SOMALIA

MR1 Endline Evaluation Report

Comparative assessment report for the Somali Cash Consortium

May 2022

SOMALI CASH CONSORTIUM

Funded by
European Union
Civil Protection and
Humanitarian Aid

IMPACT Shaping practices Influencing policies Impacting lives

Abbreviations and Acronyms

COOPI	Cooperazione Internazionale
CRM	Complaint Response Mechanism
CWG	Cash Working Group
DRC	Danish Refugee Councils
ECHO	European Civil Protection and Humanitarian Aid Operations
FCDO	Foreign, Commonwealth and Development Office
FCS	Food Consumption Score
HDDS	Household Dietary Diversity Score
HH	Household
IDP	Internally Displaced Person
LCSI	Livelihood Coping Strategies Index
M&E	Monitoring and Evaluation
MEB	Minimum Expenditure Basket
MoE	Margin of Error
MR	Modification Request
NFI	Non-food Item
NGO	Non-governmental Organisation
NRC	Norwegian Refugee Council
ODK	Open Data Kit
PDM	Post-distribution Monitoring
rCSI	Reduced Coping Strategies Index
SCC	Somali Cash Consortium
SCI	Save the Children International
UCT	Unconditional Cash Transfer
USD	United States Dollar
VRC	Village Relief Committee

Somali Cash Consortium Partners

Donor

Cover image depicting a beneficiary checking out the most recent cash transfer message via her phone. Photo | Maslah | DRC

About IMPACT
IMPACT Initiatives is a leading Geneva-based think-and-do tank that shapes humanitarian practices, influences policies and impacts the lives of humanitarian aid beneficiaries through information, partnerships, and capacity building programmes. IMPACT's teams are present in over 20 countries across the Middle East, Latin America, Africa, Europe and Asia, and work in contexts ranging from conflict and disasters to regions affected by displacement and migration. The work of IMPACT is carried out through its two initiatives - REACH & AGORA and through the provision of direct support to partners regarding Project Assessments and Appraisals (PANDA).

Summary

The Somali Cash Consortium (SCC) was formed in late 2017 to provide vulnerable populations in disaster and conflict affected districts in Somalia with monthly, multi-purpose unconditional cash transfers (UCT).[1] Currently in its fifth year of activities, the SCC distributed a three-month worth UCT, to new beneficiary households targeted under the HIP 2021 Modification Request (MR), between February and March 2022 in Bay, Lower Juba, Mudug, Middle Shabelle, and Gedo regions. The cash transfer amounts were set in line with the harmonised super-region transfer values recommended by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and the Foreign, Commonwealth and Development Office (FCDO), based on the Minimum Expenditure Basket (MEB) of each targeted region. The humanitarian response is primarily funded by ECHO, led by Concern Worldwide and consists of 6 implementing partner organisations: ACTED, Concern Worldwide (Concern), Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Save the Children (SCI).

Table 1 below summarises the key findings of the SCC baseline and endline assessments (which were done in January and late March and early April 2022 respectively), based on the recommended indicators standardised by the Monitoring and Evaluation (M&E) Workstream of the Somalia Cash Working Group (CWG).

Table 1: Somali Cash Consortium baseline and endline key findings[2,3]

Key Indicator	Target Value	Baseline Value	Endline Value	% Change (from baseline to endline)
% of households reporting that cash helped them meet their basic needs	95.0%	NA	99.6%	N/A
Average number of meals consumed per household in the last 24 hours		2.02	2.15	+6.44%
Average Food Consumption Score (FCS)		38.94	47.89	+22.98%
% of households with an acceptable FCS	46.0%	36.8%	57.5%	+56.1%
Average Household Dietary Diversity Score (HDDS)		5.81	6.38	+9.81%
% of households with a high or medium HDDS		81.0%	94.4%	+16.6%
Average Reduced Coping Strategies Index (rCSI)		14.7	12.6	-0.1
Average Livelihood Coping Strategies Index (LCSI)	4.3	7.7	6.5	-15.58%
% of total household expenditure spent on food		51.40%	42.10%	-18.09%
Total expenditure spent on food (in USD)		39.4	79.9	+102.79%
Protection Index Score	75.0%	75.60%	74.40%	-1.59%

[1] Beneficiary households were selected by Village Relief Committees (VRC) based on the following vulnerability criteria: lack of income or assets, vulnerable head of households: female, disability, illness, older persons, vulnerable household member: disability, illness, older person, large household size or households with many young children, minority or marginalized groups and clans, use of negative coping mechanism, new or recent IDP, malnutrition, poor shelter condition and other criteria relevant to local context, defined by the VRC members. Following the initial VRC selection, households were verified and registered as beneficiaries by the respective partner organisations.

[2] All results presented have been regionally weighted by the proportion of SCC beneficiary households per targeted region. Therefore, to maintain comparability across the baseline and endline assessments, the aggregate results presented only represent the 5 regions where both endline and baseline data were collected.

[3] For both rCSI and LCSI, lower values are preferred as they represent less reported use of negative coping strategies to cope with a shortfall in food or to meet household basic needs.

Key Findings[4]

For clarity, the results presented in Table 1 represent the weighted averages for beneficiary households of the SCC programme. Overall averages were weighted based on the population proportion represented by each targeted region within the total SCC Modification Request (MR) caseload, and findings are representative at the regional level with a 95% confidence level and 5% margin of error. Disaggregation of the results by gender of the head of household, livelihood zone, and region are included in the full analysis. Results disaggregated by gender and livelihood zone were not weighted and are *indicative only*, as the sample was not stratified according to these factors. Further details on how each score is calculated are also provided. A more detailed analysis of each of the indicators presented in this section, as well as disaggregation by region, is provided in the report itself.

Overall, almost all households (99.6%) felt that cash helped them meet basic needs at the endline assessment.

Improvements were seen across most of the core indicators used to measure household level food security between the baseline and endline assessment. However, for some indicators, the magnitude of change was relatively small, indicating that the cash transfers primarily helped households maintain their food security levels over the course of the programme**.** Considering the worsening drought conditions[5], it is likely that household food and livelihood security would have decreased considerably in the same period without the cash transfers.

The average number of meals consumed per person per day increased, slightly, from 2.0 to 2.2 at the endline.

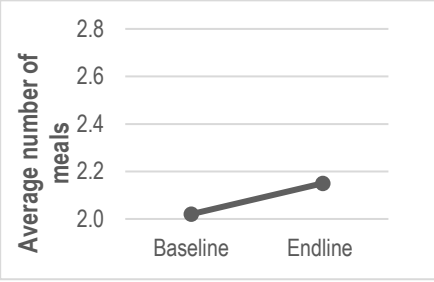

Figure 1: Average number of meals households reported consuming in the 24 hours prior to data collection

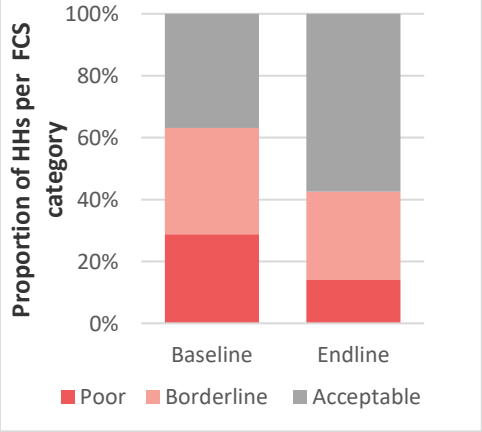

Figure 2: Proportion of households in each FCS category in the 7 days prior to data collection

This is consistent with the findings of the Food Consumption Score (FCS), a composite score based on dietary diversity, food frequency (number of days in seven days) and the relative nutritional importance of different food groups. At the time of the baseline, 36.8% of beneficiary households were found to have an acceptable FCS. By the endline, 57.5% of households were found to have an acceptable FCS. **Between the baseline and endline, the proportion of SCC beneficiary households with an acceptable FCS increased, while the proportion of households with a poor or borderline FCS decreased.**

The FCS is often presented alongside the Household Dietary Diversity Score (HDDS), an indicator which considers the diversity of foods consumed over the past seven days. The HDDS increased from a baseline score of 5.8 to an endline score of 6.4. The proportion of households with a high HDDS increased from 46.3% at the baseline and to 66.6% at the endline. **Between the baseline and endline, the proportion of households with a low or medium HDDS decreased, whereas the proportion of households with a high HDDS increased, indicating households were consuming a more diverse diet at the end of the programme compared to prior to the cash assistance.** The proportion of total household expenditure spent on food was also considered, as higher proportions of expenditure dedicated to food may indicate less funds available for other basic needs items, and for saving up stocks to build resilience against future shocks. **The average proportion of household expenditure representing food purchases decreased from 51.4% at the baseline to 42.1% at the endline.**

[4] While the assessment was not carried out during the lean season nor during Ramadan, findings should be interpreted against the background of the acute drought in Somalia, which impact on households might have limited the impact of the UCT programme.
[5] As detailed by the United Nations Office for the Coordination of Humanitarian Affairs in this report.

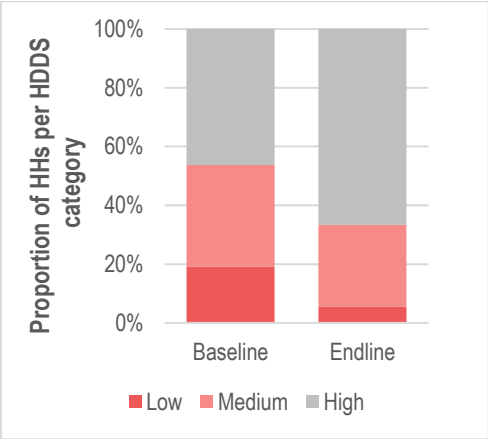

Figure 3: Proportion of households in each HDDS category in the 7 days prior to data collection

Although the proportion of household expenditure on food decreased, the actual amount spent by households on food increased between baseline (39.4 USD) and endline (79.9 USD), indicating that households were able to purchase more, or better quality, food.

