



Gender, Cash Assistance, and Conflict:

Gendered Protection Implications of Cash and Voucher Assistance in Somalia/Somaliland
Executive Summary



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CARE Somalia

CARE International has worked in Somalia and Somaliland for nearly 40 years delivering development and emergency aid. CARE's programming centers on issues related to gender, rural women, urban youth, and emergency aid across the regions of Somaliland, Puntland, and South-Central Somalia.

CARE Somalia has a successful track record of implementing CVAs across humanitarian, recovery, and development interventions. Between the 2016 and 2017 drought, CARE Somalia reached over 50,000 households, distributing a total of 23 million USD. CARE Somalia is an active partner in the inter-agency Cash Working Group and chair of the Somaliland and Galmudug Cash Technical Working Group.

About the Author



This report was written by Jillian J. Foster with research assistance from Allison McGrath and Sarah Littisha Jansen as part of Global Insight's armed conflict and humanitarian research portfolio. Global Insight seeks to bridge academic and evidence-based research in the service of answering applied geo-political questions. Creative, gender-sensitive, and multi-method approaches are critical to our endeavor as Global Insight often works on sensitive topics in fragile contexts. Global Insight is headquartered in New York and works with partners globally on humanitarian, sexual violence, livelihood, political participation, gender equality, and countering/preventing violent extremism programs.

Please see the full report for in-depth discussion, findings and details on sampling strategy, and data collection tools.

List of Acronyms

| | |
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| CVA | Cash and Voucher Assistance |
| FGM | Female Genital Mutilation |
| GBV | Gender-based Violence |
| IDP | Internally Displaced Population |
| IPV | Intimate Partner Violence |
| NGO | Non-Governmental Organization |
| OCHA | Office for the Coordinator of Humanitarian Affairs |
| SGBV | Sexual and Gender-based Violence |
| Somalia/land | Somalia and Somaliland |
| USAID/FFP | United States Agency for International Development/ Food for Peace |
| VAWG | Violence Against Women and Girls |



EXECUTIVE SUMMARY

Protection issues are multi-dimensional in Somalia and Somaliland. Vulnerability is as much about physical violence as it is about drought and chronic food insecurity. The challenges that Somalia, Somaliland, and Puntland face can be roughly categorized into (a) environmental, or climate related, and (b) human-made crises. The recurring droughts of 2016 and 2017 left 5.4 million people in need of assistance and protection. Climate-related emergencies and increased violence with the rise of al-Shabaab and other violent non-state actors has led to migration internally and externally. Conflict shapes gender and protection issues across the region, increasing vulnerability, particularly for already marginalized groups like women, the disabled, and minority clans. The effects of conflict are not homogenous nor evenly distributed. Those living in the central and southern areas of Somalia have been particularly affected by the consequences of war, whereas those in the northeast (Somaliland) have experienced relative peace for almost a decade.

Differences in resource allocation, access and use of those resources, the size and strength of local clans and male elders, and the presence of armed groups are related to a variation in protection issues throughout the region. While protection issues are widespread, they are also built on a foundation of a gendered clan hierarchy which underpins dynamics in the entire region.

The majority of communities experience water and food insecurity, and many experience forced, climate-change induced, or livelihood-motivated displacement. Sexual and gender-based violence is ubiquitous but affects men and women, boys and girls in very and gendered ways. In Somalia/land women and girls are at increased risk of experiencing this sexual violence during displacement, when searching for food and water, or in and around areas with a presence of armed forces.

In light of ongoing conflict and unexpected drought, millions of civilians have found themselves in humanitarian crisis. Cash and voucher assistance programs (CVA) serve as a key modality through which UN Agencies, INGOs, and national NGOs respond to this need for support. While we know that CVA offers immediately relief to food, water, and income insecurity, recent studies have shown that cash assistance also impacts gender-based violence. Women and girls in Somalia report that CVA can reduce their risk of rape, physical assault, and sexual harassment.

