



## EMERGENCY FOOD SECURITY PROGRAM



## FINAL EVALUATION REPORT

**Kenbridge Consulting Limited**

**August 2019**

## ACKNOWLEDGEMENTS

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The following evaluation was conducted by Kenbridge Consulting Limited with input and critical review from the CARE Emergency Food Security Team led by Abdi Nur Elmi, Sabdow Bashir and Hamse Abdi. Special thanks are extended to Ahmed Ali and Hamse Abdi for their invaluable technical inputs into the evaluation design and field data collection tool. We would also like to acknowledge the many EFSP staff without whom it would not have been possible to complete the assignment. Whilst this is a wide number of staff special thanks are extended to Saed Arshe, Amran Ahmed, Mawlid Ahmed, Ahmed Abdinasir, Mohamed Ibrahim Abdi, Abdulkadir Hassan Warsame, Omar Mohamed Jibril, Eng. Duale and Hodo Ali.

Our acknowledgements would be incomplete without mentioning the field data collection teams from Sool, Sanaag, Galgaduud and Mudug Regions. They showed a great deal of commitment, sacrifice and high level of professional standards during the data collection period, ensuring that all of the planned field activities were executed as planned whilst ensuring quality data was collected.

The study would not have been possible without the patience and input of all the participants in the evaluation; local administrators/community leaders, beneficiary households, local community leaders and other local stakeholders in Sool, Sanaag, Galgaduud and Mudug regions. We are thankful to these community members for taking the time out from their important work schedules to respond to our questions. We have no doubt that the insights gained from the community will provide new ideas and that the lessons learnt will inform, and influence, programming aspects which will translate into valuable impacts that will be of benefit to the communities.

### 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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## EXECUTIVE SUMMARY

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This report provides the results of the final evaluation of the Emergency Food Security Program (EFSP) implemented in twelve districts within the four regions of Sool, Sanaag, Galgaduud and Mudug that was conducted during July and August 2019. The primary purpose of the final evaluation was to ensure accountability, and objectively assess the relevance, efficiency, effectiveness and the sustainability of the project. The project also sought to assess the extent to which the program achieved the target objectives and indicators and provide recommendations for future interventions. It was also intended to capture emerging results/lessons learnt and best practices that can be used to inform the decision-making process of the project stakeholders, including the donor, CARE Staff, program beneficiaries and government departments with regards to future programming.

The evaluation took a phased approach starting off with detailed review of available documents, followed by the collection of a mix of both quantitative and qualitative data through the household survey, interviews with CARE staff, community leaders, local administrators, traders and service providers, focus groups discussions with various community groups, field observation of project activities, and triangulation of different sources. During the evaluation, 818 households from Dhusamareb and Abudwak (Galgaduud), Jariban and Goldogob (Mudug), Ainabo and Las Canod (Sool), and Erigavo and El Afweyn (Sanaag), 13 focus group discussions and 35 key informant interviews were held, and data collected on 7 cash for work (CfW) sites and markets visited during the program evaluation.

Based on the findings from the household survey, focus group discussions, key information interviews and field visits, it was found that CARE provided cash transfers (both unconditional and conditional in three phases, with each phase having 3 monthly cash transfers/cycles) to 52,299 drought-affected vulnerable households within the four regions. The transfers targeted a range of beneficiaries (based on detailed vulnerability criteria), including pastoral dropouts, conflict displaced populations, internally displaced people (IDPs) and the vulnerable urban poor in a fair and transparent manner. The targeting process was primarily based upon the latest FSANU, CARE and partner assessments, and was well coordinated with the communities and local authorities, thus reducing the time taken in identifying beneficiaries and enhancing the communities' acceptance of the intervention.

Over and above the program performance parameters, the beneficiaries overwhelmingly indicated that the program had had significant positive impacts. The program was considered timely as it was delivered when beneficiaries were getting into months of food insecurity. When asked whether the cash transfer had improved their livelihoods, 93% of the household survey respondents reported that their livelihoods had improved, mainly in terms of improved purchasing power (93%), ease of meeting their basic needs (78%), better social status (22%), better and more recognition (17%), taking children to school (14%), access to healthcare (9%) and in other (non-described) areas (7%). In the household survey, 94% of the respondents received three cycles of the correct amount, whilst 5% who were targeted under the Rapid Response Fund (RRF) received two cycles enabling households to purchase their preferred foods, at least 25Kg of rice, 25Kg of sugar, 25kg wheat flour, 3kg of cooking oil, 10kg of pasta and some vegetables.

The program had a positive impact on the 52,299 households enrolled. The programme resulted in a reduction of distress coping strategies, with an average rCSI of 12.8 reducing from 20.4 at the program baseline. 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. In addition, as planned, all the households used the cash transfer to meet their basic needs, with 97% of them using the cash transfer to purchase food for the household, indicating that the cash intervention has directly contributed to the enhancement of the household food security during the drought. Trend analysis shows that throughout the program there was a downward trend of the rCSI scores, while there was an increase of household dietary diversity index to 20.4 compared to the baseline of 12.8. Similarly, an analysis of household hunger shows that in general the beneficiaries were experiencing little to no hunger, with only 13% experiencing moderate hunger and 86% of households experiencing little to no hunger. This again indicates that the programme has achieved positive outcomes.

While the evidence suggests that the program generated a number of positive impacts, across many domains, demonstrating effective and efficient implementation, and that the beneficiaries used the cash as per the original objectives of the program, households continue to face challenges in their capacity to fully recover from the impacts of conflict and drought. Increasing the scale of interventions and developing additional holistic livelihood strategies for the target areas, creating linkages with market-based interventions and improvement in access to water, education and healthcare, experimenting with graduation models combined with local savings (VSLAs) were among some of the areas identified for improving future programming. A more detailed description of these recommendations is provided towards the tail end of the report.

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## ACRONYMS AND ABBREVIATIONS

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BBRS	Biometric Beneficiaries Registration System
CaLP	Cash Learning Partnership
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
FAO	Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FCRM	Feedback, complaint and response mechanism
FEWSNET	Famine Early Warning Systems Network
FGDs	Focus Group Discussions
FGoS	Federal Government of Somalia
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
GoS	Government of Somalia
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
MEB	Minimum Expenditure Basket
OCHA	Office for the Coordination of Humanitarian Affairs
OECD-DAC	Organization for Economic Co-operation and Development Assistance Committee
OFDA	Office of U.S. Foreign Disaster Assistance
PDMs	Post Distribution Monitoring
PPS	Probability Proportionate to Size
RRF	Rapid Response Fund
SAM	Severe Acute Malnutrition
UCT	Unconditional Cash Transfer
UN	United Nations
USAID/FFP	United States Agency for International Development/Food for Peace
USD	United States Dollar
VSLA	Village Savings and Loan Association
WASH	Water, Sanitation and Hygiene



## 1. BACKGROUND AND CONTEXT

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CARE International contracted Kenbridge Consulting Limited to conduct the final evaluation of the Emergency Food Security Program (EFSP) that provided conditional and unconditional cash transfers to drought and conflict affected populations in Galgaduud, Mudug, Sanaag, and Sool regions. In this section, we provide a contextual background to the program, its geography and beneficiaries, targets and performance indicators that will help understand the findings of the evaluation.

### 1.1. *Introduction*

Cash and Voucher Assistance (CVA)<sup>1</sup> has been proven to be an effective humanitarian response tool to the prolonged instability and recurrent critical emergencies resulting from the chronic conflicts, droughts and flooding in Somalia/Somaliland. As of November 2018, humanitarian organizations in Somalia/land reached 4,877,859 households whilst distributing USD 28,371,038, with CARE being among the top 10 cash transfer partners – reaching 134,438 beneficiaries<sup>2</sup>. These programs delivered both cash (conditional and unconditional) and vouchers (restricted and unrestricted) to help drought and disaster affected households fill in the critical gaps in meeting their basic needs. In addition to meeting immediate household needs, and to stimulate markets in times of crisis, CVA programs have been used to link with early recovery efforts to support the rebuilding of resilience and livelihoods amongst communities. More recently, cash is increasingly being used as an education emergency response and to achieve protection WASH and shelter outcomes.

CARE has been operating in Somalia since 1981. They have implemented a variety of emergency and longer-term development projects in water, sanitation and hygiene (WASH), education, nutrition, and food security. Encouraged by the ongoing impacts, CARE has increased the use of CVA in the recent years. In 2017 – 2018, CARE implemented the Emergency Food Assistance for Somalis (EFAS) project in in Badhan, Celafweyn, Erigavo districts in Sanaag region and Lasanod and Ainabo districts in the Sool region. This was an unconditional cash transfer project that provided 100% of the food portion of the Minimum Expenditure Basket (MEB)<sup>3</sup> by livelihood zone targeting the drought affected populations in these regions. The currently evaluated Emergency Food Security Program (EFSP) built on these experiences, networks and infrastructure to support vulnerable communities and achieve identified program outcomes (Table 2).

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<sup>1</sup> Cash and Voucher Assistance refers to all programs where cash (or vouchers for goods or services) is directly provided to beneficiaries.

<sup>2</sup> Centre for Humanitarian Data: Cash Transfer Programming: accessed at <https://data.humdata.org/visualization/somalia-cash-programming-v3/>

<sup>3</sup> The MEB for Somalia is calculated by FSNAU. The calculation consists of minimum quantities of essential and basic food and non-food items and represents a minimum set of basic food items. It represents the food needs for 2,100 kilocalories/person/day basic energy requirement for a household of 6–7 people. Additionally, it includes non-food items such as water, kerosene, firewood, soap and cereal grinding costs. FSNAU (n.d.).

## 1.2. Emergency Food Security Programme

### 1.2.1. *Program Goals and Indicators*

The EFSP was a fifteen months USAID/FFP funded program implemented in twelve districts within four regions of Somalia/Somaliland, namely Galgaduud region (Dhusamareb and Abudwak), Mudug region (Hobyo, Jariban and Galdogob), Sanaag region (Erigavo, El-Afweyn and Badhan) and Sool region (Ainabo, Lascanood, Hudun and Talex). The projects goal was to save the lives of vulnerable drought and conflict affected communities in these regions by providing cash transfers (both unconditional and conditional) to drought-affected vulnerable households in order to support their access to basic food needs. The program was implemented in three phases, with each phase having 3 monthly cash transfers/cycles. New beneficiaries were targeted for every phase, in all of the intervention regions, and a total of 52,299 households (equating to 433,425 – male 193,310 and female 240,115 beneficiaries, based on the number of household members from BBRs data) was reached during the duration of the entire project. Table 1 provides the total number of household beneficiaries across all three phases, by region and gender.

Phase	Households		Totals HHs	Individuals		Total Individuals	UCT	CCT
	Male	Female		Male	Female			
<b>One</b>	4,195	6,609	10,804	36,833	36,970	73,803	10,804	
<b>Two</b>	8,112	16,873	24,985	95,458	98,946	194,404	17,451	7,534
<b>Three</b>	6,218	7,942	14,160	52,060	95,282	147,342	6,423	7,737
<b>Total for 3 Phases</b>	<b>18,525</b>	<b>31,424</b>	<b>49,949</b>	<b>184,351</b>	<b>231,198</b>	<b>415,549</b>	<b>34,678</b>	<b>15,271</b>
<b>Rapid Response Fund</b>	60	240	300	1,258	1320	2,578	300	
<b>Re-programmed</b>	634	1416	2,050	7,701	7,597	15,298	2,050	
<b>Totals</b>	<b>19,219</b>	<b>33,080</b>	<b>52,299</b>	<b>193,310</b>	<b>240,115</b>	<b>433,425</b>	<b>37,028</b>	<b>15,271</b>
<b>Targeted HHs</b>	52,994							
<b>Variance</b>	695							

Table 1: Beneficiaries across all three phases of EFSP

In addition to the planned program beneficiaries, EFSP set aside USD 296,460 for approximately 3,294 households (19,764 individuals) to rapidly respond to acute food insecurity resulting from a sudden-onset event in the geographic areas covered by the project. However, the project managed to reach only 300 households comprising (male 60; female 240) who had been displaced by inter-clan conflicts in Las Canod district, Sool region. In the absence of a new crisis, the project team, with approval from USAID/FFP, used the remaining budget under the Rapid Response Fund (RRF) to reach an additional 2050 households representing (male 1,416 and female 634) with unconditional cash transfer during Phase 3 of the program<sup>4</sup>. The program established a set of indicators prior

<sup>4</sup> In addition to the planned activities, the project also registered an additional 2,050 households (male 634; female 1,416. The newly registered additional households (2,050) are from Sool and Sanaag regions which had lower beneficiaries in the third phase compared to the other 2 regions (Mudug and Galgadud). The two regions also faced severe food insecurity during the period which necessitated CARE to seek re-programming.

to the commencement of the CVA, and these shall be used as means of measurement in terms of program efficiency and achievement (Table 2).

Program Indicators	Target by end of program
Reduction in distress coping strategies among affected communities	80%
% of targeted HHs with acceptable food consumption score (FCS)	80%
% of HHs able to meet minimum food needs throughout the program period	80%
Number of HHs enrolled in the cash transfer program	52,994
% of cash transfer used to meet basic food needs	100%

*Table 2: Program Indicators*

### 1.2.2. Final Program Evaluation

The final evaluation of the program was designed to assess the extent to which the program has achieved its target objectives, indicators and to capture emerging results that can be further used to inform decisions about future programming. The specific objectives of the evaluation were to:

- Assess and provide reliable end-line information on program performance against set parameters (i.e. objectives, indicators) that will be used to measure the progress of achievements against benchmarks established during the baseline (July 2018).
- Measure the effectiveness and efficiency of the program by tracking the changes that happened as a result of the intervention, including the percentage of reduction in distress coping strategies among affected communities, and percentage of targeted households with acceptable food consumption score (FCS) as well as the number of households enrolled in the cash transfer program.
- Identify best practices and key lessons learned in technical aspects, as well as the program management approach, to facilitate continued learning and improvement of humanitarian emergency response. In particular, what lessons, CARE could share on the phased implementation of the cash disbursement.

The key audience for the end-line evaluation report includes program staff, CARE's country office leadership and the donors so that they can design future programs from an informed position. In addition, through CARE, the findings of the evaluation will be shared with USAID/FFP and with the humanitarian community working in Somalia/Somaliland, through the cash working and learning partnership and the relevant clusters in Somalia. It is also expected that the findings of this evaluation will contribute to a growing body of evidence on Cash and Voucher Assistance (CVA) in Somalia/Somaliland.

## 2. EVALUATION APPROACH AND METHODOLOGY

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The evaluation took a phased approach starting off with detailed review of available documents, followed by the collection of a mix of both quantitative and qualitative data through the household survey, interviews with CARE staff, community leaders, local administrators, traders and service providers, focus groups discussions with various community groups, field observation of project activities, and triangulation of different sources. The project concluded with the analysis and drafting, as well as the formulation of recommendations to facilitate continued learning and improvement of humanitarian emergency response.

Below, the detailed approach and methods which were undertaken in the evaluation process are presented.

### 2.1. *Evaluation design and questions*

This final EFSP evaluation employed a non-experimental design using a mixed-methods approach involving both quantitative and qualitative data. The evaluation used meta-questions formed around the five DAC evaluation criteria of relevance, effectiveness, efficiency, impact and sustainability, to assess whether the program met its objectives within the overarching framework of the DAC criteria.

The evaluation addressed the following questions:

- How did the EFSP program perform against the stated objectives, OECD-DAC Criteria and Grand Bargain Commitments on cash?
- How did the EFSP program impact on the households and markets, as well as meet the recipients' needs?
- What changes happened as a result of the intervention including the % of reduction in distress coping strategies amongst affected communities, and % of targeted households with acceptable food consumption score (FCS).

### 2.2. *Data Collection Methods*

In order to answer the key evaluation questions, both qualitative and quantitative data were drawn from both primary and secondary sources. Firstly, secondary data was obtained through a review of program documents (including technical proposals, baseline and other relevant assessments), donor reports, monitoring data and reports and program consultancies; and from the wider body of literature on humanitarian context, cash transfer programming and food security in Somalia<sup>5</sup>. The evaluation generated primary data from household surveys, administered to randomly selected beneficiaries within the target locations, focus group discussions (FGDs), key informant interviews (KIIs), and field observations particularly around CfW project activities and market observations.

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<sup>5</sup> A detailed list of the documents reviewed can be found in Annex 1.

### 2.2.1. Quantitative Data: Household Surveys

Using a comprehensive standard questionnaire which was designed to capture different perspectives of the cash intervention, program objectives, and immediate impact as well as intended and unintended outcome, a survey of 818 households in 8 districts across the 4 target regions was conducted. It should be noted that not all of the 12 districts that were targeted during the EFSP were sampled. Following sample size determination using Cochran's formula<sup>6</sup> 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 household survey employed a stratified, two stage, cluster sampling design, with the first stage being Probability Proportional to Size (PPS) sampling of beneficiaries of the two interventions in each target district, followed by systematic random sampling of the households to be interviewed. Considering that the total reached beneficiaries (population of the study) in the eight districts – Dhusamareb and Abudwak (Galgaduud), Jariban and Goldogob (Mudug), Ainabo and Las Canod (Sool), and Erigavo and El Afweyn (Sanaag) – was 52,024 beneficiaries, a total of sample of 818 was obtained. The household interviews were guided by a structured questionnaire<sup>7</sup> which was uploaded onto KoBo Toolbox and the field data was collected through digital data collection devices, in real time, by a team of trained enumerators supervised by CARE and Kenbridge consultants. Table 3 provides the number of study respondents interviewed during the primary research (household survey, FGDs, KIIs and observation of markets and CfW infrastructure).

