

Lessons Learnt from Voluntary Drought and Famine Relief Intervention in North Eastern Kenya

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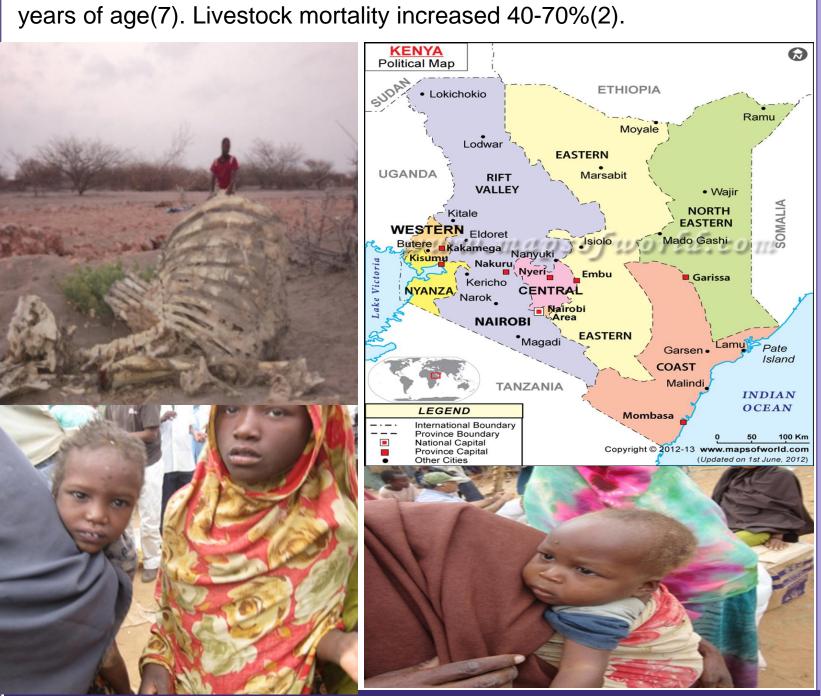
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BACKGROUND

Kenya has a population of over 38m (1) with 2.3 million in North Eastern Province who are mainly of Somali origin, pastoralists, 60-80% dependent on livestock (2), with high poverty (3), lowest literacy rates in the country (64% of men and 21% women) (4). Only 12% have piped water as main water source compared to 30% national average (1). Twothirds of the North Eastern population don't have access to toilets compared to 14% national average (1). It also has the highest proportion of malnourished children under five years' age below -3SD height for age, weight for height and weight for age (4). Very few deliver in a health facility or are attended by a trained health provider (3). Rainfall is scarce, with frequent episodes of drought that results in loss of livelihoods. 'Droughts are a natural hazard and with climate change their occurrence is increasing in the Horn of Africa. Famine, however, is unnatural and depends on government policies and the capacity of local and international partners to respond to emerging crises... For Kenya, this crisis presents itself as an opportunity to find sustainable solutions to crises which are becoming more frequent and more intense'(5). Refugees fleeing violence, drought and famine in Somalia have sought refuge here and now total over 500,000 (6). Food and water is scarce and malnutrition has increased (7). 'As of March 22 (2011), an estimated 1.4 million pastoralists in northern Kenya remained moderately to highly food insecure due to consecutive seasons of failed rains, resulting in grazing land and water shortages, weakened livestock, declining livestock prices, and limited household milk availability, according to the USAID-funded Famine Early Warning Systems Network (FEWS NET). Declining livestock prices combined with increasing food, water, and fuel prices continues to worsen pastoralists' terms of trade. In addition, increased migration has led to conflict over grazing land and water, resulting in death, livestock losses, and decreased market access'(7). Their purchasing power reduced 25 -45% compared to five years ago. (7) and 20-30% increase in risk of acute malnutrition among under-five



OBJECTIVES

The main objectives of the project were:

- To provide emergency food relief to drought affected populations in Northeastern Kenya
- Assess post-emergency food relief development needs
- Strategise and implement priority post-emergency food relief development projects to mitigate affects of future droughts

METHODS

Information on status of the drought, its effects and populations most affected was obtained from media, literature from national and international agencies, local people, personal visits.

A group of friends from different towns of Kenya discussed the issues and possibility of assisting in emergency food distribution. Plans were made for a visit to assess the situation first hand. A well-wisher offered a truck load of packed raw food stuffs containing rice, oil, beans, salt and high energy biscuits. This was taken by the CHEpS team to a few villages in Lagdera region, identified by local residents. Discussions with the locals during the initial trip and requests led to expanding the plan to 37 villages all over Northeastern Province of Kenya.

Plans for relief efforts were made in 3 phases:

. Emergency food relief 2. Recovery 3. Rehabilitation

Strategies used for development focused on water projects, education and environmental restoration. Water projects included digging shallow wells, rehabilitating ('cupping') incomplete wells and irrigation projects. Areas where people had started /showed interest in farming were prioritized for well projects. Education mainly focused on sponsorship for post-secondary education in colleges and universities for students from very poor families who had performed well in high school and obtained admission in university. Three women's groups requested and were provided with capital to undertake business on condition regular reports would be provided and 30% of the funds would be returned in six months. All post-emergency relief projects were undertaken in Wajir area due to pro-active and better cooperation from the leaders and communities. Success of each small project led to motivation to carry on doing more.

Resources to undertake the projects were undertaken initially through fund raising by a few local residents who then approached CHEpS to join hands in the relief effort. CHEpS' volunteers donated and more was raised by inter personal communication and reports sent to friends and well wishers. Monitoring of the projects was done through local volunteers, regular reports, photographs, community and leaders' communications and frequent personal visits. An evaluation visit was done in April 2012 to determine project completion, effects on the communities, assess people's opinions on the projects and fundertake needs assessment. Projects are ongoing.

RESULTS

In the emergency phase of famine relief, CHEPs distributed over 140 tons of high energy food in 37 villages and provision of food for fees to 13 boarding schools with children from poor pastoral families for six months. The latter project paid outstanding tuition fees for 1200 students in these secondary schools. 6 orphanages were also assisted with food relief benefiting over 1000 children. In the recovery and rehabilitation phase CHEPs distributed seeds and mentored 200 new farming households, restocked goats in 25 households who had recently started farming, rehabilitated 345 wells, dug 135 wells. It sponsors 25 students from the worst hit villages to attend universities in various towns and cities, and supported three women's groups on income generation activities. A library was set up in a local school with efforts towards reading promotion among the students. Two eye camps were organized resulting in spectacles and eye medications given to 333 patients and 205 cataract surgeries performed to restore sight.





CHALLENGES

- Hiring trucks. Due to the high demand during the drought, the charges were raised exorbitantly. Often there were middle-men involved and it would be difficult to know who the real owner was. With limited time it was very stressful exercise.
- Ordering food. Prices varied with every trip due to varying demand and supply in the market. Well-wishers assisted negotiate the prices from their business partners in the industry.
- Storage and loading food onto trucks. Since there was no storage readily available, permission was obtained from a local school in Nairobi. This did not disturb school activities as it was closed for the season. Care was taken to avoid damage to school property. The area was cleaned up at the end of all relief operations.
- Other needs. We were told in some villages that they needed water more as they can suffer the hunger but thirst was more acute. We had not planned for this but incorporated digging and rehabilitation of wells in our phase 2 plans.
- Some villagers protested discrimination in food distribution by some leaders on basis of clans. Care was taken not to take the village leaders' opinions on beneficiaries at face value so as not to discriminate any group. Care was also taken to find out about those who were sick, disabled or had gone out of the village for other needs and unable to come to the distribution site that day. Food packets were specially kept aside for them and the local chief assigned to give them later. The community was informed about this for transparency and monitoring.
- Being volunteers with full time jobs, there was limited time in planning the relief efforts, and going to implement the projects. Days off from work had to be taken often.

PLANS

Plans and efforts are ongoing to dig and rehabilitate more wells in drought affected villages, provide seeds and train pastoralists to take up irrigation farming using greenhouses, follow-up on micro-credit projects, mentor and sponsor more poor and bright students with monitoring of their academic performance and community projects, build classrooms and provide desks and books to schools, build dispensaries and maternity units with outreach preventive and health promotive services, plant more trees around wells and in schools.



CONCLUSIONS

- Relief efforts by small well managed groups & purchase of relief food locally saves on logistics costs, serves more beneficiaries and injects reasonable cash into the local population
- It is important to seek advice and work with local contacts on needs and methods
- Recovery and rehabilitation efforts, and long term programmes, should follow emergency food relief and can be very effective



REFERENCES

- 1. Kenya National Bureau of Statistics (KNBS). Kenya National Bureau of Statistics (KNBS) and ICF Macro2009 *Kenya Population and Housing Census Report. A*ugust 2010.
- 2. Save the Children. Drought Assessment Northern Eastern Kenya (Wajir East, South and Mandera). April 2011.
- 3. Commission of Revenue Allocation. Kenya County fact Sheets. December 2011.
- 4. Demographic and Health Survey 2008-09. Calverton, Maryland: KNBS and ICF Macro.
- 5. The World Bank. Drought and food crisis in the Horn of Africa. *Impacts and Proposed Policy Responses for Kenya. September 2011.*
- 6. UNHCR. Somalia Fact Sheet. October 2012.
- 7. USAID. Bureau for democracy, conflict, and humanitarian assistance (DCHA) office of U.S. foreign disaster assistance (OFDA). Kenya drought. Fact Sheet #1, Fiscal Year (FY) 2011. April 2011.

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