



**2017 EAST AFRICA CRISIS APPEAL
SIX-MONTH REPORT**

TOGETHER
WE'RE
STRONGER

actionaid

ageInternational

BritishRedCross

CAFOD

care

christian
aid

CONCERN
worldwide

ISLAMIC
RELIEF

OXFAM

PLAN
INTERNATIONAL

Save the
Children

tearfund

World Vision

CONTENTS

2017 East Africa Crisis Appeal	01
Background and How We Helped	02
How DEC Members Performed	08
Key Challenges	11
Lessons Learned	12
Key Achievements	13
Current Situation	14
Next Steps and How the DEC Works	15



SUMMARY

By March 2017, East Africa was facing one of the biggest humanitarian crises in its history, driven by successive droughts and failed harvests, conflict and insecurity. Somalia, Ethiopia and Kenya were experiencing the worst drought in a generation; the Somali and Kenyan governments had both declared a national disaster and appealed to the international community for help. At the same time, the humanitarian situation in South Sudan had deteriorated dramatically, due to a combination of conflict and drought, and famine was declared at the end of February.

The World Food Programme reported that some 2.9 million people in Somalia and 5.6 million in Ethiopia required urgent food assistance, along with 2.6 million in Kenya. Record crop failures were reported across Somalia and south-eastern Ethiopia, and in parts of Kenya, crop production was 70% below average. 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. Terrible atrocities were reported, including killings, torture, rape and the recruitment of child soldiers.¹

On 15 March 2017, the DEC launched the East Africa Crisis Appeal to the British public. Within 24 hours, it raised £12 million for food, treatment for malnutrition and clean drinking water, including £5 million from UK Aid Match. Six months after the launch, the appeal raised £60 million, including an additional £5 million from UK Aid Match. All 13 DEC member charities took part in the response – seven in Ethiopia, seven in Kenya, nine in Somalia, and 10 in South Sudan. By the end of the first phase (March to September 2017), DEC funds enabled member charities to provide assistance to **almost 2.5 million people**.

Despite very challenging conditions, DEC members and their partners were able to get aid through, supplying food parcels and cash, providing clean drinking water, distributing animal feed, and treating malnourished women and children. They gave food parcels or vouchers to more than 330,000 people, and almost 250,000 people received cash to buy basic items. Clean drinking water was scarce, so DEC members renovated and built wells,

boreholes, reservoirs and storage tanks, as well as trucking in water, reaching more than 800,000 people. Having left their homes in search of food or to escape fighting, more and more people found themselves living in insanitary, overcrowded conditions, which led to diseases such as cholera and measles spreading quickly. DEC members and their local partners set up a cholera treatment centre in a hospital in Somalia, provided treatment to more than 10,500 people for cholera and acute watery diarrhoea, trained more than 3,000 health staff and volunteers and ran campaigns to promote good hygiene practices that reached more than 438,000 people. Livestock – the primary source of food or an income for thousands of families – began to die, so member charities supplied animal feed to farmers, and treated more than 28,000 livestock. With DEC funds, members also provided tools

and seeds, as well as fishing lines and hooks, so that people could supplement basic food supplies.

An independent review commissioned by the DEC in July 2017 noted that DEC member charities helped to avert a famine of the type seen in 2011–2012, although the current drought in Ethiopia, Kenya and Somalia is far worse and affects many more people. However, with ongoing conflict in South Sudan and continuing drought and failed harvests across the region, humanitarian needs are expected to rise in 2018 and the likelihood of famine remains, across parts of Somalia in particular, without sustained international humanitarian assistance. DEC-funded activities will continue until September 2018, although DEC member charities will continue to provide emergency assistance long after DEC funds run out.²



BACKGROUND

By the time the DEC launched its appeal in March 2017, drought and conflict had left nearly 23 million people in South Sudan, Somalia, Kenya and Ethiopia in urgent need of humanitarian assistance.

Acute water shortages in Somalia, Kenya and Ethiopia saw pasture deteriorate and livestock die in their thousands; prices for those that survived dropped by 90% in some areas of Kenya because of their poor condition, and by 70% in Somalia. The price of milk and other dairy products skyrocketed, putting protein-rich food out of the reach of many. Rates of malnutrition soared, and children were particularly affected, with more than 300,000 expected to need treatment in 2017 in Ethiopia alone. Scarce drinking water and limited access to sanitation increased the risk of communicable diseases, such as cholera and acute watery diarrhoea, which

were reported across all three countries. The situation was exacerbated by large numbers of people forced to migrate in search of food and water, and by March 2017, 250,000 people in Somalia and thousands of others in Ethiopia and Kenya had left their homes. Families were separated and children and older people were left behind, leaving them vulnerable to abuse and violence.³

Due to a combination of conflict and drought, the situation in South Sudan led the UN to declare famine in parts of the country at the end of February 2017. As the cost of living tripled, almost five

million people did not have enough to eat, with some 100,000 facing starvation in Unity state and a further one million on the brink of famine across the country. By March, more than 5,500 cases of cholera had been reported in South Sudan since the outbreak began in the previous June, with 137 deaths. Children were particularly affected, with an estimated one million acutely malnourished. As families fled, many became separated from their parents, putting them in great danger. In the three years up to March 2017, more than 80,000 grave violations against children were documented, including killings and rape.⁴

HOW WE HELPED

Six months after its launch, the DEC appeal raised £60 million, including £10 million from UK Aid Match. All 13 DEC member charities took part in the appeal: seven in Ethiopia, seven in Kenya, nine in Somalia, and 10 in South Sudan.

In this first phase of the DEC response (March to the end of September 2017), DEC 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 and direct cash and vouchers, provided so that people could meet their immediate needs. Significant funding also went towards health, nutrition and livelihoods support, with protection as a stand-alone area of support or integrated across other types of activities.

ETHIOPIA: Expenditure of funds by main sector in Phase 1



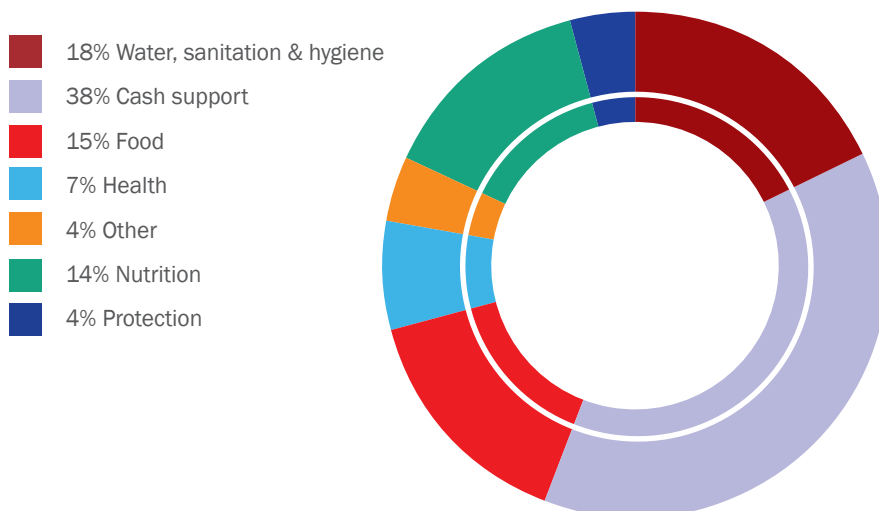
Water, sanitation and hygiene

Providing access to safe drinking water and basic sanitation facilities alongside improving hygiene conditions was a key part of the first six months of DEC-funded activities in all four countries, with member charities reaching **1.5 million people**.

