Gender, Cash Assistance, and Conflict: Gendered Protection Implications of Cash and Voucher Assistance in Somalia/Somaliland

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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.

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List of Acronyms

AMISOM	African Union Mission in Somalia
CaLP	Cash Learning Partnership
CSO	Civil Society Organization
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
FFP	Food for Peace
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
FGS	Federal Government of Somalia
GBV	Gender-based Violence
IDP	Internally Displaced Population
IPV	Intimate Partner Violence
INGO	International Non-Governmental Organization
KII	Key Informant Interviews
NGO	Non-Governmental Organization
NSA	Non-State Actor
OCHA	Office for the Coordinator of Humanitarian Affairs
SCC	Somalia Cash Consortium
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based Violence
SNA	Somali National Army
Somalia/land	Somalia and Somaliland
UNSOM	United Nations Assistance Mission in Somalia
USAID	United States Agency for International Development
VAWG	Violence Against Women and Girls
WHO	World Health Organization

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.

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.

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. Annexes to this report offer helpful detail on sampling strategy, and data collection tools.

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.

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 particularly, 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.

INTRODUCTION

Contextual Background

Somalia and Somaliland are frequently subject to natural disasters and human-made crises, to which humanitarian actors respond through a variety of means. In 2016 and 2017, Somalia/land experienced reoccurring droughts that left 5.4 million people in need of humanitarian assistance and protection (CARE International 2018b; CWG 2018). Given that a large majority of Somalis rely on livestock as their main source of livelihood, the drought left a significant portion of the population vulnerable not only to food and protection insecurity but displacement (Fanning 2018). Between 2016 and 2018 more than 1.15 million Somalis were forced to leave their homes (Fanning 2018) and more than 30% of the Somali population 16 years and older is considered vulnerable or very vulnerable based on their living conditions (Altai 2017).

An increasing number of Somalis migrate as refugees to nearby Ethiopia and Kenya or reside as internally displaced persons (IDPs) in Somalia/land (Hammond et al. 2011). Nearly two-thirds of all Somali migrants (both refugees and non -refugees) live in neighboring countries (Pew 2016). Kenya hosts the largest number of Somali migrants globally, followed closely by Ethiopia, Djibouti, and Yemen (Pew 2016). This growth in migration is attributed to both climate-related emergencies and increased violence with the rise of al-Shabaab and other violent non-state actors (NSAs) throughout the country (Hammond et al. 2011).

Somalia as a Conflict-Affected Region

Somalia—established in the 1960s as the result of the unification of two former European colonies (Italian Somaliland in what is now east, central, and southern Somalia and British Somaliland in the northwest)—exists as a country deeply affected by a legacy of colonialism, weak institutions, contested territory, and persistent internal conflict. In 1969, after several years of civilian rule, a military coup led by General Mohammed Siad Barre overthrew the government (Carroll and Rajagopal 1993). Mohamed Siad Barre held dictatorial rule over the territory until he was overthrown in 1991 in a civil war waged between clan-based insurgent forces (Mohamoud 2015). The civil war bred inter-clan fighting and fostered militant insurgent forces that resulted in increased conflict and instability across the country. During this time, what was once British Somaliland also distanced itself from the rest of Somalia, claiming independence. Although the

international community supported the development of a centralized government in Somalia, the country has experienced varying levels of state authority and control since 1991. Somalia continues to reel from ongoing civil war, drought, internal divisions, and conflict that all contributed to increased vulnerability in the region and continue to affect Somaliland (Dini 2009; Hammond 2013; Mohamoud 2015).

Somalia's experiences with conflict shape gender and protection issues across the region. Conflict tends to increase 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 nearly a decade. It is also useful to look at variation across Somalia's federal states. In 2012, Somalia adopted a federal state system that formally took shape in 2016. Importantly, clans and clan elders, all of which are men, are extremely important political actors in Somalia and Somaliland. The federal state system coexists in the presence of these clans. The federal state structure is supported by diplomatic partners, like the British government, who have a strategic security interest in establishing regional stability. However, the still formalizing federal state system is fragile.

Gender Inequality

Protection issues and their gender dimensions are both shared by and vary across Somalia and Somaliland, and between Somalia's federal states. Variation in protection issues are related to differences in regional resource allocation, access and use of those resources, the size and strength of local clans and male elders, and the presence of armed groups. In this way, protection issues are widespread and overlaid onto a gendered clan hierarchy which underpins dynamics in the entire region.

Gender inequity is rife throughout Somalia/land; in fact, the region ranks fourth lowest globally on the Gender Inequality Index and on internationally comparable indices.[1] Both Somalia and Somaliland uphold cultural norms that are deeply gendered. Women and girls are responsible for domestic duties including cooking, cleaning, and child rearing, while men traditionally serve as the breadwinners and heads of households (Women's Refugee Commission and Adeso 2018; CARE International 2018b). In recent years, more women have assumed head of household duties, with an increasing number of men and boys recruited into NSAs or involved in illegal activities as a result of poverty and rising unemployment (CARE International 2018b). This has resulted in a host of protection issues. In Somalia/land, vulnerability is wide spread while also being distinctly gendered.

Protection Issues in Somalia/land

Somalia/land has suffered years of instability and conflict resulting in a variety of protection issues. Protection issues in the region are both widespread and gendered in that most communities experience water and food insecurity, and many experience forced, climate-change induced, or livelihood-motivated displacement. At the same time sexual and gender-based violence (SGBV) affects men and women, boys and girls in very different and gendered ways. Like elsewhere, women and girls are disproportionately the targets of SGBV. In Somalia/land they 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. There have also been recent reports of sexual violence against women and girls motivated by revenge from rival clans or armed groups. Given the presence of African Union and regional peacekeeping forces and other armed groups, sexual exploitation and violence perpetrated by state-sponsored military and non-state armed militant groups like al-Shabaab has increased.

Briefly, as of 2018 an estimated 2.7 million people have been internally displaced because of natural disaster, conflict, and famine (HRW 2019). Displacement can result in the loss of personal goods. In Somalia/land, many nomadic communities are forced to settle in IDP camps after losing their livestock to drought and famine. Displacement also has lasting negative impacts on psychosocial wellbeing (Gururaja 2000). These psychosocial impacts are expressed in gendered ways as men struggle to fulfill their breadwinner role and women become "neglected mothers" who are forced to care for children as single mothers while their husbands seek work elsewhere, rarely returning.

1. UNDP. (2012). "Somalia Human Development Report 2012: Empowering Youth for Peace and Development." UNDP: New York.

Recent droughts have plagued Somalia/land and magnified food and water insecurity (USAID 2019). According to World Food Programme (2019), of the 12 million people living in Somalia, more than 5 million experience food insecurity and approximately 2.7 million fail to meet their daily food requirements. More than half of the food insecure in Somalia/land are on the brink of famine. Ongoing conflict has further magnified the food crisis as the various governing regional bodies struggle to create a collective humanitarian response (Seal and Bailey 2013).

Gender-based violence is a widespread phenomenon in Somalia/land (CARE International 2018a). Women and girls, especially those residing in IDP camps, are particularly vulnerable to forms of violence, coercion, and deprivation (Fanning 2018). This includes sexual violence, intimate partner violence (IPV), and sexual exploitation and abuse (SEA). Many women and girls residing in camps report greater security fears citing sexual violence and robbery as the greatest threats inside and outside of camps. Although gender-based violence (GBV) is acknowledge by Somalis, negative attitudes towards survivors of SGBV reflect latent stigma and shaming (Rayale et al. 2015). The stigma survivors face contributes to women and girls reporting and accessing services at low rates, and the population of male survivors being almost entirely silent.

With many different armed groups operating in the country, inter-clan and intra-security force violence has increased and resulted in more deaths, injury, and further displacement. This violence is exacerbated by increasing tensions over the contested border between Somaliland and Puntland in Sool (HRW 2019). Al-Shabaab is the strongest and most stable militant group in Somalia (Hammond 2013; Anzalone 2018). They have a documented history of forcibly recruiting children and adults, leading executions, widespread sexual violence, and suicide bombings. The gendered nature of this violence is visible in (1) the gender of perpetrators who are almost always men, (2) the type and purpose of the violent act(s), and (3) the gender of the survivor. Al-Shabaab's lack of presence in Somaliland offers one explanation for the relative calm in the region as compared to south and southcentral Somalia. Beyond the threat of violence, al-Shabaab prohibits almost all NGOs and UN agencies from operating in areas under their control. As a result, humanitarian groups face serious challenges accessing vulnerable populations in these areas.

Differences between Somalia and Somaliland

The distinct governing structures, clan groups, and security situations between Somalia and Somaliland have resulted in divergent protection issues for Somalis located in the northern and southern parts of the country. In contrast to Somalia, Somaliland has a functioning government and is relatively peaceful (Dini 2009; Hagmann and Hoehne 2009; Hammond 2013). Vulnerabilities and displacement are not universal for all Somalis across the country, but rather, dependent on local context (Hammond 2013; Fanning 2018; Majid et al. 2017).

Somaliland's more stable government has resulted in greater security and governmental protections for residents of Somaliland (Hagmann and Hoehne 2009). Stability is fragile in Somaliland but there is evidence that the government is able to maintain a monopoly of governing power in urban and many rural communities. This sits in contracts to Somalia where the federal government of Somalia (FGS) struggles to govern communities outside of Mogadishu and urban centers in Baidoa, Galmudug, Garowe, and Mudug. Unlike Somalia, Somaliland has passed legislation to improve the protections for IDPs throughout the region and seeks to criminalize rape and other forms of sexual violence (Fanning 2018).

Although there are clear differences between Somaliland and Somalia in terms of the role of government and security services, drought-related displacement affects the entire region and increased rates of displacement have further strained gender relations in this deeply patriarchal culture. Moreover, governments in Somalia and Somaliland have each partially passed sexual offenses and anti-FGM (female genital mutilation) bills, but these key pieces of protection legislation have stalled because of opposition from religious and clan leaders.

This introductory section on protection issues is intentionally brief. More detail is provided in the findings section of this paper..

Response to Protection Issues: Cash and Voucher Assistance

Cash and voucher assistance (CVA)[2] has been implemented primarily in areas of natural disaster and humanitarian crisis as a means of quickly addressing the food security needs of the most insecure households. These programs represent one of the most significant shifts in how humanitarian assistance is delivered (World Bank 2013; IPA n.d.). Over the past decade, CVAs have increasingly been used as a preferred approach to meet the needs of crisis-affected communities (CaLP 2018). As reported by the national inter-agency Cash Working Group (CWG), CVAs make a significant difference in the lives of Somalis, helping feed families and communities, as well as providing temporary employment opportunities.

In recent years, the invention of mobile money has not only made the transfer of CVAs easier but also more efficient, less costly, and reduced risks of violence for beneficiaries—especially female heads of household (Somalia Inter-Agency Cash Working Group 2018). It has also improved the ways in which CVAs are integrated with other activities and served to streamline communication with participants (CaLP 2018). Households receiving cash transfers are better able to meet their basic food, health, and other non-food related needs. This is important across Somalia and Somaliland where displacement increases vulnerability when it comes to accessing adequate nutrition and water.

Cash assistance also impacts GBV. A recent study conducted by Women's Refugee Commission and Adeso (2018) found that women and girls in Somalia reported that CVA had the potential to reduce their risk of rape, physical assault, and sexual harassment. These women and girls explained that receiving cash transfers allowed them to reduce their work outside the home, thus limiting the distance they needed to travel and reducing potential threats of violence from outside the home. This same report found that cash transfers had the potential to enable women to purchase food and water as well as invest in other income-generating activities closer to their home.

As part of good practice, humanitarian actors prioritize women as the recipients of CVAs in Somalia/land (FSNAU 2012). Despite a number of studies led by individual agencies and collectively across organizations, the relationship between gender and CVAs in Somalia/land remains poorly understood. In particular, the gendered protection implications of CVAs in Somalia/land remains a gap in academic and practitioner literature (Berg and Seferis 2015).

