



Cash Transfer Programmes, Health and Nutrition Outcomes among Households in Somalia: A Case of Middle Shebelle Region in Southern Somalia

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ABSTRACT This paper is on cash transfer programmes, health and nutritional outcome of the residents of Middle Shebelle region in Somalia. The region has resorted to using cash transfer as a form of financial aid. The objective of this study was to examine the influence of Cash Transfer programmes on health and nutrition outcomes among the households in the region. The study employed descriptive research design and data was collected using questionnaires, focus group discussion and interview guides from cash transfer beneficiaries and officers. Both qualitative and quantitative research methods were used. Study findings show that majority of the respondents received conditional cash transfer. Further findings indicated that, women and old people are more vulnerable to poverty and limited access to alternative empowerment opportunities and cash transfer improves beneficiary's health and nutrition. The study recommended that programme owners need to improve the infrastructural systems, security, pay beneficiaries using more technology and not liquid cash due to insecurity.

INTRODUCTION

The world population is changing fast and some continents are likely to double their population by 2050. It is in this context that countries, especially the developing ones, should work on strategies to be self-sustaining in terms of food, health, water, housing, land and other basic requirement. Many strategies have been put in place like the Sustainable Development Goals (SDGs) which are meant to provide guidelines and indicators on major issues facing mankind. The African Union, the embodiment of the collective will of the African people, the New Partnership for African Development (NEPAD), the regional economic communities (RECs) and other regional bodies have all geared up to make the continent a better place for the inhabitants. The elaborate Agenda 2063, has charted a bold strategic trajectory for the next 50 years to transform Africa to a prosperous, integrated, secure and peaceful, democratic, and dynamic content to be recognized in the world.

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Despite all the ambitious strategies, Africa still faces challenges which interfere with its wellbeing. In recent years 'state fragility' has in developing countries received considerable attention in both the academic and policy environment. This fragility has led to the assumption that, countries with fragile state institutions are beset by conflict, chronic poverty and poor development progress. Bryant (2009) noted that, in Kenya for instance, the level of poverty is increasing leading to fragmented development, and HIV/AIDS, increasing numbers of Kenyan children are growing up without adequate support, care, and protection. Across the sub-Saharan African region, families and communities continue to care for the majority of these orphans and vulnerable children (OVC), but many families face severe economic constraints that limit their ability to meet children's needs. Orphans may suffer additional vulnerability compared with other children, for example in nutrition and access to education, although evidence on these patterns is mixed. These challenges also impact on poverty at household level.

In 2012, of the 6.6 million kids below five years who died, 50 percent of the deaths were

as a result of malnutrition (Black et al. 2013). The magnitude of poverty indicators could be more for single parent households as there is the complexity of the triple bind; many face inadequate resources, employment and policy and it is more difficult for single parents with sole caring responsibilities, especially with young children, to work and to work full time (Bradshaw et al. 2018). Cash transfer (CT) has been identified as one of the ways to improve the living conditions (Fiszbein et al. 2009). FAO define Cash Transfers as instruments intended for saving lives, restoring livelihoods and increasing resilience through promotion of agriculture production during disaster period (FAO 2012). UNICEF (2018) reported that, in Yemen, cash transfer benefits the family that receives it as it helps them to meet their most pressing needs. For instance, one beneficiary had this to say:

..”My wife and my children kept asking me since early morning to buy them vegetables. I left home with nothing in my pocket, except the hope of getting this cash aid”.

In Africa, despite food security issue being handled at various levels, it is still a challenge. Ethiopia’s PSNP-DS family unit transfer is around 10 percent of the total amount for the poor (World Food Programme 2012). In Somalia, crisis has been the reasons for the starvation incorporated on a progression of failed downpours and a quick increment in food costs. This convoluted an officially troublesome circumstance described by progressing common war and instability, absence of philanthropic access, politicization of help by Al-Shabaab which has led to failed government in the region (Norwegian Refugee Council 2015). The effect of CTs starts with the beneficiary, and afterward grows to the family unit, the society, and finally the nation, implying that numerous individuals can really be said to be recipients of cash transfer than simply those individuals who get them (Bastagli et al. 2016). In Africa, despite food security issue being handled at various levels, it is still a challenge. Ethiopia’s PSNP-DS family unit transfer is around 10 percent of the total amount for the poor (World Food Programme 2012).

