

SOMALIA

A NEW RISK OF FAMINE ARISES AS FLOODING FROM EL NIÑO EXACERBATES ALREADY HIGH LEVELS OF ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

IPC ACUTE FOOD INSECURITY AND
ACUTE MALNUTRITION ANALYSIS
JULY–DECEMBER 2026
Published on 23 September 2026

CURRENT ACUTE FOOD INSECURITY: JUL–SEP 2026			PROJECTED ACUTE FOOD INSECURITY: OCT–DEC 2026			ACUTE MALNUTRITION: JULY 2026–JUNE 2027		
 5.1M 26% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe	 5.4M 28% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	26,000 People in Catastrophe	 1.92M cases of children aged 6–59 months acutely malnourished IN NEED OF TREATMENT	Severe Acute Malnutrition (SAM)	433,000
	Phase 4	1,397,000 People in Emergency		Phase 4	1,483,000 People in Emergency		Moderate Acute Malnutrition (MAM)	1,482,000
	Phase 3	3,699,000 People in Crisis		Phase 3	3,909,000 People in Crisis		 157,000 cases of pregnant and breastfeeding women (PBW) acutely malnourished IN NEED OF TREATMENT	
	Phase 2	6,805,000 People in Stressed		Phase 2	6,849,000 People in Stressed			
	Phase 1	7,541,000 People in food security		Phase 1	7,175,000 People in food security			

Overview

Somalia continues to face a volatile and complex food and nutrition crisis, with the risk of Famine (RoF) identified for the second consecutive IPC analysis. Acute food insecurity remains high due to a combination of factors, including the lingering effects of previous droughts, erratic rainfall in the 2026 April-to-June *Gu* season, conflict and insecurity, and above-average food prices, and El Niño related flooding during the forthcoming 2026 October-to-December *Deyr* season.

Between July and September 2026, nearly 5.1 million people (26 percent of the analysed population) are facing high levels of acute food insecurity—IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse). This includes close to 1.4 million people (7 percent of the analysed population) in IPC AFI Phase 4 (Emergency), which is characterised by large food gaps and high levels of acute malnutrition. While this reflects better-than expected seasonal improvement compared to the last analysis in April 2026, it represents a 50 percent year-on-year increase since July–September 2025 and the second highest number of people in IPC AFI Phase 3 or above since 2017. This steep deterioration from last year comes amid a sharp decline in humanitarian funding and response capacity, with humanitarian food security assistance (HFSA) expected to decline further in the coming months.

Key Drivers of Acute Food Insecurity



Poor rainfall

Erratic and below-average rainfall during the April-to-June 2026 *Gu* season affected agropastoral areas in northwest regions and some regions in central and southern Somalia. Lingering impact of droughts in mid-to-late 2025 and early 2026 persisted in most pastoral areas, including low milk availability and access.



Flooding

Alongside drought and conflict, flooding is likely to displace nearly 198,000 people between 1 July and 30 September 2026, according to the International Organization for Migration (IOM). Adverse impacts of El Niño and further population displacements are likely during the October-to-December 2026 *Deyr* season due to heavy rainfall and anticipated severe flooding in riverine and low-lying areas.



Conflict and insecurity

Conflict and insecurity persist in many regions, particularly in central and southern Somalia and with localised conflicts in some northern regions, driving population displacement, disrupting market access and functionality, and constraining households' access to livelihood opportunities and humanitarian assistance.

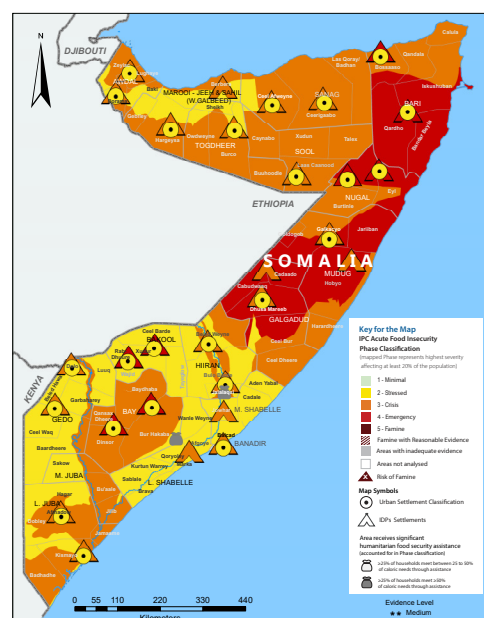


High food prices

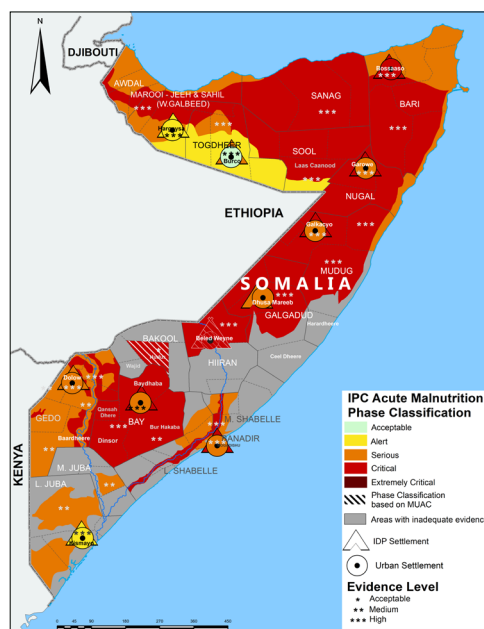
Despite above-average harvest in July 2026, food prices remain above average in many parts of the country. Local and imported food prices are expected to remain above average in most parts of the country through the end of the year.



Current Acute Food Insecurity July–September 2026



Current Acute Malnutrition June–September 2026



Gu season rainfall performance, although below average, contributed to the seasonal improvement in food security in pastoral, agropastoral and riverine areas in the current period. However, well below-average October–December 2025 *Deyr* harvests for key staples has kept food prices high in many parts of the country. Flooding, drought and conflict in central, southern, and some parts of northern Somalia have displaced populations and disrupted livelihood activities and market access.

Acute malnutrition remains of high concern in Somalia, with an estimated 1.92 million children aged 6–59 months suffering or expected to suffer from acute malnutrition and in need of treatment between July 2026 and June 2027, including 433,000 cases of severe acute malnutrition (SAM). Nearly 62 percent of estimated cases are concentrated in the southern part of the country due to reduced access to health and nutrition services, disease outbreaks, acute food insecurity, and poor access to water and sanitation. Compared to the 2025 *Gu* season, the current global acute malnutrition (GAM) burden has increased by 4 percent, while SAM has increased by 3 percent. In this post-*Gu* analysis, 19 population groups have been classified as IPC Acute Malnutrition (AMN) Phase 4 (Critical), reflecting a significant deterioration compared to historical trends and worse than 2022.

The upcoming 2026 *Deyr* season rains, coinciding with the October–December 2026 projection period, are expected to be average to above-average in most of Somalia, largely due to the El Niño phenomenon. During this time, there is a 75 percent chance of an historic event that would exceed the strength of previous El Niño events dating back to 1950. Food insecurity impacts are expected to be mixed with improved conditions in most pastoral and agropastoral areas, and severe deterioration in riverine livelihoods, low-lying internally displaced person (IDP) settlements, agropastoral livelihoods, and urban areas. 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 displacement, disrupt markets and livelihoods, and damage crops, livestock, and productive assets. Similar to 2023, floods may delay *Deyr* cultivation beyond the optimal planting window, reducing agricultural production and household food access.

During the projection period, food insecurity is expected to worsen, with an estimated 5.4 million people (28 percent of the population analysed) likely facing IPC AFI Phase 3 or above conditions, largely driven by increased displacement due to flooding, drought, and conflict. Alarming, this includes 1.5 million people in IPC AFI Phase 4 (Emergency) and close to 26,000 people among Baidoa IDPs in Bay Region expected to be in Catastrophe (IPC AFI Phase 5), which is characterised by starvation and the collapse of livelihoods. In a plausible worst-case scenario in which El Niño leads to more severe flooding and displacement than currently expected, Baidoa IDPs face a risk of Famine between October to December 2026, especially if humanitarian assistance remains insufficient to cover food consumption gaps.

Acute malnutrition is expected to deteriorate significantly in the projection period. El Niño rains will likely heighten disease burden and outbreaks in IDP settlements, compromise access to safe water and hygiene practices, and severely limit access to health and nutrition services. Beletweyne IDPs are expected to deteriorate from IPC AMN Phase 4 (Critical) to Phase 5 (Extremely Critical) while substantive deterioration towards the upper limit of IPC AMN Phase 4 is expected in seven areas: Bari Urban IDPs (Bossaso), Bay Urban IDPs (Baidoa), Nugaal Urban IDPs (Garoowe), Beletweyne District, North Gedo Riverine, Bay Agropastoral and Shabelle Riverine livelihoods. The expected impact of El Niño rains will drive this deterioration, with flooding, reduced access to safe water and sanitation facilities, increased child illnesses, a higher risk of disease outbreaks, and limited access to health and nutrition interventions. Increased population displacement will aggravate these conditions, leading to overcrowding and limited resources at IDP settlements.

While conditions remain severe, the acute malnutrition situation among agropastoral populations in Burhakaba district has shown a significant improvement since the April 2026 analysis, which identified the area as at risk of Famine through June 2026. GAM was at 22.6 percent in August 2026, indicative of IPC AMN Phase 4 (Critical), compared to 37.1 percent in April 2026, indicative of IPC AMN Phase 5 (Extremely Critical). This is largely attributed to the scale-up of targeted humanitarian response in health and nutrition, and improving food security.

Severe humanitarian funding constraints are limiting the coverage of lifesaving food, nutrition and health assistance. Planned HFSA from July to September 2026 will reach only 411,500 people (2 percent of the total population), while 5.1 million people (26 percent of the total population) are in need of urgent action. Assistance will decline further from October to December 2026 despite increasing needs, reaching less than 0.5 percent of the total population. Funding reductions have also led to the closure of 233 nutrition sites and 380 health facilities, reducing households' capacity to prevent and treat acute malnutrition.

Urgent action is critical to save lives and mitigate the high levels of need forecasted for October to December. This includes an immediate and targeted scale up of humanitarian food security assistance as part of an integrated humanitarian response and alongside anticipatory action.

Contributing Factors to Acute Malnutrition



Large food consumption gaps

Households are unable to access enough food, 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-to-late 2025 to early 2026.



Extremely poor child feeding practices

Child food consumption patterns remain at very high risk for acute malnutrition, with 65 percent of children, on average, consuming the minimum 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 IDP and rural populations.



Poor childcare practices

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



High disease burden

Childhood illness continues to remain 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

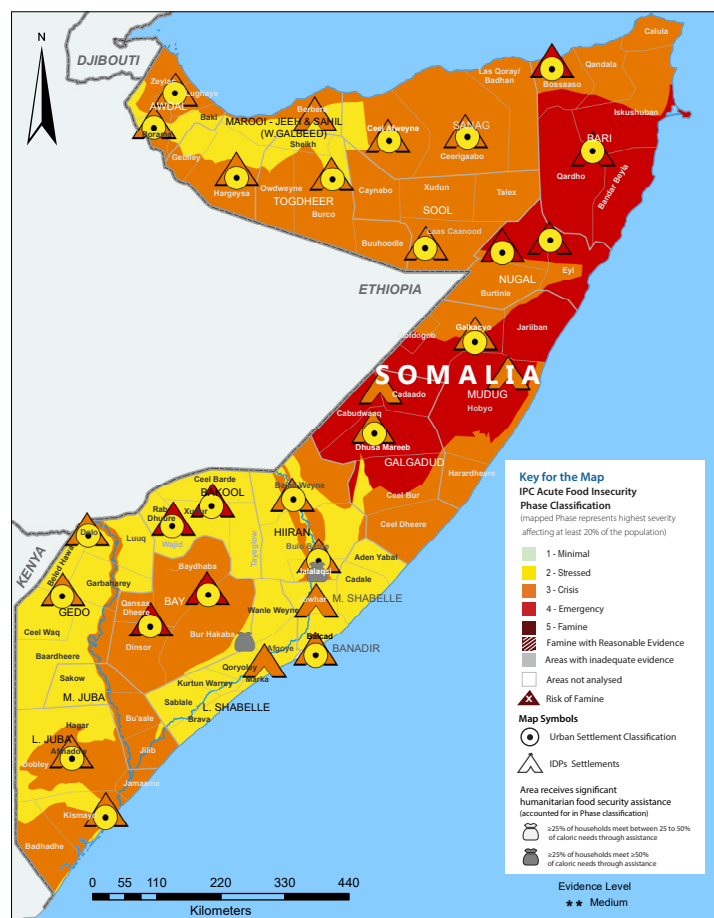
National vaccination coverage between January and June 2026 for oral polio vaccine and measles remains below the 95 percent SPHERE standard, at 69 percent and 75 percent, respectively. The closure of 233 nutrition sites and 380 health facilities significantly reduced access to essential services.



