



**2017 EAST AFRICA CRISIS APPEAL
FINAL REPORT**

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Cover image: Rebecca, 60, weeds her garden of lettuce, cow peas, tomatoes and okra grown with seeds distributed as part of a Plan International livelihoods project in Kapoeta state, South Sudan. This project was not funded by the DEC, but is representative of similar projects. © Charles Lomodong/Plan International.

OVERVIEW

By March 2017, prolonged drought and ongoing conflict had left 23 million people across Ethiopia, Kenya, Somalia and South Sudan in urgent need of food, water and medical treatment. Some 2.9 million people in Somalia and 5.6 million in Ethiopia required urgent food assistance, along with 2.6 million in Kenya. In South Sudan, poor rains and harvests coupled with continued fighting had forced almost 1.9 million people to leave their homes in search of food, water and protection.¹

On 15 March 2017, the DEC launched the East Africa Crisis Appeal to the UK public, requesting funds for its member charities to address wide-ranging needs across the four countries. A total of £66.4 million was raised, with £41.7 million channelled directly to the DEC, including £10 million from the UK Government's Aid Match scheme, and the remaining £24.7 million donated directly to DEC member charities.

DEC-funded activities were managed in two phases. The majority of funds were spent in the first six months, with several member charities continuing DEC-funded provision of assistance for up to another 12 months. The needs were so acute and funding from other sources so limited that this was the DEC's shortest programme in the last decade. During the first phase (March to September 2017), the largest expenditure was on supplying clean water, sanitation and hygiene, followed by food and direct cash and vouchers so that people could meet their immediate needs. DEC member charities renovated and built new wells, boreholes, reservoirs and storage tanks to provide clean drinking water, and repaired and installed toilets. A cholera treatment centre was set up in a hospital in Somalia with DEC funds, providing treatment to thousands of people for cholera and acute watery diarrhoea.

Health staff and volunteers were trained and public awareness campaigns reached thousands with messages on the importance of simple hygiene measures such as handwashing. To support livelihoods, animal feed was supplied to farmers, and livestock were treated and vaccinated against disease.

While emergency assistance reached millions and helped prevent a rapid deterioration of the humanitarian crisis, drought continued in many areas; consequently food remained scarce and rates of malnutrition rose. Meanwhile, ongoing conflict in South Sudan and parts of Somalia prevented people who had fled from returning home, disrupting planting and harvesting.

The drought led to thousands of people losing their income, so the second phase of DEC-funded activities (October 2017 to September 2018) expanded into helping people to find alternative ways of making a living. In eastern Somaliland, for example, where 80–90% of people's livelihoods had been destroyed, 500 pastoralist families were helped to grow crops – the first time that communities in this area had ever adopted agriculture alongside raising livestock.

As well as supplying cash to meet immediate food, medical and other expenses, DEC member charities also looked for longer-term solutions to acute water shortages, such as installing a desalination unit in Somalia to treat saline borehole water, and introducing salt-chlorine makers. With growing rates of malnutrition, particularly among children, DEC member charities explored sustainable options for improving family diets. In Juba, South Sudan, for example, where agricultural land is very limited, women's groups were shown how to set up 'vertical nutrition gardens' and grow vegetables in buckets, gunny bags and vehicle tyres. It's an approach that is ideally suited to a city, requiring limited space, very little water and few tools. In Tigo and Bugabo, Kenya,

DEC funds were used to introduce women's groups to sack gardening and shade nets, a model of kitchen gardening that helps to regulate temperatures and keep out insects and pests.

Protecting the most vulnerable, such as women, children and older people, was at the heart of the DEC-funded response in the region. In South Sudan, for example, an Inclusion and Disability Coordinator focused on the specific needs of older people and children with disabilities while safe spaces provided women with a place to talk and receive counselling, and children with somewhere to play and learn.

The DEC commissioned an independent review of the humanitarian response delivered with funds raised from the East Africa Crisis Appeal, including rapid assessments in Somalia and South Sudan in July 2017.² In Somalia, it found the massive humanitarian scale-up had been instrumental in averting famine, and concluded that member charities' response during the first few months had been appropriate in targeting the most vulnerable. Recommendations for improvement were also made. In response, several DEC member charities updated their targeting approach to best manage the risk of neutrality being compromised; they took steps to ensure that selection criteria were well understood, and involved local communities in the selection process. Integrated programming was seen to deliver the most effective outcomes, prompting several member charities to combine more activities – such as protection with provision of nutrition interventions – in the second phase of DEC-funded activity.

KEY ACHIEVEMENTS

Phase 1 (March to September 2017)

636,500

people gained access to safe drinking water



331,700

people received food parcels or vouchers for food



220,700

people received cash or vouchers



52,000

children treated for acute malnutrition



14,700

women and girls helped to recover from gender-based violence



10,500

people treated for acute watery diarrhoea and cholera



Phase 2 (October 2017 to March 2018)

390,500

people gained access to safe drinking water, including from 31 boreholes



15,300

children received school meals for a term so they could continue their education



23,900

families received seeds and tools



30,700

people have access to new or repaired toilets



2,500

families received essentials such as sleeping mats, thermal blankets and mosquito nets



38,500

people took part in disaster risk reduction activities



A NOTE ON FIGURES

Each section of this report includes net figures for number of people reached across the entire DEC-funded programme in the highlights box. Where sector totals have been provided across the entire programme duration, the highest net number of people reached per country in either Phase 1 or Phase 2 has been used to avoid potential double-counting across the phases, as some people might have received DEC-funded assistance in both. Where numbers are provided for Phase 1 and then Phase 2, some of the same people might have received DEC-funded assistance in both. All figures reported have been rounded down.

BACKGROUND

By March 2017, the region was experiencing the worst drought in a generation, with the crisis in South Sudan being further exacerbated by conflict. Acute water shortages caused record crop failures across Somalia and south-eastern Ethiopia. In parts of Kenya, crop production was 70% below average.

As pasture deteriorated, cattle died and thousands of pastoralist families lost their only source of food and livelihood. Rates of malnutrition soared, with more than 300,000 children expected to need treatment in 2017 in **Ethiopia** alone. Some 2.9 million people in **Somalia** and 5.6 million in Ethiopia required urgent food assistance, along with 2.6 million in **Kenya**.

Limited access to sanitation increased the risk of communicable diseases, such as cholera and acute watery diarrhoea. Large

numbers of people were forced to migrate in search of food and water, and by March 2017, 250,000 people in Somalia and thousands more in Ethiopia and Kenya had left their homes. Families were separated, with women and children in particular more vulnerable to abuse and violence.

