



Update: Horn of Africa Food Security Emergency

July 2012



CARE has responded to drought and food insecurity in the Horn of Africa with crucial immediate and long-term aid to approximately 2.8 million people, including more than 460,000 residents of the Dadaab refugee camps. On an average day of food distribution, CARE distributes 300 metric tons of food to 39,000 people.

Background

On July 20, 2011, the United Nations declared a famine in parts of Somalia – an extremely serious designation, indicating that hundreds of thousands of people were at imminent risk of starving to death.¹ The declaration cast a spotlight on a crisis that had been developing for many months: in the face of a devastating drought and food crisis, over 12 million people in the Horn of Africa region, including parts of the nations of Djibouti, Ethiopia, Kenya and Somalia, were in need of immediate food aid.

¹ 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.

In the year since then, much has been accomplished. Large-scale humanitarian interventions by CARE and other agencies have helped save many lives. But families still struggle to feed themselves, and remain highly vulnerable to future events such as poor harvests, conflict-related displacement or a rise in commodity prices. Many who survived the worst of the crisis have been left without the reserves to withstand further shocks.

The outlook for seasonal rains during the remaining months of 2012 is fair but cannot be guaranteed. As the Sahel region, in northwestern Africa, also descends into a similar crisis, CARE is redoubling our efforts in the Horn of Africa to implement long-term solutions to build communities' resilience and combat the repeated cycle of food crises.

The support of donors in providing flexible resources is crucial to allow us to respond to signs of an impending food emergency. CARE advocates with governments, communities, individuals and the international community for the necessary political will to act quickly. The experience of the past year has taught us that early warning and monitoring systems are only as valuable as the commitment to intervene in time to avert crisis.

In the pages that follow, we detail some of the emergency and long-term activities made possible in the Horn of Africa between July 2011 and July 2012 with the support of CARE's generous donors, including individual, foundation, corporate, government and multilateral partners.

CARE's Response

During the reporting period, CARE reached some **2.8 million people** in the worst-affected countries, Djibouti, Ethiopia, Kenya and Somalia, 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.

Examples of CARE's primary focus areas in the Horn of Africa include:

Food and nutrition assistance: Distributions of food supplies, including staples targeted at pregnant women, nursing mothers, children and other vulnerable people; emergency treatment for child malnourishment through stabilization centers, outpatient therapeutic programs and supplementary feeding programs; and distribution of materials such as Plumpy'nut, a fortified peanut-based paste used as a frontline treatment for severe acute malnutrition.

Water, sanitation and hygiene (WASH) activities: Water trucking, construction and rehabilitation of latrines, boreholes, water pans, hand washing stands, livestock water points and water storage tanks; hygiene promotion and training; distribution of water purification tabs; and distribution of soap and water jerry cans.

Livelihood activities: Distribution of seeds, agricultural inputs like fertilizer, provision of small farm animals like goats, sheep and chickens, veterinary services and training for pastoralist communities, targeted reduction of herd sizes with compensation to owners, cash for work, unconditional cash transfers, and monthly distribution of food vouchers.

Details on the reach of CARE’s work in affected countries include:

Ethiopia

As part of our commitment to building long-term drought resilience, CARE works closely with the Ethiopian government and communities to strengthen the social safety net in heavily affected areas. These include the East and West Hararghe zones of Oromia region and the southern region of Borena, home to traditional pastoralist populations whose way of life are increasingly threatened by drought, climate change and reduced access to water and rangeland. Targeted food distributions, supplementary nutrition and emergency treatment for child malnutrition have been particularly effective in staving off the worst effects of the crisis.

CARE’s response to food insecurity in Ethiopia focuses on water and sanitation, food distribution and livelihoods, with a strong focus on addressing traditional gender inequities. Ongoing challenges include overreliance on rain-fed agriculture, population pressure, recurrent drought, land degradation and stringent government regulations of nongovernmental organizations.