Region	District	Household Surveys	FDGs	KIIs	CfW Observations	Market Observations
Galgaduud	Abudwak	117	2	4	1	1
	Dhusamareeb	139	0	4	0	1
	<b>Subtotal</b>	256	2	8	1	2
Mudug	Goldogob	71	0	4	0	1
	Jariban	93	2	4	1	1
	<b>Subtotal</b>	164	2	8	1	2
Sanaag	El-Afweyn	101	1	3	1	0
	Erigavo	99	2	4	1	1
	Badhan	0	2	4	1	1
	<b>Subtotal</b>	200	5	11	3	2
Sool	Ainabo	100	2	4	1	1
	Las Canod	98	2	4	1	1
	<b>Subtotal</b>	198	4	8	2	2
<b>Total</b>		818	13	35	7	8

Table 3: Number of interviews, FGDs and observations conducted during the evaluation

<sup>6</sup> Cochran's Sample Size Formula:  $(n = D [(Z\alpha + Z\beta)^2 * (P1(1-P1) + P2(1-P2)) / (P2-P1)^2])$

<sup>7</sup> Available in Annex 2: Data collection tools

### 2.2.2. *Qualitative Data: KIIs, FDGs and Observations*

The quantitative household survey was complemented by complementary qualitative methods (Table 3). Facilitated by the lead and associate consultants, in-depth interviews were held with selected persons within the community, program staff, key stakeholders, and institutions such as government, service providers (Telesom, Golis and Hormuud), local authorities, community relief committees, IDPs camp leadership, market traders, businesses, and village and local leadership in the target districts and villages. The interview guides used to facilitate these discussions were open ended and designed to be detailed enough as to gather the necessary information on program planning, implementation, participation, ownership and sustainability<sup>8</sup>.

As for the FDGs, a separate, but inclusive group of between eight to twelve men and women were selected in each village and discussions were held to explore the key evaluation criteria in more detail. The FDGs participants were selected purposively depending on their local contextual knowledge and usefulness of information that they had regarding the program. The team examined both the positive and negative perceptions and concerns regarding the cash transfer program. In order to understand the impacts of the program upon the local markets and businesses, understand market conditions and purchasing power of the beneficiaries, interviews were also held with the market actors that the beneficiaries were interacting with in the villages. Additionally, market data on the essential food and non-food items was collected. This was meant to assess the markets capacity to respond to the additional demand created by the cash transfers and the opportunity for markets to create an enabling environment for the different livelihood groups.

Considering that for the conditional cash transfers, conditionality was participation in CfW activities in locally identified communal infrastructure construction or rehabilitation, site visits and assessments, interviews and discussions were also held with communities, CfW participants and supervisors. Key areas of enquiry included adherence to the minimum standards for the infrastructure and work conditions, payment conditions and modalities, number of potential users to the infrastructure, conditions for use and management of the infrastructure, and impacts on households and community.

### 2.2.3. *Data Analysis Procedures*

The quantitative data collected through the mobile devices was downloaded from KoBo Toolbox servers and data cleaning and analysis was done through advanced Microsoft Excel application. From the quantitative data, descriptive statistics (frequencies and percentages, means, standard deviation and medians) and other measures of variation were generated. Another level of analysis was done to measure indicator performance where data was analysed according to standard approaches. Data from the qualitative element of the study (from KIIs, FDGs and observations) was entered into Microsoft Excel for grouping of the findings into major themes, ranking in accordance to frequency and importance, and to triangulate the quantitative data findings.

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<sup>8</sup> Available in full from Annex 2.

#### 2.2.4. *Limitations and challenges to the Data Collection*

Considering the geographic scope of the program, time and context limitations, it was not practical to develop a fully randomized survey of all of the beneficiaries and non-beneficiaries within all the regions. Furthermore, as a result of the access and security issues the evaluation team was limited in fieldwork opportunities, number of locations visited and data collection. The security challenges that prevailed within villages in El Afweyn District, where clan fights were ongoing at the time of the evaluation, presented a specific challenge. Similarly, the security situation in some parts of Dhusamareb District remained fluid during the evaluation days due to the planned reconciliation conference between different clans facilitated by the Federal Government of Somalia in Dhusamareb town.

#### 2.2.5. *Ethical Considerations*

Full disclosure to the nature of the research was provided to all of the beneficiaries, and informed consent was sought<sup>9</sup>. Whilst beneficiaries had been subject to post –distribution monitoring (PDM) throughout the phases, it was necessary to collect consent afresh. FDGs and KIs were respected with confidentiality and this provided for rich and insightful discussion and data elicitation.

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<sup>9</sup> Available in full from Annex 2

### 3. RESULTS AND SYNTHESIS OF THE EVALUATION FINDINGS

The evaluation sought to assess whether the program targets and indicators were achieved (as outlined in Table 2), and the results that follow are an accumulation of secondary data review and primary data collection from household surveys, KIIs, FGDs and field observations conducted within eight districts of Sool, Sanaag, Mudug and Galgaduud regions. It is important to note that the findings from the household surveys were carried out with household members present at the time of the enumeration and they may have not been the specific individual registered to collect the transfer. The following findings are presented according to the DAC evaluation criteria for evaluating humanitarian assistance.

#### 3.1. *Beneficiary Profile*

The program delivered three phases, each of three cycles of cash transfer in the four regions of Sool, Sanaag, Galgaduud and Mudug reaching a total of 52,299 households. Of these households 15,271 were reached through the conditional cash transfers, conditional upon participation in CfW activities, whilst 300 households were reached through Rapid Response Fund (RRF). In addition 37,028 beneficiaries were targeted for the unconditional cash transfer, and amongst all of the beneficiaries (CCT, UCT and RRF) there was good gender representation as shown in Figure 1. Of the above beneficiaries, through the qualitative household survey, the evaluation team surveyed 818 households, of these 89% were the household heads, whilst the remaining 19% were household members but not specifically the household head. In terms of regional distribution, representation was gained from all 4 regions as per Figure 2.

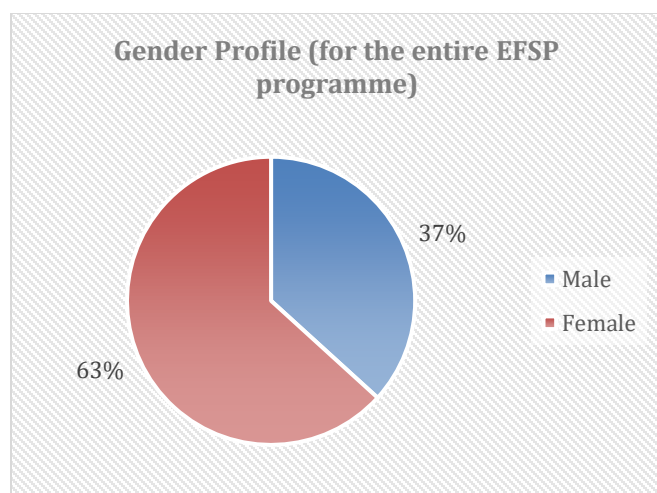


Figure 1: Beneficiary Gender Profile

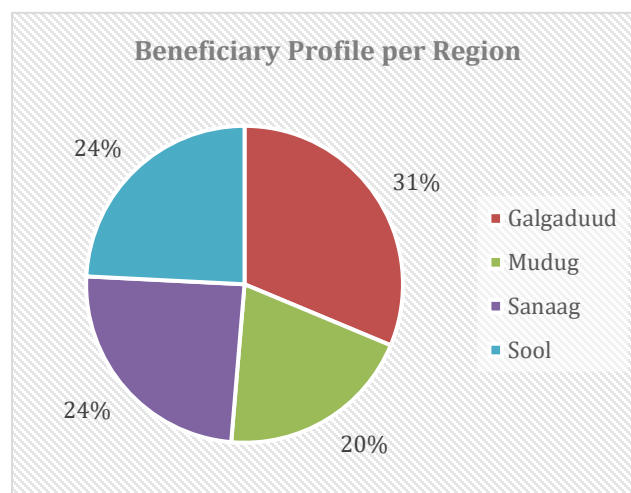


Figure 2: Beneficiary Profile per Region

Although one of the key targets of the program was the older persons, the majority of those interviewed were middle aged with the average age of the respondents being 44.94 years. In all of the regions, the respondents represented multiple demographics, which had been targeted for the cash transfer, providing holistic representation. In total, 35% of those surveyed were women, while 84% of the respondents were married, 6%



divorced, 8% widowed and 2% of whom had never been married (Table 4). The average size of the households surveyed was 6 members, with Mudug recording the highest number of household members (7 persons). These demographics are represented in Table 4 per individual Region.

Region	Average Age of HH Head	Average Household Size	Gender of Respondent		Marital Status of Household Head				% of Respondents
			Men	Women	Divorced	Married	Never married	Widow	
<b>Galgaduud</b>	41.88	6.04	46%	54%	2%	91%	3%	4%	31%
<b>Mudug</b>	47.37	7.05	61%	39%	15%	79%	2%	3%	20%
<b>Sanaag</b>	44.99	6.06	73%	27%	2%	84%	2%	13%	24%
<b>Sool</b>	47.84	5.79	84%	16%	6%	80%	3%	12%	24%
<b>Average</b>	44.94	6.19	65%	35%	6%	<b>84%</b>	<b>2%</b>	<b>8%</b>	<b>100%</b>

Table 4: The demographics of the households surveyed

In terms of livelihood sources within the last month, humanitarian aid (62%) was an important source of income, which was to be as expected given that all of the respondents were cash transfer beneficiaries. Livestock sales (25%), daily waged labour (20%), livestock product sales (7%), small businesses (6%) and remittances (1%) were the other main sources of incomes. In addition, with less 1% of them engaged in salaried work and only 11% having an alternative income to their main income source, across all the regions, the limited alternative or employment options available to the beneficiaries was highlighted (Figure 3).

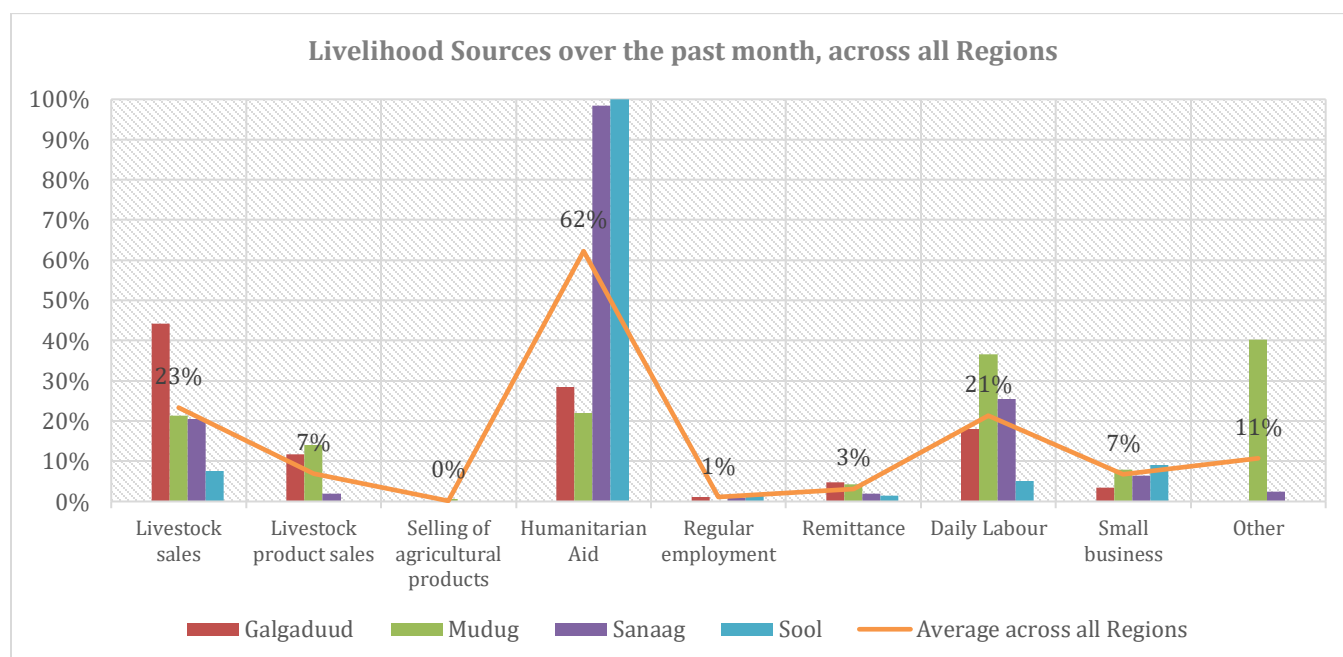


Figure 3: Livelihood sources over the past month across all Regions

The average income was USD 63.00 per household, much lower than the baseline data (USD 90.50) for the general population in the targeted regions. This may be associated with the fact that all of those interviewed were beneficiaries of EFSP, who had been selected due to their vulnerability, and were thus expected to have a lower than average income compared to the general population. Figure 4 below summarizes the beneficiaries' livelihood sources per level of income, within the last month.

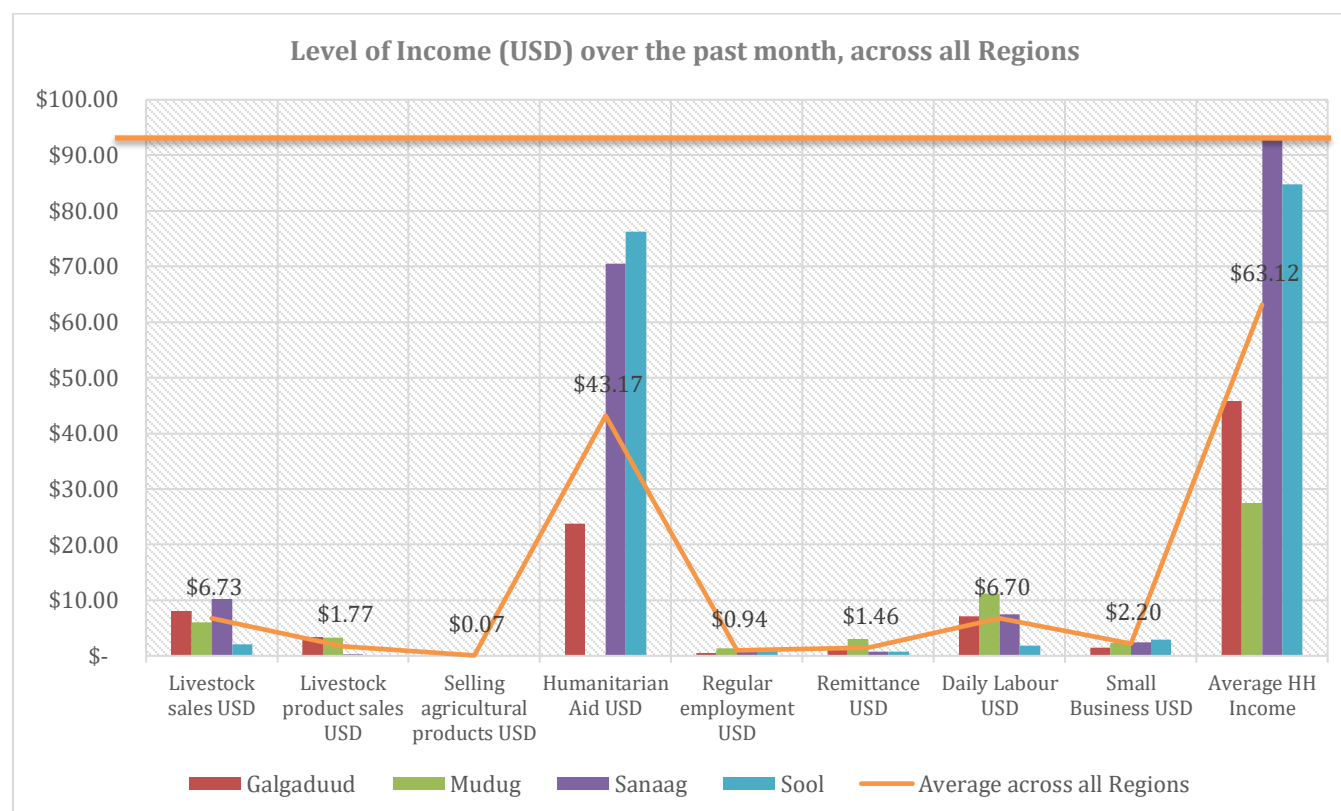


Figure 4: Level of Income (USD) over the past month, across all Regions

As for household expenditure, 97% of the respondents referred to have invested in food which is an indication of their vulnerability. This was followed by water (69%), debt repayment (48%), household items (38%), healthcare (29%) and education (17%). It was observed that as a result of the high vulnerability of these households, expenditure on productive investment such as livestock restocking, and starting a business were the lowest areas of expenditure, accounting for 6% and 1%, respectively contributing to the reversal of food security shocks. This is likely to be because CARE had an ongoing programme of water trucking, so this need was met without financial obligation. Furthermore, with an average monthly expenditure of USD 84 USD (USD 6.5 higher than the average MEB), most of the households were deficient<sup>10</sup> every month, and thus were unable to make any productive investments. The level of the cash transfer used on the key areas of expenditure was proportionate to the areas of expenditure as highlighted in Figure 5.

<sup>10</sup> Average monthly income was 63 USD, leaving an average deficiency of 21 USD per month.

