BASELINE MODIFICATION REQUEST (MR1) FINDINGS FOR THE SOMALIA CASH CONSORTIUM RESPONSE TO DROUGHT





September

Background

The worsening drought is putting many areas and population groups across Somalia at risk of famine in the remaining months of 2022. The March to June Gu¹ rains were extremely poor, with rainfall across the country amongst the lowest recorded in the past 70 years.² The March to June 2022 season has therefore resulted in the fourth consecutive belowaverage rainy season in Somalia.

Moreover, conditions for crop and livestock production are expected to remain extremely poor until at least the start of the next Gu rainy season expected not earlier than in April 2023, leading to further loss of livelihoods.3 The severe impact of drought on all economic sectors and the weak humanitarian response concern in particular the regions of Hiran, Bakool, Gedo, Bay, Galgaduud, Sool, Nugaal and Mudug.⁴ According to the Integrated Phase Classification (IPC) framework, approximately 6.7 million people across Somalia are expected to face high levels of acute food insecurity (IPC Phase 3 or above) between October and December 2022.4

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) is carrying out an emergency cash intervention to selected beneficiary households in Bay, Bari, Middle Shabelle, Lower Shabelle, Lower Juba, Mudug, Banadir, Galgaduud, Nugaal, Sanaag, Sool, Hiraan, Togdheer and Gedo regions of Somalia. This intervention is funded by the European Union Civil Protection and Humanitarian Aid (ECHO) and consists of three rounds of Multi-Purpose Cash Assistance (MPCA) planned between July and November 2022, distributed to selected beneficiary HHs across 22 districts in the 14 target regions.5

To monitor the impact of the MPCA on the beneficiary HHs⁶, IMPACT Initiatives provides 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 transfer. An endline assessment will be conducted after the third and last round of the cash transfers. This factsheet presents key findings from the baseline assessment.

Methodology

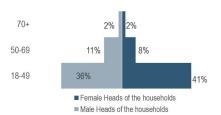
The baseline MR1 tool was designed by IMPACT Initiatives in partnership with the SCC members. The tool covers income and expenditure patterns and food security indicators. A stratified simple random sampling approach was used and findings are generalisable to the beneficiary HHs with a 95% confidence level and a 7% margin of error at the district level. Of the 13,215 beneficiary HHs, a sample of 3,8187 HHs were interviewed remotely via telephone and responses entered in the Open Data Kit (ODK). All results presented have been weighted by the proportion of SCC beneficiary households per targetted districts.

Challenges & Limitations:

- Data on household expenditure was based on a 30-day recall period; a considerably long period of time over which to expect households 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.
- 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.

Demographics

% of HHs by Head of the Household demographic characteristics:



More than half of the interviews (55%) were conducted with female respondents. 49% of the HHs were reportedly headed by men while 51% of HHs were reportedly headed by women. A considerable proportion of HH members (41%) were females aged between 18-49 years.

Average household size:

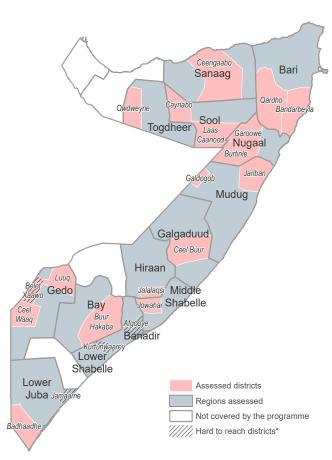
7.6

Average age of the head of household:

According to this ECHO grant Modification Request 1 (MR1) baseline assessment, half of the Somali beneficiary HHs (49%) were found in urban areas, 39% were pastoralists and 12% were classified as agropastoralists.



District Demographics



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















Income & Expenditure*



*All assessed HHs reportedly had some expenditure in the 30 days to prior to data collection and 98% reportedly had some income within the same period.

