



## A DAY IN THE LIFE OF SEVEN AID WORKERS

WORLD HUMANITARIAN DAY





CARE Philippines' shelter specialist trains communities to build back safer after typhoon Haiyan. Photo: Darcy Knoll/CARE

# INTRODUCTION

Every year on World Humanitarian Day, August 19, we recognize humanitarian aid workers around the world who have dedicated their lives to help families affected by natural disasters, conflicts and wars. 14 years ago, on 19 August 2003, a brutal terrorist attack on the UN headquarters in Baghdad killed 22 people, including UN envoy Sergio Vieira de Mello. Since then, many more have lost their lives in humanitarian service. This publication gives a rare insight into the daily realities of CARE's humanitarian aid workers. It shows the immense pressure under which our colleagues deliver emergency assistance and the personal sacrifices they often have to make, especially in conflict-torn and remote areas. For most, working as a humanitarian professional is more than just a job. It's a mission and a passion.

Being a humanitarian aid worker is extremely challenging. Many colleagues live under harsh conditions; they work in refugee camps or in areas

destroyed by natural disasters. Often, if not on a daily basis, humanitarians witness people's suffering, they listen to the traumatic stories of those who have been affected, they empathize with those they assist. Many have to leave families and friends behind, working far away from their homes.

This publication is dedicated to all humanitarians who work or have worked for CARE; for all those who have made a difference in people's lives around the world.

Philippe Guiton

Humanitarian and Operations  
Director, CARE International



# A "Gender in Emergencies" specialist in the midst of crisis around Lake Chad

**Fatouma Zara** is the Gender in Emergencies specialist with CARE's Rapid Response Team. Fatouma works with our teams in humanitarian emergencies to ensure gender remains at the heart of everything we do. Fatouma's work has taken her to many countries including Cambodia, Mozambique, Ethiopia, and Turkey.

Today we find her in [Diffa](#), in the south east of her native country Niger. Diffa is hosting around 340,000 of the 2.4 million people displaced by the [crisis in Africa's Lake Chad Basin](#). Caused by the ravages of violent conflict, extreme poverty, underdevelopment and climate change, the crisis is affecting more than 17 million people across north eastern Nigeria, Cameroon's Far North, western Chad and south eastern Niger.

CARE is assisting more than 300,000 people currently seeking refuge in the Diffa region; working with local partners to provide hygiene and shelter kits, build latrines and boreholes, and distributing cash, food, seeds,

## 3.30am

It's Ramadan so my day begins at 3.30am, while it's still dark. I begin with prayer to mark the end of the previous day, have a quick breakfast – just milk and coffee – and then prayers for the start of a new day. After that I prepare myself for the day ahead.

But before I start my work day, I call home and check on my family. I travel a lot for my job and it's not easy to be so far from home. My husband is like the mum and the dad to our three children when I'm away. Technology helps, I manage to talk to them every day, no matter where I am.

## 8.00am

At the office I check with our logistics team to make sure we have transport to the field sites. We are three teams and we're each travelling to different sites so it's a big operation. Our teams consist of CARE staff as



Fatouma Zara (left), refugees from Nigeria in Niger. Photos: Frederic Courbet/CARE

agricultural equipment and small scale livestock such as goats and sheep.

CARE ensures that the [communities with whom we work have a voice](#) in the planning, implementing and evaluation of our programs. Fatouma is leading a team of evaluators talking to displaced communities around Diffa about the services CARE is providing them.

well as our partners from local NGOs and government agencies. The scale of this crisis is enormous and it's important that we all work together.

I'll be travelling to Garim Wazam, a village to the north east of Diffa town, to support the team collecting data there. A few years ago, the population of Garim Wazam was around 700 people. Today it's more than 21,000. The community is now sheltering refugees from Nigeria as well as Nigeriens displaced by this crisis.

### 10.00am

It's a 50 minute drive to Garim Wazam. All along the way we pass the makeshift homes of the displaced. These people have very little and their homes are made of whatever they can find: tree limbs, millet stalks, with tarpaulins or pieces of cloth for shelter.

### 12.00pm

The interviews are going well and we're collecting lots of good information that will help us plan our programs. Many of the people here, especially women, are telling us they're not getting enough assistance. The humanitarian needs generated by this crisis are many but the resources are few. CARE is doing what it can but these communities need more.

### 3.00pm

We're finishing up our interviews and are ready to leave. I try to talk to as many people as I can throughout the day. All their stories are memorable but if I had to choose one from today, it would be a woman I met who had fled her village. She said the insurgents came and killed almost all the men and boys so she took her son and ran. The insurgents caught up with her and told her they were looking for more men to kill. But she had dressed her son in women's clothes, and that saved his life. These stories are heart-breaking, and we hear many like them.

