

SEVERE DROUGHT AFFECTS GODE ZONE, SOMALI REGION

**UN-EUE Field Assessment (29 November – 6 December 1999)
and Multi-Agency Mission (14 December 1999)**

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SUMMARY

Starting in October 1999, severe food insecurity began to be reported in Gode zone, Somali Region, as a result of delayed and erratic Deyr rains (expected from September-December). Several missions were fielded to assess the situation: two each by the UN-Emergencies Unit for Ethiopia (UN-EUE, in October and December), the Disaster Prevention and Preparedness Commission (DPPC) and the Ogaden Welfare Society (OWS), and one each by Save the Children Federation-US (SCF-US), the International Committee of the Red Cross (ICRC), and the Disaster Prevention and Preparedness Bureau (DPPB) of Somali Region. On 14 December 1999, a multi-agency mission flew to Gode for a one-day visit to the area. The mission consisted of representatives of the Federal DPPC, UN-EUE, WFP, UNICEF, WHO, and USAID. The purpose of the visit was to identify appropriate and immediate interventions to be made to alleviate the situation and to prevent conditions from deteriorating further in the coming months.

The multi-agency mission met with the zonal administration, the zonal Disaster Prevention and Preparedness Committee, members of the Regional Executive Committee, Gode Hospital officials, and people displaced by the drought. The team also visited a few sites outside Gode town.

UN-EUE's second field mission to the area was undertaken just prior to the multi-agency mission, from November 28 to December 6, 1999. The mission traveled from Gode town to Kelafo and Mustahil and then to Abakorow, Adadley, and some parts of Danan wereda. Information contained in this report is drawn from both the multi-agency mission and the early December UN-EUE mission.

Although drought is currently being reported in many parts of Somali Region (particularly the southeast and southwestern parts of the region), Gode zone appears to be the most seriously affected area. Drought conditions in Gode, Imey-East, Adadley, and Danan weredas are the worst in the zone. According to a report produced by the zonal level Disaster Prevention and Preparedness Committee, more than 90% of the cattle and 70% of the sheep have already died, and the few that remain are in an extremely emaciated condition. It is likely that most animals in the area will die before the start of the next rainy season (expected in April), and that it will not be possible to prevent these deaths. As cattle and sheep are the mainstay of the rural economy in this area, the effects on the human population and the local economy are expected to be severe. Although detailed and reliable statistics on undernourishment are not yet available, the overall condition of children in the area appears to be poor and several cases of severe stunting and wasting were observed among the migrant population of Gode town during the multi-agency mission.

There has been an influx of the drought displaced people into the main towns of Gode, Imey and Danan. Many of these migrants are said to be affected by diseases such as diarrhea, tuberculosis, and pneumonia. In addition, some measles cases have been reported by Gode Hospital. The zonal Health Department is attempting to provide emergency outreach services and free provision of drugs to the migrant population since nearly all of the displaced people cannot afford to pay for health care treatment and drugs. However there are not sufficient drugs and facilities in the hospital to be able to provide this service for long without provision of additional drugs.

Cases of Protein Energy Malnutrition, particularly kwashiorkor, have been reported by zonal Health Department and Gode Hospital. SCF-USA is currently conducting a nutritional survey with the Ogaden Welfare Society (OWS) in Gode zone. The results of this survey are expected to provide a more comprehensive picture of the nutritional condition of the people in Gode zone. However, even without this information, the multi-agency mission team members felt that there was ample justification for initiating a supplementary feeding programme through the health facilities to those who are most affected and vulnerable, including undernourished children, pregnant women, tuberculosis patients, and the sick elderly.

The zonal level Disaster Prevention and Preparedness Committee is struggling to handle and register the migrants. However, because of limited resources, they are only able to register the incoming drought-affected people and are not able to offer significant assistance.

The team felt that the overall situation is serious but not yet desperate. There is hope that many lives could be saved if a substantial and sustained relief program is undertaken now. However, with the next rains not expected until April or May, the situation could deteriorate if the necessary and timely interventions are not made.

BACKGROUND

Gode is one of nine zones of the Somali National Regional State, and according to the Federal Central Statistics Authority (CSA) census figures, had a population of around 303,019 in 1994. According to the Somali Regional Government, however, there are two weredas that were not counted in the census, which when included bring the total population of the zone to 431,028. There are seven weredas in the zone, six located along the banks of the Wabi-Shabele river. More than 80% of the population are rural pastoralists and agro-pastoralists except in Kelafo and Mustahil weredas, which are primarily sedentary farmers.

