



Impact of Unconditional Cash Transfers (UCTs) on Household Poverty in Sana'a, Yemen

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Keywords

1. Cash Transfer
2. Unconditional Cash Transfer
3. Poverty
4. Social Protection
5. Social Welfare Fund
6. living conditions

Abstract:

This study aims to assess the impact of the Unconditional Cash Transfer (UCT) program on household poverty and living conditions in Sana'a, Yemen, during 2021. For data collection, 133 beneficiaries were selected out of 1,000 households enrolled in the Social Welfare Fund. The collected data were analyzed using a quantitative approach. Findings show that the UCT program positively affected household income, food security, healthcare access, and educational expenditures, while its impact on income-generating activities and structural housing improvements appeared to be limited. The majority of participants reported a high level of satisfaction, with 87% considering the program effective. The study recommends adjusting transfer amounts to meet inflation, complementing UCTs with livelihood support, and integrating cash transfers into broader social protection strategies to maximize impact.

أثر التحويلات النقدية غير المشروطة على فقر الأسر في صنعاء

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الكلمات المفتاحية

1. التحويلات النقدية
2. التحويلات النقدية غير المشروطة
3. الفقر
4. الحماية الاجتماعية
5. صندوق الرعاية الاجتماعية
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الملخص:

تهدف هذه الدراسة إلى تقييم تأثير برنامج التحويلات النقدية غير المشروطة (UCT) على فقر الأسر وظروف المعيشة في مدينة صنعاء، اليمن، خلال عام 2021. تم جمع البيانات باستخدام المنهج الكمي من 133 مستفيداً من أصل 1,000 أسرة مسجلة في صندوق الرعاية الاجتماعية. أظهرت النتائج أن برنامج UCT كان له تأثير إيجابي على دخل الأسر، والأمن الغذائي، والوصول إلى الرعاية الصحية، والنفقات التعليمية، بينما كان تأثيره محدوداً على أنشطة توليد الدخل وتحسينات المساكن الهيكلية. وأعرب المستفيدون عن رضاهم العالي، حيث اعتبر 87% منهم أن البرنامج فعال. توصي الدراسة بتعديل قيمة التحويلات النقدية لمواكبة التضخم، ودعم برنامج UCT بأنشطة تعزيز سبل العيش، ودمج التحويلات النقدية ضمن استراتيجيات أوسع للحماية الاجتماعية لتعزيز أثرها.

Introduction:

Since 2014, the year the ongoing war was waged against Yemen, poverty has sharply increased, rising from 47% to a projected 75% by the end of 2019 (UNDP, 2019). Yemen has long been one of the poorest countries in the Middle East and North Africa (MENA) and is facing one of the world's worst humanitarian crises (World Bank, 2024). The aggression on Yemen has further complicated living conditions. A sharp rise in the prices of essential goods, particularly food items, has pushed food insecurity to the forefront of concerns across the country. Presently, over 17 million people face food insecurity, with 3.5 million experiencing severe malnutrition, according to the World Bank (2024).

Cash transfer programs (CTPs) have become widely used in low- and middle-income countries to improve food security and resilience. Cash transfers provide poor households with financial support to meet basic needs or recover livelihoods (Floate, Marks, & Durham, 2019, p. 507). These transfers can be either conditional or unconditional. The former are defined as "the provision of money to individuals or households, either as emergency relief intended to meet their basic needs for food and non-food items, or services, or to buy assets essential for the recovery of their livelihoods"; the latter as "cash payment without associated activities" (European Commission, 2011, p. 3).

Over the last two decades, UCTs—cash transfers without conditions—have also become a popular and well-studied policy tool to reduce poverty. Although UCTs give people freedom to spend the cash as they wish, their impacts have been extensively documented (Overseas Development Institute, n.d.). The use of cash transfers is now widely recognized as the most efficient and effective way of getting humanitarian assistance to people affected by conflicts or disasters, whenever possible and appropriate (European Union, 2022, p. 7).

In 2015, the Social Welfare Fund (SWF) suspended its UCT program in Yemen due to the war. In 2017, the World Bank and UNICEF launched the Emergency Cash Transfer (ECT) program to resume support. By 2021, the program reached 1.4 million beneficiaries,

impacting nearly 9 million people—about one-third of the population (UNICEF, 2018).

This study examines the impact of UCT programs on poverty alleviation and household welfare in Sana'a during 2021, focusing on the effectiveness of SWF financial assistance in terms of income, nutrition, education, health access, and overall living conditions. A quantitative research approach was used to assess the program's outcomes.

Study Problem and Questions:

The main objective of UCT programs is to combat poverty by means of financial support that helps households cope with economic shocks and increase their net earnings. Despite the annual assistance provided, poverty in Yemen has continued to rise. According to the World Bank, poverty increased from 49% in 2014 to 74% in 2022 (WB, 2024). This indicates that financial allocations alone may not sufficiently mitigate the effects of the aggression and war on vulnerable households. The ICR report stated that 23 percent of Yemenis do not have income (ICR, 2024), which emphasizes the importance of UCT program in terms of its financially supporting of the poor. Yet, the current UCT program is only assisting those recorded on a list prepared by the SWF in 2014. Given the ongoing war on Yemen and its expected financially negative impact since then, the number of people eligible for the assistance of the UCT program must have increased, and thus this list is very likely to be in need of revision so as to include new beneficiaries.

An attempt was therefore made to address this problem through evaluating the effectiveness of UCT programs in reducing poverty and improving household living conditions in the context of wartime challenges.

Main Research Question:

What is the impact of the Unconditional Cash Transfer (UCT) program on household poverty?

Sub-Questions:

1. To what extent has the war contributed to increased household poverty?
2. How has the war affected household income levels?
3. How has UCT affected household income?

4. How has UCT affected household expenditures on nutrition, children's education, and health visits?
5. How has UCT affected household expenditure on children's education?
6. How has UCT affected household expenditure on health visits?
7. How has UCT enhanced housing conditions?
8. How has UCT improved overall living standards?

Study Hypotheses:

H0: There is no association between the Unconditional Cash Transfer (UCT) program and the reduction of household poverty.

Sub-Hypotheses (Hypotheses):

Sub-Question	Sub-Hypothesis (H0)
1. Impact of war on poverty	The ongoing war does not affect household poverty levels.
2. Impact of war on income	The war does not decrease household income levels.
3. UCT impact on income	Receiving UCT does not increase household income.
4. UCT impact on nutrition	UCT does not improve household nutrition or food expenditure.
5. UCT impact on children's education	UCT enhances neither children's enrollment nor education spending.
6. UCT impact on health visits	UCT does not increase households' utilization of health services.
7. UCT impact on housing	UCT does not improve housing conditions.
8. UCT impact on living standards	UCT does not improve overall household living conditions.