Background

CARE has worked in Somalia and Somaliland for nearly 40 years delivering development and emergency aid. Since 1981, CARE focused on women and girls and, more recently, the organization's programming has centered on issues related to gender, rural women, urban youth, and emergency aid across the regions of Somaliland, Puntland, and South Central Somalia. CARE Somalia has a successful track record for implementing CVAs across humanitarian, recovery, and development interventions. Throughout the 2016 and 2017 drought, CARE Somalia oversaw 15 separate projects that utilized CVAs for food security, reaching over 50,000 households and distributing a total of 23 million USD (CARE International 2018b).

In February 2019, CARE Somalia commissioned a study to examine how gender and protection issues interact with CVA programming. This report outlines the full findings from that study, which sought to engage in a deep discussion of (1) protection issues throughout the region, (2) differences in protection issues by gender, and (3) differences in protection issues by CVA status (i.e. receiving or not receiving CVA). Importantly, this is not an evaluation and thus the impacts of specific projects with CVA are not explored.

Approach

This study followed a five-phase empirical strategy that relied heavily on a multi-method approach. This empirical strategy involved the collection of original qualitative and quantitative data collected in Somaliland, Puntland, and Nairobi. Supplementing this primary data was a rigorous review of project data, ACLED violence datasets, and academic and practitioner literature. Issues which may not have strongly impacted the selected data collection locations—communities in Sool and Mudug—may in fact be some of the most prominent and challenging protection issues throughout Somalia and Somaliland as a whole. A structured review of primary data against the background of secondary data mitigates selection bias, whereby research findings are merely an artifact of the sample chosen to study. In a place like Somalia/land where there are high numbers internally displaced communities, the impact of violence—including gendered violence—is mobile, following survivors as they move from less secure areas to those that are more secure.

Key insights are summarized directly below. These insights are detailed in the Findings section of this report. Prior to findings, a literature review and a methodology section are both provided.

Key Insights

When reviewing the findings of this report, it is important to keep in mind that these figures do not represent causal claims. We are unable to claim that cash and voucher assistance does or does not, for example, *cause* violence, *cause* changes in food insecurity, or *cause* an increase in women's decision making. We can say is that there are meaningful differences between recipients and non-recipients of CVA, and men and women. While cash and voucher assistance may not be *causing* changes, marginalization and insecurity make certain groups and people more vulnerable to protection issues. Cash and voucher assistance programs target the most vulnerable in each community. Those that receive CVA are more likely to experience marginalization, insecurity, and violence prior to CVA distribution. Unsurprisingly, a short period of cash and voucher assistance does not end protection issues recipients otherwise face.

Displacement affects the most vulnerable more often than others, resulting in the loss of personal assets, including livestock. CVA recipients, being the most vulnerable, experience greater frequency of displacement. 10.8% of CVA recipients reported moving twice in the last year compared to 6.3% of non-recipients. Male (28.3%) and female (21.6%) CVA recipients have experienced two or more displacement episodes, in contrast to only 14.3% of male and 14.6% of female non-recipients.

Income insecurity is severe and widespread. More than half the population is concerned about their financial insecurity. 57.5% of households that do and 58.0% of those that do not receive cash assistance are stressed about their financial issues.

Women fall into the lowest income level, regardless of CVA status. 18.6% more female recipients have monthly incomes between 0 and 50 USD. This same gap is at 13.3% for female non-recipients.

CVA immediately increases incomes for the most vulnerable. Below subsistence level and inconsistent of income is a major protection issue. 50.6% of all study participants report monthly income at or below 50 USD per household, irrespective of CVA status. Given the urgency of income insecurity, cash assistance offers a life-saving financial boost to those most vulnerable.

Illness is a chronic protection issue for households. 30.4% of recipients and 27.5% of non-recipients report having children with diarrhea in their household. 5.3% of non-recipient households and 3.6% of recipients have one or more child who is “constantly” ill.

Food insecurity is a protection issue across households, across CVA status, and across gender. Food insecurity, including lack of water, is compounded by the unexpected return of drought and conflict-induced famine. 79.6% of respondents report a lack of food or money to buy food in the past 30 days.

