

ENDLINE MODIFICATION REQUEST (MR1)¹ FINDINGS FOR THE SOMALI CASH CONSORTIUM RESPONSE TO DROUGHT AND FAMINE PREVENTION



November 2022

Background

The October-December 2022 [deyr](#) rains have performed below average across most parts of Somalia, resulting in a fifth consecutive season of poor crop production and livestock losses in the areas most affected by drought.² The drought has resulted in rising levels of displacement, with over 1.3 million people displaced since early 2021.³ Furthermore, a sixth consecutive below-average rainfall season is forecasted in April-June 2023, which would break another historical record for the longest drought sequence and further prolong the humanitarian catastrophe into late 2023.⁴

The severe impact of drought on all economic sectors and the weak humanitarian response have been reported in the regions of Hiran, Bakool, Gedo, Bay, Galgaduud, Sool, Nugaal and Mudug.⁵ According to the Integrated Phase Classification (IPC) framework, approximately 6.7 million people across Somalia are estimated to face high levels of acute food insecurity (IPC Phase 3 or above) between October and November 2022.⁵

In response to the rising humanitarian needs, the Somali Cash Consortium (SCC), led by Concern Worldwide and further consisting of ACTED, Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Save the Children (SCI) carried out an emergency cash intervention to selected beneficiary households (HHs) across 22 districts⁶ in 14 target regions of Somalia: Bay, Bari, Middle Shabelle, Lower Shabelle, Lower Juba, Mudug, Banadir, Galgaduud, Nugaal, Sanaag, Sool, Hiraan, Togdheer and Gedo. This intervention was funded by the European Union Civil Protection and Humanitarian Aid (ECHO) and consisted of three rounds of Multi-Purpose Cash Assistance (MPCA) planned between July and November 2022.⁷

To monitor the impact of the MPCA on the beneficiary HHs, IMPACT Initiatives (IMPACT) provided impartial third-party monitoring and evaluation. IMPACT conducted a [baseline assessment](#) between the 24th of July and the 1st of September 2022, prior to the first round of cash transfer, which was followed by an endline assessment, done between the 23rd of October and the 29th of November 2022, after the third and last round of the cash transfers.

This factsheet presents key findings from the endline assessment as well as a comparison of some key indicators from the baseline assessment. The figures in grey highlight the magnitude of change from the baseline to the endline for relevant indicators. **However, as no statistical significance check was conducted, comparisons between baseline and endline findings should be considered indicative.**

Methodology

The endline MR1 tool was designed by IMPACT Initiatives in partnership with the SCC members. The tool covers income and expenditure patterns and food security indicators. Stratified simple random sampling approach was used and findings are generalisable to the beneficiary HHs of SCC MR1 programme with a 95% confidence level and a 7% margin of error at the district level. **Of the 13,215 beneficiary HHs, a sample of 3,947⁸ HHs were interviewed remotely via telephone.** All results presented have been weighted by the proportion of SCC beneficiary households per targetted districts.

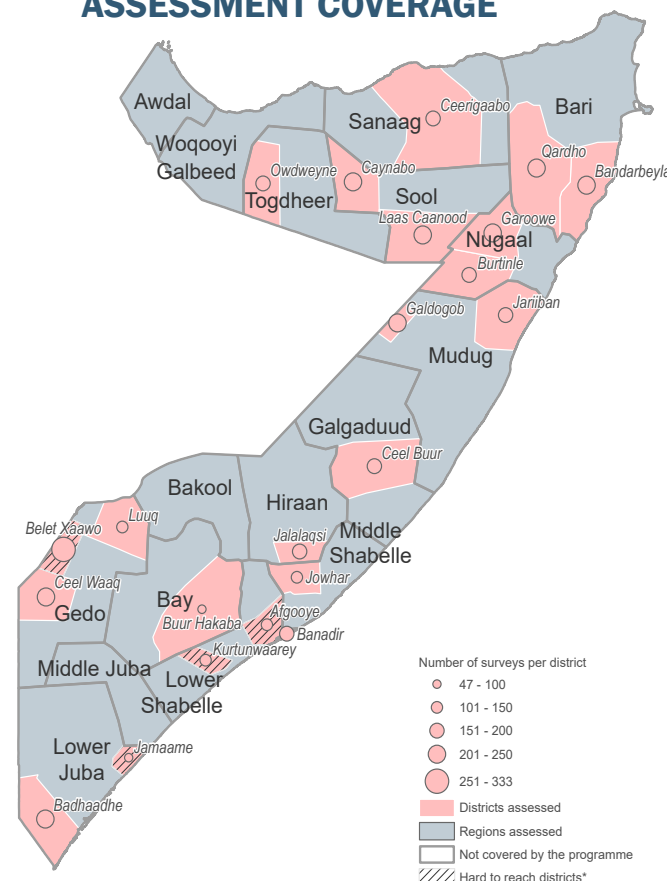
Challenges & Limitations:

- Data on HH expenditure was based on a 30-day recall period; a considerably long period of time over which to expect HHs to remember expenditures accurately.
- Baseline data collection was conducted during [Hagaa season](#) while endline data collection occurred during the [Deyr season](#). Needs therefore may differ during these two rain seasons.
- Findings relating to a subset of the total sample are not generalisable with a known level of precision and may have a wider margin of error and should be considered indicative only.

Key findings

- **Findings suggest that the food security status of the beneficiary HHs has improved** since the baseline and after the issuance of the three cycles of MPCAs by the SCC. The proportion of HHs with poor FCS decreased from 37% to 18% and the average rCSI slightly reduced from 15.2 to 15.0 between the baseline and endline respectively. This therefore implies that, according to the endline findings, a higher proportion of HHs (compared to the baseline) had consumed a variety of food items in the seven days prior to data collection.
- **Findings suggest that the proportion of HHs who had enough money to cover their basic needs increased during the endline.** The proportion of HHs reporting "mostly" having been able to cover their basic needs 30 days prior to data collection likely increased because they had received cash assistance from 7% to 26% between the baseline and endline respectively.
- The livelihood coping strategy (LCS) results show that 21% of HHs engaged in emergency levels of livelihood coping strategy in the 30 days prior to data collection, a 29% point decrease from the baseline. **Food access (86%) and health care (54%), were the top cited reasons for engaging in these coping strategies during the endline.**
- The proportion of HHs whose spendings were equal to or above the minimum expenditure basket increased from 22% to 46% during the endline as shown by the economic capacity to meet essential needs ([ECMEN](#)) binary indicator.

ASSESSMENT COVERAGE



* Partners carried out baseline data collection in the hard to reach districts.

Income & Expenditure

All assessed HHs reportedly had some income and expenditure in the 30 days prior to data collection.

Income Source

Most commonly reported primary sources of HH income in the 30 days prior to data collection:

	Baseline:	Endline:
Humanitarian assistance	0%	74%
Casual labour wage (construction labour)	45%	33%
Sale of livestock	31%	26%
Business	12%	13%

The 3-cycles of cash transfer had an evident impact on the HHs income composition. Most of the surveyed HHs reported humanitarian assistance (74%) as their primary source of income. HHs are thus exposed to the severe consequences of the extreme drought since the intervention has ended. A majority (84%) of the interviewed HHs suggested an increase in the duration of the cash transfer period. As the drought effects are likely to prolong due to the moderate Deyr rain season, in most pastoral livelihoods, the drought is causing water shortage, limited availability of milk and lack of saleable animals as more animals die and the condition of remaining livestock deteriorates.⁵

Average reported amount of income for HHs that received any income in the 30 days prior to data collection (income includes the cash assistance): 156.4 USD (+50.7 USD)

All HHs (100%) reported to have received cash assistance from SCC in the 30 days prior to data collection. The average reported amount of money earned including the cash assistance per HH 30 days prior to data collection was 156.4 USD. Findings suggest that HHs experienced a decrease in the overall amount of income from sources other than SCC assistance between the baseline and the endline assessment: on average from 105.7 USD to 77.4 USD. These HHs relied on the cash transfers as they were severely affected by the drought.

Expenditure Share

The average reported amount of expenditure for HHs that had spent any money in the 30 days prior to data collection (100%): 147.8 USD (+36.8 USD)

Share of average expenses made in the 30 days prior to data collection per expenditure category:⁹

% of HHs reporting expenditure category used	Baseline	Endline	% share at the endline
Food (100%)	54.7 USD	67.8 USD	48%
Clothing (48%)	20.8 USD	23.4 USD	7%
Repayment of debt taken for food (57%)	19.0 USD	21.4 USD	10%
Rent (99%)	20.1 USD	20.1 USD	3%
Medical expenses Clothing (99%)	17.8 USD	19.9 USD	8%
Education (99%)	16.1 USD	17.3 USD	6%

Findings suggest that food constituted the primary expense for assessed HHs, as 48% of HHs' average expenditure was seemingly spent on food and 10% spent on repayment of debt gathered for food.

