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

SVRI Forum
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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: Cash For Assets Project Location
Warrap State, South Sudan

Study Location:
- Six bomas in Gogrial West County, Warrap State
### BRACE II Cash Transfers

- **Conditional cash transfers** – cash for work in community gardens
- Seasonal transfers for 3-6 months
- Transfer value of US$36-45 monthly, which is equivalent to approximately 50% of the household food basket cost
- 3 cohorts receive cash transfers
  - 2018, 2019 and 2020 cohort start years

### Objectives vs. Approaches

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

- **Quantitative Component**
  3 group Quasi-Experimental Cohort Study
  Brace II project participants
  - Cohort A (Project Participants July 2018 - July 2019)
  - Cohort B (Project Participants June 2019 - July 2020)
  - Cohort C (Project Participants Apr 2020 - May 2021)

- **Control group** (similarly vulnerable, from same areas)

- **Qualitative Research**
  - KIIs with government staff, community leaders, World Vision staff, service providers, and relevant stakeholders
  - IDIs with Brace II beneficiaries and non-beneficiaries
  - FGDs with Cohort B project participants
**Study Design**

**Quantitative research**
- Same women interviewed at baseline and endline (target retentions rate: 85%)
- Final sample for the Cohort A/B/control analysis is ~1800 (80% retention)

**Qualitative research**
- 22 KIIIs with relevant stakeholders at baseline.
- 12 FGDs with Cohort B participants (male and female separate) at baseline (n=87).
- 20 KIIIs with relevant stakeholders at endline.
- 40 IDIs ongoing with male and female, BRACE-II project participants and non-participants at endline.

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<thead>
<tr>
<th></th>
<th>Quantitative Data</th>
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<tr>
<td><strong>Cohort A</strong></td>
<td>Baseline n=830</td>
<td>Baseline (n=109)</td>
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<td><strong>Cohort B</strong></td>
<td>Baseline n=732</td>
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<tr>
<td><strong>Control</strong></td>
<td>Baseline n=777</td>
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<tr>
<td><strong>October - Dec 2019</strong></td>
<td></td>
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<tr>
<td><strong>Endline</strong></td>
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<tr>
<td><strong>n=634</strong></td>
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<td><strong>n=587</strong></td>
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<td><strong>n=582</strong></td>
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<td><strong>Nov 2020- Jan 2021</strong></td>
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<td><strong>July - Dec 2021</strong></td>
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<tr>
<td><strong>Endline</strong></td>
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<tr>
<td><strong>n=60</strong></td>
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<tr>
<td><strong>Total Included for Analysis</strong></td>
<td>(n=628)</td>
<td>(n=585)</td>
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Quantitative Analysis Approach

- To address challenges with timing of baseline data collection and because of their many similarities, Cohorts A and B were combined into a single group. The main analysis compares 2 groups:
  - **Ever Cash Recipients (Cohorts A+B)** – received cash transfers [before baseline data collection] and were followed from late 2019 to late 2021.
  - **Control Group** – similarly vulnerable residents of the same communities as Cohort A &B; data collection at the same time as Cohorts A+B.

- The sample retained for analysis includes only participants with baseline and endline data

- Unadjusted and adjusted mixed-effects logistic regression analyses to compare changes in Cohorts A&B over time to changes in the Control group

- Demographic differences between treatment groups at baseline, and some key variables often associated with IPV, were included in adjusted analyses
Baseline Demographics: Key Findings

• Following recommended guidelines for IPV research in South Sudan, all respondents for the household interviews were female, aged 15 years or older.

• Combining Cohorts A&B and comparing these to the control group, controls differed significantly from the BRACE-II project participants in terms of:
  o Household size (controls were smaller)
  o Respondent age (controls were younger)
  o Living below median income (controls were poorer)
  o Employed outside the home (controls were less likely to be employed)
  o Husband received any formal education (higher among controls)

Adjusted analyses accounted for household size, women’s age, education level, median income threshold, employment outside the home, and husband’s education in addition to displacement status, household structure and husband’s alcohol use.
**Quantitative Results: IPV Prevalence and Change**

At **baseline**, 27.4% of participants had experienced any form of IPV in the previous 12 months.