Lack of access to education affects nearly all displaced and rural-living children. All those interviewed for this study noted a lack of schools in or near their communities. 69.1% of the sample, regardless of CVA status, is illiterate. There is a 25.6% difference between women’s (higher) and men’s illiteracy. More male (51.8%) and female (76.8%) non-recipients are illiterate than recipients (47.8% and 74.3% respectively).

Regressive views on SGBV restrict women’s inclusion, mobility, and decision making. The majority of respondents hold regressive views on SGBV. 60.1% of CVA recipients and 72.1% of non-recipients feel that women should tolerate violence to keep their family together. 60.1% of recipients and 66.8% of non-recipients believe IPV is a private matter that should not be discussed outside the home. 59.3% of recipients and 51.0% of non-recipients feel women should pray to win back their husbands’ love after incidents of IPV. Those in Somaliland present more regressive views on SGBV. 76.9% of those in Somaliland agree that women should tolerate violence to keep their family together, 58.4% feel that IPV is a private matter that should not be discussed outside the home, 93.8% believe that a husband may discipline his wife to correct her behavior, and 62.9% that women should pray to win back their husbands’ love after incidents of IPV.

Regardless of CVA status, households are engaging in negative coping strategies – namely, reducing expenditure on food, withdrawing children from school, involving children in income generation, and early marriage. More than 86% reduced food expenditures, nearly 32% withdrew children from school. Fewer CVA recipients have children engaged in income generation and early marriage. 4.4% and 5.1% less CVA recipients, compared to non-recipients, involved their young children in income generation or early marriage respectively.

Early marriage and FGM are widespread and related to generalized poverty, food insecurity, and harmful cultural practices. The influence of younger religious leaders most recently educated by conservative teachers in the Gulf region is reinforcing existing harmful norms.

Built on the foundation of these generalized protection issues summarized above, the findings that follow are organized around the research questions guiding this study.

Discussion

How has, if at all, cash and voucher assistance equalized access to assistance through the inclusion of the vulnerable women and men from various hierarchical clans?

Internally displaced people lack the resources necessary to travel distances to access aid, medical services, and security support. CARE has responded by bringing cash and voucher assistance to IDP camps through the innovative use of mobile money. This has also helped to safeguard against the unique threat of sexual violence that women and girls face when CVA programs require the use of physical paper money.

Through community-led targeting, CARE partners with community leaders to identify the most vulnerable for CVA. This enables a nuanced approach to targeting that takes into account protection issues unique to the community—

especially protection issues like minority clan membership or mental health challenges that might be less visible to outsiders—and to individual households. While this approach increases local buy-in, it also runs the risk of preferential targeting of those households in good favor with community leaders.

Self-efficacy is both weakened by vulnerability itself and extremely important to survival in insecure contexts. CVA recipients show greater self-efficacy than their non-recipients counterparts. Male CVA recipients, in particular, show greater self-efficacy than female recipients. Of non-recipients, 50.7% believe they do not have the power to help their children if in trouble. Among CVA recipients, 33.3% of women express low self-efficacy compared to only 28.3% of men.

While CVA is increasing self-efficacy, women's psychosocial wellbeing across indicators related to personal and family security remains more negative than men. Despite being the target recipients of CVA, women express greater negative psychosocial wellbeing, especially when it comes to issues related to the family, personal hope and self-efficacy, financial security, and their children's safety.

How has, if at all, cash and voucher assistance addressed family cohesion and violence?

Family

Protection issues cause other protection issues. Conflict and/or drought causes displacement. In many cases, an initial displacement leads to further displacement of men who must migrate to find work after livestock perish. Men (20.6%) report greater displacement compared to women (18.1%). Men leave for months to years in search of income and food, often joining armed groups.

Women are left as “neglected mothers” to care for children alone, with husbands who have migrated rarely returning. 4.3% more non-recipients head households without a partner. Men may or may not return to care for their families, and often have little communication while away. Men occasionally send money, but never enough to cover the needs of their wife and children. It is these neglected mothers who are often the recipients of cash and voucher assistance.

While CVA offers much needed support to vulnerable households, many of which are female-headed, this temporary relief does not quell long-held worry about one's family for (1) CVA recipients and (2) women regardless of CVA status. 36.3% of CVA recipients are worried about their family. More female CVA recipients (16.2 percentage points more) and non-recipients (11.0%) are worried about their family when compared to their male counterparts.

