



## Update: Horn of Africa Food Security Emergency

January 20, 2012



*CARE is providing crucial aid to nearly 2 million people affected by drought and food insecurity in the Horn of Africa. Despite security threats, we continue to provide food and safe water to 460,000 refugees, mostly Somalis, in the Dadaab camps in Kenya.*

### Background

On July 20, 2011, the United Nations took the drastic step of declaring parts of southern Somalia in famine. In so doing, it recognized that hundreds of thousands of people were at imminent risk of starving to death.<sup>1</sup> As the crisis spread to more regions, the number of people in famine zones eventually reached 750,000. An estimated 13 million people were in critical

---

<sup>1</sup> Famine is defined as a situation where 30 percent of children are acutely malnourished, 20 percent of the population is without food, and two per 10,000 adults or four per 10,000 children are dying every day.

need of food aid. Suddenly the Horn of Africa, a region seemingly so often in crisis, was in the global spotlight again. The world finally took notice of a dire situation.

In reality, the emergency in Somalia – and neighboring countries including Djibouti, Ethiopia and Kenya – had been long growing. Drought, a recurring phenomenon in this part of the world, has become increasingly devastating, due to factors including climate change, population pressures, new limits on access to water and pastureland, conflict, and poor or non-existent governance in some places. Six months later, the same number of people remain food insecure, in what remains the world’s worst humanitarian crisis.

The relief effort faces sobering new challenges, particularly in the area of security. Several national and international military forces are now involved in the conflict in southern Somalia. Escalating violence, suicide bombings, attacks on civilians, kidnappings and killings of aid workers, and the wholesale expulsion and looting of 16 U.N. agencies and other humanitarian groups by militants are leaving hundreds of thousands of desperate people without help, at a time of enormous need.

And yet we have made important progress. In the six months since the famine declaration, the situation has become marginally less critical. Today, “only” 250,000 Somalis remain in a famine situation, thanks to rapid humanitarian response and resumed rains in some areas.<sup>2</sup> CARE and our partner agencies continue to scale up our emergency aid and longer-term efforts to help people become more resilient in the future. But the challenges remain huge, even as global attention has shifted elsewhere.

This will not be the last or the worst crisis of its kind. Traditionally, nomadic herders have responded to periodic drought by migrating to fresh sources of water and pasture. As climate change and environmental degradation continue their grim march, these age-old coping mechanisms are no longer sufficient. The only question is when, and how severe, the next drought will be. And the only solution is long-term adaptation.

The winds of change are blowing across the Horn of Africa, and its people critically need assistance adjusting to a new age.

### **CARE’s Response**

Thanks to the dedication of our staff and the support of generous donors, CARE has scaled up our response in the worst affected countries. Currently we are reaching more than 1.8 million people with crucial assistance including food, safe water, sanitation, health, education, livelihood assistance and protection for the most vulnerable people, including survivors of gender-based violence.

In addition to immediate relief, we support a number of long-term responses to the reality of recurrent drought – including innovative livelihood approaches to help vulnerable people earn a living in ways less dependent on the unpredictable rainfall.

---

<sup>2</sup> U.N. Office for the Coordination of Humanitarian Affairs (OCHA), Horn of Africa Crisis Situation Report, Jan. 13.

**Some examples of CARE’s most recent emergency operations, by country, include:**

**Djibouti**

The most recent expansion of CARE’s response in the Horn of Africa is to Djibouti. This small country bordering Eritrea, Ethiopia and Somalia faces a disproportionate burden from the effects of drought, not just on its own people, but also due to the influx of refugees from neighboring countries. After six consecutive years of drought and erratic rainfall, more than 200,000 of Djibouti’s 800,000 people – two-thirds of whom already lived below the poverty line – are considered in need of humanitarian aid. The country has absorbed more than 22,000 refugees.<sup>3</sup>

After conducting an assessment of the most critical needs, CARE determined that the best use of our resources is in Ali Addeh district, which hosts most newly arrived refugees but struggles with poor health, nutrition, hygiene and sanitation conditions.

Our approach, focused on refugee camps, will reach both refugees and host community members with health and nutrition services, including the opening of a health center with a target population of about 19,000. The emergency response will focus on providing first aid, nutritional screening, vaccination, referral to secondary health care. As well, the activities will include ensuring access to safe water and improved hygiene practices.