2. Cash and voucher assistance (CVA)—also known as cash-based interventions, cash-transfers, and cash-transfer programming—refers to monetary assistance in the form of vouchers or physical cash that is distributed to food-insecure and vulnerable communities to help aid in accessing food, water, and other goods through cooperating partners and/or service providers (IPA n.d.). Historically, both vouchers for food and water as well as traditional money transfer (*Hawala*) agents have been used in CVA programs (Berg and Seferis 2015; CWG 2018). In recent years, CVAs have adopted more flexibility, with the rise of electronic cards and mobile money that provides beneficiaries more options in terms of how they spend their cash assistance. CVAs have resulted in sizable reductions in poverty among recipients, especially when the cash transfer programs are well targeted and structed (World Bank 2013; SCC 2013; IPA n.d.). Conditional CVAs refer to programs that provide cash grants or vouchers under conditions that the recipients use the money in a certain way or follow through on commitments, such as sending their children to school (Berg and Seferis 2015). Cash for work is another type of conditional CVAs in which cash or vouchers are provided as a wage in exchange for work that takes place in community programs (Berg and Seferis 2015). In recent years scholars have argued against the conditionality of CVAs under a rights-based approach to humanitarian aid. For this perspective, conditional CVAs often exclude those who are most in need as a result of conditional requirements, thus violating the human rights principle of non-discrimination equality (World Bank 2013). In contrast, unconditional CVAs aim to provide vulnerable populations with cash or vouchers without any conditions placed upon the receivers (Berg and Seferis 2015). There is no requirement for repayment and individuals are allowed to use the funds in any way they see fit. Unconditional CVAs are based on the premise that providing cash directly without any conditions provides recipients with a greater sense of autonomy over their lives and how they go about spending the cash or vouchers to support themselves and their families (Blattman and Niehaus 2014; CaLP 2018). Recently, CVAs have taken the form of mobile money. A significant portion of the Somali population is unbanked—that is, they do not have access to traditional banking services. According to Altai (2017), only 16% of the population in Somalia has access to traditional forms of banking. As such, mobile money is used widely for both person-to-person transactions, as well as individual transactions for payment of utilities, school fees, and groceries among Somalis (Altai 2017). According to Altai (2017), nearly 75% of all Somalis over the age of 16 report using mobile money services.

CARE Somalia & Cash and Voucher Assistance

CARE has worked in Somalia and Somaliland for nearly 40 years delivering development and emergency aid. Since 1981, CARE worked in the region with a focus on women and girls. More recently, CARE'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.

In light of recent natural disasters, millions of civilians have found themselves in humanitarian crisis. Cash and voucher assistance programs serve as a key modality through which CARE Somalia responds to this need for support. CARE Somalia has a successful track record for implementing CVAs across humanitarian, recovery, and development interventions. For example, during 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 directly to crisis-affected populations (CARE International 2018b). Most of these transfers were conducted using mobile money transfer. This allowed CARE to reach the most remote and rural households.

Since 2017, CARE Somalia has remained an active partner in the national inter-agency Cash Working Group which seeks to provide a forum for agencies conducting CVAs in Somalia/land to engage, learn, coordinate, and share insights on their activities (CARE International 2018b). CARE Somalia is also chair of the Somaliland Sub-regional Cash Working Group. In their capacity as chair, CARE coordinates over a number of partners on activities such as assessments, registrations, and distributions. CARE also identifies partners and shares insights on best practices throughout the region (CARE International 2018b). Globally, CARE's strategic intent for CVA is to be "cash ready," to achieve breakthroughs for women and girls, and be able to convene others on gender and CVA.

Report Structure

The goal of this report is to further understand protection issues in Somalia/land and the implications of CVA on gendered protection issues in the region. This report is structured in reflection of that goal. Following the executive summary, a brief introduction was offered. The section that follows the introduction offers a detailed overview of the methodology used for this research. The research scope, objectives, research questions, as well as data sources and sampling strategy are outlined in this portion of the report as well as in the annexes where noted. The methodology section concludes by addressing the empirical strategy, ethical considerations, and limitations encompassed as part of this research. The findings section follows and offers in-depth analysis into eight protection areas—income consistency and generating activities, food insecurity, illness, negative coping strategies and child protection, psychosocial well-being, violence generally and sexual violence specifically, changes in household structure, and women's decision making—of interest, each considered using a gendered analytical lens. Finally, the report concludes with a discussion of key insights.

METHODOLOGY

This research followed a five-phase empirical strategy as outlined in Annex I. The methodology relies heavily on multi-methods approaches and the input and collaboration of the CARE team. The result is a set of rigorous yet intentionally accessible findings. The empirical approach outlined in Annex I involves 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, external datasets (e.g. ACLED), and academic and practitioner literature.

Primary data collection was conducted where possible by the author. When necessary, a team of carefully train local enumerators gathered data in areas inaccessible to the author due to security concerns and project funding.

Research Objectives & Scope

The objective of this research is to further understand the protection impacts of CVAs from a gendered perspective in Somalia and Somaliland. More specifically, this study aims to understand, through a gendered perspective, the protection implications and impact of CVAs at (1) individual, (2) household, and (3) community levels. To achieve this objective, all tools and deliverables were developed in close collaboration with CARE's Humanitarian Team Leader and Partnership Initiatives Manager, with overall guidance and support from the Emergency Director. The CARE Global Cash & Markets and GiE technical advisors also offered inputs.

The scope of this consultancy included all areas where CARE has implemented CVA programmes in Somalia/land. Primary data collection included communities—specifically pastoral and rural communities, internally displaced populations, and minority groups—in Sool and Mudug where, among other locations, CARE is currently implementing cash-based interventions funded by USAID/FFP. While special focus was given to the experiences of women and girls, men and boys were also included in this consultancy to best understand the entirety of gendered protection issues and the impacts of CVAs in Somalia and Somaliland. Importantly, nearly all Somalis experience generalized protection issues like food and water insecurity, while at the same time, some protection issues are more targeted and gendered; for example, women and girls disproportionately experience SGBV.

Research Questions

Because this is a gender and protection study, the report focus on 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). The impacts of specific CVA program(s) are not discussed. This report is not an evaluation and thus does not seek to answer questions around programmatic impact. Importantly, the original research questions for this study were developed as an initial set of questions for the terms of reference and created using an evaluative lens. A full list of original research questions and sub-questions is located in Annex I.

Data Sources

Table 1 offers an overview of the data consulted for this report. Data collection tools are located in Annex III.

Table 1: Meta-Data

Location	No. of Participants
Background Documents[3]	
Monitoring and evaluation reports	8
Practitioner research reports	34
Toolkits	3
Academic Literature	18
Total	**63**
Survey	
Caynabo, Sool, Somaliland	80
Laascaanood, Sool, Somaliland	120
Galdogob, Mudug, Somalia	85
Hobyo, Mudug, Somalia	50
Jariiban, Mudug, Somalia	65
Total	**400**
Key Informant Interviews	
Gararo (women, community members)	2
Caynabo (women, community members)	3
Caynabo (men, community members)	2
Burco (women, community members)	2
Burco (men, community members)	1
CARE Staff, Donors, CSOs, INGOs, British Office/High Commission	21
Total	**31**
Focus Group Discussions	
Gararo (women)	14
Gararo (men)	15
Caynabo (women)	15
Caynabo (men)	18
Enumerators	20
Burco (women)	10
Burco (men)	6
Wargalo (women)	15
Wargalo (men)	15
Total	**128**

3. Sources reviewed. Not all cited in this text.

Sampling Strategy

Vulnerability is multi-dimensional in Somalia/land. It is as much about physical violence as it is about drought and chronic food insecurity. The presence of largely clan-based NSAs as political actors and (in)security agents points to vulnerability also being about one's relative closeness to these groups.

With this in mind, the research team drew upon a strategic sample of cash recipients and non-recipients in Mudug and Sool. These two regions in Somalia and Somaliland represent varying levels of conflict which may directly impact protection issues. With the support of enumeration teams and CARE Somalia, surveys were conducted with 193 CVA recipients and 207 non-recipients (total respondents: 400).

Supplementing this primary data was a rigorous review of project data, external datasets (e.g. ACLED), and academic and practitioner literature. Analysis of secondary data is a core part of any study as it contextualizes findings from primary data, the collection of which was not done representatively across Somalia and Somaliland for logistical and security reasons. It is important to recognize that issues which may not have strongly impacted the selected research areas, 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 problems of selection bias, whereby research findings are merely an artifact of the sample chosen to study. Additionally, 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. Put simply, primary data was collected in Sool and Mudug, but the findings discussed here—findings were triangulated using primary and secondary data—are intended to offer a picture of protection issues across all regions of Somalia and Somaliland, Puntland included. Findings are offered with the caveat that the region is diverse and conflict dynamics are constantly changing, which means all protection issues are not visible in all communities.

Annex II contains a detailed overview of the sampling strategy employed for both the survey as well as the key informant interviews and focus group discussions.

Ethical Considerations

The evaluation team, under Foster's leadership, considered the following ethical standards imperative to our work:

- Guarantee the safety of respondents and the research team.
- Apply protocols to ensure anonymity and confidentiality of respondents.
- Select and train the research team on ethical issues.
- Provide referrals to local services and sources of support for those that might ask.
- Ensure compliance with legal codes governing areas and applicable CARE policies such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
- Securely store the collected information.

The anonymity and protection of populations required all members of the research team take responsibility for the safety and ethical treatment of participants. As such, a 'do no harm' ethic was paramount to this work. Working with Somalis, many of whom experience chronic food insecurity, presents some risks. These risks fall disproportionately on participants, but also affect the research team. Finally, the security of data and confidentiality of participant responses is critical to this work. The fundamentals of our duty of care towards participants, risk mitigation procedures, and data security protocol are outlined in Annex V.

Limitations

The sensitive nature of this evaluation and the security situation in Somalia and Somaliland presented considerable limitations. The methodology was modified in country as needed and is reflected in its final form in this report. The following limitations affected the process and findings:

— *Mobility restrictions.* Foster was not able to visit Sool and Mudug. Because of this, enumerators were tasked with leading remotely-supervised data collection those regions which include the following districts; Mudug: Hobyo, Jariiban, and Galdogob; Sool: Caynabo, and Laascaanod.

— *Sample bias – Not representative of entire population*. An effort was made to create a representative sample using a rigorous sampling strategy built on theoretical and analytical grounds. Security restrictions on the author's and enumerators' mobility (1) constrained the sample to set geographic locations as opposed to what would otherwise be an unrestricted sampling frame and (2) required slight modification in the field per security updates.

— *Resource constraints.* Resource constraints did not allow multi-stage data collection nor a large enough sample to undertake causal analysis. An expansion of the study to include a larger or more representative sample was not possible.

— *Interpreter.* While the interpretation provided was very helpful, the interpreters were either directly associated with a service provider or inexperienced in simultaneous interpretation. Truly, interpretation is a difficult task. That said, the qualitative data may be at risk of bias.

— *Visible association with service provider.* Our visible association with a service provider, CARE in this case, may have added to social desirability bias. Steps—tool piloting and use of local enumerators—were taken to mitigate this bias.

FINDINGS

The following section details the critical findings organized into eight subsections: income insecurity, food insecurity, chronic illness, negative coping strategies and child protection, psychosocial wellbeing, violence, changes in household structure, and women's decision making. Analysis within each subsection seeks to understand (1) what are the most urgent and salient protection issues regardless of CVA status and gender and (2) are there differences by gender and/or CVA status in the severity, urgency, or prevalence of these protection issues. Being conscious to not overwhelm the reader, the full list of research questions is provided in Annex I rather than detailed here. Every effort was made to answer all research questions, but gaps remain given the limitations of this study. Importantly, this is not an evaluation of CARE's cash and voucher assistance programming. As such, questions of relevance, effectiveness and efficiency, impact, and sustainability are not addressed here. However, this report does take a nuanced look at protection issues in Somalia, Somaliland, and Puntland, carefully analyzing differences by gender and CVA status.

