

Somali Cash Consortium – Baseline and Endline Findings

MPCA Outcomes from the Integrated Response Framework

JUNE 2026

SOMALIA

KEY MESSAGES

- The endline results indicate **improvements in household (HH) food security status**. Food consumption score (FCS) improved, with HHs reporting acceptable FCS increasing from 8% at baseline to 51% at endline, while poor FCS decreased from 71% to 15%. **Hunger levels also shifted significantly**. HHs with no or little hunger increased from 14% to 67%, and severe hunger nearly disappeared, decreasing from 14% to just 2%. This indicates that multipurpose cash assistance (MPCA) played a critical role in improving household food security, enabling greater market purchases of food.
- Following the three cycles of MPCA, **reliance on negative coping strategies declined considerably, indicating improved HH food security and resilience**. The proportion of HHs employing high reduced coping strategies index (rCSI), decreased from 48% at the baseline to 17% during the endline.
- While the share of households spending above the Minimum Expenditure Basket (MEB) rose markedly from 7% to 52%, the increase in emergency livelihood coping strategies from 36% to 57% indicates that many households continue to face financial stress and are relying on negative coping mechanisms, raising concerns about the sustainability of these expenditure gains.

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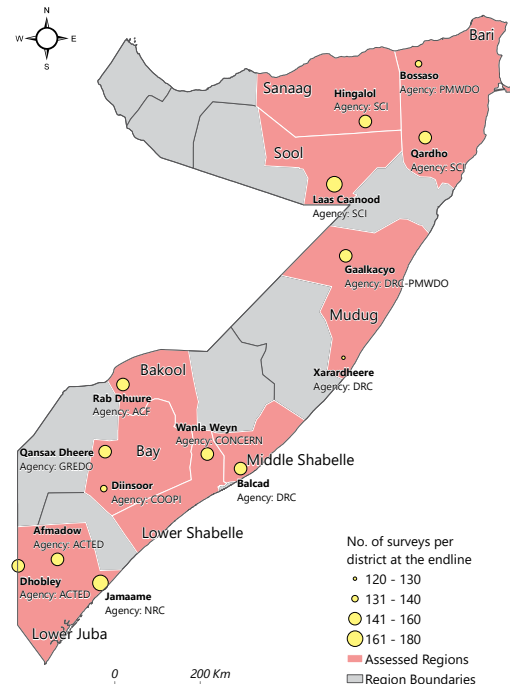


Funded by
European Union
Humanitarian Aid



SOMALI CASH
CONSORTIUM

COVERAGE MAP 2026



CONTEXT & RATIONALE

In early 2026, Somalia continued to face an intensifying humanitarian crisis driven by recurrent climate shocks, including drought, alongside conflict, displacement and disease outbreaks, all which contributed to heightened needs and food security. These overlapping shocks disrupted livelihoods, weakened household resilience and contributed to heightened humanitarian needs across Somalia. A shock analysis conducted in 2025 estimated that 7.5 million people representing 39% of the population were affected across 64 of 90 districts. The situation has reportedly worsened following the failure of the 2025 Karan rains* in the north and [Deyr rains](#) nationwide. The combined effects of severe droughts, ongoing conflict and soaring food prices have pushed food insecurity to crisis levels in Somalia. ¹Approximately 6 million people are facing elevated levels of acute food insecurity between the months of April and June, including 1.9 million in emergency. Disease outbreaks continue to be reported across various parts of Somalia, with increasing cases of diphtheria reported in Banadir region and measles and cholera outbreaks in South West state. The humanitarian situation remained particularly concerning in some areas, including Buur Hakaba District in Bay Region, which was identified as being at high risk of famine under a worst-case scenario involving poor seasonal rainfall and rising food prices.²

According to IPC Feb-March 2026 analyses, more than 2 million people are in IPC phase 4 (Emergency) and all affected populations urgently need humanitarian assistance to protect livelihoods, reduce food deficit, and save lives. Populations in agro-pastoral and pastoral livelihood zones and internally displaced people (IDPs) are expected to be hardest hit.³ Recurrent drought conditions, poor rainfall performance, and environmental shocks continued to affect agricultural production, pasture availability, and water resources, particularly among pastoral and agro-pastoral communities. These challenges resulted in reduced livestock productivity, constrained income-generating opportunities, and declining household purchasing power, limiting access to adequate food. The failure of the 2025 [Deyr rains](#) significantly undermined household livelihoods, leading to widespread crop failure and cereal production estimated at 83 per cent below the long-term average. At the same time, water shortages and poor pasture conditions reduced livestock productivity and milk production, limiting food availability and access among vulnerable households.⁴

To help mitigate the impacts of drought and increasingly worsening food insecurity, the Somali Cash Consortium (SCC),⁵ with funding from the European Union Civil Protection and Humanitarian Aid (ECHO), **provided three rounds of MPCA to vulnerable households between January and May 2026**. The assistance was delivered through the Integrated Response Framework (IRF), covering 3 hard-to-reach areas and 11 accessible districts.

