

EMERGENCY FOOD SECURITY PROGRAM-EFSP II



FINAL EVALUATION REPORT

OCTOBER, 2021

ACKNOWLEDGEMENTS

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Disclaimer:

The views and opinions expressed in this document are those of the consultancy team, and do not in any way reflect the views of CARE International or its donors.

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ACRONYMS

BBRS	Biometric Beneficiaries Registration System
CCT	Conditional Cash Transfer
CfW	Cash for Work
CSI	Coping Strategy Index
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
EFSP	Emergency Food Security Program
FAM	Feedback and Accountability Mechanism
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FCRM	Feedback, complaint and response mechanism
FGDs	Focus Group Discussions
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
HDDS	Household Dietary Diversity Score
HH	Households
HHS	Household Hunger Scale
HFIAS	Household Food Insecurity Access Scale
IDPs	Internally Displaced Person
IPC	Integrated Phase Classification
KIIs	Key Informant Interviews
MAHFP	Months of adequate household food provisioning
MEB	Minimum Expenditure Basket
OCHA	Office for the Coordination of Humanitarian Affairs
OECD-DAC Committee	Organization for Economic Co-operation and Development Assistance
PDM	Post Distribution Monitoring
PPS	Probability Proportionate to Size
rCSI	Reduced Coping Strategy Index
RRA	Rapid Response Activity
SAM	Severe Acute Malnutrition
UCT	Unconditional Cash Transfer
UN	United Nations
USD	United States Dollar

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EXECUTIVE SUMMARY

This end of project evaluation study was carried out between August and September 2021. The overall purpose of the evaluation was to assess the extent to which the program had achieved its strategic objective of improved food security for drought affected households in the target locations. This included the use of the OECD- DAC criteria, more specifically Relevance and Appropriateness, Efficiency and Effectiveness as well as the project's its Impact on the community. A quantitative household survey was used as the data collection method. For sampling, Cochran's formula for sample size determination was used to calculate the sample. A total of 1,380 respondents participated in the data collection. 82% were female, and 18% were male from the four regions of Sool, Sanaag, Mudug and Galgaduud. Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and site observations were also conducted.

Livestock rearing (28%) and humanitarian aid (27%) were the main sources of income of the households. The average household income for a typical month was USD 105 up from USD 57 at baseline an 84% increase. The findings revealed that on average, respondents expend 62%, a slight change from 60% at baseline. The food security indicators showed remarkable improvement with those with acceptable food consumption score (FCS) moving from 43% to 65%; household dietary diversity (HDD) increasing from 5% at baseline and 39% at end of project; reduced Coping Strategy Index (rCSI) of 16.2 at baseline and 8.6 at end of project. Using the acute food insecurity scores, only 23% were in crisis and emergency category compared to 43% at baseline. Results of household hunger scale demonstrate that majority (86%) of the population was experiencing little or no hunger compared to 6% at baseline.

In terms of children and PLW nutrition intervention, 301 and 1886 children were admitted in OTP and TSFP respectfully, with 9 children in OTP and 14 in TSFP being relapses. 31% and 42% were discharged as cured from each respectfully. PLW admitted to TSFP were 1174. Of these 11 had relapsed, and 209 had been transferred in from other TSFP. Those discharged as cured were 34%. In relation to exclusive breastfeeding, there was a 45.3% drop in women who had breastfed their children aged between 0 to 5months in the previous day (where breastfeeding in the previous day was a proxy indicator for exclusive breastfeeding) in comparison to the year before. Prevalence of dietary diversity amongst children aged 6-23 months was at 2.2% against 5% in the previous year.

In terms of impact, households hold that the cash transfer had a major positive contribution to their wellbeing and livelihoods with 98% of them indicating improved livelihoods albeit in short term. The project had also positively the markets with beneficiaries reporting increased market activities, products as well as traders. 78% of the respondent said community relations were also improved with the onset of the intervention. A number of lessons were picked from the intervention key among them including: Community involvement and transparency in selection of beneficiaries was critical to successful intervention; Use of money transfer technology including voice identification was instrumental in eliminating gate keepers and; CAREs

involvement in key CVA forums including the Cash technical working group was positive and prevented duplication.

The project was successful in its quest to address the food insecurity afflicting the areas of intervention selected for the period of intervention although the long term seems uncertain. On sources and levels of income, the figures provided, need to be taken with “a pinch of salt.” With 74% of the households having an income of less than USD 50 per month at the end of the project, it essentially means the said households remain vulnerable. The change of those in the “emergency” and “neutral” groups in the coping strategy index between the baseline and the end of project is encouraging, however, the trend particularly between the March 2021 PDM and the evaluation is of concern given the onset rise. Household with low dietary diversity seemed to be on the decline. This is despite the fact that, there was a slight trend changes in the households who were in the emergency and neutral groups in the FCS. CARE’s suspension of non-essential for-work projects was not matched with consistent implementation of the COVID 19 containment measures such as wearing of masks and social distancing in UTC and Nutrition Interventions. CARE’s FAM is a system for soliciting feedback from beneficiaries. It seem to be in use though soliciting of feedback through calls et cetera did not seem to have been very active. The complaints logged in FAM were few which may be a testament to beneficiary satisfaction. Finally it was observed that, there is good number of children and PLW admitted under the nutrition intervention to OTP and TSFP at the close of the project but no written exit strategy existed.

The recommendation include: Sustainability of outcomes need to be considered in the project planning beyond the life of a project albeit for medium term. Given, 36% of the households did indicate that purchasing food on credit or borrowing food was one of the coping strategy they employed it would be necessary to study this aspect in detail in future projects. Given the analysis, that 68% of those on CT, bought water using 25% of their CT There is the urgent need to consider including other water interventions in future if not already in place. With 41% of the households allocating 100% of the CT allocation to food and even using more of the income from other sources in addition to the food budget, if CARE is to consider longer term transformation of the beneficiary households, income sources diversification aimed at increasing the household income is necessary. The proposition for such diversification should be an item of further study in order to appreciate any possible enabling ground dynamics. There is need to build infrastructure that would endure the cyclic disasters experienced in order to ensure sustainability of the impacts. Water infrastructure is one to be considered since it will not only provide water for domestic use; it can also be used for agricultural productive activities. On the while, initiating agricultural production brings a challenge in terms of access to land especially for the IDP communities. This calls for expanded engagement with the host communities, government leadership and interested communities. And finally, there needs to be an explicit exit strategy for the nutrition complementarity intervention. As alluded to in the observation, no such strategy exit was evidenced in the secondary data if it indeed exists.

1. BACKGROUND AND CONTEXT

1.1. Context

The humanitarian situation in Somalia remains critical due to the ongoing impacts of drought, displacement, conflict, and floods. Over 1.5 million people face acute levels of food insecurity and require immediate assistance for their survival.¹ 903,100 children under the age of five are anticipated to be acutely malnourished in 2019 including 138,200 who are likely to be severely malnourished.² The number of acutely malnourished children under five, through 2019, in Galgadud, Mudug, Sanaag, and Sool regions are were 160,431³. Of these, 27,0384 are likely severely malnourished. According to the UN Food and Agriculture Organization (FAO)'s Somalia Water and Land Information Management (SWALIM), during the current Jilaal dry season (January-March) water resources and pasture conditions in parts of northern and central Somalia triggered earlier-than-usual livestock migration and increased competition among pastoralists.⁵ This is particularly the case in the regions of Sanaag, Sool, Nugaal, Mudug, Bari, and Galgadud.⁶

A February 2019 assessment by CARE in the Mudug region revealed that due to prevailing drought conditions, livestock's physical conditions were poor and there was a marked decline in the prices of livestock between 33%-42% compared to the prices in October 2018.⁷ For instance, the price of a goat had dropped from US\$60 in October 2018 to its current price of US\$35 (a 42% decline). Sheep and camels, which in October 2018 would sell for US\$52 and US\$375 respectively, would only fetch US\$30 and US\$233 (33% and 38% price drop respectively).⁸ Consequently, food security will worsen in parts of northern and central Somalia from February to June 2019 with many agro-pastoral and pastoral livelihoods deteriorating to Crisis (IPC Phase 3).⁹

While October-December 2019 Deyr rainy season brought improvements in crop and livestock production in some areas of Somalia, 1.3 million people across Somalia are still expected to face food consumption gaps or depletion of assets—Integrated Food Security Phase Classification (IPC) indicative of Crisis (Phase 3), or worse outcomes through mid-2020. In addition, 963,000 children under the age of five are likely to face acute malnutrition though December 2020 of which 162,000 are likely to be severely malnourished¹¹. The number of internally displaced people (IDPs) remains high at 2.6 million. Of the 11 major IDP settlements, 42% were classified as IPC Phase 3 from January to March 2020, but it is projected that food security in IDPs will deteriorate from April to June 2020 resulting in all IDP settlements becoming classified as IPC

¹ UN-OCHA Humanitarian Bulletin. (01 January – 5 February 2019). Page 5. As retrieved from <https://www.unocha.org/somalia/> 17 February 2019

² Ibid. Page 1

³ East Africa, Somalia. FEWSNET, February 2019. As retrieved from <http://fewsn.net/east-africa/somalia/key-message-update/february-2019>

⁴ Ibid.

⁵ Update on 2018 Deyr Season Rainfall and Impact in Somalia. SWALIM, 19 February 2019. Page 1. As retrieved from http://www.faoswalim.org/resources/site_files/Update%20and%20Impacts%20of%20Deyr%202018%20Rainfall%20in%20Somalia.pdf

⁶ Ibid. Page 1.

⁷ Rapid Needs Assessment in Mudug Region-CARE International, February 2019. Unpublished report.

⁸ Ibid.

⁹ Ibid.

¹⁰ Food Security and Nutrition Analysis Unit and Famine Early Warning System Network. Technical Release February 3, 2020.

¹¹ Ibid.

Phase 312. Emergency food assistance from July to December 2019 reached an average of 1.7 to 2 million people per month according to the Somalia Food Security Cluster¹³. This humanitarian assistance has mitigated more severe outcomes in much geography.

Generally, and as is the case in EFSP's target locations, cash transfers are most appropriate when local markets are stable and functioning but people have low purchasing power. CARE's February 2020 assessment findings indicated that respondents who relied on external markets to meet their commodity needs had to travel an average of 12 km (round-trip) to reach the market. In addition, 90% of these respondents pay transportation fees, averaging \$3.50, to those markets.¹⁴ In villages relying on external markets, households may practice bulk purchasing to reduce back-and-forth travel and costs. In addition, the traditional method of collective shopping is still practiced, whereby one of the villagers purchases for the whole village. In this arrangement, households pay a small fee for luggage/cargo transportation, averaging \$0.30 per household. Another way households mitigate costs is by placing a phone call to a trusted trader in the market who then delivers the commodities in a joint delivery to the village. Social networking and trust among sub-clans or relatives plays a great role in Somali society. In this way, families submit their itemized list to the trader who will in turn safely send the items to their respective owners. Traders usually mark items with bold marker pens and include the owner's name and phone number. Mobile networks have good connectivity and coverage throughout all target locations, and use of mobile money transfer is always accessible.

The Emergency Food Security Project was a two-year project which starting from August 2019 to July 2021. The purpose of the project was to improve food security for vulnerable; drought, flooding/cyclone, COVID-19 and conflict impacted households in the Galgadud, Mudug, Sanaag, and Sool regions through UCTs and CCTs supplemented with complementary, integrated nutrition interventions. The proposed intervention targeted to increase food access for 107,362 HHs; 644,172 individuals (60% women, 40% men) affected by disasters in 14 districts in named regions of Somalia/Somaliland. The project prioritized the needs of specific vulnerable groups including newly displaced IDPs, pregnant and lactating women (PLW), sick, elderly, and individuals with disabilities, children, infants, and child-headed households.

1.2. Evaluation Purpose

The purpose of the evaluation was to assess the extent to which the program has achieved its target objectives and indicators, with the results intended to inform decisions about future programming. The final evaluation was to assess if the project met its strategic objective of improved food security to drought affected households in the target locations. This included analyzing impact, relevance/appropriateness and effectiveness of the project interventions.

¹² Ibid.

¹³ Ibid.

¹⁴ CARE Multi-Sectoral Rapid Assessment. February 2020.

2. EVALUATION APPROACH AND METHODOLOGY

The end-of-project evaluation adopted both quantitative and qualitative methods of enquiry to facilitate data collection. This was carried out in different but integrated phases including but not limited to household survey, Key informant Interviews (KII) Focus Groups Discussions (FGDs) and other ethnographic techniques like observation. The ensuing data from the respective data sources was triangulated for comprehensive understanding of the project through its life.

2.1. Evaluation Design and Questions

The qualitative approach which was mainly implemented through key informant interviews (KII) and focus groups discussions (FGD). KII was used to collect data from the stakeholder representatives and community leaders while FGDs were used in collecting data from community members. The qualitative data was collected from the community leaders, CARE International Liaison persons, and partner organization reports. Given the open nature of the qualitative data collection, other ethnographic techniques including observations, non-formal and unstructured engagement with community members were used as the study progressed. Interview guides included in the annex section of this report were used for data collection.

The quantitative survey was implemented through face to face sessions with household representative sufficiently capable to provide some of the intricate details of the household day today happenings and decisions. Preference was obviously on the household head, but in their absence any other able adult and willing to participate. Quantitative data was necessary in order to provide an understanding on the quantifiable aspects of the study including the numbers reached and magnitude of change experienced as a result of the project implementation. Due to the constraints associated with conducting a census such as time limitations, resources required to cover the desired parameters and the statistical immaterial difference, a survey was used.

The evaluation addressed the following questions:

Impact-

- What was the impact of the project interventions on food security levels of the targeted households?
- How did the project interventions lead to increased nutritional level of children and pregnant and lactating women that accessed the nutritional services of the project?

