

ASSESSMENT FINDINGS FOR SOMALI CASH CONSORTIUM'S INTEGRATED RESPONSE FRAMEWORK APPROACH

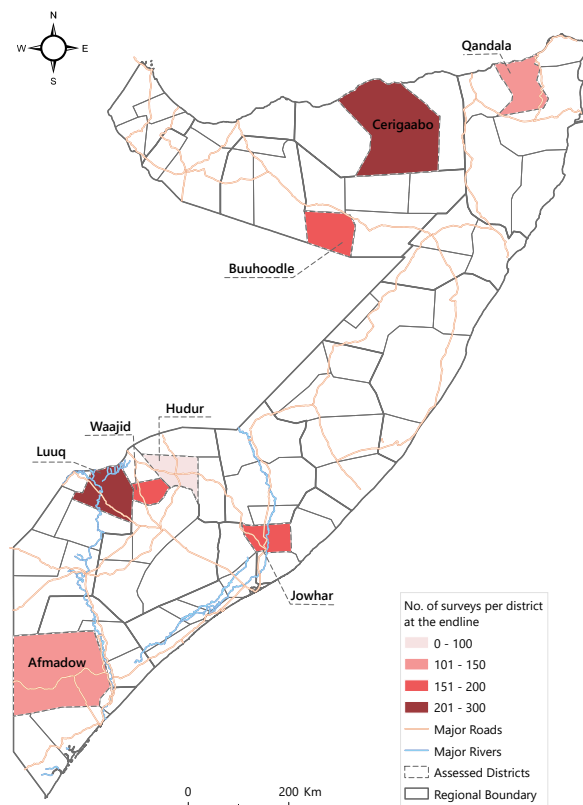
AUGUST 2025

SOMALIA

KEY MESSAGES

- At the endline, the proportion of households (HHs) with a poor Food Consumption Score (FCS) decreased considerably from 66% at baseline to 16% at endline, while those with acceptable FCS increased from 11% to 53%. Similarly, the proportion of HHs experiencing severe hunger decreased from 7% to 3%, with none reported in Afmadow, Hudur, Luuq, or Jowhar. **The improved access to food in these areas could be attributed to enhanced market functionality and seasonal harvest gains, sustained by the cash assistance, which strengthened HHs' purchasing power and food access.**
- Findings from the Consolidated Approach to Reporting Indicators (CARI) show that 46% of assessed HHs were classified as either food secure or marginally food secure during the endline, up from 5% at the baseline. **The improved food security status was complemented by the access and availability of food as a result of the Deyr rains, likely contributing to the reduced food consumption gaps.**
- The average monthly income was found to have more than doubled whilst the average monthly expenditure increased. When cross-analysed against the Minimum Expenditure Basket (MEB), **the proportion of HHs meeting or exceeding the MEB increased significantly from 10% to 61%, illustrating enhanced purchasing power and an improved capacity to meet essential needs.**

COVERAGE MAP 2025



CONTEXT & RATIONALE

Between November 2024 and April 2025, Somalia faced an escalating humanitarian crisis driven by overlapping shocks. The 2025 Somalia Humanitarian Needs and Response Plan (HNRP) identified approximately 9.1 million people requiring urgent assistance; however, by April 2025, only about 10% of the response plan had been funded.¹ The funding reduction forced aid agencies to concentrate resources in the 32 districts with the highest inter-sectoral needs. Conflict, persistent displacement and limited humanitarian access compounded the emergency.²

The 2024 [Deyr rains](#) were markedly below average, sharply reducing crop and livestock production across southern and central regions of Somalia.³ Moreover the April–June 2025 [Gu season](#) predicted below-average rainfall, raising the likelihood of a worsening drought.⁴

During the assessment period, approximately 3.4 million people were already classified as "Crisis" or worse (P3+) between January and March 2025, according to the Integrated Food Security Phase Classification (IPC), with projections rising to 4.4 million.⁵ High food prices, conflict, and limited humanitarian food assistance further eroded households' access to food. Armed clashes in central and southern Somalia disrupted trade, displaced populations, and restricted humanitarian movement.⁶

