



Republic Of Somaliland

**National Displacement and Refugee Agency
(NDRA)**

Social Transfer Program Monitoring Report

Executive Summary

The purpose of the monitoring is to assess progress towards achieving outputs, outcomes and impact of the Social Transfer program being implemented in IDP camps in Hargeisa, Burao and Borama. The duration of the funded by the European Union program is 39 months (18th December 2020 – 17th March 2024).

Recurrent drought in Somaliland caused shocks and losses of livelihoods including livestock, Agriculture and Environment. The government of Somaliland responded to the crisis by investing in infrastructure, private sector development, and human capital. Concern World Wide with funding support from European Commission (EU) launched Social Transfer Program (STP) intending to achieve three outputs including:

- 1. Nutrition- Safety net cash transfer for Pregnant and Lactating Women**
- 2. Livelihoods focusing on youth training and**
- 3. Prevention and treatment of elderly persons from COVID-19.**

The NDRA Monitoring team visited 23 IDP sites in Hargeisa, Borama and Burao. The team interviewed 58 Key Informative Interviews (KIIs), held 23 Focus Group Discussions and made 23 observations. The beneficiaries were divided into four cohorts as follows; cohort 1 those who received six months cash transfers, cohort 2 those who received four months cash transfer while cohort 3 and 4 are those who received 3 months and one month respectively. All respondents said the amount of money they received was \$20 per month

NDRA monitoring team met with Camp Management Committees (CMCs) who informed them that they are aware of the social Transfer Program being implemented in Hargeisa, Burao and Borama IDP camps. They added that that NDRA and Concern World Wide carried out joint community mobilization.

The CMCs in Dami A and Dami B said the number of beneficiaries and the cohorts lists are in the MCH. All the CMCs affirmed that the number of months the beneficiaries received cash were 1, 3, 4 and 6 months. They also confirmed that the amount of money was disbursed to the beneficiaries is \$20 monthly and it is through zaad services. Beneficiaries reported that the cash assistance improved the health and nutrition of the babies by purchasing milk and paying minor costs for the health of the child including syrups, also pregnant women attend the MCH weekly and monthly for antenatal services, they deliver from the MCHs and after deliveries they attend postnatal sessions. They also receive pre-recorded messages for nutritional awareness, free hotline numbers installed as Complaint Feedback Mechanism (CFM) in the MCHs; which the MCH staff can directly speak to the program staff to report the CMCs and the beneficiaries' Complaint and feedback through these hotlines. The CMCs have suggested increasing the number of beneficiaries can solve malnutrition since this program leveraged the relationship between the MCHs and pregnant Women.

The Covid_19 affected the economy of the households so that this amount of money has improved the accessibility and the purchasing power of the beneficiaries. Most IDP camps that our monitoring team visited also suggested continuing with the program by increasing the amount of money they receive.

Introduction and Background

This Monitoring and Evaluation (M&E) of Social Transfer program is used to assess the performance of the project. It was conducted by senior officials from National Displacement and Refugee Agency (NDRA) since they are the mandated institution for the support, coordination the wellbeing of the IDPs in the government of Somaliland. Its goal is to improve current and future management of outputs, outcomes and impact.

Somaliland is vulnerable to external shocks, such as surging food and fuel prices, and natural disasters. From 2016 to 2022, Somaliland has experience severe drought leading to loss of livelihoods for population. The global financial crisis, droughts, high urban population and unemployment, and limited access to basic services, have resulted in poor social and health indicators. High poverty levels persist. The government of Somaliland responded to the crisis by investing in infrastructure, private sector development, and human capital. As part of this, it piloted its first nutrition-based social safety net program with support from the European Union program through Concern World Wide; the program covers IDP camps in Hargeisa, Burao and Borama.

Input 1 of the Social transfer program Nutrition-based indicators is taken into consideration during targeting and transfers. Geographical targeting is based on poverty rates but within defined areas, households are eligible if they contain nutritionally vulnerable members such as pregnant women and children less than 2 years old, the program aims to empower women within the household as priority beneficiaries. This community-based nutrition complements activities by the Ministry of Health, which focuses on the treatment of acute malnutrition. Women are empowered through knowledge about optimal child care practices and financial transfers; the additional income they earn allows them to apply the recommended nutrition practices.

Input 2 of the program is Livelihood focusing Youth training; it includes community service, light labor and training to provide small financial assistance.

Input 3 of the program to mitigate the impact of COVID 19 on the elderly persons whose age above 55 years old and referral to health centers for free diagnoses to avoid Covid_19 pandemic disease.



The Overall Objectives

The Overall objective for the Monitoring and Evaluation of the Social Transfer Program is to improve current and future management of outputs, outcomes and impact.

