Monitoring and evaluation of cash transfer programmes for resilience

Acknowledgements

Acronyms

CSI	Coping Strategy Index
CTP	Cash Transfer Programme
HHs	Households
M&E	Monitoring and Evaluation
PDM	Post-Distribution Monitoring
PPS	Probability Proportional to Size
VSLA	Village Savings and Loan Association

Photos
Front cover: CTP beneficiary holding CARE pamphlets during a meeting at a community hall in Zaka District, Masvingo, Zimbabwe
Page 4: CTP beneficiaries Lizzy and Robert Hofisi at their home in Zaka District, Masvingo, Zimbabwe
Page 7: CTP beneficiary looks through a diet chart during a meeting at a community hall in Zaka District, Masvingo, Zimbabwe
Page 15: CTP beneficiaries Tamary Muchingami, Eunice Chatimba and Kumbirai Muzvanya also acted as gender and accountability focal points for the cash transfer programme in Zaka District, Masvingo, Zimbabwe
(Photos © Cynthia R Matonhodze / CARE 2017)

Contents

Provision of humanitarian aid in the form of cash transfers has gained significant momentum over the past few years. Research and evidence on certain aspects of cash transfer programmes (CTP) has been well documented, particularly regarding the efficiency and effectiveness of cash. It is also well recognised that cash-based responses have the potential to support longer-term gains beyond consumption; however, it is unclear how and the extent to which supporting resilience is measured within CTPs. Moreover, we as aid actors lack a consistency in our approach to measuring resilience in CTPs. As such, CARE International UK commissioned this study, using CARE's own programmes and monitoring and evaluation (M&E) data, to assess its current approach to M&E in cash-based resilience programmes and suggest ways forward for a more robust monitoring framework. The study is based on experiences and data from three country programmes where CARE International UK delivers cash transfers: Zimbabwe, Niger and Ethiopia. However, due to data availability, analysis on Ethiopia is limited. The CTPs analysed in Niger and Ethiopia were conditional, unrestricted cash (Cash for Work) and were part of a wider multi-sectoral programme which included livelihoods, governance and disaster resilience support. The CTP in Zimbabwe was multi-purpose, unconditional cash.[1]

CARE describes resilience as strengthening poor households' capacities to deal with shocks and stresses, manage risks and transform their lives for the better in response to hazards and opportunities. In CARE

International's increasing resilience framework, this is further distilled into four core resilience capacities which CARE's programming seeks to strengthen: anticipatory, absorptive, adaptive and transformative capacities.[2] These capacities help people to cope better with shocks, stresses and uncertainty. They are understood as:

- **Anticipate risks:** foresee and therefore reduce the impact of hazards that are likely to occur and be ready for unexpected events through prevention, preparedness and planning.

- **Absorb shocks:** accommodate the immediate impact shock and stress have on their lives, wellbeing and livelihoods, by making changes in their usual practices and behaviours using available skills and resources, and by managing adverse conditions.

- **Adapt to evolving conditions:** adjust their behaviours, practices, lifestyles and livelihood strategies in response to changed circumstances and

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[1] Multi-purpose cash can be defined as a cash transfer (either regular or one-off) corresponding to the amount of money a household needs to cover, fully or partially, a set of basic and/or recovery needs. Unconditional cash can be defined as cash that is given without any conditions attached, other than the beneficiary needing to meet the targeting criteria. Typical conditions imposed for conditional cash are carrying out public works, building a shelter, or attending school or a course.

[2] CARE International (2017) *Increasing resilience: Theoretical guidance document for CARE International*, http://careclimatechange.org/wp-content/uploads/2017/02/Increasing-Resilience-Guidance-Note.pdf

conditions under multiple, complex and at times changing risks.

- **Transform:** influence the enabling environment and drivers of risks to create individual and systemic changes on behaviours, local governance and decision-making structures, market economics, and policies and legislation.

The study uses these resilience capacities as the framework for mapping the M&E indicators used in the CTPs, and assessing how the impact of CTPs on resilience can be better measured.

Key findings

Anticipatory

Indicators measuring anticipatory capacity amongst surveyed households were the least common of the four resilience capacities, accounting for just 4% (*n*=24) of all measured indicators. In Ethiopia, 8% of indicators were of some relevance to anticipatory capacity; in Niger, 11%; and in Zimbabwe, 0.5% (a total of just 1 indicator).

In the Ethiopia programme baseline survey, the focus is overwhelmingly on access to information for short or medium-term disaster risk reduction, not longer-term or seasonal information. The Niger programme addressed this longer-term aspect more comprehensively, but only in the baseline survey. Finally, the Zimbabwe programme measured anticipatory capacity the least, measuring a single anticipatory indicator in the baseline survey. This suggests that anticipation is understood as a core aspect of resilience programming, but that its importance differs between country programmes.

Absorptive

Absorptive resilience is the most systematically and rigorously measured concept across the three country programmes, accounting for 40% (*n*=256) of measured indicators across all country programmes and survey types. In Ethiopia, 57% of measured indicators had either a direct or a multi-faceted relationship to absorptive resilience, cutting across areas of exploration such as household demographics, income and livelihoods, food security, coping strategies and access to services. Of this 57%, 40% exhibited a relationship to livelihoods, wealth and income, whilst 20% measured food security outcomes.[3] The same trend held in Zimbabwe, where nearly half (48%) of indicators measured in the baseline and midline surveys focused on livelihoods, income and wealth, as well as in Niger, where 43% were livelihoods or income related.

Corporate indicators such as the Coping Strategies Index (CSI) and the Food Consumption Score are measured, but measured inconsistently *between* and *within* country programmes. The Niger programme does not measure food consumption or standard CSI coping behaviours at monitoring stage, rendering comparisons impossible. The Niger programme does measure a broader array of coping behaviours, including food source sustainability, the use of Village Savings and Loan Association (VSLA) funding, and livestock management. Both Ethiopia and Niger do measure coping strategy use using a standardised formula at baseline level, however.

Adaptive

Overall, an estimated 20% of indicators measured adaptive capacity at least partially, whilst over 80% of these were classified as both absorptive and adaptive, in line with the above definition. In Ethiopia, a quarter (24%) of indicators were either wholly or partially designed to measure adaptive capacity, whilst nearly a third (31%) in Zimbabwe and 17% in Niger were. As with other resilience metrics, the Zimbabwe and Niger midline surveys were more comprehensive in measuring the effects of the programme on resilience than were the baselines.

What emerges is that adaptive indicators cut across multiple areas of exploration in a manner which measures of absorptive resilience alone did not. Examples include the diversification of livelihoods and the measurement of off-farm income levels. The Niger programme was most adept at this, bridging anticipatory indicators such as access to climate information to adaptive ones such as the adoption of new farming or land management practices. A similar approach was adopted in Ethiopia, where access to extension services was combined with the adoption of sustainable farming practices.

