SOMALIA
HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN PROGRAMME CYCLE 2026

ISSUED JANUARY 2026



Aisha Ige collecting water in Ceela Nimcood village, Sanaag region. Photo: OCHA Somalia/Ayub Ahmed

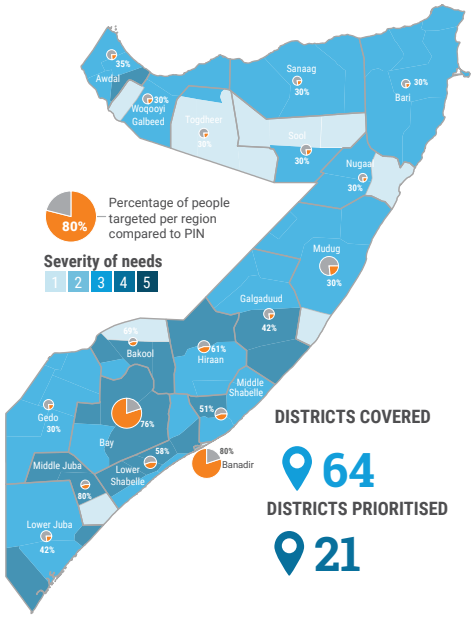
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At a glance

People in need	People targeted	People prioritised	Requirements (US$	Prioritised requirements
4.8 million	2.4 million	1.6 million	$852M	$350M

M: Million / B: Billion

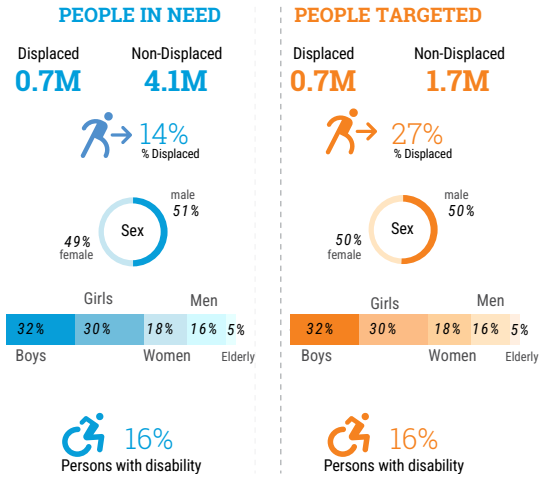
People in need, targeted and prioritised by location



Responding to only 1 Strategic Objectives

Saving Lives & Alleviating Suffering: Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance, in line with international law and standards.

SADD



People in need, targeted and prioritised by cluster

	REQUIREMENTS (US$)		PEOPLE IN NEED		PEOPLE TARGETED		% OF PIN TARGETED	
	2026	% change since 2025	2026	% change since 2025	2026	% change since 2025	2026	% PiN Targeted 2025
Health	$80M	-35%	5.0M	-8%	2.4M	-37%	48%	70%
WASH	$72M	-44%	4.5M	-17%	2.2M	-42%	49%	73%
Food Security and Livelihoods	$301M	-42%	3.9M	-14%	1.9M	-24%	49%	56%
Shelter	$27M	-56%	2.6M	-37%	0.7M	-46%	69%	31%
Nutrition	$75M	-36%	2.4M	-29%	1.3M	-43%	54%	70%
Overarching Protection	$93M	-44%	3.1M	-6%	1.9M	-21%	61%	72%
Education	$42M	-38%	1.7M	-35%	0.6M	-27%	36%	33%
Camp Coordination and Camp Management	$17M	-62%	2.0M	-18%	1.0M	-47%	50%	77%
Multi-Purpose Cash	$97M	+60%	-	-	1.7M	+55	N/A	N/A
Refugee Response	$17M	-78%	50K	+10%	50K	+10		100%
Enabling Programmes	$20M	43%	-	-	-	-		N/A
Logistics	$12M	-56%	-	-	-	-		N/A
Inter-sector	$852M	-40%	4.8M	-20%	2.4M	-47%	49%	76%

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Somalia Disaster Management Agency Foreword

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It is with a strong sense of urgency and national responsibility that the Federal Government of Somalia, through the Somali Disaster Management Agency (SoDMA), endorses the Humanitarian Needs and Response Plan (HNRP) for 2026. This plan is launched at a critical moment, as Somalia faces a severe and escalating drought following consecutive failed rainy seasons. Water sources are depleted, rangelands are degraded, livelihoods have been eroded, and millions of people are being pushed into acute food insecurity and displacement. Combined with ongoing conflict and recurrent climate shocks, the scale of this crisis demands an immediate, coordinated, and life-saving response.

In 2026, an estimated 4.8 million people across the country are expected to require humanitarian assistance, with more than 4 million facing Crisis or worse outcomes (IPC 3+). The most affected include 3.3 million internally displaced people and an estimated 1.85 million children under five at risk of acute malnutrition. These figures reflect the depth and persistence of humanitarian need across Somalia.

Given the severity of the situation and significant funding constraints, the HNRP 2026 applies a strict, severity-based prioritization. The plan targets life-saving assistance for 2.4 million people across 64 drought affected districts, with particular focus on 1.6 million people living in the 21 highest severity districts where multi sectoral needs are most acute. This approach reflects difficult but necessary choices to ensure that limited resources reach those facing the greatest risk.

The HNRP 2026 serves as our strategic framework to respond to this crisis. Guided by the principles of the Humanitarian Reset, it emphasizes efficiency, integrated multi-sectoral action, and strengthened area-based coordination, while placing Somali leadership and meaningful community participation at the center of the response.

As the national authority for disaster management, SoDMA reaffirms its mandate to lead and coordinate humanitarian action in Somalia. We remain committed to principled, accountable, and government-led responses that are aligned with national systems and priorities. We call upon all partners—international and national—to stand behind this plan, mobilize resources without delay, and act decisively to prevent further suffering and loss of life.

The scale of need requires sustained solidarity and timely, flexible funding. We extend our sincere appreciation to all humanitarian and development partners for their continued support. Together, through collective resolve and shared responsibility, we can deliver life-saving assistance, protect the most vulnerable, and support the resilience and dignity of the Somali people.

Mohamud Moalim Abdulle
Commissioner, Somalia Disaster Management Agency



Humanitarian Coordinator's Foreword

Somalia continues to face a severe and protracted humanitarian crisis, driven by intensifying climate shocks, including recurrent drought, and conflict. Despite the resilience of communities, millions remain in urgent need of support. In 2026, 4.8 million people are estimated to be in need of humanitarian assistance, a reduction of 20 per cent compared to 2025; a number that reflects a stricter definition of needs rather than improved conditions.

The humanitarian community in Somalia stands at a critical crossroads. Unprecedented funding reductions have significantly constrained the collective capacity to deliver essential and life-saving assistance. Millions of people who have relied on humanitarian aid are now losing their only source of support. Food assistance has declined or ceased altogether in many areas, water and nutrition services have been reduced, and access to healthcare is deteriorating as facilities close and outreach services are scaled back. Across large parts of the country, humanitarian presence has diminished at a time when needs remain high, increasing the risk of preventable illness, displacement and loss of life.

Against this backdrop of escalating needs and severe funding constraints, and in line with the Global Humanitarian Reset, the Humanitarian Country Team (HCT) has made difficult but necessary choices to ensure strict prioritisation. In 2026, humanitarian partners will target 2.4 million people, less than half of those in need, focusing on the most vulnerable. The 2026 Humanitarian Needs and Response Plan (HNRP) prioritizes 1.6 million people facing extreme intersectoral severity 4 needs in 21 priority districts, where risks to life, dignity and protection are greatest.

This prioritized approach acknowledges the constraints of our limited resources and emphasizes the necessity of directing assistance to areas where it can have the greatest impact on saving lives.

The 2026 HNRP has been developed under the leadership of the HCT, in close consultation and coordination with the Federal Government of Somalia and state authorities. It is grounded in evidence, informed by operational realities and guided by a shared commitment to principled, accountable and needs-based humanitarian action. The strategic objective that guides the response focuses on saving lives, while integrating protection and cross-cutting considerations in the analysis and planning processes.

Multi-Purpose Cash Assistance (MPCA) will serve as a first-line response modality where feasible, sequenced with sectoral interventions to enhance efficiency, maximise impact and minimise duplication. This approach supports dignity and choice for affected people while ensuring that assistance remains flexible and responsive in a volatile operating environment.

The 2026 funding requirement stands at US$852 million, a 40 per cent reduction from 2025, reflecting the narrower scope of this plan under severe resource constraints. This reduced funding target reflects constrained resources, not diminished needs. Sustained and flexible support is essential to save lives and protect hard-won gains.

At the same time, the structural drivers of humanitarian needs in Somalia cannot be addressed with humanitarian assistance alone. Root causes of the crisis must be addressed through strengthened complementarity of humanitarian, development and peace-building approaches, aligned with national priorities and implemented in close collaboration with development partners and government institutions.

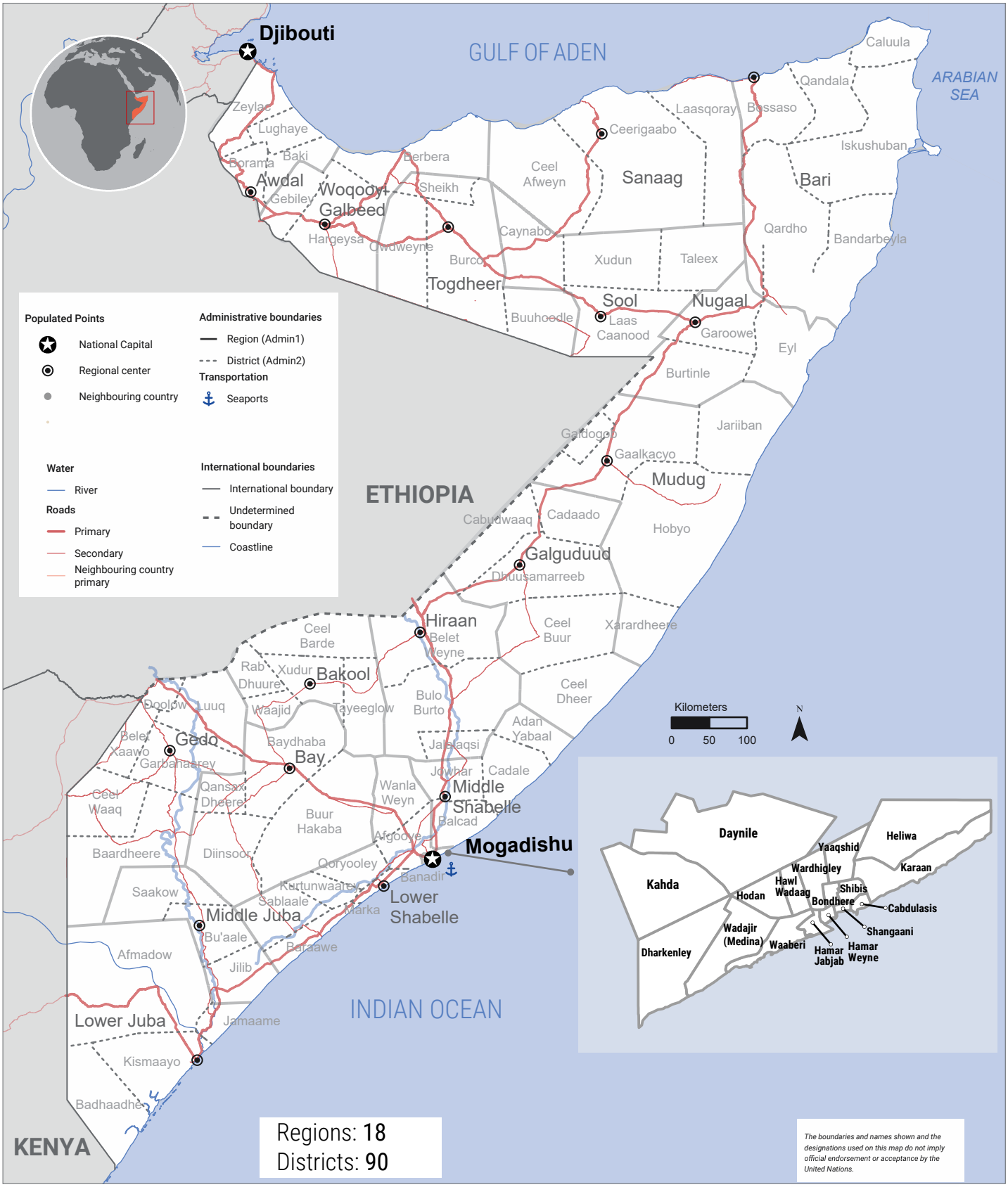
In an increasingly constrained environment, humanitarian assistance continues to prevent far worse outcomes. I commend the commitment of humanitarian partners, including national and local organizations, who remain at the forefront of the response despite extraordinary challenges. Strengthening partnerships with national actors and advancing localisation remain essential to sustaining humanitarian action in Somalia.

I urge all partners and stakeholders to stand with Somalia by supporting this principled and prioritised plan. Together, we can ensure that limited resources reach those most in need, preserving dignity and saving lives.

George Conway
Humanitarian Coordinator in Somalia



Reference Map of Somalia



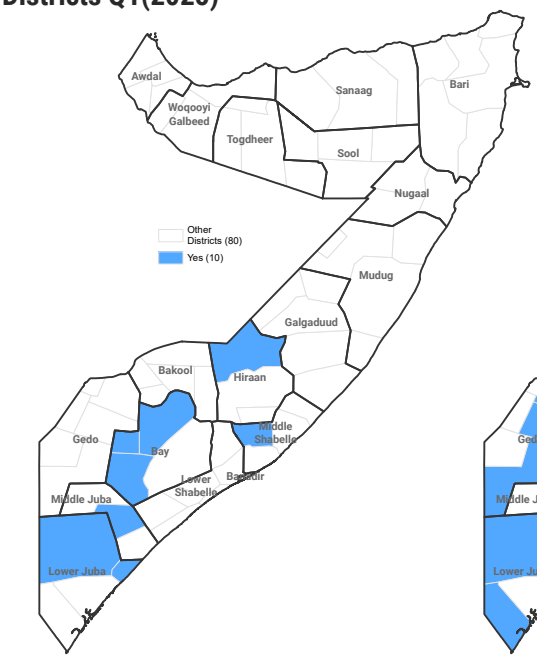
Humanitarian Reset

Explore more at humanitarianaction.info

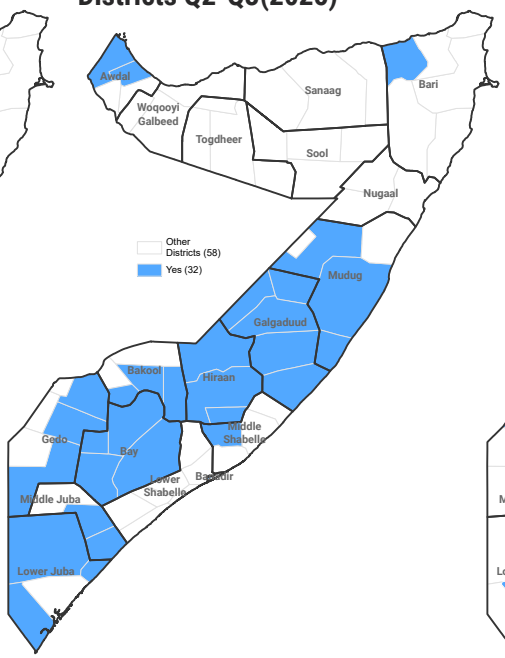
Somalia enters 2026 amid a highly complex operational landscape marked by severe funding constraints and a system-wide reform agenda. In 2025, substantial funding reductions compelled agencies to scale back or suspend critical lifesaving programmes, including food security, health, nutrition, and WASH, resulting in a more than 70 per cent decrease in planned reach. In response, the Emergency Relief Coordinator (ERC) initiated a Humanitarian Reset, focused on efficiency gains, streamlined, locally-led coordination and a sharper prioritisation of those most at risk. The Humanitarian Country Team (HCT) subsequently revised the 2025 Humanitarian Needs and Response Plan (HNRP), reducing the target population from 4.6 million to 1.3 million across 31 priority districts—a 72 per cent decrease. This adjustment reflects resource limitations and a highly prioritised approach rather than diminished humanitarian needs. Four clusters—Food Security, Health, Nutrition, and WASH—alongside specialised protection interventions were prioritised to deliver urgent, life-saving assistance. Quarterly revisions were introduced to address evolving needs and emerging shocks beyond non-priority areas.

To operationalise the reset, HCT endorsed a reconfigured coordination architecture in January to address inefficiencies and strengthen area-based operational coordination. This included revising terms of reference for coordination forums to clarify roles across the Inter-Cluster Coordination Group (ICCG), State Humanitarian Coordination Groups (SHCGs), Area-Based Coordinations (ABCs), and Operational Cells (OCs), streamlining clusters, and reinforcing linkages between national, state, and district level coordination mechanisms. The Reset and Reform Task Team (R2T2), established in mid-2025 and co-chaired by the UN and INGOs with broad stakeholder representation, consolidated previous reform initiatives such as the Post-Delivery Aid Diversion (PDAD) Task Force and the Operational Transformation Initiative (OTiS). The R2T2 drives implementation of IASC recommendations and HCT commitments through three workstreams: accountability, response efficiency, and common enablers. Key priorities for early 2026 include rolling out an integrated complaints and feedback mechanism hosted by a single agency to streamline feedback loops, effective referrals, and ensure community preferences continuously inform the response. Existing data systems are being rationalised to eliminate duplication and overlaps. To improve decision-making and free up operational capacity, the frequency of HCT and ICCG meetings has been reduced by 50 per cent, in line with the 2025 Interagency humanitarian evaluation (IAHE) recommendations. Unified market monitoring systems have been adopted to enhance coordination, reduce duplication, and guide efficient and evidence-based CVA decisions. Localisation remains central to the reset, with national NGOs co-chairing ABC forums and pooled funding increasingly directed to local and women-led organisations, advancing toward the ERC's 70 percent aspiration. Accountability will be strengthened through systematic community consultations and public reporting on feedback and actions taken. Protection—particularly for women and girls, persons with disabilities, minority and marginalised groups—remains at the core of the response, alongside commitments to Centrality of Protection, (CoP), gender mainstreaming and the prevention of sexual exploitation and abuse. Collectively, the HCT has identified three critical protection risks and endorsed the 2025-2026 HCT Centrality of Protection Strategy and Workplan[1] to reduce them. All humanitarian actors both protection and non-protection actors, will ensure protection risks reduction approaches are mainstreamed and integrated in their sector specific actions.

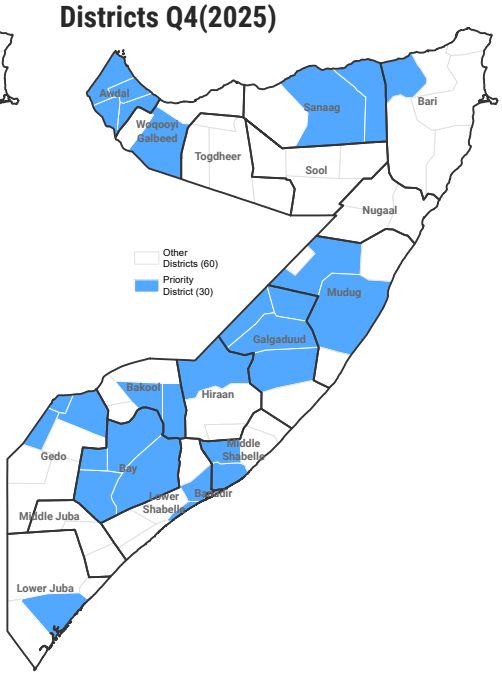
Integrated Response Priority Districts Q1(2025)



Integrated Response Priority Districts Q2-Q3(2025)



Integrated Response Priority Districts Q4(2025)



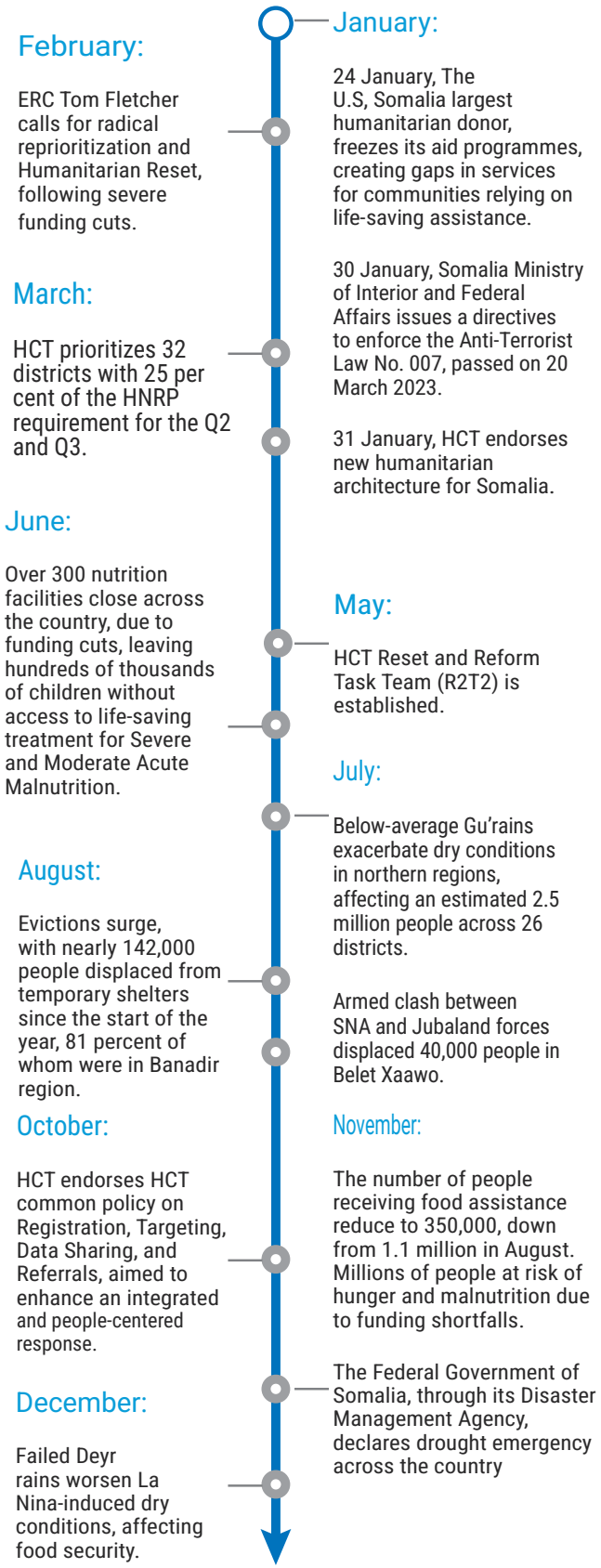
Part 1: Humanitarian Needs

1.1 Crisis Overview

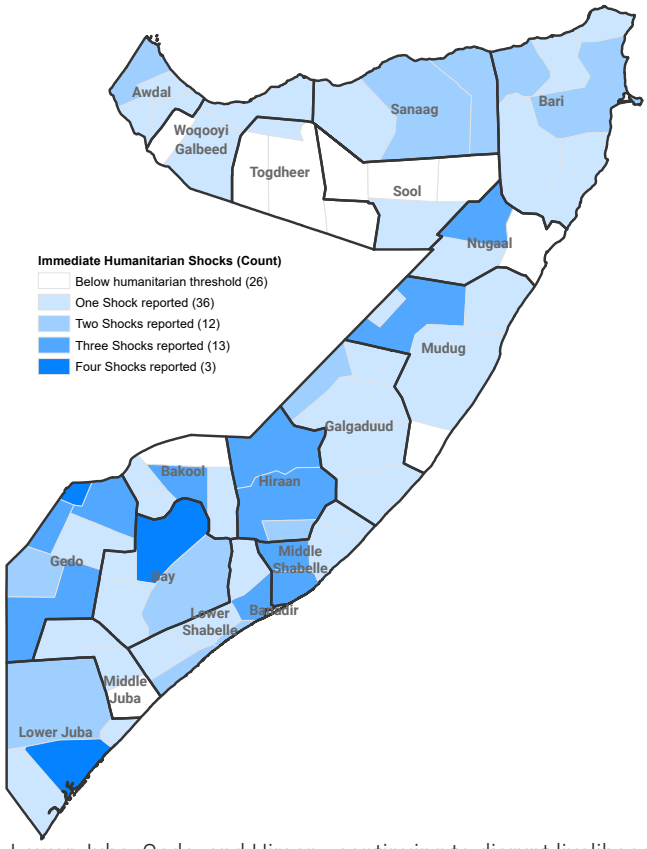
Somalia faces an intensifying humanitarian crisis driven by prolonged drought, conflict, and recurrent disease outbreaks. A multi-stakeholder shock analysis conducted in 2025 estimated that 7.5 million people—representing 39 percent of the population—were affected across 64 of 90 districts. While this figure reflects a reduction compared to previous years, the decline is attributable to stricter scope-setting rather than improved conditions. The situation has worsened following the failure of the 2025 Karan rains (July–September) in the north and the Deyr (Oct-Dec) rains nationwide. Northern regions have now endured a fourth consecutive failed rainy season, with rainfall levels 60 percent below average—the driest conditions recorded since 1981. Extreme heat (35–40 °C) accelerates water loss, leaving rangelands parched and water points depleted.[2] Widespread water infrastructure failures have driven water prices in Puntland to $12–15 per 200-liter barrel. 80 per cent of *berkads* in Puntland have dried up, in Hirshabelle, 50 boreholes require urgent rehabilitation; These disruptions are significantly inflating water costs and compounding public health risks. Crop failure affects up to 85 per cent of farmland, reducing sorghum and maize yields by 20–30 per cent.[3] The combined effects of severe drought, ongoing conflict, and soaring food prices—including imported cereals and water—have pushed Somalia's food insecurity to crisis levels. Livestock deaths and widespread pastoral movements underscore the collapse of traditional livelihoods and deepening vulnerability Between October and December 2025, 4.4 million people (23 per cent of the population) faced IPC Phase 3+ food insecurity, including 921,000 in Emergency (IPC Phase 4).[4] Malnutrition rates are surging, with 1.85 million children under 5 projected to suffer acute malnutrition, including 421,000 severe cases projected from August 2025-July 2026.[5] These conditions are expected to worsen as drought persists, with households in Emergency (IPC 4) expected to rise through May.