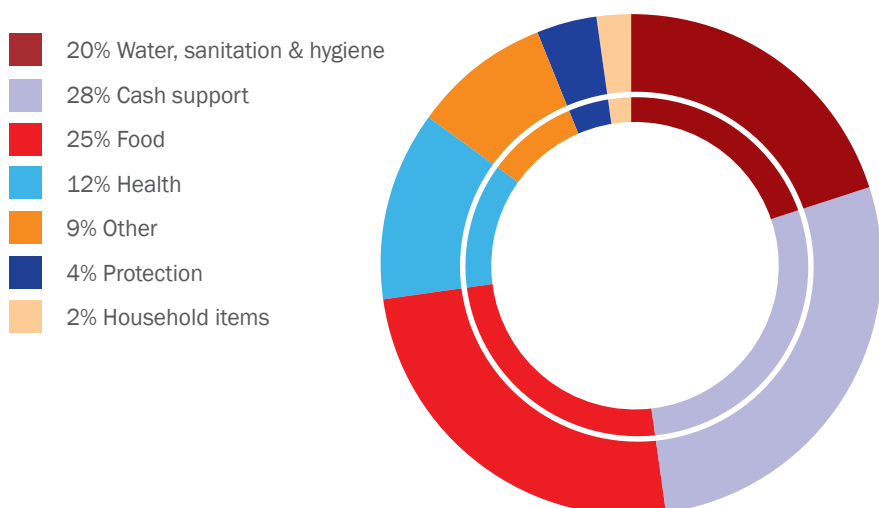
More than half of the people of South Sudan do not have a safe water supply, and approximately three-quarters defecate in the open, posing a serious threat to health. DEC members therefore focused on repairing or building infrastructure, such as boreholes and latrines, and promoting good hygiene practices, particularly important in helping to prevent the spread of cholera. One DEC member constructed or renovated a total of 38 boreholes in Panyijar, Nyirol, Twic East and Pibor, bringing clean water to more than 28,000 people, and trained and gave spare parts to 50 hand pump mechanics so they could keep the boreholes in good repair. It also built 130 household latrines in Panyijar and Twic, to be used by 2,061 people, as well as two latrines close to camps for displaced people, giving another 180 people access to sanitation.

In Somalia, where water shortages are estimated to have affected up to two million people, water trucks were used to meet communities' immediate needs. However, this poses enormous challenges because of the vast distances and thus the logistics and costs involved, so DEC member charities also provided water purification tablets for some households. In Fadigab, Karashaka and the Sinaro settlement for displaced people in Sanaag, Somaliland, where there was an outbreak of acute watery diarrhoea, 396 households (2,376 people) were given water purification tablets and taught how to use them by community volunteers. The team also performed spot checks to make sure it was being done properly, helping to bring the outbreak quickly under control.

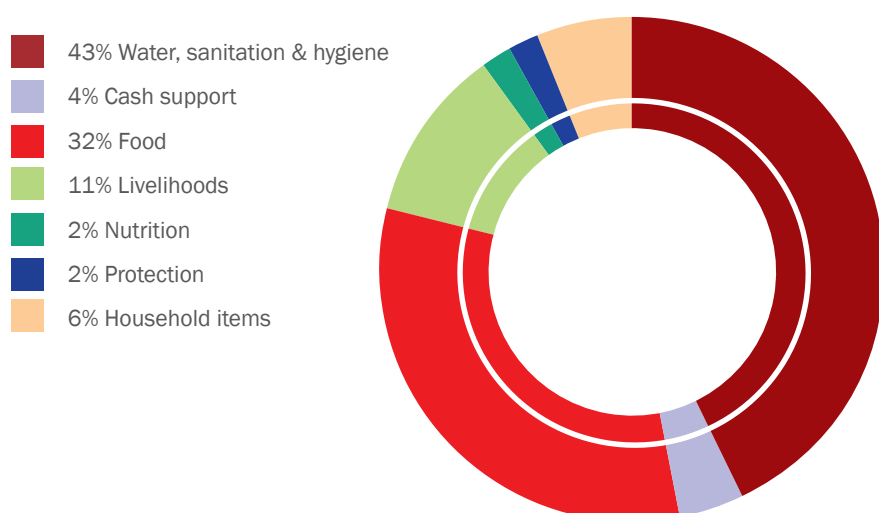
KENYA: Expenditure of funds by main sector in Phase 1



SOMALIA: Expenditure of funds by main sector in Phase 1



SOUTH SUDAN: Expenditure of funds by main sector in Phase 1



In Kenya, another DEC member ran campaigns to encourage better hygiene. It reached 36,698 people with handwashing demonstrations, information on waste disposal, treating and storing water, and how to prevent and treat diarrhoea. It also trained community health volunteers who reinforced these messages during home visits.

HIGHLIGHTS

- 636,596 people have safe drinking water from renovated wells, boreholes, ponds, reservoirs and storage tanks
- 179,360 people received safe drinking water delivered by water trucks
- 106,425 people received water purification tablets
- 438,777 people received information about good hygiene practices
- 72,575 people can access functioning latrines

Cash support

Cash was used extensively to support people in Somalia and Kenya, and to a lesser extent in South Sudan and Ethiopia.

In Kenya, which has a strong mobile banking network and where markets were generally operating well, giving cash and cash vouchers proved to be a very effective and cost-efficient way of helping people obtain for themselves what they needed most urgently. As in other countries, this reduced the cost of delivering aid, helped support local markets and, importantly, gave people choice and more control over their lives. One DEC member worked with the Kenyan National Drought Management Authority and village chiefs and committees to identify the most vulnerable families, including those with young children, older people and those with disabilities. Each household was given one cash payment a month for three months, delivered to communities via Equity bank agents, so they didn't need to travel long distances to collect their payments. Some DEC members provided cash through mobile money transfers, but for those without access to phones or a reliable phone

network, others issued cash vouchers that were redeemable from local vendors.

In Somalia, where local markets were up and running, and to a lesser extent in South Sudan, providing cash was a good way to overcome the logistical problem of buying, transporting and distributing food and other goods, which is often difficult and expensive to organise because of the security situation. To select people to receive cash, DEC members worked with a variety of local groups, including village relief committees, women's groups and selection committees. In South Sudan, most cash distributed by DEC members was used to buy food, although people also tried to keep back some for school fees and medicines, such as drugs to treat malaria. One DEC member targeted vulnerable older people, providing cash payments to 1,451 households for two months, and to a further 320 households for one month.

In Ethiopia, when livestock began to die in large numbers because of the drought, farmers who had depended on selling meat and milk to make a living were reliant on cash. One member reached more than 15,000 people with cash payments.

CASH FOR WORK FOR THE FUTURE

Cash for work provides paid, temporary employment for people in need and is a quick way to help families access food and other essentials. It is usually casual work on a project that benefits the whole community, such as repairing roads, rebuilding schools or clearing debris. One DEC member working in Sool and Sanaag in Somaliland used it to help meet both immediate and longer-term needs.