Specific Objectives

1. To assess the nutrition impact of the Social Transfer Program to the pregnant and Lactating IDP Women and delivered babies
2. To know the effectiveness of the community mobilizations before the commencement of the Social Transfer Program.
3. To assess the health contributions of the Social Transfer Program to the IDPs both elderly persons and pregnant and lactating Women.
4. To assess the contribution of Social Transfer Program to the Food purchase of IDP households.
5. To listen the beneficiaries' recommendations towards the Social Transfer Program

Methodologies

The NDRA Monitoring team visited 23 IDP sites of three different cities including Hargeisa, Borama and Burao with the following methodologies:

Hargeisa 11 sitesx2 KIIs= 22 KIIs+11 FGDs+ 11 Observations

Borama 5 sites x 3 KIIs= 15 KIIs + 5 FGDs + 5 Observations

Burao 7 sites x 3 KIIs= 21 KIIs + 7 FGDs + 7 Observations

Total 23 sites 58 KIIs 23 FGDs 23 Observations

Findings



Output 1.1: Nutrition- Safety net cash transfer for Pregnant and Lactating Women

A) Key Informants Interviews (KIIs)

The key informants' respondents were the direct beneficiaries of the nutrition-based social transfer program. The respondents had different age as shown in the table below:

Age ranges of the respondents	Below 20 years	21-30 years	31-40 years	41-50 years
% of age ranges of the respondents	13%	45%	38%	4%

As illustrated in the table majority of the beneficiaries of the program were young females between twenty one to forty years of age.

The number of months the beneficiaries received cash	1 month	3 months	4 months	6 months
% of the number of months beneficiaries receive cash	13%	4%	57%	26%

The beneficiaries were divided into four cohorts as follows; cohort 1 those who received six months cash transfers, cohort 2 those who received four months cash transfers while cohorts are those who 3 and 4 received 3 months and one month respectively. All respondents said the amount of money they received was \$20 per month

The MCHs where they usually go for medical care the respondents are illustrated as shown in the table below:

The IDP camp's Name	The MCH they usually go	Location
Dami B	Daami B MCH	Hargeisa
Ayah 4	Ayah 4 MCH	Hargeisa
Qalah	Qalah MCH	Hargeisa
Digale	Digale MCH	Hargeisa
Malawle	Malawle MCH	Hargeisa
Jimcaale	Jimcaale MCH	Hargeisa
Dami A	Daami MCH	Hargeisa
Koosaar	Koosaar MCH	Burao
Aqil Yare	Aqil Yare MCH	Burao
Aden Saleban	Aden Saleeban MCH	Burao
Ali Hussein	Ali Hussein MCH	Burao

27 May	27 May MCH	Burao
Guryo-same	Guryo-samo MCH	Burao
Xaasley (Sh.Osman)	Sheikh Osman MCH	Borama
Faaraxyood (Sh.Ali)	Sheikh Ali MCH	Borama
Qoorgaab	Qoorgaab MCH	Borama
Hayayaabe (Sheed-dheer)	Sheed-dheer MCH	Borama
Xadi	Sitee Xadi MCH	Borama

B) Focus Group Discussions (FGDs)

NDRA monitoring team met with Camp Management Committees (CMCs) to discuss their awareness of the social Transfer Program, the CMCs responded all enquired questions as following:

All the CMCs of the twenty three IDP camps in Hargeisa, Burao and Borama are aware of the Social Transfer Program. They said that NDRA and Concern World Wide jointly mobilized the community with CMCs and the women in the camps. The total number of beneficiaries in each camp is illustrated below:

The IDP camp's Name	The number of beneficiaries of STP 1	Location
Qalah	64 Women	Hargeisa
Digale	180 Women	Hargeisa
Malawle	138 Women	Hargeisa
Jimcaale	153 Women	Hargeisa
Ayah 4	164 Women	Hargeisa
Daami A	111 Women	Hargeisa
Daami B	107 Women	Hargeisa
Aqil Yare	97 Women	Burao
Gurya-samo	115 Women	Burao
27 May	118 Women	Burao
Koosaar	122 Women	Burao
Aden Saleban	125 Women	Burao
Ali Hussein	125 Women	Burao
Xadi	85 Women	Borama
Sh. Osman (Xaasley)	140 Women	Borama

Sheed-dheer (Hayayaabe)	201 Women	Borama
Qoorgaab	160 Women	Borama
Sh. Ali (Faaraxyood)	149 Women	Borama

Since the lists exist in the MCH, the CMCs in Dami A and Dami B are justified in confirming the number of beneficiaries and cohorts. All of the CMCs confirmed that the beneficiaries got cash for 1, 3, 4, and 6 months, respectively. They stated that the total amount of money would be \$20 every month using Zaad services. They also mentioned that the cash assistance improved the health and nutrition of the babies by buying milk and paying minor costs for the child's health, such as syrups. Additionally, pregnant women visit the MCH weekly and monthly for antenatal services, deliver in the MCHs, and attend postnatal sessions after delivery. Beneficiaries received pre-recorded nutritional awareness messages, as well as free hotline numbers are established as a Complaint Feedback Mechanism (CFM). Via which MCH employees can talk directly to program staff to report CMCs and beneficiaries' complaints and feedback. Since this initiative capitalized on the interaction between MCHs and pregnant women, CMCs have claimed that increasing the number of recipients can alleviate malnutrition.

