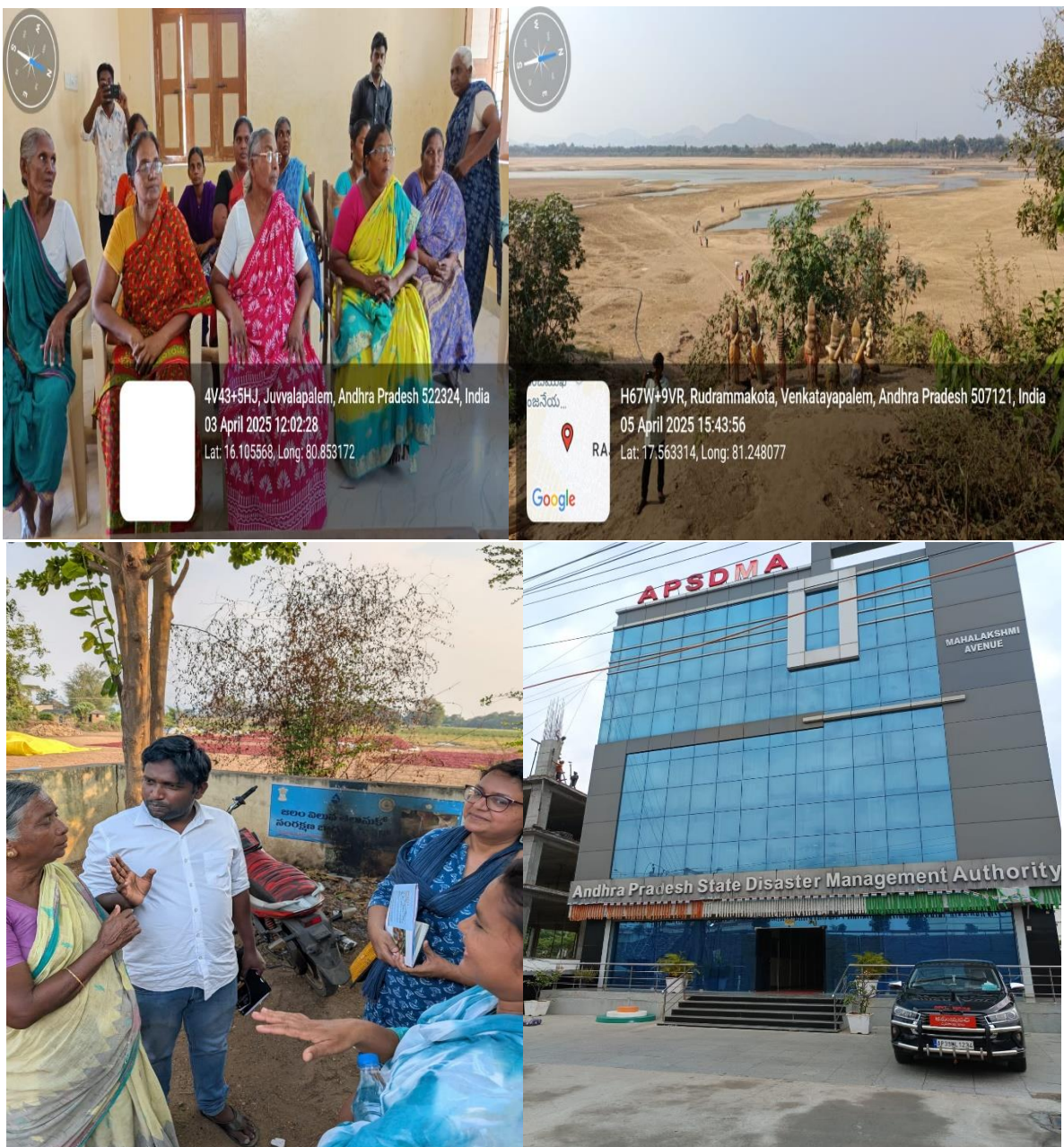


Towards Harmonizing Shock-Responsive Gender Transformative Humanitarian Cash Transfers (HCTs)-An Analytic Study

Summary Report



1. Context

Humanitarian Cash Transfers (HCTs) have emerged as a vital response tool in disaster and crisis contexts, enabling flexible, immediate relief with dignity and autonomy for affected populations. The devastating floods in Bapatla district, Andhra Pradesh, which displaced over 41,927 individuals across 27 island villages, highlighted the urgent need for effective, inclusive, and gender-sensitive humanitarian mechanisms. The emergency response led by DBRC, with support from START and Christian Aid (CA), not only delivered crucial cash assistance but also opened up valuable learning on the integration of social inclusion and gender-transformative approaches. However, despite the growing adoption of HCTs, there remains limited evidence on their responsiveness to the needs of women and marginalized communities. Decision-making remains heavily centralized among international actors, often excluding local stakeholders and affected communities—particularly Dalits, Adivasis, and women-headed households—from influencing the design, implementation, and monitoring of such programs.

2. Objectives, Scope & Methodology

This study was undertaken to examine whether and how HCTs implemented in Andhra Pradesh have been gender-responsive and locally led, with an emphasis on understanding the barriers faced by women and socially excluded groups. Anchored in the context of the Start Fund intervention, the study aimed to identify learning gaps, assess impacts, document community perspectives, and draw on global best practices to inform a more inclusive humanitarian cash transfer framework.

