

Somalia & Somaliland February 2026 Snapshot Report

Talk to Loop, is available in Somalia/ Somaliland via a voice channel on a toll-free number 2023 and supports feedback in Maay, Maxatiri, Benadiri Merka, Bujuuni, Barawani Chimini and Kizigua-Mushunguli. To learn more, visit our [website](#) and our [platform and statistics pages](#).

Throughout the report there are hyperlinks to go directly to community feedback, like on a social media platform. We invite you to click on the hyperlinks embedded within the report to read and engage directly with the community feedback referenced. Feel free to reply, like and share. The Loop platform is open for all to filter, and learn from communities.

Executive Summary

The feedback from communities this month describe a severe humanitarian crisis across Southern Somalia, primarily centered in Lower Shabelle (Janaale, Shalanbood, Marka) and Lower Juba (Kismayo, New Luglaw, Ceeljaale), where the intersection of drought, conflict, and the Ramadan fasting period has left communities in a state of survival. The most common thematic areas are WASH and food security, with people reporting lack of food and a total lack of clean drinking water due to the drying of the Shabelle River, and the inability to afford food for Iftar during Ramadan.

Displacement is a dominant factor, particularly in Lower Juba, where families fleeing conflict report living without shelter, tarpaulins, or latrines, and many describe the trauma of being separated from children during flight.

↑ **1.8%** of feedback was about **Aid effectiveness** (0.2% in January) 9 people cited inclusiveness of Aid as the main reason behind their requests; 5 mentioned poor/ no access to Aid where their locations were not being included in any Aid; others cited fairness, quality, relevance and disruption of Aid (4).

Loop handled **125 sensitive reports** this month, **67% (84 reports) of sensitive feedback was submitted by women and girls**, while ↑ **33%** (41 reports) were submitted by men and boys.

↑ **35% (44 reports)** were related to **Protection** (including Gender-Based Violence, Child Protection, General Protection, MHPSS, and HLP), including 14 (11%) Child Protection. Housing, Land and Property (HLP) accounted for 5 reports (4%), from Kismayo, Banadir, and Lower Shabelle, and were primarily related to threats of eviction or relocation. These concerns particularly affect IDPs who have often settled on land without formal tenure agreements.

↓ **12% (15 reports)** concerned **fraud, corruption** or aid diversion (including aid diversion). Most of these originated from Lower Shabelle, particularly Marka district, and related to improper influence and economic extortion.

↓ **53% (66 reports)** of feedback related to **service-level concerns** and mainly reflect issues related to delays, non-payment, eligibility questions, lack of clarity on selection, duration of assistance, or not being informed about registration.

This month, ↑ **24% of sensitive reports (30 reports)** were submitted by individuals from **minority or marginalised communities**. Most individuals identified as belonging to the following groups: **Eylo, Shiidle, Bantu, Rer Shabelle and Mushunguli (63%)**. These individuals are primarily displaced from Jamaame due to recent conflicts and are mainly residing in the North Kismayo camps, such as New Luglow, Istanbul, New Qamqam and Ceel Jale.

A total of **125 new cases** were opened during February. Of these, **52 cases** were closed within the same month. **43 cases opened in previous reporting periods, were closed in February**, bringing the total number of cases closed during the month to 95.

↑ **37 sensitive reports were referred this month**, including ↑23 referrals for assistance and ↑14 related to corruption, fraud, and service-level complaints.

Open feedback

In February 2026, Loop processed thousands of voice recordings from communities in Somalia and Somaliland, publishing ↓ **967 pieces of open feedback**. This represents a 52% decrease from January (2,038). This reduction was a strategic decision to limit available phone lines following an exponential surge in feedback during Q4 2025 and January 2026. This surge was largely driven by organisations closing programs, which led communities to seek alternative channels for sharing feedback.

Language and channel use:

All feedback was received via the Voice channel.

The majority of feedback was recorded in ↓ Maxatiri (71%); ↓ Maay (11%); ↑ [Kizigua](#) 15% (mostly women in Kismayo); ↑ [Benadiri Merka](#) 3% (from both women and men in Lower Shabelle); ↑ [Barawani](#) 0.1% (1).

Demographic information:

↓ While feedback from **females** dipped slightly to **71%** (73% in January); it remains a significant increase in feedback from women since the beginning of 2024.

↓ Feedback from **Children and Adolescents** (ages 14-17) has continued to decline since November 2024, with only **0.5%** of feedback reported this month (1% in January). One of the children lives with a disability and the others were requesting food and water.

↓ 4% was shared by the **Elderly** (over 60 years of age), (5% in January).

↑ 2% of feedback came from **people living with disabilities (PLWD)** (1% in January).

The primary thematic areas revolve around the devastating impact of drought and conflict, which have left families with acute shortages of food, clean water, and adequate shelter during the fasting period of Ramadan. Consequently, these individuals are requesting urgent financial assistance to cover prohibitive medical expenses, specialised mobility devices such as wheelchairs, and direct humanitarian aid to address their lack of food and water.

Feedback from people living with disabilities, specifically across Afgooye, Jambaluul, Awdheegle, Lower Shabelle, Marka, and Goloole, highlights a landscape of intersecting vulnerabilities where physical impairments like paralysis, blindness, and the loss of limbs are compounded by displacement, chronic illness, and the burden of caring for orphaned children.

↑ A significant increase in feedback is seen from **minority communities** with 14%, up from 0.2% in January.

Feedback came from minority communities in Kismayo, specifically those who were displaced from Gosha, Boorini, Moofi, and Jamaame to areas like New Luglaw, Ceel Jaale, and Istanbul. They highlight a landscape of intersecting vulnerabilities where the trauma of conflict and drought is compounded by a total lack of basic resources. The primary thematic areas revolve around extreme food insecurity during Ramadan, the lack of clean water and sanitation, and the absence of adequate shelter, with many living in makeshift huts or in the open.

There are also significant barriers to education due to financial constraints and language differences, as well as a lack of nearby health facilities for those suffering from chronic illnesses like TB. Consequently, these individuals are requesting immediate humanitarian aid including food and water, shelter materials like plastic tarpaulins, medical assistance, and support for their children's education to overcome the severe hardships they are facing.

If you work for an organisation focusing on minority communities and people living with disabilities in Somalia, please contact us so we can work together to raise their voices more consistently.

Vulnerability factors:

↓ 67% of people who used Loop this month mentioned having one or more vulnerability factors (71% in January).

The most prevalent vulnerability is displacement, with 70% of individuals reporting being forced to flee conflict or drought in areas like Gosha, Moofi, and Jamaame. These families often reside in makeshift shelters in areas like New Luglaw and Ceel Jaale, lacking water, food, and tarpaulins. 38% cited having minimal income to survive on.

22% are female sole breadwinners and include widows caring for orphaned children. These caregivers express extreme distress over their inability to provide food, clothing, or education, often relying on the charity of neighbours to survive.

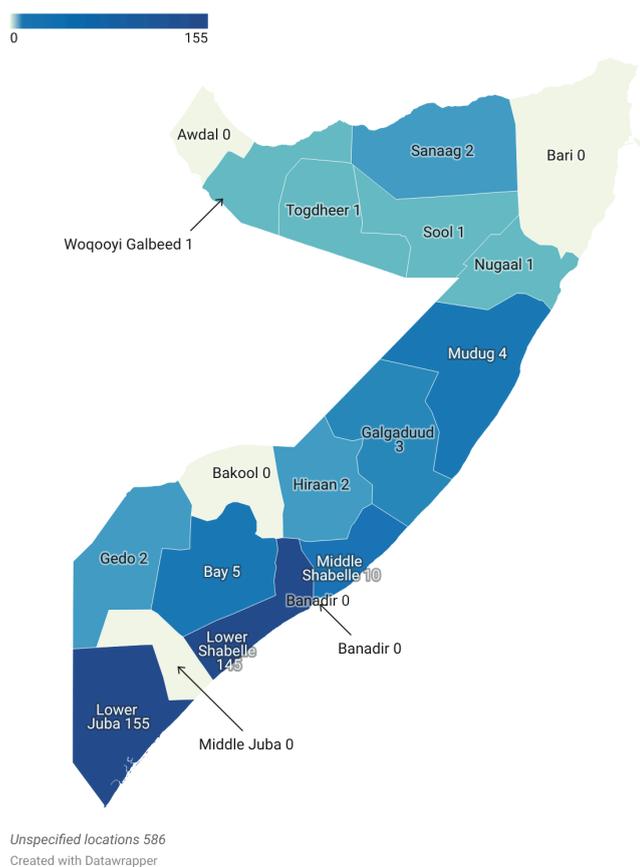
9% of individuals reported suffering from chronic conditions such as Tuberculosis, tumors, and paralysis. These people frequently request financial assistance for medical expenses, noting that they are unable to afford hospital costs or necessary medications.

1% of feedback came from caregivers of persons living with disabilities. They face intense hardship and often lack the resources for medical care or specialised equipment.

Location:

As shown below, the majority of people requesting Aid, and reporting their vulnerabilities, continue to come from Lower Juba and Lower Shabelle.

Figure 2: Locations of open feedback



The 145 pieces of feedback from [Lower Shabelle](#), primarily from Janaale and Shalanbood, highlight a crisis characterised by extreme water and food shortages. Out of these, 109 individuals reported high-risk vulnerability factors, with the most critical needs identified among: low income families and ones caring for orphans, many children; PLWD and elderly parents (50%); internally displaced persons (IDPs) (49%); and female-headed households (17%). These people report a total loss of livelihoods due to drought and livestock death, compounded by a lack of housing and the absence of aid organisations in the area. The feedback emphasises an urgent plea for basic survival assistance, specifically food and clean water, among those already marginalised by displacement and gender-based economic disadvantages.

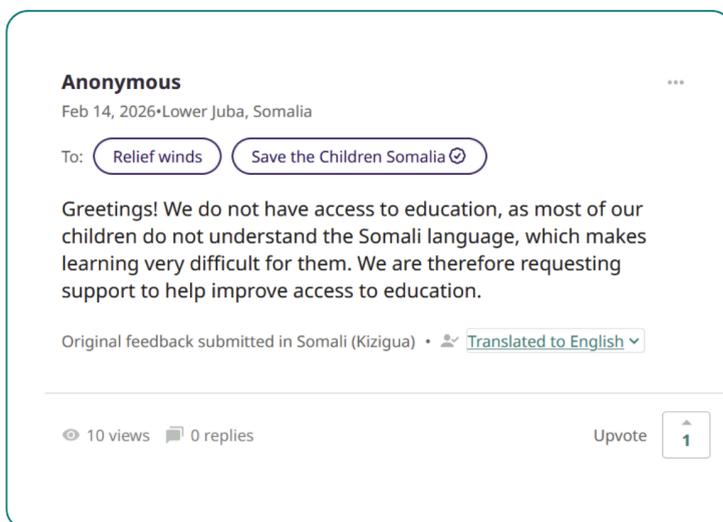
This feedback and aggregate data strongly supports the message that a large group of organisations submitted in an [open letter](#) to institutional and bilateral donors on the

9th of March 2026. The open letter highlights the imminent life-threatening hunger levels that are affecting the communities and adding to the hardships vulnerable groups are facing.

In contrast, the 155 pieces of feedback from [Lower Juba](#), primarily Kismayo, New Luglaw, and Ceeljaale, reveals a crisis driven by conflict-induced displacement and the collapse of basic services. 73% of community feedback included vulnerability factors: with a high concentration of IDPs fleeing active conflict (63%); low income families and ones caring for orphans, many children, PLWD and elderly parents (25%); and female-headed households (10%), many of whom are struggling to observe Ramadan without food or water. Communities report a total lack of essential infrastructure, specifically citing a desperate need for clean water points, latrines, and temporary shelter, alongside systemic barriers to education including lack of money to send children to schools and reports of non-inclusive schools that don't provide education in minority languages such as Kizigua. 90% (143) of feedback in Lower Juba was recorded in Kizigua and 83% (134) came from people affiliated with minority groups.

Case studies of open feedback:

Case 1: Access barriers to education.



The screenshot shows a feedback message in the Loop interface. At the top, it is labeled 'Anonymous' with a three-dot menu icon. Below this, the date and location are 'Feb 14, 2026 • Lower Juba, Somalia'. The 'To:' field lists two recipients: 'Relief winds' and 'Save the Children Somalia'. The main text of the message reads: 'Greetings! We do not have access to education, as most of our children do not understand the Somali language, which makes learning very difficult for them. We are therefore requesting support to help improve access to education.' Below the text, it indicates 'Original feedback submitted in Somali (Kizigua)' and 'Translated to English'. At the bottom left, it shows '10 views' and '0 replies'. At the bottom right, there is an 'Upvote' button with a '1' upvote icon.

A community member raised a concern through Loop that children from a minority language group were struggling to access education because the language of instruction in schools was Somali, which many of them did not understand. This created significant learning barriers and increased the risk of exclusion from formal education for children from these communities.

Outcome & Impact: Following the referral, SCI and Relief Wind acknowledged the issue and committed to consider adding Kisigua-speaking teachers in future programming to better support these students. The organization also agreed to raise the issue at the upcoming Education Cluster (chaired by the Ministry of Education) meeting and engage with local and national education authorities to advocate for more inclusive language approaches in schools, including the recruitment and deployment of teachers who speak minority languages and local dialects.

What did the community members request?¹

Concern and request for assistance:

Yuusuf ...

Feb 26, 2026 • Kismayo, Lower Juba, Somalia

To: WASDA Norwegian Refugee Council

Hello, my name is Yuusuf XX. I was displaced from Kwa Barake. I am currently staying on the outskirts of Kismayo, specifically in New Lugloow. We are homeless and living out in the open without shelter. We were displaced by conflict, hunger, and water shortages, and this hardship has become even worse during the month of Ramadan. The aid organizations that are supposed to help people have become ineffective. Even when you need food and water, they bring items like jerrycans, chlorine, and diapers, which we see as meaningless and disrespectful to our real situation. We are asking for real assistance and proper humanitarian support of good quality. My phone number is: 61XXXXX.

Original feedback submitted in Somali (Kizigua) • [Translated to English](#)

Type of feedback

Concern

Request for Assistance

Age
Prefer not to answer

Gender
Male

Disability
-

Minority group
No

Vulnerability Factors
Internally displaced people (IDP)

Sent by
Voice

Thematic area
Relevance of Aid, Quality of Aid, Food items, Temporary shelters, Household items (Jerricans/fans/mosquito nets, etc.), Safety and Security, General assistance

Water and livestock :

Hindiyo ...

Feb 26, 2026 • Lower Shabelle, Somalia

My name is Hindiyo, and I am 28 years old. I am a displaced person currently living in Lower Shabelle. There is a water shortage and hunger. The local aid organization is not operating here, and our livestock have perished. I am requesting assistance.

Original feedback submitted in Somali (af Maay) • [Translated to English](#)

3 views 0 replies

Upvote 0

Type of feedback

Request for Assistance

Age
Between 18 and 29

Gender
Female

Disability
-

Minority group
No

Vulnerability Factors
Internally displaced people (IDP)

Sent by
Voice

Thematic area
Accessibility of Aid, Food items, Crop & livestock, Water points

Minorities and access to aid:

¹ In some cases community members speak about multiple needs in one feedback yet they might request one type of service.

Anonymous ...

Feb 16, 2026 • Kismayo, Lower Juba, Somalia

To: United Nations Development Programme

Hello, I am currently in Kismayo. I am 27 years old. I would like to ask the humanitarian organizations: what plans do you have for marginalized communities? Because the people who claim to be the majority have taken all the rights in the country that belong to us, whether governmental rights, representation, or other rights, while their wealth and influence grow, leaving us oppressed and worsening our daily lives. How can your assistance help us overcome this injustice?

Original feedback submitted in Somali (Kizigua) • Translated to English

👁️ 4 views
💬 0 replies
Upvote 0

Type of feedback

🔦 Request for Assistance

Age

Between 18 and 29

Gender

Female

Disability

-

Minority group

No

Vulnerability Factors

Other

Sent by

Voice

Thematic area

Accessibility of Aid

Community sectoral requests:

↑ **73%** WASH (35% in January)

↑ **63%** Food security (30% in January)

↓ **35%** Livelihoods/General assistance (81% in January)

↔️ **22%** Environment (droughts)

↔️ **20%** Shelter

↑ **12%** Health (6% in January)

↑ **11%** Essential living supplies (3% in January)

↑ **5%** Education (2% in January)

↑ **2%** of feedback cited Aid effectiveness issues specifically concerns around the inclusivity and accessibility of Aid.

Organisations responsiveness and community reactions

↑ **5%** (3% in January) of feedback has been **replied to** by organisations including Loop. This constitutes a sharp decrease from previous reporting periods such as 47% in and 48% in July. 50% of these replies were from WASDA. Other replies came from GREDO, Somali Awareness and Social Development Organization (SASDO) and Gargaar Relief Development Organization (GREDO).

Loop received [reactions](#) from communities to  **10% of replies sent** (27% in January). All were reactions to replies from Loop, and communities responded by answering the questions or showing gratitude for simply having received a reply.

Sensitive Reports

Loop handled  **125 sensitive reports** this month, showing a slight decrease compared to 129 in January

What type of sensitive reports were submitted?

There was a slight decrease in sensitive feedback in February compared to January. However, protection-related reports saw a small increase, particularly for Mental Health and Psychosocial Support (MHPSS) and Housing, Land and Property (HLP), while non-sensitive requests for assistance noticeably declined.

 **35% (44 reports)** were related to **Protection** (including Gender-Based Violence, Child Protection, General Protection, MHPSS, and HLP). This reflects an increase from 37 Protection reports in January (29%), showing both a higher number and proportion of protection concerns this month.

Out of 125 total reports received this month, General Protection was the most reported concern, with 16 reports (13%), followed closely by Child Protection with 14 reports (11%).

Housing, Land and Property (HLP) accounted for 5 reports (4%), MHPSS for 4 reports (3%), and Discrimination for 1 report (1%). As in previous months, no reports were received related to landmines or unexploded ordnance.

HLP cases were reported in Kismayo, Banadir, and Lower Shabelle, and were primarily related to threats of eviction or relocation, cases where eviction had already occurred, or incidents of land grabbing. These concerns particularly affect IDPs who have often settled on land without formal tenure agreements.

Similarly to January, only **4 GBV reports** were received this month. This continues a downward pattern that began in November 2025, with reported GBV concerns steadily decreasing over time from reports consistently exceeding 20 cases, peaking at 53 in September to 9 cases in November, 3 in December, 4 in January, and 4 again in February.

 **12% (15 reports)** concerned **fraud, corruption** or aid diversion (including aid diversion), compared to 17 reports (13%) in January, indicating a slight decrease.

Most of these reports originated from Lower Shabelle, particularly Marka district, consistent with trends observed in December and January. The majority of cases related to improper influence and economic extortion.

↓ **53% (66 reports)** of feedback related to **service-level concerns**. This is made up of 23% (29 reports) classified as service-level complaints and 30% (37 reports) categorized as non-sensitive requests. Compared to January, when service-level concerns accounted for 58% of feedback, there was a slight decrease overall, with a higher share of formal complaints and fewer non-sensitive requests, indicating a shift toward more direct expressions of dissatisfaction.

Service-level complaints mainly reflect issues related to delays, non-payment, eligibility questions, lack of clarity on selection, duration of assistance, or not being informed about registration. Most requests for assistance, typically from individuals with vulnerabilities or multiple vulnerabilities, were related to cash assistance, food and nutrition support, health services, and education.

↔ **No reports related to Sexual Exploitation and Abuse (SEA)** or of other types of misconducts were received in February, consistent with January.

Who is reporting sensitive reports?

↑ **84% (105 reports)** of sensitive reports were submitted by individuals on their own behalf, while 16% (20 reports) were submitted on behalf of someone else. Most third-party reports were made by a parent or guardian of a minor, followed by a family member reporting on behalf of someone under their care or a community member acting on behalf of their community.

The current pattern shows that most third-party reports are submitted on behalf of children, primarily for education, nutrition/food, or health support, and for very vulnerable adults, particularly to access health services or specialized Mental Health support.

Gender

This month, ↓ **67% (84 reports)** of sensitive feedback was submitted by women and girls, while ↑ 33% (41 reports) were submitted by men and boys. This represents a decrease of sensitive feedback submitted by women and girls, compared to January when 77% of sensitive reports were submitted by women and girls, largely driven by the drop in protection-related feedback this month.

Overall, the gender distribution for protection-related reports remains consistent, with women and girls continuing to submit the majority of protection-related feedback. This month, about 80% of all child protection and general protection concerns were submitted by women and girls.

Consistent with previous months, reports related to corruption, fraud, and service-level complaints were slightly more frequently submitted by men, accounting for 55% (24 reports), compared to ↓ 45% (2 reports) by women. However, January deviated from this pattern, as 70% of corruption, fraud, and service-level complaints were submitted by women and girls.

Age

In terms of age, sensitive reports concerning **children and adolescents (under 18)** accounted for ↑ **6%** of all reports this month, compared to 5% in January. In February, 2% of reports were submitted by children aged 0–13, and 3% by adolescents aged 14–17.

After a significant increase in January (16%, 20 reports), sensitive reports from **older individuals (aged 60+)** decreased in February to ↓ **10%** (12 reports). Despite this decline, older individuals have used Loop more frequently since the beginning of the year compared to other months in 2025. Most of their reports related to requests for assistance, particularly for health support and cash assistance.

Adults aged 18 to 59 continued to dominate the submissions of sensitive feedback this month, despite a significant decrease ↓ to **54%** from 67% in January. Within this group, younger adults (18–29) increased slightly to ↑ **23%**, while adults aged 30–59 decreased ↓ to 30%.

Due to ongoing challenges in reaching some individuals for follow-up, the age of authors remains unknown for 31% of reports this month.

Are members of linguistic and ethnic minority and marginalized communities submitting reports?

This month, ↑ **24% of sensitive reports (30 reports)** were submitted by individuals from **minority or marginalised communities**, representing a significant increase from 16% (20 reports) in January.

Most individuals identified as belonging to the following groups: **Eylo, Shiidle, Bantu, Rer Shabelle and Mushunguli**. Notably, 63% of reports from minority communities came from Mushunguli, all submitted in Kizigua, reflecting the growing impact of Loop's partner community engagement efforts (MCAN and MRG, funded by Grand Challenges Canada). These individuals are primarily displaced from Jamaame and are mainly residing in the North Kismayo camps, such as New Luglow, Istanbul, New Qamqam and Ceel Jale.

Among reports submitted by individuals from minority or marginalized communities, 33% were related to protection concerns, while 40% concerned complaints, including fraud, corruption, and service-level issues. These figures highlight that minority communities are experiencing both heightened protection risks and challenges accessing services.

Are people living with disabilities submitting reports?

Reports submitted by **persons with disabilities** slightly decreased this month **↓ 6% (8 reports)** compared to 9% (11) reports in January. Most of these reports were from individuals with physical or visual impairments. Additionally, another 6% of reports were submitted on behalf of family members with disabilities, including both children and adults, covering a wider range of impairments such as hearing, communication, self-care, and physical disabilities.

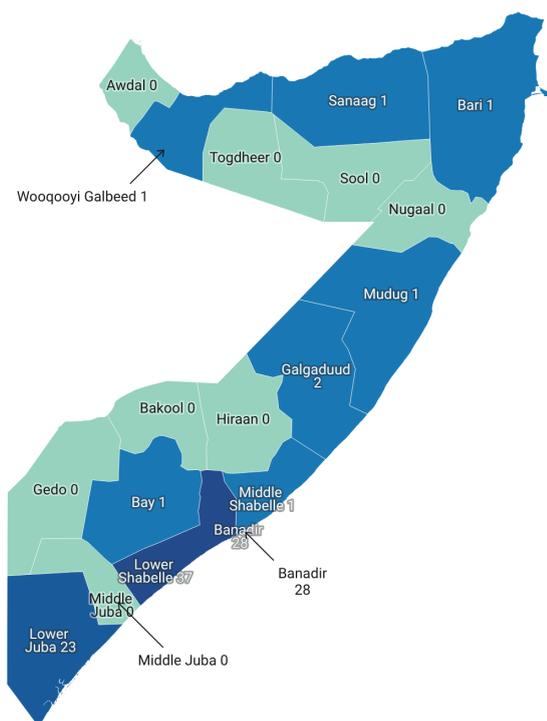
Which regions did sensitive reports come from?

This month, sensitive reports were received from **↔ 10 regions** across Somalia and Somaliland, consistent with the number of regions reporting last month. The top three regions accounting for 70% of sensitive feedback this month are **Lower Shabelle, Banadir, and Lower Juba**. **↓ Lower Shabelle** remains the main reporting region at **30%**, similar to last month. Most feedback originated from Marka district, particularly Janaale, Buufow Bacaad, and Shalambood.

A substantial share of feedback from Lower Shabelle consisted of requests for assistance (38%), mainly related to health services, as well as food and cash support. Many requests highlighted the absence of health services, and several community members reported that no organisations were currently providing or targeting them with assistance, leaving them without support, particularly among IDP populations.

Reports of fraud and corruption from Lower Shabelle accounted for 40% of all fraud and corruption reports this month. However, reporting decreased compared to previous months, when such complaints appeared to be linked to assistance registration processes.

Figure 3: Locations of Sensitive Feedback



↑ Banadir and Lower Juba, both show **significant increases in reports** compared to January: Banadir rose from 9% to **22%**, while Lower Juba increased from 2% to **18%**. In Banadir, most feedback consisted of requests for assistance (61%), followed by protection-related concerns (36%). In Lower Juba, protection issues accounted for nearly half of the reports (48%). All reports from Lower Juba originated from Kismayo district, particularly from IDP camps in North Kismayo.

No sensitive reports were received from Bakool and Middle Juba, continuing a

consistent pattern of no reporting from these regions.

Several other regions also reported no cases this month, including Awdal, Gedo, Hiran, Nugaal, Sool, and Togdheer. The absence of reports from Gedo and Hiran is particularly notable, as both regions usually submit reports regularly. Up until this month Gedo, in particular, has been among the main reporting regions in 2025.

What is the current status of the sensitive reports?

A total of **125 new cases** were opened during February. Of these, **52 cases** were closed within the same month, while **73 cases** remain open at the end of February and are currently under follow-up.

Additionally, **43 cases opened in previous reporting periods, were closed in February**, bringing the total number of cases closed during the month to 95.

Of the total number of **95 cases closed in February**:

↓ **52%** were **successfully resolved**, with follow-up actions such as signposting (providing information on where and how to access relevant support) or referral to appropriate services, completed to the satisfaction of the author or based on agreed outcomes. This represents a decrease compared to January (59%). The lower closure rate is largely due to difficulties in contacting some feedback authors, as well as the **absence of available services in certain reporting areas**, which limited even signposting efforts.

The remaining ↑ **48%** were closed due to the **authors being unreachable, no actionable solution** being possible, or the report being **withdrawn**. Withdrawals often occurred when individuals were testing the number or when initial concerns were later clarified as general requests. In cases where no actionable solution was possible, this was primarily because authors/survivors declined referral to services, services were unavailable in the area, or, in some instances, Loop discontinued contact based on risk assessments when continued engagement was deemed to pose a risk to the author.

How many referrals were made this month?

↑ **37 sensitive reports were referred this month**, including ↑ **23 referrals for assistance** and ↑ **14 related to corruption, fraud, and service-level complaints**.

This represents a significant increase compared to last month, when 24 reports were referred. This is because of an increase in protection reports.

↑ **84% of all referrals** submitted this month were acknowledged. This includes ↑ **87% of assistance-related referrals** and ↓ **79% of allegation-related referrals**. While assistance-related referrals show an increase in acknowledgement, the response rate for allegation-related referrals has decreased. For both allegation and

protection-related referrals, several reminders were often required to ensure that organizations confirm receipt and take timely action.

Despite the increase in referrals and acknowledgment rates, updates on the outcomes of several cases are still pending, and a higher number of cases resulted in no support being provided or available. Of the 23 assistance-related referrals made this month, **six survivors/ persons in need have received services**. Eleven referrals are still pending updates from the organisations on the services provided, while three are awaiting confirmation of eligibility. Four referrals resulted in no support being provided, either because the organisation was unable to support the case or because services were offered but not received.

Which types of organisations received referrals, and how responsive were they?

- **National NGOs:** ↓7 referrals – **86% acknowledged (6/7)**
- **International NGOs:** ↑13 referrals – **92% acknowledged (12/13)**
- **International institutions/UN:** ↑11 referrals - **82% acknowledged (9/11)**
- **Government Entities:** ↑3 referrals - **33% acknowledged (1/3)**
- **Public services:** ↑3 referrals (informed referrals) - **100% responsive, follow-up ongoing** to confirm successful access to services.

Case studies of sensitive feedback closures

Case 1: Assistance and psychosocial support for a mother with children following the loss of a child

A woman displaced from Lower Shabelle in mid-January reported that her three-year-old daughter became ill with stomach pain and diarrhea during the journey. Upon arrival at an IDP site in Mogadishu she did not take the child to a health facility due to unfamiliarity with the area. Tragically, the child passed away two days later. She has other children in her care and requested general support.

Loop intervention: Loop referred the mother and her remaining children to a partner organisation for medical assessment, emotional and psychosocial support (PSS), and guidance on where and how to access services in the area. The children underwent comprehensive clinical assessments and were prescribed necessary medications, including oral rehydration therapy and supportive treatment. The mother received guidance on home-based care, hygiene practices, and warning signs requiring urgent attention. Immediate psychosocial support and counseling were provided, and follow-up and referral to specialized MHPSS services were planned as needed.

Outcome & Impact: The woman, recently displaced, had not been able to identify available support despite the presence of services. Loop's intervention ensured that she and her children received timely medical and psychosocial support, gained guidance on accessing local services, and were connected to a reliable contact for ongoing assistance. This case highlights Loop's role in bridging gaps in service access,

supporting caregivers in crises, and promoting awareness of available resources in displacement settings.

Case 2: Protection, medical, and psychosocial support for a sexual assault survivor

A woman contacted Loop, sharing that in early December, while returning home from work on a deserted road, she was attacked by two men. One carried a knife, and when she resisted an attempted rape, she was stabbed in the face and hip and sexually assaulted. She was taken to a health facility for treatment and reported the incident to the police, though no further action was taken. She called Loop to receive further medical support.

Loop intervention: Loop referred the survivor to a GBV service provider that could provide medical treatment for residual injuries, follow-up care, and psychosocial support in line with survivor-centered care principles. Her son was also examined and diagnosed with acute malnutrition, and was enrolled in a nutrition support program and provided with therapeutic treatment and follow-up to monitor his recovery.

Outcome & Impact: The survivor shared: *"I am satisfied with the support and services provided, including medical check-ups, medications, and vitamins. I appreciate the support from Loop. The team collected the necessary information and managed my case effectively. I was referred to a MCH, where I received good care and was treated well. I am feeling much better now. Previously, I was feeling very unwell, but my condition has significantly improved."* This case highlights Loop's role in connecting displaced survivors and their children to specialized services, ensuring they receive medical and psychosocial support. It also demonstrates Loop's ability to bridge gaps in service access promoting wellbeing and continuity of care.