Transformative

Transformative indicators constituted a relatively small proportion (9%) of all indicators: 10% in Ethiopia, 12% in Zimbabwe and 20% in Niger.[4] In Ethiopia, the bulk of indicators studied the degree of access to and participation in services, vehicles and platforms for collective action, including cooperatives, VSLAs and local resource management committees. The same held in Niger, whilst more broadly also attempting to measure participation in institutions of local governance, not only VSLAs and cooperatives. Conversely, most indicators measured in Zimbabwe focused on social networks and social capital through participation in community-based organisations and community initiatives. What the

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[3] Understood here to be a key metric of household welfare in particular and absorptive capacity in general.

[4] Any disparities between country programmes may be partially due to the researcher's subjective classification of individual indicators.

surveys also exhibit is a clear focus on the degree to which gender determines transformative capacity, with gender streamlined into most of the key access questions.

Key recommendations to improve measuring the impact of CTPs on resilience building

Broaden the scope of what is measured, but measure only what is needed

Recognising that lengthy surveys cause respondent fatigue, high non-response rates and response bias, define critical information needs at the outset and measure only what is needed for programme design and management. The primacy of absorptive and adaptive capacities in programme design and monitoring is clear, but should be tempered. The analytical report[5] which is a companion to this report shows a correlation between receipt of cash transfers and greater transformative and anticipatory capacity, the impact of which has not been systematically measured thus far. The indicators which we measure should reflect this effect clearly, with greater efforts made to measure the effects of cash on transformative and anticipatory capacity over time. The proposed matrix of core indicators reflects this recommendation and can be found in Annex 2.

Develop and apply harmonised core indicators for each of the four resilience capacities

Following on from the previous recommendation, to avoid duplication and continuously designing indicators for each new programme, a list of core indicators should be used in any baseline, programme monitoring, midline or endline survey. These should be considered minimum standards for measuring resilience in any cash-based intervention baseline, midline or monitoring survey. Applied consistently, this list will yield comparable data across entire programme portfolios and regions across time, enabling a truly global analysis. By adopting and consistently measuring harmonised indicators across time, agencies will be able to compile robust, longitudinal datasets which can complement, rather than replace, external evaluations. Furthermore, these minimum requirements should measure indicators which cut across multiple resilience capacities. Recognising that the four capacities in CARE's understanding of resilience are not mutually exclusive, our analysis should not be either. The full list of core indicators, classified by sector of intervention and resilience capacity, can be found in Annex 2.

Develop and apply harmonised methodologies for baseline, midline, endline and post-distribution monitoring surveys

As with the previous recommendation on the adoption of core indicators, this recommendation applies primarily to M&E conducted over the programme cycle, recognising that external evaluations develop separate methodologies where needed. A consistent methodology applied from the outset of the programme will ensure that the core indicators are supported by a rigorous and harmonised methodology, yielding statistically significant, longitudinal data over the course of a programme.

That being said, current methods are statistically rigorous, but disparate. To complement the core indicators, develop a toolkit of standardised research methods which can be customised to any programme or geography. A range of methods and sampling strategies should be made available and no single method should require extensive investment of programmatic resources. Further, each methodology should be applied longitudinally over the course of the programme cycle to measure and monitor impact across time. For a full technical recommendation, including sampling strategy, sample size calculation, etc, please refer to Annex 1.

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[5] CARE International (2017) *The impact of cash transfers on resilience: A multi-country study*.

Monitoring and evaluation of cash transfer programmes for resilience

STUDY FINDINGS

1 Introduction

Over the course of the last decade, the use of cash transfer programmes (CTPs) as a tool of aid has experienced steady and continuous growth, spanning both the development and the humanitarian spheres. The applications of multi-purpose cash assistance in sudden onset emergencies such as the 2010 Pakistan floods, the 2010 Haiti earthquake and the 2015 Nepal earthquake are well known, but a growing body of evidence also supports their application in medium-term recovery, as well as longer-term development and resilience programming.[6] This evidence base consistently supports the basic premise that cash-based interventions are more effective, efficient and flexible, traits which are easily adapted to resilience and development assistance. What we as aid actors also need is a consistent approach to monitoring the key tenets of household resilience in these contexts. As such, CARE International UK commissioned this study, using CARE's own programme and monitoring and evaluation (M&E) data, to take stock of current approaches to M&E in cash-based resilience programmes and suggest ways forward for a more robust monitoring framework. The study will be based on experiences and data from three country programmes where CARE

International UK delivers cash transfers: Zimbabwe, Niger and Ethiopia.

For the purpose of this study, we set out three definitions central to the analysis conducted here. First, CTPs can be defined as any interventions which transfer fixed or variable monetary sums to beneficiary households. These transfers can be conditional, meaning that transfers are contingent on a specific behavioural outcome or change (such as school attendance or immunisation against communicable diseases) and services performed (Cash for Work, for example), or unconditional, with no fixed conditionality on receipt. They can also be restricted, which means conditions are imposed regarding what the cash can be spent on, or they can be unrestricted, which is also known as multi-purpose cash, where there are no conditions for its usage. The Zimbabwe programme delivered unconditional, multi-purpose cash transfers, whilst Niger and Ethiopia delivered conditional, Cash for Work programmes in project areas, but the cash was unrestricted.

Second, we clearly differentiate between shorter-term humanitarian and longer-term resilience programming. Where the former prioritises servicing basic and immediate needs in the aftermath of a crisis, displacement or natural disaster, the latter adopts a longer-term approach to building household and community capacity to withstand shocks and stresses.

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[6] Overseas Development Institute (2015) *Doing cash differently: How cash transfers can transform humanitarian aid,* www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/9828.pdf

Third is CARE's understanding of resilience. CARE descibes resilience as strengthening poor households' capacities to deal with shocks and stresses, manage risks and transform their lives for the better in response to hazards and opportunities. In CARE International's increasing resilience framework, which is CARE's guidance document for approaches to building resilience across its programming, this is further distilled into four core resilience capacities which CARE's programming seeks to strengthen: anticipatory, absorptive, adaptive and transformative capacities.[7] These help people to cope better with shocks, stresses and uncertainty. They are understood as:

- **Anticipate risks:** foresee and therefore reduce the impact of hazards that are likely to occur and be ready for unexpected events through prevention, preparedness and planning.

- **Absorb shocks:** accommodate the immediate impact shock and stress have on their lives, wellbeing and livelihoods, by making changes in their usual practices and behaviours using available skills and resources, and by managing adverse conditions.

- **Adapt to evolving conditions:** adjust their behaviours, practices, lifestyles and livelihood strategies in response to changed circumstances and conditions under multiple, complex and at times changing risks.

- **Transform:** influence the enabling environment and drivers of risks to create individual and systemic changes on behaviours, local governance and decision-making structures, market economics, and policies and legislation.

Against this backdrop, this study was commissioned with the dual objective of using pre-existing evidence from three of CARE's cash transfer programmes in Zimbabwe, Ethiopia and Niger to develop a better understanding of how resilience is measured in CTPs, as well as to craft a concise, evidence-driven framework for M&E of resilience benefits in cash-based programming. By analysing the tools and methodologies used across these country programmes, this study proposes a set of recommended approaches to improve the way in which M&E data is gathered and impact towards building resilience measured, included as a technical toolkit and set of minimum standards.[8]

To that end, the report first sets out the methodology used for the analysis and elaborates upon the limitations inherent in it. This is followed by a findings and analysis section. The analysis itself is structured according to the four pillars of CARE's resilience framework: a) anticipatory; b) absorptive; c) adaptive; and d) transformative capacity. It also summarises and distils the methodologies used to gather data across the three country programmes, with the aim of consolidating the various survey methods into a single, harmonised toolkit. The final section summarises and presents recommendations.