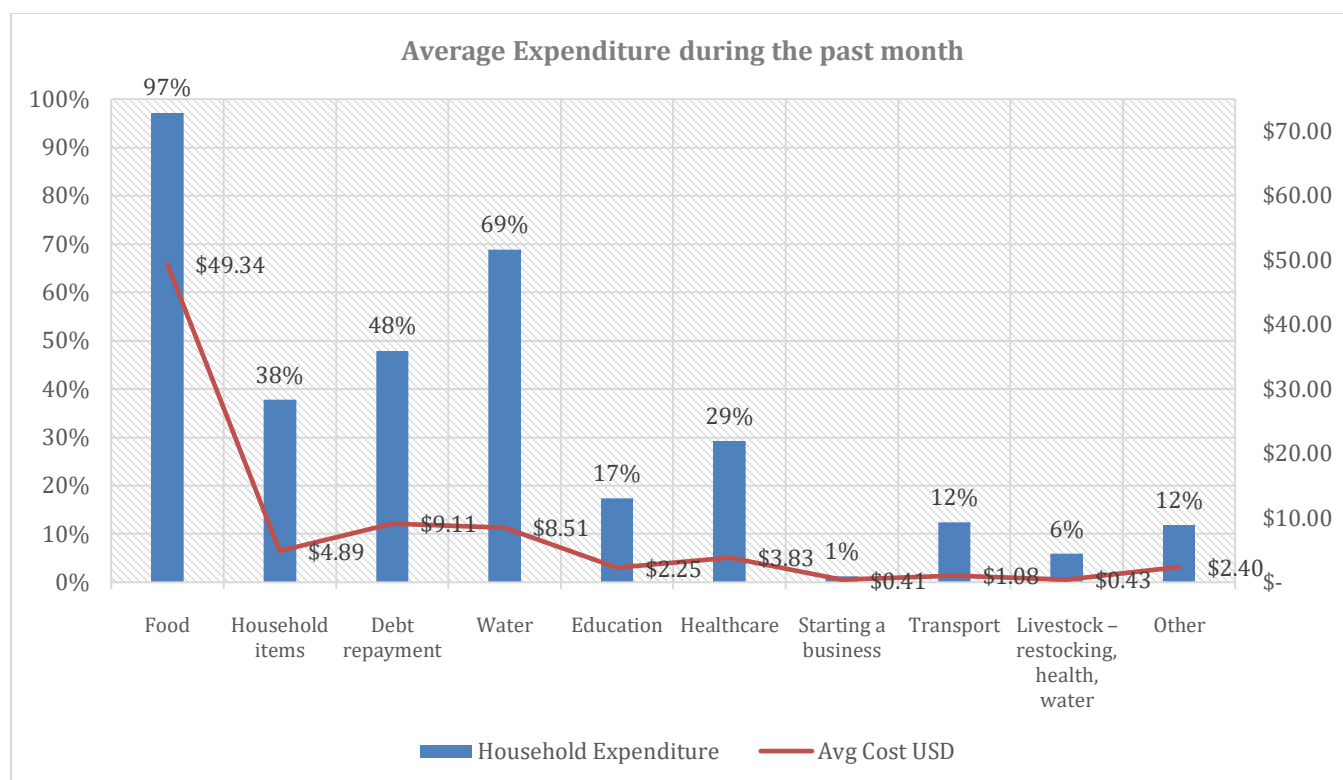


Figure 5: Average Expenditure during the past month

As the majority of these households were considered vulnerable, they were receiving some form of humanitarian assistance with the cash transfer being the predominant form of support (97%). Other areas of support provided to the households included food assistance (21%), school support (11%), shelter (5%) and support in income generating activities (1%). Different regions relied on these methods of assistance to varying degrees, however it was noted that Sool was predominantly more reliant on all methods of assistance, and Galgaduud less reliant across the four Regions, as shown in the Table 5 below.

Reliance per method of assistance. Ranked according to Region.	Galgaduud	Mudug	Sanaag	Sool
a) Cash transfer (Conditional or Unconditional)	97%	100%	100%	93%
b) Assistance for school fees and other monetary fee waivers	2%	12%	7%	14%
c) Material support for education (e.g. uniforms, books etc.)	1%	2%	1%	10%
d) Income generation support in cash or kind e.g. agricultural inputs	0%	1%	1%	2%
e) Food assistance	9%	15%	26%	37%
f) Material or financial support for shelter	0%	1%	1%	19%

Table 5: Reliance on methods of assistance per Region

Amongst the household survey respondents, 64% of the respondents received the unconditional cash transfer and 46% of them were engaged in CfW activities for the conditional cash transfer. Of the 46% targeted for CfW, 74% of these completed activities in road rehabilitation and 26% in the construction of soil bands to trap flood water and help in pasture regeneration. Cash for work activities in Galgaduud and Mudug were primarily road

rehabilitation, whilst in Sanaag the primary activity was the creation of soil bands. CfW activities in Sool were split with 77% of the respondents partaking in road rehabilitation and the remaining 23% constructing soil bands.

### 3.2. Relevance and Appropriateness of the Interventions

#### *3.2.1. The situation and needs of the population*

CVA programs are designed to transfer cash, generally to poor or vulnerable households in order to meet their household food and non-food needs. Usually these remittances last until the household either has no eligible recipient, or the vulnerability no longer exists. For CARE, the program was meant to increase the income of vulnerable households with acute food insecurity in the four regions, and consequently improve their ability to meet the cost of their food component in line with the Minimum Expenditure Basket (MEB).

It is clear that detailed assessments were used in order to identify the needs of the beneficiaries, which in turn informed the kind of programming used to respond to these needs. Evidence from multiple reports and assessments which were reviewed, and responses from recipient households and stakeholders has demonstrated that the CVA was highly relevant. It is also appropriate considering the humanitarian situation of the regions, vulnerability of the households and the operation ability of the markets in the regions.

On the whole, the program was designed to address the needs and gaps of the households in the region. The target regions were amongst the most affected, with a total of 873,000 in a crisis and humanitarian emergency situation (IPC 3&4, February 2017) and with humanitarian assistance reaching only a few – estimated at 7% of the population<sup>11</sup>. The food security situation was deteriorating, and the prices of essential commodities were increasing. The baseline survey conducted by CARE in July 2018, after the first cash transfer, showed that the Coping Strategy Index (CSI) of the average household was at 20.4, whilst the Household Dietary Diversity Score (HDDS) was at 5.8. According to the most recent FSNAU *Deyr* assessment, the nutritional situation in Sool and Sanaag regions was critical with a Global Acute Malnutrition (GAM) rate of 15.6% which required urgent lifesaving nutrition treatment and prevention services<sup>12</sup>. A combination of these findings confirm that the program responded to households within phases 2 and 3 of the IPC scale with 92% of households reporting months of acute food shortage<sup>13</sup>. FSNAU's classifications detail that IPC phases 2 and 3 are comprised of households experiencing dietary deficiency and employing insurance and crisis coping strategies including asset stripping, which was confirmed through the project evaluation.

A combination of conflicts, flash flooding and low livestock prices compounded the situation, and with an increasing debt burden, social and credit systems were being overstretched and were no longer functioning. An audit of secondary data was undertaken (Annex 5) which highlighted the relevance of the EFSP in response to the humanitarian situation which included loss of livestock due to drought, worsening nutrition situation in the

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<sup>11</sup> Ground Truth Solutions Field Survey and Analysis, Survey of Affected People and Field Staff in Somalia, 12 February 2017

<sup>12</sup> FSNAU-FEWSNET Technical Release, 29 January 2018

<sup>13</sup> CARE International, 2018: Internal Baseline Assessment (July 2018)

regions, displacement due to security reasons and also further impacted by a tropical cyclone in May 2018 and the rising number of individuals in the 4 regions that were acutely food insecure and in IPC 3&4.

Moving beyond the reports, insights from beneficiaries and stakeholders showed that the transfers were relevant and timely. *“Things have not been good for El Afweyn, a bad season compounded by conflict”* said a mother during one of the FGDs in El Afweyn. *“It is unlikely that you would have found this many households in Dagah Iskugurow by now, most of us would have been forced to move to Las Canod in search of other opportunities”* was the response of the Deputy Village Chairman when asked about the relevance of the cash transfer. It is therefore evident that in all of the four regions that the interventions were said to be timely, coming at the most critical months of the year, when the households were facing high food consumption gaps. It was also clear that the humanitarian response that was needed was to enable households to meet their basic food needs. Cash was said to be particularly appropriate in meeting these needs and achieving the program results, by the respondents as it gave a freedom of choice and provided empowerment to fill the gaps specific to the needs of each household. Additionally, the implementation of community CfW activities within the CCT was said to be relevant as it supported the development of the community infrastructure such as roads that eased access to markets and improved the movement of commodities, thereby complementing the UCT interventions.

### 3.2.2. Relevance of the CVA intervention and the transfer modalities

*“Cash is often the best, but not always the best”<sup>14</sup>*

There are many benefits of the use of CVA interventions, but its use must be supported by an adequate assessment of the context. The situation in the program regions clearly demonstrated the relevance and appropriateness of cash intervention and the choice of the transfer modality. As indicated earlier although markets were functioning and the population was accustomed to the use of cash, the droughts and conflicts had impacted typical sources of food and the income of the local population. Therefore, cash provided a way for these populations to cover their essential needs by assessing livelihood outcomes such as food consumption, income and access to services such as healthcare and education. Respondents interviewed felt that the cash transfers were easier and faster than food aid and other emergency relief programs. Furthermore, these populations were very conversant with cash interventions having previously benefitted from cash transfers. Some of the key advantages highlighted during the FGDs with beneficiaries included that CVA allowed a greater choice and flexibility in spending allowing them to meet not only food needs, but also healthcare, water and education. Traders and market actors also highlighted the benefits of cash over food aid on markets and trade. Nevertheless, the beneficiaries noted that cash alone wasn't the solution to the challenges facing the community, and the rehabilitation of community infrastructure, emergency water trucking and WASH interventions (provided under complementary funding) were useful in ensuring that their needs were met in sustainable way.

With the context indicators demonstrating the evidence of need, and sense, for the cash transfer programme, it was necessary to undertake an additional detailed market analysis to identify the most appropriate transfer mechanism. This was achieved by assessing the market functionality, food availability, physical access, stability of

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<sup>14</sup> Cash Transfer Programming in Armed Conflict: The ICRC's Experience

prices, and the reliability of the system for cash transfer, and security for the beneficiaries. Even during the insecurity and conflicts, markets had remained vibrant in Somalia. The private sector has remained active and the population are accustomed to the use of cash, mobile money and other forms of trade through which they are able to purchase goods and services. An assessment conducted by CARE and partners in the program areas prior to the program design<sup>15</sup> had highlighted that food commodities were generally available within the markets, and the local markets were capable of supporting the economic impact that would be brought around by the cash transfers. However, although improvements were noted following the rains in 2018, the prices of basic commodities within the target region had risen by 30-40% from 2017<sup>16</sup>. A February 2018 assessment by CARE in Puntland (prior to the intervention), revealed that food was available in all the markets visited, but only a small number of the population could afford to buy food items due to their low purchasing power<sup>17</sup>. Based upon these assessments, it was clear that the market conditions permitted the transfers and the local markets had the capacity to support the cash transfer programming, thus the intervention was relevant from a market perspective.

Although households in the four identified regions faced similar shocks, they did not have the same level of vulnerability. Consequently, the CARE Program Team noted that the choice of a mix of cash transfer modalities (CCT and UCT) was required for the flexibility to provide a tailored response to needs of the individual beneficiaries. As for the rates of the transfer, the value was based upon the recommendations from the Cash Working Group (March 2018), which were based upon the Minimum Expenditure Basket (MEB) for various regions, and the market conditions within the program areas. The UCT was pegged on the values for the food MEB at the time of the program design in the four regions; this comprised a 90kg bag of cereals, 3kg of sugar, 6 litres of cooking oil, and 6kg of cowpeas and was estimated at USD 70 for Sanaag, USD 75 for Sool and Mudug regions, and USD 90 for Galgaduud. The composition of the MEB was 90Kg of cereals, 3Kg sugar, 6 litres of vegetable oil and 6Kg of cow peas. This was expected to provide at least the 2,100 Kcal/person/day requirements as well the required fats and proteins per SPHERE Standards.<sup>18</sup> In addition to the cost of MEB, the daily wage for the CfW activities took into consideration the daily labour rates across the regions. Table 6 below highlights the value of cash transfer provided by the program which can be compared to the MEB based on FSNAU assessment data at the time of the program design<sup>19</sup>.

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<sup>15</sup> CARE International Rapid Need Assessment and Daryeel Bulshu Guud Rapid Needs Assessment in Galmudug State, February 2018

<sup>16</sup> Daryeel Bulshu Guud Rapid Needs Assessment in Galmudug State, February 2018

<sup>17</sup> CARE Rapid Needs Assessment in Bari and Sanaag regions 26 January-14 February 2018

<sup>18</sup> Transfer Value Recommendations for Somalia Cash Response, Somalia Cash Working Group, 7 July 2017

<sup>19</sup> Galgaduud \$90, Mudug \$75, Sanaag \$70 and Sool \$75.

Region	Type	Phase			Total HHs	Rate USD	Number of cycles	Total Amount Disbursed
		1	2	3				
Sool	UCT	3,874	4,353	625	8,852	75	3	1,991,700
	CCT	-	700	735	1,435			
	Supervisors	-	35	35	70	78		
	RRF	-	300		300	75	2	45,000
	Re-programmed	-			1,250	75	2	187,500
Sanaag	UCT	2,880	4,657	1161	8,698	70	3	1,826,580
	CCT	-	1,249	1303	2,552			
	Supervisors	-	52	52	104	84		
	Re-programmed	-		800	800	70	2	112,000
Mudug	UCT	1,500	4,878	2405	8,783	75	3	1,976,175
	CCT	-	2,980	2995	5,975			
	Supervisors	-	101	95	196	81		
Galgaduud	UCT	2,550	3,575	2312	8,437	90	3	2,277,990
	CCT	-	2,300	2371	4,671			
	Supervisors	-	105	71	176	96		
<b>Totals</b>		<b>10,804</b>	<b>25,285</b>	<b>14,960</b>	<b>52,299</b>			<b>8,416,945</b>

Table 6: Cash Transfers per Region

As for the appropriateness of the use of the mobile money transfer approach, an assessment of Somalia's ICT sector<sup>20</sup> showed that with 73% mobile use, Somalia has a highly mobile savvy population that has taken to the use of mobile money. Research conducted in 2016, found that 88% of Somalis, above the age of 16, owned at least one sim card, whilst 83% of these sim card owners actively used mobile money. More specific to CARE's program areas, baseline assessments<sup>21</sup> have shown that 99% of the household heads had a mobile phone, with 99% having one mobile money account, and 93% of them preferring the use of mobile money as a means of payment. In terms of the modality of payments, 93% of the respondents indicated their preference for mobile money transfer as the preferred modality option for the cash transfers. The remaining 7% are amongst the beneficiaries who had connectivity and power related challenges with their mobile devices, and therefore prefer cash as opposed to mobile transfers. Across all of the regions, households use mobile money to purchase both food and non-food items in the markets, and in Galgaduud region (Abudwak and Dhusamareb districts), local Somali shilling was not used as a medium of trade, and payments were being made by USD through mobile payments. Similarly, key informants that were interviewed, indicated that mobile money transfer was mostly favoured by the beneficiaries. This due to the fact that it was considered the safest way of delivering cash to the households, as well as the most cost effective and timely method as the cash was transferred electronically. Household surveys also reiterated the preference and level of accessibility of the mobile money delivery method.

### 3.3. Program Efficiency and Effectiveness

The planned program output targets were generally met, with households receiving the appropriate number and value of transfers as planned. Considering CARE had elaborate relationships, networks and infrastructure,

<sup>20</sup> Altai Consulting – World Bank Group, Mobile Money in Somalia: Household Survey and Market Analysis, WBG, 2017

<sup>21</sup> CARE Baseline Assessment (July 2018)

including staffing and field offices across the four program regions, the program implementation speed, response and timeliness was efficient. CARE developed relationships and had previously worked with the telecommunication companies (Telesom, Hormuud and Golis) that had wide coverage across the regions and were efficient in terms of cost and timely disbursement of the cash to the beneficiaries. It was generally observed that the use of mobile money transfers eliminated the use of intermediaries such as “*Hawala*” (that charged higher commissions<sup>22</sup>) whilst ensuring that the beneficiaries received their cash to their personal mobile phones.

In addition to these strengths, CARE broader management decisions were informed by evidence. For example, in addition to regular PDMs designed to obtain feedback from the beneficiaries and understand the access to, use of, and satisfaction with, the cash transfers, CARE also conducted a study in *Gender and protection : Gendered Protection Implications of Cash and Voucher Assistance in Somalia/Somaliland* in order to understand the protection impacts of CVAs from a gendered perspective, in Somalia and Somaliland. These studies, and the ongoing contextual assessment, conducted by CARE and its partners, informed the decision making both before and during the program.

### 3.3.1. *The effectiveness of the targeting process*

The EFSP intervention targeted a range of beneficiaries, including pastoral dropouts who had lost 75% of their livestock due to the drought, conflict displaced populations, internally displaced people (IDPs) in urban centres and the vulnerable urban poor in Sool, Sanaag, Mudug and Galgaduud regions. The graph below highlights the number of UCT and CfW beneficiaries reached within the different phases, and the beneficiaries reached through RRF during phase 3. Whilst there was a large number of CfW beneficiaries, there were more UCTs, as would be expected given the IPC categorisation of the regions and the vulnerability of the beneficiaries. The graph also illustrates that women were targeted for UCT more so than the men across phases 2 and 3 when the CfW program was running.

The targeted beneficiaries were selected in-keeping with the program proposal which explicitly highlighted the selection criteria for targeting the different categories of households. For the UCT, the program applied its own criteria (Annex 5.2), as well as criteria developed by the Somalia Food Security Cluster in order to identify food insecure households in IPC 3 and 4. The CfW activities were implemented amongst households that were less stressed but within IPC 2 and were conditional upon participation in Cash for Work (CfW) activities based on a pre-defined selection criteria (Annex 5.2). These activities comprised the rehabilitation/construction of community projects and resulted in the creation of temporary employment for 14,633 households within the target regions. The choice of the project in which the beneficiaries were expected to work, was based upon community consultation, and on CARE’s past experiences in the region. Some of the criteria used to determine the projects included:

- project had to benefit the larger community and thus have strong community support,
- focus would be on rehabilitation of community assets with a particular focus on projects that supported livelihood recovery or emergency preparedness,

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<sup>22</sup> In the EFSP program, CARE paid a service charge of 1 – 2% to the contracted telecommunication companies.



