

UNICEF/UN967429/Teslaye

Habiba brought her malnourished child to Ladan IDP camp in Dollow for screening at UNICEF-supported site to assess nutritional status. After losing her cattle, she walked 7 days to reach the facility

unicef for every child

Humanitarian Situation Report No. 1

Reporting Period
1 January - 31 March 2026

Somalia

HIGHLIGHTS

- In 2026, Somalia faces a deteriorating humanitarian situation driven by multi-season drought, escalating displacement, rising malnutrition and food insecurity, weakened basic services, and reduced operational capacity following funding declines since 2025. These factors have deepened vulnerabilities, particularly among children and displaced populations, with increasing risks of malnutrition, disease outbreaks, and protection concerns.
- In the first quarter of 2026, UNICEF and partners sustained delivery of life-saving services. Over 89,000 children were treated for severe acute malnutrition, over 32,000 vaccinated against measles, more than 119,000 people received critical WASH supplies, and 57,000 learners were supported with access to education. In addition, nearly 6,000 children and caregivers accessed community-based mental health and psychosocial support services.
- The UNICEF 2026 Humanitarian Action for Children (HAC) appeal remains critically underfunded at 18 per cent, significantly limiting the scale and continuity of response at a time when needs are rapidly increasing due to the ongoing drought and other shocks.

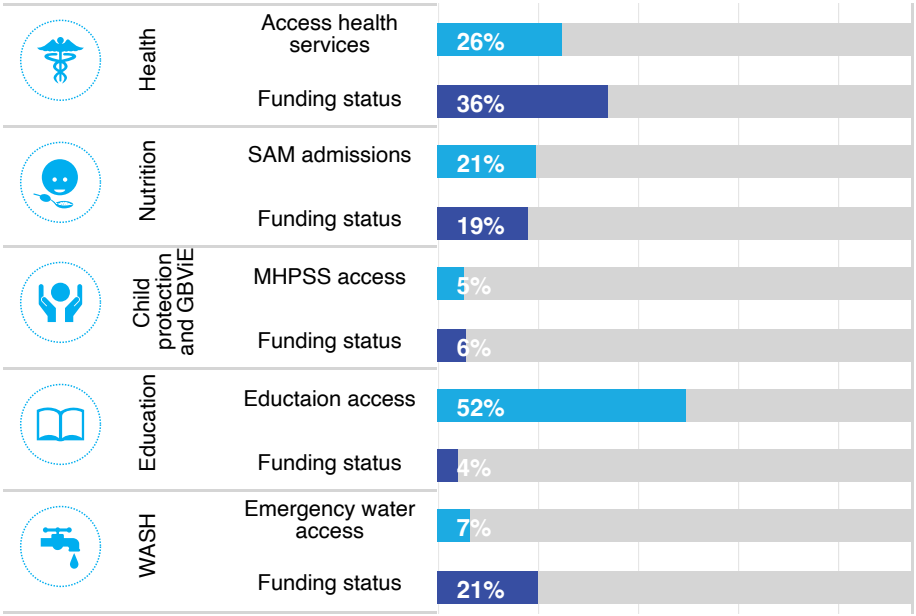
SITUATION IN NUMBERS

3,000,000
Children in need of humanitarian assistance

4,800,000
People in need of humanitarian assistance

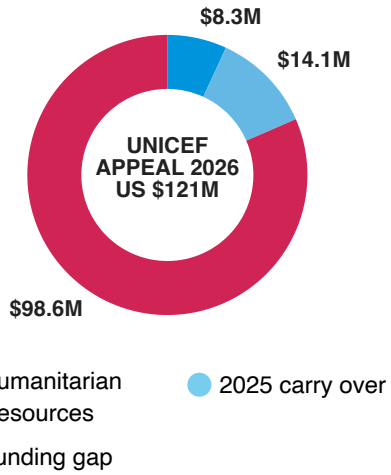
3,347,000
Internally displaced people (UNHCR 2026)

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

The 2026 Humanitarian Action for Children (HAC) appeal is currently funded at 18 per cent. During the first quarter, UNICEF received USD 8.3 million in new contributions. Together with USD 14.1 million carried over from 2025, the total available funding stands at USD 22.4 million, leaving a gap of USD 98.6 million (82 per cent). This shortfall is significantly constraining the scale and continuity of response, particularly in priority drought-affected districts. Key sectors remain severely underfunded, including health (64 per cent gap), nutrition (81 per cent), WASH (79 per cent), education (97 per cent), and child protection (94 per cent).

UNICEF extends its sincere appreciation to all donors whose generous contributions make it possible to deliver life-saving interventions across health, WASH, child protection, social protection, nutrition, and education. Their continued support is critical to reaching vulnerable children and communities. UNICEF is especially grateful to contributors to the Global Humanitarian Thematic Fund (GHTF), whose flexible funding plays a vital role in enabling timely and effective responses.

As humanitarian needs shift and intensify, UNICEF appeals to donors to provide more flexible funding. This approach allows us to respond swiftly and strategically, ensuring assistance reaches those most in need while adapting to an ever-changing humanitarian landscape

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Somalia entered 2026 facing a deepening humanitarian emergency driven by another drought, sustained armed conflict, surging disease outbreaks, weakened basic services and an unprecedented funding crisis. The 2026 Humanitarian Needs and Response Plan (HNRP) estimates that approximately 4.8 million people require urgent humanitarian assistance and protection in 2026, including at least 3 million children who bear the disproportionate burden of the crisis. Reduced humanitarian funding since 2025 has further constrained response capacity, contributing to gaps in life-saving services across multiple sectors.

Malnutrition and food insecurity remain at critical levels nationwide. According to the February 2026 IPC analysis, an estimated 6.5 million people, nearly a third of Somali population, are facing crisis levels of hunger or worse (IPC Phase 3 or above) including 2 million in IPC Phase 4 – an increase of 1.7 million people from the start of the year. At the same time, 1.84 million children under five are projected to suffer from acute malnutrition, including 483,000 severe cases requiring urgent treatment. This represents a significant increase compared to late 2025, reflecting a rapid deterioration in household food access, nutrition situation and livelihoods. While projections suggest a potential seasonal improvement during the April–June Gu' rains, overall conditions are expected to remain fragile, with several population groups livelihood zones likely to deteriorate further into Emergency levels (IPC Phase 4).

The primary driver of humanitarian deterioration is an active multi-season drought following failure of successive rainfall seasons. The failure of the October–December 2025 Deyr rains, combined with harsh conditions during the January–March Jilaal dry season, has led to widespread depletion of water sources and pasture. Northern regions have experienced a fourth consecutive failed rainy season, with rainfall deficits of up to 60 per cent below average. High temperatures have further accelerated the drying of water points and rangelands, driving sharp increases in water prices reaching up to $12 per 200-litre barrel in parts of Puntland and Somaliland, compared to approximately $2 in normal conditions. The situation in the Middle East has also driven up the prices of fuel and water across Somalia. These pressures have severely undermined pastoral and agropastoral livelihoods and increased reliance on negative coping strategies.

Displacement continued to rise during the reporting period, driven largely by drought, adding to an already high baseline of approximately 3.3 million internally displaced persons. More than 500,000 people were displaced during the quarter, with significant movements recorded in drought-affected areas of Sool, Sanaag, Togdheer, Puntland, and parts of South-Central Somalia. In February alone, nearly 88,000 new displacements were reported across Mudug and Banadir regions, including large-scale movements from Hobyo district. Displaced populations face acute needs across food, water, shelter, and protection, often settling in overcrowded sites with limited access to basic services.

The drought has also had a significant impact on education, particularly in pastoral and displacement-affected areas. As families migrate in search of water and pasture, school attendance has declined and closures have increased. The Education Cluster reports that 829 schools have been affected by drought, including 358 that have closed and 471 at risk of closure. These disruptions have affected access to learning for over 189,000 children, with an estimated 78,000 already dropping out. In Somaliland, 190 schools have closed and 431 are severely affected, while in Puntland 191 schools have been impacted, including 82 closures. Children remaining in school face deteriorating learning conditions, including limited access to water, sanitation, and learning materials. Adolescent girls are particularly affected due to increased domestic responsibilities and limited access to menstrual hygiene support, further constraining their participation in education.

Somalia's fragile health system also remained under immense strain as drought and conflict driven displacements continue to trigger upsurge in diseases, with four active outbreaks reported nationally: measles, diphtheria, acute watery diarrhoea (AWD)/cholera, and dengue fever. Measles cases continued to rise, the majority (over 80%) affecting children and concentrated in high-burden districts such as Bay, Banadir, and Lower Juba. Diphtheria also remained a significant concern, with over 1,059 suspected cases and 38 deaths reported cumulatively since the start of the year, with a case fatality rate of 3.6%. Concurrently, AWD/cholera transmission persisted as part of an ongoing outbreak linked to poor water and sanitation conditions, while localized dengue outbreaks were reported. More than 400 health and nutrition facilities have closed over the past year resulting in mothers and children missing vital services including vaccinations and treatment of severe malnutrition.

Due to funding constraints and the resulting scale-down and closure of health and nutrition facilities in recent months, a decline in admissions for severe acute malnutrition (SAM) was observed during the first quarter of 2026, with a quarterly average of 29,000 children admitted for treatment compared to approximately 35,000 in first quarter of 2025. This reduction does not reflect an improvement in the nutrition situation, which has in fact deteriorated, but rather reduced service availability and access. Contributing factors include the suspension of mobile and outreach services, closure of facilities, reduced nutrition workforce capacity, and overall funding shortfalls, all of

which have limited case detection and treatment coverage. Since December 2025, a total of 70 OTP and 85 TSFP sites across Somalia were closed due to funding constraints and scale down of operations. The nutrition response was significantly constrained by the suspension of the Targeted Supplementary Feeding Programme (TSFP) for the management of moderate acute malnutrition (MAM). This has created critical gaps in the continuum of care, leaving MAM cases untreated and increasing the likelihood of deterioration to severe acute malnutrition (SAM), particularly in the context of rising disease burden and worsening food insecurity. In addition, the absence of supplementary feeding services has reduced caregiver engagement with nutrition programmes, leading to a marked decline in MUAC screening at facility and community levels. This reduction in screening coverage is limiting early identification of cases and risks masking the true scale and severity of malnutrition within affected communities. In addition, the low community screening and lack of TSFP has led to increase in admissions and late presentations in stabilization centers especially in the central and southern part of Somalia.

Humanitarian access and operational constraints also remained a challenge. In this first quarter, 53 humanitarian access incidents were reported across Somalia, which is above the 2025 quarterly average of 45 with February alone accounting for highest share. Severe restrictions persist along the Shabelle River corridor, Hiiran, Galgaduud, and Middle Juba, with unpredictable movements of and access to supplies and services. At the same time, the escalating conflict in the Middle East is increasingly affecting Somalia's humanitarian environment through disruptions to regional supply chains and rising fuel and transport costs. Domestic fuel prices in Mogadishu surged from approximately $0.6 to $1.5 per litre in March, representing a 250 per cent increase from original price, with secondary impacts already observed on transport, food, and water prices across several regions. Water costs have risen particularly sharply in drought-affected areas reliant on borehole pumping and water trucking, further compounding pressures on vulnerable communities already affected by prolonged drought and conflict. The crisis is also contributing to delays and increased shipping costs for critical humanitarian supplies, including therapeutic foods for treatment of severe acute malnutrition, vaccines, medical commodities, and mosquito nets, raising concerns over cost-efficiency of humanitarian operations in the coming months.

Looking ahead, the humanitarian outlook remains concerning with risks of further deterioration driven by continued drought conditions, high levels of displacements, and persistent funding constraints. The Gu' season is anticipated to bring modest relief in water and pasture availability in some regions but may also drive up flood risks and AWD/cholera upsurge. Sustaining service delivery in high-risk drought-affected districts will be essential to prevent further declines in child survival and well-being

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Nutrition

UNICEF sustained delivery of nutrition services across 75 priority districts during the first quarter of 2026, reaching 89,073 children aged 6 to 59 months (49,486 girls; 39,587 boys) with treatment for severe acute malnutrition (SAM) through a combination of fixed and outreach platforms. This represents 20.7 per cent of the 2026 HAC target. Preventive nutrition interventions were also scaled, with 273,474 primary caregivers of children aged 0–23 months reached with infant and young child feeding (IYCF) counselling through community- and facility-based approaches, achieving 30.4 per cent of the annual target.

A pivotal accomplishment in Q1 was Somalia's implementation of the Maternal Nutrition Acceleration Plan. This quarter saw the initiation of multiple micronutrient supplementation (MMS) for pregnant and lactating women (PLW). Within this strategic framework, adolescent girls aged 10–19 years were supported with weekly iron–folic acid supplementation and biannual deworming, while PLW benefited from comprehensive maternal nutrition support, with a pronounced emphasis on MMS and dietary counselling.

At the systems level, UNICEF supported the piloting of updated Integrated Management of Acute Malnutrition (IMAM) guidelines in the two selected districts, actively contributed to drought preparedness and response efforts, and collaborated extensively with the nutrition partners across the country. UNICEF also supported the Government both technically and financially in the development of the National Nutrition Policy (2026–2035) and the Somalia Multisectoral Nutrition Strategy (2026–2030). Furthermore, integrated annual workplans were established with the Health and WASH sectors to foster coordinated implementation, and these were signed at national and state levels of the government, and partner agreements were strategically extended in Q1 to safeguard an uninterrupted provision of essential health, nutrition and WASH services amidst prevailing funding shortages.

Nutrition cluster:

The nutrition cluster's operational footprint closely mirrors the scope and partner network of UNICEF-supported programming. It encompasses an extensive network of implementing partners operating across 75 districts nationwide, through which children and caregivers access critical treatment and preventive interventions via both fixed and mobile outreach modalities.

By the close of Q1, the nutrition cluster partners reached 89,073 children aged 0–59 months (49,498 girls and 39,595 boys) with SAM treatment. In parallel, UNICEF and partners strengthened prevention through infant and young child feeding (IYCF) services, providing counselling to 273,474 caregivers of children aged 0–23 months to support age-appropriate feeding, improve dietary practices, and reduce the risk of wasting. This represents a 21 per cent achievement against 2026 HNRP targets for SAM and a 30 per cent achievement for IYCF counselling. This disparity suggests comparatively more robust coverage of preventive services relative to treatment interventions. Service delivery remained predominant in high-burden and displacement-affected districts, with integrated approaches across nutrition, health, and WASH sectors bolstering referral mechanisms and ensuring continuity of care.

Funding shortfalls significantly hampered the availability of nutrition services, leading to a reduction in site coverage that consequently narrowed access and demand on the remaining operational facilities. Preventive services were affected by these reductions, with notable declines in Moderate Acute Malnutrition (MAM) treatment and the suspension of Blanket Supplementary Feeding Programme (BSFP) distributions from January. This cessation left vulnerable children and PLW without crucial protective support. While core services have largely continued, the overall contraction across the broader response has diminished comprehensive coverage at a juncture of heightened need.

Protracted insecurity, drought conditions, severe water scarcity, humanitarian access issues, and population displacements collectively impede access to remote and hard-to-reach areas. Further, deficiencies in routine immunization coverage and suboptimal WASH conditions decelerate recovery trends and elevate the propensity for worsening nutritional conditions, particularly within high-burden districts.

Health (including public health emergencies)

UNICEF focused on high-priority high-risk districts where the health needs were highest, ensuring the delivery of essential emergency health services through static, outreach, and mobile services. During the quarter, 223,158 crisis-affected people (95,957 children under five; 127,201 adults) (126,773 females; 96,385 males) accessed essential health services across 24 priority districts—representing 26 per cent of the annual target of 850,000. This achievement reflects sustained service delivery despite operational constraints, though the pace signals the need for accelerated scale-up to meet annual commitments.

Maternal, neonatal and child health (MNCH) services were sustained, with 9,221 pregnant women completing all four antenatal care visits and 13,629 deliveries supported by skilled birth attendants. Routine immunization reached 32,643 children with measles vaccination, achieving approximately 22 per cent of the 150,000 annual supplemental dose target, alongside 28,208 receiving Penta 1 and 24,907 receiving Penta 3, reflecting continued service delivery.

Despite these achievements, the availability of health services remained under significant strain. Facility closures, including those previously supported by FCDO, alongside low service coverage and access barriers, are contributing to the resurgence of vaccine-preventable diseases among under-vaccinated children. These dynamics reflect broader system strain, with hard-won gains in maternal and child health at risk of reversal.

Water, Sanitation and Hygiene (WASH)

UNICEF supported access to safe water for 52,942 crisis-affected people (34,412 children; 18,530 adults; 25,413 females; 27,529 males) through a combination of emergency water supply and rehabilitation of priority water systems. Interventions were focused on drought high-severity districts where water source depletion and access constraints are most acute, contributing to roughly a quarter of the overall WASH Cluster response. Coverage represents 7 per cent of the annual HAC target, reflecting the resource-intensive nature of water infrastructure interventions and continued reliance on water trucking in drought-affected areas.

In addition, a total of 119,134 crisis-affected people (77,437 children; 41,697 adults) (57,184 females; 61,950 males) received essential WASH supplies, accounting for half of cluster-wide distributions and reaching 9.9 per cent of the HAC target. Support included hygiene kits and household water treatment supplies (I.e., chlorination tabs), with hygiene kits incorporating menstrual hygiene management (MHM) materials and tailored items for women, girls, and people with specific needs, supporting safer water handling at the point of use, particularly in displacement-affected districts.

Sanitation interventions reached 3,746 affected people (1,985 children; 1,761 adults) and (1,948 females; and 1,798 males) through latrine construction, rehabilitation and desludging. Progress in sanitation remains constrained by limited water availability, which continues to affect facility use, maintenance, and overall scale-up in drought-affected areas.

WASH cluster:

WASH Cluster partners sustained a coordinated response across drought-affected areas during the first quarter, combining emergency assistance with system-strengthening measures to address acute water scarcity and deteriorating sanitation conditions. A total of 222,834 people (144,850 children; 77,993 adults; 106,962 females; 115,881 males) gained access to safe water through water trucking, rehabilitation of critical water systems, and household water treatment, reaching 12 per cent of the annual target of 1.9 million. Interventions were prioritized in high-severity districts where groundwater depletion, rising water prices, and limited infrastructure continue to constrain access.

Concurrently, 248,384 crisis-affected people (161,451 children; 86,936 adults) (119,227 females; 129,160 males) received essential WASH supplies—achieving 17 per cent of the 1,500,000 annual target—reinforcing safer water handling and hygiene practices at household level, particularly in displacement-affected and high-risk districts. This distribution pattern reflects a continued shift of water safety responsibility toward households, with effectiveness contingent on sustained supply availability and consistent use.

Sanitation services reached 29,825 people (15,809 children; 14,020 adults) (15,511 females; 14,318 males)—just 3 per cent of the 1,100,000 annual target—through latrine construction, rehabilitation, and desludging. This significantly lower achievement relative to water and supply interventions signals persistent structural limitations in scaling sanitation services alongside water access, a gap that widens as drought conditions intensify and demand increases. These collective efforts underscore the Cluster's capacity to deliver multi-modal WASH support under increasingly challenging conditions, while highlighting the urgent need for scaled interventions to address widening service gaps and accelerate progress toward annual targets.

Drought conditions continue to intensify, with prolonged rainfall deficits driving groundwater depletion and sustained increases in water prices, particularly in high-severity districts. Access to safe water remains constrained, and reliance on water trucking persists as a primary response modality. Sanitation scale-up continues to lag behind water and hygiene interventions, reflecting structural constraints, limited infrastructure, and reduced water availability affecting functionality and maintenance of facilities. Significant gaps remain across WASH services, requiring sustained and scaled-up interventions to prevent further deterioration. Without increased investment in durable and climate-resilient water systems, the response is likely to remain largely reactive, with continued dependence on emergency water trucking in many areas.

Education

The Education in Emergencies (EiE) programme supported 57,499 learners (27,538 girls; 29,916 boys) across 205 schools in Galmudug,

Mudug, and Somaliland, accounting for the majority of children supported across the Cluster, and reaching 52 per cent of the annual HAC target of 110,000 enrolments, reflecting the relatively stable, enrolment-based nature of education programming.

Interventions combined access, quality, and protection elements. In Puntland, water pipeline extensions reached 1,355 students across eight schools, while climate-resilient initiatives supported 9,002 learners across 30 schools. Similarly, targeted inclusion measures in schools supported 120 children with disabilities, while 1,280 children received child-friendly MHPSS. Girls' Empowerment Forums contributed to safer learning environments, supporting participation in learning environments that remain largely inaccessible for children with specific needs

In Central South districts, community mobilisation on child protection, PSEA, AAP, and safeguarding engaged 2,794 children and caregivers, alongside outreach to 1,459 children (855 boys; 604 girls), supporting enrolment and retention. Incentives supported 168 education personnel (28 female), while Child-to-Child clubs across 40 schools engaged over 5,000 learners. Continuous professional development supported 153 teachers and 51 headteachers.

System strengthening was anchored within national structures. A 10-day training equipped 18 Ministry staff as master trainers for Teaching at the Right Level (TaRL) across 51 Joint Resilience Programme schools, cascaded to 51 headteachers and 102 teachers, with ongoing support from District Education Officers and Quality Assurance teams. In parallel, 102 Community Education Committees were trained, while a rapid drought impact assessment informed response prioritisation.

Education cluster:

Across Education Cluster partners, 59,631 children (30,370 girls; 29,261 boys) accessed EiE through formal and informal learning services, marking 10 per cent of the HNRP target of 572,533 enrolments, while 153 teachers (121 female; 32 male) were trained and supported for its delivery. Similarly, 1,819 teachers (446 female) received monthly cash assistance to support the continuity of teaching and learning at supported schools. Delivery remains closely tied to school functionality and population movement across districts.

Cluster needs mapping identified 829 drought-affected schools, with 358 closed and 471 at risk, disrupting learning for 189,377 children. An estimated 78,000 children have dropped out due to school closures and increased vulnerability linked to displacement and reduced household coping capacity (see Humanitarian Situation).

School functionality remains a key constraint on education access, with drought-related closures, displacement, and reduced household coping capacity continuing to drive dropout and irregular attendance. Access barriers, including distance to schools, lack of learning materials, and limited WASH services, continue to affect continuity of learning, particularly in pastoral and displacement-affected areas. Without targeted support to sustain school operations and reduce access barriers, retention is likely to decline further, particularly among the most vulnerable children.

Child protection and GBViE

UNICEF sustained delivery of child protection and GBViE services across key intervention areas despite persistent access and capacity constraints. Across targeted districts, 105 children associated with armed forces and armed groups (CAAFAG) (55 girls; 50 boys) received protection and reintegration support, reaching 7.00 per cent of the annual HAC target of 1,500 children.

Community-based Mental Health Psychosocial Support (MHPSS) remained central, with 6,191 (children: 5,961; caregivers: 230) (female: 3,164; male: 3,027) accessing services, reaching 5 per cent of the annual HAC target of 116,000, indicating gradual scale-up. In March alone, 739 children accessed services, demonstrating sustained momentum. Services included structured psychosocial activities, caregiver support, and community awareness sessions delivered through integrated child protection and education platforms.

Family tracing and reunification services supported 356 unaccompanied and separated children (UASC) (185 girls; 171 boys), reaching 4 per cent of the annual HAC target of 10,000. Additionally, 293 children were supported through family-based interim care using cash assistance.

GBV risk mitigation, prevention and response interventions reached 7,823 affected people (children: 5,057; women: 2,766) (female: 5,542; male: 2,281), reaching 9 per cent of the annual HAC target of 83,000. This progress reflects steady advancement through integrated community-based delivery across high-risk and displacement-affected districts.

Child Protection Thematic Working Group (CPTWG)[1]:

Between January and March, the Child Protection Technical Working Group (CPTWG) coordinated targeted child protection interventions across 61 districts through 41 partner organizations, reaching 87,574 affected people (children: 55,258; caregivers: 32,316) (female: 49,615; male: 37,959). The response prioritized both preventive and responsive child protection services, ensuring vulnerable children and their caregivers accessed integrated interventions through community-based platforms. Priority has been given to districts most severely affected by drought and where child protection services had been disrupted including Baidoa, Beletweyne, Qansax Dheere, Burhakaba, and Hudur.

Mental Health and Psychosocial Support (MHPSS) remained central to the response, with 32,399 affected people (children: 30,758; caregivers: 1,641) (female: 16,431; male: 15,968) accessing services. Interventions included structured psychosocial activities, caregiver support sessions, and community awareness activities delivered through integrated child protection and education platforms.

Family tracing and reunification services identified and registered 950 unaccompanied and separated children (UASC) (476 girls; 474 boys). Of these, 441 children (191 girls; 250 boys) were successfully reunified with their families, 111 children (43 girls; 68 boys) were placed in alternative care arrangements, and 293 children (156 girls; 137 boys) were supported through family-based interim care using cash assistance. Reintegration support was also provided to 426 children (205 girls; 221 boys) formerly associated with armed forces and armed groups, facilitating their safe return and reintegration into communities.

Prevention and awareness-raising activities engaged 52,031 affected people (children: 22,020; caregivers: 30,011) (female: 31,319; male:

20,712) across key protection risks. Activities covered GBV risk mitigation, child safeguarding, female genital mutilation (FGM), child marriage, protection from sexual exploitation and abuse (PSEA), and explosive ordnance risk education.

The case management system supported 5,448 children (2,546 girls; 2,902 boys) through individualized case management, referrals, and emergency assistance. Community-based child protection structures and parenting programs engaged 2,410 affected people (children: 549; caregivers: 1,861), strengthening community capacity to prevent, identify, and respond to child protection risks at the local level.

Case identification remains critical: CAAFAG stigma and access barriers prevented new case identification in March, while UASC verification in cross-border and displacement-affected settings is complicated by population mobility. These challenges make family tracing and case verification protracted and resource-intensive. Systemic capacity and funding gaps further limit outreach in remote and insecure areas.

Social protection

Under the Child-Sensitive Social Protection Programme (CSSP II), cash transfers provided a predictable source of income for pregnant and lactating women (PLWs) with children under one year of age, at a time when drought, insecurity, and displacement continue to strain household resources. Monthly transfers of USD 20 per household reached 13,500 PLWs in Hirshabelle (Jalalaqsi District) and Jubaland (Bardhere District) in January, 13,498 in February, and 13,493 in March, maintaining consistent coverage across the quarter and helping households to mitigate the economic consequences of recurrent shocks from climate, continued insecurity and conflict related shocks through improved food security and enhanced access to health, nutrition, and birth registration services.

In parallel, anticipatory top-up support was provided to part of the same caseload, with selected households receiving an additional USD 40 per month. This reached 7,366 households in January, 7,367 in February, and 7,370 in March, offering extra support where the impact of drought has been most acute. For many families, this additional transfer made the difference between coping and cutting back on essentials, particularly food and care for young children in contexts where income sources are often disrupted.

Moreover, under the CSSP-I, a total of 6,369 PLWs and their infants were supported in January 2026 in Bay (Diinsoor District) through cash assistance of $20 per household to help vulnerable PLWs and their families mitigate the economic impacts of recurrent climate shocks, continued insecurity, and conflict-related shocks, while improving household food security.

Taken together, the regular transfers and top-ups kept assistance steady through a period of rising pressure on household incomes. Further into the year, keeping these support measures predictable and widening their reach will help households adopt better alternative coping strategies, particularly in areas where repeated shocks are showing direct impact on highly vulnerable and affected families.

Cross-sectoral (SBC and AAP)

UNICEF anchored risk communication and community engagement (RCCE) within national coordination structures, co-leading RCCE and Community Engagement and Accountability (CEA) Task Force platforms with the Federal Ministry of Health and partners. These mechanisms aligned messaging and supported coordinated delivery of national campaigns on cholera and measles prevention, while integrating drought response communication and reinforcing safeguards against aid diversion across cross-sectoral interventions.

Strategic continuity was maintained through alignment of SBC priorities with the National Transformation Plan (NTP) and the forthcoming 2026–2030 Country Programme Document (CPD). Technical support to the Federal Ministry of Health enabled finalisation of the 2026 National RCCE Workplan, strengthening coordination and positioning RCCE within a more structured framework.

On accountability to affected populations, UNICEF operationalised a Grievance Redress Mechanism (GRM) framework for the AfDB-supported WASH project in Dollow, South Galkayo, and Qardho, integrating the UNICARE platform as a confidential reporting channel, including for SEA/SH concerns.

Across core indicators, 86,534 people accessed timely and lifesaving information, representing 1 per cent of the annual HAC target, pointing to limited population-level reach at this stage. Feedback mechanisms recorded 32,802 people sharing concerns, reaching 5 per cent of the annual target of 650,000, indicating gradual uptake but continued gaps in awareness and utilisation. Access to safe reporting channels for SEA reached 18,853 people, achieving 15.66 per cent of the annual target, reflecting comparatively stronger progress in establishing confidential reporting systems.

Community engagement generated direct insights from children across Banadir, Galmudug, Hirshabelle, Jubaland, Somaliland, and South-West, with 122 focus group discussions engaging 668 children (51 per cent girls). Findings indicate that half perceive violence as common, alongside risks linked to poor lighting and overcrowding, while awareness of protection services remains limited.

A U-Report poll on MNCH engaged 8,101 respondents, highlighting strong demand for services alongside barriers related to cost, waiting times, and access. Capacity strengthening with Banadir University trained 140 youth on U-Report and advocacy.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2026, UNICEF Somalia humanitarian strategy focuses on delivering timely, targeted and integrated assistance to the most vulnerable children, women and adolescents. Under constrained resources, it prioritizes scale and effectiveness through strong partnerships with Somali Federal and State authorities, civil societies, UN agencies and the private sector to maximize the reach and impact of humanitarian assistance and protection. UNICEF aligns humanitarian action with development programming and national systems to ensure continuity of life-saving services across Somalia, especially in high-risk and hard to reach areas.

Within the Humanitarian Reset framework, UNICEF maintains a central coordination role leading the WASH, Nutrition and Education clusters

while remaining a key partner in health, child protection and cross-sectoral coordination in Somalia. UNICEF leverages its field presence to strengthen localization through engagement of capable national partners and locally led structures including Area-Based Coordination (ABC) mechanisms at subnational levels to enhance locally led humanitarian action and build local capacity and responsiveness to community priorities.

UNICEF is scaling up integrated service delivery to ensure access to essential multi-sectoral interventions including healthcare, nutrition, water, sanitation and hygiene, education, child protection, and social protection services. It also emphasizes on resilience building, anticipatory action and preparedness for emergencies as core cross-sectoral pillars for enabling timely response to recurrent shocks and risks in Somalia (drought, disease outbreaks, floods, displacements). Investments in digitization and mitigation of aid diversion continue to improve accountability and efficiency of humanitarian aid.

With reduced funding environment, UNICEF is applying stricter prioritization of interventions and geographic areas, focusing on districts with highest severity of needs and on high impact interventions. UNICEF continues to expand community engagement through digital feedback platforms (e.g., U-Report) and community consultations that amplify the voices of children, women, and minority and marginalized groups.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF advocacy has delivered important results in recent months across Somalia. School-based immunization was reintroduced for the first time in over 30 years, bringing vaccines closer to children in safe learning environments. The first round of the campaign targeted nearly 1 million children aged 5–15 years. Working with government and partners, UNICEF helped increase coverage among school-aged children, reduce missed vaccinations, and lower the risk of outbreaks such as measles and polio, while strengthening the link between education and child health.

UNICEF and partners scaled up drought response efforts across 33 priority districts, delivering critical support to affected communities. This included treating large numbers of children with severe acute malnutrition, reaching over a million people with primary healthcare, vaccinating children against measles, and providing emergency water to communities in need. These efforts helped sustain essential services and support families facing prolonged crisis conditions.

The launch of the 2026 Maternal, Infant, Young Child and Adolescent Nutrition (MIYCAN) Framework marked a shift toward prevention and community-based care. Developed with UNICEF support, the framework promotes a “whole child” approach, including nurturing care and disability-inclusive services, while strengthening support for the 1.8 million children at risk of acute malnutrition.

R-WASH is expanding sustainable water systems for refugees, internally displaced people, and host communities, helping improve access to safe water while supporting health, livelihoods, and social cohesion. Working with UNICEF, local authorities, KfW, and BMZ, the programme is investing in longer-term solutions that strengthen resilience and reduce reliance on emergency support.

The rollout of the Power4Girls pilot programme in Hargeisa brought together government and partners around a shared effort to strengthen adolescent nutrition and empowerment. Through this initiative, a baseline anaemia study was conducted, generating important evidence that is now helping to shape more informed policies and guide programmes aimed at improving the health and wellbeing of adolescent girls

On International Women’s Day, UNICEF called for action to address legal and structural barriers affecting women and girls. While women and girls play a key role in Somalia’s development, they continue to face challenges in protection, economic participation, and inclusion in decision-making.

During her visit to Somalia, UNICEF Executive Director Catherine Russell called for urgent global support as nearly 2 million children face acute malnutrition, driven by drought, conflict, and funding gaps. She stressed the need to sustain essential health and nutrition services for the most vulnerable.

HAC APPEALS AND SITREPS

- Somalia Appeals
  https://www.unicef.org/appeals/somalia
- Somalia Situation Reports
  https://www.unicef.org/appeals/somalia/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 30 MAY 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	850,000	223,158	▲ 26%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	150,000	32,643	▲ 22%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	-	430,000	89,073	▲ 21%	430,000	89,073	▲ 21%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	900,000	273,474	▲ 30%	900,000	273,474	▲ 30%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	116,000	6,191	▲ 5%	320,000	32,399	▲ 10%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	83,000	9,553	▲ 12%	351,000	48,670	▲ 14%
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	1,500	105	▲ 7%	2,500	426	▲ 17%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	10,000	356	▲ 4%	25,000	845	▲ 3%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	110,000	57,499[2]	▲ 52%	572,533	59,631	▲ 10%
Children receiving individual learning materials	Total	-	95,000	6,408	▲ 7%	572,533	26,345	▲ 5%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	2,400	-	0%	11,684	153	▲ 1%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	800,000	52,942	▲ 7%	1.9 million	222,843	▲ 12%
People accessing appropriate sanitation services	Total	-	150,000	3,746	▲ 2%	1.1 million	29,829	▲ 3%
People reached with critical WASH supplies	Total	-	1.2 million	119,134	▲ 10%	1.5 million	42,225	▲ 3%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Social protection								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	16,000[3]	19,869	▲ 124%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
People reached with timely and life-saving information on how and where to access available services	Total	-	6.4 million	86,534	▲ 1%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	650,000	32,802	▲ 5%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	120,400	18,853	▲ 16%	-	-	-

**Progress in the reporting period 1 January - 31 March 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	21,900,000	3,337,189	4,648,150	13,914,661	64%
Nutrition	35,000,000	2,812,409	3,897,121	28,290,470	81%
Child protection and GBViE	16,100,000	733,181	177,588	15,189,231	94%
Education	15,400,000	209,714	387,776	14,802,510	96%
WASH	28,700,000	1,145,569	4,949,837	22,604,594	79%
Social protection	3,900,000	67,586	-	3,832,414	98%
Total	**121,000,000**	**8,305,648**	**14,060,472**	**98,633,880**	**82%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. The Child Protection Area of Responsibility (CP AoR) has been restructured and is now referred to as the Child Protection Thematic Working Group (CPTWG) in Somalia, following the 2025 Humanitarian Reset, which integrated child protection under the broader Protection Cluster coordination architecture.

2. Education results (52 per cent achievement against targets), should be interpreted in light of contributions from the KfW-funded Joint Resilience Programming (JRP), which supports education interventions in drought-affected districts. Activities directly address humanitarian needs and are reflected in sitrep results, but the associated funding is classified as development financing and is not recorded under emergency funding in UNICEF systems.

3. The targets are defined as households that UNICEF will directly assist with humanitarian cash transfers.