Sool is one of the worst-hit regions of Somaliland, with high levels of malnutrition among both adults and children. Because of the drought, the land has become badly eroded, pasture has disappeared and entire herds of livestock have been wiped out. When people were asked what assistance they needed, regenerating land around their villages was top of the list. So, the DEC member employed 90 people from local households for a month to construct 1,500 embankments on nearby fields to reduce water run-off and repair gullies. As well as hopefully generating fresh pasture in the future for the villagers' remaining precious animals, the work also boosted incomes, providing cash for food, medicines and other essentials.

Communities in neighbouring Sanaag told the DEC member that what they needed most was a reliable supply of water. As they mainly depend on surface water, rather than wells, the member charity employed 100 households for a month to build two new ponds capable of holding 1,260 cubic metres each, to collect and store water during and after the rainy season, for both people and animals.

Altogether, these two projects reached 1,140 people, more than half of whom were women.



To boost incomes, many people were also paid for casual work, such as digging rubbish pits, collecting rubbish, mending roads and wells, and loading and offloading relief supplies.

In all, **247,225 people** received cash assistance in this phase of the response.

HIGHLIGHTS

- 220,777 people received cash or cash vouchers
- 11,463 people were employed in cash for work schemes

Food

At the time of the launch of the DEC response, more than 16 million people in South Sudan, Ethiopia, Somalia and Kenya did not know where their next meal was coming from; it was even reported that people were eating leaves to survive in some areas. Supplying food was therefore an urgent priority for DEC members and their partners. In Ethiopia, one DEC member selected 12,500 people affected by drought to receive food rations and asked them what produce was most appropriate. As a result, each person received 15kg of maize, 1.5kg of beans, and 0.5 litres of oil per month for three months. Some DEC members also ran cooking demonstrations on how to use the food included in emergency rations.

In Kenya, one DEC member reached more than 22,000 drought-affected people in Baringo, Garissa, Kilifi and West Pokot counties, providing food parcels as well as a daily meal at several schools to encourage children, and particularly girls, to stay in school.

DEC members also focused on reaching people in remote and difficult areas. In South Sudan, the partner of one DEC member specifically targeted people who had been driven out of their villages, as well as the host communities into which they had settled, and reached 99,600 vulnerable people with food parcels, sometimes using air drops. In Somalia, where almost three

million people were short of food, another partner of the same member reached 95,877 people in remote areas with essential supplies.

During this first phase of DEC-funded activities, DEC members reached **349,016 people** with food assistance.

HIGHLIGHTS

- 337,185 people received food parcels or vouchers for food
- 12,500 women and children received supplementary food

Health

Simultaneous outbreaks of disease across all four countries severely challenged the region's already overstretched health care services. In the first six months of DEC-funded activities, DEC members and their partners concentrated on renovating hospitals and clinics and training health professionals such as nurses, community health workers and midwives on preventing and controlling acute watery diarrhoea and cholera, as well as immunisation and other aspects of child health.

DEC funds have enabled member charities to reach **222,826 people** with health support. In Somaliland, one DEC member supported 57 health care facilities, including three medical mobile teams, a hospital and seven primary health units. It trained health professionals who were then able to reach 12,551 people with free health services, almost a third of whom were children under five. It also procured and distributed supplies to treat acute watery diarrhoea in Awdal, Somaliland, which was the epicentre of the cholera outbreak.

HIGHLIGHTS

- 10,532 people treated for acute watery diarrhoea and cholera
- 5,585 women received ante-natal and post-natal care
- 3,246 health staff and volunteers trained

Nutrition

Acute malnutrition, especially among refugees and children under five, pregnant women and breastfeeding mothers, was a major concern in many parts of the region. DEC members screened pregnant women and breastfeeding mothers for malnutrition, as well as 109,097 children, and referred them for treatment where appropriate, as well as training health professionals and volunteers on identifying and treating malnutrition. However, strong family ties meant that food – including specially fortified food such as peanut paste – was often shared with other members of the family, including other young children and older people who were also vulnerable, unless blanket supplementary feeding was provided to the wider population at that location.

In many parts of South Sudan, where people have traditionally relied on meat, milk and butter for their nutrition, animals were dying in vast numbers. One DEC member helped mothers' groups to set up multi-storey vegetable gardens at home, using simple materials such as gunny bags, vehicle tyres and buckets. This technique needs little space or water, few gardening tools, and takes less time to produce good results. The idea was to encourage a more diverse diet and get these 36 women to introduce more vegetables into family meals, which, in some communities, are rarely eaten. They were also shown how to prepare and preserve vegetables.

In all, DEC members reached **127,180 people** with nutrition interventions.

HIGHLIGHTS

- 109,097 children were screened for malnutrition
- 52,194 children were treated for acute malnutrition
- 7,846 pregnant and breastfeeding women were treated for acute malnutrition



© Monica Blagescu/DEC

GOOD NUTRITION SAVES LIVES

By August 2017, more than 30% of the children in Turkana, Kenya were suffering from malnutrition. Jakomboyo Ngacho is four, but he looks more like a two-year-old because he is stunted. Stunting – caused by years of poor nutrition and recurring infections – is associated with an under-developed brain, resulting in diminished mental ability and learning capacity. Fortunately, his mother took him to an emergency mobile clinic set up by a DEC member charity in the small village of Nangtony, in a remote part of Turkana.

As more than 150 people waited their turn outside the make-shift building, volunteer nurses examined young children to see if they were malnourished, measuring the circumference of their mid-upper arms with colour-coded bands. Yellow means a child may be at risk of malnutrition, red that he or she is severely malnourished and at risk of starvation. Those who were malnourished were given a special peanut paste that is high in fat and protein and fortified with vitamins and minerals. A few weeks of treatment can bring noticeable improvements.

In clinics like this across Kenya, Ethiopia, Somalia and South Sudan, DEC members and their partners screened more than 109,000 children for malnutrition, and treated more than 52,000 for acute malnutrition.

Cattle are a vital source of income for many, producing meat, milk and butter, so some DEC members in Ethiopia provided animal feed, treatment and vaccination, which helped save valuable breeding stock. One member charity gave 2,850 families 100kg each of concentrated feed for their cattle, trained 709 farmers and government experts on animal feed and health management, and vaccinated almost 200,000 animals.

Though the situation in South Omo, Ethiopia, showed some improvements after the launch of the DEC appeal and the spring rains, pasture did not regenerate during those first few months of the response, and animals were still dying. A DEC member selected 1,000 households, particularly those with few animals and very weak breeding stock, to receive 30,720 bales of hay and 1,400 quintals of concentrated animal feed to save their core breeding animals. It also worked closely with the government livestock department to vaccinate 53,500 cattle against anthrax and blackleg, reaching a further 2,625 farming families. As a result, animal health has improved significantly, and farmers have been able to start making a living again, selling meat, butter and milk. Regenerating exhausted pasture is a longer-term challenge and will be tackled in Phase 2 of the response.

