FACTSHEET

Somalia Cash Consortium - Baseline and Endline Findings
MPCA Outcomes from the Integrated Response Framework

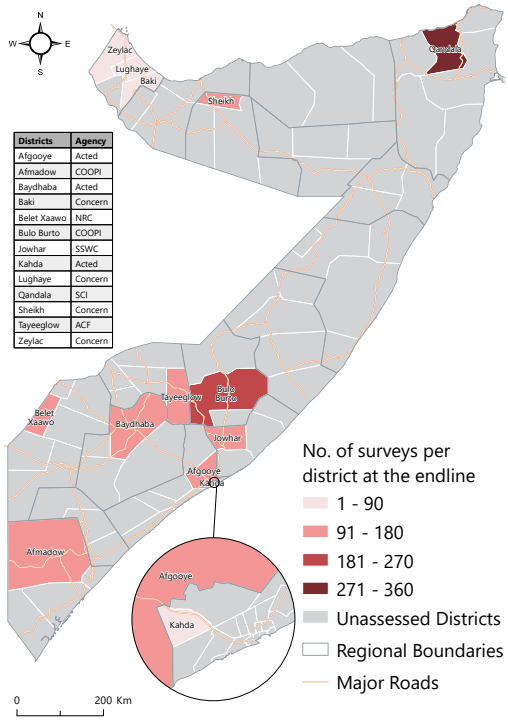
OCTOBER 2025
SOMALIA

SOMALI CASH CONSORTIUM

KEY MESSAGES

- Households (HHs) with an acceptable food consumption score (FCS) increased from 9% at the baseline to 52% during the endline. **The endline results demonstrate an improved HH food security status after the 3 cycles of the multipurpose cash assistance (MPCA).** Households experiencing little to no hunger more than doubled, reaching 72% at endline.
- **Reliance on negative coping strategies declined after the 3 cycles of the MPCA.** The proportion of HHs experiencing severe consumption-based coping decreased from 40% at baseline to 20% at endline, while those reporting low rCSI increased from 6% to 26%. Similarly, **the use of stress and emergency livelihood coping strategies declined, indicating reduced pressure on household livelihoods.**
- **MPCA strengthened HH economic capacity.** While the proportion of HHs with debt remained largely unchanged (65% to 64%), the average debt burden declined by 40%, from USD 138.56 to USD 82.72, suggesting that HHs used additional resources to reduce existing liabilities. Financial stability also improved, with the proportion of HHs reporting savings increasing from 13% to 19%, and **average savings rising from USD 7.43 at the baseline to USD 13.61 during the endline.**

COVERAGE MAP 2025



CONTEXT & RATIONALE

During the first half of 2025, Somalia faced overlapping shocks driven by climate-related hazards, ongoing conflict, and recurrent disease outbreaks, leaving an estimated 5.98 million people in need of humanitarian assistance.[1] Nearly 3.4 million people experienced high levels of acute food insecurity between January and March 2025.[2] Of that total, 442,000 people were in IPC Phase 4 (Emergency) and 2.9 million people were in IPC Phase 3 (Crisis).[2] Displacement remained a major humanitarian concern, with recurrent droughts, flooding, insecurity, and inter-clan conflict driving repeated population movements and increasing dependence on humanitarian assistance. Internally displaced persons (IDPs) faced limited access to food, healthcare, safe water, education, and livelihood opportunities, while growing concentrations of displaced populations placed additional strain on already overstretched services in urban and peri-urban areas.[3]

Similarly, drought conditions escalated due to the poor performance of the 2024 Deyr seasonal rains (October–December). However, the Gu season (April 2025–June 2025) brought normal to above-average rainfall to parts of central and southern Somalia, improving water availability, pasture, and livestock body conditions.[4] Conversely, these Gu rains also triggered flash and riverine flooding that affected over 84,000 people between mid-April and late May alone.[5] In contrast, northern regions, mainly the Awdal and Bari regions, **received below-average Gu rains, leading to ongoing water and pasture shortages, continued migration, and heightened inter-clan tensions in pastoral livelihood zones.[5]**

To address these challenges, the Somali Cash Consortium (SCC),[6] with funding from European Union Civil Protection and Humanitarian Aid (ECHO), delivered three rounds of MPCA to vulnerable households between May 2025 and October 2025. This assistance was administered under the Integrated Response Framework (IRF), covering 13 hard-to-reach and accessible districts: Afgoye, Afmadow, Baidoa, Baki, Beled Xawo, Buloburte, Jowhar, Kahda, Lughaye, Qandala, Sheekh, Tiyeeglow, and Zeylac.

