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Ladan Ibraahim, 29, holds her infant son Yaasiin, 8 months, at Galkacyo Health Center, a UNICEF-supported facility serving over 35,000 households offering maternal, child, and primary health services.

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Humanitarian Situation Report No. 3

Reporting Period
1 July to 30 September 2026

Somalia

HIGHLIGHTS

- Somalia's humanitarian needs remained high during the quarter, driven by drought, conflict, displacement, disease outbreaks and declining humanitarian assistance. An estimated 5.1 million people faced acute food insecurity (IPC Phase 3+), while 1.92 million children were projected to suffer acute malnutrition between July 2026 and June 2027. About 75,000 displacement movemnets and over 1,400 conflict events were recorded.
- UNICEF sustained lifesaving assistance across priority sectors, reaching 98,241 children with SAM treatment, 244,022 caregivers with IYCF counselling, 145,671 people with primary health care, and 286,006 people with safe water. Education support benefited 71,644 children, while 48,991 people accessed child protection services. Monthly cash transfers supported 13,493 vulnerable women, strengthening household resilience.
- The 2026 Humanitarian Action for Children (HAC) appeal was 27 per cent funded (US$32 million) against US$121 million required, leaving a US$89 million gap. Underfunding continued to constrain service coverage, operational capacity and emergency preparedness for anticipated El Nino impacts.

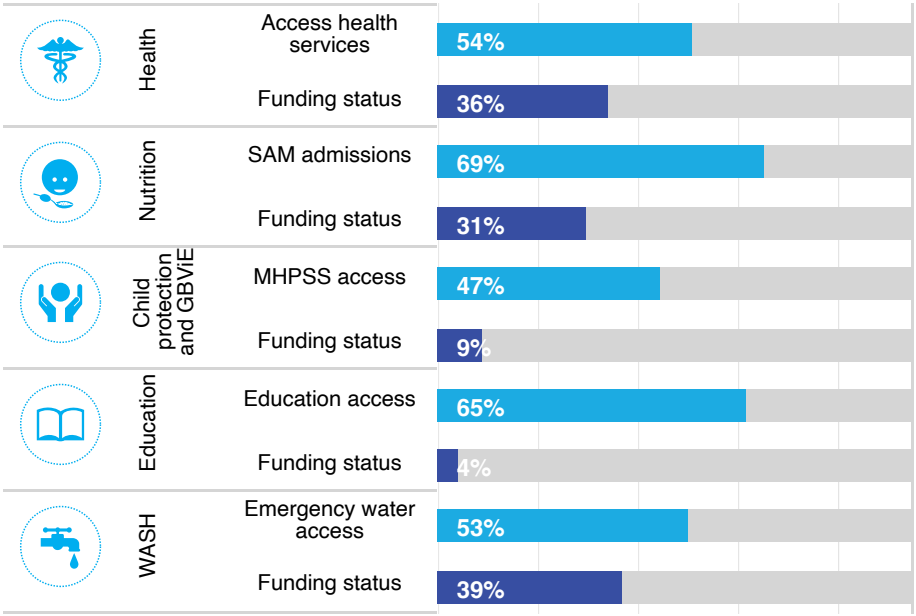
SITUATION IN NUMBERS

4,800,000
People in need of humanitarian assistance

3,000,000
Children in need of humanitarian assistance

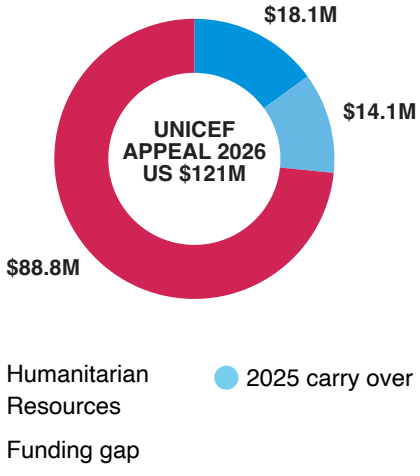
3,347,000
Internally displaced people (UNHCR 2026)

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

UNICEF's 2026 Humanitarian Action for Children (HAC) appeal is currently funded at **27 per cent (US$ 32 million)** against the US$ 121 million required. This includes US$ 14 million carried over from 2025 and about US$18 million received during 2026.

The significant funding shortfall continues to limit the scale and reach of UNICEF's humanitarian response at a time of increasing needs driven by drought, conflict, disease outbreaks, and the anticipated El Nino floods. Funding gaps are particularly severe in education (98 per cent), child protection (91 per cent), and social protection (98 per cent), putting essential services for vulnerable children and families at risk.