Noting what is beyond the scope of this report, the analysis does not extend beyond what is immediately available from CARE's own country programmes, thus minimising the use of secondary data sources. The report does not develop a broader analysis or account of M&E in cash programming, as the study focuses on measuring the effect of CTPs on resilience in general. The analysis and the recommendations refer only to CARE's own programming, though the proposals may be applicable in other contexts. Finally, the analysis and recommendations for M&E in resilience refer to unconditional, multi-purpose cash in general and are not tailored to specific modalities of cash assistance. This is premised on the assumption that conditionality is bound to desired impact, whilst the manner in which resilience and impact are monitored and measured is not, in turn, determined by conditionality. This also recognises that the effect of CTPs on beneficiaries is not narrowed simply because the cash is conditional on a specific outcome. As our analysis shows, the impact of cash assistance often extends to issues beyond simply servicing basic needs, and this should be measured and monitored regardless of the modality of the CTP or the simplicity of the programme being monitored.

2 Methodology, risks and limitations

2.1. Methodology

The analysis took a phased approach, disaggregating the process into three linear components.

The first phase was a review of all available surveys, datasets and methodologies, followed by an indicator mapping exercise. All indicators measured across the three country programmes, and their datasets, were compiled into matrices and then categorised by sector and survey typology. The same was done for the various methodologies used within the country programmes.

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[7] CARE International (2017) *Increasing resilience: Theoretical guidance document for CARE International*, http://careclimatechange.org/wp-content/uploads/2017/02/Increasing-Resilience-Guidance-Note.pdf
[8] These are set out in broad terms in the recommendations section of this report, and further detailed in Annex 1.

Phase two was a full categorisation and assessment of indicators where each indicator was classified according to its relationship to one or more of the four capacities of resilience outlined in CARE's resilience framework: anticipatory, absorptive, adaptive and transformative. This allowed for the production of summary statistics for the analysis presented here, and is captured in the table in Annex 2. It provided an overview of coverage, gaps and any strengths or weaknesses in the overall approach, both at country level and across countries. It also informed the formulation of recommendations, to be outlined at a later stage in this report.

The third and final phase was the analysis and drafting, as well as the formulation of recommendations to strengthen future approaches to M&E for resilience.

2.2 Risks and limitations

There is a set of limitations inherent to this exercise; the following points summarise these limitations and explain how they affect the study.

- **Subjectivity in indicator classification:** the classification of indicators is inherently subjective and the resulting analysis may under or over-represent coverage of certain aspects of resilience. Internal reviews within CARE were conducted to help address this, but a degree of bias may still exist.

- **Limited scope of study:** given the sheer scope of the study, this section looked at quantitative indicators only. Some surveys used mixed methods approaches, combining qualitative and quantitative methods. The objective was to define best practices and a pragmatic set of minimum standards, and it was felt that a more targeted approach was better suited to this objective.

- **Targeted approach to analysis:** combined, the total number of indicators across all surveys and country programmes stood at 648. This meant that the analysis had to identify and analyse broad trends and avoid exhaustive analyses of individual indicators.

3 Key findings

A review of indicators measured across the various baseline and midline surveys suggests that good practices are already in place, creating a platform for further consolidation. For instance, of the 648 indicators measured across all surveys and country programmes, the vast majority – 87% – have either a direct or an indirect relationship with one of the four resilience metrics outlined above. This is based on a wide-ranging understanding of a relationship between a given survey indicator and a resilience metric, one which was applied in indicator mapping across all three country programmes.[9]

Of these, just under a half of indicators (46%) exhibited a direct relationship to one of the four resilience metrics, whilst over a third cut across two or more metrics. Though this varies once we analyse how specific metrics of resilience are measured *within* and *across* country programmes, this broader trend of convergence in CTPs is encouraging and already allows for robust monitoring and analysis of cash in resilience programming.

Overall, the bulk of the indicators measured by the three country programmes were either absorptive or adaptive. The analysis of indicators below will show that these are over-represented relative to anticipatory or transformative indicators, even though evidence suggests that receipt of cash transfers does correlate with higher rates of engagement in collective action and higher rates of access to information in decision making. This imbalance is structural and understandable given that the primary focus of CTPs is usually addressing acute food insecurity. Programme duration, the severity of given crises and the resulting short-term thinking compel us to define progress according to tangible impacts on food consumption or access to livelihoods, for instance, at the expense of more abstract concepts such as the capture and use of information. Our evidence base supports the hypothesis that cash can have a positive impact on the full spectrum of resilience capacities.

Further issues the analysis revealed are gaps and disparities *between* country programmes. Though the majority of indicators are relevant, and key indicators such as food consumption, livelihoods typologies and coping strategies are measured across countries, differences in how they are measured and structured between countries render them incomparable, limiting the global application of the data. This often happens between baseline and midline surveys in individual programmes, too, thereby limiting transferability and rendering even in-country, longitudinal analyses difficult.

Another more structural issue is that of data utility. For instance, over 200 indicators were measured in the Ethiopia baseline survey, 22 of which were found to be either partial or complete duplicates. A similar trend held in Zimbabwe, where over 160 indicators were included in the midline survey, with less than half used in the analysis. This needlessly increases non-response and saturation rates and increases the probability of bias in data. Overall, the degree to which principles of resilience

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[9] For example, although household size may not directly determine whether a given household has higher or lower absorptive capacity, it does affect resilience indirectly by impacting capacity for income diversification, household employment rates, income levels, household expenditure and food consumption. This broad conceptual understanding offers a strong baseline to work from.

are integrated into the three country programmes is promising, but further consolidation and standardisation remains a priority.

The following sub-sections will present findings and analyses as they relate to individual metrics of resilience.

3.1 Anticipatory capacity

Anticipatory capacity can be broadly defined as the capacity to foresee, accommodate and manage risks. Households can foresee and thereby adjust their behaviour to reduce the impact of hazards and shocks that are likely to occur. It is therefore intricately linked to absorptive and adaptive capacity and is contingent upon access to timely and accurate information to enable preparedness and planning. Indicators measuring anticipatory capacity amongst surveyed households were the least common of the four resilience metrics, accounting for just 4% (*n*=24) of all measured indicators. Country-level breakdowns may vary, but the broad trend still holds; in Ethiopia, 8% of indicators were of some relevance to anticipatory capacity; in Niger, 11%; and in Zimbabwe, 0.5% (a total of just 1 indicator). Similarly, anticipatory indicators were most common in baseline surveys, without necessarily testing whether household access to disaster or weather information held across time in monitoring, midline or endline surveys, and whether it was used by households in deciding how to use cash transfers, for example. This is a gap which prevents the testing of a key part of the research question.

