

Chapter 2

Understanding Famine

Abstract This chapter discusses how famine can be defined and operationalized. While acknowledging the benefits of understanding famine as an ongoing process, the chapter subscribes to an understanding of famine as a discrete event identifiable by an increase in mortality caused by mass starvation and diseases. Such an understanding is necessary, it is argued, to clearly delineated famine analysis from other studies of extreme destitution. Most famine approaches that will be discussed in the Brief are based on an understanding of famine as a discrete event. The chapter also presents the recent advances in the operationalization of famine. These efforts culminated in 2011 with the first ever declaration of famine based on a formal and universally accepted multidimensional system for famine diagnosis.

Keywords Defining famine • Operationalizing famine • Famine diagnostics • Discursive famine indices • Famine magnitude and intensity

2.1 General

Famines claimed the lives of more than 70 million people in the 20th century (Devereux 2000). With the 2011 Somali famine claiming the lives of an estimated 260,000 people, there is little to suggest that famines are just a thing of the past (FAO 2013). Nevertheless, famine is not remotely the most deadly problem facing the developing world today. Famine mortality figures are dwarfed in comparison to the mortality figures from infectious diseases: 15 million people die annually from infectious diseases; since 1980, 25 million people have died from HIV/AIDS alone, and each year around 2 million people succumb to tuberculosis and malaria (WHO 2014). With estimates for war-casualties ranging between 100 million and 180 million for the 20th century, conflicts appear to be a more lethal killer than famine (Leitenberg 2006; White 2010). So too is maternity; the number of maternal deaths in 2013 was estimated at 289,000 for the year (World Development Indicators 2014).

In short, famine is not the most deadly problem facing the world today. Developing countries are faced with many other acute challenges with more severe socio-economic impacts on both lives and livelihoods. Ó Gráda (2015: 4) notes how today “earthquakes and tsunamis are more likely to make the front pages than famines.” Still, famines compound existing challenges. One cannot—and should not—look at the above statistics in isolation: famine is a major driver behind diseases, conflict and child mortality (with respect maternal deaths there is some evidence that they actually decrease during famine simply as a result of fewer pregnancies). Ó Gráda (2009: 117) argues that “where infectious disease is endemic in normal times, it wreaks havoc during famines.” What makes famine analysis particularly warranted, however, is the extreme nature of famine coupled with its preventability. Famine is the most extreme manifestation of the existence of poverty, inequality and political apathy or downright malicious intent. It painfully reminds us of the absurdity of having people en masse dying of starvation in the midst of the world’s abundance of food and calories. This brings us to yet another interesting feature of famine: whereas poverty, hunger and diseases are not easily eradicated in the world today, famines are often perceived as being relatively simple to avert. Amartya Sen has repeatedly pointed to the fact that modern famines are “in fact, extremely easy to prevent” (Sen 1995: 7). The basic intuition is that preventing people from dying of starvation demands such a limited redistribution effort that even the poorest of countries are able to carry the burden. “For almost a century there has been no excuse for famine” ponders another scholar of famine studies, De Waal, in the introduction to his book entitled *Famine Crimes* (1997). In his monograph on famine, Ó Gráda (2009: 10) agrees: “Today, given goodwill on all sides, famine prevention should be straightforward, even in the poorest corners of the globe.” Eradicating poverty, or even starvation-induced deaths, is indeed a massive task, but an obvious starting point would be the elimination of famine.

This chapter will focus on the concept of famine and discuss how famine can be defined and operationalized. Such exercise is a necessary first step before turning to the different ways it can be analyzed.

2.2 Defining Famine

Despite all of the existing literature on the subject of famine, famine remains a contested concept (Howe 2002). The reader will be spared the numerous dictionary or encyclopedia definitions of famine. Suffice is it to note briefly that famine originates from the Latin expression *fames*, meaning hunger, and that famine in most dictionaries or encyclopedias is described as an extreme scarcity, a severe shortage or a collapse in the availability of food. The most common conceptualization by scholars of famine defines famine along the lines of an excess in mortality caused by starvation (Bhatia 1967; Sen 1981; McAlpin 1983; Crow 1992; Field 1993; von Braun 1998; Howe 2002; Howe and Devereux 2004; Devereux 2007; Ó Gráda 2009;

Rubin 2010, 2014). This very succinct and concise definition is not without problems.

