SOMALIA

NO RISK OF FAMINE AMONG BAIDOA IDPS, BUT MILLIONS STILL FACE HIGH LEVELS OF ACUTE FOOD INSECURITY AND MALNUTRITION

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION PROJECTION UPDATE OCTOBER–DECEMBER 2026

Published on 25 November 2026

- Updated IPC projection analysis confirms internally displaced persons (IDPs) in Baidoa remain in IPC Acute Food Insecurity (AFI) Phase 4 (Emergency) and IPC Acute Malnutrition (AMN) Phase 4 (Critical) through December 2026.
- The previously projected risk of Famine is no longer expected, as the plausible worst-case scenario of extreme El Niño-induced flooding and displacement has not materialised and is unlikely to occur before the end of 2026.
- Improved livelihood opportunities, purchasing power, and lower levels of displacement into Baidoa have contributed to better outcomes than projected in August 2026.
- The number of Baidoa IDPs facing IPC AFI Phase 3 or above (Crisis or worse) is estimated to be 77,000 (19 percent) lower than projected in August 2026.
- The revised Baidoa IDP projection slightly reduces the national estimate to 5.3 million people projected to face AFI Phase 3 or above between October and December 2026, down from 5.4 million projected in August.
- Despite these improvements, acute food insecurity and malnutrition remain at emergency levels among Baidoa's displaced population, requiring sustained humanitarian support.

UPDATED PROJECTION ACUTE FOOD INSECURITY: OCT–DEC 2026

5.3 M

27% of the population analysed

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	1,457,000 People in Emergency
Phase 3	3,883,000 People in Crisis
Phase 2	6,875,000 People Stressed
Phase 1	7,227,000 People in food security

ACUTE MALNUTRITION: JULY 2026–JUNE 2027

1.92M

cases of children aged 6–59 months acutely malnourished

IN NEED OF TREATMENT

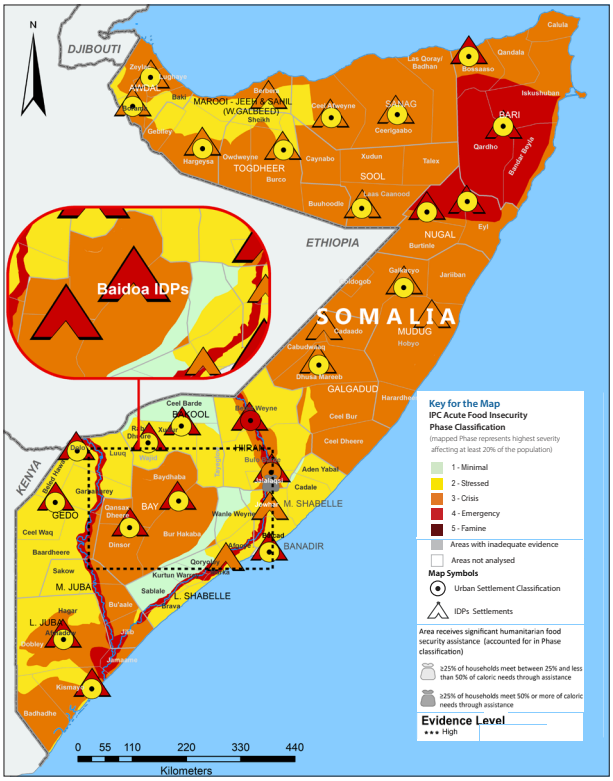
Severe Acute Malnutrition (SAM)	437,000
Moderate Acute Malnutrition (MAM)	1,485,000

155,000

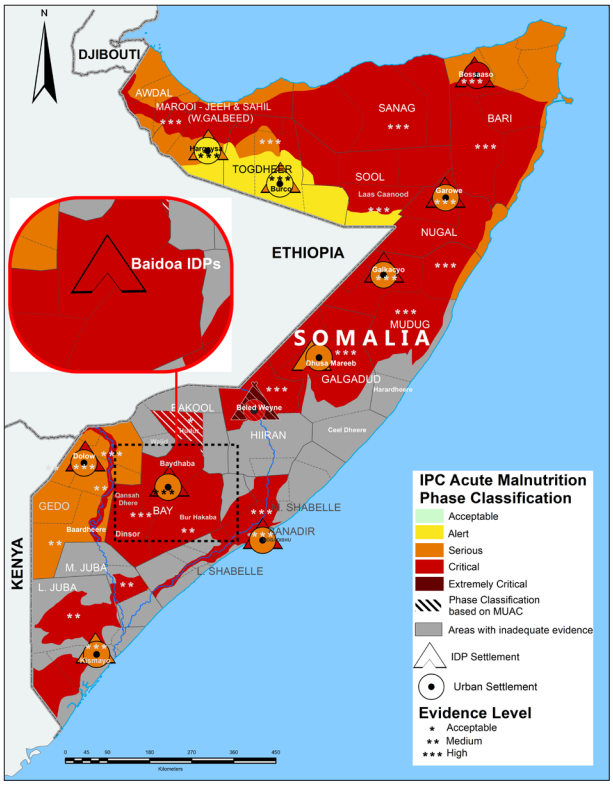
cases of pregnant and breastfeeding women (PBW) acutely malnourished

IN NEED OF TREATMENT

Updated Projection Acute Food Insecurity October–December 2026



Updated Projection Acute Malnutrition October–December 2026



Overview

This report updates the October-December 2026 IPC Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) projections for Baidoa IDPs presented in the Somalia IPC analysis conducted in August 2026 and published in September 2026, including the statement of risk of Famine. The update draws on new food security, nutrition, mortality, displacement, and seasonal monitoring data collected since the completion of the analysis, including a combined food security, nutrition, and mortality assessment conducted among Baidoa IDPs by the Food Security and Nutrition Analysis Unit (FSNAU/FAO) in late October 2026.

For the rest of the country, IPC AFI and AMN projections for October-December 2026 remain unchanged compared to the August analysis. This report combines and presents the updated projection analysis for Baidoa IDPs and the previous projection for the rest of Somalia.

The analysis conducted in August 2026 indicated that, under the most likely scenario, IDPs in Baidoa (Bay Region) faced AFI Phase 4 and AMN Phase 4 outcomes between the October–December 2026 projection period. The report also indicated a risk of Famine for this population group in the same period under the plausible worst-case scenario of El Niño-induced extreme flooding and displacement.

Based on the available evidence, this projection update confirms that Baidoa IDPs face AFI Phase 4 and AMN Phase 4 outcomes between October and December 2026. However, this population group no longer faces a risk of Famine, considering that the plausible worst-case scenario has not materialised to date, and will likely not materialise through December 2026.

Compared with the August 2026 projection, the updated findings for Baidoa IDPs indicate modest improvements in some key outcomes, while highlighting continued severe vulnerability. In the August analysis, 80 percent of Baidoa IDPs were projected to face AFI Phase 3 or above outcomes between October and December 2026, including 5 percent projected to face AFI Phase 5 (Catastrophe).

In the most likely scenario, the November 2026 analysis indicates that 65 percent of Baidoa IDPs are projected to face AFI Phase 3 or above outcomes and no population is projected to face AFI Phase 5 (Catastrophe). Overall, the updated analysis estimates that 77,000 fewer Baidoa IDPs (19 percent fewer) will face AFI Phase 3 or above outcomes than projected in August. This reduction is primarily driven by less severe-than-anticipated El Niño-related flooding, improved access to agricultural employment and income, and stronger purchasing power due to declining, although still above-average, food prices.

