FACTSHEET

# FINAL ASSESSMENT FINDINGS FOR THE SOMALI CASH CONSORTIUM (SCC) RESPONSE TO DROUGHT AND FAMINE PREVENTION IN THE GEDO REGION

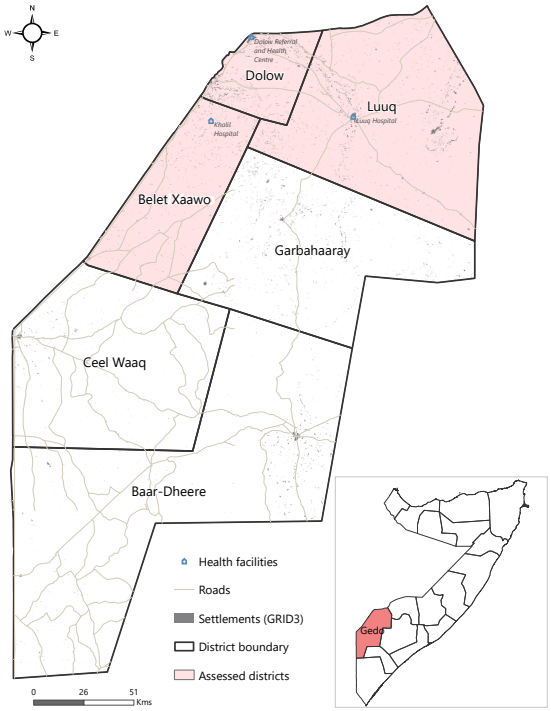
## OCTOBER, 2023
## GEDO, SOMALIA

Funded by
European Union
Humanitarian Aid

## KEY MESSAGES

- **Market purchases with either cash or on credit (89%) remained the main source of food** for households (HHs) in the 30 days prior to data collection.
- No HH reported having debt at the time of data collection. This marks a favourable outcome compared to the baseline, where 11% of the surveyed households had an average debt of 254.07 USD.
- The proportion of HHs resorting to negative coping strategies decreased from 96% to 76% across the assessments. The predominant levels of coping strategies used for sustaining livelihoods were stress coping strategies, **adopted by 33% of HHs**, followed by emergency strategies, **adopted by 27% of the HHs.**
- **The findings indicate an improved food security situation,** as defined by the consolidated approach to reporting indicators (CARI) console. Almost half (47%) of the evaluated HHs were classified as marginally food secure (compared with 4% during the baseline), with only 8% falling into the food insecure category.
- **Findings from the final assessment show that nearly all (94%) of the assessed HHs had a child under the age of five.** Among these HHs (n=179), a significant majority (98%) confirmed that at least one child in the HH underwent malnutrition screening. Within this group, a substantial majority (97%) of HHs reported that their screened children were confirmed to be malnourished at the time of screening.

## ASSESSMENT COVERAGE




## CONTEXT & RATIONALE

The evolving humanitarian crisis in Somalia, compounded by the ongoing conflicts and Deyr rainy season-induced floods, has resulted in displacement, elevated food prices, and disease outbreaks, further exacerbated by limited health access.[1] As a result, about 4.3 million individuals are projected to face food gaps within the October-December period.[2] In addition, within this projection period, which coincides with the lean season, the Acute Malnutrition (AMN) situation is expected to deteriorate in Dolow urban, and South Gedo agropastoral areas, and it is expected to remain Critical (IPC AMN Phase 4) or within the Serious Phase (IPC AMN Phase 3).[3] This deterioration is attributed to constrained access to health and nutrition services, partly due to insufficient humanitarian funds, as well as acute food insecurity and high morbidity rates in these regions.

