



WHEN AID DISAPPEARS, CHILDHOODS DISAPPEAR TOO

Fifteen years of lessons in Somalia:
why global solidarity must return in 2026
to protect children

Photo: Faisa* plays with a skipping rope at a Child Friendly Space in the Bari region, Somalia.
Photographer name: Mustafa Saeed / Save the Children
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**Save the
Children**

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Credits

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CONTENTS

Foreword

" Dear World Leaders" - Letter from Somali Children	4
"Never Again" – 15 Years on a Promise is Being Broken in Somalia	5-6

Executive Summary

What 15 Years in Somalia Tells us about Humanitarian Aid in 2026	7-10
--	------

Save the Children in Somalia

10

Introduction

This Time, Aid Is Not Late – It's Gone	11-12
--	-------

Somalia Over the Last 15 Years

2011 – The Worst Famine in Decades	13-16
2017 – Severe Drought & Early Action	17-20
2020-2022 – COVID-19, Drought & Shocks	20-23
2025 – Needs Rise as Aid Falls	24-27
Before-early 2025 vs. mid-2025 to projections for 2026 - Concurrent Trends in Aid Reductions and Humanitarian Needs	28-32

Conclusion

A Somali Childhood Defined by Decisions Made in 2026	33-34
--	-------

References

36-37

Dear World Leaders,

The climate is changing. It's getting worse day by day and the droughts now come every year. It's hard not to worry if your family doesn't cook food or when you see your neighbours suffer.

As Somali children, we are submitting our request to world leaders to address climate change problem as soon as possible so that children won't feel hungry.

We hope that one day children will grow up in Somalia free of this problem because we have experienced the effects of the drought, and it has been difficult for us and our family. If you haven't eaten, it's hard to understand anything. If your family have no food to give you, you're not able to play, run or concentrate.

The shortage of food has also caused children not able to go to school. If they go to school, they are not able to understand the lessons well or see properly.

Some Somali children are not even in a position to leave their homes. They are affected by polio, diarrhoea or vomiting, which are all caused by malnutrition.

We are sincerely pleading for these children to be supported and given the help they need.

We want you, as world leaders, to show commitment and find a solution to the recurring droughts so that Somali children can go back to school.

We are asking that pollution be curbed and controlled. And the release of harmful smoke be monitored. Droughts should be controlled, and Somali children should not be forgotten.

We are very sad about the food shortage that is happening in our country. We hope that Somali children can have a bright future, that there will be peace for them, but most importantly, we ask that you stand with us during this time.

Yours Sincerely,

Ladan* age 15, Najama* age 13, Salma* age 13, Nastex* age 13, Ali* age 14, Adam* age 12

This letter is from January 2023, written by children in Somalia urging world leaders to tackle the hunger and climate crisis. Its content remains just as true today as when it was written, and in 2026 these issues persist, now compounded by a significantly worsened situation, including drastic funding cuts.

“Never Again” — 15 Years on a Promise is being Broken in Somalia

In 2011, Somalia endured one of the deadliest famines in recent history. Despite clear and repeated warnings from early-warning systems, international action came too late. By the time famine was officially declared, more than 258,000 lives had been lost — half of them children under fiveⁱⁱ. The initiative “Never Again: A Charter to End Extreme Hunger”,ⁱⁱⁱ called for governments to take concrete actions to prevent future famine crisis. Urging leaders that next time, warnings would trigger action, not regret.

Over the past 15 years, Somalia’s crises have taught us hard lessons: early warnings work only if they lead to early action; scaled and sustained funding saves lives; and integrated, multi-sector responses are essential to prevent famine and protect children. In 2017, those lessons helped avert catastrophe when the world acted early. In 2020-2022, flexible funding and preparedness allowed agencies to adapt to COVID-19 and climate shocks. Each time, the evidence was clear —when aid is scaled up, mortality declines; when response is delayed or fragmented, children suffer most.

Somalia’s repeated and compounded crises must also be understood in the context of climate injustice. The country contributes just 0.019 per cent of global greenhouse gas emissions^{iv}, yet is among the most affected by climate change. Droughts and floods now strike with such frequency and intensity that communities are unable to recover between shocks, eroding livelihoods, driving displacement, and pushing even resilient households beyond their limits. The margin for delayed or reduced response has all but disappeared, and Somalia now enters a critical period in which drought, conflict, displacement, disease outbreaks, and severe humanitarian funding cuts are converging to create one of the gravest crises for children in recent years.

Yet today, history is repeating itself, with global aid to Somalia cut to record lows at the very moment hunger, malnutrition, and displacement are rising. As confirmed by the latest Integrated Food Security Phase Classification (IPC) analysis, an estimated 6.5 million people — nearly 33% of the population — are facing Crisis levels (IPC Phase 3) or worse, including over 2 million in Emergency levels (IPC Phase 4). In 2026, 1.84 million children under five are expected to suffer from acute malnutrition, including 483,000 with Severe Acute Malnutrition who will require urgent, lifesaving treatment.^v Early warnings have sounded for months, but funding shortfalls have forced life-saving programmes to shut down. Clinics are closing, water systems are collapsing, and food

assistance has been slashed, leaving millions without support. Children are paying the highest price – their survival, learning, and protection are being stripped away by rising malnutrition, disease outbreaks, closing schools and growing protection risks, causing irreversible harm.

What we are seeing is not a slow deterioration, but a preventable crisis unfolding right now. In Somalia, the crisis is the result of a dire combination of protracted conflict and accelerating climate shocks, compounded by the decision to cut aid to record low levels in 2025. That choice was not inevitable; it had predictable, deadly consequences. Fifteen years of experience in Somalia show what happens when funding changes: when aid is scaled up, lives are saved; when it disappears, so do childhoods.

Drawing on lessons from the past 15 years, this report warns that current funding cuts risk reversing hard-won progress, including gains in immunization and reductions in child mortality. Without immediate additional funding, more treatment centres will close, supply chains will break, and children who could have been saved will simply be turned away. Funding must return now – to protect children, prevent the crisis from worsening, and uphold the principle of “never again”.

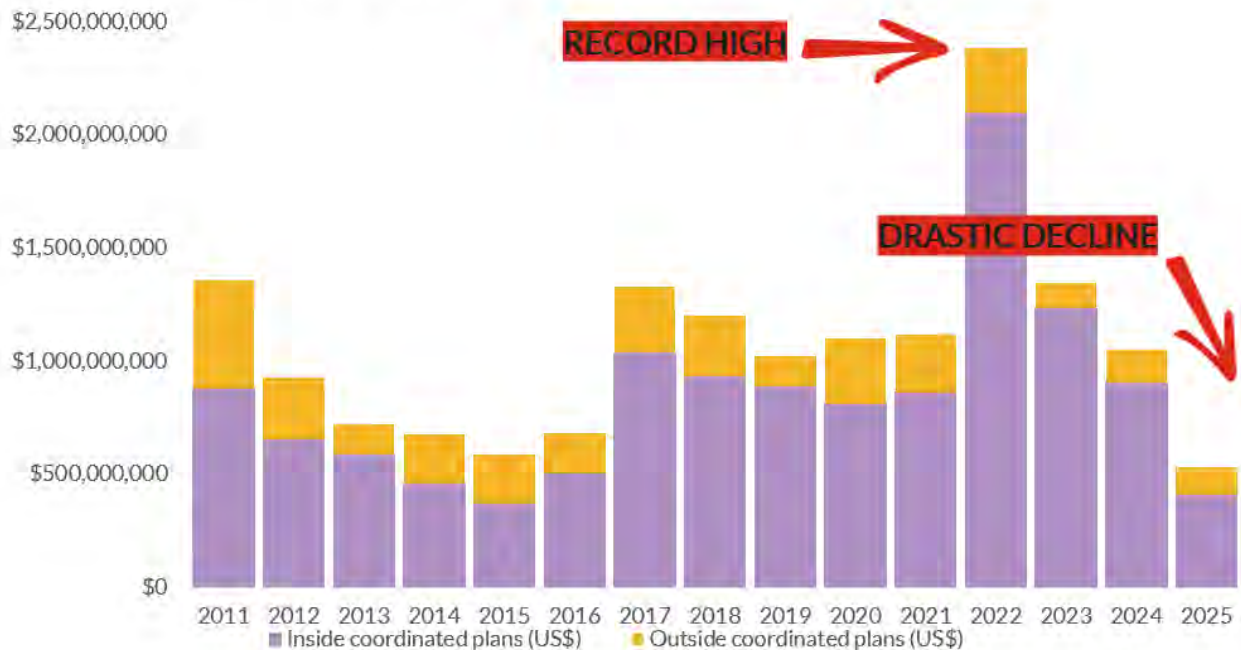


A hand-drawn signature in blue ink, with a pencil icon above it.

