ENDLINE ASSESSMENT FINDINGS FOR SOMALI CASH CONSORTIUM'S (SCC) FLOOD RESPONSE

Funded by European Union Humanitarian Aid

SOMALI CASH CONSORTIUM

MARCH, 2024
SOMALIA

KEY MESSAGES

- **Considerable improvements were observed in the food security status of households (HHs) that received multi-purpose cash assistance (MPCA).** The percentage of HHs with a poor Food Consumption Score (FCS) decreased substantially from 54% to 7%. Moreover, the proportion of HHs resorting to coping strategies and with a High rCSI score decreased from 48% at the baseline to 16% at the endline.

- **Findings from the consolidated approach to reporting indicators (CARI) show that approximately 49%** of the assessed HHs were classified as either **food secure or marginally food secure, indicating a rise from 10% during the baseline study. Merely 3% of HHs were classified as food insecure during the endline assessment.**

- Despite the three cycles of multi-purpose cash assistance (MPCA), **68% of households still relied on negative livelihood coping strategies.*** This includes 23% of HHs that resorted to emergency livelihood coping mechanisms due to the severe impact of El Nino on livelihoods.

- **Nearly all (99%) HHs reportedly perceived the selection process for the MPCA programme to be fair.** However, the proportion of HHs who felt that the assistance was appropriate in meeting their basic needs was 68%.

- **Findings indicate that there were no HHs experiencing severe hunger at the time of endline assessment.**

- The proportion of HHs who spent above the regional minimum expenditure basket (MEB) **increased from 6% at the baseline to nearly half (49%) at the endline.**

ASSESSMENT COVERAGE

CONTEXT & RATIONALE

Somalia faced severe floods during the Deyr rainy season, occurring between November and December 2023. The floods resulted in extensive damage to crops, disruptions in supply chains, and massive displacements.[1] The severely impacted regions were the riverine and low-lying agropastoral areas in the southern and central parts of the country. The heavy rains fueled by El Nino intensified particularly in Puntland, Galmudug, South West, Hirshabelle states and in areas along Jubba river in Jubbaland State. Both Hirshabelle and Jubbaland are riverine regions, with the Shabelle and Jubba rivers passing through them, respectively.[2] In the Baidoa, Galkacyo and Baardheere districts, heavy rainfall and flooding led to the destruction of bridges, resulting in considerable displacement of the population.** The flooding increased vulnerability, as economic development in Somalia is consistently hindered by conflicts and recurring climate shocks. This has driven approximately 4 million people (21% of the population) to be classified as Integrated Phase Classification (IPC) Phase 3 or above (IPC 3+).[3]

