SOMALIA

4.4 MILLION SOMALIS FACE HIGH LEVELS OF ACUTE FOOD INSECURITY AS DROUGHT CONDITIONS LOOM; 1.6 MILLION CHILDREN LIKELY TO SUFFER FROM ACUTE MALNUTRITION

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS JULY - DECEMBER 2024

Published 23 September 2024

CURRENT SITUATION : JULY - SEPTEMBER 2024

3.6 M

19% 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
Phase 4	724,000 People in Emergency
Phase 3	2,855,000 People in Crisis
Phase 2	6,053,000 People in Stressed
Phase 1	9,074,000 People in food security

PROJECTED SITUATION: OCTOBER - DECEMBER 2024

4.4 M

23% 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
Phase 4	982,000 People in Emergency
Phase 3	3,406,000 People in Crisis
Phase 2	6,534,000 People in Stressed
Phase 1	7,785,000 People in food security

ACUTE MALNUTRITION: AUGUST 2024 - JULY 2025

1.6M

cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	403,000
Moderate Acute Malnutrition (MAM)	1,245,000

Overview

The erratic rainfall between May and June 2024 led to a reduction in crop production in agropastoral livelihoods. While the Gu rains improved the pasture and water availabilities in pastoral livelihoods, localised floods affected population in riverine and adjacent urban areas in Hiraan, Gedo, Middle Shabelle and lower Shabelle displacing part of the population. Conflict and insecurity across regions also led to population displacement and disrupted agricultural activities and market access.

As a consequence, approximately 3.6 million Somalis (19 percent of the population) are in IPC AFI Phase 3 or above (Crisis or worse) between July to September 2024. Of these, 2.9 million people (15 percent of the population) are in IPC AFI Phase 3 (Crisis), and around 724 000 people (4 percent of the population) are experiencing worse conditions in IPC AFI Phase 4 (Emergency).

Key drivers for acute food insecurity and malnutrition

Flooding: Riverine and flash floods caused damages population displacement, crop losses, and disruptions to market access in some southern parts of Somalia.

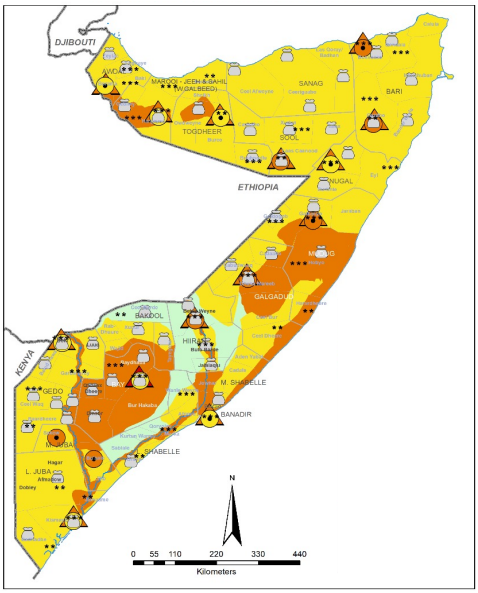
Erratic rainfall: Early cessation of Gu season rainfall affected agropastoral areas; additional impact expected due to anticipated below average Deyr season rainfall. .

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: Food prices remain above average in many areas, limiting household access to food. High food prices across Somalia are driven by rainfall and floods impacting production and disrupting transportation networks.

Diseases: High disease burden, low coverage, hence access, of health and nutrition services. Similarly, inadequate access to improved drinking water and sanitation. inadequate child feeding practices across the country.

Current Acute Food Insecurity (July -Sept 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

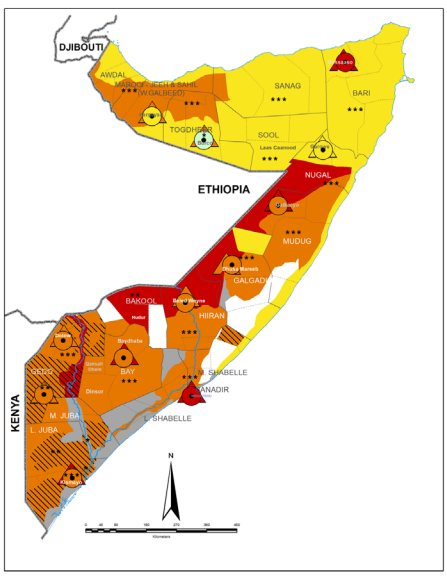
* Acceptable
** Medium
*** High

Classification takes into account levels humanitarian food assistance provided

At least 25% of households meet 25-50% of caloric needs from humanitarian food assistance

At least 25% of households meet over 50% of caloric needs from humanitarian food assistance

Current Acute Malnutrition (June - Sept 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

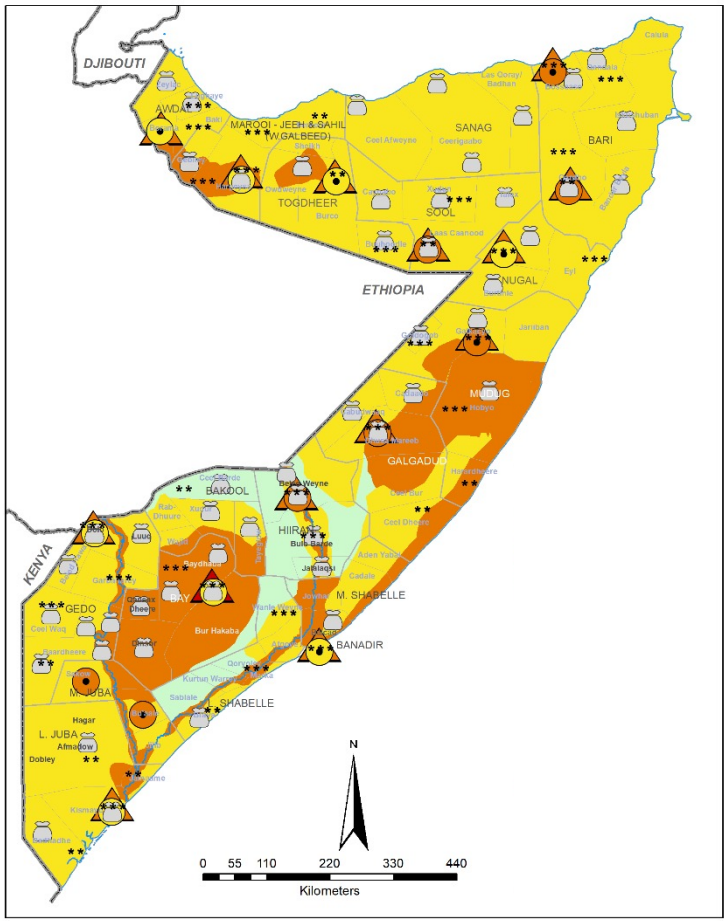
Evidence Level

* Acceptable
** Medium
*** High

In comparison to the same period last year, when approximately 3.7 million people were classified in IPC Phase 3 or above (Crisis or worse) due to protracted drought, the current figure represents a slight (3 percent) reduction in the number of food insecure population. This is attributed to better rainfall over the past two seasons with a positive impact on livelihoods and continued humanitarian assistance, albeit at a reduced level.

Further worsening of the food security situation is expected in the projected period from October to December 2024, when below-normal Deyr season rains are anticipated. As a result, the number of people facing IIPC Phase 3 or above (Crisis or worse) is expected to increase to 4.4 million (23 percent of the population).

ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JULY - SEPTEMBER 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: July - September 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	29,9900	47%	232,410	37%	88,220	14%	15,630	1%	0	0	103,850	16%
Bakool	543,371	307,530	57%	131,240	24%	69,220	13%	35,340	2%	0	0	104,560	19%
Banadir	3,171,391	178,6270	56%	890,340	28%	347,190	11%	147,600	5%	0	0	494,790	16%
Bari	1,232,231	646,290	52%	376,570	31%	160,980	13%	48,400	5%	0	0	209,380	17%
Bay	1,247,975	401,900	32%	387,270	31%	307,590	25%	151,220	9%	0	0	458,810	37%
Galgaduud	812,638	272,570	34%	317,610	39%	163,390	20%	59,070	5%	0	0	222,460	27%
Gedo	975,586	482,880	49%	290,860	30%	157,750	16%	44,060	6%	0	0	201,810	21%
Hiraan	504,816	204,430	40%	224,570	44%	70,220	14%	5,610	2%	0	0	75,830	15%
Lower Juba	1,158,256	694,470	60%	273,760	24%	155,410	13%	34,600	5%	0	0	190,010	16%
Lower Shabelle	1,593,117	968,310	61%	416,720	26%	197,280	12%	10,820	4%	0	0	208,100	13%
Middle Juba	430,129	179,190	42%	158,730	37%	81,670	19%	10,500	3%	0	0	92,170	21%
Middle Shabelle	1,013,352	500,030	49%	292,570	29%	188,660	19%	32,100	4%	0	0	220,760	22%
Mudug	1,470,309	568,930	39%	554,400	38%	286,670	19%	60,320	3%	0	0	346,990	24%
Nugaal	631,810	321,720	51%	210,820	33%	93,090	15%	6,180	2%	0	0	99,270	16%
Sanaag	428,699	189,150	44%	173,650	41%	60,010	14%	5,880	1%	0	0	65,890	15%
Sool	548,975	184,880	34%	245,560	45%	110,930	20%	7,600	3%	0	0	118,530	22%
Togdheer	860,684	391,900	46%	334,580	39%	121,570	14%	12,670	4%	0	0	134,240	16%
Woqooyi Galbeed	1,447,484	673,750	47%	541,640	37%	195,460	14%	36,610	3%	0	0	232,070	16%
TOTAL	**18,706,931**	**9,074,100**	**49%**	**6,053,300**	**32%**	**2,855,310**	**15%**	**724,210**	**4%**	0	0	**3,579,520**	**19%**

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.

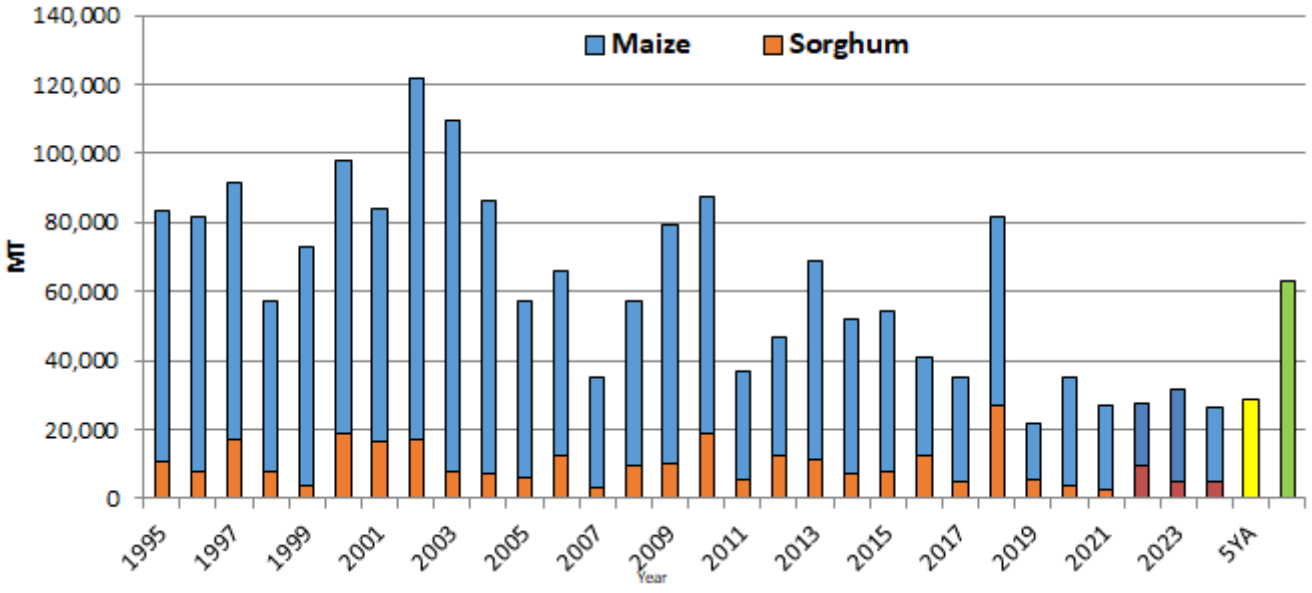
ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW AND KEY DRIVERS (JULY-SEPTEMBER 2024)

According to the IPC Acute Food Insecurity classification based on convergence of evidences from various sources of information (household surveys and field assessments mainly conducted between June and July 2024), more than 3.6 million Somalis are experiencing high levels of acute food insecurity (IPC Phase 3 or above) between July and September 2024. Humanitarian assistance is needed to prevent the worsening of food security and nutrition outcomes in these areas. An additional 6 million people are Stressed (IPC Phase 2), bringing the total number of people experiencing acute food insecurity (IPC Phase 2 or above) to 9.6 million.

During the current analysis period (July to September 2024), Northwest and Tog-dheer Agro Pastoral, Coastal Deeh of Gal-gadud and Middle Shabelle, Addun Pastoral of Gagadud, Sorghum high potential of Bay, Middle Shabelle, Gedo and Middle juba, Low potential of Bay and Bakool and riverine pump and gravity irrigation of Juba, Shabelle, Gedo and Hiraan regions are classified in Crisis (IPC Phase 3) and experiencing significant food consumption gaps, high levels of malnutrition, or are resorting to emergency coping strategies to meet minimum food needs. Most pastoral livelihoods across the country and some agropastoral livelihoods (Cowpea belt agropastoral, Southern agropastoral and Southern Rain-fed Maize agropastoral) in central and southern Somalia are classified as Stressed (IPC Phase 2) and have minimally adequate food consumption but may need to employ non-sustainable strategies to meet other essential needs. On the other hand, Southern Inland Pastoral livelihood of Galgadud, Hiraan, Middle Shabelle, Lower Shabelle, Bay and Bakool regions is classified as Minimal (IPC Phase 1), indicating a food secure situation during the analysis period. The situation among Internally Displaced People (IDPs) in Somalia remains critical, with most IDP settlements classified in Crisis (IPC Phase 3), indicating acute food insecurity and urgent need for assistance. However, IDP populations in Bay and Bakool regions are classified in Emergency (IPC Phase 4) as they are experiencing large food consumption gaps. Urban populations, while slightly better off, still face significant challenges, with many areas classified as Stressed (IPC Phase 2) or Crisis (IPC Phase 3), reflecting the ongoing struggle to meet basic food needs.

The April to June 2024 Gu rains started on time in most areas (between early to mid-April); an exception is the northeast where Gu rains started late. Rainfall amounts continued through early May 2024 but lack of rainfall during most of May and June 2024 signalled the early withdrawal of Gu season rainfall in most parts of the country. Overall rainfall amounts were average to above average, but distribution over time and space was atypically poor, negatively affecting cropping growth and development in most agropastoral livelihoods. However, Gu rains improved pasture and water availability across most pastoral livelihoods. Localized floods affected riverine and urban populations in Hiraan, Gedo, Middle Shabelle and Lower Shabelle regions. Flash floods caused major damages in parts of Gedo, Bay and Bakool and parts of Shabelle regions causing temporary population displacement, crop losses, and disruptions to market access.

Trends in Gu Season Cereal Production in Southern Somalia (1995-2024)



The 2024 Gu season crop production in southern Somalia is estimated to be 64 400 metric tons, including 14 100 metric tons of off-season harvest expected in late September/October 2024, 45 percent lower compared to the long-term average for 2019-2023. This level of poor crop production is attributed to a combination of factors including erratic rainfall patterns, extended periods of dry spells, insecurity, instances of flooding, pest infestations, and a lack of necessary farming inputs. Similarly, in the Northwest, the 2024 Gu/Karan cereal harvest expected in October/November is estimated to be 12 500 metric tons, 62 percent lower than the average for 2010-2023, mainly due to poor and erratic rainfall, prolonged dry spells and pests.

The early onset of Gu season rainfall in March/April 2024 has positively impacted rangeland conditions across the country, enhancing pasture, browse, and water availability in key pastoral and agropastoral areas. However, some northern regions experienced below-average rainfall, prompting livestock migration to areas with better conditions. Despite this, water prices have remained low or comparable to the five-year average, due to increased water availability. The birth rates for all species are medium to high, contributing to improved milk production and availability nationwide.

Prices of maize and sorghum in July 2024 decreased slightly from improved supplies from Gu 2024 and are below last year but near the average. International prices of all major cereals declined in January to July 2024 amid ample global supply but are still above average due to weak local currency, conflict and high transport costs.

According to UNHCR's Protection and Return Monitoring Network (PRMN) data, approximately 236,229 people were displaced between January to July 2024, mainly due to floods (51percent) and insecurity and conflict (31percent). Most conflict related displacements occurred in Bay, Lower Juba, Mudug, Middle Juba, and Lower Shabelle regions.

Humanitarian assistance, including food, cash, and other forms of aid, has continued to play a crucial role in mitigating severe food security and nutrition outcomes in many regions. However, since January 2024, the provision of humanitarian food and cash assistance has been on the decline, primarily due to funding constraints. Between January and March 2024, food and cash assistance reached an average of 2.1 million people per month, but this number decreased to 1.5 million between April and June 2024, and further down to 1.3 million between July and September 2024. Funding shortages have already compelled humanitarian partners to scale down their response, prioritizing the most vulnerable populations in areas with the greatest need.

