

EVALUATION OF CARE INTERNATIONAL IN SOMALIA'S EMERGENCY FOOD ASSISTANCE FOR SOMALIS (EFAS) PROJECT

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Cover photo by CARE International.

ACRONYMS

AAR	After Action Review
BBRS	Biometric Beneficiaries Registration System
CSI	Coping Strategy Index
CWG	Cash Working Group
FGD	Focus Group Discussion
FSNAU	Food Security and Nutrition Analysis Unit
GBV	Gender-Based Violence
HH	Household
HHS	Household Hunger Scale
HFIAS	Household Food Insecurity Access Scale
IDP	Internally Displaced Person
IPC	Integrated Phase Classification
KII	Key Informant Interview
KM	Kilometer
MEB	Minimum Expenditure Basket
NGO	Non-Governmental Organization
OECD-DAC	Organisation for Economic Co-operation and Development Assistance Committee
PAL	Pre-Authorization Letter
PDM	Post Distribution Monitoring
US	United States
USAID/FFP	United States Agency for International Development/Food for Peace
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation, and Hygiene

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EXECUTIVE SUMMARY

Background

With funds from the United States Agency for International Development/Food for Peace USAID/FFP), CARE implemented the Emergency Food Assistance for Somalis (EFAS) project from April 2017-May 2018 in the Sanaag and Sool regions of Somalia/Somaliland benefiting 13,882 households.

Study Methodology

A pair of external consultants completed a project evaluation in April 2018. Six study sites were purposively selected to include villages of each accessible region and most districts with a representation of the different livelihood zones (Northern Inland Pastoral, East, and West Golis). A total of 397 household surveys, 25 key informant interviews, and nine focus group discussions (82 participants) were completed. Sixteen staff participated in an After Action Review in May 2018, which also informed the study. The study participants were 69% female and 31% male.

Key Findings

Almost all of the surveyed households indicated that women were the registered project beneficiary. Seventy-eight percent of the survey respondents did not receive external support from others in the 2017-2018 crisis (e.g., other agencies or family members). Respondent households were mostly made up of married couples (75%). Thirteen percent of the household respondents self-identified as disabled and 15% elderly. Half of the respondents claimed not to be able to read (51%), 39% were hesitant readers, and 10% claimed to read well. The most prevalent livelihoods for respondent households were pastoralism (64%), 24% urban, 10% other, and 2% agro-pastoral and agriculture. The most common primary source of income in the past month was livestock sales (32%), casual labor (30%), small business (12%).

Analysis of Household Food Insecurity Access Scale (HFIAS) data showed that 80% of the surveyed population experienced food access related issues in the past month, but only at a 9% frequency. Across food insecurity domains, 81% of the households faced “anxiety and uncertainty,” 78% “insufficient food intake and its physical consequences,” and 24% “insufficient quality.” The HFIAS score was 10.49 out of 27. The Coping Strategy Index (CSI) score was an average of 17.31 out of 36. The Household Hunger Score (HHS) showed that 46% of the surveyed households were experiencing little to no hunger, 46% moderate and 9% severe hunger. The food security situation in the districts varied; Caynabo IDP settlement respondents’ data showed a higher incidence of food insecurity compared to other areas.

Most households have one phone (54%), 36% had two, and 10% had three or more. Fifty-one percent of respondents’ households had one SIM card, 39% two and 10% had three or more. Households mostly have one mobile money account (66%), 29% had two, and 5% had more than two. Thirty-one percent of the respondents got their SIM card through CARE. Nearly 20% of the respondents did not have access to SIM cards before CARE, and 74% of those people were women. The SIM cards used for the cash transfers were generally controlled by the project participant (86%).

Survey respondents felt that mobile phone service in their areas was at least good (84%). Phone charging at will was possible most of the time for 38% of the respondents, 42% said charging was possible sometimes, and 20% could charge their phones whenever they wanted.

Seventy-six of the participants use a market within 1km from where they stay. Main reasons for using this market were because of better prices (86%), the business accepting mobile money (72%) and better quality of items (69%). Sixty-seven percent of the respondents claimed to change where they shop because of mobile money, and 95% felt that mobile money makes food purchases easier. There was an increase in the reported use of mobile money for purchases from before the EFAS project for clothes, food, firewood, water, school fees, and medical (increases of 96%, 94%, 92%, 65%, 63% and 53% respectively).

Half of the respondents claimed to be the sole decision-maker on the use of the CARE cash transfer, 43% said it was decided with their spouse, and 5% with others. The majority of respondents preferred to receive future cash transfers by mobile money (84%). Seventy percent of the respondents claimed to share the cash transfers, and the same number agreed that using mobile money discourages sharing in the community. Shopkeepers confirmed that the use of mobile money was pervasive in their shops. Most of the shopkeepers felt that the CARE project affected the change in payment choices in their communities.

A small number of the respondents (9.5%) asserted they experienced some risks¹ to their safety as a result of receiving the cash transfers, which were both men and women. Some 27% of these respondents did not feel comfortable reporting this to someone, of which 90% were women. While most of the respondent reported that the cash transfers had positive impacts at the household and community level, a small percentage (5-7%) disagreed.

Appropriateness: The modality and delivery mechanism were appropriate for the context and equally for men and women. The methods used by CARE to sensitize, mobilize and share information with the targeted communities and government seemed appropriate in addition to the accountability mechanisms.

Impact: Respondents and CARE felt that the impact was positive. The cash transfer helped recipients met basic needs, improve credit, positively impacted local markets and promoted impence for women in shopping. CARE did not have quantitative data to back up the impacts on markets, food security, and women.

Effectiveness: Mobile money was an efficient delivery mechanism allowing for a fast project start-up, and beneficiaries access to fund. Mobile money service providers were inefficient in coordinating for service delivery but CARE took measures to counter this. CARE's project approaches were efficient especially the use of the Biometric Beneficiaries Registration System, expedited administrative processes, and staff deployment, but they were also viewed as bureaucratic.

Efficiency: The project appears to have reached its purpose of improving access to food, but CARE did not collect baseline data to show change. CARE exceeded its target by 15% for households being able to meet minimum food needs with the cash transfers. The project monitoring could not show a change in the food security situation and was deficient in monitoring gender and protection issues.

Connectedness: Study respondents understood the project to be short-term though some mid-term issues such as debt burden, income diversification, education and housing issues were addressed. CARE seems to help decrease the "digital divide," however, the lasting effects are to be seen. Gender inequity

¹ The study did not establish the risks and CARE had no baseline, so the gravity of said risks is not known.

was addressed through meaningful participation of women in the village relief committees and independence in economic decision-making however, the extent of change was not possible to measure. The sharing culture for the communities appears to be affected by mobile money.

Recommendations

Monitoring

- Measure cash transfer sectoral outcomes
- Include appropriate gender and protection indicators and measurements monitoring frameworks
- Use BBRS to its fullest

Gender and women's empowerment

- Seize the opportunity to be the leader in cash-based programming and women's empowerment in Somalia
- Analyze cash transfers' different effects on men, women, boys, and girls

Protection

- Capture and analyze protection issues in real time

Complementary programming

- Use Village Savings and Loans to promote connectedness in an emergency project with cash transfers

Service providers

- Engage service providers at the start and throughout a response

Advocacy

- Make the case to the government on the importance of using mobile money for humanitarian cash transfers

1.0 OVERVIEW

With funds from the United States Agency for International Development/Food for Peace USAID/FFP), CARE implemented the Emergency Food Assistance for Somalis (EFAS) project over twelve months in the Sanaag and Sool regions of Somalia/Somaliland. At the close of the project, CARE contracted an evaluation; this section covers the overview of the study methodology, the project area, and project description.

1.1 Study methodology and data collection techniques

Five of the Organisation for Economic Co-operation and Development's (OECD) Development Assistance Committee (DAC) criteria guided the evaluation, namely appropriateness, impact, effectiveness, efficiency, and connectedness (See Annex I). The study tools were mixed qualitative and quantitative. The tools utilized included household (HH) surveys, Key Informant Interviews (KII), Focus Group Discussions (FGD), and a desk review of the literature (internal CARE and external). The inputs from an After Action Review (AAR) completed in May 2018 with CARE staff also informed the study².

Two external consultants conducted the study. The field consultant led a team of three enumerators (one female) on digital data collection using KoBo Tool Box. The consultants also held KII in person and through Skype with stakeholders in Somalia and Kenya. Study sites were purposively selected to include villages of representation of each region and most districts with a representation of the different livelihood zones and included six villages in four districts. A total of 397 household surveys were completed through simple random selection.

**HH survey respondents:
397**

FGD participants: 82

KIIs: 25



Men and women who were project beneficiaries were interviewed separately in FGD. Nine of each type of FGD were conducted³. One FGD was held with CARE staff. Twenty-five KII was completed with 1) male local leaders, 2) female local leaders, 3) shopkeepers, and 5) CARE staff. The AAR had 16 participants. In total, the participants were 69% female and 31% male. (See Annex II and III).

1.2 Limitations

Because of heightening tensions in parts of the project area, village selection had to be restricted. No sites in Celafweyn district were accessible at the time of the study. Additionally, CARE did not collect any food security or protection information in its monitoring, which made comparing changes in either sector challenging.

1.3 Background on the project area

Somalia is broadly divided into three areas—South Central, Puntland, and Somaliland. The latter is a self-declared independent republic though it lacks international recognition as such. CARE implemented the

² There is a separate workshop report on this process.

³ There was no male FGD in Badhan.

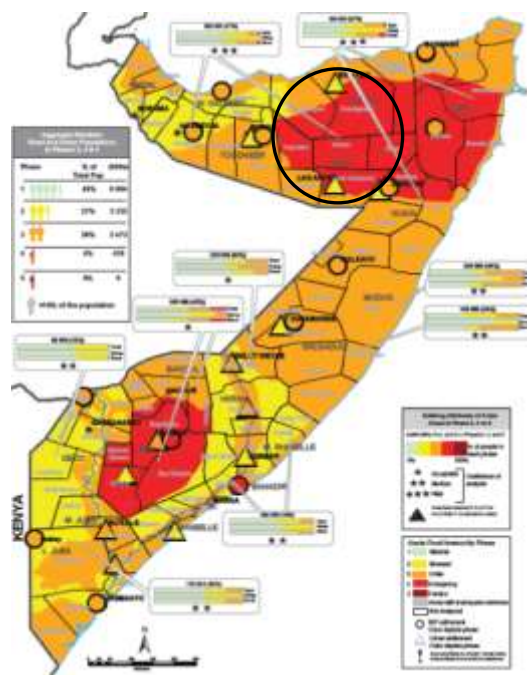
project in the Sanaag and Sool regions of Somalia/Somaliland. The two governments dispute the most eastern parts of these regions and the delineation of the border between Somaliland and Puntland; they are subject to periodic clashes. CARE had been operating in Somalia since 1981. The non-governmental organization (NGO) has field offices in Cerigavo, Lasanod, and Badhan. It has implemented a variety of emergency and longer-term development projects in water, sanitation and hygiene (WASH), education, nutrition, and food security.

The project area spanned three livelihood zones—Northern Island Pastoral and East and West Golis Pastoral. The area is semi-arid, and livelihoods are based on animal husbandry (goats, camels) with frankincense collection in some areas and fishing along the coasts⁴. Pastoralism is the primary economic activity for rural populations in all the livelihood zones.

