

SOMALIA

WORSENING DROUGHT DRIVES NEAR DOUBLING OF PEOPLE FACING ACUTE FOOD INSECURITY TO 6.5 MILLION; ACUTE MALNUTRITION RISES FOR SECOND YEAR WITH OVER 1.8 MILLION CHILDREN AFFECTED

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS
JANUARY-JUNE 2026
 Published on 24 February 2026

| FIRST PROJECTION: FEBRUARY-MARCH 2026 | | | SECOND PROJECTION: APRIL-JUNE 2026 | | | ACUTE MALNUTRITION: JANUARY-DECEMBER 2026 | | |
|--|---------|-----------------------------------|--|---------|-----------------------------------|---|-----------------------------------|------------------|
| 6.5M 33% 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 | 5.5M 28% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION | Phase 5 | 0 People in Catastrophe | 1.84M cases of children aged 6-59 months acutely malnourished IN NEED OF TREATMENT | Severe Acute Malnutrition (SAM) | 483,000 |
| | Phase 4 | 2,033,000 People in Emergency | | Phase 4 | 1,593,000 People in Emergency | | Moderate Acute Malnutrition (MAM) | 1,352,000 |
| | Phase 3 | 4,457,000 People in Crisis | | Phase 3 | 3,929,000 People in Crisis | | | |
| | Phase 2 | 7,751,000 People in Stressed | | Phase 2 | 7,608,000 People in Stressed | | | |
| | Phase 1 | 5,202,000 People in food security | | Phase 1 | 6,312,000 People in food security | | | |

Overview

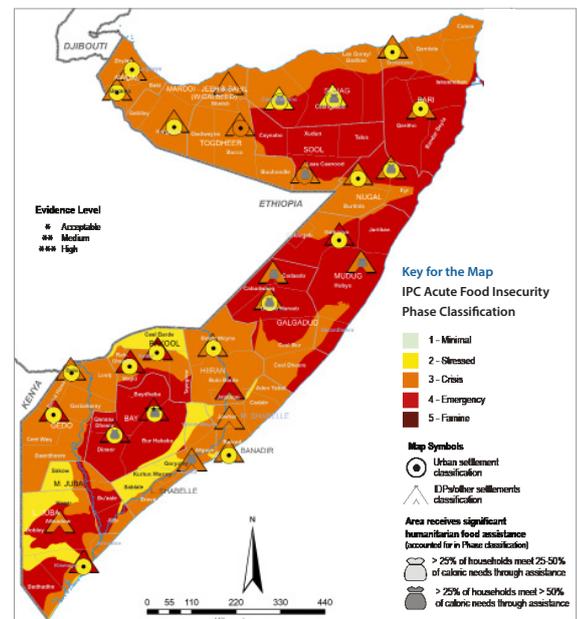
Worsening drought, conflict and insecurity, and soaring food prices have driven a sharp deterioration in acute food insecurity in Somalia since the last analysis in August 2025. After some temporary improvement with better rains in 2023 and 2025, below average rainfall between October and December 2025 led to failed crop harvest in agropastoral and riverine regions, and rapid depletion of pasture and water in pastoral areas. Drought, insecurity and conflict in central, southern, and some parts of northern Somalia have displaced populations and disrupted livelihood activities and market access. The situation is further compounded by reduced humanitarian assistance, with humanitarian food security assistance (HFSA) in January 2026 reaching only 17 percent of the 4.8 million people in need.

From February to March 2026, during the dry *Jilaal* season, a staggering 6.5 million people are estimated to be facing high levels of acute food insecurity—IPC Acute Food Insecurity (AFI) Phase 3 or above. This is a near doubling of the number of people in IPC

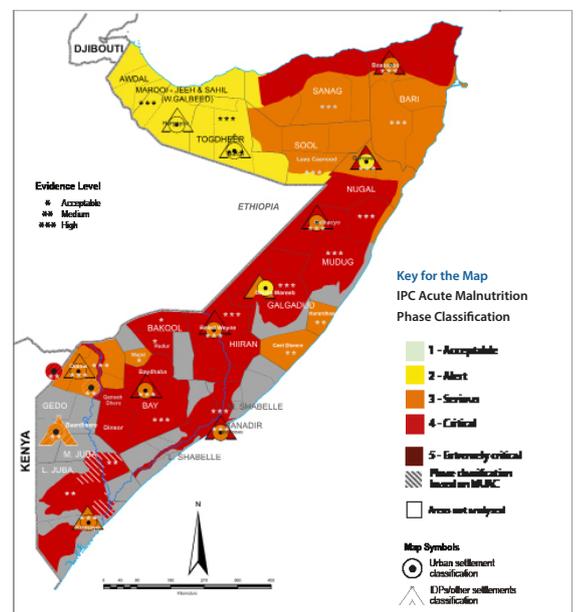
Key Drivers of Acute Food Insecurity

- Poor rainfall**
 The failed 2025 Deyr season (October-December 2025) rainfall led to water scarcity and extremely poor crop and livestock production. As rainfall remains below normal, food production and livestock—central to Somali livelihoods—are poor and food availability is limited.
- Conflict and insecurity**
 Ongoing conflict and insecurity throughout much of Somalia drives population displacement and disrupts agriculture, markets and people's ability to access food and humanitarian assistance.
- Displacement**
 Approximately 3.4 million people remain internally displaced across Somalia. Worsening drought conditions, continued insecurity and conflict are expected to trigger additional population displacement to IDP settlements and urban areas.
- High food prices**
 While global cereal prices declined in December 2025 due to ample international supply, high local and imported food prices across the country keep constraining household food access, with commodities like sorghum and maize trading at over 20 percent above the five-year average.

1st Projection Acute Food Insecurity February - March 2026



1st Projection Acute Malnutrition February - March 2026





AFI Phase 3 and above, compared to 3.4 million in the first quarter of 2025. This includes over 2 million people who are estimated to be in IPC AFI Phase 4 (Emergency), and are experiencing critical levels of acute food insecurity, characterised by large food gaps and high levels of acute malnutrition. A further 4.5 million people are in IPC AFI Phase 3 and unable to meet their essential food requirements. Poor farmers with failed harvests, pastoralists with few saleable animals, and IDPs—especially those recently displaced and with limited livelihood opportunities—are the most affected. These populations require urgent humanitarian assistance to save lives and protect livelihoods.

This deterioration occurs as households face worsening drought conditions, leading to faster depletion of pasture and water, and increased livestock deaths, alongside persistently high food prices and further population displacement to urban areas and internally displaced person (IDP) settlements. Levels of HFSA are expected to reach only 9 percent of people in Phase 3 and above in February and March 2026. The reduction occurs amidst two consecutive years of rising global acute malnutrition (GAM) levels, which by November - December 2025 were almost 20 percentage points higher than in the same period in 2024, following a steady upward trajectory through early 2025. During the *Jilaal* season, the following regions will deteriorate from IPC AFI Phase 3 to Phase 4: Bay-Bakool Agro-pastoral Low Potential, Bay-Gedo Sorghum High Potential Agropastoral, Hawd Pastoral of Central, Addun Pastoral and Coastal Deeh Pastoral of Northeast and Central regions, Juba Pastoral, Juba Riverine, Northern Inland Pastoral of Northeast and Northwest, and among Bakool IDPs, Hiraan IDPs, Kismayo IDPs, and Gaalkacyo IDPs.

This deterioration follows an already declining situation in January 2026, when 4.8 million people (25 percent of the population) experienced high levels of acute food insecurity (IPC AFI Phase 3 or above), including nearly 1.2 million people in IPC AFI Phase 4. This was an already stark 41 percent increase from the same period in 2025.

The *Gu* season rains (April to June 2026), which coincides with the second projection period, are expected to be near normal in most parts of Somalia and above normal in some northern areas. This is expected to lead to a modest improvement in the overall food security situation as land preparation and crop cultivation bring employment opportunities for poor households in agropastoral areas. The rains will replenish pasture and water resources, improving livestock health and increased milk availability. Although it is an improvement, it is modest, and acute food insecurity will remain widespread with 5.5 million people (28 percent of the population) facing IPC AFI Phase 3 and above between April and June 2026. Improvement from IPC AFI Phase 4 to IPC AFI Phase 3 is expected in the Addun Pastoral of the Northeast, Sorghum High Potential Agropastoral, Juba Cattle Pastoral, and Hawd Pastoral livelihood zones.

Between January and December 2026, an estimated 1.84 million children are suffering or expected to suffer from acute malnutrition, with 483,000 cases of severe acute malnutrition (SAM), which require lifesaving medical treatment. In January, acute malnutrition was at Critical levels—IPC Acute Malnutrition (AMN) Phase 4—in 18 of the 48 analysed districts and Serious (IPC AMN Phase 3) in 19 districts. Acute malnutrition is expected to deteriorate in the projection periods between February and June 2026, due to food insecurity and high disease burden, exacerbated by reduced humanitarian funding that has limited access to health and nutrition services. IDPs are most affected and face significant deterioration in nutrition status. Urgent integrated multi-sectoral interventions are needed to prevent further deterioration and save lives of children and pregnant and breastfeeding women (PBW).

During the first projection period from February to March 2026, the number of areas classified in IPC AMN Phase 3 and 4 is expected to have increased to 38. The second projection period from April to June 2026 coincides with the peak season for acute malnutrition in Somalia and is characterised by reduced food access and a spike in disease prevalence. Acute malnutrition is expected to worsen further across the country during this period, with the number of areas classified in IPC AMN Phase 3 and 4 increasing to 45.



Contributing Factors to Acute Malnutrition



High disease burden

The disease burden is rising, with the prevalence of childhood illnesses such as fever, Acute Respiratory Infections (ARI) and diarrhoea being the most prevalent. Outbreaks of acute watery diarrhoea, cholera, measles, and diphtheria remain active in southern and central regions.



Limited access to health and nutrition services

Reduced humanitarian funding has strained access to health and nutrition services. Funding shortfalls have left many children with acute malnutrition without the proper treatment. Vitamin A supplementation and measles vaccination levels remain below the recommended SPHERE standard.



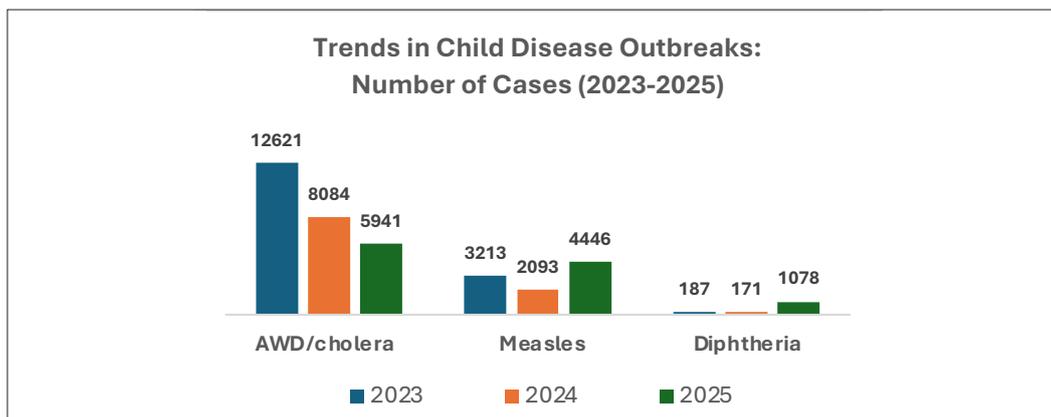
Poor water, sanitation and hygiene (WASH) services

Access to safe drinking water and sanitation facilities remain inadequate, with rural populations particularly affected. Poor WASH remains a major risk factor to high prevalence of acute watery diarrhoea and frequent cholera outbreaks.



Suboptimal infant and young child caring and feeding practices

Childcare and feeding practices are persistently below recommended standard across the country, further increasing risk factors for acute malnutrition.



CONFLICT AND INSECURITY

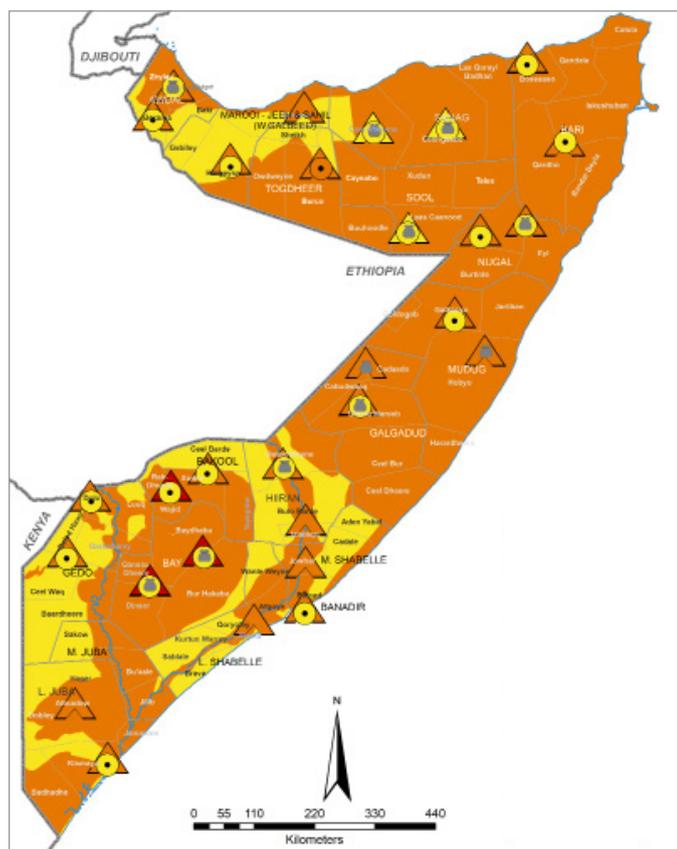
Somalia has been experiencing protracted conflict and insecurity. The security situation in the country in 2025 remained highly fragile, driven by insurgency, clan-based competition over resources, territorial disputes, political tensions and power struggles. According to data from ACLED, in 2025, the country experienced a steep escalation in violence, recording 5,645 security incidents—a 75 percent increase from 2024—resulting in 4,130 deaths, the highest level of insecurity in five years. Violence was concentrated mainly in Lower Shabelle, Bari, Lower Jubba, Galgaduud, Middle Shabelle, Bay, and Hiiraan, particularly during the second half of 2025.

The spike in insecurity triggered substantial population displacement in many areas. Between July and December 2025, approximately 278,000 people were displaced, mainly due to conflict (48 percent) and drought (44 percent). Conflict-driven displacement was highest in Sanaag, Bari, Gedo, Hiraan, Lower Juba, Nugaal and Mudug regions. Insecurity significantly disrupted agricultural activities, community mobility, market access and access to humanitarian assistance.

Somalia will likely face heightened insecurity during the first half of 2026, driven by insurgency and counter-insurgency measures, possible civil unrest during the upcoming May elections, conflict over water, pasture and other natural resources, inter-clan conflict and continued political tensions between the center and the periphery. The likely expected impacts are population displacement, disruption to agricultural production, market access, and challenges in humanitarian aid delivery, particularly in central and southern regions. These in turn will contribute to increased food insecurity in the affected areas. Approximately 212,000 people are projected to be internally displaced between 1 December 2025 and 31 March 2026 across Somalia, according to IOM. Of these, 64 percent are expected to be displaced due to drought, and 36 percent due to conflict.



ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (January 2026)



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
- IDP/other settlements classification

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

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

Evidence Level

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

Population table for the current period | January 2026

| Region | Total population analysed | Phase 1 | | Phase 2 | | Phase 3 | | Phase 4 | | Phase 5 | | Phase 3+ | |
|-----------------|---------------------------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|----------|----------|----------|------------------|-----------|
| | | #people | % | #people | % | #people | % | #people | % | #people | % | #people | % |
| Awdal | 661,373 | 285,100 | 43 | 289,720 | 44 | 75,590 | 11 | 10,960 | 2 | 0 | 0 | 86,550 | 13 |
| Bakool | 564,958 | 209,470 | 37 | 220,670 | 39 | 106,320 | 19 | 28,500 | 5 | 0 | 0 | 134,820 | 24 |
| Banadir | 3,289,438 | 1,803,440 | 55 | 1,130,930 | 34 | 299,610 | 9 | 55,460 | 2 | 0 | 0 | 355,070 | 11 |
| Bari | 1,281,189 | 320,940 | 25 | 529,500 | 41 | 318,280 | 25 | 112,470 | 9 | 0 | 0 | 430,750 | 34 |
| Bay | 1,297,550 | 338,250 | 26 | 442,420 | 34 | 324,720 | 25 | 192,160 | 15 | 0 | 0 | 516,880 | 40 |
| Galgaduud | 844,925 | 207,860 | 25 | 295,100 | 35 | 247,080 | 29 | 94,890 | 11 | 0 | 0 | 341,970 | 40 |
| Gedo | 1,014,335 | 462,920 | 46 | 379,510 | 37 | 130,680 | 13 | 41,230 | 4 | 0 | 0 | 171,910 | 17 |
| Hiraan | 524,876 | 231,120 | 44 | 180,430 | 34 | 91,300 | 17 | 22,030 | 4 | 0 | 0 | 113,330 | 22 |
| Lower Juba | 1,204,269 | 599,800 | 50 | 379,300 | 31 | 180,800 | 15 | 44,370 | 4 | 0 | 0 | 225,170 | 19 |
| Lower Shabelle | 1,656,402 | 551,620 | 33 | 655,980 | 40 | 374,670 | 23 | 74,130 | 4 | 0 | 0 | 448,800 | 27 |
| Middle Juba | 447,217 | 184,970 | 41 | 184,150 | 41 | 60,990 | 14 | 17,110 | 4 | 0 | 0 | 78,100 | 17 |
| Middle Shabelle | 1,053,608 | 403,090 | 38 | 382,540 | 36 | 213,020 | 20 | 54,960 | 5 | 0 | 0 | 267,980 | 25 |
| Mudug | 1,528,722 | 320,440 | 21 | 547,570 | 36 | 487,350 | 32 | 173,360 | 11 | 0 | 0 | 660,710 | 43 |
| Nugaal | 656,910 | 143,680 | 22 | 263,290 | 40 | 187,480 | 29 | 62,460 | 10 | 0 | 0 | 249,940 | 38 |
| Sanaag | 445,736 | 116,470 | 26 | 171,460 | 38 | 112,210 | 25 | 45,600 | 10 | 0 | 0 | 157,810 | 35 |
| Sool | 570,788 | 158,670 | 28 | 225,160 | 39 | 130,260 | 23 | 56,700 | 10 | 0 | 0 | 186,960 | 33 |
| Togdheer | 894,874 | 324,790 | 36 | 415,900 | 46 | 120,270 | 13 | 33,910 | 4 | 0 | 0 | 154,180 | 17 |
| Woqooyi Galbeed | 1,504,986 | 585,290 | 39 | 703,770 | 47 | 173,020 | 11 | 42,910 | 3 | 0 | 0 | 215,930 | 14 |
| Total | 19,442,156 | 7,247,920 | 37 | 7,397,400 | 38 | 3,633,650 | 19 | 1,163,210 | 6 | 0 | 0 | 4,796,860 | 25 |

Note: Population figures are rounded to the nearest 10 and aggregated to regional levels for ease of reference and as a result may differ slightly from those in the IPC population tracking tool.



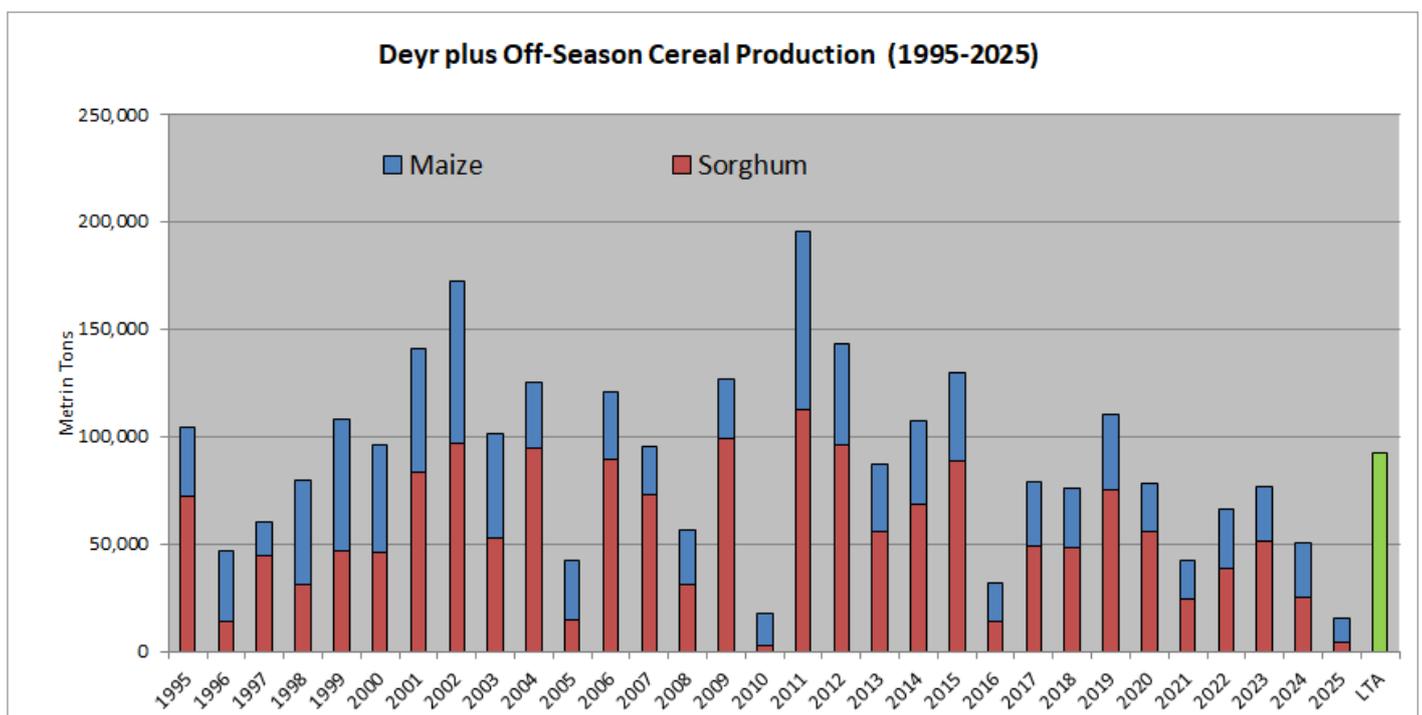
ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW (January 2026)

Results of the multi-partner countrywide food security assessments conducted in November and December 2025, and subsequent IPC Acute Food Insecurity analysis indicated a worsening food insecurity situation in Somalia. Approximately 4.8 million people experienced high levels of acute food insecurity (IPC Phase 3 or above) in January 2026. This included about 1.2 million people (6 percent of the population) in IPC Phase 4 (Emergency), and more than 3.6 million people (19 percent of the population) in IPC Phase 3 (Crisis). An additional 7.4 million people were classified in IPC Phase 2 (Stressed).

Nearly all rural people are experiencing high levels of acute food insecurity, driven by a worsening drought, ongoing insecurity, and rising food prices. Most of the pastoral and agropastoral people in northern, central, and southern regions are classified in Phase 3. These livelihoods face significant food consumption gaps, rising acute malnutrition, and are relying on crisis or emergency coping strategies just to meet basic food needs. A few areas remain in Phase 2, including West Golis Pastoral and Northwest Agropastoral, the Cowpea Belt, Southern Rainfed Maize Agropastoral in Middle and Lower Shabelle regions, and Southern Inland Pastoral livelihood zones in Hiran, Bakool, Shabelle, Gedo, and Juba regions. In these areas, households can meet minimum food needs but are resorting to unsustainable coping strategies to cover other essential needs.

The food security situation of most IDPs across Somalia remains extremely precarious. Nearly all IDP settlements are classified in Phase 3, while those in Bay and Bakool regions face even more severe conditions and are classified in Phase 4. These populations face substantial food consumption gaps and remain highly dependent on humanitarian assistance. Urban populations show slightly better outcomes due to better access to informal labour opportunities and market access but still face notable stress, with many areas classified in Phase 2, indicating limited access to essential non-food needs and increased pressure on their coping capacity.

The October–December 2025 *Deyr* season rains failed across most of Somalia, with amounts substantially lower compared to normal seasonal patterns. Overall, rainfall was poor to below average, with many southern and central areas receiving less than 75 mm—well below seasonal norms. The largest deficits in rainfall were recorded in the northern and central regions, where rainfall totals reached historically low levels. Rainfall started in September across all livelihood zones, including in parts of Guban and Golis pastoral livelihoods. Rainfall improved slightly in some southern and central areas in October, particularly in central regions, while northern areas experienced a sharp reduction in rainfall. Most of the country remained dry during November, except for localised rainfall in the Juba regions and parts of Bay, Gedo, and Lower Shabelle. Conditions were predominantly dry in December, with only isolated light to moderate rains in Gedo and Lower Juba.





The 2025 *Deyr* season crop production in southern Somalia is estimated at 15,600 metric tons, including approximately 3,000 metric tons of off-season harvest expected from late February to March 2026. This is the lowest seasonal cereal output since 1995 and is 83 percent lower than the long-term average-LTA (1995–2024). The production reduction is mainly due to poor and erratic rainfall, reduced availability and high costs of inputs, and insecurity that disrupted agricultural activities.

Similarly, the 2025 *Gu/Karan* cereal harvest of October/November 2025 in the northwest is estimated at 2,700 metric tons—a 65 percent decline compared to the average for 2010–2024, and the lowest *Gu/Karan* cereal harvest since 1995. This is primarily due to erratic and failed April-June 2025 *Gu* rainfall, prolonged dry spells, delayed and localised *Karan* rains in August-September 2025.

In most pastoral livelihoods across Somalia, the failure of the *Deyr* season rainfall led to below-average/poor pasture, browse, and water conditions across the country. Most key pastoral areas reported limited pasture regeneration, rapid degradation of grazing lands, and rangelands deterioration. As forage became scarce, competition intensified, accelerating overgrazing. Pastoralists have already begun abnormal and early migration in search of pasture and water. Water prices have surged across rural markets, reaching their highest levels in recent years due to the failed rains and depleted water sources. Livestock reproduction has also deteriorated. Conception and birth rates are low among all animals, resulting in very limited milk production for both household consumption and sale.

As of December 2025, maize and sorghum prices are up by around 10 percent compared to 2024 *Deyr* season and 21 percent above the five-year average. The rise is mainly driven by limited supplies from the 2025 *Deyr* harvest and the depletion of carryover stocks from previous seasons, which continue to tighten domestic markets. While global cereal prices declined in December due to ample international supply, local prices in Somalia remain high. This is largely due to the weak local currency, conflict and insecurity, and high transport costs, all of which push market prices well above five-year average levels despite favorable prices on the global market. In most regions of Somalia, the livestock (goat)-to-cereal (sorghum and maize) terms-of-trade in December 2025 declined by 6 to 16 percent compared to the five-year averages (2020-2024). Highest declines were reported in Bay (37 percent), Middle Shabelle (32 percent), and Lower Shabelle (29 percent). The labour-to-cereal (sorghum and maize) terms-of-trade in December 2025 declined by 5 to 14 percent in most regions compared to the five-year averages (2020-2024). Highest declines were recorded in Bay (37 percent), Middle and Lower Shabelle (25-26 percent), and Woqooyi Galbeed (18 percent). These declines have adversely affected purchasing power and food access among poor pastoral and agropastoral households and IDPs in urban areas who rely on casual labour employment as a source of household income. The Cost of the Minimum Expenditure Basket has also registered a moderate 16 percent increase compared to the five-year average, signaling rising pressure on household purchasing power, particularly for poor and vulnerable families who rely heavily on purchases from the market to access food.

Humanitarian assistance has declined since January 2025, primarily due to funding constraints. A widening gap between needs and available resources has forced humanitarian partners to hyper-prioritise humanitarian food security assistance (HFSA) support for the most vulnerable populations in Phase 4 and above in the 21 priority districts, using vulnerability-based targeting that focuses on high-risk groups such as female-headed households, minority clans, elderly and disability-affected individuals, newly displaced persons, pregnant and lactating women, malnourished children, and drought-affected pastoralists and agro-pastoralists. HFSA has decreased by 38 percent from 1.3 million people in August 2025 to 803,000 people in January 2026 due to severe funding constraints. Assistance packages have been significantly reduced, with support duration dropping from six to three months and cash transfer values covering approximately 56 percent of the daily calorific needs. Between July and September 2025, food and cash assistance reached an average of 1.1 million people per month. However, this dropped to 715,000 between October and December 2025. Funding shortages have already forced humanitarian partners to scale down their support, prioritizing the most vulnerable populations in the most severely affected areas. As a result, only 23 out of 90 districts have been prioritized for assistance, based on vulnerability and accessibility criteria. Despite the reduction, ongoing humanitarian assistance, including food, cash, and other forms of aid—which continued to play a vital role in mitigating severe food security and nutrition outcomes in the priority districts. Humanitarian food assistance for January 2026 covered 803,000 people, down from 1 million in January 2025.



Outcome Data

The IPC analysis incorporated the following key food security and nutrition outcome indicators:

Food Consumption Score (FCS)

Based on a seven-day recall period, FCS results showed that 19 of 62 units of analysis had more than 30 percent of households with poor food consumption, corresponding to a Phase 4 classification. Notably, five rural livelihood groups and three IDP groups reported over 50 percent of households with poor FCS, with some exceeding 80 percent, highlighting the severity of food insecurity.

Household Dietary Diversity Score (HDDS)

HDDS, which measures the number of food groups consumed over a 24-hour recall period, indicated relatively diverse diets despite widespread food insecurity. However, four analysis groups—one rural livelihood, one urban area, and two IDP settlements—reported that over 30 percent of households consumed only 0–2 food groups, reflecting limited dietary diversity due to constrained household purchasing power.

