

SOMALIA

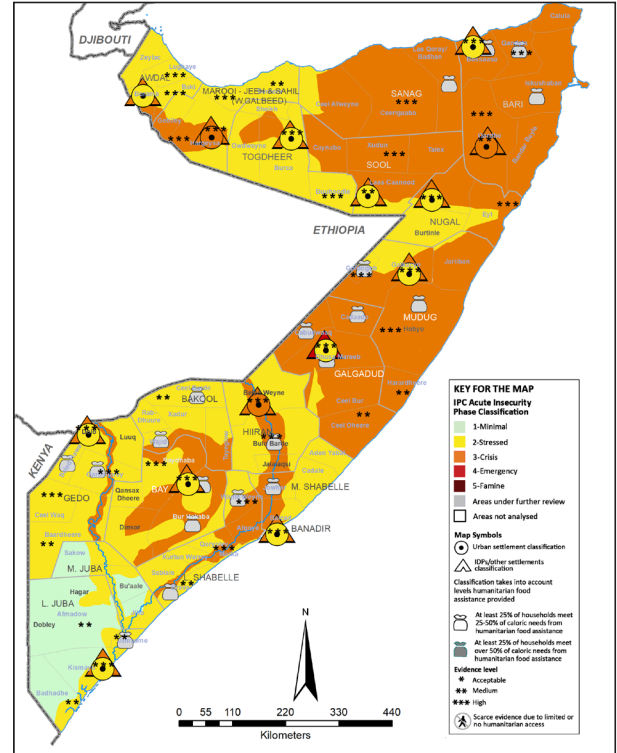
IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

APRIL – JUNE 2025

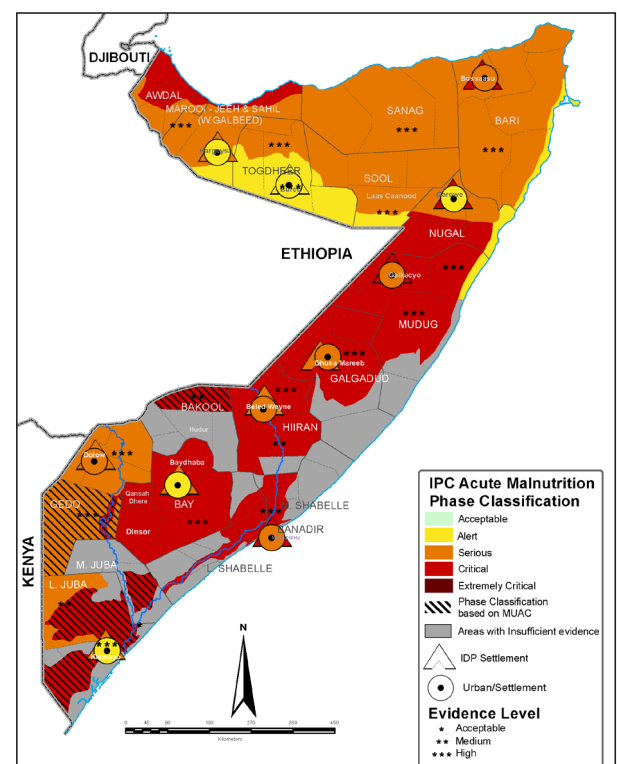
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- In late March, the IPC Technical Working Group in Somalia conducted an update of their analysis released in February 2025. This update reflects the likely impact of the major reduction in humanitarian assistance funding announced recently and also a likely further increase in population displacement due to drought and conflict.
- There were 21 areas analysed in the acute food insecurity projection update based on changes to humanitarian assistance and other aggravating factors such as conflict and drought-related displacement. The reprioritisation of humanitarian food and cash assistance led to a massive reduction in some areas and an increase in others, such as Mudug IDPs (Galdogob, Hobyo and Jariiban) or Galgaduud urban (Dhuusamareeb).
- For the 21 areas, 36 percent of the population is projected to face high levels of acute food insecurity (IPC Phase 3 or above) with 9 percent in Emergency (IPC Phase 4), and 28 percent in Crisis (IPC Phase 3). This is compared to 6 percent and 22 percent, respectively, that were projected in the January 2025 analysis.
- The reduction in humanitarian funding is already affecting the nutrition, health, and WASH service delivery, impacting the nutrition outcome for two rural livelihoods which have worsened from Serious (IPC AMN Phase 3) to Critical (IPC AMN Phase 4).