Demographics

This study utilized quantitative and qualitative data. One adult – alternately a man or woman – was chosen to complete a survey from each household across the sample of five districts. A total of 400 surveys were completed with both recipients and non-recipients of CVA overseen by CARE in Somalia/land. Table 2 provides details about the household survey sample population.

Table 2: Descriptive statistics of sample

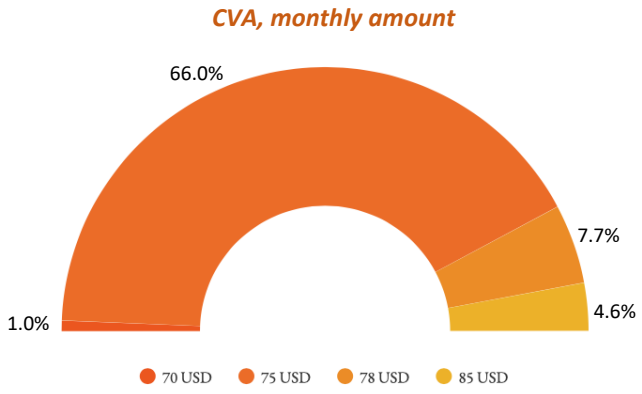
Demographics	CVA Recipients (%)	Non-Recipients (%)
	48.4	51.6
Location		
Somalia	50.0	50.0
Somaliland	46.5	53.5
Age		
15-19 years	0.5	1.0
20-24 years	3.6	6.8
25-29 years	12.4	18.4
30-34 years	15.5	14.0
35-39 years	20.6	17.4
40-44 years	18.0	12.6
45 years or older	29.4	30.0
Sex		
Female	76.3	73.0
Male	23.7	27.1
Marital Status		
Married	71.7	79.7
Widow/widower	18.6	14.0
Divorced	9.3	6.3
Single (never married)	0.5	0.0
Mean No. of Children Living in Household Under 18 years old	4.6	4.6
Educational Attainment		
None/illiterate	68.0	70.1
Knows how to read and write	18.0	13.5
Primary school	9.3	8.7
Secondary school	1.0	3.9
Intermediate/complementary school	3.6	2.9
University	0.0	1.0
Type of Shelter		
Traditional house (Mudul)	63.5	52.7
Iron roof/mud walled	15.6	10.6
Permanent/public house	12.5	14.5
Grass roof/mud walled	4.2	7.3
Tents/canvas	3.1	12.1
Homeless, no shelter	0.0	1.0
Other	1.0	1.9

The sample was roughly split evenly between recipients (48.4%) and non-recipients (51.6%) across 5 districts and 42 villages. An equal proportion of CVA recipients and non-recipients were surveyed in Somalia, while more non-recipients (53.5%) than recipients (46.5%) participated in Somaliland. Women make up the majority of the sample,

with similar proportions of female recipients (76.3%) and non-recipients (73.0%). The majority of respondents are married (75.8%), with more widows/widowers CVA recipients (18.6%) compared to non-recipients (14.0%).

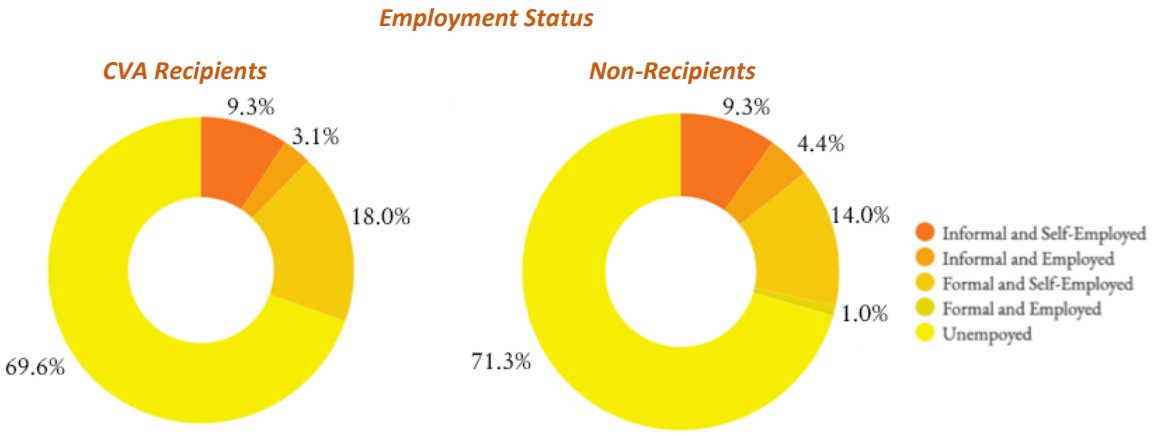
Across the sample population, most respondents—regardless of CVA status—are illiterate and report no formal or informal education (69.1%), illustrating a general lack of access to education. Disaggregated by gender, 75.6% of women are illiterate, while only 50.0% of men are illiterate (this includes no formal or informal education). The 25.6% difference between women's and men's literacy speaks to entrenched gender inequality in Somalia/land. More male (51.8%) and female (76.8%) non-recipients are illiterate than recipients (47.8% and 74.3% respectively).

The overwhelming majority of respondents reside in rural areas (96.8%). Only 1.7% more CVA recipients, compared to non-recipients, report living in urban areas. There is almost no difference in rural vs. urban living by gender. Indeed, men (98.0%) and women (96.3%) across the sample live in rural areas at similar rates. Most respondents report living in their current communities for three years. The overwhelming majority of respondents are sedentary (71.6%) after initial displacement. CVA recipients do report additional displacement more often than those not receiving CVA. Though a minority, 10.8% of CVA recipients reported moving twice in the last year compared to 6.3% of non-recipients. Men report greater displacement; 20.6% explained they had moved two or more times in the past year (compared to 18.1% of women). Similarly, male (28.3%) and female (21.6%) CVA recipients have experienced two or more displacement episodes, in contrast to 14.3% of male and 14.6% of female non-recipients. The greater amount of household displacement among recipients is likely due to greater levels of food and income insecurity, and the need to avoid violence. Though, this could also signal an ability to maintain a nomadic lifestyle, if preferred. The greater physical mobility enjoyed by men combined with their position as breadwinners might explain their displacement.

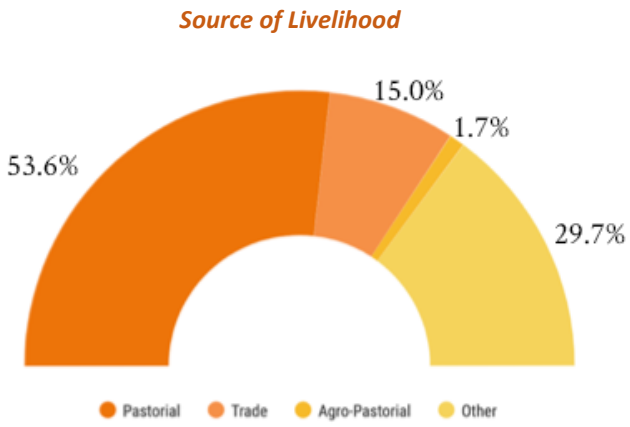


Of those receiving CVA[4], 79.4% report receiving between 70 and 85 USD per month. The majority of CVA recipients (66.0%) report receiving 75 USD per month.

The vast majority of all participants are unemployed. Of those that are employed, most recipients (18.0%) and non-recipients (14.0%) are employed in "formal and self-employed" work, followed closely by an equal proportion of both recipients and non-recipients (9.3%) reporting they are involved in "informal and self-employed" work.



4. The amount of cash or voucher assistance one receives varies by livelihood zone and season, and is dependent on minimum expenditure basket (MEB) calculations.



Most respondents (53.6%) are pastoralists or traders (15.0%). Within those livelihood sources, the majority work with livestock (44.0%) or in the service sector (19.3%). Least common are those that work in the commercial or trade sector (7.8%) and those in agriculture (4.8%). Of particular concern to this study are the protection issues presented by displacement of pastoralists who can no longer engage in income generating activities once sedentary. Drought compounds their insecurity when livestock die for lack of food and water.

Income Insecurity

Years of natural disasters, conflict, and famine have increased the vulnerability of Somalis across the country, especially women and girls. Both level and consistency of income represents a major protection issue in Somalia/land. The majority of CVA recipients and non-recipients (50.6%) reported monthly incomes at or below 50 USD. Put simply, most households do not consistently earn sufficient income to sustain basic needs. That said, CVA does offer a life-saving boost to income for those most vulnerable.

The majority of CVA recipients across the sample population (66.0%) receive between 70 and 85 USD in monthly CVA. There is a 11.81 USD gap in mean monthly income between recipients and non-recipients. The majority of CVA recipients (57.8%) claim monthly incomes between 50 and 100 USD, while the majority of non-recipients (62.7%) claim monthly incomes between 0 and 50 USD. In communities that receive cash and voucher assistance, most households experience income insecurity.[5] These figures illustrate (1) the severity of income insecurity, (2) widespread nature of income insecurity, and (3) the impact of CVA as immediately able to increase incomes for the most vulnerable.

Similarly, the monthly income of most male recipients (71.7%) and non-recipients (52.7%) falls at 50-100 USD and 0-50 USD respectively. A greater proportion of women than men fall into the lowest income level. Disaggregated by gender, 18.6% more female recipients and 13.3% more female non-recipients, in contrast to male recipients at the same monthly income level, fall into the lowest income category (0-50 USD).

Across the entire sample population, the majority of respondents (36.7%) have no income consistency; i.e. they report having the same income level (asked in the previous survey question discussed directly above) for zero consecutive months. When disaggregating by CVA status, 35.1% of those receiving CVA report the same income for

5. CARE targets the most vulnerable which means those with no form of income or small income insufficiently able to meet household needs. **Selection criteria for cash for work includes**: drought-affected poor divorced and widowed, women-headed households; drought-affected households where the head is unemployed; drought-affected households with less than 10 livestock; drought-affected households where head is engaged in negative coping mechanism such as selling firewood/charcoal; drought-affected, child-headed families with no or limited financial support but have an adult who can participate in the cash for work activities on their behalf; and drought-affected households with an average monthly income of less than 50 USD. **Selection criteria for unconditional cash transfer includes:** households headed by poor and/or divorced and/or widowed women who can provide labor, households where the head is unemployed, households with less than 10 surviving livestock, households where the head is engaged in negative coping mechanisms such as selling firewood/charcoal, Child-headed families with no or limited financial support but have an adult who can participate in cash for work activities on their behalf and; households with an average monthly income of less than 50 USD.

the previous two months and 22.7% for the most recent three months. In contrast, most non-recipients (58.0%) experience no income consistency.

Most households experiencing below-subsistence level income and no income consistency. Those receiving CVA typically have higher monthly incomes than those not receiving this assistance, even if for only 2-3 months. Unsurprisingly, more women than men fall into the lowest income category regardless of CVA status. Displacement offers one explanation for these findings. As of 2018, an estimated 2.7 million Somalis are internally displaced (HRW 2019). Even after initial displacement, many of IDPs are forcibly evicted by government forces or armed conflict. Displacement not only results in the loss personal property, including livestock, but also offers few opportunities to continue livelihood activities. A female interviewee described, "the government moved [us] from there to here, far away from the city. We have nothing now, no work." Many report the increased and extended absence of male family members who seek income generating opportunities elsewhere, leaving female-headed households, or what many call "neglected mothers", to cover household costs alone. Displacement remains a theme throughout this report as it influences the severity of protection issues.

Food Insecurity

Recent droughts have magnified food and water insecurity across the region (USAID 2019). According to the World Food Programme (2019), of the 12 million people living in Somalia/land, more than 5 million experience food insecurity and approximately 2.7 million fail to meet their daily food requirements—with more than half on the brink of famine.

