

First Assessment for Modification Request (MR2) Findings for the Somali Cash Consortium Response to Drought and Famine Prevention

February 2023
Somalia



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KEY MESSAGES

- **The data indicates that more than half (56%)** of the assessed households (HHs) had suggestions on how to improve the cash assistance to meet their needs. Increasing duration of cash transfers (74%), increasing amounts of cash transfers (70%) and providing continuous cash transfers throughout the year (64%) were the top-reported suggestions.
- **Market purchase with cash (74% and 61% for HHs who had received cash and those who had not respectively) remained the main source of food** for HHs in the 30 days prior to data collection.
- **Findings suggest that cash transfer and casual labour** were the top reported sources of HH's income among HHs who received the first line response. However, HHs who had not received the first line response heavily relied on either casual labour or livestock production in the 30 days prior to data collection.

91%	Of the interviews were conducted with self-reported head of HHs.*
59%	Of the interviews were conducted with members of the host community.
18%	Of surveyed HHs included at least one member with a disability.
24%	Of surveyed HHs included at least one member with a chronic illness.

Livelihood Zone breakdown:



Of the Somali Cash Consortium (SCC) beneficiary households surveyed, 78% were categorised as urban households, 13% as pastoral and 9% as agro-pastoral.

*The gender and age of the reported head of household were collected for disaggregation purposes, regardless of whether the respondent was the head of household or not.

**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).

***The objective of the assessment is to monitor the impact of the SCC MPCA 2022 programme on the expenditure patterns and food security status of the beneficiary HHs and to inform the multi-purpose cash-based humanitarian response in Somalia across first and endline assessments.

CONTEXT & RATIONALE

Somalia is experiencing severe drought and rainfall deficiencies were observed in southern and central parts of the region. The protracted drought has led to erosion of livelihoods of many Somalis.¹ Research suggests the 2022 long rains were the lowest performing rains in over 70 years, including the 2010-11 and 2016-17 droughts.² Commodity prices have been rising following the worsening drought conditions, as well as the impacts of the Ukraine war, thus likely leading to short and long-term consequences on vulnerable households hunger and poverty levels.³

Between January and March 2023, the number of people facing high levels of acute food insecurity (Integrated Phase Classification 3 or above) are expected to increase up to approximately 6.4 million people.⁴

In response to the rising humanitarian needs, the SCC** is carrying out an emergency cash intervention to selected beneficiary households (HHs) across 5 districts: Mahas, Galkacyo, Burtinle, Doolow and Banadir. 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 January and March 2023.

ASSESSMENT OVERVIEW***

The modification request 2 (MR2) is a top up funding to the SCC 2022 main caseload that targeted new vulnerable beneficiary HHs across Somalia. Traditionally, assessments that are done before any intervention (such as a MPCA programme) are referred to as baseline assessments and they aim at assessing the situation of the beneficiaries before receiving the intervention. In this particular situation, due to external circumstances, IMPACT exceptionally conducted the assessment after the first round of cash transfer had already taken place and thus referred to it as a first assessment. This means that both households who **have received** one round of transfer and households who **did not**, were interviewed during the first assessment. Indeed, the second batch of HHs were added to the program after full verification of the requirements, this will be followed by an endline assessment. Findings were disaggregated between HHs who had received cash transfers and those who had not. As shown in the Consolidated Approach to Reporting Indicators (CARI) console annexes below, HHs who had received cash transfers were on average more food secure and in a better financial situation compared to their counterparts who had not received cash transfers.

MR2 FINDINGS FOR HOUSEHOLDS WHO HAVE RECEIVED* THE FIRST LINE RESPONSE (n=818)

DEMOGRAPHICS

% of HHs by Head of the Household demographic characteristics:



COMMUNICATION

46% 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 (n=380), the most commonly reported selection criteria were:**

- 82%** Lack of income
- 79%** Lack of assets
- 37%** Disability of household member
- 30%** Use of negative coping strategies

Nearly all HHs (96%), reported feeling well represented by the Village Relief Committee (VRCs). Among the HHs who felt they were represented poorly (n=26), the primary reasons reported were that the council leaders were perceived to be inactive (n=2), corrupt and worked for personal interests (n=3), or were new and inexperienced (n=12).

ENERGY AND ENVIRONMENT

17% Of HHs reported having received environmental education in the 30 days prior to data collection.