This factsheet presents the key findings from the modification request 3 (MR3) baseline and endline assessment for the assessed beneficiary HH in Somalia.

1. OCHA, [Somalia Humanitarian Needs and Response Plan 2026](#), 27 January 2026.

2. OCHA, [Somalia: Monthly Humanitarian Update, May 2026](#), 16 June 2026.

3. IPC, [Somalia: Acute Food Insecurity Situation January 2026 and Projections for February to March 2026 and for April to June 2026](#), 24 February 2026.

4. WFP, [Country brief March 2026](#), March 2026.

5. SCC is led by Concern Worldwide and further consists of Acted, Cooperazione Internazionale (COOPI), Action Against Hunger (ACF), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), Save the Children (SCI), Save Somali Women and Children (SSWC), Lifeline Gedo (LLG), GREDO, and IMPACT Initiatives.

*Karan rains refer to the seasonal rainfall period that occurs mainly between June/July and September in northwestern Somalia (particularly Somaliland), playing an important role in crop production, pasture regeneration, and livestock livelihoods.

FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)⁶

% of HHs by FCS category:

	Baseline	Endline
Acceptable (>42)	8%	51%
Borderline (28-42)	21%	34%
Poor (<28)	71%	15%
	Baseline	Endline
Average FCS score per HH	25.3	45.4

Endline findings show a marked improvement in HH food consumption. The average FCS increased by 20.1, crossing from the "poor" into the "acceptable" threshold, driven largely by a sharp drop in the proportion of HHs with poor FCS, from 71% to 15%, while acceptable FCS rose from 8% to 51%. This improvement coincides with the three rounds of MPCA delivered between January and May 2026, though other factors, including seasonal food price and market fluctuations, may also have contributed.

HOUSEHOLD HUNGER SCALE (HHS)⁷

% of households by HHs hunger level:

	Baseline	Endline
No or little hunger	14%	67%
Moderate hunger	72%	31%
Severe hunger	14%	2%

The Household Hunger Scale results are consistent with the positive trend seen in food consumption. HHs reporting no or little hunger increased from 14% to 67%, while severe hunger dropped sharply from 14% to 2%. Moderate hunger also declined substantially, from 72% to 31%, though it remains the second most common category, reflecting ongoing structural constraints. These findings suggest that cash assistance likely reduced acute food deprivation and helped families meet their immediate consumption needs.

USE OF COPING MECHANISMS

% of households by average rCSI category:⁸

	Baseline	Endline
Low	2%	19%
Medium	50%	64%
High	48%	17%
	Baseline	Endline
Average rCSI per HH	19.2	11.3

Most commonly adopted coping strategies:⁹

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

	Baseline	Endline
Relied on less preferred, less expensive food	2.5	2.0
Reduced the number of meals eaten per day	2.7	1.5
Reduced portion size of meals	2.6	1.5
Borrowed food or relied on help from friends or relatives	2.7	2.9
Restricted adults consumption so children can eat	2.0	3.4

LIVELIHOOD-BASED COPING INDEX (LCSI)⁹

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

	Baseline:	Endline:
None	15%	24%
Stress	30%	9%
Crisis	20%	10%
Emergency	36%	57%

The proportion of households with low rCSI increased from baseline to endline, rising from 2% to 19%. As shown in Annex 1, HHs in Jamaame recorded the most significant improvement, with high rCSI dropping from 54% to just 3%. Assessed HHs in Gaalkacyo also showed substantial improvement, with high rCSI declining from 55% to 5%. **These findings indicate a reduction in the use of short-term food consumption coping strategies 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. Therefore, these changes suggest improved access to food and reduced dependence on consumption-based coping mechanisms, though broader contextual factors may also have influenced outcomes.