Outcome Data

The 2024 Post Gu Somalia IPC analysis was conducted through collaborative efforts with Food Security and Nutrition Cluster partners, incorporating a wide range of household data sources. FSNAU carried out 42 household surveys (22 in rural, 11 in urban, and 11 among IDPs). WFP conducted 11 additional assessments across rural, urban, and IDP areas. As part of its Mult-Sectoral Needs Assessments (MSNA), REACH collected data from 15 rural areas, 10 IDP settlements, and 2 urban locations, while data from Concern Worldwide focused on Baardhere livelihoods and IDPs. The various assessments generated data on food security and nutrition outcome indicators, including on Food Consumption Score (FCS), Household Dietary Diversity Score (HDDS), Reduced Coping Strategies Index (rCSI), Household Hunger Scale (HHS), Livelihood Coping Strategies (LCS), Global Acute Malnutrition (GAM) prevalence, Crude Death Rate (CDR), and Under-Five Death Rate (U5DR).

The findings from the household food consumption assessment, based on a 7-day recall period (FCS), revealed that in 33 out of 85 population groups, more than 20 percent of households experienced poor food consumption, indicating an Emergency classification (IPC Phase 4). Approximately five groups, including Borama IDPs, Bosasso IDPs, Las Canod IDPs, Guban Pastoral, and Coastal Deeh Pastoral, reported over 50percent of households with poor food consumption. Additionally, 25 population groups showed that an average of 20 percent or more households had borderline food consumption, indicating a Crisis classification (IPC Phase 3). The remaining 26 population groups exhibited acceptable food consumption levels, corresponding to a Minimal or Stressed classification (IPC Phase 1 or 2).

In Somalia, where households often maintain a somewhat diversified diet even in times of inadequacy, the Household Dietary Diversity Score (HDDS)—which measures the number of different food groups consumed over a 24-hour recall period—generally indicates a positive food security outcome. The Post Gu results for 2024 show that in more than 20 percent of households in certain groups, an HDDS score of 3-4 was reported, indicating a Crisis classification (IPC Phase 3). Among these, 33 groups, including Borama IDPs, Laas Canood IDPs, Saakow Urban, and Saakow district, reported over 50percent of households consuming 3 to 4 food groups. In contrast, the remaining 78 groups indicated that 20 percent or more households had an HDDS score of 5 or more, suggestive of a Minimal or Stressed classification (IPC Phase 1 or 2).

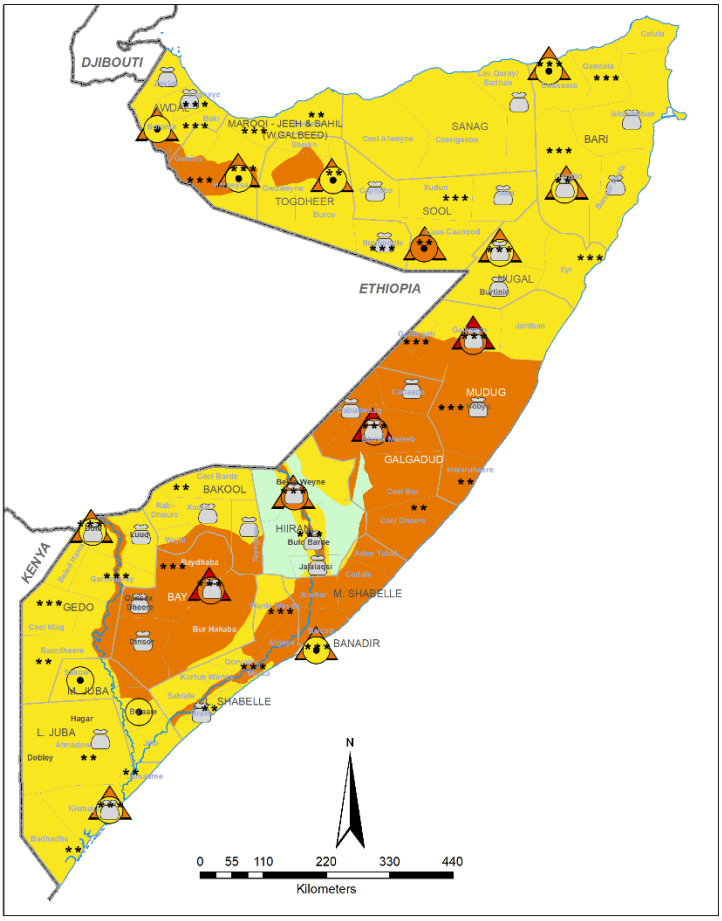
The Reduced Coping Strategies Index (rCSI), based on a 7-day recall period, revealed that approximately 32 out of the 85 population groups had 20 percent or more households employing crisis-level consumption coping strategies (rCSI score of 19 or more), indicating an IPC Phase 3 classification. Three groups, including Dhusamareeb Urban, and IDPs in Garowe, showed over 50percent of households in IPC Phase 3 or higher.

The Household Hunger Scale (HHS), which measures the extent of hunger experienced by households over a 30-day recall period, indicated that Saakow rural and Dhusamareeb IDPs reported 14 and 15 percent of households experiencing severe hunger, respectively. Most population groups (67) had 20 percent or more households experiencing moderate hunger, indicative of Crisis (IPC Phase 3). In 30 population groups, 20 percent or more households reported experiencing slight hunger, indicative of Stressed (IPC Phase 2). The remaining 8 population groups had more than 80 percent of households not experiencing any hunger, indicative of Minimal (IPC Phase 1).

Livelihood coping strategies index measures strategies households use when they are unable to meet their food needs. The 2024 Post Gu results indicate that in 32 out of 85 population groups analysed, 20 percent or more households reported extreme depletion or liquidation of livelihood assets and strategies, indicative of Emergency (IPC Phase 4). In 40percent of all assessed areas were classified in IPC Phase 3 or worse.

The prevalence of acute malnutrition, based on weight-for-height measurements, showed that 9 out of 37 population groups were classified as Critical (IPC AMN Phase 4),.19 population groups were classified in Crisis (IPC AMN Phase 3), while only 9 were classified as Stressed (IPC AMN Phase 2). The highest GAM prevalence was recorded among Galkayo IDPs (24.7percent).

ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (OCTOBER-DECEMBER 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: October-December 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	288,120	45%	261,800	41%	78,920	12%	7,280	1%	0	0	86,200	14%
Bakool	543,371	243,090	45%	153,070	28%	99,380	18%	47,810	9%	0	0	147,190	27%
Banadir	3,171,391	1,360,670	43%	1,048,910	33%	523,100	16%	238,730	8%	0	0	761,830	24%
Bari	1,232,231	662,300	54%	376,570	31%	153,540	12%	39,840	3%	0	0	193,380	16%
Bay	1,247,975	191,630	15%	444,140	36%	401,520	32%	2106,80	17%	0	0	612,200	49%
Galgaduud	812,638	214,110	26%	314,820	39%	202,040	25%	81,620	10%	0	0	283,660	35%
Gedo	975,586	451,840	46%	314,840	32%	170,370	17%	38,530	4%	0	0	208,900	21%
Hiraan	504,816	167,200	33%	233,200	46%	92,070	18%	12,380	2%	0	0	104,450	21%
Lower Juba	1,158,256	636,840	55%	315,040	27%	171,750	15%	34,600	3%	0	0	206,350	18%
Lower Shabelle	1,593,117	760,060	48%	497,510	31%	275,430	17%	60,150	4%	0	0	335,580	21%
Middle Juba	430,129	198,500	46%	168,310	39%	61,730	14%	1,580	0%	0	0	63,310	15%
Middle Shabelle	1,013,352	403,610	40%	333,250	33%	213,460	21%	63,050	6%	0	0	276,510	27%
Mudug	1,470,309	516,230	35%	516,630	35%	351,280	24%	86,150	6%	0	0	437,430	30%
Nugaal	631,810	321,720	51%	210,820	33%	93,090	15%	6,180	1%	0	0	99,270	16%
Sanaag	428,699	177,920	42%	185,450	43%	59,430	14%	5,880	1%	0	0	65,310	15%
Sool	548,975	173,930	32%	246,230	45%	114,570	21%	14,250	3%	0	0	128,820	23%
Togdheer	860,684	344,380	40%	346,810	40%	149,710	17%	19,800	2%	0	0	169,510	20%
Woqooyi Galbeed	1,447,484	672,700	46%	566,570	39%	195,050	13%	13,160	1%	0	0	208,210	14%
TOTAL	**18,706,931**	**7,784,850**	**42%**	**6,533,970**	**35%**	**3,406,440**	**18%**	**981,670**	**5%**	0	0	**4,388,110**	**23%**

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 (OCTOBER-DECEMBER 2024)

In pastoral areas, the expected medium to high birth rates of small ruminants and moderate calving will likely result in sufficient herd growth and increased milk availability in the most concerned areas. This will enable poor households to marginally meet their minimum food requirements. Increase in livestock sales and milk production for both consumption and sale are expected to off-set the above-average staple food prices and help reduce food consumption gaps. Although poor households will need to repay old debts, they will likely be able to purchase food on credit. As a result, Stressed (IPC Phase 2) is expected to be sustained in most pastoral livelihoods, except for the Adduun Pastoral, Hawd Pastoral, and Coastal Deeh Pastoral areas of the Central and Middle Shabelle regions, where poor households' livestock holdings remain below baseline levels and income from livestock and milk sales are insufficient to meet adequate food needs. In these areas, Crisis (IPC Phase 3) is expected to persist due to the continued below-baseline livestock herd sizes. Income from milk and livestock sales will remain below normal and is expected to be diverted to repay large debts accumulated during 2020-2022.

However, in the pastoral areas of the south, food security is expected to slightly deteriorate or remain at Stressed (IPC Phase 2) levels due to reduced income from livestock and milk sales, despite the anticipated medium to low calving rates and projected near-normal pasture and water availability during the Deyr season. Additionally, persistent high food prices are expected to further impact food security negatively.

In agropastoral areas, access to agricultural labor income and milk is expected to decline due to anticipated below-average Deyr rainfall. The expected erratic Deyr season rainfall and inadequate will significantly reduce labor opportunities and wage rates. Consequently, household cereal stocks will be limited or depleted.

Staple food prices are expected to trend near or above average, levels, slightly deteriorating household purchasing power. Due to anticipated medium to low camel and cattle births and below-baseline livestock herd sizes, milk production and livestock sales are expected to remain below average. Sources of income and food are expected to decline to below-normal levels, and green Deyr harvests will not be available throughout the scenario period. Consequently, the Crisis (IPC Phase 3) is expected to either deteriorate or be sustained in the Central Agropastoral (Cowpea Belt) and crop-dependent agropastoral livelihood zones, including Sorghum High Potential Agropastoral and Bay-Bakool Low Potential Agropastoral zones. This is due to the expected below-average Deyr rainfall, severe soil moisture deficits, loss of seed germination due to predators and poor soil moisture, limited household cereal stocks, and low agricultural labor opportunities and income. As a result, food availability and access are likely to be constrained.

Key Assumptions

- According to NOAA, La Niña, associated with drought conditions in the eastern Horn of Africa, including Somalia, will likely emerge in September to November (71percent) and persist through January to March 2025.
- As a result, a below-average rainfall is likely for the October-December 2024 Deyr season in most parts of Somalia.
- Flooding in riverine areas is less likely due to below average rainfall.
- Due to below Deyr season average rainfall, agricultural employment opportunities and wages are expected to decline in riverine and agropastoral livelihood zones.
- Pasture conditions will likely be at least minimally sufficient to maintain livestock production and reproduction until December, though abnormal livestock migration are likely.
- Milk availability will likely improve due to increased livestock births and favourable pasture conditions.
- Food prices are expected to increase and remain above-average due to dwindling stocks from the 2024 Gu harvest.
- 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 remain at similar levels in October to December as they were in July-September.

However, in the livestock-dependent agropastoral areas, including the Southern Agropastoral and Southern Rainfed Agropastoral livelihood zones, improved livestock conditions and value, along with increased access to milk for consumption and sales, are expected to sustain food security at Stressed (IPC Phase 2) levels.

In the Northwestern Agropastoral livelihood zones, a largely below-average Gu/Karan harvest, which is 62 percent below the PET year 2010-2023 average, is expected in November 2024. This will somewhat improve food availability and access for some households, though most will remain dependent on purchasing food. Poor households are likely to spend most of their income from production and crop fodder sales on debt relief. The expected low cattle births and medium small ruminant births during the Deyr season will result in improved milk production and livestock herd size and value, sustaining the Crisis (IPC Phase 3) classification.

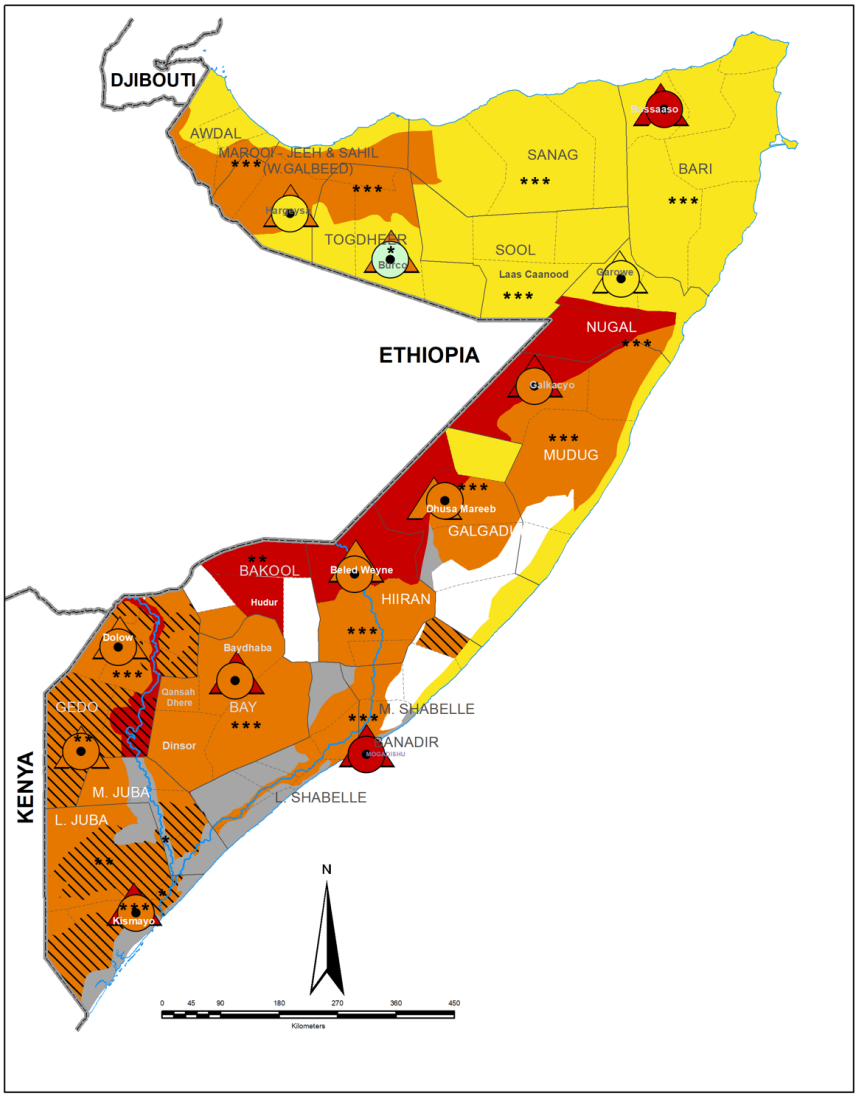
In the Togdheer Agropastoral zone, no cropping activities are expected from October to December 2024 due to the cold season. However, low cattle births and medium goat and sheep births, along with improved pasture and livestock conditions and value, are expected to mitigate worsening food security and sustain the Crisis (IPC Phase 3) classification.

In most riverine livelihood zones of Hiraan, Gedo, Middle Juba, and parts of Middle Shabelle, poor households are likely to harvest off-season crops in September 2024, which will improve food consumption and aid in debt relief. Given the projected below-average October-December 2024 Deyr rainfall, the likelihood of flood damage is decreased. Households are expected to continue Deyr cropping activities and earn income from agricultural labor due to minimal flooding as a result of forecast below-average rainfall. Most farms in riverine villages will likely have normal access to markets, and stable but high imported food prices will primarily sustain the normal market food supply.

Households are likely to increase their reliance on wild food consumption. Labor income from Deyr seasonal cultivation, starting in October 2024, will primarily support food purchases. Increased food consumption from the off-season harvest, along with improved access to food purchases and wild food consumption, is expected to decrease Acute Malnutrition (AMN) levels to Serious levels, despite limited access to health services. These factors are anticipated to support Crisis (IPC Phase 3) outcomes between October and December 2024.

Between October to December 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 Mudug, Galgadud, Bay and Bakool regions will face Emergency (IPC AFI Phase 4), characterized by significant food consumption gaps, between October to December 2024. This is mainly due to disruptions to livelihoods and market access, disease outbreaks, and reduced access to health services and reduced level of 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 (JUNE-SEPTEMBER 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

ACUTE MALNUTRITION OVERVIEW (JUNE-SEPTEMBER 2024)

An estimated 1.6 million children aged 6 – 59 months are expected to suffer from acute malnutrition and be in urgent need of treatment between August 2024 and July 2025. This includes approximately 403 000 and 1.2 million of cases of children likely to suffer SAM, and Moderate Acute Malnutrition (MAM), respectively. Notably, 66percent of the total burden is concentrated in southern Somalia. Compared to the same season of last year, the expected burden represents a 14 and 21 percent increase for GAM and SAM, respectively.

