

## Economic support for COVID affected Women -Tiffany foundation project



End line Report Aug 2021

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### Baseline introduction

The primary purpose of the baseline survey is to establish the benchmarks as per the program indicators, which will provide a pre-intervention situation that will eventually be used for tracking and assessing project performance and progress later. It will help to estimate reliable and achievable targets for the project. The baseline study will be used as benchmarks against which to measure the project's progress, and the final evaluation will be done in mid-Aug 2021. Therefore, to set a basis for measuring change over time, a baseline survey was **conducted between 21<sup>th</sup> to 29<sup>th</sup> Aug 2021, interviewing close to 175 households**. Guided by the measurement framework developed by TANGO International, respondents were asked about their status on **crucial food security indicators, maternal health indicators including access to antenatal and postnatal service, counselling, vaccination, behavioural change communication of breastfeeding, nutrition and health-seeking**) to reduce the suffering, morbidity and mortality of vulnerable Internally Displaced population affected by natural and human-made crises, including COVID - 19, with particular focus on pregnant and lactating women and those affected by sexual gender-based violence in Sool and Sanaag regions.

### Objectives of Endline study: -

The objectives is to assess the extent to which the program had achieved its strategic objective of improved food security to drought affected households in the target locations according to baseline survey carried out earlier April. The study focused on assessing the status of vulnerable women, whose economic mainstay has been affected by the recurrent shocks & stress and had difficulties accessing essential services. Also, the maternal health situation reflects the prevalences of morbidity and mortality cases causes either during pregnancy or childbirth/delivery. The delay of rains, desert locust invasion, and supply chain disruption with COVID19 hazards had adversely affected food security and nutrition outcomes, which exacerbated vulnerable households' nutritional status and wellbeing.

### Methodology & Sampling

This assessment adopted a method of quantitative data collection. The sampling was on a basis fit for a purpose sample size through a proportionate stratification method and to be surveyed of **175 HHs each study out of 320 HHs**. An individual survey was used to interview individual beneficiaries and asked their situation on key food security indicators, maternal health indicators, including access to antenatal and postnatal service, counselling, vaccination, behavioural change communication of breastfeeding, nutrition, and health-seeking).

| Region       | District      | Village         | Baseline | Endline | Grand Total |
|--------------|---------------|-----------------|----------|---------|-------------|
| Sanaag       | Ceerigaabo    | Yubbe MCH       | 44       | 44      | 88          |
| Sanaag Total |               |                 | 44       | 44      | 88          |
| Sool         | Caynabo       | Caynabo MCH     | 63       | 60      | 123         |
|              |               | Gawsaweyne MCH  | 30       | 32      | 62          |
|              | Caynabo Total |                 | 93       | 92      | 185         |
|              | Lasanod       | Adhicadeeye MCH | 38       | 39      | 77          |
|              | Lasanod Total |                 | 38       | 39      | 77          |
| Sool Total   |               |                 | 131      | 131     | 262         |
| Grand Total  |               |                 | 175      | 175     | 350         |

## Summary of Findings

- The overall a total of 350 women participated both baseline and endline study, the study found an average of six person per family which consists of a ranges from 2 to 15 people; 84% have equal or less than eight members and 26% above eight members at family.
- The endline data shows that 15% decrease respondents who are not aware of the risks first pregnancies occur to adolescents less than 18 years old compare to baseline data.
- The endline data shows an increase of 52% of respondent reported the time to wait or get pregnant again after having a baby at least two year and a drease of at least one year, at least five year and immediately by 17%, 2% and 21% after having a baby compare to baseline data.
- 27% decreased of mothers expecting to give birth to more than five children from (76% baseline to 49% endline)
- An average of 59% decreased of respondents said they were not aware of a method to delay or avoid getting pregnant from (74% baseline to 15% endline)
- No change reported according to baseline report of 96% of respondent mothers reported that they prefer to deliver the baby at a public health facility
- The findings of baseline revealed the amount of the budget to the family was spent on food & water accounts for 33% and 32% respectively.
- The findings related to endine shows that an average of 60 with household food consumption compared with average of 23 in the baseline data
- In terms of reduced coping strategy index the responses show an average of 2.29 practices of rCSI, compared with 14.09 in the baseline
- Regarding diet diversity score the responses show an average of 7.5 had utilized different diet, compared with an average of 6 in the baseline
- In terms of prevalence of household hunger scale the endline data show an average of 1.7 in hunger scale, compared with 3.4 an average in the baseline
- The study found out a decrease 27% of women who don't know any food taboos that is good for pregnancy during the pregnancy period from (65% baseline to 27% endline). Similarly, 44% decrease of women don't know any food taboos that are not good for pregnancy (71% baseline to 27% endline) of women not aware of the food taboos that are not good for pregnancy
- 53% on average decreased the respondent who are not aware of where to go if they have complaints or feedback from (55% baseline to 2% endline)

## Characteristics of

According to endline data no change found the participatans from pastoral groups, 20% increase respondents of rural groups and 20% decrease of urban groups

| Livelihood     | Residence_Status | Baseline | Endline |
|----------------|------------------|----------|---------|
| Pastoral       | Host Community   | 1%       | 1%      |
| Pastoral Total |                  | 1%       | 1%      |
| Rural          | Host Community   | 22%      | 45%     |
|                | IDP              | 3%       | 1%      |
| Rural Total    |                  | 25%      | 45%     |
| Urban          | Host Community   | 44%      | 37%     |
|                | IDP              | 30%      | 17%     |
| Urban Total    |                  | 74%      | 54%     |

Table 1 Household profile

### Appropriate Age of Pregnancy

The surveyed mothers reported a decrease of 15% from (15% baseline to 0% endline) to believe women and girls have a baby at the age of fifteen, and an increase of 1% who believe women and girls have a baby at the age of 30 years old. The study found a decrease of 25% from (35% baseline to 10% endline) believe most women & girls have a baby at eighteen. An increase of 47% from (33% baseline to 70% endline) believe most women & girls have a baby at twenty, and 3% increase from (16% baseline to 19% endline) believe most women & girls have a baby at twenty-five. The endline data shows that 15% decrease respondents who are not aware of the risks first pregnancies occur to adolescents less than 18 years old compare to baseline data.