To address these challenges, the Somali Cash Consortium SCC,⁷ with funding from European Union Civil Protection and Humanitarian Aid (ECHO), delivered three rounds of multi-purpose cash assistance (MPCA) to these vulnerable HHs **between November 2024 and February 2025**. The MPCA was aligned with the harmonised super-regional transfer values, based on the Minimum Expenditure Basket (MEB).⁸

The earlier interventions implemented in 2024 were categorized as the main caseload⁹ and were later expanded under Modification Request 1 (MR1), whose findings are presented in this factsheet. **This MR1 factsheet presents the key findings from the endline assessment, as well as indicative comparisons of key indicators from the baseline assessment for beneficiary HHs assessed under the Integrated Response Framework (IRF) approach, which covers both hard-to-reach and accessible districts.**

1. OCHA, [Somalia 2025: Humanitarian Needs and Response Plan](#) (January 2025)

2. *ibid*

3. Somalia, [Food Security Information Network \(FSIN\) and Global Network Against Food Crises \(GNAFC\), 2025 Global Report on Food Crises](#) (2025), 85.

4. *ibid*

5. IPC, [Acute Food Insecurity And Acute Malnutrition Analysis](#) (July–December, 2024)

6. *ibid*

7. SCC is led by Concern Worldwide and further consists of Acted, Cooperazione Internazionale (COOPI), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), and Save the Children (SCI).

8. MEB Review and Gap Analysis Task Force (SNBS, CWG, FSC, FSNAU, REACH, FAO, WFP), [Identifying Gaps in Households Economic Capacity to Meet Essential Needs \(food and non-food\) and the New Cash and Voucher Assistance \(CVA\) Transfer Value Recommendations](#) (September 2024)

9. IMPACT Initiatives, [Somalia Cash Consortium Endline Factsheet](#) (November 2024)

FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)¹⁰

% of HHs by Food Consumption Score category:

	Baseline:	Endline:
Acceptable (>42)	11%	53%
Borderline (28-42)	23%	31%
Poor (<28)	66%	16%
	Baseline:	Endline:
Average FCS per HH	26.6	46.4

A notable increase in the proportion of HHs with acceptable and borderline FCS was reported, contributing to an overall increase in the average FCS to **levels indicative of acceptable food consumption**. As shown in Annex 1, Afmadow, Jowhar, Luuq and Qandala districts had the lowest proportion of HHs reporting poor FCS during the endline compared to the baseline. During the assessment period, several contextual and humanitarian dynamics likely contributed to this improvement. Improved market functionality in late 2024, as documented in [WFP's market and supply chain updates](#), sustained food availability and diversity in accessible areas. Qandala's coastal trade and Afmadow's humanitarian access further contributed to stable supply and dietary improvements. **This shift reflects improved dietary diversity and frequency, suggesting that HHs had access to more food and dietary diversity.**

HOUSEHOLD HUNGER SCALE (HHS)¹¹

% of HHs by levels of hunger in the HH:

	Baseline:	Endline:
No or little hunger	24%	67%
Moderate hunger	69%	31%
Severe hunger	7%	3%

After three cycles of MPCA, only 3% of HHs were experiencing severe hunger at the time of the endline assessment. This reflects significant progress in Afmadow and Luuq districts, where 18% of HHs in each had reported severe hunger at baseline. **However, despite the overall decline, 14% of HHs assessed in Buuhoodle were found to have severe hunger, at the time of data collection.**

USE OF COPING MECHANISMS

% of HHs by average reduced Coping Strategy Index (rCSI) category:¹²

	Baseline:	Endline:
Low	4%	30%
Medium	41%	53%
High	54%	17%
	Baseline:	Endline:
Average rCSI per HH	20.6	10.1

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	3.2	1.8
Reduced the number of meals eaten per day	2.6	1.3
Reduced portion size of meals	2.6	1.3
Borrowed food or relied on help from friends or relatives	2.8	1.4
Restricted adults consumption so children can eat	2.2	1.0

