

Ministudy II Brief

Introduction

Between January and December 2018, Somali Cash Consortium¹ partner agencies provided unconditional cash transfers (UCTs) to approximately 50,000 vulnerable households in IPC₃ and IPC₄ areas across 15 regions of Somalia. Monthly cash transfer amounts were determined by geographic location, in line with the superregion values recommended by ECHO-DFID harmonised guidelines: either \$60, \$70 or \$85 USD, based on the Minimum Expenditure Basket (MEB).²

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 conducted over the periods of March–June, and July–December 2018. REACH was engaged as a learning partner by the Somali Cash Consortium to manage the analysis and reporting of these studies.

Both studies adopted a Randomised Control Trial (RCT) design.³ The first ministudy used one group receiving \$70/mo. for 3 months (the standard intervention for Cash Consortium households in this region) and a second group receiving \$95/mo. for 3 months to assess how different amounts of cash administered at the same frequency affect project outcomes. These findings are presented in a separate brief.

The second ministudy compared the project outcomes for 3 groups: a group receiving the standard \$70/mo. for 3 months, another group receiving \$70 every other month for 6 months, and a third group receiving \$35/mo. for 6 months. The study took place in 2 regions: Banadir and Bakool. A total of 1,200 households were randomly selected from the beneficiary lists in these districts for participation in the study, and randomly assigned to 1 of the 3 treatment groups. The study was implemented by Cash Consortium Partners Save the Children and Concern Worldwide. A Baseline and 4 PDM surveys were conducted with these groups between July-December 2018. This report presents the findings of this analysis for the 600 Banadir households, as there was insufficient data for some rounds of PDMs in Bakool to conduct robust analysis. Descriptive analysis, as well as statistical tests for differences in means, were conducted to understand the effects of the different cash transfer amounts and frequencies.

Key findings

On almost all measures, the \$70 bimonthly group scored better than the other treatment groups, however the differences were relatively small and not statistically significant. The only instance of statistically significant differences was in the \$70 bimonthly versus the standard \$70 for 3 months group on Food Consumption Score. Thus, it appears that transfers of the same amount over the same period have a similarly positive impact on household wellbeing, regardless of disbursement schedules. This may indicate that households are able to manage for themselves savings and expenditure planning, adapting to different disbursement schedules to help cash stretch to

¹ The Somali Cash Consortium is led by Concern Worldwide, and is comprised of the following agencies: ACTED, COOPI, Concern Worldwide, Danish Refugee Council, Norwegian Refugee Council, and Save the Children.

² The superregion breakdown is as follows:

\$60: Middle Juba, Bay, Lower Shabelle, Awdal, Togdheer, Woqooyi Galbeed

\$70: Banadir, Hiraan, Bakool, Gedo, Middle Shabelle, Mudug, Nugaal, Bari

\$85: Galgaduud, Lower Juba, Sool, Sanaag

³ There was no true “control group” receiving no intervention, the comparison was done between the standard Cash Consortium methodology (\$70/mo. for 3 months) versus houses following altered cash disbursement schedules.

meet basic needs over time.

However, the study did find statistically significant improvement in almost all of the core indicators measured between Baseline and PDMs for households overall (average values for the 3 treatment groups combined at Baseline versus at PDMs): Household Dietary Diversity Score, self-reported access to food, coping strategy utilisation, perceived ability to withstand shocks and stresses, and overall feelings of wellbeing. The one exception was percentage of monthly expenditure spent on food, which increased from Baseline to PDMs.