- project with short timeframe,
- low technological and material inputs that could be achieved by the community in the locality,
- gender consideration to ensure the participation of both men and women,
- and the existence of a realistic sustainability plan for operation and maintenance of the facilities.

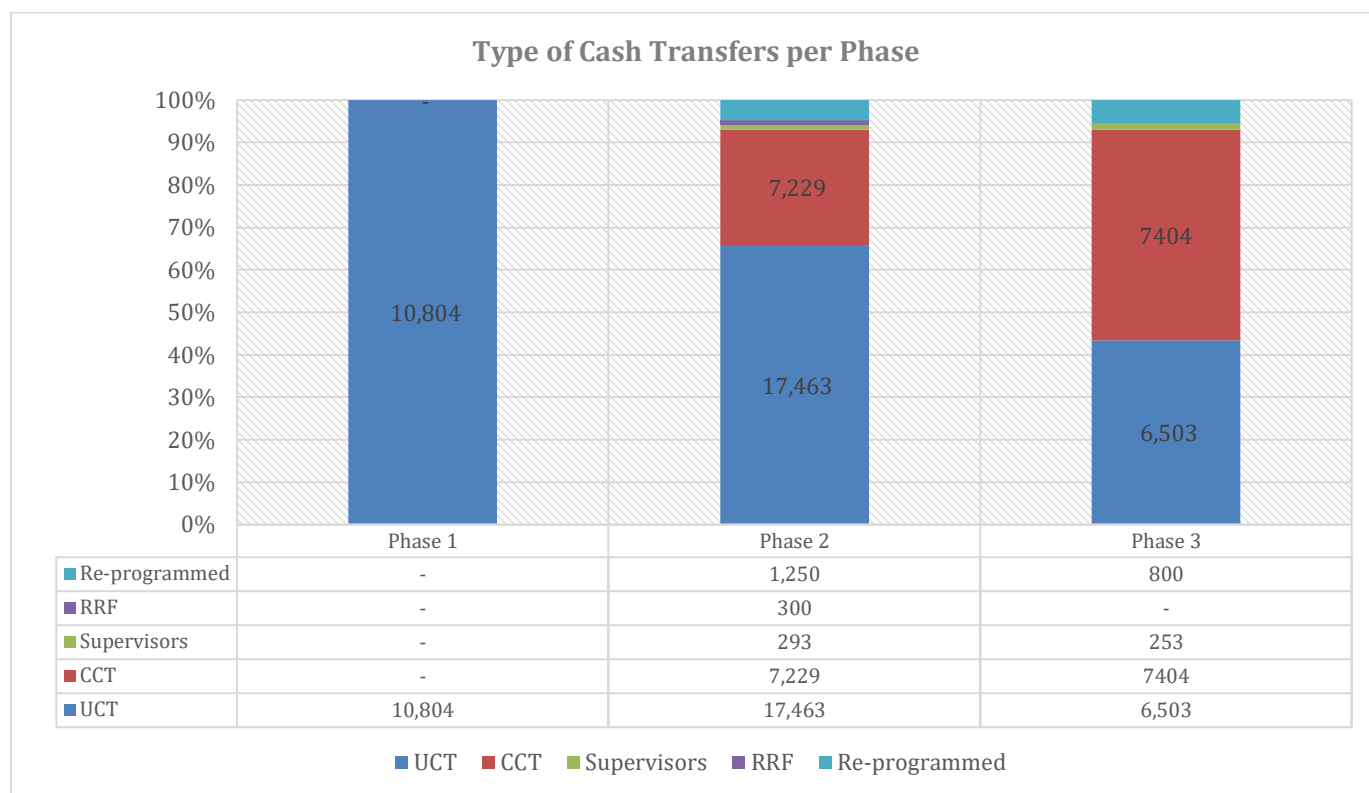
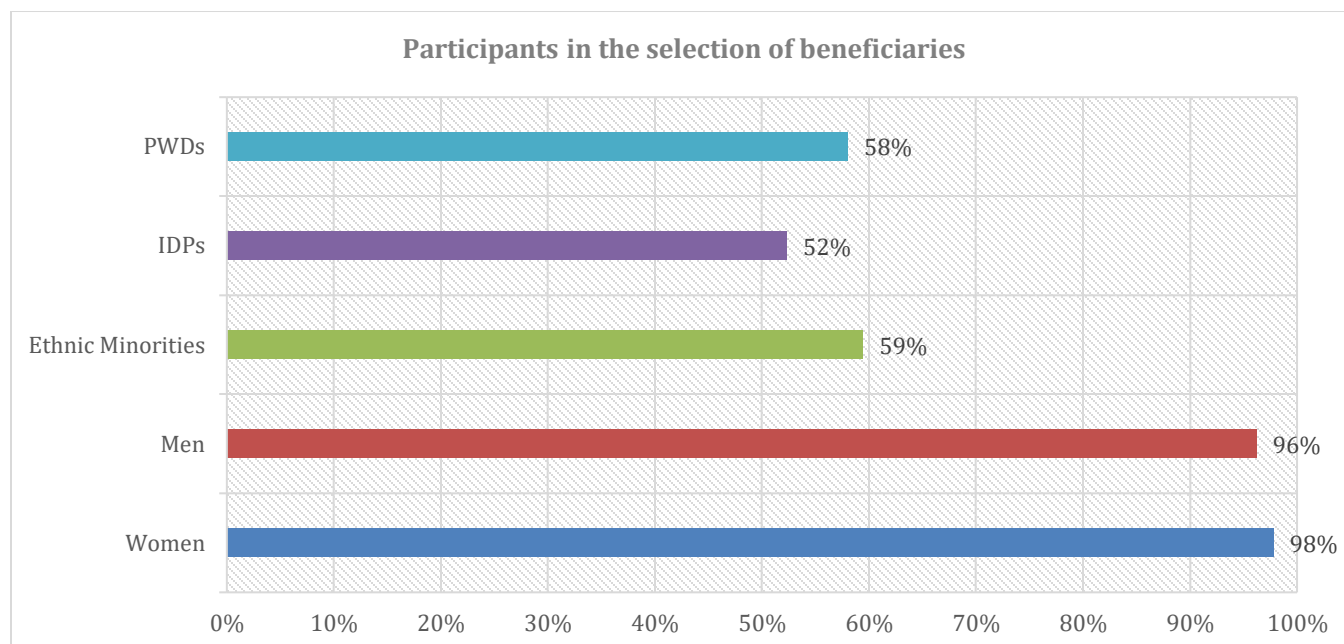


Figure 6: Type of Cash Transfers per Phase of EFSP

The targeting process of the beneficiaries, for both unconditional cash transfer and conditional cash transfer across the projects areas, indicated that there was a high level of community participation through the involvement of the local administration and local village committees in the project villages (affirmed by 77% of the household survey participants confirming that the community was consulted). The project used both geographic and community-based targeting systems. Through this the selection of which districts to target, were informed by CARE and partners own assessments, and validated by the FSNAU/FEWSNET, and that of the villages within each district were based upon CARE's assessment and developed through consultations with the district authorities. As for the selection of the beneficiaries within each village, the program used community-based targeting based upon vulnerability parameters such as household income levels with special attention paid to drought-affected pregnant and lactating women, the elderly, malnourished children and disabled persons. This allowed the members of the community to help in the selection of the most vulnerable people within their villages.

The selection process was done through local village committees, with local authorities, elders and religious leaders. The evaluation team enquired into the targeting, and the perception and understanding of the

beneficiaries to the selection process and criteria. There was good degree of inclusion (Figure 7) amongst the beneficiary profiles in relation to the selection criteria (Annex 5).



*Figure 7: Participants in the selection of beneficiaries*

As for the beneficiaries' awareness of the selection criteria, the findings indicated that they were largely aware of the criteria. 78% of the people surveyed affirmed that they were aware of why they were selected. Of these respondents a further 78% felt that there was fair representation amongst all of the selection criteria. The majority (49%) reported that their household was selected because the household head was not working. Another vulnerability criteria in the selection of beneficiaries was the number of household members that were working; the majority of the households surveyed (83%) had no adult over 18 years who was earning a regular income in order to meet the needs of the family. It was noted that for 5% of the households, there was one or more child under 18 years who was earning regular or part time income for the family. This serves to demonstrate that the project served the intended population when selecting beneficiaries and further highlights the effectiveness of the targeting process.

The distribution of participants understanding of the selection criteria, and why their household was selected is shown in Figure 8.

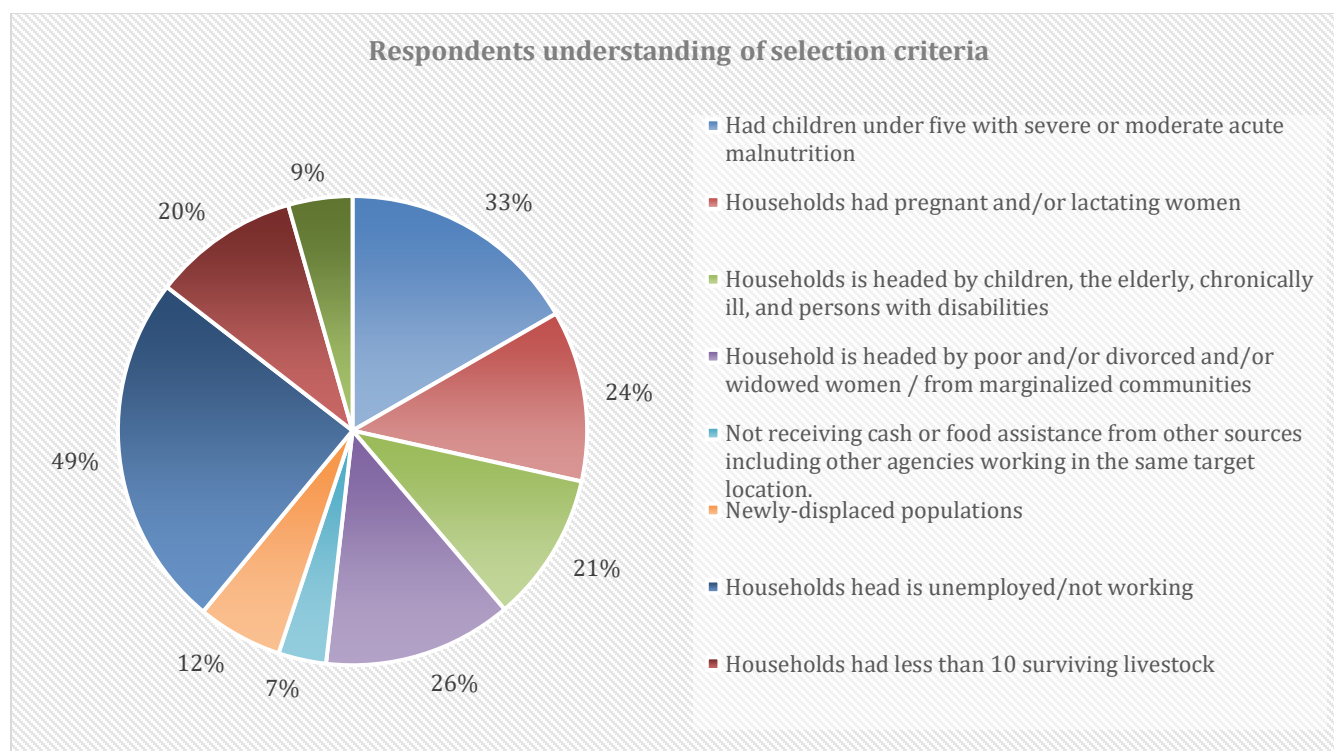


Figure 8: Respondents understanding of selection criteria

Most of the FGD participants were able to accurately describe the selection process and criteria, and the FGD and KIIs respondents confirmed that the most vulnerable households were selected. Similarly, the local administrators in the intervention regions have clearly illustrated how the process of involving the community in the selection criteria has reduced the time taken in identifying the beneficiaries and verification, and thus enhancing the community acceptance of the intervention. Following the selection, verification of the potential beneficiaries, to ensure that those selected met the vulnerability criteria, was conducted with the community. It became clear through the evaluation process, that if it had of been possible to verify that the selected beneficiaries met the vulnerability criteria through physical visits to potential beneficiaries' houses this would have been more effective. Presently the beneficiaries were verified in an open forum, where the community provided their inputs and opinions on whether those selected meet the developed vulnerability selection criteria or not. This should form a recommendation for further Cash and Voucher assistance (CVA) in the future.

After agreement on the list of beneficiaries, CARE used a Biometric Beneficiaries Registration Systems (BBRS) to register the beneficiaries. As part of the accountability to the beneficiaries, key information on the cash transfer, including the selection process and criteria, type of cash transfer for which beneficiary was targeted, number of cycles the beneficiaries would receive, size of the cash transfers and number of months (cycles) within a phase that beneficiaries were to receive the transfers were recorded.

### 3.3.2. *The feedback, complaint and response mechanism*

The cash transfer also had a number of feedback mechanisms, including a telephone hotline, field forms and community representative. As part of the Feedback, Complaint and Response Mechanism (FCRM), the target population were provided with a number of options: beneficiaries were provided with a hotline<sup>23</sup> or the ability to approach or directly contact any of the CARE team members. There was an even split in the awareness of the FCRM recorded, with 51% acknowledging awareness of FCRM and 49% not. Nevertheless, a higher level of awareness of the feedback system was noted during the FGDs and the consultants observed the contact number displayed in public places (on water tanks and doors of shops in the villages). Levels of awareness of the FCRM system were much higher than reported during the baseline survey conducted after the first transfer (July 2018) which stood at 23%, representing an increase of 28% over the last two transfer phases .

Despite the level of awareness, there was generally low usage of the FCRM. 13% of surveyed beneficiaries reported using the system, implying there was very little need to raise a complaint. Of the 13% that used FCRM 73% reported getting feedback in response to their enquiry/complaint. Of those who got a response, all of them said that they were satisfied with the response. A review of data from the FCRM kept by the program showed that a total of 122 complaints (70 by males and 52 by females) were made throughout the program. Most of these were from beneficiaries thanking the program, requesting for more information, and raising concerns regarding the delivery of the CfW tools amongst others.

When asked whether they paid money in order to be selected, all those interviewed did not pay money. In this same trend, the complaints relating to the selection criteria were low, although in the FGDs, respondents indicated the need for assistance in the communities far outweighed the assistance that was able to be provided. Most of the deserving people who missed out, were said to have come after the registration process was completed (as reported by 46%) or they did not meet some of the selection criteria (27%), with a further 5% felt that individuals missed out because they were from minority clans or other villages. It must be noted that a relatively high proportion (88%) of the households interviewed reported getting full information about what they were entitled to through the cash transfer, including the transfer amount, frequency of payments and number of cycles. A good practice that had been implemented, was the conduct of the PDMs to continuously monitor the cash transfer program, provide understanding on its utilization and get feedback from the beneficiaries.

### 3.3.3. *Achievement and timeliness in the delivery of the outputs*

The program aimed to deliver three phases, each of three cycles<sup>24</sup> of cash transfer in the four regions of Sool, Sanaag, Galgaduud and Mudug reaching 52,299 households. Table 7 compares the population estimates and proportion of households who were in IPC 3 and 4 categories by region, and the number of people reached through the EFSP interventions. Overall, the proportion reached by the program was estimated at 19%.

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<sup>23</sup> 2051 for Somaliland and 301 for Somalia

<sup>24</sup> The beneficiaries targeted under RRF and reprogramming were targeted for 2 cycles

Region	Total Population	Number in IPC 3 Classification (Crisis)	Number in IPC 4 Classification (Emergency)	Total Number of People in IPC3+4 Classifications	No. of EFSP Beneficiaries	% of IPC3+4 reached through EFSP
	2014 Estimate	July 2019 Data				
<b>Galgaduud</b>	569,434	38,000	3,000	41,000	13,284	32%
<b>Mudug</b>	717,862	59,000	7,000	66,000	14,954	23%
<b>Sanaag</b>	544,123	61,000	23,000	84,000	12,154	14%
<b>Sool</b>	327,427	69,000	14,000	83,000	11,907	14%
<b>Total across all Regions</b>	2,158,846	227,000	47,000	274,000	52,299	19%

Table 7: Percentage population in IPC 3 and 4 and percentage reached by EFSP by region

As for the timeliness of the transfers, based on the interactions with the beneficiaries, the transfers were considered timely as they were delivered when beneficiaries were getting into months of food insecurity. CARE contracted three mobile telecommunication companies after sending expression of interest (EOI) to a number of service providers and the cash transfers took place through mobile money services, thus providing the beneficiaries with several advantages. These were particularly highlighted during the FGDs and included privacy and the ability to receive cash wherever the beneficiary was, even when the beneficiary had travelled. The prevailing assumption amongst the informants interviewed, was that the mobile money transfer was cheaper and more cost efficient than alternative interventions. They said that the mobile based cash transfer approach was efficient in terms of response time and acceptance, as it was quicker, more secure and cost effective as compared to the direct cash distribution or money transfer through *Hawala* as was previously conducted in some parts of the program areas. Similarly, there is growing literature showing that CVA is more cost efficient to deliver than in-kind assistance<sup>25</sup>. Recipients also reported that the mobile money transfer method was effective in minimizing protection issues such as their safety concerns when receiving cash. Beneficiaries felt safer as the transfers were made directly to their personal phones without the knowledge of other people, and they were not required to physically collect and move around with cash.

There was good coordination between CARE and the local government administrators which enhanced the working relationship, and therefore enhanced the success of this project. Furthermore, CARE was able to complement its existing other emergency program activities in the regions with the EFSP. For example, CARE implemented emergency water trucking for the chronically water insecure locations in Somaliland with funding from OFDA, whilst also targeting them for the cash transfer. The local administrators in both Puntland and Somaliland have strongly demonstrated that they actively participated during the project implementation, at both the district and village levels. Their roles included giving their inputs into the selection criteria, community mobilization and sensitization, the process of beneficiary identification and verification, and conflict resolution.