Study Objectives:

The study aimed to assess the impact of UCT programs on poverty reduction and household living conditions in Sana'a during 2021.

Specific Objectives:

1. To assess the effect of UCT on household income levels.
2. To examine the impact of UCT on nutrition and food security.

3. To investigate the influence of UCT on children's education and school enrollment.
4. To evaluate improvements in health access and health-related expenditures.
5. To assess changes in household housing and overall living conditions.

Study Importance:

The significance of this study stems from a politico-economic perspective. That is, Yemen has endured years of conflict, leading to rising poverty, unemployment, severe humanitarian crises, and overall economic slowdown. This study highlights the role of UCTs as a source of liquidity, contributing to economic stability and alleviating some consequences of the conflict. The importance of this research also stems from its relevance to society and government policy. Public support for safety nets, particularly cash transfers, reflects societal values and the needs of the poor. UCTs and CCTs are justified economically due to the high costs of human-capital investment, which are often unaffordable for credit-constrained households, and the broader social benefits of these investments.

Specifically, this study addresses the impact of UCT programs on poverty reduction during wartime and provides valuable insights for policymakers, practitioners, and researchers studying social protection and poverty alleviation.

Study Limitations and Determinants:

This study is defined by the following boundaries and delimitations:

A. Subject Delimitations

The study focuses on assessing the impact of unconditional cash transfers on household expenditure in relation to improved living conditions, education, health, and income. It examines the situation of beneficiary households both before and after the implementation of unconditional cash transfers, with the aim of assessing the extent to which these transfers contribute to poverty reduction among targeted families.

B. Spatial Delimitations

Geographically, the study is confined to beneficiaries of the UCT program implemented by the SWF for vulnerable groups, the elderly,

and persons with disabilities in the **Capital City of Sana'a**. Specifically, it covers **Al-Safia District**, located in the city center, and **Bani Al-Harith District**, situated outside the city and characterized by features similar to rural areas. These two districts were deliberately selected to capture differences in the program's impact between urban and rural contexts, reflecting variations in needs and spending priorities.

C. Human Delimitations

The human scope of the study comprises a sample of **133 beneficiaries** of the UCT program. This sample is proportionally representative of the actual distribution of beneficiaries across the two selected districts, and is designed to support an accurate assessment of the effectiveness of the program in reducing poverty.

Literature Review:

Cash transfer programs, both unconditional (UCTs) and conditional (CCTs), have been widely implemented to reduce poverty, improve household welfare, and enhance human capital. This section presents a general review of global, regional, and country-specific studies on cash transfer programs, focusing on their impacts on income, education, nutrition, health, and living standards. The review also identifies research gaps relevant to Yemen's UCT program.

1 Global Evidence on Cash Transfers

UCTs are commonly used as immediate poverty alleviation tools during economic shocks. Izzati et al. (2023) studied short-term UCTs in Indonesia, and found that while these transfers did not significantly alter beneficiary behavior or preferences, they effectively mitigated the impact of adverse economic shocks. Similarly, Sabatesa et al. (2019) found that UCTs in Rwanda enabled households to overcome income constraints and invest in education, although they had a limited impact on school enrollment where the baseline attendance was already high.

Kyophilavong (2011) analyzed UCTs in Lao PDR using a Computable General Equilibrium (CGE) and micro-simulation model. The study revealed significant poverty reduction and improved income distribution, especially in rural areas, emphasizing the value of social

support programs in mitigating shocks and enhancing household resilience.

These studies collectively suggest that UCTs are effective for immediate poverty relief and basic consumption improvements, though their long-term effects on behavior, human capital, and structural poverty depend on complementary interventions and pre-existing conditions.

2 Conditional Cash Transfers and Structural Barriers

While UCTs provide immediate relief, CCTs often aim to promote human capital development. Yalle (2021) analyzed the Peruvian CCT program *Juntos*, showing that while the program improved school enrollment, attendance, and health outcomes, structural and institutional barriers limited access for indigenous populations. Political, geographical, and administrative constraints prevented full inclusion of targeted groups, demonstrating that program design and governance critically affect outcomes.

Saber (2021) examined cash transfer programs in Bangladesh, including allowances for the elderly and destitute women. The study found that while cash transfers provided temporary relief, they did not address systemic poverty. The researcher emphasized the need for sustainable strategies, integration of actors, and policies that account for emerging vulnerabilities, including climate change and aging populations.

These studies underscore the importance of considering structural, institutional, and socio-political factors when assessing the impact of cash transfers. Without addressing these factors, programs may alleviate immediate consumption needs but fail to achieve long-term poverty reduction.

3 Regional Evidence and Lessons for Yemen

Evidence from conflict-affected countries highlights the dual role of UCTs in mitigating shocks and supporting basic consumption. UNICEF (2018) reports that Yemen's Emergency Cash Transfer (ECT) program, implemented via the Social Welfare Fund and World Bank, reached 1.5 million beneficiaries, improving access to food, healthcare, and education during the ongoing conflict. Despite these gains, the poverty rate in Yemen has

continued to rise, going up from 49% in 2014 to 74% in 2022 (WB, 2024, pp. 12,86), which indicates that UCTs alone are insufficient to counteract large-scale, conflict-driven economic shocks (Floate, Marks, & Durham, 2019, p. 507). Unconditional Cash Transfers (UCTs) are essential for immediate relief, and their effectiveness is maximized when combined with interventions that foster long-term resilience

4 Synthesis and Research Gaps

Previous literature reveals several key insights relevant to Yemen:

1. **Immediate Relief vs. Long-term Impact:** UCTs effectively alleviate short-term poverty, improve nutrition, and enhance access to basic services but may have limited long-term impact on income generation and structural poverty (Izzati et al., 2023, p. 291; Sabatesa et al., 2019, p.177).
2. **Behavioral and Human Capital Effects:** Evidence on behavioral change and investments in human capital is mixed, depending on baseline conditions and complementary programs (Sabatesa et al., 2019, p.177; Yalle, 2021, p.3).
3. **Structural Barriers:** Institutional, political, and geographical barriers significantly affect program coverage and effectiveness, particularly for vulnerable groups (Yalle, 2021, p.3; Saber, 2021, p.47).
4. **Conflict Settings:** In conflict-affected countries, UCTs are essential for survival and household well-being but may not be sufficient to reduce poverty when macroeconomic and political factors persist (Floate et al., 2019, p.507; UNICEF, 2018).

Research Gap: While global evidence demonstrates the effectiveness of UCTs in alleviating poverty, there are few studies that provide quantitative data on the multi-dimensional impacts of UCTs in the context of conflict in Yemen, including household income, nutrition, education, health, and living conditions. This study therefore attempts to address this gap by assessing the impact of

UCTs on poverty alleviation and household welfare in the Capital City of Sana'a during 2021.