### 5.00pm

After stopping off at the office to make sure all our teams have returned, I do some final preparations for our site visits tomorrow. I return to the small hotel I'm staying at while I'm here, and prepare for evening prayers. I check my email and respond to messages from the team here in Niger as well as colleagues in some of the 90 plus countries in which CARE works.

Iftar, the evening meal at the end of the daily Ramadan fast, consists of food that colleagues here in Diffa have brought me. It's important to share food during Ramadan but a curfew here in Diffa means I'm unable to go out at night to share Iftar with my colleagues. So every afternoon, they bring me food before the sun begins to set, everything from hot porridge to my favourite - *kopto*, a leafy salad mixed with nut paste, onion, salt and a squeeze of lemon. I break the fast after sun has set, at around 6.40pm.

### 8.00pm

As the day draws to an end, I still have work to do. This is the quiet time for me, so it's great to be able to finish anything outstanding and organise myself for the next day.

I also reflect on some of the people I've met today. These are the people that motivate me every day with their strength and resilience, especially the women and girls. Some of them have experienced extraordinary violence and trauma, but when I talk to them they manage to smile. They have nothing but they keep strong. I get my strength from them, so I aim to contribute in a small way to the effort to help them.

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Fatouma Zara, right side. Photo: Sally Cooper/CARE

# A health worker navigates the remote swamps of South Sudan

[South Sudan](#) is one of the most logistically challenging countries for healthcare in the world. Bad roads, continued conflict and soaring prices all make the provision of medical services and transporting of medicines extremely difficult. With barely 1,140 functioning health facilities across the whole country, over half the population does not have any regular access to medical care. CARE runs mobile health outreaches in some of the most remote communities of northern Unity State, South Sudan. The team of eight people stays in each location for five days providing key health services including consultations, nutrition screening, immunisation, ante-natal care and in-patient wards.

36-year-old **Gabriel Wadar Chieng**, a nurse in charge of the CARE mobile health team, gives an insight into what it's like to be a member of this team.

## 7.30am

I wake up, brush my teeth and wash my face in preparation for a busy day. Here in the northern parts of South Sudan temperatures during the day can soar as high as 38 degrees centigrade so most people come to access the health services very early in the morning or late afternoon.

## 8.30 am

By eight-thirty we've taken a quick tea and divided up into small groups to start work. We have a couple of staff sitting at the consultation desk; screening and diagnosing patients and referring them either to the dispensary for medication or the in-patient ward if their condition is more serious. We also run nutrition screening and immunisation for children under five, as well as a desk for ante-natal care – advising pregnant mothers and checking for any pre-natal complications. Many of these people have hardly ever received medical treatment which is why we try to offer as many different services as possible, so we can cover the major health needs of the whole community.

## 1.00pm

We usually work up until 1pm, but if the number of people coming are very high we don't take a break at all. Some days we can work up till 7pm without taking a break; especially in areas that are really far from the established health facilities. We are only ever in one place for five days so we have to make sure we help as many people as possible within that time, and trust me – the needs are great!



*Gabriel Wadar Chieng attends to a patient.*

*Photo: Josh Estey/CARE*



*More than six million people - half the population of South Sudan - experience hunger. Photo: Lucy Beck/CARE*

### **3.00pm**

By 3pm numbers of patients are usually rising as temperatures cool a bit. The most common illness we see by far is malaria; we have had cases of people walking five hours carrying stretchers with family members with severe malaria on for treatment. In these cases, if they reach us in time, we put them straight on a quinine drip and can often manage to save their life.

During August and July, the cases of malaria were off the scale due to the rainy season and mosquito breeding time. This area of the country is marshland, so we have a lot of mosquitos and flooding is also a constant reality.

Usually in a day we see around 200 people. Today the majority are children, many with respiratory tract infections from the poor living conditions, and by 3pm we already have seven people in our makeshift bamboo ward on IV drips. Word spreads quickly on our arrival and people walk for many hours to reach the clinic, often arriving tired and dehydrated.

### **8.00pm**

By 8pm it is dark and we are usually packed away for the day. Often we eat our dinner as late as 9 – 10pm; cooking with supplies bought at the beginning of the week in town. We usually stay up quite late to discuss the issues of the day and plan for tomorrow's clinic. We have a radio that we bring with us and we sit

around listening to the news in the evenings. All we hear these days though is bad news; more reports of people being killed in different parts of the country, so it can be very depressing. There is no phone signal in this part of the country so we carry a satellite phone with us in case of any emergencies to communicate back with the base.

