

Humanitarian Coalition East Africa Drought Appeal



Final Evaluation Somalia

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This report provides agency specific findings pertaining to the Oxfam and Save the Children International projects in Somalia. It was conducted remotely in October 2012. The findings are based on programme reporting and post distributions monitoring documents, internal and external evaluations such as the Smart Vision evaluation for the Save the Children in Somalia (Puntland) project and particularly from the Cash and Voucher Monitoring Group (CVMG) evaluation in 2011-12 (conducted with Oxfam, Save the Children and 12 other NGOs). Detailed discussions with stakeholders (largely agency staff and partners) in Nairobi and in Somalia (remotely) also took place. The report does not attempt to summarise either of the agencies interventions, but to reflect upon their impacts, challenges, gender and cash learning findings.

1. Executive Summary

The reviewed projects undoubtedly contributed to saving lives and improving quality of life. Both the small livestock aspects of the Oxfam project and the animal health aspects of the Save the Children project will assist recovery through asset building and livelihoods enhancement.

Agencies had designed their Cash Transfer Programmes (CTP) as the food security element of wider, more integrated responses to affected communities¹. As such, the overall needs of the beneficiaries were mostly addressed, allowing the cash elements to be used for the basic food and non-food needs for which they were intended. The low level of the cash grants, set to match the cost of a minimum food basket for an average family of five, restricted the ability of the CTPs to fully meet household (HH) needs. Save the Children's CIDA² funded, integrated emergency nutrition, health, water, sanitation and hygiene promotion (WASH) and shelter approach in Mogadishu was a highly successful project. Education and a cash-based program aimed at food security would also have highly benefitted the targeted community.

All aspects of the Save the Children, Oxfam, and CIDA-funded projects showed the hallmarks of extremely well planned, partner implemented responses. All CTP technical design steps appear to have followed best practice guidelines and satisfied SPHERE standards.

The trader and 'Hawala'(money transfer company) payment methods adopted were a particular success and were especially well suited to context and beneficiary needs. Indeed the cash projects could be said to be exemplary in almost all aspects³, including gender, which is a particular achievement given the challenging context, the new programming area of Puntland for Save the Children, and the relative lack of experience of the agencies and their partners in Somalia with cash programming. The Save the Children and Oxfam CTPs were both deemed effective in having gone at least some way to meeting the food security needs of the vulnerable households targeted, the majority of whom were female headed households. The CIDA and HC funding was the initial 'seed' that allowed further and ongoing project developments⁴ that have gone on to respond to the immediate and recovery needs of beneficiaries.

2. Background Summary

The following background material is a heavily edited version of the background for a document submitted by Oxfam to CIDA in June 2012⁵:

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- 1 Sometimes funded by other donors.
 - 2 HC purchased a buffer stock of Plumpy Sup, which CIDA do not fund, but which was essential given frequent pipeline breaks
 - 3 Oxfam was extremely unfortunate to have suffered from an error on the behalf of the Money Transfer Company MTC which caused a delay in payments to beneficiaries for the 5th and 6th rounds which led to very large numbers of complaints and allegations of theft by the BFs towards the entirely innocent partner. The presence of good grievance procedures was shown to have allowed such grievances to be aired and dealt with transparently, but lessons from this have evidently been learned.
 - 4 Save the Children has gone on to promote DRR activities with other donors and Oxfam have now begun to implement and plan for much more extensive mobile money transfers.
 - 5 "Emergency WASH for Conflict affected populations" Final report, Oxfam Canada, June 2012

‘According to UNHCR figures for January 2011, over 2.2 million Somalis were forced to flee their homes by conflict and drought. More than 1.5 million were displaced internally and another 700,000 fled across the border to Kenya, Ethiopia and Djibouti. The displacement figures continued to grow through 2011, principally due to the continued obstacles to humanitarian access in large areas of the country, where the population was experiencing a severe food crisis. In July and August 2011, the United Nations (UN) declared a famine in Lower and parts of Middle Shabelle, as well as in the IDP settlements in Mogadishu and Afgooye.

