



GENDER SENSITIVE RESILIENCE CAPACITY INDEX-

Women's Leadership, Empowerment, Access, and Protection (LEAP)- Yemen

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During the past number of years, the concept of resilience has become increasingly important within international development and humanitarian organisations and a critical concept bridging the humanitarian and development nexus.

The 2016 World Humanitarian Summit¹ reached a consensus on the need to better bridge humanitarian assistance with development cooperation. However, the agreement left open the question of how this can best be done in practice. Different actors have been invested in understanding how individuals and households cope with shocks and stressors to streamline the Resilience into programming and measurements. Various attempts have been proposed to define and measure Resilience quantitatively and qualitatively. Despite progress made by many actors on the theoretical, conceptual, and academic sides, programmatically and practically, measuring, monitoring, and evaluating resilience interventions is still challenging.

In 2008, the Food and Agriculture Organization (FAO) proposed an econometric approach for measuring household resilience. Since then, it has been at the forefront of developing, testing, and rolling out the Resilience Index Measurement and Analysis (RIMA)² in many countries. In 2019, the UN Women Regional Office for the Arab States approached FAO to conceptualise a gender-sensitive resilience capacity index based on FAO's econometrics, approaches, and experiences.

In the Arab States region, UN Women began its resilience monitoring efforts in 2019 and the first [Gender-Sensitive Resilience Capacity Index Report for Iraq](#) was published in June 2020. During 2020, UN Women extended its resilience monitoring framework to cover regional resilience-focused programmes (*Women's Leadership, Empowerment, Access, and Protection (LEAP)* – Egypt, Iraq, Jordan and Regional Component and Gender-responsive Management and Response to the COVID-19 Pandemic in the Arab States Region: From Emergency Response to Recovery and Resilience) in Egypt, Iraq, Lebanon, Palestine, and Yemen. The [UN Women Iraq's second report through the Gender-Sensitive Resilience Capacity Index \(GSRCI\)](#) was produced in June 2021 under the LEAP programme. This is the second of six reports that UN Women intends to publish and is a result of data collection efforts under the regional 2020-2021 LEAP programme in **Yemen**.

With thanks to the Government of Japan, who generously funded the regional LEAP as well as the resilience monitoring efforts, UN Women in Yemen was able to roll-out the gender-sensitive resilience capacity index in Al Hodaidah, Aden and Hadramout through its implementing partners, the Yemeni Women Union (YWU), Women Charity Association for Combating Poverty (WACP) and Youth Leadership Development Institute (YLDF).

This report will present findings on resilience from the lens of 770 host community and internally displaced (IDP) women, who have participated in the skills development programs, cash for work (CFW) interventions and received cash assistance to start their businesses. The aim of this report is to present evidence on the impact of UN Women's interventions and provide in-depth analysis around resilience and factors critical for strengthening resilience. This will allow UN Women to expand its evidence based on resilience and help better design programmes, ensuring that they are mainly based on needs and vulnerabilities of the population of concern.

¹ "Humanitarian and development actors need to work collaboratively across silos and mandates to implement plans with a clear and measurable collective outcome that reduces the vulnerability of internally displaced persons over the long term" (UN Doc. A/70/709, 2016: 23 f.).

² <http://www.fao.org/resilience/background/tools/rima/en/>



The methodology used in the second phase of GS-RCI measurement in Yemen took into account methodological recommendations for the refinement of the index presented the [independent evaluation](#) of UN Women's 'Strengthening the Resilience of Syrian Women and Girls and Host Communities' ("Madad") programme. The conceptual framework, which allows for understanding how women deal with shocks, stressors and adverse situations and address their immediate needs and long term, has also been strengthened. In this second phase of implementing the resilience monitoring efforts, the indicators under each of the pillars and the data collection tools have been revised. This enabled UN Women and FAO to better refine the conceptual framework, which is the backbone of the gender-sensitive resilience capacity index (GS-RCI).

[What is Gender-Sensitive Resilience Capacity Index \(GS-RCI\)?](#)

The GS-RCI is a quantitative approach to measuring resilience of women, based on FAO's econometrics, approaches and experiences. Through a constructed index, stakeholders are allowed to better understand how women deal or cope with shocks and stressors.

The GS-RCI is constructed using a multidimensional approach. Specifically, four critical pillars are used (women's access to basic services, adaptive capacity, access to assets, and social cohesion and interconnectedness) against a specific outcome (in this case indicators proxying livelihood and women empowerment). The weighting of each pillar is response-dependent (in other words, it depends on how important women consider these determinants to be). In addition, each pillar is a composite index on its own and is developed based on a set of direct and proxy indicators. Each component contributes to the GS-RCI and is identified by value; though there are no predetermined thresholds. An increase in the GS-RCI value over time implies improved resilience. Since the calculation of the GS-RCI is based on the pillars and the weightings allocated to each of the pillars, the GS-RCI's structure and results are dynamic in nature.