Sometimes we can get emergency cases in the middle of the night. Last month we were in a small village called Lingeri when a six-year-old boy was brought to us at 1am in critical condition. He was convulsing with a high fever and we found that he had severe malaria. We put him on a quinine drip until the morning when he was greatly recovered. I have a six-year-old son myself so when I was treating him it felt as if it had happened to my own son and I was really desperate to save him.

### **12.00am**

It's midnight and I am inside my small tent, ready to get some sleep before starting the routine all over again tomorrow. Since I was young I have wanted to help my people and give something back. When conflict broke out in 2013, my plans to study medicine in Juba (the capital) were destroyed, but even if they hadn't been ruined, I would rather stay here and help my community; at least until the situation gets a bit better. And then one day I can continue to pursue my dream of becoming a doctor.

# A midwife gives crucial advice in a refugee camp in Uganda

*Uganda has become one of the largest refugee hosting countries in the world. At the height of the crisis, more than 3,000-7,000 people from South Sudan would arrive every day in the search of refuge. Currently, the settlement receives about 2,000 people daily on average but the numbers can rise anytime again. Imvepi refugee settlement hosts more than 110,000 refugees; almost three times the number of locals in the subcounty of Odupi.*

*Of the 1.2 million refugees in Uganda, 900,000 are South Sudanese and 86% are [women and children who are in real danger of sexual and physical violence](#), with many reporting incidents of violence on their journey. CARE established five centers in Imvepi where refugee women and girls can seek assistance and sexual violence survivors can be provided with psychosocial support and health services.*

*Mary Maturu, working in one of CARE's women centres, gives insight into what it's like to be a midwife in one of the world's largest refugee settlements.*

the women centre in Imvepi camp. It's about a 30-minute walk from home.

## **8.00 am**

I arrive at the women's centre in Imvepi to organise and map out the day. I usually discuss these plans with one of CARE's community volunteers, Faiza, who works with me. Having fled from South Sudan herself, Faiza has a great outreach to the refugee communities here and often suggests topics we could cover. I get my consultation desk ready, where I screen and diagnose patients and refer serious medical cases to health clinics. I also advise pregnant mothers on ante-natal care and check for any pre-natal complications. Our centre is very close to the main reception centre in Imvepi, where newly arrived refugees wait for their initial registration. We often go over to identify pregnant refugees who need maternal health services. We start speaking and informing them about accessing health services for themselves and their unborn babies. Before long, I am often surrounded by 20-30 breastfeeding and pregnant mothers.



*Mary Maturu talks to nearly 100 women per day, many of them are pregnant mothers. Photos: Jennifer Bose/CARE, Peter Caton/CARE*

## **6.00am**

My day starts early in the morning. After I get ready myself, I prepare food for my son. He is three years old and my sister takes care of him when I am at work. I quickly go over my notes I prepared the previous evening of things I am going to speak about with the women I will meet for the day. The topics can range from reproductive health, gender-based violence over to anti-natal care. After breakfast, I start walking to

## **9.00 am**

For many women, our centre is too far away from their shelters. Imvepi is vast – it covers an area of some 150 square kilometres. So I usually head out to the refugee communities for home visits. We cover different topics on different days. A few weeks ago we touched on the topic of family planning. Most of the women who arrived in Imvepi [are deeply traumatized](#) as they lost family members. They did not like to hear



More than 2,000 South Sudanese refugees arrive in Uganda daily. Photos: Peter Caton/CARE

about family planning at all but we highlighted the importance of it, especially since we have seen quite a number of unwanted pregnancies in the settlement. Other times, we talk about maternal health to severely malnourished mothers or those who are HIV positive. Topics such as sexual and gender-based violence are also of high relevance, sadly. It is a reoccurring problem in many families. I mostly hear of cases where food shortages lead to physical violence. Many families decide to sell the food rations they receive, ending up with little to no food left for themselves and extreme tensions at home. Some men also exchange food for alcohol, further fueling [violence at home](#). I screen such women to see if they are in need of immediate help or referrals.