Mohamud M Hassan
Country Director for
Save the Children in Somalia

EXECUTIVE SUMMARY

SOMALIA: HISTORIC DECLINE IN HUMANITARIAN FUNDING



**Source: OCHA Financial Tracking Service Somalia*

What 15 Years in Somalia Tells us about Humanitarian Aid in 2026

For 15 years, Somalia's children have grown up under the shadow of repeated crises—from the famine of 2011 to recurrent droughts, conflict, and disease outbreaks. These experiences offer clear lessons about what saves lives, what fails, and what must guide humanitarian action today. Throughout this period, Somali families have shown extraordinary resilience—sharing resources, improvising to meet basic needs, and supporting one another even when formal aid has been delayed, insufficient, or absent. At the same time, well-targeted, timely humanitarian assistance has repeatedly proven lifesaving, helping children survive, stay healthy, and maintain access to education and protection. The interplay between community resilience and international aid demonstrates that while Somali families endure with remarkable strength, sustained external support is essential to prevent avoidable suffering and protect the next generation.

Climate shocks are now a growing driver of humanitarian need in Somalia, compounding conflict, displacement and food insecurity. While the country's contribution to global emissions is negligible, the

current pace and increasing intensity of climate-related shocks have sharply reduced the time available for recovery, leaving communities with little opportunity to rebuild or achieve lasting self-reliance between crises.^{vi}

A history of lessons learned – and ignored

In 2011, delayed international response caused the famine resulting in nearly 260,000 deaths, over half of whom were children^{vii}. By 2017, early warnings and timely humanitarian scale-up helped avert a repeat disaster on the scale of 2011, showing that rapid, multi-sector action works. Between 2020 and 2022, agencies continued to adapt to overlapping shocks from COVID-19, climate extremes, and conflict, proving the importance of preparedness and anticipatory action, integrated programming, and flexible funding, while recognizing that responses were still often delayed or insufficient. Yet, through these difficulties, agencies and communities alike demonstrated remarkable resilience, maintaining informal support networks, sustaining livelihoods, and doing their utmost to keep children safe despite increasing extreme conditions.

Yet in 2025, Somalia faced an unprecedented collapse in international funding. Only 2.9% of the Humanitarian Needs and Response Plan (HNRP) was funded^{viii}, forcing cuts across food, nutrition, health, WASH, education, and protection services. Health facilities have closed, water systems have broken down, schools had to shut, while disease outbreaks intensified. Children have been hardest hit—facing increased hunger, disruption to their education, and heightened protection risks—even as they continue to show resilience in the face of crisis.

2026: Needs high despite hyper-prioritization

The 2026 HNRP reflects a “hyper-prioritised” approach, focusing on life-saving assistance for the most severely affected populations, while many people with significant but less acute needs are not included in response targets. This reduction in the number of people targeted does not indicate improved conditions but rather reflects stricter needs definitions under severe funding constraints. Despite these restrictive criteria, the projected population in need remains alarmingly high: 4.8 million people, including 3 million children.^{ix x}

Acute food insecurity continues to rise, with 6.5 million people projected to face crisis or worse (IPC Phase 3+), while around 1.84 million children under five are expected to suffer acute malnutrition, including 483,000 with severe acute malnutrition.^{xi} Health systems remain under pressure, and disease outbreaks—including measles, whooping cough and cholera—increased last year and are expected to rise further in 2026 as services continue to weaken. Many of these outbreaks are closely linked to climate shocks: rising temperatures and heat waves, erratic rainfall, flooding, drought, and water scarcity are creating conditions that accelerate transmission and undermine prevention and response efforts, placing young children—particularly those under five—at heightened risk.^{xii} Displacement remains high, and protection risks^{xiii}—including children being recruited to armed factions^{xiv}, gender-based violence, and family separation—are

increasing as services collapse. Climate shocks, including extreme weather events, increasing temperatures, and water scarcity, threaten to worsen hunger and forced migration.

Somalia's children are paying the highest price - what must happen now?

Children pay the highest price when aid is cut. As funding has fallen, essential services have scaled back or closed, leaving children increasingly exposed to hunger, disease, school closures, and protection risks that cause lasting, often irreversible harm to their bodies, minds, and futures. Families continue to show resilience, caring for one another and finding ways to survive—but resilience alone cannot prevent lost childhoods. With climate shocks intensifying, compounding existing pressures, conflict and displacement ongoing, the situation is deteriorating rapidly.

Fifteen years of crisis in Somalia have made the lesson unmistakably clear: aid saves lives; cutting aid exposes children to predictable and preventable suffering while delayed assistance costs children their futures. Somalia in 2026 is at a tipping point. Every day without action deepens harm and narrows the window to protect children. Immediate action is not optional—it is a responsibility. The international community must:

1. Act early and decisively: Waiting for emergencies to fully unfold, costs more lives. Early warning systems, pre-positioning of supplies, and anticipatory programming—lessons learned in 2011, 2017, the COVID-19 pandemic and climactic shocks — are essential to mitigate suffering before crises peak. Longer-term climate projections indicate that Somalia is likely to experience extreme weather events – including flooding, drought and heat waves – that are more frequent and intense, while conflict and displacement pressures remain high. Without timely, coordinated action and enhanced preparedness, these shocks will escalate into a multi-layered humanitarian catastrophe undermining the progress communities have fought to achieve.

2. Integrate service delivery and support local resilient systems: Strengthening and integrating service delivery is essential to protecting children and supporting community resilience. This requires investing in local systems so that health, nutrition, WASH, education, and protection services can continue functioning during repeated shocks; ensuring that responses are multi-sectoral and coordinated rather than siloed; and aligning humanitarian and anticipatory action with longer-term development and resilience-building initiatives. When these elements work together, essential services are more reliable, coverage improves, duplication decreases, and families are better able to withstand and recover from recurrent crises.

3. Restore funding immediately and protect children: The experience of 2011 shows that mortality only declines once aid reaches sufficient scale. Funding cuts in 2025 have left millions without essential food, nutrition, health, water, education, or protection services. Restoring and scaling multi-sector flexible humanitarian funding now is critical to prevent widespread suffering and avert

preventable child deaths, particularly for those under five, who bear the heaviest burden. At the same time, predictable funding is needed to enable earlier, anticipatory action that can mitigate the impact of predictable crisis impacts before they escalate in order to reduce future humanitarian needs.



*Faduma, 10 holds and cuddle her little brother Abdi**
Mustafa Saeed / Save The Children

Save the Children in Somalia

For over 100 years, Save the Children has been making a difference in children's lives in more than 120 countries. We are the world's largest independent child rights organisation, underpinned by a vision in a world in which every child attains the right to survival, protection, development and participation. Our mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

Save the Children has worked in Somalia for over 70 years, since 1951 as a national and international leader in humanitarian and development programming. Our programmes encompass health and nutrition, education, child protection, and child rights governance. With a long operational history and broad geographical reach, we have established strong, positive relationships with key stakeholders in Somalia. We work alongside communities, local partners, and the government to design and implement programs that meet the needs of children and their countries. Additionally, we advocate for increased public and private investments to support children's well-being and rights.^{xv}

INTRODUCTION

This Time, Aid is not Late — It's Gone

The scale of funding cuts to humanitarian and development assistance globally—and in Somalia—is unprecedented. In 2024, Somalia's Humanitarian Response Plan was 57.7% funded^{xvi}; still below overall needs, but sufficient to sustain critical programmes. Despite predicted below normal rains for the important Oct-December season by the end of 2025, coverage had fallen to just 28.8%, the lowest level on record.^{xvii} This collapse in financing has erased years of investment in Somalia's children; in 2025, the international community did not simply respond late—it failed to respond at the scale required, reversing hard-won progress in a country still plagued by repeated climate shocks, ongoing conflict and widespread displacement, which undermines families' ability to withstand shocks and recover.

In 2025, an estimated 5.98 million people, including 3.7 million children, in Somalia required humanitarian assistance under the Humanitarian Needs and Response Plan. By 2026, this figure has been officially reduced to around 4.8 million people, including 3 million children. This apparent drop is not because the situation is improving. In response to catastrophic funding shortfalls, the UN and its partners have been forced to hyper-prioritize, narrowing eligibility and redefining the thresholds for who is counted as targeted for assistance. Large number of people who remain in desperate need are effectively invisible in official planning figures. As UN and humanitarian agencies have been forced to operate under severe funding constraints, they have had to hyper-prioritize the most urgent needs. Hyper-prioritization ensures that limited resources reach only the most acutely affected and supports more realistic funding targets, but it also distorts the scale of the crisis, giving the false impression that fewer people require support. The reality is clear: the humanitarian needs remain extreme, and these technical adjustments reflect the collapse of funding, not a decline in suffering.

In fact, the reality is that the humanitarian situation in Somalia has deteriorated sharply over the year. Early in 2025, projections estimated that 3.4 million people were facing crisis-level food insecurity. A year later, this figure has almost doubled with a projection of 6.5 million people — a jump directly correlated with massive cuts in international funding as well as the predicted poor October-December rains. Emergency food assistance, once reaching over 2.2 million people monthly, now supports just over 600,000.^{xviii} Water, sanitation, health, nutrition, education, and protection services are all underfunded to the point of collapse. Safe water access has been lost for hundreds of thousands, over 200 health facilities^{xix} have lost funding, contributing to a decline in Somalia's health information data after gains have been seen up to 2024. Outbreaks of measles, cholera, and other preventable diseases are rising, and 1.84 million children under five now face acute malnutrition. Somalia's children are paying the price of the international community's inaction - a grim echo of the past when the world vowed "*never again*" yet the same mistakes appear to be repeated.