[How is Gender-Sensitive Resilience Capacity Index measured?](#)

Changes in beneficiaries' resilience overtime, measured through the GS-RCI and as a result of project interventions, requires substantial investment in collecting and analysing data at different points in time. For longer-term projects³, three surveys are undertaken; one survey at the start of the project, which allows us to set a baseline, and followed by two surveys (a midline survey carried out 3-6 months after the start and an endline taking place 6-9 months after the end of the programme). As the implementation duration of the LEAP programme was 9 months, UN Women and its partners carried out two surveys (a baseline and an endline).

[Methodology](#)

As part of the programmatic monitoring, UN Women's implementing partner recruited 29 female social workers in Al Hodaidah, Aden and Hadramout. The programme's total target for livelihoods interventions was 1,495 women, and a sampling methodology was agreed upon and used with the partners. A total of 770 beneficiaries were surveyed at the time of the endline survey.

The data collection was conducted using an extensive quantitative survey that was undertaken at the start of the programme (in November 2020) and at the end of the programme (February and March 2021). Data collection was closely supported by UN Women's Regional Monitoring and Reporting Specialist and the UN Women Programme Officer for Yemen.

[Gender-Sensitive Resilience Capacity Index Pillars](#)

The conceptual framework for measuring the GS-RCI is built on the strategic approach adopted by FAO, which addresses the underlying causes that contribute to vulnerability, and seeks to understand

³ Projects with a duration of over one year.



and address long-term trends that affect people's exposure to risks and increase/decrease capacity to absorb or resist shocks. The core resilience components, namely pillars, are:

- Access to Basic Services (ABS)
- Assets (AST)
- Social Cohesion and Interconnectedness (SCI)
- Adaptive Capacity (AC)

Access to Basic Services (ABS) refers to beneficiaries' ability to access services such as education, employment, health services, adequate shelter, political participation and decision-making, access to documentation (relevant to refugees and IDPs), and how critical is the access.

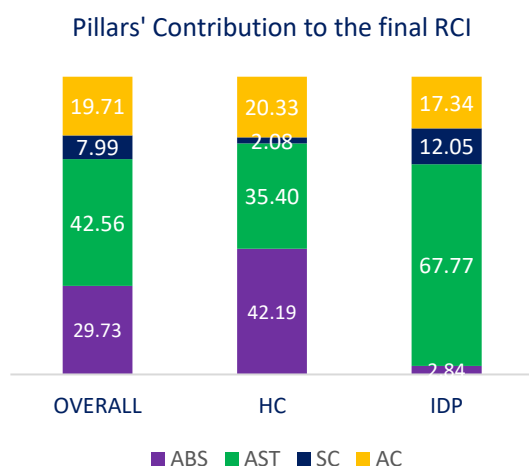
Assets and income generation comprise both productive and non-productive assets. Based on the assumption that higher income can lead to higher savings and ownership of assets, this has been used as a starting point in dealing with shocks and stressors. The ability of women to generate income will enable them to become more independent. Furthermore, the ability of women to spend on non-essential goods or to sell productive assets can be considered a proxy for wealth.

Adaptive capacity mainly considers the ability of women to adapt to changing environments. This pillar is primarily determined by complex inter-relationships and gendered dynamics related to decision making and the ability to influence decision making. There are other factors such as demographic structures affecting adaptive capacities such as the dependency ratio (eg. how many adults are in a given household, the individual that is the household head, etc) and the level of education of individuals within the household.

Social Cohesion and Interconnectedness. There is growing evidence that social infrastructure is one of the resilience drivers, mainly if social dimensions are considered. Social structures and relationships within the communities can reflect some of the underlying socio-economic disparities and affect some individuals/groups' resilience as opposed to others. The social infrastructure can also indicate individuals' ability to access (cash or in-kind), ask for support when shocks and stressors happen, and the higher the social network, the easier the access to informal assistance. Also, developing resilience capacities relies on protective factors within the households and the community. The feeling of safety and security within one's community lay the foundation that is at the core for strengthening Resilience and provides opportunities that promote well-being and Resilience. Access to transfers in many contexts make up a large part of poor households' annual income, and remittances generate additional income for individuals and households. Similarly, sharing of resources with neighbours/groups can be a proxy indicator of social cohesion and support networks that enable community-based social safety net measures to be put in place.

The resilience monitoring is data driven, or in other words is response-dependant. Therefore, the analysis and structure of the GS-RCI structure is dynamic and may be different for each of the project targeted groups.

The GS-RCI structure



This graph represents the contribution of pillars to the GS-RCI structure at the endline. It was noted that the asset pillar in the overall GCS-RCI has the strongest correlation among the four pillars, followed closely by access to basic services, adaptive capacity, and social cohesion and interconnectedness, respectively. The assets component is determined by variables related to employment status and the ability of women to generate income and spend on non-essential good/services as well as ownership of assets (including productive assets). While the relevance of assets is almost homogeneously important to both groups (host communities and IDPs), the contribution of the remaining pillars was

heterogenic, carrying different weights as seen in the above graph. Although resilience pillars carry relatively differently weights, they all remain essential determinants of women's resilience. However, the higher the weight, the stronger the correlation – and this essentially refers to how quickly resilience can be strengthened in the short term.