LIVELIHOOD-BASED COPING STRATEGIES (LCS)¹³

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

	Baseline:	Endline:
None	17%	34%
Stress	27%	28%
Crisis	20%	18%
Emergency	36%	20%
	Baseline:	Endline:
Average LCS per HH	6.9	2.3

A consistent improvement was observed in the rCSI, suggesting that most HHs were able to meet their food needs with reduced stress and deprivation. These trends align with broader national food security projections, which anticipated short-term improvements in HH food consumption following seasonal harvests, humanitarian cash assistance, and better market functionality.¹⁴

Moreover, the IPC (March 2025) findings noted a decrease in the proportion of HHs facing Crisis (IPC Phase 3) or worse outcomes in regions such as Lower Juba, Gedo, and Puntland, where MPCA interventions were concentrated.

The proportion of HHs resorting to emergency coping, such as selling productive assets or reducing essential expenditures, decreased from 36% to 20%. Districts like Hudur, Jowhar, Qandala, and Luuq reported increases in HHs with no or only stress-level coping, suggesting strengthened short-term resilience.

However, Afmadow recorded a considerable increase in emergency coping (0% to 33%), likely linked to market dependency and HH debt cycles following the cash assistance rounds. Similarly, Buhoodle continues to exhibit high levels of both crisis and emergency coping, indicating structural livelihood constraints.

10. 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.**

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

12. 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. Read more [here](#). **The three rCSI cut offs indicate different phases of food security situations, and in this context, lower average values of rCSI are preferred.**

13. 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. Findings may therefore exceed 100%.

14. Famine Early Warning Systems Network (FEWS NET), [Somalia Food Security Outlook](#) (February – May 2025)

LIVELIHOODS

INCOME SOURCES

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

	Baseline	Endline
Humanitarian assistance	11%	54%
Livestock sales & production	39%	46%
Casual labour (wage labour)	44%	35%
Business	9%	8%
Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):¹⁵	Baseline 71.38 USD	Endline 151.85 USD

Findings from the endline assessment indicate notable improvement in HH income conditions, largely attributed to humanitarian cash assistance. Humanitarian assistance emerged as the main source of livelihood support, highlighting its vital role in sustaining HHs. Livestock-based income showed moderate recovery, while earnings from casual labour decreased, reflecting limited casual employment opportunities.

Consistent with previous post-distribution monitoring (PDM) findings, humanitarian cash and livelihood support have been instrumental in stabilizing income flows, boosting disposable income, and reducing reliance on negative coping strategies among vulnerable populations.

EXPENDITURE

	Baseline	Endline
Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):	77.83 USD	145.24 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 ¹⁶ at the endline
	Baseline	Endline	
Food	36.74 USD	61.39 USD	45%
Debt repayment for food	6.00 USD	12.67 USD	8%
Medical expenses	6.37 USD	11.41 USD	8%
Clothing	5.91 USD	13.45 USD	9%
Rent	2.86 USD	7.26 USD	4%
Debt repayment for non-food items	3.26 USD	7.78 USD	5%

SPENDING DECISIONS

Proportion of HHs by the primary decision maker on how to spend:

	Baseline	Endline
Joint decision-making	55%	55%
Female member of the HH	21%	20%
Male member of the HH	23%	25%

SAVINGS & DEBT

Most HHs (62% , n=932) were found to have debt. The average HH debt was found to be USD 52.03 at the endline. This was a decrease from the baseline, where 80% reportedly had debt averaging USD 110.19.

Only 24% (n=349) of the HHs reportedly had savings, averaging USD 10.06 during the endline. During the baseline assessment, the proportion of HHs found to have savings was 16% averaging to USD 3.25.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS

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

	Baseline	Endline
Yes	10%	61%
No	90%	39%

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

	Baseline	Endline
Market purchase with cash	21%	51%
Loan	27%	13%
Market purchase on credit	19%	10%

The proportion of HHs meeting or exceeding the MEB increased from 10% to 61%, reflecting strengthened purchasing power and improved capacity to meet essential needs. Debt levels also decreased considerably, while 62% of HHs still reported debts at endline, the average amount declined from USD 110.19 to USD 52.03, indicating reduced financial stress.