Most commonly reported primary sources of HH income in the 30 days prior to data collection8:

Sale of livestock and/or livestock products	51%	
Casual labour wage (construction labour)	45%	
Business	13%	
Cash crop and/or fish farming	8%	
Casual labour wage (farm labour)	7%	

Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (98%):

105.7 USD

Estimated average income per household member, per month9:

15.4 USD

Expenditure Share*

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

111.0 USD

Most commonly reported expenditure categories and average amount spent per category per HH in the 30 days prior to data collection8:

Food (54.7 USD)	56%
Rent (23.8 USD)	17%
Clothing (20.8 USD)	13%
Repayment of debt taken for food (19.0 USD)	13%
Medical expenses (17.8 USD)	12%

*The expenditure share relates to all HHs who reportedly spent money as per the listed categories, at the time of data collection. Findings suggest that food constituted the primary expense for assessed HHs, as 56% of HHs' average expenditure was seemingly spent on food and 13% spent on repayment of debt for food. Given the importance of food for basic survival, the high relative expenditure on food indicates that HHs might not have been able to meet all their basic needs in the 30 days prior to data collection. Rent is amongst the three-top reported expenditure share since 49% of the HHs interviewed were from the urban areas.

(i) Spending Decisions

% of HHs by reported primary spending decisions maker:

Joint decision-making 43% 32% Male member of the HH 25% Female member of the HH

The HHs more frequently reported that spending decisions were made jointly by male and female members of the HH (43%).



Savings & Debt

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

> Yes No

The average amount of savings found for households with any savings (4%) was 26.6 USD per household.

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

> Yes 87% No 13%

The average amount of debt found for households with any debt was 138.7 USD per household.

The average debt per HH (138.7 USD) exceeds the HH's monthly income (105.7 USD). This may entail that in many situations HHs' income is not enough to cover for basic needs and that the project outcomes could be affected by the existing debt.

HHs top reported reasons for taking debts at the time of data collection8:

To access health care services	53%
Improve livelihoods, purchasing livestock	48%
To access education services	39%
To buy clothes	21%

Drought Effects



Drought Impact

% of households reporting their community having been impacted by the drought in the 6 months prior to data collection:

Yes 98% No



Conflict

% of HHs reporting conflict within and between communities, among the 98% households that reported having been impacted by drought:

Yes 89% 11% Nο



Livestock Losses

% of households reporting their livestock being in poor condition, among the 98% households that reported having been impacted by drought:

> Yes 89% 11% No

Rangeland Losses*

% of households reporting facing any rangeland losses due to the drought, among the 98% households that reported having been impacted by drought:

> 85% 15% Nο

*rangeland is any extensive area of land that is occupied by native herbaceous or shurby vegetation which is grazed by livestock.

ECMEN^{10*}

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



*Economic Capacity to Meet Essential Needs.

Food Security Situation

Perceived Wellbeing

the 7 days prior to data collection:

0	Market purchase with cash	54%
2	Own production	18%
0	Land	120/

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

Not at all	15%
Rarely	64%
Mostly	14%
Always	7% 0%
I don't know	076

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

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Not at all	27%
Rarely	59%
Mostly	9%
Always	4%
I don't know	1%

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

Not at all	40%	
Rarely	46%	
Mostly	7%	
Always	6%	
I don't know	1%	

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

Not at all	33%
Rarely	50%
Mostly	8%
Always	7%
I don't know	2%

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

_		
Would be completely unable to meet basic needs	45%	
Would meet some basic needs	31%	
Would be mostly fine	7%	
Would be completely fine	14%	
I don't know/ no answer	3%	



Food consumption score (FCS)¹¹

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

The FCS is used to classify HHs into three groups; those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS. Only HHs with an acceptable FCS are considered food secure, while those with borderline and poor FCS are considered moderately or severely food insecure respectively. From the baseline survey, 28% and 35% of the HHs had a borderline and an acceptable FCS.