Objectives

- I. To establish the influence of conditional cash transfer programmes on health and

nutrition outcomes among households in Middle Shebelle Region.

- II. To examine the influence of unconditional cash transfer programmes on health and nutrition outcomes among households in Middle Shebelle Region.
- III. To determine the influence of monitoring and evaluation of cash transfer programme on health and nutrition outcomes among households in Middle Shebelle Region.

RESEARCH METHODOLOGY

The purpose of the study of the study was to analyze the influence of Cash Transfer programmes on health and nutrition outcomes among the households in Middle Shebelle Region in Southern Somalia.

This study employed descriptive research design. The target population was households in Middle Shebelle region that benefit from cash transfers and cash transfers officer though the region has over 1,000 households who benefited from CT programmes. Total respondents were 204 from five villages that is; Qansaxdhere, Burhakaba, Wanlaweyn, Afgoye, and Qoryooley. All the collected data was analyzed using statistical passages for social sciences (SPSS).

Theoretical Framework

The study used Theory of Change which consists of the context for the initiative/project and existing problem which the project is seeking to influence, the long term change an initiative/input is supporting, the process of change that the input will bring about and the assumptions or pre-conditions for the change to happen (Vogel 2012). The theory emphasizes that the same input in different contexts is not expected to lead to the same outcome, since the process and assumptions might differ. It is assumed that the planning process with all stages included will lead to a questioning of what might influence and bring about change in a certain context, in the same way as it may not bring about change in another (Eguren 2011). The Theory of Change perspective is meant to encourage improvements and make planning and im-

plementation of intervention more feasible and tailored for certain contexts (Vogel 2012).

Cash Transfer Scheme

Since 2011, NRC Somalia has adopted a variety of cash transfer programmes (CTP) schemes in order to pilot and learn how best CTP can be used to achieve food security objectives (Manley and Slavchevska 2016). In 2005, Government of Somalia and UNICEF began executing the pilot CT-OVC (UNICEF 2012) due to high HIV and AIDS rates. The pilot aimed at energizing the reception/cultivating of orphans, decrease poverty and advance family unit investment in education, health and nutrition. The money exchange approach was executed in Somalia in 2003. As a methodology it has developed widely particularly since the starvation assertion in southern locales in 2011 (DIM 2012). Subsequently the degree of the food security emergency, CTs reactions were scaled up by an assortment of philanthropic performers coming to about 1 million individuals inside 2 to 3 months (Save the Children 2012). In Somalia, in programme involves families either getting an extra pay for nutrition and health and education costs contingent on kids going to class and individuals going to wellbeing focuses or families get extra pay for these costs and there have been no official conditions requiring the beneficiaries to invest in these vital social services (UNICEF 2012).

Middle Shebelle region is the food basket of the Shebelle valley regions and the country in terms of farming and livestock production (FSNAU 2011a). It is also one of the preferred regions by most humanitarian organization because of the density population which is estimated nearly 2.5 to 3.0 million inhabitants whom most of them are pastoralists' agro pastoralist and farming communities (NRC 2015). However, the nutritional situation in Middle Shebelle has always deteriorated. Crop production declined to 46 percent of 1991 post-war average (FSNAU 2011a). Food insecurity is exacerbated by increased food prices, lack of income opportunities, limited humanitarian assistance and the recent ban on some humanitarian agencies from the region by the Al Shabaab. For years, poli-

cymakers in third world nations and donor agencies such as the global monetary offices expelled the possibility that poverty elimination could be changed through money exchanges (FAO 2012). This is on the grounds that they depended to a great extent on social protection and means-ried social help for those influenced by specific possibility dangers, for example, joblessness, accidents, old age or handicap, and numerous had confidence in public works.