Reduced Coping Strategies Index (rCSI)

The rCSI, based on a seven-day recall period, showed that 4 of 62 population groups had 50 percent or more households employing crisis-level consumption coping strategies, indicating Phase 3 or above.

Household Hunger Scale (HHS)

Based on a 30-day recall period, the HHS revealed severe hunger levels in Dhusamareeb IDPs (27 percent), Baydhabo IDPs (19 percent), and Cabudwaaq and Cadaado districts (16 percent). In addition, 42 areas of analysis reported that 20 percent or more households experienced moderate hunger, consistent with Phase 3.

Livelihood Coping Strategies (LCS)

LCS reflects the actions households take to manage economic stress. In 13 of the 62 assessed areas, 30 percent or more households reported extreme depletion or liquidation of livelihood assets, indicating Phase 4. Overall, more than 30 percent of assessed areas were classified as Phase 3 or above.

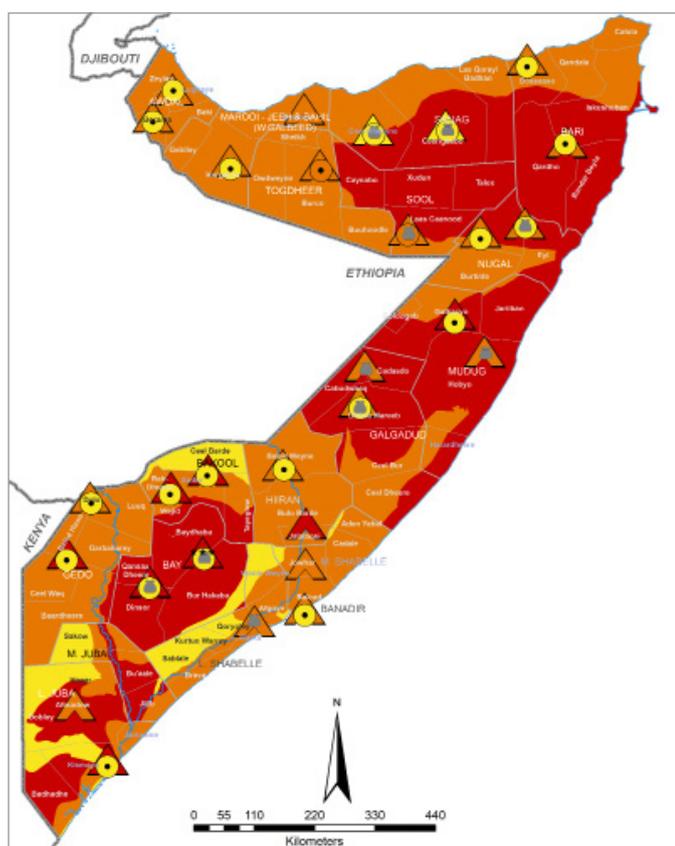
Global Acute Malnutrition (GAM)

Results from nutrition surveys indicate that 15 population groups recorded a GAM prevalence above 15 percent or at a critical level of acute malnutrition (IPC AMN Phase 4): six IDP settlements, two urban population groups and seven rural livelihood groups.

Crude Death Rate (CDR) and Under-Five Death Rate (U5DR)

CDR and U5DR were low across most rural livelihoods. CDR and U5DR were low across most IDP settlements, with the exception of Baidoa IDPs which recorded a serious level of U5DR (1 to 1.9/10 000/day).

ACUTE FOOD INSECURITY FIRST PROJECTION MAP AND POPULATION TABLE (February-March 2026)



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
 - IDP/refugee 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 | February-March 2026

| Region | Total population analysed | Phase 1 | | Phase 2 | | Phase 3 | | Phase 4 | | Phase 5 | | Phase 3+ | |
|-----------------|---------------------------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|-----------|----------|----------|------------------|-----------|
| | | #people | % | #people | % | #people | % | #people | % | #people | % | #people | % |
| Awdal | 661,373 | 220,960 | 33 | 302,900 | 46 | 111,960 | 17 | 25,550 | 4 | 0 | 0 | 137,510 | 21 |
| Bakool | 564,958 | 163,780 | 29 | 222,280 | 39 | 121,020 | 21 | 57,880 | 10 | 0 | 0 | 178,900 | 32 |
| Banadir | 3,289,438 | 1,505,760 | 46 | 1,239,940 | 38 | 377,350 | 11 | 166,390 | 5 | 0 | 0 | 543,740 | 17 |
| Bari | 1,281,189 | 214,520 | 17 | 504,640 | 39 | 377,510 | 29 | 184,520 | 14 | 0 | 0 | 562,030 | 44 |
| Bay | 1,297,550 | 197,650 | 15 | 431,000 | 33 | 385,250 | 30 | 283,650 | 22 | 0 | 0 | 668,900 | 52 |
| Galgaduud | 844,925 | 125,110 | 15 | 297,050 | 35 | 275,350 | 33 | 147,420 | 17 | 0 | 0 | 422,770 | 50 |
| Gedo | 1,014,335 | 330,220 | 33 | 434,280 | 43 | 170,350 | 17 | 79,490 | 8 | 0 | 0 | 249,840 | 25 |
| Hiraa | 524,876 | 139,800 | 27 | 228,490 | 44 | 112,520 | 21 | 44,070 | 8 | 0 | 0 | 156,590 | 30 |
| Lower Juba | 1,204,269 | 435,590 | 36 | 434,100 | 36 | 236,410 | 20 | 98,170 | 8 | 0 | 0 | 334,580 | 28 |
| Lower Shabelle | 1,656,402 | 402,260 | 24 | 686,790 | 41 | 432,970 | 26 | 134,380 | 8 | 0 | 0 | 567,350 | 34 |
| Middle Juba | 447,217 | 136,180 | 30 | 198,300 | 44 | 79,180 | 18 | 33,560 | 8 | 0 | 0 | 112,740 | 25 |
| Middle Shabelle | 1,053,608 | 263,800 | 25 | 428,480 | 41 | 261,630 | 25 | 99,700 | 9 | 0 | 0 | 361,330 | 34 |
| Mudug | 1,528,722 | 176,010 | 12 | 539,030 | 35 | 548,010 | 36 | 265,670 | 17 | 0 | 0 | 813,680 | 53 |
| Nugaal | 656,910 | 71,380 | 11 | 262,410 | 40 | 215,510 | 33 | 107,610 | 16 | 0 | 0 | 323,120 | 49 |
| Sanaag | 445,736 | 87,460 | 20 | 148,830 | 33 | 135,540 | 30 | 73,910 | 17 | 0 | 0 | 209,450 | 47 |
| Sool | 570,788 | 109,820 | 19 | 184,540 | 32 | 179,570 | 31 | 96,860 | 17 | 0 | 0 | 276,430 | 48 |
| Togdheer | 894,874 | 207,580 | 23 | 451,090 | 50 | 171,170 | 19 | 65,030 | 7 | 0 | 0 | 236,200 | 26 |
| Woqooyi Galbeed | 1,504,986 | 413,750 | 27 | 756,370 | 50 | 266,000 | 18 | 68,870 | 5 | 0 | 0 | 334,870 | 22 |
| Total | 19,442,156 | 5,201,630 | 27 | 7,750,520 | 40 | 4,457,300 | 23 | 2,032,730 | 10 | 0 | 0 | 6,490,030 | 33 |

Note: Population figures are rounded to the nearest 10 and aggregated to regional levels for ease of reference and as a result may differ slightly from those in the IPC population tracking tool.



ACUTE FOOD INSECURITY FIRST PROJECTION OVERVIEW (February–March 2026)

Acute food insecurity in Somalia is expected to worsen during the January to March 2026 harsh and dry *Jilaal* season as households continue to contend with the compounded effects of prolonged dryness, extreme heat, consecutive seasons of failed or below average crop production, deteriorating livestock conditions, elevated livestock deaths, and extensive livelihood erosion and weakened household coping capacity. These intersecting shocks are expected to lead to widespread consumption gaps. Household vulnerability remains elevated due to high debt burdens, persistently high food prices, and ongoing conflict related disruptions that continue to restrict market access, population movement, and social support networks.

The February–March 2026 period is expected to mark the peak of seasonal stress, with an estimated 6.5 million people projected to face Phase 3 or above, including more than 2 million people projected to be in Phase 4. This is the result of a combination of factors including households exhausting their remaining food stocks, limited agricultural labour opportunities, and deteriorating livestock productivity. Water and pasture availability are expected to be critically constrained and reliance on markets will be high amid elevated cereal prices and minimal milk consumption. These factors collectively reinforce significant consumption gaps and increase humanitarian needs.

Riverine areas will be among the most affected as the drying of the Shabelle River has halted irrigation for off season cultivation, with record low off season harvests anticipated in March. Agropastoral zones have faced severely limited household food stocks, driving deeper reliance on markets at a time when purchasing power is already constrained. Markedly weakened livestock herds, characterised by poor body conditions, negligible milk production, and elevated mortality will sharply reduce both food access and income from livestock and milk sales. Displacement and conflict will further compound these challenges by restricting mobility, limiting access to rangelands and markets, and eroding social support systems.

Although households are expected to intensify coping strategies, including increased collection and sale of bush products (wild-harvested animals and plants),

reliance on kinship support, migration in search of casual labour, and distress sales of livestock, the effectiveness of these strategies will diminish as natural food sources become scarce, labour opportunities contract, and the number of saleable animals continues to decline. These factors will continue to constrain both food availability and household economic access to food. As a result, Phase 3 or above outcomes are expected to persist, and in some areas deteriorate—especially across pastoral, agropastoral, and riverine livelihood zones, as well as in IDP settlements. An exception is the Southern Inland Pastoral Livelihood Zone of Bakool, Juba, and Shabelle regions, where food security outcomes are expected to remain at Phase 2 levels. In these livelihoods, the relative stability in food security outcomes is supported by near average livestock conditions and market value, access to saleable animals, permanent water points, migration options to riverine areas, and the continued though largely below normal milk production from a limited number of milking camels. Nonetheless, households in these areas are still likely to experience reduced food consumption, poor dietary diversity, and increased reliance on negative coping strategies.

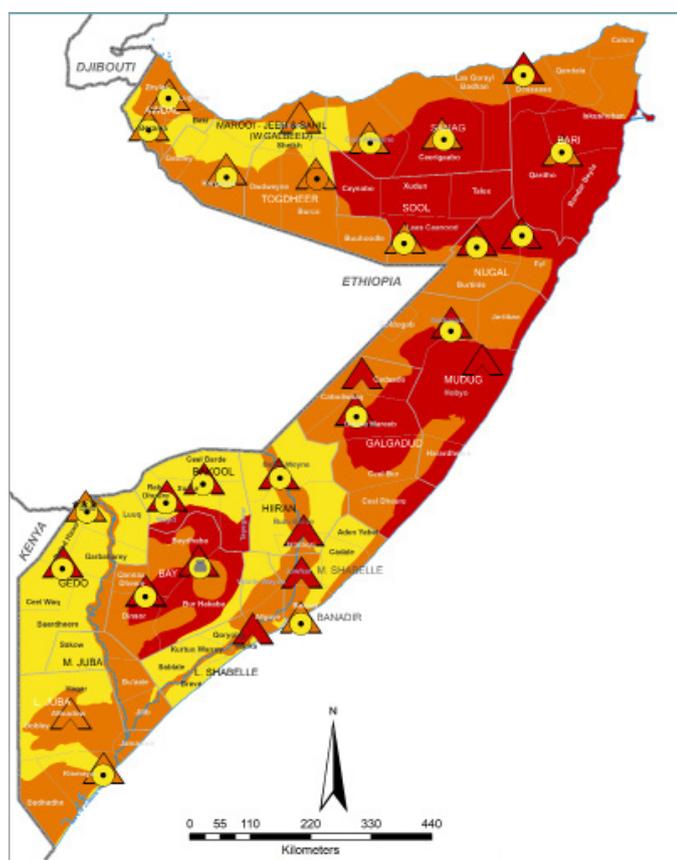
Urban areas are expected to remain in Phase 2 between February and March 2026, driven by constrained household purchasing power amid persistently elevated staple food prices and weak labour demand. While seasonal social support associated with Ramadan in March is likely to provide temporary consumption support for poor households, it is not expected to offset underlying economic pressures. Conflict-related disruptions and drought-induced declines in rural production will continue to restrict trade flows to urban markets, sustaining above-average staple prices. At the same time, heightened competition for limited casual labour opportunities—exacerbated by the presence of IDPs and new drought-related arrivals—will suppress wage rates and limit income-earning opportunities for poor households. Increasing inflows of displaced populations are also expected to intensify pressure on basic services, housing, and urban markets, further constraining economic access to food. As a result, poor urban households are likely to face difficulty meeting essential food and non-food needs without engaging in coping strategies, sustaining Phase 2 outcomes across most urban centres throughout the projection period.

Key Assumptions

- Hot and dry conditions are likely to persist during the *Jilaal* (February–March 2026).
- Both local and imported food prices are expected to trend above the five-year average.
- Accelerated depletion of pasture and water is expected in most parts of the country.
- Livestock body condition is expected to deteriorate; milk availability will likely decline, and livestock deaths are expected to increase.
- Insecurity in central, parts of northwest and southern Somalia will likely persist.
- Worsening drought conditions are expected to lead to increased population displacement to IDP settlements in urban areas.
- Social supports for poor households are expected to decline in January and February but will pick-up during *Ramadan* (March 2026).
- There will likely be a seasonal increase in livestock demand and livestock prices in the lead up to and during *Ramadan* (February–March 2026).
- Due to severe funding constraints, food assistance will be limited and likely to reach less than 25 percent of the population each month through March 2025 in most parts of the country while significant assistance will reach some areas, thereby preventing further deterioration.