% of households by FCS category:

Baseline 🛑		〈	
	Poor	Borderline	Acceptable
	37%	28%	35%



Household Hunger Scale (HHS)¹¹

HHS measures prevalence of hunger over time to assess the food security. It helps in providing evidence for the development and % of HHs by most commonly reported primary sources of food in implementation of policies and programmes that address food insecurity and hunger. It is used to measure extreme manifestation of insufficiency of food in the 30 days prior to data collection. Based on the HHs responses, 74% were found to be experiencing moderate or severe hunger in the 30 days prior to data collection.

% of HHs by HHS category:

Baseline		
No/little hunger	Moderate	Severe
26%	64%	10%



Reduced consumption-based coping strategies¹¹

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 for HHs was found to be 15.2, which corresponds to medium severity of consumption based coping. Thus an early warning of eroded livelihoods to already vulnerable HHs, undermining their economic access to food and consequently worsening the food insecurity situation. The most commonly adopted coping strategies were found to be:

Strategy adopted	Average number of da per week per strategy
Relied on less preferred, less expensive food	2.7
Reduced the number of meals eaten per day	2.1
Reduced portion size of meals	2.1
Borrowed food or relied on help from friends or relatives	2.0
Reduced quantities consumed by adults/mothers for young children	1.4



Livelihood-based coping strategies (LCS)¹¹

The LCS is measured to better understand HH coping capacities. HHs' livelihood and economic security is determined by income, expenditures and assets. The use of emergency, crisis or stresslevel livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn increasing the likelihood of depleting resources to cover food consumption gaps.

Nearly all the HHs (90%) were found to engage in an emergency, crisis or stress level coping strategies¹². This is an indication that these HHs are engaging in unsustainable strategies to cope with the severe conditions and are likely to see a deterioration in their capacity to recover same level of livelihoods activity. The most commonly reported reasons for HHs adopting LCS in the 30 days prior to data collection were: To access food (93%), health care . (44%), education (43%), WASH¹³ items (34%) and shelter (33%).⁸

% of HHs by LCSI category:

None	10%	
Stress	34%	
Crisis	27%	
Emergency	29%	

90% of the households reported these different reasons for adopting these strategies to access essential needs.

Protection and Accountability Indicators

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. The KPI scores show that nearly all (97%) HHs reportedly perceived the selection process for the MPCA programme to be fair. In addition, nearly all HHs (99%) reported that they were treated with respect by non-governmental organizations (NGOs) staff and 98% of the surveyed HHs felt safe during the process of selection, registration and data collection at the baseline. The protection related issues raised by the remaining HHs were sent to the cash implementing partners for follow ups. Only 23% of the HHs reported that they or someone in the community had been consulted by an NGO. Only 16% of the HHs reported that they were aware of options to contact the NGOs. Among these HHs, 51% and 45% of HHs reported being aware that they could talk directly to NGO staff or use the dedicated NGO hotlines respectively.

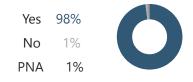
% of households reporting themself or someone in the community having been consulted by the NGO about their needs:



% of households reporting expecting that the cash assistance will be appropriate for their household's needs*:



% of households reporting feeling safe going through the programme's selection & registration processes:



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

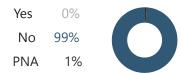
Yes	99%	
No	1%	
PNA	0%	



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

Yes	0%	
No	99%	
PNA	1%	

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



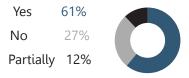
% of households reporting being aware of any option to contact the agency if they had any questions, complaints, or problems recieving the assistance:



% of households reporting having raised any concerns on the assistance received to the NGO using any of the complaint mechanisms available*:

Yes	10%	
No	90%	

Of households that reported having raised concerns, % reporting being satisfied with the response*:



% of households reporting feeling well-represented by their Village/Camp Relief Committee:

Yes	93%	
No	5%	
PNA	2%	

% of households reporting believing that some households were unfairly selected:

Yes	1%	
No	97%	
PNA	2%	

% of households reporting having experienced any negative consequences as a result of their beneficiary status:



Protection Index Score 79%*

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 recieving 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.

Communication

50% of the households reported being aware of at least one of the selection criteria for receiving the cash assistance.

