SOMALIA

3.4 MILLION PEOPLE EXPERIENCING HIGH LEVELS OF ACUTE FOOD INSECURITY; 1.8 MILLION CHILDREN LIKELY TO SUFFER ACUTE MALNUTRITION

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS JULY-DECEMBER 2025

Issued on 23 September 2025

CURRENT SITUATION: JULY-SEPTEMBER 2025

3.4M

18% of the analysed population

People facing high levels of acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 People in Catastrophe
Phase 4	624,000 People in Emergency
Phase 3	2,800,000 People in Crisis
Phase 2	6,281,000 People in Stressed
Phase 1	9,577,000 People in food security

PROJECTED SITUATION: OCTOBER-DECEMBER 2025

4.4 M

23% of the analysed population

People facing high levels of acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 People in Catastrophe
Phase 4	921,000 People in Emergency
Phase 3	3,430,000 People in Crisis
Phase 2	6,964,000 People in Stressed
Phase 1	7,965,000 People in food security

ACUTE MALNUTRITION: JUNE 2025-JULY 2026

1.85M

cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	421,000
Moderate Acute Malnutrition (MAM)	1,428,000

Overview

Poor rainfall, flooding and persistent conflict are driving 3.4 million people into high levels of acute food insecurity (IPC Phase 3 or above) across much of Somalia. Between July and September 2025, around 624,000 people (3 percent of the population) have been experiencing Emergency levels of acute food insecurity (IPC Phase 4), while more than 2.8 million people (15 percent of the population) have been experiencing IPC Phase 3 (Crisis).

In northern regions, poor rainfall and drought conditions led to failed crop production and poor livestock production and reproduction. In central and southern Somalia, conflict and flooding hampered crop production in agropastoral and riverine livelihoods leading to population displacement, disrupting livelihood activities and market access.

The most affected households include farmers with low agricultural production that have exhausted their food stocks, internally displaced people (IDPs), and poor pastoralists who own few animals and earned below-average income

Key Drivers of Acute Food Insecurity

Poor rainfall

Below-average 2025 Gu season (April-June) rainfall affected agropastoral and pastoral areas in the north. The 2025 Deyr season (October – December) rainfall is also anticipated to be below average across the country.

Flooding

Riverine floods caused population displacement and crop losses in some southern parts of Somalia during the 2025 Gu season.

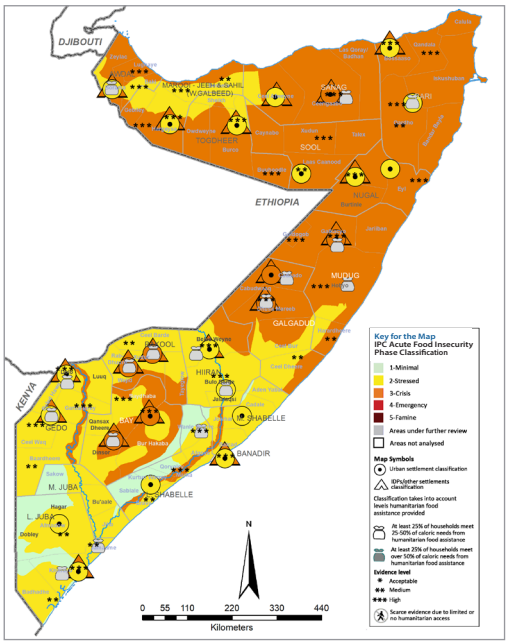
Conflict and insecurity

Persistent conflict and insecurity has resulted in population displacement and disrupted market access and functionality. It has also affected people's ability to access livelihood opportunities, and humanitarian assistance.

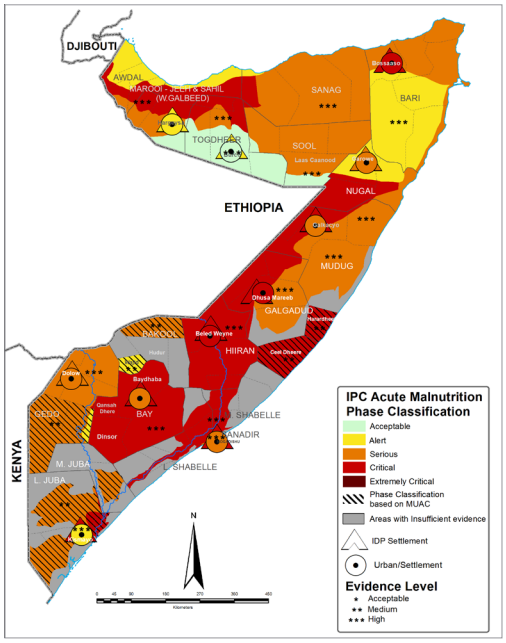
High food prices

High local and imported food prices in the northwest and above-average imported food prices across the country constrain household food access.

Current Acute Food Insecurity (Jul-Sep 2025)



Current Acute Malnutrition (Jun-Sep 2025)

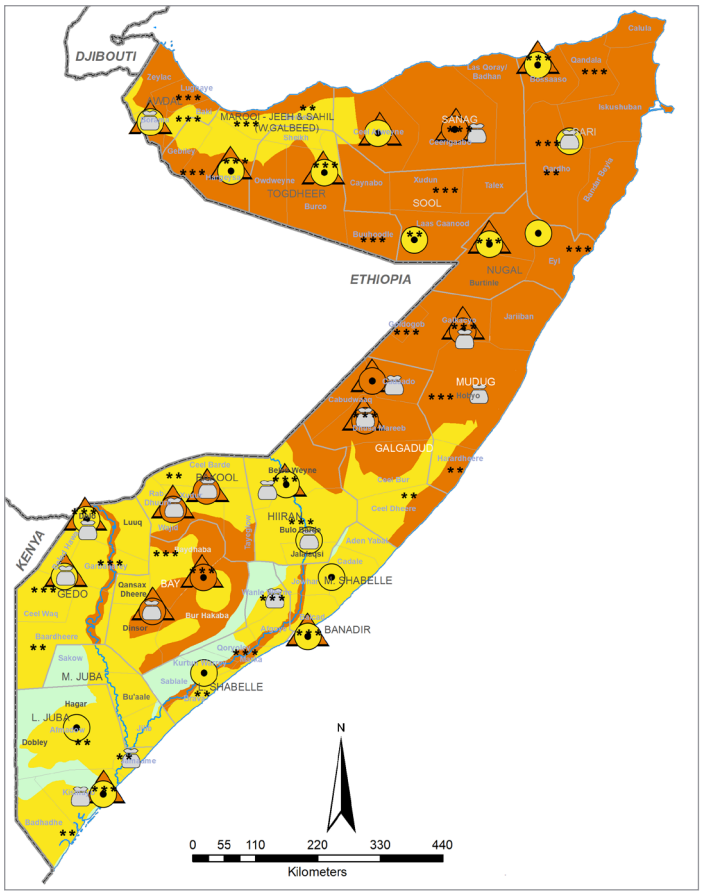


from livestock. Those who are most affected are found throughout the country and are most represented in the areas classified in Phase 3. They should be supported with urgent humanitarian food assistance aimed at saving lives, reducing food consumption deficits and protecting livelihoods. In comparison to the same period last year, when approximately 3.6 million people were classified in Phase 3 or above, the current figure of 3.4 million people represents a 5 percent reduction. This is attributed to the positive impact of average to above-average rainfall in most parts of southern Somalia and continued humanitarian assistance, albeit at a much-reduced level.

In the projection period (October to December 2025), the food security situation is expected to worsen as the Deyr season rainfall is likely to be below normal. Below-average rainfall, high food prices, continued conflict, and localised flooding are projected to drive 4.4 million people (23 percent of the population) into high levels of acute food insecurity (Phase 3 or above). During this period, the food security situation of urban IDPs in Bay and Bakool is expected to deteriorate from Phase 3 to Phase 4. Among urban populations in Nugaal (Burtinle and Eyl), the food security situation is likely to deteriorate from IPC Phase 2 (Stressed) to Phase 3.

In terms of acute malnutrition, between August 2025 and July 2026, an estimated 1.85 million children aged 6–59 months are expected to suffer acute malnutrition (GAM). This includes approximately 421,000 children likely to suffer severe acute malnutrition (SAM). Most of these children are concentrated in southern Somalia. Compared to the same season last year, the current estimates represent a 12 percent increase in GAM and a 5 percent increase in SAM.

ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE (JULY-SEPTEMBER 2025)



Key for the Map

IPC Acute Food Insecurity Phase Classification

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

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

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

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

Evidence Level

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

Population table for the current period: July-September 2025

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Awdal	655,893	290,373	44	269,080	41	79,220	12	17,220	3	0	0	96,440	15
Bakool	560,266	279,396	50	198,040	35	71,500	13	11,330	2	0	0	82,830	15
Banadir	3,262,132	1,908,682	59	956,070	29	321,470	10	75,910	2	0	0	397,380	12
Bari	1,270,552	460,692	36	483,790	38	293,010	23	33,060	3	0	0	326,070	26
Bay	1,286,786	536,016	42	380,840	30	254,570	20	115,360	9	0	0	369,930	29
Galgaduud	837,918	306,738	37	307,910	37	160,080	19	63,190	8	0	0	223,270	27
Gedo	1,005,923	562,353	56	293,480	29	121,740	12	28,350	3	0	0	150,090	15
Hiraan	520,516	236,016	45	190,260	37	85,250	16	8,990	2	0	0	94,240	18
Lower Juba	1,194,276	797,126	67	288,000	24	109,150	9	0	0	0	0	109,150	9
Lower Shabelle	1,642,667	989,317	60	399,470	24	230,030	14	23,850	1	0	0	253,880	15
Middle Juba	443,506	287,156	65	112,790	25	43,560	10	0	0	0	0	43,560	10
Middle Shabelle	1,044,873	623,323	60	266,190	25	136,760	13	18,600	2	0	0	155,360	15
North Mudug	918,998	344,428	37	335,590	37	206,380	22	32,600	4	0	0	238,980	26
Nugaal	651,465	257,185	39	252,650	39	126,990	19	14,640	2	0	0	141,630	22
Sanaag	442,034	183,054	41	159,460	36	77,760	18	21,760	5	0	0	99,520	23
Sool	566,052	221,302	39	234,920	42	82,470	15	27,360	5	0	0	109,830	19
South Mudug	597,037	215,257	36	218,310	37	115,220	19	48,250	8	0	0	163,470	27
Togdheer	887,449	388,499	44	346,890	39	115,330	13	36,730	4			152,060	17
Woqooyi Galbeed	1,492,507	690,077	46	586,900	39	169,200	11	46,330	3	0	0	215,530	14
Total	**19,280,850**	**9,576,990**	**50**	**6,280,640**	**33**	**2,799,690**	**15**	**623,530**	**3**	0	0	**3,423,220**	**18**

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

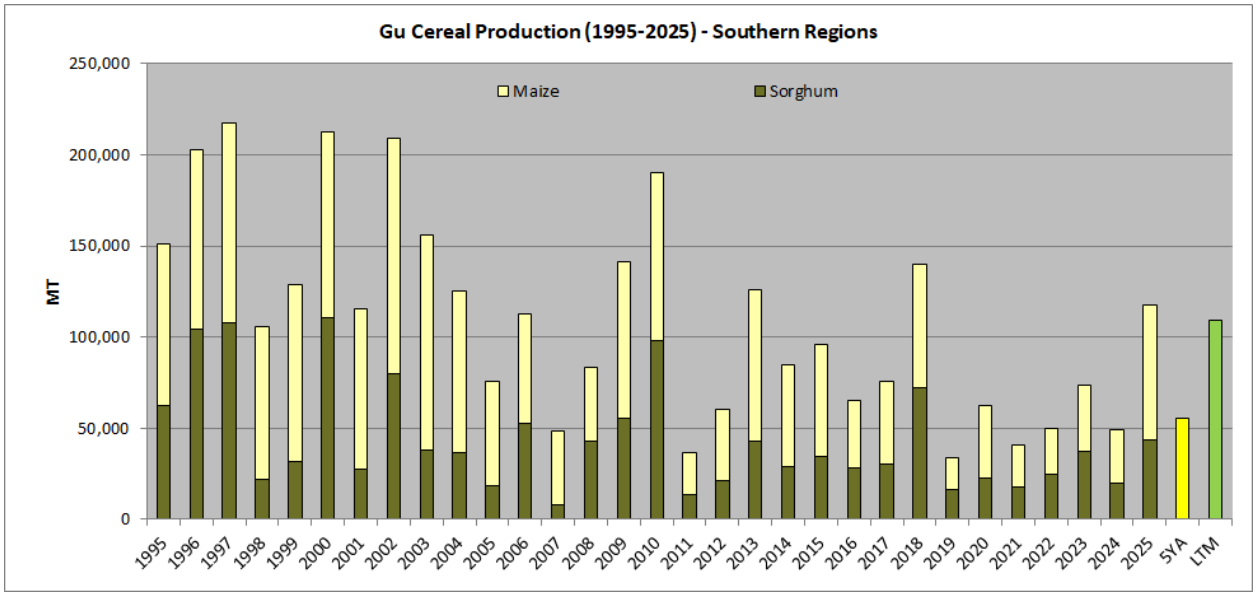
ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW AND KEY DRIVERS (JULY-SEPTEMBER 2025)

More than 3.4 million people experienced high levels of acute food insecurity (IPC Phase 3 or above) between July and September 2025, with around 624,000 people (3 percent of the population) experiencing Emergency levels of acute food insecurity (Phase 4), and more than 2.8 million people (15 percent of the population) experiencing Phase 3. An additional 6.2 million people experienced Stressed (IPC Phase 2) levels of acute food insecurity. .Urgent humanitarian assistance is required to prevent further deterioration of acute food insecurity.

Several regions—particularly in the north and central parts of the country—experienced significant challenges that have led to acute food insecurity, including drought, riverine flooding and civil conflict. Most pastoral and agropastoral livelihoods in the northwest, pastoral livelihoods in the northeast and central regions, Hawd Pastoral in Hiraan, Riverine livelihoods in Shabelle, and Gedo, as well as Bay/Bakool Low-Potential agro-pastoral livelihoods are currently classified as Phase 3, indicating significant food consumption gaps, elevated levels of acute malnutrition, or reliance on crisis or emergency coping strategies to meet basic food needs. In contrast, most pastoral and agro-pastoral areas in the southern regions are classified in Phase 2. In these areas, while food consumption is minimally adequate, households have adopted unsustainable strategies to meet other essential needs. These areas include Southern Inland Pastoral and Southern Agro-Pastoral zones in Gedo, Hiraan, and Bakool; Riverine areas of Juba and Hiraan; the Cowpea Belt Agro-Pastoral in Mudug, Galgadud, Middle Shabelle, and Hiraan; Coastal Deeh Pastoral of Middle Shabelle; Sorghum High-Potential Agro-Pastoral in Bay, Bakool, Gedo, Middle Juba, and Shabelle; Southern Rainfed Maize Agro-Pastoral in Shabelle and Juba; Juba Cattle Pastoral in Middle and Lower Juba, and West Golis Pastoral of Awdal and W. Galbeed regions. Meanwhile, Southern Inland Pastoral livelihood in Juba, Shabelle, and Bay regions is currently classified as IPC Phase 1 (Minimal), indicating a food-secure situation.

The situation among IDPs across Somalia remains critical. Almost all IDP settlements are currently classified in Phase 3, indicating high vulnerability to acute food insecurity and an urgent need for assistance. Urban populations, while slightly better off, still face significant challenges. Many urban areas are classified in Phase 2, with some classified in Phase 3, reflecting the ongoing struggle to meet basic food needs.

The April to June 2025 Gu rain began early in most regions in March 2025. The rains continued through early May 2025, but a prolonged dry spell during most of May and June 2025 signaled an early cessation of the Gu season across much of the country. Overall, rainfall amounts were average to above-average in southern Somalia. Rainfall was near average to average in central and northeastern areas, but below-average to poor in the northwest, where distribution was uneven and sporadic. Rainfall deficits negatively impacted crop growth and development in agropastoral livelihoods across northern and central regions. Despite these challenges, the Gu rains improved pasture and water availability in most pastoral areas. Favorable pasture conditions are available in most southern regions. Localised flooding occurred in riverine areas along the Shabelle River—especially in Jowhar, Balcad, and Belet-Weyn—due to elevated river levels and



embankment breaches. These floods caused temporary population displacement, crop losses, and disruptions to market access, although the severity was markedly lower compared to previous seasons.

Based on a crop assessment conducted by the Food Security and Nutrition Analysis Unit (FSNAU), the 2025 Gu season crop production in southern Somalia is estimated at 129,400 metric tons, the highest Gu cereal output since 2018. This figure includes approximately 12,000 metric tons of off-season harvest expected in late September to October 2025. Overall, the 2025 Gu cereal production is 14 percent higher than the long-term average (1995–2024), due to early onset and average to above-average Gu rains, which enabled timely land preparation and expansion of cultivated areas, and improved access to agricultural areas in Bay region. In contrast, the 2025 Gu/Karan cereal harvest expected in October/November 2025 in northwest is estimated at 830 metric tons—a 93 percent decline compared to the 2010–2024 average, indicating near total crop failure. Poor crop production in northwest regions is primarily due to erratic and failed Gu rainfall, prolonged dry spells, delayed Karan rains, and pest infestations.

