

Term Paper: Somalia Famine

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Somalia is a long, narrow country on Africa's eastern coast that has a population of about 10 million (WHO, 2006). According to Lewis (2009), Somalia varies from most other nations in Africa where Somalia is primarily made up of a single homogeneous ethnic group that share a common language (Somali), religion (Islam) and culture. Unfortunately, Somalia today, is a country with no national government that has been war torn ever since a civil war broke out in 1991, when Mohamed Siad Barre, the president of the Somali Democratic Republic at the time, was forced to leave the capital of Mogadishu after it was captured by rival clans (Hogg, 2008). As the country suffered the chaos of clan based conflict, at least one million Somalis resulted into fleeing their country to the neighboring nations; Djibouti, Kenya, Ethiopia, Burundi and Yemen, making Somalis the largest refugee population residing in the Horn of Africa (Lewis, 2009). Other Somalis made their way out of Somalia and filed for citizenship in countries outside of Africa and eventually started up new lives all around the world. For the Somalis that for one reason or another ended up staying in the country, the ongoing civil conflict has had many outstanding negative effects on the livelihood of the individuals that continued to live in all regions of the country throughout the clan warfare.

According to (EMRO, n.d.), although regional medical officers had some sort of control over both the organization and administration of health services in Somalia until the national government diminished in 1991, it was for the most part in the hands of the Ministry of Health . During the regime of Mohamed Siad Barre, health services in the country were already in shambles as there were wide inequalities in regards to the ability to access health services between the capital Mogadishu and the remainder of the country (EMRO, n.d.). Throughout time, the government's financial aid in health has been headed in a downward spiral where the amount of spending the government put aside for health started to decline, from 4-5% of total

spending in the 70s and beginning of 80s to only 2% in the second half of the 80s. As a direct outcome to the limited governmental aid, Somalis living outside of the capital experienced the most difficulty in accessing health facilities. They experienced these difficulties more so than others because only Mogadishu and areas supported by the international community were providing some health services as political problems were arising. About eighty percent of the population of Somalia did not have the ability to access basic health care. An entire fifteen years of civil unrest had detrimental effects on the health system in Somalia in areas such as; human resources, infrastructure, management, service delivery and support systems (EMRO, n.d.). With the dwindling support of the government, EMRO (n.d.) stated that international agencies and the private sector have faced difficulties in “widening gaps” that are directly impacting public health services in the country. With the lack of proper organization, security and regulations have also made the accessing of health services unsatisfactory where for the most part only the urban and secure regions of Somalia have an advantage with more assistance from NGOs and private providers. The externally financed programs in the country mainly consist of emergency programs such as nutrition, Polio, HIV, tuberculosis and malaria control

Health standards in Somalia in the present are within the worst ranges amongst Sub-Saharan African regions as a result of ongoing civil conflict that has increased poverty and frequent famines (EMRO, n.d.). “According to the World Bank data-base, life expectancy, for instance, is only 47 years in Somalia; infant mortality (per 1,000 babies): 133; under 5-year old mortality rate (per 1,000 kids): 225; child malnutrition (% of under 5 years): 26; and child immunization, for measles, (% of under 12 months): 40% only” (EMRO, n.d.). These numbers highlight some risk factors that contribute to the uncomfortably high rates of infant mortality that exists in Somalia. Both infant and maternal mortality rates in Somalia are amongst the highest in