ACUTE FOOD INSECURITY SECOND PROJECTION MAP AND POPULATION TABLE (April-June 2026)



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
- IDP/other settlements classification

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

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

Evidence Level

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

Population table for the projection period | April-June 2026

| Region | Total population analysed | Phase 1 | | Phase 2 | | Phase 3 | | Phase 4 | | Phase 5 | | Phase 3+ | |
|-----------------|---------------------------|------------------|-----------|------------------|-----------|------------------|-----------|------------------|----------|----------|----------|------------------|-----------|
| | | #people | % | #people | % | #people | % | #people | % | #people | % | #people | % |
| Awdal | 661,373 | 219,640 | 33 | 300,450 | 45 | 114,680 | 17 | 26,600 | 4 | 0 | 0 | 141,280 | 21 |
| Bakool | 564,958 | 199,630 | 35 | 225,150 | 40 | 99,000 | 18 | 41,180 | 7 | 0 | 0 | 140,180 | 25 |
| Banadir | 3,289,438 | 1,550,330 | 47 | 1,217,650 | 37 | 355,070 | 11 | 166,390 | 5 | 0 | 0 | 521,460 | 16 |
| Bari | 1,281,189 | 246,970 | 19 | 547,570 | 43 | 332,080 | 26 | 154,570 | 12 | 0 | 0 | 486,650 | 38 |
| Bay | 1,297,550 | 290,870 | 22 | 417,110 | 32 | 355,890 | 27 | 233,680 | 18 | 0 | 0 | 589,570 | 45 |
| Galgaduud | 844,925 | 177,720 | 21 | 288,810 | 34 | 257,430 | 30 | 120,970 | 14 | 0 | 0 | 378,400 | 45 |
| Gedo | 1,014,335 | 379,100 | 37 | 409,220 | 40 | 182,360 | 18 | 43,660 | 4 | 0 | 0 | 226,020 | 22 |
| Hiraan | 524,876 | 180,370 | 34 | 210,990 | 40 | 96,690 | 18 | 36,830 | 7 | 0 | 0 | 133,520 | 25 |
| Lower Juba | 1,204,269 | 519,630 | 43 | 424,640 | 35 | 209,450 | 17 | 50,550 | 4 | 0 | 0 | 260,000 | 22 |
| Lower Shabelle | 1,656,402 | 562,390 | 34 | 676,060 | 41 | 324,780 | 20 | 93,170 | 6 | 0 | 0 | 417,950 | 25 |
| Middle Juba | 447,217 | 168,760 | 38 | 197,980 | 44 | 57,500 | 13 | 22,980 | 5 | 0 | 0 | 80,480 | 18 |
| Middle Shabelle | 1,053,608 | 351,680 | 33 | 413,250 | 39 | 216,210 | 21 | 72,470 | 7 | 0 | 0 | 288,680 | 27 |
| Mudug | 1,528,722 | 311,610 | 20 | 521,030 | 34 | 491,900 | 32 | 204,180 | 13 | 0 | 0 | 696,080 | 46 |
| Nugaal | 656,910 | 113,320 | 17 | 255,760 | 39 | 190,370 | 29 | 97,460 | 15 | 0 | 0 | 287,830 | 44 |
| Sanaag | 445,736 | 98,480 | 22 | 155,450 | 35 | 133,880 | 30 | 57,930 | 13 | 0 | 0 | 191,810 | 43 |
| Sool | 570,788 | 148,720 | 26 | 197,180 | 35 | 150,920 | 26 | 73,970 | 13 | 0 | 0 | 224,890 | 39 |
| Togdheer | 894,874 | 292,540 | 33 | 428,700 | 48 | 133,940 | 15 | 39,690 | 4 | 0 | 0 | 173,630 | 19 |
| Woqooyi Galbeed | 1,504,986 | 500,660 | 33 | 721,220 | 48 | 226,830 | 15 | 56,280 | 4 | 0 | 0 | 283,110 | 19 |
| Total | 19,442,156 | 6,312,420 | 32 | 7,608,220 | 39 | 3,928,980 | 20 | 1,592,560 | 8 | 0 | 0 | 5,521,540 | 28 |

Note: Population figures are rounded to the nearest 10 and aggregated to regional levels for ease of reference and as a result may differ slightly from those in the IPC population tracking tool.



ACUTE FOOD INSECURITY SECOND PROJECTION OVERVIEW (April-June 2026)

Forecasts from the Greater Horn of Africa Climate Outlook Forum ([GHACOF72](#)) indicate that the 2026 *Gu* season is likely to be average in most parts of Somalia, with average to above-average rains expected in some northern parts of the country. As a result, water and pasture resources are expected to be gradually restored, and land preparation and seasonal crop cultivation will bring much needed income for poor households. These gains are likely to reduce the population facing Phase 3 or above outcomes by 1 million from 6.5 million between February and March 2026 to 5.5 million between April and June 2026.

However, acute food insecurity will remain widespread, and the slight improvements will be uneven across livelihood zones. Livestock conditions are anticipated to improve modestly with regenerating pasture and replenished water sources, contributing to better body conditions and reduced mortality. Despite this, herd sizes remain significantly below baseline levels, constraining milk availability and limiting income for pastoral and agropastoral households. These structural deficits combined with high dependence on markets, limited saleable animals, and slow herd recovery will continue to hinder meaningful improvement, even if *Gu* season rainfall performs at average to slightly above-average levels.

Cereal market availability is likely to improve as *Gu* crop development advances, farmers and traders release some of their stocks into the market and the July harvest approaches, supporting gradual gains in purchasing power as wild foods and green crops become accessible, market dependence declines, and food prices ease from earlier peaks, but expected price declines would be only marginal. Some expansion in labour opportunities particularly in water source rehabilitation and seasonal agricultural activities is also anticipated. However, these improvements will remain insufficient to offset the cumulative impacts of high debt levels, depleted livestock assets, and persistently elevated food prices. Ongoing insecurity, including clan related conflict, roadblocks, and informal taxation, will continue to restrict household movement and limit access to emerging seasonal resources. These disruptions are expected to constrain market functioning and trade flows, reducing the ability of vulnerable households to fully benefit from seasonal improvements.

Despite the anticipated gradual improvement from Phase 3 to Phase 2 in Cowpea Belt Agropastoral of Middle Shabelle, Southern Agropastoral and Southern Rainfed Maize Agropastoral livelihood zone in Lower Shabelle, Southern Inland Pastoral of Gedo and Hiiraan regions, Phase 4 outcomes are likely to persist in several livelihood zones including Bay-Bakool Agropastoral Low Potential Agropastoral, Pastoral livelihood zones in Northern and Central regions, and among displaced populations in Bakool, Bay, Galgaduud, Mudug, and Nugaal regions, and in Beletweyne and Bosasso towns. Recovery in these areas remains constrained by extremely low herd sizes, restricted access to social support networks, limited income sources, widespread indebtedness, and weak purchasing power. For many of the worst affected households, especially IDPs and poor households, the marginal gains associated with the *Gu* season will not be sufficient to close food consumption gaps or restore sustainable livelihoods.

Notable improvements from Phase 4 to Phase 3 are expected in the Addun Pastoral of the Northeast, Sorghum High Potential Agropastoral, Juba Cattle Pastoral, and Hawd Pastoral livelihood zones, supported by the anticipated regeneration of pasture and water resources with the *Gu* rains, modest improvements in livestock body conditions, slight increases in milk availability, enhanced access to seasonal agricultural labour opportunities, and gradual stabilization of market supply as trade flows improve with better road conditions and reduced weather related disruptions.

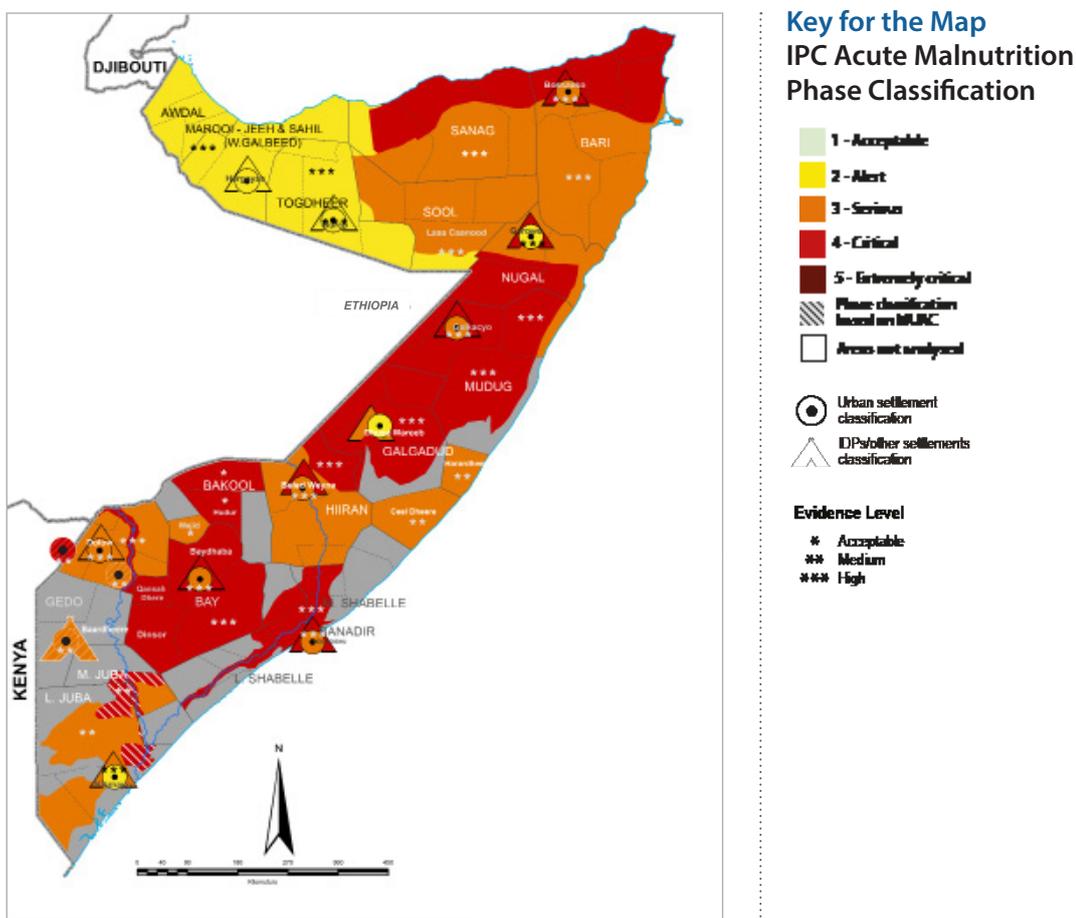
Urban areas are expected to sustain Phase 2 outcomes through June as households continue to face constrained purchasing power amid elevated food prices and increased competition for casual labour employment with IDPs.

Key Assumptions

- The April to June 2026 *Gu* rains are expected to be average.
- Both local and imported food prices are expected to trend above the five-year averages.
- Insecurity in central, parts of northwest and southern Somalia will likely persist
- Social support for poor households are expected to improve during Hajj (June 2026).
- Demand for agricultural labour will increase from March 2026 onwards for land preparation.
- River levels are expected to increase to average but some localized flooding is expected in areas with open breakages and weak river embankments.
- Pasture, water and livestock body conditions are expected to improve starting in late April when *Gu* rains become fully established
- Low livestock births are expected during the 2025 *Gu* season but conception levels will be high.
- Milk availability will likely increase marginally from April onwards
- Household income from livestock and livestock product sales will be limited due to low herd sizes.
- There will likely be a seasonal increase in livestock demand and livestock prices in the lead up to and during Hajj (June 2026) festivities.
- Due to severe funding constraints, there will be little humanitarian food assistance between April and June 2026.



ACUTE MALNUTRITION CURRENT MAP AND OVERVIEW (November 2025-January 2026)



The reduction in humanitarian assistance occurs amidst two consecutive years of rising global acute malnutrition (GAM) levels, which by November - December 2025 were almost 20 percentage points higher than in the same period in 2024.

Between January and December 2026, an estimated 1.84 million children aged 6-59 months are suffering or expected to suffer acute malnutrition, with 483,000 children suffering severe acute malnutrition (SAM). Sixty percent of the total burden is concentrated in southern Somalia, which also accounts for 57 percent of the total under-five population in the country. Compared to the 2024 Deyr season, the current burden estimate represents a 7 percent increase for Global Acute Malnutrition (GAM) cases and a 4 percent increase for SAM cases.

Acute malnutrition is at Critical levels (IPC AMN Phase 4) in 18 of the 48 analysed population groups, including IDPs in Bosasso (Bari), Garowe IDPs (Nugaal), Galkacyo (Mudug), Mogadishu (Banadir), Beletweyne (Hiiraan), and Baidoa (Bay). Others include East Golis Pastoral (Bari & Sanaag), Hawd Pastoral of central, Addun Pastoral of Central, rural Huddur District, rural Matabaan District, Shabelle Riverine, Shabelle Agropastoral, Bay Agropastoral, North Gedo Riverine, all of which were assessed based on Weight-for-Height measurements. Additional areas in Phase 4 are Juba Agropastoral, Juba Riverine, and Belet Hawa urban (Gedo), analysed using GAM based on mid-upper arm circumference (MUAC), while the Elbarde District (Bakool pastoral) was analysed using historical data in accordance with IPC AMN protocols.

Moreover, a total of 19 population groups are classified in IPC AMN Phase 3 (Serious). This includes eight rural populations, namely Northern Inland Pastoral Northwest & Northeast, Coastal Deeh pastoral, Beletweyne District, Wajid District (Bakool Agropastoral), North Gedo Pastoral, Jalalaqsi & Bulo-Burte (Hiiran), Jubba Cattle Pastoral and Ceeldher and Xaradheere. Additionally, eight urban populations in Bosaso (Bari), Galkacyo (Mudug), Beletweyne, Mogadishu, Baidoa, Dollow, Baardhere Urban/IDPs, and Garbahaareey, as well as three IDPs settlements, namely, Dhusamareb, Dollow and Kismayo.

include IDPs populations in Bosaso (Bari), Garowe IDPs (Nugaal), Galkacyo (Mudug), Mogadishu (Banadir), Beletweyne (Hiiraan), and Baidoa (Bay). Others include East Golis Pastoral (Bari & Sanaag), Hawd Pastoral of central, Addun Pastoral of



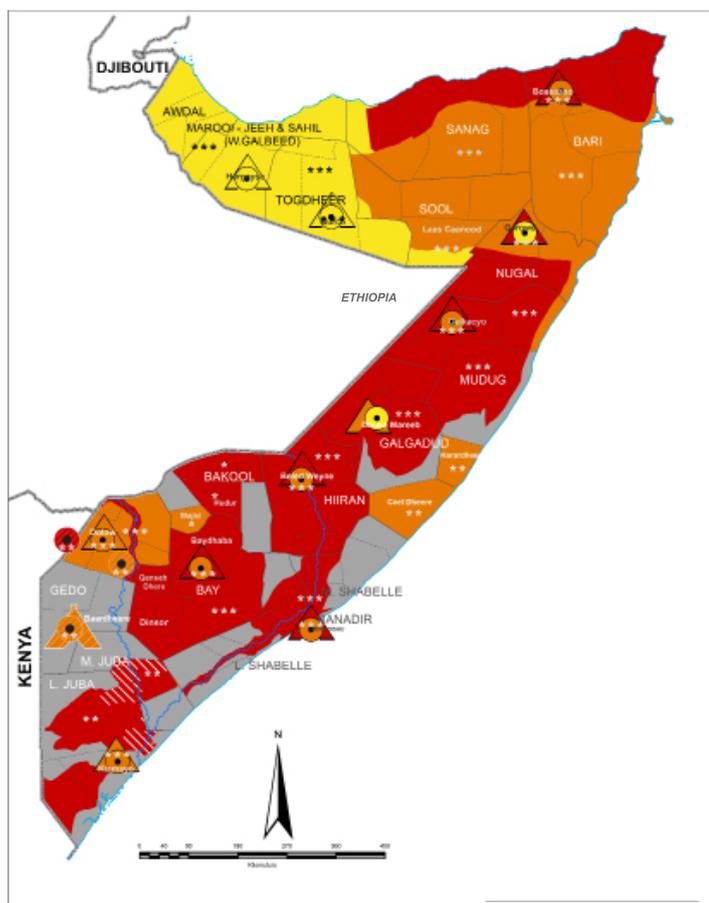
Central, rural Huddur District, rural Matabaan District, Shabelle Riverine, Shabelle Agropastoral, Bay Agropastoral, North Gedo Riverine, all of which were assessed based on Weight-for-Height measurements. Additional areas in IPC Phase 4 are Juba Agropastoral, Juba Riverine, and Belet Hawa urban (Gedo), analysed using GAM based on mid-upper arm circumference (MUAC), while the Elbarde District (Bakool pastoral) was analysed using historical data in accordance with IPC AMN protocols.