One of the key observations from De Waal's case study of the 1984–85 famine in Darfur, Sudan, was that the increase in mortality was primarily caused by diseases following the drought and not caused by starvation per se. Diarrhea, measles and malaria were the main causes for the increase in mortality, and these factors were largely working independently of starvation factors (De Waal 1989). It could be argued that it is difficult to distinguish whether drought victims die from diseases or from starvation; the factors are highly intertwined. *Doctors Without Borders* observes that chronic food insecurity and common diseases often conspire together to exacerbate the situation (MSF 2006). Acute malnutrition makes children more susceptible to infection, especially measles. As such, famines and epidemics often interact synergistically (Dyson and O'Grada 2002). In addition, starvation might be overlooked by the medical profession. *Death by starvation* is not a conventional medical expression, and the immediate cause of death will often be ascribed a specific physical malfunction or disease rather than prolonged starvation. Local politicians also have an interest in blaming starvation deaths on ordinary illness and diseases in order to duck responsibility. In India, the Supreme Court has documented multiple cases of starvation deaths even though government officials typically hotly denied such allegations of starvation deaths (Rupesh 2009). Starvation deaths are considered much greater failures for the administration than are deaths due to illness (see Chap. 6). Ó Gráda (2009: 109) appears to be right in positing that although the lack of food is the ultimate reason for most famine mortality, infectious diseases rather than literal starvation account for the majority of famine deaths.

De Waal (1989) also noted that excess deaths need not be an inherent part of a definition of famine. In fact, De Waal even argues that fewer people than normal might die during a famine (De Waal 1989: 27). This view is also shared by other scholars of famine (Rangasami 1985; Desai 1988; Walker 1989; Alemu 2007). Rangasami (1985) understands famines as drawn-out, dynamic processes with socio-economic dimensions that do not necessarily have to end with an excess in mortality. Concretely, Rangasami proposes to break up the famine process into three distinct phases: (i) a period of dearth where life necessities are becoming difficult to get hold of; (ii) a period of famishment where starvation sets in; and finally (iii) a period of morbidity where sickness becomes widespread (Rangasami 1985: 1748–49). Alemu (2007: 105) also argues that starvation is not necessarily followed by death as the terminal irreversible phase of a famine process. Distinguishing between starvation and famine only narrows ones analytical scope both backwards and forward. Rangasami's process perspective is extended backwards to the early phases of famine prior to the excess mortality. If one does not—like Rangasami—regard morbidity as the final phase in a famine process, it is also possible to extend the process forward to include the long-term institutional and demographic damage resulting from a famine. O'Rourke (1994) has analyzed the extent to which the 1845 Irish famine permanently altered the structure of the Irish economy and demographic development (O'Rourke 1994). Ó Gráda (2007: 21–22)

has discussed the long term health impacts of famines. The Chinese famine of 1959–61 resulted in “lost” births (caused by a birth deficit combined with increases in miscarriages and stillbirths) exceeding 20 million. With the birth rate rebounding after the famine, it appears as though the surplus generated in the subsequent period 1962–65 actually exceeded the birth deficit during the famine in 1959–61. Still, there are long term health effects in the form of increased risks of impaired mental development, antisocial personality disorders, arteriosclerosis, schizophrenia, breast cancer, heart disease and reduced height (Ó Gráda 2007: 22).

If one wishes to take into account the role of diseases, the lack of any excess deaths and the temporal process perspective, then it might be relevant to work with a broader definition of famine. Walker (1989) presents such broader definition:

Famine is a socio-economic process which causes the accelerated destitution of the most vulnerable, marginal and least powerful groups in a community, to a point where they can no longer, as a group, maintain a sustainable livelihood

(Walker 1989: 6).

Such a broad definition, however, also has weaknesses.

One major objection concerns the *a priori* assumption that the group affected by famine is always the most vulnerable, marginal and least powerful. Leaving aside the tautological aspect of such a definition (famine affects vulnerable groups because vulnerable groups are affected by famine), there is no reason *a priori* to assume that the famine should only affect this type of group. There are examples of famines affecting groups other than the most vulnerable and least powerful. In 1985 Sudan, the famine did not hit the most vulnerable group but the quite wealthy—but admittedly politically marginalized—Dinka tribe, and the famine in the Netherlands (1944) was intentionally targeted against exactly the wealthiest and most powerful in the urban population for political reasons (Keen 1993, 1994). De Waal found no correlation between wealth and probability of death in the Sudanese refugee camps during the 1985 famine, which made him note that it is not so much what people do but where they do it that is the most important determinant for mortality during a famine (De Waal 1989).