HIGHLIGHTS

- 28,125 livestock were treated
- 211,474 people received fishing kits, tools, seeds and other agricultural inputs

Livelihoods

Across all four countries, large numbers of people have been unable to make a living since drought or conflict forced them to leave their homes, farms and jobs in search of food and water. DEC members have helped **241,147 people** to restart their livelihoods, concentrating on providing agricultural inputs, such as seeds and tools, as well as training to get the most from the land.

In South Sudan, one DEC member supported 2,000 vulnerable farmers, including 1,500 women and 500 older people, providing tools and seeds for sorghum, maize, okra, onions, kale and tomatoes, which they could grow and later sell. Others provided fishing lines and hooks, as well as instruction on how to prepare and preserve fish to sell in the market.



© Tim Berthey/Oxfam

LEARNING NEW WAYS TO MAKE A LIVING

At the beginning of Phase 1 of the DEC response, very little assistance had reached the people of Mayendit North in South Sudan, who were caught in the cross-fire between pro-government and opposition forces, and sometimes they had been forced to survive on leaves and water lilies. Some had lost everything, as their homes were burnt to the ground during fighting; others had recently arrived with nothing, having fled fighting in other parts of the state. Thousands of livestock – their main source of food and income – had died, and food was in very short supply. However, they are surrounded by one of the largest swamps in the world, where, during the rainy season, fish are plentiful – but as cattle herders, many people didn't know how to fish, or those who did had lost all their gear in successive moves.

To help people become more self-reliant, and to give them immediate access to protein-rich food, one DEC member gave fishing lines and hooks to 1,000 of the poorest households, particularly households headed by older men and women who had no relatives to support them. Two hundred people were chosen as lead fisherfolk, and were taught valuable skills to pass on to others in their communities, such as mending nets, and how to process and preserve fish. Not only were they able to supplement their meagre food rations with freshly caught fish, they also had a way of earning a living, both selling fresh fish and preserving it to sell later. This support was particularly valuable for women in this area, who are expected to provide food for the family while the men take care of the cattle and family security.

In Phase 1 of the response, DEC members also worked across East Africa with herders who had lost their cattle, helping them to find new ways to make a living. Having consulted local communities and agricultural experts about the most suitable crops and vegetables to grow in a particular area, they supplied seeds such as onion, okra, kale, tomato, watermelon, maize and sorghum, and training for those who had never grown these crops before. As well as providing food for the family, many new farmers were able to sell their produce in the market, too.



Protection

Sexual and gender-based violence and child abuse have been recurring issues in all four countries. Women and children are particularly vulnerable, especially those who had to leave their homes because of drought or conflict and now live in camps in Somalia and South Sudan. DEC members reached **149,621 people** with protection interventions, including training community volunteers to provide counselling, referring those affected where necessary, and setting up child- and women-friendly spaces.

The lack of food and loss of livelihoods has given rise to family tensions, and domestic violence has increased. In Sanag, Togdheer and Woqooyi Galbeed in Somaliland, one DEC member and its local partners set up safe spaces for women where they ran sessions on how to prevent gender-based violence, attended by 3,818 people. Women were able to discuss domestic violence and other abuse, and were given

basic training in counselling so they could support survivors. Awareness campaigns in the community helped to deepen understanding of the negative impact of violence against women and girls, and as a result, a reduction in the incidence of rape and domestic violence was reported. Women and girl survivors were referred to appropriate legal and medical services.

Child abuse, the harassment of young girls and attempts to recruit children as child soldiers are common in both South Sudan and Somalia. In South Sudan, two DEC members combined their work on child protection with their nutrition, food and livelihoods programmes. In Somalia, some DEC members set up community-based child protection committees trained in child rights, child abuse, working with unaccompanied children and sexual and gender-based violence. Committee members identify child protection cases

and report them to social workers, who then investigate and decide on appropriate support. In Turkana and Wajir in Kenya, another DEC member trained government staff, teachers, health workers and others to provide psychological support for children and protect them from sexual exploitation.

HIGHLIGHTS

- 14,761 people were able to access services to help them recover from gender-based violence
- 2,873 people were trained in protection and psychosocial support
- 3,120 women and girls received dignity kits containing sanitary towels and other essentials
- 10,095 children attended child-safe spaces

HOW DEC MEMBERS PERFORMED

DEC members are committed to constantly improving how they respond to humanitarian crises, working closely with and for local communities to strengthen their resilience, and upholding international standards of aid delivery.

Working in partnership and building local capacity

DEC members were already working in this region and had developed relationships with local organisations to deliver their work. The DEC-funded response in Somalia, for example, focused on areas where member charities had long-term partnerships with local NGOs and were funding ongoing programmes to improve communities' resilience to conflict and harsh climatic conditions. These partners, who understand the local political and clan dynamics, played an important role in delivering aid to hard-to-reach areas, as well as mobilising local communities. In South Sudan, four DEC members worked with their existing partners, taking advantage of their proximity to disaster-affected communities. Another helped a local NGO to improve its skills and expertise on water, sanitation and food so that these services could be expanded into more remote areas. In Kenya, a DEC member provided ongoing support and accompaniment to its local partner, such as reviewing and improving its systems, setting up guidelines for mobile cash and direct cash transfers, addressing skills gaps identified during monitoring and implementation periods, and training key staff on cash programming.

In times of crisis, national and local governments are often stretched beyond their capabilities, and DEC members and their local partners have stepped in to offer support wherever possible. To boost the child protection network in Kenya – which struggled to cope with the increased numbers of vulnerable children – a DEC member trained Ministry of Health staff, voluntary child officers and community health volunteers on issues such as counselling and protecting children from sexual exploitation, so that they were better able to serve their communities. Another

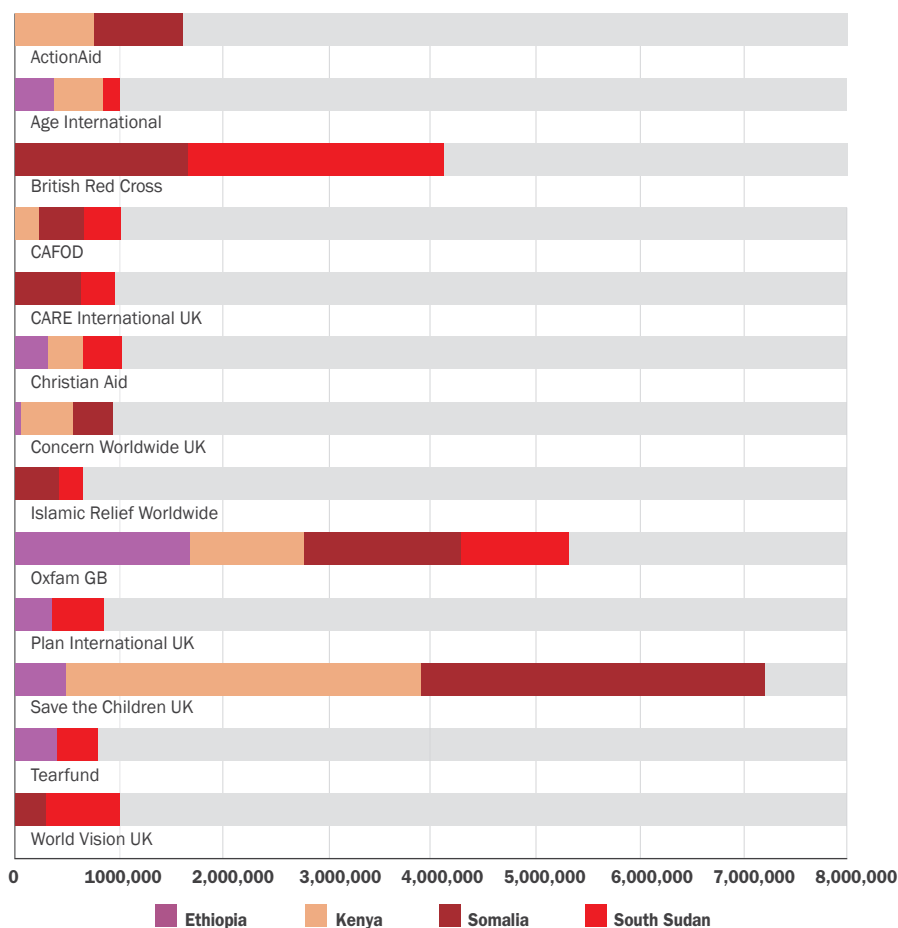
worked with local government staff in Turkana and Wajir water departments to identify water points and share out repairs between them. In Turkana, the water department provided a list of water points and the DEC member carried out the repairs. It also supplied spare parts so that the sub-county water offices could carry out repairs, and trained 37 government water technicians to renovate different types of pumps.