At **endline**, 62.1% of participants had experienced any form of IPV in the previous 12 months.

Of note, more than half of the population in South Sudan faced food insecurity – Warrap was one of the most affected states and food security deteriorated over the project period.

All forms of IPV increased from baseline to endline, with greater increases for psychological and sexual IPV than physical IPV.
IPV Prevalence and Change: Key Findings

• Comparing two cohorts of participants in BRACE-II with a control group, from baseline to endline, IPV within the last 12 months increased more than two-fold from baseline (2019) to endline (2021); this was true across all groups for all forms of IPV (though increases were somewhat higher for psychological and sexual IPV than physical IPV).

• Some of this change from baseline to endline may be due to (a) changes in the quality/completeness of interviewing at endline as enumerators had more knowledge of the questionnaire and particularly the questions on IPV, and (b) changes in the level of comfort that women had in answering questions about IPV in the context of the study.

• However, reports of controlling behaviors also increased over the study period, which indicates worsening quality of partner relationship over time.
Quantitative Results: Impact of Cash on IPV

While IPV increased more than two-fold from baseline to endline, for all forms of IPV, the increase was similar across all groups (Cohorts A&B and Control).

There was no significant effect, positive or negative, of participation in the cash transfer program on IPV, in our adjusted and unadjusted regression models.
Impacts of Cash on IPV: Key Findings

While cash did not seem to have significant effects (compared to controls), other factors did to contribute to higher levels of IPV among some groups:

- Women whose husbands drank alcohol at baseline were more likely to report all forms of IPV at endline than women whose husbands did not drink alcohol.

- Ever-displaced women were 1.5 times more likely to have been kicked by a partner, and 1.3 times more likely to have been insulted by a partner, compared to women who had never been displaced.

- Women in polygynous partnerships were 1.2 times more likely to experience forced sex than women in monogamous partnerships.

- Women who were employed outside the home were 1.5 times more likely to report moderate physical IPV, 1.4 times more likely to report being threatened with a weapon, and 1.2 times more likely to be insulted by their partner, than women who did not work outside the home.
Limitations

• Due to delays (contracts, IRB approvals, logistics) baseline interviews for BRACE-II cohorts A and B were not completed before the first receipt of cash (Cohort C beneficiaries were interviewed at baseline prior to receipt of cash but there were no controls).

• Onset of Covid-19 imposed restrictions on travel and services, disrupting local programs and the study.

• Changes in IPV measures from baseline to endline could be due in part to improved quality of interviews (all enumerators at endline had also conducted interviews at baseline though the team was smaller at endline). It is also possible that women in the study had become more sensitized to questions about IPV by the endline interviews.

• Temporal trends in food insecurity are likely important but the impacts/relationship to IPV is not clear
Summary of Findings

• Comparing two cohorts of participants in BRACE-II in S. Sudan with a control group, we found **no evidence that cash transfer participation had any statistically effect, positive or negative, on IPV**. While IPV increased more than two-fold from baseline to endline, it did so across all groups for all forms of IPV.

• While more analysis is being conducted, we conclude that **providing a small cash transfer may be insufficient to create a positive effect on IPV in a context with multiple layers of challenges to meeting daily needs**. We did find that women’s employment outside the home was associated with some forms of physical IPV at endline, independent of cash transfer participation.

• Factors unrelated to cash transfer program participation (or perhaps more indirectly related), such as alcohol use, displacement patterns, employment outside the home, and various household dynamics may offer more insights into what is driving IPV in S. Sudan and what might be done to alleviate it.
Conclusions & Recommendations

Findings are consistent with a growing body of evidence that suggests that cash transfers do not increase IPV risk.

Intentional consideration of IPV in program design (e.g. transfer modality, consideration primary beneficiary sex, messaging/conditionality) may reduce IPV risk and women’s well-being.

Transfer amounts and sustainability are a challenge for cash transfer programs—more evidence on how transfer size and discontinuation of transfers impact IPV would be helpful for informing program design.

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