Within this projection period, approximately 21% of HHs in Gedo were classified in the IPC Phase 3 or above, indicating a high risk of acute food insecurity.[2] This was coupled with road damages, causing displacement of HHs, crop losses and disruptions to market access in Gedo due to the severe flash floods. Luuq district was hit particularly hard, with the heavy rains causing the over-topping of the bridge in Luuq, putting it on the brink of being swept away.[4]

The Post Gu[5] 2023 FSNAU SMART survey reveals that Dolow, Luuq and Belet Xaawo have reported a Global Acute Malnutrition (GAM) prevalence rate of 17.8%, 18.4% and 16.1%, respectively. These percentages align with the IPC Acute Malnutrition (AMN) phase 4 classification, signifying a critical nutritional situation.

To address the humanitarian needs of HHs in the Gedo region, SCC[6] carried out an emergency cash intervention to selected beneficiary HHs across 3 districts of Gedo: Dolow, Luuq and Belet Xaawo. The selection of beneficiary households for the emergency cash intervention in the Gedo region was based on **admission to stabilization Centres for children with malnutrition aged 6-59 months in Luuq, Dolow and Belet Xaawo Hospitals**. These referrals were obtained from Trocaire, Caafimaad Plus partner. This intervention was funded by the European Union Civil Protection and Humanitarian Aid (ECHO) and consisted of three rounds of Multi-Purpose Cash Assistance (MPCA) distributed between June and October 2023, however HHs under cohort 2 who were subjected to this study received cash between July and September. **This factsheet provides key findings from the final assessment as well as indicative comparisons across key indicators from the baseline assessment.**[7]

1. Integrated Food Security Phase Classification (August-December, 2023) Somalia.
2. ibid
3. ibid
4. Food Agriculture Orgamisation (FAO). Flood Advisory for Juba and Shabelle Rivers, Somalia.
5. Somalia 2023 Post Gu Acute Malnutrition prevalence (FSNAU September 21, 2023)
6. 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).
7. The objective of the assessment is to monitor the impact of the SCC MPCA 2023 programme on the expenditure patterns and food security status of HHs with malnutrition cases among HHs with children of the age 5 and above in the districts of Dolow, Belet Xaawo and Luuq. This assessment was conducted by IMPACT Initiatives in partnership with the SCC CMU. The tool covers vulnerability criteria, income and expenditure patterns, food consumption, hunger scale, and coping strategies.

# KEY FINDINGS IN DETAILS

### Malnutrition Status

**Findings from the final assessment show that nearly all (94%) of the assessed HHs had a child under the age of five.** Among these HHs (n=179), a significant majority (98%) confirmed that at least one child underwent malnutrition screening. Within this group, a substantial majority (97%) of HHs reported that their screened children were confirmed to be malnourished at the time of screening. Furthermore, almost all (93%) of the malnourished children were admitted to the stabilisation centres (SC). **The findings indicate that approximately half (45%) of the children admitted to the SC were successfully cured, while another 31% were discharged to the Outpatient Therapeutic Feeding Program (OTP) and another 20% discharged to Targeted Supplementary Feeding Programmes (TSFP).**

### Food Security and Livelihood

**Findings suggest that the food security status of the beneficiary HHs had improved since the baseline assessment after receiving three cycles of MPCAs from the SCC. As reflected in the Food Consumption Score (FCS), Reduced Coping Strategies Index (rCSI), Livelihood Coping Strategies Index (LCSI), and the Household Hunger Scale (HHS).**

The assessed HHs were classified using the consolidated approach to reporting indicators (CARI) by the four food security groups. **As shown in Annex 2**, **the proportion of households that were either food secure or marginally food secure significantly increased from 4% during the baseline assessment to 47% during the final assessment, while the percentage of severely food insecure households decreased from 20% to 8% during the same period.**

Similarly, the FCS showed an increase in the percentage of beneficiary households with an acceptable score from 37% to 48% during the final assessment. However, there was a slight rise in the proportion of HHs with poor FCS, increasing from 10% to 20%. Moreover, the proportion of households with expenditure meeting or exceeding the Minimum Expenditure Basket (MEB) rose significantly from 0% to 55%. These improvements in HH's food security score can be attributed to the MPCA.

