



Effects of Cash Transfers on Intimate Partner Violence in Humanitarian Settings: a prospective cohort study in South Sudan

Juba, South Sudan

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Study Objectives

Aim: to study the effect of humanitarian cash transfers on household dynamics, including intimate partner violence (IPV)

Specifically:

1. Measure the association between cash transfer participation and IPV
2. Assess longer term effects of cash transfer participation on IPV
3. Understand how receipt and delivery of cash transfers may affect gender relations, power dynamics, and IPV in receiving households
4. Identify ways to improve decision making and design of cash transfers to mitigate IPV risks or enhance positive effects on gender relations

BRACE II:

Building Resilience through Asset Creation & Enhancement

Project	Goal and Focus	Partners	Donor
Building Resilience through Asset Creation and Enhancement (BRACE II)	Strengthen food, income and nutrition security for 20,450 households, 122,700 beneficiaries in Warrap, Northern Bahr el Ghazal and Eastern Equatoria.	WorldVision (WV), Support for Peace and Education Development Program (SPEDP) and Smile Again Africa Development Organization (SAADO)	Foreign Commonwealth & Development Office (FCDO) as main donor and complementary funds from Swiss Agency for Development Cooperation (SDC)

BRACE II Cash Transfers

- Conditional cash transfers – cash for household and community assets
- Seasonal transfers for 3 and 6 months per cohort (9 transfers per household)
- Transfer value of US\$40-49 monthly.
- 3 cohorts received cash transfers: 2018, 2019 and 2020 starts

Objectives	Approaches
• Address immediate hunger gaps	Through conditional (FCDO) and unconditional (SDC) cash transfers – Cash for asset
• Improve longer term food insecurity	Through creation of productive community and household assets
• Increase capacity to absorb, anticipate and adapt to climate variability and extremes	Through improved skills and knowledge – Trainings/ capacity building
• Improve community relationships	Asset creation team work, Village Savings, Inclusive decision making and participation (BPMCs). Gender and Nutrition trainings.

Study Design

Quantitative research

- ❖ Same women interviewed at baseline and endline.
- ❖ Target was to retain 85% of women from baseline to endline.

Qualitative research

- ❖ 22 KIIs completed with relevant stakeholders at baseline (2019, Round 1).
- ❖ 12 FGDs (n=87) completed with Cohort B project participants (male and female separate) at baseline (2019, Round 1).
- ❖ 18 KIIs completed with relevant stakeholders in 2021 (Round 2).
- ❖ 30 IDIs completed with males and females BRACE-II project participants and non-participants in 2021 (Round 2).

	Quantitative Data			Qualitative Data
	Cohort A	Cohort B	Control	
October - Dec 2019	Baseline n=830	Baseline n=732	Baseline n=777	Round 1 (n=109)
Nov 2020- Jan 2021	Endline n=634	Endline n=587	Endline n=582	
July - Dec 2021				Round 2 (n=48)
Total Included for Analysis	(n=628)	(n=585)	(n=582)	(n=(157))