**“I have always wanted to become a midwife and although there is always more to do than I can manage in Imvepi, I know that I make a difference in the lives of hundreds of mothers here.” Mary Maturu**

#### **2.00 pm**

It's time for me to go back to the women's centre. Between morning and early afternoon, I try and see as many women as possible at their homes. Sometimes I end up speaking to them much longer and skip lunch to answer all questions. Many women tell me it is better to teach them how to fish rather than give them food assistance. This is what we try to do at the women center as well. We educate and train them so they

can start something themselves, such as small-scale farming or other small businesses, and become independent again. I spend the rest of the afternoon in the centre to meet more women who come to seek assistance. Some of the mothers come to see me because they are unable to build up their tents by themselves. CARE has helped more than 2,500 vulnerable refugees to build their new homes in Imvepi. Usually in a day I see around 80-100 people, many of them are pregnant mothers. I make sure to highlight the importance of hospital deliveries, as most of them have never seen a doctor before. But it is challenging. The refugee mothers often live very far away from a health clinic and have no means to get there. The hospitals themselves are also overwhelmed. They lack equipment and space; often patients are forced to share the limited hospital supplies available.

#### **5.00 pm**

By 5 pm I usually wrap up for the day and start walking home before it gets dark. The walk gives me time to reflect and revisit some of the things people have told me. Some of the stories are heart-breaking, especially those of unaccompanied children who are left alone with no supervision or care. I pick my son up at my sister's place and give him a hug while being thankful for what I have. We have dinner and I put him to sleep before I start preparing for the next day.

#### **11.00 pm**

I get ready for bed to get some sleep before my daily routine starts all over again tomorrow. I feel blessed because I have a job in which I can contribute to making people's lives better. I like speaking to those who need help and share their stories. I have always wanted to become a midwife and although there is always more to do than I can manage in Imvepi, I know that I make a difference in the lives of hundreds of mothers here.



# An aid worker persists in conflict-torn Yemen

*As the conflict in Yemen enters its third year, [Yemen currently has the greatest level of humanitarian needs in the world](#); over 20 million people in Yemen require humanitarian assistance, 14.5 million lacking access to safe water and sanitation services, 17 million people are food insecure, and around two million people are displaced. On top of this, the [fast spreading of cholera](#) threatens to worsen the already dire humanitarian crisis day after day across Yemen.*

*As opposed to other areas in the country, the situation in the [North-Amran governorate of Yemen](#) is relatively calm. As a result of this, people seek refuge here and most of them are in need of humanitarian assistance. CARE International works to provide people with food, water and sanitation in Amran. A devoted team consisting of six members regularly spends up to two weeks at a time in the field to help the population.*

*Jalal Al-Ashmori is a 29-year old field officer with CARE international in Yemen. Since the conflict started, Jalal and his colleagues have been serving their community faithfully, despite the challenges and hardship involved.*

*Jalal is a father of two children, Rahaf (4-years old) and Hadil (2-years old). He describes us how it is to work in Amran during the conflict.*

## 6.30am

Amran is a mountainous area, and as we drive up the mountains the road becomes dangerous and narrow. That's why, whenever we go to the field, we have to travel the day before. We usually leave in the morning and arrive by noon. My alarm goes off at 6.30 AM. I wake up, wash my face and get ready for another day



Jalal Al-Ashmori handing out relief supplies. Photo: CARE

servicing the people. At 7.30 AM the volunteers who help in the food distribution arrive and we all have breakfast together before we split up in teams.

## 8.30am

We are ready to start, armed with our registration lists and food for distribution. The teams are spread out between the registration table and the distribution unit. Once the word spreads that we are distributing relief supplies, the people in need of humanitarian assistance arrive in large numbers from the early morning hours. They wait patiently for their turn.

## 12.30pm

This is usually our lunch time as people in Amran have lunch early and come back at 1:00. Sometimes, there is no time to have lunch. Many people come from other villages in the area and we don't want to make them wait since their journey back is hard.

A week ago, while we were in a village called Tulaya we found a nine-year old girl who was eating from the garbage. When we asked her if she and her parents were registered to receive assistance, she told us that her father passed away while they were fleeing from their house. Her mother is very sick. We went to visit her in their home to make sure that this little girl and her family receive the necessary assistance.

## 6.00pm

On a busy day, we finish around 6.00 pm. Usually we then sit and reflect together as a team, plan for and prepare the distribution lists with the names for the next day.

## 10.00pm

When the night is calm and quiet, I usually get ready to sleep. Unfortunately, some locations do not have mobile coverage and sometimes I cannot speak to my wife and children for days. As a father, I feel I am responsible to provide my children with a decent life. Serving my community and being a part of the process of helping the people most in need makes me feel incredibly happy and grateful. I have promised myself to set a great example for my children.