4%

96%

■ Anticipatory metric of resilience
■ Other metric of resilience
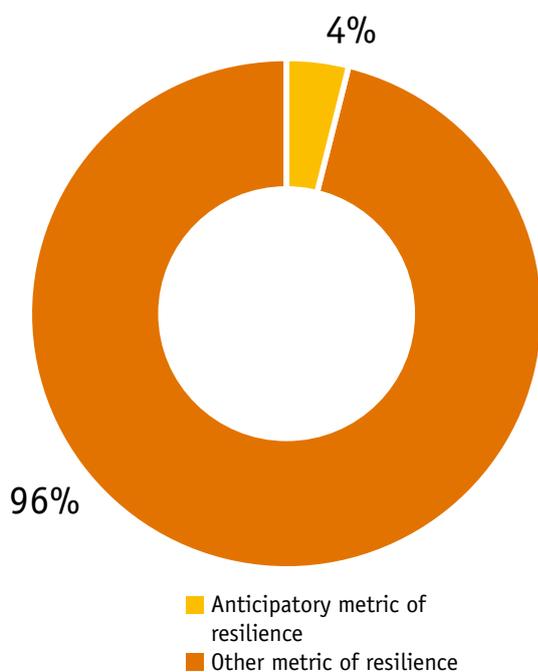
Proportion (%) of all indicators considered to have a relationship to anticipatory resilience

The Ethiopia baseline survey had the highest number of anticipatory indicators of any country programme or individual survey, covering access to early warning information systems, as well as the perceived quality of this service and its effects on the behaviour of individual households. The focus in the programme as a whole is overwhelmingly on access to information for short or medium-term disaster risk reduction, not longer-term climate or seasonal information, however. Though this is likely context-driven, what it fails to measure explicitly is how and whether this information determines farming practices over the long term, an approach which cuts across multiple resilience metrics. The Niger programme addressed this longer-term aspect more comprehensively, but only in the baseline survey. Finally, the Zimbabwe programme measured anticipatory capacity the least, measuring just a single anticipatory indicator in the baseline survey. This suggests that anticipation is understood as a core aspect of resilience programming, but that its importance differs in different country programmes.

We can surmise two things from this cross-country comparison. Firstly, that anticipatory capacity is measured only sporadically and in a piecemeal fashion, and secondly, that it does not figure prominently in CTP (and arguably general programmatic) design. This is understandable, especially where the imperative to assist quickly and efficiently is given priority over the broader array of issues complex emergencies confront us with, including lack of access to information. Nevertheless, if we assume that the capacity to absorb shocks in the short term and adapt to them in the longer term depends upon regular access to complex information before an event occurs, this becomes a strategic gap.

The first step in addressing any potential programmatic gaps is building an evidence base on pre (and post) intervention trends. The priorities should therefore be a common set of adaptable indicators which measure: a) access to information systematically across programmes, regardless of geography; and b) how and whether this access affects absorptive capacity and/or adaptive behaviour. Without a more comprehensive attempt at measuring anticipatory capacity, it becomes difficult to determine how and whether access to climate, early warning, agricultural or market information either informs the usage of cash transfers or effects broader behavioural change, even though rudimentary findings from the quantitative analysis suggest a positive relationship between the two. Furthermore, the relationship between anticipatory capacity, usage of cash transfers and broader behavioural change complicate analyses of causality; we lack an understanding of whether the receipt of cash facilitates access to information, or whether access to

information amplifies the impact cash transfers may have. The issue seems to be a narrowly defined set of programmatic priorities which favour a narrow definition of impact. As the analysis will show, there is a clear preference for measuring tangible change over the short term, leading to over-representation of certain types of indicators, rather than longer-term, more abstract change.

3.2 Absorptive capacity

For the purpose of this study, absorptive resilience can be defined as the capacity to effectively manage adverse conditions and accommodate the immediate impact shocks and stresses have without diminishing household welfare. This understanding cuts across traditional measures of welfare such as food security and health outcomes and extends to wealth and livelihoods. More specifically, absorptive capacity is the ability of a given household to change behavioural patterns and practices without adverse consequences for wellbeing, and without compounding the risk of falling into a poverty trap.

Absorptive resilience is the most systematically and rigorously measured concept across the three country programmes, accounting for 40% (*n*=256) of measured indicators across all country programmes and survey types. Though this is understandable given the importance of absorptive capacity to household wellbeing in a crisis, the sheer number of indicators used to measure it is not necessarily justifiable when we delve deeper into content.

In Ethiopia's baseline survey, 57% of measured indicators had either a direct or a multi-faceted relationship to absorptive resilience, cutting across areas of exploration such as household demographics, income and livelihoods, food security, coping strategies and access to services. Of this 57%, 40% exhibited a relationship to livelihoods, wealth and income, whilst 20% measured food security outcomes.[10] The same trend held in Zimbabwe, where nearly half (48%) of indicators measured in the baseline and midline surveys focused on livelihoods, income and wealth, as well as in Niger, where 43% were livelihoods or income related. This suggests a degree of saturation where the value of each additional indicator does not necessarily add value to the overall dataset or analysis.[11] Indeed, less than half of absorptive indicators measured in Zimbabwe's midline survey were actually used in the analysis, whilst fewer than 40% of indicators in Niger's dataset could answer the research questions guiding this study.

In reviewing the absorptive indicators, we can summarise and analyse patterns. In Ethiopia and Zimbabwe, the priority seems to have been a livelihoods-focused behavioural analysis. This ranges from basic livelihoods profiling and income generation, to mapping crop cycles, measuring yields by field and capturing income from rent of basic productive tools. In Ethiopia, the baseline survey also measured the proportion of households which paid for brooms and other household assets. The latter is a good example of theoretical saturation; in the effort to capture and measure as much livelihood-based behaviour as possible, the fundamentals of the SMART indicator design process are not applied.[12]

Corporate indicators such as the Coping Strategies Index (CSI) and the Food Consumption Score are measured, but measured inconsistently *between* and *within*[13] country programmes. The Niger programme does not measure food consumption or standard CSI coping behaviours at monitoring stage, rendering comparisons impossible. That said, the Niger programme does measure a broader array of coping behaviours, including food source sustainability, the use of Village Savings and Loan Association (VSLA) funding and livestock management. Both Ethiopia and Niger do measure coping strategy use using a standardised formula at baseline level, however, allowing for an indicative comparison of the CSI between the two country programmes. Though contextual differences in the types of coping strategies are called for, there is a general consensus that food and livelihoods-based coping behaviours should not be conflated. Zimbabwe's midline survey does exactly this and then duplicates the effort by measuring livelihoods-based coping behaviours once more in a separate question. Though this is ultimately a small proportion of the overall number of indicators, it does diminish data quality if the respondent deems the questions repetitive or time consuming, to the detriment of our understanding of absorptive capacity.

This imbalance between sector-specific questions is further compounded by an imbalance between survey types *within* individual country programmes, where midlines can be more exhaustive than baselines in the manner in which they measure absorptive resilience, as is the case in Zimbabwe. Though there is nothing inherently wrong with this approach, the lack of consistency in what is measured does limit comparability where measurement of impact on absorptive capacity over time seems to be

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[10] Understood here to be a key metric of household welfare in particular and absorptive capacity in general.