Since 2016, Somalia has fallen back into crisis. In February 2017, Food Security and Nutrition Analysis Unit (FSNAU) estimated that 240,000 individuals in the regions were acutely food insecure and in IPC 3 (Crisis) and IPC 4 (Emergency).⁵ The two regions experienced significant increases in the number of drought-related migrations throughout 2016⁶. By September 2017 that number had increased by 49% to 358,000⁷. At the time, the majority of the people facing severe food insecurity were in rural areas—to 68%⁸.

The deteriorating humanitarian situation in 2016-2017 was marked by livestock deaths, limited milk production for consumption or sale, and a drop in livestock sales⁹. High levels of debt—a central coping mechanism—were reported¹⁰. Prices of foodstuffs rose dramatically. From April to September 2017, the cost of cooking oil rose 100%, sugar 69%, flour 54% and rice 50%, based on CARE monitoring reports.

Figure 1: CARE EFAS implementation area



1.4 Background on the project

The EFAS project was implemented in two phases from April 2017 to May 2018. The project’s purpose was to improve immediate household access to food through the provision of unconditional cash transfers targeting the drought-affected populations. The project worked in Badhan, Celafweyn, Cerigavo districts in Saanag region and Lasanod and Caynabo districts in the Sool region. Monthly cash transfer rates were set at 100% of the food portion of the Minimum Expenditure Basket (MEB) by livelihood zone¹¹. In the

4 FSNAU (2015). “Somalia: livelihood zones.” *Map*. FSNAU-FEWSNET: Nairobi.

5 FSNAU-FEWSNET. (2017). “Number of acutely food insecure people (February - June 2017).” FSNAU-FEWSNET: Nairobi.

6 UNHCR Somalia. (2017). “Drought Displacements in Period 1 November 2016 to 19 May 2017.” UNCHR: Nairobi.

7 FSNAU. (2017). “2017 Somalia Post Gu Seasonal Food Security and Nutrition Assessment Key Findings.” Presentation. 5 September. FSNAU: Nairobi.

8 FAO Somalia. (2017). “Situation Report.” 14 June. FAO: Nairobi.

9 FSNAU. (2017). “Somalia Food Security Alert.” 9 May. FSNAU: Nairobi.

10 FSNAU-FEWSNET. (2017). “Quarterly Brief: Focus on Gu 2017 season early warning.” 29 May. FSNAU-FEWSNET: Nairobi.

11 The MEB for Somalia is calculated by FSNAU. The calculation consists of minimum quantities of essential and basic food and no-food items and represents minimum set of basic food items. It represents the food needs for 2,100 kilocalories/person/day basic energy requirement for a household of 6–7. Additionally, it

first phase, the cash transfers were \$163-175 but reduced to \$69-79 in the second phase because of reclassification in the food basket by FSNAU¹².

Table 1: EFAS project information

	PHASE ONE	PHASE TWO	TOTAL
Period	April – September 2017	October – March 2018	
Beneficiary numbers	Total 3,410HH -1,770 HH Sanaag -1,640HH Sool	Total 10,472HH -5,70042HH Sanaag -4,730HH Sool	13,882 HH
Individuals reached by gender	34% male, 66% female		
Number of villages	48 villages (29 Sanaag, 19 Sool)	92 villages (49 Sanaag, 43 Sool)	140 Villages
Cash transfer values/month	Sool US\$ 163 Sanaag US\$175	Sool US\$ 69 Sanaag US\$79	
Number of cycles	Four cycles	Four Cycles; One Cycles ¹³	
Amount paid out in cash transfers	US\$2,308,280	US\$ 2,953,681	US\$ 5,261,961

CARE targeted communities in the two regions that were classified as IPC 3 and IPC 4 at the time of the project proposal writing. The project had an objective that 70% of its cash transfer recipients would be women. The beneficiary targeting criteria included households that had:

- Very high dependency ratios (e.g., large households with small children),
- Signs of extreme food insecurity or extreme food insufficiency (i.e., consume one meal a day or less),
- Malnourished children under five or pregnant and lactating women,
- Headed by persons with disabilities and unable to work and no other support,
- Suffered extreme loss of livelihood assets.



Mobile money service providers - Golis's Sahal and Telesom's Zaad - facilitated the transfers. Targeted beneficiaries used their own SIM cards. For those that did not have them, CARE distributed SIM cards. CARE also helped to activate mobile money accounts if the user did not have one before the project.

includes non-food items such as such as water, kerosene, firewood, soap and cereal grinding costs. FSNAU (n.d.).

12 Somalia Cash Working Group. (2017). "Meeting Minutes" 7 July. CWG: Nairobi.

13 700HH in Badhan received one transfer in May 2108.

2.0 STUDY FINDINGS

The ensuing section draws from the quantitative data in the household survey. It explores the geographic representation of the study, general household information, the current food security situation of the respondent households using standard food security indicators, mobile phone and mobile money access, and the perception of protection risks during the project.

2.1 Household demographics and characteristics

A total of 397 households were consulted for the survey. These respondents were spread across the two regions (Sanaag 67%, Sool 33%) and four districts (Badhan, Lasanod, Caynabo, Cerigavo). The surveyed areas were mostly in the Northern Inland Pastoral Livelihood zone (66%) with the smaller representation of East and West Golis Pastoral Zones. The sampled population in Caynabo were in the Internally Displaced People (IDP) settlements.

Table 2: Percentages of survey participants by geography¹⁴

LIVELIHOOD ZONE	% of TOTAL	DISTRICT	% of TOTAL	VILLAGES	% of TOTAL
Northern Inland Pastoral	66%	Badhan	33%	Xingalool	16%
				Badhan	17%
		Lasanod	16%	Yagoori	16%
		Caynabo	17%	Caynabo IDP	17%
East Golis Pastoral	17%	Cerigavo	34%	Carmaale	17%
West Golis Pastoral	17%		Jiidali	17%	

Respondents were 32% male and 68% female. Only 5% of the survey respondents were not the registered project participant. Instead, they were a beneficiary household member. Amongst the surveyed households, 99% of registered beneficiaries were women¹⁵. The majority of the respondents began to receive support from CARE in October (88%) with only 12% part of the first tranche in April 2017. Therefore, the study had a proportionally higher representation of the targeted households from the second phase.

Seventy-eight of the respondents claimed not to have received external support from others in addition to CARE during 2017-2018. Only 11% claimed to get support from another agency, 6% from community members who were outside of the community at the time, and 5% claimed other sources of support.

Most of the respondents stated that they were in their 30s or 40s (25% each) or 20s (21%); only 10% were in their 50s, 16% were 60 years of age or above and 3% below 20 years. Most respondents claim to be married (76%), while 6% were divorced, 13% widowed, and 5% never married. Eleven percent of the respondent households were composed of a female with no male adult, while 75% were composed of

Female respondents were over four times less likely to identify as being able to read than males.

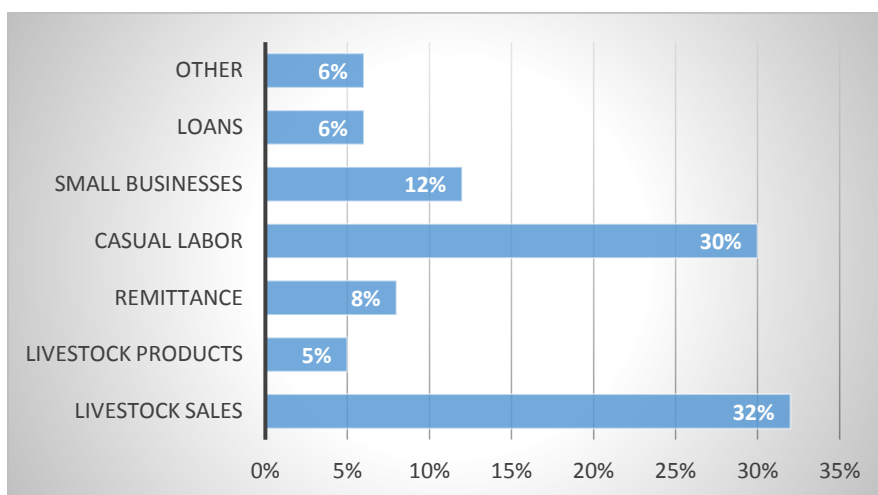
¹⁴ These figures are based on the beneficiary figures without the 700HH that received one transfer as the end of phase two.

¹⁵ The survey sampled had a higher prevalence of women registered project participants (99%) than the overall project (66%).

male and female adults¹⁶. Some 10% of the households claimed to be polygamous. Twenty-two percent of the respondents claimed to have pregnant or lactating women in their households in 2017. The percentage of respondents that self-identified as disabled was 13% and 15% self-identified as elderly. Half of the respondents claimed that the registered beneficiary could not read (51%), while 39% were hesitant readers, and only 10% claimed to read well.

The respondents asserted that their livelihoods were mainly based on pastoralism (64%). A quarter identified with urban livelihoods and 2% agro-pastoralism or agriculture. Another 10% claimed other livelihoods. Regarding the primary source of income in the past month, livestock sales and casual labor were by far the most common.

Chart 1: Main source of income in last month



2.3 Food Security Situation

The study used three different standard food security indicators to establish the current food security situation in the targeted population--Coping Strategy Index (CSI), Household Food Insecurity Access Scale (HFIAS) and the Household Hunger Scale (HHS)¹⁷. Results from these three tools tend to be better corroborated by all the measures than the other indicators¹⁸

The HFIAS is a tool designed to capture household behaviors signifying insufficient quality and quantity, as well as anxiety over insecure access in the past month before the interview.¹⁹ At the time of the study, the surveyed households, 80% experienced access related issues. The average frequency of experiencing these conditions was 9% of the time in the past month for all households (i.e., they were experiencing these food insecurity conditions only 9% of the time in the past month).

¹⁶ This is based on Feed the Future's guidance. USAID. (n.d.) "Measuring the Gender Impact of Feed the Future." USAID: Washington, DC.

¹⁷ Maxwell, Daniel, Jennifer Coates and Babu Vaitla. (2013). "How Do Different Indicators of Household Food Security Compare? Empirical Evidence from Tigray." Feinstein International Center, Tufts University: Somerville, MA.

¹⁸ Ibid.

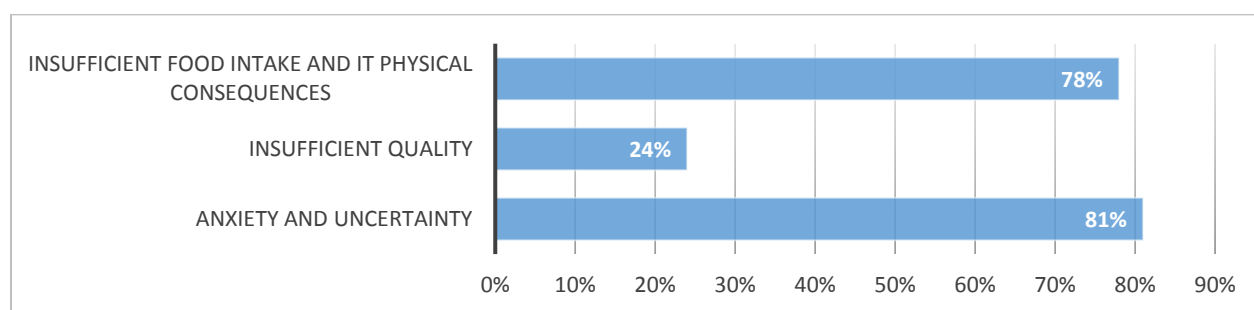
¹⁹ Coates, Jennifer, Anne Swindale and Paula Bilinsky. (2007). "Household Food Insecurity Access Scale (HFIAS) for Measurement of Household Food Access: Indicator Guide (v. 3)." Food and Nutrition Technical Assistance Project, Academy for Educational Development: Washington, DC.