Background

Following a prolonged drought in 2016 and into 2017, which led to widespread crop and livestock losses, displacement, and acute food insecurity, the April-June 2018 Gu rains showed significant improvement resulting in average to above-average rainfall in much of the country.⁴ The July 2018 Food Security and Nutrition Analysis Unit (FSNAU) report showed an improved food security situation in the worst affected areas of the 2016-17 drought, due to improved seasonal performance and large scale humanitarian support. April-June Gu rains started earlier than normal and were above average in most areas, due in part to a mild El Niño event, causing flooding and crop loss in some areas. Despite these gains, large areas in the north - Bari, eastern Sool and Sanaag, and some areas of Nugaal - saw below average rainfall.⁵ The Deyr rains from October-December 2018 were below average, particularly in the northern and central regions, leading to depletion of water resources and pasture conditions.⁶

The May 2018 Post-Jilaal assessment in the Guban Pastoral livelihood zone found that 32% of households reported a Poor Food Consumption Score (FCS), and 37% reported a Borderline FCS. This reflects a reduction in the percentage of households in the Acceptable FCS range relative to the 2017/2018 post-Deyr assessment in December 2017.⁷

As of November 2018, there were 4.6 million people in need of assistance in Somalia (OCHA, 2018), with over 1.5 million in IPC 3 & 4 (Crisis and Emergency categories). This shows that there continues to be significant need for humanitarian intervention which is reducing the risk of famine and the consumption gap.

Methodology

The overall objective of Ministudy 2 was to understand whether there were any significant differences in food security and non-food security outcomes between households receiving the standard cash transfer rate and schedule, and households receiving the same total amount of cash over modified schedules. The three groups received cash as follows:

GROUP	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL \$	HHS BANADIR (CWW)	HHS BAKOOL (SCI)	TOTAL HHS
A - \$70 Monthly	\$70	\$70	\$70	--	--	--	\$210	200	200	400
B - \$70 Bimonthly	\$70	--	\$70	--	\$70	--	\$210	200	200	400
C - \$35 Monthly	\$35	\$35	\$35	\$35	\$35	\$35	\$210	200	200	400
TOTAL								600	600	1,200

⁴ FEWSNET/FSNAU, "Somalia: Food Security Outlook June 2018 - January 2019."

⁵ FEWSNET, "Seasonal Monitor: April to June Gu 2018 defined by average to above-average rainfall across most of Somalia," July 2018. And FEWSNET/FSNAU, "Somalia Food Security Outlook: Above-average rainfall through 2018 expected to drive improvements in food security."

⁶ FAO, "Update on 2018 Deyr Season Rainfall and Impact in Somalia," 19 February 2019.

⁷ FEWSNET/FSNAU, "Somalia Food Security Outlook: Above-average rainfall through 2018 expected to drive improvements in food security."

The study took place in Daynille and Kaxda, Banadir and Xudur, Bakool. Each of the 2 regions had a group A, B, and C. Each group consisted of 200 HHs in each region, for a total of 1,200 HHs (600 per region). The study adopted an RCT methodology. HHs were randomly selected from lists of selected beneficiaries in each district and assigned to 1 of the 3 groups.

Primary data was collected from households receiving the UCT through structured interviews. Baseline data was collected in July 2018 before the first cash transfer, following the beneficiary registration and verification process. PDM data was collected in 4 rounds, from August - December 2018, approximately 2 weeks after the cash transfers. Baseline and PDM surveys covered topics including household demographics, perceived ability to withstand shocks, monthly expenditure and expenditure with cash transfers, food consumption, coping strategies, feedback on distribution process, and community accountability.

The following brief presents analysis on the surveys from Banadir, because there was insufficient data in some rounds of the PDM in Bakool to provide thorough analysis of the findings. This was due to a miscommunication on the sampling, resulting in no data being collected from the \$70 for 3 months group in PDM3 and PDM4.

A total of 2,973 surveys were completed in Banadir (589 Baselines and 2,384 PDMs across 4 rounds). Survey dates and sample sizes are listed below:

SURVEY	DATES CONDUCTED	SAMPLE SIZE
BASELINE	24 – 31 July 2018	589
PDM 1	28 August – 1 September 2018	600
PDM 2	20 – 25 October 2018	600
PDM 3	17 – 24 November 2018	587
PDM 4	12 – 18 December 2018	597
TOTAL		2,973

Data collection was conducted by monitoring and evaluation staff of Cash Consortium partners. Data was collected through house-to-house interviews, done through mobile data collection using forms on the Ona platform. 100% of ministudy HHs were given the Baseline and all rounds of the PDM survey. However, not all households were available at the time of the surveys, leading to an average nonresponse rate of 1%.