Cash Transfers as a model of cash aid programming has gained wide popularity in the developing world and more specifically in the Sub-Saharan African. Cash transfers give recipients buying power and promptly increment access to nourishment and in addition to basic farming sources of info, products and enterprises, helping them address essential issues and mirroring their inclinations (FAO 2012). CTs bolstered by FAO are normally connected to horticultural creation bolster, for example, expanded access to water system, quality seeds, manures or expansion administrations (DFID 2011). Cash transfer projects can empower labour poor family units to get to contracted work or long periods of motorization. Likewise, CTs invigorate agricultural information providers and their associations with end clients, for example, those delivering enhanced seeds and high caliber, privately adjusted cultivating devices. Consolidated, these components add to expanded food accessibility through more prominent efficiency (FAO 2012).

Standing (2008) indicated that, CTs programmes are being favoured over food relieve in light of the fact that with food help markets are twisted, in a few occurrences it can be an unseemly guide when individuals don't really require food as such. Food encourages a feeling of compassion and much of the time if given food yet wage is required the provisions are sold. FAO and UNICEF (2016) reported that, CT is an activity that goes past crisis food relieve, feeding programs and public works. Mhiribidi (2010) noted that CTs are a genius poor way to deal with welfare conveyance that intend to consolidate the socially rejected through revitalizing income capacities. Conditional cash transfer makes pre-determined interests in the human capital of their kids" (Fiszbein et al. 2009). Health and nutrition are normally the pre scribed in-

vestments for most programmes. CCT programmes focus on two clear objectives namely seeking to provide a 'consumption floor for the vulnerable communities and encouraging the development and accumulation of human capital in order to break a vicious cycle where poverty and/or vulnerability is transmitted across generations.

A study on Sub Saharan Africa by DFID (2006) reported that cash transfer programmes had both positive and negative impacts on the individual, intra-family unit and society level. At the individual level: in all nations, recipients said the CTs programs had expanded their feeling of self-esteem, confidence, self-assurance, pride, and self-assuredness. The program empowered them to address their own issues and add to the family unit wage/costs, and additionally offering more noteworthy security, more control over their lives, more flexibility of use and a level of financial autonomy. The DFID (2006) study further indicated that a few people had possessed the capacity to fabricate their own particular capital and enhance their jobs, frequently utilizing the move to put resources into gainful exercises or access credit. In conclusion, the cash transfer programs impact positively on the life of beneficiaries and their families. FAO and UNICEF (2016) noted that in Yemen, war destroyed the livelihood of most of the citizen. one of the recipients of Cash Transfers had this to say:

"Emergency cash transfers were a turning point for the family. "My aunt and I, we have put our cash benefits together, bought a used sewing machine and started a small business here in the house," says Amat. While one of them sews the clothes, the other does the brocade. "We now have hope that our life will be better.

Unconditional CT Programs Transfer Programme

Majority of the respondents indicated that infrastructure was the major problem in implementing unconditional CT programs. Other challenges were insecurity. The respondents said that during the period when cash transfer was issued, cases of robbery and theft increased significantly.

The respondents through FGDs and KIIs pointed out that the program was faced with a

lot of challenged which impeded positive health and nutrition outcome. One common challenge was poor infrastructure.

"The money lender is very far and transport given is too little. I use more and left with little to have proper nutrition and health" lamented one beneficiary. Ali added that, "Far remote areas always suffer due to poor network coverage and inability of the MV to make payment in those areas."

Other challenges were insecurity, delays and domestic issues. One of the respondents Abdi Omar, officer in charge of the program revealed that:

"Security remains number one challenge facing cash transfer programs and this creates significant access limitation to service providers in reaching those in need of the assistance targeting cold sometimes be major problem in terms of both geographical targeting and beneficiaries targeting and this causes exclusion of those who mostly need the assistance."

