



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

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CashForChange - Policy Pathways



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Regards,

CA/DBRC Team

Key Message

This report provides good evidence for the need to localise cash assistance, and for the positive role local actors can play within a government led systematic approach to Humanitarian Cash Transfers (HCT). As the report states “inclusiveness and joint ownership are not peripheral to aid effectiveness—they are central to it.” Regarding gender the report also adds to the debate by challenging us that inclusion and targeting is not enough. “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.”

The report also helps us discuss in more nuance the line between harmonising assistance and vulnerability based designs. Without clear communication different transfer values can cause confusion in the community. The “sweet spot” of a higher transfer value, which is also elaborated, is good evidence to show the need to move to recovery as well as relief, although consideration will need to be given to how this value is benchmarked and updated, if it is to be systematically updated.

There are also aspects of the report that highlight challenges in the response, for example while mobile phone coverage and bank account coverage are high “beneath this broad-based access lies a web of administrative and digital hurdles.” Also, the marginally slower performance of HCTs compared to in-kind in this specific case. However, the purpose to this learning was to dive deeper into the gender localisation aspects of the response and how these impacted communities views on the assistance, rather than an evaluation of the project. To that end, it has shown that we can aim higher in our ambitions for gender transformation and localisation.

Matthew Tebbutt

Executive Summary

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.

Objectives, Scope & Methodology

This study was undertaken to examine whether and how HCTs implemented in Andhra Pradesh have been gender-responsive and localised, 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.

Vulnerability pattern

Across NTR Vijayawada, Guntur, Elluru, and Vizianagaram, findings from 400 households receiving humanitarian cash assistance show that 67% were headed by women, with over 83% belonging to Scheduled Castes or Tribes. Among these, more than 55% of household heads had never attended school, while only 1.5% had completed higher education, severely limiting their ability to access public services or navigate entitlements. Livelihoods were predominantly unstable, with 72.5% dependent on agricultural wage labour and only 3% in salaried employment; additionally, over 84% of households reported no land ownership. Children's education was also affected: only 44% of households had children regularly attending school, while 18% cited child labour and migration as key reasons for irregular or no attendance. Just 13.5% of households reported having crop insurance, leaving nearly nine in ten fully exposed to climate risks and pushing them into a cycle where one shock could result in long-term distress.

In the disaster-affected districts of Andhra Pradesh, recent shocks have left a profound impact on both life and livelihood, particularly among women-headed and vulnerable households. Nearly 1 in 7 families

reported the death of a loved one, while over one-third experienced injury or illness due to disaster events. The scale of material losses is striking—91% of households suffered damage to their homes, 67% lost their primary source of income, and an additional 30% experienced significant income reductions. These figures underscore not just loss, but the fragility of pre-existing conditions. Education disruptions were widespread, with two-thirds of families reporting interrupted schooling for children and 2.5% confirming permanent dropout—a risk with long-term gendered implications, especially for girls vulnerable to early marriage or labour. Furthermore, 97% of families had to temporarily or permanently relocate, which severed social safety nets and rendered many more vulnerable to financial exclusion, mental health stress, and gender-based violence. While humanitarian cash transfers (HCTs) hold potential, if routed without gender-sensitive mechanisms, they may reinforce rather than reduce inequality—especially where women’s labour force participation lags at 41% compared to 75% for men, and existing norms disempower women from controlling household finances.

The study’s insights into financial and social protection access reveal both progress and persistent gaps. While 93% of surveyed households own mobile phones and 97% have at least one bank account, 19% of account holders reported facing frozen accounts—barriers that disproportionately affect the poor and digitally excluded. Despite this, 63% of households reported enrolment in at least one government scheme. Encouragingly, 48.6% of women said they alone decide how Direct Benefit Transfers (DBTs) are used—signalling a rise in female financial agency. However, 36.6% of decisions are made by spouses, and only 7.2% reflect joint decision-making, indicating entrenched gender norms that curtail women’s control over household finances. Alarming, 47% of families faced food shortages in the past three months, despite formal linkages to financial systems and social protection, suggesting that coverage is not translating into resilience. These findings point to an urgent need for anticipatory, gender-transformative approaches to relief and recovery—where HCTs are embedded in inclusive design, behavioural change communication, and local participation to ensure dignity, equity, and lasting impact.

HCTs: State, Local & Women’s Participation

Community awareness of humanitarian cash transfers (HCTs) in the wake of disasters was relatively high, with over 75% of surveyed households aware of these initiatives. Among recipients, 68.5% reported receiving cash through government channels, and 26.5% through NGOs. While 87% of households considered the cash support helpful in meeting essential needs, only 38.25% felt it adequately covered all expenses. Use of the cash ranged from food and water (89.75%) to temporary shelter (20.5%), transportation (12.75%), and health (13.25%), underscoring the multidimensional vulnerability households faced post-displacement. Importantly, 67.25% of recipients confirmed that the cash assistance reached the women in their households, signalling a potentially positive impact on women’s financial agency during crisis recovery.

Community leadership played a critical role in the implementation of HCTs, with 73.75% of respondents acknowledging the involvement of local leaders. These actors contributed notably to identifying eligible households (61.75%) and facilitating distribution (59.75%), and also engaged in camp management support (30.75%). Participation was even higher among vulnerable and disaster-displaced households, indicating a responsive alignment of local leadership with need. However, despite their operational contributions, local actors often lacked formal authority and resources to shape the design and delivery mechanisms of aid. This points to a missed opportunity to strengthen localisation by enabling community-based institutions to co-lead planning and upstream coordination processes in humanitarian response systems.

Adequacy of HCTs and Turnaround time (TAT)

The study reveals significant variation in the amount of humanitarian cash transfers (HCTs) received by disaster-affected households, with amounts ranging from INR 1,000 to INR 10,000. This variation—across districts and implementing agencies—created confusion and perceptions of inequity, especially in the absence of clear communication regarding the rationale behind the differences. While uniform transfer amounts were applied by some CSOs based on mapped vulnerabilities, state and philanthropic contributions often lacked alignment, leading to a fragmented experience for recipients. The lack of differentiated support for households with higher needs—such as those with infants or disabled members—further highlighted the need for consistent, transparent design in cash assistance programs.

Findings from the Joshimath response and recent Andhra Pradesh floods point to INR 8,000–10,000 as a potentially adequate range for emergency cash support when linked to vendor networks and accompanied by basic guidance. Further reinforcing this, a NDMA-UNICEF study (2024) on women’s assistance, social protection and leveraging the SDRF/NDRF assistance norms had suggested that INR 10,480 could serve as a benchmark for linking cash support with special provisions for women and vulnerable groups, especially when tied to social protection schemes. Taken together, these figures—INR 8,000 (Joshimath NGO model), INR 10,480 (NDMA study), and INR 10,000 (state flood response)—highlight a potential “sweet spot” for cash-based interventions. This range appears sufficient to meet immediate household needs while allowing for flexibility, and aligns with both community realities and policy frameworks.

However, timing remains critical: only 9.5% of surveyed households received support within 24 hours, and one-third waited over a week. Despite digital platforms enabling high coverage and ease of disbursement, most households received only a single tranche, with no follow-up support aligned to ongoing needs. This gap disproportionately affected women-headed households and informal women workers. Moreover, procedural delays, lack of access to identification, and limited availability of health services in the immediate aftermath reduced the utility of transfers and underscore the need to integrate flexible, inclusive, and timely cash protocols within disaster response systems.

Prioritising gender needs

Women’s participation in community groups is high, with 73% of women reporting membership in self-help groups or women’s collectives, yet only 36% felt this membership helped them access relief, training, or leadership opportunities. About 58% of women reported some control over humanitarian cash transfers, while 37% asserted full control, but spending on women’s specific needs such as maternity care and nutrition remained low. Around 77% of households prioritized food in their cash spending, with only 9% investing in income-generating activities. Women’s leadership and communication training reached just 22% of respondents, but 78% of those trained used these skills effectively during disaster response.

Only 23% of households reported spending on healthcare needs, including sanitary products, while just 5% allocated funds for pregnancy-related nutrition. The findings highlight that cash transfers primarily address immediate needs, but structural barriers—such as limited access to financial services and economic opportunities—persist. Gender-responsive disaster preparedness requires combining cash assistance with capacity-building to strengthen women’s agency and decision-making power. Without targeted design and integration, cash programs risk reinforcing existing inequalities rather than

advancing women's empowerment. These insights point to the need for policies linking humanitarian relief with gender-transformative approaches.

Potential impact pathways

Pathway 1 – Training the women: In cyclone-prone Andhra Pradesh, 22.5% of women beneficiaries received disaster preparedness training, which significantly boosted their agency. Among the trained women, 69% reported improved ability to advocate for women's needs in relief distribution, 61% felt more confident speaking in village meetings, and 47% pushed for safer shelter conditions. Regression analysis showed that receiving training had a highly significant positive effect (coefficient 0.7878, $p < 0.001$) on women's decision-making power, more than factors like education or age. Additionally, households where cash transfers prioritized women's needs correlated with higher agency (coefficient 0.1189, $p = 0.001$). This highlights that training, combined with gender-responsive financial support, transforms women from aid recipients to active leaders in disaster response.

Pathway 2 – CSO-Government Partnerships: Meaningful partnerships between Civil Society Organizations (CSOs) and government agencies greatly enhance the effectiveness and trustworthiness of Humanitarian Cash Transfers (HCTs). Beneficiaries who agreed that CSO involvement improved inclusivity reported satisfaction scores 2.08 to 2.56 points higher ($p < 0.001$). Unlike SHG membership, which showed no significant impact, community leader engagement also positively influenced satisfaction ($\beta = 0.30$, $p = 0.001$). The partnership model, exemplified by EFICOR's coordinated flood response, improved targeting accuracy, reduced duplication, and fostered accountability. The regression model explained 44.6% of the variation in satisfaction ($R^2 = 0.446$), demonstrating that CSO-government collaboration is essential for building inclusive, scalable, and trusted disaster response systems.

Conclusions

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.

Recommendations

The Andhra Pradesh HCT experience reveals significant potential for strengthening humanitarian cash transfers through more localised and gender-responsive approaches. Future programming should begin with differentiated vulnerability assessments—leveraging tools developed by START/IHH members—and improve convergence across implementing actors by harmonising cash delivery principles, aligning with SDRF/NDRF norms, and setting INR 10,480 as a minimum transfer floor. Strengthening institutional mechanisms includes building awareness among local officials, and embedding the role of civil society organisations (CSOs) in planning, identification, grievance redress, and feedback systems through flexible, pre-approved structures. Future programmes must ensure that cash reaches women directly,

incorporating gender-sensitive support services such as credit, enterprise support, and livelihood restoration, and designing phased transfers that account for varied recovery timelines. Embedding help desks at the Gram Panchayat level, strengthening grievance mechanisms, and promoting financial literacy will enhance accountability and inclusion. To avoid reinforcing inequities, programme design must prioritise the most vulnerable—single women, elderly, SC/ST households, and persons with disabilities—through inclusive disbursement protocols and stronger convergence. With these shifts, HCTs can become a more effective platform for addressing layered vulnerabilities and setting the foundations for a faster bounce-back of the disaster affected families in the recovery stage.

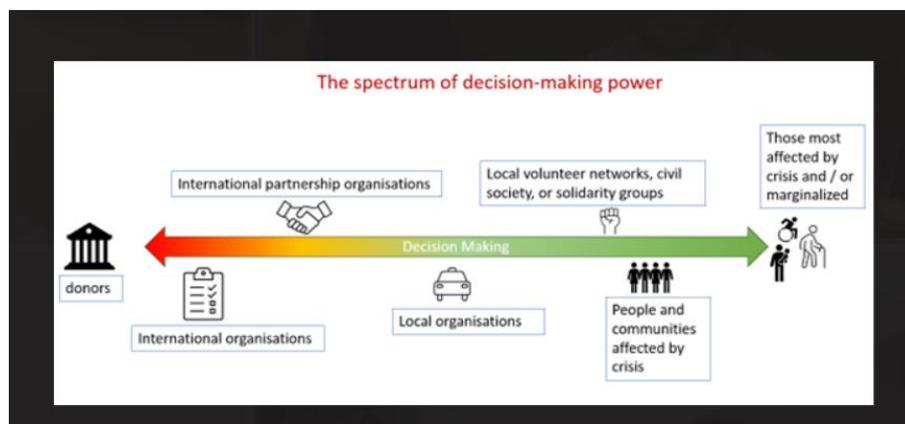
PART A – INTRODUCTION

1. Context

Humanitarian Cash Transfers (HCTs) have emerged as a critical response mechanism in crisis situations, offering affected communities immediate relief with flexibility and dignity. Recent disasters, such as the floods in Bapatla district, Andhra Pradesh, have underscored the urgency of effective and inclusive cash-based interventions. The deluge left 27 island villages submerged, with over 41,927 individuals displaced across 176 relief shelters. Vulnerable groups, particularly Dalits, Adivasis, and women-headed households, bore the brunt of the crisis. In response, DBRC, supported by START and CA, implemented an emergency cash assistance program. This intervention not only provided immediate relief but also generated valuable insights into how humanitarian response mechanisms can integrate social inclusion and gender-transformative approaches.

Despite the increasing recognition of HCTs, there remains a significant gap in evidence regarding their gender responsiveness and local leadership. Existing studies indicate a lack of sex- and age-disaggregated data, making it difficult to assess whether these interventions effectively address the specific needs of women and marginalized communities. The limited role of local organizations in decision-making further hampers the potential of HCTs to be truly context-specific and empowering.

Understanding the decision-making power along the spectrum of stakeholders is crucial for designing effective, localized, and gender-responsive HCTs. The decision-making process in HCT design, implementation, and monitoring often rests disproportionately with donors, international organizations, and large NGOs, sidelining local actors and affected communities.



The diagram above illustrates this spectrum, with power progressively shifting from international donors and agencies to local civil society groups and ultimately to those most affected by crises. The degree to which decision-making is localized has significant implications for the effectiveness, efficiency, and inclusiveness of cash transfer programs.

2. The Present Study – Objectives, Scope & Methodology

This study aimed to investigate the extent to which HCTs in Andhra Pradesh have been locally led and gender-responsive, drawing lessons for future interventions. The study built upon insights from the Start Fund project, examining barriers faced by women and socially excluded groups in accessing and benefiting from cash transfers. The inquiry was focused on the inclusion of marginalized communities in decision-making, the impact of existing gender norms on cash transfer implementation, and the effectiveness of social inclusion strategies in humanitarian response.

The major objectives of the study included Identify key learning gaps in gender and social inclusion in locally led HCTs.

- i. Assess the impact of locally led cash transfers on women, marginalized groups, and socially excluded communities.
- ii. Review global and regional best practices on gender-transformative HCTs.
- iii. Engage with local stakeholders (women’s collectives, panchayats, CSOs, IHH members) to document community insights.
- iv. Develop policy recommendations for integrating gender and social inclusion into shock-responsive HCT frameworks.
- v. Produce an action framework for state and national-level advocacy.

The study aimed to thus generate critical insights into gender and social inclusion in locally led humanitarian cash transfers (HCTs), identifying learning gaps and assessing their impact on marginalized communities. By examining past interventions, the study evaluated whether HCTs have effectively addressed the needs of women, Dalits, Adivasis, and other socially excluded groups. The research included an evidence-based review of global and regional best practices on shock-responsive and gender-transformative HCTs. A strong engagement component ensured that community voices, including women’s collectives, panchayats, civil society organizations (CSOs), and implementing partners have been documented and analysed. Ultimately, the study hopes to inform policy recommendations and contours of an action framework to strengthen gender and social inclusion in humanitarian cash programming at the state and national levels.

A comprehensive approach, combining literature review, field research, and stakeholder engagement, was used to examine gender-sensitive cash transfer programming. The study began with an extensive desk review of existing literature on gender and HCTs, analysing global and regional case studies that highlighted effective shock-responsive, gender-inclusive cash interventions. Past START Fund responses and other humanitarian cash-based interventions were also reviewed. Tool development and training for field volunteers ensured that data collection is robust and captures key dimensions of gender and inclusion.

Engaging directly with affected communities and stakeholders was central to the study’s methodology. Key informant interviews (KIIs) and focus group discussions (FGDs) were conducted with local panchayats, women’s collectives, CSOs, and government representatives to gain a nuanced understanding of challenges, opportunities, and best practices. Insights from these engagements were synthesized to identify patterns in access, decision-making, and the overall effectiveness of HCTs in addressing gender and social inclusion concerns.