In addition to assessment of child malnutrition, screening for risk of undernutrition among women of reproductive age (15-49 years) was conducted in the 26 surveys carried out by FSNAU. Median undernutrition (MUAC<23cm) among pregnant and breastfeeding women is 10.2 percent but severity varied across assessed population ranging from 2.2 percent among Hargeisa IDPs to 38.4 percent in East Golis pastoral (Sanaag and Bari). Seven out of the 26 assessed population recorded high level (>20 percent) of undernutrition, and this included Guban pastoral (21.1 percent), East Golis (38.4 percent), Northern Inland Pastoral of Northwest and Northeast (29.9 percent), Coastal Deeh Pastoral of Northeast (28.6 percent) Bay Agropastoral (20.2 percent), Dolow IDPs (22.2 percent), and North Gedo Pastoral (22.9 percent).

A comparative statistical analysis of the GAM prevalence based on WHZ from this year's *Deyr* and that of last year indicated a significant deterioration in the prevalence acute malnutrition in six areas, namely among IDPs in Garowe in (Nugaal), Beletweyne and Baidoa and among the rural population in Hawd pastoral in Northwest, East Golis pastoral (Sanaag and Bari), and Coastal Deeh pastoral of Northeast. Besides, the nutrition situation among the rural population in Hawd Pastoral Central and Northern Inland pastoral of Northeast and Northwest reflect increases in GAM prevalence resulting to a change to a more severe AMN phase since the 2024 *Deyr*, but the change is not statistically significant ($P>0.05$).



ACUTE MALNUTRITION FIRST PROJECTION MAP AND POPULATION TABLE (February-March 2026)



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Entirely critical
- Phase classification based on IFAAC
- Areas not analysed

- Urban settlement classification
- IDP/other settlements classification

Evidence Level

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

Acute malnutrition population of malnourished children in need of treatment | January-December 2026

| Region | Children 6-59 months | No. of Children (6-59 Months) in Need of Treatment | | |
|-----------------|----------------------|--|---------------------------|---------------------------|
| | | Moderate Acute Malnutrition | Severe Acute Malnutrition | Global Acute Malnutrition |
| Awdal | 132,275 | 29,240 | 10,240 | 39,480 |
| Woqooyi Galbeed | 300,997 | 67,230 | 32,840 | 100,070 |
| Togdheer | 178,975 | 37,230 | 24,480 | 61,710 |
| Sool | 114,158 | 34,650 | 18,690 | 53,340 |
| Sanaag | 89,147 | 31,400 | 12,540 | 43,940 |
| Bari | 256,238 | 103,890 | 36,150 | 140,040 |
| Nugaal | 131,382 | 48,860 | 14,680 | 63,540 |
| Mudug | 305,744 | 129,350 | 27,020 | 156,370 |
| Galgaduud | 168,985 | 67,690 | 15,500 | 83,190 |
| Hiraan | 104,975 | 48,220 | 14,020 | 62,240 |
| Banadir | 657,888 | 226,460 | 58,480 | 284,940 |
| Middle Shabelle | 210,722 | 87,180 | 22,180 | 109,360 |
| Lower Shabelle | 331,280 | 139,450 | 34,510 | 173,960 |
| Bay | 259,510 | 112,300 | 87,240 | 199,540 |
| Bakool | 112,992 | 44,460 | 19,580 | 64,040 |
| Gedo | 202,867 | 63,130 | 22,200 | 85,330 |
| Middle Juba | 89,443 | 24,530 | 11,590 | 36,120 |
| Lower Juba | 240,854 | 57,050 | 21,250 | 78,300 |
| Total | 3,888,431 | 1,352,320 | 483,190 | 1,835,510 |

The expected number of cases of acute malnutrition (total acute malnutrition burden) was calculated multiplying the population of children under five by the prevalence of acute malnutrition and the respective incidence correction factor (3.6 for severe acute malnutrition - SAM and 2.6 for moderate acute malnutrition - MAM). Somalia's total population in 2026 is estimated at 19,442,156, with children under five comprising 20 percent of this total. On the prevalence, the combined GAM and SAM from the results of the SMART nutrition survey carried out in November and December 2025 was used. As a result of continuous demand from nutrition implementing agencies for estimates of the number of malnourished children disaggregated by regions or districts, when in fact, the current FSNAU food security and nutrition assessments are conducted at the livelihood zone (rural) level and for discrete population groups (IDP and Urban), a combination of real estimate value and proxy prevalence techniques has been used to provide the nationwide absolute number of acutely malnourished children. If the prevalence of acute malnutrition is not available, the prevalence observed in similar livelihoods and an average median GAM prevalence is used for regions crosscut by more than one livelihood zone.



ACUTE MALNUTRITION FIRST PROJECTION OVERVIEW (February-March 2026)

Between February and March 2026, a period characterised by an atypically high disease prevalence and uncontained outbreaks and reduced food access, acute malnutrition is expected to worsen in 27 of the 48 analysed areas. Additionally, areas in Phase 4 are expected to increase from the 18 to 21 during the February-March 2026 period. In four areas, the nutrition situation is expected to progressively deteriorate towards a higher AMN phase compared to the current situation. This includes the areas of Beletwyne District, Jalalasi and Buloburte districts and Juba Cattle pastoral that are expected to deteriorate from Phase 3 to Phase 4 and Kismayu urban deteriorating from Phase 2 to 3. In the other 23 areas, the situation is expected to deteriorate but remain within the same phase as the current period of analysis.

This includes 11 areas expected to worsen but stay in Phase 4, including rural livelihoods of East Golis Pastoral of Bari and Sanaag, Hawd Pastoral of Central and North East, Addun Pastoral, Shabelle Agropastoral, Bay Agropastoral, Hudur, and Mataban district. Other areas are urban IDP populations in Bosasso (Bari), Beletwyne (Hiran), and Baidoa (Bay) and the urban population in Beletxawo. Similarly, six analysis areas are expected to deteriorate but remain within Phase 3, including Northern Inland Pastoral of Northwest and Northeast, Coastal Deeh Pastoral of Northeast, Wajid district and Xarardhere and Ceeldheere districts and IDPs population in Dhusamareb (Galgadud), and Kismayu (Lower Juba). Acute malnutrition will likely worsen but remain in Phase 2 in Guban Pastoral, West Golis Pastoral, Hawd Pastoral of Northwest, Northwest Agropastoral, Burao IDPs (Togdheer) and Garowe Urban (Nugaal).

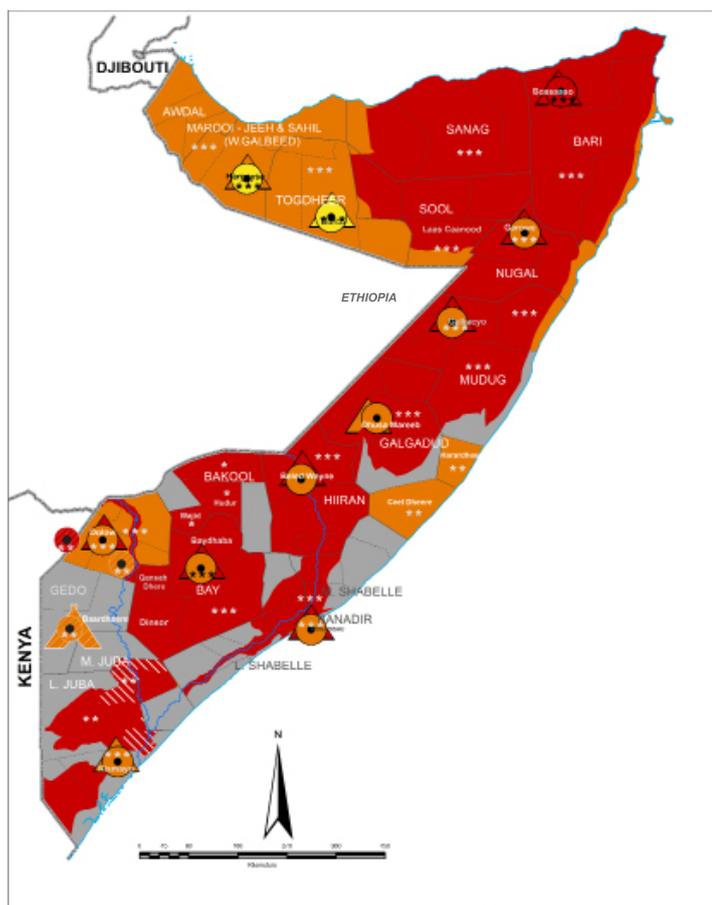
The deterioration in acute malnutrition between February and March 2026 period is largely attributed to reduced food availability and access due to high food prices, the failed *Deyr* harvest, low milk consumption amid the ongoing progressive scale down of humanitarian food assistance and social protection programmes due to limited funding. Scaling down of humanitarian assistance is leading to direct loss of food sources together with reduced access to essential health and nutrition services that are crucial to prevent or manage acute malnutrition, especially among the displaced population that heavily rely on these supports. Additionally, acute malnutrition is worsened further by the sustained high disease prevalence and the ongoing and potentially new disease outbreaks in this period. Access to adequate water is declining in the extended dry season, compromising hygiene practices and increasing the risk of diarrhoeal diseases, thereby, worsening the nutrition situation. Equally, persistent sub-optimal child feeding and care practices are worsening acute malnutrition levels.

Key Assumptions

- Increased admissions of acute malnutrition among children and PBW is expected in drought affected as a result of the scaling down of programmes due to funding constraints.
- Childhood morbidities and disease outbreaks are expected to remain unusually high during the *Jilaal* period
- Access to nutrition and health services will likely be overwhelmed with increased admissions of acute malnutrition cases and child morbidities.
- Food consumption among children is expected to decline due to atypically low milk availability during the dry *Jilaal* season.



ACUTE MALNUTRITION SECOND PROJECTION MAP (April-June 2026)



Key for the Map IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUFAC
- Areas not analysed
- Urban settlement classification
- IDP/other settlements classification

Evidence Level

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



ACUTE MALNUTRITION SECOND PROJECTION OVERVIEW (April–June 2026)

During the second projection period that coincides with the lean period (April–June 2026), characterised by constrained food access and a spike in disease prevalence, acute malnutrition is expected to worsen across the country. In 26 out of 48 assessed population groups, the nutrition situation is projected to deteriorate either within the current phase or to a more severe phase compared to the first projection period (February–March 2026), while remaining similar in 19 areas and improving in three. In 11 areas, the nutrition situation is expected to progressively deteriorate towards a higher phase compared to the first projection period. This includes the areas of Northern Inland Pastoral of Northwest and Northeast, Wajid District, Dolow IDPs and Bosasso Urban which are expected to deteriorate from Phase 3 to Phase 4. Guban Pastoral, West Golis Pastoral, Hawd of Northwest Pastoral, Hargeisa IDPs, Garowe and Dhusamareb Urban will likely deteriorate from Phase 2 to Phase 3.

In the other 15 areas, the nutrition situation is projected to deteriorate, but remain within the same phase as the first projection period. These 11 areas will deteriorate within Phase 4: six rural areas of Addun Pastoral, Juba Agropastoral/Riverine, North Gedo Riverine, Shabelle Riverine, Shabelle Agropastoral and Beletweyne District and five IDP populations in Bosasso (Bari), Garowe (Nugaal), Galkacyo (Mudug), Beletweyne, and Mogadishu (Banadir). The nutrition situation is expected to deteriorate within Phase 3 in the remaining five urban populations in Galkacyo, Beletweyne, Baidoa, Dolow, and Gaarbaharey. Overall, severe acute malnutrition is expected to peak in between April and June 2026 with a critical acute malnutrition anticipated in 25 out of the 48 assessed areas in comparison to 18 and 21 areas with similar levels in the current and first projection periods, respectively.

Despite a modest improvement in the overall food security situation, the expected deterioration in acute malnutrition in the second projection period (wet *Gu* season) is largely attributed to the anticipated seasonal peak of disease prevalence, particularly diarrhoea and malaria and potential and uncontrolled disease outbreaks, and reduced availability and access to nutritious food such as milk. Reduced humanitarian assistance is expected to lead to a decline or loss of food sources and reduced access to essential health and nutrition services that are crucial to preventing or managing acute malnutrition, especially among the displaced population that heavily rely on these supports. The rainy season will render roads inaccessible, further exacerbating inadequate access to health and nutrition services.

Key Assumptions

- The number of children being admitted for treatment of acute malnutrition is expected to increase significantly in the *Gu* season—the country's peak malnutrition season.
- Childhood morbidities and disease outbreaks will likely increase, especially among rural and displaced populations
- Weak supply pipelines, poor road access and insecurity will likely hinder service delivery for nutrition programs.
- Risks of waterborne diseases and malaria are expected to increase, particularly in riverine and low-lying areas.
- Access to nutrition and health services are likely to decline due to funding constraints.



NUTRITION SITUATION BY POPULATION GROUPS

Rural Population

Approximately 63 percent of the estimated 1.84 million children suffering acute malnutrition and in need of treatment come from the rural populations.

Based on 16 SMART surveys conducted among the rural population, the prevalence of acute malnutrition varied across assessed areas ranging from 6.9 percent in Northwest Agropastoral to 21.2 percent in Matabaan District. Median GAM prevalence among assessed rural population was 14.6 percent indicating a deterioration in the nutrition situation since *Deyr* 2024 when Median GAM prevalence of 10.8 percent was recorded. A critical situation (Phase 4) was recorded in 11 out of the 23 rural populations analysed. These include East Golis Pastoral (Bari and Sanaag), Hawd Pastoral of Central and Northeast, Addun Pastoral, Shabelle Riverine, Shabelle Agropastoral, Bay Agropastoral, Hudur District, North Gedo Riverine, Mataban district, Juba Agropastoral/Riverine and Elberde District. In addition, eight rural population groups are classified in Phase 3. These include Northern Inland Pastoral of Northwest and Northeast, Coastal Deeh Pastoral of Northeast, Beletweyne District, Wajid District, North Gedo Pastoral, Jalalasi and Buluburte, Juba Cattle Pastoral, Xarardhere and Ceeldheere.

In the first projection period (February to March 2026), the nutrition situation is expected to continue deteriorating, increasing areas in Phase 4 from 11 in the current analysis period to 14. The rural areas projected to deteriorate from Phase 3 to Phase 4 are Beletweyne District, Jalalasi and Buluburte districts, and Juba Cattle Pastoral. Further deterioration is projected in the second projection period (April-June 2026), resulting in a continued increase in severity of acute malnutrition as areas in Phase 4 increase to 16. Northern Inland Pastoral of Northwest and Northeast and Wajid district are also expected to deteriorate from Phase 3 to Phase 4 in the same period.