Samson (2009) has contended that CTs programmes successfully handle hazard, weakness and destitute from numerous points of view. The cash given specifically secures utilization, empowering family units to all the more likely adapt to the two stuns and perpetual destitution. The development effects of CTs programs help to break destitution. In a similar version he likewise contends that the monies give a crucial hazard administration instrument for poor people. Bastagli et al. (2016), covers programmes across 19 countries. In terms of food consumption, the evidence suggests that cash transfers improved both the quantity and the quality of food.

In Kenya, the National Gender and Equality Commission (2014) report noted that, most beneficiaries of various cash transfer programs are women, perhaps due to their historical vulnerability to poverty and limited access to alternative empowerment opportunities. The report further noted that 13 percent of the beneficiaries did not have direct dependents in the household. All these respondents were elderly living alone. The majority of the beneficiaries had dependents mainly family members. Among beneficiaries with dependents, 52 percent lived in households with dependents of ages 18 and under. The report also established that 70 per-

cent of the households of the beneficiaries were generally from the lowest wealth category which is common scenario in Kenya.

On household poverty, Ressler (2008) noted that older persons are the most impoverished group with the majority of them being trapped in misery through effects of both low income and poor health. UNICEF (2007) identified the size of the household and the person who controls the cash transfer at household level as significant determinants on the impact of social cash transfers on the well-being of members of beneficiary households, and specifically on children. Apart from imposing conditions on the cash transfer, other motivators within the benefitting households may determine how effective the resources are utilized for the orphans and vulnerable children (OVC).

Monitoring and Evaluation of Cash Transfer Programmes on Health and Nutrition Outcome

Croome and Nyanguru (2007) in a study in Lesotho noted that the elderly who received Older Persons Cash Transfer (OPCT) funds never went hungry and their number grew from 19 percent to 48 percent after the pension was introduced. While in Bangladesh Rural Advancement Committee (2007) concluded expenditure patterns revealed that nearly all recipients of the OPCT funds used the money for meeting their daily consumption needs. There were higher amounts of improved body-weight indicator for older beneficiaries than non-beneficiaries. Kimosop (2013) on a Makueni study about OPCT funds also noted that a good number of respondents indicated using cash transfer in meeting medical expenses of self and household members.

Todd et al. (2010) also noted that CT programmes tend to focus on avoiding the inter-generational transmission of poverty by investing in the children of the poor rather than improving the productivity of poor adults. This is because the cash provided may help alleviate poverty in the short-run but not provide an exit out of poverty. Various studies have also been carried out on how the CT affects various aspects of the economy that could impact on poverty. Farrington et al. (2007) note that studies analyzing the economic impact of CTs in various parts of the world have come up with differ-

ent results. The studies found that in some countries cash transfers have had positive socio-economic impact, contributing to poverty reduction, while in other countries cash transfers were found not have an impact on poverty reduction.

Alberto et al. (2010) observed that social cash transfer programmes may foster broader economic development impacts through changes in household behaviour and impact on the local economy of the communities. A study conducted in the Malawian social cash transfer found evidence that the cash transfer helped influence economic development by enabling the poor to protect themselves against shocks, increasing their productive capacity and encouraging them to investment, thus reducing the risk of sinking deeper into poverty through the predictability of transfers (Miller 2009).

RESULTS

The study targeted 204 respondents who were beneficiaries of cash transfer in Middle Shebelle Region. A total of 187 respondents returned the questionnaires realizing a return rate of 91.7 percent. Majority of the respondents were married about 72.2 percent while widowed, divorced and single were 11.8 percent, 9.6 percent and 6 percent respectively.

In terms of education, 42.2 percent of the respondents had no formal education while 25 percent who had primary education and 18.2 percent indicated secondary education and 14.4 percent indicated others specifying college education. In terms of households 49.7 percent had a household size of 6-10 people, 27.3 percent between 11-15 people and 5 people were 19.8 percent while over 15 people were 3.2 percent.