This research contributes to bridging the evidence gap on gender-responsive and locally led HCTs, offering practical recommendations for future humanitarian interventions. Findings from the research have analysed to develop an actionable framework for advocacy, policy, and improved program design. The study assesses institutional approaches to gender-responsive HCTs, identifying good practices and systemic challenges.

A potential Phase 2 of the START Learning Grant is expected to focus on dissemination, including stakeholder workshops and advocacy engagements at state and national levels, ensuring that findings contribute to policy reforms and more inclusive humanitarian cash transfer mechanisms.

3. Towards Locally Led and Gender Transformative HCTs in India : Brief Literature Review

The increasing frequency and intensity of natural disasters and crises in India demand a shift from conventional, institutionally driven cash transfer mechanisms to more responsive, locally led humanitarian cash transfer (HCT) models. Humanitarian Cash Transfers (HCTs) have gained prominence as a preferred modality for humanitarian aid due to their flexibility, efficiency, and potential to enhance dignity and autonomy among affected populations. However, the extent to which HCTs are locally led and gender-transformative remains contingent upon various institutional, structural, and contextual factors. While enablers such as decentralized decision-making, gender-responsive targeting, and financial inclusion strengthen HCT effectiveness, challenges like bureaucratic hurdles, social norms, and power asymmetries hinder their impact. This review synthesizes global evidence on enablers and restraining factors, emphasizing the interconnectedness of institutional frameworks, financial mechanisms, and gendered social structures in shaping the success of HCTs.

i. Limitations of Direct Benefit Transfers (DBTs) in Community-Based Crisis Response

India's humanitarian response framework has traditionally relied on state-led, centralized mechanisms, such as the Direct Benefit Transfer (DBT) system. DBTs are effective in reaching individuals quickly but have limitations in disaster response contexts, where vulnerabilities often affect entire communities rather than just individuals or households. However, DBTs' rigid eligibility criteria may miss broader community needs, impacting the overall effectiveness in crisis situations.

Current humanitarian response models in India heavily rely on state-led DBTs. However, this approach can lack flexibility and sensitivity to localized needs, potentially leading to exclusion errors and slower recovery times. Despite the proximity of local actors, they are often relegated to roles as last-mile delivery agents rather than being empowered as decision-makers in the design and execution of HCTs (Sengupta, 2020). This study hypothesizes that locally led responses could not only improve targeting accuracy but also accelerate recovery and strengthen community resilience in ways that DBTs alone may not achieve.

DBTs have proven effective in providing rapid, direct cash assistance to millions of individuals by transferring funds to beneficiaries' bank accounts, minimizing corruption, and ensuring the timely delivery of funds (Khera, 2018; Drèze & Khera, 2017). However, while DBTs have streamlined efficiency, they are often structured around rigid eligibility criteria that primarily assess vulnerability at the individual or household level. This limited scope can overlook crucial community-level factors that influence vulnerability, resilience, and post-crisis recovery potential in disaster scenarios. As a result, DBTs may inadequately address the broader, complex needs of communities affected by crises, such as natural disasters or pandemics, potentially resulting in exclusion errors and slower recovery outcomes (Narayanan, 2018).¹

ii. Benefits of Community-Led Responses in Enhancing Humanitarian Outcomes

Evidence from international studies in Indonesia, Nepal, and the Philippines support the case for community-led humanitarian responses. These studies show that when communities lead, assistance is more effectively targeted, recovery times improve, and resilience is enhanced. There is a comparative

¹ Narayanan, Sudha. "India's Welfare Architecture and the Role of Direct Benefit Transfers." *India Review* 17, no. 1 (2018): 1-22.

foundation for analysing the potential advantages of localizing humanitarian cash transfers (HCTs) in India.

Select evidence of effectiveness and efficiency of locally led responses in humanitarian cash transfers (HCTs).

Study	Findings	Source
Philippines Typhoon Haiyan (2013)	Locally led cash transfers reduced response time by 30%, enabling faster fund access. Targeting accuracy improved with only 2% leakage vs. 6-10% in centralized transfers. Faster income recovery within six months (vs. nine months in centralized areas).	Harvey, P., & Bailey, S. (2015)
Nepal Earthquake (2015)	25% lower exclusion errors in locally led HCTs. 20% higher beneficiary satisfaction due to better adaptation to local needs. 15% higher asset recovery rate, aiding faster livelihood restoration.	Oxfam. (2016) ²
Ethiopia Drought (2016)	40% reduction in administrative costs in localized HCTs. 60% less leakage due to community accountability. 35% higher food security in initial three months with locally managed transfers.	Carroll, B., & Savard, R. (2019). Mercy Corps. ³
Nigeria Conflict (2018)	Locally led HCTs reached twice as many vulnerable populations vs. external programs. 35% fewer exclusion errors and 50% faster distribution. Enhanced economic recovery with quicker local trader integration.	CARE International. (2018).
Kenya Floods (2019)	20% reduction in food insecurity with locally managed HCTs. 15% lower administrative overhead and faster fund distribution within 72 hours post-assessment.	IFRC (2020) ⁴

The rigidity of DBT eligibility criteria can also reduce responsiveness in crisis contexts, where vulnerabilities shift dynamically due to factors like displacement, health shocks, and loss of livelihoods. The absence of community-centred vulnerability assessments compounds the problems in DBTs. DBT's individual-centred criteria may overlook collective vulnerabilities, such as those caused by systemic issues within a community—poor water and sanitation infrastructure, lack of healthcare facilities, or geographic exposure to environmental hazards (Kapur, 2022).

² Oxfam. Evaluation of Cash Transfer Programming in the 2015 Nepal Earthquake Response. Oxfam, 2016.

³ Carroll, B., & Savard, R. (2019). Beyond the Last Mile: How Local Actors Strengthen Humanitarian Cash Transfers. Mercy Corps. Retrieved from https://mercycorps.org/sites/default/files/2020-08/Beyond_Last_Mile.pdf

⁴ International Federation of Red Cross and Red Crescent Societies (IFRC). Kenya Flood Response: Evaluating the Impact of Locally Led Cash Transfers. IFRC, 2020.

Research on community-led disaster responses globally underscores the importance of adaptive mechanisms that engage local actors and leverage community-specific knowledge for faster, context-sensitive assistance. Studies from Indonesia, Nepal, and the Philippines indicate that when communities are empowered to lead humanitarian cash transfers (HCTs), they can target assistance more accurately and equitably, ultimately enhancing recovery times and reducing aid dependency (Harvey & Bailey, 2015; Oxfam, 2020). These findings suggest that a more localized approach could enhance targeting precision and foster stronger, more resilient communities in India as well.

iii. Challenges Faced by Local Actors as Last-Mile Agents in HCTs

There is a need to acknowledge the roles of local actors in India, such as CSOs, NGOs, and community groups, who are often relegated to last-mile delivery agents. This assumed role of local actors by the international aid community (either directly providing support or in partnership with the national governments), wherein the local actors despite having extensive local insights and community trust, are largely unable to influence program design or respond dynamically, thereby reducing the overall efficacy of HCTs.

In India, local actors such as civil society organizations (CSOs), non-governmental organizations (NGOs), and community groups are uniquely positioned to fill this gap due to their deep local insights and relational networks (Singh & Kumar, 2021). However, despite their potential, these actors are often limited to roles as last-mile delivery agents under top-down HCT models. This operational structure restricts their ability to influence program design, reduce exclusion errors, and respond dynamically to localized needs. Studies highlight that when local actors play a leading role, humanitarian responses can be more flexible and adaptive, as these actors understand the nuances of local vulnerabilities, resource constraints, and community capacities (Barbelet, 2020). Yet, in India, local actors frequently face challenges such as inadequate funding, limited decision-making authority, and bureaucratic hurdles, which hinder their ability to lead in HCT planning and implementation (Carroll & Savard, 2019; CARE India, 2021).

iv. Enablers of engagement of local actors and gender-transformative HCTs

Strong local institutions and community-based organizations (CBOs) play a pivotal role in enabling engagement of local actors in the design and implementation of HCTs. Barbelet (2020) highlights that self-reliance among local actors enhances their ability to design and implement effective cash transfer programs, reducing dependency on international organizations. Similarly, Carroll & Savard (2019) illustrate how local humanitarian actors in Nigeria played an essential role in contextualizing cash programs, thereby improving their overall effectiveness. Similarly, the Grand Bargain initiative promotes localization of humanitarian aid, emphasizing the role of local actors in decision-making (Agenda for Humanity, 2021). A study in Ethiopia showed that community-driven cash transfer programs had better targeting efficiency and social acceptance (Abebe et al., 2020). By strengthening local decision-making structures, HCTs can align better with community needs and priorities. Furthermore, recent studies emphasize that integrating local actors into decision-making fosters sustainability and resilience in cash transfer programs (Patel & Gupta, 2022).⁵

⁵ Patel, R., & Gupta, S. (2022). "Empowering local actors in cash transfer programs: A review of global best practices." *Journal of Humanitarian Studies* 14(1): 112-128.

Gender-sensitive program design ensures that HCTs address power imbalances and social vulnerabilities, making them more equitable and impactful. CARE International (2018) ⁶documented how the inclusion of women's groups in decision-making in Borno State, Nigeria, significantly improved cash transfer outcomes. Likewise, IFRC (2020) found that involving women in planning processes in Kenya led to better household economic outcomes and improved gender relations. These examples underscore the importance of embedding gender considerations into the very fabric of cash transfer programming. In Bangladesh, HCTs targeted at women increased their bargaining power within households and improved child nutrition outcomes (Ahmed et al., 2019).⁷ The use of unconditional cash transfers in Colombia reduced gender-based violence and improved women's financial autonomy (Buller et al., 2021).⁸ Additional research by Khan & Roy (2021) further confirms that participatory gender-sensitive targeting enhances program effectiveness and promotes long-term economic empowerment among women beneficiaries.

The adaptability of cash transfer mechanisms enhances their effectiveness in diverse humanitarian contexts. Harvey & Bailey (2015)⁹ argue that flexibility in transfer amounts, frequency, and duration is essential for addressing varied needs across different demographic groups. Jha, Bhattacharya, & Sharma (2020)¹⁰ further demonstrate how India's Direct Benefit Transfer (DBT) system facilitated gender-sensitive social inclusion through adaptable disbursement mechanisms. Patel & Gupta (2022) also highlight that demand-driven cash transfers, where beneficiaries can modify payment cycles based on needs, significantly improve financial stability and well-being in crisis-affected areas.

Predictability and timely disbursement of cash transfers significantly improve their effectiveness, especially in emergency settings. Oxfam (2016) found that during the Nepal earthquake response, well-timed HCTs strengthened household resilience, particularly among women-led households. Conversely, Joshi & Aiyar (2020)¹¹ highlight how delays in financial inclusion mechanisms disproportionately affect women due to existing gendered financial barriers. By ensuring that transfers reach beneficiaries promptly, programs can maximize their impact on household stability and well-being. Furthermore, a report by UN Women (2023) underscores that reliable and predictable cash transfers improve financial planning among women-headed households, reducing economic vulnerability.

Access to financial services and digital literacy play a crucial role in facilitating HCTs. Narayanan (2018) discusses how India's welfare architecture, particularly the DBT system, was made more effective through Aadhaar-linked bank accounts. However, Sengupta (2020)¹² warns that inadequate digital infrastructure in rural areas limits the accessibility of HCTs, disproportionately affecting marginalized

⁶ CARE International. (2018). Humanitarian Cash Transfers in Conflict Zones: Lessons from Borno State, Nigeria. Retrieved from <https://careinternational.org>

⁷ Ahmed, A. U., et al. (2019). "Can unconditional cash transfers empower women? Evidence from Bangladesh." *World Development* 122: 65-80.

⁸ Buller, A. M., et al. (2021). "Cash transfers, financial inclusion, and gender-based violence: Evidence from Colombia." *Social Science & Medicine* 278: 113938.

⁹ Harvey, Paul, and Sarah Bailey. Cash Transfer Programming in Emergencies. Humanitarian Practice Network, 2015.

¹⁰ Jha, Shikha, Manisha Bhattacharya, and Nidhi Sharma. "Direct Benefit Transfer and Social Inclusion: Lessons from India." *Journal of Development Studies* 56, no. 10 (2020): 1877-1892.

¹¹ Joshi, S., & Aiyar, Y. (2020). India's Financial Inclusion Drive: Implications for Vulnerable Populations. *Economic and Political Weekly*, 55(18), 31-40. Retrieved from <https://www.epw.in/journal/2020/18>;

¹² Sengupta, Mitu. "Empowering Communities or Marginalizing CSOs? The Role of Local Actors in India's Humanitarian Response." *Journal of Asian and African Studies* 55, no. 6 (2020): 898-915.

women. Expanding financial inclusion alongside cash transfers can thus bridge access gaps and improve program reach. Recent findings from the World Bank (2022)¹³ suggest that integrating financial literacy training with digital cash transfers enhances economic decision-making among female beneficiaries, thereby reinforcing program sustainability.

It may also be noted that DBT's reliance on digital banking and technology infrastructure can create exclusion risks for marginalized populations who may lack digital literacy or access to banking. While the DBT infrastructure aligns well with India's emphasis on digital financial inclusion, its dependency on bank access and digital literacy may inadvertently exclude marginalized populations, including the elderly, disabled, and those without reliable internet or smartphone access (Joshi & Aiyar, 2020). Local actors, with their proximity and trust within communities, can mitigate these exclusion risks by offering alternative delivery mechanisms, assisting beneficiaries with digital literacy, and addressing logistical issues in hard-to-reach areas (Barbelet, 2020).

v. Restraining Factors in for engaging local actors and for Gender-Transformative HCTs

Despite the potential for local leadership, resource constraints and top-down decision-making often undermine the ability of local actors to lead HCTs. Barbelet (2020) identifies power imbalances between international donors and local organizations as a critical barrier, limiting local ownership. Similarly, Sengupta (2020) notes that in India, centralized humanitarian responses often marginalize community-based organizations, reducing the effectiveness of localized interventions. Patel & Gupta (2022) further argue that bureaucratic inefficiencies and donor-driven priorities weaken the long-term sustainability of community-led cash transfer programs. Research from South Sudan highlights how donor-imposed constraints reduce the flexibility of local actors in cash transfer decision-making (Maxwell et al., 2022).¹⁴

Social norms play a significant role in shaping women's access to and control over cash transfers. Khera (2018) finds that male household members frequently control cash benefits intended for women in India, limiting their transformative potential. Likewise, CARE India (2021) reports that in some emergency responses, women beneficiaries lacked decision-making power over cash usage, reinforcing existing gender disparities. A study by Khan & Roy (2021) suggests that community engagement programs alongside HCTs can help shift gendered financial decision-making dynamics in favor of women. Addressing these social barriers is crucial for ensuring that HCTs contribute meaningfully to gender equity.

While acknowledging that India has experienced significant success with DBTs reducing leakages and ensuring timely assistance (Khera, 2018),¹⁵ these have been found to often operate on predefined criteria focused on individual or household vulnerability, omitting consideration of community-level dynamics crucial in crisis scenarios (Narayanan, 2018). **It is under these contexts that local actors, with their community-level insights and relational networks, may be well-placed to identify nuanced needs, provide tailored assistance, and foster community resilience, enabling a "whole-of-community" bounce-back post-crisis.**

¹³ World Bank. (2022). *Women and digital financial inclusion: A policy roadmap*. Washington, DC: World Bank Group.

¹⁴ Maxwell, D., et al. (2022). "The role of local actors in humanitarian cash transfer programming: Lessons from South Sudan." *Disasters* 46(2): 241-264.

¹⁵ Khera, Reetika. "Cash vs. In-Kind Transfers: Indian Evidence." *Economic and Political Weekly* 53, no. 9 (2018): 2-6.