[11] Theoretical saturation can be defined as a point where a researcher can continue collecting and analysing more and more indicators with no new findings emerging.

[12] SMART indicators are Specific, Measurable, Achievable, Relevant and Time-Bound.

[13] *Within* country programmes refers to measuring over the duration of the programme, including baseline, midline and endline monitoring.

the priority, to the overall detriment of our understanding of the relationship between cash and absorptive capacity.

This analysis allows us to infer several, broad recommendations: a) be judicious in what is measured, capturing what is needed to better measure the effects of cash on resilience; b) where possible, measure the resilience-focused core indicators proposed (see Annex 2), even if resilience is not explicitly part of programme design – this would allow us to measure impact on resilience on a continuous basis; c) be consistent in what is measured and how it is measured both within individual surveys and longitudinally to limit saturation; and d) rationalise the structure of questionnaires so that sectors or areas of exploration are clustered together. The recommendations section will elaborate on these in greater detail.

3.3 Adaptive capacity

Adaptive capacity can be defined as the capacity of households and individuals to adjust their behavioural norms, practices and livelihoods strategies to adapt to an evolving external environment. It is an extension of absorptive capacity in that it is fundamentally about responding appropriately to changes, risks and uncertainties evolving in the external environment. The key difference is the timeframe within which adaptation is understood or expected to occur; while absorptive resilience is in response to acute shocks, adaptive capacity responds to risks which materialise and develop over the long term.

Overall, an estimated 20% of indicators measured adaptive capacity at least partially, whilst over 80% of these were classified as both absorptive and adaptive, in line with the above definition. In Ethiopia, a quarter (24%) of indicators were either wholly or partially designed to measure adaptive capacity, whilst nearly a third (31%) in Zimbabwe and 17% in Niger were. As with other resilience metrics, the Zimbabwe and Niger midline surveys were more comprehensive in measuring the effects of the programme on resilience than were the baselines.

What emerges is that adaptive indicators cut across multiple areas of exploration in a manner which measures of absorptive resilience alone did not. Examples include the diversification of livelihoods and the measurement of off-farm income levels. The Niger programme was most adept at this, bridging anticipatory indicators such as access to climate information to adaptive ones such as the adoption of new farming and land management practices. A similar approach was adopted in Ethiopia, where access to extension services was combined with the adoption of sustainable farming practices.

Though the Zimbabwe programme was limited in the extent to which it measured adaptive capacity, the structure of the midline evaluation does allow us to conduct exploratory analysis to determine whether receipt of cash assistance precipitates or incentivises adaptive behavioural change. The analysis is limited to income diversification and rates of participation in the labour market, but a nascent analysis is possible. The limited scope of the midline survey is a reflection of the programme: a straightforward CTP intervention. Nevertheless, the evidence compiled in the report *The impact of cash transfers on resilience*[14] suggests that cash has the potential to precipitate broader behavioural change, regardless of whether the intervention itself intends to.

That said, these measures of adaptive capacity can and should be measured, regardless of whether the intervention being monitored is a simple CTP or a more complex, bundled intervention involving cash transfers along with extension services and the provision of farming inputs, for example. The CTP is likely to generate externalities which change household behaviour, with the effects likely extending to adaptive capacity. Regardless of whether the specific intervention encourages changes in farming practices, the CTP may well incentivise income diversification, changes in input procurement and usage and the adoption of modern seed varieties, without an aid programme telling households to explicitly do so. Though the specific adaptive indicators being measured will vary according to context, they should be measured regardless of the scope of the intervention itself. The addition of one or several core indicators into M&E frameworks for programmes which do not necessarily address issues of resilience would allow us to monitor how resilience is affected even where it is not the primary objective of the programme.

3.4 Transformative capacity

Broadly, transformative capacity is defined as the capacity of households and individuals to influence the broader environment within which they reside to manage and mitigate drivers of risk. In particular, it is the capacity to effect positive changes in local governance and decision making, market forces and where possible, the legislative process, to bolster household and community resilience.

It is inherently difficult to measure an individual's or a household's capacity to effect institutional change on a scale that brings immediate and tangible improvements to overall welfare in the manner in which changes to

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[14] For examples and evidence analysis on the relationship between cash transfers and behavioural change in the three studied countries, please see CARE International (2017) *The impact of cash transfers on resilience: A multi-country study*, page 11.

absorptive capacity occur. Any changes are likely to be incremental and their ramifications long-term, making any attempt at measuring them through a household survey limited at best. Nevertheless, proxy indicators can be used, and the various country programmes did make an effort to measure transformative capacity as realistically as possible.

Accordingly, transformative indicators constituted a relatively small proportion (9%) of all indicators: 10% in Ethiopia, 12% in Zimbabwe and 20% in Niger.[15] In Ethiopia, the bulk of indicators studied the degree of access to and participation in services, vehicles and platforms for collective action, including cooperatives, VSLAs and local resource management committees. The same held in Niger, while additionally attempting to measure participation in institutions of local governance, not necessarily just VSLAs and cooperatives. Most indicators measured in Zimbabwe focused on social networks and social capital through participation in community-based organisations and community initiatives. What the surveys also exhibit is a clear focus on the degree to which gender determines transformative capacity, with gender integrated into most of the key access questions. Even where it is not included, this can be inferred as most questionnaires gauge demographic breakdowns and the sex of the head of household.

We can then posit the following: each country programme's M&E is robust in that it measures transformative capacity to an extent, but is limited when we examine the M&E indicators measuring the breadth of transformative capacity. For instance, while Ethiopia and Zimbabwe measure social capital primarily in terms of engagement and access to local community services, they lack measurement of engagement in local legislative process, as that was not envisaged as a targeted aim of the design of these programmes, while Niger excels at measuring this aspect of social capital as it was part of the programme design. The best approach is ultimately one which measures the three aspects of transformative capacity that have the potential to be linked to CTPs: engagement in social networks; participation, influencing and decision-making ability in local governance and legislative processes; and membership of vehicles and platforms which shape livelihoods outcomes and market forces. This would enable a more robust analysis of how CTPs affect each aspect of transformative capacity at the household level. Ultimately, CTPs which are limited in duration and transfer a nominal sum are unlikely to have a clear, linear effect on transformative capacity across the board in the short term, but we can and should

measure shorter-term changes in rates of participation and engagement using proxy indicators if we wish to understand the relationship between resilience and CTPs. Though it may be difficult to measure whether an individual CTP beneficiary directly effects changes in legislative processes, for instance, increases in rates of participation are in themselves a net positive and can be measured over the short and medium term, regardless of the scope of the programme being monitored. Increases in participation rates in one or more of the above spheres can be observed in both Niger and Zimbabwe amongst beneficiary households with the existing M&E data. Again, this effect may well exist, but we would not necessarily be aware of it unless it is measured consistently.