While the rCSI reflects short-term food consumption behaviours, the Livelihood Coping Strategies Index (LCSI) captures the use of more severe coping mechanisms that may undermine future livelihoods and resilience. The proportion of households employing stress and crisis coping mechanisms declined from 30% to 9% and 20% to 10% respectively, indicating reduced reliance on short-term negative strategies. However, reliance on emergency coping strategies, the most severe category, rose sharply, from 36% to 57%, including a marked increase in restricting adult food intake to prioritize children (from an average of 2.0 to 3.4 days per week) and, to a lesser extent, borrowing food (2.7 to 2.9 days). This suggests that while some households experienced improved access to essential needs, a growing share may be sustaining short-term food consumption gains by drawing down assets and eroding their capacity to withstand future shocks.

6. Find more information on the food consumption score [here](#). The cutoff criteria utilized for Somalia were as follows: Households 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 households 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 households. High average FCS values are preferred since low average values indicate a worse food situation.

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

8. The reduced Coping Strategies Index (rCSI) is an indicator used to compare the hardship faced by households due to a shortage of food. The index measures the frequency and severity of the food consumption behaviours the households 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 household 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.

9. 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 households' experiences with livelihood stress and asset depletion to cope with food shortages. Read more [here](#).

*Respondents could select multiple options.

HOUSEHOLD ECONOMIC OUTCOMES

INCOME SOURCES

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

	Baseline	Endline
Humanitarian assistance	5%	61%
Casual labour (wage labour)	59%	43%
Livestock sales & production	24%	24%
Casual labour (farm labour)	20%	18%

Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection (100%):

Baseline	Endline
60.77 USD	152.47 USD

EXPENDITURE

Average monthly expenditure among households that spent money in the 30 days prior to data collection (100%):

Baseline	Endline
65.04 USD	148.44 USD

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

	Average expenditure during the 30 days preceding data collection among households that reported spending in each category		Proportion of each expenditure in the total spending across all HHs ¹⁰	
	Baseline	Endline	Baseline	Endline
Food	34.09 USD	58.97 USD	34%	44%
Medical expenses	4.89 USD	14.49 USD	5%	9%
Debt repayment for food items	3.81 USD	12.14 USD	4%	8%
Clothing	5.03 USD	11.78 USD	5%	8%
Water	5.96 USD	10.90 USD	6%	4%

SAVINGS & DEBT

At baseline, 59% of households reported having debt. During the endline, nearly three-quarters (73%) of HHs reported having debt. The average household debt was found to be **USD 64.12** at the endline, representing a decrease from the baseline **average of USD 94.44**.

The proportion of households with savings remained unchanged at 14% between baseline and endline. However, the average amount of savings among these households increased from USD 3.50 at baseline to USD 11.82 at the endline.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS¹¹

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

	Baseline	Endline
Yes	7%	52%
No	93%	48%

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

	Baseline	Endline
Market purchase with cash	34%	62%
Loan	21%	8%
Own Production	19%	5%

At endline, humanitarian assistance (61%) and casual labour (43%) remained key income sources. Reliance on humanitarian assistance increased from 5% to 61%, and livestock sales remained constant. However, casual labour (wage labour) dropped from 59% to 43% suggesting that cash transfers helped alleviate immediate financial pressures, reducing household's reliance on wage labour as their primary source of income.

Despite improvements in household income, the proportion of households able to save remained stable, suggesting that higher earnings did not result in greater savings ability. Food and medical expenses constituted the primary expense for assessed HHs. Given the importance of food for basic survival, the high relative expenditure on food might indicate that most of the HHs' income was spent on food with little left for other expenditure hence difficulties with meeting all their basic needs in the 30 days prior to data collection. With over reliance on HA, HHs are thus exposed to the severe consequences of the projected El Nino rains, since the intervention has ended.¹²

HHs' ability to meet essential needs improved substantially, with those surpassing the MEB increasing from 7% to 52%. This improvement suggests that MPCA likely supported immediate consumption needs and helped manage short-term financial pressures.

Market purchases with cash was reported as the dominant food source, increasing from 34% to 62%, while reliance on loan decreased from 21% to 8%. **This suggests that MPCA helped households meet immediate food needs, strengthened purchasing power, and reduced dependence on borrowing for food access. However, these improvements were insufficient to fully address essential needs gaps and underlying vulnerabilities in a context characterised by recurrent climatic shocks and rising living costs.**

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

10. 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.