Somalia's fragile health system is under immense strain as poor access to safe water and drought-driven displacement have triggered an upsurge of vaccine-preventable diseases, AWD/cholera and other disease outbreaks, affecting the country's high number of 'zero-dose' children. The health system's capacity to respond is severely hindered by chronic underfunding and logistical disruptions, leaving critical gaps in facility-based care. The combined impact of restricted access to healthcare and the rising disease burden poses an immediate threat to life, particularly for malnourished children and pregnant women in the most severely affected inter-sectoral priority areas. In addition, given that Ethiopia has declared the Marburg Virus Disease (MVD), the situation becomes concerning for the neighbouring countries including Somalia. By November (Epi-weeks 1 – 49) 2025, the country recorded 3,375 diphtheria cases and 139 associated deaths, 11, 599 measles cases, 11,952 malaria cases and 8,846 cases of AWD/ cholera. Conflict remains a critical driver of humanitarian needs in Somalia, with inter-clan fighting, retaliatory attacks, and military offensives—particularly in

Timeline of Events in 2025



District Overlay Map of Recent Humanitarian Shocks (2025)



Lower Juba, Gedo, and Hiraan—continuing to disrupt livelihoods and displace communities. These hostilities have severely restricted freedom of movement, impeded market access, and heightened protection risks, disproportionately affecting women, children, and other vulnerable groups. Climate and conflict-induced shocks displaced 680,000 people in 2025, bringing the total to 3.3 million IDPs. DTM projects over 200,000 more may be displaced by year-end, with drought responsible for 52 per cent of expected movements (≈110,000 people); conflict accounts for 44 per cent.[6]

Evictions, land disputes, and weak tenure security have left nearly 200,000 internally displaced persons (IDPs) at high risk, while 159,437 people were evicted by October 2025.[7] Protection concerns are escalating, with 648 verified cases of child recruitment into armed groups and widespread gender-based violence reported in displacement sites. The compounded effects of worsening drought, ongoing conflict, and forced evictions continue to destabilise communities, displace families, and deepen existing vulnerabilities. Urban areas are under mounting pressure from increasing displacement, while rural communities face imminent livelihood collapse. Authorities have warned of rising migration toward Ethiopia as drought conditions intensify, underscoring the urgent need for strengthened cross-border coordination. The humanitarian situation is worsening due to a sharp decline in essential services—particularly food security, health, and nutrition—following severe funding cuts that have forced the closure of primary care and life-saving facilities for women and children. Over 200 health facilities and 300 nutrition centers have already shut down, with more closures expected as major donors withdraw, further limiting access to critical services nationwide. The cuts have reduced food security cluster (FSC) partners' operations by 70 per cent, forcing them to lower cash transfer values to cover only 70 per cent of the food Minimum Expenditure Basket (MEB) and shorten assistance duration from six to three months. Consequently, more than 600,000 vulnerable people are now without food or cash support. Without urgent funding, reductions in food, health, and WASH assistance will deepen vulnerabilities. Pipeline disruptions in food and nutrition supplies, including Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF), as well as interruptions in cash assistance programs, are anticipated to further exacerbate the food security crisis as the drought intensifies.[8]

The crisis is further compounded by high access constraints, with 139 incidents reported between January and September 2025, including interference in aid delivery and violence against personnel. Severe restrictions persist along the Shabelle River corridor, Hiraan, and Galgaduud, with significant limitations in Bay, Bakool, and Lower Juba—many priority areas for the 2026 HNRP. Unpredictable movement due to checkpoints, ambushes, IEDs, and hostilities, compounded by infrastructure damage, informal taxation, and inconsistent travel permissions, has increased costs and delayed aid. Security incidents, reduced funding, and the AUSSOM transition heighten risk aversion, underscoring the need for acceptance-based access strategies and principled use of armed escorts.

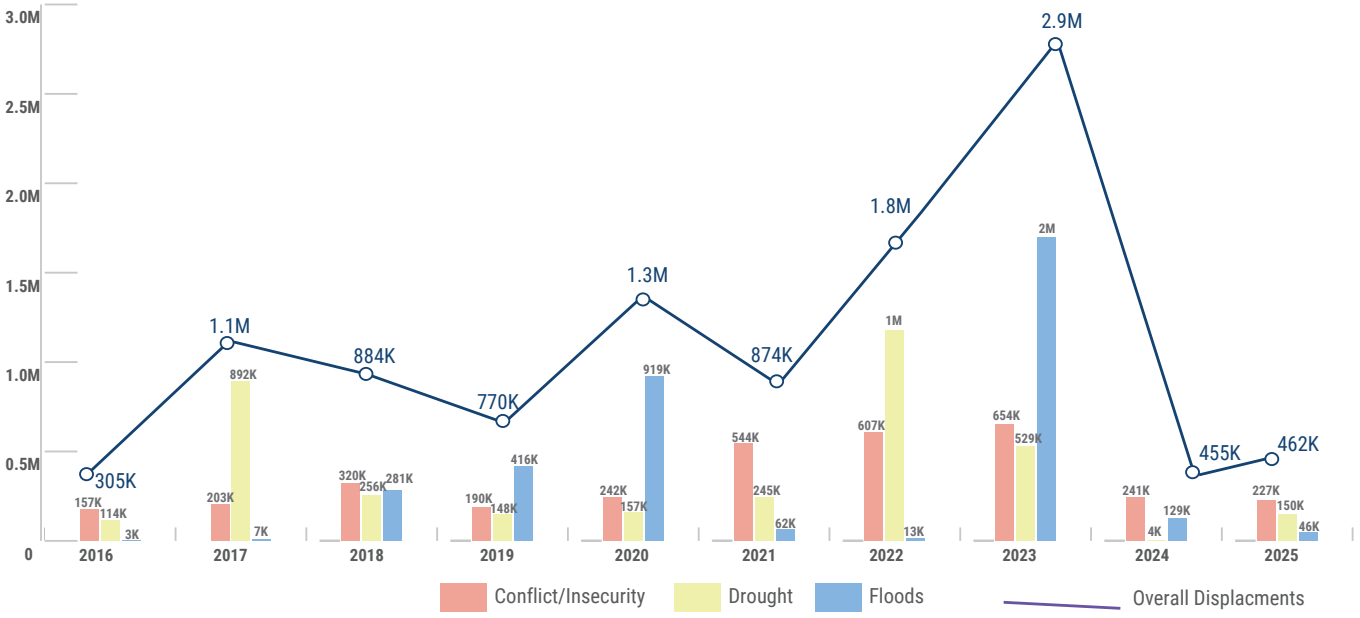
1.1 How crisis affected different population group

Marginalised groups—including internally displaced persons (IDPs), women, older people, persons with disabilities, and minorities—continue to bear the brunt of Somalia's protracted crisis. These populations face the most severe impacts on food security, displacement, health, and livelihoods, while receiving insufficient humanitarian assistance to meet their critical needs.

Girls and Women: The 2025 Multi-Sector Needs Assessment (MSNA) underscores how gender, disability, age, and displacement intersect to deepen exclusion, with women and girls with disabilities among the most marginalised. Women and girls face heightened risks of gender-based violence (GBV), early marriage, and exploitation during displacement. Female-headed households now constitute 25 per cent of internally displaced families—up from 17 percent in 2015—and face severe challenges, including inadequate shelter, high exposure to GBV, child marriage, and trafficking. Maternal mortality remains alarmingly high at 563 deaths per 100,000 live births, with over 70 percent of rural areas lacking maternal healthcare services—disproportionately affecting women with disabilities and girls from minority groups.[9] In 2025, an estimated 2.7 million women and girls were at risk of GBV, while Somalia's lack of a legally enforced minimum age for marriage continues to exacerbate vulnerabilities. Widespread GBV persists across displacement sites, and girls face heightened risks of child marriage and exploitation, further deepening protection concern.

Children in Somalia face escalating protection and survival risks as negative coping strategies—early and forced marriage, child labour, school dropouts, and association with armed actors—become widespread. Mental health and psychosocial support (MHPSS) remains critically underdeveloped despite

Displacement trends 2019-2025 (PSMN)

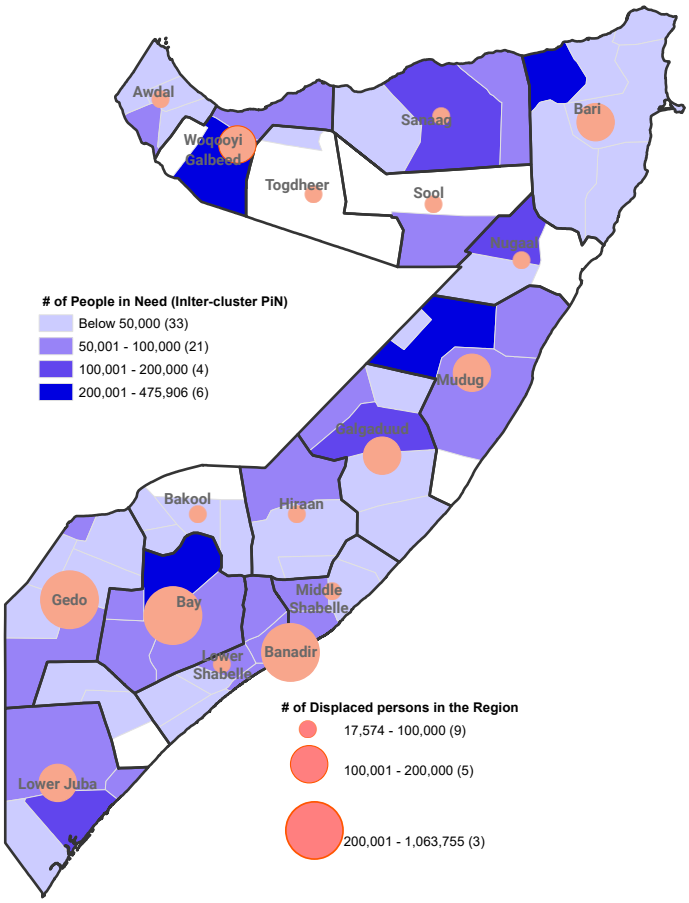


severe psychological impacts. Somalia recorded the third-highest number of UN-verified grave violations globally in 2024, with 2,568 violations affecting 1,992 children; 648 were recruited into armed conflict between January and June 2025. Education gaps are widening, with 62 per cent of school-age children out of school, up from 56 per cent in 2024. Nearly half of children under five are projected to face acute malnutrition by mid-2026, while funding cuts have closed over 25 per cent of health and nutrition facilities, leaving thousands without life-saving care. Rising food insecurity and disease outbreaks compound these risks, underscoring the urgent need for scaled-up child protection, education, nutrition, and expanded MHPSS interventions to prevent irreversible harm.

Minority and marginalised communities—estimated to comprise one-third of Somalia's population—continue to face systemic discrimination and exclusion from essential services and decision-making processes that directly affect their lives. These entrenched inequalities perpetuate vulnerability and limit access to humanitarian assistance, deepening the impact of the ongoing crisis.

According to GTS September 2025 findings, **persons with disabilities (PwDs)** and older persons face disproportionate barriers—attitudinal, institutional, communication, and physical—that limit inclusion and access to assistance such as food, cash, health, and WASH services. Digital and mobility constraints often exclude them from rapid assessments, while funding cuts and rising food prices have eroded support for households headed by or dependent on persons with disabilities. Humanitarian coverage contracted in 2025 due to funding cuts and funding shortfalls, leaving these households at heightened risk of food insecurity. Persons with disabilities face greater difficulty meeting nutrition needs due to fewer earning opportunities, specific dietary requirements and higher household costs, compounding vulnerability and increasing risks of service inaccessibility and marginalisation. These dynamics underscore the urgent need for inclusive programming and targeted interventions to ensure equitable access and participation.

District Overlay Map of IDP Hosting Districts and People in Need (2025)



1.2 Humanitarian needs and risks

In 2026, an estimated 4.8 million people in Somalia will require humanitarian assistance—a 20 per cent decrease from 2025. This reduction does not reflect improved conditions but rather a stricter scope-setting approach in prioritising shock-impacted districts. In 2026 Somalia faces acute sectoral needs, Health (5M) and WASH (4.5M) with highest needs, followed by Food Security (3.9M), Shelter (2.6M), and Nutrition (2.4M). Health services are collapsing amid facility closures and disease outbreaks, while WASH challenges stem from drought-driven scarcity and flood contamination. Education access continues to decline, with 62 per cent of school-aged children out of school, and protection risks remain severe for 3.3M internally displaced persons (IDPs), including exposure to GBV, evictions, and child recruitment. According to the Joint Intersectoral Analysis Framework (JIAF)'s needs and severity analysis, the humanitarian needs are more concentrated in fewer districts across the country – with 63 per cent of the total people in need spread across just 16 district. Urban hubs and displacement sites such as Baydhaba, Daynile, Kahda, Hargeysa, Gaalkacyo, and Bossaso are epicenters of vulnerability, where access to water, food, and health care is most fragile. Projections indicate worsening food insecurity as drought intensifies, with IPC Phase 3+ populations potentially exceeding 4 million. Without immediate assistance, humanitarian needs are expected to rise during the Jilaal season, with an estimated 5.0–5.99 million people likely requiring support between February and April, according to FEWS NET.[10] Without adequate funding, preventable mortality, morbidity, and further displacement will prevail.

1.21 Priority needs and community preferences of affected populations

Needs and priorities across Somalia reflect a convergence of community perspectives and household-level analysis. Insights from community engagement initiatives, including BRICS community action plans, Ground Truth Solutions surveys, Talk to Loop feedback, and CEA consultations, capture lived experience across diverse geographic, livelihood, and displacement contexts. These are complemented by findings from the 2025 MSNA, which surveyed nearly 7,000 households across 33 districts and provides structured evidence on the scale and severity of needs in assessed areas.

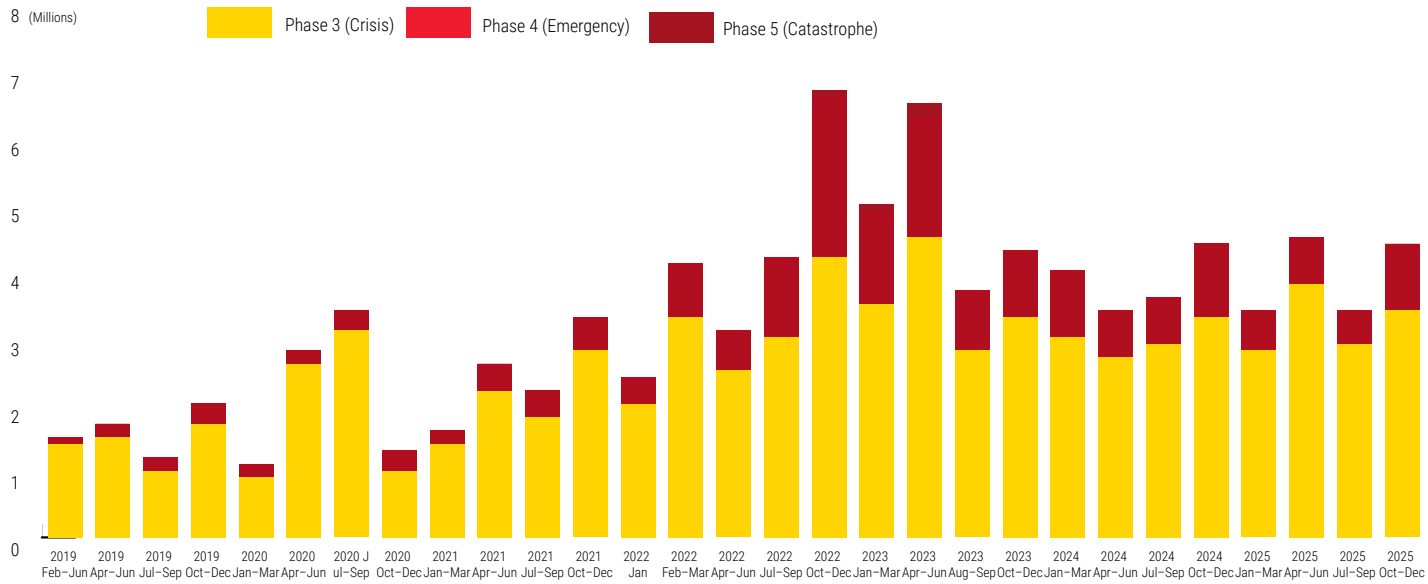
Together, the evidence points to a clear and consistent pattern. Food insecurity is the most urgent concern, followed by access to safe drinking water, healthcare, adequate shelter, and sanitation. Communities emphasise the life-saving nature of these needs while also highlighting how gaps in assistance delivery, inclusion, and participation affect their ability to cope.

1: Food or income to buy food

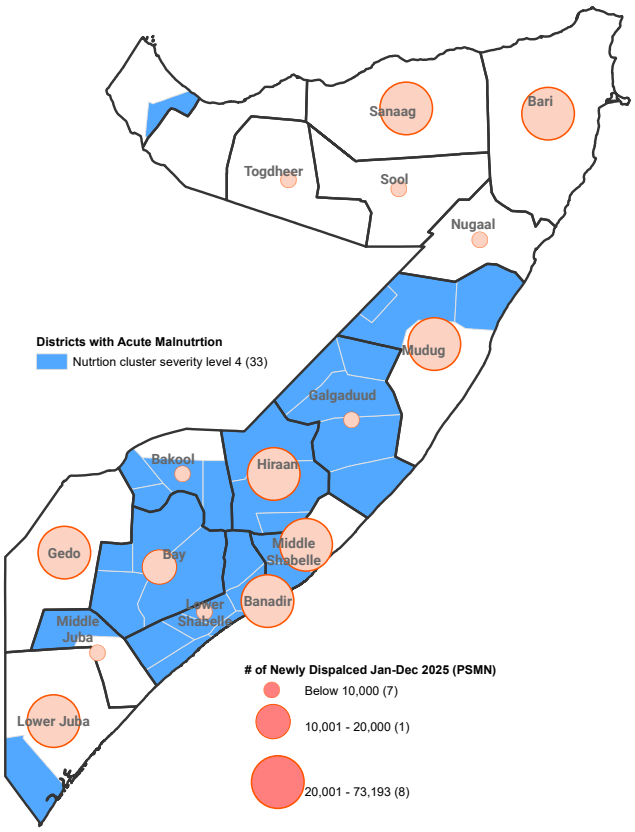
Food insecurity is the most pressing need across all data sources. Community engagement consistently highlights hunger, financial hardship, and loss of livelihoods as dominant daily pressures, particularly among internally displaced persons (IDPs), women, older persons, persons with disabilities, and female-headed households. Women report food insecurity more frequently than men, reflecting both higher exposure and caregiving responsibilities.

MSNA findings confirm the scale of the crisis. Sixty-three per cent of households identify food as their most urgent need, up from 57 per cent in 2024. The burden is highest among internally displaced persons (IDPs), with 75 per cent citing food as their main challenge. Needs are especially acute in urban internally displaced persons (IDP) settings, notably in Bay and Bakool, where large majorities of households report food as their primary concern. Despite declining inflation, economic vulnerability remains widespread. Twenty-two per cent of households lack the income or resources to meet basic needs, and 79 per cent prioritise food assistance, rising to 89 per cent among among internally displaced persons (IDPs). Communities strongly prefer

Evolution of Food Insecurity 2019-2025



District Overlay Map of Emergency-Level Acute Malnutrition and New IDP Arrivals-2025 (PSMN)



cash or mobile money where markets function, alongside predictable and transparent targeting.

2: Safe drinking water

Limited access to safe drinking water is a widespread concern. Communities describe shortages, high prices, and long distances to water points as daily constraints affecting drinking, cooking, and hygiene, particularly in drought-affected and displacement-affected areas. Water availability is also a key factor influencing settlement decisions for newly displaced households.

MSNA data reinforces these concerns. Eighteen per cent of households are water insecure, with much higher rates in Bakool, Bari, and Bay. More than 30 per cent of households experienced recent water shortages, and water access issues affect 35 per cent overall, disproportionately impacting new internally displaced persons (IDPs). Distance, cost, and facility usability are the main barriers, compounded by rising water prices. Communities emphasise the need for affordable, reliable, and community-managed water systems, alongside emergency measures during acute shocks.

3: Shelter – suitable living space

Inadequate shelter remains a major concern, particularly for displaced populations and the urban poor. Community feedback highlights overcrowding, exposure to weather, and lack of privacy as key drivers of insecurity and stress, especially in camps and informal settlements.

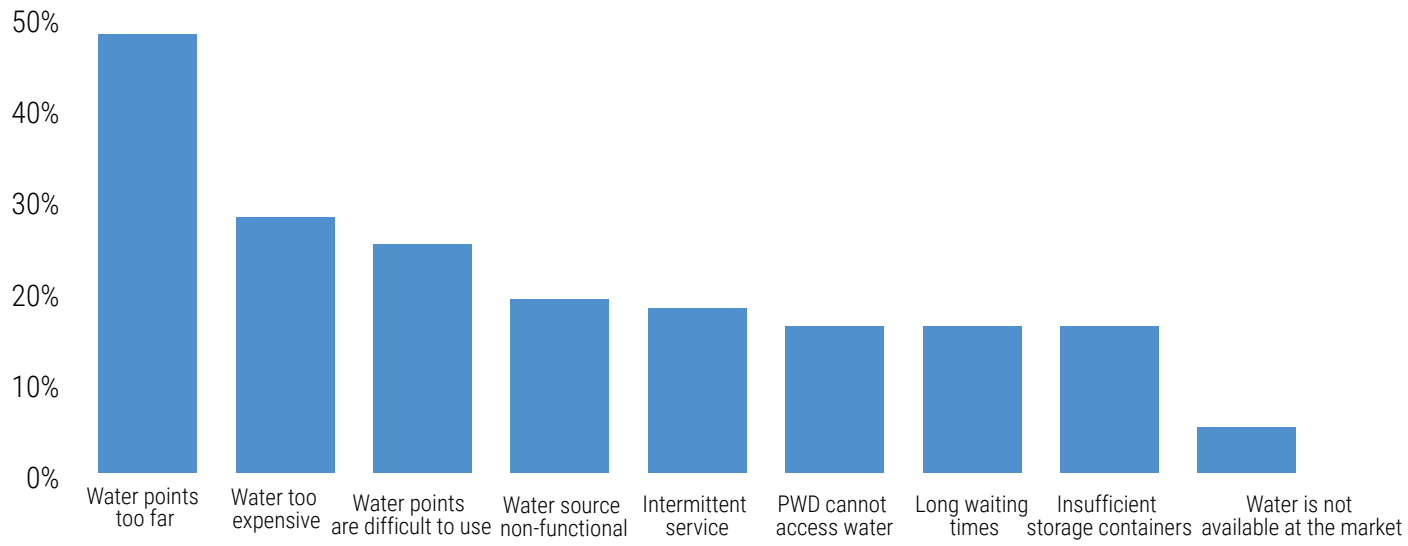
MSNA findings show shelter as the third priority need overall, reported by nearly half of internally displaced persons (IDP) households. Shelter needs have increased since 2024 and are rated higher than sanitation or healthcare among affected populations. Living conditions remain poor, with widespread unfinished structures, roof damage, overcrowding, and insufficient sleeping space. Most households also lack adequate clothing for the climate. Communities frame shelter as a foundation for dignity, safety, and recovery, rather than a purely physical requirement.

4: Sanitation and hygiene

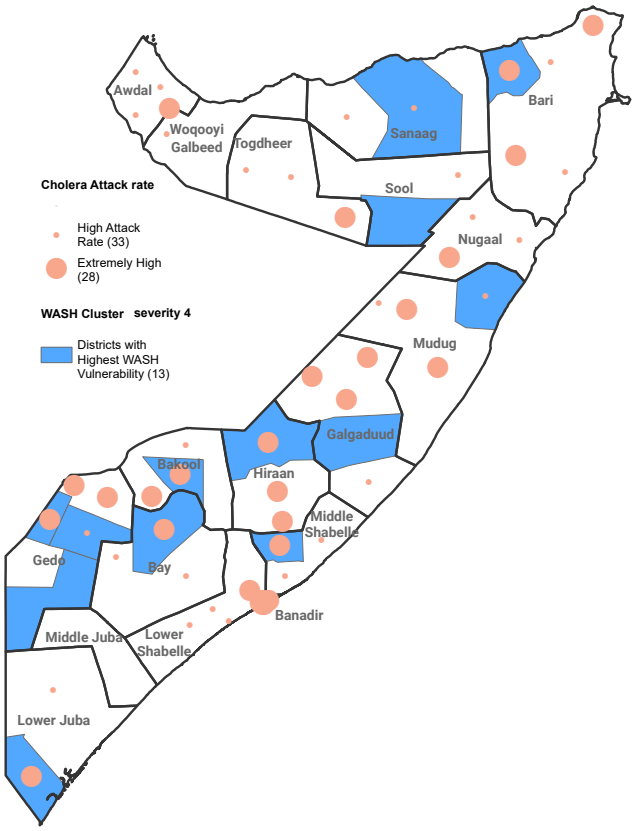
Sanitation remains a persistent gap with direct health and protection implications. Communities link poor sanitation and hygiene to disease outbreaks, safety risks, and increased burdens on women and girls, particularly in displacement settings. Requests focus on safe, accessible latrines, waste management, and sustained hygiene support.

MSNA findings confirm the severity of these gaps. Two-thirds of households rely on unimproved sanitation facilities, and sharing is widespread, especially among internally displaced persons

Reported Water access barriers by women (MSNA)



District Overlay Map of Elevated Cholera Attack Rates and WASH Sectoral Collapse



(IDPs). Hygiene conditions are poor, with most households lacking handwashing facilities, water, or soap. One in five households report that women and girls avoid sanitation facilities due to insecurity, underscoring the intersection between WASH deficits and protection risks.

5: Healthcare

Limited access to healthcare is a critical concern across both community engagement and MSNA findings. Communities report barriers related to distance, cost, shortages of medicines, and weak outreach, with particular impacts on women, older persons, persons with disabilities, and those with chronic conditions.

MSNA data shows healthcare consistently ranked immediately after food among preferred forms of assistance, ahead of shelter and water. Key barriers include lack of nearby functional facilities, unaffordable costs, unavailable services, and long waiting times, especially for internally displaced persons (IDPs). Access to healthcare also influences displacement decisions, with more than a quarter of displaced households citing proximity to health facilities as a factor in where they settle. Communities emphasise the need for reliable, affordable, and accessible services, including mobile and outreach modalities.

6: Other community-identified priorities

Beyond immediate life-saving needs, communities consistently highlight livelihoods, employment, and income generation as critical to coping and recovery, particularly among host communities, returnees, youth, and urban populations. While internally displaced persons (IDPs) prioritise food and water, many communities emphasise unemployment, loss of productive assets, and limited market access as key drivers of vulnerability. Requested support includes cash-for-work, small business grants, vocational and technical training, and assistance to agriculture, livestock, fisheries, and local markets. Education is also raised as a concern, with communities reporting children out of school due to displacement, insecurity, and damaged infrastructure, and calling for school rehabilitation, learning materials, school feeding, and inclusive education.

Priority Districts

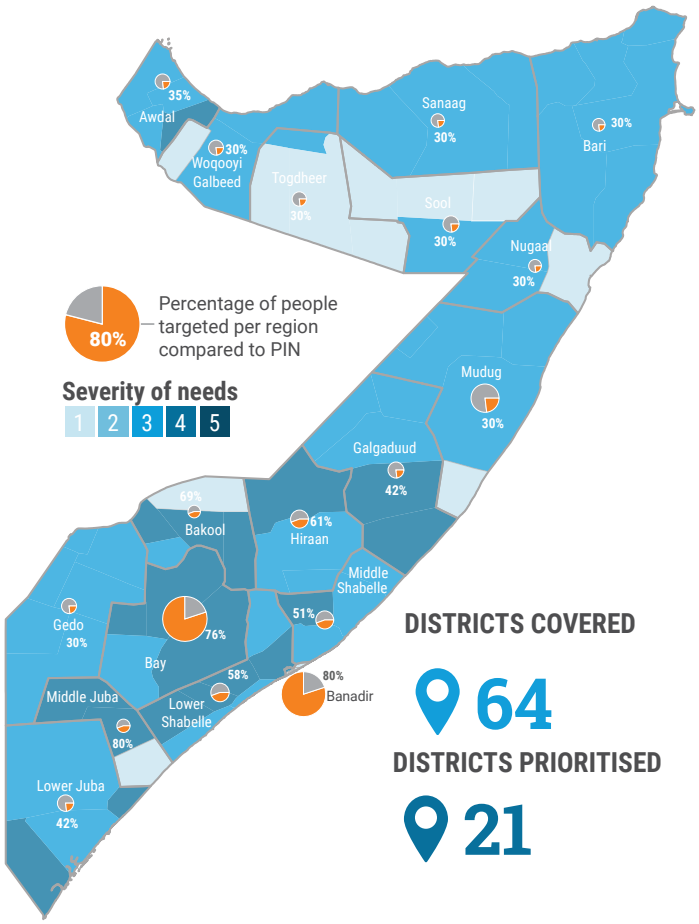
Priority District	People in Need (PiN)	People Targeted
Afgooye	96,100	76,900
Badhaadhe	8,900	7,100
Baki	15,800	12,700
Baydhaba	475,900	380,700
Belet Weyne	88,900	71,100
Bu'aale	19,100	15,300
Buur Hakaba	58,100	46,500
Ceel Buur	38,400	30,700
Ceel Dheer	28,800	23,000
Daynile	428,000	342,400
Jamaame	62,100	49,700
Jowhar	76,000	60,800
Kahda	337,500	270,000
Kurtunwaarey	26,100	20,900
Qansax Dheere	54,500	43,600
Qoryooley	55,800	44,600
Rab Dhuure	8,200	6,600
Saakow	18,900	15,100
Sablaale	14,000	11,200
Tayeeglow	41,700	33,300
Xudur	31,200	24,900
Grand Total	**2,000,000**	**1,600,000**

Communities further stress protection, inclusion, and accountability as essential enablers of an effective response. Women, girls, minorities, persons with disabilities, older persons, and internally displaced persons (IDPs) report heightened protection risks, exclusion from information and assistance, and frustration with unclear targeting and weak follow-up. Communities call for safer service delivery, transparent communication, fair selection processes, and reduced gatekeeper influence. Increasingly, communities also emphasise disaster preparedness and resilience, including early warning and early action, flood and drought mitigation, natural resource management, and climate-adaptive livelihoods, as necessary complements to humanitarian assistance in a context of recurrent shocks.

1.22 Severity of Needs

The Joint Intersectoral Analysis Framework (JIAF) 2.0 methodology was applied to review cluster-level and inter-cluster-level needs severity, ensuring alignment with global standards and consistency between sectors.

While no district is classified under intersectoral Severity 5, the number of Severity 4 districts has risen from 16 to 21, signaling deeper multi-sectoral deprivation despite an overall decline in People in Need (PiN) due to strict scope setting. Approximately 41 per cent of the total PiN – around two million people – now live in Severity 4 areas, an 11 per cent increase compared to 2025. This escalation is driven by drought-linked stress in northern districts such as Baki, Lughaye, and Zeylac. Protracted crises in central regions including Belet Weyne and Jowhar, and conflict hotspots in the south, notably Baydhaba, Qansax Dheere, Xudur, Jamaame, Bu'aale, and Saakow. Nine districts have remained at Severity 4 across consecutive years, underscoring entrenched vulnerabilities and persistent crisis conditions.



Strong convergence of Health, WASH, and Protection needs further investment as best addresses the complexity of response, while Education and Shelter exhibit more isolated severity patterns, reflecting distinct operational challenges. The south of the country is where the needs are more severe with 14 of the 21 districts in Severity 4, namely in Bay, Bakool, Lower Shabelle, and Juba regions. Baki and Zeylac districts have increased in severity in terms of health needs, while 15 districts show increased intersectoral severity levels from 2025 (Baki, Lughaye, Rab Dhuure, Bandarbeyla, Iskushuban, Qandala, Buur Hakaba, Ceel Buur, Ceel Dheer, Badhaadhe, Afgooye, Kurtunwaarey, Qoryooley, Burtinle, and Berbera), eight of which have now fallen into extreme deprivation levels, overburdening an already strained access to basic services, and livelihoods.

1.23 Community's own preferences and priorities

Recent consultations and analyses by GTS, Talk to Loop, and the Community Engagement and Accountability (CEA) Taskforce confirm that Somali communities consistently prioritise life-saving assistance—food assistance being the most urgent—followed by healthcare, shelter, water, and livelihoods support. Cash assistance remains the preferred modality, particularly for vulnerable groups such as women-, older persons-, and child-headed households, persons with disabilities, and internally displaced persons (IDPs). Communities also emphasise the need for long-term recovery measures, including vocational training, climate-smart agriculture, and small business support, despite barriers such as limited capital and skills. Across all data sources, inclusion of marginalised and vulnerable groups emerged as a top priority. Internally displaced persons (IDPs), minorities, women, youth, persons with disabilities, and older persons reported heightened vulnerabilities and frequent exclusion from assistance and information. Communities called for representation in decision-making at every stage of the response. Findings from the CEA Taskforce highlight strong demand for active participation: 85 per cent want to identify needs, 78 per cent to join planning, and 72 per cent to set selection criteria. Communities advocate for inclusive mechanisms that reduce gatekeeper dominance and ensure equal representation, stressing that engagement must be continuous and adaptive. OCHA-led consultations in Kahda, Jamame, Johwar, Baki, and Qansaxdheere confirmed alignment between GTS analysis and local priorities, emphasising fair targeting, accountability, and inclusion. These insights drove a major shift in 2025, elevating community engagement as a flagship initiative within the HNRP process. Supported by SHF-Somalia partners and strengthened through Area-Based Coordination structures, this approach reduced consultation fatigue, enhanced coherence, and increased community ownership—laying the foundation for a people-centered, inclusive, and accountable humanitarian response in Somalia, in line with 2025 Global HPC Guidance

1.24 Key Risks and Hazards

The needs and response analysis draws on a forward-looking assessment of risks and hazards, in addition to assessed needs. Through a joint analysis by humanitarian, resilience, and development practitioners, the following key risks and hazards were highlighted as having the potential to emerge or intensify in 2026. Each risk is evaluated using a structured approach that considers two key dimensions- likelihood and impact. These risks will be monitored on an ongoing basis to inform prioritisation.

Risk Index 2026

RISK	LIKELIHOOD SCORE		IMPACT SCORE		RISK SCORE 2025
	2025	2026	2025	2026	
Non-international Armed Conflict	5	5	5	5	25
Interclan Violence	5	5	5	5	25
Drought	4	5	5	5	25
Flood	3	4	4	5	20
Cholera/AWD	5	5	4	4	20

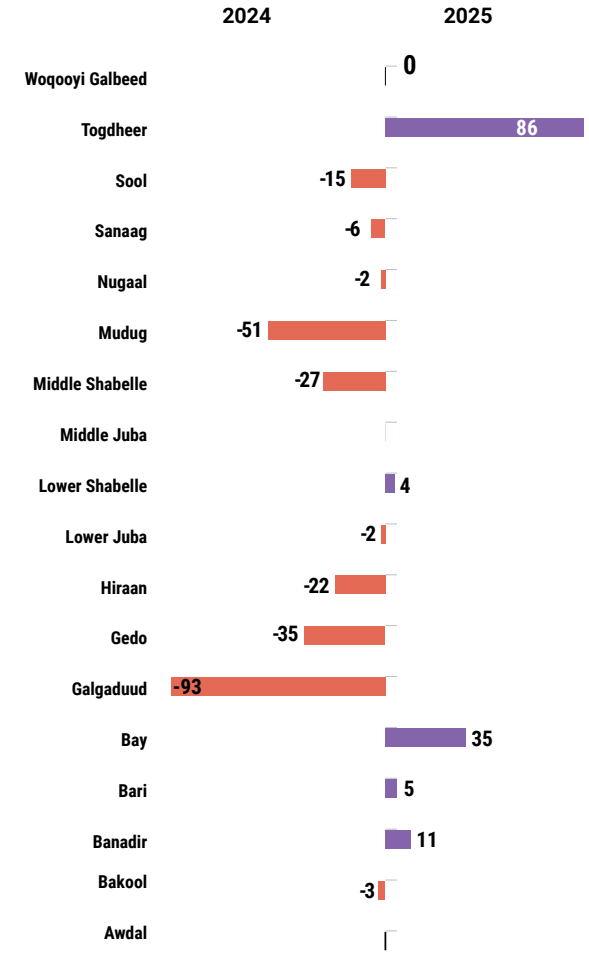
1. Drought (25 high)

A joint stakeholder risk analysis conducted in November identified drought as a major shock likely to worsen vulnerability across Somalia. The failure of the 2025 Deyr rains has already intensified drought impacts, and the upcoming Jilaal season (January–March 2026) is expected to be harsh and dry, reducing labour opportunities and increasing household vulnerability.[11] While there is a possibility of normal to above-normal Gu (Apr-June) rains in 2026, recovery will remain slow due to cumulative land degradation, livestock losses, and stressed water systems. Even if rainfall improves early in the year, prolonged drought effects will delay agricultural and pastoral recovery. Drought conditions are projected to worsen to severe levels in most parts of Somaliland, particularly the northern half of Awdal region and Berbera district in Woqooyi Galbeed. In south and central regions, conditions are likely to escalate to extreme levels, especially in most parts of Bay and Bakool and some areas of Gedo and Hiraan. By February 2026, the magnitude of the drought and its impacts will likely be widespread across Somalia. Any delay in the arrival of Gu rains could prolong these impacts beyond March 2026. Hagaa/Karan rains later in the year remain uncertain, though forecasts suggest a chance of normal performance in northern regions.

2. Conflict (25 high)

Somalia enters 2026 with several sensitive dynamics that, if not carefully managed, could heighten instability. Limited consensus on the constitutional review, federal–state relations, and electoral preparations may create space for political tension. The security transition and consolidation of newly recovered areas also remain critical, as gaps could be exploited by Non-State Armed Groups or contribute to localised insecurity. At the same time,

Trends in Inter-Clan Conflict Fatalities, 2024–2025



recurrent clan tensions, climatic shocks, and humanitarian pressures may strain communities.

The anticipated phased drawdown of the African Union Support and Stabilisation Mission (AUSSOM) forces in key areas such as Bay, Bakool, and Hirshabelle, coupled with UNSOS logistical cuts, threatens the security and supply chain backbone for humanitarian operations.

Meanwhile, NSAGs' dynamics remain volatile, with potential escalation from asymmetrical warfare to large-scale strategic attacks, particularly during the national elections in 2026. These developments could severely disrupt humanitarian access and service delivery. The worsening drought will intensify competition over scarce water and grazing resources, fueling intercommunal conflict and driving rural-to-urban migration. Displacement pressures will strain urban infrastructure and increase tensions, while access constraints caused by insecurity and restricted supply routes will significantly limit humanitarian movement and delivery of life-saving assistance. Reduced aid in south-central Somalia could exacerbate food insecurity, increase recruitment into Al-Shabaab, and heighten risks of aid diversion in resource-scarce areas. These combined factors will deepen vulnerabilities and amplify humanitarian gaps across Somalia.

3. Floods (20 high)

Although Gu rainfall forecasts are very uncertain, current projections indicate that Gu 2026 rains (March - May) are likely to be normal to above-normal, which could lead to riverine and flash floods.[12] Although river levels will be critically low by

the start of the Gu season due to failed Deyr rains, above normal rains particularly in its upper catchments may lead to riverine flooding. Moreover human-induced river breakages because of preceding drought will further intensify riverine flood risks increasing vulnerability for riverine communities and causing severe damage to infrastructure and agriculture. Short-lived intense rain may lead to flash floods in vulnerable human settlements potentially causing displacement and humanitarian crises. Both riverine and flash flooding risks will escalate in the last quarter of 2026, particularly during the Deyr rains, when above-normal cumulative rainfall and soil saturation increase vulnerability.

4. Disease outbreak, Cholera/AWD (20 high)

Somalia's ongoing drought is heightening the risk of widespread disease outbreaks, particularly cholera and measles, which are expected to spread into new areas. Severe water shortages, soaring water prices, and inadequate sanitation are driving morbidity rates, especially in rural communities lacking health services and overcrowded internally displaced persons (IDP) sites.

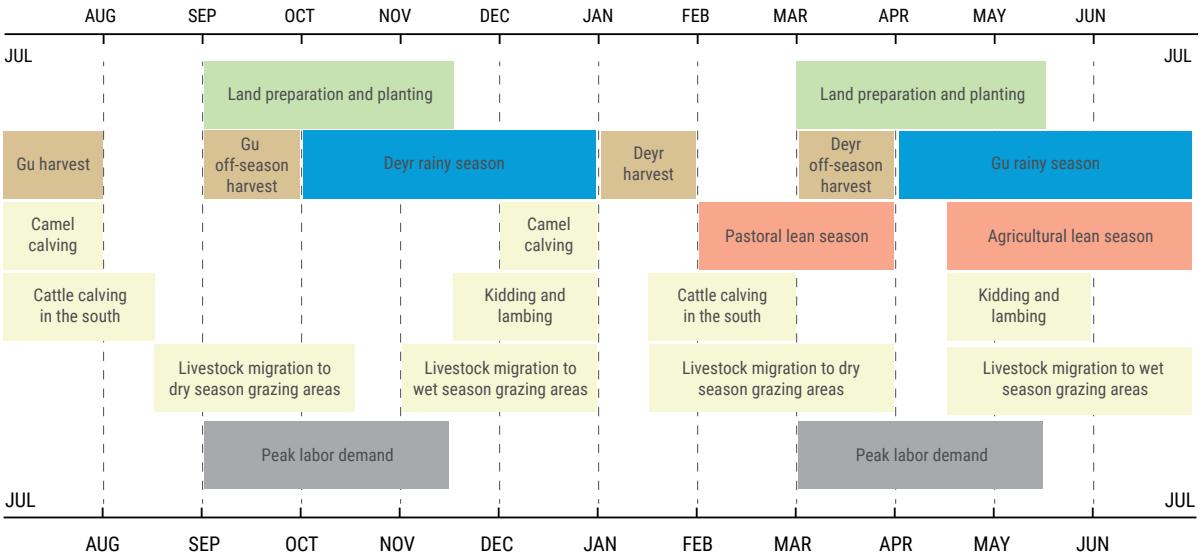
Water scarcity and fragile healthcare infrastructure are compounding these risks, increasing vulnerability to waterborne diseases and placing immense strain on an already overstretched health system. Cholera cases are projected to double due to water scarcity and reduced immunity, with peak transmission expected between April and June in riverine districts and Garowe. While vaccination campaigns in high-burden districts may reduce cases by up to 50 per cent in 2026, zero-dose children from inaccessible areas remain most at risk. Measles outbreaks are likely to intensify due to low vaccination coverage – especially among children under 5. While malaria remains a concern in Somaliland, parts of Puntland, and riverine areas though case load may reduce by 40 per cent in 2026 due to ongoing interventions. Children under 5 and pregnant women remain most at risk. Multiple risk factors – including high malnutrition among children under 5, disrupted health services, low vaccination coverage, and rapid population movement – are amplifying disease vulnerability. Poor WASH conditions in internally displaced persons (IDP) camps, limited disease surveillance, and an understaffed health workforce further hinder timely response. These conditions will likely lead to chronic outbreaks of cholera, measles, and malaria, disproportionately affecting children under five, children with developmental delays/disabilities and pregnant women, and driving up mortality rates among Somalia's most vulnerable populations.

Actions Needed

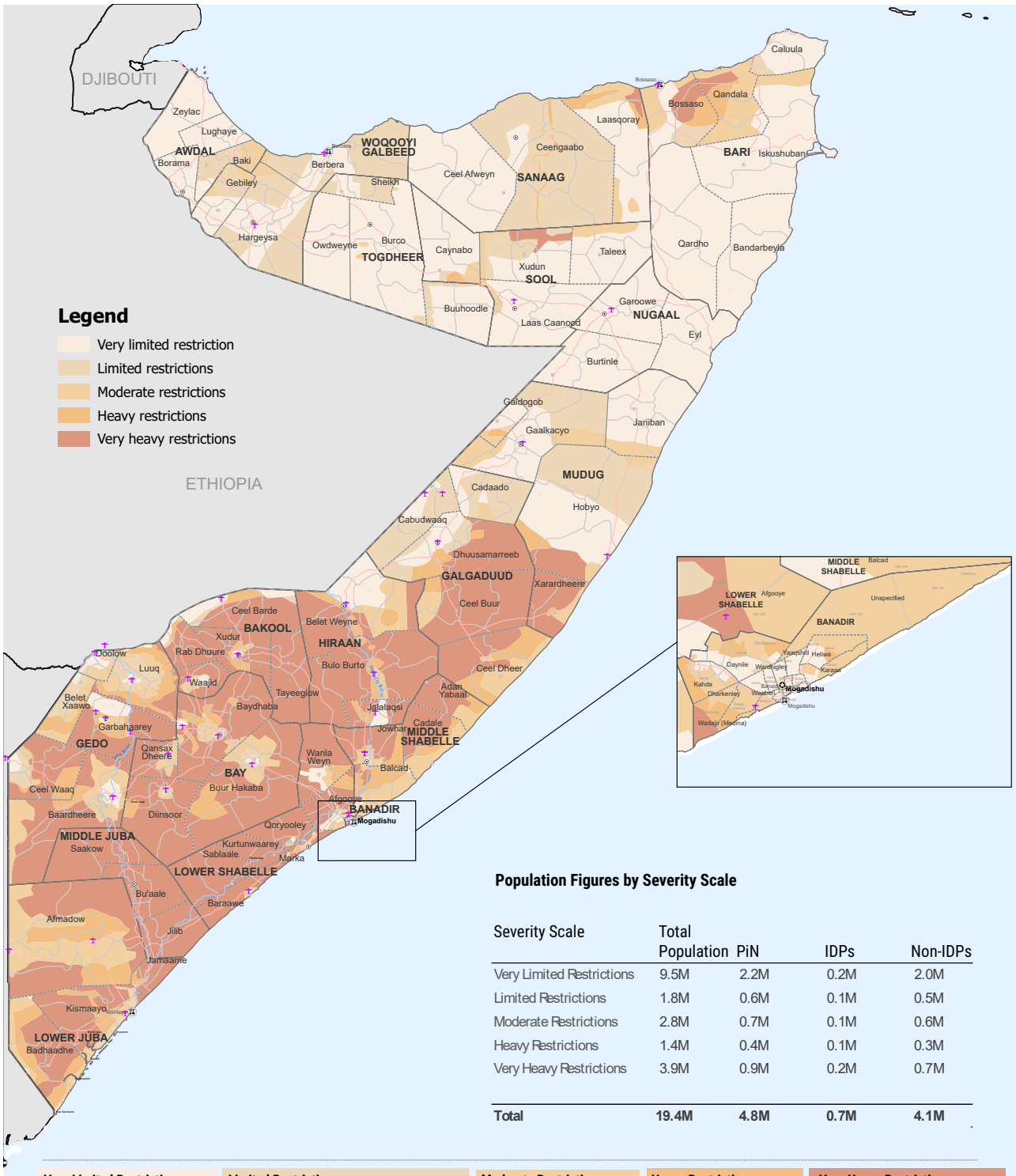
There is an extremely narrow window of opportunity to act before drought conditions become widespread by February 2026. Without swift and coordinated intervention, Somalia will face a dire humanitarian emergency, with escalating food insecurity, malnutrition, conflict, disease outbreak and displacement. In addition to the life-saving response outlined in the HNRP, drought response requires a broader coordinated effort by resilience and development actors. Recommended action for humanitarians, resilience and development actors include:

- Anticipatory Action, readiness and preparedness: Scale-up of anticipatory and early action measures to mitigate the impact of the failed Deyr season.
- Urgent food assistance and emergency livelihood support to avert the collapse of local economies and prevent widespread hunger. Livelihood and Food Assistance: Expand emergency food distributions and cash transfers to prevent hunger and stabilise communities.
- Strengthening health and nutrition services, including reopening closed facilities and expanding treatment for acute malnutrition.
- Cross-border humanitarian coordination to manage migration flows and prevent resource-based conflicts, disease outbreak, etc.
- Investment in climate resilience and water infrastructure to address long-term vulnerabilities, given projected temperature increases of 1.5°C to 2.3°C by 2050 and worsening drought conditions.
- Humanitarian Access and Security: Coordinate with security actors to maintain safe corridors and mitigate risks from AS activity and election-related instability. Make a deliberate effort to provide assistance in hard-to-reach areas, as part of the HCT-guided principled humanitarian response.
- Cross-Sector Coordination: Link humanitarian planning with stabilisation efforts and advocate for sustained funding to prevent pipeline breaks.

Somalia: Annual Rainfall and Agricultural Cycles



Somalia Humanitarian Access Severity Map



Population Figures by Severity Scale

Severity Scale	Total Population	PiN	IDPs	Non-IDPs
Very Limited Restrictions	9.5M	2.2M	0.2M	2.0M
Limited Restrictions	1.8M	0.6M	0.1M	0.5M
Moderate Restrictions	2.8M	0.7M	0.1M	0.6M
Heavy Restrictions	1.4M	0.4M	0.1M	0.3M
Very Heavy Restrictions	3.9M	0.9M	0.2M	0.7M
Total	**19.4M**	**4.8M**	**0.7M**	**4.1M**

Very Limited Restrictions
Humanitarian organizations can operate with relative ease and minimal restrictions. Security risks are low, and there are no significant physical or administrative barriers

Limited Restrictions
Humanitarian organizations may encounter some manageable challenges. While there may be specific security concerns, physical or administrative barriers, or occasional limitations in cooperation from local authorities, it is still feasible for organizations to operate with careful planningand appropriate precautions

Moderate Restrictions
There are some challenges, but it is still possible for humanitarian organizations to operate with appropriate precautions.There might be moderate security risks or physical or administrative barriers.

Heavy Restrictions
Existence of significant challenges to humanitarian access.There may be high security risks, significant physical or administrative barriers, or limited cooperation from local authorities.

Very Heavy Restrictions
These areas are effectively off-limits to humanitarian organizations due to extreme security risks, complete lack of infrastructure, or complete lack of cooperation from local authorities, including the presence of non-state armed groups.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Creation date: 02 Dec 2025 **Source:** Humanitarian partners **Feedback:** www.unocha.org www.humanitarianresponse.info www.response.reliefweb.int/Somalia

Part 2: Humanitarian Response

2.1 Planning assumptions

Humanitarian needs in Somalia are expected to worsen in 2026 due to prolonged drought, inter-clan tensions, and ongoing military operations against non-state armed groups. These factors will severely impact food security, health, and nutrition systems, increasing vulnerabilities and mortality risks. Populations in IPC Phase 3+ are projected to exceed 4 million, with FEWS NET forecasting further deterioration through mid-2026. Malnutrition among children under 5 will rise as underfunded health and nutrition services face critical gaps, potentially denying millions of essential services, including outpatient visits, vaccinations, antenatal care, and treatment for nearly one million malnourished children. Despite forecasts of normal to above-normal Gu rains, recovery will remain slow due to cumulative drought impacts, land degradation, and stressed water systems. Displacement is expected to surge, driven by drought, conflict, and resource competition, while protection risks—including GBV, child recruitment, and land disputes—will intensify. Urban areas will face mounting pressure from influxes, and rural communities risk livelihood collapse. Health infrastructure will remain overstretched, limiting outbreak response capacity. Children under 5 and pregnant women remain the most vulnerable. Due to funding reduction, further reduction in food, health, and WASH assistance are expected—intensifying vulnerabilities unless offset by new resources.[13] The closure of the UN Transitional Assistance Mission in Somalia (UNTMIS), the drawdown of AUSSOM, and logistical reductions by the UN Support Office in Somalia (UNSOS) threaten to diminish humanitarian access and weaken security guarantees. These developments, coupled with unpredictable actions by non-state armed groups and potential election-related violence, further heighten insecurity and complicate aid delivery. Mobile and remote delivery models are becoming increasingly critical.

2.2 Strategic Objective

The 2026 HNRP will be guided by a single Strategic Objective which prioritises the delivery of life-saving assistance while integrating protection and cross-cutting issues throughout the response. This deviation from previous plans is structured around three strategic objectives covering a broader range of life-sustaining activities and a dedicated objective on protection. This is reflective of the hyper prioritisation that is necessitated by the exceptionally constrained funding outlook. All activities have been aligned to the life-saving criteria, ensuring that critical supportive interventions previously classifed under SO2 and SO3 are incorporated.

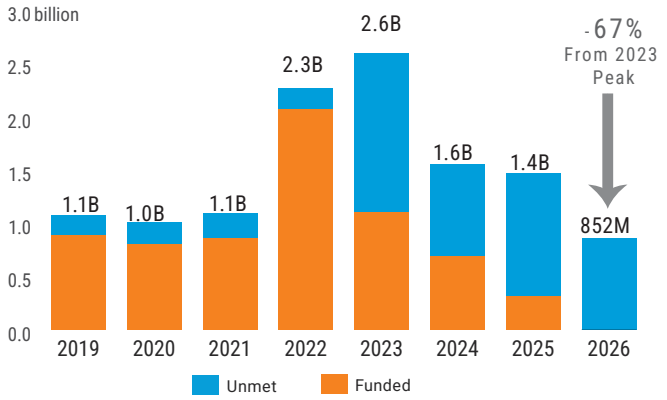
Strategic Objective Saving Lives & Alleviating Suffering: Reduce crisis-related morbidity and mortality through principled, rapid, quality, inclusive, safe, dignified and accountable life-saving assistance, in line with international law and standards.

2.3 People Targeted and people prioritised

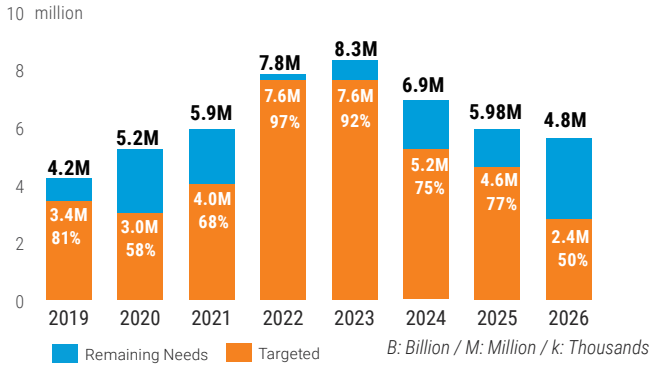
2.31 People Targeted

In 2026, 2.4 million people will be targeted for humanitarian assistance, which is a 47 per cent decrease from 4.5 million people in 2025. The proportion of people targeted in comparison to those in need is the lowest in several years. Strict boundary-setting parameters were applied only to target those with the most severe needs. Accordingly, financial requirement decreased by 40 per cent from 2025, from US$1.42 billion to $852 million. The 2026 funding outlook necessitated a realistic target setting to provide lifesaving assistance to people in need.

Evolution of Humanitarian Funding Needs
2019-2026



Evolution of Humanitarian Needs
2019-2026

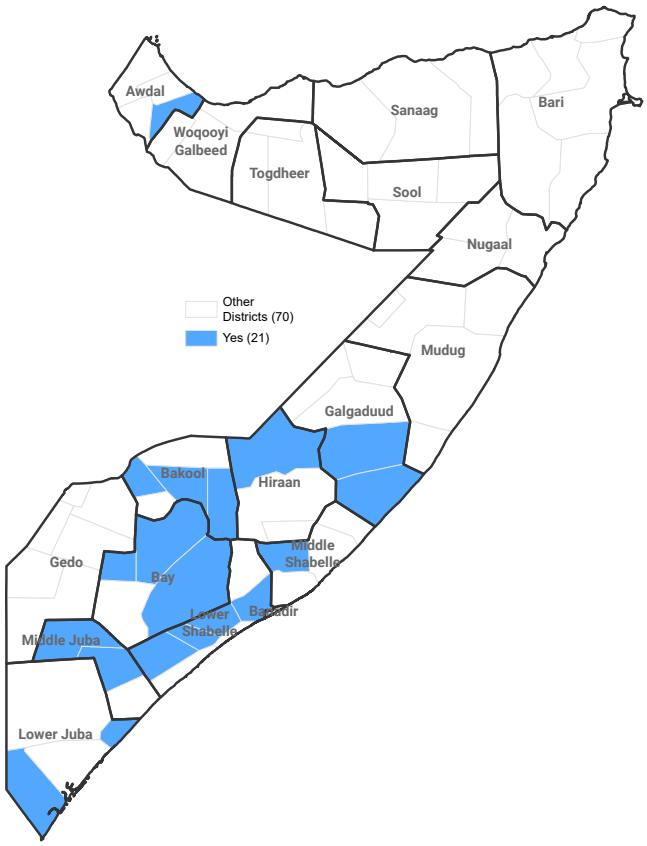


2.32 People Prioritised

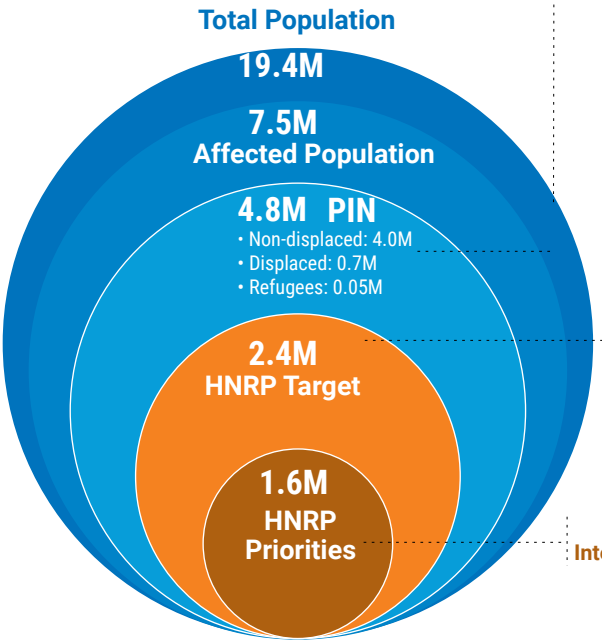
2.321 Intersectoral prioritisation 2026

In 2026, the humanitarian response will prioritise a more integrated, life-saving approach aimed at reaching 1.6 million people facing extreme intersectoral Severity 4 conditions across 21 prioritised districts. The 21 districts prioritised in 2026 include 12 of the 31 districts also prioritised for the last quarter of 2025 (Afgooye, Baki, Baydhaba, Belet Weyne, Buur Hakaba, Ceel Buur, Daynile, Jowhar, Kahda and Qansax Dheere, Tayeeglow, and Xudur) for the multisectoral Integrated Response. To enable the response and to effectively address current response gaps, localised access strategies, supported by the Access Working Group (AWG), will be pivotal. Humanitarian access is a key driver for response gaps, with 17 of the 21 priority districts (Ceel Buur, Belet Weyne, Jowhar, Badhaadhe, Jamaame, Bu'aale, Saakow, Rab Dhuure, Tayeeglow, Xudur, Baydhaba, Buur Hakaba, Qansax Dheere, Afgooye, Kurtunwaarey, Qoryooley, Sablaale) having severe or very severe access constraints, particularly in rural areas outside of humanitarian hubs. Prioritisation will remain flexible and data-driven, with quarterly reviews informed by multi-sectoral assessments including IPC. Future adjustments to priority districts will be based on updated impact data, severity analysis, resource availability, and partner capacity. While prioritisation will continue to be informed by severity of needs, ABCs play a central role in nuancing priorities within the district to ensure assistance reaches the most vulnerable.

Map of HNRP Priority Districts for 2026 (Q1)



HNRP: Needs and Response Overview



PIN

4.8M
- Severity 4: 2.0M
- Severity 3: 2.8M

Cluster level
- PIN estimates are JIAF 2.0–based.
- Needs are defined in line with global JIAF guidelines and standard definitions.
- Cluster PIN reflects sector-specific severity and population exposure.

Inter-sector level
- District-level PIN is calculated using sectoral PIN concentration, avoiding distortion from single-sector outliers..
- Clusters driving overall PIN at district level: Health; WASH; Food security; Shelter & CCCM; Overarching Protection; Nutrition

Targeting

2.4M
(50% of PIN)
- Severity 4: 65%
- Severity 3: 35%

Cluster level
- HCT directs Clusters to focus at least 80% of targets in inter-sectoral severity 4 and 5 areas and 30% of targets in inter-sectoral severity 3
- At district level, ABCs with technical support from ICCG, SHCGs, and OC will design integrated response modalities aligned with community preferences

Inter-sector level
- Targeting is implemented through an integrated, multi-sectoral response model.
- Assistance is sequenced and coordinated across clusters to maximise life-saving impact and reduce duplication

Inter-sectoral Prioritisation

1.6M
(65% of Target)
- 21 of 64 districts
- Time-bound prioritisation January -March 2026, then reviewed

Inter-sector level

Geographic prioritisation focuses on districts classified as inter-sectoral Severity 4.
- Priority districts are not fixed and will be reviewed as crisis conditions evolve, including drought, conflict, or disease shocks.

Success is measured by:
- Coverage of the most severe needs, not overall reach.
- Depth and coherence of integrated assistance at community level.
- Ability to adapt targeting as risks shift.

2.4 Somalia HCT Common Policy Paper on Registration, Targeting, Data Sharing, and Referral

In October 2025, the Somalia HCT endorsed a revised Common Policy Paper structured around four pillars: registration, targeting, data sharing, and referral mechanisms.

This policy establishes a harmonised framework to standardise processes, improve efficiency, and reduce duplication while safeguarding beneficiary data. It promotes vulnerability-based targeting to ensure assistance reaches those most at risk, including marginalised groups. Key features include a Single Registration Form (SRF), biometric registration for cash and camp management programs, and strengthened data interoperability based on the 2024 Information Sharing Protocol. Harmonised referral mechanisms will enable individuals to access multiple services without repeated assessments, reducing delays and improving coordination. The policy aims to ensure that the system-wide humanitarian response in Somalia is integrated and people-centered. Information shared by affected populations with humanitarian actors must trigger system-wide accountability and prompt the provision of complementary services. Beneficiary data will be managed on behalf of affected people, in-line with their needs and rights, to enable complementarity of services for accountable and effective system-wide response. Common humanitarian data and information management will strengthen coordination and empower leadership.All partners are required to strictly adhere to this policy, which will be operational at national and sub-national levels, with HCT overseeing and regularly monitoring its implementation.

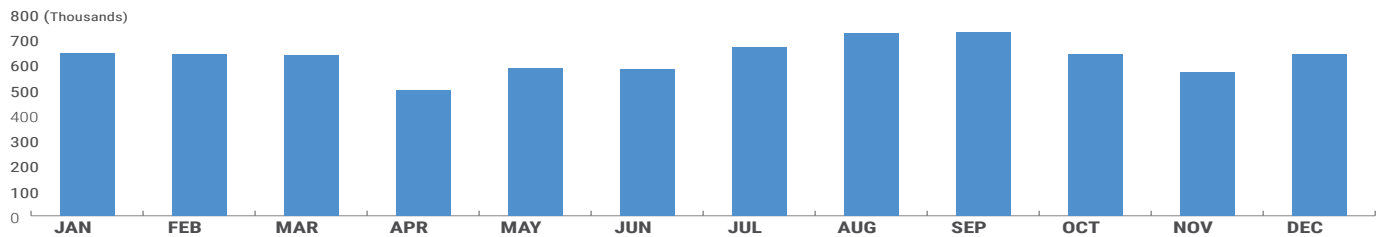
Through regular surveys, compliance progress will be tracked. Some of the key milestones in 2026 include full rollout, familiarisation, and compliance with the use of SRF; continued adherence to vulnerability-based targeting; rollout of the de-duplication and referral platform, including linkage to the unified Common Feedback Mechanism (CFM). Grassroots level compliance will be monitored through the ABCs. HCT Policy paper.

2.5 Multi-Sectoral Integrated Response

In 2026, the humanitarian response will transition from an individual, cluster-driven approach to an integrated, multi-sectoral model bringing together life-saving interventions. This approach seeks to improve efficiency, reduce fragmentation, and deliver lifesaving, people centered assistance, with protection embedded across all interventions. The overall response will target 2.4 million people across 64 districts, with 1.6 million people prioritised in 21 districts facing high intersectoral severity (Severity 4). As guided by the HCT, the 2026 HNRP places strong emphasis on localisation and community-driven approaches. At national level, the ICCG will provide strategic alignment, technical guidance, and coherence across clusters to support an integrated response. At area level, ABCs, supported by SHCGs and by the OC will lead the definition and implementation of integrated response modalities, including design, duration, and delivery mechanisms. These will be informed by structured community consultations and aligned with the HCT localisation agenda. Programming will adhere to the HCT Common Policy on Registration, Targeting, Data Sharing and Referrals, including the use of a Single Registration Form (SRF) to support de-duplication and cross sectoral referrals. Multi-Purpose Cash Assistance (MPCA) will serve as a first-line response, deliberately sequenced with sectoral interventions to enhance complementarity and minimise duplication. The integrated response will be underpinned by interconnected actions: (i) joint assessment and analysis to identify priority needs, geographic areas, and vulnerable populations; (ii) integrated response planning to define shared objectives, sequencing, and roles across partners; (iii) joint resource mobilisation and collective advocacy to secure flexible and timely funding; and (iv) coordinated implementation with joint monitoring and evaluation to track progress, adapt strategies and strengthen accountability.

Through ABCs, partners will support decentralised delivery of assistance closer to affected communities, address access constraints in hard-to-reach areas, coordinate with access and logistics mechanisms, and promote civil-military coordination to mitigate operational risks and reduce response gaps. Beyond sustained interventions in the 21 priority districts, sudden-onset emergencies such as large-scale displacement, flooding, conflict, or disease outbreaks will trigger integrated, shock-based responses in displacement, flooding, conflict, or disease outbreaks will trigger integrated, shock-based responses in the remaining 43 districts within the HNRP scope – operational triggering thresholds to be defined. In these 43 districts, the type and scale of assistance will still be informed by community consultations, while primarily shock-driven, triggered by crisis specific conditions and compounding risks. Time-bound, emergency response modalities will be rolled in 2026 to enable the timely delivery of life-saving assistance in non-priority areas facing threshold surpassing shocks. Overall coordination of the response will be led by the ABCs (if active in shock-affected districts) and State-level Humanitarian Coordination

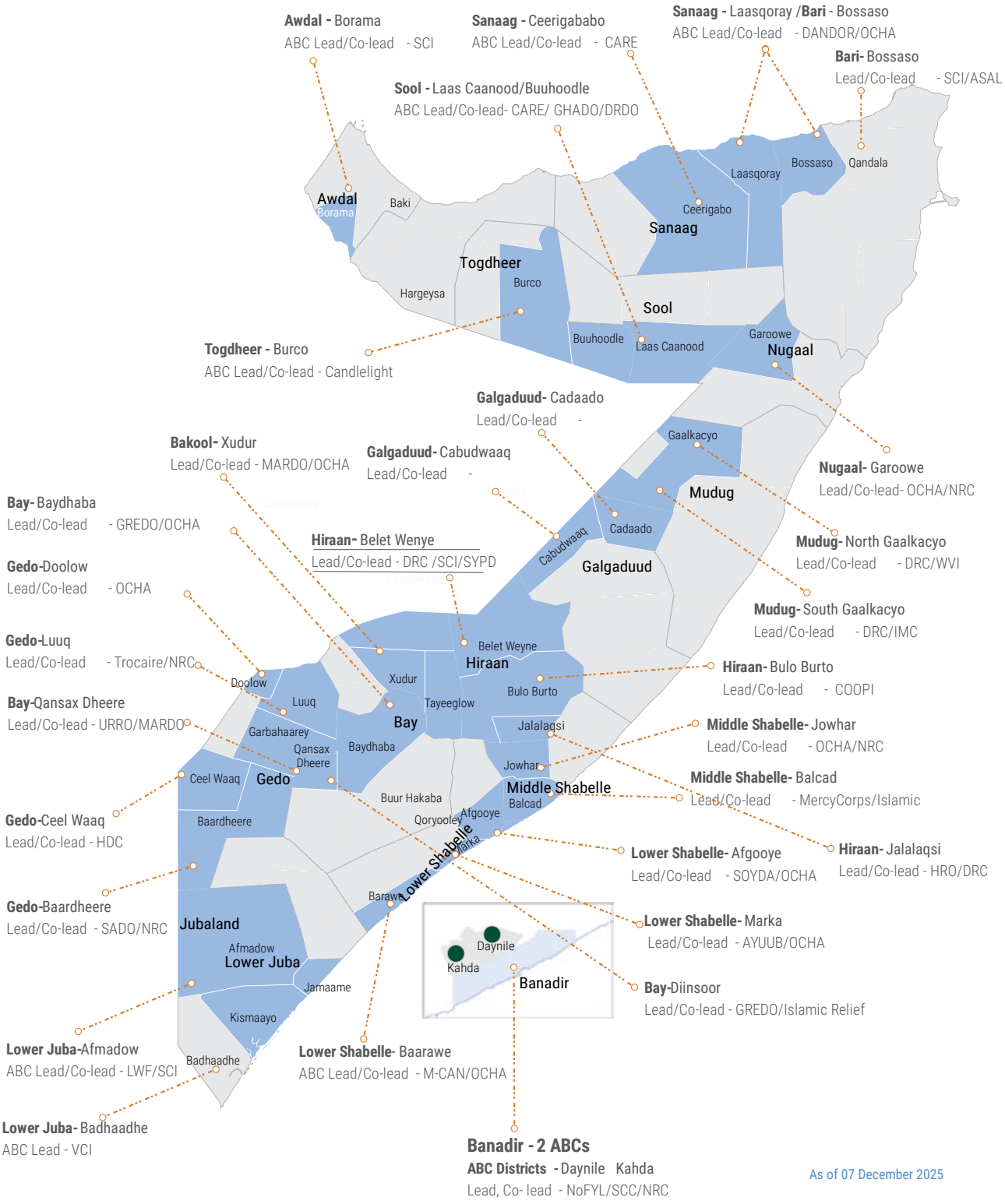
Intercluster Monthly response reach in 2025



Groups (SHCGs) with support from the OC, under the direction of the HCT - in close collaboration with the Federal Government of Somalia, through SoDMA at the national level and MoHADMs at the state level.

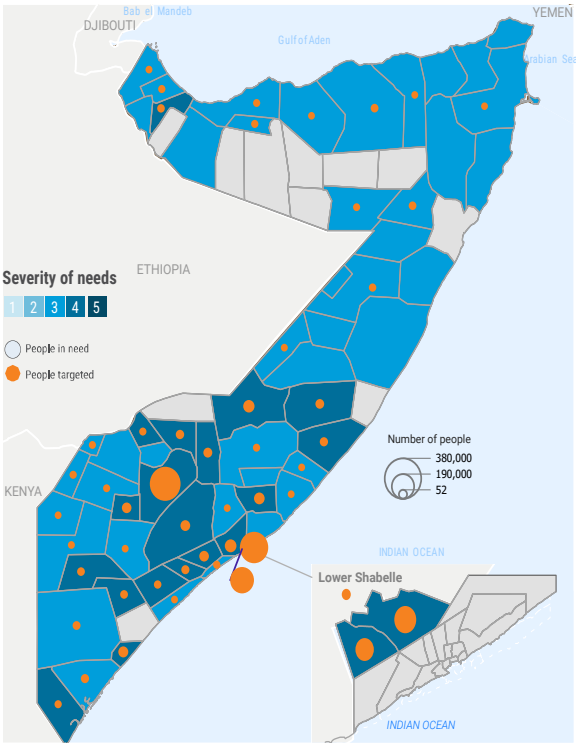
Under the HCT's R2T2, common systems and enablers will be rationalised. The various initiatives to unify the CFM, balance the security approach, harmonise market monitoring and registration will contribute to the overall response efficiency including response integration. Moreover, common enablers will continue to be rationalised and prioritised to ensure that more cost-effective, agile and nimble enablers are adopted. Outcome monitoring likewise shifts towards intersectoral coverage and gap analysis. Integrated 3W/5W systems, ActivityInfo, unified market monitoring, and joint post-distribution monitoring allow partners to assess whether households receive a coherent package of assistance rather than isolated services.

Map of active ABCs & their current leadership as of December 2025



2.6 MPCA and CVA

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
4.8M	1.7M	US$97M	82	64



Context

Cash and Voucher Assistance (CVA) is central to Somalia's humanitarian architecture, offering dignified, flexible, and timely support to shock-affected population in need of humanitarian assistance. The Somalia MPCA Guidance Note, aligned with global best practices and the Humanitarian Reset Paper 2[14], positions Multipurpose Cash Assistance (MPCA) as a first-line response mechanism to meet urgent basic needs and bridge recovery.

Cash and Voucher Assistance Overview

CVA in Somalia will combine restricted vouchers and multipurpose cash transfers, tailored to context-specific market functionality and access. In 2026, CVA aims to reach 3,746,502 indivituals with a projected financial requirement of US$365,487,728$ implemented by 82 operational partners across all regions. Priority will be given to areas with high intersectoral severity (levels 3 and 4), where markets and financial services are accessible. CVA will be layered with sector-specific interventions for a coherent response.

Multipurpose Cash Assistance (MPCA)

MPCA is the preferred modality of response providing unconditional, inclusive and unrestricted cash transfers to help households meet urgent multisectoral and essential needs.

Serving as the first responder in sudden-onset emergencies and a gap-filler where sectoral support is insufficient, MPCA targets 1.7 million people (approximately 216,667 households) with a financial requirement of US$97 million. Each household will receive US$115 per round for up to three rounds, depending on the response phase—emergency or early recovery. Targeting is vulnerability-based and aligned with the HCT Common Policy for registration, data sharing, targeting, and referral. A decision framework will be developed to guide how households will be assisted with MPCA or sectoral CVA, ensuring clear sequencing and avoiding duplication. By prioritising MPCA where feasible and using sectoral cash only to cover remaining gaps, the framework will support a more coordinated, efficient, and needs driven response.

MPCA ensures shock-responsive assistance and facilitates transition to sectoral assistance or longer-term social safety nets as needed. This will be ensured through regular information-sharing and coordination meetings between the social protection working group and the cash working group to provide an overview of plans and assistance provided under the coordination of both groups. Similarly, MPCA complements Somalia's Baxnaano programme, serving as a short-term, shock-responsive bridge for households not covered by national systems. Coordination with the Ministry of Labour and Social Affairs ensures referrals to longer-term social protection programmes where appropriate, supporting a continuum from emergency to resilience.

Key Contributions

MPCA contributes to the HNRP strategic objectives by:

- Providing immediate lifesaving assistance to meet essential needs.
- Reducing protection risks by empowering affected populations with purchasing decisions, thereby enhancing their dignity.
- Supporting local markets and economies.
- Bridging humanitarian and development efforts by linking MPCA recipients to government-led social protection programmes.

Complementarity and Deduplication

To ensure efficiency and avoid duplication, MPCA is strategically layered and sequenced with other sectoral responses, particularly the FSC.

Planning Level:

- MPCA targeting is aligned with inter-cluster severity maps and the JIAF.
- HCT endorsed ICCG recommendation to adopting MPCA at scale across all 64 shock-affected districts, deduplicating with sectoral cash to enhance complementarity and minimise duplication
- De-duplication with FSC is conducted during response planning using the 5Ws matrix and planned response data.

Operational Level:

- A Unified Single Household Registration System is used across partners to ensure unique beneficiary identification.
- Referral mechanisms are activated to channel households from MPCA to sector-specific services (e.g., nutrition, WASH, health) and vice versa.
- Joint monitoring between the Cash Working Group (CWG) and clusters ensures real-time deduplication and adaptive management.
- MPCA phases out after three rounds as households transition to sector services or social safety nets.

Conclusion

The 2026 CVA response, anchored by MPCA, offers a principled, efficient, and integrated approach to meeting multisectoral essential humanitarian needs. Through strong coordination, deduplication, and alignment with government systems, MPCA will not only save lives but also strengthen household resilience and support Somalia's journey toward sustainable recovery.

2.7 Leaving No One Behind: vulnerable caseload left out of humanitarian response plan actors

The HNRP focused solely on urgent, life-saving interventions. Coverage is narrowed to 64 priority districts out of 90, targeting 2.4 million people from an estimated 4.57 million in need. While this ensures support for those at highest risk, it leaves 26 districts without humanitarian assistance, despite chronic vulnerabilities. Within prioritised areas, only 80 per cent of severity level 4 and 30 per cent of severity level 3 districts will be targeted, leaving 400,000 extremely vulnerable individuals without full coverage. Non lifesaving activities including livelihoods, education, shelter, and resilience—are deprioritised, leaving structural needs unmet. Funding cuts in 2025 severely worsened humanitarian needs as major donors suspended development services, disrupting health, education, and WASH sectors. This led to reduced health facility capacity, halted school feeding programs, and heightened disease outbreak risks, particularly in displacement areas. The consequences are alarming: food insecurity is projected to deteriorate, with households likely shifting from IPC Phase 3 (Crisis) to IPC Phase 4 (Emergency). Malnutrition rates will rise, increasing mortality and morbidity among children under five and pregnant or lactating women. Protection risks will escalate as families resort to harmful coping mechanisms such as child recruitment, child labour, and early marriage. Persistent gaps in health and WASH services further amplify the risk of preventable deaths and disease outbreaks, underscoring the urgent need for coordinated contingency measures and flexible financing to prevent systemic collapse.

A Nexus-driven approach is essential, anchored in joint planning, shared analysis, and strengthened local systems. Expanding development, resilience, and climate financing are critical to reduce aid dependency and address structural vulnerabilities. Chronic and recurrent needs require targeted investments for long-term resilience. Humanitarian actors need to collaborate with resilience and development partners and authorities to ensure complementary action, including mapping services in non-targeted areas, establishing referral pathways, and contingency planning (e.g., Health and Nutrition National Contingency Plan).

Risk monitoring, anticipatory triggers, and quarterly prioritisation reviews will directly link humanitarian adjustments with resilience and development contingency planning, creating a continuous feedback loop from early warning to sustained recovery. At district level, ABCs will convene humanitarian, resilience, climate adaptation, and durable solutions actors to align investments, map service gaps in non-HNRP areas, and agree clear referral and transition pathways for households. These district footprints will serve as the primary unit for joint decision-making, ensuring that sequencing and handover are planned from the outset rather than treated as ad hoc arrangements.

Through ABCs, partners will systematically conduct joint mapping of risks, services, and investment gaps and agree the sequencing of interventions so emergency inputs are designed to transition into longer-term solutions. MPCA will continue to function as a shock-responsive bridge to national social protection systems, particularly Baxnaano, with explicit triggers and handover criteria embedded in joint workplans. Health, nutrition, and WASH contingency planning will be aligned with government-led preparedness and climate risk management frameworks to ensure that immediate service delivery strengthens, rather than duplicates, existing systems.

Joint climate-risk and vulnerability analysis will underpin prioritisation, anticipatory action, and contingency planning so that drought, flood, and disease risks shape both humanitarian and resilience investments. These shared analyses will feed district-level prioritisation reviews and inform common monitoring indicators, enabling partners to adapt programming in real time and to track progress against both life-saving and resilience outcomes.

Humanitarian impact will remain limited without stronger, complementary investment from development, climate and resilience partners. The HNRP therefore calls for scaled-up development financing for water infrastructure, primary health care, education, urban services, and climate-smart livelihoods in both priority and non-HNRP districts. It also calls for expansion of adaptive social protection, increased climate adaptation and mitigation financing, and stronger government service delivery in displacement-affected urban centres and drought-prone rural areas.
2026 Advocacy Priorities:

- Unified messaging: Align communication through the Humanitarian Communication Group and government counterparts.
- Referral pathways: Expand mechanisms for populations outside HNRP scope.
- Contingency measures: Implement health, nutrition and food security plans and accelerate multi-sector contingency planning.
- Unified messaging: Align communication through the Humanitarian Communication Group and government counterparts.
- Referral pathways: Expand mechanisms for populations outside HNRP scope.
- Contingency measures: Implement health, nutrition and food security plans and accelerate multi-sector contingency planning.
- Flexible financing: Secure funding for rapid scale-up of essential services.
- Strengthened coordination: Share data on needs and gaps for joint planning.
- Community engagement: Communicate funding realities, prioritisation decisions, and referral options to maintain trust

2.8 Monitoring

Regular monitoring of the evolving humanitarian situation will be undertaken as part of a comprehensive monitoring strategy. This will include systematic tracking of emerging shocks and hazards, their short- and long-term impacts on affected populations, partners' response capacity, the status and sufficiency of operational pipelines, and progress against agreed response indicators and targets. To strengthen this effort, the IMWG will adopt ActivityInfo in 2026, a management information system designed to enhance humanitarian monitoring, improve data quality, and increase overall efficiency and productivity. This approach will support more timely, accurate, and coordinated analysis to inform response planning and ensure interventions remain responsive to evolving needs.

2.81 Situation and Needs

Situation and needs monitoring will be conducted throughout the year to assess the evolving needs of affected populations. This will include tracking key indicators such as changes in food insecurity and malnutrition through the IPC, monitoring population vulnerabilities through the MSNA and cluster-specific in-depth assessments, and assessing humanitarian access through the Access Working Group. In addition, surveys and assessments conducted by specialised organisations, including academic institutions, will contribute to understanding emerging humanitarian needs. Displacement flows and key trends will be monitored through the displacement tracking systems managed by the CCCM Cluster. Any significant contextual changes will trigger more detailed rapid needs assessments and operational response adjustments. With support by OCHA and the Assessment and Analysis Working Group (AAWG), ABCs will trigger and coordinate rapid assessments.

2.82 Risks

Risk monitoring will be fully integrated into the needs and response monitoring framework in 2026, drawing on pre-identified sources such as FSNAU and SWALIM. Historical data will be used regularly to identify flash-flood-prone areas, while riverine data will help identify flood-risk zones along major rivers. In situations where observation-based triggers are unavailable, the ICCG will work with OCHA's Centre for Humanitarian Data to develop context-sensitive triggers that support vulnerability-inclusive anticipatory planning.

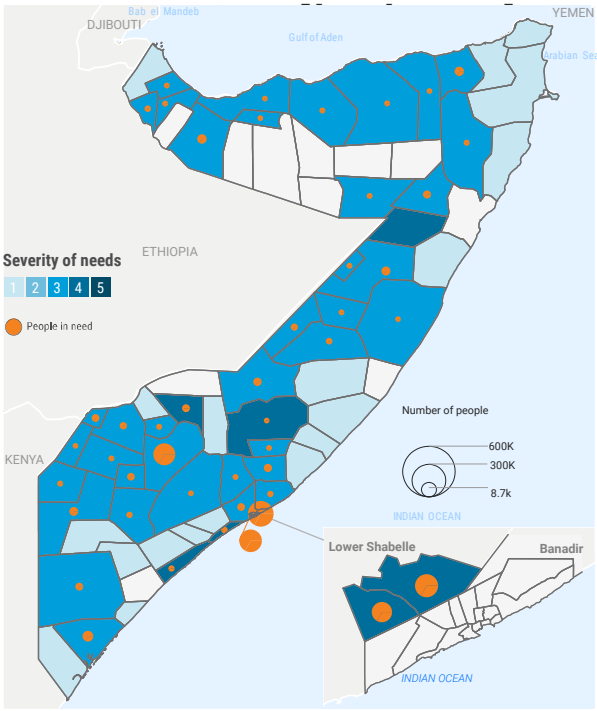
2.83 Response progress and results

OCHA, through the Information Management Working Group (IMWG), consolidates monthly cluster response monitoring at the output level. This informs the rolling intersectoral reach and gap analysis used for operational coordination at the ABC level and for strategic analysis by the HCT. The resulting gap analysis supports response adjustments by clusters and facilitates evidence-based decision-making at the HCT level. In 2024, OCHA began monitoring inter-cluster coverage alongside reach. This enhanced methodology enables more accurate situational analysis, as it addresses long-standing inconsistencies caused by cluster-specific approaches to measuring and tracking reach. While information management products report both "coverage" and "reach with at least one form of assistance," coverage is increasingly used for response analysis and coordination. Additionally, in 2026, the settlement-level 3W system – used for monitoring first-line response and coordination – will be integrated with the 5W response monitoring system to reduce reporting burdens on partners and improve overall efficiency.

Part 3: Cluster/sector needs and response

3.1 Camp Coordination and Camp Management (CCCM)

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
2.0M	1M	US$17M	14	32



1. Summary of needs

Due to overlapping crises of conflict, insecurity, and climatic shocks, about 3.3 million people remain displaced across 3,000 settlements, 81% in informal urban sites. Eviction risks persist, affecting 150,000 internally displaced persons (IDPs) in 2025, with 199,326 under threat. Around 680,000 were newly displaced by conflict and drought, mainly to Banadir and Baidoa, where services are overstretched. internally displaced persons (IDPs) face closures of 200 health facilities, reduced nutrition programs, and food aid disruptions. CCCM partners suspended operations in 15 districts, limiting site management and advocacy. Restricted services heighten protection risks for women, children, minorities, and persons with disabilities. Worsening drought may trigger inter-clan conflicts and urban displacement.

2. Response strategy

The CCCM Cluster will enhance its drought response through mapping internally displaced persons (IDP) movements to support mobilisation of a multi-sectoral response. Where drought will affect existing internally displaced persons (IDP) sites, CCCM will flag critical response gaps. CCCM partners will continue to support the implementation of the Single Registration Form (SRF) as part of the HCT Policy for targeting and registration. SRF is utilised by CCCM partners through registration of new arrivals, enabling quick referral of needs, and biometric site verifications contributing to accurate planning of humanitarian resources. The CCCM Cluster will continue to work closely with the HLP AoR and Durable Solutions actors for prevention and monitoring of eviction cases and advocacy with relevant Government agencies. The CCCM Cluster will ensure coordination at local levels with the State Humanitarian Coordination Group (SHCG) and Area Based Coordination (ABC) by sharing critical needs and gaps to facilitate immediate assistance and promote an integrated response.

3. Targeting and prioritisation

In 2026, the cluster targets 1,000,000 at-risk internally displaced persons (IDPs) across 32 districts, prioritising areas based on displacement drivers such as drought, inter-clan conflicts, evictions, floods, and urban arrivals. Partners will ensure equitable access to life-saving assistance, accountable service delivery, and uphold displaced populations' dignity. Newly displaced persons will be prioritized through NAT 2.0 and SRF assessments to register needs and advocate timely aid. Complaints and feedback mechanisms will support multi-sector referrals and response escalation. CCCM services will use mobile and area-based modalities to maintain coverage despite reduced resources, enabling real-time reporting and service mapping through regular site monitoring.ation, and strengthening area-based approaches. It reflects actual needs and preferences through consultations with community groups and robust coordination mechanisms.

4. Promoting accountable, quality and inclusive programming

By ensuring safe, dignified, and protective living conditions, the CCCM Cluster will continue to collect information and analyse vulnerabilities, needs, views, and intentions of displaced families as well as specific protection challenges. Data collection will include disaggregated data to strengthen safe and equitable access to services and inclusion of all individuals. in internally displaced persons (IDP) sites. CCCM will continue to participate in the CEA Taskforce to promote an accountable response and enhance all efforts to increase community participation.

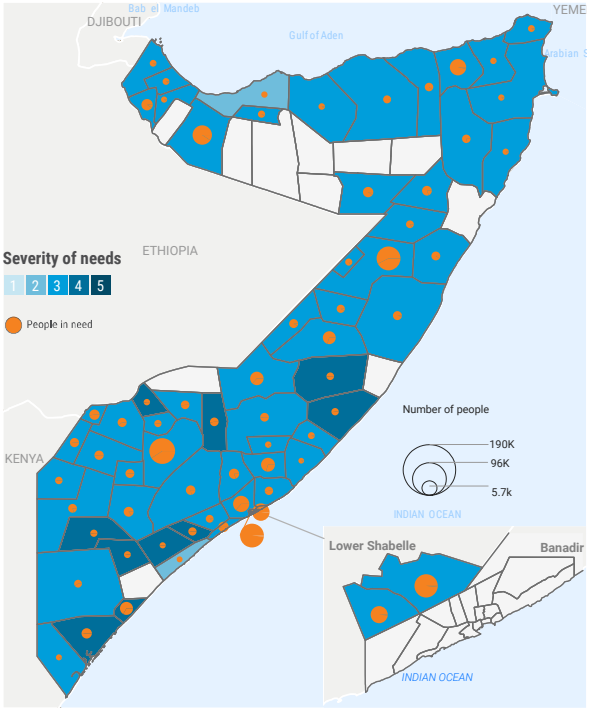
5. Cost of response

The Cluster will require US$17 million in funding to provide essential CCCM services to 1,000,000 displaced people. Primary cost drivers CCCM activities include core site management teams and services, intra-site/area level coordination, internally displaced persons (IDP) registrations (through NAT 2.0, site verifications and SRF), community referral mechanism services, site/area level assessments and monitoring, and capacity-strengthening activities for CCCM partners, local authorities, and organisations.

Contact persons (name and e-mail): Charis Galaraga (IOM) cgalaraga@iom.int and Hassan Yarrow (UNHCR)

3.2 Education

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
1.7M	0.6M	US$42M	44	64



1. Summary of needs

The Education Cluster estimates that 1.73 million people (1.7 million children and 33,900 teachers) need humanitarian education assistance. In 2025, 62 per cent of 8 million school-aged children lacked access to learning, up from 56 per cent in 2024 Education disruption stems from attacks (4 per cent), teacher absence (8 per cent), displacement (9 per cent), and natural hazards/conflict (12 per cent). Recurring crises like conflict, drought, and floods heighten protection risks, including child labour and early marriage. Barriers include schooling costs, inadequate facilities, inaccessible infrastructure, distance from schools, and low prioritisation by households. Persistent drought in 2026 is expected to strain families and schools, with school closures signaling worsening conditions as children leave to support livelihoods or seek work.

2. Response strategy

The Education Cluster's core priority is to ensure crisis-affected school-aged children (5–17) have equitable access to quality, inclusive, and gender-responsive education in safe and protective learning environment. HNRP interventions focus on lifesaving support: establishing accessibleTemporary Learning Spaces, rehabilitating schools, providing accessible WASH facilities, cash assistance for teachers, essential learning and teaching supplies, and integrated protection measures such as teacher training on life-saving skills, school feeding, disability inclusion and menstrual care kits. Non-HNRP activities will complement this by supplying assistive devices and accessible learning materials for children with disabilities, school uniforms, classroom furniture, learning assessments, and training on Education in Emergencies, Anticipatory Action, and preparedness to strengthen quality and resilience.

3. Targeting and prioritisation

The Education Cluster's HNRP targeting is geographically focused on the 62 most shock-affected districts across Somalia, however, its prioritisation will be aligned to the 21 prioritised districts. Resources will be initially prioritised for districts assessed at severity level 4 to meet the most critical needs. Priority populations include highly vulnerable children: girls, adolescents, children with disabilities, displaced children, and children from marginalised/ minority groups. The Minimum Package of Assistance (MPA) represents the critical package of interventions supporting learning continuity and children's protection and well-being at school. Additionally, the cluster maintains a sustained commitment to accessing hard-to-reach areas and will encourage partners to expand operations into challenging locations, ensuring the response aligns with humanitarian principles and meets the needs of the most affected children.

4. Promoting accountable, quality and inclusive programming

The cluster ensures quality, inclusive programming by embedding Centrality of Protection (CoP) principles (safety, dignity, accountability, and participation). Accountability to Affected Populations (AAP) is maintained through continuous community engagement on service delivery expectations. The Inclusive Education Working Group guides partners on age, gender, and diversity needs, focusing on highly vulnerable children: girls, adolescents, children with disabilities, displaced children, and children from marginalised/minority groups. All partners are expected to be fully trained on Child Safeguarding and Protection from Sexual Exploitation and Abuse (PSEA) policies, disability inclusion in education, with adherence monitored in line with the HCT system-wide PSEA framework to mitigate risks and ensure survivor assistance referrals.

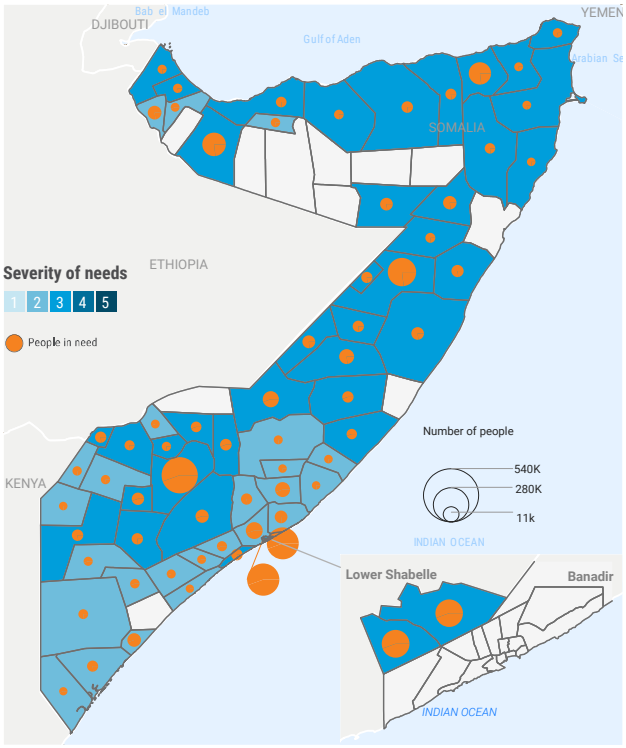
5. Cost of response

In 2025, the cost per child was set at $80 but rose to $92 due to increased operating expenses. For 2026, funding constraints and a Humanitarian Reset have forced the cluster to reduce intervention packages for children and teachers, lowering costs to $74 per person. The financial requirement for core HNRP interventions is $42 million, with an additional $8.1 million needed for non-HNRP activities. This brings the total Education in Emergencies requirement to $51.2 million. Based on the 584,218 people targeted, the combined cost for HNRP and non-HNRP interventions averages $87.64 per person.

Contact persons (name and e-mail): Julienne Vipond (jvipond@unicef.org) and Yahya Ibrahim, yaibrahim@unicef.org

3.3 Food Security

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
3.9M	1.9M	US$301M	150	64



1. Summary of needs

According to the 2025 post-Gu IPC analysis, 4.4 million people across Somalia are projected to face acute food insecurity, including 921,000 in IPC Phase 4 Emergency, a 35 per cent increase in needs from 2024. Drivers include conflict, climate shocks such as drought and floods, high food prices, and reduced humanitarian assistance. The humanitarian situation is expected to deteriorate further in 2026 due to a worsening drought. The October-December 2025 Deyr rains are substantially below average, which, coupled with anticipated harsh Jilaal season between January and March 2026 will drive substantial food security deteriorations during the first half of 2026. Drought conditions have exacerbated water and pasture shortages severely impacting livestock and crop production, triggering massive migration and population displacement from rural to urban areas in pursuit of humanitarian assistance.

2. Response strategy

Due to funding constraints, FSC partners will prioritize lifesaving assistance to the most food-insecure locations and households in IPC Phase 4 with particular focus on rural, hard to reach and historically underserved areas where early assistance can prevent displacement to urban areas. Timely food assistance will be provided through emergency unconditional cash, voucher transfers, and in-kind rations to ensure immediate access to food. Forecast-based unconditional cash transfers will target high-risk households in shock-affected areas, while conditional cash transfers through temporary employment will support food access, destocking slaughter, and asset restoration. “Cash plus” interventions—unconditional cash combined with emergency agriculture, livestock, and fisheries kits—will promote own food production, sustain animal health, and prevent further asset depletion and prevent further livelihood driven displacements. Assistance will prioritise vulnerable groups, including female-headed, minority-clan, older persons, households with members with disabilities, newly displaced internally displaced persons (IDPs), and families with malnourished children or pregnant and lactating women. Agro-pastoralists and pastoralists remain highly affected by drought, as their livelihoods depend on rainfall. Newly displaced internally displaced persons (IDPs), especially women and girls, face heightened vulnerability due to loss of assets, limited income opportunities, and weak communal support. Hard-to-reach rural and underserved areas risk worsening food insecurity, further displacements and adopting negative coping strategies without sustained aid. Vulnerability-based targeting using biometric registration and a common form will enhance identification, verification, and accountability. Area-based coordination with NGO shared leadership will strengthen integrated response, optimize resources, and reduce duplication.

3. Targeting and prioritisation

FSC partners will target 1.9 million people with lifesaving assistance in 2026, which is a 24 per cent decrease from 2.5 million people targeted in 2025. The reduction in targets is based on a prioritised geographic scope focusing on 64 districts. FSC response will be hyper-prioritised focusing on lifesaving interventions to the most vulnerable people, especially in hard-to-reach and historically underserved areas. Reduced duration of assistance from 12 to 3 months and reduced cash transfer values covering approximately 70 per cent of the food needs will ensure cost efficient utilisation of resources. FSC partners will scale-up assistance in hard-to-reach areas, including underserved rural areas by employing diverse response options.

4. Promoting accountable, quality and inclusive programming

FSC partners will ensure safe access, safety, dignity to assistance and accountability, participation, and empowerment at all stages. Assistance will be prioritised to the most vulnerable groups in IPC Phase 4 areas such as female-headed, minority-clan and households with members with disabilities and delivered in safe and accessible distribution points through safe and gender-sensitive and inclusive channels, ensuring confidentiality and reduced exposure to exploitation. FSC partners will raise community awareness on PSEA, identify SEA risks, and enact confidential and accessible SEA reporting mechanisms and referrals.

FSC partners will ensure responses are inclusive, equitable, and accessible to all persons at risk of exclusion including

women, men, girls, and boys with disabilities. Clear and appropriate information will be provided to beneficiaries regarding entitlements and redress measures for aid diversion through anonymised complaints and feedback mechanisms. The choice of assistance modalities will be based on an assessment of options and consultation with communities through confidential, functioning, and effective feedback mechanisms. Partners will adopt inclusive monitoring approaches that capture sex, age, and disability disaggregated data (SADDD).

5. Cost of response

FSC partners require US$301 million to deliver hyper prioritised life-saving assistance to 1.9 million people in 2026. This marks a 41 per cent reduction from US$515 million in 2025. The response costs utilise a full cost recovery model that includes service fees for delivering cash transfers, procurement costs for in-kind food rations and emergency livelihood kits – including provision of quality seeds, procurement of veterinary medicines and equipment for livestock treatment, restocking after the drought and provision of fishing gear –, as well as costs related to security, port charges, warehousing, transportation, distribution, and monitoring. It also factors in costs related to biometric registration, access and logistical constraints in hard-to-reach areas, and enhanced measures to prevent and mitigate Post Distribution Aid Diversion (PDAD).

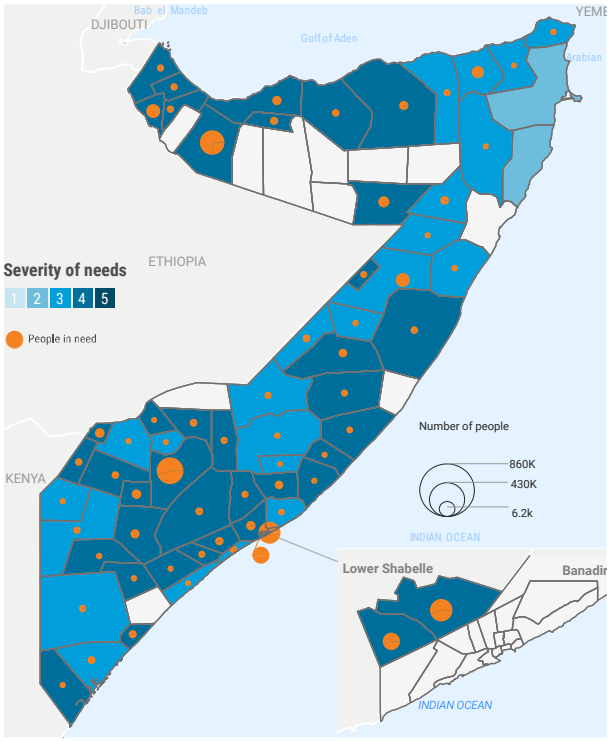
Contact persons (name and e-mail): Gordon Dudi (Gordon.Dudi@fao.org) and Martina Iannizzotto (Martina.Iannizzotto@wfp.org)



Inter-cluster mission to Erigavo district to meet drought affected communities. Photo OCHA Somalia/Ayub Ahmed.

3.4 Health

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
5.0M	2.4M	US$80M	69	64



1. Summary of Need

In 2026, 5 million people in Somalia will need life-saving health assistance, reflecting a persistently severe crisis.[15] The health system remains fragile due to repeated shocks, food insecurity, malnutrition, and poor WASH conditions. Infectious diseases such as measles, diphtheria, and cholera pose major threats, with Somalia having one of the highest zero-dose child rates. AWD/cholera cases declined slightly in late 2025 but outbreaks persist, with 8,846 cases and 9 deaths reported in November. Diphtheria surged in 2025 with 3,375 suspected cases and 139 deaths. The Health Cluster prioritises children under 5, women of reproductive age, the older persons, persons with disabilities, internally displaced persons (IDPs), and marginalised groups.[16]

2. Response strategy

The Health Cluster will target 2.4 million of the 5 million people in need of health assistance in 2026, prioritising areas with low service availability, poor vaccination coverage, epidemic-prone diseases (AWD, measles, ARI, diphtheria), lack of safe water, and critical shortages of functional facilities for essential health services, including safe deliveries. The response will focus on lifesaving interventions and improved access to primary and secondary health services, medicines, and robust outbreak prevention and control.

Key actions include:

- Expanding lifesaving health services for vulnerable groups through integrated maternal, newborn, and child health (including EPI), mental health and psychosocial support, trauma care, essential supplies, and strengthened referral systems.
- Strengthening outbreak response by improving early detection, disease surveillance, laboratory diagnostics, and rapid response teams for immediate containment.

Guided by the Ministry of Health's Essential Package of Health Services (2020), the cluster will deliver a comprehensive health package. To address funding gaps and reach hard-to-access populations, coordination will be enhanced with sub-national focal points and ABC teams, alongside proactive partner mapping in priority areas. A major priority is finalising the joint Health and Nutrition Rationalisation Framework with the Nutrition Cluster to guide integrated service delivery in high-need districts.

3. Targeting and prioritisation

In 2026, health cluster targeting will shift from broad coverage to prioritising four districts, among the 21 prioritised, accounting for 80 per cent of health needs, focusing on JIAF severity 4 areas. These include locations with high disease burden, active outbreaks, and large internally displaced persons (IDP) populations. The strategy emphasises reinforcing fixed health facilities and outreach teams for community-based care and referrals, while deploying mobile clinics will be limited to areas lacking functional facilities within a 5 km radius. Operational effectiveness will be strengthened through coordination with state focal points, ABC teams, and localisation. Integration with Nutrition and WASH sectors will address root causes and deliver joint health and nutrition services.

4. Promoting accountable, quality and inclusive programming

The Health Cluster will integrate AAP, PSEA, gender, age, diversity, and contribute to the Centrality of Protection through protection mainstreaming and integration as informed by the HCT CoP Strategy and workplan 2025-2026, ensuring health data is disaggregated by gender, age, disability, and other factors to address marginalised groups' needs. Targeted support for children with disabilities will be prioritised through early screening, identification and intervention programs, that include disability-inclusive training for frontline health providers. In coordination with DIWG, frontline health workers will be trained on AAP, PSEA, and inclusive practices, while engaging community leaders and vulnerable groups in advocacy. WHO/CLA and the cluster will maintain PSEA risk assessments and implement recommendations. Partners will be informed about SEA and aid diversion hotlines, track interventions using disaggregated data, update referral pathways, and share service maps to strengthen accountability, protection, and inclusive health response.

5. Cost of response

The Health Cluster requires $80 million in 2026 to deliver life-saving health services and strengthen outbreak response for vulnerable populations in Somalia. Cost estimates are based on unit costs per consultation or patient for facility services, and per mobile team per year for outreach activities. These estimates were developed through a consultative, transparent process, reviewing previous HNRP project costs, partner data, and similar approaches from other countries, in coordination with the Cluster Lead Agency (CLA). This funding is critical to address urgent health needs and enhance preparedness for public health emergencies.

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A group of children in an IDP site in Doolow district, Gedo region, pose for a photo. Photo OCHA Somalia.

3.5 Logistics

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
N/A	N/A	US$12M	45	64

1. Summary of needs

In Somalia, insecurity, weak infrastructure, and recurrent climate shocks continue to disrupt humanitarian supply chains. Road corridors are unreliable due to conflict and flooding, while airstrips face closures. The ATMIS to AUSSOM transition has altered access dynamics, requiring sustained risk monitoring and flexible planning. Partners face major gaps in transport, storage, and delivery capacity, limiting reach to populations in need. The Logistics Cluster ensures continuity of essential assistance across sectors – health, nutrition, food security, WASH, protection, education, and shelter – by providing common logistics solutions to overcome access and capacity constraints.

2. Response strategy

The Logistics Cluster, led by WFP, is a critical enabler of humanitarian delivery in Somalia's challenging operational environment. Its mandate is to provide common logistics services that address access and capacity gaps, ensuring uninterrupted support across all clusters. By offering shared transport, warehousing, and last-mile delivery, the Cluster enables partners to reach vulnerable populations despite insecurity, damaged infrastructure, and climate-related disruptions. Coordination and information management remain central, with transparent platforms and harmonised data improving planning, reducing duplication, and enhancing efficiency. To maintain supply chains under volatile conditions, the Cluster expands multimodal transport—air, sea, and road—and invests in strategic warehousing, including temperature-controlled facilities for medicines and nutrition supplies. Priorities for 2026 include adaptive access strategies, expanded corridor-based logistics, enhanced supply chain information products, engagement on customs and clearance procedures, and reinforcing the Cluster's role as Somalia's humanitarian delivery backbone. As part of the transformative UN80 reforms, Somalia has been selected as one of the pilot countries in 2026. The Logistics Cluster and UNHAS will enable programmatic Clusters by delivering targeted, consolidated, and cost-efficient logistics and transport services, addressing duplications and ensuring timely delivery of life-saving assistance to prioritised and hard-to-reach locations.

3. Targeting and prioritisation

The Logistics Cluster targets and prioritises populations in greatest need by enabling partners to deliver assistance across all sectors, with a focus on hard-to-reach and insecure areas. Strategies include adaptive access planning, expanded use of sea and corridor routes, and last-mile delivery solutions to overcome infrastructure and security constraints. Sector-specific prioritisation is guided by operational boundaries, ensuring critical supplies such as food, health, nutrition, shelter, and WASH commodities are delivered first. Coordination platforms harmonise partner requests, reduce duplication, and allocate common services equitably, ensuring vulnerable and marginalised groups receive timely, predictable, and lifesaving assistance.

4. Promoting accountable, quality and inclusive programming

The Cluster integrates AAP, PSEA, gender, age, diversity, and protection principles across all operations. Neutral service provision guarantees equitable access to logistics solutions for partners supporting vulnerable and marginalised groups. Transparent coordination fosters inclusive participation, while harmonised information management strengthens accountability and responsiveness. Protection principles guide planning and delivery, safeguarding dignity and safety in insecure environments. By enabling partners to reach women, men, girls, boys, minorities, and persons with specific needs, the Cluster reinforces a principled, people-centered humanitarian response.

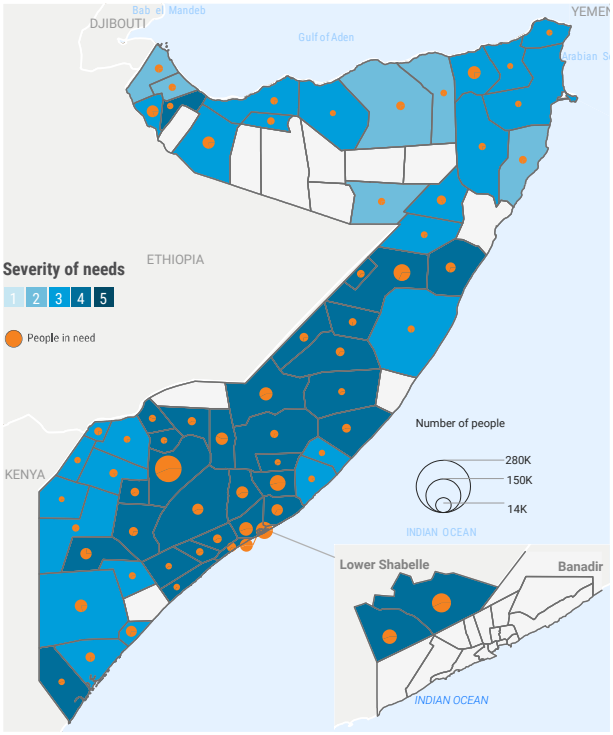
5. Cost of response

The Logistics Cluster requires an estimated US$12 million for the 2026 response, primarily driven by transport, warehousing, and staffing requirements, which remain high due to insecurity, damaged infrastructure, and reliance on air operations in hard-to-reach areas. Compared to last year, increased use of sea and corridor-based logistics has improved cost-effectiveness, though rising fuel prices and customs delays continue to elevate operating costs. Sector-specific considerations include maintaining temperature-controlled storage for health and nutrition supplies and ensuring rapid deployment capacity for food security and shelter responses. Methodology emphasises shared services and optimised asset use, reducing duplication and maximising efficiency across the humanitarian system.

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3.6 Nutrition

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
2.4M	1.3M	US$75M	80	64



1. Summary of needs

The Nutrition Cluster will prioritise treatment of severe acute malnutrition in children under five, moderate acute malnutrition support for children and pregnant and breastfeeding women, and prevention through improved diets and specialised foods. Given limited resources, the focus will be on sustaining SAM services in the most affected districts and providing MAM support where feasible in IPC 3+ areas. In addition, simplified protocols, integrated delivery models, and outreach to hard-to-reach areas will improve efficiency and coverage. Strong integration with WASH, health, agriculture, and social protection sectors, combined with community-based approaches, local partnerships, and women's leadership, will strengthen resilience, maintain service continuity, and reduce risks of disruption during shocks.

2. Response strategy

The Nutrition Cluster will prioritise treatment of severe acute malnutrition (SAM) in children under 5 and supplementation for acute malnutrition using specialised therapeutic and supplementary foods, including RUTF and RUSF, with support for moderate acute malnutrition (MAM) targeting children and pregnant and breastfeeding women. Prevention of acute malnutrition will focus on improved home diets delivered through a multisectoral approach that addresses poor diets, inadequate childcare practices, disease, food insecurity, and limited access to basic services. With constrained resources, the focus will remain on sustaining life-saving SAM services in the most affected districts while maintaining MAM support where feasible in IPC 3+ areas. Priority will be given to protecting treatment continuity, avoiding service interruptions, and reaching children at highest risk of morbidity and mortality. Simplified protocols, integrated delivery models, and decentralised service delivery will be used to increase efficiency, reduce costs, and maximise coverage. Outreach strategies will prioritise rural, displaced, and hard-to-reach populations through mobile teams and community-based platforms. Strong integration with WASH, health, agriculture, and social protection sectors will underpin the response, recognising that malnutrition is driven by multiple, interlinked factors. Joint planning and coordinated delivery will strengthen prevention, improve treatment outcomes, and reduce relapse. Community-based detection, referral, and follow-up will remain central to early identification and timely care. Partnerships with local actors, including community organisations and women leaders, will enhance access, trust, and accountability. Collectively, these approaches aim to ensure continuity, equity, and sustainability of nutrition services while strengthening household resilience to future shocks and recurrent crises.

3. Targeting and prioritisation

Targeting is guided by a prioritisation methodology designed to optimise limited resources while expanding coverage in rural and hard-to-reach areas through site and service rationalisation, the iCCM+ approach, and strengthened outreach for active case identification and treatment. Local partners, authorities, and community structures, including Community Health Workers, play a central role in reaching the most vulnerable populations. In line with the intersectoral HNRP, a strict hyper-prioritisation approach allocates 80 per cent of the Nutrition PIN to Severity 4 districts, 30 per cent to Severity 3 districts, and 50 per cent to Severity 3 districts overlapping with IPC AMN Phase 4. Of the 2,369,935 people in need, 1,270,228 are targeted. If resources are further constrained, interventions will focus on the 21 highest-need districts, prioritising 475,729 people with the most severe acute malnutrition.

4. Promoting accountable, quality and inclusive programming

The Nutrition Cluster will integrate AAP, PSEA, gender, age, disability, and protection considerations across all programming. Training of frontline nutrition workers on disability inclusion and early stimulation will be instituted. Communities will be engaged in the design and monitoring of services through inclusive approaches adapted for low-literacy contexts. Feedback mechanisms will include multilingual voice and SMS channels with active follow-up. Outreach strategies will address barriers related to mobility, gender, disability, and insecurity, with iCCM+ platforms supporting access in remote areas. Clear PSEA procedures, confidential reporting pathways, and routine compliance checks will be maintained. Strengthened targeting, transparent communication, and verification processes

will reduce aid diversion and reinforce accountability to affected populations.

5. Cost of response

The Nutrition Cluster's financial requirement for 2026 is US$75 million, reduced from US$117 million in 2025, reflecting deliberate prioritisation and nutrition sites and services rationalisation while maintaining a focus on life-saving interventions. Costs remain driven by imported nutrition commodities such as RUTF and RUSF, which are affected by global price volatility. Operational costs remain high due to personnel, supervision, and community outreach, all essential for quality service delivery. Transport requirements, particularly for reaching remote or insecure areas, add further pressure. The costing methodology applies realistic unit costs that reflect access constraints and uses a beneficiary-based approach, with per-child and per-pregnant and breastfeeding woman calculations. Despite efficiency measures, import prices, transport needs, and labour-intensive delivery models continue to drive overall costs.

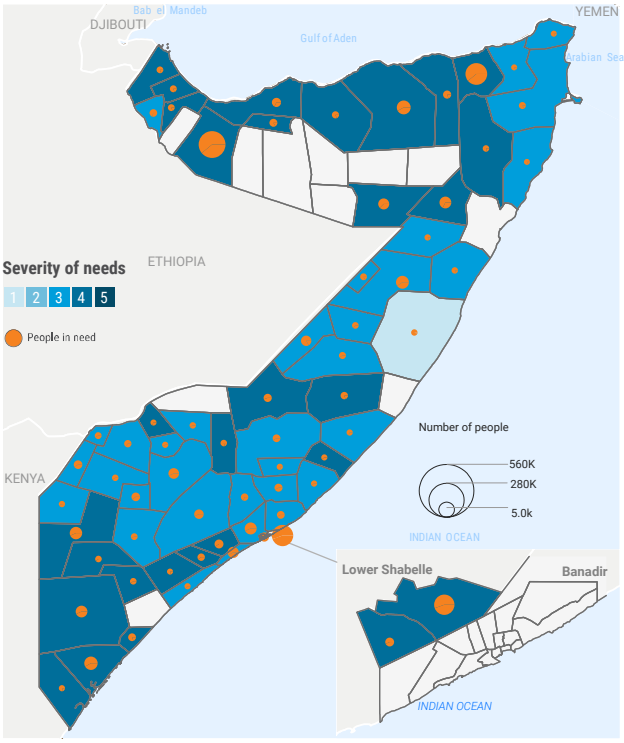
Contact persons (name and e-mail): skaranja@unicef.org; abdirahman.muse@wfp.org; Halima.Hilow@rescue.org



A nurse attends to a patient at Doolow referal hospital supported by Trocaire. Photo OCHA Somalia/Yao Chen

3.7 Protection

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
3.1M	1.9M	US$93M	180	64



1. Summary of needs

Somalia faces one of its most severe protection crises in years, with 3.1 million people exposed to escalating protection risks driven by conflict, climate shocks, and repeated displacement. Since January 2025, over 316,000 people have been displaced—60 per cent due to conflict—deepening vulnerabilities and secondary displacement.

Children are at the center of this crisis. Conflict among government forces, NSAGs, and clan militias has fueled grave violations, including child recruitment, abductions, killings, maiming, and sexual violence. Attacks on schools and hospitals persist, while displacement repeatedly exposes children to abuse and neglect. Recruitment by armed groups—often through abductions as "recruitment tax"—and sexual violence against adolescent girls have surged, with cases up 35 per cent from 2024. Child marriage and trafficking affect 12 per cent of displaced girls, and nearly 80 per cent lack mental health support, with children with disabilities facing severe exclusion.

Gender-based violence (GBV) risks have intensified amid droughts, floods, and conflict. GBVIMS data shows rape at 15 per cent and Intimate Partner Violence (IPV) at 53 per cent both rising from 2024. Female-headed households, adolescent girls, and marginalised groups are most affected, while service gaps from funding cuts worsen trauma. Coping strategies include child marriage and FGM. Explosive hazards—landmines, IEDs, and remnants of war—continue to kill, injure, and restrict access to land, markets, and services, especially in rural and conflict-affected areas. Housing, Land, and Property (HLP) issues compound risks: over 150,000 internally displaced persons (IDPs) were evicted in 2025, adding to 2 million affected. Evictions, often violent and sudden, destroy shelters and disrupt lifesaving services, leaving families highly vulnerable.

2. Response strategy

Protection Cluster will implement a comprehensive, rights-based response to address escalating protection risks through timely, tailored interventions. Core priorities include specialised protection services such as case management and individual protection assistance for urgent needs. Mobile and static protection desks will expand frontline services, offering psychosocial support, psychological first aid, legal counselling, family mediation, and PSEA-related information and referrals. Protection monitoring and analysis will be strengthened to inform adaptive programming and early warning, while community-led initiatives will promote community self-protection strategies. Advocacy with donors, authorities, and humanitarian leadership will ensure protection remains central to resource mobilisation and response planning. Coordination will be reinforced at national and local levels to harmonise efforts across sectors for equitable, dignified assistance.

Child Protection will adopt an integrated, community-led approach focused on family strengthening to reduce risks such as child marriage, labour, and recruitment. Revitalised Community-Based Child Protection Mechanisms will lead prevention efforts. Key actions include specialised case management via PRIMERO[17], family tracing and reunification prioritising kinship care, and cash-plus-care to address economic drivers. Support will target survivors of sexual violence, children with disabilities, and those injured by explosive hazards. Reintegration packages for children associated with armed groups, structured MHPSS, and Child-Friendly Spaces co-located with health and education services will be scaled up. Localisation is central, with 65 per cent of activities implemented by local NGOs, supported by capacity building and rigorous monitoring through MRM and safety audits. GBV Response will be driven by women-led organisations and local partners, guided by survivor-centred principles and community participation. Priorities include specialised case management, psychosocial counselling, safe referrals, and cash assistance through Women and Girls Safe Spaces and GBV One-Stop Centres. Additional measures include distribution of dignity kits, IARH Kit 3 for rape/IPV survivors, and capacity building for service providers. Data collection and analysis through GBVIMS, safety audits, and joint assessments will inform programming and advocacy.

Explosive Hazard Response will focus on land release and risk education to reduce threats from explosive remnants of war. Targets include delivering 20,000 devices and reaching 210,000 people with Explosive Ordinance Risk Education (EORE) integrated into education and protection activities. Precision targeting will guide clearance operations, while cost-efficiency measures will optimise resource use. HLP Response will prioritise legal awareness and aid for displaced populations, engaging landlords, cultural leaders, and authorities to prevent evictions and resolve disputes. Services include counselling, safe spaces, and emergency cash assistance for vulnerable internally displaced persons (IDPs). Task forces and paralegals will support eviction monitoring and rapid response. Due diligence will secure safe land for internally displaced persons (IDP) sites, complemented by tenure documentation and strengthened local systems through training and material support.

3. Targeting and prioritisation

The Protection Cluster will target 1.9 million people across 64 high-risk districts identified through analysis of overlapping shocks—conflict, displacement, drought, floods, disease outbreaks—and acute food insecurity. These districts face severe protection threats, including exclusion, forced evictions, and limited access to services. Hard-to-reach areas will be prioritised through mobile teams, protection desks, and strengthened local partnerships. Targeting is guided by severity of needs, protection by presence, and operational feasibility to ensure resources reach those most at risk. Outside the 64 districts, displacement tracking, protection monitoring, and flash alerts will continue, with mobile desks providing frontline services.

Child Protection will reach 790,000 children in conflict- and climate-affected districts. Priority groups include children facing grave violations—killed, maimed, recruited, abducted, sexually abused—or suffering psychosocial distress. This includes CAFAAGs, UASC, child heads of households, and those at risk of marriage or exploitation. Mobile case management teams will operate through health and nutrition sites for discreet referrals, with specific targeting of children with disabilities and marginalised clans via community-based mechanisms. GBV Response will target 695,400 women and girls, focusing on adolescent girls, female-headed households, widows, persons with disabilities, older persons and minority clans. Services will be delivered through Women and Girls Safe Spaces, GBV centres, and integrated health/nutrition facilities in high-burden areas with limited assistance. Mine Action will reach 280,700 individuals through mobile multi-task teams delivering EORE and surveys in remote areas. Clearance will focus on confirmed contamination that restricts community access or safe return. HLP will aim to reach 442,300 people with mobile community-based structures, legal aid, due diligence, tenure documentation, eviction response (including cash), and system strengthening through training and material support. The interventions will prioritise newly displaced and evicted families, women-headed households, minority and marginalised groups, and persons with disabilities.

4. Promoting accountable, quality and inclusive programming

The Protection Cluster will ensure accountable, inclusive, and high-quality programming by mainstreaming AAP, PSEA, gender, age, disability, diversity, and the Centrality of Protection across all interventions. Activities—including training of frontline protection workers on disability inclusion, working with Disability Inclusion Working Group to ensure management, and community-led actions—will apply risk-based, inclusive criteria to support minority and marginalised groups, persons with disabilities, women, children, and the elderly. In hard-to-reach areas, mobile protection desks will deliver survivor-centered services such as psychosocial support, legal aid, and PSEA response. Protection monitoring and advocacy will address exclusion, evictions, and aid diversion, while harmonised standards and local leadership will be reinforced through coordination structures and the Community Feedback Mechanism.

Child Protection will adhere to Minimum Standards[18], using child-friendly help desks, the 116 helpline, and participatory tools like Children's Voices. Inclusion will be strengthened through disaggregated data and adapted programming, with at least 5% of budgets addressing barriers for children with disabilities. Accountability will include safe referrals, PSEA compliance, and safety audits. GBV programming will embed AAP principles, consulting marginalised groups in design and monitoring, and using confidential complaint mechanisms. Service quality will be tracked through contextualised client feedback tools. Mine Action will integrate gender, age, and diversity in EORE and clearance activities, prioritising areas restricting community access and internally displaced persons (IDP) returns. Mixed-gender mobile teams and confidential feedback channels will ensure inclusivity. HLP partners will uphold AAP and PSEA standards through community-based structures, secure reporting tools, and tailored legal aid for diverse groups, ensuring safety, dignity, and non-discrimination.

5. Cost of response

Protection Cluster requires US$93 million in 2026 to deliver lifesaving protection services to 1.9 million people. This represents a significant decrease from 2025, driven by a focused scope and prioritisation of 21 high-risk districts based on intersecting protection risks and multiple shocks. About 60 per cent of interventions will shift from static service points to mobile and community-based approaches, ensuring cost-efficiency while maintaining quality. Protection services remain resource-intensive, requiring skilled case workers, monitors, and frontline staff.

Child Protection needs US$24 million, based on unit-costing of high-impact activities. Tier 1 life-saving interventions will be prioritised, with a strategic shift to family and community-based care—three times more cost-effective than centre-based models. Integration with health, nutrition, and education services, plus digitised case management (PRIMERO), will reduce overheads while sustaining quality standards. GBV Response requires US$39 million, calculated using a harmonised threshold of US$40 per survivor. Costs include direct services, supplies, and operational overheads (25–30 per cent). Women and Girls Safe Spaces, GBV One-Stop Centres, and mobile outreach remain core delivery mechanisms. Explosive Hazard Response will target 280,700 people with a budget of US$8.7 million, reflecting increased requirements for clearance and risk education in response to heightened contamination levels and newly

identified hazardous zones. HLP AoR requires US$4.5 million to assist 442,300 people, a 58 per cent reduction from 2025 aligned with the Humanitarian Reset. Costs focus on mobile legal aid, tenure documentation, eviction response, and system strengthening through training and material support.

6. Cluster transition

In 2026, the Protection Cluster will integrate Child Protection, GBV, and Mine Action under a unified structure, maintaining technical leadership from UNICEF (CP), UNFPA (GBV), and UNMAS (Explosive Hazards) as providers of last resort. HLP will remain under Protection while strengthening coordination with Shelter and CCCM. The cluster will ensure inclusive representation of national NGOs, women-led, youth-led, minority-led organisations, and organisations of persons with disabilities (OPDs), reinforcing localisation and accountability.

PROTECTION Cluster Contacts

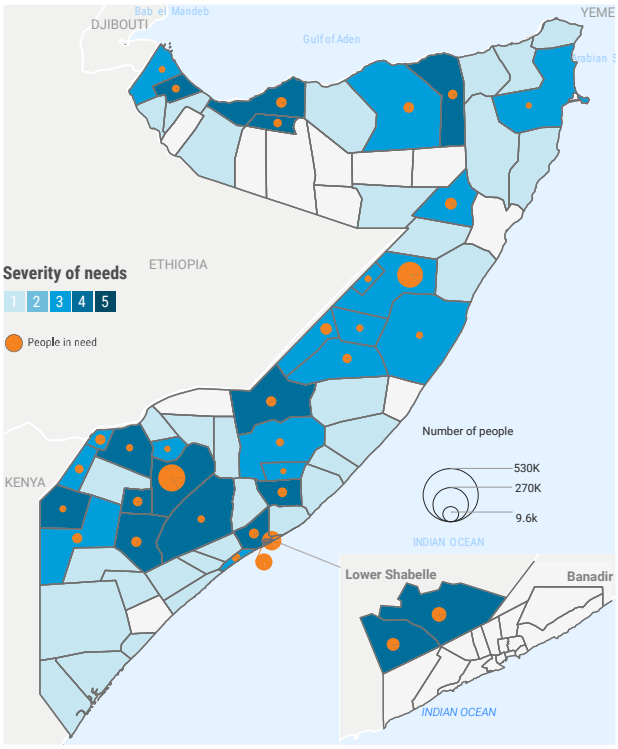
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Displaced elderly women in conversation at Ceel Nimcood, Ceel Afweyn District. Photo OCHA Somalia/Ayub Ahmed.

3.8 Shelter and Non-Food Items (NFIs)

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
3.1M	0.6M	US$27M	26	64



1. Summary of needs

Shelter needs have increased due to overlapping pressures from climate shocks, conflict, evictions, and ongoing displacement. Conditions in protracted sites remain poor, heightening exposure to hazards, especially for vulnerable households in fragile shelters. Escalating conflict, widespread evictions, and drought in 2025 will further drive displacement and raise demand for emergency shelter and NFIs, while reduced funding will widen gaps. Newly displaced families, protracted internally displaced persons (IDPs), female-headed households, older persons, persons with disabilities, and urban communities are the most affected. Communities prioritise emergency shelter, NFIs, safer structures, improved sites, and secure tenure, emphasising the need for both lifesaving and climate-resilient solutions.

2. Response strategy

The Shelter Cluster aims to assist 624,893 highly vulnerable individuals with emergency shelter and NFI vulnerable individuals with emergency shelter and NFI support in the 21 prioritised districts under the strategic objective. Rising displacement, the anticipated 2025 drought, and funding constraints require a flexible, protection-sensitive response to stabilize households and reduce climate and protection risks. Ensuring minimum shelter standards for those in makeshift or damaged structures remains a priority. In protracted settlements, the Cluster will promote weather-resistant upgrades and transitional solutions to enhance dignity, privacy, and resilience. Community-driven interventions will improve drainage, waste management, and land tenure security to mitigate risks and prevent secondary displacement. Strengthening state-level coordination and technical working groups will reinforce government leadership. Standardising shelter typologies and bills of quantities will reduce cost variability and enable predictable coverage. Operational adjustments will emphasize joint planning, contingency preparedness for seasonal shocks, and remote coordination to improve efficiency and gap visibility. Enhanced information management, including dashboard updates aligned with global metrics, will support evidence-based advocacy and resource mobilisation. As climate shocks, conflict, and eviction trends drive displacement, the Cluster will prioritize climate-resilient shelter, strengthen HLP coordination, and monitor eviction hotspots for early mitigation and safer recovery pathways.

3. Targeting and prioritisation

The Shelter Cluster, in coordination with the Protection Cluster and Area-Based Coordination (ABC) structures, will adopt a more targeted, vulnerability-based approach to ensure that life-saving ES/NFI assistance reaches the most vulnerable households. Targeting will prioritise newly displaced families, female-headed households, older persons, persons with disabilities, and communities facing recurrent evictions. The geographic focus will be on Inter-sectoral Severity 4 districts, including hard-to-reach areas, supported by pre-positioned stocks, rapid-response teams, and delivery facilitated by mobile teams or ABC partners. Assistance will be limited to emergency ES/NFIs and essential upgrades that meet minimum standards. Standardised typologies, BOQs, and state-led, protection-sensitive selection processes will promote transparent, fair, and efficient coverage.

4. Promoting accountable, quality and inclusive programming

The Shelter Cluster adopts a protection-focused approach by integrating CoP indicators into its reporting to ensure safe, dignified, and equitable access to assistance. AAP, PSEA, gender, age, and disability considerations are mainstreamed throughout assessments, targeting, and implementation. Community feedback mechanisms, including hotlines, consultations, and partner-level grievance channels, will guide programme adjustments and enhance transparency. Coordination with the Protection Cluster and ABC structures ensures systematic protection mainstreaming and adherence to Do-No-Harm principles. The response encourages inclusive participation by women, older persons, persons with disabilities, youth, and marginalised groups, while maintaining robust PSEA safeguards and confidential reporting pathways to minimise the risk of exclusion and improve accountability.

5. Cost of response

The 2026 cost structure reflects increasing needs in Severity 4 districts, where deteriorating living conditions and rising displacement demand urgent, life-saving ES/NFI support. In line with SO1 and inter-sectoral severity, the Cluster requests $27 million to assist 0.62 million highly vulnerable people through essential ES/NFI interventions. In areas with functioning markets, cash-based assistance will improve flexibility, dignity, and household options. Hybrid shelter solutions will also be prioritised to boost durability and long-term climate resilience. This cost-effective approach addresses immediate humanitarian needs while promoting safer, more sustainable, and protection-sensitive living conditions for affected households.

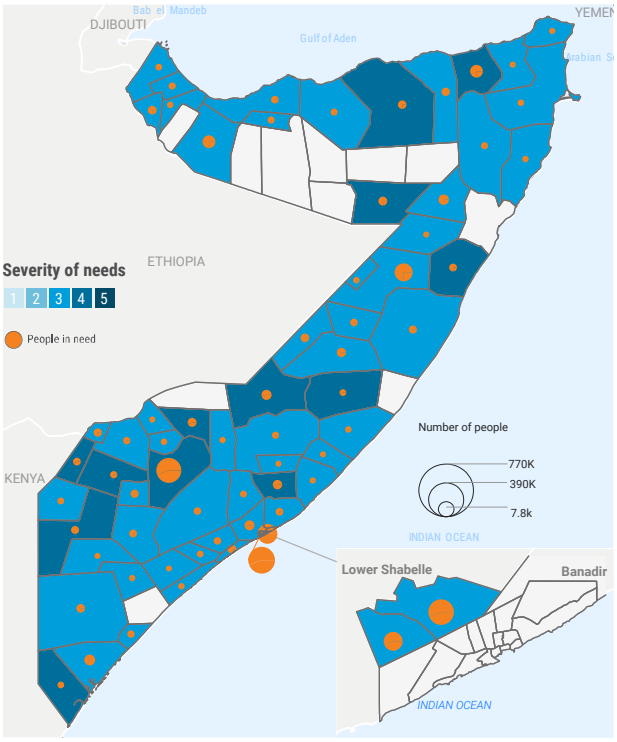
Contact persons (name and e-mail): (Waweru Ndungu, Senior Shelter Cluster Coordinator, ndunguw@unhcr.org)



A group of young boys sit next to a water point in Wadax village, Erigavo district. OCHA Somalia/Ayub Ahmed.

3.9 Water, Sanitation and Hygiene (WASH)

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
4.5M	2.2M	US$72M	26	64



1. Summary of needs

In 2026, an estimated 4.5 million people in Somalia will require WASH assistance due to fragile conditions and forecasted drought. The lower People in Need figure reflects stricter prioritisation under the Humanitarian Program Cycle, despite significant unmet needs. Water insecurity will worsen during Jiilaal, straining systems in low-rainfall areas. Gender disparities persist, with female-headed households facing limited access and protection risks, prioritising water trucking, latrines, and menstrual hygiene. The MSNA 2025 highlights gender disparities: female-headed households have less access to improved water sources and face heightened protection risks, with over 60 per cent feeling unsafe using communal latrines.

2. Response strategy

The WASH Cluster will provide life-saving assistance to 2.2 million people, including 352,000 persons with disabilities, prioritising high-severity areas. The response focuses on safe water, emergency sanitation, and hygiene services through interventions such as water trucking, vouchers, rehabilitation of wells and boreholes, piping extensions, and installation of water bladders. Sanitation efforts include emergency latrines, institutional facility rehabilitation, and safe desludging, complemented by solid waste management and community clean-up campaigns. Hygiene support will feature pre-positioned kits with menstrual items and targeted promotion. Delivery will be strengthened through geographic targeting, technical reviews, real-time monitoring, and inter-cluster coordination under Strategic Objective.

3. Targeting and prioritisation

The Cluster, in coordination with Health, Nutrition, and Food Security clusters and sub-national structures, will implement a vulnerability-based approach to deliver critical WASH services in 21 priority districts with intersectoral severity level 4. Interventions will ensure access to safe water, emergency sanitation, and hygiene supplies for the most at-risk populations, focusing on hard-to-reach and underserved areas. To enable timely response, partners will pre-position essential supplies. Cost-effective modalities, including market-based programming and community-led management, will be prioritised. Rehabilitation and solarisation of existing water systems will be favored over new construction to enhance sustainability, reduce operational costs, and strengthen resilience.

4. Promoting accountable, quality and inclusive programming

The WASH Cluster will ensure inclusive, safe, and accountable programming by integrating AAP, PSEA, gender, age, disability, and diversity considerations across all response stages. Communities—including women, youth, older persons, persons with disabilities, and marginalised groups—will be engaged through accessible feedback mechanisms. Facilities will reduce protection risks with gender-segregated, lockable, and disability-friendly latrines, adequate lighting, and safe water points. Partners will uphold zero tolerance for PSEA and apply vulnerability-based targeting to guarantee equitable access for female-headed households, persons with disabilities, and minority groups.

5. Cost of response

In 2026, the WASH Cluster requires $72 million to provide life-saving WASH services to 2.2 million people in severe need. Financial requirements are based on updated market assessments, partner cost analyses, and harmonised unit costs developed through technical working groups. Operating costs account for inflation, supply chain disruptions, and climate-related access challenges. To improve efficiency and ensure timely response, the Cluster emphasises local procurement and regional supply hubs, reducing delays and strengthening resilience.

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Part 4: Annex

4.1 Enabling programmes

Financial requirement (US$): 19.8 million

Objectives

Enabling Programme partners will support the humanitarian community in reaching 2.4 million people targeted in 2026 by establishing an effective, efficient, and fit-for-purpose coordination system. Key priorities include inter-cluster coordination, protection from sexual exploitation and abuse, humanitarian access and civil-military engagement, information management, strengthening field coordination (state and area-based), safety and security of humanitarian workers, preparedness and contingency planning, resource mobilisation, and advocacy in partnership with the Government of Somalia. Efforts led by R2T2 aim to rationalise enabling programmes for greater efficiency.

Response Strategy

Operational Coordination

OCHA plays a central role in national and sub-national coordination, promoting decentralised decision-making and supporting ABCs for community engagement. The OC complements these efforts through capacity building and technical support, while the Access Working Group facilitates humanitarian access. The Somalia Humanitarian Fund (SHF) channels donor contributions into life-saving interventions aligned with HNRP priorities, ensuring transparent allocations. The Somali NGO Consortium (SNC) also contributes by creating an enabling environment for NGOs through advocacy, coordination, and capacity building, with a strong focus on inclusion of minority and marginalised groups.

Data and Information Systems

Reliable data systems are essential for evidence-based decision-making. FAO's FSNAU provides seasonal food security and nutrition analysis, while SWALIM delivers climate data and early warning dashboards to anticipate extreme weather events. These systems enable anticipatory action and strengthen government capacity. REACH complements this by conducting Multi-Sector Needs Assessments and Humanitarian Situation Monitoring in hard-to-reach areas. IOM tracks displacement through its DTM and ETT tools, producing quarterly projections and analysis of drought-, conflict-, and flood-induced movements. Expanded biometric registration, endorsed by the HCT, is critical for transparent, targeted assistance and reducing duplication, which remains a major challenge without adequate funding.

Feedback and Accountability Mechanisms

Accountability to affected populations remains a priority. Radio Ergo enables two-way communication by broadcasting humanitarian content and managing an audience feedback platform. To address fragmented feedback systems, the HCT endorsed the Somalia Common Feedback Mechanism (SCFM), a centralised call center coordinated by the CEA Task Force to streamline hotlines and ensure community voices inform response. The Risk Management Unit (RMU) strengthens accountability by providing independent tools to identify and mitigate risks, analyse corruption and aid diversion, and deliver evidence for informed decision-making, improving transparency and trust in humanitarian operations. Additionally, Centrality of Protection Monitoring, Learning and Evaluation is locally led, community-centered perception surveys on aid effectiveness, along with available data on community capacities to address vulnerabilities and threats help shape ongoing interventions within different cluster responses wich is informed by community recommendations all the while strengthening programme alignment towards achieving Protection outcomes and impact.

Safety, Protection, and Compliance

Security and protection are critical enablers of humanitarian response programming. INSO and UNDSS facilitate safe operations in high-risk areas through security coordination, risk assessments and mitigatation, forward-looking analyses , and contingency planning.

Cost of Response

The financial requirements for 2025 activities total US$20 million, reflecting a 42 per cent reduction ompared to 2024, despite the number of partners increasing from 8 to 15—a 47 per cent rise.

4.2 Refugee response plan

People in need	People targeted	Requirements (US$)	number of partners	number of districts targeted
0.5M	0.053M	US$17M	10	64

Objective

In 2026, UNHCR aims for refugees, asylum-seekers, and returnees to access durable solutions, essential services, and strengthened protection frameworks. Objectives include improved stakeholder engagement, enhanced resilience, and climate change mitigation. However, refugees and asylum-seekers in Somalia face serious protection risks—arrest, detention, and refoulement—without registration, documentation, and asylum procedures. Although Somalia passed its first Refugees and Asylum Seekers Law in 2024, the absence of regulations and implementation limits its effectiveness and accessibility.

Response Strategy

In 2026, UNHCR Somalia anticipates 6,000 new refugee arrivals from Ethiopia and Yemen and 2,000 Somali refugee returnees from Yemen, Ethiopia, and other countries, requiring collective reintegration support. Building on 2025's return of 900 Somali refugees, UNHCR will prioritise life-saving protection and assistance through in-kind distributions, cash-based interventions, community and area-based support, and initiatives promoting peaceful co-existence, guided by its Age, Gender and Diversity (AGD) Policy.[19] Advocacy and technical support will strengthen Somalia's asylum system, improving access to protection and rights for refugees and asylum-seekers. Activities align with HNRP strategic objectives and emphasise area-based approaches and social cohesion.

As a key actor in addressing mixed migration flows, UNHCR, alongside government partners, will safeguard refugee rights and ensure access to essential services. Prioritisation focuses on life-saving interventions, while life-sustaining activities such as livelihoods, health, education, shelter, and local integration will be deprioritised due to resource constraints. UNHCR will systematically involve affected populations in designing interventions, ensuring equal access to rights, services, and participation in decisions impacting their communities. All interventions will be needs-based, with robust accountability mechanisms and integrated Protection from Sexual Exploitation and Abuse (PSEA) measures across all programmes.

Cost of the Response

The 2026 response targets 53,110 vulnerable refugees, asylum-seekers, and returnees at an estimated cost of US$17 million. The prioritised budget focuses on life-saving activities, including access to asylum, protection, and durable solutions, based on community-driven needs assessments by UNHCR, government ministries, and partners. Cash assistance will be prioritised where feasible. The budget covers recurrent protection-related costs, reintegration support for returnees, and annual technical and financial support to government ministries and interlocutors. Costing will be regularly monitored to ensure adequacy and alignment with prioritised needs of those requiring international protection and returnees to Somalia.

Monitoring

The refugee response will be continuously monitored through a coordinated, participatory, and inclusive monitoring and evaluation approach. The operation will strengthen the collection, analysis, and usage of M&E data employing various approaches which include post-distribution monitoring (especially in hard-to-reach locations). Regular monitoring will enhance the implementation of recommendations and course correction, strengthen risk management, and ensure the participation of forcibly displaced populations.

Coordination and partnerships

In 2026, UNHCR will collaborate with 10 partners (6 government, 2 national NGOs, 2 international NGOs) and private sector actors, while extending the Partnership Framework Agreement to 5 more partners (4 government, 1 NNGO). Strategic engagement will continue at federal and state levels, strengthening coordination with key federal entities such as NCRI, MoIFAR, MoPIED, and NCRDS. At state level, UNHCR will work with commissions managing refugee and internally displaced persons (IDP) programs. Close collaboration will also continue with UN agencies, including HCT and UNCT.

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4.3 Quality and inclusive programming (CoP, PSEA, AAP, Gender, Disability Inclusion)

Inclusivity and Quality programming

In 2026, humanitarian partners will strengthen inclusivity and quality programming by ensuring meaningful participation of vulnerable groups in aid delivery, coordination, and decision-making, while addressing structural drivers of aid diversion. This includes integration of gender and disability inclusion, community engagement, and minority-clan representation into humanitarian response to meet the minimum standard as per the sphere standard. Concrete measures—aligned with HCT policies on registration, targeting, data sharing, andreferral—will help overcome systemic exclusion and ensure equitable access to assistance for marginalised populations, reinforcing accountability and dignity in the humanitarian response.

Centrality of Protection (CoP)

Humanitarian partners are guided by the HCT Centrality of Protection Strategy and Workplan 2025–2026 to reduce and mitigate the three critical protection risks throughout program design, planning, implementation, monitoring and evaluation. The HCT continued to prioritise the three critical protection risks: (1) the risk of exclusion and denial of access to assistance, (2) the risks associated with forced displacement, and (3) the indiscriminate attacks on civilians and civilian objects. All humanitarian response will therefore ensure, integration of these key Protection risks and maistream key cross-cutting messages into programming, support community-based structures in prevention and response to Protection Risks and provide assistance to vulnerable individuals beyond sex age disaggregated data (SADD) vulnerabilities. The Protection Cluster will continue to play a key role by providing specialised Protection activities and technical support. Centrality of Protection Work plan, and Centrality of Protection Monitoring in the 2026 HNRP.

Gender, women empowerment

Gender equality is a core priority in Somalia's 2026 humanitarian response, guided by the IASC Gender Accountability Framework and GiHA commitments. Women and girls, including those with disabilities, widows, minority-clan women, and women-headed households, are engaged to actively shape needs analysis, targeting, and monitoring, supported by strengthened representation of Women-Led Organisations, youth groups, and OPDs in coordination structures. All clusters are supported report sex, age, and disability-disaggregated data, to use gender-responsive indicators, ensuring sectoral plans, cash assistance, and site planning address distinct risks and capacities of diverse groups. This approach positions women and girls as decision-makers and agents of change, driving a safe and dignified humanitarian response. GiHA ToR document.

Disability inclusion

Persons with disabilities in Somalia face systematic exclusion from humanitarian assistance, driven by inaccessible services, weak disability-disaggregated monitoring, and limited accountability mechanisms. Recent assessments show that over 80 per cent of persons with disabilities in Gedo are unable to access health services due to distance and lack of information, while 90 per cent of WASH facilities assessed across Bay, Banadir, and Gedo fail to meet minimum accessibility, safety, and dignity standards, effectively excluding persons with disabilities and older people from basic sanitation. These barriers intersect with gender and displacement, placing women and girls with disabilities at heightened risk of violence, exploitation, and chronic deprivation. While disability is referenced in needs analysis, response planning and monitoring remain largely reliant on population assumptions rather than measured reach and outcomes, undermining accountability. Addressing these gaps in the 2026 HNRP requires enforceable disability-inclusive targets, systematic use of disability-disaggregated data, accessible communication and feedback mechanisms, and the meaningful participation of OPDs to ensure that humanitarian assistance translates into real gains in access, safety, dignity, and agency for persons with disabilities. IASC Guidelines on Disability Inclusion and Somalia DIWG TOR.

Prevention of Sexual Exploitation and Abuse (PSEA)

Communities in Somalia face low awareness and significant protection gaps regarding SEA, with 82% of households unaware of SEA and 68% unwilling to report incidents due to fear, shame, lack of information, and distrust of reporting channels. Despite these challenges, progress has been made in strengthening the Inter-Agency PSEA Network, which doubled its membership to over 200 entities and trained 410 focal points, including on victim assistance protocols and updated SOPs. A joint risk assessment was completed in 2025 and informs the 2026 action plan. Government engagement has advanced with the Ministry of Family and Human Rights Development drafting a national PSEA action plan. In August 2025, the UNCT and HCT agreed on measures to reinforce accountability and expand PSEA capacity, aiming to address underreporting and improve organisational response to SEA risks with a MEMO issued on the same. Clusters and partners guidance on PSEA.

Meaningful Community Engagement

In 2026, the Community Engagement and Accountability Task Force (CEA TF), under R2T2's accountability workstream, will strengthen Accountability to Affected People (AAP) across Somalia's response. The HCT will introduce an integrated complaints and feedback mechanism managed by a single agency to streamline processes and ensure equal access to assistance and information. This system will enhance two-way communication and inclusive participation, prioritising vulnerable groups such as persons with disabilities, women, the elderly, and minorities. Through support to Area-Based Coordinators and partners, CEA TF will provide guidelines on participation, information sharing, and confidential feedback handling to reinforce transparency and accountability. Refer to CEA-TF HNRP 2026

Environment

Environmental integration in humanitarian response is essential to ensure that emergency actions protect ecosystems while meeting urgent needs. Clusters will coordinate with environmental experts and relevant agencies to incorporate risk assessments, apply joint guidelines, and use standardised tools for impact analysis. Cluster plans will prioritise environment friendly and staff training to embed sustainability across all sectors. By adopting measures such as eco-friendly shelter materials, safe water systems, and climate-smart agriculture, humanitarian actors can minimise harm to the environment, strengthen resilience, and align recovery efforts with long-term sustainability goals.

4.4 Operational presence and access

4.4.1 Operational presence and access

Under the Humanitarian Reset, 253 cluster partners delivered life-saving and protection assistance to approximately 1.3 million people—29 per cent of the 4.57 million targeted—across 32 prioritised districts and 90 operational districts in 2025. National NGOs represented the largest share of partners (71 per cent), followed by INGOs (18 per cent), government institutions (7 per cent), and UN agencies (2 per cent). In line with IAHE recommendations, the HCT, SHCGs, ABCs, and Access Working Group will intensify efforts to reach high-access-constrained and hard-to-reach areas through localised strategies. The SHCG with support from ICCG and OC will continue addressing operational bottlenecks related to supplies, warehousing, and logistics. UNHAS will maintain critical air transport services, including delivery of relief items, medical evacuations, and security relocations to priority and hard-to-reach locations.

4.4.2 Access

Humanitarian access in Somalia is expected to remain limited in 2026 as conflict, political fragmentation and climatic shocks continue to restrict humanitarian presence and mobility across many parts of the country. Access constraints observed in 2025 intensified across Middle and Lower Shabelle, Hiraan, Bay, Bakool and Lower Juba, driven by the expansion of non-state armed actors along key movement corridors, seasonal deterioration of roads and pressures on communities in contested areas. The Mogadishu-Balad-Jowhar-Beledweyne corridor and the Afgooye-Awdheegle-Bariire route remained unpredictable due to checkpoints, ambushes, IED contamination and intermittent hostilities. Access Severity Mapping for 2025 showed very severe constraints concentrated in the Shabelle River corridor, Hiraan and parts of Galgaduud, with severe constraints across Bay, Bakool and Lower Jubba, including several 2026 HPC priority districts. These patterns are expected to persist as non-state armed actors continue to consolidate influence around river crossings and bridge towns. The demolition of the Bariire bridge in June 2025, subsequent insecurity along detours and the expansion of informal taxation illustrate the continued ability of armed actors to restrict access to rural and peri urban areas. In Galgaduud, Hiraan and Middle Shabelle, reinfiltration of recovered locations and the re-establishment of parallel administrative structures further constrained access, disrupted outreach and led to temporary shutdowns of telecommunications. Military operations created short openings, but these often closed rapidly once units withdrew, resulting in renewed insecurity and unpredictability. Humanitarian partners also experienced incidental restrictions linked to air and ground operations, curfews and shifting frontlines, underscoring the need for improved liaison and strengthened deconfliction.

Administrative impediments remained a significant constraint in several federal member states where competing instructions from state and district authorities created inconsistent travel permissions, variable requirements for staff or partner approvals and irregular checkpoint taxation. These impediments increased the operating costs of humanitarian delivery and are likely to intensify in 2026 unless harmonised through coordinated engagement. Climatic shocks compounded these challenges. Flooding during the Gu season and expected deterioration during the Deyr period reduced road passability and isolated riverine settlements, limiting the ability of teams to conduct assessments, deliver assistance or monitor activities. Reliance on air transport increased, yet many airfields in priority districts such as Belet Weyne, Hudur and Jowhar remain dependent on surrounding security conditions that may become less predictable as the AUSSOM transition progresses. Reduced availability of aviation and engineering support may also increase reliance on vulnerable road networks.

Humanitarian personnel and assets continued to face incidents including short term detentions, harassment, attempted carjackings and IED related damage to vehicles, particularly in Hiraan and Lower Juba. Although concentrated in specific districts, these incidents contribute to movement delays, reduced partner presence and heightened risk aversion. Distinction and perception challenges also affected access. Longstanding co-location of UN humanitarian agencies with political and security entities, the continued use of armed escorts and the proximity of humanitarian premises to military sites in Mogadishu, Belet Weyne and Kismayo influence how communities perceive humanitarian neutrality. These issues are likely to become more sensitive during the AUSSOM transition as reductions in military enablers lead communities and parties to the conflict to scrutinise humanitarian intent more closely. The 2026 Joint Operating Principles reaffirm the importance of operational independence and outline measures to reduce activities that may be perceived as supporting political or military agendas.

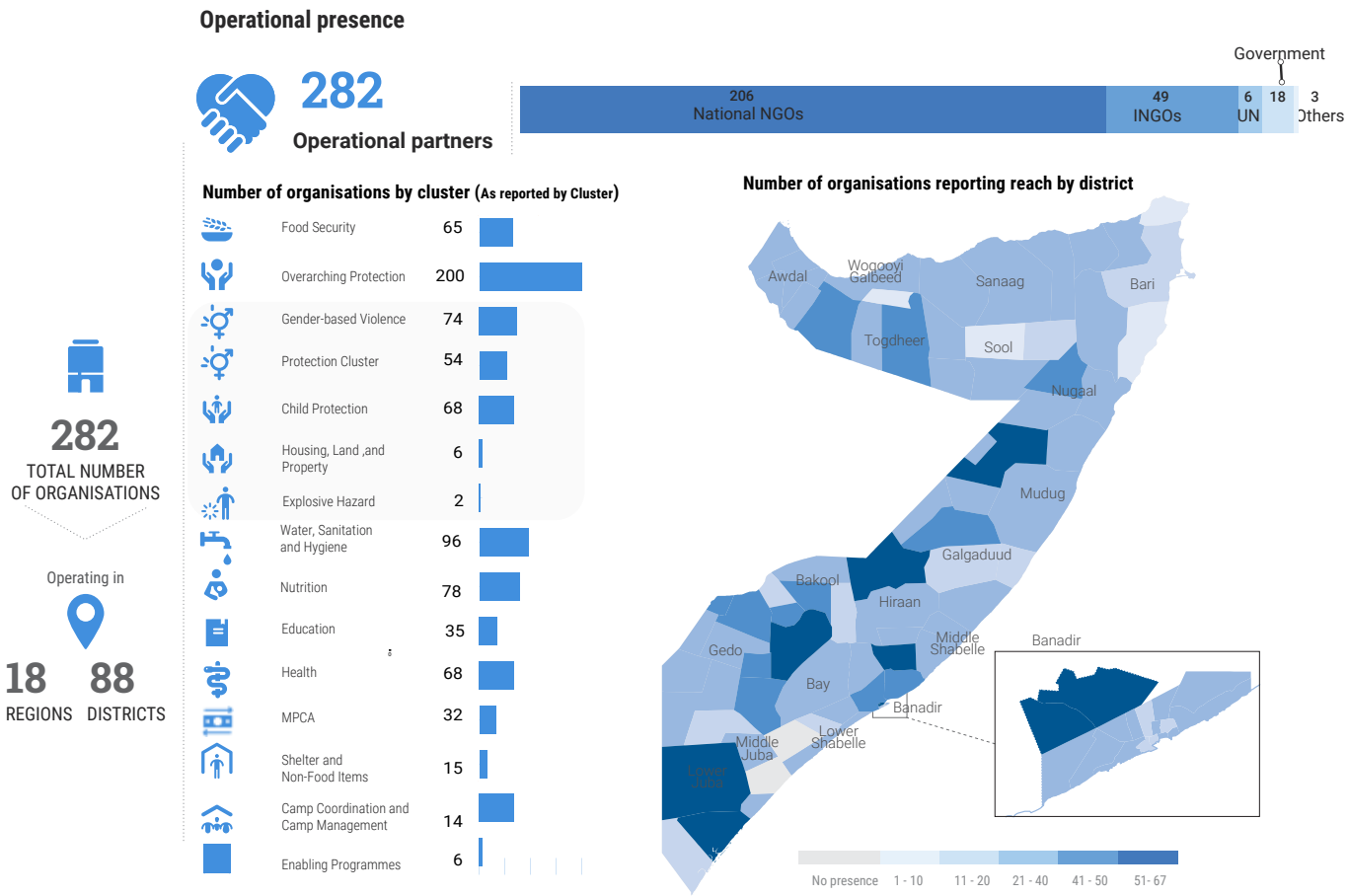
Access constraints had a direct humanitarian impact in 2025 and are expected to continue shaping needs and response options in 2026. The combined effects of movement restrictions, disrupted supply chains and response options in 2026. The combined effects of movement restrictions, disrupted supply chains and increased transport costs reduced partner reach and contributed to delays in assistance. As displacement continues toward urban centres in Lower Shabelle, Hiraan and Gedo, service pressure and tensions related to land, evictions and beneficiary selection risk further complicating community acceptance and engagement. In 2026 humanitarian partners will need to prioritise acceptance-based access, strengthen coordinated engagement with authorities and fully implement local access strategies in priority districts. This approach will require predictable liaison structures, consistent application of the Joint Operating Principles and increased use of community level negotiation networks.

Partners will also continue diversifying movement and logistics through alternative routing, prepositioning and the use of commercial transporters with strong community acceptance. Humanitarian actors will need to seek a disciplined approach to armed escorts, using them only when no viable civilian alternative exists and when determined by comprehensive risk analysis. Sustained engagement through the Access Working Group, routine monitoring through the AMRF and harmonised HCT messaging will support a more coherent and principled approach to overcoming constraints and ensuring that people in need can be reached throughout 2026.

4.5 Cost of the response

The 2026 HNRP continues the unit-based costing model introduced in 2023, refined for inflation and rising logistics costs. Unit costs now vary by geography to reflect access challenges and logistical constraints, covering all implementation expenses, including support and indirect costs. Unlike previous years, Cluster strategies are informed by community consultations, ensuring response activities align with crisis-affected populations' priorities per 2026 HPC guidance. Clusters also adjusted costs to integrate inflation and mainstream cross-cutting priorities such as gender, disability, and Centrality of Protection (CoP). Financial requirements are calculated by multiplying targeted populations by cluster-specific unit costs, totaling $852 million for 2026—a 40 per cent decrease from 2025's $1.43 billion, consistent with a 47 per cent reduction in target population. This reflects a more focused and efficient response strategy. Cost drivers include needs assessments, access conditions, partner capacity, feasibility, historical reach, funding trends, and contributions from non-HNRP actors. The 2026 plan emphasises efficiency, community-driven priorities, and realistic budgeting to ensure timely and inclusive assistance for those most in need.

Operational Presence Jan-Dec 2025



4.6 Endnotes

1. CoP Strategy and workplan 2025-2026
2. Combined Drought Index (CDI) readings indicate severe to extreme drought across nearly all livelihood zones, with rangelands and water systems at their weakest point since the 2021–22 crisis.
3. GIEWS Special alert by FAO, 24 Nov 2025.
4. Integrated Food Security Phase Classification (IPC). Somalia: Acute Food Insecurity Situation for July - September 2025 and Projection for October - December 2025.
5. Food Security and Nutrition Analysis Unit (FSNAU). Somalia: IPC Acute Food Insecurity and Malnutrition Snapshot.
6. DTM, IOM.
7. Somalia Eviction monitoring portal.
8. Fews.net.
9. UNFPA Humanitarian report, June 2025.
10. Somalia-Joint-Monitoring-Report_Issue-4.pdf
11. SWALIM reports that latest (19 November) IRI ENSO plume forecast places the probability of La Niña at 67 % during the transition from Deyr to Jilal (NDJ) easing to 53 % during Jilal (DJF) and back to neutral peaking during Gu 2026 (75 %).
12. SWALIM reports that Gu rains have a weak statistical association with large scale oceanic conditions making its forecast uncertain. Gu 2026 is therefore not likely to be driven by (the neutral) ENSO. Projections are showing normal to above normal (ECMWF) and equal chance (NMME).
13. 2025 Somalia Drought Emergency SitRep, Nov 2025
14. The Humanitarian Reset Paper 2 (Phase 2).
15. Of whom 2,500,000 female, 745k displaced persons, 150k children under 5 years, 250k live births expected, 900k women of reproductive age (15-49 years), more than 35k elder persons, and 807k persons with disabilities. Districts that are classified extreme (severity 4) in the health cluster severity have increased from 31 in 2025 to 36 in 2026.
16. Federal Ministry of Health (FMOH), ISDR Epidemiology Bulletin (Epi -week 46), November 23, 2025.
17. Primero™ is an open source software platform that is driving digital transformation in social services. Primero helps workers manage protection-related data, with tools that facilitate child protection and gender-based violence case management and incident monitoring, as well as family tracing and reunification.
18. https://alliancecpha.org/en/CPMS_home
19. UNHCR's Age, Gender and Diversity (AGD) policy
20. Sex- and Age-Disaggregated Data for People in Need and Targets HNRP 2026

4.7 Acronyms

AAP	Accountability to Affected Populations
ABCs	Area-Based Coordinations
AGD	Age, Gender and Diversity
AMN	Acute Malnutrition
AMRF	Access Monitoring and Reporting Framework
AoR	Area of Responsibility
ARI	Acute Respiratory Infection
AS	Al-Shabaab
AWD	Acute Watery Diarrhoea
AWG	Access Working Group
AUSSOM	African Union Support and Stabilisation Mission in Somalia
Baxnaano	Somalia National Social Protection Programme
BOQ / BOQs	Bill(s) of Quantities
BRICS	Building Resilient and Inclusive Communities in Somalia
CAFAAGs	Children Associated with Armed Forces and Armed Groups
CCCM	Camp Coordination and Camp Management
CEA	Community Engagement and Accountability
CEA TF	Community Engagement and Accountability Task Force
CFM	Common Feedback Mechanism
CLA	Cluster Lead Agency
CoP	Centrality of Protection
CVA	Cash and Voucher Assistance
CWG	Cash Working Group
Deyr	Somalia Short Rainy Season (Oct–Dec)
DIWG	Disability Inclusion Working Group
DTM	Displacement Tracking Matrix
EORE	Explosive Ordnance Risk Education
EPI	Expanded Programme on Immunization
ERC	Emergency Relief Coordinator
ES/NFI	Emergency Shelter / Non-Food Items
ETT	Emergency Tracking Tool
FAO	Food and Agriculture Organization of the United Nations
FEWS NET	Famine Early Warning Systems Network
FGM	Female Genital Mutilation
FSC	Food Security Cluster
FSNAU	Food Security and Nutrition Analysis Unit
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GiHA	Gender in Humanitarian Action
GTS	Ground Truth Solutions
Gu	Somalia Main Rainy Season (Mar–May)
HCT	Humanitarian Country Team
HLP	Housing, Land and Property
HNRP	Humanitarian Needs and Response Plan
HPC	Humanitarian Programme Cycle
IAHE	Inter-Agency Humanitarian Evaluation
IARH	Inter-Agency Reproductive Health
IAS C	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IDP(s)	Internally Displaced Person(s)
IED(s)	Improvised Explosive Device(s)
IMWG	Information Management Working Group
INGO(s)	International Non-Governmental Organization(s)
IPC	Integrated Food Security Phase Classification
IPV	Intimate Partner Violence
JIAF	Joint Intersectoral Analysis Framework
Jilaal	Somalia Dry Season (Jan–Mar)
MAM	Moderate Acute Malnutrition
MEB	Minimum Expenditure Basket
MHPSS	Mental Health and Psychosocial Support
MoHADMs	Ministries of Humanitarian Affairs and Disaster Management
MPA	Minimum Package of Assistance
MPCA	Multi-Purpose Cash Assistance
MRM	Monitoring and Reporting Mechanism
MSNA	Multi-Sector Needs Assessment
NAT	Needs Assessment Tool
NGO(s)	Non-Governmental Organization(s)
NNGO(s)	National Non-Governmental Organization(s)
NSAG(s)	Non-State Armed Group(s)
OC	Operational Cell
OPDs	Organisations of Persons with Disabilities
OTiS	Operational Transformation Initiative
PDAD	Post-Delivery Aid Diversion
PiN	People in Need
PRIMERO	Child Protection Information Management System
PSEA	Prevention of Sexual Exploitation and Abuse
R2T2	Reset and Reform Task Team
RMU	Risk Management Unit
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
SADD / SADDD	Sex, Age (and Disability) Disaggregated Data
SAM	Severe Acute Malnutrition
SCFM	Somalia Common Feedback Mechanism
SHCG(s)	State Humanitarian Coordination Group(s)
SHF	Somalia Humanitarian Fund
SO /SO1	Strategic Objective / Strategic Objective 1
SoDMA	Somalia Disaster Management Agency
SRF	Single Registration Form
SWALIM	Somalia Water and Land Information Management
UASC	Unaccompanied and Separated Children
UNCT	United Nations Country Team
UNDSS	United Nations Department of Safety and Security
UNHAS	United Nations Humanitarian Air Service
UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
UNSOS	United Nations Support Office in Somalia
UNTMIS	United Nations Transitional Assistance Mission in Somalia
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
3W / 5W	Who does What, Where / Who does What, Where, When, for Whom

SOMALIA

HUMANITARIAN NEEDS AND RESPONSE PLAN