Relevance

- To what extent did the project meet the needs of the beneficiaries?
- Were/Are the activities and outputs of the programme consistent with the overall goal and the attainment of its objectives? (test theory of change/Log Frame)

Effectiveness (performance)

- What were the major factors influencing the achievement or non-achievement of the project objective and Intermediate result?
- What changes—expected and unexpected, positive and negative—did targeted participants, community members and other stakeholders associate with the activity's interventions?

2.2. Data Collection

2.2.1. Sampling

The quantitative survey was carried out through systematic sampling design. This was implemented using the right hand rule. Here the enumerators would after identifying a starting point in the villages, spin a pen and then visit every 5th household on the right until the sample quotas were fulfilled. However there were exemptions in cases where the population was the ground dynamics were made it impossible to keep to one direction while applying the rule. Here, the enumerators applied the rule, by visiting every 5th household counted after the previous one. This process of systematically visiting the 5th household was repeated until the sample was accomplished. Only households that were beneficiaries of the project were interviewed. This was accomplished by skipping households that were not beneficiaries once they indicated that they were not. The survey targeted at having quotas of at least 60% female respondents per site.

Following sample size determination using Cochran's formula¹⁵ for comparative studies, with a 95% confidence interval, 5% margin of error and 50% degree of variability, the sample size was stratified by the program interventions (based upon whether the beneficiary received a conditional or unconditional cash transfer). The targeted sample was 1,265 beneficiary households in 11 districts out of the 14 project supported districts. This evaluation exercise, however, managed to interview 1,380 households as shown by table 1. The numbers above the 1,265 respondents were a booster sample to take care among other invalid questionnaires.

Table 1: Sample size distribution

Row Labels	Household Survey		
	Female	Male	Total
Galgaduud	107	45	152
Dhuusamarreeb	107	45	152
Mudug	273	66	339
Galkacyo North	121	22	143
Galkacyo South	83	35	118
Goldogob	69	9	78
Sanaag	356	61	417
Badhan	178	0	178
Ceelafwayn	82	37	119
Ceerigaabo	96	24	120
Sool	392	80	472
Caynabo	101	18	119
Laascaanood	102	15	117
Taleex	94	24	118
Xudun	95	23	118
Grand Total	1128	252	1380

¹⁵ Cochran's Sample Size Formula: $(n = D [(Z\alpha + Z\beta)^2 * (P1(1-P1) + P2(1-P2)) / (P2-P1)^2])$

For the informant interviews and FGDs, the data collection is highly targeted rendering purposive sampling as the only appropriate sampling that was appropriate for this case. As earlier alluded, the targeted respondents were selected by virtue of their community leadership status and or working for targeted organization and their position as far as the objectives and outputs of this project are concern. The targeted respondents are shown in table 2 below.

Table 2: Sampled Respondents for Qualitative data

Region	District	Key Informant Interview		Focus Group Discussions	
		Target	No.	Target	Groups
Galgaduud	Dhuusamarreeb	IDP Camp leader	1	FSL Beneficiaries- UCT & CT	2
Mudug	Galkacyo North	Government official e.g. Governor	1	FSL Beneficiaries- UCT & CT	2
	Galkacyo South	IDP Camp leader	1	FSL Beneficiaries- UCT & community relief committees	2
	Goldogob	IDP Camp leader	1	FSL Beneficiaries- UCT & CT	2
Sanaag	Badhan	Village/Community Leader	1	FSL Beneficiaries- UCT & CT	2
	Ceelafwayn	Village/Community Leader	1	FSL Beneficiaries- UCT & CT	1
	Ceerigaabo	Government official e.g. Governor	1	FSL Beneficiaries- UCT & CT	1
Sool	Caynabo	IDP Camp leader	1	community relief committees	1
	Laascaanood	Government official e.g. Governor	1	FSL Beneficiaries- UCT & CT	
	Taleex	Village/Community Leader	1	FSL Beneficiaries- UCT & CT	
	Xudun	Village/Community Leader	1		
Other	Garowe	Project staff	1		
	Hargiesa	Project staff	1		
Total			13		17

2.2.2. Data Collection Procedure

Data was collected using the following approaches, quantitative, qualitative and observation methods. Quantitative methods included conducting individual interviews with respondents from sampled households. The interviews were done by a team of experienced and trained enumerators using pre-tested and validated questionnaires in KOBO. This team as well was involved in the qualitative data collection in the site areas they were assigned. But this was done after, training in qualitative and quantitative methods over a period of 2 days. The content of the training covered appreciation of the project design, qualitative and quantitative methods of enquiry, and also step by step understanding of the questions and interview guides for key informants and focus group discussions. Role plays and field pre-test was done to ensure that everyone understood how the questions were asked and why they were asked. This was helpful in minimizing errors and improving validity of the instruments. Translation of tools into local language was also done to standardize the data collection process. For data quality, each team had a supervisor who was responsible for quality check at the field.

2.3. Data Analysis and Reporting

Quantitative data was analyzed using univariate statistics (frequencies, percentages and proportions) The final level of analysis triangulated data from various data sources and different instruments as well. Qualitative data was recorded in pivot tables sorted by theme before carrying out qualitative data analysis using patterns. Due to constraints that included time limitations and unwillingness of some of the respondents to be recorded, audio records and transcripts were alternately used. Data reduction using common themes, divergent themes and points of high interest were used for reporting. The common, divergent and points of high interests will be compared between various groups.

2.4. Limitations

The evaluation faced several limitations that included:

- Poor network in some of the project sampled sites which posed a challenge to enumerators in the submission of data collected on daily basis for review and feedback.
- Poor road network caused long travel periods to sampled project sites and reduced available time for interaction with project beneficiaries;
- Prolonged drought forced project beneficiaries to travel far from project sites in search of water, food and other household requirements which reduced the anticipated number of community meetings participants.

2.5. Ethical Considerations

The following considerations were applied during the end line survey and evaluation:

- All relevant District and State stakeholders were informed of the study objectives, methods, and their roles and their permission sought.
- Verbal consent was sought from participants for voluntary participation in the end line and evaluation exercises. The interviewers would introduce themselves and establish rapport.
- The identity of the participants was kept anonymous and information collected treated as strictly confidential.

3. FINDINGS

3.1. Beneficiary Profile

Based on the quantitative survey, there were more female respondents compared to men. Eighty two percent (82%) of respondents were female while 18% were male. This compares differently from the beneficiary targeting of 60% female against 40% male. However this difference can be explained by the different selection methods applied in that while at the survey the sample selection was random; the beneficiary targeting was purposeful and intended to achieve the specified gender reach. About 3 (Sanaag, Sool and Mudug regions) of the 4 regions had a relatively higher proportion of female respondents compared to males. Higher household head age was recorded from Sanaag region followed by Mudug region. In terms of the relationship of the respondent to the household head, around 96% of the respondents were either head of households or spouse of the head of household followed by, father or mother (2%), brother/sister (1%) and grandchild (1%). Confirming the age and relationship of respondents is critical for validating responses provided on the household dynamics and indicators. The average size of the households surveyed was 7 members, with Galgaduud and Sanaag recording the highest number of household members (8 persons). An average number of 7 people per household is relatively a big number when it comes to food, shelter and general upkeep. The table below shows the distribution of average household size per region (Table 3).

Table 3: The demographics of the households surveyed

Regions	Average HH heads age	Average HH size	Gender	
			Female	Male
Galgaduud	39	8	70%	30%
Mudug	41	7	81%	19%
Sanaag	42	8	85%	15%
Sool	40	7	83%	17%
Total	41	7	82%	18%

Forty Seven percent (47%) of the respondents indicated they were from urban areas while the remaining 53% were pastoralist and rural areas.

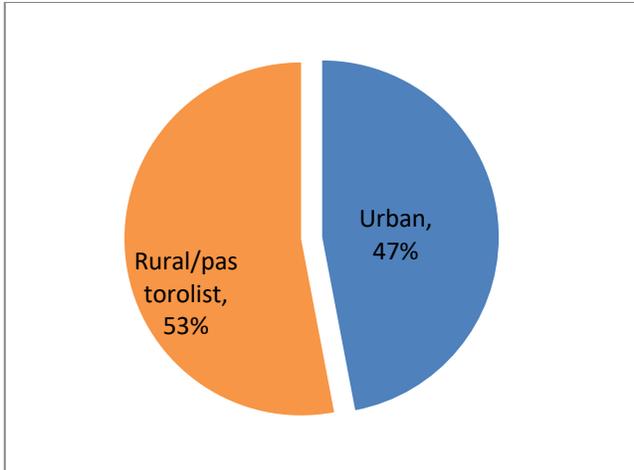


Figure 1: Beneficiaries by livelihood zone

Seven percent (7%) of the sampled beneficiaries were not in the last phase of the CT disbursement. In other words, they did not receive any cash transfer in the month preceding the survey due to the phased CT distribution strategy adopted.

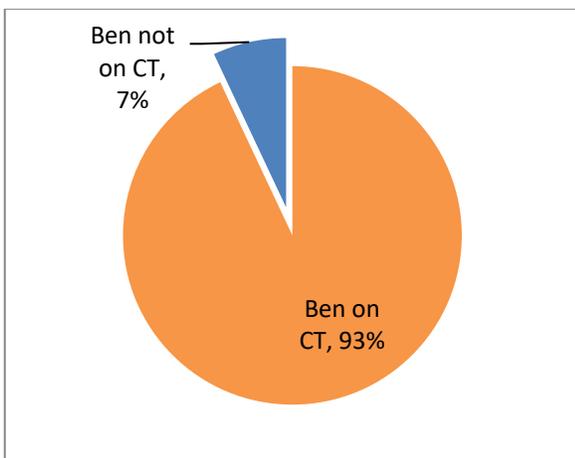


Figure 2: Sampled Beneficiaries on CT

3.1.1. Education level

During the final evaluation study, information about the level of education achieved and the highest grade completed was collected. The majority 74% (82% Female & 18% Male) of the respondents have never had any education. Men were nevertheless more likely than women to have education.

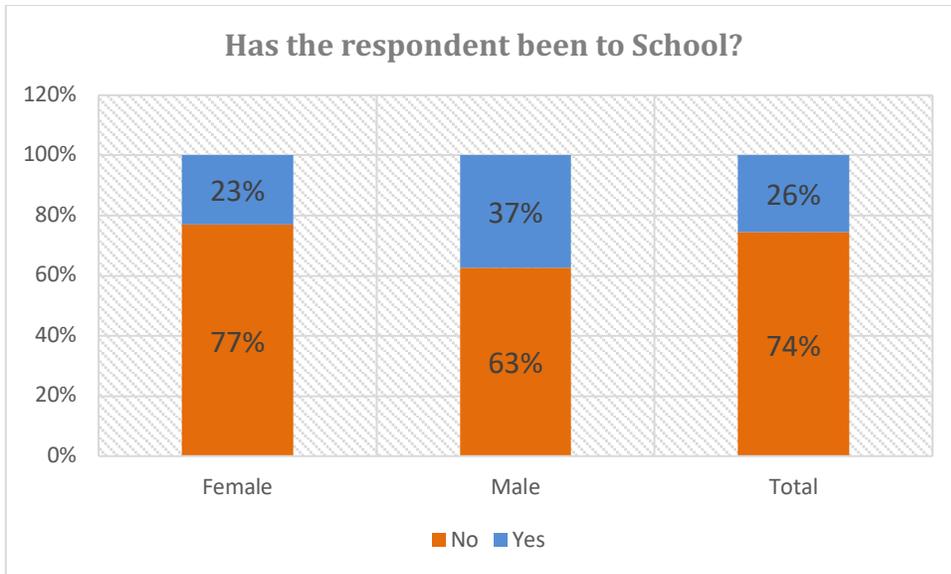


Figure 3: Respondent's Literacy Level

The highest level of the education attainment was collected from those who reported they have been to school. As shown by figure 4 below, the primary school (lower & upper) remains the most common level of education, 35% of the household heads had attended and completed primary school. Just a little, 28% attended Koranic schools while 16% had no formal education but are able to read and write. Only 10% and 3% of the respondents completed secondary and post-secondary education level respectively.

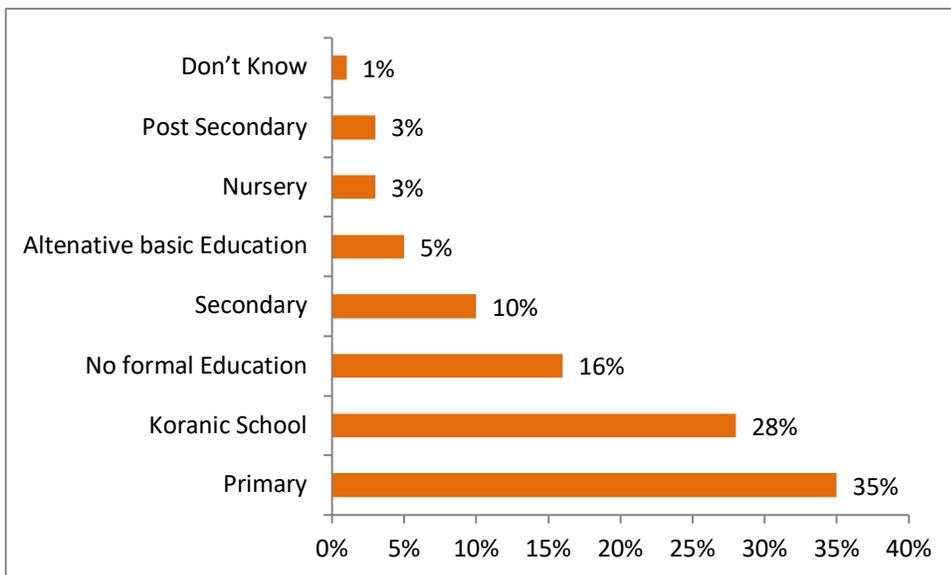


Figure 4: Highest Level of Education

3.1.2. Livelihood Sources

The main sources of income in the project target regions and districts were livestock 28% followed by humanitarian assistance at 27%. The findings from the Focus Group Discussions

(FGDs) and Key Informative Interviews (KIIs) also strongly supported that, the communities in the project areas rely on animal sales and the support from the humanitarian organizations particularly CARE. Daily waged labour (16%), livestock products sales 11% small businesses (11%) and remittances (4%) were the other sources of incomes. In addition, with less 1% of them engaged in salaried work across all the regions, the limited alternatives for employment options available to the beneficiaries were revealed (Figure 5).