PART B – KEY FINDINGS

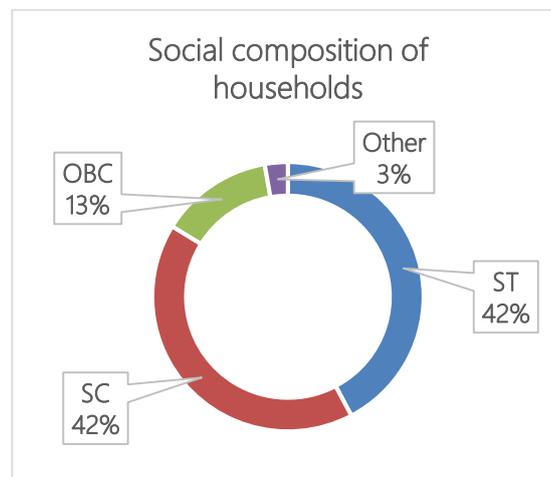
4. Vulnerability and Social Protection

i. Invisible struggles: what the data tells us about vulnerability in Andhra Pradesh

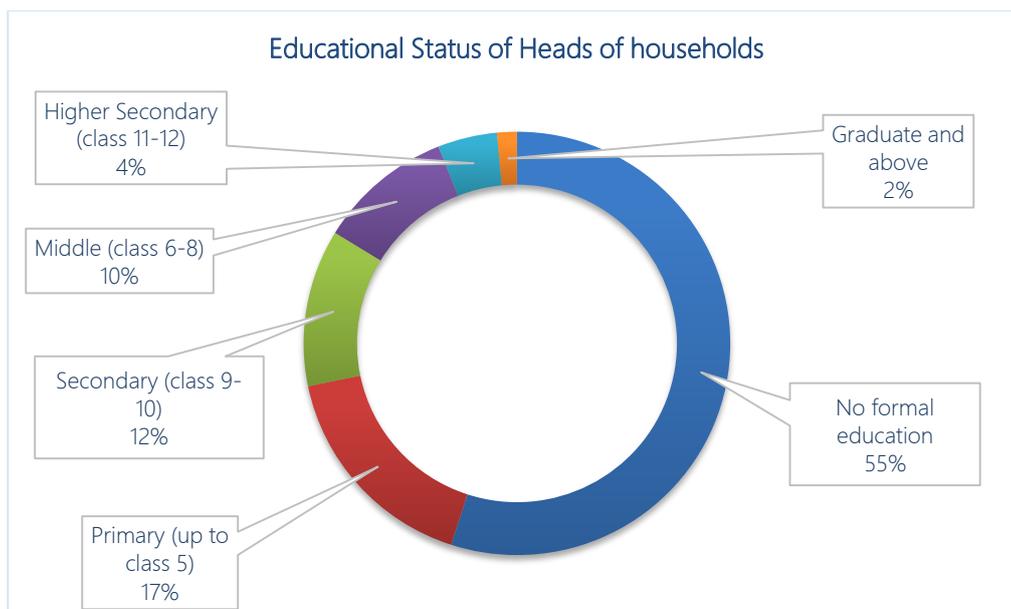
Across the districts of NTR Vijayawada, Guntur, Elluru, and Vizianagaram, perspectives from a sample 400 households receiving humanitarian cash assistance revealed more than economic need – it highlighted the structural vulnerabilities that shape everyday life in rural Andhra Pradesh.

These households were not just poor; they were placed at the intersection of gender, caste, and education-based exclusion. The numbers speak clearly: 67% of the households were headed by women. In districts where women’s mobility was often constrained and access to dignified livelihoods remained elusive, female-headed households were found to be living on the edge of survival.

The vulnerability deepened when caste and education were factored in. Over 83% of households belonged to Scheduled Castes (SCs) or Scheduled Tribes (STs), historically marginalized groups whose access to land, formal employment, and public services had long been curtailed. These are the very communities that humanitarian cash programs are reaching – and rightly so – because when crises strike, SC/ST households are among the first to feel the impact.



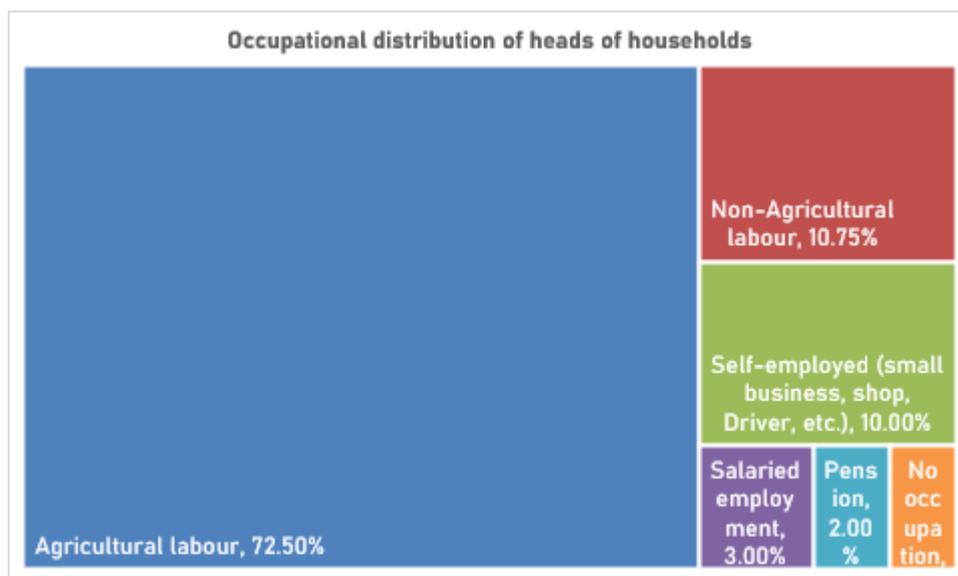
Equally troubling is the educational exclusion revealed in the data. More than 55% of household heads had never attended school, and just 1.5% had completed higher education. This has cascading effects: without basic literacy, navigating government schemes, managing money, or supporting children’s education becomes significantly harder – especially for women with limited community networks or support systems.



The situation for children offers a glimpse into intergenerational vulnerability. While most households reported having school-age children, only 44% had children regularly attending school. Qualitative discussions at the community level showed that a range of factors such as financial pressures, child labour and migration contributed, in varying measures for more than half of the children not attending the schools regularly. In fact, in Guntur and Vizianagaram areas, the correlation between school dropout and seasonal migration was noted – a telling reminder of how precarious family survival strategies can erode a child’s future.

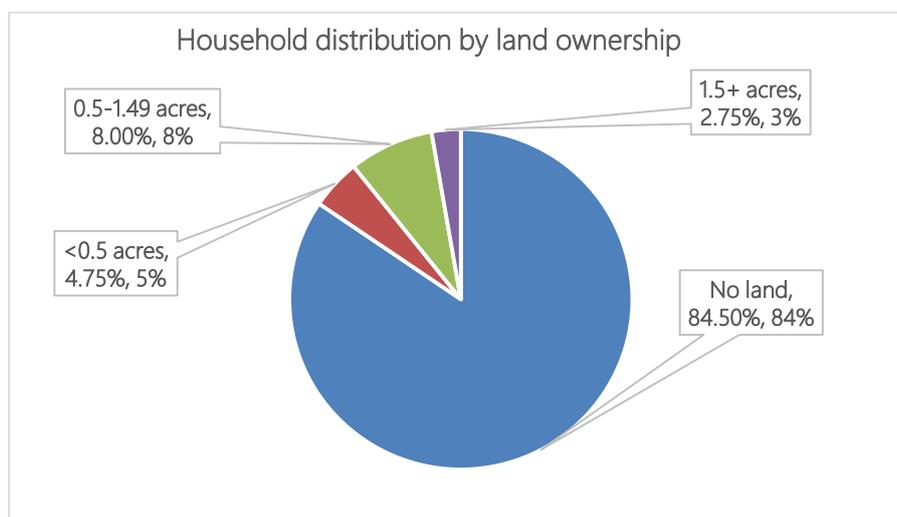
This isn’t just about poverty – it’s about layered disadvantage. These four districts offer a microcosm of rural vulnerability across the state: where caste, gender, and educational exclusion feed into each other, and where safety nets must do more than just cushion – they must transform.

In terms of livelihoods, across the flood-prone districts of Andhra Pradesh, the rhythm of rural life remains dictated by uncertainty. The survey reveals economic fragility of households, as most families aren’t farming their own land – they’re toiling on someone else’s. A staggering three in four households (72.5%) depend primarily on agricultural wage labour. It’s not stable employment; it’s seasonal, informal, and often underpaid. When the rains are too much, or too little, there’s simply no work. Another 10% scrape by through self-employment – petty vending, auto-driving, tailoring – but these are small enterprises with modest returns. Salaried jobs, often seen as a ticket to economic security, remain out of reach for the vast majority. Only a sliver – just 3% – have access to this kind of steady income.



This income precariousness plays out most starkly in monthly earnings. Two-thirds of all surveyed households survive on less than INR 10,000 a month. That includes 22.5% making do with just INR 5,000 or less – a figure that edges dangerously close to subsistence. Only a handful, about 3.5%, earn more than INR 20,000, highlighting the near-total absence of upward mobility in these rural economies.

Land ownership – a traditional marker of rural stability – is largely missing from the picture. Over 84% of households are landless. For many, there is no patch of earth to fall back on, no asset to leverage or build a livelihood around. Just 3% of respondents lease land for cultivation, often small plots under two acres. Land here is not an asset that secures, but one that eludes.



Even when households manage to engage in cultivation, nature can be unforgiving. Nearly one in five reported crop losses in recent years due to extreme weather or other disaster events. For some, these

losses crossed INR 25,000 – a significant blow in economies already running on thin margins. And yet, crop insurance remains out of reach for most. While payouts were received by a majority of those who were insured (about INR 3,500, as reported during the discussions with farmers in one of the study villages in Bapatla district. This was under the government crop insurance programme – known as Pradhan Mantri Fasal Bima Yojana- PMFBY),¹⁶ only 13.5% of surveyed households had any insurance cover to begin with. The rest – nearly nine in ten – were fully exposed to the whims of a changing climate and a failing monsoon.¹⁷

What emerges from the above is that households are not only income-poor but asset-poor, risk-prone, and unsupported by formal safety nets. There are a range of social protection schemes (of the central and state governments) and the eligibility, transfer values vary across programmes. The coverage under these schemes vary.

What is important to note is that a combination of buffers – such as stable work, insurance etc. – might soften the blow when crisis strikes. Absence of these is likely to push such households into distress.

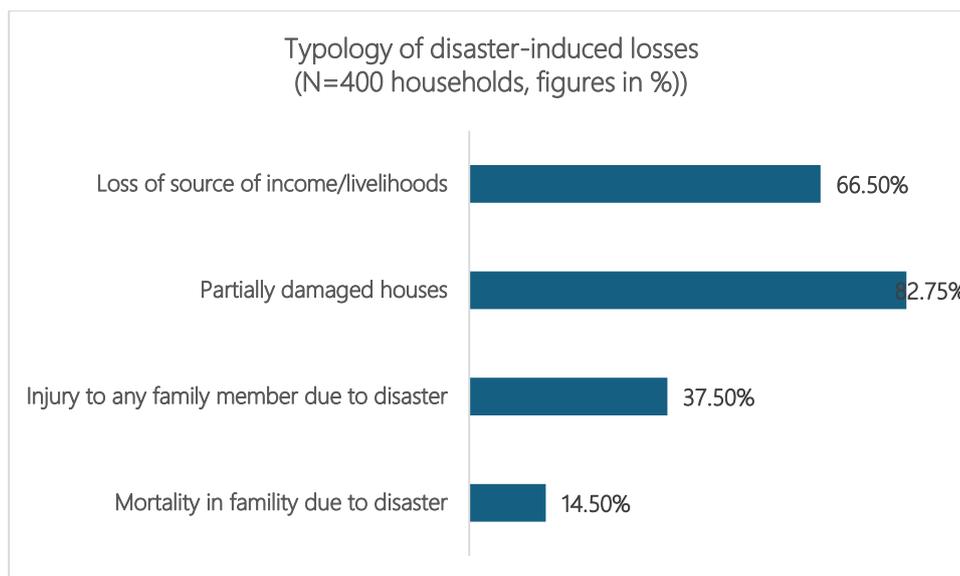
ii. Impact of Disaster on Life and Livelihood

From the survey conducted among communities receiving Humanitarian Cash Transfers (HCTs), a sharp portrait emerges—of not only of what people lost, but also of how precariously close to the edge many already were.

One in seven families reported the death of a family member due to disaster, and more than a third had a family member injured or fallen ill. The losses were not only personal but deeply material—over 90% of households faced damages to their homes, and more than two-thirds lost their primary source of income entirely. Another 30% reported significant reductions in earnings. These figures reflect compromised resilience, where recovery becomes a gendered struggle for survival.

¹⁶ As per the provisions under PMFBY, “the Scheme is implemented on an ‘Area Approach basis’. The unit of insurance shall be Village/Village Panchayat level for major crops and for other crops it may be a unit of size above the level of Village/Village Panchayat. The Maximum Premium payable by the farmers will be 2% for all Kharif Food & Oilseeds crops, 1.5% for Rabi Food & Oilseeds crops and 5% for Annual Commercial/Horticultural Crops. The Threshold Yield (TY) shall be the benchmark yield level at which Insurance protection shall be given to all the insured farmers in an Insurance Unit. Threshold of the notified crop will be moving average of yield of last seven years excluding yield up to two notified calamity years multiplied by Indemnity level. Three levels of Indemnity, viz., 70%, 80% and 90% corresponding to crop Risk in the areas shall be available for all crops. Source: https://pmfby.gov.in/pdf/PMFBY_Features.pdf

¹⁷ In this context, it is pertinent to note that, as per the latest report submitted by Ministry of Agriculture and Farmers Welfare to the Lok Sabha in April 2025, while 97% of claims under PMFBY had been settled at an all India level, Andhra Pradesh had a low claim settlement ratio of 67%. Also, the Andhra Pradesh government had decided not to implement the PMFBY scheme from Kharif 2020. It re-joined the scheme with effect from Kharif 2022 season. This might have also derailed the entire mechanism, apart from procedural delays that might have occurred at the government level in paying its share, resulting in delayed payout to farmers. Source: *Data Focus. 97% of claims settled under PMFBY; Andhra Pradesh tops in pending payouts - Farmers in Andhra Pradesh are still awaiting claims worth ₹1,842 crore; By Radheshyam Jadhav; Updated - May 05, 2025 at 09:56 PM; Pune; <https://www.thehindubusinessline.com/data-stories/data-focus/97-of-claims-settled-under-pmfby-andhra-pradesh-tops-in-pending-payouts/article69540701.ece>*



Education bore a significant brunt. Two-thirds of respondents reported that their children's schooling was disrupted. In nearly 2.5% of households, the dropout was permanent. The school gates closed, books were washed away, and in some cases, families had to relocate—causing children to miss weeks or months of school. Psychological stress added a further burden. These disruptions are not merely short-term setbacks. As global evidence suggests, such shocks compound disadvantage over time, particularly for girls, who may be pushed into early marriage or domestic labour, and never return to school.

In the Andhra survey, where nearly 97% of families had to temporarily or permanently relocate, the disruption of social and financial structures makes this risk even more acute. If cash transfers are deposited into male-controlled accounts, or if women are not equipped or empowered to influence how funds are used, the transformative potential of HCTs is lost. Instead of building resilience, cash assistance can inadvertently deepen gender inequality. There is evidence to show from other studies that cash transfers to women can trigger gender-based violence or intimate partner violence.¹⁸With women's labour force participation still around 41% and among men around 75% (as per PLFS 23-24), cash transfers to women, while empowering, can also trigger such incidents, highlighting the need for deft designing of such transfer programmes, with adequate emphasis on behaviour change communication.

Unintended consequences of cash transfers to women: some evidences from India

A growing body of evidence from India suggests that while cash transfer programs targeted at women can offer economic relief and support their empowerment, they may also inadvertently exacerbate gender-based violence (GBV) if not designed and implemented with sensitivity to prevailing gender norms.