the entire world where one out of every ten Somali child dies before reaching their very first birthday (UNICEF, n.d.). According to UNICEF, it is believed that leading causes of infant mortality in Somalia are illnesses such as “pneumonia (24%), diarrhoea (19%), and measles (1%), as well as neonatal disorders (17%)”. With diarrheal disease related dehydration being one of the leading factors in infant mortality, Mareeg (n.d.) stated that the major underlying causes of diarrhea are the lack of access to safe water, nutritional food and domestic hygiene. Another disease that affects the health of infants is Tuberculosis as Somalia has continuously been amongst the countries in the world that face the highest incidents of the disease. The conditions of overcrowded camps, lack of treatment facilities, low quality drugs and high rates of malnutrition keep Tuberculosis as one of the causes of infant mortality in the nation (Mareeg). Diseases such as neonatal tetanus, measles and other birth related complications contribute to the occurrence of high rates of infant mortality and outbreaks (Mareeg). Similar to Tuberculosis, Measles easily transmits as a result of poor nutrition and crowded living conditions in the camps that displaced individuals have fled to. Unfortunately, due to the lack of immunization coverage preventing measles, many outbreaks of the disease occur in Somalia causing the death of infants (Mareeg).

On July 20, 2011, the UN declared a famine in southern Somalia that affected around three million individuals living in that area and around half a million children became malnourished (Maxwell, 2012). Although the drought, which was caused by the lowest rainfall the southern region of Somalia had faced in over 50 years, “there were a complex set of factors that came together to cause the famine and seriously compromise efforts to mitigate or respond to it (Maxwell, 2012).” The drought caused many Somalis to attempt to migrate to the border of Ethiopia, amongst all of the civil conflict occurring in the country, as making a living at home

become quite impossible. Zainab Buralee, a camp resident, explained, "I moved here because in the location where we lived before, we used to get water from wells. The wells have since dried up. I am here so that I can be closer to both the water supply and the town" (Hoke, 2014).

Another cause of the famine included the prices of food increasing rapidly domestically in Somalia as well as globally (Maxwell, 2012). Somalia depended on imported food, even when the rainfall in the country was adequate, through commercial imports and food aid. With the international increase in food the already existing food access crisis within the country worsened. The on going civil strife between the Transitional Federal Government (TFG) and the African Union Mission in Somalia (AMISOM) on one side, and the Islamist insurgent group, Al-Shabaab on the other, was also another major cause of the famine in Somalia. "These proximate causes were overlain on long-standing crises of livelihoods, governance and the environment in southern Somalia, an area that has not had an effective central government since the overthrow of the Siad Barre regime in 1991, and which has been mostly under the control of Al-Shabaab since 2007" (Maxwell, 2012). Also, the control of Al-Shabab made it difficult for humanitarians to access the populations in need since they restricted major food aid agencies.

When it comes to the topic of the impact that the food aid has had on Somalia, a study done by Anne Thomson explored food aid in a long-term emergency. When it comes to aiding a country that has been in an emergency state for decades, considering short-term questions such as, "Is food a suitable response to the emergency? Are appropriate commodities being sent? Are donors able to deliver food aid sufficiently quickly?" (Thomson, 1983) are not as important as addressing questions that will have long-term effects on the countries food aid situation. Food aid to Somalia first started to increase in the mid-1970s, with the 1973 through 1975 drought. It then began to somewhat fall until 1980 when the response to the refugee problem started to

appear. Prior to 1978 and the refugee crisis, food aid was used in two major ways; directly in projects to help resettle nomads and in bulk food aid which tended to be sold in the market (Thomson 1983).