New displacements into Baidoa have been substantially lower than anticipated in the August 2026 analysis. Although insecurity in Baidoa generated an estimated 5,600 new displacements following the September 2026 conflict, this increase was more than offset by flood-related displacement remaining far below initial projections, with approximately 42,000 people projected to be displaced compared with the 89,000 anticipated in August. As a result, the overall number of new IDPs has been significantly lower than projected in the August analysis.

Overall, severe conditions anticipated in the August 2026 projection will likely persist through the end of this year, although the worst-case scenario is not expected to materialise. The absence of severe flooding and improved access to agricultural labour opportunities in October have contributed to preventing worsening food security and nutrition outcomes. Nevertheless, the lingering effects of previous droughts in pastoral areas, flooding, continued insecurity, large-scale population displacement, and above-average food prices remain significant constraints on household food access and livelihoods, further exacerbated by limited humanitarian assistance. Consequently, households remain highly vulnerable through December 2026 and require sustained humanitarian support, alongside close monitoring of food security and nutrition conditions.

As a result of the revised Baidoa IDP projections, the national October-December 2026 estimate has been slightly revised downward. Across Somalia, an estimated 5.3 million people (27 percent of the analysed population) are projected to face high levels of acute food insecurity (AFI Phase 3 or above) between October and December 2026, a slight improvement from the 5.4 million projected in August 2026. This includes nearly 1.5 million people (7 percent of the population analysed) in AFI Phase 4, with no population projected to face AFI Phase 5 (Catastrophe).

Despite some improvements in food security outcomes, acute malnutrition among Baidoa IDPs remains a major concern. Compared with the August 2026 analysis, the updated IPC AMN analysis estimates an additional 7,000 cases of children who will require treatment for acute malnutrition between July 2026 and June 2027. As a result, the total number of children in need of treatment (acute malnutrition burden) across Somalia has been slightly revised upward to 1.92 million (0.4 percent increase) which includes 437,000 cases of severe acute malnutrition (SAM). The small increase reflects the results of a new SMART (Standardized Monitoring and Assessment of Relief and Transitions) nutrition survey recently conducted among Baidoa IDPs in late October. However, the scale up of health and nutrition services since October, including expanded treatment and

preventative interventions, is expected to help mitigate acute malnutrition and partially offset the projected deterioration in disease prevalence and nutritional outcomes. Nearly 62 percent of all acute malnutrition cases are concentrated in the southern part of Somalia and are largely due to reduced access to health and nutrition services, disease outbreaks, acute food insecurity, and poor access to water and sanitation.

In line with the August analysis, the October-December 2026 Deyr season is expected to bring average to above-average rainfall across most of Somalia due to the El Niño phenomenon. According to the latest forecasts from the IGAD Climate Prediction and Applications Centre (ICPAC), there is a 90 percent chance of above-normal rainfall over central and southern Somalia, with surface temperatures continuing to be warmer than usual.

The impact on food insecurity is expected to be mixed with improved conditions in most pastoral and agropastoral areas, and severe deterioration in riverine livelihoods, low-lying IDP settlements, agropastoral livelihoods, and urban areas. As considered in the August analysis, in areas not affected by flooding, seasonal improvements are expected due to increased agricultural activities and labour opportunities, as well as improved livestock health and milk production due to increased pasture and water availability. Conversely, El Niño-induced heavy rains and severe flooding are expected to trigger population displacement, disrupt markets and livelihoods, and damage crops, livestock, and productive assets in riverine livelihoods and other low-lying flood-prone areas.

The Deyr season started on time to slightly early across most of Somalia, with generally favourable rainfall supporting agricultural and rangeland conditions in northwestern, central, and southern areas. In contrast, Bari and eastern Sanaag experienced delayed onset and below-average rainfall. In early October, parts of Bakool, Bay, and Lower Juba received exceptionally high rainfall, exceeding 300 percent of average, before declining to below-average levels in November; however, the early rains benefited cropping activities. Consistent with the August 2026 analysis, rainfall through the end of October was average to above average across most parts of the country. However, as of mid-November, despite earlier expectations, only localised flash and riverine floods were reported in Bay, Galgaduud, Mudug, Shabelle and Togdheer regions.

Since the beginning of October, the scale-up of health and nutrition services in Baidoa, including two additional health facilities, four outreach sites, and expanded supplementary feeding programmes for children with moderate acute malnutrition, has helped mitigate acute malnutrition and prevented a possible deterioration to AMN Phase 5 (Extremely Critical). Nevertheless, acute malnutrition remains at AMN Phase 4 (Critical) levels among Baidoa IDPs, underscoring the need for sustained preventive and curative interventions to save the lives of children.

Severe humanitarian funding constraints have continued to limit the coverage of lifesaving food, nutrition and health assistance across Somalia. Humanitarian Food Security Assistance (HFSA) from October to December 2026 will reach only 70,000 people per month (0.4 percent of the total population), despite 5.3 million people (27 percent of the total population analysed) being projected to face high levels of acute food insecurity and require assistance. At the national level, funding reductions have also led to the closure of 233 nutrition sites and 380 health facilities, reducing the capacity to prevent and treat acute malnutrition.

Urgent action is required to save lives, prevent further deterioration, and address the high levels of acute food insecurity and malnutrition projected between October and December 2026, with a particular focus on hotspot areas.

Key Drivers of Acute Food Insecurity

Lingering drought impacts

Despite forecasts of average to above-average Deyr rainfall, the lingering effects of successive droughts continue to constrain recovery in many pastoral areas. Reduced livestock holdings limit milk availability, livestock production, and household income, weakening food access and resilience among affected households.

Flooding

Despite lower-than-expected displacement in Baidoa, El Niño-related flooding remains a key driver. Over 874,000 people across Somalia are projected to be displaced between October and December 2026, primarily due to El Niño-related flooding (92 percent) and conflict (7 percent). Riverine areas and low-lying settlements remain particularly vulnerable to flooding-related displacement, livelihood disruption, and damage to productive assets.

Conflict and insecurity

Conflict and insecurity persist in central and southern Somalia, driving population displacement, disrupting access to markets, livelihood opportunities and humanitarian assistance.

High food prices

Despite recent declines in local staple food prices, both local and imported food prices are expected to remain above average through December 2026. Elevated food prices continue to constrain purchasing power and limit food access among poor and displaced households, particularly in areas affected by recurrent shocks and income losses.

Contributing Factors to Acute Malnutrition

Large food consumption gaps

Especially among IDP communities and some pastoral livelihoods, where milk availability and access are limited due to low livestock births as a result of the lingering impact of droughts that extended from mid- or late 2025 to early 2026.

Extremely poor child feeding practices

Child food consumption patterns remain a very high risk for acute malnutrition, with 65 percent of children, on average, consuming the Minimal Meal Frequency (MMF). However, only 3.8 percent of children have a Minimum Dietary Diversity (MDD) and 2.3 percent of children consume the Minimum Acceptable Diet (MAD). This reveals inadequate dietary quality and diversity across IDPs and rural populations.