Analysis

Initial data cleaning was done by Cash Consortium partners, then submitted to REACH for final checks and preliminary analysis. The Cash Consortium CMU then conducted further analysis on the data. Once the clean dataset was finalised, analysis of the data was done as follows:

Differences between the outcomes for the treatment groups (\$70 monthly for 3 months, \$70 bimonthly for 6 months, and \$35 monthly for 6 months) were analysed based on the following indicators: Household Dietary Diversity Score (HDDS), Coping Strategy Index (CSI), Food Consumption Score (FCS), and household expenditure choices. In addition, differences between treatment groups in terms of non-food outcomes were measured by the following subjective indicators: access to food, ability to cope with shocks and stresses and household well-being. Surveys included households who had by design not received a cash instalment the previous month (groups A and B for some rounds) for comparison. Analysis was done comparing the average PDM scores for each group, to account for the fact that results were likely to fluctuate between months where HHs received cash assistance and months where they did not (for the \$70 monthly for 3 months and \$70 bimonthly for 6 months groups), to present an overall picture of household

conditions over the 6-month course of the study.

It should be noted that all households in the study were beneficiaries of Consortium UCT assistance in the first half of the year, although there had been a gap of up to 2 months between their last cash transfer and the Baseline. It should be borne in mind that the Baseline values given are not true pre-intervention values.

Paired T-Tests at 95% confidence level were done to test the mean differences between the 3 treatment groups for relevant indicators, as well as between the overall baseline and PDM values.

Limitations

The sample size used for analysis was small (600 households), and the research was conducted through a case study in 1 location, Banadir. Therefore, the findings are not representative of the total population of Cash Consortium beneficiaries.

All the data collected was self-reported in household surveys, meaning there was a potential for recall errors. For example, data on monthly expenditure patterns was based on a month-long recall period, a long period over which to expect households to remember expenditures accurately. Additionally, although all surveys explained to participants that survey responses would have no impact on current or future eligibility for assistance, and that there was no material benefit to participation in the survey, households may still have felt pressure to give what they perceived as the “correct” or “expected” answers, telling enumerators what they believed they wanted to hear. This potential bias would likely have been the same for all treatment groups, and relatively consistent across time, so the impact of such a bias is mitigated by comparative analysis between groups.

Due to an error in the skip logic of some of the forms, accurate data was unavailable for Food Consumption Score (FCS) for some rounds. Household Dietary Diversity Score and Meals Per Day provided accurate data in all rounds and are analysed to supplement incomplete data on FCS.

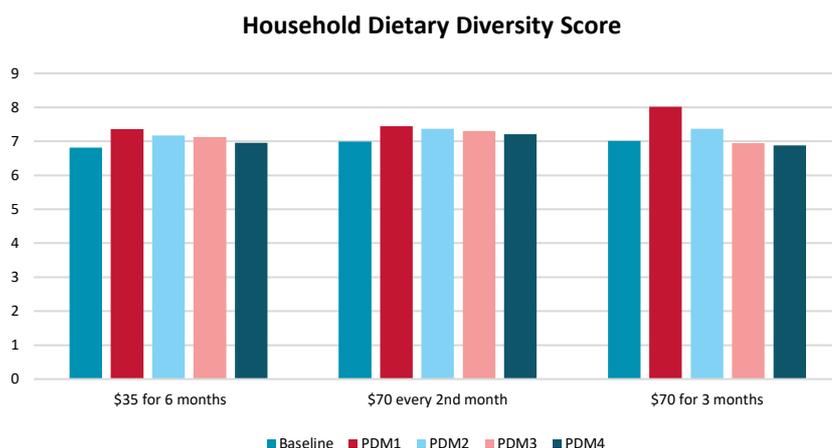
A final limitation is that the study was short-term, covering only 6 months, and therefore could only measure immediate impacts of the UCT on the households, and not long-term impact. Additionally, due to the short duration of this assessment it is not possible to adequately compare results across seasons. Seasonality may have also played a role in the changing food security and other outcomes presented here.