Regarding the severity of the acute malnutrition situation, between June and September 2024, out of the forty-nine analyzed areas , thirteen are classified in IPC Phase 4 (Critical). These include IDPs in Bosasso (Bari), Galkacyo (Mudug), Mogadishu (Banadir), Baidoa (Bay) and Kismayu (L. Juba), as well some rural areas in Hawd Pastoral of Northeast & Central, North Gedo Riverine, in Gedo and among Urban in Mogadishu (Banadir), Bosaaso (Bari) all of which were assessed based on Weight for Height z-scores. Other areas in Critical situation include the Elberde Southern inland pastoral (Bakool), South Gedo Riverine and Agropastoral (Gedo), analyzed using GAM based on MUAC, and Mataban districts in Hiran, analyzed employingthe IPC AMN protocols for similar areas. Three areas-Mataban, Jalalaqsi and Buloburte used outcome data from similar areas. areas.

Moreover, a total of twenty-five population groups are classified in IPC Phase 3 (Serious). This includes fourteen rural populations, namely West Golis pastoral, Northwest Agropastoral, Addun pastorals, North Gedo and south Gedo pastoral, Juba riverine and Juba cattle pastoral, Beletweyne, Buloburte, and Jalalaqsi Districts, Shabelle riverine and Agropastoral, Adanyabaal district and Bay Agropastoral. Additionally, five urban populations in Galkacyo, Dhusamareeb, Baidoa, Dolow, and Kismayo and six IDPs settlements, namely Hargeisa, Burao, and Baidoa, Dollow, Beletweyne and Baardheere.

A comparative statistical analysis of the GAM prevalence based on WHZ from this year's Gu and last year indicated a significant improvement in the prevalence in three areas, namely West Golis, Garowe IDPs and Beletweyne rural of riverine. Significant deterioration was observed in Baidoa and Galkacyo IDPs. On the latter, while the overall situation in Galkacyo IDPs was classified as Critical situation, based on the GAM prevalence based on WHZ of 24.7 percent, an in-depth exploratory data analysis informed by the high design effect of 1.83, revealed some differences in the distribution of the prevalence across the surveyed area, as follows:

In Galkacyo South, the GAM prevalence by WHZ was 22.2 percent (N=453) with a design effect of 1.1 and GAM prevalence by MUAC was 19.0 percent (N=453) with design effect of 1.21.

In Galkacyo North, GAM by WHZ prevalence was 27.4 percent (N=414) with a design effect of 2.8 and GAM prevalence by MUAC was 10.4 percent, with a design effect of 3.35.

The observed deterioration is attributed largely to the observed reduction in the provision of and access to health and nutrition services due to funding challenges since the beginning of the year, having led to a stop in the functioning of some health services, coupled with the influx of IDPs as a result of the clan conflict in Mudug region that has happened in the months of May-July.

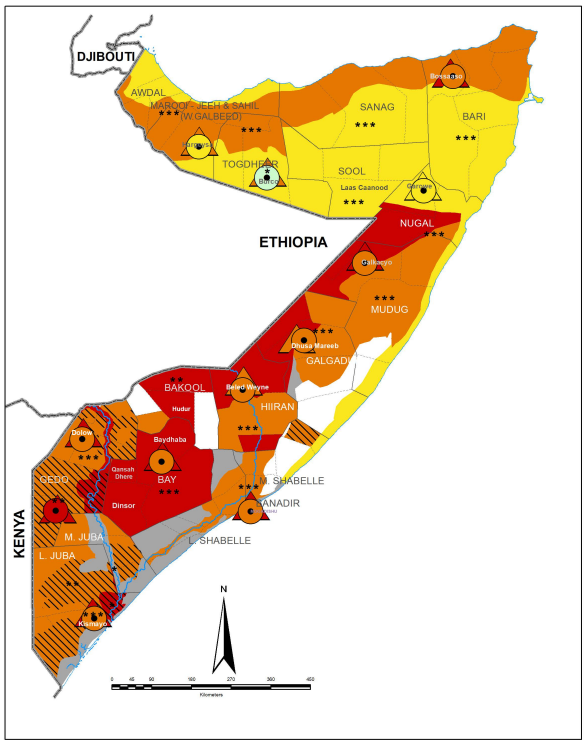
As for the key drivers, several factors contribute to acute malnutrition. They include high disease burden, with a total of eighteen areas recording a high morbidity prevalence (above 20 percent) with the highest in Juba Riverine 39.4 percent, followed by agropastoral in Somaliland (35.3 percent), Bay agropastoral (33.3 percent), Galkacyo urban (32.3 percent) and Mogadishu IDPs (30.5 percent). Fever, cough (proxy of Acute Respiratory Infections), and diarrhoea were the most prevalent childhood illnesses reported. Additionally, outbreaks of acute watery diarrhoea and measles have been particularly present in Southern areas.

Moreover, access to health and nutrition services remains low, with coverage of vitamin A supplementation and measles vaccination falling below 80 percent in more than 30 of the assessed areas. The lowest measles coverage rates were recorded at just 8.2 percent in Shabelle agropastoral, 23.3 percent in Baardhere district and 20 percent in Guban pastoral, all of which heighten the risk of acute malnutrition.

Access to water, sanitation, and hygiene (WASH) facilities remains inadequate, especially among the rural population. According to the FSNAU June-July 2024 survey, the median prevalence of households accessing water from improved sources was only 43 percent, while the median prevalence of the population accessing sanitation facilities was 59.5 percent. It should be noted that the latter does not reflect access to improved sanitation facilities. Poor WASH correlates to a high prevalence of acute watery diarrhoea and frequent cholera outbreaks, adversely affecting nutrition outcomes. The 2023 El-Nino and Gu 2024 floods destroyed much of the country's critical WASH infrastructure, such as water pipes and sanitation facilities, further hindering 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 across the country, constituting an additional high-risk factor for acute malnutrition. According to REACH 2024 Multi-Sectoral Needs Assessment-MSNA (June-July 2024), less than 10 percent of children assessed met the Minimum Acceptable Diet (MAD), while less than 40 percent met the Minimum Meal Frequency (MMF).

ACUTE MALNUTRITION PROJECTION MAP (OCTOBER-DECEMBER 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

Acute malnutrition population table for the projection period: August 2024 - July 2025

Region	Children 6-59 months (2024)	Median Acute Malnutrition Prevalences (%)			No. of Children (6-59 Months) in Need of Treatment		
		Moderate Acute Malnutrition (MAM)	Severe Acute Malnutrition (SAM)	Global Acute Malnutrition (GAM)	MAM	SAM	GAM
Awdal	127,222	11%	1.6%	9.5%	30,130	7,580	37,710
Bakool	108,674	13.1%	7.7%	20.8%	40,540	27,090	67,630
Banadir	634,278	13.2%	1.2%	14.4%	252,990	70,960	323,950
Bari	246,446	10.3%	3.3%	14.9%	79,700	26,870	106,570
Bay	249,595	15.9%	8.7%	24.6%	94,460	72,550	167,010
Galgaduud	162,528	11.6%	1.8%	14.4%	54,050	12,470	66,520
Gedo	195,117	11.6%	1.4%	12.9%	60,810	24,980	85,790
Hiraan	100,963	12.7%	3.7%	16.4%	40,650	15,390	56,040
Mudug	294,062	14.1%	1.8%	16.2%	110,060	20,980	131,040
Nugaal	126,362	8.2%	1.4%	9.0%	34,520	5,980	40,500
Sanaag	85,740	9.5%	1.8%	12.2%	22,070	5,950	28,020
Sool	109,795	8.6%	1.1%	9.8%	23,530	4,300	27,830
Togdheer	172,137	8.0%	1.0%	9.0%	34,850	6,510	41,360
Woqooyi Galbeed	289,497	9.4%	1.4%	10.8%	63,070	16,580	79,650
Middle Shabelle	202,670	12.5%	2.6%	15.7%	72,280	21,080	93,360
Lower Shabelle	318,623	15.4%	2.6%	17.6%	126,660	33,820	160,480
Middle Juba	86,026	15.1%	2.6%	19.1%	28,450	6,720	35,170
Lower Juba	231,651	11.4%	1.8%	13.0%	75,930	22,740	98,670
Total	**3,741,386**	**11.5%**	**2.2%**	**13.0%**	**1,244,750**	**402,550**	**1,647,300**

*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 PROJECTION OVERVIEW (OCTOBER-DECEMBER 2024)

Between October and December 2024, a period characterized by a spike in disease outbreaks and reduced food access, acute malnutrition is expected to worsen. In eight areas, namely, East Golis NW and Net cross-cutting, Adado district, Beletweyne rural (riverine/agropastoral), Bay Agropastoral, Dollow IDPs, Bardheere IDPs and Urban, Juba Riverine and in Jalalaqsi, the situation is expected to progress towards the higher Phase than it is in the current situation. In the other 23 areas, while the situation is expected to deteriorate, it is likely to remain within the same IPC Phase as that of the current. This includes 7 areas in IPC AMN Phase 4, namely Bosaaso IDPs (Bari), Hawd Pastoral of Northest, Galcacyo IDPs, Baidoa IDPs, North Gedo rivernine, Kismayu IDPs in lowever Juba and Mataban district in Hiran. The other areas are likely to remain within the same IPC AMN Phase 3, while 3 other areas are likely to remain within the IPC AMN Phase AMN Phase 3 and one in IPC AMN Phase 1.

The expected deterioration in acute malnutrition is largely attributed to the expected scale down of humanitarian and social protection programs due to limited funding. As result, this will likely lead to reduced health and nutrition services that are crucial to prevent or manage acute malnutrition, especially among the displaced population that rely heavily on these supports. Additionally, a seasonal rise in disease prevalence and the potential outbreaks during the wet Deyr season are also expected to significantly exacerbate the situation. Access to safe drinking water and sanitation facilities is also expected to decline during the rainy season, heightening the risk of disease. Furthermore, the coverage of humanitarian and essential health and nutrition services is also expected to decline due to inaccessible roads during the wet season, further aggravating the risk to acute malnutrition.

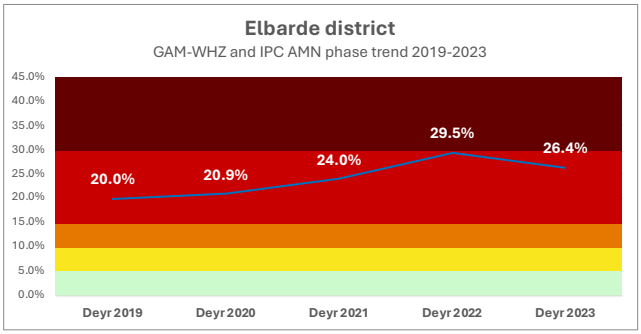
A special focus on Elbarde district

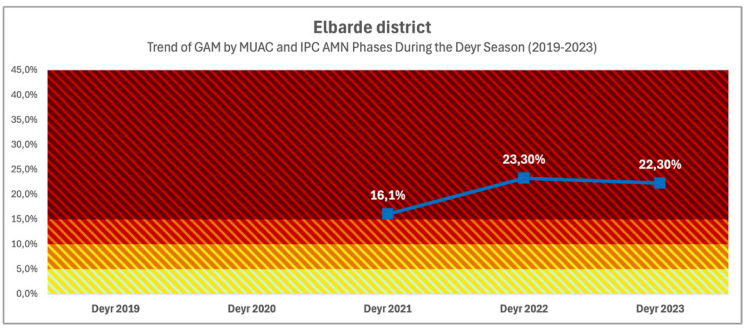
Historically, in Elbarde district, the prevalence of acute malnutrition during the Deyr season has ranged from 20 percent in December 2019 to 30 percent in December 2022, as shown in the trend graph below. The most recent survey conducted in December 2023 reported a GAM prevalence by WHZ at 26.4 percent (22.8 – 30.5, 95percent CI:) and by MUAC at 22.3 percent (19.1 – 25.7, 95percent CI:), which falls within IPC AMN Phase 4/5 for both point prevalence and confidence intervals.

The estimated GAM prevalence by MUAC for the current Gu season is 11.2 percent, classified as IPC AMN Phase 4. For the projection period, while the overall situation is expected to worsen, mainly due to the inherent characteristics of the Deyr season, it is considered unlikely to reach IPC AMN Phase 5 (Extremely Critical) as it had based on MUAC. The mitigating factors are primarily due to the ongoing Damal Caafimad health project and scaling up nutrition activities in rural areas through community health workers. This is expected to contribute on the contention of the childhood morbidity prevalence that can reach prevalence rates as high as 60.2 percent for malaria or fever, 46.4 percent for diarrhoea, and 43.4 percent for acute respiratory infections.

Key Assumptions

- Reduced donor funding and consequent scaling down of humanitarian programs will limit access to health and nutrition services, thereby increasing the risk of child morbidity and malnutrition.
- Inadequate WASH conditions will remain a significant factor contributing to disease outbreaks although the "Big Catch-Up" campaign may enhance immunization coverage somewhat.
- Persistently poor breastfeeding and complementary feeding practices, exacerbated by limited funding for infant and young child feeding (IYCF) programs, will continue to negatively impact child nutrition.
- Low dietary diversity, combined with high food prices and limited food aid, will further exacerbate poor nutritional status and increased acute malnutrition, although availability of milk in rural areas will have a cushioning effect.
- Ongoing military operations and clan conflicts will continue to obstruct aid distribution and increase displacement, making it more challenging to reach vulnerable populations.





NUTRITION SITUATION BY POPULATION GROUPS

Rural Population

Of the estimated number of cases of children in need of treatment, 55.2 percent (n=909,250) come from the rural populations.

Seventeen SMART surveys were conducted among the rural population. Acute malnutrition (GAM) prevalence for these surveys ranged from 6.4 percent in Guban Pastoral to 17.1 percent in North Gedo Riverine. The GAM prevalence for rural was at 10.2 percent (reflecting a general Serious situation) remins similar situation compared to same season of 2023 where the median GAM prevalence was at 11.3 percent recorded from sixteen surveys. High severity in GAM was observed in Norh Gedo Riverine (17.1%) and Hawd pastoral of central (16.2%) Besides SMART surveys, six rural populations were assessed through MUAC screening in both 2023 and 2024 and GAM by MUAC ranges from 6.7 percent in Juba Cattle to 12.6 percent in South Gedo Riverine.

Six of the twenty-three population groups assessed are classified in a Critical situation. This includes the Hawd Pastoral of Northeast and Central, Bakool Southern inland Pastoral-Elberde, North Gedo Riverine, South Gedo agropastoral and riverine, and Matabaan district in Hiran.

On the other hand, a Serious situation was classified among fourteen rural population groups. These include West Golis, Northwest agropastoral, Addun pastoral; Beletweyne district, Shabelle riverine, and agropastoral; Cowpea Shabelle in Adan Yabal District; Bay Agro Pastoral, North Gedo Pastoral, South Gedo Pastoral, Juba Cattle Pastoral and Riverine and Jalaqsi and Buloburte districts in Hiran). Overall, morbidity prevalence remains elevated in rural populations. Six out of out of 23 assessed rural population groups recording a high disease prevalence of over 20 percent, with the highest level being reported in Juba riverine (39.4 percent), Northwest Agropastoral (35.3 percent) and Bay agropastoral (33.3 percent). The coverage of health and nutrition services in rural livelihoods is inadequate, which increases the risk of acute malnutrition. In many livelihoods surveyed, measles vaccination and vitamin A supplementation rates were low, with a median coverage of 52.4 and 52.2 percent, respectively. Lowest coverage for measles was in Shabelle agropastoral (8.2%),Guban Pastoral (19.6%) and Bay Agropastoral (23.9%) while lowest coverage for vitamin A was 8.6 percent, 18.4 percent and 21.1 percent in Shabelle Agropastoral, Bay Agropastoral and Guban Pastoral respectively.

During the projection period, a Critical situation is expected to increase from currently six to ten areas, namely: Beletweyne, Mataban and Jalalaqsi districts in Hiran, Bay Agropastoral, Juba Riverine, South Gedo Riverine and Agropastoral, Hawd pastoral of Northeast and Central, North Gedo Riverine, and Bakool Southern Inland pastoral in Elberde district. A Serious nutrition situation is expected in twelve population groups, namely: West Golis, Northwes agropastoral, North Gedo and South Gedo pastoral, Juba cattle pastoral, East Golis, Addun pastoral, Cowpea agropastoral in Adan Yabal districts, Adado and Bulorbute districts, Shabelle Riverine and Agropastoral. Four other rural livelihoods, namely, Guban pastoral, Northern Inland pastorals of Northwest and Northeast and Coastal Deeh of Northeast are likely to be at Alert during the projected period.

Deterioration is expected during the projection period in seventeen areas, however, without any phase change from the current classification, except for few areas: Beletweyne district, Bay agropastoral, Juba riverine, and Jalalaqsi district in Hiran, that is expected to deteriorate from the current Serious level to Critical, and East Golis pastoral and Adado district which are expected to deteriorate from Alert to Serious. This is on the assumption of expected continued food insecurity and poor child food consumption, high disease burden, limited access to health and nutrition services and safe water and sanitation aggravated by further reduction in humanitarian assistance.

