



Update: Horn of Africa Food Security Emergency August 18, 2011



Among those hardest hit by drought in the Horn of Africa are traditional herders. CARE's emergency response to the food crisis includes special programs to help pastoralist communities maintain the cattle that are their life's blood.

Background

The mounting food crisis in the Horn of Africa continues to threaten countless lives, especially of children. More than 12.4 million people in countries including Ethiopia, Kenya and Somalia are now affected.¹

Five areas of Somalia have been declared famine zones, an extremely serious designation, and the humanitarian community fears that the rest of southern Somalia could follow within the next four to six weeks. Throughout the country, an estimated 3.7 million people are in crisis, with 3.2 million people in need of immediate life-saving assistance, including an estimated 80 percent of

August 19 is World Humanitarian Day. Read a special commentary from a CARE humanitarian worker who is herself a refugee from Somalia, on page 5.

¹ U.N. Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Snapshot, Aug. 9

the population in the south. An estimated 1.46 million people are internally displaced within Somalia, including large numbers moving to the capital, Mogadishu, in recent months.

In Kenya, food prices continue to rise, while the prices herders can fetch for their livestock plummet. Increasingly acute water shortages and depleted stocks of forage for animals are especially affecting pastoralist communities in the country's northeast, many of whom have seen 30 percent or more of their herds die. Low milk production is contributing to nutrition problems among children under 5. The overall situation in Kenya is expected to worsen and slide into a full-scale humanitarian crisis in the next six months.

In Ethiopia, ongoing drought continues to devastate the agricultural sector, which accounts for 80 percent of the country's employment, and is having a deadly effect on already vulnerable pastoralist communities. Prospects for agricultural recovery are dim and an estimated 4.6 million people are in need of emergency food assistance through the end of 2011 – 40 percent more than estimated in April.



CARE has decades of experience in the drought-affected countries of Ethiopia, Kenya and Somalia.



CARE staff around the globe are observing World Humanitarian Day. Veronica Mongoi just started her job as a teacher in one of five CARE-run schools in Dagahaley camp, Dadaab, Kenya.

Somali refugees continue to arrive at camps in Ethiopia, although the flow has decreased somewhat. Camps in the Dollo Ado region host some 118,524 people with another 41,000 around Jijiga. Aid agencies are acting quickly to contain an outbreak of measles among refugees in Dollo Ado.

In the last two months, more than 120,000 people have fled Somalia to seek assistance and refuge in neighboring countries. Daily some 1,300 refugees arrive at refugee camps in Dadaab, Kenya, where CARE is a leading provider of aid. The camps – the largest complex of the kind in the world – now host more than 400,000 refugees.

CARE's Response

CARE has decades of experience working in parts of the Horn of Africa that are among the worst affected by drought. With adequate resources, we are well positioned to scale up our efforts quickly to reach the hardest-hit communities. Our goal is to provide nearly 2 million people throughout Ethiopia, Kenya and Somalia with crucial help including food, safe water, sanitation, health, education, livelihood assistance such as helping herders whose cattle are threatened, and protection for the most vulnerable including survivors of gender-based violence.

Beyond immediate emergency relief, CARE is continuing our commitment, through a variety of innovative programs, to help communities become more resilient and self-sufficient, to break the cycle of drought and hunger.

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

Ethiopia



As part of our long-term response to drought in Ethiopia, CARE works to ensure that families have access to safe water supplies and sanitation.

We are scaling up our emergency response in four sectors: food assistance; water, sanitation and hygiene; nutrition; and support to livelihoods including agriculture and livestock raising. To date CARE’s emergency response in Ethiopia has reached more than 395,000 people, with a focus on the hard-hit regions of Oromia and Afar. In addition to direct food assistance, we are providing water purification and treatment products to pastoralist families and others, and supporting the construction or rehabilitation of water points and ponds.

herders’ self-sufficiency in the face of drought. We are accomplishing this goal by distributing seeds, such as beans and wheat, and cattle feed; and by helping pastoralists manage their herd sizes by culling animals while they still have some value instead of allowing them to starve.