One person per hour is dying from cholera in Yemen. Photo: Abdulhakim Ansi/CARE

## Against all traditions: a female aid worker provides clean water in Yemen

Three years after the escalation of the [conflict in Yemen](#), the country has the greatest level of humanitarian needs in the world. Over 70% of the country's population is in need of some form of humanitarian assistance; millions lack access to safe water and more than 60% of Yemenis are threatened by severe food shortages. Compounding these challenges is a fast spreading [cholera outbreak](#) that makes the already dire humanitarian crisis even worse. Over 300,000 people are suspected to have contracted cholera across Yemen. The health system is in near collapse and other public services have become almost non-existent.

Dedicated humanitarians are working round the clock to meet the staggering needs. They too are living in and experiencing the crisis. In [Hajja governorate of Yemen](#), CARE International is providing life-saving humanitarian assistance to communities; providing safe water, increasing people's access to food and enhancing livelihood options. A team consisting of eight humanitarian

workers spend three to four days a week visiting villages – most of which are remote and hard to reach - providing the help needed.

**Mona Mubarak Al Kawkabane** is one of the field officers with CARE international in Yemen. For the last three years, she and her colleagues have also experienced the effects of the prolonged conflict in Yemen. At the same time, they have dedicated their time to help the people from their communities to cope in a context that presents constant challenges.

Mona shares a small apartment in the city with her colleagues Ola and Kayeleh. The three women are not originally from Hajjah and have no family ties in the city. This was a difficult adjustment for them in the beginning because in Yemen it is considered unusual for women to live by themselves. They have supported each other through these challenges and being both friends and colleagues has made a big difference.

### 6.00am

My colleagues and I have a very early start to our work day. We need to be ready by 6.00 am to leave since most of the villages are far away and it can take up to four hours to reach them. Hjjah is mountainous and the road infrastructure is poor. So we spend a lot of time on the road.

The road can be a tricky place. We are stopped several times at security checkpoints. Sometimes we wait a few hours there before getting cleared to move on. Often we will be asked to present a male guardian (*Mahram*) – a requirement for females to be accompanied by either their husband, father or brother while travelling. This can either delay our mission or stop it entirely.

In the villages, our team visits families in their houses and talks to the inhabitants in order to understand their needs. For most families, the needs are overwhelming and they seek any possible assistance.

### 10.00am

In Al Shagadra village, which is located at the top of a hill, the greatest challenge is access to water. I met 16-year old Aysha, who until recently used to walk for

families like Aysha's use safe water for drinking and cooking.

### 3.00pm

The families we meet and talk to are very generous and often invite us to have meals with them. Even in the midst of this crisis, Yemenis have not lost their generosity. This encourages us to do even more to help. Depending on how much we can get done throughout the day, our team may choose to spend the night in the village or return to the city.

### 7.00pm

On most evenings, I reflect on my life and why I help people. I recall how as a young girl, I would sit outside my house and watch children of my age go to school. One day, I followed the children to their school. My father was very angry and demanded to know why I had gone to school without his permission. I told him how much I wanted to get an education. My father became very emotional and in the end sent me to school. Now I am the first woman from my village that has earned a university degree. I know that I am working where I'm needed the most. I will continue to help, as it makes me very happy. This is my greatest achievement.



*Mona Mubarak Al Kawkabane (left). A water well providing safe water in Yemen. Photos: Thana Farooq/CARE*

three hours just to fill up a ten litre bottle with water. On her way back, she would end up drinking a large share of the water because it is extremely hot and she has to carry the bottle a long way back. The well or water tank where she collected the water was very dirty and not safe for drinking.

CARE has since constructed a water well in the village. This has drastically reduced the distance that girls like Aysha need to cover to collect water. We regularly test the water for contamination and treat it to ensure that

**“My father was very angry and demanded to know why I had gone to school without his permission. I am the first woman from my village that has earned a university degree.”**

***Mona Mubarak Al Kawkabane***

# Bracing for impact: A disaster risk reduction specialist in the Philippines

*The Philippines is one of the ten most vulnerable countries to climate change. According to the [2016 Global Climate Index](#), the country is impacted by tropical storms, heavy precipitation and flooding. In November 2013, the country suffered the catastrophic devastation of [typhoon Haiyan](#), one of the strongest typhoons ever recorded. CARE has implemented emergency and development projects in the Philippines with focus on disaster risk reduction (DRR) and climate change adaptation (CCA) primarily to build and increase resilience of people who live in vulnerable areas.*

***Deeji Baclig**, CARE Philippines' Disaster Risk Reduction Specialist shares how she leads CARE's work in helping people in rural communities protect the environment and adapt to a changing climate.*

## 2.00am

I wake up and start preparing for my early morning flight to Iloilo, one of the provinces severely affected by typhoon Haiyan in the year 2013. I am a Manila-based CARE staff member and I frequently travel to various communities to conduct trainings with the communities, provide technical assistance to our local partners and ensure that our project participants are properly guided in applying the knowledge and techniques we impart.