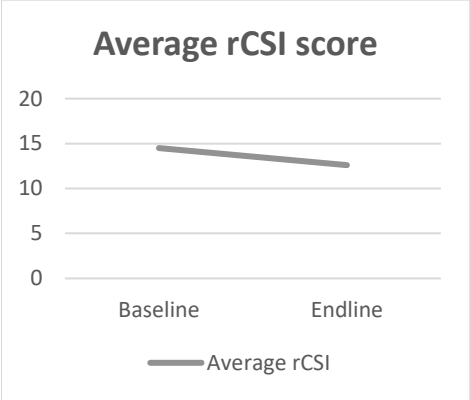

Figure 4: Average rCSI score in the 7 days prior to data collection

To obtain a more complete picture of household level food security, these indicators should be considered alongside the reduced Coping Strategies Index (rCSI) and the Livelihoods Coping Strategies Index (LCSI). The rCSI is an indicator of household food security based on households' use of negative coping strategies related to reduced food consumption in response to a shortfall in food availability. The overall rCSI scores decreased from 14.7 at the baseline to 12.6 at the endline. **The overall decrease in the average rCSI between the baseline and endline indicates a decrease in the use of negative coping strategies.**

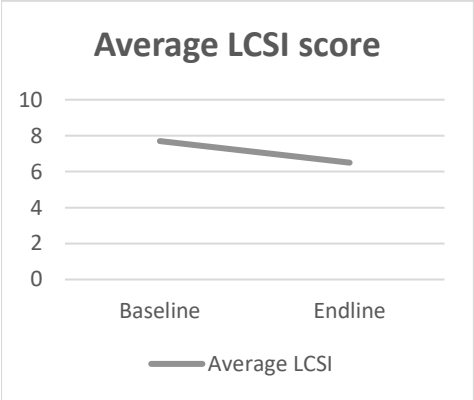

Figure 5: Average LCSI score in the 30 days prior to data collection

The LCSI measures the use of livelihood-specific negative coping strategies employed when households are otherwise unable to sufficiently access food or income. LCSI also extends to other basic needs other than food. **The reduction of the LCSI score from 7.7 (baseline) to 6.5 (endline) indicates that that the reliance of households on these negative coping strategies decreased at the endline assessment.**

The Protection Index Score serves as a proxy indicator for the "% of beneficiaries (disaggregated by sex, age, and livelihood zone) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner". The percentage of households responding positively to the questions included in this score was 75.6% at the baseline and 74.4% at the endline assessments, which is explained in more detail later in the report. The target for this score is for 75.0% of households to respond positively.[6]

[6] Unlike for the other scores presented in Table 1, the objective for the Protection Index Score is not necessarily to see an improvement between the baseline or endline scores, but rather for the score to remain consistently on target at 75.0%.

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Introduction

To evaluate the impact of Unconditional Cash Transfer (UCT) on beneficiary households, IMPACT supported the Somali Cash Consortium (SCC) by conducting a baseline assessment in February 2022, prior to the first transfer, and an endline post-distribution assessment in late March and early April 2022, following the three-month worth UCT. This report will compare the results of the baseline and endline assessments in the top up by analysing changes over time.

Methodology

All assessments conducted by IMPACT within the scope of the 2021 SCC top-up activities consisted of a quantitative household survey, with both objective and subjective household well-being indicators. Beneficiary households of the SCC UCT programme were selected through stratified simple random sampling to be representative at the regional level. Findings disaggregated by gender of the head of household, age of the head of household, or self-reported livelihood zone should be considered indicative in nature as the sample was not stratified accordingly.

Households were asked about their demographics, overall food security situation, perceptions of their own well-being, monthly expenditures, food consumption, coping strategies, and their perceptions towards the accountability and transparency of the beneficiary selection process. The survey questions were co-designed by IMPACT and the SCC.

To abide by the principle of "Do No Harm" and reduce the risks associated with COVID-19 for both beneficiaries and enumerators, all data collection was conducted remotely through phone-based interviews, with enumerators using Kobo Collect on smartphone devices.

Sampling

A stratified simple random sampling approach was used to draw the sample, based on a 95% confidence level and a 5% margin of error, with findings representative of the beneficiaries in each of the regions targeted by SCC activities. The assessment was planned to follow up with the same households over time. A large buffer of 25% was added to the sample size at the time of the baseline to allow for such follow-up even with expected drop-out and non-participation of some households. The buffer remained 25% at the endline.

Whenever possible, the same households surveyed during the baseline were also surveyed at the endline. For regions where more than one partner was operating, notably Gedo, Lower Juba, Mudug and Bay, the sample was split based on the proportion of each partner's caseload compared to the total number of beneficiary households in the region.

Whenever results are presented for all SCC beneficiary households, overall averages have been weighted by the proportion of SCC beneficiary households per targeted region. To account for this, both regional averages and the weighted overall average are presented in the analysis and reporting. Due to rounding to the nearest decimal point, percentages may sometimes not add up exactly to 100.0%.

Target sample sizes compared to actual surveys completed by region can be seen in Table 2 below.

Table 2: Baseline and endline assessment target sample sizes and total surveys completed by region

Region	District	Beneficiary caseload	Target sample size 95% confidence level, 5% MoE	Target sample size with buffer (rounded)	Surveys completed baseline	Surveys completed endline
Bay	Diinsor	2570	334	418	442	405
Bay	Baidoa	3181	343	429	445	474
Bay	Buur Hakaba	1245	294	368	386	378

Bay	Qansax Dheere	1324	298	373	372	416
Middle Shabelle	Jowhar	1360	300	375	346	335
Middle Shabelle	Balcad	1000	278	348	331	394
Mudug	Jariiban	722	251	314	318	285
Lower Juba	Jamaame	943	273	341	348	363
Lower Juba	Badhaadhe	1107	285	356	388	358
Gedo	Baardheere	1453	304	380	407	343
Gedo	Doolow	377	191	239	260	218
Total		**15282**	**3151**	**3939**	**4043**	**3969**

Challenges and Limitations

- **Phone Interviews:** Due to the length and in-depth nature of this survey, some respondents were prone to survey fatigue or left the survey halfway through to take care of errands. Additionally, older respondents or those with hearing difficulties likely faced additional difficulties in participating in the survey, which might have led to an under-representation of their perceptions. Poor connectivity and lack of personal interaction were also expected. However, to account for these challenges, the questionnaire size was limited to avoid losing respondents' attention.

- **Cultural taboos**, such as topics associated with consumption of khat and gift/charity as a source of income, might have resulted in under-reporting on certain indicators, notably the monthly household expenditure breakdown.

- **Limitations of household surveys**: While household-level quantitative surveys seek to provide quantifiable information that can be generalised to the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on "how" or "why" (e.g., reasons for adopting coping strategies, differences between population groups, etc.) are often beyond the scope of the assessment format adopted. The unit of measurement for this assessment was the household, which does not allow assessment of intra-household dynamics (including in relation to intra-household gender norms, roles, and dynamics; disability; age; etc.).

- **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).

- **Perceptions**: Questions on household perceptions may not directly reflect the realities of the household well-being - only respondents' perceptions of them.

- Data on household expenditure was based on a 30-day recall period; a considerably long duration over which to expect households to remember expenditures accurately and to such a degree of detail, which hence might have negatively impacted the accuracy of reporting on those indicators.

- The endline assessment took place two weeks after three-month worth of UCT transfers was released by each respective partner organisation. The assessments therefore primarily measure the short-term impact of cash on households, with less known about any potential long-term impact.

COVID-19

As the start of the baseline assessment coincided with the continuous spread of COVID-19 in Somalia, adjustments had to be made to ensure data collection (initially planned to be conducted in-person) was conducted in a safe and responsible manner. Notably, enumerator training and the first day of data collection were still conducted in-office (keeping in mind social distancing, using protective equipment, and following hygiene best practice guidelines). While field officers continued working from the office, enumerators on this project worked remotely throughout the two assessments. To ensure both consistency across the different data collections and reduce the risk of COVID-19 transmission for beneficiaries and enumerators, all subsequent data collections were also conducted remotely using phone surveys.

Findings

This section of the report presents and compares the main findings of the SCC baseline assessment, and endline PDM assessments for the top-up programme (Modification request, MR1). It comprises:

- The respondent profile and household demographic breakdown;
- Subjective perceptions of households of their own well-being;
- A series of food security related indicators;
- Protection-related indicators;
- Accountability to affected populations.

Respondent Profile and Household Demographic Breakdown

Respondent Profile

Across the two assessments,[7] 8012 respondents were surveyed. Of these surveys, 88.8% were conducted directly with the self-reported head of household. The remaining 11.2% of surveys were conducted with a different member of the household who answered the questions on behalf of the head of household.[8] This could be due to various reasons, for instance the head of household being unavailable during data collection or having hearing problems and being unable to participate in a phone-based interview.

Table 3: Proportion of survey respondents who self-identified as the head of household

	Yes	No
Baseline	89.7%	10.3%
Endline	92.5%	7.5%

Household Demographic Breakdown

This section will provide a brief overview of the demographic breakdown of the households included in this assessment. Averages have been weighted according to the number of surveys collected during each assessment phase. **The sample was not stratified according to gender of the head of household, household IDP status, or livelihood zone, hence any findings disaggregated by these factors should be considered indicative in nature.**

Head of Household Age and Gender

At the endline assessments, 91.0% of households were reported to be female-headed, while 9.0% of households were reported to be male-headed households. The larger proportion of female-headed households amongst SCC beneficiary households can likely be explained by the fact that female-headed households were included in the vulnerability criteria included during the beneficiary selection process.

The average age of all heads of households was 45.6 years, with male heads of household being on average 45.7 years old and female heads of household averaging slightly younger at 44.5 years old.[9]

Household Displacement Status

To determine IDP status, households were asked about their current location and whether they originally came from this location. Those who answered that they were not originally from this location were asked a follow-up question to determine when they had arrived. Based on this approach, among the interviewed SCC beneficiary households, 87.1% were found to

[7] Hereafter, when "all assessments" are mentioned, this refers to the baseline and endline assessments conducted in 2022 under the scope of the modification request which is part of the Round 1 (R1) project cycle. Averages have been weighted according to the number of surveys collected during each assessment phase.
[8] In all surveys, regardless of whether the respondent was the self-reported head of household or not, the gender and age of the reported head of household were collected for disaggregation purposes.
[9] No data was collected for heads of households younger than 18, and surveys were only conducted with respondents over the age of 18.

be members of the host community, and 12.9% were IDPs. As shown in Figure 6 below, the breakdown of IDP households and households who are part of the host community does not seem to vary by region; in Bay, Middle Shabelle, Gedo and Lower Juba regions, more than 85.0% of the beneficiary households were categorised as members of the host community.

