

SOMALIA

Cash Impact on Food security and Non-Food- Outcomes

Mini-Study One

December 2018



European Union
Civil Protection and
Humanitarian Aid

Somali Cash Consortium

REACH Informing
more effective
humanitarian action

About the Somali Cash Consortium

The Cash Consortium focusses on famine prevention and providing life-saving humanitarian response to reduce household consumption gaps (primarily food) in 15 most affected regions in Somalia. The project specifically targets populations in IPC3 and 4 especially the newly displaced and worst affected pastoralist/agro-pastoralist communities.

Since the Cash Consortium began work in Jan 2018, it has provided assistance to over 300,000 Somalis. It is building better and more robust cash transfer systems, by working with all stakeholders to streamline each stage of the cash-transfer process; from community registrations to payment aggregation, reporting, forecasting and coordination.

For more information on the work of the Somali Cash Consortium, please email the Programme Manager, kaitlyn.scott@concern.net

About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

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SUMMARY

Food security outcomes have improved significantly in many of the areas of Somalia worst-affected by the 2016/17 drought, as a result of large-scale humanitarian assistance and improvements in seasonal performance of rainfed crop production.¹ However, an estimated 1.5 million people are expected to be in 'crisis' levels of food insecurity or worse through December 2018, according to the Integrated Food Security Phase Classification (IPC phase 3).² In response to the continued threat of famine, the Somali Cash Consortium sought to provide vulnerable populations in 30 of the worst-affected districts with monthly multi-purpose unconditional cash transfers (UCT). Districts with the highest proportions of the population estimated to be in IPC phases 3 and 4 were prioritised for the intervention. The cash transfer amounts were set as an average of 65% of the full Minimum Expenditure Basket (MEB) in line with the transfer values recommended by the European Civil Protection and Humanitarian Aid Operations (ECHO) and the Department for International Development (DFID).

To better understand how different amounts and frequencies of cash transfer impact on household food security outcomes and non-food outcomes (food well-being, financial well-being, ability to cope with shocks and stresses and household well-being), two mini-studies were developed in 2018 and conducted over the periods of March–June, and July–December. REACH was engaged as a learning partner by the Somali Cash Consortium to manage the analysis and reporting of these studies.

The first mini-study that is presented in this report adopted a randomised control design with two treatment groups that received monthly transfers of \$70 and \$95 for three months to assess how different amounts of cash administered at same frequency affect food security and non-food outcomes. This was based on the need to build evidence on whether there were differences in food security outcomes and non-food outcomes for households receiving cash based on the MEB recommended by the Somalia Cash Working Group (CWG) and ECHO / DFID transfer values; in this case, \$95 and \$70 respectively. The study took place in two purposively selected districts: Xudur District, Bakool Region and in Bossaso District, Bari Region from a total of 30 implementation districts. The two districts were purposively selected because at the inception of the study, beneficiary selection was complete and transfers had not commenced in the two locations. A total of 900 households were randomly selected from the beneficiary lists in the two districts and assigned the treatments randomly. In each district a total of 450 sampled households received the UCT as follows: 250 households received \$70 while 200 households received \$95 on a monthly basis for a period of three months. Baseline and endline data were collected in March 2018 and July 2018, respectively, by the Cash Consortium implementing partners i.e. Save the Children in Xudur district and Danish Refugee Council in Bossaso district. Descriptive analysis, as well as statistical tests for differences in means, were conducted to understand the marginal effects of the additional \$25 on outcome indicators.

Key Findings

Food security outcomes

- The overall average Household Dietary Diversity Score (HDDS)³ for both treatment groups increased at endline to 6.6 by 4.0 points from an overall baseline mean of 2.6 - an improvement that was significant ($p=0.000$). **There was no significant difference between \$70 and \$95 treatment groups at endline implying that the additional \$25 per month did not further improve HDDS over the assessment period.**
- In terms of **Food Consumption Score (FCS)⁴**, **no significant difference between the \$70 and \$95 treatment groups at endline was found. FCS was only computed for the endline data because of an error with the baseline data.**

¹ Somalia Food Security Outlook - June 2018 to January 2019 <http://www.fsnau.org/in-focus/somalia-food-security-outlook-june-2018-january-2019>

² FSNAU-FEWS NET 2018 Post Gu Technical Release, 01 Sep 2018 <https://reliefweb.int/report/somalia/fsnau-fews-net-2018-post-gu-technical-release-01-sep-2018>

³ HDDS measures the diversity of foods the household is consuming. The higher the HDDS, the greater the diversity of food the household is consuming, suggesting better food security outcomes though on a short period.

⁴ FCS is a food security composite score based on: Dietary diversity; Food frequency; and Relative nutritional importance of the various food groups consumed by households.

- The overall average reduced Coping Strategy Index (rCSI score)⁵ for both treatment groups reduced from a baseline value of 12.7 to 8.9 at endline, a reduction that was significant ($p=0.000$), suggesting improved household food security. In terms of treatment groups, **no significant differences in rCSI scores were noted between \$70 and \$95 households at endline, suggesting that the additional \$25 per month did not result in additional effects on coping strategies used by households over the assessment period.**

Household expenditure choices

- Of the total average household expenditure per month at endline (\$74.2), **approximately \$37.4 (50.4%) was spent on food, while about \$10.9 (14.6%) was spent on water in \$70 households. Similarly, for the \$95 households of the total average household expenditure per month of \$73.4, approximately \$37.6 (51.2%) was spent on food while \$10.5 (14.3%) was spent on water.**
- Expenditure on food at baseline accounted for 42.2% and 41.4% of the total expenditure for \$70 and \$95 households respectively. A proportion of 50.4% and 51.2% of the total expenditure was spent on food for the \$70 and \$95 households respectively at endline. Household expenditure on food saw the greatest increase between baseline and endline, at 8.3% for households receiving \$70 and 9.9% for households receiving \$95. However, **the differences between the two treatment groups were not significant suggesting that the additional \$25 did not have a significant impact on the proportion of expenditure spent on food over the assessed period.**

Non-food outcomes⁶

- The proportion of households reporting that they had 'very high ability' to cope with shocks and stresses increased somewhat from zero at baseline for both groups, to 15% of households receiving \$70 and 13% of households receiving \$95 at endline. In addition, **only slight differences between the \$70 and \$95 households were recorded suggesting that the additional \$25 may not have had notable improvement on the ability of households to cope with stresses and shocks.**
- In terms of food well-being, 27% of households in the \$70 treatment group and 28% of households in the \$95 group at endline reported rarely having enough to eat, although this did reduce from 41% in \$70 group and 37% in \$95 group at baseline. **This suggests that the overall perception of food security has increased over the duration of the project, likely as a result of the UCT. However, as with the other non-food outcomes, there were no significant differences between the two groups, indicating that the additional \$25 has not impacted on food well-being.**
- With regards to overall household well-being, households at endline most commonly reported that they were 'struggling a lot to meet their needs', reported by 35% of the households receiving \$70 and 34% of the households receiving \$95. This is similar to the proportion of households reporting the same at baseline, **suggesting that the additional \$25 has not improved household perception of their overall well-being. Comparing the \$70 and \$95 households, no major differences between the treatment groups were recorded**

In conclusion, significant improvements for food security outcomes were observed for both transfer values between baseline and endline. However, the additional \$25 had no significant impact on household access to sufficiently adequate and diverse food and on frequency and severity of coping strategies. The additional \$25 also did not seem to have a significant impact on non-food outcomes which suggests the amounts were sufficient for food outcomes but not for non-food outcomes. Finally, it is helpful to triangulate the results of the food and non-food outcomes in order to verify findings. The findings of non-food outcomes, such as perceived food well-being and household ability to respond to shocks and stress were consistent with the food security outcomes, even though the data for the two outcomes were based on different recall periods.

⁵ rCSI score measures the behaviours adopted by households when they have difficulties in covering their food needs. This is done by computing the frequency and severity of coping strategies based on a 7-day recall period. Unlike the FCS and HDDS, a lower rCSI score generally indicates an improvement in the food security situation of a household as it reflects lower usage of coping mechanisms.

⁶ Non-food outcomes are based on subjective indicators aimed at assessing household perceptions of their food well-being, financial well-being, ability to cope with shocks and stresses and overall household well-being. The non-food outcomes were based on a recall period of the past one month.

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List of Acronyms

CMU	Consortium Management Unit
CWG	Cash Working Group
DFID	Department for International Development
DRC	Danish Refugee Council
ECHO	European Civil Protection and Humanitarian Aid Operations
FAO	Food Agricultural Organization
FCS	Food Consumption Score
FSNAU	Food Security and Nutrition Analysis Unit
HDDS	Household Dietary Diversity Score
MEB	Minimum Expenditure Basket
rCSI	reduced Coping Strategy Index
SC	Save the Children
UCT	Unconditional Cash Transfer

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INTRODUCTION

Food security outcomes have improved significantly in many of the areas of Somalia worst affected by the 2016/17 drought, as a result of large-scale humanitarian assistance and improvements in seasonal performance of rainfed crop production.⁷ However, an estimated 1.5 million people are expected to be in crisis i.e. Integrated Food Security Phase Classification (IPC) 3 or worse through December 2018, according to findings from the post-*Gu* seasonal assessment conducted in June and July 2018 by Food Security and Nutrition Analysis Unit (FSNAU).⁸

The Somali Cash Consortium's multi-purpose Unconditional Cash Transfer (UCT) project started in January 2018, aimed at famine prevention through reducing household consumption gaps (primarily food) in the 30 worst affected districts of Somalia with multi-purpose cash. The action specifically targeted populations who were in IPC3 and 4 by end of 2017, especially the newly displaced and worst-affected pastoralist/agro-pastoralist communities. Geographical targeting across the consortium members⁹ was done through a systematic approach where districts with highest proportions of the population in IPC3 and IPC4 were prioritised. The transfer values¹⁰ applied by the action varied based on suparegion¹¹ and were set as an average of 65% of the full Minimum Expenditure Basket (MEB) in line with ECHO/DFIDs definition as follows: \$60, \$85 and \$70. In the first half of 2017, a total of 43,841 households were targeted with monthly UCT for a period of three months.