To address the challenges faced by these vulnerable households, SCC[4], with funding from the European Union Civil Protection and Humanitarian Aid (ECHO), **delivered three rounds of cash transfers to mitigate the negative impacts of floods, between December 2023 and February 2024**. A total of 5,864 beneficiary HHs across the selected districts received the three cycles of the MPCAs. This intervention served as a supplementary program to the MPCA activities previously delivered by SCC, which encompassed three rounds of cash assistance between April and November 2023. The top-up assessment aligns with the ECHO Humanitarian Implementation Plan (HIP) for 2023, consisting of the main caseload, Gedo nutrition-based assessment and the Anticipatory Action conducted in Belet Weyne district. **This factsheet presents key findings from the endline assessment, as well as indicative comparisons of key indicators from the baseline assessment in the districts of Afmadow, Baardheere, Baidoa, Berdale, Jowhar, Kismayo, and Galkacyo. The aim is to assess the impact of MPCA in meeting the basic needs of vulnerable households affected by the El Nino flooding.**
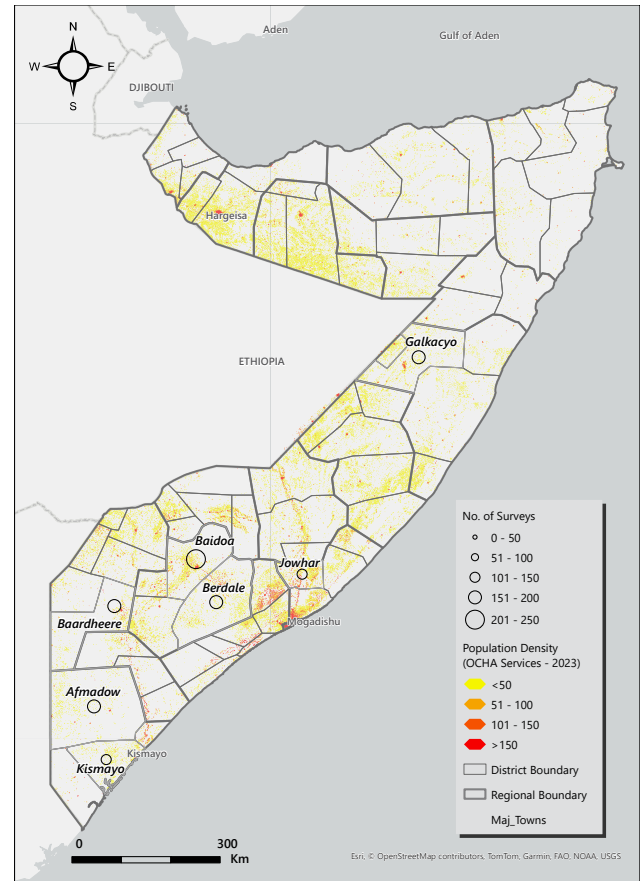
1. https://reports.unocha.org/en/country/somalia/
2. FEWS NET. Somalia Key Message Update November 2023: Severe river and flash floods likely to reduce deyr harvests in January 2024, 2023.
3. Integrated Food Security Phase Classification (January-June, 2024) Somalia.
4. SCC is led by Concern Worldwide and further consists of ACTED, Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Save the Children (SCI).
5. This aid aimed to assist these households in addressing food shortages and meeting other essential needs. The cash transfers were distributed based on partners' activation using the Integrated Response Framework (IRF) adopted by ECHO in January 2023.
* Some of the negative coping strategies are: Begging, selling last female animals, withdrawing children from school, borrowing money, selling off productive animals, selling productive assets and reducing health and education expenditure.
** ibid

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METHODOLOGY

A quantitative household survey was conducted remotely for both baseline and endline assessments, targeting beneficiaries of the MPCA. The baseline assessment was conducted between 9th and 31st of December, 2023, while the endline assessment followed **after the third and last round of cash transfer,** from 26th February to 7th March 2024.

A probability simple random sampling approach was employed to achieve a 95% confidence level with a 7% margin of error and the data is representative at the district level. Of the 5,864 beneficiary HHs, **a total of 1,194 HHs were interviewed remotely via telephone during the endline assessment.** A 15% buffer was applied to account for potential non-responses and surveys that may need to be excluded during the data cleaning process.

The survey tool, including the clarity of translations from English to Somali, underwent testing by field officers before its deployment to prevent any issues or misunderstandings during data collection. Data collection was carried out using the KOBO platform. Subsequently, all data was anonymized and shared with the IMPACT field team for daily verification and cleaning procedures throughout the data collection process. Descriptive data analysis was conducted using R software.

LIMITATIONS

- 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 and should be considered indicative only.**
- **Respondent bias:** Certain indicators may be under-reported or over-reported due to subjectivity and perceptions of respondents (in particular "social desirability bias" - the tendency of people to provide what they perceive to be the "right" answers to certain questions). HHs may sometimes try to give answers they feel will increase their chances of getting more assistance.
- **The ECMEN indicator was calculated based on February MEB 2023 costs.** However, it is important to note that this calculation may not accurately reflect the current economic situation.

