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SOMALI CASH CONSORTIUM

Briefing Paper # 4 – Securing impact

First outcomes of the SAGAL programme

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This paper was prepared by the ILED TIPF Social Protection Team, with support from the SAGAL partners and information from the SAGAL MEAL, the TIPF learning activities and independent TPM. The TIPF learning agenda aims to adjust the program, inform future programming and strengthen the National Social Safety Net system by building evidence around best practices and documenting and disseminating this knowledge. The learning agenda mobilizes a wide range of tools and stakeholders across the country, including the Government of Somalia, the Social Protection Donor Working Group, and other agencies.

Introduction

The SAGAL program was launched in 2021 for a three-year period, ending in 2023. The program was designed to support the implementation of the Somali Social Protection Policy by piloting social transfers schemes across the lifecycle, with a focus on developing human capital, inclusion of vulnerable groups and improving shock responsiveness. The program implementation coincided with the Covid-19 pandemic, a major drought and the global economic crisis resulting from the conflict in Ukraine. These events limited the program’s capacity to generate positive outcomes.

Although financial allocation restricted program coverage and duration, the SAGAL program achieved key outcomes and generated valuable lessons that could support future programming at both the beneficiary and institutional levels.

The SAGAL social transfers schemes and their key outcomes



What Have We Learned So Far

The ST2 scheme targeting unemployed youths and the ST4 scheme targeting PLWD have only started in the second semester 2022. It is therefore too early to evaluate their outcomes, but some implementation aspects are covered in this brief.

Key Outcomes on the Targeted Beneficiaries

The ST1 scheme targeting pregnant women had an immediate impact on the demand and accessibility of Maternal and Child Health (MCH) services, resulting in a rise in the number of deliveries in healthcare facilities. The demand and attendance for MCH services steadily increased during the registration months but started to decline in 2022. Despite being selected based on their capacity to handle rising demand¹, the chosen MCH facilities faced difficulties in coping with the increasing demand and often had insufficient equipment and supplies. M&E data highlights for example a shortage of iron supplements, which negatively impacted on the program's outcomes. Additionally, MCH staff – although welcoming the program and its proposed benefits – reported an increase in workload that was not compensated by SAGAL partners. As the design of the model did not include incentives to MCH staff, CMU, partners, and MoLSA discussed potential non-monetary incentives in the form of trainings to provide to clinic staff. With the support of Royal Danish Embassy, health workers were trained on interpersonal communication (IPC), family Planning, Health Management Information Systems (HMIS), integrated management of childhood illness, SGBV cases identification, and referrals. Some health workers have completed the training while other trainings are still ongoing.

Data from both ST1 and ST3 indicate that while there were some improvements in households meeting basic needs compared to the baseline, there was a limited impact on food consumption and the reduction of negative coping mechanisms as indicated in figure 1. It is crucial to interpret the outcomes of the social transfers schemes in the context of severe drought, recurrent shocks, the socio-economic impacts of the COVID-19 pandemic, and the current global economic crisis.

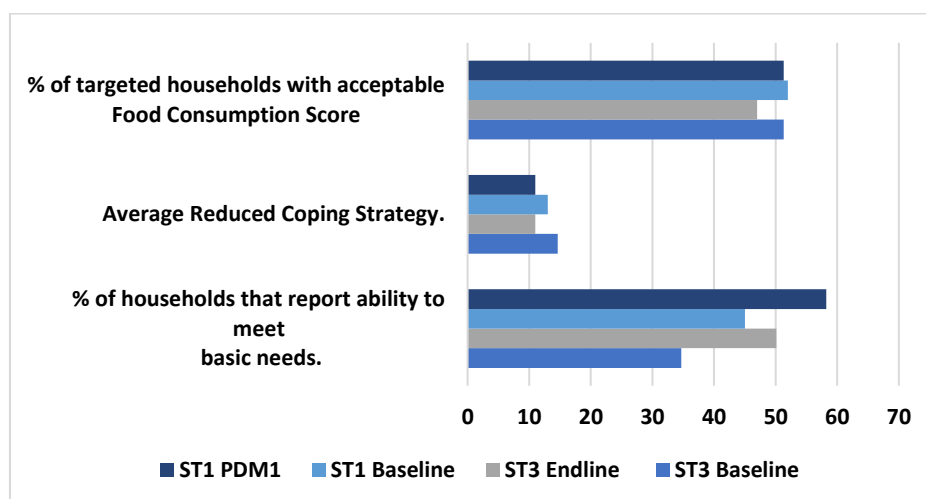


Fig 1.