Table 3: Average frequency of food insecurity domains in past month

	CONDITION	AVERAGE FREQUENCY EXPERIENCED
1	Couldn't eat preferred foods due to lack of resources	10%
2	Eat food didn't want to because of lack of resources	10%
3	Ate smaller meal because of not enough food	10%
4	Ate fewer meals because of not enough food	10%
5	No food to eat because of lack of resources	7%

The HFIAS also measures food insecurity across access related domains. Based on the averages of three domains “Anxiety and uncertainty” and “Insufficient food intake and its physical consequences” were experienced by most of the surveyed population in the past month.

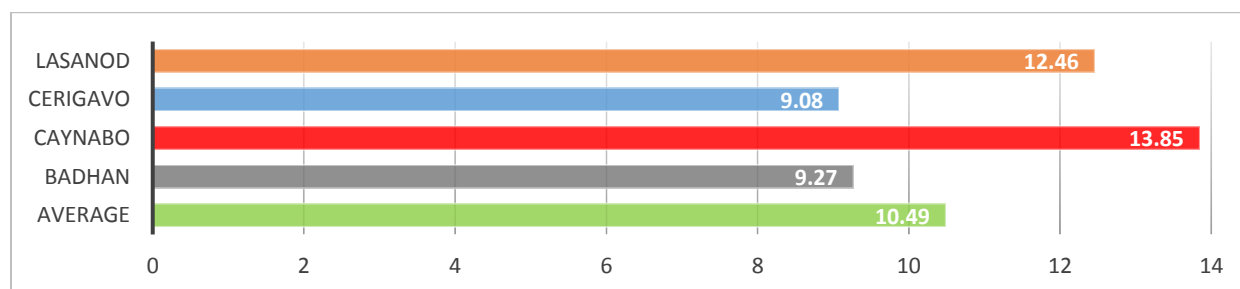
Chart 2: Percentage of HH experiencing food insecurity in the access domain



While there were instances of these conditions throughout the study area, Caynabo had a much higher frequency. The average frequency for all conditions for Caynabo was 54%. In particular, the frequency was high in three conditions that indicate severe food insecurity (conditions three to five).

The HFIAS score measures the degree of food insecurity (access) in the household in the past four weeks²⁰. The average score was 10.49 out of 27. Across the districts, Cerigavo had the lowest scores and Caynabo the highest.

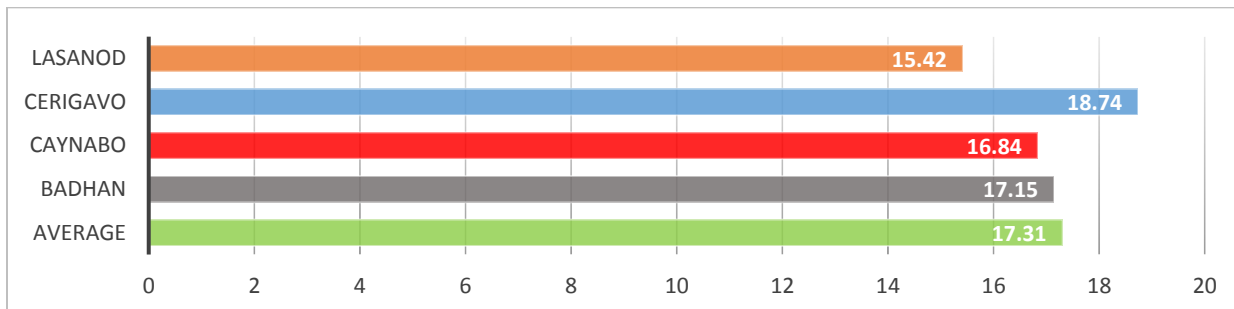
Chart 3: HFIAS score by district



²⁰ Ibid.

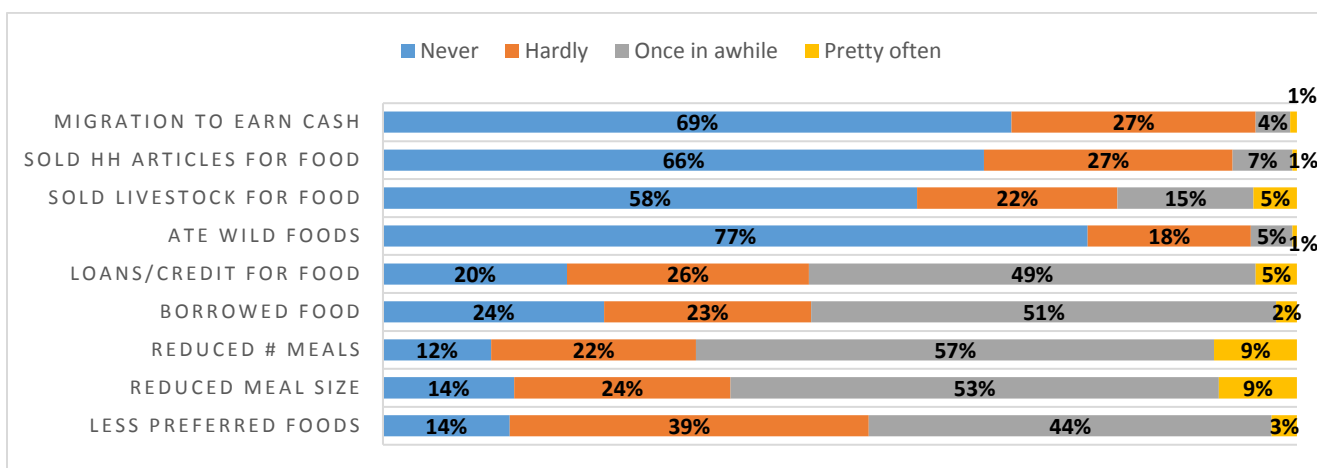
The study analyzed the CSI—an indicator that measures behaviors of people when they cannot access enough food and is a standard tool used in emergency food security responses.²¹ The average score for the study population was 17.31 out of maximum 36. These are all in the “stressed” category for food security. There was variation across the districts with Lasanod with the lowest scores and Cerigavo the highest.

Chart 4: Coping strategy index scores by district



As there is no baseline data for this indicator, it is not possible to make a comparison. However, analyzing the percentages responses by frequency across an extended list of nine coping strategies (shown in Chart 5 below), 39% of the respondents claimed never to employ the strategies in the past week. Another 25% stated that they applied it less than one day a week (hardly), 32% claimed to use the strategies once in a while (one-to-two days a week), and an average 4% of responses pointed to using them three to six days a week (pretty often). Caynabo respondents showed the most frequent use of all of the coping strategies. They made up 44-100% of the “pretty often” responses except for taking loans and migration for cash.

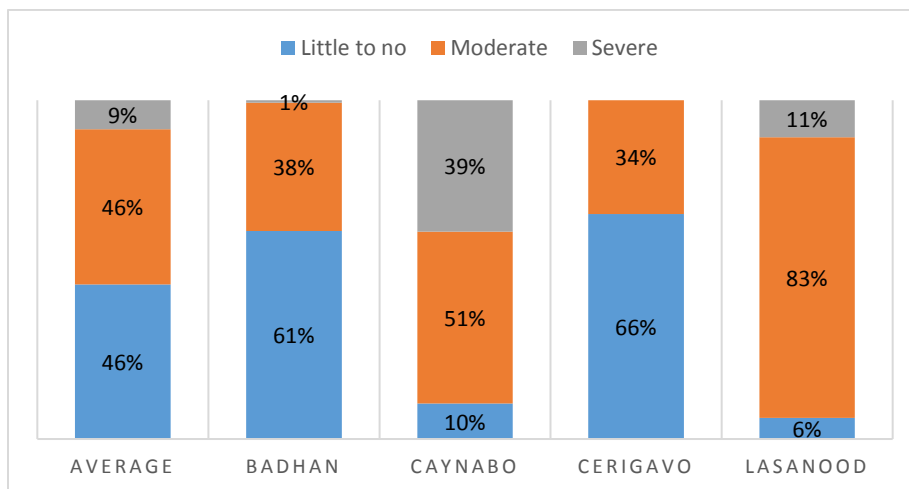
Chart 5: Frequency of use of coping strategy by strategy



²¹ The indicator is used across different contexts and is calculated using a specific set of behaviors with a universal set of severity weightings for each behavior. The five coping strategies used and their severity weightings were: eating less-preferred foods (1.0), borrowing food/money from friends and relatives (2.0), limiting portions at mealtime (1.0), skipping days without eating (4.0), and, reducing the number of meals per day (1.0). Maxwell, Daniel and Richard Caldwell. (2008). “The Coping Strategies Index.” Field Methods Manual. USAID, CARE, WFP, Feinstein International Center, Tango.

Another standard indicator for food insecurity was explored in the study, the HHS. The indicator measures household food deprivation looking at a time frame of 30 days before the interview²². Based on the results, 46% of the respondents experienced little to no hunger, 46% moderate, and 9% severe. Caynabo respondents expressed significantly higher incidences of severe hunger or food insecurity as compared to other districts—39% as compared to 0-11% in other areas.

Chart 6: Household Hunger Scores by district



2.4 Mobile Phone and Mobile Money Access

Most of the respondents have one phone in their household (54%), but a significant amount has multiple ones (36% two, 7% three, 3% four or more). As for SIM cards, the patterns are similar with 51% having one, 39% with two, 7% with three, and 3% with four or more. The prevalence of mobile money accounts linked to the SIM cards was slightly lower. Most respondents households only have one mobile money account (66%), 29% have two, and 5% of the respondents held three or more accounts.

While most households had a SIM card before the CARE project, 31% got one through the NGO. For those households that had SIM cards, access to their use was not universal. Eighteen percent of the respondents did not have access²³ to the SIM cards; 74% of those respondents were women.

Women’s access to SIM cards and mobile money and use of mobile money increased as a result of CARE’s intervention.

The primary beneficiary generally controls the CARE issued SIM card (86%), 7% by a spouse and 7% by others. Before the CARE project, only 44% of the respondents used mobile money, and only 30% of other household members did so. For respondents who did not use mobile money, 80% were women.

²² Ballard, Terri, Jennifer Coates and Anne Swindale. “Household Hunger Scale: Indicator Definition and Measurement Guide.” (2011). FHI360/FANTA: Washington DC.

²³ Access was defined as had unrestricted ability to use it at will.