SAMPLE BREAKDOWN

Districts	Caseload	Baseline Sample Surveyed	Endline Sample Surveyed
Afmadow	600	167	162
Baardheere	1,465	184	177
Baidoa	1,000	177	204
Baidoa/Berdale	550	167	187
Jowhar	1,000	191	143
Kismayo	400	185	143
Galkacyo	849	182	182
Total	**5,864**	**1,253**	**1,194**

DEMOGRAPHICS

% of HHs by head of the HH demographic characteristics:

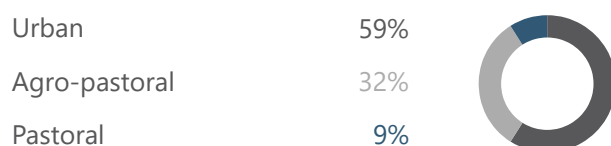| Female (69%)	Age	Male (31%)
3%	70+	2%
12%	50-69	9%
54%	18-49	20%
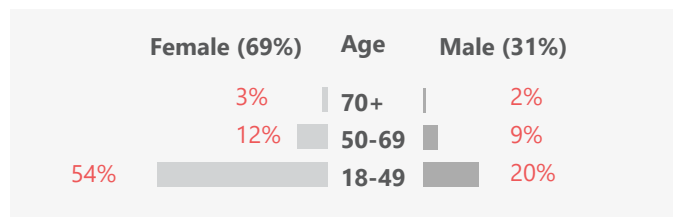
Average age of the head of HH **41**

Average HH size: **8**

LIVELIHOOD SYSTEMS

Proportion of HHs by livelihood systems:

Urban	59%
Agro-pastoral	32%
Pastoral	9%

IMPLEMENTING PARTNERS

DANISH REFUGEE COUNCIL

COOPI COOPERAZIONE INTERNAZIONALE

acted

CONCERN worldwide

NRC NORWEGIAN REFUGEE COUNCIL

Save the Children

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LIVELIHOODS

HHs' INCOME SOURCES

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

	Baseline	Endline
Humanitarian assistance	10%	71%
Casual labour wage (wage labour)	59%	31%
Casual labour wage (farm labour)	29%	19%
Sale of livestock products	12%	15%

	Baseline	Endline
Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):[10]	72.20 USD	151.37 USD

HHs' EXPENDITURES

	Baseline	Endline
Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):	70.44 USD	138.70 USD

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

	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[11]
	Baseline	Endline	
Food	39.11 USD	64.46 USD	48%
Repayment of debt taken for food	6.89 USD	18.35 USD	13%
Rent	13.14 USD	15.20 USD	1%
Clothing	4.62 USD	11.95 USD	8%
Medical expenses	6.36 USD	10.63 USD	8%
Debt repayment for non-food items	2.61 USD	8.25 USD	8%

SPENDING DECISIONS

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

	Baseline	Endline
Joint decision-making	57%	46%
Female members of the HH	25%	33%
Male members of the HH	18%	21%

HHS' SAVINGS & DEBT

57% of the HHs were found to have debts averaging to 51.06 USD at the endline. This was an increase from the baseline, where, only 20% were reportedly having debts averaging to 9.16 USD.

21% of the HHs reportedly had savings averaging to 4.64 USD during the endline. Whereas during the baseline assessment, the proportion of HHs found to have savings was 12% averaging to 2.25 USD.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS[12]

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

	Baseline	Endline
Yes	6%	49%
No	94%	51%

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

	Baseline	Endline
Market purchase with cash	50%	48%
Own production	8%	12%
Market purchase on credit	12%	8%

During the assessment period, the proportion of HHs exceeding the Minimum Expenditure Basket (MEB) increased from 6% at the baseline to nearly half (49%) at the endline. This increase highlights the tangible difference that MPCA made in alleviating financial burdens. Market purchases with cash continued to be the primary source of food.

Despite facing financial strains at the baseline, during the endline, food and debt repayment for food were the predominant expenses for the assessed HHs, averaging to 64.46 USD and 18.35 USD respectively. This was a considerable increase in the amount spent in these categories compared to the baseline, thus suggesting that food was available.