The early onset of above-average Gu season rainfall has improved rangeland conditions across most parts of the country. This has led to enhanced availability of pasture, browse, and water in key pastoral and agropastoral areas, particularly in the southern regions, as well as parts of the northern and central areas. However, some parts of northern and central regions received below-average rainfall, resulting in limited resources and triggering livestock migration to areas with better rangeland conditions. Water prices have remained low or near five-year averages in most markets due to the favorable rainfall performance. Livestock birth rates for all species are low to medium for camels and cattle, and medium to low for small ruminants, contributing to improved milk production and availability in south, while in the north and central milk availability for consumption and sale remain low compared to normal levels.

As of July 2025, maize and sorghum prices in southern Somalia declined due to improved supply from the Gu harvest and carryover stocks from previous harvests. Cereal prices fell below last year and the five-year average. Vegetable oil prices rose moderately, while other imported food items saw a slight year-on-year decrease, though they remained above the five-year average. The Cost of the Minimum Expenditure Basket (CMB) increased slightly, reflecting modest rises in essential goods, further straining the cost of living for vulnerable households.

According to UNHCR's Protection and Return Monitoring Network (PRMN) data, approximately 244,000 people were displaced between January to July 2025, mainly due to conflict/insecurity (58 percent), floods (19 percent) and drought (13 percent). Most conflict-related displacements occurred in Middle Shabelle, Hiiraan, Sanaag, Bari, Lower Jubba and Lower Shabelle regions.

Despite ongoing humanitarian assistance, including food, cash, and other forms of aid (which continues to play a vital role in mitigating severe food security and nutrition outcomes across many regions), humanitarian assistance has declined since January 2025, primarily due to funding constraints. Between January and March 2025, food and cash assistance reached an average of 1 million people per month. However, this number dropped to 850,000 between April and June 2025, with a slight increase to 960,000 in July 2025. Funding shortages have already forced humanitarian partners to scale down their response efforts, prioritising the most vulnerable populations in the most severely affected areas. As a result, only 32 out of 90 districts have been prioritised for assistance, based on vulnerability and accessibility criteria.

Outcome Data

The Somalia IPC Post Gu 2025 analysis, conducted in collaboration with the Food Security and Nutrition Cluster, integrated household data from multiple sources. The Food Security and Nutrition Analysis Unit (FSNAU) assessed 16 rural livelihoods, 11 urban towns, and 11 IDP settlements. The World Food Programme (WFP) conducted nine additional assessments across three rural, three urban, and three IDP areas. REACH collected data from 8 units of analysis (four urban, four IDPs), and local NGOs (AYUUB, EDRO, GREDO, SRC) provided data from three clustered districts. The analysis incorporated key food security and nutrition indicators, including 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).

Food Consumption (FCS)

Based on a 7-day recall period, FCS results showed that 21 of 124 population groups had over 20 percent of households with poor food consumption, indicating an Emergency (Phase 4) classification. Notably, six groups reported over 30 percent of households with poor FCS. Additionally, 63 groups had 20 percent or more households with borderline food consumption, indicating a Crisis (Phase 3) classification. The remaining 41 groups exhibited acceptable FCS levels, corresponding to Minimal or Stressed classifications (Phase 1 or 2).

Household Dietary Diversity Score (HDDS)

HDDS, measuring the number of food groups consumed over a 24-hour recall period, indicated relatively diverse diets despite food insecurity in Somalia. Only one urban area—Bossaso—reported 26 percent of households consuming 1-2 food groups, indicative of Phase 4. Over 15% of households in various livelihood groups reported an HDDS of 3–4, indicating Crisis (Phase 3). Three areas—Dhusamareeb IDPs, Galgaduud, and Gedo IDPs—had over 30% of households consuming 3–4 food groups. Meanwhile, 85 groups had 20 percent or more households with an HDDS of 5 or higher, suggesting Minimal or Stressed classifications (Phase 1 or 2).

Reduced Coping Strategies Index (rCSI)

The rCSI, based on a 7-day recall period, showed that 39 of 124 population groups had 20% or more households using crisis-level consumption coping strategies (rCSI score ≥19), indicating Phase 3. Three groups—Baidoa IDPs, Dhusamareeb IDPs, and Ceel Dheer & Xarardhere districts—had reported 51 percent, 67 percent and 56 percent respectively, indicative of Phase 3 or above.

Household Hunger Scale (HHS)

The HHS, based on a 30-day recall period, revealed severe hunger or Emergency (Phase 4) in Baidoa IDPs (21 percent), Dhusamareeb IDPs (18 percent), Xudur IDPs (24 percent), and Ceel Dheer & Xarardhere districts (21 percent). Most groups (78) had 20 percent or more households experiencing moderate hunger, indicating Phase 3. There were 17 groups who reported 20 percent or more households with slight hunger (Phase 2), while 17 groups had over 80 percent of households reporting no hunger (Phase 1).

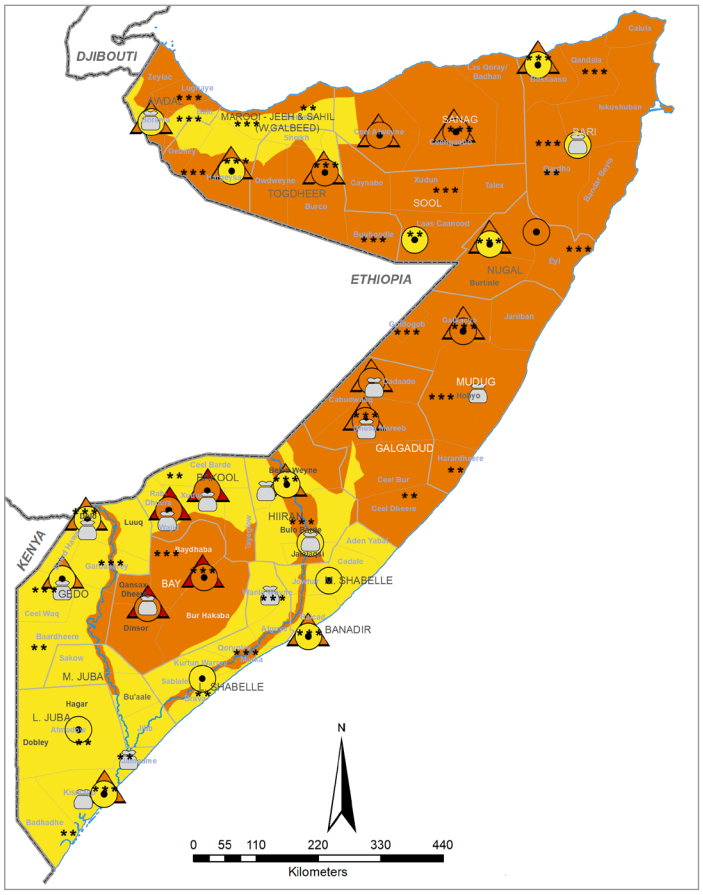
Livelihood Coping Strategies (LCS)

LCS reflects actions households take to address economic challenges. In 22 of 124 population groups, 20 percent or more households reported extreme depletion or liquidation of livelihood assets, indicating Phase 4. Approximately 50 percent of assessed areas were classified in Phase 3 or above.

Global Acute Malnutrition (GAM)

IDP populations consistently showed higher malnutrition rates than other groups. Baidoa IDPs, Bossaso IDPs, Dhusamareeb IDPs, Galkayo IDPs, and Beletweyne IDPs had over 20 percent of children classified as extremely malnourished, indicating IPC AMN Phase 4 (Critical). Of 38 population groups, 15 were classified as Phase 4, 15 as IPC AMN Phase 3 (Serious), and six in IPC AMN Phase 2 (Alert).

ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (OCTOBER-DECEMBER 2025)



Key for the Map

IPC Acute Food Insecurity Phase Classification

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

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification

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

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

Evidence Level

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

Population table for the projection period: October-December 2025

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Awdal	655,893	217,723	33	292,800	45	121,060	18	24,310	4	0	0	145,370	22
Bakool	560,266	229,056	41	208,190	37	101,350	18	21,670	4	0	0	123,020	22
Banadir	3,262,132	1,669,672	51	1,043,260	32	397,380	12	151,820	5	0	0	549,200	17
Bari	1,270,552	474,132	37	468,090	37	285,980	23	42,350	3	0	0	328,330	26
Bay	1,286,786	371,236	29	454,660	35	284,400	22	176,490	14	0	0	460,890	36
Galgaduud	837,918	189,298	23	347,460	41	215,660	26	85,500	10	0	0	301,160	36
Gedo	1,005,923	480,243	48	323,450	32	164,430	16	37,800	4	0	0	202,230	20
Hiraan	520,516	175,176	34	225,720	43	104,930	20	14,690	3	0	0	119,620	23
Lower Juba	1,194,276	717,606	60	327,560	27	139,420	12	9,690	1	0	0	149,110	12
Lower Shabelle	1,642,667	901,837	55	476,290	29	235,360	14	29,180	2	0	0	264,540	16
Middle Juba	443,506	272,326	61	119,130	27	52,050	12	0	0	0	0	52,050	12
Middle Shabelle	1,044,873	565,623	54	306,660	29	148,540	14	24,050	2	0	0	172,590	17
North Mudug	918,998	251,148	27	377,520	41	242,400	26	47,930	5	0	0	290,330	32
Nugaal	651,465	212,575	33	272,920	42	149,300	23	16,670	3	0	0	165,970	25
Sanaag	442,034	130,704	30	178,770	40	100,170	23	32,390	7	0	0	132,560	30
Sool	566,052	150,862	27	262,270	46	105,800	19	47,120	8	0	0	152,920	27
South Mudug	597,037	125,687	21	248,170	42	157,950	26	65,230	11	0	0	223,180	37
Togdheer	887,449	299,719	34	388,690	44	159,820	18	39,220	4			199,040	22
Woqooyi Galbeed	1,492,507	530,647	36	642,620	43	264,180	18	55,060	4	0	0	319,240	21
Total	**19,280,850**	**7,965,270**	**41**	**6,964,230**	**36**	**3,430,180**	**18**	**921,170**	**5**	0	0	**4,351,350**	**23**

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

ACUTE FOOD INSECURITY PROJECTION OVERVIEW AND KEY DRIVERS (OCTOBER-DECEMBER 2025)

In pastoral areas, the anticipated medium to low birth rates of small ruminants and low to moderate calving rates among cattle and camel are expected to support gradual herd growth. This will lead to increased, though still below-average, milk availability particularly in the most drought affected North/Central pastoral and agropastoral livelihood zones. As a result, poor households may only marginally meet their minimum food requirements. To cope, they are likely to increase livestock sales and reduce household milk consumption in order to sell more milk. This strategy may enable them to purchase high-priced staple foods, though food consumption gaps will likely persist. Due to the high levels of indebtedness among poor households, many will likely be compelled to sell livestock at significantly reduced prices to repay debts and access credit for food purchases. Consequently, Phase 3 outcomes are expected to persist across most pastoral livelihood zones in northern and central Somalia, with a substantial portion of the population experiencing Emergency (Phase 4) conditions. An exception is the West Golis Pastoral livelihood zone in the northwestern regions where enhanced Karan rains in August 2025 improved pasture and water availability. These favourable conditions have helped livestock maintain near-average body conditions through the end of December. Poor households' livestock holdings remain slightly below baseline levels, and income from livestock and milk sales is expected to decline. While this income may be sufficient to meet basic food needs, households will likely struggle to afford essential non-food items especially as selling additional livestock is constrained by already below-baseline herd sizes. In this area, Phase 2 outcomes are expected to persist, driven by continued low livestock holdings, reduced milk production for consumption, and elevated cereal prices. Moreover, income from milk and livestock sales will remain below normal and is expected to be largely diverted toward repaying debts accumulated during 2024–2025.

Key Assumptions

- Below-average rainfall for the October to December 2025 Deyr rainy season in the eastern Horn of Africa including Somalia is most likely, except most of Bari and Nugaal regions which will likely receive average to above average rains.
- Due to below-average rainfall during the Deyr season, agricultural employment opportunities and wage levels are expected to decline in riverine and agropastoral livelihood zones.
- Rangeland conditions will likely be at least marginally adequate to maintain livestock production and reproduction until December 2025, though abnormal pastoral movement are likely.
- Milk availability will likely improve slightly given the expected low to medium livestock births and improved pasture conditions.
- Staple food prices are expected to increase and remain average to above-average due to declining stocks from the 2025 Gu harvest.
- Persistent civil insecurity and conflict in central and southern regions are likely to negatively affect food security and livelihood outcomes.
- Due to funding shortfalls, humanitarian cash and food assistance is expected to decline further in October-December 2025.

In the pastoral areas of the south, food security is projected to slightly deteriorate or remain at Phase 2 levels. This is primarily due to reduced milk consumption and lower income from livestock and milk sales, driven by anticipated low to medium calving rates and below-normal pasture and water availability during the Deyr season. Additionally, persistently high food prices are expected to further exacerbate food insecurity in the regions. In most agropastoral areas in the south and central, household access to key income sources particularly agricultural labor and milk sales is expected to deteriorate due to anticipated low to medium livestock births and below-average rangeland conditions, driven by projected below-average and erratic Deyr rainfall. The poor performance of the Deyr season is likely to result in moisture stress, leading to inadequate crop growth and a significant reduction in agricultural labor demand and wage rates.

As a result, households will face constrained income-earning opportunities, limiting their purchasing power. Cereal stocks at the household level are expected to be minimal or exhausted, increasing reliance on market purchases at a time when food prices may be elevated.

Staple food prices are projected to remain at or above-average levels, marginally eroding household purchasing power, particularly among poor and vulnerable groups. Between October and December 2025, staple cereal prices are expected to trend above seasonal averages due to reduced stocks in rain-deficit areas where the 2025 Gu season production was poor or below average. This will coincide with increased reliance on market purchases, further straining household food access.

Due to anticipated low to medium calving rates and below-baseline livestock herd sizes, milk production and livestock sales are expected to remain below average throughout the projection period. As a result, household access to food and income from livestock-related sources will be significantly reduced. Additionally, green cereal and cowpea harvests

from the Deyr season are not expected to be available for consumption during the October–December 2025 period due to anticipated late planting, poor seed germination, and retarded crop development, driven by forecasted below-average and erratic Deyr rainfall, severe soil moisture stress and pest infestations. Consequently, household cereal stocks will remain limited or depleted, and agricultural labor opportunities and income will be below normal. These factors will constrain both food availability and economic access to food. As a result, Phase 3 outcomes are expected to be sustained or deteriorate in the central agropastoral (Cowpea Belt), southern agropastoral of Hiiraan, and crop-dependent agropastoral livelihood zones, including the Sorghum High Potential and Bay-Bakool Low Potential agropastoral zones. Households in these areas are likely to experience reduced food consumption, poor dietary diversity, and increased use of negative coping strategies, heightening the risk of acute malnutrition and food insecurity. The combination of elevated food prices and diminished income sources will likely constrain households' economic access to food, contributing to a deterioration in food consumption patterns and increasing the risk of households facing Stressed Phase 2 or Phase 3 food insecurity outcomes.

In livestock-dependent agropastoral areas including the Southern Agropastoral and Southern Rainfed Agropastoral livelihood zones food security outcomes are expected to remain at Phase 2 levels. This is supported by relatively sustained near average livestock body conditions and market value, near-average pasture and water availability, and moderate kidding and lambing rates. Although calving rates are expected to be low, increased access to milk for both consumption and sale will improve household food and income sources.

In the Northwestern Agropastoral livelihood zones, a significant crop failure or extremely poor Gu/Karan harvest is anticipated in November 2025, amounting to just 7 percent of the PET average for the 2010–2024 period. This shortfall is expected to deplete household cereal stocks, further deteriorating food availability and access, particularly for poor households who remain heavily reliant on market purchases. Income generated from crop fodder sales will likely be directed toward debt repayment, limiting households' ability to purchase food. Additionally, while the Deyr season is expected to bring low cattle births and low to moderate small ruminant births, resulting in some improvement in milk production and livestock herd size and value, these gains will not be sufficient to offset the broader food security challenges. Poor households with limited herd sizes and restricted market access are especially vulnerable. Many are expected to face food consumption gaps and resort to negative coping strategies. Consequently, access to adequate and nutritious food will remain constrained, and food insecurity is projected to persist at Phase 3 throughout the projection period.