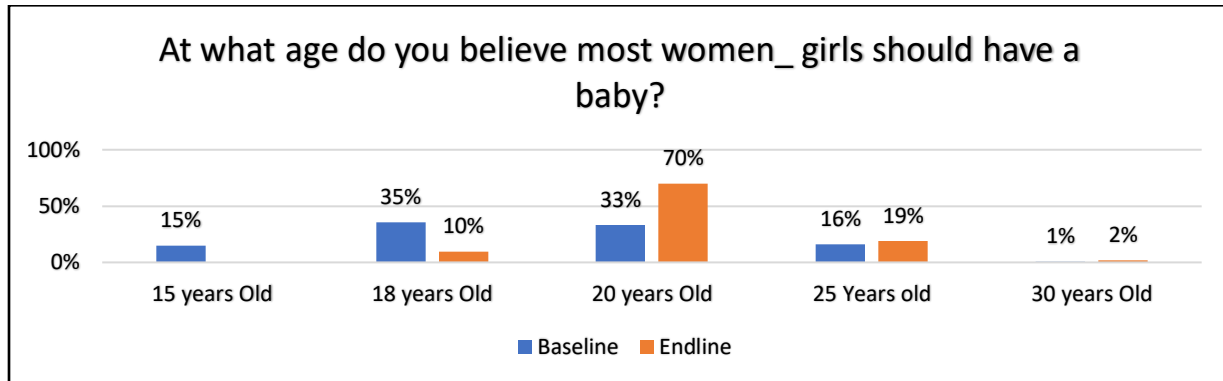


Figure 1 At what age do you believe most women\_ girls should have a baby?

### Health Timing Space Pregnancy

The endline data shows an increase of 52% of respondent reported the time to wait or get pregnant again after having a baby at least two year and a drease of at least one year, at least five year and immediately by 17%, 2% and 21% after having a baby compare to baseline data. The poor health timing space of pregnancy has associated with high risk of the mother developing anaemia or premature rupture of membranes and that newborns can be born too soon, too low, or with low birth weight and increase under-five mortality and morbidity rates. Additionally, the potential health risks associated with short pregnancy spacing intervals and having a pregnancy too early in life are exacerbated for women who already have pre-existing health problems, such as HIV, anaemia, malnutrition, malaria, tuberculosis, heart disease, and diabetes

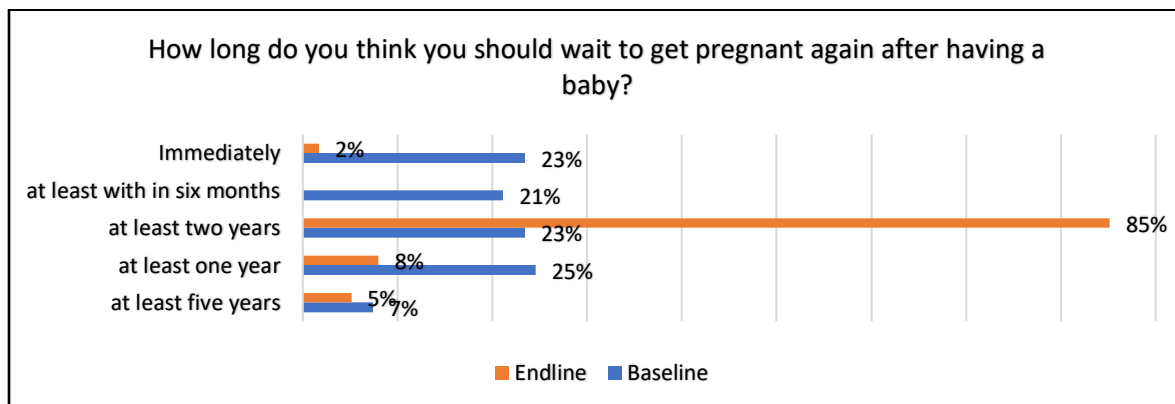


Figure 2 Health Time-Space Pregnancy

### Method to delay or postpone pregnancy?

According to the endline data, only 11% increase of the respondents aware of delay or avoided getting pregnant and 59% decreased of mothers not aware any method to delay pregnancy.