Given the importance of food for basic survival, the high relative expenditure on food might indicate that most of the HHs income was spent on food with little left for other expenditure hence difficulties with meeting all their basic needs in the 30 days prior to data collection.

Clothing (7%) formed part of the top reported expenditure categories, this is attributed to the celebrations of [12th Rabi al-Awwal \(October 8, 2022\)](#). Therefore, HHs might have acquired clothes to celebrate this occasion.



Savings & Debt

% of HHs reporting having any amount of savings at the time of data collection:

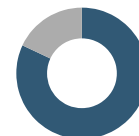
Yes	3% (-1%)
No	97%



The average amount of savings found for HHs with any savings was **43.0 USD**.

% of HHs reporting being in debt at the time of data collection:

Yes	18%
No	82% (-5%)



The average amount of debt found for HHs with any debt was **97.7 USD**.

Although only a minority of HHs (3%) reportedly had any savings, the average savings amount have slightly increased after the three rounds of cash distributions, from 26.6 USD at the baseline to 43.0 USD at the endline.

The proportion of HHs with debts during this period decreased slightly from 87% at the baseline to 82% at the endline assessments respectively. In addition, HHs' average debt amounts also decreased from 138.7 USD at the baseline to 97.7 USD during the endline.

HHs' top reported reasons for taking debts at the time of data collection:⁹

	Baseline:	Endline:
To acquire clothes	21%	46%
To improve livelihoods, purchasing livestock	48%	45%
To access health care services	53%	43%
To pay rent	10%	24%



Spending Decisions

% of HHs by reported primary spending decision makers:

	Baseline	Endline
Joint decision-making	43%	61%
Male members of the HH	32%	18%
Female members of the HH	25%	21%



The proportion of HHs reporting joint decision making had considerably increased between the baseline (**43%**), and endline (**61%**). While decision making by only male members of the HH decreased from **32%** to **18%**.

In addition, nearly all (99%) HHs reported that there was no conflicts in and between the HH members on how to spend cash received at the endline.

Economic Capacity to Meet Essential Needs¹⁰

% of HHs who reportedly spent above the minimum expenditure basket (MEB):

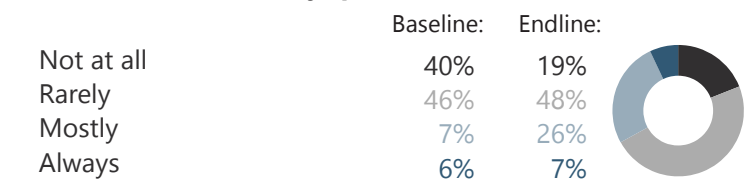
Yes	46% (+24%)
No	54%



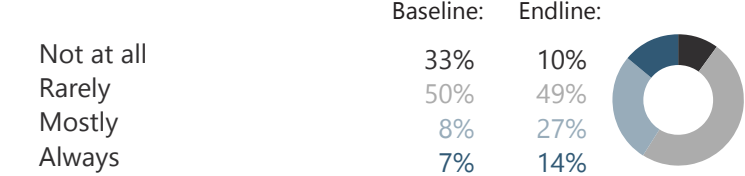
[September regional MEB cost](#) was used to calculate the ECMEN value.

Perceived Wellbeing

% of HHs reporting having had enough money to cover basic needs in the 30 days prior to data collection:



% of HHs reporting being able to meet their basic needs at the time of data collection:

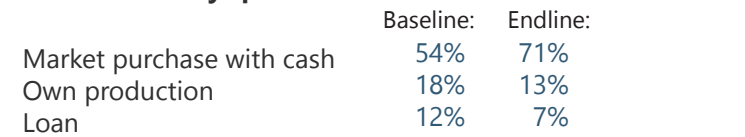


Findings suggest that the proportion of HHs who had enough money to cover their basic needs increased during the endline. The proportion of HHs reporting "mostly" having been able to cover their basic needs increased from 7% to 26% between the baseline and endline respectively. However, with the increased market prices these HH are expected to face challenges as the purchasing power will be eroded.