In **South Sudan**, poor rains and harvests coupled with continued fighting had forced almost 1.9 million people to leave their homes in search of food, water and protection. The economy collapsed,

and as the cost of living tripled, almost five million people did not have enough to eat. The UN declared famine in parts of the country at the end of February 2017. Children were particularly affected, with an estimated one million acutely malnourished. In the year up to March 2017, a serious outbreak of cholera claimed the lives of 137 people, and more than 5,500 cases were reported. Terrible atrocities were documented, including killings, torture, rape and the recruitment of child soldiers.³



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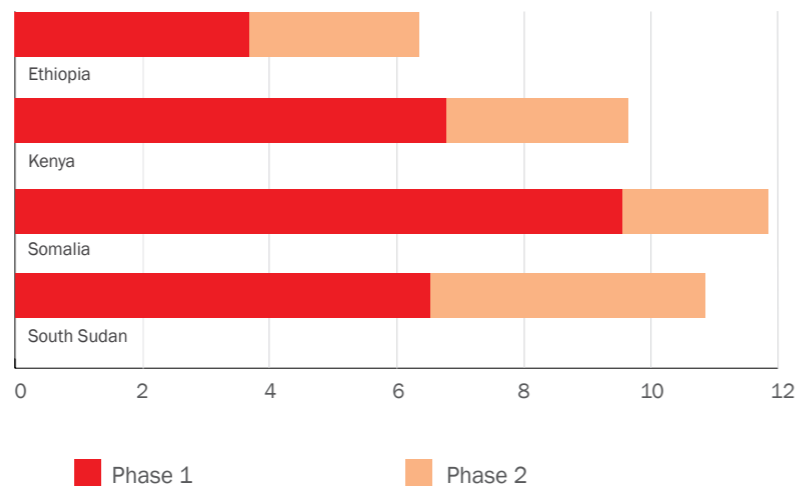
HOW WE HELPED

The East Africa Crisis Appeal raised a total of £66.4 million, with £41.7 million channelled directly to the DEC, including £10 million from the UK Government’s Aid Match scheme, and the remaining £24.7 million donated directly to DEC member charities. Thirteen DEC member charities used DEC funds across the four countries over the 18-month response: eight in Ethiopia, nine in Kenya, nine in Somalia, and 10 in South Sudan. This report is on funds raised directly by the DEC and allocated to its members.

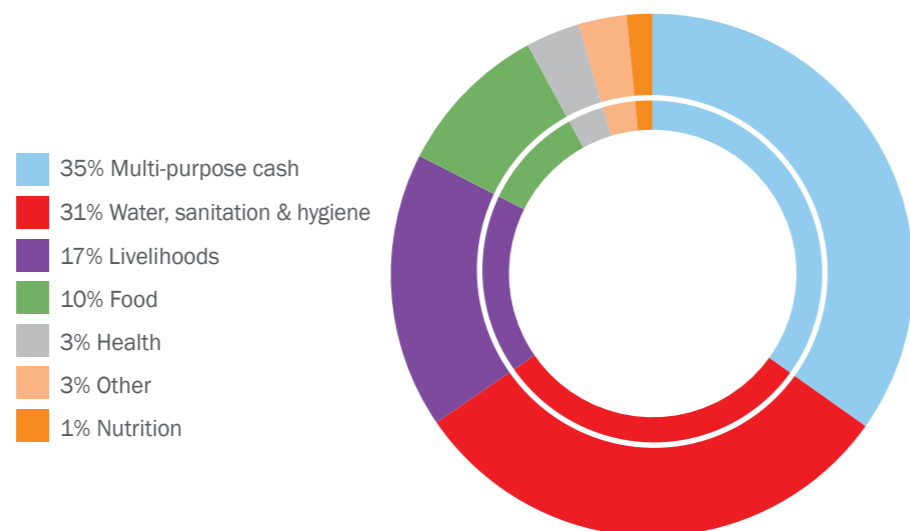
Despite continuing conflict in South Sudan and in Al Shabab-controlled areas of Somalia, DEC member charities managed to get aid to remote areas. In the first phase of the DEC response (March to September 2017), member charities and their partners provided relief assistance to almost **2.5 million people** with £26.5 million from DEC funds. Across the region, the largest expenditure was on water, sanitation and hygiene, followed by food, as well as cash grants and vouchers so that people could meet their immediate needs. Funding also went towards health, nutrition and helping people to restart their livelihoods, with protection as a standalone area of support or integrated across other types of activities.⁴

While this provided a lifeline to communities and helped prevent a rapid deterioration of the humanitarian crisis, persistent drought and ongoing fighting continued to affect the lives of millions. During the second phase of the DEC-funded response (October 2017 to September 2018), the provision of water, sanitation and hygiene remained a focus, particularly in Somalia and South Sudan, and cash transfers were used extensively in Kenya and in Ethiopia, at locations where markets were functioning well. In South Sudan, where planting and harvesting was disrupted by fighting, 40% of DEC funds went towards food provisions and activities such as supplying seeds and agricultural tools, training women to grow vegetables, and vaccinating livestock. A total of **1.2 million people** received some form of assistance provided with DEC funds during this phase of the response.

Total expenditure by country (£ million)



Ethiopia: Total expenditure by main sector



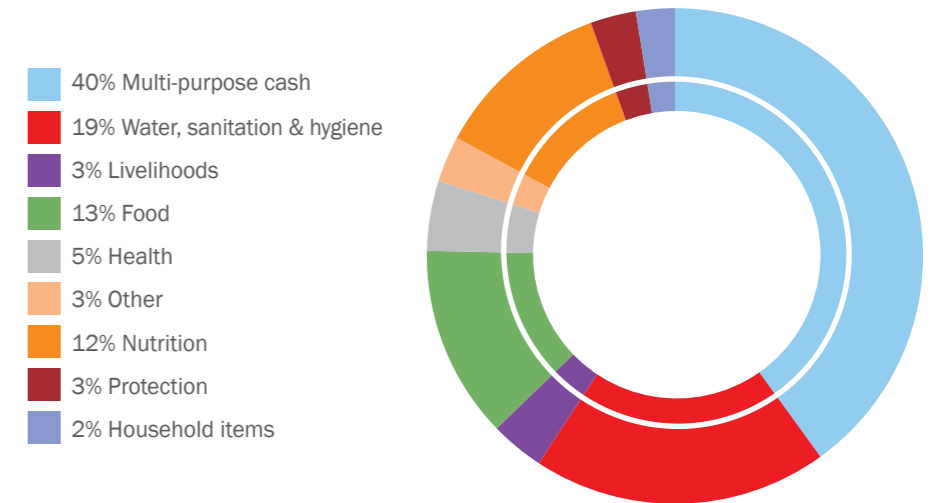
Clean water, sanitation and hygiene

By March 2017, prolonged drought was affecting up to two million people in Somalia alone, while more than half of the people of South Sudan did not have a safe water supply. Between March and September 2017, the largest investment of DEC funds across the region was on providing clean water, sanitation and hygiene to people in need. This work continued during the second phase of DEC-funded activities. In drought-stricken parts of Kenya, for example, DEC member charities repaired or sank four boreholes, including one in Burgabo, along with piping to two water kiosks, serving 3,100 people. In West Pokot, one of the country’s most drought-prone counties, a repaired pipeline brought clean water to 3,580 people. In many cases, old, polluting diesel generators were replaced with solar-powered pumps. Member charities worked with local schools to adopt solar lighting and water heating, thus reducing their dependence on other types of fuel.