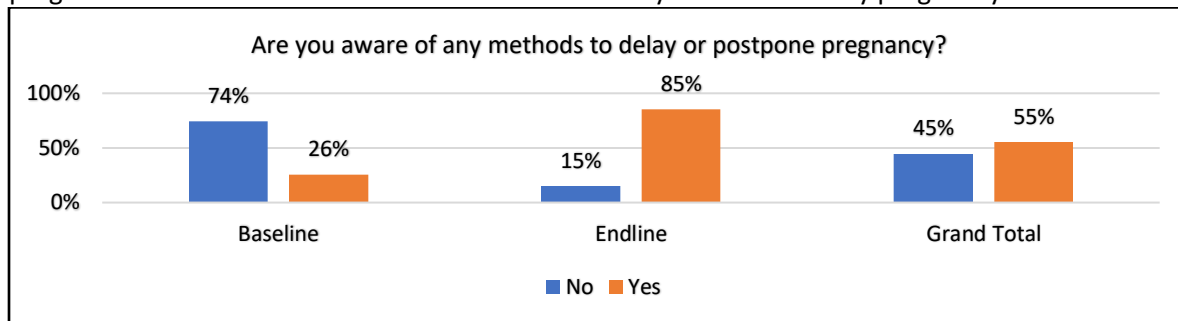


Figure 3 Method to delay or postpone pregnancy

The endline data table shows an increase of knowing methods to postpone pregnancy compare to baseline data who reported the exclusive feeding method only.

| Methods to delay or postpone pregnancy | Total | %     |
|--|-------|-------|
| Tablets                                | 124   | 18.8% |
| IUD                                    | 126   | 19.1% |
| Implants                               | 125   | 18.9% |
| Exclusive breastfeeding                | 191   | 28.9% |
| Calendar method                        | 95    | 14.4% |

### Expected Parity of Pregnancy

Due to cultural factors such as high fertility rates (6.6 children per woman), the majority of interviewed mothers expect to give birth to more than five children by decrease 49% of from (76% baseline to 22% end line), followed by and increase of 29% from (13% baseline to 44% end line) of three children, 16% from (5% baseline to 27% end line) of four children, followed by 1% increase each women expect to give birth by two children and five children. The findings show a high parity of pregnancy expectation, which may negatively impact socioeconomic, health-being of family and children's growth.

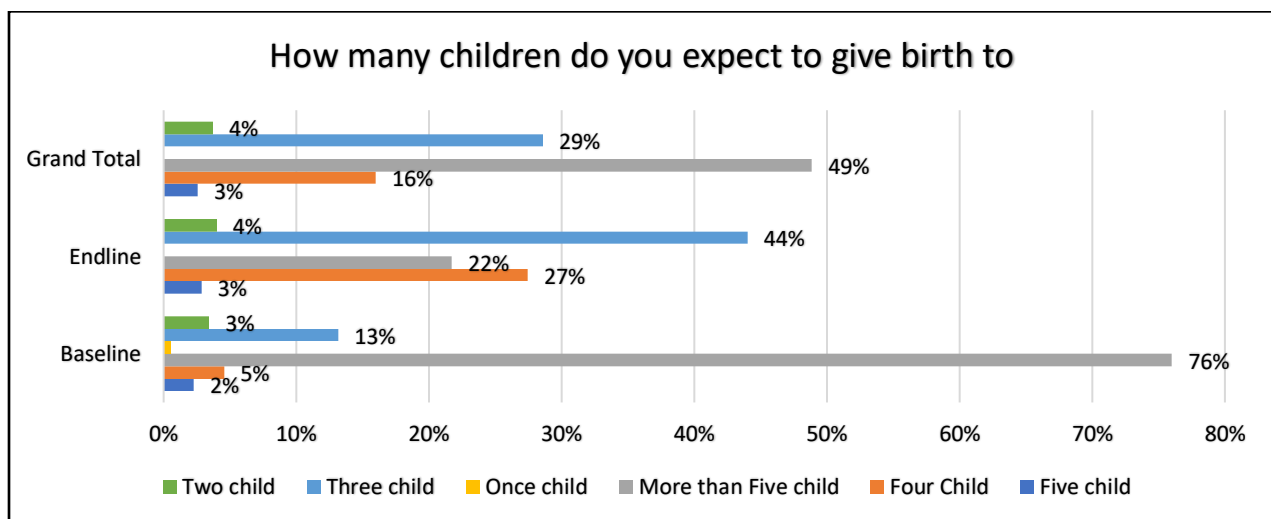


Figure 4 Expected Parity of Pregnancy

### Delivery preference

Endline data shows a nothing significant change according to baseline at private facilities in Caynabo, and Lasanod, but, end line data shows 2% an increase mothers reported that they prefer to deliver the baby at a public health facility in Lasnod, 1% increase in Caynabo and 1% decrease in Cerigabo compared with baseline. Table 3 shows more information

| Health Facility | Where do you prefer to deliver your baby at? | Baseline | Endline |
|-----------------|--|----------|---------|
| Caynabo         | Health facility-Private                      | 3%       | 3%      |
|                 | Health facility-Public                       | 46%      | 47%     |
|                 | Home   | 1%       | 0%      |
| Ceerigaabo      | Health facility-Private                      | 0%       | 1%      |
|                 | Health facility-Public                       | 28%      | 27%     |
| Lasanod         | Health facility-Private                      | 1%       | 0%      |
|                 | Health facility-Public                       | 21%      | 23%     |

Table 2 Delivery preference

### Antenatal Services

At the end line data shows the women ages 15-49 who attended antenatal care services at a health facility four times during their most recent live birth in the last six months decreased by 10% according to baseline because of those are in third semester of pregnancy during the baseline had delivered and enrolled PNC services. In general, mothers who attended all ANC services increased by 2% with respect to baseline data as below bar chart illustrates you