For communities to be able to spring back from a crisis situation, they need to

be able to rely on a reserve of skills and resources. Building skills while closely engaging communities at different stages of the project cycle goes a long way towards better quality and more accountable humanitarian operations and strengthens local resilience. One DEC member helped develop local capacity in Kenya by setting up community committees tasked with overseeing individual activities on the ground. For each intervention, a community committee was responsible for identifying those in need of assistance, distributing

Total expenditure of DEC funds by country in Phase 1 (£)

All 13 DEC member charities responded



goods (for example, water or food), identifying local shops that could guarantee a regular supply of food (for people who were given food vouchers), giving updates to partner staff, and receiving and sharing complaints about the project. The community water committee in Mudhe, Marsabit, for example, was responsible for directing the water truck drivers to the underground water storage tank, signing the waybill and distributing water to households. A community complaints handling committee was given advice on recording any issues that arose in the feedback record book. The DEC member engaged closely with the committees and monitored their work.

Water management committees set up in the Upper Nile, South Sudan, by another DEC member were responsible for coordinating the delivery of water from private companies. These men and women were trained to report on any deficiencies, helping to improve social accountability. Local water operators and water monitors were also trained to take care of day-to-day water treatment, and women in particular lobbied about the need for more water storage both at the surface water treatment systems site and at home. In other parts of the country, DEC members involved enumerators in registering and verifying people to receive assistance, and local officers in renovating boreholes and building emergency latrines.

Coordination

During the first six months of DEC-funded activities, DEC members worked closely with UN agencies, government departments and other charities in all four countries, to share information and to make sure there was no duplication of activities on the ground. 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. A lack of staff and resources means local authorities cannot carry out full assessments, so DEC members and other NGOs share information to plug the gaps.

A real-time review of member charities' DEC-funded response in Somalia found that coordination had been generally weak in most areas of work, apart from health and nutrition. Some DEC members felt there was a confusion of roles and responsibilities between government institutions in Somalia, little coordination between regional and national levels, and conflicting guidelines that made effective coordination difficult. A lack of reliable data (especially from more remote areas) meant that it was often unclear exactly where the gaps in service provision were. However, some reported being able to strengthen relationships and provide assistance in remote parts of Somalia.

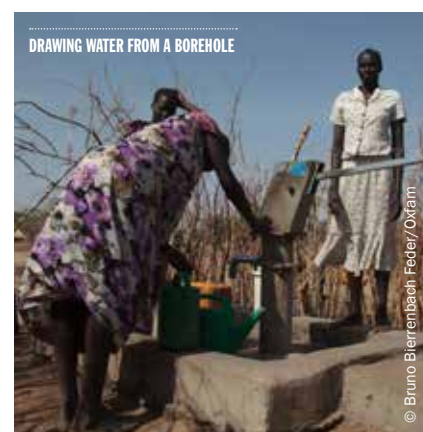
New approaches

Working in insecure parts of the world or in locations where there is weak local governance and limited rule of law is challenging, and things don't always work out as planned. Emergency relief providers need to keep finding new, cost-effective and engaging ways of delivering assistance and raising awareness about behaviours that can improve nutrition outcomes.

A varied, nutritious diet is essential for preventing under-nutrition in children, but changing family cooking and eating habits can be very difficult, and in South Sudan, many people are not used to eating vegetables. As well as training community volunteers to provide information on good nutrition, a DEC member used radio broadcasts to reach a wider audience, as most communities have access to some form of radio. City FM Radio in Juba hosted 76 live talk shows, where presenters shared information on nutrition, and invited the audience to comment and ask questions. The DEC member and the Ministry of Health also pre-recorded messages that were played on radios in health posts and clinics, which mothers and caregivers could listen to as they waited. Song, dance and drama – which are very popular in South Sudanese communities – were also used by mothers' groups, supported by a DEC member, to encourage women to cook and eat more vegetables.

In Kenya, one DEC member has been improving how it tracks its work. Instead of using traditional paper-based data collection for programme monitoring, it collected data electronically using the Survey CTO platform via tablets. Teams collected data manually and then synced it back at the office at the end of each day. Respondents could be tracked using GPS, which helped to map out the programme's geographical reach. It means real-time analysis can begin as soon as the data is synced, providing quick feedback to the programme team; it reduces printing costs; it's easier to track personnel and ensure they are actually reaching those who need assistance through the GPS system; it saves time on data entry and allows for quick analysis and reporting. Volunteers who were tasked with field data collection were also trained, which helped to foster local skills on electronic data collection that are transferable to other government or NGO surveys.

Another DEC member used digital technology in Ethiopia to electronically register people for its cash transfer programme. Last Mile Mobile Solutions (LMMS) combines software applications with custom hardware to digitize (and simplify) registration, verification, distribution planning and management, monitoring and reporting. LMMS registers the household head and all household members disaggregated by sex, age and vulnerabilities, and the data helped to determine various categories of people reached by the project, developing a profile of each person who received support.



Accountability to affected populations and adherence to sector standards

All DEC member charities have made a commitment to a number of standards and codes designed to define good practice, including the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief; the Core Humanitarian Standard on Quality and Accountability, which covers the essential elements of principled, accountable and high-quality humanitarian action; and the Sphere Technical Standards, which define minimum standards for aid work in areas such as shelter, food, water and health care. The DEC-funded review of the response found that, generally, DEC members had followed these standards or adapted them based on context-specific challenges.