Respondents were asked to rate the phone service in their communities. Mobile phone service was as seen at least good by 84% of the study respondents. The service was classified as fair by 10% of the respondents and poor to very poor by 6%. The highest concentrations of respondents who felt that the

Most beneficiaries face challenges when receiving the cash transfers; 71% of respondents indicated difficulties with power, 45% with connectivity, and 13% usage. Nearly a quarter face no challenges at all.

mobile phone service in their community was poor where from Badhan (55%), Cerigavo (55%) and Caynabo (34%) districts. As for ease of phone charging at will, 20% of the respondents expressed that they could charge their phone all the time (whenever they wish) and 38% said most of the time (there can be small delays). The most significant number of responses (42%) was that they could charge the phone

sometimes (may have to wait). Regarding difficulties faced when receiving cash transfers through mobile money, 23% of the surveyed did not identify any. For those that did claim to have problems, the most significant in order were power (71%), connectivity (46%), and usage (13%).

Survey respondents were asked how confident that they felt in their use and understanding of mobile money, and most felt confident (80%).²⁴ Of the 20% who did not feel confident, there was a high representation of women and respondents who cannot read.

2.5 Mobile Money and Cash Transfer Use

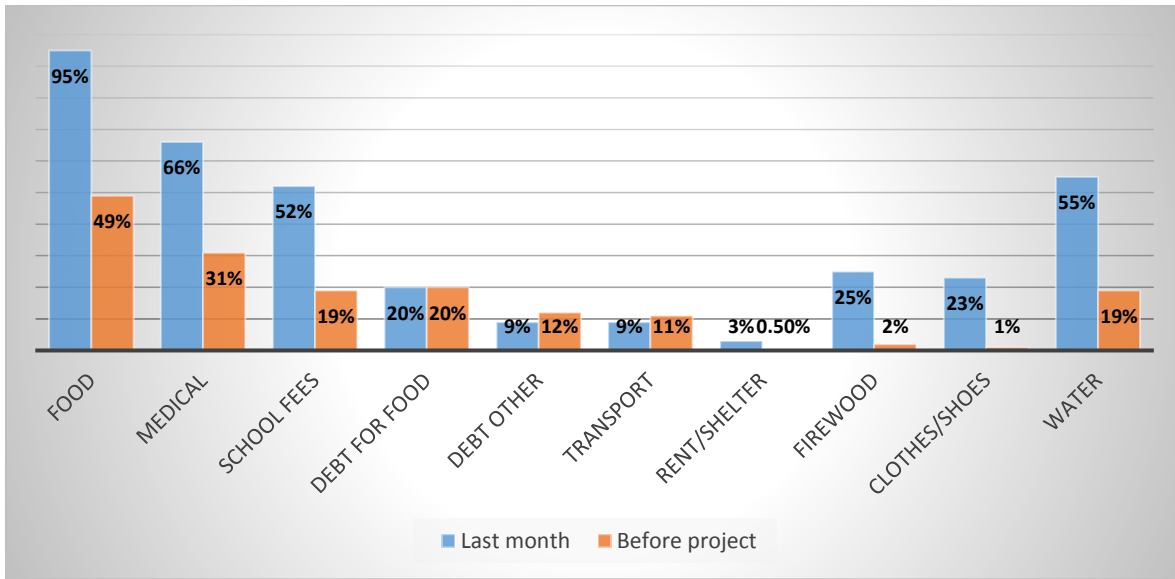
All of the respondents usually use markets in less than 5km distances from their settlement. Most respondents use a market within 1km distance (76%), 16% use one within 2km, and 8% between 3 and 5km. They use these markets mainly based on prices (86%) that they accept mobile money (72%), and because of a better quality of items (69%). Mobile money has changed where respondents purchase food; forty-one percent did not usually buy food in their village before they used mobile money. In fact, 67% claimed to change where they buy most of their food since starting to use mobile money. Almost all of the respondents felt that using mobile money makes food purchases easier (95%).

Survey respondents were asked about their use of mobile money for the purchase of 13 different goods and services in the past month and before the CARE project²⁵. The most common purchases in the past month with mobile money were food (95%), followed by medical needs (66%) and water (55%). Survey respondents did not indicate using mobile money to pay for productive assets (seeds/livestock/fishing) and negligible payments for business and hygiene.

²⁴ Confidence was defined as a feeling of self-assurance arising from one's appreciation of one's own abilities to use mobile money.

²⁵ Categories included Food, Medical, School Fees, Debt for Food, Debt Other, Transport, Rent/Shelter, Seeds/Livestock/Fishing, Business, Hygiene, Firewood, Clothes/Shoes, and Water.

Chart 7: Use of mobile money time of interview vs., before CARE project



Since last year, there was an increase of respondents who stated that they use mobile money in seven categories. The most significant increases were in clothes (96%), food (94%), firewood (92%), water (65%), school fees (63%), and medical (53%). Respondents mostly use the CARE SIM card to make these purchases (64%), while 30% used another SIM, and 6% used both.

Half of the respondents stated they were the sole decision-maker on the use of the cash transfer received by CARE. Some 43% of the respondents claimed that it was they and their spouse used the cash transfer, while 5% indicated others such as children or sisters. The vast majority of the respondents were satisfied with receiving future cash transfers through mobile money (84%), but 16% did not share the view. Those that did not prefer mobile money transfers were mostly in Badhan and Cerigavo districts (28%, 29% of totals in the districts respectively). Nearly 70% of the respondents admitted to sharing their cash transfers with others in need. An equal number agreed that using mobile money for cash transfers discourages sharing in the community.

2.6 Local Shopkeepers and Mobile Money

Shopkeepers concurred that the use of mobile money was commonly used amongst their clientele. Payments by mobile money comprised 50-75% of their total customer payments for goods. They felt that this has increased since April 2017, where it was more likely to be used 25-50% based on recall in the survey. Most of the shopkeepers (67%) felt that the CARE project affected the change in payment choices in the communities because it increased the number of mobile money accounts and money in circulation in the areas.

CARE's project appears to have increased the use of mobile money in the local shops where EFAS was implemented.

The most common items that the shopkeepers sell were rice, sugar, and flour. All most all (83%) of the respondents give credit to their customers, but the use of mobile money only changed that practice in one case. Most also give credit by mobile money. The repayment of these debts was made by mobile money about 75% of the time. Repayment of debts by people outside of the community on behalf

of a debtor in the community does occur, by the frequency varied per location from less than 25% to 75% of the time.

All of the shopkeepers were willing and did cash out their customers' mobile money. If they did not have enough money at cash out (i.e., the liquidity of currency), there was no one dominate course of action. The most common actions mentioned were asking the client to make another purchase and giving future credit.

Problems with mobile money faced by the shopkeepers were mixed, and 20% felt they did not encounter any. Another 40% met issues of connectivity. Regarding CARE's involvement of the shopkeepers in the project process, all of the shopkeepers verified that CARE did not talk to them before the project started. Further, only one of them asserted that the NGO spoke to them during the project.

2.7 Protection

The study looked at general protection risks mainly using quantitative means in the household survey²⁶. Just under 10% of the survey respondents asserted that they experienced risks to their safety as a result of receiving the cash transfer; the respondents were men and women (9% and 10% of total per gender respectively). The total number of people indicating that they faced risks was relatively small. Furthermore, the severity of such risks was not established by the evaluation team nor did CARE present baseline data that could serve as a reference. Therefore, there are acknowledged limitations to the placing the gravity of the nature of the risks these few households faced. Respondents who indicated facing risks were only in Badhan and Cerigavo districts. When probed if they felt comfortable reporting the risks faced in receiving the cash transfers, 27% of those respondents did not, of which 90% were women.

Equally, through the household survey, the respondents were asked about the positive and negative impacts of the cash transfers at the household and community levels. When asked if the cash transfers positively impacted relations within the respondents' household, 95% indicated it had. The 5% of respondents that felt the transfers did not impact their households positively were again in Badhan and Cerigavo districts (7% of the total of each). Conversely, 7% of survey participants felt that the cash transfers negatively impacted relations within their households and 93% thought they had not. The highest incidences of claims of negative impact were again in Badhan and Cerigavo (11%, 12% of the total respectively). When asked if the positive impacts outweighed the negative ones in their households, the responses were split 50% yes and 50%.

At the community level, 91% of the respondents of the survey felt that the cash transfers had positive impacts on relations with other community members. The 9% of the response to the contrary were in Badhan (10%) and Cerigavo (14%). When asked if the positive impacts outweighed the negative ones in their communities, the responses were split 50% yes and 50%.

²⁶ Best practice dictates that such sensitive matters as probing on matter of protection be conducted by gender and GBV experts. The evaluation team elected to use a "light touch" in assessing protection so as to broach the subject while being responsible with the privacy of the respondents, which was approved by CARE as a means.

3.0 EVALUATION ANALYSIS

3.1 Appropriateness

Appropriateness examines the extent to which activities tailored to local needs, increasing ownership, and accountability.²⁷

The modality selected by CARE was appropriate for the context. Using a market-based solution worked; the local markets responded and in some cases were expanded, according to the FGD participants. Mobile money was also pervasively used for goods and services in the communities, fueling more interest by the cash transfers recipients as they were able to access goods and services in a means that they felt was secure and discrete.

The delivery mechanism also was appropriate. Even though mobile money penetration in rural Somaliland at the time of the project startup was estimated to be 62%, the delivery mechanism was attractive to the targeted population and CARE.²⁸ Nearly 70% of the survey respondents already had mobile money accounts, which was higher than the average in rural areas but slightly lower than the average of 78% for all Somaliland²⁹. For the project participants who did not have mobile money services, they quickly embraced it. In most of the communities, it was the first time that an agency had used mobile money to deliver aid. According to the FGD and KII respondents, most of the project participants could use mobile money without problems though some elderly and low literate people needed support to use the platform. Also, respondents indicated that mobile pastoralists were less likely to have mobile money before the project. Expanding the use of mobile money amongst this population, in particular, was appropriate for its potential longer-term impacts such as convenience and facilitating trade³⁰.

As to meeting the local needs, the respondents collectively felt comfortable using it, found it easy, and faster than other delivery mechanisms for receiving aid. They also appreciated the anonymous way to obtain the transfers—no one could know when they received it or how much they had in their account. Mobile money was appropriate for men and women, as its use is widespread for both genders in the country. The gender gap between men and women’s use of mobile money in Somalia is 4%; it is 8% for rural men and women.³¹

“CARE works in an open and transparent way. We trust them very much. They allow us to lead our development.”

FGD participant Jiidali

The methods used to sensitize, mobilize, and share information with the targeted communities and the government seemed appropriate. FGD and KII respondents confirmed that CARE was continually present in their communities, visiting them and inquiring about the progress of the project. CARE staff felt that they had sufficiently involved the local and regional authorities, which ensured smooth operations; local authorities confirmed these

perceptions. Regarding accountability methods, project participants appeared to be fine with the hotline, knew about it and generally felt comfortable using it.

27 ALNAP. (2016). “Evaluation of Humanitarian Action Guide.” ODI: London.

28 World Bank. (2017). “Mobile Money in Somalia Household Survey and Market Analysis.” *Presentation*. World Bank: Washington, DC.