Mini-study one was conducted in Xudur and Bossaso districts that were categorised as suparegion receiving \$70. To understand the effects of the different amount of cash on households, the study had two treatment groups receiving \$70 and \$95 on a monthly basis for three months. This was based on the premise that it is not clear whether the cash values recommended by the Somalia Cash Working Group (CWG) in this case \$95 based on Minimum Expenditure Basket (MEB) result in largely different food security and non-food outcomes than ECHO/DFID recommended transfer which is \$70 for the two districts in this study. The CWG evaluation study¹² shows mixed findings on the effectiveness of cash where some beneficiaries stated the amount received was not enough to cover all the needs in the family while others said the amount received covered the intended purpose. In addition, the report highlights that 90% of beneficiaries stated that the cash received would not last until the next disbursement. It is also common for IDP households to receive short-term cash support from donors, followed by large monthly gaps in support between programs or between being selected by their community representatives.

In order to better understand how different amounts and frequencies of cash transfer impact on food security and non-food outcomes the Cash Consortium commissioned two mini-studies covering the periods of March-June and July-December 2018. This report presents the findings from mini-study one that was conducted between March-June 2018, and measures the differences in food security and non-food outcomes between two treatment groups that received different amounts of cash each month for three months as follows: group 1- \$70 for three months; group 2- \$95 for three months at baseline and endline. The study, therefore, explored the effects of an additional \$25 on food security outcomes in terms of access to sufficient and diverse food. In addition, the non-food impact of UCT was examined in terms of food well-being, financial well-being, ability to cope with shocks and stresses, and household well-being.

REACH was engaged as a learning partner to manage the analysis and reporting in the study cycle. The data

⁷ Somalia Food Security Outlook - June 2018 to January 2019 <http://www.fsnau.org/in-focus/somalia-food-security-outlook-june-2018-january-2019>

⁸ FSNAU-FEWS NET 2018 Post Gu Technical Release, 01 Sep 2018 <https://reliefweb.int/report/somalia/fsnau-fews-net-2018-post-gu-technical-release-01-sep-2018>

⁹ Consortium members include Concern Worldwide, Danish Refugee Council, Save the Children, Norwegian Refugee Council, Cooperazione Internazionale, and Agency for Technical Cooperation and Development

¹⁰ Based on CWG recommendation (Urban MEB) for November 2017 - January 2018

¹¹ Suparegion is defined by ECHO/DFID as a group of regions with similar market prices for the MEB.

¹² Evaluation of the 2017 Somalia Humanitarian Cash-Based Response <http://bit.ly/SomaliaCBA2017Eval>

collection was carried out by respective consortium partners with oversight from the Consortium Management Unit (CMU) and REACH.

METHODOLOGY

The overall objective of mini-study one was to understand whether there was any significant difference in food security and non-food outcomes between households receiving the standard cash transfer rate, as recommended by ECHO/DFID, of \$70 per month, and households receiving a slightly elevated rate of \$95 per month. To understand this, mini-study one adopted a randomised control design with two treatment groups (\$70 and \$95). Households were asked about food security outcomes, such as access to sufficient and diverse food, as well as non-food outcomes measuring financial well-being, the ability to cope with shocks and stresses and overall household well-being.

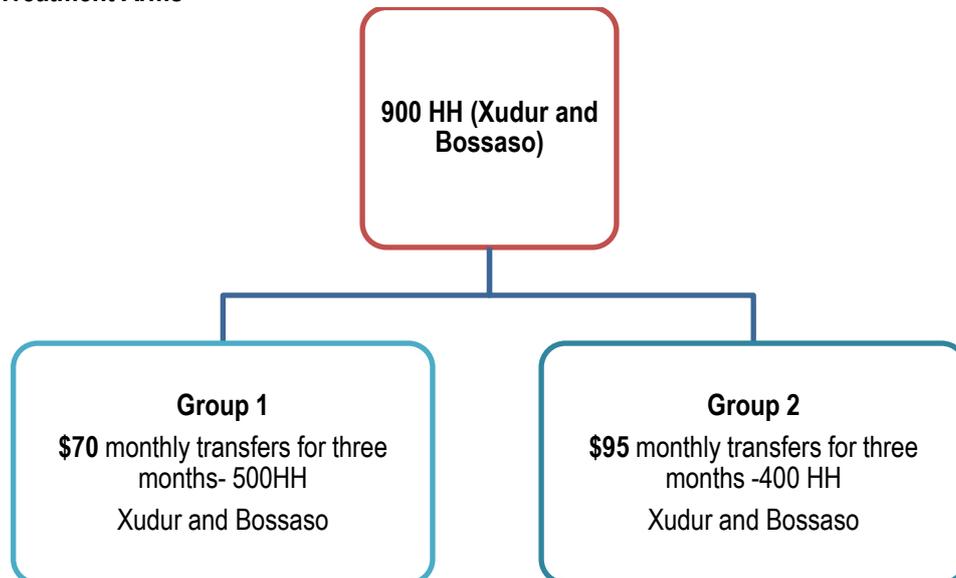
Research Questions

1. What are the effects of \$70 every month for a duration of three months on food security outcomes?
2. What are the effects of \$95 every month for a duration of three months on food security outcomes?
3. What are the effects of the \$70 and \$95 every month for a duration of three months on non-food outcomes?

Sampling

Mini-study one adopted purposive and random sampling. The study took place in Xudur District, Bakool Region, and in Bossaso District, Bari Region. The two districts were purposively selected for the study from a list of 30 implementation districts because at the inception of the study design beneficiary selection was complete and transfers had not been done in the two locations. A beneficiary registration and verification process were carried out, followed by a random sampling of 900 households from the overall 1,681 caseload in the two selected districts. In each district a total of 450 sampled households received the UCT as follows: 250 households received \$70 while 200 households received \$95 on a monthly basis for a period of three months.