Findings

82% of respondents overall were female. The average age of respondents was 37 years. 56% of respondents were from Daynille and 44% from Kaxda, Banadir. Respondents were all IDPs.

Household Dietary Diversity Score

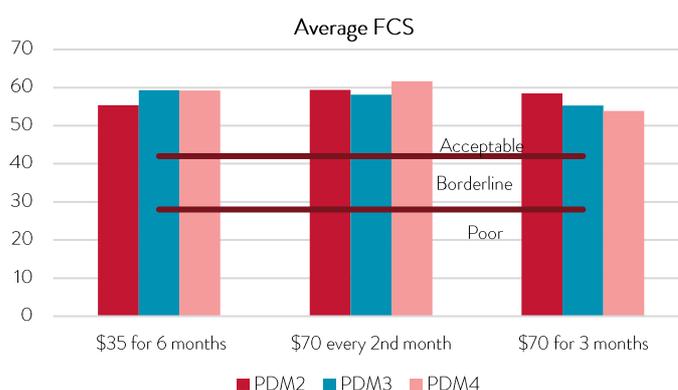
The Household Dietary Diversity Score (HDDS) ⁸ measures the quality and diversity of a household’s diet over a 24-hour period, providing insight into the micronutrient contents of their diet. There was an overall improvement in HDDS between Baseline and PDM from 6.9 to 7.3, indicating consumption of a more diversified range of foods following the cash transfers (average for all 600 HHs). This was a statistically significant improvement.



The highest HDDS at PDMs was demonstrated by the \$70 bimonthly group (7.33), followed by the \$70 for 3 months (7.31), and finally the \$35/mo. group (7.15). However, the differences between the treatment groups were not statistically significant. All 3 groups saw the largest change between the Baseline and PDM1, followed by smaller declines in subsequent PDM rounds.

Food Consumption Score

The Food Consumption Score (FCS) measures the quantity and quality of household’s food consumption over a 7-day period.⁹ Due to an error in the form, FCS data was not available for the Baseline or PDM1 for comparative analysis. The treatment group with the highest FCS at PDMs was the \$70 bimonthly group (59.73), followed by the \$35/mo. group (58.04), followed by the standard \$70 for 3 months (55.79). All of these scores are in the “Acceptable” range for FCS. The difference between



the \$30/mo. and standard \$70 for 3 months was not statistically significant. However, the difference between the \$70 bimonthly group and standard \$70 for 3 months group was statistically significant, the only instance in this study in which a difference between treatment groups was statically significant. This suggests that bimonthly lump sums may be better for food consumption outcomes than the current standard methodology of \$70 for 3 months.

Access to Food

Households were asked to self-report on their access to food as part of the survey. This subjective indicator was used to triangulate other measures related to food consumption. Respondents were given 6 options, which were