¹ Key criteria for the selection of health and nutrition centres to make referral for ST 1 included the provision of free ANC/PNC and minimum service delivery, availability of essential medicines and vaccines, having at least a qualified midwife and trained CHWs on IYCF.

In general, beneficiaries have expressed gratitude for the assistance provided and report an improvement in their livelihoods, helping their household to manage the impact of drought and other shocks. However, M&E data indicates that the average monthly household income and expenditure of ST1 beneficiaries decreased slightly, indicating a worsening economic condition. Food security outcomes remained stagnant, but the use of negative coping mechanisms declined, although they remained prevalent.

The ST3 scheme was only implemented for a 12-month period from August 2021 to August 2022. Despite the income increase corresponding to the social transfer, the food security and ability of targeted households to meet basic needs did not significantly improve during this period. However, social transfers played a role in enhancing their access to water and soap and in covering medical bills, indicating their protective impact. Several beneficiaries also reported that the social transfers contributed to paying school fees for their children, which aligns with global evidence suggesting that old age pensions can improve access to education for younger children. Some beneficiaries also reported improved access to debts, although this was only anecdotally mentioned.

The shock responsive component of the program was activated in 6 districts in May 2022. For the vertical response beneficiaries who received a top up to their social transfers, M&E data shows that they were better protected from the impacts of the shocks, as evidenced by their consumption indicators.

ST1 and ST3 also include a behavior change component, which had mixed outcomes. For ST1 beneficiaries, the child nutrition indicators generally remained stagnant, which is not surprising considering the substantial effort required to improve nutritional status over time. For ST3 beneficiaries, knowledge of hand washing, and prevention of waterborne diseases showed only slight improvement, despite efforts to use multiple channels and messages (such as, Covid-19 risks awareness raising voice messages, in-person messaging on preventative measures, as well as posters in key community locations) to reach this elderly population. The lack of integration with the health services has also been a concern with this program component.

Moreover, the data highlights significant regional variations across several indicators, revealing a range of underlying vulnerabilities within the targeted beneficiary population.

Transfer Values and Duration

The transfer value is one of the factors that contributes to the effectiveness of social assistance and may explain the limited outcomes observed.

When designing the program and determining the social transfer values, the main element considered² was the alignment with other social transfers, however the transfer values for the shock responsive component were determined based on the Minimum Expenditure Basket (MEB). In 2020, the Baxnaano transfer value was equivalent to 20% of the average MEB amount, i.e., USD 20; in contrast, the average humanitarian transfer in Somalia was USD 70, approximately 70% of the average MEB. For the shock-responsive component, the programme used the supra-region harmonized humanitarian transfer value adopted by ECHO and FCDO in Somalia.

² Another significant element was MOLSA's ability to sustainably finance this TV i.e., the government's fiscal space.

Setting transfer values below the MEB was justified by understanding that households have multiple sources of income, including remittances, family support, or humanitarian assistance. However, it is often difficult to capture the real gaps an individual or a household are facing.

Across all ST schemes, the transfer values were perceived as insufficient to have a significant impact on the beneficiaries' well-being and the limited outcomes described above confirm these observations, except for access to MCH services. The short duration of some social transfers and the price inflation exacerbated this issue, leading to confusion between short-term humanitarian assistance and objectives of social assistance. The uniformity of the transfer values across ST schemes reinforced the lack of understanding of each scheme's objectives.

The transfer value is defined per household, even when the ST schemes target individual risks. This could potentially affect the outcomes of the ST schemes for households with more than one eligible individual.

Despite several crises affecting prices and eroding the purchasing power of the population, the monthly social transfer values were not re-evaluated during the program's implementation, due to budgetary limitations. Only the shock-responsive component transfer value was adjusted to reflect market prices. However, stakeholders highlighted concerns that the duration of the SR component might not be sufficient to allow household to cope and recover from shocks.

Integration of Services and Programs

Providing a comprehensive package of benefits and services is also often required to secure outcomes.

As mentioned above, the ST1 scheme was particularly successful in increasing access to MCH services thanks to a close integration with MCH services.

The ST3 scheme was designed to integrate the social transfers support with WASH and health services to enhance its protective effects against the COVID-19. However, these synergies and complementarities did not materialize due to operational challenges, contributing to the perception that the cash was humanitarian aid, which was used for food and education.