A qualitative study conducted in Rajasthan and Maharashtra revealed that women who received cash transfers frequently encountered increased economic abuse from family members, particularly husbands and in-laws. This included control over their finances, restrictions on employment, and exploitation of their income. These forms of abuse often escalated into emotional and physical violence, underscoring the complex relationship between financial empowerment and GBV in patriarchal settings (Krause et al. 2023).¹⁹

Research by the Centre for Financial Inclusion and the World Food Programme highlights that directing cash transfers specifically to women can sometimes trigger intimate partner violence, particularly in contexts where rigid patriarchal norms prevail. Shifts in household power dynamics, especially when women gain control over resources, may provoke male backlash and result in physical or psychological abuse (Centre for Financial Inclusion 2023).²⁰

These risks do not negate the value of cash transfers but highlight the critical need for gender-sensitive program design. Integrating such schemes with behavioural change communication (BCC), community sensitization, and supportive legal or counselling services has shown promise in mitigating these unintended consequences and fostering a more equitable environment for women's empowerment (IFPRI 2018).²¹

Families living in fragile housing near embankments, widows juggling caregiving and farm labour, and elderly women dependent on irregular pensions—all underscore the urgent need for anticipatory, not just reactive, social protection. While the government rightly positions relief as a distinct and immediate phase—focused on survival and separate from recovery—it is precisely within this phase that inclusion must be deepened. Evidence from Andhra Pradesh shows that disasters do not impact all equally—and neither should relief responses. Women's agency must not be an afterthought. Their active participation in the design and delivery of humanitarian cash transfers—particularly in identifying affected households and ensuring last-mile distribution—can help ensure no one is left behind. Relief is, by design, a temporary

¹⁹ Krause, Rebecca, et al. "'We Don't Get Money in Our Own Hands': Evidence from Focus Group Discussions on Economic Abuse Against Women in Two States of India." *PLOS ONE*, September 2023. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10565156/>.

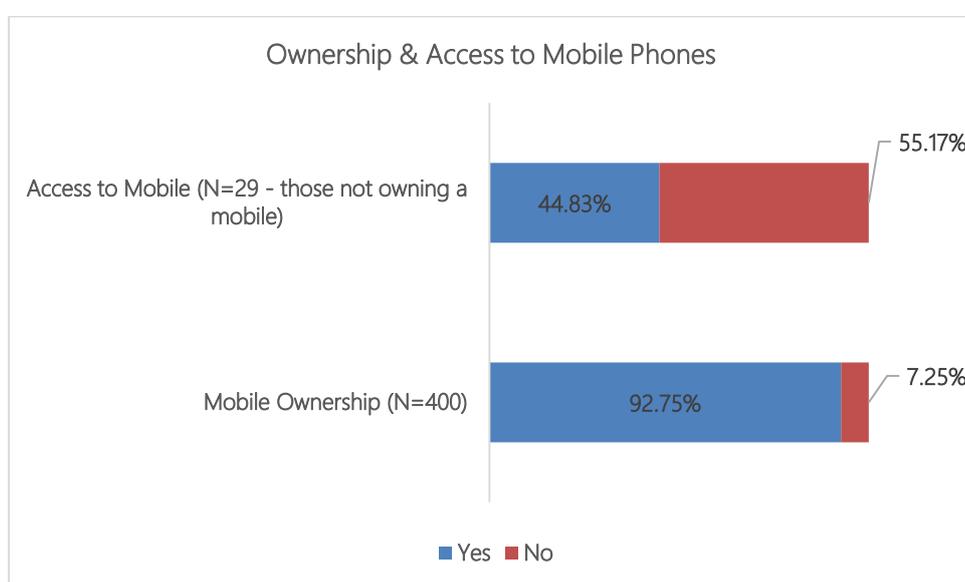
²⁰ Center for Financial Inclusion. *Cash Transfers Directed to Women and the Implications for Intimate Partner Violence: Lessons for Program Design*. September 28, 2023. <https://www.centerforfinancialinclusion.org/cash-transfers-directed-to-women-and-the-implications-for-intimate-partner-violence-lessons-for-program-design/>.

²¹ International Food Policy Research Institute (IFPRI). *Cash Transfers Coupled with Behavior Change Communication Sustainably Reduce Violence Against Women*. November 16, 2018. <https://pim.cgiar.org/2018/11/16/cash-transfers-coupled-with-behavior-change-communication-sustainably-reduce-violence-against-women/>.

fix, but it can still uphold principles of equity and dignity if shaped through inclusive local processes. Linking cash to agency within the relief phase does not blur boundaries—it strengthens outcomes and builds trust for the phases that follow.

iii. Access to Financial and Social Protection Services

In the districts of NTR Vijayawada, Guntur, Elluru, and Vizianagaram—regions that have faced repeated natural shocks ranging from floods to cyclonic winds—recovery doesn’t just depend on the availability of resources, but on the ability of households to access and control them. Encouragingly, mobile phone ownership has become nearly universal in these areas. A solid 93% of surveyed households (basically 371 out of 400 surveyed households) reported owning a mobile phone, a number that signals significant potential for using technology in disaster response, financial inclusion, and public service delivery.

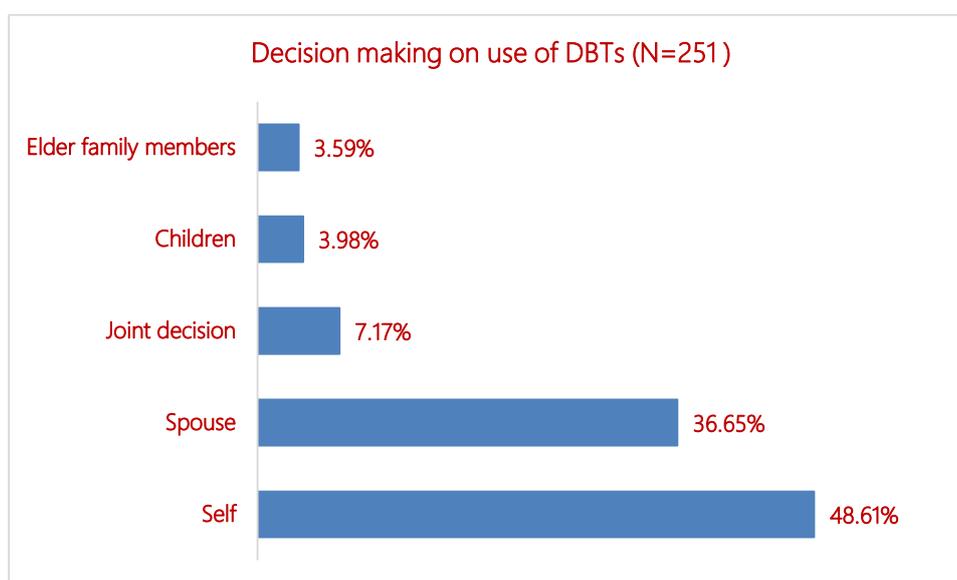


However, a closer look reveals a subtle, though important, layer of digital exclusion. Among the small group of respondents that do not personally own a phone (29 out of 400 surveyed households), more than half also lack any access to one within their household. These represent some of the most vulnerable families, often isolated in remote habitations or led by the elderly, widows, or persons with disabilities, for whom even basic phone-based services—from calling a government helpline to receiving SMS updates on cash transfers—remain out of reach.

Bank account coverage, too, appears comprehensive on the surface: nearly 97% of households have at least one account. But beneath this broad-based access lies a web of administrative and digital hurdles. Nearly one in five account holders (19%) said they had faced issues of frozen bank accounts, a problem that disproportionately affects the poor who often rely on informal agents or limited literacy to manage their finances. And while most respondents could resolve such issues, 17.5% either didn’t know how or failed to fix the problem, which raises important questions about the last-mile delivery and grievance redressal capacity in rural banking systems. Discussions with GP members and local community leaders also suggest that banking infrastructure exists, but access is uneven. In several cases, women had to rely on male family members or local intermediaries to withdraw money, diluting both control and

confidentiality. Delays in DBT credits, especially when coupled with a lack of SMS alerts or helplines, tended to fuel anxiety and distrust.

Social protection measures have some reach: about 63% of the households are enrolled in one or more government schemes, including pensions, food rations, or direct benefit transfers. The data offers a revealing glimpse into women's agency within households regarding financial decision-making on Direct Benefit Transfers (DBTs). Given that all respondents in the survey are women, the fact that 48.61% of them reported deciding by themselves how to use the DBTs is a strong indicator of growing financial autonomy and personal agency. This figure suggests that nearly one in two women exercise control over cash transfers, which is especially notable in the context of rural and disaster-affected districts like NTR Vijayawada, Guntur, Elluru, and Vizianagaram, where traditional gender norms often dominate household dynamics.



However, the data also indicates that in 36.65% of cases, it is the spouse (presumably male) who decides how the DBT is spent. This underscores persistent gendered power structures in a significant proportion of households. Moreover, joint decision-making stands at only 7.17%, suggesting limited scope for shared financial dialogue between spouses. The combined 7.57% (children and elder family members) reflects a marginal but important space where women respondents report not having direct control—potentially linked to intergenerational or patriarchal authority within extended families.

Taken together, while there is encouraging evidence of women asserting control over DBT usage—an important proxy for household-level financial decision-making—there remains a large segment where agency is constrained. The relatively low levels of joint decision-making point to an opportunity for intervention through gender-transformative community dialogue, financial literacy programs targeted at both spouses, and strengthening women's collectives.

Perhaps most telling of the fragility of household economies is the fact that nearly half (47%) of all surveyed families reported facing food shortages or difficulty accessing sufficient food in the past three months. Despite formal financial linkages and social protection coverage, food insecurity remains a day-to-day concern, especially in areas repeatedly struck by weather shocks and with fragile recovery timelines.

Clearly, while the infrastructure for financial inclusion and digital communication exists, its functional value is uneven. Ownership does not guarantee meaningful access, and access does not always translate into resilience. If humanitarian responses and long-term social protection are to be effective in Andhra's increasingly climate-vulnerable districts, they will need to go beyond infrastructure and address control, comprehension, and continuity.

5. Humanitarian Cash Transfers (HCT): State, Local & Women's Participation

In coastal Andhra Pradesh communities have learned to live with uncertainty. Cyclones, flooding, and extreme weather patterns increasingly punctuate daily life, pushing families to the edge of survival. The arrival of humanitarian cash transfers during emergencies has been a lifeline—but the effectiveness of these interventions depends heavily on the context in which they're embedded. What emerges from the field is not merely a story of receiving cash assistance, but of how disaster-exposed communities, especially women, interpret, navigate, and sometimes challenge the mechanisms around aid. These narratives underscore a critical insight: community resilience is not just about coping—it is about agency, adaptation, and local knowledge.

i. A strong state response

Andhra Pradesh's rapid HCT deployment is commendable. Across the districts, the government played a dominant role in both identification of beneficiaries and cash disbursement, with over 85% of respondents reporting that their names were included through official channels (government and CSO identification). For example, in Vizianagaram, 97% identified government as the source of inclusion, and in Elluru it was 91%.

While both government and NGOs played substantial roles, the scant role of community collectives—just 8.25%—and the 2.75% who received no help at all underscore the fragmented nature of local response systems. Yet, literature from India itself—such as CARE India (2021)—stresses the critical role that decentralised, community-led responses can play in crisis contexts, particularly when state machinery is overburdened.²²

Notably, the top-down process ensured rapid and uniform implementation. On the other hand, there were missed opportunities for context-sensitive, inclusive identification, particularly through long-standing women's groups like Self Help Groups (SHGs) or federation-level structures, which were barely engaged. In Elluru and Bapatla—both known for active SHG networks—their minimal presence in the identification phase raises questions about whether program designs adequately leveraged local women's leadership.

ii. Civil Society and Community Leadership in Flood Relief

Nearly 85% of respondents agreed or strongly agreed that the programme had meaningfully included local leaders in planning and decision-making. A similar 84.75% credited the active involvement of SHGs and CSOs with making the cash transfer response more inclusive. These numbers clearly indicate that when communities are not just beneficiaries but co-architects of disaster response, outcomes are likely to be more equitable and grounded in local realities.

This aligns with long-standing global insights that disaster relief is most effective when it leverages local networks. The *Sphere Handbook* (2022 edition),²³ widely regarded as the humanitarian sector's gold

²² CARE India. (2021). The Role of Local Actors in Indian Humanitarian Responses. Retrieved from <https://careindia.org/publications/>

²³ Sphere Association. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, 2022. <https://spherestandards.org/handbook/>

standard, underscores the principle of “community participation” as foundational. Likewise, the *ALNAP State of the Humanitarian System* report (2022)²⁴ notes a rising consensus that localisation—shifting power and resources closer to affected populations—is not just an ethical imperative but a practical necessity.

What the Andhra Pradesh case brings to the fore is a rare, quantified look at how this actually plays out in real time. It offers a counterpoint to critiques that community engagement is often tokenistic or top-down. Here, local leaders were not passive conduits but active planners; SHGs were not sidelined, but central. While a small minority expressed neutrality or disagreement, their numbers—under 15% in both cases—suggest that these might be exceptions rather than the norm.

Navigating Promises and Pitfalls – Community Response to HCT Rollout

Following the floods, the government’s announcement of ₹3,000 Humanitarian Cash Transfers (HCTs) per family offered much-needed relief. But on the ground, implementation created confusion. Many families received less – INR2,000 or INR 1,000 – as disbursement was reportedly tied to the number of names on ration cards, capping assistance at INR 1,000 per person.

Uncertainty spread quickly. “The moment we heard about the transfer, we also heard that some got the full INR 3,000, others only INR 2,000 because their ration card had two names. We didn’t know what to expect,” said Kumar (name changed), a 22-year-old youth volunteer.

In some villages, past experiences shaped scepticism. “Only those who knew someone in the panchayat office got what was due,” recalled Shobha (name changed), a local volunteer from an OBC community.

Still, unlike previous years, trained community volunteers played a more active role this time – helping households interpret eligibility, access online portals, and seek clarification. While gaps in communication and inconsistencies in disbursement caused frustration, local women and youth groups stepped up as informal intermediaries. Their efforts helped reduce confusion for many families, especially those without digital literacy or mobility. It’s a reminder that when communities are informed and organised, even imperfect systems can be made to work better for those they aim to serve.

However, what is also notable is the relatively subdued presence of stronger language like “Strongly Agree” (just 19% for leadership involvement, and 21.75% for CSO/SHG engagement), pointing perhaps to areas where involvement, though present, could be deepened or made more impactful. It is a useful reminder that inclusion is a spectrum—and that efforts must continue not just to invite community actors to the table, but to ensure their voices genuinely shape priorities. In a world where disasters are increasingly complex, the Andhra Pradesh response offers a promising case of how localisation, if done with intent, can reinforce both the ethics and efficiency of humanitarian action.

²⁴ ALNAP. *The State of the Humanitarian System*, 2022. <https://sohs.alnap.org/>

Our analysis indicates that community leader engagement was not uniform across all households, but strongly aligned with perceptions of inclusivity and experiences of vulnerability. Respondents who agreed that SHG/CSO engagement made the HCT process more inclusive were significantly more likely to report that community leaders were actively engaged. Among those who “strongly agreed,” over 93% also observed community leader involvement. In stark contrast, among those who “strongly disagreed,” only 28.6% reported such engagement. This pattern reinforces the idea that community leadership is not only about presence—it’s about trust, perceived fairness, and meaningful inclusion.

Perception: SHG/CSO Made HCT Response More Inclusive	No (%)	Yes (%)
Strongly Disagree	71.43%	28.57%
Disagree	50.00%	50.00%
Neutral	36.96%	63.04%
Agree	28.97%	71.03%
Strongly Agree	6.90%	93.10%
Total	26.25%	73.75%

The pattern continues when we look at vulnerability. Households identified as vulnerable—such as marginalised communities socio-economic risks—reported higher levels of community leader engagement (78.5%) compared to non-vulnerable households (49.2%). This suggests a positive direction: leaders were more visible where the need was greatest, indicating some degree of responsive targeting.

Vulnerability Status	No (%)	Yes (%)
Non-Vulnerable	50.77%	49.23%
Vulnerable	21.49%	78.51%
Total	26.25%	73.75%

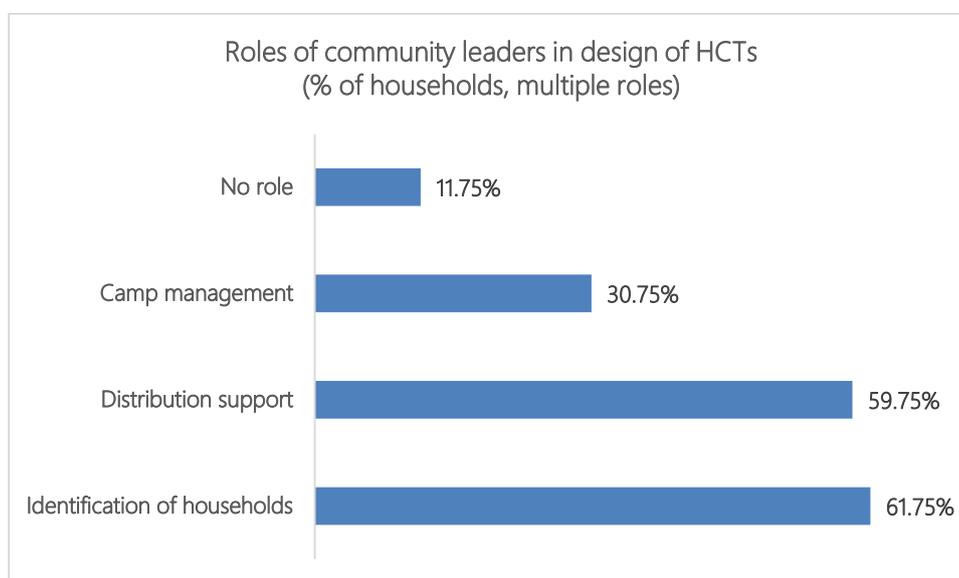
Disaster-induced displacement also shaped perceptions of leadership. Among those who had to relocate temporarily due to a disaster, 75.2% reported leader engagement. In contrast, only 40% of those who were not displaced said the same. This difference suggests that community leaders were more present in sites of disruption, possibly playing key roles in identification, outreach, or conflict resolution.