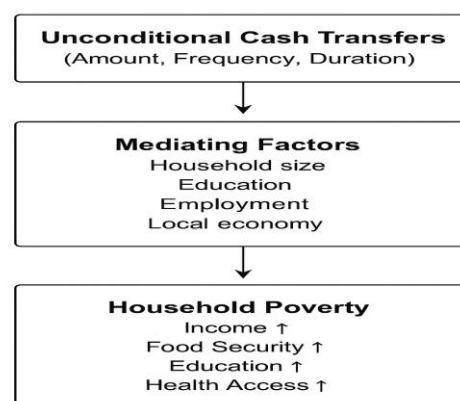
Conceptual Framework:

The conceptual framework shows the relationship between the **independent variable** (the UCT program) and the **dependent variable** (household poverty status), while also identifying **intervening factors** that may influence the outcomes.

The framework is based on **Social Protection Theory** and **Welfare Economics**, which propose that providing households with direct financial support (i.e. UCTs) enhances their welfare, increases consumption, and reduces poverty by empowering them to make their own spending decisions.

UCTs provide financial resources directly to poor households without behavioral conditions. This increase in income enhances household purchasing power, enabling the households to improve food consumption, health care access, and education outcomes. Over time, these improvements contribute to reducing multidimensional poverty. However, the magnitude of the impact depends on certain mediating factors such as household size, education level, and market stability.

CONCEPTUAL FRAMEWORK OF THE STUDY



Source: Prepared by the researcher

Study Methodology and Procedures:

This part outlines the methodology used to examine the impact of the Unconditional Cash Transfer (UCT) program on household poverty and living conditions in Sana'a, Yemen. It describes the research design, population and sample, data collection methods, research

instruments, and analytical techniques. The methodology is designed to ensure reliable, valid, and generalizable findings despite the challenging conflict-affected context.

1 Research Design

The study employed a quantitative research design to assess the effects of UCTs on household welfare, including income, nutrition, education, health access, and living conditions. This approach allows for statistical analysis of survey responses and comparison of household conditions before and after receiving UCTs. The design is descriptive and explanatory, aiming to identify any relationships between program participation and outcomes.

2 Population and Sample

The target population comprised 1,000 households registered as beneficiaries of the SWF's UCT program in Sana'a City during 2021. Due to practical constraints and to ensure manageability while maintaining statistical representativeness, a sample of 133 households was selected.

Sampling technique:

- A **simple random sampling** method was applied to select households from the SWF database. This ensured that each household had an equal chance of inclusion and minimized selection bias.
- The study sample consisted of 133 beneficiaries from Al-Safia and Bani Al-Harith districts. The sample size was determined based on the proportion of the total number of the beneficiaries in each district, with Al-Safia District representing 40% of the sample and Bani Al-Harith District representing 60%.

3 Data Collection Methods

Data were collected using a structured questionnaire administered to the selected households. The questionnaire captured information on:

- ❖ **Demographic characteristics:** Age, gender, marital status, family size, education level.
- ❖ **Income and financial status:** Sources of income, monthly income, receipt and amount of UCT, spending patterns.

- ❖ **Household living conditions:** Food security, clothing, housing, access to cooking necessities.
- ❖ **Health and nutrition:** Number of meals per day, frequency of protein consumption, visits to health facilities.
- ❖ **Education and human capital:** Children's school enrollment, ability to pay school fees.
- ❖ **Perceptions of the UCT program:** Satisfaction with the program, perceived effectiveness in poverty alleviation.

Data were collected face-to-face by trained enumerators while ensuring confidentiality and voluntary participation.

4 Research Instrument

The **questionnaire** was developed based on previous literature on cash transfer programs (Izzati et al., 2023; Sabatesa et al., 2019). It was divided into sections corresponding to the study objectives and reviewed by experts for content validity. A **pilot test** with 10 respondents was conducted to check clarity, reliability, and appropriateness of the instrument.

Reliability: Cronbach's alpha coefficient for Likert-scale items was computed, yielding $\alpha = 0.82$, indicating good internal consistency.

5 Data Analysis

Quantitative data were analyzed using **descriptive and inferential statistics:**

- **Descriptive analysis:** Frequency distributions, percentages, means, and standard deviations were used to summarize household characteristics, income levels, spending patterns, and perceptions of the UCT program.
- **Comparative analysis:** Paired comparisons of household conditions before and after receiving UCTs were conducted to assess program impact.
- **Graphical presentation:** Figures and tables were used to visualize changes in income, spending, health, nutrition, and living conditions.

Data were analyzed using **SPSS** to ensure accuracy, reliability, and ease of interpretation.

6 Ethical Considerations

- Participation was **voluntary**, and respondents could withdraw at any time.

- **Confidentiality** was ensured by anonymizing data.
- The study followed ethical guidelines for research involving human subjects, ensuring no harm or exploitation.

7 Limitations

- The sample size (133 households) is relatively small compared to the total population (1,000 beneficiaries), which might limit generalizability.
- Self-reported data on income, spending, and living conditions might be subject to recall bias.
- The ongoing conflict might have affected data collection logistics and respondent availability.

Results and Discussion

This part presents and discusses the results of the study on the impact of the UCT program on household poverty and living conditions in Sana'a, Yemen. Data from 133 respondents were analyzed to assess the impacts of the program on income, spending, nutrition, health, education, and general living conditions. The findings are interpreted in light of previous research and contextual factors, including the ongoing conflict in Yemen.

Personal Information of Respondents

Examining the personal and demographic characteristics of participants is essential for understanding the context in which UCTs operate. These characteristics—such as gender, marital status, household size, age, and education—shed light on the social and economic vulnerabilities of beneficiaries and highlight the groups most reliant on cash assistance.

Table1: Demographic Characteristics of Respondents

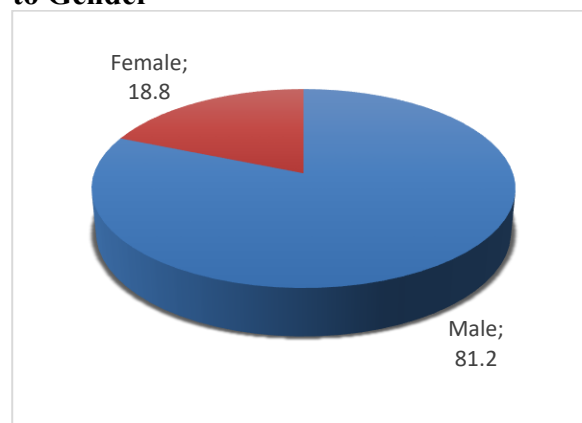
	Freq.	%
Gender		
Male	108	81.2
Female	25	18.8
Total	133	100.0
Marital Status		
Married	78	58.6
Single	26	19.5
Divorced	6	4.5
Widowed	23	17.3
Total	133	100.0

Number of Family Members		
1	12	9.0
2	12	9.0
3	19	14.3
4	22	16.5
5	21	15.8
6	47	35.3
Total	133	100.0
Age		
Below 30	26	19.5
30–49	49	36.8
Above 50	58	43.6
Total	133	100.0
Education		
Read and Write	64	48.1
Secondary	29	21.8
Diploma	29	21.8
Bachelor or above	11	8.3
Total	133	100.0

Source: Prepared by the researcher based on the questionnaire

The demographic profile of the UCT group reveals distinct patterns that set it apart from other beneficiary categories in the study. The majority of UCT recipients are males, with the samples being comprised of 108 males (81.2%) and 25 females (18.8%).

