

Overview

Poor rainfall, flooding and persistent conflict are driving 3.4 million people into high levels of acute food insecurity between July and September 2025. This includes around 624,000 people (3 percent of the population) experiencing Emergency (IPC Phase 4) levels of acute food insecurity, and 2.8 million people (15 percent of the population) in IPC Phase 3 (Crisis).

In northern regions, poor rainfall and drought conditions have led to failed crop production and poor livestock production and reproduction. In central and southern Somalia, conflict and flooding disrupted crop production in some agropastoral and riverine communities, triggering population displacement and undermining both livelihood activities and access to markets.

The most affected households include farmers with low agricultural production that have exhausted their food stocks, internally displaced people (IDPs), and poor pastoralists who own few animals with below-average income from livestock. These vulnerable groups require urgent humanitarian food assistance aimed at saving lives, reducing food consumption deficits and protecting livelihoods. In comparison to the same period last year, when approximately 3.6 million people were classified in Phase 3 or above, the current figure of 3.4 million people represents a 5 percent reduction in populations facing Crisis or worse conditions. This is attributed to the positive impact of average to above-average rainfall in most parts of southern Somalia and continued humanitarian assistance, albeit at a much-reduced level.

In the projection period (October to December 2025), the food security situation is expected to worsen as the *Deyr* (one of Somalia's two rainy seasons) rainfall is expected to be below normal. Below-average rainfall, high food prices, ongoing conflict, and localised flooding are projected to drive 4.4 million people (23 percent of the population) into high levels of acute food insecurity (Phase 3 or above). This includes around 921,000 people in Phase 4 and more than 3.4 million people in Phase 3. During this period, the food security situation of urban IDPs in Bay and Bakool is expected to deteriorate from Phase 3 to Phase 4. Among urban populations in Nugaal (Burtinle and Eyl), the food security situation is likely to deteriorate from IPC Phase 2 (Stressed) to IPC Phase 3 (Crisis).

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



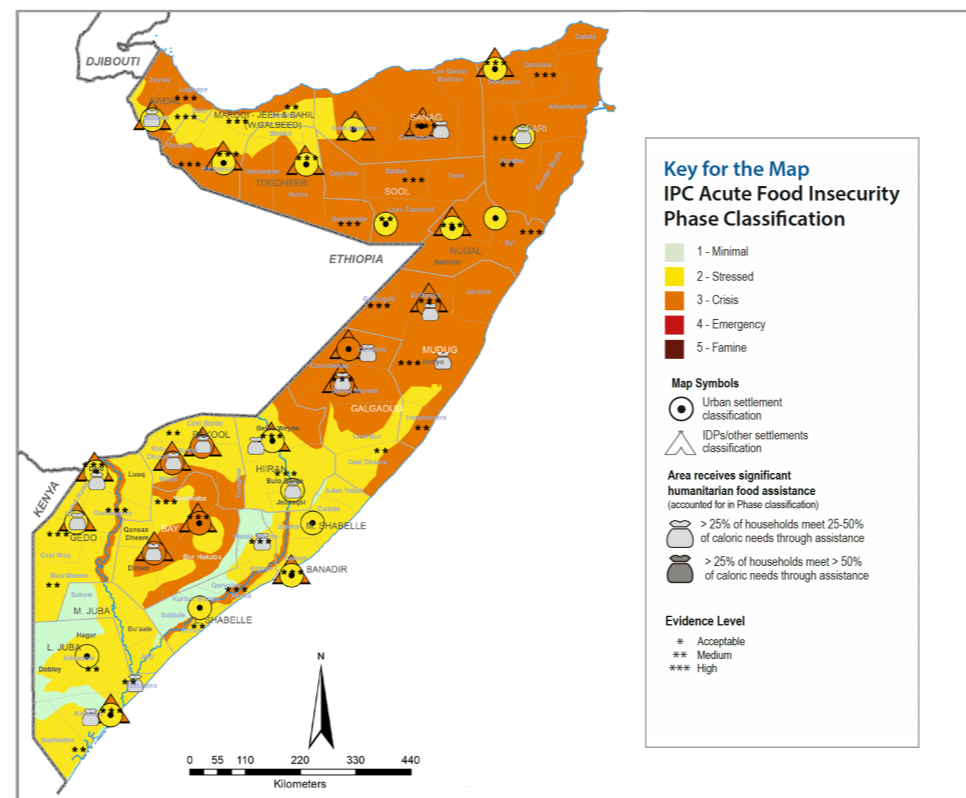
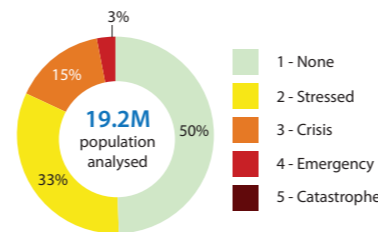
Current Acute Food Insecurity | July - September 2025



