JUNE 2022

Another Humanitarian (and Political) Crisis in Somalia in 2022

A FEINSTEIN INTERNATIONAL CENTER PUBLICATION

Nisar Majid, Mohamed Jelle, Guhad Adan, Aydrus Daar, Khalif Abdirahman, Peter Hailey, Nancy Balfour, Andrew Seal, and Daniel Maxwell

Tufts University
Friedman School of Nutrition Science and Policy
Feinstein International Center

UCL
Institute for Global Health

Centre for Humanitarian Change | What Works

Citation: Nisar Majid, Mohamed Jelle, Guhad Adan, Aydrus Daar, Khalif Abdirahman, Peter Hailey, Nancy Balfour, Andrew Seal, and Daniel Maxwell. *Another Humanitarian (and Political) Crisis in Somalia in 2022*. Boston: Feinstein International Center, Tufts University, 2022.

Corresponding author: Nisar Majid,
nisar_majid@yahoo.co.uk

Feinstein International Center

75 Kneeland Street, 8th Floor
Boston, MA 02111 USA
Tel: +1 617.627.3423
Twitter: @FeinsteinIntCen
fic.tufts.edu

Contents

Summary of Key Points

"Since the beginning of 2022 clan leaders, close and distant relatives living in IDP camps in Baidoa and Bardera have been … asking for my financial contributions and requesting me to also mobilize other relatives in Nairobi as they raise money for people who are still in the rural areas or arriving recently in Baidoa or Bardera."

Guhad Adan, Somali researcher and co-author of this paper.

"We are almost overwhelmed. The response and funding are not keeping up with the scale of the crisis. Our stabilization centers for severe acute malnutrition across Gedo have four to five times more children than what we would normally deal with. We are prioritizing those who are extremely ill and on the edge. It is no longer a matter of preventing famine but of reducing the severity of the impact and saving as many lives as possible."

Paul Healy, Country Director for Somalia, Trócaire

- Somalia is in a serious crisis, with over seven million people in need of urgent assistance. Over half a million people are estimated to have been displaced this year alone in Somalia, largely driven by the hydrological drought, long-running conflict, lack of purchasing power, poor humanitarian access, and underlying vulnerability. Whether or not a famine as defined by UN standards is happening, elevated hunger, malnutrition, and excess death are all clearly already taking place. This ongoing humanitarian crisis is likely to worsen in the weeks and months ahead. Global food and energy price rises and forecasts for another poor rainy season are driving this deterioration.
- While the limited humanitarian funding is clearly a major problem, it is far from the only problem, and much more can be done to re-orient and re-focus the response in light of available data, knowledge, and experience:
  - Focus on the social and ethnic groups that have the least ability to manage in a disaster—these groups are known and based in southern Somalia.
  - Develop a more agile capacity to respond to acute surges in IDP numbers and disease epidemics.
  - Improve localized, real-time analysis of needs, including in water, health, and nutrition, and improve data sharing and transparency.
  - Focus on life-saving interventions; people die from disease outbreaks in these disasters, typically in IDP camps or where they are out of reach of vaccines or prevention and treatment. Far greater attention, for example, is needed on preventing and containing measles and cholera.
- Humanitarian access to areas not under the control of the Federal Government remains an enormous challenge, and civilian populations in these areas may be those in greatest need. Access negotiations and frank discussions about risk sharing should be happening now in anticipation of the situation worsening in the year ahead. Donors and agencies should be lowering their risk tolerance thresholds, individually and collectively. This will require a renewed application of principled humanitarian action by operational agencies and a commitment to relieve suffering by all concerned parties.

1. Introduction

Somalia has been affected by a series of shocks, including a massive failure of the March-April-May (*gu*) rains on the heels of three previous poor rainfall seasons and the likely possibility of a fifth failed season in the October-November-December (*deyr*) rains later this year; a long-running conflict with many facets but primarily between Al-Shabaab and forces loyal to the Federal Government of Somalia, which continues to constitute a major constraint on humanitarian access; and the extremely high price of basic staple grains—global grain prices were already at levels similar to 2011 prior to the invasion of Ukraine, and have jumped 15-20 percent since then. These factors are driving food insecurity, malnutrition, disease, and poor access to water and sanitation, with an estimated 7.1 million people in need of assistance.[1] These drivers and outcomes also exacerbate the underlying vulnerability of particularly marginalized groups. Nevertheless, as of June 1, 2022, Somalia's Humanitarian Response Plan for 2022 was only 18 percent funded.[2] The situation is very reminiscent of the circumstances that led to the 2011 famine.

In 2014, in response to concerns about another humanitarian crisis in Somalia following the 2011 famine—in which an estimated 260,000 people lost their lives—two of the authors of this note wrote a briefing paper by the same title.[3] At that time, having recently completed fieldwork for a major study focused on learning from the 2011 famine, we tried to bring out lessons and comparisons from 2011 to an emerging humanitarian situation in 2014. The authors of this piece have all drawn upon the learning from that 2011 famine research and led and contributed to a range of other studies and initiatives since that inform this note.