A further priority is to bolster farmers’ and

Kenya

1. The Dadaab refugee camps

Refugees continue to cross the border from Somalia into Kenya, where a major destination is the Dadaab complex of camps, which CARE serves with critical distributions of food and other supplies and services.

Activities were expected to slow in early August with the start of the Muslim holy month of Ramadan. Nonetheless, in the week ending August 7 the camps officially registered 5,916 new refugees, up from 4,812 the previous week – an increase due in part to the improved capacity of the government to process new arrivals. CARE continues to seek more resources in order to expand our outreach to the growing camp population.

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

- **Water, sanitation and hygiene (WASH):** CARE is increasing the number of safe drinking water points and tap stands and improving drainage in each camp to better serve the population. Among other measures to increase water production and storage, we have begun drilling replacement boreholes and fabricating elevated steel tanks in each of the camps. In coalition with other humanitarian agencies, CARE has established a standard hygiene kit for 180,000 refugees, both projected and recently arrived. The kit comprises items such as jerry cans, steel and plastic basins, buckets with lids, and multipurpose soap.

- **Public health promotion:** CARE continues to equip hygiene promotion teams and train community outreach workers to reach households throughout the camps with critical information including hygiene practices and how to access essential services. The teams help organize camp clean-up campaigns, build pits for the safe disposal of solid waste and distribute soap.

- **Food security:** Between July 1 and August 7, CARE distributed food to almost 49,000 newly arrived refugees – nearly 9,800 in the first week of August alone. In addition, we provided more than 55,000 refugees with other essential items such as plastic sheets, bed mats, kitchen and eating sets, blankets and buckets. These supplies ensure that new refugees have basic rations while they await registration for general camp distributions. Each family receives enough wheat flour, cornmeal, beans, oil, sugar, salt and corn-soy blend to last for 21 days.



CARE makes immediate distributions of food and supplies to nearly 10,000 newly arrived refugees at Dadaab each week.

- **Education:** CARE places a priority on responding to the immediate needs of children for a return to school and a sense of normalcy. Among our newest educational activities, in the Dagahaley camp at Dadaab, CARE is running two accelerated learning centers targeting children between the age of 5 and 15 for the holiday period from August 8 to 31. CARE has hired 50 teachers, eight cooks, two head teachers and three guards to ensure proper educational, nutritional and security services for the children. Elsewhere in the camps, schools remain severely overcrowded. We continue to seek additional funding to meet the needs of an estimated 8,000 primary school-aged children in the refugee arrival area who are not in school.
- **Gender-based violence and psychosocial support:** Reports of violence, rape or abduction continue to be widespread among refugees arriving in Dadaab. CARE has stationed staff at registration centers to pass on vital information to new arrivals. In the first week of August we reached 3,800 refugees (70 percent of them women) through our “Stay Safe” campaign on how to prevent and respond to sexual and gender-based violence. During the same week, our psychosocial support staff in Ifo and Dagahaley camps reached 105 people (75 percent women) through individual counseling sessions.

2. Other affected areas in Kenya

In areas of northern Kenya hit hard by drought, CARE is scaling up our existing programs in water, sanitation, hygiene, and longer-term efforts to help communities become more resilient. To date more than 305,000 people have received CARE's help directly or indirectly through family members. In some cases we work through community leaders to provide direct cash assistance to affected families as a form of social and livelihood protection. Among our longer-term work with communities are water resource management, veterinary care, livelihood diversification and locally owned disaster risk management.



CARE is helping women in northeastern Kenya, like 29-year-old Asha Klas Abdullahi, cope with the effects of drought by setting up savings initiatives that helps them create small businesses such as making mats, running small shops and selling tea and milk.

Somalia

Given the critical situation in much of Somalia, CARE is placing a high priority on bringing humanitarian assistance to the country, despite a highly complex logistical and security situation. 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. To date we have reached about 164,000 drought-affected people in Somalia through both emergency and long-term programs.