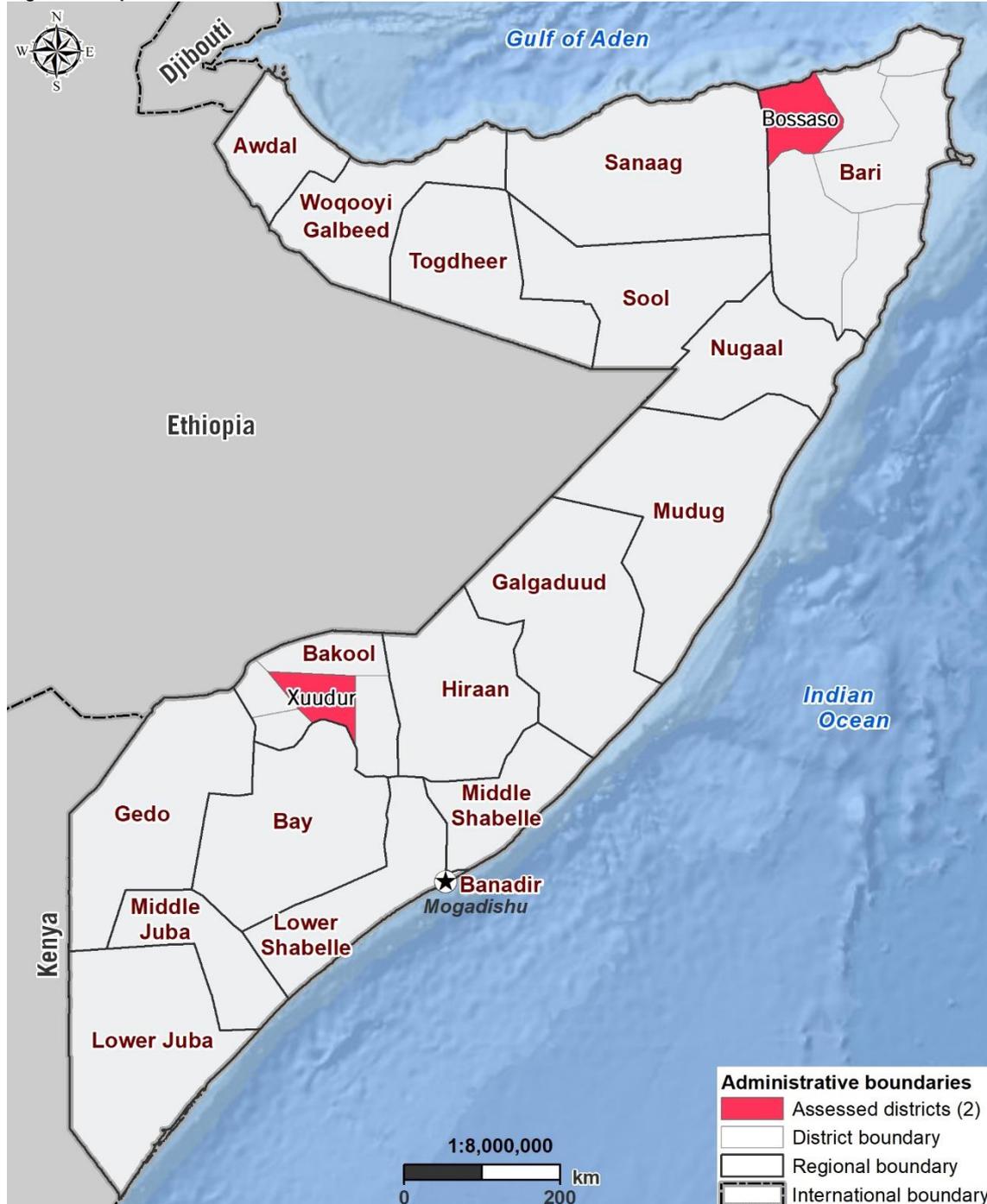
Figure 1: Treatment Arms



Data Collection

Primary data was collected from households receiving the UCT through structured interviews. Baseline data was collected in March 2018 before the initial cash transfer following the beneficiary registration and verification process. The endline data was collected in July 2018 two weeks after the third cash transfer disbursement. Data collection was done by Cash Consortium partners in each location: Save the Children International (SC) in Xudur and Danish Refugee Council (DRC) in Bossaso and this was embedded in the project monitoring and evaluation cycle.

Figure 2: Map of districts assessed



Analysis

Initial data cleaning was done by Cash Consortium partners (SC and DRC) then submitted to REACH for final checks and analysis. Once the clean dataset was finalised, analysis of the data was done as follows:

- Differences between the two treatment groups (\$95 and \$70) or the marginal effect of the additional \$25 in terms of food security outcomes were analysed based on the following indicators: Household Dietary Diversity Score (HDDS), reduced Coping Strategy Index (rCSI), Food Consumption Score (FCS), and household expenditure choices. Two-way Analysis of Variance (ANOVA)¹³ tests were used to analyse the mean differences between the two treatment groups between baseline and endline. A paired T-Test¹⁴ at 95% confidence level was done to test the mean FCS differences between the \$70 and \$95 treatment groups at endline for the FCS.
- In addition, differences between treatment groups in terms of non-food outcomes as measured by the following subjective indicators: food well-being, financial well-being, ability to cope with shocks and stresses and household well-being. Analysis of the subjective indicators was based on the premise that food security outcomes alone may not be sufficient to measure the impact of cash because the UCT is used for multiple-purposes not just food.

Limitations

1. The sample size was small and selected from two purposively selected districts out of a total of 30 districts covered by consortium partners; therefore, the findings are not representative of the total population and should be treated as a case study.
2. The FCS data for the baseline survey was not accurate owing to an error in the skip logic of the tool design that was not caught early enough in the study phase. Unfortunately, this has meant that the FCS baseline data has been omitted from this report.
3. The study was short-term and therefore could only measure immediate impacts of the UCT on the sample, and not long-term impact, especially for the non-food outcome indicators.
4. Data on monthly expenditure patterns were based on a month-long recall period - a long period over which to expect households to remember expenditures accurately.
5. Seasonality has a significant impact on food security outcomes in Somalia. However, due to the short duration of this assessment it is not possible to adequately compare results across seasons. It is likely that seasonality has also played a role in the changing food security outcomes presented here.

¹³ The two-way ANOVA compares the mean differences between groups that have been split on two independent variables (called factors).

¹⁴ A Paired-T test is used to compare two paired values where observations were taken from the same subjects. In this case the differences in mean between \$70 and \$95 households at baseline and endline.

FINDINGS

This section of the report presents the main findings from mini-study one. The findings compare the effects of the UCT on food security outcomes and non-food outcomes in the two treatment groups (i.e. \$70 and \$95) between baseline and endline. Differences between \$70 and \$95 households in terms of food security outcomes and non-food outcomes from baseline to endline are presented in this section. However, for the FCS only endline findings are considered in this section. The findings are discussed in three subsections as follows: food security outcomes, household expenditure choices, and non-food outcomes.

Food security outcomes

This section discusses the impact of the UCT on food security outcomes and ascertains whether different amounts of cash have had an influence on access to sufficient and diverse food by the households. The section, therefore, discusses the effects of \$70 and \$95 each month for a duration of three months on food security outcomes

Household Dietary Diversity Score

The study sought to understand how the UCT influenced household access to diverse food groups through the computation of HDDS. Households were asked to indicate the types of foods that they consumed the last 24 hours, from which the data was organized into 12 categories according to Food Agricultural Organization (FAO) guidelines.¹⁵ The higher the HDDS, the greater the diversity of food the household is consuming, suggesting better food security outcomes though on a short period. The overall average HDDS for the two treatment groups increased at endline to 6.6 by 4.0 points from an overall baseline mean of 2.6, an improvement that was significant ($p=0.000$). **Findings show no significant difference in HDDS¹⁶ between \$70 and \$95 treatment groups at endline implying that the additional \$25 did not result in additional improvements** over the assessment period. Additionally, whilst the findings suggest that UCT has had a positive impact on improving HDDS overall, this may only be on a short term basis, as the data collected was based on 24-hour recall, and therefore may not reflect a long term improvement in household food security.

Figure 3: Average HDDs by Treatment Group



Food Consumption Score

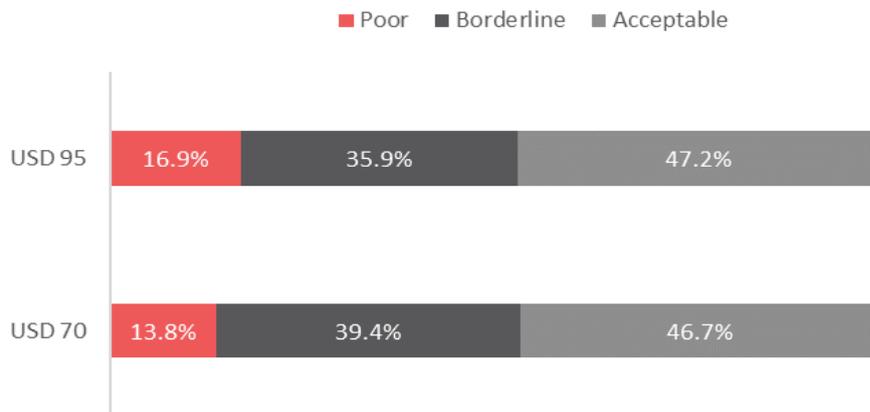
This section further explores the household dietary diversity and nutrient intake through a computation of the FCS. Food consumption at the household level was recorded on a 7-day recall period which was then weighted according to the relative nutritional value of the consumed food. Results shows no significant difference¹⁷ in FCS between \$70 and \$95 households at endline. A proportion of 47.2% households in \$95 treatment group and 46.7% households in \$70 treatment group were in the acceptable FCS category while 16.9% and 13.8% respectively were classified in poor FCS category. As with the HDDS, no major differences were recorded at endline between the treatment groups, suggesting that the additional \$25 did not result in additional improvements to households' dietary diversity and nutrient intake.

¹⁵ FAO. Guidelines for Measuring Household and Individual Dietary Diversity. 2010 <http://www.fao.org/3/a-i1983e.pdf>

¹⁶ \$70 (M=6.7 SD=4.1) and \$95 (M=6.6, SD=3.6) where N=353, P Value=0.605 i.e. >0.05, thus no significant difference.

¹⁷ \$70 (M=42.1 SD=12.7) and \$95 (M=41.7, SD=15.6) where N=356, P Value=0.465, thus no difference.