## 6.00am

I just arrived in Iloilo from Manila. From the airport, I travel to San Dionisio, a coastal town in the northern part of the province where we carry out our seaweed production livelihood project. CARE provided financial and training assistance to ten rural villages in San Dionisio to plant and harvest seaweeds. Seaweed is one of the most important aquaculture commodities in the Philippines. It is usually processed to produce food and cosmetic products, agricultural fertilizer and so forth. Seaweed producers usually enjoy a good harvest from January to June, which are considered peak months for seaweed farming. The coastal areas of Iloilo have also been good locations to put up seaweed plantations.

## 9.00am

I regularly visit the Municipal Hall of San Dionisio to meet with the municipal council that is also the legislative body. In order for us to properly mainstream disaster risk reduction and climate change adaptation, we also build collaboration with the government to implement policies and ordinances that would ensure the protection of San Dionisio's marine biodiversity. This includes eliminating the unsound environmental and agricultural practices of some community members. I also present to them a study conducted by CARE on coastal resource management and protection.

## 10.00am

In order to complement the government's initiatives, I also meet with the Municipal Fisheries Officer to hear about their plans and also present to them our line of activities. CARE has been providing technical assistance to fisherfolks (also the project beneficiaries)

**“I am proud to say that these people have become resilient and know how to prepare for future disasters.”**

***Deeji Baclig***



*Deeji Baclig with her son. Photo: CARE*

through the introduction of climate-resilient variety of seaweeds, climate-smart technologies and techniques. Most of the time, I work with the local authorities and the Bureau of Fisheries and Aquatic Resources to address certain challenges being experienced by our project beneficiaries.

One concrete example is the recent El Nino climatic event. Aside from getting less fish, some of their seaweeds are affected by what the locals call “ice-ice” disease due to the extreme heat. This particular disease is caused when changes in salinity, ocean temperature and light intensity give stress to seaweeds attracting bacteria in the water. This leads to decrease in production and quality as seaweeds die or become brittle.

In response to that, we educated the project participants about mitigating measures, specifically the deep sea planting. We advised the fisherfolks to place their seaweeds a bit deeper under the sea to achieve the seawater temperature between 27 and 30 degree Centigrade, the ideal temperature for seaweeds.

#### **1:00pm**

After lunch, I visit the seaweed plantations located near the shore. CARE’s project participants formed community associations to mobilize themselves and become organized in running their enterprises. Some associations are led by women and there is even one

being managed by all female members. During my visit, I monitor their agricultural and production techniques, how they ensure that they are not harming the environment and properly addressing the challenges they experience. We also educate the fisherfolks not to clear seagrass because it filters pollutants and provides food and habitat to certain marine creatures such as shrimps, sea cucumber, parrotfish, seahorse and sea turtles.

My visit also allows me to catch up with our project beneficiaries and talk about not just their livelihood but also the positive changes in their life. It feels great to witness their development and how they are able to overcome challenges. I am proud to say that these people have become resilient and know how to prepare for future disasters.

#### **2:30pm**

It’s time for me to go back to the city proper and catch up on emails and other reports to write. I believe that my experiences in the various communities I visit gives me extra motivation to complete my tasks. It is not just about executing my work plan. I love spending time with people and help them adapt to climate change. As a mother, I know that we need to protect our natural resources for our future generation. I want my son to enjoy a healthy environment and become resilient to disasters.



*The Philippines are affected by frequent natural disasters.*  
Photo: Peter Caton/CARE



*Pastoralists in Somalia have lost most of their livestock. Photo: Georgina Goodwin/CARE*

## An emergency programme manager saves lives in drought-hit Somalia

*In the midst of a horrific drought, over 6.7 million people are in need of lifesaving food and water in [Somalia](#). The numbers of severely malnourished children are staggering, with 1.4 million malnourished children bearing the brunt of the drought. Some 40,000 of them have dropped out of school, as the most vulnerable families often send their children to search for water or migrate to towns. The drought has caused alarming levels of internal displacement with over 739,000 people having to leave their homes. Camps are becoming overpopulated, putting women and girls at higher risk of sexual violence.*

*People in Somalia are struggling with multiple health problems, ranging from measles over acute malnutrition to suspected cholera (acute watery diarrhoea), the deadliest of them all. Almost 50,000 cases of suspected cholera cases were reported from the beginning of the year. More than 600 people have died. Contaminated water sources are the main cause for contraction. [CARE is providing cholera treatment kits](#) in areas of Somalia*

*where the highest number of cases are being reported. In efforts to prevent the spread of cholera, CARE has reached over 250,000 people with clean water, hygiene education and water purification tablets.*

**Amrea Shire**, CARE's Emergency Programme Manager in Somalia, talks about her efforts in a country devastated by drought.