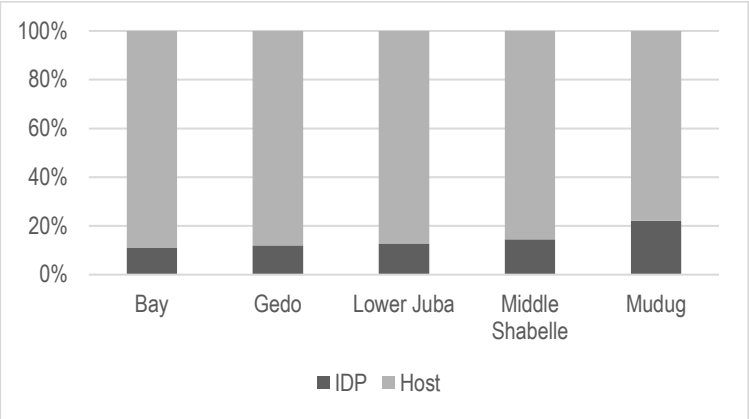

Figure 6: % of IDPs and the host communities of the SCC beneficiary households by region

Livelihood Profile Breakdown

As shown in Figure 7 below, the proportional breakdown of the livelihood profiles varies considerably by region. Of SCC beneficiary households surveyed across all assessments, 47.7% were categorised as urban households, 38.7% as agro-pastoral and 13.5% as pastoral, based on household self-reporting.

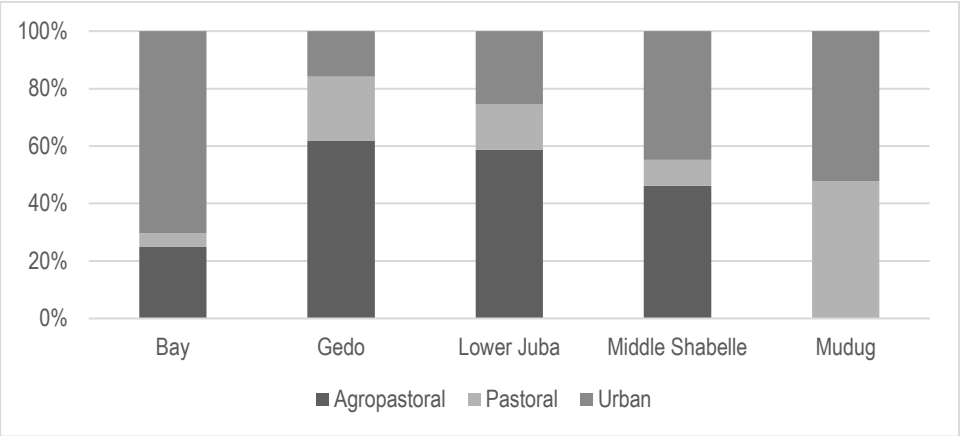

Figure 7: Self-reported livelihood profile breakdown of SCC beneficiary households by region

Household Spending Decisions

Across the two assessments, households' spending decisions were most commonly reported to be made jointly by both male and female members of the household. Responsibility within the household over spending decisions does not appear to have changed much following the reception of UCT. The proportion of households reporting that decisions were jointly made primarily by a female and male member of the household increased from 48.1% at the baseline and 58.0% at the endline.

Table 4: Primary spending decision maker reported by % of households

	Baseline	Endline
Male	30.4%	25.1%
Female	21.5%	16.9%
Joint Decisions	48.1%	58.0%

The relatively high reported levels of female participation in the household decision-making process are in line with the fact the SCC actively targets women within the household to be registered as beneficiaries to receive UCT and includes female-headed households within its vulnerability criteria.

Subjective Well-being Indicators

Households were asked the following series of subjective questions[10] to determine their perception of their household's well-being, ability to meet basic needs, and ability to withstand shocks:

1. In the past month, has your household had sufficient quantity of food to eat?
2. In the past month, has your household had sufficient variety of food to eat?
3. In the past month, has your household had enough money to cover your household's basic needs?
4. How would they rate their household's overall well-being in terms of being able to meet their basic needs?
5. How would a crisis or shock, such as flooding, drought, locusts, or hailstorms affect your household's well-being?

Given the sensitive nature of these questions, households had the choice to select 'no answer' if they were unwilling or unable to answer the question. Non-response rates ranged from 0.1% to 1.0% for all subjective indicators, except question 4, included in the baseline and PDM assessment. For question 4, non-response rates ranged from 9.9% to 13.6%, which might suggest the question was perhaps more sensitive.

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As can be seen in Figures 8, 9, 10, 11 & 12 below, households generally rated their current well-being and their ability to withstand future shocks quite poorly during the baseline. There were marked improvements across most subjective indicators at the time of the endline assessment. Following the three-month worth unconditional cash transfers, households' perception of their food security, economic well-being, and ability to meet basic needs, overall well-being, and resilience to future shocks appeared increasingly positive, indicating that households felt more financially secure and experienced a greater ability to meet their basic needs.

As seen in Figure 8 & 9, the percentage of households reporting "never" or "rarely" having had enough quantity food to eat in the month prior to data collection decreased from 9.8% at the baseline to 1.3% at the endline assessment, while the percentage of households reporting that they "mostly" or "always" had enough food to eat increased between baseline (23.8%) and endline (47.8%), indicating a positive impact of the distributions on households' experiences with access to food. **Similar outcomes were found based on the households' perception of the variety of food consumed.** This positive shift in households' perception of their own well-being aligns with the positive increases in other indicators measuring food security outcomes, particularly the FCS and HDDS, which more quantitatively assess changes over time in the quantity and variety of food consumed.

[10] This series of subjective well-being indicators was developed jointly by the Cash Consortium and an external consultant working on a previous grant.

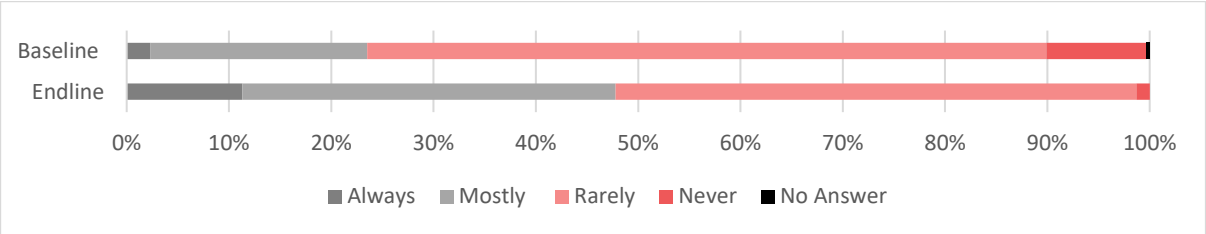

Figure 8: Percentage of households reporting always, mostly, rarely, or never having had enough food in the month prior to data collection

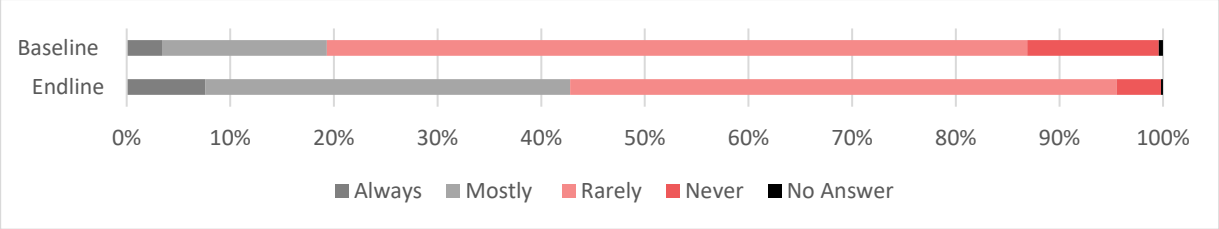

Figure 9: Percentage of households reporting always, mostly, rarely, or never having had enough variety of food to consume in the month prior to data collection

As demonstrated in Figure 10 below, at the time of the baseline, only 18.2% of all households reported always or mostly having been able to access money to cover their basic needs in the month prior to data collection. This proportion increased to 42.8% at the endline, while the proportion of households reporting never having been able to do so decreased from 16.2% to 4.3%.

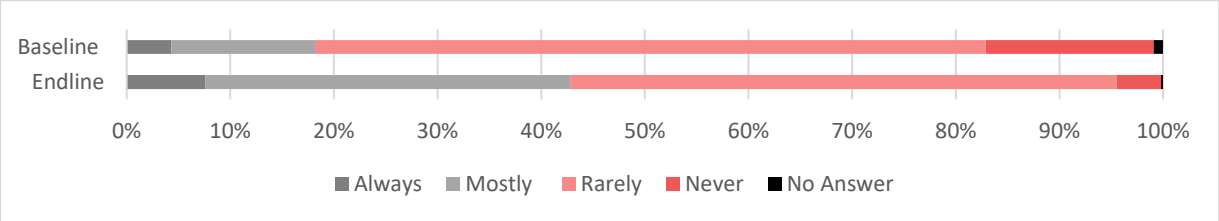

Figure 10: Percentage of households reporting always, mostly, rarely, or never having had enough money to cover basic needs in the month prior to data collection.