From late in 2021 to the present, our network of "2011 alumni" has again found itself playing an active role—in the media, with donors and with agencies—in bringing our collective knowledge to the evolving situation in the country and the wider Horn of Africa region, this time with a late/post-Covid pandemic and Ukraine crisis environment complicating the picture. Outputs have included public warnings of famine in Somalia in early January 2022,[4] and the risk of mass starvation in the Somali Region of Ethiopia in early March 2022,[5] and analysis of the impact of the Ukraine crisis on global acute hunger in April 2022[6] as well as numerous formal and informal analysis and advisory sessions to humanitarian donors and implementing agencies in Ethiopia (including on the Tigray crisis) and Somalia.[7]

The purpose of this short piece, focused on Somalia, is to bring both historical knowledge and current analysis from our different perspectives, to acknowledge some of the more positive changes that have taken place within the humanitarian sector since 2011, and to provide some updated analysis on current developments and future prospects. But many of the characteristics and problems of the humanitarian sector that we identified over eight years ago are still highly relevant to today's humanitarian predicament in Somalia. Of course, these are not just problems of the humanitarian sector but concern the underlying political crisis in the country, ten years after the inauguration of the Federal Government of Somalia (FGS). These include the limitations of international engagement, a lack of political will in both national and international circles to prevent mass starvation and famine—through funding and developing a more efficient, innovative responses and lowering current risk thresholds.

Accountability for preventing famine and mass starvation is a recognized and growing global responsibility[8]—it concerns all actors working in and on Somalia: political, developmental, and humanitarian, both national and international. The Somalia Humanitarian Response Plan for 2022 is less than 18 percent funded as of the first of June (in contrast to the relatively more timely funding in 2017). The lack of funding for Somalia and the Horn of Africa is a real concern in the current environment. But money is far from the only problem—increased funding alone will not solve all the issues required for an improved response. The humanitarian system needs to demonstrate far better use of recent and current knowledge and analysis as well as an ability to prioritize and innovate in its emergency programming. It

also requires the ability—and agility—to respond to surges in displacement and epidemics to reduce the risk of famine and excess loss of life in the weeks and months ahead.

Three famine or near-famine events have occurred in Somalia within the past eleven years. And the impact of climate change, the repercussions of the Ukraine crisis, and the lack of a peace settlement or political progress within its national government all indicate that severe humanitarian crises will likely occur at regular intervals into the near future. The current crisis will likely continue for many months to come.

2. Upheavals and Crisis in 2022

In humanitarian circles alarm bells have been ringing among those working in and on Somalia since at least late 2021, and longer within many Somali communities. The potential for famine was already being raised in December 2021 by the authors of this paper. Indications of further rain failures for the March-May *gu* rains raised more alarms. Lobbying from operational agencies and analysts influenced FSNAU/FEWS NET to revise their messaging on April 8 to make a risk-of-famine statement.[9]

In late February of this year, the war in Ukraine dramatically changed the attention on and resources available for the Horn of Africa. Food prices were already close to the high levels of 2011, but this war has led to global food and fuel prices that are significantly higher and disrupted supply lines around the world, dramatically worsening the food security prospects for Somalia and many other food importing countries.

The ongoing political volatility in Somalia surrounding its protracted election process has been another major distraction, detracting attention from the crisis and from support for response. The election of a new president[10] and administration is an opportunity to put famine prevention high on the agenda, not only as a fund-raising strategy but through meaningful initiatives on the ground. The appointment of a Special Envoy for Drought Response is an important symbolic step, and this needs to be followed by appropriate actions. It is not yet clear what practical measures will follow. Somalia's new government and political elite in all regions must show more leadership and commitment to the protection of their people. That said, the territorial reach and capacity of the Federal Government in Mogadishu will remain modest at best. The more significant political issue however is the lack of preparation and progress in reaching so called hard-to-reach areas and peoples, including but not limited to those under Al-Shabaab's control.

In 2011, a worsening food security, nutrition, and water situation and disease outbreaks combined with underlying levels of vulnerability led to famine. At the same time, the on-going war with Al-Shabaab and western donors' over-riding policy priority of counter-terrorism and state-building combined to limit humanitarian access to affected areas and, more generally, limited enthusiasm for risk-taking by responders.[11] These remain the contextual features for humanitarian action today: while outright conflict in Southern Somalia is less of a concern, extreme constraints on access are still in place, and limited risk-taking on the part of international responders is once again increasing the vulnerability of the worst-affected populations and making it difficult to reach the most vulnerable groups.

Strong leadership and a more conducive national and global environment mitigated a large-scale famine in 2016/17—although excess mortality was still estimated at over 44,000 people[12] in what was widely regarded at the time as a relatively "successful" response.[13]

3. Early Warning and Early Response?

In 2011 the timeliness of early warning messaging was not a major problem; it was much more the timeliness of an early response and the competing political/humanitarian imperatives framed by the "war-on-terror" and the support for the emergent Somalia government.[14] In 2016, early warning messaging was again good; strong leadership as well as a more conducive national and international context led to a better response.[15] In 2021–22 however, the clarity and timeliness of early warning messaging was somewhat mixed—particularly the March-April-May seasonal forecast for 2022. The authors of this paper were sufficiently concerned at the lack of attention and analysis on the emerging crisis in Somalia that they decided to approach the media, donors, and agencies themselves, and have contributed to ongoing analysis and advocacy since.