When compared with the national findings from WFP's 2024 Somalia Food Security Outlook, the trends are consistent with the evidence showing that cash-based interventions contribute to reduced HH indebtedness and foster financial inclusion through small savings. The combination of reduced debt burden and increased savings suggests that the intervention not only enhanced short-term consumption capacity but also contributed to longer-term HH resilience and self-reliance.¹⁷

A marked improvement in food access pathways was observed at endline, which likely reflects enhanced liquidity among beneficiary HHs and declining dependency on debt-financed consumption.

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

15. At the endline, it was observed that 55% had incomes exceeding 130 USD. The consortium management unit (CMU) categorizes HHs with incomes above 130 USD as high-income HHs.

16. 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.

17. World Food Programme (WFP), [Somalia country brief](#) (May 2025)

ACCOUNTABILITY TO AFFECTED POPULATIONS

Proportion of beneficiary HHs reporting on key performance indicators (KPI):¹⁸

Indicator	Baseline	Endline
Programming was safe	100%	99%
Programming was respectful	100%	99%
Community was consulted	45%	39%
The assistance was appropriate	83%	77%
No unfair selection	99%	97%
Raised concerns using complaint response mechanism (CRM)	21%	28%
Satisfied with the response (21% at baseline & 28% during the endline)	91%	91%
Overall KPI score	86%	82%

Overall, 30% and 38% of the assessed HH during the baseline and endline respectively reported being aware of at least one option to contact the NGO.

Of HHs reporting being aware of any option to contact (38%), the most frequently known ways to report complaints and problems in receiving the assistance during the endline were:*

	Baseline	Endline
Use the dedicated NGO hotline	62%	74%
Talk directly to NGO staff	48%	35%
Use the dedicated NGO desk	32%	26%

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

	Baseline	Endline
None	45%	68%
Health	45%	25%
Nutrition	17%	17%
Water, Sanitation and Hygiene.	5%	6%
Protection services	6%	1%

Organisations that provided the services alongside the cash assistance.†

	Baseline	Endline
Action Against Hunger	39%	39%
Concern World Wide	3%	2%
International Medical Corps	16%	39%
SOS Children's Villages	33%	32%
Trocaire	9%	12%

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

	Baseline	Endline
Food assistance	71%	53%
Livelihood support	39%	51%
Shelter support	56%	51%
Educational support	46%	46%
Increase field visits by NGO staff	34%	37%
Need of non-food items	31%	30%

CONCLUSION

The three rounds of MPCA led to an improvement in HH food security across the eight assessed districts. This is consistent with findings from the Food Security and Nutrition Analysis Unit (FSNAU), which reported an improved dietary diversity and food access following enhanced humanitarian cash transfers and seasonal harvest recovery.¹⁹ Districts such as Jowhar, Qandala, Hudur, Afmadow, and Luuq showed the strongest recovery, where families leveraged cash support to purchase diverse foods and sustain meal frequency. Similarly, Cerigaabo, Waajid, and Buhoodle recorded progress, though persistent vulnerabilities, especially in Buhoodle and Waajid, highlights localized market limitations and conflict-linked access barriers.²⁰

The proportion of HHs that were found to have "severe hunger" at the time of data collection decreased, particularly in Afmadow, Hudur, Luuq, and Jowhar, where HHs with "no hunger" or "little hunger" became dominant. This aligns with FEWS NET's (Feb–May 2025) outlook, which attributed improved food access to increased liquidity from humanitarian cash injections and stable market supplies across southern and central Somalia. At the same time, the share of HHs resorting to "emergency" coping strategies reduced, replaced by "stress" or "no" coping strategies, indicating greater short-term resilience and reduced asset depletion.

