

Global Acute Malnutrition (GAM) Trends in Somalia's IDP Settlements (2020-2024)

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Overview

Somalia's Internally Displaced Persons (IDP) settlements have been grappling with persistently high levels of Global Acute Malnutrition (GAM) since 2020. The continued exposure to conflict, climatic shocks (including recurrent droughts), and displacement has compounded the vulnerability of IDP populations, particularly children under five and pregnant or lactating women. This fact sheet provides an in-depth analysis of GAM levels from 2020 to 2024 and offers insights into key factors contributing to malnutrition, as well as the humanitarian response.

Despite interventions aimed at improving food security and health services across Somalia, GAM levels in five IDP settlements remain critical across Galkayo, Bosaso, Mogadishu, Baidoa, and Kismayo. The findings discussed herein are based on assessments conducted by the Integrated Phase Classification (IPC) team in collaboration with local partners during Post-GU Analysis of 2024.

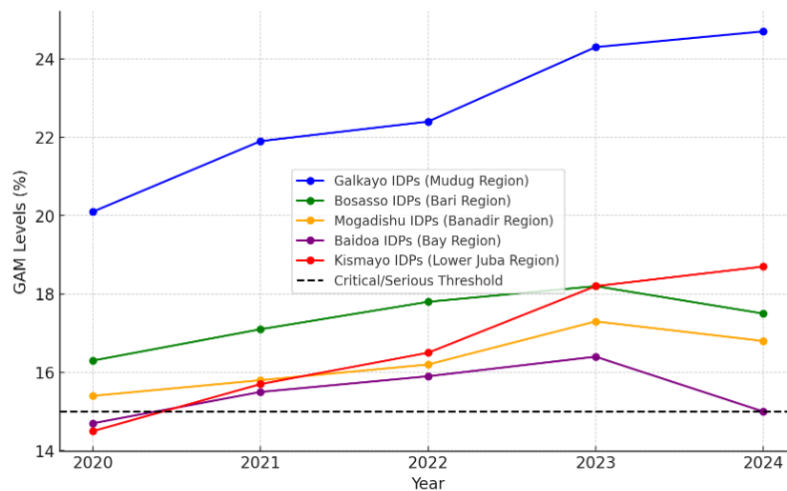


Figure 1: Yearly GAM Levels in Somalia's IDP Settlements (2020-2024)

IPC Findings

The 2024 Post-GU Integrated Food Security Phase Classification (IPC) for Acute Malnutrition categorizes GAM levels based on weight-for-height measurements, which is a key indicator of acute malnutrition in children under five years of age. The findings reveal a persistently critical situation in five selected IDPs in Somalia between the periods of 2020 to 2024 (Figure 1 and 2).

1. GAM Trends

- **Galkayo IDPs:** The GAM rate in Galkayo increased from 20.1% in 2020 to 24.7% in 2024, maintaining a Critical classification throughout the period. This reflects the continued strain on local health and food systems, exacerbated by ongoing conflict in the region.