Lessons from the 2011 famine research, on early response, identified several actions: Firstly, rigorous early warning information is acted on, using clear "triggers" to initiate "no regrets" programming, "crisis modifiers" and "scalable safety nets." Progress has been made in these areas. Most notably, the Central Emergency Response Fund (CERF) set triggers that led to the release of anticipatory action funds in 2020, and World Bank repurposed various funds under IDA19. But the funding devoted to anticipatory action was modest, and the relatively delayed reaction to the current crisis and the ongoing risk aversion have further limited these actions. Given the likelihood that this crisis will continue, there is still time in the coming weeks and months for "no regrets" approaches to be adopted to focus on the most vulnerable social groups, surges in IDP numbers, and epidemics.

Secondly, the issues of access and political constraints delayed response in 2011 and these challenges remain largely unchanged since then. Counter-terrorism laws are now matched by rigorous risk-management requirements of donors. The combined effect led to resurgent risk aversion in 2014. Political will now needs to be applied more intensively to negotiating access.

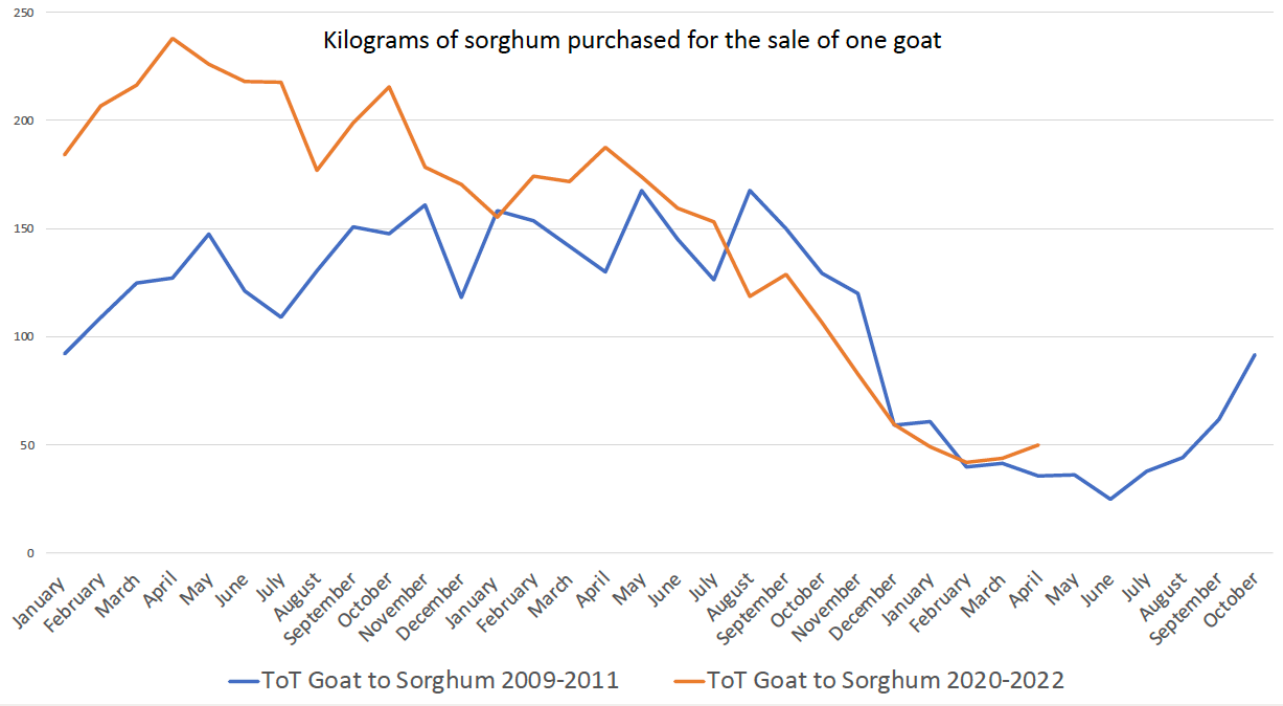
4. Crisis, Vulnerability, and Causal Factors

As in 2011, severe food insecurity crises and famines are caused by multiple factors that frequently become reduced to "the drought." Clearly hydrological drought is a major factor in the current crisis, characterized by four consecutive seasons of poor rainfall. The 2011 famine occurred after excellent rains during the *gu* season of 2010 and bumper harvests in July and August that year. However, severe rain failure in the *deyr* rains of 2010 and the *gu* of 2011—combined with the conflict with Al-Shabaab and high global food prices—led to the declaration of famine in July of 2011. However, by the time famine was declared, excess mortality had already peaked. In the current drought in Somalia—and parts of Ethiopia and Kenya—many areas have seen three or four poor rainy seasons in succession. On May 30 this year, FSNAU and FEWS NET issued a new outlook, raising the possibility of a fifth failed rainy season for the coming the *deyr* rainy season.

Poor rains typically lead to higher food prices domestically, lower demand for rural labor, the deterioration of livestock condition, and livestock deaths. Seasonal agricultural labor is a vital option for poorer riverine farmers and agro-pastoralists. Livestock sales are also crucial for many households, but livestock condition (and value) has deteriorated, and large numbers of livestock have already perished over previous months—already as high as 15 percent of the herd in the hardest hit areas.[16]

This year, as in 2011, escalating global food and fuel prices are contributing to food insecurity. Somalia is

Figure 1. Terms of Trade: Goats to Sorghum (Baidoa 2009-2011 and 2020-2022)



Data Source: FSNAU

a net food importer even in good rainfall years and is currently being affected by rising prices (especially wheat and other basic staples). Rising food prices and the deteriorating value of livestock along with reduced labor rates lead to collapsing terms of trade. In 2011, our research showed that famine mortality mirrored the collapse of terms of trade with a lag time of three or four months. The implications of the current influencing factors are that mortality and famine may play out over a longer duration as in 2017, rather than through a sudden collapse as in 2011, as depicted in Figure 1.

A further factor that contributed to the 2011 famine was the combined offensive against Al-Shabaab by Somali pro-federal government forces and regional states (in particular Kenya, Ethiopia, and Uganda), with backing and support from international stakeholders such as the UK and US. This led to massive population displacement. In 2011, Al-Shabaab's policy of restricting migration out of areas under its control as well as restricting humanitarian access to areas under its control exacerbated the crisis. Severe restrictions on movement are not taking place today as they did in 2011 but the wider counter-terrorism laws, a widespread aversion to risk by humanitarian agencies, and the lack of humanitarian access to some of the most at risk of death, remain largely the same today as in 2011.

A critical underlying aspect of vulnerability—relevant to both the 1992 and 2011 famines—is that the majority of the affected population—and the majority of excess mortality—were from specific social groups within the Digil and Mirifle/Rahanweyn clans and Somali Bantu populations in the inter-riverine and riverine areas. These broad population groups (and specific sub-groups within them) remain amongst the most vulnerable populations, comprising the majority of IDPs, and remain under-accessed by humanitarian actors despite numerous studies and discussions on exactly this issue (see next section). FSNAU, FEWS NET, and the Federal Government sources highlight the drought crisis in northern and central parts of the country, where populations are indeed under considerable strain from the drought. But the experience of 2011 and 2017 demonstrated that the populations in these areas have far more ability to draw on social networks and community wealth than the most vulnerable populations in the south of the country.[17] Furthermore, populations in the south, especially in Southwest State, and parts of neighboring states, are much larger than in the more arid pastoral areas of central and northern Somalia.

5. Focus on Marginalized and Vulnerable Groups

The famine of 2011 revived attention on the underlying socio-political hierarchies within Somali society (every society has such hierarchies). As noted, most displaced people in southern Somalia as well as the majority of victims in the two recent famines come the Digil and Mirifle/Rahanweyn and the Somali Bantu. These groups are more sedentary farming and agro-pastoralist populations as well as those dependent on agricultural labor from the riverine and inter-riverine areas, although also some are pastoralists and hunter gatherers. Historically, these social groups have seen less urbanization, migration, education, and diasporic dispersal compared to the major clans in Somalia. This in turn has limited the size of their business communities (and therefore wealth at the clan, sub clan, or social group level), the level of remittances that circulate within these social networks,[18] and their visibility within both Somali society and the humanitarian community. The implications of this are that people from these groups have few people "to cry to" in times of crisis.[19] "Narratives of Famine: Somalia, 2011" captures some of these differences.[20]

A recent report whose findings can be generalized for the entire humanitarian sector found systemic exclusion of marginalized and minority populations.[21]

These population groups are not a small percentage of the population of Somalia but are large populations nationally and especially in southern Somalia. One of the policy suggestions in our 2014 paper was "including socio-political analysis within the humanitarian sector." This has happened to only a very limited extent over the last eight years and there remain ways to improve analysis. A more recent suggestion has been to include conflict of interest declarations for senior staff of aid organizations (national and international), where clan identity is recognized as potentially creating bias.

Localization and locally led humanitarian response remains a strong imperative in Somalia but initiatives have been limited. The Nexus platform[22] is an important initiative in this direction but discussion of localization must also consider that there are few strong Somali NGOs from these marginalized population groups and relatively few employees within the humanitarian community at large from these same groups. Localization is important but it also carries the risk of entrenching already existing power hierarchies within Somali society if it is not carefully managed. Several of the authors of this paper have observed considerable resistance to addressing these inequalities within international and national organizations in discussions on today's crisis. It is essential that agencies acknowledge the possibility of biases within their own organizations and know how to identify and talk to representatives of all groups.

In addition, from December 2021, many of the roundtables and advisories conducted by the current authors have attempted to direct attention at the areas and peoples from the most vulnerable social groups due to the lack of this criteria being adopted—publicly or more discretely—by humanitarian information systems and the sector more broadly. Today's nutrition surveys are confirming that these groups are facing the worst nutrition status in the country, with recently arrived IDPs in Baidoa and other towns the most vulnerable group.

6. Understanding and Supporting IDPs

Understanding vulnerability amongst IDPs is critical to famine/mortality prevention strategies. Currently, about 2.9 million Somalis live in protracted internal displacement. Of these, more than 585,000 people have become internally displaced in Somalia this year, with the ongoing drought conditions clearly the driving factor.[23] As indicated previously, the majority of IDPs come from the Digil and Mirifle clan family and from Somalia's Bantu population. There are further social hierarchies and vulnerability factors within these groups. For example, the Jiido sub-clan, identified in 2017 as amongst the worst affected, speak only Jiido or Maay dialects. They are a very rural population group with little political representation or diaspora or business community. As such they have little social and cultural capital, which limits their ability to obtain assistance from international and Somali sources.[24] There are other social groups or sub-clans with similar vulnerability characteristics. The authors argue that knowing IDPs' profiles in terms of their clans, languages, and regions of origin is a first step to assessing their vulnerability and will help inform and direct the use of scarce resources.

In 2017 IDPs reported a range of health issues such as diarrhea/cholera, malaria, measles, pneumonia, typhoid, or malnutrition that affected their children or themselves before and during the migration. En route, health problems were associated with the type of migration route that they used. In some cases, people chose not to use shorter and more direct routes due to the "taxes" charged by multiple government checkpoints and ended up using much longer routes through Al-Shabaab territory through which they only paid one charge.[25] Could more be

done by the Federal Government and humanitarians to reduce costs and enable safe movement for populations under stress? Telecommunication companies, for example, frequently reduce or remove charges on international transfers during times of crisis, as well as support people through different emergency interventions.[26]

During periods of displacement, new arrivals tend to arrive in groups and mainly settle in new camps or camps that host members of their own sub-clans or people from the same regions of origin. Research findings highlight that families rarely leave together. Most of the time, women and younger children were the ones on the move while men and adolescent boys were left behind to take care of their assets in their villages of origin. This was important because women would access humanitarian aid and income generating opportunities while the remaining household members kept their land and other assets secure.[27] Diversifying income streams is a crucial coping strategy during crises. Even IDPs, who are facing grim conditions, will still support their families back home. These new arrivals must be identified and prioritized as part of strategies to reach otherwise inaccessible areas.

Research also finds that the gender, age, and family group size changes through the course of the crisis. In addition, patterns of mortality, morbidity, and malnutrition are known to be related to periods of displacement. These dynamics need to be taken into account.[28] Furthermore, a recent study among WASH beneficiaries shows that the average household size is nine members, rather than six, suggesting that current planning and coverage is problematic.[29]

Previous research found an elevated risk of mortality among IDP children and that the death rate among children aged 5 years or younger exceeded the extreme emergency threshold of 4 deaths per 10,000 children per day during May and June 2017. The leading causes of death were diarrheal disease, measles, and severe malnutrition. Deaths from measles doubled during the peak of the 2017 drought, mainly because of the low vaccination coverage in the population, high population density within the camps, and the very high prevalence of malnutrition. There was no vaccinate-on-arrival policy and no single agency responsible for providing and coordinating services.[30] In addition, a recent study identified missed opportunities concerning age restrictions that may have prevented access of vulnerable IDP children to immunizations.[31] This is inconsistent with WHO guidance which recommends expanding immunization target groups during emergencies to include children older than five years as well as older adults.[32] Furthermore, in the 2017 crisis, cholera case fatality rates were three or four times higher in inaccessible areas than in accessible areas and this is likely to be repeated in 2022.[33]

Increased and urgent attention to epidemic disease and malnutrition control is required, especially among new IDP arrivals. A Nutrition Monitoring and Mortality Surveillance system (NMS) is an example of how to do this.

7. Humanitarian Action in Somalia—a Lingering "Malaise"?

In 2014, we identified and wrote about a deep sense of "malaise" within the Nairobi-based humanitarian assistance system for Somalia. This was the result of the failure to avert a famine, the difficulties of working in the Somalia environment (especially given the Al-Shabaab presence), and the difficulties of "remote management" as well as the revelation of considerable diversion and corruption within what is a deeply problematic political economy of aid in the country.[34]

In more recent years, humanitarian agencies are more based within Somalia than they were but arguably this "humanitarian malaise" continues today and will be recognizable to many. In our 2014 paper we identified a number of characteristics of this malaise, including

> *a fragmented humanitarian community; a competitive structure of funding that makes genuine information sharing difficult; a fear that admitting mistakes will lead to blame and stigmatization; high agency staff turnover meaning new people have to relearn the same lessons. The diversion of aid has long been a problem in South Central Somalia and the more "remote" that management has become, the more difficult the problem has become. The proliferation of third-party monitoring may have helped to increase accountability to donors in the short term but does little to build genuine trust among partners in the longer term—and may, in fact, be undermining it. The sum of these factors makes an honest discussion about operating in Somalia very difficult.*[35]

These points are highlighted here to provoke discussion about their continued relevance today.

One of the most pressing elements of this malaise, that has been the subject of considerable analysis, discussion, and lobbying for the last ten years as well as during the current crisis, concerns reaching marginalized groups and hard-to-reach areas. Vulnerable social groups are not well covered by humanitarian agencies due to power hierarchies within Somali society (which are mirrored by international and national agencies).[36]

In light of the likely limitations in funding, negotiating access requires that donors and agencies accept higher levels of risk in order to reach the most vulnerable groups, individually and collectively. Discussions and decisions on this subject can go much further and need to be urgently escalated.