The vulnerability of rural populations to high levels of acute malnutrition is largely driven by high disease prevalence (current median prevalence 20.1 percent), amid low coverage of health and nutrition services. This, together with low food access due to frequent below average seasonal harvests and declining livestock production and low purchasing power are the major factors contributing to high acute malnutrition. In addition, limited access to safe drinking water and sanitation facilities continue to increase risks to diarrhoeal disease, that further worsen acute malnutrition.

Urban populations

Approximately 17 percent of the estimated 1.84 million children suffering acute malnutrition and in need of treatment come from the urban populations.

The severity of the wasting levels varies across urban locations. Out of the 14 analysed urban areas, only Belet Hawo is classified in Phase 4 while eight urban populations are classified in Phase 3. These include urban populations in Bosaso (Bari), Galkacyo (Mudug), Beletweyne (Hiran), Mogadishu (Banadir), Baidoa (Bay), Dolow (Gedo), Baardhere, Gaarbaharey Urban. Urban populations in Hargeisa (W. Galbeed), Burao (Togdheer), Garowe (Nugaal), Dhusamareb (Galgadud), Kismayo (Lower Juba) are classified in Phase 2.

For the projection period (February–March 2026), the acute malnutrition situation is expected to remain stable in most urban areas, with the exception of Garowe and Kismayo urban populations which will deteriorate within Phase 3 while Belet Hawo will likely deteriorate but remain within Phase 4. During the second projection period, deterioration is largely expected to be within the same areas as in the first projection period, with the exception of Bosaso urban which is expected to worsen from Phase 3 to Phase 4 and Garowe and Dhusamareb urbans that are likely to deteriorate from Phase 2 to Phase 3. The anticipated deterioration is linked to reduced food access, rising food prices, and increased disease burden during the wet season.



IDPs

Approximately 20 percent of the estimated 1.84 million children suffering acute malnutrition and in need of treatment come from the urban populations.

IDPs accounts for 20 percent of the estimated 1.84 million children suffering acute malnutrition and in need of treatment. The median GAM prevalence among IDPs populations is 15.5 percent, which reflects a deterioration from 12.9 percent in *Deyr* 2024.

Acute malnutrition has greatly affected the IDP populations in Somalia since 2019. In the current period, six out of the 11 assessed population groups, are classified in Phase 4. This includes IDPs in Bosasso, Garowe, Galkacyo, Beletweyne, Mogadishu and Baidoa. IDPs in Dhusamareb, Dolow and Kismayo, are classified in Phase 3, while Hargeisa and Burao are classified in Phase 2). In the first projection period (February – March 2026), the level of acute malnutrition is expected to deteriorate in most areas, but all analysed IDPs will retain similar classifications as in the current analysis period (November 2025 - January 2026). Further deterioration of acute malnutrition is projected during in the second projection period (April – June 2026), with most areas retaining the same classifications as the first projection period, with the exception of Hargeisa and Dolow IDPs that are expected to worsen from Phase 2 to Phase 3.

These findings highlight the ongoing vulnerability of IDPs. The high severity of acute malnutrition is largely attributed to inadequate food consumption in terms of both frequency and diversity, alongside persistent food insecurity. Additionally, high disease prevalence is a significant factor with 25.5 percent of the assessed IDPs' children reported to have been sick two weeks prior to the assessment. Morbidity prevalence was high ($\geq 20\%$) in nine out of 11 of the IDP groups, with the highest morbidity above 40 percent reported among Garowe, Baidoa and Dhusamareeb IDPs, respectively. Measles vaccination and vitamin A supplementation was 85.0 percent and 86.7 percent, respectively, and none of the IDPs reached the recommended 95 percent coverage. IDPs rely heavily on humanitarian assistance for food as well as essential health and nutrition services and WASH services and the ongoing scale-down of humanitarian assistance due to funding constraints will hit IDPs the hardest.

Trend of acute malnutrition among vulnerable population groups

Somalia remains highly vulnerable to acute malnutrition. Three of the 48 assessed population groups have shown a persistently critical nutrition situation for at least three out of the past five *Deyr* seasons (2021-2025). This includes Galkacyo and Mogadishu IDP settlements, which have remained at Phase 4 levels since 2021. Additionally, the Bossaso IDPs have sustained critical levels in three out of five seasons. Persistent vulnerabilities call for a scale up of interventions to meet the needs of children and PBW.

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 levels in these areas being predominantly AFI Phase 3 or above, implying that households consistently face food consumption gaps. Coverage for essential nutrition and health services such as vitamin A supplementation and measles vaccination have also been consistently low, especially among rural populations. At the same time, access to safe drinking water and sanitation facilities remains limited.



LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

In Somalia, the ongoing drought conditions across the pastoral, agro-pastoral and displaced communities continue to worsen acute malnutrition among young children and PBW. This is driven by the closely interrelated effects of drought on food security, availability and access to water, sanitation, and hygiene (WASH). Limited and reduced access to health and nutrition services is an additional contributing factor. Crop failures, livestock losses, low milk availability and access due to drought, and increased food prices have diminished household food availability, constrained food access, and reduced dietary diversity, resulting in inadequate nutrient intake especially among young children as well as pregnant and breastfeeding women.

At the same time, water scarcity continues to force households to be reliant on unsafe water sources and this limits appropriate hygiene practices, increasing the incidence of acute watery diarrhoea/cholera in pastoral areas of Galgadud and Mudug.

Disrupted and overstretched health services among the rural populations have further reduced access to routine immunisation, leading to an increase of vaccine-preventable diseases such as measles and diphtheria, with Bay region reporting high measles cases (1,256) between October and December 2025 compared to same period in 2024 when only 110 cases were reported. Diphtheria cases have significantly increased across the country from 400 cases in 2024 to nearly 4,000 cases in 2025.

Reduced coverage of nutrition supplementation programs has left thousands of acutely malnourished children without treatment. The findings have also revealed a significant deterioration in nutritional status among PBW living in pastoral and agropastoral communities with East Golis Pastoral recording 38.4 percent of women of child-bearing age (15-49 years old) having a Mid-Upper Arm Circumference (MUAC) measurement of ≤ 23 cm.

Collectively, these interdependent challenges perpetuate a cycle where food insecurity, suboptimal WASH conditions, disease burden and poor access to health services aggravate the severity and persistence of acute malnutrition and increased risk of mortality among children.

| Population groups | First Projection (Feb - Mar 2026) | |
|--|--------------------------------------|-----|
| | AMN | AFI |
| Northern Inland Pastoral of NW and NE | 3 | 4 |
| East Golis Pastoral (Bari and Sanaag) | 4 | 3 |
| Bosasso IDPs (Bari) | 4 | 3 |
| Hawd Pastoral of Central and North East | 4 | 3 |
| Addun Pastoral | 4 | 3 |
| Coastal Deeh Pastoral of Northeast | 3 | 4 |
| Garowe IDPs (Nugaal) | 4 | 3 |
| Galkacyo IDPs (Mudug) | 4 | 3 |
| Dhusamareb IDPs (Galgadud) | 3 | 3 |
| Beletweyne District (Riverine& AP) | 4 | 3 |
| Beletweyne Urban (IDP) | 4 | 4 |
| Shabelle Riverine | 4 | 3 |
| Shabelle Agropastoral | 4 | 3 |
| Mogadishu IDPs (Banadir) | 4 | 3 |
| Bay Agro Pastoral Lz | 4 | 4 |
| Bakool (Xudur District) | 4 | 4 |
| Bakool (Wajid-Agropastoral, Urban, IDPS) | 3 | 4 |

| Population groups | Second Projection (Apr - Jun 2026) | |
|---|---------------------------------------|-----|
| | AMN | AFI |
| Guban Pastoral | 3 | 3 |
| Northwest Agropastoral | 3 | 3 |
| Hargeisa IDPs (W. Galbeed) | 3 | 3 |
| Northern Inland Pastoral of NW and NE | 4 | 4 |
| Hawd Pastoral of Northwest | 3 | 3 |
| East Golis Pastoral (Bari and Sanaag) | 4 | 3 |
| Bosasso IDPs (Bari) | 4 | 3 |
| Hawd Pastoral of Central and North East | 4 | 3 |
| Addun Pastoral | 4 | 3 |
| Coastal Deeh Pastoral of Northeast | 3 | 4 |
| Garowe IDPs (Nugaal) | 4 | 3 |
| Galkacyo IDPs (Mudug) | 4 | 3 |
| Dhusamareb IDPs (Galgadud) | 3 | 3 |
| Dhusamareb Urban (Galgadud) | 3 | 3 |
| Beletweyne District (Riverine& AP) | 4 | 3 |
| Beletweyne Urban (IDP) | 4 | 4 |
| Shabelle Riverine | 4 | 3 |



| Population groups | First Projection (Feb - Mar 2026) | |
|--------------------------------------|--------------------------------------|-----|
| | AMN | AFI |
| Baidoa IDPs (Bay) | 4 | 4 |
| Dolow IDPs (N Gedo) | 3 | 3 |
| North Gedo Riverine | 4 | 3 |
| Kismayu IDPs (L. Juba) | 3 | 3 |
| Mataban District | 4 | 3 |
| Jalalasqui and Buluburte | 4 | 3 |
| Juba Cattle Pastoral | 4 | 3 |
| Jubba Agropastoral/Riverine | 4 | 3 |
| Beletxawo Urban | 4 | 3 |
| Baardhere Urban & IDPs | 3 | 3 |
| Gaarbaharey Urban | 3 | 3 |
| Xarardhere and Ceeldheere | 3 | 4 |
| Elberde District(SIP, Urban & IDPs) | 4 | 4 |

| Population groups | Second Projection (Apr - Jun 2026) | |
|--|---------------------------------------|-----|
| | AMN | AFI |
| Shabelle Agropastoral | 4 | 3 |
| Mogadishu IDPs (Banadir) | 4 | 3 |
| Bay Agro Pastoral Lz | 4 | 4 |
| Bakool (Xudur District) | 4 | 4 |
| Bakool (Wajid-Agropastoral, Urban, IDPS) | 4 | 4 |
| Baidoa IDPs (Bay) | 4 | 4 |
| Dolow IDPs (N Gedo) | 4 | 3 |
| North Gedo Riverine | 4 | 3 |
| Kismayu IDPs (L. Juba) | 3 | 3 |
| Mataban District | 4 | 3 |
| Jalalasqui and Buluburte | 4 | 3 |
| Juba Cattle Pastoral | 4 | 3 |
| Jubba Agropastoral/Riverine | 4 | 3 |
| Beletxawo Urban | 4 | 3 |
| Baardhere Urban & IDPs | 3 | 3 |
| Gaarbaharey Urban | 3 | 3 |
| Xarardhere and Ceeldheere | 3 | 4 |
| Elberde District(SIP, Urban & IDPs) | 4 | 4 |

Areas that are classified in IPC Phase 3 or above for both acute food insecurity and acute malnutrition are considered hotspots. In the first projection (Feb-Mar 2026), there are 30 hotspot areas (9 IDPs, 2 Urban and 19 Rural). In the second projection (Apr-Jun 2026), there are 35 hotspot areas (10 IDPs, 4 Urban and 21 Rural). The above areas require urgent humanitarian support to prevent further deterioration and saving of lives by provision of multi-sectoral response and integration with resilience programming.

THE ROLE OF HUMANITARIAN ASSISTANCE

Humanitarian assistance remains a critical lifeline for addressing acute food insecurity and malnutrition in Somalia. In 2025, substantial funding cuts compelled humanitarian partners to scale back or suspend critical lifesaving programmes, including food security, health, nutrition, and WASH. Given the escalating needs and severe funding constraints, the 2026 Humanitarian Needs and Response Plan (HNRP) has adopted strict severity-based prioritisation. The plan targets life-saving assistance for 2.4 million people across 64 districts, with a particular focus on 1.6 million people facing extreme intersectoral severity 4 needs in 21 priority districts. This approach reflects difficult but necessary choices to ensure that limited resources reach those facing the greatest risk.

The mitigating impact of humanitarian assistance on food security outcomes was considered in the IPC analysis. Assistance delivered between October and December 2025, assistance planned, funded, and likely to be delivered in January 2026, February-March 2026 and April-June 2026 have been analysed. Assistance levels in November and December 2025 during the seasonal food security and nutrition assessments help to contextualise the interpretation of food security outcomes based on the 2025 post *Deyr* household surveys.

A widening gap between needs and available resources has forced humanitarian partners to hyper-prioritise HFSA support for the most vulnerable populations in Phase 4 in the 21 priority districts, using vulnerability-based targeting that focuses on high-risk groups such as female-headed households, minority clans, elderly and disability-affected individuals, newly displaced persons, pregnant and lactating women, malnourished children, and drought-affected pastoralists and agro pastoralists. HFSA has decreased by 38 percent from 1.3 million people in August 2025 to 803,000 people in January 2026 due to severe funding constraints. Assistance packages have been significantly reduced, with support duration dropping from six to three months and cash transfer values covering approximately 70 percent of minimum food needs (56 percent of the daily calorific needs). Prioritisation of assistance, coupled with reduction in rations/cash transfer values, and reduced duration of assistance are expected to result in worsening direct food security outcome indicators during the first projection period coinciding with the harsh 2026 *Jilaal* season.



In January 2026, humanitarian food assistance reached 803,000 people, translating to only 17 percent of the 4.8 million people in Phase 3 or above. Between February and March 2026, it will reach an average of 594,716 people per month, translating to only 9 percent of the 6.5 million people facing Phase 3 or above. HFSA in the current and first projection periods has been mainly possible due to carry-over funding from 2025, the United Nations Central Emergency Response Fund (CERF) drought-early action rapid response funding, and Somalia Humanitarian Fund (SHF) drought reserve allocation funding. Between April and June 2026, humanitarian food assistance will reach only an average of 123,000 people translating to only 2 percent of the 5.5 million people projected to face Phase 3. According to IPC HFSA guidelines, the HFSA level in Somalia is significant and requires a dark grey bag be put on the maps (as per IPC mapping protocol 3.2). However, due to the substantial reduction in beneficiary numbers, many households share the limited assistance with other families. While the level of sharing is difficult to quantify, this dynamic has been considered by the analysis team.

Humanitarian assistance in nutrition, health, and WASH remains essential in addressing acute malnutrition in Somalia, where recurring shocks, conflict, population displacement, and limited access to health and nutrition services persist. Nutrition interventions such as the treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), as well as support for malnourished PBW plays a direct role in reducing morbidity and mortality among vulnerable populations. In 2025, a total of 33,000 children were admitted for treatment of complicated SAM at stabilisation centres and 444,000 were admitted for uncomplicated SAM, while 697,000 were treated for MAM and 559,000 targeted cases received preventive support through blanket supplementary feeding programs (BSFP). To address the challenges with access to TSFP for children with MAM, Implementation of Expanded Admission Criteria (EAC) was introduced in specific districts, where children with MAM are admitted and managed with severely malnourished children in OTP. In addition, 145,000 PBW were treated for malnutrition.

