

ENDLINE FINDINGS FOR THE SOMALIA CASH CONSORTIUM RESPONSE TO DROUGHT (MAIN CASELOAD)



September 2022

Background

The humanitarian needs of people living in Somalia have increased throughout 2022, due to the drought resulting from the below-average Gu¹ rainfall and light-moderate Deyr² rains that were reported in parts of Somalia. The rains have turned out to be poorer than predicted; a likely fifth consecutive failed rainy season could see the severe drought effects lasting into 2023.³

Between June and September 2022, an estimated 4.3 million people (26% of the total population) experienced acute food insecurity at crisis or worse levels (IPC Phase 3 or higher).⁴ The prolonged drought conditions created a severe shortage of pasture and water leading to widespread animal emaciation and even death from starvation.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 for selected beneficiary households (HHs) across 18 districts⁶ in 14 target regions of Somalia: Bay, Bari, Middle Shabelle, Lower Shabelle, Lower Juba, Mudug, Banadir, Galgaduud, Nugaal, Sanaag, Sool, Hiraaan, 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 (MPCAs) distributed between July and September 2022.⁷

To monitor the impact of the MPCAs on the beneficiary HHs, IMPACT Initiatives provides impartial third-party monitoring and evaluation. IMPACT conducted a [baseline assessment](#) between the 27th of April and the 31st of May 2022 in the 18 districts, prior to the first round of transfer, which was followed by an endline assessment realised between the 27th of July and the 29th of September 2022, one month after beneficiary HHs had received their last round of cash transfer. This factsheet presents **key findings from the endline assessment as well as an indicative 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 only.

Methodology

The endline tool was designed by IMPACT Initiatives in partnership with the SCC members. The tool covers income and expenditure patterns, food consumption, hunger score, dietary diversity, and coping strategies. A stratified simple random sampling approach was used, and findings are generalisable to the beneficiary HHs with a 95% confidence level and a 7% margin of error at the district level. Of the 24,370 beneficiary HHs, a sample of 3,203⁸ HHs were interviewed remotely via telephone and responses were entered in the Open Data Kit (ODK). All results presented have been weighted by the proportion of SCC beneficiary HHs per targeted districts.

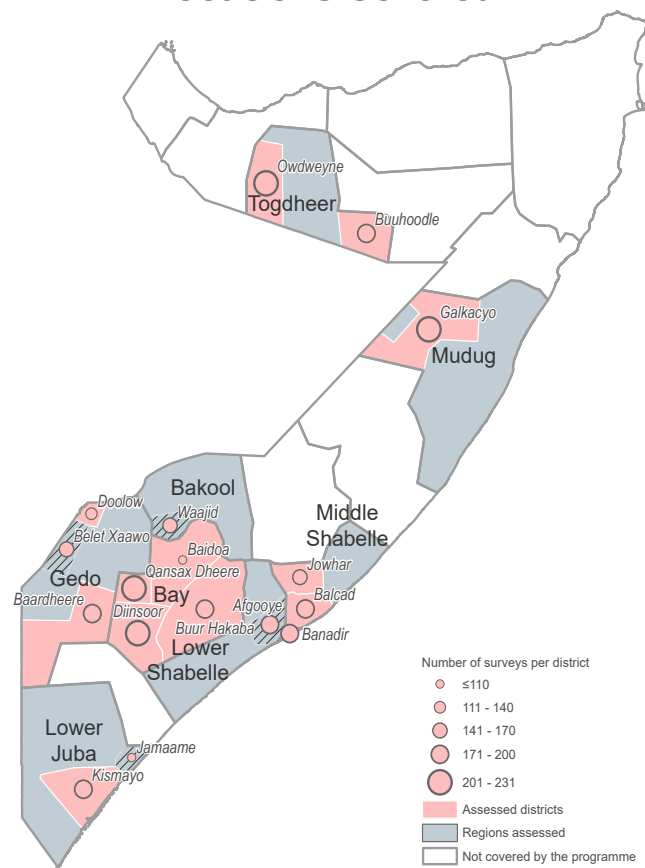
Challenges & Limitations:

- 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.
- 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.
- During the endline assessment, a part of the beneficiary households in Baidoa district (57 HH surveys) were excluded from the survey and from the weighting system as they received 3 cycles of cash transfers later than other districts assessed.
- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, may not be generalizable with a known confidence level and 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 31% to 15% and the average rCSI reduced from 15.6 to 13.2 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.
- The livelihood coping strategy (LCS) results show that 29% of HHs engaged in emergency levels of livelihood coping strategy in the 30 days prior to data collection, a slight decrease from the baseline (33%). Food access (92%) and health care (60%), were the top cited reasons for engaging in these coping strategies during the endline.
- There is a positive impact of the cash received by HHs since a higher proportion of HHs during the endline (26%) compared to (8%) during the baseline reported that they had access to enough money to meet their basic needs in the 30 days prior to data collection. In addition, the average amount spent on food increased from 50.0 USD to 62.2 USD, corresponding to nearly half of the expenditure share (49%) at the time of endline assessment.
- The proportion of HHs whose spendings were equal to or above the minimum expenditure basket increased from 14% to 38% during the endline as shown by the economic capacity to meet essential needs binary indicator.