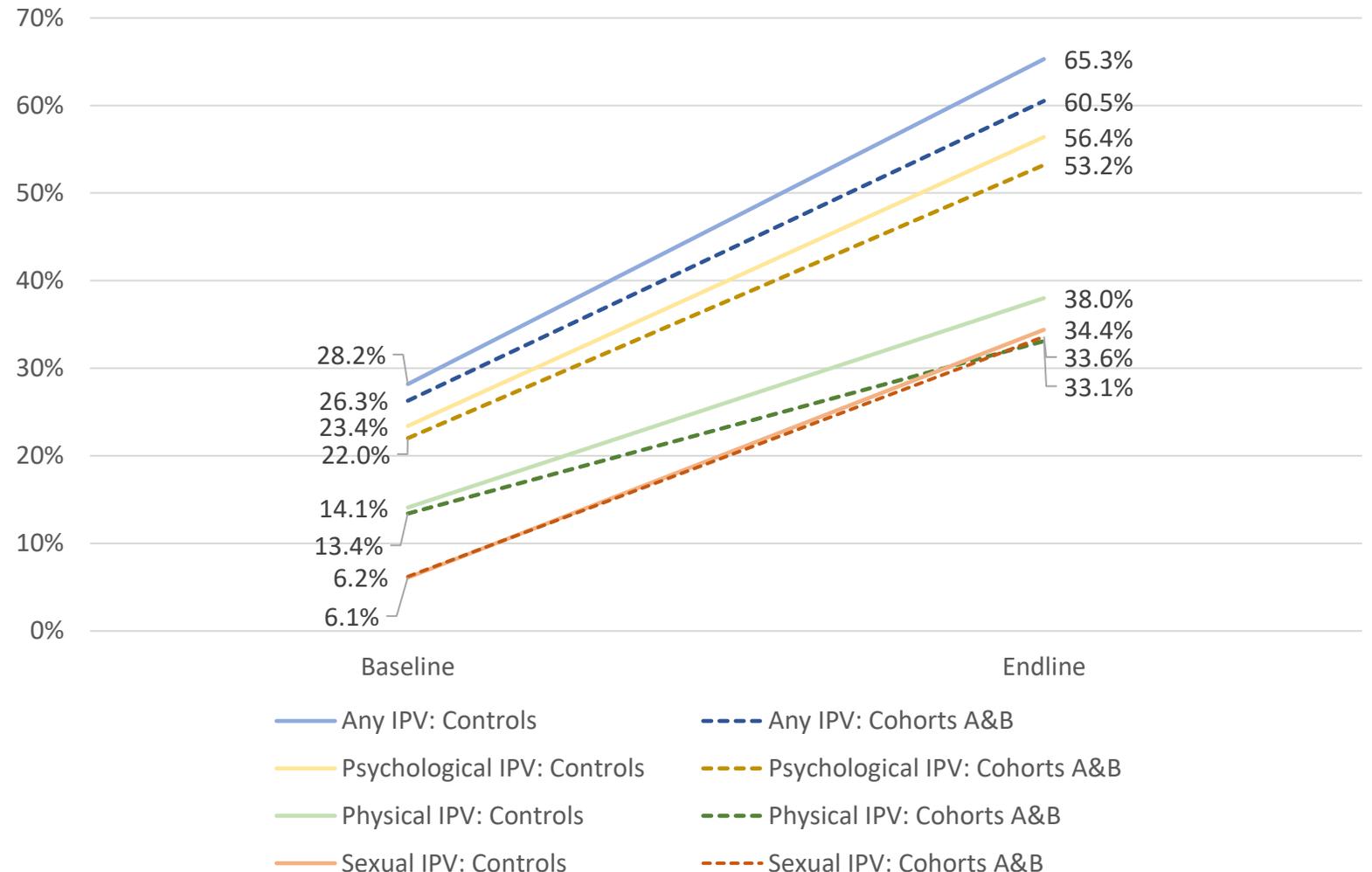
Baseline Demographics:

- Controls were recruited randomly from among the same communities as Cohorts A+B and were screened for comparable measures of household assets.
- BRACE-II project cohorts A+B were comparable with from the control group at baseline (only including individuals where we had both baseline and endline data) in terms of
 - Displacement status
 - Alcohol use by husband
 - Polygyny
- BRACE-II cohorts A+B differed from the control group at baseline in terms of:
 - Employed outside the home (controls were less likely to be employed;
 - Living below median income (controls were poorer
 - Food insecurity (controls were more likely to have moderate/severe food insecurity;
 - Receipt of humanitarian assistance (other than BRACE-II) (controls were less likely to receive in-kind food assistance, cash/voucher food assistance, or food or cash for work

Quantitative Results: IPV Prevalence and Change

- At **baseline**, **26.3%** of participants in cohorts A & B and **28.2%** of participants in the control group had experienced any form of IPV in the previous 12 months.
- At **endline**, **60.5%** of participants in cohorts A & B and **65.3%** of participants in the control group had experienced any form of IPV in the previous 12 months.
- *No Safe Place* (2017) found that 65 percent of women and girls had experienced either sexual or physical violence **in their lifetime**.