In 2025, due to funding constraints, there was a significant reduction in the availability of nutrition treatment services, with the number of Outpatient Therapeutic Programme (OTP) sites decreasing from 775 in January to 650 in December, reflecting the closure of 125 sites during the year. Targeted Supplementary Feeding Programme (TSFP) sites declined more sharply, from 617 in January to 257 in December, and this is expected to deteriorate further in the projection periods from March to June 2026 that marks further stock outs of commodities for treatment of moderate acute malnutrition. The substantial gap in preventive and treatment of malnourished children will result to surge in moderate acute malnutrition cases that in turn deteriorate to severe acute malnutrition. Rural communities that depended on mobile clinics for nutrition and health services will face severe access to health and nutrition services in the projected high morbidity season. Reduced funding has also weakened community based early detection and referral of malnourished children due to reduced capacity.

In 2026, the cluster will target 1.3 million children and PBW only through life-saving interventions for treatment while preventive actions such as BSFP will be absent. The ongoing gaps in the adequacy and continuity of nutrition support continue to hinder improvements in nutritional outcomes, among children and PBW, highlighting the necessity for integrated and sustained humanitarian assistance to prevent further deterioration of nutritional status. Health and WASH interventions play a critical role in addressing the underlying causes of acute malnutrition by mitigating disease prevalence.

RECOMMENDATIONS FOR ACTION

Worsening drought conditions have led to increased levels of acute food insecurity and malnutrition across Somalia, with peak figures reaching 6.5 million people in need of urgent humanitarian assistance between February and March 2026, and nearly 1.85 million children who will require treatment for acute malnutrition in 2026. Targeted complementary investment in interventions that address underlying causes of acute food insecurity and malnutrition in areas frequently affected should remain a priority. Advocate funding to support life saving humanitarian assistance. More specific response priorities are listed below.

Response priorities

Acute food insecurity response priorities

- Urgently scale up and sustain lifesaving humanitarian assistance to locations where high levels of acute food insecurity and acute malnutrition intersect (hotspot areas).
- Scale up humanitarian assistance in rural and underserved areas to mitigate population displacement to urban areas and address the high malnutrition burden.
- Strengthen area-based coordination to facilitate integrated response combining food security, nutrition, health, WASH and other sectoral interventions to maximise efficiencies while increasing impact.
- Improve the targeting of humanitarian assistance to ensure it reaches those most in need, using enhanced Vulnerability-Based Targeting (VBT) and registration mechanisms.
- Enhance Early Warning and Anticipatory Action as a cost-effective way to mitigate the impact of predictable shocks (like drought and floods) before they escalate into full-scale disasters
- Scale up social safety nets, shock-responsive social protection programs, and human capital development programmes in both urban and rural areas to address predictable needs.

Acute malnutrition response priorities

- Sustain and expand lifesaving nutrition assistance, ensuring consistent treatment of acute malnutrition and supplementation in rural and internally displaced communities.
- Continue to rationalise health and nutrition services to reduce duplication, improve efficiency, and ensure equitable coverage across urban, rural, and underserved areas.
- Advocate for nutrition interventions to address both immediate and underlying causes of acute malnutrition, with emphasis on promoting optimal infant and young child feeding practices.
- Adopt a multi-sector approach, linking nutrition with food security, health, and WASH programmes to address underlying causes of malnutrition.

Situation monitoring and update

The Somalia Technical Working Group (TWG) has planned the following updates to monitor the precarious evolving food security and nutrition situation:



- Conduct follow-up integrated food security and nutrition assessments in hotspot areas with high levels of acute food insecurity and acute malnutrition intersect (areas classified in Phase 3 or above for both acute food insecurity and acute malnutrition in the first projection period).
- Update data on contributing factors, including the worsening drought conditions and other risk factors related to acute food security or malnutrition.
- Conduct IPC Acute Food Insecurity and Acute Malnutrition updates in April 2026.

Risk factors to monitor

- Climate situation during the *Jilaal* (February-March 2026) and *Gu* (April-June 2026) season rainfall onset and performance, including impact on crop and livestock production.
- Assess the food and nutrition security situation among populations most at risk, focusing on areas classified in Phase 4.
- Track local and imported food prices, milk and water costs, livestock prices, wage labour rates, and terms-of-trade for livestock-to-cereal and labour wage-to-cereal exchanges to understand household purchasing power.
- Monitor and assess how conflict and insecurity affect food security, nutrition, humanitarian access, and displacement patterns.
- Monitor flood risks and actual impacts, particularly in riverine areas, focusing on livelihood disruptions and population displacement.
- Monitor childhood morbidities (acute respiratory infections, diarrhoea), disease outbreaks such as diphtheria, measles, AWD/cholera.
- Monitor the trend of admissions of acutely malnourished children across all the nutrition sites.
- Monitor access to essential primary health care and immunisation services
- Monitor population displacement due to drought, conflict and other factors.
- Monitor hygiene practices and reliance on unsafe water sources.
- Monitor funding for humanitarian and actual coverage of lifesaving interventions in food security, nutrition, health and WASH.

PROCESS AND METHODOLOGY

The Somalia 2025 Post *Deyr* IPC AFI and AMN analysis workshops were conducted simultaneously in Hargeisa, Garowe and Mogadishu, from 19 to 31 January 2026 after refresher training on the IPC protocols. The analysis covered the periods from November 2025 to June 2026.

Both analyses were conducted based on coordinated data collected by the Food Security and Nutrition Analysis Unit (FSNAU), the World Food Programme (WFP), the Somalia National Bureau of Statistics, and REACH. FSNAU conducted 33 integrated household surveys (20 rural livelihoods and 11 IDP settlements). WFP conducted 16 additional assessments (six rural, six urban, and four IDP settlements), and REACH collected data from 14 areas (seven urban and seven IDP settlements).

The analysis and IPC classifications incorporated key food security and nutrition outcome indicators: 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) and MUAC prevalence, Crude Death Rate (CDR), and Under-Five Death Rate (U5DR). The IPC analysis was conducted using the recently introduced IPC analysis platform.

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 2026 Somalia population (19,442,156 people) 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 (Jan 11 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. Most of the data used in this analysis was collected during November and December 2025.

For AMN analysis, FSNAU and partners conducted 27 surveys which were based on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology. The surveys covered 16,464 children aged 6–59 months (8,322 boys and 8,142 girls) from 13,729 households, from 750 clusters (to include SCI survey details). Mortality surveys were conducted in 27 areas where SMART assessments were carried out.

Due to funding constraints, Urban and hard-to-reach areas were not assessed. Other data sources were from partners such as Nutrition cluster, ACF, REACH, SCI and WHO. The analysis was conducted for 48 analysis areas (23 rural livelihoods, 14 urban areas and 11 IDPs).

FSNAU carried out 26 household surveys from IDPs (11) and rural households (15) between November and December 2025 while Save the Children International conducted one household survey in Matabaan district. WFP conducted 11 additional assessments across rural, urban, and IDP areas. As part of its Multi-Sectoral Needs Assessments (MSNA), REACH collected MUAC data from five urban and IDPs (one IDP settlements, and four urban locations, while data from WFP 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 93 days prior to the assessments. The same households provided concurrent data on mortality, food security, and nutrition.

Sampling Design

Most of the 2025 Post *Deyr* 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 scaling down trends in humanitarian assistance, market access, and climatic conditions. Any significant changes in these factors may possibly change the food security outlook.
5. In some analysis areas, data were extrapolated from comparable neighbouring locations. The TWG should allocate time to review and agree on the areas and datasets suitable for extrapolation. Limited early discussion on this process resulted in delays, requiring analysts to revisit and refine their analyses to ensure consistency and accuracy.

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

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

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

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Classification of food insecurity was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, Catholic Relief Services (CRS), CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, IMPACT, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, the World Bank, WFP and WHO.

IPC Analysis Partners:





ANNEX 1: COMPARATIVE ANALYSIS OF GAM PREVALENCE BETWEEN 2025 POST *Deyr* AND 2024 POST *Deyr* BY UNIT OF ANALYSIS

| Population Group Assessed | GAM | | Difference between prevalence (2025 <i>Deyr</i> and 2024 <i>Deyr</i>) | p-value | Remarks |
|-----------------------------------|-----------------------------|-----------------------------|--|---------|--|
| | 2025 <i>Deyr</i> % (95% CI) | 2024 <i>Deyr</i> % (95% CI) | | | |
| Guban Pastoral | 8.1% (5.7-11.4) | 11.3% (8.5-14.8) | -3.2 | >0,05 | Decrease Insignificant (only phase change) |
| West Golis | 8.1% (6.0-10.9) | 7.8% (5.2-11.5) | 0.3 | >0,05 | Likely No Change |
| NW Agropastoral | 6.9% (5.1- 9.3) | 7.4% (5.7- 9.6) | -0.5 | >0,05 | Likely No Change |
| Hargeisa IDPs (W. Galbeed) | 8.9% (6.7-11.7) | 11.0% (8.3-14.3) | -2.1 | >0,05 | Decrease Insignificant (only phase change) |
| Burao IDPs (Toghdeer) | 6.2(4.0-9.7) | 5.2 (3.7- 7.4) | 1.0 | >0,05 | Likely No Change |
| Northern Inland Pastoral NW & NE | 12.3% (8.1-18.4) | 9.1% (7.0-11.7) | 3.2 | >0,05 | Increase-Insignificant (only phase change) |
| NW Hawd Pastoral | 7.7% (5.0-11.6) | 3.6% (2.3- 5.7) | 4.1 | 0.025 | Significant deterioration |
| East Golis (Cross cutting-NW & NE | 17.9 (14.1-22.4) | 9.3% (7.0-12.2) | 8.6 | 0.001 | Significant deterioration |
| Bosasso IDPs (Bari) | 20.3 (16.5-24.6) | 17.9 (14.6-21.7) | 2.4 | 0.370 | Increase-Insignificant |
| Hawd Pastoral-Central | 17.2% (13.7-21.4) | 13.4% (10.4-17.1) | 3.8 | 0.132 | Likely No Change |
| Coastal Deeh (NE) | 12.3% (8.9-16.8) | 7.1% (4.7-10.5) | 5.2 | 0.032 | Significant deterioration |
| Garowe IDPs (Nugaal) | 17.3 (12.5-23.5) | 11.4 (8.5-15.1) | 5.9 | <0,05 | Significant deterioration |
| Galkacyo IDPs (Mudug) | 16.6 (13.4-20.4) | 19.1 (15.9-22.7) | -2.5 | >0,06 | Likely No Change |
| Dhusamareb IDPs (Galgadud) | 10.1 | 13.1(10.3-16.4) | -3.0 | >0,06 | Likely No Change |
| Addun Pastoral | 15.8% (12.9-19.1) | 13.7% (10.8-17.3) | 2.1 | >0,05 | Increase-Insignificant (only phase change) |
| Beletweyne Rural (riverine) | 13.8% (10.8-17.4) | 16.4% (13.4-19.9) | -2.6 | >0,05 | Decrease Insignificant (only phase change) |
| Beletweyne IDPs | 17.0% (13.6-21.0) | 10.9% (8.6-13.7) | 6.1 | 0.007 | Significant deterioration |
| Shabelle Riverine | 15.6% (12.5-19.2) | 16.0(12.9-19.7) | -0.4 | >0,05 | Likely No Change |
| Shabelle Agropastoral | 17.3% (13.8-21.5) | 14.8(12.2-17.9) | 2.5 | >0,05 | Increase-Insignificant (only phase change) |
| Mogadishu IDPs (Banadir) | 17.3% (14.4-20.6) | 16.1 (13.4-19.4) | 1.2 | >0,05 | Likely No Change |
| Bay Agropastoral | 19.5% (16.7-22.7) | 18.9 (16.4-21.8) | 0.8 | >0,05 | Likely No Change |
| Baidoa IDPs (Bay) | 15.5% (12.5-19.1) | 11.1 (8.9-13.7) | 4.4 | 0.032 | Significant deterioration |
| Dolow IDPs (N Gedo) | 13.3% (10.3-16.9) | 14.2 (11.3-17.6) | -0.9 | >0,05 | Likely No Change |
| North Gedo pastoral | 14.1% (11.4-17.4) | 10.2% (7.6-13.4) | 3.9 | 0.061 | Likely No Change |
| North Gedo Riverine | 15.1% (12.2-18.5) | 13.8% (11.0-17.1) | 1.3 | >0,05 | Likely No Change |
| Kismayu IDPs (L. Juba) | 10.6% (8.0-13.8) | 12.6 (9.8-16.1) | -2.0 | >0,05 | Likely No Change |
| Median | 14.6 | 12.0 | | | |

