IPC

Integrated Food Security Phase Classification

Evidence and Standards for Better Food Security and Nutrition Decisions

Somalia

2024 Post *Gu* IPC Analysis

A Briefing Presentation for All Stakeholders

23 September 2024, Mogadishu

FSNAU Managed by: Food and Agriculture Organization of the United Nations

FSNAU Technical Partners: FEWS NET Famine Early Warning Systems Network; World Food Programme; World Health Organization; SWALIM; unicef; JRC European Commission; UNHCR The UN Refugee Agency

FSNAU Resource Partners: USAID From the American People; UKaid from the British people; SWEDEN; Swiss Agency for Development and Cooperation SDC; Norway

FSNAU funding for the 2024 Post *Gu* seasonal assessments and subsequent IPC analyses was provided by: USA, UK, EU, Sweden, Norway, Switzerland & AfDB

Somalia 2024 Post *Gu* Food Security and Nutrition Outcomes and Projections

Participating Institutions

Somalia IPC Core Group Members: FGS Ministries/Institutions (Agriculture, Livestock, Health, Disaster Management, Statistics), FSNAU/FAO, FEWS NET, WFP/VAM, UNICEF, WHO, Action Against Hunger, REACH, Food Security Cluster, Nutrition Cluster, Health Cluster, WASH Cluster

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2024 Post *Gu* IPC Analysis Overview

- IPC Analysis process: The 2024 Post *Gu* IPC AFI/AMN analysis was organized by the IPC Core Group. The IPC Global Support Unit (GSU) provided technical support throughout the analysis.

- Participation: **138** participants drawn from **55** institutions: Government Institutions (FGS, FMSs and Somaliland) – **49** , Local Universities (UOH, PSU) – 2, UN (Agencies, Funds and Programmes) – **41**, Local and International NGOs – **32**, and other Technical Partners (FEWS NET, REACH , IPC GSU) – **14**

- Unit of analysis: Livelihoods zones in rural areas, internally displaced population groups and urban populations groups across Somalia

- Analysis period was determined considering seasonality of food security and nutrition outcomes in Somalia:
  - IPC AFI Current: July-September 2024 (*Hagaa*)
  - IPC AFI Projection: October-December 2024 (*Deyr*)
  - IPC AMN Current: June-September 2024
  - IPC AMN Projection: October-December 2024

- Population Analysed - **18,706,931** total population of Somalia, used of humanitarian planning purposes for 2024 Source: OCHA).

Data Sources:

- FSNAU, WFP, CWW, REACH, FEWS NET/USGS,, FAO SWALIM, IGAD/ICPAC, SNBS/FGS , Food Security Cluster, Nutrition Cluster, UNHCR, OCHA, WHO, UNICEF, and ACLED. SCI, ICRC, ACF, DRC, CARE

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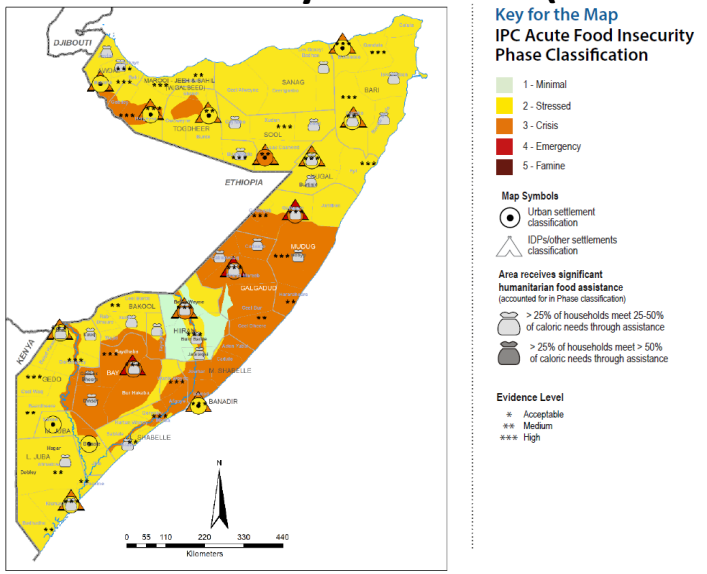
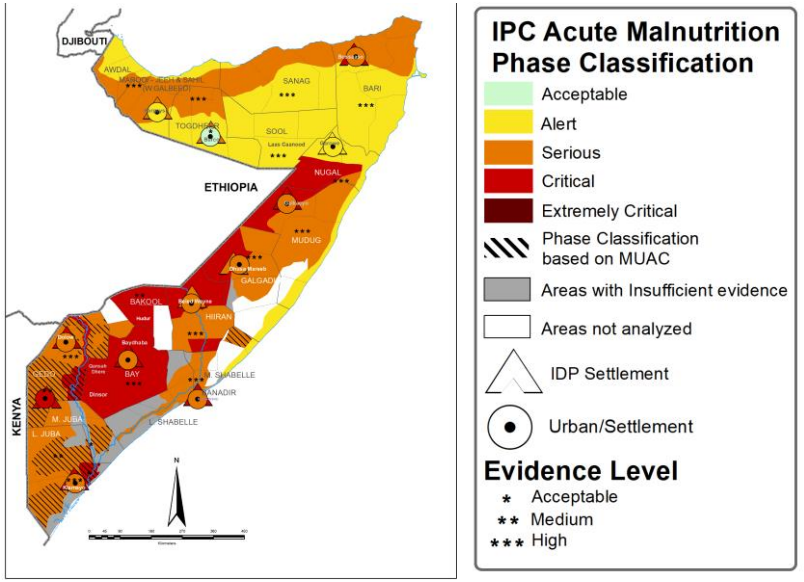
General Findings of the Analysis

- Despite some improvements, levels of acute food insecurity and malnutrition remain high
- Humanitarian assistance is urgently required for Food Security, Nutrition, Health, and WASH programmes, including the treatment of acutely malnourished children
- Current (June-September 2024): **3.6 million people (19%)** of the population in Crisis or worse (IPC Phase 3 and higher)
- Projection (October-December 2024): **4.4 million people (23%)** of total population face Crisis or worse (IPC Phase 3 and higher)
- Approximately **1.6 million** children under the age of five years face acute malnutrition between August 2024 and July 2025 (total acute malnutrition burden), including **403 000** who are likely to be severely malnourished.

Projected Food Security Outcomes (Oct-Dec 2024)



Projected Nutrition Outcomes (Oct-Dec 2024)



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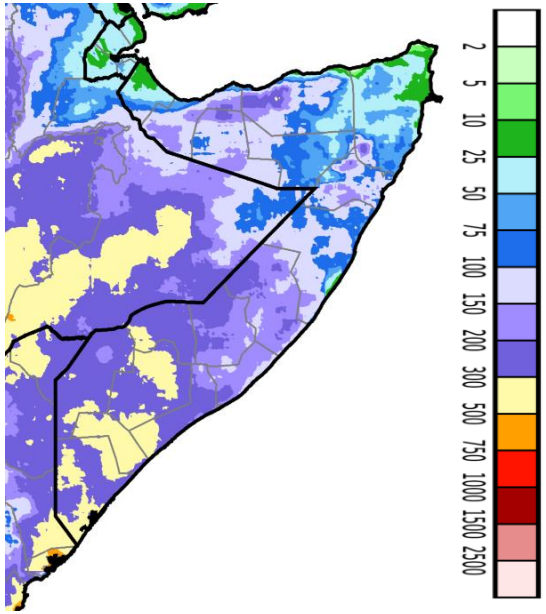
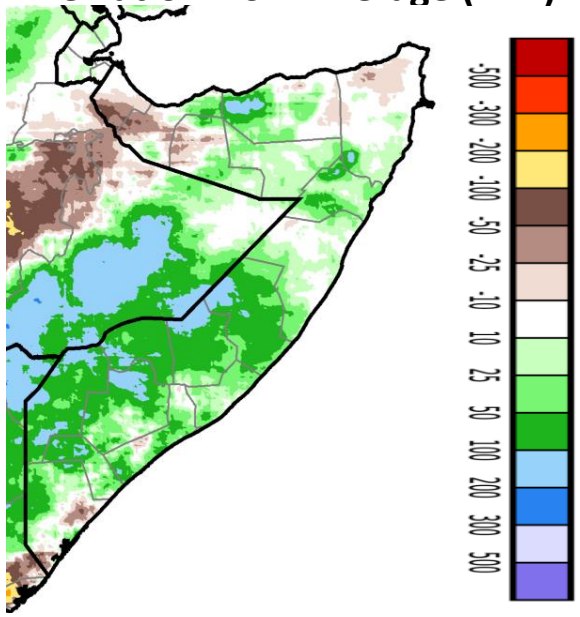
Seasonal Rainfall Performance and Forecast

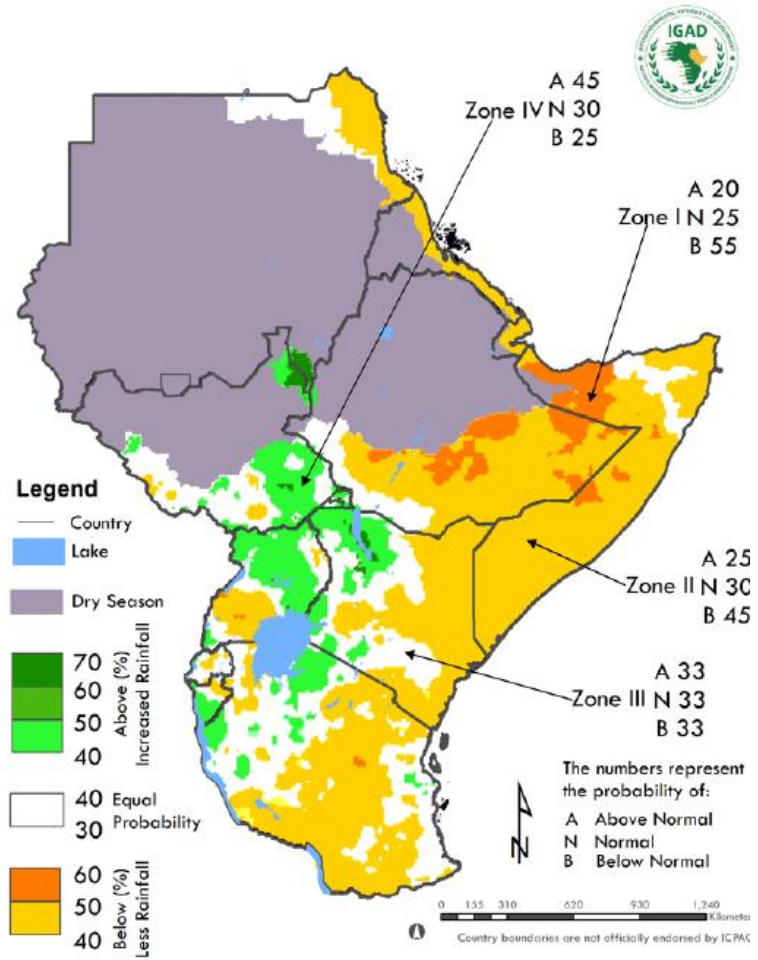
***CHIRPS 2024 Gu* (Apr-Jun) Rainfall Totals (mm)**



***CHIRPS 2024 Gu* (Apr-Jun) Rainfall Deviation from Average (mm)**



IGAD/ICPAC (GHACOF68) Probabilistic Rainfall Forecast for Oct-Dec 2024 (*Deyr*)



- The 2024 Gu season rains started on time in April but ended earlier than usual for most areas, with limited rainfall in May and June. The early withdrawal has hampered crop production & pasture availability in most agropastoral livelihoods
- Riverine flooding was reported Juba, Shabelle, and Hiiraan regions, affecting riverine livelihoods adjacent populated area
- According to NOAA, La Niña, associated with drought conditions in the eastern Horn of Africa, including Somalia, will likely emerge in September to November (71percent) and persist through January to March 2025. As a result, a below-average rainfall is likely for the October-December 2024 Deyr season in most parts of Somalia.

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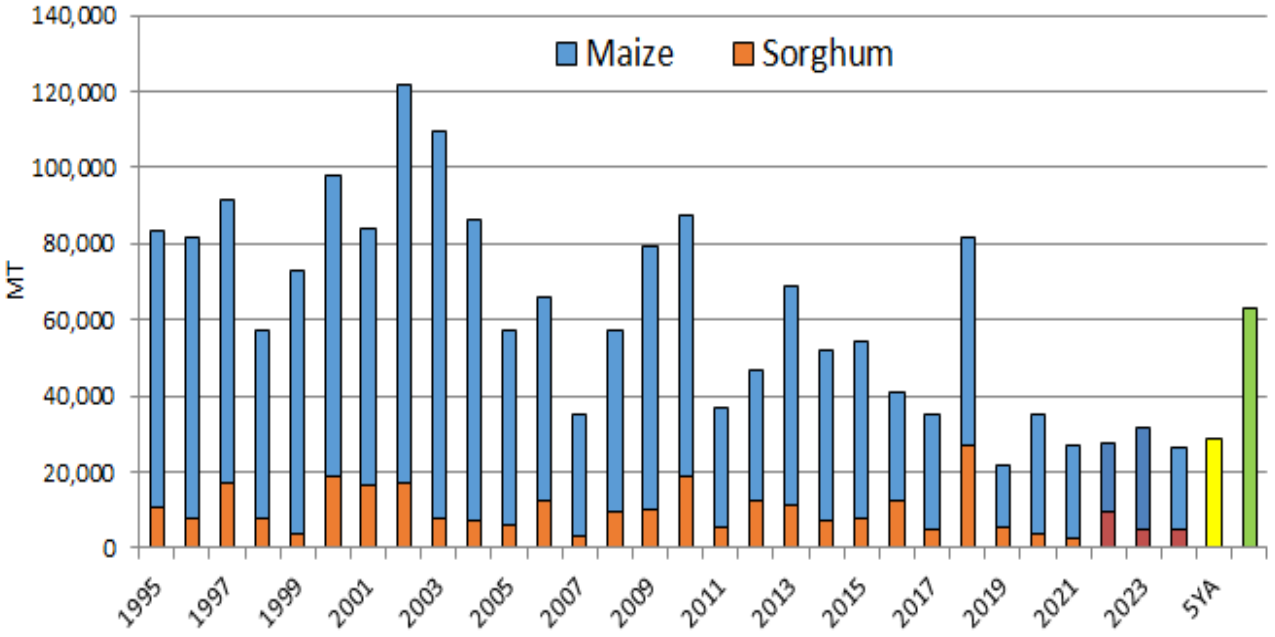
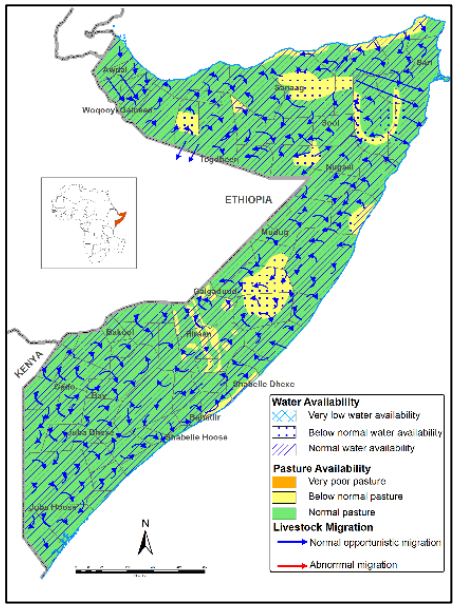
Impact on Agriculture and Livestock



- Gu rains enhanced pasture, browse, and water availability in most pastoral livelihoods.
- Livestock births are medium to high. As a result, milk production and availability for consumption have improved in most of the country.
- Due to sustained favorable rangeland conditions, livestock holdings are increasing among poor households in most pastoral livelihoods, except in central regions and Gedo where the lingering effects of previous droughts persist.

- In southern Somalia, the 2024 *Gu* season cereal production is estimated at 64 000 tons (including 14 100 tons off-season harvest). This is 45 percent lower than the long-term average for 1995-2023.
- Main reasons for the below average production in 2024 *Gu* are early cessation of rainfall, floods, insecurity, pests, and shortage of farm inputs.
- For northwest regions, the 2024 Gu/Karan cereal production is preliminarily estimated at 12 600 tons, 62% below the average for 2010-2023. Main reason long dry spells, high input prices and pest infestations.



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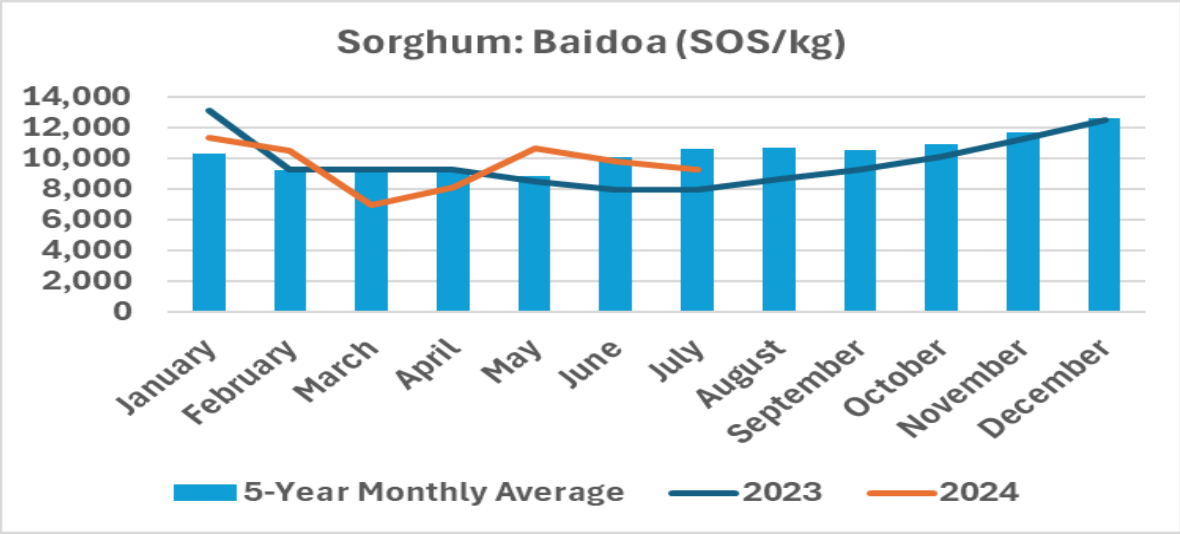
Market Price Trends

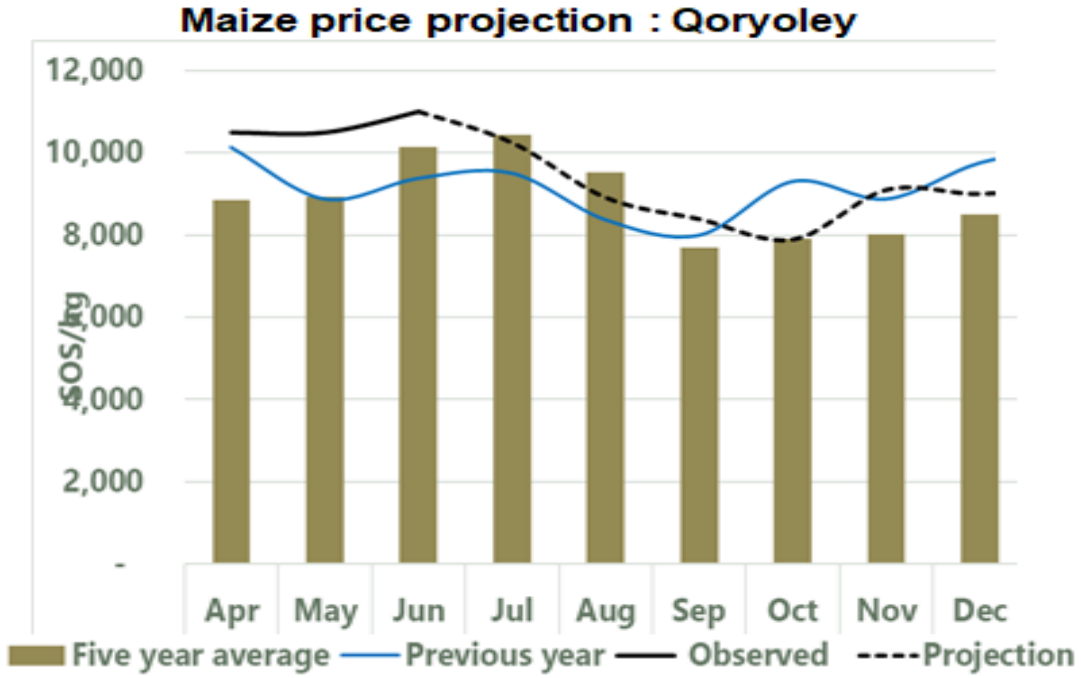
January- June/July2024 (Current)

- The local currency remained generally stable amid continued decline in their use as medium of exchange and increased dollarization in most markets.
- Prices of maize and sorghum in July decreased slightly due to improved supplies from the current 2024 Gu harvest and are also below last year but near the average.
- International prices of all major cereals declined in January to July 2024 amid ample global supply but remained above average due to weak local currency, conflict and high transport costs.
- Stable or decreased Consumer Price Index due to stable or decreasing food prices in the Minimum Expenditure Basket.



August-December 2024 (Projection)

- Between July and December 2024, staple cereal prices are expected to trend near or above average levels due to decreased cereal stocks on account of the below average 2024 Gu season production.
- The prices of imported food commodities (rice, wheat, and sugar) are expected to remain stable or decrease between July and December 2024 due to ample supplies on the global market, but prices will likely remain above average through at least December 2024.



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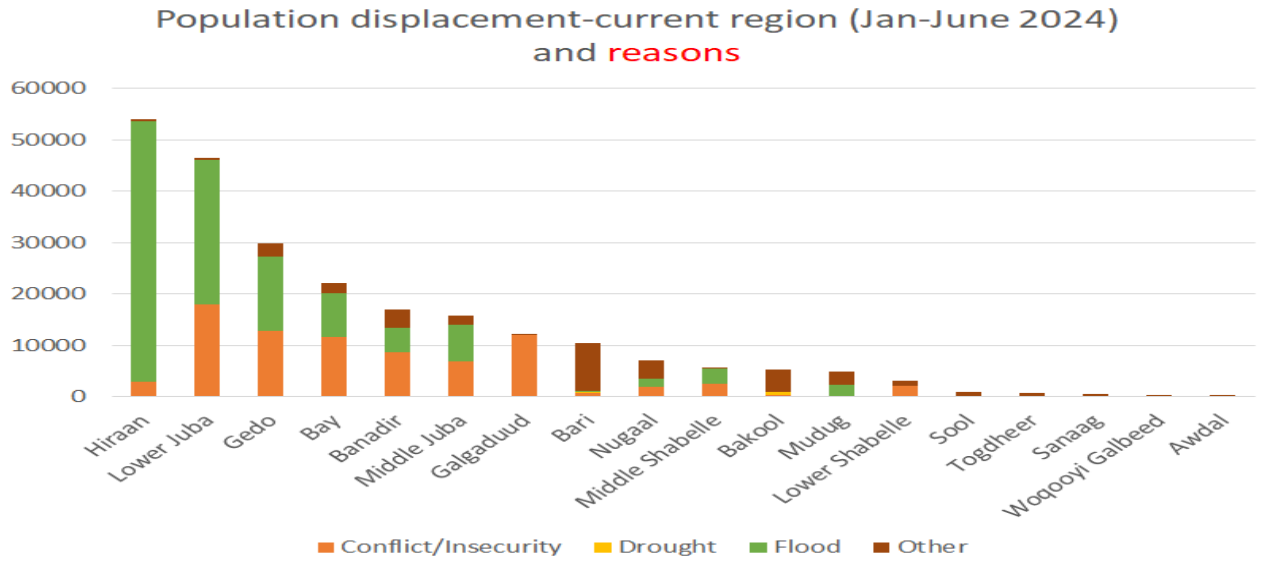
Conflict/Insecurity and Population Displacement

January to June 2024

- 1 590 security related incidents reported across the country between Jan-June 2024
- Highest security Incidences and fatalities were recorded in Lower Shabelle, Mudug, Lower Juba, Galgaduud, and Middle Shabelle
- Overall, 236 000 people were displaced between January and June 2024 for various reasons (floods: 51% and insecurity/conflict: 34%)
- More than 40% of the total insecurity/conflict-induced displacement occurred in Bay, Lower Juba, Mudug, Middle Juba, and Lower Shabelle
- Security remains a major challenge for humanitarian operations in Somalia, particularly in the central and southern parts of Somalia.

July to December 2024

- Insecurity and conflict expected to persist in central and southern Somalia during the projection period, with likely adverse impact on food security and nutrition and livelihood outcomes
- The impending withdrawal of the African Union Transitional Mission in Somalia (ATMIS) forces by December 2024 introduces uncertainty and raises concerns about increased inaccessibility, particularly in Hirshabelle, South-West, and Jubaland.



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Humanitarian Assistance

Food Security

- Despite funding constraints, humanitarian assistance (food and cash but also others) has continued to play a critical role in preventing the worsening of food security and nutrition outcomes in many areas
- Only planned and funded/likely to be funded humanitarian food assistance was considered in the analysis.
- Due to severe funding shortages, FSC partners introduced a prioritized 3-month rotation cycle since April 2024
- Prioritized assistance to the most food-insecure locations where needs are most severe, and to the most vulnerable population groups
- Due to carry over funding from 2023, HFA on average reached 2.1 million people per month between January to March 2024 (51% IPC Phase 3+).
- HFA is reaching 1.3 million per month between July to September 2024 (35% OF IPC Phase 3+). Similar level of assistance is expected to continue in the projection period
- Extreme access challenges constrained the delivery of HFA in six districts

Nutrition

- Humanitarian assistance remains vital in preventing the deterioration of nutrition outcomes
- However, both nutrition-sensitive and nutrition-specific humanitarian interventions have declined in 2024, including the Targeted Supplementary Feeding program
- As of June 2024, nearly 261 000 children with severe acute malnutrition had been reached, representing 60 percent of approximately 430 000 children in need (PIN). For moderate malnutrition, 336 000 children were reached, accounting for only 27 percent of more than 1.2 million children in need.
- The coverage of nutrition-specific prevention efforts, such as Blanket Supplementary Feeding Programs (BSFP), Multi-micronutrient Supplementation Powder (MNP), and Vitamin A supplementation, remains inadequate.
- Additionally, concerns are rising about the quality and effectiveness of Infant and Young Child Feeding (IYCF) promotion.

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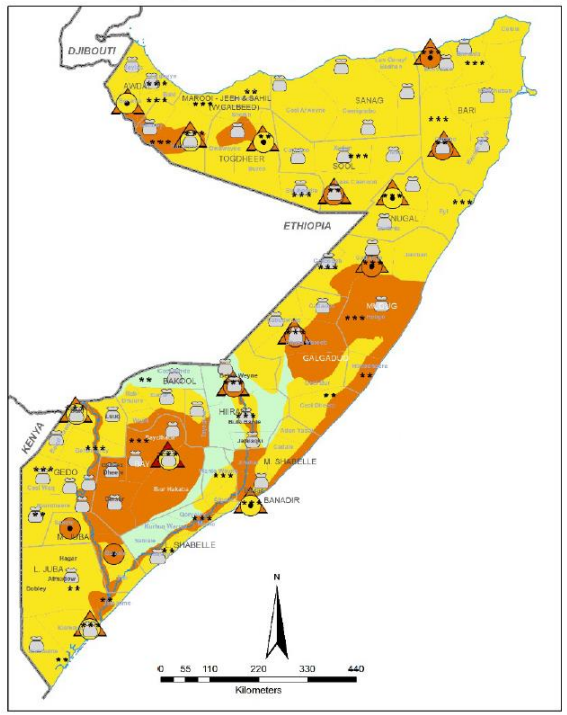
2024 Post *Gu* IPC AFI Key Findings

Current (Jul-Sep 2024)

3.6 M 19% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	724,000 People in Emergency
	Phase 3	2,855,000 People in Crisis
	Phase 2	6,053,000 People in Stressed
	Phase 1	9,074,000 People in food security



Key for the Map
IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

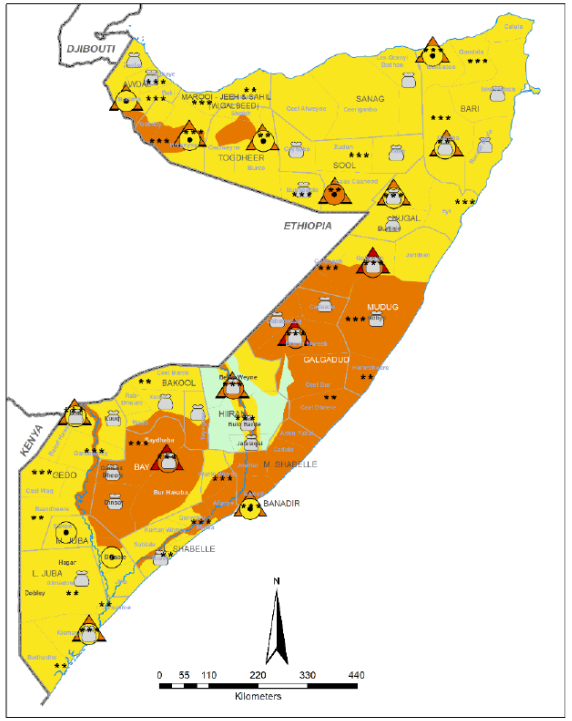
Map Symbols
- Urban settlement classification
- IDPs/other settlements classification

Area receives significant humanitarian food assistance
(accounted for in Phase classification)
- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance

Evidence Level
- * Acceptable
- ** Medium
- *** High

Projection (Oct-Dec 2024)

4.4 M 23% of the analysed population People facing high levels of acute food insecurity (IPC Phase 3 or above) IN NEED OF URGENT ACTION	Phase 5	0 People in Catastrophe
	Phase 4	982,000 People in Emergency
	Phase 3	3,406,000 People in Crisis
	Phase 2	6,534,000 People in Stressed
	Phase 1	7,785,000 People in food security



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Key Assumptions for IPC AFI and IPC AMN Projections (Oct-Dec 2024)

- **Climate:** La Niña, associated with drought conditions in the eastern Horn of Africa, including Somalia, will likely emerge in September to November (71percent) and persist through January to March 2025. As a result, a below-average rainfall is likely for the October-December 2024 Deyr season in most parts of Somalia. Flooding: in riverine areas is less likely due to below average rainfall.
- **Rangeland conditions:** will likely be sufficient to sustain livestock production and reproduction, though abnormal migrations are likely. However, milk availability will likely improve due to increased livestock births and continued availability of pasture and water.
- **Wage Income:** agricultural employment opportunities and wages are expected to decline due to below Deyr season average rainfall, .
- **Food prices:** are expected to increase and remain above-average due to dwindling stocks from the 2024 Gu harvest.
- **Insecurity/conflict:** expected to persist in central and southern regions, with likely adversely impacts on food security and livelihood outcomes.
- **Humanitarian assistance:** food and cash assistance swill continue at current levels and to be provided on a 3 -month rotational basis due to severe funding shortages. Access to health and nutrition services will be limited due to funding constraints, thereby increasing the risk of child morbidity and malnutrition.
- **WASH:** Inadequate water, sanitation and hygiene conditions will remain a significant contributing factor to disease outbreaks
- **Child Care:** Persistently poor breastfeeding and complementary feeding practices, exacerbated by limited funding for infant and young child feeding (IYCF) programs, will continue to negatively impact child nutrition.
- **Food Consumption and Access:** Low dietary diversity, combined with high food prices and limited humanitarian food and cash assistance will further exacerbate poor nutritional status, although availability of milk in rural areas will have a cushioning effect.

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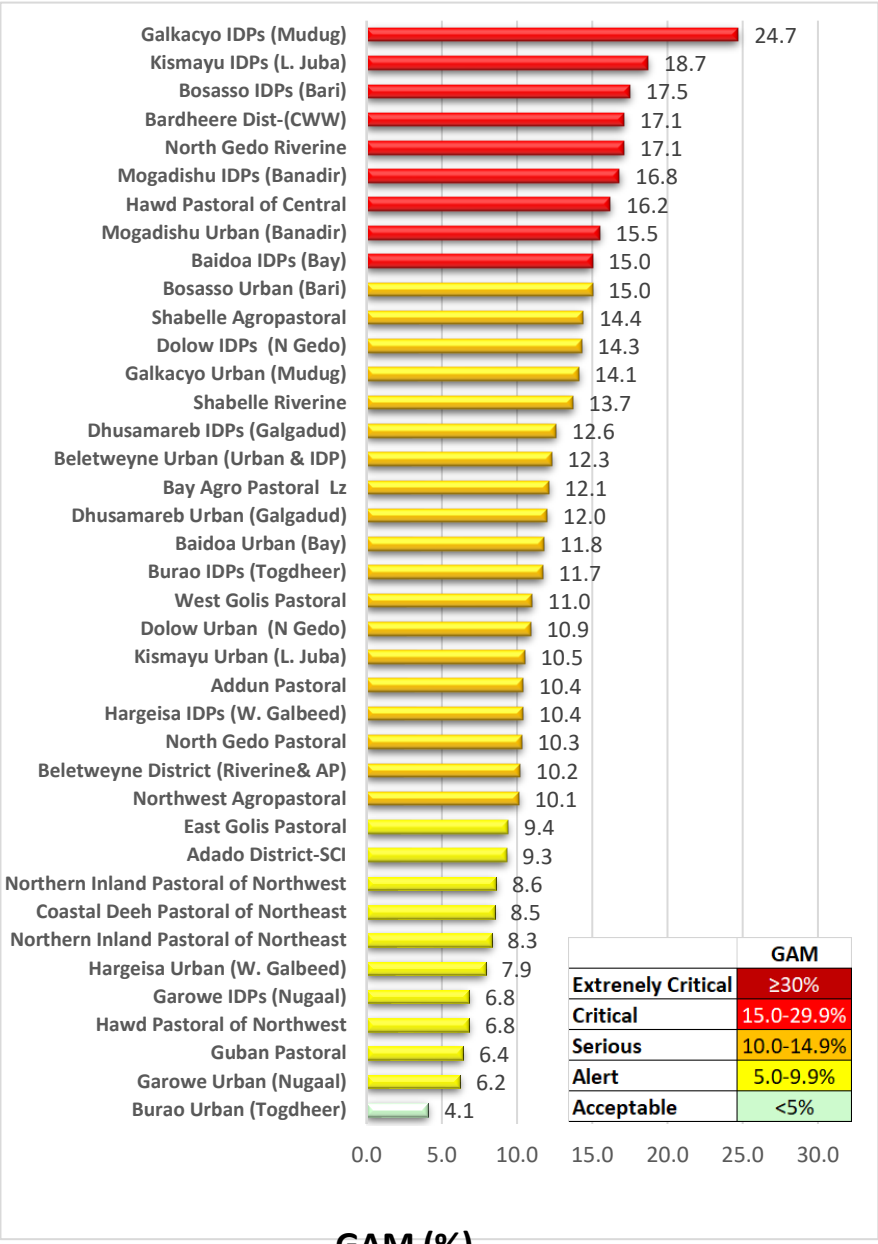
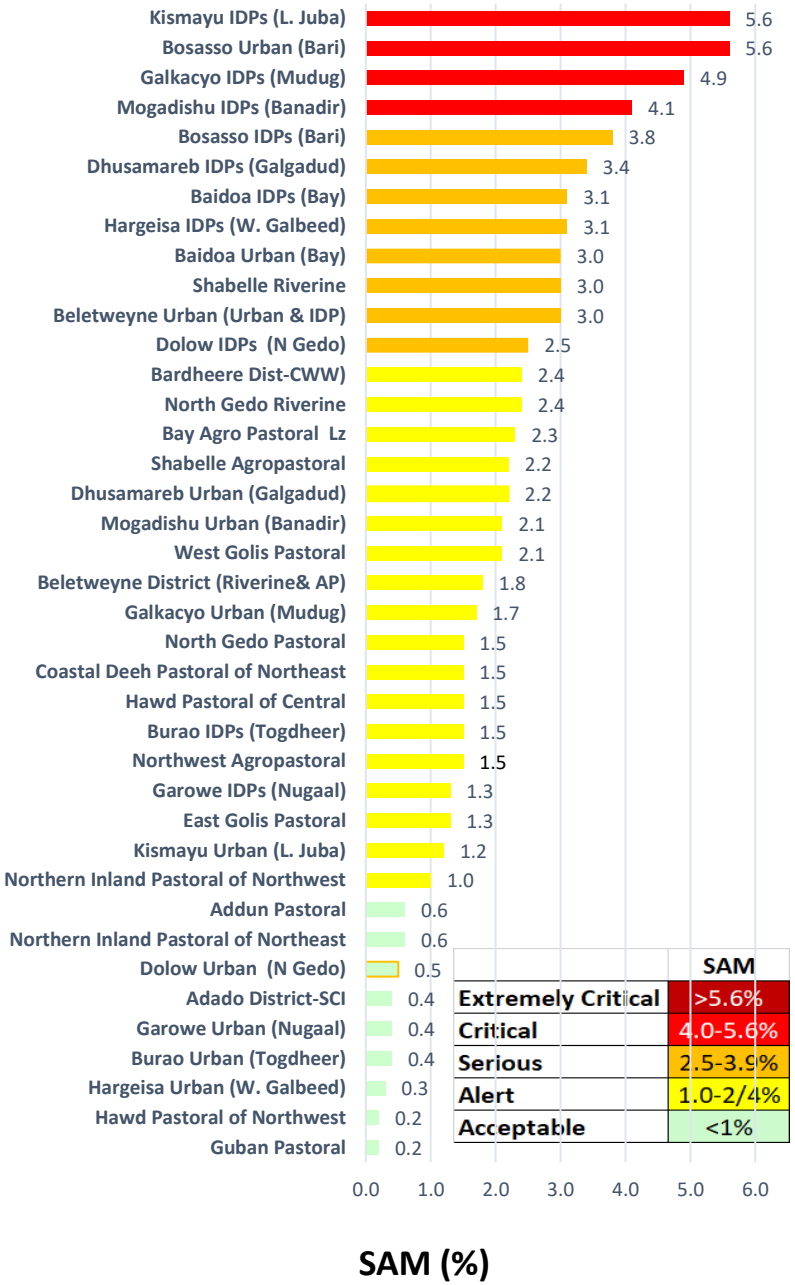
Nutrition Situation: GAM and SAM (Jun-Sep 2024)



- The overall median Global Acute Malnutrition (GAM) prevalence for the 2024 *Gu* is 11.7% (Serious). This is a slight improvement from 2023 Gu (Serious, 12.4% GAM)
- A significant improvement in the nutrition situation since 2023 *Gu* was noted among IDPs in Garowe (Nugaa), in West Golis Pastoral of Northwest and in rural part of Beletweyne District (Riverine and Agropastoral)
- However, there has been a signification deterioration in the nutrition situation among IDPs in Galkacyo (Mudug) and Baidoa (Bay) since 2023 Gu.



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MUAC Assessments in Hard-to-Reach/Insecure Areas

Population Group (Areas Where Assessment was Based on MUAC Only)	Acute Malnutrition Prevalence		Children Under-Five Morbidity (%)
	Children Under-Five		
	MUAC < 12.5 CM (%)	MUAC < 11.5 CM (%)	
Juba Cattle Pastoral	6.7	1.7	27.7
Juba Riverine	7.3	0.6	39.4
South Gedo Pastoral	8.4	1.2	18.8
South Gedo Agropastoral	10.2	1.4	24.7
South Gedo Riverine	12.6	1.3	25.0
Elberde Southern inland Pastoral	11.2	1.1	14.2
Adanyabaal District (Middle Shabelle)	9.4%	3.3%	NA

- Due to access constraints, nutrition assessment in hard-to-reach areas was conducted using Mid-Upper Arm Circumference (MUAC) measurements of children
- MUAC data is analyzed following IPC AMN protocol to help determine a conclusive IPC AMN Phase.
- Two out of 7 MUAC screened areas are Classified as Critical (South Gedo Pastoral, and Southern Inland Pastoral of Elbarde District in Bakool) are classified as Critical. Three additional areas are classified as Serious.
- Out of 6 surveyed areas, four recorded high morbidity prevalence of > 20%.

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Mortality, Morbidity, Vit A Supplementation, Measles Vaccination, IYCF and WASH (Jun-Sep 2024)

- Crude Death Rate (CDR) and Under-Five Death Rate (U5DR) were low in most of the assessed population groups.

- Exceptions were among IDPs in Mogadishu, Baidoa, Kismayo and Bardhere IDPs and Urban, which had Serious levels of both CDR (0.5 to <1/10 000/day) and U5DR (1 to 1.9/10 000/day). Shabelle Agro-postral also recorded Serious level of CDR (0.5 to <1 /10 000/day) and Shabelle Riverine has Serious level of U5DR (1 to 1.9/10 000/day).

- A total of 18 assessed areas recording a high morbidity prevalence (≥20%) with the highest morbidity reported in Juba Riverine (39.4%), Northwest-Toghdeer Agropastoral (35.3%), Bay Agropastoral (33.3%), Galkacyo urban (32.3%) and Mogadishu IDPs (30.5%).

- Access to health and nutrition services remains low, with coverage of vitamin A supplementation and measles vaccination falling below 80% in more than 30 of the assessed areas, all of which heighten the risk of acute malnutrition. The lowest measles vaccination coverage rates were recorded in Shabelle Agropastoral (8.2%), Baardhere district (23.3%), and Guban Pastoral (20%)

- Access to water, sanitation, and hygiene (WASH) facilities remains inadequate, especially in rural areas. the median prevalence of household access to water from improved sources was only 43%, while the median prevalence of household access to sanitation facilities was 59.5%.

- All Infant and Young Child Feeding (IYCF) practices remain suboptimal across the country, constituting an additional high-risk factor for acute malnutrition.

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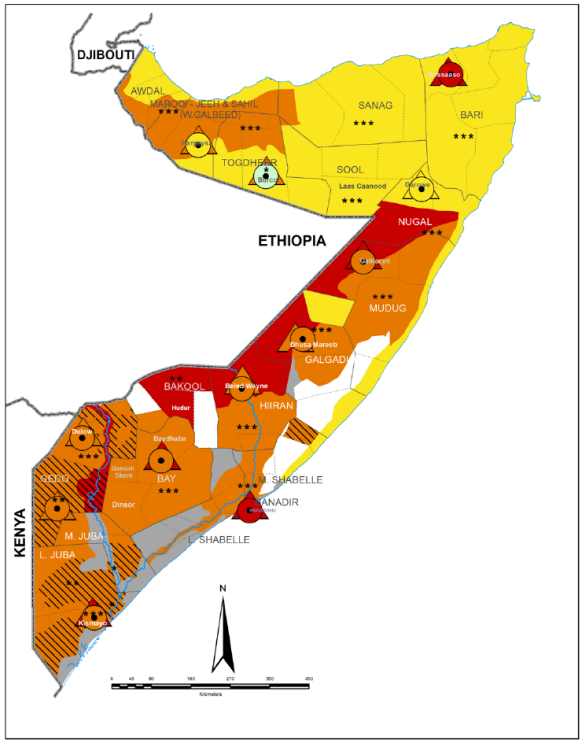
2024 Post *Gu* IPC AMN Key Findings

Jun-Sep 2024



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Evidence Level
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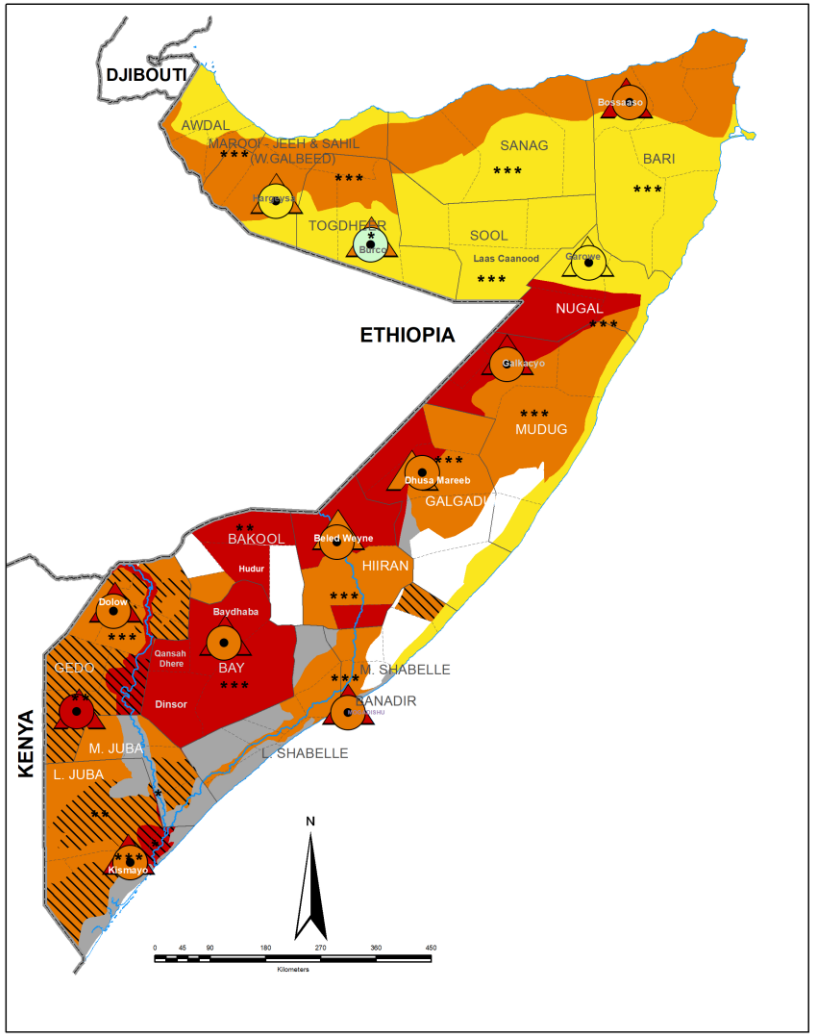
- ** Medium
- *** High

1.6M
cases of children aged 6-59 months acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	403 000
Moderate Acute Malnutrition (MAM)	1 245 000

Oct-Dec 2024



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Divergence Between Food Security and Nutrition Outcomes

Out of the forty-nine analyzed areas, three (Juba Riverine, North Gedo Riverine and Hawd pastoral) have divergence of two phases either in current or projection classifications where acute malnutrition (AMN) is mainly in higher phase that the acute food insecurity (AFI) classification.

Area of analysis	AMN phase Current (June–Sept 2024)	AMN Phase Projection (Oct–Dec 2024)	AFI Phase Current (June–Sept 2024)	AFI phase projection (Oct–Dec 2024)	Divergence
Juba Riverine	3	4	3	2	2
North Gedo Riverine	4	4	3	2	2
Hawd pastoral of Northeast	4	4	2	2	2

The high acute malnutrition in these areas were attributed to:

- High disease burden including recurrent outbreaks of cholera and measles
- Limited access to humanitarian assistance
- Inadequate nutrient intake – dietary diversity and meal frequency
- Limited access to safe drinking water and sanitation, and
- Limited access to health services including outreaches and CMAM coverage

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Nutrition and Food Security Hotspots

Areas that are classified in IPC Phase 3 or above for both acute food insecurity and acute malnutrition are considered hotspots. 23 such areas have been identified in the 2024 Post Gu IPC analyses.

Linked drivers to acute malnutrition:

- Food consumption gaps at household level and among children, leading to very low dietary diversity, thereby aggravating acute malnutrition
- High morbidity in the context of low immunization coverage increasing risk of infection and acute malnutrition
- Inadequate humanitarian funding negatively affecting access to health services and access to food, thereby increasing vulnerability to acute malnutrition
- Poor childcare: Diversified diets at household level are not fed to children in the same household, leading to poor child feeding and acute malnutrition
- Limited access to safe sources of water, leading to increased morbidity and risk to disease outbreaks

		AMN		AFI	
	Livelihood Zones	Current	Projection	Current	Projection
1	NW Agropastoral	3	3	3	3
2	Hargeisa IDPs (W. Galbeed)	3	3	3	3
3	Burao IDPs (Toghdeer)	3	3	3	3
4	Bosasso IDPs (Bari)	4	4	3	3
5	Bosasso Urban (Bari)	4	3	3	3
6	Galkacyo IDPs (Mudug)	4	4	3	4
7	Galkacyo Urban(Mudug)	3	3	3	3
8	Dhusamareb IDPs (Galgadud)	3	3	3	3
9	Dhusamareb Urban (Galgadud)	3	3	3	3
10	Addun Pastoral	3	3	3	3
11	Beletweyne Rural (riverine/Agropastora	3	4	3	3
12	Beletweyne urban/IDPs	3	3	4	4
13	Shabelle Riverine	3	3	3	3
14	Shabelle Agropastoral	3	3	3	3
15	Cowpea Shabelle (Adan Yabal District)	3	3	3	3
16	Mogadishu urban (Banadir)	4	3	3	3
17	Mogadishu IDPs (Banadir)	4	4	3	3
18	Bay Agro Pastoral	3	4	3	3
19	Baidoa IDPs (Bay)	4	4	3	4
20	Baidoa Urban (Bay)	3	3	3	3
21	Dolow IDPs (N Gedo)	3	4	3	3
22	North Gedo Riverine	4	4	3	2
23	Kismayu IDPs (L. Juba)	4	4	3	3

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Key Drivers of Acute Malnutrition and Food Insecurity

Erratic rainfall: early cessation of Gu season rainfall affected agropastoral areas; additional impact expected due to anticipated below average Deyr season rainfall

Flooding: Riverine and flash floods caused damages population displacement, crop losses, and disruptions to market access in some southern parts of Somalia.

Conflict and insecurity: Persistent conflict and insecurity across regions continue to result in population displacement, disrupt market access and functionality, hinder households' access to livelihood opportunities, and humanitarian assistance.

High food prices: Food prices remain above average in many areas, limiting household access to food. High food prices across Somalia are driven by impact of the rainfall and floods impacting production and disrupting the transportation networks.

Diseases, inadequate health access and improved WASH: High disease burden, low coverage, hence access, of health and nutrition services. Similarly, inadequate access to improved drinking water and sanitation. inadequate child feeding practices across the country.

High Disease burden: High disease prevalence ≥20% in 18 out of the 45 assessed areas, including outbreaks of Acute watery diarrhea and measles cases, mainly in the South.

WASH: Limited access to safe drinking water and sanitation facilities among rural populations.

Low coverage of essential health and nutrition services: Vitamin A supplementation and measles vaccination are below the SPHERE standard in 38 out of the 39 assessed areas.

Sub-optimal childcare and feeding practices: Less than 10% and <40% of the children met the minimum acceptable diet and meal frequency, respectively.

Humanitarian Assistance: Low coverage of and access to humanitarian assistance (both nutrition and food security)

Limited food access: moderate to large food consumption gaps among food insecure households.

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Key Recommendations

Anticipatory/ Early Action	Lifesaving Humanitarian Response	Expand Access to Health and Nutrition Services	Social Protection Programmes	Improved Efficiencies in Humanitarian Assistance	Durable Solutions
Introduce Risk Transfer Mechanisms, Anticipatory/Early Action	Urgent funding is required for multi-sectoral humanitarian assistance for Food Security, Nutrition, Health, and WASH programmes. Maintain and expand treatment and supplementation services for severe and moderate acute malnutrition among children under five, pregnant women, and breastfeeding mothers, particularly in hard-to-reach rural areas and among marginalized and minority groups.	Scale-Up of Wasting Prevention Interventions Integration of Nutrition Services in Health Facilities Strengthen infant and young child feeding practices Expansion of Access to Basic WASH Services Early Identification and Referral of Wasting Strengthening the Integrated Management of AWD/Cholera and Acute Malnutrition	Social safety nets and human capital development programmes in both urban and rural areas to address predictable needs. Scale-up shock-responsive social protection programs targeting the most vulnerable and at-risk households.	Improve the targeting of humanitarian assistance, using Vulnerability-Based Targeting (VBT) to prioritize the most vulnerable geographical areas, including marginalized communities and inaccessible locations. Close collaboration between humanitarian and development actors (HDP Nexus approach) is essential to support diverse and layered livelihood-based interventions that address the underlying causes of acute food insecurity and malnutrition.	Address urgent humanitarian needs, followed by investments in early recovery and resilience building. Resilience should include strengthening early warning systems, implementation of anticipatory measures, investments in climate-resilient agriculture and food systems. Develop strategies to address food insecurity and malnutrition.

Risk Factors to Monitor

The following risk factors need to be closely monitored throughout the projection period:

- 2024 Deyr season rainfall onset and performance and likely impacts on crop and livestock production, including crop harvest, pasture and water availability, livestock body conditions, births, and milk availability.
- Food and nutrition security among displaced, marginalized communities, minorities, and other vulnerable groups.
- Prices of local and imported food commodities, milk prices, water prices, livestock prices, wage labour rates, and livestock to cereal and labor wage to cereal terms-of-trade
- Access and availability of milk and diverse foods
- Insecurity, conflict and likely impact on food security, nutrition, humanitarian access and population displacement
- Flood risk monitoring, including actual and likely impacts on livelihoods and population displacement
- Admission of acutely malnourished children and Pregnant and Lactating Women to treatment and feeding centers, immunization and vaccination coverage.
- Disease outbreaks, especially malaria, diarrhea, cholera and measles.
- Food chain threats e.g. Desert Locust and animal diseases and their potential effect on crops and livestock.
- Coverage of and access to humanitarian assistance, including food security, health, nutrition and WASH
- 2024 HNRP funding and implementation

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Additional information on the 2024 Post *Gu* seasonal food security and nutrition assessment results can be found at: https://fsnau.org/

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