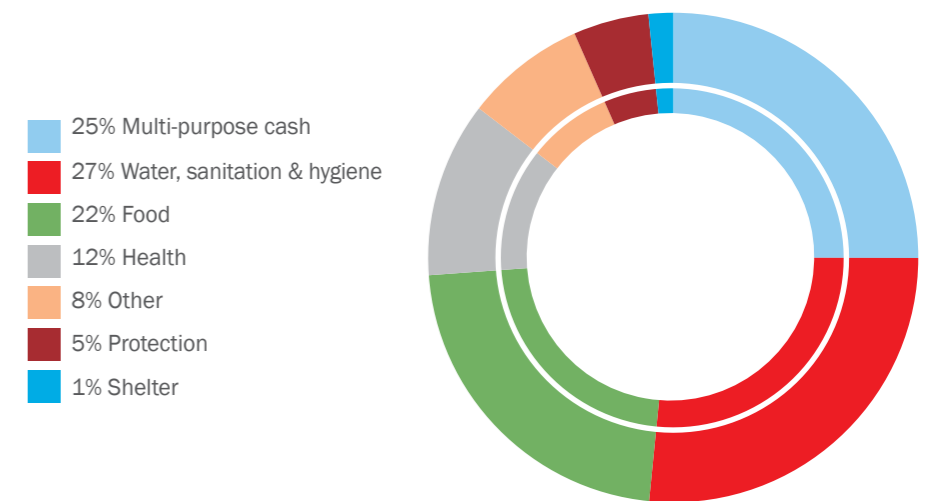
In northern Bahr el Ghazal in South Sudan, where four new boreholes were sunk and 23 repaired, 20 local people were trained as hand pump mechanics and given tools so that they could make repairs when needed. In Kapoeta East, mini water-yards were installed, where water is pumped to an elevated water tank powered by solar panels. Multiple taps mean that at least 15 people can draw water at any one time, reducing queuing times.

Thousands of people in the region did not have access to functioning toilets, increasing the risk of disease spreading quickly. In Somalia, cholera remained a key concern during the second phase of the DEC-funded response, where more than half of reported cases were children under five. DEC member charities renovated and installed toilets in many areas of the country, including toilet blocks in two schools and a clinic in Woqooyi Galbeed. In South Sudan, a DEC member charity engaged local people through a food for work programme to construct 120 household toilets. These have been sited close to homes and have internal locks, providing women and girls with privacy and safety.

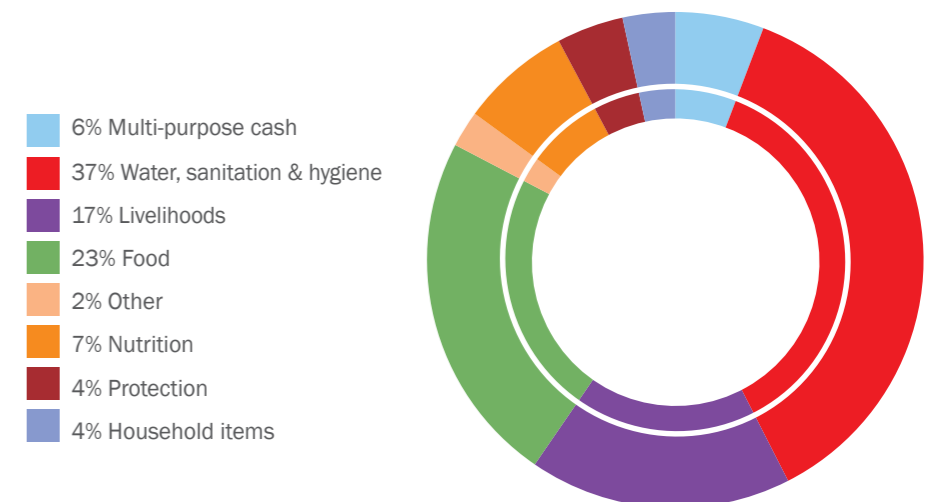
Kenya: Total expenditure by main sector



Somalia: Total expenditure by main sector



South Sudan: Total expenditure by main sector



Good personal hygiene is key to preventing the spread of disease. DEC member charities ran hygiene campaigns using local volunteers on the importance of handwashing and other measures, reaching 340,800 people across the four countries. In Ethiopia, one DEC member charity organised 14 public awareness sessions on hygiene and sanitation, delivered through local languages to ensure everyone understood the message. Door-to-door campaigns carried out by trained volunteers was another important strategy. Hygiene clubs were set up in numerous schools where children were taught about handwashing and given bars of soap to take home.

In Rumbek and Wulu in South Sudan, where sanitary pads are difficult to come by, 26 female volunteers were trained to teach girls how to make their own reusable pads. Between them, they ran 48 sessions attended by 600 adolescent girls and 390 young women who have continued to cascade these skills to others in their communities. This has been seen to improve the school attendance of girls who might otherwise have dropped out because they did not have any sanitary protection.

Providing access to safe drinking water and basic sanitation facilities, alongside improving hygiene conditions, was a key part of DEC-funded activities in all four countries, with member charities reaching over 1.8 million people through this type of assistance for the overall duration of the programme.

HIGHLIGHTS



- **1,027,000** people have safe drinking water from new and renovated boreholes, wells, ponds, storage tanks and pipes
- **103,200** people have access to new or repaired toilets
- **22,500** hygiene kits were distributed, with items such as soap and sanitary towels
- **496,400** people received information about good hygiene practices

DRILLING BOREHOLES

Until last year, Miirkhalifa, a remote village in eastern Ethiopia, had lacked a protected water source for more than 50 years – the nearest was about 70km away. As water shortages became more acute, a DEC member charity began trucking in water, but this was an expensive and short-term solution. Then in 2018, thanks to DEC funds, a 305-metre borehole was drilled and fitted with solar-powered pumps. It has the highest yield of any borehole in this area. As well as providing easy, immediate access to life-saving clean water, it's also a longer-term solution to water scarcity in this drought-stricken part of the world.



Cash support

Providing cash ensured people in need had quick access to what they most urgently needed. As well as supporting local markets, it gave people choice and more control over their own lives. It also proved an effective way to overcome the logistical problem of transporting large quantities of food and other goods to isolated or insecure areas where small markets still functioned. In remote Sanaag, Togdheer and Waqooyi Galbeed, northern Somalia, for example, member charities supported 1,200 families during the second phase of DEC-funded activities with a monthly cash payment for three months.

Most used it to buy food, medicines and clothes for their children, while some set up small businesses, such as tea shops, to supplement their income.

In camps for internally displaced people in Afdher in the Somali region of Ethiopia, cash support was chosen as a preferred option for providing assistance for three months to 1,140 families, who spent around 70% of the amount on food, clothing and medicine, and welcomed the freedom of being able to select what to buy and where to buy it. Also in Ethiopia, 3,900 drought-affected families in Borena, Oromia region, used the cash

to purchase goats to replace stock that had died, while others spent the whole amount on food and loan repayments.