The distribution reports from telecommunication companies and the PDMs were used to confirm the receipt of the cash by the beneficiaries. Even though this method was generally considered efficient, a number of challenges

<sup>25</sup> CaLP, The State of the World Cash Report, February 2018.

were identified with the mobile money transfer. The most critical of these being where money was sent to the wrong recipient, which was more commonly reported in Mudug. It must be noted that as Hormuud had no facility to identify the recipient before the transfer was confirmed compared to Golis and Telesom, few complaints of this nature were reported in the regions served by Golis and Telecom. Nevertheless, the challenges were rectified in the subsequent transfers and fewer complaints regarding the same were received in the subsequent cycles and transfers. Consequently, 87% of the households interviewed expressed their happiness with the transfer modality, with only 13% preferring alternative modalities such as direct cash and transfers through *Hawala*, owing to the issues faced with connectivity and power. In addition, 98% of the beneficiaries reported that they had not experienced any problem getting the cash, while 99% of them said that they had not experienced any risk to their safety as a result of receiving the cash.

When asked about any difficulty with the way in which they received their transfer, 94% reported no major issues with the way in which they received the money. The 6% who reported facing problems with the way they received the transfer experienced connectivity challenges<sup>26</sup>. During the evaluation, the mobile network coverage was said to be particularly problematic in few villages such as Kal'ad in Talex district. However, it was reassuring to note that the beneficiaries were largely confident<sup>27</sup> in the use and understanding of mobile money transfer, with 88% of them responding positively, whilst the other 12% said they were not confident enough in the use of the mobile money. This indicated a 4% increase in the number of households that felt confident in the use of the cash transfer upon the baseline (84%).

The transfer size was based on the prevailing food MEB in each region. The evaluation team was able to verify during the FGDs, KIs and household survey that the households in each of the regions was given the entitled transfer size. In the household survey, 94% of the respondents received three cycles of the correct amount, whilst 5% received two cycles. These were largely households that were targeted under the rapid response activity that were targeted for two cycles of transfers and were in Sool region (Guuma and Ulasan villages). In addition, 94% of respondents reported no delays in receiving their transfers. Asked whether beneficiaries in their village received the same amount and number of instalments of cash transfer, 94% confirmed that they did, while 3% did not know, and 3% said that there was difference in the amount and number of instalments within the same village<sup>28</sup>. The difference in amount of transfer was attributed to the difference in transfer volumes as a result of the CfW activities (supervisor vs. worker rates).

All EFSP beneficiaries received money in United State Dollar (USD), with 31% reporting to later exchange the money into local currency. It must be noted that EFSP transfers were being made in USD through mobile payments across all regions. Nevertheless, beneficiaries could easily exchange the USD to Somaliland shilling through mobile exchange, without the need to travel to an agent or money exchanger. It was observed that though the number of agents for top ups in the villages were few or non-existent, beneficiaries could easily exchange the cash using

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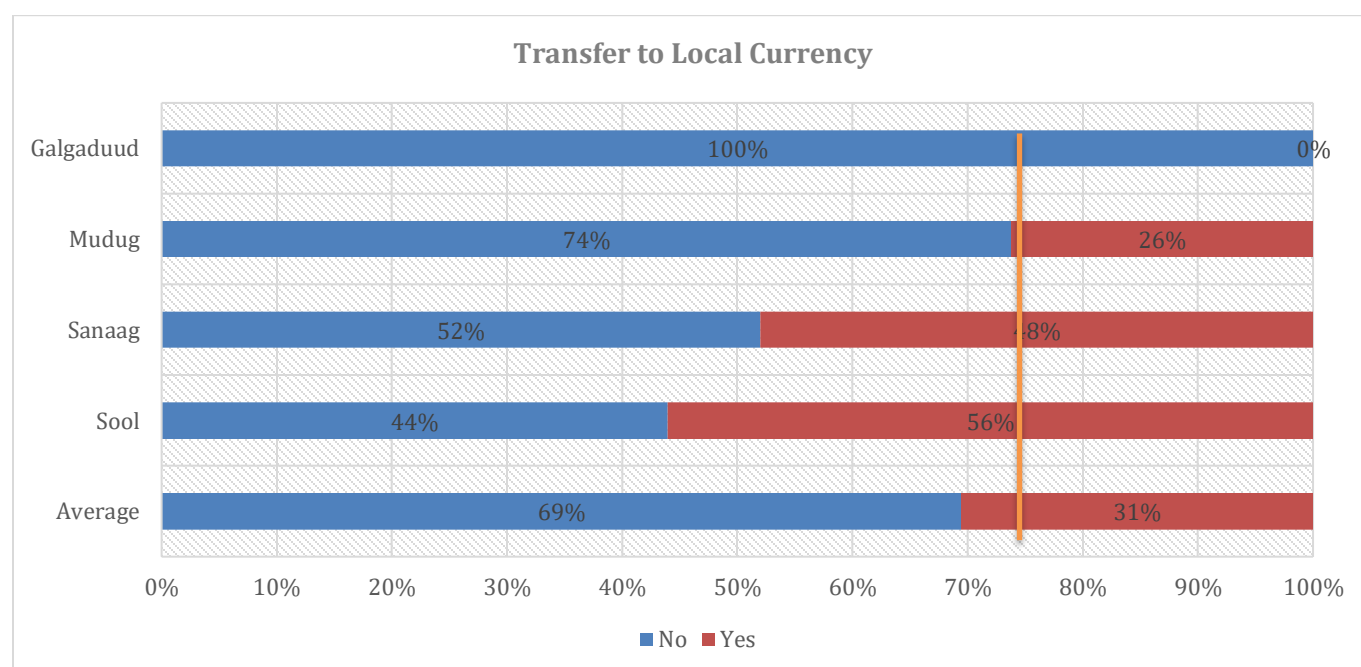
<sup>26</sup> Challenges with power as well as usage of the phones.

<sup>27</sup> Confidence was defined as feeling of self-assurance arising from one's appreciation of one's own abilities to use their mobiles.

<sup>28</sup> The evaluation team has collected the phone number of the 4 beneficiaries who reported that there was a difference in the amount and number of instalment in the same village for follow up and verification. One of the respondents was not the head of the household and thus had not collected the cash.

the mobile money exchange system. This was more important in Somaliland, where authorities had imposed restrictions on the use of lower value USD payments for goods and services. However, in Galgaduud region (Abudwak and Dhusamareb districts), the local Somali shilling was not used as a medium of trade and so the program beneficiaries had no reason/need to exchange the money into the local currency. This is further shown in the graph in through the increased number of beneficiaries in these regions exchanging the USD transfer to Somaliland shilling to make localised payments and purchases.

In terms of the perceptions about the rates of the transfer, the community members, although satisfied with it, remarked that the transfer amount was small compared to the prevailing household needs of basic food items. When asked whether the cash covered their basic needs, beneficiaries answered that it enabled households to purchase their preferred foods, at least 25Kg of rice, 25Kg of sugar, 25kg wheat flour, 3kg of cooking oil, 10kg of pasta and some vegetables, therefore covering some, but not all of their needs. The cash was said to cater for only 40 to 50% of the immediate household basic essential food items. This was reiterated through the household survey with 76% of the respondents saying that the cash was enough to cover their food needs and only 30% reporting that it was adequate to cover their non-food needs. As a result, the beneficiaries requested that the size of the transfer be increased to cover more of their monthly expenses, which through FGDs was estimated at 150-200 USD depending on the region.



*Figure 9: Transfer to Local Currency*

The CfW projects were appreciated by the beneficiaries, although there were a few challenges which were noted during their implementation. These included a lack of clarity regarding individual workload and how they were measured, distances of the projects from the villages (between 3-6 km each way) leading to workers incurring additional costs (1-2 USD per person on water, food, and time lost from daily livelihood activities). In addition, it was reported that there were a few days delay (2-3 days) between the completion of the labour works and the

payment of the last person within the group. This was mainly due to the time taken for the approved distribution list to be submitted to the telecommunication companies in order for the transfers and verification of the beneficiaries to take place. It was reported that as the distance from the village increased, some of the women workers had to be “worked for” by their “more-able” family members<sup>29</sup> as the increased time of the CfW took them away from other household and production activities within the household. During the FGDs, beyond the limited portfolio of projects which were implemented, several other projects were requested by the community members. These included the rehabilitation of water channels for agricultural production in Erigavo, and the rehabilitation of water infrastructure such as shallow wells and pans in the rural settings<sup>30</sup>. However, it is recommended that a detailed analysis of who stands to gain, and equitable options considering ownership and use of assets, should be conducted before decisions are made regarding further CfW projects.

### 3.3.4. *Achievements of the anticipated outcomes*

The primary data collection and analysis was undertaken with the aim of understanding if the intended outcomes/indicators for the program had been met. These are evaluated in the following section and compared to the pre-set indicators (Table 2).

#### *Reduction in Distress Coping Strategies amongst affected communities*

The evaluation analysed the reducing Coping Strategy Index (rCSI) of the households. This measured the frequency and severity of a range of behaviours and strategies related to coping and resilience, as well as the ability to anticipate risks, absorb shocks and adapt to evolving conditions<sup>31</sup>. It was anticipated that the program would lead to an 80% reduction in the distress coping strategies amongst the affected populations against the baseline carried out in July 2018, measured through the production of rCSI.

Household survey respondents were asked to rate the frequency of which they engage in 11 distress coping strategies on a scale of “not at all” to “everyday”. These were ranked from 1 -11 (Table 8), with 11 being the most severe of the distress coping strategies. The average rCSI was calculated at 12.88, a reduction of 7.52, indicating a 58% reduction in the distress coping strategies from the baseline report (July 2018). 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.

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<sup>29</sup> KIIs confirmed that this flexibility was built into the program design where female beneficiaries were allowed to nominate male members of the family to work on their behalf.

<sup>30</sup> It is acknowledged that there are limitations on what can be approved as community infrastructure/assets for emergency projects.

<sup>31</sup> CARE, 2017: Impacts of Cash Transfer on Resilience: A Multi-Country Study, 2017



Coping Strategy	Rank
Relied on less preferred, less expensive foods – cheaper & lower priced foods	1
Reduced meal size	4
Reduced the number of meals	4
Skipped days without eating	8
Borrowed food and/or received help from relatives and friends	8
Took food loans/credits from local shops	4
Ate wild foods from nearby bush/forest	11
Sold livestock to buy food	8
Sold household articles to buy food	8
Some members are in migration to earn cash	9
Collection and selling of firewood and other natural resources	11

Table 8: Coping Strategy Rankings

Trend analysis of the rCSI scores shows a downwards trend throughout the program, with an increase in the scores at the end of the evaluation (Figure 10). It should be noted that the CSI scores during PDM2 and 3 were calculated based upon the three regions (Mudug, Sanaag and Sool) and omitted Galgaduud.

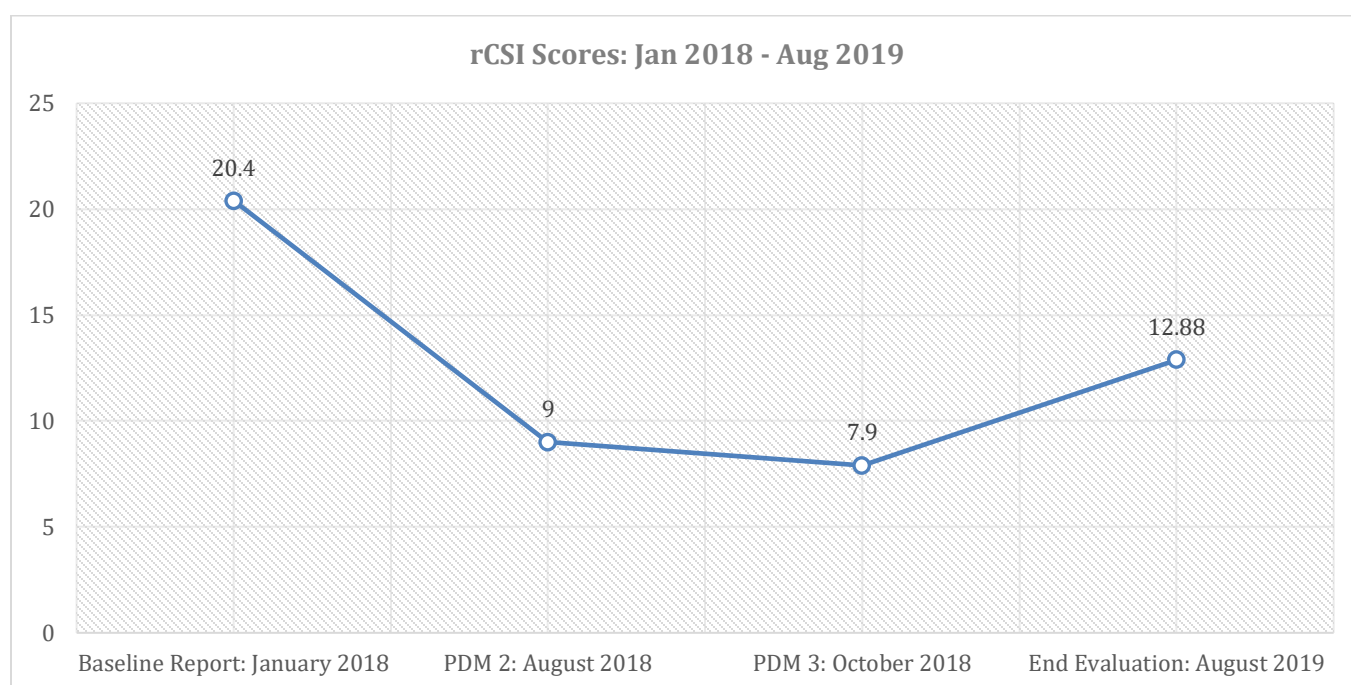


Figure 10: rCSI Scores: Jan 2018 - Aug 2019

The frequency of use of the coping strategies shows that the lower level distress coping strategies are used more frequently than the higher-level strategies. This is as would be expected and shows that whilst households are not resorting to destructive coping strategies such as selling assets and using natural resources, it does illustrate that there is still need for support in the regions. The high proportion of households reducing meal size (40%), skipping meals (42%) or going days without eating (19%) are a cause for concern, and highlight the need for the cash transfer

program to support the purchase of essential food items in the immediate term (Figure 11). It also highlights the need for ongoing, and longer-term, actions to ensure that malnutrition issues do not occur as a result of the use of negative coping strategies at the household level.

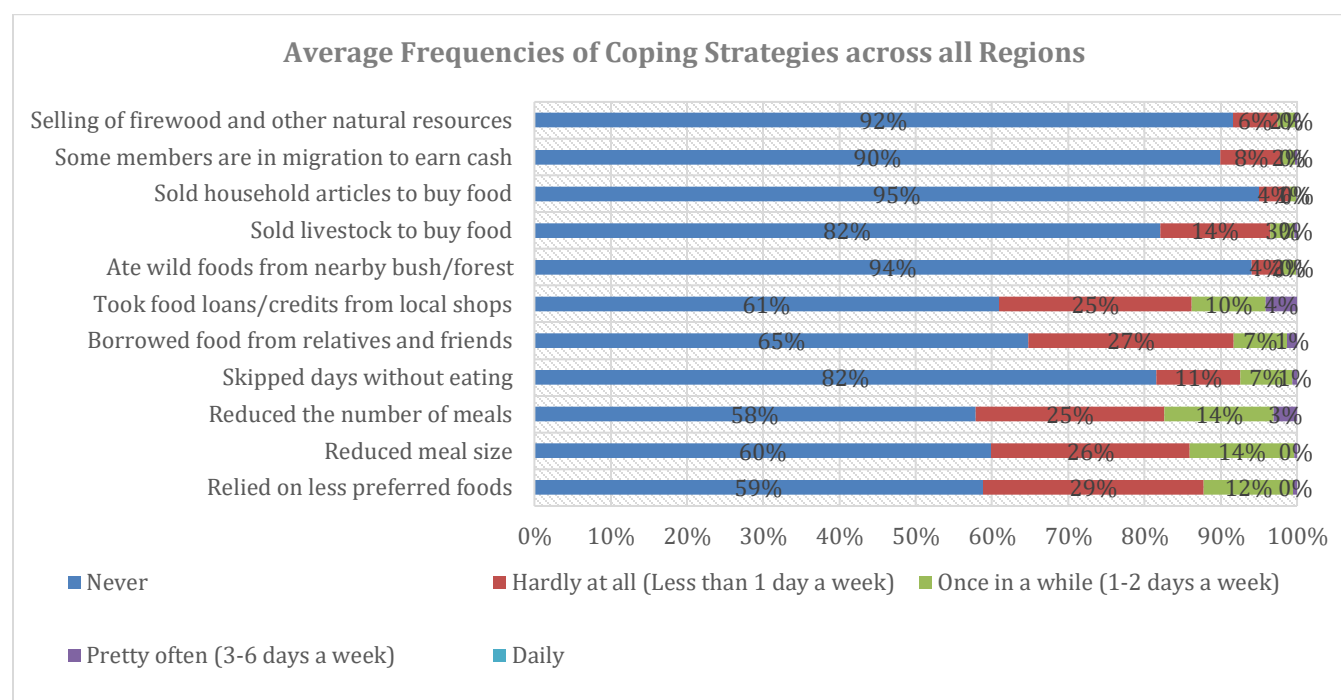


Figure 11: Average frequencies of Coping Strategies across all Regions

### Household Dietary Diversity Score (HDDS)

Data was collected during the household survey order to calculate the HDDS. This measured the food types that were consumed within the household within the past 24-hour period. This data aims to show the food groups available to household members, both from a nutritional and economical ability viewpoint. Each food group that had been consumed within the household in the past 24 hours, is scored with 1, and 0 if it has not been consumed (Table 9). Totalling these responses provides a score out of 13, with 0 representing no access and 13 meaning that the beneficiary had complete access to all food groups.