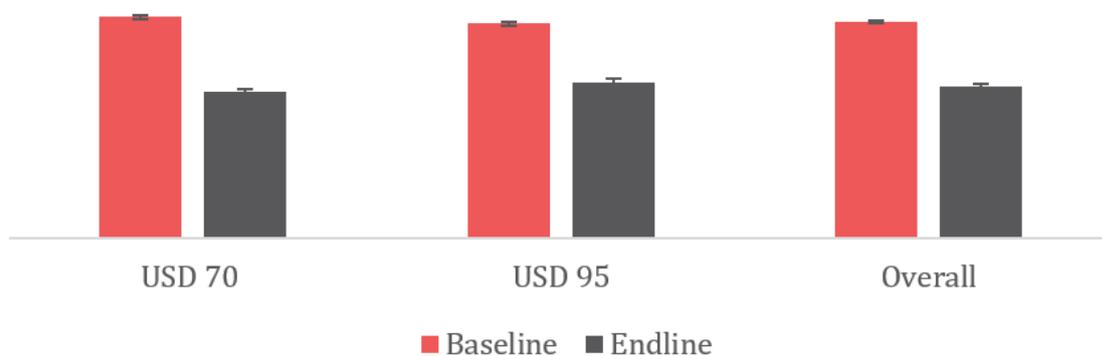
Figure 4: Proportion of households in each FCS category at endline



Reduced Coping Strategy Index

This section outlines the severity of coping strategies applied by households when they do not have enough food, both at baseline and endline. This was computed using the reduced rCSI score, which measures the frequency and severity of coping strategies based on a 7-day recall period. Households were asked to state the number of times in the past week when they employed the following coping strategies: consume less preferred (low quality, less expensive) foods; reduce the portion size/quantity consumed at meal times; reduce number of meals per day; borrow food on credit from another household; and restrict consumption of adults in order for small children to eat. The scores were then multiplied by the severity weight.¹⁸ The overall average rCSI score for both treatment groups reduced from a baseline value of 12.7 to 8.9 at endline during the period assessed. The overall reduction was significant ($p=0.000$), implying that the UCT had an overall impact on reducing the frequency and severity of the coping strategies used. In terms of treatment group differences, a slightly higher reduction of 4.3 was recorded in the \$70 group from a baseline of 12.9 to 8.6 at endline compared to a change of 3.5 in the \$95 treatment group from 12.6 at baseline to 9.1 at endline. This may suggest that the latter group had greater access to food and therefore used fewer coping strategies. However, **no significant differences at 95% confidence level in rCSI score were noted between \$70 and \$95 households at endline suggesting that the additional \$25 did not have marginal effects on the rCSI score of households.**

Figure 5: Average rCSI score by Treatment Group



The most common coping strategies reported at baseline and endline were consumption of less preferred foods, reduced portion sizes and reduced number of meals consumed in a day (see Table 1). No households reported consuming immature crops or eating unacceptable/prohibited foods (animal skins, grass & roots, clotted blood, tree leaves, or warthogs) or consuming weak unsaleable animals. Overall, households indicated relying on less

¹⁸ [Coping Strategies Index: Field Methods Manual](#)

damaging coping strategies (reducing their own consumption) rather than more extreme coping strategies which may have a social stigma attached to them and/or deplete their productive assets (i.e. livestock).

The number of days a coping strategy was used by a household in the seven days prior to data collection was analysed and presented in Table 1 below. Borrowing food on credit registered the highest reduction in the number of days the coping strategy was used by 1.4 in the \$70 group and 1.2 in the \$95 group from baseline to endline. Though there is a slight difference between the two groups, it should be noted that the \$70 households had a higher reduction in the number of days that food was borrowed on credit than the \$95 households, implying that the additional \$25 did not have an impact. There was a slight increase in the number of days that households reduced portion sizes from baseline to endline by 0.4 in \$70 group and 0.3 in \$95 group even though the group differences were slight.

Table 1: Average number of days households reported using a coping strategy in the 7 days prior to data collection

	Average # of days coping strategy utilized				CSI Change	
	USD 70		USD 95		USD 70	USD 95
	Baseline	Endline	Baseline	Endline	Baseline to Endline	Baseline to Endline
Consume to less preferred (low quality, less expensive) foods	1.8	1.7	1.9	1.8	0.0	0.1
Reduce the portion size/quantity consumed at meal times	1.3	1.7	1.4	1.7	-0.4	-0.3
Reduce the number of meals per day	1.8	1.3	1.8	1.3	0.5	0.5
Rely on food donations from the clan/community	0.6	0.2	0.5	0.3	0.3	0.3
Borrow food on credit from the shop/market	2.5	1.1	2.3	1.1	1.4	1.2
Consume spoilt or left-over foods	0.5	0.1	0.4	0.1	0.4	0.3
Consume weak un-saleable animals	0.0	0.0	0.0	0.0	0.0	0.0
Reduce home milk consumption and sell more of milk produced	0.0	0.1	0.0	0.0	0.0	0.0
Restrict consumption of adults in order for small children to eat	1.3	0.7	1.3	0.7	0.7	0.6
Rely on hunting for food	0.0	0.0	0.0	0.0	0.0	0.0
Beg for food	0.4	0.1	0.3	0.1	0.2	0.3
Skip entire days without eating	1.1	0.3	0.9	0.2	0.8	0.7
Stop all home milk consumption and sell all milk produced	0.0	0.0	0.1	0.0	0.0	0.0
Rely on food donations from relatives	0.6	0.3	0.6	0.3	0.3	0.3
Seek or rely on food aid from humanitarian agencies	0.3	0.2	0.3	0.3	0.1	0.0
Send household members to eat elsewhere	0.5	0.2	0.6	0.2	0.4	0.4
Borrow food on credit from another household	1.9	0.9	1.8	1.0	1.0	0.7

In summary, findings in this section indicate that the UCT had a positive impact on the overall HDDS between baseline and endline. However, there were no notable differences in HDDS and FCS recorded between the treatment groups at endline, suggesting that the additional \$25 did not further improve households' ability to purchase more diverse foods. Further, as recorded by the rCSI score, there was a general positive improvement in the degree to which household relied on coping mechanisms from the baseline to the endline, though no significant differences were recorded between the treatment groups at endline. In conclusion, both \$70 and \$95 transfers had

a generally positive impact on food security outcome indicators, i.e. HDDS and rCSI score between baseline and endline, but no significant group differences were recorded.

Household expenditure choices

This section explores how households' expenditure choices differed across the two treatment groups. At endline of the total average household expenditure per month (\$74.2) approximately \$37.4 (50.4%) was spent on food while \$10.9 (14.6%) was spent on water in \$70 households. Similarly, for the \$95 households of the total average household expenditure per month of \$73.4, approximately \$37.6 (51.2%) was spent on food while \$10.5 (14.3%) was spent on water. The least commonly reported expenditure amounts recorded were on transport, gifts, business inputs, livestock inputs for the two treatment groups.

Figure 6: Average proportion of household spending on each selected item, disaggregated by treatment group at endline

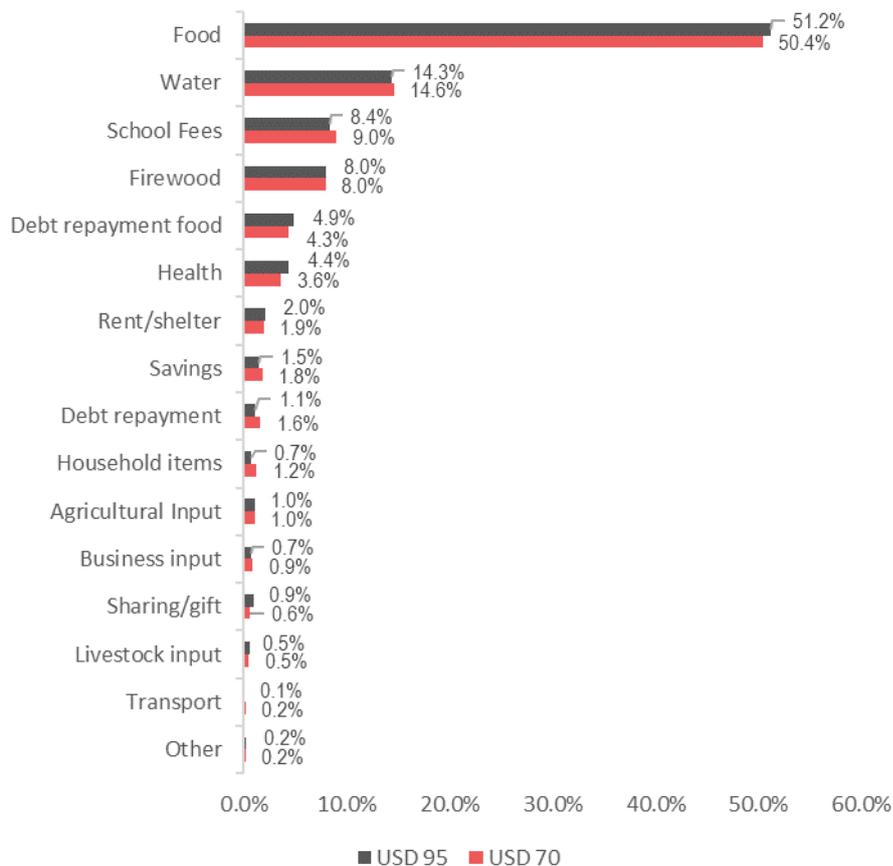


Table 2 below shows percentage expenditure changes on different items between baseline and endline. Expenditure on food at baseline accounted for 42.2% and 41.4% of the total expenditure for \$70 and \$95 households respectively. A proportion of 50.4% and 51.2% of the total expenditure was spent on food for the \$70 and \$95 households respectively at endline. The biggest expenditure increase from baseline to endline was on food, at an increase of 8.3% for households receiving \$70 and 9.9% for households receiving \$95. However, the differences between the two treatment groups were not significant¹⁹, suggesting that the additional \$25 did not have a significant impact on food expenditure over the assessed period. There was a decrease in the amount spent on rent/shelter materials by 6.8% in \$70 group from 8.8% at baseline to 1.9% at endline and 6% in \$95 households from 8.1% at baseline to 2.0% at endline. This suggests that households may have bought shelter materials or paid the rent in bulk around the time that the baseline data was collected. Aside from these changes, the average household expenditure patterns remained unchanged between baseline and endline, suggesting that households may have had sources of income or access to cash interventions from other partners before the UCT.