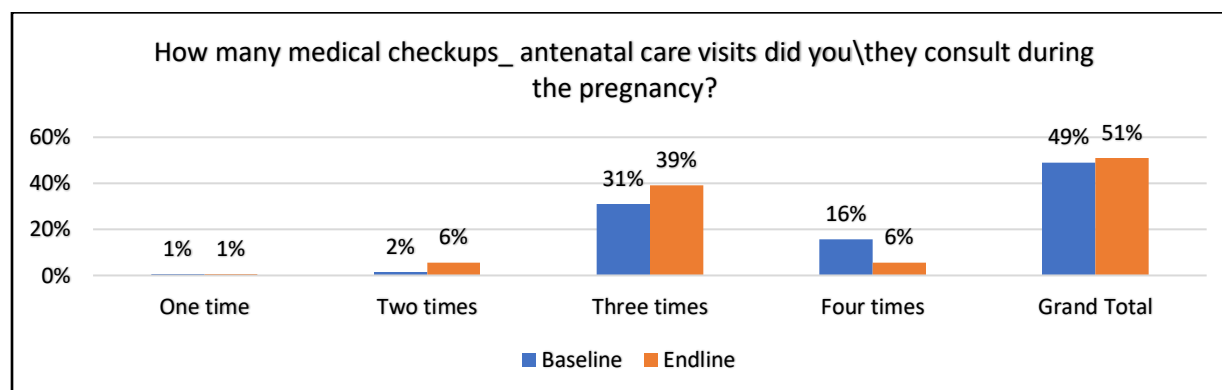


Figure 5 ANC Visit

### Postnatal Service

Similarly to the baseline, endline findings shows 40% increase of mothers visit health centres or get visited by health care providers after delivery three times concerning data of baseline. The study noted, a decrease of 31% of mothers visited two times after delivery. As below histogram demonstrates. In addition to that, the study found 1% increase of mothers visit four time or more.



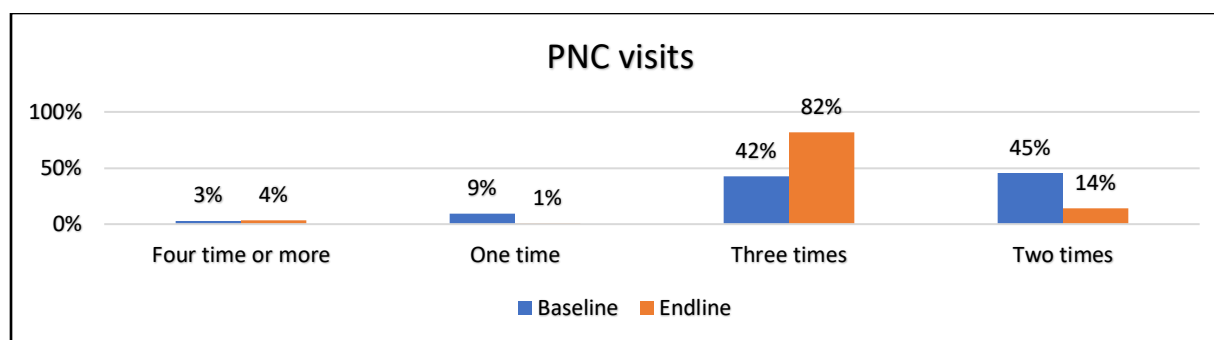


Figure 6 PNC visits

## Immunization

Endline data shows that women who received immunization during postnatal care & Antenatal care increase by 52%, TT3 by 5%, TT5 by 1%. And decreased TT2 by 38%, TT1 by 20%. Similarly, the study noted children that received BCG vaccines increased by 9%, Penta by 2%, polio by 11% and 21% decreased children received measles and no vaccination noted others and 1% others

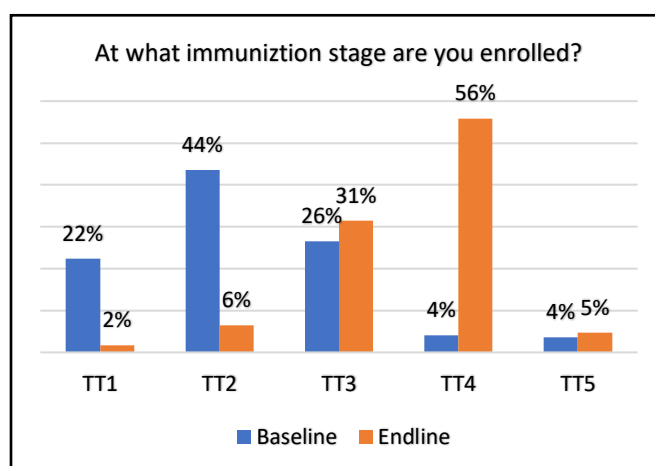


Figure 8 Mother immunization enrolment

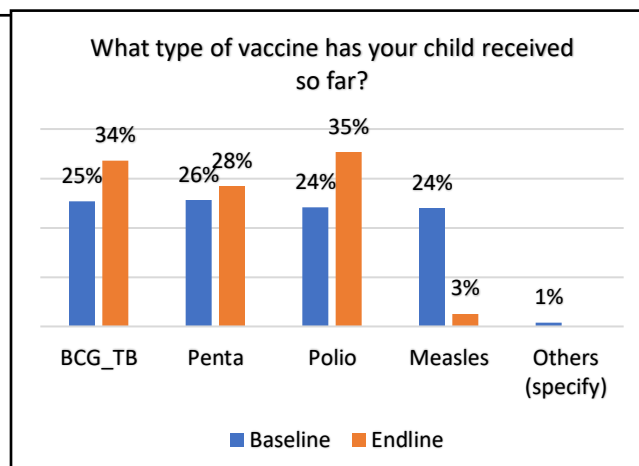


Figure 7 Child vaccination admitted

## Budget Expenditure Pattern

Household budget expenditure share is an indicator that measures the proportion of household's available budget spent on food and other expenses. The findings of endline data revealed the proportion of the budget to the family was spent on the purchase of food increased by 11% and water by 8% compare to the baseline. The expenditure to food and Water was less than at the endline. This implies the economical vulnerability of households on food and water needs. Table below depict the percentage of expenditure share pattern of households expended from a list of nineteen expenditures.