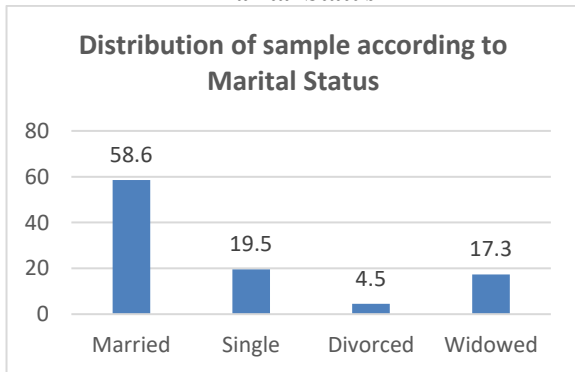
Figure 1: Distribution of sample according to Gender



Source: Prepared by the researcher based on the data in Table (1) using SPSS software

Regarding marital status, 78 participants (58.6%) are married, 26 (19.5%) divorced, 6 (4.5%) widowed, and 23 (17.3%) single. This distribution suggests that the program reaches diverse household structures, including a notable proportion of individuals outside traditional married households.

Figure 2: Distribution of sample according to Marital Status

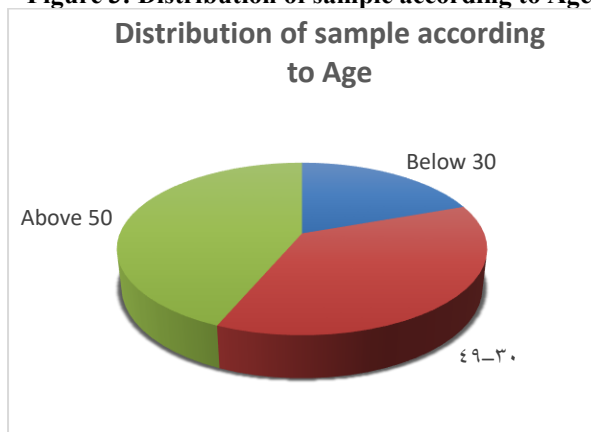


Source: Prepared by the researcher based on the data in Table (1) using SPSS software

As can be seen from Table (1), data concerning household size (**Number of Family Members**) indicate that larger families are common among UCT beneficiaries. The highest proportion – 47 participants (35.3%) – reported having six family members, followed by 22 (16.5%) with four members and 21 (15.8%) with five. This pattern reflects the program’s role in supporting extended or large households that typically face higher consumption demands.

Age distribution further shows that UCT participants are predominantly adults above 30 years of age. A total of 49 participants (36.8%) fall within the 30–49 age range, while 58 (43.6%) are 50 years or older. This highlights the program’s coverage of middle-aged and older adults who often encounter limited labor market opportunities.

Figure 3: Distribution of sample according to Age

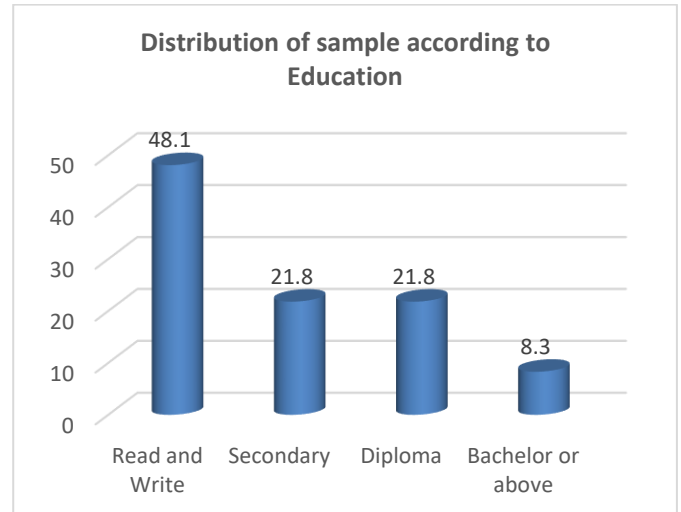


Source: Prepared by the researcher based on the data in Table (1) using SPSS software

Educational attainment levels also underscore the socioeconomic vulnerabilities of UCT recipients. Nearly half of participants (64 individuals, 48.1%) possess only basic literacy (i.e. ability to read and

write). Secondary education and diploma holders each account for 29 participants (21.8%), while only 11 individuals (8.3%) hold a bachelor’s degree or higher. The relatively low levels of education indicate limited access to skilled employment, reinforcing the need for social protection through UCTs.

Figure 4: Distribution of sample according to Education



Source: Prepared by the researcher based on the data in Table (1) using SPSS software

Income Profile of UCT Beneficiaries

Income is a central determinant of household welfare and resilience, and understanding the income dynamics of beneficiaries provides valuable insights into the role of UCTs in combating poverty. This section examines three key aspects: (1) the main sources of household income before joining the program, (2) the level and distribution of monthly earnings, and (3) the nature of financial assistance received through UCT and its impact on spending patterns. Together, these indicators highlight both the economic vulnerabilities of participants and the ways in which UCTs contribute to strengthening household financial capacity.