CARE will pay special attention to the most vulnerable refugees and host communities affected, including women and children, and will provide psychosocial support to survivors of trauma and sexual violence. CARE’s intervention will have an emphasis on building local capacity, in order to ensure sustainability.

**Ethiopia**

As elsewhere in the region, CARE’s long-term objective in Ethiopia is to promote resilience in the face of future food emergencies. In the meantime, to meet immediate needs, we are continuing relief operations, reaching more than 709,000 people to date with interventions in four sectors: food assistance; water, sanitation and hygiene; nutrition; and support to livelihoods including agriculture and livestock rearing.

CARE’s emergency food distributions, in cooperation with the government and our humanitarian partners, are in their seventh round, reaching a total of about 450,000 people in Oromia Regional State, East Hararghe, West Hararghe and the Borana and Dewe zones of Afar region.

Other recent activities include:



*Women awaiting a distribution in Chiro, West Hararghe, Ethiopia. CARE provides 800 households here with food aid, with a special focus on older people, pregnant women and nursing mothers.*

<sup>3</sup> U.N. OCHA Consolidated Appeal for Djibouti 2012.

## Nutrition and Food

- In urgent cases of malnutrition, especially involving children, CARE supports emergency treatment through stabilization centers, outpatient therapeutic programs and supplementary feeding programs. Each month CARE reaches more than 3,800 individuals in East and West Hararghe and Borana with these lifesaving services.
- We distribute about 300 cartons of Plumpy'nut, a fortified peanut-based paste used as a frontline treatment for severe acute malnutrition, each month.

## Water, Sanitation and Hygiene

- Each month, health education programs focusing on nutrition and hygiene in West Hararghe and Borana reach over 3,700 people.
- More than 2.3 million packets of water purifying chemicals were transported in late 2011 for delivery to East and West Hararghe.

## Livelihoods

- The three livelihoods projects run by CARE in Borana and East and West Hararghe zones of Oromia region had reached a total of 107,180 individuals as of December 13, 2011. Through these projects, CARE provided nearly 50,000 individuals with seed and planting materials, while the rest were assisted in maintaining the health of their animal herds by reducing herd sizes. Animals are slaughtered when they still have value, rather than waiting for them to starve, and when possible the meat is distributed to families. Herders receive cash compensation and feed for their remaining animals.



*By planting improved seeds provided by CARE, Nure Seido, a farmer in Hirena village, West Hararghe, has doubled his yield of haricot beans from the rented field with which he supports his family of five.*

- In addition to direct food assistance, CARE is providing water purification and treatment products to pastoralist families and others, and supporting the construction or rehabilitation of water points and ponds.

## Kenya

### 1. The Dadaab refugee camps

CARE distributes lifesaving aid, including food and water, to more than 460,000 refugees in the Dadaab camps in Kenya, the largest refugee site in the world.

The operating environment remains complex due to ongoing security concerns. In recent months escalating conflict between the Kenyan military and militants has been accompanied by fatal attacks on camp residents, threats to community leaders and the discovery of landmines and explosive devices within the camp area. The flow of new refugees into the camps has declined dramatically due to the conflict and Kenya's official sealing of the border with Somalia.

As a result of the tense situation, many CARE activities and those of our humanitarian partners remain suspended. However, all lifesaving interventions, including regular food and water distributions to the all of the camp's registered residents, continue uninterrupted. Furthermore, CARE's dedicated team of 1,600 refugee workers, who live and work in the camps, continue to provide services including education and psychosocial support even in locations that are inaccessible to non-refugee staff.

CARE's work in Dadaab falls into the following sectors:

- **Water, sanitation and hygiene (WASH):** CARE's work providing safe drinking water and sanitation is more crucial than ever given a recent outbreak of cholera. Our system of boreholes and tap stands provides an average of 18 liters of water per day per person in the three main Dadaab camps – more than the international humanitarian standard of 15 liters. Monitoring staff continue to test the water quality twice daily.