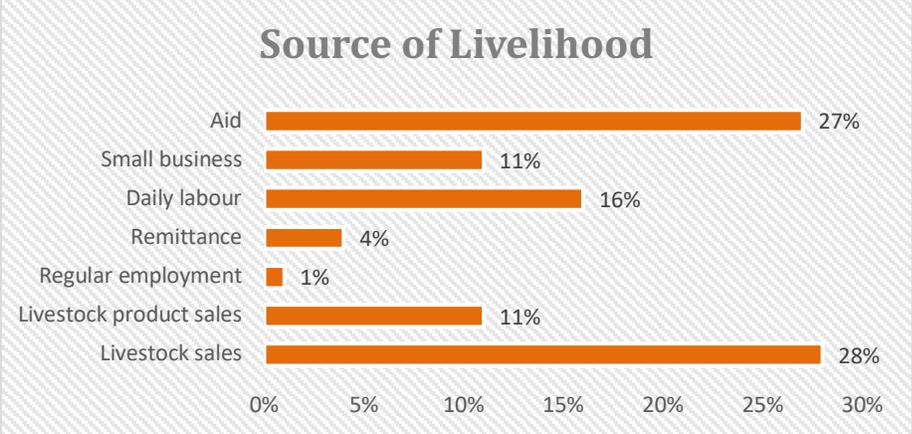


Figure 5: Source of income for the families

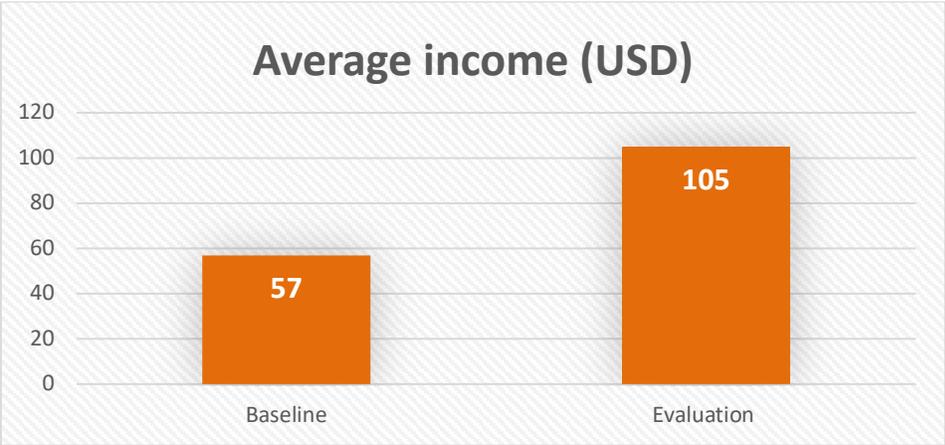


Figure 6: Average Household Income

3.1.3. Level of Income (USD)

Interviewed households were asked their average monthly income, the study revealed an average monthly income of 105 USD. This is much higher than at the baseline where the income stood at USD 57 which was a 48% increase. Further analysis indicates that, Cash received from CT was on average more than the income the households were able to raise from their own livelihood sources on average by 28%. In the rural areas, CT was 100% more while in the urban areas, CT contributed 14% more to the household income. This is consistent with the communities assertion in the FGDs and the community leaders sentiments that, cash transfer provided by the project significantly increased their monthly income.

Table 4: Average income by Rural or Urban

	Rural	Urban	Total
Average Income from Livelihoods	32	50	46
Average income from CT	64	57	59
Total	96	107	105

Sixteen percent (16%) of the households reported to have no income from the other livelihood sources over the last one month preceding the interview. In other words, these households were totally dependent on cash received from CT. As shown in table 2 above, on average, all households had an income of USD 46. However with slightly deeper analysis as displayed in table 3 below, those with an income of over USD 50 are only 26% which means at all other beneficiaries (74%) remain within the vulnerable category if selection by income criteria is anything to go by.

Table 5: Income from Livelihoods outside of CT

Income Range (USD)	%ages
0	16%
1 to 25	16%
26 to 50	42%
Over 50	26%

3.1.4. Monthly Household Expenditure

Analysis into average monthly household expenditure data revealed that food takes the highest portion of income at 62%, followed by Water (11%), and Debt repayment (6%) as shown in figure 7 below. At base line, the allocation on food and water was 60% and 8 % respectfully indicating an increase in spending. Debt repayment declined from 12%. Table 4 indicates the allocations by livelihood zones. The other areas reported to have spent money on includes Medical expenses/health care (5%), Clothing (5%) and education expenses (3%). In relation to water, in both the Baseline and Evaluation of the Project, the water is one of the other major allocation after food. As earlier indicated, at baseline, 8% of the household income went into water purchase and this rose to 11% at evaluation. In deeper analysis, 68% of those on cash transfer, bought water using 25% of their cash transfer. This essentially means, in the household prioritization of need, while food was critical, water was equally important. Further to this is that, the cash given under CT, was depleted by 25% and that only 75% of it was available for food and other uses. . This implies the depth of the food and water needs in all the areas as these regions are always prone to droughts and don't mainly practice agricultural activities.

Table 6: HH expenditure by Livelihood Zones on Food, Water and Debt

	Food	Water	Debt
Pastoralist/Rural	61%	7%	7%
Urban	55%	12%	4%

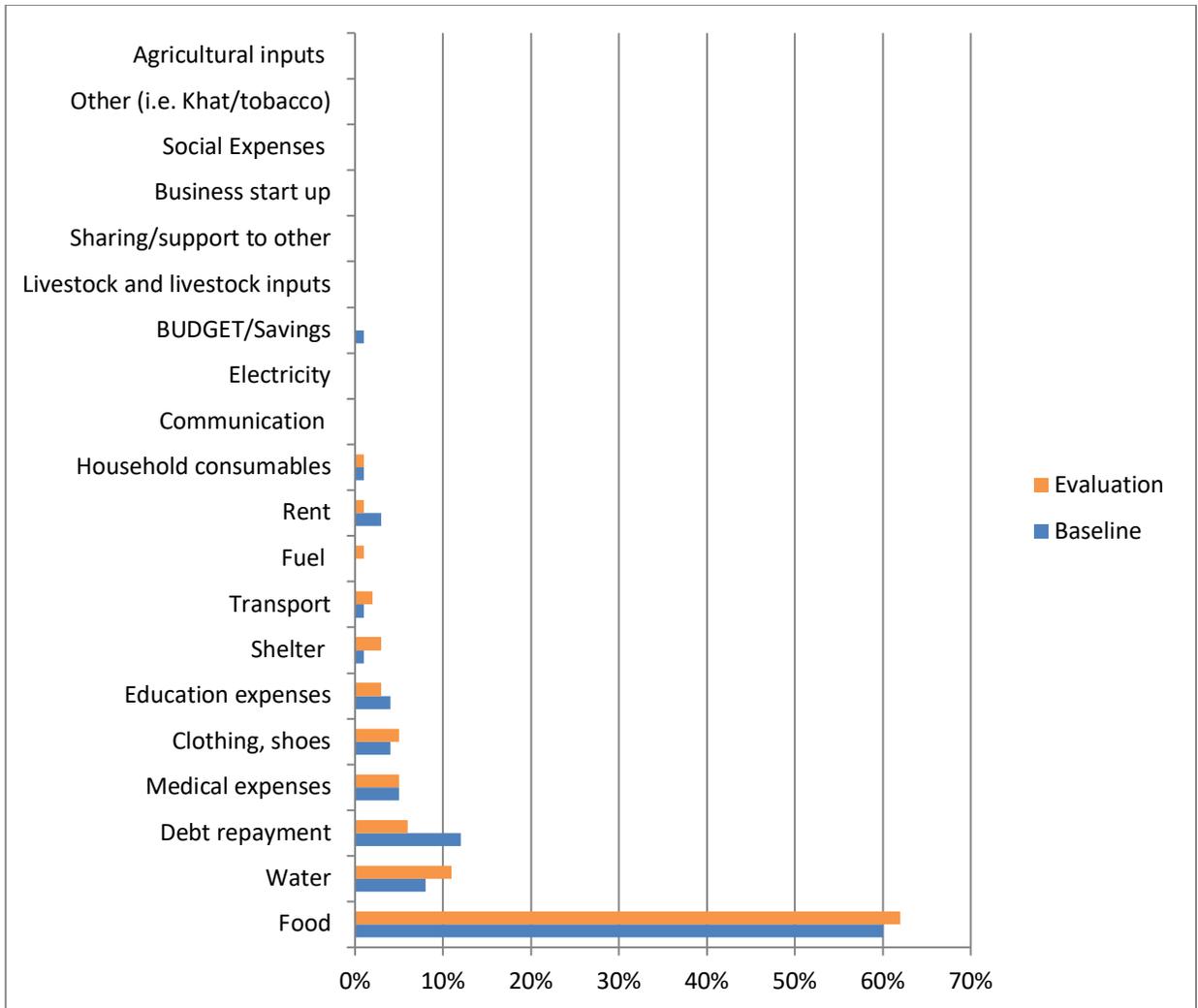


Figure 7: Monthly Household Expenses

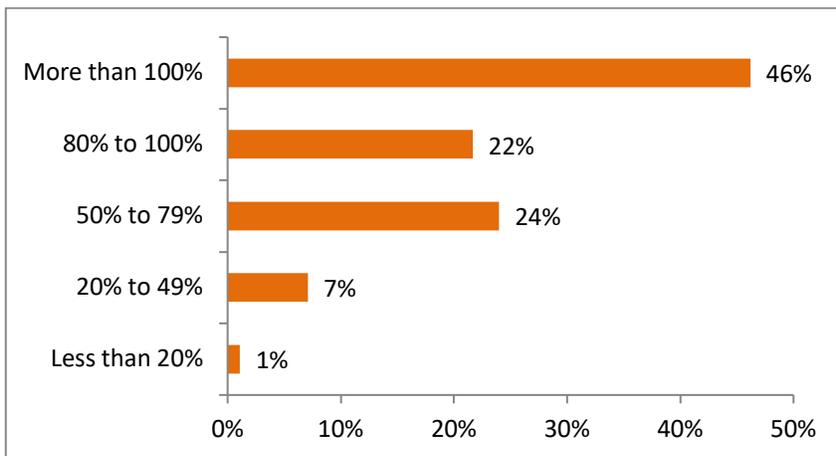


Figure 8: Household allocation of CT on Food

However, analysis on the household allocation of CT to food revealed that, 46% of the households allocated more money on food than what was provided through CT. Another 22% of the households allocated 80% to 100% of the CT cash to food while 24% allocated 50% to 79% of the CT cash to food as shown in figure 8 above. This potentially creates an inconsistency with the claim that on average households allocate 62% of the total income to food, considering, only 8% of the households allocated less than 50% of the CT income on food, in a case 74% of the said households have less income from livelihoods than from CT.

The above notwithstanding, monthly expenditure share was also used to check the household’s food insecurity. Assuming that on average households spent 62% of their monthly income on food, further analysis was made to check the extent of food insecurity for the households. Findings revealed that only 39% of the households surveyed had enough food to eat “*food Secure*”.

3.2. Number of HH Receiving Support

Emergency food security project (EFSP II) was two years grant which was designed to supports 55,670 HHs – 344,020 individuals, 60% of whom were supposed to be women. However, the data from the BBRIS indicated that project achieved 56,353 households (of whom 73% are registered under women), equating 376,670 individuals. This was beyond both target households and individuals by 101% and 109% respectively. Additionally, it is instructive to note that 61 percent of the beneficiaries were between 0 to 18 years old.

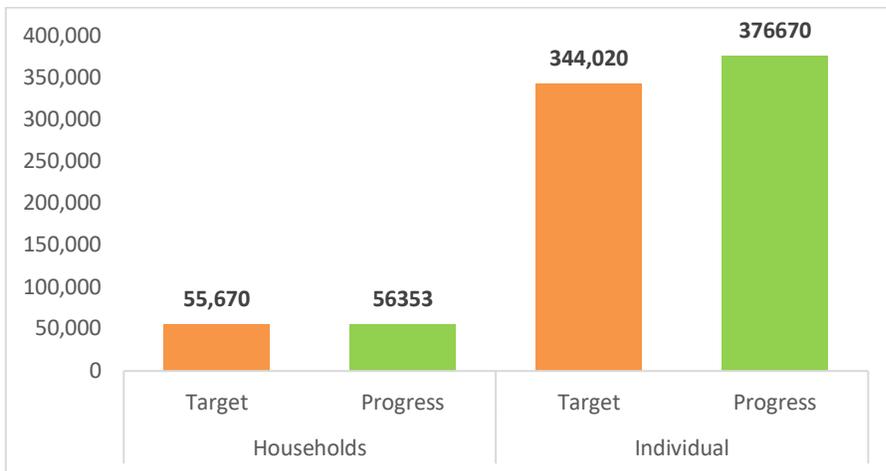


Figure 9: Number of individuals participating in USG food security programs¹⁶

¹⁶ Care to provide assistance in obtaining the final numbers

Table 7: Total Beneficiaries of ESFP II

Region	Districts	Gender		Totals
		Female	Male	
Sanaag	Badhan	4,093	1,421	5,514
	Ceelafwayn	2,879	1,240	4,119
	Ceerigaabo	4,772	1,620	6,392
Mudug	Jariban	1,886	747	2,633
	Galgodob	2,397	766	3,163
	Hobyo	2,887	1,113	4,000
	Galkayo North	2,759	1,026	3,785
	Galkayo South	2,513	910	3,423
Galagaduud	Abudwak	2,033	1,033	3,066
	Dhusamareb	3,509	1,291	4,800
Sool	Caynabo	3,707	1,053	4,760
	Laascaanood	3,904	1,420	5,324
	Taleex	1,746	689	2,435
	Xudun	1,776	763	2,539
Total		40,861	15,092	55,953
Rapid Response fund		289	111	400
Total Cash Transfer		41,150	15,203	56,353
Nutrition		4,332	1,047	5,379
Grant total of Beneficiaries		45,482	16,250	61,732

In addition to the planned program beneficiaries, the project separately put a budget for rapid response. The intention of the fund is to allow to quick response should there be an emergency that require urgent attention before a more detailed and robust response can be planned for using the normal project process protocols. Such an occurrence did happen with fierce fighting occurring between Al-Shabab militants and the Somali National Army in Bacadweyne and Shabelow in Mudug region 200 KM Southeast of Galkacayo town. In response, 400HHs (289 female; 111 males) comprising 2781 individuals, (1338 female; 1443 male) were reached immediately.