Cash-for-work schemes were also an important way to help families access food and other essentials quickly. For example, in Sanaag, Somalia, windstorms and floods had eroded the topsoil, so 200 women were employed to build embankments to increase water infiltration and stabilise the topsoil to allow pasture to regenerate and crops to be grown. Other paid casual work included clearing air strips and roads, digging drainage ditches and excavating ponds to collect and store water.

Between March and September 2017, 247,000 people benefitted from some form of cash assistance with DEC funds; and 139,000 people between October 2017 and the end of September 2018.

HIGHLIGHTS \$

- **13,800** people were employed in cash for work schemes

Livelihoods

Drought and conflict prevented thousands of people throughout Ethiopia, Kenya, Somalia and South Sudan from earning a living. Some of the hardest hit were pastoralists, who rely solely on herding cattle for food and an income. Tens of thousands of animals died and those that survived were often weak and vulnerable to disease. DEC member charities targeted herder families for veterinary help to safeguard these valuable assets; for example, in Marsabit, Kenya, livestock belonging to 3,750 families (31,500 goats and sheep) were dewormed and vaccinated during the second phase of DEC-funded activities, while in Somalia, more than 300,000 camels belonging to 35,000 families were treated and vaccinated. Prolonged drought in South Omo, Ethiopia, meant there was little for animals to graze on, so 40 families were also selected as model farmers to produce animal fodder. A DEC member charity supplied training, tools and grass seeds, and the model farmers mobilized 200 people to plant grass on nine hectares of land.

As drought and extreme climactic events are increasingly becoming the new norm in this region, pastoralists remain extremely vulnerable. DEC member charities worked with local communities to explore other ways

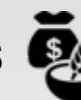
of making a living. In eastern Somaliland, where 80–90% of people's livelihoods had been destroyed, some communities expressed an interest in trying agriculture. Five hundred families from two regions were identified, and tractors were deployed to three sites in Qudbiga, Dhoobaweyne and Badweyn to prepare the land for planting. Three months later, and despite below-average rains, each of the 500 families was able to harvest enough maize and sorghum to last for about 11 months. This was the first time that communities in this area had adopted agriculture alongside pastoralism, and now more families are expected to follow suit. Elsewhere, in Kapoeta East, South Sudan, three women farmers' groups were set up and given tools and seeds, as well as training on vegetable gardening, the use of drip irrigation and 'flying gardening' techniques.

However, agriculture is also dependent on good rains, so diversifying livelihoods to agripastoralism only goes some way towards reducing vulnerability to drought. DEC member charities also provided training and cash grants to help people set up small businesses. For example, women's self-help groups in Ethiopia received assistance to develop business plans and were given basic business skills training,

as well as a small grant to set up or restart a small business. In one part of South Omo, Ethiopia, 5,100 chickens and 27,400kg of chicken feed were supplied to 850 women in self-help groups. In South Sudan, DEC member charities supplied fishing lines and hooks, along with instructions on how to prepare and preserve fish to sell in the market. During the second phase of the response in Yirol East, 93% of those given fishing tackle reported catching fish, with 48% selling a surplus to supplement their income.

With DEC funds, member charities provided livelihoods support to just over 241,000 people between March and September 2017; and to 217,000 people between October 2017 and the end of September 2018.

HIGHLIGHTS



- **600,000** livestock were vaccinated or treated
- **43,700** households received fishing equipment, agricultural tools and seeds
- **3,500** people were trained in new farming techniques

REBUILDING LIVES

Rachel's mottled hens and their chicks scratch the ground outside her house, surrounded by a lush field of sorghum. Nearby lies a pile of groundnuts she's just harvested from seeds supplied with DEC funds.

The picture was very different two years ago. Rachel, like thousands of others, was forced to leave her home in Jonglei. "I fled for my life from the fighting," she says. "I walked for three days, then travelled by boat along the river for three days before arriving in Pagarau. I knew no one and I arrived with nothing."

Rachel received food, seeds and water containers from a DEC member charity. "When we had nothing for our stomachs, they gave us food." Slowly, Rachel began to rebuild her life. She joined a women's group which grows vegetables, using seeds supplied with DEC funds, and last year began to sell tomatoes in the local town. With the profits, she bought a solar panel, which sits outside her hut, soaking up the sun's rays. She uses it to charge her phone – which is taped to the contacts on the solar panel – so she can keep in touch with her family when she's away at the market. "One day I may buy a proper adapter!" she says.



Providing food

In March 2017, more than 16 million people in South Sudan, Ethiopia, Somalia and Kenya did not have enough to eat, and tens of thousands faced starvation. In the first six months of the DEC-funded response, food parcels or vouchers for food reached 349,000 people.

This support continued into the second phase of DEC-funded activities, as the food crisis deepened in many parts of the region. In Pibor, Twic East and Nyirol, South Sudan, food vouchers were used as a way to support local traders while also getting food to families in need.

With their vouchers, 1,800 families

were each able to buy 4kg of fresh beef per month over a period of nine months. Fifteen traders in Nyirol were given cash grants to increase their supply of basic items and offered training on business management skills and how to use a voucher system. Not only did this give rural vulnerable families easier access to fresh food, it also helped revitalize local rural markets and ensure ongoing access to basic needs for rural communities.

Thousands of people who had fled their homes arrived in Unity State, South Sudan, with very few assets. As markets were not functioning in this area, the only feasible option for getting food assistance to

them was to negotiate with food suppliers in the nearby town of Bentiu, who then set up mobile shops in the project area. People selected to receive food assistance helped to choose the types of food on offer, and with DEC funds, 1,000 families each received 1kg of salt, 3kg of beans, 25kg of sorghum and 1kg of oil a month for three months. By having the private sector assume responsibility for transport logistics, this charity was able to concentrate on other key activities.

Food-for-work schemes were also used to support vulnerable families. In Burtinle, north-east Somalia, for example, 2,150 families received food vouchers in exchange for clearing and rehabilitating land. In a DEC-funded food-for-work programme in Kapoeta East, South Sudan, vulnerable people helped to construct household toilets.

Between March and September 2017, 349,000 people received food or vouchers to buy food with DEC funds. From October 2017 until the end of September 2018, 42,700 people were reached with this type of assistance.

HIGHLIGHTS



- **352,000** people received food parcels or vouchers for food
- **2,200** households benefited from food-for-work schemes

Improving nutrition

With massive loss of livestock and widespread crop failure across Ethiopia, Kenya and Somalia, acute malnutrition was a grave cause for concern, particularly among children under five, pregnant women and breastfeeding mothers. In South Sudan, continued fighting disrupted crop production, pushing up the price of food so that many families could only afford to eat one meal a day.

To make sure malnourished children were identified quickly, volunteers were recruited and trained in Juba, South Sudan, including 52 nutrition volunteers, 175 community leaders (chiefs and women and youth leaders), and 15 mother-to-mother support groups (with a total of 170 members). This proved so successful that 71,890 children were screened for acute malnutrition and referred for treatment where necessary – around 50,000 more than originally planned.