This factsheet presents the key findings from the endline assessment, as well as indicative comparisons of key indicators from the baseline assessment for the households surveyed under the IRF approach.

1. OCHA, Somalia 2025: Humanitarian Needs and Response Plan, January 2025
2. IPC, Acute Food Insecurity And Acute Malnutrition Analysis, January - June 2025
3. IOM DTM. Humanitarian Context and Response Needs – Somalia, 2025.
4. UNICEF, Somalia Humanitarian Situation Report, January - June 2025
5. OCHA. Somalia: 2025 Gu Seasonal Floods – Situation Report No. 1 (20 May 2025).
6. SCC is led by Concern Worldwide and comprises ACTED, Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC) Save the Children International (SCI) and Action Against Hunger (ACF). The consortium also works closely with national and local partner organizations, including GREDO, Save Somali Women and Children (SSWC), and Lifeline-Gedo (LLG), , to deliver coordinated, accountable, and evidence-based humanitarian assistance across Somalia.

IMPACT Shaping practices Influencing policies Impacting lives

FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)[7]

% of HHs by Food Consumption Score category:

	Baseline:	Endline:
Acceptable (>42)	9%	52%
Borderline (28-42)	23%	29%
Poor (<28)	68%	20%
	Baseline:	**Endline:**
Average FCS per HH	26.2	42.2

Between baseline and endline, the average FCS increased from 26.2 to 42.2, crossing into the "acceptable" FCS category. Households with acceptable scores increased from 9% to 52%, while those in the "poor" category decreased from 68% to 20%. The "borderline" group slightly increased from 23% to 29%, showing some diet improvement.

Southern districts (Afgoye, Afmadow, Baidoa, Jowhar, Kahda, Tiyeglow) saw the biggest decrease in poor FCS, while northern districts (Baki, Lughaye, Sheekh, Zeylac) had little change. The IPC report cites higher southern cereal production and poor northern harvests. Cash assistance helped reduce severe food insecurity in all districts.

HOUSEHOLD HUNGER SCALE (HHS)[8]

% of HHs by levels of hunger in the HH:

	Baseline:	Endline:
No or little hunger	30%	72%
Moderate hunger	64%	26%
Severe hunger	5%	2%

Between baseline and endline, HHs with little to no hunger increased from 30% to 72%. Moderate hunger decreased from 64% to 26%. **Severe hunger decreased in most districts, except Qandala, where it stayed high at 14%**. These findings suggest that cash assistance likely reduced acute food deprivation and allowed families to meet their immediate consumption needs.

USE OF COPING MECHANISMS

% of HHs by average reduced Coping Strategy Index (rCSI) category:[9]

	Baseline:	Endline:
Low	6%	26%
Medium	54%	54%
High	40%	20%
	Baseline:	**Endline:**
Average rCSI per HH	17.3	11.1

Most commonly adopted coping strategies:*

The average days utilizing the coping strategy reported in the 7 days prior to data collection were:

	Baseline	Endline
Relied on less preferred, less expensive food	2.9	2.1
Borrowed food or relied on help from friends or relatives	2.6	1.5
Reduced the number of meals eaten per day	1.5	1.5
Reduced portion size of meals	2.4	1.4
Restricted adults consumption so children can eat	1.8	1.0

LIVELIHOOD-BASED COPING STRATEGIES (LCS)[10]

% of HHs by LCS category in the 30 days prior to data collection: [8]