Poor childcare practices

Suboptimal breastfeeding practices persist, with exclusive breastfeeding at 33 percent and continued breastfeeding up to two years at 40 percent, leaving many young children without adequate immunity and more susceptible to infections, contributing to the high levels of acute malnutrition being reported.

High disease burden

Childhood illness remains high, with diarrhoea reported at 142 percent of the long-term average (LTA) and acute respiratory infections (ARIs) at 112 percent of the LTA. Vaccine-preventable disease outbreaks remain a great concern, with measles reporting 259 percent of the LTA and diphtheria 98 percent of the LTA, with Baidoa, Burco and Mogadishu IDPs reporting the highest numbers of measles cases.

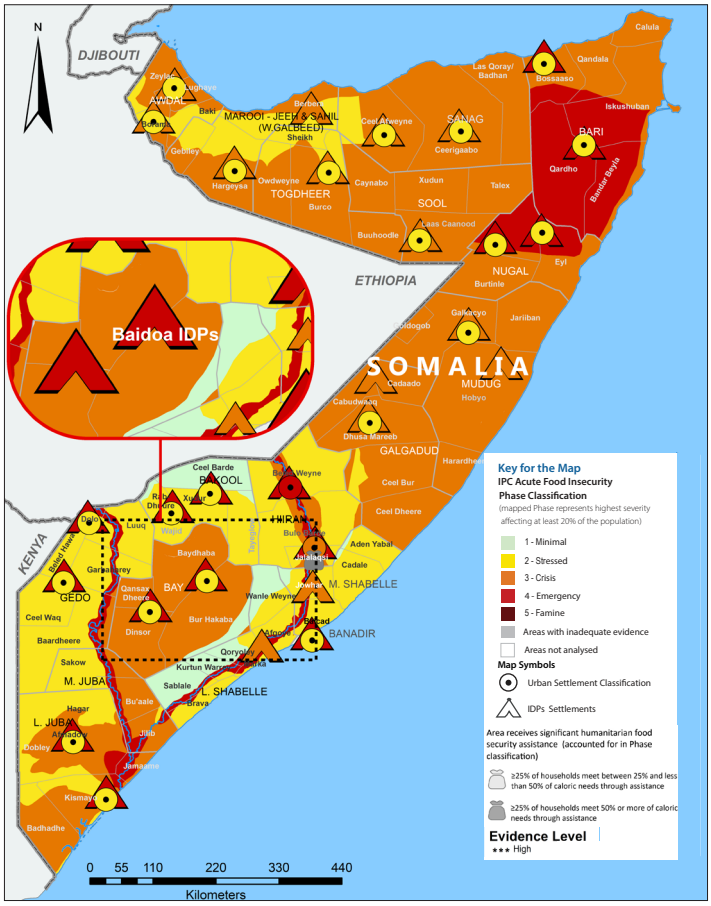
Poor access to health and nutrition services

National vaccination coverage between January and June 2026 for oral polio vaccine and measles remains below the 95 percent SPHERE standard, at 69 percent and 75 percent, respectively. The closure of 233 nutrition sites and 380 health facilities significantly reduced access to essential services.

Limited access to sufficient, clean water and sanitation facilities

Access to clean water is a significant challenge, with only 45 percent of the population in rural communities having access to improved water sources and 41 percent to improved sanitation. This continues to increase exposure to diarrhoeal diseases, which worsens the nutritional status of children.

ACUTE FOOD INSECURITY UPDATED PROJECTION MAP AND POPULATION TABLE (October–December 2026)



Population table for the updated projection period | October–December 2026

Region	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%	#people	%
Awdal	661,373	240,860	36	306,000	46	104,250	16	10,270	2	0	0	114,520	17
Bakool	564,958	298,560	53	160,580	28	74,310	13	31,520	6	0	0	105,830	19
Banadir	3,289,438	1,539,430	47	888,710	27	639,440	19	221,850	7	0	0	861,290	26
Bari	1,281,189	242,560	19	555,630	43	328,260	26	154,730	12	0	0	482,990	38
Bay	1,297,550	296,290	23	409,740	32	400,720	31	190,800	15	0	0	591,520	46
Galgaduud	844,925	232,500	28	312,940	37	204,990	24	94,500	11	0	0	299,490	35
Gedo	1,014,335	369,840	36	397,320	39	164,720	16	82,460	8	0	0	247,180	24
Hiraan	524,876	194,420	37	174,540	33	106,410	20	49,500	9	0	0	155,910	30
Lower Juba	1,204,269	379,710	32	434,740	36	269,110	22	120,710	10	0	0	389,820	32
Lower Shabelle	1,656,402	855,530	52	478,690	29	235,700	14	86,480	5	0	0	322,180	19
Middle Juba	447,217	157,190	35	184,010	41	78,430	18	27,590	6	0	0	106,020	24
Middle Shabelle	1,053,608	613,410	58	271,690	26	124,390	12	44,120	4	0	0	168,510	16
Mudug	1,528,722	422,170	28	573,570	38	374,010	24	158,980	10	0	0	532,990	35
Nugaal	656,910	114,110	17	286,550	44	159,410	24	96,840	15	0	0	256,250	39
Sanaag	445,736	125,750	28	191,730	43	98,930	22	29,320	7	0	0	128,250	29
Sool	570,788	166,810	29	239,500	42	125,940	22	38,540	7	0	0	164,480	29
Togdheer	894,874	378,700	42	350,340	39	156,500	17	9,330	1	0	0	165,830	19
Woqooyi Galbeed	1,504,986	598,910	40	658,900	44	237,330	16	9,840	1	0	0	247,170	16
Total	**19,442,156**	**7,226,750**	**38**	**6,875,180**	**35**	**3,882,850**	**20**	**1,457,380**	**7**	**0**	**0**	**5,340,230**	**27**

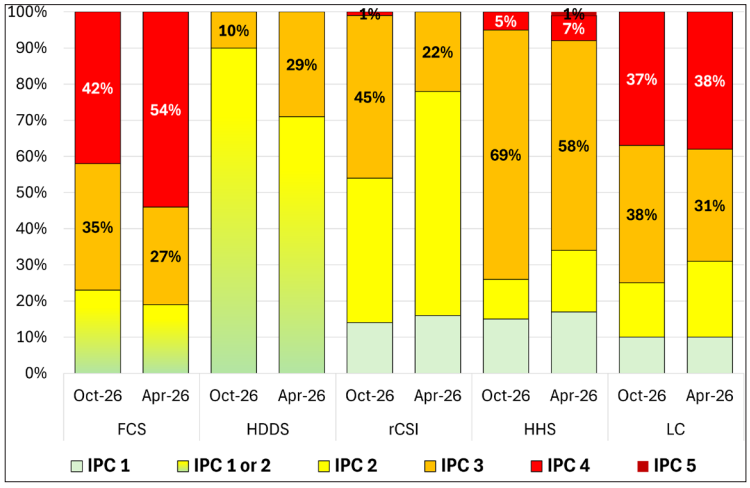
Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. IPC analyses produce estimates of populations by IPC Phase at area level. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

ACUTE FOOD INSECURITY UPDATED PROJECTION SITUATION OVERVIEW (October–December 2026)

The October 2026 FSNAU follow-up assessment indicates some improvement in food consumption and nutrition outcomes among Baidoa IDPs. The proportion of households with poor Food Consumption Scores (FCS), indicative of AFI Phase 4 (Emergency), declined from 54 percent to 42 percent, while Global Acute Malnutrition (GAM) prevalence decreased slightly from 18.2 percent to 16.1 percent, although remaining within AMN Phase 4 (Critical). Unlike the April nutrition results, which identified 12 Baidoa IDP hotspot sites with GAM prevalence of 26.4 percent, the October survey found no such extreme levels. Mortality rates also declined slightly and remained within the indicative AMN Phase 1 (Acceptable) range. However, other stress indicators deteriorated over the same period.