Category of Food	
1	Cereals and cereal products (e.g. maize, spaghetti, rice, caanjera, muufo, biscuits)?
2	Milk and milk products (e.g. goat/camel/ fermented milk, milk powder)?
3	Sweets- Sugar and honey (sweetened foods, drinks, chocolates, sweets, candies, carbonated drinks etc.)?
4	Oils/fats (e.g. fat or oil, butter, ghee, margarine added to food or used for cooking)?
5	Flesh meat, intestines (e.g. beef, sheep/goat/camel or bush meat), poultry& products,
6	Organ meat (e.g. liver, kidney, heart)?
7	Fish and sea foods (e.g. fried/boiled/roasted fish, lobsters)?
8	Eggs (e.g. boiled, toasted or fried eggs)?
9	Legumes, nuts and seeds (e.g. beans, lentils, green grams, cowpeas; peanut, dry peas)?
10	White Roots and Tubers (white potatoes, yams, cassava and products)?
11	Yellow or orange fleshed tubers and vegetables/Vitamin A-rich (e.g. pumpkins, carrots, etc.)?
12	Dark green leafy vegetables (local and wild leafy vegetables)?
13	Vitamin A rich Fruits (e.g. ripe mangoes, melon, passion, pawpaw, wild fruits etc. which are yellow or orange-fleshed)?

Table 9: Food groups for HDDS

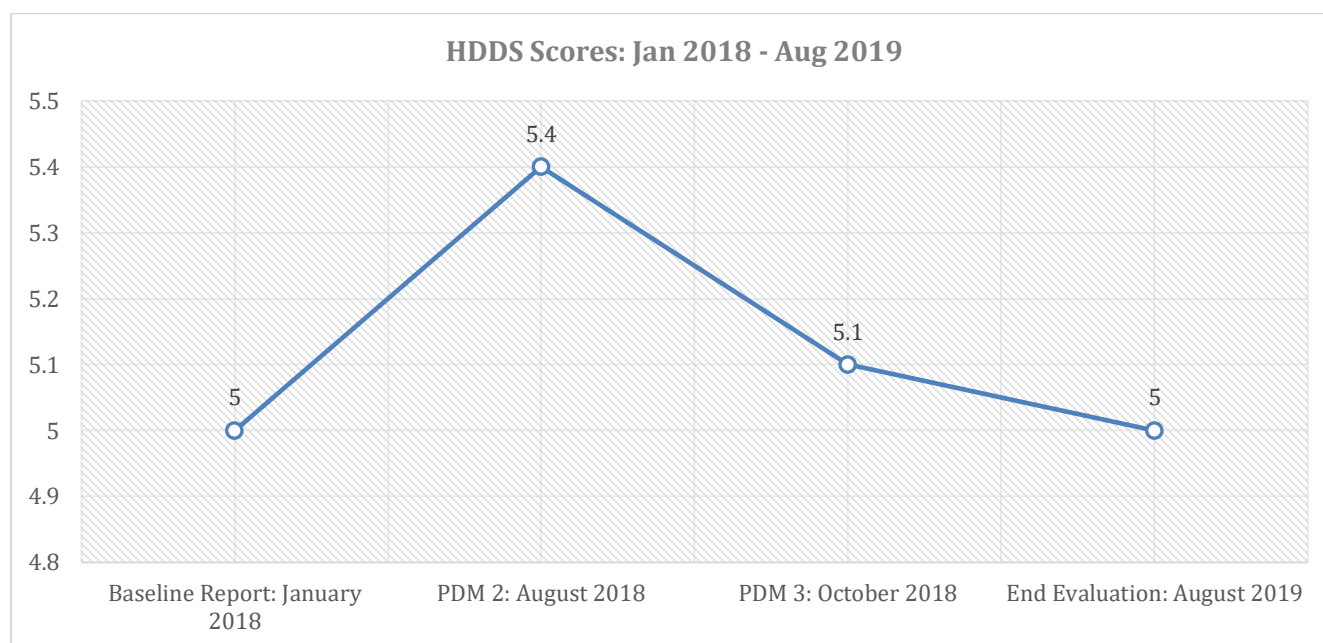


Figure 12: HDDS Scores: Jan 2018 - Aug 2019

An analysis of the HHDS showed that there was no significant changes in dietary diversity between the baseline and end line report, although trend analysis (Figure 12) shows that throughout the program there was an initial increase of HDDS, but this slowly reduced. The reduction of the HDDS may be attributed to the time period between the last transfer and the time of the evaluation. In addition, discussion and observation in the communities attribute the reduction to the fact that households faced numerous financial pressures and the transfer was used to cover a variety of household needs. This is also evidenced in the fact that 24% of the household survey respondents expressed the fact that the transfer was not sufficient to cover food needs within the household.

### Household Hunger Scale

Both the PDMs that were carried out, and the evaluation findings show improvements in the all of the three measures of food security, across all of the program regions.

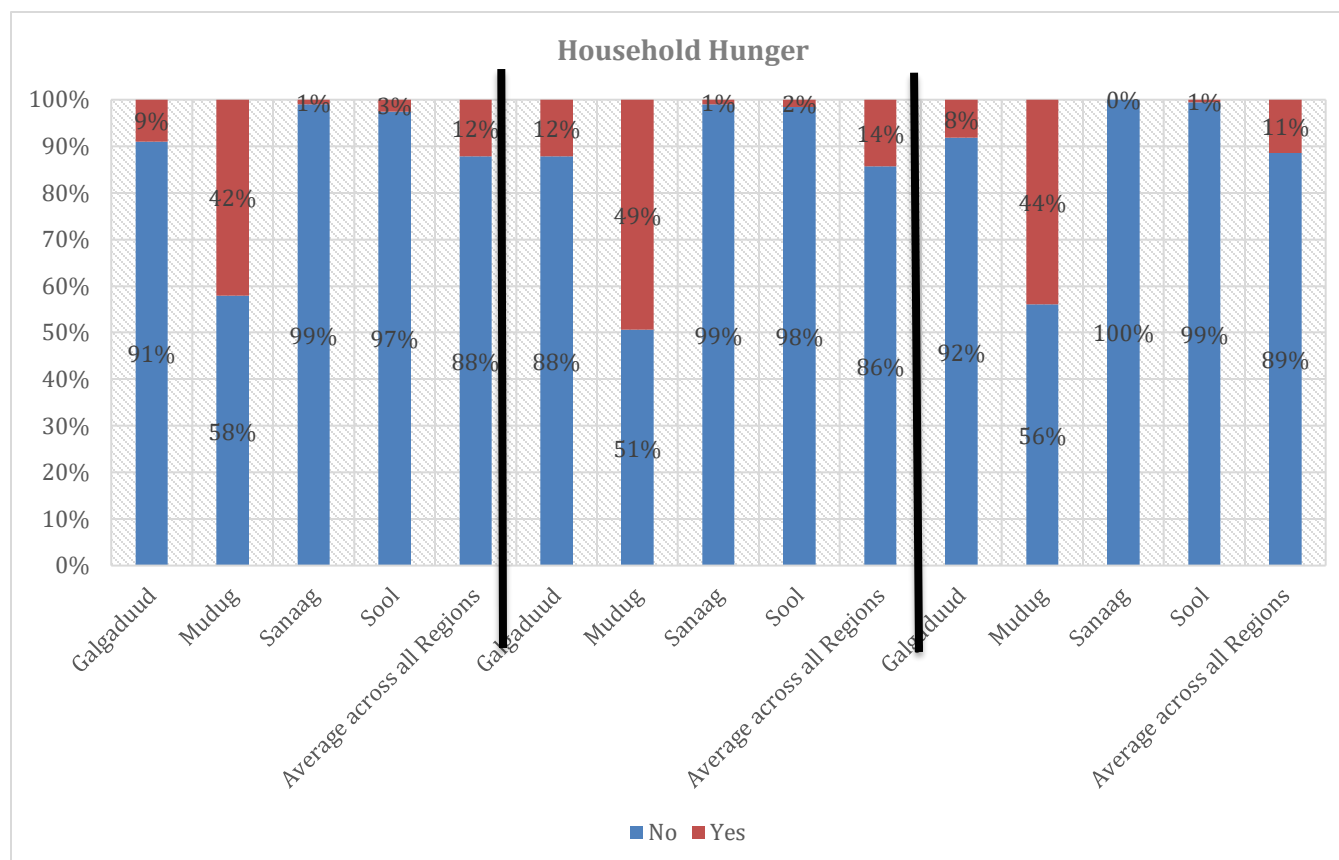


Figure 13: Household Hunger across all Regions

An analysis of these levels of Household hunger show that in general beneficiaries were experiencing little to no hunger, with only 13% experiencing moderate hunger (Table 10). 86% of households were experiencing little to no hunger indicating that the programme has achieved positive outcomes.

	Little to no hunger	Moderate hunger	Severe Hunger
<b>Average</b>	<b>86%</b>	<b>13%</b>	<b>1%</b>

Table 10: Household Hunger Scores

### Livelihood Improvement

When asked whether, the cash transfer had improved their livelihoods, 93% of the household survey respondents reported that their livelihoods had improved, mainly in terms of improved purchasing power (93%), ease of

meeting their basic needs (78%), better social status (22%), better and more recognition (17%), taking children to school (14%), access to healthcare (9%) and in other (non-described) areas (7%). Figure 14 highlights the varying perceptions of improvements to livelihood; these are varied across regions as would be expected given the individual nature of the program and household priorities.

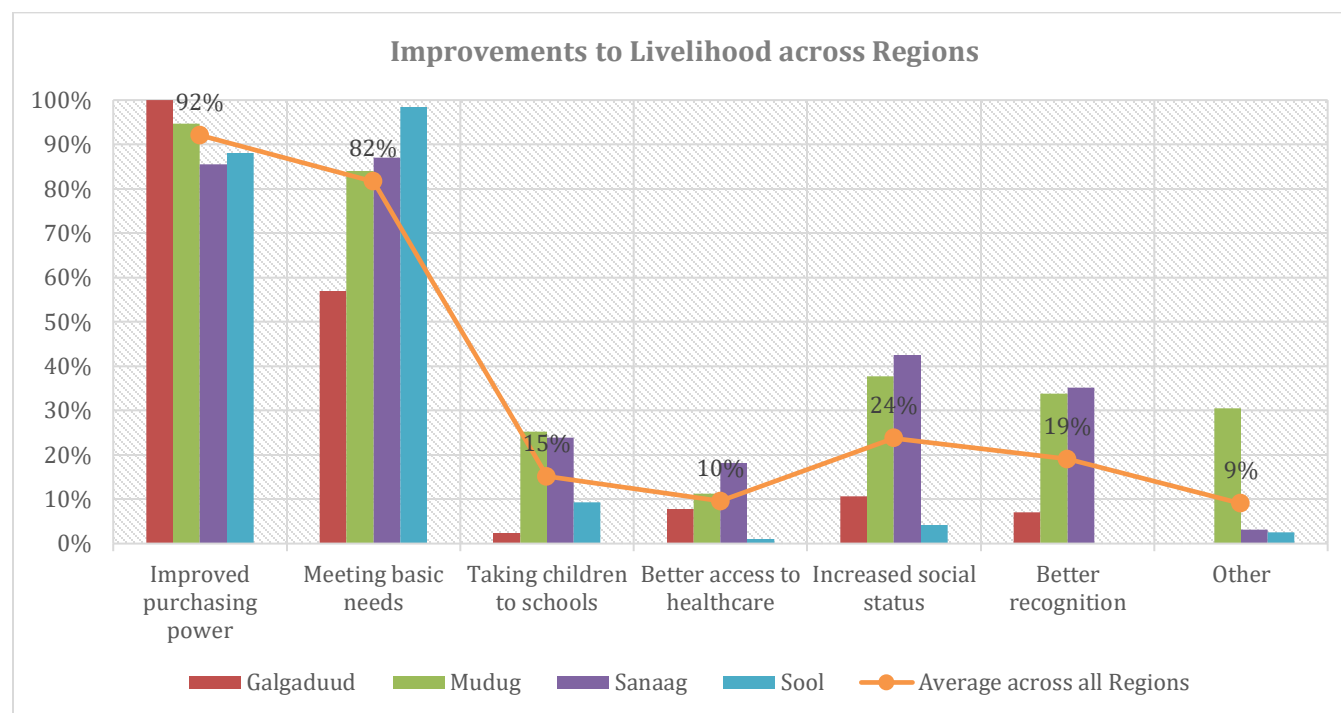


Figure 14: Improvements to Livelihood across regions

### *% of cash transfer used to meet basic needs*

Whilst it was clear, through both observation and FDGs that the EFSP had made a sizeable impact to the livelihoods of the beneficiaries, it was also recorded that the volume of the cash transfer was not adequate to cover all household food needs. This was reiterated through the FDGs where the respondents requested for a larger sized transfer to enable them meet needs above the recorded MEB. While all the beneficiaries used the money to purchase food, 82% of respondents reported that the cash transfer received covered the household food needs, whilst only 30% commented that it covered non-food needs. The intended outcome of the EFSP was that 80% of beneficiaries food needs were covered and this has been evidenced as achieved (Figure 14).

### **3.4. Program Impacts**

Over and above the key indicators outlined in the monitoring plan (Table 2), the beneficiaries overwhelmingly indicated that the program had had significant positive impacts. There was not much difference between the impacts experienced between the conditional and unconditional cash beneficiaries, with the exception to the fact that while UCT beneficiaries always received their transfers, CfW beneficiaries received their transfer upon completion of the work. Across all of the groups, it was found that there were consistent impacts on food security

by the program. In addition to reducing food insecurity, the program also generated positive impacts upon food consumption and dietary diversity. It must be noted that although largely positive, the impacts of the cash transfer were kept in balance by a number of factors including the local market situation throughout the program period, and the level of food insecurity amongst the beneficiary groups amongst others. Below is a detail of the impacts of the cash transfer program at the individual, household and community levels, as well as its impact upon the markets and other facets of the community.

### 3.4.1. Impacts at the Household Level; household wellbeing and food consumption

We found that consistent impacts had been made upon food security by the EFSP program. Beneficiaries were unanimous in reporting that the CVA was successful in raising their incomes and consumption levels of food and other basic items. There was no reported increase in unhealthy consumption choices, such as chewing '*khat*'. During the FGDs, participants reported that households had broadened the food groups, and number of items, consumed thus leading to increased dietary diversity. The majority ( $\geq 75\%$ ) of the FDG respondents appreciated the timeliness of the interventions, which allowed them to boost their food consumption at a time when households were highly food insecure. The beneficiary households prioritized food items, water, debt repayment, school fees, and healthcare and other non-food items and in general households did not seem to purchase "temptation" goods such as '*khat*'. These priorities were also confirmed during the post distribution monitoring as well as in the FGDs, with food being the most widespread item bought by the majority of beneficiaries which resulted in more preferred foods being bought and an increase in the number of daily meals.

Data from the evaluation has clearly illustrated that the cash transfer was utilized by the households in order to purchase food, therefore indicating that the cash intervention has directly contributed to the enhancement of the household food security during the drought. Similarly, the cash transfer was reported to have had provided support for education (both the Quran learning centres and schools) as well as healthcare by enabling beneficiaries to seek medical attention, buy medicine or take some members of their family to health facilities. Based upon these findings, it is clear that the cash transfer program has been used by the beneficiaries for the purpose it was designed. Figure 15 shows the uses of the cash transfer as reported by the households interviewed.

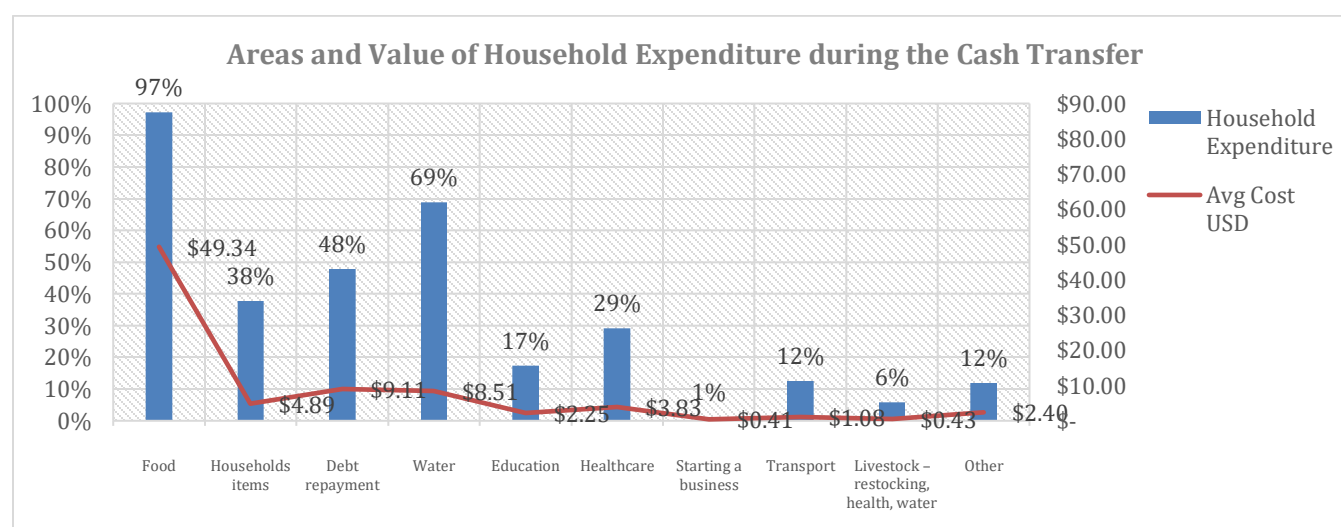


Figure 15: Areas and Value of Household Expenditure during the Cash Transfer

### 3.4.2. Impacts at the Community Level; education, health and women empowerment

The majority of the cash transfer, for all the beneficiaries, was spent on food (Figure 15), nevertheless the level of spending on education and healthcare were important indicators for understanding whether the cash had had any direct, or indirect, influence upon social goods. Amongst the beneficiaries, only 18% of the households surveyed had children who were actively enrolled in school, with average of between 2-4 children attending school, depending on the region, shown in Figure 16. Through FDG discussions it was made clear that school attendance was on the increase as a result of the EFSP cash transfers which have boosted household income.