Among the HHs who reportedly received environmental education (n=140), the most reported forms of educational services delivered were:**

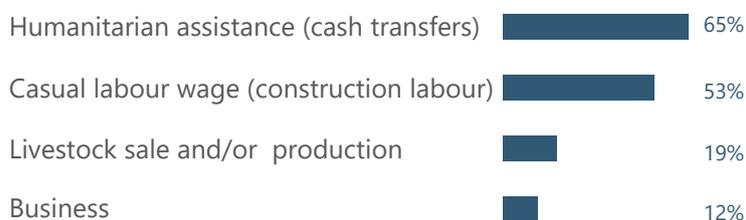
- Waste disposal mechanisms **69%**
- Tree Planting **40%**
- Water conservation **35%**
- Reduction of plastic and paper wastes **28%**

Top most reported sources of energy used by the HHs in the 30 days prior to data collection:**

- Solar energy **66%**
- Biomass energy from plants **25%**
- Geothermal energy **7%**
- Wind energy **4%**
- Hydro power energy **3%**

HH'S INCOME SOURCE

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



Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):* 182.5 USD**

HH'S EXPENDITURE

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	Proportion to total spending****
Food	72.5 USD	47%
Repayment of debt taken for food	24.7 USD	15%
Rent	20.5 USD	13%
Education	20.0 USD	12%
Medical expenses	18.7 USD	10%
Total expenditure (past 30 days)	162.6 USD	

* During the first assessment, 818 HHs had received the first cash distribution provided by the SCC partners. Therefore, findings for HHs who had received the first line response is based on a sample of 818 beneficiary HHs.

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

***The average amount of cash transfers received by the HHs was 112.9 USD.

****For each category, proportion was calculated based on the number of HHs who had made some spendings on each expenditure category. All HHs had made some spendings 30 days prior to data collection. In addition the average income was inclusive of the cash transfers received by the surveyed HHs.

SPENDING DECISIONS

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



The HHs more frequently reported that spending decisions were made jointly by male and female members of the HH (44%).

HH'S SAVINGS & DEBT

8% of HHs reported having made savings. The average amount of savings found for households with any savings was 35.0 USD per HH.

31% of HHs reported having debt at the time of data collection. The average amount of debt found for households with any debt was 69.2 USD per HH.

Findings suggest that the HHs that reportedly had the highest average debt were in Burtinle (136.5 USD), Banadir (119.3 USD) and Mahas (72.0 USD).*

Among the HHs having debt (n=214), the top reported reasons were:**



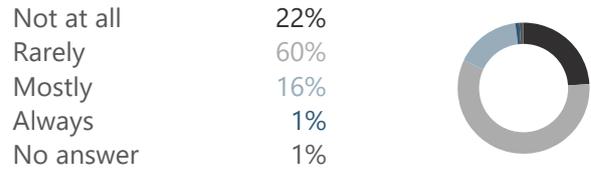
ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS^{5***}

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

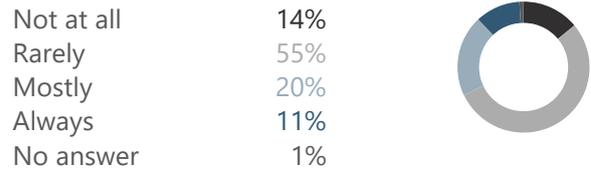


PERCEIVED WELLBEING

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



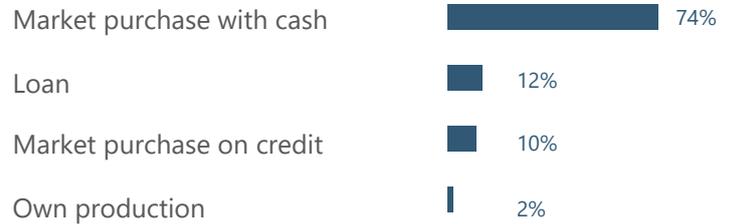
% of HHs reporting their overall wellbeing at the time of data collection:



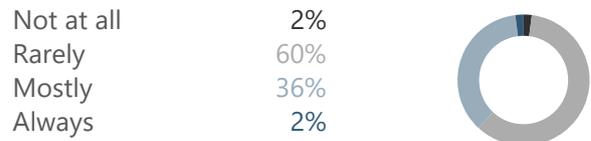
FOOD SECURITY AND LIVELIHOODS

As shown in annex 3, findings indicate that only 4% of the SCC beneficiary HHs are food secure and 45% are marginally food secure. Further, about half (50%) of the of the assessed HHs were found to be either moderately food insecure or severely food insecure.⁶

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



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



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



Market purchase remained the main source of food for HHs in the 30 days prior to data collection. HHs reported that market purchase with cash (74%) and with credit (10%) were the main sources of food. This likely suggests that the cash received by HHs from the SCC aided beneficiary HHs in purchasing food from the market.