In terms of the Reduced Coping Strategies Index (rCSI), the proportion of households classified in Phase 3 or above increased from 22 percent to 46 percent, while the Household Hunger Score (HHS) Phase 3 or above rose from 66 percent to 74 percent. In addition, the proportion of households employing Crisis livelihood coping strategies increased from 31 percent to 38 percent, while the use of Emergency livelihood coping strategies remained high and largely unchanged at 37–38 percent, indicating continued erosion of household coping capacities.

Figure 1: Food security outcome indicators for Baidoa IDPs: Oct-2026 vs. Apr-2026



Food security outcomes among Baidoa IDPs between October and December 2026 are projected to be better than anticipated in the August 2026 analysis, with the proportion of the population facing AFI Phase 3 or above (Crisis or worse) declining from 80 percent to 65 percent and no population projected to face AFI Phase 5 (Catastrophe). Although nearly 335,000 IDPs in Baidoa are still projected to face Crisis or worse outcomes through the end of the year, the absence of widespread conflict and market disruptions, above average but stable food prices, lower than expected population displacement, and continued humanitarian assistance, albeit limited, have improved food security conditions. As a result, the risk of Famine is no longer expected, even under a plausible worst-case scenario.

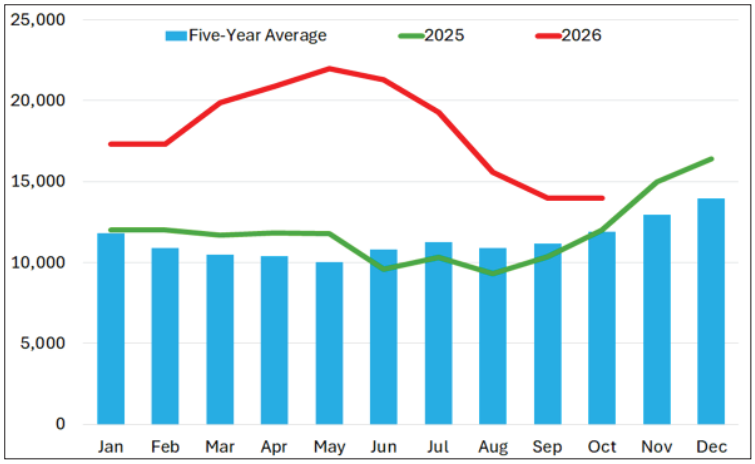
As a result of the revised Baidoa IDP projection, the national October-December 2026 estimate has been slightly revised downward. Across

Key assumptions (August 2026 - unchanged for areas other than Baidoa IDPs)

- The October–December 2026 Deyr season rainfall is expected to be above average due to strengthening El Niño conditions and sustained positive Indian Ocean dipole (IOD). Latest forecasts from ICPAC/IGAD indicate a 90 percent chance of above-normal October-December 2026 rainfall over central and southern Somalia.
- Severe flooding is likely in riverine and flood-prone low-lying areas, leading to massive population displacement, damages to infrastructure and farms, and disrupting market access.
- Agricultural employment opportunities and wage levels are expected to improve in most agropastoral livelihood zones but will be limited in riverine and flood-prone low-lying areas due to anticipated riverine flooding.
- Rangeland conditions will improve, leading to improved livestock body condition and conception.
- Milk availability will likely improve slightly given the expected low to medium livestock births and improved pasture and water availability conditions.
- Staple food prices are expected to increase and remain above average due to declining stocks from the 2026 Gu harvest and high prices on the international market.
- Persistent civil insecurity and conflict in central and southern regions are expected to lead to population displacement, hamper livelihood activities and market access, and negatively affect food security and livelihood outcomes.
- Due to severe funding shortfalls, HFSA is expected to reach only 0.4 percent of the total population, and just 1.3 percent of the people in need between October and December 2026.

Somalia, an estimated 5.3 million people (27 percent of the analysed population) are projected to face high levels of acute food insecurity (AFI Phase 3 or above) between October and December 2026, a slight improvement from the 5.4 million projected in August 2026. This includes nearly 1.5 million people (7 percent of the population analysed) in AFI Phase 4 (Emergency), with no population projected to face AFI Phase 5 (Catastrophe).

Figure 2: Baidoa red sorghum price, Somalia shilling (SOS) for 1 kg



The updated projection for Baidoa IDPs differs from the August 2026 analysis in some key assumptions while remaining broadly consistent in others. Food availability has improved due to increased supplies from the July 2026 Gu harvest and a continued decline in food prices. However, prices are expected to remain above-average through the end of the year. While the August projection anticipated flood-related road access constraints, these have not yet materialised as of mid-November. However, political tensions and insecurity continue to disrupt market functioning, constrain income-earning opportunities, and place additional pressure on the livelihoods of Baidoa IDP households.

In the August projection, Baidoa IDP households were expected to face reduced agricultural labour opportunities and declining income due to flash floods. However, this did not materialise and households continued to access agricultural labour opportunities, although prevailing insecurity did limit participation in some areas. Daily wage rates have increased compared with previous periods, supporting favourable terms of trade (ToT) during land preparation and planting. However, labour demand is expected to decline after planting, reducing purchasing power and weakening ToT until agricultural activities resume during the January 2027 harvest period.

Baidoa IDP households remain heavily dependent on market purchases as their primary food source, with approximately 90 percent of food consumption obtained through markets. Although anticipated flood-related disruptions did not occur, above-average rainfall and deteriorating security conditions constrained commodity transportation, trade flows, and trader access to markets, reducing supplies and increasing transportation costs. As a result, households spend approximately 86 percent of their total income on food purchases, leaving them highly vulnerable to food price increases and income shocks.

The displacement situation affecting Baidoa IDPs differs from the assumptions used in the August 2026 analysis. While the August analysis anticipated increased displacement into Baidoa from surrounding agropastoral areas due to flooding, current evidence indicates displacement from Baidoa driven by worsening insecurity. According to UNHCR, 5,600 people were displaced following the 28 September 2026 conflict in Baidoa town, and tensions remain elevated, increasing the risk of further conflict and displacement in the coming months. At the same time, flood-related displacement has been substantially lower than anticipated as of mid-November. Compared with the August 2026 UN-led estimate of 89,000 people likely to be displaced in Baidoa, the late September 2026 UNHCR-Danish Refugee Council (DRC) projection shows a substantially reduced estimate of 44,000 displaced people, including around 42,000 flood-related displacements.

