

Somali Cash Consortium – Baseline and Endline Findings MPCA¹ Outcomes from the Camp Coordination and Camp Management Approach

MAY 2026 | BAIDOA, SOMALIA



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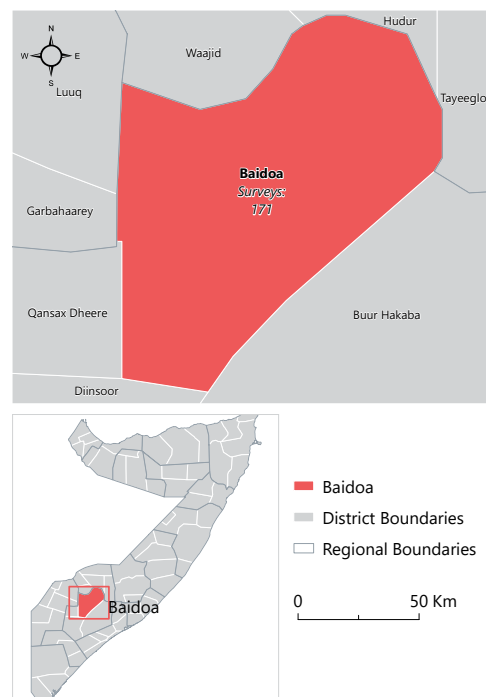


SOMALI CASH
CONSORTIUM

KEY MESSAGES

- **Household (HH) expenditure increased between baseline and endline**, with food and food-related debt repayment accounting for the largest shares of spending. This pattern is consistent with the prevailing context of prolonged drought and severe food insecurity, with Baidoa classified as IPC Phase 4 (Emergency) at the time of data collection. In this context, HHs were likely allocating a greater proportion of their available resources to meeting immediate food needs and repaying food-related debt. **Although 83% of assessed HHs reported expenditure above the Minimum Expenditure Basket (MEB)**, this increase likely reflects HHs' efforts to meet essential food needs amid constrained livelihoods and heightened food insecurity, rather than an improvement in overall economic wellbeing.
- **Cash assistance likely improved food security and reduced food-related coping strategies.** Acceptable Food Consumption Score (FCS) increased from 9% at baseline to 79% at endline. While poor FCS declined from 81% to 1%. Moreover, the use of high reduced coping strategies decreased from 57% to 1%, suggesting that the cash assistance contributed to improved food access and reduced reliance on coping strategies.
- HHs employing crisis livelihood coping strategies increased from 6% to 36%, **suggesting that improvements in immediate food consumption are being achieved at the cost of long-term resilience.** This sharp increase suggests that many HHs continue to face substantial pressures in meeting their basic needs and are increasingly resorting to coping mechanisms that can undermine their livelihoods and future resilience.

COVERAGE MAP 2026



CONTEXT & RATIONALE

Across Somalia, an estimated 3.4 million people are internally displaced, most living in settlements spread across urban areas throughout the country. With limited livelihood and income earning opportunities and widespread poverty, internally displaced persons (IDPs) remain highly vulnerable to shocks.² According to IOM projections, 304,359 people were expected to be newly displaced between April and June 2026, primarily due to drought, flooding, and conflict.³

The food security situation among IDPs in Somalia remains fragile. Updated analysis shows deterioration of the food security situation among the IDPs in Bossaso, Baidoa, Doolow, Belet Weyne, Gaalkacyo, and Garoowe. This trend is driven by high food prices and the projected influx of new IDPs, and insufficient humanitarian food security assistance (HFSA), despite recent increases in support. Consequently, IDPs in Bossaso, Baidoa, Belet Weyne, Gaalkacyo and Garoowe are classified in Integrated Phase Classification (IPC) Phase 4, reflecting significant food consumption gaps and acute food insecurity.²

To address the impact of some of these challenges, the Somali Cash Consortium (SCC),⁴ with funding from European Union Civil Protection and Humanitarian Aid (ECHO), delivered three rounds of multi-purpose cash assistance (MPCA) to vulnerable households **between February and April 2026**, on-rolling basis based on the number of households who were registered by Acted at the Baidoa IDP camps. The MPCA was aligned with the harmonised regional transfer values, based on the Minimum Expenditure Basket (MEB).⁴ IMPACT assessed pre- and post-assistance outcomes through a baseline and endline methodology covering food security, coping strategies, income, expenditure, and accountability.

During this modification request 3 (MR3) assessment, IMPACT conducted both the baseline and endline data collection activities. This differed from the previous camp coordination and camp management (CCCM) approaches, under which implementing partners collect part of the baseline questions using the New Arrival Tracker (NAT) 2.5 tool.⁶ **Therefore, this factsheet presents the key findings from the MR3 endline assessment, as well as indicative comparisons of key indicators from the baseline assessment for the assessed beneficiary HH in Baidoa district.**

1. Multi-purpose cash assistance.

2. IPC, [Acute Food Insecurity And Acute Malnutrition Analysis](#) (April - June, 2026)

3. IOM, [Multi-Hazard Displacement Projections](#) (April - June, 2026)

4. SCC is led by Concern Worldwide and further consists of Acted, Action Against Hunger (ACF), COOPI (Cooperazione Internazionale), 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.

5. 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).

6. NAT 2.5 is a tool developed by the CCCM Cluster and is used to track movements of new displacement to IDP sites across Somalia. This methodology enables weekly household data collection and registration of new arrivals entering CCCM-managed IDP sites in Baidoa. The NAT 2.5 system introduced three key improvements: verification of phone numbers against official records, provided an option to register an additional HH number with consent, and food security scoring using core food security indicators.

FOOD SECURITY AND LIVELIHOODS (FSL)

FOOD CONSUMPTION SCORE (FCS)⁷

% of HHs by Food Consumption Score category:

	Baseline	Endline
Acceptable (>42)	9%	79%
Borderline (28-42)	10%	20%
Poor (<28)	81%	1%
	Baseline	Endline
Average FCS per HH	24.5	54.3

Endline findings show a considerable improvement in HH food consumption compared to the baseline. The average FCS increased by 30 points crossing into the "acceptable" threshold. These improvements highlight the role of MPCA in enabling HHs to diversify their diets and purchase more diverse food.

HOUSEHOLD HUNGER SCALE (HHS)⁸

% of HHs by levels of hunger in the HH:

	Baseline	Endline
No or little hunger	23%	89%
Moderate hunger	76%	11%
Severe hunger	1%	0%

The Household Hunger Scale results reinforce the positive impact of MPCA on food security. At baseline, only 23% of HHs reported no or little hunger, while 76% experienced moderate hunger. By the endline, HHs with no or little hunger had increased to 89%.

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	1%	18%
Medium	42%	81%
High	57%	1%
	Baseline	Endline
Average rCSI per HH	20.7	8.0

Most commonly adopted coping strategies:^{*}

Average number of days HHs reported using each coping strategy in the 7 days prior to data collection:

	Baseline	Endline
Relied on less preferred, less expensive food	2.8	1.6
Reduced the number of meals eaten per day	4.5	1.1
Reduced portion size of meals	2.3	1.2
Borrowed food or relied on help from friends or relatives	5.3	2.5
Restricted adults consumption so children can eat	5.8	1.6

LIVELIHOOD-BASED COPING INDEX (LCSI)¹⁰

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

	Baseline:	Endline:
None	6%	18%
Stress	65%	16%
Crisis	6%	36%
Emergency	23%	30%

The rCSI findings suggest an improvement in HHs' immediate access to food and their ability to meet day-to-day consumption needs during the assessment period. **HHs reported relying less frequently on negative food consumption strategies** such as skipping meals, reducing meal sizes, consuming less preferred foods, borrowing food, or restricting adult consumption to prioritise children during the endline. This indicates that HHs were better able to maintain minimum food consumption requirements by the endline compared with the baseline. However, this improvement should be interpreted cautiously. HH's perception of whether their needs are being met are inherently subjective and influenced by local expectations and living standards.

At the same time, the LCS results highlight continued pressure on HHs' livelihoods despite improvements in food consumption outcomes. HHs increasingly reported using crisis- and emergency-level livelihood coping strategies during the endline. This growing reliance on negative livelihood coping mechanisms indicates that economic stress remained significant, even where immediate food access had improved. These findings imply that some HHs may have maintained adequate food intake by drawing down assets or exhausting resources that are critical for their long-term recovery.

7. 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.

8. The Household Hunger Scale (HHS) is an indicator to measure household 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 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.

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 households' 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%.

HOUSEHOLD ECONOMIC OUTCOMES

INCOME SOURCES

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

	Baseline	Endline
Humanitarian assistance	6%	90%
Casual labour (wage labour)	67%	52%
Livestock sales & production	19%	20%
Casual labour (farm labour)	15%	12%

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

Baseline	Endline
47.83 USD	158.43 USD

EXPENDITURE

Average reported monthly expenditure for HHs that spent any money in the 30 days prior to data collection:

Baseline	Endline
42.73 USD	139.14 USD

Reported average HH 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 each expenditure in the total spending across all HHs ¹¹	
	Baseline	Endline	Baseline	Endline
Food	22.45 USD	56.01 USD	58%	42%
Debt repayment for food	5.23 USD	14.60 USD	13%	11%
Clothing	2.67 USD	11.53 USD	5%	8%
Debt repayment for non-food items	2.63 USD	9.81 USD	6%	7%
Medical expenses	1.48 USD	9.39 USD	3%	6%
Construction items	1.74 USD	8.32 USD	3%	6%

SAVINGS & DEBT

More than three-quarters of the assessed HHs (81%) were found to have debt at endline, with an average household debt of USD 24.23. This represents a decline in the proportion of HHs with debt compared to baseline, when 98% reported having debt (average USD 23.21). While the prevalence of HH debt decreased, the average amount owed increased slightly, from USD 23.21 to USD 24.23.

Only 23% (n=39) of the HHs reportedly had marginal savings, averaging USD 5.17 at the endline. During the baseline assessment, the proportion of households found to have savings was 25% averaging to USD 3.23.

ECONOMIC CAPACITY TO MEET ESSENTIAL NEEDS¹²

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

	Baseline	Endline
Yes	0%	83%
No	100%	17%

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

	Baseline	Endline
Market purchase with cash	10%	68%
Own production	3%	12%
Labour for food	9%	4%

HH income increased considerably between baseline and endline, likely reflecting increased access to humanitarian assistance (HA), which enabled HHs to spend more on essential needs, with many spending above the Minimum Expenditure Basket (MEB) and primarily accessing food through market purchases using cash. However, this improvement remains fragile rather than a genuine gain in purchasing power. In the context of prolonged drought and severe food insecurity, high spending likely reflects the urgency of meeting basic food needs: food and food-related debt repayment continued to constitute the primary household expense, debt remained widespread, and only a small proportion of HHs reported having any (generally limited) savings. Furthermore, 90% of assessed HHs reported a high dependence on HA.

Taken together, these findings suggest that although HHs were better able to meet their immediate needs, this came at a cost: many remained dependent on external assistance and lacked the financial buffers necessary to withstand future shocks, leaving them exposed to future shocks such as the projected El Niño rains.**

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

11. 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.

12. 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.

** Somalia El Niño 2026: [Flood Exposure & Preparedness Analysis Deyr Season](#), (October - December 2026).

ACCOUNTABILITY TO AFFECTED POPULATIONS

Protection mainstreaming key outcome indicators* (KOI):¹³

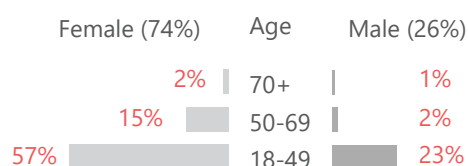
Indicator	Baseline	Endline
Programming was safe	98%	99%
Programming was respectful	100%	100%
Community was consulted	62%	42%
The assistance was appropriate	73%	70%
No unfair selection	100%	98%
Raised concerns using complaint response mechanism (CRM)	63% (n=114)	39% (n=66)
Satisfied with the response	82% (n=93)	71% (n=47)
Overall KPI score	89%	79%

Of households reporting being aware of any option to contact the NGO (70%, n=120) during the endline, the most frequently known ways to report complaints and problems in receiving the assistance:**

	Baseline	Endline
Use the dedicated NGO hotline	98%	75%
Talk directly to NGO staff	6%	21%
Use the dedicated NGO desk	2%	16%

ENDLINE DEMOGRAPHICS

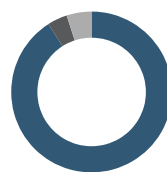
% of HHs by head of the HH demographic characteristics:



Average age of the head of HH: **39**

Average HH size: **6**

Endline Livelihood Zone breakdown:



Of the SCC beneficiary HHs surveyed, **91%** were categorized as urban HHs, **4%** as pastoral and **5%** as agro-pastoral.

CONCLUSION

Endline findings show that the MPCA contributed to meaningful and measurable improvements in households' short-term food security in Baidoa. Households reported reduced reliance on negative food consumption coping strategies, increased income and expenditure levels, and greater ability to purchase food through markets. However, the fact that many households reported spending above the Minimum Expenditure Basket (MEB) should be interpreted with caution: in the context of severe drought and food insecurity, this likely reflects the urgency of meeting immediate food needs rather than a genuine improvement in household purchasing power or economic capacity.

Beneficiaries consistently reported that the programming was safe, respectful, and fair. However, the use of complaint and feedback mechanisms declined between baseline and endline, alongside a reduction in community consultation, suggesting fewer opportunities for beneficiaries to raise concerns and meaningfully engage with the intervention. **This decline may be partly attributable to the referral-driven design of the intervention at the IDP camps.**

These findings must be read within the context of one of Somalia's most severe humanitarian emergencies in early 2026. Baseline data collection took place between 21st January and 9th February 2026 during Somalia's *Jilaal* dry season, while endline data collection in 6th to 11th of May 2026 coincided with a significant deterioration of the humanitarian situation — the drought crisis intensifying, water prices rising sharply, displacement continuing to rise, and more than six million people facing acute food insecurity, compounded by a substantial decline in humanitarian assistance following the withdrawal of USAID support.

Against this backdrop, the observed improvements in food security are notable achievements. Nevertheless, the lack of clear evidence for improved economic capacity, together with the continued reliance on crisis and emergency livelihood coping strategies, highlights the fragility of these gains.

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 study employed a quantitative methodology, with baseline and endline surveys conducted through a **hybrid mobile data collection approach combining both in-person and remote interviews**. Baseline interviews were conducted in person at the IDP sites, while endline interviews were conducted remotely via telephone and the data was entered in Kobo Collect. Following collection, the data was cleaned and analyzed using R software. The data was weighted to ensure representativeness of the target population, providing a statistically robust basis for comparing baseline and endline results. The study collected data on household 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.

Out of the 800 HHs targeted by the intervention, a total of 182 HHs were assessed physically during the baseline, conducted between 21st January and 9th February 2026 on-rolling basis. At the endline 172 HHs were surveyed after the third and last round of cash transfer, between 6th and 11th of May 2026. The targeted households were randomly selected from the list of registered beneficiaries. For sampling, a simple random sampling approach was used to have a representative sample of the beneficiary households, with a 95% confidence level and a 7% margin of error. **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

- Data on household expenditure was based on a 30-day recall period, a considerably long period of time over which to expect households to remember expenditures accurately. To mitigate the challenge, the enumerators spent more time probing and seeking clarification on the responses.
- 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
- Due to slight differences between the baseline and endline demographics, only endline demographics are reported.
- As the baseline and endline assessments were conducted during different seasonal periods, with the baseline coinciding with the onset of the Jilaal dry season, the observed changes in outcomes should be interpreted with caution. Seasonal factors may have influenced results independently of programme effects.

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SCC IMPLEMENTING PARTNERS



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 population, including among the most vulnerable and hard-to-reach.