# BASELINE ASSESSMENT FINDINGS FOR THE SOMALI CASH CONSORTIUM (SCC) RESPONSE TO DROUGHT AND FAMINE PREVENTION IN GEDO REGION
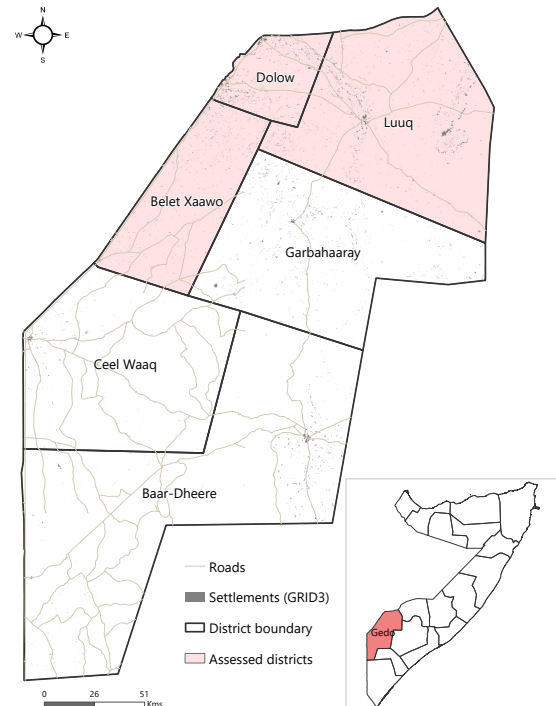
**JULY, 2023**
**GEDO, SOMALIA**

Funded by
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## KEY MESSAGES

- **Market purchases with cash (89%) remained the main source of food** for HHs in the 30 days prior to data collection.

- Almost half (46%) of the HHs were found to be engaging in crisis and emergency level coping strategies. Furthermore, half (50%) of the HHs were utilizing stress coping strategies. Only 4% of HHs were found to resort to no coping strategies. This indicates that these HHs are likely to have eroded their overall resilience, hence increasing the likelihood of exhausting their limited resources to afford the basic needs

- **About three-quarters (76%)** of the assessed households (HHs) were moderately food insecure and a further 20% were found to be severely food insecure.

- The ECMEN indicator shows that none of the assessed HHs made spendings above the MEB cost. This situation suggests a significant economic hardship and vulnerability among these households.

- **Nearly all (98%)** HHs reported that there was no food to eat of any kind because of a lack of resources to get food at least once in the 30 days prior to data collection.

## ASSESSMENT COVERAGE



Roads
Settlements (GRID3)
District boundary
Assessed districts

0   26   51
Kms

## CONTEXT & RATIONALE

Somalia's enduring and ever-evolving humanitarian crisis, compounded by persistent conflict, has resulted in the displacement of approximately 3.8 million individuals with limited livelihood resources.[1] The Gedo region has had a deterioration in the food security levels and 23.3% of HHs in Gedo were classified in the Integrated Phase Classification (IPC) Phase 3, indicating a high risk of acute food insecurity.[2] In addition, the Severe Acute Malnutrition (SAM) admission trends has been increasing since June 2023.[3]

According to the Gu[4] 2023 FSNAU SMART survey, the North Gedo Riverine area reported a Global Acute Malnutrition (GAM) prevalence rate of 15.3%, while IDPs (Internally Displaced Persons) had a rate of 16.1%. These percentages align with the IPC Acute Malnutrition (AMN) phase 4 classification, signifying a critical nutritional situation. This represents a significant deterioration compared to the nutrition situation in the Gu (15% in North Riverine and 18.2% in Dolow IDP) and Deyr (15.4% in North Gedo Riverine and 15.2% in Dolow IDP) seasons of 2022. The highest disease prevalence was reported in Dolow IDP (28.9%) and North Gedo Pastoral (28.4%) followed by North Gedo Riverine (26.2%).[5]

To address the escalating humanitarian demands of HHs in the Gedo region, SCC[6] is carrying out an emergency cash intervention to selected beneficiary households (HHs) across 3 districts of Gedo. These HHs have been selected based on the malnutrition status of the HHs members through referrals obtained from the NGO Trocaire. This intervention is funded by the European Union Civil Protection and Humanitarian Aid (ECHO) and consists of three rounds of Multi-Purpose Cash Assistance (MPCA) planned between July and September 2023. **This factsheet provides a snapshot of needs in the current baseline status of the most drought-affected communities and households in Dolow, Luuq and Belet Xaawo before the first cash transfer.[7]**

1. Integrated Food Security Phase Classification (March-June, 2023) Somalia.
2. ibid
3. Somalia FSNAU EW-EA dashboard, IPC and SMART survey data
4. Somalia 2023 Gu Rainfall Perfomance. UNICEF WASH Cluster. Gu is the main rainy season starting in mid-March and running to June.
5. Somalia Nutrition Cluster Dashboard.
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.