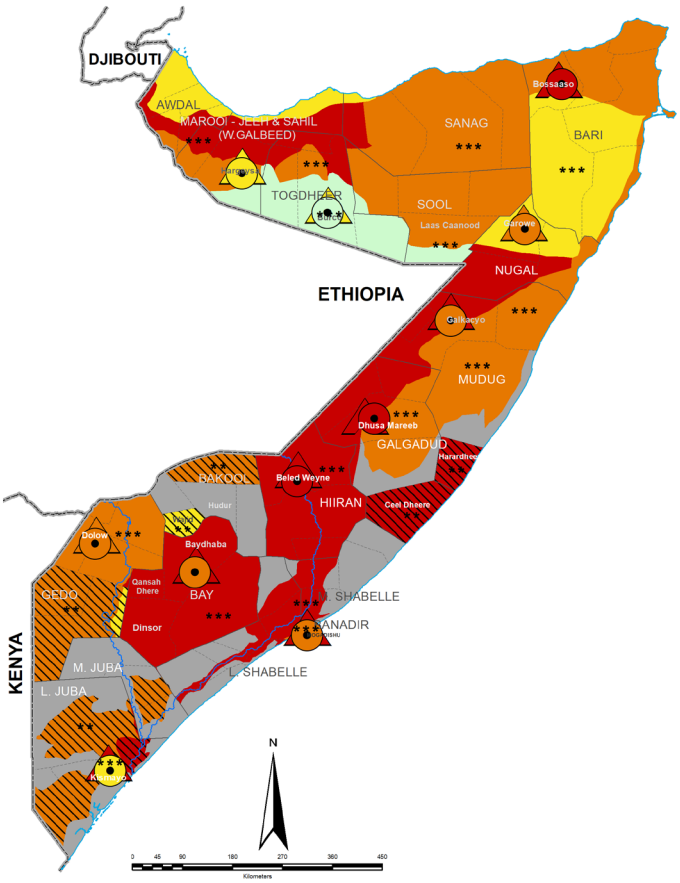
In the Togdheer Agropastoral Livelihood Zone, no new cropping activities are anticipated during the October to December 2025 Deyr season due to the onset of the cold season. However, ratoon cropping may occur in localised areas. Livestock reproduction is expected to remain below average, with low calving rates and medium to low kidding and lambing rates among small ruminants (goats and sheep). Although pasture and water availability may show some improvement, overall livestock body conditions and market value likely remain below seasonal norms. These factors are expected to moderate but not fully offset the deterioration in household food access. As a result, food security outcomes are projected to remain in Phase 3, with an increasing proportion of the population likely to face Phase 4 outcomes due to constrained access to food and income sources.

In Riverine areas, given the forecast for below-average October–December 2025 Deyr rainfall, the risk of flood-related crop damage is expected to be low. Households are likely to engage in Deyr season agricultural activities, including planting and first weeding, at typical levels. Income from agricultural labour will support food purchases, although labour opportunities and wage rates are expected to drastically decline in November and December due to erratic rainfall patterns and reduced access to irrigation water, discouraging continued farming activities. In response to declined purchasing power, high imported food prices and reduced labour income, households are likely to increase wild foods consumptions. As a result, Phase 3 outcomes are expected to persist during October and December 2025 in Riverine Pump Irrigation livelihood zones in Hiraan and Gedo, and Riverine Gravity Irrigation zones in Shabelle regions and Middle Juba. However, in Riverine Gravity Irrigation zones of Lower Juba regions, the combination of off-season harvests, ongoing recessional cultivation, access of agricultural labour income, and wild food consumption is expected to prevent more severe food insecurity, with poor households likely to sustain Phase 2 outcomes during the same period.

Between October and December 2025, IDPs in Somalia are projected to remain in Phase 3 due to a convergence of compounding vulnerabilities. The anticipated below-average Deyr rains in 2025 will severely disrupt the livelihood sources, leading to diminished benefits from rural livelihoods. Consequently, income from agriculture labor, livestock and livestock product sales will decline, especially for poor households. Labor opportunities will remain scarce, particularly in urban centers, and social support systems will remain overstretched. High food prices driven by poor harvests, limited carryover stocks, and elevated shipping costs will further erode purchasing power. Constrained humanitarian assistance due to funding shortfalls will leave many IDPs without adequate support. These factors, combined with ongoing conflict and forced evictions, continue to undermine coping capacities and exacerbate food insecurity among displaced populations.

Urban populations in Somalia are experiencing various levels of acute food insecurity, with many classified in Phase 2. Poor urban households are struggling to meet their basic food needs due to high food prices, reduced income opportunities, and limited access to social support, but are still able to avoid more severe outcomes through coping strategies. However, Urban areas in Central, Bay, Bakool, Nugal, Sanaag and Togdheer regions are affected by climate hazards and conflict related disruptions to markets and livelihoods, resulting in increased food consumption gaps and heightened vulnerability and will deteriorate to Phase 3 with some populations at risk of deteriorating into Phase 4.

ACUTE MALNUTRITION CURRENT MAP AND OVERVIEW (JUNE-SEPTEMBER 2025)



Key for the Map

IPC Acute Malnutrition Phase Classification

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

- Urban settlement classification
- IDPs/other settlements classification

Evidence Level

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

Overview

An estimated 1.85 million children aged 6 – 59 months are expected to suffer acute malnutrition and need urgent treatment between August 2025 and July 2026. This includes approximately 421,000 cases of children likely to suffer Severe Acute Malnutrition (SAM), and 1.43 million children likely to suffer Moderate Acute Malnutrition (MAM). Notably, around 65 percent of the total acute malnutrition burden is concentrated in southern Somalia. Compared to the same season last year, the estimated burden represents a 12 and 5 percent increase for GAM and SAM respectively.

Regarding the severity of the acute malnutrition situation, between June and September 2025, out of the 47 analysed areas, 18 are classified in IPC AMN Phase 4 (Critical). These include IDPs in Bossaso (Bari), Galkacyo (Mudug), Mogadishu (Banadir), Baidoa (Bay), Kismayo (Lower Juba), Dhusa Mareeb (Galgadud). Urban populations in Bossaso, Dhusa Mareeb and Beled Weyne towns are also classified in IPC AMN Phase 4 as well as some rural areas of Beled Weyne rural (riverine and agropastoral), Shabelle riverine, Shabelle agropastoral, Bay agropastoral, West Golis pastoral and Hawd pastoral of Central regions, all of which were assessed based on Weight-for-Height z-scores. Other areas in Phase 4 include the Juba riverine, and Harardhere and Ceel Dheere districts, analysed using GAM based on MUAC, and Jalalasqi and Buloburte districts, classified employing the IPC AMN protocols for extrapolating data from similar areas. Moreover, a total of 19 population groups are classified in IPC AMN Phase 3 (Serious). This includes 12 rural populations, namely, Agropastoral of Northwest, Northern Inland pastoral of Northwest, East Golis pastoral (Sanag and Bari), Coastal Deeh pastoral of Northeast, Addun pastoral, Bakool Southern inland pastoral (Elberde), North Gedo pastoral – SIP, North Gedo riverine, South Gedo pastoral, South Gedo riverine and Juba cattle pastoral. Additionally, five urban populations in Galkacyo, Mogadishu, and Dolow, and two IDPs settlements in Garowe and Dolow are facing Serious (IPC AMN Phase 3) levels of acute malnutrition.

A comparative statistical analysis of the GAM prevalence based on WHZ from 2025 Post Gu surveys and the results from the same season as last year indicated a significant ($P<0.05$) deterioration of the acute malnutrition situation in eight areas. These include IDPs in Baidoa (Bay), Garowe, Dhusa Mareeb, Bosasso, and Beledweyne Urban/IDPs. Among

the rural population, the areas in West Golis pastoral in Northwest, Addun pastoral and Beletweyne district (Riverine and Agropastoral) also experience an increase in the levels of acute malnutrition. However, levels of acute malnutrition among the IDP population in Burao town have significantly improved in comparison to 2024 Gu results due to improved food access and high coverage of health and nutrition services.

Contributing Factors to Acute Malnutrition

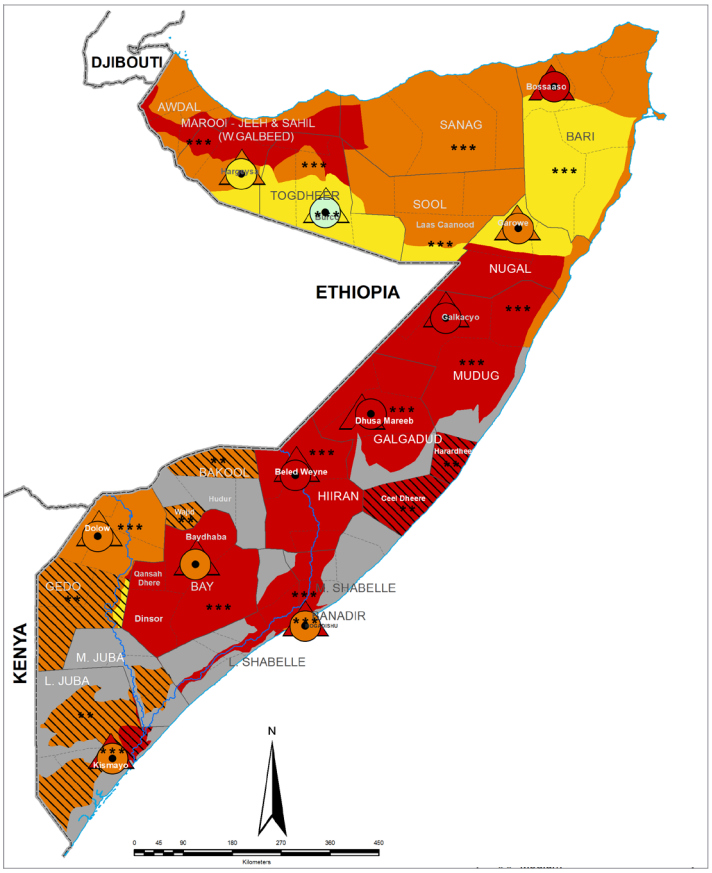
High disease burden: out of the 43 population groups assessed, 26 recorded a high morbidity prevalence, above 20 percent, with highest prevalence of more than 30 percent observed among the rural population in Bay agropastoral (35.2 percent), Shabelle riverine (35.2 percent), and Shabelle Agropastoral (32.7 percent) as well as for the IDPs in Baidoa (30.9 percent) and in Galkacyo urban population (30.9 percent). Fever/ suspected malaria, cough (proxy of Acute Respiratory Infections), and diarrhea are the most prevalent (generally above 10 percent) childhood illnesses reported. Additionally, outbreaks of acute watery diarrhea, cholera, measles, and diphtheria remain active in Southern and central areas.

Limited access to health and nutrition services: access to vitamin A supplementation and measles vaccination remain below recommended thresholds of 80 percent coverage in many of the assessed areas. Measles immunisation status is recorded to be limited (less than 50 percent coverage) among Mogadishu IDPs (23.7 percent), in the rural populations of Shabelle agropastoral (32.7 percent), and Bay agropastoral (35.2 percent). Vitamin A supplementary status was equally low, with seven of the assessed population recording a coverage of less than 50 percent. The limited availability of essential health and nutrition services in these areas heightens the risk of acute malnutrition for their population.

Poor Water Sanitation and Hygiene (WASH) services: access to safe drinking water and sanitation facilities remain inadequate, especially among the rural population where median access to safe water and sanitation facilities is 43.5 percent and 58 percent respectively. While, according to the FSNAU June to July 2025 surveys, the median prevalence of households accessing improved sources of water, reach 84 percent, ten areas record a coverage of less than fifty percent. The median prevalence of the population accessing basic sanitation facilities was 91 percent, with seven of the assessed areas (West Golis pastoral, Northwest Agropastoral, Hawd pastoral of Northwest, Coastal Deeh pastoral, Garowe IDPs, Bay Agropastoral and North Gedo pastoral) recording coverage of less than fifty percent. Poor WASH conditions correlate to a high prevalence of acute watery diarrhea and recurrent cholera outbreaks, adversely affecting nutrition outcomes. Furthermore, frequent flooding during rainy seasons continues to damage sanitation facilities while contaminating open water sources with human waste, exposing many communities to waterborne diseases.

Suboptimal infant and young children caring and feeding practices: childcare and feeding practices indicators continue to remain suboptimal across the country, constituting an additional high-risk factor for acute malnutrition. According to FSNAU 2025 Post-Gu assessment, median prevalence among the children assessed that met the threshold for Minimum Acceptable Diet (MAD), was only 1.4 percent, while median prevalence among children that met minimum dietary diversity and minimum meal frequency thresholds were 2.8 and 47.8 percent, respectively.

ACUTE MALNUTRITION PROJECTION MAP AND POPULATION TABLE (OCTOBER-DECEMBER 2025)



Key for the Map

IPC Acute Malnutrition Phase Classification

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

- Urban settlement classification
- IDPs/other settlements classification

Evidence Level

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

Acute malnutrition projection population table: August 2025-July 2026

Region	Children 6-59 months	No. of Children (6-59 Months) in Need of Treatment		
		MAM	SAM	GAM
Awdal	131,179	42,650	10,480	53,130
Bakool	112,053	42,460	22,660	65,120
Banadir	652,426	279,250	60,390	339,640
Bari	254,110	82,620	23,800	106,420
Bay	257,357	127,730	77,190	204,920
Galgaduud	167,584	64,360	15,930	80,290
Gedo	201,185	65,630	9,340	74,970
Hiraan	104,103	50,410	20,430	70,840
Mudug	303,207	122,360	32,110	154,470
Nugaal	130,293	40,500	9,380	49,880
Sanaag	88,407	22,250	3,800	26,050
Sool	113,210	23,820	4,510	28,330
Togdheer	177,490	35,000	13,010	48,010
Woqooyi Galbeed	298,501	81,500	24,540	106,040
Middle Shabelle	208,975	88,390	22,450	110,840
Lower Shabelle	328,533	147,800	35,120	182,920
Middle Juba	88,701	28,980	9,580	38,560
Lower Juba	238,855	81,950	26,010	107,960
Total	**3,856,170**	**1,427,660**	**420,730**	**1,848,390**

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 2025 is estimated at 19,280,850, 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 June and July 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 liveli¬hoods and an average median GAM prevalence is used for regions crosscut by more than one livelihood zone.

ACUTE MALNUTRITION PROJECTION OVERVIEW (OCTOBER-DECEMBER 2025)

Between October and December 2025, a period characterised by a spike in disease outbreaks and reduced food access, acute malnutrition is expected to worsen in 19 of the 47 analysed areas. In seven areas, the nutrition situation is expected to progressively deteriorate towards a higher AMN Phase compared to the current situation. This includes the areas of Galkacyo urban and Addun pastoral (deteriorating from IPC AMN Phase 3 to 4), Guban Pastoral, Kismayo urban, Hargeisa IDP and Wajiid deteriorating from IPC AMN Phase 2 to 3 and Hawd Pastoral of Northwest from IPC AMN Phase 1 to 2. In the other 13 areas, the situation is expected to deteriorate, but to remain within the same phase as the current period of analysis. This includes eight areas in Phase 4, namely Hawd Pastoral of Central, Galkacyo IDPs (Mudug), Shabelle Riverine, Shabelle Agropastoral, Mogadishu IDPs (Banadir), Bay Agropastoral, Kismayu IDPs (L. Juba), Harardhere and Ceeldheere. The other areas are East Golis pastoral, Coastal Deeh and North Gedo Pastoral are likely to remain within the current Phase 3, while Northern Inland Pastoral of Northeast will likely remain within Phase 2.

In addition to worsening food insecurity, the deterioration in acute malnutrition is largely attributed to the expected progressive scale down of humanitarian and social protection programs due to limited funding. As a result, this will likely lead to reduced health and nutrition services that are crucial to prevent or manage acute malnutrition, especially among the displaced population that heavily rely on these supports. Additionally, reduced food availability and access due to high food prices and reduced green harvest from below-average forecasted Deyr rains is expected to worsen the acute malnutrition situation. Besides, a seasonal increase in disease prevalence and the ongoing and potential new disease outbreaks during the wet Deyr season are also expected to significantly exacerbate acute malnutrition. Access to safe drinking water and sanitation facilities is also expected to decline during the rainy season, heightening the risk of disease. Furthermore, the coverage of humanitarian and essential health and nutrition services is also expected to decline due to inaccessible roads during the wet season, further aggravating the risks of acute malnutrition. Equally, persistent sub-optimal child feeding and care practices will continue worsening acute malnutrition.

Key Assumptions

- Underfunding is expected to lead to service suspensions, reduced outreach, and pipeline breaks in key nutrition supplies, with disproportionate effects in northwest, northeast, and rural areas.
- TSFP/BSFP coverage is likely to remain limited to high-GAM districts, while poverty, high prices are expected to persist, eroding the household livelihoods, leading to poor IYCF practices.
- Recurrent disease outbreaks are anticipated, with low vaccination coverage, poor health access, and inadequate WASH sustaining a high burden of infections and diarrheal disease.
- Climatic shocks, conflict-related displacement, poor living conditions, and limited humanitarian and other essential services access in rural areas are expected to continue driving population movements and overstretching urban services.
- Riverine flooding and Deyr rainfall are expected to disrupt service delivery and further worsen food security and nutrition outcomes.
- Gender barriers, GBV, and systemic underinvestment in health and nutrition systems are likely to continue undermining childcare practices and the provision of basic services

NUTRITION SITUATION BY POPULATION GROUPS

Rural Population

Of the estimated 1.85 million cases of children in need of treatment for acute malnutrition, 55percent come from the rural populations.

There were 16 SMART surveys conducted among the rural population. The acute malnutrition prevalence for these surveys ranged from 4.2 percent in Northwest Hawd Pastoral to 18.8 percent in both West Golis and Beletweyne District. The median acute malnutrition prevalence among rural populations is 13.4 percent indicating a sustained Serious (IPC AMN Phase 3) situation since Gu 2024 but reflecting a deteriorating trend when compared with Median GAM prevalence of 10.2 percent recorded in Gu 2024. Besides SMART surveys, eight rural populations were assessed through MUAC screening, and GAM by MUAC ranges from 6.4 percent in Juba Cattle pastoral to 15.8 percent in Juba Riverine. On severity of acute malnutrition, Phase 4 was recorded in 10 out of 26 analysed rural populations. These include, West Golis Pastoral, Hawd Pastoral of Central, Beletweyne District (Riverine& Agropastoral), Shabelle Riverine, Shabelle Agropastoral, Bay Agropastoral, Juba riverine, Xarardhere and Ceeldheere districts, Jalalasqui and Buluburte districts. In addition, a Phase 3 situation was classified among 11 rural population groups. These include Northwest agropastoral, Northern Inland Pastoral of Northwest, East Golis, Costal Deeh pastoral, Addun pastoral, North Gedo pastoral and Riverine, South Gedo pastoral and Riverine, Juba cattle pastoral and Southern Inland pastoral of Elberde district.

