



## Somalia Emergency Response

**SitRep. #1**

**Reporting period:** December 2025 – February 2026

**Country of reference:** Somalia

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## 1. KEY FIGURES<sup>i</sup>



**19.7M**  
Total population



**4.8M**  
People in need<sup>ii</sup>



**3.3M**  
IDPs



**4.4M**  
People facing IPC Phase 3+ food  
insecurity



**1.85M**  
Children with acute  
malnutrition<sup>iii</sup>

## 2. CESVI RESPONSE STRATEGY

CESVI's strategic response in Somalia is grounded in an integrated, multisectoral framework aligned with the **humanitarian-development-peace (HDP) nexus**, designed to address acute humanitarian needs while strengthening community resilience to recurrent climate and conflict-related shocks. Operating in a context characterised by protracted and widespread displacement, severe food insecurity, and environmental stress, CESVI adopts a flexible and adaptive approach that brings together immediate life-saving assistance with longer-term recovery pathways.

Present in Somalia since 2006, CESVI delivers **integrated programming** across the sectors of **nutrition, WASH, health, and food security** in Lower Shabelle, Banadir, Hiraan, and Mudug regions. As part of this programming, a strong emphasis is placed on community ownership, inclusion, and climate-adaptive approaches. The current strategy prioritises reducing acute malnutrition and vulnerability among crisis-affected populations while strengthening local capacities to anticipate, absorb, and respond to shocks. This is pursued through a multisectoral **"clinic-to-community" model** that connects facility-based nutrition and primary health services with community-level resilience interventions addressing underlying drivers of vulnerability. These include nutrition-sensitive livelihood activities, such as kitchen gardens and mother support groups, and hygiene promotion.

Crucially, **Anticipatory Action (AA)**, **Disaster Risk Reduction (DRR)**, and **protection** are systematically integrated as cross-cutting pillars of CESVI's response. Working closely with local authorities, partners, and community structures, CESVI promotes AA and DRR through early warning systems, preparedness mechanisms, and community-based response capacities. **Protection mainstreaming** is embedded across interventions to ensure services are safe,

inclusive, and responsive to the needs of vulnerable groups, particularly women and children. By reinforcing both institutional systems and community networks, CESVI supports sustainable service delivery while also enabling rapid scale-up should it be necessary to respond to an emergency.

Overall, this integrated approach enables CESVI to respond rapidly to evolving humanitarian needs and to simultaneously address the structural drivers of vulnerability, positioning communities and local systems to better withstand future crises while also meeting their urgent present needs.

### MAIN SECTORS OF INTERVENTION



**Nutrition**



**Food Security**



**Health**



**WASH**

### SECONDARY SECTORS OF INTERVENTION



**Protection**



**Disaster Risk Reduction (DRR)/  
Anticipatory Action (AA)**

## 3. CESVI ASSISTANCE IN NUMBERS<sup>iv</sup>



- 90,544** children screened for malnutrition
- 7,840** children treated for Severe Acute Malnutrition (SAM)
- 16,346** children reached through supplementary feeding programmes to prevent and treat malnutrition
- 4,400** pregnant and breastfeeding women supported through supplementary feeding programmes
- 69,083** Caregivers and pregnant and breastfeeding women reached with Infant and Young Child Feeding (IYCF) counselling
- 9,416** children reached with deworming services



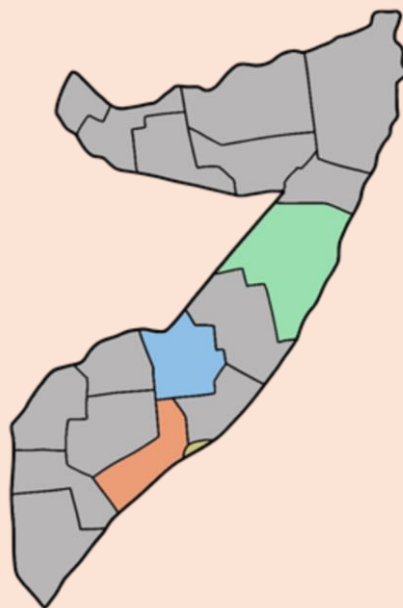
- 3,233** people reached with primary health services
- 220** children and pregnant women vaccinated
- 686** women supported with antenatal and postnatal care services



- 126 Households identified and registered for protection support
- 2 trauma-informed counselling desks established to support survivors of gender-based violence

## 4. CESVI RESPONSE CAPACITY

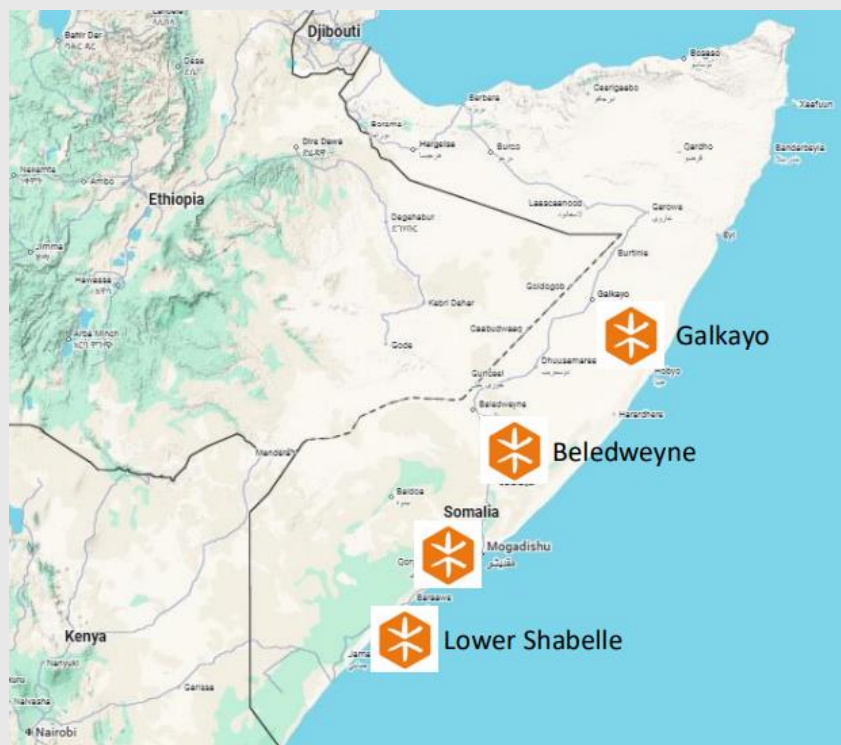
1. Rapidly respond to evolving humanitarian needs in complex and access-constrained environments, leveraging longstanding presence and operational infrastructure.
2. Integrate programmes and activities across the sectors of nutrition, health, WASH, and food security through protection and DRR mainstreaming to ensure complementarities and strengthened resilience outcomes.
3. Strong sectoral expertise, particularly in nutrition, enabling effective coordination and the delivery of high-quality interventions.



### IN DETAILS

- **Geographic reach:** CESVI has maintained a continuous presence in Somalia since 2006, with a country office in Mogadishu and field offices in Galkayo and Beledweyne, operating across Banadir, Mudug, Lower Shabelle, and Hiraa. This enables sustained access to displacement-affected urban and peri-urban areas.
- **Operational infrastructure and logistics capacity:** CESVI has **secure storage facilities** along the Afgoye-Marka corridor and established supply chain systems enabling last-mile delivery in complex and access-constrained environments.
- **Professional staff:** Operations are implemented through a structured Project Management Unit combining experienced national teams with international coordination and technical support. A **stable presence of international staff** in Somalia ensures harmonised management, compliance, and effective oversight across field locations.
- **Institutional recognition:** CESVI works in coordination with field ministries and is recognised by authorities, with formal agreements supporting programme implementation.
- **Strong engagement in coordination mechanisms:** CESVI actively participates in national and sub-national coordination platforms, supporting alignment with sector standards and coordinated humanitarian response.
- **Multisectoral technical expertise:** CESVI has demonstrated experience in humanitarian crises in the region intervening in nutrition, WASH, health, food security, protection, DRR, and resilience programming.
- **Donor engagement:** CESVI collaborates with established institutional donors including AICS, WFP, and UNICEF, demonstrating recognised implementation capacity and reinforcing institutional credibility and recognition with national authorities.

## SPECIFIC AREAS OF INTERVENTION



## 5. COORDINATION MECHANISMS

Institutional Coordination	NGO Coordination
<p>In Somalia, CESVI is active in the following Clusters:</p> <ul style="list-style-type: none"> <li>• Food Security &amp; Livelihoods (FSL) Cluster</li> <li>• WASH Cluster</li> <li>• Health Cluster</li> <li>• Nutrition Cluster</li> <li>• Protection Cluster</li> </ul> <p>Other institutional coordination mechanisms include:</p> <ul style="list-style-type: none"> <li>• State-Level Inter-Cluster Coordination Group</li> <li>• PSEA Network Somalia</li> <li>• Resilience Working Group</li> </ul>	<p><b>International NGO Safety Organisation (INSO)</b></p> <p><b>Alliance2015:</b> a coalition of seven European NGOs focused on coordinating humanitarian and development action in crisis contexts. In Somalia, CESVI is the lead agency within the Alliance, supporting coordination and operational synergies among members, avoiding duplication of efforts.</p>

## 6. PARTNERSHIP AND LOCALISATION

Partnerships and localisation are an important part of CESVI's operational approach, as working with national organisations, community structures, and institutional stakeholders is crucial to ensure context-sensitive and sustainable interventions.

In Somalia, at the district level, CESVI is collaborating with the national partner ORDO for the implementation of AICS-funded activities in Mudug and Hiraaan. CESVI provides technical oversight, compliance management, and operational coordination and the partnership supports local engagement and programme delivery in target areas.

Within the Alliance2015 network, CESVI acts as the lead agency for Somalia and is working to strengthen coordination among members through regular engagement and joint initiatives. This collaboration has enabled **operational synergies**, including shared accommodation arrangements and office space, contributing to more efficient field presence and resource optimisation across locations.

Accountability to affected populations is ensured through CESVI's **Monitoring, Evaluation, Accountability and Learning (MEAL)** system, which integrates donor requirements with the organisation's Project and Feedback Mechanism (PCFM). Beneficiaries can provide feedback or raise concerns through a variety of channels, such as toll-free hotlines, complaint boxes installed at service delivery sites, email communication, and direct engagement with staff during field activities. All feedback is systematically recorded and managed through defined procedures, with safeguarding cases escalated through dedicated pathways, ensuring transparency, responsiveness, and alignment with humanitarian accountability standards.

## 7. MAIN CHALLENGES AND OPERATIONAL CONSTRAINTS

- **Funding constraints and donor concentration:** Reductions in humanitarian funding constrain CESVI's ability to scale up activities in line with increasing needs. This challenge is compounded by the protracted, complex nature of the Somalia crisis, which remains chronically underfunded. To mitigate this, CESVI is actively working to diversify its funding portfolio and strengthen existing partnerships to secure essential resources.
- **Access limitations and insecurity in operational areas:** The volatile security environment, fragmented territorial control, and logistical barriers impact staff movement, supply chains, and programme implementation timelines. These conditions can reduce operational flexibility, increase delivery costs, and hinder the ability to reach the most vulnerable populations. CESVI addresses these challenges by maintaining flexible access planning, strengthening collaboration with local partners and community actors, and coordinating with local authorities.
- **Administrative and bureaucratic constraints:** Movement approvals, administrative procedures, and local regulatory requirements can delay implementation and affect operational efficiency. CESVI mitigates this constraint through sustained engagement with local authorities and adaptive planning to minimise disruptions to service delivery.

## 8. CESVI OPERATIONAL PRIORITIES

### a) Situation update

Somalia is experiencing a critical and accelerating deterioration in humanitarian conditions, driven by the convergence of severe drought, large-scale displacement, constrained humanitarian funding, and persistent insecurity. The crisis reflects the characteristics of a **complex emergency**, as climatic, conflict-related, and socio-economic factors interact and reinforce one another. Somalia is identified by ECHO as a **forgotten crisis**, due to chronic underfunding and limited international attention despite the scale of needs.<sup>v</sup> Ongoing reprioritisation within humanitarian planning aims to focus the very limited resources available on populations facing the most extreme and life-threatening conditions; available figures therefore provide only a partial picture of needs on the ground, which continue to drastically increase amid severe funding shortfalls.



*"The humanitarian situation continues to deteriorate. Malnutrition levels are rising, while available resources remain critically insufficient to meet growing needs. Unless additional resources are urgently secured, nutritional support activities risk being drastically reduced—or even coming to a halt—by April 2026, leaving millions of vulnerable people at risk"*

Diego Regosa, Regional Programme Manager



The continued failure of the Deyr 2025 rains, combined with the progression of the Jilaal dry season (January-March 2026) and high temperatures, has further eroded household coping capacities across pastoral, agropastoral, and riverine livelihoods. **Water scarcity** and **livestock losses** are driving **widespread distress migration** toward urban and peri-urban centres, placing increasing pressure on already overstretched services and host communities.

Riverine systems remain under acute stress; critically low Shabelle River levels and confirmed drying sections in multiple districts are reducing irrigation capacity and forcing communities to rely on unsafe water sources or water trucking. These dynamics are compounding food insecurity and public health risks, particularly in densely populated displacement-affected areas. Nutrition and health indicators continue to deteriorate in parallel: IPC projections indicate **very high levels of acute malnutrition**, and several livelihood zones already record Global Acute Malnutrition (GAM) rates above emergency thresholds. Reduced dietary diversity, overcrowding in displacement sites, and limited access to safe water and sanitation are **increasing risks of disease outbreaks**, particularly among children under five and pregnant and breastfeeding women.

**Displacement trends have accelerated** significantly since the beginning of the year. In Hobyó District alone, severe drought conditions triggered the displacement of an estimated 11,000 households. Families arrive in urban settlements with minimal assets and high dependency on humanitarian assistance. A high proportion of displaced populations consists of children, elderly persons, and persons with disabilities, who face elevated protection risks arising from overcrowding, inadequate shelter, and limited access to basic services. Similar displacement dynamics are being observed across central and southern Somalia, including Banadir, Galmugug, and Hirshabelle, **increasing pressure on health, nutrition, and WASH services**.

The **security environment is complex** and localised, with ongoing armed group activity and clan-related tensions affecting major supply routes and rural areas, particularly in southern and central regions. The approaching electoral period is further contributing to an increasingly

unpredictable operating environment. CESVI's activities continue without major disruption, but the organisation maintains close monitoring of the security context, which remains **highly volatile** and could affect access, service delivery, and resource mobilisation, as is already happening in other areas of the country.


### b) Geographic coverage




The table below summarises CESVI's current areas of intervention across Somalia:

Region	Key Locations	Operation Status
Banaadir	Mogadishu	Active
Hiraan	Beledweyne	Active
Lower Shabelle	Afgoye, Marka	Active
Mudug	Galkayo, Hobyo	Active

In the coming months, building on its existing operational footprint, CESVI will prioritise the consolidation and expansion of interventions in Lower Shabelle, where the organisation maintains a unique operational presence as one of the few INGOs directly implementing activities in the area. In Banadir, Mudug and Hiraan, the focus will remain on maintaining operational continuity and strengthening programme quality, while also exploring possible opportunities to increase support for newly displaced people in already targeted areas (Hiraan and Mudug).

### c) Priorities of intervention detected per sector

Sector	Objective	Activities
 <p><b>Nutrition</b></p>	<p>People are protected from the impacts of malnutrition through facility-linked services and community-based resilience approaches.</p>	<ol style="list-style-type: none"> <li>1. Management of SAM/MAM at fixed health facilities and mobile clinics (CMAM).</li> <li>2. IYCF counselling and mother-to-mother support groups.</li> <li>3. Growth monitoring and screening through outreach.</li> <li>4. Strengthening supply chain of nutrition commodities (RUTF, RUSF, MNPs).</li> <li>5. Integration of nutrition with PHC: ANC/PNC, vaccination, treatment of childhood illnesses (IMAM and IMCI).</li> <li>6. Community health workers conducting MUAC screenings, referrals, and follow-ups.</li> </ol>

 <p><b>Nutrition</b></p>	<p>Households and communities adopt nutrition-sensitive practices.</p>	<ol style="list-style-type: none"> <li>1. Establishment of kitchen gardens and climate-smart micro-gardens.</li> <li>2. Micronutrient supplementation and promotion of diversified diets.</li> <li>3. Community nutrition groups and mother groups, with cooking demonstrations.</li> <li>4. Nutrition-sensitive agricultural actions (drought-resistant seeds, drip irrigation).</li> <li>5. Community-led outreach on feeding, food preparation, hygiene, and care practices.</li> <li>6. Piloting of food-by-prescription through local value chains (where permitted).</li> </ol>
 <p><b>Health</b></p>	<p>Strengthen primary health care services integrated with nutrition in crisis-affected areas. This aims to improve especially maternal, neonatal, and child health outcomes and enhance disease prevention.</p>	<ol style="list-style-type: none"> <li>1. Operation of fixed and mobile health clinics integrated with nutrition.</li> <li>2. Routine immunisation support and outreach sessions.</li> <li>3. ANC/PNC and reproductive health services.</li> <li>4. Management of common illnesses (IMCI) and communicable disease surveillance.</li> <li>5. Infection prevention and control (IPC) measures in supported facilities.</li> <li>6. Community health workers delivering health education.</li> </ol>
 <p><b>WASH</b></p>	<p>Reduce WASH-related disease through improved access to safe water, sanitation, and hygiene.</p>	<ol style="list-style-type: none"> <li>1. Installation/rehabilitation of water systems (solar pumping, storage).</li> <li>2. Improved sanitation infrastructure (latrines, waste pits, incinerators).</li> <li>3. IPC and hygiene improvement in health facilities.</li> </ol>

 <p><b>WASH</b></p>	<p>Improved WASH infrastructure and hygiene practices at facility and household level.</p>	<ol style="list-style-type: none"> <li>1. Access to safe water through boreholes, shallow wells, and water trucking as a last resort.</li> <li>2. Household hygiene kits and water treatment options.</li> <li>3. Construction of family latrines and community sanitation infrastructure.</li> <li>4. Community-Led Total Sanitation (CLTS)</li> </ol>
 <p><b>Protection</b></p>	<p>Services are safe, inclusive, and protection sensitive.</p>	<ol style="list-style-type: none"> <li>1. Safe, accessible, dignified service delivery for women, girls, and persons with disabilities.</li> <li>2. Referral pathways for GBV, child protection, and psychosocial support through partners.</li> <li>3. Training of staff and community structures on PSEA.</li> <li>4. Protection risk analysis guiding targeting, outreach, and facility design.</li> </ol>
 <p><b>Anticipatory Action/DRR</b></p>	<p>Communities can anticipate and mitigate shocks.</p>	<ol style="list-style-type: none"> <li>1. Early warning systems at community level (rainfall, drought, disease alerts).</li> <li>2. Pre-positioning of WASH/Nutrition supplies where feasible.</li> <li>3. Trigger-based early distributions (water treatment, ready-to-eat food support).</li> <li>4. Community disaster preparedness planning (CDM, risk mapping).</li> <li>5. Promotion of climate-smart household practices (water conservation, micro-gardens).</li> </ol>

Available resources fall substantially short of what CESVI requires to implement the life-saving operational priorities described above. Although CESVI, together with a pool of multi-donor contributions, is co-funding selected activities, the resources currently available remain insufficient to fully cover operational needs. The following table presents the significant resource gaps based on CESVI's operational planning and budgeting, reflecting the organisation's funding requirements for the upcoming months.

Category	Resources Needed	Resources Covered	Coverage
Cash	\$4,505,431	\$79,170	1.8%
Supplies	\$6,566,173	\$2,003,531	30.5%
<b>Total</b>	<b>\$11,071,604</b>	<b>\$2,082,701</b>	<b>18.81%</b>

## 9. FUNDING UPDATE

**Chronic underfunding** remains a significant constraint on the humanitarian response in Somalia. In 2025, only \$412 million of the \$1.42 billion required under the Somalia Humanitarian Needs and Response Plan was funded, leaving 71% of needs unmet.<sup>vi</sup> The funding outlook for 2026 remains similarly concerning, especially considering the current period coincides with the critical dry season that drives increased humanitarian needs. A funding update for 2026 is presented in the table below.

Somalia Humanitarian Needs and Response Plan (HNRP) 2026 <sup>vii</sup>			
	Requirements	Funded	%
Somalia	\$852M	\$113.3M	13.3%
<b>CCCM</b>	\$17M	\$0M	0%
<b>Education</b>	\$42M	\$29.8M	71.1%
<b>Food Security and Livelihoods</b>	\$301M	\$19.6M	6.5%
<b>Health</b>	\$80M	\$5.96M	7.5%
<b>Nutrition</b>	\$75M	\$3M	4%
<b>Protection</b>	\$93M	\$10.3M	11.1%
<b>WASH</b>	\$72M	\$4.79M	6.7%
Other funding mechanisms			
<b>The Somalia Humanitarian Fund</b>			
A multi-donor, country-based pooled mechanism created in 2010 where governments and private donors can channel their contributions. Currently, the main 2026 donors are the United Kingdom and Germany, which donated \$5.1M overall.			

## 10. CALLS FOR ACTION

As Somalia continues to face worsening humanitarian conditions due to acute food insecurity, malnutrition, fragile basic services, and persistent financing gaps, urgent action is required. Identified as a forgotten crisis, the humanitarian response is increasingly constrained by severe funding shortfalls that are forcing many organisations to reprioritise assistance toward populations facing the most extreme, life-threatening conditions. Without sustained support, crucial life-saving assistance for those most at risk may be disrupted, while millions of others with serious but less visible needs risk being left without adequate support altogether.

To prevent further deterioration and to support communities in moving beyond cycles of crisis toward resilience and recovery, sustained international attention and support across the HDP continuum are crucial.

Building on extensive operational presence and contextual analysis, CESVI urges:

- **The international community and institutional donors to:**
  - Address critical humanitarian financing gaps through immediate, flexible and predictable multi-year funding, ensuring the continuity of essential services across sectors and preventing the disruption of programmes that millions depend on for survival. Indeed, evidence indicates that today funding reductions risk large-scale service interruptions, including essential malnutrition treatment and primary healthcare provision.<sup>viii</sup>
  - Maintain Somalia among global humanitarian funding priorities, recognising the scale of needs, the compounding effects of climate shocks and conflict, and the long-standing underfunding that continues to constrain responses despite escalating vulnerability.
  - Scale up integrated, multisectoral life-saving assistance targeting the most vulnerable populations, acknowledging that in this complex crisis risks overlap across nutrition, health, water, protection and livelihoods,<sup>ix</sup> thus requiring coordinated and comprehensive responses.
  - Increase investments in Anticipatory Action, Disaster Risk Reduction and climate-adaptive resilience programming, to mitigate the cyclical and recurring impacts of droughts and environmental shocks that continue to drive displacement, food insecurity and humanitarian needs across Somalia.
  - Encourage financing approaches that strengthen the HDP nexus, enabling both life-saving assistance and longer-term recovery, livelihood opportunities and system strengthening to address the structural drivers of vulnerability in Somalia. Current funding constraints and earmarking continue in fact to severely limit the scale of such approaches.<sup>x</sup>
- **Federal and state authorities to:**
  - Strengthen coordination and enable humanitarian access to vulnerable populations, ensuring that life-saving services can reach all those communities that are most at risk.
  - Prioritise investment in essential social services, including health, nutrition, water and sanitation, and protection systems, to mitigate the impact of declining humanitarian funding and reinforce national capacity to respond to crises.

## NOTES

<sup>i</sup> All figures, except noted otherwise, were retrieved on <https://www.unocha.org/somalia> as of February 2026.

<sup>ii</sup> ECHO estimates that people in need are actually 5.98 million ([https://civil-protection-humanitarian-aid.ec.europa.eu/where/africa/somalia\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/where/africa/somalia_en))

<sup>iii</sup> [https://ec.europa.eu/echo/files/funding/hip2026/echo\\_-hf\\_bud\\_2026\\_g1000\\_v2.pdf](https://ec.europa.eu/echo/files/funding/hip2026/echo_-hf_bud_2026_g1000_v2.pdf)

<sup>iv</sup> These figures refer to the entire year of 2025 and early 2026.

<sup>v</sup> [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/needs-assessment/forgotten-crises\\_en#what-are-the-forgotten-crises](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/needs-assessment/forgotten-crises_en#what-are-the-forgotten-crises) as of February 2026.

<sup>vi</sup> <https://fts.unocha.org/plans/1221/summary>

<sup>vii</sup> <https://fts.unocha.org/plans/1516/summary>

<sup>viii</sup> [https://ec.europa.eu/echo/files/funding/hip2026/echo\\_-hf\\_bud\\_2026\\_g1000\\_v2.pdf](https://ec.europa.eu/echo/files/funding/hip2026/echo_-hf_bud_2026_g1000_v2.pdf)

<sup>ix</sup> <https://www.unicef.org/appeals/somalia#download>

<sup>x</sup> <https://www.wfp.org/publications/evaluation-somalia-wfp-country-strategic-plan-2022-2025>



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