It would be remiss to focus only on the humanitarian sector in relation to this malaise. Somalia and its international partners are in a protracted political crisis. Ten years after the international recognition of the Federal Government of Somalia, progress on either power or resource sharing between the federal and regional governments has been limited, and little has meaningfully changed in the relationship with Al-Shabaab (although recent elections may offer a renewed opportunity to reset relations).[37]

8. The Ongoing Role of Al-Shabaab

The role of Al-Shabaab in Somalia is complex and has changed over time. In 2014, we wrote that

> *... its presence has revealed many problematic features of humanitarian actors, the government, and Somali society itself. For example, Al-Shabaab challenged the dominant clan-based power structures that have long determined how aid resources are distributed, from the provision of contracts to the targeting of beneficiaries. These arrangements have long benefitted dominant groups in Somali society, in which, effectively, many aid actors have been complicit and have failed to address over time. In some cases, Al-Shabaab provided better security than government forces for the distribution of aid. However, like the government and external actors, Al-Shabaab failed to anticipate the 2011 crisis, and moreover its actions escalated the crisis and were an obstacle to the response ...*[38]

Since that time Al-Shabaab has arguably increased its taxation capacity[39] and developed its position as a credible provider of justice[40] in areas under its control. In addition, it retains a powerful coercive capacity. Ten years after the recognition of the Federal Government, Somalia continues to exist as a series of "city-states" controlled by the current Federal Government and its various allies, surrounded by vast areas that are under the influence of Al-Shabaab. The outcome of this political-territorial arrangement is that humanitarian (and other) international resources are disproportionately focused on urban areas and their immediate hinterlands. Similarly, diaspora resources and investment are focused on urban areas. It is perhaps unsurprising given this context that Somalia has some of the highest rates of urbanization in the world with complex, hybrid governance arrangements.[41]

In our 2014 report we suggested that negotiations and provisions should be made with Al-Shabaab for humanitarian access in the event of further humanitarian crises. This is more critical now than ever.

9. Conclusion: Long Crisis; Remaining Opportunities

The scale and severity of the crisis in Somalia is increasing every day, and climatic and economic forecasts suggest that it will only get worse and will be of a longer duration than in 2011 and 2017. Analysts are increasingly suggesting that it may already be too late to prevent a famine. However, as several of the authors of this note have tried to point out, our current definition of "famine" is based largely on the severity of current status indicators (food insecurity, malnutrition, and mortality). Similar levels of excess loss of human life can occur at slightly lower levels of severity, but affect larger numbers of people, or over a longer period of time (or both).[42] The issue is less about preventing "famine" at this point, and more about taking all precautions to prevent the loss of life—at whatever level of current-status severity. Even though the response so far has been less than adequate, the opportunity still exists to

reduce the severity, magnitude, and duration of the crisis. Increased funding is required but it is not the only solution to an improved response; this requires acting more swiftly, prioritizing the use of resources, and adopting more risk tolerant, agile, and innovative approaches.

Famine tends to happen first amongst populations that are the most marginalized within their country. These populations are also marginalized from international aid resources. Marginalization takes place either because agencies cannot physically reach those most in need or because certain groups of people are discriminated against in the delivery of aid. Food security and vulnerability analysis in Somalia is still not adequately capturing these dynamics and neither are programmatic responses; these groups are predominantly found in the south of the country and must be prioritized in life-saving responses.

Discussions and decisions around risk and access must be strengthened and made more urgent. Agencies must re-analyze their risk thresholds both for hard-to-reach areas and for hard-to-reach populations.

As the crisis is highly complex and rapidly changing, it is urgent that information systems are focused on gathering and analyzing information in as real time as possible to inform decision making about priorities and the effectiveness of the response to reduce mortality and prevent famine.

Prioritization involves focusing on the life-saving sectors, geographic areas, and groups that have the highest risk of death. Being more effective means significantly reducing the barriers for those most at risk of death and famine. This means taking no regrets approaches to redirect resources to the prioritized sectors, areas, and groups. It also means tackling head on the barriers, especially risk aversion to access to aid that is most experienced by the most socially excluded.

Political volatility and conflict are underlying conditions in Somalia but the avoidance of large-scale conflict during the recent elections, in spite of extreme tensions, was a welcome development. The election of new leadership provides an opportunity for the Federal Government to put famine prevention and mortality mitigation amongst its first and highest priorities.

It is striking just how much of our 2014 analysis is relevant to today's humanitarian predicament in Somalia. With the impact of climate change, the emerging global food crisis and the protracted nature of Somalia's political condition, reform and innovation in humanitarian, political, and developmental fields remain imperative.

In 2014, we identified four policy considerations:

- Scaling up mitigation and "no regrets" efforts
- Including socio-political analysis within the humanitarian sector and targeting accordingly
- Holding an honest discussion about risk and risk-sharing
- Preparing for negotiating access with Al-Shabaab

These remain valid today and should be urgently revisited alongside the actual life-saving response.

Author Bios

Dr. Nisar Majid is a Visiting Fellow at Tufts University. He was previously Research Director on the London School of Economics Conflict Research Programme (Somalia portfolio). He is co-author, with Daniel Maxwell, of *Famine in Somalia: Competing Imperatives and Collective Failures 2011–2012* (2016, Hurst). He is a Fellow of the Rift Valley Institute and has worked in the Horn of Africa in various capacities for over 20 years.

Mohamed Jelle is a Research Fellow at University College London (UCL), Institute for Global Health and has over 10 years' experience in humanitarian programming and research. His main research focus lies in the intersection between nutrition, cash transfers, migration, and use of verbal autopsies, often within the context of populations affected by humanitarian emergencies. Prior to joining UCL, Mohamed worked with a number of humanitarian agencies and the UN in a number of countries.

Guhad Adan is a Research Associate at the London School of Economics. He is a freelance consultant based in Nairobi and has been working as an aid practitioner and researcher in the Horn of Africa for over 20 years. He was part of the core research team on the Tufts University "Famine in Somalia" study.

Aydrus Sheikh Daar is the Executive Director of Wasda, a regional NGO implementing humanitarian, development, and peacebuilding programs in the Horn of Africa. He has a background in community development and has worked in the region for the last 25 years. He is currently a member of the leadership council of the Network for Empowered Aid Response (NEAR) and a member of Nexus in Somalia. He has served in the ASAL Humanitarian Network in Kenya and, in Somalia, with the Somalia NGO consortium, the Somalia Humanitarian Country Team, and Somalia Humanitarian Fund advisory board.

Khalif Abdirahman is a Research Associate at the London School of Economics and a Fellow of the Rift Valley Institute. He has been working in the Horn of Africa, primarily as a researcher, for over 10 years. He was part of the core research team on the Tufts University "Famine in Somalia" study.

Peter Hailey is a Director of the Centre for Humanitarian Change, a think tank based in Nairobi working on issues related to the fragile areas of East Africa. He was Chief of Nutrition during and after the 2011 famine and since then has been working on Somalia-related issues in a variety of capacities. He is a member of the Famine Review Committee for Integrated Food Security Phase Classification analysis.

Nancy Balfour is a Director of the Centre for Humanitarian Change, a think tank based in Nairobi working on issues related to the fragile areas of East Africa. She was Chief of Water, Sanitation, and Hygiene during and after the 2011 famine and has been working in the Horn of Africa in various capacities for more than 30 years.

Dr. Andrew Seal is an Associate Professor in International Nutrition at University College London and works on nutrition and public health in populations affected by humanitarian emergencies caused by conflict or disasters. He co-leads the Centre for Climate Change, Migration, Conflict, and Health. His research interests include the epidemiology of malnutrition, optimization of food assistance and health interventions, and health and mortality surveillance systems. He has worked in Bangladesh, Eastern Europe, and many countries in Africa. He is a member of the Famine Review Committee for Integrated Food Security Phase Classification analysis.

Daniel Maxwell is the Henry J. Leir Professor in Food Security at the Friedman School of Nutrition Science and Policy and Research Director at the Feinstein International Center at Tufts University. He is the author, with Nisar Majid, of *Famine in Somalia: Competing Imperatives and Collective Failures 2011–2012* (2016, Hurst). He is a member of the Famine Review Committee for Integrated Food Security Phase Classification analysis.

Endnotes

1 Somalia Food Security and Nutrition Analysis Unit (FSNAU). 2022. "Somalia Updated IPC and Famine Risk Analysis (May – September 2022)." Public Presentation June 5.

2 OCHA Financial Tracking Service. https://fts.unocha.org/ (Accessed June 1st, 2022).

3 Maxwell, D., and Majid, N. 2014. "Another Humanitarian Crisis in Somalia: Learning from the 2011 Famine." Feinstein International Center. https://fic.tufts.edu/publication-item/another-humanitarian-crisis-somalia/

4 Majid, N., Adan, G., Abdirahman, K., and Maxwell, D. 2022. "Somalia May Be on the Verge of Another Famine." Opinions, Al Jazeera. https://www.aljazeera.com/opinions/2022/1/8/somalia-may-be-on-the-verge-of-another-famine

5 Majid, N., Abdirahman, K., and Daar, A. 2022." Between Drought and Unrest." Blog post, LSE-CRP. https://blogs.lse.ac.uk/crp/2022/03/11/ethiopias-somali-region-between-drought-and-unrest/

6 Maxwell, D. 2022. "War in Ukraine Is Pushing Global Acute Hunger to the Highest Level in this Century." Blog post, the Conversation. https://theconversation.com/war-in-ukraine-is-pushing-global-acute-hunger-to-the-highest-level-in-this-century-181414

7 Formal roundtables and presentation events by members of the authors group with senior donor officials, decision-makers, diplomats, and humanitarian agencies have taken place for Somalia on December 9, December 14, December 17, and December 22, 2021; and on January 6, January 14, February 2, February 9, February 11, March 1, March 15, March 21 for Ethiopia, March 16, April 6, April 28, May 16, and May 20, 2022.

8 See https://starvationaccountability.org/

9 FSNAU/FEWS NET. 2020. Somalia faces Risk of Famine (IPC Phase5) as multi-season drought and soaring food prices lead to worsening acute food insecurity and malnutrition. April 8. https://www.fsnau.org

10 ICG. 2022. "New President in Somalia, New Opportunity for Reconciliation." https://www.crisisgroup.org/africa/horn-africa/somalia/new-president-somalia-new-opportunity-reconciliation

11 Maxwell, D., and Majid, N. 2016. Famine in Somalia: Competing Imperatives, Collective Failure, 2011–12. London: Hurst.

12 Warsame, A., Frisson, S., Gimma, A., and Checchi, F. 2020. "Retrospective Analysis of Mortality in Somalia, 2014–2018: A Statistical Analysis." London School of Hygiene and Tropical Medicine. https://assets.publishing.service.gov.uk/media/5f9840448fa8f543f5b80e83/40136.pdf

13 Dubois, M., Harvey, P., and Taylor, G. 2018. "Rapid Real-Time Review: DfID Somalia Drought Response." Humanitarian Outcomes. https://www.humanitarianoutcomes.org/publications/rapid-real-time-review-dfid-somalia-drought-response

14 Maxwell and Majid. Famine in Somalia. Seal, A. and Bailey, R. 2013. "The 2011 Famine in Somalia: lessons learnt from a failed response?" Conflict and health 7(1): 22.

15 Dubois et al. "Rapid Real-Time Review."

16 FEWS Net. 2022. "Drought in the Horn of Africa Food Security Outlook." Public Presentation June 2.

17 Maxwell, D., Majid, N., Adan, G., Abdirahman, K., and Kim, J.J. 2015. "Facing Famine: Somalia experiences in the famine of 2011." Feinstein International Center. https://fic.tufts.edu/assets/Facing-Famine-high-quality.pdf

18 Majid, N., with Abdirahman, K., and Hassan, S. 2018. "Remittances and Vulnerability in Somalia." RVI Briefing Paper. https://riftvalley.net/publication/remittances-and-vulnerability-somalia

19 Maxwell, et al. "Facing Famine."

20 Majid, N., Adan, G., Abdirahman, K., Kim, J.J., Maxwell, D. 2015. "Narratives of Famine: Somalia, 2011." https://fic.tufts.edu/publication-item/somalian-famine-narratives/

21 Thomas, C., and Opiyo, G.O. 2021. "Minority Inclusion Learning Review of the Ministry of Foreign Affairs of Switzerland: Horn of Africa Programmes." Minority Rights Group International and CCORD. https://minorityrights.org/publications/swiss-mfa-review/

22 See https://nexusom.org/

23 UNHCR. Somalia Data Portal: Estimated IDPs in Somalia. Available from https://data.unhcr.org/en/dataviz/1?sv=0&geo=192. (Accessed on June 6, 2022.)

24 Jelle, M., Morrison, J., Mohamed, H., Ali, R., Solomon, A., and Seal, A.J. "Understanding the Drivers of Forced Migration and Their Health Impact in Southern Somalia: A Qualitative Study in Mogadishu Internally Displaced Persons (IDP) Camps." (Manuscript in preparation.) 2022.

25 Ibid.

26 Maxwell and Majid. Famine in Somalia.

27 Jelle, et al. "Understanding the Drivers of Forced Migration."

28 Checchi, F. "Drought and Food Insecurity in Somalia: Lessons from Past Public Health Impact Analyses." Presentation on May 25, 2022. London School of Hygiene and Tropical Medicine.

29 Polska Akcja Humanitarna (PAH). 2022. "Impact of standard average household size on WASH service delivery." Presentation at WASH Cluster meeting, April 2022.

30 Seal, A. Jelle M. Grijalva-Eternod C. Mohamed H. Ali R. Fottrell E. 2021. "Use of verbal autopsy for establishing causes of child mortality in camps for internally displaced people in Mogadishu, Somalia: a population-based, prospective, cohort study." The Lancet Global Health. Vol. 9(9): e1286-e1295.

31 Jelle, M., Morrison, J., Mohamed, H., Mohamed, H., Stokes-Walter R., and Mohamed, S. "Using the Socioecological Framework to Explore the Multi-Level Barriers to Childhood Immunization Uptake among Internally Displaced Populations (IDPs) in Mogadishu, Somalia." (Manuscript in preparation.) 2022.

32 WHO. 2017. "Vaccination in Acute Humanitarian Emergencies: A Framework for Decision Making." World Health Organization.

33 WHO Somalia. 2017. Acute Watery Diarrhoea/Cholera Sitrep for Somalia. World Health Organization

34 Majid, N., and Harmer, A. 2016. "Collective Accountability to Improve Transparency in Emergencies: Southern Somalia Report." Transparency International and Humanitarian Outcomes. https://www.transparency.org/en/publications/collective-resolution-to-enhance-accountability-and-transparency-in-emergen

35 Maxwell and Majid. "Another Humanitarian Crisis in Somalia" 6.

36 Thomas, C., and Opiyo, G.O. 2021. "Minority Inclusion Learning Review of the Ministry of Foreign Affairs of Switzerland: Horn of Africa Programmes." Minority Rights Group International and CCORD. https://minorityrights.org/publications/swiss-mfa-review/

37 International Crisis Group. 2022. "How Somalia's election reshapes the region." June 2. https://www.crisisgroup.org/africa/horn-africa/somalia/how-somalias-election-reshapes-region

38 Maxwell and Majid. "Another Humanitarian Crisis in Somalia," 7.

39 Mubarak, M. 2020. "A Losing Game: Countering Al-Shabaab's Financial System." Hiraal Institute. https://hiraalinstitute.org/a-losing-game-countering-al-shababs-financial-system/

40 Majid, N., and Abdirahman, K. 2022. "The Kismayo Bubble: Justice and Security in Somalia." LSE-CRP Research Memo. https://eprints.lse.ac.uk/109317/2/The_kismayo_bubble_updated.pdf

41 World Bank. "Somalia Urbanization Review: Fostering Cities as Anchors of Development." 2021. World Bank. https://openknowledge.worldbank.org/handle/10986/35059

42 Maxwell, D., Khalif, A., Hailey, P., and Checchi. F. "Determining Famine: A Multi-Dimensional Analysis for the 21st Century." Food Policy. Vol. 92. 2020. Article 101832.

The Feinstein International Center is a research and teaching center based at the Friedman School of Nutrition Science and Policy at Tufts University. Our mission is to promote the use of evidence and learning in operational and policy responses to protect and strengthen the lives, livelihoods, and dignity of people affected by or at risk of humanitarian crises.

Twitter: @FeinsteinIntCen

fic.tufts.edu