Deterioration in level of acute malnutrition is projected in 13 out of the 26 analysed rural areas, resulting to a worse Phase compared to the current classification in four areas, that include Guban pastoral (Phase 2 to 3)Hawd of Northwest pastoral (Phase 1 to 2) , Addun pastoral (Phase 3 to 4) and Wajid district (Phase 2 to 3) while in the other six areas deterioration will be within current phase.

Rural populations with Phase 4 malnutrition are expected to increase from 10 to 11 areas, namely: West Golis Pastoral, Hawd Pastoral of Central, Addun Pastoral, Beletweyne District (Riverine& AP), Shabelle Riverine, Shabelle Agropastoral, Bay Agropastoral, Juba Riverine, Xarardhere and Ceeldheere and Jalalasqsi and Buluburte. Phase 3 is expected in 12 population groups, namely Guban Pastoral, Northwest Agropastoral, Northern Inland Pastoral of Northwest, East Golis Pastoral, Coastal Deeh Pastoral of Northeast, North Gedo Pastoral, North Gedo Riverine, Juba Cattle Pastoral, South Gedo Pastoral, South Gedo Riverine, Waajid and Elberde Southern inland Pastoral. Only three rural livelihoods, namely, Hawd pastoral of northwest, northern inland pastoral of northeast and South Gedo Agropastoral are likely to be at Phase 2 during the projected period.

Urban Population

Approximately 19 percent of the estimated number of cases of children in need of treatment for acute malnutrition come from the urban population. The overall median prevalence of GAM based on WHZ among the 11 population groups assessed in the 2025 Gu survey was at 12.9 percent, indicating Phase 3, which remains similar to the median GAM prevalence of 11.8 percent observed in the same period in 2024. However, the severity of the wasting levels varied across urban locations. Three out of the 11 areas were classified as Phase 4, including urban populations in Bosaso (Bari), Dhusamareeb (Galgadud), and Beletweyne Urban/IDPs (Hiran). For the urban population in Garowe (Nugaal), Galkacyo (Mudug), Mogadishu (Banadir), Baidoa (Bay), and Dolow (Gedo), the situation was classified as Phase 3. Hargeisa (W. Galbeed) and Kismayo (Lower Juba) urban were classified as Phase 2, while Burao (Togdheer) was classified as Phase 1.

Morbidity remains a key driving factor of acute malnutrition among the urban population, with a high disease prevalence above 20 percent recorded in 5 out of 11 assessed groups. The highest morbidity levels were reported in Galkacyo (30.9 percent) and Baidoa (25.9 percent). Additionally, only 2 percent of the assessed children from urban population met minimum acceptable diets. However, measles vaccination and Vitamin A supplementation coverage were generally good across most urban populations, except in Bosasso and Mogadishu, which recorded the lowest levels, at below 65 percent. High coverage of the essential health services is a mitigating factor to acute malnutrition in this specific context.

For the projection period (October-December 2025), the acute malnutrition situation is expected to worsen to a higher phase compared to the current classification in two areas— Galkacyo urban (Phase 3 to 4) and Kismayu urban— (Phase 2 to 3). In Bosasso and Beletwyne urbans, acute malnutrition is likely to improve but remain at Phase 4. Six out of the 11 assessed urban areas, namely Burao, Garowe, Dhusamareeb, Mogadishu, Baidoa, and Dolow, are expected to remain in

their current classification. The anticipated deterioration is linked to persistent poor child feeding practices, reduced food access due to high food prices, and increased disease burden during the wet season.

Internally Displaced Populations (IDPs)

The IDPs accounts for 25.7 percent of the country's estimated cases of children in need of treatment for acute malnutrition. The median GAM prevalence among the assessed IDP populations is 15.7 percent indicating Phase 4 and a deterioration from Phase 3 (Median GAM of 14.7 percent) recorded in Gu 2024.

Generally, IDP populations have experienced the majority of the acute malnutrition burden in Somalia since 2019. The most severe GAM prevalence in the Gu 2025 season was observed among IDPs in Galkayo (24.8 percent), Bosaso (24.2 percent), Dhusamareeb (20.7 percent), and Baidoa (20.7 percent). In the current analysis, Phase 4 was recorded in 6 out of 10 IDP populations assessed; more specifically IDPs in Galkayo, Bosaso, Mogadishu, Dhusamareeb, Baidoa, and Kismayo. Additionally, Phase 3 was recorded among IDPs in Garowe in Nugaal and Dolow in Gedo while IDPs in Hargeisa and Burao are classified in Phase 2. These findings highlight the ongoing vulnerability of IDP populations to acute malnutrition—largely attributed to inadequate food consumption in terms of both frequency and diversity, alongside persistent food insecurity (IPC AFI Phase 3 or above). Additionally, high disease prevalence is a significant risk factor, with 23.4 percent of the assessed IDPs' children reported to have been sick two weeks prior to the assessment. The overall disease prevalence was above 20 percent in 8 out of the 10 IDP population groups, with the highest disease prevalence (41.3 percent) recorded among IDPs in Baidoa. The coverage of measles vaccination and vitamin A supplementation, an important mitigating factor to malnutrition, is reported as low and below SPHPRE standards (at least 95 percent) in all assessed populations.

During the projection period (October- December 2025), acute malnutrition is expected to deteriorate in 4 of the 10 IDP populations analysed, without a change of phase for the IDPs in Galkacyo (Mudug), Mogadishu (Banadir) and Kismayu (L. Juba). In Hargeisa, the acute malnutrition classification is projected to deteriorate from Phase 2 to Phase 3. The remaining six areas are expected to present a similar classification as in the current period of analysis, (Phase 4).

The deterioration is largely linked to reduced food access due to declining humanitarian assistance from funding constraints, increased food prices, and disease burden during the wet season.

Trend of acute malnutrition in vulnerable population groups

Somalia remains highly vulnerable to acute malnutrition. Ten of the 47 assessed population groups, based on SMART surveys have been persistently classified in Phase 4 for at least three out of the past five Gu seasons (2021-2025). This includes Galkacyo and Mogadishu IDP settlements, which have remained in Phase 4 since Gu 2021. Additionally, Bossaso IDPs, and North Gedo riverine and Kismayo IDP populations have been in Phase 4 in four out of five seasons while Bosasso urban, Hawd pastoral of Northeast, Shabelle riverine and Baidoa IDPs have been classified in Phase 4 in three of the past five Gu seasons.

Disease prevalence among these populations has consistently remained high (>20 percent), making morbidity one of the significant risk factors for high levels of acute malnutrition. In addition, inadequate food access is also a significant factor driving high acute malnutrition, with acute food insecurity in these areas largely being IPC AFI Phase 3 (Crisis) 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 has 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

Out of the 47 areas analysed, 10 areas present two phase differences between the Acute Malnutrition (AMN) and Acute Food Insecurity (AFI) classification results. Nine areas reported an AMN classification higher than AFI. These include, West Golis pastoral, Bosaso urban, Beletweyne riverine/agropastoral, Shabelle agropastoral, Mogadishu urban, Juba riverine, Jalaqsi and Buloburte). On the contrary, Hawd pastoral of northwest reported the AFI area classification to be two phases higher than the AMN classification. Divergence is defined as a difference of at least two or more phases between AFI and AMN. Factors leading to divergence among these population groups include:

1. Poor child feeding and caring practices with inadequate dietary intake both in urban and rural areas
2. Limited access to clean water sources and sanitation facilities in rural areas
3. Low vaccination coverage in rural areas
4. Childhood illness and outbreaks such as AWD/cholera, diphtheria, measles
5. Limited access to health and nutrition services in the rural areas
6. Reduction of nutrition sites due to funding cuts and poor integration of programs (Nutrition, Health, WASH and Food Security)

Area of Analysis	AMN Phase Current (Jun- Sep)	AMN Phase Projection (Oct-Dec)	AFI Phase Current (Jun- Sep)	AFI Phase Projection (Oct- Dec)	Divergence
West Golis Pastoral	4	4	2	2	2
Hawd Pastoral of Northwest	1	2	3	3	2
Bosasso Urban	4	4	2	2	2
Beletweyne Rural (Riverine and AP)	4	4	2	3	2
Shabelle Agropastoral	4	4	2	2	2
Mogadishu Urban	3	3	1	2	2
Juba Riverine	4	4	2	2	2
Jubba cattle pastoral	3	3	1	1	2
Jalalqsi	4	4	2	3	2
Buloburte	4	4	2	3	2

West Gollis Pastoral: Between 2021 and 2024, acute malnutrition outcomes in West Gollis Pastoral of the northwest consistently remained in IPC AMN Phase 3 (Serious) during the post-Gu seasons, with IPC AMN Phase 4 (Critical) classified in 2023 and 2025.The significant deterioration of acute malnutrition in this season is partly explained by the influx of malnourished children from neighboring drought-affected Guban Pastoral. In contrast, acute food insecurity outcomes have remained relatively stable, classified in IPC AFI Phase 2 (Stressed). Household food access indicators, including HDDS, FCS, HHS, and rCSI, are within acceptable thresholds, suggesting that most households are able to meet minimum food needs. However, this mask severe challenges in child nutrition and care practices. Infant and young child feeding patterns are extremely poor: no children met the Minimum Dietary Diversity (MDD) or Minimum Acceptable Diet (MAD) while only 45.2 percent met minimum meal frequency requirements. This points to serious intra-household food distribution and utilisation challenges, whereby children are not accessing the diversity and adequacy of diets necessary for healthy growth. Continued breastfeeding among children aged 12–23 months was reported at 61 percent. Preventive health coverage shows mixed progress: measles vaccination coverage is 76 percent, polio coverage is 87 percent, and vitamin A supplementation stands at 58 percent. Access to safe drinking water stands at 66 percent, but sanitation coverage is below 50 percent, meaning nearly half of households lack adequate sanitation facilities. This increases vulnerability to infections and contributes to persistently high malnutrition levels. Humanitarian assistance coverage remains inadequate, 17 percent of households reported receiving cash assistance, limiting the extent to which food access gaps could be addressed through external support. Nutrition service coverage is particularly concerning, with SAM treatment coverage at just 39 percent and no services available for MAM treatment, leaving large numbers of moderately malnourished children without appropriate care. The deterioration is being driven by poor infant and young child feeding practices, limited access to nutrition services, inadequate WASH coverage, and population movements from drought-affected neighboring areas, which together have strained already limited local resources and services.

Hawd Pastoral of Northwest: Historically, acute malnutrition levels were reported between IPC AMN Phase 2 (Alert) and IPC AMN Phase 3 (Serious) during the Gu seasons between 2021 and 2024. In 2025, the nutrition situation improved to IPC AMN Phase 1 (Acceptable), representing the lowest GAM levels recorded in recent years. Continued breastfeeding among children aged 12–23 months was recorded at 42 percent, the timely introduction of complementary foods for infants aged 6–8 months increased from 62 percent in 2024 to 100 percent in 2025. Household food access is significantly limited, with 31 percent of households experiencing moderate to severe hunger, 66 percent reporting poor or borderline Food Consumption Scores (FCS), and 39 percent resorting to elevated rCSI coping strategies. Ongoing drought is the main threat to household food security, forcing negative coping strategies and meal prioritization for young children. Childhood morbidities prevalence was low, while vaccination coverage for measles and polio were optimal at 86 and 96 percent however, vitamin A supplementation was low at 52 percent. Sanitation access has improved from 4 percent in 2024 to 43 percent in 2025, reducing disease risks, though safe drinking water access stayed very low at 11 percent, sustaining vulnerability to waterborne illnesses and limiting health progress. Humanitarian assistance was instrumental in supporting affected communities. Cash transfers benefited 28 percent of households, while nutrition program coverage was optimal, SAM at 106 percent and MAM treatment at 54 percent as of July 2025. Improvements in malnutrition outcomes are primarily attributed to reduced disease burden, enhanced access to nutrition services, and cash-based interventions. Overall, the acceptable level (Phase 1) of acute malnutrition is attributed to the improvement of access to health and nutrition services and access to sanitation with no disease outbreaks reported.

Shabelle Agropastoral: Historically, this population has been reporting between IPC AMN Phase 3 (Serious) and IPC AMN Phase 4 (Critical) during Gu season. In 2025, IPC AMN Phase 4 (Critical) was recorded showing a deterioration compared to last season. Meanwhile, acute food insecurity improved from IPC AFI Phase 3 (Crisis) in 2022–2023 to IPC AFI Phase 2 (Stressed) in 2024–2025. In 2025, at household level, the food dimensions were relatively acceptable for HDDS, and FCS, strategies. An estimated 30 percent of households were experiencing moderate hunger (Phase 3), with 27 percent of the population using negative coping strategies for food. Only 6 percent of children aged 6-23 months met dietary diversity and 1.5 percent met minimum acceptable diet, while meal frequency was 22 percent, indicating issues with how food is shared and used within households. Although enough food is available, many children miss out on its nutritional benefits, likely due to caregivers lacking knowledge about dietary variety and nutritious meal preparation. Additionally, 57 percent of children aged 12–23 months were breastfed, and the introduction of solid and semi-solid foods was optimal. Morbidity prevalence increased to 32.7 percent from 25.2 percent in the same period of 2024. Malaria was highest at 28.9 percent, followed by ARI (9.4 percent), diarrhea (6.3 percent), cholera (435 cases), and measles (2.2 percent) with low immunization coverage—measles vaccination at 37.8 percent, polio 50 percent and vitamin A at 22.9 percent, all below recommended thresholds. Regarding WASH, 83 percent of households accessed improved drinking water sources and 69 percent had sanitation facilities. Humanitarian cash assistance was low at 12 percent while this livelihood has faced significant reductions of nutrition program sites due to funding cuts, hence impacting access to services among the rural populations. Critical levels of malnutrition are attributed to high childhood morbidities, poor child feeding practices and low vaccination coverage and reduction of nutrition treatment sites.

Bossaso urban: This population has been reporting IPC AMN Phase 4 (Critical) to IPC AMN Phase 3 (Serious) since 2021. It is currently in IPC AMN Phase 4 (Critical). Acute food insecurity has historically been in IPC AFI Phase 2 (Stressed) with the exception of 2024, where it was classified in IPC AFI Phase 3 (Crisis). Bossaso urban has reported extremely low child feeding indicators for children aged 6-23 months, with MDD 3 percent, MAD 0 percent and MFF 27 percent, which signifies extremely poor dietary diversity. Such nutritional inadequacies contribute to poor growth and development making the children highly vulnerable to malnutrition. In contrast to household food dimensions that has reported rCSI 1 percent, HHS 2 percent, FCS 6 percent, but HDDS 26 percent reveals nutritional vulnerability among the households. These stark contrast between child feeding patterns and household food dimensions reveals poor intrahousehold food distribution and utilisation. Approximately 82 percent of the children (6-8 months) were introduced to food in a timely way while only 37.8 percent of the children aged 12-23 months continued to be breastfed with the majority missing the overall benefits of breastmilk. Overall morbidity of childhood illness was 21 percent and increased compared to last similar season with malaria/fever 17 percent, acute respiratory infections and diarrhea at 10 percent. Vaccination coverage for measles and polio at 58 percent and 73 percent respectively which are below the recommended thresholds of 95 percent to prevent outbreaks with Vitamin A supplementation coverage at 53 percent. Households have extremely well coverage for access to clean water and sanitation facilities. Eighteen percent of the families received humanitarian cash assistance while nutrition service coverage as of July was 53 percent SAM and MAM 40 percent which is optimal. The major drivers for acute malnutrition are poor child feeding practices and childhood morbidities and low vaccination coverage.

Mogadishu Urban: Since Gu 2020, acute malnutrition in Mogadishu urban has consistently been classified as IPC AMN Phase 3 (Serious) with 2025 being in the same phase. Food insecurity has generally remained in IPC AFI Phase 2 (Stressed) since Gu 2020, though the most recent season in 2025 showed improvement, shifting from IPC AFI Phase 2 (Stressed) to IPC AFI Phase 1 (None/minimal). The serious levels of acute malnutrition are mainly driven by factors such as inadequate dietary intake among children under five with only 2.8 percent meeting dietary diversity, while meal frequency was at 57 percent within a 24-hour period. While food security has improved to acceptable levels with Household Hunger Scale (HHS) at 10 percent, with reduced Coping Strategy Index (rCSI) at 2 percent, this is not translating into improved child nutrition with feeding patterns at extremely low levels. Minimum Acceptable Diet (MAD) is 2.2 percent and Minimum Dietary Diversity (MDD) 2.8 percent, with Minimum Meal Frequency (MMF) 57 percent. This highlights a significant intra-household distribution and utilisation issue. In health services, routine vaccination of measles (84 percent) and polio (79 percent) remains below the recommended threshold of >95 percent to prevent outbreaks. Supplementation of vitamin A is extremely low at 23 percent. Currently, a diphtheria outbreak has been reported in Mogadishu. Common childhood illness prevalence of acute respiratory infections (ARI) and diarrhea remains relatively low, with exception of malaria/fever being high at 23.3 percent. In terms of humanitarian support, the number of nutrition sites remains optimal compared to 2024. WASH services in Mogadishu Urban were optimal (>95 percent), reducing exposure to waterborne diseases and providing a protective factor against acute malnutrition. The main driver of malnutrition in this group is child feeding practices and diphtheria outbreaks reported.

