

Baseline Assessment Findings For Somali Cash Consortium's (SCC) Shock-Based Cash Assistance To Vulnerable Communities in Somalia

July, 2024
Somalia



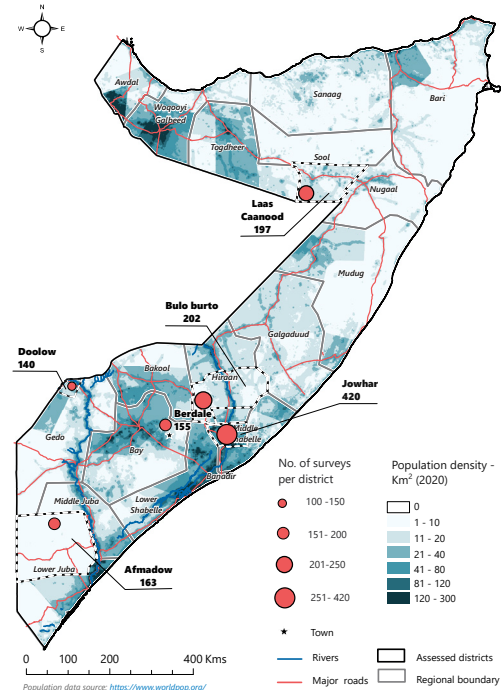
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KEY MESSAGES

- **More than half (53%) of the assessed households (HHs) were found to be severely food insecure**, while an additional 42% were moderately food insecure. Notably, Doolow and Afmadow had the highest proportions of households experiencing severe food insecurity, with Doolow at 95% and Afmadow at 91%.
- The ECMEN indicator reveals that a mere 7% of the assessed HHs had expenditures that were equal or exceeded the Minimum Expenditure Basket (MEB) cost. **Notably, no HHs in either Afmadow or Doolow districts were found to have spent above the Minimum Expenditure Basket (MEB).** This indicates substantial economic adversity and fragility among these households during the baseline period.
- **The findings indicate significant debt accumulation and economic insecurity, with 76% of HHs reporting an average debt of \$101**, reflecting broader financial strain likely exacerbated by escalating inflation rates during the data collection period.

ASSESSMENT COVERAGE MAP



CONTEXT & RATIONALE

The El Niño following the [Deyr 2023 rainy season](#) has severely impacted the livelihoods of the people, exacerbating the vulnerability of Internally Displaced Persons (IDPs) and increasing humanitarian needs.¹ The poor Gu rains led to below-average crop production, as noted in the July 2024 post-Gu crop assessment.² While staple food prices in surplus-producing areas of the south experienced a slight decline from June to July with the onset of the Gu harvest, they remain below the five-year average.³

Between July and September 2024, approximately 3.6 million Somalis faced severe food insecurity (Integrated Phase Classification (IPC) Phase 3 or above), with this figure expected to rise to 4.4 million by December 2024 due to a projected failed Deyr rains.⁴ The crisis is driven by erratic rainfall, high food prices, conflict, displacement, and disrupted agriculture. While Gu rains improved pasture in some areas, localized floods and insecurity worsened displacement and livelihood disruptions. In addition, 1.6 million children are expected to suffer from acute malnutrition between August 2024 and July 2025, including 403,000 severe cases.⁵ Humanitarian aid, vital to mitigating these crises, has significantly decreased due to funding shortages. Aid reached only 1.3 million people by September 2024, down from 2.1 million earlier in the year, worsening food insecurity and malnutrition outcomes.⁶

SCC⁷ has targeted vulnerable HHs in Afmadow, Berdale, Bulo Burto, Doolow, Jowhar, and Laascaanood using both the Nutrition and Integrated Response Framework (IRF) approaches. First, the Nutrition approach directs referrals from the Caafimaad Plus⁸ partner on a rolling basis, as well as integration with the health and nutrition sectors. **Additionally, this approach prioritizes HHs with children under the age of 5 who have Severe Acute Malnutrition and complications, admitted to stabilization centers (SC).** The SCC, funded by the European Union Civil Protection and Humanitarian Aid (ECHO), will provide three rounds of Multi-Purpose Cash Assistance (MPCA) to newly displaced populations and underserved individuals in the Operational Priority Area (OPA). In addition, the SCC using the vulnerability-based targeting and relying on the IRF framework will reach out to beneficiary HHs through: **the Nutrition-Based Assessment, an anticipatory action using MPCA in flood-prone areas; and the New Arrival Tracker (NAT) 2.5 Approach, a camp coordination and camp management-based assessment (CCCM) used to target Internally Displaced Persons (IDPs) upon arrival at the camps.**

This factsheet provides a snapshot of the current baseline livelihood and food security status of the **six districts** targeted through the IRF and nutrition referrals prior to the humanitarian cash assistance.