To date, the implementation of the ST2 scheme has been primarily driven by the availability of TVET programs and providers, presenting challenges in areas with limited training options. Unemployment rates are generally high and opportunities for skills development are limited. As a result, demand for this scheme was exceptionally high, and selection was very competitive. Furthermore, due to the high costs of the training, targets had to be reduced, resulting in exclusion of the poorest unemployed youth who did not meet the literacy and basic skill requirements for the training. The limited training options (aluminium fabrication, woodwork, tailoring, and beauty-school) also contributed to the exclusion of some unemployed youth, as they required education levels and skills that some of the most vulnerable youth did not possess.

Key Institutional Outcomes

The program was reported to have significantly improved collaboration between the different layers of the government, leading to efficient coordination between federal and state-level ministries. For instance, the state level ministers work closely with the mayors and district level leaders including the social affairs departments. This collaboration has brought together different levels of government and improved their cooperation and coordination mechanisms, resulting in a positive and cooperative relationship.

Although the system-strengthening aspect of the program took time to initiate, to date a total of 158 government staff have received training on social protection concepts and social transfers at both state and federal levels, with more advanced training also organized. This training has led to a general improvement in the understanding of social protection and increased engagement of federal and state MOLSA in program design, which is evident in the ST4 scheme and the improvement of coordination functions.

The Advisors recruited by the programme to support the federal and state Social Affairs and Labour ministries played a key role in supporting the development of strategic and implementation plans at state level. They ensured communication lines with the federal ministry, organized the ministries' participation in program activities, and mobilized social affairs staff at district and municipal levels where they existed.

Despite the program and advisors' efforts, implementing activities with local governments has often been challenging due to the limited number of their counterparts in state ministries and district offices and their lack of resources to participate in the program activities. The involvement of government counterparts in different activities has varied greatly across locations and activities. The local government counterparts were highly involved in geographical targeting, but their involvement in the shock-responsive component was limited, likely due to transparent protocols being in place, their limited capacities, and the component's limited coverage.

The ST4 scheme was meant to be designed and implemented by the government. MoLSA designed the scheme with technical support from SAGAL partners, however the program was implemented in the selected districts by the SAGAL's implementing partners working with the state ministries. The state ministries did not have sufficient human and financial resources to undertake program implementation by the time it was ready to roll. Civil servant staff from FGS and FMS participated in the registration process of ST4 beneficiaries as part of capacity building, and in some locations, MOLSA State department participated in the implementation of the ST4, through to the verification and monitoring phases.

Next Steps and How to Scale Up the Social Transfer Schemes

Based on the findings of the program, there are several key steps that should be taken to design future programs and ensure their impact.

Key findings to support the design of future programs and ensure impact:

- Work on transfer values and move towards individual benefits: The program found that transfer values were often insufficient to have a significant impact on beneficiaries' well-being. Moving towards individual benefits can ensure that beneficiaries' specific needs are met.
- Ensure transparency on methodology to calculate and reevaluate transfer values: Providing transparency on the methodology used to calculate and reevaluate transfer values, with input from beneficiaries, can help ensure that the values are needs-based.
- Develop a financing strategy, support advocacy, and provide technical assistance to develop fiscal options and more flexible mechanisms to adjust transfer values: Ensuring that programs can adapt transfer values and packages to budgetary constraints can help with their sustainability.

- Conduct granular capacity assessments to address specific needs of different beneficiary groups: Conducting capacity assessments of social affairs services at federal, state and district levels can ensure that programs are designed to address the specific needs of different beneficiary groups, rather than providing a one-size-fits-all solution.

Elements of recommendations towards service and program integration and coordination:

- Build on nascent referral systems and service integration to develop case management and social civil services: Developing a case management system and social civil services, associated with an information management system, can help improve service and program integration and coordination.
- Invest in services while social transfers support access to those services: Investing in services can help ensure that beneficiaries have access to the services they need, while social transfers can provide the financial means to access them.

Mixed outcomes of the shock-responsive social safety net:

- The shock-responsive component provided timely relief to beneficiaries, but its limited budget meant that it could not fully address the impact of drought and economic crises for all beneficiaries.

In summary, future social transfer programs should focus on individual benefits and case management, with transparent and adaptable transfer values. Conducting capacity assessments can help ensure that programs address the specific needs of different beneficiary groups. Building on referral systems and service integration can help develop case management and social civil services. Investing in services and designing programs with a long-term perspective can ensure sufficient institutional engagement and secure outcomes.