HUNGER EMERGENCY IN EAST AFRICA AND YEMEN

A growing humanitarian crisis, driven by severe drought and political upheaval, is devastating the lives, health and stability of millions of people.

OVERVIEW
In Kenya, Ethiopia and Somalia, a lack of rain has devastated millions of families. Grazing land is becoming scarce, rivers are drying up, livestock are starving and people are on the move.

In neighboring South Sudan, political conflict has led to severe hunger and famine in three counties, as well as the displacement of millions in search of safety and food. This has resulted in what is now the world’s largest refugee crisis, with a majority fleeing to Uganda.

And, in Yemen, internal conflict has left 70 percent of the population in need of food assistance, with 462,000 children suffering from malnutrition.

HOW TO HELP
- Donate online: donate.crs.org
- Donate by phone: 1-877-HELP-CRS
- Donate by check: “Africa Hunger Crisis”
  Catholic Relief Services, P.O. Box 17090 Baltimore, Maryland 21203-7090

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Read this Huffington Post op-ed written by CRS Somalia’s Abdinoor Mohamed.
OVERVIEW

In South Sudan, famine has been declared in three counties in the state of Unity. Hunger there is rooted in conflict: Fighting between government and opposition forces has uprooted 3.6 million people, killing tens of thousands. The conflict is largely recognized as a struggle between the country’s two largest ethnic groups. Many families were forced to abandon their farms and livestock—critical sources of food, nutrition and income. At least 100,000 people face starvation in the counties of Leer and Mayendit. An estimated 1 million children under age 5 are acutely malnourished. The refugee crisis in South Sudan has become the world’s third largest, after those in Syria and Afghanistan. At least 850,000 South Sudanese refugees are living in Uganda. In the first quarter of 2017, an average of 1,800 South Sudanese refugees arrived in Uganda daily. Across the region, cholera is on the rise, with three outbreaks having taken place since 2014.

CRS RESPONSE IN SOUTH SUDAN

CRS is providing food aid to 514,660 people, focusing on the central part of the country where levels of hunger and malnutrition are critical. Activities include:

**Emergency food assistance**
- In partnership with the World Food Program, airdropped 15,000 metric tons of food for 180,000 people into hard-to-reach areas.
- Through the USAID-funded Jonglei Food Security Program, provided 2,010 metric tons of food to 116,740 people.
- The JFSP assistance included 78 metric tons of supplementary food support to pregnant or nursing women, and 14,500 children under age 5.

**Restoring livelihoods**
- Trained 4,000 farmers in post-harvest storage techniques and helped form 200 microsavings groups, totaling 4,120 members.
- Through JFSP, provided 12,630 metric tons of food to 217,810 people in exchange for work building community infrastructure, such as roads and classrooms.

**Clean water**
- Since mid-2015, drilled 7 new boreholes and rehabilitated 135 non-functional boreholes, serving 35,030 people.

CRS RESPONSE IN UGANDA

CRS and our partners are prioritizing water infrastructure and hygiene support in Bidibidi refugee settlement, focusing on the zones that have little basic water and shelter infrastructure. CRS will work on the construction of water systems and distribution of hygiene supplies and tools. Activities include:

- Constructing 2,000 household latrines and providing digging kits.
- Decommissioning 500 unhygienic communal latrines.
- Conducting hygiene-promotion activities and distributing supplies.
- Selecting and training 20 community hygiene promoters.
- Constructing drainage channels and waste disposal pits.

Needs remain high for transitional shelter, especially for families that need help building a more dignified shelter on the land provided to them within the refugee settlements. CRS will ensure families have access to materials and skilled labor, and can build safe, durable homes.
OVERVIEW
The governments of Kenya and Somalia have each declared a national emergency in response to drought.

In Somalia, conditions are potentially worse than the drought of 2011, which killed 250,000 people. An estimated 3.2 million people are in need of food, with 700,000 people facing an acute hunger emergency. As many as 363,000 children under age 5 are malnourished, with 71,000 at risk of death. Stunting, caused by inadequate nutrition and repeated infection in early life, is largely irreversible and has long-term effects. Nutrition support is urgently needed to keep these children alive. The drought has also caused the largest outbreak of cholera that Somalia has seen in 5 years, with 42,000 cases and more than 700 deaths so far this year. Separately, estimates predict a loss of 70 percent of the country’s livestock.

In Kenya, the drought has heavily hit the country’s arid and semi-arid lands, which are home to 30 percent of the population and most of the country’s national parks. The area has limited services and poor infrastructure, leaving communities especially vulnerable.

CRS RESPONSE
In Kenya’s northern counties and south-central Somalia, CRS is providing an integrated package of immediate, lifesaving support to 18,000 drought-affected families, or more than 100,000 people. Our goal is to increase access to safe, reliable water sources for targeted drought-affected communities by:

- Repairing vital community-level water infrastructure
- Helping coordinate local emergency water, sanitation and hygiene responders
- Supporting small-scale hygiene-promotion activities to help communities use available water safely
- Promoting the health of livestock weakened by drought

Emergency relief and recovery activities will include:

Access to water
- Rehabilitating shallow wells and boreholes. This includes water points that have failed, as well as newly drilled underground water sources that remain undeveloped because of funding constraints.
- Installing additional water points and making them more accessible to reduce lines for water and improve drainage.
- Employing residents to maintain dams, providing their households and the local economy with cash while preparing local water infrastructure for future rains.
- Supporting the creation of county borehole maintenance teams to respond to pump breakdowns with the proper tools and better pumps, and helping local officials recruit more pump mechanics and electricians.
- Helping communities prepare for rainwater harvesting by repairing and rehabilitating surface water points.
- Supporting small-scale hygiene-promotion activities to help communities use available water safely.
- Providing emergency cash grants or vouchers to families to meet their nutrition and water needs.

Support for livestock
- Making water for livestock more available by adding designated animal watering points.
- Supplying high-quality supplementary livestock feed to communities.
- Nursing abandoned animals back to health so they can be used for food or milk.
- Helping families secure veterinary services and fodder for vulnerable livestock, especially those that women-headed households rely on for food and income.
- Providing small livestock, allowing families that have lost animals to rebound.
- Facilitating disease control and prevention through vaccination and deworming, and collaborating with the government to survey disease prevalence, and migration patterns of people and livestock.
- Educating community members on preventive health care for their livestock.

The water in boreholes and shallow wells has run low, and people are migrating in search of water and pasture for their livestock. With the growing demand for water, an overuse of pumping at community boreholes has led to increased pump breakdowns. People are now resorting to desperate coping mechanisms: skipping one or more meals a day, migrating to find work, and selling their deteriorating livestock at low prices to buy food. An estimated 175,000 children no longer attend school, and 2.7 million people are in need of emergency relief.
OVERVIEW
In Ethiopia, 5.6 million people are in need of emergency food assistance, nearly half in the southern drought belt. Eighty-five percent of Ethiopians are farmers, completely dependent on rainfed agriculture. Without rain, many must sell their livestock—often a family’s most valuable asset—at very low prices, to buy food and basic supplies, such as clothing for their children. Some migrate or send older children to cities to find work. Many tell CRS about eating fewer meals per day, and lacking nutrition. At least 303,000 children require treatment for severe malnutrition during the year.

CRS RESPONSE
CRS programs in Ethiopia focus on community resilience and livelihood strengthening. CRS and partners help families reduce their risk of disaster, and provide extensive water infrastructure and high quantities of seed for agricultural recovery. Activities include:

Emergency food: Throughout last year, emergency food was provided for 3 million people every month through the Joint Emergency Operation Program, a CRS-led consortium funded by the U.S. Agency for International Development. This year, the numbers have fluctuated due to the Ethiopian government’s requests for support.

Access to water: Scaling up water, sanitation and hygiene activities to ensure people have sufficient access to clean drinking water, as well as water for their livestock and irrigation.

Livelihood groups: Participants will learn about career planning, life and employment skills, leadership, networking and mentoring. The groups also help people efficiently manage household budgets and understand terms and conditions of loans, and requirements for establishing small businesses.

Agriculture support: Providing seeds via cash grants and vouchers for farmers where seeds are not available, engaging both commercial seed firms and local seed traders.

Natural resource management: Teaching communities to prevent soil erosion, deforestation and flooding. Engaging farmers in climate-smart agricultural practices, such as growing more drought-resistant crops. Providing opportunities for people to earn incomes while improving their land through activities such as terracing hillsides, repairing roads and building irrigation systems.

Microsavings groups: Helping communities recover their assets and livelihoods through small business activities and by joining micro savings groups.

Improved nutrition: Working with communities to improve maternal and child nutrition. CRS educates pregnant and young mothers, and increases the quality and coordination of local health and nutrition services through training, coaching and supervision.
OVERVIEW

Yemen has been devastated by a war between forces loyal to the internationally recognized government of President Abdrabbuh Mansour Hadi and those allied to the Houthi rebel movement. More than 7,600 people have been killed since March 2015, the majority in airstrikes by a Saudi-led multinational coalition that backs Hadi.

The conflict and a blockade imposed by the coalition have also triggered a humanitarian disaster, leaving 70 percent of the population in need of aid. More than 14 million people are without enough food or safe drinking water. An estimated 462,000 children face acute malnutrition. The most affected governorates are Aden, Taiz and Saada, where food prices have soared and buying power has declined.

With access to food hindered for millions of people across the country, hunger needs have been on the rise, while basic services like water, health and education have deteriorated.

Health care is a major need. Medical materials are in chronically short supply, and only 45 percent of health facilities are functioning. Salaries for health facility staff, teachers and other public sector workers are increasingly going unpaid, leaving 1.25 million state employees and their dependents—or nearly 30 percent of the population—without an income at a time of shortages and rising prices. This has led to a severe shortage of health care workers, and increasing risks for children under age 5 and new mothers.

CRS helps partners such as Islamic Relief provide health and nutrition services in villages across Yemen. Photo courtesy of Islamic Relief

CRS RESPONSE

CRS and its local partners, including Caritas Yemen and Islamic Relief, focus on reducing illness and death from malnutrition among children under age 5, and pregnant and nursing women. Activities include:

- Nutritional food to 3,360 households, or 23,540 individuals, in targeted governorates, including rice, wheat flour, sugar, vegetable oil and kidney beans.
- Essential medical supplies and medicines to 4 hospitals in Taiz governorate, reaching 4,000 patients in 2 months. Supplies included 263 oxygen cylinders, 200 first aid kits, 40 wheelchairs and 40 pairs of crutches.
- Mosquito nets to 1,000 households in Taiz to control malaria.
- Treatment of acute malnutrition in children under age 5, and pregnant and nursing women, through an outpatient and targeted supplementary feeding program.
- Prevention of acute malnutrition by counselling mothers and caretakers of children under age 2. Counseling is on improved feeding and hygiene practices, micronutrient supplementation for children 6-24 months old, and supplemental feeding for pregnant and nursing women.
- Nutrition screenings and referrals to treat malnourished children under age 5, and pregnant and nursing women.

70% OF THE POPULATION IS IN NEED OF FOOD ASSISTANCE, WITH 462,000 CHILDREN SUFFERING FROM ACUTE MALNUTRITION

Cholera treatment and prevention

An outbreak of cholera has already resulted in 70,000 reported cases. The current upsurge is attributed to the prevalence of many risk factors—disruption of local health and water systems, displacement of mass populations, and poor sanitation conditions. CRS’ treatment and prevention efforts include:

- Helping identify and offer treatment referrals for people with acute diarrhea.
- Providing medical supplies for cholera treatment and stipends for health workers.
- Raising awareness across communities about hygiene practices.
- Distributing hygiene kits and chlorine tablets for household-level water purification.
- Providing safe water where needed, as well as water quality monitoring.
- Carrying out water container cleaning campaigns for improved hygiene and safe water use.