Food consumption among Baidoa IDP households is expected to deteriorate due to limited income opportunities, persistently high food prices, declining purchasing power, limited or no humanitarian assistance, and continued market disruptions associated with insecurity. Consequently, households are expected to increasingly rely on emergency coping strategies, including borrowing, asset depletion, and reductions in essential non-food expenditures, reflecting worsening food access and declining resilience. Both local cereal prices and imported food prices are likely to increase and remain above average due to dwindling carryover stocks, and trade and supply chain disruptions. Consequently, the purchasing power of Baidoa IDP households is expected to remain constrained, as higher food prices continue to offset income gains and limit improvements in food access.

A substantial proportion of Baidoa IDP households are projected to continue facing AFI Phase 4 and will require sustained humanitarian support to prevent further deterioration. Improvements in food consumption due to declining food prices and access to seasonal agricultural employment and income and reduced displacement pressures due to flooding and conflict have

lowered the risk of Famine, however, flooding, conflict-related disruptions, food prices, and persistent nutrition vulnerabilities need to be closely monitored.

Cereal market supply has continued to improve following the above-average Gu harvest in July 2026. Local staple food prices have continued to decline through September but will likely increase moderately and remain above average as stocks decline and risk of market disruption due to flooding and insecurity increases. Rising fuel prices and the associated increase in transport costs will put further pressure on both local and imported food prices. In line with the August analysis, above average staple food prices will continue to undermine purchasing power, especially among poor households who are mostly dependent on market purchases. Seasonal improvements are expected to expand agricultural labour demand, particularly in agropastoral areas.

The October-to-December 2026 Deyr season rainfall is forecasted to be average to above-average across most parts of Somalia. Increased precipitation during the Deyr season is expected to have mixed impacts, leading to improvements in pasture conditions, water availability, and livestock productivity in many pastoral and agropastoral livelihood zones. Nonetheless, herd holdings remain well below baseline levels, constraining milk production and limiting income-generating capacity for pastoral and agropastoral households. These will continue to hinder meaningful recovery, compounded by low livestock births and limited availability of saleable livestock, especially among poor households.

Despite favourable and improving pasture and water conditions, recovery will remain constrained by the cumulative impacts of past droughts, including elevated household debt, low livestock holdings, and persistently high food prices. Conflict and insecurity will continue to cause population displacement and disrupt livelihoods and market access. Although IPC Phase 2 (Stressed) is projected in the Hawd Pastoral of Hiraan and Cowpea Belt Agropastoral livelihood zone of Middle Shabelle, the Southern Agropastoral and Southern Rainfed Maize Agropastoral livelihood zones of Lower Shabelle, and the Southern Inland Pastoral livelihood zone of Gedo and Hiiraan, food security in these livelihoods will remain constrained.

Anticipated above-average Deyr season rainfall is also expected to lead to flooding in riverine and flood-prone low-lying areas in several regions of the country, causing damage to infrastructure, livelihoods, and agricultural land. In addition, flood-related disruptions to cropping activities are expected to reduce agricultural production and increase food consumption gaps among vulnerable households, further exacerbating humanitarian needs across affected communities. Floods could affect IDP settlements in flood-prone areas like Baidoa, Beletweyne, Qardho and Mogadishu.

According to the updated projection, AFI Phase 3 outcomes are expected in the Coastal Deeh pastoral and Addun pastoral livelihood zones of the northeast, as well as the Hawd pastoral and Addun pastoral livelihood zones of central Somalia. These improvements from AFI Phase 4 during July-September 2026 will be driven by the anticipated regeneration of pasture and water resources following the onset of the Deyr rains, substantial improvements in livestock body conditions and market value, modest increases in milk availability, and enhanced access to seasonal fishing and labour opportunities. However, riverine areas are expected to face AFI Phase 4 due to anticipated severe riverine and flash flooding, which is likely to inundate agricultural land, disrupt labour opportunities and cause population displacement. AFI Phase 4 outcomes are also expected to persist in Northern Inland Pastoral of northeast and among displaced populations in Bari, Nugaal, Bay, and Bakool regions.

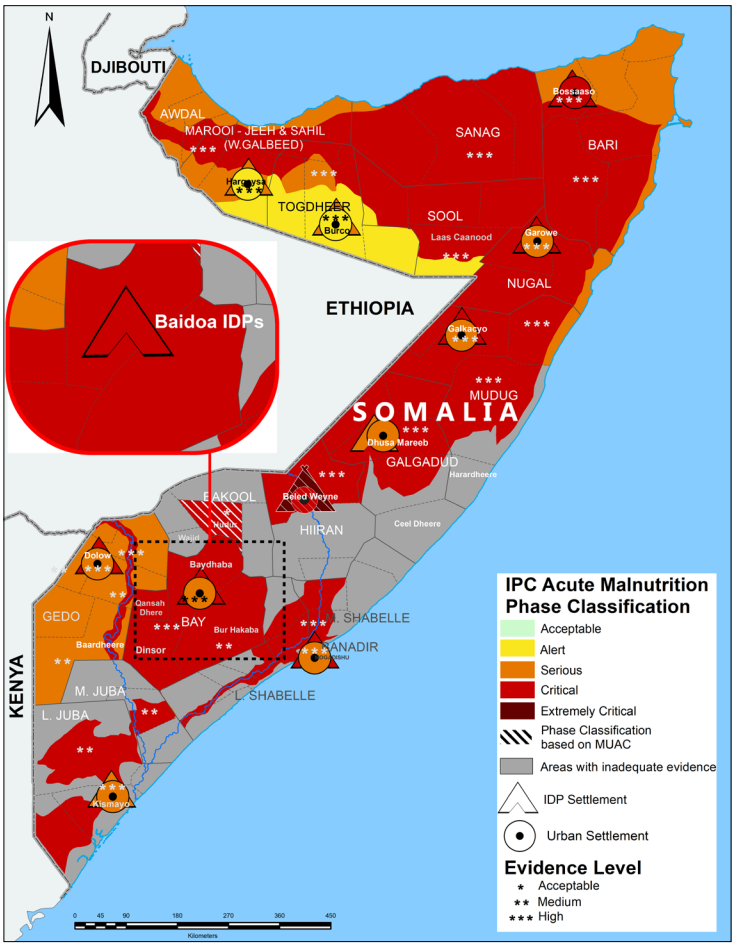
AFI Phase 4 food security outcomes are expected among IDPs in Hiraan, Banadir, Gedo and Lower Juba regions, driven by the adverse impacts of El Niño, including an increased influx of new IDPs.

AFI Phase 2 outcomes are projected through December 2026 in several pastoral, agropastoral, and urban areas, including West Golis pastoral of northwest, Cowpea Belt agropastoral of Middle Shabelle, Southern agropastoral of Bakool, Gedo, Middle Juba and Lower Juba, Coastal Deeh pastoral of Middle and Lower Shabelle, Sorghum High Potential agropastoral of Middle and Lower Shabelle, and Southern Inland Pastoral of Galgaduud, Gedo, Hiraan, Middle Juba and Lower Juba, and Southern Rainfed agropastoral of Lower Shabelle, and urban areas. These households continue to face constrained purchasing power amid sustained high food prices, reduced income from livestock and livestock product sales and consumption, and increased competition for casual labour opportunities from IDPs.

In contrast, Southern Inland Pastoral areas of Bakool, Bay, Middle Shabelle and Lower Shabelle regions are expected to remain in IPC AFI Phase 1 (Minimal) as previously projected, supported by relatively better livestock holdings, improved access to marketable livestock, and increased availability of milk for both household consumption and income generation.

Planned HFSA between October and December 2026 is expected to reach only about 70,000 people per month, covering only 0.4 percent of the total population or just 1.3 percent of the 5.3 million people estimated to be in need. This reflects a significant reduction in response and increasing food security risks among vulnerable populations.

ACUTE MALNUTRITION UPDATED PROJECTION MAP AND POPULATION TABLE (October–December 2026)



Updated acute malnutrition population of malnourished children and pregnant and breastfeeding women in need of treatment: July 2026–June 2027

Region	Children 6-59 months	No. of Children (6-59 Months) in Need of Treatment			Pregnant and Breastfeeding Women (PBW)
		Moderate Acute Malnutrition	Severe Acute Malnutrition	Global Acute Malnutrition	
Awdal	132,275	40,570	11,910	52,480	3,327
Bakool	112,992	43,890	24,040	67,930	9,809
Banadir	657,888	242,490	49,150	291,640	7,190
Bari	256,238	111,360	23,840	135,200	10,582
Bay	259,510	112,120	77,550	189,670	17,524
Galgaduud	168,985	67,260	14,240	81,500	7,758
Gedo	202,867	78,120	31,420	109,540	16,295
Hiraan	104,975	50,830	14,080	64,910	9,816
Mudug	305,744	124,870	26,920	151,790	11,700
Nugaal	131,382	53,650	15,140	68,790	6,282
Sanaag	89,147	32,240	7,320	39,560	9,024
Sool	114,158	34,500	8,410	42,910	6,040
Togdheer	178,975	43,100	7,790	50,890	7,491
Woqooyi Galbeed	300,997	86,360	21,610	107,970	6,178
Middle Shabelle	210,722	87,790	22,630	110,420	5,246
Lower Shabelle	331,280	150,340	35,410	185,750	3,721
Middle Juba	89,443	32,530	12,340	44,870	3,306
Lower Juba	240,854	93,010	33,420	126,430	13,511
Total	**3,888,432**	**1,485,030**	**437,220**	**1,922,250**	**154,800**

The expected number of cases of acute malnutrition (total acute malnutrition burden) was calculated by multiplying the population of children under five by the prevalence of acute malnutrition and the respective incidence correction factor (3.6 for severe acute malnutrition – SAM and 2.6 for moderate acute malnutrition - MAM). Somalia's total population in 2026 is estimated at 19,442,156, with children 6-59 months of age, comprising 20 percent of this total. On the prevalence, the combined GAM and SAM from the results of the SMART nutrition survey carried out between June and August 2026, and October 2026 were used. As a result of continuous demand from nutrition implementing agencies for estimates of the number of malnourished children disaggregated by regions or districts, when in fact, the current FSNAU food security and nutrition assessments are conducted at the livelihood zone (rural) level and for discrete population groups (IDP and Urban), a combination of real estimate value and proxy prevalence techniques has been used to provide the nationwide absolute number of acutely malnourished children. If the prevalence of acute malnutrition is not available, the prevalence observed in similar livelihoods and an average median GAM prevalence is used for regions crosscut by more than one livelihood zone. The estimated PBW burden was calculated using current and historical MUAC <23 cm data from livelihood surveys, which were disaggregated to the lower administrative level, i.e., district level, and calculated using the 8 percent estimate of PBW in the total population.

ACUTE MALNUTRITION UPDATED PROJECTION SITUATION OVERVIEW (October–December 2026)

The August 2026 AMN analysis for Baidoa IDPs was informed by a SMART survey conducted in April 2026, which projected a marked deterioration in acute malnutrition during the October–December 2026 period. In addition, spatial analysis of the April 2026 survey using Wowi [1] identified 12 IDP hotspot sites with elevated Global Acute Malnutrition (GAM) prevalence of 26.4 percent, while the overall GAM prevalence among Baidoa IDPs was 18.2 percent.

The August 2026 projection analysis for October to December 2026 reflected expectations of worsening food insecurity, rising child morbidity, reduced access to health and nutrition services, and deteriorating water, sanitation and hygiene (WASH) conditions, compounded by likely El Niño-related flooding and heightened insecurity in Baidoa. Taking all factors into consideration, a risk of Famine statement under a plausible worst-case scenario was released.

Population	Group	AMN	Acute Malnutrition Burden Estimates			
			Aug 2026	Nov 2026	Increase (#)	Increase (%)
Baidoa IDPs	Children under five	GAM	74,020	81,150	7,130	10%
		MAM	41,000	43,680	2,680	7%
		SAM	33,020	37,470	4,450	13%
	PBW	AMN	7,000	5,205	-1,795	-26%
National	Children under five	GAM	1,915,120	1,922,250	7,130	0.4%
		MAM	1,482,350	1,485,030	2,680	0.2%
		SAM	432,770	437,220	4,450	1%
	PBW	AMN	156,559	154,764	-1,795	-1%

Key assumptions

- Access to safe water sources and sanitation will be significantly impacted negatively due to anticipated flooding in riverine areas and low-lying agropastoral areas and IDP settlements prone to floods.
- Worsening of childhood morbidities (diarrhoea, ARI, malaria) and vaccine preventable disease outbreaks such as measles among riverine, and flood prone IDPs, and rural areas will persist.
- Persistent inadequate child feeding and dietary intake remains a major driver for acute malnutrition.
- 380 health facilities and 233 nutrition sites continue to remain closed due to funding gaps.
- Reduced accessibility to health and nutrition services due to anticipated El Niño flooding in riverine, IDP, and flood-prone areas.
- Significant reduction in supplementation for moderately malnourished children by 90 percent.

Results from the late October 2026 SMART survey conducted by FSNAU among Baidoa IDPs showed a GAM prevalence based on Weight-for-Height Z-Scores (WHZ) of 16.1 percent compared with 18.2 percent in April, a difference that is not statistically significant. Consequently, the classification remains AMN Phase 4, as projected in August 2026. However, GAM based on Mid-Upper Arm Circumference (MUAC) increased from 14.1 percent in April to 18.9 percent in October, increasing the estimated acute malnutrition burden among Baidoa IDPs by 10 percent, from 74,000 to more than 81,100. This increase reflects a higher number of children aged 6–23 months identified as acutely malnourished using MUAC. As the burden estimation combines acute malnutrition cases identified through both WHZ and MUAC, a higher MUAC rate would translate to more children being identified as acutely malnourished than when using WHZ alone. These findings underscore the need to closely monitor acute malnutrition among children aged 6-23 months during the projection period. In addition, spatial analysis identified no acute malnutrition hotspots in the October survey results.