4 Monitoring and evaluation methodologies in the case studies

By methodology, we refer to all the tools, data collection methods and sampling strategies used to gather data for a given survey. This section will summarise the methodologies used to gather data by the three country programmes in an effort to standardise as much as possible. Given the overall broad scope of the study, this section will focus on quantitative methods only; some baseline and midline surveys were mixed method, but a study of qualitative approaches is beyond the scope of this section.

Methodologies varied, but remained statistically rigorous across the board. Programmes used administrative boundaries effectively, applying complex cluster sampling strategies to make use of the smallest administrative units. Where such units exist, this approach is the most statistically and operationally expedient and should be replicated as a best practice.

As the summary table shows (see next page), the issue is not a lack of statistical rigour, but the lack of a uniform approach *between* programmes on the one hand, and the lack of longitudinal methodologies on the other. Each survey is seemingly done in isolation to fulfil a specific short-term purpose or programmatic need, without making use of individual datasets across time. The Zimbabwe midline survey is an example of this: the midline used kernel matching techniques to estimate the effects of the intervention, without reference to baseline figures. It is also unclear whether baseline surveys were used to register beneficiaries,[16] making a longitudinal analysis of monitoring data impossible.

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[15] Any disparities between country programmes may be partially due to the researcher's subjective classification of individual indicators.

[16] This may well have been the case, but no beneficiary baseline data was available at the time this study was carried out.

Country	Baseline		Midline		Endline		Monitoring	
	Methodology	Stat. Sig.*	Methodology	Stat. Sig.	Methodology	Stat. Sig.	Methodology	Stat. Sig.
Zimbabwe	Cluster sample	95/10	PPS**	95/7	-	-	-	-
Ethiopia	Cluster sample	95/10	-	-	-	-	-	-
Niger	Stratified random	95/5	-	-	-	-	Simple random	95/10

* 'Stat. sig.' means 'statistically significant'.
** 'Probability proportional to size': a sampling strategy used in cluster sampling where larger clusters of beneficiary populations have a higher probability of being selected.

A secondary issue is that the longitudinal methodology discussed and recommended in this report tends to be replaced by a cross-sectional or completely distinct methodology at evaluation phase, thereby duplicating efforts. This was the case in the Zimbabwe country programme. Going forward, robust, longitudinal data collected over the course of the programme cycle can and should complement analyses conducted during stand-alone evaluations. Longitudinal data points can aid with triangulation, validation and comparative analyses of evaluation data; where no *additional* data collection is conducted during evaluations, programme M&E data is the *only* data source and it should be as robust as possible.

Given how robust but fragmented the datasets are, recommended changes are minimal and much as with indicator analysis, require identifying best practices from each programme and combining them into an actionable, adaptable M&E toolkit. This is further developed in the recommendations section and in Annex 1.

5 Conclusion

What this analysis has demonstrated is that the core tenets of CARE's resilience framework are already partially integrated into monitoring and evaluation for these programmes. Furthermore, this conclusion would have held had we used a more conservative indicator classification system, one which decreased the number of indicators directly correlated to one or more resilience metrics.

In general, the surveys that the programmes used were statistically robust and do, to varying degrees, measure each of the four resilience capacities: anticipatory, absorptive, adaptive and transformative. Contextual differences across the three countries do warrant adaptation, which is why individual country programmes and surveys may over or under-measure certain types of indicators. For instance, absorptive indicators are deemed over-measured here, whilst more abstract concepts such as transformative and anticipatory indicators are disproportionately under-represented. This may be due to programmatic priorities determined in country or the acuteness of crises which emphasise short and medium-term needs.

An additional explanation might be expediency. It is easier to measure changes in consumption or income diversification and inherently more difficult to measure the effect a single household could have on a legislative process, for instance. As a result, progress tends to be defined according to a narrower set of clearly delineated, tangible priorities embodied in absorptive and adaptive capacities and the effect cash has on them. This programmatic priority is in turn reflected in what is monitored and what benchmarks are used to evaluate success. This is not incorrect, but further emphasis could be placed on measuring how and whether CTPs effect change and impact areas with which they are not conventionally associated. The evidence base compiled for this study supports, albeit indicatively, the theory that cash generates positive externalities which extend beyond basic needs, even if that is not the primary intention of the programme. We do not suggest that CTPs are a panacea, but if their use and effectiveness is to be scaled up beyond short-term priorities, more evidence is needed. Again, programmatic priorities, programme duration and the nature of the crisis rightly determine this, but additional effort can be made to ensure that the scope of what we measure is broadened to include resilience. Measuring basic tenets of resilience, even where it is not the primary programmatic objective, would be the first step to monitoring it and integrating it into programming in a cross-cutting manner, much as is the case with gender. This data would then enable us to systematically incorporate resilience into the design of CTPs either as a secondary objective or as a cross-cutting theme in the long run.

The most significant issues are not gaps in entire components of resilience, but in how these are measured across time and space. Where certain capacities are measured more than others, non-standard approaches to measuring effectively the same indicators hinder comparability and needlessly increase the burden on country programmes to continuously design and re-design M&E tools.

Nevertheless, a strong case can and should be made for further consolidation and standardisation of how these core tenets of resilience are measured, and current approaches offer a robust platform from which to launch this effort. The recommendations outlined below build on CARE's current M&E practice in these programmes and propose minor adjustments to existing structures and tools to accomplish this task.

6 Recommendations

The following set of recommendations is drawn from the analyses and findings presented above. Each recommendation suggests how to enhance the use of evidence in programme design. The recommendations themselves are summaries: for full technical breakdowns of what is proposed, including the indicator matrix and a technical addendum outlining quantitative methods, please refer to the annexes.

Broaden the scope of what is measured, but measure only what is needed

Recognising that lengthy surveys cause respondent fatigue, high non-response rates and response bias, define critical information needs at the outset and measure only what is needed for programme design and management. This has the added benefit of addressing imbalances between how different resilience capacities are measured.

The primacy of absorptive and adaptive capacities in programme design and monitoring is clear, but should be streamlined. The analytical report[17] which complements this one shows a correlation between receipt of cash transfers and greater transformative and anticipatory capacity, an impact which has not been systematically measured thus far. The indicators which we measure should reflect this effect clearly, with greater efforts made to measure the effects of cash on transformative and anticipatory capacity over time. The proposed matrix of core indicators reflects this recommendation and can be found in Annex 2.

Develop and apply harmonised core indicators for each of the four resilience capacities

Following on from the previous recommendation, to avoid duplication and continuously designing indicators for each new programme, a list of core indicators should be selected from the indicators in Annex 2 and used in any baseline, programme monitoring, midline or endline survey. These should be considered minimum standards for measuring resilience in any cash-based intervention baseline, midline, endline or monitoring survey. Applied consistently, this list will yield comparable data across entire programme portfolios and regions across time, enabling a truly global analysis.

This recommendation refers to and is primarily relevant for programmatic M&E. The core indicators approach can be adapted to the needs of external, stand-alone evaluations, but this is not the primary objective of this recommendation. By adopting and consistently measuring harmonised indicators across time, CARE will be able to compile robust, longitudinal datasets which can complement but not replace external evaluations.