*Through our system of boreholes, tap stands and water tankers, CARE provides 18 liters per day – 20 percent more than the international standard – to each resident of the Dadaab camps.*

- **Public health promotion:** In response to the steadily rising number of cholera cases, and unabated rains, CARE is scaling up our hygiene promotion activities, and taking the lead in mobilizing WASH and health partners in coordinating our response. Activities include soap distribution, jerry can cleaning, household hygiene visits, and disinfection of latrines with 1 percent chlorine solution. CARE is distributing sanitation tools in collaboration with WASH committees, constructing solid waste collection points in Hagadera camp, and overseeing the collection of animal carcasses under police escort.
- **Food security:** CARE is the primary distributor of food donated by international humanitarian partners to registered camp residents. Every day our logistics team oversees the distribution of 389 metric tons to 45,000 people. Due to security concerns and the sharp decline in the arrival of new refugees, immediate distributions of food to unregistered new arrivals remain suspended.
- **Education:** CARE operates five schools serving 15,000 students in Dagahaley camp at Dadaab. Some services, and registration of new students, remain suspended for security

reasons. Refugees who work for CARE are a vital support in keeping classes operating, and Kenyan national primary and secondary school examinations were successfully conducted in November. School buildings remain severely overcrowded, with overflow classes held in tents and courtyards, and more space is urgently needed.

- **Gender-based violence and psychosocial support:** Newly arrived refugees have consistently reported an extremely high rate of violence, rape or abduction, and women and girls always face an elevated risk in refugee camp situations. Although the security situation currently prevents CARE from operating our regular system of psychosocial counseling through drop-in centers, we are continuing door-to-door campaigns, focus group discussions and road shows on sexual and gender-based violence and psychosocial support services. Our recent campaigns, with the crucial participation of CARE refugee workers, have reached over 34,000 people in Ifo and Dagahaley camps.

## 2. Other affected areas in Kenya

In addition to hosting large numbers of refugees, parts of northern Kenya are themselves severely affected by drought. CARE maintains a broad range of programming in water, sanitation, hygiene, and longer-term efforts to help communities become more resilient. To date almost 477,000 people have received CARE's help directly or indirectly through family members. Examples of our recent activities include:

- In Garissa, CARE scaled up emergency animal health interventions including mass treatment and vaccination, de-worming, active disease surveillance and training of disease surveillance committees.
- CARE and our partners in the Arid and Marginal Lands Recovery Consortium supported the district veterinary offices of Garissa, Mandera West and Wajir South on mass treatment, vaccination and de-worming and disease surveillance. A total of 208,351 livestock were treated.



*Stacey Ashley, age 9, a fourth-grader at Nanighi Primary School in northeastern Kenya, participates in a skit about hygiene and handwashing with fellow members of the school's CARE-supported hygiene club.*

- We identified vulnerable families, including those in Dadaab host communities, to receive emergency cash transfer payments – which have been demonstrated to be effective in addressing immediate food insecurity, while supporting local economies.
- A baseline survey on sexual and gender-based violence is currently ongoing in host communities.
- Water, sanitation and hygiene activities in the area included cash-for-work projects to improve infrastructure; training of community members as borehole pump attendants; and community hygiene training.

- Drought emergency and resilience projects have included cash-for-work activities designed to rehabilitate rangeland and de-silt and expand rainwater harvesting pans. Members of the most vulnerable households are targeted as cash-for-work participants, with an emphasis on equal opportunity for women.
- CARE is working with community members to begin constructing latrines and handwashing facilities in six schools, benefiting 3,214 students including 1,737 girls.

## **Somalia**

Despite the critical security situation in south central Somalia, CARE continues to scale up our humanitarian response. We operate both independently and through local partners in various parts of the country. Our priority regions include relatively stable parts of northern Somalia that are struggling to accommodate displaced people from the south.

Our emergency work in Somalia covers the sectors of water, sanitation and hygiene; food security; livelihoods; health/nutrition; and the distribution of other critical supplies. Our longer-term objectives include a variety of approaches to help communities build resiliency and sustainable livelihoods.

Recent activities include:

### **Water, Sanitation and Hygiene:**

- In the semi-autonomous northern region of Puntland, CARE continues to conduct water quality tests on new and rehabilitated water sources and storage facilities completed under the recently completed Puntland Emergency Response Project. Communities took part in the work and are responsible for the long-term maintenance and upkeep of the infrastructure.
- In Galkacyo and Berbera, sanitation and hygiene promotion activities in schools including training to primary school teachers are ongoing.
- In Lower Juba, we provided clean, safe water, and aqua tabs for water treatment to 8,400 families.
- To date, CARE has reached 63,000 individuals through WASH projects in Somalia.