Table 2: Sources of Income, Financial Assistance, and Expenditure Patterns among UCT Beneficiaries

	Freq.	%
Main source of income before joining the CCT program		
Farming	3	2.3
livestock and poultry	3	2.3
Retail and trade	8	6.0
Government employee	26	19.5
Retired	5	3.8
Private sector employee	2	1.5
Daily wage laborer	42	31.6
Freelance/Informal work	4	3.0
Unemployed	12	9.0

Others	28	21.1
Total	133	100.0
the average of household income per month before working with CCT		
YR10000 and below	6	4.5
YR11000- YR20000	21	15.8
YR21000- YR40000	66	49.6
YR41000- YR60000	34	25.6
More than YR 600000	6	4.5
Total	133	100.0
the amount of financial assistance you receive from the UCT program every three months		
9000	29	21.8
9600	6	4.5
10800	1	.8
12000	4	3.0
12600	8	6.0
14400	17	12.8
16200	4	3.0
18000	64	48.1
Total	133	100.0
How much did your household income increase after receiving financial assistance of the UCT		
less than 10000	18	13.5
From 10000- 20000	23	17.3
21000-40000	21	15.8
41000-60000	45	33.8
More than 60000	26	19.5
Total	133	100.0
What is your spending priority from the income you received from the UCT		
Food	108	81.2
Housing	22	16.5
Education	3	2.3
Total	133	100.0

Source: Prepared by the researcher based on the data in Table (2) using SPSS software

The income profile of UCT beneficiaries reveals a heavy dependence on unstable and low-paying livelihood activities. Before joining the program, 31.6% (n = 42) of participants worked as daily wage laborers, representing the largest group and underscoring their reliance on insecure, short-term employment. Another 19.5% (n = 26) were government employees, while 21.1% (n = 28) depended on irregular or unspecified income sources. Only a small proportion engaged in farming (2.3%), livestock (2.3%), or private sector employment (1.5%), suggesting that formal, stable income opportunities were scarce among the recipients. Household income levels prior to receiving UCT support reflect conditions of near-subsistence living. Nearly half of the respondents (49.6%) reported monthly incomes

between YR21,000 and YR40,000, while 25.6% earned between YR41,000 and YR60,000. In contrast, very few households earned either below YR10,000 (4.5%) or more than YR60,000 (4.5%). This distribution indicates that most households were clustered around the poverty threshold, with limited capacity to meet essential needs.

The UCT program itself provides quarterly financial assistance, with the largest share of beneficiaries (48.1%, n = 64) receiving YR18,000 every three months. Smaller groups reported receiving YR9,000 (21.8%, n = 29), YR14,400 (12.8%, n = 17), or YR12,600 (6.0%, n = 8). These transfers serve as a critical supplement to household income, directly addressing consumption shortfalls and financial insecurity.

The impact of UCT on household financial capacity is evident in the reported income increases following participation. About one-third of recipients (33.8%) experienced an increase of YR41,000–60,000, 19.5% reported gains exceeding YR60,000, and 17.3% noted smaller increases of YR10,000–20,000. These figures suggest that UCT has a substantial effect on household income, helping to lift many beneficiaries above the threshold of extreme vulnerability.

Spending patterns further illustrate the priorities of UCT households. The overwhelming majority (81.2%, n = 108) allocated their transfers to food, reflecting the centrality of food security in poverty reduction. Housing was identified as the second priority by 16.5% (n = 22) of recipients, while only a small fraction (2.3%, n = 3) directed funds toward education. This spending distribution indicates that households continue to prioritize immediate consumption needs over long-term investments, underscoring the depth of poverty and the limited elasticity of household budgets. **In brief**, the evidence suggests that UCTs play a vital role in reducing immediate poverty by boosting household income and ensuring food security. However, the limited allocation toward education and other long-term expenditures highlights a potential weakness: while UCTs address urgent needs, they may not sufficiently foster sustainable improvements in human capital

or break the intergenerational cycle of poverty without complementary interventions.

2 Measuring Impact and Testing Hypotheses

Assessing the impact of UCTs involves the examination of both external and program-specific factors that shape household welfare. On the one hand, the ongoing war has significantly deepened poverty, reduced income opportunities, and constrained household resilience, making it essential to understand the extent to which conflict has contributed to rising economic hardship. On the other hand, evaluating the UCT program itself involves analyzing how cash assistance has influenced household income, overall spending capacity, and the ability to meet essential needs. This part therefore explores several key dimensions:

1. The role of war in increasing poverty and reducing income levels.
2. The extent to which UCT support has enhanced household income and expanded expenditure.
3. The broader impacts of UCT on critical welfare outcomes, including nutrition, education, health, housing, and overall living conditions.

Together, these measures provide a comprehensive understanding of how UCT

interacts with both structural challenges and household needs in the context of poverty alleviation.

As shown in Table (3), participants in the UCT program reported an almost universal perception of worsening poverty and declining income due to the ongoing conflict, with mean scores of 4.92, 4.91, and 4.88—equivalent to 98% agreement—underscoring the severe economic toll of the war on households. By contrast, the perceived effect of UCTs on personal income (mean = 3.69; 74% agreement) and overall spending (mean = 3.44; 69% agreement) was moderately positive. Among program outcomes, the strongest impact was observed in nutrition (mean = 4.42; 88% agreement), while effects on education were limited (mean = 2.42; 48% agreement). Moderate gains were noted in healthcare (mean = 2.94; 59% agreement), whereas housing conditions showed the least improvement (mean = 2.09; 42% agreement). Overall, the program's average impact across domains was modest (mean = 2.96; 59% agreement), highlighting its effectiveness in addressing immediate consumption needs but limited influence on long-term welfare indicators.

Table 3: Perceived Impact of UCT on Income, Expenditure, and Living Conditions

Items		Mean	Std. Deviation	%
Measuring the Impact of Income	Poverty has increased	4.92	0.26	98%
	To what extent has the war contributed to increase poverty in terms of your family?	4.91	0.29	98%
	To what extent has the war affected the decrease of your income level?	4.88	0.35	98%
	How UCT affected your income level?	3.69	0.65	74%
	To what extent has the UCT increased your overall spending?	3.44	0.66	69%
	Overall mean	4.37	0.310	87%
The Impact of the UCT Project	How UCT affected your expenditure in terms of nutrition?	4.42	0.85	88%
	How UCT affected your expenditure in terms of increasing your children's enrollment in education?	2.42	1.11	48%
	How UCT affected your expenditure in terms of health visits?	2.94	0.92	59%
	How UCT enhanced your housing level?	2.09	1.36	42%
	How UCT improved the standard of living conditions of your family?	2.96	0.63	59%
	Overall mean	2.97	0.456	59%

Source: Prepared by the researcher based on the data in Table (3) using SPSS software

Hypothesis 1 (H₀): The ongoing war does not affect household poverty levels

Participants reported an almost universal perception of worsening poverty due to the ongoing conflict (mean = 4.92, 98% agreement; Table 3).

Conclusion: H₀ is **rejected**. The ongoing war has significantly increased household poverty levels, which is consistent with evidence that conflict exacerbates multidimensional poverty (UNICEF, 2018; World Bank, 2024).

Hypothesis 2 (H₀): The war does not decrease household income levels.

Similarly, the mean score for declining household income due to the war was **4.91** (98% agreement) (Table 3). This demonstrates that the conflict has substantially eroded household earnings, thus **rejecting the null hypothesis** and confirming the negative effect of war on income.