Voices from the Field

Commentary for World Humanitarian Day – Fatuma Adan Mohammed

I am an aid worker – and a refugee

Twenty years ago, when I was three years old, my family and I were welcomed here at the Dadaab refugee camps in Kenya. We had to run away from the fighting in my home country, Somalia. The people we found here showed us what it means to be sincere and honest with strangers. They gave us water and medicine. I got an education. So when I saw new refugees arriving from Somalia, so weak and scared, I wanted to help them, as people once helped my family.



Fatuma Adan Mohammed is a 23-year-old refugee from Somalia who works with CARE's Prevention of Sexual and Gender-based Violence program at the Dadaab refugee camps in Kenya.

I'm 23 now. So I am just three years older than the camp, which opened in 1991. I've lived my whole life here, as a refugee. I live in Dagahaley camp, in a hut with my sister, mother and sister-in-law.

I came as a refugee, but today I am both a refugee and a humanitarian aid worker. I work with CARE's program to help women who have been victims of sexual violence. Since I grew up here, and was educated here, I know that women are so affected by sexual violence. I wanted to do what I could to help those women.

I have been working in this job for 10 months now, and I am still sad every time I hear the experiences the women share with me. The numbers of cases of sexual violence reported have quadrupled since the beginning of the year. When the women run away from Somalia, sometimes they are attacked on the way. Some women have told me stories of being raped in front of their husbands or children. Some women were raped by many men at the same time.



Fatuma helps women survivors of sexual violence get help from CARE. She aspires to become a professional counselor herself.

These women look at me like I am so young, wondering how I can assist them. But I have managed to be confident, and also to show them that I can be of help to them.

There are now more than 400,000 refugees here, like me. The camp was built for 90,000 people. Because I am a refugee, the borders of this camp city are also the borders of my world.

As a refugee, I don't have a Kenyan national identification card, so free movement is not as simple as getting on a bus and leaving the camps. The buses are checked going in and out of Dadaab. I left Dadaab once this year in May to accompany my nephew to Kijabe in central Kenya for medical care. For that, I got special permission from the UN refugee agency and from the clinic. Other than that, I stay here.

As part of my job, we go to the reception centers where newly arrived people are waiting patiently for food and water. Yesterday I saw a woman lick dust off her wrist as she waited in line at the reception center, because she was hungry and could not take it anymore. Her husband and her children were all there. I felt so bad for them. They have walked for days with no food or water.

We look for women gathered together, or standing alone with their families in the queue at the reception center. We very carefully and discreetly ask if any of them might have been attacked on the way from Somalia to Dadaab, if any of them was raped or went through a traumatic experience as she traveled.

If a woman says yes, I help her to fast-track the reception process, which nowadays takes 30 days due to the high influx of new refugees. I usher her directly into the gate ahead of the queue. Everyone knows we are taking certain women to the front of the line, but no one frowns upon us; they understand that we are serving the women and helping them.

Then I help them get their food and water rations, emergency supplies and their wrist band so they can be registered in the camp. I take them to CARE's office, where I describe the woman's story to a CARE counselor so we can follow up and arrange medical care or report the event to the police. A professional counselor sits with the woman and helps her psychologically.

Then I return to the camps to help identify more survivors of rape or violence. There are always more. This is what I do every day.

I want to be a professional counselor in the future, because I feel there is more I can do for the women and girls I meet, but I am not qualified. I want to be able to intervene more than I do already, and especially to support victims of psychological abuse.

As a humanitarian worker, I will continue to do what I can to help other refugees, so they can look back and remember that they were welcomed and given help when they needed it most. That after the horrible experiences they went through to get here, kindness can come from strangers.

Fatuma Adan Mohammed is a community development worker with CARE's Prevention of Sexual and Gender-based Violence program in Dagahaley camp, Dadaab, Kenya. Nearly 100,000 refugees have arrived in Dadaab from Somalia this year alone, fleeing famine, drought and conflict. More than 1,600 refugees work for CARE in the Dadaab camps.