This is no longer a story of “too little, too late.” Funding has been reduced to levels that are insufficient to meet the scale of need, leaving millions of children at risk and critical services disrupted. This time, aid is not late — it is gone at the scale children urgently need. This report takes a step back to reflect on lessons from the last 15 years of humanitarian response in Somalia, not as a comprehensive historical account, but to draw out insights that remain relevant today. While it does not capture every experience or outcome, it highlights some of the key trends and learning points. To make these lessons more tangible, we share the experience of Fatuma^{1*}, her 15-year-old daughter Amina* and Sadia* and her 15-year-old daughter Faiza*. While representing two families and their experience over the last 15 years, their story draws on themes and experiences shared with us by many children we have worked with in Somalia over the years. Through their eyes, we can observe how funding decisions, early warnings, and emergency responses have shaped the realities of childhood, and how current shortfalls risk reversing hard-won progress. Framing these experiences in Somalia — one of the most climate-vulnerable countries in the world^{xx}, frequently affected by droughts, floods, and other climate-related shocks — allows us to connect past learning with the urgent action still needed today.

At the same time, Somalia’s humanitarian landscape has increasingly been shaped by Somali institutions themselves. The Federal Government, Federal Member States, and the Somali Disaster Management Agency (SoDMA), together with local partners, community networks, and civil society, now play a growing role in coordinating, prioritising and delivering aspects of the national response. This evolution reflects the wider shift toward localisation — where government systems, local actors, INGOs and UN agencies contribute complementary roles within a shared humanitarian architecture. Recognising this complementarity is essential to understanding both the progress made over the past decade and the limits of what can be sustained when international aid contracts so sharply.

^{1*} Names are changed to protect identity

Somalia over the last 15 years - From the Worst Famine to Historic Aid Cuts

2011 – The Worst Famine in Decades

Through Fatuma*'s eyes

In 2011, Fatuma* was living in Baidoa with her young children including Amina*, a newborn baby, when drought struck with devastating force. Crops failed, livestock died, and food disappeared almost overnight.

“The drought affected us deeply. We had no food, the farms dried up, and the livestock died.”

As hunger deepened and disease spread, families began to scatter in search of survival. Fatuma* made the painful decision to leave her children behind with her grandmother so she could travel to another town to find work.

“Diseases emerged because of the drought... many illnesses including measles caused many deaths.”

What had once been a fragile but functioning life collapsed quickly. Even small sources of income disappeared.

“Before the drought, I used to sell tea to earn a small income. But because of the drought, no one could afford to buy anything.”

The famine marked a turning point – not a single crisis, but the beginning of years of repeated shocks that would continue to shape her family's life.

*Name changed to protect identity

The 2011 famine in Somalia represented one of the most severe crises in recent decades. The famine followed prolonged drought and consecutive failed rainy seasons, leading to widespread crop failure, livestock deaths, and severe food shortages. By July 2011, an estimated four million people were affected, including three quarters of a million facing famine conditions. Acute malnutrition rates were extraordinarily high, with global acute malnutrition above 30% in most famine-affected districts and reaching ~58% in the hardest-hit areas of southern Somalia. The famine resulted in an estimated 258,000 deaths, of which roughly 133,000 were children under five, illustrating that children bore the heaviest burden. Mortality across southern and central Somalia peaked at approximately 30,000 excess deaths per month at the height of the crisis. These figures underscore the extreme vulnerability of children, who were particularly at risk due to malnutrition, disease, and disrupted access to water, sanitation, and health services.^{xxi}

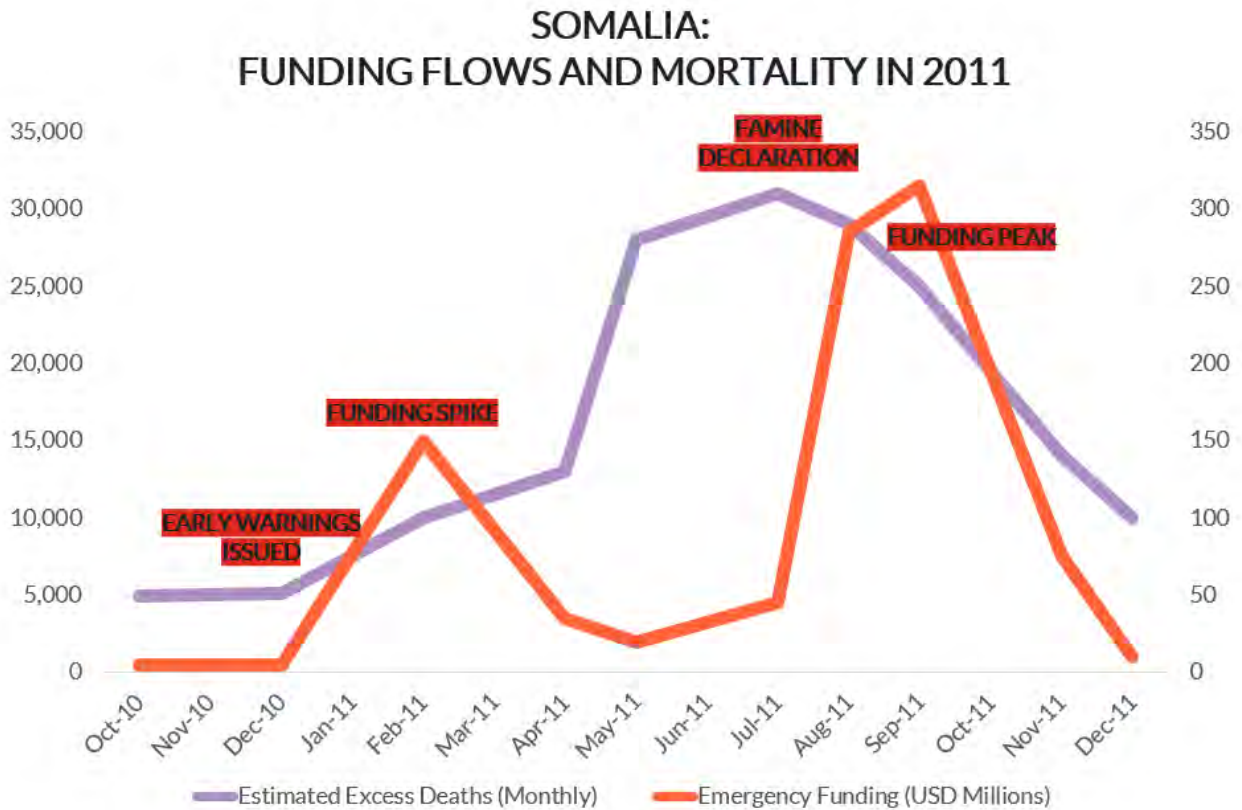
The humanitarian response was constrained by multiple factors. Conflict and insecurity, particularly Non-State Armed Actors control in southern regions, restricted access to the most affected populations. Counter-terrorism measures further limited aid delivery, leaving local communities to rely heavily on social networks, diasporas, and private coping mechanisms. Early warning systems—and partners such as FSNAU and FEWS NET—had repeatedly highlighted worsening food security and acute malnutrition months before the famine declaration, yet large-scale aid only mobilized after the crisis had escalated. As Ben Foot, Save the Children’s Somalia country director in, noted at the time of the declaration of the famine:

“This declaration of famine has to be a wake-up call for the international community. At the moment, we simply don’t have enough funds to meet the scale of the needs in Somalia. If we are to save children’s lives over the coming weeks, then we simply have to step up humanitarian activities on a massive scale.”

A vital, but sometimes overlooked, dimension of the 2011 crisis was local resilience. Even as formal aid was delayed, Somali communities drew on longstanding coping strategies—sharing food and water, mobilizing informal labour exchange, and relying on diaspora remittances—to sustain themselves. Families used social networks and traditional solidarity mechanisms to survive when external support was absent or inaccessible. These localized responses did not replace the need for humanitarian assistance, but they mitigated suffering and preserved social bonds, highlighting the importance of supporting and strengthening community-led systems in future -responses.^{xxii}

The late arrival of aid, despite clear early warning signs, had profound consequences. By the time resources scaled up in July–August 2011, many deaths had already occurred. However, evidence shows that when aid did reach communities at sufficient scale, mortality declined and food security stabilized, demonstrating the lifesaving impact of timely, well-funded humanitarian interventions.^{xxiii}

By 2011, Somalia had already experienced decades of political instability and armed conflict following the collapse of the central government in 1991. Armed clashes between the Transitional Federal Government (TFG), allied forces, and Non-State armed actors were frequent across southern and central Somalia, with major attacks on towns and civilians contributing to widespread insecurity. An estimated 1.46 million people were internally displaced, with large movements from Lower Shabelle, Bay, and Gedo toward urban centres. Around this time, Baidoa became an important destination for displaced families, as people sought relative safety and access to basic services. Informal settlements began to emerge on the city’s periphery, where households faced overcrowding, limited access to water, sanitation, health, and



Source: Adapted from Data impacts^{xxiv}

Key humanitarian lessons from the 2011 famine include but are not limited to:

- **Children are disproportionately affected:** Young children bear the highest mortality and malnutrition burdens in food crises, underscoring the need for child-centred interventions.^{xxv}
- **Early warnings require early action:** Predictive systems like FSNAU and FEWS NET can anticipate crises, but these signals must translate into rapid response.^{xxvi}
- **Famine declarations are late indicators:** Famine declarations based on malnutrition rates occur after mortality and malnutrition thresholds are crossed; many lives are lost before this point.^{xxvii}
- **Conflict and legal restrictions compound vulnerability:** Insecure settings and counter-terrorism policies can severely restrict humanitarian access.^{xxviii}
- **Local resilience matters:** Community coping mechanisms and social networks provide critical support when formal systems lag, and should be reinforced in humanitarian planning.^{xxix}
- **Aid works when delivered at scale:** Expanded, timely and early responses reduced deaths and stabilized conditions, affirming the importance of early, sustained funding.^{xxx}

The experience of 2011 underscores that delayed or insufficient response magnifies human suffering, especially among children. For babies – like Amina* – the presence of humanitarian aid was a matter of survival. For the international community, the lessons are clear: predictable crises require predictable and early action, timely funding, and the capacity to deliver support at scale based on predictable crisis impacts before mortality peaks.