¹⁹ \$70(M=37.1, SD=12.7), \$95(M=37.7, SD=12.3), P value=0.508, thus no differences.

Table 2: Percentage changes in expenditure between baseline and endline

	Baseline		Endline		Changes in expenditures	
	USD 70	USD 95	USD 70	USD 95	70 USD	90USD
Food	42.2%	41.4%	50.4%	51.2%	8.3%	9.9%
Water	15.5%	15.8%	14.6%	14.3%	-0.9%	-1.5%
Rent/shelter materials	8.8%	8.1%	1.9%	2.0%	-6.8%	-6.0%
School Fees	8.6%	9.5%	9.0%	8.4%	0.4%	-1.1%
Firewood	7.2%	7.4%	8.0%	8.0%	0.8%	0.5%
Medicines Health	6.4%	5.8%	3.6%	4.4%	-2.8%	-1.5%
Debt repayment food	4.9%	4.9%	4.3%	4.9%	-0.6%	-0.1%
Debt repayment	2.6%	2.7%	1.6%	1.1%	-1.0%	-1.6%
Household items	1.6%	1.7%	1.2%	0.7%	-0.3%	-1.0%
Transport	0.7%	1.0%	0.2%	0.1%	-0.5%	-1.0%
Sharing Gift	0.2%	0.4%	0.6%	0.9%	0.4%	0.5%
Business inputs	0.2%	0.1%	0.9%	0.7%	0.6%	0.6%
Livestock inputs	0.3%	0.2%	0.5%	0.5%	0.2%	0.3%
Agricultural Inputs	0.4%	0.4%	1.0%	1.0%	0.6%	0.6%
Khat	0.0%	0.1%	0.0%	0.0%	0.0%	-0.1%
Savings	0.2%	0.1%	1.8%	1.5%	1.6%	1.4%
Other	0.1%	0.2%	0.2%	0.2%	0.1%	0.0%

In summary, most of the household expenditure is spent on food as expected, followed by water as the second largest expenditure. In addition, there were no significant differences in the amount of money spent on various items between treatment groups suggesting that the additional \$25 did not influence household expenditure choices.

Non-food outcomes

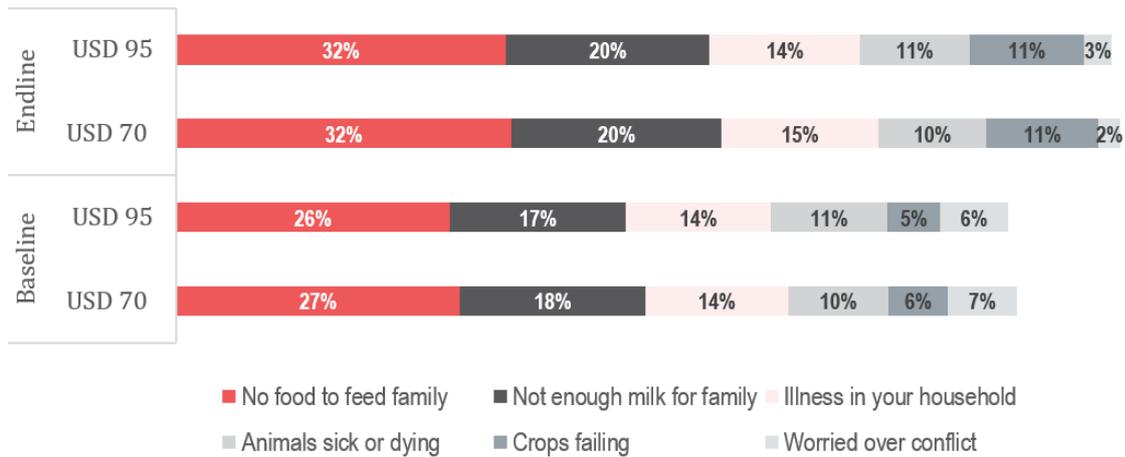
The study sought to understand the non-food impact of the UCT. This is based on the premise that households have the freedom to spend the UCT based on their needs, resulting in multiple uses. Though most of the Somali Cash Consortium UCT goes on food, as illustrated in the previous section, it is of use to understand the impacts of cash on non-food related decision making, ability to make choices and cope with shocks and stresses. To better understand the possible additional impacts that the UCT has on the household, this section discusses the non-food outcomes measured by the following subjective indicators: shocks and stresses that households are likely to encounter and affect the well-being; perceptions on food, money and household well-being.

Shocks and stresses

The study sought to understand the vulnerability of households to shocks and stresses in a typical month. As shown in Figure 7,²⁰ the majority of the shocks and stresses that households reported experiencing at endline across the two treatment groups (\$70 and \$95) were; no food to feed the family (32%), not enough milk for the family (20%), family member illness (14.5%), animals sick or dying (11.5%) and crop failure (11%).

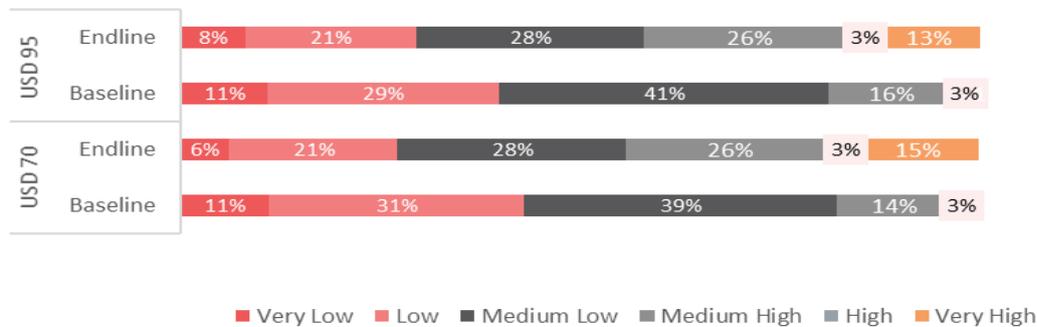
²⁰ Households could give more than one answer, therefore, the graph shows multiple responses.

Figure 7: Top reported shocks and stresses in a typical month, disaggregated by treatment group



Households were asked to rate how they would cope if the shocks and stresses identified were to occur in the following month. At endline, a proportion of 15% and 13% households in \$70 and \$95 groups respectively recorded very high ability to cope with shocks and stresses since they can meet their basic needs regardless of the events compared to none at baseline in the two treatment groups. More than half (57%) of the \$95 households and 55% of the \$70 households at endline would find it difficult to find enough food and money for their needs compared to 79.8% and 80.9% at baseline respectively. These findings show slight differences between \$70 and \$95 households across the treatment groups confirming earlier findings that the additional \$25 may not have a notable difference in the household ability to cope with shock and stresses.

Figure 8: Proportion of households reporting ability to cope with shocks and stresses per treatment group

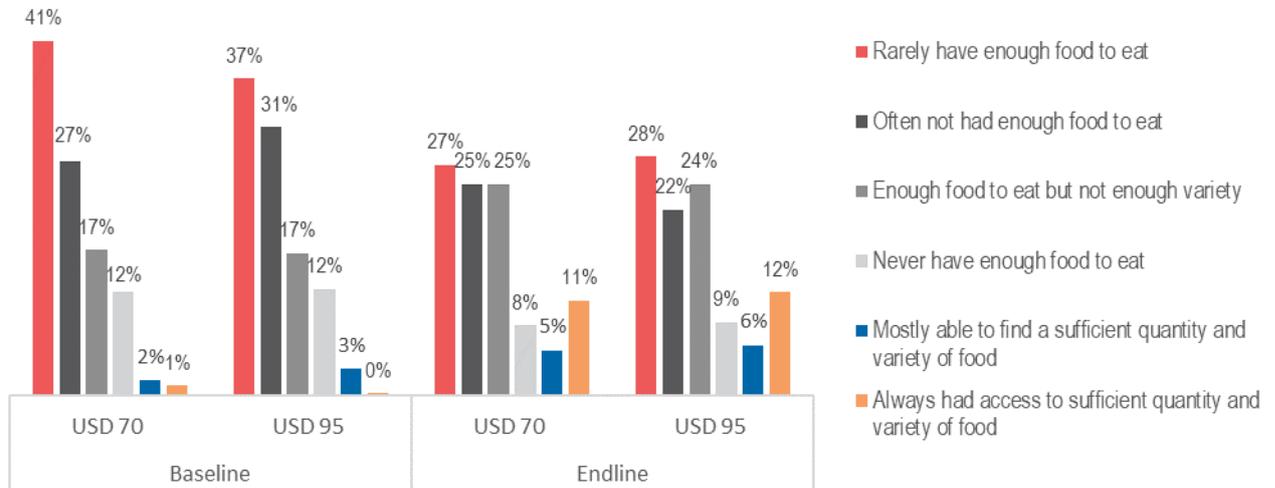


Food well-being

The study sought to understand household food well-being in the past one month based on household perception. As indicated in Figure 9, a proportion of 27% in the \$70 treatment group and 28% households in the \$95 group at endline reported rarely having enough food to eat, although this did reduce from 41% in \$70 group and 37% in \$95 group at baseline. Further, at endline 25% of households in the \$70 and 22% of households in the \$95 group stated they often did not have enough food to eat, whilst 25% and 24% of the households respectively had enough food but not enough variety. Only a proportion of 16% and 18% of the households in the \$70 and \$95 treatment groups respectively felt they had access to sufficient quantity and variety of food in the past one month at the endline. This is an increase of 15% in the \$95 households and 13% in the \$70 households from baseline values of 3% in each treatment group. **Though the results show improvements from baseline, no major differences were noted between the treatment groups at the endline.** This suggests that access to enough food in the month prior to data collection based on beneficiary perceptions was a challenge for the two treatment groups. In addition, this implies that the additional \$25 did not impact on food accessibility by the beneficiaries. This finding is similar with

earlier HDDS and FCS findings, which show no significant differences between treatment groups at endline even though different recall periods were applied; 24-hour recall for HDDS; 7-day recall for FCS; and 30-day recall for the subjective indicator of food access in collecting this data.

