1.2M children under 5 years were wasted in August 2021–July 2022

213 440 of them were severely wasted

Source: IPC AMN, November 2021.

Wasting remains widespread in Somalia at varying levels of severity, although the prevalence has improved over the past 14 years. The prevalence fell from 17 percent in 2017 to 11 percent in 2021, the lowest since 2007. However, this trend still translates to most of the country classified in Serious (IPC AMN Phase 3) (IPC AMN, November 2021).

According to surveys conducted in August 2021, child wasting mainly affects rural areas, which had a medium wasting prevalence of 11.5 percent. Critical prevalence of wasting (over 15 percent) was recorded in two out of 15 rural populations (Shabelle Riverine and North Gedo Pastoral). A Serious (IPC AMN Phase 3) prevalence of wasting has persisted in Shabelle Riverine livelihood as well as among IDPs in Mogadishu since the 2019 Deyr season due to high morbidity and reduced food access (IPC AMN, November 2021).

In urban areas, 9.5 percent of children are wasted, classified in Alert (IPC AMN Phase 2), a slight improvement since the 2020 Gu season (10.5 percent) (IPC AMN, November 2021).

More than 25 percent of children were affected by stunting (Global Nutrition Report, 2021).

Key drivers

- **Caring and feeding practices**
  Child feeding indicators are particularly poor, with only 15.6 percent of infants under 6 months exclusively breastfed, while just 17.6 percent of children aged 6–23 months receive a diverse diet (MoH, 2020). According to the 2019/20 micronutrient survey, around 40 percent of non-pregnant women and 47 percent of pregnant women are anaemic and similarly around 43 percent of children below 5 years are anaemic (HNO, October 2021).

- **Food security and access to healthy diets**
  The stability in the levels of child wasting in rural areas is partly due to increased access to milk and sustained humanitarian assistance. However, reduced food access has had a negative impact on wasting in other areas. For example, in urban Hargeisa, wasting levels increased from 3.4 percent during the 2020 Gu season to 9.6 percent in 2021 (IPC AMN, November 2021).

- **Health services and household environment**
  Somalia’s health system remains fragmented, under-resourced and ill-equipped. Disease outbreaks are largely due to low vaccination coverage, a shortage of functional public health facilities and low capacity of surveillance and response (HNO, October 2021).

Somalia is experiencing acute watery diarrhea/cholera outbreaks in multiple locations. Oral cholera vaccinations have not been carried out in affected and at-risk areas since the COVID-19 pandemic started in 2020. Between January and August 2021, 595 cases of suspected measles were confirmed, mainly in Banadir region and among unvaccinated children (HNO, October 2021). Out of a total of 40 surveyed population groups, 18 recorded high morbidity prevalence (≥ 20 percent). The highest morbidity was reported in Bay Agropastoral (41 percent), Baidoa IDPs (54.5 percent), Mogadishu IDPs (30 percent), Beletwein Urban (34 percent) and Juba Cattle Pastoral (29 percent) (IPC AMN, November 2021).

Lack of access to safe water has compounding effects on public health and leads to diseases that predispose children to malnutrition. The Joint Multi-Cluster Needs Assessment (JMCNA) 2021 indicates that 13 percent of non-IDP families and 22 percent of IDP households lack adequate drinking water, and that 20 percent of non-IDP households and 35 percent of IDP households lack adequate water for personal hygiene. The JMCNA 2021 noted that 31 percent of households do not have access to basic sanitation facilities. COVID-19 continues to limit access to nutrition services, while some households have avoided health services for fear of catching the virus. The Nutrition Cluster data shows that the number of admissions of wasted children was 11 percent lower in 2021 than in 2020 (HNO, October 2021).