Hypothesis 2 (H₀): The war does not decrease household income levels

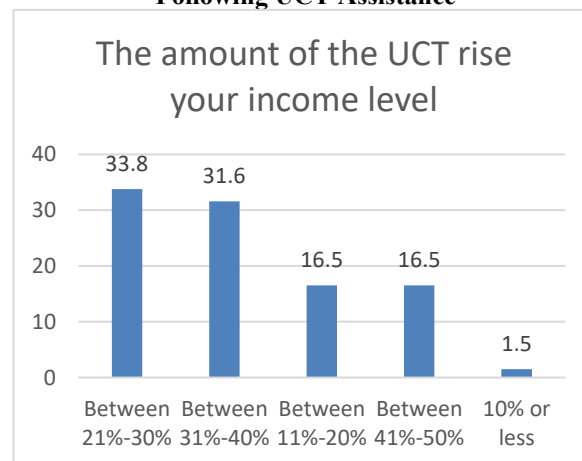
The mean score for declining household income due to the war was 4.91 (98% agreement), highlighting widespread income loss.

Conclusion: H₀ is **rejected**. The conflict has significantly reduced household income, aligning with international evidence on the economic impact of war (Floate, Marks, & Durham, 2019).

Hypothesis 3 (H₀): Receiving UCT does not increase household income

This part focuses on beneficiaries' perceptions of changes in their income levels after receiving UCT, highlighting the program's role in supplementing household earnings and alleviating financial vulnerability. The following figure (figure 5) illustrates the extent to which UCT has contributed to increased income among participating households.

Figure 5: Perceived Increase in Household Income Following UCT Assistance



Source: Prepared by the researcher based on the data in Table (3) using SPSS software

As shown in Figure 5, participants reported varying degrees of income increase due to the UCTs. The largest group (33.8%, n = 45) indicated a 21%–30% rise in household income, followed closely by 31.6% (n = 42) reporting a 31%–40% increase. Smaller proportions experienced either 11%–20% or 41%–50% gains (16.5% each, n = 22), while only 1.5% (n = 2) reported an increase of 10% or less.

The perceived effect of UCTs on personal income was moderately positive, with a mean of **3.69** (74% agreement) (Table 3). In addition, Figure 5 shows that 33.8% of households reported a **21–30%** increase in income, and 31.6% reported a **31–40%** increase after receiving UCTs. Smaller proportions experienced either 11–20% or 41–50% gains (16.5% each), while only 1.5% reported an increase of 10% or less.

Participants reported moderate increases in household income after receiving UCTs (mean = 3.69, 74% agreement; Figure 5). Most households experienced 21–40% increases, while only a small proportion gained less than 10%.

Conclusion: H₀ is **partially rejected**. UCTs moderately improve household income, primarily serving as short-term consumption support rather than long-term investment, consistent with findings from Indonesia and Bangladesh (Izzati et al., 2023; Saber, 2021).

Household Living Conditions

This section focuses on three key aspects of household well-being: the family's food situation, the adequacy of clothing, and the availability of basic cooking necessities. By comparing conditions before receiving financial assistance with those after the UCT program, it becomes possible to assess the extent to which cash transfers alleviate material deprivation and improve household stability. The following table summarizes these changes and highlights the role of UCTs in addressing essential needs.

Table 4: Changes in Household Living Conditions Before and After Receiving UCT Assistance

Items	before or without the financial amount UCT			after receiving the amount of UCT		
	M	Std. D	%	M	Std. D	%
Food situation	2.29	0.53	46%	3.41	0.62	68%
Clothing situation	2.20	0.46	44%	2.89	0.70	58%
Cooking needs	2.14	0.39	43%	2.76	0.71	55%
Overall mean	2.21	0.39	44%	3.02	0.57	60%

Source: Prepared by the researcher based on the data in Table (4) using SPSS software

As shown in Table (4), participation in the UCT program is associated with notable improvements in key household living conditions. Before receiving financial assistance, families reported low levels of well-being, with mean scores of 2.29 for food, 2.20 for clothing, and 2.14 for cooking necessities, corresponding to agreement rates of 43–46%, reflecting widespread material hardship. After receiving UCT payments, all indicators improved: food security rose to a mean of 3.41 (68% agreement), clothing conditions to 2.89 (58%), and access to cooking necessities to 2.76 (55%). The largest improvement was in food (+1.12), followed by clothing (+0.69) and cooking necessities (+0.62), suggesting households prioritized dietary needs while also addressing other basic consumption gaps. Overall, the mean across items increased from 2.21 to 3.02, with average agreement rising from 44% to 60%. Standard deviations

increased slightly from 0.46 to 0.68, indicating some variation in household responses that is likely due to differences in family size, needs, or spending behavior.

In conclusion, the UCT program significantly improved essential household living conditions, particularly food security, demonstrating its effectiveness in alleviating immediate material hardships.

Household Well-Being

Assessing household well-being provides insight into the broader social and economic effects of UCTs beyond basic consumption. This section focuses on key dimensions of well-being, including income generation, educational opportunities, and access to health services.

By examining participants' perceptions of how UCT has influenced these areas, the analysis highlights the program's role in supporting both immediate needs and longer-term household welfare outcomes. The following table summarizes these perceived impacts among UCT beneficiaries.

Table 5: Perceived Impact of UCT on Income, Education, and Health Access

Items	before UCT			after UCT.		
	M	Std. D	%	M	Std. D	%
Income generation:						
Prior income activity	1.32	0.75	26%			
UCT helped start activity	1.49	1.11	30%			
Education:						
Ability to pay school fees	1.83	0.58	37%	2.68	0.97	54%
Health						
Ability to pay healthcare costs	2.06	0.46	41%	3.23	0.63	65%
Ability to buy medicines	2.08	0.44	42%	3.26	0.61	65%

Source: Prepared by the researcher based on the data in Table (5) using SPSS software

As shown in Table (5), the UCT program was associated with moderate improvements in household access to education and health services, but had limited impact on income generation. Before receiving UCT support, only 26% of families reported having an income-generating activity (mean = 1.32), highlighting widespread economic inactivity or reliance on informal sources. After receiving the transfer, just 30% (mean = 1.49) indicated that the UCTs enabled a new income-generating activity, suggesting that funds were primarily used for consumption rather than investment, likely due to limited market access or capital constraints. In contrast, education showed more noticeable gains: the ability to pay school fees increased from a mean of 1.83 (37% agreement) to 2.68 (54% agreement). Health access also improved significantly, with the ability to afford healthcare services rising from 2.06 to 3.23 (41% to 65% agreement) and the ability to purchase medicine from 2.08 to 3.26 (42% to 65% agreement). Low standard deviations indicate consistent responses, reinforcing the reliability of these perceived improvements.

In conclusion, while UCTs had limited effect on income generation, it significantly improved household access to education and health services, demonstrating its effectiveness in addressing key aspects of well-being beyond immediate consumption.