The methodology combined desk-based literature reviews with extensive field research, including survey of 400 households across the districts of Bapatla, Elluru, NTR Vijaywada and Vizianagaram, focus group discussions (FGDs), key informant interviews (KIIs), and consultations with women's collectives, panchayats, CSOs, and implementing partners. The findings offer critical insights for policy and practice, culminating in a proposed action framework for state and national advocacy on gender and social inclusion in HCTs.

3. Prioritise gender needs

The report offers a detailed overview of the socio-economic relationships in Andhra Pradesh and how this impacts HCTs. However, the key lesson is that while women may be gaining greater control over household cash, this does not necessarily ensure that their own priority needs—especially those related to care, health, and safety—are being met. These insights highlight the importance of linking humanitarian cash not only to access, but also to women's voice and agency in shaping spending decisions, particularly in contexts where gender norms influence intra-household prioritization.

4. Increase the role of local actors

The report gives a detailed view of different roles local actors should play in HCTs. However, a key finding is that perceptions of CSO involvement in making Humanitarian Cash Transfers (HCTs) more inclusive were found to be strong predictors of program satisfaction. Respondents who agreed that CSO engagement enhanced inclusivity rated their satisfaction 2.08 points higher, while those who strongly agreed rated it 2.56 points higher, compared to those who disagreed. Inclusiveness and joint ownership are not peripheral to aid effectiveness—they are central to it.

The humanitarian cash transfer response in Andhra Pradesh showed early signs of women's agency in expenditure decisions but lacked gender-responsive design and inclusive targeting. Most recipients were women-headed households from Scheduled Castes and Tribes, with limited land ownership, precarious livelihoods, and low access to crop insurance or social protection. Transfers varied in value and timeliness, with little clarity or follow-up, and were rarely spent on health, nutrition, or income generation. Local leaders were involved in distribution but not in planning or accountability, and community institutions remained largely excluded. Evidence from preparedness training and community-led interventions indicates that local leadership and gender-responsive approaches can strengthen cash systems.

5. The way forward

i. Institutional Strengthening and Localisation

- a. Need to have a differentiated vulnerability assessment (as part of disaster preparedness)—leverage tools developed by START/IHH members and partnership models with government, using data on vulnerable households identified under various programmes.
- b. Future programming should aim for greater convergence across implementing actors by harmonising principles and processes of cash transfer delivery. This includes setting minimum transfer thresholds and using SDRF/NDRF standards as a baseline for eligibility and assistance, while ensuring contextual adaptation. The study team estimates that an amount of INR 10,480 /- may serve as a floor for future HCTs. There is also a need to build awareness among local officials about existing norms to ensure households receive their entitlements.
- c. To shift toward HCTs with active engagement of local actors, the role of CSOs must be institutionalized through:
 - ✚ Representation in coordination platforms at district/state levels;
 - ✚ Inclusion in beneficiary identification;
 - ✚ Support for CSO-led grievance redress and feedback systems;
 - ✚ Direct and flexible funding mechanisms.
 - ✚ Embedding these through pre-approved mandates and SOPs can transform HCTs into structured, scalable, and equitable public services.

- d. Globally, locally led HCTs are being reimagined. In Andhra Pradesh too, the study calls for rethinking not just the speed of aid but its ability to respond to layered vulnerabilities. Localisation must go beyond funding—it must transfer decision-making power to women, frontline workers, and collectives, and include support mechanisms like grievance redress, financial literacy, and safe spaces.

ii. Gender-Responsive Program Design

- a. The HCT rollout in Andhra Pradesh demonstrated strong state machinery, high levels of recipient satisfaction, and emerging signs of women's agency in expenditure decisions. However, it stopped short of being gender transformative due to the absence of targeted inclusion criteria, limited role of community actors, and fragmented transfer values.
- b. Key elements that showed promise—like high female participation in spending decisions and prioritisation of food/health—need to be built into future designs more intentionally. HCTs should be seen not only as financial transfers but as a platform to empower women, amplify community voices, and build resilience through inclusive systems.
- c. Program design must integrate gender-sensitive support services—credit access, seed capital for women's enterprises, livelihood restoration schemes—that complement cash support for more sustainable recovery.
- d. Programs must go beyond assuming household-level benefit and instead ensure that cash reaches women directly, through individual targeting, naming them as recipients, and enabling community-led verification processes that can surface invisible households.
- e. While digital delivery works well, future designs should factor in differential recovery timelines for women and marginalised groups by planning for multiple tranches or phased support.

iii. Accountability, Equity, and Systems for Inclusion

- a. Grievance redressal mechanisms must be efficient. Help desks could be arranged by Gram Panchayats involving community members/volunteers within affected areas to offer quick support and resolution.
- b. Programme design must go further—to incorporate gender-sensitive monitoring, grievance redressal mechanisms, and community-level dialogue on norms governing control of resources.
- c. Strengthening grievance redressal mechanisms, improving financial literacy, and ensuring accountability in rural banking operations must be prioritised to protect the inclusiveness and integrity of financial inclusion efforts.
- d. To avoid deepening inequalities, convergence across actors is essential. This includes prioritising the most vulnerable women—such as single women, elderly, SC/ST households, and persons with disabilities—in disbursement protocols and programme planning.