	Baseline	Endline
None	16%	30%
Stress	38%	31%
Crisis	21%	23%
Emergency	24%	17%

The proportion of HHs with low rCSI increased significantlyfrom baseline to endline, moving from 6% to 26%.As highlighted in Annex 1, Dollow recorded the most improvement, with high rCSI decreasing from 70% at baseline to just 1% at endline. Belet Xaawo also showed notable progress, with high rCSI decreasing from 68% to 4%, **though the majority of households remained in the medium rCSI category.**

These patterns indicate that reliance on negative consumption-based coping strategies decreased across all assessed districts. **Whereas most HHs were concentrated in the high rCSI category at baseline, by endline the majority had shifted into medium and low categories.** These shifts point to reduced dependence on harmful coping mechanisms and improved food security.

Long-term livelihood coping also improved, with households employing 'none' of the coping strategies increasing from 16% to 30%. However, households employing 'crisis' and 'emergency' coping strategies increased across five districts, including **Baki, Lughaye, Afgooye, and Sheekh.**

Ultimately, the cash assistance acted as a critical buffer, preventing the majority of households from resorting to extreme survival measures or risking their long-term livelihoods.

7. Find more information on the food consumption score here. The cutoff criteria utilized for Somalia were as follows: HHs with a score between 0 and 28 were categorized as "poor," those with a score above 28 but less than 42 were considered "borderline," and HHs with a score exceeding 42 were classified as "acceptable." These categorizations were determined based on the high consumption of sugar and oil among the beneficiary HHs. **High average FCS values are preferred since low average values indicate a worse food situation.**

8. The Household Hunger Scale (HHS) is an indicator to measure HH hunger in food insecure areas. Read more here.

9. The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by HHs due to a shortage of food. The index measures the frequency and severity of the food consumption behaviours the HHs had to engage in due to food shortage in the 7 days prior to the survey. The rCSI was calculated to better understand the frequency and severity of changes in food consumption behaviours in the HH when faced with a shortage of food. The rCSI scale was adjusted for Somalia, with a low index attributed to rCSI <=3, medium between 4 and 18, and high if higher than 18. **The three rCSI cut offs indicate different phases of food security situations, and in this context, lower average values of rCSI are preferred.** Read more here.

10. The Livelihood Coping Strategies Index (LCSI) is an indicator used to understand the medium and longer-term coping capacity of HHs in response to a lack of food or lack of money to buy food and their ability to overcome challenges in the future. The indicator is derived from a series of questions regarding the HHs' experiences with livelihood stress and asset depletion to cope with food shortages. Read more here.

*Respondents could select multiple options.

LIVELIHOODS

INCOME SOURCES

Top reported primary sources of HH income in the 30 days prior to data collection:*

	Baseline	Endline
Humanitarian assistance	5%	57%
Casual labour (wage labour)	56%	53%
Livestock sales & production	31%	21%
Cash farming	10%	9%

Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):[11]	**Baseline**	**Endline**
	67.97 USD	151.33 USD

Average incomes more than doubled between baseline and endline, likely driven by the cash assistance provided. Meanwhile, participation in casual labour and cash farming remained stable, indicating that households continued to engage in local labour market after receiving cash assistance. Additionally, a decline in livestock sales suggests the cash injection provided a safety net, allowing households to preserve their assets rather than selling them off for quick cash.

EXPENDITURE

Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):	**Baseline**	**Endline**
	76.66 USD	146.78 USD

Reported average HHs expenditure, by top most reported expenditure type in the 30 days prior to data collection:

	Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 USD in this category		Proportion of total spending across all HHs, including HHs who spent 0 USD at the endline[12]
	Baseline	Endline	
Food	40.84 USD	67.89 USD	**49%**
Debt repayment for food	6.42 USD	16.54 USD	**11%**
Medical expenses	7.26 USD	12.90 USD	**9%**
Clothing	4.75 USD	12.23 USD	**4%**
Debt repayment for non-food	2.73 USD	8.30 USD	**5%**
Shelter	2.18 USD	7.40 USD	**4%**
Water	4.83 USD	6.49 USD	**4%**

SPENDING DECISIONS

Proportion of HHs by the primary decision maker on spending:

	Baseline	Endline
Joint decision-making	52%	57%
Female member of the HH	24%	24%
Male member of the HH	24%	18%

SAVINGS & DEBT

From baseline to endline the percentage of households with debt remained unchanged, shifting marginally from 65% to 64%. The average debt, however decreased by 40% dropping from USD 138.56 to USD 82.72, indicating that the households used the increased income to pay off existing debts.