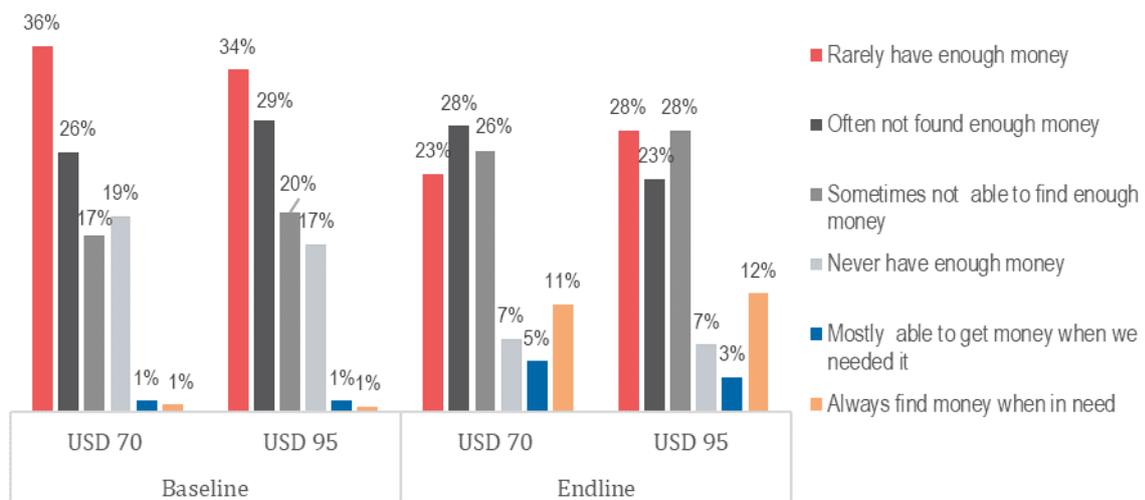
Figure 9: Levels of reported food well-being disaggregated by treatment group



Financial well-being

The study also sought to understand the financial well-being of the household and how this can be integrated into measuring the impact of the UCT. The highest proportion (28%) of households receiving \$70 stated they often did not find enough money to meet their needs at endline compared to 26% at baseline. For the \$95 group, the highest proportion of the households (28%) each reported that they rarely had enough money to meet their needs and sometimes were not able to find enough money at endline. Only 11% and 12% of households receiving \$70 and \$95 respectively reported that they always have enough money at endline compared to 1% each at baseline. As with many of the other indicators presented in this study, whilst there are notable improvements in the financial well-being of assessed households between the baseline and the endline, the differences between the two treatment groups is minimal, suggesting that the additional \$25 has not had a notable impact on the household financial well-being

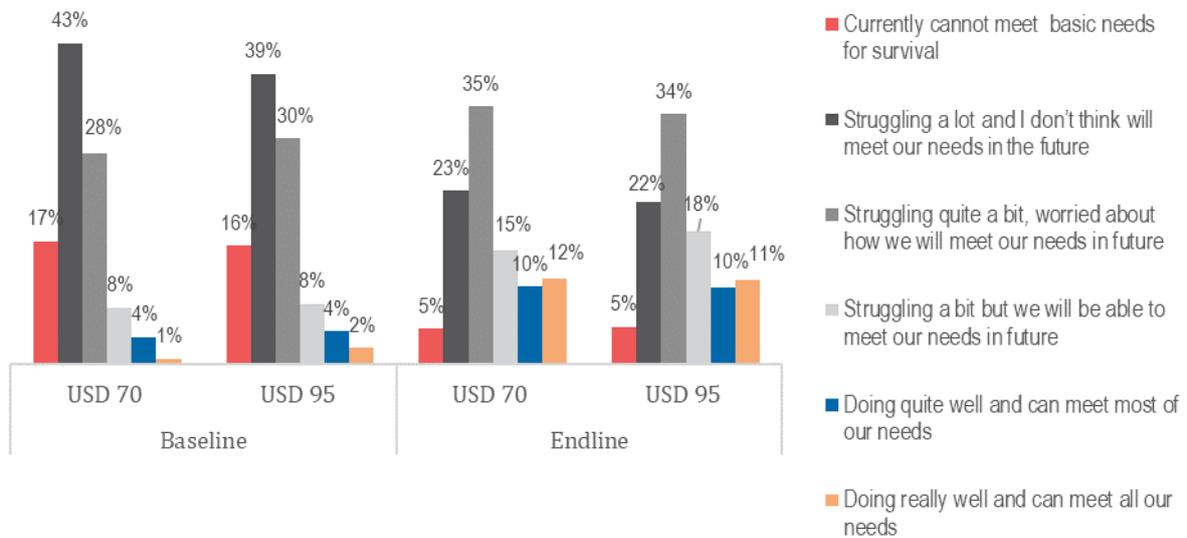
Figure 10: Levels of reported financial well-being disaggregated by treatment group



Household well-being

When asked about how they would rate the overall well-being of the households in the past month, the highest proportion of the households (35% and 34%) in \$70 and \$95 groups stated that they are struggling a lot and they will not meet their needs in the future at endline compared to 43% and 39% respectively at baseline. A smaller proportion, 12% of the households receiving \$70 and 11% of the households receiving \$95, reported that they could currently meet all their basic needs at endline, although this was an improvement from a baseline value of 1% and 2% respectively. **There were no major differences between the treatment groups suggesting that the additional \$25 may not have improved the overall household well-being to a greater extent.** The overall improvement between baseline and endline may be attributed to the UCT, though not entirely since the study did not explore all factors that influence household well-being such as other sources of income.

Figure 11: Levels of reported household well-being, disaggregated by treatment group



In summary, there were no differences between treatment groups in terms of non-food outcomes as measured by the following subjective indicators: shocks and stresses that households are likely to encounter and affect the well-being, perceptions of food, money and household well-being. These findings are similar with previous sections analysing the food security outcomes that found no major differences between treatment groups since the non-food outcomes confirm earlier findings measured by the outcome indicators that there are no differences between treatment groups. It may be useful to consider both food security and non-food outcomes in measuring the impact of the UCT.

CONCLUSION

The objective of this mini-study was to understand the benefit of an additional amount of cash (\$25) to the transfer amount recommended by ECHO/DFID (that is \$70) on food security outcomes measuring access to sufficient and diverse food as well as non-food outcomes measuring financial well-being, ability to cope with shocks and stresses and overall household well-being.

Overall, the UCT had a positive impact on food security outcomes in terms of access to enough and diverse food as highlighted by the improvements in HDDS between baseline and endline over the assessment period. In terms of group differences, the additional \$25 had no significant impact on HDDS and FCS at endline. This implies that the additional cash amount did not improve households' ability to purchase more diverse foods perhaps because the amount increased was small or because there were competing needs for the cash in the household, as illustrated by the various spending choices (see below).

Similarly, in terms of coping mechanisms, there was a general improvement from baseline to endline as recorded by the rCSI score, though again no significant differences were recorded between the treatment groups at endline. This finding was consistent with the finding on the ability to cope with shocks and stresses indicators, which showed no differences between treatment groups in the ability to meet their basic needs, regardless of the shocks and stresses. This suggests that the UCT can positively impact household resilience to shocks, although the transfers may need to be complemented with other resilience building activities.

In terms of household spending choices, most of the household expenditure amount was spent on food as expected, followed by water. In addition, there were no differences in the amounts spent on various items between treatment groups suggesting that the additional \$25 did not influence household expenditure choices in regard to these items. Similarly, there were no major differences regarding the non-food outcome indicator on financial well-being between \$70 and \$95 groups in terms of households reporting that they always have enough money to meet the basic needs.

Notable improvements were recorded between the baseline and endline for both treatment groups in the subjective indicator of food well-being, which measured household perceptions on whether they have access to adequate food. This suggests that household perception of food security has also improved in-line with the improvements in food security outcomes outlined above. However, as with the food security outcomes, there was no discernible difference between the treatment groups in terms of food well-being.

In conclusion, the additional \$25 had no significant impact on household access to adequate and sufficiently diverse food as well as an impact on frequency and severity of coping strategies. This suggests a need to review the transfer values to amounts that can positively impact food security indicators, or a mix of interventions (cash plus other components such as entrepreneurship skills) based on livelihood zones for consistent access to sufficient and a variety of food. Finally, it is helpful to triangulate the results of the food and non-food outcomes in order to verify findings. The findings of non-food outcomes, such as perceived food well-being and household ability to respond to shocks and stress were consistent with the food security outcomes, even though the data for the two outcomes were based on different recall periods.