It is noteworthy that the proportion of households with moderate reduced Coping Strategies Index (rCSI) scores decreased from 90% at baseline to 77% at the final assessment. Nevertheless, the average rCSI score remained consistent at 14.2 during both the baseline and final assessments.

**The overall decrease in this proportion over time, between these two assessments, indicates a decrease in the use of negative coping strategies.** In addition, the average LCSI decreased from 5.8 during the baseline assessment to 4.9 at the final assessment. The proportion of HHs engaging in either emergency, crisis or stress level coping strategies decreased considerably during final assessments from 96% at the baseline assessment to 76%. Food access (98%), shelter (45%) and healthcare (35%) were the top cited reasons by the HHs using these coping strategies during the final assessment. This was consistent with the baseline assessment where food access (95%), healthcare (89%) and shelter (71%) were the top cited reasons for engaging in the above strategies. **These positive shifts suggest the impact of three-cycle cash distributions in alleviating food insecurity and reducing reliance on adverse coping strategies.***

**However, despite this positive increase, it should be noted that Somalia has experienced a sharp rise in prices, potentially leading to a decline in the purchasing power of these HHs. As the assistance comes to an end, they are likely to face significant food gaps. Furthermore, the persisting impact of El-Nino flooding is expected to exacerbate the condition of these households, causing disruptions in supply chains, crop losses, and a further escalation of their needs.**

### Household Expenditure Breakdown

Findings suggest that **a higher proportion of expenditure dedicated to food may indicate less funds available for other basic needs items, and for saving to build resilience against future shocks.** Food purchases still accounted for nearly half of all monthly HH expenditures at the baseline and final assessment (51.55 USD and 72.16 USD respectively). The average reported HH monthly income including the cash assistance considerably increased from 84.55 USD at baseline to 142.20 USD during the final assessment.

### Cash Use and Impact

Findings suggest that the proportion of HHs who had enough money to cover their basic needs increased between the baseline and the final assessment. The proportion of HHs reporting "mostly" and "always" being able to cover their basic needs in the 30 days prior to data collection considerably increased from 0% to 40% across assessments. In addition, the proportion of HHs whose spending was equal to or above the minimum expenditure basket (MEB) increased from 0% to 55% across assessment, as shown by the economic capacity to meet essential needs (ECMEN) binary indicator.

Market purchases continued to be the primary source of food for HHs in the 30 days preceding data collection, for both assessments, baseline and final. This trend implies that the cash received by HHs from the SCC likely facilitated beneficiaries in procuring food from the market.

Most of the surveyed HHs reported humanitarian assistance (98%) as their primary source of income. Of the 86% of the HHs that reported having suggestions to improve the cash assistance, a majority (96%) suggested an increase in the duration of the cash transfer period. The final assessment underscores the heavy reliance of most households on humanitarian aid, emphasizing the imperative to establish connections with medium to long-term livelihoods or safety net programs.

* Trading economics. Somalia infaltion rates.

# METHODOLOGY OVERVIEW

The final assessment was conducted using a quantitative method, with data collected through telephone interviews at the household-level. The target population for the survey was cash beneficiary HHs. The data collection took place between the **16th and 20th October, 2023.**

HHs in Cohort 2 were selected for this study based on referrals from Trocaire, linked to admission to stabilization centres in Luuq, Dolow, and Belet Xaawo hospitals. The overall aim of this final assessment was to measure the impact of cash assistance in addressing their HH needs.

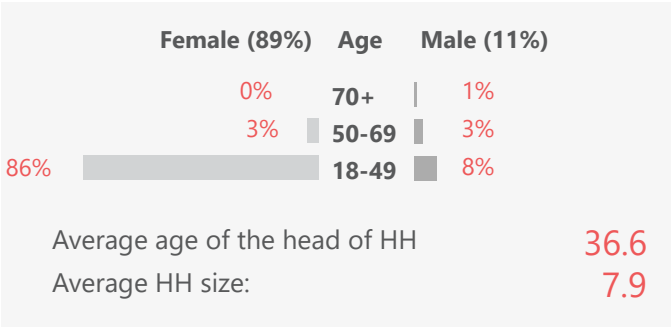
A simple random sampling approach was used and findings are generalisable to the beneficiary HHs with a 95% confidence level and a 7% margin of error at the district level. A sample of 191 HH were selected from 799 beneficiaries in Dolow, Luuq and Belet Xaawo districts in Gedo, Somalia.

