

REPORT ON THE FINDINGS FROM THE UN HUMANITARIAN ASSESSMENT MISSION TO THE SOMALI REGION

Ethiopia

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Abbreviations

ARI	Acute Respiratory Infections
AWD	Acute Watery Diarrhoea
ACF	Action Contre la Faim
CSB	Corn Soya Blend
<i>deyr</i>	Short rainy season from October to December
DPPA	Disaster Prevention and Preparedness Agency
DPPB	Disaster Prevention and Preparedness Bureau
ENDF	Ethiopian National Defense Forces
ETB	Ethiopian Birr
FAO	United Nations Food and Agriculture Organisation
FDP	Food Distribution Point
<i>gu</i>	Main rainy season from April to June
MDM	Médecins du Mondes
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OHCHR	Office for the High Commission of Human Rights
ONLF	Ogaden National Liberation Front
OWDA	Ogaden Welfare Development Association
RVF	Rift Valley Fever
UNDSS	United Nations Department of Safety and Security
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

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1. Summary of Findings and Recommendations

Somali Region is one of the four least developed regions of the country, and it is one of the most underserved in terms of access to essential services, food security, and vulnerable livelihoods including underdeveloped infrastructure. Several socio-economic infrastructures including schools, clinics, veterinary health posts and roads have been built recently or are being built. The region, however, still remains one of the poorest in Ethiopia with frequent occurrence of droughts and floods that have had major impacts on the food security and livelihood situations. The region continues to benefit from the work of several humanitarian agencies including the UN and NGOs and bilateral organizations who have been working for a number of years with the government in support of food security, improvement of health services and humanitarian support. The poor development of the region must be seen against the backdrop of long-standing and recently intensified fighting between the Ethiopian National Defense Forces (ENDF) and opposition armed fighters in the region.

In order to assess the overall humanitarian situation in the areas affected by the current military operations, an inter-agency assessment mission was undertaken. The mission was able to assess populations in fifteen towns and villages, in three of the five zones within the areas of military operations. The team conducted interviews with individuals and focus groups. Interviews were triangulated with further observations, household surveys and secondary information.

Safety and Security

In nearly all interviews with civilian populations in the areas visited, the mission team encountered a pervasive fear for individual safety and security among populations visited. Many expressed a frustration at being caught between the Ethiopian military and the ONLF and called for lasting peace in the region. They also requested both parties to bring the current hostilities to an end. Moreover, concerns were expressed by the regional government and the population over the continued presence of landmines, which presents a serious challenge to both population and commercial traffic movement. Landmines also hinder the delivery of humanitarian assistance, including food transport. In the short term, confidence-building measures among the population are recommended to build trust, particularly in improving personal security and freedom of movement.

Food Security and Food Aid

The food security situation is expected to worsen progressively if conditions related to commercial and livestock trade are not improved in the areas of military operations. The mission predicts rapid deterioration in the nutritional status of people within two to three months if commercial food continues to be available only in limited quantities. The situation is exacerbated by the decreased access of the communities to commercial food and limited availability of cash. Prices of food items have increased by an average of 95 percent in the past three months while livestock prices have fallen by as much as 33 percent. This has significantly worsened the terms of trade and negatively impacted on livelihoods. Income generation is critical to improve both the food security situation and the deteriorating nutritional status of populations.

In relation to food aid distribution, the mission noted a high degree of mistrust amongst the local population regarding the fairness of food aid operations and the impartial distribution of food to all vulnerable populations. Food aid targeting has been a longstanding problem in the region and there continues to be a strong perception from beneficiaries that the food in many cases was not to deserving individuals. There was additionally a belief that this has been compounded due to the current context of conflict in the region.

The mission recommends a three-prong approach to support food security; the resumption of livestock exportation, the re-establishment of legal cross-border trade with Somalia and/or increased internal trade to provide commercial food, the distribution of food aid for 600,000 people for three months in areas of military operation. The mission recommends also that vigorous food aid monitoring be resumed for both dispatches and distributions.

Health, Nutrition, Water and Hygiene

Interviews and verification of medical facilities outlined an acute shortage of drugs and medical supplies. These included: lack of therapeutic foods, medical supplies for routine services, and the need for response to health and nutrition emergencies in rural areas, particularly for Acute Watery Diarrhoea (AWD). An overall shortage of qualified and trained health staff was another major concern reported by the population.

Water and sanitation supplies were reported to be in short supply in most of the areas visited. Low levels of hygiene continue to be a threat to the populations. The mission observed hygiene related communicable diseases including scabies in children, and an increased potential for outbreaks of AWD.

The mission recommends the urgent provision of medical supplies to all health facilities, especially in rural areas, as well as water and sanitation assistance jointly with the regional administration. The support of all humanitarian actors including NGOs will be required to address these varying challenges.

Human Rights and Protection Issues

The mission's primary objective was to assess the humanitarian situation in the areas visited. However, protection, personal security and human rights issues were major concerns expressed during the many interviews and meetings held. From information gathered, it was apparent to the mission that the human rights and protection situation for the civilian population in the areas of military operation is alarming and requires urgent attention. In this regard, a separate communication on protection and human rights issues, with recommendations, will be prepared by the UN and shared and discussed with government. For now, the government should take appropriate and urgent actions to protect civilian populations in the region.