### **6:00am**

My days never look the same. The only consistency to be found in my daily routine is that I spend a lot of my time traveling. I am an average of six to seven hours per day on the road. As CARE's Emergency Programme Manager, I go to different sites to organize field distributions, manage cash-for-work activities or verify beneficiary lists. My days start off early in the morning, since most of our work happens in remote areas. I try to eat something small before heading out as the sun rises. On my recent mission I visited 35 villages in

the Sool region, one of the most drought-affected areas in Somalia, to work together with the Government in identifying the most vulnerable households to receive food vouchers and cash assistance. This is a tough job. So many people are in need of assistance yet we don't have the resources to assist all. This is why I have to make sure we strictly follow the criteria we have set out and prioritize the most vulnerable. How big is the family? How many of them are children? Are there any elderly people in the household or pregnant and lactating women? Do the families have any other means of support? These are all things I need to consider when I speak to people at the screening site.

### 8:00 am

Once I get to the field location my real work starts. But hold on, my phone is ringing! A community leader from a different village calls, one of the women in his settlement needs immediate support for her 18-month-old child, Abdi. The little boy was already suffering from malnutrition and then started having diarrhea. Given that water was so scarce, his [mother Nasteexo](#) and the children consumed whatever water they could find, and it seems they may have drunk dirty water. I refer them to a nutrition center for wom-

and get another supply of Plumpy Nut, a peanut-based nutritional supplement used to treat severely malnourished children.

### 10:00 am

In some of the hardest-hit villages, we have multiple projects running. And having multiple projects usually means multitasking for me. While organizing a food distribution, I usually also check on our existing activities. One of them is the cash-for-work project. A few weeks ago, we worked with a community in the Ainabo displacement camp to determine how people can restart their livelihoods. We asked displaced people what kind of work would be of use to the community and looked whether it was feasible. Participants of the project receive US \$100 for flexible working hours per 18 days cleaning a waterhole so that rainwater can be preserved. Not only does this help their communities; it also makes them feel needed and they can contribute to their own wellbeing.

### 1:00 pm

It is lunch time but I usually only eat once I'm back in the guesthouse or office. At one of the water points which CARE rehabilitated when most of the shallow wells dried up, I meet a mother from the nearby dis-



*Amrea Shire (left) talking to community members. Child screened for malnutrition, girls fetching water from dirty sources. Photos: Peter Caton/CARE, Georgina Goodwin/CARE*

en and children run by CARE in the nearest town of Bosaso. Usually, our health workers would first weigh Abdi, then measure his height and the circumference of his arm, which would tell them the level of his malnutrition. Anything under 11 centimeters is considered severely malnourished. I was later told Abdi's arm measured at under 10. The health workers sent Nasteexo home with a week's supply of nutritional support for both Abdi and his sister Yasmin, who was also malnourished. They directed them to come back to the centre weekly to monitor the children's progress

placement camp. After losing all of her livestock and resources, she and her children used to walk for 1.5 hours each day to fetch water from a well before she moved to the displacement camp. That water turned out to be contaminated. Three of her children died from cholera. "The drought destroyed everything. I'm afraid it will also take my remaining children", she told me. These stories hit me hard and stay with me for a long time. But they also serve as a reminder of why I do my job. Of why I need to work, why I need to grow, why I need to support people in my community.

**3:00 pm**

I try to head back to the guesthouse or office before it gets dark. Although the security situation in Somaliland, an autonomous and self-declared state in Somalia, is better than in the rest of the country I still have to be cautious. Attacks on aid workers can happen at any point and I am aware of that.

**7:00 pm**

My work day is still not over. Once I reach the guesthouse, I check my emails and see if there are any pending issues, such as reports to write or meetings to attend in the coming days. If my colleagues are there,

I try to have dinner with them. It gives me a chance to speak about my observations and also about things that are not work-related at all. Sometimes we watch TV together. It helps me unwind.

**10:00 pm**

I am often tired and exhausted. Sometimes I find it hard to sleep. What if the parents I met lost all their children? Who will support everyone? These are some of the questions that haunt me. On other days, I sleep quite peacefully, knowing that the work I did that day made a difference. I set my alarm to 6:00am again and I can't wait for the next day to start again.