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 CURRENT MAP AND POPULATION TABLE (JULY-SEPTEMBER 2026)



Population table for the current period | July-September 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	226,620	34	312,860	47	106,240	16	15,660	2	0	0	121,900	18
Bakool	564,958	285,900	51	168,760	30	76,580	14	33,710	6	0	0	110,290	20
Banadir	3,289,438	1,910,520	58	770,730	23	497,250	15	110,930	3	0	0	608,180	18
Bari	1,281,189	137,050	11	552,470	43	386,680	30	205,000	16	0	0	591,680	46
Bay	1,297,550	270,400	21	429,500	33	379,700	29	217,940	17	0	0	597,640	46
Galgaduud	844,925	199,040	24	294,330	35	217,330	26	134,230	16	0	0	351,560	42
Gedo	1,014,335	423,800	42	398,960	39	162,030	16	29,550	3	0	0	191,580	19
Hiraan	524,876	219,870	42	182,800	35	93,430	18	28,780	5	0	0	122,210	23
Lower Juba	1,204,269	540,000	45	398,080	33	209,070	17	57,110	5	0	0	266,180	22
Lower Shabelle	1,656,402	965,620	58	506,050	31	175,130	11	9,600	1	0	0	184,730	11
Middle Juba	447,217	202,190	45	168,730	38	64,950	15	11,350	3	0	0	76,300	17
Middle Shabelle	1,053,608	642,540	61	296,600	28	106,330	10	8,140	1	0	0	114,470	11
Mudug	1,528,722	333,300	22	541,140	35	413,250	27	241,040	16	0	0	654,290	43
Nugaal	656,910	89,260	14	259,860	40	184,520	28	123,270	19	0	0	307,790	47
Sanaag	445,736	97,150	22	186,900	42	114,980	26	46,710	10	0	0	161,690	36
Sool	570,788	137,890	24	235,970	41	136,940	24	59,980	11	0	0	196,920	34
Togdheer	894,874	331,310	37	391,670	44	139,900	16	32,000	4	0	0	171,900	19
Woqooyi Galbeed	1,504,986	528,670	35	709,880	47	234,350	16	32,090	2	0	0	266,440	18
Total	19,442,156	7,541,130	39	6,805,290	35	3,698,660	19	1,397,090	7	0	0	5,095,750	26

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

ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW (JULY-SEPTEMBER 2026)

For IPC acute food insecurity analysis, a total of 107 areas were analysed and classified during the August 2026 analysis. Based on household survey findings and field assessments conducted between June to August 2026 and subsequent IPC AFI analysis following the convergence of evidence of multiple data sources, an estimated 5.1 million people (26 percent of the analysed population) are experiencing Crisis or worse (IPC Phase 3 or above) levels of acute food insecurity between July and September 2026. This includes close to 1.4 million people (7 percent of the population analysed) who are estimated to be in IPC Phase 4 (Emergency) and experiencing critical levels of acute food insecurity, characterised by large food gaps and high levels of acute malnutrition. The above figures reflect a relative seasonal improvement compared to the last analysis in April 2026, corresponding to the peak lean season for Somalia, which indicated 6 million people were in IPC Phase 3 or above between April and June 2026. When compared to a similar period last year (July–September 2025), however, there is a huge deterioration of around 50 percent from 3.4 million to 5.1 million.

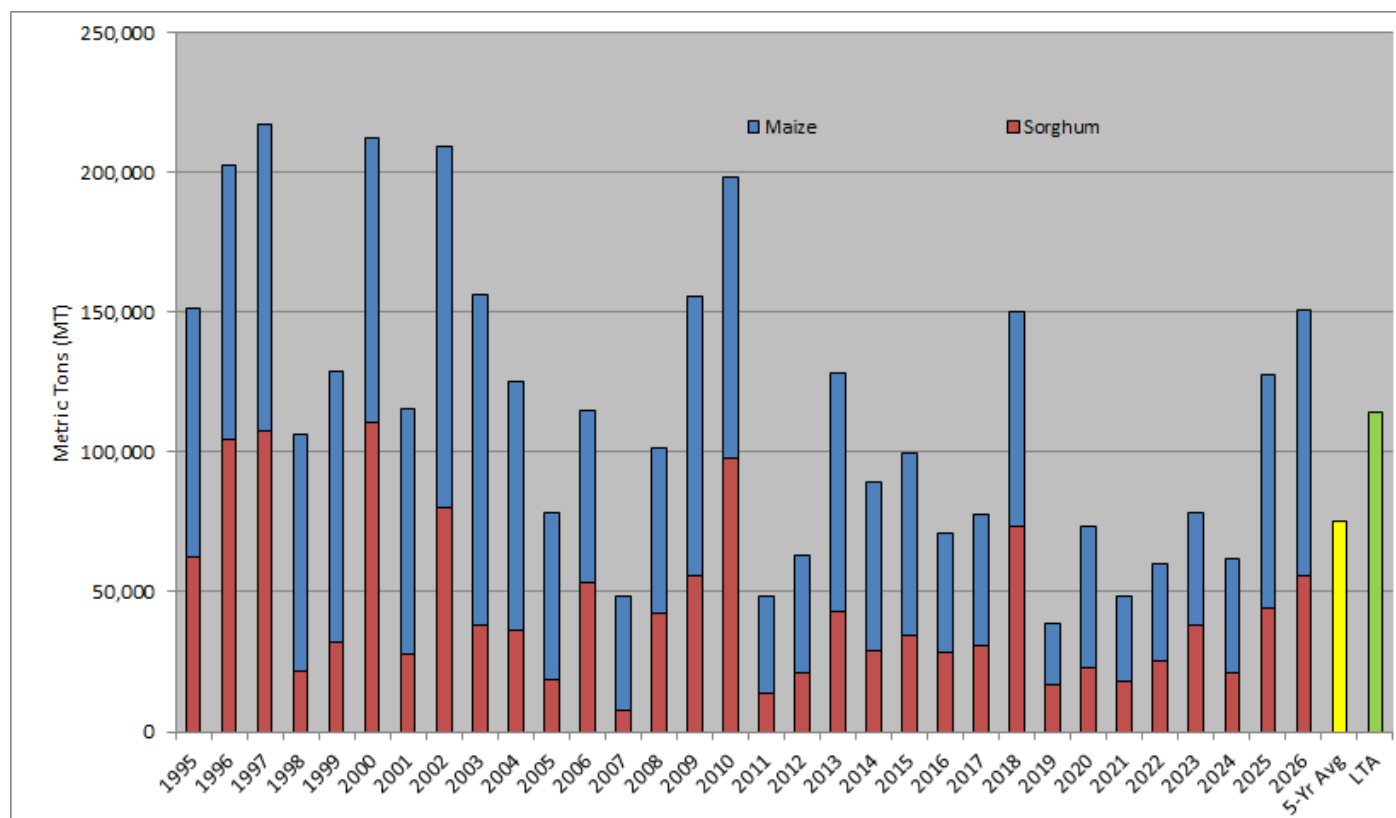
Several regions across Somalia are experiencing significant food security challenges that have resulted in elevated levels of acute food insecurity. Of the 44 rural analysis units, 26 are currently classified in IPC Phase 3 or above (Crisis or worse). Coastal Deeh Pastoral and Northern Inland Pastoral of Northeast, Hawd Pastoral and Addun Pastoral of Central and Northeast are classified as Emergency (IPC Phase 4), reflecting large food consumption gaps, elevated acute malnutrition, and/or the adoption of emergency coping strategies to meet basic food needs. The remaining 18 rural analysis units, mainly pastoral and agropastoral, are classified in IPC Phase 2 (Stressed). Although households in areas classified as IPC Phase 2 are generally able to meet their minimum food requirements, many are facing difficulties meeting essential non-food needs without resorting to unsustainable coping mechanisms.

The food security situation among IDPs remains particularly concerning. Nearly all assessed IDP settlements are classified in IPC Phase 3 (Crisis) or IPC Phase 4 (Emergency), with the most severe conditions observed among IDP populations in Bari, Nugaal, and Bay-Bakool regions. These classifications highlight the heightened vulnerability of displaced populations and the urgent need for scaled up and sustained humanitarian assistance. Urban populations remain relatively better off compared with rural and displaced households, benefiting from more diversified income sources and greater livelihood resilience. Nevertheless, all urban populations analysed are classified in IPC Phase 2 (Stressed), indicating continued pressure on household livelihoods and limited capacity to absorb further shocks.

Apart from Gedo and a few localised areas, the April-to-June *Gu* 2026 rain started in late April and ended in late May, with limited rainfall in June. Rainfall was generally near average in southern Somalia, supporting crop growth, improving pasture and browse conditions, and moderately replenishing pasture and water resources, which enhanced livestock production and recovery. However, an extended dry spell during the vegetative stage reduced crop yield in several agricultural areas. Rainfall was also poor to below average and unevenly distributed across northern and central Somalia, and parts of Bay, Bakool, Hiiraan, and Gedo, where late onset, sporadic rains, and prolonged June dryness constrained crop development and rangeland regeneration. Overall, the 2026 *Gu* season resulted in mixed crop and livestock outcomes. Favourable conditions in many southern areas supported crop and livestock production, while rainfall deficits elsewhere led to below-average crop yields, localised crop, pasture and water shortages, and limited livelihood recovery in areas that have been adversely affected.

Southern Somalia's 2026 *Gu* cereal production is estimated at 150,400 metric tons (MT), including 12,240 MT of off-season harvests expected in late September/early October, making it the largest *Gu* harvest since 2018 and 32 percent above the 1995-2025 long-term average (LTA). Slightly below average but favourable *Gu* rainfall, beneficial Hagaa rains in the Shabelle and Juba regions, adequate river levels for irrigation, and low pest incidence supported above-average crop production in southern Somalia. In contrast, the Northwest *Gu/Karan* production, expected to be harvested in October–November 2026, is estimated at only 10,020 MT, 76 percent below the 2010-2025 average. Despite the low production levels, it's the highest *Gu/Karan* harvest since 2018, due to consecutive crop production failures over the past five years in northwest regions. *Gu/Karan* production in northwest regions was hampered by erratic and below-average rainfall, prolonged dry spells, delayed and poor *Karan* rains, and pest infestations that reduced crop establishment and yields.

Trends in *Gu* Season Cereal Production in Southern Somalia (1995-2026)



Delayed and below-average 2026 *Gu* season rainfall contributed to a mixed rangeland and livestock situation across Somalia. Southern regions generally maintained average to good pasture and water resources, supporting favourable livestock conditions, although localised deficits were reported in parts of Hiraan and Gedo regions. In contrast, central and northern regions experienced below-average to poor pasture, browse, and water availability, with the worst conditions observed in Coastal Deeh, East Golis, Northern Inland Pastoral (NIP), and Addun pastoral zones. Poor and erratic rainfall, early livestock migration, increased pressure on limited grazing and water resources accelerated deterioration in affected areas. Both normal and distress livestock movements were reported within Somalia and into neighbouring Ethiopia. Severe water shortages and reliance on water trucking drove significant increases in water prices. Livestock reproduction and milk availability remain low due to the lingering effects of prolonged drought, although modest improvements are expected in southern areas during the projection period. Poor pasture and water conditions may further reduce livestock productivity, milk availability, and household purchasing power.

As of July 2026, maize and sorghum prices remained high, averaging 28 percent above the five-year average, despite declines which started in June in anticipation of increased supplies from the good harvest of the 2026 *Gu* season. Cereal prices continue to be elevated due to strong demand, limited market supplies after consecutive poor harvests, insecurity, and high taxation. Prices of imported staples also increased, driven by local currency depreciation, reduced acceptance of the Somali Shilling in parts of southern Somalia, conflict, and high transport costs. Consequently, the Cost of the Minimum Expenditure Basket (CMEB) was 23 percent above the five-year average, further eroding household purchasing power, particularly among poor and displaced populations. High food prices remain a major concern because they directly reduce access to food for households already facing limited income and depleted coping options.

According to the Protection and Return Monitoring Network (PRMN), between January and June 2026, an estimated 728,800 people were displaced across Somalia. Drought was the primary driver, accounting for 76 percent of displacements, followed by conflict and insecurity (20 percent), while floods and other causes together accounted for the remaining 4 percent. The high level of displacement reflects the combined impacts of climatic shocks and insecurity on livelihoods, increasing humanitarian needs and pressure on host communities and basic services. Displacement may further strain host communities and humanitarian assistance. Humanitarian assistance is expected to decline further during the July to September 2026 period, reaching on average 411,500 people per month, which will only cover 8 percent of 5.1 million people in need.