Output 1.3: Elderly/Health- Elderly persons are protected from Covid_19

A) Key Informative Interviews (KIIs)

The gender of the respondents	Male	Female
% of the gender respondents	55%	45%

The gender respondents of the monitoring were both male and female as shown in the table, 55% of the respondents were male while the other 45% were female so, it was good ratio.

The age of the respondents	55-60 years	61-65 years	66-70 years	71+
% of age of the respondents	36%	36%	28%	0%

The key informants were the direct beneficiaries of the Elderly/ Health social transfer program. The respondents had different ages as shown in the above table the most Beneficiaries/respondents of the Elderly/Health were 55 to 65 of age, so the target population matched the program intention.

The number of months the beneficiaries received cash	9 months	2 months
% number of months the beneficiaries received cash	82%	18%

As the result has shown in the table, beneficiaries received cash top-ups of \$20 for 9 to 10 months through Zaad services, most of the respondents said they used the money for food and water although few respondents living with diabetic replied that they used for DM drugs for the diabetic.

The Covid_19 affected the economy of the households so that this amount of money improved the accessibility and the purchasing power of the beneficiaries.

B) Focus Group Discussions (FGDs)

The Camp Management Committees of the 5 camps that received Elderly/ Health cash assistance welcomed the NDRA monitoring team to conduct the Focus Group Discussion (FGDs), they responded that before the commencement of the program, members from NDRA and Concern World Wide came to the sites to mobilize the CMCs and the community in the camp to support the Elderly persons by providing \$20 each month. The CMCs facilitated the selection and registration of the beneficiaries. The number of beneficiaries in each IDP camp is listed in the table below:

The IDP camp's Name	The number of beneficiaries of STP 3	Location
Barwaaqo	244 Persons	Burao
Nasahablood A	123 Persons	Hargeisa
Naasahablood B	126 Persons	Hargeisa
Naasahablood C	120 Persons	Hargeisa
Daami B	219 Persons	Hargeisa

Conclusions and Recommendations

In Hargeisa, there are 11 IDP camps in which the Social transfer Program is being implemented. 5 members from NDRA headquarter started monitoring on 26th April 2022, and interviewed beneficiaries of the nutrition from 7 IDP camps including; Malawle, Jimcaale, Digaale, Ayah 4, Daami A, Daami B and Qalah while the Elderly/ Health beneficiaries were from Daami B, Nasahablood A, Nasahablood B and Nasahablood C IDP camps. The monitoring team visited all the camps and reported by conducting 22 KIIs, 11 FGDs and 11 Observations.

NDRA Togdher regional staff led by deputy Regional Coordinator conducted monitoring in Seven, IDPs camps in Burao where Social Transfer Program (STP) is being implemented. They excluded Yirowe which NDRA was not recognized as an IDP camp so that the IDP camps include:

Koosaar, Caqil Yare, Aden Saleban, Ali Hussein, 27 May, Guryo-samo and Barwaaqo which is different from the other six, because it was conducted the Elderly/Covid_19 so that we will discuss it separately.

There were 5 IDP sites in Borama which have been implemented the nutrition-based social transfer program namely Faaraxyood, Hayayaabe, Xaasley, Xadi and Qoorgaab. The NDRA monitoring team visited all the sites and conducted 15 KIIs, 5 FGDs and 5 Observations.

Most IDP camps those our monitoring team visited also suggested to continue the program by increasing the amount of money they receive to have access buying mother and child nutritional food

and food supplementary like water, cooking oil, and for the Elderly persons living with diabetic and hypertension would like to purchase their medicines which are more expensive.



NDRA monitoring team

The NDRA monitoring Team was 12 members their names, job title and contact numbers are illustrated below:

S/no	Name	Title	Contact no	Location
1	Mustafe Abdirahman Kosar	Head of Durable Solution	0634834467	Hargeisa
2	Saeed Yusuf Sugul	Technical Staff	0634295419	Hargeisa
3	Haboon Saeed Suge	Technical Staff	0634503604	Hargeisa
4	Abdiqani Abshir Ibrahim	Technical Staff	0634127885	Hargeisa
5	Sa'ad Mohamoud Tani	Technical Staff	0634464137	Hargeisa
6	Farhia Saed Hassan	Deputy Regional Coordinator	0634266322	Burao
7	Muuna Mohamed Shariif	Technical Staff	0634371332	Burao
8	Mukhtaar Saleeban Ahmed	Technical Staff	0634755396	Burao

9	Mustafe Muuse Hammi	Awdal Regional Coordinator	0634454954	Borama
10	Mohamed Saleban Mohamoud	Technical Staff	0634275347	Borama
11	Saeed Muhumed Roble	Technical Staff	0634528678	Borama
12	Mohamoud Abdi Yusuf	Head of CCCM	0634414657	Coordination and Report writing



Annexes

- A) Monitoring Interview Questionnaire- Nutrition**
- B) Monitoring Interview Questionnaire- elderly/Covid_19**
- C) Focus Group Discussions Questionnaire- Nutrition**
- D) Focus Group Discussions Questionnaire- Elderly/ Covid_19**