

MAINSTREAMING GENDER-BASED VIOLENCE
CONSIDERATIONS IN CASH-BASED INTERVENTIONS:

A CASE STUDY FROM LOWER JUBA, SOMALIA

FEBRUARY 2018



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Mission Statements and Acknowledgements

The Women's Refugee Commission (WRC) works to improve the lives and protect the rights of women, children, and youth displaced by conflict and crisis. WRC researches their needs, identifies solutions, and advocates for programs and policies to strengthen their resilience and drive change in humanitarian practice.

African Development Solutions (Adeso) is an African humanitarian and development nongovernmental organization (NGO) that works at the roots of communities to create environments in which Africans can thrive. Adeso works alongside African communities to co-create a new story for Africa—a future that is shaped by their values, powered by their own resourcefulness, and built on their capabilities.

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Background

Cash-based interventions (CBIs) are a rapidly growing form of humanitarian assistance and it is imperative that, as cash assistance is scaled, protection risks are minimized and protection benefits maximized for affected individuals, households, and communities. While cash itself is not inherently risky, simply designing a CBI without assessing gender dynamics and the potential gender-based violence (GBV) risks and protection benefits associated with the introduction of cash can lead to unintended consequences. In order to “get cash right” it is critical that cash actors conduct comprehensive and participatory assessments of protection risks. These assessments should be disaggregated by sub-population and inform protective program design, including mitigation mechanisms. Programming needs to be tailored for different sub-populations. It is critical to conduct robust protection monitoring and continually adapt CBIs as needed to ensure that risks are not being transferred to recipients who are not prepared to manage them, and that the protection benefits of cash are delivered.

From 2016-2018, WRC undertook a project funded by the U.S. State Department's Bureau of Population, Refugees, and Migration to build the capacity of humanitarian actors to effectively mainstream GBV in CBIs and to utilize CBIs within GBV programming to meet the needs of displaced and marginalized groups, including women, adolescent girls, and persons with disabilities.

Based on a literature review and key informant interviews (KIIs) with over 40 experts from more than 20 humanitarian agencies, WRC developed guidance and tools to help cash actors ensure the protection of beneficiaries from GBV risks throughout the program cycle. WRC partnered with Adeso to pilot these field resources in Lower Juba, Somalia, within Adeso's ongoing CBI. The pilot activities profiled in this case study were led by Adeso with technical assistance from WRC and focused on mainstreaming GBV in CBIs. Guidance and tools were revised based on lessons learned during field testing in Somalia with Adeso, as well as on lessons learned from pilots in Jordan with Mercy Corps and in Niger with Save the Children.

This case study provides an overview of the assessment and monitoring activities conducted and key findings, as well as learnings and recommendations to strengthen Adeso's approach to service delivery in Lower Juba.

To access the Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response visit: <http://wrc.ms/cashandgbv>.

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Operational Context

Somalia has been in a state of complex humanitarian crisis for over two decades, with socioeconomic, political, and environmental factors leading to widespread conflict, drought, and numerous other recurrent human and natural disasters. The humanitarian situation has been made worse recently by increased insecurity and volatile population movements as a result of drought conditions and the forced return of Somali refugees from Kenya. Lower Juba has an estimated population of 489,307 people, of which 224,000 are currently acutely food insecure (Food Security and Nutrition Analysis Unit–Somalia 2017). Lower Juba is predominantly a pastoralist region and is regularly impacted by harmful events. During and after drought, flood, and conflict, levels of food insecurity rise and the most vulnerable households struggle to access basic needs. In the aftermath, households do not have the financial means to fix or replace damaged goods and assets, and their levels of vulnerability spike, further shrinking their resilience to future disasters. Lower Juba is also host to many Somali internally displaced persons (IDPs), who have come to the region to flee conflict, evictions, and the lack of financial means for survival as well as livelihoods assets to generate income.

Adeso’s Cash-based Intervention

In partnership with the Agency for Technical Cooperation and Development (ACTED) and Social-life and Agriculture Development Organization (SADO), Adeso is implementing a three-year social safety net project in the Lower Juba region. This project is funded by the European Union and is being implemented in three districts, Kismayo, Afmadow and Dhobley, with the aim of building household- and community-level resilience to drought and other hazards.