The project initially planned to provide support for two- months to the said 400 HHs but later considered to get a third and final cycles. This was informed by the fact that the families had nowhere to return in Baadweyn village (Hobyo district) where they got displaced and moved to Galkacyo town. The beneficiaries where target with Multipurpose cash assistance (MPCA) at the rate of US\$78 per month for three. The response was closely done with the Ministry of Humanitarian Affairs – Galgaduud State and other agencies who provided other interventions.

3.2.1. Total money distributed (USD) by modality (cash) per Household

The project proposed to address the food needs through cash transfer (CT). The cash to be provided was equal to the cost of balanced meal for an individual multiplied by the number of people in a household. An average number of household members lifted from the needs

assessment was used to round off and equalize the amount of cash provided per households. The unique characteristics of the four intervention regions was taken into considerations and the cash provided was differentiated to the context of the specific areas while taking into consideration the 80% of the Somalia cash working group's recommended rates based on the minimum expenditure basket (MEB)¹⁷. Beneficiaries in Mudug region received US\$60, Galgaduud US\$80 while Sool and Sanaag regions received US\$56 per month.

The use of CT was based on the experience gained from previous interventions in Somalia and world over where CARE is involved in humanitarian work. Cash transfers were much more efficient and easy to administer while maintaining the dignity of the recipients. As detailed later in the report, the beneficiaries found this method satisfactory in terms of convenience, transparency, timeliness and predictability. The beneficiaries knew what to expect, when and how.

3.2.2. Cash transfer used to meet basic food needs

It is ideally expected that the beneficiaries of the CT would utilize all the money in meeting the food needs. However, as shown in this study, that is not always the case. In fact on average, only 62% of that money finds its way into meeting the food budget. It should be noted however that the essence of CT is to allow people the dignity of making such expenditure decision contrary to actual feeding programs where people are prescribed for and have no input into this decision. Water was also mentioned prominently as an expense in which the cash received is directed to in all the FGDs. In the quantitative survey, water came in as the second highest allocation of the household income. The respondents indicated that, they used 11% of their expenses went into water purchase. Although, the CT did not factor in water purchase, its prominent allocation and mention seem to suggest that it is an important household expense and which future programing need to take cognizance as discussed later in this report. The allocation towards debt repayment which stood at 12% at baseline had reduced to 6% at the evaluation, implying a reduction in borrowing to meet household needs. It was not apparent if the cash borrowed was used in purchase of food though in all the FGDs, borrowing not mentioned as a means of meeting the food budget. However, 36% of the households did indicate that purchasing food on credit or borrowing food was one of the coping strategy they employed and this being a proxy indicator, it could as well be just the regular credit purchase not necessarily associated with food insecurity though this report recommends studying aspect in future projects if and when the credit purchase is noted.

¹⁷ EFSP II Quarterly VI Report Oct - Dec 2020 (Final)

Table 8: Average of Food Expenditure Share Across regions

	Sampled Beneficiaries on CT
Galgaduud	43%
Mudug	65%
Sanaag	62%
Sool	67%
Grand Total	62%

3.2.3. Households Satisfied with Cash Assistance

When asked if the cash was sufficient to cover the food needs, 88% said ‘yes’ with 12% saying ‘no’. This is interesting considering that 43% increased their spending on food item as well as as earlier shown, 46% of the households spent all and or more than the CT income they received on food needs. This appears more to be an expression of contentment with whatever assistance was received.

Table 9: Sufficiency of cash transfer

	Was the amount sufficient to cover your food needs?	Was the amount sufficient to cover your non – food needs?
No	12%	47%
Yes	88%	53%

Though not intended for other non-food needs, 53% of the household did indicate that the cash received was sufficient to cover these non-food needs. This needs to be understood against a backdrop of the average monthly household income in some of the areas. For instance prior to this intervention, the average monthly income is US\$20 in Sool¹⁸ and US\$40 in Sanaag respectively.¹⁹

3.2.4. Household receive cash assistance on time every month

All the households received their monthly disbursement. However, 3% indicated that there had been delays on one occasion or more. This was an achievement given that the project had set a target of 90% would receive their cash and without delay.

¹⁸ Rapid Needs Assessment in Sool Region-CARE International, February 2019. Unpublished report.

¹⁹ Rapid Needs Assessment in Sanaag Region-CARE International, February 2019. Unpublished report.

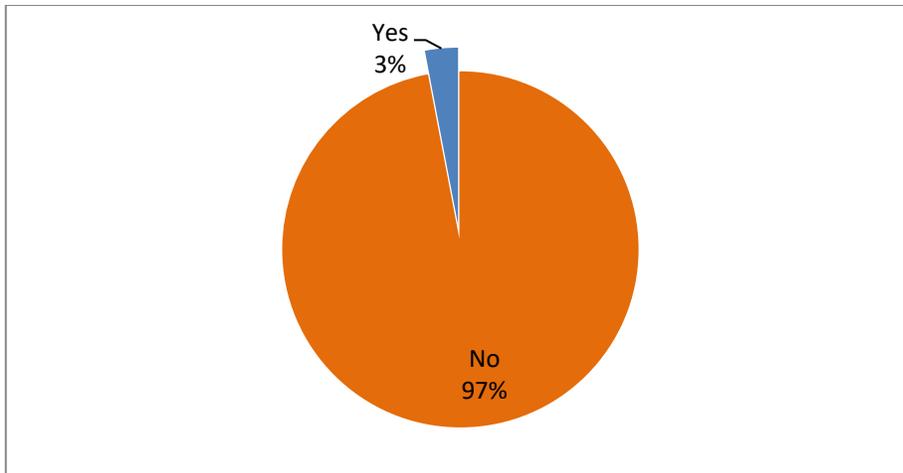


Figure 10: Were there delays in the Process

3.2.5. Perception on Gender-sensitivity, Safety and Security of the Cash Assistance Reception

The matter of safety, security and gender sensitivity was important for this intervention. The principle of “do no harm” is supposed to be evident in the implementation of the project. It was therefore important to know if these parameters were factored in the intervention. To the question, “Did you experience any safety problem while getting the cash?” Ninety two (92%) of the respondents indicated that they did not experience any safety problem. In checking on those working in the CCT (before changes resulting from COVID 19; 92% felt that the working condition was flexible and was considerate to gender needs and or requirements. On the question of conflict within the household emanating from the reception of cash especially by women, none of the households experienced such conflict. As apparent from the FGDs, there was intrinsic understanding of what the cash received was for and the role of women in the administration and management of it. Hence, no conflict occurred with reference to this cash. For 98% of the respondents, men were not perceived to be threatened nor did they become violent as a result of the women handling the cash received.

3.2.6. Percentage of households who have access to CARE’s feedback mechanisms

Like with many other interventions, the possibly of complaints is expected. With high community participation, the likely areas of complaints had to do with the implementation efficiency. The problem is usually not the existence of complaints but the number of complains and the frequency at which such complaints seems to come through. In order to ensure all feedback was received, CARE did put into place the Feedback Accountability Mechanism (FAM). Awareness creation was done regularly with the communities with the beneficiaries receiving a sticker with phone details (hotline) of where to register complains. The sticker was to be stuck at the back of the phone for ease of access.



Figure 11 : Beneficiary showing the hotline number sticker behind her phone²⁰

Despite the above, data on complaints and feedback was varied. From the quantitative survey, the number of respondents aware of the mechanisms stood at 96 % inline with the figures indicated in the January to March 2021 quarterly report²¹. As noted from CARE interviews, there is a digital FAM system which enables timely record of the feedback and follow up of the timely provision of feedback. As observed from the logs on the CARE feedback and accountability mechanism (FAM) digitized system, a total of 373 cases were recorded throughout the project period, 268 (72%) being from female beneficiaries. This number is less than 1% of the beneficiaries which is remarkable by any standards.

3.2.7. Percentage of households reporting satisfaction with FAM

Eighty two percent (82%) of the respondents who had raised complaints were satisfied with FAM. Of those not satisfied mentioned their complaints were not addressed as they would have liked, or not getting a timely response. It is however important to note that the actual numbers are fairly small to be statistically representative and there one may not need to read much from this percentages.

3.3. Key Project Indicators

3.3.1. Food consumptions scores

The household FCS is associated with the household's food access and is therefore used as a proxy for household food security. This score reflects the quantity and quality of people's diets. It also measures the dietary diversity, food frequency and the relative nutritional importance of the food consumed. A high FCS increases the probability that a household's food intake is adequate. This score also has a high correlation with other food security proxy indicators, including coping strategies and income.

²⁰ EFSP II Quarterly 7 Report Jan - March 2021

²¹ EFSP II Quarterly 7 Report Jan - March 2021

At baseline the households scoring acceptable and poor scores were 43% and 22% respectively. That changed to 67% and 8% for the acceptable and poor scores at the final evaluation. This change should be viewed in the context of the changes in the allocation to food. Whereas, the food allocation changes from 60% at baseline to 62% at the evaluation, it is the change in real cash terms paints the picture better. At baseline, the average income was USD 56 which meant that USD 34 was spent on food. However at the evaluation, with an income of USD 105, the amounts allocated to food was USD 65. In other words the households on average spent USD 31 dollars more on food which likely translates to the positive change in most of the households with acceptable FCS. Though this change did not reach the expected 80% score for the household with acceptable FCS, the positive improvement implies that the intervention was effective.

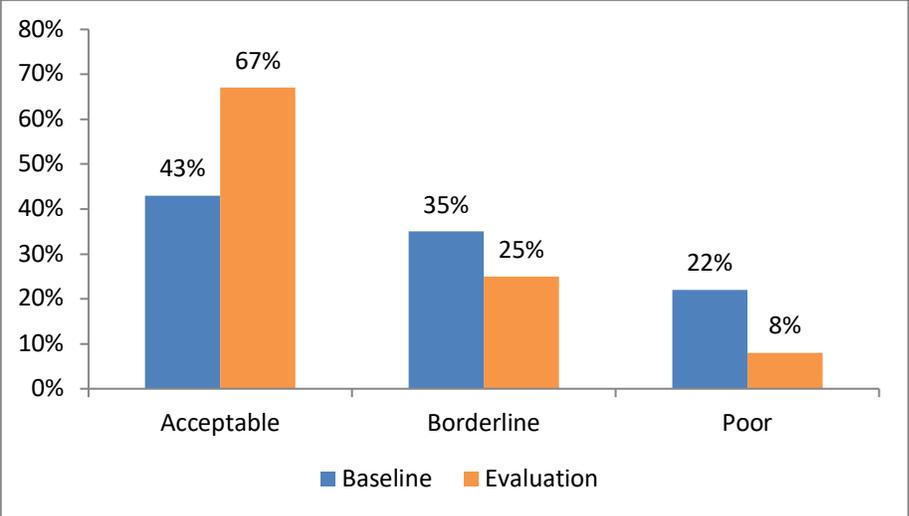


Figure 12: Food Consumption Score

The above said, the trend through time is interesting. As earlier indicated, households with acceptable FCS were 43% at baseline, this increased slightly to 51% by the December 2020 PDM and then sharply reducing to 36% at the March 2021 PDM and then rising sharply to 67% at the evaluation. The inverse of this trend is shown to happen on households scoring “poor” in the FCS as shown in figure 13 below. This seems to imply that, January to March season seem to have affected many households negatively as far as the FCS is concern leading to the said decline, however it seems that the households were resilient and reversed the negative trend by the time the evaluation was carried out.