Updated Projection Acute Food Insecurity April - June 2025



Updated Projection Acute Malnutrition April - June 2025



UPDATED PROJECTION ACUTE FOOD INSECURITY APRIL – JUNE 2025

4.6M

24% of the population

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

IN NEED OF URGENT ACTION

Phase 5	0	People in Catastrophe
Phase 4	784,000	People in Emergency
Phase 3	3,767,000	People in Crisis
Phase 2	6,991,000	People Stressed
Phase 1	7,740,000	People in food security

UPDATED PROJECTION ACUTE MALNUTRITION JANUARY - DECEMBER 2025

1.8M

the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	479,000
Moderate Acute Malnutrition (MAM)	1,321,000



ACUTE FOOD INSECURITY UPDATED PROJECTION OVERVIEW AND KEY DRIVERS

Nearly 4.6 million people in Somalia will likely experience high levels of acute food insecurity – IPC AFI Phase 3 or above (Crisis or worse) – between April and June 2025. This includes about 784,000 people (4 percent of the population analysed) in IPC Phase 4 (Emergency) and nearly 3.8 million people (20 percent of the population analysed) in IPC Phase 3 (Crisis). This reflects an increase compared to the projection done in January 2025 which estimated that 4.4 million people would be in IPC Phase 3 or above between April and June 2025. For the 21 areas analysed as part of this update, the revised number of people in IPC Phase 3 or above between April and June 2025 is 713,000 people compared to 553,000 people estimated in the January 2025 analysis, or a net increase of nearly 160,000 people (29 percent).

Although the January 2025 IPC analysis indicated a likely deterioration of the food security situation between April and June 2025, the current update reflects a further worsening of food insecurity in several parts of the country, resulting in 18 areas that see the number of people facing Phase 3 or above increasing.

The International Organization for Migration (IOM) and Danish Refugee Council (DRC) estimate that Somalia will see an increase of 230,595 internally displaced persons (IDPs) between April to June 2025, mainly due to conflict and drought-related displacement. The reduction in humanitarian funding will lead to a significant reduction in the coverage of humanitarian food and cash assistance among IDP populations in Borama, Hargeysa, Buuhoodle, Owdweyne, Taleex, Xudun, Burtinle, Eyl, Jalalaqsi, Cadale, Diinsoor, Xudur and Ceel Waaq districts as well as rural populations in Jalalaqsi, Baardheere, Doolow and Luuq districts. Areas/districts that registered a significant increase in IDP populations due to conflict/insecurity and drought include Banadir, Baydhaba, Luuq, Kismaayo, Afmadow, Bossaso, Buuhoodle, Badhaadhe, Jowhar, Doolow, Gaalkacyo, Qardho, Belet Xaawo, Baardheere and Saakow. Some of these districts – Badhaadhe, Buuhoodle, Doolow and Luuq – also face the combined negative effect of an increase in population displacement and a concurrent reduction in humanitarian assistance.

Among the 21 population groups analysed, deteriorations in food security outcomes are expected to occur within the same IPC phase but still lead to an increase in the number of people in Phase 3 or above. For five of the population groups analysed, the changes have resulted in a deterioration to a worse phase - from Stressed (IPC Phase 2) to Crisis (IPC Phase 3). These are IDP populations in Hiraan (Bulo Burto and Jalalaqsi), Middle Shabelle (Adan Yabaal, Balcad, Cadale and Jowhar), Nugaal (Burtinle and Eyl), Hargeysa, urban populations in Bari (Bandarbeyla, Caluula, Iskushuban, Qandala and Qardho), and rural populations in Gedo Riverine livelihood. For three other areas, the food insecurity situation has been revised to show an improvement, with one area [Galgaduud urban (Dhuusamarreeb)] moving from Phase 3 to Phase 2, thanks to the HFA readjustment.