2. Background

Overall context

Somali Region of Ethiopia consists of nine zones and 52 districts (woredas). The 1994 census recorded a population of 3.4 million. The 2005 estimate of the population stands at approximately 4.5 million. It is estimated that some 1.8 million people live in the five zones where the current military operations are concentrated.

Livelihoods in Somali Region are primarily based on both pastoralism and crop farming or agro-pastoralism. Most households are also engaged in other income generating activities including trade in commodities. The region also receives significant remittances from abroad.

Somali Region is one of the most underserved regions in terms of access to essential services and is characterized by a high level of food insecurity and vulnerable livelihoods. The socio-economic infrastructure has been recently strengthened through the building of schools, clinics, veterinary health posts and roads. The region, however, still remains one of the poorest in Ethiopia, with limited capacity to fully operate and maintain public services and with frequent occurrence of droughts and floods that have had major impacts on the food security and livelihood situations. The region has received food aid assistance for a number of years, covering about 1.3 million people annually, and the government has made efforts to ensure that the most in need receive assistance. This increase has been made with the support of UN, NGOs, bilateral and multi-lateral agencies who have increased assistance on both on the humanitarian and development activities.

Crop production almost completely depends on the *gu* rains that fall between April and June. Both the 2006 and 2007 *gu* rains were poor in terms of quantity and distribution. The crops failed to mature in the 2006 season, while the 2007 harvest is poor in many parts of the region.

The 2006 *deyr* (October-December) rains were good and recharged water sources for livestock and domestic consumption. They were also sufficient for pasture re-growth but were insufficient for crop production. Therefore the rangeland condition, and thus the food security situation among the pastoralists will depend much on the 2007 *deyr* rains.

The populations of the region, who depend largely on livestock export for their livelihood, have been affected by the trade restriction that was imposed by Middle Eastern countries, due to Rift Valley Fever (RVF). As a result, the livestock population in the Somali Region has increased significantly putting additional pressure on rangelands.

Government's military operations

The attack on Chinese and Ethiopian oil workers and Ethiopian security personnel near Degehabur, the Somali Regional State in April 2007 was followed by a major increase in counter-insurgency operations by the Ethiopian National Defence Force (ENDF). Since early June, Ethiopian authorities have also imposed a strict control on cross-border movement of goods imported into the country from Somalia, in an effort to stop contraband

trade. This has dramatically reduced the normally large flow of commercial goods and services including food, from Somalia into the region. The most affected areas have been the five zones of Fik, Degehabur, Warder, Korahe and Gode. Similarly the flow of goods particularly livestock from Somali Region to Somalia has been significantly reduced in the past three months with the reported lack of export traders. This has led to the disruption of the traditional trade in livestock across the border from the five zones within the areas of military operations, but not significantly in other areas of Somali Region. Livestock trade is the main source of income to the population. Additionally, the mission observed that the restricted movement of populations has further had a detrimental impact on livelihoods.

The UN has been extremely concerned about the reports regarding a deterioration of the humanitarian situation and the lack of direct access to the areas reported to be affected. In order to assess the humanitarian situation in these areas, the UN Humanitarian Coordinator requested the government for their concurrence to undertake a humanitarian assessment mission to the region. The government, through the Ministry of Foreign Affairs, agreed on 21 August to facilitate a mission, which was undertaken by an inter-agency team of UN agencies.

3. Scope, Objectives and Methodology

A seven-day UN Humanitarian Assessment mission took place from 30 August - 5 September 2007, and visited the capital of the Somali Region, Jijiga, zonal capitals of Degehabur, Kebridehar and Gode, district capitals of Shekosh and Denan, and 10 smaller villages in-between these towns. The mission's route was determined by the team members and passed through the center of the current areas of military operations to obtain a broad view of the situation on the ground in the limited time available due to UN security considerations, and the possible presence of landmines in some of the roads.

The mission which was launched by the UN Humanitarian Coordinator on 30 August in Jijiga, comprised of staff from OCHA, WFP, UNICEF, FAO, OHCHR, WHO and UNDSS and returned to Addis Ababa on 6 September 2007. The field visits were led by the Head of Office for OCHA in Ethiopia in close consultation with the UNDSS Deputy Security Advisor. Security advice and liaison with government security personnel throughout the mission was maintained by UNDSS. The regional government proposed that the mission also visit Fik and Warder Zones, but this was not possible due to the limited time available to the team.

The objectives of the mission were to monitor all aspects related to the provision of humanitarian assistance in the areas visited and to make preliminary assessments of: (1) the overall food situation in the areas to be visited, in particular the general availability and accessibility of food to the civilian population; (2) the effectiveness of food aid allocation and distribution, (3) livelihoods and market conditions; (4) the health and nutrition situation, especially among women and children (5) the water and hygiene situation, in particular the availability and accessibility of water. The team also gathered information concerning protection and human rights issues during the course of the mission. From these critical observations, the mission sought to make recommendations for priority humanitarian

interventions and to identify requirements for further monitoring and more detailed assessments of needs, as necessary.

The mission used a range of standardized approaches and procedures approved globally for information gathering, including: individual interviews with both men and women, focus group discussions with women, men, and elders, and discussions with pastoralists, traders, shop keepers, health practitioners, local government officials and the military. The team members also triangulated information through observation of the surroundings, household visits and secondary sources of information. For the most part, mission members decided on who to interview and where to undertake the interviews. On three separate occasions, however, local government officials organized groups of elders and victims to speak with the mission team.

The regional authorities were responsible to ensure the security of the UN mission and thus military escort was provided. It was also agreed that military escort would in no way interact with the mission members during visits or with the people that the team would meet and interview during those visits, and that the escort would deploy in a way so as to be out of sight of the mission and the population during the visits. These arrangements were largely adhered to during the field visits. There were specific instances of intimidations, which included direct threats to UN local staff prior to the beginning of the mission and to some of the civilian population, including elders in the town and villages visited. However, the mission members did not feel that information gathering was seriously affected by these incidents.

4. Findings, Conclusions and Recommendations

4.1 General and Cross-Cutting priorities

Given the limitations of the mission in terms of time and geographic coverage, caution should be taken not to necessarily extrapolate the findings of this team to the entirety of the affected areas in the region. Nevertheless, findings from the mission underscored a number of issues and problems that are likely to be present in other areas of military operations, given the similarities in livelihoods and general nature of the military operations in the five zones. When conditions permit, the situation in these other areas should be properly verified.

Nearly all interviews with the civilian population revealed a pervasive fear for individual safety and security. Many persons expressed frustration at being caught in between the Ethiopian military and the ONLF, and cited the conflict as the principle impediment preventing them from returning to and maintaining their normal livelihoods, and could fast bring them to the brink of family destitution. Almost all interviewees indicated a shortage of basic food commodities and noted the significant increase in prices since June 2007 of the little food that was available to purchase. Respondents indicated that the people in outlying villages were worse off than those in the towns. In nearly every town and village visited, people consistently pleaded for the UN to help broker political dialogue between the ONLF and government to find a peaceful solution to the conflict and to normalize lives in the

region. In the short term, confidence-building measures among the population are recommended to build trust including allowing increased freedom of movement, increased access of rural populations to food and other essential commodities and respect for personal security.

Government officials, members of the population interviewed and groups of elders noted the large number of civilian deaths caused by the increasing use of land mines reportedly planted by ONLF along primary, secondary and tertiary roads within the areas of military operation. Although the mission was not able to determine the full extent of landmine danger to civilians it was clear that the continued use of landmines represents a serious threat to populations. More specifically landmines posed an impediment to commercial traffic, food aid deliveries and other humanitarian assistance and assessments. The mission recommends that the use of landmines be ceased immediately and removal of the laid mines be undertaken to allow the free flow of commercial and humanitarian traffic. Similarly, reported attacks on civilian vehicles should cease as this contributes to the state of fear and insecurity among the population and further hinders the supply of food and other commercial commodities.

4.2 Food Security and Livelihoods

4.2.1 Current Food Security Situation

Over the past two years Somali Region has been affected by repeated droughts and floods that have had a negative impact on the food security of the region. The unidentified camel disease combined with a livestock import ban by some Gulf countries¹ has increased the vulnerability of the pastoralist communities over the past year. Moreover, the outbreak of AWD has aggravated the nutritional status of the affected population.

The predominant livelihoods in Somali Region are based on pastoralism and agro-pastoralism. The main agro-pastoral areas of the region are found in Jijiga and Shinile zones and along the riverine areas of the region. Crop production almost completely depends on the *gu* rains that fall between April and June. In the year 2006 and 2007 the *gu* rains were poor in terms of quantity and distribution and consequently the crops failed to mature in 2006 and those of the year 2007 can be described as poor in many parts of the region. On the other hand the *deyr* rains (October – December) of 2006 were described as good and were sufficient for replenishing water sources and regeneration of pasture, but were insufficient for crop production. The future rangelands condition will depend largely on the upcoming 2007 *deyr* rainy season.

The already fragile food security situation of the region has been aggravated by the ongoing commercial trade restrictions. These restrictions were imposed due to the security situation at the onset of the ENDF's military operations in parts of the five zones of Koraha, Fik, Warder, Gode and Degehabur, and reportedly have had limited consequences for other zones in the region.

¹ This livestock ban affects all countries in the Horn of Africa

The region traditionally depends largely on commercial food coming across the border. This has now, however, been reduced to an estimated 10-20 percent of normal levels thus seriously reducing the availability of food in the markets. It is important to note that about 20 percent of the population is dependant on food aid in normal times while 80 percent meet similar needs from commercially provided food. Furthermore, the sharp reduction in livestock trading has reduced the availability of income as 60-80 percent of people's income comes from livestock sales. To determine the impact of the current restrictions of trade and commercial trucking to food availability and access, the UN assessment team looked into the availability of food in the markets, signs of unusual coping mechanisms and the overall market conditions.

4.2.2 Markets for Commercial Goods

Prices have increased dramatically, based on a quick survey conducted in Ararso, Obole, Degehabur, Shekosh, Kebridehar and Denan (Table 4.1 below). Food prices have on average increased by 95 percent. The highest price increases were recorded in Degehabur, Shekosh, Kebridehar and Denan. Trade in commercial goods was least affected in Ararso.

4.2.3 Markets for Livestock

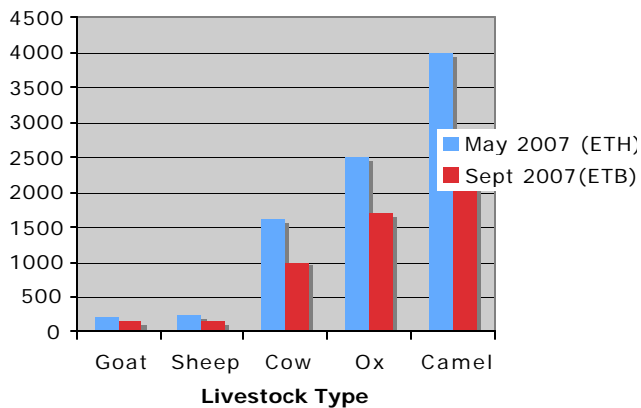
Trade in livestock is an important part of the rural economy of the region, and is critical for generating cash for the procurement of commercial goods, especially food. In normal circumstances, between 25-45 percent of the livestock sold at the local markets is destined for export, however, export trade has been significantly reduced due to the absence of livestock traders from Somaliland and Djibouti. In addition most local market activities have decreased. The livestock markets visited by the mission members were only partly operational, with a noticeable absence of traders who purchase for the export market. The mission noted that the only livestock trade taking place was the exchange of breeding stock and sales for local slaughter and consumption. The local market is clearly unable to absorb the quantity of animals present and consequently livestock prices continue to decrease rapidly. A few respondents in Ararso and Obole mentioned that they were able to access Hartisheik market, which is still open for export trade. While livestock exports from the areas visited by the mission were observed to have decreased substantially since May of 2007, exports from other areas of Somali Region, outside of the areas of the military operations, have apparently continued at a more or less normal level.

As shown in the table below, the livestock prices in the surveyed markets have decreased by 33 percent on average over the past three months while food items have increased by an average of 95 percent. Milk prices have dramatically increased by 200 percent in the urban centers visited. Apart from the usual price increase during the dry season, current price hikes are attributed to population's fear for their security to freely move within the region. This includes pastoralists' fear of traveling to towns in order to market their milk and other products as well as bringing food from town back to their villages. This has significantly worsened the terms of trade and negatively impacted on the livelihoods of the population.

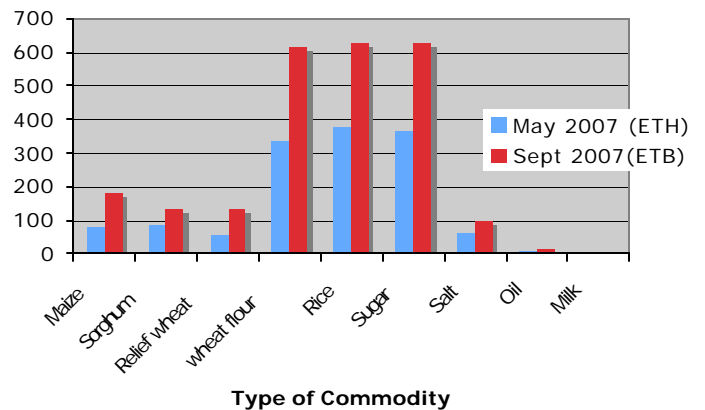
Table 4.1: Livestock and food commodities price data and analysis:

Commodities	Unit	Average prices, Sept 2007(ETB)	Average prices, May 2007 (ETB)	Difference (ETB)	%price increase
Livestock					
Goat	Head	149	205	-56	-27%
Sheep	Head	154	240	-86	-36%
Cow	Head	1000	1600	-600	-38%
Ox	Head	1700	2500	-800	-32%
Camel	Head	2667	4000	-1333	-33%
Average price decrease					33%
Crop					
Maize	100kg	183	82	102	124%
Sorghum	100kg	135	85	50	59%
Relief wheat	100kg	135	58	78	135%
wheat flour	100kg	613	337	277	82%
Rice	100kg	627	380	247	65%
Sugar	100kg	627	367	260	71%
Salt	100 kg	100	60	40	67%
Oil	1 litre	12	8	4	54%
Milk	1 litre	4	1	3	200%
Average price increase					95%
Others					
Chat	1 bundle	31	11	20	182%
Charcoal	100kg	40	30	10	33%
Fire wood	1 donkey pack	70	50	20	40%
Labour	1 man day	17	23	-6	-26%
Fuel (only 1 record)	1 litre	8	4	4	100%
Ploughing	1 tractor hour	120	100	20	20%

Livestock Prices Comparison (May - Sep 2007)



Commodities Price Comparison



4.2.4 Other Livelihood issues

In late 2006, the region was affected by a livestock trade ban imposed by countries of the Middle East in light of the RVF outbreak in East Africa in late 2006 and early 2007. As a result, the male livestock population in Somali Region (which normally would be exported) is relatively high and is increasing pressure on the rangelands. While the physical condition of livestock in visited areas remained normal, this situation could rapidly change given that access has been denied by the military to some dry season grazing areas and water sources. In addition to the decreasing market value of livestock, the reported restrictions on livestock movement are also likely to cause environmental degradation, further compounding the fragile situation of pastoralist livelihoods. The livestock condition will be dependant on the *deyr* rains expected to start by mid October.

A lack of veterinary services was observed in all visited areas. Staff assigned to the Livestock, Crop and Natural Resources Development Offices are unable to provide services due to movement restrictions. As a result, vaccination programmes have halted. Restrictions on access of livestock to water and pasture have led to increased concentrations of animals in confined areas. This in turn has led to increased environmental degradation and vulnerability of livestock to disease. Although some veterinary services are urgently needed in most areas, private veterinary pharmacies and drug shops continue to supply veterinary drugs to livestock owners.

In many areas the 2007 *gu* rains were not sufficient for the crops to reach harvesting stage. They are usually a major source of feed for livestock. Elders reported that crops were washed away by floods along the Fafen, Sasabane and Jerer rivers. In Sasabane some people reported a shortage of seeds, especially early maturing varieties of maize and sorghum and vegetable seeds.

4.2.5 Food Availability and Accessibility

Although food was generally available in the main towns along the main trading route, prices have increased so dramatically that access is severely constrained for the urban poor. Household inventories taken indicate that the level of food stocks is seriously diminishing. In Obole only two-out-of-six households visited had available stocks of some 10 kg of cereals while the rest of the households had no food stocks whatsoever. In Kebridehar three households visited also had no food stocks. In both locations sharing of food stocks is practiced amongst the population. Some households interviewed, informed the mission that they only harvested two bags of millet this year, compared to over fifteen bags in a normal year. Some households reported that most of the poorer socio-economic groups have migrated to other zones not directly affected by trade restrictions and military operations.

The food availability in smaller villages away from the main roads could not be fully assessed, as they were not visited. However, based on several conversations with elders and villagers, the food availability in rural areas is reported far less than in major towns. The team also found that the movement of food from towns to villages and from one village to another was strictly monitored and controlled by the military in some areas. For instance in Birkot of Degehabur woreda all the food stocks were registered by the military

and checked on a daily basis to ensure that food was not leaving the towns. Those interviewed reported that the reasons for these restrictions were to ensure that ONLF members did not access food.

People are resorting to various coping strategies for survival. The team observed that the usual coping mechanisms such as sale of charcoal, firewood and domestic labour have been nearly exhausted. Remittances, which are another major coping mechanism, were reported more difficult to access. Some families reported that they have reduced their daily meals to one, whereas some of the poorest families are unable to have a meal every day. Others reported that they survive by collecting wild fruits for local consumption and the collection of forest by-products such as gum and incense in exchange for food².

4.2.6 Conclusions and recommendations on food availability

Conclusions

There are serious limitations to the availability and access to food due to poor harvests and ongoing commercial trade restrictions. Although some commercial and relief food have arrived, this is neither sufficient to support the population nor to stabilize markets. Furthermore, the capacity of pastoralists to generate cash is very limited due to the cessation of livestock exports. If the situation remains unchanged, the food security situation could reach emergency levels very shortly.

In the areas visited by the mission, the terms of trade for those who rely on livestock have seriously deteriorated due to the limited trade in commercial goods and the limited export trade in livestock. The food security situation will further worsen because of decreased access of the communities to cash from the livestock exports. Moreover, livestock conditions will deteriorate without free movement and access to water and pasture. Veterinary services are also urgently needed. If these conditions continue, this will have long term consequences on pastoral livelihoods.

Currently, the most seriously affected populations are those in rural areas who are not able to access commodities in the markets. Additionally, the urban poor cannot afford the high prices of commodities, when available in the markets.

Recommendations

1. As a priority, commercial food should be allowed to enter the region in sufficient quantity to stabilize the food security situation, and resumption of livestock export trade should be facilitated in the areas of military operation;
2. Efforts should be undertaken to facilitate increased internal food trade and transport including improving access to remote markets;
3. Immediate emergency food aid distribution for approximately 600,000 people for a period of three months is recommended, which represents assistance to about

² 2 kg of gums are exchanged for 1 kg of sugar.

one-third of the estimated population in the military operational zones. Urgent response should be initiated without further assessments.³

4. A joint government and humanitarian partner's emergency response plan for immediate food assistance should be developed based on various scenarios.
5. The government should facilitate improved access to water and pasture to prevent deterioration of livestock conditions. Available Veterinary services should also be improved and supported to resume their activities.

4.3 Food Aid Deliveries to Beneficiary Populations

4.3.1 Food Allocations and Dispatches

In the end of May 2007, the Federal Disaster Preparedness and Prevention Agency (DPPA) allocated a one month's ration of 9,632 tons of life saving relief food commodities for some 528,000 beneficiaries in eight zones of Somali Region. Of this, 5,396 tons were allocated for the zones under the military operation, covering 296,980 beneficiaries. The allocation was made based on a Rapid Verification Mission carried out in April, before the military operation and the recommendation from the Monitoring Group under the DPPA-led Early Warning Working Group. This was the first relief allocation since the beginning 2007 for Somali Region in line with new procedures agreed to by all partners requiring verification of needs prior to allocation of relief food. In addition, a six month ration for targeted supplementary feeding was provided to pregnant and lactating women and children under-five who had been identified as moderately malnourished in the region at the beginning of the year.

Following meetings with the UN and donor countries, the Government in early July took action to begin dispatch of food to the affected areas. Delays in dispatches of food allocations were encountered due to security concerns; however dispatches started in early August for all the zones under the military operation, except for Fik zone, where the dispatches started in mid-August. As of the end of August, 60 percent of the food allocation has left Dire Dawa for the zones of Fik, Korahe, Warder, Degehabur and Gode, escorted by military from Kebribeyah town onwards. Military escorts have been used for food aid distributions in parts of this region since 2002.

The mission visited eight food distribution points (FDPs), interviewed both local government officials and conducted household interviews. Of these eight FDPs, the team witnessed food distributions in three centers, namely Shekosh, Kebridehar town and Dalaad. In the other five centers, Obole, Degehabur, Birkot and Baki the team was informed that the distribution took place a few days before the mission arrived.

³ This estimate of beneficiary population was based on preliminary analysis of Household Economy data collected during the *gu* assessment conducted in Somali Region in July 2007.

4.3.2 Food Arrivals

The transport of food aid was intended to start in June but only commenced in August when military escort could be provided. However, the requirement for the use of these escorts to distribution points has seriously delayed food arrivals at intended destinations. Since the beginning of August, there have been three food aid convoys into the zones under military operation. The first convoy of 54 food trucks left Kebribeyah town on 11 August having spent more than a week in Kebribeyah waiting for escorts. The second convoy of 18 trucks left Babile for East Imi woreda on the third week of August. The last food convoy of 33 trucks left Kebribeyah for Korahe, Degehabur, Warder and Gode zones during the last week of August. The mission observed five food trucks leaving Degehabur town for Degehamedo woreda on 2 September. The mission also saw another convoy of food aid and commercial items in Denan woreda on 5 September. About ten trucks of the convoy were carrying food aid. The food was destined for other woredas in Gode zone, including Mustahil and Gode. More food trucks were observed being offloaded in Kebridehar DPPB warehouse.

The mission noted that food aid was generally being off-loaded along main roads, mainly in major towns, and based on the directions of military convoy leaders. The mission confirmed that only a small number of normal off-loading points were being used. In Degehabur zone, only six FDPs had their food directly off-loaded on the site. Woreda officials informed the mission that they would transport the food onwards to the final destination point. However, the mission was also informed by officials that there were concerns that food would fall into the wrong hands if transported to rural areas. The food was held in DPPB's warehouse inside Degehabur town. In Korahe zone, food was stored in DPPB's warehouse in Shekosh town. This food had originally been off-loaded in Kebridehar town, but was sent back to its intended woreda one day before the arrival of the mission to Shekosh. However, it had not yet been taken to the intended food distribution points. In Gode zone, Denan woreda was visited and government officials confirmed that food had not yet arrived.

4.3.3 Food Distributions

The team observed preparations for food distributions in several places along the route, and also one full distribution, which was organised on the spot in Dalaad. While local authorities indicated that distributions are following the normal pattern, information obtained from households, elders and women raises some concerns.

The total food distributed thus far in the five military affected zones is 619 MT, which represents about ten percent of the allocation. It was not possible for the team, during the short time it was on the ground, to verify that all reported food distributions had taken place or that beneficiaries had received their entitlements as reported by woreda DPPB officials.

From the limited observations of the mission, food distributions appeared to be organised on an *ad hoc* basis, and without prior beneficiary registration. In Dalaad of Kebridehar woreda, food was off-loaded one hour prior to the mission's arrival and the local population seemed unaware of plans for a food distribution. The mission further observed

that beneficiaries did not carry containers (such as sacks or tins) which are normally brought to distribution points for collection of rations. An *ad hoc* registration was carried out on the spot and food was then distributed in front of the mission.

Secondly, there were repeated concerns reported by the population about the targeting of food aid distributions. It was a view amongst the local population interviewed in several locations that food aid was not being directed in many cases to those most in need. It was clear to the mission that there is a high degree of mistrust amongst the local population regarding the fairness of the food aid operations and whether all population groups benefit from assistance in an impartial way.

Thirdly, there are concerns over food aid handling. As mentioned above, military forces escorting food aid are reported to have made decisions on when and where to off-load food. According to information from officials, distribution of food is mainly done by kebele food distribution committees and woreda administration and DPPB officials. Both local government officials and households interviewed confirmed that armed forces are present at the distribution sites. In the current context of the conflict situation, some villagers found this presence intimidating.

Lastly, the ration size varied greatly from one destination to another. Due to lack of proper targeting, food is generally shared among a higher number of people than originally intended. According to information obtained from local government officials, ration sizes varied between 25 kg of maize, 1.5 kg peas and 0.5 litre of oil per family in Obole FDP of Degehabur woreda to 12.5 kg of maize, 1.2 kg peas, 1.3 kg CSB and 0.37 kg of oil per family per distribution in Kebridehar town FDP. Many beneficiaries have complained of inadequacy of the ration relative to their needs.

4.3.4 Conclusions and recommendations on food aid

Conclusions

The food aid operations in the zones affected by military operations are seriously delayed, with only 60 percent of the food dispatched over the last six weeks and only about ten percent distributed to the population. The food is mainly being off-loaded along the main road based on decisions made by military convoy leaders, and there are concerns on whether this food aid will actually be transported outside of main towns to reach intended beneficiaries in rural areas. The mission also has concerns about the targeting of beneficiaries.. Even though food aid targeting has been a problem in the past in the region, there was now a strong perception among the vulnerable people that the food in many cases was not going to deserving individuals, a situation which may have arisen due to the current context. Implementing confidence building measures by government may be helpful to build a higher level of trust among local populations in this regard. There is an urgent need for allowing widespread food aid monitoring to take place, both in terms of surveillance of food aid dispatches and distributions. While the first priority is to increase commercial trade, in the short-term some food aid is expected to be needed. Access for humanitarian agencies to monitor food dispatches, receipt of food at

distribution points and distributions to beneficiaries is needed. This will further improve confidence building among the beneficiaries.

Recommendations

1. Timely and impartial food deliveries to intended beneficiaries should be ensured. In this regard, humanitarian partners should be ready to provide logistical support and monitoring assistance.
2. In the short-term, there is a need for strengthening capacity for food aid distribution and monitoring through widened partnerships with other humanitarian actors.
3. As part of an improved monitoring system, food distribution reporting procedures from local government officials, including verifiable beneficiary lists should be introduced and adhered to.
4. Frequency of escort for food aid trucks should be increased and should extend directly to distribution points;
5. Woreda officials should inform the beneficiaries on the time and place of the distribution.

4.4 Health, Nutrition, Water Supply and Hygiene

The mission also focused its attention on the rapid evaluation of the situation of the recent AWD epidemic and other potential health and nutrition emergencies. The mission also included spot assessments of the nutrition status specifically among children under 5 years old, the provision of health services, the overall health status of the population and water, hygiene and sanitation related priorities. While the UN and partners have been working closely with the federal and regional government on addressing AWD in Somali Region in the past months, the current context of the military operations has not allowed an assessment of important health concerns for the past three months.

4.4.1 Acute Watery Diarrhea (AWD)

Somali Region has been affected by AWD since September 2006. Over the course of the last nine months, about 31 woredas in eight zones of the region have been affected. At the end of May 2007, Jijiga woreda was the only woreda actively reporting cases despite unconfirmed reports of cases in Degehabur, Degehamedo, Segeg and parts of West Imi. Incidences of the disease appear to have considerably reduced in areas visited, possibly due to limited movement of the population.

The mission did not observe active cases of AWD in the health facilities visited. Some cases, however, had recently been reported (three cases in Shekosh town, two cases in Denan town, recent cases in Degehabur town and two cases in Kebridehar town two weeks before the visit). There were also frequent unconfirmed reports of new cases from rural villages.

Drugs (ORS, Ringer lactate) and supplies are still in stock in the major towns (Degehabur received drugs by road recently, Kebridehar hospital is supported by MDM and Denan Health Center is supported by OWDA). Whilst, there is no more stock in smaller health structures such as Shekosh Health Center, the mission provided some fluids, ORS and water guard.

In terms of prevention, the team noted that there was no water treatment in the villages affected by AWD, neither available at community water sources nor at household level.

The Regional Health Bureau (RHB) has had limited support over the last five months. While MDM and ACF are present in Kebridehar town and OWDA is present in Denan, their movement is limited for possible urgent support.

4.4.2 Other Health priorities

Measles

In Dalaad village of Kebridehar Woreda, one suspected measles case of a nine month old child with typical generalized rash and many fever cases were noted by the mission. Several other fever cases with generalized rash in children under five were reported by community members. The community also reported that other fever cases had been observed in children from the town and surrounding villages during the past two months, indicating that there could be more measles cases in isolated areas.

Wounds / Injuries

Health facilities reported an increasing number of injuries due to bullets, fights, and beatings. Surgery, however, is only available in Jijiga town. Referral is only possible from Degehabur and infrequently from Kebridehar but ambulance service is often not available. In other areas, evacuation relies on occasional transport if authorized and if fuel expenses can be supported by the family.

Other diseases, under-five-year-old common illnesses

Among the visited health facilities and interviewed communities, the common under five diseases were Acute Respiratory Infections (ARI) including pneumonia, fever/malaria, skin diseases mainly scabies, seasonal diarrhea and malnutrition which was reported as visible wasting in children.

Reproductive Health

Maternal health problems were mainly in relation to the lack of delivery services e.g. obstructed labour and bleeding after delivery. Apart from towns like Degehabur, Kebridehar and Denan where the health facilities can provide at least some support to help complications related to pregnancy and labor, villages neither have the services nor the means of referral for reproductive health matters, due to the restriction of movement. Despite this, no maternal deaths had been reported at the health facility level in visited areas for the past six months.

4.4.3 Nutritional Status

The mission did not have sufficient time to conduct a rapid household survey to assess the nutritional situation. However, MUAC in children under-5 was used in some concentration sites such as the market and food distribution sites. The limited number of measurements taken did not permit sufficient data to have a complete picture of the nutritional situation. Nonetheless, in at least two villages, a high proportion of children were classified as malnourished. In Shekosh, 60 children were screened with 25 percent presenting moderate malnutrition and one case was found with severe malnutrition. In Dalaad, out of 30 children, a 50 percent global malnutrition was reached with two severe cases observed.

As mentioned above, there were little if any food reserves at households visited. People share the small quantity of cereals they have with their neighbors and reduce the number of meals (1 or 2 meals per day). There had been no food distribution for a year in some places.

4.4.4 Health Services and supplies

Apart from the main towns, very few health facilities were functional. In Sasabane and Birkot in Degehabur woreda, Dalaad and Geledid (Riiga) in Kebridehar woreda existing infrastructures were closed due to the lack of health workers. In Wijiwaaji (Kebridehar woreda), the health worker is working from his own home. Due to the restricted individual movement, villages do not have access to the nearest health facility. This mission provided some limited health care to the most severely sick children in isolated areas visited. These cases have been reported to the regional authorities.

There has been no supply of drugs for the past three to four months. Some health facilities are using old expired stocks. The drugs that are still available from the government stocks or in private pharmacies are inaccessible to most, as people cannot afford them.

Health facilities are also noted to be understaffed. Only the two district hospitals of Degehabur and Kebridehar and in Shekosh health station had professional skilled health workers present. In Degehabur there were two doctors, six nurses, and one laboratory technician and in Kebridehar, there was one doctor, seven nurses, one laboratory technician and four primary health workers. In Shekosh Health Station, the staff was composed of two nurses and six primary health care workers, who could only work in the town due to movement restrictions. Denan Health Center, run by OWDA, had the required staff and capacities. Proper registrations do not exist in the facilities however, except in the two main Hospitals and Shekosh Health Station.

The mission did not observe any referral system in affected woredas or visited areas. Ambulance services did not appear to be available, and public transportation was either not permitted due to the restriction of movement or unaffordable to the majority of the population when it was running.

4.4.5 Water Sanitation and Hygiene

The mission observed in areas visited that access to potable water was limited, if present at all. In the towns of Degehabur and Kebridehar, however, some families had access to water taps. In Birkot, drinking water is available in the military camp from a well equipped with an electric pump. Villagers, however, are restricted to only take 20 liters per family for drinking per day. Water used for other purposes, had to be collected by women from another source five hours walk away.

The majority of water sources are unprotected wells, *birkads*, and traditional shallow wells along the seasonal river bank or ponds of rain water. Water treatment appeared to be poor even in places affected by the AWD epidemic. There are very few pit latrines and defecation in the open field was observed as common practice.

4.4.6 Conclusions and recommendations

Conclusions

While the time allowed for each visit was insufficient for a complete analysis of the health, nutrition, water and sanitation situations, AWD continues to be reported in the main towns e.g. Shekosh, Kebridehar and Denan. No information was available for the majority of the rural population. The possible measles case observed in Dalaad and information from mothers in the area indicates that there could be more cases of measles in isolated areas.

The mission notes that the nutritional status of the population could rapidly worsen within two or three months if general food assistance is not provided to the vulnerable populations, with the appropriate malnutrition response activities and services.

In general, there was an acute shortage of drugs and other medical supplies including therapeutic foods for nutrition and water and sanitation supplies. No supplies were available for routine services or for responding to any health and nutrition emergency (e.g. AWD or measles outbreak) Shortages in qualified human resources, in the visited areas were of major concern to the population. Very low levels of hygiene continue to threaten a new outbreak of AWD and already some hygiene related communicable diseases were observed including scabies in children.

Recommendations

1. The UN and humanitarian agencies should assist the regional and local governments to strengthen health facilities with emergency drugs kits, renewal of medical supplies, nutrition and emergency WASH supplies;
2. The UN and humanitarian organizations should assist the government to put in place fully equipped mobile teams to provide urgent medical and nutrition assistance as well as investigate possible measles outbreak around Kebridehar woreda particularly Dalaad village.

3. In view of limited capacity of local health services, humanitarian partners including, NGOs, should have access to areas of concern and support local and regional authorities to improve health, water, sanitation and hygiene service provision.

4.5 Protection and Human Rights Issues

The mission received reports and direct accounts of serious violations of human rights, including substantive protection concerns for the civilian population. It is the mission's views that these reported human rights concerns require independent investigation. Based on the information gathered during the course of the mission, a separate communication on protection and human rights issues is being prepared by the UN and will be shared and discussed with the government.

Recommendation

For now, the government and all other parties involved in military operations should take appropriate and urgent actions to protect civilian populations in the region.

Map of UN Humanitarian Assessment Mission Route