UNICEF expresses its sincere appreciation to all donors whose contributions sustain life-saving health, nutrition, WASH, child protection, education and social protection services for crisis-affected children and communities across Somalia. UNICEF is particularly grateful to donors contributing to the Global Humanitarian Thematic Fund (GHTF), whose flexible, unearmarked funding enables timely responses to emerging and escalating crises, including the 2026 drought and anticipated El Niño floods. Such funding is critical for directing resources to the most urgent needs, prepositioning essential supplies and maintaining life-saving services in high-risk areas.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Children and families in Somalia continued to face overlapping and increasingly severe humanitarian needs during the third quarter of 2026, driven by the combined effects of drought, food insecurity, conflict, displacement, disease outbreaks and declining access to essential services. At the same time, reductions in both humanitarian and development financing increasingly affected the availability of basic health, nutrition, water, education and protection services.

In Somalia, reductions in development financing can rapidly translate into additional humanitarian needs. Development assistance finances a significant share of the basic services on which vulnerable communities depend, including primary health care, nutrition, water and other essential services. When this financing is reduced or ends, there is limited government fiscal capacity to absorb the resulting costs or maintain services at the same scale. Development funding cuts can therefore result directly in health facilities closing or reducing services, nutrition and outreach programmes contracting, and vulnerable households losing access to essential care. This risks transferring additional needs to an already underfunded humanitarian system.

Drought conditions remained severe in northern areas, while conflict and insecurity continued to restrict humanitarian access in south-central Somalia. Erratic and below-average Gu rainfall from April to June provided little recovery for agropastoral communities in south-central and north-western regions.

Food insecurity remained alarmingly high. Between July and September 2026, an estimated 5.1 million people faced Crisis or worse acute food insecurity (IPC Phase 3 or above), including 1.4 million people in Emergency (IPC Phase 4). Poor rainfall, below-average agricultural production, high food prices and declining humanitarian food assistance continued to undermine household food consumption, particularly among displaced populations and poor rural households. The number of people facing Crisis or worse conditions was projected to increase to 5.4 million during October–December, as anticipated flooding compounded the effects of drought, insecurity, high food prices and reduced humanitarian assistance. Nearly 26,000 displaced people in Baidoa were projected to face Catastrophe (IPC Phase 5), with a risk of famine under a plausible worst-case scenario involving more severe flooding and displacement.

Acute malnutrition remained a major child-survival concern. An estimated 1.92 million children under five were expected to require treatment for acute malnutrition between July 2026 and June 2027, including 433,000 children with severe acute malnutrition. Nearly 62 per cent of the national malnutrition burden remained concentrated in rural areas, while 19 livelihood areas were classified as Critical (IPC Acute Malnutrition Phase 4). The burden remained particularly high in South West State, Banadir, Jubaland and Lower Shabelle, with Baidoa, Afgooye, Daynile, Buur Hakaba and Kismayo accounting for approximately one-third of severe acute malnutrition admissions during the third quarter. Poor dietary intake, recurrent disease outbreaks, inadequate WASH conditions and declining access to nutrition services continued to increase the risk of preventable child illness and death. These findings underscore the need to sustain integrated nutrition, health, food assistance and WASH services.

Water insecurity also remained one of Somalia's most pressing humanitarian concerns. Drought conditions and below-average Gu rainfall continued to affect northern and central regions despite localized improvements in rainfall. In northern and north-eastern Somalia, drought displaced more than 10,000 households, approximately 60,000 people, with movements across Nugaal, Sool, Sanaag, Mudug and Bari increasing demand for already scarce water resources. More than 67 boreholes, including 37 strategic water sources, were non-functional, reducing water access for displaced and host communities. Reported water-price increases reached 89 per cent in rural areas and 53 per cent in urban areas, placing safe water increasingly beyond the reach of vulnerable households. Increased reliance on boreholes, declining groundwater levels and sustained high water prices continued to reduce access to safe water and place additional pressure on water-service providers.

Conflict and insecurity further constrained humanitarian access and disrupted essential services. A total of 1,356 fatalities from 1,400 events were recorded during the quarter, with Lower Shabelle, Bay and Hiiran recording particularly high levels of violence. In Balcad, Middle Shabelle, conflict displaced 1,226 households, while a further 860 households fled to Afgooye. Displacement from Baidoa increased needs in Wajid and Dinsoor, while more than 500 conflict-affected households arrived in Kahda and Daynile in Banadir, placing additional pressure on already overstretched services in displacement sites.

Renewed conflict in Baidoa during August and September further disrupted education, health services and humanitarian operations in an area already facing severe food insecurity and malnutrition. Rapid assessments by the state Education Sub-Cluster found a 48 per cent decline in school attendance across 27 assessed schools. One health facility in Baidoa town was severely damaged and one health worker

was killed during fighting in September, further disrupting access to essential health services.

Humanitarian access remains a significant constraint, particularly for children living in areas outside government control. The HCT has identified the absence of a formal humanitarian carve-out under Somalia's domestic counter-terrorism framework as an important constraint to humanitarian operations in these areas. Without sufficient legal clarity and protection for impartial humanitarian engagement, national staff, local partners, transporters and other frontline actors can face legal and operational risks when negotiating access or moving assistance through territory controlled or influenced by Al-Shabaab. This can have a chilling effect on humanitarian operations and contribute to agencies limiting movements and activities across lines of control. The consequence is that children in some of the areas facing the greatest needs remain difficult to reach with vaccination, primary health care, nutrition, WASH and protection services. As territorial control becomes increasingly fluid, the absence of a humanitarian carve-out risks further widening this access gap and increasing reliance on reaching children and families only after they have been displaced to government-controlled areas.