The study findings indicated that 90.6 percent of the respondents received conditional cash transfer while the remaining 9.4 percent did not get the CCT. On utilization of the cash transfer majority of the respondents 48.9 percent indicated that they were required to take care of specific needs such as taking kids to school and buying food. The remaining 28.9 percent and 22.2 percent revealed that the conditions were to work of community projects and keep away from terror groups, through the FGDs one of the conditions put in place for the respondents to be given conditional cash transfer was that they

had to work. They were also forbidden for giving the money to militia groups and were supposed to buy food for the family.

Challenges Facing Cash Transfer Program

The respondents were asked to respond to the above question. Majority indicated that infrastructure was the major problem. Other challenges were insecurity. The respondents said that during the period when cash transfer was issued, cases of robbery and theft increased significantly. One respondent Ali had this to say concerning distance:

“The money lender is very far and transport given is too little. I use more and left with little to have proper nutrition and health” lamented one beneficiary. Ali added that “Far remote areas always suffer due to poor network coverage and inability of the MV to make payment in those areas.”

Other challenges were insecurity, delays and domestic issues. Abdi Omar one of the officers in charge of the program revealed that:

“Security remains number one challenge facing cash transfer programs and this creates significant access limitation to service providers in reaching those in need of the assistance targeting could sometimes be major problem in terms of both geographical targeting and beneficiaries targeting and this causes exclusion of those who mostly need the assistance.”

On influence of conditional cash transfer on health and nutrition outcome, the respondents indicated that due to conditional cash transfer prevalence of acute malnutrition in children had reduced (Mean=4.24, SD=0.712), conditional cash transfer required beneficiaries to access proper diet (Mean=4.12, SD=0.868) and that through conditional cash transfer they were able to access proper health services (Mean=4.07, SD=0.922). The respondents further agreed that they were able to access proper nutrition services (Mean=4.06, SD=0.85), women were able to breastfeed children well and for longer (Mean=3.77, SD=0.936) and they were also able to invest in small scale businesses.

The respondents agreed that since unconditional cash did not specify what to do, they spent it on essential needs (Mean=4.36, SD=0.652). They were able to spend most of the cash

Table 1: Influence of conditional cash transfer on health and nutrition outcome

<i>Conditional cash transfer</i>	<i>Mean</i>	<i>Std. Dev</i>
Conditional cash transfer requires beneficiaries to access proper diet	4.12	.868
Conditional cash transfer has helped us investing in small scale farming	3.41	1.143
Due to conditional cash transfer prevalence of acute malnutrition in children have reduced	4.24	.712
Women are able to breastfeed children well and for longer	3.77	.936
Conditional cash transfer requires beneficiaries to take children to health centres for screening	3.25	1.354
Through conditional cash transfer we are able to access proper health services	4.07	.922
Through conditional cash transfer we are able to access proper nutrition services	4.06	.850

The respondents agreed on a scale of 1-5 where 1=strongly disagree, 2=disagree

on food items (Mean=4.26, SD=0.665) and they had cases of reduced food insecurity in the area (Mean=4.21, SD=0.799). They further agreed that it had become possible to visit local health centres since cash transfer program was started (Mean=4.04, SD=0.828) and that using unconditional cash their children received treatment on time (Mean=3.75, SD=0.959). The findings agree with Hanlon et al. (2010) that CTs facilitate break-age of intergenerational destitution interfaces

Table 2: Influence of unconditional cash transfer on other aspects of life outcome

<i>Unconditional cash transfer</i>	<i>Mean</i>	<i>Std. Dev</i>
We have cases of reduced food insecurity in the area	4.21	.799
We are able to spend most of the cash on food items	4.26	.665
It has become possible to visit local health centres since cash transfer program was started	4.04	.828
Using unconditional cash our children receive treatment on time	3.75	.959
Since unconditional cash does not specify what to do, we spend it on essential needs	4.36	.652

by guaranteeing that children are better sustained, are more beneficial and have more training than their folks.