Figure 3: Trends in GAM prevalence by WHZ, 2023-2026 (%)

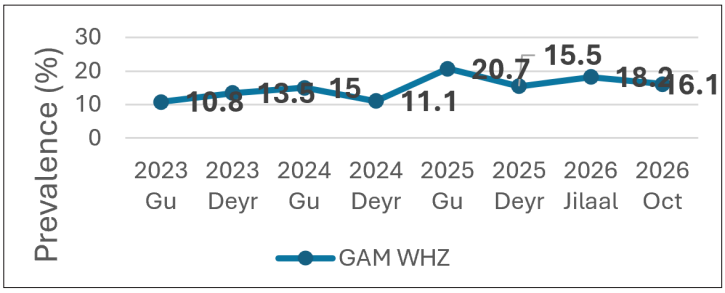
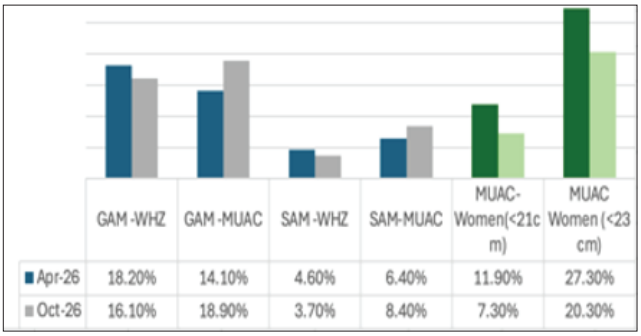


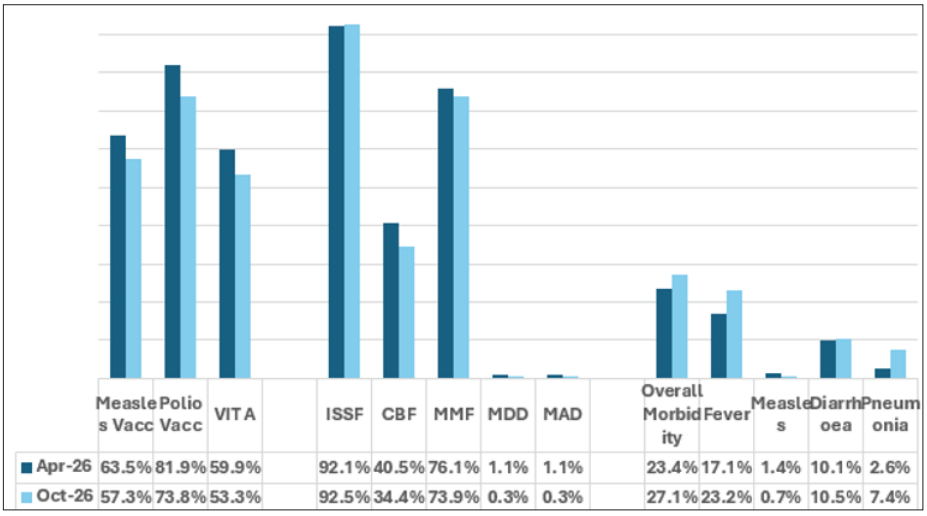
Figure 4: Comparison of acute malnutrition in children and women in Baidoa IDPs



1. https://tiwowi.github.io/wowi/

The October survey findings have revealed continued poor child feeding patterns, with 99 percent of children aged 6-23 months not able to meet their daily nutrient intake in terms of dietary diversity and frequency needed for healthy growth and development. Continued breastfeeding remains low, with 66 percent missing out on the protective benefits of breast milk. Child morbidity is persistent, with an increase reported from 23.4 percent in April to 27 percent in October. Cases of measles have reduced from 637 on average per month to 246 cases; however, measles still remains of great concern, whereby 40 percent of surveyed children reported not having been vaccinated. Acute food insecurity remained at Phase 4, indicating large household food consumption gaps, as shown by increased use of coping strategies (rCSI) and more households experiencing moderate to severe hunger (HHS). Negative coping strategies such as reduced portion sizes, skipping meals, and overconsumption of cereals reflect inadequate dietary intake among children, contributing to the critical levels of acute malnutrition.

Figure 5: Comparison of contributing factors in Baidoa IDPs



	Measles Vacc	Polio Vacc	VITA	ISSF	CBF	MMF	MDD	MAD	Overall Morbidity	Fever	Measles	Diarrhoea	Pneumonia
Apr-26	63.5%	81.9%	59.9%	92.1%	40.5%	76.1%	1.1%	1.1%	23.4%	17.1%	1.4%	10.1%	2.6%
Oct-26	57.3%	73.8%	53.3%	92.5%	34.4%	73.9%	0.3%	0.3%	27.1%	23.2%	0.7%	10.5%	7.4%

This projection update also took into account crucial new assumptions that emerged and will likely have a positive impact by cushioning the worsening of acute malnutrition among children in Baidoa IDP households. This includes the scale-up of an additional six health and nutrition service points at both fixed sites and outreaches, and the resumption of service provision at some of the facilities that had faced funding gaps. Supplementation for children having MAM has resumed and is expected to reach nearly 11,000 children per month until December 2026. The latest projections from IOM-DRC indicate that only 44,000 people in Baidoa will be displaced compared to the previous projection of 89,000 people likely to be displaced between October and December 2026. Therefore, in this updated analysis, under the most likely scenario, acute malnutrition is projected to deteriorate within AMN Phase 4 due to poor child feeding and care practices and the expected rise in childhood morbidity from El Niño-related flooding.

Under the revised plausible worst-case scenario, GAM by WHZ is projected to remain below 30 percent and under-five mortality below 4 deaths per 10,000 children per day, mitigated by the scaling up of health and nutrition services. The nutrition situation among Baidoa IDPs is expected to remain critical through December 2026, although conditions are projected to be less severe than anticipated in the August 2026 analysis, partly due to the scale-up of health and nutrition interventions by partners since October 2026.

Between January and October 2026, nutrition programme admissions remained high in Baidoa: a total of 8,000 children were admitted into the stabilisation centres, which has exceeded the estimated annual burden of 4,700 by 70 percent. Additionally, the total number of acutely malnourished children admitted to nutrition centres was reported at 143,000, exceeding the estimated annual caseload of 105,000 by 36 percent. These figures clearly reveal that levels of acute malnutrition remain high in Baidoa.

Contributing factors for acute malnutrition among Baidoa IDPs

- **Extremely poor child dietary intake:** 99 percent of the children aged 6-23 months are not able to meet daily nutrient requirements in terms of diversity and frequency of feeding (MDD 0.3 percent; MAD 0.3 percent), predisposing them to acute malnutrition in addition to poor growth and development.
- **Acute food insecurity:** Households are experiencing Emergency conditions (AFI Phase 4), characterised by large food consumption gaps reflected in frequent use of consumption-based coping strategies and facing severe hunger. Reliance on negative coping strategies, such as reduced portion sizes, skipping meals, and overconsumption of cereals, contributes to inadequate dietary intake among children and the persistence of critical levels of acute malnutrition (AMN Phase 4).

- **Poor childcare practices:** Suboptimal breastfeeding practices persist, with 66 percent of children aged 6–23 months not currently breastfed. Together with inadequate complementary diets, low breastfeeding coverage increases their risk of acute malnutrition.
- **High disease burden:** Child morbidity increased from 23.4 percent in April to 27.1 percent, driven by higher rates of acute respiratory infections (ARI) and fever, increasing the risk of acute malnutrition. Although average monthly measles admissions declined from 637 to 246, measles remains a contributing factor given low vaccination coverage, with only 57.3 percent of children reported to have received a measles vaccine.
- **Deteriorating WASH conditions:** Compared to April 2026, access to sanitation has deteriorated from 96 percent to 90 percent, while access to protected drinking water sources fell from 95 percent to 77 percent. Flooding during the October rains disrupted WASH services and contributed to an increase in waterborne diseases, such as acute watery diarrhoea (AWD).