ANNEXES

Annex 1: Cash Consortium Post Distribution Monitoring Tool

1. What is the enumerator's name? _____
2. What is the enumerator's agency? _____

My name is, and I am working with, a member of the Cash Consortium. We are collecting information to improve our humanitarian work in this community. We would like to ask you some general questions. You are free to choose if you want to participate in this survey or not. Your participation – or your refusal to participate – will not affect your involvement in this program. If you agree to participate, please answer the questions openly and sincerely. If you don't know the answer to a question, please just say so. Everything you say will be kept confidential and your name will not be shared with anybody. Again, nothing you say will affect your status in the program. This study will be used to help us better provide services, ensure accountability and make other programs in Somalia better. This interview should take about forty-five minutes. Do you agree to participate in this survey?

Please swipe forward to continue....

- Yes Thank you for your time. Skip to end for respondents not giving consent for interview

END OF INTERVIEW

GENERAL INFORMATION:

3. Region _____
4. District _____
- 5a. Village _____
- b. If other, please specify _____
- 6a. Is this HH part of the mini-study? Yes [] No []
- b. If yes, what is the HH mini-study ID? _____

BENEFICIARY PROFILE:

7. What livelihood zone do you consider your household to be?
 - Urban or internally displaced persons (IDPs)
 - Pastoral
 - Agro-pastoral
 - Riverine
8. Name of the respondent (*Please ensure that all 4 names are recorded*) _____
9. Gender of the respondent? Male [] Female []
10. Age of the respondent _____
11. Head of Household gender? Male [] Female []
12. Head of Household age _____
- 13a. Is your household originally from this location? *Host Community?* Yes [] No []
 - b. If no, when did your HH arrive in the current location _____
 - c. If no, why did you move here? *One main reason*
 - Due to Flood or Drought
 - Due to conflict
 - For economic reasons/for work - long term
 - Moved here for other reasons

SUBJECTIVE INDICATORS:

14. Please look at this list of shocks and stressors that people often experience in your area. Which of these options do you regularly experience in a typical month?

Stresses and Shocks Experienced	Select appropriately
No food to feed the family	
Not enough milk for the family	
Illness in your household	
Animals sick or dying	
Death in your household or network	
Crops failing	
Was stolen from or taken advantage of	
Home or shelter was flooded	
Experienced embarrassment	
Lost casual work or income	
Problems repaying loan	
Was asked to help friend or family	
Had to travel an exhausting distance	
Was physically attacked	
Witnessed something tragic	
Worried over conflict	

15 Thinking about the options that you just chose, if you were to experience these shocks and stressors next month, how would it affect your family's well-being?

	Select Appropriately
We are always fine, regardless of these events	
We are mostly fine, and almost always have enough food and money	
Sometimes we struggle to have enough but we mostly get through	
It is difficult to find enough food and money for our needs	
It is really difficult to find enough food and money for our needs	
We are unable to meet even our basic needs for surviving	
I don't know	
No answer	

16. Please look at the list of shocks and stressors again and choose 1 or 2 options that you might experience less frequently (for example once or twice a year, or every two years) which tends to have a bigger impact on your life than those that you experience each month.

	Shocks and Stressors	Select Appropriately
	No food to feed the family	
	Not enough milk for the family	
	Illness in your household	
	Animals sick or dying	
	Death in your household or network	
	Crops failing	
	Was stolen from or taken advantage of	
	Home or shelter was flooded	
	Experienced embarrassment	

	Lost casual work or income	
	Problems repaying loan	
	Was asked to help friend or family	
	Had to travel an exhausting distance	
	Was physically attacked	
	Witnessed something tragic	
	Worried over conflict	

17. If this/these were to happen next month, how would it affect your family's well-being?

	Select one
We are always fine, regardless of these events	
We are mostly fine, and almost always have enough food and money	
Sometimes we struggle to have enough but we mostly get through	
It is difficult to find enough food and money for our needs	
It is really difficult to find enough food and money for our needs	
We are unable to meet even our basic needs for surviving	
I don't know	
No answer	

18. In the past month, has your family had enough quantity and variety of food to eat?

	Select one
Yes, we have always had access to a sufficient quantity and variety of food	
We have mostly been able to find a sufficient quantity and variety of food	
We have had enough food to eat but not enough variety	
We have often not had enough food to eat	
We rarely have enough food to eat	
We never have enough food to eat	

19. In the past month, has your family been able to access enough money?

- Yes, we can always find money when we need it
- We have mostly been able to get money when we needed it
- We have sometimes not been able to find enough money
- We have often not found enough money
- We rarely have enough money
- We never have enough money

20. In the past month, how would you rate your family's overall well-being?

- We're doing really well and can meet all our needs
- We are doing quite well and can meet most of our needs
- We are struggling a bit but we will be able to meet our needs in the future
- We are struggling quite a bit, and I am worried about how we will meet our needs in the future
- We are struggling a lot and I don't think we will meet our needs in the future
-

We currently cannot meet our basic needs for survival

21. If you experience a crisis that severely challenges your family's well-being, how confident are you that you support networks could help you to recover?

	Select one
Very confident – I have a big support network and they can always help	
Quite confident – I have a good support network and they can generally help	
Fairly confident – I have a support network that helps me when they are able to	
A little confident – my support network is sometimes not able to help	
Not very confident – my support network can rarely give us the support that we need	
Not at all confident – it's very rare that people help us when we are in need	

22. If you experience a crisis that severely challenges your family's well-being, how confident are you that people in your local community would help you to recover?

	Select one
Very confident – I have a big local community and they can always help	
Quite confident – I have a good local community and they can generally help	
Fairly confident – I have a local community that helps me when they are able to	
A little confident – my local community is sometimes not able to help	
Not very confident – my local community can rarely give us the support that we need	
Not at all confident – it's very rare that people in my local community help us when we are in need	

FOOD SECURITY IMPACT

23a. How would you prefer to receive the same amount of aid? Mobile money, cash vouchers (ex. Scope), cash through hawalas, in-kind food, or food vouchers?

- Mobile money
- Cash vouchers (ex. Scope)
- Cash through hawalas
- In-kind food
- Food Vouchers

b. If you don't prefer mobile money cash, give us your reason(s) _____

24. Not including any money received from cash transfers, what is the Main Source of Household income for the household now?

Main Source of Household Income	Tick one
Agriculture	
Livestock	
Casual Labor	
Private Business	
Formal Employment	
Other	

25. How much inflow did your household make in the last month in \$ value from the following sources? Include all sources for every member in your household, not just income you yourself earned

		<i>Assist the respondent with calculating the value of USD inflow for the full month from all HH members in this category. If no inflow put 0.</i>
1	Agriculture	
2	Livestock	
3	Private Business	
4	Casual Labor	
5	Petty Trade	
6	Wage labor	
7	Loans you have taken out	
8	Loans owed to you by others and repaid	
9	Gifts received by others	
10	Money sent to you from family/friends living in other places WITHIN Somalia	
11	Money sent to you from family/friends living in other places OUTSIDE Somalia(remittances)	
12	Aid received from my organization	
13	Aid received from other organizations	
14	Other sources	

- 26 What is the total amount of cash savings you have, in \$USD? *If none, put 0* _____
- 27 What is the total amount of debt you have currently (money owed to people outside your HH), in \$USD? _____
- 28 What is the total amount of money people outside your household owe you (if you have loaned money to anyone), in \$USD? *(If none, put 0)* _____
- 29 In the past month, how much did you spend in USD (including money received from the cash assistance and other income sources)? *The cash given in the project is unconditional, meaning it is yours to do with as you choose. This means there is no wrong answer, we just want to better understand how you used it.*

		Amount in USD
1	Food	
2	Sharing/Gifts	
3	Water	
4	Medicine/Health	
5	Repayment of food from debt	
6	Repayment of food from non-food	
7	Loans given to others	
8	Business or income generating inputs	
9	Livestock inputs	
10	Agricultural inputs	
11	Children's education	
12	Transport	
13	Firewood	
14	Household items	
15	Khat	
16	Rent or fees at where the HH lives	
17	Shelter materials	
18	Savings	
19	Other specify _____	

30a. Did you spend the money received through the cash transfer in the same way as you spent other income this month? Yes [] No []

b. If no, please explain _____

31. What did you spend more than usual on using the cash transfer money?

	Amount in USD
--	---------------

1	Food	
2	Sharing/Gifts	
3	Water	
4	Medicine/Health	
5	Repayment of food from debt	
6	Repayment of food from non-food	
7	Loans given to others	
8	Business or income generating inputs	
9	Livestock inputs	
10	Agricultural inputs	
11	Children's education	
12	Transport	
13	Firewood	
14	Household items	
15	Khat	
16	Rent or fees at where the HH lives	
17	Shelter materials	
18	Savings	
19	Other specify _____	

32. How do you think the other HHs spent the money?

		Amount in USD
1	Food	
2	Sharing/Gifts	
3	Water	
4	Medicine/Health	
5	Repayment of food from debt	
6	Repayment of food from non-food	
7	Loans given to others	
8	Business or income generating inputs	
9	Livestock inputs	
10	Agricultural inputs	
11	Children's education	
12	Transport	
13	Firewood	
14	Household items	
15	Khat	
16	Rent or fees at where the HH lives	
17	Shelter materials	
18	Savings	
19	Other specify _____	

33. Did you feel more pressure to share the cash transfer money with other HHs than you do to share other money not received from the cash transfer? Yes [] No []

34. How did the cash you received benefit your household?

- Improved access to food
- Debt reduction
- Prevention of debt
- Re-starting livelihood
- Ability to pay medical bills
- Other specify _____

35. In the past two weeks, who made the decision on how to spend household money?

- I made decisions
- My Husband/Wife made the decisions

- Both My Husband/Wife and I made the decision
- Other family members made decision
- Decision made jointly between all HH members (including men, women, children, and older people).