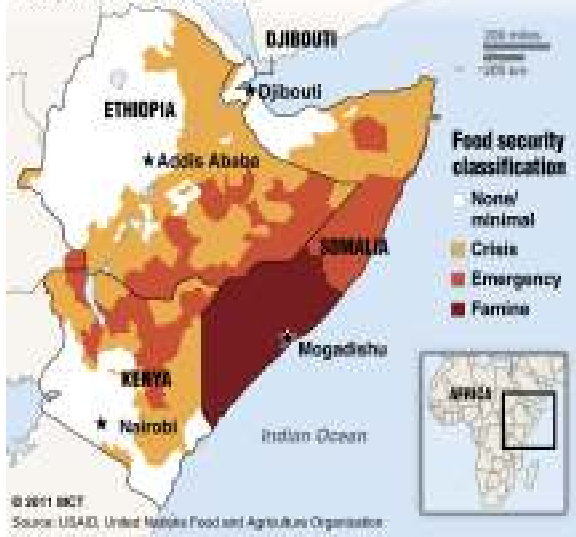
Two groups primarily provide the analysis of both food security analysis and early warning signs in Somalia: the Food Security and Nutrition Analysis Unit (FSNAU) and the Famine Early Warning Systems Network (FEWS NET). The Food Security Assessment Unit (FSAU) a multi donor funded organization which was initially managed by the UN World Food Programme, was established in Somalia in 1995 after the 1991/1992 Famine and was transferred to the management of the Food and Agriculture Organization of the United Nation in 2000 (Hillbruner, 2012). “The purpose of FSNAU is to provide a broad range of stakeholders with appropriate information on food, nutrition, and livelihood security for improved emergency response and development planning where the analysts, whom half of live in Somalia, conduct monthly monitoring of key indicators of nutrition and food security, implement regular national assessments, and generate nutrition, food security, and livelihood situation analyses” (Hillbruner, 2012). All of the information gathered by the analysts is then passed on through different media outlets, which aid in informing others to make a decision. Along with the early warning, FSNAU carries out research in the field of the fundamental causes of persistent food and nutrition insecurity and “provides capacity development to Somalia authorities and local NGOs. FSNAU coordinates closely with partners such as FEWS NET, WFP, UNICEF and many INGOs” (Hillbruner, 2012).

In conclusion, the food scarcity issue in Somalia is not caused by one main factor, but instead different components of the countries standing effects the long-term food insecurities.

These factors include; the failure of the 2010 rainy seasons, Al-Shabaab's restriction on humanitarian access and the limited response from the international community. Although these factors exist, many organizations exist to help in overcoming these issues that create a burden when tackling food scarcity in Somalia.




Somalia Famine Spreads

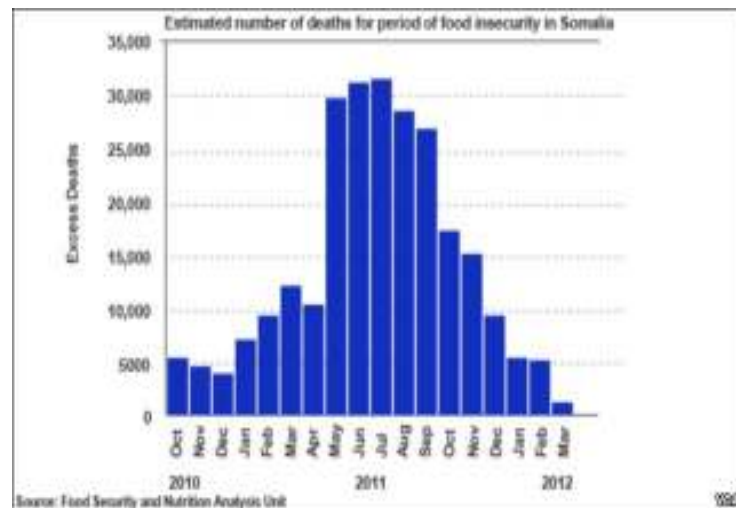
More than 11 million people have been affected by the worst drought in 60 years in the Horn of Africa.



<http://realtruth.org/articles/110819-001.html>

<http://www.huffingtonpost.com/vanessthevathasan.html>

Then	Now
 <p>13 million people in need of humanitarian assistance</p>	<p>8 million people still in need of humanitarian assistance</p>
 <p>605,000 Somali refugees in Kenya and Ethiopia</p>	<p>626,000 Somali refugees in Kenya and Ethiopia</p>
 <p>1 million children under-5 treated for malnutrition</p>	<p>900,000 children under-5 still suffering from malnutrition</p>
 <p>\$396 million contributed by donors in 2011</p>	<p>\$273 million needed for 2012, only 33% received</p>



<http://www.voanews.com/content/somalia-famine>

[claimed-many-lives/1653118.html](http://www.voanews.com/content/somalia-famine-claimed-many-lives/1653118.html)

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