*With CARE's support, the Ceelwaycaseed pastoralist community in Nugal, Puntland, constructed a berkad (traditional water storage facility) to survive dry periods.*

### **Other activities:**

- CARE's distribution of essential non-food items kits, including kitchen and hygiene necessities, is reaching 2,400 people in Burao, Somaliland, who have been displaced from other parts of Somalia, as well as members of the host community.
- An additional 1,400 non-food item and 4,200 hygiene kits are destined for affected drought-affected households in Lower Juba.
- Given the crucial role played by CARE's local partner agencies, especially in areas highly affected by insecurity, we continue to provide training in areas such as CARE's principles

and procedures, quality and accountability, cross-cutting issues such as conflict sensitivity/do no harm, gender and prevention of sexual exploitation and abuse.

## Human Interest Story

### All in a day's work

The sun is still low in the sky, but by 8 a.m. it is already baking a jagged gully on the outskirts of Higlo, Somaliland, some 150 kilometers south of the Red Sea coast. What looks like a dry river bed rips through the reddish earth, an angry reminder of environmental degradation. Desperate people have stripped the landscape of vegetation and burned it to make charcoal to sell. The denuded land is prone to flooding and incapable of supporting livestock.

About two dozen people gather beside the gully. Today, CARE is helping them help themselves. They are putting in a hard day's work, building a stone dam that will help slow erosion. And they are earning much-needed cash to feed their families.



*CARE field office director Hassan Jama with Ibrahim Sugul, 45, chairman of Higlo village, which is taking part in a CARE cash-for-work project. Says Ibrahim, "The cash for work is a benefit and a lot of people have survived who otherwise could not afford food."*



*People of all ages and both sexes participate in the work, though some vulnerable individuals, including pregnant women, nursing mothers and the elderly, qualify for unconditional payments.*

in the past year. Many of the poorest pastoralists have drifted to the outskirts of villages and towns, where they find themselves unemployed and dependent on relatives.

The project is part of CARE's comprehensive support for food security, livelihoods, water and sanitation in Higlo and 45 other villages. This part of Somaliland – a de facto independent state since the Somali central government collapsed in 1991 – has faced a food crisis due to failed rains for more than five years. Malnutrition rates have spiked to 17 percent, above the emergency threshold.

The majority of the region's population consists of traditional herding people, whose animals have been devastated by inconsistent rainfall and rangeland erosion. About half of all sheep and goats have died



But this morning, Higlo is bustling with productive energy. The workers carry huge, tawny-colored stones from a pile and arrange them to create a long, wide barrier across the gully. Visiting CARE staff pitch in as well.

Everyone chants in unison to help the work go by. The song roughly translates as: “Hey, you who are looking on and not working – this is your country, too.”

Participants in this three-month cash-for-work project receive about US\$50 for a month’s labor, 22 days a month, with Fridays off. They work about six hours a day, depending on how quickly they finish their tasks. Both sexes work side by side. CARE places a special focus on ensuring opportunities for women.

“Pregnant women and nursing mothers are among the hardest hit in a food crisis,” says CARE field officer Zeynab Ibrahim. “We exempt them, along with the elderly and others with special hardships, from the requirement to work.”

For two years, CARE has successfully used a cash aid system in the region. The payments do not require the logistics and storage of in-kind food distributions, and are more flexible, allowing families to meet needs such as food, water or health care. CARE staff closely monitor the impact of the injection of cash into the local economy.

Just down the rough road, CARE has rehabilitated a shallow well and built a solar water system for safe drinking water; built sanitary facilities for 350 households; and sponsored a savings and loan program allowing former pastoralists to invest in new income sources.

Each community participating in the program decides collectively what its own priorities are for improvement projects. In nearby Kiridh, a new school was completed in October 2011 to replace the twig-roofed structure where students previously learned.



*Cash-for-work participants receive about US\$50 a month. Earning money helps give women a stronger voice in their households and communities.*

The cash-for-work project has just finished the first month of its current eight-month cycle, and participants are lining up to receive their payments. Serious-looking bank officials count out the monthly payments. CARE staff and community leaders oversee the process, part of the rigorous monitoring system to ensure the safety of the funds.

“It’s something new for women to manage money themselves. Traditionally in Somali culture, that’s for men only,” says Zeynab. “But CARE consults closely with

community leaders to reach a common understanding on the participation of women, and the men respect that.”

The next recipient, a woman who cannot read or write, reaches the desk. The banker presses her finger onto an ink pad to mark the receipt. Hands calloused by hard work receive the cash. Her face, lined with worry, breaks out into a relieved smile.