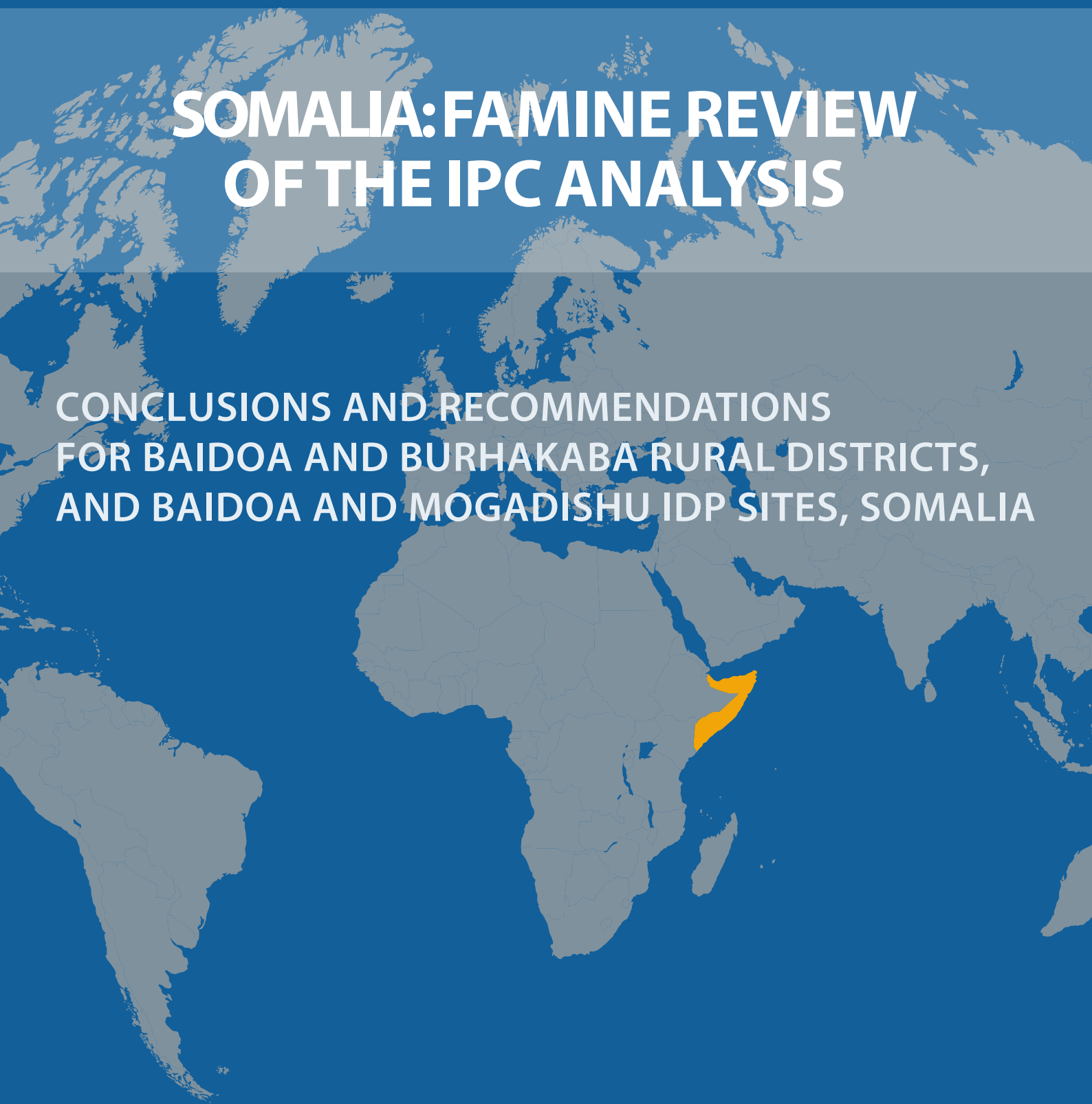




Integrated Food Security Phase Classification  
*Evidence and Standards for Better Food Security and Nutrition Decisions*

# SOMALIA: FAMINE REVIEW OF THE IPC ANALYSIS

CONCLUSIONS AND RECOMMENDATIONS  
FOR BAIDOA AND BURHAKABA RURAL DISTRICTS,  
AND BAIDOA AND MOGADISHU IDP SITES, SOMALIA



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## ACKNOWLEDGEMENTS

December 2, 2022

The Integrated Food Security Phase Classification (IPC) Famine Review Committee (FRC) acknowledges the notable efforts made by the members of the Somalia IPC Technical Working Group (TWG), who continue producing regular IPC analyses and updates while facing a highly complex emergency and volatile situation. The Somalia IPC TWG and other members of the humanitarian community also demonstrated high levels of commitment in responding to the FRC's requests for additional information and clarifications during the review, which was highly appreciated.

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## 1. EXECUTIVE SUMMARY

The FRC has reviewed the current and projected classifications for the three areas, namely Baidoa and Burhakaba Rural districts and Baidoa and Mogadishu IDPs, that were referred to them by the Somalia IPC Technical Working Group (TWG).

The committee endorses the TWG classifications for the current period (October-December 2022) for all areas under review – i.e. IPC Phase 4 Emergency for Acute Food Insecurity (AFI) and Critical for Acute Malnutrition (AMN).

Commendable efforts have been made by the local communities and humanitarian actors to scale up the response since the previous Famine review, demonstrating some flexibility and adaptation to the evolving context. However, more efforts are needed to further scale up the response in all sectors, closely and transparently monitor the situation on the ground, adjust funding and programming appropriately, so as to mitigate the effects of the ongoing crisis.

The Famine review conducted in July 2022 concluded that Famine (IPC Phase 5) was not occurring in the period July-September but famine was projected to occur, between October and December 2022.

This projection was based on the following assumptions:

- a. inadequate levels of planned and funded assistance;
- b. well below average rainfall forecast available for the October - November - December season;
- c. upward price trends and
- d. a high risk of epidemic outbreaks, in particular cholera and measles.

This scenario did not materialize in all its parts:

- a. the humanitarian response has been scaled up - although at different speeds, depending on the sector;

- b. the ongoing rainy season is below normal but less severe than what forecasts predicted back in July;
- c. prices stabilized for most commodities except water, even if at a high level.

However, (d) the epidemic risk identified in the review did materialize with a measles outbreak that resulted in significant loss of life, and an uptick in cholera cases.

The fact that famine thresholds have not been passed **should not be seen as an improvement** in the situation but rather as a continuation of an extremely serious situation. Although Famine thresholds have not been surpassed in the current period for any of the outcomes, the sustained and prolonged extreme conditions in the areas reviewed have resulted in the continuation of high IPC Phase 4 outcomes (Emergency - Acute Food Insecurity scale - and Critical - Acute Malnutrition scale) and **a large number of excess deaths**. Excess mortality has been elevated for many months and, as a result, **cumulative mortality continues to increase**. It is worth reiterating that in other cases of famine, much of the excess mortality has occurred **either before famine was declared or outside of the area in which it was declared, or both**.

This is due to pre-existing poor health and nutrition status and high levels of acute food insecurity conditions of children and adults in the rural areas where access to food, **health/nutrition, and WASH services remains highly inadequate**. Dense concentrations of IDPs are stretching the capacity of water, sanitation, and health/nutrition systems to provide basic services in the IDP sites. This has resulted in a high level of background excess mortality in addition to spikes in mortality caused by outbreaks of measles and cholera.

The extremely low vaccination coverage, the long and harsh migration paths towards Baidoa and Mogadishu sites, the length of the IDPs registration processes impeding immediate access to life saving assistance,



the continued inadequate access to health/nutrition and WASH services, especially in informal sites and the vast majority of rural areas, and the crowded conditions in the IDP sites, have further exacerbated the **strain on the displaced children and adults, ultimately resulting in a continuation of extremely high food insecurity, acute malnutrition, and mortality levels.**

Protracted emergency levels of acute food insecurity & acute malnutrition, poor sanitation and hygiene, poor vaccination coverage, and inadequate quality and use of health and nutrition services, **are creating a high risk of further epidemic outbreaks and continued elevated levels of excess mortality.**

Due to the design of the surveys that provided the main quantitative data used in the IPC analysis for the IDP populations, the indicators cover mainly IDPs in sites that were established between April and July 2022, and little quantitative data is available on **conditions in new and informal sites as well as on unregistered IDPs.**

Yet, disaggregation of data from the surveyed sites shows worse levels of acute malnutrition and mortality in IDPs that reported arriving within the last 3 months. In addition, key informants described the conditions of newly arrived IDPs in informal sites as dire. The FRC urges a more flexible and timely response by humanitarian actors to ensure immediate access to life-saving assistance for newly arriving IDPs, including health and nutrition screening and vaccination on arrival. The FRC urges partners to increase the speed of the IDPs registration process (both individual registration and site formalization).

In addition to the lack of data on conditions in new and informal sites, a **significant data gap exists regarding conditions in the substantial territory controlled by al-Shabab.**

Attention should be given to IDP sites in both Baidoa and Mogadishu as **mortality data shows a deteriorating trend in both areas.**

**In the first projection period (January to March 2023),** it is expected that :

- Livelihood conditions will not improve, as this period is considered to be a dry season;
- Food and water prices will continue at extremely high levels; price trends for staple foods in Somalia are mostly influenced by international prices which are currently highly unstable due to the war in Ukraine;
- New influx of IDPs could occur once the ongoing rains stop;
- The outreach in rural communities will be severely hampered by the unpredictability of the security situation in the coming months, limiting humanitarian access;
- The epidemic risk will remain high considering the low coverage of vaccination and poor coverage of WASH services;
- The supplies planned in the food security and nutrition sectors will be maintained at a sustained level, however the resources to support operational costs will remain uncertain;
- Health and WASH sectors do not seem to have sufficient funding and capacity for further expansion, especially with regards to vaccination and increasing the coverage of other health services and sanitation;
- Resource constraints and organizational capacity issues are exacerbated by ongoing insecurity and political challenges.

In addition, a tangible risk of groundwater resources exhaustion is present in Baidoa – and there are as yet no contingency plans for what needs to be done if this occurs.



The FRC estimates that in the period between January and March 2023, the drivers in the current period will continue to add stress to households' food security, health and nutrition status and the risk of mortality. The successful delivery of humanitarian food assistance (HFA) will likely keep acute food insecurity below the famine thresholds, and likely partly provide some contribution to meeting other basic needs, considering that assistance is provided in the form of cash that can be used to address needs such as purchasing water and addressing health needs.

**The FRC endorses the IPC TWG classification for the first projection period (January to March 2023) for all three areas. The situation is expected to continue at high IPC Phase 4 (Emergency- Acute Food Insecurity scale - and Critical - Acute Malnutrition scale).** The high levels of planned humanitarian assistance will likely avert IPC Phase 5 (Famine) but not improve the current, very serious, conditions.

However, the FRC acknowledges that nutrition and mortality outcomes are very precarious and contingent on the evolution of WASH, health and nutrition sector interventions to better serve the needs of the vulnerable populations.

Further scale up is needed:

- in the health sector - which is still presenting management, capacity, quality, coverage of services and funding shortages;
- in the WASH sector - where particularly the sanitation element is still significantly below standard;
- in the nutrition sector - where there is insufficient prevention activities and inadequate coverage of services.

All three sectors have inadequate outreach in rural communities.

**In the second projection period (April to June 2023), many of the drivers of the current extremely severe conditions are subject to a high degree of uncertainty.** For instance:

- The latest climate outlook forecasts indicate a 62% probability of rainfall to be within the lowest tercile range. However, at this point in time, the capacity to confidently estimate the likelihood and magnitude of below normal rainfall is still low;
- Regarding the Gu season, even in a best case scenario of normal seasonal rains, given the extreme depletion of livelihood assets, there is uncertainty over the possibility of farmers and pastoralists to start to take advantage of few labor opportunities, pasture regeneration and green harvest in case of rain;
- Price of water remains particularly high and volatile; for food commodities, the price trends in Somalia are mostly influenced by international prices which are currently highly unstable due to the war in Ukraine;
- The capacity of markets to continue to supply adequate amounts of food, so as to avoid excessive levels of inflation, is unknown;
- There is high uncertainty on the evolution of inflow and outflows of IDPs to and from these locations – and the stress this can cause on local resources, especially water;
- Access, with new areas becoming accessible and others presenting increasing high risk of insecurity, is highly volatile;
- Epidemic trends and risks are not predictable at this stage;
- Lastly, the funding of crucial response sectors such as food security, WASH, nutrition and health is not clear at this stage.



With the high degree of uncertainty and volatility of drivers at this point in time, the FRC is unable to endorse the TWG classification with a sufficient degree of confidence.

The TWG could however publish their projection stating clearly and quantifying the assumptions leading to their classification.

The FRC is of the opinion that if funding, outreach, management and coverage in all sectors and in particular in health, WASH and nutrition are not adequately scaled up, Famine is a strong possibility and not only in the April-June period but well beyond that.

In conclusion, the FRC highlights that:

- Through the commendable efforts of the local communities and humanitarian actors, the food insecurity and acute malnutrition situation has not reached IPC Phase 5 Famine levels during the current period of Oct-Dec 2022. However, the underlying crisis has not improved and even more appalling outcomes are only temporarily averted;
- Prolonged extreme conditions have resulted in excess cumulative deaths and these will continue unless further scale up in crucial sectors is put in place;
- While the evolution of key drivers of the crisis is difficult to predict at this point in time, the FRC is of the opinion that if funding, outreach, management and coverage in all sectors and in particular in health and WASH are not scaled up, Famine is a strong possibility, not only in the April-June period but well beyond that;
- Assistance in all sectors needs to be sustained over time and made more effective, ensuring that displaced children and adults can benefit from immediate life-saving interventions, such as vaccination on arrival, and that humanitarian relief is made available in all areas where it is needed.





## 2. THE FAMINE REVIEW PROCESS

In August 2022, the Somalia IPC TWG conducted an IPC analysis which resulted in the activation of the FRC for the assessment of the plausibility of a projected Famine (IPC Phase 5) classification for Baidoa and Burhakaba districts (rural residents) in the Bay agro pastoral area, and the IDPs in Baidoa in the projection period from October to December 2022.

The FRC endorsed the IPC TWG projection. In the same analysis eight additional population groups were also identified as at risk of Famine: (1) Hawd Pastoral of Central and Hiran; (2) Addun Pastoral of Northeast and Central; (3) Coastal Deeh Pastoral of Central; (4) Sorghum High Potential Agro Pastoral of Middle Shabelle; and IDP settlements in (5) Mogadishu, (6) Garowe, (7) Galkacyo and (8) Dollow.

In August 2022, the FRC recommended, beside immediate and drastic scale up of the response in all sectors, close monitoring of the situation, new data collections efforts in the areas in which famine was projected and a new IPC analysis during the course of the projected period. In light of this recommendation, FSNAU<sup>1</sup> and other partners engaged in new data collection covering the areas projected to be in IPC Phase 5 (Famine)<sup>2</sup> as well as the areas where a Risk of Famine was identified.

The Somalia IPC TWG organized a new IPC analysis which took place from 10 to 17 November for the above-mentioned areas and highlighted three areas of major concerns, namely Baidoa and Burhakaba districts (rural residents) in the Bay agro pastoral area, and the IDPs in Baidoa and in Mogadishu. These areas were classified in IPC Phase 4 (Emergency-AFI/Critical-AMN) in the current and first projection periods (October-December 2022 and January-March 2023 respectively) and IPC Phase 5 (Famine) in the second projection period (April to June 2023).

In line with the IPC Famine Guidance Note<sup>3</sup>, and as a follow up of the previous review, the Somalia IPC TWG formally requested the activation of the FRC

on November 16th, 2022. 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 TWG<sup>4</sup>. 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 informants. The FRC process was finalized on December 1st, 2022 and subsequently presented to national and international stakeholders and decision makers.

<sup>1</sup> FSNAU: Food Security and Nutrition Analysis Unit - Somalia

<sup>2</sup> In August 2022, the FRC concluded that Famine (IPC Phase 5) was plausible in the projected period (October - December 2022) in Baidoa IDPs sites and accessible areas in Baidoa and Burhakaba. Famine Likely (IPC Phase 5) was projected in non accessible areas in the two districts.

<sup>3</sup> The IPC Famine Guidance Note can be found here: [https://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf](https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf)

<sup>4</sup> 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](https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf)

### 3. MAIN CONCLUSIONS OF THE FAMINE REVIEW COMMITTEE

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

Area	Period	Classification done by the IPC TWG	Conclusion of the FRC
	October - December 2022 (Current period)	IPC Phase 4 (Emergency) for Acute Food Insecurity and IPC Phase 4 (Critical) for Acute Malnutrition	<i>The FRC endorses the TWG conclusions for Acute Food Insecurity and Acute Malnutrition.</i>
Burhakaba and Baidoa districts (Rural Residents)	January - March 2023 (1st Projection period)	IPC Phase 4 (Emergency) for Acute Food Insecurity and IPC Phase 4 (Critical) for Acute Malnutrition	<i>The FRC endorses the TWG conclusions for Acute Food Insecurity and Acute Malnutrition.</i>
----- Newly arrived IDPs in Baidoa sites			
----- Newly arrived IDPs in Mogadishu sites	April - June 2023 (2nd Projection period)	IPC Phase 5 (Famine)	<p><i>With the high degree of uncertainty and volatility of drivers at this point in time, the FRC is unable to endorse the TWG classification with a sufficient degree of confidence.</i></p> <p><i>The TWG could however publish their projection stating clearly and quantifying the assumptions leading to their classification.</i></p> <p><i>The FRC is of the opinion that if funding, outreach, management and coverage in all sectors and in particular in health and WASH are not scaled up, Famine is a strong possibility and not only in the April-June period but well beyond that.</i></p>



## 4. RECOMMENDATIONS FROM THE FAMINE REVIEW COMMITTEE

Looking back to July, commendable efforts have been made to 1) scale up the response; 2) increase outreach into hard to reach areas; and 3) starting to engage with the issues of minority and marginalized groups.

### For Senior Decision Makers and Resource Partners:

- Recognize the extreme precariousness of the current and projected situations as well as the multi-sectoral dynamics of the crisis.
- To avert a population wide catastrophe, adequate resources for scale up and out need to be allocated in all sectors to sustain the operations while continuing improving the equity and effectiveness of the response. Strategic and flexible financing, including contingency planning, across relevant sectors will be required.
- Ensure access to populations, improving sanitation coverage, addressing inclusion of marginalized and minority groups and enhancing the transparency and efficiency of the distribution systems.
- Manage the access risks of increased insecurity at this very delicate moment in the evolution of the crisis.
- Due to the uncertainty around many key drivers, senior operational decision makers should continue to use anticipatory planning to be ready to address worse case scenarios like changes in increased conflict along main humanitarian or displacement corridors, or depletion of groundwater.
- Ensure operationalization of the Humanitarian Development Peace nexus, by prioritizing investments to support the ongoing response. This implies that the ongoing long term programmes, including infrastructure development, are effectively used to support the humanitarian response across sectors and in WASH and health in particular.

- Ensure adequate support to initiatives aiming at durable solutions for IDP sites, including provisions of latrines and reduction of the risk of eviction and securing water access.

### For the Humanitarian Country Team:

- Strategic planning and targeting
  - (i) Humanitarian plans or appeals, to the extent possible, should be more predictive, forward-looking, granular, and designed to be dynamic to accommodate potential needs for program retargeting, scaling up and out priorities, and changes in the key drivers or the response's role in mitigating these drivers.
  - (ii) Continue efforts to expand and improve the efficiency and equity of integrated services and programmes into rural and hard to reach areas and hard to reach populations.
- Information and analysis
  - (i) Enhance interoperable and transparent multi-sectoral situation and response analysis to continue to improve the effectiveness and equity of the response.
  - (ii) Develop an integrated real time monitoring system for at least 5 clusters; food security and livelihoods, health, nutrition, WASH & Camp Coordination and Camp Management (CCCM). The FSNAU dashboard should contribute to this wider multi-cluster monitoring system.
  - (iii) Significantly improve the accuracy and timeliness of IDP population estimates and explore the feasibility of collecting minimal data from new IDPs upon arrival, including data on health, vaccination and nutrition status and, if possible, on conditions in the area of origin.



(iv) Improve the speed and quality of information systems on epidemic diseases to ensure up to date information on outbreaks are available to guide decision making and timely interventions.

- Registration systems

(i) Reduce the time needed for the identification and verification of IDP sites and registration processes to ensure immediate, on-site, delivery of an integrated response package of health and nutrition screening, necessary vaccinations, and any urgent treatment.

(ii) Ensure minority groups and marginalized populations are actively involved in registration processes and are not excluded from registrations.

- Programme response

(i) Enhance the support from the UN system to Government stakeholders to effectively manage the crisis, particularly in relation to removing barriers to access for the humanitarian response in the areas they control, and finding durable solutions for IDPs, most immediately for issues such as sanitation and ground water availability in areas with high IDP concentrations.

(ii) Vaccination coverage for measles should be strengthened immediately, focusing on both existing populations and the newest IDP arrivals. Ensure surveillance and preparedness are adequately resourced and preparations are in place for any cholera resurgence.

(iii) Ensure WASH and health services are in line with Sphere standards with particular attention to new arrivals, marginalized groups and minority groups. Explore options to address the legal blockages hampering the scale up of sanitation activities.

(iv) Consider options for mitigating the sharp rising cost of water, e.g., price caps and community water vouchers and in Baidoa explore the feasibility of utilizing currently inaccessible, local or regional water sources.

(v) Ensure adequate assets are in place to monitor groundwater resources in urban and peri-urban areas with significant IDP concentrations, notably Baidoa, and other areas with a declining availability of groundwater.

(vi) Agriculture or livelihood-based humanitarian actors should be adequately resourced and operationally ready to take advantage of seasonal climatic improvements, namely the Gu rains, to support livelihood restoration.

#### **For the IPC Technical Working Group:**

- Regular monitoring of assumptions for the projected periods. Given the fact that in some cases, the indicators are close to breaching the Famine thresholds, close monitoring of the drivers, the response, and other contributing factors is critical. A significant change in any one of these could change the projections, and a change in several could have major consequences. The analysis of these factors should be used to update the projections and include:

(i) Climatic factors. Track the Deyr seasonal progress until the rains are over. Estimate the extent of the losses from the Deyr season as soon as it is possible.

(ii) Humanitarian assistance. Humanitarian assistance, in all sectors but especially food security, nutrition, WASH, and health, needs to be tracked closely and information on the financial and operational pipelines updated as frequently as possible and for as far as possible into the future.



The pipeline analysis should include not only the financial and physical resources needed but also the capacity of implementing partners to be able to provide the necessary services with optimum geographic coverage, and their ability to reach the most vulnerable populations.

(iii) The price of food, water and other basic needs, in addition to the terms of trade. Continue tracking and updating on a weekly basis the prices of important basic necessities, particularly food and water, in addition to other necessary commodities. For casual labor, not only the wage but also demand should be analyzed.

(iv) Conflict and humanitarian access ongoing monitoring should be factored into the monitoring system. While conflict was noted as a contributing factor, the FRC suggests that not only conflict but also changes in access, should be tracked closely and integrated. These may be linked or there may continue to be significant constraints to access in places where overt conflict is not taking place.

(v) Displacement. The figures for new displacement appeared to decline in November but could easily track back upwards again. These should be tracked, but efforts must also be made to improve the registration of new sites and new arrivals.

(vi) Groundwater. The TWG's original set of assumptions about the projection periods contains no information or assumptions about groundwater levels and the impact this could have on the price and availability of water in places like Baidoa. However, the influx of IDPs combined with the effects of five below average rainy seasons have converged to make this a real concern. A new monitoring system is being put in place by SWALIM. The TWG should track this new monitoring system closely and use their analysis to update the projections.

- Expand the participation of all relevant sectors, including health, WASH, CCCM clusters, in addition to experts from the Somalia Water and Land Information Management Project (SWALIM), in IPC analyses (AFI and AMN) to ensure their contribution in terms of data and relevant analytical expertise is included.
- As many assumptions used for the projections are uncertain, the TWG should update its analysis of which districts are identified as having Risk of Famine in January to March 2023.

### Recommendations on data collection

- The TWG should conduct additional outcome data collection following the regular cycle (December - January) and at the mid March/beginning of April for the areas already identified as having a Risk of famine. Data collection should be immediately followed by an IPC analysis. The IPC TWG analysis planned for January and the following, recommended for April, should have the most concerning areas prioritized in terms of results release.
- Considering the lack of information on newly arrived IDPs in informal sites or locations not covered by current monitoring, verification of IDP sites and populations should be conducted before upcoming surveys.
- Update the sample frame for upcoming surveys to include unregistered sites and the sites with the newest arrivals to ensure that the conditions of the most vulnerable populations are captured.
- Although remittances are tracked through FSNAU surveys, a more refined monitoring needs to be established to track flows of remittances via *hawala* or money transfer app companies.

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## 1. Detailed analysis of the Acute Food Insecurity, Acute Malnutrition and mortality in the current period

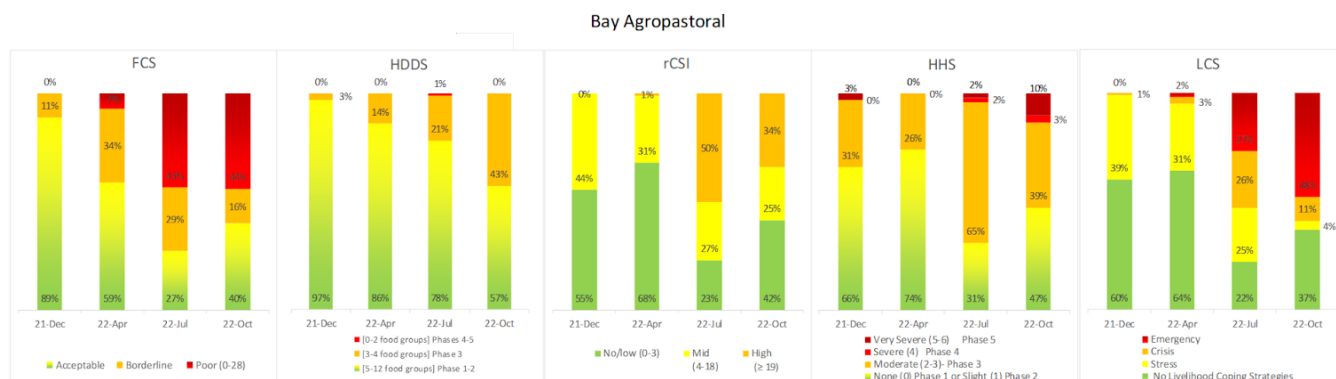
### Burhakaba and Baidoa districts (Rural Residents)

#### Food Security

Based on the FSNAU survey conducted in October 2022<sup>1</sup>, in Baidoa and Burhakaba districts in Bay Agropastoral area (rural residents), overall the food consumption indicators converge to high IPC Phase 3 (Crisis) or low IPC Phase 4 (Emergency) and livelihood change is indicative of a high IPC Phase 4 (Emergency). Compared to July 2022 survey<sup>2</sup>, the poor Food Consumption Score (FCS) remained at the same level (around 43-44% - indicative of IPC Phase 4, Emergency). The Household Dietary Diversity Score (HDDS) remained indicative of IPC Phase 3 (Crisis) however, deteriorated significantly (with respondents consuming 3-4 food groups doubling from 21% to 43%). The reduced Coping Strategy Index improved (rCSI), with the prevalence of households with high coping (indicative of IPC Phase 3 and 4) decreasing from 50% to 43%. The Households Hunger Scale (HHS) is improving in terms of prevalence of population in IPC Phase 3 and above, however the prevalence of households with severe and very severe hunger deteriorated from 2% to 3% (Severe) and from 2% to 10% (Very Severe). The Livelihood Coping strategy Index (LCS) also shows significant deterioration, with emergency strategies being employed in October by 48% of respondents, compared to 27% in July 2022.

Overall, the indicator showing major improvement (rCSI) is also the least adequate to assess food security in protracted crises and not able to show variation at higher severity levels, considering the difficulty of further employing consumption strategies in a context where these have already been stretched for a long period.

Figure 1: Food security outcome trends of Bay Agropastoral, FSNAU



Despite the acute food insecurity situation appearing quite similar if not slightly worse than in July 2022, the outcome indicators do not suggest the presence of significant prevalence of population in IPC Phase 5 (Catastrophe).

Nonetheless, a recent assessment conducted by REACH based on Focus Group Discussions and Key Informant interviews<sup>3</sup> in hard to reach areas, presents a very severe situation, with communities reporting to be experiencing the worst hunger period ever, which is aggravated by blockages in access/mobility put in place by non-state-actors in these areas.

**In conclusion, in terms of Acute Food Insecurity, the FRC endorses the TWG classification of IPC Phase 4 (Emergency) for the current period, highlighting the likely higher severity of the situation of households in inaccessible areas.**

<sup>1</sup> Source: FSNAU, October 2022, Baidoa and Burhakaba district rural residents sampling: 36 clusters and 253 observations.

<sup>2</sup> Source: FSNAU July 2022, Baidoa and Burhakaba district rural residents sampling: 36 clusters and 282 observations.

<sup>3</sup> Source: REACH, Hard to reach survey, October-November 2022, Baidoa 414 Key informants interviewed, 4 focus group discussions.



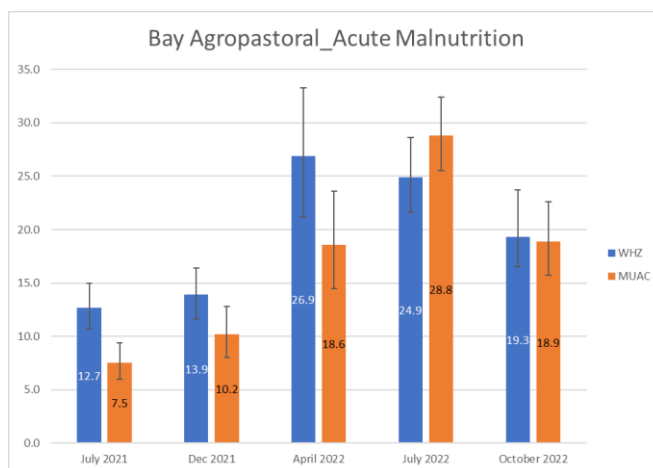
## Acute Malnutrition

According to the FSNAU SMART survey<sup>4</sup> conducted in October 2022 in the agro pastoral areas of Baidoa and Burhakaba districts (rural residents), the Global Acute Malnutrition (GAM) based on Weight-for-Height z-score (WHZ) was 19.3% (95% CI: 16.5-23.7). GAM based on Mid-Upper Arm Circumference (MUAC) was 18.9% (95% CI: 15.7-22.6). Compared to the previous survey of July 2022, where GAM based on WHZ was at 24.9% (95% CI: 21.6-28.6) and GAM based on MAUC was at 28.8% (95% CI: 21.2-33.3), the trends seems to be downward. A significant decrease is seen for GAM based on MUAC, while for GAM based on WHZ the confidence intervals overlap.

While the data shows a decline in prevalence, the FRC highlights some caveats that should be taken into consideration. For instance, the possibility that the population sampled is not necessarily the same as the population surveyed in July 2022. Additionally, considering the very poor access to routine health and nutrition services in rural areas, as well as more intermittent humanitarian food assistance due to limited access, the relative decrease in GAM might be linked to the fact that the worst off children in the rural communities tend to leave or are brought by their families to the Baidoa IDP sites where they can seek assistance. In other words, lower prevalence may indicate either an improvement in conditions or that worse off children may have moved elsewhere, likely to IDP sites.

**The FRC endorses the classification in IPC Phase 4 (Critical) for Acute Malnutrition for the current period.**

Figure 2: Acute malnutrition trends of Bay Agropastoral, FSNAU



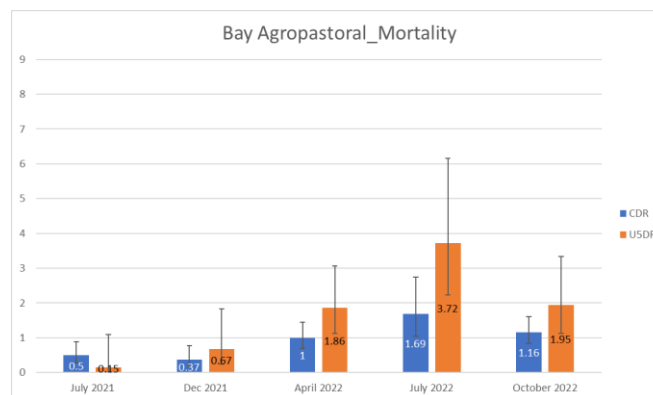
## Mortality

According to the FSNAU SMART survey<sup>5</sup> the Crude Death Rate (CDR) was at 1.16 (95% CI: 0.83-1.67) and the Under-Five Death Rate (U5DR) at 1.95 (95% CI: 1.12-3.38). Compared to the previous survey of July 2022, that reported a CDR of 1.69 (95% CI: 1.04-2.75) and U5DR at 3.72 (95% CI: 2.23- 6.16), similar to that seen with GAM, the trend for mortality seems to be downward.

Similar to the concerns raised over interpreting the decline in the Global Acute Malnutrition, the CDR and U5DR indicators might be displaying an improvement that could be explained partially by the outflow of the population that is worse off. However, this might have affected the overall surveyed population in both July and October. Additionally, given that the recall period was 60 days, the deaths that might have occurred in the households in rural areas or during the displacement journey would be reported in the Baidoa and Mogadishu IDP surveys. As for the cause of death, suspected measles was most frequently reported in the October 2022 survey (61% against 3.6% in July 2022). Suspected cholera does not appear among the causes of death in the October survey (it was 71.4% in July 2022). As measles is a relatively easy infection to identify, the information indicating that measles was a major cause of deaths is to be considered quite reliable.

**In summary, the FRC endorses the TWG classification in IPC Phase 4 (Emergency) for Mortality for the current period.**

Figure 3: Mortality trends of Bay Agropastoral, FSNAU



<sup>4</sup> Source: FSNAU. Detailed sampling, Agropastoral - rural population: 36 clusters. October 2022 WHZ=797; MUAC=810). July 2022 WHZ=766; MUAC=784). April 2022: WHZ=756; MUAC=767. December 2021: WHZ=758; MUAC=765:

<sup>5</sup> Source: FSNAU, *Detailed sampling*, Agropastoral - rural population: 36 clusters with 555 observations.

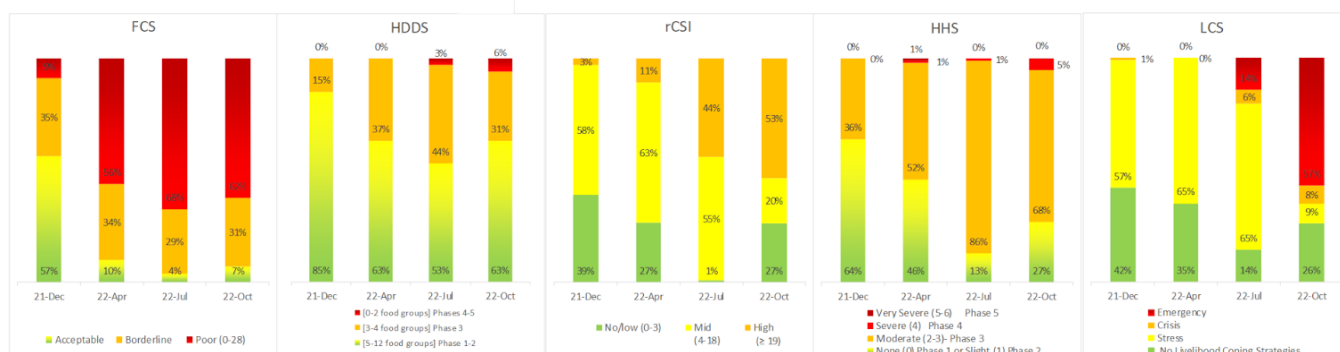


## Baidoa IDPs

### Acute Food Insecurity

Based on the October FSNAU survey<sup>6</sup> covering IDPs in Baidoa in sites established from April 2022, overall the food consumption indicators converge to a high IPC Phase 3 (Crisis) or low IPC Phase 4 (Emergency) and livelihood change is indicative of a high IPC Phase 4 (Emergency). Compared to the July 2022 survey<sup>7</sup>, the Food Consumption Score (FCS) poor remained at a similar level (62% vs. 68%) - indicative of IPC Phase 4, (Emergency), the Household Dietary Diversity Score (HDDS) improved slightly (with households consuming 3-4 food groups decreasing from 44% to 31%, with a slight increase in the prevalence of households consuming less than 2 food groups, from 3% to 6%), however remaining in indicative IPC Phase 3 (Crisis). The reduced Coping Strategy Index conversely exhibits a deterioration with the proportion of households with high coping increasing from around 45% to close to 55%. Furthermore significant improvement in Households Hunger Scale (HHS) is observed, with the proportion of households experiencing moderate hunger falling from 86% to 68% (yet with a slight increase of the prevalence of households experiencing Severe hunger from 0% to 5%). Livelihood coping strategy Index (LCS) shows a significant deterioration, with emergency strategies being employed in October by 57% of respondents, compared to 14% in July 2022.

Figure 4: Food security outcome trends of Baidoa IDPs, FSNAU



Overall the results of the FSNAU survey indicate that conditions on the ground have not changed substantially from the last survey. Some of the results may however be explained by the use of the same sample frame from the July 2022 FSNAU survey, thereby excluding from the sample the more recent IDP sites, and those that were not registered. In fact, 65% of the survey respondents have been in the sites for 4 months or more which allowed them enough time to register for Humanitarian assistance (including nutrition, WASH and food assistance programmes), or to engage in livelihood recovery activities. Lessons from 2017 indicated dramatic improvements during the first months of arrival, and there is a possibility this is the same phenomenon that is witnessed here.

The results of the FSNAU survey are consistent with the MSNA survey<sup>8</sup> conducted in September 2022, reporting an HHS indicative of a high IPC Phase 3 (Crisis) for both new IDP sites (established after April 2022) and pre-existing IDP sites (73% and 63% Moderate HHS respectively). The FCS prevalence is indicative of IPC Phase 3 (Crisis) for new IDP sites (19% Poor FCS) and low IPC Phase 4 (Emergency) for respondents in pre-existing IDP sites (24% Poor FCS). The rCSI estimates around 25% of households with high coping for both new and pre-existing IDP sites. Analysis of data comparing more recent IDPs and those that arrived more than 3 months prior to the survey (prior to mid-July) does not allow any conclusion to be drawn due to the limited sample size. However it has to be highlighted that although distributions are ongoing at a rapid pace in IDP sites, targeting criteria are set and newly arrived IDPs cannot benefit from in kind or cash food assistance until they are formally registered.

It is worth highlighting that the main concern is not necessarily the recent (less than 3 months) displaced population in already established camps (those surveyed) but rather the recent arrivals in informal/newly established sites and for individuals prior to their registration.

**In conclusion, in terms of Acute Food Insecurity, the FRC endorses the TWG classification of IPC Phase 4 (Emergency) for the current period for Baidoa IDPs.**

<sup>6</sup> Source: FSNAU, October 2022, Baidoa IDP survey sampling: 36 clusters and 253 observations.

<sup>7</sup> Source: FSNAU, July 2022, Baidoa IDP survey sampling: 36 clusters and 293 observations.

<sup>8</sup> Source: REACH, MSNA, September 2022, Baidoa New IDP sample: 18 clusters 111 observations; Baidoa old IDP sites 16 clusters 106 observations.

## Acute Malnutrition

According to the FSNAU SMART survey<sup>9</sup> conducted in October 2022, the GAM prevalence based on WHZ was at 21.2% (95% CI: 18.0-24.6) and GAM based on MUAC at 19.6% (95% CI: 16.7-23.0). Compared to the previous survey of July 2022, that yielded a GAM based on WHZ of 28.6% (95% CI: 24.3-33.3) and GAM based on MUAC of 28.5% (95% CI: 25.3-31.9), there has been a decreasing trend in acute malnutrition. A significant decrease is seen for GAM based on MUAC, while for GAM based on WHZ the confidence intervals overlap.

Considering that the survey sampled roughly the same population sampled in July 2022, i.e. IDPs in sites established between April and July 2022, the IDPs that were classified as newly arrived in July could be regarded as old arrivals by the time of the surveys in October. Therefore, the improvement could be due to the fact that those who arrived earlier and stayed longer improved as a consequence of access to health and nutrition services, as well as Humanitarian Food assistance.

In fact, further disaggregation of the October 2022 survey<sup>10</sup>, based on the length of stay indicates that IDPs arriving in the sites after mid-July 2022 had a worse GAM (24%) than those having been in the sites for longer (19.5%). Similarly, in the July 2022 survey<sup>11</sup> GAM based on WHZ was at 30.0% for children recently arrived (less than 4 months) compared to GAM based on 24.5% of those having been in the sites for more than 4 months. Although the difference is not statistically significant, as the disaggregation of the database reduces the sample size for analysis Acute Malnutrition is likely to be higher in recent arrivals.

Furthermore, considering these recent arrivals had settled in sites that had been established since April 2022, it is possible that newer arrivals might have reduced access to available services and could experience even worse conditions. In summary, it is plausible that the level of Global Acute Malnutrition among children joining the sites more recently continues to be higher than the ones residing in IDP sites for several months.

Findings of the FSNAU survey are also confirmed by the Nutrition and Mortality Monitoring system<sup>12</sup>: according to the NMS R2 (July-August 2022), in Baidoa IDP sites sampled, GAM by MUAC has improved in the majority of sites. GAM by MUAC was found at 21.3%, an improvement in R2 compared to R1.

**The FRC endorses the TWG classification in IPC Phase 4 (Critical) for Acute Malnutrition for the current period.**

Figure 5: Acute malnutrition trends of Baidoa IDPs, FSNAU

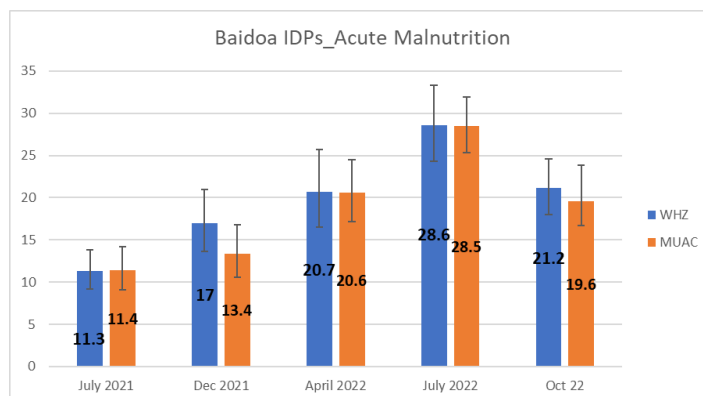
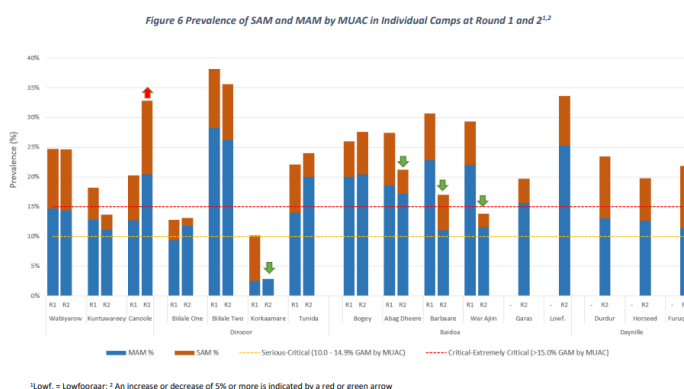


Figure 6: Prevalence of SAM and MAM by MUAC in individual camps at round 1 & 2, BRCiS



<sup>9</sup> Source: FSNAU, Detailed sampling, Baidoa IDPs: 36 clusters with the following observations: October 2022: WHZ=780; MUAC=805; July 2022 WHZ=801; MUAC=818. April 2022: WHZ=791; MUAC=812. December and April 2021 not available.

<sup>10</sup> Source: FSNAU, October 2022: GAM based on WHZ at 24.4% (95% CI: 17.7-32.5; N=242 children) and GAM based on MUAC at 20.1% (95% CI: 15.0-26.3; N=249) for children recently arrived (less than 4 months) compared to a GAM based on WHZ 19.5% (95% CI: 16.0-23.6; N=528) and GAM based on MUAC at 19.6% (95% CI: 16.3-23.4; N=546) for those having been in the site for more than 4 months.

<sup>11</sup> Source: FSNAU, July 2022: GAM based on WHZ was at 30.0% (95% CI: 25.2-35.3) and GAM based on MUAC at 28.3% (95% CI: 24.9-32.1) for children recently arrived (less than 4 months) compared to GAM based on 24.5% (95% CI: 17.7-33.0) and GAM based on MUAC at 29.4% (95% CI: 23.9-35.6) of those having been in the site for more than 4 months.

<sup>12</sup> Source: BRCiS Nutrition and Mortality Monitoring System – NMS 2022 Round 2 Report, July 18th and August 2nd. Sampling: 2,444 HH in 16 IDP sites in Khada and Dayniile in the Afgooye Corridor, Baidoa, and Dinsoor in IDPs originated from villages in a variety of districts, mainly from Bay, Lower Shabelle and Bakool. GAM by MUAC: Khada n=680, Baidoa n=681, Dayniile n=581; mortality: n=12,400).

## Mortality

According to the FSNAU SMART survey from October 2022, the CDR was at 1.84 (95% CI: 1.24-2.73) and U5DR at 4.86 (95% CI 3.00-7.82). This indicated a deterioration from the previous survey of July 2022, which reported a CDR of 1.11 (95% CI: 0.75-1.64) and a U5DR of 2.43 (95% CI: 1.56-3.77).

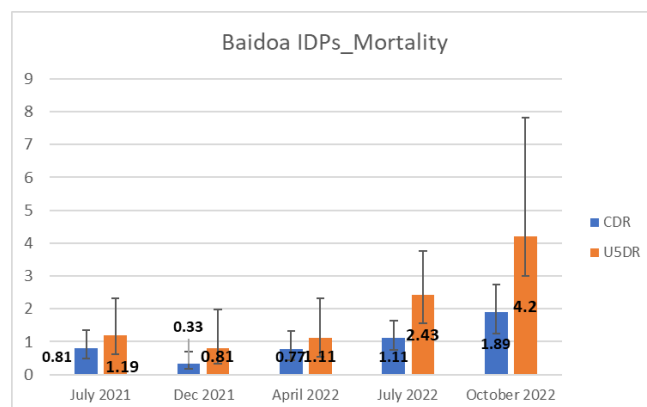
The increase in the mortality rates could be attributed to the upsurge in the measles outbreak in Baidoa IDPs. Based on the July FSNAU SMART survey, 71% of the deaths were due to suspected cholera cases, whereas in the October FSNAU SMART survey the most reported suspected cause of death was measles at 60% (against 14.3% in July 2022), which is consistent with the very poor vaccination coverage, especially in the rural areas. This very high level of mortality indicates a failure in the child health response, with no vaccination on arrival, very poor WASH, and dense living conditions resulting in a high risk of infection combined with very high levels of acute malnutrition. However, as mentioned in the mortality section of the Baidoa agropastoral section of this report, some of the high mortality reported in Baidoa IDP survey could reflect deaths that occurred in the households in rural areas prior to displacement, or those that occurred during migration, as the recall period employed in the survey was 60 days.

According to the NMS<sup>13</sup> results from the combined 16 camps in the 4 areas (Khada, Baidoa, Dinsoor and Dayniile) indicate that both CDR and U5DR remain at 'emergency' levels, also indicative of an IPC Phase 4 (Emergency) classification. Most child deaths were reported to be due to measles or diarrhoea (recall period 30 days).

In line with the reflections raised for Acute Malnutrition in children in IDP sites, analysis of both the July and October 2022 survey results based on length of stay shows higher mortality rates among the households recently arrived (less than 4 months) compared to those having been in the site for more than 4 months.

**The FRC endorses the TWG classification of IPC Phase 4 (Emergency) for Mortality for the current period, highlighting, however, the high vulnerability of newly arrived IDPs and the very high death rate reported for children under-five years of age.**

Figure 7: Mortality trends of Baidoa IDPs, FSNAU



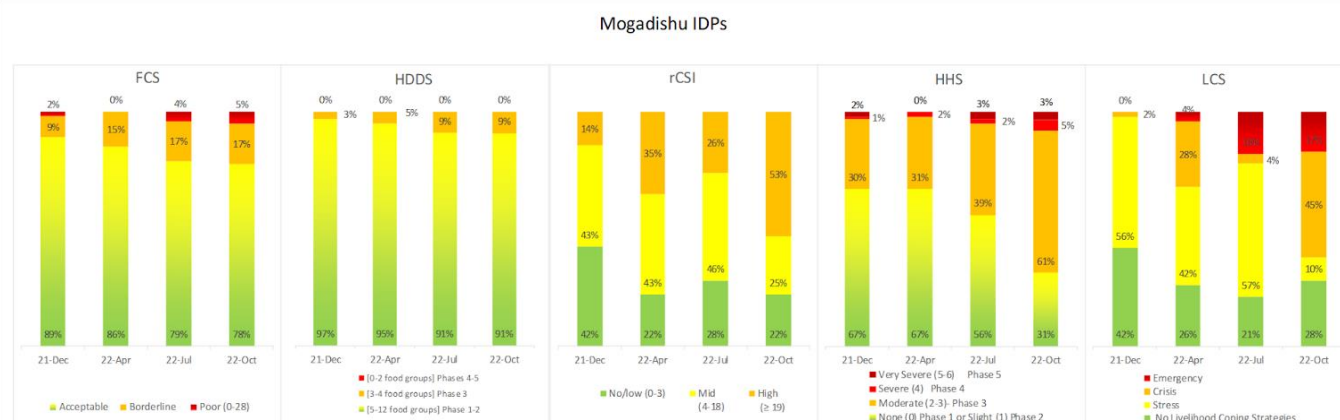
<sup>13</sup> Source: BRCiS Nutrition and Mortality Monitoring System – NMS 2022 Round 2 Report, July 18th and August 2<sup>nd</sup>.

## Mogadishu IDPs

### Acute Food Insecurity

The food security outcome indicators for Mogadishu IDPs present a lower severity compared to Baidoa IDPs and the Bay agropastoral zone. According to FSNAU October survey<sup>14</sup>, the Food Consumption Score (FCS) for Mogadishu IDPs is indicative of a low IPC Phase 3 (Crisis) with only 5% of households with poor FCS, stable with respect to the findings of the July 2022 survey<sup>15</sup>. The Households Dietary Diversity Score (HDDS) indicates adequate diet diversity and no deterioration compared to July 2022, with 91% of households consuming 5 to 12 food groups and 9% of households consuming 3-4 food groups. The proportion of respondents with high coping (rCSI) however doubled in three months, from 26% to 53%. Furthermore significant deterioration in Households Hunger Scale (HHS) is observed, with the proportion of households experiencing moderate hunger increasing from 39% in July 2022 to 61% in October 2022 (with a slight increase of the prevalence of households experiencing Severe Hunger from 2% to 5%). Livelihood coping strategy Index (LCS) shows relative stability, with emergency strategies being employed by 17% of respondents compared to 18% in July 2022.

Figure 8: Food security outcome trends of Mogadishu IDPs, FSNAU



The results of the MSNA covering Mogadishu IDPs<sup>16</sup> present similar levels of severity with an Household Hunger Score indicative of a very high IPC Phase 3 (Crisis) with 72% and 74% of households with moderate hunger in new and old IDP sites respectively, with an additional 6% and 4% with severe and very severe hunger in new IDP sites and 8% and 5% with the same, in old IDP sites. The Food Consumption Score points to an IPC Phase 4 (Emergency) with 22% households exhibiting poor food consumption in both old and new IDP sites, while the rCSI indicates 62% of households in both old and new IDP sites are engaging in high levels of food based coping (indicative of IPC Phase 3 and above).

**In conclusion, in terms of Acute Food Insecurity, the FRC endorses the classification of IPC Phase 4 (Emergency) for the current period for Mogadishu IDPs.**

### Acute Malnutrition

According to the FSNAU SMART survey in Mogadishu IDP sites<sup>17</sup>, the GAM prevalence based on WHZ was at 24.5% (95% CI: 20.6-28.9) and GAM based on MUAC at 11.0% (95% CI: 8.7-13.9). Compared to the previous survey of July 2022, that yielded a GAM based on WHZ at 26.6% (95% CI: 22.2-31.4) and GAM based on MUAC at 15.1% (95% CI: 12.4-18.2), a downward trend is observed, but with overlap in the confidence intervals in both WHZ and MUAC.

Further disaggregation of the October 2022 survey<sup>18</sup>, based on the length of stay, indicates that IDPs who arrived after mid-July 2022 were more badly affected (GAM based on WHZ 26.6%) than those that had been in the sites for longer (22.8% GAM WHZ).

<sup>14</sup> Source: FSNAU, October 2022, Mogadishu IDP survey sampling: 36 clusters and 253 observations.

<sup>15</sup> Source: FSNAU, July 2022, Mogadishu IDP survey sampling: 37 clusters and 278 observations.

<sup>16</sup> Source: REACH, MSNA, September 2022, Mogadishu new IDP sample: 27 clusters 25 observations; Mogadishu Old IDP sample 38 clusters 287 observations.

<sup>17</sup> Source: FSNAU, October 2022, Mortality sample: 36 clusters and 642 observations.

<sup>18</sup> Source: FSNAU, October 2022: GAM based on WHZ at 26.6% (95% CI: 19.9-34.5) and GAM based on MUAC at 12.7% (95% CI: 9.2-17.3) for children recently arrived (less than 4 months) compared to a GAM based on WHZ at 22.8% (95% CI: 18.6-27.7) and GAM based on MUAC at 9.4% (95% CI: 6.5-13.3) for those having been in the site for more than 4 months.

Conversely, in the July 2022 survey, children that had recently arrived (less than 4 months) and those having been in the sites for more than 4 months were affected equally: 26.2% and 26.7% GAM based on WHZ respectively. Overall the results show no statistical difference in the situation (more or less stable) over time.

According to the NMS<sup>19</sup> conducted in the Mogadishu IDP sites in Khada and Dayniile, GAM by MUAC was found at 22.5% in Khada, a minimal deterioration in R2 compared to R1, and at 21.3% in Dayniile.

As described in the Baidoa IDPs section, the stability of the situation over time is an indication that more needs to be done by the different humanitarian response sectors (especially health, WASH, and nutrition) to effectively address the needs of the affected IDP population in Mogadishu.

**The FRC endorses the classification in IPC Phase 4 (Critical) for Acute Malnutrition the current period.**

### Mortality

According to the FSNAU SMART survey<sup>20</sup> from October 2022, the CDR was at 1.48 (95% CI: 0.95-2.30) and U5DR at 4.19 (95% CI: 2.44-7.14). The previous survey of July 2022 yielded a CDR at 0.87 (95% CI: 0.55-1.38) and a U5DR of 1.94 (95% CI: 1.12-3.36), indicating an upward trend, but with overlap in the confidence intervals in both rates.

In Mogadishu IDPs, the main reported causes of deaths were measles at 20%, infections, illness with fever (malaria and pneumonia) at 20% and other illnesses at 40%. Furthermore, measles vaccination coverage that was already very low in July (24.1%), declined to 17.1% in October 2022. Similarly, vitamin A coverage declined from 23.8% in July 2022 to 18.5% in October 2022.

Further disaggregation of the October 2022 survey<sup>21</sup> based on the length of stay, shows higher mortality among the households who recently arrived (less than 4 months). A similar pattern was also found in July 2022 survey<sup>22</sup> when the CDR was at 1.54 and U5DR at 3.44 among the newly arrived households, whereas for those having been in the IDP sites for more than 4 months CDR was at 0.41 and U5DR at 0.48.

**The FRC endorses the classification in IPC Phase 4 (Emergency) for Mortality for the current period but wishes to highlight the high vulnerability of newly arrived IDPs and the very high death rate reported for children under-five years of age.**

Figure 9: Acute malnutrition trends of Mogadishu IDPs, FSNAU

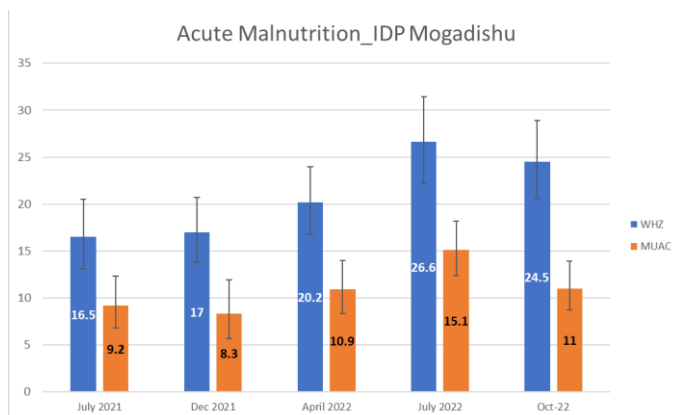
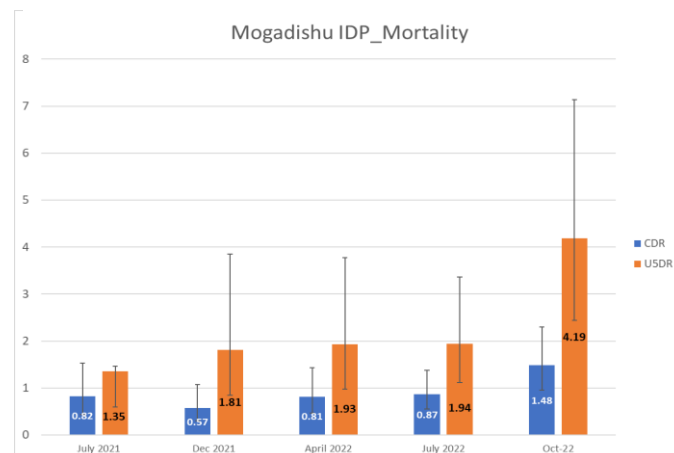


Figure 10: Mortality trends of Mogadishu IDPs, FSNAU



<sup>19</sup> Source: BRCiS Nutrition and Mortality Monitoring System – NMS 2022 Round 2 Report, July 18th and August 2nd.

<sup>20</sup> Source: FSNAU, October 2022, Mortality sample: 36 clusters and 564 observations.

<sup>21</sup> Source: FSNAU, October 2022: CDR at 1.91 (95% CI: 1.00-3.75) and U5DR at 5.64 (95% CI: 2.58-12.04) among the households recently arrived (less than 4 months) compared to CDR at 1.17 (95% CI: 0.67-2.05) and U5DR at 3.08 (95% CI: 1.45-6.47) for those having been in the site for more than 4 months.

<sup>22</sup> Source: FSNAU, July 2022: CDR was at 1.54 (95% CI: 0.82-2.87) and U5DR at 3.44 (95% CI: 1.83-6.35) among the households recently arrived (less than 4 months) compared to CDR at 0.41 (95% CI: 0.18-0.94) and U5DR at 0.48 (95% CI: 0.12-1.92) for those having been in the site for more than 4 months.



## 2. Main drivers of the current situation and expected evolution in the projection periods

### Drought

Coming off the heels of the one worst *Gu* season (March-May) in recent history, and forecasts of a below average October to December 2022 *Deyr* season, the FRC in August of 2022 considered with some degree of certainty, that in the absence of a significant scale up in assistance the drought conditions in Somalia would escalate food insecurity, acute malnutrition and mortality outcomes to Famine levels.

Currently at the peak of the *Deyr* season in November, there has been some alleviation to the drought conditions with the onset of rains, including a substantial spell in the last pentad of October in the Bay region. According to key informants, however, the rains in Baidoa arrived late and were sparse. Somalia Water and Land Information Management (SWALIM) Combined Drought Index<sup>23</sup> measures estimates from October 2022, and indicate moderate drought conditions for both Baidoa and Burhakaba and USGS EWX data indicates significantly lower rainfall in Burhakaba district compared with Baidoa district, particularly in the high potential sorghum producing zones. The cumulative rainfall for the season up till the first pentad of December based on Global Ensemble Forecast System<sup>24</sup> (GEFS) is predicted at 370 mm (75% of average) for the *Deyr* season. Moving forward into the ongoing *Deyr* season, there is now enough evidence to support the earlier projection of below average *Deyr* rains, although with conditions less severe than those anticipated by previous forecasts.

**Moving into the dry season (January to March 2023),** no further rains are expected.

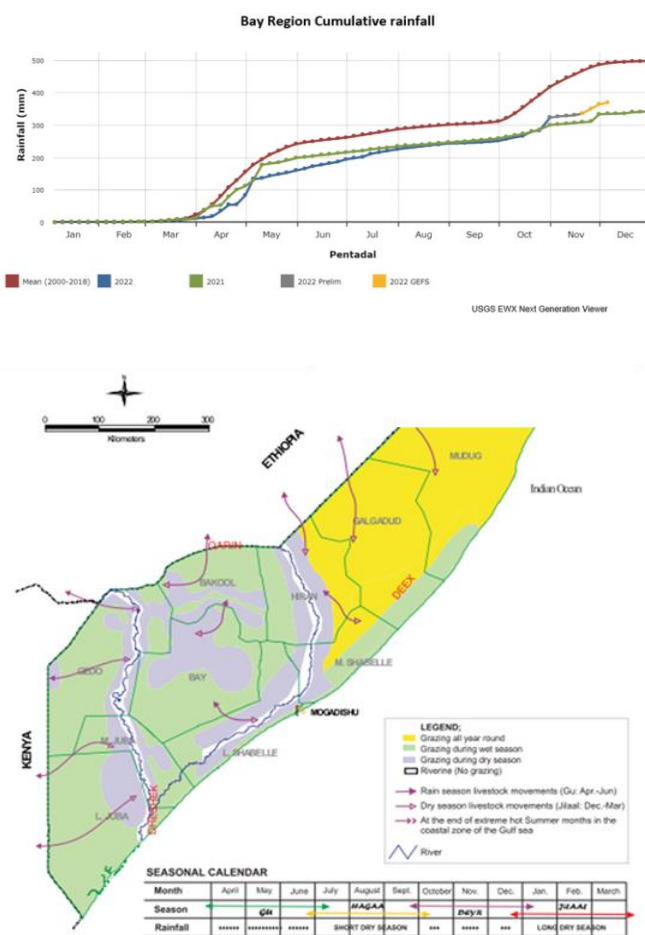
**For the April to June 2023 projection period,** a significant level of uncertainty exists. Based on the most recent projections there is a consensus among experts of a 62% probability<sup>25</sup> that the April May June *Gu* season will likely be below normal. However, at this point no prediction is available on how far below normal the rains are expected to be. Given the high degree of uncertainty that presently exists over the outcomes of the *Gu* seasons the FRC is unable to establish the most likely scenario for the drought conditions for the April to June 2023 period.

### Harvest and livestock activities

Following the recent rains, there have been reports from key informants based in the field, of farmers engaging in planting in accessible areas and displaced populations (individuals, mostly men) returning for short periods in their villages of origin to explore the possibility of planting. However, the low level of cumulative rainfall coupled with a delayed onset and high seeds prices, do not support any prediction of a good harvest. The rangelands and grazing lands of the Bay region play an important role in the regional movement and migration of livestock. While pasture conditions respond more quickly to weather events, and the recent rainfall is likely to have some positive impacts for rangelands, the large-scale livestock loss will not allow much alleviation for pastoralist households

Even if sufficient and timely rains do arrive, there may be limitations on the ability of the severely drought affected populations to recover the required assets to resume agriculture in the short term. This would be exacerbated for displaced and asset deprived

Figure 11: Bay region cumulative rainfall (USG EWX) and seasonal livestock movements (FSNAU)



<sup>23</sup> Source: SWALIM Drought Monitoring Tool, <https://cdi.faoswalim.org/index/cdi>.

<sup>24</sup> Source: USGS EWX Next Generation Viewer <https://earlywarning.usgs.gov/ewx/index.html>.

<sup>25</sup> Source: Chris Funk, Gideon Galu, Diriba Korecha, Laura Harrison, Weston Anderson, Andrew Hoell, Kim Slinski, and Greg Husak, CHC, September 19th 2022 - link: <https://blog.chc.ucsb.edu/?p=1240>.

populations prioritizing other needs such as food, health, water or nutrition, over inputs. This is compounded by the inability to plant in currently displaced locations and that very limited agricultural inputs or services were provided in 2022.

Similar to agricultural production, livestock product production will take a prolonged time to recover to previous levels. The nutritional and economic benefits from pre-drought agro pastoral livelihood production will similarly take time to recover. Low fertility of emaciated animals and livestock loss is estimated to slow herd regrowth, especially with very limited restocking or livestock health, vaccination or fodder programmes in 2022. Farming and pastoral activities in most of the Bay rural areas are considered at risk due to ongoing community mobilization against non-state actors and the presence of taxation systems. In addition, displaced populations (mostly adult men) are currently moving back to their community to farm are doing so without having food stocks allowing them to remain in the community for long periods, making farming intermittent.

Moving into the dry season (January to March) the availability of a minimal harvest from the *Deyr* season could mitigate some of the worst drought impacts. Although without strong indications on harvest outcomes, it remains unclear how the dry season will look in terms of drought. In conclusion, even with less severe drought conditions, the mass displacement, insecurity, lack or unaffordability of seeds and other inputs, the livestock losses experienced will likely not bring much relief to the population in the areas under review.

**For the April to June projection period,** the normal seasonal calendar and key informants suggest that even if the *Gu* rain were good, in a normal year the benefits in terms of crop production start to materialize at the end of May and into June for maize, while sorghum requires a three months cycle. For pastoral systems, benefits will begin to materialize with the onset of the rains, but given the extreme depletion of livestock herds the overall benefits even in a normal *Gu* season will be limited. Access to wage earning opportunities will likely increase in the early part of the *Gu* season. With the uncertainty over the *Gu* rainfall is however impossible to determine the level of harvest or livestock conditions.

### Market prices and terms of trade

Given the drought, the dependence of Somalia on imported grains remains very high while seasonal labour opportunities associated with livestock or agriculture continue to be limited unless climatic conditions improve. These problems are exacerbated in areas with high densities of IDP populations due to oversaturation of the existing labour market and increased competition. The purchasing power and labour opportunities are low in rural areas. The protracted drought, compounded with exhaustion of livelihood options, will significantly reduce financial access to food beyond humanitarian assistance.

While the price of Sorghum reportedly reduced in September and October 2022<sup>26</sup> (FSNAU), the price remains two to three times higher than the long term average. Current prices of Sorghum do not reach 2011 levels, however they are nearly double that of 2017. The price of Maize also follows a similar trend.

Figure 12: Bay region seasonal calendar, FEWSNET - FAO

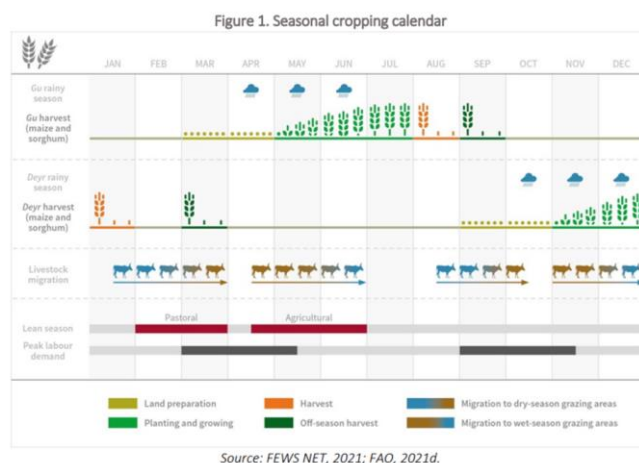
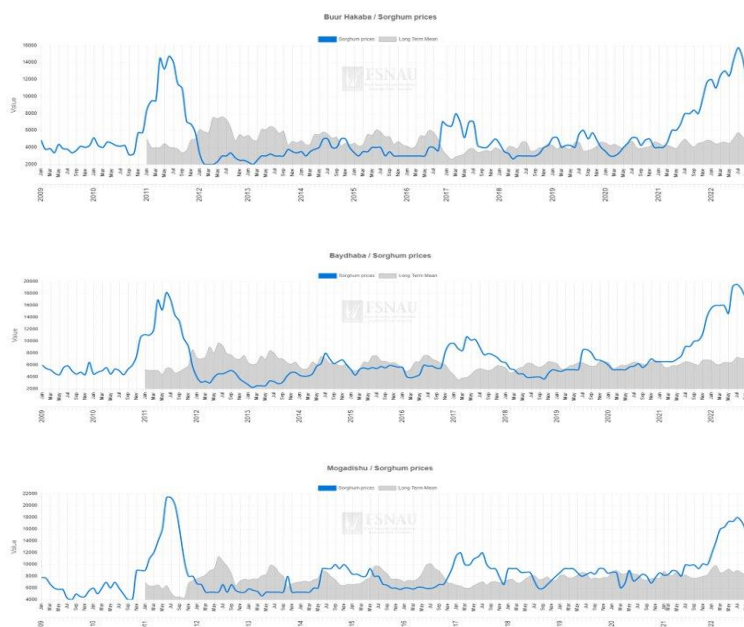


Figure 13: Historical prices and trends, FSNAU



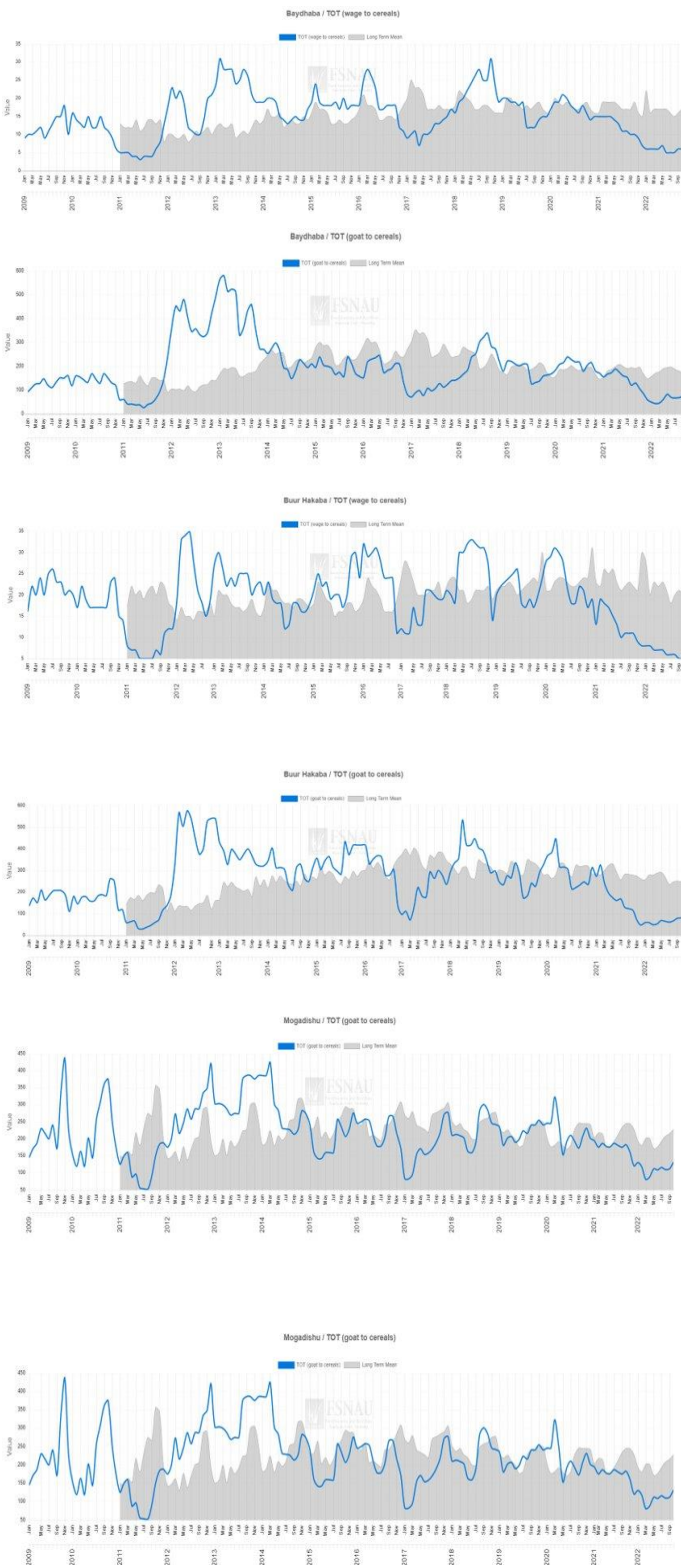
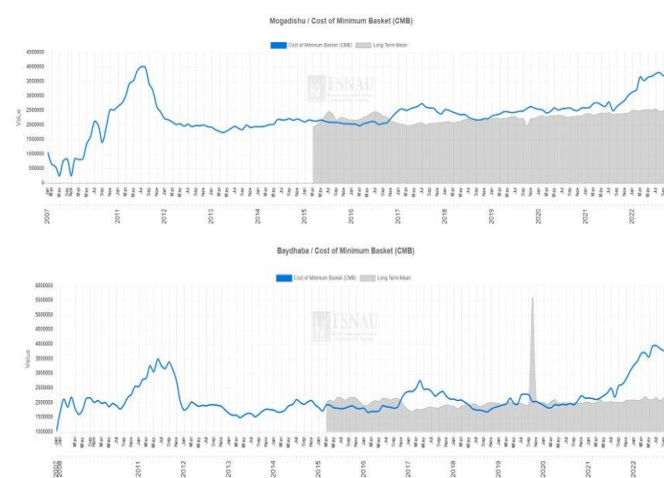
<sup>26</sup> Source: FEWSNET market monitoring, October 2022. <https://dashboard.fsnau.org/markets/>.

The terms of trade (ToT) for what vulnerable Somali populations have to sell in order to purchase food, water and other necessities remains drastically below the long term average in Baidoa, Burhakaba and Banadir districts. This is for both casual labour and small ruminants. While some flattening is observed in September and October 2022, this stabilization is again well below the long term average, and comes after continuous decline since mid-2020. The TOT of wage for cereals continues to dramatically decline in Burhakaba district. While the TOT may be above 2011 levels, they are close. The prolonged duration at these levels is equally concerning as the actual value, as the decline from 2020 has lasted longer than the acute drops in 2011 or 2017.

The cost of the survival minimum expenditure basket<sup>27</sup> (SMEB) continues to be well above the long term average. The SMEB value is very close to those of 2011 and higher than in 2017. While some flattening is observed in September and October 2022, this possible stabilization remains two to three times higher than the long term average in Baidoa district and after a prolonged period of rising prices. This trend is similar in Banadir district.

**In the projection period (January to March 2023)** there is a high degree of uncertainty over the continuation of the current positive trends. The presence of different degrees of harvest in the country, even in a normal year, does not have a significant impact on food prices, as Somalia imports the vast majority of its grains. In the short term, even if positive trends will continue it is highly unlikely that the price will return to 2021 levels, therefore it can be assumed that the persistence of prices above the long term average will continue.

**Looking farther into the second projection period (April to June 2023)**, the high degree of uncertainty of current positive trends remains. Per some estimates<sup>28</sup> food prices are expected to fall by 5% in 2023, before stabilizing in 2024, however the food price index remains well above both 2020 and 2021 levels.



<sup>27</sup> The spike observed in January and February 2021 are likely due to missing values in the database.

<sup>28</sup> Source: World Bank, Commodity Markets Outlook Oct 2022. <https://blogs.worldbank.org/opendata/food-prices-eased-risks-remain-elevated#:~:text=In%20domestic%20currency%20terms%2C%20however,also%20subjected%20to%20numerous%20risks> .





has reduced as in other districts in the October - November period of 2022. Official tracking or monitoring of IDP site needs and populations is estimated around 10% - 13% of total IDP sites in these districts. Due to the immense number of IDP sites in these districts (1,108 IDP sites in Khada and 1,302 IDP sites in Dayniile) information gaps exist in both districts as the majority of IDP sites are not managed or monitored.

**In the projection period from January to March 2023**, it is expected that the number of displaced populations will not reduce, as further displacements are expected from both drought and conflict. Due to recent rains, populations may choose to remain in rural areas or attempt returns for a potential harvest, even if minimal. However, climatic conditions do not suggest a large-scale return or areas of origin and may further increase displacement events if they fail to materialize as forecasted. Informants suggest a risk of a new wave in January-February, in link with the start of the dry season. Continued conflict and localized insecurity will remain with further movements possible from expansion of conflict into new areas, like Baidoa district.

**Looking ahead into the second projection period (April to June 2023)**, displacement seems an extremely volatile variable, being influenced by both drought conditions and insecurity. As drought conditions in the second projection period are not confirmed and forecasting the level of insecurity such ahead in time is not possible, the FRC feels it cannot establish a most likely scenario of the evolution of the displacements.

### ***Access and conflict intensity***

Organized conflict and localized incidents continue in Q3 and Q4 of 2022 with major security incidents. The Presidential announcement on June 2nd indicated that a heavy offensive was planned in the coming months. While information gaps exist on the scale and intensity of conflict at low disaggregated levels, conflict has reportedly continued and intensified in Hiraan, Middle Shabelle and Galgaduud regions<sup>32</sup>. Several security incidents were reported in Mogadishu while no major conflict was reported in Baidoa district recently. Seemingly many small towns and supply routes have been cleared and now accessible in many areas of Somalia following gains by Government forces. However, the ongoing insecurity continues to complicate the humanitarian response as limitations on operational areas due to fear of attack, kidnapping along with other hostile actions against humanitarian or civilian populations in these areas. Significant investments or physical infrastructure into these areas is often prevented by fears of insecurity or future loss.

Operational areas continue to be defined by accessible, inaccessible and hard to reach areas. Inaccessible areas for humanitarian actors also apply often to civilians as people, vehicles, trade or population movements are prevented. In Bay region, pastoral and farming activities are considered at risk due to ongoing community mobilization against non-state actors and the taxation that these activities incur. Movements are reportedly severely restricted into and out of Dinsoor, Quansederhe and Huddur which may limit humanitarian services or activities getting in, or populations from getting out.

Clan conflict as a source of displacement was minimal for Mogadishu IDPs and Baidoa IDPs in the FSNAU October 2022 survey, while insecurity was reported by over 30% of Mogadishu IDP survey respondents. Nearly half of all recorded new arrivals from conflict driven displacement in 2022 were into the Dayniile and Khada districts of Mogadishu. Conflict based displacement peaked during weeks 41 and 43 in October with several thousand new arrivals into Khada and Dayniile<sup>33</sup>. While new arrivals from conflict driven displacement have reduced nationally in late October 2022, new arrivals into Khada and Dayniile district continue into November 2022.

**In the first projection period (January to March 2023)**, informants stated that communities are further organizing against non-state-actors and suggest a possible increase in the frequency and intensity of conflict events. Conflict will most likely continue to cause displacements, however direct conflict isn't needed in all areas to reduce humanitarian access. Insecurity, fear of retaliation or volatile changes to security conditions can all hamper operational access along willingness to invest in physical infrastructure. Physical infrastructure, especially wells and water collection facilities, are at risk to be rendered inoperable by retreating forces according to informants.

**In the second projection period (April to June 2023)**, a significant level of uncertainty exists. While previous conflict and access dynamics are informative, the unpredictable nature of conflict and access on the ground, especially at granular levels, does not allow the FRC to make any clear assumptions for humanitarian access and conflict for the April to June period of 2023.

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<sup>32</sup> Source: Crisiswatch Digest, #231, October 2022 digest: <https://www.crisisgroup.org/sites/default/files/2022-11/somalia-october-2022.pdf> .

<sup>33</sup> Source: New Arrival Tracking Tool (NAT): <https://app.powerbi.com/view?r=eyJrIjoimTc0OTMzZWEtNTFmMS00OTY1LWlxNDAtNTU1ZTIjZjA2MmUyIiwidCI6IjE1ODgyNjJkLTlzMltNDNiNzI0ZDZlLWJlZTQ5YzhNjE4NiIsImMiOiJh9> .

## WASH

According to the FSNAU survey conducted in October 2022 there has been little variation in **access to clean water** in Baidoa

IDP sites (95%), which are served mainly through water trucking. In Baidoa and Burhakaba districts, the rural residents have very low access to clean water, estimated at only 5% in July 2022 with no improvements since.

In Mogadishu IDP sites, the percentage of FSNAU respondents declaring access to clean water is surprisingly high which raises concerns over what is considered “clean water”, however a high percentage seems plausible as confirmed by the R2 of the NMS<sup>34</sup>, which indicated in Mogadishu IDP sites sampled, water was sourced mainly from public tap/standpipes in Khada (71%) and tankers in Dayniile (85%). More than 25% of households in Dayniile reported inadequate access to drinking water sometimes or often during the last 4 weeks. In Baidoa IDP sites sampled by the NMS, water was sourced mainly from tankers (51%) and wells or spring (38%). More than 25% of households in Baidoa reported inadequate access to drinking water sometimes or often during the last 4 weeks.

It has to be highlighted that in Baidoa the IDP sites water needs are served mainly through water trucking in formal sites. IDPs in informal sites are not necessarily served with the same coverage and might need to purchase the water they consume. The price of water is dramatically above the long term average and is higher than in 2011 and similar to 2017. Current water prices are similar to those in 2017 as they have remained above the long term average for a prolonged period and unlike 2011 when they recovered and remained below the long term average. While the long term average seasonally, 2022 has observed greater water price volatility than 2021, with a steady increase since June 2022.

In terms of **access to sanitation**, access to latrines remains highly inadequate in Baidoa IDP sites (14% according to FSNAU, overall estimated by key informants at one latrine for approximately 150 people). According to key informants, provision of sanitation facilities in newly established sites is extremely complex as these are located on private properties. In Mogadishu IDP sites, access to sanitation facilities has improved since July 2022 (from 74% to 91%). In Baidoa and Burhakaba districts, the rural residents reporting having access to improved sanitation dropped from 78% in April, to 14% in July and then 3% in October - which could be also a simple reflection of new areas sampled that were previously inaccessible.

According to the NMS, in Mogadishu IDP sites sampled, the use of pit latrines was also poor and open defecation was practiced by 60% of households in Dayniile, representing a slight improvement from R1. Use of pit latrines was also poor and open defecation was practiced by 48% of households in Baidoa IDP sites representing a deterioration from R1. Hygiene activities seem to have an acceptable outreach and are well integrated with multi sectoral programming.

**Hygiene activities** seem to have an acceptable outreach and are well integrated with multi sectoral programming.

**In the projection periods (January to June 2023)**, it is expected that access to water in Baidoa IDP sites will continue mainly through water trucking - at increasingly high cost for the response, draining resources for the whole sector. The sanitation issue is not expected to be solved in the short term. These two elements are not going to improve unless a bolder strategy of higher level negotiations for water prices and sanitation in private land is put in place. The current conditions represent an enormous

Figure 16: Reported coverage of WASH services, FSNAU



Figure 17: Historical price of water in Baidoa, FSNAU



<sup>34</sup> Source: BRCiS Nutrition and Mortality Monitoring System – NMS 2022 Round 2 Report, July 18th and August 2nd.

aggravating factor for the risk of further epidemics outbreak and unfortunately, the outlook is similar in the second projection, if not worse as this will correspond with the *Gu* rainy season.

**A significant aggravating risk is represented by groundwater levels.** Accessible areas in the Bay region have less water availability compared to inaccessible areas. In Baidoa during August-September the water availability was adequate, however starting from October 2022 the boreholes were not able to recover quickly and pumping has brought water levels to zero. There has been some rain in the past weeks, and considering the recharge rate in Baidoa is fast, this might have helped partial water replenishment of shallow wells and boreholes, although ongoing rains are estimated to be about 50% below average. Although it is too early for a reliable rainfall forecast, the December - March dry period (*Jilal*) would certainly bring in a new water crisis if the displaced population remains the same or even worse if it increases. Since many boreholes in Baidoa are private, and if during this period the aquifer supports it, the cost of continuing water trucking to serve the IDP sites will continue to increase making it difficult for the humanitarian response to maintain the current levels of operations. In fact, compared to the beginning of 2022, the cost of water trucking is six times higher. Pumping water from a new aquifer outside Baidoa will unfortunately not be an immediate solution due to the costs involved, the morphology and the accessibility in these areas. The water availability situation in Mogadishu is more difficult to assess. In conclusion, there is the risk of serious water shortages in Baidoa.

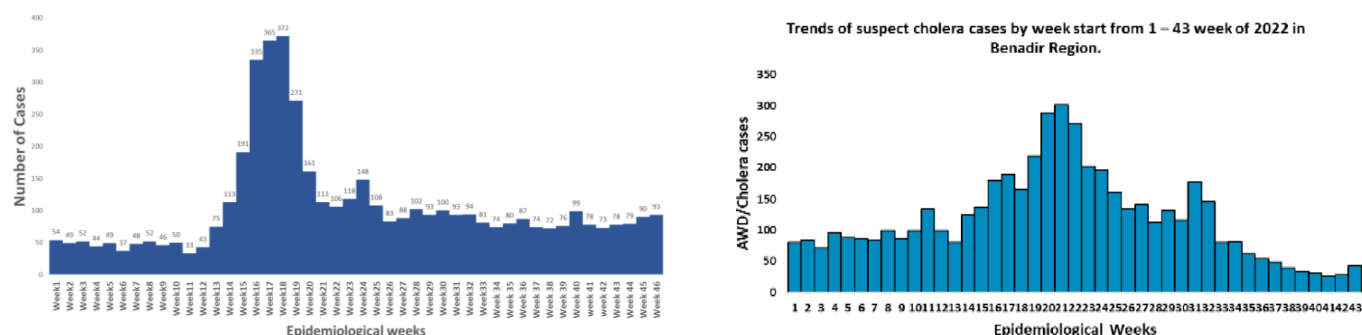
## Health

According to the FSNAU survey conducted in October 2022, the morbidity<sup>35</sup> rate was at 38.6% (95% CI: 33.2-43.9) in Baidoa IDPs, while in Mogadishu IDPs the rate was at 44.5% (95% CI: 37.3-51.7). Comparing with the July 2022 survey, this shows a decline in the reported morbidity of Baidoa IDPs<sup>36</sup>, whereas in Mogadishu IDPs shows a 10% increase<sup>37</sup>. In Baidoa and Burhakaba districts morbidity in October was 33.6%, compared to 38.1% reported in July 2022.

At national level, since the epidemiological week 1 to week 43, a total of 11,996 suspected cases of cholera with 71 associated deaths with Case Fatality Rate (CFR) of 0.6% were reported in 25 drought affected districts. Of total cases, 7,764 (65%) are < 5 years and of total deaths, 56 (79%) are < 5 years.

As shown in the graphs below<sup>38</sup>, between weeks 14 and 20 there has been a spike in the cholera cases in Baidoa IDPs. In response, 45 Cholera Treatment Centres (CTC) were activated that might have helped to control the situation. Key informants have reported that in the two CTCs in Baidoa, the cholera cases registered have significantly reduced (around 70 cases in the past weeks compared to 300 in May-July), however it has been reported that 80% of cases are coming from IDPs that are originally from areas that experienced water shortages and water contamination.

Figure 18: Trends of cholera cases from epidemiological week 1 to 46, 2022 in Baidoa and week 1-43 in Banadir, WHO



Although the curve has been almost flat from week 25 in Baidoa district and decreasing from week 35 in Banadir region, considering that cholera is endemic in Somalia, and as shown by the FSNAU October survey data on access to sanitation facilities, corroborated by key informants, the vast majority of households surveyed in Burhakaba do not have sufficient water and health services, which has been at the core of the displacement. There is still a significant risk of cholera outbreak in rural areas and especially in IDP camps, where congestion and the poor hygiene and sanitation conditions would be highly conducive. It has also been reported that there is lack of knowledge on where to access the health services within the IDP sites.

<sup>35</sup> Children who had any sign or symptoms of infectious diseases in the past two weeks prior to the survey.

<sup>36</sup> In July 2022 morbidity rate in Baidoa IDPs was at 42.2% (95% CI: 35.2-49.7).

<sup>37</sup> In July 2022, morbidity rate in Mogadishu IDPs was at 34.4% (95% CI: 27.8-40.9).

<sup>38</sup> Source: AWD/Cholera Weekly epidemiological report (23 – 30 October) 2022.

Figure 19: Morbidity, vitamin A supplementation and measles vaccination trends, FSNAU

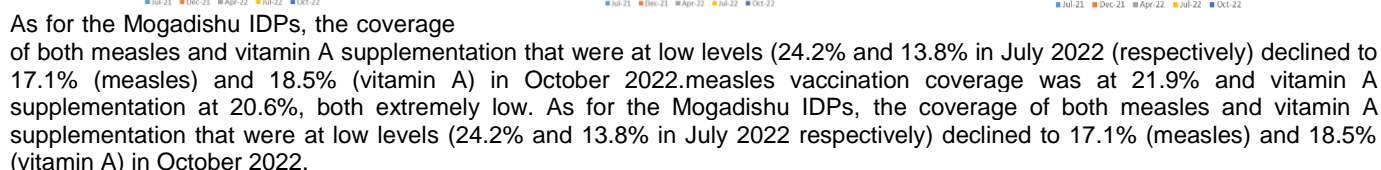
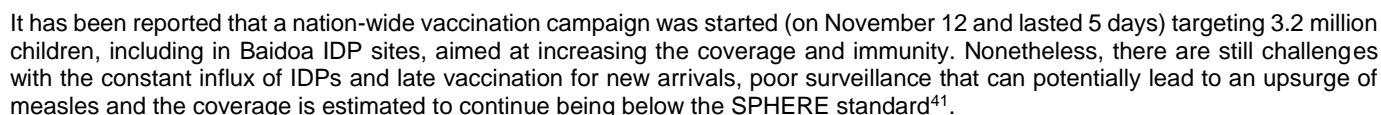


Figure 20: Trends of suspected measles cases reported in Bay and Banadir, epidemiological weeks 1 - 43. WHO



<sup>41</sup> Coverage: Review coverage data for displaced and host populations to assess if routine measles immunisation coverage or measles campaign coverage has been higher than 90 per cent for the preceding three years. Carry out a measles campaign if vaccination coverage is less than 90

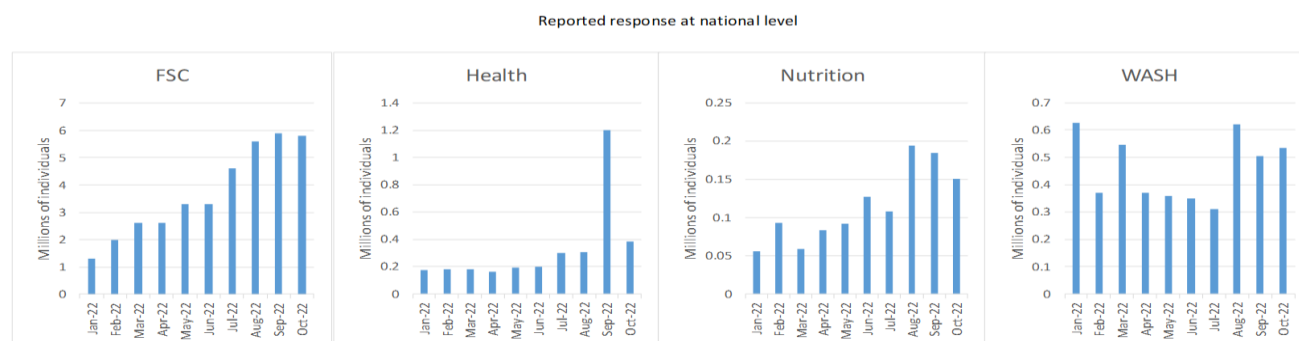


### 3. Humanitarian Response

**The FRC does not intend nor attempt to do an assessment of response in place or planned, nor an assessment of its impact. However a basic analysis of the humanitarian response is needed to appreciate this fundamental mitigating factor and to build assumptions of its evolution in the projection period.**

The latest November figures indicate that the 2022 Somalia Humanitarian Response Plan (HRP) is currently 56.8% funded with an additional 500 million USD reported outside the HRP<sup>42</sup>. Currently, the funding progress by Cluster is generally high, Nutrition (55.8%, 139.6M USD), Health (59.8%, 97.8M USD)<sup>43</sup>, Food Security (59.6%, 642.35M USD), with the exception of WASH (28.3%, 81M USD).

Figure 21: Drought and Famine Prevention Response Dashboard (January - October 2022), OCHA



At the national level, a scale up of humanitarian assistance can be easily observed across the sectors from the reported response data<sup>44</sup>. Food Security, Health and Nutrition show gradual yet progressive expansion. This is contrary to the WASH response which fluctuates more and did not scale up until August - September 2022. In addition to the scale up of humanitarian assistance, a more integrated approach to programming was introduced in late September 2022. This new approach and framework saw many of the Clusters (FS, NUT, HEALTH, WASH) use common storage and operational facilities in Baidoa and Mogadishu districts while also expanding into hard to reach areas. The integrated programming was also characterized as a combination of complementary activities, such as a food distribution with screening during registration along with vaccination or nutrition services. Other examples include aligned targeting and inter-sectoral collaboration on screening and referrals.

It is worthwhile to highlight the ability of some sectors, like health, to expand into hard to reach areas or previously inaccessible areas through new community activities and outreach. Areas as far as 20km away from Baidoa town were reportedly reached through this new community outreach, well beyond the previous 5 - 10km barrier for most humanitarian operations. While previously not feasible, this approach was stated to provide services to newly accessible populations with indications that referrals can access the Baidoa operational area as needed. Humanitarian partners have reported using these new approaches in Baidoa district, Burhakaba district and in other hard to reach areas with estimates of several thousand households assisted in recent months.

Nonetheless, despite this recent outreach of the Health Sector, measles vaccination campaigns came late and were insufficient. Vaccination coverage remains low. The WASH scale up in sanitation is seemingly inadequate to prevent AWD and further cholera outbreaks.

**In the first projection period (January to March 2023)**, the supplies planned in the food security and nutrition sectors are expected to be maintained at a sustained level, however insufficient resources to support operational costs might hamper the outreach of the response in these sectors. Health and WASH sectors do not seem to have sufficient funding and capacity for further expansion at present, especially with regards to vaccination campaigns and sanitation. An additional impediment in the

per cent, unknown or in doubt. Administer vitamin A supplementation at the same time. Ensure that at least 95 per cent of newcomers to a site aged between six months and 15 years are vaccinated.

<sup>42</sup> Source; OCHA FTS, Somalia: <https://fts.unocha.org/appeals/1063/summary>.

<sup>43</sup> According to the latest report from the Somalia Health Cluster response dashboard of the funding requirements (163.4 M USD) to address targeted objectives, 43.5% were funded by November 2022.

<sup>44</sup> Source: Drought and Famine Prevention Response Dashboard (January - October 2022) As of 23 November 2022. <https://reliefweb.int/report/somalia/somalia-drought-and-famine-prevention-response-dashboard-january-october-2022-23-november-2022>

latter is represented by limitation in investments in private lands where new IDPs sites are established as well as a tangible risk of groundwater resources exhaustion.

**In the second projection period (April to June 2023)**, while the nutrition sector has confirmed adequate funding for supplies, a high degree of uncertainty over the other sectors exists and a highly inadequate level of funding is currently available for this period for Humanitarian Food Assistance.

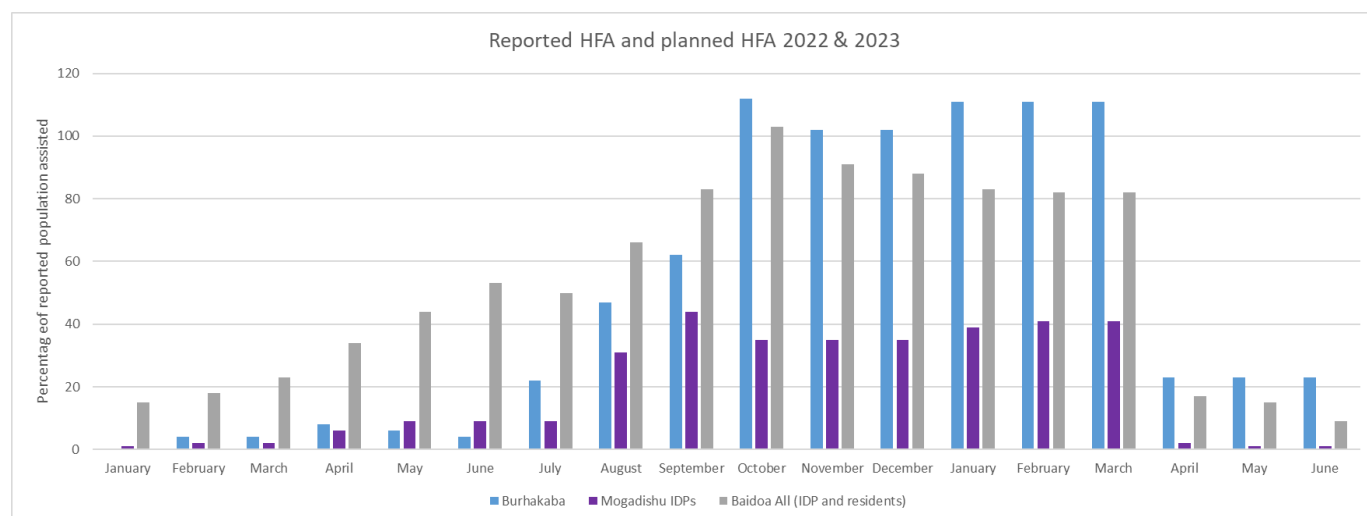
### Response in Food Security

From the data received from the Food Security Cluster, a significant scale up in the Humanitarian Food Assistance (HFA) is observed in Bay region and in Mogadishu IDP sites starting in July - August 2022<sup>45</sup>. In Burhakaba district, the HFA increased from 6% of the population covered in the April - June period, to over 43% in the July - September period and to 105% in the October - December period. Available HFA plans indicate 111% of the population will be covered in the January-March period however only 23% of the population will benefit from HFA in the April - June 2023 period – below the threshold considered as ‘significant’ by the IPC protocols.

In Baidoa (district residents and IDPs), HFA increased from 43% of the population covered in the April-June period, to over 65% in the July - September period and to 94% in the October - December period. Available HFA plans indicate a decrease to 82% in the January - March however only 14% of the population will benefit from HFA in the April - June 2023 period – below the threshold considered as ‘significant’ by the IPC protocols.

In Mogadishu, HFA slightly increased from 8% in the April - June period, to 11% in the July - September period and to 35% in the October - December period. Available HFA plans indicate an increase to 40% in the January - March period, then a major decline to 1% in the April - June period of 2023.

Figure 22: Reported Humanitarian Food Assistance in 2022 and plans for 2023, FSC



Around 90% of all reported food assistance is provided via cash transfers. According to the FSC, the cash transfer value was adjusted in September based on the evolving market prices and inflation. The previous adjustment was in April 2022. The Cash Working Group and the FSC recommend the transfer value is set per region and the Food MEB covers 80% of the Food MEB<sup>46</sup>. According to the Food Security Cluster response dashboard<sup>47</sup>, there has been minimal livelihood response reported in the January - October 2022 period. With the recurrent drought, many interventions in support of livelihood were deprioritized in favour of other

<sup>45</sup> Source: Food Security Cluster, HFA - individuals assisted in 2022 and 2023 plans. Disaggregated reporting for Baidoa IDP and AP ended in October 2022.

<sup>46</sup> Source: Drought Response CVA Transfer Value Recommendations (September 2022).

<https://www.humanitarianresponse.info/en/operations/somalia/cash-activities/events>.

<sup>47</sup> Source: FSC response dashboard 2022 <https://fscluster.org/somalia/document/fsc-response-interactive-dashboards-2022>.

more immediate programmes like conditional or unconditional cash transfers. As many livelihood partners traditionally work in rural areas, they may have more operational presence in rural or hard to reach areas than those from other sectors.

It is estimated that livelihood support financing did not arrive as early, nor in similar amounts, in comparison to food, nutrition, WASH or health assistance. This expected delay may also help account for limited livelihood support activities, outside of repurposed cash assistance, until late 2022.

### Response in Acute Malnutrition

In Baidoa, a significant scale up in nutrition activities was reported by partners in IDPs sites as of July 2022. According to the Somalia Nutrition Cluster dashboard<sup>48</sup> by October 2022, there were 64 Outpatient Treatment Program (OTP), 4 Stabilization Centre (SC), 25 Target Supplementary Feeding Program (TSFP), 3 Blanket Supplementary Feeding Program (BSFP), compared to 47 OTP, 2 SC, 25 TSFP and 32 BSFP by July 2022. In July 2022, the number of facilities were: 43 OTP, 5 SC, 45 TSFP and 0 BSFP and by October three additional OTPs were created.

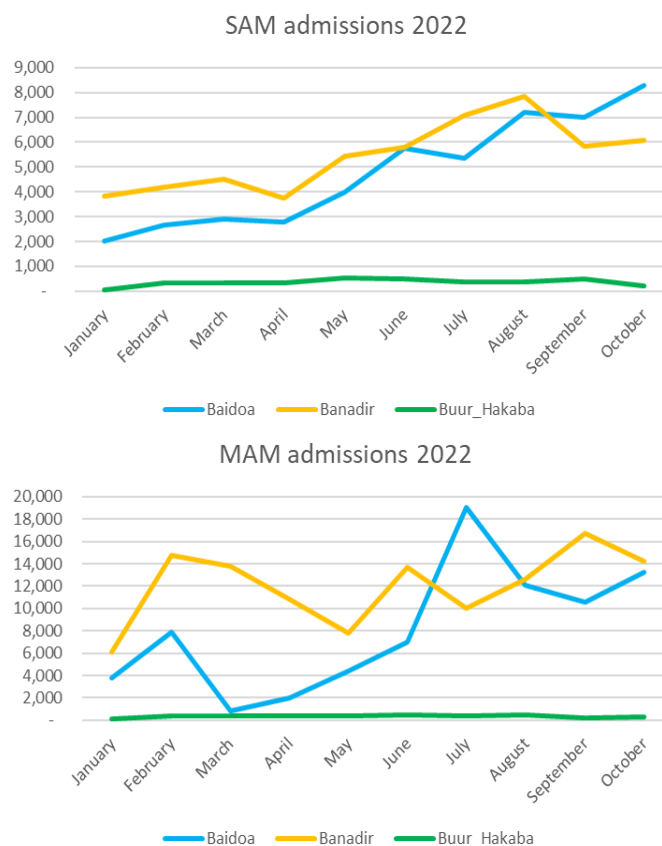
In terms of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) treatment, the coverage<sup>49</sup> of SAM programme was at 68.9% and of MAM at 38% in October 2022 in Baidoa IDPs, however it remained below the acceptable levels<sup>50</sup>, based on the SPHERE standards for IDPs or sites. Additionally, informants reported that the newest arrivals mostly settle themselves far away from the centre, and there are security challenges in accessing them as well as reportedly less awareness and utilization of health and nutrition services. This partly explains the high levels of GAM that remained unchanged over time, including the poor registration on arrival and tracking that do not differentiate the new arrivals of the old arrivals, as shown by the FNAU data, disaggregated by length of stay, where GAM in both new and old arrivals has not changed between July and October 2022.

As for the agro pastoral areas of the Baidoa districts, the challenges remained high over time where the coverage of both SAM and MAM treatment were at 26.09% and 22.0% respectively, also below the SPHERE standards for rural areas. The number of facilities were the same over time (6 OTP, 1 SC, and 6 TSFP) both in July and October 2022).

Key informants have reported that the focus of the response has been on provision of supplies rather than an integrated approach, and only recently expanded some services in accessible rural areas. In Mogadishu, a similar scale-up and approach was reported by key informants, with a limitation of services being provided once a month for MAM treatments.

**In the projection periods (January to June 2023)**, while partners have confirmed availability of supplies to cover the burden, key informants have reported shortage of funds for the nutrition cluster partners for operations. Therefore, unless additional funds are provided, provision of nutrition services might be hampered in the **projection** period. As for the rural areas, in addition to the aforementioned, challenges in humanitarian access are expected to remain similar in some locations and deteriorate in others, therefore, access to services are expected to be hampered further.

Figure 23: SAM and MAM admissions in 2022, UNICEF



<sup>48</sup> Source: Somalia Nutrition Cluster, October, 2022. <https://app.powerbi.com/view?r=eyJrIjoieTZA0MjY0MjE4YzNiY00N2U4LWFKYmItZTMzYjE4ZTEyNjY0IiwidCI6ImFhZGFIN2JhLTE1NmQitNGVmYi05ZjA0LWE0ODM1ZmUxM2YxZSJ9&pageName=ReportSection9a1f3a3c2d0e2d4c9b10>.

<sup>49</sup> Total number of children admitted for SAM treatment until October divided by the total expected target.

<sup>50</sup> Source: SPHERE Project (2018): Percentage of SAM or MAM cases with access to treatment services (coverage): >50% in rural areas; .70% in urban areas and >90% in camps.



## Response in Health

According to Somalia Health Cluster response dashboard<sup>51</sup> of the funding requirements (163.4 M USD) to address targeted objectives, 43.5% were funded by November 2022. This affected the cluster's ability to conduct a significant scale up of operations. In terms of beneficiaries reached, the Health cluster partners reported in November having reached 69% (3.4 million people) out of the 4.9 million people targeted.

According to the same report, partners increased response activities in Bay and Bakool region through deployment of Integrated Emergency Response Teams (IERTs) in hard constraint areas/villages in Baidoa and Burhakaba. Integrated health and nutrition response is implemented in all the districts through close coordination of health and nutrition clusters. A cascade Early Warning, Alert, and Response Network (EWARN) refresher training was conducted for health facilities and services such as nutrition screening, deworming, and consultation to mothers and their children were provided to the communities in identified hard-to-reach areas. Health cluster partners have scaled up activities in some districts in Banadir such as Dayniile, Khada & Dharkenley which host the highest newly displaced population. Partners have set up oral rehydration therapy (ORT) centres and oral rehydration points (ORPs) in Dayniile and Khada and deployed community surveillance teams in all 17 districts in Banadir.

According to the Health Cluster Bulletin of September and October 2022<sup>52</sup>, during the month of October, a consortium that comprises INGOs conducted district wide mass measles campaign in Baidoa, Burhakaba and Afgoye districts all in the Southwest State reaching 222,021 children under the age of 15 years with measles vaccines. Out of these children, 60% (141,661) were under the age of 5 years. A national measles campaign took place in November, targeting 3.2 million children.

UNICEF data<sup>53</sup> shows a scale up in vitamin A supplementation in Baidoa and Banadir, from April to August, with a decline from August. The case management of measles and AWD has been quite poor, which has likely contributed to high mortality. Apart from capacities, there are also challenges on the timeliness of reporting, especially with relation to cholera and measles. Key informants have suggested that suspected cases reports can be shared with two or three weeks of delay.

WHO and MoH have trained and deployed 47 outreach teams in hard-to-reach areas in Baidoa district of Bay region. 39 villages were prioritized to implement integrated outreach immunization activities in drought affected districts in the Southwest State of Somalia. The teams were deployed, to provide vaccination services, micronutrients supplementation including vitamin A, to children below the age of 5 years. Services such as nutrition screening, deworming, and consultation to mothers and their children

Figure 24: Trends of beneficiaries reached by health interventions till October 2022 and plans for 2023, Health Cluster

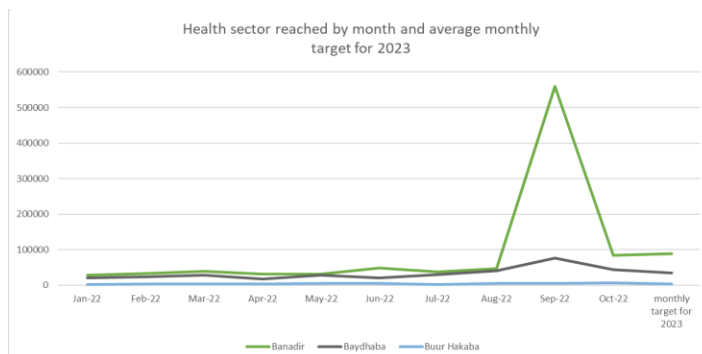


Figure 25: Trends of populations receiving Vitamin A supplementation, UNICEF

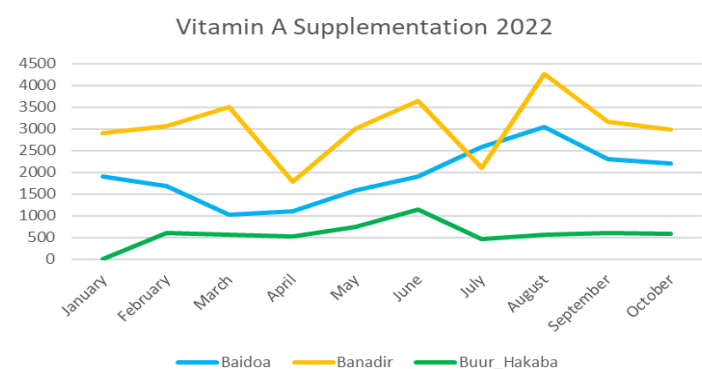
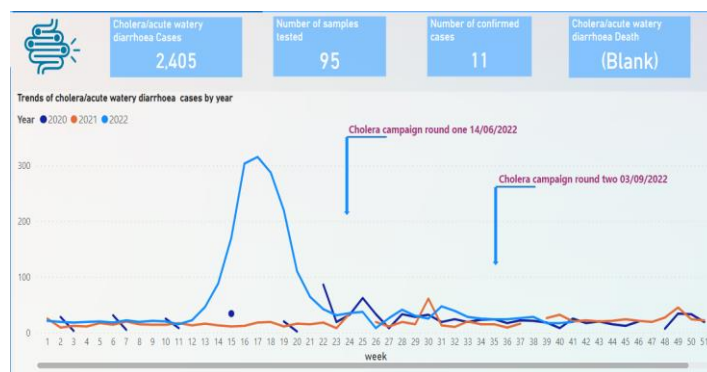


Figure 26: Trends of cholera/acute watery diarrhoea cases by year, WHO



<sup>51</sup> Source: Somalia Health Cluster Humanitarian Response Monitoring Dashboard, September 2022. <https://reliefweb.int/report/somalia/somalia-health-cluster-humanitarian-response-monitoring-dashboard-september-2022>.

<sup>52</sup> Source: Health Cluster Bulletin September & October 2022. <https://reliefweb.int/report/somalia/somalia-health-cluster-bulletin-september-october-2022>.

<sup>53</sup> Source: UNICEF, Trends of populations receiving Vitamin A supplementation, January to October 2022.

was provided to the communities in identified hard-to reach areas. Caafimad Plus a consortium has conducted a district wide mass measles campaign in Baidoa, Burhakaba and Afgoye districts in Southwest state, reaching 222,021 under 15 years of children with measles.

In the projection periods from January to June 2023, unless there is additional funding to fill the gap of the health sector, and with it an appropriate, relevant and feasible response plan, with the same challenges as described in other sectors (humanitarian access, constant influx of IDPs, no vaccination on arrival) health services will remain suboptimal.

Response in WASH

Funding for the WASH intervention is 84.6 million out of the required 286 million<sup>54</sup>. The number of people reached per month with WASH assistance (country level) increased significantly from July to August 2022, with a decline in September partly recovered in October.

**Water trucking** scale up has been challenging due to the high and progressively increasing costs associated with this activity. In Baidoa, before the recent rains, a slowdown was driven by water levels dropping, which brought to readjustment of quantity per day below the SPHERE standards. However, the daily provision of water has continued through tankers using farther resources, in a cycle of continuous expansion of the range alongside with the increase of the number of IDPs. Similarly, in Mogadishu the population in IDP sites are mainly served through water trucking.

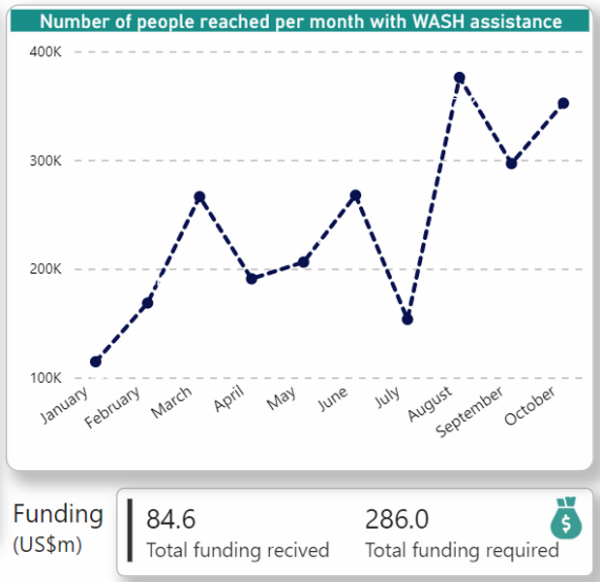
In terms of **sanitation**, it is estimated that only 1.1 out of 5.2 million people have been reached by sanitation activities. The targets met are mainly in urban and IDP areas, while in rural areas the activities have been very limited. Despite higher interventions in IDP sites in Baidoa, the highest constraints is due to the fact that new IDP sites are mostly in private land and investments in those are discouraged as opposed to investment in longer terms / established formal sites.

**Hygiene** supply has been sustained and core items are available through different hubs located in the South Western and Central zone.

Overall, WASH response in rural communities remains marginal. Many communities remain locked or inaccessible and due to poor access to services and to humanitarian response in general, the population is forced to displace towards Baidoa increasing the burden over response in the IDP sites.

For the **projection periods (January to June 2023)**, the FRC did not have evidence of confirmed funding for the sectors, however informants indicate funding challenges experienced in 2022 might continue in 2023. The poor performance in sanitation would have to be addressed at a political level as it is mainly linked to the issue of informal IDP sites being on private land requiring specific negotiations, as well as the issue of new sites in general. Similarly, water trucking carries enormous costs and a price cap should be negotiated by the Government. Water prices may continue to rise if not artificially set by authorities. Without limitations on pricing, the upcoming dry period is expected to further increase the price of water. Considering the high use of water trucking, this approach is vulnerable to fuel price variations. Strict monitoring of groundwater level will be needed to ensure the feasibility of continuing water trucking.

Figure 27: Trends of WASH activities beneficiaries, WASH Cluster



<sup>54</sup> WASH response dashboard: <https://www.humanitarianresponse.info/en/operations/Somalia/water-sanitation-hygiene>.

#### 4. Expected outcomes in the projection periods

**In the first projection period (January to March 2023), it is expected that:**

- Livelihood conditions will not improve, this period is considered to be a dry season;
- Food and water prices will continue at extremely high levels; Price trends for staple foods in Somalia are mostly influenced by international prices which are currently highly unstable due to the war in Ukraine;
- New influx of IDPs could occur once the ongoing rains stop;
- The outreach in rural communities will be severely hampered by the unpredictability of the security situation in the coming months, limiting humanitarian access;
- The epidemic risk will remain high considering the low coverage of vaccination and poor coverage of WASH services;
- The supplies planned in the food security and nutrition sectors will be maintained at a sustained level, however the resources to support operational costs will remain uncertain;
- Health and WASH sectors do not seem to have sufficient funding and capacity for further expansion, especially with regards to vaccination and increasing the coverage of other health services and sanitation;
- Resource constraints and organizational capacity issues are exacerbated by ongoing insecurity and political challenges.

In addition, a tangible risk of groundwater resources exhaustion is present in Baidoa – and there are as yet, no contingency plans for what needs to be done if this occurs.

The FRC estimates that in the period between January and March 2023, the drivers in the current period will continue to add stress to households' food security, health and nutrition status and the risk of mortality. The successful delivery of humanitarian food assistance (HFA) will likely keep acute food insecurity below the famine thresholds, and likely partly provide some contribution to meeting other basic needs, considering that assistance is provided in the form of cash that can be used to address needs such as purchasing water and addressing health needs.

**The FRC endorses the IPC TWG classification for the first projection period (January to March 2023) for all three areas. The situation is expected to continue at high IPC Phase 4 (Emergency- Acute Food Insecurity scale - and Critical - Acute Malnutrition scale).** The high levels of planned humanitarian assistance will likely avert IPC Phase 5 (Famine) but not improve the current, very serious, conditions.

However, the FRC acknowledges that nutrition and mortality outcomes are very precarious and contingent on the evolution of WASH, health and nutrition sector interventions to better serve the needs of the vulnerable populations.

Further scale up is needed:

- in the health sector - which is still presenting management, capacity, quality, coverage of services and funding shortages;
- in the WASH sector - where particularly the sanitation element is still significantly below standard;
- in the nutrition sector - where there is insufficient prevention activities and inadequate coverage of services.

All three sectors have inadequate outreach in rural communities.

**In the second projection period (April to June 2023), many of the drivers of the current extremely severe conditions are subject to a high degree of uncertainty.** For instance:

- The latest climate outlook, forecasts indicate a 62% probability of rainfall to be within the lowest tercile range. However, at this point in time, the capacity to confidently estimate the likelihood and magnitude of below normal rainfall is still low;

- Regarding the *Gu* season, even in a best case scenario of normal seasonal rains, given the extreme depletion of livelihood assets, there is uncertainty over the possibility of farmers and pastoralists to start to take advantage of few labor opportunities, pasture regeneration and green harvest in case of rain;
- Price of water remains particularly high and volatile; for food commodities, the price trends in Somalia are mostly influenced by international prices which are currently highly unstable due to the war in Ukraine;
- The capacity of markets to continue to supply adequate amounts of food, so as to avoid excessive levels of inflation, is unknown;
- There is high uncertainty on the evolution of inflow and outflows of IDPs to and from these locations – and the stress this can cause on local resources, especially water;
- Access, with new areas becoming accessible and others presenting increasing high risk of insecurity, is highly volatile;
- Epidemic trends and risks are not predictable at this stage;
- Lastly, the funding of crucial response sectors such as food security, WASH, nutrition and Health is not clear at this stage.

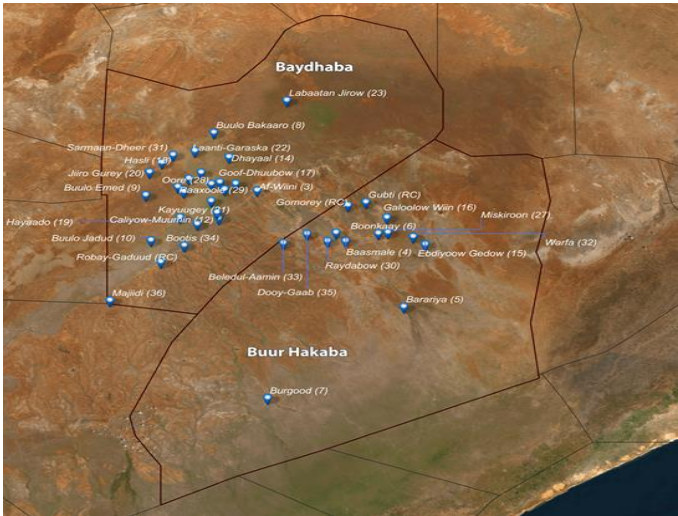
**With the high degree of uncertainty and volatility of drivers at this point in time, the FRC is unable to endorse the TWG classification with a sufficient degree of confidence. The TWG could however publish their projection stating clearly and quantifying the assumptions leading to their classification. The FRC is of the opinion that if funding, outreach, management and coverage in all sectors and in particular in health, WASH and nutrition are not adequately scaled up, Famine is a strong possibility and not only in the April-June period but well beyond that.**



ANNEX 2 – DATA QUALITY CHECKS

Mapping of clusters sampled in FSNAU October 2022

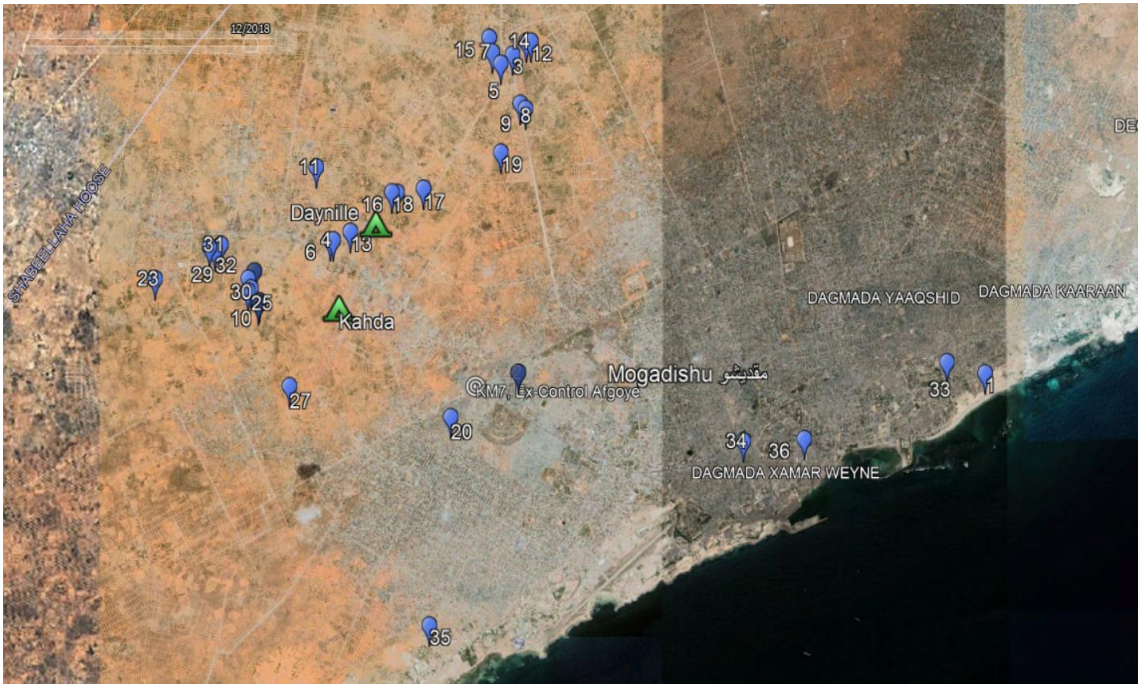
Map 1 Clusters from the FSNAU survey: Baidoa rural (24 clusters, 165 observations); Burhakaba district (12 clusters 80 observations)



Map 2 Clusters from the FSNAU survey: Baidoa IDP sites (36 clusters, 253 observations)



Map 3 Clusters from the FSNAU survey: Mogadishu IDP sites (36 clusters, 253 observations)



## DATA PLAUSIBILITY CHECKS

### Consistency checks and cross tabulations

#### *Burhakaba and Baidoa districts (Rural Residents)*

##### Correlation

Chi-square N = 245				
	FCS	HDDS	rCSI	HHS
FCS		0.000	0.000	0.000
HDDS	0.000		0.000	0.000
rCSI	0.000	0.000		0.000
HHS	0.000	0.000	0.000	

Chi-square analysis was conducted for outcome indicators on food consumption and livelihood change. The analysis provides information on convergence of vulnerability within the analysis population. The result of the analysis shows that all indicators presented strong correlation to each other. Values of 0.05 of Pearson's chi-square or lower show a statistically relevant

correlation.

Spearman's rho correlation N = 245				
	FCS	HDDS	rCSI	HHS
FCS				
HDDS	0.875**			
rCSI	-0.748**	-0.717**		
HHS	-0.757**	-0.693**	0.851**	
* Correlation is significant at the 0.05 level (2-tailed)				
** Correlation is significant at the 0.01 level (2-tailed)				

Based on Spearman's rho correlation analysis there is a significant high correlations between indicators lot of variance in correlation between indicators. Correlation is highly significant between indicators, but the relationship is direct for FCS and HDDS and HHS and rCSI and inverse between FCS and rCSI, FCS and HHS, HDDS and HHS and HDDS and rCSI.

#### *Newly arrived IDPs in Baidoa district*

How long has your household been living in this settlement? x FCS

		Acceptable	Bordeline	Poor	Total
How long has your household been living in this settlement?	1-3 months		37.5%	62.5%	100.0%
	4-6 months	4.1%	30.1%	65.8%	100.0%
	7-12 months	15.4%	25.0%	59.6%	100.0%
	1-3 years	66.7%	16.7%	16.7%	100.0%
Total		7.1%	30.2%	62.7%	100.0%

How long has your household been living in this settlement? x HDDS

		Minimal-Stressed (5-12)	Crisis (3-4)	Emergency (0-2)	Total
How long has your household been living in this settlement?	1-3 months	66.7%	31.3%	2.1%	100.0%
	4-6 months	58.9%	32.2%	8.9%	100.0%
	7-12 months	71.2%	26.9%	1.9%	100.0%
	1-3 years	100.0%			100.0%
Total		63.9%	30.2%	6.0%	100.0%

How long has your household been living in this settlement? x HHS

		Minimal	Stressed	Crisis	Emergency	Catastrophe	Total
How long has your household been living in this settlement?	1-3 months	25.0%		64.6%	10.4%		100.0%
	4-6 months	19.2%	0.7%	75.3%	4.1%	0.7%	100.0%
	7-12 months	40.4%	1.9%	55.8%	1.9%		100.0%
	1-3 years	83.3%		16.7%			100.0%
Total		26.2%	0.8%	67.9%	4.8%	0.4%	100.0%

How long has your household been living in this settlement? x rCSI

		Minimal	Stessed	Crisis-Emergency	Total
How long has your household been living in this settlement?	1-3 months	25.0%	20.8%	54.2%	100.0%
	4-6 months	19.9%	17.1%	63.0%	100.0%
	7-12 months	40.4%	26.9%	32.7%	100.0%
	1-3 years	83.3%	16.7%		100.0%
Total		26.6%	19.8%	53.6%	100.0%

## Correlation

Chi-square N = 253				
FCS	FCS	HDDS	rCSI	HHS
		0.000	0.000	0.000
HDDS	0.000		0.000	0.000
rCSI	0.000	0.000		0.000
HHS	0.000	0.000	0.000	

Chi-square analysis was conducted for outcome indicators on food consumption and livelihood change. The analysis provides information on convergence of vulnerability within the analysis population. The result of the analysis shows that all indicators presented strong correlation to each other. Values of 0.05 of Pearson's chi-square or lower show a statistically relevant correlation.

Spearman's rho correlation N = 253				
FCS	FCS	HDDS	rCSI	HHS
HDDS	0.709**			
rCSI	-0.399**	-0.452**		
HHS	-0.608**	-0.566**	0.751**	
* Correlation is significant at the 0.05 level (2-tailed)				
** Correlation is significant at the 0.01 level (2-tailed)				

Based on Spearman's rho correlation analysis there are significant high correlations between indicators. The relation is direct (positive) for FCS and HDDS and HHS and rCSI and inverse (negative) between FCS and rCSI, FCS and HHS, HDDS and HHS and HDDS and rCSI.

## Newly arrived IDPs in Mogadishu district

How long has your household been living in this settlement? x FCS

		Acceptable	Bordeline	Poor	Total
How long has your household been living in this settlement?	1-3 months	76.3%	19.4%	4.3%	100.0%
	4-6 months	74.7%	19.5%	5.7%	100.0%
	7-12 months	81.5%	14.8%	3.7%	100.0%
	1-3 years	87.2%	12.8%		100.0%
	Over 3 years	93.3%	6.7%		100.0%
Total		78.9%	17.2%	3.8%	100.0%

How long has your household been living in this settlement? x HDDS

		Minimal-Stressed (5-12)	Crisis (3-4)	Emergency (0-2)	Total
How long has your household been living in this settlement?	1-3 months	93.5%	6.5%		100.0%
	4-6 months	85.1%	14.9%		100.0%
	7-12 months	92.6%	3.7%	3.7%	100.0%
	1-3 years	97.4%	2.6%		100.0%
	Over 3 years	100.0%			100.0%
Total		91.6%	8.0%	0.4%	100.0%

How long has your household been living in this settlement? x HHS

		Minimal	Stressed	Crisis	Emergency	Catastrophe	Total
How long has your household been living in this settlement?	1-3 months	23.7%	2.2%	63.4%	7.5%	3.2%	100.0%
	4-6 months	21.8%	1.1%	65.5%	4.6%	6.9%	100.0%
	7-12 months	29.6%	3.7%	66.7%			100.0%
	1-3 years	41.0%	17.9%	41.0%			100.0%
	Over 3 years	33.3%	6.7%	53.3%	6.7%		100.0%
Total		26.8%	4.6%	60.5%	4.6%	3.4%	100.0%

How long has your household been living in this settlement? x rCSI

		Minimal	Stessed	Crisis-Emergency	Total
How long has your household been living in this settlement?	1-3 months	20.4%	16.1%	63.4%	100.0%
	4-6 months	13.8%	25.3%	60.9%	100.0%
	7-12 months	22.2%	22.2%	55.6%	100.0%
	1-3 years	41.0%	41.0%	17.9%	100.0%
	Over 3 years	33.3%	40.0%	26.7%	100.0%
Total		22.2%	24.9%	52.9%	100.0%

## Correlation

Chi-square N = 262				
	FCS	HDDS	rCSI	HHS
FCS		0.000	0.011	0.000
HDDS	0.000		0.000	0.849
rCSI	0.011	0.000		0.03
HHS	0.000	0.849	0.03	

Chi-square analysis was conducted for outcome indicators on food consumption and livelihood change. The analysis provides information on convergence of vulnerability within the analysis population. The results of the analysis showed significant correlations between all indicators except for HDDS and HHS.

Spearman's rho correlation N = 262				
	FCS	HDDS	rCSI	HHS
FCS				
HDDS	0.595**			
rCSI	-0.395**	-0.285**		
HHS	-0.440**	-0.296**	0.541**	
* Correlation is significant at the 0.05 level (2-tailed)				
** Correlation is significant at the 0.01 level (2-tailed)				

Based on Spearman's rho correlation analysis there are significant correlations between indicators. The relation is strong and positive for FCS and HDDS and HHS and rCSI, significant but not so strong and negative between FCS and rCSI, FCS and HHS, HDDS and HHS and HDDS and rCSI.





## Terms of Reference of the IPC Famine Review on the Somalia IPC Acute analysis, covering the period October 2022 to June 2023

### 1) Introduction and Purpose

#### a) Introduction

This document outlines the Terms of Reference that will guide the review of the IPC Acute analysis conducted in Somalia from to from November 11<sup>th</sup> to 16<sup>th</sup> 2022. The review by the IPC Famine Review Committee is a neutral and independent process aiming at supporting IPC quality assurance and helping to ensure technical rigor and neutrality of the analysis. The activation of the IPC FRC provides an additional validation step before the release of Country IPC results<sup>55</sup>. The FRC Reviews is a specific procedure activated in order to confirm or disprove Famine classifications when IPC country analyses show a potential or already identified situation of Famine.

Famine Reviews are triggered when at least one of the following conditions is met: (i) the country IPC TWG reaches the conclusion that at least one area is classified in IPC Phase 5 Famine or Famine Likely; or (ii) in case of a breakdown in technical consensus within the country IPC TWG regarding possible Famine or Famine Likely classification; or (iii) in case the IPC GSU, acknowledging the presence of evidence above IPC Phase 5 thresholds, decides to activate the Famine Review; or (iv) in case, for similar reasons, an IPC Global Partner officially requests the IPC GSU to activate it<sup>56</sup>. This specific review is activated upon request of the Technical Working Group, considering the classification of Famine in the projection period for Bay agro pastoral zone (rural residents), Baidoa IDPs and Mogadishu IDPs. A process of Review by the FRC is set up according to the IPC Famine Classification Special Additional Protocols in Manual IPC V3.1.

The FRC review and consultations are to remain confidential and internal to the members of the IPC FRC, and are not to be publicly released, by the IPC FRC nor the IPC GSU. An IPC FRC report will be shared with the country and subsequently publicly release in the IPC website. The ownership, final decision and the public release of the IPC analysis remains the responsibility of the country's IPC Technical Working Group (TWG).

#### Purpose

The **IPC FRC review** is an important mechanism of the global, regional and national partnership and governance structures. The committee is formed as needed and on demand and its activation represents an additional validation step before IPC results are released to clear the IPC Phase 5 classification (i.e. IPC Phase 5 Famine or Famine Likely) estimated to support quality assurance and technical consensus building. The committee is to be convened by the request of the IPC Global Support Unit (IPC GSU).

### 2) Composition of the Team and Tasks

#### a) Composition

The IPC Global Famine Review Committee (IPC FRC) will be composed by five independent technical experts. Members are identified at the activation of IPC FRC and selected based on the following criteria:

- Globally recognized as leading technical food security and nutrition experts
- Neutral to the IPC outcome, who have not participated in the analysis under review

<sup>55</sup> 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](https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/manual/IPC_Technical_Manual_3_Final.pdf) .

<sup>56</sup> IPC Famine Guidance Note can be found here: [https://www.ipcinfo.org/fileadmin/user\\_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf](https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Guidance-Note-on-Famine.pdf)

The review process may include additional consultations with TWG and key informants to increase technical understanding and background context. This can be organized by the IPC GSU and should ensure a diversity of stakeholder organization representation (National Government, Country Technical Experts, and Partner Agencies). IPC GSU serves as the chair, secretariat and coordination support to the IPC FRC.

## B. Documentation needed

As part of this standard process, The Technical Working Group is requested to confidentially share key information to allow the FRC to conduct the review. This includes:

- 1) The worksheets of the areas requested to be reviewed by the FRC, including the final IPT TWG classification and assumptions for the projected period,
- 2) The area population, possibly indicating resident and IDP (this latest can be an estimation of actual),
- 3) The raw data of the surveys employed in the analysis This is of critical importance as this will allow the FRC to assess by themselves both the reliability and validity of the data that feeds the IPC.
- 4) The repository of all the evidence employed in the classification of the area under review. This should include all reports and evidence employed in the analysis. Nutrition, WASH and Health reports are also requested for these areas if available. Any additional report from any partners or from the TWG supporting better contextualization will be welcome.
- 5) Information regarding the humanitarian response in place in the sectors mentioned above.

### **All the documentation will be treated confidentially.**

During their review, the FRC assesses the time and method validity of the evidence supporting the IPC TWG classification, appreciates the interpretation and documentation of evidence and analysis and the overall conclusion on Phase classification and population figures based on the parameters presented in this guidance note. The FRC will then conclude by producing recommendations to the TWG, including confirming or disproving Famine classifications.

## III. Process and Timeline

The proposed timeline for the Quality Review process is presented below.

Step	Activity description	Dates
1	IPC Somalia TWG shares with the coordinator of the FRC preparation team the worksheets, classification and population tables for the areas identified for the review. The FRC is activated and receives the completed analysis for areas to be reviewed and any other relevant documentation available from analysis, including the raw data.	November 18 <sup>th</sup> , 2022
2	Data preparation and re-analysis	November 19 <sup>th</sup> to 22 <sup>nd</sup> , 2022
3	The FRC review process	November 22 <sup>nd</sup> to 30 <sup>th</sup> , 2022
4	Finalization and presentation of results to key stakeholders	December 1 <sup>st</sup> to 5 <sup>th</sup> , 2022





# IPC

Integrated Food Security  
Phase Classification



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