; PDM report.⁷² Household survey. KII with MPCA recipients. KII with UNHCR and food security and shelter programme team. |
| | <ul style="list-style-type: none"> Proportion of targeted households reporting, over the 4 weeks since the last MPCA distribution, that MPCA has reduced the need to skip debt repayments or allowed them to reimburse their debt to meet other | <ul style="list-style-type: none"> Desk review: complementary programming documents; PDM report.⁷³ Household survey. KII with MPCA recipients. KII with UNHCR and food security and shelter programme team. |

⁷⁰ PDM G4: "In the past 7 days, if there have been times when you did not have enough food or did not have enough money to buy food, how often has your household had to: a) rely on less preferred and less expensive foods; b) borrow food or rely on help from a friend or relative; c) limit portion size at mealtimes; d) restrict consumption by adults in order for small children to eat; e) reduce the number of meals eaten in a day?"

⁷¹ To measure the wellbeing of households receiving MPCA, we intend to use the Human Insecurity Scale (HIS), which is multidimensional: fear for own life; fear for family; providing for family; loss of income; fear of losing home; fear of displacement; fear of the future; fear for personal safety; fear for family's safety; family's safety concerns.

⁷² PDM F2: "What did you spend the UNHCR cash on?/Education (e.g. school fees, uniform, books)." PDM G2a. "If more than half (but not all), half, a little or not at all: which of your household's basic needs can you not afford?/Education (e.g. school fees, uniform, books)."

⁷³ PDM G3. "In the past 4 weeks, has your household needed to skip paying rent/debt repayments to meet other needs?"

| | needs, and the rationale behind the change. | |
|---|---|--|
| 2.3 To what extent has MPCA contributed to reaching positive outcomes on cross-cutting issues related to gender, age and diversity? | <ul style="list-style-type: none"> Proportion of women interviewed who reported positive outcomes with regard to tension within the household as a result of MPCA. | <ul style="list-style-type: none"> Desk review: PDM.⁷⁴ Household survey. KII with UNHCR. |
| | <ul style="list-style-type: none"> Proportion of older people interviewed who report positive outcomes with regard to tensions within the household as a result of MPCA. | <ul style="list-style-type: none"> Desk review: PDM.⁷⁵ Household survey. KII with UNHCR. |

⁷⁴ PDM C9: "Who in your household decided how the cash assistance should be spent?" PDM C10: "Was there any disagreement on the use of the cash assistance?" PDM G1b: "To what extent has the cash assistance from UNHCR reduced the financial burden on your household?" PDM G1b: "To what extent has the cash assistance from UNHCR reduced the financial burden on your household?" PDM G1a: "To what extent has the cash assistance from UNHCR improved your living conditions?"

⁷⁵ PDM G1a: "To what extent has the cash assistance from UNHCR improved your living conditions?"

V.3. Detailed methodology

This research started at the beginning of 2021, but was paused from June 2021 to February 2022. It resumed in March 2022 and was completed in December 2022.

The research relied on a mixed-methods approach combining qualitative and quantitative sources of primary and secondary data. The qualitative part consisted of KIIs with UNHCR staff members and partners involved in its interventions, as well as follow-up interviews with MPCA recipients in the South, following the validation workshop. Blumen Consulting conducted the quantitative cash and protection survey in the five governorates selected for the study.

Figure 15: Steps of the study



V.3.1. Desk review and inception report

This research kicked off with a Zoom meeting on 20 January 2021, with the focal points from UNHCR in both Yemen and Copenhagen, and the consultancy team. The purpose of the meeting was to: introduce the people involved in the research; better understand its scope; discuss possible limitations in the context of conflict; clarify some of the questions still remaining from the terms of reference; and discuss the timeline moving forward. The kick-off meeting was followed by 3 other meetings, which took place in March, April and May 2021 due to staff turnover on both sides (UNHCR and Key Aid Consulting), to refine the expectations of the research and decide on the best use of resources.

Following the inception meeting, UNHCR shared relevant documents such as the initial needs assessment, the IDP Protection Strategy, the country operational plan, Yemen fact sheets, PDM data, and a preliminary list of key informants. It also granted access to its dashboard sites, where information about cash distribution is updated regularly. The consultants conducted a structured desk review of all these documents and other external documents related to cash for protection and the context in Yemen.

The desk review was used to prepare the inception report and to inform primary data collection. Moreover, it was used in the final report to triangulate the findings from the data collected.