Being accountable to the people affected by the crisis in East Africa was an integral part of the relief response (see also the earlier section on **Working in partnership and building local capacity**). In Ethiopia, communities actively engaged in DEC members' projects both through review and planning meetings and the provision of complaints and feedback systems. Target communities were engaged in needs assessments and were then given information on the project, its duration, and what they would receive, which meant they were then in a much better position to monitor the type of assistance provided. In Somalia, DEC members worked with various groups (village relief committees, women's groups, selection committees) to help implement and oversee projects. Member charities who used cash as part of their response ran intensive community briefings on the programme and the selection criteria, and enlisted the help of committees to select those to receive cash support. Committees also proved to be a valuable link between DEC members and local people, providing information and facilitating complaints. Surveys conducted afterwards showed that communities were aware of what DEC members were doing, and knew what they would receive. However, they weren't always aware of how decisions were made regarding

interventions meant for them. One member charity in Somalia set up programme management committees as a way for both government and the local community to take part. They were responsible for overseeing the project, monitoring performance and giving local people the chance to discuss progress.

Though DEC members generally followed the Sphere Technical Standards, in some cases it proved very difficult. In South Sudan, for instance, because of pressing need, one member charity distributed food that was meant for 500 households to 1,000 – doubling the number of families who received help, but halving their calorific intake. In Isiolo, Kenya, the food voucher value was set too low to meet the food rations required by the Sphere Technical Standards, and one DEC member's local partner is trying to persuade the County Steering Group – which set the current food voucher value – to review it. In Marsabit, Kenya, another member charity found it was not possible to provide the Sphere Technical Standards minimum amount of water required per person through its water trucking, because of limited resources and the pastoral set-up of the community.

Inclusion of people with special needs

Women often bear the brunt of poverty and conflict, and are routinely excluded from decision-making. In Somalia, one DEC member tried to address this inequality through its programme by putting women affected by drought in charge of identifying the most vulnerable in their communities. As part of village committees, they identified needs, selected those who were to receive assistance, and distributed food parcels and other relief items. This has changed how men see women and their role in emergencies, and has given women the opportunity to lead the response and shift power over the control of resources to some extent.

In Ethiopia, another member charity ensured that people with disabilities and those from marginalised groups were included in interventions from beginning to end, from project design, planning and implementation to monitoring and

evaluation. Latrines were built with ramps so they were easily accessible for people with disabilities. In six districts with a large Somali population, separate latrines for women and men were built at some distance apart, because women in the Somali community prefer not to be seen by men as they walk to the toilets.

Older people are very vulnerable in emergency situations. They are sometimes left behind as families migrate in search of food, and may be less able to get to camps for displaced people or to queue for aid or medical treatment. In Kenya and South Sudan, a DEC member trained government officials and staff from other charities on how best to include older people and people with disabilities in their response programming. Sixteen government officials were also trained on social protection, with a special focus on integrating age, gender and disability. Older people were also at the heart of this member's cash transfer programme in South Sudan. They were included in every aspect of its design and implementation, such as determining the appropriate amount of cash. This programme reached 1,771 households that each included at least one older person.

SPACE TO LEARN

Millions of children are out of school in Somalia, disrupting their education and making them more vulnerable to abuse. A DEC member set up an emergency education centre for almost 400 children in drought-stricken Baidoa and paid the salaries of their 15 teachers. Equipped with learning materials and stationery, the centre gave these displaced children a safe space in which to continue or begin their education, which also included information on hygiene issues and sexual and gender-based violence. DEC funds also paid for the salaries of a further 36 teachers at a school in Mogadishu for more than 1,000 children, who were given resources such as books, pencils and paper.

KEY CHALLENGES

Movement of populations

In Somalia in particular, meeting the needs of the thousands of internally displaced people – many of whom have walked for several days in search of food, water and shelter – has been a major challenge. Project plans were based on assessments undertaken at the beginning of the response, when those who were to receive assistance were selected, and DEC members did not have the resources to help so many extra people.

Those newly arrived in ever-expanding population centres were often forced to live in poor, overcrowded conditions, increasing the risk of communicable diseases such as measles, cholera and acute watery diarrhoea, which then spread quickly, especially as in many areas health services were often limited or non-existent. But again, DEC members' ability to respond to the rapid changes in context and the scale of need was hampered by a lack of resources and insufficient preparedness.

Another difficulty was trying to find families who had been targeted for cash transfers but had moved from the village in which they had been registered in search of better pasture for their animals. DEC members made efforts to trace them, but this was problematic because of the vast geographical area, poor roads and low mobile phone coverage.

The gap between need and resources

With almost 23 million people requiring humanitarian assistance across the four countries when the appeal was launched, need far outstripped the resources available. Some DEC members decided to include more people than planned in their response because the need was so acute, but with limited resources, there often wasn't enough to go around, and sometimes those receiving cash grants, for example, were only given enough to cover the cost of 80% of a minimum food basket. In South Sudan, DEC members referred people to partner

organisations where they could, and contacted the World Food Programme for additional food distributions. One member charity reported that its water trucking in some areas of Ethiopia only provided the bare minimum for survival, but not enough for handwashing and other essential hygiene practices. In 25 camps for internally displaced people in Ethiopia, there were as many as 50–200 people per latrine, well below Sphere Technical Standards.

In some areas of Somalia, DEC members supported communities that had lost their livestock, which was their main source of income. The situation was then complicated by the cholera epidemic and the arrival of large numbers of people who had fled fighting and were also in dire need. Ensuring they, too, had enough food and water was very challenging indeed, and materials to build shelters were in very short supply.

Continuing insecurity

This region is a very challenging environment. The situation in South Sudan is extremely volatile and, with increased attacks against aid workers, operations in some areas such as Western Equatoria were suspended for over a month. One DEC member relocated all its staff and closed operations following the outbreak of conflict in central Unity in September, when a compound was burned down and project supplies looted, delaying programme activities. Because road transport is not safe in some parts of South Sudan, supplies and staff need to be flown, adding to costs and delaying project roll-out.

Though the security situation in Somalia has improved since 2012–2013 as areas controlled by Al Shabaab have shrunk, humanitarian access is still limited in some places. After an attack on a local government building in Belet Hawa, one member was forced to suspend its work until the situation stabilized. The security situation has affected community

engagement as working in insecure areas means it is often difficult to maintain the continuity required to build up good relationships with affected communities. Conflict in areas of both Kenya and Ethiopia have also affected DEC members' work at times.

The lack of security and difficult working conditions also increases the cost of finding and retaining staff, particularly in South Sudan, which is now a dangerous place for aid workers. Local partners in Somalia face high staff turnover as they compete for skilled people with international NGOs and the UN, meaning they have to invest more in training new staff.

Limited local capacity

DEC members in all four countries try to use the skills of local people and government officials in their programmes, and provide training where necessary. However, the existing low level of skills was sometimes a challenge. In South Sudan, member charities found it difficult to train local people and officials who couldn't read; one member overcame this by using pictures to convey information. Selecting appropriate feedback approaches for a community that was largely illiterate was also difficult, so one DEC member used focus group discussions. In Kenya, low literacy levels sometimes meant that members found it difficult to identify appropriate people from the community to take part in volunteer technical training and had to rely more heavily on staff.

The technical capacity of some government partners was very low, for example in the Ministry of Health in South Sudan. One DEC member provided its staff with training in the management of acute malnutrition. In Kenya, another member trained local water operators on the basic operation and maintenance of water sources, and sub-county water officers on repairing solar-run water sources, but felt there was still weak and limited technical capacity to repair water points up to the required standards.