Outcome Data

Across Somalia, around 46 areas were covered by various 2026 Post *Gu* seasonal assessments, covering rural, urban and displaced populations. These assessments collected data on several key food security and nutrition outcome indicators: Food Consumption Score (FCS), Household Dietary Diversity Score (HDDS), reduced Coping Strategies Index (rCSI), Household Hunger Scale (HHS), and Livelihood Coping Strategies (LCS).

FCS

Based on a seven-day recall period, FCS results showed that 28 of the 46 assessed areas recorded poor food consumption, indicative of Emergency (IPC Phase 4). Within this group, 12 areas reported more than 50 percent of households with poor consumption amongst Guban pastoral, Northern Inland Pastoral of northwest, East Golis pastoral, Coastal Deeh pastoral of Northeast, and IDPs in Bossaso, Burco, Garoowe, Bakool (Xudur, Ceel Barde, Rab Dhuure, Tayeeglow, and Wajid), Gedo (Baardheere, Belet Xaawo, Ceel Waaq, Garbahaarey and Luuq), Baidoa, and Belet Weyne. A further 12 areas recorded borderline FCS, consistent with Crisis (IPC Phase 3), while the remaining 6 areas had acceptable food consumption.

HDDS

Household Dietary Diversity Score (HDDS), which measures the number of food groups consumed over a 24-hour recall period, indicated relatively diverse diets overall despite widespread food insecurity. Of the 46 assessed areas, Bakool Urban IDPs (Ceel Barde, Rab Dhuure, Tayeeglow and Wajid) showed the highest severity, with 27 percent of households consuming two or less food groups, reflecting limited dietary diversity associated with constrained household purchasing power. Most areas (25) reported households consuming three to four food groups, indicative of IPC Phase 3 (Crisis). The remaining areas fell within the Minimal (IPC Phase 1) to Stressed (IPC Phase 2) categories.

rCSI

The rCSI serves as a proxy for food access, based on food-related coping strategies adopted during the 7 days preceding the interview. Results showed that in 16 of the 46 population groups, more than 20 percent of households employed crisis-level or worse consumption-based coping strategies, indicative of IPC Phase 3 or worse. Dhusamareb IDPs, Mogadishu IDPs, and Bakool IDPs recorded the highest proportions, with 40 percent or more of households applying severe coping strategies, including adults restricting their own food intake so that children could eat. The remaining assessed areas fell mostly within the Stressed (IPC Phase 2) and Minimal (IPC Phase 1) categories.

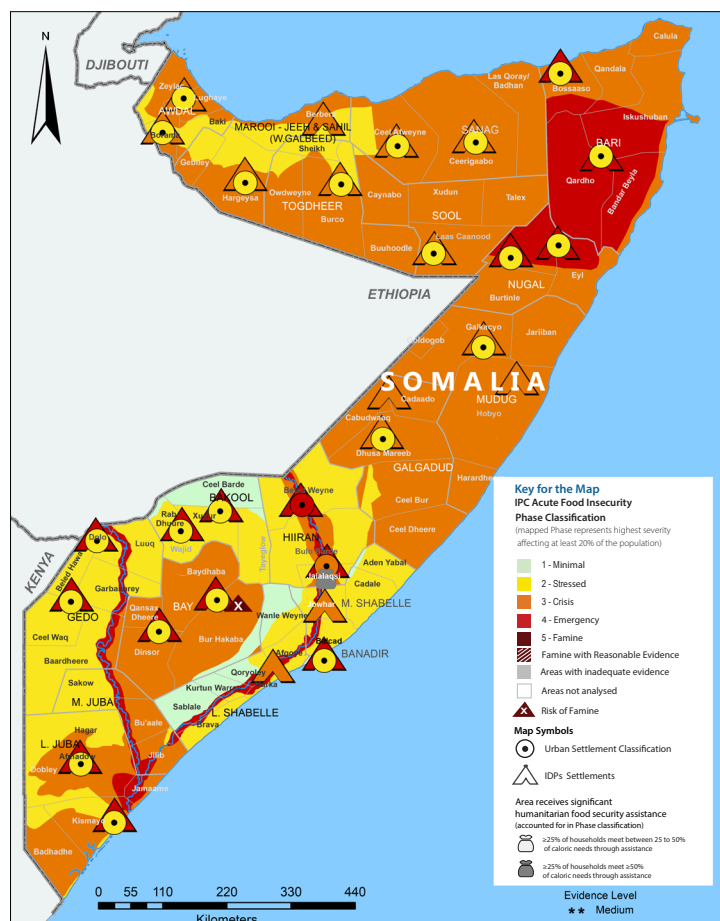
HHS

Based on a 30-day recall period, 42 of the 46 assessed areas reported households experiencing moderate hunger, indicative of IPC Phase 3 (Crisis). 15 areas were more severely affected, with more than 60 percent of households experiencing moderate to severe hunger, indicating heightened food-access constraints.

LCS

The LCS captures the actions households take to manage economic stress and maintain access to food and livelihoods. Across the 46 assessed areas, more than 20 percent of households in 16 areas reported extreme depletion/liquidation of strategies and assets, indicating Emergency (IPC Phase 4). Four areas—Xudur IDPs, Bakool IDPs, Bay Urban, and Bay IDPs—reported at least 50 percent of households resorting to emergency-level livelihood coping strategies, indicative of IPC Phase 4 (Emergency). The remaining 25 areas predominantly reported crisis-level coping (IPC Phase 3), while five areas reported Stressed-level coping.

ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE (OCTOBER–DECEMBER 2026)



Population table for the 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	244,760	19	383,970	30	426,480	33	216,570	17	25,760	2	668,810	52
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	7,175,210	37	6,849,430	35	3,908,610	20	1,483,140	8	25,760	0	5,417,510	28

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

ACUTE FOOD INSECURITY PROJECTION OVERVIEW (OCTOBER–DECEMBER 2026)

The overall food security situation in Somalia is expected to deteriorate further during the October to December 2026 projection period, primarily due to the adverse impacts of a historically strong El Niño and Indian Ocean Dipole causing massive flooding, population displacement and disruptions to livelihoods and market access. 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.

However, the anticipated heavy rainfall is also expected to lead to widespread and severe flooding in riverine and other low-lying areas in several regions of the country. Forecast severe flooding in riverine and agropastoral areas of the south is likely to cause significant destruction 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 will also affect IDP settlements in flood prone areas like Baidoa, Beletweyne, Qardho and Mogadishu.

As a result, food security is expected to worsen in several areas, with the number of people facing high levels of acute food insecurity projected to increase to 5.4 million (28 percent of the analysed population) during October to December.

While acute food insecurity will remain widespread, some improvements are also expected across many pastoral and agropastoral livelihoods. Livestock productivity is expected to improve modestly as pasture conditions regenerate and water availability recovers, supporting better body condition and lower mortality rates. 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 limited availability of saleable livestock, and low livestock births.

Cereal market supply is expected to improve as *Gu* harvest stocks enter local markets. Food prices, which recently eased, are likely to increase moderately and remain above average as stocks decline and risk of market disruption due to flooding increases. Rising fuel prices and associated increase in transport costs will put further upward pressure on both local and imported food prices. Above average staple food prices will continue to undermine purchasing power, especially among poor households who are mostly dependent on purchases from the market. Seasonal improvements are expected to expand agricultural labour demand, particularly in agropastoral areas.

Despite these favourable developments, 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 gradual improvement from IPC Phase 3 (Crisis) to IPC Phase 2 (Stressed) is expected, outcomes in the Hawd Pastoral of Hiiran 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 will remain constrained.

Notable improvements from IPC Phase 4 (Emergency) to IPC Phase 3 (Crisis) are expected in the Coastal Deeh pastoral and Addun pastoral of northeast regions and Hawd pastoral and Addun pastoral central regions. These improvements are expected to be driven by the anticipated regeneration of pasture and water resources following the start of Deyr rains, substantial improvements in livestock body conditions and market value, modest increases in milk availability, enhanced access to seasonal fishing and labour opportunities. However, riverine areas are expected to deteriorate to IPC Phase 4 (Emergency) due to severe riverine and flash

Key Assumptions

- The October to December 2026 *Deyr* season rainfall is expected to be above average due to strengthening El Niño conditions and sustained positive Indian Ocean dipole (IOD). During the October–December 2026 season, there is a 75% chance of a historic event that would exceed the strength of previous El Niño events dating back to 1950. Indian Ocean Dipole is also expected to remain positive.
- As a result, extreme flooding is likely in riverine and 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 limited in riverine and low-lying areas due to anticipated riverine flooding.
- Rangeland conditions will improve, leading to improved livestock body condition and conception during October to December 2026.
- 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, humanitarian cash and food assistance is expected to decline further to meet only 0.4 percent of the total population, and only 1.3 percent of people in need in October–December 2026.

flooding, which is likely to inundate agricultural land, disrupt labour opportunities and cause population displacement. IPC 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. Food security outcomes among IDPs in Hiraan, Banadir, Gedo and Lower Juba regions are expected to deteriorate from IPC Phase 3 to IPC Phase 4, primarily due to adverse impacts of El Niño, including increased influx of new IDPs.

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 are expected to remain Stressed (IPC Phase 2) through December, as households continue to face constrained purchasing power amid sustained high food prices, reduced income from livestock and livestock product sales and consumption, and increasing competition for casual labour opportunities from IDPs. However, Southern Inland Pastoral areas of Bakool, Bay, Middle Shabelle and Lower Shabelle regions are likely to improve to Minimal (IPC Phase 1), supported by relatively better livestock holdings, improved access to marketable livestock, and increased availability of milk for both household consumption and income generation.

During the projection period, the food security situation is expected to deteriorate among displaced populations across the country, primarily driven by increased influx triggered by flooding and conflict. In the most likely scenario, the expected deterioration among Baidoa IDPs includes 5 percent of the population (approximately 26,000 individuals) classified in IPC Phase 5 (Catastrophe) during the projection period. In a worst-case scenario where conditions are expected to deteriorate further, Baidoa IDPs face a risk of Famine between October to December 2026 as detailed in Annex 1.

Planned HFSA is expected to decline further during the October to December 2026 projection period, reaching on average 70,400 people per month which will only cover 1.3 percent of 5.4 million people in need reflecting a significant reduction in response capacity and increasing food security risks among vulnerable populations.

Impact of El Niño

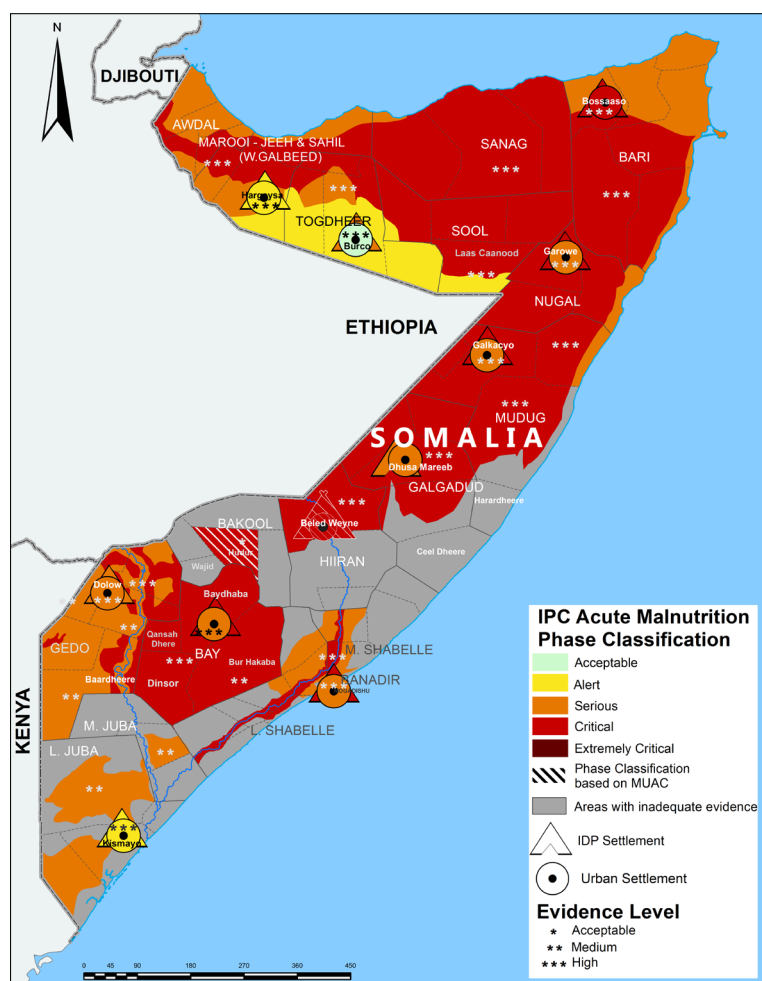
According to IOM, approximately 198,000 individuals are expected to be displaced between 1 July and 30 September 2026, mainly due to flooding (45 percent), drought (28 percent), and conflict (27 percent). As El Niño strengthens, additional and more widespread flood-related displacements are expected during October to December 2026.