The consultants developed a first version of the inception report as a roadmap for the research. It set the precise scope of the research, the timeframe, the methodology and data collection, the expected outputs, and the approach that would be used to achieve them. The first complete draft of the inception report was submitted on 10 June 2021.⁷⁶ However, the consultancy was paused in June 2021, because the former service provider was not

⁷⁶ Before the submission of the complete draft, the research team submitted two iterations of the research matrix and sampling strategy.

formally contracted to do qualitative data collection, and the agreement was coming to an end. UNHCR's procurement services launched a procurement tender and, in December, UNHCR informed Key Aid Consulting that a new service provider, Blumen Consulting, had been found.

A new version of the inception report was submitted in June 2022. It was revised again in September 2022. This last version of the inception report was an adjusted version based on the latest developments in the field. The two main modifications were:

1. the original idea of conducting preliminary interviews with recipients to collect qualitative information and inform the survey was scrapped, because the authorities in the North did not allow for open-ended questions, which rendered the preliminary interviews useless;
2. the depth of the survey was reduced, because the authorities did not permit some of the questions or response options. For example, in use of the cash transfer it was not possible to ask about it being used to buy household items, hygiene items, transport, or avoid recurring to negative coping strategies like child marriage. The questions about household dynamics (decrease or increase in tensions after receiving the cash) were also discarded.

V.3.2. Primary data collection

Primary data collection consisted of:

1. KIIs with UNHCR staff (and partners) and external stakeholders;
2. a household survey with recipients of cash assistance;
3. follow-up interviews with MPCA recipients in the South, following the validation workshop.

Considering the resources available for the data collection, Key Aid Consulting and UNHCR agreed to focus data collection on **five governorates**, which were chosen based on the following criteria:

- The sampling from the governorates would be as representative of the territory under North and South control as possible. Considering that the governorates in the North represent 56% of UNHCR's total caseload,⁷⁷ Key Aid Consulting selected 2 governorates from the North, and 3 under split control (with Taizz being largely part of the South).
- Locations where UNHCR has the highest number of MPCA recipients.

Key Aid Consulting and UNHCR agreed to sample **Hajjah** and **Al Jawf** in the North, and **Marib**, **Al Hudaydah** and **Taizz (largely South)**, which are under split control.

In each governorate, Key Aid Consulting chose potential districts based on the following criteria:

⁷⁷ The figures are 39% for split governorates and 5% for the South.

- Locations with an IPC of 4 or higher (risk of famine). This information is available at district level and the details can be found in the Excel sheet sent with the inception report.
- Locations that have more than one ongoing CBI programme. This information is available at the district level and the details can be found in the Excel sheet sent with the inception report.
- Locations without any access constraints.

Key Aid Consulting developed a list of potential districts based on the number of recipient households (>1,000), their IPC score, the number of CBI programmes, and any access constraints. This list was validated by both UNHCR and Blumen.

V.3.2.1. Key informant interviews

The consultants conducted key informant interviews (KIIs) with relevant stakeholders, who were agreed with UNHCR and representative of the following categories.

Table 12. Categories of KIIs

| Category | Number of interviews |
|-------------------------------------|----------------------|
| UNHCR Yemen | 13 |
| External stakeholders ⁷⁸ | 6 |
| Total | 19 |

Consultants from Key Aid Consulting conducted these interviews over Zoom in either English or Arabic. They were semi-structured interviews following a guide that was agreed with UNHCR.

UNHCR identified an initial list of key informants using **purposive sampling**, and Key Aid Consulting also used **snowball sampling** to identify an additional batch of key informants.

V.3.2.2. Household survey

The household survey focused on UNHCR MPCA recipients, and were being conducted at household level with the head of household and/or their spouse. **The data was collected and cleaned by Blumen in the five governorates selected for the study.**

Based on the available resources, the survey was aimed at 1,200 individuals randomly sampled by UNHCR⁷⁹ from among the recipients of assistance. UNHCR shared the phone number(s), name and surname of the sampled recipients with Blumen for the purpose of collecting data through the household survey only.

After a discussion with Blumen and UNHCR, it was agreed that a minimum of 25 surveys per district should be conducted for the effort to be worthwhile. The consultants rounded

⁷⁸ Including members of the Cash and Market Working Group and Protection Cluster leads.

⁷⁹ The consultants did not have access to the recipient database, because it was against UNHCR's data processing agreement for this consultancy work.

this number up to 30. In Al Jawf, Hajjag and Al Hudaydah, 4 districts that met the selection criteria were randomly selected. However, in Marib and Taizz, only 2 and 3 districts were selected, respectively, because they were the only ones that met the selection criteria. The detailed sampling is available in Table 13.