**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 with a known confidence level and margin of error, 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.
- 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.
- 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.
- This pilot assessment was focused on vulnerable HHs in Gedo with children under the age of five confirmed malnourished. In the final assessment, IMPACT conducted interviews with mothers in these HHs to obtain more accurate results. At the baseline assessment, nearly half (51%) of the population assessed consisted of HHs with children under the age of 5 years, which was too low based on the selection strategy. The follow-up process was crucial in ensuring the collection of precise results. Because of this misalignment in the target population between the two assessments, the endline is thus referred to as a "final assessment" throughout this output.

## DEMOGRAPHICS

**% of HHs by Head of the HH demographic characteristics:[8]**




| | |
|---|---|
| Average age of the head of HH | 36.6 |
| Average HH size: | 7.9 |

**66%** **Of the interviews were conducted with members of the host community.**

**16%** **Of surveyed HHs identified themselves as members of minority groups.**

**72%** **Of surveyed HHs included six or more HH members, thus classified as big HHs.**

## NUTRITION AND VULNERABILITY*

**94%** **Of the HHs reported that they had children under the age of five years; with 68% reporting that they had between 1-2 children and another 25% reporting that they had between 3-5 children.**

**98%** **Of the HHs that reported that they had children under the age of five (n=179) had a child screened for malnutrition.**

**97%** **Of the HHs that had a child screened for malnutrition (n=175) reported that the children were confirmed to be malnourished at the time of screening.**

**93%** **Of the HHs that had a child confirmed to be malnourished (n=170) reported that the children had been admitted to stabilization centres due to malnutrition.**

**Reported child malnutrition status if the child was admitted to Nutrition Response Unit (n=158).**

| | |
|---|---|
| **45%** | Cured |
| **31%** | Discharged to OTP[9] |
| **20%** | Discharged to SFP[9] |

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

* During the baseline, approximately half (51%) of the households reported that children under the age of five had been screened for malnutrition. Subsequent follow-ups by IMPACT, NRC, and Trocaire, in coordination with the CMU, aimed to verify this information through various meetings. To address baseline discrepancies, IMPACT revised the malnutrition questions for the final assessment, ensuring clarity for beneficiary households. NRC played a crucial role in mobilizing mothers within households to participate in the final survey, resulting in revised results as reflected in the Gedo pilot assessment factsheet.

9. Outpatient Therapeutic Feeding Program (OTP) and Supplementary Feeding Programmes (SFP)

# LIVELIHOODS

## HHS' INCOME SOURCES

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

| | Baseline: | Final: |
|---|---|---|
| Humanitarian assistance | 0% | 98% |
| Casual labour wage (construction labour) | 84% | 40% |
| Casual labour wage (farm labour) | 30% | 16% |
| Sale of livestock | 36% | 15% |

| **Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):[10]** | **Baseline:** | **Final:** |
|---|---|---|
| | **84.55 USD** | **142.20 USD** |

## HHS' EXPENDITURES

| **Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):** | **Baseline:** | **Final:** |
|---|---|---|
| | **85.19 USD** | **140.81 USD** |

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

| HHs reporting expenditure category used | Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 USD in this category | | Proportion to total spending across all HHs including HHs who spent 0 USD[11] |
|---|---|---|---|
| | Baseline | Final | |
| Food **(n=190)** | 51.51 USD | 72.16 USD | 51% |
| Repayment of debt taken for food **(n=183)** | 11.64 USD | 23.09 USD | 15% |
| Construction **(n=74)** | 11.65 USD | 16.59 USD | 4% |
| Medical expenses **(n=123)** | 14.65 USD | 15.69 USD | 8% |
| Rent **(n=4)** | 16.71 USD | 15.38 USD | 1% |
| Debt repayment for non-food items **(n=125)** | 16.09 USD | 13.83 USD | 14% |