Gode zone is characterized as semi-arid with an average rainfall of 500 mm per annum. The zone, as in other parts of the region, has a potential evaporation rate of 3100-mm per annum. Consequently, the area is generally deficient in moisture throughout the year. The average precipitation varies from 0 mm in the dry season months of July/August to 110mm in April during the main rainy season. Temperatures vary from 19°C to 36°C, sometimes reaching 40°C.

Most of the people and their livestock take drinking water directly from the Wabi-Shebele river. There are four distinct seasons in the zone. However, their beginning and end varies from place to place and year to year. The four seasons are:

- Gu': ranging from late March to early June, which is the main rainy season
- Haggaa: between late June and early September, which is dry and windy with clouds in the sky but rarely with rain
- Deyr: the small rainy seasons between late September and early December
- Jilal: the hottest and driest season between late December and early March

During the Gu' and Deyr seasons, livestock, especially camels, breed. Gu' is also the main season for planting the crops on most of the rain fed and irrigated farms.

In the pastoral areas, the mainstay of the economy is livestock. Cows/calves, and sheep are sold in order to obtain access to cash for cereals and other market items. Along the Wabi-Shabele, a perennial river, traditional farming is practised. The best cropping area of the region is the lower basin of Wabi-Shabele valley. Here the rain and irrigation is regularly supplemented when the river overflows and enhances the fertility of the soil. Normally Wabi-Shabele river overflows its bank biannually, which helps the farmers to use the flood in the seasons of Gu' and Deyr¹ In normal years there is enough grain produced for the market requirements for the whole zone.

Gode (which until recently was the capital of Somali Region) is accessible by air throughout the year. There are all weather roads to the zonal town of Gode from Harar, which passes the main towns of Jigjga (the new regional capital), Degahbur and Kabridahar. The region has important trade links with Somalia's Indian Ocean Ports and with Kenya. There are more trading activities across the border with Somalia and Kenya than with the other Ethiopian regions. Although the Ethiopian Birr is the official currency of the region, the Somali Shilling is the main circulating currency. Vehicles with no plate numbers or with Somali plate numbers are widely used, and move and work in most parts of the region except in Jigjiga.

FINDINGS OF THE MULTI-AGENCY MISSION

EXTRAORDINARY DEATH TOLL OF LIVESTOCK

Although the absence of reliable data makes it difficult to provide a thorough analysis of livestock losses in the drought affected areas, the zonal Disaster Prevention and Preparedness Committee estimates that more than 90% of the cattle and more than 65% of the sheep have already died in Gode zone.

The predominantly pastoral areas of Gode zone are more prone to drought than most other parts of Somali region. There has been scarcity of pasture for the last 30 months due to repeated failure of the rains. There has been a decline in livestock prices due to their weakness and diminished demand in the local markets. There has been a corresponding increase in cereal prices, which form an essential element of the nomadic diet during the dry season. The main source of livelihood in many parts Gode zone, especially Gode, Danan, Imey and Adadley weredas is herding of cattle and sheep. The loss of livestock has deprived people of cash-earning potential. As the dry season continues and animals are further weakened, there is a fear that there may be a serious outbreak of livestock disease.

The zonal Disaster Prevention and Preparedness Committee estimates that 52.5% of the pastoralists in the four worst affected weredas rely mainly on cattle rearing, and that 26.3% rely similarly on sheep. This implies that nearly 80% of the pastoral population of these weredas (which comprises nearly all of the population) has been or will soon be severely affected by the loss of marketable livestock.

It was reported to UN-EUE during the early December mission that one man and 200 sheep and goats had died in Awrleged village of Adadley wereda, which is 70km west of Gode. The deaths were said to have resulted from drinking poisoned water from a hand-dug well which had been dry for a long time, but then filled with water after one day of rain on 29 November. (This rain helped vegetation growth in some areas, but was too little and too late to make a significant

¹ The floods that devastated many farms along the Wabi-Shebele River during the end of October occurred at the expected time but by far exceeded the expected magnitude.

difference in saving the livestock.) Seven people who drank the water were said to be in a serious condition and were seeking treatment from Gode Hospital. The source of the poison in the water has not been identified, although people in the area said that there were many cattle carcasses on the ground near the well before the rain came.

Percentage of pastoral population engaged in different types of livestock rearing

SN	WEREDA	LIVESTOCK TYPE			
		Cattle	Sheep	Goats	Camels
1	Gode	65%	20%	10%	5%
2	Imey-East	60%	20%	10%	10%
3	Adadley	45%	25%	15%	15%
4	Danan	40%	25%	15%	20%
	Average	52.5%	22.5%	12.5%	12.5%

Source: Estimation of the Zonal Disaster Prevention and Preparedness Committee

UNDERNUTRITION AND DISPLACEMENT

During the annual polio vaccination campaign, Gode zone health personnel said that they had received reports that 85 people in Gode zone had died as a result of undernutrition during a 15 day period. Outmigration to the main towns of the zone is said to have reached alarming levels, and there have been reports of some unusual cases of contagious diseases such as measles.