A significant proportion of HHs (71%) relied on humanitarian assistance. Despite this reliance, HHs managed to supplement their income through casual wage labour (31%).

At the endline assessment, it became evident that HH debts had risen significantly compared to the baseline period. Conversely, there was also an increase in the number of households with savings.

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FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)[13]

% of HHs by Food Consumptions Score category:

	Baseline:	Endline:
Acceptable	15%	46%
Borderline	31%	47%
Poor	54%	7%
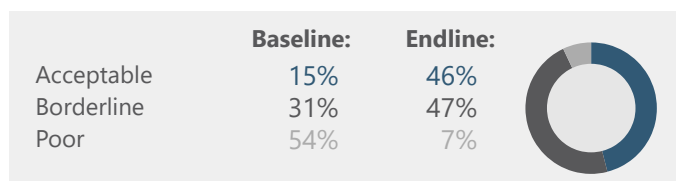
|	Baseline:	Endline:
Average FCS per HH	29.4	43.9

The comparison between the baseline and endline surveys revealed a positive trend in HH FCS. There was a notable increase in the number of HHs with acceptable and borderline FCS, which contributed to **an overall improvement in the average FCS, rising from 29.4 at the baseline to 43.9 at the endline.** Jowhar, Baidoa and Berdale districts were found to have the **highest increase in the proportions of HHs with an acceptable FCS as shown in Annex 1.**

HOUSEHOLD HUNGER SCALE (HHS)[14]

% of HHs by levels of hunger in the HH:

	Baseline:	Endline:
No/little	30%	73%
Moderate	60%	27%
Severe	10%	0%
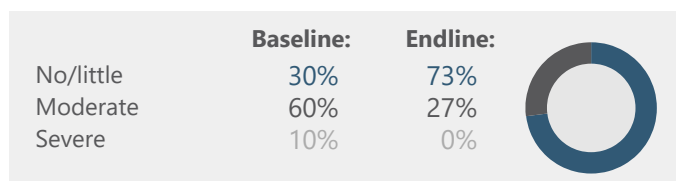
Following three cycles of MPCA, there were no HHs experiencing severe hunger at the time of endline assessment. This marked a notable improvement in the Baardhere and Afmadow districts, where 34% and 10% of HHs respectively were reported to have severe hunger during the baseline assessment.

USE OF COPING MECHANISMS

% of HHs by average reduced Coping Strategy Index (rCSI) category:[15]

	Baseline:	Endline:
Low	2%	14%
Medium	50%	70%
High	48%	16%
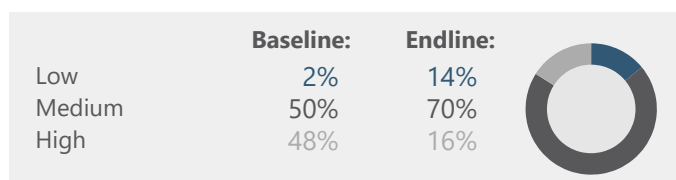
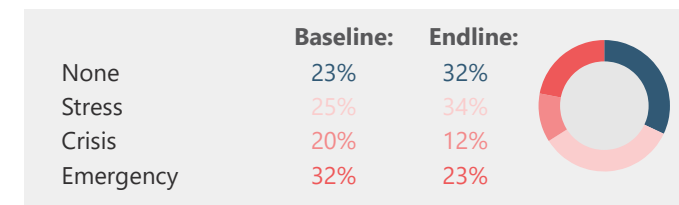|	Baseline:	Endline:
Average FCS per HH	19.4	11.4

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

% of HHs reporting coping strategies adopted	Average number of days per week per strategy	
	Baseline	Endline
Relied on less preferred, less expensive food	3.2	2.1
Reduced the number of meals eaten per day	2.6	1.7
Reduced portion size of meals	2.5	1.6
Borrowed food or relied on help from friends or relatives	2.3	1.6
Restricted adults consumption so children can eat	2.2	1.0