Evidence from post-2011 assessments and recovery reports also highlights how Somali families recovered, and what they prioritised once the immediate emergency eased:

- **Households prioritised restoring basic survival and dignity, with a strong focus on securing food, safe water, and access to healthcare for children.** Evidence from studies of coping and survival strategies in the wake of famine shows that households used a range of approaches to secure immediate survival needs, including accessing food, basic services and health support as soon as possible. Education played a key role, ensuring children impacted had continued access to safe spaces and additional services. Research on vulnerability and resilience in Somalia highlights how social support and coping strategies were oriented around basic essentials during and after crisis conditions.^{xxxix}
- **Re-establishing livelihoods was central to recovery, including livestock replacement, small-scale farming, petty trade, and temporary migration for work, though recovery remained fragile for many families.** Analyses of the post-famine period document that livelihood diversification and coping measures (including selling livestock, diversifying income sources, and labour migration) were key strategies used by households to manage risk, even as many remained vulnerable long afterwards.^{xxxix}
- **Community support systems and diaspora remittances played a critical role in enabling families to cope and recover, particularly where formal assistance was delayed or insufficient.** Research on Somali resilience highlights the importance of social networks and remittances from diaspora communities in supporting household survival, access to food and services, and recovery, particularly where international assistance was limited or delayed.^{xxxix}
- **Where recovery support was short-term or inconsistent, households remained highly vulnerable to subsequent shocks, increasing the likelihood of repeated crises rather than sustained recovery.** Studies of vulnerability and resilience following the 2011 famine indicate that without sustained support, many households remained at high risk of future crisis, with recovery being fragile and uneven across different groups.^{xxxix}

Taken together, this evidence reinforces a central lesson: effective famine response must be complemented by predictable, sustained support for recovery and resilience, otherwise households remain highly vulnerable to the next shock and the risk of repeated crises persists.

2017 – The Drought, “one of the worst in recent memory”

Through Sadia’s* eyes

In 2017 Sadia* had young children, including Faiza* who will have been 6 years old. Sadia* and her family were living as pastoralists in rural areas, dependent on livestock that had sustained them for years. But drought returned again, stronger than before.

“In 2017, there was no water, no security, and many diseases. Many people and livestock died. Alhamdulillah, none of my immediate family members died.”

Water sources dried up, and illness spread rapidly through communities.

“There were no health facilities to treat people. Everyone was falling sick and dying, and there was nowhere to take them for treatment.”

The family was forced to move repeatedly, losing what little they had left along the way. Their livestock – their only source of livelihood – were wiped out.

“Our livestock died due to lack of pasture and food. People dispersed, and our food reserves ran out.”

During this time, education was out of reach for Faiza*.

“In 2017, my daughter had no access to education... I could not afford to take responsibility for her schooling.”

For Sadia* and her family, 2017 was not just about drought – it was about survival in the absence of even the most basic services.

* Name changed to protect identity

In 2017, Somalia faced a severe humanitarian crisis driven by prolonged drought and consecutive failed rainy seasons that devastated crops, killed livestock, and worsened food and water insecurity. By mid-year, an estimated 6.7 million people—more than half of Somalia’s population—were in need of humanitarian assistance, with millions struggling to access basic needs including food, clean water, health services, and protection. Many areas experienced widespread displacement as families sought relief from conflict and environmental hardship.^{xxxv}

Food insecurity was widespread: over 6 million people were estimated to be food insecure, with more than 2.9 million facing crisis or emergency levels of acute food insecurity (IPC Phase 3+). Acute malnutrition was projected to affect approximately 1.4 million people, including large numbers of children under five, while millions lacked reliable access to clean water and sanitation, increasing the risk of waterborne diseases.^{xxxvi} More than 3 million children were estimated to be out of school, and displacement rose sharply due to drought borne diseases.^{xxxvii}

Unlike in 2011, when famine was declared only after mortality and malnutrition had soared, early warning systems and forecasting of predictable crisis impacts prompted a faster, larger response in 2017. Humanitarian leaders warned that without urgent action, Somalia was again at risk of famine,

with children particularly exposed to the combined impacts of drought, conflict, malnutrition, and disease. As Hassan Saadi Noor, Save the Children's Country Director in Somalia in 2017, explained:

"What we're seeing on the ground suggests we're at a tipping point – a significant worsening of malnutrition cases tells us a famine isn't far off. We're on the verge of a catastrophe similar to 2011 – or worse, as conditions now are markedly worse than in the lead-up to that event. A quarter of a million lives were needlessly lost then, and we know that action at this stage can make a difference. The international community must step up to ensure that tragic moment in history isn't repeated."^{xxxviii}

UN Secretary-General António Guterres reinforced the urgency: *"There is a chance in Somalia to avoid a situation like the one we had in 2011."*^{xxxix}

Thanks to early, scaled humanitarian action, the coordinated response by the Somali Government, local actors, UN agencies, and international partners helped avert a full-scale famine. Agencies rapidly scaled up food, nutrition, water, health, education, and protection interventions, demonstrating the lifesaving potential of early and multi sector action. Save the Children alone reached a total of over 2.5 million people including over 1.6 million children with healthcare services, lifesaving nutrition services, water, food, cash transfers, education, protection etc. over the course of the year.^{xl}

Alongside the scale-up by humanitarian actors, the 2017 response also reflected a strengthening of Somali Government leadership compared to 2011. In early 2017, the Federal Government declared a national disaster and, together with Federal Member States, established Drought Operations Coordination Centres (DOCCs) in Mogadishu and Baidoa to improve information flow, prioritisation and coordination of assistance. These centres created a more structured interface between government, local responders, UN agencies and INGOs, helping to streamline decision-making at a critical moment in the drought response.^{xli}

Humanitarian operations in 2017 underscored that early action can change outcomes and save lives. Drawing on hard lessons from 2011, including the analysis in the Save the Children and Oxfam report *A Dangerous Delay: The Cost of Late Response to Early Warnings in the 2011 Drought in the Horn of Africa* – which showed how failure to act promptly magnified

By late 2017, insecurity remained entrenched. Non-state armed actors maintained insurgent operations, and localized clan clashes and militia activity continued to force families to move. Displacement tracking data indicate there were around 2.1–2.7 million internally displaced people nationwide. In Baidoa, informal settlements had grown substantially, hosting thousands of households on the city's outskirts. Many families had moved repeatedly to escape conflict, and overcrowding, limited access to services, and protection risks, including threats of eviction, remained significant challenges. Baidoa had by now become one of the primary hubs for displaced populations in southern Somalia, highlighting the city's importance in the humanitarian response.

mortality and suffering – the humanitarian community worked to avoid a repeat of delayed response in Somalia.

In 2017, famine was averted in large part because the response scaled up earlier than in 2011 and at considerably greater scale, aligning with early warning triggers and expanded programmes before mortality thresholds were crossed – effectively preventing what would likely have been the worst drought-related crisis in Somalia since the 1970s. Had the 2017 response followed a pattern of delayed action similar to 2011, mortality and suffering would likely have been far higher.