In addition, the nutrition situation is expected to remain the same (Critical) in Southern Inland pastoral of-Elberde (Bakool), South Gedo riverine and agropastoral areas. In Addun pastoral, Juba Cattle and South Gedo pastoral, the situation is expected to be Serious, while sustained at Alert in Northern Inland pastoral of Northeast and Coastal Deeh. Improvement within an Alert level, is expected in Guban pastoral attributable to increased food access, including enhanced milk consumption during the rainy season.

Urban Population

Nearly 17.7 percent of the estimated number of cases of children in need of treatment come from the urban population. The overall median prevalence of GAM based on WHZ among the twelve assessed urban populations in 2024 was at 11.9 percent, indicating a Serious nutrition situation which remains similar to that observed in the same period of 2023 at 12.5 percent. The severity based on the observed prevalence varies across. In Bosasso, Mogadishu and Baardhere were classified in Critical situation, while in Galkacyo urban (Mudug), Dhusamareb (Galgadud), Beletweyne (Hiran), Baidoa (Bay), Dolow (Gedo) and Kismayu (Lower Juba) are classified as Serious. The other three urban populations in Hargeisa (W. Galbeed), Burao (Togdheer) and Garowe (Nugaal) are classified as Alert.

Morbidity prevalence was low (< 20 percent) among most of the urban population groups. The highest Morbidity prevalence (>20 percent) was observed in Galkacyo Urban (32.3 percent) and Beletweyne -Hiran at 20.1%. Measles vaccination and was fairly good in most of the urban population groups, with the exception of Berdhere (16.8 percent), Beletweyne (37.9 percent) and Mogadishu urban (43.7 percent). Vitamin A supplementation was lowest in Morgadishu Urban (43.9 percent) and baidoa Urban (53.6 percent) which reported a low coverage of less than 50percent.As for the projection (October – December 2024), the acute malnutrition situation is expected to deteriorate in six areas, without a change in the phase from the current classification, except to Baardhere IDPs and Urban, which will likely deteriorate from Serious to Critical. The deterioration is linked to reduced food access, increased prices and disease burden during the wet season. In most of other urban populations, the situation is expected to remain in the same as Serious, while three are projected to be at Alert and Acceptable.

Internally Displaced Populations (IDPs)

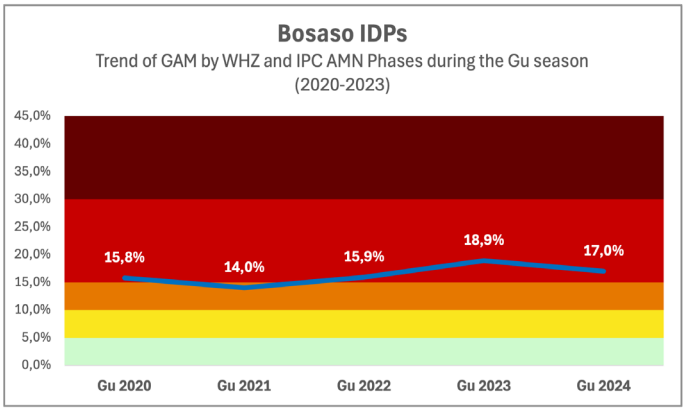
The burden of acute malnutrition among the IDPs represents 27 percent (n=446,950) of the country estimate. The overall median prevalence of GAM based on WHZ was at 14.7 percent, corresponding to a Serious nutrition situation that is an improvement from 16.6 percent (Critical) observed in similar period of 2023. The most sever GAM in Gu 2024 was observed in Galkayo (24.7 percent), Kismaiyo (18.7 percent), Bosaso (17.5 percent), Mogadishu (16.8 percent) and Baidoa (15 percent) Generally, IDP populations bear the brunt of acute malnutrition in Somalia since 2019, as shown in the trend analysis below. In the current analysis, Bossaso in (Bari), Galkacyo (Mudug), Mogadishu (Banadir), Baidoa (Bay) and Kismayo (Lower Juba) are classified in Critical situation, while Hargeisa (W. Galbeed), Burao (Togdheer), Dhusamareb (Galgadud) and Dolow (North Gedo) were classified in Serious. These findings highlight the ongoing vulnerability of IDP populations. Mother's MUAC is high among the IDPS in Burao, Galkacyo, and Dollow. The high severity of acute malnutrition among the IDP population are largely attributed to inadequate food consumption in terms of both frequency and diversity, alongside persistent food insecurity where IPC AFI Phase 3 or worse persist are key risk factors. Additionally, high disease prevalence is a significant factor with 22.5 percent of the assessed IDPs' children reported to have been sick two weeks prior to the assessment. The overall disease prevalence was above 20 percent in 6 out of the ten population groups where morbidity data was collected, with the highest prevalence recorded among IDPs at 30.5, 29.4 and 27 percent in Mogadishu, Dollow and Kismayo, respectively. Measles vaccination and Vitamin A supplementation are low and below SHEPRE standards (at least 95 percent), in Burao IDPs in Togdheer, Baidoa IDPs in Bay, and Mogadishu IDPs in Banadir recording the lowest coverage of less than 50 percent with Burao IDPs reporting the lowest coverage at 36.2 percent and Mogadishu IDPs (40.7 percent), Hargeiysa (45.8 percent) and Baidoa (49.6 percent).

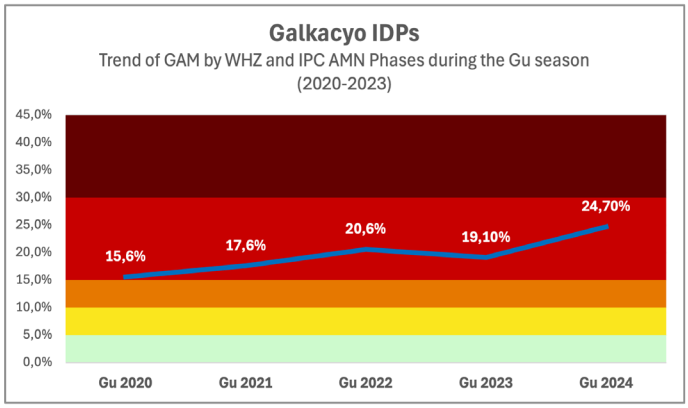
Concerning the projected situation, acute malnutrition is expected deteriorate in eight of the ten IDP populations analyzed, however, without a change in phase. The exception are IDPs in Dolow (Gedo), where acute malnutrition is expected to deteriorate from Serious to Critical situation. The deterioration is linked to reduced food access due to declining humanitarian assistance from funding constraints, increased food prices, and disease burden during the wet season. Overall, Critical situation of acute malnutrition is expected in six of the analyzed IDP populations, a Serious situation is likely among three IDPs, while Alert nutrition situation is likely among the Garowe IDPs in Nugaal region populations from October to December 2024.

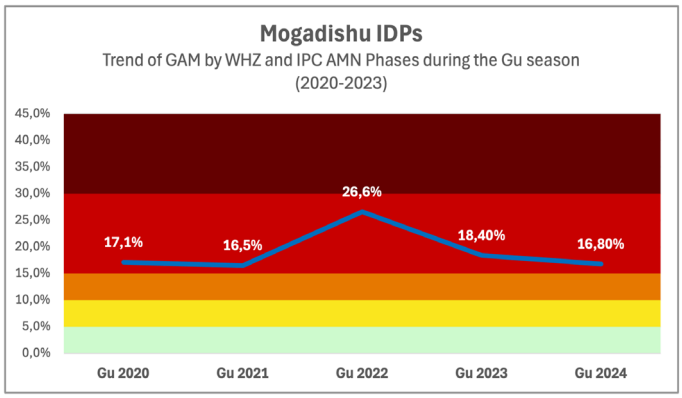
Trend of acute malnutrition in vulnerable population groups

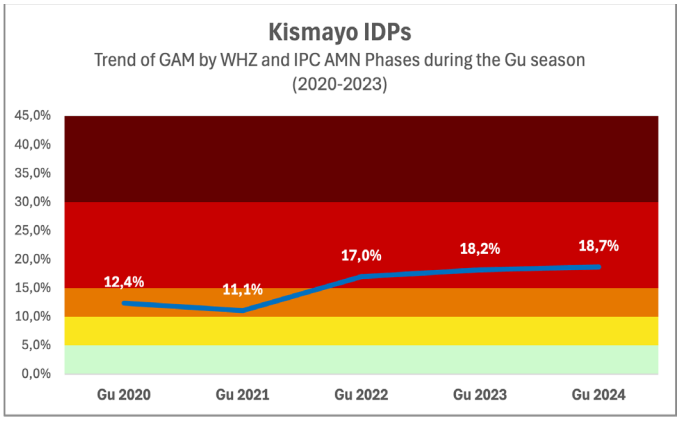
Somalia remains highly vulnerable to acute malnutrition. Six of the forty-six assessed population groups (SMART surveys) have shown persistently Critical nutrition situation for at least three out of the past five Gu seasons (2020-2024). This includes Galkacyo and Mogadishu IDP settlements, which have remained at Critical since 2020. Additionally, the Bossaso IDPs, and Gedo riverine populations have sustained Critical levels in four out of five seasons, while Kismayo IDPs and Shabelle riverine have recorded Critical level in three of the five seasonal assessments.

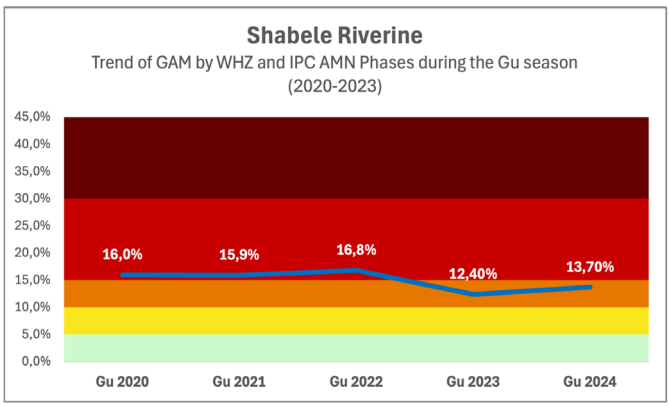
General disease prevalence among these populations has consistently remained high (>20 percent), making morbidity one of the significant risk factors for high levels of acute malnutrition. In addition, inadequate food access is also a significant factor driving high acute malnutrition, with Acute Food insecurity in these areas largely being from IPC AFI Phase 3 (Crisis) and above, implying that households consistently face food gaps. Coverage for essential nutrition and health services such as vitamin A supplementation and measles vaccination has also been consistently low, especially among rural populations. At the same time, access to safe drinking water and sanitation facilities remains limited.

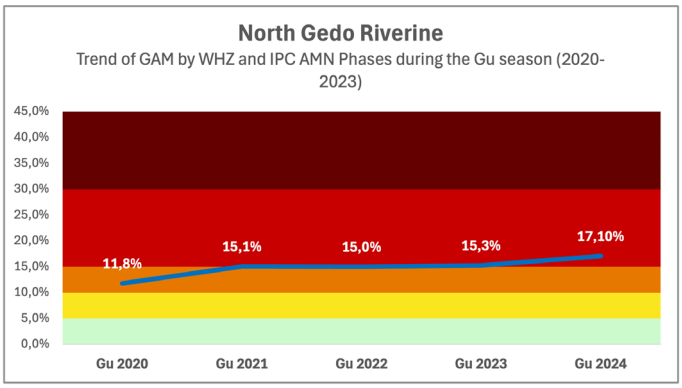

Bosaso IDPs
Trend of GAM by WHZ and IPC AMN Phases during the Gu season (2020-2023)
45,0%
40,0%
35,0%
30,0%
25,0%
20,0%
15,0%
10,0%
5,0%
0,0%
15,8%
14,0%
15,9%
18,9%
17,0%
Gu 2020
Gu 2021
Gu 2022
Gu 2023
Gu 2024


Galkacyo IDPs
Trend of GAM by WHZ and IPC AMN Phases during the Gu season (2020-2023)
45,0%
40,0%
35,0%
30,0%
25,0%
20,0%
15,0%
10,0%
5,0%
0,0%
15,6%
17,6%
20,6%
19,10%
24,70%
Gu 2020
Gu 2021
Gu 2022
Gu 2023
Gu 2024


Mogadishu IDPs
Trend of GAM by WHZ and IPC AMN Phases during the Gu season (2020-2023)
45,0%
40,0%
35,0%
30,0%
25,0%
20,0%
15,0%
10,0%
5,0%
0,0%
17,1%
16,5%
26,6%
18,40%
16,80%
Gu 2020
Gu 2021
Gu 2022
Gu 2023
Gu 2024


Kismayo IDPs
Trend of GAM by WHZ and IPC AMN Phases during the Gu season (2020-2023)
45,0%
40,0%
35,0%
30,0%
25,0%
20,0%
15,0%
10,0%
5,0%
0,0%
12,4%
11,1%
17,0%
18,2%
18,7%
Gu 2020
Gu 2021
Gu 2022
Gu 2023
Gu 2024


Shabele Riverine
Trend of GAM by WHZ and IPC AMN Phases during the Gu season (2020-2023)
45,0%
40,0%
35,0%
30,0%
25,0%
20,0%
15,0%
10,0%
5,0%
0,0%
16,0%
15,9%
16,8%
12,40%
13,70%
Gu 2020
Gu 2021
Gu 2022
Gu 2023
Gu 2024


North Gedo Riverine
Trend of GAM by WHZ and IPC AMN Phases during the Gu season (2020-2023)
45,0%
40,0%
35,0%
30,0%
25,0%
20,0%
15,0%
10,0%
5,0%
0,0%
11,8%
15,1%
15,0%
15,3%
17,10%
Gu 2020
Gu 2021
Gu 2022
Gu 2023
Gu 2024

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Out of the forty-nine analysed areas, three (Juba Riverine, North Gedo Riverine and Hawd pastoral) have divergence of two phases either in current or projection classifications where acute malnutrition (AMN) is mainly in higher phase that the acute food insecurity (AFI) classification.

Area of analysis	AMN phase Current (June–Sept 2024)	AMN Phase Projection (Oct–Dec 2024)	AFI Phase Current (June–Sept 2024)	AFI phase projection (Oct–Dec 2024)	Divergence
Juba Riverine	3	4	3	2	2
North Gedo Riverine	4	4	3	2	2
Hawd pastoral of Northeast	4	4	2	2	2

Historically, acute malnutrition has taken the higher phase in all the three areas of analysis with expected deterioration in acute malnutrition despite anticipated improvements in food security in the projection period of October to December 2024. The high acute malnutrition in these areas were attributed to 1) high disease burden including recurrent outbreaks of cholera and measles, 2) Limited access to humanitarian assistance, 3) Inadequate nutrient intake – dietary diversity and meal frequency, 4) Limited access to safe drinking water and sanitation and 5) limited access to health services including outreaches and CMAM coverage.

Juba Riverine: Historically, Juba riverine has remained mainly in Critical in similar periods between 2021 and 2023, with progressive improvement in GAM based on MUAC from 14.1 percent Phase 4) in 2022 to 7.3percent (Serious) in 2024. Despite the improvement, acute malnutrition remains high, that is attributed to high food gaps where 10.1 percent of the children less than 5 years met minimum dietary diversity (MDD) and at household level, 62 and 97 percent reported Phase 3 and above or relative coping strategy index (rCSI) and household hunger scale (HHS) respectively. The hunger gaps depict low access to food and diversified diets, nutrient inadequacies that are worsened by low breast-feeding practices (exclusive breast feeding among children 0-5 months (42 percent) and continued breast feeding at 12-23 months (45.1 percent). Low skilled delivery (29 percent) reduces opportunities such as early initiation of breastfeeding that potentiates immunity in addition to maternal education that improves breastfeeding performance. Timely introduction to solid and semisolid foods (ISSF) remains low at 21.6 percent that worsens nutrient inadequacies since children remain fed on thin porridge with limited energy and other nutrients.

Inadequate nutrients contribute to suboptimal immunity, increasing vulnerability to disease. High disease burden of 39.4 percent, where malaria remained predominant at 19.8 percent and 345 cases of cholera/acute watery diarrhoea reported in the months of June and July 2024 that not only escalate nutrient requirements and losses but also vulnerability to acute malnutrition. Health services remain sub-optimal with measles vaccination and vitamin A supplementation coverage at 54.7 and 63 percent, respectively, contributing to increased vulnerability to disease and acute malnutrition. Despite anticipated improvements in food security, if limitations in diversity and frequency of consumption persists, coupled with high morbidity and limited childcare practices, acute malnutrition remains eminent and likely to deteriorate in the projection period. Therefore, there is need to align interventions targeting food security, child consumption, morbidity, health services and care practices for optimal impact.

North Gedo Riverine: Despite expected improvement in food security from Crisis (IPC AFI Phase 3) to Stressed (IPC AFI Phase 2) in the projection period, acute malnutrition is expected to deteriorate but within the Critical situation, with an observed prevalence of 17 percent in Gu. The differences in the expected evolution of AMN compared to AFI could be attributed to the food consumption among children that is likely to remain very low as livestock moves towards rivers during the dry season, where they can access green pasture and water reducing the milk available at the household with time and increasing milk prices making it scarcer to the children. Morbidity burden in the June- September period is at 24 percent with suspected cases of measles and cholera in the months of June and July and are expected to persist in the projection period due deyr rains, low immunization coverage and poor WASH conditions. Below-average rainfall expected during deyr 2024 rains will comprise access to sufficient and safe drinking water -currently accessed by 32 percent of the households. This will increase risks of water borne diseases such acute watery diarrhoea and cholera in the area and contributing to acute malnutrition among children less than five years.