Total number of individuals reached: 1,239,618

Food and nutrition

- Number of people reached through food and nutrition interventions: 562,250
- Number of families that received food distributions: 106,952
- Number of children treated for acute malnutrition: 54,314
- Number of pregnant and nursing women treated for acute malnutrition: 20,390
- Basic monthly food package distributed, per person: 15 kilograms² (kg.) of cereals (wheat or sorghum), 1.5 kg. yellow split peas and 0.45 kg. vegetable oil
- Cost of one monthly food distribution package, per person: \$9.77

Livelihoods

- Number of people reached through livelihoods interventions: 164,795
- Number of families receiving seed distributions: 15,594
- Number of families receiving animals:
 - Poultry: 480 families
 - Goats or sheep: 439 families

CARE has provided almost 165,000 Ethiopians affected by drought with livelihoods assistance including training in small-scale enterprises such as beekeeping.

“After the month-long training from CARE, I received 14 bee colonies, which I multiplied to 42. With the money I earned, I have deposited \$395 in savings. I harvested 24 kilograms of honey last November, sold it and earned \$135. With training from CARE, I have also diversified into animal fattening, cultivating improved seeds and even carpentry. As a result, during the latest drought I have not sold any assets or taken out any loans. My family finally has the security we need to be resilient in the face of drought.”

– Mohammed Abdule, age 47, West Hararghe



Photo: CARE/Yonas Tafesse

² 1 kilogram = 2.2 pounds

WASH

- Number of people reached by WASH interventions: 512,573
- Number of individuals reached by water trucking activities: 97,140
- Total number of water points rehabilitated: 13

Somalia



Participants in CARE's cash-for-work program in drought-affected communities like Higlo, Somaliland, are paid for work such as building schools, water and sanitation infrastructure, and dams to prevent environmental degradation. (CARE/Rick Perera)

Despite the inherent challenges to humanitarian work in Somalia, CARE continues to maintain and expand our response in areas including WASH (water points, latrines and hygiene interventions); nutrition; supply of non-food items (NFIs); food security through cash-for-work activities, food vouchers and cash relief; and protection for vulnerable populations including women threatened by sexual and gender-based violence. Our existing program areas in the relatively secure Puntland and Somaliland regions are being supplemented by new program areas in Lower Juba and Mogadishu. CARE is able to maintain and expand our reach through longstanding relationships with local partners.

Challenges to our work in Somalia include insecurity and military intervention; threats to aid workers and decreasing respect for humanitarian neutrality in southern Somalia; weak local authorities and communities; difficulties inherent in remote management; limited capacity of some local partners; overtaxed CARE staff; the chronic nature of drought and food insecurity; and the rise of new “states” in already volatile areas.

Total number of individuals reached: 588,101

Food, nutrition and livelihoods

- Number of people reached through food, nutrition and livelihoods interventions: 220,988
- Value of food voucher per household (average six persons) per month: \$70

CARE has provided cash-for-work opportunities and cash relief to more than 85,000 displaced people and vulnerable host population members in Puntland state, northern Somalia. Most receive payments in exchange for work. Those unable to work, such as the elderly, disabled, and pregnant women, receive unconditional cash payments.

“This project saved my life and that of my family. As soon as I received the cash, I traveled to Garowe town and bought essential food for my family, some basic clothes for my sons and daughters, and even paid off my outstanding debts. Imagine when you are in a severe drought and you have no source of income and have to care for a large family and number of young children.”

– Shukri Mohamed Salad, age 36, mother of five, Salahlay village

- Items provided with one food voucher: 25 kg. rice, 2.5 kg. sugar, 25 kg. wheat flour, 6 kg. oil, 3 kg. dates, 25 kg. beans
- Value of unconditional cash grant per household per month: \$80

Non-food items (NFIs)

- Number of people reached through distribution of NFI (kitchen/sanitary) kits: 52,158
- Content of one NFI kit: plastic sheets, sanitary cloth, kitchen utensils, jerry cans, sleeping mats, blankets, soap
- Cost of one NFI kit: \$62

WASH

- Number of people reached through WASH interventions: 314,955
- Number of latrines constructed : 1,250
- Number of displaced people reached by water trucking activities: 11,432
- Number of water filters distributed: 1,495

Kenya

A major focus of CARE’s food security response in Kenya involves distribution of food and water to the entire population of the three refugee camps at Dadaab, the world’s largest refugee site (see details below). At the same time, we are continuing our long-term response to drought-affected parts of northern Kenya, with a broad range of programming in water, sanitation, hygiene, and efforts to help communities become more resistant to shocks.