Limited government services

International aid agencies work closely with national and local governments, and the assistance they provide is to complement overwhelmed public services; unexpected disruptions to existing public services – no matter how weak – can have a significant impact on the provision of international humanitarian assistance. The nurses’ strike that began in Kenya in June 2017, for example, led to the closure of more than half of Marsabit’s health facilities and significantly affected members’ health

and nutrition responses in that region. Understaffing in Kenya’s Department of Child Services has proved a challenge in terms of child protection case management, and has meant DEC members have had to rely more on non-formal community structures to detect abuse cases. In South Sudan, non-payment and delayed payment of civil service and health worker salaries significantly increased humanitarian need and put more pressure on already overstretched emergency relief efforts.

Logistics

This has been a problem, particularly in South Sudan and parts of Ethiopia. In South Sudan, insecurity and the poor state of roads has significantly increased transport costs, as many goods have to be imported and then airlifted from the capital. In Ethiopia, DEC members often have to travel considerable distances to reach remote project areas, and if relief items are not available locally, they have to be purchased in Addis Ababa and transported from there.

LESSONS LEARNED

The DEC commissioned an independent review of its response in East Africa, which highlighted some key lessons. Most notably, it pointed out that swift action in response to early warnings was critical for saving lives. In Somalia, Ethiopia and Kenya, though the recent drought is more severe than that in 2011–2012, it has not yet led to famine, which is attributable in large part to the early action of DEC members and other humanitarian organisations, who worked together to launch a response when warnings began to emerge of serious, drought-related food shortages and large-scale migration in late 2016. DEC members were able to scale up their work because of their existing partnerships in the region, and have played a crucial role in averting a rapid deterioration of the humanitarian crisis.

The review of the response in Somalia and South Sudan observed that interventions on protection worked better when combined with other activities, such as food, nutrition, water, sanitation and hygiene, so that it became a way of working not only for DEC members’ staff, but also for community leaders. It cited one intervention by a DEC member as an example of good practice, where work on nutrition was combined with protection (both child protection and gender-based violence), as well as food security and livelihood interventions (food vouchers, home gardening). Another member had integrated protection activities into the design and implementation strategies for its livelihood and water and sanitation programme.

In South Sudan, the review pointed out that although all DEC members targeted the most vulnerable for assistance, some members could do more to communicate the selection criteria to local community groups to ensure that those who most needed help had been chosen.

The review of DEC members’ work in Somalia highlighted the need to “create foundations for scaled-up humanitarian response in times of acute crises” in a country where the need is protracted and chronic. It also recommended that water trucking should be seen as a last resort, because of the cost, and that members should instead do more work on promoting hygiene and educating people about household water treatment, or providing cash for people to buy water from private providers. Some DEC members are already exploring this.



KEY ACHIEVEMENTS

These are some of the key achievements of DEC member charities in the first six months of the 2017 East Africa Crisis response. Some double counting of beneficiary numbers across member charities may occur when different types of activities took place at the same location.

Sector	Phase 1	
Water, sanitation and hygiene	636,596	people were able to access safe drinking water from renovated wells, boreholes, ponds, reservoirs and storage tanks
	179,360	people had safe drinking water delivered by water trucks
	106,425	people received water purification tablets
	57,898	people received hygiene kits with essentials such as soap and toothbrushes
	438,777	people received information about good hygiene practices
	72,575	people were able to access functioning latrines
	Cash	220,777
11,463		people were employed in cash for work schemes
Food	331,755	people received food parcels or vouchers for food
	12,500	women and children received supplementary food
Livelihoods	28,125	livestock were treated
	211,474	people received fishing kits, tools, seeds and other agricultural inputs
Protection	14,761	people were able to access services to help them recover from gender-based violence
	2,873	people were trained in protection and psychosocial support
	3,120	women and girls received dignity kits containing sanitary towels and other essentials
	10,095	children attended child-safe spaces
Nutrition	109,097	children were screened for malnutrition
	52,194	children were treated for acute malnutrition
	7,846	pregnant and breastfeeding women were treated for acute malnutrition
Health	10,532	people were treated for acute watery diarrhoea and cholera
	5,585	women received ante-natal and post-natal care
	3,246	health staff and volunteers were trained

CURRENT SITUATION

By the end of the first six months of DEC-funded activities in September 2017, ongoing drought conditions in southern and eastern **Ethiopia** had been exacerbated by outbreaks of disease, the mass movement of people in search of food and water, and the loss of livelihoods. The World Food Programme estimated that more than 10 million people required emergency food assistance, and 3.6 million malnourished children, pregnant women and breastfeeding mothers needed supplementary feeding. There were almost 850,000 registered refugees in the country, and another 96,500 had been driven from their homes by the drought and local conflicts. Because of an acute shortage of resources, cereal rations in most refugee camps had been cut by 37% since July 2017, providing families with only 70% of their required daily intake. More than 10 million people were without safe drinking water. Poor sanitation encouraged the spread of infectious diseases, and 2,519 cases of acute watery diarrhoea were reported between February and August 2017.⁵

The situation in **Kenya** continued to deteriorate and by September 2017, the UN warned that an estimated 5.6 million people were in need of humanitarian assistance. Worsening drought and an infestation of fall armyworm had led to widespread crop failures and harvests projected to be 20 to 30% below average. As pasture and water sources failed, farmers dependent on livestock were forced to move in search of food for their animals, often leading to local conflicts and encouraging the spread of disease. As milk and cereal production plummeted, food prices shot up, with maize in some areas costing 60% more than the five-year average. The price of food was out of the reach of many, and 3.4 million were going hungry every day. At the same time, livestock prices dropped steeply, and some farmers were forced to sell their ailing cattle at only 40% of normal prices. As a result, high levels of malnutrition were reported across some areas, with almost 370,000 children needing treatment, as

well as almost 37,000 pregnant women and breastfeeding mothers. There was a spike in disease outbreaks, including dengue fever, cholera, kala-azar and malaria, associated with rising levels of malnutrition and poor sanitation. In November 2017, UNICEF reported that 3.5 million people were without safe drinking water. Though the Kenyan government is leading the drought response, the scale of need is overwhelming its capacity to respond.⁶

Six months after the launch of the DEC appeal, almost a million people in **Somalia** had left their homes in search of food, water and employment, flooding already over-stretched camps. The situation was exacerbated by ongoing conflict with Al Shabaab, one of the most lethal terrorist groups in the world, which still dominates rural areas in the south, and had prompted 160,000 people to flee. Almost half of the population – more than six million people – still needed humanitarian assistance, with more than three million going hungry and some 800,000 people on the brink of famine. UNICEF estimated in October 2017 that 4.4 million people did not have adequate access to safe drinking water or sanitation, putting them at risk of communicable diseases, such as cholera and acute watery diarrhoea, of which there had been more than 77,000 cases by September, though this number is now in decline. Children are particularly vulnerable, and levels of malnutrition had risen sharply by September 2017, with almost 400,000 malnourished children under five across the country, of whom 87,000 needed life-saving support. The forced recruitment of children by armed groups has doubled over the last two years. Violence against aid workers has been on the increase, with numbers of abducted staff higher than it has been since 2011. However, this situation would have been much worse, according to the Famine Early Warning System Network, without the massive scale-up of humanitarian action at the beginning of 2017, which has, so far, averted widespread famine. Nevertheless, the UN warned in