Locations Covered



* 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:⁹

	Baseline:	Endline:
Humanitarian assistance	NA	65%
Casual labour wage (construction labour)	56%	43%
Sale of livestock and/or livestock products	26%	23%
Business	24%	20%
Casual labour wage (farm labour)	22%	17%

The 3-cycles of cash transfer had a visible impact on the HHs income composition. Most of the surveyed HHs (65%) reported humanitarian assistance as their primary source of income followed by casual labour (43%) and sale of livestock (23%). HHs are thus likely exposed to vulnerabilities since the intervention has come to an end. Fifty-five percent (55%) of the HHs suggested an increase in the duration of the cash transfer period. As the drought effects are likely to prolong due to the very moderate Deyr rain season, also those HHs whose a part of the income relies on livestock might experience a deterioration of their conditions.

Average reported amount of income for HHs that received any income in the 30 days prior to data collection (100%): **157.1 USD (+53.7 USD)**

Estimated average income per HH member, per month:¹⁰ **23.0 USD (+7.6 USD)**

Median reported amount of income for HHs that received any income in the 30 days prior to data collection: **130.0 USD (+44.4 USD)**

Estimated median income per HH member, per month:¹¹ **26.3 USD (+8.7 USD)**

Expenditure Share

Average reported amount of expenditure for HHs that had spent any money in the 30 days prior to data collection (100%): **137.5 USD (+37.9 USD)**

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

Food 62.2 USD +12.2 USD	49% (-5%)
Debt repayment for food 14.5 USD +6.5 USD	9% (+2%)
Medical expenses 14.0 USD +7.1 USD	9% (+3%)
Clothing 12.5 USD +4.1 USD	8% (+0%)
Education 7.3 USD +3.3 USD	6% (+1%)
Debt repayment for non-food items 7.3 USD +3.3 USD	5% (+1%)

Findings suggest that food constituted the primary expense for assessed HHs, as 49% of HHs' average expenditure was seemingly spent on food and 9% spent on repayment of debt for food. Given the importance of food for basic survival, the high relative expenditure on food might indicate that HHs income was inadequate and might not have been able to meet all their basic needs in the 30 days prior to data collection, as most of the income was spent on food with little left for other expenditure shares. Clothing formed part of the top-four reported expenditure categories. This was attributed to the celebrations of Islamic New Year (1st Muharram 1444, July 30, 2022) and Day of Ashura (10th Muharram, August 8, 2022) which fell in the data collection period. Therefore, HHs might have acquired clothes to celebrate such occasions.

Spending Decisions

% of HHs by reported primary spending decisions maker:

	Baseline	Endline
Joint decision-making	48%	47%
Male member of the HH	26%	31%
Female member of the HH	26%	22%



The spending decisions seemed to be similar between the baseline and endline assessment. In about half of the HHs, (47% and 48% during the endline and baseline respectively) spending decisions were jointly made with female and male HH members. However, a slight shift in spending decision making was observed, with male members dominating at 31% compared to the female counterparts at 22% during the endline. All HHs reported no conflicts in and between the HH members on how to spend cash received.

Savings & Debt

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

Yes	14% (+6%)
No	86%



The average amount of savings found for HHs with any savings was 4.1 USD per HH.

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

Yes	23%
No	77% (-6%)



The average amount of debt found for HHs with any debt was 11.4 USD per HH.

The average savings amount have slightly improved after the three rounds of distributions. During the endline 14% of the interviewed HHs reportedly had some savings, a 6% increase from the baseline. The proportion of HHs with debts during this period decreased slightly from 83% to 77% at the baseline and endline assessments respectively. However, despite this decrease, HHs' average debt amounts seems to have slightly increased from 8.8 USD at the baseline to 11.4 USD during the endline assessment.