*In northeastern Kenya, CARE is helping pastoralists like Ebla Ali adapt to climate change – for example, by planning planting and harvesting according to long-term weather forecasts.
(CARE/Joseph Nderitu)*

Our ongoing priorities in Kenya include cash-for-work activities to rehabilitate water infrastructure; building natural resources management and water infrastructure management capacity of communities; and continuing to expand our community-managed disaster risk reduction programming to minimize impact of future droughts. Challenges facing CARE’s operations in the country include severe threats in the Dadaab camps; insecurity in parts of northern Kenya; and the potential risk of conflict in the 2013 election year.

Total number of individuals reached: 940,294 (includes beneficiaries of long-term resilience programming in northwestern Kenya, not counted in the Dadaab figures below)

Details on CARE’s response in the Dadaab refugee camps, the world’s largest

- Number of people reached through food distributions and WASH interventions: 463,512 (total population of the camps)
- Number of people reached through education activities: 16,945

- Number of children enrolled in accelerated learning in primary schools: 902
- Number of hand-washing stations constructed in 14 refugee schools: 28
- Number of families receiving food distributions: 97,818
- Number of families receiving NFIs, including sanitation kits: 115,183
- Content of sanitation kit: wheelbarrow, rake, shovel, nose mask, gloves, rubber boots, overalls, hat
- Number of families receiving hygiene training: 1,902
- Number of people receiving psychosocial counseling and services responding to sexual and gender-based violence: 49,977 (including 29,427 women and girls)

Djibouti

The small country of Djibouti – site of the most recent expansion of CARE’s response in the Horn of Africa – has received insufficient rainfall since 2005. Two-thirds of the country received below-average rain during the 2012 March-May rainy season, causing a further depletion of water reserves, deterioration of livestock health and milk production, and massive loss of livestock and livelihoods.



Women drawing water from a well in the Ali-Addeh community, which hosts many Somali refugees. Djibouti’s population has been heavily impacted by the influx of refugees. (CARE/Athanase Sadjina Nadjadoum)

CARE’s work in Djibouti focuses on health and nutrition services, including a health center serving mostly Somali refugees in the Ali-Addeh camp, as well as the surrounding host population. The camp was established in 1991 to accommodate about 7,000 refugees, but currently hosts more than 21,000. Due to influxes of refugees fleeing the 2011 drought, the camp is overcrowded, with services and infrastructure under extreme pressure. A second camp was opened at Holl Holl in June. Absorbing these refugees has placed a major strain on Djibouti’s 800,000 people – two-thirds of whom already lived below the poverty line before the crisis, and one-fifth of whom are themselves in dire need of humanitarian assistance.

Levels of emergency funding are very low in Djibouti compared to other countries in the Horn of Africa. Aside from United Nations agencies, there are very few humanitarian actors. CARE has been operational in Djibouti since January 2012.

Total number of individuals reached: 50,000

- Refugee camps provided with health and sanitation services: Ali-Addeh and Holl Holl
- Population of Ali-Addeh camp: 21,000, mainly Somali refugees (in a camp intended for about 7,000 refugees)
- Additional water and sanitation project serving host communities in the district of Ali Sabieh where the camps are located

Human Interest Stories

Sanitation and safety

CARE works to ensure dignity for Somali refugees in Dadaab, Kenya



*Refugee workers, who receive payment from CARE, setting a cement mold for new latrines in the Dadaab camps.
(CARE/Nicolas Postal)*

Imagine not having access to a toilet. Imagine how undignified you would feel having to find a space with only a bush to give you cover. This was a common problem for Somali refugees forced to flee the violence and famine that affected their country in 2011.

Over 100,000 refugees poured into the already overcrowded Dadaab refugee camps in northeastern Kenya in the summer of 2011. CARE has been actively supporting refugees in Dadaab since 1991. One of our strengths over the years has been our WASH services, providing refugees with the most basic needs in a very complex situation.

Not having access to a proper toilet increases the risk of cholera and other diseases when human waste is not properly disposed of and makes its way into water sources. The situation is especially dismal for women and girls, who have to sacrifice their privacy and face the risk of sexual violence on the way to the bush at night.