November 2017 that needs were continuing to rise because of limited rain, the displacement of people, few basic services and ongoing conflict in large parts of the country.⁷

Fighting has continued in **South Sudan**, and by September 2017 had forced 1.87 million people out of their homes, disrupting agricultural production and crippling the economy; by November, inflation was running at more than 800%. The UN reported that six million people were severely short of food. Water shortages and inadequate sanitation resulted in almost 20,000 cases of cholera and at least 355 deaths by August 2017, though this outbreak, the longest and deadliest in South Sudan's history, is now in decline. There have been serious abuses against civilians, including killings, torture, rape and other forms of sexual violence. Women and children are the most vulnerable, facing immediate risks of violence, hunger and life-threatening diseases. The situation is expected to deteriorate further, with more than 275,000 children likely to be suffering from severe acute malnutrition by the end of 2017. Fewer than half of South Sudan's children go to school, and only 40% of these are girls. UNICEF reported that boys are at risk of recruitment into armed groups. South Sudan remains a challenging environment for aid operations, with 17 aid workers killed between January and August 2017.⁸



NEXT STEPS

This humanitarian crisis – one of the worst in East Africa’s history, according to the UN⁹ – presented enormous operational and logistical challenges. Insecurity, including the killing of aid workers, made getting supplies to some areas of South Sudan and Somalia both difficult and dangerous; and in all four countries, the need far outstripped the resources available. Nevertheless, DEC member charities were able to deliver assistance to almost **2.5 million people** during the first six months of DEC-funded activities.

Though the massive scale-up of humanitarian assistance averted widespread famine, the situation remains critical in many parts of Somalia, South Sudan, Ethiopia and Kenya. Hundreds of thousands of people are still displaced as a result of drought or conflict, and 15 million people are now without enough food in the Horn of Africa. Malnutrition continues to escalate, with some 1.2 million children projected to be malnourished over the next year in Somalia alone.¹⁰ In South Sudan, where there is little prospect of peace in the near future, people will continue to depend on humanitarian assistance for many months to come.

DEC-funded activities will continue until September 2018, with a focus on meeting urgent humanitarian needs and strengthening resilience where possible; the provision of food and cash (particularly in Kenya where markets are operating well) will continue alongside improving water and sanitation facilities and supporting people to rebuild their livelihoods. As part of the ongoing international humanitarian response, member charities will continue to provide assistance across the region long after DEC funds run out.

HOW THE DEC WORKS

The DEC makes sure 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.

Donating through the DEC is simple and effective. It removes unnecessary competition for funding between aid charities and reduces administration costs. The DEC East Africa Crisis Appeal donation lines remain open.

A final report on the DEC East Africa Crisis response is expected to be published in early 2019.



REFERENCES

¹ OCHA, 'Regional Outlook for the Horn of Africa and the Great Lakes', April–June 2017; UNICEF, 'Eastern and Southern Africa', September 2017, available at: <https://www.unicef.org/appeals/esaro.html>; World Food Programme, 'East and Central Africa, Horn of Africa Drought Crisis', Situation Report 3, March 2017; 'Kenya Flash Appeal', March 2017, available at: <https://reliefweb.int/report/kenya/kenya-flash-appeal-2017>; OCHA, 'Humanitarian Bulletin, South Sudan', Issue 4, March 2017; 'South Sudan Humanitarian Bulletin', Issue 5, March 2017, available at: <https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-bulletin-issue-5-28-march-2017>.

² The 'East Africa Appeal Response Review', available at: <https://www.dec.org.uk/article/east-africa-appeal-response-review>, has provided useful background information for this report.

³ 'Ethiopia Humanitarian Situation Report', March 2017, available at: <https://reliefweb.int/report/ethiopia/unicef-ethiopia-humanitarian-situation-report-3-reporting-period-7-20-march-2017>; 'Somalia: Humanitarian Snapshot', March 2017, available at: <https://reliefweb.int/report/somalia/somalia-humanitarian-snapshot-9-march-2017>.

⁴ OCHA, 'Humanitarian Bulletin, South Sudan', Issue 4, March 2017; OCHA, 'Regional Outlook for the Horn of Africa and the Great Lakes', April–June 2017; 'South Sudan Monthly Market Price Monitoring Bulletin', March 2017, available at: <https://reliefweb.int/report/south-sudan/south-sudan-monthly-market-price-monitoring-bulletin-march-2017>.

⁵ OCHA, 'Key Messages: Ethiopia Humanitarian Context', September 2017; World Food Programme, 'Ethiopia Emergency Response, Ethiopia Situation Overview', September 2017; OCHA, 'Key Messages: Ethiopia Humanitarian Context', September 2017; OCHA, 'Weekly Humanitarian Bulletin, Ethiopia', August 2017.

⁶ OCHA, 'Kenya Flash Appeal', September 2017, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/Kenya%20Flash%20Appeal%20Revision%20Sep2017.pdf>; UNICEF, 'Kenya: Humanitarian Situation Report', November 2017, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Kenya%20Humanitarian%20Situation%20Report%20-%204%20November%202017.pdf>.

⁷ OCHA, 'Humanitarian Bulletin, Somalia', September 2017; World Food Programme, 'Somalia', available at: <http://www1.wfp.org/countries/somalia>; UNICEF, 'Somalia', October 2017, available at: <https://www.unicef.org/appeals/somalia.html>; OCHA, 'Somalia, Humanitarian Snapshot', November 2017; OCHA, 'Humanitarian Bulletin, Somalia', November 2017, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/november_humanitarian_bulletin_2017tg_002_yf_jbv2.pdf.

⁸ OCHA, 'South Sudan Humanitarian Snapshot', September 2017, available at: https://reliefweb.int/sites/reliefweb.int/files/resources/SS_20171011__Humanitarian_Snapshot_September.pdf; UNICEF, 'Humanitarian Action for Children, South Sudan', available at: [https://www.unicef.org/appeals/files/2017_South-Sudan_HAC\(1\).pdf](https://www.unicef.org/appeals/files/2017_South-Sudan_HAC(1).pdf); OCHA, 'Humanitarian Bulletin', South Sudan, Issue 18, September 2017; OCHA, 'Regional Outlook for the Horn of Africa and the Great Lakes', April–June 2017; UNICEF, 'South Sudan', available at: https://www.unicef.org/appeals/south_sudan.html.

⁹ OCHA, 'Regional Outlook for the Horn of Africa and the Great Lakes', April–June 2017.

¹⁰ OCHA, 'Horn of Africa, Humanitarian Impacts of Drought', November 2017, available at: <https://www.humanitarianresponse.info/en/operations/kenya/infographic/horn-africa-humanitarian-impacts-drought---issue-11-3-november-2017>.



**TOGETHER WE'RE
STRONGER**

act:onaid



CAFOD



CONCERN
worldwide



DISASTERS EMERGENCY COMMITTEE

Ground Floor
43 Chalton Street
London NW1 1DU

Tel: 020 7387 0200
www.dec.org.uk

Registered Charity No. 1062638

Matching your
donations with



ukaid