The project includes the following cash-related components:

1. A safety net comprising 16 predictable, unconditional cash transfers over a two-year period to 5,000 IDPs, pastoralists, agro-pastoralists and urban poor households, with each household receiving USD \$40 per disbursement (totaling USD \$640) with the objective of covering basic needs. Transfers are disbursed via Mobile Money Transfers (MMT);
2. Livelihood grants averaging USD \$1,500 disbursed to 50 livelihood groups to start or strengthen businesses and income-generation activities. Cash is paired with the provision of business training and support to establish Village Saving and Loan Associations (VSLAs) to improve access to savings and credit; and
3. A disaster mitigation fund totaling USD \$5,000 for community projects and cash-for-work for 560 households; transfers are made via MMT.

This case study focuses on the first component, safety net cash transfers, an entry point for the pilot with WRC, from which learning and recommendations are devised to benefit Adeso’s project as a whole.

WRC-Adeso Partnership

WRC and Adeso partnered to pilot assessment and monitoring tools in Lower Juba to assess and monitor GBV risks and protection benefits associated with the introduction of cash assistance for targeted households and communities to inform safer, gender-sensitive interventions. As Adeso had already designed and begun implementation of its CBI, this pilot provided an opportunity for course correction as needed and to ensure a gender-sensitive and inclusive approach to forthcoming service provision. While piloting the tools with Adeso, WRC assessed the tools for usability and utility with the Adeso team. Lessons learned have informed revisions to the toolkit.

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Assessing GBV Risks

The tool for [Assessing and Mitigating Risks of Gender-based Violence in Cash-based Interventions through Story: A Focus Group Discussion and Interview Guide](#) uses depersonalized stories and qualitative questions to consult communities on GBV considerations in CBIs, without putting respondents at risk of disclosing personal experiences of violence. Each story in the menu of stories is unique and intended for use with a specific sub-population (e.g., women, women with disabilities, adolescent girls who are married, etc.).

Methodology

Due to security issues in Lower Juba at the time of the assessment, WRC staff trained key Adeso staff in Nairobi on gender, protection, GBV, focus group discussion (FGD) and interview facilitation, and use of the assessment tool. WRC and Adeso staff worked together to adapt the tool for use in Lower Juba, including the phrasing of the questions and prompts, as well as language used to describe GBV. Adeso staff trained by WRC replicated the training in Somalia with additional staff prior to undertaking the assessment.

Over a three-day period, the Adeso team conducted 36 focus groups and 48 interviews in Dhobley and Afmadhow districts. FGDs were used to consult adults, while interviews were used to consult adolescents (age 14–18). The age of adolescents to be consulted was determined by Adeso based on the average age of marriage in Lower

Juba. The FGDs study population in each village was divided into four sub-populations: (i) men including the elderly (defined as 55+ years); (ii) women including the elderly; (iii) men with disabilities; and (iv) women with disabilities. The interview study population included: (i) unmarried adolescent boys in school; (ii) unmarried adolescent boys out of school; (iii) married adolescent boys; (iv) adolescent boys with disabilities; (v) unmarried adolescent girls in school; (vi) unmarried adolescent girls out of school; (vii) married adolescent girls; and (viii) adolescent girls with disabilities. Female staff consulted women and girls and male staff consulted men and boys. Verbal consent was secured from all participants (for minors, consent was first obtained from their parents). A total of 319 community members participated in the FGDs and interviews across the two districts.

Data analysis was led by Adeso using an inductive approach and RQDA software for coding and analysis. FGD responses across sub-populations were combined and analyzed first by district, then by village, and lastly by livelihood group.¹ Interview responses were then analyzed using the same approach. FGD and KII responses were then triangulated.



Interview with an adolescent girl who is out of school. © Adeso

¹ The same livelihood groups identified in Adeso’s project proposal were used: pastoral; IDP; and urban.

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Findings

FGD and interview participants reported a range of sub-population-specific protection risks and benefits associated with the introduction of cash assistance. Respondents also identified community mitigation strategies as well as mitigation mechanisms Adeso can employ to enhance the safety and inclusion of cash recipients.

Decision-making, Household Relations, and Cash

Respondents shared that decisions on how to spend the cash lie with the breadwinner, who is typically the male head-of-household; however, decision-making varies between households. In some families, the husband makes decisions alone, while in other households decisions are jointly made by husbands and wives. Some women consulted felt that women heads-of-household who would automatically be targeted as the recipient would benefit more from cash assistance than other women because they do not need to negotiate with a man on how to spend the transfer. Other women felt that being targeted as cash recipients would increase their bargaining power, freedom of movement, and credit-worthiness. Some participants shared that disputes were likely to arise within households

regarding decision-making on how to spend the cash, especially if the cash recipient was not the head of the household. These findings illustrate that ad hoc targeting of women as cash recipients will not guarantee that women have control over or benefit from cash transfers; consultation is needed at the household level on who should be the recipient. In addition, it is important to pair cash with activities that promote joint decision-making and equitable use of resources for the well-being of the household as a whole to reach the project's aims.