There was a large disparity between school aged children and the number of school going children per household in Galgaduud Region. Through FDGs and observations this was attributed to the lack of educational facilities in the villages, and the costs and distance to the educational facility. This was seen in all the surveyed areas, but particularly prevalent in Galgaduud. The major reasons cited for not sending all school aged children to school were the inability to afford school fees (51%), distance to the educational facility (38%), limited number of teachers (21%), and closed schools (18%) (Figure 17). When asked about the spending of the cash transfer on education, 63% of households surveyed reported using their cash transfer on education, spending an average of USD 4 per child per month. In the FGDs, the beneficiaries said that they were now able to send children to school, although for large families the transfer was spent entirely on food with no scope to use it for non-food needs, especially education.

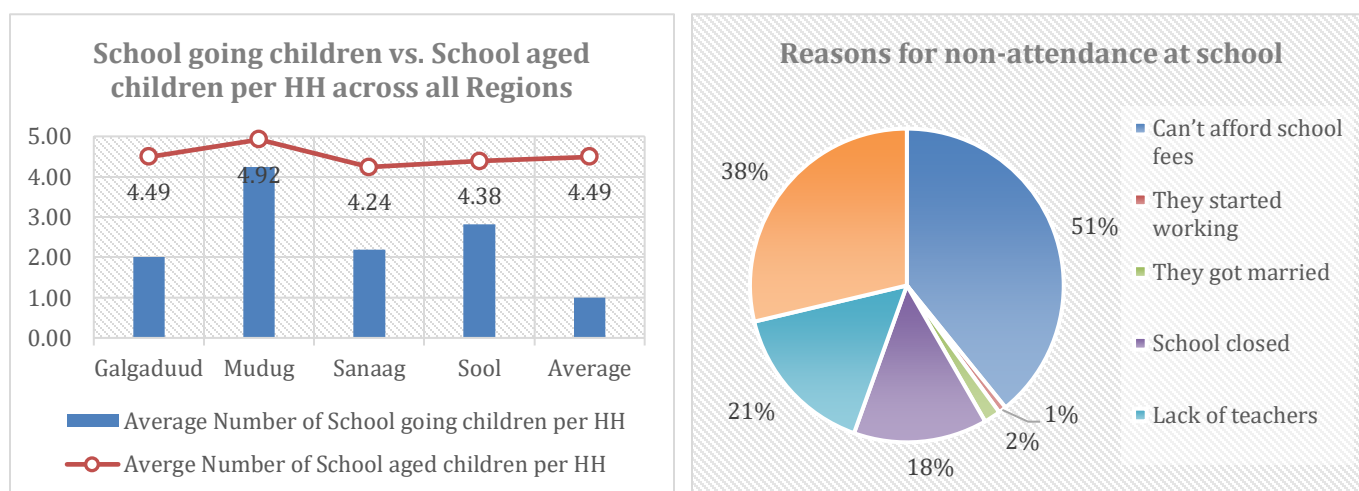


Figure 16: School going children vs. School aged children per Household Figure 17: Reasons given for non-attendance of school aged children

In terms of healthcare, the majority of the beneficiaries (72%) said that they attended a hospital the last time that a member of the household was unwell. In addition, it was common to call a Sheikh for a spiritual healing (28%), let a relative take care of them (4%) or let the condition resolve on its own (3%). Nevertheless, it was common for the household to spend part of their cash transfer on healthcare, with 30% of them spending part of their cash transfer (an average of USD 28 per household) on healthcare. These values varied from region to region, with Mudug having the largest spend (USD 58), largely attributed to the more developed healthcare facilities and

associated costs in the region (Figure 18). There was no correlation between the amount of Cash Transfer received and the proportion spent on healthcare needs.

The lack of geographic coverage and access to health centres was identified as one of the key constraints in almost all of the rural villages. *“We have to ask a taxi from Lascanood, pay about USD 100 and take the sick to Las Canod to access meaningful services”* said an elder in *Dagah Iskugurow*. For all other purposes, the cost of transportation was modest ranging from USD 1-5 from most villages to larger urban centres.

In addition to spending the transfer on their individual household needs, the beneficiaries also shared part of their money which contributed positively upon the social wellbeing and level of community cohesion. Through the sharing of the cash transfer, the program contributed to the community social safety net as this increased the coverage of the transfer as a number of non-beneficiaries were reached. It must be noted that in all the FGDs, respondents indicated that the sharing occurred willingly and without coercion. Furthermore, Somalis have traditionally had culture of sharing. Whilst the sharing occurred informally, in *Mindigale*, Badhan District, it was reported there was an organized community effort to help vulnerable households that were not targeted as part of the program, and a total of 19 non-beneficiary households had been supported. The cash transfers also helped households in *Dagah Iskugurow*, Lascanod who had been displaced by conflict to settle down. *“All of the shelters that you are seeing have been as a result of the cash transfers, we would have been long gone had CARE not targeted us for the cash transfer”* said one of the elders interviewed, in *Dagah Iskuguro*, that due to their vulnerability, they were targeted for two phases (6 cycles) of the cash transfer program.

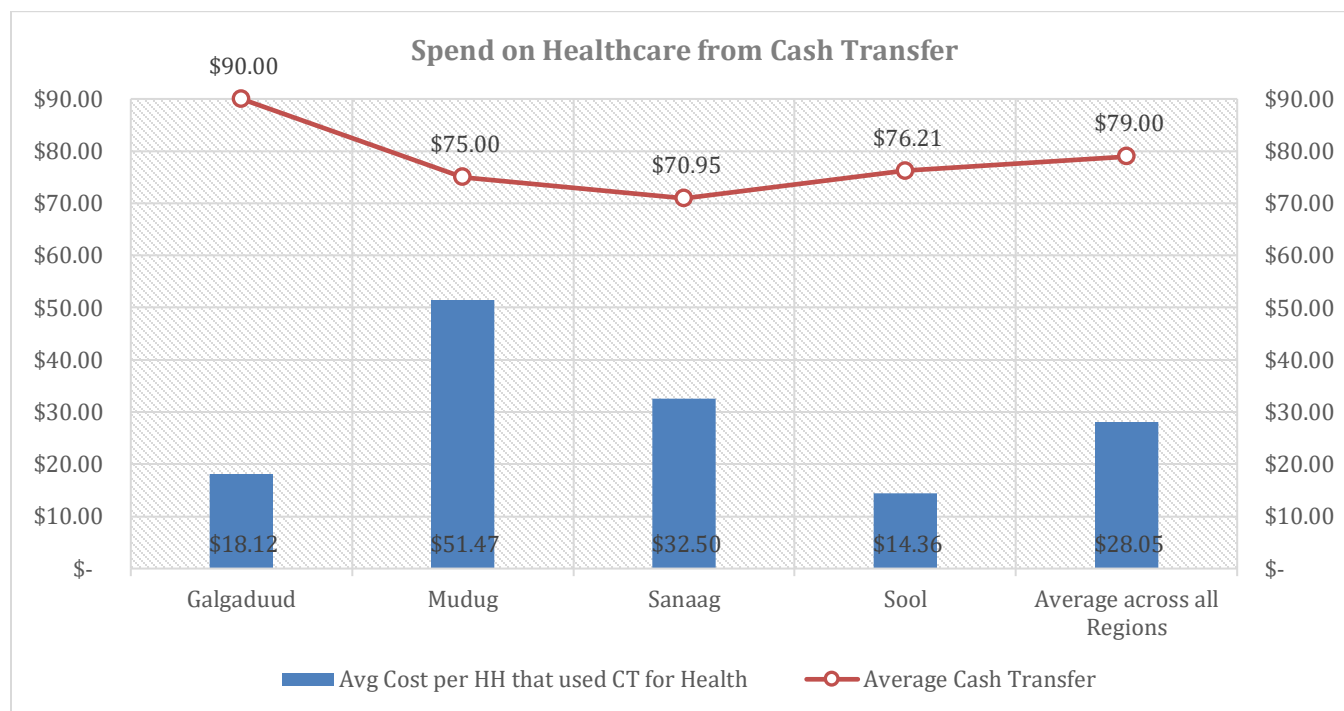


Figure 18: Spend on Healthcare from Cash Transfer

Somalia is amongst the countries where gender disparity is among the worst pronounced in the world. Further, it is well recognized that many gender-based violence and protection risks occur in Somalia, and cash transfer



programs can contribute to these protection concerns. Considering these challenges, and based upon the need to reach households, it was observed that the targeting approach, which gave emphasis to women and the elderly was able to improve the outreach to the more vulnerable people that needed protection. Across the research, household survey, FGDs, PDMs and KIIs, the program was said to have not contributed to protection concerns, conflict and security risks for the beneficiaries. 79% of those interviewed through the household survey reported that the cash transfer had had positive impacts on community relations, and none reported any conflict in the household or feeling threatened by a household member as a result of the transfer. KIIs indicated that the community-based targeting had reduced the risk of resentments and jealousy as the majority of the community had actively participated in the selection process of the beneficiaries.

In the household survey and FGDs, respondents said that based on their previous experience, women were the more appropriate household members to receive cash as they knew what the family needed, and the overarching perception was that they would use the money for the intended purpose. The receipt of cash by the women was therefore welcomed, as they made the decisions with regards to household expenditure, and were better able to prioritize family food, water, education and healthcare needs appropriately. As a result, in terms of gender distribution of the beneficiaries, the majority of those targeted (under UCT, CCT and RRF) were women (70%). According to 88% of the respondents there was no preference in who received the transfer, although the majority (61%) of those who received the cash were women, more so in Sool region, where 81% of recipients were women. Of the 12% who had preference to who received the money, there was only a slightly (54%) higher preference for mothers compared to fathers (46%).

Related to community protection in conflict affected areas were the impacts of the program in terms of shelter and settlements. In *Dagah Isgurow*, the cash transfer was instrumental in helping households settle and build shelter after displacements; *“this would not have been a settlement had we not received the cash transfer”* reported the village elder. These households were also able to purchase water and build latrines; the result being improved well-being, health and dignity over time given the increased access to shelters, latrines and water. Households also reported that they were less likely to reduce the amount of food consumed per meal, or reduce the number of meals that they consume, in order to cope with shocks. Together, these elements mean that the beneficiary households were largely more stable and could pursue positive coping mechanisms to deal with shocks, instead of negative coping strategies such as the distress sale of livestock that result in pushing them further into poverty and create other problems. This reiterates the findings of the Coping Strategy Index indicator evaluated earlier.

#### 3.4.3. *Impacts upon the Market and Community facets*

Areas of expenditure and markets were also examined in order to understand how the beneficiaries spent their cash transfer and whether this has had any impacts upon the local market system and economy. Injecting USD 8,416,945 over the course of the program (Table 11), the cash transfer program has had positive impacts upon the markets. Although said to be short lived, the multiplier effect of the cash transfer was felt in the village economies. Traders and beneficiaries interviewed reported that the economy was booming at the time of payments due to the injection of cash. The traders reported that there was improved purchasing power of households and that they had experienced an increase of up 30% in the number of customers that they were

serving, especially following the monthly cash transfers. There was not much difference in the impacts experienced as a result of the difference between the UCT and CCT beneficiaries on the markets, considering that they all operated within the same markets, and the timing of the transfers coincided with each other, in the majority of cases. Equally, changes were experienced in the supply dynamics of the markets, with 72% of the traders interviewed indicating that they had increased the volume of stocks that they held during the transfer cycles.

	No of Households	Cash Transfer (UCT / CCT)	Rapid Response Fund (RRF)	Re-programmed	Total Dispersed to Region
<b>Galgaduud</b>	13,284.00	\$ 2,277,990.00	\$ -	\$ -	\$ 2,277,990.00
<b>Mudug</b>	14,954.00	\$ 1,976,175.00	\$ -	\$ -	\$ 1,976,175.00
<b>Sanaag</b>	12,154.00	\$ 1,826,580.00	\$ -	\$ 112,000.00	\$ 1,938,580.00
<b>Sool</b>	11,907.00	\$ 1,991,700.00	\$ 45,000.00	\$ 187,500.00	\$ 2,224,200.00
<b>Totals</b>	<b>52,299.00</b>	<b>\$ 8,072,445.00</b>	<b>\$ 45,000.00</b>	<b>\$ 299,500.00</b>	<b>\$ 8,416,945.00</b>

Table 11: Cash injection per Region, over all three phases of the Cash Transfer Program

Similarly, amongst the beneficiaries interviewed through the household survey 32% of them felt that the availability of food items had increased as a result of the cash transfer program, this was especially felt in Sanaag (Figure 19). When compared to the perceptions regarding food pricing there is strong cohesion with 25% reporting an increase in the availability of essential commodities. Of those beneficiaries that felt that food availability had increased, they associated this to additional traders in the market, and traders holding more goods. This shows strong outcomes in terms of economic and community empowerment, from the cash transfer programme. In addition, through KIIs and FDGs traders reported that with the repayment of debts they were able to restock and build their businesses.

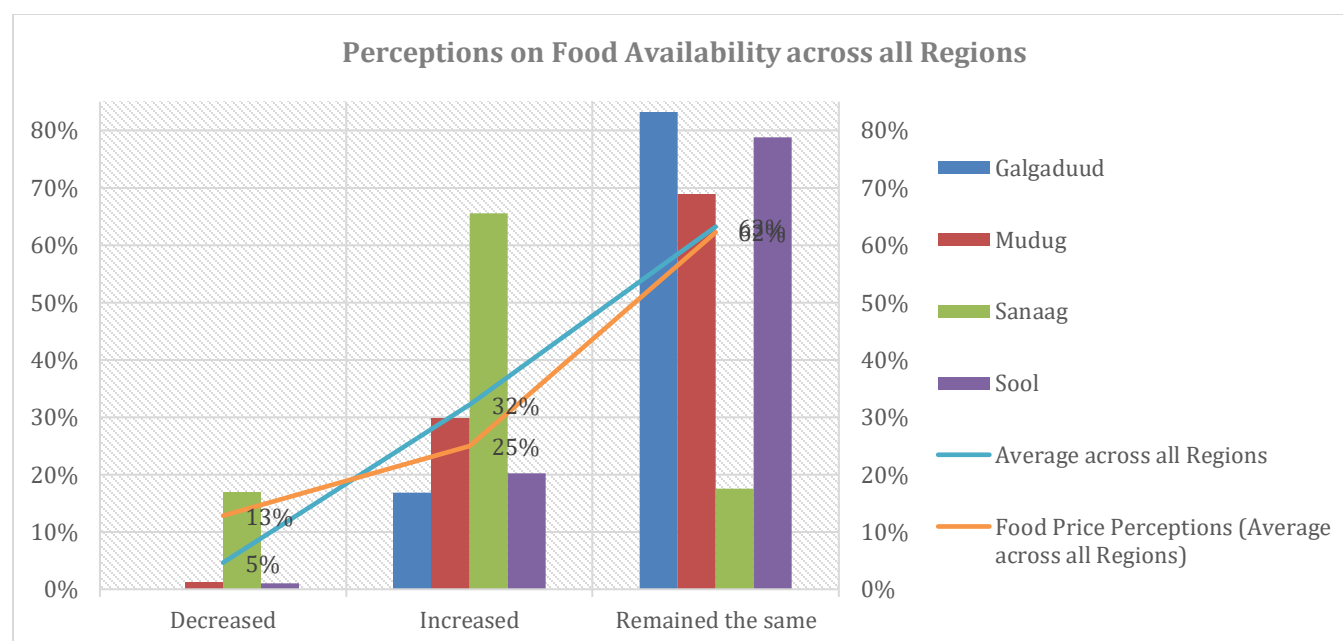


Figure 19: Food availability and food pricing perceptions across all Regions

When asked about whether the injection of cash had distorted the markets, or caused inflation leading to an increase in the price of essential commodities, FGDs and KIs respondents were unanimous in their response that it had not resulted in price increases. Nevertheless, during the household survey there were 25% of beneficiaries who reported an increase in food prices. The majority of these associated this with inflation as a result of the cash transfer (64%), inflation due to other reasons (46%), higher demand as a result of population movement (25%), moving to a more expensive areas (22%) and other reasons (6%). This is seen to be an issue of perception, or isolated price increases within specific villages, as in general price increases were not observed / significant (Table 12<sup>32</sup>).

Commodity	Unit	Prices as at Baseline Jul-18	Prices during EFSP -----	Prices as at evaluation Aug-19	Price Difference
Rice	1 Kg	\$ 0.80	\$ 1.00	\$ 1.00	\$ 0.20
Brown Sugar	1 Kg	\$ 1.00	\$ 1.50	\$ 1.50	\$ 0.50
Wheat flour	1 Kg	\$ 0.90	\$ 0.80	\$ 0.80	(\$ 0.10)
Red Sorghum	1 Kg	\$ 0.80	\$ 0.30	\$ 0.30	(\$ 0.50)
Vegetables	1 Kg	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.00
Fruits	1 Kg	\$ 0.30	\$ 0.80	\$ 0.80	\$ 0.50
Goat meat	1 Kg	\$ 5.50	\$ 6.50	\$ 6.50	\$ 1.00
Cooking oil	3 Liters	\$ 2.00	\$ 3.50	\$ 3.50	\$ 1.50
Canned milk	2,500g	\$ 13.00	\$ 13.00	\$ 13.00	\$ 0.00
Tea leaves	1 Kg	\$ 2.70	\$ 2.20	\$ 2.20	(\$ 0.50)
Salt	0.5 Kg	\$ 0.25	\$ 0.30	\$ 0.30	\$ 0.05
Spaghetti	1 kg	\$ 0.90	\$ 1.00	\$ 1.00	\$ 0.10

Table 12: Commodity Price Comparison

As indicated earlier (Figure 15), repayment of debt was one of the prioritized expenditure items for the cash transfer beneficiaries. Access to credit has a critical role in the village economies of the program areas, especially as families reverted to borrowing on credit from rural traders, when facing extraordinary financial needs especially in times of drought. The CVA was useful in maintaining these relationships, as it was used to repay existing debts and/or to avoid having to buy further essential commodities on credit. Even when the cash did not last for the full duration of the month, as was commonly reported, the beneficiaries were able to use their participation in the program as collateral to access credit amongst traders whilst the program was running. Therefore, whilst traders gave credit in order to retain customers, the cash transfer increased the creditworthiness of households, which in turn allowed for consumption smoothing. Traders generally reported that with the increased repayment of debts and increased spending power of the beneficiaries, they increased their supply of demanded goods, stabilizing the markets. In Bangale, which was solely dependent on one wholesaler prior to the CVA, was observed to now have

<sup>32</sup> Table 12 shows a small proportion of the prices evaluated. Full data collection shows that prices, in large, did not fluctuate as a result of the Cash Transfer Program.

a second wholesaler to respond to the increased demand as a result of the cash transfer beneficiaries within the area.