The key drivers for the likely deterioration of the food security situation during the projection period include anticipated below average Gu (April-June) season rainfall, above average food prices, continued conflict and insecurity, and localised flooding. During that period, the social support it still expected to increase during Ramadan/Eid holiday (March) and Hajj festivities (June).

Key Drivers of Acute Food Insecurity



Poor rainfall

Below-average 2025 Gu season (April-June) rainfall will likely worsen drought conditions and lead to increased drought-related population displacement.



Flooding

Localised flooding during the 2025 Gu season is expected in areas along the Juba and Shabelle Rivers where there are open breakages and weak embankments.



Conflict and insecurity

Conflict and insecurity are likely to persist leading to displacement of communities, disrupting markets, and limiting access to livelihoods and farmlands and impeding humanitarian assistance. Conflict and insecurity related population displacement is expected to increase due to the ongoing security operations and inter-clan resource-based conflict.



High food prices

Both local and imported food prices are expected to trend above five-year averages due to limited carryover stocks from successive poor harvests, and high shipping costs.

ACUTE MALNUTRITION UPDATED PROJECTION OVERVIEW AND CONTRIBUTING FACTORS

The total acute malnutrition burden estimate for January to December 2025 has also increased to 1.8 million children aged 6-59 months, including 479,000 children likely to be severely malnourished. Compared to the January 2025 analysis, with a total burden estimate of 1.7 million for the same period, the revised estimate reflects an increase of nearly 47,000 children facing acute malnutrition.

The reduction in humanitarian funding is already affecting the delivery of services across the nutrition, health, and WASH sectors, which is expected to have a direct and significant impact on the levels of acute malnutrition across the country. Sixteen districts mainly in rural areas – Adan Yabal, Balcad, Jowhar, Buloburto, Jalalqsi, Burhakaba, Afgoye, Badhadhe, Garbaharey, Dhusamareeb, Qardho, Caynabo, Lascanood, Lasqoray, Zeylac, and Lughaye – have been identified as the most affected; and their respective livelihood zones – Guban pastoral, Bay agropastoral, Beletweyne riverine and agropastoral, Shabelle riverine, Shabelle agropastoral, Juba cattle, South Gedo riverine, South Gedo pastoral, South Gedo agropastoral, Buloburto, West Golis, Northern Inland Pastoral of Northwest, East Golis, Northern Inland Pastoral of Northeast and Addun pastoral – were, therefore, considered for the revised projection analysis.

The January 2025 analysis showed that acute malnutrition situation was expected to deteriorate between April and June 2025 in these livelihood zones, primarily due to seasonal variations and persistent vulnerabilities following the worsening of conditions observed during the 2024 Deyr. However, after accounting for the cumulative effects of the funding reduction, acute malnutrition situation is projected to deteriorate even further threatening the lives of children.

In Guban and Addun pastoral livelihood zones, acute malnutrition levels are now expected to deteriorate from IPC AMN Phase 3 (Serious) to Phase 4 (Critical) between April and June 2025. Similarly, in Beledweyne rural (riverine and agropastoral), Shabelle Riverine, Shabelle Riverine agropastoral, and Bay agropastoral livelihoods, further significant deterioration is anticipated but within the same Phase 4 (Critical).

The further worsening of acute malnutrition during the projection period is driven by the closure of health facilities, suspension of therapeutic and supplementary and feeding programs with the highest impact in the sixteen affected districts. The reduction in healthcare access is expected to lead to a surge in childhood illnesses, with many cases going to be left untreated at the community level, increasing the risk of progression to severe stages. Combined with increased household hunger gaps due to reduced food assistance, persistent inadequate child feeding practices and limited access to clean safe water, these conditions create a high-risk environment for the surge of acute malnutrition threatening lives of children.

In terms of magnitude, it is estimated that the burden of acutely malnourished children in these 16 districts will increase by 15 percent from previously at 312,000 to an updated 359,000 malnourished children aged 6-59 months. This has contributed to an overall increase in burden of acute malnutrition from 1,724,000 to 1,770,000. This includes 479,000 cases of children likely to be severely malnourished.