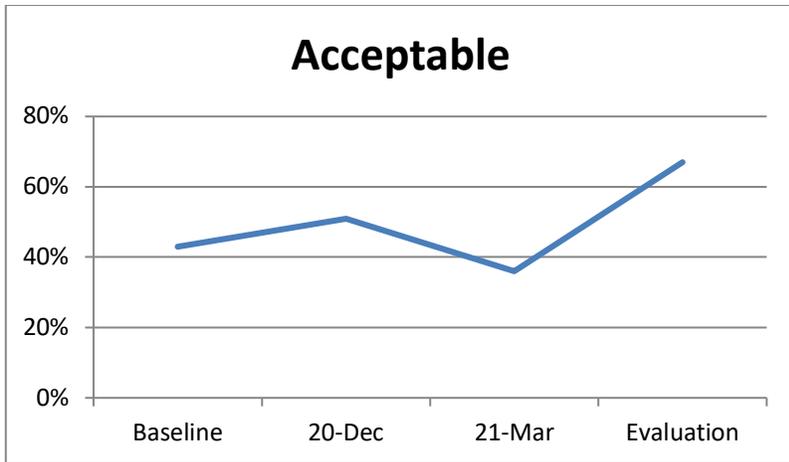


Figure 13: Acceptable FCS

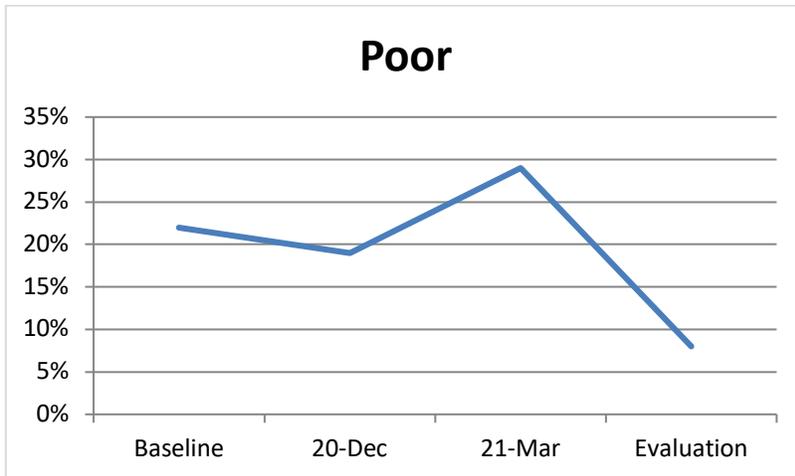


Figure 14: Poor FCS

3.3.2. Reduced Coping Strategy Index

The rCSI indicator measures the stress level a household is facing when exposed to food shortage. This concerns the coping strategies household members employed in the last seven days to get food. The higher CSI indicates a worse food security situation and vice versa. In this case, the coping strategy index score at baseline was 16.2 and eventually changed to 8.6 at the evaluation. Household in emergency or in other words, households who are experiencing severe food shortage and require immediate response were reduced to 15% at the evaluation from 18% as baseline. Households in food security crisis also translated to mean households are marginally able to meet minimum food needs at the expense or depletion of these household assets, without materially affecting the food consumption gap. The households in this group reduced to 8% from 25%. Those in stress and neutral category were 29% and 48% respectfully as shown in the table 14 below. All the above parameters imply an improvement in food security. However, it is the marginal reduction of households in emergency that prompts attention. Considering that the intervention was phased, and that the sample selection was randomized, it implies that there is likelihood that some of the households are falling back long after the CT is implemented. This

may be so as evidenced in figure 15 and 16 below. If one takes those in emergency, there was a decline between the baseline and the March 2021 Monitoring. However, there trend seem to begin a mild change with an increase at the evaluation. The trend is almost similar though inversely for those who be in the neutral category. At baseline, the households were at 26%, increasing to 56% by the March PDM and then a decline albeit small to 48% at the evaluation.

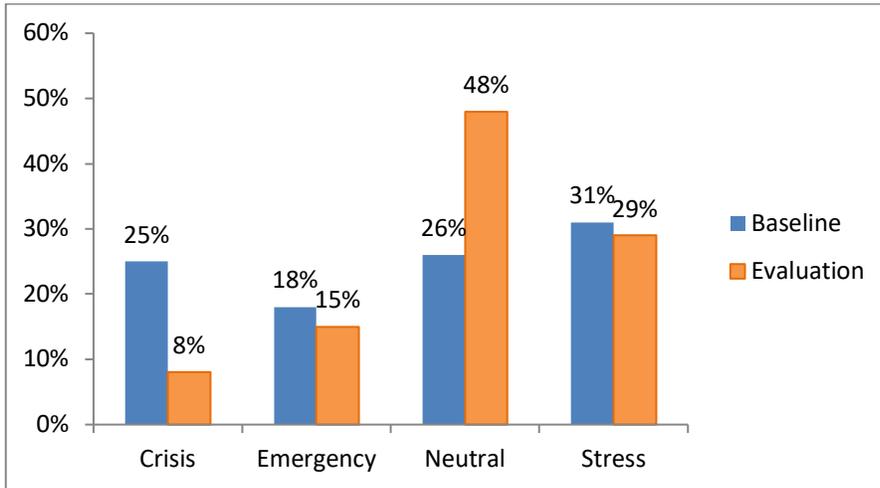


Figure 15: Acute Food Insecurity Classification

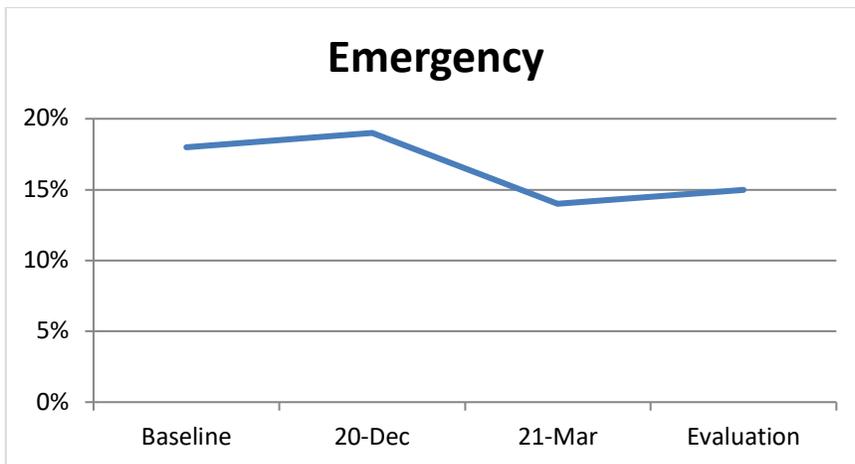


Figure 16: rCSI classified as Emergency

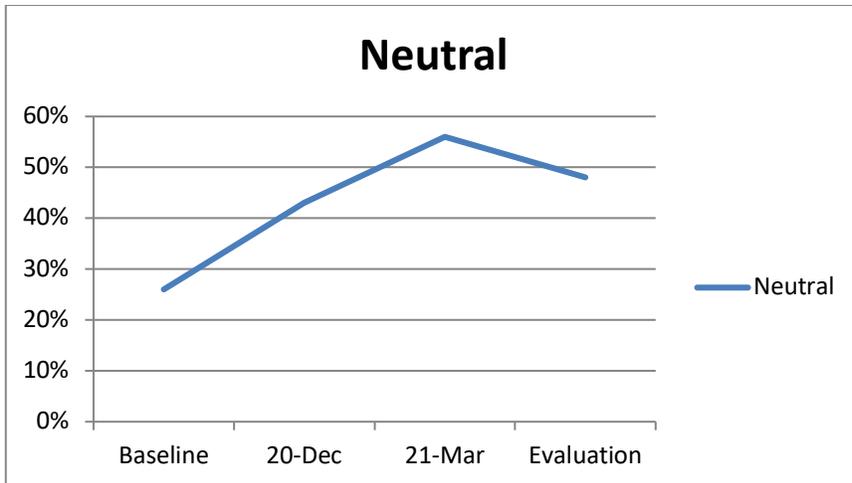


Figure 17: rCSI classified as Neutral

3.3.3. Household dietary diversification scores

With respect to dietary diversity, only 5% of the households surveyed at baseline had a high level of dietary diversity. Forty one percent (41%) were low on HDDS which implies inability to make food choices that are healthy due to accessibility constrains mostly financial but also production due to effects of drought on the farming communities. With the intervention, 39% of the households had a high diversified diet while those who scored low had reduced to 15% as shown in the figure 18 below.

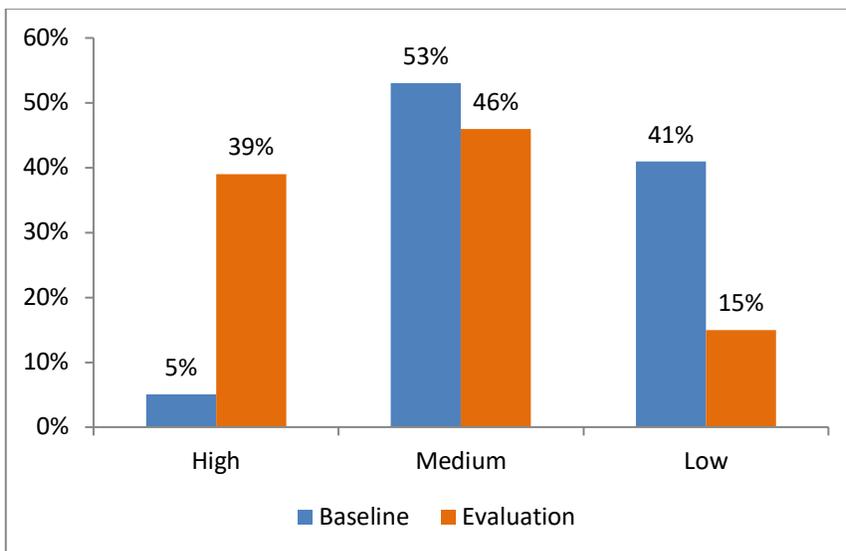


Figure 18: Household Dietary Diversity

Through the intervention period, household with low diversity seemed to be on the decline as shown in figure 19 below.

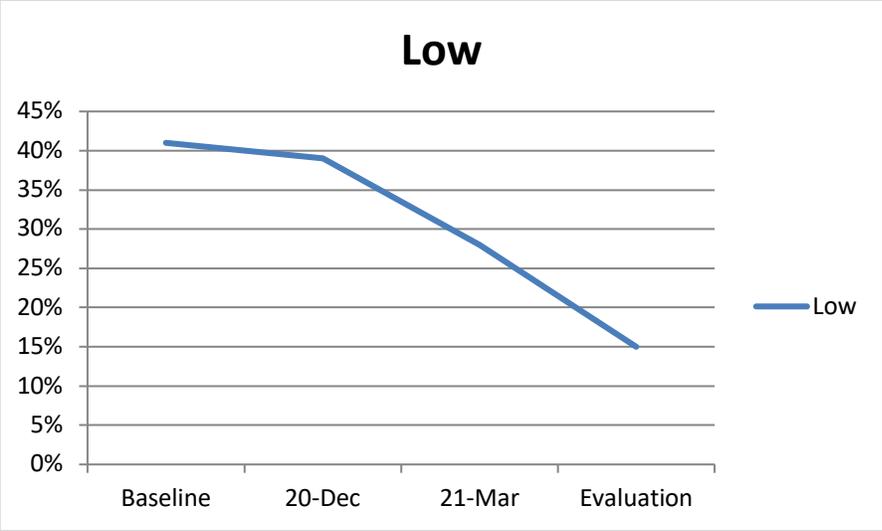


Figure 19: Low household dietary diversity

3.3.4. Household hunger Scale

The indicator measures the scale of households’ food deprivation. It is based on a (validated) idea that the experience of household food deprivation causes predictable reactions that can be captured through a survey and summarized on a scale. It focuses on the food quantity dimension of food access and does not measure dietary quality. It is mostly used only in areas with very high levels of food insecurity. In this case, in the household hunger scale, 86% of the households interviewed scored little to no hunger, 14% reported moderate hunger. This demonstrates significantly reduction of household hunger scale from the baseline where only 6% of the household interviewed during the baseline scored little to no hunger, 26% severe hunger scale and 68% on moderate hunger. This seemed to be the trend through the project lifetime as displayed by the consistent trends downwards for those in severe hunger as shown in figure 8 below.

Table 10: Household Hunger Categories

HHS score	Household Hunger Categories	Baseline	Evaluation	Target	Status
0-1	Little to no hunger in the household	6%	86%	80%	Over achieved
2-3	Moderate hunger in the household	68%	14%		
4-6	Severe hunger in the household	26%	0%		

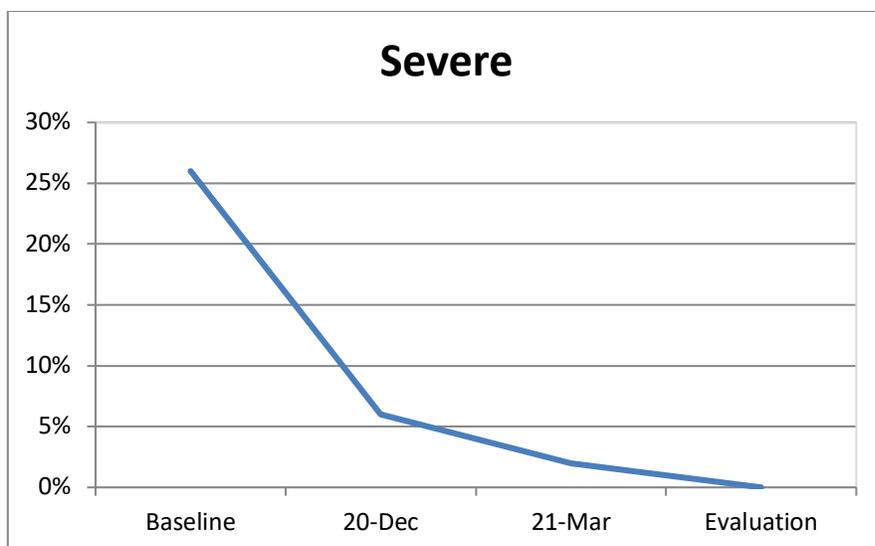


Figure 20: Severe Household Hunger

3.3.5. Months of Adequate Household Food Provisioning (MAHFP)

The MAHFP indicator can capture changes in the household’s ability to address vulnerability in such a way as to ensure that food is available above a minimum level the year round. Measuring the MAHFP has the advantage of capturing the combined effects of a range of interventions and strategies, such as improved agricultural production, storage and interventions that increase the household’s purchasing power. A respondent is asked to think back over the previous 12 months, starting with the current month.

During the evaluation, survey respondents were asked “Were there any months, in the past 12 months, in which you did not have enough food to meet your family’s needs?” Close to half of the respondents (46 percent) reported having experienced food insecurity during the 12 months preceding the baseline survey. A follow-up question asked respondents to recall in which months they experienced food supply inadequacies.