Perceived GBV Risks Associated with CBIs

Potential risks of GBV associated with cash transfers were reported during consultations. Respondents were concerned about an increase in physical, verbal, and/or psychological violence between spouses and between parents and children around how transfers should be spent. Another risk reported was that tension and violence within the household around expenditure could lead to separation of spouses and perhaps divorce. While divorce in a case of domestic violence could be a favorable outcome, the risks of GBV that a divorced woman might face when separated from the household were of concern.

Protection Benefits of CBIs

Women and girls reported that cash assistance could potentially reduce their risks of GBV, including rape, physical assault, and sexual harassment, by reducing their care work and the associated risky distances they travel to collect water and firewood, or to perform domestic work for wealthy families. Cash transfers to date had enabled women to purchase food and water, as well as invest in income-generating activities closer to home. These findings demonstrate the importance of a sustainable exit strategy across the cash components of Adeso's project.

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Reporting GBV

Attitudes about GBV and concerns about reporting incidents of GBV associated with cash assistance varied between Afmadow and Dhobley districts. Dhobley respondents were more inclined to report GBV. Respondents from Afmadow, however, were more conservative and voiced that it was unacceptable to report GBV due to cultural stigma. All subgroups reported that women and girls often choose not to report or to underreport cases of GBV. Some respondents felt comfortable reporting GBV incidents to their household head (but expressed concerns that they may or may not respond), while some felt comfortable reporting GBV to community leaders. The pervasive notion was that “GBV is part of the culture and discussing it is taboo.” Adolescent girls currently enrolled in school reported that they were afraid to report GBV because they feel they are “too young to be victims.” There is a clear need for GBV awareness and destigmatization.

Across both districts, communities were knowledgeable about local organizations where GBV could be reported, and where prevention and response services could be sought; these organizations include Wamo Relief and Rehabilitation Services, American Refugee Committee, the Norwegian Refugee Council, and Finland-Somalia Association. At the time of the assessment, Adeso had yet to engage in partnerships with these organizations to facilitate GBV referral pathways.

GBV Risk-mitigation Mechanisms

The following self-protection strategies within the household were shared as ways to mitigate risks of GBV associated with cash assistance:

- Making joint decisions with spouse(s) on expenditures; and
- Spending the cash transfer to improve the welfare of all family members.

The following self-protection strategies were shared as ways to mitigate risks of GBV associated with cash assistance within the community:

- Waiting at least one week after the disbursement to use the cash so as to not be targeted for GBV or theft by non-recipients;
- Building and maintaining a good reputation by contributing to social welfare (e.g., financially supporting neighbors or vulnerable community members who were not targeted) and community development (e.g., financially supporting hospitals and schools); and
- Paying debts on time.



Focus group discussion with elderly women. © Adeso

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The following GBV risk-mitigation mechanisms were shared as recommendations for Adeso to implement that could reduce associated risks for cash recipients:

- Consulting women on family dynamics and targeting the woman in the household or the man, depending on her request;
- Ensuring targeting of the most vulnerable to reduce animosity from non-beneficiary households;
- Adapting communication approaches and tools to reach different sub-populations and ensure that everyone has access to information (e.g., the most appropriate channels for communicating program eligibility may differ from the most accessible channels for communicating information on referral pathways, and these may differ by sub-population);
- Providing training on GBV, including resourcing peer-to-peer education;
- Providing a strong and safe referral system to access GBV prevention and response services;
- Offering conflict resolution training to community arbiters to address household tensions regarding decision-making on how to spend the transfers;

- Establishing community groups and support groups to enhance social networks;
- Ensuring beneficiary confidentiality and data protection;
- Establishing community resource centers where women and youth can safely access education and vocational training;
- Supporting income generation and livelihoods activities and providing training on financial literacy and business management.

These findings illustrate the importance of strengthening community-based protection strategies and ensuring agency-led risk-mitigation mechanisms for safe program design and implementation.