CARE recognized this great need, and has worked hard to allow the women and girls to have privacy and to enhance and sustain a healthy Dadaab. We have been working with our partners to reach our target of constructing at least 4,000 new latrines in Dagahahey, one of the Dadaab refugee camps, making sure that a maximum of 20 people can use each latrine. This is by no means enough, but it's a start.

Says Zeynab Mahmood Hassan, a refugee from Dagahahey camp, "This has been a great need, especially for us women. Today, we are so grateful to CARE, which is working with partners to ensure that we have safe latrines."

Just as with our other programs, CARE ensures that the refugees are part of the process, as equal partners. Together we dig a hole five meters (16 feet) deep, after which our teams install the latrine slabs and a tin enclosure for privacy. Using this method, we were able to construct 60 latrines a day during the height of the refugee crisis.

The vast influx of refugees highlighted the need to work smarter and more efficiently in the refugee camps. Our up-to-date approach to water, sanitation and hygiene services includes mapping the latrines through a GPS system, so we can monitor and maintain them.

It Takes a Village

Helping communities recover from drought in Ethiopia

Rain rules the lives and well-being of rural Ethiopians – like the residents of Mesela district in eastern Ethiopia. Most practice small-scale, rain-fed agriculture to produce their own food and generate income to purchase food. So a series of poor rainy seasons in 2010 and 2011 greatly affected the community. Harvests were poor, pasture and water became scarce and livestock started to die. People coped by reducing their daily meals from three to two, selling their remaining livestock – often their most important assets – and engaging in petty trading. For example, women walked many hours to purchase vegetables, goats or sheep for resale.

In order to support small-scale farmers to cope and recover from drought, CARE distributes cereal and vegetable seeds, poultry, goats and sheep, along with agriculture training. The project reaches 5,600 small-scale farmers, specifically women, who receive the animals. Community



members worked with CARE to identify the most vulnerable families to receive the first distributions. CARE also invited women to participate in village savings and loan associations (VSLAs), meeting an enthusiastic response.

Wednesh (*pictured at left*), a 28-year-old farmer in Mesela, was introduced to the VSLA concept during a visit CARE organized to a neighboring village in February 2012. There she met participants in CARE-supported “women asset groups.” Inspired by what she saw, Wednesh came back to her village and convinced 80 women to create four VSLAs. With the support of CARE, the four groups meet every week. Each member makes a small contribution to the pooled fund.

Together, they make and manage loans to members, most of whom use the funds to engage in small trading.

Wednesh is a strong advocate of VSLAs. She constantly provides support for other VSLAs and walks long distances to introduce other women to the concept. She is one of the main reasons why VSLAs are so popular and efficient in her community.

Fantanesh (*pictured at right*), a 25-year-old farmer in the Mesela community, witnessed VSLA members of the CARE project meeting and saving every week. Even though she was not participating in the project, she convinced 19 women to create a VSLA and proactively reached out to CARE to ask for training on the VSLA methodology. “Before the VSLA,” she recalls, “I always faced a shortage of money. Now, I have access to credit for my petty trading and I can do what I want. The market is now my farmland.”



And what about the men of Mesela? Are they in favor of their wives’ participation in the saving groups? “Oh yes!” responds Fantanesh. “They support us at home when we meet every week. They keep the animals, they fetch water and they collect wood so we can participate in VSLAs. They are very happy because additional money is brought to the family.” VSLAs elevate the

status of women in their communities by demonstrating how their economic empowerment helps not just them, but everyone around them - including men and boys.

Wednesh and Fantanesh demonstrate leadership and solidarity in a very difficult situation. They are becoming more confident and feel they can better resist shocks such as a drought. “Our VSLA will continue even if there is a drought,” states Wednesh. “Small-scale trading will always be there.” Belaynesh adds, “We have a good idea how to overcome poverty in the future.”

Conclusion

The food security crisis in Horn of Africa was thrown into sharp relief one year ago with the declaration of famine in parts of Somalia. Donors responded generously, and CARE was able to scale up our lifesaving emergency response. But this is not a short-term crisis. People whose age-old lifestyles are under threat need help adapting to the realities of a changing climate. CARE is committed over the long term to helping communities develop more diverse and sustainable livelihoods. We offer our sincere thanks for your support as we take on those challenges.