

ENDLINE ASSESSMENT FINDINGS FOR ANTICIPATORY ACTION ON FLOODING: EVALUATING THE IMPACT OF MPCA ON AGRO-PASTORAL HOUSEHOLDS



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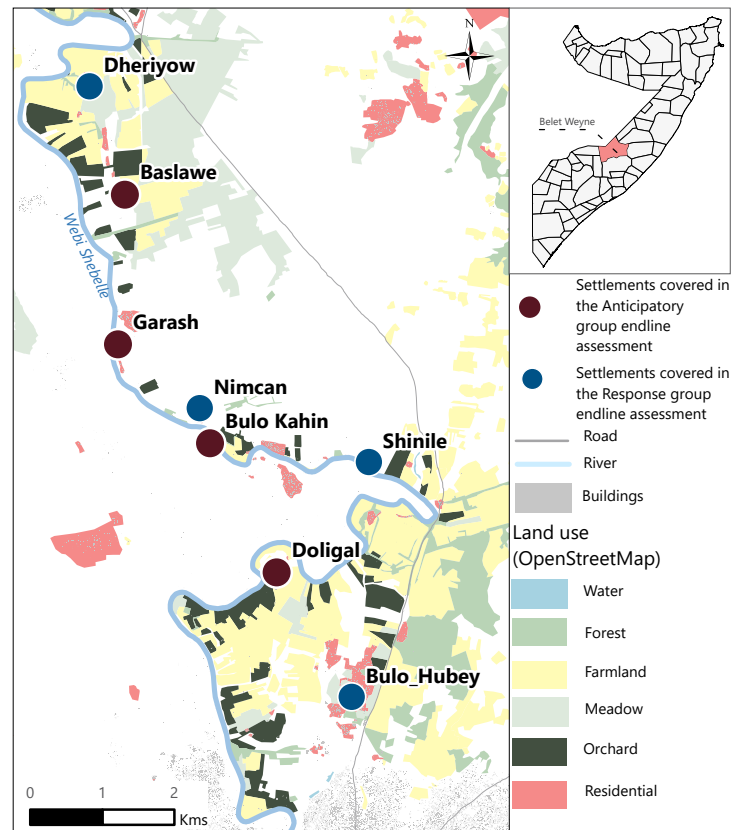
FEBRUARY, 2024

BELET WEYNE, SOMALIA

KEY MESSAGES

- **Humanitarian assistance was the main source of income** for both the HHs in the Anticipatory and Response groups during the endline assessment.
- **During the endline, most (79%) of the HHs in the Response group were found to have debts during the endline, compared with only 23% of the Anticipatory group.** These HHs are likely to be faced with debt repayment challenges with the ending of the cash assistance.
- **A greater proportion of HHs in the Response group (40%) resorted to emergency coping mechanisms, as opposed to only 12% in the Anticipatory group.** This disparity persists even though **20% of households in the Response group received additional cash transfers from other humanitarian organisations.**
- **Findings suggests that the multipurpose cash assistance (MPCA) program has shown effectiveness in addressing food insecurity and resilience.** The Anticipatory group demonstrated strengths in financial stability and reduced reliance on emergency coping mechanisms, while the Response group saw significant improvements in hunger levels and higher utilization of humanitarian assistance.

ASSESSMENT COVERAGE



CONTEXT & RATIONALE

Heavy rainfall during the [Deyr season](#), led to flooding in Somalia. This, coupled with the previous drought, has driven approximately 4 million people (21% of the population) to be classified in Integrated Phase Classification (IPC) Phase 3 or above (IPC 3+).¹ The Belet Weyne district has consistently faced flooding threats during the [Gu](#) and Deyr² seasons in 2023, a consequence of worsening climate change. The water levels in the Shabelle River at Belet Weyne rise significantly during rainfall, posing a considerable risk of flooding. This has disrupted livelihoods and forced a significant portion of the population into cycles of vulnerability and displacement.³ Approximately 250,000 people were living in dire conditions, as highlighted by the Hirshabelle El-Nino Task Force.⁴