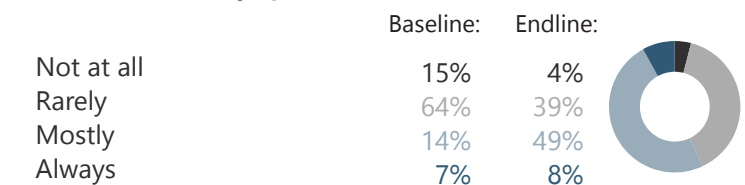
Food Security and Livelihoods

More information on food security situation of the assessed HHs has been summarised in annex 1.¹¹

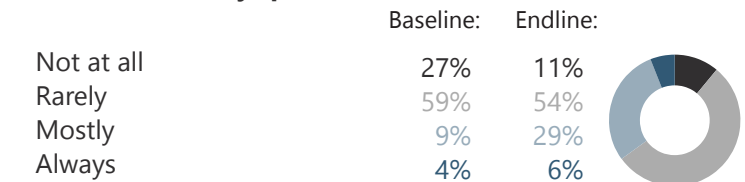
% of HHs by most commonly reported primary sources of food in the 7 days prior to data collection:



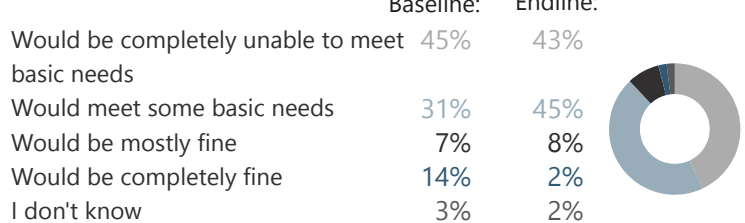
% of HHs reporting having had sufficient quantity of food to eat in the 30 days prior to data collection:



% of HHs reporting having had sufficient variety of food to eat in the 30 days prior to data collection:



% of HHs reporting the expected effect a crisis or shock would have on their wellbeing at the time of data collection:



About 14% of the assessed HHs reported to have the perception that traders over charged them because of their beneficiary status. Nearly all (98%) HHs of the 14% reported that food prices increased most during the endline. This finding is reflective of market volatility that was seen at the time of data collection. The prices of key commodities generally increased and the suppliers were bound to increase the prices of basic commodities as shown [here](#). The increased food prices might decrease food access to vulnerable HHs who depend on markets leading to lower calorific intake.

Market purchase remained the main source of food for HHs in the 30 days prior to data collection across the baseline and endline assessments. More than two-thirds (71%) of the HHs reported that market purchases were their main source of food. This likely suggests that the cash received by HHs from the SCC aided beneficiary HHs in purchasing food from the market. The proportion of HHs relying on own production had decreased from 18% at the baseline to 13% during the endline. This is likely due to the drought which reportedly led to crop and livestock losses.

These HH's vulnerability status are likely to scale up due to the end of cash transfer. The 3 cycles of cash transfer enabled HHs to purchase different commodities from the market. With over reliance on market as the main source of food, these HHs are likely to face challenges as they may not have enough money to cover their basic needs post the programme period.

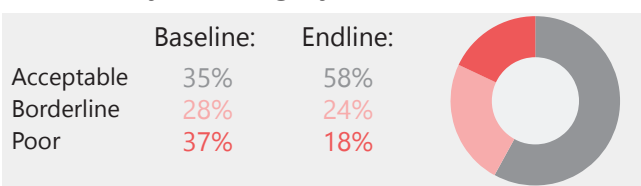


Food consumption score (FCS)¹²

The FCS is a measure of the food intake frequency, dietary diversity, and nutritional intake. It is calculated using the frequency of a HH's consumption of different food groups weighted according to nutritional importance during the 7 days prior to data collection.

The proportion of HHs with poor FCS decreased from 37% to 18% at the endline. However, despite overall decrease in HHs experiencing severe food insecurities, HHs in Owdweyne, Ceerigabo and Caynabo were found to have the highest values of poor FCS as shown in **annex 2**. This suggests, that despite the increase in amount of money spent on food, HHs from these districts could not afford a diversified diet. In addition the average FCS increased from 38.5 at the baseline to 49.0 during the endline assessment.

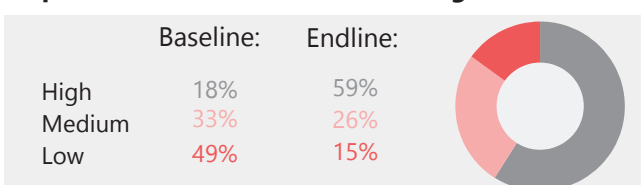
% of HHs by FCS category:



Household Dietary Diversity Score (HDDS)¹²

The household dietary diversity score (HDDS) is used as a composite measure and proxy for a HH's average access to different food groups. HDDS measures the diversity of food consumed by the HHs in the 24 hours prior to data collection. With the proportion of HHs with an acceptable FCS improving considerably throughout the assessment cycle, **the proportion of HHs with a low HDDS also to have decreased from 49% at the baseline to 15% during the endline and the proportion of HHs with a high HDDS increased from 18% to 59% during the same period**, indicative of an improved but still relatively low access to different food groups among beneficiary HHs, after the third cycle of cash transfer. Moreover, the average HDDS increased from 4.6 to 6.5 during the endline assessment.