Nationally, approximately 75,000 displacement movements were recorded during July–September, including 39,000 linked to conflict, or 52 per cent of the total. Forced evictions also remained a concern, particularly in Mogadishu, where insecure land tenure and settlement clearances exposed displaced households to repeated displacement and the loss of shelter and basic services.

Somalia simultaneously continued to face multiple disease outbreaks, compounded by drought, conflict, displacement, poor sanitation and limited access to essential health services. As of 27 September 2026, surveillance data recorded 3,798 suspected diphtheria cases and 113 deaths, 2,912 suspected AWD/cholera cases and one death, 12,938 suspected measles cases and 51 deaths, and 13,102 suspected dengue cases and 16 deaths. Children under five, pregnant women and displaced populations remained particularly vulnerable.

The contraction of essential services is increasingly becoming a humanitarian issue in its own right. By July 2026, around 380 health facilities nationwide had closed or were operating at reduced capacity, including 235 primary health-care units serving predominantly rural communities. These reductions should not be understood solely as a consequence of shortfalls in humanitarian funding. The reduction or expiry of development financing supporting basic health and nutrition services is also removing services from communities with very limited alternatives. Where government budgets cannot replace external financing, the loss of development-funded services can immediately increase humanitarian needs and vulnerability.

Moderate acute malnutrition treatment coverage remained below the 51 per cent reported in late 2025, while blanket supplementary feeding programmes remained suspended. Reported severe acute malnutrition admissions declined by 12 per cent compared with the second quarter. Rather than necessarily signaling reduced need, this decline occurred alongside service disruptions and reduced operational capacity among partners, indicating that some children may no longer be reaching treatment.

The convergence of declining development assistance, reduced humanitarian financing and increasing humanitarian needs creates a particularly serious risk. A reduction in development assistance does not reduce the underlying demand for services. In Somalia, it can instead transfer unmet needs into the humanitarian sphere. Where a health facility closes, a nutrition programme ends or a water system is no longer supported, households have limited nationally financed alternatives on which to rely. Maintaining a minimum package of essential services is therefore critical not only for longer-term development outcomes but also for preventing further deterioration in humanitarian conditions.

By the end of September, forecasts of above-average rainfall during the October–December Deyr season raised concerns about severe riverine and flash flooding, particularly along the Juba and Shabelle rivers. Government and UN assessments indicated that 2.5–3.5 million people could be exposed to flooding, with up to one million potentially displaced.

With many communities yet to recover from prolonged drought, essential services contracting and humanitarian response capacity already constrained by funding shortages, additional climate or conflict shocks could rapidly increase humanitarian needs. At the same time, legal and operational barriers to reaching populations outside government control limit the ability of humanitarian actors to maintain essential services where children and families live. The situation therefore requires continued lifesaving assistance and anticipatory action, protection of continuity in essential services, and greater operational access across lines of control, including through the adoption of a clear humanitarian carve-out that enables principled humanitarian action while maintaining appropriate counter-terrorism safeguards.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

UNICEF, in collaboration with the Federal and State Ministries of Health and implementing partners, continued to deliver lifesaving primary health care services to vulnerable children, women and communities affected by humanitarian crises across Somalia. A total of 145,671 people accessed outpatient curative services, including 71,130 children under five (38,497 girls and 32,633 boys), 43,353 women and 31,188 men, through UNICEF-supported fixed health facilities, outreach and mobile services. Maternal health interventions supported 7,434 pregnant women to complete four antenatal care visits, while 7,647 women delivered safely with the assistance of skilled birth attendants. In addition, 50,078 children (26,590 girls and 23,488 boys) were vaccinated against measles through routine immunization services, contributing to the prevention of vaccine-preventable diseases.

UNICEF sustained essential primary health care and routine immunization services despite persistent operational and access constraints. In addition to measles vaccination, 15,514 children received their first dose of pentavalent vaccine (Penta 1), while 13,708 children received their third dose (Penta 3), contributing to protection against vaccine-preventable diseases. Although no supplementary measles vaccination campaign was conducted during the reporting period, UNICEF continued supporting routine immunization delivery through existing health facilities and outreach services, particularly in underserved and crisis-affected communities.

UNICEF continued supporting government-led efforts to improve the quality and continuity of essential newborn care. During the quarter, the Federal Ministry of Health, with UNICEF support, launched and disseminated national newborn care guidelines to strengthen

standardized, quality care and address preventable causes of newborn mortality. The guidelines cover essential and community-based newborn care at primary health care facilities, alongside specialized care for small and sick newborns and kangaroo mother care at hospital level. These national guidelines provide a foundation for strengthening the capacity of health workers, improving newborn care practices and reducing preventable neonatal deaths. UNICEF also supported efforts to improve the quality and effectiveness of polio vaccination campaigns through a pilot initiative in three districts of Banadir (Deynile, Garasbaley and Kahda).