In an average year, the Deyr rains are sufficient to replenish water resources and regenerate grazing land for the well-being of the herds. This allows pastoralists to manage their herds for the duration of the Jilal dry season. This year, both the urban and rural people of Gode zone and many other parts of Somali region are not likely to be able to withstand the coming Jilal since they already appear to be in a weakened condition. Local officials estimate that more than 1000 households migrated to Gode town during the month of November, and that the number continues to increase day by day. During the UN-EUE field mission in early December, local residents reported that 30 children and seven elderly people died during the previous ten days in the villages of Gudhis and Ayun of East Imey. These reports have not been confirmed.

It is likely that the stress in the rural areas is extensive. Many poor rural people are said to be too weak to come to the urban centres in search of food. The UN-EUE field officer was told that in some cases people migrating to town had died along the way, and he observed first-hand people eating the meat from animals that had died from weakness or disease.

According to the zonal Disaster Prevention and Preparedness Committee, the total number of people in need of emergency relief food is approximately 307,641. Similarly, another 26,022 are said to be in need close monitoring.

People requiring relief assistance in Gode zone, December 1999

Wereda	No. of Villages	Villages Affected	Total Rural Pop.	Total Affected Pop.	Total Eligible People	Need Close Monitoring	Start Month	Duration
Gode	76	76	87,169	78,450	74,556	3,894	immediate	5 months
Denan	30	28	29,067	26,160	24,852	1,308	immediate	5 months
Kelafo	37	37	77,570	68,260	59,386	8,874	immediate	5 months
Mustahil	46	25	47,611	40,470	36,423	4,047	immediate	5 months
Ferfer	42	40	30,871	26,857	23,624	3,223	immediate	5 months
Imey	28	28	58,341	52,506	49,880	2,626	immediate	5 months
Adadle	35	35	45,523	40,970	38,920	2,050	immediate	5 months
Total	294	269	376,152	333,673	307,641	26,022		

Source: Zonal Disaster Prevention and Preparedness Committee, Gode Zone

Ongoing relief supplies to the area have been sporadic and inadequate during 1999. Due to the significant increase in the number of beneficiaries towards the end of the year, there has been a marked dilution in ration size. New migrants have been receiving only 23 kg per person upon arrival in Gode town, which is enough to last only a few days and is seriously inadequate as a nutritional intervention. With regard to the implementation of a therapeutic feeding program and the necessary training to accompany such a project, the team identified several capable agencies who could be involved and who have already shown readiness to help, namely the International Committee of the Red Cross, Save the Children Federation-USA, and the Ogaden Welfare Society. Gode Hospital will use two new buildings (originally intended as MCH department and TB section) for nutritional rehabilitation for the duration of this emergency. Regarding free drug distribution to the destitute, the regional government should be asked to overwrite the existing policy by authorizing free treatment for those who are destitute. Considering that the dry season should normally begin in early December, and that rains are not expected until April, immediate action will be needed for the next five months at least.

INCREASED MORBIDITY

People who are very weak are more susceptible to illness. Normally, moderate hunger is endemic among pastoralists during the dry season and their situation quickly improves with the onset of the rainy season. It is now supposed to be the end of the wet season, but the situation is quite the opposite, since many people have lost their cattle and sheep, which form the backbone of their economy.

According to a report produced by the Gode Hospital, doctors providing outreach services in the areas of Gode town where the displaced are staying found that 50% of the patients visited were seriously affected by diarrhea. In addition, increased incidences of tuberculosis and protein-energy malnutrition, and several cases of measles, have been reported.

Results of Gode Hospital diagnosis of drought displaced patients, 29/11/99 & 30/11/99

SN	DISEASE	NUMBER OF PATIENTS AFFECTED	PERCENTAGE OF SAMPLE AFFECTED
1	Diarrhea	27	50%
2	Malaria	10	19%
3	Pneumonia	5	9%
4	Tuberculosis	4	8%
5	Measles	4	8%
6	PEM (Kwashiorkor)	3	6%

NB: The sample consisted of those identified with illnesses, rather than a random sample of the population.