Recipient households, given their greater vulnerability, more often report violence in their home and feelings of insecurity. Nearly 8% more CVA recipients, in contrast to non-recipients, report that someone has been physically abused in their home. Twice as many CVA recipients feel unsafe in their home and/or community.

Cash and voucher assistance is not addressing the withdrawal of children from school, which is greater in the case of male-headed households regardless of CVA status. The CVA program is, however, related to decreased involvement of children in income generating activities. Men withdrew children from school (35.0% of all men, 34.8% of male recipient, and 35.2% of male non-recipients) more often than women (28.0% of all women, 30.1% of female recipient, and 26.0% of female non-recipients). Men (10.9%) and women (12.7%) that did not receive CVA involved children (15 years or under) in income generating activities; this is in contrast to 8.7% of male and 7.5% of female recipients.

Though a minority, some children are not living with their families. An ambiguous legal system combined with the humanitarian crisis has increasingly threatened the safety of children, especially young girls. 5.2% of CVA recipients and 6.8% of non-recipients have children below 18 years old that do not reside in the household. Of those, 29.2% sent their child(ren) to pursue education, 25.0% have a child(ren) living with another family, and 16.7% have engaged in early marriage.

Community

Receiving CVA is related to feelings of poor social cohesion within one's community. Female CVA recipients do not get along with their community over twice as often as female non-recipients, and 13.0% of male recipients, in contrast to 0.0% of male non-recipients, note the same.

Violence

CARE's program documents and interviews with staff reflect an awareness of the violence participants and their communities face. However, there are no elements of the CVA program that specifically address this violence. The same can be said for sexual violence. In this context, survivors are almost never able to hold perpetrators accountable, and often encouraged to address SGBV via clan elders. Female survivors are expected to get permission from their husband, brother, or father before reporting, and then go through clan elders to address SGBV.

Women and girls are vulnerable to abduction, forced marriage, and sexual violence, especially by non-state actors, state agents, and insurgent militias. The use of mobile money helps to safeguard against the threat of abduction and sexual violence women and girls face outside of camps. General lawlessness has created an environment of impunity which adds to the frequency and severity of SGBV. Women note that shelter without doors makes them and their female relatives, some with disabilities, vulnerable to rape. Leaving the camp to collect food, water, and livelihood activities places women at risk of SGBV. Women and girls develop strategies to limit travel in and out of camps, especially at night.

Illness places women at risk of SGBV. The distance of IDP camps from medical services and a lack of resources to pay for transportation contribute to (1) the poor health of children and (2) women's physical insecurity. Cash and voucher assistance programs do not address this issue nor is the CVA monthly installment large enough to cover the cost of transportation and most medical care.

Mobile money has enabled women to reduce their interaction with potentially violent and coercive armed groups controlling access to aid. The use of mobile money has added a much needed safeguard against violence.

How has the presence of cash and voucher assistance disincentivized, or otherwise, increasing families to include multiple wives?

Evidence shows that CVA recipients have expanded their household size. 19.6% of CVA recipients report their household expanding to include at least one additional wife in the last year, compared to 7.9% of non-recipients.

What is the relationships between cash and voucher assistance and a change in women's economic and decision-making power within household?

Many community members hold regressive views about women's decision making. Many believe women lack the cognitive skills to make decisions. 52.5% across the sample population believe women lack the mental strength for sound decision making in the household. 47.2% believe women are unable to contribute to decision making in the community because they lack of good judgement. 7.2% more non-recipients hold this opinion than recipients.

While many believe women lack cognitive skills, the majority feel women have the right to attend and be heard at community meetings. The CVA program is doing little in terms of attitude and norm change, outside of requiring women's involvement on village committees. 48.9% strongly agree and 46.6% agree that women have the right to attend community meetings. 46.1% strongly agree and 49.6% agree that women must have a voice during community meetings. These opinions are held more strongly by non-recipients than recipients, regardless of gender.

Women may sit on some village committees, but are contributing to "very little" community decisions. 51.6% of CVA recipients and 45.4% of non-recipients report women are involved in "very little" community decisions.