The proportion of households with savings increased from 13% to 19%, and average savings increased from USD 7.43 to USD 13.61 during the same period.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS

% of HHs who reportedly spent above the minimum expenditure basket (MEB):

	Baseline	Endline
Yes	8%	44%
No	92%	56%

% of HHs by most commonly reported primary sources of food in the 7 days prior to data collection:

	Baseline	Endline
Market purchase with cash	37%	55%
Loan	20%	13%
Market purchases with credit	15%	9%

HHs' ability to meet essential needs improved considerably, with the proportion of HHs reporting expenditure above the Minimum Expenditure Basket (MEB) increasing from 8% at baseline to 44% at endline. Nevertheless, more than half of households (56%) remained below the MEB threshold at endline, indicating that **while MPCA contributed to improving purchasing power and meeting immediate needs, significant gaps in essential expenditures persisted.**

Market purchases with cash increased from 37% at baseline to 55% at endline. At the same time, reliance on loans as a primary food source declined from 20% to 13%, while food purchases on credit decreased from 15% to 9%. These shifts suggest that cash assistance enhanced households' ability to access food through direct market purchases and reduced dependence on borrowing and credit.

*Respondents could select up to three options. Findings may therefore exceed 100%.

11. At the endline, it was observed that 59% had incomes exceeding 130 USD. The consortium management unit (CMU) categorizes HHs with incomes above 130 USD as high-income HHs.

12. For each category, the proportion was calculated based on all HHs including those HHs that had not made any spending on each expenditure category. All HHs had made some spending 30 days prior to data collection.

ACCOUNTABILITY TO AFFECTED POPULATIONS

Proportion of beneficiary HHs reporting on key performance indicators (KPI):[12]

Indicator	Baseline	Endline
Programming was safe	99%	98%
Programming was respectful	99%	98%
Community was consulted	29%	30%
The assistance was appropriate	75%	76%
No unfair selection	98%	95%
Raised concerns using complaint response mechanism (CRM)	14%	22%
Satisfied with the response	85%	82%
Overall KPI score	**79%**	**82%**

Overall, 20% and 32% of the assessed HHs during the baseline and endline respectively reported being aware of at least one option to contact the NGO.

Among households aware of any contact option (32%), the most commonly known ways to report complaints and issues at endline were:*

	Baseline	Endline
Use the dedicated NGO hotline	**66%**	**70%**
Talk directly to NGO staff	**22%**	**20%**
Use the dedicated NGO desk	**26%**	**23%**

The most frequently reported complementary service received alongside cash assistance in the past three months:*

	Baseline	Endline
None	**5%**	**39%**
Health	**36%**	**37%**
Nutrition	**22%**	**23%**
Water, Sanitation and Hygiene	**7%**	**8%**
Protection services	**4%**	**4%**

Organisations that provided the services alongside the cash assistance.*

	Baseline	Endline
Action Against Hunger	**18%**	**23%**
Concern World Wide	**15%**	**18%**
International Medical Corps	**12%**	**17%**
SOS Children's Villages	**24%**	**34%**
Trocaire	**3%**	**13%**

The top mentioned requests by the assessed HHs who provided comments and feedback (26%):**

	Baseline	Endline
Food assistance	**74%**	**55%**
Livelihood support	**48%**	**54%**
Shelter support	**54%**	**49%**
Educational support	**42%**	**40%**
WASH support	**37%**	**37%**
Long-term support	**33%**	**33%**

CONCLUSION

Endline results demonstrate positive changes in household food security and economic well-being. Households reported more diverse diets, lower levels of hunger, and reduced use of harmful coping strategies, as evidenced by a sharp decline in poor FCS and a reduction in moderate hunger. Income and expenditure levels increased, debt burdens decreased, and modest savings began to accumulate, signalling enhanced financial resilience.