Key humanitarian lessons from the 2017 drought include but are not limited to:

- **Early warnings require early action:** Forecasting of predictable crisis impacts and early alerts triggered largescale early action and response before mortality thresholds were crossed, illustrating that timely action reduces loss of life and suffering. In contrast to 2011, the 2017 response was activated before famine conditions were confirmed, demonstrating the value of acting on credible early warning data rather than waiting for crisis thresholds to be met.
- **Children’s vulnerability remained a central concern:** Young children are always the most affected in food security and drought crises, but in 2017 early, targeted interventions reached many at-risk children before malnutrition and mortality escalated. This timely focus helped reduce the impact on children compared with 2011, illustrating that while they remain the most vulnerable, proactive, child-centred responses can prevent the worst outcomes even during severe drought conditions.^{xliii}
- **Integrated, multi sector responses are essential:** The 2017 humanitarian response in Somalia combined food security, nutrition, health, water, sanitation, education, and protection support, showing that addressing multiple needs together is more effective than isolated food distributions. The drought also drove displacement and heightened protection risks, reinforcing that humanitarian planning must include shelter, child protection, education and durable solutions alongside aid covering basic needs.
- **Disease outbreaks compound crises:** Drought-related disease outbreaks (cholera, acute watery diarrhoea, measles) emerged alongside rising malnutrition, underscoring that health interventions must be part of famine prevention – not an afterthought. WHO warned that drought had triggered one of the worst cholera outbreaks in years, with tens of thousands of cases and hundreds of deaths.^{xliiii}
- **Global leadership matters:** Strong advocacy and leadership from Somali Government, UN agencies, humanitarian partners, and donors supported an early, coordinated response capable

of preventing famine. Strategic replanning, reflected in the mid-2017 Humanitarian Response Plan and famine prevention operation plan, helped sustain this effort.^{xliv}

The experience of 2017 shows that predictable crises require predictable and timely action. Sustained, multisector humanitarian support—mobilised early and at sufficient scale—can prevent the most catastrophic outcomes, especially for children, whose lives and futures are most at risk when livelihoods and services break down. Humanitarian support—mobilised early and at sufficient scale—can prevent the most catastrophic outcomes, especially for children, whose lives and futures are most at risk when livelihoods and services break down.

2020-2022 – Covid, historic drought and cumulative shocks

Amina* 10 years old

By 2020, Amina* was growing up in Baidoa, but life was becoming harder again. Drought had already strained families, and then COVID-19 brought new disruption.

“When Covid-19 happened, and the school was closed, our education was interrupted.”

School closures meant children stayed home, trying to learn with only the materials they had. Isolation replaced normal life.

“We didn’t go outside... we just stayed in the house.”

Food became increasingly scarce as livelihoods weakened.

“The things I remember the most are that previously if we ate three times a day, we started eating only once a day or less.”

Fear was constant — fear of illness, and fear of what might come next.

“As a family, it affected us, in that we feared the deadly disease would affect our family.”

Amina* also worried about the future, knowing how fragile their situation had become. “I am afraid that the livestock will decrease, and also that a water shortage will happen.”

For children like Amina*, the pandemic was not just a health crisis — it layered on top of drought, deepening hardship and disrupting education at a critical time.

*Names changed to protect identity

Between 2020 and 2022, Somalia’s humanitarian situation was shaped by multiple, overlapping shocks that compounded years of fragility. By late 2020, an estimated 5.2 million people, including around 3.4 million children, required humanitarian assistance—about one in three people in the country—reflecting deep needs even before the pandemic fully unfolded.^{xlv}

Somalia's context during this period was marked by a perfect storm of crises – climate extremes, the COVID-19 pandemic, and ongoing conflict – that interacted to multiply the scale and intensity of needs. The COVID-19 pandemic added a new layer of strain to an already fragile system, stretching under-resourced health services, disrupting livelihoods and remittances, and limiting access to basic services for displaced families in crowded camps. While officially reported COVID-19 cases and deaths were relatively low, limited testing and surveillance meant the full impact was -likely far- greater, socioeconomic ripple effects deeply affected households.^{xlvi}

During the COVID-19 pandemic, the Federal Government again played a central coordinating role, activating national COVID-19 response committees, forming an incident management system, and rolling out public health measures including school closures, restrictions on gatherings, and isolation facilities across the country. While Somalia's health system remained fragile, these steps demonstrated a more structured government-led approach to crisis coordination than in previous shocks, and helped align humanitarian, health-cluster and community-level responses.^{xlvii}

At the same time, irregular rainfall, widespread flooding in some areas, desert locust infestations, and ongoing conflict worsened food insecurity. In 2020, millions were at heightened risk of food insecurity, with hundreds of thousands of children acutely malnourished and facing serious health risks. More than 2.1 million people were estimated to experience Crisis or worse (IPC Phase 3+) levels of acute food insecurity, and 850,000 children under five were estimated to be acutely malnourished, highlighting the scale of vulnerability during the year.^{xlviii}

The humanitarian picture was further complicated by the global impact of the Ukraine conflict, which disrupted food and grain markets on which Somalia heavily depends. Somalia imports a large share of its staple grains, particularly wheat, from Ukraine and Russia; the disruption of these supply chains and associated global price spikes put additional pressure on already strained food systems and made basic foodstuffs far less affordable for many households.^{xlix}

Largescale displacement continued through 2021 and into 2022, driven by both climatic and conflict-related pressures.ⁱ Seasonal flooding in late 2020 displaced more than a hundred thousand of people, and drought-related movements persisted as families sought water, food, and livelihood opportunities. By mid-2021, drought conditions had intensified, with severe water shortages affecting large swathes of Somalia and water scarcity contributing to disease risks in crowded settlements.ⁱⁱ

The years 2021–2022 saw one of the longest and most severe droughts in decades, following five consecutive failed rainy seasons, which pushed millions deeper into food insecurity, eroded livelihoods, and sharply increased displacement. By late 2022, estimates indicated that approximately 5.6 million people were experiencing high levels of acute food insecurity (IPC Phase 3+), with about 1.8 million children under five at risk of acute malnutrition.ⁱⁱⁱ

Historic drought conditions, livestock losses, and continued conflict also drove large-scale displacement. According to IOM DTM data, drought-related internal displacement since early 2021 surpassed 1 million people, with the majority occurring in 2022 as pastoral and farming households lost critical sources of food and income. The combined effects of climate shocks, the pandemic, and insecurity meant that millions remained without stable access to food, water, and basic services even as famine was averted by humanitarian scale ups and emergency measures. Mohamud Mohamed Hassan, Save the Children's Country Director in Somalia described the unfolding crisis saying that: *"Children are bearing the brunt of a growing climate crisis in Somalia and if urgent action is not taken, an alarming number will face hunger, school closures due to water shortages, displacement, and exploitation in the coming months."*ⁱⁱⁱ

Over this period, the humanitarian response was under intense pressure, working to sustain basic services while adapting to pandemic restrictions, climate shocks, and ongoing conflict. The 2020–2022 response unfolded in a context where lessons from previous emergencies had already shaped preparedness, resilience investments, and delivery models.

Key humanitarian lessons from the 2020-2022 include but are not limited to:

- **Investments in community resilience reduced the initial impact of compounding crises:** Programmes implemented since 2017 to strengthen livelihoods, community coping mechanisms, social networks, and risk awareness helped shield communities at least during the early stages of COVID-19, drought, flooding, and conflict, reducing immediate humanitarian impacts and slowing deterioration. This shows that investments in community resilience together with expanded humanitarian access helped mitigate some of the worst impacts of compounded shocks.^{liv}
- **Preparedness, early warning, and timely scale-up save lives:** Early warnings from UN agencies and organisations such as Save the Children, combined with pre-approved contingency plans, enabled faster activation across overlapping crises. In 2022, timely scale-up of humanitarian assistance helped avert another famine, while delays or funding gaps in some areas were associated with worsening food insecurity and malnutrition.^{lv}

During 2020–2022, conflict and insecurity remained major drivers of displacement. Armed clashes involving non-state armed groups, government forces, and clan militias occurred frequently across southern and central regions, with civilians continuing to flee areas of violence. Large numbers of people were displaced each year, contributing to a cumulative internally displaced population of around 4 million by 2022. In Baidoa, hundreds of informal displacement sites hosted a very large internally displaced population, estimated to be almost 600,000 people. Conditions in these settlements remained challenging, with overcrowding, limited access to water, sanitation, health, and protection, and ongoing risks of eviction or exposure to violence.

- **Reaching hard-to-reach populations is essential to sustain life-saving services:** Expanding programming in hard-to-reach and conflict-affected areas ensured communities were not forced to travel long distances to access assistance. The scale-up of hard-to-reach programming from 2022 onward was critical to maintaining access to services amid insecurity and movement restrictions.^{lvi}
- **Continuation of basic services must be protected, alongside flexible funding:** Maintaining routine health, vaccination, and nutrition services during pandemic disruptions prevented secondary disease outbreaks and saved lives, particularly for children under five. Ensuring the continuity of education for children, providing a safe space and access to multiple services, preventing drop out from schooling. Flexible and predictable funding enabled adaptation of service delivery models, pre-positioning of supplies, and sustained education, health and nutrition programming.^{lvii}
- **COVID-19 exposed structural gaps beyond emergency response:** Weak health systems highlighted the need to pair emergency aid with long-term investment in health system strengthening.^{lviii} At the same time, school closures underscored the importance of accessible remote and alternative education options to maintain education continuity for displaced and crisis-affected children.^{lix}



Guled 5, has been malnourished and was admitted to the health centre, he is now improving and back at home with his siblings.
Credit: Mustafa Saeed / Save The Children*

2025 – Humanitarian Needs Grow as Support from the International Community Falls to Record Low

Faiza* 15 years old

By 2025, Faiza* is 15 and attending school in Baidoa – something that once felt out of reach. Education has become a source of confidence and possibility.