For results in influence of monitoring and evaluation (M&E) in Table 3, the respondents agreed that beneficiaries attended training on health and nutrition conducted by NGO officials (Mean=4.03, SD=0.947) and that beneficiaries ensured everyone in the family had access to food (Mean=3.98, SD=0.8). They further agreed that beneficiaries engaged in farming practices that increased food production (Mean=3.94, SD=0.919), the agencies visited the beneficiaries to see their progress (Mean=3.66, SD=1.145). They were undecided whether the beneficiaries were required to state their health condition (Mean=3.37, SD=1.23) and whether the amount given was able to cover for the basic needs of our children (Mean=2.86, SD=1.407). They disagreed that the education level of the beneficiary was taken into consideration when issuing cash transfer (Mean=2.2, SD=1.379).

Table 3: Influence of monitoring and evaluation of cash transfer on health and nutrition outcome

<i>Monitoring and evaluation</i>	<i>Mean</i>	<i>Std. Dev</i>
Beneficiaries ensure everyone in the family have access to food	3.98	.800
Beneficiaries engage in farming practices that increase food production	3.94	.919
Beneficiaries attend training on health and nutrition conducted by NGO officials	4.03	.947
The agencies visit the beneficiaries to see their progress	3.66	1.145
The beneficiaries are required to state their health condition	3.37	1.230
The education level of the beneficiary is taken into consideration when issuing cash transfer	2.20	1.379

The officers through the KIIs considered M&E to be important in determining the health and nutrition outcome of the beneficiaries. Ali an officer at one of the donor agencies in Shabelle said that:

“Delayed beneficiary payment or late payment compromises family health and nutrition aspect as target families do not have something to spend at the time of need.”

DISCUSSION

From the study, the respondents found out that cash transfer can be used to achieve food security which is in line with the findings of Manley and Slavchevska (2016). The study further found that, women are more vulnerable to hunger and poverty than men. This is supported by studies done by National Gender and Equality Commission, Kenya (2014) which posited that most beneficiaries of various cash transfer programmes are women.

The study also realized that orphans and widows were prioritized when issuing cash transfers. This is inline with the findings of Bastagli et al. (2016) which stated that, the effect of CTs starts with the beneficiary, and afterward grows to the family unit, the society, and finally the nation, implying that numerous individuals can really be said to be recipients of cash transfer than simply those individuals who get them.

Health was quiet a priority in this study as the respondents agreed that beneficiaries attended training on health and nutrition conducted by NGO officials (Mean=4.03, SD=0.947) and that beneficiaries ensured everyone in the family had access to food (Mean=3.98, SD=0.8). Kimosop (2013) on a study in n Makueni on OPTC funds indicated that a good number of respondents use cash transfer in meeting medical expenses of self and household members. Gender was factored in when deciding who to issue with cash transfer. Gender of caregivers had a positive effect on effective utilization of cash transfer in the household. UNICEF (2007) reveal that the size of the household and the person who controls the cash transfer at household level as significant determinants on the impact of social cash transfers on the well-being of members of beneficiary households, and specifically on children World Food Programme (2011a) stated that cash programmes increase the volume of circulating money within a short time in communities and this may be inflationary as the traders increase their prices in order to curtail the demand from the programme beneficiaries.

CONCLUSION

In conclusion, it can be said that cash transfer programmes are a big boast to people in need

of support hence governments should work with other bodies to enhance the process in the required places and regions. The study further concludes that due to conditional and unconditional cash transfers, there has been have improved health, economic, social and economic status of the beneficiaries hence should be encouraged in needy situations like Somalia.