All forms of IPV increased from baseline to endline among women both in cohorts A+B and in the control group



Factors Associated with IPV

Variables	Odds ratio for IPV	Standard error	95% confidence interval	p-value
Displaced (yes/no) (ref = never displaced)	1.06	0.11	(0.86, 1.31)	0.573
Polygynous (ref = not in a polygamous union)	1.11	0.09	(0.95, 1.30)	0.203
Husband ever uses alcohol (ref = husband does not use alcohol)	2.58	0.31	(2.04, 3.26)	<0.001
Husband attended some schooling (ref = husband attended no formal schooling)	1.12	0.11	(0.92, 1.35)	0.256
Household food insecurity (moderate or severe) (ref = little/no household food insecurity)	1.25	0.11	(1.04, 1.49)	0.016
Severe mental illness/distress (ref = moderate and little/no mental illness/distress)	1.33	0.11	(1.13, 1.55)	<0.001
Negative coping strategies (ref = no negative coping strategies)	1.86	0.23	(1.46, 2.37)	<0.001

- Women whose husbands drank alcohol at baseline had 2.58 times the odds of reporting any IPV than women whose husbands did not drink alcohol.
- Women in households with moderate or severe food insecurity had 1.12 times the odds of reporting any IPV compared to women in households with little or no food insecurity.
- Women experiencing severe mental illness/distress had 1.33 times the odds of reporting any IPV compared to women experiencing moderate or little to no mental illness/distress.
- Women reporting any negative coping strategies had 1.86 times the odds of reporting any IPV compared to women not reporting negative coping strategies.

Qualitative Results: IPV and Cash Transfers

- “I am seeing the cash transfer having a lot of positive impact on the community... there is relative peace in the house because the woman does not become a burden again to [the] man asking him for everything and men do not have to go through the quarrelling with the wives for the lack of support.” – Key Informant Interview (Male, Round 1), Monyjoc
- “The community is ok with it [IPV], I would say what I get from the women I talk to, an example of a woman whose husband is drunkard and is a beneficiary of a cash transfer, the husband heard about the cash distribution and came, when the women have received the money, the man followed her and took all the money and asked the woman to go back and ask for more. ... We also learnt that she was not the only woman whose money was taken by the husband, the eldest wife too but she just kept quiet and never opened a case against the man.” (KII, Female, Round 2, Mathiang

Summary of Findings

- Comparing two cohorts of participants in BRACE-II with a control group, we found no evidence that cash transfer participation had any statistically significant effect, positive or negative, on IPV. While IPV increased from baseline to endline, it did so across all groups.
- Mixed qualitative evidence in terms of cash transfer participation increasing or decreasing IPV.
- Both the quantitative and the qualitative analysis suggests that the cash transfer amounts were not significant enough in their effects to disrupt gender dynamics, positively or negatively within households.
- Other factors such as alcohol use, household food insecurity, mental illness/distress, and negative coping strategies may offer more insights into what is driving IPV in S. Sudan and what can be done to alleviate it.



Conclusions and Recommendations

- **Intentional inclusion of IPV prevention in program design may improve the impact of economic and food insecurity programming on conflict-affected women’s well-being.**
- **Cash-based programming should provide sufficient money to reduce women’s financial burdens and meet daily needs and address risk factors such as men’s alcohol use, household food insecurity, negative coping strategies, severe mental illness/stress and other challenges.**
- **“Creating the point of accountability [for those who] start the violence. Empowering women to have equal standing with men and share the same powers. Participation of women in decision making. Avoiding discrimination between the families can end disagreement.” – KII (Female, Round 1), Mathiang**
- **Presentation photo credits: Christopher Lete, Eugene Combo, Morjan Robert Kenyi, Zipporah Karani (World Vision, South Sudan)**

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Thank you!

Questions? Comments?