Ongoing conflict and war have only further entrenched the ongoing food crisis. As noted by Seal and Bailey (2013), conflict and in-fighting between non-state actors, as well as regional and international governments, was a leading factor in the 2011 famine. The inability for these various governing bodies to work collectively continues to inhibit humanitarian response, obstructing what would otherwise be a timely and effective intervention to mitigate the ramifications of the famine. Further to this point, NGOs have intermittent and restricted access to populations in Al-Shabaab controlled areas. This impacts service delivery.

Food insecurity, including lack of access to water, is a chronic issue in Somalia/land as communities struggle to survive the recurrent and protracted drought and conflict-induced famine. The overwhelming majority of respondents (79.6%), regardless of CVA status, report a lack of food or money to buy food in the past 30 days. Those not receiving CVA express greater food insecurity over the course of the past 30 days by nearly 20 percentage points. 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%). Similarly, female (90.1%) and male (85.7%) non-recipients experienced greater food insecurity than those receiving CVA (74.3% and 54.3% respectively).

Households were asked about their food and water consumption over the most recent seven days. As noted in Table 3, CVA recipients consumed more water (0.8 additional servings across the household); sugar, honey, and jam (1.1); bread, cereal, pasta, rice, and potatoes (0.9); and vegetables (0.4) and meats (0.6) than their non-recipient counterparts. Across the entire sample, consumption of fruits and vegetables was relatively low while consumption of carbohydrates, as well as sugar, honey, and jam was relatively high.

Table 3: Food and water consumption over the most recent seven days

Nutrition	CVA Recipients (mean servings)	Non-Recipients (mean servings)
In the past 7 days, mean number of servings household has consumed:		
Plain water	4.9	4.1
Juice or juice drinks	0.8	0.9
Dairy	1.5	1.7
Infant formula	0.8	0.6
Sugar, honey, jam	3.5	2.4
Bread, cereal, pasta, rice, potatoes	3.5	2.6
Fruits	0.6	0.5
Oils, butters, other fats	3.4	2.2
Vegetables	1.8	1.4
Spices and condiments	0.8	0.4
Meats, poultry, fish, and other seafood	1.5	0.9
Eggs	0.2	0.3
Beans, pluses, nuts, lentils	1.8	1.1

In Somalia/land, food diversity is typically lacking. In rural areas, and especially for children, the consumption of fresh fruits, vegetables, meat, fish, egg, and organ meat is limited, with cereal and milk products making up the bulk of the diet (A Cost of the Diet, 2012). Somalis, regardless of CVA status, consume mostly carbohydrates and sugars. On average, CVA recipient households consume 34.6% and non-recipient households 33.3% of their diet in the form of breads and sugars.

These figures highlight the magnitude of food and water insecurity that Somalis face. Participants in this study report consuming less than five servings of water over seven days across the entire household.[6] Even if assuming consistent access to food throughout the week, which is very likely not the case, recipient households consume 2.9 servings of food per day. Non-recipients consume 2.1 servings per day. These figures should be considered in the context of Somalia/land where households include an average of 4.6 children in addition to at least one caretaker. Food insecurity is a protection issue across households, across CVA status, and across gender. Even with that baseline, CVA is having a positive effect as those that receive CVA report consuming approximately 0.5 servings of food per day per person. In contrast, those that do not receive CVA consume just over 0.3 servings of food per day per person.

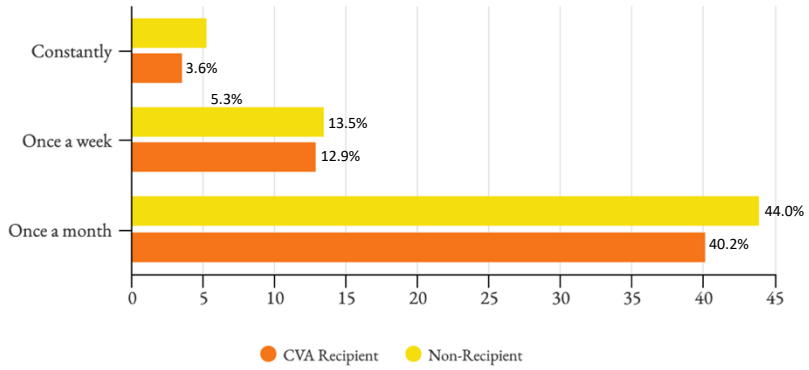
Humanitarian groups have often relied on CVA as a way to alleviate the urgent protection issues resulting from food and water insecurity. According to FSNAU (2018), large-scale humanitarian assistance was instrumental in mitigating worsening food insecurity in many areas throughout Somalia in the most recent 2016-2017 droughts. By providing beneficiaries with CVA, humanitarian groups have curbed some food and water insecurity. A study conducted by the Somalia Cash Consortium (2013) found that households receiving assistance were able to increase the number of meals per day and improve overall nutrition for children. Indeed, participants in this study illustrate this point as well, with CVA recipients consuming nearly one additional serving of water and over five additional servings of food per household per week. Unfortunately, food insecurity is ubiquitous in the region. Cash assistance is offering a life-saving emergency stopgap in many cases.

6. It is suggested that men consume 3.7 liters of water per day, women 2.7 liters, children ages one to three years should consume 1.3 liters and 3.3 liters for young adults per day (World Health Organization 2004). By these measures children should be consuming 5-12 servings of water per day and adults 15 servings.

Chronic Illness

Chronic and untreated illness represents a persistent protection issue in two ways. First, illness itself is common. In interviews, a number of women reported children who are ill or had recently died from illness. Nearly one-third of the sample population report that one or more child in the household has had acute water diarrhea in the last week. Disaggregating by CVA status, 30.4% of recipients and 27.5% of non-recipients report having children with diarrhea in their household.

Frequency of Children's Illness Last Month



The majority of participants report that their children have been sick at least once over the course of the past month. Children in non-recipient households are ill at a greater frequency, when compared to their CVA recipient counterparts. This includes 5.3% of non-recipient households with one or more child who is "constantly" ill.

The second and perhaps less visible protection issue associated with illness is the risk of SGBV that women face when transporting their children to medical facilities. The risk of SGBV increases when women walk long distances and take informal transportation alone. During interviews in three camps, women noted the distance of IDP camps from medical services and their lack of resources to pay for transportation as major contributing factors to (1) the poor health of their children and (2) their feelings of physical insecurity. Beyond the cost of transportation, the cost of medical care creates an access barrier for many women and their children as well.

Negative Coping Strategies & Child Protection

Respondents were asked a series of questions to assess their use of negative coping strategies over the last 30 days. Although there are several clear differences between CVA recipients and non-recipients as noted in Table 4, respondents overall reduced food expenditures (more than 86%) and withdrew children from school (nearly 32%) at similar rates regardless of CVA status. Perhaps most positive, less CVA recipients (4.4% and 5.1% less respectively) involved their young children in income generation and/or early marriage when compared to non-recipients. While causation cannot be proven in this case, the relationship between receiving cash assistance and reduced engagement in negative coping strategies, especially those that directly affect children, is an important finding. Important to consider with these findings, there is a generalized lack of access to education for displaced and rural-living children. All those interviewed for this study expressed concern, without prompting from the research team, about the lack of schools in or near their communities. Unsurprising given generalized food insecurity throughout the region, the majority of respondents—men and women, CVA recipients and non-recipients—reduced food expenditure in the last 30 days. Men engage in negative coping strategies more often than women across the sample population.

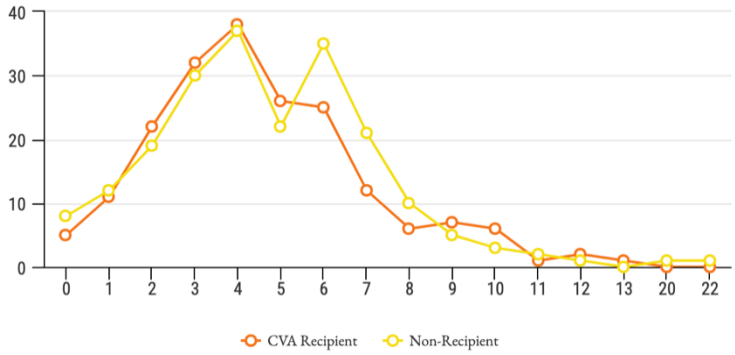
Table 4: Negative coping strategies

Engaging in Negative Coping Strategies	CVA Recipients (%)	Non-Recipients (%)
In the last 30 days:		
Reduced food expenditure	88.6	86.0
Withdrew children from school	31.2	28.4
Had children 15 or younger generate income	7.8	12.2
Household members engage in dangerous work	4.1	6.8
Sent children or household members to live elsewhere	9.8	8.3
Had children 18 or younger get married	7.2	12.3

Looking at CVA status and gender differences, shows mixed results. 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 their care in income generating activities. This sits in contrast to 8.7% of male and 7.5% of female recipients that involved their children in income generation.

Revealingly so, both 9.8% of men and of women had a child (under 18 years old) married. An ambiguous legal system combined with the humanitarian crisis throughout Somalia and Somaliland has posed an increasing threat to the safety and wellbeing of children, especially young girls. Somalia has the 10th highest prevalence rate of early marriage in the world (UNICEF 2016). Although Somalia made marriage before the age of 18 illegal by way of the Family Code in 1975 (Kenny et al. 2019), marriage is legal once a man and woman reach the age of "maturity" which is not clearly defined.

No. of Children under 18 years Living in Household



Most households include one or more child. The mean number of children in each households is 4.6 regardless of CVA status. Overwhelmingly, participants report that all children under 18 years live at home with their caretaker (93.8%). Only 5.2% of CVA recipients and 6.8% of non-recipients do not live with all of their children. Those that that have a child(ren) living elsewhere where asked why their children were not with them. The top responses include 29.2% who sent their child(ren) away to pursue education, 25.0% explained the child(ren) is living with another family, and 16.7% of respondents note that their child(ren) are married.

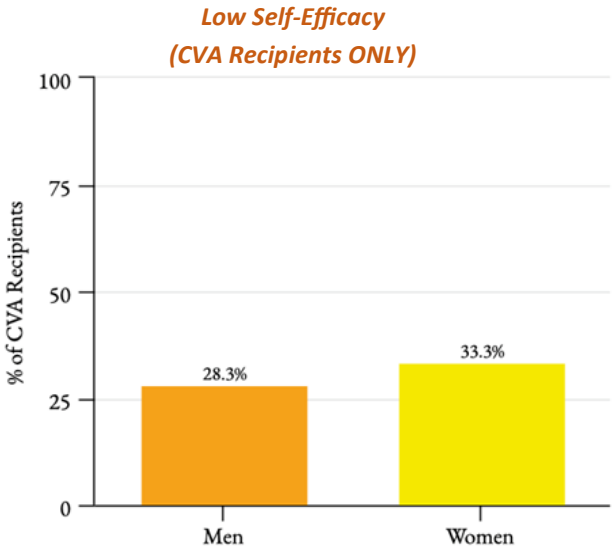
Staff from INGOs and donors consistently report that early marriage is a chronic problem. They note early marriage is related to general poverty, food insecurity, and harmful cultural practices. Though one is considered a child up to 18 years, some religious leaders believe that marriage at 15 years or younger is acceptable. Interviewees noted that the influence of religious leaders across the region as a challenge, especially a younger generation of religious leaders most recently educated by conservative teachers in the Gulf region.

Psychosocial Wellbeing

Both CVA recipients and non-recipients were offered eight statements to capture psychosocial wellbeing.[9] Participants responded to the statements below with "agree," "disagree," or "don't know".

More CVA recipients, when compared to non-recipients, are worried about their family (36.3%) and believe they cannot accomplish their goals and dreams (21.4%). Households that do and do not receive CVA are equally stressed about financial issues (57.5% and 58.0% respectively).