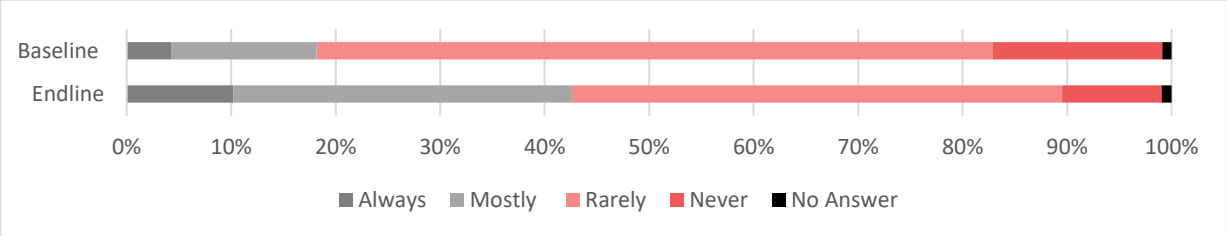

Figure 11: Percentage of households reporting always, mostly, rarely, or never being able to meet their basic needs.

The household perception of their overall well-being, reported as their ability to meet basic needs, improved from baseline to endline. This is consistent with the household's perception of the appropriateness of cash assistance with 87.7% of households reporting that the cash assistance was appropriate to their household's needs. **However, even at the endline, the majority of households reported rarely or never meeting their basic needs (57.0%), indicating that the UCT's impact might not have extended to all vulnerable households,** some of whom might carry additional burdens that prevent these households from fully benefitting from the cash transfers.

This is broadly in line with the worsening drought conditions, which might have further contributed to households' belief that a continuation of the programme and an increase in UCT amounts will cushion them and help them meet their basic needs going forward.

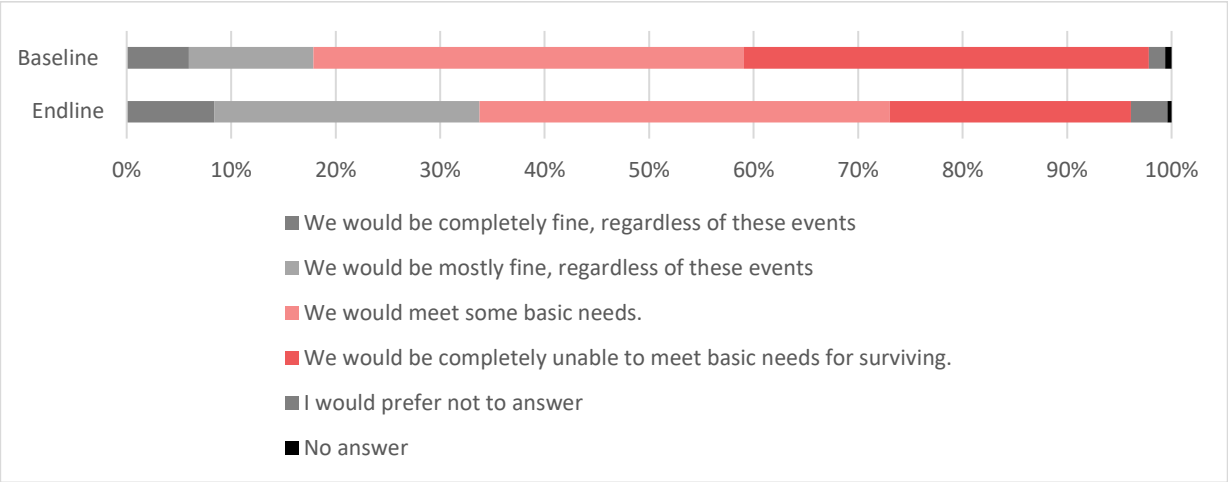

Figure 12: percentage of households rating their household's ability to withstand a crisis or shock, such as flooding, drought, locusts, hailstorms.

As demonstrated in Figure 12 above, the households' perception of their ability to withstand a crisis or shock improved considerably; the proportion of households believing that they would be completely unable to meet basic needs for surviving when a crisis such as a drought, flooding, locust invasions or hailstorms decreased from 39.0% at the baseline to 23.2% at the endline.

Reflecting the general trend of the other subjective well-being indicators, the proportion of households reporting positive perceptions of their well-being[11] appears to have increased between the baseline and the endline, while the proportion of households reporting negative perceptions of their well-being decreased.

Core Food Security Indicators

The indicators included in this section align with the 'Recommended Indicators' developed by the Somalia Cash Working Group to standardise the way in which household level food security is measured across assessments. Do note that all results presented have been regionally weighted by the proportion of SCC beneficiary households per targeted region.

Meals Consumed in the Past 24 Hours

Following the three-month worth UCT, the average number of meals consumed by households in the 24 hours prior to data collection was 2.2, marking a slight increase from the average of 2.0 meals consumed at the baseline. The regional disaggregation for the results is presented in Table 6 below.

The average number of meals consumed increased in all regions and the largest increases were seen in Middle Shabelle and Mudug regions.

[11] Referring here to household access to sufficient quantities of food, access to enough money to cover basic needs, ability to withstand shocks, and household perception of their overall well-being.

Table 5: Average reported number of meals consumed in the household in the 24 hours prior to data collection

Region	Baseline	Endline
Bay	2.0	2.1
Gedo	2.1	2.2
Lower Juba	2.0	2.1
Middle Shabelle	2.0	2.3
Mudug	2.0	2.3

Table 6: Proportion of households by reported # of meals consumed in the 24 hours prior to data collection

# of Meals Eaten Past 24 Hours	% of HHs Baseline	% of HHs Endline
0	0.0%	0.0%
1	7.4%	1.5%
2	84.3%	82.4%
3	7.0%	16.0%
>3	1.4%	0.1%

Categorisation of households by number of meals eaten in the past 24 hours allows for further analysis. **The proportion of households reporting consumption of less than two meals decreased, while the proportion of households reporting consumption of two or more meals increased.**

Main Household Food Sources

To provide context to household spending decisions and food security outcomes, and to better understand use of certain coping strategies, households were asked about their main food sources in the 7 days prior to data collection.

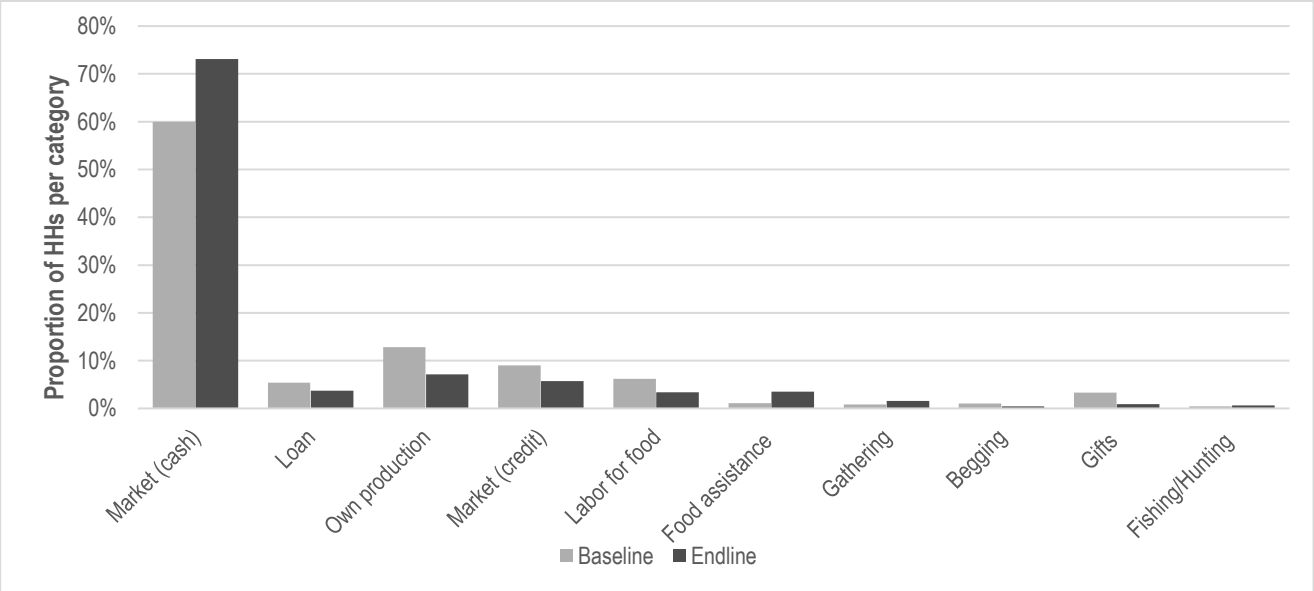

Figure 13: Main food source reportedly used by households in the 7 days prior to data collection

Market purchases made with cash[12] represented the main food source reported by households during all assessments. The proportion of households reporting market purchases with cash to be their main food source increased from 60.0% (baseline) to 73.1% (endline), indicating households' purchasing power increased, in turn decreasing their reliance on less sustainable or more insecure sources. Indeed, while loans and market credit[13] also represented an important main food source for many households at the endline assessment, findings suggest that households' reliance on loans as their main food decreased slightly between the baseline (5.4%) and endline (3.7%).

Reduced Coping Strategies Index (rCSI)[14]

The rCSI measures the frequency with which households have relied on certain negative coping strategies (related to food consumption in the household) within the seven days prior to data collection to cope with food insecurity. It combines both the frequency of using coping strategies and their respective severity. Possible rCSI values range from 0 (no coping strategies applied) to 56 (all listed coping strategies are applied every day), with any score above 10 generally being considered to indicate frequent use of severe coping strategies. A higher score suggests a more severe level of food insecurity.[15]

The rCSI includes the following coping strategies: [16]

- Relied on less preferred, less expensive food; (1)
- Borrowed food or relied on help from friends or relatives; (2)
- Reduced the number of meals eaten per day; (1)
- Reduced portion size of meals; (1)
- Reduction in the quantities consumed by adults/mothers for young children. (3)

As seen in Table 7 and Figure 15, the average baseline rCSI scores of all regions were higher than 14.0, with the overall average being 14.7. By the endline, the average rCSI score decreased to 12.6. **Although there appears to be an overall reduction in the negative coping strategies measured by the rCSI between the baseline and endline, the average endline rCSI score of 12.6 still indicates a relatively frequent use of severe coping strategies.**

Table 7: Average rCSI score over the 7 days prior to data collection by region[17]

Region	Average rCSI Baseline	Average rCSI Endline
Bay	14.1	15.5
Gedo	14.5	12.7
Lower Juba	14.8	9.7
Middle Shabelle	16.0	9.4
Mudug	16.4	11.7
Total	**14.7**	**12.6**

[12] Also including purchases made through mobile money applications.
[13] The categories of 'market purchases made on credit' and 'loans' seem similar but have been used to mean different things for the purpose of this assessment. While market purchases made on credit refer specifically to credits provided by market vendors, loans can be provided by different sources including friends or family, community members, or lending institutions.
[14] The coping strategy index (CSI) is an indicator of a HH's current food security status and a good predictor of vulnerability to future food insecurity. It measures the frequency and severity of changes in food consumption behaviors in the seven days prior to data collection when HHs are faced with a shortage of food. A high CSI value suggests that a HHs has been engaging in erosive, negative behaviours to meet food needs in the past seven days and is indicative of experienced food insecurity.
[15] Calculated according to the standards of the CWG M&E Workstream Recommended Indicators document.
[16] The strategies are weighted, with the highest weight given to the most "severe" categories. The categories ranges between 1 and 3. The weighted frequency scores are summed up into one final score (rCSI) with a minimum value of 0 and maximum value of 56.
[17] Increases in average rCSI scores over time are considered negative as they imply increases in the reported use of household negative coping strategies (related to reducing food consumption), whereas decreases in average rCSI scores are considered positive.
*** meaning data is unavailable for this indicator for this region.

