CARE in emergencies







Living with floods – responding to crisis

Cambodia and Vietnam experienced severe flooding of the Mekong river at the end of last year. CARE provided emergency relief in both countries.

e Thi Dieu is 72 years-of-age but she possesses the sharp wit of a curious teenager. She offers her warm smile and laughs aloud, speaking candidly of her life in An Giang province - one of the most flood-prone areas of the Mekong Delta in Vietnam. For many years Ba (Grandmother) Dieu had resided under a makeshift shelter on the banks of the river. She recounts stories of trudging through floodwaters, her house being uprooted and searching for food. The Mekong Delta is her home and she has lived in this region her whole life.

An Giang is the northern most province of the Mekong Delta in Vietnam, which borders with Cambodia - the start of the floodplain. The floods are the source of livelihoods in this region as rich sediment and ample water moving downstream creates a nourishing environment for rice production. However, every so often – like this season – the floods are beyond normal levels, destroying the current crop and disrupting farming for some time after. This year the water has peaked at levels that were last recorded during the devastating floods in 2000, putting people like Ms Dieu in a serious situation. "I hadn't eaten rice for two or three days," Ba Dieu says.

Ba Dieu received a fortnight's worth of rations in an immediate distribution of food from CARE International in Vietnam. "I was so happy when I received the invitation to collect my rice. It means I now have enough to eat and I don't need to borrow from other people in the area. It's enough to support myself and my family during the most difficult time of this flood," she says. CARE's food distribution aimed to provide assistance for the most vulnerable people - the poor, women-headed households, people with disabilities and the elderly in flood-affected areas of An Giang. The food rations were intended to strengthen the coping capacity of the community while floodwaters remained high.

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"I AM A BURDEN"

CARE International in Vietnam will provide additional food distributions to strengthen the coping capacity of at-risk communities in An Giang province. Livelihood interventions are also being planned in consultation with local communities to assist with the recovery period for three to six months from now. Ba Dieu says that she decided to give one of the three ten kilogram rice bags she received to her adult son. "His eyesight is poor and it's difficult for him at this time too. It's hard to catch fish as the winds are still strong," she says, "he helps me tend to the garden and lift heavy things."

Neighboring Cambodia was also heavily affected by the floods, the country experienced the worst flooding in over a decade with 1.5 million people in need of assistance. Identifying over 5,200 of the most impoverished households in the central and south-eastern Kampong Chhnang and Prey Veng provinces, in December and January CARE Cambodia together with local governments, NGOs and the World

EMERGENCIES AT A GLANCE: Some of CARE's emergency around the world in 2011

Post-election violence Côte D'Ivoire/Refugees Liberia

After a disputed presidential election in Côte D'Ivoire in November 2010, violence broke out and many people fled the country. The majority, around 125,000 people, went to neighboring Liberia. The crisis prolonged well into 2011. The risk of sexual exploitation of female Ivorian refugees was particularly high and CARE called for more attention and funding to prevent sexual violence as part of the emergency response. While CARE's response in Côte d'Ivoire has focused on providing water and sanitation services to internally displaced people to help to decrease the risk of diseases, CARE Liberia distributed emergency supplies, rehabilitated wells and provided psychological support.

Population affected: 125,000 (Liberia), 500,000 (Cote D'Ivoire)

Population reached by CARE: 15,000 (Liberia),

283,167 (Cote D'Ivoire)

Food crisis in the Horn of Africa

The Horn of Africa has been suffering from the worst drought in more than 60 years, affecting more than 13 million people. CARE continues to provide immediate relief to the affected communities while placing an equally high priority on long-term projects to help reduce the risk to inevitable future droughts and has reached more than 1.8 million people. CARE is scaling up its activities in northern Kenya through Cash-for-Work programs and the rehabilitation of water points. Vaccination of animals helps pastoralists keep their herds alive despite the drought. In North-





ern Kenya alone, CARE has reached over 460,000 people. In the **Dadaab** refugee camps CARE continues to deliver food and water. In addition, CARE is working to continue its gender and community development programs, focusing on women and girls. In **Ethiopia**, CARE has reached over 700,000 people with nutrition, food, water, shelter, and support to their livelihoods. Through controlled destocking, animal feed and the distribution of seeds and planting materials, CARE has supported more than 100,000 people in agro-pastoralist communities. Over 19,000 children have been treated for malnutrition while more than 425,000 people have benefitted from food distributions. In northern Somalia, CARE has been able to scale up its emergency response projects to reach over 150,000 people in several regions of Puntland and Somaliland. CARE has distributed household and hygiene items and provided cash-for-work activities and treatment against malnutrition for children.