The October to December 2026 Deyr season rainfall is expected to be average to above average due to El Niño conditions. El Niño will have a mixed effect in the projection period with a positive impact in most pastoral and agropastoral livelihoods, improving pasture and water availability, livestock body condition and improved milk availability. On the other hand, El Niño is expected to trigger extreme flooding in riverine and low-lying areas, leading to massive population displacement, damages to infrastructure and farms, and cause disruption to market access.

Accordingly, food security outcomes in riverine livelihoods of Hiraan, Middle Shabelle, Lower Shabelle, Middle Juba, and Lower Juba regions are expected to deteriorate from IPC AFI Phase 2 and Phase 3 to IPC AFI Phase 4.

El Niño related flooding is also expected to cause negative impacts on nutrition outcomes in these same areas—including through reduction of access to safe water, sanitation, as well as access to health and nutrition services, and increased exposure to waterborne and diarrhoeal diseases.

ACUTE MALNUTRITION CURRENT MAP AND OVERVIEW (JUNE–SEPTEMBER 2026)



Acute malnutrition remains of high concern in Somalia, with an estimated burden of 1.92 million among children aged 6–59 months expected to be malnourished and in need of treatment between July 2026 and June 2027, including 433,000 cases of SAM. Nearly 62 percent of the estimated burden is concentrated in the southern part of the country. The current GAM burden has increased by 4 percent, while SAM has increased by 3 percent.

Between June and September 2026, a total of 48 areas were analysed, of which nineteen were classified as IPC AMN Phase 4 (Critical), nineteen as Phase 3 (Serious), five as Phase 2 (Alert), and one as Phase 1 (Acceptable); four areas had insufficient data and were not classified. The 19 areas classified in IPC AMN Phase 4 (Critical) include IDP populations in Bossaso, Garoowe, Mogadishu, Baidoa, Galkacyo and Beletweyne; rural populations in Shabelle riverine, Northwest East Golis pastoral (Sanag), Bay agropastoral, Hawd pastoral (Central and Northeast), Northern inland pastoral of Northwest, Beletweyne (riverine and agropastoral), West Golis pastoral, Addun pastoral, and Gedo southern agropastoral; and urban areas in Burhakaba, Xudur, Beletweyne and Bossaso.

A total of 19 analysed areas were also classified as Serious (IPC AMN Phase 3), including three IDP settlements: Dolow, Burco and Dhusamareeb; 11 rural populations: Northeast Coastal Deh Pastoral (Bari, Mudug, Nugaal), Northwest Agropastoral, Togdheer Agropastoral, North Gedo Riverine, Guban Pastoral, North Gedo Pastoral, Northeast East Golis Pastoral (Bari), Juba cattle pastoral, South Gedo pastoral, South Gedo riverine, Shabelle agropastoral; and five urban areas: Mogadishu, Galkacyo, Dhusamareb, Dolow, and Baidoa.

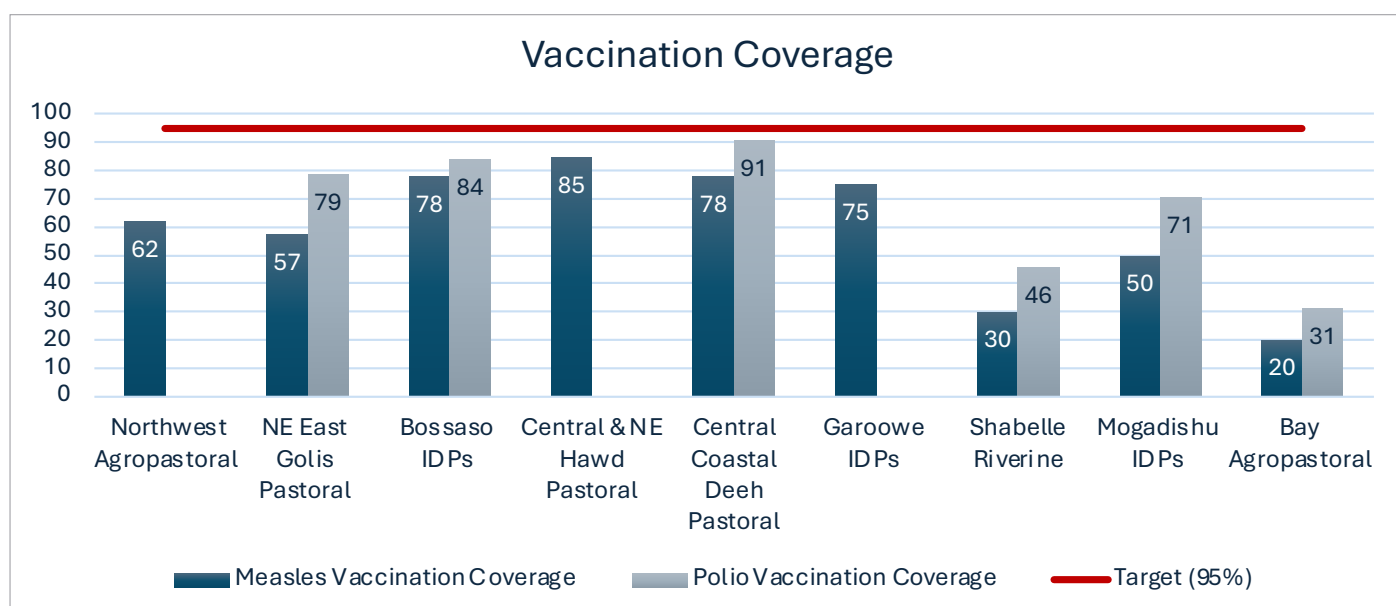
Comparative analysis of GAM prevalence by Weight-for-Height Z-scores (WHZ) between the 2026 and 2025 *Gu* seasons has revealed a significant deterioration in acute malnutrition among Burco and Garoowe IDPs. In addition, significant improvements have also been noted in GAM prevalence among IDPs in Dhusamareb and Kismayo. In Guban Pastoral, the GAM prevalence increased from Phase 2 (Alert) to Phase 3 (Serious) compared with the 2025 *Gu* season.

Median undernutrition, measured by mid-upper arm circumference (MUAC) <23 cm, among pregnant and breastfeeding

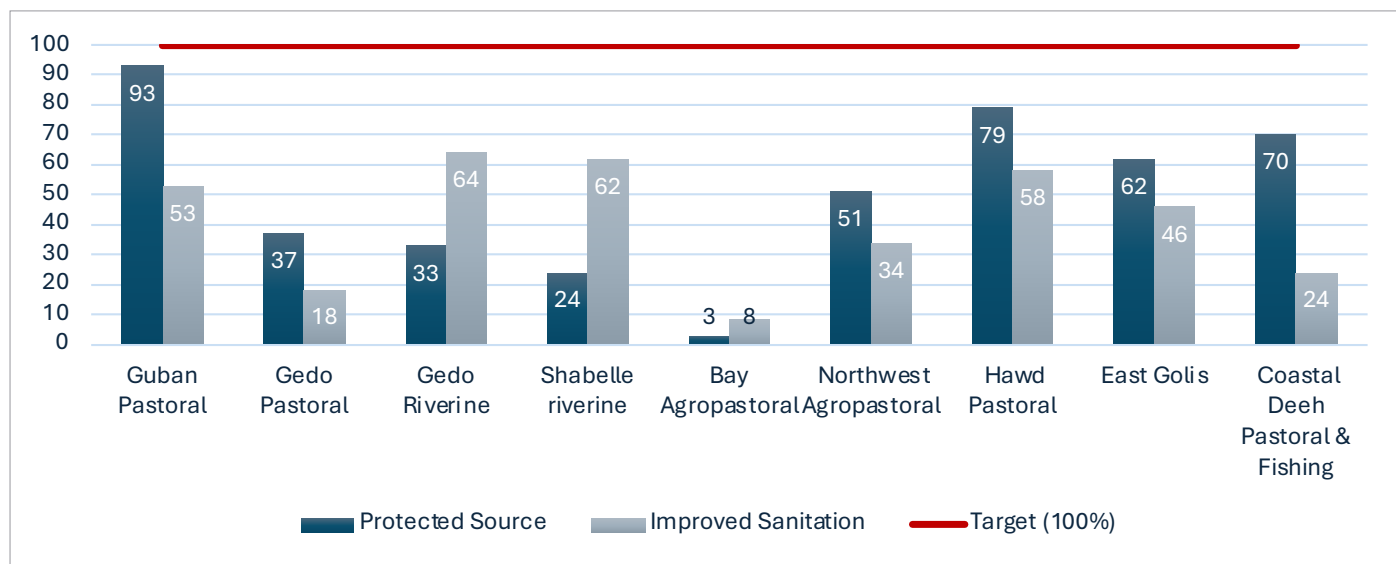
women is 13.4 percent but severity varied across assessed population ranging from 2.3 percent among Shabelle riverine to 31.5 percent in Dolow IDPs. In addition to Dolow IDPs, other areas that recorded high levels (greater than 20 percent) of maternal undernutrition included East Golis pastoral of Northwest and Northeast (24 percent), North Gedo Pastoral (28.6 percent), and Coastal Deeh pastoral of Northeast (28.6 percent). Maternal undernutrition contributes to acute malnutrition by increasing the risk of poor foetal growth and low birth weight, which affects proper growth and development of a child.

The high acute malnutrition observed during this period can be attributed to:

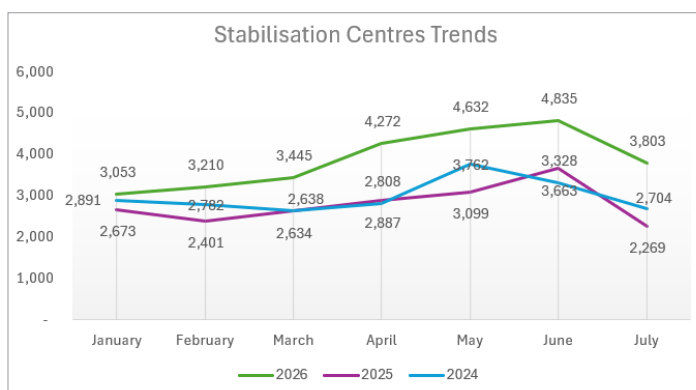
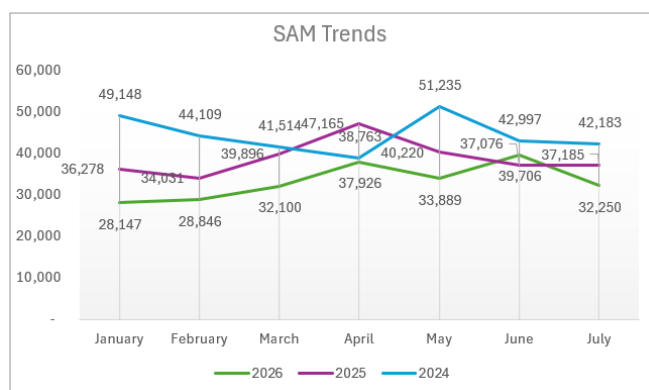
- **Large food gaps** reported due to the protracted drought especially among the pastoral and IDP communities where milk production reduced and availability limited due to livestock migration far from the settlements. Poor child feeding and caring practices remain extremely poor across all populations, with only 2.3 percent children receiving the minimum acceptable diet needed for proper growth and development, while only 40 percent receive the benefits of continued breastfeeding up to two years.
- **High disease burden** remains a major contributing factor to the high levels of acute malnutrition, with diarrhoea and ARI reported at 142 percent and 112 percent of the LTA, indicating increasing childhood morbidity trends with the IDPs reporting 130 percent of LTA for diarrhoea. Of very great concern is measles, which recorded 259 percent of LTA against low vaccination coverage, with Baidoa (1592) and Burco (1403) reporting the highest numbers, between the months of April and July 2026. Diphtheria remains persistent at 98 percent of LTA. These high levels of persistent childhood illness and disease outbreaks continue to impact children's nutritional status, as shown below.
- **Low national vaccination coverage** between January and June 2026 for polio (69 percent) and measles (75 percent) remain below the recommended SPHERE standard of at least 95 percent of the population, according to the UN World Health Organization (WHO). This means a significant proportion of children are not protected from vaccine-preventable diseases, increasing the risk of acute malnutrition. Areas including Bay agropastoral and Shabelle riverine have concerning low measles and polio survey vaccination coverage (below 50 percent).