The three consumption-based coping strategies reportedly employed in the 7 days prior to data collection by the greatest proportion of households are listed in the table below:

Table 8: Consumption-based coping strategies:

Baseline	Endline
Relied on less preferred, less expensive food - 2.4/7 days	Relied on less preferred, less expensive food - 1.8/7 days
Borrowed food or relied on help from friends or relatives - 2/7 days	Borrowed food or relied on help from friends or relatives - 1.3/7 days
Reduced the number of meals eaten per day - 1.8/7 days	Reduced portion size of meals - 1.3/7 days

Across baseline and endline assessments, the most reported consumption-based coping strategy was relying on less preferred and less expensive food. However, the frequency of using this coping strategy consistently decreased from the baseline to the endline, indicating that cash transfers were allowing households to purchase more preferred food that they were not able to afford before.

Livelihood Coping Strategies Index (LCSI)

The LCSI measures the livelihoods-related coping strategies that households employ when they are otherwise unable to access sufficient food or meet other basic needs. For the purpose of this assessment, and in line with the Somali context, livelihood profiles are categorised as either urban, agro-pastoral (including riverine populations), or pastoral. Coping strategies are context-sensitive and thus specific to each livelihood zone, with some overlap.[18]

Table 9: Coping strategies included in the LCSI:

Stress category	Crisis category	Emergency category
• Sold household assets/goods (radio, furniture, refrigerator, television, jewellery, clothes etc.) [all livelihood zones]	• Sold productive assets or means of transport (sewing machine, tools, wheelbarrow, bicycle, car, etc.) [urban and agro-pastoral]	• Sold house or land [all livelihood zones]
• Purchased food on credit or borrowed food [all livelihood zones]	• Sold animals (productive and non-productive) but retained minimum stock [pastoral]	• Begged [urban]
• Spent savings/ Sold animals [urban]	• Reduced health (including drugs) and education related expenditures [urban]	• Sold last female animal [agro-pastoral and pastoral]
• Spent savings/ Sold more animals (non-productive) than usual [agro-pastoral and pastoral]	• Consumed seed stocks that were to be held/saved for the next season [agro-pastoral]	• Entire household has migrated to this area in the last 6 months or plan to migrate to the new area within the next 6 months to get help [urban]
• Borrowed money [all livelihood zones]	• Decreased expenditures on fodder, animal feed, veterinary care, etc. [pastoral]	• Livelihood activities terminated. Entire household has migrated in the last 6 months or plan to migrate to the new area within the next 6 months [agro-pastoral and pastoral]

LCSI scores are used to classify households into the categories of 'stress', 'crisis', and 'emergency'. Those households who do not report having employed any of the coping strategies considered within the LCSI are classified as 'none'. Households

[18] World Food Programme (January 2009). Emergency food security assessment handbook.

were asked to provide all livelihoods-based coping strategies that they had employed in the 30 days prior to data collection. For analytical purposes, however, each household's LCSI severity was classified based on the most severe coping strategy employed in the 30 days prior to data collection.

Table 10: Proportion of households per LCSI severity category over the 30 days prior to data collection, baseline and endline

	Baseline	Endline
None	14.5%	18.3%
Stress	23.7%	33.7%
Crisis	19.6%	16.9%
Emergency	42.1%	31.1%

Table 10 shows the prevalence of each LCSI severity category. The proportion of households who reported having employed none of the livelihood related coping strategies in the 30 days prior to data collection increased from 14.5% of households at the baseline to 18.3% at the endline. This increase in the proportion of households reporting not having employed any livelihood-based coping strategy in the 30 days prior to data collection marks a positive development, in line with the fact that most households reported perceiving that the UCT had helped them to better meet their basic needs. However, the proportion of households in the "stress" category also went up from 23.7% at baseline to 33.7% at endline. While analysing the contributing factors behind household coping behaviour is beyond the scope of this assessment, the high proportion of households continuing to employ stress, crisis, and even emergency-level livelihood coping strategies despite their receipt of the three-month worth of UCT could be an indication of the impact of the persisting drought on households in drought-affected areas. Households diversifying their expenditure to purchase other needed non-food items previously unavailable to them, or to pay off debts, could be another factor contributing to the increase the proportion of households using stress-level coping strategies. [19,20]

At the time of baseline assessment, the three most commonly reported livelihood coping strategies were; purchasing food on credit or borrowing food, borrowing money and withdrawing children from school

While the proportion of households being categorised in Emergency and Crisis categories of the LCSI decreased, the overall top 3 most commonly used coping strategies remained the same.

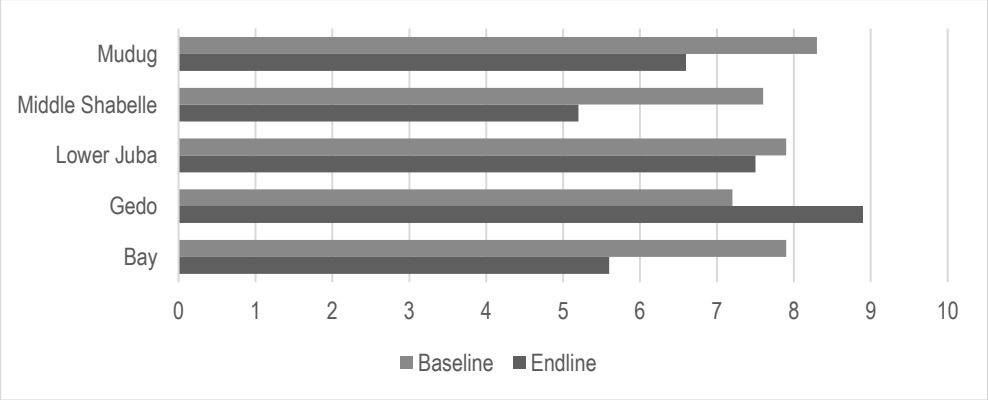

Figure 14: Average LCSI score of beneficiary households, by region

[19] Food and Agriculture Organization (August, 2021). Somalia Drought Update.
[20] International Organization of Migration (January, 2022). Somalia Displacement Tracking Matrix (DTM) Drought Analysis 2021.

While the first two coping strategies fall into the 'stress' category and were also reported to be frequently employed at the time of baseline, the third coping strategy (withdrawing children from school) falls into the 'crisis' category and was also reported at the time of the baseline.

It should also be noted that the use of livelihood-based coping strategies reported by households varied greatly by region (see Figure 15 below). However, the proportion of households employing emergency category strategies also decreased during the same period. In Gedo and Mudug regions, the proportion of households employing emergency category strategies increased between the baseline and endline. With these regions being among the most drought-affected regions in Somalia,[21] this could perhaps indicate that households might have more commonly started to experience the effects of the drought, leading them to adopt more severe coping strategies despite their receipt of the UCT.

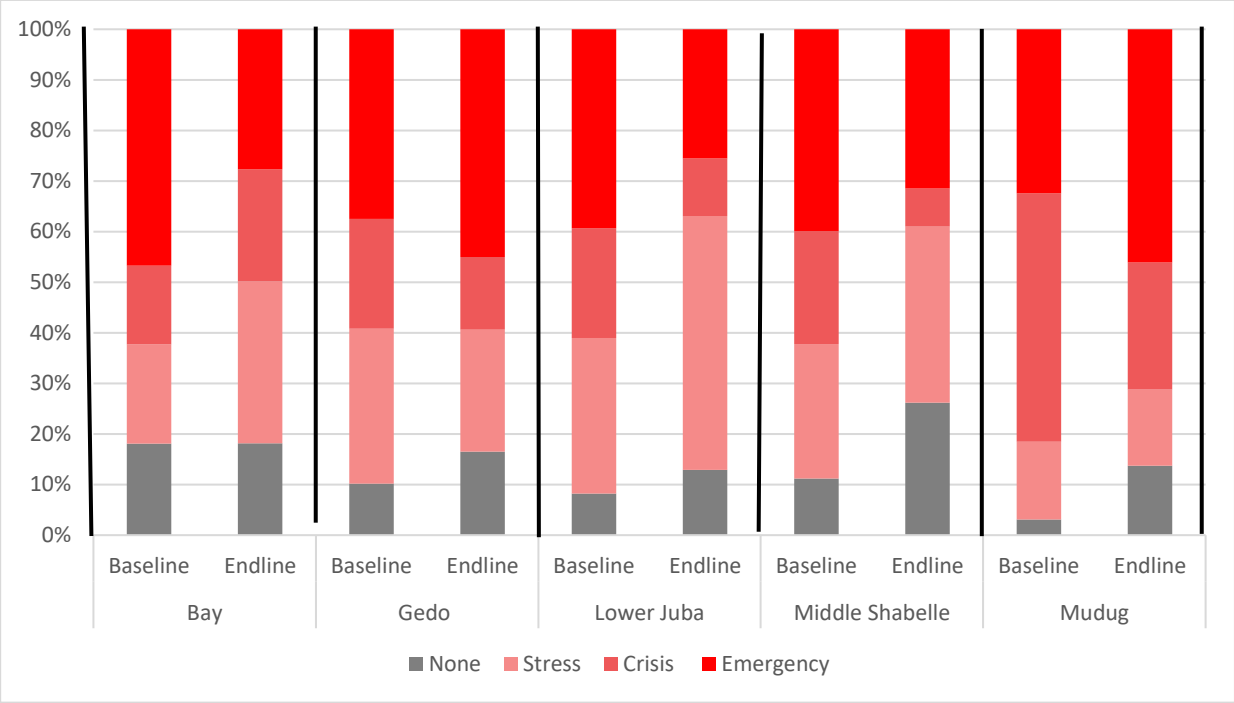

Figure 15: Proportion of households reportedly using stress, crisis, and emergency livelihood coping strategies over the 30 days prior to data collection by region