The number of surveys conducted per category of recipient and governorate was based on the aim of giving equal representation to each, and ensuring enough surveys to produce reliable results. The survey targeted recipients who had received cash assistance no more than 4 weeks before the survey, and who had received at least three instalments.

Table 13. Survey sampling frame

| Category | Surveys per gov. | Total surveys |
|-----------------------------|------------------|---------------|
| Female-led household | 120 | 600 |
| 18-35 | 40 | 200 |
| 36-59 | 40 | 200 |
| >60 | 40 | 200 |
| Male-led household | 120 | 600 |
| 18-35 | 40 | 200 |
| 36-59 | 40 | 200 |
| >60 | 40 | 200 |
| TOTAL | 240 | 1,200 |

In addition, to ensure that the experiences of vulnerable populations are represented, Key Aid Consulting aimed to conduct 20% of the surveys in each district with households that had members with a physical or mental disability ('PwD' in the table below).

The targeted recipients are broken down by governorate and district in Table 14. Beneficiaries within each criterion were sampled randomly.

Table 14. Sampling by governorate and district

| | Female HH Head | | | | Male HH Head | | | | Total | HH with PwD 20% |
|---------------------|----------------|---------|------|-------|--------------|---------|------|-------|--------------|--------------------|
| | 18 - 35 | 36 - 59 | > 60 | Total | 18 - 35 | 36 - 59 | > 60 | Total | | |
| | 40% | 40% | 20% | | 40% | 40% | 20% | | | |
| Al Jawf | 48 | 48 | 24 | 120 | 48 | 48 | 24 | 120 | 240 | 48 |
| Al Hazm | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Al Humaydat | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Bart Al Anan | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Khabb wa ash Sha'af | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Hajjag | 48 | 48 | 24 | 120 | 48 | 48 | 24 | 120 | 240 | 48 |
| Abs | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Aslem | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Khayran Al Muharraq | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Mustaba | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Al Hudaydah | 48 | 48 | 24 | 120 | 48 | 48 | 24 | 120 | 240 | 48 |
| Al Hawkhah | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| At Tuhayat | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Az Zuhrah | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Hays | 12 | 12 | 6 | 30 | 12 | 12 | 6 | 30 | 60 | 12 |
| Marib | 48 | 48 | 24 | 120 | 48 | 48 | 24 | 120 | 240 | 48 |
| Marib | 24 | 24 | 12 | 60 | 24 | 24 | 12 | 60 | 120 | 24 |
| Marib City | 24 | 24 | 12 | 60 | 24 | 24 | 12 | 60 | 120 | 24 |
| Taizz | 48 | 48 | 24 | 120 | 48 | 48 | 24 | 120 | 240 | 48 |
| Al Ma'afer | 16 | 16 | 8 | 40 | 16 | 16 | 8 | 40 | 80 | 16 |
| As Siw | 16 | 16 | 8 | 40 | 16 | 16 | 8 | 40 | 80 | 16 |
| At Ta'iziyah | 16 | 16 | 8 | 40 | 16 | 16 | 8 | 40 | 80 | 16 |
| | | | | | | | | | 1 200 | 240 |

After the data cleaning process conducted by Blumen Consulting and Key Aid Consulting, the total sample size for the study was n=1,200, as detailed in the table below.

Table 15. Final sampling by governorate and district

| | 18-35 | 36-59 | 60 or + |
|---------------------|-------|-------|---------|
| Al Jawf | 93 | 103 | 44 |
| Al Hazm | 33 | 32 | 17 |
| Al Humaydat | 3 | 4 | 2 |
| Bart Al Anan | 28 | 38 | 11 |
| Khabb wa ash Shaaf | 29 | 29 | 14 |
| Al Hodaydah | 98 | 96 | 46 |
| Al Khawkhah | 37 | 32 | 16 |
| At Tuhayat | 30 | 33 | 14 |
| Hays | 31 | 31 | 16 |
| Hajjah | 97 | 99 | 44 |
| Abs | 24 | 24 | 12 |
| Aslem | 24 | 24 | 12 |
| Khayran Al Muharraq | 25 | 27 | 8 |
| Mustaba | 24 | 24 | 12 |
| Marib | 98 | 94 | 48 |
| Marib | 48 | 48 | 24 |
| Marib City | 50 | 46 | 24 |
| Taizz | 99 | 93 | 48 |
| Al Maafer | 32 | 32 | 16 |
| As Silw | 33 | 31 | 16 |
| At Taiziyah | 34 | 30 | 16 |

V.3.2.1. Follow-up interviews with MPCA recipients

Following the validation workshop, exploratory follow-up interviews took place with 60 MPCA recipients in the governorates in the South to explore trends identified during quantitative data collection. The consultants and the steering group identified these trends in the validation workshop. The following sample size was attained

Table 16. Final sampling by governorate and gender for the follow-up interview

| | Al Hudaydah | Marib | Taizz | Total |
|--------|-------------|-------|-------|-------|
| Female | 8 | 13 | 10 | 31 |
| Male | 11 | 8 | 10 | 29 |
| Total | 19 | 21 | 20 | 60 |

V.3.3. Validation workshop

Once the data collection was finalised, the consultants conducted a remote validation workshop with preliminary findings, conclusions and possible recommendations to present to the steering group. The purpose of this workshop was to discuss the main findings and identify trends, as well as to receive feedback on the results to guide the writing of the final report.