*The subsets reporting debts per district: 25%, 17% and 21% in Burtinle, Banadir and Mahas districts respectively.

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

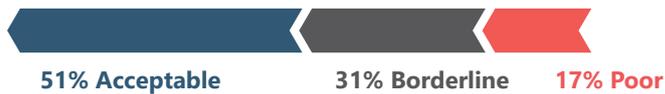
***The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB). 55% of the assessed HHs had made spendings equal to or above the MEB cost. January regional MEB cost was used to calculate the ECMEN value. The MEB costs are available upon request.

FOOD CONSUMPTION SCORE (FCS)⁷

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 this survey, more than half (51%) of HHs were found to have acceptable FCS. HHs in Mahas (86%) and Banadir (79%) were found to have the highest values of acceptable FCS as shown in **annex 2**.

% of HHs by FCS category:



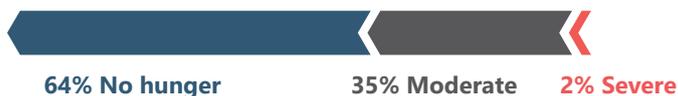
Average FCS per HH **45.0**

HOUSEHOLD HUNGER SCALE (HHS)⁸

HHS measures prevalence of hunger over time to assess the food security. It is used to measure extreme manifestation of insufficiency of food in the 30 days prior to data collection.

Based on the HHs responses, 64% were found to be experiencing no hunger in the 30 days prior to data collection. Only 2% of the HHs experienced severe hunger. The cash distributions likely played a role in the low levels of hunger experienced by these households in the 30 days prior to data collection.

% of HHs by HHS category:



REDUCED CONSUMPTION-BASED COPING STRATEGIES⁹

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.

% of HHs by rCSI category:



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.

About 29% of HHs were highly relying on consumption-based coping strategies. A particularly high proportion of households were reported to have a high rCSI in Burtinle (47%) district. This likely suggests that despite HHs in Burtinle having access to the cash transfer to purchase food, HHs still adopted and relied upon severe food consumption coping behaviours. This is further reflected in a majority (89%) of the HHs reporting having relied on less preferred, less expensive food an average 2.6 days per week.

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

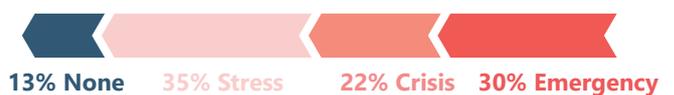
% of HHs reporting coping strategies adopted	Average number of days per week per strategy
Relied on less preferred, less expensive food (89%)	2.6
Reduced the number of meals eaten per day (79%)	1.9
Reduced portion size of meals (79%)	1.9
Borrowed food or relied on help from friends or relatives (78%)	2.0
Restricted adults consumption so children can eat (62%)	1.4

LIVELIHOOD-BASED COPING STRATEGIES (LCS)¹⁰

This is an indicator used to understand medium and long-term coping capacity of households in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn increasing the likelihood of depleting resources to cover basic needs gaps.

A majority (87%) of the HHs were found to engage in emergency, crisis or stress level coping strategies.

% of HHs by LCS category^{***}:



Average LCS per HH **5.8**

Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:⁵

Accessing food	86%
Health care services	65%
Education	51%
Shelter	46%
WASH ^{***} items	29%

*MR2 involved rapid needs assessment done by the SCC partners. This led to a first line response where HHs received the first round of transfer. A re-verification was done, where a vulnerability criteria was set by the Consortium Management Unit (CMU). HHs who passed the test were included in the second line. IMPACT then proceeded to do a first assessment.

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

***Crisis and emergency coping strategies adopted in the 30 days prior to data collection were: Entire household has migrated (15%), Begged (12%), sold last female animals (4%), decreased expenditure on fodder (41%) and consumed seed stocks that were held for the next season (20%).

***WASH implies Water, Sanitation and Hygiene.

MR2 FINDINGS FOR HOUSEHOLDS WHO HAVE NOT* RECEIVED THE FIRST LINE RESPONSE (n=81)

DEMOGRAPHICS

% of HHs by Head of the Household demographic characteristics:



COMMUNICATION

61% Of the households reported being aware of at least one of the selection criteria for receiving the cash assistance.

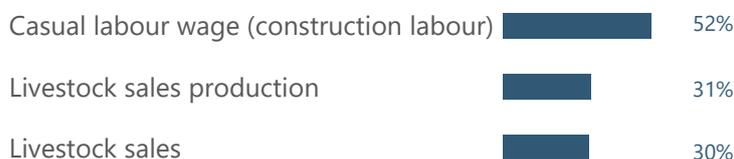
Among those households reporting being aware of any selection criteria (n=50), the most commonly reported selection criteria were:**

- 83%** Lack of assets
- 60%** Lack of income
- 50%** Disability of household member
- 46%** Gender of the head of HH

Nearly all HHs (93%), reported feeling well represented by the Village Relief Committee (VRCs). Among the HHs who felt they were represented poorly (n=3), the primary reasons reported were that the council leaders were corrupt and worked for personal interests (n=2), or were new and inexperienced (n=1).

HH'S INCOME SOURCE

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



Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%)*: 156.8 USD**

ENERGY AND ENVIRONMENT

22% Of HHs reported having received environmental education in the 30 days prior to data collection.

Among the HHs who reportedly received environmental education (n=18), the most reported forms of educational services delivered were:**

- 90%** Waste disposal mechanisms
- 83%** Tree Planting
- 11%** Reduction of plastic and paper wastes
- 6%** Water conservation

Top most reported sources of energy used by the HHs in the 30 days prior to data collection:

- 90%** Solar energy
- 10%** Biomass energy from plants

HH'S EXPENDITURE

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	Proportion to total spending****
Food	73.6 USD	56%
Rent	26.9 USD	16%
Repayment of debt taken for food	21.9 USD	15%
Medical expenses	18.8 USD	14%
Repayment of debt taken for non-food items	17.4 USD	11%
Total expenditure (past 30 days)	138.6 USD	

* During the first assessment, 81 HHs had received the first cash distribution provided by the SCC partners. These HHs were not part of the first line response and were added to the programme after re-verification based on the targeting criteria set by the CMU.

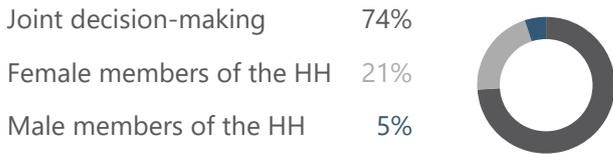
** Respondents could select multiple options. Findings may therefore exceed 100%.

***Of these HHs, 62% had incomes below 130 USD thus classified as HHs with low income by the CMU.

****For each category, proportion was calculated based on the number of HHs who had made some spendings 30 days prior to data collection.

SPENDING DECISIONS

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



The HHs more frequently reported that spending decisions were made jointly by male and female members of the HH (n=60).

HH'S SAVINGS & DEBT

No beneficiary HH reported having made savings at the time of data collection

10% of HHs reported having debt at the time of data collection. The average amount of debt found for households with any debt was 107.9 USD per HH.

Findings suggest that the HHs that reportedly had the highest average debt were in Burtinle (166.7 USD), Galkacyo (81.7 USD) and Dollow (20.0 USD).*

Only 8 HHs reportedly had debts at the time of data collection. Buying food, buying clothes, repayment of debts and accessing health services were the top reported reasons for incurring debts.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS^{5**}

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

Yes	31%
No	69%



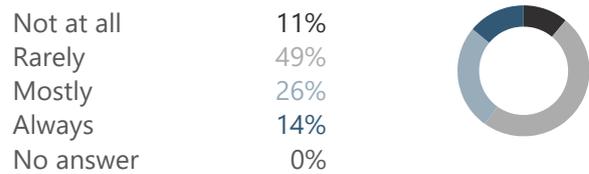
PERCEIVED WELLBEING

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

Not at all	40%
Rarely	40%
Mostly	15%
Always	5%
No answer	0%



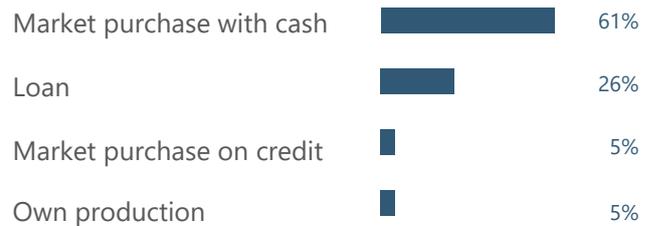
% of HHs reporting their overall wellbeing at the time of data collection:



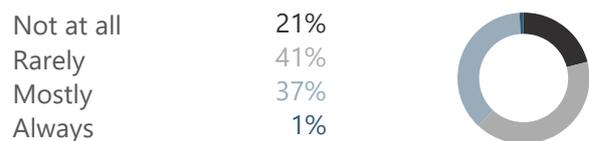
FOOD SECURITY AND LIVELIHOODS

As shown in annex 5, findings indicate that only two (accounting for 2%) beneficiary HHs who were added to the program were food secure and that only 23% are marginally food secure. Moreover, about three-quarters (74%) of the assessed HHs were found to be either moderately food insecure or severely food insecure.⁶

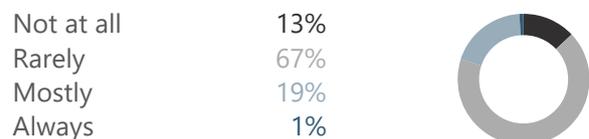
% of HHs by most commonly reported primary sources of food in the 7 days prior to data collection:^{***}



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



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



Market purchase remained the main source of food for HHs in the 30 days prior to data collection. HHs reported that market purchase with cash (5%) and on credit (61%) were the main sources of food. This likely suggests that the most of these HHs acquired food on credit from the vendors.

*The subsets reporting debts per district: 8%, 75% and 3% in Burtinle, Galkacyo and Dollow districts respectively.

**The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB). 26 beneficiary HHs had made spendings equal to or above the MEB cost. January regional MEB cost was used to calculate the ECMEN value. The MEB costs are available upon request.

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

FOOD CONSUMPTION SCORE⁷

From this survey, 30% of HHs were found to have poor FCS. Galkacyo and Dollow are the districts with the highest proportion of HHs with a poor FCS (respectively 94% and 44%).

% of HHs by FCS category:



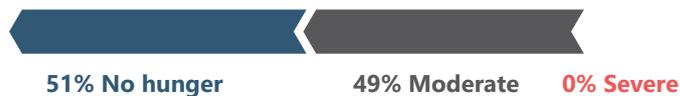
Average FCS per HH **38.6**

HOUSEHOLD HUNGER SCALE⁸

Based on the HHs responses, 51% were found to be experiencing no hunger in the 30 days prior to data collection.

Even though half (51%) of these HHs had reported no hunger within the HHs, it should be noted that they might have acquired food from the markets on credit and also took loans. This is also reflected by the average reported debts of 107.9 at the time of data collection.

% of HHs by HHS category:



REDUCED CONSUMPTION-BASED COPING STRATEGIES⁹

Approximately 36% of HHs were highly relying on consumption-based coping strategies. High rCSI was reported in Burtinle (63%) district. This likely suggests that most HHs in Burtinle still adopted and relied upon severe food consumption coping behaviours. This is further reflected in a majority (98%) of the HHs reporting having relied on less preferred or less expensive food an average 3.6 days per week.

% of HHs by rCSI category:



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 (98%)	3.6
Reduced the number of meals eaten per day (88%)	2.4
Reduced portion size of meals (90%)	2.5
Borrowed food or relied on help from friends or relatives (95%)	2.4
Restricted adults consumption so children can eat (50%)	1.3

LIVELIHOOD-BASED COPING STRATEGIES¹⁰

Nearly all (94%) of the HHs were found to engage in emergency, crisis or stress level coping strategies.

HHs are likely to have eroded a larger part of their medium-term and long-term ability to cope with food gaps among other basic needs, hence increasing the likelihood of exhausting their limited resources to afford some of the basic needs.

% of HHs by LCS category**:



Average LCS index per HH **8.9**

Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:⁵

Accessing food	96%
Health care services	57%
Education	53%
Shelter	46%
WASH*** items	43%

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

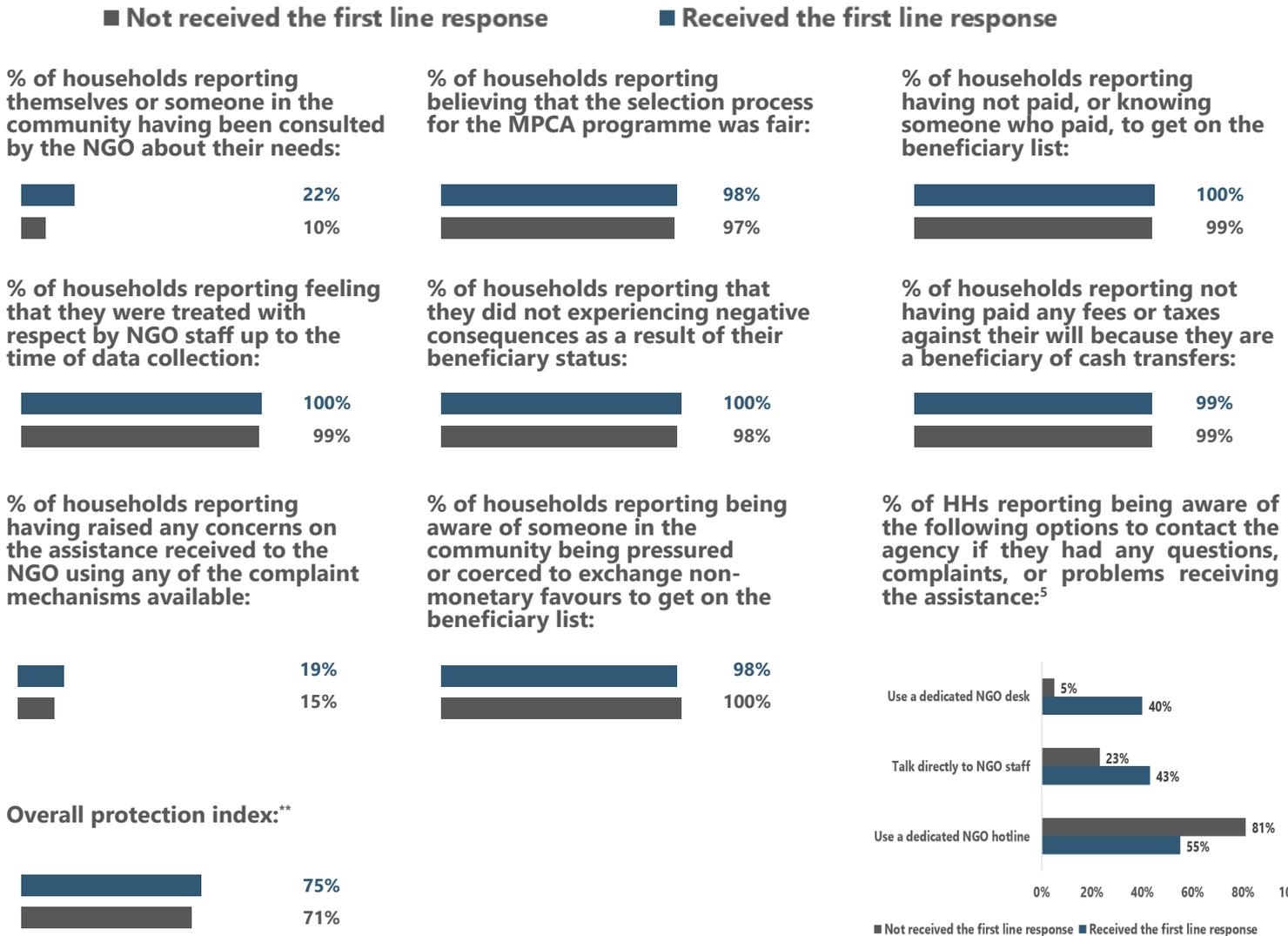
** Crisis and emergency coping strategies adopted in the 30 days prior to data collection were: Begged (2%), sold last female animals (3%), decreased expenditure on fodder (73%) and consumed seed stocks that were held for the next season (67%).

*** WASH implies Water, Sanitation and Hygiene.

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 figures in blue relates to HHs who had received the first line response while those in gray represent those who had not.



CONCLUSION

In conclusion, findings indicate that HHs who had received cash transfers were on average more food secure and in a better financial situation compared to their counterparts who had not. Annex 1 compares key indicators for HHs who have and have not received the cash transfer. This is reflected in indicators such as the ECMEN, proportion of income spent on food, acceptable FCS, rCSI, LCSi and the average debt accumulated at the time of data collection.

The CARI console indicates that a majority of the HHs who had not received income at the time of data collection classified in IPC phase 3 and 4 (respectively 42% and 32%). For HHs who have received the first round of cash transfer, these values are much lower and respectively amount to 41% and 9%, as shown in Annex 3 below. It is to be noted that no statistical tests were performed for the comparison of the two groups of households. As such, these comparisons are indicative.

During the assessment, only 33% of the HHs utilized the Complain Response Mechanism (CRM) platforms. Community mobilisation could be encouraged by the partners during the programming period.

*The protection related issues raised by the remaining HHs were sent to the cash implementing partners for follow ups.

**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 who were in dire need of the cash transfer, 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 given or not.

Annex 1 - Key Indicators Summary disaggregated by HHs who had received cash transfers and those who had not

Key Indicator	Target Value****	Overall average	Not received	Received
Average meals consumed per household in the last 24 hours prior to data collection		2.1	2.1	2.1
% of households with an acceptable FCS	46%	49%	37%	51%
Average LCSi	5.4	6.1	7.5	5.8
% of HHs whose spending was reportedly equal to or above MEB	30%	52%	31%	55%
% of households with a high or medium HDDS		86%	76%	89%
Average Reduced Coping Strategies Index (rCSI)		15.0	17.1	14.6
% of total household expenditure spent on food		48%	57%	47%
ECHO Protection Indicator (KPI)	79%	75%	71%	75%

Annex 2 - Key Indicators Summary Per Assessed District for household who have received the first line response

Districts	Food Security indicators													
	Vulnerability desegregation				Food consumption score			Households hunger scale (HHS)			Livelihood Coping Strategy (LCS)			
	Large HH size*	Elderly head of HH**	HHs head with disability	HHs head with chronic illness	Acceptable	Borderline	Poor	No/little hunger	Moderate hunger	Severe hunger	None	Stress	Crisis	Emergency
Banadir	62%	8%	9%	19%	79%	6%	15%	71%	28%	1%	12%	34%	15%	38%
Burtinle	68%	24%	2%	15%	45%	49%	6%	59%	41%	0%	6%	49%	37%	9%
Doloo	66%	17%	6%	17%	28%	59%	13%	69%	31%	0%	9%	28%	12%	50%
Galkacyo	49%	14%	8%	15%	30%	37%	33%	63%	37%	0%	20%	28%	25%	31%
Mahas	81%	13%	9%	23%	86%	1%	13%	59%	32%	9%	12%	45%	8%	35%
Overall Average	81%	13%	9%	23%	51%	1%	13%	64%	35%	2%	13%	36%	22%	30%

Annex 3 - Completed consolidated approach to reporting indicators of food security (CARI) console*** for household who have received the first line response

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 10%	Acceptable and rCSI >= 4 44%	Borderline 30%	Poor 17%
Coping Capacity	Economic Vulnerability	Economic Capacity to Meet Essential Needs (ECMEN)	60%		21%	19%
	Asset Depletion	Livelihood Coping Strategies	None 12%	Stress 36%	Crisis 20%	Emergency 32%
CARI Food Security Index			4%	45%	41%	9%

*HHs with six or more members.

**HH heads of 55 years and above

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

****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.

Annex 4 - Key Indicators Summary Per Assessed District for household who have not received the first line response

Districts	Food Security indicators													
	Vulnerability desegregation				Food consumption score			Households hunger scale (HHS)			Livelihood Coping Strategy (LCS)			
	Large HH size*	Elderly head of HH**	HHs head with disability	HHs head with chronic illness	Acceptable	Borderline	Poor	No/little hunger	Moderate hunger	Severe hunger	None	Stress	Crisis	Emergency
Banadir	67%	0%	33%	0%	100%	0%	0%	100%	0%	0%	0%	67%	33%	0%
Burtinle	63%	15%	15%	28%	53%	35%	12%	63%	37%	0%	6%	20%	48%	36%
Doloo	71%	0%	0%	6%	18%	38%	44%	33%	67%	0%	0%	6%	24%	71%
Galkacyo	6%	18%	6%	4%	0%	6%	94%	6%	94%	0%	50%	0%	50%	0%
Overall Average	65%	15%	10%	16%	37%	33%	30%	51%	49%	0%	6%	20%	38%	36%

Annex 5 - Completed consolidated approach to reporting indicators of food security (CARI) console*** for household who have not received the first line response

Domain	Indicator	Food Secure	Marginally Food Secure	Moderately Food Insecure	Severely Food Insecure	
		(1)	(2)	(3)	(4)	
Current Status	Food Consumption	Food Consumption Group and rCSI	Acceptable and rCSI < 4 2%	Acceptable and rCSI ≥ 4 35%	Borderline 33%	Poor 30%
Coping Capacity	Economic Vulnerability	Economic Capacity to Meet Essential Needs (ECMEN)	38%		11%	51%
	Asset Depletion	Livelihood Coping Strategies	None 5%	Stress 20%	Crisis 37%	Emergency 38%
CARI Food Security Index		2%****	23%	42%	32%	

Annex 6-Sample Breakdown

Districts	Caseload	Sample Surveyed for HHs who have received cash	Sample Surveyed for HHs who have not received cash
Mahas	825	164	0
Galkacyo	1,350	186	4
Banadir	700	163	3
Burtinle	1,320	167	40
Doloo	750	138	34
Total	4,945	818	81

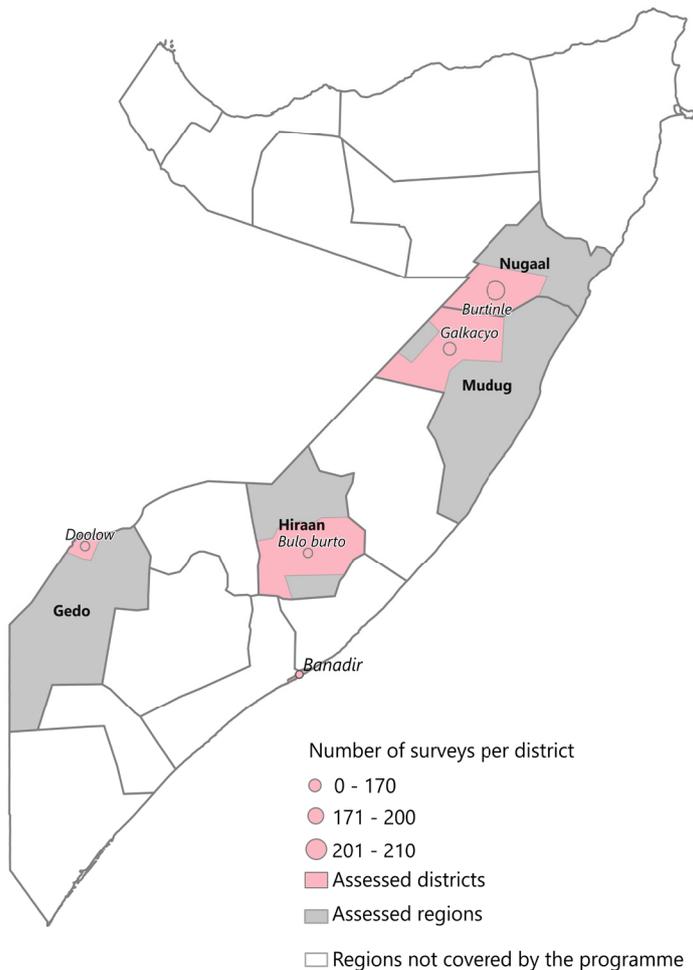
*HHs with six or more members.

**HH heads of 55 years and above

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

**** Only 2 beneficiary HHs were found to be food secure. They reported humanitarian assistance through contracted jobs as their main source of income.

ASSESSMENT COVERAGE



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.

METHODOLOGY:

Quantitative data was collected through a household-level survey assessing SCC cash beneficiary HHs. Data collection took place between 8th and 24th February 2023.

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. The analysis was disaggregated into HH who have received a first round of cash and those who had not. Therefore, findings have been analysed separately between the two groups of HHs.

Of the 5,295 beneficiary HHs, a sample of 923 HHs were interviewed remotely via telephone and 899 surveys were kept after the data cleaning process. All results presented have been weighted by the proportion of SCC beneficiary households per targeted districts. For more information on the methodology please refer to [the terms of reference](#).

ENDNOTES

PAGE 1

1. [Famine Early Warning Systems network \(FEWSNET January 2023\)](#)
2. [REACH HoA Regional Drought and Remote Sensing Analysis Feb2023 Kenya Somalia Ethiopia.pdf](#)
3. Somalia Economic Monitor. Source [World Bank website](#).
4. [Integrated Food Security Phase Classification \(July-December, 2022\) Somalia](#)

PAGE 3

5. Economic Capacity to Meet Essential Needs (ECMEN) is a binary indicator showing whether a household's total expenditures can be covered. It is calculated by establishing household economic capacity (which involves aggregating expenditures) and comparing it against the [Minimum Expenditure Basket](#) to establish whether a household is above this threshold.

6. [Technical Guidance for WFP on Consolidated Approach for reporting Indicators of Food Security \(December, 2021\)](#).

PAGE 4

7. Find more information on food consumption score [here](#).
8. Household Hunger Scale (HHS)—a new, simple indicator to measure household hunger in food insecure areas. Read more [here](#)
9. rCSI - The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by households due to shortage of food. The index measures the frequency and severity of the food consumption behaviours the households 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 household when faced with shortage of food. The rCSI scale was adjusted for Somalia, with low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18, with the average rCSI being 14.6 and 17.1 for HHs who had received cash and those who had not respectively. Read more [here](#).

PAGE 5

10. Livelihood Coping Strategies Index (LCS) is an indicator used to understand medium and longer-term coping capacity of households in response to lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the households' experiences with livelihood stress and asset depletion to cope with food shortages. Read more [here](#).

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 15 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