Furthermore, to maximise efficiency, these minimum requirements should measure indicators which cut across multiple resilience capacities. Recognising that the four tenets of CARE's understanding of resilience are not mutually exclusive, our analysis should not be either. See Annex 2 for the full list of core indicators, classified by sector of intervention and resilience capacity.

Develop and apply harmonised methodologies for baseline, midline, endline and post-distribution monitoring surveys

As with the previous recommendation on the adoption of core indicators, this recommendation applies primarily to M&E conducted over the programme cycle, recognising that external evaluations develop separate methodologies where needed. A consistent methodology applied from the outset of the programme will ensure that the core indicators are supported by a rigorous and harmonised methodology, yielding statistically significant, longitudinal data over the course of a programme.

That being said, current methods are statistically rigorous, but disparate. To complement the core indicators, develop a toolkit of standardised research methods which can be customised to any programme or geography. A range of methods and sampling strategies should be made available and no single method should require extensive investment of programmatic resources. Further, each methodology should be applied longitudinally over the course of the programme cycle to measure and monitor impact across time. See Annex 1 for a full technical recommendation, including sampling strategy, sample size calculation, etc.

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[17] CARE International (2017) *The impact of cash transfers on resilience: A multi-country study*.

Annex 1: Technical addendum

Summary

The following is a technical addendum to complement the recommendations outlined in this report. This annex outlines a suggested set of processes, tools and methodologies which attempt to harmonise similar but disparate approaches into an actionable toolkit of minimum standards. The annex is based on analyses of data, surveys and methodologies implemented in support of CTPs across CARE's programming in Ethiopia, Zimbabwe and Niger, and is supported by a core indicator matrix outlining indicators to be measured in future cash-based resilience-building interventions as well as a set of minimum standards which supports harmonisation of what is measured across time and across CARE's country programmes.

For each of the following processes – baseline surveys, post-distribution monitoring, midline and endline surveys – this document will outline the following:

- purpose and rationale

- harmonised methodologies

- core indicator matrix (Annex 2).

One should strive to enable consistent and standardised reporting and to bolster longer-term impact through effective programmatic learning. Though each of these (the sampling strategies and methodologies and the core indicator matrix) refer to different components of this study, they should not be understood or applied in isolation. For instance, the added value of consistency in sampling strategy and methodology is diminished where *what* we measure remains disparate and incomparable. Measuring the impact of cash transfers on *all* aspects of resilience is necessary, but the act is diminished if the programme does not design the transfer in such a way as to maximise that impact.

From a broader perspective, the modifications these recommendations propose are not confined to the programme cycle alone. Applications extend to external evaluations, complementing, triangulating and even supplementing stand-alone data collection where resources are limited. Here, the value of rigorous, longitudinal data from both the supply and the demand side – gathered over the programme cycle – is integral to meaningful generation of evidence and learning in the long run. The benefits of systematising and integrating data into cash and resilience programming in this manner are truly global and we need not wait years for these benefits to materialise. Though we do not expect full harmonisation of all the issues addressed in this study, even a modest effort towards consistency across country programmes can improve our understanding of how and where cash strengthens resilience.

Baseline, midline and endline surveys

Purpose and rationale

The baseline survey serves a three-fold purpose: a) to build an overview of a beneficiary population prior to or in the aftermath of a shock to inform general programme design; b) resources permitting, to inform the formulation of eligibility criteria, a key component of programme design; and c) to act as the registration form for new or future beneficiaries.

As the grid of indicators across the three country programmes demonstrates, baseline surveys are:

- often tailored to highly contextualised programmatic needs

- lengthy, exhaustive and span multiple sectors of analysis or intervention.

Together, these lead to disparate M&E systems across countries where a harmonised approach could accomplish more. Here, relevant, precise, time-bound measures of resilience are often lost, a trend compounded by the use of robust but incomparable methodologies, further fragmenting the way resilience is measured and monitored.

The following sub-sections attempt to address this by first outlining standardised methodologies which country programmes can use. This is then complemented by a proposed set of core indicators distilled from the three CARE programmes discussed in this report to yield data which is as comparable as possible.

Methodology

The overarching methodology for baseline assessments should be a household level survey conducted to the lowest administrative boundary feasible within the area(s) of intervention.

The sampling strategy will ensure that all data is statistically significant and representative of the sub-population(s) assisted, the target being a 95%/90% confidence interval (to be determined by available resources) and a 10% margin of error, based on the best estimate of the population residing across areas of intervention.

Sampling option one

The proposed sampling strategy is a stratified random sample across all areas of intervention, sampled to the

above cited levels of statistical significance at the lowest possible administrative boundary. Respondents should be randomly selected through randomised field walks (or pre-existing census data, if available) to ensure that each household has an equal chance of being selected. This is the minimum that is required to yield a representative sample of the surveyed population to enable robust, significant analysis.

Assuming 90%/10% stat. sig.[18] and an infinite population (>100,000) = 68 HHs[19]/administrative boundary.

Assuming 95%/10% stat. sig. and an infinite population (>100,000) = 96 HHs/administrative boundary.

Sampling option two

The second sampling approach is more complex and more appropriate for longer-term, well-resourced programming where time is not a constraint. As above, the option is a *statistically significant, stratified cluster sample, representative to one or more strata*: for example, a) the district level, and b) sex of head of household or elevation above sea level. The district strata can be chosen and sampled on the basis of official administrative boundaries, whilst the sample can be designed using, where available, official census/population data. Here, wards/community clusters are used as natural clusters of the surveyed statistical population, with simple random samples to be taken in each ward/community cluster.

The sample should be designed using the probability proportional to size (PPS) method, meaning that the size of a given cluster (or ward) is proportional to its probability of being selected. Larger clusters have a higher probability of being selected, and vice versa, in order to accurately reflect the geographic distribution of the statistical population. The number of surveys in each province/district/appropriate administrative boundary can, for instance, be capped at 380 (assuming stat. sig. of 95%/5%), whilst the number of clusters selected for surveying can be fixed at 38 (at 10 households per cluster, for example). To obtain the desired statistical significance, the number of surveys in each ward would also be fixed at 10, yielding a total of 380 surveys in each province or district.

The margin of error can be changed (upwards or downwards) to yield more realistic or appropriate sample sizes, based on the time and resources available. For example:

Assuming 95%/10% stat. sig. and an infinite population (>100,000) = 96 HHs/administrative boundary, appropriate for multiple mid-size areas of intervention.

Assuming 95%/5% stat. sig. and an infinite population (>100,000) = 380 HHs/administrative boundary, appropriate for a limited number of larger areas of intervention.

Customising and applying sampling strategies in the field

The ultimate objective is to gather longitudinal data and avoid duplication and 'siloisation' of datasets whenever a midline or endline survey is conducted. With that in mind, the following should be applied wherever possible.

1. Apply the sampling strategy consistently, across all survey types.

2. Where beneficiary respondents are highly mobile, constraining a longitudinal method, the programme should either seek respondents out or conduct surveys at the point of service. Where beneficiaries drop out, they should be substituted for other randomly selected beneficiaries, or a non-response rate recorded. This is particularly relevant for pastoral communities, for instance.