| Expenditure Share Pattern     | Baseline | End line |
|-------------------------------|----------|----------|
| Food                          | 37%      | 48%      |
| Medical expenses, health care | 4%       | 0%       |
| Transport                     | 12%      | 0%       |
| Clothing, shoes               | 8%       | 7%       |



|  |     |      |
|--|-----|------|
| <b>Water</b>                                 | 36% | 44%  |
| <b>Debt repayment</b>                        | 3%  | 0%   |
| <b>Agricultural inputs (crop)</b>            | 0%  | 1%   |
| <b>Shelter (construction_ house repairs)</b> | 0%  | 0.3% |
| <b>Sharing support to other</b>              | 0%  | 0.3% |

Figure 9 Budget Expenditure Pattern

### Food Consumption Score (FCS)

The Food Consumption Score (FCS) is a composite score based on dietary diversity, food frequency, and the relative nutritional importance of different food groups. The FCS is intended to reflect both the quantity and the quality of food to determine whether people can meet their basic food needs. The baseline found out 71% of respondents were poor threshold, 26% borderline, and 3% were within the acceptable food consumption score respectfully. The endline data show a significant changes to 73% and 16% for the acceptable and poor scores .The study revelead a positive improvement implies that the intervention was effective .

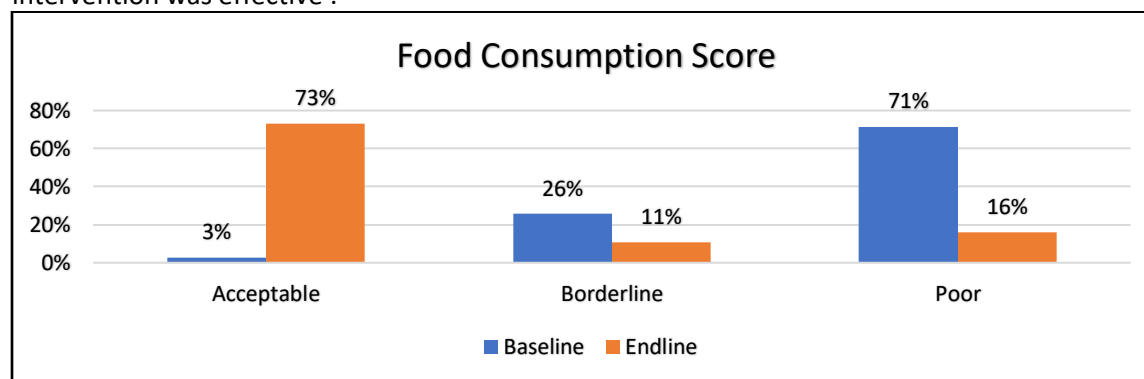


Figure 10 Food Consumption Score

### Diet Diversity Score

The household Diet Diversity Score was used to measure how the cash assistant has been utilized and impacted dietary diversity, food utilization and nutrition among the target respondents. The endline data shows that 48% decrease reported by the respondents who had low diversified diet, 24% of them have medium diet diversity and increased 24% of the respondents had high diet diversity status compare to baseline data.

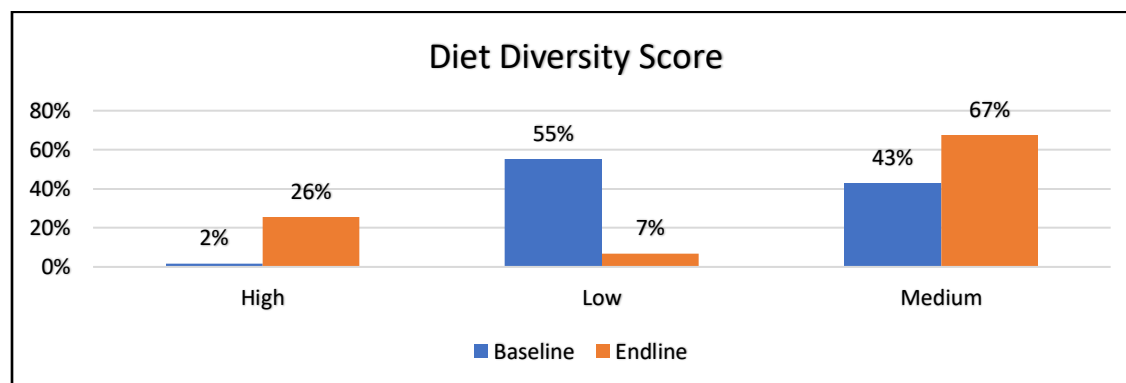
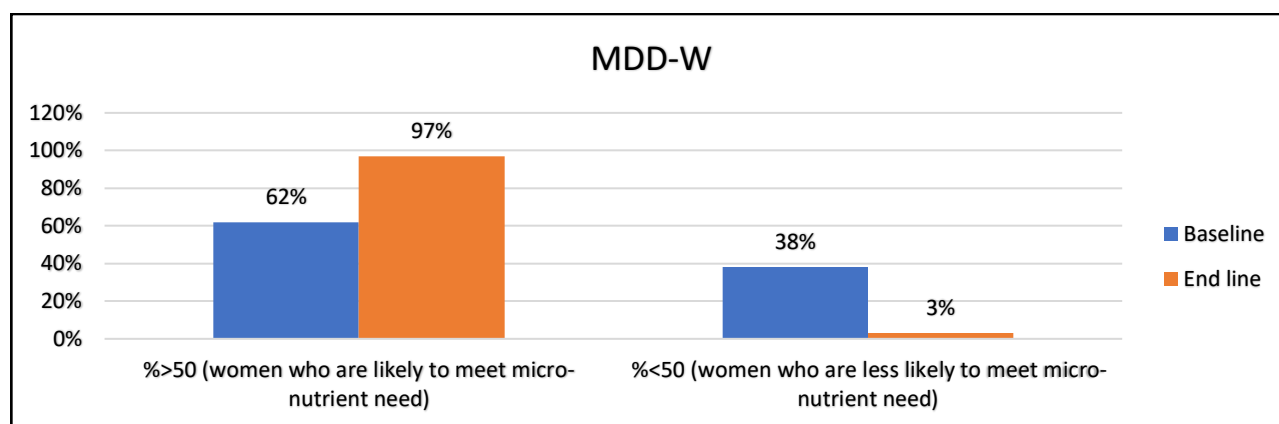