¹ FEWS NET. Somalia Key Message Update July 2024: Poor gu crop production is likely to increase food assistance needs. 2024.

² Ibid

³ SOMALIA JOINT MONITORING REPORT UPDATE ON FOOD AND NUTRITION SECURITY CRISIS RISKS

⁴ IPC Somalia Acute Food Insecurity Malnutrition July-Dec 2024 Report

⁵ Ibid

⁶ Ibid

⁷ SCC is led by Concern Worldwide and further consists of ACTED, Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Save the Children (SCI).

⁸ A consortium of eight (3 national and 5 international) humanitarian organisations dedicated to providing emergency life-saving intervention to populations in the Hard-to-Reach areas of Somalia.

METHODOLOGY

The baseline assessment was conducted using a quantitative approach, with data collected remotely through telephone interviews at the household level. The survey was administered to the MPCA beneficiaries targeted either through the IRF or nutrition-referral on a rolling basis method. Data collection took place between June 9th and July 22nd 2024.

A probability-simple random sampling approach was employed to achieve a 95% confidence level with a 7% margin of error. **The samples were drawn independently of each targeting criteria utilised by the SCC and its implementing partners.** For the nutrition assessment conducted on a rolling basis, the sample population was divided into cohorts, with data collected until the required sample size was achieved. Of the 5,017 beneficiary HHs, a sample of 1,277 HHs were interviewed and a 15% buffer was applied to account for potential non-responses and surveys that may need to be excluded during data cleaning. Descriptive data analysis was conducted using R software and the data is representative at the district level.

LIMITATIONS

- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, these findings are not generalizable and should be considered indicative only.
- Due to the length, complexity, and phone-based nature of the interview, respondents were prone to survey fatigue, which potentially affected the accuracy of their responses.
- The ECMEN indicator was calculated based on February 2023 MEB costs. Therefore, it is important to note that this calculation may not accurately reflect the current economic situation.
- Due to alert-based activation and difference in the targeting criteria, at the initial stages, samples were drawn per caseload assigned to each district. Therefore Jowhar district had three different activations assessed at different times, resulting to approximately 420 completed surveys.

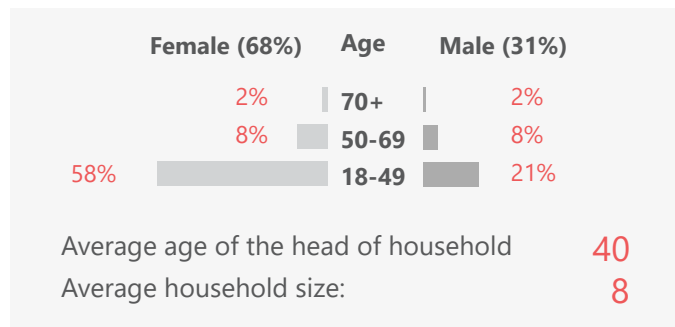
SAMPLE BREAKDOWN

Districts	CASELOAD	SAMPLES
Afmadow	500	163
Berdale	500	155
Bulo Burto	1000	202
Doolow	500	140
Jowhar	1,517	420
Laascaanood	1000	197
Total	5,017	1,277



DEMOGRAPHICS

% of HHs by head of the HH demographic characteristics:*



76%

Of the interviews were conducted with members of the host community.

27%

Of surveyed HHs identified themselves as members of the minority groups.

62%

Of surveyed HHs included six or more HH members, thus classified as big HHs.

NUTRITION AND VULNERABILITY¹

80%

Of the HHs reported that they had children under the age of five years. All HHs in Doolow district reportedly had children under the age of five years.