Beyond food security, MPCA support also contributed to broader economic stability. HHs 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.

From an accountability perspective, most beneficiaries perceived the assistance as safe, fair, and respectful, though gaps remain in community engagement and awareness of feedback mechanisms. Strengthening these components would reinforce the people-centred approach envisioned under the IRF and further enhance trust, inclusion, and participation among affected communities.

18. 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 f.) if any complaints were raised, whether the beneficiary was satisfied with the response given or not.

19. IPC, *Somalia Acute Food Insecurity & Malnutrition Analysis* (January - June 2025)

20. FAO and WFP, *Hunger Hotspots early warnings on acute food insecurity* (Nov 2024 – May 2025)

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

METHODOLOGY

The methodology was quantitative, with both baseline and endline surveys 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 collected data on the HHs’ demographics, their overall food security situation, income, expenditure, overall well-being, as well as their perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner. The baseline assessment was conducted based on the activations per partner between **25th November 2024 and 18th of March 2025**, while the endline assessment followed **after the third and last round of cash transfer per activation, from 19th February 2025 to 7th of July 2025**.

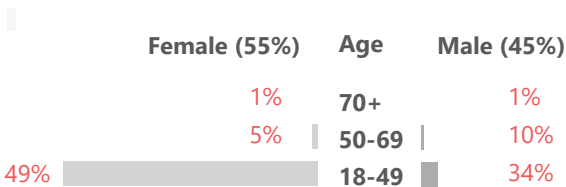
A probability simple random sampling approach was employed, with a 95% confidence level and a 7% margin of error. IMPACT received beneficiary lists based on the partner activations. Of the 5,864 beneficiary HHs, **a total of 2,972 HHs were interviewed remotely via telephone during the baseline and endline assessment**. 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.
- During MR1, some activations went unmonitored because the USAID stop-work order disrupted operations and prevented IMPACT from covering certain data collection costs.
- Districts where more than one partner was operating, notably Luuq and Waajid, the sample was split based on the proportion of each partner’s caseload compared to the total number of beneficiary HHs in the district.

ENDLINE DEMOGRAPHICS

% of HHs by head of the HH demographic characteristics:**



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

Average HH size: **8**

23% Of the endline interviews were conducted with members who identified as IDPs

66% Of surveyed HHs at the endline included six or more HH members, thus classified as big HHs.

Livelihood Zone breakdown:



Of the Somali Cash Consortium (SCC) beneficiary HHs surveyed, **65% were categorized as urban HHs, 18% as pastoral and 17% as agro-pastoral.**

SAMPLE BREAKDOWN

Districts	Agency	Caseload	Baseline Sample	Endline Sample
Afmadow	COOPI	500	152	146
Buuhoodle	NRC	1,000	214	193
Cerigaabo	NRC	1,000	199	241
Hudur	Acted	400	155	100
Jowhar	DRC	1,000	171	174
Luuq	COOPI & DRC	1,000	297	289
Qandala	SCI	300	141	145
Waajid	NRC & SCI	1000	188	166
Total		5,864	1,517	1,455

ABOUT IMPACT

Founded in 2010 and headquartered in Geneva, IMPACT Initiatives is a leading applied research organization and the largest independent provider of data in crisis-affected contexts. Through our initiatives—REACH, AGORA, and PANDA—we enable humanitarian and other aid actors to make better, evidence-based decisions by delivering timely, relevant, and methodologically rigorous data and analysis. Our extensive presence across crisis-contexts allows us to collect data directly from crisis-affected people wherever needed, including among the most vulnerable and hard-to-reach.

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
Afmadow	1%	36%	18%	60%	81%	5%	7%	69%	75%	31%	18%	0%	0%	33%	0%	33%	0%	0%	0%	33%
Buhoodle	11%	48%	26%	21%	64%	32%	15%	42%	74%	44%	11%		11%	30%	15%	28%	42%	23%	32%	19%
Cerigaabo	19%	36%	35%	30%	46%	34%	52%	51%	48%	49%	0%	0%	0%	8%	0%	19%	0%	35%	0%	38%
Hudur	25%	60%	40%	15%	35%	25%	29%	69%	67%	31%	4%	0%	21%	62%	37%	7%	6%	7%	35%	25%
Jowhar	13%	86%	34%	14%	53%	0%	19%	78%	81%	22%	1%	0%	0%	29%	0%	41%	0%	22%	0%	8%
Luuq	5%	41%	8%	58%	87%	1%	7%	79%	75%	20%	18%	1%	23%	43%	33%	44%	11%	5%	33%	8%
Qandala	14%	66%	18%	26%	67%	8%	22%	85%	76%	15%	2%	0%	0%	46%	0%	10%	0%	27%	0%	17%
Waajid	5%	49%	22%	33%	73%	17%	44%	67%	56%	33%	1%	0%	15%	29%	28%	40%	14%	5%	43%	26%
Overall	11%	53%	23%	31%	66%	16%	24%	67%	69%	31%	7%	3%	17%	34%	27%	28%	20%	18%	36%	20%

Annex 2 - Completed Consolidated Approach to Reporting Indicators of Food Security (CARI) Console²¹

Domain	Indicator	Food Secure		Marginally Food Secure		Moderately Food Insecure		Severely Food Insecure		
		(1)		(2)		(3)		(4)		
		Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	
Current Status	Food	Food Consumption Group and rCSI	Acceptable and rCSI < 4 1%	Acceptable and rCSI < 4 21%	Acceptable and rCSI >= 4 10%	Acceptable and rCSI >= 4 32%	Borderline 24%	Borderline 31%	Poor 65%	Poor 16%
Coping Capacity	Economic Vulnerability	Economic Capacity to Meet Essential Needs (ECMEN)	10%	33%	N/A		18%	30%	72%	37%
	Asset Depletion	Livelihood Coping Strategies	None 15%	None 33%	Stress 30%	Stress 26%	Crisis 19%	Crisis 17%	Emergency 36%	Emergency 23%
CARI Food Security Index²²			0%	4%	5%	42%	44%	43%	50%	22%

The three rounds of MPCA distribution improved HH food security across the eight assessed districts. HHs with an acceptable FCS rose from an average of 11% at baseline to 53% at endline, while those with a poor FCS decreased from 66% to 16%. Districts such as Jowhar, Hudur, Qandala, and Afmadow recorded the largest gains, reflecting more diverse and nutritious diets as families used cash transfers to supplement income and purchase food. Further, the HHS highlights these improvements with severe hunger declining from 7% to 3%, with no HH reporting severe hunger in Afmadow, Luuq, Hudur, and Jowhar. However in Buhoodle district, severe hunger increased from 11% to 14%, signaling lingering gaps in food access despite better diet quality.

The CARI-based Food Security Index reinforces these improvements. The combined share of food-secure and marginally food-secure HHs increased from 5% at baseline to 46% after the third MPCA round, while severe food insecurity halved. These outcomes align with the FSNAU Post-Deyr 2024/25 assessment and FEWS NET's February–May 2025 food security outlook, both of which reported improving HH food access and market stability in southern and central Somalia following favorable Deyr rains and sustained humanitarian cash transfers. WFP's Joint Market and Supply Chain Update similarly highlighted stable staple food prices and improved market functionality in Afmadow, Luuq, and Jowhar.²³

21. WFP, Technical Guidance on Consolidated Approach for reporting Indicators of Food Security (December, 2021)

22. HHs are classified as **food secure** if they are able to meet essential food and non-food needs without depletion of assets or **marginally food secure** if they have a minimally adequate food consumption, but are unable to afford some essential non-food expenditures without depletion of assets or **moderately food insecure** if they have food consumption gaps, or, marginally able to meet minimum food needs only with accelerated depletion of livelihood assets and **severely food insecure** if they have huge food consumption gaps, or extreme loss of livelihood assets that will lead to large food consumption gaps.

23. WFP, Somalia Market and Supply Chain Update (November 2024)