Figure 11 Diet Diversity Score

### Minimum Diet Diversity-Women

Minimum diet diversity for women with nutrient intake has important implications for health & nutrition status. The endline study noted 35% of increase to all mothers who meet micronutrients need compare to baseline data, and 35% of mothers who are less likely to meet micro-nutrients needed. The endline data shows 70% of mothers know any food taboo that is good for women to eat during pregnancy. Similarly, 64% of mother know any food groups that are NOT good for women to eat during pregnancy which is positive change compare to baseline study as below tables illustrates.



| Are there any food groups that are good for women to eat during pregnancy?     | Baseline | Endline |
|--|----------|---------|
| I don't know   | 65%      | 27%     |
| No   | 18%      | 3%      |
| Yes  | 17%      | 70%     |
| Are there any food groups that are NOT good for women to eat during pregnancy? | Baseline | Endline |
| I don't know   | 71%      | 27%     |
| No   | 22%      | 9%      |
| Yes  | 7%       | 64%     |

### Reduced Coping Strategy Index

The rCSI is a proxy indicator of household food insecurity based on a list of behaviours (coping strategies). The index reflects both the frequency of each behaviour (i.e. how many times any household member used the coping strategy) and severity (i.e. how serious the strategy). The rCSI is based on five food-related coping strategies that the household used seven days before the survey. In terms of reduced coping strategy index the responses show an average decrease of 84% practices of rCSI, compared with the baseline. The endline findings revealed that (Table 9), majority of the households relay on purchased food on less preferred, less expensive food (70%%) followed by Borrowed food or relied on help from friends or relatives (22%) strategies to cope with distress. This supports the effectiveness of the program in enabling the beneficiaries to reduce the number of negative coping

strategies that they were previously employing in order to meet basic household needs.

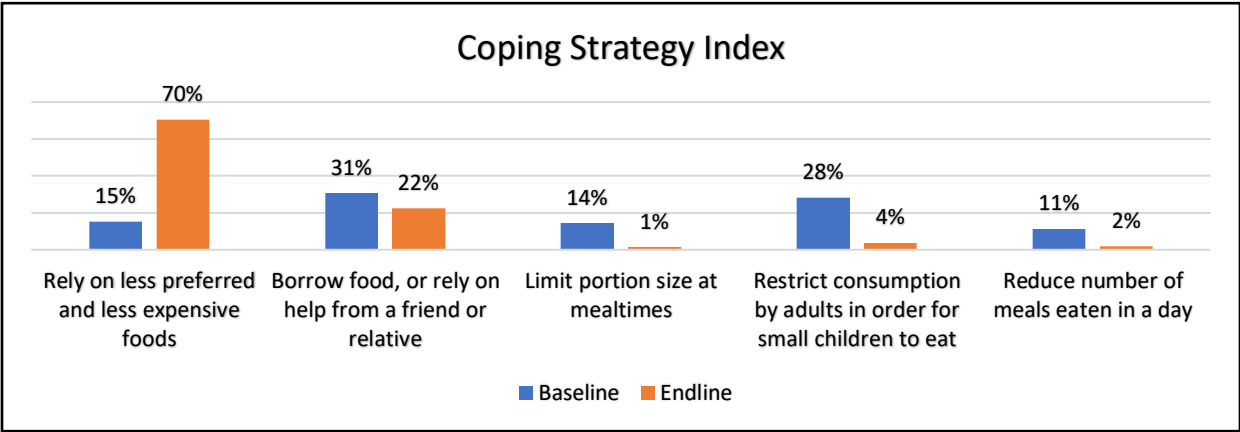


Table 3 Reduced Coping Strategy Index

### Household Hunger Scale

The HHS is a food deprivation scale that measures the percentage of households experiencing hunger due to behaviours signifying insufficient quality and quantity. As well as anxiety and uncertainty over household insecure access or food supply, inadequate quality (includes variety and preferences of the type of food) and Insufficient food intake and its physical consequences. Therefore, the household in charge of food preparation was asked about the frequency with which any household member experienced three events in the last four weeks: -No food at all in the house, went to bed hungry and Went all day and night without eating. Findings revealed of 27% respondents are **“Moderate Hunger” Household**”, 18% of the respondents were experiencing **“Severe Hunger”** And 55% of the respondents reported to “ave facing **“little or no Hunger”**”.