As part of El Nino preparedness and anticipation of increased flooding and disease outbreak risks during the October–December Deyr season, UNICEF strengthened health emergency preparedness through the pre-positioning of essential medical supplies in priority hotspot locations. These included cholera rapid diagnostic tests and supplies for AWD/cholera case management, long-lasting insecticidal nets, malaria treatments and vaccines. UNICEF also mapped critical gaps in cholera case management capacity to inform preparedness, supply allocation and response planning. These measures aimed to improve the readiness of health facilities to manage anticipated outbreaks and sustain essential health services in areas at risk of flooding, displacement and disrupted access.

Nutrition

During the third quarter of 2026, UNICEF and partners sustained lifesaving nutrition services across Somalia, admitting 98,241 children aged 6–59 months (54,040 girls and 44,201 boys) for treatment of severe acute malnutrition (SAM) and providing infant and young child feeding (IYCF) counselling to 244,022 primary caregivers of children aged 0–23 months. These interventions brought cumulative achievements from January to September to 298,855 SAM admissions, representing 70 per cent of the annual Humanitarian Action for Children (HAC) target of 430,000 children, and 804,312 caregivers reached with IYCF counselling, equivalent to 89 per cent of the annual target of 900,000. An additional 512,008 children (269,735 girls and 242,273 boys) were admitted for treatment of moderate acute malnutrition (MAM) during the first nine months of 2026.

Acute malnutrition remained a major child survival concern during the reporting period, driven by persistent drought conditions, food insecurity, displacement, disease outbreaks and inadequate access to safe water and sanitation. The burden remained particularly high in South West State, Banadir, Jubaland and Lower Shabelle. South West accounted for 38 per cent of SAM admissions during Q3, while nearly half (49 per cent) of all admissions were concentrated in ten districts. Baidoa recorded the highest caseload (12,246 admissions), followed by Afgooye (6,410), Daynile (5,919), Buur Hakaba (4,141) and Kismayo (3,984). Buur Hakaba, previously classified in IPC Phase 5, remained among the highest-burden districts, highlighting persistent nutritional vulnerabilities despite ongoing treatment interventions.

Through the Federal and State Ministries of Health and implementing partners, UNICEF continued supporting SAM treatment through fixed facilities, outreach and mobile services. Treatment outcomes remained within Sphere standards, with a 96.6 per cent recovery rate, 2.2 per cent default rate and less than 0.1 per cent mortality among children discharged from outpatient therapeutic programme (OTP) sites reporting. An additional 8,394 children were discharged as cured from stabilization centres following treatment for severe acute malnutrition with medical complications. These results demonstrate the effectiveness of continued treatment services despite significant operational and funding constraints.

UNICEF also supported the introduction of the national treatment protocol for children with moderate acute malnutrition at high risk of mortality (HR-MAM), aimed at improving early identification and treatment of vulnerable children before their nutritional condition deteriorates. Piloted from 13 July in ten health facilities in Baidoa and Wadajir, the approach recorded 1,468 admissions by 29 September. Following validation of the protocol, preparations advanced for phased expansion to ten additional districts across Bakool, Galgaduud, Lower Juba, Lower Shabelle and Middle Juba, strengthening the integration of MAM treatment into the broader child survival response.

Programme monitoring and digital tracking continued to strengthen service quality, accountability and supply management. UNICEF conducted 58 monitoring visits covering 44 OTP sites and 14 stabilization centres across six states, including 40 in-person and 18 remote visits due to access constraints. Most monitored facilities remained functional and delivered services in line with national Integrated Management of Acute Malnutrition (IMAM) guidelines. Identified supply gaps were addressed through RUTF redistribution and prioritized dispatches. Between April and mid-September, the SAM digital registry registered 70,311 children and tracked approximately 6.4 million sachets of ready-to-use therapeutic food (RUTF) to the last mile, improving visibility of treatment and commodity distribution.

UNICEF also continued technical support to the Federal Ministry of Health on the National Nutrition Policy (2026–2035), the Somalia Multisectoral Nutrition Strategy (2026–2030), and the phased implementation of WHO guidelines for the prevention and management of child wasting.

Nutrition cluster:

During the reporting quarter, Nutrition cluster partners admitted 98,241 children aged 6–59 months (54,040 girls and 44,201 boys) for treatment of severe acute malnutrition (SAM) and reached 244,022 primary caregivers of children aged 0–23 months with infant and young child feeding (IYCF) counselling. These interventions brought cumulative achievements from January to September to 298,855 SAM admissions, representing 70 per cent of the annual Humanitarian Needs and Response Plan (HNRP) target, and those reached with IYCF counselling at 89 per cent of the annual target. An additional 512,008 children (269,735 girls and 242,273 boys) were admitted for treatment of moderate acute malnutrition (MAM) during the first nine months of 2026.