There is great variability in the prevalence of self-reported hunger during the year. Figure 20 shows that, there were eight months when the prevalence of food inadequacy was relatively low (<10 percent) and four months when it was relatively high (>10 percent). October and September, recorded by far the lowest prevalence (just 3% and 4% of the sample). Conversely, households with inadequate food peaked during the non-farming months of October to December, with January, February, July and August all recording a similarly high prevalence (between 29 and 11 percent).

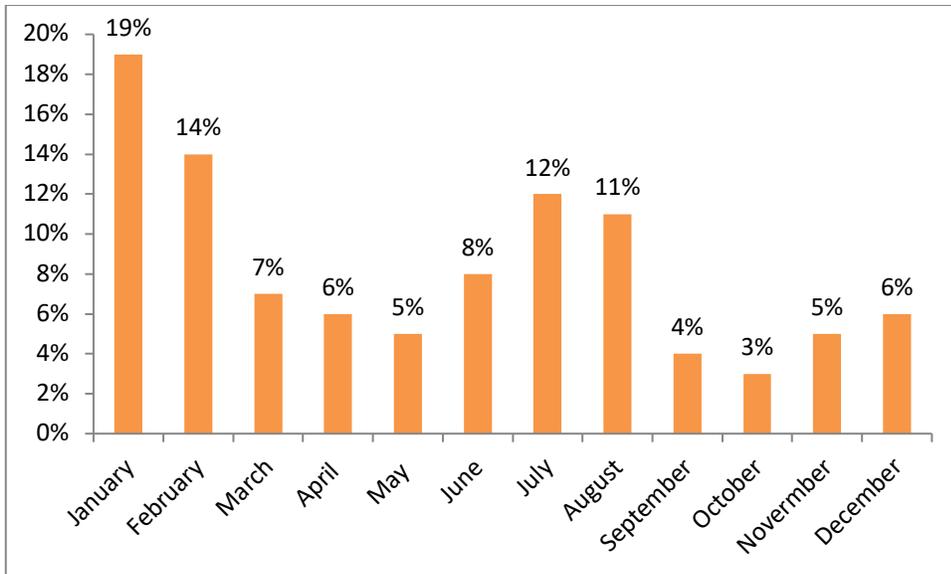


Figure 21: Months which the HHs did not have enough food to meet your family's needs

3.4. Nutritional Complementary Support

3.4.1. Children under 5 (0-59 months) reached with Nutritional specific intervention

Number of children under 5 (0-59 months) reached with nutrition-specific interventions through USG-supported programs is 1916 against the planned number of 3000²² at the onset of the project. Of those reached 1168 were boys while 748 were girls with their proportion being 39% and 61% for female and male children respectively as shown in fig 22 below.

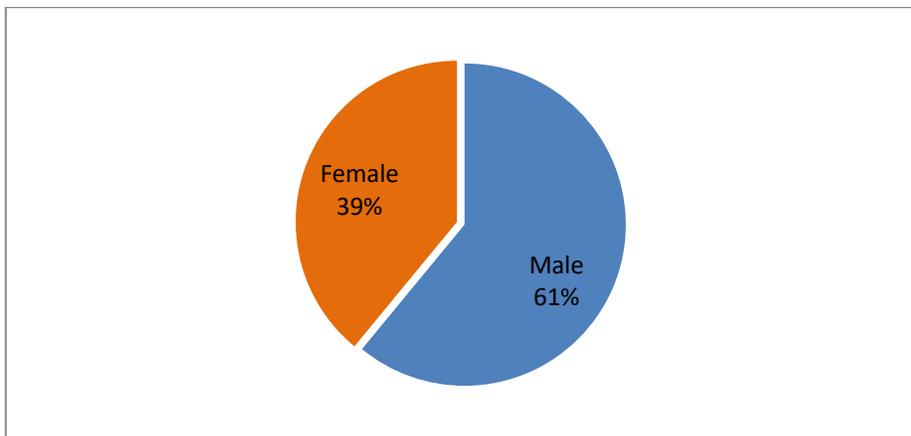


Figure 22: Children under 5 reached with Nutritional specific intervention

As shown in table 11 below, 301 children were admitted for OTP, 292 being new admissions. Those cured by the project end were 31% of the total admission. The trend is almost similar for

²² Logical Framework

TSFP with total admissions being 1886. Less than 1% of them were relapses those who were transferred in were just about 2%. Another 795 (42%) were discharged as cured at the end of the project period. What was not apparent is how the transitioning of the children still admitted in the nutrition intervention at the end of the project given there was no mention of the nutrition intervention on the exit strategy.

Table 11: Children in Nutrition Intervention

	New admissions to OTP	Re-admission or relapse	Transfer in	Total Admission	Discharge as Cured	Cured as a % of admission
OTP	292	9	0	301	94	31%
TSFP	1839	14	33	1886	795	42%

3.4.2. Exclusive Breastfeeding

IYCF KAP survey²³ was conducted in July 2021 with 1258 caregivers identified, the majority of the primary caregivers were mothers: 96.3%, and 3.3% were fathers. Exclusive breast feeding was one of the core IYCF indicators assessed. The rate of exclusive breastfeeding among children aged 0-5 months was calculated as the proportion of infants 0-5 months who received only breast milk during the previous day over the total number of children aged 0-5 months in the survey.

NOTE: This indicator does not represent the proportion of infants that are exclusively breastfed until 6 months and should not be interpreted as such. Rather, it represents the proportion of children of various ages less than 6 months old who breastfed exclusively in the previous 24 hours. Despite this limitation, the indicator is the best option for estimating exclusive breastfeeding.

Among the children aged 0-5 months 295 of them were breastfed yesterday during the day or night, however only 18 children were given only breast milk in the last 24 hours (6.1%). The rate of exclusive breastfeeding in the last 24 hours amongst children aged 0-5 months is low compared to the previous years as the table below shows (table 12).

Table 12: The prevalence of exclusive breastfeeding amongst children aged 0-5 months in the previous day

Indicator	Definition	Numerator	Denominator	IYCF baseline study (Sep, 2018)	IYCF KAP study (Sep 2019)	IYCF KAP study (Sep 2020)	IYCF KAP study (July 2021)	Change from 2020

²³ IYCF KAP survey July 2021, Care International

Exclusive breastfeeding	The proportion of children aged 0-5 months who were only breastfed yesterday divided by all the children aged 0-5 months who were breastfed yesterday,	18	295	69%	42%	51.4%	6.1%	45.3% 
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The rate of exclusive breastfeeding in the last 24 hours has significantly decreased by 45.3% in 2021 compared to the previous year (2020) (Chi square 135.5, $P < 0.05$). The poor rate of exclusive breastfeeding could be due to the low awareness of when to start complementary feeding as only 44% of the caregivers knew the correct age of complementary feeding. When asked how long a baby should be exclusively breastfed majority responded up to 6 months (72.1%), showing that they have the correct knowledge. In terms of attitude 88% of the mother thought it was important to breastfeed children exclusively until 6 months. However, the practice did not follow as shown in the above table (6.1%). The reason why this practice was low amongst mothers despite the fact that they were knowledgeable and have a good attitude towards exclusively breastfeeding was not provided but would be a subject of enquiry in subsequent studies. For program planning purposes 83.3% of all the children who were exclusively breastfed in the last 24 hours came from Erigavo District in Sanag region whilst 16.7% came from Caynaba district of Sool region. No children aged 0–5 months in Badhan, Bosaso, Afmadhow and Lascanod were exclusively breastfed in the last 24 hours, therefore efforts to strengthen this practice in these districts should be prioritized.

3.4.3. Children Fed in Diversified Food

Dietary diversification for children has the introduction of solid and semi-solid foods as a prerequisite. In the IYFC survey, there were 221 children aged 6-8 months included in the survey, amongst them 102 (46%) ate solid and semi-solid foods during the previous day. This is lower compared to the previous KAP (50.6%) conducted in 2020 but the difference between the rates is not statistically significant (Chi square 2.2 $P = 0.3253$) and as it is possible this is due to chance. The reason for the sub-optimal practice could be due to the low awareness (44%) of when complementary feeding should start amongst caregivers surveyed, as mothers who had the correct knowledge of timely complementary feeding were more likely to feed their children semi-solid foods (55%) compared to those who didn't have the correct knowledge (43%) ($P < 0.05$).

Table 13: Prevalence of introduction to semi-solids soft foods (6-8months)

Indicator	Definition	Numerator	Denominator	IYCF KAP baseline (Sep, 2018)	IYCF KAP study (Sep 2019)	IYCF KAP study (Sep 2020)	IYCF KAP (July 2021)	Change since 2020

Introduction to solid/semi-solid/soft foods (6-8 months old)	<i>Proportion of infants 6–8 months of age who receive solid, semi-solid or soft foods</i>	102	307	62.4%	42%	50.6%	46%	4.6% 
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According to the IYFC KAP Survey, there were 942 children aged with verified age between 6-23 months, and only 21 (2.2%) of them consumed from 4 food groups or more in the previous day. The foods considered in the dietary diversity given that the diversity for such children is very limited included: Grains, roots and tubers; legumes and nuts; dairy products; flesh foods (meat, fish, poultry and liver/organ meats); eggs; vitamin-A rich fruits and vegetables; and other fruits and vegetables. From the data, the proportion of children 6–23 months of age who receive foods from 4 or more food groups was 2.2% compared to 5% in the previous KAP survey conducted in 2020. This was 2.3% drop and statistically significant in addition to the fact that the prevalence in dietary diversity is fairly low as shown in table 13 above.

Table 14: Prevalence of dietary diversity amongst children aged 6-23 months

Indicator	Definition	Numerator	Denominator	IYCF KAP baseline (Sep, 2018)	IYCF KAP study (Sep 2019)	IYCF KAP study (Sep 2020)	IYCF KAP (July 2021)	Change since 2020
Minimum dietary diversity	<i>Proportion of children 6–23 months of age who receive foods from 4 or more food groups</i>	21	942	4.6%	4.5%	5%	2.2%	2.3% 

From the qualitative data, the main reasons for low dietary diversity for children included: lack of income to purchase diverse foods, lack of knowledge and lack of access to diversified foods. The income issue is off importance given that, the CT was meant to remedy such. However it should be understood that, household rarely considered specific diet for children due to the cost limitations associated with purchase and preparations of such foods. This is akin to the question of economies of scale in food purchase and preparation. In the said KAP survey, “Some mothers mentioned that they don’t often look to what is more nutritious too feed but more on what is available to give.” This entire picture implies that, household decision making on income received from all sources (CT, livelihood sources as well as in the Nutrition complementarity) was unitary and rarely did the children specific food feature even when it came to dietary diversification.

3.4.4. Pregnant Women Reached

According to the ESFP ITT Nutrition data, 2031 PLW were screened for malnutrition. Of these, 954 were admitted for TSFP with another 209 being transferred in from other OTP. Eleven (11) were re-admitted making the total admission throughout the project period to be 1174 beneficiaries. Of these numbers, 395 (34%) were discharged as cured while 22 (2%) defaulted which implies that the remaining 64% continued in TSFP all the way to the end of the project life. As with the case of the children, what is of interest is the transitioning of the PLW post the project and the implication of the discontinuation on the overall outcomes of the project.

Table 15: PLW in Nutrition Intervention

	New admissions to OTP	Re-admission or relapse	Transfer in	Total Admission	Discharge as Cured	Cured as a % of admission
OTP	0	0	0	0	0	NA
TSFP	954	11	209	1174	395	34%

3.5. OECD Evaluation Criteria

3.5.1. Impact

The project was impactful in the stabilization of the household and productive assets that had not been already been disposed-off during the lean period. This would in turn be useful in the rekindling and growth of household income once the drought situation improved. This would increase resilience in the subsequent lean times.

The respondents indicated that they have developed relationships with the local shop owners and are able to access goods on credit. When the situation is hard and food insecurity increases, there is an increase in credit purchase but because of delayed payments, the traders tend to limit the credit offered for their own sustainability. With the CT, the households were able to clear their debts within the agreed time. In the words of the beneficiary's respondents, CT increased confidence in the credit worthiness of the beneficiaries to the traders.

The use of mobile technology and the voice activated identification in CT reduced on the man-hours that would ordinarily be spent on physical collection of cash or voucher both in terms of going to the collection points as well as the collection time. It also enhanced security of both the disbursing staff and the beneficiaries collecting the money by eliminating the need for huge cash handling.

The approach used in the selection of women to represent their respective household as the contact points and for collection of cash acted as reinforcement of women empowerment. This was especially so with regards to financial decision making on food and other household spending. As mentioned in the FGDs, there was major consensus on the primal role of women

play in making decision touching on the food and household items and them being the money recipients just reinforced both the power and role in decision making. This is addition to the diversification of decision making in the household in other matters especially when there was a surplus after allocation of the cash to food budgets. Although the cash available was little or none in most cases, in the instances where there was some surplus, women participated in the spending as co-decision makers and not merely as those receiving instruction on what to do with the household resources.

The fact that, there was no conflict resulting from women handling cash in households, served to reinforce the desired virtue of harmonious household engagement. As mentioned in the findings, men did not feel threatened by women having to money and neither were the women accused of disrespect because of the fact that they were the ones in most cases handling the cash sent to the households. This was especially well demonstrated in households where the total household income from other livelihood sources was less than the CT received. It will be noted because of the transparent nature of disbursements, spouses were in most cases if not all cases aware of the cash sent to the households.

The cash transferred also had an impact on the market. According to 36% of the respondents, more food items were availed into the market since the onset of the cash transfer. This may be associated with the increased purchasing power which provided for increased options especially for food diversification. As noted earlier there was an increased in dietary diversification which by extension means that, the market needed to provide more options to meet this need. In addition to the above, there was the claim the number of traders and stocks seem to have increased over time since the inception of the cash transfer. "Closed shops were opened again" were sentiments of one of the Bandarqaali village elder interviewed, while another in Qarqoora said "There were many businesses which was established when this cash transfer begun" This implies that the rejuvenation of the economic activities previously impeded by the food insecurity and associated faults.