V.3.4. Analysis and reporting

Qualitative disaggregated data was recorded and coded in a coding matrix to analyse emerging trends. The analysis was done iteratively to adjust the data collection, reinforce the tools and explore some of the trends in more depth.

Blumen stored the quantitative data on its servers, and handled the data cleaning and high-frequency checks processes. had access to view the collected data. Quantitative data was analysed using R and Excel. For all the variables, the data was disaggregated by governorate. The review team identified statistically relevant dependent variables that explained differences in results (such as the gender of the respondents) using Chi-Square tests and t-tests.⁸⁰ When the variable was dependent and the level of disaggregation meaningful, the review team included the findings in the report.

The consultants then produced a first draft of the research report of around 40 pages, and shared it with the review group for comment. Before producing the final version of the report, the consultants gave a **presentation of the main findings** to UNHCR. They then produced the final version of the report, including the comments from the steering committee. The second and final version of the report was shared, including an executive summary with the main conclusions in a separate document.

V.4. Bibliography

- Acacia Water. 'Water Availability in Yemen - Literature Redview of the Current and Future Water Resources and Water Demand in Yemen', 2021.
- ACAPS. 'Yemen Risk Overview: Outlook for December 2020 - May 2021', 2021.
- . 'Yemen, Social Impact Monitoring Report: April-June 2022', 2022.
- . 'Yemen Thematic Report 2022', 2022.
- Berg, Michelle, and Louisa Seferis. 'Protection Outcomes in Cash Based Interventions: A Literature Review', 2015.

⁸⁰ To be statistically relevant, the p value of the test had to be lower than $p = 0.05$.

- Brune, Lasse, Dean Karlan, Sikandra Kurdi, and Christopher Udry. 'Social Protection Amidst Social Upheaval: Examining The Impact Of A Multi-Faceted Program For Ultra-Poor Households In Yemen', 2020.
- CaLP. 'Humanitarian Cash and Social Protection in Yemen: CaLP Case Study', 2021.
- . 'Humanitarian Cash and Social Protection in Yemen: CaLP Case Study', 2021.
- . 'LINKING CVA AND SOCIAL PROTECTION IN THE MENA REGION', 2020. <https://www.calpnetwork.org/wp-content/uploads/2020/07/CaLP-MENA-Yemen-Case-Study.pdf>.
- CARE. 'Cash & Voucher Assistance and Gender- Based Violence Compendium: Practical Guidance for Humanitarian Practitioners', 2019.
- Cash & Markets Working Group Yemen. 'Survival Minimum Expenditure Basket Based Transfer Value Review Q1-Q2 2022: Decision Memo/ Guidance Note', 2022.
- Claire A Simon. 'The Effect of Cash-Based Interventions on Gender Outcomes in Development and Humanitarian Settings'. UN Women, n.d.
- European Council of Foreign Affairs. 'Mapping the Yemen Conflict', n.d. [https://ecfr.eu/archive/page/-/Mapping_Yemen_\(1\).pdf](https://ecfr.eu/archive/page/-/Mapping_Yemen_(1).pdf).
- Global Protection Cluster. 'Cash And Voucher Assistance For Protection - Taking Stock Of Cash And Voucher Assistance To Achieve Protection Outcomes In The Protection Sector In Humanitarian Settings', 2020.
- . 'Handbook for the Protection of Internally Displaced Persons', 2010.
- Global Protection Cluster, Task Team on Cash for Protection. 'Cash and Voucher Assistance for Protection', July 2020.
- Ian Christoplos, Neil Dillon, and Francesca Bonino. 'Evaluation of Protection in Humanitarian Action'. Alnap Guide, 2018.
- Juillard H, Ershaidat M, and Lamoure G. 'Regional Study for UNHCR Operations in MENA: Cash-Based Interventions and Protection.', 2021.
- Juillard, Helene, and Lauren Weiss. 'MARKit Market Monitoring, Analysis and Response Kit'. Catholic Relief Service, 2020.
- OCHA. 'Humanitarian Needs Overview 2022', n.d.
- . 'Humanitarian Response Plan Yemen 2021', 2021.
- . 'Humanitarian Response Plan Yemen 2022', 2022.
- Protection Cluster Yemen. 'Yemen Protection Brief', 2021.
- Simon, Claire. 'The Effect Of Cash-Based Interventions on Gender Outcomes in Development and Humanitarian Settings', 2019.
- Technical Working Group on Monitoring and Evaluation. 'Guidance Note: On Monitoring of Multipurpose Cash Assistance', 2020.
- Technical Working Group on Survival Minimum Expenditure Basket. 'Decision Memo and Guidance Note: Survival Minimum Expenditure Basked and Setting the Transfer Values', 2021.
- Technical Working Group on Survival Minimum Expenditure Basket Yemen. 'Guidance Note: Survival Minimum Expenditure Basket and Setting the Transfer Values, October 2020', 2020.
- UN Secretary-General's High-Level Panel on Internal Displacement. 'IDP and Host Communities Consultations on Behalf of the High-Level Panel on Internal Displacement: HLP-FGDs Findings, 8- 9 September 2020', 2020.

