Overview

Despite large-scale humanitarian response providing reprieve in Somalia’s food crisis, the latest data shows that 3.7 million people, or 22 percent of the population, are experiencing high levels of acute food insecurity, classified in IPC Phase 3 (Crisis) and Phase 4 (Emergency). The IPC Acute Food Insecurity classification is based on household surveys and field assessments conducted in June and July 2023 and subsequent analysis in August 2023.

The key drivers of acute food insecurity in Somalia include the combined effects of below-average and poorly distributed rainfall, flooding, the extended impact of multi-season drought in pastoral areas, limited household access to food due to income constraints and elevated food prices, continued insecurity and, in conflict in many parts of central and southern Somalia and Lasaanod (Sool), and low coverage of humanitarian assistance.

Available forecasts indicate an increased likelihood of El Nino and above- average rainfall during the 2023 Deyr (October-December) season across most of the country, with likely adverse impact on livelihoods, food security and nutrition outcomes, mainly in riverine areas.

Humanitarian assistance has continued to play a critical role in preventing worse food security and nutrition outcomes in many areas. This assistance is expected to decline further between October and December 2023 if additional funding is not secured. The analysis findings for acute malnutrition show that the situation has generally improved compared to the same period in 2022.

Of the 46 population groups included in the analysis, a Critical situation (IPC AMN Phase 4) was observed in 13 population groups. Twenty-two population groups were also classified in Serious (IPC AMN Phase 3). In contrast, ten other population groups were classified in Alert situation (IPC AMN Phase 2), and in just one population group, the situation was classified as Acceptable (IPC AMN Phase 1).

It is estimated that approximately 1.5 million children under the age of five years face acute malnutrition between August and July 2024, including 330,630 who are likely to be severely malnourished. The primary drivers include limited access to health and nutrition services, as a result, in part, of limited humanitarian funds, as well as acute food insecurity and high morbidity in many areas.

Despite the relative improvement in the nutrition outcomes in Somalia, the prevalence of acute malnutrition remains high, with the GAM rates above 15% in many analysis areas. The improvement over previous years is due to improved harvest in the Gu season, better rainfall performance in the agropastoral areas and improved livestock body conditions, increasing sale prices for animals and improving household income.

The impact of the multi-year drought continues to limit food availability in pastoral and agropastoral areas where milk availability remains limited, as calving and kidding are expected from September. Some areas, such as the northwest region, experienced moderate price increases due to the ongoing depreciation of the local currency (SLS), reducing the purchasing power at the household level and compromising household access to food due to income constraints and elevated food prices.

Low coverage of humanitarian assistance and further expected scale-down in the projection period increase nutrition and food insecurity risks. These food consumption factors have contributed to inadequate food intake and consumption of low-diversified diets that lead to the high prevalence of acute malnutrition and the sustained critical level of acute malnutrition observed in children less than five years of age.

Contributing Factors for Acute Malnutrition

- **Food insecurity**: Reduced milk production and consumption across counties, low food stocks, and unfavourable terms of trade were reported. This was due to the cumulative effects of three failed rainfall seasons.
- **Poor childcare practices**: The quality of care provided to infants and young children is inadequate, leading to malnutrition in many counties, especially those affected by extreme poverty and dry spells.
- **Poor water, sanitation & hygiene**: Poor access to clean water, basic toilets, and good hygiene practices deter a healthier start for children.
- **Insufficient health services**: Stock-out of essential supplies for management of acute malnutrition and sub-optimal coverage of health and nutrition programs.

Erratic rains

Irregular rainfall patterns include below-average Gu season rainfall in central and parts of southern Somalia, premature cessation of Gu rains in agropastoral areas, incidents of flood- ing in Gedo and Hiran, anticipated El Nino-induced flooding in the upcoming Deyr season, particularly in riverine areas, and the prolonged impact of multi-season drought in pastoral areas. These factors have led to reduced milk availability and access.

Conflict and insecurity

Persistent conflict and insecurity across various regions of Somalia continue to result in population displacement, disrupt market access and functionality, hinder households’ access to livelihood opportunities, and restrict their ability to receive humanitarian assistance.

Diseases

The region faces challenges such as acute watery diarrhoea and measles outbreaks, limited access to safe water and sanitation facilities, high morbidity rates in numerous areas, and insufficient coverage of vitamin A supplementation and measles vaccinations.
Current Acute Food Insecurity | August - September 2023

Recommended Actions

**Lifesaving humanitarian response**
Immediate funding is crucial to support multi-sectoral humanitarian efforts encompassing food security, nutrition, health, and WASH (Water, Sanitation, and Hygiene) programs. This includes providing essential treatment for children, pregnant women, and breastfeeding mothers who are suffering from acute malnutrition.

**Livelihood support**
Livelihood support is required for pastoral and agricultural populations across Somalia. Programs that are classified in IPC Phase 2 or above (Stressed or worse). Close collaboration between humanitarian and development programmes is needed to tackle the underlying causes of food insecurity and malnutrition and enhance resilience.

**Scale up nutrition interventions**
Implement blanket supplementary feeding in the most affected areas to protect children and women from acute malnutrition given the projected worsening of an already precarious situation. Deploy a multi-sectoral approach to address the nutrition situation by incorporating livelihood/resilience activities into multi-sectoral nutrition response. Further scale-up of mass screening, integrated outreach services, coordination, and nutrition surveillance.

**Expand access to health services**
Strengthen health services including routine immunization, vitamin A supplementation and control of childhood diseases. Strengthen existing community structures to improve behavioral change interventions. Scale-up sensitization on prompt health-seeking behaviors, environmental hygiene including water (WASH).

**Social Protection Programs**
The expansion of social protection programs is necessary in both urban and rural areas to address foreseeable needs. Scaling up social protection initiatives targeted at the most vulnerable and at-risk households is imperative.

**Anticipatory/Early Action**
Provide timely multi-sectoral support to vulnerable communities in riverine areas to mitigate the potential adverse impact of El Niño-related flooding during the October - December 2023 Deyr rainy season.

GAM and SAM Estimates by Region | August - December 2023

A comparative analysis of the burden estimates shows a decrease both in the number of children facing acute malnutrition (-19 percent) and severe malnutrition (-36 percent) compared to 2022. The burden figure is based on the prevalence of combined GAM and SAM from the results of the SMART nutrition survey carried out between June and August 2023. As a result of continuous demand from partners for estimates of the number of malnourished children are disaggregated by regions/districts when the current FSNAU food security and nutrition assessments are conducted at the livelihood level in rural areas displaced and urban population groups in selected urban areas. A combination of real estimate value and proxy prevalence techniques has been used to provide the absolute number of acutely malnourished children nationwide. Where the prevalence of acute malnutrition was unavailable, the prevalence observed in similar livelihoods and an average median GAM prevalence were taken if a district has multiple livelihood zones.

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