According to 78% of the respondents, community relationships have improved with the stabilization of the food situation as a result of the cash transfers. As alluded to in the ESFP II Technical narrative, tensions seemed to increase especially with the pastoralist communities due to competition due to draught. Though the competition did not necessarily decrease, the "life and death" situation that would inflate the tension was partly addressed by the project in that the immediate food needs were addressed.

About 16% the households made adjustments in their lifestyles by moving to more expensive areas with the reception of the CT. This is interesting since it seems that the allure of the CT seemed to have induced conflict between the goals of the project and those particular households.

Inflation tendencies albeit minimal resulting from prices adjustments due to CT if also one of the impacts. This is meant that money received in the households would purchase fewer quantities of goods than they would have been able to prior to the CT disbursements. However, given that

the number of traders seemed to increase as alluded to in the quantitative survey and the FGDs and KIIs, the effect of inflation would in some circumstance ease out due the forces of demand and supply.

Finally, the restoration of dignity for the people who could not provide especially food needs for their households in the lean times with the diminished income levels.

In relation to nutrition, it is apparent that the levels of admission to the nutrition intervention remained low throughout the project despite the screening exercises conducted through each month. This implies that majority of the households have generally been able to keep hunger at bay and by extension malnutrition associated with food insecurity in the households. However, the presence of the few admitted however, implies that some grounds needed to be covered and that the reach of the intervention was missing out a few. Obviously the reasons for malnutrition may be attributed to other factors outside the impact of the CT and the project as a whole such as illness and eating disorders but it is such reasons that should form the basis of future consideration if not as emergent adaptation in the course of the project.

3.5.2. Relevance

Sites identification selection process was participatory and project staff undertook geographical targeting, meetings with the line ministries, local authorities, humanitarian coordination groups and the target communities. This was obviously in recognition of the CARE’s capacity and current areas of operation.

Although the need in the Somalia region are vast owing to the historical political and environmental challenges the region has experienced, food insecurity continues to be one of the most prevalent and pervading challenges. The climatic conditions seem to trigger extreme drought at regular cycles with all interventions so far unable to adequately contain it. Rapid needs assessments carried out by CARE confirmed these conditions. The table 15 below highlights the food security situation that ignited to consideration for response.

Table 16: Numbers of Acutely Food Insecure People (FEB-JUN 2019)

Region	Population	% individuals in IPC Phase 2	# of individuals in IPC Phase 2	% of individuals in IPC Phase 3	# of individuals in IPC Phase 3	% of individuals in IPC Phase 4	# of individuals in IPC Phase 4
Sanaag	544,123	45%	245,000	21%	116,000	0.18%	1,000
Sool	327,427	41%	133,000	31%	100,000	0	-
Mudug	717,862	31%	220,000	12%	84,000	0	-
Galgadud	569,434	36%	205,200	8%	45,000	0.35%	2,000
Totals	2,158,846	30%	650,000	18%	394,000	0.09%	2,000

From the FSNAU and FEWSNET Technical Release²⁴, it was apparent that the situation in several regions of Somalia was in distress. CARE conducted a multi-sector rapid assessment reaching 1,512 households of which 681 were in areas CARE felt they were in better position to reach²⁵. Needs assessment studies were conducted to understand the humanitarian needs in these regions. Based on results, all the targeted areas were found to be experiencing food insecurity, and household food consumption was reported as being Poor by a large majority of respondents. For instance, in Somaliland, household food consumption was reported as being Poor by an average of 80% of respondents while in Galgaduud, all the households food consumption was reported as poor. In the evaluation exercise, 92% the respondents did affirm that their respective community was involved from the time when the needs assessments were conducted. This was the same sentiments in all FGDs and KII respondents. Local government agencies as well as the community leaders were also involved in the articulation of the community needs during the needs assessments as well through the implementation of the project through the various community forums organized by CARE. The role of CARE staff in spearheading the data collection exercise was well noted by the community members through the FGDs conducted.

In the need assessments, data on the food security status was collected in order to verify what was already evident as food insecurity. As shown above, all the parameters did indicate that the respective target communities were in dire need for prioritization of the food related intervention.

How did the project propose to address these needs? - The project proposed to address the food needs through cash transfer (CT). The cash to be provided was equal to the cost of balanced meal for an individual multiplied by the number of people in a household. An average number of household members lifted from the needs assessment was used to round off and equalize the amount of cash provided per households. The unique characteristics of the four intervention regions was taken into considerations and the cash provided was differentiated to the context of the specific areas while taking into consideration the 80% of the Somalia cash working group's recommended rates based on the minimum expenditure basket (MEB)²⁶. Beneficiaries in Mudug region received US\$60, Galgaduud US\$80 while Sool and Sanaag regions received US\$56 per month.

The use of CT was based on the experience gained from previous interventions in Somalia and world over where CARE is involved in humanitarian work. Cash transfers were much more efficient and easy to administer while maintaining the dignity of the recipients. As detailed later in the report, the beneficiaries found this method satisfactory in terms of convenience, transparency, timeliness and predictability. The beneficiaries knew what to expect, when and how.

²⁴ FSNAU and FEWSNET Technical Release February 3, 2020

²⁵ CARE Multi-Sectoral Rapid Assessment. February 2020

²⁶ EFSP II Quarterly VI Report Oct - Dec 2020 (Final)

Was there consensus with the community on the needs identified and the Intervention Proposed? - According to the respondents, food was the most pressing need at the time. From the survey as well as from the qualitative data collection, food deficiency resulting from the drought experience was the most pressing need followed by water. As such, the cash transfer intervention did help address this need, to the satisfaction of the beneficiaries. The cash provided did not only, meet the food need but there was a little surplus that was directed to other household pressing needs. In the words of female FGD respondents in Qarqoora Galkacyo... “The cash we were getting covered almost all of our needs, regarding the food consumption, additionally, in case we needed medical assistance, we could pay.”

At the evaluation, it was the general feeling of the beneficiaries that the intervention by CARE was relevant. From the FGDs with the communities, the common thread across was that, the cash transfer was a relief as well as empowerment. The ability to meet basic needs through the cash received was a major boost and in the words of one of the respondents in a female FGD in Bandarqaali Galkacyo ... “We received cash then we could buy the things which were necessary for us. And that has significantly improved our lives.” On the other hand, there are some beneficiaries who seem to have not understood that the cash transfer is meant to meet the food need. Some had the expectation that they would receive cash to meet all their need as exemplified by some responses from an FGD in Qarqoora Galkacyo... “The aid that was gave couldn’t cover all the needs.”

3.5.3. Effectiveness and Efficiency

The data collected seem to indicate that there project correctly identified the beneficiaries. The process of identification as well as those identified as a result were clearly food insecure as shown in the characteristic scores they had right from the baseline through the PDMs and even to this end of project evaluation. Correct identification and selection of the beneficiaries ensured that the neediest cases were the first to be reached and as time progressed, other households who fell into distress were considered in subsequent CT intervention. The only catch was that, in the phased approach used in ensuring more households were reached with the available resources, the policy of weaning all the households reached in a given phase did not necessarily consider retention of those who had failed to achieved the desired goals of being food secure.

The timed interventions to coincide with the lean periods where households would ordinarily go in food insecurity were a prudent adaptive strategy. This ensured that households were only reached at the point when they needed intervention most. This also meant that the limited resources were stretched an invariably for better outcomes.

Use of voice activated identification ensured that the right beneficiary or household representative was able to access the cash without the need for physical verification which was time and resource consuming. This also meant the elimination of any potential for error, fraud or mischief in the disbursement and access of the funds

The use of mobile money disbursements of the CT was an effective way on ensuring timely reach of the targeted households. The time between disbursement and access by the beneficiaries reduced the inconvenience and costs previously associated with CT. Initially, the need for physical verification of biometrics meant that CARE personnel would need to be available to ensure that the right people obtained the money through verification. This would tie up the human resources and was expensive.

The use of mobile cash transfer made the disbursement of the monies to the beneficiaries most appropriate given the security concerns associated with physical cash disbursements. With all the beneficiaries having at least a registered SIM card through which they could receive money, all the target beneficiaries obtained the money into their mobile purses immediately it was disbursed. The adoption of the voice identification during project implementation made it the disbursements quicker, timelier and secure. This system having been piloted during the first year of the project proved to both effective and efficient to the beneficiaries. It eliminated the need for physical verification of the fingerprint biometrics which was cumbersome especially for people who had to travel some distances as well as leave their normal occupations to attend to this matter at a given time. The FGD respondents from all the groups indicated their satisfaction with the service and that they had all received the money without hitches. On the FAM logs, there a few people who had registered complaints on delays in obtaining the cash. All such issues were resolved quickly to the satisfaction of the recipients.

Like with many other interventions, the possibly of complaints is expected. With high community participation, the likely areas of complaints had to do with the implementation efficiency. A total of 373 cases were recorded throughout the project period, 268 (72%) being from female beneficiaries. The existing system is such that every feedback lodged in is tracked to its logical conclusions. It was evident from the data obtained that all the complaints were addressed and that the system would flag out any outstanding complain.

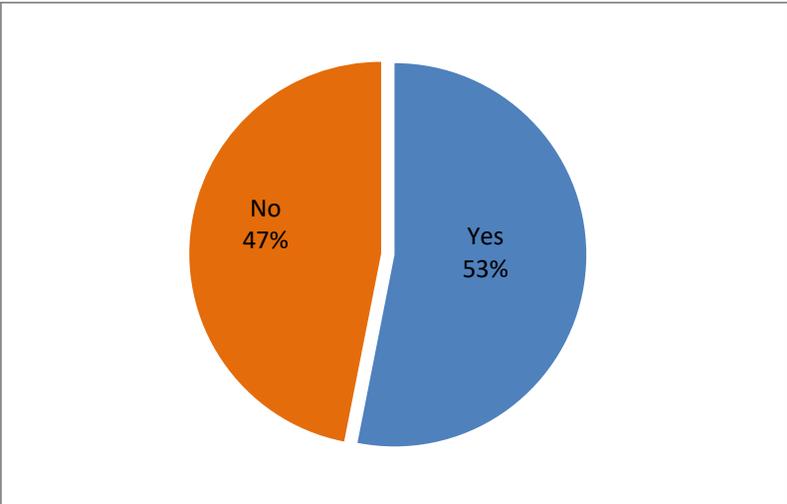


Figure 23: Awareness on Reporting Complaints Mechanism

On the flip side however, the presence of few cases of feedback and complains may be reflective of the fact that most of the beneficiaries were unaware of how to report complains. According to the survey data, only 731 or 53% of the 1380 respondents were aware of mechanism to report complaints. Of these numbers, only 13% (95) of them made a complaint through the said mechanism with 48% (45) of them indicated that they had received feedback on the complaints lodged. Eighty-two per cent (82%) or 37 of those who received feedback were satisfied with the feedback they obtained although the number is too small to derive any meaningful conclusions. However, the study was not able to establish the specific nature of complaints and feedback from this statistic. It is informative to note that from the FGDs, the beneficiaries indicated that they had no complaints. There was indication that in some cases there were challenges in accessing the cash disbursement on time, but those affected were assisted promptly when they raised the issues. This was consistent with the quarterly reports narratives on the feedback and accountability mechanism.

3.6. Lessons Learnt

There were several key lessons learned from this evaluation. These lessons can be used to both understand the project and provide learning for other cash transfer programs.

Use of cluster approach for coordination: The collaboration made by the project with other organizations working in the respective regions and villages was incredibly positive and prevented duplication of efforts, a serious problem that had been prevalent before in both beneficiaries registering multiple times and geographic gaps as organizations clustered in the same areas. Through the clustering approach, the organizations have achieved more and been able to close some existing gaps in drought-affected communities.

Working with community grass root leaders: In ensuring beneficiary representation, project recognized smaller settlements where leadership was likely more cohesive as opposed to complex large settlements. Inclusion of equally vulnerable urban poor who were hosts of the displaced to reduce tension and ensure coexistence amongst between the host and the displaced was also noted as a good practice.

Targeting Approach: The project interventions targeting vulnerable groups (elderly people, orphans, women and minority) facilitated them to access a minimum food basket that addressed basic human needs. This also promoted social harmony in the community as it reduced overall community burden of assisting these groups.

The adoption of phased targeting: The phased targeting strategy was good idea, however as a consequence; it meant that the households only receive intervention for a far shorter time, sometimes even before they were well capable of withstanding the shocks. Given that, once a household was included as beneficiaries in one phase they were ineligible to qualify for any subsequent phases, their vulnerability status notwithstanding, it implies that some of the

households are likely to slide back not long after the cash was exhausted and or the alternative means of livelihoods had taken off sufficiently to help the household weather the shocks.

Integration of CT with other water programs: As alluded to in the findings, the next major expenditure after food was water. This budget item seems to increase even with an increase with the household income. With CT being targeted at addressing food insecurity issues, the fact the households were allocating some of the cash received in to water purchase, already expresses the water needs in some of the areas. In order to ensure that the cash disbursed went into primarily addressing the food budget, it may be necessarily that a water intervention is also runs concurrently with the CT if not already doing so. If there is a water program, then it may need to be reviewed and enhanced.

Transaction Cost Absorption: It was instructive to note that, the transaction costs were factored and absorbed by CARE. This was not only effective but also a necessity given the need to ensure that the beneficiaries received the intended amount of cash. Letting the beneficiaries taking the costs of transaction would be counterproductive if the beneficiaries were to finally obtain cash that was less than what was calculated as an effective amount to deal with the need. It was noted that CARE even to the initiative to negotiate with the telephone companies on the harmonisation of the costs.