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

Improve livelihoods, purchasing livestock	65%
To access health care services	52%
To acquire clothes	51%
To access education services	26%

Economic Capacity to Meet Essential Needs (ECMEN)¹²

% of HHs whose spending was reportedly equal to or above the minimum expenditure basket (MEB):

Yes	38% (+24%)
No	62%

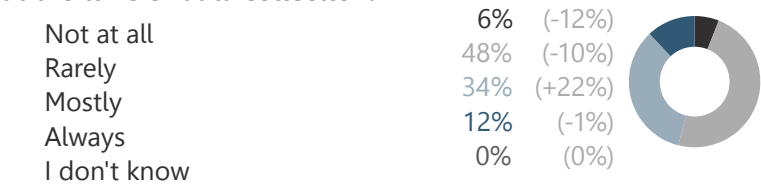


Perceived Wellbeing

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



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



Food Security and Livelihoods

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

	Baseline:	Endline:
Market purchase with cash	54%	68%
Own production	18%	13%
Loan	12%	5%

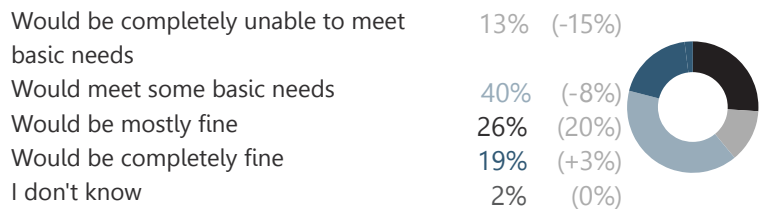
% of HHs reporting having had sufficient quantity of food to eat in the 30 days prior to data collection:



% 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:



Market purchase remained the main source of food for HHs in the 30 days prior to data collection across the baseline and endline assessments. Sixty-eight percent (68%) of the HHs reported that market purchases were their main source of food while 13% of HHs cited that they mainly relied on their own production for food during the endline assessment. This likely suggests that the cash received by HHs from the SCC aids beneficiary HHs in purchasing food from the market.

Findings suggest that the proportion of HHs who perceived to have sufficient quantities of food to eat increased during the endline. The proportion of HHs reporting having "never" or "rarely" been able to access sufficient quantities of food decreased from 80% to 51% between the baseline and endline respectively. This finding suggests an improvement in HH ability to cover basic needs over the course of the cash programme.

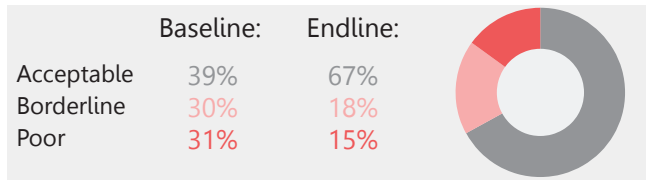


Food consumption score (FCS)¹³

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.

From the endline survey, more than two-thirds of HHs (67%) were found to have acceptable FCS compared to 39% in the baseline. The proportion of HHs with poor FCS decreased from 31% to 15% at the endline. The improvement in FCS at the endline assessment is likely due to the beneficiary HHs having received cash to supplement their income and help them in purchasing food.

% of HHs by FCS category:

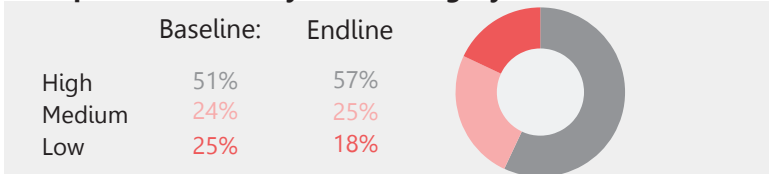


Household Dietary Diversity Score (HDDS)¹³

The household dietary diversity score (HDDS) is used as a composite measure and proxy for a HH's average access to different food groups.

The proportion of HHs that were found to have a high HDDS increased to 57% during the endline assessment while those with low HDDS decreased from 25% to 18%, an indication of an improvement in the dietary intake among beneficiary HHs after the third cycle of cash transfer.

Proportion of HHs by HDDS Category:



Reduced Consumption-based coping strategies¹³

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 or money to buy food. The minimum possible rCSI value is 0, while the maximum is 56.

A considerable improvement was reported on the average rCSI, rCSI decreased from 15.6 at the baseline to 13.2 at the endline assessment. This likely suggests that HHs have access to more money to purchase food which has allowed them to reduce the frequency in the use of negative coping strategies.

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

Strategy adopted	Average number of days per week per strategy	
	Baseline	Endline
Relied on less preferred, less expensive food (78%)	2.6	2.1
Reduced the number of meals eaten per day (76%)	2.1	1.7
Reduced portion size of meals (74%)	2.1	1.6
Borrowed food or relied on help from friends or relatives (77%)	2.1	1.8
Reduced proportion consumed by adults/ mothers for young children (67%)	1.6	1.4



Livelihood-based coping strategies index (LCSI)¹³

The LCS is measured to better understand HH coping capacities. The indicator is collected to measure the use of livelihoods-based coping strategies to cover basic needs by HHs. 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.