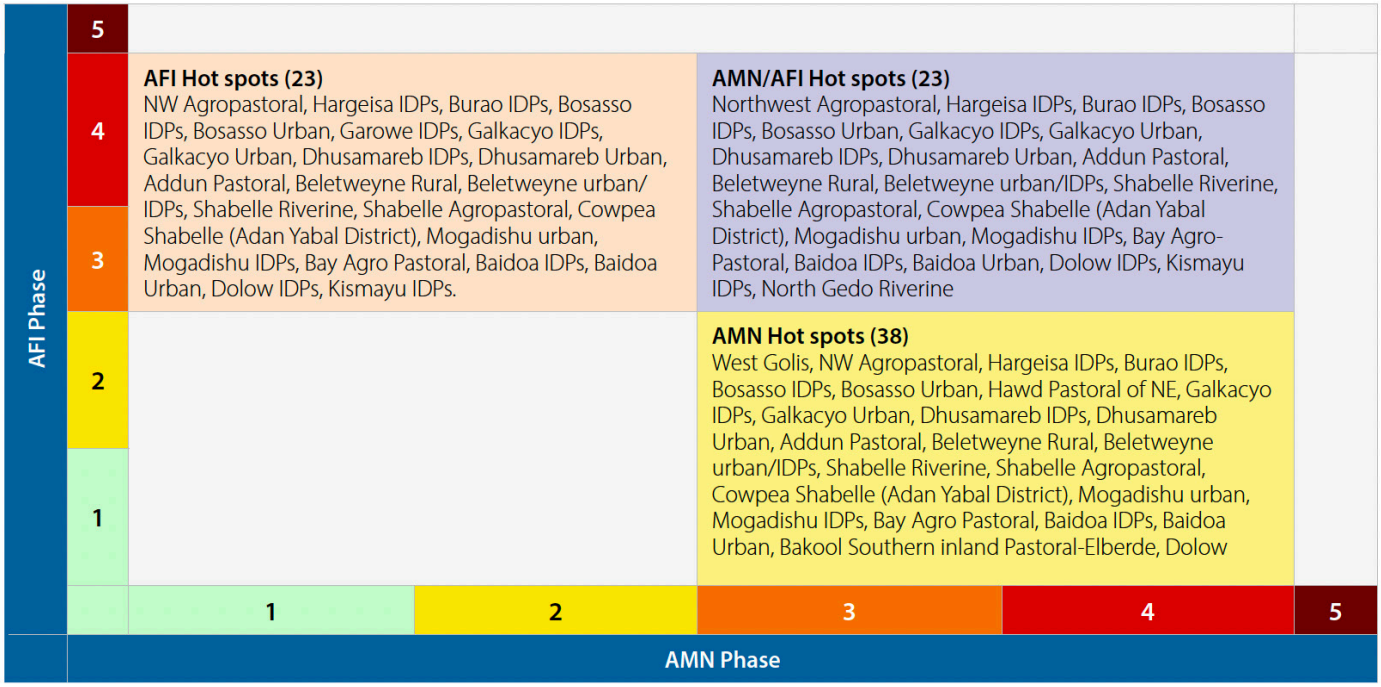
There are no expected shortages of nutrition supplies for TSP for those already targeted, however, no additional supplies are anticipated for those who have not yet been reached. However, limited humanitarian support has led to low coverage at 39 percent supplementary feeding and 11 percent cash assistance leaving out about 50 percet of the population in need without assistance. Advocacy is needed for humanitarian support and interventions that target morbidity, access to sufficient and safe water in addition to health services and diversified diets to prevent deterioration if acute malnutrition in the projection period despite registering the highest GAM prevalence in 2024 (17 percent) compared to similar period in the past 3 years that reported stable GAM at 15 percent.

Hawd Pastoral: Historically, from the year 2020, acute malnutrition in Hawd Pastoral of Northeast in the post Gu season has been reported as Serious, except for 2022 and 2024 when it was Critical, with a prevalence at 19 and 16.2 percent, respectively, a deterioration from 12.6 percent in 2023. Acute food insecurity on the other hand has shown improvement from Crisis in 2023 to Stressed in similar period in 2024. The high acute malnutrition is attributed to inadequate food intake among children that have reported only 9.5 percent of the children able to meet the MDD, while 83 percent of the children have suboptimal MMF. These are associated with severe nutrient inadequacies that contribute to acute malnutrition, and are further exacerbated by sub-optimal breast-feeding practices where 56 percent of the children aged 12-23 months are breast fed, while 34.5 percent of children lee than 6 months are exclusively breast fed.

Nutrient inadequacies are similarly expressed at household level, with large proportions of household having poor or borderline food consumption (23 percent), using crisis level of consumption based coping strategies (21 percent) and experiencing moderate hunger (65 percent). Morbidity burden has deteriorated from 23 percent in 2023 to 27 percent in 2024. Malaria remains predominant at 23.3 percent and 0.2 percent of cases of measles reported against low immunization coverage, measles vaccination and vitamin A supplementation at 48.7 percent respectively. Moreover, limited access to sanitation facilities (61 percent) and to safe drinking water (51 percent) increase susceptibility to infection and high disease burden that contribute to acute malnutrition. Blanket supplementary feeding program coverage is at 62 percent and cash assistance 16 percent that can only be impactful with interventions that target reduction in disease through improved health services, disease burden and unhealthy environment -access to sufficient and safe water.

Acute Malnutrition and Acute Food insecurity Hotspots

Hotspots here refer to those analysis areas that are classified in IPC Phase 3 or above for both acute food insecurity and acute malnutrition. Hotspots were identified in 23 analysis areas as listed in Table above.



Twenty-three hotspots of both AFI and AMN were identified and are further described as follows:

The urban hotspots include Bosasso Urban, Galkacyo urban, Dhusamareb urban, Beletweyne urban/IDPs, Mogadishu urban and Baidoa urban. Galkayo and Dhusamareb urban populations have remained hotspots (Phase 3 and above) for both acute food insecurity ad acute malnutrition in 2022, 2023 and 2024 post Gu analyses showing persistent vulnerability compared to other urban populations. High acute malnutrition in the urban hotspots is attributed to inadequate food consumption among children, very low MDD (2.8 percent) in Dhusamareb urban, despite high HDDS (85 percent). Similarly, in Baidoa urban, MDD also at very low levels (4.5 percent), while HDDS indicated 98 percent of the households at acceptable phase. In Bossaso Urban, MDD was at 8.8 percent, while HDDS indicated that 72 percent of the household indicated acceptable phase. This underlines the fact that food accessible at the household does not necessarily translate into diversified diets to children in the same household. This results in severe nutrient inadequacies and acute malnutrition. Continued breastfeeding is also low in the urban hot spots at 35.3 percent in Mogadishu, 38.1 percent in Dhusamareb, and 37.6 percent in Galkayo. While the majority of the mothers discontinue breast feeding among children

aged 12-23 months, dietary diversity remains poor and children feed on fluids only beyond 6 – 8 months depicting large hunger gaps among children and resulting in acute malnutrition. Interventions targeting infant and young child feeding practices needed to improve child food consumption in the urban setups.

Morbidity is reported as high as 32.3 percent in Galkayo with malaria as the most prevalent at 28.9 percent, in Beletweyne, morbidity is at 20 percent with diarrhea as the most prevalent at 16.5percent while in Mogadishu and Baidoa, morbidity is at 18 percent and 17 percent respectively with Malaria as the most prevalent at 17.2 percent in Mogadishu coupled with active cases of measles and acute watery diarrhea. High morbidity leads to nutrient losses in case of diarrhea and vomiting while other diseases increase need for extra nutrients that result to inadequacies and acute malnutrition when child consumption is poor. The high morbidity in the urban populations comes against low vaccination coverage specifically Measles vaccination that is below 60percent in Galkayo, Beletweyne, Baidoa and lowest in Mogadishu at 43 percent. Polio vaccination coverage is very low (38 percent) in Beletweyne while vitamin A supplementation is lowest in Mogadishu at 43.7 percent and Baidoa at 54 percent. Limited vaccination coverage increases vulnerability to infection, disease and acute malnutrition. There is need to scale up vaccination and Vitamin A supplementation coverage in the urban areas. There is high access to safe drinking water sources in the urban areas, however access to sanitation remains sub-optimal in Baidoa (72percent) that can be detrimental to an urban setting given the high numbers practicing open defecation that increase vulnerability to infection and disease.

There are 9 IDP areas that are classified in IPC Phase 3 and above for both AMN and AFI namely Hargeisa IDPs, Burao IDPs, Bosasso IDPs, Galkacyo IDPs, Dhusamareb IDPs, Mogadishu IDPs, Baidoa IDPs, Dolow IDPs and Kismayu IDPs. Historically, these IDPs listed have remained as hotspots in post Gu analyses from 2022 to 2024 indicating persistent vulnerability to both acute food insecurity and acute malnutrition. Acute malnutrition remains at a higher phase compared to acute food insecurity at the same time in the same analysis area. The high acute malnutrition observed is attributed to hunger gaps among the children exhibited in very low access to diversified diets with MDD as low as 0, 3.7 and 6.1 percent in Burao, Baidoa Mogadishu IDPs respectively. Nutrient deficiencies are further exacerbated by low breastfeeding where continued breast feeding among children 12-23 months is 27 percent in Burao, 38 percent in Bossaso and Dhusamareb and 40 percent in Mogadishu. Late introduction to solid and semi-solid foods among children aged 6-8 months is associated with severe nutrient inadequacies as portrayed in Dhusamareb (28.5 percent), Kismayu (46.1 percent) and Hargeisa (50 percent) where the low proportion of children had been introduced at the time of the survey leaving majority of the children still fed on fluids and contributing to acute malnutrition. At Household level, the food dimensions outcome on dietary diversity (HDDS) indicate ability by most of the households to access diversified diet where above 80 percent of the households in Burao, Galkayo, Baidoa, Dollow and Dhusamareb are in the acceptable phase. There is need for interventions that not only target food availability but also ensure that the children benefit from food accessible at household level for both diversity and nutrient adequacy to reduce vulnerability to acute malnutrition.

High morbidity has been observed in IDP hotspot areas, with the highest rates in Mogadishu (31 percent), followed by Dollow (29.4 percent), Kismayu (27 percent), Galkayo (24 percent), Baidoa (23 percent), and Hargeisa (22 percent). Malaria remains predominant in Mogadishu, Kismayu, and Galkayo, with rates of 27.2 percent, 22.2 percent, and 20.1 percent, respectively. Measles remains active in Hargeisa, Mogadishu, Kismayu, Galkayo and Dhusamareb IDPs; against low immunization coverage for measles that is as low as 36 percent in Burao, 40.7 percent in Mogadishu, 45 percent in Hargeisa and 50 percent in Baidoa camps with similar trends in Vitamin A supplementation. Low immunization coverage, high disease burden results to threatened health and lives among children less than 5 years. Interventions targeting health should be scaled up to intensify and improve immunization coverage in the IDP camps. High access to safe sources of drinking water was observed ranging from 90 to 100 percent in most of the hot spot IDP camps, however, sanitation facilities are mainly latrines that are vulnerable with flooding that increase environmental contamination, infection and disease during the rainy season. Humanitarian support remains sub-optimal due to reduced budgets predisposing households and children to less access to food and health services that in turn retains the high disease burden and acute malnutrition. More advocacy is required to find support for the IDPs as displacement limits economic power that drives access to basic services.

The seven **rural hotspots** include Northwest Agropastoral, Addun Pastoral, Shabelle riverine, Shabelle Agropastoral, Cow pea Shabelle (Adan Yabal District), Bay Agropastoral and North Gedo riverine. These areas have remained hot spots-IPC Phase 3 and above for both acute food insecurity and acute malnutrition in 2022, 2023 and 2024 post Gu analyses showing persistent vulnerability compared to other rural populations. The high acute malnutrition observed is attributed to nutrient inadequacies among children less than 5 years from poor food consumption in these rural areas. Nutrient inadequacies are exhibited in Northwest Agropastoral with Minimum Dietary Diversity (MDD) at 18.3 percent against HDDS of 88 percent while the Minimum Meal Frequency (MMF) is 39 percent, Addun pastoral MDD is 1 percent and HDDS is 55 percent, while in Adan Yabal the MDD is 12.4 percent, HDDs is 42 percent, and Shabelle riverine and agropastoral the MDD is 4 percent with HDDS 99 percent and 97 percent respectively. This reveals the complexity between food security and nutrition where diversified diets accessible to the household do not reach the child. This could also indicate over reliance on a few staple foods that fail to meet nutritional needs of young children thereby impacting their nutritional status. Introduction to solid and semisolid food was generally high above 80 percent except for 57 percent at Northwest agropastoral. The impact of high introduction to solid and semi solid foods is negated by poor dietary diversity among the children resulting to acute malnutrition. Interventions needed to improve infant and young child feeding practices to address acute malnutrition. More in-depth studies are needed to uncover the drivers of poor child feeding for more targeted interventions based on their context.

Morbidity rates reported for two weeks preceding the survey were extremely high for Northwest Agropastoral at 35.3 percent, Bay agropastoral 33.3 percent Shabelle agropastoral at 25.2 percent, North Gedo riverine 23.9 percent, Addun pastoral 18.8 percent and Shabelle riverine 18.1 percent. In Adan Yabal, 50 percent of the children reported fever while Measles remained active in all the rural hot spot areas at the time of analysis in August 2024. All the areas reported rates below the sphere standards of at least 85 percent coverage in rural areas where low measles coverage was reported as low as 8.2 percent, 23.9 percent and 27 percent in Shabelle agropastoral, Bay Agropastoral and Shabelle riverine respectively. Vitamin A supplementation remains low in Bay agropastoral (18.4percent), and Northwest agropastoral (46.2 percent). Low immunization aggravates vulnerability to infection and high morbidity especially susceptibility to outbreaks such as the active measles observed in the rural hotspots resulting to acute malnutrition while threatening the health and lives of the children. These findings reveal poor access to health services and urgent interventions needed to improve immunization coverage in the rural areas. While access to sanitation and improved sources of safe drinking water were high (>70 percent) in most of the rural areas, limited access to safe sources of water was reported at, 22 percent,32 percent, 58 percent in Northwest agropastoral, North Gedo riverine and Bay agropastoral respectively. Limited access to safe water increases vulnerability to waterborne diseases that increases morbidity burden and exacerbates acute malnutrition. Access to safe water should be strengthened in the rural areas as part of measures to avert high disease burden and acute malnutrition.

THE ROLE OF HUMANITARIAN FOOD ASSISTANCE

Humanitarian Food Assistance (HFA) in Somalia is critical in mitigating the severity of food insecurity for the most vulnerable populations. HFA in the AFI analysis includes both unconditional transfers (cash or vouchers), and conditional and season specific cash transfers to provide immediate availability and access to food, while also supporting rehabilitation and establishment of critical community assets and infrastructure. It also includes Cash+ activities that improve availability and access to food by enabling vulnerable households to get back into production, sustain animal health, and avert further livelihood assets depletion.

The humanitarian food assistance provided by food security partners meets up to 80 percent of the minimum calorific requirements. Amid severe funding shortages, partners have been forced to scale down humanitarian food assistance. From April 2024, FSC partners have introduced a prioritized 3-month rotation cycle whereby assistance is provided to the same household for 3 consecutive months and then it is discontinued. FSC partners have undertaken a prioritized and more focused response whereby assistance to the most food-insecure locations where needs are most severe, and to the most vulnerable population groups have been prioritized in line with the food security vulnerability framework. Population groups such as newly displaced IDPs, households with acute malnourished children and pregnant and lactating women, and vulnerability referrals related to protection and marginalized communities with minority affiliation, have been prioritized for humanitarian assistance.

Due to carry over funding from 2023, HFA on average reached 2.1 million people per month between January to March 2024 (51 percent of people in IPC Phase 3 and above). Due to funding constraints assistance was scaled down and only reached 1.5 million people per month between April to June 2024 (44 percent of people in IPC 3+). HFA is reaching 1.3 million per month between July to September 2024 (35 percent of people in IPC Phase 3 and above). As of 4 September 2024, the Food Security Cluster was only 40percent funded with USD $224 million received out of the USD $560 million HNRP financial requirements.

Extreme access challenges constrained the delivery of HFA in six districts: Tayeeglow district (Bakool region), Sablaale district (Lower Shabelle region), Adan Yabaal (Middle Shabelle) and Bu'aale, Jilib and Saakow districts (Middle Juba Region) although there are significant populations in need in these areas.

For projections, only planned humanitarian food assistance that is either already funded or likely to be funded and is likely to be delivered has been considered. During the projection period from October – December 2024, a major decrease in HFA levels is expected, corresponding to the reduced funding outlook in the country.

HFA in the projection period is expected to continue at similar level than in the current period of analysis, targeting an average of 1.3 million people per month between October to December 2024 (29 percent of people in IPC Phase 3 and above).

Regarding nutrition, humanitarian assistance remains vital in preventing the deterioration of nutrition outcomes among children aged 6–59 months and pregnant and lactating women. However, both nutrition-sensitive and nutrition-specific humanitarian interventions have declined in 2024. The Targeted Supplementary Feeding program has seen significant reductions due to limited funding, likely worsening malnutrition rates. Coverage for all nutrition interventions is lower than in previous years. As of June 2024, 260,639 children with severe acute malnutrition had been reached, representing 60 percent of the 429,880 children in need (PIN). For moderate malnutrition, 336,084 children were reached, accounting for only 27 percent of the 1,230,360 children in need.

