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CONCERN

Title of Report CONCERN Emergency Programme, Somalia.
Final Report.

Project Ref. Number 968-1032-G-00-2020-00

Report to O.F.D.A., Office of Foreign Disaster Assistance,
Bureau for Food and Humanitarian Assistance,
U.S. Agency for International Development.

Implementing Agency Concern

Period Covered Narrative: 1 January 1993 - 31 August 1993
Financial: 1 April 1993 - 31 August 1993

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Contents:

1. Background
2. Concern's Involvement
3. Programme Objectives
4. Feeding Centres
 - 4.1 Concern's Feeding Centres, Somalia
 - 4.2 Supplementary Feeding Centres
 - 4.3 Therapeutic Feeding Centres
 - 4.4 Medical Aspects of Feeding Centres
 - 4.5 Impact of Feeding Centres
5. Progress in 1993
 - 5.1 January
 - 5.2 February
 - 5.3 March
 - 5.4 April
 - 5.5 May
 - 5.6 June
 - 5.7 July/August
6. Conclusion
7. Financial Report

1/17

CONCERN

1 Upper Camden st., Dublin 2, Ireland

To : Ms. Valerie Newsom Somalia Project Officer AID/AFDA Room 1262A NS 320 21st Street, NW Washington DC 20523 - 0008 USA	From: Brid Kennedy Concern Dublin
	Date : 3 November 1993
Fax : 00 1 202 647 5269	Concern Fax : 353 1 4754647

Dear Valerie

Re : Emergency Nutrition Programme Somalia
Grant No. 968-1032-G-00-2020-00 Modification 2

Please find attached final narrative and financial report for the above grant which are in accordance with the agreement. CONCERN hereby calls forward the balance outstanding of \$144,547.

The underspend (Budget \$245,066) was largely due to the fact that the Feeding Centres closed down earlier than expected. This however, was a positive sign and an indicator that the programme had, to a large extent, achieved it's objectives. While phasing out the feeding centres Concern began establishing an Education Programme. It is encouraging to see many children who were once in feeding centres now recovered and attending school. Thousands of displaced persons who were beneficiaries of the feeding centres have now returned to their homeland and have begun reestablishing their lifestyles.

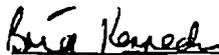
Concern bank details are as follows:

A/C No: 27750021 (US\$ account)
Bank: Bank of Ireland, International Banking
P.O. Box 419
Head Office
Lower Baggot Street
Dublin 2, Ireland.

I wish to apologise for the delay in sending this report.

Thank you for your generous support.

Yours sincerely


Brid Kennedy
Head Africa Department

cc Mr. James C. Athanas, Grant Officer, A.I.D. Project Office, Nairobi, Kenya.
cc The U.S. Disbursing Officer, The U.S. Embassy, Paris, France.
cc Ms. Amanda Downing, Operations Support Division, A.I.D. Project Office
Washington D.C., USA.

3/17

1. Background

The result of the civil war which began in 1988 was chronic famine and total destruction of housing and infrastructure. The most severely affected cities and towns lie between the rivers Wabi Shebelle and Juba. This region includes the capital Mogadishu and other major towns such as Bardera, Baydowa, Afgoi, Wanle Wein, Wajit and Hoddur. It affected the whole of the urban and rural population, rich and poor, pastoralist and arable farmers. This region where the famine was most devastating was traditionally a prosperous and fertile region of Somalia. It was known as the 'Sorghum Basket'.

During the civil war, crops were stolen from the fields, or burnt. Houses were looted and destroyed and livestock slaughtered or stolen. Towns and villages were looted and destroyed. In the main towns very few buildings here survived undamaged. The majority are without roofs, and have been stripped of their furniture and domestic utensils. The materials that made up the sewage and electricity systems have been looted.

The level of suffering has been enormous with most people losing many of their loved ones and all of their possessions, being forced to leave their homes and travel to regional centres such as Mogadishu and Baydowa. This sudden and devastating change in fortunes was reflected by high levels of apathy, hopelessness and depression, particularly in the earlier stages of the famine.

The most vulnerable groups were the elderly, women and children. The under 5's in particular were badly affected because of their natural vulnerability to disease and malnutrition causing a high death rate. Many people left their villages and towns in search of food. They became known as the displaced people. They were forced to abandon their farming practices and were unable to protect or maintain their land and houses. For temporary homes, they constructed rudimentary shelters consisting of branches making a small oval shaped structure which is then covered with sacks and plastic.

Negative Consequences on Population

The level of malnutrition and death from starvation has been extremely high. Even before the war, Somalia needed to import food to feed its people. The quantity of foodstuff required to service the needs of the population was in no way being met during the crises months in 1997. There was a massive reliance on food aid, however, much of this arrived too late for many people. The UN estimated that between October 1991 and November 1992, 300,000 people died due to starvation and the war.

Many of the necessary farming inputs, such as insecticides and spare parts for irrigation pumps, were not available. This was due to the massive reduction in international trade (and therefore foreign exchange) as well as the absence of a formal foreign exchange market and banking system. Before the war, exports consisted mainly of livestock and bananas and imports consisted of petroleum, food, machinery, transport equipment and construction materials. This trade has all but ground to a halt. The result is difficulty in rebuilding the agricultural sector and greater dependence on aid and the informal economies.

Many Somalis lived a nomadic lifestyle which relied on camels and goats. Now, the pool of livestock is only a fraction of what it was before the civil war. It was either eaten or stolen or it died because of disease. It is now more vulnerable to disease than before the war. This is because the necessary vaccinations need to be carried out every two years and there have been no vaccinations since 1990. Earlier in the 1980's, exports of camels to their main traders, Saudi Arabia, had to be halted because of disease. The Somalis current predicament compounds their situation. The overall result has been a reduction of the stock of wealth (as livestock) and further reliance on crops.

The security situation, particularly in the Mogadishu, remains tense. The displaced population in Mogadishu are especially vulnerable and they relied heavily on dry ration distributions. These were stopped for two weeks during the troubles in June. Over this period, the number of severely malnourished children attending the Pan Africa feeding centre in Mogadishu increased by a third.

With the onset of the war, practically all schools and colleges closed down. Books have been destroyed, many lecturers have left the country and the schools have been destroyed. Many children have not even had any primary education. This adds to the lack of daily structure in their lives and is not good for the long term stability and prosperity of the country.

4/17

The original OFDA grant provided funding amounting to us\$448,307 to support specific activities relating to the feeding centre operations over a six month period from October 1992 - March 1993. Due to a large increase in activities these funds were used and duly reported on, for the period October - December 1992. In May 1993 this agreement was amended and a further US\$245,066 was approved for the period 1st April - 31 August 1993 bringing the total amount approved to \$693,373. As the original agreement was up to March 1993 this narrative covers the period January - August 1993 while the financial covers the period as per agreement, i.e. 1st April - 31 August 1993. This report is being submitted as a final report.

2. Concern's Involvement

Concern has been involved in four main programme areas in Somalia. These are feeding centres, food distributions, agricultural rehabilitation and education. They closely link in with one another. The beneficiaries from the feeding centres were largely children who were able to go to Concern schools when they became healthy. Others, such as the displaced people had fled the countryside in order to find food in the larger towns and cities. The agricultural rehabilitation programme and the food distribution in the rural areas of the Bay and Bakool region helped to encourage many of these people to return to their home villages. These projects also helped stem the flow of people into the major towns from the rural areas. In conjunction with political developments, such as the ceasefire agreements, the deployment of UNITAF forces and the humanitarian efforts of other aid agencies, Concern's programme in Somalia has contributed to lowering the tensions associated with acute food shortages.

3. Programme Objectives

The objectives of the feeding centres are:

- To maintain alive the beneficiary population
- To improve nutritional status among the very malnourished
- To maintain nutritional status among those who have improved to an adequate level of nutrition.

These objectives are met through the emergency nutrition programme which is made up of supplementary feeding and intensive feeding carried out in feeding centres. There were two types of centres, supplementary feeding centres and therapeutic feeding centres. Therapeutic feeding centres catered for the more severe cases of malnourishment and provide 24 hour care. The supplementary and the therapeutic centres were initially targeted to those most at risk - children under five years of age and lactating mothers. These services had to quickly adapt to high numbers of older children and adults requiring intensive management.

4. Feeding Centres

4.1 Concern Feeding Centres, Somalia.

Concern opened a feeding centre (Pan Africa) in Mogadishu in May 1992, but as thousands were travelling to Mogadishu it was decided to assess the situation in outlying towns. Since June '92 our strategy was to respond to situations in the rural towns where the malnutrition levels were very high by setting up feeding centres.

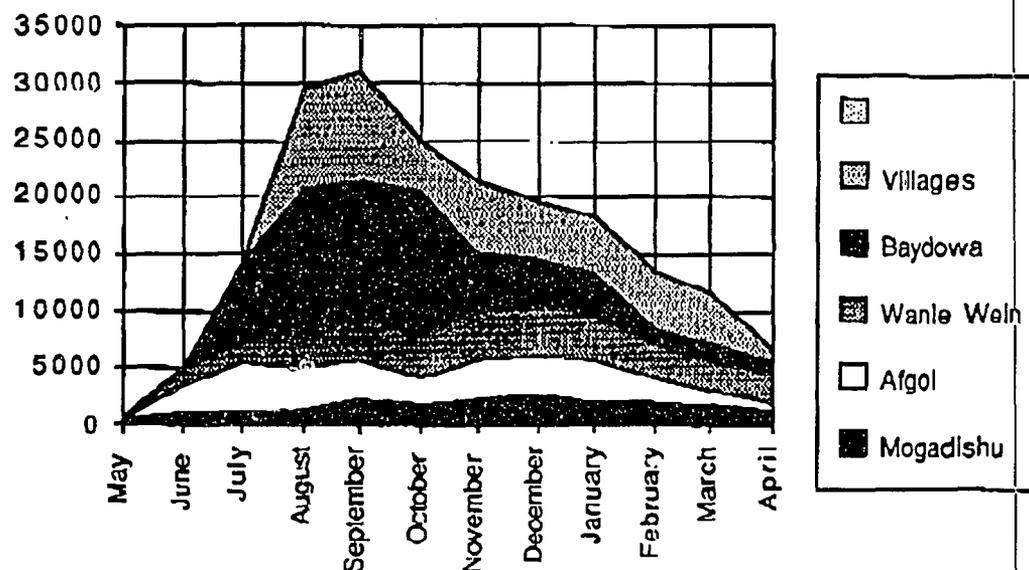
Baydowa was visited by senior Concern personnel on June 26th, 1992. The situation was critical with a large number of displaced malnourished persons and a high death toll. Bodies were seen lying on the street and the roadside as people were too weak or could not afford to bury the deceased. The following is a list of all feeding centres that Concern has operated in Somalia:

5/17

Centre	Date Opened	Date Closed	Comments
Pan Africa	May 1992	Aug 1993	
Afgoi 'MCH'	June 1992	April 1993	40 km from Mogadishu
Afgoi 'school'	June 1992	Aug 1993	Concern School
Wanle Wein 'bank'	June 1992	July 1993	90 km from Mogadishu
Wanle Wein 'cinema'	Aug 1992	July 1993	
Isha	July 1992	July 1993	Baydowa town (Bay Region)
Berdale	July 1992	March 1993	"
Holwodag	July 1992	Feb 1993	"
Bay Project	July 1992	May 1993	"
Isha therapeutic	Sept 1992	July 1993	"
Berdale therapeutic	Oct 1992	April 1993	"
Horseed therapeutic	Dec 1992	March 1993	"
Awdinle Village	Aug 1992	July 1993	Bay Region (Nth of Baydowa)
Berdale Village	Aug 1992	July 1993	"
Hawain Village	Aug 1992	July 1993	"
Gof Gadut Village	Aug 1992	July 1993	"

There were 16 Concern feeding centres open in 1992. In the Bay region, there were 7 feeding centres in Baydowa town and 4 in the Bay Villages. There was 1 in Mogadishu (Pan Africa) and 2 in both Afgoi and Wanle Wein which were serviced from Mogadishu. Three of the 16 centres were therapeutic centres for very seriously malnourished people, one of which was a specialised adult therapeutic centre. By October the recorded death rate in Baydowa was 80 per day, two thirds of the deaths were adults. It was to address this unprecedented situation that Berdale adult therapeutic centre was opened in Baydowa on October 20, 1992. By June 1993, 6 of these had closed completely, and 2 had been changed into Intensive Feeding Units. By the end of August all feeding centres were closed.

This intervention in towns and villages has reduced the numbers of people travelling to the regional capitals in search of food. The numbers of people attending the feeding centre during the reporting period fell from a peak of 30,000 in September 1992 to 6,620 in April 1993 to 23 people being discharged from Afgoi and Baydowa the last two feeding units to close in August 1993. The table below shows the number of people registered between May 1992 and April 1993:



As can be seen from the chart, the numbers attending the feeding centres fell consistently over the period. This was due to emergency relief efforts, the availability of dry ration distributions as well as an improvement in the overall environment in terms of security, access to food and increased economic activity. This progress continued until a nutrition survey found that the nutritional status of the population had increased sufficiently so that the feeding programme could close down.

6/17

4.2 Supplementary Feeding Centres

Thirteen of Concern feeding centres were supplementary feeding centres with intensive feeding regimes for those who needed it. They were open from 8 am to 4 pm and catered mostly for malnourished children.

The feeding centre activities consisted of wet feeding, attending to medical problems related to malnourishment and vaccinations (e.g. measles). In many of the feeding centres, there were classes on hygiene, health and literacy for the children. There were small income generation schemes such as mat making and sewing in the feeding centres. Finally, the centres acted points of distribution for many items such as plastic sheeting to cover peoples homes, dry rations, t-shirts and cloth.

There were two feeding regimes for malnourished beneficiaries, supplementary and intensive. Supplementary feeding was for those whose Weight for Height (WFH) was above 75% but who were still malnourished, while intensive feeding for therapeutic patients was for those below this WFH or those who were ill as well as malnourished.

Where there were no therapeutic centres but there were people in need of intensive feeding, they were cared for in such a way in a separate unit within supplementary feeding centres. Many of the beneficiaries were accompanied by a sibling or a companion. These people were referred to as 'companions'.

There was a final group of beneficiaries who had previously been supplementary or intensive attendants but had gained sufficient weight and were in good health. They were not discharged because they were either displaced or local impoverished people who had no other source of food, or children who had been orphaned.

Those who were receiving intensive feeding wore red wrist bands, supplementary feeding wore blue bands and others wore white bands.

When someone arrived at a centre medical status was assessed. Those who were less than 130cm were assessed using WFH criteria. Those above this height were weighed and visually assessed. Supplementary feeding consisted of two meals per day. These consisted of Dried Skimmed Milk (DSM - made up as milk with boiled water), High Energy/Protein Biscuits and UNIMIX (a flour composed of cereal, beans and sugar which was mixed with boiled water and cooked to make a nutrient rich porridge). The feeding regime was as follows:

Supplementary Feeding Regime for children above 75% weight/height :

Food item	Kcal/ 100 gm	Gm/ml/ Day	Kcal/ day	Gm/Psn/ month	Kcal/ month
DSM	360	84	302	2,520	9,060
Unimix	400	200	800	6,000	24,000
Jamin	460	108	496	3,240	14,880
Total		392	1,598	11,760	47,940

4.3 Therapeutic Centres

Therapeutic centres provided 24 hour care for severely malnourished people. Typically, they were less than 75% WFH. All of Concern's therapeutic centres were in Baydowa. The following therapeutic feeding centres were operated by Concern:

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

7/17

On admission to therapeutic centres patients were provided with cloth, soap, a blanket and a mat. Age, sex, presence of oedema and weight for height percentage was registered. Intensive feeding regimes had a high energy and high protein content. This specialised feeding programme was provided more frequently than the supplementary feeding and used in conjunction with oral rehydration solution where necessary. The Intensive Feeding Regime for children less than 75% weight for height was:

Food Item	Kcal/ 100 gm	Gm/ml/ Day	Kcal/ day	Gm/Psn/ month	Kcal/ month
Rec food	404	200	808	6,000	24,240
Unimix	400	200	800	6,000	24,000
BFS's	452	165	746	4,950	22,380
Total		565	2,354	16,950	70,620

In September and October of 1992, the number of adults dying from malnutrition related causes was unusually high. In other famine situations, it has been the case that the most vulnerable group have been children with comparatively few adults dying from starvation. However, the number of adults requiring therapeutic treatment was remarkably high. During the first two weeks of November 1992 the number of adult deaths was 426 while the number of child deaths was 185 giving a total of 611. This warranted the opening of Berdale adult therapeutic centre. Berdale adult therapeutic centre was located on the outskirts of Baydowa town. The centre initially cared for both adults and children, but concentrated on adults from December 1992.

4.4 Medical Aspects of Feeding Centres

There are a large number of potentially fatal medical problems associated with malnutrition. Severe malnutrition is almost always accompanied by diarrhoea and decreased resistance which results in infections and septicaemia. Diarrhoea and chest infections together account for the majority of the life threatening conditions. Other common, potentially fatal illnesses include malaria, anaemia and intestinal worms. Common ailments include ear infections, abscesses, infections of the joints. Vitamin A deficiency (leading to blindness), and tropical ulcers.

Diseases were treated as appropriate, for instance piperazine is given for ascaris (worms), ferrous sulphate for anaemia and where necessary, antibiotics were administered. I.V. therapy or tube feeding is regularly used. Nutrition surveys were carried out to assess health improvements. Where possible, children were weighed regularly to gauge how many were putting on weight and how many were not.

A measles vaccination campaign has been carried out in most of the feeding centres to children between the ages of six months and ten years. This was done to prevent an epidemic, such as measles which is highly contagious and has already claimed many lives. The following details the numbers vaccinated between January and June 1993:

Area / Centre	Month	No. Vaccinated	Type of Vaccine
Baydowa town	January	6,051	Measles
Baydowa villages	April	9,500	Measles & Vit A *
Wanle Wein	April	622	BCG, Tetanus, Polio, DPT1, DPT2
Wanle Wein Area	May/June	12,831	Measles
Total		29,004	*Vit A deficiency causes blindness.

This vaccination programme was assisted by supplies support given by UNICEF. MSF coordinated the measles vaccination programme in Baydowa town in January.

4.5 Impact of the Feeding Centres

The feeding centre programme has undoubtedly prevented many deaths. This can be clearly appreciated when we look at the death toll in Baydowa:

8/17

1992-93	Total	Daily Average
September	6,068	203
October	2,447	79
November	1,792	57
December	1,860	56
January	241	8
February	88	3
March	62	2

The falling death rate is due to the emergency relief activities as well as an improvement in the overall security situation. The improved security situation is as a result of the UNITAF forces deployed in December. They provided security for relief aid which has enabled much food to get through to its destination, and enabled dry ration distributions to start.

Where possible, children were re-weighed at the centres with weight changes recorded. The monitoring of the WFH showed that on average 80% to 85% of intensive children gained weight satisfactorily each week. Approximately 10% - 15% failed to gain weight due to factors such as related illness. A further 5% failed to gain weight despite intensive feeding and aggressive medical management. The prognosis for this last group was extremely poor. However, it was encouraging that 95% of children responded well to therapeutic feeding.

The adult therapeutic centre has been very successful in treating malnutrition and related illness in the adult population. In the first three months (Dec 92-Feb 93) it addressed the acute needs of 1,011 patients. Of these 847 have survived to return to their homes. It is likely that all of these would have died without the specialist treatment that Bardale offered.

The instability in Somalia meant that running these centres had to be done in a difficult situation. The major difficulties were the security risk to food and personnel, the lack of infrastructure (such as badly damaged roads, sanitation, no electricity and no water supply), the absence of formal economy and lack of effective hierarchy such as government.

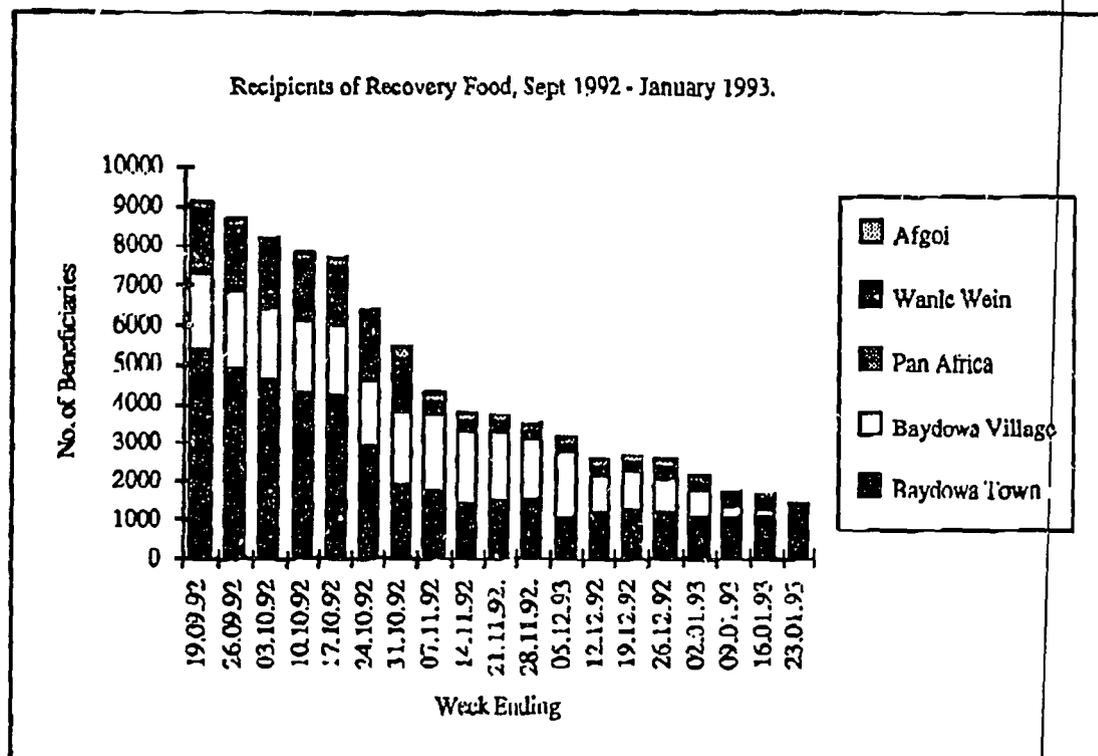
5. Progress of Programme during 1993

5.1 January

During the month of January, all Concern's 16 feeding centres were in operation. At the peak of their operations, there were 30,000 beneficiaries being cared for. By January, these numbers had started to decline, mostly in the Bay region. The numbers of beneficiaries fell from 19,050 in December to 18,266 in January (or by 4%). This was the fourth month in a row that the numbers had declined. The ability to distribute dry rations to affected areas given UN military escorts was a major factor in assisting this improvement.

There continued to be a fall in the numbers who required intensive feeding. The number of beneficiaries needing this special recovery assistance from severely malnourished condition fell from over 9,000 in September to under 2,000 in January. The following graph shows the trend of the numbers receiving recovery food (i.e. intensive patients):

9/17



The number of severely malnourished coming to the centres had fallen significantly. The percentage of intensive patients in Concern's feeding centres fell from 30% in September to 10% in January.

During January and February there was an outbreak of pertussis (whooping cough) in the village feeding centres. It is not possible to treat this virus with antibiotics, and it is potentially fatal. The illness can last one or many months and it is one virus which can be vaccinated against.

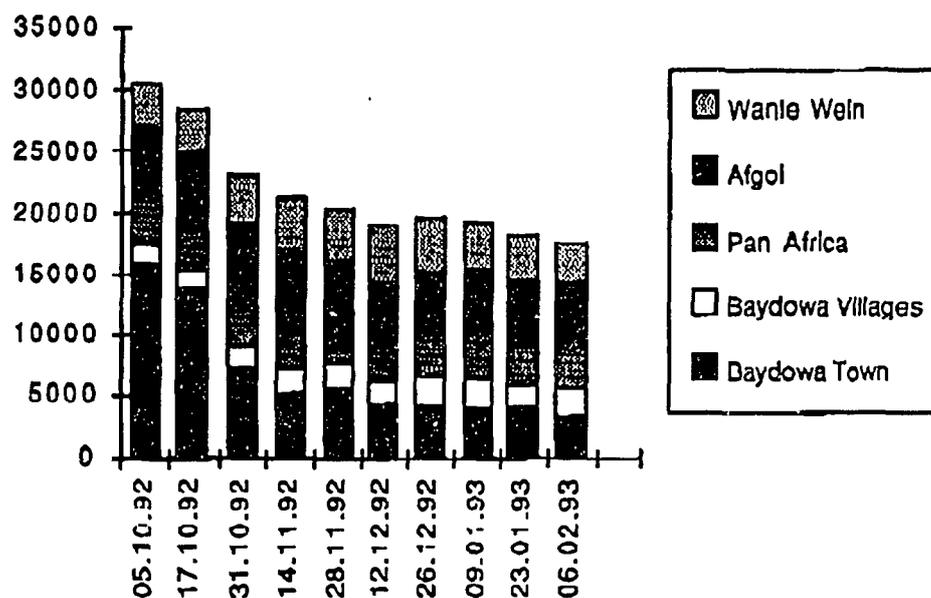
January was the end of the Dur rainy period and the time for harvesting crops which had been planted in October. In October, Concern had distributed grain seeds and tools to over 8,000 farmers in the Bay region. Some additional farmers were given vegetable seeds which were grown over this period. During January, these crops were harvested. This programme formed the basis for a much larger scale agricultural rehabilitation programme.

5.2 February

During the month of February, children continued to be admitted to the therapeutic and supplementary feeding centres. An influx of children continued who had travelled long distances from Baydowa town and others from within Baydowa town. Despite the serious condition of the children admitted the death rate in the centres continued to fall dramatically. At this point it was discernible that many of the ill children were in fact suspected T.B. cases for which there were no appropriate resources available. This was due to the nature of the illness - the long course of treatment required, the security situation and the mobile population. In fact, the vast majority of the malnourished children had an underlying medical condition causing them to be malnourished, as opposed to previously when the majority of people admitted would have faced acute shortages food.

12/17

Number of Feeding Centre Attendants, Oct - Feb



In order to make such improvements sustainable in the long run, Concern undertook a large scale agricultural rehabilitation programme in February targeting 35,000 rural families. This, in conjunction with the dry ration distributions, enabled people to return to their home villages and start farming again.

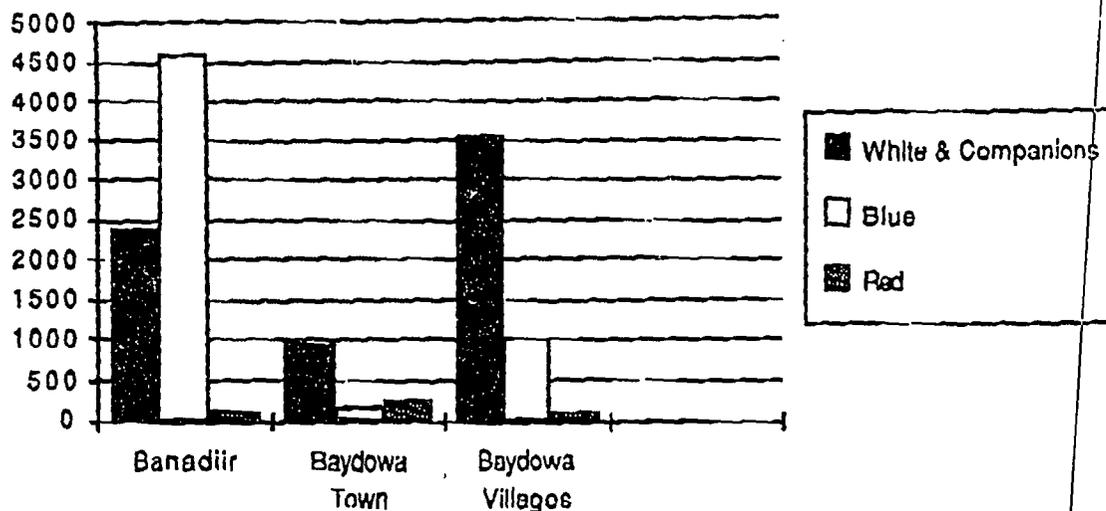
Holwodag feeding centre in Baydowa town was closed on February 24, 1993. This centre functioned less efficiently than others in Baydowa town. With decreasing numbers in the town feeding centres, the numbers of children at Isha and Holwodag could be managed at one centre with better supervision possible. Therefore, the move from Holwodag centre to combine with Isha feeding centre was made.

At the end of February, Concern was operating 15 feeding centres throughout Somalia. It was clear at this stage that the emergency needs of the population had fallen.

5.3 March

The feeding centres continued to provide supplementary and intensive feeding for 13,159 people during March 1993. There were five centres operating from Mogadishu and eight in the Bay region, four of which are in Baydowa town and four in outlying villages. The number of intensive patients continued to fall. The proportion of those below the critical 75% WFH (red wrist bands) fell. The most vulnerable group after this was the blue wrist band whose weight was 75% - 85% and the white wrist bands and companions are above this weight again. These were used as guidelines and those who were critically ill but were over 75% WFH would also have worn red bands. The respective numbers are shown in the following graph:

No.s & Category of Feeding Centre Attendants



Banadiir is an area name which includes Mogadishu, Afgoi and Wanle Wein. The numbers of beneficiaries in Afgoi and Wanle Wein continued to fall slightly. Many of the feeding centre beneficiaries in the capital, Mogadishu, were displaced people who were in a very precarious situation, especially in light of the beginning of the rainy season. People were still coming from areas where instability continued such as Kismayo to Mogadishu.

In Haydowa town, the numbers of beneficiaries continued to fall. This was linked to the fact that during this month, farmers sow seeds for the harvest in August. As the numbers of attendants has fallen from a peak of 30,000 to 13,000 in six months, it was possible to reduce the number of feeding centres and relocate those who were still in need of supplementary or intensive feeding.

Berdale feeding centre was closed on March 3, 1993. The centre was catering for a large number of adequately nourished children and a smaller number of malnourished children. The malnourished children were transferred to Bay project and the well nourished children were referred to International Committee of the Red Cross (ICRC) kitchens. Many of the children attending Berdale were from Baydowa town and not the displaced. The local head nurse/supervisor was having difficulty managing the centre without close supervision. With the numbers of children decreasing in the centres, the best solution was amalgamating centres, and hence Berdale feeding centre closed.

Horseed therapeutic centre was closed on March 21, 1993. Children from the centre were transferred to Isha therapeutic centre. There were no latrines at Horseed. Although several attempts had been made to build latrines, it was not possible due to a layer of rock close to the ground surface. The structures were not adequate for housing malnourished children during the expected rainy season. There were permanent structures available at Isha.

A nutritional survey was carried out in the Bay Project feeding centre. 335 children less than 130 cm were weighed and measured. 8% of these children were less than 80% weight for height and total of 22% were less than 85% weight for height.

The nutritional survey was also carried out in the village centres. Children were randomly selected, with every second or third child chosen, depending on the numbers present in the centres.

Awdinle Village

A sample of 239 children under 115 cm in height were weighed and measured. 6% of the children were below 80% weight for height. 19% of those measured were less than 85% weight for height. Although nutritional status was improving, there were still almost 20% of the children in a vulnerable state nutritionally.

Berdale Village

A sample of 389 children less than 115 cm tall were weighed and measured. Of these children 7% were less than 80% weight for height and a total of 21% were below 85% weight for height.

Hawain

A sample of 184 children less than 130 cm were weighed and measured. 3% of the children were less than 80% weight for height and a total of 17% of the children were below 85% weight for height. Older children were assessed using mid-upper arm circumference ('MUAC').

Gof Gadut

A sample of 422 children less than 130 cm were weighed and measured. 11% of those children were less than 80% weight for height and a total of 27% of the children were less than 85% weight for height.

The number of beneficiaries attending these centres remained fairly constant over the first three months of 1993.

<u>Village Centre</u>	<u>January</u>	<u>February</u>	<u>March</u>
Gof Gadut	1,476	1,510	1,284
Hawain	1,522	1,759	1,814
Awdinlc	981	693	814
Berdale	870	637	753
TOTAL	4,849	4,599	4,665

The most common medical conditions seen in the villages were diarrhoeal diseases, respiratory tract infections, fever, chills, (malaria), wounds and skin infections.

At the end of March, there were three centres in Baydowa town: Bay project supplementary feeding centre, Berdale adult therapeutic centre and Isha therapeutic / supplementary centre. The four village feeding centres were operational. Pan Africa (Mogadishu), the two Afgoi and the two Wanle Wein centres remained open. Concern had a total of 12 centres operational during this month.

5.4 April

During April, the average number of feeding centre beneficiaries continued to fall. By the end of April, there were 6,620 beneficiaries. This total of 6,620 beneficiaries represents a large drop in the number of attendants, which in March had been 13,159. The feeding centres that were in operation were the same as those open at end March. These were Pan Africa in Mogadishu, Afgoi, Wanle Wein, 3 in Baydowa town and the 4 villages near Baydowa. Isha therapeutic centre in Baydowa which was in operation as such up until March 1993, housed approximately 50 unaccompanied children. Concern sourced relatives and accommodating home communities for some of these children, but many are too young to know what their second name is or where their home village is. However, by the end April 25 children had been resettled in this way. It was planned to relocate the children to a proper orphanage which is a joint NGO effort in Baydowa town and was due to open sometime in the following months.

Sickness continued to be the main cause of malnourishment. The incidence of malaria was increasing with the rains, while the level of incidence of other illnesses such as chest infections, anaemia and dysentery remained constant. Many of the malaria patients were chloroquine resistant which made treatment more difficult. The numbers attending feeding centres with a probable diagnosis of T.B. remained constant. Without laboratory diagnostic facilities, a definitive diagnosis was difficult. Based on clinical assessment, incidence was high. There was an overall improvement in the nutritional status of the population with increased availability of food and health care. The improvement can be seen by the fall in the number of intensive and therapeutic patients:

Month	AVERAGE DAILY ATTENDANCE
November	71
December	118
January	140
February	121
March	85
April	24

Berdale adult therapeutic centre was closed on the 24th of April because it had fulfilled its role. Advances made in relation to adult malnutrition will be invaluable for future famine situations.

For the most part of this month, the centres that were operational were the Bay Project feeding centre, Isha and Berdale adult therapeutic in Baydowa town, the four village centres, and the feeding centres at Pan Africa, Afgoi and Wanle Wein. By the end of the month, the feeding centres at Afgoi and Pan Africa had been turned into IFU's (Intensive Feeding Units) and Berdale adult therapeutic centre had closed.

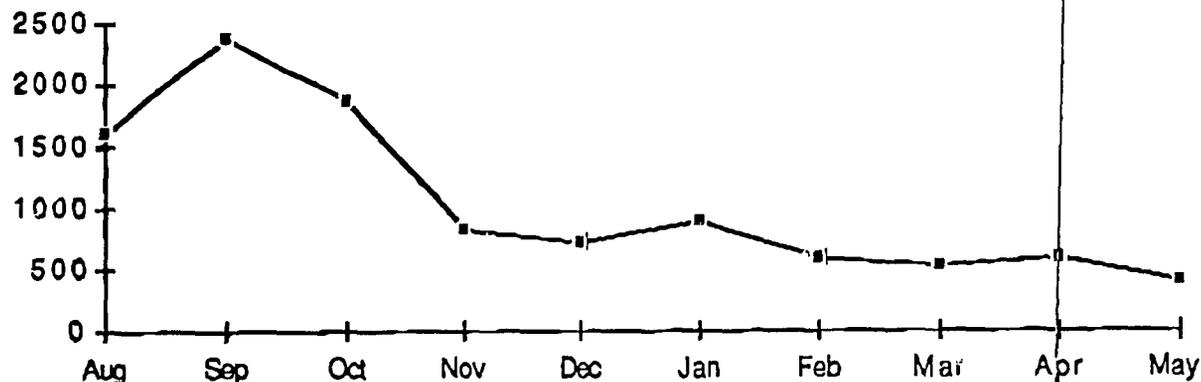
5.5 May

Both Pan Africa and Afgoi had been reduced to Intensive Feeding Units looking after a small number of malnourished or sick children. The numbers of beneficiaries remained roughly constant. In Pan Africa, there were on average 70 patients with 30 companions in the centre. In Afgoi, there was a daily average of 23 intensive patients during May with 33 companions.

In Baydowa town both Bay Project and Isha therapeutic feeding centres remained open during May. Bay Project was closed at the end of the month. The village centres remained operational despite the fact that military escorts were necessary when travelling to the villages and were less frequently available.

In the Bay Project feeding centre, the majority of beneficiaries were displaced people from the Bay region. At the time the centre was opened in August 1992 until October 1992 the centre was overcrowded with malnourished and sick children. In January and February, the number of children attending the feeding centre was reduced and fluctuated due to many families returning home to villages to be registered for food distribution. At the end of the project period almost all the children who attended the feeding centre were assessed for their nutritional status. Most of the children were found to be adequately nourished except for a few cases of chronic illness.

Bay Project Feeding Centre Average Daily Attendance Trend 1992 - 1993



Due to the fall in numbers and the overall health status of the beneficiaries, the decision to close the centre was made. It closed on the 27th of May. The remaining sick children were transferred to the

15/17

hospital, those who were malnourished were transferred to Isha feeding centre in Baydowa town. There were a number of unaccompanied children who were transferred to Isha centre where they are temporarily being cared for while an orphanage is being completed. The Bay feeding centre made a great impact on the displaced people who were living in Baydowa. It prevented many children from becoming severely malnourished and reduced the mortality and morbidity rate.

Isha feeding centre remained very busy in May due to, among several factors, the closure of the Bay Project centre. During this month, children who had reached their target WFH and were healthy were discharged. This meant that the supplementary feeding section of the centre saw a dramatic decrease in numbers due to the discharge of a total of 343 children who had reached their target weight of over 90% and were very healthy. At the same time the number of children between 75% - 85% WFH continued to decline. At the beginning of May there were 112 cases, and by the end of May this had fallen to 20 cases.

The four village feeding centres, Awdinle, Gof Gadut, Berdale and Hawain, remained in operation during May. There were a total of 450 beneficiaries attending, 20% of them were intensive patients. The main health problems were malaria, chest infections, eye infections, scabies, diarrhoea, anaemia and worms. A full course of worm treatment was carried out on all the children, companions and staff. Also, all children and companions were given prophylactic Vitamin A.

By the end of May, the feeding centres that were operational were Isha feeding centre in Baydowa town, the four village feeding centres in the Bay region, the IFU's in Pan Africa and Afgoi, and the 2 feeding centres in Wanle Wein.

5.6 June

There were significant disruptions to the programme in June due to unrest in Mogadishu which started on the 5th of June with the killing of 23 UN troops. This led to the immediate evacuation of nearly all expatriate personnel from Mogadishu. Only one supervisor/nurse remained in Mogadishu to assist in the administration of the feeding centres, Pan Africa (1 IFU), Afgoi (1 IFU) and Wanle Wein (2). In Baydowa, the army escorts which are necessary to go to the village centres were unavailable for three days and then were available in reduced numbers. The supervisor/nurse who oversaw these centres was evacuated for some of the month due to the fact that she was not able to travel to the villages. However, all these centres remained open.

These events particularly affected the area around Pan Africa which services four displaced camps which are located in an area of town where there was much unrest. Dry ration distributions were stopped for two weeks in this month and the displaced population were affected due to this. For the second and third week of June the daily admissions increased to between 5 - 10 admissions per day. The lowest WFH% (Weight For Height) recorded being 54%. On the June 1st, there were 65 patients in this unit with 27 companions. By June 25th, the numbers had increased to 97 patients and 40 companions. The 33% increase in the number of intensive patients underscores the vulnerability of the displaced population and their continued dependence on dry ration distributions. On discharge the beneficiaries were given oil and sugar to supplement their diet.