Access to basic services is the second critical determinant of resilience, mainly because host community and IDP women have identified access to basic services as important to strengthen resilience in the short run. Data collected under this pillar revealed that 64% of surveyed women reported challenges in accessing protection services. This was followed by 60% of surveyed women reporting challenges accessing employment services and 45% of surveyed women reporting challenges in accessing education services. When these access challenges were reviewed by community of origin, higher percentages were noted for host community women suggesting that they were facing more challenges in accessing basic services than IDP women.

Overall adaptive capacity held the third highest weight among the four pillars, carrying different weights for the different groups. Adaptive capacity is mainly driven by an individual's ability to apply flexibility in addressing challenges and balancing power among household members. Some of these characteristics can either promote (education or acquired skills) or inhibit resilience (having a particular disability, lack of household support or tensions within households resulting from employment).

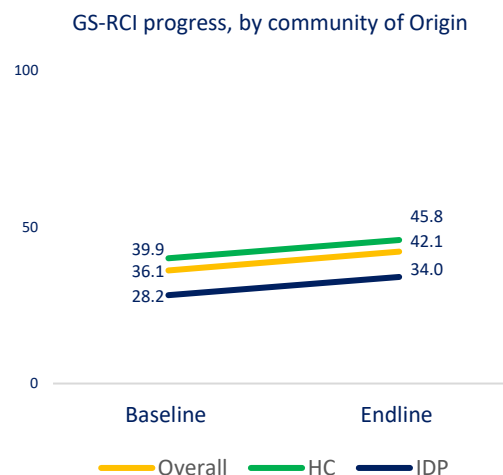
Lastly, the social cohesion and interconnectedness pillar is mainly driven by indicators related to the feeling of safety and security within their communities, intercommunity relationships, and social networks of individuals. The above results indicate that the pillar for IDPs has six times the weight than for host communities, highlighting that the feeling of safety and security was found to be of higher importance for IDPs compared to host community women.



Project Results- GS-RCI Progress

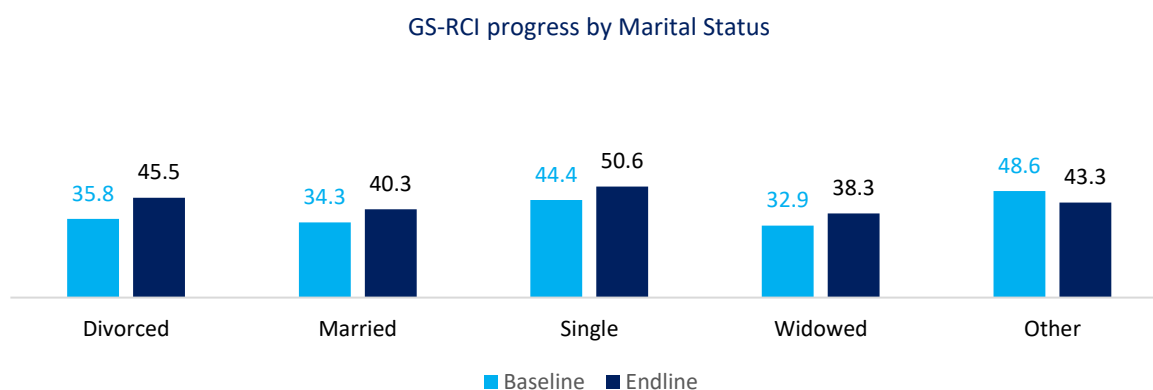
GS-RCI progress by Community of Origin

GS-RCI differences among host community and IDP women were noted. IDP women were the least resilient at the time of the baseline survey. Host community women reported having assets more than IDP women. This has positively impacted their ability to save income generated and consequently less deployment of emergency, crisis, and stress livelihood-based coping strategies. As mentioned previously, data analysis suggests that IDP women reported more challenges accessing basic services, more specifically protection, education, and health services. Although at the end of the project, a 16.6% increase in resilience has been noted overall for all groups, the increase was not homogeneous. The increase was notably higher for IDP women (20.6%) than host community women (14.6%).



Furthermore, 8 out of 10 IDP women were married and had children, and had a higher household dependency ratio (1.2 times higher than host community women). This directly influenced their spending on non-essential goods and increased their reliance on remittances. Progress in index scores are further analysed in the following sections by marital status, by household head status, presence number of children, and types of assistance.

GS-RCI Progress by Marital Status



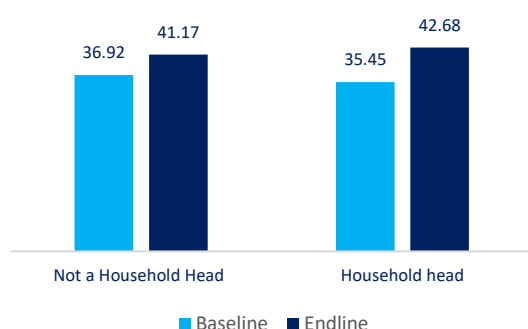
When the GS-RCI results are compared with the marital status, widowed and married women were found to be the least resilient at the start of the project than divorced women. The analysis of the baseline survey data also revealed that widowed and married women reported having more challenges accessing basic services significantly and less ownership of assets. Widowed women had the worst living conditions, in terms of housing and shelter, and were the least reliant on remittances. They had little to no assets with 63.3% of widowed women reporting not owning a sewing machine,



mobile phone, jewellery, means of transportation, or other such as assets. At the end of the project, divorced women showed the highest progress (9.67 increase), followed by single women (6.1% increase) and married women (6% increase) respectively. Widowed women showed the least increase (5.4% increase). These results can be explained by the fact that divorced, single and married women reported engagement in income generation opportunities and accessing employment opportunities more than widowed women. Divorced and single women also reported more ownership of assets than married and widowed women. Widowed women at the end of the project also reported the highest dependency ratios⁴ equivalent to 3 per person. In addition, it is also worth noting that households of widowed women reported the least diversified incomes within the households, indicating that they are the sole breadwinners for their households.