By September 2011, the Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 4 million people were living in crisis conditions and were in desperate need of emergency food aid. Of those, 920,000 refugees from Somalia (80% of which were women and children) had reportedly fled to neighbouring countries, particularly Kenya and Ethiopia. Years of fighting and an inability to deal with famine and disease led to the deaths of up to one million people⁶. In addition, according to the UN, the food crisis forced many women to leave their homes in search of assistance, depriving them of the protection of their family and clan. This resulted in an upsurge of sexual violence against women and girls, with the number of reported cases increasing more than 4 times. In Mogadishu, torrential rains exacerbated the situation by destroying makeshift homes. Tens of thousands of southern Somalia’s IDPs could not access critical services due to restrictions on humanitarian agencies imposed by the insurgents who controlled most of southern Somalia.

Food aid continued to arrive by sea, but Western warships had to be deployed to protect the shipments. Few international aid staff could be posted in-country due to security issues and humanitarian operations were managed by Somali staff and local partner agencies, who were also often targeted.

In order to address the immediate humanitarian needs of 4 million Somalis, aid agencies shifted emphasis to recovery efforts and supporting the four strategic priorities endorsed by the UN’s Somalia Humanitarian Country Team⁷ in the 2012 Consolidated Appeal. The focus of the overall strategy is on reducing malnutrition rates, preventing further displacement by assisting people where they live, and assisting people who are on the move or stranded.’

3. Brief Introduction to CTP Projects Evaluated:

A summary of projects funded by CIDA and HC in Somalia are included in the table below. This evaluation focused on the two CTPs:

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- 6 The overall mortality rate was 7.4 out of 10,000 per day, which was more than seven times as high as the “emergency” rate of 1 out of 10,000 per day
 - 7 (1) To provide life-saving assistance to people living in famine and humanitarian emergency in order to reduce mortality and prevent further displacement; (2) To protect and restore livelihood assets through early recovery, resilience-building, emergency preparedness and disaster risk reduction, and improving social and productive networks; (3) To provide a minimum package of basic services and (4) To strengthen the protective environment of the vulnerable population.

Funded by:	Evaluated remotely:	Community/ city/region/ Zone	Project type
Oxfam	Oxfam		
CIDA/HC	Yes	Mogadishu	Unconditional CTP (Food Security)
Save the Children	Save the Children		
HC and private Canadian foundations	Yes	Puntland	Unconditional CTP (Food Security) and conditional livelihood asset protection (animal health, DRR)
CIDA (with HC contribution)	Yes	Mogadishu	Em. NUT, WASH, Health & Shelter
HC and SCC	No	Galgaduud	Education in emergencies

The objective for the smaller Save the Children⁸ (4,000HH) and much larger Oxfam⁹ (12,548 HH) CTP projects, was to provide for the basic food needs of targeted beneficiary households, with Save the Children having some additional livelihood and resiliency objectives around the animal health and DRR capacity building activities. Both agencies used similar targeting based on clearly identifiable and verifiable categories of beneficiaries and the cash was transferred to Save the Children beneficiaries through local traders (with a 7% fee¹⁰) and to Oxfam beneficiaries through a Money Transfer Company (MTC) or *'hawala'* (with a 2.5% fee).

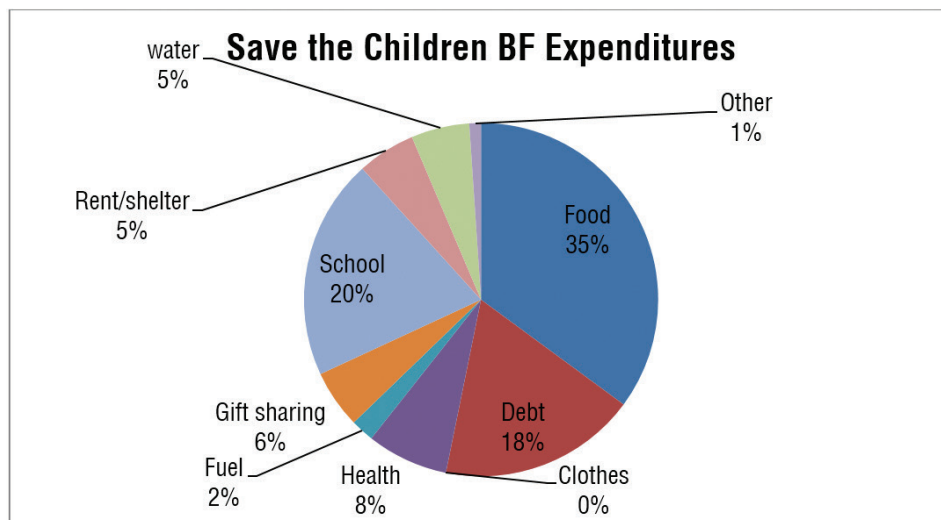
With both projects “the decision to distribute cash or vouchers was based primarily on access, security, and market considerations, but also on the NGOs and their implementing partners’ capacity and previous experience. For the cash projects, the amounts paid to beneficiary HHs ranged from \$75 to \$85 per month (irrespective of family size), depending on the cost of the estimate for the minimum food basket (MFB) in the different areas. In the case of Save the Children, the amount was brought in line with that given by a neighbouring project.