Funding shortages continued to limit nutrition service coverage, with operational OTP sites remaining well below the 2024 baseline of 775 facilities. MAM treatment coverage remained below the 51 per cent reported in late 2025, while blanket supplementary feeding programmes (BSFP) reached only 41,264 children aged 6–23 months and pregnant and lactating women during January–February, with services suspended thereafter. Between January and September, 75,262 beneficiaries accessed maternal and child health and nutrition (MCHN) services. Funding reductions also disrupted services in parts of Somaliland and Galmudug, including Cadaado District Hospital OTP. Reporting completeness declined from 90 districts in July to 80 in September, with ten districts missing reports for at least one month. Consequently, the decline in reported monthly SAM admissions from 35,154 in August to 30,837 in September cannot be interpreted as a reduction in needs. Service interruptions, incomplete reporting and reduced partner capacity continued to affect programme coverage and monitoring.

Water, Sanitation and Hygiene (WASH)

During the reporting quarter, UNICEF, in collaboration with government authorities and implementing partners, continued to provide essential water, sanitation and hygiene (WASH) services to vulnerable and crisis-affected communities across Somalia. A total of 286,006 people gained access to sufficient quantities of safe water for drinking and domestic use, while 49,198 people benefited from critical WASH supplies and hygiene promotion activities. These interventions contributed to improving access to safe water and promoting hygiene practices among communities affected by drought, displacement and disease outbreaks, particularly in areas with limited access to basic services. No beneficiaries were reported under UNICEF-supported sanitation interventions during the quarter.

In anticipation of El Nino emergency, UNICEF strengthened WASH emergency preparedness in flood-prone and high-risk areas through coordination with government authorities and humanitarian partners, assessment of operational response capacity and pre-positioning of critical WASH supplies.

WASH Cluster:

WASH Cluster partners continued providing essential water, sanitation and hygiene (WASH) assistance to vulnerable and crisis-affected communities across Somalia. A total of 624,918 people gained access to sufficient quantities of safe water for drinking and domestic use, while 232,861 people were reached with critical WASH supplies and hygiene promotion activities. In addition, 69,704 people gained access to appropriate sanitation services. These interventions contributed to improving access to basic WASH services, promoting safe hygiene practices and reducing public health risks among communities affected by drought, displacement and disease outbreaks.

With an estimated 3.2 million people exposed to El Nino-related flooding risks, and more than 1 million people potentially facing displacement across 35 high-risk districts, WASH Cluster partners strengthened preparedness in flood-prone and high-risk areas in anticipation of potentially severe flooding during the upcoming Deyr season. The WASH Cluster pre-positioned critical WASH supplies in nine (9) regional WASH hubs located in El Nino high-risk districts and strengthened coordination mechanisms to support timely emergency response.

Education

During the quarter, UNICEF and implementing partners continued supporting access to safe and inclusive education for 71,644 children (34,252 girls and 37,392 boys) affected by drought, flooding and displacement across Puntland, Galmudug and Somaliland. This included 10,500 children supported to access inclusive early childhood and primary education. UNICEF also provided teaching and learning materials to 5,622 children (including 2,925 girls) Dhusamareb and Galkacyo districts, improved access to safe water in schools for 7,500 learners, and supported 2,000 adolescent girls with menstrual hygiene management kits. An additional 2,000 learners received school bags produced through a women's livelihood cooperative, linking education support with local livelihood opportunities. These interventions contributed to sustaining learning opportunities and improving school environments for vulnerable children affected by humanitarian crises.

Access to education remained severely disrupted by prolonged drought, displacement and localized flooding, particularly in Puntland, Galgaduud and Mudug. Drought-induced displacement reduced school enrolment in affected communities and weakened household contributions towards school operations and teacher incentives, while the arrival of displaced families placed additional pressure on host-community schools. Flooding in Mudug affected 113 schools, of which 11 were expected to remain closed, and restricted access to several locations. A Joint Education Needs Assessment (JENA), conducted by the Puntland Ministry of Education and Higher Education and the Education in Emergencies (EiE) Working Group with UNICEF support, assessed 92 schools across six regions. Of these, 72 schools (78 per cent) were operational, while 20 (22 per cent) were non-functional, mainly due to drought-related displacement, inadequate operational funding and communities' inability to sustain teacher incentives. These findings highlighted the combined impact of climate shocks and economic hardship on education access and continuity.