51%

Of the HHs that reported that they had children under the age of five (n=526) had a child screened for malnutrition.

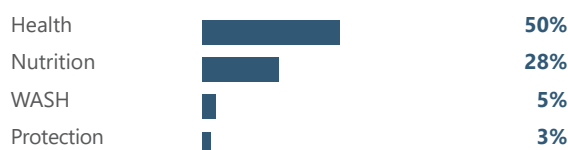
90%

Of the HHs that had a child screened for malnutrition (n=476) reported that the children were confirmed to be malnourished at the time of screening.

54%

Of the HHs reported that their HH had a pregnant or lactating woman (PLW).

% of HHs by most commonly reported services received from the Caafimad + partner in the 3 months prior to data collection:²



* Due to rounding up, the findings do not amount exactly to 100%.

¹ The caseloads for the IRF, Nutrition and H2R activations were combined to get an overall weighted average at the district level, thus not all HHs may have had Children under the age of 5 years. **However, in Doolow, all activations were nutrition-based, this explains why all HHs reportedly had children under five.**

² Approximately 13% of the respondents reported that they received none of the services provided by the Caafimad Plus partners in the 3 months prior to data collection. The organisations that provided these services were: Trocaire (28%), SOS (25%), International Medical Corps (22%) Action Against Hunger (15%) and Concern Worldwide (10%).



LIVELIHOODS

HHS' INCOME SOURCES

Top reported primary sources of HH income in the 30 days prior to data collection*:

Casual labour-wage labour	49%
Casual labour-farm labour	30%
Humanitarian assistance ¹	16%
Cash crop farming	15%

* Respondents could select multiple options. Findings may therefore exceed 100%.

Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):² **79.46 USD**

HHS' EXPENDITURES

Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%): **75.72 USD**

Reported average HHs' expenditures, by top most expenditure type in the 30 days prior to data collection:

HHs reporting expenditure category used	Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 USD in this category	Proportion to total spending across all HHs including HHs who spent 0 USD ³
Food (n=1,277)	43.07 USD	59%
Rent (n=159)	13.14 USD	2%
Medical expenses (n=826)	5.98 USD	8%
Repayment of debt taken for food (n=639)	5.83 USD	7%
Clothing (n=736)	4.34 USD	6%
Water (n=771)	4.03 USD	6%

SPENDING DECISIONS

Proportion of HHs by the primary decision maker on how to spend:

Joint decision-making	52%
Female members of the HH	30%
Male members of the HH	18%



HHS' SAVINGS & DEBT

7% of HHs reported having savings at the time of data collection. The average amount of savings found for HHs who reportedly had savings was 1.72 USD per HH.

76% of HHs reported having debt at the time of data collection. The average amount of debt found for HHs who reportedly had debts was 100.83 USD per HH.

Among the HHs having debt (n=984), the top reported reasons were*:

Buying food	96%
Clothing	36%
Health services	22%
School fees	14%

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS⁴

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

Yes	7%
No	93%



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

Market purchases-cash	30%
Loan	18%
Market purchases-credit	17%
Labour for food	12%

According to the National Bureau of Statistics, the Consumer Price Index (CPI) data for May through July 2024 reveals a consistent increase, rising from 150.64 to 152.92 over the three months, representing a 2% rise in inflation. ***This upward trend indicates that the cost of living, particularly for basic items such as food, has escalated.***

Findings indicate that HHs spent an average of 43.07 USD on food expenses, their largest expenditure category. In addition, only 7% of households were able to spend above the Minimum Expenditure Basket (MEB), highlighting substantial economic adversity and fragility among these HHs prior to the humanitarian cash assistance.

Slightly more than three-quarters (76%) of HHs reported an average debt of 100.83 USD, with 79% of HHs relying on casual labor (farm and wage labour)—an unstable income source—the escalating cost of living has compelled many to accrue debt to manage daily expenses. This situation highlights the considerable financial challenges faced by HHs amid rising inflation, as highlighted by humanitarian assistance (16%) being the second top reported source of HH income.

¹ Approximately 13% of the assessed HHs reported that they had received assistance other than the one provided by the Somalia Cash Consortium to help meet their basic needs

² Approximately 88% of the HHs were found to have low income. That is HHs with an average monthly income below 130 USD.