RECOMMENDATIONS

First, the Somalia government should improve security by encouraging the residents to go in groups when accessing their cash transfer. This will scare away bandits who rob the people immediately after payment. Secondly, the NGOs should consider offering counseling programmes to the cash transfer beneficiaries. Although conditions may be given on how to utilize the cash given, at times they are not followed. Families tend to break when one party considers himself/herself as the sole decision maker and lastly, the program officers should consider issuing electronic cash as opposed to liquid cash to all beneficiaries. This way businesses around the area are likely to grow faster due to the withdrawal service offered. It is also likely to attract other investors in the area hence positive health and nutrition outcome.

LIMITATIONS

This study was conducted middle Shebele Region Somalia hence the findings cannot be generalized to other areas. The study required more time and personnel which was not possible because of security issues.

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REFERENCES

- Arnold C, Conway T, Greenslade M 2011. *DFID Cash Transfer Literature Review*. London, UK: DFID.
- Bastagli FJ, Hagen-Zanker L, Harman V, Barca G, Sturge ST, Pellerano L 2016. *Cash Transfers: What Does the Evidence Say? A Rigorous Review of Programme Impact and the Role of Design and Implementation Features*. London: Overseas Development Institute.
- Black RE, Victora CG, Walker SP, Bhutta ZA, Christian P, De Onis M, Uauy R 2013. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*, 382(9890): 427-451.
- Bradshaw J, Keung A, Chzhen Y 2018. *The Triple Bind of Single-Parent Families - Cash Benefits and Poverty in Single-Parent Families*. OECD: Bristol University Press, Policy Press.
- Bryant JH 2009. Kenya's Cash Transfer Program: Protecting the health and human rights of orphans and vulnerable children. *Health and Human Rights*, 11(2): 65-76.
- Cilliers Jakkie, Sisk TD 2013. *Assessing Long-term State Fragility in Africa: Prospects for 26 'More Fragile' Countries*. Pretoria, South Africa: Institute for Security Studies. ISBN 978-1-920678-00-5
- Croome D, Nyanguru A 2007. The Impact of the Old Age Pension on Hunger and Vulnerability in a Mountain Area of Lesotho. *Report Written for the Regional Evidence Building Agenda (REBA) of the Regional Hunger and Vulnerability Programme (RHVP)*, Johannesburg.
- DFID 2006. *Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge a Head. A DFID Practice Paper*, DFID, London.
- DFID 2011. *Cash Transfers: Evidence Paper*. Policy Division, DFID, London.
- DIM 2012. Security and Human Rights Issues in South-Central Somalia including Mogadishu. *Report of the Fact-finding Mission by the Danish Immigration Service*, Copenhagen.
- Eguren Retolaza 2011. *Theory of Change: A Thinking and Action Approach to Navigate in the Complexity of Social Change Processes*. Hivos/UNDP.
- Fanzo J 2012. The Nutrition Challenge in Sub-Saharan Africa. *Working Paper*, UNDP, Regional Bureau of Africa, International, Rome, Italy.
- FAO 2012. *Building Resilience- Rethinking Aid Strategy for Somalia*. A FAO- WFP- UNICEF Joint Strategy on Building Resilience Against Shocks for Somalia, 14 March 2012.
- FAO and UNICEF Report 2016. From Evidence to Action the Story of Cash Transfers and Impact Evaluation in Sub-Saharan Africa In: Benjamin Davis, Sudhanshu Handa, Nicola Hypher, Natalia Winder Rossi, Paul Winters, Jennifer Yablonski (Eds.). UK: Oxford University Press, pp.1-16.
- Farrington JJ, Harvey R, Holmes, Slater R 2007. Cash Transfers and their Role in Social Protection. *Inception Report for SDC*, Overseas Development Institute, London, UK.
- Fiszbein A, Schady NR, Ferreira FH 2009. *Conditional Cash Transfers: Reducing Present and Future Poverty*. UK: World Bank Publications.
- FSNAU 2011. How to Increase Food Access in Southern Somalia: Cash Interventions and Local Market