Health Care Access and Nutritional Practices

Evaluating changes in health care utilization and nutritional habits provides insight into the broader effects of UCTs on household well-being. This part examines the frequency of healthcare visits—including health centers, hospitals, and private doctors—before and after receiving UCT support, as well as key nutritional indicators, such as the number of daily meals and the weekly consumption of meat, fish, or chicken. Comparing conditions before and after the program highlights how UCT influences both immediate health access and dietary quality. The following table summarizes these changes among participating households.

Table 6: Changes in Health Care Access and Nutritional Practices Before and After UCT Assistance

Measured Variable	Before		After		
	Freq.	%	Freq.	%	
Health Care	Health centers				
	0	12	9.0	36	27.1
	1	121	91.0	97	72.9
	Total	133	100.0	133	100.0
	Hospital				
	0	122	91.7	110	82.7
	1	11	8.3	23	17.3
	Total	133	100.0	133	100.0
	Private Doctor				
	0	131	98.5	123	92.5
	1	2	1.5	10	7.5
	Total	133	100.0	133	100.0
Nutrition	meals did your household eat per day				
	1	9	6.8		
	2	67	50.4	11	8.3
	3	57	42.9	122	91.7
	Total	133	100.0	133	100.0
	How often did your family eat meat, fish, or chicken per week				
	1	39	29.3		
	2	64	48.1	37	27.8
	3	30	22.6	96	72.2
	Total	133	100.0	133	100.0

Source: Prepared by the researcher based on the data in Table (6) using SPSS software

As shown in Table (6), receiving UCTs was associated with substantial improvements in both nutritional intake and access to health care among beneficiary households. The proportion of families consuming three meals per day rose sharply from 42.9% (n = 57) before to 91.7% (n = 122) after UCTs, while those eating only two meals dropped from 50.4% to 8.3%, indicating a major reduction in daily food insecurity. Dietary diversity also improved: frequent consumption of meat, fish, or chicken increased from 22.6% (n = 30) to 72.2% (n = 96), and no families reported “never” consuming these foods after the transfer. Health care utilization increased across providers: hospital visits rose from 8.3% to 17.3% (n = 23), and visits to private doctors increased from 1.5% to 7.5% (n = 10), suggesting greater access to diverse and potentially higher-quality care. Although visits to health centers declined from 91.0% to 72.9%, and this seems to reflect a shift toward alternative providers rather than reduced overall care-seeking. The increase in non-use (from 9.0% to 27.1%) warrants further

investigation, as it may relate to reporting differences, service availability, or other contextual factors.

In conclusion, UCTs significantly improved household nutrition—both meal frequency and dietary diversity—and increased access to diverse health care services, highlighting its effectiveness in enhancing overall well-being

Hypothesis 4 (H₀): UCT does not improve household nutrition or food expenditure

Nutrition showed the strongest program impact (mean = 4.42, 88% agreement; Table 3). Meal frequency and dietary diversity improved substantially: households consuming three meals/day increased from 42.9% to 91.7%, and consumption of meat, fish, or chicken rose from 22.6% to 72.2% (Table 6).

Conclusion: H₀ is **rejected**. UCTs significantly improve household nutrition and food expenditure, aligning with studies showing cash transfers enhance dietary intake in conflict-affected settings (Sabatesa et al., 2019; Kyophilavong, 2011).

Hypothesis 5 (H₀): UCT does not enhance children’s enrollment or education spending

The ability to pay school fees increased from mean = 1.83 (37% agreement) to 2.68 (54% agreement) (Table 5), reflecting moderate improvement.

Conclusion: H₀ is **partially rejected**. UCTs have a positive but limited effect on educational investment, consistent with evidence from Rwanda and Peru (Sabatesa et al., 2019; Yalle, 2021).

Hypothesis 6 (H₀): UCT does not increase households’ utilization of health services

Health access improved: ability to afford healthcare rose from 2.06 to 3.23 (41% → 65%), and medicine access from 2.08 to 3.26 (42% → 65%) (Table 5). Hospital visits increased from 8.3% to 17.3% and private doctor visits from 1.5% to 7.5% (Table 6).

Conclusion: H₀ is **rejected**. UCTs improved health service utilization, reflecting increased capacity to afford medical care.

Hypothesis 7 (H₀): UCT does not improve housing conditions

Housing conditions showed the weakest improvement (mean = 2.09, 42% agreement; Table 3), indicating limited impact on structural household investments.

Conclusion: H₀ is **not rejected**. UCTs had minimal effect on housing, reflecting the program’s short-term consumption focus (Saber, 2021).

Participants’ Perception of the UCT Program

Assessing beneficiaries’ perceptions of program effectiveness and satisfaction provides important insights into how well the UCT program meets its objectives. This section examines two key aspects: whether participants believe the program has been effective in alleviating poverty and their overall satisfaction with the program. The following table presents the mean scores and standard deviations for these perceptions, reflecting both the level and consistency of beneficiary responses.

Table 7: Participants’ Perceptions of UCT Program Effectiveness and Satisfaction

	Freq.	%	%
Do you think the program was effective in poverty alleviation? Mean ± SD	4.35±0.69		87%
If not effective, what were the reasons			
Amount is too little	4	3.0	
The assistance amount is fixed while prices continue to rise steadily.	4	3.0	
The payment cycle is irregular	1	.8	
Were you satisfied with the program? Mean ± SD	4.32±0.71		86%
If not satisfied, what were the reasons why it is not satisfied?			
Amount is too little	2	1.5	
The assistance amount is fixed while prices continue to rise steadily.	5	3.8	
The payment cycle is irregular	2	1.5	

Source: Prepared by the researcher based on the data in Table (7) using SPSS software

As shown in Table 7, the majority of UCT beneficiaries reported positive perceptions of the program’s effectiveness and high personal satisfaction. A large proportion (87%) agreed that the program effectively alleviates poverty, with a mean score of 4.35 (SD = 0.69), indicating strong and consistent approval.

Similarly, 86% expressed satisfaction with the program (mean = 4.32, SD = 0.71), reflecting high acceptance and perceived benefit. Among the minority who considered the program ineffective (13%), the most frequently cited reasons were insufficient transfer amounts (3.0%) and the fact that the assistance amount is fixed while prices continue to rise steadily (3.0%), with only one respondent (0.8%) noting irregular payment cycles. For those not satisfied (14%), the main concerns included fixed assistance amid rising prices (3.8%), insufficient amounts (1.5%), and irregular timing (1.5%). The low frequency of negative feedback and narrow standard deviations suggest strong program coherence and alignment with beneficiary needs.

In conclusion, the UCT program is widely perceived as effective in alleviating poverty, and beneficiaries report high levels of satisfaction, indicating strong acceptance and alignment with household needs.