4. Impacts of the Cash Transfer Projects

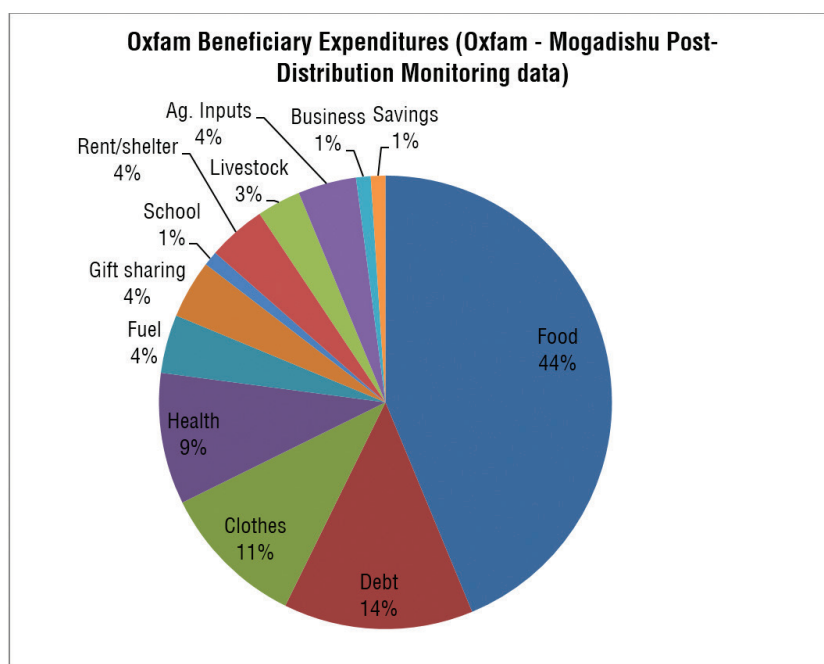
With the cash transfer rates set at the minimum food basket (MFB), it is unlikely that all the basic food needs of HHs will have been met, particularly among larger households. The low cash grant amounts resulted in survival purchases only.

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- 8 Save the Children’s HC funded project in Puntland was an unconditional CTP to 333 HH of 85USD once a month for 6 months through traders to targeted HHs, alongside vouchers for animal health interventions through private providers (with some capacity building) and some DRR capacity building/interventions. Save the Children also had a largely CIDA with some HC funding integrated Emergency Nutrition, WASH, Health and Shelter project in Mogadishu with partners CPD and an Education project in Galgaduud.
- 9 Oxfam and their partner HIJRA had a CIDA funded, combined WASH and phased CTP of 75USD once a month for six months to 12,548 HH in Mogadishu through Hawala MTCs. They have since conducted a mobile phone pilot project cash transfer in Mogadishu supporting 2,590 Hhs with one off grants of \$150.
- 10 To the agency

The following (rounded) data comes from agencies' own post-distribution monitoring (PDM):



The vast majority of spending was on food (Oxfam 44%, Save the Children 35%) with debt repayment (Oxfam 14%, Save the Children 18%) and health (Oxfam 9%, Save the Children 8%) figuring highly. Beneficiaries in the Save the Children program were spending considerably more on education (20%), than those in the Oxfam programs (1%)¹¹. Anecdotally, the Save the Children CTP spending on education contributed to an increase in enrolment of boys and more markedly girls, as well as a decline in dropout rates. Teachers attributed higher educational attainment to the fact that children were better fed (Save the Children's independent evaluation by Smart Vision, 2012).



¹¹ This may well have been due to the timing of the payments in the school year, or the presence of education in the Puntland area, or the provision of emergency education within or nearby the Oxfam Mogadishu settlements concerned.

Only very small amounts were spent on livelihoods (8%) within the Oxfam project and none at all was captured by the PDM data within the Save the Children program.

Both agencies admitted that they had learned the need to better link the timing of CTPs to lean periods. Moreover, it would be useful, for example, for Oxfam to find out why 29% of their BFs in Mogadishu would rather have had food than cash. Likewise, it would be useful for Save the Children to understand why 14% of the BFs in Puntland felt the animal health aspects were not relevant to their needs.

Save the Children Somalia Key PDM & Evaluation Data (Puntland)	Oxfam Somalia Key PDM Data (Mogadishu)
<ul style="list-style-type: none"> • 8/90 (9%) BFs thought traders increased prices after CTP distributions • 94% of BFs preferred cash to food or vouchers. • 14% of HHs thought the animal health aspect was not relevant¹². 86% thought relevant. 	<ul style="list-style-type: none"> • 51% thought traders increased prices • 29% would rather have food than cash • 71% were aware of the complaints mechanisms

The Save the Children project implemented by ‘Veterinaires Sans Frontieres- Germany’ (VSFG) integrated animal health livelihood support aspects into the project through vouchers that allowed BFs some degree of freedom to access drugs that fit their particular herd’s needs. This innovative approach demonstrates a way of avoiding weakening the already fragile private animal health sector.

Save the Children also had a small DRR component training local people to foster identification of DRR activities in 20 villages through community mobilization. Though this was a rather ambitious capacity-building activity for an emergency project, and has not met its objective to “increase resilience of HHs” during the life of the project, Save the Children has been able to go on to support the necessary follow-up and DRR activities identified by the community through continuing work with other funders. In this respect, the HC funding acted as an early catalyst that may well go on to have long-term benefits. Women’s access to the DRR training (39%) and capacity-building was limited because of literacy issues. Class sizes (50 persons) were far too large to be very effective, particularly for those experiencing literacy difficulties.

4.1.1 Market Impacts

A full market impact analysis is beyond the remit of this evaluation, but it would appear that short-term price increases did occur after distributions. The PDM data for projects funded by the HC and CIDA indicates that beneficiaries felt that there were some increases in prices after cash distributions (9% of Save the Children BFs in Puntland, and 51% of Oxfam BFs in Mogadishu). It

12 Indicating that unless all stock were treated, then diseases would eventually return.

is not possible to establish whether this was due to profiteering by traders or due to shortages of goods within the markets.

Both Oxfam and Save the Children regularly monitored market prices. Key food items were generally available in the markets, and the cash distribution led to greater quantities and diversity of food in most areas, particularly those that had previously lacked availability. No inflationary effect was found, as prices followed their normal seasonal pattern, declining considerably due to the good harvest season. There was however, an appreciation of the Somali Shilling by 20% over the same period that countered some of the decline in price. This fluctuation in the currency rate was due to the massive influx of dollars into the market through relief operations, remittances from overseas, foreign investment, and income from overseas livestock sales. “

What was evident from staff interviews with traders was their over extension of credit to individuals and lack of liquidity to enable them to restock. Most traders had to stop offering credit. Staff decided to inform traders of the coming CTP to encourage them to restock in the knowledge that cash would soon be available.

The CTPs had significant positive impacts on unlocking the credit shortages within the market and allowing the market to recover from the crisis and begin to function normally. This is an important economic recovery impact of both agency projects.

Recommendations on the use of foreign currency in cash transfers:

- Including ‘exchange rate and inflation contingencies’ into the cash amount.
- Informing MTCs and traders well in advance and only setting cash transfer amounts at large denominations (preferably \$50) because of the difficulties of importing smaller notes, and the poorer exchange rates offered to BFs for exchanging small denomination notes.
- Informing exchange businesses in advance of cash distributions so that they can ensure adequate amounts of local currency are available.

4.2 Cross Cutting Issues

4.2.1 Risk mitigation

Although security measures regarding cash movements were the responsibility of the traders and MTCs, the risk to beneficiaries could have been mitigated by minimizing long walks (Save the Children) and waits at payment collection points.

4.2.2 Monitoring & Evaluation

Three types of data were collected: process monitoring data (on targeting, transfer mechanisms, and diversion); market impact data (supply and availability of commodities, market prices, impacts on participating traders); and household and community impact data (how cash was spent, and impacts on household income, debt, food security and nutrition). The market

monitoring and PDM of both agencies were exemplary. It is not clear to what extent the information was used to adapt current programming, though it is clearly being used to help inform and improve future programming decisions.

4.2.3 Coordination, agency and partner communications, and involvement

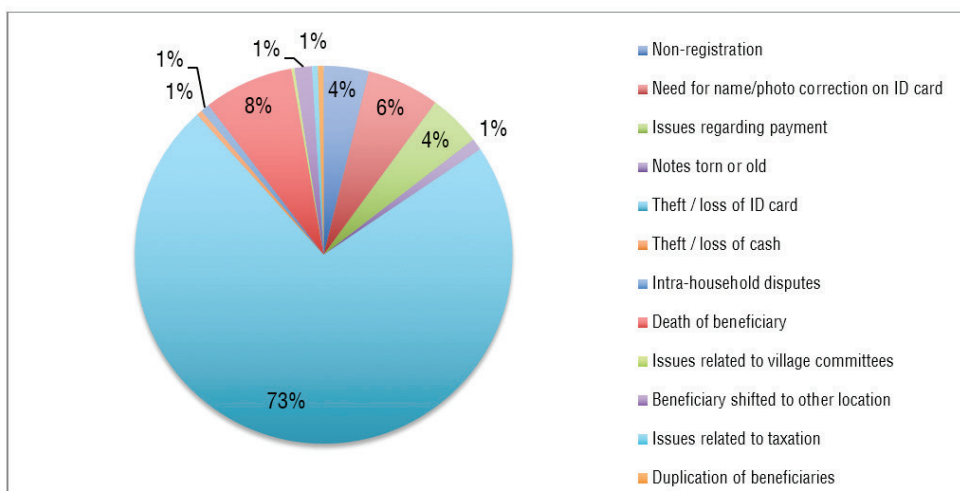
Communications between regional staff in Nairobi and both agency staff in Somalia and the partner implementing agencies appears to have been of a very high standard. One agency partner was keen to stress the importance of their early involvement in the writing and design of project proposal, as well as the need for them to have project documents at the earliest opportunity to ensure knowledge of objectives and indicators.

4.2.4 Grievance and feedback mechanisms

Both agencies had good grievance and feedback mechanisms¹³ in place which was reported to have been essential in enabling staff to address appeals and concerns early before problems escalated. Oxfam has gone on to develop mobile phone CTPs in Somalia which appear extremely relevant to the high risk contexts of operations at scale as they allow very close monitoring for diversion and misuse. Beneficiaries can also better communicate grievances (through ‘hotlines’), thus increasing accountability and the ability of agencies to address problems at an early stage.

The feedback mechanism was very effective in capturing simple operational issues (e.g. corrections to beneficiary ID cards, replacing lost ID cards) and also in highlighting cases of taxation. But only 55% of sampled households were aware of the feedback mechanism by the end of the second quarter. Because the feedback system is not designed to collect input from non-beneficiaries and other stakeholders, it does not shed light on potential inclusion and exclusion errors.

Complaints recorded by NGOs, October 2011 – March 2012



13 Though it was not possible to seek the views of the beneficiaries in this evaluation.

4.2.5 Exit strategies

It was evident that thinking around exit strategies had been left to the very end of projects, despite the increased sustainability built into both programs as a result of working with partners and local animal health providers. Save the Children has had to look to further funding for its DRR elements and Oxfam is currently in the process of defining the next steps of its economic recovery programming. This could have been done earlier.

4.2.6 Gender

The agencies' cash projects and animal health activities are reported to have contributed to the self-esteem and empowerment of women BFs. High proportions of women were successfully targeted for inclusion in the projects.

Save the Children Somalia Key PDM Data	Oxfam Somalia Key PDM Data
<ul style="list-style-type: none">• 68% beneficiaries were women• Decision to use cash within HH:<ul style="list-style-type: none">• 49% jointly• 40% by women alone• 11% by men alone	<ul style="list-style-type: none">• 83% BFs were women (51% FHH)• 5% said cash had caused 'conflict' within HH• BFs all reported short distances walked and short waits in line to receive cash

Women beneficiaries across the 12 agency 'cash and voucher monitoring group' evaluation programs reported reduced arguments in the household as a result of the improved HH finances from the CTP. There has been limited research globally on this issue, but recent evaluations (ACF/WFP, Ivory Coast 2012) showed that women reported satisfaction and increased involvement in HH financial and other decision-making as a result of cash programs.