Monitoring GBV Risks

The [Post Distribution-Monitoring \(PDM\) Module: Adapting CBIs to Mitigate GBV Risks](#), comprising qualitative and quantitative questions, was used to bridge gaps in Adeso's standard quarterly post-distribution monitoring (QPDM) tool and improve data collection for ongoing analysis of cash recipients' safety. Questions address risks and protection benefits associated with cash transfers, decision-making, coping strategies, and sustainability. Only findings from the module are included in this case study.

Methodology

The PDM module was integrated within Adeso's quarterly PDM tool and rolled out two weeks after cash disbursements using mobile phones with Open Data Kit Collect (ODK) data collection software. The first PDM was conducted after the sixth transfer and the second after the ninth transfer. Forty-one cash recipients were sampled during two weeks of data collection across Dhobley and Afmadow districts for the first PDM, while 44 cash recipients were sampled for the second PDM. The sample size, determined at 95 percent confidence level (CL) and 5 percent confidence interval (CI), consisted of women, men, and adolescent boys and girls, including persons with disabilities.² The data collected were analyzed using the Statistical Package for the Social Sciences (SPSS) and an inductive approach.

² Adeso added the collection of demographic data on disabilities to its usual demographic sheet and as a result recorded a higher number of women with disabilities than was previously known in the targeted communities.

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Key Findings from the 1st and 2nd Quarterly Post Distribution Monitoring³

- No respondents reported having received training on gender-based violence;
- No safety issues were reported regarding the collection or use of cash transfers; 99 percent of respondents reported that they have safe access to the market;
- Most cash recipients, including IDPs, reported that they felt safe accessing cash transfers. However, households reported taking different precautions to stay safe, including:
 - » Paying debts on time to reduce community-level conflict;
 - » Putting the money in a safe place to reduce risk of theft (in some cases between women and their husbands or by community members);
 - » Not sharing information, such as beneficiary status or personal identification numbers (in some cases between women and their husbands);
 - » Sharing decision-making with spouse and spending the transfer to cover everyone's basic needs to reduce household conflict and risk of domestic violence;
 - » Investing in a business to reduce household conflict and risk of domestic violence.
- Recipients were satisfied with receiving transfers via MMT. When offered the choice to switch to an alternative transfer mechanism (e.g., to Hawala) all respondents preferred to continue with disbursements via MMT, which was deemed the quickest, safest, most discrete, and most easily accessible mechanism;
- Seventy-three percent of respondents reported they did not exchange favors or forfeit cash in the process of registration or targeting; 2 percent reported that they had given favors, such as performing work without pay, to community leaders, MMT agents, or NGO staff;
- Twenty-five percent of IDPs shared that cash improved relations among displaced persons; some IDPs reported that cash negatively impacted their relationships with the host community, while others reported reduced tension with host community members regarding household expenses;
- Thirty-six percent of participants reported no change in their level of safety due to the cash transfer, whereas 18 percent reported considerably improved safety; 20 percent of respondents reported that there was no change in their child's safety because of the transfer, while 15 percent reported that their child's safety was considerably better



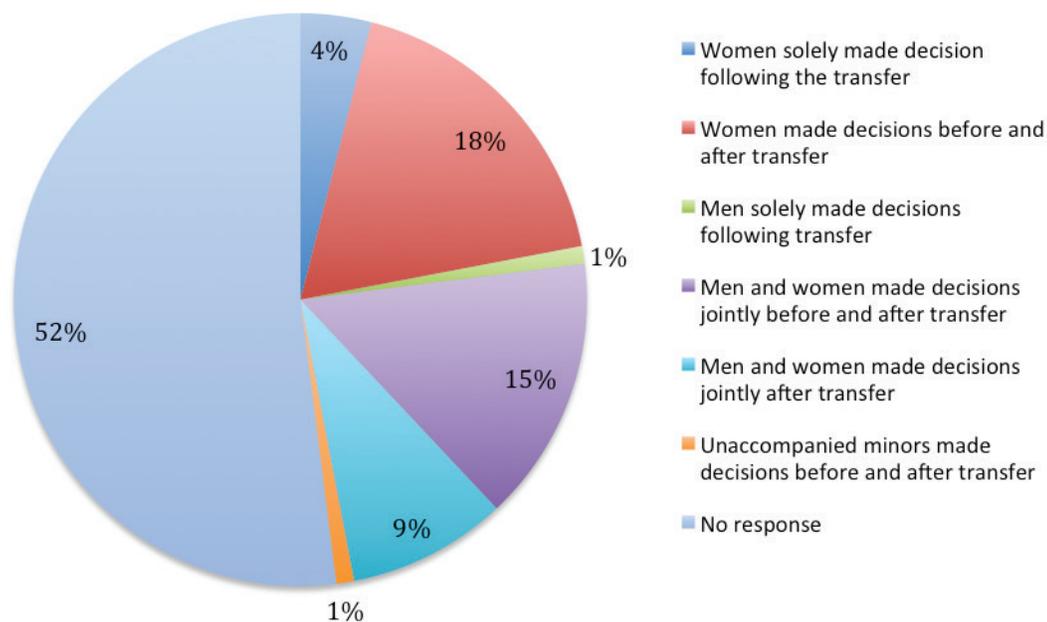
Focus group discussion with men. © Adeso