Were you or a family member forced to relocate due to a disaster?	No (%)	Yes (%)
No	60.00%	40.00%
Yes, Temporarily	24.80%	75.20%
Yes, Permanently	40.00%	60.00%
Total	26.25%	73.75%

All three chi-square analyses yielded statistically significant results ($p < 0.05$), confirming strong associations between community leader engagement and respondents' perceptions of inclusiveness, vulnerability status, and disaster-induced displacement. Together, these results strengthen the argument that community leadership functions most effectively when paired with inclusion and proximity to affected populations.

iii. Forms of engagement by local actors

In the aftermath of crisis, the way aid flows through communities is as important as the aid itself. In Andhra Pradesh, a closer look at the recent roll-out of Humanitarian Cash Transfers (HCTs) suggests that the programming was more than just locally delivered – it had the involvement of local actors, to a considerable extent. Survey data from beneficiary communities reveals that nearly three-quarters (73.75%) reported that community leaders were engaged in identifying and distributing HCTs.



But engagement alone doesn't paint the full picture. When asked about the specific roles played, 61.75% of respondents said local leaders were actively involved in identifying eligible households – a critical step that determines who benefits and who does not. Additionally, 59.75% said community leaders supported the distribution process, while nearly a third (30.75%) cited their involvement in camp management. Only 11.75% said local leaders had no role at all.

These figures suggest that localisation was not only a token gesture but embedded within the architecture of the programme, and therefore, in certain pockets included the local actors in the design per se. Community leaders were not peripheral—they were positioned at the heart of the decision-making chain, influencing both strategic (who gets aid) and operational (how aid is delivered) aspects of the intervention.

It emerges from field discussions that when local actors were involved in design and delivery, humanitarian responses gained both credibility and cultural fit. Beneficiaries trusted the frontline workers they know, and informal support systems—especially women's collectives—often played a crucial role in identifying needs and ensuring access. These grassroots networks, if formally integrated, could make HCTs more equitable and efficient. Yet, localisation is not binary. It's not simply present or

absent – it exists on a continuum. The Andhra case sits somewhere between "participatory" and "delegated authority," with space for local leaders to shape how cash aid reached households. Still, full devolution of power – where communities design, fund, and evaluate HCTs – remains a distant goal. For instance, despite their indispensable role, local facilitators are rarely resourced or recognised. Several field accounts pointed to ASHA workers and SHG leaders stepping in to explain entitlements or mediate bank access. Yet, their capacity to influence larger policy or fund flow decisions remained minimal—highlighting a critical disconnect between community presence and institutional power.

Grassroots Intelligence: Mapping Vulnerability with Women at the Centre

In Rudrakotam village in Elluru district, a local youth-led initiative quietly demonstrated how community insight can strengthen formal government efforts. Kumar, a 22-year-old with ITI training, and Shobha, a 19-year-old member of a Dalit women's self-help group (SHG), undertook a door-to-door mapping exercise to identify vulnerable households ahead of a government biometric survey for cash transfers. Drawing on their experience during the COVID-19 crisis, they adopted a life-cycle approach—placing gender at the centre of vulnerability assessment.

Their informal segmentation tool helped flag specific cohorts: pregnant and lactating women, elderly people living alone, single women-led households with no adult male earners, persons with chronic illnesses or disabilities, adolescent girls taking on caregiving duties, and SC/ST households with undernourished children. These categories were not formally listed in the biometric data process, but the insights helped local officials and enumerators prioritize and cross-verify information—avoiding duplication and minimizing exclusion.

Crucially, this process was embedded in local systems. The SHGs facilitated small group discussions based on life stages and health conditions. These discussions, while informal, served as a community validation exercise. The village revenue officer, frontline health worker (ANM), elected panchayat representatives, and youth volunteers worked in tandem, creating an enabling environment for the government survey to move efficiently and fairly.

✦ *"This is what governance looks like—when people and systems work together,"* shared a retired government employee who helped coordinate the effort.

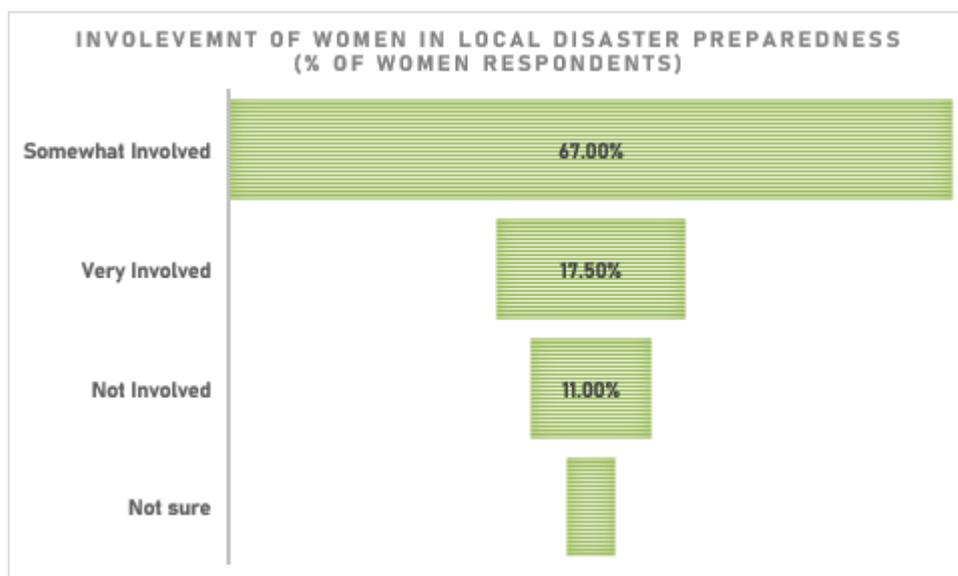
There were limitations. The informal nature of the data meant some categories remained unrecognized in official lists. Volunteer efforts, while commendable, were not institutionally supported or scaled. Still, this model offers a quiet but compelling example of how convergence—between formal delivery systems and community-led insight—can lead to better targeting and more inclusive service delivery.

The emphasis on household identification as a key role also underscores the trust placed in community leaders' contextual knowledge. This form of localisation leverages proximity and social capital – assets that external actors often lack. But it also demands vigilance: unchecked, local gatekeeping can lead to exclusion and favouritism. What works is telling. In locations where SHGs had prior experience managing credit or coordinating with gram panchayats, cash assistance was more timely, transparent, and empowering. Pre-existing digital infrastructure, financial literacy, and social mobilisation platforms emerged as strong enablers. These offer a template for future readiness.

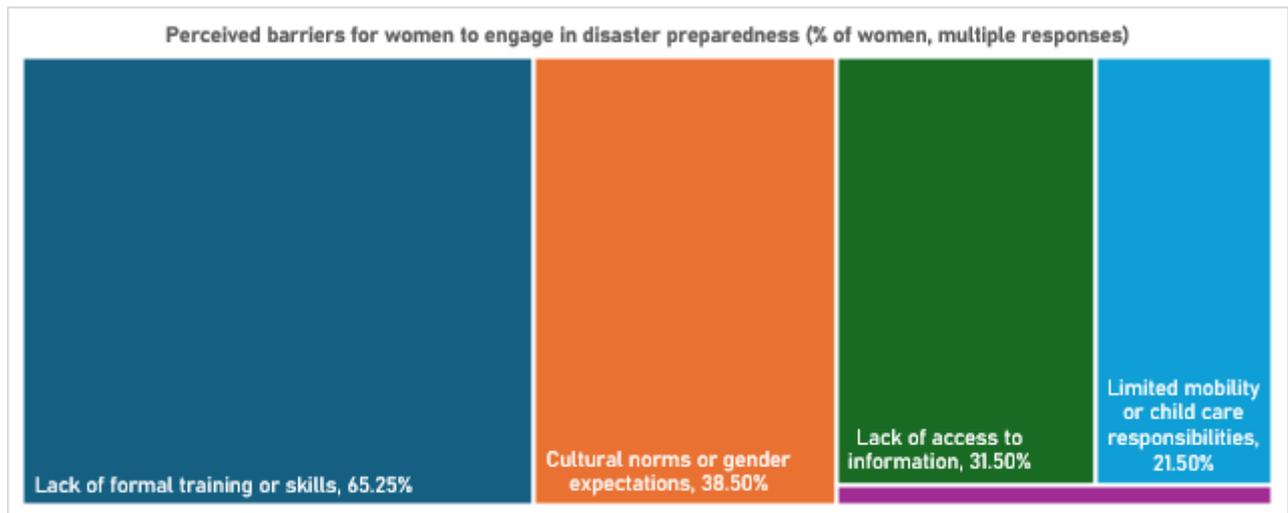
However, barriers persist. Structural inequalities—caste, patriarchy, and disability—intersect to create deep layers of exclusion. Women-headed households, elderly caregivers, and people with disabilities often found themselves at the bottom of the information chain and last in the queue for assistance. These are not one-off gaps but systemic blind spots.

iv. Extent of women’s involvement in HCT design

In humanitarian cash transfer (HCT) sites across Andhra Pradesh, women’s involvement in disaster preparedness is gradually gaining ground—but persistent gendered barriers still temper their full potential. A significant 67% of respondents observed that women are “somewhat involved” in preparedness activities, with another 17.5% noting they are “very involved.” This signals a growing recognition of women’s role in community resilience, even as deeper structural issues remain.



The most widely cited barrier—identified by 65.25% of respondents—was the lack of formal training or skills. This gap reflects not a lack of willingness, but limited access to capacity-building opportunities. Encouragingly, this is also an area where targeted interventions can make a measurable difference. Similarly, cultural norms and gender expectations, raised by 38.5% of respondents, continue to shape women’s roles in ways that often exclude them from public decision-making spaces. However, shifts are visible, particularly in communities where women have begun to assume more active roles through local committees or self-help groups.



Access to timely and accurate information remains a challenge for 31.5% of respondents, further complicated by caregiving responsibilities and limited mobility for 21.5% of women. While only a small fraction (2.5%) cited restrictions by spouses, it reflects how household dynamics can still influence women’s engagement.

Importantly, the positive impact of women’s involvement is widely recognised. Over 87% of respondents believe disaster preparedness efforts are more effective when women are actively involved—underscoring their role not just as beneficiaries, but as agents of change. This presents a real opportunity: by embedding gender-responsive training, improving access to information, and addressing social norms, HCTs can evolve into stronger, more inclusive tools for resilience-building.

6. HCTs – Reflections on Adequacy & Efficiency

Humanitarian Cash Transfers (HCTs), long promoted as a nimble tool for disaster response and social protection, are making their way into the hands of vulnerable households—particularly women. But how these transfers are actually used, who within the household decides where the money flows, and whether these choices match the most urgent needs, is a story told in nuance, not numbers alone.

i. Transfer values: Variation suggests fragmentation and lack of standardisation

The value of transfers varied significantly, both across and within districts. In NTR Vijayawada and Vizianagaram, 60% of respondents received between INR 3,001–INR5,000, whereas in Elluru, 56% received less than INR3,000. Bapatla had more spread: 29% received INR5,001–INR10,000, indicating possible CSO involvement with higher-value transfers. The wide variation in amounts across districts or schemes created confusion and a perception of unfairness. A woman in one panchayat received ₹1,000; another in the neighbouring village got ₹2,500. This variation is also indicative of multiple actors (government, CSOs, religious/philanthropic sources) were operating with varying principles of targeting and valuation, with little convergence or coordination.

Importantly, the confusion expressed by recipients was less about the fact of variation itself, and more about the absence of clear communication around the rationale for these differences. In both rural and urban settings, beneficiaries often compared their transfer amounts to others nearby—such as a woman in a kutcha house receiving INR 3,000 while another in a nearby pucca house received INR 10,000, or ground floor households receiving more than those on upper floors in flood-affected urban areas.

Also the fact that CSOs in some locations applied a uniform transfer amount (e.g., INR 3,000) after mapping vulnerabilities, further added to the sense of arbitrariness. Notably, religious/philanthropic contributions were significant in Bapatla and Vizianagaram (13–15%), but absent in Elluru, reflecting uneven presence and outreach.

This points to a strong preference among communities for transparency and consistency in the design and communication of cash transfer criteria—whether needs-based or flat-rate. A one-size-fits-all model was not inherently opposed, especially when accompanied by clear and fair processes. However, when multiple actors operated with different principles—some targeting damage, others vulnerability, and still others distributing equal amounts without explanation—this created perceptions of inequity and undermined trust in the system.

NGO Roles in Cash Voucher Programming and Vendor Linkages during Disasters

In the wake of the land subsidence crisis in Joshimath in 2023—where over 800 families were abruptly displaced and relocated to temporary shelters—non-governmental organizations (NGOs) played a critical role in addressing gaps left unfilled by conventional relief efforts. While initial response mechanisms focused largely on in-kind distribution—shelter kits, hygiene materials, and food—the longer-term and child-centric needs remained underserved.

In this context, an NGO-led initiative (Bal Raksha Bharat - BRB) piloted a cash voucher mechanism, designed not merely to provide purchasing power but also to empower families to make choices aligned with their children's needs. In this intervention, the NGO facilitated the distribution of

unrestricted value vouchers of INR 8,000 per family, paired with purpose-oriented guidance. While the vouchers placed no formal conditions on their use, implementing partners engaged families through community sessions and household visits, encouraging them to prioritize children's nutrition, hygiene, and education. BRB (the NGOs being referred to here) also played a key role in identifying and onboarding local vendors, ensuring that markets remained functional and accessible even in disrupted settings. By linking vouchers with vendor networks and reinforcing social messaging, NGOs helped promote not just access to cash-equivalent support, but also its alignment with broader recovery and well-being goals—without restricting recipient choice.

Crucially, BRB facilitated linkages with locally available vendors, thus enabling families to redeem vouchers in a timely and efficient manner. These vendors included general stores providing milk and nutritious food, stationery suppliers stocking school materials, and even service providers capable of setting up child-friendly spaces (CFS) within the shelters. These spaces offered not just learning environments but also psychosocial support, enabling children to play, manage trauma, and experience a degree of normalcy.

Data and targeting were informed through strategic collaboration with government departments like ICDS and WCD, using digital platforms and existing beneficiary lists to identify families with children in urgent need. This alignment ensured that the intervention was both responsive and inclusive, reflecting real-time needs of the most vulnerable—especially children between 0–14 years.

This model—blending unrestricted financial aid, guided spending, vendor ecosystems, and inter-agency data-sharing—highlights how NGOs can innovatively bridge immediate humanitarian needs with longer-term child development goals during disaster response.

ii. Finding the Sweet Spot: Adequacy of Cash Support in Disaster Response

Experiences from recent disasters point toward an emerging convergence around the adequacy of cash assistance in humanitarian settings. In the Joshimath crisis of 2023, NGOs provided vouchers of INR 8,000 per family, enabling displaced households to meet urgent needs—particularly those of children—through guided spending on nutrition, education, hygiene, and psychosocial support.

This amount, while modest, proved effective when paired with vendor linkages and targeted guidance. Notably, during the recent floods in Andhra Pradesh, the state government also disbursed INR 10,000 per affected family as a one-time relief transfer—signalling a state-level recognition of this range as an effective threshold.

Further reinforcing this, a study commissioned by NDMA reviewing the SDRF/NDRF assistance norms suggested that INR 10,280 could serve as a benchmark for linking cash support with special provisions for women and vulnerable groups, especially when tied to social protection schemes.

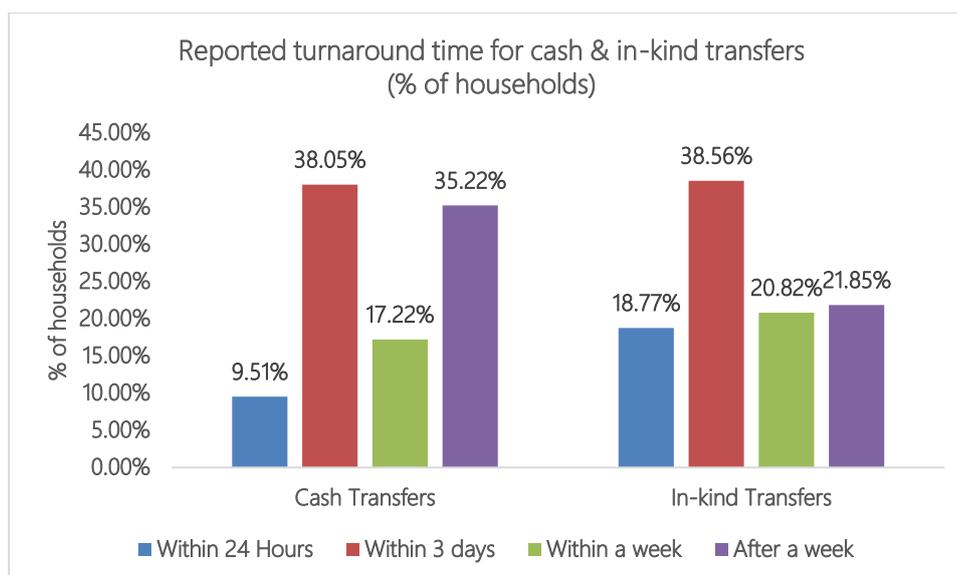
Taken together, these figures—INR 8,000 (Joshimath NGO model), INR 9,500 (NDMA study), and INR 10,000 (state flood response)—highlight a potential "sweet spot" for cash-based interventions. This range appears sufficient to meet immediate household needs while allowing for flexibility, and aligns with both community realities and policy frameworks.

The opportunity now lies in formalizing this range into scalable, integrated cash assistance protocols, especially when delivered through NGO-government partnerships.

Immediate Needs of Women during Disasters (estimates based on review of SDRF/NDRF norms of assistance and women's needs during disasters)		
Vulnerabilities faced by women	Amount perspective	Amount in INR
Loss of basic needs		
Access to food & nutrition	For Rice eating areas- INR 979.5 For Wheat eating areas- INR 679.6	979
Access to water	INR 400 (One time payment) for 20 litres can	400
Loss of household items/utensils	INR 2,500 for utensils	2,500
Access to Sanitation & Hygiene	INR 350 per dignity kit	350
Clothing	INR 2,500	2,500
Accessing dry fuel & spaces for cooking	INR 900 * (Instead of INR 400 given as subsidy per cylinder)	900
Access to Health care, particularly for women & children	INR 500 per Medical kit	500
Loss of education	INR 250 per school kit INR 400 for Internet pack**	650
Special needs		
Added burden for women as care givers during disasters: (Eg. Women as provider of care to young children/elderly parents/ differently-abled persons in the family/own care as Pregnant & lactating women)	INR 600 for elderly care (approximation based on Ashwasikiranam scheme operational in Kerala and other similar regional schemes))	600
Safety Needs		
Power and Electricity	INR 2,000 Emergency power kit containing portable lights and gensets	2,000
	Total	10,480
* Average price of a gas cylinder in Andhra Pradesh		
**Internet pack of 2GB data per day for 28 days		

iii. Turnaround time

In the aftermath of the last major disaster in Andhra Pradesh, nearly all affected households—over 90%—received some form of support. At a first glance, that sounds reassuring. But dig deeper, and a more complicated reality emerges – i.e. support may have arrived, but not always in time, not always in the right form, and not always in a way that enabled real agency—especially for women and vulnerable groups.



Only 9.5% of surveyed households reported receiving financial relief within the critical first 24 hours. Nearly 35% had to wait more than a week. For basic needs like food and shelter, just one-fifth were supported within a day. As Carroll and Savard (2019) argue in *Beyond the Last Mile*, while humanitarian cash transfers (HCTs) hold the promise of empowering recipients and restoring dignity, delays can quickly erode that promise. In emergency contexts, the first 72 hours are vital—not just for survival, but for maintaining dignity, health, and the continuity of daily life.

Nearly 90–96% of recipients across the districts described the disbursement process as easy or somewhat easy, reflecting the effective use of digital infrastructure and Aadhaar-linked systems. In NTR Vijayawada, 91% reported ease, and in Vizianagaram, it was 96%. The method of delivery was almost entirely digital, with 88%+ receiving funds via direct bank transfer across all locations. However, the majority—over 92%—received the HCT only once, with no follow-up tranche, even in areas where recovery needs were ongoing. This is particularly concerning for female-headed households and informal women workers, who face prolonged disruptions to livelihoods, increased unpaid care burdens, and housing instability. Only 5–6% in Bapatla and Elluru received cash more than once, and none in Vizianagaram received more than one transfer.

It is pertinent to note that from announcement to disbursement, the timelines varied widely. Some households received cash within days; others waited weeks with no clarity. The discrepancy wasn't just logistical—it perhaps reflects deeper issues of digital exclusion, caste-based discrimination, and procedural complexities. The delays were not the only cracks in the system. One in three respondents reported that healthcare was simply not available or accessible in the aftermath. Another third struggled for days before accessing medical help. Such findings resonate with CARE International's (2018) observations in Borno, Nigeria, where lack of coordination and weak local infrastructure impeded the timely use of cash for critical services.²⁵

While HCTs, as emerging from the field have streamlined fund flows, their rigidity often overlooked local complexities. The stories from the ground reveal that many recipients were unaware of why or when they

²⁵ CARE International. Humanitarian Cash Transfers in Conflict Zones: Lessons from Borno State, Nigeria. CARE International, 2018.

received aid—information gaps that compounded stress in crisis situations. Moreover, standardised disbursement timelines do not account for gendered vulnerabilities or caste-based exclusions.

"Identity in Crisis: Seizing the Central KYC Opportunity for Inclusive Disaster Relief"

In disaster-affected settlements (like Vambay Colony of Vijaywada district), access to timely government relief is often blocked not by lack of intent, but by lack of documentation. For women like Lakshamma, the floodwaters washed away not just household belongings but also critical identity papers. *"The first time the officials came, they asked for Aadhaar and ration card – but everything was soaked and ruined in the water. I tried to explain, but they just moved on. Even when they came again, they wrote my husband's name wrong. Three rounds they did, and still, we didn't get anything."* Lakshamma's story is far from unique. In several informal settlements and low-income colonies, families remain "listed but forgotten" – their names appearing in some official records, but inaccessible for urgent assistance due to errors, missing documents, or outdated household-level data.

At a national level, a parallel conversation is gaining momentum. On May 04, 2025, the Securities and Exchange Board of India (SEBI) announced that it is working with financial regulators and ministries to operationalize a centralised Know Your Customer (KYC) system. This initiative aims to create a unified repository of identity and compliance records, eliminating the need for individuals to repeatedly submit documents across banks and institutions.²⁶

While the primary goal of this reform is to curb financial fraud and streamline transactions, the architecture being developed offers a timely opportunity for humanitarian policy planners. If integrated thoughtfully, the centralised KYC mechanism could become a key enabler for inclusive and disaster-resilient humanitarian cash transfers (HCT).

In the aftermath of floods, cyclones, or urban displacement, affected households often lack physical documentation, face gendered identity mismatches, or struggle with updating records due to digital illiteracy. A biometric-enabled, easily updatable central KYC system – with disaster-specific flexibilities – could allow frontline responders to verify identities swiftly and disburse cash relief equitably. It could also bridge the gap between existing welfare databases and ground realities in slums, resettlement zones, or tribal areas.

To ensure this potential is realized, convergence between financial sector reforms and disaster response mechanisms is essential. Ministries handling disaster management, rural development, and women and child welfare can work with UIDAI and the proposed KYC registry to develop "relief-ready identity pathways" – allowing temporary updates, exception handling, and grievance redress mechanisms specifically for disaster contexts.

This moment presents more than a technical fix – it is a governance opportunity. By designing inclusion into the system from the start, India can ensure that no woman, no family, and no child is left invisible in times of crisis.

²⁶ <https://timesofindia.indiatimes.com/business/india-business/sebi-finmin-push-centralised-kyc-rollout-ai-tools-tackle-70000-fraud-cases-pandey/articleshow/120874969.cms>

7. Gendered priorities emerging clearly, but structural support missing

Globally, HCTs are seen as a powerful tool in emergencies—providing flexible support, preserving dignity, and enabling households to prioritise their needs. However, as Barbelet (2020)²⁷ and Harvey & Bailey (2015) remind us, cash assistance that is not localised and gender-transformative risks reinforcing existing hierarchies of exclusion. This is especially true in patriarchal contexts like rural Andhra Pradesh, where women—despite being the first responders within households—often lack decision-making power over how cash is used.

The present survey among HCT recipients in Andhra Pradesh sought to trace the journey of these cash transfers from the moment of receipt to their final usage. What emerged was a complex landscape of need, negotiation, and gendered decision-making, underscoring both the promise of HCTs and the persistent blind spots in their design and delivery.

i. Women's collective agency in disaster preparedness

In villages across Andhra Pradesh where humanitarian cash transfers (HCTs) have been recently implemented, a quieter transformation is underway—rooted not just in financial assistance, but in the collective power of women's community engagement. A substantial 73.25% of surveyed women reported being part of self-help groups (SHGs) or community-based women's collectives. These platforms, long recognised in Indian development discourse as crucial to rural empowerment, are also becoming vital enablers in the domain of disaster preparedness.



Yet, while membership in such groups is high, only about 36% of the women felt that it had helped them access any form of relief, training, or leadership opportunity. This signals both an untapped potential and a missed opportunity. Globally, research underscores the importance of women's collectives in improving

²⁷ Barbelet, V. (2020). Local humanitarian action: Realities, power and the politics of self-reliance. Overseas Development Institute. Retrieved from <https://odi.org/publications/11532-local-humanitarian-action>

disaster response outcomes. For instance, Enarson and Chakrabarti (2009)²⁸ highlight how community groups enhance women's agency in disaster contexts, enabling them to articulate needs and lead recovery actions. The present study partly aligns with this literature: group membership exists, but institutional support remains uneven.

The data also reveals that only 22.5% of respondents had received any formal training in leadership or communication—skills essential for advocating women's needs during crises. Where training has occurred, NGOs and local community organisations have played a leading role (80%), far outpacing government agencies. This is consistent with global patterns where civil society often acts as the first responder and primary capacity builder in the absence of state outreach (Bradshaw, 2013).²⁹

Encouragingly, when women were trained, they applied that knowledge with striking effectiveness. Nearly 78% of those trained reported using these skills during the last flood to advocate for women's needs. They asked for equitable relief distribution (68.6%), demanded safer and more dignified shelter spaces (47.1%), and spoke up in village meetings (61.4%). These outcomes echo findings from the Sendai Framework Midterm Review, which stresses the importance of including women as active agents in disaster risk governance.³⁰

What this study adds to existing literature is a sharper understanding of the *mediating role* of group membership and training. It shows that while financial transfers through HCTs offer immediate relief, long-term resilience and gendered agency depend on whether women are equipped—and permitted—to speak and act in public domains. Without investment in training and leadership development, even high levels of group participation may fail to translate into real influence. The challenge, therefore, lies not in convincing women to organise—most already do—but in converting that collective presence into power. For disaster preparedness to become truly gender-responsive, it must do more than include women; it must *equip* them.

ii. Allocation of HCTs

A consistent finding on use of HCTs was the near-universal prioritisation of food. Around 30% of households reported spending between INR 2,000–INR2,999 on food, followed closely by 26% spending between INR 5,000–INR6,999.³¹ This tracks with a broader body of literature, such as the World Bank's findings (2020),³² which show that women-headed households are more likely to prioritise food security over asset building or discretionary spending during crises.

²⁸ Enarson, Elaine, and P.G. Dhar Chakrabarti. *Women, Gender and Disaster: Global Issues and Initiatives*. SAGE Publications India, 2009. <https://in.sagepub.com/en-in/sas/women-gender-and-disaster/book232658>

²⁹ Bradshaw, Sarah. *Gender, Development and Disasters*. Edward Elgar Publishing, 2013. <https://doi.org/10.4337/9780857939353>

³⁰ United Nations Office for Disaster Risk Reduction (UNDRR). *Midterm Review of the Sendai Framework for Disaster Risk Reduction 2015–2030*. 2023. <https://www.undrr.org/publication/sendai-framework-midterm-review-report-2023>

³¹ The income classes shown here are based on the survey question deployed for the present study, and respondents were asked to pick up the expenditure cohort that closely represented their expenditure on a given line item.

³² World Bank. 2020. "Building Back Better Means Designing Cash Transfers for Women's Empowerment." World Bank Blogs, August 19, 2020. <https://blogs.worldbank.org/en/voices/building-back-better-means-designing-cash-transfers-womens-empowerment>

Disasters don't just destroy homes; they unravel years of incremental progress. Whether it's loss of livestock, damaged fishing nets, or destroyed seed stock, the aftermath extends far beyond the event itself. For women from the survey locations, especially, the loss on account of the recent floods, often meant slipping back into cycles of unpaid labour, reduced food security, and deferred health needs. The survey findings also corroborate that health expenditures revealed a different pattern—less consistent, more cautious. Only a few households crossed the ₹3000 mark, with most clustered in the ₹1000–₹1999 range. But it also flags an underlying gender concern. Studies like Devereux & Roelen (2016)³³ and more recently UNICEF India (2023)³⁴ ³⁵suggest that women, particularly those in caregiving roles, often deprioritise their own health needs when making household budget decisions. This pattern is disturbingly present in Andhra Pradesh, where women in extended families might have delayed treatment or foregone check-ups so that children or male earners can access healthcare instead.

"The Flood Took Everything—Even My Son's Health": A Mother's Struggle in Vambay, Vijayawada

When floodwaters rose to three feet in Vambay Colony, Vijayawada, Aruna* lost nearly everything—her furniture, appliances, and sense of stability. But the worst came when her young son was bitten by an unidentified animal during the chaos and fell seriously ill.

"We spent whatever little relief we received on his treatment," she says. "But he's still not fully recovered, and we keep going back to the hospital."

Aruna has had to stop working to care for her son full-time, while her husband's irregular daily-wage work has made it hard to make ends meet. "The floods didn't just damage our home—they've upended our entire life."

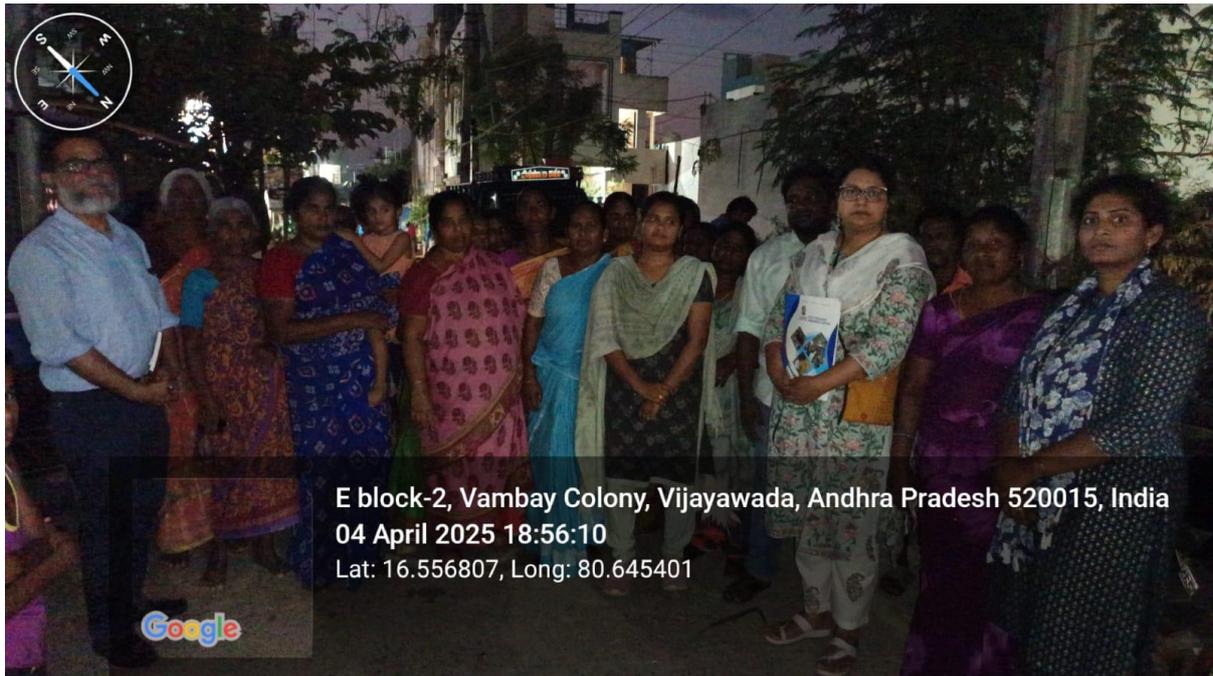
(*name changed to maintain confidentiality.)