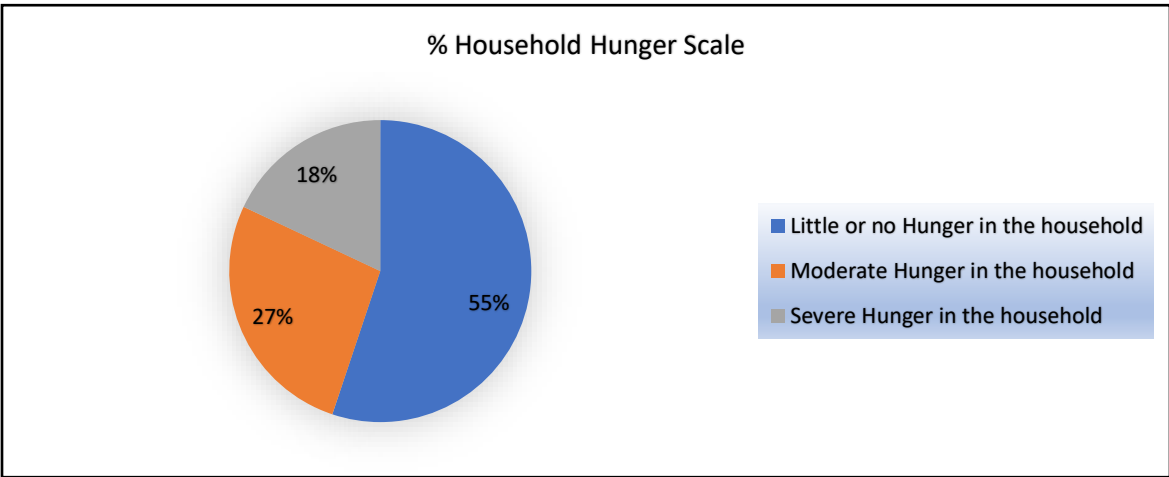


Figure 12 Household Hunger Scale

### Feedback Accountability Mechanism

The baseline participants were asked whether they aware of any feedback or complaints mechanism to report problems, gaps & feedback regarding this project. The survey findings revealed that, on average, 55% of the respondent households told that they are not aware or know where to go in case they have

complaints. In contrast, 45%, on average of the respondent households, mentioned that they know & aware of the existing feedback accountability mechanisms.

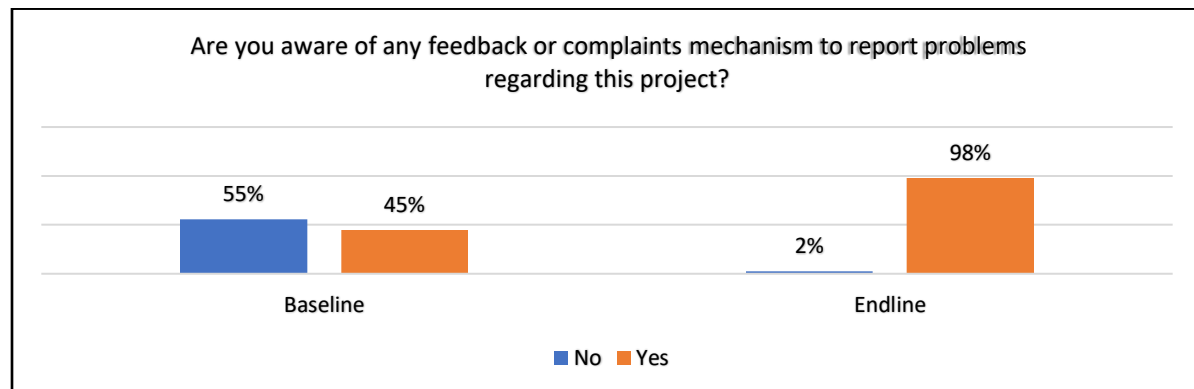


Figure 13 FAM

### Decision making

The end line data shows an improvement in the woman can decide to go to a health facility without her husband's permission compare to baseline findings. 5% a decrease from (7% baseline to 2% end line) can a mother decide about health care for herself and the children without having husband's approval. Similarly, an 18% increase from (15% baseline to 33% end line) of mothers reported no need for permission to go to a clinic even if the husband denied his approval. The below pie chart show in detail the level of decision-based on budget & permission