“Before, education was not something I thought about. My life has changed significantly. I used to feel uneducated and unaware, but now I have access to free education.”

She studies every day, balancing school with responsibilities at home.

“I do not miss school. I have no reason to stay away. I attend every day.”

But the crisis is far from over. Drought has intensified again, and conditions are worsening.

“Now water is scarce, and the drought is extreme. Livestock are dying due to lack of water. Food has also become scarce, and the drought has deeply affected us.”

Her family, like many others, continues to struggle with hunger.

“For the past three years, we have been struggling with hunger.”

Across generations, the same pattern continues – drought, displacement, and recovery that is never complete. Yet education remains one of the few constants offering hope.

Faiza wants that opportunity to continue, not just for herself but for those who come after her. “We want increased educational support... We want them to have the same opportunity to learn as we do.”

Her story reflects both progress and fragility – how support can change a life, and how quickly those gains can be at risk without sustained help.

*Names changed to protect identity.

In 2025, humanitarian response in Somalia was critically impacted by the global aid cuts. Only 28.8 % of the required funding for the Humanitarian Response Plan was secured, forcing reductions in food, nutrition, and health services at a time of extreme need. The country’s crisis was compounded by prolonged drought, conflict, high food prices, and climate shocks. The 2025 Humanitarian Needs and Response Plan estimated that nearly 6.0million people required some form of humanitarian assistance – including food, health, protection, and water services – highlighting the scale of Somalia’s overlapping crises.^{lx}

Acute food insecurity was alarmingly high. Roughly 4.5 million people were projected to face crisis or worse (IPC Phase 3+) levels of food insecurity, and the latest Integrated Food Security Phase Classification (IPC) analysis warned that these numbers could have risen further as climate shocks persisted. Children were particularly vulnerable: approximately 1.8 million under-five children were

expected to suffer from acute malnutrition, including hundreds of thousands at risk of life-threatening severe acute malnutrition (SAM).^{lxi}

In response to the deteriorating context the Somali Government further expanded its leadership in humanitarian coordination through the Somali Disaster Management Agency (SoDMA) and the hosting of the Country Humanitarian Forum (CHF) in Baidoa. This forum brought Federal Government, Federal Member States, UN, NGOs, private sector and community leaders together under a common framework for ‘localized, inclusive and resilient humanitarian action.’ It emphasised shifting from externally driven responses toward Somali-led coordination and planning.^{lxii}

Drought and water scarcity affected millions. Over 2.5 million people in northern and eastern regions experienced acute water shortages, livestock losses, and crop failures, deepening hunger and increasing the risk of disease due to limited access to safe water and sanitation.^{lxiii} Internal displacement remained extremely high, with roughly 3.5 million people uprooted across the country, many repeatedly, due to conflict, drought, livelihood loss, and insecurity – among the largest displacement totals globally.^{lxiv}

The crisis was further compounded by flash floods during the Gu rains, which displaced thousands, damaged shelters, and disrupted health and WASH services even as drought persisted in other areas.

Impact of funding cuts in 2025

In 2025, historic international funding cuts left Somalia’s humanitarian response critically under-resourced, at the exact moment climate, conflict, soaring prices, and disease outbreaks were driving urgent need. Essential services – food aid, water and sanitation, health care, and child nutrition – were reduced or shut down, leaving millions without life-saving support. The combined impact of environmental shocks, insecurity, and funding shortfalls fractured the response, forcing children, displaced families, and communities in drought-affected areas to face extreme hardship with little to no support, creating an urgent and preventable humanitarian catastrophe. There is an additional layer where

By 2025, violence, and insecurity combined with climate shocks continued to drive displacement, contributing to a total internally displaced population of around 3.5–4 million people. Regions such as Gedo, Benadir, Lower Juba, Nugaal, and Togdheer were among the hardest hit. Baidoa continued to host one of the largest displaced populations in Somalia. Many informal settlements, formed in previous years, remained crowded and vulnerable. Starting in 2018–2019, authorities and humanitarian partners established planned relocation sites, such as Barwaqo, to provide safer living spaces with improved access to services for displaced households. Despite these interventions, hundreds of thousands of people in Baidoa’s informal and planned settlements still face overcrowding, limited services, and protection risks, including exposure to eviction and insecurity.

funding cuts impact children’s access to education, where children drop out due to cost, this creates serious protection concerns by removing the safe environment school provides.

Comparisons with the start of 2025 show a deepening humanitarian gap. While the Humanitarian Needs and Response Plan aimed to reach around 5.9 million people, by mid-2025 funding levels remained low across key sectors – including nutrition, health, WASH, education, and protection – with only a small proportion of required resources secured. As a result, much of the planned humanitarian response had not been implemented, limiting the scale of assistance reaching vulnerable communities.^{lxv}

At the same time, 2025 was also a year of significant structural progress for Somalia’s public institutions. Following nearly a decade of economic reforms, the Government reached the Completion Point of the Enhanced Heavily Indebted Poor Countries (HIPC) Initiative, triggering full multilateral debt relief and

Community Ownership and Local Governance

Under the Community Health and Social Accountability Programme (CHASP), community ownership is embedded through committees that give communities an active role in health governance, ensuring inclusive representation of women, adolescents, minority groups and internally displaced people. These committees participate directly in identifying service gaps, setting priorities and engaging with facility staff and district officials.

CHASP also reinforces local accountability by enabling communities to provide structured feedback on service quality. The programme’s decentralised model – empowers district authorities and community structures to jointly manage essential health services, while regional and national authorities maintain oversight. This shared governance approach strengthens local decision-making, anchors services within community systems, and enhances resilience by ensuring that planning and oversight continue even during periods of crisis or reduced external funding.

reducing Somalia’s external public debt from around 64% of GDP in 2018 to less than 6% by the end of 2023. This milestone frees up fiscal space that the Government aims to reallocate toward strengthening basic services such as health, water access, education, and local systems – all of which are essential foundations for long-term resilience. However, this macroeconomic progress cannot compensate for the immediate humanitarian funding collapse, which continues to undermine frontline service delivery and expose children to escalating risks.^{lxvi} Equally, longer-term investments in community-led health systems have helped strengthen local resilience, even as national services face severe contraction.

The gap between needs and assistance in Somalia reached crisis levels in 2025. Millions were

sinking deeper into hunger as food aid disappeared. Water shortages and failing WASH systems were fuelling disease and dehydration. Health and nutrition services were collapsing just as children needed them most, while humanitarian education and protection programmes had all but vanished. Displaced families faced even fewer safety nets than at the start of the year, leaving children and communities exposed to a preventable humanitarian catastrophe.

- **Food aid drastically reduced** – WFP cut emergency food assistance from over 1 million people in August to around 350,000 in November due to funding shortages, leaving roughly 750,000 people without planned support, even as hunger worsened.^{lxvii}

- **Acute food insecurity rising sharply against declining support** – An estimated 4.4 million people were projected to face crisis level food insecurity (IPC Phase 3+) by late 2025, driven by drought, conflict, high prices and a severe drop in funding that limited aid delivery.^{lxviii}
- **Millions of children at risk of malnutrition** – Approximately 1.7 million children under five needed treatment for acute malnutrition, including hundreds of thousands with severe acute malnutrition (SAM); without sufficient nutrition funding, many children were at risk of life-threatening conditions or even death.^{lxix}
- **Safe water access lost for hundreds of thousands** – Over 300,000 people lost access to safe water after WASH funding fell to under 12 %, contributing to dehydration, disease risk, and reduced hygiene.^{lxx}
- **Disease outbreaks were rising sharply** – Cases of infectious diseases including measles, diphtheria, cholera, whooping cough and other waterborne illnesses doubled as clinics closed due to cuts; children under five made up 60 % of cases.^{lxxi}
- **Access to Health services shrinking as facilities closed** – More than 200 health and nutrition facilities shut down in part due to reduced funding, worsening access to essential care, immunizations, maternal services and outbreak response.^{lxxii}
- **Education services were almost entirely unfunded** – UNICEF reporting showed that the education sector remained 99 % underfunded and child protection 91 % underfunded, meaning safe learning, school support and psychosocial services were largely suspended.^{lxxiii}
- **Protection services weakened, increasing risks to children** – With protection programming severely underfunded, children faced increased exposure to exploitation, recruitment, gender-based violence, and limited case management or safe spaces.^{lxxiv}
- **Displacement continued despite shrinking aid** – Conflict, floods, drought and loss of livelihoods drove new displacement, with hundreds of thousands uprooted in 2025, adding to a total nearing 4 million internally displaced people with limited support.^{lxxv}
- **Water and sanitation failures exacerbated health and nutritional risks** – Beyond loss of water access, drought-driven scarcity and flooding damage infrastructure, heightening cholera and diarrhoeal disease risk, while constrained funding prevented robust outbreak mitigation.^{lxxvi}

Before-early 2025 vs. mid-2025 to projections for 2026 – Concurrent Trends in Aid Reductions and Humanitarian Needs

SOMALIA: LIMITED FUNDING DRIVES TIGHTER PRIORITIZATION



**Source: Humanitarianaction.info and OCHA FTS Somalia*

Declining Scope of People in Need Estimates

In 2025, the Humanitarian Needs and Response Plan (HNRP) estimated almost 6.0million people in Somalia required humanitarian assistance, based on indicators including food insecurity, malnutrition, water access, and displacement.