## Seven years of conflict: a midwife treats women in northern Syria

*As the Syria crisis enters its seventh year, civilians continue to bear the brunt of a conflict marked by unparalleled suffering, destruction and disregard for human life. An estimated 13.5 million people require humanitarian assistance, including 4.9 million people in need trapped in besieged and hard-to-reach areas, where they are exposed to grave protection threats.*

*CARE supports 10 primary healthcare centers and 10 mobile clinics in northern Syria to provide vulnerable Syrian households with access to sexual and reproductive health, and primary healthcare services, through critical information, consultations and services on family planning methods and gender-based violence in Idleb and Aleppo Governorates.*

*Khawla, 40, is a midwife working for one of the centers in Aleppo under the family planning section. She studied nurse and midwifery, and has been working as a midwife for nearly 20 years.*

**6:30am**

I wake up, wash my face, brush my teeth and get ready. I do some house work depending on if there is electricity or not. If there is electricity, I clean or wash clothes or cook until I leave the house to the center. Before I leave, I also prepare breakfast for my husband and children who are still sleeping. Since we are in summer holiday, I leave them to sleep, but I

wake them up for school during the year. This is my typical morning. I dress and get a ride from my village to the village where I work. The distance is between 15-20 kilometers and it takes around 15 minutes to be there.

**8:00am**

My work starts at eight. Usually, the healthcare center is crowded by resident women and women displaced by the conflict. I wear my coat and sit in my room and start receiving cases. If there is a chance and the clinic isn't crowded, we take a quick morning coffee. Our team consists of an internal doctor, a pediatrician, two midwives and nurses. When a case comes to the



*Khawla working in the healthcare center in Aleppo.  
Photo: CARE/SRD*



center, she registers herself at the reception then I receive her to speak and understand the problems she has and how my intervention will be. My main intervention is to insert intra-uterine device, oral contraceptives distribution, sometimes we refer the complicated cases to a specialized hospital, which is 15 kilometers away from the center. Today, I'm going to examine a woman in a serious condition, I feel sorry for her. She is bleeding due to surgery complications. I will empty her uterine and give her needed medicine. I almost saved her life as she lost huge amounts of blood and there is no nearby hospital, otherwise her condition would be worse. I took her phone number to ask about her condition later.

### 1:00pm

It's almost one o'clock and the cases gradually decrease at this time. Normally, our working day finishes at two o'clock. I examine 20 cases a day on average without taking a break, we don't want the women to wait long. Some days we even work after two o'clock to make sure no one leaves without service. When I have some free time before returning home, I prepare the examination room for the next day. The car is about to come to take me back home. It was a busy day like every day.

### 2:30pm

I spend the few hours after work in preparing the family lunch and work on the house cleaning needs. My children sometimes help me if they can. Today I'm

cooking spiced eggplant with salad. Since we don't have regular electricity, I cook just enough food for today as we can't store it in the fridge for tomorrow.

### 6:00pm

The time has come to socialize or rest. I would normally go visit a relative or take tea with neighbours, but I feel a bit tired today to go outside. Perhaps my sister-in-law will stop by later today. On other days when my children go to school, I check on their homework and follow up on their study. Sometimes after work I get an emergency call from women in the village to advise them, for examination or to help them to give birth. This can also happen in late hours. This is what scares me: Having to go out during evening or night hours due to the security and conflict conditions in Syria. I'm currently getting trained on psychological first aid basics, I'm happy to enrich my knowledge and develop myself. I am reading some study materials, do my homework then send the answers to our advisor on Whatsapp. I have to connect to the internet of our neighbour since there are other communication means available. The signal is weak though.

### 10:00pm

It's dark outside and the village becomes very quiet. I tend to sleep around ten o'clock every night to be able to wake up early. We struggle to sleep comfortably in this hot weather without electricity. We share a generator with neighbours, but it provides electricity just six to seven hours a day. If we had electricity now I would turn on the fan.



*CARE partners have delivered crucial emergency aid in Aleppo's countryside.  
Photo: CARE/Syria Relief*



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**About CARE:** Founded in 1945 with the creation of the CARE Package®, CARE is a leading humanitarian organization fighting global poverty. CARE has more than six decades of experience delivering emergency aid during times of crisis. Our emergency responses focus on the needs of the most vulnerable populations, particularly girls and women. Last year, CARE worked in 94 countries implementing 962 poverty-fighting development and humanitarian aid projects, to reach more than 80 million people directly and 256 million people indirectly.