Women were trained on different aspects of vegetable production to encourage dietary diversity and help improve nutrition for the whole family, and supplied with vegetable seeds and gardening tools. As space is a challenge in a city like Juba, they were shown how to grow vegetables in ‘vertical gardens’, using buckets, gunny bags and tyres, and how to conserve seeds to ensure a future supply.

In Wajir, Kenya, families who were selected to receive cash grants were also targeted with information on healthy eating, and encouraged to use the cash to buy nutritious food that was available locally, such as milk and meat. Unlike other nutrition interventions that provide therapeutic high-nutrient foods, which is not sustainable over the longer term, this approach supported the use of local markets and encouraged behaviour change to address malnutrition.

In all, DEC member charities reached just over 127,000 people with nutrition interventions between March and September 2017, and 112,000 between October 2017 and the end of September 2018.

HIGHLIGHTS



- **192,000** children were screened for malnutrition
- **61,500** children were treated for acute malnutrition
- **8,700** pregnant and breastfeeding women were treated for acute malnutrition
- **9,600** older people were treated for acute malnutrition



FOOD FOR FEES

Before the drought, Guyo Halakhe (left) and his family in Boru Haro in Marsabit County, northern Kenya, depended on their 15 cows for a living. Milk sales provided enough to feed and clothe the family, and selling the occasional cow paid for the children’s school fees. But when water and pasture became scarce and half of the herd died, Guyo had to drop out of school.

Fortunately, through a DEC-funded ‘food for fees’ scheme, Guyo’s school agreed to write off his fees in return for a donation of food – which the school was finding increasingly difficult to obtain because of the drought. Guyo is one of 100 students in four schools in Marsabit, Kenya, to benefit from this scheme.

“I would like to be a doctor in future so that I can help my community and everybody in need of medical assistance. It is the only way I can show appreciation for the sponsorship I have been given,” says Guyo.



LIFE-SAVING NUTRITION SUPPORT

In Turkana North, many pastoralists like Iyana* and her family lost almost all of their livestock – their main source of milk and meat, as well as their livelihood. The family had very little to eat, and the children became malnourished. “As adults, we are able to survive on a meal or two a day, but for the young ones, this is too demanding,” she says.

In July 2017, Iyana’s youngest child, Atorot*, aged 21 months, became severely malnourished and was immediately put into a supplementary feeding programme at Kankurudio health centre, where malnourished children receive enriched cereal. Working with the Ministry of Health, outreach centres such as this have been set up with DEC funds to reach remote communities that are at least 10km from existing functional health facilities. Supplementary feeding programme coordinator Fredrick Mzee says the centre receives 500–700 families every week.

Atorot and three of Iyana’s other children are now recovering, though all remain on the feeding programme. “This is our major lifeline,” says Iyana. “Without this help, I think we would have already perished by now.”

* Names have been changed.



Health

With health services limited or non-existent in many remote areas, tackling simultaneous outbreaks of disease was extremely challenging. In the first six months of DEC-funded activities, member charities renovated hospitals and clinics and trained nurses and community health workers on preventing and controlling acute watery diarrhoea and cholera, as well as immunisation and other aspects of child health.

As part of the second phase of DEC-funded activities, two mobile clinics were set up and equipped in Eyl and Godobjiran, north-eastern Somalia, staffed by trained doctors, nurses, and other health professionals. As well as vaccinating local people against measles, which played a significant part in controlling Somalia's worst outbreak in four years,⁵ these two clinics alone provided medical services to 6,200 people.

In Kapoeta East, South Sudan, where there were few functioning health facilities, people in the town of Lopua had to travel 16km on foot to reach the nearest clinic. A primary care health unit was set up in the town with DEC funds, staffed by 33 trained medical personnel, and treated 4,300 people for malaria, diarrhoea, acute respiratory infection and other illnesses during the reporting period.

DEC funds have enabled member charities to reach over 222,000 people with some form of health assistance between March and September 2017; and 57,000 people between October 2017 and the end of September 2018.

HIGHLIGHTS



- **13,600** people were treated for acute watery diarrhoea and cholera
- **5,600** women received ante- and post-natal care
- **3,300** health staff and volunteers were trained

Protection

Crisis in the region has increased tensions within communities as people compete for access to food, water and land. One of the consequences of this increased pressure on families has been a rise in violence directed towards the most vulnerable – women, children and older people – including domestic violence, sexual exploitation, child labour and early and forced marriage. With DEC funds, community-based protection mechanisms and referral systems were set up, educating communities about the impact of violence and abuse on individuals and society at large, and training women volunteers as counsellors.

As food and other essentials became scarce, there was a noticeable increase in the number of children begging on the streets or hawking goods in Juba, South Sudan. With DEC funds, five child-friendly spaces were set up for children aged 6–17, most of whom were not attending school. Here, they could spend a few hours a day playing football, singing, drawing and learning to read. Playing and learning together helped the children develop positive relationships with those from other ethnic communities.

In Kenya, one DEC member charity improved referral mechanisms by training women's networks to document and follow up on cases of violence against women. These networks are already linked to paralegal groups, providing women with access to justice referrals and counselling services.

With DEC funds, member charities reached just over 149,600 people with protection interventions between March and September 2017; and 27,800 people between October 2017 and the end of September 2018.

HIGHLIGHTS



- **12,500** children attended safe spaces
- **18,100** women received support to recover from gender-based violence
- **6,100** dignity kits were distributed to women and girls
- **4,300** staff and volunteers were trained in protection and psychosocial support

REDUCING RISKS FROM FUTURE DISASTERS

Natural and man-made disasters such as drought and conflict push people beyond their ability to cope. DEC member charities worked to reduce the damage caused by such disasters, helping communities to become more resilient to withstand future events. In Marsabit, Kenya, for example, DEC funds and training helped people from three communities to draw up plans to manage the grazing land that stretches between them. The plans map out wet and dry grazing zones and strategic watering holes, and a joint enforcement committee oversees the use of these resources and collects fines from those who break the set agreement.



HOW DEC MEMBERS PERFORMED

DEC member charities are committed to improving the way in which they respond to humanitarian crises, working closely with and for affected communities, including vulnerable people, and following international standards on delivering aid.

Working in partnership and building community capacity

Many DEC member charities have close partnerships with local organisations in the region, helping them to quickly gain acceptance among local communities. However, not all partners had experience of working in such complex conditions, so member charities invested in developing their skills, providing training to familiarise project staff with the Core Humanitarian Standard, cash programming and protection issues, as well as digital data gathering and participatory community approaches.

DEC member charities provided support for people affected by drought and conflict so that they could also play an active role in the response and strengthen their long-term capacity, for example, by training health and nutrition volunteers to deliver key messages on hygiene; and setting up and training water management committees to keep water points clean and in good repair.