## SPENDING DECISIONS

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

| | Baseline: | Final: |
|---|---|---|
| Female members of the HH | 4% | 59% |
| Joint decision-making | 87% | 35% |
| Male members of the HH | 9% | 6% |

## HHS' SAVINGS & DEBT

No HH reported having debt at the time of data collection. This marks a favourable outcome compared to the baseline, where 11% of the surveyed households had an average debt of **254.07 USD.**

**3%** Of the HH reported having some savings at the time of data collection. The average amount of savings was **46.28 USD** per HH.

## ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS[12]

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

| | Baseline: | Final: |
|---|---|---|
| Yes | 0% | 55% |
| No | 100% | 45% |

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

| | Baseline: | Final: |
|---|---|---|
| Market purchase with cash | 89% | 79% |
| Market purchase on credit | 0% | 10% |
| Exchange labour or food item | 0% | 4% |

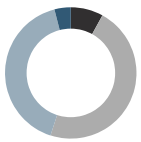
## PERCEIVED WELL-BEING

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

| | Baseline: | Final: |
|---|---|---|
| Not at all | 77% | 19% |
| Rarely | 23% | 40% |
| Mostly | 0% | 40% |
| Always | 0% | 1% |

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

| | Baseline: | Final: |
|---|---|---|
| Not at all | 0% | 7% |
| Rarely | 86% | 34% |
| Mostly | 0% | 59% |
| Always | 4% | 0% |



* Respondents could select up to three options. Findings may therefore exceed 100%.

10. Slightly more than half (52%) of the HHs were found to have low income. CMU classifies HHs with income below 130 USD as low income HHs.

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

12. The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB). No HH made spending equal to or above the MEB cost. February 2023 regional MEB cost was used to calculate the ECMEN value. The MEB costs are available upon request. ECMEN is a binary indicator showing whether a HH's total expenditures can be covered. It is calculated by establishing HH economic capacity (which involves aggregating expenditures) and comparing it against the Minimum Expenditure Basket to establish whether a HH is above this threshold. Gedo region MEB cost for the month of February was 141 USD.

# FOOD SECURITY AND LIVELIHOODS (FSL)

## FOOD CONSUMPTION SCORE (FCS)[13]

**% of HHs by Food Consumptions Score category:**

| | Baseline: | Final: |
|---|---|---|
| Acceptable | 37% | 48% |
| Borderline | 53% | 32% |
| Poor | 10% | 20% |

| | Baseline: | Final: |
|---|---|---|
| Average FCS per HH | 39.2 | 45.2 |

During the period between the baseline and final assessments, there was a notable improvement in FCS among beneficiary HHs. The proportion of HHs with an acceptable FCS increased, while the proportion with a borderline FCS decreased. However, the proportion of HHs with poor FCS also increased slightly during this period. Annex 1 illustrates that Luuq experienced a 37% increase in HHs with an acceptable FCS, while Dolow had an even more substantial increase, with 70% of HHs achieving an acceptable FCS.

## HOUSEHOLD HUNGER SCALE (HHS)[14]

**% of HHs by levels of hunger in the HH:**

| | Baseline: | Final: |
|---|---|---|
| No/little | 9% | 61% |
| Moderate | 90% | 39% |
| Severe | 1% | 0% |

The proportion of HHs reporting no or little hunger was found to have significantly increased from 9% in the baseline assessment to 61% during the final assessment.