- Responses in Somalia. *A Presentation by the FS-NAU*, 4 March 2011, Nairobi.
- Kimosop J 2013. *Cash Transfer and Its Impact on the Welfare of the Elderly in Kenya: A Case of the Government of Kenya's Older Person's Cash Transfer Program in Makueni County*. Nairobi: Nairobi University.
- Manley J, Slavchevska V 2016. *Are Cash Transfers the Answer for Children in Sub Saharan Africa? A Literature Review*. Towson University Working Paper 2016-12, EPPI-Centre, Social Science Research Unit, Institute of Education, University of London, London.
- Mhiribidi STW 2010. Promoting the developmental social welfare in Zimbabwe: Challenges and prospects. *Journal of Social Development in Africa*, 25(2): 8.
- Miller C 2009. Economic Impact Report of the Mchinji Social Cash Transfer Pilot. From <http://childresearchpolicy.org/images/Economic_Impact_Report_Draft.pdf> (Retrieved on 5 July 2018).
- Mugenda AG 2008. *Social Science Research: Theory and Principles*. Nairobi: Arts Press.
- Mushunje TM, Mafico M 2010. Social protection for orphan and vulnerable children Zimbabwe: The case for cash transfer. *International Social Work*, 53: 261-285.
- National Gender and Equality Commission 2014. *Participation of Vulnerable Population in Their Own Programs: Cash Transfers in Kenya*. Ministry of Labor Social Security and Services, Kenya.
- Norwegian Refugee Council 2012. *Final Evaluation of the NRC Famine Response in Benadir, Bay and Lower Shabelle, Somalia*. Oslo: Norwegian Refugee Council 2015.
- Ressler P 2008. The Social Impact of Cash Transfers: A Study of the Impact of Cash Transfers on Social Networks of Kenyan Households Participating in Cash Transfer Programme. *Working Paper*, International Food Policy Research Institute (IFPRI), Washington, DC, USA.
- Standing G 2008. How Cash Transfers Boost Work and Economic Security (*Revised*), United Nations Department of Economic and Social Affairs, *DESA Working Paper No. 58*, New York.
- Todd JE, Winters PC, Hertz T 2010. Conditional cash transfers and agricultural production: Lessons from the Oportunidades Experience in Mexico. *The Journal of Development Studies*, 46:1, 39-67, DOI: 10.1080/00220380903197945
- UNICEF 2007. *The State of the World Children 2007. Women and Children. The Double Dividend of Gender Equality*. USA: UNICEF
- UNICEF 2012. *Final Evaluation of the Unconditional Cash and Voucher Response to the 2011-12 Crisis in Somalia*. UNICEF.
- UNICEF 2018. *Report by Ana Seixas Ansar Rasheed and Ibrahim on Emergency Cash Transfers, A Lifeline for Yemeni Families Living in War and Poverty*. UNICEF.
- UNICEF, WHO, WB, UN 2013. *Levels and Trends in Child Mortality. UN Inter-agency Group for Child Mortality Estimation*. UNICEF 2017.
- Vogel AI 2013. *ESPA Guide to Working with Theory of Change for Research Projects*. ESPA - Ecosystem Services for Poverty Alleviation. The Global Guide to Research Impact, Research to Action.
- WFP 2011a. Report on Challenges and Opportunities for Market-Based Interventions in Southern Somalia, Issa Sanogo, *Presentation to FAC*, 28 September 2011, UK.
- WFP 2011b. Standard Project Report EMOP 200281, Tackling Hunger and Food Insecurity in Somalia, *Single Country EMOP*, 1 January - 31 December 2011, Rome, Italy.
- World Food 2012. *Review of the World Food Programme's Humanitarian and Development Effectiveness 2006-2011*. Canada: CIDA
- Zeza A, Brière Bénédicte de la, Davis B 2010. The Impact of Social Cash Transfers on Household Economic Decision Making and Development in Eastern and Southern Africa. *Presentation for the African Economic Conference*, October 2010, Tunis.

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