Proportion of HHs with the following HDDS:



Reduced Consumption-based coping strategies¹²

The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when HHs are faced with a shortage of food. The minimum possible rCSI value is 0, while the maximum is 56.

The average rCSI slightly improved during the endline, it decreased from 15.2 at baseline to 15.0 at endline respectively.

The most commonly adopted coping strategies were found to be:⁹

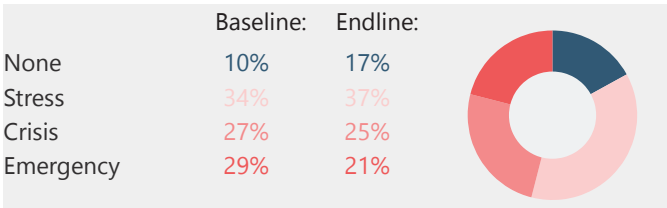
% of HHs reporting coping strategies adopted	Average number of days per week per strategy	
	Baseline	Endline
Relied on less preferred, less expensive food (80%)	2.7	2.8
Reduced the number of meals eaten per day (70%)	2.1	1.8
Reduced portion size of meals (65%)	2.1	1.7
Borrowed food or relied on help from friends or relatives (79%)	2.0	2.3
Restricted consumption by adults for small children to eat (53%)	1.4	1.3

Livelihood-based coping strategies (LCS)^{12,13}

This is an indicator used to understand medium and longer-term coping capacity of households in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is collected to measure the use of livelihood based coping strategies when HHs lack access to basic needs. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn increasing the likelihood of depleting resources to cover basic needs gaps. A majority of the HHs (83%) were found to engage in emergency, crisis or stress level coping strategies.¹³ Reflective of this, the average LCSi decreased from 7.8 at the baseline to 5.4 during the endline.

These HHs are likely to have eroded a larger part of their resilience resources, hence increasing the likelihood of exhausting their limited resources to afford the basic needs.

% of HHs by LCSi category:



% of HHs reporting having used the following coping strategies in the 30 days prior to data collection, per severity of strategy:⁹

	Baseline:	Endline:
*Sold last female animals	23%	12%
Entire household has migrated	7%	8%
Begged	5%	6%
Sold productive assets	7%	4%
Sold house or land	6%	2%
Decreased expenditure on fodder	45%	34%
Consumed seed stocks that were held for the next season	44%	19%
Withdrew children from school	20%	17%
Purchased food on credit	78%	73%
Borrowed money to buy food	52%	38%
Spent savings	21%	13%
Sold HH items (Radio, furniture)	6%	2%

■ Stress ■ Crisis ■ Emergency

*The heat scale above is applicable per livelihood zone.

Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:⁹

	Baseline:	Endline:
Accessing food	93%	86%
Health care services	44%	54%
Education	43%	51%
Shelter	33%	41%
WASH ¹⁴ items	34%	37%

Protection and Accountability Indicators: Protection Index Score 82%¹⁵

The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs) which have been put in place by ECHO to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses. **Nearly all (97%) HHs** reportedly perceived the selection process for the MPCA programme to be fair. In addition, all HHs (**100%**) reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and data collection at the endline.

During the endline, **29%** (a 14% point increase from the baseline) of the HHs reported that they were aware of options to contact the NGOs to register complaints or problems on receiving assistance. Of these, more than two-thirds (**71%**) of the HHs reported that they were aware of the existence of a dedicated NGO hotline while another **29%** reported that they knew they could directly talk to NGO staff during field visits or at their offices.