- **Poor access to improved water sources and sanitation facilities**, especially among rural populations, remains a high-risk factor, predisposing children to diarrheal disease, which impairs nutrient absorption and accelerates nutritional deterioration. Areas such as Bay agropastoral, Gedo riverine, Shabelle riverine, and Gedo pastoral showed extremely poor coverage of below 40 percent for access to protected water source.



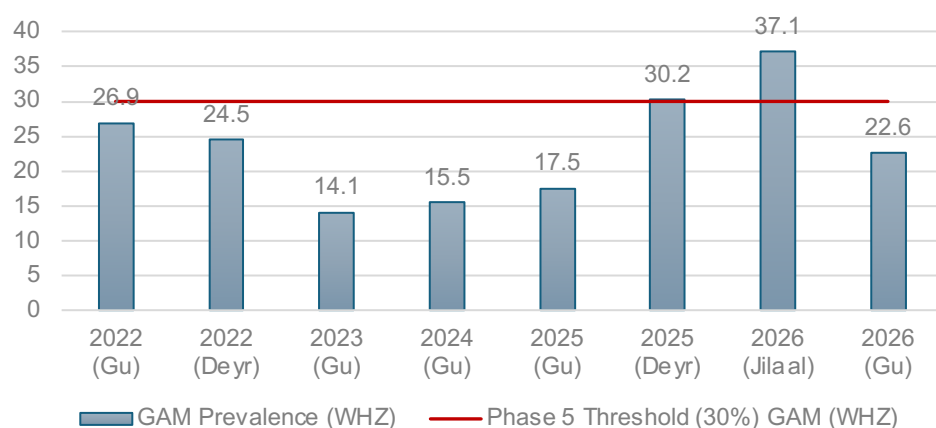
- **Limited nutrition program coverage** despite increased demand: Total admissions of children suffering from severe acute malnutrition with medical complications into the stabilisation centres increased by 47 percent between the months of April and July, compared with the same period in 2025. Areas such as Baidoa recorded a doubling of cases from 2,100 in 2025 to 4,500 in 2026 between April and July. Cases of severely acutely malnourished children admitted from January to July were 233,000, while those of moderately acutely malnourished children were 412,000. These high numbers indicate a deterioration in the nutritional status of young children against the backdrop of the closure of 233 nutrition sites and 380 health facilities and reduced treatment capacity for children with moderate malnutrition.



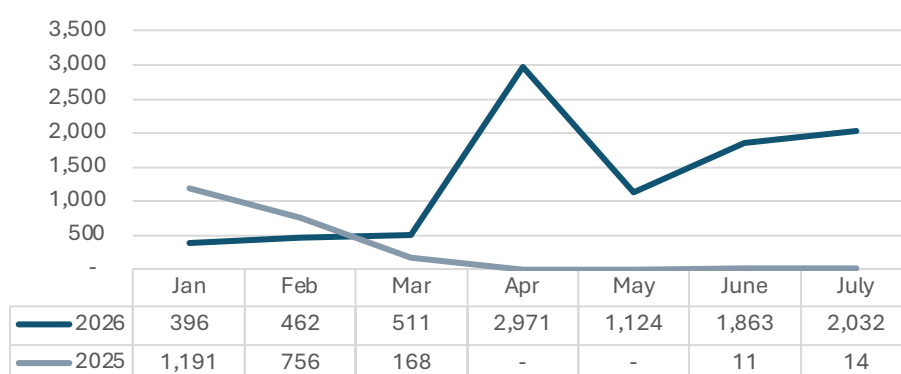
Burhakaba District Nutrition Situation Update

In April 2026, agropastoral populations in Burhakaba district were assessed to be at risk of Famine due to high food insecurity and acute malnutrition that was observed in the district. In August 2026, the acute malnutrition situation in Burhakaba has shown significant improvement, with a GAM prevalence of 22.6 percent, indicative of IPC AMN Phase 4 (Critical), compared to the GAM of 37.1 percent, indicative of IPC AMN Phase 5 (Extremely Critical), reported in Post *Jilaal* in April 2026. This is attributed to the scale-up of humanitarian response in health, nutrition, and improving food security to IPC AFI Phase 3. Health and nutrition sites increased from one in January 2026 to 12 in July, increasing access to the services and contributing to the observed increase in number of admissions for nutrition treatment and improvements in acute malnutrition situation. However, health, nutrition, and water, sanitation and hygiene (WASH) needs remain high in the district, with access to rural communities continuing to be limited due to insecurity. Seven out of ten households reported poor access to improved sanitation and water sources, which is a major contributor to the high incidence of diarrheal diseases observed (129 percent of LTA).

Burhakaba Agropastoral GAM (WHZ) Prevalence Trends



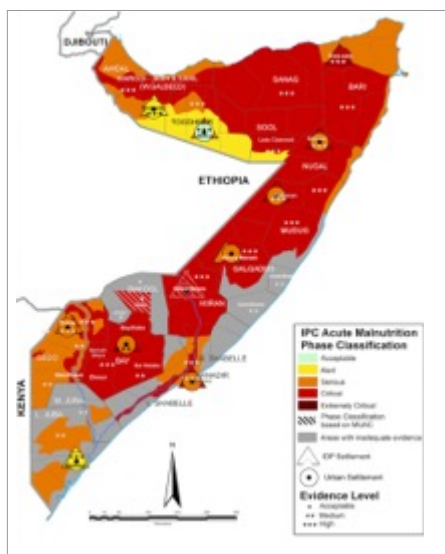
Burhakaba Malnutrition Admission Trends (January to July 2025-2026)



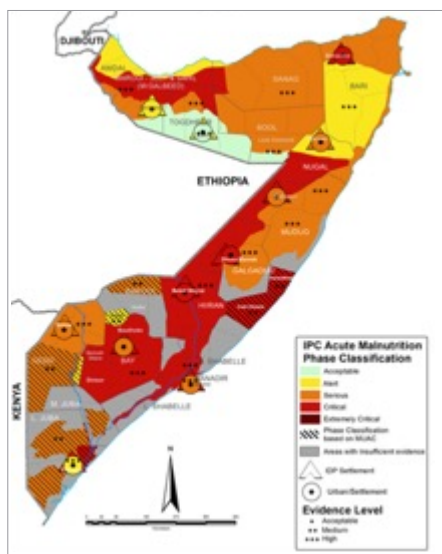
HISTORICAL TREND OF ACUTE MALNUTRITION DURING POST GU

The 2026 Post Gu (June-September) analysis indicates a worsening acute malnutrition situation, with 19 population groups classified as Critical (IPC AMN Phase 4), compared to 18 population groups in 2025. This is a marked deterioration compared to 2022 where 15 population groups were Critical (IPC AMN Phase 4). Historical trends during the Post Gu season (April-June) from 2021 to 2025 show that acute malnutrition in Somalia has largely remained Serious (GAM 10.0-14.9 percent WHZ). This persistent acute malnutrition over the years is due to recurrent drought, conflict, flooding, and limited access to health, nutrition, and WASH services.

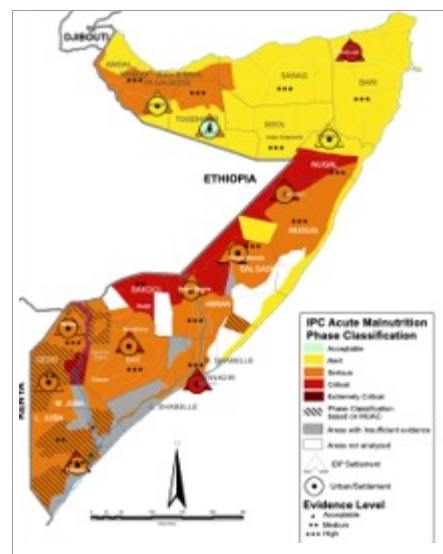
2026 Post Gu*



2025 Post Gu

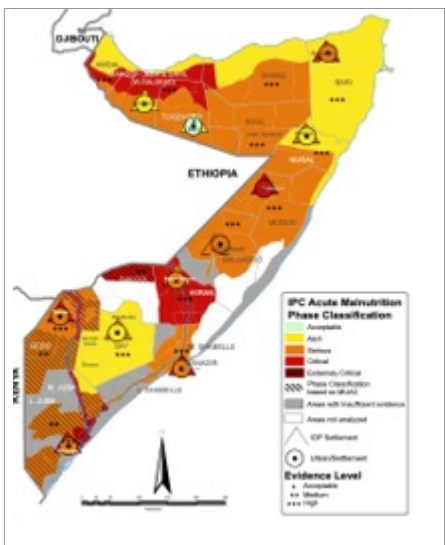


2024 Post Gu

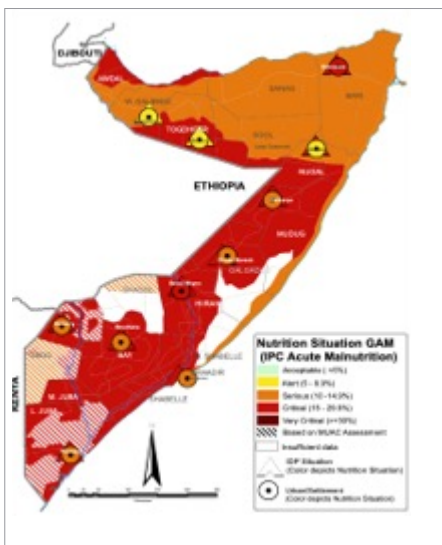


* This map reflects the June to September 2026 (current) AMN classification based on 2026 post Gu assessment results.

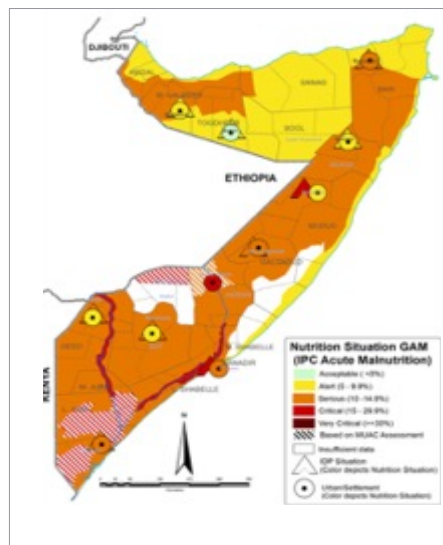
2023 Post Gu



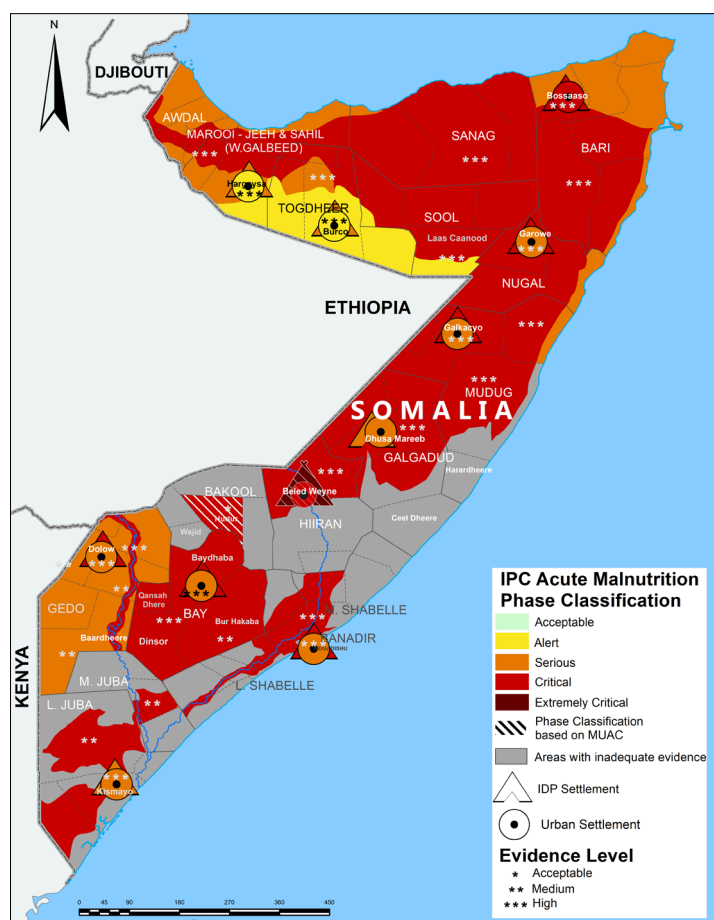
2022 Post Gu



2021 Post Gu



ACUTE MALNUTRITION PROJECTION MAP AND POPULATION TABLE (OCTOBER–DECEMBER 2026)



Acute malnutrition population of malnourished children and pregnant and breastfeeding women in need of treatment | July 2026 to 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	109,440	73,100	182,540	19,283
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
Lower Juba	240,854	93,010	33,420	126,430	13,511
Lower Shabelle	331,280	150,340	35,410	185,750	3,721
Middle Juba	89,443	32,530	12,340	44,870	3,306
Middle Shabelle	210,722	87,790	22,630	110,420	5,246
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
Total	3,888,431	1,482,350	432,770	1,915,120	156,559

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

During the projection period, October–December 2026, acute malnutrition is expected to deteriorate across majority of the livelihoods 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 highly reduce access to health services due to displacements, broken pipeline 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 increasing risk of disease outbreaks, acute malnutrition and mortality.

Significant deteriorations are foreseen for IDP populations in Beletweyne and Baidoa in the projection period. Beletweyne IDP population is projected to deteriorate to Extremely Critical (IPC AMN Phase 5). Meanwhile, Baidoa IDPs are expected to experience a significant deterioration within IPC AMN Phase 4 (Critical) with pockets of populations (Annex 4) experiencing AMN Phase 5 (Extremely Critical).

In addition, 22 areas are expected to be Critical (IPC AMN Phase 4) and to experience significant deterioration, while areas such as Shabelle agropastoral, North Gedo riverine, Dolow IDPs, South Gedo riverine, and Juba cattle pastoral are expected to deteriorate to a higher phase– IPC AMN Phase 4 (Critical) from the current classification of IPC AMN Phase 3 (Serious). Sixteen areas currently classified as IPC AMN Phase 4 are also expected to deteriorate within the same phase, namely Shabelle Riverine, Bay Agropastoral, Northern Inland Pastoral of Northwest, East Golis pastoral of northwest (Sanaag), Beletweyne (Riverine and Agropastoral), Hawd Pastoral (Central and northeast), West Golis Pastoral, Xudur, Burhakaba, and Addun pastoral. IDP populations expected to deteriorate within Phase 4 (Critical) are in Mogadishu, Galkacyo, Garoowe, and Bossaso, while urban populations include Bossaso and Beletweyne. In addition, nine areas are expected to deteriorate within IPC AMN Phase 3 (Serious) and include: Northeast Coastal Deh (Bari, Mudug and Nugal), Northwest agropastoral, Togdheer agropastoral, Guban pastoral, East Golis of Northeast (Bari), Burco IDPs and the urban areas of Baidoa, Dhusamareb and Garoowe. Areas that will deteriorate from IPC AMN Phase 2 (Alert) to Phase 3 (Serious) include Kismayo and Hargeisa IDPs and the urban areas of Kismayo.

Key Assumptions

- Access to safe water sources and sanitation will be significantly impacted 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.
- 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 fund 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.

NUTRITION SITUATION BY POPULATION GROUPS

IDPs

Internally displaced populations (IDPs) in 11 analysed areas account for 21 percent of the estimated acute malnutrition burden, with the median GAM prevalence sustained at 15 percent, similar to the 15.7 percent reported last 2025 *Gu* season. Six out of the eleven have been classified in IPC AMN Phase 4 (Critical): Mogadishu, Baidoa, Galkacyo, Garoowe, Bossaso, and Beletweyne.

In the projection, Dolow IDPs are expected to worsen from IPC AMN Phase 3 (Serious) to Phase 4 (Critical), and Kismayo and Hargeisa IDPs are expected to deteriorate from IPC AMN Phase 2 (Alert) between June and September 2026 to Phase 3 (Serious) between October and December 2026. The major drivers for this deterioration include a high disease burden, disease outbreaks, poor child feeding patterns and caring practices, and poor sanitation, further exacerbated by a reduction in humanitarian assistance. Influx into IDP camps expected with further population displacement in flooded non-IDP camps. This continuous displacement into IDP camps and overcrowding creates an environment for the spread of disease outbreaks. These conditions are expected to worsen malnutrition further during the projection period.

Rural Populations

Rural populations account for 62 percent of the estimated acute malnutrition burden, with a median GAM prevalence of 14.9 percent in 2026 *Gu*, compared with 13.4 percent in 2025, indicating a deterioration in the acute malnutrition situation. AMN Phase 4 (Critical) was recorded in 11 out of the 22 rural populations analysed. These areas include: Hawd Pastoral of Central, Shabelle Riverine and Bay Agropastoral, NW East Golis Pastoral (Sanaag), NW North Inland pastoral (NW&NE), Gedo Southern Agropastoral, Beletweyne (Riverine and Agropastoral), West Golis Pastoral, Xudur (IDPs, rural and Urban), Burhakaba, Addun Pastoral. In addition, 11 rural population groups are classified in Phase 3 (Serious). These include NE Coastal Deeh Pastoral (Bari, Mudug, Nugal), NW North-West Agropastoral, Togdheer Agropastoral, North Gedo Riverine, NW Guban Pastoral, North Gedo Pastoral, Shabelle Agropastoral, South Gedo Riverine, South Gedo Pastoral, NE East Golis Pastoral (Bari) and Juba cattle pastoral. During projection, 14 areas have been classified in Phase 4 (Critical), with phase deterioration from 3 (Serious) to 4 (Critical) among North Gedo Riverine, Shabelle Agropastoral, and Juba cattle pastoral, while the rest are deteriorating within IPC AMN Phase 4 (Critical). The key drivers of acute malnutrition among rural populations are reduced access to essential health and nutrition services due to funding gaps, low vaccination coverage, high levels of acute food insecurity, poor child feeding patterns and care practices, inadequate access to safe water sources, and poor sanitation facilities and would further worsen in the projected period as result of the anticipated El-Niño flooding.

Urban Populations

The urban populations in 11 areas analysed have a median GAM prevalence of 11.9 percent (Serious) compared to 12.9 percent observed in the same period in 2025. Two of the eleven analysed urban areas, Beletweyne and Bossaso, are classified in IPC AMN Phase 4 (Critical), while six urban populations are classified in IPC AMN Phase 3 (Serious). These include urban populations in Garoowe, Mogadishu, Galkacyo, Galgaduud Dhusamareb, Dolow and Baidoa. Kismayo and Hargeisa are classified in Phase 2 (Alert), with Burco classified in Phase 1 (Acceptable). The main drivers of acute malnutrition among the urban 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 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.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Out of the 44 areas classified for both acute food insecurity and malnutrition, six areas (Shabelle riverine, Shabelle agropastoral, Gedo southern agropastoral, West Golis pastoral, Beletweyne Urban, and Bossaso urban) had a divergence of two phases between AFI and AMN, where AMN was classified as two phases higher than AFI in the current and/or projection periods.

Analysis Area	AMN Classification		AFI Classification		Divergence	
	Current	Projection	Current	Projection	Current	Projection
Shabelle riverine	4	4	2	4	2	0
Shabelle agropastoral	3	4	2	2	1	2
Gedo Southern agropastoral	4	3	2	2	2	1
West Golis pastoral	4	4	2	2	2	2
Bossaso Urban	4	4	2	2	2	2
Beletweyne Urban	4	4	2	2	2	2

West Golis Pastoral: Acute malnutrition has remained in IPC AMN Phase 4 (Critical) since 2023 *Gu*, except during 2024 *Gu*, when it was classified as Phase 3 (Serious). In contrast, IPC AFI has remained relatively stable at Phase 2 (Stressed). Household food security indicators show food gaps at household level where there is, inadequate dietary diversity among 29 percent of households, inadequate food consumption among 79 percent, household hunger among 19 percent, and negative livelihood coping strategies among 32 percent. A high disease burden has also been recorded, with measles cases increasing sharply from 15 to 356, while ARI and diarrhoea remain persistently high and broadly similar to previous seasons. Malaria has remained relatively stable. Health and nutrition service coverage is very low, including SAM treatment (24 percent), MAM treatment (39 percent), measles vaccination (60 percent), and polio vaccination (61 percent), all below the recommended thresholds. However, Vitamin A supplementation coverage remains optimal. The decline in service coverage is mainly attributed to the scaling down of humanitarian assistance due to funding gaps. The divergence between IPC AMN Phase 4 (Critical) and IPC AFI Phase 2 (Stressed) is mainly driven by non-food-security factors, particularly the high disease burden, including a sharp increase in measles and persistently high ARI and diarrhoea. Very low SAM and MAM treatment and immunisation coverage, caused by funding-related reductions in humanitarian services, that when coupled with the food gaps further contributes to the persistently critical acute malnutrition situation.

Shabelle Riverine: Historical analysis shows that acute malnutrition has generally remained more severe than acute food insecurity. AMN was classified in IPC Phase 4 (Critical) in 2022 *Gu*, 2025 *Gu*, and 2026 *Gu*, while AFI remained between Phase 2 (Stressed) and Phase 3 (Crisis). This divergence indicates that non-food-related factors are major drivers of acute malnutrition, despite some improvements in household food security indicators. The high AMN severity is mainly attributed to disease outbreaks, poor WASH conditions, and limited access to health and nutrition services. In 2026 *Gu*, outbreaks of measles (426 cases), acute watery diarrhoea (AWD)/cholera (818 cases), and diphtheria (65 cases) were reported, alongside persistently high levels of diarrhoea and ARI. Measles vaccination (30 percent) and Vitamin A supplementation (29 percent) remained very low, while functional health service delivery sites declined from 55 in 2024 to 24 in 2026. Child-feeding practices were also critically poor, with MDD at 5.7 percent and MAD at 3.3 percent. Moreover, targeted supplementary feeding programmes (TSFP) coverage declined to only 17 percent of the long-term average, blanket supplementary feeding programmes (BSFP) services were unavailable, and community management of acute malnutrition (CMAM) sites decreased considerably. The combined effects of disease, poor WASH and feeding practices, reduced services, and declining humanitarian assistance explain why IPC AMN Phase continues to remain higher than IPC AFI.

Shabelle Agropastoral (Middle and Lower Shabelle): In this population, acute malnutrition has remained persistently high, ranging between IPC AMN Phase 3 (Serious) and Phase 4 (Critical) across the five recent *Gu* seasons. In contrast, acute food insecurity generally remained in IPC AFI Phase 2 (Stressed) during 2024–2026, except in 2023 when both scales were classified in Phase 3. In 2026 *Gu*, household food security remained concerning, with 59 percent reporting poor food consumption, 13 percent inadequate dietary diversity, and 25 percent household hunger. Measles, malaria,

and dysentery cases increased, while diarrhoea remained exceptionally high at 110 percent of LTA (8,522 cases), and measles cases at 123 percent of LTA. Routine measles, polio, and pentavalent vaccinations were all at 87 percent; however, this was slightly below the recommended threshold of >95 percent, and Vitamin A supplementation coverage was at 104 percent of LTA, although the numbers are still relatively low. MAM treatment coverage remained critically low at 25 percent, despite improvements in SAM treatment coverage and an increase in CMAM sites from 20 to 36. The divergence between AMN and AFI is mainly attributed to non-food factors, particularly recurrent disease outbreaks and high childhood morbidity. During the projection period, insecurity, anticipated El Niño-related flooding, disease outbreaks, reduced access to services, and potential population influx from Shabelle riverine communities are expected to place additional pressure on health and nutrition services and increase children's vulnerability to acute malnutrition.

Beletweyne urban: Historically, acute malnutrition has been between IPC AMN Phase 3 (Serious) and Phase 4 (Critical). The current is classified as Phase 4 (Critical), similar to previous *Gu* seasons, while IPC AFI remains in Phase 2 (Stressed) as it has typically been classified, except in 2023 *Gu* when it reached Phase 3 (Crisis). Although household dietary diversity and food consumption were generally acceptable in 2026, 20 percent of the population experienced household hunger at IPC Phase 3 or above, and 6 percent practiced negative coping strategies. Childhood morbidity has deteriorated to its highest historical level, with ARI (6,104 cases) and diarrhoea (4,533 cases), alongside ongoing measles cases, AWD/ cholera, and malaria. Measles and polio vaccination coverage reached the recommended 95-percent threshold, but Vitamin A supplementation remained suboptimal at 69 percent. The high GAM prevalence is primarily driven by the exceptionally high disease burden, compounded by poor SAM and MAM treatment coverage and reductions in nutrition sites due to funding cuts, which have led to limited timely access to essential services.