Furthermore, the survey highlighted an interesting trend in the allocation of funds for income-generating activities. A modest number of respondents (~9.25% of total sample households) reported using part of their cash for investment in new sources of income, with most spending between ₹1001 and ₹3000. This suggests that while the transfers are seen as short-term relief, there is limited longer-term investment in resilience-building. The low uptake of income-generating activities reflects the overwhelming prioritisation of immediate survival needs—food, healthcare, and basic services—over longer-term economic empowerment, especially for women.

³³ Devereux, Stephen, and Keetie Roelen. 2016. *Evidence of Impact of Emergency Cash Transfers on Gender and Protection*. GSDRC Helpdesk Research Report. Birmingham, UK: GSDRC, University of Birmingham.

³⁴ UNICEF. 2024. *UNICEF Annual Report 2023*. New York: United Nations Children's Fund. <https://www.unicef.org/media/157491/file/UNICEF%20Annual%20report%202023%20EN.pdf>

³⁵ UNICEF Regional Office for South Asia. 2024. *Progress and Promise: Nourishing Girls and Women in South Asia*. Kathmandu: UNICEF Regional Office for South Asia. <https://www.unicef.org/rosa/reports/progress-and-promise-nourishing-girls-and-women-south-asia>



Debt repayment appeared as a lower-ranked priority, but not an absent one. This ties into the evidence from the Gender and Adolescence Global Evidence (GAGE) study, which emphasises how women’s control over cash—while increased during crisis support—doesn’t always translate into long-term economic decision-making power. In several households, male members had already earmarked the cash transfers for settling informal debts, with women consulted only after the fact.

iii. Women’s agency at household level in use of cash relief

Another notable finding from the survey is the relative success of women in exercising control over the cash, with 58.75% reporting “some control” and 36.75% asserting “full control” over spending decisions. Across districts, 35–47% of women reported full control, with Vizianagaram highest at 47% and NTR Vijayawada at 41%. A further 40–55% had partial say, indicating that in over 80% of cases, women had some level of agency.

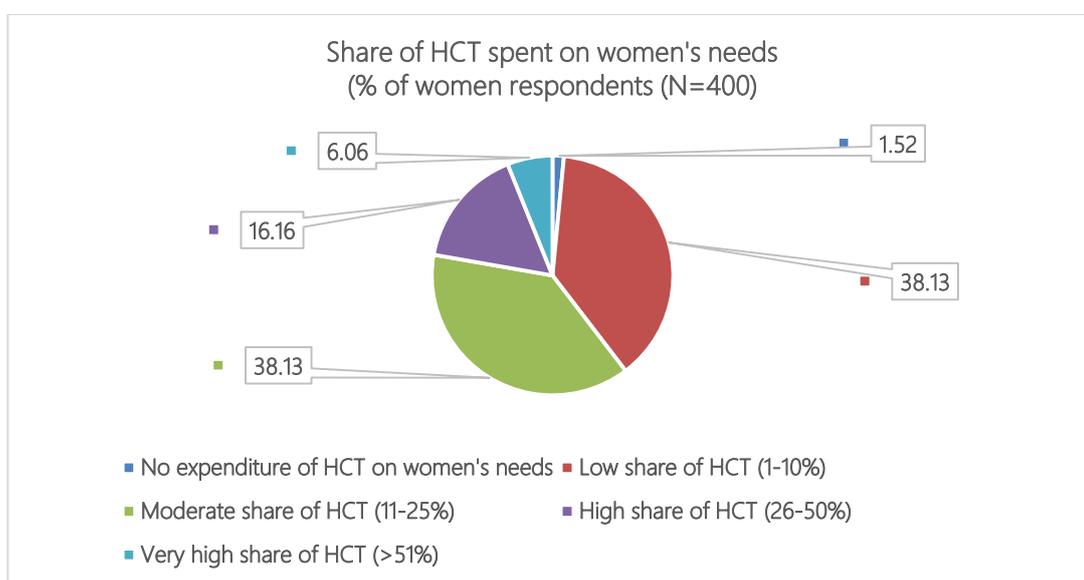
This is a positive indicator of women’s growing financial agency. However, this control does not always translate into women’s needs being prioritised, as indicated by the modest share of spending on women’s-specific requirements like maternity care, clothing, or education. Notably, these categories were drawn from a prior analytical framework developed by the evaluation team in collaboration with NDMA and UNICEF for a study on women’s access to assistance and social protection in disaster contexts in India.³⁶ This framework identifies four domains of women’s needs in disaster-affected contexts: (i) basic needs (food, nutrition, water, healthcare, clothing); (ii) special needs (caregiving responsibilities, safety, electricity, mental health); (iii) livelihoods; and (iv) resilience building.

Seen through this lens, the findings suggest that while women may be gaining greater control over household cash, this does not necessarily ensure that their own priority needs—especially those related

³⁶ NDMA-UNICEF (2024). *Women's Access to Disaster Assistance and Social Protection in India* – (Unpublished Report).

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.

Perhaps the most significant insight wasn’t about what the money was used for, but who got to decide. In households where women directly received and handled the HCTs, the prioritisation tilted toward food and child-related expenses. Where the cash was mediated through a male household member, spending tilted toward debt, agriculture, or even savings. This suggests that while women may have control over the funds, household decisions still often favour broader family needs over targeted investments in women’s empowerment.



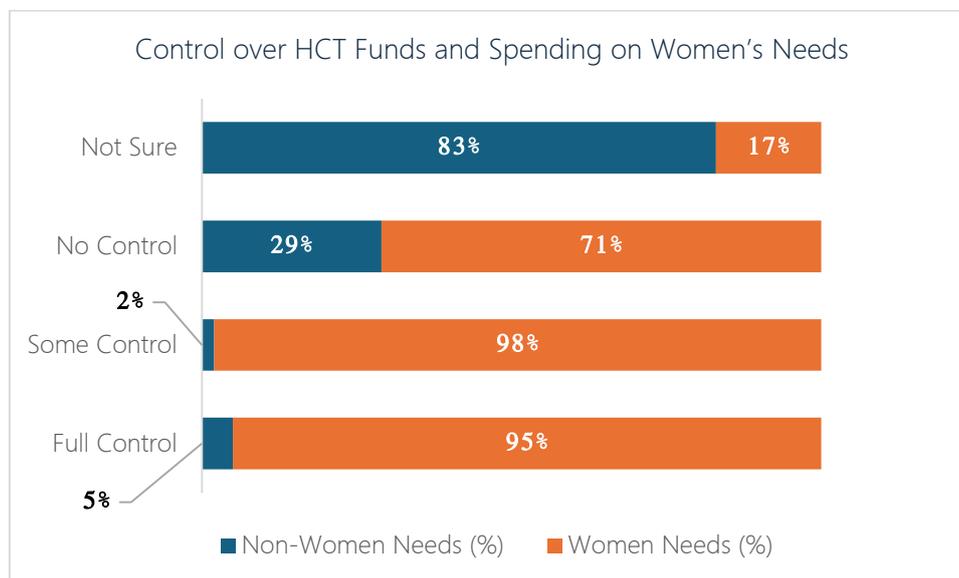
Further, while the above suggests that relief funds are not being appropriated entirely by male members, there is no indication that transfers were designed to directly target women. Most cash transfers were to the household head, who may or may not be female. Where women had decision-making authority (as shown by ~37% of the respondents), it likely stemmed from pre-existing empowerment via SHGs or prior exposure to public services, not from deliberate program design. Echoing studies such as by Fenn et al. (2015) on the gendered impact of emergency cash transfers—they also point to a new frontier: designing HCT programmes that not only *reach* women but also *centre* their decision-making.

Spending the cash on with a dominant focus on immediate household consumption (on food by ~77% of households and on house cleaning post the receding of flood waters (by ~52 % of households) rather than addressing the broader needs of women, indicates that while women may hold a degree of financial agency within the household, the gendered implications of that control are complex and often restrained by deeper socio-economic structures.

A strong association was observed between perceived control over cash transfer funds and the likelihood of spending on women-related needs. As shown in the table above, 95.2% of those who spent on women’s needs reported having full control, compared to only 4.8% among those who did not. Conversely, 83.3%

of those who did not spend on women's needs reported having no control or being unsure about HCT usage.

This association is statistically significant ($p < 0.001$) and underscores the critical role that decision-making power plays in directing resources toward women's priorities.



Interestingly, a significant portion of the households (~ 23 %) responded that they spent a median amount of ~ INR 2000/- towards healthcare, including essential but often overlooked needs like sanitary products. Yet, a similarly significant gap emerged in the area of pregnancy-related nutrition, which only 4.83% of households identified as a specific expenditure. This is telling. While the HCTs seem to be addressing basic healthcare needs, they fall short in responding to the nuanced nutritional needs of women during critical life stages, such as pregnancy. This gap underscores a pressing need for more targeted interventions within cash transfer programmes that take into account the complex and varied needs of women.

The general picture painted by the Andhra Pradesh survey is not unusual. Globally, there is growing evidence suggesting that cash transfer programmes that do not explicitly recognise gender inequalities within households are unlikely to achieve transformative gender outcomes. As studies by the World Bank (2020)³⁷ and UN Women (2021)³⁸ argue, while such transfers are critical for basic economic relief, they should be paired with interventions that acknowledge and respond to the structural barriers women face. These include limited access to financial services, education, and labour market opportunities, which as the Andhra Pradesh data suggests, remain largely unaddressed despite the initial relief provided by HCTs.

³⁷ World Bank (2020). *Building Back Better Means Designing Cash Transfers for Women's Empowerment*. July 29, 2020.

<https://blogs.worldbank.org/en/voices/building-back-better-means-designing-cash-transfers-womens-empowerment>

³⁸ UN Women. (2021) *The Effect of Cash-Based Interventions on Gender Outcomes in Development and Humanitarian Settings: A Review of the Evidence*. 2021.

[https://www.unwomen.org/en/digital-library/publications/2021/02/discussion-paper-the-effect-of-cash-based-interventions-on-gender-outcomes;](https://www.unwomen.org/en/digital-library/publications/2021/02/discussion-paper-the-effect-of-cash-based-interventions-on-gender-outcomes)

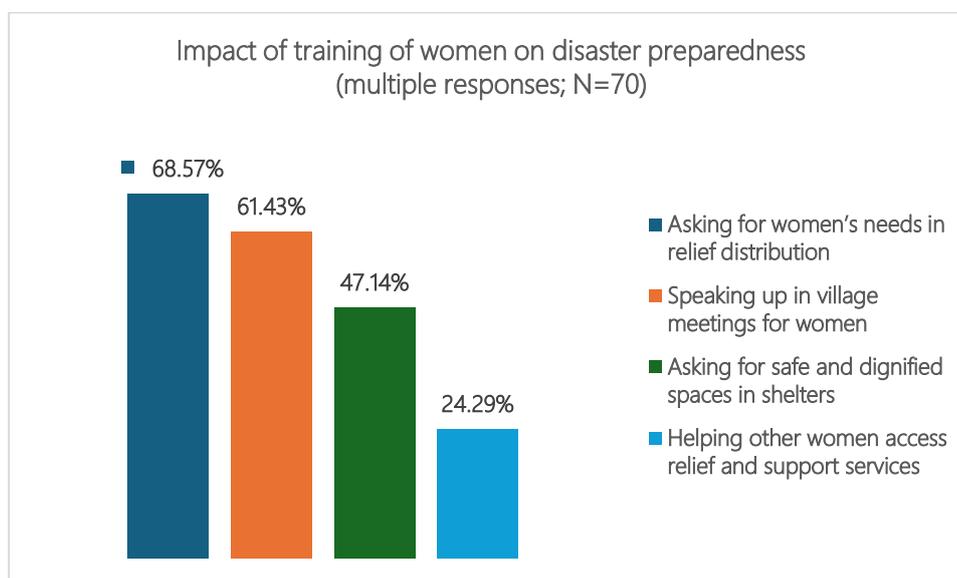
8. Unravelling the impact pathways

i. Pathway 1 - Training Women

In the cyclone-prone coastal regions of Andhra Pradesh, where humanitarian cash transfers (HCTs) have become an essential support mechanism for vulnerable communities, a critical question remains: Are these interventions truly empowering women? A recent survey-based study among beneficiary households offers a compelling insight – the answer lies not just in the cash, but in the capacity building that surrounds it.

a. Transformation in Power Dynamics

In disaster contexts, the value of training often lies not just in technical know-how but in how it transforms power dynamics within communities. In Andhra Pradesh, women are trained as *Aapda Mitras* by the local District Disaster Management Authorities (DDMAs) to strengthen community-based disaster preparedness and resilience. The training includes the use of early warning systems, fire safety measures, flood evacuation protocols, and basic disaster response techniques. The initiative promotes inclusive, gender-sensitive, and decentralized disaster management, while reinforcing the social and protective fabric in vulnerable areas. The recent survey of HCT responses beneficiaries in Andhra Pradesh shows this shift playing out in real time. More than 1 in every five women (22.5%; N=70) affirmed to have received any training (through government or CSO supported) on disaster preparedness. Of the three fourths (77% or 54 women) of these expressed their views on the utility of trainings received.



The most frequently cited outcome was an increased ability to advocate for women's needs in relief distribution, with nearly 69% of the women saying that a better nuanced understanding of the locally led processes and guidelines enabled them to voice these concerns effectively. This aligns with a growing body of global evidence suggesting that when women are involved in shaping aid processes, relief becomes not just more inclusive, but more efficient (UN Women, 2022).

Furthermore, more than 61% said they felt more confident to speak up in village meetings—a notable shift in rural areas where women's voices are often sidelined. The ability to raise concerns publicly, particularly in times of crisis, is a critical marker of agency.

Other important areas where women applied their training include demanding safe and dignified spaces in shelters (47%), and helping other women access relief and support services (24%). While the latter may seem modest in percentage terms, it reflects the emerging role of trained women as *peer leaders*—a grassroots layer of response capacity that formal systems often overlook.

These findings resonate with the international literature on gender and disaster risk reduction, which underscores the importance of investing in women's capacities not just as recipients of aid but as *frontline responders* (Enarson & Chakrabarti 2009). The data from Andhra Pradesh does not just affirm this—it grounds it in lived experience.

Still, the overall proportion of trained women remains low, pointing to an urgent opportunity. Scaling up such training—especially when led by trusted CSOs—could significantly deepen resilience and improve gender equity in future disaster responses.

b. Regression Results on impact of training of women

Regression results from the study reveal a striking finding: women who received training were significantly more likely to report higher levels of decision-making agency, both within their households and in community disaster preparedness. The coefficient for “Received Training” (0.7878, $p < 0.001$) is not only statistically robust but also suggests a transformative potential.

This aligns with global research, including a multi-country study by the Women's Refugee Commission (2021), which asserts that when women are equipped with relevant training, their role in shaping disaster response becomes more visible and impactful, often leading to more equitable outcomes.