Ethiopia: Population reached by CARE: 709,813.

Population affected: 4.8 million

Population reached by CARE: 153,287. Somalia:

Population affected: 4 million

Population reached by CARE: 463,512 + 476,783 Kenya:

refugees from Somalia.

Population affected: 4.3 million

BY THE NUMBERS: CARE's response in emergencies in the year 2011*

Natural disasters:

Afghanistan: floods, drought Bangladesh: floods, cyclones, cold

Benin: floods

Brazil: mudslides, floods

Burundi: floods Cambodia: floods Central America: floods

Ghana: floods Guatemala: floods Haiti: earthquake, cholera India: floods, cyclone

Indonesia: Volcanic eruption Japan: earthquake, tsunami

Laos: food insecurity Madagascar: storm

Myanmar: cyclones, flood

Pakistan: floods Sri Lanka: floods Thailand: floods

Vietnam: typhoon, floods

Complex/chronic crises:

Chad: Darfur refugees Chad: CAR refugees

Ethiopia: drought/food crisis

Gaza: conflict/blockade Kenya: drought/food crisis Kenya: Somali refugees

7: number of conflicts CARE responded to

35: number of natural disasters CARE responded to

12: number of complex/chronic crises CARE responded to

7.5 million: total number of beneficiaries CARE reached

94 million: total number of people affected by those crises

Conflict/Post-conflict: Niger: food crisis

Caucasus Somalia: drought/food crisis Cote D'Ivoire South Sudan: drought/food crisis Jordan South Sudan: returnees Liberia South Sudan Sudan: Darfur IDPs Sri Lanka Zimbabwe: food crisis Yemen

*This data has been collected for the annual year of 2011, including emergency relief and recovery. Data for the fiscal year of 2011 has been published in the CI Facts & Figures FY 2011 and vary slightly.

f a tree falls in a forest, and no one is there to hear it, does it make a sound? So goes an old thought experiment. It might as well apply to news coverage of humanitarian emergencies in out-of-the-way places. Sometimes a massive catastrophe, such as a natural disaster or conflict, is so little noticed in the wider world that it is as if it never happened. At other times, the intense glare of attention is overwhelming.

Coverage of the ongoing food security crisis in the Horn of Africa – where more than 13 million people are in need of humanitarian aid – followed a familiar pattern. As the United Nations declared famine in parts of southern Somalia, in July 2011, an initial trickle of attention grew into a brief torrent, which quickly dried up. Other emerging stories – including revolution in Libya – stole the spotlight. Public interest faded, and donations to NGOs responding in the region dwindled. Six months later, although the situation in the Horn remains almost as severe, there is barely a mention in the press.

A Balancing Act: Media and Emergencies

During emergencies, there is a brief window of media opportunities

CARE's team of media staff, at the Secretariat, in most CI members, in our country offices or and – when budgets allow –deployed to the field, does its best to capitalize on the brief window of opportunity to gain exposure for our work. We serve as a buffer between deadline-driven reporters and overworked CARE staff. We struggle to bridge a complex, sometimes slow-moving organizational culture with the split-second response time required by news media. Journalists' demands are at their most intense just when it is least convenient. But if we don't engage with them in the crucial first few hours, there's no second chance.

When a story is dramatic, and images compelling, a generous public can be motivated to open its hearts – and checkbooks. The outpouring of sympathy that followed the 2004 Indian Ocean tsunami, and the 2010 Haiti earthquake, can be directly attributed to the comprehensive news coverage of those spectacular tragedies. The dynamic is more complicated in cases of "slow onset" emergencies, including food crises. Sometimes our proactive work to reach journalists is effective and the humanitarian community brings attention to an otherwise invisible crisis. In the case of the Horn of Africa, the declaration of famine proved an important spark.

For better or worse, humanitarians depend on the media to reach and motivate donors. In times of crisis, media need us as well. Reporters and camera crews depend on NGOs for logistical support in unfamiliar places, interviews with experts, and access to affected communities. This relationship of mutual benefit is a delicate one. Journalists want to be sympathetic without appearing overly cozy with NGOs. We need to be receptive to media without compromising our mission.