The coverage of nutrition-specific prevention efforts, such as Blanket Supplementary Feeding Programs (BSFP), Multi-micronutrient Supplementation Powder (MNP), and Vitamin A supplementation, remains inadequate. Additionally, concerns are rising about the quality and effectiveness of Infant and Young Child Feeding (IYCF) promotion.

RECOMMENDATIONS FOR ACTION

While there have been relative improvements in food security and nutrition in the country compared to 2023 Gu, it is crucial not to overlook the urgent needs of those who are acutely food insecure and facing Crisis or worse food insecurity conditions (IPC Phase 3 or above). Moreover, investing in sustainable solutions to strengthen household food security, health, and nutrition is crucial. More specific response priorities are listed below.

Response Priorities

Acute food insecurity response priorities

1. **Introduce Risk Transfer Mechanisms, Anticipatory/Early Action:** Provide timely multi-sectoral support to vulnerable communities in areas affected by drought and floods to mitigate the potential adverse effects of climate change and the La Niña phenomenon.
2. **Continue Lifesaving Humanitarian Response:** Urgent funding is required for multi-sectoral humanitarian assistance for Food Security, Nutrition, Health, and WASH programmes.
3. **Social Protection Programmes:** Social safety nets and human capital development programmes in both urban and rural areas to address predictable needs. Scale-up shock-responsive social protection programs targeting the most vulnerable and at-risk households.
4. **Improved Efficiencies in Humanitarian Assistance:** Improve the targeting of humanitarian assistance to ensure it reaches those most in need, using Vulnerability-Based Targeting (VBT) to prioritize the most vulnerable geographical areas, including marginalized communities and inaccessible locations. Close collaboration between humanitarian and development actors (HDP Nexus approach) is essential to support diverse and layered livelihood-based interventions that address the underlying causes of acute food insecurity and malnutrition.
5. **Durable and Sustainable Solutions:** Establish systematic approach addressing urgent humanitarian needs followed by investments in early recovery and resilience building. Initiatives under resilience building should include a package of interventions such as strengthening early warning systems, implementation of anticipatory measures, investments in climate-resilient agriculture and food systems to better equip households to manage risks and shocks. Additionally, strategies must be developed to address food insecurity and malnutrition stemming from insecurity, conflict, and long-term population displacement.

Acute malnutrition response priorities

1. **Populations classified as Crisis (IPC Phase 3)** or worse need interventions focused on addressing food shortages, treating acute malnutrition, saving lives, and protecting livelihoods. Meanwhile, those in Acceptable and Alert (IPC AMN Phase 1 and IPC AMN Phase 2) require efforts to strengthen their resilience and enhance their coping mechanisms.
2. **Targeted Delivery of Life-Saving Nutrition Support:** Maintain and expand treatment and supplementation services for severe and moderate acute malnutrition among children under five, pregnant women, and breastfeeding mothers, particularly in hard-to-reach rural areas and among marginalized and minority groups.
3. **Scale-Up of Wasting Prevention Interventions:** Intensify efforts to build resilience in vulnerable households to prevent acute malnutrition by focusing on providing education on optimal infant and young child feeding practices, hygiene, and nutrition to empower communities. This can be achieved through increased consumption of eggs, meats, and vegetables, supported by cash or food voucher assistance, and by linking nutrition beneficiaries to livelihood interventions and social behaviour change campaigns.
4. **Integration of Nutrition Services in Health Facilities:** Prioritize the integration of wasting treatment and supplementation into existing health services, with outreach efforts targeting hard-to-reach areas. This integration should ensure the delivery of a comprehensive health package, including immunization, treatment of childhood diseases, and increased access to ANC/PNC services, which are currently inadequate in many regions. Strengthen community-based approaches for managing acute malnutrition, including training community health workers to identify and treat malnutrition cases.
5. **Strengthen infant and young child feeding practices** targeting complementary and breast feeding among children aged 6-23 months. Interventions targeting behaviour change among caregivers to optimise utilization of available resources related to food, health services, hygiene and sanitation.
6. **Expansion of Access to Basic WASH Services:** Continue to invest in sustainable water, sanitation, and hygiene infrastructure to reduce the prevalence of waterborne diseases that exacerbate malnutrition. Promotion of hygiene education campaigns to promote safe food handling, handwashing, and sanitation practices.

7. **Early Identification and Referral of Wasting:** Scale up routine screening and referral of wasting among children, pregnant women, and breastfeeding mothers, using approaches such as Family MUAC, quarterly Mass Mid Upper Arm Circumference (MUAC) screenings in acute malnutrition hotspots and densely populated IDP areas.
8. **Strengthening the Integrated Management of AWD/Cholera and Acute Malnutrition:** Implement systematic screening of all AWD/Cholera cases for acute malnutrition and ensure the appropriate treatment protocols are followed. Improve nutrition surveillance within Cholera Treatment Centres (CTCs) to reduce mortality under-fives.

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 Deyr 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 security among displaced, marginalized communities, minorities, and other vulnerable groups.
- Prices of local and imported food commodities, milk prices, water prices, livestock prices, wage labour rates, and livestock to cereal and labor wage to cereal terms-of-trade
- Access and availability of milk and diverse foods
- Insecurity, conflict and likely impact on food security, nutrition, humanitarian access and population displacement
- Flood risk monitoring, including actual and likely impacts on livelihoods and population displacement
- Admission of acutely malnourished children and Pregnant and Lactating Women to treatment and feeding centers, immunization and vaccination coverage.
- Disease outbreaks, especially malaria, diarrhea, cholera and measles.
- Food chain threats e.g. Desert Locust and animal diseases and their potential effect on crops and livestock.
- Coverage of and access to humanitarian assistance, including food security, health, nutrition and WASH
- 2024 HNRP funding and implementation.
- A potential Monkeypox (Mpox) outbreak poses a significant public health challenge that could disrupt essential health services, including nutrition programs, immunization efforts, and maternal and child health services.

PROCESS AND METHODOLOGY

The IPC AFI and AMN analysis workshops were organised concomitantly in Hargeisa, Garowe and Mogadishu from 13 to 25 August 2024 after a refresher training on the IPC protocols. The classifications were done based on convergence of evidence using a wide range of households data sources including the prevalence of acute malnutrition (Global Acute Malnutrition - GAM, Severe Acute Malnutrition - SAM), food consumption scores, coping strategies, and household hunger scales. The analysis covered the periods from June to December 2024.

The population estimates for the sampling units were based on the UNFPA 2014 population census and updated CCCM Detailed Site Assessments (DSA) etc. IPC acute food insecurity analysis and total acute malnutrition (burden) estimates were made based on the 2024 Somalia population (18,706,931 total) obtained from OCHA.

Data Collection and Sources

Variables (anthropometric and all other contextual indicators) and mortality were entered using EPI info software 7.2.5 and ENA SMART software (Jan11th 2020 version), respectively. For quality assurance, enumerators and supervisors received five days of training prior to data collection. During the fieldwork, enumerators and supervisors checked the anthropometric data set daily using ENA SMART software plausibility parameters.

The analysis covered the period from June to December 2024.

Data Collection and Sources

For AMN analysis, FSNAU and partners conducted 39 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

28,311 children aged 6–59 months (14,251 boys and 14,060 girls) from 22,474 households. During the SMART assessments, all sampled households also provided retrospective mortality data for the 93 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 Nutrition cluster, ACF, REACH and WHO. The analysis was conducted for 49 analysis areas (27 rural livelihoods, 12 urban areas and 10 IDPs.

FSNAU carried out 42 household surveys (22 in rural, 11 in urban, and 11 among IDPs). WFP conducted 11 additional assessments across rural, urban, and IDP areas. As part of its Mult-Sectoral Needs Assessments (MSNA), REACH collected data from 15 rural areas, 10 IDP settlements, and 2 urban locations, while data from Concern Worldwide focused on Baardhere livelihoods and IDPs. The various assessments generated data on food security and nutrition outcome indicators, including on Food Consumption Score (FCS), Household Dietary Diversity Score (HDDS), Reduced Coping Strategies Index (rCSI), Household Hunger Scale (HHS), Livelihood Coping Strategies (LCS), Global Acute Malnutrition (GAM) prevalence, Crude Death Rate (CDR), and Under-Five Death Rate (U5DR).

For SMART surveys conducted by FSNAU, 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.

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

Contact for further Information

Daniel Molla

Somalia IPC Core Team
daniel.molla@fao.org

IPC Global Support Unit
www.ipcinfo.org

This analysis has been conducted under the patronage of FAO. It has benefited from the technical and financial support of USAID, UK Government, European Union, Sweden and Switzerland.

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, FEWS NET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP..

IPC Analysis Partners:

Sampling Design

Most of the 2024 Post Gu surveys employed a two-stage cluster sampling method to ensure representative data collection. The first stage involved the selection of clusters based on probability proportional to population size (PPS), using the master list derived from the 2014 UNFPA population census and updated with detailed site assessments (DSAs). In the second stage, households within the selected clusters were chosen through simple random sampling or segmentation methods. The target population included all households in accessible, secure, and non-deserted areas.

Limitations of the analysis

While the assessment provides a strong overview of the acute food insecurity situation in Somalia, several limitations should be noted:

1. Access and Security Constraints: Some areas, particularly those affected by conflict, were inaccessible, limiting the coverage of the assessment. As a result, certain populations may be underrepresented in the analysis.
2. Data Quality and Non-response: Despite rigorous training and supervision of survey teams, challenges related to data quality and non-response rates, particularly in areas with high mobility or insecurity might increase the non-response bias.
3. Population figures discrepancies: 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.
4. Assumptions in Projection: The projection period included in the analysis relies on several assumptions, including the continuation of current trends in humanitarian assistance, market access, and climatic conditions. Any significant changes in these factors may possibly change the food security outlook.

Sources

Somalia's 2024 Post Gu IPC analysis utilized data from both primary and secondary sources. Primary data sources included:

- Somalia 2024 Post Gu countrywide integrated food security, nutrition, and mortality assessment, covering rural, urban, and displaced populations (FSNAU-led).
- Somalia 2024 Post Gu countrywide comprehensive rural and rapid IDP and urban food security assessments (FSNAU-led).
- Concern Worldwide in Gedo Region
- REACH 2024 Multi-Sectoral Needs Assessment-MSNA (June-July 2024??)

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
- NOAA Climate Prediction Center update on ENSO Diagnostic Discussion
- IGAD/ICAPC GHACOF68 Technical Statement on the Climate Outlook for October to December 2024
- OCHA for Somalia's 2024 population estimate (used for humanitarian planning purposes).

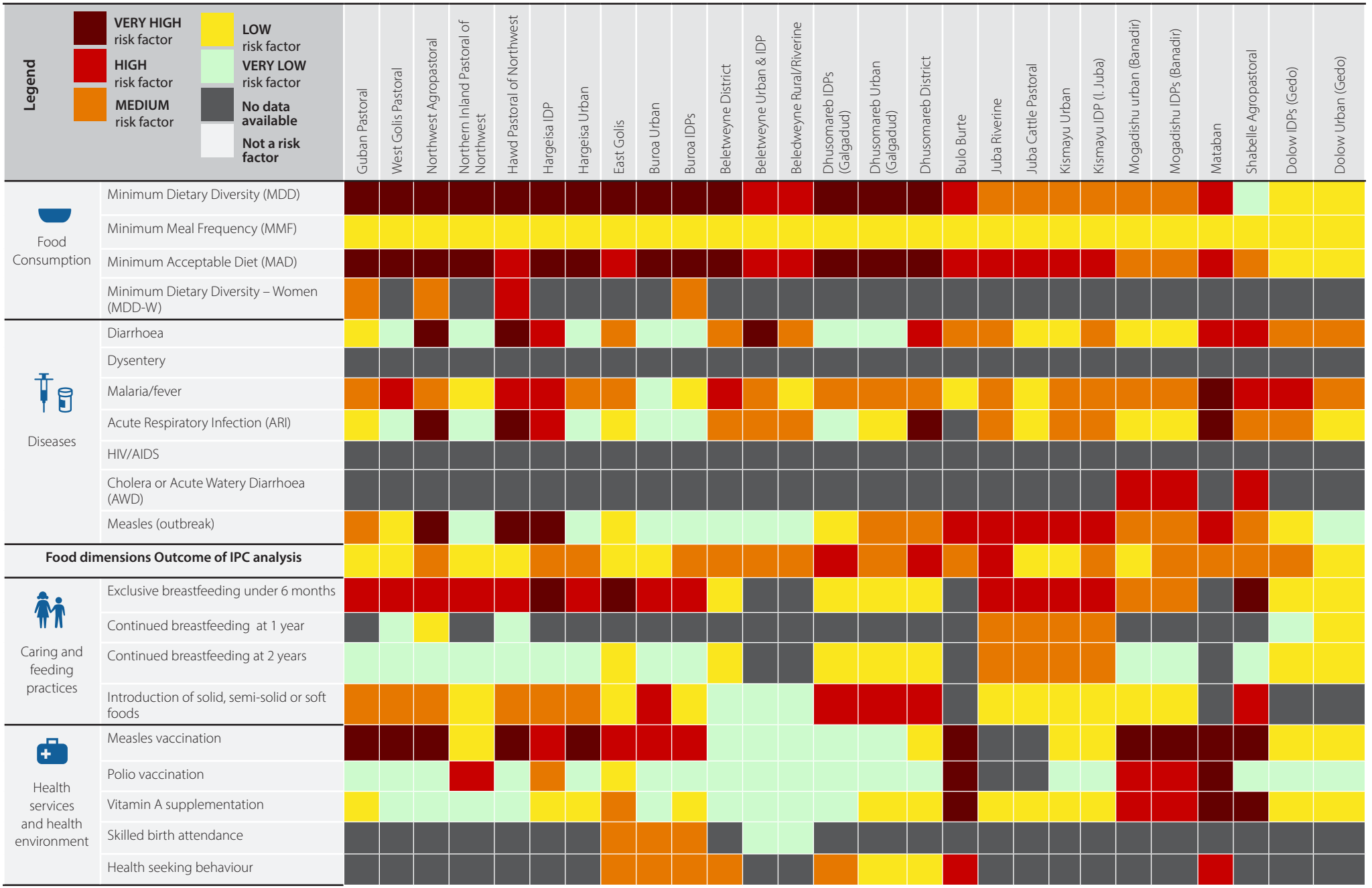
ANNEX 1: COMPARATIVE ANALYSIS OF GAM PREVALENCE BETWEEN 2024 POST GU AND 2023 POST GU BY UNIT OF ANALYSIS

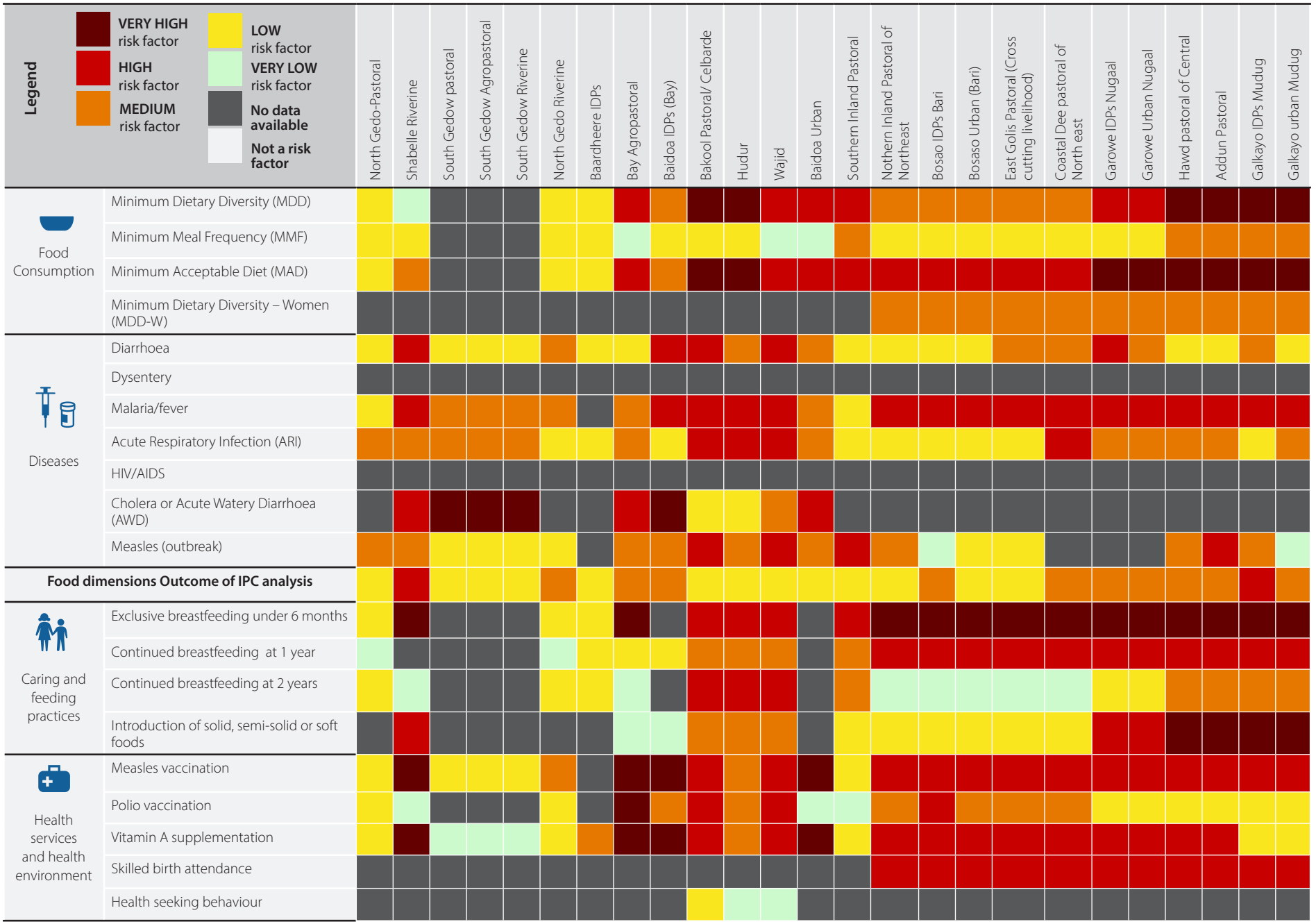
	GAM prevalence (%)		Differences between 2024 Gu and 2023 Gu		
Population assessed	**2024 Gu % (95% CI)**	**2023 Gu, % (95% CI)**	**GAM Prevalence**	**ρ-value**	**Remarks**
Guban Pastoral	6.4 (4.4- 9.4)	5.9 (3.6- 9.5)	0.5	>0,05	Likely No Change
West Golis	11.0 (9.0-13.4)	16.5 (13.4-20.1)	-5.5	0.007	Significant Improvement
NW Agropastoral	10.1 (8.2-12.3)	10.9 (8.7-13.5)	-0.8	>0,05	Likely No Change
Hargeisa IDPs (W. Galbeed)	10.4 (7.4-14.4)	9.6 (6.8-13.5	0.8	>0,05	Phase change,
Hargeisa Urban(W. Galbeed)	7.9 (5.9-10.5)	5.4 (3.6- 7.9)	2.5	>0,05	Likely No Change
Burao IDPs (Toghdeer)	11.7 (8.6-15.8)	N/A	_	N/A	Likely No Change
Burao urban (Toghdeer)	4.1 (2.2- 7.3)	N/A	_	N/A	Likely No Change
Northern Inland Pastoral NW	8.6 (5.7-12.6)	11.6 (8.7-15.4)	-3.0	>0,05	Likely No Change
NW Hawd Pastoral	6.8 (4.7- 9.9)	10.2 (7.2-14.2	-3.4	>0,05	Likely No Change
East Golis (Cross cutting	9.4 (6.8-12.9)	9.3 (6.8-12.7)	0.1	>0,05	Likely No Change
Bosasso IDPs (Bari)	17.5 (14.6-20.8)	18.9 (15.6-22.6)	-1.4	>0,05	Likely No Change
Bosasso Urban (Bari)	15.0 (11.5-19.3)	14.4 (10.2-19.8)	0.6	>0,05	Likely No Change
Northern Inland Pastoral (NE)	8.3 (5.6-12.1)	5.2 (3.4- 7.9)	3.1	>0,05	Likely No Change
Hawd Pastoral-Central	16.2(12.7-20.3)	12.6 (9.9-16.0)	3.6	0.137	Not Significant - Phase change
Coastal Deeh (NE)	8.5 (4.6-15.3)	6.5 (3.9-10.5)	2.0	>0,05	Likely No Change
Garowe IDPs (Nugaal)	6.8 (4.8- 9.7)	13.3 (10.1-17.2	-6.5	0.0034	Significant Improvement
Garowe Urban (Nugaal)	6.2 (3.9- 9.7)	5.4 (3.5- 8.0)	0.8	>0,05	Likely No Change
Galkacyo IDPs (Mudug)	24.7 (20.8-29.0)	19.1 (16.0-22.5)	5.6	0.035	Significant deterioration
Galkacyo Urban(Mudug)	14.1(11.4-17.4)	17.6 (14.4-21.3)	-3.5	>0,05	Likely No Change
Dhusamareb IDPs (Galgadud)	12.6	11.7 (8.9-15.3)	0.9	>0,05	Likely No Change
Dhusamareb Urban (Galgadud)	12.0 (9.1-15.7)	12.4 (9.7-15.8)	-0.4	>0,05	Likely No Change
Addun Pastoral	10.4 (7.6-14.1)	11.0 (8.4-14.3)	-0.6	>0,05	Likely No Change
Beletweyne Rural (riverine)	10.2 (7.3-14.0)	17.7 (13.7-22.5)	-7.5	0.0076	Significant Improvement
Beletweyne urban/IDPs	12.3 (9.8-15.3)	10.8 (8.8-13.1)	1.5	>0,05	Likely No Change
Shabelle Riverine	13.7 (11.0-17.0)	12.4 (9.4-16.1)	1.3	>0,05	Likely No Change
Shabelle Agropastoral	14.4 (10.6-19.3)	13.1 (9.8-17.4)	1.3	>0,05	Likely No Change
Mogadishu urban (Banadir)	15.5 (12.6-18.8)	14.8 (11.5-18.9)	0.7	>0,05	Likely No Change
Mogadishu IDPs (Banadir)	16.8 (13.6-20.6)	18.4 (14.7-22.9)	-1.6	>0,05	Likely No Change
Bay Agropastoral	12.1 (9.3-15.6)	9.8 (7.6-12.7	2.3	>0,05	Likely No Change
Baidoa IDPs (Bay)	15.0 (12.5-17.7)	10.8 (8.8-13.2)	4.2	0.014	Significant deterioration
Baidoa Urban (Bay)	11.8 (9.1-15.3)	9.3 (7.0-12.2)	2.5	>0,05	Likely No Change
Dolow IDPs (N Gedo)	14.3 (12.0-17.1)	16.1 (13.6-18.9)	-1.8	>0,05	Likely No Change
Dolow Urban (N Gedo)	10.9 (7.7-15.2)	12.5 (9.3-16.7)	-1.6	>0,05	Likely No Change
North Gedo pastoral	10.3 (7.8-13.6)	14.3 (11.4-17.9)	-4.0	0.06	Not Significant
North Gedo Riverine	17.1 (14.6-20.0)	15.3 (12.4-18.7)	1.8	>0,05	Likely No Change
Kismayu IDPs (L. Juba)	18.7 (15.1-22.9)	17.0 (13.8-20.8)	1.7	>0,05	Likely No Change
Kismayu Urban (L. Juba)	10.5 (7.9-13.9)	10.3 (7.5-14.0)	0.2	>0,05	Likely No Change