## USE OF COPING MECHANISMS

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

| | Baseline: | Final: |
|---|---|---|
| Low | 0% | 1% |
| Medium | 90% | 77% |
| High | 10% | 22% |

**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 | Final |
| Relied on less preferred, less expensive food **(95%)** | 3.5 | 2.9 |
| Reduced the number of meals eaten per day **(99%)** | 2.3 | 2.2 |
| Reduced portion size of meals **(98%)** | 2.3 | 2.2 |
| Borrowed food or relied on help from friends or relatives **(85%)** | 1.3 | 1.8 |
| Restricted adults consumption so children can eat **(63%)** | 1.2 | 1.1 |

Over a quarter (22%) of HHs were heavily dependent on coping strategies based on high consumption. Notably, Luuq district reported an especially elevated proportion, with 34% of HHs exhibiting a high rCSI. This increased rCSI can be attributed to Somalia grappling with a significant spike in prices, potentially resulting in a reduction in the purchasing power of these households.

## LIVELIHOOD-BASED COPING STRATEGIES (LCS)[16]

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

| | Baseline: | Final: |
|---|---|---|
| None | 4% | 24% |
| Stress | 50% | 33% |
| Crisis | 24% | 16% |
| Emergency | 22% | 27% |

| | Baseline: | Final: |
|---|---|---|
| Average LCSI per HH | 5.4 | 4.9 |

A considerable decrease (96% during the baseline to 76% at the final) was found in HHs engaging in either emergency, crisis or stress level coping strategies. Reflective of this, the average LCSI decreased from 5.4 at the baseline to 4.9 during the final. Food access (98%), shelter (45%) and healthcare (35%) were the top cited reasons for engaging in these coping strategies during the final.

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 Lebanon, with a low index attributed to rCSI <=3, medium: rCSI between 4 and 18, and high rCSI higher than 18. Read more here. The three rCSI cut-offs indicate different phases of food security situations, and in this context, lower average values of rCSI are preferred.
* Respondents could select multiple options. Findings may therefore exceed 100%.
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 were: Entire HH has migrated to urban (13%), Begged (2%), sold last female productive animals (33%), withdrew children from school (10%) and reduced expenses on essential health (13%).

## ACCOUNTABILITY TO AFFECTED POPULATION

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

| Indicator | Baseline | Final |
|---|---|---|
| Programming was safe | 100% | 99% |
| Programming was respectful | 100% | 100% |
| Community was consulted | 17% | 5% |
| The assistance was appropriate | 98% | 77% |
| No unfair selection | 98% | 100% |
| Raised concerns using CRM | 28% | 30% |
| Satisfied with the response (30%) | 44% | 99% |
| **Overall KPI score** | **75%** | **79%** |

**44% Of the assessed HHs reported being aware of at least one option to contact the agency during the final.**

**Of HHs reporting being aware of any option to contact the agency (44%), most frequently known ways to report complaints, problems receiving the assistance, or ask questions***

| | Baseline | Final |
|---|---|---|
| Use the dedicated NGO hotline | **60%** | **98%** |
| Talk directly to NGO staff | **70%** | **29%** |
| Use the dedicated NGO desk | **47%** | **25%** |

**86% Of the HHs had suggestions on how to improve the cash assistance during the final.**

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

| | Baseline | Final |
|---|---|---|
| Increase duration of cash transfers | **42%** | **96%** |
| Increase amount of cash transfers | **28%** | **69%** |
| Provide continuous cash transfers | **47%** | **47%** |
| Providing additional assistance | **61%** | **21%** |

**The top mentioned comments and feedback by about 55% of the assessed HHs who had comments were on***

| | Baseline | Final |
|---|---|---|
| Food assistance | **64%** | **61%** |
| Shelter assistance | **51%** | **48%** |
| Long-term support | **15%** | **32%** |
| WASH support | **46%** | **28%** |
| Livelihood support | **35%** | **21%** |

During the final, 44% (a 4% point increase from the baseline) of the respondents reported being aware of any options to contact the NGOs. Of these respondents, a majority (98%) 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. **This highlights an improvement in the use of the NGO hotline by the beneficiary HHs, accompanied by a notable decrease in face-to-face interactions with NGO staff.**

The findings indicate that a majority (86%) of the assessed HHs provided suggestions for enhancing cash assistance to better align with their needs. Moreover, approximately 55% of these HHs who offered voluntary feedback mentioned food assistance (61%), shelter assistance (48%), and long-term support (32%) as their primary concerns.