Beletweyne Rural (Riverine and Agropastoral): Since the Gu 2022 season, Beletweyne District (Riverine and Agropastoral livelihood zones) has consistently faced IPC AMN Phase 4 (Critical)—except during Gu 2024, when the situation temporarily improved to IPC AMN Phase 3 (Serious). However, in 2025, malnutrition levels had again deteriorated to IPC AMN Phase 4 (Critical). In terms of food security, the district has largely remained in IPC AFI Phase 3 (Crisis) since Gu 2022, with some improvement to IPC AFI Phase 2 (Stressed) reported in Gu 2025. The persistently high rates of acute malnutrition are primarily driven by inadequate dietary intake among children under five. Despite recent improvements in household food security to IPC AFI Phase 2 (Stressed), significant challenges remain. One in three households (33 percent) reported hunger, based on the Household Hunger Scale (HHS). Poor infant and young child feeding practices are a major concern: only 3.5 percent of children meet the Minimum Dietary Diversity threshold, and none have received a Minimum Acceptable Diet. Continued breastfeeding is also limited, with only 44.6 percent of children aged 12–23 months still breastfed. The overall burden of morbidity among children is relatively low, with fewer than 5 percent affected. However, outbreaks of measles and cholera pose a significant threat, as they reduce food intake, impair nutrient absorption, and sharply increase the risk of acute malnutrition. Vaccination coverage for measles (82 percent) and polio (88 percent) with vitamin A at 87 percent, which shows optimal access although below the thresholds to prevent outbreaks. Access to improved sources of water is low with only 50 percent of the households consuming clean water while sanitation coverage is 94 percent. Even with high sanitation access, the limited access to improved water undermines health and nutrition by increasing the risk of acute watery diarrhea and other communicable diseases, further compromising child nutrition. Humanitarian support for this livelihood has been low 6 percent of the population receives cash assistance nutrition programs have been reduced since the beginning of the year from 23 sites in January to 13 sites in July.

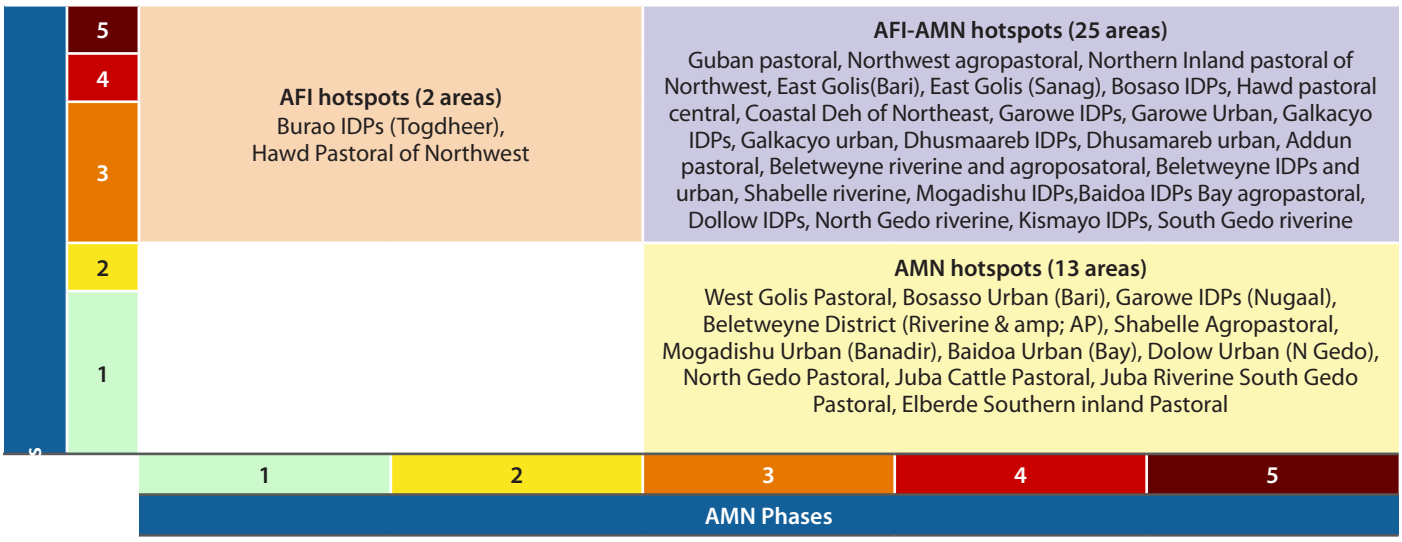
Buloburte District: In 2025 Gu season, acute malnutrition levels were at IPC AMN Phase 4 (Critical), and acute food insecurity levels were IPC AFI Phase 2 (Stressed) among the urban populations. IPC AMN Phase 3 (Serious) was recorded among IDPs. The district is currently hosting displaced families from areas of Moqokori and Mahas, where there are active ongoing conflict and insecurity. Childhood morbidities have increased during this season (May-July) with acute respiratory infections being the highest reported morbidity at 861 cases up from 500 cases same period in 2024. There were 204 cases of AWD/cholera, with 41 cases of bloody diarrhoea (shigellosis). Routine vaccination coverage for measles and polio was optimal for the first half of 2025 while Vitamin A supplementation extremely low at 11 percent. Continued breastfeeding among children 12-23 months was at 43.5 percent, revealing nearly half of the children miss out on the benefits of breastmilk within this age group, while 63 percent of infants aged 6-8 months were timely introduced to feeding of solid and semi-solid foods. In relation to WASH, only 54 percent had access to improved sources of drinking water which is linked with the cases of AWD and shigellosis reported while directly impacting the nutritional status of children 6-59 months, Majority, 90 percent of the households reported to have sanitation facilities. Humanitarian support in terms of cash assistance has been significant in the district but there have been challenges in the treatment of acute malnutrition with the reduction of SAM treatment sites by half from four sites to two, while treatment for moderate acute malnutrition was absent for nearly three months leading to less reach for malnourished children. In addition, there was a complete absence of blanket supplementary programs from the beginning of the year.

Jalalqsi District: During this season, Critical levels of acute malnutrition (IPC AMN Phase 4), with Stressed (IPC AFI Phase 2) levels of food insecurity among the urban populations and serious (IPC AMN Phase 3) among the internally displaced communities were reported. The district is currently hosting displaced families from areas of Moqokori and Mahas, where there is active ongoing conflict and insecurity.The district reported 276 cases of acute respiratory infections,283 cases of acute watery diarhoea and 10 cases of bloody diarhoea. Routine vaccination coverage of measles remains extremely low at 29 percent, while polio is at 65 percent, these are below the recommended thresholds to prevent vaccine preventable disease outbreaks among children. Provision of Vit A supplementation to young children is crucial in reducing malnutrition related morbidity and mortality is extremely low at 9 percent in this district. Access to health and nutrition services continue to be extremely limited with one site providing nutrition treatment support for the severe cases of acute malnutrition while there is significant gaps in the treatment of moderately malnourished children. This has led to heightened vulnerability among malnourished children. At the same time, households have benefited from optimal levels of cash assistance, which has temporarily improved food access and helped mitigate the worst impacts of food insecurity. However, while cash transfers have strengthened short-term coping capacity, their positive impact is undermined by persistent gaps in nutrition and health service coverage.

Juba Riverine: Historically, Juba riverine livelihood has been constantly reporting acute malnutrition levels at IPC AMN Phase 4 (Critical), while acute food insecurity has historically been reporting between IPC AFI Phase 3 (Crisis) to IPC AFI Phase 2 (Stressed) levels with 2025 GU season at IPC AFI Phase 2 (Stressed). Despite acceptable levels of HDDS and FCS, 33 percent of the households employed negative coping strategies, 30 percent experienced moderate hunger. Although food security outcomes appear somewhat stable, underlying food access challenges and inadequate diet quality at the household level continue to compromise nutritional outcomes. While the reported prevalence of childhood illnesses such as diarrhea, malaria, and acute respiratory infections (ARI) is relatively low (all <10 percent), these figures are based solely on assessed populations. A significant proportion of the riverine communities remains unassessed, raising concerns about their vulnerabilities. Health services remain sub-optimal with measles and polio vaccination at 27 percent, to prevent outbreaks of vaccine preventable diseases, and vitamin A supplementation coverage was at 2.0 percent. These gaps pose a substantial risk of disease outbreaks and further impair child nutritional status by limiting immunity and increasing susceptibility to infections. Access to health and nutrition services remains severely limited across the riverine populations which continues to hinder positive child outcomes and is further hampered by insecurity challenges. The limited reach and functionality of services undermine efforts to prevent and treat acute malnutrition effectively. Despite 62 percent of households receiving cash assistance, its impact on nutritional outcomes remains minimal. There is an urgent need to scale up lifesaving health and nutrition interventions and strengthen multisectoral programming integrated programming.

Hotspots

There were 25 areas reported as hotspots, with classifications of IPC Phase 3 or above for both AFI and AMN These are: Guban pastoral, Northwest agropastoral, Northern Inland pastoral of northwest, East Golis (Bari), East Golis (Sanag), Bosaso IDPs, Hawd pastoral central, Coastal Deh of Northeast, Garowe IDPs, Garowe Urban, Galkacyo IDPs, Galkacyo urban, Dhusmaareb IDPs, Dhusamareb urban, Addun pastoral, Beletweyne riverine and agropastoral, Beletweyne IDPs and urban, Shabelle riverine, Mogadishu IDPs, Baidoa IDPs, Bay agropastoral, Dollow IDPs, North Gedo riverine, Kismayo IDPs, South Gedo riverine.



THE ROLE OF HUMANITARIAN ASSISTANCE

Humanitarian assistance remains the critical lifeline in addressing acute food insecurity and malnutrition in Somalia. Due to severe funding cuts, the Somalia HNRP 2025 (only 20.2 percent funded as of 21 September 2025), has been re-prioritised to ensure a targeted and more effective response. This is in line with global reprioritisation efforts, which follow a cross-functional and continuous resource-driven process through which limited resources are allocated to the most vulnerable within a targeted population.

The FSC partners reprioritisation has been focused on 32 districts and four clusters - Food Security, Health, Nutrition, and WASH providing life-saving activities. The response strategy is a combination of reducing rations/ cash transfer values and reducing the number of beneficiaries and a combination of both as follows:

- Reduced food ration/cash transfer values, covering approximately 70 percent of the cost of the minimum food expenditure basket by region. This has been adopted since January due to prioritisation and funding shortfalls to enable continued life-saving assistance to extremely vulnerable populations. The strategy ensured that there was no big drop in the number of people assisted.
- Duration of humanitarian food and cash assistance to the same household has been reduced to between three to six months/rounds. WFP is still providing assistance to the same households for six months, while other FSC partners are providing assistance for a minimum of three months due to funding constraints.
- Target the most vulnerable populations such as newly displaced IDPs, households with malnourished children and pregnant and breastfeeding women (PBW), etc..
- Maintain some level of flexibility to respond to new emerging needs due to rapid onset shocks, e.g., conflict, new displacement, etc.

During the current period (July-September 2025), Humanitarian Food Assistance (HFA) is reaching 963,000 people in July 2025 and an average of 1.3 million people per month representing around 38 percent of people in Phase 3 or above, between August and October 2025. Assistance will be provided in 47 districts across the country.

For the projected period (October-December 2025), the planned HFA based on confirmed funding is expected to decline substantially and reach only 375,000 people per month between November and December 2025. For these two months, this will represent 9 percent of the total number of people in Phase 3 or above.

Despite significant funding constraints, HFA in Somalia continues to mitigate loss of life and prevent the collapse of livelihoods both during the current and projection analyses periods. Humanitarian assistance plays a critical role in addressing acute malnutrition through treatment, supplementation, and prevention efforts, aiming to stabilise and improve nutrition outcomes among children under five and PBW.

It provides immediate life-saving support through essential funding, the supply of specialised commodities such as Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF), and the operational capacity required to sustain service delivery. Partners implement treatment services through outpatient and inpatient centers, while community health workers conduct active screening for early detection and referral. In a context of recurrent climate shocks, conflict, and displacement, humanitarian assistance continues to serve as the primary buffer against catastrophic outcomes, particularly for children under five years of age.

The scale of impact has been considerable. In the first half of 2025, humanitarian support facilitated the admission of 253,351 children with SAM and 412,507 with MAM, as well as 83,694 PBW with MAM. In addition, 681,360 caregivers received IYCF counselling, 273,951 individuals benefited from Blanket Supplementary Feeding Program (BSFP), 20,254 children received micronutrient powders, and 167,636 children were reached with vitamin A supplementation. Service delivery was implemented by 53 organisations (15 INGOs and 38 NNGOs), in collaboration with the government, through a network of 629 nutrition sites, comprising 468 fixed facilities and 161 mobile or outreach sites (Nutrition Cluster Dashboard).

Despite these achievements, critical gaps persist. Preventive nutrition-sensitive interventions remain underfunded, with limited coverage of BSFP, micronutrient supplementation, and vitamin A. The quality and impact of IYCF interventions are insufficient to drive meaningful improvements in dietary practices. Insecurity and access restrictions in districts such as Sablaale (Lower Shabelle), Bu'aale, Jilib, Jaamame, and Saakow (Middle Juba) continue to prevent service delivery despite high malnutrition levels. This is reflected in the increased admissions of acutely malnourished children in neighboring accessible areas and among newly arrived IDPs in major urban centers such as Mogadishu. Recent funding cuts in March have further reduced service availability, with OTP sites declining from 775 in January to 629 in July 2025, disproportionately affecting rural and hard-to-reach areas.

Funding shortfalls remains a major challenge. Less than half of Humanitarian Needs and Response Plan (HNRP) requirements have been secured, with most resources directed towards acute malnutrition treatment and the procurement of supplies. Minimal funding has been allocated to prevention-focused, nutrition-sensitive interventions, and projections indicate further decline. This underscore both the indispensable role of humanitarian assistance in sustaining treatment services and the urgent need for long-term investments to strengthen prevention, resilience, and system capacity in order to address the structural drivers of malnutrition in Somalia.

RECOMMENDATIONS FOR ACTION

Levels of acute food insecurity and malnutrition remain high with 3.4 million to 4.4 million people in need of urgent humanitarian assistance, and more than 1.85 million children that will require treatment for acute malnutrition. Moreover, investing in interventions that address underlying causes of acute food insecurity and malnutrition and strengthening household food security, health, and nutrition are important. More specific response priorities are listed below.

Response priorities

Acute food insecurity response priorities

Urgent humanitarian assistance is required for acutely food insecure households facing crisis or worse food insecurity (IPC Phase 3 or above).

1. Sustained lifesaving and life sustaining humanitarian assistance, focusing on the most vulnerable population.
2. Ramp up efforts in advocacy and resource mobilisation to increase funding for urgent humanitarian assistance to address the urgent food security and nutrition requirements of populations classified in IPC Phase 3 or above.
3. Improve the targeting of humanitarian assistance to ensure it reaches those most in need, using enhanced Vulnerability-Based Targeting (VBT) and registration mechanisms to prioritize the most vulnerable population groups and geographical areas, including marginalised communities and hard to reach locations.
4. Collaboration between humanitarian and development programs is essential to support diverse and layered interventions that address the underlying causes of acute food insecurity and malnutrition, promoting sustainable development, building resilience, and contributing to peace and stability in the country.
5. Social safety nets and human capital development programmes in both urban and rural areas to address predictable needs. Scale-up shock-responsive social protection programs targeting the most vulnerable and at-risk households.

Acute malnutrition response priorities

1. Advocate with donors to secure predictable funding for procurement and distribution of nutrition supplies for SAM and MAM treatment, while also increasing investment in prevention, resilience, and nutrition-sensitive interventions.
2. Fast-track the implementation of the new Integrated Management of Acute Malnutrition (IMAM) guidelines to strengthen a holistic nutrition response integrating both treatment and prevention for all vulnerable groups.
3. Strengthen the integration of nutrition into the public health system so that nutrition treatment and counselling are routinely provided in all health facilities.
4. Rationalise nutrition services to minimise duplication, ensure optimal use of available resources, and provide equitable access to services across all areas, including rural and underserved locations.
5. Scale up nutrition services in hard-to-reach and rural areas through outreach approaches and Integrated Community Case Management (ICCM+).
6. Implement multisector integration with Health, WASH, and Food Security, with a focus on referrals, joint registrations, and harmonized community messaging.
7. Expand resilience programming, including nutrition-sensitive agriculture and cash-plus interventions, to improve nutrition outcomes.
8. Develop a robust integrated early warning system using existing data sources, particularly those linked to nutrition outcomes, and ensure findings trigger timely response.
9. Continue mass MUAC screening, especially among IDPs, and explore the feasibility of "find and treat" approaches for newly arrived IDP populations.

Situation monitoring and update

With predictions indicating a likely below-average rainfall and rising temperatures between October and December 2025 across central and southern regions, the likelihood of worsening food security and nutrition outcomes is increasing. It is consequently crucial to enhance mass MUAC screenings and strengthen systems for tracking nutrition and mortality, particularly in IDP camps, IPC AMN Phase 4 hotspots, and remote or underserved rural areas. In places that are hard to access, alternative data collection methods should be used to ensure timely information and enable life-saving responses. The nutrition situation remains critical, having declined over the past two seasons and projected to deteriorate further in the coming months. Strengthened multisectoral monitoring is required, focusing on key underlying drivers of acute malnutrition, including food security, WASH conditions, and health-related factors such as immunization coverage and disease outbreaks. Enhanced surveillance is particularly critical in areas with persistently high GAM rates (IPC Phase 3 or above), including Bosasso, Baidoa, Lughaye, and Kismayo, among others. Continuous monitoring should leverage existing data systems with a focus on identifying triggers for timely preventive and corrective action.

Risk factors to monitor

1. Monitor the onset and performance of the Deyr rainy season and likely impacts on crop production, pasture, and water availability. Additionally, heavy rains and river levels that could trigger flash floods should be monitored.
2. Monitor/assess food and nutrition security, especially among displaced and marginalised populations.
3. Monitor prices of local and imported food commodities as well as terms of trade (livestock-to-cereal and wage-to-cereal).
4. Monitor the delivery of humanitarian food assistance and its effectiveness in terms or reaching the most vulnerable.
5. Admission trends of children with acute malnutrition into nutrition programmes, with defined thresholds to trigger further investigation.
6. Incidence of common childhood illnesses (diarrhoea, acute respiratory infections, malaria) and outbreaks such as diphtheria, measles, and AWD/cholera.
7. Geographic coverage and functionality of health and nutrition service delivery sites.
8. Availability and prepositioning of essential nutrition supplies.
9. Infant and young child feeding practices, monitored through the number of children, pregnant, and breastfeeding women accessing high-impact IYCF services (e.g. improved complementary feeding, First Foods, micronutrient supplementation).
10. Access to safe water, sanitation, and hygiene facilities, particularly among rural and displaced communities.
11. Population displacement patterns, including new IDP arrival rates and settlement conditions, with attention to sudden influxes that may overwhelm available services.
12. Humanitarian funding levels for food security, nutrition, health and WASH programming, including monitoring of supply pipeline status, risks to service continuity, and the gap between identified needs and actual allocations.

PROCESS AND METHODOLOGY

The IPC AFI and AMN analysis workshops were organised concomitantly in Hargeisa, Garowe and Mogadishu from 18 and 30 August 2025 after refresher training on the IPC protocols. The classifications were done based on convergence of evidence using a wide range of household data sources including the prevalence of acute malnutrition (GAM and SAM), food consumption outcomes, livelihood copying strategies, and other contributing factors to conduct convergence of evidence. The analysis covered the periods from June to December 2025.

The population estimates for the sampling units were based on the UNFPA 2014 population census and updated CCCM Detailed Site Assessments (DSA). IPC AFI analysis and total acute malnutrition (burden) estimates were made based on the 2025 Somalia population (19,280,850 total) obtained from OCHA.

Data Collection and Sources

For the AMN analysis, 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. Regarding the quality assurance of the data collected, the 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. In addition, FSNAU and partners conducted 37 surveys which were based on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology, and eight were based on assessments that used Mid Upper Arm Circumference (MUAC screening) as an indicator of wasting. The survey covered 26,868 children aged 6–59 months (13,533 boys and 13,335 girls) from 18,822 households. During the SMART assessments, all sampled households also provided retrospective mortality data for the 93 days prior to the assessments. The same households provided concurrent data on mortality, food security, and nutrition. Other data sources were from partners such as Nutrition cluster, ACF, REACH and WHO. The analysis was conducted for 46 areas analysis (25 rural livelihoods, 11 urban areas and 10 IDPs).

Regarding the AFI analysis, FSNAU conducted 43 household surveys, including 22 in rural areas, 11 in urban areas, and 10 in IDP settlements. WFP complemented this with nine face-to-face assessments across three rural, three urban, and three IDP locations. In addition, the Comprehensive Food Security and Vulnerability Assessment (CFSVA) carried out in June 2025 by SNBS, FAO, and WFP provided outcome data from 25 locations. REACH collected data from eight units of analysis - four urban and four 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 (WHZ and MUAC), Crude Death Rate (CDR), and Under-Five Death Rate (U5DR).

For SMART surveys conducted by FSNAU, all sampled households also provided retrospective mortality data for the 90 days prior to the assessments. The same households provided concurrent data on mortality, food security, and nutrition.

Sampling Design

Most of the 2025 Post Gu surveys employed a two-stage cluster sampling method to ensure representative data collection. The first stage involved the selection of clusters based on probability proportional to population size (PPS), using the master list derived from the 2014 UNFPA population census and updated with detailed site assessments (DSAs). In the second stage, households within the selected clusters were chosen through simple random sampling or segmentation methods. The target population included all households in accessible, secure, and non-deserted areas.

Limitations of the analysis

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

1. Access and Security Constraints: Some areas, particularly those affected by conflict, were inaccessible, limiting the coverage of the assessment. As a result, certain populations may be underrepresented in the analysis.

2. 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.

3. Resource constraints have posed significant challenges in the comprehensive coverage of primary data collection for outcome indicators. As a result, some phase classifications have been derived using extrapolated outcome survey results from nearby livelihood zones.

4. Assumptions in Projection: The projection period included in the analysis relies on several assumptions, including the continuation of current trends in humanitarian assistance, market access, and climatic conditions. Any significant changes in these factors may possibly change the outlook.

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

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

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

Contact for further Information

Mohamud Yasin Artan
Director of Food Security, Food Systems & Climate Change
IPC TWG - Chair
Foodsecuritydep@moa.gov.so
cartan84@gmail.com

Mohamud Amin
IPC TWG Co-Chair
Mohamud.amin@wfp.org

Daniel Molla
IPC TWG Secretariat
daniel.molla@fao.org

IPC Global Support Unit
www.ipcinfo.org

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

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: POPULATION IN NEED OF HUMANITARIAN ASSISTANCE (PINHA)

Standard IPC population estimates are prepared for both current and projection periods. For the current period, estimates reflect the actual situation on the ground, including the effects of recent humanitarian food security assistance (HFSA) captured through household surveys. For projection periods, analysts consider planned, funded, and most likely assistance when classifying severity and estimating populations. In both cases, IPC estimates account for assistance—implicitly for the current period and explicitly for projections, meaning some households may appear in lower phases due to receiving aid.

However, standard IPC estimates do not represent the total number of people in need of assistance, particularly in contexts with large-scale aid. To address this gap, new PiNHA (Population in Need of Humanitarian Assistance) protocols were developed. These were applied in areas where assistance is, or is expected to be, highly significant (i.e., at least 25% of households meeting 50% or more of their kilocalorie needs through aid). Using these criteria, around 24 population groups were identified, though the analysis mainly covered 6 groups from FSNAU, which had survey data on household receipt of assistance—an essential input for PiNHA calculations.

PiNHA estimates quantify the share of households in Stressed (IPC Phase 2) solely because of assistance, who would likely fall into Crisis (IPC Phase 3) or worse without it. This share is then added to the IPC Phase 3+ population to estimate the total population in need of food assistance. Because most households receiving aid are already in IPC Phase 3 or worse, PiNHA estimates are only slightly higher than standard IPC estimates, with increases ranging from 0–25% depending on the group and period analyzed.

For population group where assistance is not highly significant, standard IPC estimates can be considered equivalent to PiNHA estimates. These results provide decision-makers and agencies with a more complete picture of food insecurity, supporting better planning for humanitarian food security responses.

Livelihood	Population	PINHA %		PINHA #	
		Current	1st Proj	Current	1st Proj
Galgaduud Urban (Dhuusamarreeb)	28,268	35%	40%	9,894	11,307
Galgaduud Urban IDPs (Dhuusamarreeb)	28,276	40%	55%	11,310	15,552
Gedo Urban (Doolow)	22,009	20%	25%	4,402	5,502
Hiraan Urban IDPs (Belet Weyne)	69,342	45%	55%	31,204	38,138
Lower Juba Urban (Kismaayo)	27,340	10%	15%	2,734	4,101
Mudug Urban (Gaalkacyo)	62,544	30%	35%	18,763	21,890
Total	237,779			78,307	96,491

ANNEX 2: COMPARATIVE ANALYSIS OF GAM PREVALENCE BETWEEN 2025 POST GU AND 2024 POST GU BY UNIT OF ANALYSIS

Population Group assessed	GAM prevalence (percent)		Difference between prevalence (Gu2025-Gu 2024)		Remarks
	2025 Gu,% (95% CI)	2024 Gu,% (95% CI)	GAM Prevalence	p-value	
Guban Pastoral	8.8% (6.4-12.1)	6.4 (4.4- 9.4)	2.4	0.198	Likely No Change
West Golis	18.8% (14.0-24.6)	11.0 (9.0-13.4)	7.8	0.008	Significant deterioration
NW Agropastoral	11.8% (9.1-15.3	10.1 (8.2-12.3)	1.7	>0,05	Likely No Change
Hargeisa IDPs (W. Galbeed)	9.3% (6.5-13.2)	10.4 (7.4-14.4)	-1.1	>0,05	Decrease_Insignificant (only phase change)
Hargeisa Urban(W. Galbeed)	8.7% (5.7-13.0)	7.9 (5.9-10.5)	0.8	>0,05	Likely No Change
Burao IDPs (Toghdeer)	6.0% (3.6-10.0)	11.7 (8.6-15.8)	-5.7	0.011	Significant Improvement
Burao urban (Toghdeer)	4.4% (3.0- 6.4)	4.1 (2.2- 7.3)	0.3	>0,05	Likely No Change
Northern Inland Pastoral NW	10.3% (7.5-13.8)	8.6 (5.7-12.6)	1.7	>0,05	increase-Insignificant (only phase change)
NW Hawd Pastoral	4.2% (2.8- 6.4)	6.8 (4.7- 9.9)	-2.6	0.063	Decrease_Insignificant (only phase change)
East Golis (Cross cutting-NW & NE	10.6% (6.9-15.8	9.4 (6.8-12.9)	1.2	>0,05	increase-Insignificant (only phase change)
Bosasso IDPs (Bari)	24.2(20.6-28.2)	17.5 (14.6-20.8)	6.7	0.001	Significant deterioration within the phase
Bosasso Urban (Bari)	17.7(13.9-22.3)	15.0 (11.5-19.3)	2.7	>0,05	Likely No Change
Northern Inland Pastoral (NE)	7.3% (4.7-11.1)	8.3 (5.6-12.1)	-1.0	>0,05	Likely No Change
Hawd Pastoral-Central	15.2% (11.6-19.8)	16.2(12.7-20.3)	-1.0	>0,05	Likely No Change
Coastal Deeh (NE)	12.6% (8.3-18.8)	8.5 (4.6-15.3)	4.1	0.250	increase-Insignificant (only phase change)
Garowe IDPs (Nugaal)	13.6(10.7-17.2)	6.8 (4.8- 9.7)	6.8	0.001	Significant deterioration
Garowe Urban (Nugaal)	10.1(6.0-16.6)	6.2 (3.9- 9.7)	3.9	0.178	increase-Insignificant (only phase change)
Galkacyo IDPs (Mudug)	24.8(22.2-27.6)	24.7 (20.8-29.0)	0.1	>0,06	Likely No Change
Galkacyo Urban(Mudug)	14.8(12.3-17.7)	14.1(11.4-17.4)	0.7	>0,05	Likely No Change
Dhusamareb IDPs (Galgadud)	20.7	12.6	8.1	0.001	Significant deterioration
Dhusamareb Urban (Galgadud)	15.4(11.1-21.0)	12.0 (9.1-15.7)	3.4	>0,05	increase-Insignificant (only phase change)
Addun Pastoral	14.8% (12.3-17.7)	10.4 (7.6-14.1)	4.4	0.036	Significant deterioration within the phase
Beletweyne Rural (riverine)	18.8% (15.7-22.5)	10.2 (7.3-14.0)	8.6	0.000	Significant deterioration
Beletweyne urban/IDPs	20.9% (17.3-25.0)	12.3 (9.8-15.3)	8.6	0.000	Significant deterioration
Shabelle Riverine	16.5(13.2-20.6)	13.7 (11.0-17.0)	2.8	>0,05	increase-Insignificant (only phase change)
Shabelle Agropastoral	17.4(14.2-21.2)	14.4 (10.6-19.3)	3.0	>0,05	increase-Insignificant (only phase change)
Mogadishu urban (Banadir)	14.3(11.5-17.6)	15.5 (12.6-18.8)	-1.2	>0,05	Decrease_Insignificant (only phase change)
Mogadishu IDPs (Banadir)	15.8(12.9-19.2)	16.8 (13.6-20.6)	-1.0	>0,05	Likely No Change
Bay Agropastoral	15.7% (13.2-18.5)	12.1 (9.3-15.6)	3.6	>0,05	increase-Insignificant (only phase change)
Baidoa IDPs (Bay)	20.7(17.4-25.3)	15.0 (12.5-17.7)	5.7	0.010	Significant deterioration within the phase
Baidoa Urban (Bay)	11.5(8.9-14.5)	11.8 (9.1-15.3)	-0.3	>0,05	Likely No Change
Dolow IDPs (N Gedo)	14.4(11.8-17.3)	14.3 (12.0-17.1)	0.1	>0,05	Likely No Change
Dolow Urban (N Gedo)	12.9(10.4-15.9)	10.9 (7.7-15.2)	2.0	>0,05	Likely No Change
North Gedo pastoral	12.0% (9.1-15.6)	10.3 (7.8-13.6)	1.7	>0,05	Likely No Change
North Gedo Riverine	14.2% (11.5-17.5)	17.1 (14.6-20.0)	-2.9	>0,05	Decrease_Insignificant (only phase change)
Kismayu IDPs (L. Juba)	15.5 (12.4-19.1)	18.7 (15.1-22.9)	-3.2	>0,05	Likely No Change
Kismayu Urban (L. Juba)	9.7(6.9-13.3)	10.5 (7.9-13.9)	-0.8	>0,05	Decrease_Insignificant (only phase change)

ANNEX 3: 2025 POST GU FOOD SECURITY OUTCOME INDICATORS BY POPULATION GROUP

Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
FSNAU	NW West Golis Pastoral (Awdal, W. Galbeed, Toghdeer, Sool and Sanaag)	90%	8%	2%	100%	0%	0%	88%	12%	0%	87%	3%	10%	0%	0%	49%	50%	2%	0%	18.8
FSNAU	NW Northwest Agro-pastoral (Awdal, W. Galbeed & Togdheer)	90%	9%	1%	99%	1%	0%	76%	22%	2%	93%	4%	4%	0%	0%	68%	30%	1%	0%	11.8
FSNAU	NW Hawd Pastoral of NW (W. Galbeed, Toghdeer and Sool)	34%	51%	15%	97%	3%	0%	61%	35%	4%	55%	14%	30%	1%	0%	19%	63%	14%	5%	4.2
FSNAU	NE Hawd Pastoral (North Mudug and Nugaal)	68%	30%	2%	93%	7%	0%	6%	86%	8%	11%	14%	70%	5%	0%	1%	34%	22%	44%	
FSNAU	NE East Golis Pastoral (Bari)	31%	55%	14%	79%	21%	0%	88%	11%	2%	71%	24%	5%	0%	0%	41%	36%	14%	10%	10.6
FSNAU	NW East Golis Pastoral (Sanaag)	31%	55%	14%	79%	21%	0%	88%	11%	2%	71%	24%	5%	0%	0%	41%	36%	14%	10%	
FSNAU	Central Coastal Deeh Pastoral (Mudug and Galgadud)	61%	20%	19%	72%	28%	1%	80%	20%	0%	72%	13%	15%	0%	0%	61%	36%	4%	0%	12.6

Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
FSNAU	NE Coastal Deeh Pastoral (Bari, Mudug and Nugal)	61%	20%	19%	72%	28%	1%	80%	20%	0%	72%	13%	15%	0%	0%	61%	36%	4%	0%	12.6
FSNAU	Central Addun pastoral (Mudug and Galgaduud)	64%	36%	0%	96%	4%	0%	9%	72%	20%	14%	27%	42%	16%	1%	2%	27%	35%	37%	14.8
FSNAU	NW Northern Inland Pastoral (Sanaag and Sool)	52%	32%	16%	93%	7%	0%	51%	39%	10%	68%	15%	17%	0%	0%	31%	68%	1%	0%	10.3
FSNAU	Gedo Southern Inland Pastoral	98%	2%	0%	98%	2%	0%	19%	81%	0%	16%	47%	38%	0%	0%	0%	77%	21%	3%	12
FSNAU	Gedo Riverine Pump Irrigation	90%	10%	0%	99%	1%	0%	5%	68%	27%	8%	40%	52%	0%	0%	5%	16%	68%	11%	14.2
FSNAU	Shabelle Riverine Gravity Irrigation (L Shabelle & M Shabelle)	94%	6%	1%	100%	0%	0%	20%	47%	33%	21%	49%	30%	0%	0%	22%	33%	41%	4%	16.5
FSNAU	Shabelle Sorghum High Potential Agropastoral (M Shabelle and L Shabelle)	99%	1%	0%	100%	1%	0%	35%	38%	27%	37%	33%	30%	0%	0%	36%	31%	28%	5%	17.4
FSNAU	Bay-Bakool Agro-pastoral Low Potential (Bay and Bakool)	67%	28%	5%	96%	4%	0%	54%	29%	17%	56%	5%	34%	4%	1%	39%	20%	27%	14%	15.7

Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
FSNAU	NE Northern Inland Pastoral (Bari and Nugaal)	75%	23%	2%	79%	21%	0%	54%	46%	0%	54%	20%	27%	0%	0%	51%	26%	20%	3%	7.3
FSNAU	NW Guban Pastoral (Awdal, Sanaag and W. Galbeed)	69%	12%	19%	92%	8%	0%	82%	18%	0%	80%	16%	4%	0%	0%	73%	22%	3%	2%	8.8
FSNAU	Hiraan Riverine Pump and Gravity Irrigation	95%	4%	1%	97%	3%	0%	59%	36%	5%	58%	10%	32%	0%	0%	32%	63%	5%	1%	
FSNAU	Bay Urban IDPs (Baydhaba)	29%	48%	23%	76%	19%	5%	22%	26%	51%	24%	6%	49%	21%	0%	22%	20%	28%	31%	20.7
FSNAU	Bay Urban (Baydhaba)	82%	16%	2%	97%	3%	0%	48%	31%	22%	47%	4%	45%	5%	0%	47%	30%	17%	6%	11.5
FSNAU	Togdheer Urban IDPs (Burco)	22%	40%	38%	95%	5%	0%	44%	55%	1%	45%	24%	32%	0%	0%	54%	45%	0%	0%	6
FSNAU	Togdheer Urban (Burco)	49%	32%	19%	98%	2%	0%	60%	39%	1%	69%	11%	20%	0%	0%	75%	25%	0%	0%	4.4
FSNAU	Bari Urban IDPs (Bossaso)	43%	51%	7%	72%	28%	0%	71%	29%	0%	71%	15%	14%	0%	0%	60%	30%	10%	0%	24.2
FSNAU	Bari Urban (Bossaso)	82%	12%	6%	34%	40%	26%	73%	27%	1%	98%	1%	2%	0%	0%	57%	22%	15%	6%	
FSNAU	Galgaduud Urban IDPs (Dhuusamarreeb)	26%	52%	22%	56%	42%	2%	0%	34%	67%	1%	4%	76%	18%	1%	1%	67%	23%	9%	20.7
FSNAU	Galgaduud Urban (Dhuusamarreeb)	54%	42%	4%	83%	17%	0%	21%	52%	27%	21%	22%	48%	8%	1%	7%	61%	30%	1%	15.4

Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
FSNAU	Gedo Urban (Doolow)	99%	1%	0%	100%	0%	0%	20%	66%	14%	23%	56%	21%	0%	0%	8%	56%	27%	10%	12.9
FSNAU	Mudug Urban IDPs (Gaalkacyo)	37%	62%	1%	99%	1%	0%	15%	67%	18%	16%	16%	69%	0%	0%	6%	5%	60%	29%	24.8
FSNAU	Mudug Urban (Gaalkacyo)	44%	53%	3%	98%	2%	0%	3%	91%	6%	4%	10%	86%	0%	0%	1%	15%	49%	35%	14.8
FSNAU	Nugaal Urban IDPs (Garoowe)	79%	20%	1%	85%	15%	0%	59%	41%	0%	41%	38%	22%	0%	0%	53%	34%	12%	0%	13.6
FSNAU	Nugaal Urban (Garoowe)	93%	7%	1%	93%	8%	0%	80%	20%	1%	74%	16%	10%	1%	0%	74%	21%	3%	3%	10.7
FSNAU	Lower Juba Urban IDPs (Kismaayo)	66%	27%	6%	91%	9%	0%	49%	43%	8%	53%	17%	30%	0%	0%	4%	58%	37%	1%	15.5
FSNAU	Lower Juba Urban (Kismaayo)	96%	3%	0%	98%	2%	0%	79%	21%	0%	76%	14%	10%	0%	0%	2%	87%	11%	0%	9.7
FSNAU	Banadir Urban IDPs (Mogadishu)	86%	12%	2%	95%	5%	0%	13%	45%	42%	17%	24%	58%	0%	0%	19%	54%	20%	7%	14.3
FSNAU	Banadir Urban (Mogadishu)	100%	0%	0%	100%	0%	0%	86%	12%	2%	91%	9%	1%	0%	0%	86%	8%	6%	0%	15.8
FSNAU	Woqooyi Galbeed Urban IDPs (Hargeysa)	76%	17%	7%	96%	5%	0%	78%	22%	0%	88%	10%	3%	0%	0%	54%	45%	1%	0%	9.3
FSNAU	Woqooyi Galbeed Urban (Hargeysa)	90%	8%	2%	97%	4%	0%	91%	9%	0%	94%	6%	0%	0%	0%	71%	29%	0%	0%	8.7

Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
FSNAU	Hiraan Urban IDPs (Belet Weyne)	75%	22%	3%	91%	10%	0%	34%	36%	30%	12%	4%	84%	0%	0%	17%	78%	6%	0%	20.9
FSNAU	Hiraan Urban (Belet Weyne)	93%	5%	2%	98%	2%	0%	60%	33%	7%	53%	12%	35%	0%	0%	23%	67%	7%	3%	20.9
WFP	Hiraan Southern Inland Pastoral	66%	22%	12%	83%	17%	0%	64%	9%	28%	56%	24%	19%			28%	55%	13%	4%	
WFP	Sanaag Urban (Ceel Afweyn and Laasqoray)	75%	19%	6%	88%	13%		94%	2%	4%	83%	9%	8%	0%	0%	42%	46%	10%	3%	
WFP	Sanaag Urban IDPs (Ceel Afweyn and Laasqoray)	47%	30%	23%	78%	22%		83%	6%	12%	59%	17%	23%	1%	0%	24%	47%	19%	10%	
WFP	Central Cowpea Belt (Mudug and Galgadud)	79%	18%	4%	77%	23%		63%	18%	19%	85%	6%	10%			68%	21%	1%	10%	
WFP	Juba Southern Rainfed (M Juba and L Juba)	63%	21%	16%	76%	22%	2%	65%	14%	20%	65%	17%	18%	0%		50%	36%	6%	7%	
WFP	Togdheer Urban (Buuhoodle, Owdweyne and Sheikh)	53%	20%	27%	68%	28%	5%	95%	1%	4%	75%	13%	10%	0%	1%	48%	35%	13%	5%	
WFP	Togdheer Urban IDPs (Buuhoodle and Owdweyne)	34%	25%	41%	62%	38%		84%	3%	13%	65%	15%	19%	1%		25%	55%	17%	4%	

Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
WFP	Bakool Urban (Ceel Barde, Rab Dhuure, Tayeeglow and Wajid)	56%	36%	8%	99%	1%		56%	12%	33%	56%	23%	21%	0%		13%	69%	5%	13%	
WFP	Bakool Urban IDPs (Ceel Barde, Rab Dhuure, Tayeeglow and Wajid)	19%	57%	23%	86%	14%	1%	40%	17%	44%	35%	20%	40%	4%		10%	66%	6%	19%	
IRC	Lower Shabelle Urban (Afgooye, Baraawe, Kurtunwaarey, Marka, Qoryooley, Sablaale and Wanla Weyn)							38%	35%	28%	40%	3%	54%	0%	2%					
IRC	Galgaduud Urban (Cabudwaaq, Cadaado, Ceel Buur and Ceel Dheer)							12%	32%	56%	40%	1%	35%	9%	15%					
IRC	Bay Urban (Bur Hakaba, Diinsor and Qansax Dheere)							29%	29%	42%	28%	11%	51%	4%	7%					
REACH	Awdal Urban (Baki, Lughaye and Zeylac)	68%	24%	8%	94%	3%	3%	78%	17%	5%	90%	5%	6%	0%	0%	55%	29%	11%	4%	
REACH	Awdal Urban IDPs (Baki and Lughaye)	27%	30%	43%	71%	29%	0%	47%	45%	8%	68%	7%	25%	0%	0%	28%	39%	15%	18%	

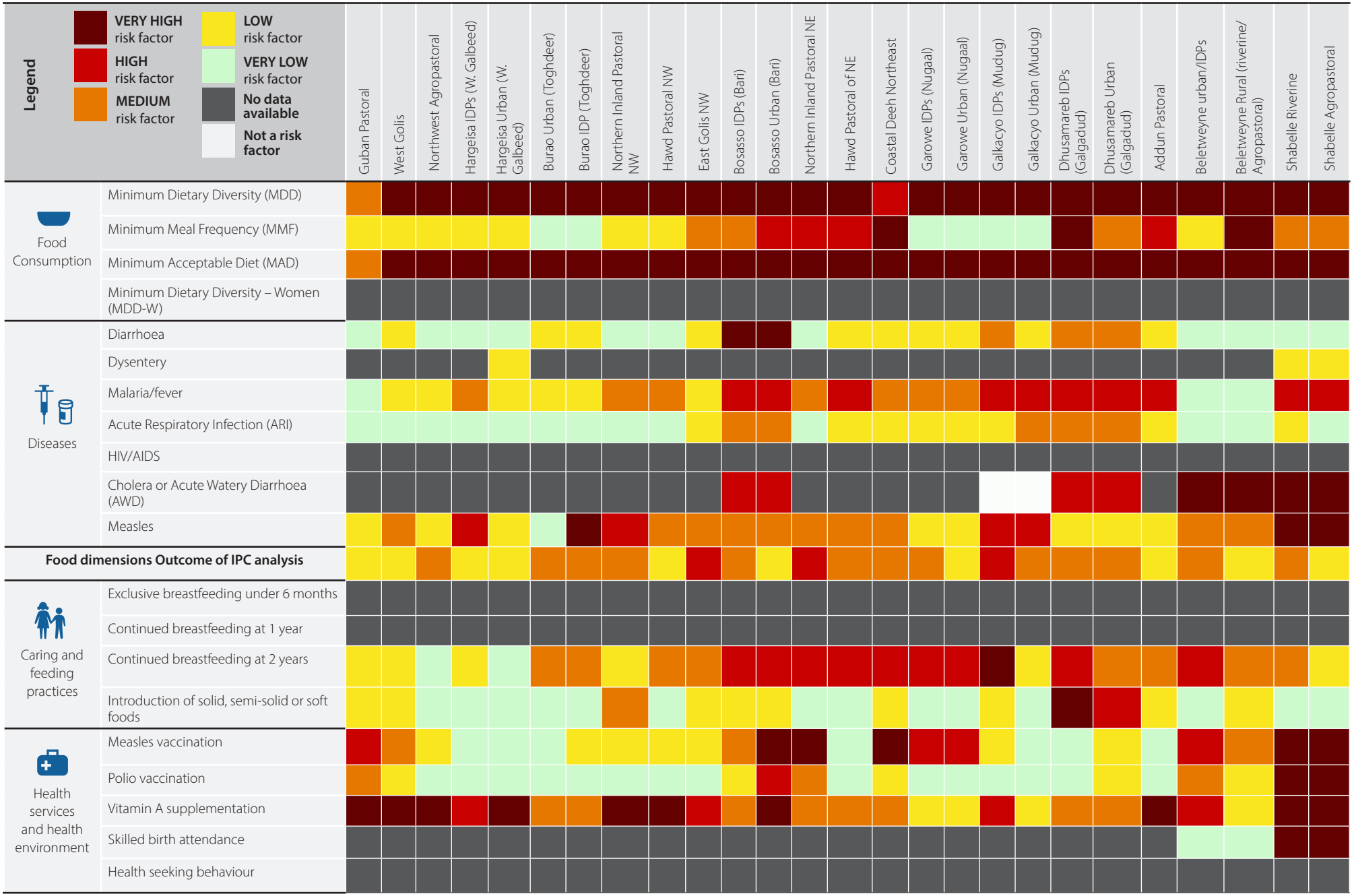
Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
REACH	Bay Urban (Bur Hakaba, Diinsor and Qansax Dheere)	52%	25%	23%	85%	13%	3%	5%	64%	32%	3%	13%	84%	0%	0%	11%	16%	37%	36%	
REACH	Bay Urban IDPs (Bur Hakaba, Diinsor and Qansax Dheere)	43%	34%	24%	72%	12%	16%	10%	62%	29%	18%	15%	66%	0%	1%	12%	22%	38%	27%	
REACH	Galgaduud Urban (Cabudwaaq, Cadaado, Ceel Buur and Ceel Dheer)	59%	20%	20%	82%	16%	2%	15%	53%	32%	37%	11%	52%	0%	0%	0%	50%	8%	42%	
REACH	Galgaduud Urban IDPs (Cabudwaaq and Cadaado)	44%	24%	31%	63%	31%	6%	2%	53%	44%	7%	4%	87%	0%	2%	6%	61%	10%	23%	
REACH	Gedo Urban (Baardheere, Belet Xaawo, Ceel Waaq, Garbahaarey and Luuq)	78%	15%	6%	92%	7%	1%	34%	47%	19%	49%	22%	29%	0%	0%	18%	55%	11%	16%	
REACH	Gedo Urban IDPs (Baardheere, Belet Xaawo, Ceel Waaq, Garbahaarey and Luuq)	17%	27%	55%	57%	34%	9%	10%	60%	29%	24%	22%	52%	1%	1%	8%	47%	22%	24%	
CFSVA	Awdal Urban (Borama)	84%	5%	11%	87%	13%	0%	91%	8%	1%	94%	3%	1%	3%	95%	1%	4%	0%	0%	

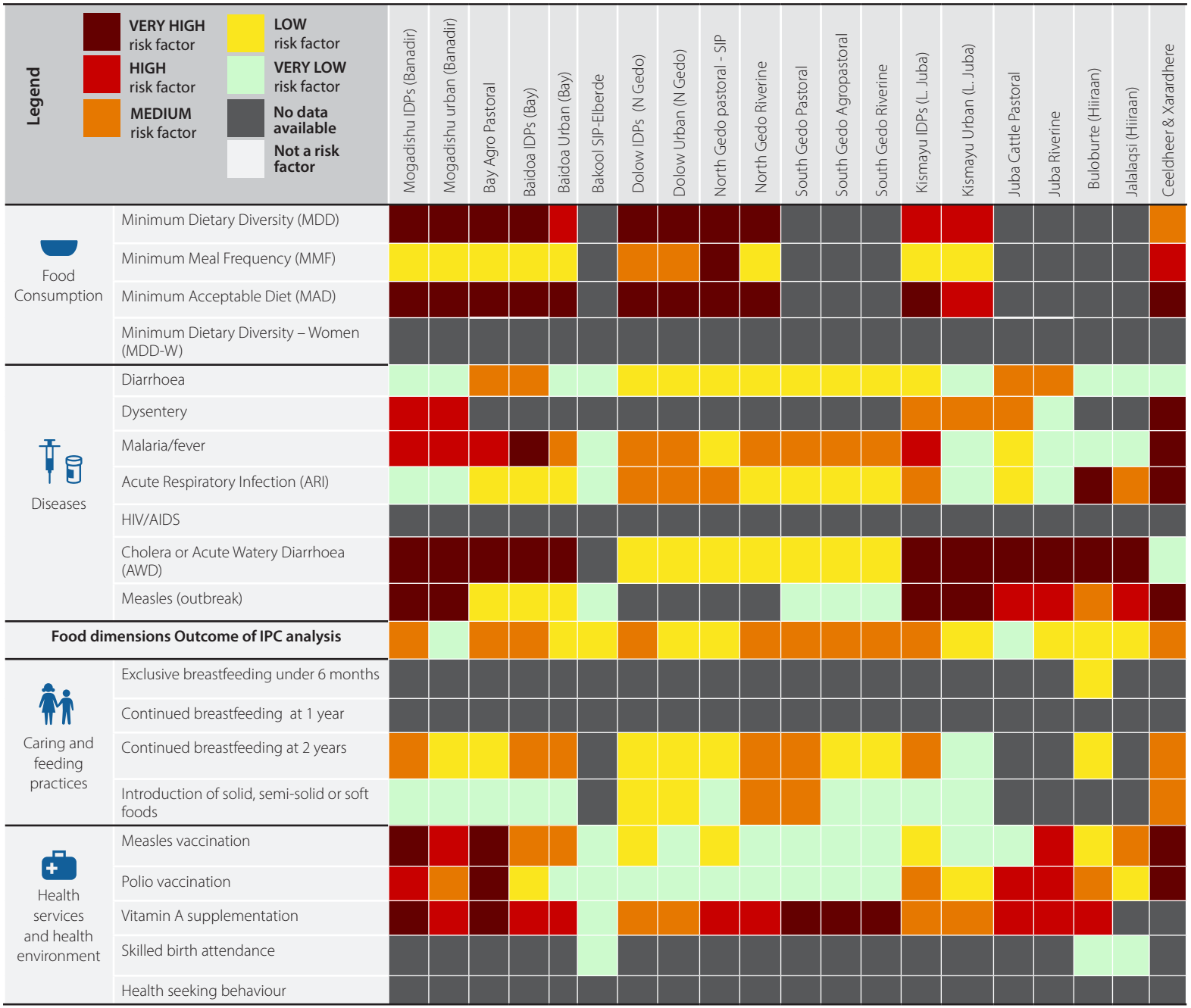
Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
CFSVA	Bakool Urban (Ceel Barde, Rab Dhuure, Tayeeglow and Wajid)	65%	15%	19%	72%	26%	2%	81%	17%	2%	78%	8%	6%	9%	77%	5%	14%	3%	2%	
CFSVA	Bari Urban (Bandarbeyla, Caluula, Iskushu-ban, Qandala and Qardho)	98%	2%	0%	99%	1%	0%	70%	23%	7%	44%	21%	24%	11%	73%	12%	13%	2%	1%	
CFSVA	Bari Urban (Bossaso)	83%	11%	7%	88%	12%	0%	50%	33%	17%	39%	15%	31%	14%	56%	14%	18%	8%	4%	
CFSVA	Bay Urban (Bur Hakaba, Diinsor and Qansax Dheere)	81%	8%	11%	88%	9%	3%	56%	29%	16%	54%	8%	11%	28%	47%	13%	30%	5%	6%	
CFSVA	Galgaduud Urban (Cabud-waaq, Cadaado, Ceel Buur and Ceel Dheer)	69%	15%	16%	65%	19%	16%	66%	25%	10%	59%	10%	15%	16%	76%	5%	12%	3%	4%	
CFSVA	Gedo Riverine Pump Irrigation	85%	10%	5%	93%	7%	0%	66%	25%	9%	55%	22%	23%	1%	76%	6%	17%	1%	0%	
CFSVA	Gedo Urban (Doolow)	90%	6%	4%	93%	6%	1%	73%	19%	8%	63%	18%	16%	3%	79%	3%	14%	1%	3%	
CFSVA	Gedo Urban IDPs (Doolow)	73%	20%	7%	90%	10%	0%	33%	42%	25%	38%	21%	34%	7%	44%	16%	34%	3%	3%	
CFSVA	Hiraan Urban (Bulo Burto and Jalalaqsi)	92%	5%	3%	85%	3%	12%	46%	29%	25%	50%	9%	23%	18%	62%	7%	20%	8%	3%	

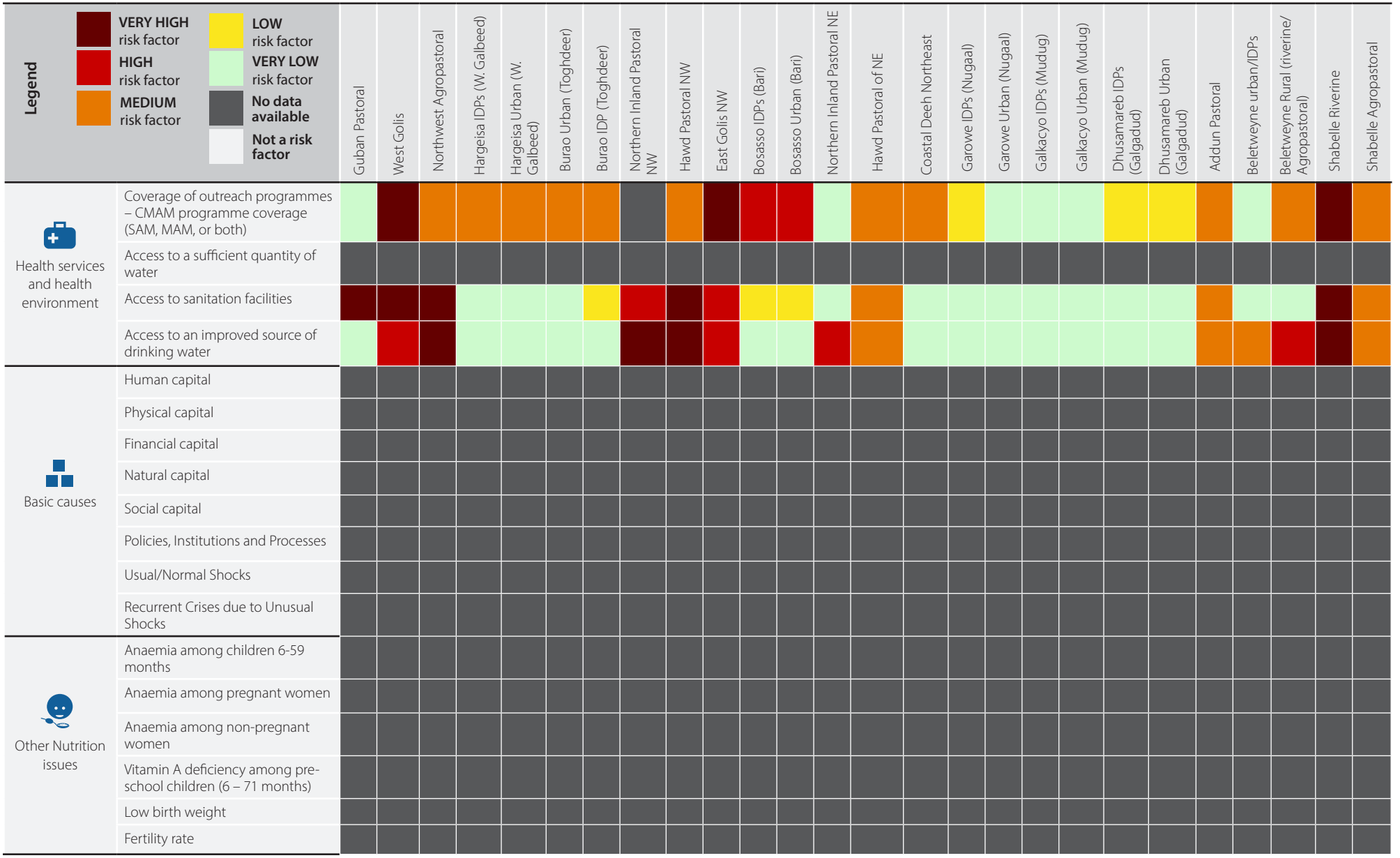
Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
CFSVA	Lower Juba Urban (Afmadow, Badhaadhe and Jamaame)	65%	15%	19%	72%	26%	2%	81%	17%	2%	78%	8%	6%	9%	77%	5%	14%	3%	2%	
CFSVA	Lower Shabelle Urban (Afgooye, Baraawe, Kurtunwaarey, Marka, Qoryooley, Sablaale and Wanla Weyn)	98%	2%	0%	99%	1%	0%	70%	23%	7%	44%	21%	24%	11%	73%	12%	13%	2%	1%	
CFSVA	Middle Shabelle Urban (Adan Yabaal, Balcad, Cadale and Jowhar)	83%	11%	7%	88%	12%	0%	50%	33%	17%	39%	15%	31%	14%	56%	14%	18%	8%	4%	
CFSVA	Nugaal Urban (Burtinle and Eyl)	81%	8%	11%	88%	9%	3%	56%	29%	16%	54%	8%	11%	28%	47%	13%	30%	5%	6%	
CFSVA	Nugaal Urban (Garoowe)	69%	15%	16%	65%	19%	16%	66%	25%	10%	59%	10%	15%	16%	76%	5%	12%	3%	4%	
CFSVA	Nugaal Urban IDPs (Garoowe)	85%	10%	5%	93%	7%	0%	66%	25%	9%	55%	22%	23%	1%	76%	6%	17%	1%	0%	
CFSVA	NW Northern Inland Pastoral (Sanaag and Sool)	90%	6%	4%	93%	6%	1%	73%	19%	8%	63%	18%	16%	3%	79%	3%	14%	1%	3%	
CFSVA	NW Northwest Agro-pastoral (Awdal, W. Galbeed & Togdheer)	73%	20%	7%	90%	10%	0%	33%	42%	25%	38%	21%	34%	7%	44%	16%	34%	3%	3%	

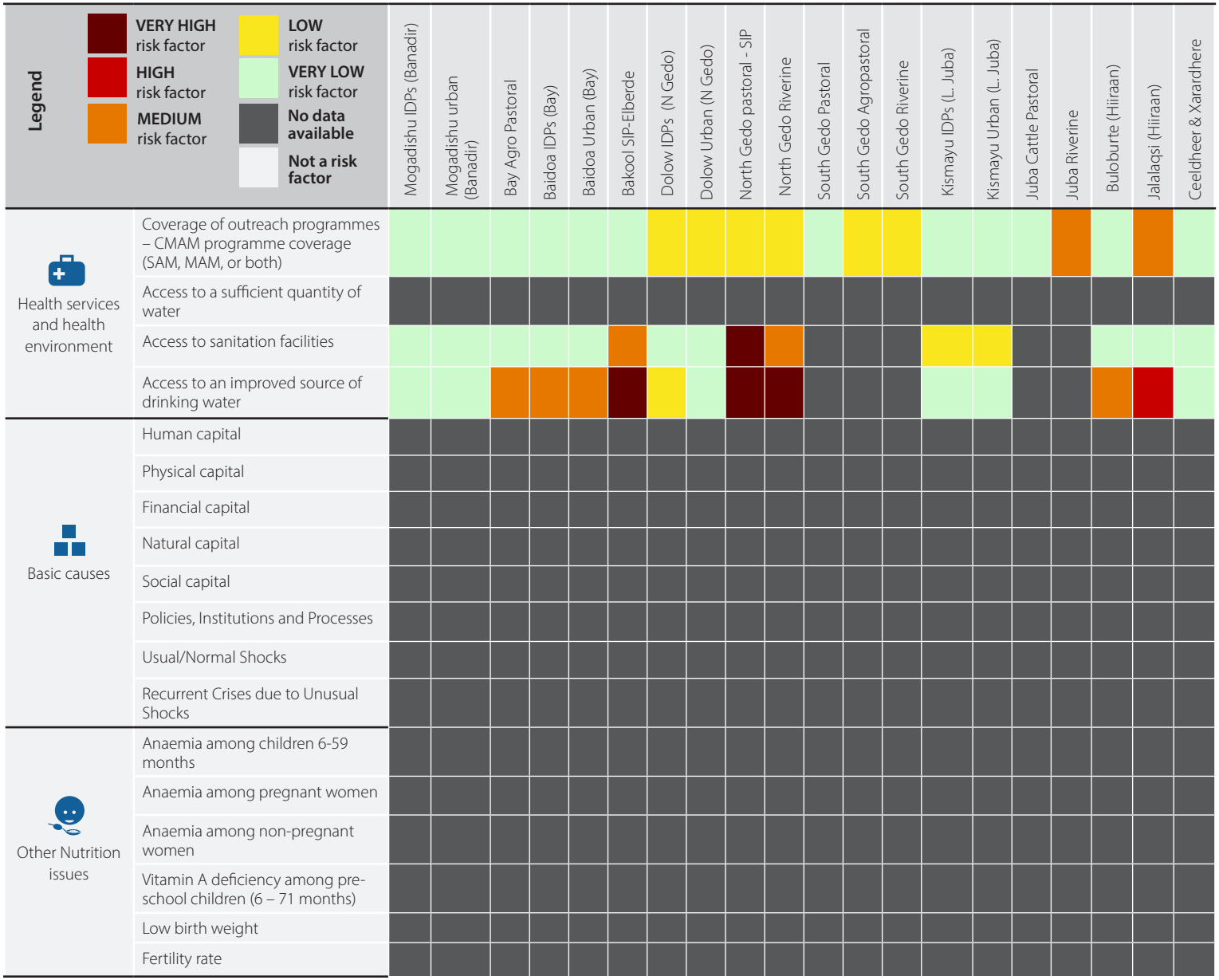
Source	Population Group/ Livelihood Zone	Food Consumption Score			Housheold Dietary Diversity Score-HDDS			Reduced Coping Strategies-rCSI			Household Hunger Scale-HHS					Livelihood Coping				WHZ
		Acceptable	Borderline	Poor	Minimal-Stressed (>4)	Crisis (3-4)	Emergency (<3)	Minimal	Stressed	Crisis	None	Stressed	Crisis	Emergency	Catastrophe	None	Stressed	Crisis	Emergency	
CFSVA	NW Northwest Agro-pastoral (Awdal, W. Galbeed & Togdheer)	85%	10%	4%	85%	15%	0%	79%	18%	4%	83%	9%	5%	3%	85%	4%	9%	0%	2%	
CFSVA	NW Toghdeer Agro-pastoral (Toghdeer)	72%	17%	11%	76%	19%	5%	90%	9%	1%	84%	15%	0%	1%	85%	5%	10%	0%	0%	
CFSVA	Sanaag Urban (Ceerigaabo)	77%	18%	5%	87%	13%	1%	51%	34%	15%	35%	23%	28%	14%	65%	11%	13%	6%	5%	
CFSVA	Sool Urban (Laas Caanood)	93%	2%	5%	96%	5%	0%	59%	25%	16%	69%	7%	13%	11%	64%	5%	24%	5%	2%	
CFSVA	Togdheer Urban (Burco)	84%	11%	6%	88%	12%	0%	88%	10%	2%	86%	6%	5%	4%	92%	2%	5%	1%	0%	
CFSVA	Togdheer Urban IDPs (Burco)	71%	17%	13%	72%	28%	0%	87%	11%	2%	86%	6%	5%	3%	86%	1%	5%	3%	5%	
CFSVA	Woqooyi Galbeed Urban (Hargeysa)	96%	4%	0%	89%	12%	0%	92%	5%	3%	87%	3%	2%	8%	91%	3%	3%	1%	1%	

ANNEX 4: 2025 POST GU LIST OF ACUTE MALNUTRITION MAJOR CONTRIBUTING FACTORS




Legend
VERY HIGH risk factor
HIGH risk factor
MEDIUM risk factor
LOW risk factor
VERY LOW risk factor
No data available
Not a risk factor
Mogadishu IDPs (Banadir)
Mogadishu urban (Banadir)
Bay Agro Pastoral
Baidoa IDPs (Bay)
Baidoa Urban (Bay)
Bakool SIP-Elberde
Dolow IDPs (N Gedo)
Dolow Urban (N Gedo)
North Gedo pastoral - SIP
North Gedo Riverine
South Gedo Pastoral
South Gedo Agropastoral
South Gedo Riverine
Kismayu IDPs (L. Juba)
Kismayu Urban (L. Juba)
Juba Cattle Pastoral
Juba Riverine
Buloburte (Hiiraan)
Jalalaqsi (Hiiraan)
Ceeldheer & Xarardhere
Food Consumption
Minimum Dietary Diversity (MDD)
Minimum Meal Frequency (MMF)
Minimum Acceptable Diet (MAD)
Minimum Dietary Diversity – Women (MDD-W)
Diseases
Diarrhoea
Dysentery
Malaria/fever
Acute Respiratory Infection (ARI)
HIV/AIDS
Cholera or Acute Watery Diarrhoea (AWD)
Measles (outbreak)
Food dimensions Outcome of IPC analysis
Caring and feeding practices
Exclusive breastfeeding under 6 months
Continued breastfeeding at 1 year
Continued breastfeeding at 2 years
Introduction of solid, semi-solid or soft foods
Health services and health environment
Measles vaccination
Polio vaccination
Vitamin A supplementation
Skilled birth attendance
Health seeking behaviour


Legend
VERY HIGH risk factor
HIGH risk factor
MEDIUM risk factor
LOW risk factor
VERY LOW risk factor
No data available
Not a risk factor
Guban Pastoral
West Golis
Northwest Agropastoral
Hargeisa IDPs (W. Galbeed)
Hargeisa Urban (W. Galbeed)
Burao Urban (Toghdeer)
Burao IDP (Toghdeer)
Northern Inland Pastoral NW
Hawd Pastoral NW
East Golis NW
Bosasso IDPs (Bari)
Bosasso Urban (Bari)
Northern Inland Pastoral NE
Hawd Pastoral of NE
Coastal Deeh Northeast
Garowe IDPs (Nugaal)
Garowe Urban (Nugaal)
Galkacyo IDPs (Mudug)
Galkacyo Urban (Mudug)
Dhusamareb IDPs (Galgadud)
Dhusamareb Urban (Galgadud)
Addun Pastoral
Beletweyne urban/IDPs
Beletweyne Rural (riverine/ Agropastoral)
Shabelle Riverine
Shabelle Agropastoral
Health services and health environment
Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)
Access to a sufficient quantity of water
Access to sanitation facilities
Access to an improved source of drinking water
Basic causes
Human capital
Physical capital
Financial capital
Natural capital
Social capital
Policies, Institutions and Processes
Usual/Normal Shocks
Recurrent Crises due to Unusual Shocks
Other Nutrition issues
Anaemia among children 6-59 months
Anaemia among pregnant women
Anaemia among non-pregnant women
Vitamin A deficiency among pre-school children (6 – 71 months)
Low birth weight
Fertility rate


Legend
VERY HIGH risk factor
HIGH risk factor
MEDIUM risk factor
LOW risk factor
VERY LOW risk factor
No data available
Not a risk factor
Mogadishu IDPs (Banadir)
Mogadishu urban (Banadir)
Bay Agro Pastoral
Baidoa IDPs (Bay)
Baidoa Urban (Bay)
Bakool SIP-Elberde
Dolow IDPs (N Gedo)
Dolow Urban (N Gedo)
North Gedo pastoral - SIP
North Gedo Riverine
South Gedo Pastoral
South Gedo Agropastoral
South Gedo Riverine
Kismayu IDPs (L. Juba)
Kismayu Urban (L. Juba)
Juba Cattle Pastoral
Juba Riverine
Buloburte (Hiiraan)
Jalalaqsi (Hiiraan)
Ceeldheer & Xarardhere
Health services and health environment
Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)
Access to a sufficient quantity of water
Access to sanitation facilities
Access to an improved source of drinking water
Basic causes
Human capital
Physical capital
Financial capital
Natural capital
Social capital
Policies, Institutions and Processes
Usual/Normal Shocks
Recurrent Crises due to Unusual Shocks
Other Nutrition issues
Anaemia among children 6-59 months
Anaemia among pregnant women
Anaemia among non-pregnant women
Vitamin A deficiency among pre-school children (6 – 71 months)
Low birth weight
Fertility rate