In 2026, the plan includes around 4.8 million people—about 20 per cent fewer than in 2025. This decline does not reflect improved conditions, but rather stricter prioritization due to severe funding constraints, limiting assistance to the most severely affected populations.

As a result, millions still facing serious food insecurity, malnutrition, water shortages, and protection risks are no longer reflected in the formal humanitarian caseload.^{lxxvii}

Sharp Decline in Food Assistance Coverage

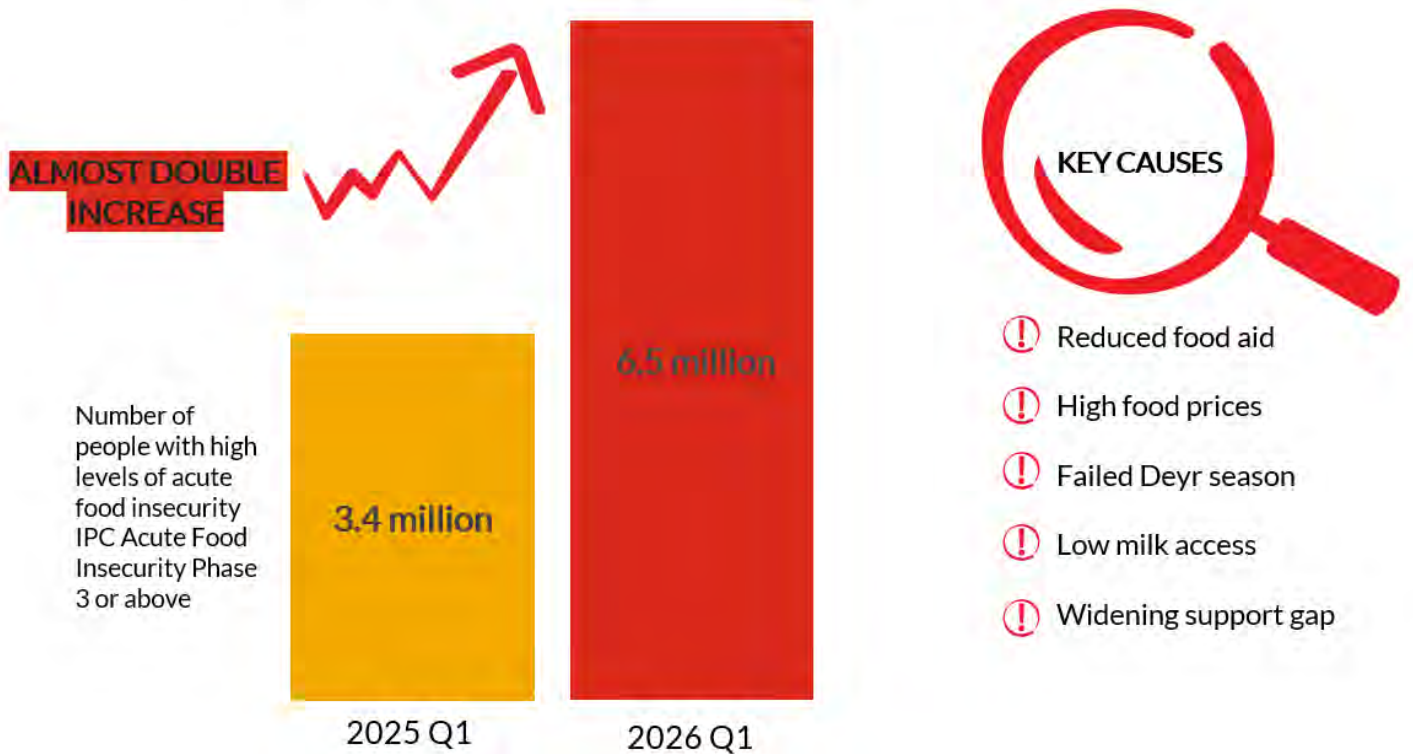
In 2024, the World Food Programme (WFP) was reaching around 2.2 million people per month in Somalia with food and cash assistance.^{lxxviii}

By late 2025, severe funding shortages forced major reductions in operations. Assistance fell from about 1.1 million people in August to roughly 350,000 by November, leaving only around one in ten people in need receiving support.^{lxxix}

In early 2026, WFP reports it is assisting around 600,000 people, still far below earlier coverage levels, and has warned that food assistance could halt entirely without additional funding.^{lxxx}

Overall, food-aid coverage has declined dramatically due to funding shortfalls, leaving millions of food-insecure people with far more limited humanitarian support.^{lxxxi}

SOMALIA: SHARP INCREASE IN FOOD INSECURITY IN 2026



Source: IPC Somalia Report Jan-Jun 2026

Rising Child Malnutrition and Reduced Health Access

Earlier projections in 2025 estimated that around 1.7 million children under five in Somalia were suffering from acute malnutrition, including severe cases. Updated figures from late 2025 show this number increased to about 1.8 million, and projections indicate that around 1.85 million children will require treatment for acute malnutrition in 2026.^{lxxxii}

At the same time, millions of children have lost access to essential health services and immunization as programmes were scaled back or suspended due to funding gaps. The rise in malnutrition has occurred alongside reduced funding for nutrition and health services, highlighting the growing strain on child health systems and the widening gap between needs and available support.^{lxxxiii}

Worsening Disease Outbreaks and Immunisation Gaps

Before 2025, routine immunisation coverage in Somalia, while still limited, was supported through sustained vaccination campaigns and catch-up programmes that helped prevent large-scale outbreaks. Vaccination coverage gradually improved, with overall child immunisation reaching roughly 70 per cent by 2024 as routine services expanded.^{lxxxiv}

In 2025, however, disease outbreaks escalated sharply, particularly among children. Diphtheria cases and deaths increased significantly, with more than 1,600 cases and 87 deaths recorded in 2025, compared with 838 cases and 56 deaths in 2024. Health agencies linked the rise in part to vaccine shortages and reduced health-service funding, and many of the affected children had no documented diphtheria immunisation.^{lxxxv}

"The neglect of the health system in Somalia due to aid cuts is directly impacting children. Already children have died of diseases we have treated and kept at bay in the past. Unless the aid cuts are reversed and more resources put in place to support the health system we are worried the situation will rapidly deteriorate, placing immense strain on vulnerable communities, particularly children under five."

Mohamud Mohamed Hassan,
Save the Children's Country Director for Somalia

At the same time, outbreaks of measles, diphtheria, whooping cough, cholera, and severe respiratory infections intensified. Reported cases of these diseases more than doubled from about 22,600 to over 46,000 between mid-April and mid-July 2025, with children under five accounting for roughly 60 per cent of infections.^{lxxxvi}

Reduced funding for vaccines and health services has weakened disease prevention and response capacity, increasing children's exposure to infectious diseases. These outbreaks also heighten the risk of severe acute malnutrition, as repeated infections weaken immunity and exacerbate existing nutritional deficits among already vulnerable children.

Programme Scale-Downs Affect Water, Sanitation and Hygiene Services

Before 2025, water, sanitation and hygiene services in Somalia—including water trucking, sanitation facilities and hygiene promotion—provided essential support in displacement camps and rural areas, helping communities maintain access to safe water and reduce the spread of waterborne diseases.

In 2025, severe funding shortages forced major reductions in these programmes. More than 300,000 people lost access to clean water after water-trucking and sanitation services were scaled back, while funding for the sector fell to less than 12 per cent of required levels.^{lxxxvii} At the same time, disease outbreaks increased: over 6,550 suspected cases of cholera and acute watery diarrhoea were reported between January and July 2025, including nine deaths.