Afgoi is only 40 km outside of Mogadishu and has been a volatile place at the best of times. Consequently, there was no Concern expatriate supervision this month. The local staff continued to run it without problems. The numbers of patients averaged around 17 per day which was less than the 23 per day attended to in May. As this number of patients is comparatively small and the activities have moved away from the emergency services for which it was originally established, it was planned that the centre would close in July.

5.7 July-August 1993

During July and August, the centres were re-assessed in terms of the nutritional status of the beneficiaries and the overall need for the centres. It was decided that they were no longer needed as feeding centres as the availability of food was adequate and the nutritional status of the people was generally good. The objective of the programme, to help people recover from moderate and severe malnutrition, had been achieved.

16/17

The nurses in Baydowa town have been going to the schools and checking every child and providing them with vitamin A supplements. They have also carried out a survey of the health status amongst the population in the area around Isha feeding centre. The survey, amongst other findings, concluded that the general nutritional status was sufficiently good.

In Pan Africa the people (30-70 daily) coming to the feeding centre were looking for medical attention. The remaining 70 children were mostly over 85% WFH so that the function of the centre had changed. As this area is comparatively well serviced by the Moroccan and Swedish army hospitals the feeding centre was closed on 31 August 1993. Beneficiaries were given oil and sugar when they were discharged. The income generation programmes in Pan Africa continue to be a hive of industry. Three hundred women make mats three days per week, and one hundred and fifty women are learning sewing. The school on the site continues to run well for over 1,000 children and it also provides special classes for older young adults who missed out on schooling due to the war. Valerie Place who was tragically killed during her time in Somalia, had worked in Pan Africa feeding centre from October 1992 - February 1993.

The security situation in Mogadishu remains tense, and the displaced camps which Pan Africa services continue to be dodgy areas. This is because they are located in an area which is near General Aideed's house and the US military base. The road (the 'Afgoi Road') which runs through this area has been the scene of much of the unrest and is dangerous to travel on at times. However the food distributions were not interrupted in July/August which relieved some pressure from Pan Africa. Also one of the displaced camps was 'relocated' through the initiative of the UNITAF forces. This was because it was bordering on the US army base (the former embassy) and a lot of the sniper attacks on the compound were coming from this displaced camp. The people who were carrying out the attacks were using the displaced camp as a human shield, and indeed when UNITAF went to move them, they threatened to shoot the displaced people if they did move. The 'relocation' of the displaced people went ahead without incident. They were moved to a site behind Pan Africa. Concern carried out a distribution of mats, built latrines and channelled a water supply from a nearby area so there was a plentiful supply of water. There appeared to be no shortage of food as people were cooking outside their homes.

By July only 10 beneficiaries remained in Afgoi's intensive feeding unit, most of whom were in reasonably good health. This centre is run by local staff as security remained a major problem. Two Concern schools are in operation there. The intensive unit was closed, following an assessment by a senior member of Concern's nursing staff.

Isha (Baydowa town) feeding centre was closed on the 17 August 1993 when the remaining 12 children and 1 adult were discharged. These children were over 70% WFH but had chronic health problems which would be treated in the nearby IMC hospital. They were all issued with dry rations.

Again due to improved nutritional status of the local population and reduced numbers, the village feeding centres were closed in early July 1993. It was also difficult to access some of these centres due to security problems.

6 Conclusion

The objective of the feeding centre programme was to provide food and medical assistance to the most vulnerable and weak victims of the famine in Somalia. Concern's feeding centre programme has enabled thousands of people to recover from severe malnutrition and illness. By virtue of this facility in conjunction with other relief and security efforts the crisis has been relieved. Concern had run 16 feeding centres at the height of the emergency relief phase in Somalia with 30,000 people attending. The fact that there is no longer a need for them is a very positive sign despite the slow and tumultuous road to stability and rehabilitation.

The OFDA input of \$693,373 (i.e. \$448,407 Oct-Dec 92 and \$245,066 April-Aug 93) contributed greatly to the cost of salaries, transport, support and logistics and the effective operation of Emergency Feeding Programme.

7 Financial Report

OFDA Grant No. 968-1032-G-00-2020-00 Modification No. 02.

CONCERN Somalia

Emergency Nutrition Programme

Programme Duration: October 1992 - August 1993

Cost Element	Total Budget \$ (Oct 92-Aug 93)	Reported On \$ (Oct-Dec 92)	Remaining Budget \$ (Apr-Aug 93)	Actual Expenditure \$ (Apr-Aug 93)	Final OFDA Claims \$ (Apr-Aug 93)
Salaries	300,077	206,157	93,920	58,163	58,163
Vehicles/Transportation	226,597	140,200	86,397	43,052	43,052
Logistics/Support	166,699	101,950	64,749	43,332	43,332
Total	693,373	448,307	245,066	144,547	144,547

Notes:

1. The staff breakdown is as follows:

Month	Local Staff	Expatriates
April	150	1.5
May	74	2
June	74	1
July	0	0.25 (1 expatriate for one week)

2. Vehicles/Transportation includes truck hire - foodstuffs & material.

3. Logistics/Support includes expenditure on materials, portering, water, fuel, maintenance plus administration costs (staff, office supplies, rent etc).

4. Exchange Rates used were:

Month	SSS : US\$
April	4,471.02
May	3,859.55
June	3,323.70
July	3,669.00

5. The original budget was for Oct 92 - March 93. However, the total money \$448,307 was spent and reported on (5/4/93) for the period Oct - Dec 92. A modification was then approved with a further amount of \$245,066 for the period April - Aug 1993.

6. The overall underspend is due to the fact that four of the feeding centres closed down in early July which was earlier than anticipated.

12/17

1/9