How has, if at all, cash and voucher assistance addressed the unique burdens placed on women?

Many argue that women, given their caretaking role, are the best recipients of cash assistance. While men are considered responsible for family and community decisions, approximately half all interviewees and focus group participants discussed joint decision making on household spending decisions.

Positive consequences of cash and voucher assistance

Food insecurity is a protection issue across households, across CVA status, and across gender. Households receiving cash and voucher assistance increased the number of meals per day and improved overall nutrition for children.

Those receiving CVA report consuming approximately 0.5 servings of food per person per day, while those that do not receive CVA consume just over 0.3 servings of food per person per day.

Food and water insecurity is particularly stark for non-recipients and women. CVA is offering immediate response, enabling recipient households to increase their food and water intake. Nearly 20% more non-recipients, as opposed to recipients, express food insecurity over the course of the past 30 days. More women (86.3%) experienced a lack of food or money to buy food in the most recent 30 days compared to men (71.6%).

Cash and voucher assistance increases the amount and consistency of monthly income for vulnerable households. CVA recipients have higher monthly incomes by 11.81 USD, and 2-3 months of consistent income. There is a 11.81 USD gap in mean monthly income between recipients and non-recipients. Most CVA recipients (57.8%) have monthly incomes between 50 and 100 USD. The majority of non-recipients (62.7%) have monthly incomes between 0 and 50 USD. 35.1% of CVA recipients report the same income for the previous two months and 22.7% for the most recent three months. 58.0% of non-recipients experience no income consistency.

Recommendations

Recommendations are informed by the findings noted above and inspired by the following questions:

- What potential for the cash assistance to break the vicious cycle of GBV?
- What is potential for cash to transform these gender and power dynamics?
- How to best link cash transfer programs and GBV prevention and response interventions?

Evidence supports the use of CVA programs, conditional upon men's and women's participation in VAWG programming. Joint participation—both husband and wife—is best, though challenging for program staff and participants. Prevention programming should focus on addressing harmful and regressive attitudes.

CVA programs should work in tandem with SGBV programs that engage faith leaders using a training-of-trainers model such as the *Gender in Islam* or *Channels of Hope* curriculum used elsewhere. Engaging faith leaders in programs that tackle gender inequality, SGBV, FGM, and child marriage programming, but doing so by encouraging faith leaders to root teachings in progressive interpretations of religious text has proven effective in contexts where faith leaders play a central role in community leadership and governance

Engage female community leaders in creating women's groups in each village. These groups should be tasked with (1) creating safety plans for those in need of security and medical support after incidents of SGBV, (2) sharing important medical information and helping others safely access medical care, and (3) helping survivors access desired justice mechanism.

Community participation in cash assistance programming should be paired with the appointment of community health workers and women's health focal points who support survivors in accessing response services. This includes medical assistance, relocation to a safe shelter, and formal and informal justice mechanisms, as needed per the direction of the survivor.

Cash-for-work programs should consider funding community-based positions, such as community health workers, women's health focal points, water tank maintenance and water distribution coordinators, and literacy and primary teachers. Cash-for-work programs should support recipient community improvement projects like efforts to build shelter doors for those currently unable to close/lock their homes. Illiteracy is a major protection issues and the lack of schools makes this a multi-generational challenge.

The need far outweighs resources. Donors should be encouraged to offer more support to CVA programs with a view toward (1) increasing monthly CVA amounts, (2) increasing the length of distribution, and (3) increasing the number of recipient households. At present, there is a greater number of vulnerable households than CARE's CVA program is able to support.

Continue distributing CVA primarily to women. This was unanimously supported by all participating villages.

Donors should strongly consider supporting research and evidence gathering around lesser understood topics like self-efficacy, community-led development and security services, and social cohesion as related to CVA. All research should be undertaken with an explicitly gender lens. Support for causal research is especially needed. This requires planning far in advance of implementation to carefully design studies that include baseline and longitudinal data. Multi-method approaches that include quantitative and qualitative data should be preferenced so as to highlight the nuances of a complex setting like Somalia/land.



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