- UNFPA. 'Linking The Rapid Response Mechanism To The Provision Of Cash Assistance And Women's Protection: Yemen Case Study', 2020.
- UNHCR. '2018 Participatory Assessment: Report on Findings and Recommendations, Yemen (North)', 2018.
- . 'Analysis of IDP Protection Monitoring Data Collected in the North of Yemen, from 1 January 2019 to 31 December 2019', 2020.
- . 'Analysis of the IDP Protection Monitoring Data Collected in Marib, from 19 March to 29 March 2020', 2020.
- . 'Cash and Voucher Assistance Snapshot January - September 2021', 2021.
- . 'Cash Assistance And Protection Why, What And How?', 2021.
- . 'Cash Assistance And Protection Why, What And How?', 2021.
- . 'Cash Assistance and the Prevention, Mitigation and Response to Sexual and Gender-Based Violence (SGBV): Findings from Research in Lebanon, Ecuador and Morocco', 2019.
- . 'Country-Level Standard Operating Procedures (SOPs) for Cash-Based Interventions for Refugees, Asylum Seekers and Internally Displaced Persons in Yemen', 2022.
- . 'Guide for Protection in Cash-Based Interventions', n.d.
- . 'Humanitarian Needs Overview 2021', n.d.
- . 'Initial Needs Assessment Form (INAT) Step by Step Guide', n.d.
- . 'Multipurpose Cash and Sectoral Outcomes: A Review of Evidence and Learning', 2018.
- . 'PDM Yemen Update August 2022', 2022.
- . 'Protection Monitoring Tool', n.d.
- . 'Protection Risk Mitigation Matrix Yemen CBI SOPs', 2020.
- . 'Summary of Findings: Impact of Cash Based Interventions (CBI) on Protection Outcomes', 2019.
- . 'Summary of Findings: Impact of Cash Based Interventions (CBI) on Protection Outcomes, September 2018 – April 2019', 2019.
- . 'Terms of Reference, Review of Cash, Protection and Host Environment in Yemen, Annex A', 2020.
- . 'UNHCR and Cash Assistance - 2020 Annual Report', 2020.
- . 'UNHCR IDP Protection Strategy 2020 - 2021 Yemen', 2020.
- . 'UNHCR Operational Update Yemen: 9 - 16 December 2021', 2021.
- . 'UNHCR Yemen - Cash PDM - April 2021', 2021.
- . 'UNHCR Yemen Fact Sheet, August 2020', 2020.
- . 'UNHCR Yemen Fact Sheet, June 2022', 2022.
- . 'UNHCR Yemen IDP Protection Strategy 2020-2021', 2020.
- . 'UNHCR's Cash Assistance and Protection Outcomes in MENA', 2020.
- . 'UNHCR's Cash Assistance And Protection Outcomes In Mena', 2021.
- . 'Yemen Cash and Voucher Assistance Snapshot, January - September 2021', 2021.
- . 'Yemen Operational Update: January - September 2021', 2021.
- UNHCR Yemen. 'Annex 1. CBI Protection Risk Analysis Mitigation Strategy', 2020.
- . 'UNHCR Yemen - 2021 Country Operational Plan', 2021.
- . 'UNHCR Yemen CBIs 2020 for IDP', 2020.
- WFP. 'Mobile Vulnerability Analysis and Mapping Yemen: Bulletin #41 January 2019', 2019.

KEY
AID
CONSULTING