Our task as media officers can be most sensitive when it comes to potentially harmful attention to vulnerable people. The safety of children or people who face stigma – such as those affected by sexual and gender-based violence or diseases like AIDS – are of particular concern.

One of the most horrific aspects of the crisis in the Horn of Africa is an epidemic of sexual violence against refugees and displaced people. Reporters have gravitated to the story and, naturally, have asked CARE and other NGOs to facilitate interviews with survivors. Some refugees have agreed to tell their stories. But will they be safe if their identities are revealed? Field staff were shocked when one network broadcast the face and name of a woman interviewed. She had agreed to it, and signed a release form, the producers protested. But could a



woman who had most certainly never seen the Internet – and quite possibly even a TV – know what that meant? When the next reporter asked to do a similar story, staff were understandably reluctant. But, with proper assurances that the subjects would be kept anonymous, he interviewed several women and wrote his story. The result was an outpouring from sympathetic readers, including a spontaneous fundraising campaign that generated several hundred thousand dollars for CARE and other NGOs – funds that will go, in part, to support survivors of violence and prevent others from falling victim.

The episode illustrates the balancing act CARE's emergency and media staff face every time we take a call or answer an e-mail from a journalist. Are we keeping the flow of information moving, so that journalists can do their jobs? Are we sharing the good news of CARE's work, so that supporters will maintain their sense of connection? And, above all, are we fairly representing the interests of people and communities affected by emergencies, so that our work is bringing about a better future for them? Ultimately, our most important mission is to serve as a megaphone for their voices.

Rick Perera was deployed as Regional Media Coordinator to the Horn of Africa in 2011. He works at CARE USA's Proposals, Stewardship and Information Unit.

IN BRIFF

CARE scores #4 and #7 in international rankings

Recently, CARE has scored top ranks in two international rankings. In International Emergency Response, CARE received rank #4 (out of 11) by a charity rating service that uses comments from experts working in the field. CARE's emergency response capacity was assessed by Philantropedia which based, unlike most non-profit watchdogs, their ranking of "high-impact" organisations on a survey of humanitarian "experts" rather than a calculation of overhead percentage.

You can view the ranking at http://www.myphilanthropedia.org/top-nonprofits/international/emergency-response.

The Global Journal, a print and online publication based in Geneva and New York City has ranked 100 NGOs – and CARE has been considered on rank #7. Recognizing the significant role of NGOs as influential agents of change on a global scale, The Global Journal has sought to move beyond outdated clichés and narrow conceptions about what an NGO is and does. Deputy Editor Alexis Kalagas explains the journal's methodology: "For the purposes of this

project, we defined NGOs as operational or advocacy focused non-profit organizations organized on a local, national or international level. While we devised a specific set of metrics to quide our choices - including impact, innovation, transparency, accountability and efficiency there is no science in the measuring. Ultimately, we hope this list will inform, stimulate debate, inspire and – most of all – shine a light on the incredible dedication that continues to be displayed in and out of the spotlight on a daily basis." You can read more about the ranking here: http://theglobaljournal.net/ top100NGOs/.

Two years after earthquake, CARE is supporting Haitians on road to recovery

CARE helps with long-term needs, sounds call for greater women's role

wo years after a catastrophic earthquake brought death and destruction to communities in and around Haiti's capital — tearing apart families, infrastructure and the economy — the country still faces enormous obstacles on the road to recovery and rebuilding." Aid agencies and donors should take heart in the work they've done to help Haitians respond to this unprecedented disaster," said Beat Rohr, CARE's country director in Haiti. "But anyone who has seen Haiti up-close, or even just images of Haiti, knows we're only at the beginning of a long journey."

Shortly after the earthquake, CARE made a five-year, USD 100 million commitment to help Haitians rebuild their lives and communities. Working closely with the Haitian government and community leaders, CARE is focused on efforts to improve shelters, water and sanitation, health, education, livelihoods and the economic development. Our economic development activities focus on women because they were disproportionately affected by the earthquake and its aftermath. In the wake of the disaster, CARE's emergency response team delivered life-saving food, water, shelter and other vital services to 290,000 Haitians most in need in Lêogâne and Carrefour. CARE also built 2,400 transitional shelters to house roughly 13,400 people and built and rehabilitated 2,500 latrines and showers.