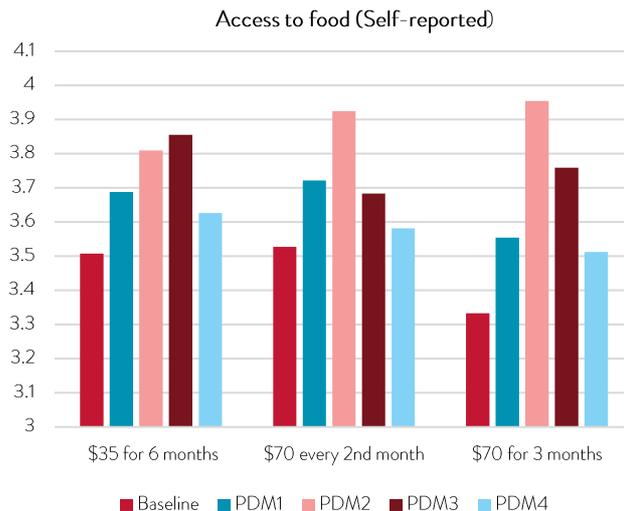
⁸ The HDDS calculation is based on questions about 16 food groups: Cereals; White Roots and Tubers; Vitamin A rich vegetables and tubers; Dark green leafy vegetables; Other vegetables; Vitamin A rich fruits; Other fruits; Organ meat; Flesh meats; Eggs; Fish and sea food; Legumes, nuts and seeds; Milk and milk products; Oils and fats; Sweets; Spices, condiments, beverages. Consumption of vegetables, fruits and meat were aggregated to arrive at a final count of 12 food groups.

⁹ Somalia-specific Food Consumption Score cutoffs: ≤28 = Poor, 28-42 = Borderline, >42=Acceptable
Global Food Consumption Score cutoffs: ≤21.5 = Poor, 21.5-35=Borderline, >35=Acceptable

converted to point values from 1-6:

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

1. We never have enough food to eat
2. We rarely have enough food to eat
3. We have often not had enough food to eat
4. We have had enough food to eat but not enough variety
5. We have mostly been able to find a sufficient quantity and variety of food
6. Yes, we have always had access to a sufficient quantity and variety of food



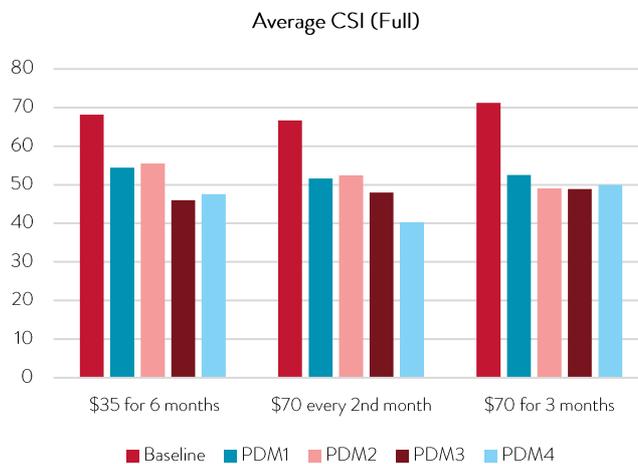
Overall the point value on these questions increased from 3.46 to 3.72. This was a statistically significant change. To put this into context, the percentage of respondents (overall) who said they “never” “rarely” or “often don’t” have enough food to eat dropped from 53% to 43% from Baseline to PDMs.

The treatment group with the highest average score on food access at PDMs was the \$35 monthly (3.75), followed by \$70 bimonthly (3.73), then \$70 for 3 months (3.69). However, this difference was not statistically significant.

Coping Strategies

The Coping Strategy Index measures the behaviours households use to make ends meet when they do not have enough money to meet their basic needs, examining the frequency and severity of these strategies’ usage. Examples of strategies measured include reducing portions, restricting consumption by some HH members so others can eat, and buying goods on credit. The full CSI was used for this analysis, rather than the reduced CSI which considers a more limited number of strategies.¹⁰

There was a very substantial drop in CSI from 68.68 at Baseline to 49.69 at PDMs, a statistically significant change. All treatment groups experienced the most dramatic drop in CSI between the Baseline and PDM1.



Average CSI score at PDMs was lowest for the \$70 bimonthly treatment group (48.08), indicating least frequent use

¹⁰ The coping strategies were: Reduce portion sizes at mealtimes; Eat less expensive or less preferred foods; Purchase/borrow food on credit; Reduce number of meals eaten per day; Reduce adult consumption so that small children can eat; Food from aid agencies, Food donations from relatives; Skip entire days without eating; Food donations from the clan/community; Eat spoiled or leftover food; Send household members to eat elsewhere; Reduce home milk consumption and sell more milk; Stop home milk consumption; beg; Eat weak unsaleable animals; Reduce the number of meals per day by 2; Reduce the number of meals per day by 1; Hunt; Eat wild foods.