Contributing Factors for Acute Malnutrition



High disease burden and closure of health and nutrition services

As a consequence of reduced humanitarian funding, the reduction in access to healthcare, particularly to the hardest-hit 16 districts, is expected to leave a growing trend in burden of childhood diseases. This is already influenced by seasonal variation – untreated and escalating acute malnutrition and possible mortality. Supplementary feeding programs, and therapeutic feeding centers are non-functional in the health facilities closed in the 16 districts.

Further, reduced coverage in SAM treatment and suspension of MAM treatment is expected to lead to a surge in untreated SAM and MAM cases, threatening the lives of these children and likely increasing mortality. This increased burden, coupled with worsening hunger gaps from reduced food assistance and persistent poor child consumption, will enable acute malnutrition and mortality to spread.



Limited access to WASH services

The anticipated reduction in WASH interventions will further escalate the persistent risk of diarrheal diseases among young children, as communities in these livelihoods will be left with no choice but to rely on unsafe water sources.



REGIONS AFFECTED BY THE CHANGES IN HUMANITARIAN ASSISTANCE AND INCREASED POPULATION DISPLACEMENT

Acute Food Insecurity

Analysis Unit	IPC AFI Analysis		IPC Phase 3 or above
	Previous Projection Phase	Updated Projection Phase	% Change
Awdal Urban IDPs (Borama)	Crisis	Crisis	10
Bakool Urban IDPs (Xudur)	Crisis	Crisis	15
Bari Urban IDPs (Bandarbeyla, Caluula, Iskushuban, Qandala and Qardho)	Crisis	Crisis	5
Bari Urban IDPs (Bossaso)	Crisis	Crisis	5
Bay Urban (Baydhaba)	Stressed	Stressed	-5
Bay Urban IDPs (Baydhaba)	Crisis	Crisis	15
Bay Urban IDPs (Bur Hakaba, Diinsor and Qansax Dheere)	Crisis	Crisis	10
Bay-Gedo Sorghum High Potential Agropastoral (Bay and Gedo)	Stressed	Stressed	5
Galgaduud Urban (Dhuusamarreeb)	Crisis	Stressed	-15
Gedo Riverine Pump Irrigation	Stressed	Crisis	5
Gedo Urban IDPs (Baardheere, Belet Xaawo, Ceel Waaq, Garbahaarey and Luuq)	Crisis	Crisis	5
Hiraan Riverine Pump and Gravity Irrigation	Crisis	Crisis	5
Hiraan Urban IDPs (Bulo Burto and Jalalaqsi)	Stressed	Crisis	15
Lower Juba Urban IDPs (Afmadow and Jamaame)	Crisis	Crisis	5
Middle Shabelle Urban IDPs (Adan Yabaal, Balcad, Cadale and Jowhar)	Stressed	Crisis	20
Mudug Urban IDPs (Gaalkacyo)	Crisis	Crisis	10
Mudug Urban IDPs (Galdogob, Hobyo, and Jariiban)	Crisis	Crisis	-10
Nugaal Urban IDPs (Burtinle and Eyl)	Stressed	Crisis	5
Sool Urban IDPs (Caynabo, Taleex and Xudun)	Crisis	Crisis	10
Togdheer Urban IDPs (Buuhoodle and Owdweyne)	Crisis	Crisis	10

Population groups (mostly IDPs and rural) affected by the changes in the level of humanitarian assistance and increased population displacement are shown in the table above. Most of the changes – reflecting a further deterioration in food security outcomes – are expected to occur within the same IPC AFI Phase. In four analysis units, the changes have resulted in a deterioration to a worse phase from Stressed (Phase 2) to Crisis (Phase 3). Three units show an improvement in Phase 3 or above with a change from Phase 3 to Phase 2 for one unit updated [Galgaduud urban (Dhuusamarreeb)].