Gedo Southern Agropastoral: Acute malnutrition (Phase 4) shows a two-phase divergence, with IPC AFI Phase 2 (Stressed), similar to the divergence trends observed in 2022 and 2024. Although the current AMN classification is based on extrapolated data from Bay Agropastoral, the contributing factors support a critical nutrition situation driven mainly by non-food-security factors. Routine vaccination coverage poses a very high risk, with measles vaccination at 59 percent, Penta3 at 58 percent, and Vitamin A supplementation at 52 percent. Childhood morbidity and disease outbreaks remain high, including acute respiratory infections at 188 percent of LTA, diarrhoea at 152 percent of LTA, and ongoing disease outbreaks of measles and diphtheria reported. Meanwhile, high SAM admissions suggest a growing severe malnutrition burden and possible progression of untreated MAM cases. Therefore, the high disease burden, outbreaks of vaccine-preventable diseases, inadequate MAM treatment, and insecurity-related access barriers explain why IPC AMN remains substantially higher than IPC AFI.

Bossaso urban: Acute malnutrition in this livelihood has historically been reported at Critical levels (Phase 4) and has exhibited a two-phase divergence with acute food insecurity, which has mostly been Stressed (Phase 2). This persistent divergence clearly indicates that non-food factors are the primary drivers of poor nutrition outcomes among young children living in the urban area of Bossaso. Routine vaccination coverage remains below the recommended 95 percent of the population, with Penta 3 at 73 percent, polio vaccine OPV3 at 72 percent, and measles coverage at 61 percent, leaving a significant number of children without protection for vaccine-preventable diseases. High disease burden has also been reported, with acute respiratory infections at 141 percent of LTA, diarrhoea with 2400 cases, and reported cases of measles and diphtheria. There is low coverage for both management and supplementation of SAM and MAM, and poor child feeding practices. These significant gaps in preventive and curative services increase children's susceptibility to infection and limit timely access to nutritional treatment, explaining why IPC AMN remains substantially higher than IPC AFI in Bossaso.

BELETWEYNE IDPs - PROJECTED AMN PHASE 5 (Extremely Critical)

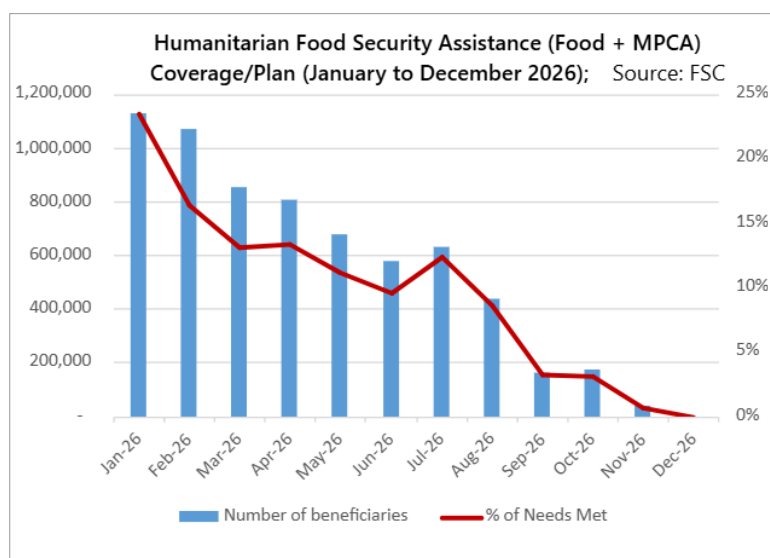
In the current analysis, the IDP population in Beletweyne had a GAM by MUAC of 19.6 percent, indicative of IPC AMN Phase 4 to 5. This area was analysed using the five-step MUAC guidance and recent contributing factors. The area was classified as IPC AMN Phase 4; similarly, these critical levels were recorded at 21.4 percent in the Post Jilaal 2026 assessment conducted in April 2026. AFI is currently classified as IPC AFI Phase 3 and has remained similar over the years. The current household food indicators show severe gaps, with 44 percent reported to have inadequate dietary diversity; 58 percent with poor to borderline food consumption, and 58 percent experiencing moderate to severe hunger, indicating substantial food gaps. High disease burden above long-term average has been reported for diarrhoea (136 percent), ARI (124 percent) together with active outbreaks such as measles which have increased sharply from 30 cases last year to 150 this season. Measles vaccination coverage has remained optimal over the past three years, suggesting relatively good protection against the disease. Vitamin A supplementation has also remained significantly low over the years.

During the projection period, Beletweyne District is facing risk of El-Niño-related flooding. An estimated 213,700 people, a majority of them living in riverine and low-lying areas, will likely be displaced due to flooding. Accordingly, projected food security and nutrition outcomes among Beletweyne IDPs have been classified as Extremely Critical (AMN Phase 5) and Emergency (AFI Phase 4). Flooding is expected to cause widespread destruction of livelihoods, displacement, constrained access and reduced referrals to existing health and nutrition services. Overcrowding in displacement sites, along with contamination of water sources and poor sanitation, would most likely lead to increased rates of diarrhoeal disease and acute respiratory infections and worsen ongoing measles outbreaks. These combined effects of increased morbidity, poor WASH conditions, acute food insecurity, displacement, and reduced access to essential health and nutrition services are expected to severely worsen the nutritional status of children. A RoF for this population was carefully considered, but a RoF statement is not being issued because acute food insecurity and mortality are not expected to breach the thresholds for Famine, even under a worst-case scenario.

THE ROLE OF HUMANITARIAN ASSISTANCE

Somalia continues to face severe multifaceted humanitarian challenges driven by recurrent climate shocks (drought and floods), protracted conflict and insecurity, and disease outbreaks. Humanitarian assistance continues to play a critical, life-saving role by providing emergency food and livelihoods, clean water, nutrition and healthcare support to millions of people affected by prolonged conflict and severe climate shocks.

The 2026 humanitarian response in Somalia is hyper-prioritised, focusing exclusively on life-saving interventions for 1.6 million people facing extreme inter-sectoral Severity 4 conditions. This reduction reflects a narrower operational scope rather than improved conditions. As of 8 September, the Somalia Humanitarian Needs and Response Plan (HNRP) was only 31 percent funded, with the food security sector funded at 16 percent, health at 25 percent, nutrition at 13 percent, and WASH at 25 percent (OCHA FTS).



Closure of 233 nutrition sites will impact access to an estimated 1.1 million children and women who will be missing out on critical treatment and preventive nutrition programs. In addition, the closure of 380 health facilities has significantly disrupted health service delivery and limited access to healthcare for an estimated 3.2 million people, affecting timely access to treatment for illness and vaccination for young children. Between January and July, 672,000 children received treatment for acute malnutrition and 1.74 million people were reached with health support. A total of 27,000 cases of SAM with medical complications admitted at the stabilisation centres revealing an increase of 40 percent compared to 2025 same period, 233,000 SAM treated reporting a decrease by 14 percent compared to 2025 and 412,000 MAM supplemented showing a 4 percent decrease. Management of malnourished pregnant and breastfeeding women has shown a significant reduction with only 28,000 receiving support compared to 87,000 in 2025 from January to July. Nearly 1.3 million people received emergency WASH support; however, many rural areas still lack access to safe water sources and sanitation facilities. During the projection period, October-December, 90 percent of moderately acutely malnourished children will not receive supplementary feeding due to funding constraints.

HFSa incorporating both food security sector specific assistance and Multi-Purpose Cash Assistance (MPCA) has been factored into IPC analysis as a mitigating influence on food insecurity outcomes. Only two areas are expected to receive significant amounts of HFSa in the current analysis period between July - September 2026; these are Hiraan IDPs and Bay Southern Inland Agropastoral. For the projection analysis period in October - December 2026, only HFSa that has been planned and is either already funded or likely to be funded and delivered has been considered in line with the IPC protocols.

Due to funding constraints, FSC partners will prioritise lifesaving assistance to the most food-insecure locations where needs are highest, and to the most severe food insecure households in IPC Phase 4 and above in the 21 HNRP priority districts, using vulnerability-based targeting that focuses on high-risk groups such as female-headed, minority clan, elderly and disability-affected households, newly displaced persons, households with acutely malnourished children and pregnant and lactating women, and shock-impacted pastoralists and agropastoralists.

The coverage of HFSa has decreased by 49 percent from 1.13 million people in January 2026 to 578,000 people in June 2026 due to severe funding constraints. Assistance packages have been significantly reduced, with support duration dropping to three months and cash transfer values for both food security and MPCA covering approximately 70 percent of minimum food needs (56 percent of the daily calorific needs). Prioritisation of assistance, coupled with reduction in rations/cash transfer values, and reduced duration of assistance are expected to result in worsening direct food security outcome indicators during the projection period coinciding with the forecasted strong El Niño floods.



During the current period (July - September), HFSA will reach 411,500 people translating to only 11 percent of the 2026 Food Security Cluster (FSC) People in Need (3.9 million), while 5.1 million are in IPC Phase 3 and above in the current period. During the projection period, HFSA will further reduce to an average of 70,376 people (1.3 percent) of the 2026 People in Need, and 0.4 percent of the population analysed, while 28 percent of the population (5.4 million people) are expected to be in Phase 3 and above, in need of urgent humanitarian action.

During 2023 and early 2024, severe drought conditions drove exceptionally high humanitarian needs and food security deterioration, with the population facing high levels of food insecurity rising to 22 percent. Improved climatic conditions throughout late 2024 and 2025 contributed to a corresponding decline in HFSA. However, as of October 2026, needs are expected to rise again while HFSA has continued to decline, diverging from the trajectory of increasing vulnerability. This mismatch is of critical concern and calls for an urgent reversal of the current trend, with food assistance to be urgently scaled up to respond to growing needs and prevent further deterioration in food security outcomes.

CONFLICT AND INSECURITY

In Somalia, conflict and insecurity persist in many regions, driving population displacement, disrupting market access and functionality, and constraining households' access to livelihood opportunities and humanitarian assistance. Persistent insurgency, clan-based conflicts, and political tensions continue to undermine stability, livelihood, food security and nutrition outcomes. The re-emergence of piracy along the northeastern coast has also been reported, with potential regional and global economic repercussions.

The surge in insecurity triggered significant population displacement across many areas. Between January and June 2026, nearly 730,000 people were displaced, with more than three fourths due to drought, however, conflict and insecurity was a secondary driver, accounting for one-fifth of displacements. Insecurity significantly disrupted agricultural activities, community mobility, market access and access to humanitarian assistance.

During the second half of 2026, Somalia is expected to face heightened insecurity driven by ongoing insurgency and counterinsurgency operations, potential civil unrest associated with political processes, inter-clan conflicts, and persistent political tensions between the federal government and regional authorities. The likely expected impacts are widespread population displacement, disruption to agricultural production, market access, and challenges in humanitarian aid delivery, particularly in central and southern regions. These in turn will contribute to increased food insecurity and acute malnutrition in the affected areas.

According to IOM projections, between July and September 2026, close to 198,000 people are expected to be displaced across Somalia, mainly due to flooding (45 percent), but conflict and drought remain amongst the secondary drivers, expected to account for more than a quarter of displacements each. Most displacement is expected to occur in Banaadir, Baidoa, Burao, Balad, and Jowhar districts.

Accelerated by funding constraints, the impending troop withdrawal of the African Union Support and Stabilisation Mission in Somalia (AUSSOM) at the end of 2026 presents both risks and opportunities for Somalia's stabilisation. Key risks include security gaps that could enable insurgents to expand attacks and regain territory, reduced protection of key towns and trade routes, governance challenges, increased displacement and humanitarian needs, and potential regional insecurity. The security trajectory in the country in the coming months will depend on the preparedness of Somali security forces, continued international support, and sustained political cohesion.