At the national level, for the other areas not updated in November 2026, the assumptions as well as projected food security and nutrition outcomes remain in line with the August 2026 analysis: acute malnutrition is expected to deteriorate between October and December 2026 in most of the livelihoods across Somalia, mainly due to the impact of El Niño rains likely to cause massive flooding in riverine areas, IDPs, and areas prone to flash floods. This will significantly reduce access to health services due to displacements, broken pipelines for the health and nutrition commodities leading to low vaccination and treatment of diseases; increased childhood morbidities, and disease outbreaks. Increased food insecurity is projected among the riverine and agropastoral livelihoods likely to result in large food gaps at household and child feeding level. Further, flooding will compromise access to safe water and sanitation facilities and increase the risk of disease outbreaks, acute malnutrition and mortality.

The AMN projection for populations across Somalia other than Baidoa IDPs remains unchanged from the August projection. Beletweyne IDP is classified as Extremely Critical (AMN Phase 5). The following population groups are classified in AMN Phase 4: Shabelle Riverine, NW East Golis Pastoral (Sanaag), Bay Agropastoral, Northern Inland Pastoral (Northwest and Northeast), North Gedo Riverine, Shabelle Sorghum High Potential Agropastoral, Beletweyne District (mainly Riverine), South Gedo Riverine, Central and Northeast Hawd Pastoral, West Golis Pastoral, Xudur District, Juba Cattle Pastoral, Buur Hakaba Agropastoral, Addun Pastoral of Central, IDPs in Mogadishu, Doolow, Gaalkacyo, Garowe, Baidoa, Bossaso, and urban populations in Belletweyne and Bossaso.

Areas that are classified as AMN Phase 3 (Serious) are Northeast Coastal Deeh Pastoral (Bari, Mudug, Nugal), Northwest Agropastoral, Gedo Southern Agropastoral, Guban Pastoral, North Gedo Pastoral, South Gedo Pastoral, Northeast Golis Pastoral (Bari), IDP populatrions in Kismayo, Burco, Dhuusamarreb, and Hargeysa, and urban populations in Garowe, Mogadishu, Gaalkacyo, Dhuusamarreeb, Doolow, Kismaayo, and Baydhaba.

In line with the August analysis, urban populations in Burao and Hargeisa are classified in AMN Phase 2 (Alert). The main drivers of acute malnutrition among the urban population include a high disease burden, ongoing disease outbreaks, and poor child feeding and caring practices.

Humanitarian support targeting health and nutrition: The closure of 233 nutrition sites and 380 health facilities will continue to significantly affect access to essential services for the most vulnerable populations, including those in rural areas and IDPs, leaving many children without timely access to vaccination, treatment for illnesses, and management of acute malnutrition. Impact of El Niño rains will lead to closure of more health services and nutrition sites in addition to scale down of outreaches especially in the flood prone areas and weather-affected road areas. Further scale down on supplementation for moderately malnourished children and reduced humanitarian food assistance are expected during the month of October, with WASH expected to be negatively affected due to anticipated El Niño-related flooding from October to December, all these factors will lead to the further deterioration of the nutritional status of young children while increasing risk to mortality.

RECOMMENDATIONS FOR ACTION

1. Urgently scale-up and sustain lifesaving multi-sectoral humanitarian assistance (food security and livelihoods, nutrition, health, and WASH), with a priority in hotspot areas for all populations classified in IPC AFI and AMN Phase 3 or above.
2. Scale up humanitarian assistance in underserved and hard-to-reach rural areas and IDP populations which have the highest malnutrition burdens and high levels of acute food insecurity.
3. Restore and protect funding for lifesaving health and nutrition services.
4. Sustain current services and restore closed primary healthcare and nutrition services in areas experiencing high levels of acute malnutrition.
5. Prioritise flood-prone, high-burden, rural, and underserved populations to ensure timely access to primary health care. Maintain continuity of essential health and nutrition services and sustain coverage of nutrition preventive and treatment services.
6. Improve complementary feeding for children aged 6-23 months by ensuring access to diverse, age-appropriate foods to improve minimum dietary diversity and minimum acceptable diets.
7. Strengthen community engagement and referral mechanisms by working with community health care workers and volunteers to prevent childhood illness and malnutrition and ensure prompt referral.
8. Scale up emergency WASH interventions to restore access to safe drinking water and sanitation in affected households.
9. Strengthen multisectoral programming and align nutrition, health, food security and WASH interventions to address poor diets and recurrent illness among young children.
10. Enhance coordination, strategic partnerships and humanitarian–development–peace (HDP) nexus collaboration to avert escalation in humanitarian needs.

Risk factors to monitor

The following risk factors need to be closely monitored throughout the projection period:

- 2026 Deyr season rainfall performance and impacts on crop production, pasture and water availability, and livestock body conditions, births, deaths, and milk availability.
- Riverine and flash floods and their impacts on population displacement and disruption to market access and livelihood activities
- Insecurity, conflict, and population displacement.
- Food and livestock prices, wage rates, and terms of trade.
- Admission of acutely malnourished children to treatment and feeding centres.
- Morbidity trends especially diarrhoea, AWD/cholera, malaria, ARI, measles, diphtheria.
- Access to health and nutrition facilities.
- Access to safe water, functionality of water sources, and sanitation conditions.

PROCESS AND METHODOLOGY

The Somalia November 2026 projection update analysis was conducted virtually, bringing together analysts from Hargeisa, Garowe, and Mogadishu. A total of 21 technical experts participated, including representatives from government, UN agencies, NGOs, Food Security and Nutrition Clusters, and technical partners. The analysis, carried out from 9 to 11 November 2026, primarily focused on Baidoa IDPs both for AFI and AMN. The process followed IPC protocols and standards, ensuring convergence of evidence from multiple data sources, including updated information on conflict, markets and prices, rainfall, and other sectoral indicators. In line with IPC protocol, the level of Evidence for both AFI and AMN analyses update has been assessed as High (***).

Both analyses drew on an integrated food security, nutrition, and mortality household survey conducted among Baidoa IDPs in October 2026, as well as previously collected data from five FSNAU integrated surveys and six food security surveys conducted by the World Food Programme (WFP) in collaboration with the Somalia National Bureau of Statistics (SNBS). Population estimates for sampling units were based on the UNFPA 2014 census, complemented by updated Camp Coordination and Camp Management (CCCM). Detailed Site Assessments and related sources. The AFI analysis and total AMN burden estimates were calculated using the 2026 Somalia population figure of 19,442,156 provided by OCHA.

Sources

The projection update used information from various sources. The sources in the AFI analysis included FSNAU, WFP, SNBS, FSL Cluster, market analyses and price projections, FEWS NET rainfall estimates and forecasts, population movement data (IOM), and humanitarian assistance records of WFP and FSL Cluster. Sources in the AMN analysis also used FSNAU, WFP/SNBS, routine health data, disease surveillance data, contextualised qualitative information and program admission trends.

Limitations of the analysis

The November 2026 analysis focused on Baidoa IDPs as no new evidence was collected in other areas. As a result, the previous projection has been maintained for all other areas.

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

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

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

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

IPC Analysis Partners: