



SOMALIA

DESPITE IMPROVEMENTS, ALMOST 1 IN 5 SOMALIS FACE HIGH LEVELS OF ACUTE FOOD INSECURITY; 1.7 MILLION CHILDREN LIKELY TO SUFFER FROM ACUTE MALNUTRITION

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS
JANUARY - JUNE 2024
Published on February 15, 2024

CURRENT SITUATION : JANUARY - MARCH 2024			PROJECTED SITUATION: APRIL - JUNE 2024			ACUTE MALNUTRITION: JANUARY - DECEMBER 2024	
4 M 21% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe	3.4 M 18% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe	1.7M cases of children aged 6-59 months acutely malnourished IN NEED OF TREATMENT	
	Phase 4	802,000 People in Emergency		Phase 4	714,000 People in Emergency		
	Phase 3	3,206,000 People in Crisis		Phase 3	2,696,000 People in Crisis	Severe Acute Malnutrition (SAM)	430,000
	Phase 2	6,103,000 People in Stressed		Phase 2	6,005,000 People in Stressed	Moderate Acute Malnutrition (MAM)	1,230,000
	Phase 1	8,596,000 People in food security		Phase 1	9,291,000 People in food security		

Overview

Heavy rainfall, flooding across Somalia, exacerbated by lingering effects of previous droughts have driven 4 million (21% of population) to IPC AFI Phase 3 or worse (Crisis or Emergency) between January and March 2024. Of these, 3.2 million people (17 percent of the population) are in IPC AFI Phase 3 (Crisis), and around 800,000 people (4 percent of the population) are experiencing worse conditions in IPC AFI Phase 4 (Emergency).

In comparison to the same period last year, when approximately 5 million people were classified in IPC AFI Phase 3 or worse due to protracted drought, the current figure represents a 20% reduction in the number of food insecure population. This is attributed to better rainfall over the past two seasons which have positively impacted livelihoods, and sustained humanitarian assistance.

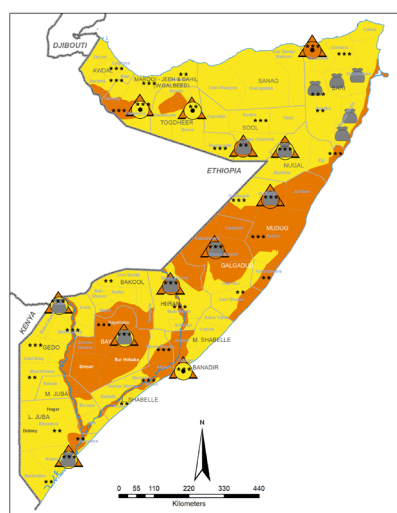
In the projected period from April to June 2024, when normal to above-normal Gu rains are anticipated, further improvement of the food security situation is expected. As a result, the number of people facing IPC AFI Phase 3 or worse is expected to

Key Drivers of Acute Food Insecurity

- Flooding:** Adverse impacts of El-Nino related to heavy rains and flooding during the October to December 2023 Deyr season, anticipated flooding in riverine areas during the forthcoming April to June 2024 Gu season.
- Poor rainfall:** Erratic rainfall, early cessation of Deyr season rainfall affecting agropastoral areas; extended impact of previous droughts in pastoral areas, including low milk availability and access.
- Conflict and insecurity:** Persistent conflict and insecurity across regions continue to result in population displacement, disrupt market access and functionality, hinder households' access to livelihood opportunities, and humanitarian assistance.
- High food prices:** Limited household access to food due to income constraints and elevated food prices.
- Diseases and poor health access:** High disease burden, low coverage of health and nutrition services, poor access to improved drinking water and sanitation, poor child feeding practices



Current Acute Food Insecurity (Jan - March 2024)

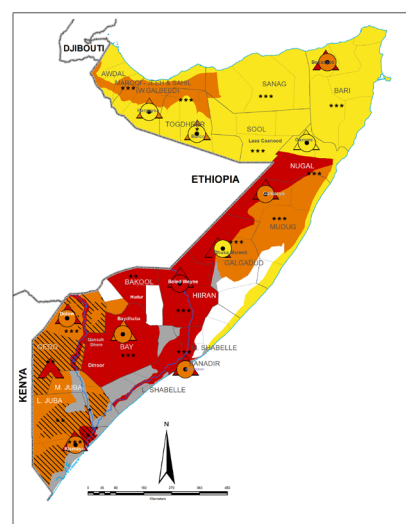


Key for the Map IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Urban settlement classification
- IDPs/other settlements classification
- Evidence Level
 - * Acceptable
 - ** Medium
 - *** High



Current Acute Malnutrition (Oct 2023 - Feb 2024)



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas not analysed
- Urban settlement classification
- IDPs/other settlements classification
- Evidence Level
 - * Acceptable
 - ** Medium
 - *** High

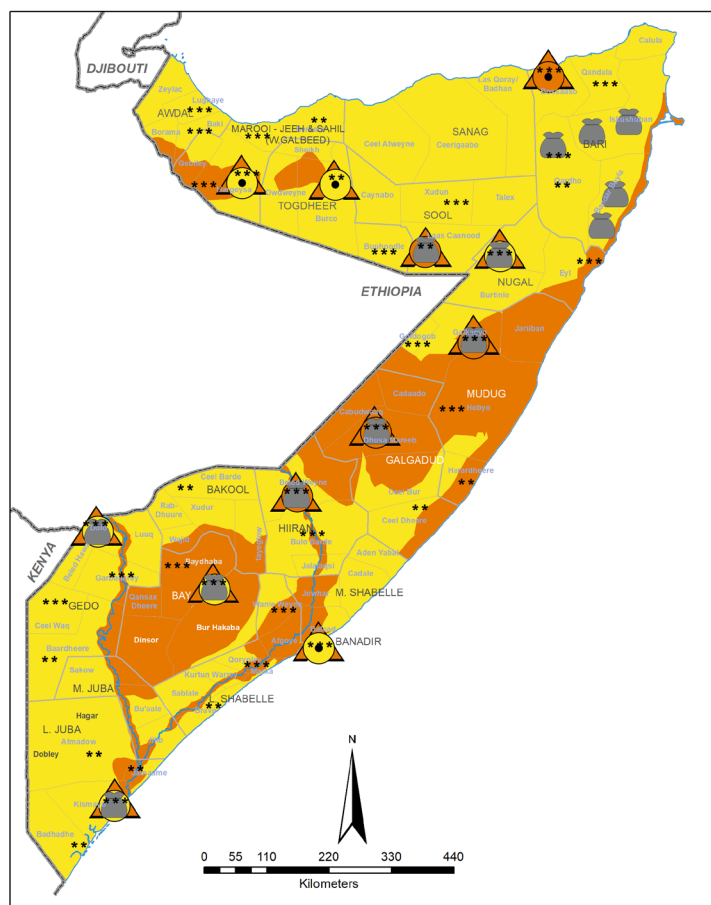


decline by 15% to 3.4 million. Most of this improvement is expected in rural areas where enhanced pasture and water for livestock and increased agricultural activities in crop-dependent areas are foreseen.

In terms of nutrition, an estimated 1.7 million cases of children aged from 6 to 59 months face acute malnutrition between January and December 2024, including 430,000 who are likely to be severely malnourished. Overall, the analysis findings shows that high levels of acute malnutrition persist in many areas. Of the 50 population groups included in the 2023 Deyr analysis, IPC AMN Phase 4 (Critical) was observed in 20 population groups. Additionally, 17 population groups were classified in IPC AMN Phase 3 (Serious), while the remaining 13 population groups were classified in IPC AMN Phase 2 (Alert)

Despite funding constraints and scaling down, humanitarian assistance has continued to play a critical role in preventing the worsening of food security and nutrition outcomes in many areas throughout 2023. However, high levels of food insecurity and acute malnutrition will persist through at least mid-2024 if additional funding is not secured to scale up and sustain humanitarian assistance.

ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JANUARY - MARCH 2024)



Key for the Map IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level

- * Acceptable
- ** Medium
- *** High

Population table for the current period: January - March 2024

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Awdal	636,108	278,310	44%	261,190	41%	88,070	14%	8,550	1%	0	0	96,620	15%
Bakool	543,371	281,370	52%	163,820	30%	86,660	16%	11,540	2%	0	0	98,200	18%
Banadir	3,171,391	1,508,260	48%	975,110	31%	523,100	16%	164,930	5%	0	0	688,030	22%
Bari	1,232,231	618,490	50%	391,200	32%	163,400	13%	59,130	5%	0	0	222,530	18%
Bay	1,247,975	435,460	35%	354,590	28%	344,410	28%	113,480	9%	0	0	457,890	37%
Galgaduud	812,638	321,240	40%	288,210	35%	165,850	20%	37,350	5%	0	0	203,200	25%
Gedo	975,586	464,120	48%	301,020	31%	155,570	16%	54,890	6%	0	0	210,460	22%
Hiraan	504,816	255,440	51%	147,880	29%	89,150	18%	12,380	2%	0	0	101,530	20%
L. Juba	1,158,256	599,660	52%	339,960	29%	162,980	14%	55,660	5%	0	0	218,640	19%
L. Shabelle	1,593,117	700,630	44%	493,230	31%	331,870	21%	67,400	4%	0	0	399,270	25%
M. Juba	430,129	219,750	51%	144,290	34%	51,870	12%	14,160	3%	0	0	66,030	15%
M. Shabelle	1,013,352	440,350	43%	352,810	35%	175,900	17%	44,290	4%	0	0	220,190	22%
Mudug	1,470,309	588,830	40%	528,580	36%	304,030	21%	48,880	3%	0	0	352,910	24%
Nugaal	631,810	320,870	51%	198,600	31%	99,010	16%	13,340	2%	0	0	112,350	18%
Sanaag	428,699	215,280	50%	143,820	34%	63,470	15%	6,130	1%	0	0	69,600	16%
Sool	548,975	261,420	48%	185,280	34%	83,570	15%	18,690	3%	0	0	102,260	19%
Togdheer	860,684	414,790	48%	295,500	34%	112,430	13%	37,960	4%	0	0	150,390	17%
W. Galbeed	1,447,484	671,890	46%	537,560	37%	204,740	14%	33,270	2%	0	0	238,010	16%
TOTAL	18,706,931	8,596,160	46%	6,102,650	33%	3,206,080	17%	802,030	4%	0	0	4,008,110	21%

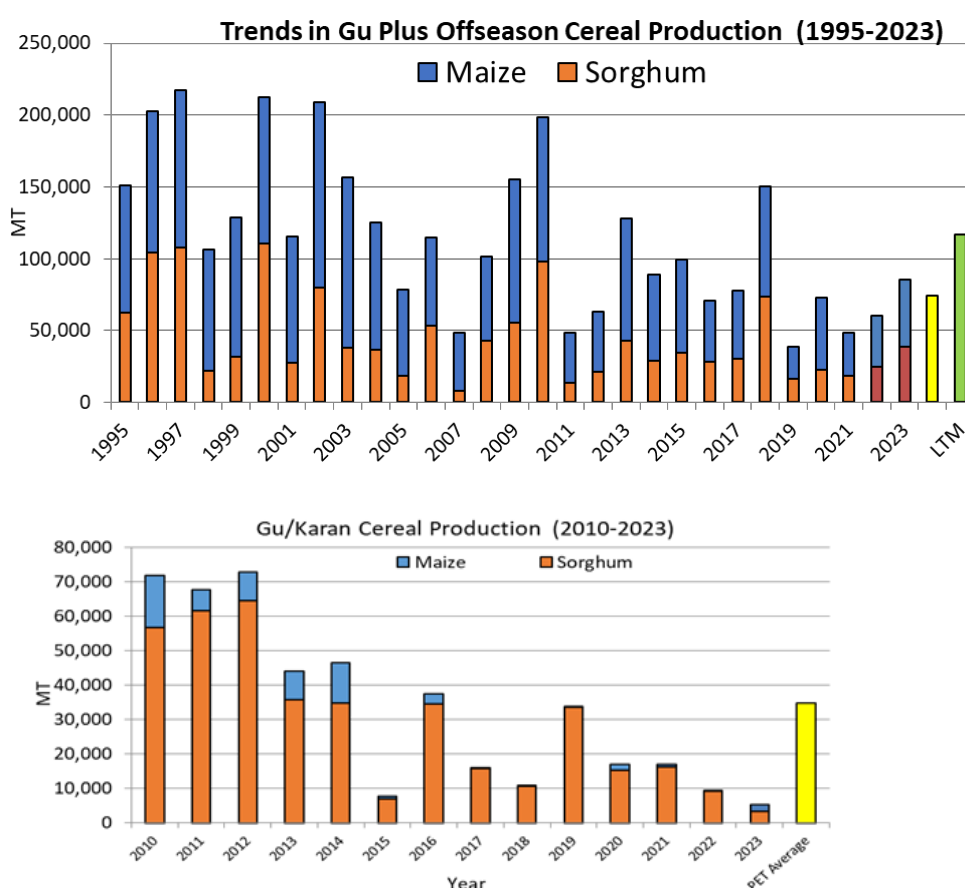
Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW AND KEY DRIVERS (JANUARY - MARCH 2024)

According to the latest 2023 Deyr IPC analysis, between January and March 2024, more than 4 million people are facing high levels of acute food insecurity (IPC AFI Phase 3 or above). Another 6.1 million people are under Stressed (IPC AFI Phase 2) conditions, bringing the total number of people affected by acute food insecurity (IPC AFI Phase 2 or above) to 10.1 million. Despite a worrying food security situation, sustained humanitarian assistance is mitigating the further deterioration of food security outcomes in many areas.

For the current analysis period (January and March 2024), most rural livelihoods in the country are classified as Stressed (IPC AFI Phase 2). Exceptions are Northwest and Togdheer agropastoral, Coastal Deeh pastoral northeast and central, Hawd Pastoral, Addun pastoral of central regions, Hawd pastoral of Hiran, Sorghum High Potential agro pastoral of Shabelle, Bay, Gedo and Juba, Low Potential agropastoral of Bay and Bakool, Riverine of Hiraan, Shabelle, Gedo and Juba regions. Additionally, most of the IDP settlements across the country are in Crisis (IPC AFI Phase 3). Most urban populations are facing Stressed (IPC AFI Phase 2) situation with the exception of Lasaanod, Bossaso, Gaalkaayo and Dhusamareeb urban which are classified in Crisis (IPC AFI Phase 3).

Driven by strong El Nino and positive Indian Ocean Dipole weather patterns, the October to December 2023 Deyr season rainfall surpassed average levels in most areas of the country. Rainfall started on time but ended earlier than usual in mid-November for most areas. Heavy rainfall caused riverine and flash floods in south-central areas, causing destruction to cropped land, properties, and infrastructure. Most affected regions are Hiraan, Middle Shabelle, Lower Shabelle, Gedo, Middle Juba, and Lower Juba. The floods have destroyed more than half of the early established sorghum crops in Bay, Shabelle, Juba and Gedo regions, and caused complete crop failure along the Juba and Shabelle rivers. This has reduced the income and food security of crop dependent livelihoods. Floods have also damaged infrastructure and properties in urban areas and IDP settlements.



The 2023 Deyr season cereal production in southern Somalia is estimated at 82 000 tons, including off-season harvest of 21,600 tons which will be harvested in late February/early March 2024. The above production estimate is 13 percent lower compared to the long-term average for 1995-2022 but represents the highest cereal production since 2018, reflecting the positive impact of mostly favourable rainfall during the season. The main reasons for this reported below average production are heavy rainfall rains, flooding, insecurity, pests, and shortage of farm inputs.

For the cowpea, the 2023 Deyr season production in the Cowpea Belt of central Somalia (Galgadud and Mudug) is estimated at 5,500 tons, a substantial increase compared to the 2022 Deyr season (1,460 tons) and to the 2018-2022 five-year average (2,102 tons).

In the Northwest, the 2023 Gu/Karan season cereal production that was harvested in November 2023 is estimated at 5,400 tons, the lowest since 2010 and 84 percent below the 2010-2022 average. This is mainly due to poor and erratic Karan rainfall, prolonged dry spells, pests, and limited use of agriculture input.

During the October-December 2023 Deyr season, the rainfall was above average over most parts of Somalia but ended early, adversely affecting crop production in agropastoral areas. In pastoral areas, however, Deyr rains supported improved pasture, browse, and water availability. Natural water sources and catchments are fully replenished by the heavy rains, improving water availability and access. Conception rates of all livestock species are medium to high across the country due to improved pasture and water conditions. Most livestock have conceived during the 2023 Gu and Deyr seasons. However, livestock births and milk production (mainly from camel and cattle) remain low due to the residual effect of previous droughts. Herd growth of the small ruminants (goats and sheep) showed an increasing trend over the last two seasons, thereby increasing availability of saleable animals among poor household. However, herd sizes remain below baseline levels in most pastoral livelihoods across country due to the lingering effect of previous droughts.

As of December 2023, prices of maize and sorghum mostly declined to levels below the same period last year, due to increased supply linked to the good harvest this year. However, prices are still higher than the five-year average (2018-2022). Similarly, there has also been a modest decrease in the current cost of the Minimum Expenditure Basket (MEB) compared to last year due to the positive effect of declining staple food prices. Imported food prices have mostly increased throughout 2023 in most markets due to higher food prices on the international market especially for imported red rice, sugar, and wheat flour. However, the prices of vegetable oil declined moderately over the past year reflecting lower vegetable oil prices on the international market. Across the country, prices of the most imported food commodities also remained higher than the five-year average due to high global food prices, high fuel prices and freight costs, and increased costs of local transport due to floods.

Humanitarian needs are particularly high for the 3.86 million internally displaced persons (IDPs) across the country, and for 38 000 refugees and asylum seekers, mainly from Ethiopia and Yemen. In addition, concerns exist on the food security situation of approximately 9,000 refugees who have voluntarily returned from Yemen, Kenya, Djibouti, and Libya. Based on UNHCR/PRMN data, approximately 1.6 million people were displaced between July to December 2023, mainly due to floods (80 percent), drought (10%), and insecurity/conflict (8%). Displacements related to flood occurred mostly in Gedo, Hiraan, Middle and Lower Juba, Middle and Lower Shabelke, Mudug, and Bay regions. The plight of IDPs in the country is characterized by poverty, limited resources, and dependence on humanitarian assistance, leading to food insecurity for many. IDPs face significant challenges as most are poor, possess limited working skills, and have few livelihood assets in addition to putting additional pressure on food stocks and livelihoods of local households in host communities. Given the reduction in humanitarian aid, a substantial portion of IDPs, both in rural and urban areas, are experiencing moderate to large food consumption gaps. The urban poor population across Somalia also face similar challenges.

In agropastoral livelihood zones, where the main shocks include heavy rainfall, flash floods and persistent conflict, poor households have experienced substantial crop losses. With few alternative sources of food and income, they are facing moderate to large food consumption gaps through March 2024. In riverine livelihood zones (Hiran, Shabelle, Gedo and Juba regions) adversely impacted by floods, consequent loss of crops and income from agricultural employment, a significant proportion of poor households are currently facing moderate to large food consumption gaps.

Food security conditions in most pastoral livelihoods have continued to improve due to increased availability of pasture and water. However, many poor pastoral households in central regions and along the coast of Bari region have not yet fully recovered from the impacts of previous droughts. They are experiencing moderate to large food consumption gaps due to below average or poor milk availability, a limited number of saleable animals, and high level of indebtedness.



Outcome Data

Findings from the household food consumption score (FCS) assessment over a seven-day recall period indicate that in 6 out of 44 population groups, more than 20 percent of households experienced poor food consumption, indicative of an Emergency classification (IPC AFI Phase 4). These groups include IDPs in Baidoa, Burao, Bosasso, and Hargeisa, Guban Pastoral, and Coastal Deeh Pastoral. Additionally, 13 population groups reported that 20 percent or more households had borderline food consumption, indicative of a Crisis classification (IPC AFI Phase 3). The remaining 19 population groups exhibited acceptable food consumption levels, reflecting a Minimal or Stressed classification (IPC AFI Phase 1 or 2).

In Somalia, where households often maintain a somewhat diversified diet even in cases of inadequacy, results from the Household Dietary Diversity Score (HDDS) – representing the number of different food groups consumed over a 24-hour recall period – generally indicate a predominantly positive food security outcome. It is essential to interpret HDDS results in conjunction with other food security outcome indicators. The 2023 Post Deyr results indicate that more than 20 percent of households in six population groups had an HDDS score of 3-4, indicative of a Crisis classification (IPC AFI Phase 3). These include Bossaso IDPs, Bossaso Urban, Dhusamareb IDPs, Kismayo IDPs, East Golis Pastoral, and Coastal Deeh Pastoral/Fishing. In contrast, the remaining 32 groups had an HDDS score of 5 or more, indicative of a Minimal or Stressed classification (IPC Phase 1 or 2 respectively).