% 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 house or land	27%	16%
Begged	17%	8%
Sold last female animals	5%	12%
Entire household has migrated	26%	3%
Sold productive assets	10%	3%
Withdrew children from school	2%	9%
Consumed seed stocks that were held for the next season	32%	16%
Decreased expenditure on fodder	27%	16%
Sold house or land	2%	2%
Purchased food on credit	78%	57%
Borrowed money to buy food	46%	41%
Sold HH items (Radio, furniture, refrigerator, television)	14%	0%
Spent savings (Rural & Urban livelihood zones)	46%	17%

Nearly all the HHs (90%) were found to engage in emergency, crisis or stress level coping strategies¹⁴.

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

	Baseline:	Endline:
Accessing food	91%	92%
Health care services	57%	60%
Shelter	47%	46%
Education	40%	49%
WASH ¹⁵ items	40%	48%

% of HHs by LCSI category:

	Baseline:	Endline:
None	13%	10%
Stress	41%	34%
Crisis	13%	27%
Emergency	33%	29%



Protection and Accountability Indicators Protection Index Score 75%¹⁶

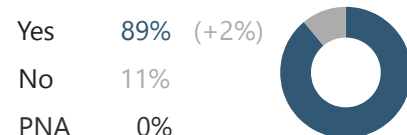
The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs) which have been put in place by ECHO to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses. Nearly all HHs (98%) 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 baseline. However, only 23% of the HHs reported that they had been consulted by an NGO.

During the endline, 31% of the HHs reported that they were aware of options to contact the NGOs to register complaints or problems on receiving assistance. Among them, a majority (71%) of the HHs reported that they were aware of the existence of a dedicated NGO hotline while another 43% reported that they knew they could directly talk to NGO staff during field visits or at their offices.

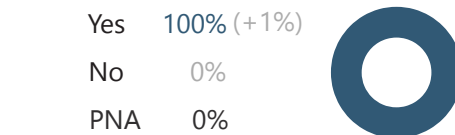
% of HHs reporting themselves or someone in the community having been consulted by the NGO about their needs¹⁷:



% of HHs who reported that the cash assistance provided was appropriate for their HH's needs¹⁸:



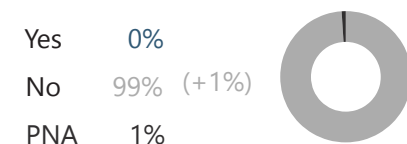
% of HHs reporting having felt safe while going through the programme's selection & registration processes¹⁹:



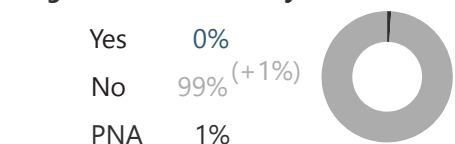
% of HHs reporting feeling that they have been treated with respect by NGO staff up to the time of data collection²⁰:



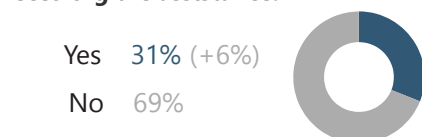
% of HHs reporting having paid, or knowing someone who paid, to get on the beneficiary list²¹:



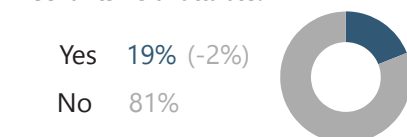
% of HHs reporting being aware of someone in the community being pressured or coerced to exchange non-monetary favours to get on the beneficiary list²²:



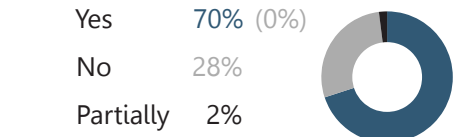
% of HHs reporting being aware of any option to contact the agency if they had any questions, complaints, or problems receiving the assistance²³:



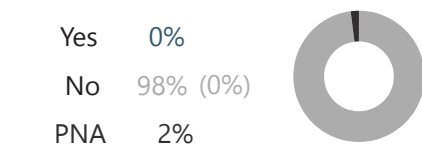
% of HHs reporting having raised any concerns on the assistance received to the NGO using any of the complaint mechanisms available²⁴:



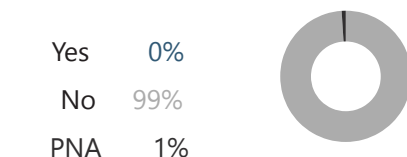
Of HHs that reported having raised concerns, % reporting being satisfied with the response²⁵:



% of HHs reporting believing that some HHs were unfairly selected²⁶:



% of HHs reporting having experienced any negative consequences as a result of their beneficiary status²⁷:



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Funded by
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End Notes

1. Gu is the main rainy season starting in mid-March and running to June.
2. Deyr is the secondary rain season, from mid-September to November.
3. [Famine Early Warning System Network \(September 2022\). Somalia](#)
4. [Integrated Food Security Phase Classification \(September, 2022\). Somalia](#)
5. [Food Security and Nutrition Working Group \(July, 2022\). Somalia](#)
6. IMPACT carried out data collection in thirteen districts, plus five districts being classified as hard to reach. The hard to reach districts comprised of Waajid, Jammame, Doolow, Belet Xaawo, and Afgayo that are found in Bakool, Lower Juba, Gedo and Lower Shabelle regions respectively.
7. The distributed amounts varies from one region to another depending on the regional Minimum Expenditure Basket (MEB).
8. Of the 3,203 respondents, 606 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. Average income per HH per month calculated by dividing the average total monthly HH income by the average HH size.
11. Median values were computed at a district level. Median analysis was done to minimise the effect of outliers while presenting the income and expenditure data.
12. Economic Capacity to Meet Essential Needs (ECMEN) is a binary indicator showing whether a HH's total expenditures can cover the [Minimum Expenditure Basket](#). It is calculated by establishing HH economic capacity (which involves aggregating expenditures) and comparing it against the MEB to establish whether a HH is above this threshold.
13. Find more information on food security indicators (FCS, LCS, rCSI, HDDS) [here](#).
14. The LCS Stress category includes; selling HH assets/goods, purchasing food on credit or borrowing food, spending savings and selling more animals while 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).
15. WASH implies water and sanitation and hygiene products.
16. 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.
17. PNA is the abbreviation for "Prefer not to answer".

Annex 1 - Key Indicators Summary

Key Indicator	Target Value*	Baseline Value	Endline Value	% Change (from baseline to endline)
% of households reporting that cash helped them meet their basic needs	95.0%	NA	98.4%	N/A
Average meals consumed per household in the last 24 hours prior to data collection		2.1	2.2	6%
% of households with an acceptable FCS	46.0%	39%	67%	71%
% of HHs whose spending was reportedly equal to or above MEB		14%	38%	163%
% of households with a high or medium HDDS		75%	82%	9%
Average Reduced Coping Strategies Index (rCSI)		15.6	13.2	-15%
% of total household expenditure spent on food		53%	49%	-9%
ECHO Protection Indicator (KPI)	79%	82%	75%	-9%

*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.



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SOMALI CASH
CONSORTIUM

September 2022

Annex 2 - Sample Breakdown

Regions	Districts	Caseload	Sample Surveyed
Banadir	Banadir	1,494	191
Bay	Qansax Dheere	1,324	231
Bay	Baidoa	6,287	80
Bay	Buur Hakaba	1,245	190
Bay	Diinsoor	1,170	224
Gedo	Baardheere	2,021	194
Gedo	Doolow	293	130
Lower Juba	Kismayo	1,045	192
Middle Shabelle	Balcad	1,587	187
Middle Shabelle	Jowhar	1,241	167
Mudug	Galkacyo	1,167	210
Togdheer	Buuhoodle	1,540	197
Togdheer	Owdweyne	1,700	224
Hard to Reach Districts			
Bakool	Waajid	1,202	158
Lower Juba	Jamaame	119	96
Gedo	Belet Xaawo	267	158
Lower Shabelle	Afgooye	404	194

About IMPACT Initiatives

IMPACT Initiatives is a leading Geneva-based think-and-do tank which aims to improve the impact of humanitarian, stabilisation and development action through data, partnerships and capacity building programmes. The work of IMPACT is implemented by its three initiatives: REACH, AGORA and PANDA.

REACH, a joint initiative of IMPACT, ACTED and UNOSAT, provides data and analysis on contexts of crisis in order to inform humanitarian action. Within AGORA, IMPACT partners with ACTED to support the stabilisation of crisis-affected areas by promoting synergies between international aid and local response actors. Through PANDA, IMPACT supports aid actors to improve the effectiveness of their programmes through monitoring, evaluation and capacity building activities.

IMPACT teams are present in over 25 countries across the Middle East, Africa, Asia, Europe, and Latin America. The teams work in contexts ranging from conflict to disasters and in areas seeing the effects of displacement and migration. Contact geneva@impact-initiatives.org for further information.