The most important objection, however, is the exclusion of the aspect of starvation. Following the definition, it would be possible to characterize socio-economic processes such as acts of war, slavery, torture and even the entire capitalist system as famines. Even though capitalism could arguably be blamed for seeding the grounds for certain famines, the process of capitalism is obviously not synonymous with famine (see also Chap. 6). The connection through starvation must be made explicit in order to exclude other socio-economic processes possibly causing destitution. It thus follows that the main problem with such process views on famine is one of delimitation: where is the boundary between extreme destitution and famine? At what point does the process of famine begin and when does it end? To what extent should secondary effects be included? Howe and Devereux (2007) argue that while such definitions “provide the academic grounding for the development of any

instrumental definition, their imprecision and conflicting theoretical stances limit their usefulness for practical purposes” (Howe and Devereux 2007: 30).

Famine definitions that are tailored for such practical purposes have recently been developed. Key international organizations have agreed on a set of standardized tools and measurements of food insecurity under the heading *Integrated Food Security Phase Classification* (IPC). We will discuss these measurements as they relate to famine in the next section. Here focus will be on their definition of famine as:

the absolute inaccessibility of food to an entire population or sub-group of a population, potentially causing death in the short term

(IPC Global Partners 2008, 2012a).

The global partners are careful to emphasize that the term “famine” is not a rhetorical, emotive term. Rather it is a scientific classification based on standards, evidence, and technical consensus” (IPC Global Partners 2012b). There are still, however, two deficiencies with the definition: one related to demarcation and one related to ambiguity. The definition does not explicitly perceive famines to be distinct, idiosyncratic events; rather the absolute inaccessibility of food could very well be a chronic condition. This makes it difficult to distinguish a situation of famine from a situation of chronic food insecurity. In addition, one could argue that the fact that excess mortality is not an intricate part of the definition (“*potentially causing death*”, my emphasis) categorizes the definition together with the more process-oriented definitions. While increased mortality is not a necessary component of the IPC-definition, their operationalization of famine does in fact explicitly rely on excess mortality rates (see next section). Thus, there is clearly an inconsistency between the conceptualization and operationalization of famine in the IPC definition.

The Brief, therefore, proposes the following definition:

A famine is a discrete event identifiable by an increase in mortality caused by mass starvation and diseases.

Three major points can be derived from this definition.

Firstly, famine is described as a discrete event or an atypical occurrence. It is abnormal—but not necessarily unique—in the sense that the perception of famine must be contrasted with a non-famine “normal” situation. Without the comparison to a country-specific norm, India would be in a constant state of famine: the proportion of underweight children in South Asia is larger than in Sub-Saharan Africa, and India ranks worse than Sudan and Rwanda with respect child mortality, proportion of undernourishment and prevalence of underweight (International Food Policy Research Institute 2014). Yet, India has arguably effectively combated major famines since independence in 1947 (Sen 1981; see Chap. 5 for a discussion). Contrary to Walker’s definition, the specific type of process has not been specified in the proposed definition. Again, there is no reason a priori to exclude certain kinds of processes from the definition. Famines are synergistic crises; whether the process

is primarily natural, economic or political should be investigated further in the subsequent analysis. Chapter 6 will argue for the merits of applying a political analytical approach to the understanding of famine but the famine definition itself need not preempt such considerations. The conception of famine as a discrete event rather than a process has important epistemological consequences. Hendrie rightly notes (1997: 61) that while a process concerns the means by which a phenomenon progresses in a specific context, an event concerns the fact of it having happened. Howe (2010) has criticized the process view of famine where famines are seen as an inevitable result of a succession of linear stages, arguing instead that famines arise from a combination of (both short-and long-term) conditions that produce a series of self-reinforcing loops that are notoriously difficult to predict and manage (Howe 2010: 51).

Secondly, diseases are included as an independent factor in the famine definition. It is important that both starvation and diseases are present for a famine to be identified. Diseases are natural consequences of famines, because famine weakens the immune system, increases the bacteria concentration, and worsens personal hygiene due to general apathy and migration. In short, diseases always follow in the wake of famine, while famine need not be the result of diseases. This is why mass starvation must necessarily be an integral part of the definition; a famine simply cannot occur without starvation.

Finally, the definition excludes the possibility that famine can occur without excess mortality. The definition does not consider the increase in mortality as the end result of the famine but rather as an identifying trait of famine. A collapse in sustainable livelihoods caused by mass starvation would then not qualify as a famine as long as it does not translate into increased mortality. It is clear that this definition could be accused of implicitly applying a static perspective to the understanding of famine (see for example Alemu 2007). It could also rightfully be accused of being ethnocentric, ignoring how victims themselves perceive and understand the term “famine” (Devereux 1993: 16). However, the perspective appears necessary in order to approach famines as something distinct from other notions of extreme destitution. Howe (2002) aptly observes that “it is possible to enrich our notion of ‘famine’ to emphasise destitution and social breakdown and still reserve it for the equivalent of food crises that cause death” (Howe 2002: 23). In other words, one can still address the socio-economic processes of famine without necessarily including them in the definition of famine. Baro and Deubel’s (2006: 535) call for famine to be explained less in terms of an anomalous disaster event and more as a process rooted in long-term social, economic and political inequalities is fully feasible utilizing this definition of famine; the call can be answered with a comprehensive famine framework. Hence, calls for definitions to provide explanations to complex and idiosyncratic famines appear unproductive. Demands that definitions should account for particular famine dynamics (Devereux 1993: 11) or indicate their immediate causes (Alamgir 1980: 6) should instead be leveraged against specific analytical approaches to famine. A more narrow definition delimitates the identification of famine (working with an excess mortality requirement excludes many food crises that might only have resulted in

deteriorating livelihoods) but it does not necessarily narrow the analysis itself. That depends more strongly on the analytical approach to famine.

2.3 Diagnosing and Operationalizing Famine

To attain more practical relevance, the definition of famine should be accompanied by an operationalization that could be part of a diagnostics tool. The need to operationalize famine is less than obvious; after all, people faced with extreme starvation care little whether their ominous prospects for survival could be characterized as famine or merely an isolated spur of starvation deaths. Why then engage in a supposedly semantic exercise aimed at deriving a measurement of famine? Two reasons spring to mind (see also Howe and Devereux 2004).

The first is academic: operationalizing famine would be a forceful tool in famine analyses and hypotheses testing. A functional operationalization of famine would constitute a valuable prerequisite for engaging in quantitative exercises such as examining the socio-economic conditions in which famines have been allowed (or even encouraged) to develop. In that sense it is analogous to working with simple operationalization of poverty (e.g. below a dollar a day) while at the same time acknowledging the multifaceted understanding of poverty and deprivation.

The other reason is political: an operationalization could have implications for famine response and accountability. The lack of universal benchmarks for famine makes it easier to distribute aid according to non-humanitarian considerations instead of need. Howe and Devereux (2004: 354–55) describe how disagreement over terminology and concepts could create uncertainty about the appropriate nature, timing and scale of a preventive intervention for governments, donors and NGOs. A synthesis report from USAID notes how, in the absence of a universally accepted definition of famine, USAID and the international humanitarian community were reluctant to declare famine in Ethiopia (1998–2000) (Sheckler et al. 2004: 4). The famine fatalities ended up in the thousands (Howe and Devereux 2004: 366). The lack of operationalized benchmarks also renders it more difficult to hold key stakeholders accountable in a legal sense. A universal definition and operationalization of famine—even if only retrospectively—would be an indispensable tool in that regard. A retrospective operationalization might have a deterrent preventive effect if it can be an effective tool in punishing the perpetrators of famine (see Chap. 6).

By no means is the diagnosis of famine easy. At a one-day workshop on famine operationalization arranged by the *Institute of Development Studies, University of Sussex* in 2003 the participants quickly agreed “that it is extremely important to reach consensus on an operational definition as soon as possible” (IDS 2003: 12). Nonetheless, a group established to construct such an operational definition had to capitulate by the close of the event: “In the end, this group decided it was not possible to come up with an operational definition of famine at this time” (IDS 2003: 11). Nevertheless, scholars and practitioners have recently picked up the

challenge, and they have developed some indicators and benchmarks to identify and categorize famine. These diagnoses are based on the principle of triangulation, with several indicators capturing different dimensions of famine and hunger.

Howe and Devereux (2004) pursue a two-dimensional operationalization of famine by working with two scales: an *intensity scale* based on anthropometric/mortality indicators as well as qualitative livelihood descriptors, and a *magnitude scale* based on aggregate famine mortality. The intensity scale is divided into six categories based on measures of Crude Mortality Rates (CMR) and wasting. A CMR above 1/10,000/day qualifies as a *famine condition*, while a CMR in excess of 5/10,000/day qualifies as a *severe famine condition*. *Extreme famine conditions* take place when the CMR exceeds 15/10,000/day. Howe and Devereux supplement the intensity scale with food security descriptors. Some of these descriptors are subjective and examine whether vulnerable people themselves identify food as the dominant problem while others focus on the social system (from cohesion to breakdown) and the market (from price stability to market collapse). The magnitude scale specifies five categories based on the overall excess mortality. This dimension is necessary in order to gauge the overall impact of famine in terms of fatalities. Famine intensity is often measured in the epicenter of famine in a matter of days whereas famine magnitude stretches out both spatially and temporally, and captures the total number of famine fatalities. The magnitude categorization consists of *minor famines* (below 1,000 excess deaths); *moderate famines* (between 1,000 and 9,999 excess deaths); *major famines* (between 10,000 and 99,999 excess deaths); *great famine* (between 100,000 and 999,999 excess deaths) and *catastrophic famines* (with more than 1 million excess deaths). The two scales are to be used in succession where the intensity scales are first used to identify the famine while the magnitude scales are used retrospectively to quantify famine. One of the major implications of this multidimensionality is that famines are not operationalized using a single dimension where famine (of varying degree) is contrasted to a situation of non-famine. Instead, the diagnosis is based on several dimensions allowing for measures of famine intensity and magnitude. Howe and Devereux (2004: 368) argue that, “used together, the scales should provide more precision in using (or not using) the term famine.”

In 2008, the IPC published a humanitarian manual containing a standardized diagnostic table comparable across countries with the objective of making it easier for donors, agencies and governments to identify priorities for intervention before they become catastrophic (IPC Global Partners 2008). The IPC is the result of a collaborative effort to construct new innovative tools for improving food security analysis and decision-making. The IPC is managed by a Global Steering Committee composed of CARE International, FEWS NET, FAO, Oxfam, Save the Children, WFP among others. The system was initially developed by the Food Security Analysis Unit for Somalia (FSNAU) in 2004 with much inspiration from Howe and Devereux’ intensity famine scale (Food Security and Nutrition Analysis Unit 2006). In 2012, the IPC published a second version of the manual based on experiences from field applications and expert consultations. Today, the categorization table has been put into operation by most major humanitarian international actors: WFP,

FAO, Care International, Oxfam, Save the Children, EuropeAid, USAID, and UNICEF (IPC Global Partners 2012a).

Like Howe and Devereux (2004), the IPC Global Partners also work with two different dimensions of food insecurity scales: one diagnostic table that seeks to categorize individual households along different phases of food insecurity and another table that categorizes whole areas according to different phases of food insecurity (IPC Global Partners 2012a). The categorization table covering whole areas contains five categories based on data along different indicators. The categories of food insecurity are (i) minimal; (ii) stressed; (iii) crisis; (iv) emergency; and (v) famine. It should be emphasized that the purpose of the IPC is not to classify various degrees of famine (as in Howe and Devereux 2004) but to have practical applicability for decision-making. Thus, IPC is mostly concerned with identifying the beginning stages of famine. The table sets three thresholds that all need to be surpassed for a famine to be declared: (i) CMR should exceed 2/10,000/day; (ii) global acute malnutrition rates (wasting) for more than 30 % of the population; and (iii) there needs to be a gap for more than 20 % of the population between actual food consumption and then the food consumption required to meet minimum nutritional needs. The inspiration from the work of Howe and Devereux (2004) is explicitly acknowledged in the manual. The wasting threshold for famine at 30 %, for example, is chosen as the halfway between the thresholds used by Howe and Devereux (2004) for *Famine* and *Severe Famine* conditions (IPC Global Partners 2012a: 99).

The declaration of famine, therefore, relies on a triangulation of various indicators and classifications, which should allow for an accurate assessment of the severity of the humanitarian crisis and provide information on effective policy responses. The triangulation in both Howe and Devereux's and IPC's diagnoses is based on mortality and anthropometric variables as well as livelihoods descriptors. Supplementing anthropometric measures with food security descriptors based on the livelihoods of vulnerable people exploits the fact that famines have a profound impact on both lives *and* livelihoods, and the descriptors can be used to establish the connection between food insecurity and mortality with a higher degree of certainty than anthropometric measures alone. However, the existing diagnoses are still based on ordinal scales of categorization determined primarily by variable intervals, such as value ranges for mortality and malnutrition rates. Such ordinal scales of categorization are capable of ranking different famines (into a *major* or *minor* famine, for example) but they do not provide information on the size of the relative differences. One way to get a sense of relative differences would be to work with continuous proxies for famine. Continuous proxies can capture deviations from a norm both temporally and spatially. Deviation matters because famines are understood as extreme events where the population experiences adverse changes in mortality (excess mortality) and/or in other essential anthropometric indicators.

Thus, I have argued for the benefits of adding a continuous famine variable-proxy to the existing famine diagnostic indicators (Rubin 2014). Concretely, I recommend the incorporation of an additional discursive dimension in famine diagnosis. The basic idea is that occurrences of the term *famine* in relief

documents (extracted from for example the Integrated Regional Information Networks database at <http://www.irinnews.org/>) categorized according to individual countries can provide an indication of famine vulnerability. Discursive indices of famine based on the number of country-specific reports mentioning famine possess some advantages: (i) they produce quantifiable continuous variables of famine vulnerability and famine intensity; (ii) they can be replicated easily because no subjective deliberations are needed when compiling the indices; (iii) the indices are readily accessible and transparent; and (iv) the indices are easy and cost-effective to compile as compared to traditional measures (Rubin 2014: 6). Present-day diagnostic tools already apply the principle of triangulation with multiple indicators; the addition of a discursive diagnostic dimension would enable even more refined analysis, allowing more forcefully for the incorporation of the aspect of change. A substantial increase in the amount of weekly famine reporting from a particular country (the temporal dimension) could indicate increased famine vulnerability, just as a countries with much higher famine reporting compared to a cross-country average (the spatial dimension) could be considered comparatively famine vulnerable. Ordinal scales of categorization do not provide information on the size of the relative differences whereas a continuous indicator would make it possible to rank countries by relating their scores to each other.

The use of the discursive indices as an early-warning indicator is limited, however, as famine reports are reactive to a deteriorating situation on the ground (rather than proactive). Thus, the indices should be used primarily for academic purposes in triangulation with the many anthropometric/mortality/livelihood indicators developed over the past decade. It is imperative, therefore, to combine the discursive famine indices with the other measures developed by Howe and Devereux (2004) and the IPC Global Partners (2012a, b). The indices do not constitute a competing method of famine diagnosis, as they certainly hold more analytical than operational value. Chapter 5 will use the discursive measures for analytical purposes to investigate the link between political systems and famine.

2.4 Conclusion

This chapter has discussed how famine can be defined and operationalized. There were pros and cons associated with the different types of definitions laid out. A narrow definition where famine is defined as a discrete event identified by increases in mortality caused by extreme starvation might overlook the broader socio-economic processes as well as the multifaceted drivers of mortality in famine situations. A more broad-based definition encompassing historical drivers and various phases of famine suffers from difficulties with demarcation as well as with practical applicability. The chapter construed its own definition of famine, and while it did accommodate some of the criticism leveled against the narrow definitions of famine, it is clearly positioned in the tradition that perceives famines as discrete events of increased mortality. The famine approaches that figure

prominently in this Brief also all subscribe to the view of famine as discrete event characterized by a deteriorating situation where chronic starvation turns into something worse. Seeing that the key approaches are based on this specific understanding of famine, it appears methodological advantageous to apply a similar understanding of the concept in the assessment of those approaches in order to evaluate them on their own terms. Under the assumption of a particular understanding of famine, how are the frameworks capable of analyzing it? This does not mean that the central concept of famine will not be subjected to discussions and at times deconstructions in particular with regards to how the declaration of famine (as a social construct) constitutes an arena of political power struggles (see Chaps. 5 and 6). What it means is that famine, as a point of departure, is understood as a discrete event identifiable by an increase in mortality caused by mass starvation and diseases.

The chapter also addressed the operationalization of famine. The last decade has brought about substantial progress in the diagnosis of famine, and famine classification today relies on a triangulation of several different anthropometric/mortality/livelihood-indicators capturing different dimensions of hunger and famine. The chapter discussed the progress of famine diagnostics with particular emphasis on Howe and Devereux' (2004) two dimensional operationalization as well as the IPC Global Partners (2012a) multidimensional diagnostics table. The 2011 UN declaration on July 20th 2011 of famine in Somalia was the first ever to be based on this formal and commonly accepted multidimensional system for famine diagnosis. I argued for the advantages of introducing the aspect of change and continuous variables in the diagnostics of famine. Discursive famine indices, based on humanitarian reports that make country-specific references to famine, were suggested as a complimentary dimension in famine operationalization.

References

- Alamgir, M. (1980). *Famine in South Asia: Political economy of mass starvation*. Cambridge: Cambridge University Press.
- Alemu, G. (2007). Revisiting the entitlement approach to famine: Taking a closer look at the supply factor—A critical survey of the literature. *Eastern Africa Social Science Research Review*, 23(2), 95–129.
- Baro, M., & Deubel, T. (2006). Persistent hunger: Perspectives on vulnerability, famine, and food security in sub-saharan Africa. *Annual Review of Anthropology*, 35, 521–538.
- Bhatia, B. M. (1967). *Famines in India: a study in some aspects of the economic history of India, 1860–1965*. London: Asia Publishing House.
- Crow, B. (1992). Understanding famine and hunger. In T. Allen & A. Thomas (Eds.), *Poverty and development in the 1990s* (pp. 15–33). Oxford: The Open University Press.
- De Waal, A. (1989). Famine mortality: A case study of Darfur, Sudan, 1984–85. *Population Studies*, 43, 5–24.
- Desai, M. (1988). The Economics of famine. In G. A. Harrison (Ed.), *Famine* (pp. 138–197). Oxford: Oxford University Press.
- Devereux, S. (1993). *Theories of famine*. London: Harvester Wheatsheaf.

- Devereux, S. (2000). Famine in the 20th century. IDS Working Paper 105. Retrieved January 10, 2015, from <https://www.ids.ac.uk/files/dmfile/wp105.pdf>.
- Devereux, S. (2007). Introduction: from 'old famines' to 'new famines'. In S. Devereux (Ed.), *The New Famines* (pp. 1–26). Abingdon: Routledge.
- Dyson, T., Ó Gráda, C. (2002). Demography, Food Production and Famine Risks in the Twenty-first Century. *IDS Bulletin*, 33(4), 108–113.
- FAO. (2013). Mortality among populations of southern and central Somalia affected by severe food insecurity and famine during 2010–2012. FEWS NET report. Retrieved January 10, 2015, from <http://reliefweb.int/report/somalia/mortality-among-populations-southern-and-central-somalia-affected-severe-food>.
- Field, J. O. (1993). Understanding famine. In J. O. Field (Ed.), *The challenge of famine: Recent experience, lessons learned* (pp. 11–29). West Hartford: Kumarian Press.
- Food Security and Nutrition Analysis Unit. (2006). Integrated Food Security and Humanitarian Phase Classification: Technical Manual Version I. Technical Series Report No. IV. 11. Retrieved January 10, 2015, from <http://documents.wfp.org/stellent/groups/public/documents/ena/wfp085331.pdf>.
- Hendrie, B. (1997). Knowledge and power: A critique of an international relief operation. *Disasters*, 21(1), 57–76.
- Howe, P. (2002). Reconsidering famine. *IDS Bulletin*, 33(4), 19–27.
- Howe, P. (2010). Archetypes of famine and response. *Disasters*, 34(1), 30–54.
- Howe, P., & Devereux, S. (2004). Famine intensity and magnitude scales: A proposal for an instrumental definition of famine. *Disasters*, 28(4), 353–372.
- Howe, P., & Devereux, S. (2007). Famine scales: Towards an instrumental definition of famine. In S. Devereux (Ed.), *The New Famines* (pp. 27–49). Abingdon: Routledge.
- IDS. (2003). Operational Definitions of Famine. IDS Workshop on 14 March 2003, Brighton.
- International Food Policy Research Institute. (2014). 2013 Global Food Policy Report. Retrieved January 10, 2015, from <http://www.ifpri.org/sites/default/files/publications/gfpr2013.pdf>.
- IPC Global Partners. (2008). Integrated food security phase classification: Technical manual Version 1.1. Retrieved January 10, 2015, from <http://www.fao.org/docrep/010/i0275e/i0275e.pdf>.
- IPC Global Partners. (2012a). Integrated Food Security Phase Classification: Technical Manual Version 2.0. Retrieved January 10, 2015, from http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC-Manual-2-Interactive.pdf.
- IPC Global Partners. (2012b). IPC and Famine. Retrieved January 10, 2015, from <http://www.ipcinfo.org/ipcinfo-detail-forms/ipcinfo-resource-detail0/en/c/178965/>.
- Keen, D. (1993). Famine, needs-Assessment and survival strategies in Africa. *Oxfam Research Papers*, 8, 1–37.
- Keen, D. (1994). *The benefits of famine*. Princeton: Princeton University Press.
- Leitenberg, M. (2006). Deaths in Wars and Conflict in the 20th Century. Retrieved January 10, 2015, from http://www.clingendael.nl/sites/default/files/20060800_cdsp_occ_leitenberg.pdf.
- McAlpin, M. (1983). *Subject to famine-food crises and economic change in Western India 1860–1920*. Princeton: Princeton University Press.
- MSF (Médecins Sans Frontières). (2006). Niger: what to do next? Special report. Retrieved January 10, 2015, from <http://www.doctorswithoutborders.org/publications/article.cfm?id=1744>.
- Ó Gráda, C. (2007). Making famine history. *Journal of Economic Literature*, 45(1), 5–38.
- Ó Gráda, C. (2009). *Famine—A Short history*. Princeton: Princeton University Press.
- Ó Gráda, C. (2015). Eating people is wrong, and other essays on famine, its past, and its future. Princeton: Princeton University Press.
- O'Rourke, K. (1994). The economic impact of the famine in the short and long run. *The American Economic Review*, 84(2), 309–313.
- Rangasami, A. (1985). Failure of exchange entitlements' theory of famine—A response. *Economic and Political Weekly*, 20(41), 1747–1752.
- Rubin, O. (2010). *Democracy and famine*. Abingdon: Routledge.

- Rubin, O. (2014). Diagnosis of famine: A discursive contribution. *Disasters*, 38(1), 1–21.
- Rupesh, S. (2009). Case study on starvation death In Bihar. Writ Petition No. 196 of 2001, Report from Advisor to the Commissioner of the Supreme Court. Retrieved January 10, 2015, from http://www.sccommissioners.org/Starvation/Bihar_briefreportstarvationdeath_0809.pdf.
- Sen, A. (1981). *Poverty and famines*. Oxford: Oxford University Press.
- Sen, A. (1995). Nobody need starve. In G. Swift, J. M. Coetzee, & J. Lanchester (Eds.), *Granta 52: Food—The vital stuff* (pp. 213–220). London: Penguin.
- Sheckler, A., Shortley, T., Swindale A., Lautze, S. (2004). Synthesis report on the famine forum, USAID office of food for peace. Retrieved January 10, 2015, from http://www.fantaproject.org/downloads/pdfs/FamineForum_2004.pdf.
- Von Braun, J., Teklu, T., & Webb, P. (1998). *Famine in Africa— causes responses and prevention*. Baltimore: Johns Hopkins University Press.
- Walker, P. (1989). *Famine early warning systems—Victims and destitution*. Abingdon: Earthscan.
- White, M. (2010). Necrometrics—Estimated totals for the entire 20th century. Retrieved January 10, 2015, from <http://necrometrics.com/all20c.htm>.
- WHO. (2014). MDG 6: combat HIV/AIDS, malaria and other diseases. Retrieved January 10, 2015, from http://www.who.int/topics/millennium_development_goals/diseases/en/.
- World Development Indicators. (2014). World Bank Database. Retrieved January 10, 2015, from <http://data.worldbank.org/data-catalog/world-development-indicators>.



<http://www.springer.com/978-3-319-27304-4>

Contemporary Famine Analysis

Rubin, O.

2016, IX, 99 p., Softcover

ISBN: 978-3-319-27304-4