11. ECMEN measures the ability of households to meet essential non-food needs after covering food requirements. In most humanitarian contexts, particularly those characterised by displacement, inflation, and fragile livelihoods, food expenditures absorb a disproportionate share of household income and cash assistance, leaving limited residual capacity to address non-food essentials. In addition, ECMEN is directly derived from the Minimum Expenditure Basket (MEB), and its performance is therefore highly sensitive to how MEB costs are defined.

12. The World Meteorological Organization (WMO) [reports an increased likelihood of wetter-than-normal conditions across the Greater Horn of Africa due to the developing El Niño event](#), with elevated risks of flooding, crop destruction, infrastructure damage, and water-borne disease outbreaks.

ACCOUNTABILITY TO AFFECTED POPULATIONS

Protection mainstreaming key outcome indicators* (KOI):¹³

Indicator	Baseline	Endline
Programming was safe	99%	98%
Programming was respectful	100%	99%
Community was consulted	40%	30%
The assistance was appropriate	82%	82%
No unfair selection	99%	81%
Raised concerns using complaint response mechanism (CRM)	26%	20%
Satisfied with the response	86%	93%
Overall KPI score	86%	86%

Of the households aware of how to contact the NGO at endline, the most commonly known ways to report complaints or problems with the assistance were:**

	Baseline	Endline
Use the dedicated NGO hotline	67%	71%
Talk directly to NGO staff	29%	34%
Use the dedicated NGO desk	32%	23%

CONCLUSION

The assessment findings indicate that the IRF implementation contributed to improvements in household food security and coping strategies. **The proportion of households with poor food consumption score (FCS), significantly decreased from 71% to 15%, suggesting improved access to and consumption of food. Similarly, the prevalence of severe hunger decreased considerably from 14% to 2%, indicating a reduction in extreme food deprivation.** The findings further indicate that changes in coping strategies support this positive trend. The proportion of households resorting to high levels of consumption-based coping strategies decreased from 48% to 17%, while those in the low coping category increased from 2% to 19%. Although the proportion of households in the medium coping category increased from 50% to 64%, this appears to reflect a shift away from severe coping mechanisms toward less severe strategies.

While food security outcomes improved substantially following MPCA support, persistent debt levels and the continued inability of nearly half of households to meet the MEB suggest the need for complementary livelihood and resilience programming alongside cash assistance. While the average amount of debt decreased from USD 94.44 to USD 64.12, the proportion of households with debt increased from 59% to 73%, suggesting that although debt burdens eased somewhat, debt became more widespread among households.

The programme seems to have strengthened HHs' ability to meet essential needs, and reduced dependence on credit purchases, choices that translated into more diverse diets and improved caloric intake. **Accountability and protection indicators also point to encouraging progress.** Beneficiaries consistently reported that programming was safe and respectful, while satisfaction with the complaint response mechanism increased from 86% to 93%. Community consultation and use of response mechanisms both declined from baseline to endline, suggesting reduced engagement with formal feedback and accountability channels. This may indicate that community members perceived fewer issues requiring escalation, relied on alternative communication pathways, or were less aware of or motivated to use the available mechanisms.

Findings should be interpreted in light of the challenging humanitarian context across Somalia during early 2026, which affected areas including Balcad, Bossaso, and other target districts. Across many parts of the country, prolonged drought, continued displacement and reduced humanitarian funding increased pressure on household resilience. These contextual factors likely shaped food consumption, coping strategies, expenditure patterns, and overall well-being throughout the reporting period.

13. 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 households 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.**

*These KOIs capture beneficiary perceptions but are classified and interpreted as process indicators, assessing implementation quality rather than programme outcomes.

**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 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 **17th January 2026 and 19th March 2026**, while the endline data collection was done from **5th June 2026 to 10th June 2026**. A probability simple random sampling approach was employed, with a 95% confidence level and a 7% margin of error.

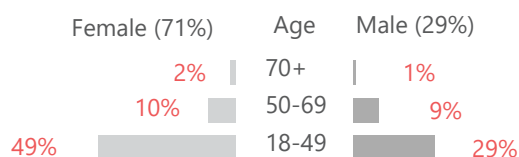
IMPACT received beneficiary lists based on the partner activations. **A 15% buffer was applied to account for potential non-responses and surveys that may need to be excluded during the data cleaning process.**

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.
- Recall bias may have influenced some of the findings as respondents were asked to report changes in income, debt, savings, expenditure and food consumption over a specified recall period. Difficulties in accurately recalling past circumstances may have affected the precision of reported outcomes and, consequently the reliability of the findings. As a result, some findings may not fully reflect actual household conditions during the reference period.
- Seasonal differences between the baseline and endline periods may have influenced the findings. The baseline assessment (January to March 2026) and endline assessment (June 2026) were conducted during different weather seasons. Outcomes may have been influenced by the failed Deyr season and ongoing climate variability, including the potential of El Nino effects. This may have contributed to differences observed between the two timelines.

