Overview

Nearly 3.4 million people or 17 percent of Somalia's population are experiencing high levels of acute food insecurity, classified in IPC AFI Phase 3 or above (Crisis or worse) driven by floods, conflict, and poor rainfall. This includes 2.9 million people (15 percent) in IPC Phase 3 (Crisis) and around 442,000 (2 percent) in IPC Phase 4 (Emergency). Malnutrition analysis also indicates that 1.7 million children aged 6-59 months suffering from acute malnutrition through December 2025.

Poor rainfall has led to low crop yields and rapid depletion of pasture and water sources, while localised flooding has damaged food crops and displaced riverine communities. Conflict and insecurity in central and southern Somalia, as well as parts of the northern regions, have continued to displace communities, disrupt farming and livestock livelihood activities as well as restrict market access.

Compared to the same period last year, when 4 million people were in IPC Phase 3 or above due to prolonged drought, the current figure reflects a 15 percent reduction in acute food insecurity. This improvement is largely due to better rainfall over earlier seasons, which has supported livelihoods, and ongoing humanitarian assistance, though at a lower level than before.

Between April and June 2025, Gu season rainfall is expected to be below average. Combined with a likelihood of high food prices, conflict, insecurity, and further localised flooding, food insecurity is projected to deepen, with 4.4 million people (23 percent of the population) expected to be in IPC Phase 3 or above.

An estimated 1.7 million children aged 6–59 months are suffering from or expected to suffer from acute malnutrition and require urgent treatment between January and December 2025 (total burden). This includes approximately 466,000 cases of Severe Acute Malnutrition (SAM) and 1.2 million cases of Moderate Acute Malnutrition (MAM). Around 64 percent of the total burden is concentrated in southern Somalia. Compared to the same period last year, the projected burden reflects a 4 percent increase in Global Acute Malnutrition (GAM) and a 9 percent rise in SAM.

Between April and June 2025, a period associated with increased disease outbreaks and reduced food access, acute malnutrition is expected to worsen. In ten areas, including West Golis, Northern Inland Pastoral (Northwest and Northeast), Hawd Pastoral (Northwest, Northeast, and Central), East Golis, Garowe IDPs, Shabelle Agropastoral, and Bakool Southern Inland Pastoral (Elberde), conditions are likely to deteriorate.

In 31 other areas, malnutrition is expected to worsen but remain within the same IPC Phase. This includes ten locations in IPC AMN Phase 4 (Critical): Bossaso IDPs, Galkacyo IDPs, Beletweyne Rural, Shabelle Riverine, Mogadishu IDPs, Bay Agropastoral, Juba Cattle Pastoral, Juba Riverine, Buloburte, and Mataban (Hiran). The remaining areas will likely stay within IPC AMN Phase 3 and 4.

The deterioration is mainly driven by increased childhood illnesses during the Gu season, poor feeding and care practices, and reduced access to safe water and sanitation. Flooded roads are expected to hinder humanitarian assistance, while reduced funding will likely limit mobile outreach efforts, further exacerbating acute Projection Acute Food Insecurity | April - June 2025

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



Key Drivers | Acute Food Insecurity

Poor rainfall



Below-average 2024 Deyr season (October-December) rainfall has affected agropastoral areas, with further impacts expected due to anticipated below-average 2025 Gu season (April-June) rainfall.

Flooding

Riverine floods during the 2024 Deyr season displaced populations and caused crop losses in parts of southern Somalia. Localised flooding during the 2025 Gu season is expected to cause additional damage.

Conflict and insecurity



Persistent conflict and insecurity are likely to displace communities, disrupt markets, and limit access to livelihoods and humanitarian assistance.

High food prices

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

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





.7M



Contributing Factors | Acute Malnutrition



0

Poor WASH services

Suboptimal infant and young child feeding

across the country.

outcomes.



Published on 24 February, 2025

Projection Acute Malnutrition | April - June 2025

High disease burden persists, with 20 population groups reporting morbidity rates above 20 percent. The highest rates are in Howd Pastoral Central (38 percent), Bay Agropastoral (36.8 percent), and Juba Cattle Pastoral (33.3 percent). Limited healthcare access and low immunisation rates heighten malnutrition risks.

Inadequate water, sanitation, and hygiene (WASH) services remain a major challenge, particularly in rural areas. Only 28 percent of households use improved water sources, while sanitation access is 51 percent. Flood-damaged infrastructure worsens waterborne diseases, leading to frequent cholera outbreaks and worsening nutrition

Poor child feeding practices contribute to acute malnutrition. Less than 10 percent of children meet the Minimum Acceptable Diet (MAD), and under 50 percent reach Minimum Meal Frequency (MMF), highlighting widespread nutritional deficiencies

PC Integrated Food Security Phase Classification Evidence and Standards for Better Food Security and Nutrition Decisions



Enhancing Humanitarian

Assistance Efficiency

Improve targeting

Vulnerability-Based

Targeting (VBT) and

registration systems to

prioritise marginalised and

hard-to-reach populations.

mechanisms through

Sustained Life-Saving and Life-Sustaining Assistance

Urgent Advocacy and

Resource Mobilisation

Strengthen high-level

advocacy and funding

above.

ACTION ALIGHT CONCERN CONCERN CONCERN CONCERN CONCERN CONCERN CONCERN CONCERN CONCERNS CONCER

efforts to ensure adequate

resources for populations

classified in IPC Phase 3 and

Risk-Based Programming

action (AA), preparedness,

and early response to help

vulnerable communities

adapt to climate change

shocks, including droughts

impacts and recurrent

and floods.

Enhance anticipatory

Scaling Up Integrated

collaboration across Food

Security, Nutrition, Health,

cycle of food and nutrition

communities in IPC Phase 3

and WASH to break the

insecurity, prioritising

or above.

Expand cross-sector

Programmes

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.

IPC Analysis Partners:

resilience.

Bridging Humanitarian

and Development Efforts

Strengthen the link between

implement livelihood-based

interventions, address root

causes of food insecurity,

and promote stability and

emergency aid and long-

term development to

A

les

child

Expanding Social

Protection Programmes

Scale up shock-responsive

human capital development

initiatives in urban and rural

areas to support the most

vulnerable households.

World Vision

social protection and

Phase 1 one/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
neet essential d and non-food ds without	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 are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, an area needs to have extreme critical level of acute malnutrition of acute malnutrin of acute malnutrition of acute malnutrition of acute

Acute Malnutrition phase name and description

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Acceptable	Alert	Serious	Critical	Extremely
s than 5% of dren are acutely nourished.	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.	Critical 30% or more children are acutely mahourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

Publication date: 24 February, 2025. Population data is based on UNFPA's Population Estimation Survey for Somalia in 2023. | Feedbac IPC@EAO.org | Disclaime