7. Though not discussed during interviews with community members nor as part of the household survey, NGOs report that female genital mutilation is nearly universal in the region. "Among girls between 15 and 19 years old in Somalia, 98% have undergone FGM … the majority of girls are cut before they turn 14 years old." (CARE, "The fight against FGM: How Imam is speaking out," 2018)
8. UNICEF (2018) notes that over 650 million women worldwide were married during adolescence. Early or child marriage—defined as formal and informal unions that take place before age 18—are most common in Sub-Saharan Africa and South Asia, and disproportionately affect young girls (Kenny et al. 2019).
9. Psychosocial Wellbeing Questions: (1) I feel hopeful about the future; (2) I am worried about my family; (3) I have goals and dreams for my future; (4) I believe I can accomplish my goals and dreams; (5) I feel safe here; (6) There is trust between members of my community; (7) Financial issues cause me and my family stress; (8) If one of my children are in trouble, I have the power to help them.

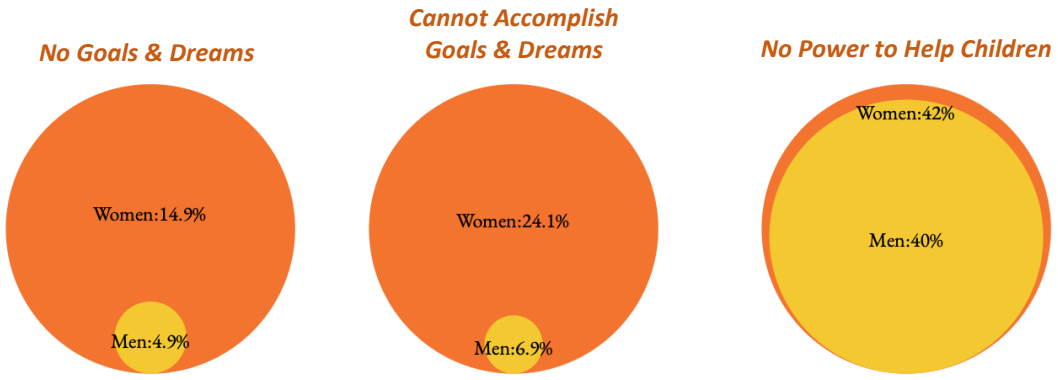


Clear differences between recipients and non-recipients are found around feelings of self-efficacy, captured in responses to statement eight which says "If one of my children are in trouble, I have the power to help them". Over half of all non-recipients (50.7%) display low self-efficacy, indicating they believe they do not have the power to help their children if in trouble. In contrast, only 32.1% of CVA recipients stated the same. Mirroring differences by CVA status, more women (33.3%) than men (28.3%) exhibit low self-efficacy.

Table 5 offers psychosocial wellbeing figures, disaggregated by gender, from across the entire sample. 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. Financial insecurity, likely linked to a lack of income generating activities, and feelings of low self-efficacy are common at similar rates among both men and women.

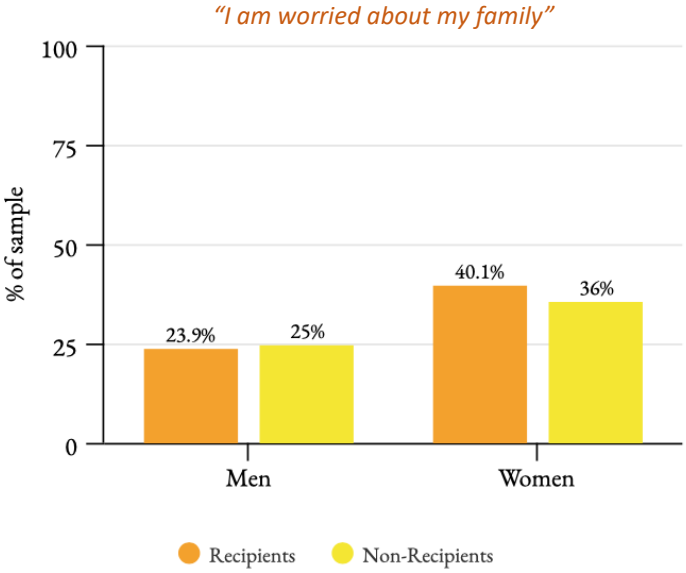
Table 5: Psychosocial wellbeing, by gender

Psychosocial Wellbeing	Women (%)	Men (%)
I do not feel hopeful about the future.	9.0	1.0
I am worried about my family.	38.1	24.5
I do not have goals and dreams of my future.	14.9	4.9
I do not believe I can accomplish my goals and dreams.	24.1	6.9
I do not feel safe here.	1.3	0.0
There is not trust between members of my community.	2.0	0.0
Financial issues cause me and my family stress.	58.3	56.4
If one of my children is in trouble, I do not have the power to help them.	42.2	40.0



Women express feelings of powerlessness and fear of violence more often than men. 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. Among CVA recipients, 33.3% of women express low self-efficacy compared to only 28.3% of men.

Men across CVA status groups report feeling safe in survey, interviews, and focus group discussions. Conversely, 1.3% of women receiving CVA feel unsafe.



Few respondents admit fearing violence despite considerable secondary evidence noting the extensive and commonplace nature of armed conflict and sexual violence in Somalia/land. Patterns of violence do vary throughout the region, but prevalence remains fairly high in both Somalia and Somaliland. One explanation may be found in the normalization of violence the increased insecurity one faces when reporting violence.

Violence

Violence is widespread in Somalia/land. The complexity of the conflict in this region makes it difficult to identify those responsible. As noted an INGO staff member interviewed for this study, violence could be masterminded by community members, criminal groups, or from those entirely external to the community. The distinction between violence in the home—often called intimate partner violence—and violence outside the home at the hands of other community members, armed non-state actors, and armed state or regional forces is difficult to parse out. To consider while reading the findings in this section, these figures do not represent causal claims. Meaning, we cannot say that cash and voucher assistance does or does not *cause* violence, *cause* changes in prevalence, or *cause* changes in targeting of certain groups. What 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 violence, marginalization and insecurity make certain people more vulnerable to violence. Cash and voucher assistance programs target the most vulnerable in each community. By the very design of these programs, those that receive CVA are more likely to experience marginalization, insecurity, and violence prior to CVA distribution. It should come as no surprise then that a short period of cash and voucher assistance does not end the violence recipients otherwise faced.

Participants in this study were offered a series of indirect statements about their experience with violence and asked to respond with "agree", "disagree", or "don't know". Those not receiving cash and voucher assistance report less violence and greater feelings of safety than those that did receive cash and voucher assistance. Nearly 8% more CVA recipients, in contrast to non-recipients, report that someone has been physically abused in their home. The proportion of CVA recipients that feel unsafe in their home and/or community is twice that of non-recipients. These figures are mirrored even when the data is disaggregated by both gender and CVA status.

A greater proportion of those that receive CVA, as opposed to those that do not receive CVA, face violence in the home, feel unsafe in their home and community, and note poor social cohesion in their community. Interestingly, these figures increase greatly with male recipients who report that someone has been physically harmed in their home 16.8 percentage points more than male non-recipients and 9.6 points more than their female counterparts that do receive cash and voucher assistance. Poor social cohesion may be an influencing factor in feeling unsafe. Female recipients claim they do not get along with their community over twice as often as female non-recipients, and 13% of male recipients, in contrast to 0.0% of male non-recipients, note the same. These figures may be explained by the targeting of assistance, which necessarily goes to those most vulnerable and thus most at risk of violence. Some stakeholders also report that their lack of resources inhibits NGOs from distributing CVA to all vulnerable households. This creates a dynamic where a greater number of households qualify for CVA but only a few households receive assistance. Those that did not receive assistance can sometimes carry animus for those that did receive CVA, again pointing to weakened social cohesion and greater risk of violence.

Table 6: Experience with violence, by gender[10]

Experience with Violence	CVA Recipients (%)	Non-Recipients
Entire sample population		
Someone has been physically abused in this home	16.6	8.7
I do not feel safe in my home	2.6	1.0
My children are not safe in my home	2.6	1.0
I do not feel safe in my community	2.6	1.0
I do not get along well with my community	8.8	2.4
Women only		
Someone has been physically abused in this home	14.3	9.3
I do not feel safe in my home	2.0	1.3
My children are not safe in my home	2.0	1.3
I do not feel safe in my community	2.0	1.3
I do not get along well with my community	7.5	3.3
Men only		
Someone has been physically abused in this home	23.9	7.1
I do not feel safe in my home	4.4	1.8
My children are not safe in my home	4.4	0.0
I do not feel safe in my community	4.4	0.0
I do not get along well with my community	13.0	0.0

Sexual and gender-based violence is best conceptualized as a spectrum of violence that occurs both in and out of conflict settings, and ranges from violence that includes intimate partner violence, rape, and even mass rape at the extremes. Interviews conducted with survivors, practitioners, and donors in June-July 2019 overwhelming point to two conclusions. First, SGBV that occurs in conflict is not mutually exclusive to that which occurs in post- or non-conflict setting. Second, the defining feature of SGBV in conflict-affected settings is not the type of violence nor perpetrator, but the bound is set at the existence of conflict itself. In this way, SGBV in Somalia/land is a continuation of a structural, sexualized, and gendered violence but is uniquely toned with greater frequency and severity because of the ongoing conflict in the region. General lawlessness has created an environment of impunity which also adds to the frequency and severity of SGBV. Survivors are almost never able to hold perpetrators accountable, and often encouraged to address SGBV via clan elders. A representative from a major diplomatic partner to Somalia/land explained these complexities, noting that rape in Somalia/land is considered a "social issue" when elsewhere it would be more "clean-cut wrong". [11] The normalization of sexual violence and the clan structure of society means that an incident harming an individual is translated quickly into one that harms the community. As such, female survivors of SGBV are expected to seek permission from their husband, brother, or father before reporting, and then go through clan elders to address the problem.[12]

10. These survey questions were intentionally broad and somewhat indirect so as to allow respondents the space to answer honestly without placing blame on any one party. These questions did not include a timeframe.
11. Interviews conducted during fieldwork in June 2019.
12. Interviews conducted during fieldwork in June 2019.

Women and girls, especially those in IDP camps, are particularly vulnerable to violence and coercion (Fanning 2018). A 2019 report on Somalia by the UN Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict found that women and girls are vulnerable to instances of abduction, forced marriage, and sexual violence, primarily perpetrated by non-state actors, state agents, and insurgent militias. Women in Caynabo note that shelter without doors makes them and their female relatives, some with disabilities, vulnerable to rape. One woman described the ease with which perpetrators enter homes, "[perpetrators] use drugs, when they feel that they need women they just enter the house while thinking it's simple."[13] Another explained that she was once attacked but her neighbors protected her, explaining:

> ***When I was new to the area and living in a simple house. I shouted and he never harmed me. I shouted and my neighbors ran towards me. I was safe. I was forced to sleep with other people till I got a good house.***[14]

Shelter without doors, Caynabo, Somaliland

Background literature as well as primary data gathered for this study finds displaced women and girls are at greatest risk of sexual violence and robbery both inside and outside of camps. Majid et al. (2017) note that women and girls are particularly vulnerable when leaving the camp to collect food, water, or cash assistance. Because of this, women and girls develop strategies to limit all travel in and out of camps, especially at night in an attempt to reduce instances of sexual violence (Rayale et al. 2015). Although sexual and gender-based violence is acknowledged by Somalis, cultural stigma and negative attitudes towards survivors of SGBV reflect a mentality that blames victims for acts of violence. This is amplified by the patriarchal cultural norms that structure Somali society (Rayale et al. 2015).

Attitudes around SGBV offer one explanation for these findings. Whether influencing rates of SGBV or informed by the ubiquitous nature of this violence, attitudes offer a window into the normalization of sexual and gender-based violence. The majority of recipients and non-recipients agree that women should tolerate violence to keep their family together (60.1% and 72.1% respectively) and that intimate partner violence (IPV) is a private matter that should not be discussed outside the home (60.1% and 66.8%). Similarly, the majority across both recipients and non-recipients feel that a husband may discipline his wife to correct her behavior (86.9% and 66.2% respectively) and that women should pray to win back their husbands' love after incidents of IPV (59.3% and 51.0%).