29 Ibid.

30 Ibid.

31 Ibid.

3.2 Impact

Impact, in humanitarian response, looks at the broader effects of the project—social, economic, technical, environmental—on individuals, gender and age-groups, communities, and institutions.³²

Across the board, all survey respondents felt that the impact of the project was positive. The targeted households were able to meet basic needs such as food and water. Some respondents indicated that project participants were also able to pay school fees for their children and invest in improvement to their living situations. They mentioned that the project supported pastoral livelihoods as it allowed for the cash recipients to purchase water and feed for their animals. Also, in the FGD and KII, it was mentioned that some people started a new business such as tea shops and restaurants. A few suggested that the cash transfers improved the morale of their communities. The only negative impact, mentioned by few study participants, was that they felt the cash transfer promoted a “dependency syndrome.”

The project seems to have impacted credit and lending in the communities. According to the FGD respondents, because of receiving the cash transfers they reduced their debt burden from the buildup of the crisis. Additionally, the project participants were able to take on new debt as their creditworthiness improved once the local business people knew they had another income source.

Before the disbursement of the cash transfers, the FGD and KII participants claimed that the local markets had little to no activity and that some businesses had closed. Products on sale on the market were expensive for them, in their opinion, and they felt that there was inflation. They were mostly purchasing on credit. After the cash transfers, the respondents said that the markets became active, shops reopened, and some new ones were seen, notably by women. The businesses began to carry more products and prices seemed to reduce. The study respondents felt that the business people started to trust the cash recipients more. In a couple of areas, study participants mentioned that people moved into the area ostensibly because the market conditions were better there.

Regarding the impact on women, the information was anecdotal. Some FGD participants indicated that because women received the transfers that it promoted their independence in making purchases. The FGD participants categorized the project as “designed for women” as most of the registered beneficiaries were women and that women participated actively in the beneficiary selection. This perception is not entirely well-founded, as the project was intended to impact the food security of vulnerable households with the assumption that women were good stewards of the resources.

The project’s impact on women seems to be positive but CARE did not collect data to back up the perspectives of study participants.

Reviewing the qualitative data, it appears that the impacts were positive. Perhaps the only shortcoming one can point to is that CARE does not have quantitative data to back up these perspectives. CARE did collect market data, which could show the prices and availability of items on local markets. However, CARE cannot show a change in the market activity, lending, borrowing, or indebtedness, or that the project saved lives or livelihoods on women or men.

³² Ibid.

3.3 Efficiency

Efficiency measures the outputs achieved as results of inputs. This study looked at efficiency in methods and means used as well as cost-efficiency.

The use of mobile money for the cash transfers was an efficient delivery mechanism. All FGD and KII remarked that it was fast and they preferred it to other delivery mechanisms. For CARE staff, they valued that mobile money allowed them a quick start-up and scaled up. They felt that mobile money was the best delivery mechanism for the area to achieve results in a short period. CARE had implemented cash transfer programming in the area for many years but had used *hawala*³³. It had limited experience in using mobile money for a small number of beneficiaries. The only concern raised by the CARE staff in using mobile money was about the inefficiencies with the mobile money companies themselves. They felt that the companies were not prepared for rapidly supporting a humanitarian response. They cited “disconnects” between the companies’ head offices and the field offices. CARE did strive to bridge that gap by engaging with the companies on a frequent basis. To some extent, CARE staff believed that they could have better prepared in the startup phase of the project, but they also felt that the companies’ systems were not efficient enough.

Regarding approaches used during the project, CARE field implementation staff, community leaders, and project participants were pleased that these means and methods were efficient. It is notable that there was no obvious concern raised by the communities. Not a single study participant brought up this issue of the dramatic reduction in the cash transfer value from phase one to two; for other peer agencies in Somaliland, the change in transfer value was difficult to manage.³⁴ In particular, community members mentioned that the use of the village relief committee was a good way to select eligible project participants.

CARE’s BBRS is a patented biometric registration system used since 2016 in Somalia to register and track disbursement of project benefits to beneficiaries. It has been used in 32 projects throughout Somalia. Some of the benefits of the BBRS, as observed by CARE are:

- ***Reduce registration and validation, and retrieval of beneficiaries’ lists***
- ***Tracking the beneficiaries by locations***
- ***Avoid duplication of beneficiaries and reduce “ghost” beneficiaries***

The use of Biometric Beneficiaries Registration System (BBRS) from the perspective of CARE staff, was efficient as it helped them register project participants and reduce the potential for double targeting or “ghost” beneficiaries. BBRS also streamlined the administrative and financial processes as the data was well organized, linked and accessible.

For processes, CARE staff felt that they were efficient, the chain of command and work plan clear. The field teams pointed to the importance of involving the government in the process, to sensitize, mobilize and validate in the crucial period of mobilization. They pointed to the significance of this crisis being declared a Type 4 emergency internally in the NGO³⁵, which allowed the field teams to use expedited processes. Also contributing to efficiency was that the country office was able to receive the cash directly from FFP, as opposed to having the account housed in their US office. It is significant that within 14 days of signing the Pre-Approval Letter (PAL) with FFP, that CARE was able to start cash transfers.

33 *Hawalas* are money transfer systems that are trust based and common in Muslim cultures.

34 Somalia Cash Working Group. (2017). “Meeting Minutes.” 7 July. CWG: Nairobi.

35 According to the CARE International “humanitarian emergency response protocol” a Type 4 crisis is “Major emergency in a country where CARE has a presence. There are very large numbers of people significantly affected, extensive infrastructural damage with radical implications for the nature of CARE’s programming in the country. The humanitarian response service gap (local non – CARE capacity to respond) is extensive and local capacity is significantly overwhelmed.” It is the most critical declaration that the NGO can make about a response.

Extra staff was brought on board for the project, but mostly CARE was able to use the staff they had at critical periods such as the startup. The NGO temporarily deployed team members to their Burao office from Puntland and Nairobi. In spite of the extremely spread out area of implementation and relatively small staff for the project, CARE seems to have hit the right balance between staffing and cost-efficiency. Interviewed communities consistently commented that CARE was present and frequently visited their villages.

Even with these positive perspectives, there was a common undercurrent among the CARE staff that in general the NGO's systems were bureaucratic. The term "CARE with a, 1000 papers" was used by many staff to describe the process of approval of procedures. In the AAR, participating CARE staff felt that there was a lack of clarity on lead times for some procedures (e.g., how long a cash request needs to be received in advance). This seems to have contributed to a delay in the distribution of one cycle of cash transfers in early 2018. There were mixed perceptions on the kick off meeting—some staff felt that the right people were there and others did not agree. It seems that BBRs' potential to make the monthly validation process more efficient was not realized. Instead of using the biometric system for monthly verification, CARE did the process using thumbprints on paper with ink pads.

3.4 Effectiveness

This criterion looks at to what extent a response achieved the purpose, in this case, access to food for the targeted population³⁶.

An analysis of the food security indicators shows that most of the studied population is not in acute food insecurity. While 80% experience food insecurity across different domains, they did only 9% of the time after the intervention. The CSI scores point to a population that was stressed, not uncommon for the time of year.³⁷ The percentage of responses that indicated using the coping strategies pretty often was a mere 4% on average. As for the HHS, nearly half of the survey respondents were in the little to no food insecurity range, and 46% in the moderate one. This suggests an improvement based on the closet proxy data. In April 2017, FSNAU reported that the HHS in the Northern Inland Pastoral livelihood zone was 8% severe and 67% moderate.³⁸

On average, project participants spent 88% of the transfers on food, based on CARE's first three Post Distribution Monitoring (PDM) reports; later reports did not have this data, or it was not available to the consultants. In the PDMs, when asked if the transfer value was enough to meet their household's basic food needs, 93% of the responses agreed that they were³⁹. However, there is an average 13% decrease in the households agreeing to the statement from the first to second phases of the project. This difference is perhaps not strange as the transfer values had decreased about 57% in the second phase. This decrease was in line with the MEB however, and so should have been relative to their food needs.

It should be pointed out, though, that there are localized issues of acute food insecurity in these communities. Caynabo's data points consistently to severe food insecurity; this is concerning especially in the absence of continued support or changes in conditions that allow the inhabitants to leave the IDP settlement.

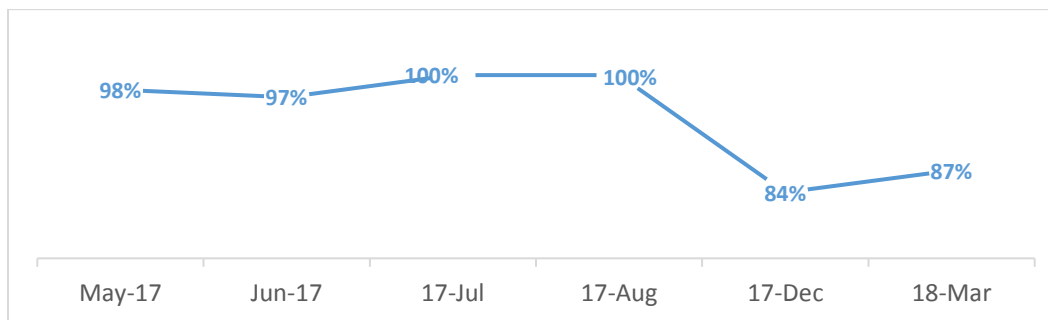
36 ALNAP. (2016). "Evaluation of Humanitarian Action Guide." ODI: London.

37 The recall period was just before the long rains.

38 FSNAU. (2017). "Jilaa! Impact Household Survey Results: Northern Inland Pastoral (NIP), Bay Agro-pastoral, Baidoa IDPs and Mogadishu IDPs." *Presentation*. April FSNAU: Nairobi.

39 These averages are from six PDMs.

Chart 8: Percentage of HH agreeing that the cash transfers met basic food needs



According to CARE’s reporting, there was a decrease by 20% of households relying on negative coping mechanisms such as charcoal burning, begging, etc. However, it is not clear how this was calculated as the PDM does not ask this question and there is no specific baseline for their areas of operation⁴⁰. They also set a target of 80% of targeted households able to meet minimum food needs throughout the project period. Based on the available data, CARE exceeded this by 15%. The other indicators were output focused and all met.

CARE’s monitoring and its use of data were not particularly efficient. The project had a monitoring plan, which outlined that the primary tools to be used were PDM and monthly progress reports. Though not mentioned in the plan, CARE also used monthly market monitoring. The means to be used were field visits, the complaints and response mechanism and a final evaluation. While these means were appropriate, they were basic, and output focused.

It did not measure outcomes, and therefore CARE was not able to show a quantitative change in the food security situation in the areas of intervention. In particular, CARE did not meet its objectives of monitoring the protection and gender aspects of the project systematically. The survey data on protection highlight that there were risks to safety experienced by 10% survey participants and 90% were women. The participants experienced negative impacts from the cash transfers at the household and community level. CARE asked in its PDM “Did the cash distribution in any way cause any disagreements with your husband or other family members?” and the response was categorically 100% no. It seems that they did not probe enough, though.

Because of these deficiencies in its monitoring, CARE found it was difficult to document challenges, changes or opportunities in gender and protection. The PDM tools were updated late in the project to include gender and protection issues, but they focused on physical safety more so than anything and did not adequately cover Gender Based Violence (GBV) or intra-household conflict. To their credit, CARE staff acknowledged these deficiencies. They also noted that women were to be meaningfully incorporated into the project, but the NGO did not have a mechanism to frequently engage women in the project on impacts and the project implementation.