Dependent Variable: Levels of decision-making agency among women				
Independent Variable	Coefficient	p-value	95% C.I	Significance
Women Involved in Disaster Preparedness	0.0372	0.016	[0.0070, 0.0674]	Significant
Received Training	0.7878	0	[0.6412, 0.9344]	Highly significant
HCT Spending Group	0.0295	0.025	[0.0037, 0.0553]	Significant
Spent on Women's Needs	0.1189	0.001	[0.0460, 0.1918]	Highly significant
Social Group	-0.0122	0.332	[-0.0370, 0.0125]	Not significant
Age Group	-0.0113	0.253	[-0.0307, 0.0081]	Not significant
Education Category	0.0245	0.288	[-0.0208, 0.0699]	Not significant
Female Category	0.0243	0.125	[-0.0068, 0.0554]	Not significant
Women Collective Member	0.0216	0.463	[-0.0364, 0.0797]	Not significant

The correlation becomes even clearer when juxtaposed with variables such as participation in HCT spending groups (0.0295, $p=0.025$) and households where money was spent explicitly on women's needs (0.1189, $p=0.001$). These findings suggest that the design of cash transfers – who decides, and what is prioritised – is deeply gendered. Where women are trained and included, spending shifts towards their priorities, such as food security, health, and children's education.

Interestingly, mere membership in women's collectives, without training, showed no statistically significant association with increased agency. This challenges some assumptions in the literature that collectivisation alone is a panacea for women's empowerment. As noted in CARE's gender in emergencies framework, collectives can be powerful platforms – but only when combined with meaningful training and decision-making opportunities (CARE International, 2020).³⁹

Furthermore, demographic factors like education level, age, or social group identity (Scheduled Caste/Scheduled Tribe/OBC) were not significant predictors of agency. This counters much of the broader development literature that tends to view education as a primary lever for empowerment. The implication is stark: in the humanitarian context, especially in rapidly changing disaster landscapes, timely and context-specific training may matter more than formal education.

These findings resonate with UN Women's argument that humanitarian aid must move beyond “do no harm” to become explicitly gender transformative.⁴⁰ Training women in disaster preparedness and involving them in HCT decisions not only meets their immediate needs but enables them to shape responses that are more inclusive, equitable, and resilient in the long run.

To make HCTs genuinely gender-responsive, policymakers and aid agencies must rethink the architecture of aid delivery. Training must not be a peripheral activity; it must be central – a non-negotiable. It ensures women's lived experiences guide both spending and planning, transforming passive recipients into active architects of resilience. These findings suggest that training is not just a capacity-building tool but a catalyst that enables women to assert their agency during critical times. Moreover, the analysis reinforces that financial support targeting women is closely linked to increased decision-making power. When women have access to resources and the skills to manage them, they are more likely to influence how aid is used—making relief and recovery efforts more effective and inclusive.

In essence, investing in women's training and financial autonomy empowers individuals and strengthens community resilience in the face of disasters. This also closely ties up with the PM's 10 Point agenda that emphasises among other things, the empowerment of women through SHGs for disaster preparedness. At a policy level, it is encouraging to note that the National Disaster Management Authority (NDMA), in consultation with its national think tanks such as the National Institute of Disaster Management (NIDM) and the state counterparts (SDMAs) has already been providing training to women as *Aapda Mitras* (Disaster Friends) and integrating women's special needs to provide assistance through the approved norms of assistance under the State Disaster Response Funds and the National Disaster Response Fund.

³⁹ CARE International. 2020. *Gender in Practice: Gender Equality in Humanitarian Action*. <https://www.careemergencytoolkit.org/gender/gender-in-practice/>

⁴⁰ UN Women. 2021. *Beyond Do No Harm: A Call for Gender Transformative Humanitarian Action*. <https://www.unwomen.org/en/news/stories/2021/10/news-un-women-calls-for-gender-transformative-humanitarian-action>

ii. Pathway 2 – CSO engagement

For Humanitarian Cash Transfers (HCTs) to be effective and locally responsive during disasters, Civil Society Organizations (CSOs) must be embedded at every stage—from targeting to delivery and monitoring. CSOs, especially those rooted in affected communities, are often the first responders and have critical insights into local vulnerabilities, informal economies, and social networks.

a. Elements of CSO–Government Partnerships

The experience of EFICOR during the Andhra Pradesh floods offers valuable insights into how well-timed partnerships between civil society organisations (CSOs) and government agencies can make humanitarian cash transfer (HCT) interventions both efficient and widely acceptable. As climate-related disasters become more frequent and complex, such collaborations are not just helpful—they are essential for designing inclusive, credible, and swift responses.

EFICOR’s engagement was marked by early dialogue and operational transparency. By sharing response plans and targeting criteria with the district administration from the outset, the organisation ensured that their relief activities were aligned with government priorities. This helped prevent duplication of aid, avoided confusion at the field level, and allowed the government to view the intervention not as an external effort, but as a complementary support system.

Data collaboration emerged as a critical enabler. Rather than relying solely on NGO-generated household lists, EFICOR worked with local officials to validate and fine-tune the data at the village level. This process ensured that the most affected households were not missed and that existing government records were updated in parallel. For overstretched disaster departments, this kind of field-level support reduced administrative burden while increasing the accuracy of targeting.

The partnership also created shared accountability mechanisms. Government functionaries were formally invited to community meetings and asked to oversee distribution points. Their presence built trust within the community and minimized grievances, while also reassuring other arms of the administration about the transparency of the intervention. In an environment where complaints often arise due to exclusion or misinformation, this joint oversight allowed for quick resolution and fostered confidence in both the NGO and the system.

Importantly, this approach offered a proof point for policy innovation. As district officials witnessed firsthand the benefits of flexible, unconditional cash as a relief tool—delivered in a structured, well-audited manner—they began to recognise HCTs as a legitimate complement to in-kind or post-disaster compensation models. In several cases, this catalysed interest in adapting similar approaches within local disaster management plans.

The broader lesson is clear: when CSOs proactively bring governments into the process—as co-validators, co-monitors, and co-communicators—they move beyond simple service delivery to help build the institutional scaffolding for resilient, scalable response systems.

b. Regression Results on impact of CSO–Government Partnerships

The regression results provide compelling statistical validation for what many humanitarian practitioners have long understood through field experience: when Civil Society Organizations (CSOs) and government

entities partner meaningfully, humanitarian aid becomes not only more effective, but also more trusted and inclusive.

Variable	Coefficient	p-value	95% C.I
Perceived CSO inclusiveness (Base = Strongly Disagree)			
Disagree	-0.0891	0.803	-0.7904 to 0.6122
Neutral	1.1816	0	0.6305 to 1.7328
Agree	2.0824	0	1.5583 to 2.6064
Strongly Agree	2.5649	0	2.0206 to 3.1091
SHG Member (Yes)	0.0718	0.414	-0.1007 to 0.2443
Community Leader Engaged	0.3023	0.001	0.1286 to 0.4759

In this analysis, 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—both effects statistically significant at $p < 0.001$. These are not marginal differences; they reflect a meaningful shift in how recipients experience and internalize humanitarian support.

What makes this finding especially significant is that it holds true even after controlling for other variables, such as SHG membership and community leader engagement. Notably, SHG membership alone was not significantly associated with satisfaction, signalling that structural affiliation, does not automatically lead to improved outcomes. This challenges conventional assumptions in both policy and program design that often over-rely on collectives as a proxy for women’s empowerment. In contrast, community leader engagement did have a significant effect ($\beta = 0.30$, $p = 0.001$), reinforcing the importance of local validation, dialogue, and legitimacy.

The model’s explanatory power ($R^2 = 0.446$) suggests that inclusiveness and joint ownership are not peripheral to aid effectiveness—they are central to it. These insights resonate with global humanitarian commitments, particularly the Grand Bargain’s localization agenda, which calls for “a participation revolution” that puts people receiving aid at the centre of decision-making. The Sphere Standards also emphasize coordinated and community-responsive programming as a key determinant of humanitarian quality and accountability.

More practically, this echoes field examples such as EFICOR’s experience during the Andhra Pradesh floods, where early and transparent coordination between the NGO and district administration enabled smoother implementation, reduced duplication, and fostered mutual accountability. Similarly, evaluations by the IFRC and the Cash Learning Partnership (CaLP) have repeatedly shown that programs co-designed with local actors—especially those that include shared data validation, joint targeting, and participatory monitoring—are more likely to reach the most vulnerable and build trust among communities.

These findings also have implications for institutional disaster preparedness. When CSOs are empowered not just as implementers but as co-strategists in HCT architecture, they contribute to building a more adaptive and scalable system—one that can evolve with the complexity and frequency of crises driven by climate change and displacement. District administrations that witness the operational and social value of CSO partnerships are more likely to adopt these models into standard operating procedures, further institutionalizing inclusive cash responses as a norm rather than an exception.

In sum, this analysis reinforces a key message: inclusive CSO–government partnerships are not a technical add-on—they are foundational to humanitarian effectiveness. They shift the response from a transaction to a relationship; from relief to resilience. If the sector is serious about equity, accountability, and local leadership, then designing for trust, shared ownership, and community validation must be treated as core program components—not optional ones.

For state and district governments, the experiments as observed in discussions with various START and IHH members, there emerges contours of a model that offers low-hassle, high-trust collaboration. It does not require the creation of parallel systems or the diversion of scarce disaster response manpower. Instead, it strengthens the government's hand—providing them with local data, logistical support, and community insights—while also holding NGOs accountable to public standards.

In a future where anticipatory action and locally led response will define the success of humanitarian systems, such partnerships are not an add-on—they are the foundation. Policymakers would do well to embed these practices into standard operating procedures and state relief guidelines, ensuring that the strengths of civil society can be harnessed when it matters most.

PART C – CONCLUSIONS & RECOMMENDATIONS

9. Conclusions

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. The absence of targeted inclusion criteria, limited role of community actors, and fragmented transfer values prevented the response from reaching its full potential.

Vulnerability embedded within socio economic markers:

1. Over half of household heads had never attended school and only 1.5% completed higher education, while 72.5% relied on precarious agricultural wage labour and only 3% had salaried work. In terms of asset ownership, 84% of households owned no land, increasing exposure to economic and climate shocks, compounded by minimal crop insurance coverage (13.5%). Nearly half of the households faced food shortages in the past three months, reflecting a gap between social protection coverage and actual nutritional security.
2. Disasters caused death (1 in 7 households), damage to homes (91%), and loss of main income (67%), with 97% requiring relocation—disrupting social ties and increasing psychosocial and gender-based vulnerabilities. Only 44% reported regular school attendance; 18% cited child labour and migration as barriers—especially concerning for girls facing risk of early marriage and school dropout.
3. While mobile phone (93%) and bank account ownership (97%) were high, 19% of accounts were inaccessible or frozen, especially affecting digitally and socially disadvantaged groups. With only 13.5% having crop insurance, most households were fully exposed to climate risks and long-term distress with no buffer
4. A majority of humanitarian cash transfer (HCT) recipients were women-headed households (67%) and overwhelmingly from Scheduled Castes or Tribes (83%), highlighting intersecting vulnerabilities.

Elements of localisation of HCTs

5. Nearly 73.75% of households reported involvement of local leaders—especially in beneficiary identification (61.75%), distribution (59.75%), and camp support (30.75%). Despite their role, local actors lacked formal authority or representation in planning and design, limiting influence on accountability and grievance systems.
6. Community institutions like PRIs, SHGs, and women's groups were not meaningfully engaged in HCT planning or monitoring—missing an opportunity for equitable localisation.

Gender dimensions in HCTs & Understanding adequacy of transfers

7. There was no specific targeting of households with infants, pregnant women, or people with disabilities—underscoring the lack of inclusive, needs-based protocols. Despite 73% SHG membership, only 36% of women accessed information or relief through these networks, reflecting a disconnect with institutional disaster response.

8. A strong association was observed between perceived control over cash transfer funds and the likelihood of spending on women-related needs. The findings clearly show that a significant majority (95.2%) of the respondents (these were all women in the present study) who spent on women's needs reported having full control. Food (77%) dominated spending; only 9% used HCTs for income generation and 5% for pregnancy-related nutrition. Just 23% spent on health or sanitary needs. Lack of integration with financial services, reproductive health, or leadership support limits the potential of HCTs to address gender inequities in crisis response.
9. HCT values ranged from INR 1,000 to 10,000 with little clarity—leading to perceived inequities and dissatisfaction among recipients. Evidence from multiple responses (e.g., Joshimath, Andhra floods, NDMA-UNICEF) suggest INR 8,000–10,280 as a reasonable benchmark for effective assistance. Unaligned contributions from state and philanthropy created fragmentation; CSOs using pre-assessed vulnerability data ensured more consistency and fairness. Only 9.5% received aid within 24 hours; a third waited over a week. Most received only a single tranche with no follow-up, especially affecting women-led and informal sector households.

Empowerment Pathways and Scalable Good Practices

10. Women receiving preparedness training were more likely to advocate for gender-sensitive relief and safety measures during village-level decisions. In Andhra Pradesh, training improved women's decision-making power ($\beta = 0.7878$, $p < 0.001$), more than even age or education. Households prioritising women's needs showed significantly higher agency ($\beta = 0.1189$, $p = 0.001$), validating the case for tailored interventions.
11. Community leader involvement correlated with higher satisfaction ($\beta = 0.30$, $p = 0.001$), reinforcing the value of embedded, localised disaster response. Also, satisfaction rose when CSOs were acknowledged ($p < 0.001$).
12. The combined evidence shows that inclusive governance models—anchored in local leadership, meaningful CSO partnerships, and gender-responsive design—are key to building scalable and trusted humanitarian cash systems.

10. 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 allowing for contextual adaptation. The study team estimates that an amount of INR 10,180 /- 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 accountability and feedback systems;
 - ✚ Direct and flexible funding mechanisms.
- d. Embedding these through pre-approved mandates and processes can help link HCTs to wider social protection schemes.

Globally, local ownership of HCTs is 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, the hidden challenges of account closures and suspensions, need to be factored into design processes and timelines. Likewise, 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. Accountability 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 accountability 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.

iv. A suggested Operational Matrix

S. No.	Broad Theme	Sub-theme (What to do)	Operational Points (How to do)	Nodal Points/ Agencies	Indicative Timeline	Resource Requirements
1	Institutional Strengthening and Localisation	Differentiated vulnerability assessment	(i) Use tools developed by START/IHH and adapt for district-level assessments (ii) Leverage data from welfare schemes (PMA, NFSA, PDS, pensions) to identify vulnerable households (iii) Establish protocols for inter-departmental sharing of vulnerability data pre-disaster	District Disaster Management Authority (DDMA), State Planning Dept.	6 months (Pre-disaster preparedness phase)	INR 12- 15 lakhs per district for data tools, training, and fieldwork
2	Institutional Strengthening and Localisation	Harmonising cash transfer principles and delivery standards	(i) Adopt a minimum transfer threshold (e.g. INR 10,480/-) based on study recommendations (ii) Use SDRF/NDRF norms as a baseline for eligibility and assistance (iii) Train local officials on existing HCT and entitlements frameworks	Revenue Dept, Disaster Management Dept, District Treasury	3 months (Alignment during annual planning)	INR 8- 10 lakhs for workshops, training modules, dissemination
3	Institutional Strengthening and Localisation	Institutionalize CSO roles in HCT delivery Transfer decisionmaking to local actors	(i) Include CSOs in District Disaster Coordination Committees (ii) Create a formal SOP for CSO involvement in grievance redress and identification (iii) Ensure direct and flexible funding mechanisms for grassroots CSOs working on HCTs through SDMA/DDMAs	District Collector's Office, Dept of Civil Supplies, CSOs	9 months (linked to SOP finalisation)	INR 20 lakhs across 4 districts for legal vetting, stakeholder consultations, CSO support
4	Gender-Responsive Program Design	Empower women through cash transfer design - Provide complementary gender sensitive services	(i) Ensure direct targeting of women beneficiaries by naming them as recipients (ii) Enable phased HCTs to accommodate differential recovery timelines (iii) Include women's SHGs and collectives in community verification processes (iv) Plan multi-tranche/phased support for marginalised groups	Women & Child Development Dept, SERP, CSOs, Local government	6-9 months	INR 18-20 lakhs per district for tech backend, SHG engagement, phased roll-outs
5	Accountability, Equity, and Systems for Inclusion	Establish inclusive grievance redress systems	(i) Set up help desks with volunteers in each Gram Panchayat (ii) Design multilingual formats for grievance lodging (SMS, WhatsApp, paper) (iii) Train SHGs and Panchayat members in redress mechanisms (iv) Improve financial literacy and banking accountability. (v) Incorporate gender sensitive monitoring and dialogue on norms.	Panchayati Raj Dept, DRDA, Banks	3 months (Initiation phase)	INR 10 lakhs per district for help desks, training, and communication