- **A minority (23%)¹⁶** of the assessed HHs reported themselves or someone in the community having been consulted by the NGO about their needs.
- **Nearly all (98%) assessed HHs** reported not having paid, or knowing someone who paid, to get on the beneficiary list.
- **Nearly all (99%) assessed HHs** reported that they did not experience negative consequences as a result of their beneficiary status.
- **Nearly all (98%) assessed HHs** reported not having paid any fees or taxes against their will because they are a beneficiary of cash transfers.
- **Nearly all (98%) assessed HHs** reported that they were not aware of someone in the community being pressured or coerced to exchange non-monetary favours to get on the beneficiary list.
- **A minority (15%) of the assessed HHs** reported having raised any concerns on the assistance received to the NGO using any of the complaint mechanisms available.
- **Of the 15%** who raised concerns, **most (82%) HHs** reported being satisfied with the response they received.
- **All assessed HHs** reported feeling safe going through the programme's selection & registration processes.

End Notes

- 1. The modification request 1 (MR1) is a top up funding to the SCC 2022 main caseloads that targeted new vulnerable beneficiary HHs across Somalia.
- 2. [Famine Early Warning Systems Network \(December, 2022\). Somalia](#)
- 3. [Impact of drought on protection in Somalia](#)
- 4. [Feed the Future forecast update \(September 2022\)](#)
- 5. [Integrated Food Security Phase Classification \(July-December, 2022\) Somalia](#)
- 6. IMPACT carried out the baseline data collection in 19 districts, with 4 districts being classified as hard to reach areas. The hard to reach districts comprised of Jamaame, Belet Xaawo, Kurtunwaarey and Afgoye that are found in Lower Juba, Gedo and Lower Shabelle regions respectively.
- 7. The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB).
- 8. Of the 3,947 respondents, 440 HHs were part of the pilot locations in the hard to reach districts where a separate monitoring was conducted.
- 9. Respondents could select multiple options. Findings may therefore exceed 100%.
- 10. Economic Capacity to Meet Essential Needs (ECMEN) is a binary indicator showing whether a household's total expenditures can be covered. It is calculated by establishing household economic capacity (which involves aggregating expenditures) and comparing it against the [Minimum Expenditure Basket](#) to establish whether a household is above this threshold.
- 11. [Technical Guidance for WFP on Consolidated Approach for reporting Indicators of Food Security \(December, 2021\).](#)
- 12. Find more information on food security indicators (FCS, LCSi, rCSI, HDDS) [here](#).
- 13. The LCSi Stress category includes; selling HH assets/goods, purchasing food on credit or borrowing food, spending savings and selling more animals while crisis category comprise of selling productive assets or means of transport, selling of productive and nonproductive animals, consuming the seed stocks held for the next harvest, withdrawing children from school and reducing health and education expenditures and emergency category comprise of selling house or land, begging, selling last female animal and livelihood activities terminated (entire HH has migrated in the last 6 months or plan to migrate to the new area within the next 6 months).
- 14. WASH implies water and sanitation and hygiene products.
- 15. The Protection Index score is a composite indicator developed by the Directorate-General for European Civil Protection and Humanitarian Aid Operations that calculates a score of the sampled beneficiaries who report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner. The calculations take into account a.) whether the beneficiary or anyone in their community was consulted by the NGO on their needs and how the NGO can best help, b.) whether the assistance was appropriate to the beneficiary's needs, c.) whether the beneficiary felt safe while receiving the assistance, c.) whether the beneficiary felt they were treated with respect by the NGO during the intervention, d.) whether the beneficiary felt some households were unfairly selected over others more in need for the cash transfers, e.) whether the beneficiary had raised concerns on the assistance they had received using any of the complaint response mechanisms, and f.) if any complaints were raised, whether the beneficiary was satisfied with the response.
- 16. The protection related issues raised by the remaining HHs were sent to the cash implementing partners for follow ups.

Annex 1 - completed consolidated approach to reporting indicators of food security (CARI) console*

Domain Indicator			Food Secure		Marginally Food Secure		Moderately Food Insecure		Severely Food Insecure	
			(1)		(2)		(3)		(4)	
			Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Current Status	Food Consumption	Food Consumption Group and rCSI	Acceptable 5.6%	Acceptable 10.5%	Acceptable and rCSI>=4 32.1%	Acceptable and rCSI>=4 46.5%	Borderline 27.6%	Borderline 23.4%	Poor 34.7%	Poor 19.7%
Coping Capacity	Economic Vulnerability	Food Expenditure Share	28.4%	24.3%			70.3%	35.4%	1.4%	40.3%
	Asset Depletion	Livelihood Coping Strategies	None 9.9%	None 16.3%	Stress 33.7%	Stress 36.9%	Crisis 26.4%	Crisis 25.2%	Emergency 30.3%	Emergency 21.6%
CARI Food Security Index			2.9%	2.3%	35.8%	34.2%	46.4%	49.7%	14.9%	13.9%

*HHs are classified as **food secure** if they are able to meet essential food and non-food needs without depletion of assets or **marginally food secure** if they have a minimally adequate food consumption, but unable to afford some essential non-food expenditures without depletion of assets or **moderately food insecure** if they have food consumption gaps, or, marginally able to meet minimum food needs only with accelerated depletion of livelihood assets and **severely food insecure** if they have huge food consumption gaps, or extreme loss of livelihood assets that will lead to large food consumption gaps. More information can be obtained [here](#).