13. Interviews conducted during fieldwork in June 2019.
14. Interviews conducted during fieldwork in June 2019.

Disaggregated by region, respondents in Somaliland present more regressive views on SGBV in contrast to those in Somalia. Across the population of CVA recipients and non-recipients in Somaliland, 76.9% 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% 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. These figures sit in contrast to 55.8%, 69.0%, 58.8%, and 47.0% respectively from Somalia. Looking closely at the district level, Laascaanood is the most regressive district in regard to views on SGBV, followed by Galdogob. Those in Hobyo hold the least regressive views.

Armed Groups & Violence

The increased presence of armed groups and local militias, identified as perpetrators of insecurity throughout the region, has amplified violence in Somalia (Fanning 2018). With more women and girls residing in IDP camps, many find themselves reliant on outside assistance and vulnerable to coercion and violence by armed groups (HRW 2014). This has implications for those delivering CVA or other services in areas with a strong presences of armed groups. If violence intensifies, this can make service delivery difficult. In communities controlled by armed group adversarial to "western" NGOs, service delivery, including cash assistance, may have to entirely stop for extended periods of time.

The United Nations Assistance Mission in Somalia (UNSOM), Somali National Army, and armed insurgent groups play key roles in the region's ongoing conflict (HRW 2019). Each of these groups have different uniforms and some, in the case of the Somali National Army, have 4-5 different uniforms.[15]This makes it difficult to identify those responsible for violence. There has been a rise in inter-clan and intra-security force violence resulting in increased death, injury, and further displacement of Somalis. Moreover, there is increasing tension over the contested border in Sool between armed groups in Somaliland and Puntland (HRW 2019).

The rise of al-Shabaab in Somalia presents serious concerns for those most vulnerable, especially for women and girls. The Council on Foreign Relations (2019) reports there are between 7,000-9,000 al-Shabaab fighters across Somalia. Al -Shabaab is the strongest and most stable armed group in Somalia (Hammond 2013; Anzalone 2018). The group has a documented history of committing acts of violence including forcibly recruiting children and adults, executions, sexual violence, and suicide bombings (HRW 2019).

A study conducted by the Women's Refugee Commission and Adeso (2018) found that women and girls in Somalia reported that cash assistance had the potential to reduce their risk of SGBV, specifically rape, physical assault, and sexual harassment. These women and girls noted that receiving CVA allowed them to reduce their work outside the home thus limiting the distance they needed to travel, reducing potential threats of violence from outside the home. From that same report as well as qualitative data gathered for this study, we find that cash transfers enable women to purchase food and water as well as invest in income-generating activities like tea shops closer to their home. The advent of mobile money has further enabled women to reduce their interaction with potentially violent and coercive armed groups controlling access to aid. While violence is widespread, cash assistance does offer life-saving safeguarding, even if temporary.

Changes in Household Structure

Displacement in Somalia/land has led to a rise in the number of female-headed households. These women, called "neglected mothers" by the local community, often bear sole responsibility for the caretaking and income generation of the household (Gururaja 2000). Though the figures are close, more non-recipients (4.3 percentage points more) head households without a partner. Interviews with men and women from Gararo and Caynabo, both CVA supported villages, reveal neglected mothers are common in IDP camps. A woman from Gararo notes that men leave to join armed groups. She describes, "most men left behind their families after their livestock finished, and became soldiers. The little they gave to their family [before] could not sustain their needs."[16] A man from the same area explained:

15. Interviews conducted during fieldwork in June 2019.
16. Interviews conducted during fieldwork in June 2019.

> ***When people are in such a situation the man may leave in search of food for the family and leave behind the women with the children and then the hungry children cry and shout. This affects the women only. They care most.***[17]

Men may or may not return to care for their families, and often have little communication with their wives while away. They occasionally send money, but not enough to cover the needs of their wife and children. Asked for how long men abandon their families, a female interviewee described her husband as going into "the regions" or town for "some days" without supporting his family. He later returns and "after beating me and disturbing us he goes back", she explains.[18] Another woman noted that her husband is typically gone for 12 months, providing little support for his family. She describes the situation:

> ***He is a soldier. He sometimes sends [money] and it is not money that can sustain our living. He cannot buy clothes and shoes. He cannot cover other needs we have.***[19]

Sometimes reasons for leaving appear more punitive. This includes abandoning women if and when livestock die, leaving women with multiple children to care for alone, and abducting their own children in situations of divorce. A woman from Caynabo explained that she has five children. When her husband left, he took three children from her and left two behind for her to care for alone.[20]

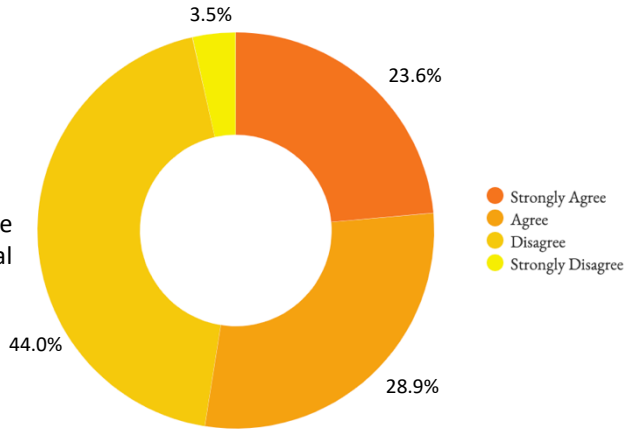
Some households expand rather than contract. Of those households that include both husband and wife, 13.3% report an addition of one or more wife. More CVA recipients (19.6%) report their household expanding to include at least one additional wife in the last year, compared to 7.9% of non-recipients. Most took only one additional wife, but in rare cases 2 additional wives were added to the household. Expansion of households can create internal conflict. Program staff report that men may want to share the cash and voucher assistance one wife receives across all wives, but the recipient may refuse.[21] In other instances, even when receiving CVA, the family may not be able to cover the basic needs of additional family members.

Women's Decision-making

Interventions aiming to increase women's role in decision making must consider two important components therein; (1) attitudes around the acceptability of women's decision making and (2) perceptions of the literal change in quantity or quality of women's decision making.

The majority of survey respondents (52.5%) across the sample population believe that women lack the mental

Women lack mental strength for decision making in the household



17. Interviews conducted during fieldwork in June 2019.
18. Interviews conducted during fieldwork in June 2019.
19. Interviews conducted during fieldwork in June 2019.
20. Interviews conducted during fieldwork in June 2019.
21. Interviews conducted during fieldwork in June 2019.

strength for sound decision making in the household. As outlined below, these beliefs are most strongly held by women.

Interestingly, gender disaggregation reveals fairly stark differences between men and women. Nearly identical proportions (55%) of female recipients and female non-recipients either "strongly agree" or "agree" that women lack the mental strength to make household decisions. Similarly, 52.2% of male recipients and 55.4% of male non-recipients either "disagree" or "strongly disagree" on this same point.

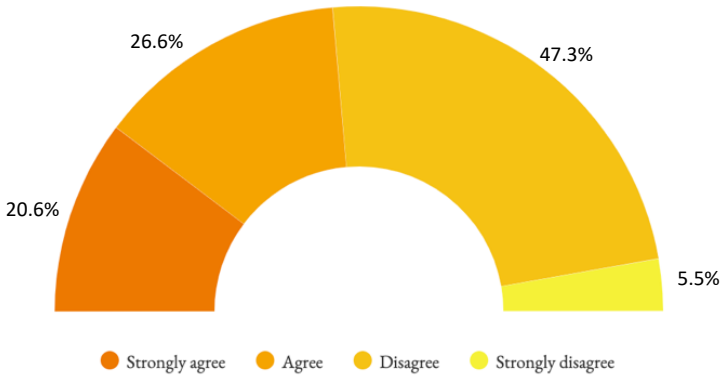
Table 7: Women Lack the Mental Strength for Household Decision Making, by gender and CVA status

	Response	CVA Recipient (%)	Non-Recipient (%)
Women	**Strongly agree**	19.1	30.2
	Agree	35.4	24.8
	Disagree	38.8	43.6
	Strongly disagree	6.8	1.3
Men	**Strongly agree**	13.0	26.8
	Agree	34.8	17.9
	Disagree	52.2	51.8
	Strongly disagree	0.0	3.6

Many believe women are unable to contribute to decision making in the community because they lack good judgement. Across the entire sample, 47.2% either "strongly agree" or "agree" with this point. Those that did not receive CVA hold this opinion more often (7.2% more) than those that do receive CVA.

While many feel that women lack the necessary cognitive skills to make decisions in the household and community, the majority (strongly agree: 48.9%, agree: 46.6%) believe women have the right to attend community meetings. Indeed, only 4.5% of respondents disagree or strongly disagree on this point.

Women lack good judgement necessary for community decision making

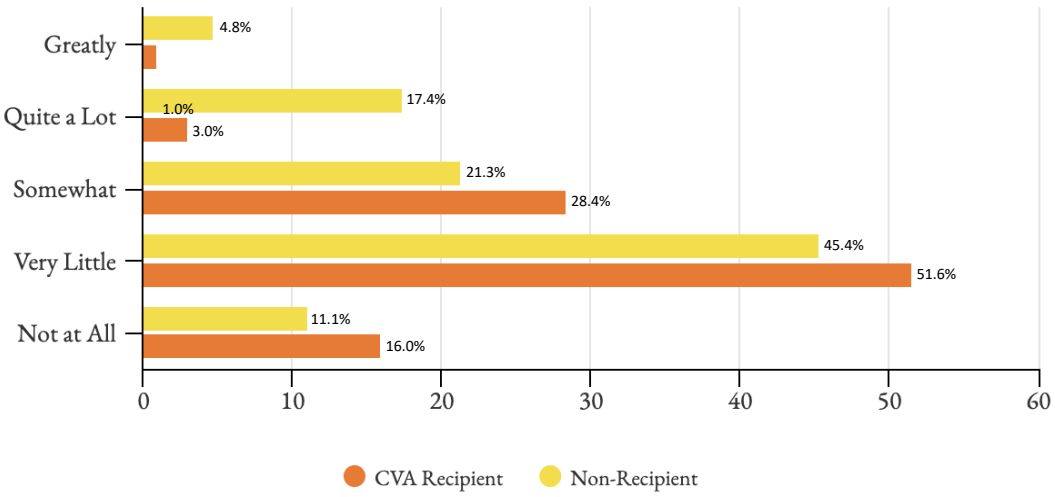


Similarly, the majority of survey respondents (strongly agree: 46.1%, agree: 49.6%), regardless of gender and CVA status, feel that women must having a voice during community meetings. This opinion is held more strongly by non-recipients than recipients, regardless of gender. The majority of female non-recipients (57.3%) strongly agree that women must have a voice in community meetings, compared to 36.7% of female CVA recipient. Trending in the same direction, 59.3% of male non-recipients strongly agree, while only 23.9% of male recipients strongly agree. These figures remain puzzling as women's involvement on village committees was mandatory for communities receiving CVA. Greater research into this point is necessary to unpack inferences.

International organizations unequivocally support women's rights and abilities to make decisions. In fact, CARE predicates participation in their CVA on women's inclusion in village committees. While men are still considered responsible for family and community decisions, approximately half all interviewees and focus group participants discussed joint decision making on household spending decisions. Many argued that women should be in charge of household spending decisions and, given their caretaking role, are the best recipients of cash assistance.[22] That said, attitudes and actions around women's decision making are complex of sometimes contradictory.