The Save the Children office in Nairobi was the only agency office visited where information on protection issues regarding children was clearly posted. But this information was purely for children and not extended to women's protection issues.

It was encouraging that both agencies had additionally targeted the most vulnerable individuals to be selected beyond those vulnerabilities related to gender, such as elderly care givers for children and people with disabilities. But chronically sick individuals, which would include HIV/AIDS patients, were not included. The question of whether children in HHs with only one single male head could face additional childcare and protection needs may require further analysis.

5. Recommendations

- Designing CTPs in IDP settlements in three distinct phases;
 1. initial payments for food and non-food and emergency shelter needs
 2. regular amounts to meet the food needs of targeted vulnerable HHS
 3. grants and back-up support to those HHS wishing to return to safer areas ('incentivising and facilitating return')
- Ensure indirect CTP market interventions are considered to assist in restocking or credit to avoid potential short term price rises.
- Ensure selection criteria and other project rules and rationale are well communicated to reduce the number of appeals and grievances.
- Ensure strong grievance systems that capture problems early, particularly in more insecure environments and with projects that are run remotely and led by partners.
- Ensure easier access to payments, prioritization of, or special desks for, the elderly, PWDs and the infirm, and pregnant women. Make sure that partner staff are present at distribution points and maximize use public messaging.
- Ensure cross-checks of beneficiary lists with other NGOs and the use of durable cards that are easier to store on the person and less prone to loss or theft, perhaps using photo ID or biometric information.

6. Conclusions

Overall, the experience of the Cash and Voucher Monitoring Group (CVMG) partners¹⁴ in implementing large-scale cash-based programming projects in Somalia was successful, and the CVMG monitoring exercise has shown that large-scale, collaborative monitoring is possible in a complex, conflict-affected environment.

Both the Oxfam and Save the Children cash projects have met the 'key actions' required to satisfy the SPHERE standards for cash programming in emergencies:

Key Actions	Satisfied?
Consult and involve BFs, community representatives and other key stakeholders	Satisfied
Assess and analyze if people could buy what they needed in local markets	Partially satisfied ¹⁵

14 Save the Children are a CVMG partner, and their tools were based on CVMGs, but were adapted for the Puntland context, which was not part of the global monitoring.

15 The market monitoring identified high levels of over indebtedness within the market, and this matter was not addressed. As a minimum, traders and foreign dealers could have been notified to allow them to prepare for increases in business and thus reduce the potential impacts on the markets.

Choose cash or vouchers based on the most appropriate delivery mechanism and the most likely benefits to the population and the local economy	Partially satisfied ¹⁶
Implement measures to reduce risks of illegal diversion, insecurity, inflation, harmful use and negative impacts on disadvantaged groups. Particular care with targeting systems.	satisfied
Monitor to assess if cash remains the most appropriate transfer and if adjustments are needed.	satisfied

7. Coda

Despite the excellent CTP and integrated NUT, Health, WASH, Shelter and recovery and resilience projects, there remain considerable and concerning gaps in provision, particularly within the IDP settlements in Mogadishu, despite CIDA/HC projects being close to completing in January 2013.

Without further funding, challenges remain in the settlements where Oxfam and Save the Children work. In Mogadishu, BFs will lose access to nutrition and health and vaccination services. Latrine sludge removal is likely to cease and open defecation will be inevitable.

In addition, partners and agency staff alike are concerned regarding the potential consequences if basic food needs do not continue to be met in Mogadishu through CTP or other means. Coping strategies already being reported include increasing begging by women and children, with related risks of increased prostitution and early marriage of young girls.

Provision in IDP settlements is still required, but Somalia teams now require the technical support to begin designing the more complex economic recovery programs that will both support those unable to leave Mogadishu and encourage those who can to return to safe areas to restart livelihoods.

16 The initial delivery mechanisms selected suited the current state of readiness of the agencies and technologies available. The agencies have now moved on to use more appropriate mobile transfers which will allow them to operate more at scale in the future.