**Acute Malnutrition**

Livelihood Zones	IPC AMN Analysis			
	Previous Projection	Expected Change	Projection Update	Likely Change
Guban Pastoral (Lughaye, Zeylac)	3	↓	4	↓
West Golis (Lughaye, Zeylac, Caynabo)	3	↓	3	↓
Northern Inland Pastoral NW (Lassqoray, Caynabo, Laas Caadnood)	3	↓	3	↓
East Golis NW & NE (Laasqoray)	3	↓	3	↓
Northern Inland Pastoral NE (Qardho)	3	↓	3	↓
Addun Pastoral (Dhuusamarreeb)	3	↓	4	↓
Beletweyne Rural - Riverine/Agropastoral (Buluburto, Jalalaqsi)	4	↓	4	↓
Shabelle Riverine (Balcad, Jowhar, Afgooye)	4	↓	4	↓
Shabelle Agropastoral (Afgooye, Balcad, Jowhar, Adan Yabal)	4	↓	4	↓
Bay Agro Pastoral (Buur Hakaba)	4	↓	4	↓
South Gedo Pastoral - MUAC (Garbahaarey)	3	↓	3	↓
South Gedo Agropastoral -MUAC (Garbahaarey)	3	→	3	↓
South Gedo Riverine - MUAC (Garbahaarey)	4	→	4	↓
Juba Cattle Pastoral - MUAC (Badhaadhe)	4	→	4	↓
Buloburte Rural - Riverine (Buloburte)	4	↓	4	↓

For the acute malnutrition analysis, the impact of the changes in the level of humanitarian assistance and increased population displacement are shown in the table above. Most of the changes, reflecting a further deterioration in nutrition outcomes are expected to occur within the same IPC AFM Phase. In two cases, the changes have resulted in a deterioration to a worse phase from Crisis (Phase 3) to Emergency (Phase 4).



RECOMMENDATIONS FOR ACTION

With nearly 1 in 4 Somalis in need of urgent assistance, the humanitarian situation in Somalia remains critical. Urgent mobilisation of resources is required to address the needs of the most vulnerable. Specific recommended actions are highlighted below.

- **Sustained Lifesaving and Life-sustaining Assistance:** Urgent funding required to maintain multi-sectoral humanitarian assistance in Food Security, Nutrition, Health, and WASH programmes. These interventions are essential to prevent further deterioration among the most vulnerable populations.
- **Urgent Advocacy and Resource Mobilisation:** Strengthen high-level advocacy and funding efforts to ensure adequate resources for populations classified in IPC AFI Phase 3 and above.
- **Risk-Based Programming:** Enhance anticipatory action (AA), preparedness, and early response to help vulnerable communities adapt to climate change impacts and recurrent shocks, including droughts and floods.
- **Scale Up Integrated Programmes:** Expand multi-sectoral collaboration across Food Security, Nutrition, Health, and WASH to break the cycle of food and nutrition insecurity, prioritising communities in IPC Phase 3 or above.
- **Enhance Humanitarian Assistance Efficiency:** Improve targeting mechanisms through Vulnerability-Based Targeting (VBT) and registration systems to prioritise marginalised and hard-to-reach populations, Accountability to Affected population (AAP) and strengthen prevention of aid diversion.
- **Bridge Humanitarian and Development Efforts:** Strengthen the link between emergency aid and long-term development to implement livelihood-based interventions, address root causes of food insecurity and malnutrition, and promote resilience.
- **Expanding Social Protection Programmes:** Scale up shock-responsive social protection and human capital development initiatives in urban and rural areas to support the most vulnerable households.
- **Rationalise health and nutrition services:** To ensure equitable access, optimise resource allocation, enhance efficiency and quality of health and nutrition service delivery.
- **Increase surveillance of malnutrition and disease burden and outbreaks:** Strengthen health and nutrition surveillance systems at the community level
- **Enhance Risk Monitoring and Assessment:** Ensure adequate funding for the close monitoring of risk factors related to food security and nutrition, and related seasonal assessments to support the targeting and prioritization of humanitarian assistance.



Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; or • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; or • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	5–9.9% of children are acutely malnourished.	10–14.9% of children are acutely malnourished.	15–29.9% of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	30% or more children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

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

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

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

Contact for further Information

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