³ Many respondents preferred not to answer monitoring questions or did not have children in the household and thus some questions were not applicable. Percentages have been rounded up.

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- See Figure 1 for findings related to decision-making on expenditure within households;⁴
- Fifty-three percent of cash recipients reported that cash transfers had positively impacted relationships within their household; joint decision-making on expenditures resulted in fewer physical fights between spouses (including within polygamous households) as well as less financial stress regarding income generation and access to health services. However, 3 percent responded that there had been more verbal fights about how to spend the cash and tension about who receives the cash;
- Girls' and boys' school attendance was reportedly improved as a result of the cash transfer, with 27 percent of respondents reporting that girls were attending school more frequently after the transfers and 29 percent reporting that boys were attending more frequently. Participants attributed this to: households being able to meet their basic needs as well as tuition; the timeliness of the cash transfers to pay tuition and uniforms; and the financial flexibility to choose for a girl to remain in school instead of getting married. Three percent of respondents reported that girls were attending school less frequently, while only 1 percent reported that boys were attending school less frequently. Four percent of participants reported no change in school attendance for girls, and 2 percent reported no change for boys.
- Fourteen percent of respondents reported that early marriage among boys was less frequent after the cash transfer, while 16 percent reported early marriage was less frequent for girls; 5 percent of participants reported no change in frequency for boys, while 4 percent reported no change for girls; 2 percent reported early marriage was more frequent among boys and 3 percent reported it was more frequent among girls. A decline in early marriage among girls and boys was attributed by respondents to households' ability to pay for girls' tuition and invest in income-generating activities (e.g., animal rearing) for boys instead of relying on marriage for financial security;

Figure 1: Decision-making and cash transfer by subgroup



⁴ Adeso's program design does not have an explicit activity around joint decision-making and shifting control over and access to resources within the household.

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- See Figure 2 for findings regarding the frequency of adolescents engaging in unpaid work following the cash transfer. Change was attributed to households’ ability to meet basic needs, thus minimizing the need for the adolescents’ engagement in unpaid work.

Limitation and Challenges

- This was the first pilot of both the assessment and the monitoring tools to test their utility and usability. These tools, which have since been revised based on lessons learned from pilots in three humanitarian settings, showed room for improvement, particularly in terms of how questions were phrased to Adeso staff and respondents from the affected communities;
- It was challenging for data collectors with limited experience in FGD and interview facilitation to conduct consultations on sensitive topics such as GBV. Data that were unclear or unrecorded were omitted during data analysis, thereby limiting the analysis;

- Adeso has limited resources to provide GBV prevention and response services. To date, resources have not been included in business development efforts;
- Adeso’s staff have varied levels of knowledge of gender, protection, and GBV mainstreaming; these themes are often not viewed or operationalized as cross-cutting issues across the CBI program cycle;
- A high turnover of Adeso staff results in a loss of institutional knowledge and experience on cash and protection, including GBV;
- Adeso’s staff lack experience with and knowledge on consulting and targeting harder-to-reach sub-populations (e.g., persons with disabilities);

- Adeso has struggled to establish partnerships with protection actors, specifically GBV service providers, to strengthen referral pathways. The protection cluster has been dormant for a period of four months and coordination with GBV actors who are operational in Lower Juba has been challenging;
- Cultural and social stigma is a barrier to collecting data on and effecting behavioral change around GBV; and
- Tracking cash recipients for monitoring is difficult because targeted communities are highly mobile; relocation is common in the face of drought, and pastoralist groups migrate from one region to another.