36. Were there any problems or conflict in the HH as a result of disagreement on how to spend the cash?

Yes [] No [] If yes, please explain _____

37. Traders have increased their prices as a result of the cash transfers? Yes [] No []

38. What food stuff were purchased using the \$ that was spent on Food?

Food Stuff	Tick Appropriately
Rice	
Wheat/wheat flour	
Other cereals	
Meat	
Pasta	
Cooking oil	
Sugar	
Salt	
Fruits	
Dark green leafy greens	
Other greens	
Eggs	
Fish	
White tubers or roots	
Milk & milk products	
Spices, salt, tea, coffee	
Other specify	

39. In the last 24 hours how many meals were consumed in your household? _____

40. What are your household's main sources of food?

Own production	Market purchase	Shaxaad (Sharing)	Gift	Begging	Other specify _____

41. Which of the food groups did you or another household member eat yesterday? - answer no/yes.

	Yes/No
Cereals (sorghum, rice, maize, millet, bread, spaghetti etc)	
Vitamin A rich vegetables and tubers (yellow pumpkin, orange sweet potatoes, yellow cassava)	
White roots and tubers (white potatoes, cassava, arrowroots)	
Legumes, nuts, and seeds (cowpeas, lentils, peanut, beans)	
Dark green leafy vegetables	
Other vegetables (tomatoes, onion, cabbage, bell pepper)	
Vitamin A rich fruits (ripe mango, pawpaw, gob, hobob)	
Other fruit (banana, orange, apple, grapes, wild fruits)	
Meat and poultry	
Fish	
Milk and milk products (cheese or yoghurt)	
Eggs	
Sugar, honey, sweets	
Oils, fats, butter	

42. How many days during the past week, did members of your household eat the following food items, prepared and/or consumed at home, and what was their source?

	Number of days
Cereals (sorghum, rice, maize, millet, bread, spaghetti etc)	
Vitamin A rich vegetables and tubers (yellow pumpkin, orange sweet potatoes, yellow cassava)	
White roots and tubers (white potatoes, cassava, arrowroots)	
Legumes, nuts and seeds (cowpeas, lentils, peanut, beans)	
Dark green leafy vegetables	
Other vegetables (tomatoes, onion, cabbage, bell pepper)	
Vitamin A rich fruits (ripe mango, pawpaw, gob, hobob)	
Other fruit (banana, orange, apple, grapes, wild fruits)	
Meat and poultry	
Fish	
Milk and milk products (cheese or yoghurt)	
Eggs	
Sugar, honey, sweets	
Oils, fats, butter	

43. In the past 7 days, if there have been times when you did not have enough food or money to buy food, how often has your household had to: (# Days has to be between 0 & 7)

	# of Days
Rely on less preferred and less expensive food (i.e. cheaper, lower quality food)	
Reduce the number of meals per day?	
Borrow food on credit from another household (Amaah)?	
Reduce the number of meals per day by one (e.g. from three to two)	
Restrict consumption of adults in order for small children to eat?	
Reduce the number of meals per day by two (e.g. from three to one)	
Borrow food for consumption (to be repaid in future – in-kind)	
Borrow food on credit from the shop/market (Deyn)	
Rely on the food donations from relatives (Qaraabo)	
Rely on the food donations from the clan/community (Kaalmo)	
Seek or rely on food aid from humanitarian agencies	
Send household members to eat elsewhere	
Beg for food (Tuugsi/dawarsi)?	
Skip entire days without eating (Qadoodi)	
Consume spoiled or left-over foods	
Rely on hunting for food (ugaarsi)	
Reduce home milk consumption and sell more of milk produced	
Consume weak un-saleable animals (caateysi)	
Stop all home milk consumption and sell all milk produced	
Community identified your household as in need of food and support? (Qaraan)	
Consume seeds meant for future planting	
Consume immature crops (fruits or cereals)	
Consume wild foods	
Eating unacceptable/prohibited foods (animal skins, grass & roots, clotted blood, tree leaves, warthogs)	

CASH DISTRIBUTION PROCESSES

44a. Did you have to travel for you to collect your cash? Yes [] No []

b. If Yes, how many kilometers did you travel to collect cash?

- Less than 5 km
- 5-10 km
- 11-15 km
- 16-20 km
- More than 21km

45a. Did you pay fare to get to the place where you collected cash? Yes [] No []

b. If yes, how much (\$) was the return journey? _____

46a. Did you have to PAY anyone before you received the cash? Yes [] No []

b. If Yes, how much did you pay in \$? _____ To whom did you pay it? _____

47. Rank the EASE with which you received the cash? Good [] Fair [] Poor []

48. Rank the level of SECURITY of accessing the cash? Good [] Fair [] Poor []

49. Did you experience any problems in getting your money? Yes [] No []

If yes, then please explain what the problem(s) were:

ACCOUNTABILITY

50a. Please state your overall level of satisfaction with the following the payment process)

	Tick Appropriately
Very satisfied	
Quite satisfied	
Fairly satisfied	
A little satisfied	
Not very satisfied	
Not at all satisfied	

b. Please state your overall level of satisfaction with the following the amount paid

	Tick Appropriately
Very satisfied	
Quite satisfied	
Fairly satisfied	
A little satisfied	
Not very satisfied	
Not at all satisfied	

ECHO PROTECTION KPI

51. Do you know of anyone in your community having been consulted by the NGO on what your needs are and how the NGO can best help? Yes [] No []

52. Was the assistance appropriate to your needs or those of members of the community?

Yes	No	Partially	Don't Know

If not, would you mind telling us why? _____

53. Do you know what kind of support you are entitled to receive? *If they do not answer Cash Transfer, select "No" and tell them that they are supposed to receive cash transfer support.* Yes [] No []

54. When you were registered for this cash transfer program for how many months were you told that you would receive cash transfers?

	Select one
I was not told how many months	
1 Month	
2 Months	
3 Months	
4 Months	
5 Months	
6 Months	
More than 6 Months	

55a. Do you feel safe when going through this program's selection process, surveys and accessing your cash?

Yes [] No []

b. Do you mind telling us why? (*Do not provide the answers directly*)

	Select one
Physical or verbal assault	
Lack of respect/consideration	
Coercion	
Deprivation	
Extortion	
Other	

56a. Did you feel you were treated with respect by NGO staff during the intervention? Yes [] No []

b. If not, would you mind telling us why? *Emphasize that it is ok if s/he does not want to?* _____

c. What could have been done by the organization to make you feel safe, ensure your wellbeing and make you feel treated with respect? _____

57a. During the selection process, do you think there were households that were unfairly selected for cash distributions over other households more in need? Yes [] No []

If yes, please explain _____

58. Do you think there were some households in your community that have been registered for cash that are not truly vulnerable/needy? Yes [] No [] .If yes, please explain _____

59. Do you think there are some vulnerable/needy households in your community that have NOT been registered for cash assistance? Yes [] No [] If yes, please explain _____

60. Did you attend any community meetings that were part of this program's selection process?

- Yes, I attended some
- No, but someone from my household attended
- No, I didn't and no one from my household attended

61. Who selected your HH to benefit from this activity?

Village Committee	Village Leader	NGO staff	Local Authorities	Other

62. What would you do if you had a question or a problem with the assistance? *Do not provide the answers directly.*

	Select one
Go talk directly to NGO staff	
Go to local authorities	
Go to community leaders	
Raise at a public community meeting	
Call NGO complaints phone number	
Go talk to family, friends, neighbor or other beneficiaries	
Other	

63. Are you aware of the existence of the following options to contact the agency if you had a question or problem with the assistance: *Select all that apply*

- Talk directly to NGO staff
- Use the dedicated NGO desk
- Use the dedicated NGO hotline
- Not aware of any options

64. Do you think anyone in your community would use such a mechanism? Yes [] No []
 why not? _____

65a. Have you or anyone you know in your community ever raised any concerns on the assistance you received to the NGO using one of the above mechanisms? Yes [] No []

b. If yes, are you satisfied with the response you have received?

Yes	No	Partially	Response never received

66a. Was any sensitive complaint/information collected another way? (e.g. *staff behavior, gatekeepers, other...*)

Yes [] No []

b. How was it collected?

- Directly to NGO staff
- Local authorities
- Community leaders
- Public Community Meeting
- Complaints Phone Number
- Talk to family, friends, neighbor or other beneficiaries
- Other

OTHER DETAILS

67. Do you have any other comment, complaint or feedback to improve program delivery? Yes [] No []

If Yes Comment/Feedback _____

Thank you for your time. If you have further questions or feedback you can contact at [Give Complaints Response Mechanisms contact number/information]

Additional comments from enumerator _____