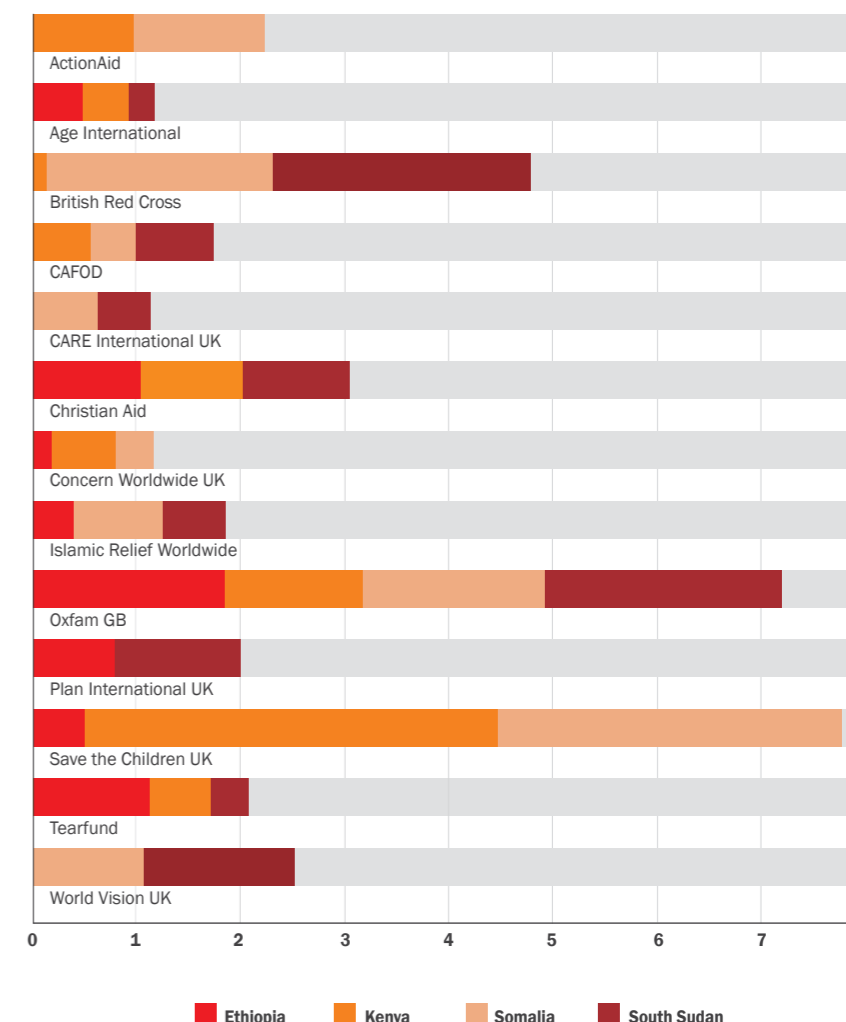
Following sector standards and being accountable to people affected by the crisis

All DEC member charities have made a commitment to a number of standards that set out principles and guidelines of good practice in responding in a crisis (see **Humanitarian standards and codes**, page 12). An important way to meet these standards is to ensure that those affected by drought and conflict play an active role in informing how DEC funds are used to meet their needs.

DEC member charities put in place a wide range of mechanisms to ensure a high level of transparency and accountability in their humanitarian work. Some ran workshops in targeted towns and villages to explain the project's objectives and duration, or displayed 'transparency boards' or banners, using local languages. One ran joint radio sessions with the National Drought Management Authority in Kenya, with information on the length of its cash distribution project, the target group, the amount to be disbursed and the cash transfer dates. Targeted communities were actively involved in project design, such as determining where water points or toilets should be sited, and identifying those in the community who should receive support. They also took part in regular project review sessions, commenting on the project's strengths and weaknesses, which helped to measure the community's level of satisfaction with the project.

Total expenditure of DEC funds (£ million)

All 13 DEC member charities responded



In Marsabit, Kenya, project volunteers were trained on the Core Humanitarian Standard so they could monitor safe access and inclusion, and 26 village accountability committees were set up and trained to handle complaints and share information. Local communities were shown how to give feedback, and results from one project in Kenya showed that community representatives were confident about the different ways to raise complaints or provide general feedback, including channelling them through local leaders, the toll-free mobile phone line or directly through project staff.

HUMANITARIAN STANDARDS AND CODES

- **Code of Conduct for the International Red Cross and Red Crescent Movement** – this outlines ethical standards of how organisations and individuals involved in humanitarian work should perform
- **Core Humanitarian Standard on Quality and Accountability** – this covers the essential elements of principled, accountable and high-quality humanitarian action
- **Sphere Technical Standards** – these define standards for aid work in areas such as shelter, food, water and health care and technical indicators, to be adapted based on context



WORKING WITH THE COMMUNITY

Jarso Duba is a village elder and chair of the Community Coordination Committee for Boru Haro in Marsabit County, northern Kenya. Jarso and his committee of eight (including elder men, women and young people), were an important part of the delivery chain in a DEC-funded food assistance programme.

“We sat down and made a decision with the community on who are the most vulnerable to be enrolled in the food voucher programme, and identified vendors who would supply the food,” explains Jarso. “The process was then a free and fair one because members of the villages were involved in the process.”

In Boru Haro, 80 families received food vouchers worth US\$40.45 (£30), which they could redeem at two local food shops. The committee and the vendors agreed on what food should be stocked. “We made sure that every single beneficiary got all their foods of choice almost all the time and that the food was worth US\$40.45 per family,” says Jarso. He and the committee made sure villagers knew what they were entitled to, and shared any feedback with the DEC member charity’s local partner.



Coordination

Strong coordination is needed to avoid duplicating activities, improve prioritisation and ensure vital aid reaches the places where it is needed most. This is often led by national authorities or jointly between national authorities and aid agencies, represented by UN and international and national NGOs. Within existing structures, DEC member charities and their partners worked to improve information-sharing and coordination in the delivery of assistance. In Somalia, for example, one DEC member charity shared information on project activities with the government through an output tracker, which was fed into data storage software managed by the Ministry of Health. Others worked closely with the National Disaster Preparedness and Food Security Authority, a government body responsible for coordinating the

humanitarian response in Somaliland. In Ethiopia, DEC member charities worked with local officials, and district health, water resource development and disaster prevention and preparedness offices to ensure project actions were agreed and delivered.

South Sudan has a comparatively robust humanitarian coordination system, including a Humanitarian Coordination Team and clusters responsible for different areas, such as water and sanitation, which are co-led by NGOs including DEC member charities. In Kenya, an affiliate of a DEC member charity is co-chair of the Rapid-Onset Disaster Committee with the Office of the President, and a member of the Kenya Food Security Steering Group; and the national Education in Emergencies Working Group is co-led by another DEC member charity.

Along with their local partners, member charities belonged to steering groups coordinating work on health and nutrition, livestock, education, peace-building, trade and enterprise, and water.

Understanding vulnerabilities and including people with special needs

In times of extreme stress, people with specific needs are the most at risk of being left behind or excluded from receiving aid. DEC-funded work in all four countries therefore particularly took account of the needs of older people, people with disabilities, pregnant women and breastfeeding mothers, orphaned children and those at risk of abuse, and families with a high number of dependents or those headed by children or women. Support included cash grants to child-headed households, specially adapted toilets that were sited close to the homes of people with disabilities, and installing clean water supplies in schools.

In Somalia, for example, one DEC member provided food parcels, installed 1.2km of piping for clean water, and supplied two primary health centres with drugs and equipment to support families in camps for internally displaced people. It worked

with camp leaders to make sure the most vulnerable were targeted and given special consideration, for example by creating separate areas for food distributions.

Older people in drought- and conflict-affected communities have particular problems and needs, such as disability and injuries, which can make it difficult to earn a living or get to water points. However, in many areas, there is little understanding of these issues. In Borena, Ethiopia, as well as supplying 1,900 malnourished older people with specially fortified food, vegetable oil and pulses, a DEC member charity also trained government officials and 13 older people associations on the particular risks and needs associated with this group.

Women often bear the brunt of poverty and conflict, and are routinely excluded from decision-making in the region. DEC-funded activities have tried to address this inequality, for example by making sure women are also involved in identifying community needs, selecting those eligible for assistance, and distributing food parcels. This has gone some way towards challenging gender stereotypes and has encouraged women to take an active leadership role in the response, though challenges remain and reviews have highlighted that aid agencies could do more to integrate gender considerations in the design and delivery of assistance.

Linking emergency relief with recovery and resilience

Though DEC-funded activities reduced suffering and addressed immediate needs, transforming short-term responses into longer-term recovery was not sufficiently considered. DEC member charities reflected that designing interventions based on a more in-depth assessment and analysis of longer-term as well as existing needs would help to move away from an emergency mind-set during programme design, and strengthen links between humanitarian and resilience programming. It would help to uncover communities’ current ideas and initiatives around building resilience, as well as the sustainable resources they can access and the additional assistance needed.

An independent evaluation of DEC-funded work noted that initiatives such as farmer field schools and visits to successful pilots in other areas helped farmers to learn about technologies suitable for drought conditions, such as harvesting water. It also recommended more research into drought-resistant seeds and drought-tolerant crops. Work with pastoral communities on fodder production and storage is a valuable way to help sustain livestock through dry periods, and new techniques such as hydroponics, which uses less water and land, could be explored.

SUPPORTING PEOPLE WITH DISABILITIES

Sale, 21, and his brother are severely disabled and live in Kambabobo village in South Omo, Ethiopia. When Kambabobo was selected by a DEC member charity as one of the villages to take part in its cash programme, the villagers got together with the member charity’s local partner to decide on the criteria for who should receive assistance. They agreed on three men and 53 women who didn’t have enough to eat and weren’t receiving any other kind of support – but no one thought to include Sale and his brother. The brothers were able to raise this at a bi-monthly project review meeting, where the importance of including people with disabilities was discussed with the rest of the community. As a result, Sale and his brother received a cash grant for six months and used the money to buy food, blankets and medicine.

Most programmes don’t take into account their special needs, says Sale, but with cash they could buy what they really needed. “This programme is good because it has consideration for me,” says Sale. “There was no awareness of disability in the community, but now there is some.”



Integrated programmes

In many cases, integrating different activities together was found to produce better results. For example, mothers in Juba, South Sudan, were given information about violence against women and children's rights at nutrition centres; and volunteers working on protection issues were trained to identify cases of malnutrition; while nutrition volunteers received training on child protection.

Tackling malnutrition among older people requires a whole family response, as many older people targeted for nutrition interventions choose to share their rations with the rest of their family, so delaying their recovery. In Teltele and Miyo, Ethiopia, for example, while older people received nutrient-enriched food, their families also received sacks of maize flour for three months.

New approaches

To find a longer-term solution to acute water shortages in Somaliland, DEC funds were used for desalination units to treat saline borehole water. This is one of the first times this technology has been piloted in this area and could offer a long-term solution to the problem of saline groundwater, which is endemic across the country. Two units were equipped with solar pumps to ensure lower running costs, and local people were trained to maintain them. Water produced by the units met WHO standards and local communities were positive about the taste and odour.

DEC member charities looked for new ways to reach a wider audience with public awareness messages. In Juba, South Sudan, a member charity collaborated with City FM Radio which hosted 76 live talk shows, where presenters shared information on nutrition, health and good hygiene, and invited listeners to comment and ask questions. Pre-recorded messages were also played on radios in health posts and clinics, which mothers and caregivers could listen to as they waited. A survey revealed that 51% of respondents had heard about hygiene and sanitation through the radio, compared with only 13% from a health unit, and 31% from meetings with community health volunteers. In Kenya, live

radio shows were used to disseminate early warnings and information on managing pasture and livestock health in Marsabit County, reaching around 38,000 people. Song, dance and drama, which are very popular in many communities in the region, were also used to convey key messages.

In South Sudan's capital, Juba, women's groups visited a demonstration farm to learn how to grow vegetables in this crowded city, using everyday containers such as buckets, gunny bags and tyres. DEC funds also supplied seeds and tools. These 'vertical nutrition gardens' require limited space, very little water and few tools. As well as providing a more diverse diet for their families, some women produced enough to sell in the market too. They were also trained on multiplying seeds so that in future they can supply their own. However, in some parts of Juba, the soils are too sandy to support vegetable-growing and the water is too salty, which meant that not all women who expressed an interest in this activity could take part.

In Tigo and Bugabo, Kenya, DEC funds were used to introduce seven women's groups to sack gardening and shade nets, a model of kitchen gardening that helps to regulate temperatures and keep out insects and pests. For the first time,

they were able to grow kale, spinach, capsicum, butternut squash and tomatoes, both for family consumption and for sale. The groups in Tigo were also inspired to set up tree nurseries using shade nets and began tree planting to protect the environment. Other improved farming technologies introduced by DEC member charities include the use of drip-irrigation to minimise the use of water and improve yields. This micro-irrigation system uses a minimal amount of water, which drips slowly to the roots of plants, reducing run-off and evaporation.

New technology was used to deliver assistance quickly and efficiently. In Somalia, people entitled to receive support were given QR (quick response) cards with a unique code containing their personal information and eligibility criteria, which meant assistance could be better targeted. Elsewhere in the country, a mobile data collection platform was used to register those eligible for assistance, collect post-distribution data and generate reports. As well as social media, an innovative location-targeted SMS system – Trilogy Emergency Relief Application (TERA) – was used in Kenya to send out updates on emergency preparedness and response and health advice.



KEY CHALLENGES

Insecurity: Continuing insecurity has hampered access to project sites in many parts of the region, particularly in South Sudan, where violence is fuelled by revenge killings, communal disputes and cattle raiding. The country is a dangerous place for aid workers, who have been repeatedly evacuated from Unity State, for example, where a DEC member charity's compound was burned down and project supplies looted. Road transport is not safe in some areas so supplies have to be flown in. In Somalia, a bomb blast near to a DEC member charity's Mogadishu office in October 2017 caused minor delays to project implementation. Clan conflicts also impacted DEC-funded work in Sanaag and other parts of Somalia, and along the Oromo–Somali border in Ethiopia. The constant influx of people who have been driven from their homes by fighting has meant projects have had to be adjusted quickly to adapt to the new context, which was manageable given the flexibility in DEC funds.

Moving from emergency to development programming: DEC member charities acknowledged that transitioning from emergency relief

programming presented enormous challenges. Until the underlying factors for conflict in South Sudan and Somalia are resolved, for example, large numbers of people will continue to be displaced, harvests affected, and markets disrupted, making it difficult to implement longer-term development programmes. DEC funds helped pastoral communities to diversify their livelihoods, for example by growing crops, but given current climatic challenges, this needs longer-term sustained work.

Poor infrastructure and unstable access routes: Poor infrastructure combined with periods of heavy rain made it difficult to reach some communities. In Ethiopia, the *gu* rains in April and May 2017 caused flash floods and cut off roads, making it difficult to construct toilets, repair water infrastructure or transport materials, causing delays. During the rainy season in October and November 2017, transport and communications were disrupted in parts of Kenya, with a number of villages inaccessible and therefore unable to receive food assistance immediately. To reach remote villages, one DEC member charity increasingly used food distribution

centres from which it delivered food to affected villages by camel. Staff stayed overnight in remote locations to ensure the service was delivered effectively.

Cyclone Sagar: In May 2018, a tropical cyclone made landfall along the coast of northern Somalia, causing extensive damage to property, farmland and livestock. As a result, some planned interventions had to be adapted as DEC member charities responded to this emergency.

Challenging patriarchal views: This is an issue throughout the region. In South Sudan, for example, there is a common belief that only men can own household assets, and therefore women should not be selected by a project to receive goods or animals. In pastoral communities in Burgabo, Kenya, where community and family decisions are made by men, there was resistance to women using water for their new kitchen gardens, because men felt their livestock was the priority. Combatting violence against women and children is a major challenge because traditional cultures in some areas do not view violence against women as abuse.⁶



THE TASK AHEAD

Despite generally good spring rains which brought some relief, the prolonged drought and renewed conflict in **Ethiopia** has severely eroded families' resilience and they will continue to need support for the foreseeable future. In September 2018, the number of people requiring humanitarian assistance stood at 7.95 million, largely because of conflict which has prevented 2.2 million people from returning home. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) reported that 240,000 people, including women, children and older people, were forced to leave their homes in Benishangul Gumuz in September 2018 because of unprecedented inter-communal violence and were in urgent need of food, clean water and medical treatment. In more remote areas, access to clean water remains a huge challenge, particularly where the water supply has been affected by local conflict.⁷

In **Kenya**, historically above-average spring rains produced better harvests across many parts of the country in autumn 2018 and livestock conditions gradually recovered. But recent findings revealed persistent acute malnutrition in Turkana, Samburu, Mandera, Baringo, and Marsabit, some of the worst-hit counties in which DEC member charities have been working. This has been attributed in part to a poor diet among children and few health facilities, indicating that support in these and other areas is still needed. By August 2018, the total global acute malnutrition caseload for children under five was nearly 511,000, and UNICEF reported that 700,000 people still do not have enough to eat. Disease outbreaks have continued to affect vulnerable people, including type 2 poliovirus, cholera and measles. In addition, Kenya is now host to more than 468,000 refugees and asylum seekers, more than half of whom are children. Even with continued improved harvests and regenerated pasture, it will take a long time for the poorest families to recover because of the damage to their livelihoods from previous poor seasons.⁸

Concerted humanitarian efforts successfully averted famine in **Somalia** in 2017, but the unfolding humanitarian situation in 2018 highlighted the country's unpredictable and volatile context. Somalia saw its best harvests in almost a decade, thanks to above-average rains in spring 2018, and the number of people without sufficient food dropped from 6.7 million at the peak of the crisis in 2017 to 4.6 million in September 2018. There has also been a significant decline in the incidence of communicable diseases, such as cholera, measles and malaria, attributed in part to preventive interventions such as improvements in water and sanitation infrastructure and campaigns to promote hygiene.

However, plentiful rains also brought severe flooding across vast areas of southern and central Somalia, and in May 2018, cyclone Sagar devastated parts of Somaliland and Puntland. As in other parts of the region, the prolonged drought had a significant, long-term impact on livelihoods. Approximately 6.4 million animals died due to lack of water and pasture or from disease, representing an estimated combined loss of £1 billion. Erratic weather conditions and armed conflict have continued to push families from their homes into overcrowded towns and cities, and Somalia now has a record 2.6 million displaced people, one of the largest such populations in the world. Though DEC-funded activities reduced suffering and addressed the immediate needs of target communities, these benefits will be difficult to sustain. The devastating impact of conflict and drought on predominantly pastoral communities who have lost all of their animals, for example, has made it almost impossible for them to resume their traditional way of life. And after years of successive droughts, the environment may never recover sufficiently to sustain widespread pastoralism. Innovative approaches are required to help these communities diversify their livelihoods while trying to preserve their traditional way of life.⁹

South Sudan remains in the grip of a serious humanitarian crisis. Though recent peace negotiations have offered some hope, the cumulative effect of years of conflict, violence and destroyed livelihoods have left more than seven million people – about two thirds of the population – in need of humanitarian assistance. Almost 4.2 million people have been forced to flee their homes in search of safety. The resulting economic crisis has left the government unable to provide basic services for its people: according to OCHA, each primary health centre serves an average of 50,000 people; and a third of schools have been damaged, destroyed or closed since 2013, so that more than 70 per cent of school-age children are not receiving an education. Many parts of Unity, Upper Nile and Western Bahr el Ghazal have alarming rates of food insecurity, malnutrition and sexual violence, but attacks on aid workers have made it difficult to deliver life-saving support, pushing women, men and children deeper into crisis. If the underlying factors driving violence, such as ethnic conflict, are not resolved, there is little likelihood of a significant change towards more long-term development work, and responsive humanitarian programming is likely to be needed for several years to come.¹⁰

The swift, high-impact response in which DEC member charities took part prevented widespread famine and brought life-saving assistance to millions. However, challenges persist, as the region is also vulnerable to the effects of the El Niño phenomenon, which may lead to an increase in humanitarian need in 2019 and 2020.

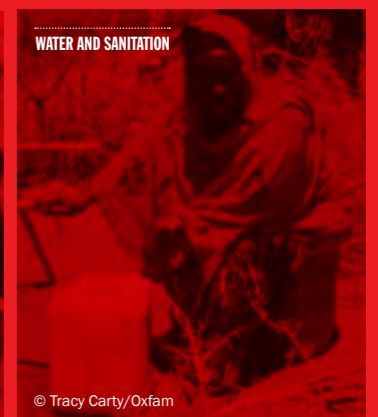


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HOW THE DEC WORKS

The DEC brings together some of the UK's leading charities to raise funds at times of significant humanitarian need overseas. It allocates appeal funds to its members and ensures that the generous donations of the UK public are spent on emergency aid needed by communities devastated by humanitarian crises, as well as on longer-term support to rebuild the lives of people in these communities and strengthen their resilience. Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities and reduces administration costs.





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