During the endline assessment, the proportion of HHs with **a high rCSI score decreased considerably from 48% at the baseline to 16%.** Concurrently, the proportion of households with low rCSI increased from 2% to 14% over the same period. Moreover, the average rCSI score declined from 19.4 to 11.4 **indicating a decrease in the use of negative coping strategies.**

LIVELIHOOD-BASED COPING STRATEGIES (LCS)[16]

% of HHs by LCS category in the 30 days prior to data collection:[17]

	Baseline:	Endline:
None	23%	32%
Stress	25%	34%
Crisis	20%	12%
Emergency	32%	23%

	Baseline:	Endline:
Average LCSI per HH	6.1	4.2

The average LCSI decreased from 6.1 during the baseline to 4.2 at the endline. **This is showed by the proportion of HHs using emergency coping strategies declining from 32% in the baseline to 23% during the endline assessment.** Nevertheless, a significant number of HHs in Jowhar (30%), Afmadow, and Baardheere (25%) still relied on emergency coping strategies, reflecting the lingering impact of El Nino flooding.

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13. 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.**

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

15. 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 shortage of food. The rCSI scale was adjusted for Somalia, 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%.

16. 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.

17. Crisis and emergency coping strategies adopted in the 30 days prior to data collection for the Response group were: Purchased food on credit (53%), borrowing money (34%) and decreased expenditures on fodder, animal feed, veterinary care (16%).

ACCOUNTABILITY TO AFFECTED POPULATION

Proportion of beneficiary HHs reporting on key performance indicators (KPI):[18]

Indicator	Baseline	Final
Programming was safe	99%	100%
Programming was respectful	100%	100%
Community was consulted	23%	34%
The assistance was appropriate	76%	68%**
No unfair selection	99%	99%
Raised concerns using CRM	26%	37%
Satisfied with the response (37%)	70%	98%
Overall KPI score	**79%**	**82%**

46% Of the assessed HHs reported being aware of at least one option to contact the agency during the Endline.

Of HHs reporting being aware of any option to contact the agency (46%), most frequently known ways to report complaints, problems receiving the assistance, or ask questions*

	Baseline	Endline
Use the dedicated NGO hotline	**71%**	**78%**
Talk directly to NGO staff	**37%**	**29%**
Use the dedicated NGO desk	**29%**	**21%**

42% Of the HHs had suggestions on how to improve the cash assistance during the Endline.

The top mentioned suggestions on how to improve the cash assistance*

	Baseline	Endline
Increase duration of cash transfers	**73%**	**80%**
Increase amount of cash transfers	**65%**	**69%**
Provide continuous cash transfers	**58%**	**49%**
Increase number of beneficiaries	**36%**	**13%**

The top mentioned comments and feedback by about 26% of the assessed HHs who provided comments were*

	Baseline	Endline
Food assistance	**69%**	**56%**
Shelter support	**62%**	**45%**
Educational support	**40%**	**31%**
Build hospital	**34%**	**25%**
Increase field visits	**23%**	**24%**
Flood relief	**51%**	**20%**

During the endline, 46% (a 16% point increase from the baseline) of the respondents reported being aware of any options to contact the NGOs. Of these respondents, a majority (78%) of HHs reported being 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.

The findings also indicate that approximately 42% of the assessed HHs provided suggestions for enhancing cash assistance to better align with their needs and the main suggestions were to increase the duration and the amount of the cash transfers. Moreover, approximately 26% of HHs had mentioned food assistance (56%), shelter support (45%) and educational support (31%) as their primary needs during the endline assessment.

**The proportion of HHs who felt that the assistance was appropriate in meeting their basic needs differed between districts. Galkacyo (48%), Baidoa (60%), Berdale (64%) were found to have low proportion of HH reporting that the cash assistance was appropriate.

CONCLUSION

In summary, the assessment highlights both progress and persistent challenges in addressing food security and livelihoods within the surveyed households. While MPCA contributed significantly to improving food security indicators, including substantial reductions in poor FCS and reduced coping strategies levels, a considerable proportion of HHs continued to rely on negative coping mechanisms.

Furthermore, the assessment reveals a complex landscape of expenditure patterns, with food, and debt repayment constituting primary expenses. Urban livelihood systems, characterized by high rent burdens, pose additional challenges to HH financial resilience for this population groups.

Despite these challenges, the assessment also highlights resilience and adaptability within HHs. Notably, almost a third of HHs were supplementing humanitarian aid with income from casual wage labour. Even though community consultation remained very low, the protection and accountability indicators show that interactions between beneficiaries and the SCC partners were largely positive, and overall, beneficiaries expressed satisfaction.

18. 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 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%.

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Annex 1 - Key Indicators Summary Per Assessed District

Districts	Food Security indicators																							
	Food Consumption Score (FCS)						Households Hunger Scale (HHS)						Livelihood Coping Strategy (LCS)											
	Acceptable		Borderline		Poor		No/little hunger		Moderate hunger		Severe hunger		None		Stress		Crisis		Emergency					
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline				
Afmadow	17%	16%	40%	84%	43%	0%	14%	50%	76%	50%	10%	0%	28%	11%	22%	50%	16%	14%	34%	25%				
Baardheere	18%	36%	27%	63%	55%	1%	11%	94%	55%	6%	34%	0%	26%	33%	32%	34%	11%	7%	32%	25%				
Baidoa	20%	68%	34%	27%	46%	4%	49%	67%	51%	33%	0%	0%	19%	27%	30%	45%	20%	9%	31%	19%				
Baidoa/Berdale	25%	83%	41%	13%	34%	4%	47%	75%	53%	25%	0%	0%	21%	29%	37%	45%	13%	10%	29%	17%				
Jowhar	7%	63%	21%	29%	72%	7%	34%	87%	62%	13%	4%	0%	26%	45%	11%	23%	20%	10%	43%	21%				
Kismayo	10%	24%	48%	75%	42%	1%	3%	69%	96%	31%	1%	0%	4%	37%	52%	29%	7%	4%	37%	30%				
Galkacyo	6%	23%	27%	47%	67%	30%	47%	44%	52%	56%	1%	0%	26%	31%	10%	19%	47%	28%	18%	22%				
Overall	15%	46%	31%	47%	54%	7%	30%	73%	60%	27%	10%	0%	23%	32%	26%	34%	23%	12%	32%	23%				

Annex 2 - Completed Consolidated Approach to Reporting Indicators of Food Security (CARI) Console*

Domain		Indicator	Food Secure (1)		Marginally Food Secure (2)		Moderately Food Insecure (3)		Severely Food Insecure (4)	
			Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Current Status	Food	Food Consumption Group and rCSI	Acceptable and rCSI<4 0%	Acceptable and rCSI<4 8%	Acceptable and rCSI>=4 14%	Acceptable and rCSI>=4 38%	Borderline 34%	Borderline 47%	Poor 52%	Poor 7%
Coping Capacity	Economic Vulnerability	Economic Capacity to Meet Essential Needs (ECMEN)	7%	52%	N/A		29%	44%	64%	4%
	Asset Depletion	Livelihood Coping Strategies	None 21%	None 30%	Stress 28%	Stress 35%	Crisis 19%	Crisis 12%	Emergency 32%	Emergency 22%
CARI Food Security Index			0%	5%	10%	44%	48%	48%	42%	3%

Annex 3: Endline CARI Food Security Index Per District*

Districts	Food Secure	Marginally Food Secure	Moderately Food Insecure	Severely Food Insecure
Afmadow	0%	25%	75%	0%
Baidoa	1%	72%	25%	1%
Baidoa/Berdale	9%	73%	15%	3%
Baardheere	2%	36%	62%	1%
Galkacyo	11%	14%	64%	11%
Jowhar	10%	50%	36%	3%
Kismayo	1%	29%	71%	0%
Overall Score	5%	44%	48%	3%

* 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.