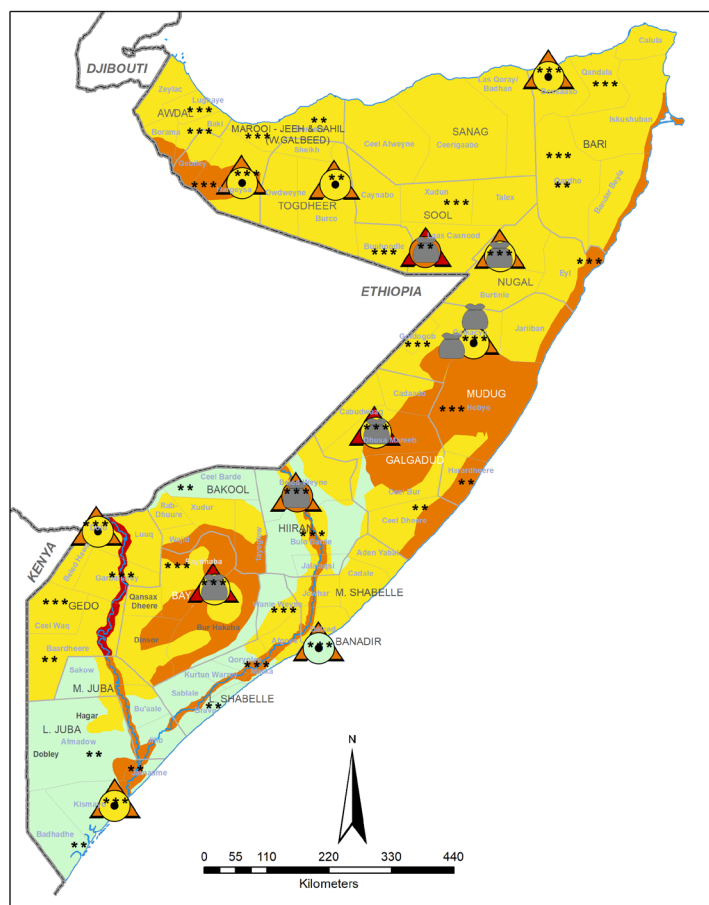
The Reduced Coping Strategies Index (rCSI) serves as an experiential indicator, capturing the behaviors of households over the past seven days when they faced challenges with inadequate food or lacked the financial means to purchase food. This indicator is most effectively employed for monitoring purposes and to discern shifts in household behavior, particularly in the early stages of a crisis. Findings indicate that approximately 11 out of the 44 population groups had 20 percent or more households utilizing crisis-type consumption coping strategies (rCSI score of 19 or more), signalling an IPC Phase 3 classification. These groups include Baidoa IDPs, Dhusamareb IDPs, Dhusamareb Urban, Galkacyo IDPs, Kismayo IDPs, Mogadishu IDPs, Gedo Riverine, Shabelle Riverine, Shabelle Agropastoral, Beletweyne district, and Juba pastoral. In contrast, for 25 population groups, 20 percent or more households employed stressed coping strategies related to food (rCSI score of 4-18), indicative of IPC AFI Phase 2. The remaining 4 groups displayed over 80 percent of rCSI score of 0-3, reflecting a Minimal (IPC Phase 1) classification.

Household hunger scale (HHS) which assesses extent of hunger experienced by households over a 30-day recall period results indicate that, only Juba Pastoral had 20 percent or more households reporting experiencing severe hunger, indicative of Catastrophe (IPC Phase 5). Most population groups (34) had 20 percent or more households reporting experiencing moderate hunger, indicative of Crisis (IPC Phase 3). In 4 population groups, 20 percent or more households reported experiencing slight hunger, indicative of Stressed (IPC Phase 2). The remaining 5 population groups, more than 80 percent of the households, didn't experience any hunger, indicative of Minimal (IPC Phase 1).

When households are not able to meet their food consumption requirements, they use a variety of livelihood-based coping strategies to fill the gap. The 2023 Post Deyr results indicate that in 10 out of 44 population groups, 20 percent or more households reported extreme depletion/liquidation of livelihood assets and strategies, indicative of Emergency (IPC Phase 4). About 50% of all assessed areas were pointing to an indicative IPC AFI Phase 3 or worse. Out of these 22 population groups, there was an equal share of areas indicative of a Phase 3 and Phase 4 respectively. Across the Livelihoods, 5 livelihoods portrayed households employing emergency livelihood coping strategies such as begging, selling last breeding animal and selling house or land due to lack of food. This was evident in Dollow urban (35%), Galkacyo IDPs (40%), Gedo Riverine (47%), Addun Pastoral (52%) and Gedo Pastoral (75%). Riverine, and rural parts of Beletweyne district. Only 5 population groups had more than 80 percent of households reporting not applying any adverse coping strategies reflective of Minimal (IPC Phases 1).

Prevalence of Acute malnutrition based on Weigh for Height indicates that 14 population groups out of 44 are classified in an indicative IPC Phase 4 with Beletweyn Urban and IDPs reporting the highest proportions of above 20% of malnourished children. Moreover, 12 population groups are classified in an indicative Crisis situation (IPC AFI Phase 3) while a similar number are pointing to an indicative Stressed (IPC AFI Phase 2) situation. Based on MUAC screenings, 2 analysis groups show a nutrition status indicative of an IPC Phase 4 while the remaining 3 show and indicative IPC Phase 3.

ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (APRIL - JUNE 2024)



Key for the Map IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance (accounted for in Phase classification)

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level

- * Acceptable
- ** Medium
- *** High

Population table for the projection period: April - June 2024

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Awdal	636,108	297,910	47%	264,490.0	42%	71,660.0	11%	2,040.0	0%	0	0	73,700	12%
Bakool	543,371	290,500	53%	151,270.0	28%	80,590.0	15%	21,010.0	4%	0	0	101,600	19%
Banadir	3,171,391	1,706,110	54%	840,230.0	26%	403,660.0	13%		7%	0	0	625,060	20%
Bari	1,232,231	627,740	51%	411,120.0	33%	173,860.0	14%	19,500.0	2%	0	0	193,360	16%
Bay	1,247,975	284,540	23%	457,070.0	37%	374,560.0	30%		11%	0	0	506,350	41%
Galgaduud	812,638	394,340	49%	285,350.0	35%	124,930.0	15%	8,040.0	1%	0	0	132,970	16%
Gedo	975,586	508,930	52%	285,600.0	29%	123,080.0	13%	57,970.0	6%	0	0	181,050	19%
Hiraan	504,816	256,030	51%	151,270.0	30%	80,840.0	16%	16,720.0	3%	0	0	97,560	19%
L. Juba	1,158,256	664,450	57%	317,490.0	27%	120,650.0	10%	55,660.0	5%	0	0	176,310	15%
L. Shabelle	1,593,117	878,160	55%	437,570.0	27%	216,770.0	14%	60,630.0	4%	0	0	277,400	17%
M. Juba	430,129	232,250	54%	140,680.0	33%	43,040.0	10%	14,160.0	3%	0	0	57,200	13%
M. Shabelle	1,013,352	533,730	53%	319,640.0	32%	119,500.0	12%	40,460.0	4%	0	0	159,960	16%
Mudug	1,470,309	677,390	46%	541,870.0	37%	238,430.0	16%	12,620.0	1%	0	0	251,050	17%
Nugaal	631,810	319,740	51%	221,490.0	35%	79,680.0	13%	10,910.0	2%	0	0	90,590	14%
Sanaag	428,699	234,860	55%	136,670.0	32%	54,460.0	13%	2,710.0	1%	0	0	57,170	13%
Sool	548,975	290,010	53%	171,200.0	31%	72,320.0	13%	15,430.0	3%	0	0	87,750	16%
Togdheer	860,684	412,680	48%	307,350.0	36%	123,220.0	14%	17,410.0	2%	0	0	140,630	16%
W. Galbeed	1,447,484	681,840	47%	565,090.0	39%	194,630.0	13%	5,900.0	0%	0	0	200,530	14%
TOTAL	18,706,931	9,291,210	50%	6,005,450	32%	2,695,880	14%	714,360	4%	0	0	3,410,240	18%

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

PROJECTED SITUATION OVERVIEW (APRIL - JUNE 2024)

In pastoral areas, more livestock births are expected between April and June 2024, thereby contributing to herd growth and access to milk for both consumption and sale. The anticipated increase in livestock and milk sales, along with improved milk consumption, should help to minimize food consumption gaps. As a result, most pastoral livelihoods are expected to remain under Stressed (IPC AFI Phase 2) or improve to Minimal (IPC AFI Phase 1) classification. The exceptions are Adun Pastoral and Coastal Deeh Pastoral of Central, where livestock holdings and milk consumption remain significantly below baseline levels. Limited income from livestock and milk sales, coupled with insufficient fishing income, prevent these households from fully covering debts or purchasing adequate food through credit or cash. While food security is expected to improve for poor households, the area classification is expected to remain in Crisis (IPC AFI Phase 3).

In most pastoral livelihood zones in the north and central regions and the Southern Inland Pastoral (NIP) of Gedo, Stressed (IPC AFI Phase 2) food security outcomes are anticipated. In these areas, livestock herd sizes are still below baseline levels, and income from milk and livestock sales, though improving, remains lower than normal. These earnings are expected to be diverted toward repaying large debts accumulated during the multi-season drought (2020-2022). However, in the Southern Inland pastoral areas of Hiiraan, Shabelle, Bakool, Bay and Juba, regions, and the Juba Cattle Pastoral livelihood zone, food security is projected to improve to Minimal (IPC AFI Phase 1) due to significant enhancements in livestock production, reproduction, and value.

In agropastoral areas, access to seasonal agricultural labor employment and income, and increased access to milk are expected to improve food security outcomes. Sorghum and maize prices are projected to increase moderately from April to June as stocks from the Deyr harvest dwindle. Local cereal prices are likely to remain above both the 2023 levels and the five-year average (2019-2023).

Despite anticipated increase in food prices, rise in agriculture labor opportunities and wages, along with increased livestock prices in the lead up to and during Hajj and Eid festivities are expected to enhance household purchasing power. Additionally, increased livestock births will improve herd sizes to near-baseline levels and improve milk availability. Increased availability of saleable livestock is likely to alleviate debt burdens. Overall, sources of income and food are expected to grow, and with green Gu harvests becoming available in June, projected food security levels are anticipated to improve to Stressed (IPC AFI Phase 2) in the Sorghum High Potential Agropastoral, Togdheer Agropastoral, and Cowpea Agropastoral. In Northwest Agropastoral livelihood zone, Gu/Karan crop failure has led to tightened cereal stock availability and high local

cereal prices, making most households dependent on food purchases. Poor households are likely to allocate their production and crop fodder sales income toward debt relief. The expected medium births of cattle and small ruminants during Gu will enhance milk production and increase livestock herd size and value, but the livelihood will remain in Crisis (IPC AFI Phase 3) through June 2024.

In Bay/Bakool Low Potential Agropastoral livelihood zones (Bay and Bakool), Crisis (IPC AFI Phase 3) conditions are expected to continue due to lack of own cereal stocks and dependence on purchases from the market at high prices, high debt levels, limited access to credit, and low availability of saleable livestock.

However, in the Cowpea Belt livelihood zone of Middle Shabelle and Southern Agropastoral areas in Bakool, Gedo, Hiiraan, and Juba, improved livestock conditions and value as well as increased access to milk are expected to improve food security outcomes. However, the area classification will remain under Stressed (IPC AFI Phase 2) conditions.

In Southern Rainfed Agropastoral livelihood of Lower Shabelle and Juba regions, improved pasture and water, increased livestock births, improved access to milk and livestock sales and better access to agricultural employment opportunities are expected to enable most households to meet their food needs adequately. As a result, the livelihood will likely improve to Minimal (IPC AFI Phase 1).

In the riverine livelihood zones of Hiraan, Gedo, Middle Juba, and Shabelle regions, households are expected to harvest 15,600 tons of cereals from off-season harvest in March and April 2024, thereby improving food consumption and recovery some debt relief. However, there is potential for some flood damage if the Gu rains start early. Despite this risk, households will likely benefit from Gu season cropping activities and income from agricultural labor. Households are also expected to increase their consumption of river fish, wild vegetables, and fruits. On the other hand, both urban and rural settlements in riverine areas are likely to be flooded

Key Assumptions for the projected period (April - June 2024)

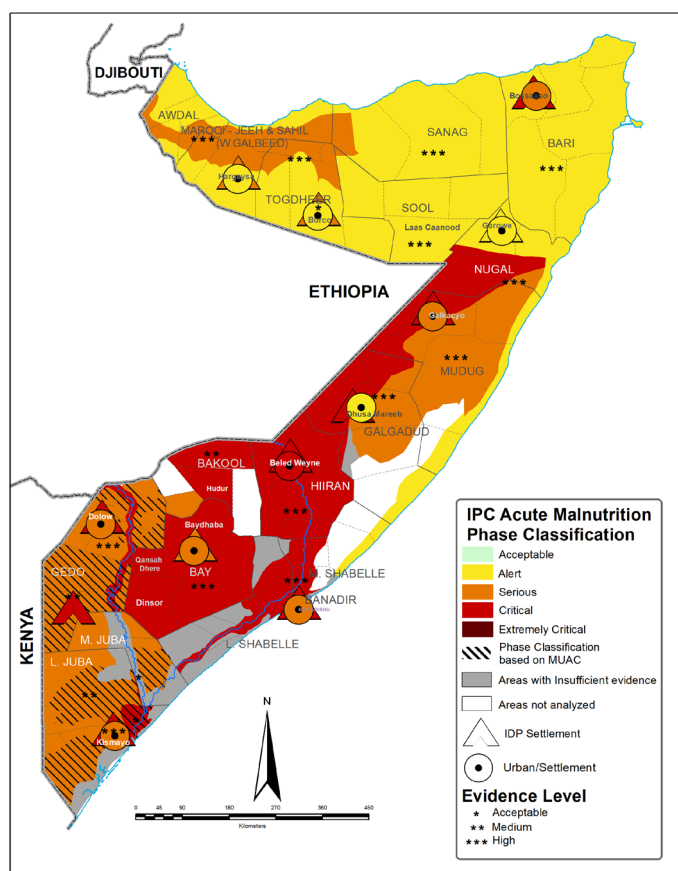
- Average rainfall is likely during the April to June 2024 Gu season in most parts of Somalia.
- Localized flooding in riverine areas can be expected, leading to population displacement and damages to crops.
- Average rainfall are likely to improve agricultural employment opportunities and wages in riverine and agropastoral livelihood zones.
- Pasture and water availability is expected to improve during the Gu season, with a positive impact on livestock production and reproduction.
- Milk availability will improve significantly between April and June as more livestock give birth.
- Food prices are expected to increase seasonably during the Gu season as supplies from the Deyr harvest dwindle. However, trade disruptions in the Gulf of Aden could lead to abnormal increases in prices.
- Insecurity/conflict is likely to persist in central and southern regions, with likely adversely impacts on food security and livelihood outcomes.
- Due to limited funding, humanitarian cash assistance and food aid is expected to reach only 1.4 million people per month across Somalia.
- Desert Locust was not considered a major threat at the time of the analysis; however, current information indicates a potential upsurge in breeding and infestation during the projection period



during the Gu season, primarily due to open riverbanks that sustained severe damage during the preceding Deyr season. Overall, a combination of these factors is expected to result in Crisis (IPC AFI Phase 3) outcomes between April and June 2024. However, in Gedo Riverine, the high risk of floods may suspend Gu cropping activities, leading to a situation where food security deteriorates to Emergency (IPC AFI Phase 4) due to loss of agricultural labor opportunities, prolonged lean season, above-average food prices and population displacement.

During the projected period of April to June 2024, most IDP settlements will likely continue to experience Crisis conditions (IPC AFI Phase 3) due to limited purchasing power, likely flooding in IDP settlements along the major rivers and expected reduction in food assistance. However, IDPs in urban areas of Lasaanod (Sool), Dhusamareeb (Galgadud) and in Bay and Bakool region will face Emergency (IPC AFI Phase 4), characterized by significant food consumption gaps, between April and June 2024. This is mainly due to disruptions to livelihoods and market access, disease outbreaks, and reduced access to health services and humanitarian assistance. For most urban populations across Somalia, Crisis (IPC AFI Phase 3) or Stressed (IPC AFI Phase 2) food security outcomes are expected to prevail.

ACUTE MALNUTRITION CURRENT MAP (OCTOBER 2023 - FEBRUARY 2024)



Acute Malnutrition burden table (January - December 2024)

Region	Children 6-59 months	No. of Children (6-59 Months) in Need of Treatment		
		Moderate Acute Malnutrition (MAM)	Severer Acute Malnutrition (SAM)	Global Malnutrition (GAM)
Awdal	127,222	28,560	12,170	40,730
Bakool	108,674	45,900	21,300	67,200
Banadir	634,278	238,550	76,740	315,290
Bari	246,446	67,970	13,110	81,080
Bay	249,595	100,620	55,630	156,250
Galgaduud	162,528	63,950	18,290	82,240
Gedo	195,117	65,090	16,940	82,030
Hiraan	100,963	44,180	15,950	60,130
Mudug	294,062	123,020	34,360	157,380
Nugaal	126,362	40,270	9,350	49,620
Sanaag	85,740	15,650	2,860	18,510
Sool	109,795	19,250	4,920	24,170
Togdheer	172,137	36,570	14,120	50,690
Woqooyi Galbeed	289,497	65,240	27,400	92,640
Middle Shabelle	202,670	62,440	22,960	85,400
Lower Shabelle	318,623	104,330	41,340	145,670
Middle Juba	86,026	27,820	9,510	37,330
Lower Juba	231,651	80,950	32,930	113,880

NOTE: *Incidence Correction Factor (ICF) used for burden estimations are 3.6 for SAM and for 2.6 for MAM **Based on a total 2024 population estimate of 18,706,931; and population of children under the age of five is estimated to be approximated as 20% of the total population.

ACUTE MALNUTRITION CURRENT MAP (OCTOBER 2023 - FEBRUARY 2024)

An estimated 1.7 million children aged 6 – 59 months are expected to suffer from acute malnutrition and be in urgent need of nutrition services from January - December 2024. The total number of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases are estimated at 430 000 and 1.23 million respectively. An estimated 64% of the acute malnutrition burden is concentrated in South Somalia.

In the current analysis period (October 2023 to February 2024), out of the 50 assessed population groups (based on outcome data from 50 nutrition assessments) 20 are in IPC AMN Phase 4 (critical), and these include: IDPs in Bosasso (Bari), Galkacyo (Mudug), Dhusamareb (Galgadud), Mogadishu (Banadir), Dolow, Kismayu (L. Juba), and Beletweyne Urban (Urban & IDP), as well as among the rural areas in Hawd Pastoral of Northeast & Central, Beletweyne District, Middle & Lower Shabelle Riverine & Agro-pastoral, Bay Agro Pastoral in Bay, Southern inland pastoral in Elberde District, Bakool Low Potential (Hudur District), and North Gedo Riverine, all of which were assessed based on Weight for Height Z-Scores. Other areas in IPC AMN Phase 4 includes the lower Juba Riverine and Baardhere in Gedo, assessed using exhaustive MUAC screening results, and Buloburti, Jalaqasi, Mahas, and Mataban districts in Hiran, which were analyzed according to the IPC AMN protocol as similar population groups. A total of 17 population groups are classified in IPC AMN Phase 3 (Serious) including eight rural populations (West Golis and Addun pastorals, North Gedo and south Gedo pastoral, Juba South Inland pastoral and Juba cattle pastoral, South Gedo Agropastoral and Wajid district), six urban populations in Bosasso, Baidoa, Mogadishu, Galkayo, Dolow, and Kismayo, and three IDPs settlements (Hargeisa, Burao, and Baidoa).

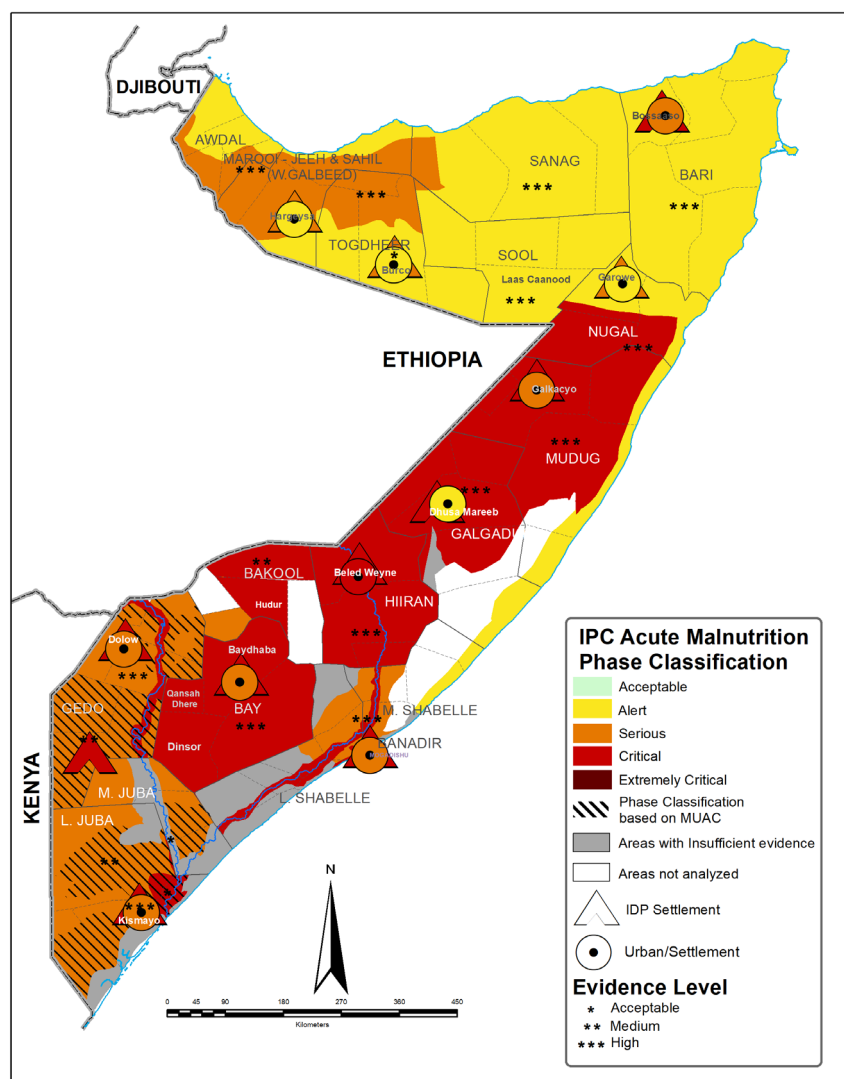
Contributing factors to acute malnutrition include high disease burden, with a total of 31 assessed areas recording a high morbidity prevalence above 20% with the highest at 48.8% in Galkayo IDPs among children two weeks prior to the assessment. Fever, Acute Respiratory Infections/cough, and diarrhea were the most prevalent childhood illnesses reported. There were also disease outbreaks of acute watery diarrhoea and measles. Coverage of health and nutrition services is low, with coverage of vitamin A supplementation and measles vaccination being less than 80% in more than 30 of the assessed areas with lowest coverage at 13.5% in Shabelle Agropastoral, increasing the risk of acute malnutrition. Poor access to WASH facilities is poor throughout the country. In 2023, only 53% of the population have access to safe water through sustainable water supply, with only 28% accessing improved sanitation facilities. Poor WASH correlates to a high prevalence of acute watery diarrhea and frequent cholera outbreaks, both of which have a negative impact on nutrition outcomes. The 2023 El-Nino floods destroyed much of the country's critical WASH infrastructure, such as water pipes and sanitation facilities, and continues to hamper access to clean drinking water, exposing many flood-affected communities to waterborne diseases even in the projected period.

All Infant and Young Child Feeding practices (IYCF) indicators remain suboptimal at the national level, making them an additional high-risk factor for acute malnutrition. At the national level, only 9.5% of children assessed by REACH 2023 Multi-Sectoral Needs Assessment-MSNA (June-August 2023) were meeting the Minimum Acceptable Diets (MAD) while 59.1% achieved the Minimum Meal Frequency (MMF) and only 14.1% achieved the Minimum Dietary Diversity (MDD).

There is a decrease of 5% and 10% in both Globally and Severely acutely malnourished children (GAM and SAM) from the 2022 Deyr (1,756,750 and 477,680) and current 2023 post-Deyr assessments, respectively.

The prevalence of combined GAM and SAM based on WHZ and MUAC cutoffs' (and/or oedema) from the results of the SMART nutrition survey carried out in October to December 2023 forms the basis for the burden figure. As a result of continuous demand from nutrition implementing agencies for estimates of the number of malnourished children disaggregated by regions or districts, when in fact the current FSNAU food security and nutrition assessments are conducted at the livelihood level, a combination of real estimate value and proxy prevalence techniques has been used to provide the nationwide absolute number of acutely malnourished children. If the prevalence of acute malnutrition is not available, the prevalence observed in similar livelihoods and an average median GAM prevalence are used for regions that are crosscut by more than one livelihood zone.

ACUTE MALNUTRITION PROJECTION MAP (MARCH - JUNE 2024)



Note: In the projection period of March – June 2024 that will be lean season, acute malnutrition is expected to worsen in 38 areas which results to change to upper phase 3 in NE pastoral and phase 4 in Addun pastoral and Baidoa IDPs; improvement from phase 4 to phase 3 in two areas of Shabelle Agropastoral and Hudur district.

ACUTE MALNUTRITION PROJECTION OVERVIEW (MARCH- JUNE 2024)

During the projection period that coincides with a lean period (March–June 2024) and a spike in disease outbreak, acute malnutrition is expected to worsen. In 38 out of 50 assessed population groups, the nutrition situation is projected to deteriorate within the current phase or to a more severe phase compared to the current period, while remaining similar in seven areas and improving in five of the analyzed areas. Overall, in the projection between March to be in IPC AMN Phase 4 (critical), and these include eight IDP populations in Bosasso (Bari), Galkacyo (Mudug), Dhusamareb (Galgadud), Mogadishu (Banadir), Dolow, Kismayu (L. Juba), Beletweyne (Hiran), and Baidoa (Bay), as well as among the eleven rural populations in Hawd Pastoral of the 50 analyzed population groups are expected to be in IPC AMN Phase 4 (Critical), and these include eight IDPs populations in Bosasso (Bari), Galkacyo (Mudug), Dhusamareb (Galgadud), Mogadishu (Banadir), Dolow, Kismayu (L. Juba) and Beletweyne (Hiran) and Baidoa (Bay); as well as among the eleven rural populations in Hawd Pastoral of Northeast & Central, Beletweyne District, Middle and Lower Shabelle Riverine and Agropastoral, Bay Agro Pastoral in Bay , Southern inland pastoral in Elberde District, Bakool Low potential (Hudur District), North Gedo Riverine, and Addun pastoral (Galgadud). Others include the lower Juba riverine and Baardhere in Gedo, and Buloburti, Jalaqasi, Mahas, and Mataban districts in Hiran.

A total of 19 population groups are expected to be in IPC AMN Phase 3 (Serious), including 10 rural populations (West Golis, Northwest Agropastoral, North Gedo and South Gedo pastoral, Juba South Inland pastoral and Juba cattle pastoral, South Gedo Agropastoral, Wajid, and Huddur districts), six urban populations (Bosasso, Baidoa, Mogadishu, Galkayo, Dolow, and Kismayo), and three IDPs (Hargeisa, Burao, and Garowe).

The expected deterioration in acute malnutrition is attributed to the projected scaling down of humanitarian and social protection programs due to limited funding. This will likely lead to a reduction in health and nutrition services that prevent or manage acute malnutrition, especially among the displaced population that heavily relies on these supports. A seasonal increase in disease

prevalence and outbreaks during the wet Gu season is also expected to contribute significantly to the deterioration of acute malnutrition. Access to safe drinking water and sanitation facilities is also expected to be reduced during the rainy season, increasing the risk of disease. Coverage of humanitarian services and essential health and nutrition services is also expected to worsen due to inaccessible roads during the wet season, further aggravating acute malnutrition.

Key Assumptions:

- Humanitarian and social protection programmes: According to the HNRP 2024, only 69% of those in need are prioritized for emergency assistance. The Nutrition Cluster will serve approximately 62% of persons in need of nutrition assistance. In 2024, the Nutrition Cluster expects to provide nutrition-specific interventions, such as the Blanket Supplementary Feeding Programme (BSFP), for prevention purposes to only 55% of IDP camps. Inadequate coverage of BSFP interventions is expected to expose more children under five to acute malnutrition, as they are critical for addressing the long-term underlying causes of acute malnutrition, notably poor child feeding habits. Suboptimal TSFP coverage in 2024 may result in missed chances for children, increasing MAM and SAM. SAM coverage will be at least 70%, while it may be lower in remote and difficult-to-reach areas due to limited mobility and outreach teams.
- Health services & health environment: Access to healthcare is limited, especially in rural areas and among IDPs. Outbreaks of AWD, measles, and malaria are expected to overwhelm health-care systems, particularly in flood-affected areas. High rates of anemia and vitamin A deficiency due to insufficient diet and micronutrient supplementation. Polio, measles, deworming, and Vitamin A vaccination campaigns will continue in 2024, but coverage is expected to remain below ideal.
- Caring and feeding practices: The current breastfeeding and care practices are unsatisfactory. The overall quality and impact of the IYCF program remain poor and limited. Exclusive Breastfeeding rates are rather low across the country. Due to farm destruction, a forecast low crop, and rising food prices, there will be limited availability to nutritious meals. This will mostly affect flood-prone riverine settlements and IDP populations. Low milk production and crop failure aggravate the supplemental feeding practice.
- Food security and diet diversity: Improved access to milk expected as increased pasture and water availability improves livestock production and reproduction. Food prices are expected to increase seasonably. access to adequate and nutritious diet expected to be limited among poor households due to limited access to milk and staple cereals and high food prices and declining humanitarian assistance. Consumption of aflatoxin-contaminated grains due to poor storage practices is projected to rise, perhaps contributing to an increase in oedema cases.
- Diseases (including potential outbreaks): The El Nino floods have caused a massive outbreak of AWD and cholera in the impacted areas, particularly Hirashabelle and Jubaland States. AWD contributes significantly to acute malnutrition, accounting for more than 90 percent of all SAM with medical consequences. The therapeutic coverage for CTC is limited, including community-based Oral Rehydration Therapy. The increasing prevalence of AWD in flood-affected areas is predicted to contribute to increased acute malnutrition. Furthermore, strong rains are forecast in March 2024, which will compound the issue. Other disease outbreaks are likely, including measles, due to inadequate vitamin A supplementation and a poor measles vaccine rate. Malaria cases among children in flood-affected areas are on the rise, which is predicted to lead to an increase in acute malnutrition.
- Conflict: will likely persist and adversely affect populations in central and southern Somalia. Conflict will also restrict access to humanitarian assistance and other essential services.

Nutrition Situation By Population Groups

Rural Population

An estimated 929,270 cases of acute malnutrition are from rural livelihoods and are in need of urgent nutrition treatment. The rural populations contribute 56 percent of the total burden of acute malnutrition in the country.

Between October and December 2023, a total of 16 surveys were conducted, with an overall median prevalence of acute malnutrition among rural populations at 13.6% (reflecting a general Serious AMN Phase 3). This indicates an improvement compared to the median GAM prevalence of 15.4 % recorded from eight surveys, mostly conducted in southern parts during the Deyr 2022 season.

Twelve of the 29 areas that were analysed from October to February 2024 are in Critical situation. This includes the Hawd Pastoral of Northeast and Central, Beletweyne District, the Middle and Lower Shabelle Riverine, and Agro-pastoral; the Bay Agro Pastoral in Bay; the Southern inland pastoral in Elberde District; the Bakool Low Potential (Hudur District); the North Gedo Riverine; the lower Juba Riverine; and Baardhere in Gedo, Buloburti, Jalaqasi, Mahas, and Mataban in Hiran. On the other hand, a Serious situation was classified in eight rural populations groups. This includes West Golis and Addun pastorals, North Gedo and south Gedo pastorals, Juba South Inland Pastoral and Juba cattle pastoral, South Gedo Agropastoral, and Wajid district. High disease prevalence is a key risk factor for acute malnutrition in rural areas. Morbidity prevalence remains elevated, with 10 out of 22 assessed rural population groups recording a high disease prevalence of over 20%, with the highest level being reported in Bay Agro Pastoral (40.9 %), North Gedo Pastoral (39.6%), Hawd Pastoral of Central (33.4%), and Addun Pastoral (31.5%). The coverage of health and nutrition services in rural livelihoods is poor, increasing the risk of acute malnutrition. Based on the rural survey areas, many livelihoods had low Measles vaccination and vitamin A supplementation with the median coverage of 48.4% and 70%, respectively.

The Death Rate (CDR) and Under-Five Death Rate (U5DR) were low across most rural livelihoods. Exceptions for Bay Agropastoral, which recorded Serious levels of CDR (0.5 to <1)/10 000/day and UDR (1 to 1.9/10000/day).

Overall, a Critical situation is expected in 11 out of 29 rural populations analyzed, a Serious situation expected in 10 populations groups, and seven rural livelihoods are projected to be at Alert during projected lean season from March to June 2024. Deterioration is expected during the projection period in 22 out of the 29 rural populations analyzed without any phase change from the current classification: with exception of

Addun livelihood, which is expected to deteriorate from the current Serious level to Critical (IPC AMN Phase 4), and Northwest Agropastoral, which is expected to deteriorate from Alert to Serious. In addition, the nutrition situation is expected to remain the same (at Serious) in the Wajid district, while an improvement in acute malnutrition is expected within the same phase in Hawd of the Northeast (within Critical level), and Juba southern Inland pastoral and Juba cattle pastoral within Serious. Improvement that may result to lower phase change is expected in Shabelle Agropastoral and Huddur district (Critical to Serious). The improvement in these populations is attributed to increased food access, including enhanced milk consumption during the rainy season and increased cereal access in agropastoral areas after harvest.

Urban Population

An estimated 325,240 cases of acute malnutrition are from the urban population, contributing 20 percent of the total burden of acute malnutrition in the country that needs urgent nutrition treatment. Overall, the median GAM (WHZ) prevalence among the ten assessed urban populations in 2023 Deyr is 10.6%, indicating a general Serious level of acute malnutrition (IPC AMN Phase 3). Severity of acute malnutrition varies across urban centers, with a combined Beletweyne urban and IDPs recording a GAM prevalence of 20.3%, which indicates a Critical situation, while six urban populations in Bosasso, Baidoa, Mogadishu, Galkayo (Mudug), Dolow, and Kismayo are classified as Serious. The other four urban populations in Dhusamareb, Hargeisa, Galkayo (Nugaal), Burao and Garowe are classified as Alert.

The risk factors to acute malnutrition in the urban population include: high disease burden with about 21% of the assessed children in urban areas reporting one or more childhood illnesses two weeks prior to the assessment. Seven out of the 11 assessed areas recorded a high disease prevalence of >20%; the highest disease prevalence was in Dhusamareb (Galgadud) at 41.3% and Galkacyo Urban (Mudug) at 43.6%. Measles vaccination and vitamin A supplementation are fairly good in most of the urban population groups, with the exception of the urban population in Beletweyne and Mogadishu, which reported the lowest coverage of less than 40%. The crude death rate (CDR) and Under-Five Death Rate (U5DR) were low across most urban population groups except for Banadir in Mogadishu which had Serious levels of CDR (CDR (0.5 to <1/10 000/day).

During the projection period - lean season of March to June 2024, the acute malnutrition situation is expected to deteriorate in seven of the 11 urban populations analyzed but without phase change from the current classification. The deterioration is linked to reduced food access, increased prices, and disease burden during the wet season. In addition, the level of acute malnutrition is expected to remain in the same phase as in the current (Serious) classification in the other urban populations. Overall, a Critical situation is expected in Beletweyne urban; a Serious situation is likely among six populations in urban areas, while the remaining four are projected to be at an Alert from March to June 2024.

Internally Displaced Populations (IDPs)

An estimated 405,730 cases of acute malnutrition are from the IDP population, contributing 27 percent of the total burden of acute malnutrition in the country that needs urgent nutrition treatment. Overall, median GAM (WHZ) prevalence among the 11 assessed IDP populations in 2023 Deyr is 15.8%, indicating a general Critical situation, a situation sustained from Deyr 2022. IDP populations bear the brunt of severe acute malnutrition in Somalia, with seven (Baidoa in Bay, Bosasso in Bari, Galkacyo in Mudug, Dhusamareb in Galgadud, Mogadishu in Banadir, Dolow and Kismayu in Lower Juba, and Beletweyne in Hiran) out of the eleven assessed populations classified in Critical situation while the other four displaced populations were classified in Serious. These results underscore the underlying vulnerability of IDP populations.

High acute malnutrition levels in the IDP population is attributed to poor food consumption in terms of frequency and diversity and general food insecurity where IPC AFI Phase 3 or worse that persist are key risk factors. Additionally, high disease prevalence, where 27.4% of the assessed IDPs' children were sick two weeks prior to the assessment, is a major risk factor for acute malnutrition. Disease prevalence was above 20% in eight out of the ten population groups where morbidity data was collected, with the highest prevalence recorded among IDPs in Galkacyo (48.8%), Baidoa (46.9%), Dhusamareb (35.6%), and Hargeisa (35.3%). Measles vaccination and Vitamin A supplementation are relatively higher than in rural areas but still below the sphere standard (95%), except for Mogadishu IDPs in Banadir and Baidoa IDPs in Bay which recorded the lowest of about 40% risking acute malnutrition. The Death Rate (CDR) and Under-Five Death Rate (U5DR) were low across most IDP population groups. Exceptions were IDPs in Dhusamareb and Mogadishu, which had Serious levels of CDR (0.5 to <1 /10 000/day).

During the projection period, the acute malnutrition situation is expected to deteriorate in nine of the 11 IDPs populations analyzed

but without phase change from the current classification. The exception is in Baidoa, where acute malnutrition will deteriorate from the current Serious to Critical situation, and among Burao IDPs, where wasting levels will likely deteriorate from the current Alert to Serious. No change in acute malnutrition levels is expected in Mogadishu (Critical) and Burao (Serious) during the projection period. The deterioration is linked to reduced food access due to declining humanitarian assistance due to funding constraints, increased prices, and disease burden during the wet season. Overall, a Critical situation of acute malnutrition is expected in eight of the analyzed IDP populations, while a Serious situation is likely among three IDP populations from March to June 2024.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Out of the 50 analyzed areas in the IPC AMN analysis, eight areas (Addun pastoral, Hudur district, Bakool southern inland pastoral, Baidoa urban, Hawd pastoral NE, Mogadishu urban (Banadir), Wajid district and Juba SIP pastoral) have divergence of two phases either in the current or projection classifications where acute malnutrition was mainly in a higher phase than the acute food insecurity classification (see Table below). Eight areas (Mogadishu IDP, Juba riverine, Shabelle riverine, Beletweyne, Dhusamareb IDPs, Bossaso IDPs, Galkayo IDPs and Dolow IDPs) presented phase 3 and above for both scales (AFI and AMN). In particular, Juba Riverine and Shabelle riverine show IPC Phase 4 for both scales, both in the current and the projection periods, while Dhusamareb IDPs (Galgadud) shows IPC Phase 4 for both scales in the projection period. Divergence is defined as a difference of at least two phases or more between AFI and AMN classifications.

Linkages between food security and acute malnutrition

Livelihood Zones	AMN			AFI		AMN and AFI Divergence	
	Current	Projection		Current	Projection	Current	Projection
Addun Pastoral	3	4		3	2	0	2
Hudur District I	4	3		2	1	2	2
Bakool Southern inland Pastoral	4	4		2	1	2	3
Baidoa Urban (Bay)	3	3		2	2	2	2
Hawd Pastoral of NE	4	4		2	2	2	2
Mogadishu urban (Banadir)	3	3		2	1	1	2
Wajid District	3	3		2	1	1	2
Juba SIP pastoral	3	3		2	1	1	2
Hot spots							
Mogadishu IDPs (Banadir)	4	4		3	3	1	1
Juba Riverine (MUAC)	4	4		4	4	0	0
Shabelle Riverine	4	4		4	4	0	0
Beletweyne urban/IDPs	4	4		3	3	1	1
Dhusamareb IDPs (Galgadud)	4	4		3	4	1	0
Bosasso IDPs (Bari)	4	4		3	3	1	1
Galkacyo IDPs (Mudug)	4	4		3	3	1	1
Dolow IDPs (N Gedo)	4	4		3	3	1	1

The high acute malnutrition in these areas were attributed to 1) sub-optimal health services with frequent stock outs of medical and nutrition supplies, 2) high disease burden, 3) Low or lack of access to humanitarian assistance and 4) poor child food consumption. In the current period of the AMN analysis (October 2023- February 2024), Hawd pastoral of NE livelihood, AMN classification was at Phase 4 and AFI at Phase 2. This was attributed to high morbidity burden (33.4%) mainly malaria, in addition to 31% of the children that were observed with outbreaks of acute watery diarrhea and measles against low immunization coverage (Vitamin A-56% and measles-51% and MCHN services suspended) and poor sanitation with only 38% of the households accessing safe drinking water. Limited humanitarian food assistance resulting to low TSFP & BFSP coverage in Hawd. Despite low levels of food insecurity (AFI phase 2) in this livelihood, poor feeding practices among children was observed with children mainly fed on cereals, oil and sugar. Milk availability was limited as kidding and calving was expected in the first quarter of 2024. In the projection period, vulnerability to acute malnutrition remains similar in phase 4 in Hawd pastoral of NE due to expected further scale down of humanitarian assistance that would lead to further deterioration in Health services despite expected increase in disease burden and poor sanitation practices in the Gu season. Despite expected improvement in food security, acute malnutrition remains high as disease burden negates consumption and utilization of available food. There is need for mitigation programs to address disease and related risk factors such as sanitation, immunization and nutrition services.

In Addun pastoral livelihood, AMN and AFI are both classified in IPC phase 3 in the current season of October 2023-February 2024. In the projection period (March – June 2024), food security is expected to improve to Stressed while acute malnutrition is expected to deteriorate to Critical that is higher than historical GAM prevalence for the same season that remained in phase 3 in the past three years. Deterioration in acute malnutrition is attributed to insecurity situation that hinder the humanitarian interventions and access to health and nutrition services leading to suspension of MCHN services against high disease burden. Outbreaks of acute watery diarrhoea and measles are also expected in the projection period. Poor health and high disease burden will aggravate malnutrition despite improvement in food security status.

In Bakool Southern Inland Pastoral livelihood, the current season of analysis shows Critical (IPC AMN Phase 4) while current food security phase is Stressed (IPC AFI Phase 2). High acute malnutrition is attributed to high disease burden of 29.4% with the 46.4% of the children having experienced acute watery diarrhoea two weeks prior to the assessment. The area has been under siege with insecurity for several years limiting access to humanitarian support, health, and nutrition services where only a few facilities are functional. There is limited funding to support IYCF programs that remain quite low. El-Nino flash floods caused road blockages limiting trade movements resulting to increased market price of commodities including food. In terms of food consumption, 29.4% of the households have a Poor food consumption score (FSC) whereas 83.3% household present a dietary diversity indicative of a crisis situation and 52% experiencing hunger scale pointing to stressed or crisis HHS (Household Hunger Scale). Acute malnutrition is expected to deteriorate within the Critical situation in the projection period due to expected increased disease burden against few sub-optimal functioning health facilities and limited humanitarian support. The disease burden will negate the expected improvement in milk production in the first quarter of 2024.

In Mogadishu urban (Banadir), Juba south inland pastoral (SIP) and Wajid district, the current period is classified at Serious (IPC AMN Phase 3) while food security is Stressed (IPC AFI Phase 2). However, In the projection period of March to June 2024, acute malnutrition is expected to deteriorate within Serious while food security is expected to improve to Minimal. Mogadishu urban has remained in Serious historically from 2019. In the projection period of March-June 2024, shocks such as flooding, conflict and displacement are expected increasing vulnerability to acute malnutrition. Additionally, humanitarian health and nutrition services are likely to decrease leading to suboptimal health services reducing coverage for nutrition, immunization, and other basic health services despite the expected increase in child illnesses (measles, acute watery diarrhea, and malaria) in the wet Gu season (March- June 2024). In Juba SIP, outbreaks of Malaria, Measles and diarrhea coupled with a lack of health services, are expected in the projection period, and coupled with reduced humanitarian response will negate the effects of expected improvement in food security leading to deterioration in acute malnutrition. There is need to strengthen health services and disease prevention interventions to prevent further deterioration in acute malnutrition. In Wajid district, flash floods are expected in the projection period compromising WASH practices and increasing risk to child illnesses. The floods trigger diseases outbreak such AWD, malaria, or other water borne diseases leading to acute malnutrition. Access to health services will also be hindered leading to low program coverage. Breastfeeding and care practices remain the same (improving) due to community perception and cultural practices. These attributes will negatively impact the expected improvement in food security. Interventions targeting WASH practices and access to health services are needed to mitigate and manage expected high disease burden in Wajid district.

There are hotspots (Dollow, Galkayo, Bossasso, Dhusamareb-Galgaduud, and Mogadishu (Banadir) IDPS) that have historically mostly remained in Critical situation for current post Deyr season (October 2023- February 2-24) and expected to deteriorate within the same phase in the projection period (March-June 2024) while food security also remains Crisis indicating double vulnerabilities from both food security and acute malnutrition factors. In Dollow IDP, there is sustained high morbidity in the current post Deyr season and past 3 season among children less than 5 years where Current morbidity burden is 30.5 percent and historically 28.9,31.3, 27.0 in the past 3 years. This is attributed to limited access to humanitarian response especially In IDPs which is Humanitarian dependent population with recurrent displacement due to ongoing operation, drought and Floods. Outbreak of waterborne diseases such as cholera, Malaria and measles are anticipated in the Gu season (March-June 2024). Additionally, there is no confirmed planned Protection program targeted to support IDPs. Similar situation exists in Galkayo IDPS. In Mogadishu IDP, GAM rates of 16.2% (IPC AMN phase 4) was registered in current season between October 2023-February 2024 and this has remained similar historically at 24.5%, 17.0%, and 16.7% in 2022- 2021 respectively. Sub-optimal complementary feeding practices; MAD (25.9%) and MDD (29.6%). Low measles vaccination coverage (33.6%) and vitamin A supplementation at 32.9%, and polio vaccination at 65.7%. Anemia and vitamin A deficiency both in children and PLW are at critical levels. Poor housing with harsh weather conditions further heightens the risk to diseases such as fever and ARI and malnutrition. Powdered milk that is mainly sold to IDPs is quite expensive and few households that access in small quantities use it to prepare tea for the household. Low access to health services was observed with 8-month gaps in the functionality of the health facilities in Bossaso. Food gaps remain at crisis with IPC AFI in phase 3 and expected to deteriorate in Dhusamareb IDPs to IPC AFI phase 4 in the projection period. Low wages, high food prices and low humanitarian coverage that is expected to reduce further to less than 10% in the projection period reduces access to food at household and individual (Child) level leading to higher risk of malnutrition. Urgent multi sectoral interventions needed to address both food gaps, health services and IYCF

THE ROLE OF HUMANITARIAN FOOD ASSISTANCE

Sustained provision of food and non-food humanitarian assistance has prevented the worsening of food security and nutrition outcomes in Somalia. Humanitarian food and cash assistance (HFA) is critical in mitigating the severity of food insecurity for the most vulnerable populations. However, HFA has been considerably scaled down amid severe funding shortages. HFA was delivered to approximately 1.95 million people per month during the last quarter of 2023. Assistance provision is falling short of overall targets, with many vulnerable Somalis facing food consumption gaps due to reduced funding.

The Humanitarian Country Team (HCT) has made hard choices to ensure strict prioritization for the Somalia 2024 Humanitarian Needs and Response Plan (HNRP). In line with the reduced funding outlook globally and the increasing humanitarian needs, the HNRP will focus on assisting populations at greatest vulnerability and risk, living in 'extreme' and 'catastrophic' levels of need, as defined at sector level, and be streamlined to center on life-saving efforts.

In line with the HCT guidance, the strict 2024 HNRP prioritization and reduced funding outlook, 2.4 million people will be targeted out of a total of 3.1 million people in need across 54 districts. During the current analysis period (January - March 2024) for the acute food insecurity IPC analysis, an estimated 1.3 million people on average (IDPs 23 %, rural 51% and urban 26% of the total) are receiving food and cash assistance every month. The number of people that will be assisted translates to 48 % (less than half) of the 2024 HNRP target and 7% of the total population. However, food assistance being provided in the following locations is considered significant (covering at least 25% of the total population):

For the projection period (April-June 2024) for the acute food insecurity, only planned and funded/likely to be funded humanitarian food assistance and likely to be delivered has been considered in the analysis. The reduced HFA delivery during January to March 2024 is expected to continue at similar levels in April and May 2024 due to the current funding outlook for Somalia. Accordingly, an estimated 1.4 million people per month on average will be assisted (IDPs 24 %, rural 50% and urban 26% of the total). The reduced HFA delivery from January to March 2024 is expected to continue at similar levels in April and May 2024 due to the current funding outlook for Somalia. Accordingly, an estimated 1.4 million people per month will be assisted (IDPs 24 %, rural 50% and urban 26% of the total). In addition, the Government/WFP safety net will continue to reach 1.2 million people or 200000 households with USD 20 per month through June 2024.

Due to funding constraints, the targeting of humanitarian food and cash assistance will prioritize the most vulnerable in areas with the greatest severity of needs: most food-insecure locations (including conflict and flood affected areas). Newly displaced IDPs, households with acutely malnourished children and pregnant and lactating women, marginalized communities with minority affiliation, and agropastoral households with high dependency burden who have repeatedly experienced crop failures and livestock losses will be prioritized for assistance.

Extreme access challenges coupled with other operational impediments will continue constraining the delivery of HFA in seven districts in southern Somalia: Tayeeglow (Bakool), Sablaale and Wanla Weyn (Lower Shabelle), Adan Yabaal (Middle Shabelle) and Bu'aale, Jilib and Saakow (Middle Juba) even though there are significant populations in need in these areas.

In terms of nutrition, humanitarian assistance continues to play a critical role in preventing the worsening nutrition outcomes among children aged 6–59 months in Somalia. In 2023, a total of 2,3 million children under five years and pregnant and breastfeeding women were treated for acute malnutrition, including around 624,000 severely malnourished children, around 1,2 million moderately malnourished children under five, and 442,000 moderately malnourished pregnant and breastfeeding women. In addition, close to 1.8 million children under five years and pregnant and breastfeeding women received nutrition support (blanket supplementary feeding programme – BSF) to prevent acute malnutrition.

In 2023, the overall coverage was good in urban and IDP population groups and estimated to be poor in rural populations. During the fourth quarter of 2023, the coverage for the targeted supplementary feeding programme (TSFP) for the treatment of moderate malnutrition and BSFP was significantly reduced due to limited funding, logistical challenges, and strict measures to prevent aid diversion. The reduction of the TSFP and BSFP may have increased malnutrition prevalence in the affected areas.

The nutrition programme coverage for the projected period is estimated at 62% for all nutrition interventions including 70% for severe acute malnutrition treatment and 55% for moderate acute malnutrition treatment. The blanket supplementary feeding program will only reach 33% of individuals in need of nutrition help.

The quality of nutrition-specific prevention interventions such as Infant and Young Child Feeding promotion continues to be poor and probably ineffective.

RECOMMENDATIONS FOR ACTION

Population groups classified in Crisis (IPC Phase 3) or worse require interventions aimed at reducing food consumption gaps, eradicating acute malnutrition, saving lives, and protecting and saving livelihoods.

Response Priorities

Acute food insecurity response priorities

- Urgent funding to scale up and sustain humanitarian food and cash assistance.
- Anticipatory action ahead of anticipated flooding during the forthcoming Gu season and Desert Locust in tandem with investment in climate-resilient agriculture and food systems to enhance households' capacity to mitigate risks and shocks.
- Against the backdrop of high needs and limited resources, there is need for all humanitarian actors to improve targeting procedures to ensure assistance is reaching the people most in need, including marginalized communities and inaccessible locations.
- Strengthening area-based and integrated responses to newly displaced people and communities in newly accessible areas, including rural areas.
- In addition to humanitarian assistance, complementary funding is required for recover, development and peace-building efforts is needed to ensure sustainable progress in reducing humanitarian needs in the mid and long-term.

Acute malnutrition response priorities

- Targeted delivery of life-saving humanitarian support: need to continue providing care for wasting services for both severe and moderate forms in vulnerable women and children, specifically for children in hard-to-reach areas and minority groups.
- Prioritise malnutrition prevention interventions: The nutrition response needs to priorities viable malnutrition prevention initiatives (e.g. food-based approaches) in vulnerable groups, children, women, and adolescents. The response needs to balance the delivery of life-saving services with sustainability.
- Expand access to basic WASH services: the recent El Nino floods which affected many parts of the country, has contributed to increasing morbidity and the risk is still high. A deliberate need to continue offering humanitarian water, sanitation and hygiene services, with plans to link with development and sustainable WASH services.
- Sustain and scale-up basic health services across the country in particular measles vaccination and vitamin A supplementation which is suboptimal in many parts of the country.
- 10. Scale-up targeted mass screening and referral using Mid Upper Arm Circumference (MUAC) and working with Cluster Partners in malnutrition hotspot areas and densely populated IDPs for early identification, referral to appropriate care and treatment.

Situation monitoring and update

- The food and nutrition situation remains a concern and needs to be monitored particularly during the Gu season, which is the peak of wasting historically in Somalia. Mass screening using MUAC and nutrition and mortality surveillance systems should be strengthened especially IDPs and malnutrition hotspot areas classified in IPC AMN Phase 4.

Risk factors to monitor

- 2024 HNRP funding levels given the reduced funding outlook and criticality of humanitarian assistance.
- Coverage of and access to humanitarian assistance, including food security, health, nutrition and WASH
- 2024 Gu season rainfall onset and performance and likely impacts on crop and livestock production, including crop harvest, pasture and water availability, livestock body conditions, births, and milk availability.
- Food and nutrition insecurity among displaced, marginalized communities with minority affiliation, and other vulnerable population groups.
- Insecurity and conflict and likely impact on access, food security and nutrition.
- Prices of local and imported food commodities, water prices, livestock prices, wage labour rates, and livestock to cereal and labour-wage to cereal Terms of trade.
- Offseason crop production in riverine areas.
- Flood risk monitoring, including close monitoring of the Shabelle and Juba River water levels.
- Population displacement due to conflict/insecurity and natural hazards e.g. riverine and flash flooding.
- Admission of acutely malnourished children and Pregnant and Lactating Women to treatment and feeding centers.



- Immunization and vaccination coverage.
- Disease outbreaks, including water borne and vector borne diseases, and measles.
- Food chain threats e.g. Desert Locust infestations and transboundary animal diseases and their potential effect on crops and livestock.
- Disease outbreaks, especially malaria, diarrhea, cholera and measles. Special focus should be given to flood affected areas.
- Admission trends for routine treatment and care for children with moderate and severe forms of wasting.
- Immunization (especially measles) coverage and access especially in rural and hard to reach areas.
- Population displacement, especially into urban areas due to floods and conflict.
- Food security situation including food prices, market functionality, cereal harvest, milk access and availability of diverse foods.



PROCESS AND METHODOLOGY

The IPC AFI and AMN analysis workshops were conducted concomitantly in Hargeisa from 14 to 25 January 2024 after a refresher training on the IPC protocols. The analysis saw the attendance of 40 key partners. The level of evidence for each analysis was assessed either High (Evidence Level 3 ***) or Medium (Evidence Level 2 **) for the AFI and the AMN analysis.

Sources

- The Somalia's 2023 Post Deyr IPC AFI analysis utilized data from both primary and secondary sources. Primary data sources included:
- Somalia 2023 Post Deyr countrywide integrated food security, nutrition, and mortality assessment, covering rural, urban, and displaced populations (FSNAU-led).
- Somalia 2023 Post Deyr countrywide comprehensive rural and rapid IDP and urban food security assessments (FSNAU-led).
- ACF and CARE integrated food security, nutrition, and mortality assessment

Secondary data sources include:

- UNHCR's PRMN (Protection and Return Monitoring Network) data on population movement.
- FSNAU/FEWS NET data on market prices.
- USGS Rainfall and Vegetation Cover (NDVI) data.
- Climate Hazards Group InfraRed Precipitation with Station data (CHIRPS).
- FAO SWALIM data on River Levels.
- REACH Multi-Sector Needs Assessment data (June-August 2023)
- OCHA for Somalia's 2024 population estimate (used for humanitarian planning purposes).

Regarding the AMN analysis, the FSNAU and partners conducted 44 surveys which were based on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology, and 7 were assessments that used Mid Upper Arm Circumference (MUAC screening) as an indicator of wasting. The survey covered 36,744 children aged 6–59 months (18,631 boys and 18,113 girls) from 25,551 households. During the SMART assessments, all sampled households also provided retrospective mortality data for the 90 days prior to the assessments. The same households provided concurrent data on mortality, food security, and nutrition. Other data sources were from partners such as ACF, REACH and WASH cluster. The analysis was conducted for 50 analysis areas (28 rural livelihoods, 11 urban areas and 11 IDPs).

Limitations of the analysis

Conflict and insecurity limits access to the population of concern and lack of qualified partners in some areas: Juba and parts of Central (Coastal Deeh and Cowpea), Hiran (Buloburti and Jalalaqsi), Bay, Bakoo (Teiglow and Rabdhure), and parts of Shabelle regions.

SMART surveys are cross-sectional surveys that limit our ability to draw conclusions about causality. However, wherever significant associations exist between variables, these are reported.

Regarding the population figures, there are significant discrepancies between PESS 2014, OCHA/IMWG, REACH/CCM Detailed Site Assessments, etc., and observations on the ground in terms of IDP population estimates. These affect the sampling process and the acute malnutrition burden estimation.

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

Contact for further Information

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

IPC Analysis Partners:





ANNEX 1: COMPARATIVE ANALYSIS OF GAM PREVALENCE BETWEEN 2023 POST DEYR AND 2022 POST DEYR BY UNIT OF ANALYSIS

Population Group	GAM prevalence (%)		Difference (2023 Deyr vs 2022 Deyr)	
	2023 Deyr (95% CI)	2022 Deyr (95% CI)	GAM Prevalence	p-value
East Golis Pastoral (Northwest & Northeast)	7.2 (5.0-10.1)	18.6 (15.1-22.7)	-11.4	0.000
Bosasso IDPs (Bari)	18.0 (14.7-21.8)	13.8 (11.3-16.8)	4.2	0.6
Northern Inland Pastoral of Northeast	8.0 (5.2-12.1)	11.9 (8.5-16.4)	-4.0	0.12
Hawd Pastoral of (Mudug & Galgadud)	18.0 (15.6-20.8)	20.2 (16.0-25.3)	-2.2	>0,05
Coastal Deeh Pastoral/Fishing of Northeast	7.6 (4.9-11.7)	9.5 (5.9-14.9)	-1.9	>0,05
Garowe IDPs (Nugaal)	7.6 (5.5-10.4)	16.9 (13.2-21.4)	-9.3	0.000
Galkacyo IDPs (Mudug)	18.0 (14.9-21.5)	15.4 (12.3-19.1)	2.6	>0,05
Dhusamareb IDPs (Galgadud)*	16.5	12.1	4.4	0.0694
Addun Pastoral (Mudug & Galgadud)	14.6 (11.5-18.4)	13.9 (11.2-17.1)	0.7	>0,05
Beletweyne District (Riverine&Agro-pastoral)	15.5 (10.8-21.7)	17.7 (14.1-21.8)	-2.2	>0,05
Beletweyne Urban and IDPs (combined)	20.3 (16.4-24.9)	16.4 (13.0-20.4)	3.9	0.163
Mogadishu IDPs (Banadir)	16.2 (13.2-19.8)	24.5 (20.6-28.9)	-8.3	0.002
Bay Agropastoral (Sorghum High Potential & Bay-Bakool Low Potential)	15.6 (12.6-19.1)	19.8 (16.5-23.7)	-4.2	0.08
Baidoa IDPs (Bay)	13.5 (11.0-16.5)	21.2 (18.0-24.6)	-7.7	0.000
Dollow IDPs (Gedo)	15.3 (12.5-18.6)	15.2 (12.5-18.5)	0.1	>0,05
North Gedo Pastoral (Southern Inland Pastoral)	14.4 (11.1-18.4)	12.9 (10.2-16.0)	1.5	>0,05
North Gedo Riverine	15.5 (12.5-19.1)	15.4 (11.9-19.6)	0.1	>0,05
Kismayu IDPs (Lower Juba)	17.0 (14.2-20.2)	15.2 (12.6-18.2)	1.8	>0,05

Note: The above comparative analysis analysis was done using the CDC SMART calculator for two surveys

*Dhusamareb IDPs (Galgadud) is exhaustive assessment, covering all sections of the settlement and all eligible households.

ANNEX 2: 2023 POST DEYR LIST OF ACUTE MALNUTRITION MAJOR CONTRIBUTING FACTORS

[illegible]