GS-RCI status by Household Head Status



GS-RCI Progress by Household Head Status

At the start of the programme, female-headed households were found to be less resilient than women who were not heading households. Overall, female headed households reported higher challenges in accessing basic services and having a higher dependency ratio (almost 1.7 times more than women not heading households). Female headed households also reported lower participation in groups for socialisation and de-stressing⁵, lower sharing of resources with

neighbours and lower reliance on remittances. At the end of the programme, female headed households showed more progress than women who were not heading households. The increase for female headed households can be attributed to an increase in social networks and engagement in community groups (village committees, women self-help groups, religious group, etc) and an increase in the number of household members with a source of income through employment/self-employment at the time of the endline survey. Furthermore, female headed households reported lower dependency ratio and a higher diversified income within the households as more adults within the households found work.

GS-RCI Progress by Presence and Number of Children

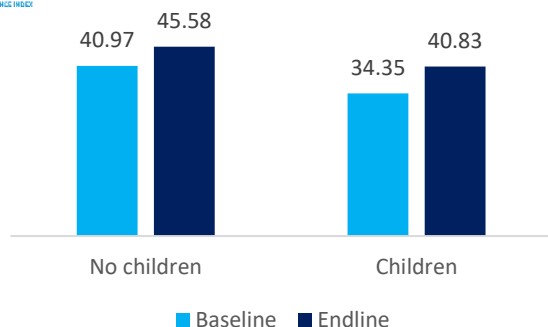
When the GS-RCI results are compared among women with children in their household, women with children at the baseline were found to be less resilient than women without children. A higher dependency ratio was reported that was over twice as much as for women who do not have children. Women who have children reported having less ownership of assets (sewing machines, mobile phone, means of transportation, etc), fewer social networks or less engaging in social groups in their communities, and fewer household members with a source of income through employment/self-employment at the time of the baseline survey. However, at the endline, women who had children showed a higher increase (6.48%) in resilience than those who did not have children (4.61%). When this result was investigated, it was noted that women who had children reported a larger increase in their income situation in the last three months than women who do not have children and higher

⁴ Age dependency ratio is the ratio of dependents--people younger than 15 or older than 64--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population. <https://datatbank.worldbank.org/metadataglossary/gender-statistics/series/SP.POP.DPND>

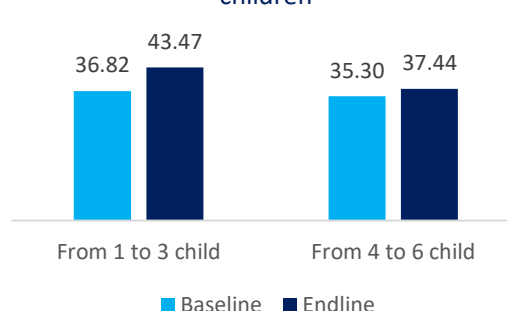
⁵ The social relationships with the community can indicate an individual's ability to access (cash or in-kind), request for support when shocks and stressors occur. The higher the social network, the easier the access to informal assistance.

progress in terms of social networks within their communities as well as an increase in number of adults with a source of income through employment/self-employment at the time of the endline survey. When the results for women who had children were compared with the number of children, women with 4 to 6 children were found to be a little less resilient than women with 1 to 3 children. At the time of the endline survey, women who had 1 to 3 children showed more progress in terms of resilience (6.67% increase) than women who had 4 to 6 children (2.14% increase).

GSRI GS-RCI progress by presence of children

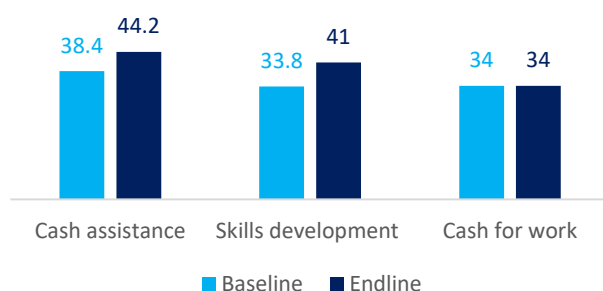


GSRI GS-RCI structure by number of children



GS-RCI Progress by Type of assistance

GS-RCI progress by type of assistance



When the GS-RCI results were compared with the type of assistance received (temporary CFW opportunities, cash assistance and skills development opportunities), it was noted that only two types of assistance resulted in an increase in resilience, namely cash assistance and skills development opportunities. However, the resilience for women who engaged in skills development opportunities showed more progress in terms of strengthening their resilience than those who participated in the cash assistance. The participants of the cash for work programme showed no progress in resilience.