Annex 2 - key indicators summary per assessed district

Districts	Food Security indicators																			
	Food Consumption Score (FCS)						Households Dietary Diversity Score (HDDS)						Livelihood Coping Strategy (LCS)							
	Acceptable		Borderline		Poor		High		Medium		Low		None		Stress		Crisis		Emergency	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Banadir	46%	42%	18%	48%	36%	10%	27%	78%	27%	20%	46%	1%	12%	22%	41%	38%	10%	13%	37%	27%
Bandarbayla	37%	84%	46%	12%	17%	4%	8%	81%	35%	16%	56%	3%	15%	26%	32%	43%	17%	20%	26%	10%
Qardho	49%	98%	28%	2%	23%	0%	27%	68%	18%	30%	55%	1%	11%	20%	24%	40%	36%	34%	33%	6%
Buur Hakaba	76%	40%	24%	28%	0%	32%	92%	43%	8%	53%	0%	4%	32%	9%	26%	45%	0%	9%	42%	38%
Ceel Buur	53%	100%	21%	0%	26%	0%	34%	96%	30%	4%	36%	0%	4%	0%	47%	52%	5%	19%	45%	28%
Belet Xaawo	18%	26%	25%	32%	57%	42%	6%	41%	30%	25%	64%	34%	12%	1%	12%	17%	34%	34%	42%	48%
Luuq	26%	80%	25%	17%	49%	3%	23%	94%	51%	6%	26%	0%	7%	16%	7%	21%	50%	39%	36%	24%
Ceel Waaq	16%	57%	29%	27%	55%	16%	14%	75%	44%	23%	42%	1%	5%	7%	32%	13%	34%	50%	29%	30%
Jalalaqsi	62%	66%	29%	13%	9%	21%	50%	96%	25%	4%	25%	0%	27%	7%	39%	36%	16%	8%	18%	48%
Badhaadhe	37%	44%	26%	52%	37%	4%	16%	74%	51%	25%	33%	1%	4%	13%	34%	21%	33%	23%	29%	44%
Jowhar	44%	98%	26%	1%	30%	1%	18%	88%	33%	11%	49%	1%	12%	30%	35%	45%	16%	9%	38%	16%
Galdogob	27%	27%	38%	33%	27%	29%	6%	35%	50%	59%	44%	6%	3%	19%	34%	24%	38%	36%	26%	21%
Jariiban	36%	40%	46%	41%	18%	19%	0%	41%	61%	55%	39%	4%	1%	4%	39%	35%	46%	40%	14%	22%
Burtinle	35%	84%	34%	11%	31%	5%	5%	54%	37%	39%	57%	7%	17%	19%	32%	40%	19%	36%	32%	5%
Garooqe	61%	88%	23%	10%	16%	2%	15%	62%	35%	36%	51%	2%	10%	33%	36%	40%	26%	23%	29%	4%
Ceerigaabo	23%	20%	25%	31%	52%	49%	4%	3%	26%	46%	69%	51%	15%	14%	45%	65%	23%	15%	18%	6%
Caynabo	39%	23%	9%	31%	52%	46%	6%	1%	5%	41%	89%	58%	11%	2%	53%	67%	27%	19%	9%	12%
Laas Caanood	32%	23%	8%	40%	60%	36%	5%	4%	21%	37%	73%	59%	19%	47%	44%	48%	24%	4%	13%	1%
Owdweyne	3%	6%	41%	18%	56%	76%	2%	3%	5%	22%	93%	75%	4%	8%	69%	62%	16%	9%	11%	21%
Jamaame	48%	75%	39%	23%	13%	2%	59%	83%	37%	11%	4%	6%	0%	6%	30%	49%	29%	30%	41%	15%
Afgooye	81%	98%	19%	2%	0%	0%	56%	100%	43%	0%	1%	0%	1%	18%	0%	11%	2%	58%	97%	13%
Kurtunwaarey	46%	69%	39%	26%	15%	5%	45%	100%	41%	0%	14%	0%	0%	48%	15%	6%	46%	8%	39%	37%