3.4M

An estimated 3.4 million people in Somalia are experiencing high levels of acute food insecurity - IPC Phase 3 or above (Crisis or worse) - between July and September 2025.

18% of the analysed population is experiencing high levels of acute food insecurity (IPC Phase 3) between July and September 2025.



Key Drivers | Acute Food Insecurity



Poor rainfall

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



Flooding

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



Conflict and insecurity

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



High food prices

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

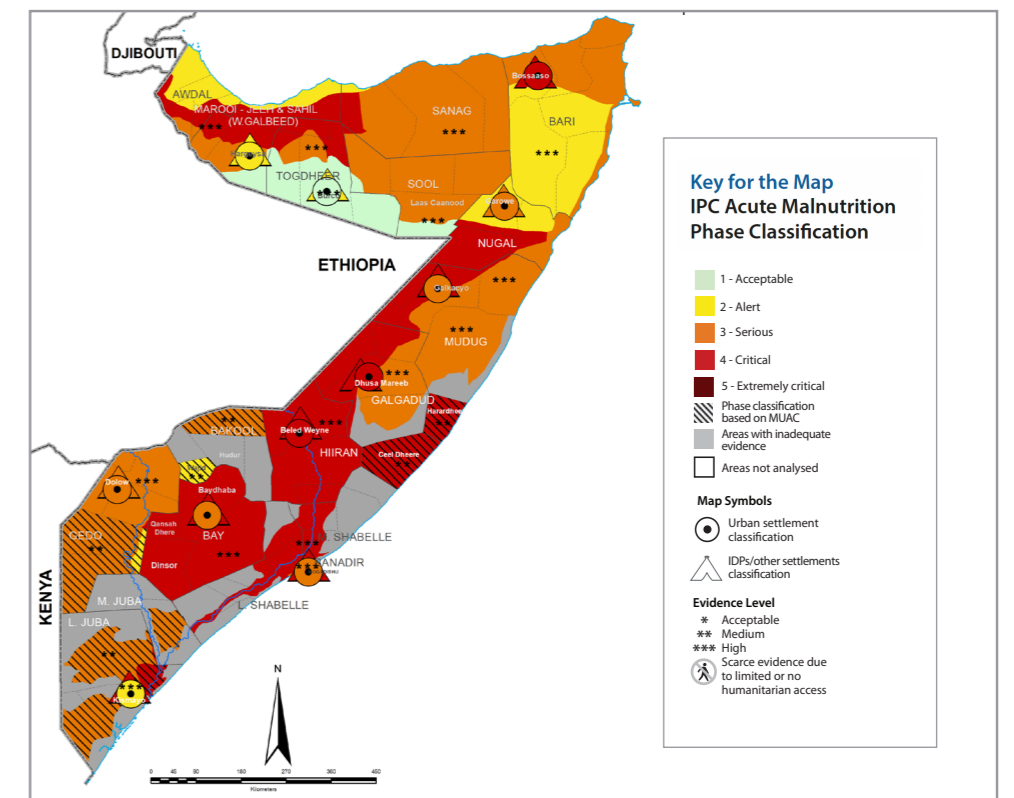
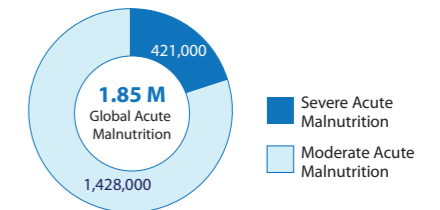