⁴⁰ The baseline figure was from the 2017 Consolidated Humanitarian Response Plan according to their project documents.

3.5 Connectedness

Connectedness looks at the extent to which a response took into consideration long-term and interconnected problems⁴¹. From the perspective of most of the FGD and KII participants, the project was understood to be an emergency one to meet their immediate needs and saw no longer-term needs. One community did mention that they were able to use the cash transfers in local *hagbad*⁴² schemes. CARE did target villages intentionally where it was already working, however.

FGD respondents did point to some impacts of the project that address mid-term problems such as participants being able to repay loans, thus reducing the debt burden. In a similar vein, respondents also mentioned that the project improved some participant's credit-worthiness allowing them to take on loans for needs. Additionally, they mentioned that some participants were able to start small businesses, such as selling vegetables or tea shops, which would offer additional income sources. The investments that participants were able to make in improving their housing and to pay for school fees also would contribute to mid-term issues in the population. In a couple of FGD, respondents revealed that they felt that the project contributed to improved community connections and relationships with the local government.

The project did not address the significant infrastructural issues, that can cause challenges with the use of mobile money, such as accessibility of electricity and charging their phones which were some of the problems faced by the vast majority of the cash transfer recipients. Coverage was a concern raised by nearly half of the project participants, but not to the extent that it caused major issues in using or receiving mobile money.

By expanding the number of people with SIM cards and mobile money accounts, CARE did help decrease the "digital divide." Whether the use of the product will outlive the project period or not, is to be seen. In other contexts, it has been noted that beneficiaries of humanitarian cash transfers, by and large, abandon their mobile money account once it ends.⁴³ With the pervasiveness of mobile money in Somalia, it is unlikely that users will discontinue entirely. However, without a constant source of cash "income," they may not be able to load them and thus negate the advantages that mobile money offers for convenience. If their SIMs or mobile money accounts are abandoned or deactivated, it will be a lost opportunity for CARE should a crisis arise in these communities in the future.

One area to flag is how mobile money could be contributing to the discouraging of sharing in these communities. With 70% of the survey households agreeing that is the case, it does give pause as to how the delivery mechanism may contribute to a shift in solidarity and what is a welcomed change and what is not. According to CARE PDM data, 5-12% project participants admitted to sharing their cash transfers.⁴⁴

In Somalia, sharing is a protective measure in the face of current and future adversity. Sharing strengthens social and economic networks, increases resilience and improves status.⁴⁵ In a gender study of a large-scale cash transfer program in South Central Somalia, it was remarked that "improved social status was often benchmarked against previously not being able to financially contribute *qaraan*, to now being able to contribute to the wider community, with cash transfer money⁴⁶." At the same time, in an FGD a participant mentioned: "*If the money comes publicly we don't benefit because many people are asking for*

41 ALNAP. (2016). "Evaluation of Humanitarian Action Guide." ODI: London.

42 *Hagbad* are traditional rotating savings groups.

43 ELAN. (2016). "Elan Mobile Money Workshop Report." ELAN/Mercy Corps: Portland, Oregon.

44 Data from project PDMs.

45 Wasilkowska, Kamila. (2012). "Gender Impact Analysis Unconditional Cash Transfers in South Central Somalia." Somalia Cash Consortium: Nairobi.

46 Ibid.

*qaraan*⁴⁷, but it if comes privately to our accounts nobody knows when you received and what you used it for.” This duality implies that perhaps the recipients may want more personal agency with their use cash transfers. While no such conclusions can be made from this study, it is something that may merit further analysis.

An essential aspect of connectedness to study is how the project may have affected gender. One of the most pressing problems of particular interest to CARE is gender inequity. The problem is palpable in the country, and it ranks fourth lowest globally on the Gender Inequality Index on internationally comparable indices⁴⁸. CARE staff felt that the project was designed with women in mind and the interviewed participants echoed that sentiment. Women were the majority registered beneficiaries (66% overall), and study participants felt that was appropriate. Also important was CARE’s insistence of gender-inclusive beneficiary selection committees; all committees had to have at least two women. In one case, a community did not want to accept these requirements and CARE threatened to withdraw community support, but the community then conceded to the conditions. Ensuring women’s inclusion in the committees provided an opportunity for women to be part of decision-making processes in their communities. A female CARE staff mentioned that other women were impressed and inspired by this.

The project seems to have contributed to the economic independence of participant women. In various KII and FGD it was pointed out that women opened up small businesses and were able to make their purchases with more discretion. While these are positive steps in the present, it is not clear to what extent these trends will follow into the future, how transformative they may have been on individual women, or whether this has resulted in any negative consequences at home, such as abuse from husbands or male relatives.

Despite these encouraging trends in shifting thinking or practices that may contribute to gender inequality, there is little hard evidence to show the extent of change. CARE staff admitted that they did not do as good a job as they could have, of capturing and documenting the gender aspect of the project.

Though not only attributable to this project, was CARE’s participation and leadership in coordination. As the lead of the Somaliland Cash Working Group (CWG), CARE led a joint evaluation on cash transfers in Somalia and is managing the evaluation by contracting the consultant (on behalf of the CWG). CARE also co-hosted a learning event there in March 2018 in Somaliland. Additionally, CARE participated in interagency, food security, and other cash working groups at the Nairobi level relevant to this response.

⁴⁷ *Qaraan* is an important type of community donation that is a cultural rather than religious duty; it is generally among clan members. Le Houerou, Fabienne. (2005). “Diasporas in Cairo: Transit territories and the transient condition.” *Journal on Moving Communities*. Volume 5, Number 1. Page 14. Garant: Antwerp, Belgium.

⁴⁸ UNDP. (2012). “Somalia Human Development Report 2012: Empowering Youth for Peace and Development.” UNDP: New York.

4.0 FINAL THOUGHTS

4.1 Conclusions

By all accounts, the EFAS project was well implemented, well received and seems to have met its purpose. The modality was appropriate, as the markets readily responded to the influx of mobile cash. That CARE had barely used mobile money before this project yet was able to disburse cash transfers to over 3,000HH swiftly and then increase its caseload by 200% shortly after is impressive. CARE Somalia embraced head-on the High-Level Panel on Humanitarian Cash Transfers recommendation to “where possible, deliver cash digitally.”⁴⁹ Mobile money was an efficient delivery mechanism allowing for a fast project start-up and beneficiaries access to funds. Shopkeepers gladly accepted the payment mechanism and other goods and services that accepted mobile money were available near the targeted households.

CARE’s way of working in the communities deserves praise. The project approaches were efficient, especially the use of the BBRs, expedited administrative processes, and staff deployment. The methods used to sensitize, mobilize and share information with the communities and government seemed appropriate, in addition to the accountability mechanisms. The NGO reached some of the more vulnerable populations—rural populations, elderly and disabled—in communities that saw little support from other agencies. During the project period, CARE collated many of these good practices into a handy guideline distributed to its staff with clear steps to the logic of how CARE works.



The project appears to have reached its purpose of improving access to food and helped the project participants meet basic needs. CARE exceeded its target of households being able to meet minimum food needs with the cash transfers. Based on the analysis of food security indicators collected in this study, at the time of writing most were not facing acute food insecurity. While the project cannot claim full attribution, it is a positive finding for the area that was faced with a crisis for the past year. The project had some small spill-over effects as well, promoting solidarity, continuing education for children and spurring new businesses. It also seems to have impacted credit—reducing the debt burden and increasing creditworthiness.

Other significant results of the project were increasing access to mobile money, which was a small step to bring some project participants closer to financial inclusion. More people in rural areas have mobile money because of this project, and most of those people were women. The project seems to have fostered an increased use of mobile money in the targeted communities. Most of the shopkeepers felt that the CARE project affected the change in payment choices in their communities. The acceptance of mobile money was one of the most critical factors for the surveyed households when selecting a shop, and mobile money makes purchasing easier. There was considerable change in the use of mobile money for the project participants in the past year, likely fostered by the continuous source of cash on the mobile wallets.

49 ODI. (2015). “Doing cash differently: How cash transfers can transform Humanitarian Aid. Report of the High-Level Panel on Humanitarian Cash Transfers”. ODI: London

Women's empowerment is a central focus of CARE's work worldwide; this project made some positive steps to incorporate a gender focus. Two-thirds of the registered beneficiaries were women; this is in line with minimum gender commitments in food assistance programming⁵⁰. Gender inequity was addressed through meaningful participation of women in the village relief committees and their perceived independence in economic decision-making. Women were making decisions on the use of the transfer more than half of the time. Not to lose sight that gender includes men's needs as well, it should be noted that the modality and delivery mechanism were appropriate for the context and equally for men and women.

CARE staff's best practices identified at the After-Action Review:

- ***BBRS for registration is a unique way to identify beneficiaries, to minimize the risk of fraud, reduce the potential duplication of beneficiaries, to ensure transparency, and data reliability***
- ***Switching to the use of Mobile Money for humanitarian cash transfers was a success***
- ***Coordination and networking through and leadership in the CWG and local authorities was essential to the project success***
- ***Beneficiaries' and stakeholders' involvement at all levels contributed to the project's success***
- ***Collaboration with other programs/support teams contributed to the success of the project***
- ***Women's fair representation in the village development committees***

Although by and large, the project was successful, it had its shortcomings. Perhaps the most notable one was the deficient monitoring done throughout the project. CARE was not able to show a change in the food security situation. Many CARE staff insisted that the project was emergency and therefore a baseline was not possible; this is a debatable point as it is simple good humanitarian practice. A few questions could have easily been incorporated into the registration phase. Having such information would help them to monitor the differences between the communities better. In this study, it is clear that the project participants from the IDP settlement of Caynabo need further attention as their food security situation was reportedly more precarious than in other communities.

The same observation holds for monitoring of gender and protection issues. Gender dynamics and potential women's empowerment resulting from the project can only anecdotally be understood. As a gender-focused organization, CARE has a tremendous opportunity to contribute to the understanding of cash transfers in Somalia. In a recent CWG event, co-hosted by CARE, it was evident that cash stakeholders in Somaliland were not clear what gender issues need to be considered in cash transfer programming and that gender is an "orphan" in the landscape of cash planning and implementation in the area.⁵¹

In this study, 10% of respondents asserted they experienced risks to their safety as a result of receiving the cash transfers, which were both men and women. Some 27% of these respondents did not feel comfortable reporting this to someone, of which 90% were women. These numbers are rather small, and the nature and gravity of the risks are not known. The findings should give pause, but not alarm. It is worth noting that CARE's monitoring was not nimble enough to capture these points. There is no evidence that

50 ISAC. (n.d). "Gender Marker Tip Sheet Food Security 1 (Food Assistance)." ISAC, Geneva.

51 CaLP. (2018). "Cash Transfer Programming in Somaliland Learning Event - 26 March 2018." CaLP: Nairobi.

CARE assessed the gender dynamics, weighed the potential GBV risks and protection benefits associated with the introduction of cash transfers, or ensured mitigation mechanisms that could lead to unintended consequences—all essential good practice to reduce GBV risks⁵².