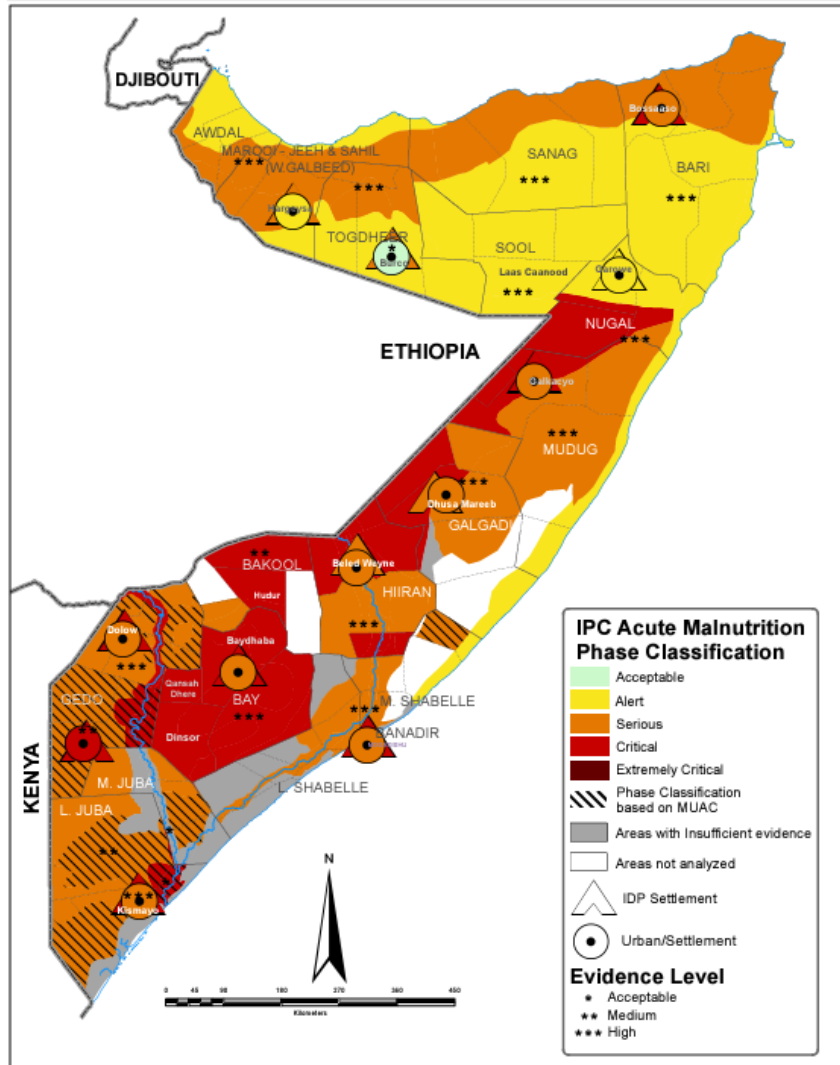


Figure 2: Somalia Estimated Malnutrition Situation (GAM) (June-Sept 2024), Credit: IPC

- **Bosasso IDPs:** Bosasso has also experienced Critical GAM levels. The rate increased from 16.3% in 2020 to 18.2% in 2023, before a slight improvement in 2024. Nonetheless, GAM levels remain well above the critical threshold, indicating a sustained crisis.
- **Mogadishu IDPs:** The situation in Mogadishu has fluctuated between Serious and Critical GAM levels. While there was some improvement in 2024 (16.8%), malnutrition remains a significant issue, particularly due to overcrowding in IDP settlements.
- **Baidoa IDPs:** Baidoa has witnessed fluctuating trends, with GAM levels rising to a peak of 16.4% in 2023, followed by a decrease in 2024. Despite the oscillations, the region continues to struggle with high rates of malnutrition.
- **Kismayo IDPs:** Kismayo saw a gradual increase in GAM levels, reaching 18.7% in 2024. This is largely due to poor access to basic services, insecurity, and the influx of displaced populations.

2. Drivers of Malnutrition

Several factors contribute to the persistently high GAM levels across Somalia’s IDP settlements. These include:

1. **Food Insecurity:** With many households in IPC Phase 3 (Crisis) and Phase 4 (Emergency), food insecurity remains a major concern. Recurrent droughts have devastated agricultural production,

while inflation has made basic food items unaffordable for many displaced families. This has resulted in widespread hunger and malnutrition.

2. Conflict and Displacement: Protracted conflict in Somalia has led to multiple waves of displacement. Many families are now in protracted displacement situations, having been displaced several times. Displacement disrupts livelihoods, reduces access to markets, and leads to long-term food insecurity.

3. Limited Health Services: Health services in IDP settlements are often overwhelmed or underfunded, leaving vulnerable populations without access to adequate care. Malnutrition is further exacerbated by the lack of immunization services, therapeutic feeding programs, and maternal and child healthcare. While some regions have seen an increase in humanitarian assistance, gaps remain in coverage and accessibility.

4. Disease Burden: Frequent disease outbreaks, particularly of acute watery diarrhea (AWD), measles, and respiratory infections, further complicate the malnutrition crisis. Poor sanitation and overcrowded living conditions in IDP settlements exacerbate the spread of these diseases, creating a vicious cycle of illness and malnutrition. Measles vaccination coverage remains low, increasing vulnerability among children under five.

3. Geographic Disparities

While GAM levels are high across most IDP settlements, regional disparities persist:

Southern Somalia (e.g., Baidoa and Kismayo) has seen steeper increases in GAM levels. This region is particularly vulnerable due to conflict-driven displacement and poor access to food and healthcare services. Many IDP households in the South rely heavily on humanitarian aid, but funding gaps have limited the effectiveness of interventions.

Northern Somalia (e.g., Bosasso and Galkayo) shows slightly more stability in terms of malnutrition trends, although GAM levels remain critical. This may be due to better access to international humanitarian assistance, including food aid and healthcare services, compared to southern regions.

Response Strategies and Recommendations

The humanitarian response to Somalia's malnutrition crisis must be strengthened and sustained. Key recommendations include:

1. Scaling Up Nutrition Services: Immediate expansion of nutrition services is essential to address the high GAM levels. This includes therapeutic feeding programs, Vitamin A supplementation, and increased vaccination coverage, particularly in the most affected areas like Galkayo and Kismayo.

2. Strengthening WASH Interventions: Improving access to water, sanitation, and hygiene (WASH) services is critical in reducing disease transmission in IDP settlements. This includes constructing and rehabilitating sanitation facilities, promoting hygiene education, and ensuring safe water access.

3. Long-term Resilience Building: While emergency food assistance remains critical, more sustainable interventions are needed to build the resilience of displaced populations. This includes livelihood support programs, vocational training, and the promotion of climate-smart agricultural practices to restore self-sufficiency among IDP households.

4. Improving Health Infrastructure: Strengthening healthcare infrastructure, particularly maternal and child health services, will help prevent and treat malnutrition. Integrated health and nutrition interventions, such as outpatient therapeutic programs (OTPs), should be prioritized in areas with high GAM levels.

Conclusion

The high GAM levels in Somalia's IDP settlements underscore the chronic vulnerability of displaced populations. Without sustained and comprehensive interventions, the situation is likely to deteriorate further, leading to long-term developmental challenges for children and wider public health impacts. An urgent and coordinated effort from both humanitarian and development actors is required to stabilize the situation and improve outcomes for affected populations.