The cash for work activities also provided benefits to the community. Not only was community cohesion experienced but lasting transformation in terms of accessibility and productivity with regards to agricultural activities was achieved through the road rehabilitation and soil band construction. The longer-term benefits, from the infrastructure and agricultural production, remain to be seen over time.

### *3.5. Sustainability*

A project is considered to be sustainable when it continues to deliver benefits, to the beneficiaries and/or other constituencies, for an extended period of time after the financial assistance has been terminated. Although some sustainable changes had occurred that would last beyond the end of the program, it must be acknowledged that the EFSP was an emergency program aimed at improving the level of food security for vulnerable drought and conflict-affected communities and that the intervention was too short to have extensive sustainable impacts. Further, a number of challenges were noted across the four program regions, including the high levels of food insecurity amongst the beneficiary groups, which made it difficult to move even those targeted into a less vulnerable situation. Household food security was also undermined by the high prices of food commodities that were frequently mentioned by the respondents (although it has been shown that the program did not increase food prices).

Nevertheless, even within this challenging context, the evidence suggests that some promising sustainability initiatives were undertaken by the beneficiaries. From the FGDs and KIIs, very few beneficiaries reported making livelihood investments such as starting or developing small businesses. This was mainly attributed to the fact that the transfer value was low, and only met part of the food needs of the targeted households. In a few instances, a small number of beneficiaries reported making some investments; a widowed IDP female trader in Abudwak who was selected as a beneficiary used part of her transfer to expand her business. FGDs respondents also noted some contribution by the cash transfer in protecting, and safeguarding, livelihoods during the emergency. This was mainly in the form of taking the burden off of other livelihood options/activities and thus reducing the number of households that would turn to negative coping strategies such as the distress sale of livestock. When FGDs members were asked about the number of sheep and goats that they would have sold, had they not received the cash transfers, households reported that they would have typically sold between 12 – 18 sheep/goats.

In terms of sustainable access to services, the program was instrumental in increasing mobile usage. As reported earlier, there was a 17% increase in the use of mobile phone and the use of mobile payments following the cash transfer registration and verification process by the telecommunication companies and CARE<sup>33</sup>. Further, the project has eased access to goods and services, such as transportation and water, through the rehabilitation of the roads, whilst also providing income to the vulnerable households that were selected to work in the CfW activities of the program. Women and children in particular had experienced better access to basic services such

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<sup>33</sup> CARE Baseline Assessment (July 2018)

as water, education and healthcare, which were prohibitively expensive due to lack of facilities in most of the villages; water vendors were not delivering water at accessible prices prior to the cash transfers program as the travel times were extensive due to the road conditions. An example given during the FDGs was that the travel time between Balaris – Ainabo (the main source of water for the village) reduced from 2.5 hours to 1.5 hours, and as a result, the cost of transportation of water reduced following the rehabilitation of the Balaris – Ainabo road.

The CfW activities have supported the community in a multitude of ways. In addition to those mentioned previously, the road rehabilitation has helped to reduce travel time in turn reducing the cost of water to the villages, increasing the availability and affordability of water and other market based commodities. The road has supported enhanced incomes for community members and as a result of all of these factors, community resilience has been enhanced and the potential for community ability to sustain the infrastructure has been achieved.

### *3.6. Lessons learnt in programming*

From discussions with beneficiaries and stakeholders, it was clear that the benefits from the EFSP cash transfer were multiple; it enabled the targeted households not only to meet basic food needs, but also to access essential services and goods such as education, healthcare and water. It was highlighted that to build long term resilience, cash transfers will need to be delivered with a “package” of interventions such as delivering complementary community level interventions alongside the UCT. CARE was able to achieve this through the infrastructure and environmental rehabilitation that allowed the community to respond to other needs. Further, by being flexible and adaptive in the use of the RRF which allowed the program to respond to the acute food insecurity resulting from a sudden-onset event in the geographic areas covered by the program, the program enabled beneficiaries to mitigate the impacts of the new shock and to protect their assets. Additionally, CARE linked the EFSP with its other emergency programming such as water trucking allowing households to spend more of the cash transfer on their food needs by saving on water associated costs.

The cash transfers were context-specific and worked closely with the local authorities in selecting both the geographies and households that were targeted including the type of cash transfer (UCT/CfW) for which the beneficiaries were targeted. As a result, the evaluation findings indicated a high level of satisfaction with the selection and targeting of beneficiaries. Further, the equal consideration of different population categories, including IDPs, host communities and pastoral dropouts also helped to reduce tensions that may have arose from the selection and targeting process.

Finally, stakeholders noted that the current context of recurrent shocks in the program areas continued to undermine livelihoods within the areas. This underlined the value of CVA to support livelihood protection while integrating the transfers with other livelihood and economic strengthening interventions<sup>34</sup>.

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<sup>34</sup> These include improving access to basic services such as water, healthcare and education, and access to additional income opportunities, linkages with the private sector such as financial and animal health services.

### 3.7. Contribution to the Grand Bargain

The Grand Bargain, launched during the World Humanitarian Summit in May 2016, is a unique agreement between the largest donors and humanitarian agencies who have committed to improving the effectiveness, and efficiency, of humanitarian action<sup>35</sup>. One of the key work-streams of the Grand Bargain was to Increase the use, and coordination of, cash-based programming in which aid organizations and donors committed to<sup>36</sup>:

- Increase the routine use of cash alongside other tools, including in-kind assistance, service delivery (such as health and nutrition<sup>37</sup>) and vouchers. Employ markers to measure both increase and outcomes.
- Invest in new delivery models which can be increased in scale, while identifying best practice and mitigating risks in each context. Employ markers to track their evolution.
- Build an evidence base to assess the costs, benefits, impacts, and risks of cash (including on protection) relative to in-kind assistance, service delivery interventions and vouchers, and combinations thereof.
- Collaborate, share information and develop standards and guidelines for cash programming in order to better understand its risks and benefits.
- Ensure that coordination, delivery, monitoring and evaluation mechanisms are in place for cash transfers.
- Aim to increase use of cash programming beyond current low levels, where appropriate. Some organizations and donors may wish to set targets.

CARE has worked in Somalia/land for nearly 40 years delivering both development and emergency aid. It considers cash as one of the routine options and has been using CVA programs as a key modality for helping beneficiaries to meet their needs. The organization has had a successful track record in cash programming, and currently leads the Somaliland and Galgaduud CWG. Based on the OCHA Data Visualization Platform<sup>38</sup>, in 2018 CARE was one of the top 10 cash transfer partners, and has assisted 135,438 beneficiaries, delivering USD 456,430 through cash transfer programs within Somalia. Of this, CARE delivered 52,299 through the USAID/OFDA funded EFSP project, under evaluation within this document. In the current project, CARE has invested in the use of the mobile money method of cash transfer in partnership with the telecommunication companies (Telesom, Hormuud and Golis) that have wide coverage across the regions and are therefore more efficient in terms of cost and timely disbursement to beneficiaries. In addition, the used of the biometric registration system for improved efficiency, reduction in duplicate registration, and for enhanced monitoring, reporting, planning, and coordination was implemented.

The project also conducted post distribution monitoring, third party monitoring and conducted studies such as the *Gender and protection: Gendered Protection Implications of Cash and Voucher Assistance in Somalia/Somaliland* study to better inform decision making and improve the quality of the program. All of these elements undertaken by CARE have fallen in line with the aims of the Grand Bargain and have been seen to make a positive impact upon the aims of the cash transfer program as a whole.

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<sup>35</sup> <https://interagencystandingcommittee.org/about-grand-bargain>

<sup>36</sup> <https://interagencystandingcommittee.org/increase-use-and-coordination-cash-based-programming>

<sup>37</sup> CARE currently have a health and nutrition program ongoing in Sanaag.

<sup>38</sup> <https://data.humdata.org/visualization/somalia-cash-programing-v3/>

## 4. CONCLUSION AND RECOMMENDATIONS

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Overall, the Emergency Food Security Program was highly relevant to the needs and interests of the beneficiaries, and the program design and corresponding interventions were found to be appropriate to the needs of the target population as well as the objectives of CARE and its donors. With willing telecommunication partners, with wide network coverage, in the target areas and the familiarity of use and acceptance of mobile money amongst the general population and business community, mobile cash transfers were seen as both relevant and efficient. The program targeted the drought and conflict affected populations, as well as IDPs and the urban/rural poor who were amongst the most affected. Evidence from multiple reports, and assessments, showed that households were finding it difficult to buy food, facing food consumption gaps and experiencing a worsening nutrition situation. With a population that were well versed with cash transfer, and mobile money payments, functioning markets, and the existence of telecommunication companies with wide coverage across all of the regions, the implementation of the CVA using mobile payments was deemed efficient both in terms of cost and timely disbursement to the beneficiaries.

The targeting process was primarily based upon the latest FSANU, CARE and partner assessments, and was well coordinated with the communities and local authorities, thus reducing the time taken in identifying beneficiaries and enhancing the communities' acceptance of the intervention. The program was able to deliver three phases of cash in a timely manner, with the total of 52,299 households reached over the course of the program, translating into 433,425 individual beneficiaries. As the transfers were delivered at a time when beneficiaries were entering months of food insecurity, it enabled them to increase their household income in order to purchase essential commodities. During the period, they prioritized food items, water, debt repayment, school fees, healthcare and other non-food items. As a result, there was a consistent impact on food security by the program, and in addition to reducing food insecurity, the program also generated positive impacts on food consumption and dietary diversity. Therefore, the evidence suggest that the program generated a number of positive impacts, across many domains, demonstrating that the program was implemented well, and that the beneficiaries used the cash as per the original objectives of the program. These impacts included improved access to basic goods and services, improved healthcare and education, as well as access to credit and repayment debts.

### 4.1. Recommendations

The following recommendations have been designed to help CARE improve its cash transfer programming in any future cycles. They have been developed as a result of FDGs, KIIs, observations and the household survey.

**Consider scaling up and the size of the cash transfer program:** Across all the regions and villages visited, a number of beneficiaries reported that the cash transfer amount was inadequate to meet their monthly expenditure. Appropriately, there is need to reassess the size of the cash transfer. Whilst the MEB is used as a basis for determining the value of transfers this does not take into consideration the size and value of other financial obligations on the household. Continuous market monitoring, and the development of a seasonal expenditure calendar, may be useful in informing the seasonal variation in transfer size and timing. In addition, there will be need to increase the portfolio of projects which will be implemented through CfW in accordance with USAID

guidelines. It was noted that several other projects were requested by the community members including the rehabilitation of water channels for agricultural production in Erigavo, and the rehabilitation of water infrastructure such as shallow wells and pans in the rural settings. However, it is recommended that a detailed analysis of who stands to gain, and equitable options considering ownership and use of assets, should be conducted before decisions are made regarding further CfW projects.

**Leverage the increased mobile phone access to implement “cash plus” interventions:** Taking advantage of the increased coverage, and use of mobile phones, CARE should seize the opportunity to leverage the synergies between cash and complementary services such as nutritional supplements water and sanitation interventions, agricultural subsidies, and healthcare programs. Whilst it is acknowledged that the complementary services are in existence there to scope to enhance the integration of these. These may include educating the community on health and nutrition, water and sanitation practices, counselling about maternal and child feeding practices, and protection awareness and messaging to ensure greater impacts of CVA<sup>39</sup>. These can be easily achieved given the telecommunications infrastructure that was established during this EFSP program.

**Link the current cash transfer programming with improvements in access to basic services:** Considering that even the poor beneficiaries were willing to buy education, water and health services, it is important to improve the access, and quality, of these services as primary interventions linked to the emergency interventions. For example, this can be achieved through linking the fee payment in order to strengthen schools and health posts, building the capacity of the management of these services, supporting school feeding programs in time of emergency, and the provision of school and health post water trucking.

**Opportunities for direct market interventions:** Depending upon the local context, direct market interventions may also be a useful program element to implement in the future. These would help the markets to recover from aftershocks, or from credit bottlenecks, and help to reduce the risk of price increases or inflation after the distribution of cash.

**Experimenting with graduation models combined with local saving (VSLAs):** It is widely recognized that cash transfers are not generally sufficient enough on their own to lift the poorest households out of poverty permanently. Experimenting with graduation models that combine cash transfers with other interventions, such as asset grants, saving schemes and income generation may be useful in order to see longer term project impacts at both the household and community levels.

**Developing more holistic and longer-term livelihood strategies for the target regions:** Considering that the program areas are highly susceptible to shocks, a more holistic and longer-term livelihood security program will be required. In addition, disaster preparedness and contingency planning may help to reduce the number of vulnerable populations and costs associated with any future cash transfer program.

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<sup>39</sup> It has been confirmed through KIIs that this has been integrated into EFSP funding for 2019.



## 5. ANNEXES

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### 5.1. Review of Documents – Secondary Research.

The key documents that were reviewed by the evaluation team, as part of the secondary research, are as follows:

1. Somalia Food Security Cluster data and cash transfer documents
2. FEWSNET and FSNAU documents produced during the program period
3. WFP trend analysis for Somalia
4. World Bank Study on Mobile Money in Somalia by Altai Consulting
5. The Cash Learning Partnership (CaLP) East Africa documents
6. Somalia Cash Consortium study on gender & protection
7. CARE Somalia study on gender and protection in cash programming in the humanitarian context
8. High Panel on Humanitarian Cash Transfers
9. The Cash Learning Partnership (CaLP) State of the World's Cash

### 5.2. Selection Criteria







#### **Selection Criteria for Unconditional Cash Transfer**

- I. Households with children under five with severe or moderate acute malnutrition, pregnant and/or lactating women
- II. Households headed by children, the elderly, chronically ill, and persons with disabilities
- III. Women-headed households with no productive assets, functional means of income or a reliable source of income or not receiving adequate assistance from other sources
- IV. Households from marginalized communities
- V. Households who report consuming less than 2 meals per day
- VI. Households employing negative coping strategies such as cutting down of trees, charcoal production, selling vital assets etc.
- VII. Households who meet the above criteria and who are not currently receiving cash or food assistance from other sources, including other agencies working in the same target location.
- VIII. Newly displaced populations
- IX. Households meeting other vulnerability criteria as identified by the communities
- X. Households meeting vulnerability criteria but unable to provide labour e.g. the elderly, disabled, ill

#### **Selection Criteria for Unconditional Cash Transfer**

- I. Households headed by poor and/or divorced and/or widowed women who can provide labour
- II. Households where the head is unemployed/not working
- III. Households with less than 10 surviving livestock
- IV. Households where head is engaged in negative coping mechanisms such as selling firewood/charcoal
- V. Child-headed families with no or limited financial support but have an adult who can participate in CfW activities on their behalf and;
- VI. Households with an average monthly income of less than US\$ 50.

### 5.3. Data Collection Tools

Data collection tool	Attachment	Data collection tool	Attachment
Household Questionnaire	 CARE EFSP - Households	Focus Group Discussion Guides	 CARE EFSP FGDs Guide.docx
Services Providers Interview Guide	 CARE EFSP - Service Provides	Key Informants Interview Guides	 CARE EFSP KIIs Guide .docx
Traders Interview Guide	 CARE EFSP - Traders Interview	Consent Form	 CARE EFSP Participant Consent

### 5.4. Situation of regions and the conditions of the households at the start of the interventions.

Situation	Time	Source of evidence
The Federal Government of Somalia (FGoS) sounds alarm to the UN about the risk of famine. At the time of the program development, an estimated 873,000 individuals in Sool, Sanaag, Galgaduud and Mudug were acutely food insecure and in IPC 3&4.	January 2018	OCHA Somalia Humanitarian Bulletin, 1-31 January 2018.
Distress migration of pastoralists into neighbouring regions, and 60-75% losses in livestock due to drought (Galgaduud and Mudug Regions).	February 2018	CARE and Daryeel Bulshu Guud (DBG) assessments.
Two third of IDPs in the Mudug region were finding it difficult to buy food, incomes were at USD 20 and more people were dependent upon donations combined with a worsening nutrition situation; 14.8% GAM, and 3.6% SAM.	February 2018	Daryeel Bulshu Guud Rapid Needs Assessment in Galmudug State, February 2018.
Armed standoff between Somaliland and Puntland resulted in the displacement of 10,000 people in Sool region. This was compounded by the impacts of the tropical cyclone that resulted in heavy rains, strong winds and flash floods that resulted in the loss of lives, livestock, as well as the destruction of property and infrastructure.	May 2018	CARE Assessments and OCHA Flash Update #2: Tropical Cyclone Sagar, 20 May 2018.
Most pastoralist households have debts of between USD50-100 which accumulated during the drought. These are owed to local traders who are unwilling to offer further food purchases on credit terms, compounding the food access situation.	June 2018	CARE Field Monitoring Report, 14 June 2018.