Considerable food security improvement occurred in the southern districts of Afgooye, Afmadow, Baidoa, Jowhar, Kahda, and Tiyeglow, aligning with higher localised crop production. However, the northern districts of Baki Lughaye, Sheekh, and Zeylac lagged due to poor yields, highlighting how local food availability influences cash assistance outcomes.

Beyond food security, MPCA support also contributed to broader economic stability. Households reported higher disposable income, reduced debt levels, and modest but growing savings, highlighting improved financial management and self-reliance. These outcomes reflect an incremental shift from dependency toward recovery among the target population. Nevertheless, the persistence of debt cycles and limited livelihood diversification in certain districts calls for sustained investment in income-generating opportunities and climate-adaptive livelihoods to consolidate these gains.

Accountability and protection indicators remained strong, with beneficiaries consistently reporting safe, respectful, and fair programming. Yet, mixed perceptions of appropriateness and limited early-stage community consultation—linked to the referral-driven design—highlight the need for deeper engagement to ensure assistance is fully responsive to local priorities. Looking forward, household priorities are shifting from immediate food assistance toward livelihood support, underscoring the importance of consolidating short-term gains while investing in longer-term resilience strategies to address persistent vulnerabilities.

12. The Protection Index score is a composite indicator developed by the Directorate-General for European Civil Protection and Humanitarian Aid Operations that calculates a score of the sampled beneficiaries who report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner. The calculations take into account a.) whether the beneficiary or anyone in their community was consulted by the NGO on their needs and how the NGO can best help, b.) whether the assistance was appropriate to the beneficiary's needs, c.) whether the beneficiary felt safe while receiving the assistance, c.) whether the beneficiary felt they were treated with respect by the NGO during the intervention, d.) whether the beneficiary felt some HHs were unfairly selected over others who were in dire need of the cash transfer, e.) whether the beneficiary had raised concerns about the assistance they had received using any of the complaint response mechanisms, and if any complaints were raised, whether the beneficiary was satisfied with the response given or not.

**Respondents could select multiple options. Findings may therefore exceed 100%.

METHODOLOGY

The methodology was quantitative, **with both baseline and endline surveys survey conducted through mobile data collection.** The sample was drawn from the MPCA beneficiaries using the Integrated Response Framework (IRF) in both the accessible and hard-to reach areas. The baseline and endline assessments conducted collected data on demographics, overall food security, income, expenditure, overall well-being, as well as perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner.

Baseline data collection was conducted between **19th May 2025 and 20th October 2025,** while the endline data collection was done in phases **from 29th September 2025 to 21st December 2025.** This extended timeline was required to account for the activations under Modification Request 2 (MR2), which occurred at different times across the implementation districts.

A probability simple random sampling approach was employed, with a 95% confidence level and a 7% margin of error. IMPACT received beneficiary lists based on the partner activations. **A total of 2,298 and 1,682 HHs were interviewed remotely via telephone during the baseline and endline assessments respectively.** A 15% buffer was applied to account for potential non-responses and surveys that may need to be excluded during the data cleaning process.

LIMITATIONS

- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, they may not be generalizable and should be considered indicative only.
- Data on HH expenditure was based on a 30-day recall period; a considerably long duration over which to expect HHs to remember expenditures accurately and to such a degree of detail, which hence might have negatively impacted the accuracy of reporting.
- Due to slight differences between the baseline and endline demographics, only endline demographics are reported.
- Baseline data were collected during different periods (May–October 2025), which correspond to distinct seasonal phases. The endline period aligns with the onset of the lean season in many areas, when food access typically deteriorates. As a result, direct comparisons between baseline and endline findings should be interpreted with caution, as observed changes may partly reflect seasonal effects rather than programme impact alone.