Asked to what extent women decide initiatives or projects undertaken in the community, most CVA recipients (51.6%) and non-recipients (45.4%) report "very little", followed over 20 percentage points less by "somewhat". In contrast, women outside of Burao report that women are the key decision makers in their community, a point corroborated by the men as well. Respondents in Caynabo note that women sit on the village committee, but as one man explained during a focus group discussion, "[the husband] is responsible for the children in the house and also his wife. It is the husband wh0 trains the children and gives advice to the wife."[23]

Extent Women make Community Decisions



22. Interviews conducted during fieldwork in June 2019.
23. Interviews conducted during fieldwork in June 2019.

CONCLUSIONS & RECOMMENDATIONS

Protection issues across Somalia/land are widespread, generalized, and gendered. Nearly all communities experience food and water insecurity, and most have survived multiple dislocations as a result of forced, climate-change induced, or livelihood-motivated displacement. As with many conflict-affected contexts, sexual and gender-based violence is ubiquitous and experienced by both male and female survivors. Women and girls are at increased risk of sexual violence during displacement, when searching for food and water, or in and around areas with a presence of armed forces.

Protection issues are multi-dimensional. Vulnerability is about physical violence, drought, and chronic food insecurity. In many ways conflict intensifies vulnerability, particularly for already marginalized groups like women, the disabled, and minority clans.

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 the protection issues recipients otherwise face.

Vulnerability and the associated protection issues represent complex, multi-layered, and often deeply-entrenched harms. In Somalia/land, across CVA recipients and non-recipients, men and women, boys and girls, there are several generalized protection issues.

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. Throughout this study we have sought to understand (1) what are the most urgent and salient protection issues regardless of CVA status and gender and (2) are there differences by gender and/or CVA status in the severity, urgency, or prevalence of these protection issues.

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 particularly, 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?

<u>Family</u>

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.

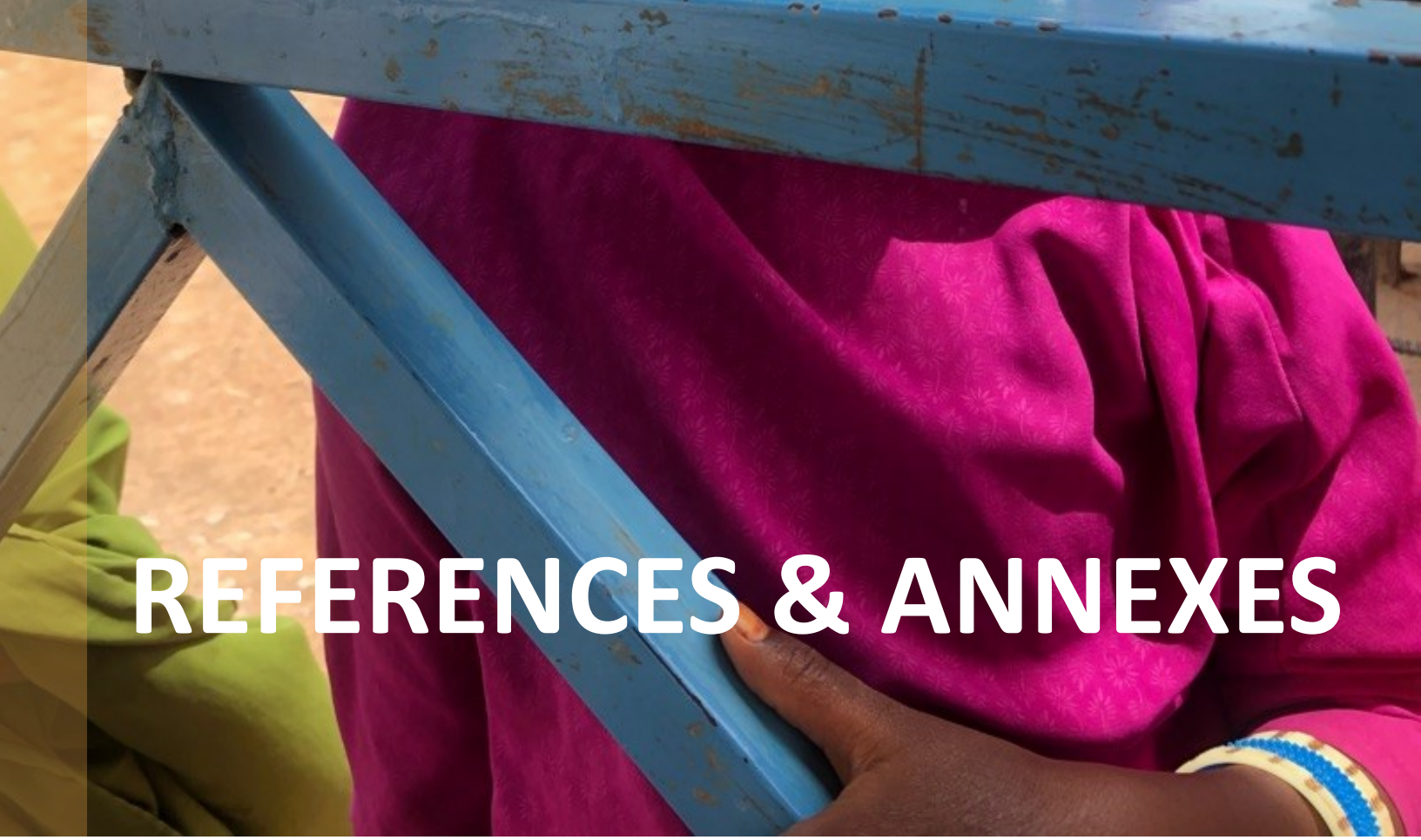
Community participation in cash assistance programming should be paired with the appointment of community health workers and women's health focal points who support survivors in accessing response services. This includes medical assistance, relocation to a safe shelter, and formal and informal justice 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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ANNEX I: Empirical Strategy

This empirical strategy relies heavily on participatory, mixed-methods approaches and works to triangulate data wherever possible. The result of this rigorous methodology is this detailed final report useful for both internal and external stakeholders. Annex IV provides an overview of the evaluation timeline encompassing all five phases below.

The empirical approach was guided by the following research questions and sub-questions:

1. What are the intentional impacts of conditional and unconditional cash and voucher assistance in the context of life saving, humanitarian support as related to (1) roles within the households, (2) targeting women, and (3) consequences to the family, communities, and culture?
    a. What are the targets, goals, and intended impacts of CVA programs in Somalia/Somaliland?
    b. To what extend have those targets, goals, and intended impacts been met?
    c. How have CVAs insured equal access to assistance, specifically the inclusion of vulnerable women and men from various hierarchical clans?
    d. How have cash-for-work programs insured equal and safe access for women and men? Are there patterns of excluding women in certain cash-for-work activity areas?
    e. How have CVAs increased women's economic and decision-making power within the household?
    f. Have CVAs placed additional burden on women? How have CVAs worked to reduce the unequal burden of labor on women and encourage a more equitable split of labor between men and women?

2. What are the unintentional impacts of conditional and unconditional cash and voucher assistance in the context of life saving, humanitarian support as related to (1) roles within the household, (2) targeting women, and (3) consequences to the family, communities, and culture?
    a. Have certain communities or types of programs experienced more unintended impacts than others? If so, what might explain these effects?
    b. To what extent do CVAs contribute to unintended protection consequences at the individual, household, and community levels in Somalia/Somaliland?

3. In what ways have cash and voucher assistance programs tackled gender-related vulnerabilities and inequalities in Somalia/Somaliland? Areas of focus include:
    a. Changes in GBV/VAWG
    b. Intimate partner violence vs. family cohesion
    c. Changes in family structure (additional wives or shifts to polygamy)
    d. Community decision-making and power dynamics
    e. Household decision-making, control of resources, and power dynamics
    f. Psychosocial wellbeing (disaggregated by gender, age, and income)
    g. Level and consistency of household income
    h. Household nutrition (quantity and diversity of meals)

4. What is the potential for cash and voucher assistance to further transform the gender and power dynamics in Somalia/Somaliland?
    a. Are there any anticipated positive or negative consequences resulting from this gender transformation?
    b. What is the potential for cash assistance to break the cycle of GBV? How to best link CVAs and GBV prevention and response interventions to break the cycle of GBV?

Description of empirical approach

PHASE I: Background Literature & Data Review
Following initial consultation with CARE Somalia staff, Foster and McGrath conducted a review of all project documents, relevant scholarship, industry reports, and previously collected program data. The aims of this exploratory literature and data review was to:

- Frame important themes of the study
- Refine the research questions
- Identify gaps in the literature and programming
- Develop list of questions for data collection in Phase III

Documents and data reviewed include, but were not limited to: existing measurements and benchmarks from previous CVA evaluations, past CARE external evaluations, government gender and humanitarian policy documents, previously used data collection tools, and evaluations from organizations similar to CARE implemented both in and outside of Somalia and Somaliland.

PHASE II: Tool Development
In consultation with CARE Somalia, Foster have developed a quantitative survey, KII questionnaires, and FGD guides. Tools were validated by CARE Somalia and the team of enumerators during a 2-day training exercise. Following validation, the tools were modified according to initial testing results before full implementation.

PHASE III: Data Collection
From 11 June – 7 July 2019, data was collected using the following techniques:

- 30 minute in-depth KIIs and 45-90 minute FGDs with lead key stakeholders including individuals working in government agencies, community village committees, project beneficiaries, peer agencies, CARE implementing staff, community and religious leaders, cash working groups, and protection clusters.
- Surveys with a sample of 401 individuals from households that received CARE CVA support (treatment households) and from households that did not receive CARE CVA support (control households) throughout Sool and Mudug.

PHASE IV: Synthesis & Writing
Following data collection, the research team analyzed KII and FGD transcripts using grounded, thematic, and directional coding techniques with NVivo software. Survey data was analyzed using STATA.

This final report was created with an emphasis on non-technical language to make the report accessible to external audiences.

PHASE V: Final Presentation
Presentation of final report using slides and notes. The presentation will include discussion and visuals detailing (1) research overview, (2) methodology, and (3) main findings. The final presentation may be offered in-person or online with or without recording, at CARE's discretion.

ANNEX II: Sampling Strategy

Vulnerability in Somalia is multi-dimensional. It is as much about physical violence as it is about famine and chronic food insecurity. The presence of largely clan-based NSAs as political actors and (in)security agents points to vulnerability also being about one's relative closeness to these groups. Overlaid onto the backdrop of conflict and vulnerability in Somalia, CBIs have been increasingly used by humanitarian actors as a preferred approach to meet the needs of crisis-affected communities throughout the country (CaLP 2018).

With this in mind, the sampling strategy outlined below considers the following sampling criteria:
1. Presence of cash assistance
2. Frequency of violent conflict and presence of NSAs
3. Relative economic and food insecurity

Violent Conflict & NSAs

The ACLED dataset for Somalia accounts for violent incidents from 1997 to 2019. Narrowing to the four regions of the sampling frame, Mudug experienced the most exposure to violent conflict by nearly 300 incidents, most of which occurred between 2010 and 2013 and again in 2016-17. Sanaag is the least vulnerable in this regard with only 389 incidents and the majority of those incidents occurring between 2010 and 2018. Similarly, Mudug hosts the most NSAs (89) and Sool the least (57). In Somalia, NSAs include clan, sub-clan, communal, regional, and religious militias as well as rebel groups and private security forces.