From the data in this study, the protection issues in Cerigavo and Badhan merit further attention, as they had much higher percentages of respondents with safety concerns. Considering that both men and women mentioned these concerns, there is need to reflect upon vulnerability and marginalization of both genders.

Community-level impacts of the project, by and large, were positive. However, CARE should look deeper into why some participants felt that the project had negative impacts. It should also dig deeper into the impact of mobile money on local solidarity practices. Phone charging and access to electricity is a problem in the targeted areas. Though the problem is not so significant to make using mobile money an obstacle, CARE has missed an opportunity to make a change in the mobile money ecosystem by not studying such issues.

Another missed opportunity was to connect this project explicitly with some of its flagship work with Village Savings and Loan Association (VSLAs). In this very geographic area in its USAID funded STORRE project, it was observed that a critical step in building resilience to shock mitigating measures was encouraging beneficiaries to help each other through collective actions such as savings groups.⁵³ With this experience already known, CARE could have sought to work with the local VSLAs at the end of the project to help revive them or promote more.

CARE will need to work to streamline some of its administrative and financial processes to diminish the bureaucracy and make timelines clearer to staff along the chain of command. Already CARE has proactively tried to change how it approaches project startups for a new FFP project as demonstrated by the activities running parallel to this evaluation; this should be the way forward. CARE must also look to better use the good systems that it has such as the BBRS for beneficiary validation and other uses; it seems to be an already identified areas of improvement, as per communications with the team

One looming concern for future cash transfer programming in Somaliland is related to the political environment. Despite the positively received use of a local delivery mechanism, there is a looming threat to the future use of mobile money in Somaliland for humanitarian agencies like CARE. The government decreed that mobile money transactions that are under US\$100 in value need to be done in the Somaliland Shilling.⁵⁴ The government took this action ostensibly to stabilize the exchange rate of the Somaliland Shilling against the US dollar and eliminate the functional use of the dollar in Somaliland⁵⁵. While the decree came out during the project period, it was not put into effect until after the final transfers. CARE has begun to engage with the government on this issue and will need to continue such efforts perhaps through showing evidence of the delivery mechanism's importance in swift humanitarian action.

52 Women's Refugee Commission, International Rescue Commission, and Mercy Corps. (2018). "Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response." Women's Refugee Commission, International Rescue Commission, and Mercy Corps: New York.

53 USAID. (2016). "Baseline Study of the Enhancing Resilience and Economic Growth in Somalia Program." Prepared by Mark Langworthy, Maryada Vallet, Stephanie Martin, Tom Bower and Towfique Aziz. Save the Children and Tango: Washington DC.

54 Farah, Sahara. (2017). "Somaliland: mobile money transfer transactions must be based in SL shilling." January 30. *Web*. Somaliland Press.

55 "No author.(2018). "eDahab complies with Somaliland govt regulations on money transfer." March 14. *Web*.

4.2 Recommendations

Based on the findings from this evaluation the following recommendations are made for CARE:

Monitoring

Measure cash transfer sectoral outcomes: CARE needs to be focused on showing the impact of its cash transfer work through outcomes. In this case, the focus should have been on food security ones, but future work could be in other sectors or multi-sectoral. While the logframe covered the minimum standards by SPHERE for food security,⁵⁶ CARE needs to be sure that it can show change by collecting local baseline data. This can be done at registration or ideally through a separate baseline study. CARE should also look to do quarterly or final PDMs that collect outcome data. Another general resource to help in setting up a monitoring system is the CaLP Toolbox,⁵⁷ which offers a concise grouping of common standards and actions for quality cash-based programming. Each of the actions is supported by a set of guidelines and tools and templates on how to achieve quality cash-based programming.

Include appropriate gender and protection indicators and measurements monitoring frameworks: CARE needs to use gender and protection indicators that are measurable and achievable in a humanitarian crisis. These indicators then need to be built in tandem with the monitoring team. In improving gender monitoring, CARE should ensure the involvement of gender experts in joint monitoring and reporting. To the extent possible, separate gender and accountability monitoring should be conducted, especially in PDM. Mercy Corps, The International Rescue Committee, and the Women's Refugee Commission recently produced an excellent toolkit "Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response." It is an invaluable resource to enhance the protection of crisis- and conflict-affected populations and to mitigate risks of recurrent violence, to promote recovery, and to build resilience. CARE should look to adapt its PDMs using the toolkit, which was tested in Somalia.

Use BBRS to its fullest: CARE appears to be pleased with the agility of BBRS, and it gives the organization an added advantage in the cash landscape in Somalia. By better utilizing the system for monthly reporting, beneficiary CARE will consolidate its work. CARE should see what other uses the BBRS can fill such as linking to feedback mechanisms. This process has begun since the time of the evaluation, where CARE brought together staff in training for this very purpose.

Gender and women's empowerment

Seize the opportunity to be the leader in cash-based programming and women's empowerment in Somalia: CARE has a definite niche to fill in the cash and voucher landscape to shed more light on the impacts of cash transfers on women. There is a gap in understanding and evidence. To attain this role, CARE Somalia should assure all projects with cash and vouchers have gender analyses from project conception. CARE should make research on women's empowerment, and household gender dynamics in cash transfers part of the learning agenda for future cash transfer projects, and budget adequately for documentation of evidence on the topic. To prepare for this CARE must ensure that relevant staff is trained and incentivized to bring women's empowerment front and central to each staff member's work.

⁵⁶ Especially: "All the disaster-affected people in need of food security responses receive assistance that meets their primary needs, prevents erosion of their assets, gives them choice and promotes their dignity" and "Households do not use negative coping strategies". The Sphere Project. (2018). "Food security standard 1: General food security." Web.

⁵⁷ The tool box is accessible at <http://pqtoolbox.cashlearning.org/>

CARE has begun to assume the role as a convener of events on cash transfer; it should laser focus on ones that discuss the empowerment of women and girls. CARE must ensure that these activities have dedicated budget allocation.

Analyze cash transfers' different effects on men, women, boys, and girls: Although the majority of the project beneficiaries were women and girls, the project's purpose was for all members of the targeted households. It merits a study of how cash transfers impact men regarding their empowerment, relationships in the household and community. In particular, it would be interesting to know if the project helped or hindered the traditional role of men and boys in duties related to pastoralism. Areas that could be studied are for households that used cash transfers to pay for school fees was it for boys or girls or both.

Protection

Capture and analyze protection issues in real time: CARE has the intention to follow protection issues, in particular, those relating to GBV. To put the intention into action and with appropriate indicators and tools in place, it must make sure to review the data collected. It needs to take steps to mainstream GBV considerations within cash-based programming including conducting comprehensive and participatory assessments of protection risks disaggregated by sub-population; tailoring program design for different sub-populations; undertaking robust protection monitoring, and adapting program design and implementation as needed⁵⁸. Any issues, whether related to gender or a particular geographic area must be examined immediately. CARE should look at household, intra-household and community level protection issues.

Complementary programming

Use VSLAs to promote connectedness in emergency project with cash transfers: CARE is internationally known for its work on VSLAs, and it can quickly capitalize on this expertise in a project with cash transfers. Savings groups in Somalia have been seen as a critical safety net for participating households and communities⁵⁹. Savings can be promoted through requiring the carrying of balances linked to incentives or through the promotion of savings groups⁶⁰; can look at how the communities are employing the traditional tool, *hagbad*, and how can it be used to further a savings culture. There should be a particular focus on supporting woman's leadership through savings groups to promote social capital and training of the groups on functioning in times of high stress.⁶¹

58 Women's Refugee Commission, International Rescue Commission, and Mercy Corps. (2018). "Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response." Women's Refugee Commission, International Rescue Commission, and Mercy Corps: New York.

59 USAID. (2016). "Baseline Study of the Enhancing Resilience and Economic Growth in Somalia Program." Prepared by Mark Langworthy, Maryada Vallet, Stephanie Martin, Tom Bower and Towfique Aziz. Save the Children and Tango: Washington DC.

60 Murray, Sarah. (2016). "Can E-Transfers Promote Financial Inclusion in Emergencies: A Case Study from Ethiopia." Mercy Corps: Portland, Oregon.

61 USAID. (2016). "Baseline Study of the Enhancing Resilience and Economic Growth in Somalia Program." Prepared by Mark Langworthy, Maryada Vallet, Stephanie Martin, Tom Bower and Towfique Aziz. Save the Children and Tango: Washington DC.

Service providers

Engage service providers at the start and throughout a response: The High-Level Panel on Humanitarian Cash Transfers recommends that cash transfer programming capitalizes on the private sector’s expertise in delivering payments.⁶² However, NGOs and service providers need to learn to “speak the same language” and share a clear understanding of what a humanitarian response would entail. CARE should be pro-active to ask questions on a services provider’s real capacity. CARE should look to work with the Somaliland CWG to negotiate service fees and agreements. Though standardization may not be feasible because of the specificities of contexts (e.g., rural vs. urban, caseloads, distances from agents), similar terms and conditions could be negotiated.

Advocacy

Make the case to the government on the importance of using mobile money for humanitarian cash transfers: CARE has begun to engage with the government on this issue and will need to continue such efforts perhaps through showing evidence of the delivery mechanism’s importance in swift humanitarian action. It is advisable that in its role as the coordinator for the Somaliland CWG, CARE leverage the collective voice of other agencies to find a mutually beneficial solution for the government and humanitarian agencies.

62 ODI. (2015). “Doing cash differently: How cash transfers can transform Humanitarian Aid. Report of the High-Level Panel on Humanitarian Cash Transfers”. ODI: London

ANNEX I: STUDY QUESTIONS

CRITERION	KEY QUESTIONS	TARGET GROUP	MEANS OF VERIFICATION
Appropriateness The extent to which activities tailored to local needs, increasing ownership, accountability, and cost-effectiveness	Who has benefited and in what ways? Has the cash transferred been effective in bringing about lasting change? Were there any gaps? Are those changes relevant to people's needs?	<ul style="list-style-type: none"> Local communities (beneficiaries) CARE staff Local authorities Local merchants 	<ul style="list-style-type: none"> Household (HH) questionnaire Focus Group Discussion) FGD KII (Key informant Interview) Review of Project documents External documents
	What worked and what didn't? What lessons have been learned? Whom have they been shared with?	<ul style="list-style-type: none"> Local communities (beneficiaries) CARE staff Local merchants 	<ul style="list-style-type: none"> HH questionnaire FGD KII Project documents
	How, if at all, were gender dynamics affected at the household level, and how can the project strengthen positive change in this area? How did CARE take the protection needs in the areas into consideration? What evidence is available to support this?	<ul style="list-style-type: none"> Local communities (beneficiaries) Local authorities CARE staff 	<ul style="list-style-type: none"> FGD KII Project documents
	How relevant was the use of Mobile Money Transfer as a medium of cash transfer?	<ul style="list-style-type: none"> Local communities (beneficiaries) CARE staff Local merchants 	<ul style="list-style-type: none"> HH questionnaire FGD KII Project documents
Effectiveness The extent to which response achieved the purpose	To what extent has the cash outcomes been achieved? Were there any unexpected outcomes? Has the cash transfer performed against its targets? Which targets were met and which ones were not and why?	<ul style="list-style-type: none"> CARE staff 	<ul style="list-style-type: none"> KII FGD CARE Project documents External documents
	How effective have the project's management, monitoring, learning, and financial systems been especially related to gender?	<ul style="list-style-type: none"> CARE staff (project, program, MEAL, and financial) 	<ul style="list-style-type: none"> KII Project documents
	How have the relationship between stakeholders throughout the relationship chain helped or hindered the effective delivery of change (i.e., women, men)?	<ul style="list-style-type: none"> Local communities CARE staff Local authorities 	<ul style="list-style-type: none"> FGD KII Project documents