3. Wherever possible, retain the same survey tool, or the core indicators at the very least.

4. Use the baseline survey tool as a registration form; this will allow for sampling of beneficiary sub-populations at later stages and the compilation of longitudinal datasets. Representative samples can be taken from registered beneficiary populations, allowing for longitudinal analysis.

5. Wherever possible: survey non-beneficiary populations using the same sampling strategy at the same time as beneficiary populations OR conduct the survey using 'control groups' in areas where there was no intervention. Recognising that perfect control groups, with no exogenous treatment being conducted, are at best difficult, control for other interventions by compiling timely information on: a) other humanitarian interventions in the target area; and b) measuring rates of access to aid/assistance at the household level. Whatever the method, a degree of contamination is unavoidable.

Programme monitoring exercise

Purpose and rationale

The programme monitoring or post-distribution monitoring (PDM) survey is designed to determine the appropriateness and effectiveness of cash assistance, covering the selection process, the disbursement of cash, the usage and allocation of cash by beneficiaries, and any reported or measurable effects on household welfare and

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[18] Stat. sig. means 'statistically significant'.
[19] Households.

coping strategy use. It is statistically rigorous, but not as comprehensive as midline or endline surveys.

Methodology

The methodology used for the PDM should be a longitudinal, household level survey conducted at regular intervals for multi-month CTPs. The survey is brief and should be conducted two to three weeks after each cash disbursement. This timeframe is intended to be long enough to maximise the accuracy of respondent recall, as well as to allow enough time for cash assistance to have an effect on household economics.

Sampling

The sampling strategy will ensure that all data is statistically significant and representative of the sub-population(s) assisted, *the target being a 95% confidence interval and a 10% margin of error*, based on the size of the initial caseload of beneficiaries. The proposed sampling strategy is a stratified random sample across all targeting districts/appropriate administrative boundaries, meaning that a representative sample of beneficiaries within each district of intervention will be sampled.

Respondents should be randomly selected from pre-existing beneficiary lists to ensure that each beneficiary household has an equal chance of being selected; this can be done using computer-assisted random number generation, for example. This same sample of beneficiary households will then be surveyed on a longitudinal basis two to three weeks after each cash disbursement to enable an analysis of the effect of cash assistance across time. The baseline survey and registration form will be used as a counterfactual against which any impact is measured.

Risks and limitations

This section will address the risks and limitations of the PDM approach in general and the methodology outlined above in particular.

- **Representativeness:** regardless of whether findings are statistically significant or not, the findings will only be representative of and can be generalised only to the sub-population of beneficiaries.

- **Sampling:** even though sampling will be done at district level, findings should not be generalised to the population residing in that district or administrative boundary as a whole. Again, they will only be representative of the particular subset of beneficiaries which the CTP assists.

- **Sample size:** even with higher levels of statistical significance, sample sizes will be relatively small,

meaning that they will be prone to anomalous results (eg, the sample size for a caseload of 200 beneficiary households, assuming a 95/10, would be 66). This should be mitigated by the fact that surveys will be longitudinal, but the risk should be accounted for in any case.

Annex 2: Core indicator matrix

The core indicators are part and parcel of the methodological recommendations outlined in Annex 1. They offer a set of harmonised indicators designed to improve the manner in which CARE measures and understands the relationship between CTPs and the four tenets of resilience. The indicators should be construed as guiding principles, but their systematic use and adoption across time and across crises will ensure that our understanding of this complex and dynamic relationship evolves continuously.

The core indicators do three things: a) build on what has already been done and measured across the country programmes; b) address gaps and imbalances observed in the analysis; and c) encourage consistency in what is measured and broaden the scope of how we define and perceive the impact of cash on resilience. The matrix of core indicators can be found below.

Core indicator matrix

Sector of intervention	Indicator	Relationship to resilience	Notes and comments
Demographics	% of households (HHs) by sex, marital status of head of household	Multiple	Used to cross-tabulate findings against sector-specific indicators
Demographics	Age, education status of head of household	Multiple	Used to cross-tabulate findings against sector-specific indicators
Demographics	Total household size	Multiple	Used to cross-tabulate findings against sector-specific indicators
Demographics	% of individuals within household by sex and age	Multiple	Used to cross-tabulate findings against sector-specific indicators
Income, wealth and livelihoods	% of HHs by top 3 livelihoods/income sources	Absorptive/ Adaptive	Also provides % of HHs engaged in off-farm employment
Income, wealth and livelihoods	% of HH members employed (30 days)/HH employment rate, by sex and age of employed	Absorptive/ Adaptive	Measures child labour rates, female labour market participation
Income, wealth and livelihoods	% of HHs members of cooperatives, VSLAs	Adaptive/ Transformative	
Income, wealth and livelihoods	Total household income (30 days)	Absorptive	
Income, wealth and livelihoods	Total household debt	Absorptive	Total debt load, no recall period
Income, wealth and livelihoods	% of HHs in ownership of arable land, by land size	Adaptive	Wealth proxy
Income, wealth and livelihoods	Number of livestock owned, by type	Absorptive/ Adaptive	
Income, wealth and livelihoods	% of HHs reporting sales of (insert livestock) over last 30 days, by reason for sale	Absorptive	
Income, wealth and livelihoods	% of HHs by livelihoods-based coping strategy used (30 days)	Absorptive	No food-based coping strategies to be included
Food security	% of HHs by top 3 sources of food	Adaptive	
Food security	% of HHs by Food Consumption Score and category (7 days)	Absorptive	Cereals, pulses and nuts, meat/fish/poultry and eggs, milk and dairy, oils and fats, vegetables, fruits, sweets, spices and condiments
Food security	% of HHs by Dietary Diversity Score	Absorptive	
Food security	% of HHs by Coping Strategies Index score and category	Absorptive	
Infrastructure and services	% of HHs using extension, advisory services in livelihood management	Adaptive	
Infrastructure and services	% of HHs reportedly implementing (insert activity) as a result of extension advice	Adaptive	Adapt options to context and locally-available extension services

Sector of intervention	Indicator	Relationship to resilience	Notes and comments
Infrastructure and services	% of HHs accessing and using microfinance facilities	Adaptive	
Infrastructure and services	% of HHs with access to irrigation	Adaptive	
Access to information	% of HHs reporting presence of early warning system in locality/ community, by type of system	Anticipatory	
Access to information	% of HHs with access to climate information from local committees, organisations	Anticipatory	
Access to information	% of HHs which used weather/climate information to manage livelihoods, by change in management	Anticipatory/ Adaptive	
Local governance	% of HHs participating in local resource governance committees	Transformative	
Local governance	% of HHs knowledgeable about rules governing access to natural resources	Transformative	
Local governance	% of HHs which have participated in the development of local conventions, laws governing management of natural resources	Transformative	
Local governance	% of HHs engaged in community groups (civic or religious groups)	Transformative	

Notes on the sectors of intervention:

Income, wealth and livelihoods	Includes 30 day coping strategies
Food security	Includes 7 day coping strategies, Dietary Diversity Score
Infrastructure and services	Extension, irrigation
Access to information	Early warning, disaster risk reduction, climate info
Local governance	Resource management, conflict resolution