Table 1: Violent Incidents[24]

Region	No. Violent Incidents
Mudug	1176
Galgaduud	884
Sool	604
Sanaag	389
TOTAL	**3053**

Table 2: Violent NSAs[25]

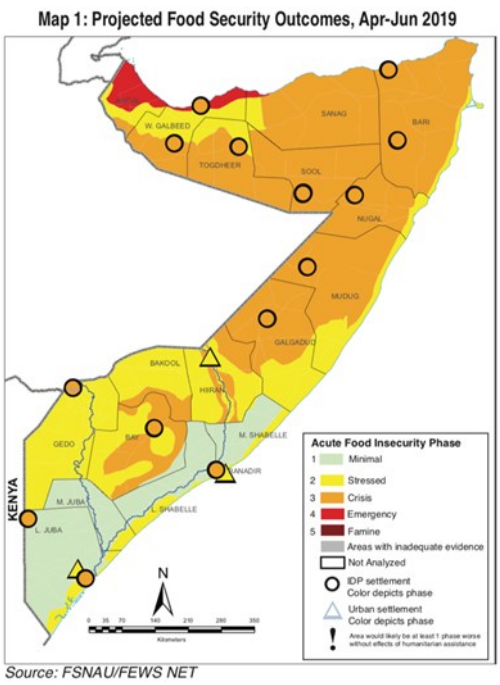
Region	No. Unique Violent NSAs
Mudug	89
Galgaduud	78
Sanaag	76
Sool	57
TOTAL	**300**

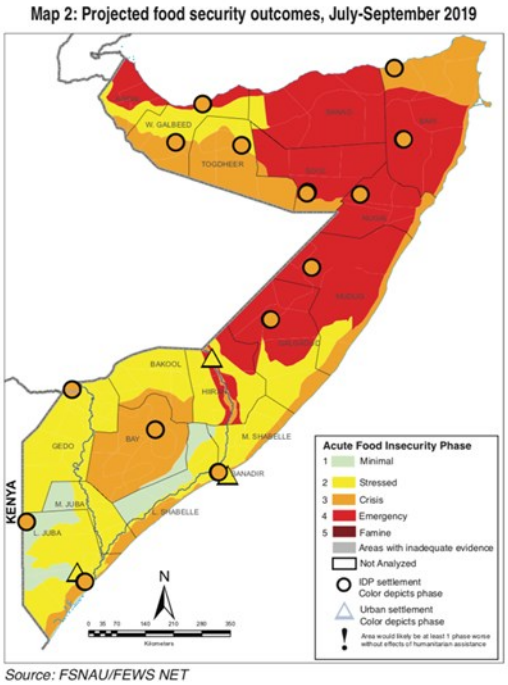
Economic & Food Insecurity

Somalis experience chronic food insecurity and cyclical famine. Famine, arguably driven by conflict, seasonally displaces thousands to nearby camps in Ethiopia and Kenya where refugees can access humanitarian assistance. The Food Security & Nutrition Analysis Unit (FSNAU) was established to monitor food insecurity and related early warning indicators. The organization monitors climate data, civil insecurity, the agricultural sector (including crop cycles, prices, and labor), livestock, market trends in purchasing power, and nutrition. Each quarter, FSNAU releases current and projected figures for each region in Somalia. The most recent report reflects similar "crisis" level food security insecurity across all four regions, with slight easing in the southern areas of Mudug and Galgaduud. Projecting into July-September 2019, "crisis" turns to "emergency" level food insecurity across Mudug, Galgaduud, Sool, and Sanaag.

Scholars of conflict have not agreed on a definition of vulnerability nor the statistics to measure it, especially at the sub-national level. The lack of data on Somalia exacerbates this issue. The Human Development Index as well as CARE's cash assistance figures serve as relevant proxies to operationalize vulnerability.

24. ACLED Data, can be accessed here.
25. Number of unique NSAs involved in violent incidents from 1997 to 2019. Excludes government, police, courts, unorganized civilians, protesters, and rioters. ACLED Data, can be accessed here.





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The sub-national Human Development Index (SHDI) considers education, health, and standard of living at the regional level in Somalia. Scores of all four regions have decreased since the first available data in 2006. The most recent figures from 2017 indicate that all four regions remain in the lowest SHDI grouping, below 0.550 or "low human development". Sanaag is the most developed at 0.429, followed by Mudug (0.362), Sool (0.327), and Galgaduud (0.270).

Cash assistance recipients are generally the most vulnerable in each community. Vulnerability is often scored using a means-test survey instrument or alternatively community-based targeting. The latter is used in Somalia. This involves in-depth context analysis of each community, followed by a meeting with community elders who direct representatives from the CBIs to those households that are most vulnerable. Participation is voluntary and women are the registered recipient of cash assistance. The number of recipients in a given community serves as a proxy for relative vulnerability of each community. Using data from CARE's cash assistance program, the table below provides the number recipients by region (largest administrative unit below state). The Mudug region represents the highest number of recipients (14,703) and Sool the least (9,262).

26. SHDI data accessible here.

Table 3: CARE CBI Recipients

Region	No. Recipients
Mudug	14,703
Galgaduud	12,947
Sanaag	9,621
Sool	9,262

Sample

Across the four regions of the sampling frame, Mudug hosts the most NSAs and has experienced the most incidents of violent conflict. The southern parts of Mudug are relatively less vulnerable than other regions, but the majority of the region experiences crisis-level food insecurity now and is projected to experience emergency-level insecurity in the coming months. Moreover, Mudug is home to the largest number of CARE cash assistance recipients, signaling the greatest vulnerability.

In contrast, Sool hosts the least number of NSAs and has experienced relatively few incidents of violent conflict. While the greatest number of districts participating in the CBI come from Sool, the least number of recipients reside in Sool. This signals lower overall vulnerability and dispersion across fewer vulnerable communities.

With this in mind, Mudug and Sool will serve as the data collection sites. Randomly selecting a minimum of eight villages in each region, respondents will be chosen at random and asked for their consent to participant in surveys and structured interviews. If consent is not given, the next available similarly positioned respondent will be selected. From each of the two regions, 100 cash recipients and 100 non-recipients will be interviewed, for a total sample size of 400 respondents (200 per region). When possible, oral histories will be conducted with a set of 10 cash recipients and 10 non-recipients, for a total number of 20 oral histories. Given the time commitment necessary on the part of participants, the sampling strategy for oral histories will involve convenience, and most likely, snowball sampling.

ANNEX III: Tools

Representative questions: Focus Group Discussions & Key Informant Interviews

1. What does it mean to say that someone is vulnerable?
2. How can you tell someone is vulnerable?
3. Is there a set definition of vulnerability?
4. Of all things mentioned here about vulnerability, which of these things make someone the most vulnerable?
5. What political and social groups are here in the village?
6. Is the village committee a political organization?
7. How does someone join the village committee?
8. Are there women on the village committee?
9. How do you ensure that the needs of minority groups are represented on the village committee?
10. Does the village face any violence?
11. How does the village handle conflict?
12. How does the village protect itself?
13. Does the village committee get involved in settling disputes?
14. What about disputes between a husband and wife, how is that settled?
15. What kind of aid does the village receive?
16. How are decisions made in the village?
17. How are decisions made in the household?
18. Some say GBV is a big problem. What do you think we should do about that?
19. What are the biggest challenges the village faces?
20. Are those challenges the same for men and women?

Survey

[Insert Connection to Excel file]

ANNEX IV: Research Timeline

Phases	Description	Target Dates (2019)
Phase I: In-depth literature review	Desk review of existing measurements and bench-marks	April 15 -April 1
	Literature review of academic sources	April 15-April 1
	Background brief on context and program from CARE staff	April 15-April 1
	Finalize and send inception report	May 3
Phase II: Tool Development & Consultation	Review previous research tools	April 1-May 15
	Finalize creation of data collection tools	May 15
	Translate all tools into community-specific local lan-	May 30
Phase III: Data Collection (in-county field work)	Interviews with CARE staff and partners	June 9-12
	Training with local CARE staff and enumerators	June 13-15
	Data collection and sample selection	June 15-28
Phase IV: Synthesis & Writing	Review qualitative data	June 28-July 5
	Supplement with secondary quantitative data	July 5-July 10
	Write final report (20-30 pgs)	July 5-July 31
	Write research brief (2-4 pgs)	July 5-July 31
Phase V: Final Presentation	Present final report either in person or remotely	August 5

ANNEX V: Ethical Considerations

The evaluation team, under Foster's leadership, considered the following ethical standards imperative to our work:

— Guarantee the safety of respondents and the research team.
— Apply protocols to ensure anonymity and confidentiality of respondents.
— Select and train the research team on ethical issues.
— Provide referrals to local services and sources of support for those that might ask.
— Ensure compliance with legal codes governing areas and applicable CARE policies such as provisions to collect and report data, particularly permissions needed to interview or obtain information about children and youth.
— Store securely the collected information.

"Do no harm ethic"

The anonymity and protection of populations requires all members of the research team take responsibility for the safety and ethical treatment of participants. As such, a do no harm ethic was paramount to this work. Recognizing a fundamental duty of care towards participants, the research team is committed to:

— Assessing risks and putting in place proportionate safeguarding measures, including but not limited to: personally training and vetting enumerators, closely monitoring data collection techniques, and daily debriefings with the research team, partner staff, and security personnel.
— Providing clear project content, ethics, and safety training to all enumerators who undertake fieldwork on behalf of this research.
— Considering the short- and long-term impacts on children and any adults when making arrangements to meet with participants, store data, and publish this research.
— Valuing and respecting participants, which begins with the presumption of legitimacy and includes listening to their views and integrating their feedback on the research topic as well as ethical and security constraints of this work.
— Ensuring compliance with US and UN child protection policies and relevant laws in country.
— Ensuring compliance with research ethics regulations and processes in country.

Risk Mitigation Procedures

Working with Somalis, many of whom experience chronic food insecurity, presents some risks. These risks fall disproportionately on participants, but also affect the research team. With this in mind, the following procedures were followed to mitigate risks:

— Receive consent prior to engaging with <u>all</u> participants. Verbal or written consent, per the wishes of each participant, received using a consent script. The consent process included the steps below:
    - Offer adequate/sufficient and appropriate information to make a decision. Done through a consent form and script provided to each participant. A verbal discussion between the researcher/enumerator and participant is encouraged.
    - Ensure no pressure or coercion applied, as well as no incentive offered for participation.
    - Explicitly inform all participants that participation in the study will not influence their good standing with CARE in any way.
    - Search for subtle signs of refusal.
— Provide participants with adequate time to think about the decision to participant and ask questions before consenting.
— Given the subject matter of this research, no one under the age of 18 years engaged as a respondent.
— Participants provided plenty of space to pause or stop the conversation as well as withdraw from interview/ FGD at any point, without question.
— Interviews/FGDs held in safe, private spaces where participants feel comfortable and anonymity can be ensured.
— Only the researcher/enumerator, an interpreter or note taker as needed, and the participant will in the room during interview. Guests of the participant may join, only with permission of the participant.

— Mixed gender team of enumerators to account for any gender and cultural sensitivities. Given that it is customary in Somalia for men and women to interact and socialize in separate settings, it is important to have a mixed gender representation of enumerators to maximize the comfort of participants who may wish to speak with only women, or not be in the presence of men without another woman present.
— If participants do not wish to sign a consent form due to contextual or cultural sensitivities, but wish to participate in the study, ensure verbal consent is given and noted.
— Interviews recorded (audio only) on an encrypted device if, and only if, the participant agrees without hesitation.
— No additional identifying information – name, date of birth, village or community of residence, etc. – will be gathered unless the participant expressly requests to be identified.
— No video or photos will be taken of participants without consent.
— Inform participants at the outset that they can change their mind and withdraw their consent at any point during the data gathering period.

Data Security Protocol

To ensure the security of data and anonymity of participants, data is stored according to the following procedure:

— Either written or verbal consent received.
— Any identifiable information gathered during recruitment – name, phone number, or other contact details – securely deleted when recruitment is complete. Names never directly linked to the participants' responses.
— Interview notes, recordings, and transcripts include an ID number connecting these documents. Participants' confidentiality and privacy protected by the fact that their responses and names never appear on the same document.
— During interviews, participants never asked for nor referred to by their name.
— A password-protected encrypted file containing names and ID numbers with the author being the only person with access to this document. This linking file along with all interview notes, recordings, and transcripts is stored on a secure iron key device provided by Yale ITS.
— When data collection is complete, this linking file – containing names and ID numbers – will be securely deleted since there will be no need to retain participant names.

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