³ For each category, the proportion was calculated based on all HHs including those HHs that had not made any spending on each expenditure category. All HHs had made some spending 30 days prior to data collection.

⁴ 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 MEB to establish whether a household is above this threshold. The distributed amounts varied from one region to another depending on the regional cost of the MEB.



FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)¹

% of HHs by Food Consumptions Score category:*



8% Acceptable 32% Borderline 61% Poor

Average FCS per HH 27.5

HOUSEHOLD HUNGER SCALE (HHS)²

% of HHs by levels of hunger in the HH:



22% No hunger 73% Moderate 5% Severe

USE OF COPING MECHANISMS³

% of HHs by average reduced Coping Strategy Index (rCSI) category:*



2% Low 54% Medium 45% High

Average rCSI per HH 19.0

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

% of HHs reporting coping strategies adopted	Average number of days per week per strategy
Relied on less preferred, less expensive food (97%)	3.29
Reduced the number of meals eaten per day (97%)	2.78
Reduced portion size of meals (96%)	2.80
Borrowed food or relied on help from friends or relatives (92%)	2.38
Restricted adults consumption so children can eat (82%)	1.79

LIVELIHOOD-BASED COPING STRATEGIES (LCS)⁴

% of HHs by LCS category in the 30 days prior to data collection:*



12% None 36% Stress 20% Crisis 33% Emergency

Average LCS per HH 5.8

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

Accessing food	97%
Healthcare services	57%
Education	42%
Shelter	38%
Access to water	27%

Food insecurity was widespread amongst the assessed HHs with Doolow district being the hardest hit. The main reason for HHs resorting to negative coping strategies was the lack of access to food (97%). *This aligns with the fact that only 8% of HHs had an acceptable FCS, while 61% were classified as having poor FCS (Indicative of IPC Phase 3 and above).*

The average rCSI for HHs is 19.0, indicating a high average rCSI and *corresponding to Integrated Phase Classification (IPC) Phase 3. Moreover, more than half (53%) of HHs were found to be using emergency or crisis livelihood coping strategies.*

To cope with this situation, HHs reportedly resorted to purchasing food on credit (77%), *highest in Jowhar (87%) and Doolow (81%), borrowing money (48%), dominant in Berdale (68%), Afmadow (59%) and Doolow (58%) and decreased expenditure on fodder (49%), top reported by HHs in the pastoral livelihood zone of Doolow (83%), and Laascaanood (63%).* With a projected [xagaa dry season](#), in southern Somalia, moisture stress is likely, which may affect the agropastoral and adjacent riverine areas.⁶

* Due to rounding up, the findings do not amount exactly to 100%.

1. Find more information on the food consumption score [here](#). The cutoff criteria utilized for Somalia were as follows: HHs with a score between 0 and 28 were categorized as "poor," those with a score above 28 but less than 42 were considered "borderline," and HHs with a score exceeding 42 were classified as "acceptable." These categorizations were determined based on the high consumption of sugar and oil among the beneficiary HHs. High average FCS values are preferred since low average values indicate a worse food situation as shown by the FCS cut-off points.

2. Household Hunger Scale (HHS)—a new, simple indicator to measure HH hunger in food insecure areas. Read more [here](#).

3. rCSI - The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by HHs due to a shortage of food. The index measures the frequency and severity of the food consumption behaviours the HHs had to engage in due to food shortage in the 7 days prior to the survey. The rCSI was calculated to better understand the frequency and severity of changes in food consumption behaviours in the HH when faced with a food shortage. The rCSI scale was adjusted for Lebanon, with a low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18. Read more [here](#). The three rCSI cut-offs indicate different phases of food security situations, and in this context, lower average values of rCSI are preferred.

* Respondents could select multiple options. Findings may therefore exceed 100%.

4. Livelihood Coping Strategies Index (LCSI) is an indicator used to understand the medium and longer-term coping capacity of HHs in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the HHs' experiences with livelihood stress and asset depletion to cope with food shortages. Read more [here](#). Low average LCSI values are desired, low values show a better food security situation within the assessed HHs.