Project Results- Resilience Outcomes:

Evidence collected over the years by UN Women acknowledges the linkages between its livelihood programmes and gender equality, dignity, and empowerment. The measurement component of the index showcases the contribution of the four pillars (access to basic services, assets, adaptive capacity and social cohesion and interconnectedness) to four outcomes: (i) improved livelihoods, (ii) women empowerment and decision making (iii) reduced tolerance to GBV, (iv) improvement in wellbeing. The four outcomes are based on a set of direct and indirect indicators, which can be used to measure changes in livelihoods, tolerance to GBV, wellbeing and decision-making.



The correlation between the four identified outcomes were examined against the GS-RCI pillars at baseline and endline to determine whether the GS-RCI and its determinants were linked and whether the GS-RCI had an impact on the four identified outcomes. The results showed that all outcomes are directly linked, however, at varying degrees of correlation. The highest correlation was noted for the wellbeing and the women's empowerment and decision-making indicators, followed by improved livelihoods indicators and reduced tolerance to GBV.

Outcome 1- Improved Livelihoods

Indicator: *Livelihood based coping strategies.*

Definition: *Livelihoods is defined as “the capabilities, assets and activities required for a means of living”. The livelihood coping strategies is an indicator that measures the extent of livelihood coping mechanisms households need to utilise as a response to a financial shock. This indicator provides a robust understanding of the strategies typically employed by households in difficult situations, and the relative severity of the strategies employed when compared to each other.*

Livelihood-based coping strategies⁶ are longer term household measures deployed to cope with a lack of food, or money to buy food. These strategies are categorised according to severity. There are three categories: stress, crisis, and emergency. The deployment of these strategies indicates people's ability to deal with shocks. Stress coping strategies reflect a reduced ability to deal with future shocks and include spending savings, buying food on credit, etc. Crisis coping strategies reduce future productivity and includes selling productive assets and being unable to attend to health needs. Emergency strategies are more difficult to reverse and are more dramatic in nature. They include sending household members to engage in illegal, exploitative, or degrading jobs, removing children from school and sending them to work, etc.

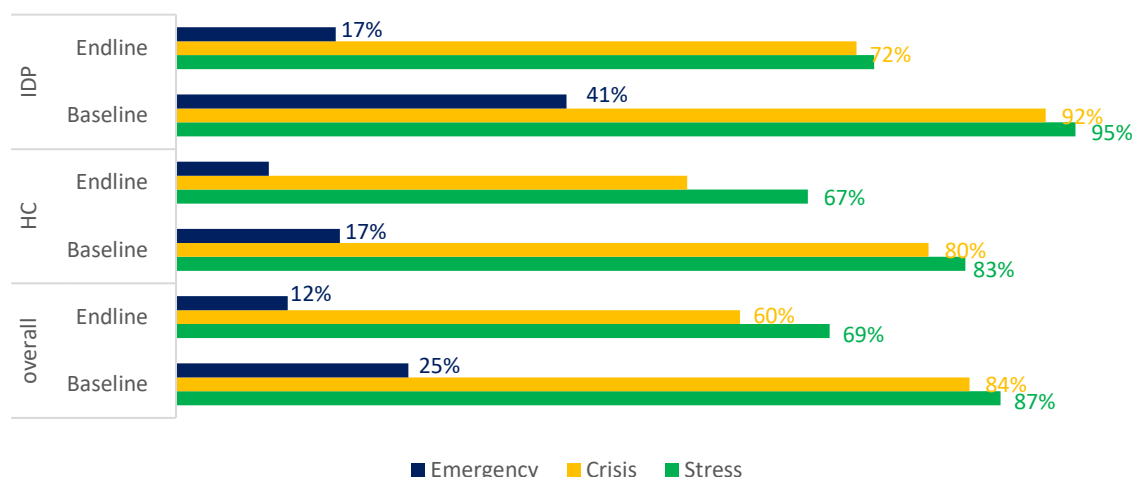
Data analysis suggests the deployment of a range of livelihood-based coping strategies by both IDPs and host community women at the start of the programme. Data collected at the start of the programme reveals that 70.5% of all beneficiaries did not have enough food to eat in the past 7 days. As a result, both groups deployed different types of coping strategies with stress type livelihood strategies being deployed more frequently, followed by crisis type coping strategies and emergency type coping strategies respectively. Overall, IDPs were deploying the three types of coping strategies more than host community women. Furthermore, the number of IDPs deploying emergency type coping strategies was 3.5 times more than host community women. Some of the emergency type coping strategies included sending children to the street to beg, of which 68% were girls. At the end of the project, a great reduction in the deployment of all three types of livelihood-based coping strategies has been noted, demonstrating the direct and positive impact of the project on the beneficiaries. A total of 51.9% reduction has been noted in the deployment of emergency strategies, a 28.89% reduction in the deployment of crisis strategies and a 20.76% reduction in the deployment of stress type strategies.

Gender-specific livelihood-based coping strategies.