Among those households reporting being aware of any selection criteria (50%), the most commonly reported selection criteria were⁸:

1 83% Lack of income

2 39% Lack of assets

3 24% Use of negative coping strategies

4 22% Disability of household member

Nearly all HHs (93%), reported feeling well represented by the Village Relief Committee (VRCs). Among the HHs who felt they were represented poorly (n=178), the primary reasons reported were that the council leaders were perceived to be inactive (36%), corrupt and worked for personal interests (17%), or were perceived to represent their own family or clan (14%).

BASELINE MODIFICATION REQUEST (MR1) NDINGS FOR THE SOMALIA CASH CONSORTIUM RESPONSE TO DROUGHT





September

End Notes

- 1. Gu is the main rainy season starting in mid-March and running to June.
- 2. Food Security and Nutrition Working Group (August, 2022). Somalia
- 3. Famine Early Warning Systems Network (September, 2022). Somalia
- 4. Integrated Food Security Phase Classification (July-December, 2022) Somalia
- 5. IMPACT carried out the baseline data collection in 19 districts, with 4 ditstricts being classified as hard to reach districts. The hard to reach districts comprised of Jamaame, Belet Xaawo, and Kurtunwaarey and Afgayo that are found in Lower Juba, Gedo and Lower Shabelle regions respectively.
- 6. Beneficiary households were selected by VRC based on the following vulnerability criteria: lack of income or assets, vulnerable head of households: female, disability, illness, older persons, vulnerable household member: disability, illness, older person, large household size or households with many young children, minority or marginalized groups and clans, use of negative coping mechanism, new or recent IDP, malnutrition, poor shelter condition and other criteria relevant to local context, defined by the VRC members. Following the initial VRC selection, households were verified and registered as beneficiaries by the respective partner organisations.
- 7. Of the 3818 respondents, 643 HHs were part of the pilot locations in the hard to reach districts where a separate monitoring was conducted.
- 8. Respondents could select multiple options. Findings may therefore exceed 100%.
- 9. Average Income per household per month calculated by dividing the total monthly household income by the household size. 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 MEB to establish whether a household is above this threshold.
- 11 Find more information on food security indicators (FCS, LCSI, rCSI, HDDS) here.
- 12. 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 tranport, selling of productive and nonproductive animals, consuming the seeed 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.
- 13. WASH implies water and sanitation and hygiene products.
- 14. PNA is the abbreviation for "Prefer not to answer"

Annex 1 - Sample Breakdown

Regions	Districts	Caseload	Sample Surveyed
Mudug	Jariiban	550	160
Galgaduud	Ceel Buur	805	221
Mudug	Galdogob	740	189
Bay	Buur Hakaba	78	62
Togdheer	Owdweyne	555	167
Sool	Laas Caanood	1,002	195
Nugaal	Burtinle	260	136
Lower Juba	Badhaadhe	890	158
Gedo	Luuq	850	207
Gedo	Ceel Waaq	1,250	203
Nugaal	Garoowe	478	196
Gedo	Belet Xaawo	763	196
Sool	Caynabo	535	231
Sanaag	Ceerigaabo	620	190
Middle Shabelle	Jowhar	292	144
Hiraan	Jalalaqsi	556	160
<u>Bari</u>	Bandarbayla	792	202
Banadir	Banadir	576	155
<u>Bari</u>	Qardho	818	199
	Hard to Rea	ch Districts	
Lower Shabelle	Kurtunwaarey	203	109
Lower Shabelle	Afgooye	200	109
Gedo	Belet Xaawo	206	158
Lower Juba	Jamaame	196	71

Annex 2 - Key Indicators Summary

Key Indicator	Baseline Value
% of households reporting that cash helped them meet their basic needs	NA
Average meals consumed per household in the last 24 hours	2.1
% of households with an acceptable FCS	35%
Economic Capacity to Meet Essential Needs (ECMEN)	22%
Average Reduced Coping Strategies Index (rCSI)	15.2
% of households with a severe or moderate Hunger Score	74%
% of total household expenditure spent on food	56%

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.