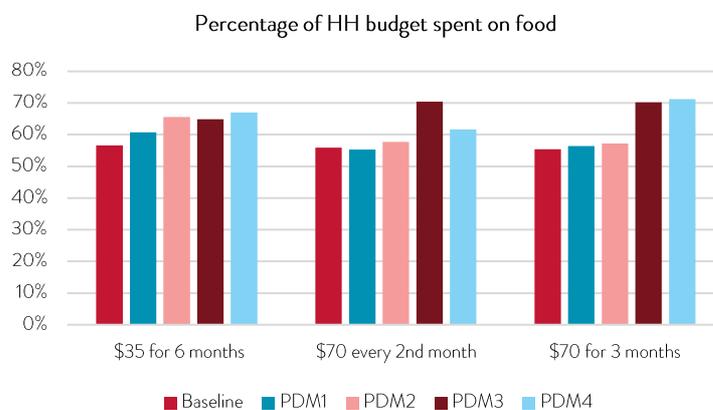
of negative coping strategies to make ends meet. The next highest treatment group was the \$35/mo. group (50.88), followed by the \$70 for 3 months (50.11). However, the differences between the treatment groups' CSIs were not statistically significant.

Expenditure

The surveys measured the percentage of monthly expenditures devoted to different categories of commodities, with a particular focus on food expenditure. Food was by far the most prominent category in households' budgets, with over half of monthly expenditures devoted to meeting food needs. At Baseline households overall spent on average of 56% of their monthly budget on food, but at PDMs this percentage rose to 63%. This was a statistically significant increase.

This finding is curious, given that a higher percentage of household budgets devoted to food is generally seen as an indicator of increased vulnerability. One potential explanation for this is that at the Baseline prior to cash receipt, households may have been obtaining food on credit from local shops. This is a common coping strategy and one that is especially prevalent after a household has been selected as a beneficiary but before receipt of cash transfers, according to Cash Consortium research. Following receipt of cash assistance, households may have covered more of their monthly food costs with cash rather than credit. The Cash Consortium and REACH conducted a study in 2018 on expenditure patterns which further explores trends in credit access and utilisation for beneficiaries.

At PDMs, the treatment group that spent the highest fraction of their budget on food was the \$35/mo. group (64.56%), followed by the \$70 for 3 months group (63.43%), and finally the \$70 bimonthly group (61.26%). However, these differences were not statistically significant.

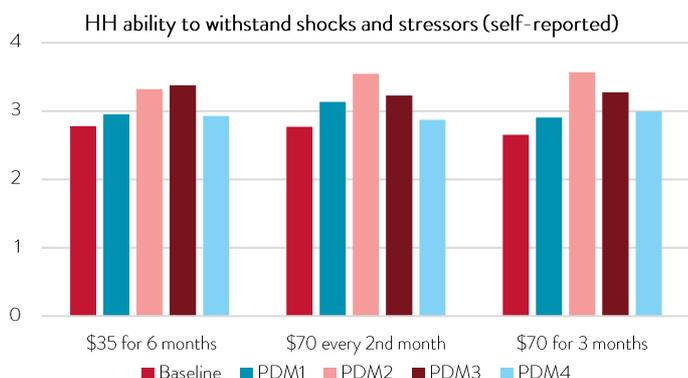


Resilience

Although the primary objective of the UCT was to assist households in being able to meet their basic needs, a secondary objective was to help build household resilience to future shocks. This could be accomplished through savings or investments in productive assets with a portion of the UCTs. Analysis of expenditure patterns shows that this is a small amount of total expenditures, given the extreme vulnerability of beneficiary households, but it is still a step towards resilience.