Anticipatory humanitarian cash assistance was disbursed prior to El Nino Deyr flooding in Belet Weyne to assist the at-risk population mitigate the impact of the flooding through MPCA. Somalia Cash Consortium (SCC)⁵, in collaboration with Save the Children International (SCI), carried out MPCA that targeted vulnerable HHs in the Belet Weyne district. The program delivered three rounds of cash assistance between October 2023 to January 2024. **The targeted agro-pastoral beneficiary HHs were selected based on their vulnerability to floods and were categorised into two groups; the Anticipatory group, which received one pre-flooding round of MPCA and two post-flooding rounds of MPCA, and the Response group which received three rounds of MPCA post-flooding.**

This study compares the endline results of agro-pastoral HHs supported by SCI, Anticipatory group and Response group. It aims to evaluate the effectiveness of anticipatory humanitarian cash action. This intervention was funded by the European Union Civil Protection and Humanitarian Aid (ECHO). **This factsheet presents key findings from the endline assessment as well as a comparison of some key indicators from the baseline assessment of the agropastoral HHs in Belet Weyne.**

1. [Integrated Food Security Phase Classification \(January-June, 2024\) Somalia](#).

2. The season is characterized by a shorter duration and less amounts of precipitation but it's beneficial to most water-dependent sectors.

3. [Flood Advisory for Belet Weyne, Somalia](#).

4. <https://www.unocha.org/publications/report/somalia/somalia-deyr-rainy-season-2023-flash-update-no-7-14-november-2023>

5. 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).

6. The study's primary objective is to assess the impact of Early Anticipatory Action, with a specific focus on strengthening the resilience of flood-affected communities in Belet Weyne. This assessment was conducted by IMPACT Initiatives in partnership with the SCI and DRC.

HHs' INFORMATION

The majority of the assessed heads of households were 18 to 49 years old.

A majority of the assessed HHs owned farms (76% and 74% for the Anticipatory group and Response group respectively).

Out of the 76% of HHs in the Anticipatory group who owned farms, 31% grew crops, with approximately two-thirds (64%) of them experiencing crop losses. Similarly, within the Response group, 59% of farm-owning HHs grew crops, and a significant majority (81%) of those reported crop losses during the endline assessment.



HHs' CONDITION PRE-FLOODING

A majority of the HHs (**84% and 90% for the Anticipatory and Response respectively**) reported that they were displaced by flooding between the November-December 2023

The number of times these HHs were displaced by the floods in the year prior to data collection.

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
64%	8%	70%	21%
28%	8%	9%	21%
			Once
			2-4 times
			More than 5 times

Approximately 95% of households indicated that they had shelter/housing during data collection for the Response group, while around two-thirds (65%) of the Anticipatory group reported the same.

Primary types of shelter/house assessed HHs lived in at the time of data collection:

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
55%	23%	56%	45%
29%	47%	32%	44%
16%	30%	12%	11%
			Makeshift (buul)
			Semi-permanent houses*
			Permanent houses

Top reported community infrastructure and social services affected by the floods, by % of HHs:**

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
74%	59%	85%	85%
36%	26%	48%	8%
			Roads/streets
			Bridge, Culverts/Piped
			Protection Walls
			Community dug wells



FLOOD PREPAREDNESS

A majority (81%) of the HHs in the Response group reported that they had received a flood awareness message compared to the Anticipatory group where slightly more than two-thirds (68%) reported receiving flooding awareness message.

Top reported measures that HHs take in case of flooding event:**

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
63%	37%	63%	33%
92%	22%	67%	45%
18%	7%	13%	21%
20%	5%	24%	7%
			Temporary relocation
			Evacuation to safe places
			Use of sand bags
			Do nothing

% of HHs reporting their level of preparedness to deal with a flood event:

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
38%	50%	28%	58%
53%	42%	14%	81%
10%	3%	6%	5%
1%	1%	7%	0%
			Not prepared at all
			Somewhat prepared
			Well prepared
			Very well prepared

Top reported sources of information that help HHs in preparing for floods:**

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
30%	32%	44%	14%
65%	18%	65%	21%
10%	7%	9%	2%
7%	6%	2%	3%
			Radio news
			Humanitarian organisations
			Community Emergency Response
			Emergency preparedness information from government

The majority of the HHs assessed in the Anticipatory and Response groups reported that they had been displaced by flooding at least once, with approximately one third reporting multiple displacements for the both groups. The primary types of infrastructure damage caused by flooding were roads, bridges, and protection walls as reported by both Anticipatory and the Response groups.

The proportion of households indicating awareness of flooding risks remained consistent during the endline, with 84% and 92% for the Anticipatory and Response groups, respectively. **However, the findings indicate that more than half (53%) of the HHs from the Anticipatory group were found to have not prepared at all to deal with floods. This could be attributed to only slightly more than two-thirds (68%) reporting that they received flooding messages, despite receiving MPCA in advance.**

* Semi-permanent houses are mud and brick-walled.

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



LIVELIHOODS

HHS' INCOME SOURCES

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

Anticipatory		Response		
Baseline	Endline	Baseline	Endline	
26%	37%	2%	71%	Humanitarian assistance
19%	33%	60%	28%	Casual labour wage (farm)
29%	31%	75%	36%	Casual labour wage (construction)
20%	15%	30%	16%	Cash crop and/or fish farming

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

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
78.99	158.03	40.55	135.68

HHS' EXPENDITURES

Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection in USD (100%):¹⁰

Anticipatory		Response	
Baseline	Endline	Baseline	Endline
64.02	120.42	56.60	124.83

Reported average HHs expenditures in the 30 days prior to data collection:

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 USD in this category				
	Response			
Food	55.24 USD	63.90 USD		
Repayment of debt taken for food	17.12 USD	17.30 USD		
Debt repayment for non-food items	12.21 USD	9.87 USD		
Medical expenses	10.12 USD	8.99 USD		
Clothing	7.85 USD	6.92 USD		
Construction	5.40 USD	4.50 USD		

SPENDING DECISIONS

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

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Female members of the HH	43%	44%	27%	61%
Joint decision-making	23%	14%	35%	14%
Male members of the HH	34%	42%	38%	25%

HHS' SAVINGS & DEBT

Anticipatory		Response		
Baseline	Endline	Baseline	Endline	
17%	23%	32%	79%	HHs with debt
18%	16%	2%	28%	HHs with savings
11%	80%	0%	49%	HHs with income above USD 130

During the endline, **the majority (79%)** of the HHs in the Response group were found to have debts at the time of data collection averaging to **59.53 USD**. On the other hand, in the Anticipatory group **only 23%** had debts averaging to **19.69 USD**.

Conversely, in the Anticipatory group, **16%** of the HHs were found to have savings, with an average of **15.95 USD**, while for the Response group the proportion of households with savings was **28%** with an average of **19.44 USD**.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS¹²

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

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Yes	13%	52%	0%	58%
No	87%	48%	100%	42%

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

	Anticipatory	Response
Market purchase with cash	35%	63%
Own production	29%	5%
Market purchase on credit	25%	16%

Approximately 71% of the households in the Response group relied on humanitarian assistance as a primary source of income. The provision of cash assistance enabled over half of the assessed households in both the Response and Anticipatory groups to spend above the minimum expenditure basket (MEB) cost. Both groups primarily used cash for market purchases as their primary source of food.

The majority of household income was allocated to food and debt repayment related to food. Expenditure on construction ranked among the top categories of reported spending, with the Anticipatory group slightly outspending the Response group in this domain. **This disparity is likely due partly to disrupted supply chains and partly due to an increase in demand after the flood damage, at the time of the endline data collection.**

Approximately 20% of the assessed HHs in the Response group had received assistance other than the one provided by the SCC. However, for the Anticipatory group, only 13% received assistance from other sources.

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

¹⁰ At the endline, it was observed that approximately 49% and 80% of households in the Response and Anticipatory groups, respectively, had incomes exceeding 130 USD. CMU categorizes households with incomes above 130 USD as high-income households.

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:

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Acceptable	24%	92%	0%	79%
Borderline	36%	8%	8%	21%
Poor	40%	0%	92%	0%

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Average FCS per HH	33.5	54.3	22.0	47.3

Significant improvements were observed after three cycles of cash transfers. In the Anticipatory group, nearly all households (92%) had an acceptable FCS, with none classified as poor. Similarly, in the Response group, no households had a poor FCS, and 79% of households in the Response group had an acceptable FCS. In both groups, no households reported severe hunger.

The majority of households reported little or no hunger, indicating a positive impact of the three cycles of the MPCA in reducing food insecurity.

HOUSEHOLD HUNGER SCALE (HHS)¹⁴

% of HHs by levels of hunger in the HH:

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
No/little	30%	75%	20%	90%
Moderate	66%	25%	79%	10%
Severe	4%	0%	1%	0%

USE OF COPING MECHANISMS

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

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Low	30%	75%	20%	90%
Medium	66%	25%	79%	10%
High	4%	0%	1%	0%

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Average rCSI per HH	17.3	12.0	17.6	7.5

The proportion of HHs with low rCSI increased from baseline to the endline for both the Anticipatory and Response group. In addition, there was a notable decline in the average rCSI within the Response group. During the baseline 4% and 1% for the Anticipatory and Response groups, had a high rCSI, however, during the endline, no HH had a high rCSI.

The most commonly adopted coping strategies were found to be:

% of HHs reporting coping strategies adopted	Average number of days per week per strategy	
	Anticipatory	Response
Relied on less preferred, less expensive food	1.6	1.4
Reduced the number of meals eaten per day	2.3	0.8
Reduced portion size of meals	2.4	0.9
Borrowed food or relied on help from friends or relatives	1.7	1.3
Restricted adults consumption so children can eat	1.7	0.6

LIVELIHOOD-BASED COPING STRATEGIES (LCS)¹⁶

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

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
None	20%	14%	13%	25%
Stress	27%	36%	4%	23%
Crisis	21%	38%	28%	12%
Emergency	32%	12%	56%	40%

	Anticipatory		Response	
	Baseline	Endline	Baseline	Endline
Average LCS per HH	5.6	5.6	9.8	6.3

Throughout the assessment (baseline and endline), the HHs in the Response group resorted to emergency coping mechanisms, indicating a higher prevalence compared to the Anticipatory group. This observation highlights that despite receiving three rounds of cash transfers, the HHs in the Response group still had to rely on severe coping strategies. This could be attributed to their limited income, as these households heavily depend on humanitarian assistance rather than alternative sources of income.

During the endline, HHs in the Response group showed considerable improvements in their hunger-levels. **A striking 90% of the HHs in the Response group reported no hunger on the HHS, marking a substantial drop from the 20% reported during the baseline assessment.** In contrast, the Anticipatory group showed less pronounced progress, with only 75% of households experiencing no hunger compared to their baseline figure of 30%. **This divergence underscores the efficacy of the Response group's interventions in addressing and mitigating household hunger.**

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.



ACCOUNTABILITY TO AFFECTED POPULATION

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

Indicator	Anticipatory	Response
Programming was safe	100%	100%
Programming was respectful	100%	100%
Community was consulted	81%	43%
The assistance was appropriate	55%	70%
No unfair selection	99%	100%
Raised concerns using CRM	21%	17%
Satisfied with the response (21% & 17% respectively)	100%	96%
Overall KPI score	71%	79%

The proportion of **the assessed HHs reporting being aware of at least one option to contact the agency during the endline** differed between the two groups, **46% and 17% for Anticipatory and Response groups, respectively.**

About 36% (a 30% decrease from the baseline) of the HHs in the Anticipatory group reportedly had suggestions on how to improve the cash assistance during the endline while **approximately 48% (an 11% decrease from the baseline) in the Response group** reported having suggestions.

Of HHs reporting being aware of any option to contact the agency (46% and 17% respectively), most frequently known ways to report complaints, problems receiving the assistance, or ask questions*

	Anticipatory	Response
Use the dedicated NGO hotline	87%	69%
Talk directly to NGO staff	7%	31%
Use the dedicated NGO desk	9%	2%

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

	Anticipatory	Response
Increase duration of cash transfers	100%	84%
Increase amount of cash transfers	72%	70%
Provide continuous cash transfers	65%	72%
Provide additional support, not only cash or financial	8%	7%

Top priority needs mentioned by the assessed HHs (33% and 32% for Anticipatory and Response groups respectively)*

Anticipatory		Response		
Baseline	Endline	Baseline	Endline	
65%	85%	68%	51%	Food assistance
42%	72%	47%	45%	Shelter assistance
65%	69%	49%	67%	Build hospital
35%	31%	8%	31%	Flood relief
13%	28%	30%	4%	WASH support
13%	26%	0%	0%	Non-Food items

During the endline assessment, the main approaches identified for raising complaints or resolving issues related to humanitarian assistance included **contacting a dedicated NGO hotline or directly communicating with NGO staff during field visits or at their offices.** It is worth noting that there has been an increase in the utilization of the NGO hotline by beneficiary households.

An increase in the duration of cash assistance was the top suggestion by HHs who made suggestions on how to improve the project during the endline, 100% and 84% for Anticipatory and Response groups respectively. **This indicates both groups' high needs were not yet met, which might have been increased by the floods.**

The top reported HHs priority needs differed between the two groups. **Most households in the Anticipatory group identified food assistance (85%), shelter support (72%), and building of a hospital as their primary needs, whereas for the Response group, building a hospital (67%) and food assistance (51%) were the top priorities.** Considering the time of the endline, these HHs were still faced with challenges as a result of the floods. Notably, waterborne diseases, reconstruction of destroyed settlements and food gaps.

While cash assistance proved effective for short-term basic needs, some households expressed a preference for supplementing cash aid with additional in-kind food assistance. This approach could allow them to reallocate cash resources to address more medium-term needs effectively.

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%.

CONCLUSION ON ANTICIPATORY ACTION

The MPCA program has demonstrated its effectiveness in mitigating food insecurity and improving resilience, particularly when applied through anticipatory action measures. For both groups the baseline results were relatively equivalent, allowing for the comparison to take place.

- **The Anticipatory group had significantly lower levels of HH average debt compared to the Response group.** This suggests that proactive measures helped prevent HHs from falling into financial distress and accumulating debts, suggesting better financial stability. **However, the Response group had a higher proportion of HHs with savings compared to the Anticipatory group.** This suggests that despite the challenges they faced, HHs in the Response group may have been better equipped to handle financial shocks or emergencies.
- **A larger proportion of HHs in the Anticipatory group had income above USD 130,** indicating greater income stability compared to the Response group. This stability is crucial for meeting basic needs consistently, especially during crises.
- **The Anticipatory group exhibited lower reliance on emergency coping mechanisms compared to the Response group.** This suggests that anticipatory measures enabled HHs to better prepare for and cope with crises, reducing the need for drastic coping strategies.
- After receiving three cycles of cash transfers, both groups experienced improvements in FCS. **However, the Anticipatory group showed a higher percentage of households with acceptable FCS, indicating a more significant impact on food security.**
- While cash assistance proved effective to address immediate needs, **some HHs in both groups expressed a preference for supplementing cash aid with in-kind food assistance.** However, the Anticipatory group's overall performance suggests that its proactive approach helped address immediate needs more effectively, potentially reducing the need for additional assistance.
- **HHs with low rCSI increased from baseline to endline in both the Anticipatory and Response groups.** Notably, there was a significant decrease in the average rCSI within the Response group. At the baseline, 4% of HHs in the Anticipatory group and 1% in the Response group had a high rCSI. However, by the endline, no HHs in either group exhibited a high rCSI.
- **During the endline assessment, HHs in the Response group showed remarkable improvements in their hunger levels. A striking 90% reported no hunger in their household, representing a substantial increase from the 20% reported at baseline.** In contrast, the Anticipatory group showed less marked progress, with only 75% of HHs experiencing no hunger compared to their baseline figure of 30%. This disparity highlights the effectiveness of the Response group's interventions.
- A majority of HHs in the Response group relied on humanitarian assistance, indicating a higher utilization rate compared to the Anticipatory group. This suggests that the Response group may have had better access to and uptake of external support during crises. This is further highlighted by **about 20% of the assessed HHs in the Response group had received assistance other than the one provided by the SCC.**

Overall, the MPCA program has shown effectiveness in addressing food insecurity and resilience. The Anticipatory group demonstrated strengths in financial stability and reduced reliance on emergency coping mechanisms, while the Response group saw significant improvements in hunger levels and higher utilization of humanitarian assistance. **In line with the Global Shield Against Climate Risk, anticipatory humanitarian cash assistance acts as an early action for vulnerable households at risk of shock impact in Somalia. This is particularly relevant given that cash transfers have been widely adopted as a flexible form of assistance in anticipatory action interventions.**

RECOMMENDATIONS

- Overall, despite some indicators being more positive for the response group, the anticipatory group seemed to show better capacity to cope in the face of the shock. Therefore, Anticipatory cash assistance should be disbursed to beneficiary HHs before and during the flooding period.
- The anticipatory cash should be accompanied by early warning messaging to educate HHs on the impacts of Floods. This will help on planning with the MPCA during the flooding time.
- Additional research is needed to gain a deeper understanding of how forecast-based cash transfers specifically impact the ability of households to recover and enhance their productive capacity following a flood event. For instance, ["Examining the role of anticipatory action in complex"](#)

ANNEX: METHODOLOGY OVERVIEW

IMPACT conducted quantitative household surveys remotely during the baseline and the endline assessments. The baseline assessment was conducted between 26th and 30th September 2023, for the Anticipatory group and from 16th to 20th October 2023, for the Response group. The endline assessment followed **after the third and last round of cash transfer** from 26th to 31st December 2023, for the Anticipatory group and from 31st January to 2nd February 2024, for the Response group. **The endline assessment was conducted with the households who were interviewed during the baseline to ensure a consistent and uniform conclusion based on the repeated study.**

A probability-simple random sampling approach was employed to achieve a 95% confidence level with a 7% margin of error. **A total of 593 HHs were interviewed remotely via telephone for both the baseline and endline assessment.** The distribution of the sample across the two groups is detailed in Annex 2. Descriptive data analysis was conducted using R software. To account for any potential non-responses and surveys that might need to be excluded during the data cleaning process, a 15% buffer was applied.

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. The HH surveys were conducted with the self-reported head of HH. In cases where the head of the HH was not accessible, another adult who possessed knowledge about the HH's circumstances was interviewed instead. It's important to note that no individuals under the age of 18 were included in the interviews.

LIMITATIONS

- **The assessment was approached with a discerning awareness of the ethical implications associated with anticipatory action randomized controlled trials (RCTs).** It entailed developing a program aimed at enhancing HH resilience and well-being, intentionally withholding anticipatory cash assistance from half of the eligible HHs. However, the two groups still received the same amount of cash transfers.
- **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.
- **Approximately 20% of the assessed HHs in the Response group had received assistance other than the one provided by the Somali Cash Consortium,** affecting the interpretation of response findings due to potential confounding factors. However, for the Anticipatory group, only 13% received assistance from other sources.
- **The conclusion of data collection at the endline relied on a follow-up evaluation,** wherein households previously assessed at the baseline were revisited and evaluated again. Due to coverage issues posed by network and beneficiaries phone numbers being switched off, **SCI Anticipatory group sample size was not realized. Therefore, the results should be considered indicative only.**
- **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.
- **The last cash disbursement for the SCI Anticipatory group was made on 30th November 2023,** as shown in Annex 3; when Belet Weyne was still experiencing the effects of the El-Nino rains. This is documented by the RNA reports from [REACH](#) and [UNOCHA](#).

			Food Secure		Marginally Food Secure		Moderately Food Insecure		Severely Food Insecure	
Domain	Indicator		(1)		(2)		(3)		(4)	
			Anticipatory	Response	Anticipatory	Response	Anticipatory	Response	Anticipatory	Response
Current Status	Food	Food Consumption Group and rCSI	Acceptable and rCSI<4 14%	Acceptable and rCSI<4 26%	Acceptable and rCSI>=4 78%	Acceptable and rCSI>=4 52%	Borderline 8%	Borderline 21%	Poor 0%	Poor 0%
Coping Capacity	Economic Vulnerability	Economic Capacity to Meet Essential Needs (ECMEN)	88%	95%	N/A		0%	0%	12%	5%
	Asset Depletion	Livelihood Coping Strategies	None 14%	None 25%	Stress 36%	Stress 23%	Crisis 38%	Crisis 12%	Emergency 12%	Emergency 40%
CARI Food Security Index			2%	17%	92%	69%	7%	14%	0%	0%

Nearly all (92%) of the HHs in the Anticipatory group were classified as food secure. Even though 17% of the response group compared to 2% of the Anticipatory group were found to be food insecure. 14% of the Response group were classified as moderately food insecure compared to 7% from the Anticipatory group.

ANNEX 2: SAMPLE BREAKDOWN

Groups	Caseload	Baseline	Endline
SCI-Anticipatory	324	137	118
SCI-Response	486	183	155
Total	810	320	273

ANNEX 3: MPCA DISBURSEMENT SCHEDULE***

Groups	First cash	Second cash	Third cash	Baseline data collection	Endline data collection
SCI Anticipatory	12/10/2023	10/11/2023	30/11/2023	26th- 30th September 2023	26th-31st December 2023
SCI Response	12/11/2023	25/12/2024	25/01/2024	16th- 20th October 2023	31st January-2nd February 2024

*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.

*** The shaded cells represent disbursements made after the El Nino rains.

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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 30 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