DRC DANISH REFUGEE COUNCIL | COOPI COOPERAZIONE INTERNAZIONALE | CONCERN worldwide | ACTED | NRC NORWEGIAN REFUGEE COUNCIL | Save the Children | IMPACT Shaping practices Influencing policies Impacting lives

# METHODOLOGY OVERVIEW

The baseline 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 households. The data collection took place between 12th and 15th July, 2023.

Households in Cohort 2 were selected for this study based on referrals from Trocaire regarding their malnutrition situation. IMPACT Initiatives will assess these households during the endline to measure the impact of cash assistance in addressing their household needs.

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. A sample of 192 HH were selected from 799 beneficiaries in Dolow, Luuq and Belet Xaawo districts in Gedo, Somalia.
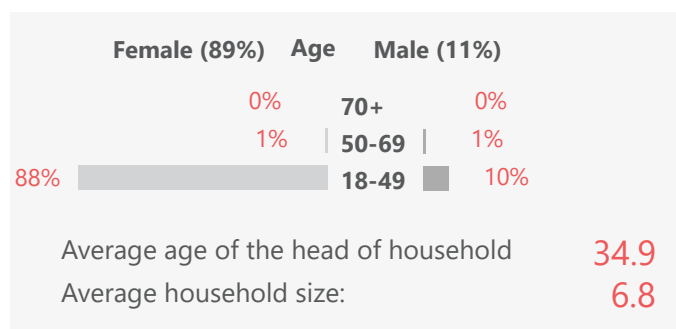
**Challenges & Limitations:**
• Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, may not be generalizable with a known confidence level and margin of error, and should be considered indicative only.
• Data on household expenditure was based on a 30-day recall period; a considerably long period of time over which to expect households to remember expenditures accurately.
• 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.

## 👥 DEMOGRAPHICS

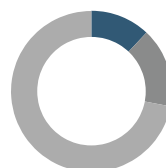**% of HHs by Head of the Household demographic characteristics:**

| | Female (89%) | Age | Male (11%) |
|---|---|---|---|
| | 0% | 70+ | 0% |
| | 1% | 50-69 | 1% |
| 88% | | 18-49 | 10% |

Average age of the head of household: 34.9
Average household size: 6.8

**99%** Of the interviews were conducted with self-reported head of HHs.[8]

**61%** Of the interviews were conducted with members of the host community.

**13%** Of surveyed HHs identified themselves as members of the minority groups.

**60%** Of surveyed HHs included six or more HH members, thus classified as big HHs.

**Livelihood Zone breakdown:**



**Of the Somali Cash Consortium (SCC) beneficiary households surveyed, 12% were categorized as urban households, 16% as pastoral and 72% as agro-pastoral.**

## COMMUNICATION

**77%** **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=152), the most commonly known selection criteria were:***

| | |
|---|---|
| **96%** | Lack of income |
| **68%** | Lack of assets |
| **43%** | Disability of household member |
| **38%** | Illness of household members |

All HHs reported feeling well represented by the Village Relief Committee (VRCs).

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8. 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. A majority (92%) of these responses were made by the female members of the HH. 58% reported themselves as IDPs. Out of these, 66% were classified as new arrivals.
9. Outpatient Therapeutic Feeding Program.
* Respondents could select multiple options. Findings may therefore exceed 100%.

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## 💸 LIVELIHOODS

## HHS' INCOME SOURCES

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

| | |
|---|---|
| Casual labour wage | 84% |
| Livestock sale and/or production | 36% |
| Casual farm labour wage | 30% |
| Crop and/or fish farming | 21% |

**Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):[10]** **84.55 USD**
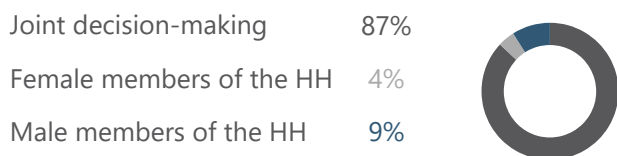
## HH'S EXPENDITURES

**Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):** **85.19 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[11] |
|---|---|---|
| Food (n=192) | 51.51 USD | 63% |
| Rent (n=7) | 16.71 USD | 1% |
| Clothing (n=42) | 16.09 USD | 4% |
| Medical expenses (n=119) | 14.65 USD | 10% |
| Construction (n=67) | 11.65 USD | 4% |
| Repayment of debt taken for food (n=119) | 11.64 USD | 8% |
| Fuel (n=32) | 9.02 USD | 2% |
| Water (n=96) | 18.52 USD | 4% |

## SPENDING DECISIONS

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

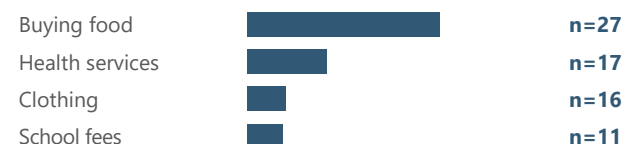| | |
|---|---|
| Joint decision-making | 87% |
| Female members of the HH | 4% |
| Male members of the HH | 9% |

## HHS' SAVINGS & DEBT

No HH reported having savings at the time of data collection.