To sustain teaching and learning in affected schools, UNICEF provided monthly incentives to 146 headteachers, 363 teachers and 15 early childhood education facilitators. In addition, 121 teachers and education personnel completed refresher training on child protection, mental health and psychosocial support (MHPSS), safe referrals and positive discipline. A further 20 headteachers in Galgaduud completed refresher training to strengthen school management and supervision. These interventions supported teacher retention, continuity of instruction and the capacity of education personnel to respond to the protection and psychosocial needs of crisis-affected children. A total of 102 Community Education Committee members, including 45 women, received training on drought and flood preparedness and response planning for education and WASH to strengthen school-level preparedness and community participation through training, awareness-raising and child-centred activities. In addition, 5,000 children (2,749 girls) participated in Child-to-Child clubs, engaging in climate awareness, environmental activities and structured psychosocial support. Community awareness activities on child rights, protection from sexual exploitation and abuse (PSEA), safeguarding and accountability to affected populations reached 2,238 people, while 3,000 children, caregivers and community members received information on available education services and feedback mechanisms

Funding shortages continued to limit the scale and coverage of education in emergencies interventions, threatening the continuity of teacher incentives, training and school supervision. Drought-related displacement and declining household incomes contributed to school closures, reduced enrolment and high teacher turnover.

Education cluster:

Education Cluster partners continued supporting access to safe and inclusive learning opportunities for children affected by humanitarian crises across Somalia. By the end of September, partners had reached 94,342 children, including 48,379 girls, with education assistance, despite disruptions caused by conflict, displacement and climate-related shocks. Education activities slowed during July and August due to the end-of-academic-year school holidays, while partners continued strengthening preparedness for anticipated El Niño-related flooding and responding to conflict-induced displacement, particularly in Bay Region.

Renewed conflict in Baidoa, Bay region, also disrupted learning in schools and resulted to a 48 per cent decline in school attendance

across 27 schools. In response to this deterioration in Baidoa, the Education Cluster coordinated with ECHO-funded partners to activate the First Line Education Response (FLER) mechanism through Crisis Modifier funding. Emergency education interventions were initiated in five locations hosting significant numbers of newly displaced families. These interventions restored access to learning opportunities and provided protective education services for conflict-affected children, while supporting education continuity in communities experiencing repeated displacement and insecurity.

The Cluster continued contextualizing the Inter-agency Network for Education in Emergencies (INEE) Minimum Standards and the Education Cluster Minimum Package of Assistance (MPA) for Somalia. The process, nearing completion, aims to strengthen the quality, consistency and accountability of education in emergencies interventions and establish common standards for partners operating in crisis-affected areas. The Cluster also strengthened partner reporting capacity in preparation for the planned transition to ActivityInfo in 2027. Two training sessions were conducted for 35 education partners, with several partners already registering their projects on the platform

The Cluster also strengthened preparedness for potential flooding during the October-December Deyr season. A nationwide mapping exercise identified 990 schools in flood-prone areas across 26 districts, potentially affecting 272,195 learners (139,125 girls) and 7,058 teachers (4,403 women). The findings provided an evidence base for identifying high-risk schools, prioritizing preparedness interventions and informing contingency planning to minimize disruptions to education.

Child protection and GBViE

Between July and September 2026, UNICEF and its implementing partners continued providing essential child protection and gender-based violence in emergencies (GBViE) services to vulnerable children and families affected by humanitarian crises across Somalia. A total of 130,938 people, including 95,680 children (55,893 girls and 39,787 boys) and 35,258 caregivers (24,619 women and 10,639 men), were reached through child protection interventions delivered across the country. The response focused on strengthening child protection case management, mental health and psychosocial support (MHPSS), prevention of violence and exploitation, family tracing and reunification, and community-based protection mechanisms.

Mental health and psychosocial support (MHPSS) services reached 43,764 individuals, including 42,496 children (26,703 girls and 15,793 boys) and 1,268 caregivers (854 women and 414 men). Structured MHPSS activities were delivered through child-friendly spaces, mobile protection teams, and community platforms, focusing on strengthening resilience and emotional well-being among children and adolescents affected by conflict, displacement, and natural hazards.

Family tracing, reunification and alternative care services reached 5,494 children (2,677 girls and 2,817 boys). Partners conducted systematic identification, documentation and registration of unaccompanied and separated children, supporting their safe reunification with their families or placement in appropriate alternative care arrangements in line with best interest procedures.

Gender-based violence risk mitigation, prevention and response services reached 54,250 individuals, including 28,582 children (17,644 girls and 10,938 boys) and 25,668 adolescents (18,410 women and 7,258 men). Services encompassed child and adolescent GBV case management, referral to specialized services, and community awareness on FGM and child marriage, with a particular focus on girls and women at heightened risk of violence and exploitation.

Reintegration and protection support was provided to 13 boys formerly associated with armed forces and armed groups, facilitating their safe exit and community reintegration through tailored psychosocial, life-skills, and social reintegration assistance, despite ongoing access and verification challenges in conflict-affected areas.

In this quarter, the transition to a community-based child protection model significantly enhanced program reach, particularly in the South West State (SWS), where communities were affected by both drought and conflict. This increased coverage was achieved through the deployment of mobile protection teams, which conducted regular outreach visits to remote villages and displacement sites in Bay and Bakool regions, ensuring that vulnerable children and families in hard-to-reach areas continued to access critical child protection services.

In addition to the above, UNICEF and partners delivered a range of complementary child protection services. Protection from Sexual Exploitation and Abuse (PSEA) awareness activities reached 17,463 individuals (6,353 girls, 5,485 boys, 3,940 women and 1,685 men), improving community knowledge of reporting mechanisms and accountability structures. Explosive ordnance risk education was provided to 8,217 children (3,211 girls and 5,006 boys) in conflict-affected and newly accessible areas, increasing efforts to reduce children's exposure to explosive hazard risks. Parenting programs engaged 5,602 individuals (3,487 women and 2,115 men), promoting positive caregiving practices and shared responsibility for child protection within families.

The drawdown of the UN Transition Mission in Somalia (UNTMIS) has further underscored the critical role of UNICEF and humanitarian partners in sustaining child protection gains across the country. The gradual reduction in UN mission presence has reinforced the need to strengthen national and community-led child protection mechanisms, with UNICEF continuing to support government counterparts at the federal and state levels, including the Ministry of Women and Human Rights Development, to assume greater responsibility for delivering and coordinating essential child protection services. This transition period has also highlighted the urgency of continued investment in prevention and community-based approaches to ensure the most vulnerable children and families do not fall through the gaps as humanitarian architecture evolves.

Child Protection Technical Working Group (CPTWG):

During the third quarter of 2026, the Child Protection Technical Working Group (CPTWG) coordinated child protection and gender-based violence in emergencies (GBViE) responses across Somalia through 44 partner organizations operating across 56 districts. CPTWG partners collectively reached 242,286 people, including 158,571 children (90,298 girls and 68,273 boys) and 83,715 caregivers (56,832 women and 26,883 men), through targeted protection interventions. The response prioritized gender-based violence risk mitigation, mental health and psychosocial support, case management, family tracing and reunification, and community-based child protection mechanisms.

Gender-based violence risk mitigation, prevention and response services represented the largest share of reach during the quarter, with

CPTWG partners engaging 121,268 individuals, including 52,670 children (31,946 girls and 20,724 boys) and 68,598 caregivers (46,684 women and 21,914 men). Services spanned child and adolescent GBV case management, referral pathways, and community awareness on female genital mutilation, child marriage, and child safeguarding, with programming designed to reach both survivors and at-risk populations through coordinated partner action.

Mental health and psychosocial support reached 81,324 individuals, including 77,166 children (44,548 girls and 32,618 boys) and 4,158 caregivers (2,853 women and 1,305 men). Structured psychosocial support, individual case management, assisted referrals, immediate protection assistance, and community-based child protection structures collectively ensured that children affected by conflict, displacement, and exploitation received timely and appropriate support through the CPTWG partner network.

Family tracing, reunification and alternative care services reached 6,186 children (3,001 girls and 3,185 boys). CPTWG partners supported the systematic registration of unaccompanied and separated children, ensuring their safe reunification with family members or placement in alternative care arrangements consistent with best interest procedures and national child protection standards.

Reintegration and protection support was provided to 13 boys formerly associated with armed forces and armed groups, facilitating their safe community reintegration through tailored psychosocial, life-skills, and social reintegration assistance, in close coordination with government counterparts and community actors, despite persistent access constraints in conflict-affected areas.

The significant expansion of CPTWG's reach during the quarter was driven by the adoption of community-based delivery models and strengthened coordination among cluster partners, with particular impact in the South West State (SWS), where populations continue to face the compounded effects of drought and conflict. The deployment of mobile protection teams by CPTWG partners enabled outreach to remote villages and displacement sites that would otherwise remain underserved, ensuring continuity of critical child protection services for the most vulnerable children and families.

Additionally, CPTWG partners continued to deliver a range of complementary child protection services. Explosive ordnance risk education reached 8,217 children (3,211 girls and 5,006 boys) in conflict-affected and newly accessible areas, reducing children's exposure to explosive hazard risks. Protection from Sexual Exploitation and Abuse (PSEA) awareness activities reached 17,463 individuals (6,353 girls, 5,485 boys, 3,940 women and 1,685 men), strengthening accountability and community-level reporting mechanisms. Parenting programs engaged 5,602 individuals (3,487 women and 2,115 men), fostering shared responsibility for child protection within households and communities.

Social protection

During the reporting period, UNICEF and implementing partners continued providing cash assistance to vulnerable households through the Child-Sensitive Social Protection Programme (CSSP II). A total of 13,493 pregnant and lactating women with children under one year of age received monthly mobile money transfers of US$20 per household throughout July, August and September, equivalent to US$60 per household over the quarter. The assistance helped vulnerable families cope with economic pressures arising from recurrent climate shocks, conflict and insecurity, while supporting household food security and access to essential health, nutrition and birth registration services.

Cross-sectoral (including PSEA)

During the third quarter of 2026, UNICEF-supported Social and Behaviour Change (SBC) interventions reached 386,135 people with lifesaving information on health, nutrition, immunization, WASH, child protection and climate-related risks across South West State, Galmudug, Jubaland, Hirshabelle and Banadir. In addition, 77,225 community members engaged in feedback and accountability mechanisms, sharing concerns, seeking information and contributing to community-level decision-making. Through household visits, community dialogues and engagement with religious leaders, elders, women's groups and local authorities, UNICEF and partners promoted positive health-seeking behaviours, disease prevention and increased uptake of essential services.

Community mobilization also supported routine immunization by identifying and referring 1,968 zero-dose children and 2,336 children who had missed scheduled vaccinations to health facilities, helping address barriers to immunization. In drought-affected and cholera-prone communities, SBC interventions promoted safe water use, hygiene practices, disease prevention and household-level climate adaptation measures. These efforts strengthened community awareness of humanitarian risks, supported access to essential services and improved two-way communication between affected populations and service providers. By integrating community engagement across sectors, UNICEF continued to strengthen accountability to affected populations, promote community participation and support locally driven approaches to humanitarian response and resilience.

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 brought greater international attention to the challenges facing children in Somalia. The visit of UNICEF Global Spokesperson James Elder highlighted rising child malnutrition , funding shortages and disruptions to essential services through field reporting, interviews and a UN press briefing. The mission generated coverage through nearly 40 media outlets in more than 20 countries, including Reuters, BBC World Service, NPR and Al Jazeera, and produced multimedia content for continued advocacy and fundraising.

The latest food security and nutrition analysis reinforced this advocacy. The Federal Government and the United Nations warned that 5.4 million people could face crisis levels of hunger or worse, while 1.92 million children under five would require treatment for acute malnutrition. The joint call stressed the need to sustain nutrition services and act before anticipated flooding restricts access to vulnerable communities.

Three National Committee missions from France , Spain and Switzerland further strengthened international advocacy and fundraising. Representatives, goodwill ambassadors and journalists visited UNICEF-supported programmes and gathered human-interest stories and multimedia content featuring the experiences of children and families. The missions increased international coverage of Somalia and contributed towards resource mobilisation.

A field mission to Kismayo by Sweden's Ambassador to Somalia, Hans Henric Lundqvist, showcased UNICEF-supported work in health, nutrition, education, child protection and climate-resilient water services. The visit demonstrated how flexible funding helps meet urgent needs while strengthening local systems and essential services.

The rollout of Somalia's seventh Multiple Indicator Cluster Survey, MICS7 , marked another important milestone. Led by the Somalia National Bureau of Statistics with support from UNICEF, the World Bank and partners, the survey will generate nationally representative evidence to guide policies, investments and services for children and women.

The launch of the Somalia Pandemic Fund Project highlighted national and partner efforts to strengthen preparedness for health emergencies and build more resilient health systems. UNICEF supported communication around the launch, helping document and amplify this important investment in the country's health security.

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 JANUARY 2027

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	455,229	▲ 17%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	150,000	98,643	▲ 33%	-	-	-
Nutrition								
Children 6-59 months with severe wasting admitted for treatment	Total	-	430,000	296,832	▲ 23%	430,000	296,832	▲ 23%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	900,000	812,078	▲ 27%	900,000	812,078	▲ 27%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	116,000	54,366	▲ 38%	320,000	145,747	▲ 25%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	83,000	71,817	▲ 70%	351,000	224,012	▲ 41%
Children who have exited armed forces and groups provided with protection or reintegration support	Total	-	1,500	120	▲ 1%	2,500	441	▲ 1%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	10,000	5,966	▲ 55%	25,000	8,545	▲ 25%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	110,000	71,644[1]	▲ 9%	572,533	94,342	0%
Children receiving individual learning materials	Total	-	95,000	10,322	▲ 1%	572,533	49,363	0%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	2,400	1,257	▲ 11%	11,684	683	0%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	800,000	420,696	▲ 36%	1.9 million	1.2 million	▲ 33%
People accessing appropriate sanitation services	Total	-	150,000	47,585	0%	1.1 million	254,176	▲ 6%
People reached with critical WASH supplies	Total	-	1.2 million	284,345	▲ 4%	1.5 million	742,841	▲ 16%

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[2]	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	3.6 million	▲ 6%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	650,000	136,755	▲ 12%	-	-	-
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	0%	-	-	-

**Progress in the reporting period 1 July to 30 September 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	6,866,285	3,897,121	24,236,594	69%
Child protection and GBViE	16,100,000	1,330,968	177,588	14,591,444	91%
Education	15,400,000	200,000	387,776	14,812,224	96%
WASH	28,700,000	6,327,844	4,949,837	17,422,319	61%
Social protection	3,900,000	67,586	-	3,832,414	98%
Total	**121,000,000**	**18,129,872**[3]	**14,060,472**	**88,809,656**	**73%**

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. Education results (65 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 non-emergency financing and is not recorded under HAC funding in UNICEF systems.

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

3. The reported resources exclude US$1 million received in September, which has yet to be allocated to programme sectors and will be reflected in the next SitRep reporting cycle.