ENDLINE DEMOGRAPHICS

% of HHs by head of the HH demographic characteristics:

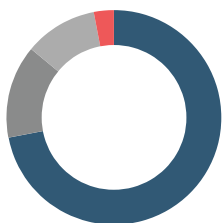


Average age of the head of HH: **41**

Average HH size: **7**

Endline Livelihood Zone breakdown:

Of the Somali Cash Consortium (SCC) beneficiary HHs surveyed, 72% were categorized as urban HHs, 14% as agro-pastoral, 11% as pastoral and riverine as 3%.



SAMPLE BREAKDOWN

Districts	Agency	Caseload	Baseline Sample	Endline Sample
Afmadow	Acted	350	157	151
Rab Dhuure	ACF	480	166	150
Bossaso	PMWDO	450	174	139
Dhobley	ACTED	306	168	144
Diinsoor	COOPI	350	119	132
Jamaame	NRC	500	179	163
Laas Caanood	SCI	600	181	172
Qansax Dheere	GREDO	450	160	159
Qardho	SCI	335	159	159
Hingalol	SCI	420	153	147
Wanla Weyn	CONCERN	400	183	150
Xarardheere	DRC	500	163	126
Balcad	DRC	349	145	142
Gaalkacyo	PMWDO	450	164	154
Total		5940	2271	2088

Annex 1 - Key Indicators Summary Per Assessed District

Districts	Food Security Indicators																	
	Food Consumption Score (FCS)						Households Hunger Scale (HHS)						Reduced Coping Strategy Index (rCSI)					
	Acceptable		Borderline		Poor		No/little hunger		Moderate hunger		Severe hunger		Low		Medium		High	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Afmadow	11%	42%	17%	53%	72%	5%	39%	68%	51%	32%	10%	0%	2%	30%	57%	70%	41%	0%
Rab Dhuure	11%	35%	39%	31%	50%	34%	17%	83%	77%	13%	6%	4%	0%	29%	72%	66%	28%	5%
Bossaso	20%	53%	23%	26%	57%	22%	10%	61%	61%	38%	28%	1%	4%	8%	56%	63%	40%	29%
Dhobley	5%	65%	27%	26%	68%	9%	10%	59%	80%	41%	10%	0%	2%	22%	44%	74%	54%	4%
Diinsoor	5%	64%	29%	36%	66%	0%	7%	92%	85%	8%	8%	0%	0%	14%	61%	85%	39%	1%
Jamaame	0%	47%	3%	46%	97%	7%	17%	72%	70%	28%	13%	0%	0%	26%	46%	71%	54%	3%
Laas Caanood	4%	54%	19%	26%	77%	20%	12%	63%	60%	33%	28%	4%	4%	33%	37%	33%	59%	34%
Qansax Dheere	6%	44%	14%	36%	80%	20%	12%	67%	88%	27%	0%	6%	1%	6%	38%	64%	61%	30%
Qardho	27%	84%	28%	14%	45%	2%	11%	65%	58%	35%	31%	0%	4%	23%	54%	64%	42%	13%
Hingalol	3%	35%	11%	35%	86%	30%	18%	79%	68%	21%	14%	0%	3%	27%	37%	46%	60%	27%
Wanla Weyn	16%	52%	32%	18%	52%	30%	28%	68%	72%	24%	0%	8%	5%	19%	57%	67%	38%	14%
Xarardheere	2%	40%	17%	51%	81%	9%	7%	60%	90%	40%	3%	0%	0%	0%	60%	71%	40%	29%
Balcad	0%	47%	10%	42%	90%	11%	3%	64%	88%	36%	9%	0%	0%	13%	43%	73%	57%	14%
Gaalkacyo	10%	71%	24%	29%	66%	0%	8%	76%	68%	20%	24%	4%	2%	22%	43%	73%	55%	5%
Overall	8%	51%	21%	34%	71%	15%	14%	67%	72%	31%	14%	2%	2%	19%	50%	64%	48%	17%

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