Aid agencies – including Save the Children^{lxxxviii} - also warned that cases of infectious diseases in Somalia doubled within three months in 2025, with children under five accounting for around 60 per cent of reported infections, highlighting the growing impact of reduced health and water services. The deterioration in water, sanitation and hygiene coverage continues to increase disease risks into late 2025 and early 2026, particularly in displacement sites.^{lxxxix}

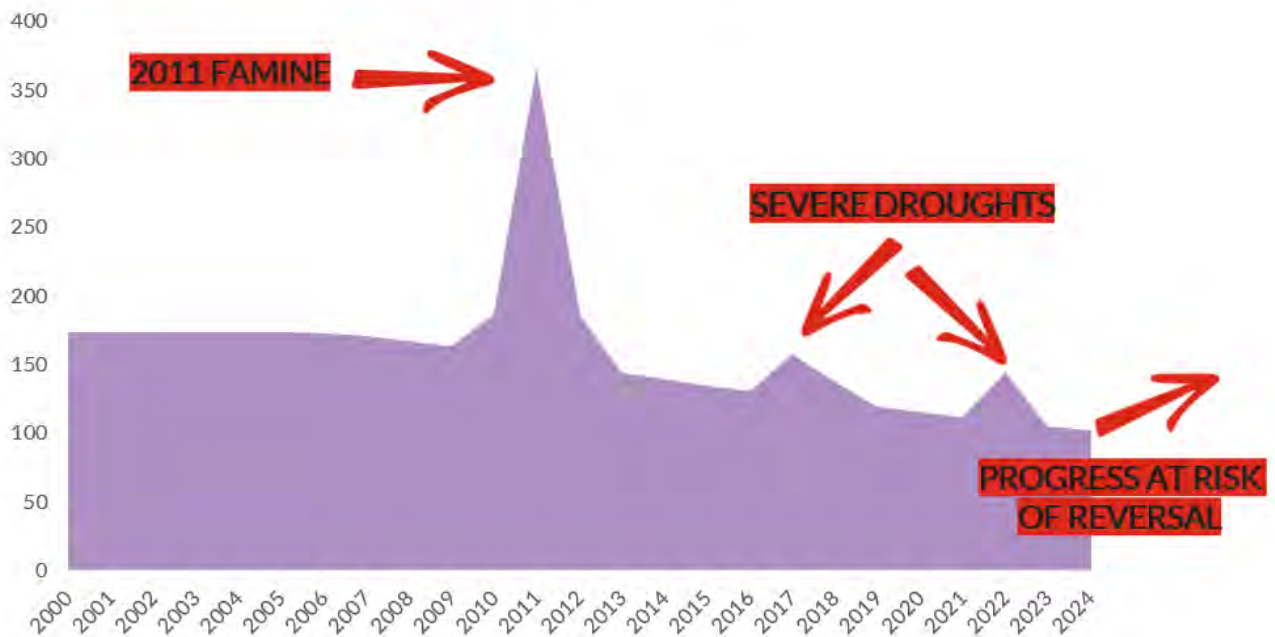
Programme Scale-Downs Affect Access to Education and Child Protection

Before 2025, education and child protection services in Somalia—though underfunded relative to need—continued to reach children with schooling, psychosocial support and community-based protection programmes, helping maintain safe learning spaces and support systems for crisis-affected children.

In 2025, chronic funding shortfalls severely constrained these services. By mid-year, core child-focused sectors were among the most underfunded in the humanitarian response: education was funded at only around 1 % of requirements, and child protection at approximately 9 %, leaving large gaps in learning and safeguarding support. As a result, partners reached about 87,000 fewer children with educational assistance than in 2024 and closed 477 learning spaces due to funding and capacity constraints, while ongoing displacement and insecurity further hindered access to safe education.^{xc} The long-term impacts of education as lifesaving are also well evidenced: if all women had completed primary education by 2010, maternal mortality would have fallen by 50% and a child whose mother can read is 50% more likely to live past the age of 5.

These reductions in coverage—compared with pre-2025 programming when broader partner funding supported more consistent access to schooling and protection—have compounded children’s vulnerability to exploitation, interrupted learning and psychosocial harm at a time of escalating humanitarian need. The number of out-of-school children remains high, with millions lacking access to education and protection services amidst continued crisis conditions.^{xcii}

SOMALIA: UNDER-5 CHILD MORTALITY RATE (deaths per 1,000 live births)



* Source: UN Inter-agency Group for Child Mortality Estimation – Somalia (2000-2024 data)

Rising Child Mortality: Reversal of Recent Gains

Before 2025, Somalia already bore one of the world’s highest under-five mortality rates, with about one in eight children dying before their fifth birthday.^{xcii} Progress made in recent years—through expanded immunisation campaigns, nutrition support, and broader access to basic health services—helped prevent many excess deaths, even amid drought, conflict and displacement. Analyses covering 2022–2024 estimate around 71,100 “excess deaths” attributable to the prolonged drought during that period, with roughly 40% of these deaths among children under five.^{xciii}

In and after 2025, emerging evidence suggests these gains are being undermined. Funding cuts, dwindling health services, and disruptions to routine immunisation, clinic-based care and nutrition screening have reduced coverage of lifesaving interventions. Health system weaknesses, compounded by high levels of food insecurity, drought and outbreaks of disease like measles, cholera and diphtheria, are increasing the vulnerability of children to fatal illness and malnutrition. Humanitarian reporting from early 2026 projects that more than 1.8 million children under five may experience acute malnutrition in 2026, a major risk factor for mortality.^{xciv} While precise recent mortality figures for 2025-26 are not yet published, global analyses project that child deaths could rise in 2025-2026 —largely due to weakened health systems and reduced external aid—with countries like Somalia seeing some of the sharpest impacts on child survival in decades. This combination of funding shortfalls, service disruptions and compounded shocks threatens to reverse years of gradual progress in reducing child mortality.^{xcv}

CONCLUSION

A Somali childhood will be defined by decisions made in 2026

Fifteen years of humanitarian response in Somalia have left little ambiguity about what is needed to prevent crises from spiralling into catastrophe. The lessons from 2011, 2017, and the prolonged shocks of 2020–2022 are clear: early warnings must trigger early action; sustained, flexible funding saves lives; and children must be prioritised before coping mechanisms collapse. Yet in 2026, despite clearer data and stronger early-warning systems than ever before, Somalia once again stands at a critical juncture—with 6.5 million people, nearly 33% of the population, facing Crisis (IPC Phase 3) or worse levels of acute food insecurity, including over 2 million in Emergency (IPC Phase 4), and an estimated 1.84 million children under five expected to suffer from acute malnutrition, including 483,000 with Severe Acute Malnutrition requiring urgent lifesaving treatment.

Needs remain exceptionally high, even after global humanitarian priorities have been narrowed and redefined. Conflict, climate shocks, rising insecurity, and economic pressures continue to intersect, while the withdrawal and reduction of international aid have rapidly eroded hard-won gains. The result is not a sudden crisis, but a steady deterioration: services scaled back, prevention abandoned, and risks pushed onto families already at the limits of survival. Drought-related water scarcity, disease outbreaks, displacement, and school closures are compounding these effects, leaving children increasingly vulnerable to hunger, illness, and exploitation.

For children, the consequences are immediate and profound. As programmes close or shrink, the protections that once buffered children from hunger, disease, violence, and exploitation are weakening. Schools shut, health and nutrition services become harder to reach, and child protection systems falter just as pressures intensify. These impacts are already unfolding, as overlapping emergencies make childhoods disappear for many children in Somalia.

Somalia's challenges do not exist in isolation. Protracted conflict and insecurity continue to limit the government's ability to invest in long-term resilience. With significant resources absorbed by immediate security priorities and other urgent demands, sustained international support for basic services, climate adaptation, and child-focused systems remains essential. Without predictable investment, the resilience Somali communities have shown to date cannot be maintained, regardless of coping capacity or past progress. The past 15 years have shown that famine and large-scale child suffering in Somalia are not inevitable. In 2017, early action helped avert catastrophe. During the shocks of 2020–2022, scaled responses mitigated worst-case outcomes. These moments demonstrate that when warnings are heeded and funding arrives early, lives are saved. When aid is delayed, reduced, or withdrawn, progress unravels quickly—and children pay the price.

The promise of “Never again” cannot remain a slogan. This time, aid is not merely late—it has disappeared, and with it, the progress and protections that once shielded children from the worst impacts of crisis. Without immediate, sustained, and flexible funding, more treatment centres will close, supply chains will break, and children who could have been saved will be turned away.

Acting early, funding adequately, and keeping children at the centre of response is the only way to prevent suffering from becoming irreversible. The future of Somalia’s children depends on continued global solidarity to prioritise children’s opportunity to learn, survive and be protected. The decisions made now will determine whether children like Amina* and Faiza* – representing the experiences of many more children – inherit another cycle of avoidable crisis, or a future shaped by timely action, sustained commitment, and the lessons of the past 15 years finally applied.

Somalia in 2026 will be defined by decisions made. The risks are known. The lessons are documented. The consequences of inaction are predictable. Cutting aid in the face of clear warnings is not a failure of knowledge, but a failure of will.



Save the Children UK CEO Moazzam Malik visited an IDP health centre in Baidoa to see firsthand how international aid cuts are impacting children and families. The clinic, once open six days a week, now operates only twice weekly due to funding shortages. It serves roughly 12,000 people with essential services including treatment for acute malnutrition, IYCF education and vaccinations.

Credit: Simon Edmunds / Save the Children

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- ⁱ [Children in Somalia plead with world leaders to tackle the hunger crisis](#)
- ⁱⁱ [Somalia famine worst in past 25 years | LSHTM](#)
- ⁱⁱⁱ [Famine warning signs must never again be ignored, as they were in Somalia – UN | UN News](#)
- ^{iv} [Somalia | Climate Promise](#)
- ^v [Somalia: IPC Acute Food Insecurity and Acute Malnutrition Analysis \(January - June 2026\) Issued on 24 February 2026 - Somalia | ReliefWeb](#)
- ^{vi} <https://www.worldbank.org/en/news/press-release/2026/03/05/for-somalia-building-climate-resilience-is-key-to-unlocking-long-term-growth-and-jobs>
- ^{vii} [Somalia famine killed nearly 260,000 people, half of them children – reports UN | UN News](#)
- ^{viii} [Somalia Humanitarian Needs and Response Plan 2025 | Financial Tracking Service](#)
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