While cash assistance proves effective for addressing immediate needs, HHs and their communities encounter systemic challenges, notably the absence of vital infrastructure. Comments from respondents imply that supplementing cash assistance with additional in-kind food aid could assist HHs in better distributing resources for medium-term needs. This strategy would empower them to allocate their cash resources more efficiently in addressing their medium-term requirements.

## CONCLUSION

Against the backdrop of the nexus between deep poverty, disease outbreak, conflict and climate shocks, there is a need for a holistic, up-to-date overview of the main humanitarian needs faced by communities in the Gedo region. IMPACT conducted two assessments, a baseline and an final to the SCC beneficiary HHs in Luuq, Belet Xaawo and Dolow. These assessments aimed to evaluate the food security and livelihood situation, income and expenditure patterns before and after receiving cash assistance from the SCC.

At the time of the final, following the three cycles of unconditional cash transfers, increases were seen in overall food consumption and diversity of food consumed, while reliance on negative food-based coping strategies to meet HH food-based needs appeared to have reduced in most locations. This suggests a general improvement in food security between the baseline and final assessment. Findings also indicate that the proportion of HHs who had enough money to cover their basic needs increased during the final.

However, the research underscores potential challenges, such as escalating commodity prices, floods, and disruptions in supply chains. The HHs' over-reliance on cash transfers may lead to a deterioration in livelihoods, potentially heightening humanitarian needs among these HHs. These considerations emphasize the nuanced dynamics that impact the effectiveness and sustainability of cash assistance programs in complex contexts.

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%.

## 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 | Final | Baseline | Final | Baseline | Final | Baseline | Final | Baseline | Final | Baseline | Final | Baseline | Final | Baseline | Final | Baseline | Final | Baseline | Final |
| **Belet Xaawo** | 48% | 35% | 52% | 44% | 0% | 21% | 30% | 49% | 70% | 51% | 0% | 0% | 2% | 30% | 57% | 33% | 11% | 21% | 30% | 16% |
| **Dolow** | 59% | 70% | 41% | 19% | 17% | 11% | 6% | 65% | 93% | 35% | 1% | 0% | 9% | 30% | 66% | 52% | 20% | 0% | 6% | 18% |
| **Luuq** | 1% | 37% | 69% | 37% | 29% | 26% | 100% | 64% | 0% | 36% | 0% | 0% | 0% | 17% | 25% | 21% | 37% | 24% | 38% | 38% |
| **Overall Average** | **37%** | **48%** | **53%** | **32%** | **10%** | **20%** | **9%** | **61%** | **90%** | **39%** | **1%** | **0%** | **4%** | **24%** | **50%** | **33%** | **23%** | **16%** | **22%** | **27%** |

## 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 | Final | Baseline | Final | Baseline | Final | Baseline | Final |
| Current Status | Food | Food Consumption Group and rCSI | Acceptable and rCSI<4 0% | Acceptable and rCSI<4 0% | Acceptable and rCSI>=4 35% | Acceptable and rCSI>=4 46% | Borderline 55% | Borderline 34% | Poor 10% | Poor 20% |
| Coping Capacity | Economic Vulnerability | Economic Capacity to Meet Essential Needs (ECMEN) | 0% | 45% | N/A | | 19% | 53% | 81% | 3% |
| | Asset Depletion | Livelihood Coping Strategies | None 4% | None 24% | Stress 49% | Stress 32% | Crisis 23% | Crisis 17% | Emergency 24% | Emergency 27% |
| **CARI Food Security Index** | | | **0%** | **0%** | **4%** | **47%** | **76%** | **45%** | **20%** | **8%** |

*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. More information can be obtained here.

** 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.


## FUNDED BY:

Funded by European Union Humanitarian Aid

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## 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