Current Acute Malnutrition | June - September 2025



1.85M

About 1.85 million children aged 6-59 months in Somalia will likely suffer from acute malnutrition between July 2025 and June 2026, including 421,000 children who are likely to be severely malnourished.



Contributing Factors | Acute Malnutrition



High disease burden

Over half of the 43 groups assessed recorded morbidity rates above 20 percent, peaking at over 30 percent in Bay and Shabelle zones, as well as among IDPs in Baidoa and Galkacyo. Childhood illnesses—fever/suspected malaria, cough, and diarrhoea—were most prevalent. Outbreaks of acute watery diarrhoea, cholera, measles, and diphtheria remain active in southern and central areas.



Poor WASH services

Access to safe water and sanitation remains inadequate, especially in rural and displaced communities. Several areas reported less than 50 percent coverage, contributing to outbreaks of diarrhoea and cholera. Seasonal flooding worsens conditions, contaminating water sources and increasing disease risk.



Suboptimal infant and young child feeding

Infant and young child feeding practices remain poor nationwide, increasing malnutrition risk. Only 1.4 percent of children meet the threshold Minimum Acceptable Diet, with low dietary diversity and meal frequency. These indicators highlight critical gaps in nutrition



Limited access to health and nutrition services

Coverage for measles vaccination and vitamin A supplementation remains below recommended levels, especially among IDPs and rural populations. Several areas report less than 50% coverage.

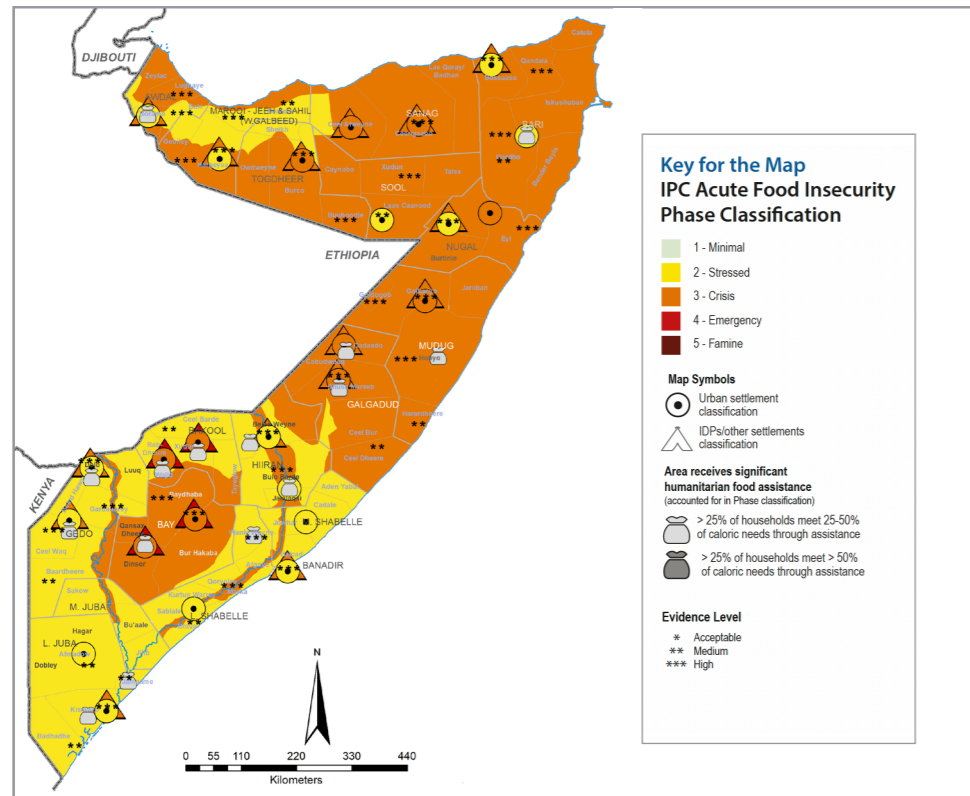
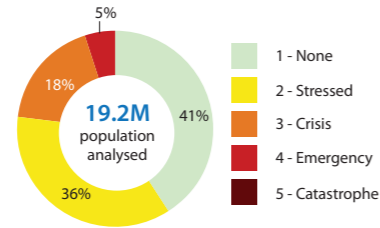