5. The LCSI Stress category includes; selling HH assets/goods, purchasing food on credit or borrowing food, spending savings and selling more animals while the crisis category comprises of selling productive assets or means of transport, selling of productive and non-productive animals, consuming the seed stocks held for the next harvest, withdrawing children from school and reducing health and education expenditures and the emergency category comprises of selling house or land, begging, selling the last female animal and livelihood activities terminated (entire HH has migrated in the last 6 months or plans to migrate to the new area within the next 6 months).

6. [FEWS NET. Somalia Key Message Update July 2024: Poor gu crop production is likely to increase food assistance needs, 2024.](#)



ACCOUNTABILITY TO AFFECTED POPULATION

The evaluation of accountability to affected population involves using Key Performance Indicators (KPIs). The Protection Index score, developed by DG-ECHO, assesses how safely, accessibly, accountably, and participatory humanitarian assistance is delivered to sampled beneficiaries. The primary objective is to ensure that humanitarian organizations prioritize the safety, dignity, and rights of individuals and groups throughout their crisis responses.*

Proportion of beneficiary HHs reporting on key performance indicators (KPI):

Indicator	Percentage
Programming was safe	100%
Programming was respectful	100%
Community was consulted	34%
The assistance was appropriate	82%
No unfair selection	98%
Raised concerns using CRM	25%
Satisfied with the response (25%)	90%
Overall KPI score	86%

26%

Of the assessed HHs reported being aware of options to contact the agency

Of HHs reporting being aware of any option to contact the agency (26%), most frequently known ways to report complaints, problems receiving the assistance, or ask questions*

68% Use the dedicated NGO hotline

43% Talk directly to NGO staff

32% Use the dedicated NGO desk

41%

Of the HHs had comments and feedback on the assistance they received

The top mentioned feedback and comments**

68% Food assistance

54% Shelter assistance

42% Education support

33% Build hospital

CONCLUSION

The baseline findings indicate a concerning prevalence of food insecurity. **Approximately 53% of the HHs were categorized as severely food insecure, while an additional 42% were experiencing moderate food insecurity.** The food consumption patterns were equally alarming, with **only 8% of HHs having an acceptable FCS, while a staggering 61% were classified as having a poor FCS.**

The widespread reliance on negative coping strategies is evident, **with over half (53%) of HHs resorting to emergency and crisis coping mechanisms. This also aligns with the high average rCSI, indicative of IPC Phase 3.**

Economic pressures were severe, with HHs allocating a significant portion of their budget to food expenses, which is their largest expenditure category. Rising inflation, as indicated by the increasing CPI, has intensified the financial strain on these already vulnerable HHs. **This is reflected in the substantial debt reported by approximately 76% of HHs, underscoring the considerable economic hardship likely exacerbated by inflation.**

Food insecurity and Global Acute Malnutrition (GAM) is rising among the urban poor and internally displaced persons (IDPs)*** and highlights the need for targeted HHs humanitarian support. This underscores the urgent need for targeted interventions to address the food insecurity and malnutrition, which significantly increase vulnerability among affected HHs.

Community engagement and consultation were a critical gap. Although the assessed HHs felt that programming was safe and respectful, a limited portion of the community was consulted (34%). This points to the need for more inclusive assistance programs to ensure they effectively address the needs of the affected population.

In conclusion, the findings indicate significant food insecurity among assessed households (HHs) and a high malnutrition rate among those targeted through nutrition referrals. This highlights an urgent need for increased support and tailored interventions to address acute food insecurity. The recurrent climate shocks in the country, along with the long-term humanitarian crisis, will require sustained and resilient interventions.

IMPLEMENTING PARTNERS



* 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 HHs were unfairly selected over others who were in dire need of the cash transfer, e.) whether the beneficiary had raised concerns about 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 given or not.

** Respondents could select multiple options. Findings may therefore exceed 100%.

*** [IPC Somalia Acute Food Insecurity Malnutrition July-Dec 2024 Report](#)

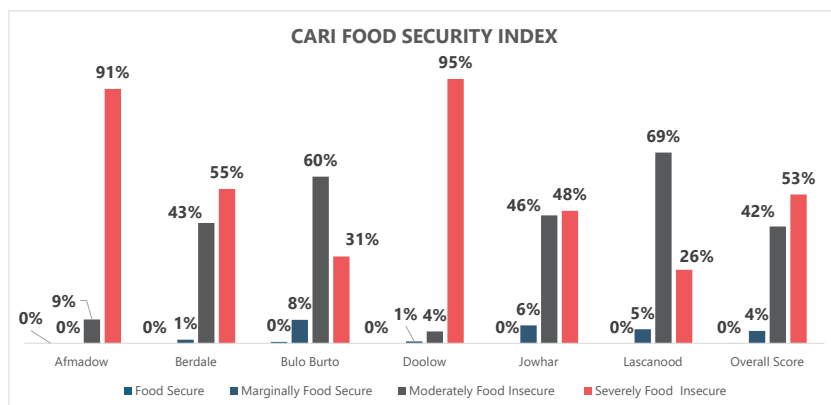
IMPACT

Shaping practices
Influencing policies
Impacting lives

ANNEX 1 - KEY INDICATORS SUMMARY PER ASSESSED DISTRICT

Districts	Economic Vulnerability					Food Security indicators													
	Average monthly HH income (USD)	Average monthly HH expenditure (USD)	Average HH debt (USD)	Spending on food (USD)	ECMEN	CARI FOOD SECURITY INDEX				Food consumption score			Households hunger scale (HHS)			Livelihood Coping Strategy (LCS)			
						Food Secure	Marginally Food Secure	Moderately Food Insecure	Severely Food Insecure	Acceptable	Borderline	Poor	No/little hunger	Moderate hunger	Severe hunger	None	Stress	Crisis	Emergency
Afmadow	31.08	30.64	117.80	20.17	0%	0%	0%	9%	91%	0%	9%	91%	9%	69%	22%	6%	38%	15%	41%
Berdale	69.45	67.90	44.74	36.55	1%	0%	1%	43%	55%	7%	41%	52%	21%	79%	0%	14%	28%	26%	32%
Bulo Burto	100.23	84.62	130.07	47.75	22%	0%	8%	60%	31%	5%	33%	61%	31%	61%	7%	19%	27%	15%	39%
Doolow	26.69	28.33	78.38	16.72	0%	0%	1%	4%	95%	0%	4%	96%	7%	82%	11%	2%	21%	8%	69%
Jowhar	94.34	91.99	114.98	56.93	6%	0%	6%	46%	48%	6%	35%	59%	15%	83%	1%	6%	46%	20%	28%
Laascaanood	91.69	92.27	75.75	45.28	4%	0%	5%	69%	26%	21%	45%	34%	39%	60%	1%	19%	31%	28%	22%
Overall	79.46	75.72	100.83	43.07	7%	0%	4%	42%	53%	8%	32%	61%	22%	73%	5%	12%	36%	20%	33%

ANNEX 2: COMPLETED CONSOLIDATED APPROACH TO REPORTING INDICATORS OF FOOD SECURITY (CARI) CONSOLE*



More than half (53%) of the assessed HHs were categorized as severely food insecure, with an additional 42% also experiencing moderate food insecurity. According to Annex 2, Doolow and Afmadow exhibited the highest proportions of HHs facing severe food insecurity, with Doolow at 95% and Afmadow at 91%. Additionally, HHs in Doolow had the lowest average food expenditure at 16.72 USD among the assessed districts. Notably, no HHs in either Afmadow or Doolow were found to have spent above the MEB.

Domain Indicator	Domain	Indicator	Food Secure (1)	Marginally Food Secure (2)	Moderately Food Insecure (3)	Severely Food Insecure (4)
Current Status	Food Consumption	Food Consumption Group and rCSI	Acceptable and rCSI < 4 0%	Acceptable and rCSI >= 4 17%	Borderline 30%	Poor 63%
Coping Capacity	Economic Vulnerability	ECMEN	7%	N/A	25%	68%
	Asset Depletion	Livelihood Coping Strategies	None 11%	Stress 36%	Crisis 19%	Emergency 34%
CARI Food Security Index**			0%	4%	42%	53%

* Technical Guidance for WFP on Consolidated Approach for reporting Indicators of Food Security (December, 2021). 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 are 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.

* Due to rounding up, the findings do not amount exactly to 100%.

ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group. IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 30 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe.