

DISASTERS EMERGENCY COMMITTEE – EAST AFRICA RESPONSE REVIEW: SYNTHESIS REPORT

RESULTS MATTER CONSULTING LIMITED
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The views expressed in this report are those of the author and may not necessarily represent the views of DEC or its members.

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Abbreviations

AAP	Accountability to Affected Population
CHS	Core Humanitarian Standard
DEC	Disasters Emergency Committee
FSL	Food Security and Livelihoods
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
IDP	Internally Displaced Person
IPC	Integrated Food Security Phase Classification
SGBV	Sexual and Gender Based Violence
UN	United Nations
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
OCHA	Office for Coordination of Humanitarian Affairs

Glossary

Clusters: Coordination is vital in emergencies. Clusters are groups of humanitarian organisations (UN and non-UN) working in the main sectors of humanitarian action, e.g. shelter and health. They are created when clear humanitarian needs exist within a sector, when there are numerous actors within sectors and when national authorities need coordination support. Clusters provide a clear point of contact and are accountable for adequate and appropriate humanitarian assistance. Clusters create partnerships between international humanitarian actors, national and local authorities, and civil society. At the national and sub-national level, the United Nations Office for Coordination of Humanitarian Affairs (OCHA) helps to ensure that the humanitarian system functions efficiently and in support of the Humanitarian Coordinator's (HC) leadership.

IPC Classification: The Integrated Food Security Phase Classification (IPC) is a set of standardised tools that aims at providing a "common currency" for classifying the severity and magnitude of food insecurity. The IPC-Acute scale categorises the severity of acute food insecurity into Five Phases: Phase 1 – minimal; Phase 2 – stress; Phase 3 – crisis; Phase 4 – emergency; and Phase 5 – famine.

1. **Minimal.** Up to 20 percent of households must take drastic steps to meet basic needs, for example, selling assets to pay for food or shelter.
2. **Stressed.** Households cannot get enough food without meeting other non-food needs through unsustainable means.
3. **Crisis.** Households either experience stretches of acute malnutrition or must deplete assets to meet food needs, leading to gaps in food consumption.
4. **Emergency.** Households experience long stretches of acute malnutrition and excess mortality or see the extreme loss of assets.
5. **Catastrophe/Famine.** Households experience an extreme lack of food, leading to starvation and death. When at least 20 percent of households in an area are affected, this phase represents the minimum threshold for famine. There are degrees of famine characterised by an increasing death rate and more rampant starvation.

Introduction

1. Persistent drought during 2016-17 in Ethiopia, Kenya and Somalia, and ongoing conflict in South Sudan, saw a serious escalation in humanitarian needs across the East Africa region. To support its thirteen (13) member agencies to respond to this, the Disasters Emergency Committee (DEC) launched an appeal, focusing on these countries. So far, the Appeal has raised £60 million, including £10 million UK Aid Match funding which the member agencies will spend over a period of up to two years, split between Phase 1 (the first 6 months) and Phase 2 (the following 18 months) of the response. An amount of £26.5 million has been already budgeted for Phase 1 of the response, covering the period 15th March to end of September 2017.
2. All 13 DEC member agencies responded to the crisis in East Africa during the first 6-months response phase. Of these, seven are responding in Ethiopia, seven in Kenya, nine in Somalia, and ten in South Sudan. Data provided by DEC show that of the £26.5 million budget for Phase 1, the largest share (36 percent) was budgeted for Somalia, 25 percent for Kenya and South Sudan each, and 15 percent for Ethiopia. In line with DEC's Accountability Framework, DEC commissioned a response review as part of its emphasis on learning and improvement, through providing real-time feedback on the overall collective response by DEC members. The review included a rapid assessment of response in two countries, namely Somalia and South Sudan, by a team of independent consultants, and an overview of response in Kenya and Ethiopia based on desk research and interviews with member-agency staff. The methodology used for country assessments – which produced two separate country review reports – followed a mixed-method approach involving key information interviews, site visits and discussions with affected communities, besides documentary research. This synthesis report draws on these various exercises undertaken during the months of June-July and summarises the key conclusions, lessons and recommendations.

The context of the crisis in the region

3. Three consecutive seasons of drought driven by El-Niño have left most of East and Southern Africa on the brink of severe food insecurity and famine-like situation. About 20 million people in Ethiopia, Kenya, Somalia and South Sudan have been affected by drought and conflict, driving malnutrition rates, destroying livelihoods and assets of largely pastoral and agro-pastoral population, leading to large-scale movement of people in search of pastures, water and livelihoods. Colliding with the drought, the rising cost of food and ongoing conflict in parts of the region, particularly in Somalia, Northern Kenya and South Sudan, have undermined people's ability to cope, let alone recover from this prolonged crisis.
4. The Horn of Africa drought of 2011 was reported to be the worst in sixty years, affecting some 12 million people. But the current drought has affected 13.6 million in Ethiopia, Kenya and Somalia alone - 7.8 million people in Ethiopia, 2.6 million in Kenya and 3.2 million in Somalia.¹ Rains during April-June were expected to bring some respite, but heavy shortfall and late rains meant that the region is looking at another season of failed crops, and things may worsen further if the October-December rains were to be below normal.
5. In February, famine was declared in parts of South Sudan where conflict and mass displacement triggered a humanitarian crisis in 2016, with 100,000 in the jaws of famine and another 1 million on its brink. Mobilisation of massive aid efforts prevented crisis escalation in South Sudan, but

¹ <http://reliefweb.int/report/somalia/horn-africa-drought-response-issue-no-01-16th-june-2017>

6.01 million face 'crisis' or 'emergency' levels of food insecurity due to continued fighting and displacement.²

6. The crisis is far from over, and emergency humanitarian needs are growing. In Somalia, a new study shows severe malnutrition rates are soaring in nearly half the surveyed districts.³ An estimated 2.5 to 3 million people will remain in need of humanitarian assistance through the end of 2017, and latest data warn of the possibility of a famine (IPC Phase 5) in the event of further declines in household food access, and lack of an effective response to ongoing disease outbreaks.⁴ In Ethiopia, parts of Somali Region are expected to remain in Emergency (IPC Phase 4) through to January 2018. Food assistance delivery by both WFP and the Somali Regional Government has been interrupted since mid-May, and if it does not resume by the end of July, some of the worst-affected households may face famine, and levels of acute malnutrition and mortality may rise further. In Kenya, below-average maize production due to below-normal rainfall and the effects of Fall Armyworm, accompanied by high food prices mean that increasing number of people will require emergency food assistance. In South Sudan, recent data indicate that food security in some parts have deteriorated sharply in 2017, emergency (IPC Phase 4) situation persists, and some of the households may be in famine (IPC Phase 5) conditions. Efforts to implement the Peace Agreement that lead to a permanent cease-fire would improve the security and allow households to slowly regain their livelihoods and return to their places of origin; however, most predictions are pessimistic on the possibility of peace in near future.

Early response, DEC appeal and members' approach

7. East Africa has some of the most sophisticated early warning systems for drought and famine, and during the current drought, as early warnings began to emerge in the last quarter of 2016, DEC members scaled up their response in different areas. Using the principles of crisis modifiers and risk financing mechanisms, some of the DEC members had established internal funding mechanisms which were used to launch their response earlier this year, especially in Kenya and Somalia. The donor community had also stepped up its engagement in Somalia since 2012-13, through several major resilience programmes which several of the DEC members have been part of. In Kenya, drawing lessons from the 2011-12 drought, the government had scaled up its response and strengthened its capacity for coordination at county level, all of which enabled a stronger response. In Ethiopia, the government dithered to declare drought and also did not step up its response, probably due to the fact that the country had yet to recover from the drought of 2015-16 when the Government of Ethiopia (and donors) deployed a substantial amount of resources to drought relief and recovery. During 2016-17, international donors gave a muted response to the crisis in Ethiopia, largely because of resources being needed for other desperate humanitarian situations in Yemen, Somalia and South Sudan.
8. In South Sudan, although the drought impacted some areas, the main trigger for the current response was an upsurge in conflict during mid-2016. The World Food Programme (WFP) food assistance has been the mainstay of ensuring some level of food security for many years now, and donors have stepped up funding significantly in response to the humanitarian crisis following the most recent upsurge in violence during mid-2016.⁵ In Somalia, Ethiopia and Kenya, the 2016-

² <http://reliefweb.int/report/somalia/horn-africa-drought-response-issue-no-01-16th-june-2017>

³ At least 20,000 children at risk of dying in drought-stricken Somalia. Save the Children, 29 June 2017.

<https://www.savethechildren.net/article/least-20000-children-risk-dying-drought-stricken-somalia>

⁴ FEWS NET. EAST AFRICA Food Security Outlook June 2017 to January 2018 <http://www.fews.net/east-africa/food-security-outlook/july-2017>

⁵ The HRP for 2017 was for \$1.6 billion, of which \$1.1 billion (69 percent) has already been received. Going by global average of humanitarian appeals funded, South Sudan is one of the better-funded countries.

17 drought has been more severe than the one before (2011-12) and affected more people. However, the fact that humanitarian assistance has been able to prevent excess mortality and avert a famine of the type seen in 2011-12 owes it to early scaling up of humanitarian action, better access (Somalia) and relatively improved local capacity.

9. Most of the DEC members in Somalia built their response based on ongoing presence and long-term resilience programmes in the country. Taking similar approach, members worked with existing partners in Ethiopia and Kenya in districts and counties where they had established presence, and which fell mostly on the IPC 4 and 3 scale of food insecurity. In South Sudan, members did move to new areas of operation to target IPC 4 and 3 targets, though in a few minority cases, members stayed put in IPC 2 areas where they had existing operations. Members who did move to new areas were those with better capacity and had experience in rapid deployment and scaling up in humanitarian operations.
10. The DEC Appeal was launched just at the beginning of the lean season in South Sudan and helped agencies to mitigate its impact through provision of food, cash and seeds and tools for late-season planting in some areas. In rest of the region where the effect of drought has been prolonged, DEC funds have enabled members to extend the duration of their response beyond the initial period for which it was planned. In Ethiopia, overall response was severely delayed, due mainly to the increasingly frustrating government bureaucratic procedures agencies have to plod through. Several DEC-funded initiatives were delayed as agencies waited for regional and federal governments to give their go-ahead.

Responding to needs and vulnerability

11. DEC members in all countries extensively used common and interagency needs assessment data to guide their response, supplemented by localised and sector-specific assessments individual agencies carried out themselves. Most members focused their DEC-funded response in IPC 3 and 4 areas, though in South Sudan, DEC funds were used in IPC 2 areas (stress) by two members. While agencies may have chosen to continue working in IPC 2 areas on the ground that these areas were vulnerable and might slip back into crisis or emergency phase, if continuing humanitarian assistance was not available, the review team was unconvinced by the argument, given the severity of needs in IPC 3 and 4 areas and limited availability of funds. In Somalia, while members focused on the most vulnerable areas and communities, in their plans, most members failed to take into account the needs of newly arriving IDPs, especially those arriving from late-April onwards, who were mostly bypassed by the humanitarian response. This was also partly due to weak interagency coordination in Somalia.
12. DEC members used multiple indicators of vulnerability to target households and made wide use of community-led processes in beneficiary selection. While this encouraged participation and facilitated accountability to affected population (AAP), in both Somalia and South Sudan, over-reliance by some agencies on community leaders, without adequate cross-checking and validation mechanisms, meant that sizeable amount of benefits (in-kind and cash) were cornered by those able to influence the process of beneficiary selection – more noticeable in Somalia than in South Sudan due to clan, sub-clan and political influences brought to bear on community leaders. In Ethiopia, beneficiary selection is through processes controlled by local authorities and regional governments.

Coordination

13. Key informant interviews revealed that in Kenya, coordination at county and local level which was weak in the past has shown marked improvement in some areas, with strengthening of county level governance and the National Disaster Management Authority. The overall humanitarian coordination in Ethiopia is well established, led by the Government's National Disaster Risk Management Commission at federal and regional level through a series of specialised task forces that work jointly with the cluster lead agencies. Coordination in Somalia has been generally weak in most sectors, complicated by hierarchy of government-led coordination at multiple levels, and the country leadership of most of the humanitarian agencies being based in Nairobi. Some of the DEC-funded interventions missed opportunities for complementing each other's programmes due to weak coordination and cooperation among humanitarian agencies at operational level. Inter-sectoral linkages and joined up approach were also weak.
14. In South Sudan, there is a relatively robust coordination system in place for international humanitarian agencies, with an active Humanitarian Country Team (HCT), Clusters and several sectoral and thematic working groups. NGOs are represented in the HCT and Clusters, which are co-led by NGOs. Gaps nevertheless remain at local levels where there are no dedicated coordination staff. International NGOs are a frequent target of criticism by the national government⁶ which accuses the former of failing to respect regulations regarding procurement and recruitment, and of general inefficiencies. The government recently repeated these accusations, using them as a justification to increase taxes and fees for humanitarian agencies. This barrage of criticism has encouraged INGOs to unify behind a 'common front' together with donors and UN partners. Several DEC agencies often play a more active role in coordination as cluster co-leads, (rotating) NGO representatives on the HCT, or as members of strategic working groups.

Food security, nutrition and WASH

15. Differences in trigger for the crisis notwithstanding, the crisis in the four countries has created a serious crisis of food security for nearly 20 million people, besides lack of access to water, livelihoods and healthcare. In Somalia, and to some extent in Kenya, market-based interventions (cash transfers, cash vouchers, food vouchers) have been extensively used in the response, often enabling faster delivery of assistance to communities, though the size of transfers and number of distribution cycles have fallen short in terms of ensuring a general reduction in global acute malnutrition (GAM) which has shown an increase in several parts of Kenya, Somalia and Ethiopia. In Ethiopia where cash transfer has had a longer history (through Productive Safety Net Programme), during 2017 the Government failed to scale up assistance to additional families who faced acute food insecurity at crisis and emergency levels. In South Sudan, market based interventions were used sparingly owing to limited market capacity, and WFP's food pipeline was the main lifeline for millions of people, supplemented by NGOs, including DEC members.
16. Nutrition situation in all the four countries remain precarious, with recent data showing increasing trends in acute malnutrition. In all the countries, the review team came across the usual phenomenon of supplementary and therapeutic feeding programmes aimed at severe and moderately malnourished children (and pregnant women) not having the desired effect, as all food is shared among various members in the household due to existence of global acute malnutrition. Where nutrition intervention was well integrated with household food security, performance was better. Food pipeline break in South Sudan during May-June made the situation worse. The two country studies and data gathered in Kenya and Ethiopia point to the need for scaling up nutrition interventions, particularly supplementary feeding targeted at children under-5 and pregnant and

⁶ Most criticisms emanate at the national level. The relationship between humanitarian agencies and local government in both government- and opposition-held areas are relatively good.

lactating women, complemented by targeted general food distribution (which is led by the Government and World Food Programme). In Ethiopia, nutritional interventions by NGOs started late, mostly in June.

17. WASH interventions started with water trucking in Somalia, Kenya and Ethiopia which later incorporated hygiene education and sanitation. In South Sudan, DEC support was focused on rehabilitation of community wells, water management, latrine construction and hygiene promotion, and in some cases, water trucking for newly arrived IDPs. In all countries, hygiene education component and preventive measures for cholera began late, including by DEC members. The cholera outbreak could have been foreseen, but agencies generally failed to prepare for this contingency. In Ethiopia, the government's reluctance to acknowledge cholera outbreak also contributed to this delay.
18. The two country studies in South Sudan and Somalia indicate that sectors have had a mixed performance in integrating their food security interventions with nutrition programme in particular, along with WASH and protection. This was reflected in DEC members' interventions as well – only a couple of members in Somalia and South Sudan attempted an integrated approach in their programming, incorporating good practices. In Kenya, key informant interviews and a brief visit to one member's work in a county showed that integration was more consistent. In Somalia, interviews with field staff confirmed that even within an organisation, sectoral teams tend to work in isolation, with food security team taking the lead in independently determining targeting and beneficiary selection criteria, leading the Somalia country study to ponder if cash transfer programme which is taking up substantial organisational time and resources is coming at the expense of attention to other sectors. Evidence in support of this conjecture is thin in the country studies, but this may be an issue to look out for.

Transparency and accountability to affected population

19. All DEC members met during the review consulted regularly with community committees, some of which they formed specifically to support their interventions. Besides being involved in selection process, the committee members act as a bridge between the agency and communities for providing information, facilitating complaints, and support monitoring activities. Overall, the perspective of communities in both countries was that agencies consulted them and beneficiaries were aware of their entitlements; members' interactions with communities, however, remained mostly confined to 'project beneficiaries'. Member-agency staff stated that because of limited budget, they had to restrict their consultations to planned target group as per the original project design as otherwise they might raise undue expectations.
20. Most agencies have some form of complaints and feedback mechanism that they either implement directly or through local partners. Interviews with member-agency staff indicated that rather than written complaints, people preferred to bring their complaints in person, or raise it with village committees or leaders who passed these on to members/partners. Most of the complaints related to non-inclusion in beneficiary lists, along with some complaining about pressure from authorities to give them part of their assistance.
21. Both country studies noted weak coordination and sharing of information and operational plans among members at field level; in Somalia, this often resulted in duplication and overlap. In South Sudan, at least two examples were observed of two (non-DEC) international agencies refusing to allow access to "their" beneficiaries or share beneficiary lists and information about their strategies or plans which appeared to limit effectiveness of DEC partners.

Sexual and gender-based violence (SGBV) and protection issues

22. Sexual and Gender Based Violence (SGBV) has been a recurring issue related to protection in all four countries, particularly in South Sudan and Somalia. With families on the move in search of safety, food and water, and living in internally-displaced-persons (IDP) camps, women are easy targets for sexual predators preying on their vulnerability. Domestic violence against women and children have increased in Somaliland as men, having lost their livestock and livelihood, vent their frustrations and anger on family members. In South Sudan, the situation is the same, especially when women were not able to bring home sufficient food. Key findings from a recent rapid gender analysis in IDP settlements in Somaliland conducted by one of the DEC members⁷ confirmed that the effect of household food insecurity has caused intermittent household tensions and conflict resulting in domestic violence, though the cash support has contributed to a reduction in incidences due to improved food access.
23. In South Sudan, the government, UN, INGOs, NGOs and community-based organisations are now increasingly placing emphasis on the need to address GBV. DEC members and their partners in South Sudan have formed protection committees to monitor GBV cases. Since the formation of trained protection committees by DEC member and partner, fewer incidents of GBV were reported. In Somalia, similar committees have been formed who also monitor sexual assault and rape cases; however, referral system for reporting and follow up on rape incidents does not always work, especially in remote communities.
24. Child abuse, unaccompanied children, harassment of young girls and attempts by armed groups to recruit children are common in both South Sudan and Somalia. In South Sudan, two DEC members undertook integrated child protection interventions, particularly in integrated nutrition and food security and livelihoods (FSL) programming. In Somalia, some members have set up community-based child protection committees trained in child rights, child abuse, unaccompanied children and SGBV. The committee members report identified child protection cases to the member's social workers who then visit the child, start with case management, and decide on appropriate support. For unaccompanied children, the member agency looks for foster parents.

Lessons emerging

25. Several important lessons can be distilled from the two country studies and rapid scan of response in Ethiopia and Kenya:
 - i. Integration of sectoral projects improves coherence and overall effectiveness of interventions and was observed to be particularly important to successful implementation of protection initiatives and nutritional interventions.
 - ii. In contexts where the resilience of communities is challenged by recurring cycles of increased conflict, forced displacement, disasters and periodic reductions in external assistance due to donor fatigue or obstacles to access, it is important that humanitarian interventions help strengthen community resilience by ensuring that project design and aid delivery modalities support, rather than undermine, the community's own coping and adaptation strategies.
 - iii. Interventions in water, sanitation and hygiene need to be contextualised and adapted to changing situations on the ground.

⁷ Oxfam. Rapid Gender Analysis for Oxfam Drought Response in Somaliland, June 2017

DEC phase 2 options and recommendations

26. In all four countries, the current level of needs is likely to remain, or even become worse, in the next 6-8 months, and any scale-back or reduction in funding for ongoing emergency response will have serious consequences on 20 million people who are still in the grip of acute food insecurity. In Ethiopia, Kenya and Somalia which have a substantial agro-pastoral livelihoods system, good October-December rains will open up opportunities for some recovery activities to start, though a sizeable number of people will continue to need emergency assistance, at least until the next harvest in late January. If however the rains were to fail again, one is staring at the prospect of a famine, without a dramatic increase in humanitarian assistance. Recovery in either scenario is going to take a few years, and much longer in Somaliland, and it is anybody's guess as to when it can start in earnest. In South Sudan, with little prospect of peace in near future, and governance in the country being what it is, humanitarian assistance on an ever-increasing scale seems to be the only hope for its desperate population caught in the vicious cycle of conflict and displacement.
27. In this scenario, DEC needs to consider if it can support members in their fundraising efforts, and donors needs to step up their funding to the ongoing crisis. Given the very limited funds DEC has for phase 2 from its earlier appeal and the scale of humanitarian need in the region, and despite the fact that DEC funds are not meant to cover a comprehensive response, DEC needs to bear in mind that it will be spreading it too thin if it continues to provide assistance in all the four countries. Hard choices therefore will have to be made, based on where its members can make the most impact, geographically as well as in specific sectoral areas. Without being prescriptive, this review indicates that any of the three countries, Kenya, Somalia and South Sudan, could be potential candidates;⁸ however, the challenge will be to determine which areas of need to focus on with the limited resources. The review would suggest targeting IPC 4 and 5 areas, with focus on WASH and nutrition, using an integrated approach, if possible. Cash transfer, though has demonstrated its effectiveness in Somalia, Kenya and Ethiopia, is resource-intensive, and DEC funds will be too small to undertake a meaningful scale up of market-based response.
28. In specific terms, the following recommendations are made for overall DEC response in phase 2:
- i. DEC to support members in their fundraising efforts and in advocacy with donors to increase funding for the ongoing crisis.
 - ii. Given the small budget DEC has, it may shorten the duration of the phase 2 programmes from 18 months to 6 months, and review the funding scenario at the end of December 2017.
 - iii. WASH and nutrition programming in IPC 4 and 5 areas, using an integrated approach may be prioritised for phase 2 budgeting, if additional funding cannot be mobilised.

⁸ Humanitarian needs are also immense in Ethiopia; however, given the limited funds on the one hand, and the severe bureaucratic constraints of working in Ethiopia, on the other, DEC may need to consider if its balance of limited funds are better utilised elsewhere where the potential for making a difference might be greater.

*****ENDS*****



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