Overall, improvements were seen across most of the core indicators used to measure the household level of food security between the baseline and endline assessment as shown in **annex 2** above. The proportion of SCC beneficiary households with an acceptable FCS increased, while the proportion of households with a poor or borderline FCS decreased. The increase in acceptable FCS was high in Bandarbayla, Qardho, Ceel Buur, Luuq, Ceel Waaq, Jowhar, Burtinle, Garooqe, Jamaame and Afgooye districts. The improvement in FCS is further reflected in the proportion of households with a high HDDS, an indication that households were consuming a more diverse diet at the end of the programme compared to prior to the cash assistance. The improvement in FCS and HDDS at the endline assessment is likely due to the beneficiary HHs having received cash to supplement their income and help them in purchasing a variety of food.

During the endline, the use of livelihood-based coping strategies reported by households varied greatly by district. Despite the improvements in FCS and HDDS, HHs in Belet Xaawo, Jalalaqsi, Badhaadhe and Jariiban districts were found to engage in high emergency-level coping strategies. These HHs are likely to have eroded their overall resilience, hence increasing the likelihood of exhausting their limited resources to afford basic needs.

ENDLINE MODIFICATION REQUEST (MR1)¹ FINDINGS FOR THE SOMALI CASH CONSORTIUM RESPONSE TO DROUGHT AND FAMINE PREVENTION



Funded by
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SOMALI CASH
CONSORTIUM

November 2022

Annex 3 - Normal and Hard to Reach districts comparison of key indicators

Key Indicator	Target Value*	Overall Average		Hard-to-Reach districts		Normal districts*	
		Baseline	Endline	Baseline	Endline	Baseline	Endline
% of households reporting that cash helped them meet their basic needs	95.0%	NA	99%	NA	99%	NA	98%
Average meals consumed per household in the last 24 hours prior to data collection		2.1	2.3	2.1	2.3	2.1	2.4
% of households with an acceptable FCS	46%	35%	58%	35%	71%	36%	57%
Average Livelihood Coping Strategy Index (LCSI)	5.4	7.8	5.4	13.2	5.9	7.3	5.4
% of HHs whose spending was reportedly equal to or above MEB--ECMEN	30%	22%	46%	3%	39%	26%	46%
% of households with a high or medium HDDS		51%	85%	64%	89%	50%	85%
Average Reduced Coping Strategies Index (rCSI)		15.2	15.0	21.1	15.7	14.7	14.9
% of total household expenditure spent on food		56%	48%	45%	46%	57%	49%
ECHO Protection Indicator (KPI)	79%	79%	82%	93%	82%	71%	82%

Findings indicate that both normal and hard to Reach (H2R) districts showed positive results after the 3 cycles of cash transfers. The magnitude of change was slightly different from the baseline to the endline as shown in annex 3 above. Indicators like ECMEN, HDDS and acceptable FCS reportedly had the biggest percentage increase in the H2R areas. Previously these areas have had rare access to cash. However, with the cash assistance, HHs in H2R areas got access to cash which likely increased their purchasing power and were able to acquire basic commodities required for survival.

Annex 4 - sample breakdown

Regions	Districts	Caseload	Sample Surveyed
Banadir	Banadir	576	167
Bari	Bandarbayla	792	226
Bari	Qardho	818	246
Bay	Buur Hakaba	78	47
Galgaduud	Ceel Buur	805	186
Gedo	Belet Xaawo	763	199
Gedo	Belet Xaawo	763	199
Gedo	Luuq	850	145
Hiraan	Jalalaqsi	556	163
Lower Juba	Badhaadhe	890	213
Middle Shabelle	Jowhar	292	128
Mudug	Galdogob	740	201
Mudug	Jariiban	550	170
Nugaal	Burtinle	260	167
Nugaal	Garoowe	478	222
Sanaag	Ceerigaabo	620	192
Sool	Caynabo	535	201
Sool	Laas Caanood	1,002	223
Togdheer	Owdweyne	555	176
Hard to Reach Districts			
Gedo	Belet Xaawo	206	134
Lower Juba	Jamaame	196	89
Lower Shabelle	Afgooye	200	109
Lower Shabelle	Kurtunwaarey	203	108

*The target values are set based on the 2021 cash consortium baseline data and are in line with the proposal for the Cash programme delivered in 2022.

*Normal districts refers to areas assessed by IMPACT.