Projection Acute Food Insecurity | October - December 2025

4.4M

An estimated 4.4 million people in Somalia will likely experience high levels of acute food insecurity - IPC Phase 3 or above (Crisis or worse) - between October and December 2025.

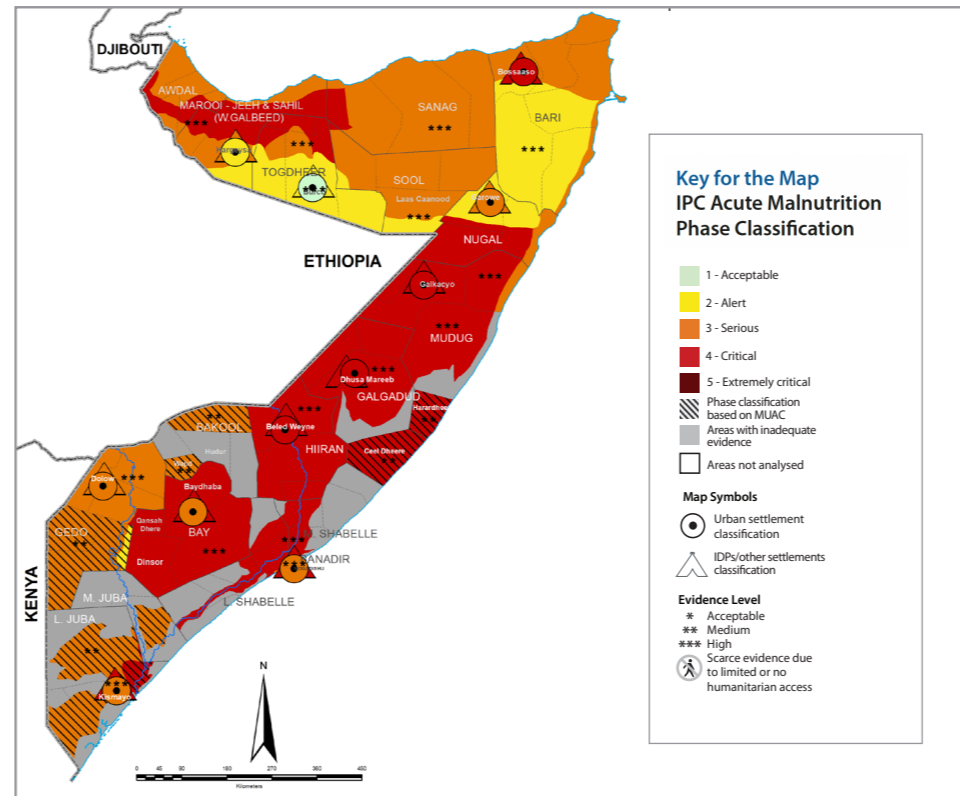
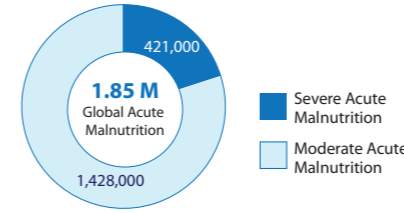
23% of the analysed population or 4.4 million people are likely to face high levels of acute food insecurity (IPC Phase 3+) between October and December 2025.