RECOMMENDATIONS FOR ACTION

1. Urgently scale-up and sustain lifesaving multi-sectoral humanitarian assistance (food security and livelihoods, nutrition, health, and WASH) in hotspot areas for all populations classified in IPC AFI and AMN Phase 3 and above, including those facing a risk of Famine. Ensure that pockets of vulnerable populations excluded from the humanitarian caseload are targeted to mitigate worsening food insecurity and malnutrition conditions.
2. Implement integrated early preparedness and anticipatory actions (AA) measures in high-risk flood-prone areas to mitigate the forecasted severe El Niño floods.
3. Scale up humanitarian assistance in underserved and hard-to-reach rural areas and IDP populations which have the highest malnutrition burdens and severe levels of food insecurity.
4. Ensure adequate funding for follow-up assessment and risk monitoring – nationally as well as in priority hotspot areas, particularly prioritising Baidoa IDPs and Beletweyne IDPs. Other areas also need urgent assessment: e.g. Shabelle riverine, Bay-Bakool agropastoral, north Gedo riverine, Beletweyne, Nugal urban IDPs (Garowe), and Bari Urban IDPs (Bossaso). This includes an integrated food security-nutrition-WASH and health joint assessment.
5. Enhance coordination, strategic partnerships and humanitarian development peace collaboration to avert escalation in humanitarian needs.
6. Restore and protect funding for life-saving health and nutrition services: Continue sustaining current services and restore closed primary healthcare and nutrition services in areas experiencing high levels of acute malnutrition, prioritising flood-prone, high-burden, rural, and underserved populations to ensure timely access to primary health care
7. Strengthen preventive nutrition interventions by increasing funding for interventions that prevent acute malnutrition, especially in programs such as maternal, infant, young child and adolescent nutrition (MIYCAN), while putting more focus on the first 1000 days for children.
8. Conduct follow-up food security and nutrition assessments among Baidoa IDPs and other priority hotspot areas in October 2026.
9. Conduct an IPC Acute Food Insecurity and Acute Malnutrition projection update in late October/early November 2026 in case of significant deviations in previous assumptions, including flood impacts and HFSA plans.

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.
- 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 2026 Post-*Gu* IPC analysis was conducted through concurrent workshops held in Hargeisa, Garoowe and Mogadishu, following a refresher training on IPC protocols. The analysis brought together technical experts from government, UN agencies, NGOs, Inter-Agency Standing Committee (IASC) clusters, academia and technical partners. Carried out from 17 to 29 August 2026, it classified 107 Acute Food Insecurity (AFI) analysis units and 48 Acute Malnutrition (AMN) analysis units for both the current (June/July–September 2026) and projection (October–December 2026) periods. Four AMN analysis units were not classified due to insufficient evidence. The process followed IPC protocols and standards, ensuring convergence of evidence from multiple data sources, including updated information on conflict, markets and prices, rainfall performance and forecasts, and other sectoral indicators.

A total of 107 AFI analysis units and 44 AMN analysis units were classified, and this was informed by the latest round of 35 household survey outcome data collection, and 11 additional surveys conducted in April 2026. For units with no direct evidence, alternative protocols were used to meet the minimum evidence requirements, including extrapolation from similar nearby areas or historical evidence. Each analysis unit was assigned an evidence level in accordance with IPC protocols, with the overall analysis meeting the Medium evidence level. The analysis for AFI and AMN was conducted using the recently introduced IPC Analysis Platforms (AP).

A risk of Famine (RoF) analysis was conducted for two areas: Baidoa IDPs and Beletweyne IDPs. In line with IPC protocols, each RoF analysis assessed whether Famine thresholds (IPC Phase 5) could reasonably be crossed under a plausible worst-case scenario during the projection period, taking into account the range of shocks that could credibly materialise and the humanitarian assistance that is funded and likely to be delivered.

Sources

Due to severe funding constraints, the number of food security and nutrition surveys has been scaled down substantially during the 2026 Post *Gu* season. Data collection was led by the Food Security and Nutrition Analysis Unit (FSNAU), the World Food Programme (WFP), REACH and the Somalia National Bureau of Statistics (SNBS). A total of 46 areas were assessed by household surveys to inform the 2026 Post-*Gu* analysis. Of these, 35 were collected during the 2026 Post-*Gu* assessment (June–August 2026) and 11 during the preceding April 2026 round, which were still valid in accordance with IPC protocols.

The 35 areas covered during the 2026 Post-*Gu* season include FSNAU integrated household surveys (16), REACH surveys (8), WFP Vulnerability Analysis and Mapping (VAM) AFI surveys (4), and SNBS surveys carried out with technical and financial support from WFP (7) and 3 nutrition assessments based on Mid-Upper Arm Circumference (MUAC screening) conducted by the Nutrition Cluster and its partners. The 11 surveys conducted in April 2026 were undertaken by FSNAU, WFP VAM and SNBS. In addition, screening for risk of undernutrition among women of reproductive age (15–49 years) was conducted in the 27 surveys carried out by FSNAU (including 11 surveys conducted during April 2026).

Sources drawn on for the AFI analysis included FSNAU, WFP, SNBS, REACH, the Food Security and Livelihoods (FSL) Cluster, market and price analyses, FEWS NET and SWALIM rainfall estimates and forecasts, population movement data from the International Organization for Migration (IOM) and UNHCR's Protection and Return Monitoring Network (PRMN), and humanitarian assistance records from Food Security, Nutrition, Health, and WASH Clusters.

For the AMN analysis, data from representative nutrition surveys based on WHZ, MUAC screening data, routine health and disease surveillance data, nutrition programme admission trends, and contextualised qualitative information were used. Only representative WHZ-based surveys provided direct estimates of acute malnutrition prevalence. MUAC screening, admission trends and qualitative evidence were used as supporting or contributing-factor evidence; programme admissions were not treated as a direct measure of prevalence.

Population estimates for sampling units were based on the 2014 UNFPA Population Estimation Survey for Somalia (PESS), complemented by updated Camp Coordination and Camp Management (CCCM) Detailed Site Assessments (DSAs) and related sources. The AFI analysis and total AMN burden estimates were calculated using the 2026 Somalia population figure from OCHA.

Limitations of the analysis

1. Some areas, particularly those affected by conflict or those occupied by non-state actors, remained inaccessible, limiting assessment coverage. As a result, certain populations may be underrepresented in the underlying evidence base.
2. Discrepancies persist between PESS-based population projections, OCHA/Inter-Sectoral Working Group figures and REACH/CCCM Detailed Site Assessments, particularly with respect to IDP population estimates. These affect both the sampling process and the estimation of caseloads by phase.

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 WHZ but also by 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:



ANNEX 1: BAIDOA IDPs (BAY, SOMALIA) RISK OF FAMINE (October-December 2026)

Among Baidoa IDPs (Bay Region), in the most likely scenario assumptions for the projection period of October to December 2026, 5 percent of the population (equating to 25,760 people) are expected to be in Catastrophe (IPC AFI Phase 5). However, in a worst-case scenario, where conditions are expected to deteriorate further, Baidoa IDPs face a risk of Famine between October to December 2026, meaning that further worsening of acute malnutrition, food insecurity and increased mortality could cross IPC AFI Phase 5 (Famine) thresholds. There is a reasonable chance of risk of Famine occurring under a worst-case scenario where (i) the October to December 2026 *Deyr* season rains lead to more massive flooding and population displacement than currently anticipated, (ii) prices of food increase further and wages remain low, reducing household purchasing power, and, (iii) HFSA is not scaled up to reach the most vulnerable populations. The risk of Famine among Baidoa IDPs is predicated on the following key conditions:

Risk of Famine

Risk of Famine indicates that there is a credible chance that an area could face Famine (IPC AFI Phase 5) in the projection period if the situation deteriorates. While this is not considered the most likely scenario, should conditions evolve in a manner worse than anticipated, there is a realistic chance of Famine occurring. For more information, see the [Famine Fact Sheet](#).

Food security (food consumption and livelihood change): In the most likely scenario, Baidoa IDPs were classified as IPC AFI Phase 4 for 30 percent of the population, with 5 percent in AFI Phase 5 and 80 percent in AFI Phase 3 and above. However, under a worst-case scenario, conflict-related mobility restrictions, severe flooding, and the impacts of the super El Niño are expected to further limit access to food, livelihoods, and shelter, resulting in an increased share of households in AFI Phase 5. The ongoing conflict and severe flood risk will impact their access to the farmlands for agricultural labour opportunities, as well as other casual labour opportunities. This, coupled with limited humanitarian assistance, will lead to a worsening situation. Sudden-onset shocks on physical food access, spikes in disease burden, sharply limited economic access to food due to low purchasing power and cut off livelihoods, forced immobility, and non-existent HFSA (0 percent in the projection even in the most likely scenario) are expected to drive severe food consumption gaps and irreversible livelihood losses, exceeding Famine thresholds. Households in marginal Baidoa IDP settlements and hunters are most at-risk.

Nutrition: In the most likely scenario, there was already a significant deterioration within IPC AMN Phase 4, given the factors above (flooding, AWD, SAM and MAM increases, and diseases, with health centres overwhelmed), it is possible to see a shift to AMN Phase 5 (Extremely Critical).

Mortality: Remains a high risk, with further increase expected in the stabilization centres due to the flooding and super El Niño impacts, with increased pressure on centres, possibly increasing to reach the IPC AFI Phase 5 thresholds.

Planned HFSA (particularly in-kind food, cash/voucher transfers, nutrition, WASH, and health-related assistance) to Baidoa IDPs will not be adequate to prevent a worsening of food security outcomes (i.e. it will not reach at least 25 percent of the population).

The most recent outcome data available for Baidoa IDPs is from April 2026 and, while this is within IPC protocols' validity period for methodological soundness, any recent deteriorations driven by continued conflict, IDP inflows and elevated food prices may not be fully captured. Therefore, a follow-up integrated food security, nutrition, and mortality assessment should be urgently conducted among Baidoa IDPs facing the risk of Famine.



ANNEX 2: COMPARATIVE ANALYSIS OF GAM PREVALENCE BETWEEN POST GU 2026 AND 2025 BY ANALYSIS UNIT

Population Group Assessed	GAM (%)		Difference between prevalence (2026 Gu – 2025 Gu)	Statistical Significance of Differences (p-value)	Remarks
	2026 Gu (95%CI)	2025 Gu (95% CI)			
Guban Pastoral	11.0 (7.8-15.3)	8.8 (6.4-12.1)	2.2	>0.05	increase-Insignificant (only phase change)
Northwest and Togdheer Agropastoral	12.0 (9.5-15.0)	11.8 (9.1-15.3)	0.2	>0.05	Similar
Burao IDPs (Togdheer)	12.4 (9.5-16.0)	6.0 (3.6-10.0)	6.4	<0,05	Significant deterioration
East Golis of Northwest and Northeast	14.4 (11.9-17.3)	10.6 (6.9-15.8)	3.8	>0.05	Similar
Bossaso IDPs (Bari)	24.4 (19.9-29.7)	24.2 (20.6-28.2)	0.2	>0.05	Similar
Hawd Pastoral of Central	18.2 (13.7-23.7)	15.2 (11.6-19.8)	3	>0.05	Similar
Coastal Deeh of Northeast	11.6 (9.0-14.8)	12.6 (8.3-18.8)	-1	>0.05	Similar
Garowe IDPs	21.9 (15.0-30.8)	13.6 (10.7-17.2)	8.3	<0,05	Significant deterioration
Dhusamareb IDPs	13.2	20.7	-7.5	<0,05	Significant Improvement
Shabelle Riverine	16.8 (13.5-20.7)	16.5 (13.2-20.6)	0.3	>0.05	Similar
Mogadishu IDPs	15.9 (13.2-19.0)	15.8 (12.9-19.2)	0.1	>0.05	Similar
Bay Agropastoral	15.5 (13.5-17.8)	15.7 (13.2-18.5)	-0.2	>0.05	Similar
Dolow IDPs	13.9 (11.1-17.3)	14.4 (11.8-17.3)	-0.5	>0.05	Similar
North Gedo pastoral	13.3 (10.4-16.8)	12.0 (9.1-15.6)	1.3	>0.05	Similar
North Gedo Riverine	14.6 (11.8-18.0)	14.2 (11.5-17.5)	0.4	>0.05	Similar
Kismayo IDPs (Lower Juba)	9.6 (6.5-14.0)	15.5 (12.4-19.1)	-5.9	<0.05	Significant Improvement

ANNEX 3: SUMMARY OF FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

[illegible]

ANNEX 4: HOTSPOT IDP SITES IN BAIDOA (Post *Jilaal* SMART Survey, April 2026)

IDP Site	Cluster	Catchment Area	Population size	No of Households	No of Children Under 5	Flood Risk
Mundul 9	1	CA07	1626	231	325	High (flood frequently)
Adaayimow	2	CA07	720	120	144	High (flood frequently)
Alla Tuug	4	CA04	3400	578	680	Low (does not flood)
Buula Issack	10	CA12	642	107	128	Low (does not flood)
Dini Doog	15	CA07	1288	281	258	High (flood frequently)
Gili	18	CA10	1700	290	340	Low (does not flood)
Hanana 1	20	CA10	1500	250	300	Low (does not flood)
Imillow 1	22	CA08	2580	430	516	High (flood frequently)
Madaraan Degeen	26	CA09	1148	165	230	Extreme (always floods)
Moori Fuur	28	CA10	2526	421	505	Low (does not flood)
Shiidmidow	32	CA13	600	100	120	Low (does not flood)
War Isgoowe	35	CA13	701	103	140	Low (does not flood)