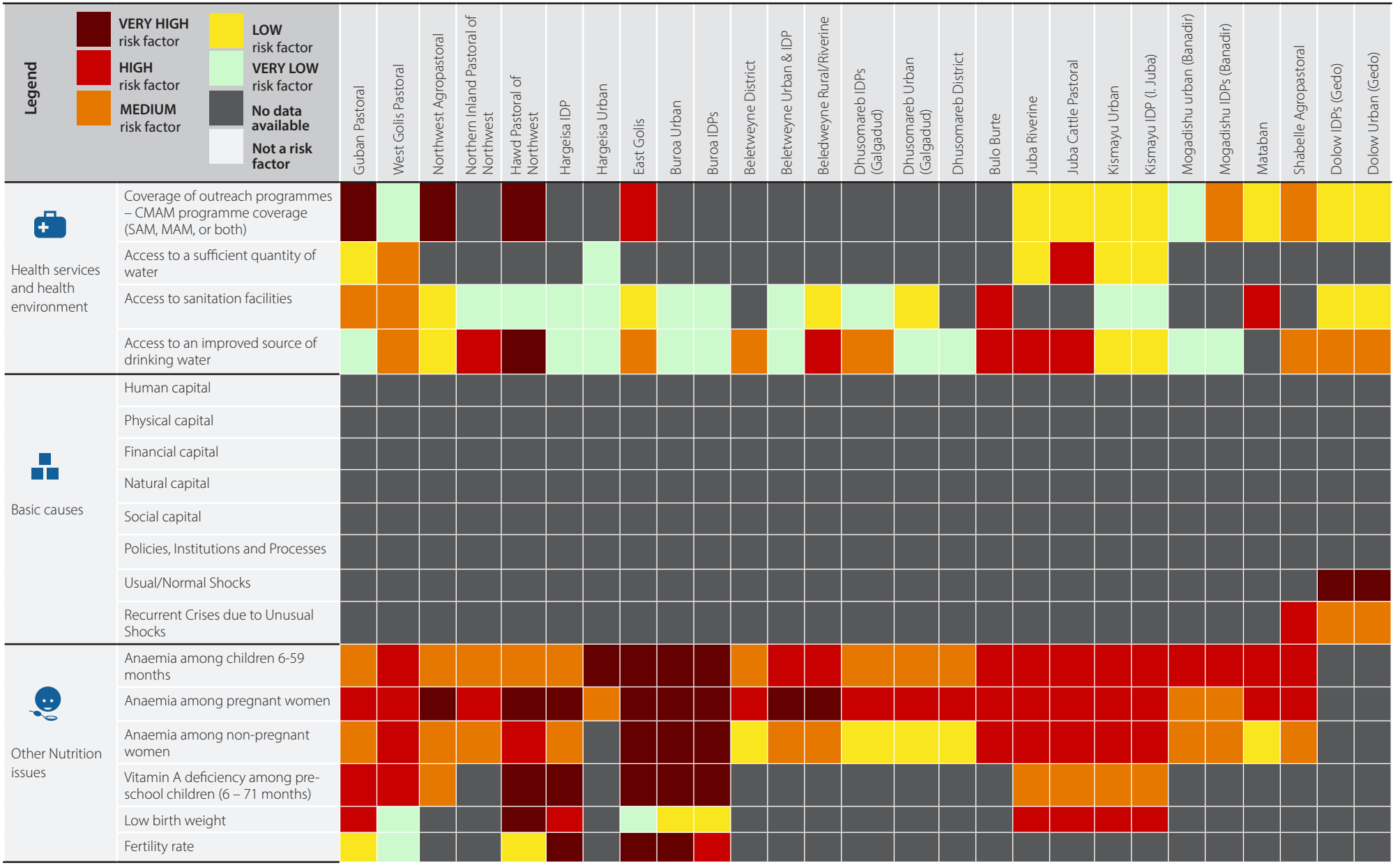
ANNEX 2: 2024 POST GU FOOD SECURITY OUTCOME INDICATORS BY POPULATION GROUP

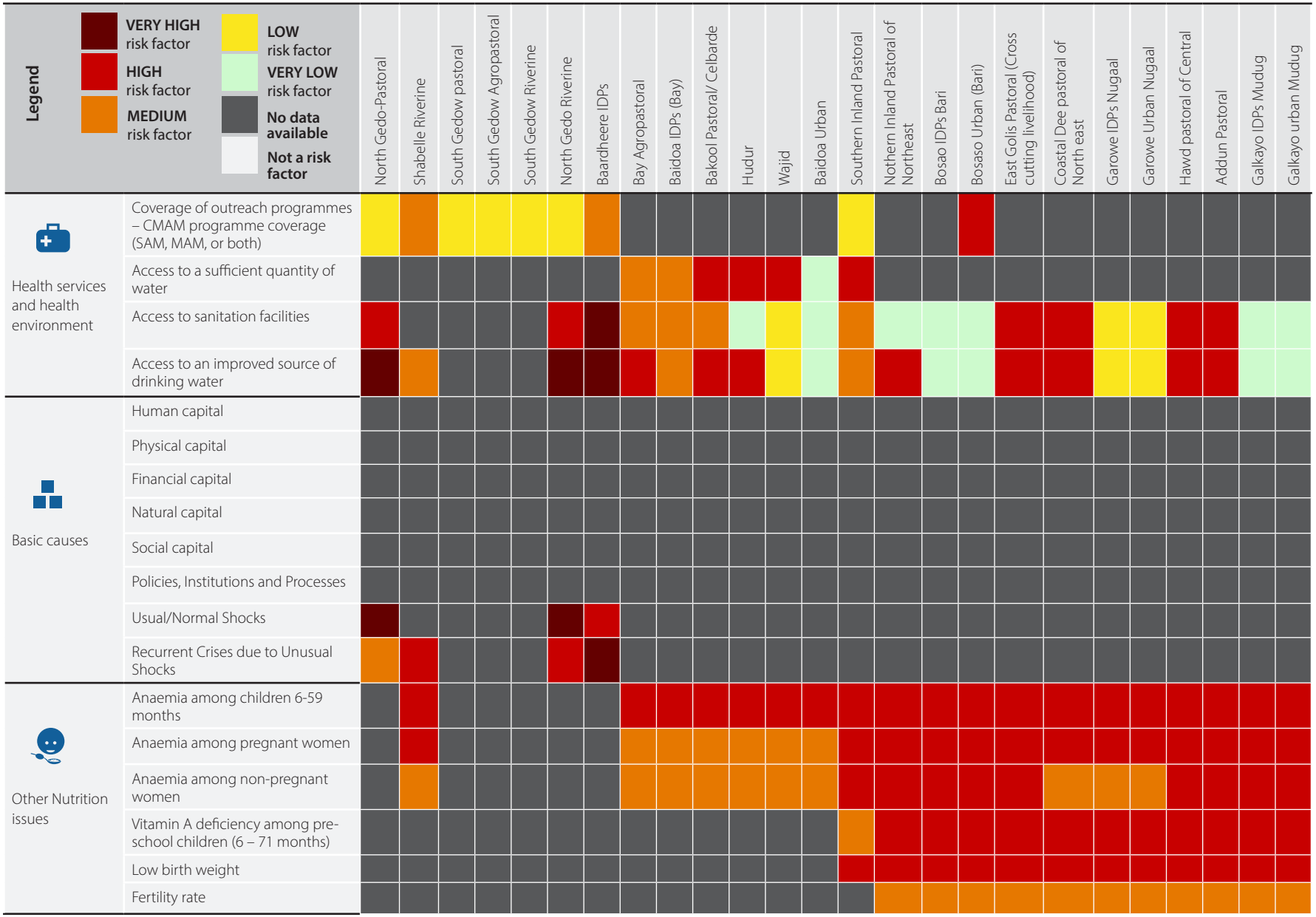
Source	Population Group/Livelihood Zone	Food Consumption Score (FCS)			Household Dietary Diversity Score (HDDS)			Reduced Coping Strategies (rCSI)			Household Hunger Scale (HHS)					Livelihood Coping Strategies				GAM (WHZ), %
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
FSNAU	Addun Pastoral	77%	23%	0%	92%	8%	0%	8%	71%	21%	11%	24%	65%	0%	0%	8%	29%	30%	33%	10.4
REACH_LZ	Addun Pastoral	40%	26%	34%	55%	31%	14%	38%	47%	15%	44%	31%	24%	0%	0%	29%	19%	27%	25%	
CWW	Baardhere Agro-Pastoral	62%	38%	0%	92.1%	6.9%	1.0%	0.0%	71.0%	29.0%	60.7%	16.8%	21.5%	.9%	0.0%					
CWW	Baardhere IDP	29%	60%	11%	89.7%	6.1%	4.2%	0.0%	70.7%	29.3%	44.4%	20.3%	35.3%	0.0%	0.0%					
CWW	Baardhere Riverine	70%	29%	2%	90.3%	5.6%	4.0%	14.0%	72.1%	14.0%	72.9%	19.4%	7.8%	0.0%	0.0%					
FSNAU	Baidoa IDPs	37%	43%	20%	89%	11%	1%	33%	27%	39%	38%	4%	53%	3%	1%	32%	19%	20%	29%	15
REACH_IDPs	Baidoa IDPs	54%	21%	25%	75%	20%	6%	24%	59%	17%	33%	23%	43%	1%	0%	20%	47%	10%	24%	
FSNAU	Baidoa Urban	81%	16%	3%	98%	2%	0%	53%	32%	15%	61%	13%	25%	0%	0%	55%	28%	13%	4%	11.8
FSNAU	Bakool pastoral							68%	32%	0%	70%	20%	10%	0%	0%					
FSNAU	Bay Agropastoral	80%	19%	1%	99%	1%	0%	54%	38%	9%	62%	7%	27%	3%	0%	43%	21%	26%	10%	12.1
FSNAU	Beletweyne district	98%	2%	0%	95%	5%	0%	87%	13%	0%	82%	1%	17%	0%	0%	57%	33%	7%	3%	10.2
FSNAU	Beletweyne IDPs	93%	7%	0%	81%	19%	0%	26%	42%	32%	17%	7%	77%	0%	0%	15%	71%	12%	2%	12.3
REACH_IDPs	Beletweyne IDPs	43%	35%	22%	50%	27%	23%	26%	41%	33%	29%	11%	56%	3%	1%	27%	25%	8%	40%	
FSNAU	Beletweyne Urban	100%	0%	0%	94%	6%	0%	41%	31%	29%	45%	10%	45%	0%	0%	41%	22%	14%	22%	12.3
WFP	Borama IDP	6.7%	15.0%	78.3%	10.3%	67.2%	22.6%	11.7%	64.2%	24.0%	11.70%	18.50%	66.90%	1.8%	1.2%	18.8%	23.5%	54.0%	3.8%	
WFP	Borama URBAN	35.9%	25.1%	39.0%	47.2%	46.2%	6.7%	35.9%	50.8%	13.3%	36.90%	17.40%	44.10%	0.5%	1.0%	27.2%	33.3%	38.5%	1.0%	
FSNAU	Bossaso IDPs	39%	44%	17%	68%	32%	0%	43%	48%	9%	54%	14%	20%	2%	9%	22%	57%	15%	5%	17.5
REACH_IDPs	Bossaso IDPs	12%	38%	50%	34%	47%	18%	2%	67%	31%	2%	3%	92%	1%	2%	38%	57%	0%	5%	
FSNAU	Bossaso Urban	46%	45%	9%	71%	28%	0%	49%	48%	3%	53%	6%	36%	2%	3%	47%	37%	13%	3%	15
WFP	BU'AALE - ALL (District)	46.5%	43.8%	9.8%	47.3%	46.5%	6.3%	26.8%	53.5%	19.8%	31.8%	32.5%	30.5%	4.0%	1.3%	21.3%	14.2%	36.8%	27.8%	
WFP	BU'AALE - Urban	47.3%	45.3%	7.4%	44.1%	48.8%	7.0%	37.1%	48.0%	14.8%	44.50%	28.50%	24.60%	2.3%	0.0%	28.1%	15.2%	29.7%	27.0%	
WFP	BU'AALE - Rural	45.1%	41.0%	13.9%	52.8%	42.4%	4.9%	8.3%	63.2%	28.5%	9.00%	39.60%	41.00%	6.9%	3.5%	9.0%	12.5%	49.3%	29.2%	
FSNAU	Burao IDPs	29%	54%	16%	85%	14%	1%	69%	31%	0%	50%	43%	7%	0%	0%	47%	52%	0%	0%	11.7
FSNAU	Burao Urban	91%	8%	2%	96%	4%	0%	91%	8%	1%	60%	11%	29%	0%	0%	33%	65%	2%	0%	4.1
FSNAU	Coastal Deeh Pastoral	60%	25%	15%	82%	18%	0%	76%	24%	0%	80%	4%	13%	2%	1%	74%	19%	6%	1%	8.5
REACH_LZ	Coastal Deeh Pastoral	34%	32%	35%	68%	26%	6%	23%	62%	16%	30%	24%	45%	1%	0%	18%	26%	24%	31%	
REACH_LZ	Cowpea Belt Agropastoral	5%	52%	42%	42%	15%	43%	40%	54%	5%	47%	10%	43%	0%	0%	34%	2%	2%	61%	
FSNAU	Dhusamareb IDPs	36%	47%	17%	79%	21%	0%	1%	23%	76%	2%	6%	61%	16%	15%	0%	52%	40%	8%	12.6
REACH_IDPs	Dhusamareb IDPs	25%	45%	31%	53%	47%		11%	65%	24%	19%	14%	66%	1%	0%	33%	55%	6%	5%	
FSNAU	Dhusamareb Urban	55%	33%	12%	85%	15%	0%	12%	32%	56%	13%	14%	62%	9%	2%	9%	48%	37%	5%	12
FSNAU	Dollow IDPs	85%	14%	0%	98%	2%	0%	1%	76%	24%	6%	30%	65%	0%	0%	1%	26%	47%	26%	14.3
FSNAU	Dollow Urban	99%	1%	0%	100%	0%	0%	10%	72%	17%	23%	21%	56%	0%	0%	6%	84%	6%	4%	10.9
REACH_LZ	East Golis Pastoral	28%	27%	46%	63%	21%	16%	37%	53%	10%	49%	25%	26%	0%	0%	25%	40%	9%	26%	
FSNAU	Galkayo IDPs	52%	47%	1%	95%	5%	0%	17%	55%	28%	20%	6%	74%	0%	0%	11%	3%	52%	34%	24.7
REACH_IDPs	Galkayo IDPs	33%	34%	32%	48%	22%	31%	28%	40%	32%	33%	23%	44%	0%	0%	58%	11%	10%	21%	
FSNAU	Galkayo Urban	64%	33%	3%	100%	0%	0%	4%	90%	7%	2%	17%	81%	0%	0%	0%	11%	82%	8%	14.1
FSNAU	Garowe IDPs	72%	20%	8%	88%	12%	0%	63%	36%	2%	42%	28%	28%	1%	0%	67%	17%	10%	6%	6.8
REACH_IDPs	Garowe IDPs	35%	22%	43%	64%	35%	1%	3%	35%	62%	5%	3%	82%	6%	4%	18%	52%	15%	15%	
FSNAU	Garowe Urban	91%	8%	1%	99%	1%	0%	83%	17%	0%	68%	22%	10%	0%	0%	76%	11%	11%	2%	6.2
FSNAU	Gedo Pastoral	98%	2%	0%	96%	4%	0%	9%	76%	14%	8%	35%	57%	0%	0%	0%	84%	12%	4%	10.3
FSNAU	Gedo Riverine	100%	0%	0%	99%	1%	0%	5%	68%	27%	6%	45%	49%	0%	0%	1%	68%	26%	5%	17.1
REACH_LZ	Guban Pastoral	48%	25%	27%	76%	20%	4%	60%	37%	4%	71%	5%	24%	0%	0%	33%	52%	8%	7%	
FSNAU	Guban Pastoral	83%	11%	5%	84%	16%	0%	62%	19%	20%	48%	17%	35%	0%	0%	35%	45%	11%	9%	6.4
WFP	Guricel RURAL	10%	31%	59%	24.1%	33.4%	42.4%	10.1%	53.8%	36.1%	11.10%	8.20%	79.60%	0.8%	0.3%	0.8%	2.4%	28.9%	67.9%	
FSNAU	Hargeisa IDPs	40%	18%	41%	71%	26%	3%	63%	26%	11%	68%	4%	27%	0%	2%	74%	17%	2%	7%	10.4
FSNAU	Hargeisa Urban	70%	17%	13%	95%	5%	0%	93%	6%	1%	97%	1%	2%	0%	0%	94%	4%	2%	0%	7.9
REACH_LZ	Hawd Pastoral (re-analyze)	47%	32%	22%	65%	27%	8%	31%	54%	16%	43%	18%	39%	1%	0%	34%	31%	11%	25%	
FSNAU	Juba pastoral							16%	61%	22%	4%	29%	65%	2%	0%					
FSNAU	Juba riverine							28%	62%	10%	19%	35%	46%	0%	0%					
FSNAU	Kismayo IDPs	46%	46%	8%	88%	12%	0%	12%	60%	28%	20%	15%	62%	2%	0%	3%	14%	48%	35%	18.7
REACH_IDPs	Kismayo IDPs	7%	15%	78%	36%	39%	25%	30%	60%	9%	32%	18%	50%	0%	0%	57%	34%	3%	6%	
FSNAU	Kismayo Urban	85%	14%	1%	97%	3%	0%	54%	42%	4%	57%	13%	30%	0%	0%	28%	38%	12%	22%	10.5
REACH_Urban	Kismayo Urban	32%	36%	32%	73%	22%	5%	31%	62%	7%	47%	19%	34%	0%	0%	39%	38%	5%	18%	
WFP	laas_caanood IDP	8%	32%	60%	37.3%	61.8%	0.9%	20.0%	62.7%	17.3%	22.70%	36.00%	40.90%	0.4%	0.0%	12.9%	28.4%	52.4%	6.2%	
REACH_IDPs	laas_caanood IDP	47%	35%	17%	68%	25%	8%	25%	70%	5%	30%	14%	55%	1%	0%	3%	61%	10%	25%	
WFP	laas_caanood URBAN	38%	29%	33%	61.3%	37.3%	1.3%	49.3%	44.0%	6.7%	45.30%	32.00%	22.70%	0.0%	0.0%	22.0%	45.3%	32.0%	0.7%	
FSNAU	Mogadishu IDPs	95%	5%	0%	95%	5%	0%	16%	44%	40%	21%	49%	29%	0%	1%	16%	29%	38%	16%	16.8
REACH_IDPs	Mogadishu IDPs	28%	36%	36%	49%	19%	32%	17%	63%	21%	46%	13%	41%	0%	0%	45%	34%	4%	17%	
FSNAU	Mogadishu Urban	100%	0%	0%	100%	0%	0%	95%	4%	0%	97%	1%	2%	0%	0%	94%	2%	2%	1%	
REACH_Urban	Mogadishu Urban	28%	42%	29%	60%	14%	26%	38%	46%	16%	83%	9%	8%	0%	0%	58%	10%	8%	24%	
FSNAU	Northeast East Golis	43%	35%	22%	84%	16%	0%	73%	19%	8%	84%	4%	12%	0%	0%	25%	52%	19%	4%	9.4
FSNAU	Northeast Hawd Pastoral	81%	17%	2%	99%	1%	0%	3%	92%	5%	7%	16%	77%	0%	0%	0%	30%	28%	42%	16.2
FSNAU	Northeast Northern Inland Pastoral	75%	23%	2%	80%	19%	1%	74%	26%	0%	65%	23%	12%	0%	0%	60%	19%	20%	2%	8.3
REACH_LZ	Northern Inland Pastoral	43%	38%	19%	70%	26%	5%	25%	50%	25%	31%	13%	53%	1%	1%	14%	30%	12%	45%	
FSNAU	NorthWest Agropastoral	66%	19%	15%	92%	8%	1%	76%	18%	7%	72%	7%	19%	1%	1%	54%	5%	16%	24%	10.1
FSNAU	Northwest Hawd Pastoral	59%	27%	13%	95%	4%	0%	75%	25%	0%	59%	24%	16%	0%	0%	35%	63%	1%	0%	6.8
FSNAU	Northwest Northern Inland Pastoral	49%	36%	14%	83%	17%	0%	38%	53%	9%	54%	10%	37%	0%	0%	31%	57%	5%	7%	8.6
REACH_LZ	Northwestern Agropastoral	40%	19%	41%	47%	41%	13%	53%	36%	10%	74%	13%	12%	0%	1%	29%	42%	6%	23%	
REACH_IDPs	Qardho IDPs	22%	37%	40%	62%	24%	15%	8%	63%	29%	17%	19%	64%	1%	0%	31%	44%	10%	15%	
REACH_LZ	Riverine Gravity Irrigation	42%	28%	30%	78%	12%	10%	37%	48%	15%	53%	13%	33%	0%	0%	43%	21%	7%	29%	
REACH_LZ	Riverine Pump Irrigation	48%	15%	37%	49%	22%	29%	25%	63%	12%	31%	14%	54%	0%	0%	12%	27%	24%	37%	
WFP	SAAKOW - ALL (DistriCt)	45%	39%	16%	34.5%	51.7%	13.8%	33.2%	42.9%	23.9%	32.50%	33.50%	28.10%	0.8%	5.2%	25.5%	19.2%	28.8%	26.5%	
WFP	SAAKOW - Urban	47%	40%	13%	33.7%	55.7%	10.6%	43.5%	40.2%	16.3%	43.10%	34.60%	22.00%	0.4%	0.0%	32.5%	23.6%	26.0%	17.9%	
WFP	SAAKOW - Rural	41%	37%	22%	36.0%	44.6%	19.4%	15.1%	47.5%	37.4%	13.70%	31.70%	38.80%	1.4%	14.4%	12.9%	11.5%	33.8%	41.7%	
FSNAU	Shabelle Agropastoral	99%	1%	0%	99%	1%	0%	38%	37%	24%	49%	21%	30%	0%	0%	37%	19%	40%	4%	14.4
FSNAU	Shabelle Riverine	97%	2%	1%	97%	3%	0%	27%	41%	32%	30%	38%	31%	0%	0%	27%	29%	40%	4%	13.7
REACH_LZ	Sorghum High Potential Agropastoral	51%	19%	31%	79%	14%	6%	18%	73%	9%	44%	11%	43%	1%	1%	11%	28%	12%	49%	
FSNAU	South Gedo Agropastoral							85%	12%	3%	77%	2%	18%	1%	2%					
FSNAU	South Gedo Pasatoral							92%	5%	3%	91%	3%	6%	0%	0%					
FSNAU	South Gedo Riverine							58%	41%	1%	59%	2%	31%	7%	1%					
REACH_LZ	Southern Agropastoral	46%	34%	19%	57%	25%	17%	12%	76%	13%	59%	16%	25%	0%	0%	54%	7%	2%	37%	
REACH_LZ	Southern Inland Pastoral	21%	45%	34%	55%	20%	25%	24%	45%	30%	45%	5%	47%	4%	0%	33%	19%	8%	40%	
REACH_LZ	Southern Rainfed Agropastoral	42%	17%	41%	78%	19%	3%	31%	45%	24%	48%	12%	36%	5%	0%	35%	34%	5%	26%	
FSNAU	West Golis Pastoral	74%	25%	1%	92%	8%	0%	63%	37%	0%	89%	8%	2%	0%	0%	41%	59%	0%	0%	11
REACH_LZ	West Golis Pastoral	46%	23%	31%	66%	24%	11%	60%	34%	7%	85%	5%	10%	0%	0%	41%	36%	5%	18%	

ANNEX 3: 2024 POST GU LIST OF ACUTE MALNUTRITION MAJOR CONTRIBUTING FACTORS




Legend
VERY HIGH risk factor
HIGH risk factor
MEDIUM risk factor
LOW risk factor
VERY LOW risk factor
No data available
Not a risk factor
North Gedo-Pastoral
Shabelle Riverine
South Gedow pastoral
South Gedow Agropastoral
South Gedow Riverine
North Gedo Riverine
Baardheere IDPs
Bay Agropastoral
Baidoa IDPs (Bay)
Bakool Pastoral/ Celbarde
Hudur
Wajid
Baidoa Urban
Southern Inland Pastoral
Nothern Inland Pastoral of Northeast
Bosao IDPs Bari
Bosaso Urban (Bari)
East Golis Pastoral (Cross cutting livelihood)
Coastal Dee pastoral of North east
Garowe IDPs Nugaal
Garowe Urban Nugaal
Hawd pastoral of Central
Addun Pastoral
Galkayo IDPs Mudug
Galkayo urban Mudug
Food Consumption
Minimum Dietary Diversity (MDD)
Minimum Meal Frequency (MMF)
Minimum Acceptable Diet (MAD)
Minimum Dietary Diversity – Women (MDD-W)
Diseases
Diarrhoea
Dysentery
Malaria/fever
Acute Respiratory Infection (ARI)
HIV/AIDS
Cholera or Acute Watery Diarrhoea (AWD)
Measles (outbreak)
Food dimensions Outcome of IPC analysis
Caring and feeding practices
Exclusive breastfeeding under 6 months
Continued breastfeeding at 1 year
Continued breastfeeding at 2 years
Introduction of solid, semi-solid or soft foods
Health services and health environment
Measles vaccination
Polio vaccination
Vitamin A supplementation
Skilled birth attendance
Health seeking behaviour


Legend
VERY HIGH risk factor
HIGH risk factor
MEDIUM risk factor
LOW risk factor
VERY LOW risk factor
No data available
Not a risk factor
Guban Pastoral
West Golis Pastoral
Northwest Agropastoral
Northern Inland Pastoral of Northwest
Hawd Pastoral of Northwest
Hargeisa IDP
Hargeisa Urban
East Golis
Buroa Urban
Buroa IDPs
Beletweyne District
Beletweyne Urban & IDP
Beledweyne Rural/Riverine
Dhusomareb IDPs (Galgadud)
Dhusomareb Urban (Galgadud)
Dhusomareb District
Bulo Burte
Juba Riverine
Juba Cattle Pastoral
Kismayu Urban
Kismayu IDP (I. Juba)
Mogadishu urban (Banadir)
Mogadishu IDPs (Banadir)
Mataban
Shabelle Agropastoral
Dolow IDPs (Gedo)
Dolow Urban (Gedo)
Health services and health environment
Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)
Access to a sufficient quantity of water
Access to sanitation facilities
Access to an improved source of drinking water
Basic causes
Human capital
Physical capital
Financial capital
Natural capital
Social capital
Policies, Institutions and Processes
Usual/Normal Shocks
Recurrent Crises due to Unusual Shocks
Other Nutrition issues
Anaemia among children 6-59 months
Anaemia among pregnant women
Anaemia among non-pregnant women
Vitamin A deficiency among pre-school children (6 – 71 months)
Low birth weight
Fertility rate


Legend
VERY HIGH risk factor
HIGH risk factor
MEDIUM risk factor
LOW risk factor
VERY LOW risk factor
No data available
Not a risk factor
North Gedo-Pastoral
Shabelle Riverine
South Gedow pastoral
South Gedow Agropastoral
South Gedow Riverine
North Gedo Riverine
Baardheere IDPs
Bay Agropastoral
Baidoa IDPs (Bay)
Bakool Pastoral/ Celbarde
Hudur
Wajid
Baidoa Urban
Southern Inland Pastoral
Nothern Inland Pastoral of Northeast
Bosao IDPs Bari
Bosaso Urban (Bari)
East Golis Pastoral (Cross cutting livelihood)
Coastal Dee pastoral of North east
Garowe IDPs Nugaal
Garowe Urban Nugaal
Hawd pastoral of Central
Addun Pastoral
Galkayo IDPs Mudug
Galkayo urban Mudug
Health services and health environment
Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)
Access to a sufficient quantity of water
Access to sanitation facilities
Access to an improved source of drinking water
Basic causes
Human capital
Physical capital
Financial capital
Natural capital
Social capital
Policies, Institutions and Processes
Usual/Normal Shocks
Recurrent Crises due to Unusual Shocks
Other Nutrition issues
Anaemia among children 6-59 months
Anaemia among pregnant women
Anaemia among non-pregnant women
Vitamin A deficiency among pre-school children (6 – 71 months)
Low birth weight
Fertility rate