	<p>How effective was the use of Mobile Money Transfer as a method of transfer? Were there differences between different groups (men, women, elderly)?</p> <p>What other factors supported the delivery of or hindered the achievement of the EFAS project objectives?</p>	<ul style="list-style-type: none"> Local communities CARE staff Local authorities 	<ul style="list-style-type: none"> HH questionnaire FGD KII Project documents
<p>Efficiency Outputs achieved as results of inputs</p>	<p>How cost efficient was the project?</p> <p>How efficient were the approaches and processes used by CARE to deliver the interventions?</p>	<ul style="list-style-type: none"> Local communities (beneficiaries) CARE staff Local authorities 	<ul style="list-style-type: none"> KII Project documents External documents
<p>Impact Wider effects of the project</p>	<p>What impact did the role of community structures, exclusion/inclusion of social groups, gender and age have on access to and utilization of EFAS project?</p> <p>What has been the impact of the cash transfer project, positive and negative?</p> <p>What proportion of the cash transfer amount went towards the purchase of food for the household?</p> <p>To what extent did the project affect the development, functionality, and role of local markets?</p>	<ul style="list-style-type: none"> Local communities (beneficiaries and non-beneficiaries) CARE staff Local authorities Local merchants 	<ul style="list-style-type: none"> HH questionnaire FGD KII Project documents
<p>Connectedness The extent to which response carried out in a context that takes long-term and interconnected problems into account</p>	<p>How has the type of project helped or hindered the delivery of lasting change?</p> <p>What are the current challenges in using mobile money as a modality for cash transfer programming in slow onset humanitarian contexts?</p> <p>Assess the level to which gender issues were addressed.</p>	<ul style="list-style-type: none"> Local communities (beneficiaries and non-beneficiaries) CARE staff Local authorities Local merchants 	<ul style="list-style-type: none"> HH questionnaire FGD KII Project documents

ANNEX II: PEOPLE CONTACTED

NAME	TITLE	AFFILIATION
Sahara Ibrahim		CARE International Somalia
Ibrahim Hassan	Emergency Director	CARE International Somalia
Boniface Kilonzo	Finance Director	CARE International Somalia
Abdi Nur Elmi	Humanitarian Coordinator	CARE International Somalia
Sabdown Bashir	Team Leader, North	CARE International Somalia
Amran Shire	Program Manager	CARE International Somalia
Abdinaser Ahmed	Field Monitor	CARE International Somalia
Peterson Mucheke	M&E Advisor	CARE International Somalia
Joy Maingi	Senior Program Development Officer	CARE International Somalia
Abudlahi Aadan	Committee chairperson	Yagoori
Abdulahi Said Salah	Committee chairperson	Caynabo
Canab Mohammud	Committee chairperson	Caynabo
Abdullahi Ahmed Said	Head of Village	Caarmale
Said Jama Ismail	Local leader	Xingalol
Cigaal Mohamed Hirsi	Head of village	Jidali
Dalays Mahamed Abdi	Committee member	Xingalol
Saharo Warsame Said	Committee member	Badhan
Saynab Abdi	Committee member	Jidali
Sahro Ali Duale	Committee member	Caarmale
Xaali Mohamed	Committee chairperson	Yagoori
Abdikarin Mohamud	Shop owner	Badhan
Sahro Ahmed Yusuf	Shop owner	Jidali
Ayanle Ahmed Salah	Shop owner	Carmale
Xusien Ahmed	Shop owner	Xingalol
Muuse Mohamed	Shop owner	Yagoori
Ali Duale	Shop owner	Yaynabo

ANNEX III: SAMPLING RESULTS

Results in number of participants

REGION	DISTRICT	VILLAGE	SURVEY	KII	FGD
Sanaag	Badhan	Badhan	67	1	7
		Xingalo	65	2	15
	Cerigabo	Carmaale	67	2	13
		Jidolai	67	2	11
Sool	Caynabo	Caynabo IDP Settlement	67	1	12
	Lascanod	Yagoori	64	2	12
Shop keepers				6	
CARE staff					
Somaliland* Puntland				4	5
AAR*					16
Kenya				5	
TOTAL			397	25	82

Results by gender of participants

REGION	DISTRICT	VILLAGE	SURVEY		KII		FGD		
			M	F	M	F	M	F	
Sanaag	Badhan	Badhan	0	67	0	1	0	7	
		Xingalo	24	41	1	1	8	7	
	Cerigabo	Carmaale	44	23	1	1	7	6	
		Jidolai	15	52	1	1	5	6	
Sool	Caynabo	Caynabo IDP settlement	7	60	1	1	6	6	
	Lascanod	Yagoori	36	28	1	1	5	7	
Shop keepers						5	1		
CARE staff									
Somaliland* Puntland						3	1	5	0
Kenya						3	2		
AAR*								11	5
TOTAL	MALE	146	FEMALE		324				
GRANT TOTAL	470								

*Totals are corrected for no double counting.

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ANNEX V: TERMS OF REFERENCE FOR THE EVALUATION

PROJECT BACKGROUND

The Emergency Food Assistance for Somalia (EFAS) project is a twelve-month (April 2017 – May 2018) project with only unconditional cash transfer component which is implemented in Sool and Sanaag. In 135 villages under Caynabo, Lascanod, Cerigabo, Celafweyn & Badhan Districts. During the first phase (April 2017- September 2017) of the EFAS project, 3,410 households in Sool and Sanaag regions received US\$163 and US\$175 every month for four (4) months. Phase two of the project (October 2017-May 2018) will see an additional 9,772 households in Sool and Sanaag receive US\$69 and US\$79 each per month for four (4) months. The transfer value rate was based on recommendations set by the Somalia Food Security Cluster’s Cash Working Group (CWG).

EVALUATION OBJECTIVE

This evaluation will assess the extent of achievements of program indicators targets and objectives. The overall effectiveness and efficiency of the program will be measured. Also, the external evaluation report will identify best practices and key lessons in technical aspects as well as the program management approach to facilitate continued learning and improvement of humanitarian emergency response. Findings of this final evaluation will be shared with USAID/FFP and with the humanitarian community working in Somalia, through the Somalia NGO Consortium, the UN Cluster system, as well as through local networks.

The overall objective of the evaluation is to assess and provide reliable end-line information on project performance against set parameters (i.e., objectives, indicators, short-term impact. This will be used to measure progress of achievements against benchmarks established during the baseline.

The specific objectives of the final evaluation are:

- To undertake an independent and comprehensive evaluation to providing evidence-based information on the EFAS Project performance against set indicators.
- To assess the extent of project’s efficiency, effectiveness, appropriateness/relevance, and short-term intended and unintended impacts.
- To document lessons learned and provide recommendations on how to improve programming of similar interventions in future in Somalia.

Further, it is expected the evaluation will;

- Assess how effectively the project has addressed the challenges encountered, including assessing the project’s rationale, beneficiary accountability mechanisms, and phase out a plan
- Assess the level to which gender issues were addressed.
- Account to local stakeholders and funders for the project’s performance.
- Verify whether the funds were used effectively and efficiently to deliver results (assessing Value for Money).

The evaluation should measure project performance against indicators as per below log frame

RESULTS CHAIN		PERFORMANCE INDICATORS			MEANS OF VERIFICATION
		Indicator	Baseline	Target	
IMPACT	Contribute to improved lives of the vulnerable people in Sool, Sanaag, and Bari	Crude Mortality rates (CMR)	<9/1000/year	UN Humanitarian Response Plan 2017/ Consolidated Appeal process 2017	Registration survey Baseline survey, Post Distribution Surveys (PDMs), Nutrition Surveys
	Somali people affected by drought and IPC 3 and 4 are assisted and protected	Percentage of targeted households able to meet minimum food needs throughout the project period The percentage decrease in households relying on negative coping mechanisms such as charcoal burning, begging, etc.	Consolidated Humanitarian Response Plan (HRP/2017)	To be confirmed	Impact assessment report/End of project evaluations
OUTPUTS	Most vulnerable households in selected regions of Sool, Sanaag, and Bari have received cash assistance to meet basic food needs	# of households enrolled in cash transfer program % of transfers used to cover food needs # and percentage of children and pregnant or lactating women benefiting from UCT	0	80%	Beneficiary registration records Post-distribution monitoring and evaluation reports

METHODOLOGY

The study design should entail a holistic evaluation, comprising both the qualitative and quantitative components designed to capture project performance. The methodology must be so designed to measure indicators set in the project log frame.

The consultant and his/her team are expected to use different evaluation tools, comprising primary data collection (through qualitative and quantitative household survey questionnaires) and secondary data review and literature survey. Furthermore, the study will be undertaken through a participatory and collective manner based on active involvement of project beneficiaries.

In particular, the consultant is expected to:

- Conduct desk reviews of secondary information and project documents, for EFAS PROJECT and others related documents including the project proposal, implementation, and M&E plans of the project, baseline evaluation, PDM reports, donor narrative and financial progress reports.
- Conduct briefing meetings with key project staff in Sanaag and Sool regions.
- Review and revise, if necessary, data collection methodology, including sampling methodology, and questions as applied during the baseline evaluation, including data collection tools and sampling technique and size. An inception report (with data collection methodology) will need to be submitted to CARE Somalia for review before data collection.

- Train enumerators on the data collection tools and methodology (can be a refresher if they are already familiar).
- Collect data from a representative sample of individuals from the target groups and key stakeholders through i.e. household questionnaires, key informant interviews and Focus Group Discussions (FGDs)
- Data processing (data collection, entry, verification and analysis);
- Report writing and presentation of findings and recommendations to CARE
- Hold a validation meeting/1-day workshop with Key CARE project staff to present the findings.
- Finalize the survey report, including a summary fact sheet on achievements of the project for beneficiary communities and submitted the final report

The evaluation will be undertaken against the five DAC evaluation criteria: 1. Relevance; 2. Effectiveness; 3. Efficiency; 4. Impact; and 5. Sustainability.

Within the overarching framework of the DAC criteria, the following key questions though not exhaustive, that the evaluation should seek to address:

- What proportion of the cash transfer amount went towards the purchase of food for the household?
- To what extent did the project affect the development, functionality and role of local markets?
- How, if at all, were gender dynamics affected at the household level, and how can the project strengthen positive change in this area? CARE response with regard to Gender and Protection needs of drought-affected communities. How did CARE take these needs into consideration? What evidence is available to support this?
- What are the current challenges in using mobile money as a modality for cash transfer programming in slow onset humanitarian contexts?
- How effective and efficient were the approaches and processes used by CARE to deliver the interventions
- How was EFAS PROJECT utilized to reach targeted populations?
- What impact did the role of community structures, exclusion/inclusion of social groups, gender and age have on access to and utilization of EFAS PROJECT?
- What other factors supported the delivery of or hindered the achievement of the EFAS project objectives?