



Integrated Food Security Phase Classification
Evidence and Standards for Better Food Security and Nutrition Decisions

SOMALIA: FAMINE REVIEW OF THE IPC ANALYSIS

CONCLUSIONS AND RECOMMENDATIONS
FOR BURHAKABA AND BAIDOA DISTRICTS
(RURAL POPULATION) AND IDPs IN
BAIDOA - BAY REGION, SOMALIA



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1. EXECUTIVE SUMMARY

The IPC Famine Review Committee (FRC) was activated on August 5th 2022 following a request from the IPC Somalia Technical Working Group (TWG), to review their recent analysis of three units of analysis in Bay region (rural populations in Baidoa and Burhakaba districts, and newly arrived IDPs in Baidoa settlements). These had been preliminarily classified by the Somalia TWG in Emergency (IPC Phase 4) during the current period (August - September 2022), for both Acute Food Insecurity (AFI) and Acute Malnutrition (AMN), and in Famine (IPC Phase 5) during the projection period (October - December 2022).

For the current period, the FRC considers the IPC TWG classifications as plausible: IPC Phase 4 AFI (Emergency) and IPC Phase 4 AMN (Critical) in Baidoa and Burhakaba districts (rural) and in the newly arrived IDPs.

For the projection period, the FRC conducted the review based on the following assumptions:

- There will be significantly below average rainfall during the 2022 October to December period, representing the fifth consecutive failed rainfall season;
- Very high price levels and low terms of trade will continue at or above the level of severity observed in the past two years. Purchasing power will also decrease in line with reduced labour opportunities;
- An increase in the influx of IDPs into Baidoa at a rate of 30-40,000 per month will occur, with a likely spike towards the end of the year, due to the combined effects of failed rains and the reallocation of resources towards Baidoa, which reduces support to the surrounding areas and eventually causes further displacement towards Baidoa;
- Increased insecurity and conflict, exacerbated by political factors and drought conditions, is likely to occur;
- There will be a continuation in the cholera and measles outbreaks, with the possibility of a

resurgence in case numbers, given the low coverage of vaccination and Water Supply, Sanitation and Hygiene (WASH) services. Combined with high levels of acute malnutrition, this will result in an elevation in the risk of mortality;

- Humanitarian Food Assistance (HFA) will significantly decrease in November and December and overall, humanitarian assistance outreach and coverage of IDPs and rural populations in partly accessible and inaccessible areas and the ability to target marginalised populations is likely to remain low;
- Limited further scale up of WASH, Nutrition and Health interventions will occur due to limitations in resource allocation and political, security, response capacity, and logistic impediments.

Considering the interaction among several, steadily deteriorating drivers and the inadequate levels of humanitarian assistance that is planned, likely funded and likely deliverable, the FRC found the IPC TWG classification in IPC Phase 5 (Famine) plausible for the projection period in Baidoa and Burhakaba districts (rural) and the newly arrived IDPs in Baidoa settlements¹.

In inaccessible areas of the Baidoa and Burhakaba districts, where data collection could not be conducted, the FRC estimates that conditions are similar or worse than in partly accessible and accessible areas. In line with the IPC Famine Guidance Note, the FRC classified these areas in IPC Phase 5 (Famine Likely) during the projection period (October to December 2022), based on their expert judgement².

¹ It has to be noted, that while all FRC members agree that Famine thresholds will be surpassed for the three outcomes (acute food insecurity, acute malnutrition, and mortality) in Baidoa and Burhakaba districts (rural residents), one member of the FRC concluded that while thresholds for acute food insecurity and acute malnutrition would likely breach the Famine thresholds for the IDPs in Baidoa, this is unlikely to happen for the Crude Death Rate (CDR). The full minority report can be found at page 23 of this report.

² Considering the difficulties in geo-localising and defining accessible and inaccessible areas, and the fluidity among the inaccessible and partly accessible areas, an exception to the IPC mapping protocols could be made, allowing to classify the whole unit of analysis using the Famine mapping protocol.

In conclusion, the FRC considers that the most likely scenario is that thresholds for Famine will be breached at some point during the projection period and beyond. The cumulative effects are most likely to materialise toward the end of the projection period, when there may be a further spike in displacements, and HFA will be drastically reduced in Baidoa as well as in surrounding areas for which Baidoa represents a destination for displaced populations.

The FRC also considers the validity of this analysis will likely extend into the first months of 2023. It concludes that this possibility warrants an additional projection for the period January-March 2023, to be conducted by the IPC TWG. During this period, the FRC estimates that, with the information available at the time of the review, Famine conditions are likely to last until at least March 2023.

The FRC stresses the importance of immediately scaling up assistance in all sectors, and in particular Health, WASH, Nutrition, and Food Security. The scale up also has to be conducted with particular attention to the populations already having insufficient access to food and other basic services, including IDPs and marginalised population groups and minorities. The outlook ahead is much worse than where we are now, the response has to act proactively now rather than reactively in November and December. Despite all of the efforts to scale up so far, including the increased funding, the response is still not keeping up with

increases in the magnitude and severity of needs. Even more urgent steps need to be taken to clear barriers to catch up with needs and stay on top of the projected acceleration in size and severity of the crisis.

Only a substantial increase in the availability of assistance, and the targeting of that assistance to the most vulnerable, will prevent excessive mortality.

The FRC strongly reiterates that while this projection represents the best analysis at the time this report is published, the situation is highly fluid, with regards to both the causal factors and possible mitigating effects of new humanitarian assistance. All these factors require very close monitoring. In addition to frequent monitoring of the causal factors and the assumptions laid out below, the FRC strongly recommends the resurvey of outcomes (acute food Insecurity, acute malnutrition and mortality) in late September or early October so that these critical outcomes can be monitored as well.

The FRC acknowledges that the assumptions might also evolve in a less dramatic direction, where not all IPC thresholds would be breached. Nonetheless, it is worth highlighting that given the size of the affected population, twice the size of those affected in 2011, and the likely duration of the crisis, even this scenario might result in a level of mortality as high as seen during the famine of 2011.



2. FAMINE REVIEW PROCESS AND SCOPE

2.1. FRC Process

The IPC analysis conducted in May 2022 raised particular concerns for the populations in Burhakaba and Baidoa districts in Bay region, where indicators pointed to very high severity of Acute Malnutrition and excessive mortality levels. These areas were not classified, as additional data collection was required to ascertain whether, in the projection period, the most likely scenario would result in an IPC Phase 5 (Famine) classification. In July 2022, FSNAU³ collected new data, which allowed the Somalia IPC TWG to conduct in early August an IPC analysis for the three areas of high concern, namely Baidoa and Burhakaba districts (rural residents) and newly arrived IDPs in Baidoa.

The IPC TWG classified the three areas in Famine (IPC Phase 5) in the projection period. In line with the IPC Famine Guidance Note⁴, the Somalia IPC TWG formally requested the activation of the FRC.

The review consisted in the following steps: (i) the IPC Global Support Unit's (IPC GSU) and Partners' review in preparation of the FRC review; and (ii) the FRC review. The review by the FRC is a neutral and independent process aimed at supporting IPC quality assurance and ensuring technical rigour and neutrality of the analysis. The activation of the FRC provides an additional validation step before the release of the results of the IPC TWG⁵. During the course of the review, the FRC gathers and analyses all the information provided by the IPC TWG and any other information made available by partners on the ground. In addition, the FRC conducts confidential interviews with key informants⁶.

2.2. Scope of the Review

Geographical scope and validity periods

The FRC reviewed the evidence and assessed the plausibility of the IPC TWG classification considering the same units of analysis. However, the FRC would like to underline that its conclusions for Baidoa and Burhakaba district (rural population) are based on evidence collected uniquely in accessible and partly accessible areas. Areas that were not surveyed, due to their inaccessibility, have been reviewed and the plausibility of the analysis assessed using experts' judgement⁷.

While the IPC TWG conducted a projection analysis uniquely for the period October to December 2022, the FRC considers that the time validity of the indicators as well as the extension of the drivers well into the first months of 2023 warrants a warning that the conditions identified are likely to last until at least March 2023. It is of the highest importance that the humanitarian community, government planners, and local authorities are well informed on what to expect with ample early warning.

³ FSNAU: Food Security and Nutrition Analysis Unit - Somalia

⁴ The IPC Famine Guidance Note can be found here: https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf

⁵ Part 2A – Function 1 Building Technical Consensus, IPC Technical Manual Version 3.1. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf

⁶ For this review, 23 key informants belonging to 13 entities have been interviewed.

⁷ IPC Famine Guidance Note, page 8: *There may also be situations where the analysts have partial evidence of a famine situation, but not enough to classify the area in Famine Likely. In these cases, the analysts can refer their analysis and the available evidence to the IPC Famine Review Committee. The Committee will provide their own expert opinion on the situation and conclude whether the situation merits a Famine Likely classification.*

3. ASSESSMENT OF THE SOMALIA IPC TWG ANALYSIS AND MAIN FINDINGS OF THE FRC

Table 1: Key Conclusions from the FRC on the Classifications under review

| Area | Period | Classification done by the IPC TWG | Conclusion of the FRC |
|--|---|--|--|
| Burhakaba and Baidoa districts (Rural Residents) | July-September 2022 (Current period) | IPC Phase 4 (Emergency) for Acute Food Insecurity IPC Phase 4 (Critical) for Acute Malnutrition | <i>The IPC Phase 4 classifications are plausible</i> |
| | October - December 2022 (Projection period) | IPC Phase 5 (Famine) | <p>Accessible Areas: <i>The projection of Famine is plausible</i></p> <p>Inaccessible areas: IPC Phase 5 (Famine Likely)</p> <p>With the information available at the time of the review, the FRC considers that these conditions are likely to last until at least March 2023.</p> |
| Newly arrived IDPs in Baidoa settlements | July-September 2022 (Current period) | IPC Phase 4 (Emergency) for Acute Food Insecurity IPC Phase 4 (Critical) for Acute Malnutrition | <i>The Phase 4 classifications are plausible</i> |
| | October - December 2022 (Projection period) | IPC Phase 5 (Famine) | <p><i>The projection of Famine is plausible</i> (according to the majority of FRC members)</p> <p>With the information available at the time of the review, the FRC considers that these conditions are likely to last until at least March 2023.</p> |



MAIN FINDINGS

Current Period

Acute Food Insecurity

According to the surveys conducted in the agro pastoral areas of Baidoa and Burhakaba districts (rural population) and newly arrived IDPs in Baidoa in July (FSNAU)⁸ and July-August 2022 (REACH)⁹, the vast majority of the food consumption indicators converge to a high IPC Phase 3 (Crisis) or low IPC Phase 4 (Emergency). The degree of the severity varies among indicators and surveys, with the Food Consumption Score (FCS) generally portraying a higher severity than the other indicators. For the FCS and the Household Dietary Diversity Score (HDDS), the new IDPs display more severe values than the agro pastoral area; however, the experiential indicators, the reduced Coping Strategy Index (rCSI) and the Household Hunger Scale (HHS), differ. While food consumption indicators are not at an extreme level of severity, with minimal/no prevalence of HHS in IPC Phase 5, trend analysis indicates a steady deterioration in all outcomes compared to April 2022 and December 2021, despite the scale up in Humanitarian Food Assistance (HFA) at the time of the survey.

Livelihood change of the agro pastoral populations is also indicative of IPC Phase 4 (Emergency) in both FSNAU and REACH surveys, while a high number of non-applicable answers exclude the significance of this indicator for the IDPs. Exhaustion of strategies in the past 12 months or lack of applicability of the strategy can be interpreted as unavailable strategies, indicating a lack of further options, especially for the displaced populations.

There are a number of limitations found in the methods and analyses of the main surveys that impede the identification of the prevalence of population in each phase¹⁰. Although the drivers mentioned by the Somalia IPC TWG, and corroborated by the FRC, are extremely severe, the FRC is unable to assess the

plausibility of the percentage of population indicated by the IPC TWG as being in IPC Phase 5 (Catastrophe) for the current period.

In conclusion, in terms of Acute Food Insecurity, the FRC considers the classification in IPC Phase 4 (Emergency) as plausible for the current period.

Acute Malnutrition

In the agro pastoral areas of Baidoa district, excluding urban areas, according to the FSNAU SMART survey¹¹ conducted in July 2022, the Global Acute Malnutrition (GAM) based on the Weight for Height z-Score (WHZ) was at 24.9% (95% CI: 21.6-28.6) and the GAM based on the Mid-Upper Arm Circumference (MUAC) was at 28.8% (95% CI: 25.5-32.4). Compared to the previous survey of April 2022, portraying the GAM based on WHZ at 26.9% (95% CI: 21.2-33.3) and the GAM based on MUAC at 18.6% (95% CI: 14.5-23.6), a slight improvement of the GAM based on WHZ and a significant deterioration of the GAM based on MUAC can be observed.

A significant deterioration is observed compared to the survey of December 2021, in which the GAM based on WHZ (n=758) was 13.9% (95% CI: 11.6-16.4) and the GAM based on MUAC was 10.2% (95% CI: 8.0-12.8). There was also significant deterioration of acute malnutrition compared to the same period last year, i.e. July 2021, according to a survey showing a GAM based on WHZ prevalence of 12.7% (95% CI: 10.7-15.0) and a GAM based on MUAC prevalence of 7.5% (95% CI: 6.0- 9.4). The Severe Acute Malnutrition (SAM) levels in the July 2022 survey are also extremely alarming, portraying the SAM based on WHZ at 6.9% (95% CI: 5.0- 9.5) and the SAM based on MUAC at 12.5% (95% CI: 10.5-14.9).

⁸ FSNAU July 2022, Baidoa and Burhakaba district rural residents sampling: 36 clusters and 282 observations; IDPs survey: 36 clusters and 293 observations.

⁹ REACH MNSA July 2022, Baidoa and Burhakaba district Host Community sampling: 2 clusters and 158; IDPs 34 clusters and 210 observations; REACH Rapid Assessment, August 2022, New Arrivals: 38 sites and 158 observations.

¹⁰ Refer to Technical recommendations for data collection methods and analysis at page 23

¹¹ Detailed sampling, Agro Pastoral - rural population: 36 clusters. July 2022 WHZ=766; MUAC=784). April 2022: WHZ=756; MUAC=767. December 2021: WHZ=758; MUAC=765.

According to the FSNAU SMART survey¹² covering newly arrived IDPs¹³ in Baidoa settlements conducted in July 2022, the GAM based on WHZ is at 28.6% (95% CI: 24.3-33.3) and the GAM based on MUAC is at 28.5% (95% CI: 25.3-31.9).

Compared to the previous survey of April 2022 portraying the GAM based on WHZ at 20.7% (95% CI: 16.5-25.7) and the GAM based on MUAC at 20.6% (95% CI: 17.2-24.5), a sharp deterioration of both the GAM based on WHZ and the GAM based on MUAC can be observed. A significant deterioration is also noted

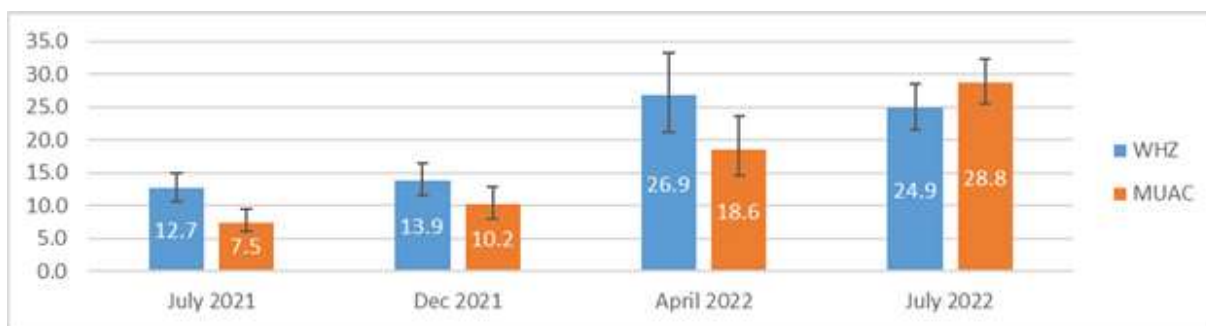
compared to the 2021 survey for December - 17% (95% CI: 13.6-21.0) GAM based on WHZ and 13.4% (95% CI: 10.6-16.8) GAM based on MUAC - and compared to the same period last year, i.e. July 2021, with the GAM based on WHZ at 11.3% (95% CI: 9.2-13.8) and the GAM based on MUAC at 11.4% (95% CI: 9.1-14.2).

The FRC considers the classification in IPC Phase 4 (Critical) for Acute Malnutrition as plausible for the current period.

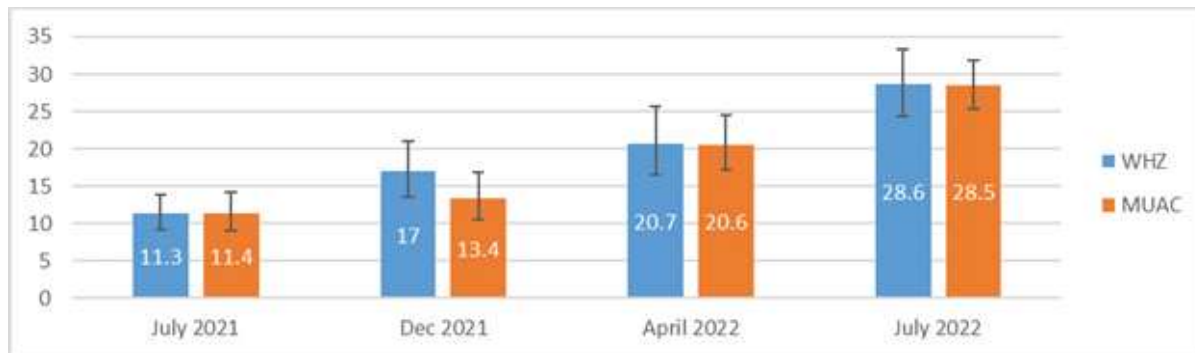
¹² Detailed sampling, IDPs: 36 clusters. July 2022 WHZ=801; MUAC=818. April 2022: WHZ=791; MUAC=812. December and April 2021 not available.

¹³ Above 95% of respondents in the IDPs settlements have arrived in the previous 6 months, 71.5% in the 3 months preceding the survey and 24.4% in the 4-6 months preceding the survey. Trends analysis among IDPs surveys need to be done with the caveat that previous IDPs surveys did not include new arrivals.

Graph 1. Global Acute Malnutrition prevalence in Baidoa and Burhakaba districts (rural residents) (Source: FSNAU)



Graph 2. Global Acute Malnutrition prevalence in IDPs settlements in Baidoa (Source: FSNAU)



Mortality

According to the FSNAU SMART¹⁴ survey conducted for Bay agro pastoral area among rural residents in July 2022, the CDR is at 1.69 (95% CI: 1.04-2.75) and the Under-Five Death Rate (U5DR) at 3.72 (95% CI: 2.23-6.16). The previous survey (April 2022) portrayed a CDR at 1 (95% CI: 0.69-1.45) and a U5DR at 1.86 (95% CI: 1.12-3.07).

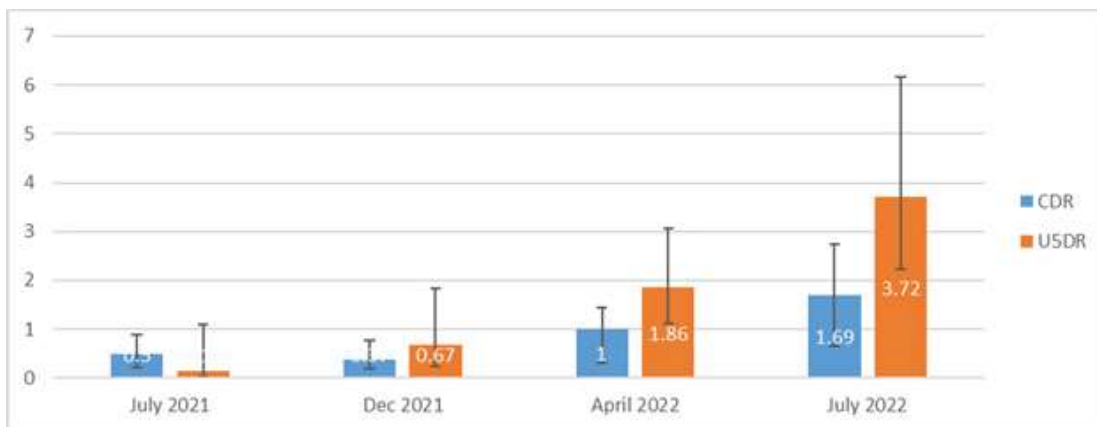
According to the FSNAU SMART survey, conducted in July 2022 in newly arrived IDPs, the CDR is at 1.11

(95% CI: 0.75-1.64) and the U5DR at 2.43 (95% CI: 1.56-3.77), compared to the previous survey (April 2022), portraying CDR at 0.77 (95% CI: 0.44-1.32) and U5DR at 1.11 (95% CI: 0.53-2.31).

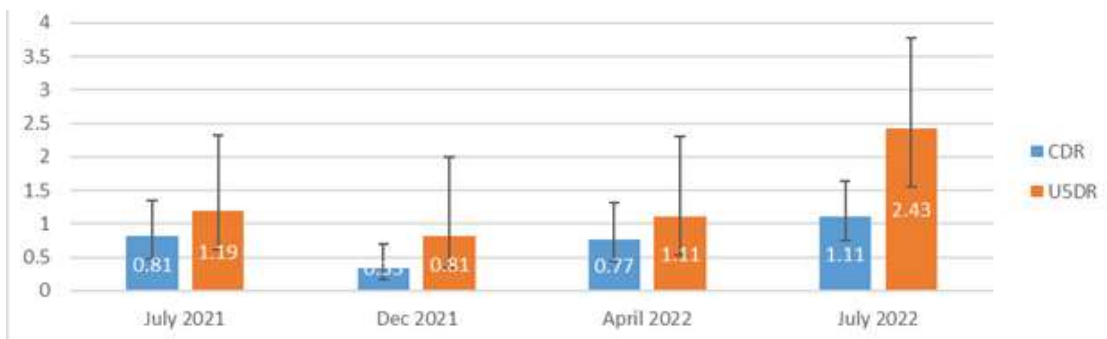
The FRC considers the classification in IPC Phase 4 (Emergency) for Mortality as plausible for the current period.

¹⁴ It should be noted that while the April mortality survey in Baidoa and Burhakaba districts had a recall period of 90 days, the recall period for the July survey was 60 days in the agro pastoral area and 90 days in the IDPs survey.

Graph 3. Mortality in Bay Agropastoral area - Rural residents (Source: FSNAU) May-June



Graph 4. Mortality in IDP settlements in Baidoa (Source: FSNAU) - April-May-June



Considerations of the FRC in terms of assumptions for the projected period

Drivers and historical evidence

Several factors were considered and compared to historical evidence. The first is the severity and duration of the drought. The second is market prices and the decline in terms of trade and purchasing power. The third is displacement and the fourth is conflict.

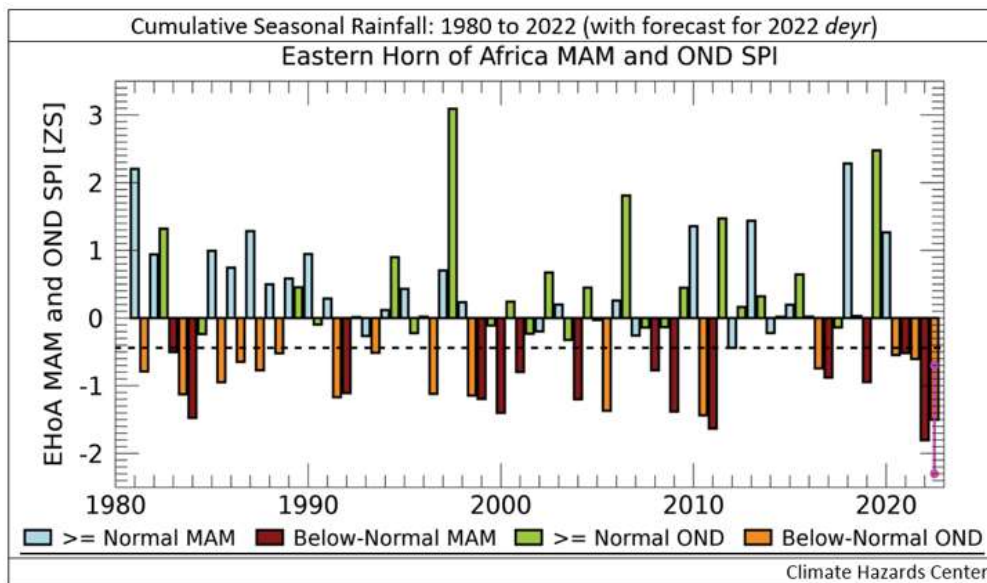
Drought. Even in the absence of other factors, a fifth straight failure of the rains would likely be enough to push at least some proportion of the population into famine. It bears remembering that in 2010-11, it took only two significant failures of the rains to push several livelihood groups into famine. Although the below average seasons of the 2020 *deyr*, and the 2021 *gu* and *deyr* did not result in as serious a cumulative moisture deficit as 2010-2011 did, the failure of the 2022 *gu* was

as big a deficit as any single season on record, and the failure of the *deyr* is strongly predicted to be as severe. While the full impact of the *deyr* failure might not be felt in the October-December (OND) 2022 season, if the *deyr* fails as predicted, the impact will be swift. The ICPAC Climate Outlook Forum¹⁵, published on August 25th 2022, reached a consensus on there being a 65% chance of the failure of the *deyr*, with the worst impacts centred on Southwestern Somalia. The Climate Hazards Center (CHC) informally gave even higher odds for a failure of the *deyr*. This would result in back-to-back failures of the rain of the same magnitude that led to the 2011 famine, but whereas the two rain failures in 2010-2011 followed several good seasons, this time they would be following three failed seasons.

¹⁵ <https://www.icpac.net/news/the-greater-horn-of-africa-is-bracing-for-a-5th-consecutive-failed-rainy-season/>

¹⁶ <https://blog.chc.ucsb.edu/?p=1219>. Chris Funk, Gideon Galu, Diriba Korecha, Laura Harrison, Abheera Hazra, Weston Anderson, Andrew Hoell, Kim Sliński, Juliet Way-Henthorne, Greg Husak, CHC, August 16th, 2022

Graph 5. Cumulative Seasonal Rainfall: 1980 to 2022 with forecast for 2022 *deyr* (Source: CHC)¹⁶

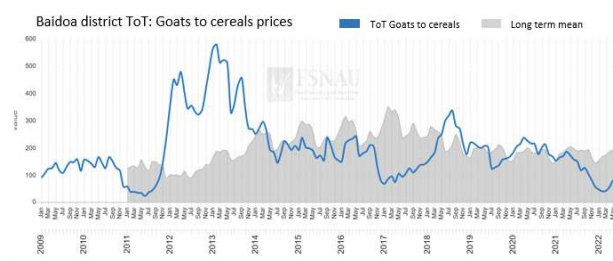
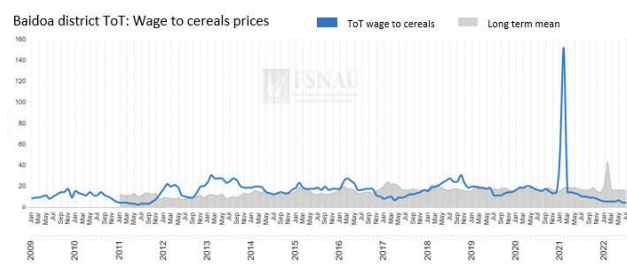




Market prices and terms of trade. The terms of trade for what at-risk Somali populations have to sell in order to purchase food, water and other necessities are nearly as critical now as they were in 2011. This is for both casual labour and small ruminants. The vast majority of people in both rural areas and IDPs are reliant on

markets for food (76% and 80% in rural Baidoa and among IDPs, FSNAU). It should be noted that while this affects the ability to purchase food, it also affects the ability to pay for anything, including water and access to services where these are not provided free of charge.

Graph 6. Terms of Trade in Baidoa (Source: FSNAU)¹⁷



While the pattern of descent to these terms of trade isn't quite the same "cliff edge" that was witnessed in 2010, it is worth remembering that the mortality curve in 2010-11 was nearly a perfect mirror image of the terms of trade curve, with a lag time of about 5 months. With a more gradual decline in 2022, and with the presence of the cash transfer programs, some of the impact may have been softened.

In 2011, terms of trade rebounded very quickly as global prices for food dropped sharply and as the rural labour market sprang back with good deyr rains in the October-November-December (OND) season. Despite the agreement to let grain start being exported out of Ukraine, there is no indication that global food prices are going to decline in the short term. Given the drought, the dependence of Somalia on imported grains will remain very high, and there is little prospect for a resurgence of demand for labour or for any livestock recovery in the short term.

Like the predicted failure of the rains, there is little to suggest that terms of trade will improve in the coming season, and they are already at near-historic lows.

The protracted drought, compounded with exhaustion of livelihood options, will significantly reduce financial access to food. The purchasing power, also linked to limited labour opportunities, not only in rural areas but also in areas with high concentrations of population displaced as in Baidoa town, particularly for the marginalised groups, is expected to continue during the projection period.

Displacement. Since January 2021, drought¹⁸ has displaced 1,002,796 people in Somalia. About 40% of displaced people are coming from areas with access constraints and 6% from inaccessible areas.

¹⁷ The spike observed in January and February 2021 are likely due to missing values in the database.

¹⁸ https://reliefweb.int/attachments/81320f8c-69d8-40c8-80d7-572b5f82eb3d/20220808_Somalia_Drought%20Displacement%20Monitoring%20Dashboard-July_v3.pdf

According to the IDPs New Arrival Tracker (NAT)¹⁹, since January 2022, 252,000 people have arrived in Baidoa in different waves of about 5,000 people per week in the first months of the year, but increasing significantly in the past three months, with 15-17,000 per week in the past quarter and more than 87,000 in August alone. The displacements are extremely fluid - with returns, back and forth, as well as possibly further displacements towards Mogadishu. The total number of IDPs agreed upon between humanitarian agencies and local

authorities in July is 597,000 displaced in Baidoa (of which 121,896 people displaced in the course of 2022). Since in August, a further 87,000 people displaced to Baidoa, it is likely that the newly arrived IDPs have reached about 200,000 people and the total IDPs in Baidoa are now approximately 650,000. This brings the total IDPs population in Baidoa at the end of August to approximately 850,000 people, including rural, urban and displaced population.

Graph 7. Weekly arrival tracker - Baidoa 2022 (Source: NAT - CCCM)



The evidence so far shows a spike in displacement each time the rains fail (spike in January following the failure of the *deyr*, and a much bigger spike in June following the failure of the *gu*). Therefore, it is reasonable to expect an even larger spike in displacement if the predicted *deyr* failure actually occurs. While this not only cuts people off from their usual sources of income and livelihood, a large spike may also overwhelm the response planned for the IDPs.

Population influx might also be exacerbated by the fact that evidence has emerged to show that some of the intermediate locations where IDPs might be accommodated (in Gedo and Bakool regions, for example) are scheduled for cuts in assistance, making a convergence of displaced people on Baidoa (and Mogadishu, which is not under consideration here) more likely venues for ever higher numbers of displaced people to congregate.

Conflict. There has been a tendency over the past few years to view the conflict with Al Shabaab mostly in terms of an access constraint, and it certainly continues to be that. However, following the bombing in Mogadishu earlier this week, the President of Somalia is now calling for all-out war with Al Shabaab.

At this point, it is unclear what the extent of the impact would be, however, an increase in conflict could certainly lead to greater conflict-related displacement, and would make any negotiated humanitarian access more difficult, and humanitarian actors more risk averse. While it is impossible to predict flare ups in conflict, tension is rising and the ongoing drought-related crisis will add to those tensions. At the very least, the humanitarian logistical access to Baidoa and access to populations in currently inaccessible or partly accessible areas will remain extremely challenging, with a risk of worsening access to peripheral urban areas (such as Dinsoor, Burhakaba, Xudur, Wajir, Merka, etc.) and Bay, Bakool, Lower Juba and southern Gedo rural areas.

¹⁹ Source: NAT, <https://app.powerbi.com/>

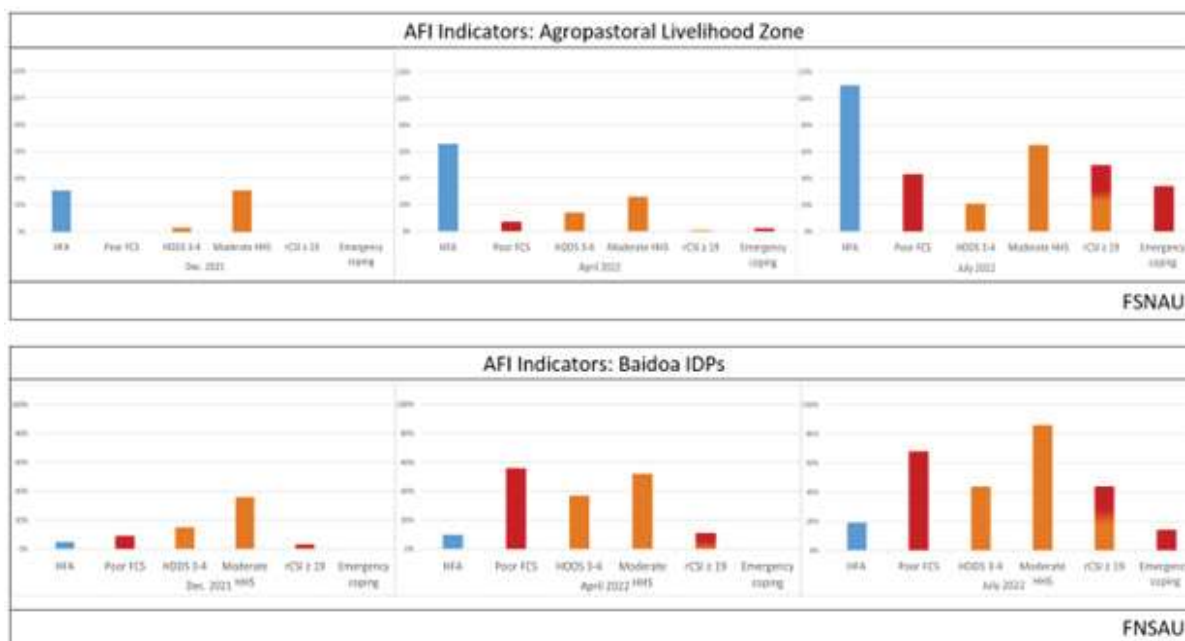


Trends

While there is little indication of any population being in IPC Phase 5 in the current situation, the trends are very much in the direction of rapidly worsening acute food insecurity. This is despite reports of massive amounts of humanitarian food assistance being provided (about 50% of the total population in Baidoa district including IDPs at the time of data collection). Levels of coping are trending very seriously upwards, and poor FCSs indicate a significant proportion of the population being in IPC Phase 4 (Emergency). The HHS scores do not suggest there is a large population in Phase 5 (Catastrophe) in June/July, but it should be pointed out that late June

or early July would probably be the best food security status that anyone in the agro-pastoral livelihood zones will achieve this year, even though the *gu* rains were well below average. The HHS indicator is scored in such a way that a worsening trend is somewhat masked (facing any of the three severe experiences of hunger in HHS 3-10 times per month is scored the same as experiencing it once or twice). Reviewing the data, the majority of responses in both the Baidoa and Burhakaba districts (rural population) and Baidoa IDPs samples falls in the “sometimes” (3-10 times per month) category.

Graph 8. Outcome indicators and HFA trends (Source: FSNAU and Food Security and Agriculture Cluster - FSAC)



In 2011, there were none of these indicators, so the food insecurity part of the famine declaration was based mostly on terms of trade and the drop in livestock and crop production — and the projected impact of those declines on household food access. While this year, the attention is overwhelmingly on these indicators, the extent of livestock loss and the decline in crop production is similar to 2010–2011²⁰.

²⁰ According to FAO, the estimated livestock deaths in Bay for sheep/goats from July 21 to April 22 was estimated between 5-10% (between 126,500 and 253,000 heads of sheep/goats). According to FSNAU assessment of the Gu-2022 season, the production was 14,300 MT (maize and sorghum), which is 54% lower than the long term average for 1995-2021. According to key informants, the start of the 2022 Gu season rainfall in April (albeit the rainfall being below average/poor) stabilized the situation in terms of livestock mortality during the Gu (April-June). However, mortality is expected to increase again during the Hagaa (Jul-Sep 2022) and possibly further (i.e. until the start of the Deyr rains around mid-October) with further and much more pronounced deaths likely during the 2023 Jilaal (Jan-Mar) period that would follow an anticipated below average October to December Deyr season.

Ability to reach the most vulnerable

Throughout this crisis, more attention has been paid to the issue of the most vulnerable groups and the most hard to reach areas — and especially to those populations that fall into both these categories. But the consensus is that while awareness of this problem is better this time, there is not really any strong evidence to indicate that the problem has been tackled. At this point, the hard to reach areas are likely to become more difficult to access. There is no indication that there will be increased humanitarian access, or that marginalised and minority groups are going to be targeted better.

Mitigating factors

Two elements should be recognised as potential mitigating factors. The first is the role of humanitarian assistance, Cash Based Transfers (CBTs) in particular, but also in-kind transfers, provision of water and provision of health and nutrition services.

Humanitarian Food Assistance (HFA)

Significant amounts of cash have been provided to populations in Baidoa district to both residents and IDPs, with ostensibly over 100% of the Baidoa resident populations targeted (rural and urban). But three factors have to be considered. First, as the crisis worsens, it is clear that the amount of assistance that can be made available is going to be disrupted or significantly reduced — at precisely the time that needs are projected to increase. Second, HFA is projected to be also significantly reduced in adjacent areas in order

to prioritise maintaining some (lower) level of support in Baidoa. As noted above, this could well result in the rapid swelling of the displaced population in Baidoa. And third, the ability of the most vulnerable population to access HFA is of highest concern, according to the vast majority of key informants. A significant scale up of HFA²¹ between April and July 2022 has been put in place, from 210,000 people reached in April in Baidoa (urban, rural and IDP) to 380,000 people in July, representing 34% of population coverage in April and 50% in July²². The almost doubling level of HFA did not reverse the trend of steady deterioration since December 2021, only impeding it from reaching the most extreme value for a significant magnitude of population.

For the projection period, an alarming pipeline break in Cash-Based Transfers (CBTs) is anticipated, forcing a reduction in Baidoa from the around 387,000 people targeted in July - September (47% of the of the population including IDPs influx up to end of August) and 535,000 targeted in October (62% of the population) to 135,000 and 108,00 in November and December (16% and 13% of the population respectively).

In Burhakaba, HFA is expected to reach around 110,000 people (64% of the population) in the period August to October, and then drop to less than 10,000 in November and December (representing a coverage of 6% of the population).

²¹ Somalia Food Security and Agriculture Cluster (FSAC)
²² Percentage of HFA coverage might not coincide with the FSAC/TWG information, as the population base has been adjusted with IDPs influx (around 600,000 total IDP at the end of July as opposed to 454,000 considered by the FSAC/TWG in the IPC analysis). This figure is highly conservative as in August 2022 alone about 87,000 people were displaced towards Baidoa district.

Graph 9. Details of Humanitarian Food Assistance delivered and planned, likely Funded and likely deliverable in Baidoa (Source: FSAC)





It is worth noticing that the most recent HFA plans already include a significant reallocation of resources²³ within the country, at the expense of other areas, some of which are surrounding areas that will most likely generate further influx towards Baidoa in the projection period in this scenario of reallocation. According to WFP and the FSAC, in-kind HFA, which currently in Somalia represents about 10% of the total HFA, would be delivered in priority in areas where this is logistically feasible, namely in North, Central, Kismayo, and Banadir, and scalability of in-kind HFA in Baidoa is extremely limited by logistic and access constraints.

In addition to this already extremely alarming scenario, the HFA figures mask important nuances in terms of distribution of coverage among population groups. In fact, since April 2022, the coverage of IDPs in settlements has been barely reaching 20% and the population residing in areas that are considered as hard to reach receive intermittent assistance. The population in completely inaccessible areas is excluded from the target population (considered in need but not computed in the total estimation for the programming). In addition to this, from interviews with key informants, access to registration lists as well as access to the total amount of the transfers is extremely complex for marginalised populations including those coming from minority clans. While high levels of sharing might be in place in certain camps and populations, it is unlikely that the marginalised population will have access to it.

The role of government

Until the new government was elected in late May, there was limited attention to the problems caused by the drought, but shortly after the new government came into power, a Drought Envoy was named and there has been more attention to the issue. The extent of its effect is unclear, but in contrast to other complex emergencies that have resulted in famine or a “near-famine” situation in recent years, in Somalia, the international community has a more willing partner in national and regional government.

In conclusion, the driver trends, more than the food consumption outcome data starting point in July, are the extremely concerning factors. Extremely dry conditions, increasing displacement influx, high price levels coupled with the exhaustion of coping capacities and HFA insufficient to reverse the deterioration due to the magnitude of the phenomena are likely to push the situation towards collapse.

Considering the assumptions on drivers and the possible mitigating factors, the FRC concludes that in the most likely scenario, more than 20% of the population will experience Famine conditions at some point in the projection period for both rural populations in Baidoa and Burhakaba districts and newly arrived IDPs in Baidoa.

Alternative scenario

The severity and trends of drivers, the historical record and projected cuts in HFA suggest that there is a serious likelihood that the situation will deteriorate into famine, as defined by IPC protocols, for at least some of these populations. It is likely that this will happen in the October-December projection period, but if the predicted failure of the deyr materialises, the situation will probably worsen further before it gets better, so the situation is probably more likely to be worse during the 2023 jilaal season than during the October-December season this year.

On the other hand, assumptions might evolve in a less dramatic direction, resulting in different scenarios; but the alternative—i.e. even if no famine, as per IPC protocols, emerges, could be equally frightening. There could continue to be elevated levels of mortality and malnutrition, but the population affected this time could be twice the size as the affected population in 2011. Whereas the 2011 famine was characterised by a sharp spike in mortality, it was relatively short-lived. The potential for “not quite famine” this time is much scarier: The prevalence of AFI and GAM and/or mortality rates that don’t quite cross the IPC Phase 5

²³ FSAC. Dinsoor HFA will be reduced from 69% of the population covered in July-September to 31% in the projected period, Quashandere from 54% to 31%, Wajir from 57% to 18%, Xudur from 57% to 20%.

thresholds, given the size of the affected population and the likely duration of the crisis, could result in levels of total mortality that are as high as 2011²⁴.

WASH outlook

Data on WASH is collected during FSNAU surveys and indicators from the last year are summarised in Graph 10. This data shows very high levels of open defecation and inadequate access and availability of safe water in rural districts. In particular, only 4% of the rural households living in the Bay Agropastoral area reported having access to safe water, mainly through a protected shallow well (covered with hand pump/motorised pump), a sharp decline from the 24% reported in April 2022. 84% of the rural population in Baidoa district and 78% of that in Burhakaba had access to water mainly through a dam or pond and 9% and 21% respectively had access from open shallow wells. The data also shows a marked decline in the availability of latrines within the IDPs camps. According to the FSNAU survey from July 2022, almost 95% of the new IDPs settled in Baidoa districts reported having access to water, whether through tankers (75% of the respondents),

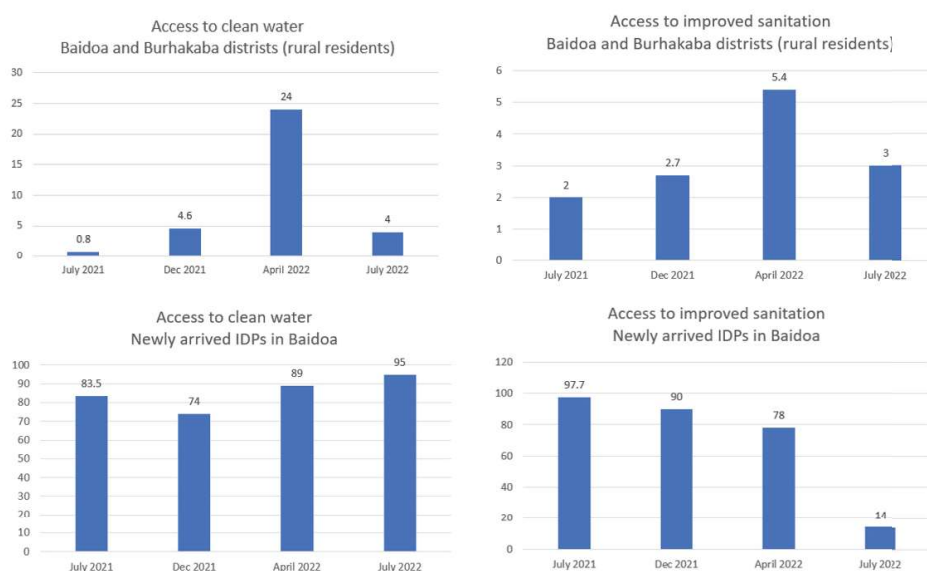
a standpipe (kiosk/public tap/taps connected to a storage tank; 15% of the IDPs) or a protected shallow well, covered with hand pump/motorised pump (5%). However, according to CCCM²⁵, in July 2022, 61% of IDPs sites in Baidoa do not have a water source on site, which indicates that roughly 170,000 IDPs in sites do not have access to a sustainable water source within reasonable distance. Additionally, only 33% of IDPs sites in Baidoa have access to a water source within 20 minutes (accessing and retrieving water). The same report indicate that 61% of IDPs sites in Baidoa did not have a water source on site within reasonable distance. Of the 76% of Baidoa IDPs sites with access to sanitation facilities, there was only one latrine per 225 individuals on average, more than twice the number of people allowed under Sphere humanitarian standards²⁶.

²⁴ Nearly 260,000 people died during the famine that hit Somalia from 2010 to 2012.

²⁵ CCCM Cluster, IDP Site/Service Monitoring, Accessed on 15th August 2022

²⁶ The Sphere Standards <https://spherestandards.org/>

Graph 10. Access to clean water and improved sanitation (Source: FSNAU)





Data collected from new IDPs sentinel sites in Baidoa during late July 2022, also indicated a worrying WASH situation, with 31% of IDP households in Baidoa reporting open defecation and 42% reporting inadequate drinking water²⁷.

Findings from REACH's Detailed Site Assessment from December 2021 indicates that poor sanitation conditions have prevailed for some time in both rural districts and Baidoa IDPs sites.

Another recent survey²⁸ conducted by IRC/GREDO in Baidoa and Hudur districts indicates that 75% of households reported not being able to consistently meet their families' daily water needs, mentioning long distances to get to a functional, protected source (18% of the households surveyed said they require more than 2 hours), increasingly long wait times as more people have to rely on fewer functional wells, and insufficient funds to purchase water as an alternative. In particular, mothers are spending significant amounts of time collecting water, which has implications for childcare, which in turn may affect children's nutrition.

Response in the WASH Sector

According to the Financial Tracking System (FTS)²⁹, on September 2nd 2022 the WASH sector was funded at 61%. The WASH response is ongoing with water trucking, water chlorination, tabs and soap distribution. A scale up in sector activity seems to have taken place, and this may have prevented further significant spread of cholera, however, additional scalability of the sector to include the expected increased influx of IDPs is extremely limited, especially in relation to water. Besides resources and capacities available, an important limitation is provided by the fact that the groundwater levels³⁰ across the country are decreasing from overpumping due to increased pressure to meet demand. Cost of water is extremely high and remains far above the five-year average.

In conclusion, WASH conditions are well below Sphere standards in both rural areas and IDPs sites. Access to water has been limited and in camps in Baidoa it is provided mainly by water trucking. Although this modality allows for chlorination, there was little information available on what quality control methods were in place. Populations are relying on unprotected sources or spending significant time or resources to access clean water. In the future, a decrease in water supply is expected. Financial resources, limits to logistic scalability, response capacity and ultimately, scarcity of water, will exacerbate WASH conditions, likely with a strong impact on Acute Watery Diarrhoea (AWD).

Health outlook

Morbidity among children 6-59 months has been consistently high in Baidoa and Burhakaba districts as well as in Baidoa IDPs over the past 2 years. More than a third of children in Baidoa and Burhakaba districts and more than 40% of children in Baidoa IDPs camp were suffering from illnesses according to the FSNAU survey of July 2022. Although there was a slight reduction in the prevalence of illnesses between April and July 2022 in both the IDPs and resident population, the levels of illness between December and July 2022 is comparable. Compared to July 2021, in July 2022, the prevalence of illness among children in Baidoa IDPs camps has increased (from 34.5% to 42.2%) while it has slightly decreased (from 41% to 38.1%) among children in the Baidoa and Burhakaba districts. The infectious diseases of greatest concern currently are cholera, AWD, and measles.

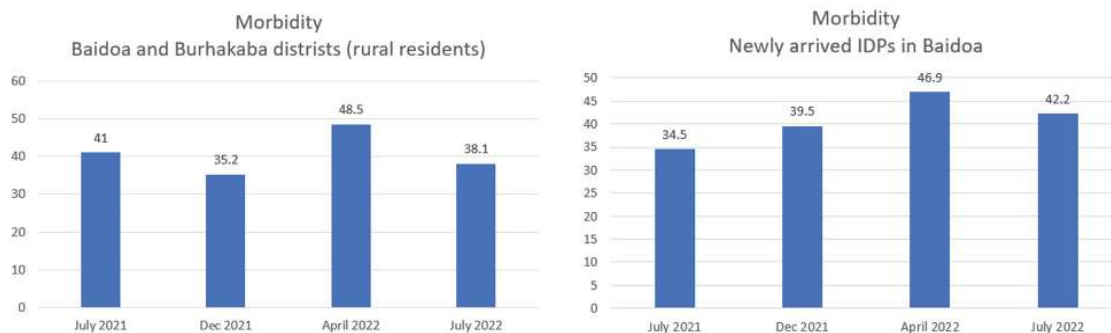
²⁷ Nutrition and Mortality Monitoring in IDP Populations. Report on Round 1 - July 2022 <https://reliefweb.int/report/somalia/nutrition-and-mortality-monitoring-idp-populations-report-round-1-july-2022-report-issued-15082022>

²⁸ IRC, GREDO, sampling: 210 households (32% IDP, 68% host community) across Baidoa and Hudur districts.

²⁹ <https://fts.unocha.org/countries/206/summary/2022>

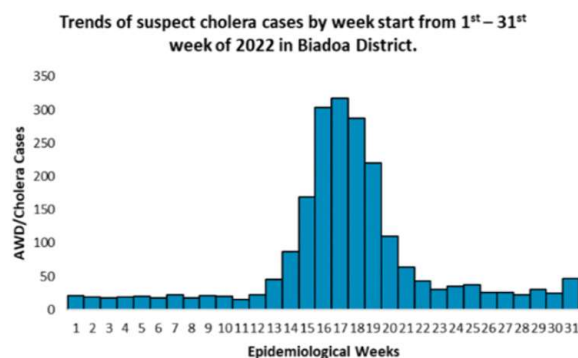
³⁰ CHC, <https://blog.chc.ucsb.edu/?p=1219>. Chris Funk, Gideon Galu, Diriba Korecha, Laura Harrison, Abheera Hazra, Weston Anderson, Andrew Hoell, Kim Sliniski, Juliet Way-Henthorne, Greg Husak) - August 16th, 2022

Graph 11. Morbidity (Source: FSNAU)



There is an ongoing cholera outbreak, which peaked in the last week of April 2022. While a new increase has been noticed in the epidemic curve in the last week (week 31), it cannot be ascertained whether this will represent the beginning of a new increase in cases or a deviation from an overall decreasing trend. Competition for water resources and further influxes of IDPs might trigger an increase in cholera cases during the projection period. Centres for cholera treatment are largely non-existent in rural areas, and information was not available from poorly accessible or inaccessible areas.

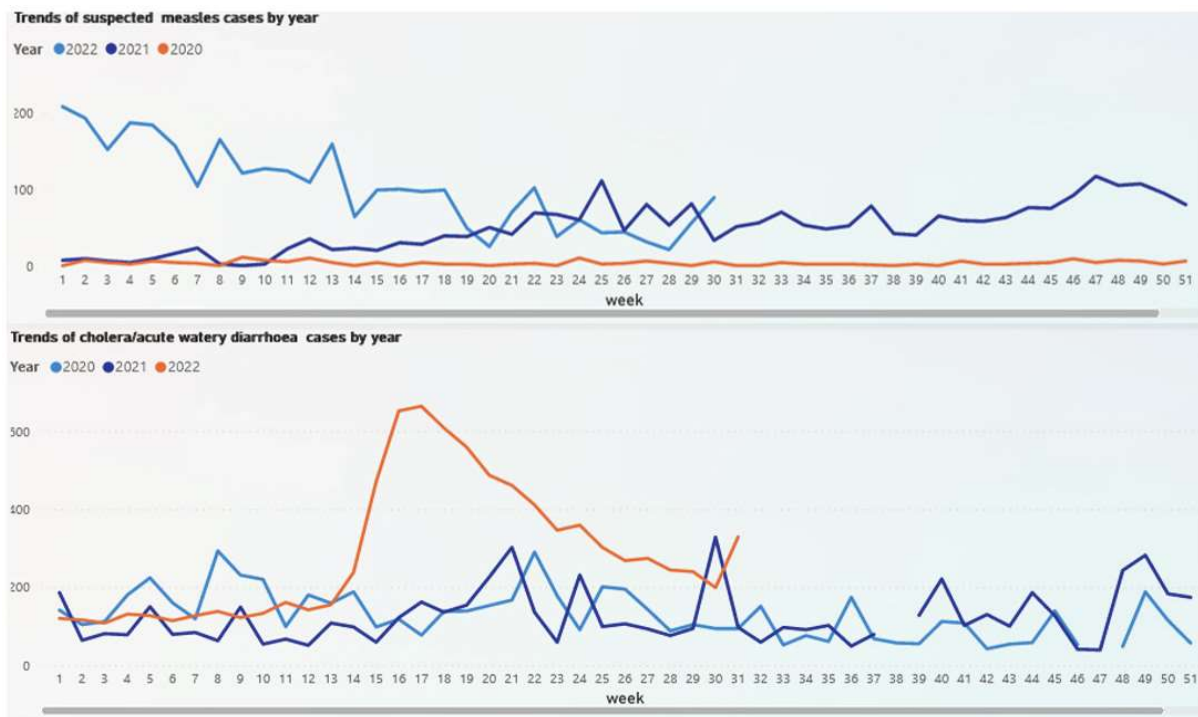
Graph 12. Trends of cholera cases by week (1-31) in Baidoa District (Source: WHO)



AWD and measles curves for the South West State show a downward trend with the exception of the last two weeks (graph 13).



Graph 13. Trends of suspected measles and trends of cholera/AWD by year (Source: Health Cluster)

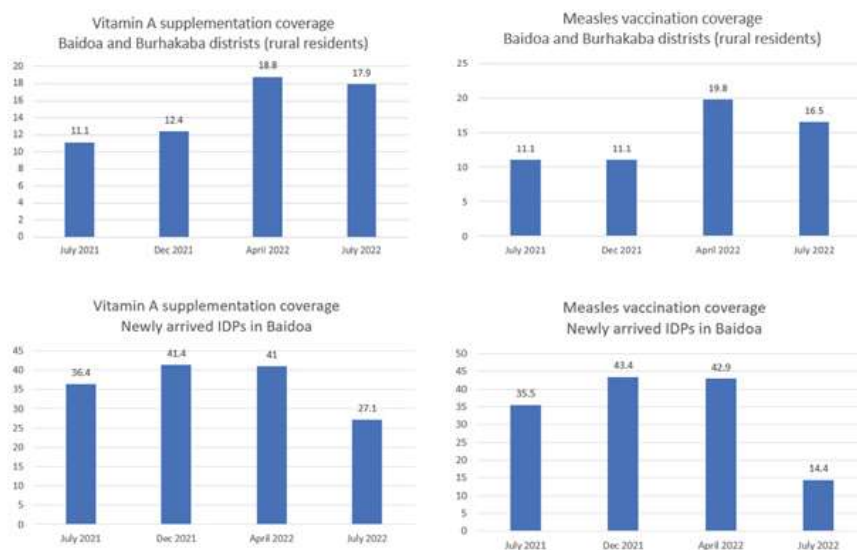


Response in the Health Sector

Vitamin A supplementation coverage is extremely poor among the Baidoa and Burhakaba population as well as among the IDPs at present. According to the FSNAU survey of July 2022, more than 80% of children in the rural resident population did not receive vitamin A supplementation and almost three quarters of the IDPs children did not receive vitamin A supplementation. Although there was a slightly high level of vitamin A coverage between April 2022 and July 2021 among the IDPs children, at about 40%, this decreased to about 27% in July 2022. The vitamin A coverage among children in the resident population has consistently been poor (less than 20%) over the past 2 years.

Similar to vitamin A supplementation coverage, measles vaccination coverage remains extremely poor at present among both the residents as well as the IDPs. This is of major concern in this context due to the ongoing outbreak of measles and the arrival of large populations of malnourished IDPs into the Baidoa sites. More than 85% of children in the IDPs camps and more than 80% of children in the resident population were not vaccinated, according to the FSNAU survey of July 2022. Although the measles vaccination coverage among the IDPs children was higher (at about 40%) according to previous surveys, this has significantly reduced at present. As for the children in the resident population, it has remained consistently below 20%.

Graph 14. Measles vaccination and Vitamin A supplementation (Source: FSNAU)



The population residing in Baidoa town, including the IDPs, has, in general, better access to health facilities, water chlorination, aquatabs, vaccination services, and SAM treatment. Despite the increasing caseload, services have been present and physically accessible to most populations located in town, although there are concerns about the level of access for marginalised groups. However, the newly displaced IDPs are located in IDPs settlements with inadequate WASH and health environments, increasing their vulnerability to water-borne and other infectious diseases.

According to the CCCM cluster, people in only 79% of Baidoa IDPs sites have access to adequate health facilities, and nutrition facilities are reportedly accessible in only 50% of sites. In a recent REACH site assessment survey in old Baidoa IDPs sites, it was found that only 56% of assessed households who had experienced the death of a household member in the last 3 months prior to data collection had sought any healthcare in the two weeks prior to the death. The main reasons for not accessing healthcare were the immediacy of death, services being too expensive, and services being too far away.

In general, at the current time, in the rural areas of Baidoa and Burhakaba districts, coverage of essential services is very poor and scalability is extremely limited due to security, resource and response capacity constraints. For areas under al-Shabaab control, it was very difficult to obtain detailed information but, from what could be gleaned from available sources, it is surmised that the availability of services is likely to be as least as poor as in government controlled rural areas.

The projection of exacerbated conditions in the projection period, including further IDPs influx possibly at a higher level than observed so far, will likely overcrowd services in Baidoa town and the limited scalability of the sector might result in saturation of health facilities and treatment centers.

As mentioned, regarding access to the humanitarian response in the other sectors, access to health services (prevention and treatment) for particular groups, even in accessible areas and IDPs camps, can be problematic. Different layers of marginalisation can co-exist in IDPs camps, depending on provenance, clan, and language spoken. These populations can remain



invisible to both data collection and response. IDPs camps may be discriminated against on the basis of the relative power of the population in them. Despite the fact that humanitarian agencies are aware of this situation and are invested in removing obstacles, the agencies are not necessarily in a position to eradicate these practices and improve access for marginalised groups. In the event of a further influx of populations belonging to marginalised groups there are questions as to what extent interventions will be targeted to the most in need.

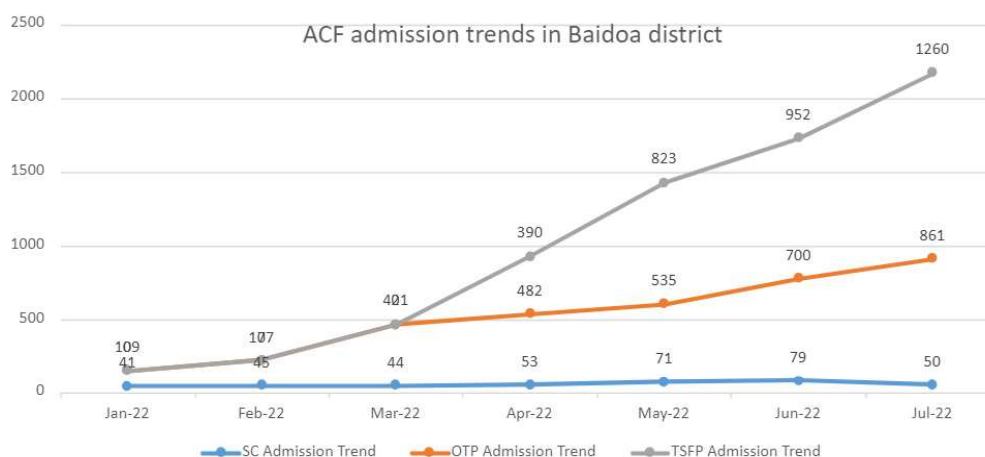
Nutrition prospects

With deteriorating food security, WASH, and health conditions in both the rural areas and the IDPs camps,

the GAM is expected to breach the Extremely Critical (IPC Phase 5) threshold.

The number of admissions to nutrition feeding centres is also extremely alarming. According to UNICEF records (Source: UNICEF, SAM Admissions Trends at July 2022), SAM admissions in Baidoa and Burhakaba districts have continuously increased since January 2022 and only recently there has been a slight decrease in both districts. This can be due to a number of reasons not necessarily linked to decrease in severity. Conversely, ACF SC admission trends declined slightly in July 2022, with admission in OTP and TSFP following a consistent upward trend.

Graph 15. SC, OTP, and TSFP admission trends, Jan-Jul 2022 Baidoa district³¹ (Source: ACF)



Programmes for moderate acute undernutrition in the projected period are likely to have very limited resources and their impact in a context where the general ration provision is likely to be inadequate is not expected to be high.

SAM treatment centres and other health facilities are heavily concentrated in Baidoa town, with very few points outside of town where children can get access

to treatment. In Burhakaba, there is only one nutrition partner operating with two treatment points and two mobile sites that have mainly access to the one third of the territory currently accessible. The coverage is estimated to be 46%³², with poor outreach in rural communities for screening.

³¹ SC: Stabilisation Centre; OTP: outpatient therapeutic programme; TSFP: Targeted Supplementary Feeding Programme.

³² SCI, Semi-quantitative evaluation of access and coverage (SQUEAC) survey report conducted in Baidoa district, Bay region, South West State, Somalia, May-June 2022

It appears likely that the procurement of therapeutic feeding supplies will be assured without discontinuity. The main difficulties for SAM treatment will rather be of a logistic nature, especially where the supplies need to be transported by air, as well as the above mentioned strong limitations in coverage and the management of mobile teams and community health workers. Despite the availability of supplies, the inadequate investment in mobile clinics and outreach will not allow to reach all the children in need. A number of factors such as security and logistics, would impede a scale up beyond what was planned in case of deterioration beyond the expected caseload.

Projecting drivers of increased mortality (through food, nutrition and health linked chains)

While responses to the cholera and measles epidemics have been set up earlier in the year, there appear to be significant gaps in the key areas of vaccination and WASH coverage. In Baidoa and Burhakaba district (rural residents), it is expected that even in the event that the incidence of epidemic diseases will not increase (see above on the complexity of predicting future cholera and measles diseases), it is likely that case fatality rates driven by deteriorating nutritional status that reduces immunity may increase and contribute to a breaching of the Famine threshold. This is more likely in the case of further outbreaks of cholera, which is endemic in rural areas.

The increase in IDPs influx is expected to continue at least at 20-30,000 people per month but likely spiking further around October will put increasing pressure on services and the whole response system. While HFA could be scaled up relatively easily in presence of new funds, the capacity of the other sector to scale up is logistically limited. The capacity of the humanitarian system as a whole to cope with the increasing pressure is extremely strained. These factors combine to indicate a high risk that mortality will continue to increase in the IDPs population and exceed IPC Phase 5 levels within the projection period.

FRC Considerations Post October-November-December 2022

The FRC is aware that the TWG has made a single projection specifically for the October to December period. The FRC feels strongly, however, that it is well warranted and feasible to conduct an additional projection for the period January-March 2023. This is because the food security, nutrition and mortality drivers following the assumption of a failed Deyr Season are likely to continue into the first few months of 2023, and thus, the humanitarian community and government planners should be well informed on what to expect with ample early warning.

In many other countries that conduct IPC analyses, it is common practice to conduct analysis for two projection periods. The FRC recommends that the Somalia IPC TWG immediately conduct an additional analysis for the projection period of January-March 2023. The projection can go until March 2023 because at that time, the next Gu Season is expected to potentially provide some climatic relief to the overall situation.

There exists additional climatic analysis, however, that suggests that even yet another below normal rainy season will occur during the March-April-May 2023 Gu Season—which would be the 6th consecutive below normal rainy season. Since 1998, when an OND season has exhibited La Niña conditions, the following MAM (March-April-May) season has been below-normal 75% of the time³³. This would be an unprecedented series of consecutive climatic shocks and would clearly lead to further catastrophic implications on food security and nutrition.

Although the FRC is not recommending that the TWG conduct a projection yet of the situation post March 2023 given current uncertainty on those climatic conditions, the FRC does recommend that the TWG closely follow climatic forecasts and as soon as the climatic forecasters are able to project the likely 2023 Gu Season, then the TWG should urgently conduct a forward looking projection for the post Gu Season conditions.

³³ CHC, <https://blog.chc.ucsb.edu/?p=1219>. Chris Funk, Gideon Galu, Diriba Korecha, Laura Harrison, Abheera Hazra, Weston Anderson, Andrew Hoell, Kim Slinki, Juliet Way-Henthorne, Greg Husak) - August 16th, 2022



With these considerations, although the FRC was tasked with reviewing the specific TWG projection (October to December 2022), the FRC feels responsible to issue additional statements indicating that conditions are likely to last until at least March 2023. This is supported by the following key evidence and analytical logic:

- **Climate Shocks:** As stated previously in this report, it is a near certainty that the 2022 Deyr Season will be significantly below normal. Agropastoral livelihoods in the Bay Region depend on these rains for secondary crop harvests and replenishing pasture and livestock conditions. If the Deyr Season fails, given the strong seasonal nature of rainfall in Somalia, there is most certainly not going to be additional rains until the onset of the Gu 2023 season beginning in March 2023. The benefits of those rains will not be realised until the beginning of April in terms of anticipated increased water access both directly and from the rivers flowing from Ethiopian highlands, green shoot harvests for consumption, and pastures/livestock conditions.
- **Market Shocks:** The high prices and poor terms of trade already currently being experienced and likely to further increase during the OND season have a strong plausibility to continue into the JFM 2023 period. This is due to both local production of crops and livestock significantly reducing below normal for the Deyr Season as well as the ongoing and as yet unresolved global market uncertainties from the war in Ukraine, which continues to disrupt global supplies and markets of wheat and other commodities that Somalia is highly dependent on.
- **Labour Shocks:** Concurrent with the negative impacts on crop and livestock, a key source of income for poor and vulnerable households, labour will likely be extremely limited. This would have direct negative impacts on purchasing power.
- **Insecurity:** The ongoing tensions with state and non-state actors shows no signs of abatement

during this period and thus can plausibly be assumed to continue, causing continued disruptions to markets, health service delivery, and humanitarian access.

- **Extreme Displacement:** Already there is a sharp increase in displaced populations in Baidoa and elsewhere and it can be expected that this trend will continue through the failed Deyr Season. This means that extremely high numbers of people will become displaced, with livelihoods and support systems completely disrupted. If the Deyr Season fails, there would be no reason for those populations to return to their places of origin, and indeed could further displace and concentrate to Mogadishu or other locations.
- **Humanitarian Assistance:** As noted previously in this report, the level of humanitarian assistance for food, water, nutrition, health and other vital support is already grossly inadequate to meet the growing needs of vulnerable people. At this point, there is little to no certainty that humanitarian assistance will be committed and delivered at the levels necessary to mitigate Famine and a prolonged humanitarian emergency into the January to March 2023 period.

4. RECOMMENDATIONS FROM THE FAMINE REVIEW COMMITTEE

The FRC would like to note the following about the meaning and interpretation of IPC projections:

The FRC would like to note the following about the meaning and interpretation of IPC projections:

- IPC protocols are designed to classify areas or population groups during a projected period in time; identifying the worst-off Phase at any point during the projection period based on the most likely scenario.
- Thus, the analysis does not necessarily conclude that Famine conditions will be present throughout the whole projection period, but that Famine thresholds will be crossed at some point during the projection period.
- Furthermore, the current duration of the crisis is already leading to very high numbers of cumulative deaths and other IPC outcomes. As the crisis continues and potentially increases in size and severity, cumulative deaths will continue to rise even if a famine is not declared.
- Therefore, the FRC warns decision makers to be equally wary and responsive to areas that are classified as IPC Phase 4 (Emergency) and IPC Phase 3 (Crisis) for sustained periods under these precarious conditions, including all areas in Somalia that are at or on the brink of being in IPC Phase 4 (Emergency).

For Senior Decision Makers and Donors

- Recognise the extreme urgency to plan, coordinate, and allocate necessary humanitarian resources to prevent Famine in the coming few months. The early warning signs are clear and there is strong consensus among all key stakeholders that current levels of committed humanitarian support are not adequate to stave off further increases in massive human suffering and mortality.
- Despite considerable efforts and progress made, the response still appears to be lagging behind the increases in needs. Projections of famine should further galvanise the response to go even further and faster to get ahead of the needs. A more proactive approach is required.
- Plan for and support a multi-sectoral, strategic and sustained humanitarian intervention guided by the Somalia Inter-Agency Standing Committee (IASC) scale up of strategic priorities³⁴.
- Ensure data collection and regular monitoring of drivers in areas subject to similar drivers in neighbouring countries in the Horn of Africa.

For the Humanitarian Country Team

- Urgently establish a comprehensive, accountable, and transparent monitoring plan and systems to closely track the highly dynamic key drivers of the coming catastrophe including all the assumptions behind the projections in the IPC TWG and FRC analysis (e.g., conflict, markets, rainfall, IDPs, humanitarian assistance, global processes, and others inter alia).
- Establish more explicit linkages between information systems and distinct plans of action. Information for anticipatory action requires the potential actions to be pre-identified, resourced, and systematised; and linked to careful monitoring of the situation.

³⁴ <https://interagencystandingcommittee.org/about-principals/system-wide-scale-protocols-activated-somalia>



- There needs to be significant improvements in the strategy, comprehensiveness, and systemisation of the humanitarian assistance plan. Further, the plan needs to be designed to be dynamic and accommodate potential needs for program retargeting, scaling up priorities, and changes in the key drivers.
- The IDPs situation is likely to be highly dynamic in the coming months and well into 2023. The IDPs working group needs to be more predictive and forward looking, anticipating next movements and linking to humanitarian plans for both potential scale up/down and reprioritisation of humanitarian needs. IDP site verification and geolocation needs improvement. Multiple registration of IDP sites should be avoided to help ensure effective targeting of assistance.
- Humanitarian assistance requires a significant improvement in terms of organisation, documentation, coordination, and transparency. HFA numbers should explicitly include assistance from all sources with amounts and coverage updated in real time.
- In the likelihood that humanitarian assistance will be reallocated from other regions in Somalia to address the extreme severity of undernutrition and food insecurity in Baidoa, it is essential to consider the impacts of that shift on mortality, nutrition, and food security outcomes in those areas; which could lead to even worse conditions in those places and/or generate additional IDPs flows into Baidoa or Mogadishu.
- Reinforce efforts in targeting the most vulnerable people, explicitly including efforts to identify, understand, and target marginalised populations and groups.

For the IPC Technical Working Group

- In addition to establishing a robust real time monitoring system, conduct another comprehensive survey - including nutrition, mortality and food security (SMART surveys that includes the full range of indicators) in Baidoa and Buur Hakaba districts (rural population) and in Baidoa IDPs settlements in late September/early October and update the IPC analysis and projections for January- March 2023.
- Explore and develop methods to include a more robust understanding of the drivers and mitigation of severe nutrition, food security, and mortality outcomes for marginalised groups (i.e., culture, institutions, humanitarian aid complex, inter alia).
- Explore and develop methods to better incorporate Health and WASH (as well as other sectors, especially Protection) into future food security, nutrition and mortality analysis.
- More explicitly incorporate comprehensive analysis of the overall humanitarian assistance plan into the IPC TWG's food security, nutrition and mortality outcome analysis. There are direct linkages between humanitarian assistance in other sectors and the impacts on food security, nutrition and mortality.
- Closely monitor additional vulnerable areas for the potential of unexpected hotspots of famine risks outside of the two districts covered in this report and in areas where the IPC TWG has identified as being in Risk of Famine³⁵.

³⁵ Risk of Famine refers to the reasonable probability of an area going into Famine in the projected period. While this is not perceived necessarily as the most likely scenario, it is a scenario that generally has a realistic chance of occurring. It complements the Famine and Famine Likely projections of the most likely scenario by providing insights of potential Famine if prospects evolve in a manner worse than anticipated.

Recommendations on data collection methods:

Sampling details: given the access problem and the extrapolations done to the districts/livelihood zones, it will be very important to provide analysts with a mapping of the clusters included in the surveys. It would also be of utmost importance to provide analysts with the population distribution in accessible areas where the survey was conducted and in the areas that could not be accessed. This will support better inference and estimation of population by phase in areas of analysis including both accessible and inaccessible areas.

FSNAU Food Security Module:

- **Food Consumption Score:** the modules employ the combined FCS and HDDS module including the FCS dietary nutrition questions. While this module provides interesting insight on the type of food consumed, the analysis of data is conducted and made available only for the main food groups, losing the nuances that the additional dietary nutrition module would provide. Considering the FCS dietary nutrition module can introduce underestimation biases in the calculation of the 'traditional' FCS as picking the sum of answers for main food groups, it would be advisable either to revert to the traditional FCS or to provide disaggregated FCS-nutrition information as per the module.
- **Households Hunger Scale:** the coding of the HHS did not follow the standard module introducing an underestimation bias. The absence of experience of HHS categories and the rare experience of its categories were both computed as zeros, while the rare experience of the HHS categories should be computed as one (=1). To track the deterioration over time it might be helpful to separate out the "rarely" responses from the "sometimes" responses – and thus construct a 0-9 scale rather than a 0-6 scale.
- **Livelihood Coping Strategy Index:** the livelihood coping strategy module was not computed correctly as per the standard module. In particular:
 1. WFP guidance indicates that both the employment of one strategy and the exhaustion of it (No because I already employed this strategy/sold this asset and can no longer do it) are to be considered as 'yes' answers. On the contrary, the analysis done considered only the 'yes' answers. This introduces an underestimation bias, particularly important considering the likelihood that in a prolonged extreme situation as those experienced by Bay households many of the strategies available to them had been employed and exhausted already.
 2. According to the IPC standards, for the LCS to be employed as a direct indicator, the analysis should contain four (4) stress strategies, three (3) crisis and three (3) emergencies strategies. For the IDPs module, only 2 emergency strategies were included in the questionnaire.
 3. The IDPs LCS analysis presented a very high count of 'not applicable' values for both emergency strategies (above 90%) and for some strategies that quite obviously a household would employ before displacing (spending savings, selling non productive assets, etc...). This pattern also appears, to a smaller extent, in the REACH LCS module, presenting 65% of non-answered questions to the LCS module. It is strongly recommended in the country to align the module analysis with standard guidance and to increase enumerator training to ensure LCS replies are recorded correctly.
- **Nutrition & mortality module:** ensure all questionnaires ask the language used by the person and clan or minority group affiliation.



5. MINORITY REPORT

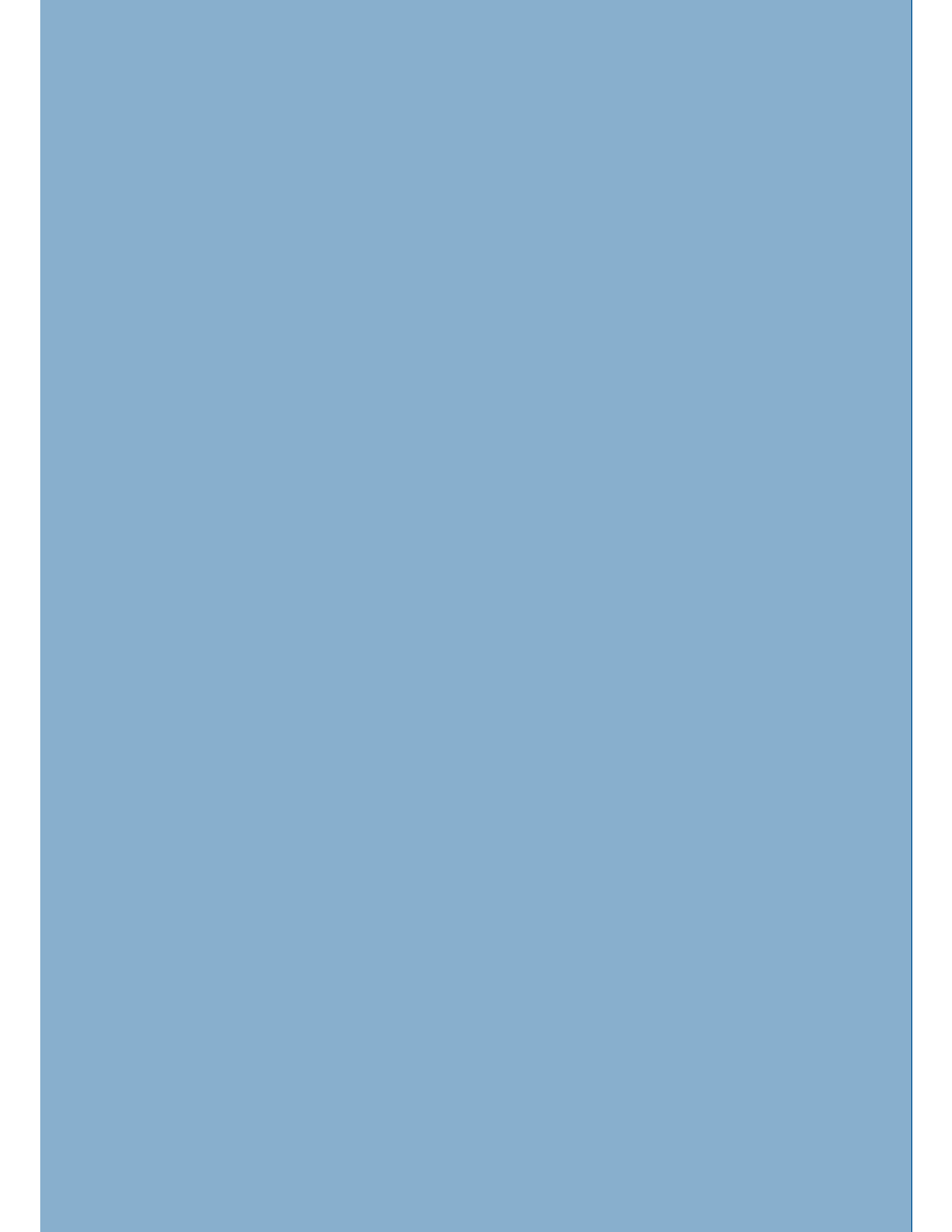
Minority view from FRC on Famine projection for IDPs in Baidoa district during the projection period

The Crude Mortality Rate (CMR) in Baidoa IDPs estimates in the April SMART survey was 1 per 10,000 per day and in the July SMART survey in 'recently arrived' (and therefore on average more vulnerable) Baidoa IDPs it was 1.1. This is twice lower than the IPC Phase 5 threshold of 2.0. This is also despite the fact that the cholera outbreak was at its peak in April-May and two thirds of deaths were attributed to suspected cholera in the July SMART survey. The cholera outbreak is subsiding according to multiple sources. Measles outbreak seen in epidemic weeks 1-14 of 2022 is now subsided, and malaria does not show a meaningful increase over previous levels.

WASH prevention interventions (water trucking, chlorination, etc.) are being scaled up and rehydration treatment points as well as cholera treatment areas are available in Baidoa town area.

Generally, the vast majority of health, nutrition and WASH interventions and services available in Baidoa and Burhakaba districts are concentrated in Baidoa town, and IDPs generally have much higher access to these services compared to rural populations of these districts.

In the absence of a new outbreak causing major lethality and with services available and preventive interventions scaled up combined with some access to cash assistance, in the most likely scenario, it is implausible for the CDR among Baidoa IDPs to double in the projection period and therefore, do not support IPC Phase 5 Famine classification in the projection period for Baidoa IDPs.





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Integrated Food Security
Phase Classification



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