Respondents were asked how it would impact their household's wellbeing if they were to experience shocks and stressors¹¹ in the next month. Their responses were given point values:

¹¹ The full list of shocks and stressors was: No food to feed family; Not enough milk for 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



If you were to experience shocks and stressors next month, how would it affect your family's well-being?

1. We are unable to meet even our basic needs for surviving
2. It is really difficult to find enough food and money for our needs
3. It is difficult to find enough food and money for our needs
4. Sometimes we struggle to have enough but we mostly get through
5. We are mostly fine, and almost always have enough food and money
6. We are always fine, regardless of these events

The average point value rose from 2.74 at Baseline to 3.17 at PDMs, a statistically significant improvement. To contextualise this, the percentage of respondents who reported they would be “always fine”, “mostly fine”, or “mostly get through” in the face of shocks and stressors rose from just 26.11% at Baseline to 37.59% at PDMs.

The treatment group with the highest average score for resilience was the \$70 bimonthly group (3.20), followed by the \$70 for 3 months group (3.19), and finally the \$35/mo. group (3.14). However, the differences in average scores were not statistically significant.

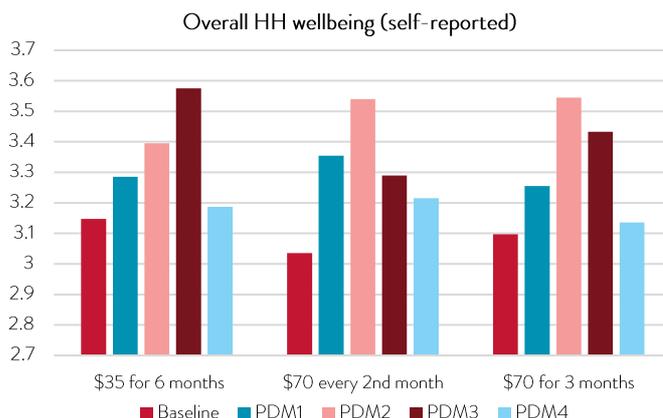
Overall Wellbeing

Finally, to triangulate with all the other measures in the surveys, households were asked directly how they would rate their family's overall wellbeing. Scores rose substantially, from 2.74 at Baseline to 3.17 at PDMs, a statistically significant shift indicating overall improved wellbeing. The percentage of respondents reporting that they “cannot meet our basic needs”, are “struggling a lot” or are “struggling quite a bit” fell from 72.50% at Baseline to 63.63% at PDMs.

The treatment group with the highest overall wellbeing score at PDMs was \$70 bimonthly (3.20), followed by \$70 for 3 months (3.19), and finally \$35/mo. (3.14). However, the differences were not statistically significant.

In the past month, how would you rate your family's overall wellbeing?

1. We currently cannot meet our basic needs for survival
2. We are struggling a lot and I don't think we will meet our needs in the future
3. We are struggling quite a bit, and I am worried about how we will meet our needs in future
4. We are struggling a bit but we will be able to meet our needs in future
5. We are doing quite well and can meet most of our needs
6. We're doing really well and can meet all our needs



All 3 groups experienced a rise in scores, followed by a fall, with a peak around the middle of the project at PDM2/PDM3. This mirrors trends in the question about household wellbeing as well. It is unclear why this trend would have occurred, but given the subjective nature of the question, it could be related to perceptions about the

programme. Household perceptions of resilience and positivity could have increased at first as households compared their situation to their situation before receiving transfers. Later, knowledge that the programme would soon end could have dampened optimism about resilience and wellbeing at the end of the project.

About the Somali Cash Consortium

Through the Somali Cash Consortium, INGOs, supported by EU humanitarian aid and other institutional donors, provide life-saving multi-purpose cash to vulnerable Somali communities, exclusively through mobile-money transfers.

The Cash Consortium focusses on famine prevention and providing life-saving humanitarian response to reduce household consumption gaps (primarily food) in the most affected districts 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, or its use of HEA, contact alessandro.bini@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.

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