ANNEX 2: 2025 POST *Deyr* FOOD SECURITY OUTCOME INDICATORS BY POPULATION GROUP

| Population Group/Livelihood Zone | Food Consumption Score | | | Household Dietary Diversity Score-HDDS | | | Reduced Coping Strategies-rCSI | | | Household Hunger Scale-HHS | | | | | Livelihood Coping | | | | GAM_WHZ/MUAC |
|--|------------------------|------------|------|--|--------------|----------------|--------------------------------|----------|--------|----------------------------|----------|--------|-----------|-------------|-------------------|----------|--------|-----------|--------------|
| | Acceptable | Borderline | Poor | Minimal-Stressed (>4) | Crisis (3-4) | Emergency (<3) | Minimal | Stressed | Crisis | None | Stressed | Crisis | Emergency | Catastrophe | None | Stressed | Crisis | Emergency | |
| NW Guban Pastoral (Awdal, Sanaag and W. Galbeed) | 26% | 21% | 53% | 55% | 43% | 2% | 89% | 11% | 0% | 85% | 11% | 4% | 0% | 0% | 59% | 38% | 2% | 2% | 8.1 |
| NW West Golis Pastoral (Awdal, W. Galbeed, Togdheer, Sool and Sanaag) | 42% | 24% | 34% | 72% | 26% | 1% | 64% | 36% | 0% | 66% | 17% | 18% | 0% | 0% | 20% | 76% | 4% | 0% | 8.1 |
| NW Northwest Agro-pastoral (Awdal, W. Galbeed & Togdheer) | 45% | 25% | 30% | 89% | 10% | 1% | 70% | 29% | 1% | 80% | 17% | 4% | 0% | 0% | 51% | 48% | 1% | 0% | 6.9 |
| NW Togdheer Agro-pastoral (Togdheer) | 45% | 25% | 30% | 89% | 10% | 1% | 70% | 29% | 1% | 80% | 17% | 4% | 0% | 0% | 51% | 48% | 1% | 0% | |
| NW Hawd Pastoral of NW (W. Galbeed, Togdheer and Sool) | 2% | 14% | 84% | 75% | 25% | 0% | 30% | 69% | 1% | 25% | 16% | 57% | 1% | 0% | 12% | 36% | 43% | 9% | 7.7 |
| Central Hawd Pastoral (South Mudug, Galgaduud) | 36% | 45% | 18% | 99% | 1% | 0% | 4% | 38% | 58% | 3% | 3% | 94% | 0% | 0% | 7% | 69% | 14% | 9% | |
| NE Hawd Pastoral (North Mudug and Nugaal) | 22% | 65% | 13% | 94% | 6% | 0% | 5% | 90% | 5% | 7% | 7% | 86% | 0% | 0% | 1% | 1% | 34% | 65% | |
| NE Coastal Deeh Pastoral (Bari, Mudug and Nugal) | 3% | 48% | 49% | 66% | 34% | 0% | 6% | 93% | 1% | 5% | 3% | 88% | 4% | 0% | 0% | 44% | 22% | 33% | 12.3 |
| NE Addun pastoral (Mudug, Nugaal) | 18% | 73% | 8% | 100% | 0% | 0% | 29% | 55% | 16% | 33% | 14% | 53% | 0% | 0% | 11% | 0% | 56% | 33% | 15.8 |
| Central Addun pastoral (Mudug and Galgaduud) | 34% | 56% | 10% | 99% | 1% | 1% | 1% | 70% | 29% | 4% | 61% | 35% | 0% | 0% | 0% | 15% | 50% | 35% | 15.8 |
| NE Northern Inland Pastoral (Bari and Nugaal) | 8% | 15% | 77% | 88% | 11% | 1% | 45% | 36% | 19% | 41% | 20% | 38% | 0% | 0% | 9% | 67% | 19% | 4% | 12.3 |
| NW Northern Inland Pastoral (Sanaag and Sool) | 8% | 15% | 77% | 88% | 11% | 1% | 45% | 36% | 19% | 41% | 20% | 38% | 0% | 0% | 9% | 67% | 19% | 4% | 12.3 |
| Gedo Southern Inland Pastoral | 75% | 21% | 4% | 97% | 2% | 1% | 1% | 87% | 12% | 14% | 44% | 42% | 0% | 0% | 0% | 52% | 30% | 17% | 14.1 |
| Gedo Riverine Pump Irrigation | 72% | 18% | 10% | 99% | 1% | 0% | 1% | 61% | 38% | 10% | 40% | 50% | 0% | 0% | 0% | 19% | 50% | 31% | 15.1 |
| Shabelle Riverine Gravity Irrigation (L Shabelle & M Shabelle) | 42% | 48% | 11% | 100% | 0% | 0% | 13% | 47% | 40% | 15% | 38% | 48% | 0% | 0% | 13% | 15% | 70% | 3% | 15.6 |
| Shabelle Sorghum High Potential Agropastoral (M Shabelle and L Shabelle) | 64% | 29% | 7% | 98% | 2% | 0% | 20% | 48% | 32% | 22% | 34% | 44% | 0% | 0% | 23% | 38% | 34% | 6% | 17.3 |
| Hiraan Southern Inland Pastoral | 52% | 40% | 7% | 99% | 1% | 0% | 17% | 56% | 27% | 15% | 27% | 57% | 0% | 0% | 4% | 69% | 24% | 4% | 13.8 |
| Hiraan Southern Agro-Pastoral | 52% | 40% | 7% | 99% | 1% | 0% | 17% | 56% | 27% | 15% | 27% | 57% | 0% | 0% | 4% | 69% | 24% | 4% | 13.8 |
| Bay-Bakool Agro-pastoral Low Potential (Bay and Bakool) | 43% | 32% | 25% | 90% | 10% | 0% | 42% | 30% | 28% | 46% | 6% | 42% | 7% | 0% | 30% | 33% | 26% | 11% | 19.5 |
| NE East Golis Pastoral (Bari) | 2% | 15% | 82% | 55% | 45% | 0% | 84% | 16% | 0% | 34% | 32% | 34% | 0% | 0% | 38% | 55% | 5% | 1% | 17.9 |
| NW East Golis Pastoral (Sanaag) | 13% | 39% | 49% | 82% | 17% | 1% | 47% | 24% | 29% | 74% | 14% | 11% | 0% | 0% | 4% | 51% | 35% | 10% | 17.9 |
| Bay Urban IDPs (Baydhaba) | 25% | 51% | 24% | 92% | 6% | 2% | 11% | 12% | 76% | 11% | 4% | 66% | 19% | 0% | 13% | 8% | 39% | 39% | 15.5 |
| Hiraan Urban IDPs (Belet Weyne) | 95% | 5% | 0% | 100% | 0% | 0% | 78% | 22% | 0% | 51% | 35% | 14% | 0% | 0% | 6% | 70% | 19% | 4% | 17 |
| Bari Urban IDPs (Bossaso) | 47% | 36% | 17% | 81% | 19% | 0% | 66% | 34% | 0% | 69% | 22% | 9% | 0% | 0% | 24% | 59% | 15% | 2% | 20.3 |
| Togdheer Urban IDPs (Burco) | 28% | 32% | 40% | 100% | 0% | 0% | 45% | 50% | 5% | 23% | 20% | 57% | 1% | 0% | 25% | 73% | 2% | 1% | 6.2 |
| Galgaduud Urban IDPs (Dhuusamarreeb) | 65% | 25% | 9% | 91% | 9% | 1% | 1% | 63% | 36% | 1% | 9% | 63% | 18% | 9% | 1% | 48% | 51% | 0% | 10.1 |
| Gedo Urban IDPs (Doolow) | 99% | 1% | 0% | 100% | 0% | 0% | 5% | 94% | 1% | 5% | 41% | 54% | 0% | 0% | 1% | 85% | 12% | 3% | 13.3 |
| Mudug Urban IDPs (Gaalkacyo) | 14% | 67% | 19% | 95% | 5% | 0% | 15% | 74% | 11% | 6% | 13% | 81% | 0% | 0% | 7% | 10% | 80% | 2% | 16.6 |



| Population Group/Livelihood Zone | Food Consumption Score | | | Household Dietary Diversity Score-HDDS | | | Reduced Coping Strategies-rCSI | | | Household Hunger Scale-HHS | | | | | Livelihood Coping | | | | GAM_WHZ/MUAC |
|---|------------------------|------------|------|--|--------------|----------------|--------------------------------|----------|--------|----------------------------|----------|--------|-----------|-------------|-------------------|----------|--------|-----------|--------------|
| | Acceptable | Borderline | Poor | Minimal-Stressed (>4) | Crisis (3-4) | Emergency (<3) | Minimal | Stressed | Crisis | None | Stressed | Crisis | Emergency | Catastrophe | None | Stressed | Crisis | Emergency | |
| Nugaal Urban IDPs (Garoowe) | 48% | 42% | 9% | 94% | 6% | 0% | 48% | 52% | 1% | 28% | 12% | 57% | 3% | 0% | 33% | 54% | 14% | 0% | 17.3 |
| Woqooyi Galbeed Urban IDPs (Hargeysa) | 50% | 31% | 19% | 95% | 5% | 0% | 57% | 43% | 0% | 80% | 17% | 4% | 0% | 0% | 49% | 48% | 2% | 0% | 8.9 |
| Lower Juba Urban IDPs (Kismaayo) | 75% | 23% | 2% | 98% | 2% | 0% | 57% | 41% | 2% | 53% | 29% | 18% | 0% | 0% | 49% | 24% | 25% | 2% | 10.6 |
| Banadir Urban IDPs (Mogadishu) | 83% | 16% | 1% | 100% | 0% | 0% | 16% | 46% | 38% | 20% | 62% | 18% | 0% | 0% | 16% | 44% | 31% | 9% | 17.3 |
| Togdheer Urban (Burco) | 64% | 20% | 17% | 86% | 14% | 0% | 85% | 3% | 12% | 76% | 15% | 8% | 0% | 0% | 56% | 28% | 12% | 5% | 6.5 |
| Togdheer Urban IDPs (Burco) | 12% | 17% | 71% | 32% | 66% | 2% | 20% | 9% | 71% | 16% | 43% | 41% | 0% | 0% | 5% | 17% | 59% | 20% | 6.2 |
| Sanaag Urban (Ceerigaabo) | 89% | 9% | 2% | 93% | 6% | 1% | 97% | 1% | 3% | 94% | 2% | 3% | 0% | 0% | 79% | 17% | 3% | 1% | |
| Sanaag Urban IDPs (Ceerigaabo) | 52% | 22% | 26% | 73% | 22% | 5% | 91% | 6% | 3% | 86% | 8% | 5% | 0% | 0% | 60% | 31% | 7% | 2% | |
| Banadir Urban (Mogadishu) | 99% | 1% | 0% | 98% | 1% | 0% | 96% | 4% | 0% | 76% | 23% | 1% | 0% | 0% | 64% | 35% | 1% | 1% | 12.1 |
| Bakool Urban (Xudur) | 67% | 26% | 7% | 89% | 10% | 1% | 71% | 23% | 5% | 49% | 30% | 21% | 0% | 0% | 25% | 49% | 22% | 4% | 16.5 |
| Bakool Urban IDPs (Xudur) | 49% | 36% | 15% | 76% | 18% | 6% | 58% | 30% | 11% | 28% | 31% | 41% | 0% | 0% | 25% | 48% | 17% | 9% | 11.2 |
| Hiraan Southern Inland Pastoral | 39% | 38% | 24% | 44% | 14% | 42% | 98% | 0% | 2% | 82% | 6% | 12% | 0% | 0% | 64% | 15% | 12% | 8% | 13.8 |
| Hiraan Riverine Pump and Gravity Irrigation | 40% | 37% | 23% | 81% | 16% | 4% | 51% | 6% | 42% | 24% | 33% | 38% | 4% | 2% | 22% | 12% | 53% | 14% | 13.8 |
| Gedo Urban (Doolow) | 73% | 15% | 12% | 92% | 6% | 2% | 86% | 8% | 6% | 61% | 21% | 18% | 0% | 0% | 37% | 42% | 14% | 7% | 10.6 |
| Central Cowpea Belt (Mudug and Galgadud) | 81% | 14% | 5% | 97% | 2% | 1% | 76% | 6% | 18% | 70% | 13% | 17% | 0% | 0% | 57% | 34% | 2% | 7% | |
| Central Coastal Deeh Pastoral (Mudug and Galgadud) | 43% | 49% | 8% | 80% | 17% | 3% | 62% | 12% | 26% | 63% | 20% | 15% | 1% | 0% | 13% | 53% | 21% | 13% | |
| Middle Shabelle Urban (Adan Yabaat, Balcad, Cadale and Jowhar) | 71% | 17% | 12% | 83% | 5% | 12% | 79% | 13% | 8% | 68% | 22% | 11% | 0% | 0% | 27% | 58% | 7% | 8% | |
| Middle Shabelle Urban IDPs (Adan Yabaat, Balcad, Cadale and Jowhar) | 62% | 33% | 6% | 85% | 6% | 8% | 69% | 9% | 22% | 60% | 9% | 22% | 6% | 3% | 22% | 71% | 3% | 4% | |
| Juba Southern Rainfed (M Juba and L Juba) | 46% | 33% | 21% | 74% | 24% | 2% | 37% | 40% | 23% | 20% | 42% | 38% | 0% | 0% | 17% | 79% | 2% | 3% | 14.1 |
| Juba Riverine Gravity Irrigation (L Juba & M Juba) | 71% | 16% | 13% | 92% | 6% | 2% | 54% | 17% | 30% | 35% | 32% | 32% | 1% | 0% | 18% | 27% | 34% | 21% | 5.2 |
| Awdal Urban (Baki, Lughaye and Zeylac) | 43% | 33% | 25% | 61% | 25% | 14% | 49% | 36% | 15% | 61% | 11% | 28% | 0% | 0% | 28% | 47% | 10% | 15% | |
| Awdal Urban IDPs (Baki and Lughaye) | 33% | 24% | 43% | 48% | 38% | 14% | 29% | 48% | 23% | 47% | 15% | 37% | 0% | 0% | 19% | 44% | 24% | 13% | |
| Bari Urban (Bandarbeyla, Caluula, Iskushuban, Qandala and Qardho) | 52% | 23% | 25% | 38% | 28% | 34% | 23% | 62% | 15% | 32% | 9% | 54% | 0% | 4% | 21% | 22% | 31% | 26% | |
| Bari Urban IDPs (Bandarbeyla, Caluula, Iskushuban, Qandala and Qardho) | 17% | 35% | 48% | 8% | 35% | 57% | 1% | 56% | 43% | 15% | 7% | 74% | 2% | 1% | 13% | 16% | 26% | 46% | |
| Bay Urban (Bur Hakaba, Diinsor and Qansax Dheere) | 23% | 50% | 27% | 46% | 40% | 14% | 10% | 59% | 31% | 13% | 10% | 76% | 1% | 0% | 12% | 28% | 25% | 35% | |
| Bay Urban IDPs (Bur Hakaba, Diinsor and Qansax Dheere) | 9% | 27% | 65% | 23% | 55% | 22% | 7% | 53% | 40% | 4% | 6% | 74% | 2% | 15% | 8% | 21% | 15% | 57% | |
| Galgaduud Urban (Cabudwaaq, Cadaado, Ceel Buur and Ceel Dheer) | 25% | 39% | 36% | 41% | 35% | 24% | 14% | 49% | 36% | 35% | 17% | 44% | 2% | 3% | 18% | 30% | 23% | 30% | 12.3 |
| Galgaduud Urban IDPs (Cabudwaaq and Cadaado) | 3% | 17% | 81% | 6% | 47% | 47% | 6% | 42% | 52% | 12% | 6% | 67% | 13% | 3% | 29% | 25% | 19% | 26% | |
| Gedo Urban (Baardheere, Belet Xaawo, Ceel Waaq, Garbahaarey and Luuq) | 63% | 23% | 14% | 82% | 17% | 1% | 15% | 50% | 34% | 23% | 15% | 60% | 3% | 0% | 9% | 43% | 26% | 23% | 18.3 |
| Gedo Urban IDPs (Baardheere, Belet Xaawo, Ceel Waaq, Garbahaarey and Luuq) | 40% | 33% | 27% | 60% | 27% | 13% | 5% | 70% | 25% | 14% | 20% | 66% | 0% | 0% | 7% | 30% | 18% | 45% | 5.8 |
| Lower Juba Urban (Kismaayo) | 39% | 31% | 30% | 76% | 17% | 7% | 24% | 55% | 21% | 20% | 13% | 65% | 2% | 0% | 12% | 30% | 31% | 27% | 9.1 |
| Lower Juba Urban IDPs (Kismaayo) | 23% | 40% | 38% | 48% | 51% | 2% | 0% | 22% | 78% | 1% | 4% | 93% | 1% | 1% | 10% | 28% | 35% | 28% | 10.6 |
| Lower Shabelle Urban (Afgooye, Baraawe, Kurtunwaarey, Marka, Qoryooley, Sablaale and Wajid) | 59% | 37% | 3% | 54% | 34% | 12% | 13% | 71% | 16% | 27% | 15% | 59% | 0% | 0% | 35% | 9% | 18% | 38% | |
| Lower Shabelle Urban IDPs (Afgooye, Baraawe, Marka and Wajid) | 27% | 45% | 28% | 46% | 36% | 18% | 2% | 74% | 25% | 16% | 19% | 65% | 0% | 0% | 19% | 23% | 14% | 45% | |