Hypothesis 8 (H₀): UCT does not improve overall household living conditions

Overall well-being improved: food security rose from 2.29 to 3.41, clothing from 2.20 to 2.89, and cooking necessities from 2.14 to 2.76 (Table 4). The overall mean increased from 2.21 (44%) to 3.02 (60%). Satisfaction with the program was high, with 87% perceiving poverty alleviation effectiveness (M = 4.35, SD = 0.69) and 86% reporting satisfaction (M = 4.32, SD = 0.71; Table 7).

Conclusion: H₀ is **rejected**. UCTs significantly improve overall household living conditions, particularly food security, despite limited impact on housing.

3 Testing the Main Hypothesis

Main Hypothesis (H₀): There is no relationship between the Unconditional Cash Transfer (UCT) program and the reduction of household poverty.

Findings: Evidence from all sub-hypotheses indicates that UCTs significantly improve household income (moderately), nutrition, health access, education (moderately), and overall living conditions, though housing effects are limited. Beneficiaries overwhelmingly perceive the program as

effective in reducing poverty and express high satisfaction.

Conclusion: H₀ is **rejected**. There is a significant positive relationship between the UCT program and household poverty reduction. UCTs primarily alleviate short-term consumption and nutritional deficits, contributing to household welfare in conflict-affected Yemen.

4 Discussion

The results of this study provide strong evidence that *Unconditional Cash Transfers* (UCTs) in Yemen have a significant positive impact on short-term poverty alleviation and household welfare—particularly in improving consumption, nutrition, and access to basic services. These findings are consistent with global literature emphasizing that UCTs are effective in mitigating the immediate effects of economic shocks, especially in fragile and conflict-affected contexts (Izzati, Suryadarma, & Suryahadi, 2023; Sabatesa et al., 2019; Kyophilavong, 2011).

UCTs as Consumption Smoothing Mechanisms

The most pronounced effects observed were in food security and nutrition. Households reported increased meal frequency, dietary diversity, and protein consumption after receiving cash transfers. This aligns with Izzati, Suryadarma, and Suryahadi (2023), who found that “UCTs are primarily effective in smoothing household consumption and protecting against immediate shocks, particularly in low-income and fragile settings” (p. 291). Similarly, Saber (2021) found in Bangladesh that UCTs primarily supported consumption rather than structural transformation (p. 47). Kyophilavong (2011) observed comparable results in Lao PDR, where UCTs led to immediate poverty reduction mainly through enhanced household consumption (p. 55).

Moderate Impacts on Education and Health

UCTs contributed to moderate improvements in education and health access. Beneficiaries reported greater affordability of school fees and healthcare, reducing financial barriers to essential services. Sabatesa et al. (2019) noted similar outcomes in Rwanda, where “cash

transfers enabled households to invest in children's education when baseline access was limited" (p. 177). However, Yemen's conflict, displacement, and weak institutions have constrained deeper educational and health impacts, reflecting similar barriers identified in other fragile contexts (Yalle, 2021, p. 3).

Limited Structural and Income-Generating Effects

Despite these short-term gains, UCTs showed limited effects on income generation, housing improvement, and long-term human capital investment. Only 30% of households reported starting income-generating activities. Saber (2021) emphasized that "UCTs provide temporary relief but do not address systemic poverty drivers or create sustainable income growth" (p. 47). Floate, Marks, and Durham (2019) likewise argued that UCTs are most effective when combined with interventions fostering long-term resilience (p. 507).

The Role of Conflict and Structural Barriers

Yemen's protracted conflict critically shapes these outcomes. Most respondents reported declining income and rising poverty. Structural barriers—including weak institutions, market disruptions, and political instability—limit households' ability to translate cash assistance into sustainable gains. Yalle (2021) observed that "political and geographical constraints reduced the inclusiveness and effectiveness of cash transfer programs in Peru" (p. 3), a dynamic even more severe in Yemen's conflict context.

Positioning Yemen's UCTs within Global Evidence

The Yemeni experience mirrors global evidence: UCTs are highly effective at addressing immediate consumption gaps and protecting household welfare during shocks but have limited capacity to reduce structural poverty without complementary interventions. UNICEF (2018) reported that Yemen's Emergency Cash Transfer (ECT) program reached 1.5 million beneficiaries, improving access to food and services, yet poverty rates continued to rise amid macroeconomic collapse and conflict. Similar patterns are documented in other conflict-affected countries, where UCTs act as essential safety nets rather than

transformative development tools (World Bank, 2024, pp. 12, 86).

Implications for Policy and Practice

UCTs should be maintained and expanded as critical humanitarian instruments in conflict settings but linked with broader development strategies. Floate et al. (2019) emphasized that "the impact of cash transfers is maximized when combined with policies that promote human capital development and economic resilience" (p. 507). Integrating cash transfers with livelihood programs, education and health system strengthening, and structural reforms could significantly enhance their long-term effectiveness.

In brief, UCTs in Yemen effectively mitigated short-term poverty, improved food security, and enhanced access to basic services. However, they did not address the structural roots of poverty within a context of conflict and institutional fragility. This dual reality—immediate effectiveness versus long-term limitation—is in keeping with the findings of international research and underscores the need for a multi-sectoral, integrated policy approach to poverty reduction in Yemen.

Conclusion and Recommendations

This study examined the impact of the UCT program on household poverty and living conditions in Sana'a, Yemen, during 2021. Findings reveal that the ongoing conflict has drastically increased poverty, reduced household income, and limited access to essential services. Despite these challenges, the UCT program provided meaningful short-term relief, improving income, food security, access to education and health services, and overall welfare satisfaction. However, its effects on income generation, housing, and long-term poverty reduction remained limited.

Summary of Key Findings

1. **Improved Household Income:** Beneficiaries reported income increases of 21–40%, enabling them to meet essential needs.
2. **Enhanced Nutrition and Food Security:** The share of households consuming three meals per day rose from 42.9% to 91.7%, with significant increases in protein intake.
3. **Improved Access to Education and Health:** Payment of school fees and

healthcare improved, with agreement levels of 54% and 65%, respectively.

4. **Better Living Conditions:** Access to food, clothing, and cooking necessities increased, though housing improvements were minimal.
5. **High Beneficiary Satisfaction:** Eighty-seven percent agreed that the program alleviated poverty, despite fixed transfer amounts and inflationary pressures.

Recommendations:

1. **Maintain and Expand UCT Programs:** Continue and scale up programs to reach additional vulnerable households.
2. **Link UCTs with Livelihood Support:** Combine cash transfers with income-generating and vocational initiatives to strengthen sustainability.
3. **Strengthen Human Capital Investments:** Pair UCTs with education and health interventions to convert short-term gains into lasting development.
4. **Address Structural Barriers:** Mitigate institutional, political, and geographic obstacles that limit program reach and effectiveness.
5. **Adjust Transfer Amounts for Inflation:** Regularly review and revise transfer amounts to preserve purchasing power.
6. **Enhance Monitoring and Evaluation:** Improve data systems to increase accountability and refine program design.

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