Southwest State, Somalia | October 2026

Conflict, displacement, climate shocks and the narrowing window to prevent a humanitarian catastrophe

Baidoa at a tipping point

Access is becoming part of the crisis

Humanitarian response must adapt as displacement, insecurity and heavy Deyr rains reshape where people are and what they can reach.



26,000

IDPs projected in IPC Phase 5 (Catastrophe), Oct-Dec 2026

IPC, 23 Sep 2026 [4]

148

wounded people treated across four hospitals after the latest fighting

ICRC figures reported 1 Oct [2]

1 in 2

children screened in 14 displacement sites were acutely malnourished

MSF survey [5]

CENTRAL MESSAGE

Baidoa's humanitarian crisis is not only about rising needs; it is also about the growing difficulty affected people face in reaching the assistance and essential services that remain available. Conflict-driven movement, insecurity and heavy Deyr rains are changing household locations, movement patterns and service accessibility. Humanitarian response must adapt to these changes rather than rely only on fixed locations and infrequently updated caseloads.

Local dynamics shaping humanitarian access

MOVEMENT

READO programme monitoring has observed people moving from Baidoa town to outlying villages and rural areas, as well as to other cities including Mogadishu, as insecurity heightens and shifts household locations. [12]

ACCESS

READO field teams have experienced intermittent constraints on movement and outreach as security conditions change. This affects the timing and reach of community-based activities and can also constrain households seeking services. [12]

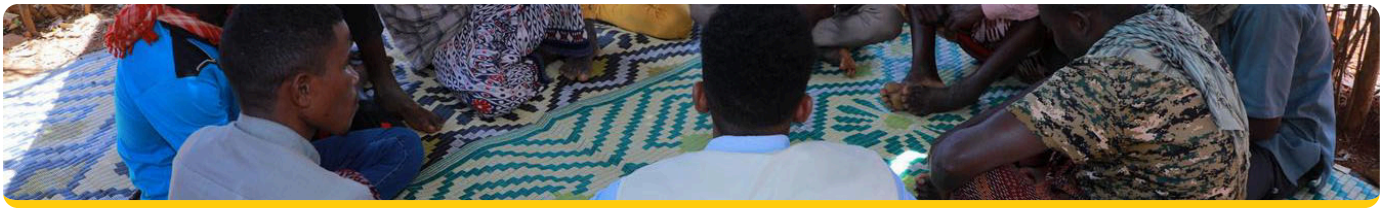
RAINFALL

Heavy downpours have already started in Baidoa. Rainfall is therefore an immediate operational factor, increasing concern around low-lying settlements, standing water, water-point contamination and road accessibility. [12]

IMMEDIATE CALL TO ACTION

Keep assistance reachable as people move: protect safe humanitarian access, maintain continuity of essential services, and enable timely programme adaptations as displacement, access and rainfall conditions change.

01 Conflict, displacement and humanitarian access



WHAT IS CHANGING

- Repeated fighting has created a dual humanitarian pressure: civilians face direct harm while insecurity also disrupts movement to hospitals, markets, water points and other essential services. Médecins Sans Frontières (MSF) reported blocked roads to hospitals, severe damage to a health facility and a looted ambulance during the September escalation. [1]
- READO programme monitoring has observed people moving from Baidoa town to outlying villages and rural areas and to other cities, including Mogadishu, as insecurity heightens and shifts household locations. [12]
- International Committee of the Red Cross (ICRC) figures reported on 1 October recorded 148 wounded people treated across four hospitals after the latest fighting. These figures illustrate the continuing burden on health services and the wider consequences of recurrent violence. [2]
- Population movement also increases pressure on relatives, host households and receiving communities that may already have limited food, water, shelter and income. People staying outside recognised displacement sites can be less visible to routine site-based response mechanisms.

WHAT THIS MEANS FOR RESPONSE

- Humanitarian access should be understood from the perspective of affected people as well as service providers. A facility or distribution point may remain operational while people cannot safely reach it.
- As households relocate, demand can shift between neighbourhoods, outskirts, rural areas, host communities and other towns. Response arrangements therefore need enough geographic flexibility to follow changes in where people are.
- Referral continuity is critical. Repeated movement is interrupting treatment, case management, nutrition follow-up and community support networks even when services remain available elsewhere.
- Coordination should combine displacement information with service accessibility, route conditions and referral functionality so that operational decisions reflect both need and the ability to reach assistance.

From insecurity to deeper humanitarian need

1
FIGHTING
civilian harm, fear and route restrictions

2
MOVEMENT
households relocate or face constrained mobility

3
ACCESS DISRUPTION
treatment, water, income and referrals interrupted

4
DEEPER NEED
food, nutrition and protection risks intensify

PROTECTION RISKS

Repeated movement, crowded temporary accommodation and disrupted community networks can increase exposure to violence, exploitation, family separation and barriers to protection support. The Norwegian Refugee Council (NRC) has highlighted protection gaps affecting displaced people and reduced frontline capacity. [11]

HOST-COMMUNITY PRESSURE

Movement to outlying villages, rural areas and relatives' homes can shift pressure onto host households and local services. Food, water, shelter and protection needs therefore need to be considered beyond recognised displacement sites.

HUMANITARIAN IMPLICATION

The operational challenge is not displacement alone, but displacement occurring alongside constrained mobility and disrupted access. Assistance needs to remain reachable through flexible delivery arrangements, strong community referral systems, and more frequent updates on movement and service accessibility.

02 With hunger and malnutrition already widespread, communities have little capacity to absorb further shocks



1 in 2
children screened were acutely malnourished
MSF survey [5]

1 in 4
children screened were severely malnourished
MSF survey [5]

1 in 3
surveyed households were surviving on one meal a day
MSF survey [5]

A crisis already at severe levels

Baidoa's food and nutrition crisis is being driven by weak household purchasing power, disrupted livelihoods and high levels of vulnerability among displaced and poor urban households. The Famine Early Warning Systems Network (FEWS NET) has documented pressure from weak production and elevated staple food prices, while household access to food also depends on the ability to earn, trade and move safely. [8]

The Integrated Food Security Phase Classification (IPC) analysis released on 23 September projects nearly 26,000 displaced people in Baidoa in Catastrophe (IPC Phase 5) during October-December. It also identifies a risk of Famine under a plausible worst-case scenario involving more severe flooding and displacement. [4]

MSF's household survey across 14 displacement sites found half of screened children acutely malnourished, one quarter severely malnourished and one third of surveyed households surviving on one meal a day. These indicators underline how little capacity many households have to absorb additional shocks. [5]

Government and United Nations (UN) analysis also projects Extremely Critical acute malnutrition in pockets of Baidoa's displacement sites during October-December, reinforcing the concern that further access disruptions could quickly worsen outcomes. [6]

Why access matters for nutrition outcomes

Conflict can worsen food and nutrition outcomes through several pathways at once: reduced income limits food purchases; movement interrupts screening and treatment; displacement changes access to safe water and sanitation; and insecurity delays care-seeking.

For children already enrolled in nutrition treatment, continuity is as important as initial admission. Missed follow-up, reduced household food consumption, illness or unsafe water increases the risk of deterioration or relapse.

READO's programme perspective is that food security and nutrition response should be linked to displacement, safe water, household purchasing power and the ability to complete treatment. These factors often change together when families move or when access is disrupted.

IMPLICATION FOR RESPONSE

Nutrition and food assistance should be planned around household continuity, not sector outputs alone. Maintaining treatment, safe water, food access and referral support together is particularly important for displaced households and families whose movement or income has been disrupted.

FOOD ACCESS

Protect household access to food through assistance that can continue when people relocate or market access is temporarily constrained.

TREATMENT CONTINUITY

Keep screening, referral and nutrition follow-up reachable when insecurity or displacement changes how households move.

WASH & DISEASE

Link nutrition response with safe water, hygiene and disease surveillance as heavy rains increase exposure to water-related risks.

03 Essential services are increasingly strained by insecurity and funding shortfalls



$1.50–2.50
reported cost of a 200-litre drum of trucked water in Baidoa
MSF [9]

205
health and nutrition facilities closed across Somalia due to aid cuts
UNICEF [10]

26K+
IDPs projected in IPC Phase 5 (Catastrophe), Oct-Dec 2026
IPC, 23 Sep 2026 [4]

Service availability does not always mean service access

Damage to health infrastructure and obstruction of hospital access have consequences beyond trauma care. Hospitals and health facilities are also essential for maternal care, referrals, childhood illness, vaccination and nutrition treatment. When movement is unsafe, continued operation does not necessarily mean that people can reach care. [1]

READO teams have had to adjust field movement and activity scheduling as security conditions change, illustrating how insecurity can affect outreach and community-based delivery even where services remain operational. [12]

Water and sanitation pressures remain significant. MSF documented failing infrastructure and high costs for trucked water in Baidoa, while newly displaced or relocating households can lose access to familiar water points and sanitation facilities. [9]

A reduced humanitarian buffer

The wider response system has less capacity to absorb additional pressure. The United Nations Children's Fund (UNICEF) reported 205 health and nutrition facilities closed nationally because of aid cuts. This is not a Baidoa-specific closure count, but it illustrates the funding environment in which local needs are increasing. [10]. Reduced humanitarian reach increases pressure on household coping and on the services that remain available. [3]

Protection capacity is also constrained. NRC has highlighted protection gaps affecting displaced people, including fear of violence and limited access to frontline protection support. Women, children, older people and persons with disabilities may face additional barriers when movement and services are disrupted. [11]

Service continuity in practice

SAFE ACCESS
Can patients, caregivers and staff reach the service safely and consistently?

FUNCTIONAL CAPACITY
Are staff, essential supplies, water and referral arrangements available when needed?

DELIVERY FLEXIBILITY
Can outreach, mobile or alternative delivery options be activated when access changes?

IMPLICATION FOR RESPONSE

Humanitarian partners should track service continuity, not only whether facilities or activities are officially open. Safe access, staffing, essential stocks, referral functionality and the ability to maintain outreach are central to whether assistance is actually available to affected people.

04 Heavy Deyr rains are adding another layer of risk

HEAVY RAINS HAVE STARTED - RISK IS BECOMING OPERATIONAL

Heavy downpours have already started in Baidoa. [12] The Food and Agriculture Organization (FAO) continues to indicate a strong above-normal rainfall signal across central and southern Somalia. [7] The concern is no longer only seasonal preparedness: rainfall is now interacting with insecurity, displacement and already weak service access.

EL NIÑO AND PREPAREDNESS

These rains are being driven by a strong El Niño, which raises the risk of severe Deyr flooding across southern Somalia. [7] The October–December rains are forecast at 65–90% above average, so the most serious impacts may still be ahead. [4]

READO has developed an El Niño 2026–27 Preparedness and Response Plan for Baidoa, Bay and Bakool, setting out anticipatory, preparedness, response and early recovery actions, and contributed to the Southwest State El Niño Preparedness and Response Plan led by the Southwest State Ministry of Humanitarian Affairs and Disaster Management (MoHADM). [13] [14] Acting on these plans now, before access and conditions deteriorate further, is the most effective way to protect lives and livelihoods.



SHELTER
damage to temporary or weak structures

WATER
standing water and contamination risks

ACCESS
roads and routes become harder to use

MOVEMENT
households may relocate again or become isolated

How rainfall can compound current pressures

Baidoa's most immediate exposure is to heavy rainfall, surface runoff and flooding in low-lying areas, including vulnerable displacement settlements. FEWS NET identifies low-lying Baidoa sites among areas exposed to flooding. [8]

For households already affected by conflict and movement, even localised flooding can damage shelters, interrupt access to water points, reduce road accessibility and disrupt recently re-established links to services and income.

The interaction with insecurity is particularly important. If rainfall reduces road options while other routes are already unsafe, households, health workers, supplies and referral systems can all face additional constraints.

Priority actions as conditions change

- Monitor displacement, road accessibility and service reach together so that rainfall-related access changes are detected early.
- Protect and monitor water points, drainage and water quality in low-lying and high-density settlement areas where contamination risks can rise quickly.
- Pre-position critical supplies and maintain continuity arrangements for health, nutrition, water, sanitation and hygiene (WASH) and protection services where movement could become more difficult.
- Use community networks and local organisations to communicate changing risks, identify emerging access barriers and support rapid adaptation of delivery.

COMPOUND RISK

Conflict, displacement, hunger, service constraints and heavy rainfall are reinforcing one another. The priority is therefore to protect continuity of assistance across sectors and to make operational changes early enough that households do not lose access as conditions deteriorate.

05 What needs to change now

ADVOCACY MESSAGE

Baidoa requires a response that is both sustained and adaptable. The objective is not only to increase assistance, but to ensure that assistance remains accessible as people move, routes change, rainfall intensifies and service capacity comes under pressure.

Priority asks for decision-makers

1 DONORS & FUNDING PARTNERS

Fund flexibly and approve adaptations quickly

Protect continuity of essential services through flexible funding, crisis modifiers and timely approval of justified programme adaptations. Enable changes in delivery location, schedule and modality when access or displacement patterns change.

2 UN, CLUSTERS & COORDINATION ACTORS

Track access jointly and act on it fast

Strengthen joint monitoring of displacement, service accessibility, road conditions, rainfall impacts and referral continuity. Translate changes quickly into coordinated operational decisions across sectors.

3 AUTHORITIES & PARTIES TO THE CONFLICT

Protect civilians, health care and humanitarian access

Protect civilians, health facilities and humanitarian personnel; facilitate safe movement for people seeking treatment or refuge; and enable impartial humanitarian access without obstruction.

4 HUMANITARIAN PARTNERS

Reach people where they are now

Use field observations from local organisations and affected communities to identify underserved households, including people outside established displacement sites and vulnerable host communities, and adapt delivery as access changes.

READO contribution

LOCAL PRESENCE

Programme teams, field staff and community networks provide regular insight into how insecurity, displacement and rainfall are affecting humanitarian access.

CROSS-SECTOR VIEW

READO works across health, nutrition, WASH, protection, cash, education and livelihoods, allowing risks to be understood across connected household needs.

ADAPTIVE DELIVERY

Experience with community structures, outreach, fixed services and programme monitoring supports practical adjustments when movement, access or delivery conditions change.

PREPAREDNESS

READO's El Niño 2026–27 Preparedness and Response Plan sets out anticipatory, preparedness, response and early recovery actions for Baidoa, Bay and Bakool, aligned with the Southwest State plan.

Annex: references and acronyms

Selected references and evidence base

[1] Médecins Sans Frontières (MSF). Statement on escalating violence and access to hospitals in Baidoa, 28 Sep 2026; published 29 Sep.

[2] Hiiraan Online. ICRC says 148 wounded treated after heavy fighting in Baidoa town, 1 Oct 2026.

[3] UN News. Somali families face renewed violence amid worsening hunger crisis, 30 Sep 2026.

[4] IPC. Somalia acute food insecurity analysis; projection for Oct-Dec 2026, released 23 Sep 2026.

[5] MSF. Survey of displaced families in Baidoa, 2026.

[6] Federal Government of Somalia and UN. Hunger and malnutrition crises persist in Somalia, 23 Sep 2026.

[7] FAO. Strong El Niño condition raises risk of severe Deyr flooding in Somalia, 1 Sep 2026.

[8] FEWS NET. Somalia Food Security Outlook, June 2026-Jan 2027.

[9] MSF. Baidoa water and sanitation crisis, 23 Jul 2026.

[10] UNICEF. Hundreds of health and nutrition facilities closed as Somalia's child crisis deepens, 21 Aug 2026.

[11] NRC. Left Behind: Protection Gaps Leaving Somalia's Displaced Exposed, 2026.

[12] READO. Programme and field monitoring, Baidoa, Sep-Oct 2026: population movement, access constraints and onset of heavy rains.

[13] READO. El Niño 2026–27 Preparedness and Response Plan: Baidoa, Bay and Bakool, September 2026.

[14] Southwest State Ministry of Humanitarian Affairs and Disaster Management (MoHADM). Southwest State El Niño Preparedness and Response Plan, 2026.

Acronyms

FAO	Food and Agriculture Organization of the United Nations	**FEWS NET**	Famine Early Warning Systems Network
ICRC	International Committee of the Red Cross	**IDPs**	Internally displaced people
IPC	Integrated Food Security Phase Classification	**MoHADM**	Ministry of Humanitarian Affairs and Disaster Management (Southwest State)
MSF	Médecins Sans Frontières (Doctors Without Borders)	**NRC**	Norwegian Refugee Council
READO	Rural Education and Agriculture Development Organization	**UN**	United Nations
UNICEF	United Nations Children's Fund	**WASH**	Water, sanitation and hygiene

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