UN Women is in the process of expanding its evidence base in relation to gender-specific livelihood-based coping strategies. When beneficiaries were asked if they deployed other types of coping strategies, some women with young children mentioned that they had used other types of diapers such as replacing diapers with cloth, consuming unhealthy (cheaper) food, or cooking occasionally for neighbours which allowed them to make temporary income.

⁶ https://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp271449.pdf

Livelihood-based coping strategies by type and community of origin



Outcome 2- Women's Empowerment and Decision-making

Indicator: Increase in women's decision making and abilities to influence decisions within their households

Definition: The women's empowerment and decision-making indicator measures gendered dynamics within their households and women's autonomy in relation to social, economic, and reproductive outcomes.

Discrimination in household decision-making is often rooted in patriarchal attitudes that favour men over women. There is growing evidence that indicates household decisions are often made through a bargaining process that is more likely to favour men in particular in areas that include control over income, assets, food consumption, freedom of movement, and education of children. By changing discriminatory attitudes in their households, women can advance the rights of girls in the future and for generations to come. Women's empowerment within households will increase the likelihood that children, in particular girls, will not conform to 'traditional' or 'societal' perceptions in relation to the roles of men and women. Therefore, monitoring decision-making dynamics within the household is critical to understanding whether there have been any changes to beneficiaries' bargaining power and in which areas.

This indicator measures women's participation in decisions within their households (either themselves or jointly with others). There are three categories against which decision-making indicators were organised: social, economic, and reproductive. For each of these categories, a set of statements or proxy indicators have been included that help measure women's participation in the decision-making process in relation to spending, food consumption, freedom of movement, how many children to have and the education of children. Each statement is given a score (1 if a woman makes the decision herself or she reports the ability to influence a decision taken jointly to a large extent). The higher the overall score, the greater the indication of gender equity in decision-making.

No major change has been noted in the aggregate value of the decision-making indicator between baseline and endline (only a 0.5% increase). However, the detailed review of this indicator shows that some progress has been achieved in relation to several economic, social, and reproductive decisions. Furthermore, as the indicator methodology considers both women who are able to make decisions for themselves and influence decisions to a large extent, in some of the statements, an increase has been noted in the number of women who are able to take decisions themselves and a reduction in the number of women who can influence decisions to a large extent at the time of the endline survey.



This finding suggests a shift in decision making powers within their households, in particular in relation to working outside the home, spending money made from income generating activities where the man is mainly contributing, selling household assets and the number of children to have. For further details, please refer to the table below.

Decision-making statement	Percentage of women who responded					
	"Myself"			"Ability to influence decisions to a large extent"		
	B	E	Progress	B	E	Progress
Whether you can/will work outside the home	38%	39%	↑	13%	8%	↓
How to spend money made from income generating activity where the man is mainly contributing	24%	27%	↑	9%	6%	↓
How to spend money made from income generating activity where women is mainly contributing	47%	46%	↓	10%	6%	↓
Whether household should take on a small loan, from what source and how much	27%	27%	=	9%	8%	↓
What food to buy and consume	36%	35%	↓	11%	7%	↓
What household goods to buy and consume	36%	36%	=	10%	7%	↓
The sale of household assets	20%	23%	↑	7%	6%	↓
The education of children	37%	34%	↓	12%	8%	↓
How many children to have	19%	21%	↑	8%	6%	↓
Housework and care of elderly in the household	45%	45%	=	9%	6%	↓

Outcome 3- Reduced Tolerance to GBV

Indicator: Women's acceptance of GBV

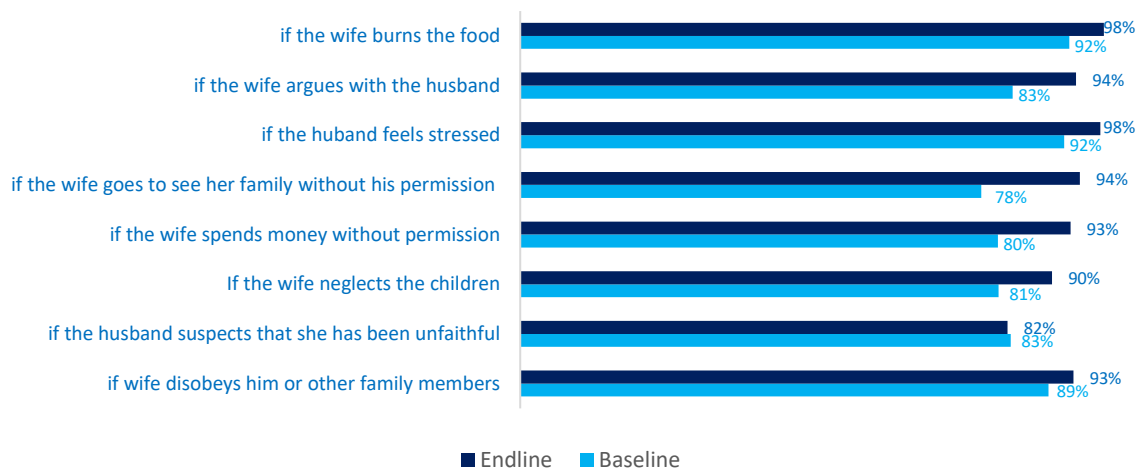
Definition: Acceptance of GBV as a private issue and often prevents others from intervening or prohibits women from reporting. The risk of GBV is high, when and where violence is normalised. This indicator helps to measure levels of tolerance and acceptance to domestic violence and tracks changes as a result of women's economic empowerment.

UN Women's entry point for targeting vulnerable women is the protection centers. The target beneficiaries are those women who are at risk or surviving GBV. Protection support and promotion of gender equality is part of UN Women's regular programmes and is a first step to change behaviour. Monitoring acceptance levels to GBV is also of paramount importance to understand whether there have been changes in perceptions by women in relation to violence. This indicator measures women tolerance to GBV. It consists of statements reflecting several scenarios in which women would accept a violent behaviour against her by her husband. Each statement is based on a Likert scale of 1-5 representing the extent to which they agree or disagree in the given scenarios.



Progress in this regard has been noted with an average 8% of women demonstrating an acceptance of GBV at the start of the project. Less than 1% all project beneficiaries have reported their disagreement with GBV by the end of the project.

Percentage of women who disagree and strongly disagree with violence



Outcome 4- Wellbeing

Indicator: Improvement in women's wellbeing

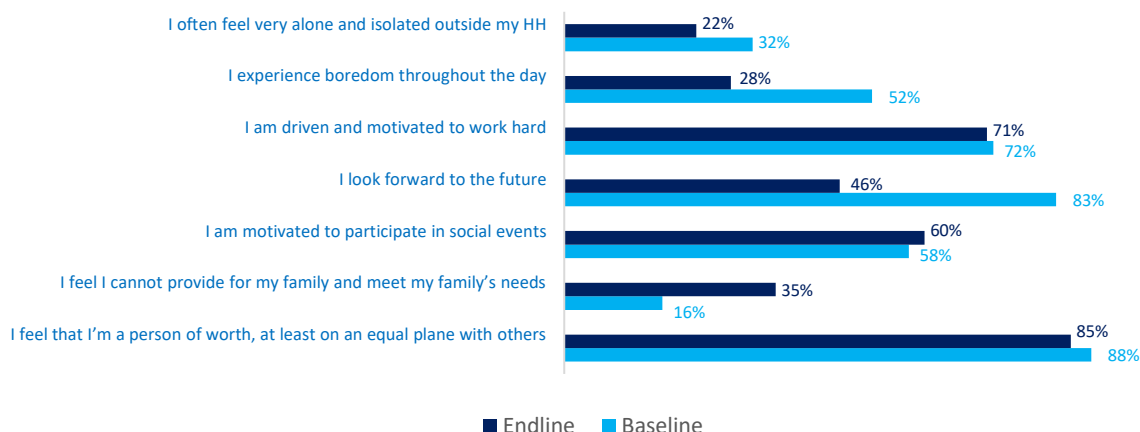
Definition: This aggregate indicator is a self-rated indicator. It helps to monitor changes in women's wellbeing in the following domains: confidence, motivation, inclusion, respect, and abilities. This indicator also captures their perceptions of gender equality.

This index is comprised of two indicators: the first indicator is a reflection of self-image and the second indicator captures the beneficiaries' perceptions of gender equality. Both indicators consist of statements reflecting the five domains of wellbeing and gender equality perceptions. Each domain contains of statement(s) based on a Likert scale of with 1-5 points representing the extent to which they agree or disagree with these statements.

Overall, a 3% decrease in the overall score of the self-image indicator was reported between the baseline and endline. This decrease has been mainly driven by a significant decrease of women (by 36%) at the endline, who reported that they look forward to the future. While there has been a decrease in the overall score of this indicator, some progress has been made in three other sub-indicators (statements): an overall increase in number of women who feel they are able to provide for their families (11%), those who no longer experience boredom throughout their day (10%) and those who are motivated to participate in social events (3%). For further details, please refer to graph below. Kindly note that in order to reduce/prevent social desirability bias, the technique used in the survey questionnaires included reversed statements, as can be found in the below graph, to capture different opinions and allow free expression of any opinion.

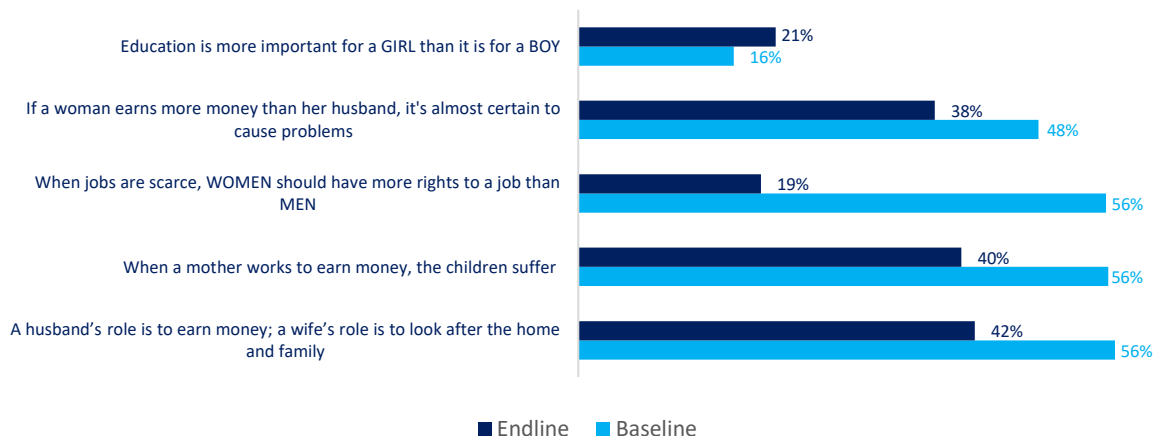


Self-image, total number of women who agree and strongly agree with the following statements:



Similarly, a 10 % increase has been noted in the number of women who have positive perceptions on gender equality. For further details, please refer to graph below. Kindly note that in order to reduce/prevent social desirability bias, the technique used in the survey questionnaires included reversed statements, as can be found in the below graph, to capture different opinions and allow free expression of any opinion.

Perceptions of Gender Equality, total number of women who agree and strongly agree with the following statements:





Conclusions and Recommendations:

Conclusion 1: There are disparities in the GS-RCI between groups (host community and IDP women) and between different demographic profiles (female headed households, women with or without children, married women, and divorced women). While this conclusion is not unique to Yemen, data collection reconfirms that resilience is not the same for all women and factors determining their resilience are also different.

Recommendation: UN Women needs to continue expand its evidence base with regards to demographic profiling of women in relation to resilience. This will enable an organisational growth of knowledge in relation to resilience programming and amplify results with available resources. While robust monitoring of resilience-focused projects/programmes offers great statistical power, UN Women will be able to identify patterns of resilience through regular use of standardized data analytics to attain a better understanding of the different resilience needs of women which may eventually impact targeting modalities and/or selection criteria, and ultimately, project design.

Conclusion 2: Women's resilience has been found to be highly influenced by myriad of factors with assets and adaptive capacity (ability to adapt to changing environments), in particular, playing key roles in strengthening resilience. A resilient woman is one that is able to quickly recover from stresses through strategic actions/measures/strategies.

Recommendation: Strengthening adaptive capacities of vulnerable women should take into consideration indicators impacting demographic structures and responsibilities within their households such as dependency ratios, diversified income within their households (other adults are working/not), and women's abilities to save income generated. It is therefore, of high importance to equip women with skills and facilitate their access to income generation opportunities that improves their abilities to prepare for or recover from a crisis/shock and increase their self-reliance.

Conclusion 3: Within an already challenging landscape for women in Yemen, the support provided under this project increased their overall resilience. However when this progress was compared against the three types of assistance, cash assistance and skills development interventions produced results. It is important to interpret the findings while taking into consideration the already dire humanitarian situation compounded with the impact of the COVID-19 pandemic. It has been widely acknowledged that the pandemic had a negative impact on livelihoods, access to services, and food security. Women have been impacted at deeper levels, particularly in relation to their protection, household dynamics and empowerment. Although the CFW results did not change between baseline and endline, this finding may in itself be considered an accomplishment. When operating within an already challenging context, the programme was able to sustain and prevent the further deterioration in the women's resilience throughout the COVID-19 period.

Recommendation: There is a need to closely analyze the results and re-examine the types of assistance provided. Within the Yemen context, aspects of the CFW interventions may require some adjustments to ensure greater and more sustainable results, including adjusting the duration, scale and potentially, the amount of assistance provided. Focus group discussions are suggested to help triangulate the above results and informed future, refined programmes.

Conclusion 4: Social cohesion and interconnectedness has more relevance to IDPs than host community women. IDPs have identified the ability to share resources with neighbours and their feeling of safety as two important factors to strengthening their resilience.

Recommendation: It is important to consider social structures within a community when designing resilience-focused projects/programmes. As communities consist of intra-community groups with



different interests and allegiances, the types of networks and relationships among women who live and work within these communities will foster women's abilities to adapt and will reduce their fragility in social and economic spheres.

Conclusion 5: Increased access to income generating opportunities does have a direct impact on decision-making abilities within the households, improving in wellbeing and reducing tolerance to GBV. However, the extent to which these domains are improved, will depend on gendered dynamics within their households.

Recommendation: Interventions promoting women's resilience through livelihood support should consider engaging with their household members (including men and boys), who are an integral part of their lives to support changes in resilience. This can be done by providing opportunities for women and men to discuss gender-issues, engaging in the projects with interventions that support for the creation of male role models, and offering interventions that appeal to both women and men.

Conclusion 6: The GS-RCI is directly linked to the following outcomes: improved livelihoods, decision-making, improvement in wellbeing, and reduced tolerance to GBV. The results highlight that a reduction in the deployment of livelihood coping strategies is key for strengthening women's resilience, which consequently guarantees enough food for them and their dependents, improves their decision making, boosts their well-being, and ensures they are less tolerant to GBV.

Recommendation: The multi-pronged/sectoral approach used through the programme, if sustained and expanded, could make a marked difference in women's longer-term resilience.