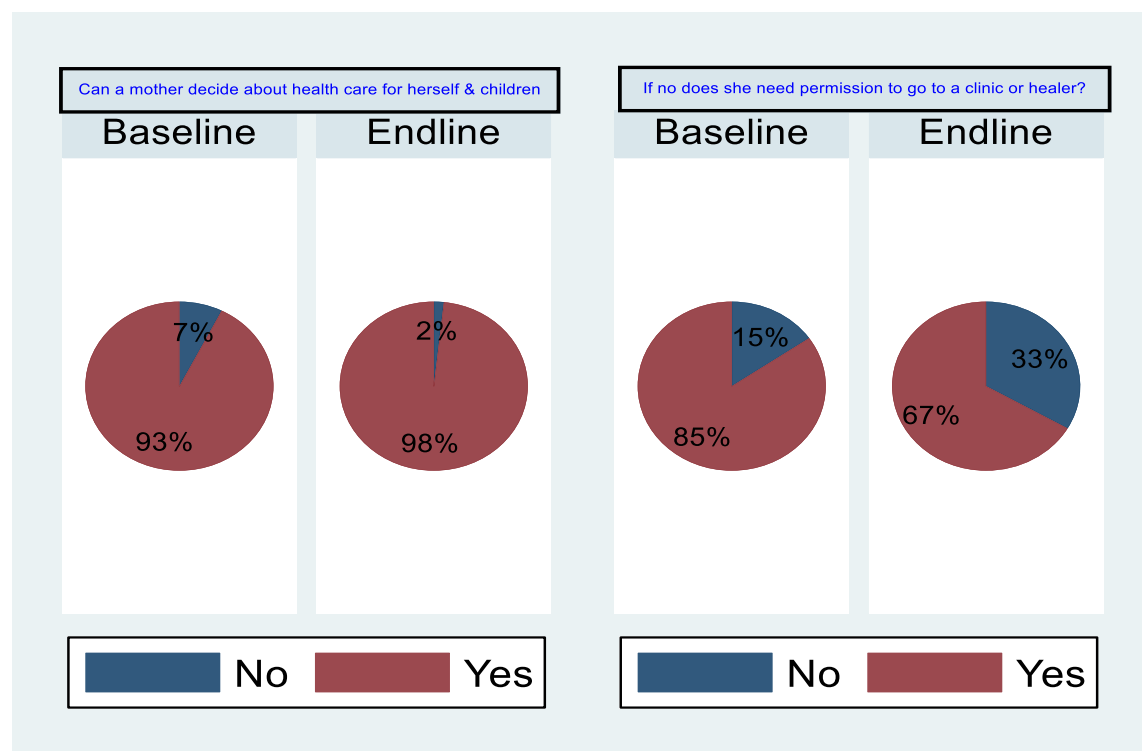
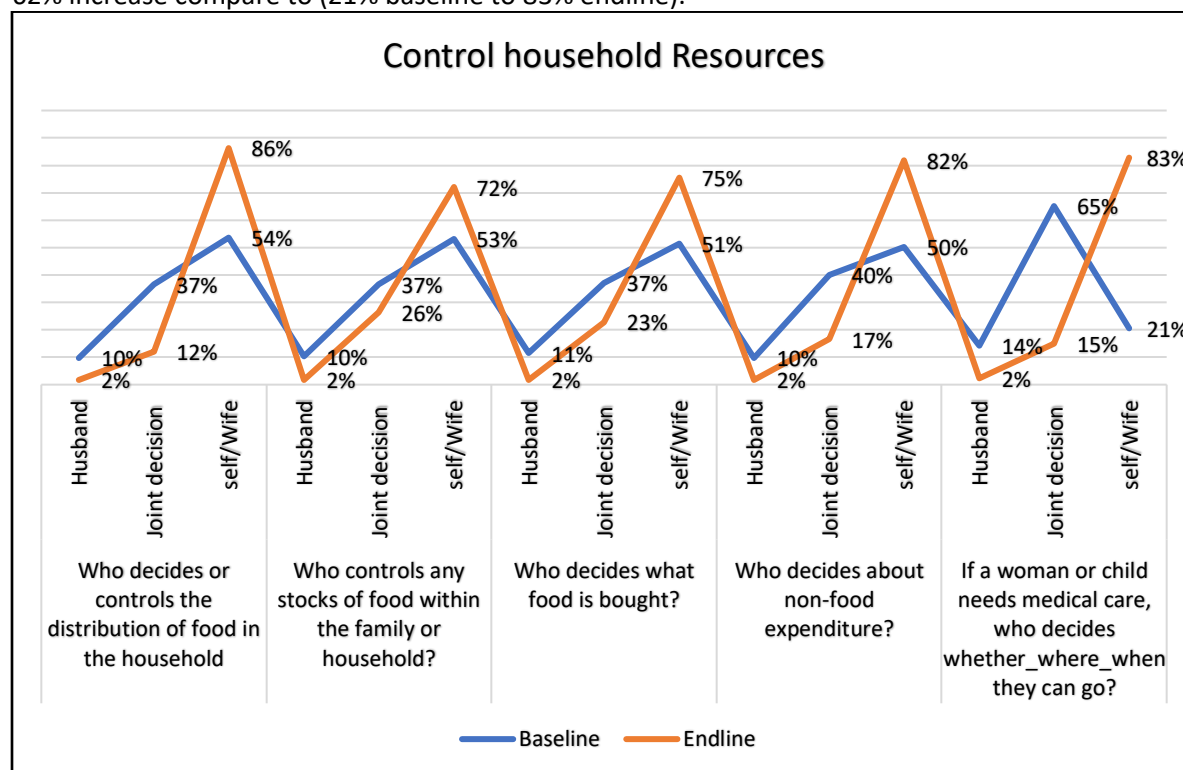


Figure 14 Who decides or controls activities at the household level

## Control of Household Resources

In terms of controls, the household food distribution for women increased by 33% compared to baseline and end-line data from (54% to 86%, respectively). Similarly, women's control of family food stock increased by 19% from (53% baseline to 72% endline), and women who decide what food is bought increased by 24% from (51% baseline to 75% endline). In addition to that, the study found out women who decide about non-food expenditure increased by 31% from (50% baseline to 82% endline) and lastly, If a woman or child needs medical care, who decides whether where when they can go had improved by 62% increase compare to (21% baseline to 83% endline).



## Impact of the Intervention

- The intervention reduces suffering, morbidity and mortality of vulnerable Internally Displaced population affected by natural and manmade crises including COVID -19 with particular focus on pregnant and lactating women and those affected by sexual gender based violence in Sool and Sanaag regions.
- Increased integration of activities:
  - The cash assistance empowered women in terms of access, utilization, and control Health & nutrition education session shall prioritize the importance of food consumption behavior During pregnancy which was not the case before.
  - Increased the number of Birth spacing commodities provided to mothers to prevent unintended pregnancy.
  - Increased the number of individuals accessing GBV response services.
  - Improved the number women attending ANC and PNC consultations in health facilities supported

- The cash assistance to mothers during antenatal period improved maternal health of women perinatally, during delivery and post-delivery.
- study revealed an improved purchasing power of women, use of cash not only for food but also other essential needs.
-