4. OBSERVATIONS, CONCLUSIONS AND RECOMMENDATIONS

4.1. Observations and Conclusions

The project was successful in its quest to address the food insecurity afflicting the areas of intervention selected within the project period. The use of CT was a “shot in the arm” needed to resuscitate an improvised by hunger to the detriment of the people’s health as well as all other livelihood activities. The communities would now be able to tackle their other needs and expand their livelihoods with dignity. In the long term however, the project outcomes seem to waver in the face of major crisis

On sources and levels on income, the figures provided need to be taken with “a pinch of salt.” Going by data on the proportion of income that consist humanitarian assistance and which case it may be assumed to mean CT, 27% would translate to USD 28 on average per household given the average income per household stood at USD 105 as indicated in the average income section. It may be well that the household respondents were making an over claim on income levels of other sources of income or an under-claim on the proportion of income from humanitarian aid (given the CT received per household was around USD 60) or both.

As mentioned in the findings, sixteen percent (16%) of the households reported to have no income from the other livelihood sources over the last one month preceding the interview. This may be interpreted to mean that those households are absolutely vulnerable and totally dependent on external assistance. It could also mean that, the respondents exaggerated their circumstances to induce continuation of the CT which would be reflective of onset of dependency syndrome.

With 74% of the households having an income of less than USD 50 per month at the end of the project, it essentially means that, other parameters held constant save for the average income of the HH being less than USD 50, these households remain eligible for selection for CT if that were to happen. In other words, the said households remain vulnerable

The change of those in the “emergency” and “neutral” groups in the in coping strategy index between the baseline and the end of project is encouraging. However it is the trend particularly between the March 2021 PDM and the evaluation that is of concern given the onset rise. This rise albeit small could signal that the outcomes of the CT intervention have not had a sustainable impact particularly when read with other indicators such as the income growth from other livelihood sources as earlier discussed.

As outlined in the study findings, households with low dietary diversity seemed to be on the decline. This is despite the fact that, there was a slight trend changes in the households who were in the emergency and neutral groups in the FCS. Consistent with the other food security indicators, it seems the households tried continue diversifying their diets as along as they could. This applies even to households that were no longer receiving the CT after their phase was over. This speaks to the adoption of the positive dietary behavior and the fact that adjustments towards the negative are a matter of significant food insecurity.

CARE suspended non-essential for-work projects with the hope that it can resume normal practices once the CoVID 19 had been contained. It chose to instead to continue using unconditional transfers which ideally would limit interactions and therefore help mitigate the spread of the disease and in the spirit of “Do no harm”. The thinking was noble, but the details that were cross cutting seem to have been implemented or thought through inconsistently. “*Staff were to be provided with personal protective equipment (PPE) (i.e., gloves, face masks, sanitizer, etc.); PPE were also to be provided to the community and beneficiaries during engagements. CARE was to utilize mobile handwashing stations and observe social distancing principles for community meetings with small numbers of participants*”.²⁷ This would apply to all activities engaging with communities. Activities including, identification, selection and registration of beneficiaries continued of which public participation is at the core; PMD were conducted though physical interaction in data collection; training for FAM, Nutrition awareness et cetera continued without consistent adherence. On the other hand, implementation of the CCT was put on hold to limit interactions while for the other activities it seems that interactions without necessary measures continued. In the photos here below, it will be noticed that measures like, social distancing, use of masks et cetera were not implemented in the strict sense. This begs the question why implementation of CfW for instance would be any different or why such CCT which are usually more impactful in the long term would not be administered with similar or not better implemented protocols?



House – to House verifications exercise in Dhusamareb town **(No face masks, no social distancing)**



Community mobilization session in Guryo-qoli village Erigavo district. **(No face masks, no social distancing)**

²⁷ 03_Technical_Narrative_CARE_Somalia_EFSPII_Mod_IL2_04242020 (00000003)

According to the Technical Narrative, CARE's FAM is a system for soliciting feedback from beneficiaries and systematically integrating the information into decision making on work plans.²⁸ Community feedback mechanisms will be shared with the community, and the MEAL team will conduct random telephone calls to collect feedback from the community. The soliciting of feedback through calls et cetera did not seem to have been very active if the number logs indicated in the PDM are anything to go by. It seems the honours were left on the beneficiaries to make the call if and when they needed to register their enquiries or complains.

The use mobile money transfers with voice activation seem to work well. So far, going by the few number of complaints received, even with slightly over 50% awareness, it seems the system "struck the right chord" in the disbursement mechanism. This system is both efficient and effective and should be replicated in more areas beyond the four regions of intervention of this project.

It was observed from the findings that, there is good number of children and PLW admitted under the nutrition intervention to OTP and TSFP at the close of the project. Equally, the technical narrative does not mention in the exit strategy how this would be dealt with let alone be transitioned.

4.2. Recommendations

Although this was a very short term project with specific objectives that were not necessarily tailor made for the long term, it is would be of worth consideration if future projects incorporate a sustainability element in to them for the long term impact. The CCT elements especially those that considered the building and rehabilitation of community infrastructure certainly have that a longer term effect. These CCT activities in this case were not main stream as evidenced in the log frame. As such, they seemed more as a means to the short terms end.

As mentioned in the findings, sixteen percent (16%) of the households reported to have no income from the other livelihood which may be interpreted to mean that those households are absolutely vulnerable and totally dependent on external assistance. It may be important to do a follow-up study on these households to understand in details what they did and how they continue to operate. This would address the issue of unwarranted exaggeration of their circumstances if it exists. On a different note, if the interpretation that the households expressed in this statistics is correct, it may be important to make consideration for developing another initiative to take-up the food security issue in the days to come since these households will quickly fall into distress. Although, CARE had put on hold use CCT until the COVID pandemic is over, there is need to re-consider this position since the pandemic seems to linger and may do so for much longer, on the while, the conditions for such households remain unstable. The proposition for the CCT program in future is premised on the pact that, the beneficiaries will access funds while at the same time build on the necessary infrastructure assets for sustainability. This also limits dependency while at the same time upholding the motivation and dignity of work.

²⁸ 03_Technical_Narrative_CARE_Somalia_EFSPII_Mod_IL2_04242020 (00000003)

Close to the above, there is need to build infrastructure that would endure the cyclic disasters experienced in order to ensure sustainability of the impacts. Water infrastructure is one to be considered since it will not only provide water for domestic use, it can also be used for agricultural productive activities. Obviously, this should go hand in hand with enhancing the existing production capacity in terms of knowledge, attitudes and other production inputs as well as land especially for the case of the IDPs. Water infrastructure would include wells, boreholes, water pans et cetera and each should be considered according the ground context. This would implicitly mean that the pastoral communities are less nomadic while at the same time diversifying into agrarian production.

On the while, initiating agricultural production brings a challenge in terms of access to land especially for the IDP communities. This calls for expanded engagement with the host communities, government leadership and interested communities. Options of leasing of land may be most viable considering the community land ownership dynamics associated with history and cultural attachments.

Should the above be achieved, incentivizing production through provision of inputs through subsidies and grants while facilitating markets for the produce may well enhance the food baskets for the households in the long term. Provision of inputs could by necessity take a combination of the CfW model and progressing ownership structure. Here, community members can acquire inputs progressively through the provision of their labour towards community beneficial infrastructure. The option of taking up part of the payment in cash and the remainder in kind (input) can be explored. This may produce double ownership both of the infrastructure as the rewards of personal labour.

Given, 36% of the households did indicate that purchasing food on credit or borrowing food was one of the coping strategy they employed it would be necessary to study this aspect in detail in future projects if and when the credit purchase is noted. Understanding why the household find it necessary to borrow and whether such borrowing is primary associated with food insecurity or it's a regular practice not associated with food insecurity.

Given the analysis, that 68% of those on CT, bought water using 25% of their CT and that the cash given under CT, was depleted by 25% and that only 75% of it was available for food and other uses. There is the urgent need to consider including other water interventions in future for areas with serious water deficit, if the CT is to more fully achieve its objectives in food security.

With 41% of the households allocating 100% of the CT allocation to food and even using more of the income from other sources to the food budget, it can be said that, there is need for remarkable growth of income from the other livelihood sources in order to guarantee longer term resilience of the household outside the CT assistance. It is equally noted that with 74% of the households having an income of less than USD 50, from other livelihood sources, the need for expansion of income sources is critical post the project. The imperative is, if CARE is to consider longer term transformation of the beneficiary households, income sources diversification aimed at increasing the household income is necessary. The proposition for such

diversification should be a item of further study considering, the dynamics on the ground need to be carefully understood.

It was notable that the number of people aware of how to lodge enquiries and complains are few as indicated in by the quantitative survey data. Although CARE has been keen to enhance awareness including providing sticker with the appropriate hotline numbers which are stuck at the back of the phones, there is need to keep repeating this message to the communities. Additionally, as mentioned in one of the interviews with key informant that the word “complain” is shrouded with negativity, it may be important to seek an alternative word or phrase in the local language that would encourage people to share feedback without necessarily being mentally ostracized by their action as if to seem ungrateful. The idea is not to unnecessarily raise the number of complains but rather to allow for people to openly share their challenges with CARE if and when they experience them. This would in turn help in fine tuning the intervention aspects for better experience. This may also provide an advantage in the roll out of similar projects in other areas.

There needs to be an explicit exit strategy for the nutrition complementarity intervention. As alluded to in the observation, no such strategy exit was evidenced in the secondary data if it indeed exists. If it does not exist, linking the beneficiaries to other programs either by CARE or partners would be a good place to engage in.

1. ANNEXES

Annex One: Logical Framework (Log Frame)

No.	Indicator	Baseline	Target	Progress	Remark
Goal: To save lives of vulnerable drought- and conflict-affected communities in Galgadud, Mudug, Sanaag, and Sool regions					
Purpose 1. To improve food security for vulnerable drought- and conflict-affected households in the Galgadud, Mudug, Sanaag, and Sool regions through unconditional cash transfers and conditional cash transfers.					
1	(E1.) Number of individuals participating in USG food security programs (by sex and age)	0	55,670 HHs – 344,020 individuals (current: 52,742 HHs; 316,452 individuals; cost modification: 2,928 HHs; 27,568 individuals)	56353 households (Female -190346; Male- 189105)	
Sub Purpose 1.1: Vulnerable households in target locations have improved food consumption over the project period					
2	(E2.) Percentage of targeted households with poor, borderline, and adequate Food Consumption Score (FCS) (by household composition)	Poor – 22% Borderline – 35% Acceptable – 44%	80% with adequate FCS	Poor-8% Borderline- 25% Acceptable- 67%	
3	(E3.) Reduced Coping Strategies Index (rCSI) (by household composition)	rCSI- 16.2 CSI Emergency- 18% Crisis – 25% Stress – 31% Neutral-26	80% of target HHs report reduction	rCSI- 8.6 CSI Emergency- 15% Crisis – 8% Stress – 29% Neutral- 48%	

4	(E4.) Prevalence of households with moderate or severe Household Hunger Scale (HHS) score (by household composition)	Little to no hunger in the household - 6% Moderate hunger in the household - 68% Severe hunger in the household- 26%	80% decrease	Little to no hunger in the household - 86% Moderate hunger in the household - 14% Severe hunger in the household- 0%	
5	Household dietary diversity score (HDDS)	High - 5% Low – 41% Medium – 53%	80% with adequate HDDS	High - 15% Low – 26% Medium – 59%	
6	Months of adequate household food provisioning (MAHFP)	0 Month – 15% 1 Month – 32% 2 Months – 37% 3 Months – 15%	3	4	
Output 1.1.1 Most vulnerable households in target locations receive unconditional and conditional cash transfers to meet basic food needs					
7	Number of unique HHs receiving support, and number of unique participants, per modality (cash)	0	55,670 HHs,; 344,020 individuals	56353households equating 3,76,670 individuals	•
10	Percentage of cash transfer used to meet basic food needs (utilization of cash assistance)	0	100%	88%	
11	Percentage of household satisfied with food (cash assistance)	0	90%	90%	
12	Percentage of household receive cash assistance on time every month	0	90%	97%	
13	Percentage of households feeling that cash assistance was provided in a gender-sensitive, safe, and secure manner	0	90%	92%	
14	Percentage of households who have access to CARE's feedback mechanisms	0	100%	96%	

15	Percentage of households reporting satisfaction with FAM	0	80%	97%	
Output 1.1.2. Under 5 children and PLW living in the targeted areas demonstrate improved nutritional levels by the end of the project					
17	Proportion of infants 0-5 months of age who are fed exclusively with breast milk	28.5%	45%	41.2%	
18	Proportion of children 6-23 months of age who receive foods from 4 or more food groups	5%	45%	9%	

Annex Two: Data Collection Tools

No.	Description	Tool
1	Tool 1- Household questionnaire	 EFSP II endline HH survey- 2nd
2	Tool 2- key informative guide with government officials	 Tool 2- Government Officials.doc
3	Tool 3- FGD guide with caregiver about IYCF	 Tool 3- FGD guide with caregivers for
4	Tool 4- FGD guide with Cash beneficiaries (conditional & unconditional)	 Tool 4- FGD Guide.docx
5	Tool 5- KII guide with CARE Project staff	 Tool 5- CARE Project staff KII
6	Tool 6- KII guide with community leaders	 Tool 6- KII guide with Community

Annex 4: Secondary Data Documents

EFSP II Nutrition Output Table	 EFSP II ITT Nutrition.xlsx
IYCF KAP Report	 IYCF KAP 2021-CARE Report_c
Quarterly Report 2	 EFSP II Quarterly 2 report Oct to Dec 201
Quarterly Report 5	 EFSP II Quarterly 4 Report April to June (

Quarterly Report 7	 EFSP II Quarterly 7 Report Jan - March 20
Quarterly Report 8	 EFSP II Quarterly 8 Report April - June 20
Quarterly Report 6	 EFSP II Quarterly VI Report Oct - Dec 202
Technical Narrative	 EFSP_Technical Narrative_CARE_Sorr
Mid Term Report	 Final Report - Evaluation of CARE E
Baseline Report	 EFSP II Baseline Report _ 251219 (1).