Food Consumption Score (FCS)

The FCS is a composite score based on the dietary diversity, frequency of consuming certain food groups, and the relative nutritional value of foods consumed by a household in the seven days prior to data collection. The categories of food items included in the FCS are listed below, in order of relative nutritional value assigned to each food group by the FCS weighting process (from highest to lowest).[22]

Table 11: Proportion of Households in each FCS classification in the 7 days prior to data collection

	Baseline	Endline
Poor	28.8%	14.0%
Borderline	34.3%	28.5%
Acceptable	36.8%	57.5%

[21] Drought Response Plan (2022) Somalia

[22] The order from the highest to lowest weight comprises; meat, fish, and eggs, dairy products, pulses and legumes, main staples (including millet, sorghum, bread, rice, or foods made from cereals), vegetables, fruits, sugar, fat and oil, and condiments and spices respectively. The classification of FCS is as follows; 0-28, "Poor", ≥28<42, "Borderline" and >42, "Acceptable".

Between the baseline and the endline, FCS generally improved among beneficiary households.

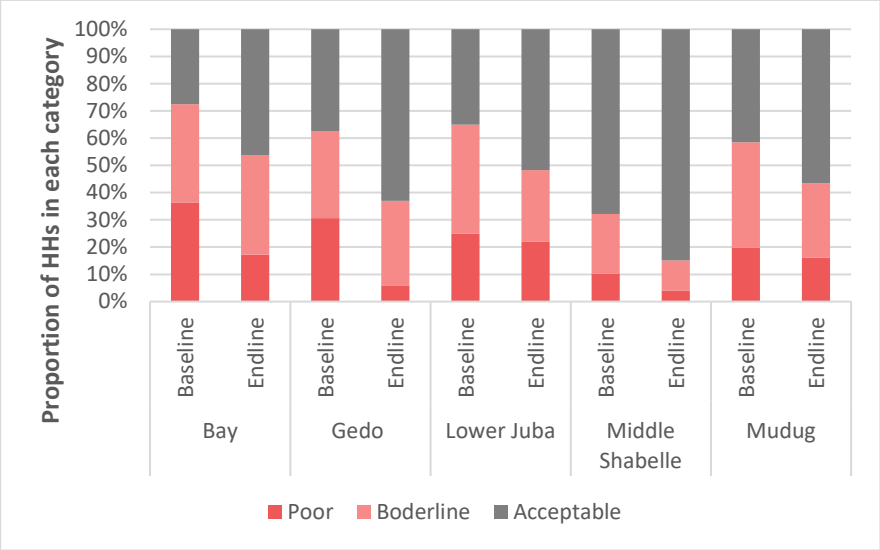

Figure 16: Proportion of households in each FCS classification in the 7 days prior to data collection by region

The proportion of households with an acceptable FCS increased between the baseline and endline for all the regions, particularly in Middle Shabelle (67.8% at the baseline and 84.9% at the endline) and Gedo (37.5% at the baseline and 63.0% at the endline).

Household Dietary Diversity Score

The HDDS is used to gain a more comprehensive understanding of household food security by considering the diversity of the food consumed per household in the seven days prior to data collection. While households may be satisfying their caloric needs by consuming considerable amounts of dense staple foods, including wheat or rice, their diets may nevertheless be lacking in more nutritiously diverse foods. Hence, by scoring households based on the number of diverse food groups consumed, the HDDS attempts to capture the overall quality of food consumption more so than the quantity of foods consumed[23].

At baseline, the average HDDS of SCC beneficiary households was 5.8, placing the overall HDDS just in the medium dietary diversity threshold. Since the baseline, findings suggest that dietary diversity improved among beneficiary households, with an average HDDS of 6.4 at the endline.

Table 12: Average HDDS in the 7 days prior to data collection by region

Region	Average HDDS Baseline	Average HDDS Endline
Bay	5.7	6.5
Middle Shabelle	6.1	6.3
Mudug	4.9	4.9
Lower Juba	6.1	6.4
Gedo	6.0	6.7
Overall average	5.8	6.4

[23] The HDD is classified as <= 4 being "low", ≥ 5 < = "medium" and > 6 as "high".

Table 13: Proportion of households per HDDS category in the 7 days prior to data collection

	Baseline	Endline
Low	19.1%	5.6%
Medium	34.6%	27.8%
High	46.3%	66.6%

Positive improvements were seen in the proportion of households with high dietary diversity between the baseline and the endline. During the baseline assessment, 19.1% of all beneficiary households were categorised as having low dietary diversity, while, by the endline, the proportion of households with a low HDDS had decreased to 5.6%. The proportion of households with medium dietary diversity considerably decreased from the baseline (34.6%) to 27.8% at the endline. However, this decrease was offset by the considerable improvement in the proportion of households with high dietary diversity, from 46.3% at the baseline to 66.6% at the endline.

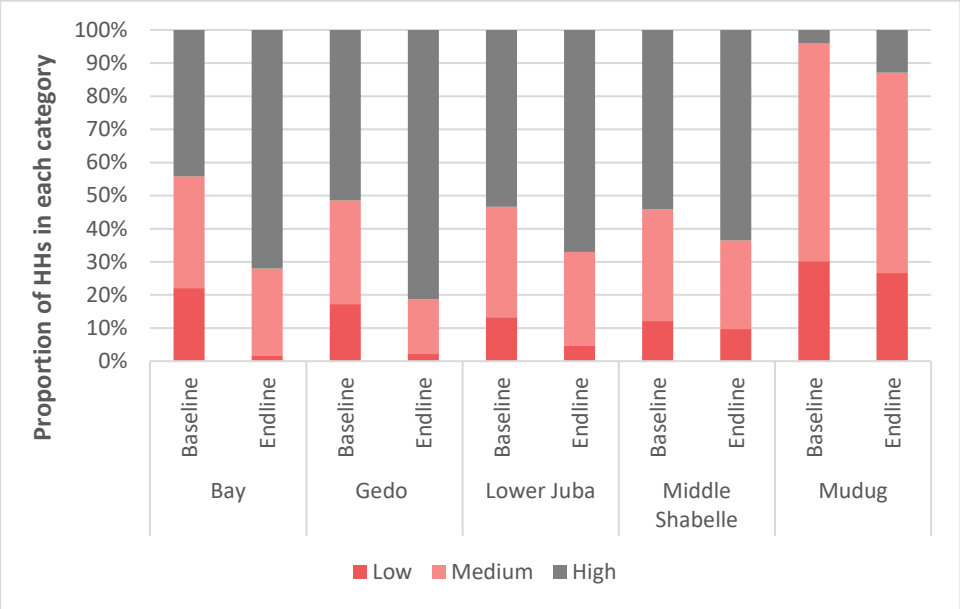

Figure 17: Proportion of households per HDDS category in the 7 days prior to data collection, by region

When looking at the proportion of households per HDDS category by region (see Figure 17 above) it becomes apparent that there are regional differences. Consistent with changes in the FCS, LCSI and rCSI scores, the HDDS in all regions improved from baseline to endline, with the proportion of households with a high HDDS being higher at the endline in all the assessed regions. The magnitude of positive change was particularly high in Bay (72.0% at the endline from 44.2% at the baseline) and (81.3% at the endline from 51.4%) at the baseline in Gedo region. In Mudug region in particular, findings suggest that, while dietary diversity generally improved, it remained considerably low. In the regions of Bay, Middle Shabelle and Gedo, on the other hand, the proportion of households with high or medium HDDS remained relatively high compared to all other regions, also consistent with the FCS findings.

Household Expenditure Breakdown

Findings suggest that the most significant category of household spending was food, which may be indicative of the precarious financial situation of SCC UCT beneficiary households. Despite some reductions in the proportion of household expenditure on food items following reception of UCT, food purchases still accounted for approximately half of all monthly household expenditure at the endline. Spending such a large portion of monthly income on food creates financial challenges that may make it more difficult for households to build up stocks and resilience to future shocks. This sense of precariousness is reflected in some households' negative perception of their future well-being, concerns over

their ability to overcome a crisis or shock, and the concerns expressed that their household would face additional challenges meeting basic needs once UCT ended (see section "Subjective Well-being Indicators"). At the time of the baseline, average household spending on food reportedly accounted for 51.4% of all household expenditures at the endline, households reported spending 42.1% of total expenditure on food.

At the same time, the average reported monthly household income increased from 86.9 USD at the baseline to 235.1 USD at the endline.[24]

The table below shows the changes in the average amount in USD spent on all categories of items included in the monthly household expenditure indicator between the baseline and the endline assessments.[25]

Table 14: Change in average USD amount spent by households on categories of items in the 30 days prior to data collection

	Baseline Average USD	Endline Average USD	Expenditure Change USD (Baseline to Endline)
Food	39.4	79.9	40.5
Debt repayment	9.8	40.9	31.1
Clothing	6.4	16.7	10.3
Medical	6.5	16	9.5
Water	5	10.5	5.5
Education	4.6	9	4.4
Fuel	3	5.8	2.8
Shelter	1.7	7.7	6
Rent	2.1	3.1	1
Khat	0	0.1	0.1
Other	2.9	8	5.1

As the cash provided was unrestricted, households were free to decide for themselves how best to spend it. To understand the impact of UCT on non-food related decision making, it is important to consider not only the change in proportion of expenditure spent on a particular expense category but also the change in USD amount. **Looking at the change in spending amounts presented in Table 12 reveals that, although the overall proportion of household expenditure on food may have decreased over time, the actual amount in USD spent on food in the past 30 days increased.** This increase in expenditure (when measured in USD amount) on food is aligned with the overall improvements seen following reception of UCT in household-level food security indicators, such as the FCS, HDDS, and rCSI, and suggests households were generally able to afford more and/or better-quality food. The expenditure categories that saw the biggest change in USD amount spent between the baseline and the endline were food (40.5 USD) and debt repayment (31.1 USD), education (10.3 USD), water (9.5 USD), and clothing (5.5 USD).

Households were also categorised based on the proportion of their total expenditure spent on food, which may provide insights into their financial access and spending flexibility. As Table 13 demonstrates, the proportion of households that had food expenditure between 75% - 100% of total household expenditure, and thus might have been prioritising food purchases at the expense of other essential needs, decreased from 21.3% at baseline to 12.2% at the endline.

[24] The monthly income included cash transfer, which's transfer value was worth three months of cash assistance (ranging from USD 180 to USD 255). This therefore highlights why the income and expenditure values increased by 63.0% and 58.9% respectively, from the baseline.

[25] Please note that for clarity in visualisation, 'other' in Figure 17 and Table 14 differ. In Figure 17, 'other' also includes the following categories: agricultural inputs, business inputs, livelihood inputs, electricity, hygiene items, savings, sharing/loans, social expenses – all of which represented less than 2.0% of total household expenditure. In Table 22, "other" includes unspecified expenses and money spent on khat.

Table 15: Proportion of reported total household expenditure spent on food in the 30 days prior to data collection

	Baseline	Endline
0-49% of total HH expenditure	28.5%	38.5%
50-64% of total HH expenditure	35.5%	36.9%
65-74% of total HH expenditure	14.7%	12.3%
75-100% of total HH expenditure	21.3%	12.2%

Moreover, 12.3% of households surveyed during the baseline and 5.0% of households surveyed at the endline reported having spent more than their average reported income in the 30 days prior to data collection.[26] Such discrepancies in income and expenditure can be explained by a number of factors, including financial assistance from family and friends, community support, market credit, or taking on debt but could also be due to inaccuracies resulting from recall issues given the 30-day recall period for this indicator. Households who reported spending more than their average reported income were asked to elaborate further. Among these households (5.0%), the most commonly given explanations at the endline were:

- Having taken on debt with the shop or purchased on credit constituting (52.0%);
- Family provided assistance, borrowed from family (13.0%);
- Having taken a loan from the community (26.0%);
- Friends provided assistance, borrowed from friends (38.0%).

Another indication of households' resort to taking on debts to make ends meet and access essential needs can be seen from the fact that debt repayment represented a large portion of household expenditure, particularly debt taken on for food purchases. Comprising 19.2% (consisting of 13.3% of food debt and 5.9% of non-food related debt) of total endline household expenditure, debt repayment was the second most important category following food expenditure. At the baseline, debt repayment made up 11.5% (7.9% of food debt and 3.6% of non-food debt) of total household expenditure, indicating that UCT allowed households to prioritise repayment of debts.

Reported Price Inflation

To capture any potential unintended negative effects of cash assistance on SCC beneficiary households and their communities, households were asked the following questions on market price inflation during both the endline PDM assessment:

1. Do you believe vendors specifically overcharged your household because they were aware of how much money you received through the cash payments?
2. Do you believe vendors have increased the prices they charge to everyone in the community (both beneficiaries and non-beneficiaries) since the cash transfers began?

Answers provided by households to these questions are subjective in nature: findings are based only on personal perception and results were not triangulated with more objective market price monitoring. Despite their limitations, these questions nevertheless provide important insight into the perceptions of households of the effects of the UCT programme on their community.

Overall, at endline, 21.1% of households reported perceiving that their household had been charged too much by vendors due to their beneficiary status (Question 1), and 29.1% reported perceiving vendors more generally had increased their prices

[26] For this assessment, total income includes all sources of income, including cash received from aid organisations, agriculture, livestock, private business, casual labour, petty trade, wage labour, loans, gifts, remittances etc.

since the start of the transfers (Question 2). Reports of vendors increasing their prices, either for the entire community or specifically overcharging beneficiary households, increased at the endline.

Households who answered yes to question 1 (21.1% at the endline) were asked which goods they felt had increased in price. Their responses are provided in Figure 18 below.

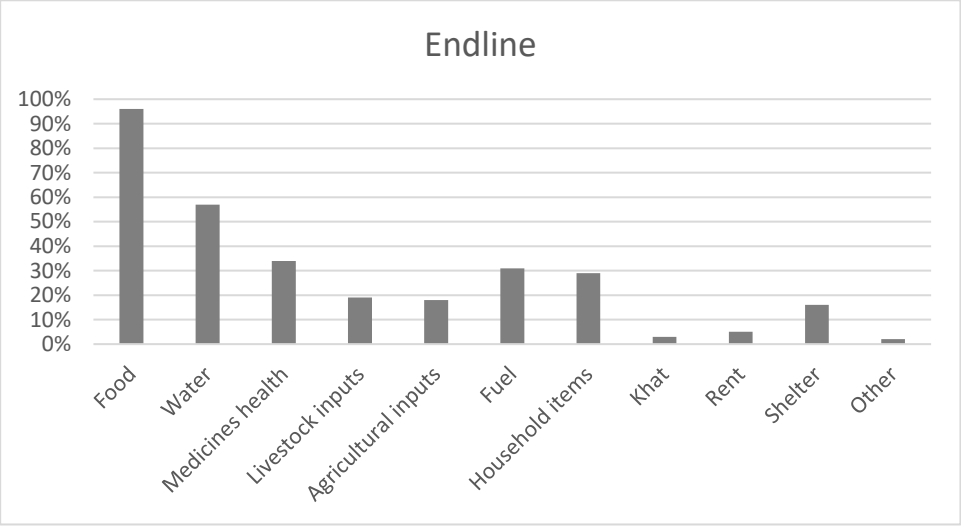

Figure 18: Items for which vendors reportedly increased prices since the transfers started, by % of households who reported perceiving vendors had increased their prices (21.1% at the endline)[27]

For nearly all items assessed, the proportion of households perceiving vendors had raised prices increased at the endline. In particular, nearly all households (96.0% at the endline) who answered 'yes' to either Question 1, Question 2, or both (25.1% at the endline), reported an increase in the price of food. However, market analysis and price monitoring would be needed to make any conclusive changes on price inflation in the locations included in SCC programming.

Protection Index Score

The Protection Index Score[28] serves as a proxy indicator for the "% of beneficiaries (disaggregated by sex, age, and livelihood zone) reporting that humanitarian assistance is delivered in a safe, accessible, accountable, and participatory manner". This score measures the % of beneficiary households giving a positive answer to the seven questions.[29] 'Yes' is considered a positive response to all questions, except for question 5, for which a positive response would be a 'no' answer.

When the respondents were asked if they felt safe going through the programme's selection process, registration, and surveys, almost all households (97.1% baseline and 99.5% endline) answered positively. Similarly, 99.8% both at the baseline and the endline of households indicated that they felt respected by non-governmental organisation (NGO) staff. Despite some slight regional variations, responses to these questions were consistently positive across all regions. A total of 88.8% (baseline) and 87.7% (endline) of households felt that cash assistance was appropriate to their household's needs, with results varying considerably between regions. However, only 16.8% (baseline) and 22.1% (endline) of households reported knowing of someone in their community who had been consulted by the NGO on their needs.

[27] As this question was only asked to those households who reported vendors increasing their prices, findings are indicative only and were not weighted by region. Households were able to provide multiple comments, hence percentages do not add up 100.0%.
[28] The Protection Index Score is calculated according to the DG ECHO Protection Mainstreaming Guidance document provided by the Somali Cash Consortium.
[29] 1. Do you know of anyone in your community having been consulted by the NGO on what your needs are and how the NGO can best help? 2. Was the cash assistance you received appropriate to your needs or those of members of your community? 3. Do you feel safe when going through this programme's selection process, surveys, and accessing your cash? 4. Did you feel you were treated with respect by NGO staff during the intervention so far? 5. During the selection process, do you think there were households that were unfairly selected for cash distributions over other households more in need? 6. Have you or anyone you know in your community ever raised any concerns on the assistance you received to the NGO using one of the above mechanisms? 7. If yes, are you satisfied with the response you have received?

Both questions concerning the use of CRM received low positive scores overall. At the baseline, only 21.7% of households were aware of any options to contact the agency if they had any questions, complaints, or problems receiving the assistance. This increased to 26.5% of households at the endline.

Moreover, among those households who had reportedly used, or knew someone who had used, CRM (20.0%), just over half (59.4%) reported having been satisfied with the response. By the endline, only 17.9% of households reported having used CRM, or knowing of someone in their community who had used CRM, the vast majority of whom (85.1%) reported having been satisfied with the response received.

While the proportion of households who reported having used CRM to voice concerns appears low, findings suggest that most households had not felt a need to use CRM in the first place (see table 16).

Table 16: Most commonly reported reasons for not using CRM by % of households who reported not using CRM (80.0% at the baseline and 82.1% at the endline respectively)

	Baseline (n=3226)	Endline (n=3029)
Fear of Negative Consequences	1.1%	1.7%
Lack of CRM knowledge	35.9%	31.4%
No concerns	63.0%	66.9%

Table 17: Aggregated Protection Index Score by region

Region	Baseline Score	Endline Score
Bay	78.6%	85.7%
Gedo	67.9%	67.9%
Lower Juba	75.0%	71.4%
Middle Shabelle	82.1%	75.0%
Mudug	78.6%	71.4%
All households	75.6%	74.4%

The Protection Index Scores in the table below are calculated by assigning a mark to each indicator based on the % of households answering positively. The highest possible score is 28, and the target threshold for households answering 'yes' across all indicators is 75.0% (equal to a score of 21 out of 28). **As can be seen in the table above, the baseline average is slightly above the target while the endline average is slightly below the target.**

At the endline, households were given the opportunity to make comments or suggestions on how to improve SCC programming. Just over one-third of households (21.8%) chose to make a comment further explaining the needs of their household and their community, and how aid programming could be improved to meet these needs. A summary of their comments is provided below:

Table 18: Among those households who provided comments on how to improve SCC programming (25.1% at the baseline and 21.8% at the endline) reported suggestions provided [30]

	Baseline (n=1015)	Endline (n=867)
Flood relief	12.0%	5.0%
Medical infrastructure	29.0%	32.0%
Increase filed visits	25.0%	26.0%
Shelter support	41.0%	48.0%
In-kind food aid	52.0%	60.0%
In-kind NFI aid	22.0%	13.0%
Education infrastructure	36.0%	40.0%
Livelihood support	44.0%	32.0%
WASH support	33.0%	28.0%
Soap distribution	8.0%	25.0%
Additional assistance	28.0%	9.0%
Long term support	27.0%	25.0%
Disability support	13.0%	NA
Drought relief	19.0%	NA
Other feedback	1.0%	NA

While all interviewed households stated that cash was their preferred modality for receiving aid at the endline, and 99.6% of households stated that cash had helped them to meet basic needs, many households nevertheless expressed encountering challenges in their daily life that could not be addressed through cash. Of the 21.8% of households who made a comment, 48.0% expressed that their household was in direct need of shelter support following a shock or crises,[31] 40.0% of households expressed a need for education infrastructure in their community, and 32.0% expressed a need for medical infrastructure.

Among those households who provided a comment (21.8%), 60% suggested the provision of in-kind food aid as a supplement to cash assistance, marking this as the most reported suggestion. The households who provided comments in Bay (16.9%), Gedo (10.0%), and Mudug (70.1%), particularly high proportions of households (70.0%, 69.0%, and 64.0%, respectively), reported wanting to receive in-kind food aid. These findings could perhaps be related to the fact that, at the endline, "only" 87.7% of households reported that cash assistance was appropriate to their needs or those of their community, while 100.0% of households stated that cash was their overall preferred modality for receiving aid. While cash assistance may be an effective means for households to meet their basic needs in the short-term, households and the communities in which they reside face numerous systemic challenges in their daily life, including lack of necessary infrastructure; these findings could indicate that some households would ideally substantiate their cash assistance with additional in-kind food aid, which could allow them to re-prioritise cash towards addressing their more medium-term needs.

[30] As this question was only asked to the 40.2% of households who chose to make a comment or suggestion at the endline, findings are indicative only and were not weighted by region. As households were able to provide multiple comments, percentages do not add up 100.0%.
[31] Combined figure consisting of the proportion of households who expressed need for flood, locust, and drought relief.

Accountability

Awareness of Selection Criteria

Households were asked if they were aware of any of the beneficiary selection criteria used by NGOs, and if they were aware, they were further asked to list all criteria they were aware of. If households were unable to list any of the selection criteria in this follow-up question, their initial answer was changed to 'no'.

Overall, at the baseline, 33.7% of households were able to list at least one selection criteria, while 66.3% were unable to list any. Beneficiary households were most aware of the following five selection criteria: [32]

- Lack of income (75.0%)
- Lack of assets (39.0%)
- Disability of a household member (29.0%)
- Older household members (22.0%)
- Illness of a household member (23.0%)

Perception of Representation by Village Relief Council (VCR)

Regarding community representation, households were asked to score their perception of how well the Village Relief Committee (VRC) advocates for them or represents their belief. Almost all households (95.1%) answered that they felt that the VRC represents their interests and advocates on their behalf either 'well' or 'very well', while 4.1% of households reported feeling that they are represented 'poorly' or 'very poorly' and the remainder (0.8%) preferred not to answer this question.

Difficulties with receiving/accessing UCT

When households were asked if they experienced any difficulties with receiving or accessing their most recent UCT payment, all (100.0% at endline) answered "no".

Community Jealousy

To understand the impact of the programme on social dimensions in the communities, households were asked whether they think that other members of their community are jealous of their household because they had received the cash transfer. Findings on reported community jealousy followed a similar trend as those on reported pressure to share UCT. As can be seen in Table 19 below, overall, only a small proportion of households reported perceiving community jealousy because of the cash transfers by the endline, with community jealousy being slightly less commonly reported by agro-pastoral beneficiary households compared to beneficiary households with other livelihood profiles.

Table 19: Percentage of households reporting community jealousy by livelihood zone

	Endline
Urban	6.0%
Agro-pastoral	1.7%
Pastoral	7.7%
Total	5.1%

[32] Given the length of time between the beneficiary selection process and the endline assessment (approximately two months), and the high likelihood of recall issues over time, this question was only included in the baseline.

The most commonly reported consequences households[33] experienced as a result of jealousy can be seen in Figure 19 below.[34]

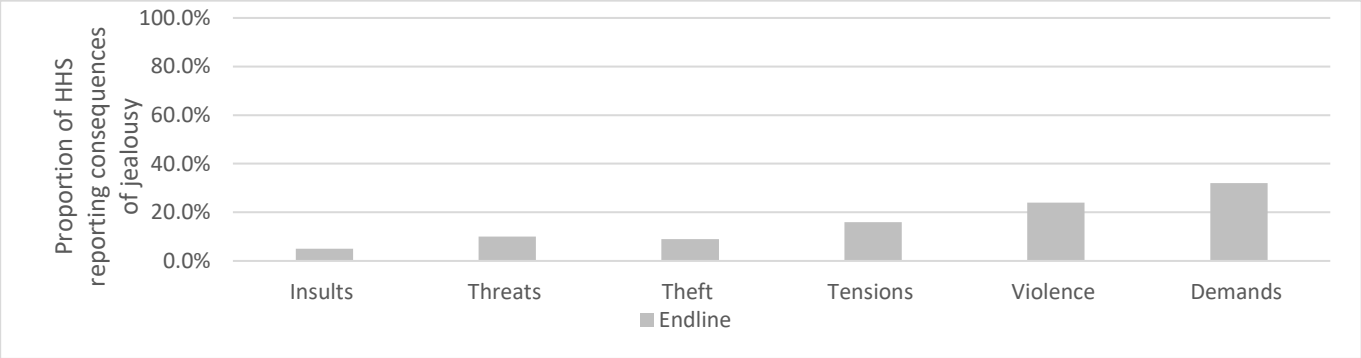

Figure 19: Percentage of households who had perceived community jealousy (endline n=174) reporting consequences of community jealousy experienced by their household

At the endline, of the 4.7% of households who reported experiencing community jealousy, demands constituted the primary consequence with 32% of households facing this consequence. They also reported facing insults (5%), violence (24%) and tensions (16.0%).

Non-monetary Pressure or Coercion

Table 20: Proportion of households reporting non-monetary pressure or coercion related to beneficiary status

Are you aware of anyone in the community being pressured or coerced to exchange non-monetary favours in order to get on the beneficiary list, get registered, or receive the cash transfer?		
	Baseline	**Endline**
Yes	0.0%	0.0%
PN	0.8%	0.9%
No	99.2%	99.1%

In a similar vein, when asked at the baseline if they, or anyone in their community experienced pressure or coercion to exchange non-monetary favours in order to be registered as a beneficiary, 99.2% of households answered 'no' and 0.8% of households answered 'prefer not to say'.[35] Due to the sensitive nature of this question, for the endline PDM assessments, the wording of this question was changed slightly to be more general to limit potential feelings of uncomfortability among households and to capture any such event that may have taken place during a later phase of the programme. At the endline, none of the interviewed households answered confirmatively.

Other Negative Consequences

Table 21: Proportion of households reporting other negative consequences because of their beneficiary status

Did you or any member of your household experience any other negative consequences because of your beneficiary status?		
	Baseline	**Endline**
Yes	0.0%	0.0%
No	99.5%	99.3%
PN	0.5%	0.7%

[33] As reported by the 4.7% who reported experiencing jealousy at the endline.
[34] This was a multiple-choice question for which households were able to select all applicable answers, hence percentages may not add up to 100%.
[35] Proportion of the households who preferred not to answer this question; PN implies prefer not to answer.

Conclusion

At the time of the endline, following the three-month worth 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 household food-based and other basic needs appeared to have reduced in most locations. Given the timeline of endline PDM assessments, which took place approximately two weeks post UCT reception, any findings presented in this report must be considered short-term in nature. Potential long-term impact was no assessed through the scope of this assessment.

Overall, compared to last year's SCC programming, the baseline values tended to be higher, indicating that households had a better food and livelihood security level at the start of the programme compared to last year. Moreover, findings suggest a general improvement in food security between the baseline and endline assessment. However, the magnitude of change between this years' baseline and endline appears to be lower than last year, which might be related to the increasing impact of the drought. Perhaps further related to this, the overall increase in reported household income between the baseline and endline was less than would be expected following reception of UCT, indicating that households may indeed have lost a considerable part of their income other than aid during the programme. There are several external factors, such as the worsening drought conditions, which may have contributed to this. However, it should be noted that these factors were not fully captured in the scope of this assessment.

In addition to the drought, SCC beneficiary households also faced several other challenges throughout 2022, including natural demand-supply imbalance for livestock, the long-term impact of COVID-19, as well as the ongoing conflict within the region and its effects on markets and supply chains. Although the effect of these factors is not directly measured in this assessment, these dynamics may have impacted the results presented in this report, particularly at the regional level. Results indeed appear to vary across regions, with some regions, such as Bari, showing less improvement in food consumption indicators and a relatively high reliance on negative coping strategies than other regions.

The protection and accountability indicators show that interactions between beneficiaries and Cash Consortium partners were largely positive, and overall, beneficiaries tended to express satisfaction with the programme. Although nearly all beneficiary households of the SCC UCT programme reported feeling safe and respected throughout all programme phases, there are nevertheless opportunities for improvement of programme implementation. With only 33% of households aware of at least one CRM at the time of the endline, increased sensitisation on CRM could be considered a priority in future iterations of SCC programming.