**11%** of HHs reported having debt at the time of data collection. The average amount of debt found for households who reportedly had debts was 254.07 USD per HH.

Findings suggest that half (50%) of the HHs in Belet Xaawo had debt averaging 254.07 USD

**Among the HHs having debt in Belet Xaawo (n=27), the top reported reasons were:***

| | |
|---|---|
| Buying food | n=27 |
| Health services | n=17 |
| Clothing | n=16 |
| School fees | n=11 |

## ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS[12]

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

Yes  0%

No  100%

**98%** Of HHs reported that there was no food to eat of any kind because of a lack of resources to get food at least once in the 30 days prior to data collection.

**87%** Of HHs reported having "never" (31%) or "rarely" (56%) had sufficient variety of food to eat in the 30 days prior to data collection.

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

| | |
|---|---|
| Market purchase with cash | **89%** |
| Loan | **11%** |

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

10. All 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.
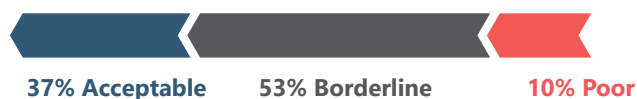
12. The distributed amounts varied from one region to another depending on the regional cost of the Minimum Expenditure Basket (MEB). No household made spending equal to or above the MEB cost. February 2023 regional MEB cost was used to calculate the ECMEN value. The MEB costs are available upon request. ECMEN is a binary indicator showing whether a 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. 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:**
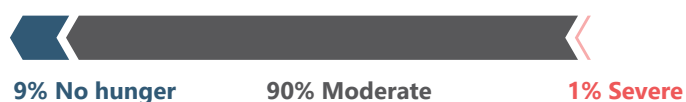
**37% Acceptable      53% Borderline      10% Poor**

Average FCS per HH      39.2

About 29% of the HHs in the Luuq district had poor FCS, suggesting that these households were experiencing wider food gaps and likely facing food insecurity. However, it is worth noting that in Belet Xaawo and Dolow, there were no households with poor FCS.

## HOUSEHOLD HUNGER SCALE (HHS)[14]

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

**9% No hunger      90% Moderate      1% Severe**

## USE OF COPING MECHANISMS

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

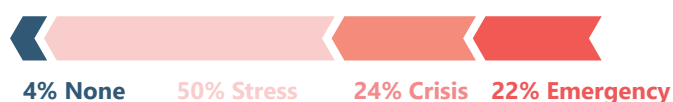**90% Medium      10% High**

### 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 **(100%)** | 3.5 |
| Reduced the number of meals eaten per day **(98%)** | 2.3 |
| Reduced portion size of meals **(97%)** | 2.3 |
| Borrowed food or relied on help from friends or relatives **(78%)** | 1.3 |
| Restricted adults consumption so children can eat **(58%)** | 1.2 |

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

**% of HHs by LCS category in the 30 days prior to data collection:[167]**

**4% None      50% Stress      24% Crisis      22% Emergency**

Average LCSI per HH      5.2

38% of HHs in Luuq and 30% of HHs in Belet Xaawo had experienced Emergency LCS. This is further evident as all households in Luuq were categorized as being in the medium category of rCSI. Similarly 91% of HHs in Dolow and 72% of HHs in Belet Xaawo had been identified as being in the medium rCSI category.

### COMPLETED CONSOLIDATED APPROACH TO REPORTING INDICATORS OF FOOD SECURITY (CARI) CONSOLE[18]

| Domain Indicator | 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 0% | Acceptable and rCSI>=4 35% | Borderline 55% | Poor 10% |
| Coping Capacity | Economic Vulnerability | ECMEN | 0% | | 19% | 81% |
| | Asset Depletion | Livelihood Coping Strategies | None 4% | Stress 49% | Crisis 23% | Emergency 24% |
| **CARI Food Security Index** | | | **0%** | **4%** | **76%** | **20%** |

13. Find more information on the food consumption score here. The cutoff criteria utilized for Somalia were as follows: Households 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 households 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 households.
14. Household Hunger Scale (HHS)—a new, simple indicator to measure household 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 households due to a 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 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.
**** Respondents could select multiple options. Findings may therefore exceed 100%.
16. Livelihood Coping Strategies Index (LCS) is an indicator used to sedunderstand the medium and longer-term coping capacity of households fn 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 households' experiences with livelihood stress and asset depletion to cope with food shortages. Read more here.
17. Crisis and emergency coping strategies adopted in the 30 days prior to data collection were: Entire household has migrated (14%), Begged (7%), sold last female animals (6%), decreased expenditure on fodder (24%) and consumed seed stocks that were held for the next season (14%).
18. 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.

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