Figure 2: Table of changes in adolescents engaging in unpaid work

Undertake unpaid work	Girls %	Boys %
Less frequent	15	10
No change	11	12
Prefer not to answer	11.44	15.25
No response	62.56	62.75

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Key Learnings and Recommendations

While gender mainstreaming is a component of Adeso’s programmatic strategy, this pilot highlighted the importance of and need for mainstreaming GBV considerations throughout the CBI program cycle.

LEARNING	RECOMMENDATIONS
<p>Gaps exist in staff knowledge of gender, protection, and GBV</p>	<ul style="list-style-type: none"> • Train all staff in gender, protection, and GBV and mainstreaming across the program cycle
<p>Enhancing community mobilization approaches by emphasizing beneficiary confidentiality can help capture hard-to-gather data</p>	<ul style="list-style-type: none"> • Strengthen community mobilization approaches to counter cultural and social stigma regarding GBV, facilitate communication, and leverage opportunities to improve cash recipients’ safety
<p>Targeted outreach and staff training are needed to consult harder-to-reach populations, including adolescents, persons with disabilities and the elderly.</p>	<ul style="list-style-type: none"> • Institutionalize inclusive community outreach and data collection approaches • Sensitize and train staff on consulting marginalized sub-populations
<p>There is a need to shift targeting approaches to minimize risks and maximize the protection benefits of cash assistance for recipient households.</p>	<ul style="list-style-type: none"> • Consult households regarding who should be targeted within the household (only target women where their risks of GBV would not be increased as a result of their beneficiary status)
<p>Communities utilize protection strategies to mitigate risks and have recommendations for agency-led risk mitigation mechanisms; these can be strengthened and leveraged for safer programming and for a sustainable exit.</p>	<ul style="list-style-type: none"> • Consult communities on and strengthen community-based protection strategies within program design, specifically the implementation of Community Managed Disaster Risk Reduction (CMDRR) activities • Implement organization-led risk mitigation mechanisms and monitor their effectiveness throughout the project cycle

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LEARNING	RECOMMENDATIONS
<p>Comprehensive protection monitoring has yet to be integrated into Adeso’s monitoring and evaluation (M&E) approach, necessitating stronger monitoring tools.</p>	<ul style="list-style-type: none"> • Institutionalize protection monitoring and ensure that CBIs are adapted throughout the program cycle to ensure protection from GBV • Enhance current tools, drawing on the Toolkit
<p>A lack of in-house GBV expertise, or partnerships with GBV service providers who can facilitate a referral for implementation of GBV prevention and response programming, is a critical issue that may jeopardize accountability to beneficiaries and opportunities for gender-transformative programming</p>	<ul style="list-style-type: none"> • Prioritize business development efforts to fund in-house expertise to implement GBV prevention and response • Establish standing partnerships with agencies working in Lower Juba that have experience in implementing GBV referral pathways and delivering GBV prevention and response services
<p>Among stakeholders in Somalia, there is a lack of coordination on GBV and CBIs, both in terms of mainstreaming GBV considerations in CBIs and integrating CBIs within GBV case management services.</p>	<ul style="list-style-type: none"> • Improve coordination among stakeholders and elevate GBV and CBIs to improve humanitarian response and strengthen advocacy efforts
<p>Adeso needs to strengthen the design and implementation of the other cash-based components within the social safety net project (livelihood grants and cash-for-work activities) to ensure safe and gender-sensitive interventions.</p>	<ul style="list-style-type: none"> • Apply learnings from this pilot to conduct follow-up assessments to strengthen the design of cash-based components • Strengthen protection monitoring to continually inform adaptations in program design and implementation as needed

Conclusion

The pilot provided insights into potential risks of GBV associated with the introduction of cash assistance, the potential protective benefits of cash assistance for protection outcomes, as well as opportunities to mitigate risks of GBV in the context of Lower Juba. In addition, this pilot highlights the kinds of tools that Adeso can use to ensure GBV considerations are mainstreamed across the program cycle in order to strengthen community consultations and protection monitoring.

Findings from piloting the assessment and monitoring tools can inform the additional cash components of Adeso’s safety net project: livelihoods grants and cash-for-work activities. The cumulative research currently underway by Adeso in partnership with a variety of partners on social safety nets in fragile contexts, including this pilot, will help model social safety net programming in fragile settings. Social safety net programming that mainstreams gender and protection, including GBV, can strengthen communities’ resilience and begin to break generational cycles of economic insecurity and violence.



Gift of the United States Government