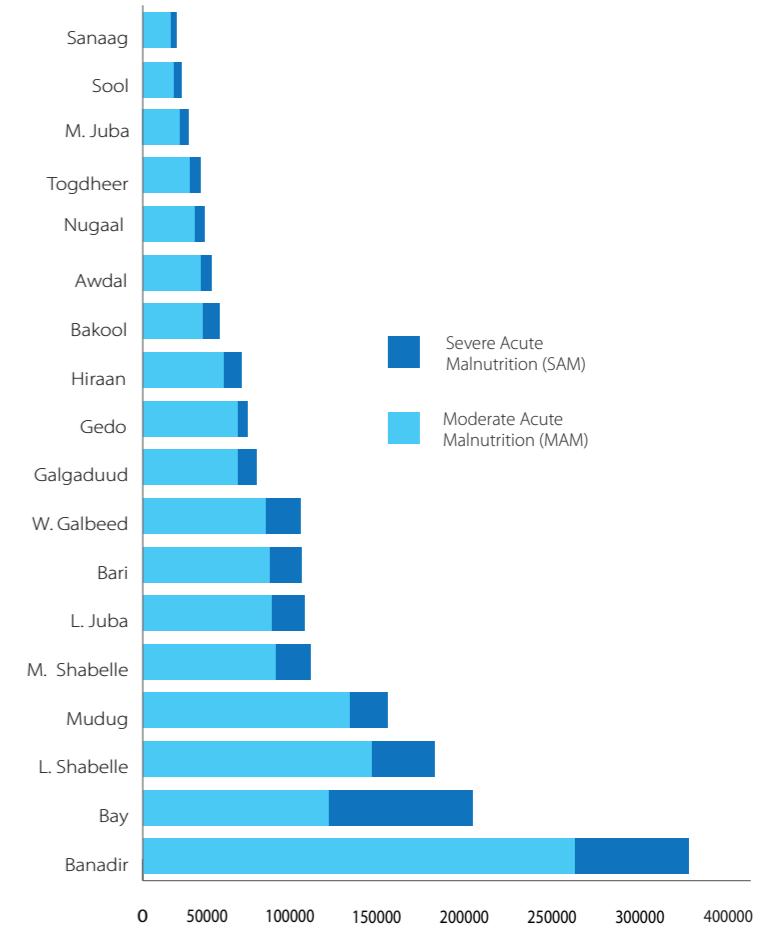
Projection Acute Malnutrition | October - December 2025

1.85M

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SAM and MAM Estimates by Region | Jul 2025 - Jun 2026



Recommended Actions



Sustained Life-Saving 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.



Enhancing Humanitarian Assistance Efficiency

Improve targeting mechanisms through Vulnerability-Based Targeting (VBT) and registration systems to prioritise marginalised and hard-to-reach populations.



Scaling Up Integrated Programmes

Expand multisectoral approaches combining health, WASH, and food security through joint referrals and harmonised messaging. Prioritise outreach and Integrated Community Case Management Plus (ICCM+) to deliver nutrition services in remote and rural areas.



Bridging Humanitarian and Development Efforts

Strengthen the link between humanitarian aid and long-term development to tackle the root causes of food insecurity and malnutrition. Integrated approaches help build resilience and support peace and stability. Sustainable solutions require layered, coordinated interventions.



Expanding Social Protection Programmes

Expand social protection and resilience programming, including nutrition-sensitive agriculture and cash-plus interventions, to improve nutrition outcomes.



Early Warning System

Develop a robust integrated early warning system using existing data sources, particularly those linked to nutrition outcomes, and ensure findings trigger timely response.



Urgent Advocacy and Resource Mobilisation

Strengthen advocacy and funding efforts to address the urgent food security and nutrition requirements of populations classified in IPC Phase 3 or above, and distribution of nutrition supplies for SAM and MAM treatment.

IPC Analysis Partners:

