

# CONCERN

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Final Report.

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## 1. Introduction

Somalia is considered to be the worst humanitarian disaster in the world today. Death from starvation continues to be an everyday occurrence, although not on the large scale as it was in earlier 1992. The severe food shortages result from a civil war which has devastated farming practices and the economy.

The famine is concentrated in the south and south west part of Somalia where the civil war has been most devastating. The most severely affected cities and towns lie in the most fertile region of the country between the rivers Wabi Shebele and Juba. This area includes the capital Mogadishu and other major towns such as Bardera, Bur Acaba, Baydowa, Afgoi, Wanleweyn and Belet Weyne. The concentration of emergency relief aid is in these towns and in their surrounding villages.

Out of a population of 7 million, 2.5 million are known to be displaced, and at least 1.5 million are severely malnourished. The displaced people represent the most vulnerable group. They have been forced from their homes in search of food.

In order to maximise Concern's programmes effectiveness, Concern has focused its inputs on nutrition targeting in particular severely malnourished children but also malnourished adults, the sick and the elderly. Concern undertook a number of activities which include feeding centres, dry ration distributions, agricultural, environmental and educational programmes.

The OFDA grant provided funding of US\$448,307 to support specific activities relating to the feeding centre operations over a six month period. These include the funding of staff, vehicles, and transport, logistics and supplies. The report details Concern's involvement in Somalia, the progress and development of feeding centre operations, and the specific use of the funding provided by the O.F.D.A. The grant provided was for a six month period (October '92 - March '93). As the crisis in Somalia was of such a magnitude the feeding centre programme absorbed in excess of the total grant over the first three month period. Therefore this report is being submitted as a final report.

## 2. Concern's Involvement

Following an assessment by a senior member of Concern staff in late April '92 the decision was taken for Concern to respond to the crisis in Somalia. On 6th May '92 Concern became operational in Mogadishio and had established one feeding centre there by the end of the month. There were thousands of displaced people in the capital and thousands more coming in from the countryside on a daily basis seeking food, many in a poor state. As the security situation permitted, Concern personnel decided to assess the situation in towns outside of Mogadishio. Afgoy, which is a town 30 kms outside of Mogadishio, was visited in June. There was found to be a situation of widespread malnutrition, people dying in large numbers in a town with its infrastructure and houses seriously damaged. The water and electricity systems had been completely destroyed. Many of the people living in the town were displaced and had come from the countryside and other towns. In response to this appalling situation and as the town was accessible by a good road from Mogadishio a feeding centre was opened. Similarly, by the end of June Concern had expanded its efforts to include the town of Wanleweyn 90 kms north west of the capital.

In mid June Bur Acaba was visited and a feeding centre was opened. However due to insecurity in the area Concern had to withdraw its activities from Bur Acaba within a few weeks of becoming operational in the town.

Baydowa was visited by senior Concern personnel on 26th June 1992. The situation was critical with a very large number of displaced malnourished persons and a high death toll. Bodies were seen lying on the street and roadside as people were too weak or could not afford to bury the deceased.

Following the arrival of additional nurses and supplies, three feeding centres were set up in Baydowa on the 19th July, one in Horseed, one in Hawlawadag and the third at the town's hospital. A fourth feeding centre was opened on 30th July and a fifth in early August.

#### **Number of Feeding Centres**

<b>Location</b>	<b>Number</b>
Mogadishio	1
Afgoy	2
Wanleweyn	1
Baydowa	5
4 villages	4
<b>Total</b>	<b>13</b>

In response to the high number of severely malnourished and ill adults and children three 24 hour therapeutic centres were opened in Baidoa town. In addition to these feeding centres, Concern has since opened four centres in villages near Baydowa. We are also involved in an Agricultural Programme centred in Baydowa and a Sanitation Programme in the area.

### **3. Programme Objectives**

Over the three month period the following objectives were met through the feeding centre programme:

- to maintain alive the beneficiary population
- to improve the nutritional status among the very malnourished.

The situation in Somalia has necessitated that these objectives be met in a difficult environment. These difficulties translate into practical barriers to the relief operations and in this way shape the way the programme was executed. The major barriers set in a complex, sensitive and heavily armed clan system were the security risk to food and personnel, the lack of infrastructure (such as badly damaged roads, sanitation, no electricity and no water supply), complete absence of formal economy, lack of effective administrative hierarchy such as a government and the (then) inoperable port in Mogadishu.

The following section deals with the feeding centres, their development and progress and their impact on target population.

### **4. The Feeding Centre Programme**

The Nutrition Programme in the feeding centres has three components :

- a) Supplementary Feeding
- b) Intensive Feeding
- c) Therapeutic Feeding

Once individuals present themselves at the feeding centre for the first time their relevant medical status is assessed. Those who are less than 130cm are assessed using weight for height (WFH) criteria. Those above this height are weighed and visually assessed. They then are assigned to one of three centres/feeding regimes:

### 1) Supplementary feeding

Malnourished and ill people who have no secure or regular access to food are submitted to supplementary feeding centres where they receive two meals per day. Their companions, e.g. parents and siblings, who come to the centres, together with some adults on their own also get a daily meal.

### 2) Intensive feeding

Individuals who come within the 71% - 80% WFH are given a blue band to indicate their high level of nutritional requirement in the feeding centres. They are provided with 4 - 5 meals per day due to their severely malnourished condition.

### 3) Therapeutic feeding

Children less than 70% of their WFH and adults who are severely malnourished are admitted to these centres.

On admission to the feeding centres, children receive antehelminthic drugs and Vitamin A. Oral Rehydration Solution is used for the treatment of dehydration. Some severe infections and skin conditions are treated in the centres. A measles vaccination campaign has been carried out in all the feeding centres to children between the ages of six months and ten years.

## 4.1. Supplementary and Intensive Feeding Centres

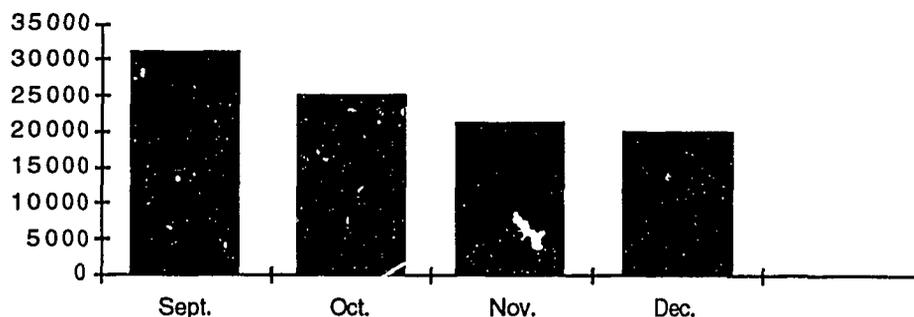
Supplementary feeding centres operate 'wet' feeding programmes. This is where food is cooked and distributed in its cooked form on the spot. All the centres use locally bought charcoal and timber as their fuel source for cooking. Each week water from local wells is delivered by trucks to the feeding centres.

Supplementary feeding centres provide two meals per day to those who are moderately malnourished or those who have no access to food. These consist of Corn Soya Milk (CSM) and High Energy/Protein Biscuits and UNIMIX. These foods have a high nutritional content and are of low commercial value thus reducing the risk of looting.

The beneficiaries do not reside in these supplementary feeding centres, which are located at places where they are reasonably convenient to large populations of displaced and malnourished persons.

The numbers attending the supplementary feeding centres have fallen over the reporting period as illustrated in the bar chart;

Chart: Numbers of Beneficiaries in the Supplementary Feeding Centres, Sept - Dec '92



Weekly fluctuations in numbers attending is due to several factors. The following are several of the reasons why this occurred;

- non-food distributions such as tee shirts and cloth which attract more people
- the operations of other NGO activities have an impact on numbers attending the feeding centres. For example, if the ICRC kitchens close or if their supplies are interrupted, their beneficiaries will come to Concern's feeding centres.
- health concerns increase attendance levels as mothers bring sick children into centres for treatment. An example of this is the measles epidemic which broke out in Wanleweyn during November '92.
- the security situation, when unstable can deter beneficiaries.

Supplementary feeding centre operations have provided a quick and extremely effective response mechanism to address the emergency situation affecting the malnourished target population.

#### **4.2. Intensive Feeding Centres**

Intensive feeding centres are for children who come within the 71% - 80% weight for height criteria and also those who are unable to feed themselves due to severe malnutrition which is typically complicated by disease and illness. Intensive feeding consists DSM, high protein biscuits and recovery food which is given four - five times each day. They also receive a take home ration of high protein biscuits. The buildings used for supplementary feeding are also used for intensive feeding.

#### **4.3. Therapeutic Feeding Centres**

To address the problem of acute malnutrition required specialised feeding centres known as therapeutic centres. These were set up in Baidoa town in October '92. They are specifically for children who are less than 70% of a standard weight for height or adults who cannot feed themselves due to severe malnutrition which is often complicated by disease. The most vulnerable of this group are invariably displaced people who are all profoundly exhausted and extremely debilitated.

These centres provide 24 hour care and feeding every 2 hours between 8am and 10pm. Their diet consists of recovery food and milk, BP5 biscuits and/or ORS (Oral Rehydration Solution). On admission, patients are provided with cloth, soap, a blanket and a mat. Age, sex, presence of oedema and weight for height percentage is registered. This individual relevant nutritional and medical status is recorded in patient held records and in the admission registration book. There is a weekly follow up to assess each individuals progress. This permits an on going monitoring of the overall situation. The weekly monitoring of the WFH (Weight For Height) show that on average 80% to 85% of children gain weight satisfactorily each week. Approximately 10% - 15% fail to gain weight due to factors such as related illness. A further 5% fail to gain weight despite intensive feeding and aggressive medical management. The prognosis for this last group is extremely poor. However, it is encouraging that 95% of children respond satisfactorily to therapeutic feeding.

The majority of children and adults receiving treatment have malnutrition complicated by other diseases. Disorders are treated as appropriate, for instance piperazine is given for ascars (worms), ferrous sulphate for anaemia and where necessary, antibiotics are administered. I.V. therapy or tube feeding is regularly used.

Those attending the centres are either referrals from other feeding centres or they are identified by Concern personnel on the streets of the town. They are easily identifiable as they are clearly malnourished and visibly weak. Concern also undertakes to feed those who accompany the very weak. They are typically parents or siblings. They are given Unimix and Dried Skimmed Milk (DSM) and BP5 or Jamin Biscuits.

Currently, there are 3 therapeutic centres in operation. They are all located in Baydowa where, through necessity, relief efforts are concentrated. The following data refers to the date opened and the numbers attending these centres in November/December 1992.

Table 1. Therapeutic Centres, Date Opened and Numbers Attending Daily

Location	Date Opened	Numbers Attending
Isha	02/09/1992	230
Berdale	21/10/1992	70
Horseed	02/12/1992	108

The decision to open a third therapeutic centre in December '92 reflected the continuing gravity of the famine. Both the Berdale and the Isha centre initially were primarily geared towards the needs of severely malnourished children. However, the number of adults requiring therapeutic treatment was increasing dramatically. During the first two weeks of November the number of adult deaths was 426 and the number of child deaths was 185 giving a total of 611. This is contrary to the earlier experience of the famine where the children constituted the most vulnerable group. In line with this harrowing development more adults were being treated in the therapeutic centres, and the Berdale therapeutic unit catered specifically for adults. Subsequently, at the beginning of December Horseed was reopened (it had been a supplementary feeding centre) as a therapeutic centre. This also alleviated the overcrowding at Isha.

Therapeutic centres has enabled many extremely debilitated people to recover from the brink of certain death.

#### 4.4. Impact

The feeding centres have been highly successful in sustaining large numbers of people and reducing death tolls. This can be clearly appreciated when we consider the death toll in Baydowa over the programme period :

Table 2. The Daily Death Toll in Baydowa, September to December 1992.

1992	Total	Daily Average
September	6,068	203
October	2,447	79
November	1,792	57
December	1,860	60

In rebuilding the nutritional status of the target population and treating various diseases, much long term disability and a higher death toll has been avoided. The major disability resulting from nutritional deficiency is blindness due to lack of Vitamin A in the diet. Many

people have become blind in Somalia with this as a major contributing factor. The use of highly nutritious foods in the feeding centres reduced the risk of such deficiencies among the beneficiaries. Feeding centres, as well as being instrumental in reducing death through starvation and related diseases, have also been instrumental in helping to arrest outbreaks of epidemics such as measles.

Food and security problems have been related. Those who were well armed had easier access to food. The feeding centres reduced the strict correlation between these two variables. Unarmed politically and physically, weak people were given food security through the feeding centres. This therefore reduced the tensions associated with the drive to seek food for survival. The availability of food meant that people could concentrate on other aspects of their lives such as reestablishing their micro enterprise eg street vendors.

Until September 1992 people were leaving their villages in search of food and travelling to the towns and then on wards to the city when they were strong enough to make the journey. Through the expanded number of feeding centres in the various towns it halted the flow of people in large numbers to the capital city. In addition to curbing the outward flow of people from their local areas, the local economy and infrastructure has been maintained to a higher level than if people had been forced to leave or could not return due to food shortages.

Through the medium of the feeding centres, other activities such as employment of nurses, drivers and feeding centre staff has provided a source of income which not only benefitted the staff employed but also their families. The feeding centre in Pan Africa is also used as a school and a centre for income generation schemes for women, who are involved in mat making.

The feeding centres fulfil their objectives of improving the nutritional status and maintaining alive the beneficiary population. The wider benefits are dynamic and very positive for the overall well being of the community and the economy.

## **5. Conclusion**

Since Concern's involvement in the provision of relief assistance in May '92, the programme operations expanded rapidly in form and geographically. The feeding centre operations continue to be of prime importance in the provision of food to the very weak and malnourished thus sustaining lives and preventing premature deaths from famine related causes. Death tolls in the towns and city where Concern operates have reduced dramatically. This important and gratifying result has been facilitated by the generous support of bodies such as the OFDA.

Concern plans to continue the feeding centres until a sufficient general food supply is available and the target beneficiary population have access to this food.

## 6. CONCERN EMERGENCY PROGRAMME SOMALIA

### FINANCIAL REPORT for the period 1st October - 31st December 1992

The OFDA grant was provided to support Concern's feeding centre operations for a six month period, October 1992 to March 1993. The use of the grant pertained to specific activities. These are funding of staff, vehicles, transport, logistics and supplies.

The following are the details of the proposed use of the grant for the six month and the current three month reporting period, and the actual use of the grant over the 3 month reporting period. The currency detailing the expenditure is US dollars.

Table 3. OFDA Grant, 6 month (Oct-March '92-'93) & 3 (Oct-Dec '92) month period.

<u>Items</u>	<u>Expenditure Proposed, 6 Months</u>	<u>Expenditure Proposed, 3 Months</u>	<u>Actual Expenditure, 3 Months</u>
1. Personnel	\$206,157	\$103,078	\$202,012
2. Vehicles & Local Transport	\$140,200	\$70,100	\$472,820
3. Logistics & Supplies	\$101,950	\$50,975	\$56,361
<b>Total</b>	<b>\$448,407</b>	<b>\$224,153</b>	<b>\$731,197</b>

(1) The proposed funding provided by the OFDA covers the cost of employing 180 national staff @ US\$38 per month and 6 expatriate staff @ \$4,577 per month. Local staff salaries rose during the reporting period to an average of \$91.2 per month because of the appreciation of the Somali shilling ( in October the exchange rate was ss6,000 :US\$1, in November it was ss5,00 : US\$1 and in December it was ss4,000 : US\$1). Concern also employed a more highly skilled staff who worked in a specialised capacity eg therapeutic centres. The number of staff employed was increased during the reporting period because of the volume of work. Over the reporting period, Concern employed 36 expatriate staff and approximately 800 national staff each month.

(2) Transport costs include vehicle hire, truck hire, fuel and transport staff allowances. The total cost per month was as follows :

	US\$
October	158,226
November	152,594
December	<u>162,000</u>
	472,820.

Additional vehicles were hired in order to transport the extra food and personnel to the various centres.

(3) Logistical and supplies costs include cooking fuel, water, non-food supplies, storage, portering, repair, maintenance, construction and feeding centre equipment. The costings were as follows :

<u>Month</u>	<u>Item</u>	<u>Cost US\$</u>
October	Feeding centre equipment and supplies	5,441
	Repairs and maintenance	12,419
	Water	8,433
	Fuel	1,891

November	Feeding centre equipment and supplies	8,110
	Repairs and maintenance	15,219
	Water	14,868
	Fuel	2,098

Due to the size of Concern's emergency operations, the funding provided by the OFDA was absorbed and utilised on designated items by end of December '92. This is clear from the difference between the proposed expenditure and the actual expenditure. Actual expenditure has been over half a million US dollars in excess of proposed expenditure. This expenditure has been imperative and highly beneficial to the recipient target population.