ENDLINE DEMOGRAPHICS

% of HHs by head of the HH demographic characteristics:

Female (70%)	Age	Male (30%)
3%	70+	3%
9%	50-69	8%
50%	18-49	27%

Average age of the head of HH: **40**

Average HH size: **7**

SAMPLE BREAKDOWN

Districts	Agency	Caseload	Baseline Sample	Endline Sample
Afgooye	Acted	300	225	150
Afmadow	COOPI	400	144	127
Baidoa	Acted*	300	141	100
Baki	Concern	200	40	29
Belet Xaawo	NRC	500	172	167
Bulo Burto	COOPI	500	199	188
Jowhar	Save Somali Women and Children (SSWC)	500	177	176
Kahda	Acted	250	149	67
Lughaye	Concern	250	131	60
Qandala	SCI	600	433	350
Sheikh	Concern	700	300	142
Tayeeglow	ACF	400	137	99
Zeylac	Concern	250	50	27
Total		**5,150**	**2,298**	**1,682**

*The Acted Baidoa activation was implemented on a rolling basis through a protection-focused approach, allowing for phased enrolment of eligible households while ensuring that assistance was delivered in a manner that prioritised vulnerability, promoted inclusion, and mitigated potential protection risks.

Annex 1 - Key Indicators Summary Per Assessed District

Districts	Food Security indicators																			
	Food Consumption Score (FCS)						Households Hunger Scale (HHS)						Livelihood Coping Strategy (LCS)							
	Acceptable		Borderline		Poor		No/little hunger		Moderate hunger		Severe hunger		None		Stress		Crisis		Emergency	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Afgooye	3%	93%	18%	7%	79%	0%	21%	99%	77%	1%	0%	0%	39%	23%	12%	17%	20%	45%	28%	16%
Afmadow	0%	34%	10%	64%	90%	2%	24%	57%	62%	43%	14%	0%	23%	0%	38%	53%	14%	17%	24%	30%
Baidoa	22%	46%	30%	49%	48%	5%	18%	88%	82%	12%	0%	0%	8%	2%	57%	54%	5%	18%	30%	2%
Baki	13%	38%	20%	21%	68%	41%	60%	62%	38%	34%	3%	3%	14%	18%	43%	27%	29%	45%	14%	9%
Belet Xaawo	2%	13%	19%	74%	78%	13%	22%	59%	69%	38%	9%	3%	7%	32%	47%	32%	29%	27%	16%	9%
Bulo Burto	2%	64%	32%	21%	66%	14%	24%	71%	70%	29%	7%	0%	25%	41%	37%	21%	32%	18%	6%	20%
Jowhar	7%	89%	29%	10%	63%	1%	21%	82%	75%	18%	3%	0%	12%	36%	55%	35%	25%	26%	9%	2%
Kahda	4%	70%	15%	30%	81%	0%	9%	60%	89%	40%	1%	0%	8%	25%	20%	25%	13%	16%	15%	33%
Lughaye	18%	18%	17%	25%	65%	57%	31%	67%	65%	32%	5%	2%	13%	20%	26%	15%	16%	15%	45%	50%
Qandala	18%	67%	22%	15%	60%	18%	31%	59%	54%	27%	15%	14%	20%	33%	21%	21%	31%	21%	28%	25%
Sheikh	10%	27%	28%	21%	62%	51%	53%	75%	42%	23%	5%	2%	15%	31%	43%	23%	18%	18%	24%	28%
Tayeeglow	18%	72%	36%	23%	47%	5%	9%	81%	88%	19%	4%	0%	2%	58%	39%	26%	9%	11%	50%	5%
Zeylac	18%	19%	20%	30%	62%	52%	58%	70%	38%	30%	4%	0%	14%	27%	52%	33%	14%	20%	21%	20%
Overall	**9%**	**52%**	**23%**	**29%**	**68%**	**20%**	**30%**	**72%**	**64%**	**26%**	**5%**	**2%**	**16%**	**30%**	**38%**	**31%**	**21%**	**23%**	**24%**	**17%**

FUNDED BY:

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ABOUT IMPACT

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IMPACT Shaping practices Influencing policies Impacting lives