CHALLENGES FACING THE HEALTH CARE SYSTEM IN GODE

Because of the effects of the drought, people's purchasing power is very low. For example, the price of child delivery in Gode Hospital is 15 birr, which is now the same as the market price of one goat (since animals prices have dropped significantly in recent weeks and months). While the overall health condition of the people are suspected to have deteriorated, the number of patients seeking treatment in Gode Hospital has not increased. This is not only due to the limited health facilities there, but also is a result of the inability of the community to pay for medical treatment and drugs. This is a long-standing problem; by way of example, on average only eight infant deliveries per month are attended in the hospital for a population of 431,000 even during non-drought times.

The existing health facilities are poor. There is only one hospital and one health center in the whole zone. Because of lack of capacity and vehicles, management of the health institutions throughout the region is weak. Some drugs will need to be provided freely; however, this is likely to quickly drain medical supplies and drug stocks.

ON-GOING RELIEF OPERATIONS

As a part of the drought relief program of 1999, a total of 26,140.15 MT of food has been made available by WFP through DPPC to Somali Region, of which 10% (2,533.8 MT) has been allocated to Gode zone.

WFP food allocation to DPPC in 1999

DATE	QUANTITY IN MT	NO. OF BENEFICIARIES
May 1999	620.30	48,950
Sep-Nov 1999	660.60	330,673
November 1999	500.00	110,013
December 1999	752.90	Not yet distributed
Total	2533.80	

NB: The tonnage for November was originally 812.5 MT. DPPC reduced this quantity to 500 MT.

According to WFP, the tonnage allocated for November was originally 812.5 MT. However, DPPC reduced this quantity by 312.5 MT and only 500 MT was delivered. In addition to cereals provided by WFP, there is 32.7 MT of famix, and 792 cartons of biscuits were sent to Gode by DPPC in November.

50 MT of maize seeds were donated by CRDA through the Ogaden Welfare Society to the people in the flooded areas of Mustahil and Kelafo. These farmers are now cultivating their farm lands as the flood recedes, and their condition is improving.

AFTERMATH OF THE FLOOD

The aftermath of the flood seems to be generally positive for sedentary farmers, although there have been reports that some herdsmen who moved their camel herds to the wetter areas have clashed with the agriculturalists, who need the land for cultivation. These conflicts are said to have resulted in the death of one man and serious injury to another. Farmers have started to fence their farmlands, whether planted or not. As almost every family is armed, they stand guard over the farms, prepared to shoot pastoralists who bring their animals to graze on the farmland.

Although farmers are planting their crops, they will need strong rehabilitation assistance to be able to grow enough food for themselves and to satisfy the needs of the local market. This area provides one of the only sources of locally grown food in the whole region during the dry season. The cultivable area irrigated by the overflow of the river is more than 50,000 hectares. If these areas are properly planted with improved seeds, the yield is expected to be enough for the whole region for several months.

RECOMMENDATIONS

On December 15, following the field mission, the team met at the UN-EUE office to discuss the kinds of immediate actions that the situation called for. The members also discussed, on behalf of their organisations, what each agency might be able to contribute. Issues raised included:

- the on-going relief food distribution, how much food to add and how long to continue
- the possibility of initiating therapeutic feeding and options for implementation

- the need for free drug distribution to those suffering from undernutrition, to be balanced with the existing government policy on provision of free medical service
- the lack of availability of potable water and implications for the therapeutic feeding program
- the need to help improve the capacity of the Gode Hospital with respect to health management (specifically drug management and nutritional rehabilitation)
- the necessity of empowering the existing Gode zone Disaster Prevention and Preparedness Committee and providing this Committee with the necessary financial, logistic and personnel support
- the need for longer term planning for recovery

In general, the mission team agreed that there is a serious drought prevailing in the Somali region, and Gode appears to be the most seriously affected zone. Mission team members felt that the priority and rationale for humanitarian interventions should be to minimize health and nutritional problems facing the community for the next five months, until the effects of the “Gu” rains are able to restore grazing areas. According to the recommendations given by the multi-agency mission, the government, humanitarian organizations, and the donor community need to take the following immediate steps:

1. Allocate and deliver at least 2000 MT of additional relief food per month to Gode zone for the coming six months. This is an initial estimate of needs, pending more refined figures from the region. In addition, consideration must be given to distribution to rural areas so as to prevent stress migration to the towns.
2. Food aid distribution should include health facilities (500 individual supplementary rations per day until the end of January, at which time the situation should be re-assessed). It is to be expected that such feeding programmes will be required for at least three months and perhaps followed by a take-home dry rations for the final three months of the programme.
3. Substantial logistic and monetary support will have to be provided to Gode zone Disaster Prevention and Preparedness Committee. In addition to the personnel already assigned by the Federal DPPC to the zone, the DPPC should ensure that the Committee has sufficient funds and vehicles to handle the increased relief distributions and to continue to monitor the situation.
4. Additional supplies of essential drugs should be provided for free distribution to the most destitute and/or undernourished patients. WHO will raise this issue with the appropriate health officials (*See the Annex*).
5. There should be proper in-service training for health personnel with regards to health and drug management. Some managerial considerations will be needed, especially related to cost sharing or free distribution arrangements for essential drugs. This should be an opportunity to develop proper inservice training.
6. The Gode zone Health Department is trying to make outreach services with a mobile medical team. One vehicle is to be made available, and additional drugs are to be provided to support this initiative.

In the longer term, DPPC should begin planning now for rehabilitation measures for those affected by the drought.

ACTIVITIES ALREADY UNDER WAY BY MISSION PARTICIPANT AGENCIES

In response to formal appeals from DPPC concerning unmet needs for the last quarter of 1999 and projected needs for the first quarter of 2000, WFP prepared a budget revision to extend the existing emergency operation 6143 "Relief Food Assistance to Victims of Meher and Belg Crop Failure" to the end of March 2000. This budget revision was approved by WFP headquarters on 23 November and includes 58,216 MT of cereals, 746 MT of corn-soy blend and 1,452 MT of famix. To date, approximately 16,510 MT of cereals and 706 MT of famix have been resourced against this budget revision, as a result of which WFP has food available to be sent to areas of need within Somali Region. So far, of the 16,510 MT, 3,800 MT in food loans have been requested and approved by the Ethiopian Food Security Reserve.

UNICEF has made available US\$20,000 to transport medicine, supplementary food and other relief items to Gode zone. These funds have already been released to the DPPC.

The WHO (World Health Organisation) will work with other partners to support the training of health personnel at Gode in Health Management.

USAID is exploring emergency response options, and possible areas of assistance include:

1. Clean drinking water
2. Logistics
3. Supplementary and therapeutic feeding supplies
4. Immunization materials
5. Provision of seeds and tools

Following the mission, DPPC has dispatched 2350 MT of grain and 122.7 MT of supplementary food to Gode Zone. In addition, 1,711.5 MT of grain has been dispatched to Fiq zone, and 1,083.1 MT to Afer zone, which have also been identified as having significant drought problems. DPPC will also coordinate the activities of all actors providing assistance to the zone, through the Regional DPPB and Zonal DPPD.

In addition to these activities, on 20 December the Ogaden Welfare Society announced that it has received funds from Christian Aid, the Christian Relief and Development Association (CRDA), TROCAIRE, and from its own resources totalling \$136,000 to provide therapeutic feeding for up to 2000 children in Gode zone (Gode, Danan, and Emey weredas) over the next six months.

DISCLAIMER

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ANNEX - 1

ESSENTIAL DRUGS REQUIREMENT FOR GODE ZONE

SN	DRUGS	UNIT	FORMS & STRENGTH
1	ANALGESIC		
	1. Acetylsalicylic acid	Tab 300 mg	60.000 tabs
	2. Paracetamol	Tab 500 mg	20.000 tabs
2	ANTHELMINTIC		
	1. Mebendazole	Tab 100 mg	20.000 tabs
3	ANTIBACTERIAL		
	1. Ampicillin	Suspension 125 mg/5ml	1000 bottle/60ml
	2. Benzylpenicillin	Inj 0.6 mg (one million IU)	3000 vials
	3. Procain benzylpenicillin	Inj 3 mg (3 million IU)	2000 vials
	4. Sulfamaethoxazole + Trimethoprim	Tab 250 mg	15000 tabs
	5. Tetracycline	Tab 250 mg	10000 tabs
4	ANTI-MALARIA		
	1. Chloroquin	Tab 150 mg	24000 tabs
5	ANTI-ANEMIA		
	1. Ferrous salt+Folic Acid	Tab 60 mg + 0.2 mg	50000 tabs
6	DISINFECTANTS		
	1. Chlorhexidine	Solution 20%	50 liter
7	DIARRHEA		
	1. Oral Rehydration Salt	Sachet 27.5 gm/l	5000 sachets
8	OPHTHALMOLOGICAL		
	1. Tetracycline	Eye ointment 1% 5gm tube	2000 tubes
9	SOLUTIONS		
	1. Water for inj. ringer lactate	Liter	
	2. Dextron water	Liter	
10	VITAMINS		
	1. Retional (Vit A)	Caps 60 mg (200.000 IU)	10000 caps
	2. Retional (Vit A)	Caps 7.5 mg (25.000 IU)	5000 caps