CARE still offers life-saving supplies and services to Haitians most in need, but many of CARE's programs have transitioned from earthquake recovery to long-term rebuilding. CARE's Neighborhoods of Return program, for example,

is working with 5,000 households in Carrefour to improve sanitation, education, safety and income opportunities. The objective is to create more hospitable conditions in targeted communities that will then attract people still living in tent camps. Helping people leave tent camps is one of the Haitian government's highest priorities.

CARE also has launched Village Savings Loans & Associations, or VSLAs, in Carrefour and other parts of Haiti. VSLAs help participants grow their personal savings as well as get loans to start small businesses. "The first participants in our Carrefour VSLAs were also participants in a CARE program to combat gender-based violence," Rohr said. "Now we're helping them take another step and build financial resources for themselves and their families." In leveled communities across Haiti, women worked tirelessly alongside men to support survivors. Still, many women have felt excluded from the reconstruction process, which has been hampered by political gridlock. "Women leaders across Haiti say much more needs to be done, at high levels and at the ground level, to include women and their priorities," said Carolina Cordero, assistant country director for CARE in Haiti. "Their voices are critically important and they must be heard." Women and girls also have been regularly targeted for sexual violence and, in too many cases, left without obstetric care. CARE has responded by building community centers where women can safely discuss gender violence issues, reproductive health, and other topics of concern. CARE also is supporting the progress made by local officials in Haiti. "In Carrefour, police have committed to assigning female officers to sexual assault cases," Cordero said. "That may sound like a small step. But it's an important one in a country whose recovery depends on thousands of people making small steps together every day."

Mildrede Beliard is CARE Haiti's Communication Officer.





apa Rabioui is 55 years old and lives in Sarkin Rima village, Maradi, Niger. She has 11 children and 30 grandchildren. She cares for her elderly husband and three grandchildren. Sapa participates in CARE's Cash-for-Work program. The program, implemented in partnership with WFP, provides participants with 1,000CFA per day (approx. USD2) in exchange for work clearing pasture land of an inedible weed that has taken over the pasture area, and reseeding it with local grasses that will serve as food for local cattle.

"We started to worry last year just before the harvest, when we saw the attack of crickets in our fields. Normally, I would harvest 100 bales of millet from my field. This year, I only got one and a half bales. Some families got nothing.

"If it weren't for the CARE program, I would have had to borrow money. I would have lived day by day, doing what I could to survive, to at least put something in my stomach. I already sold my cow and two goats; I only have one chicken left. There is nothing in my house – just mats on the floor. I've already sold everything.

"I asked one of my sons, who normally harvests 120 bales; he only harvested six. We realized we were all in the same situation. And we knew it would be hard. But we had no choice.

Voices from Niger:

"Our stocks are gone"



Sapa Rabiou shows the size of the bowl she uses to measure food for her family. Sapa has just two bowls of millet a day for her, her husband and three grandchildren. Photo: CARE/Melanie Brooks

"I started selling thatch and firewood to feed my family. I have to walk to Maradi to sell it – it takes four hours each way, and I only earn enough to buy one measure of millet – enough for my family for half a day.

"Our stocks are gone. We have no food. Two weeks ago I started the Cash-for-Work program with CARE. I was paid for the first time yesterday, and I bought food – enough for my family for ten days.

"My husband is 75, he's too old to work. It's all up to me. How can I be afraid? There's no use to be afraid. This is the situation,

whether I'm afraid or not. I have to continue. But everyone in my area is afraid. We were affected by the 2005 crisis and barely recovered. I'm trying to survive this one. I can't say what the future will bring."

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Living with floods - responding to crisis

Food Programme, distributed rice, food and blankets, to alleviate some of the disaster's continuing effects.

"The floods completely destroyed so much," says Tith Meth, a 69-year-old widow whose rice paddy was inundated beyond salvation. "Without our rice paddy, I now walk through the village every day, selling cakes I carry in my hat. I earn about 4,000 riel (\$USD1) a day to give to my family, but it's not enough. I don't have any livestock, I don't have any animals to support my family. Now, my family must support me. I am a burden."

Country Director Stav Zotalis said the disaster affected some of the poorest Cambodians, who will have great trouble rebuilding their lives. The majority are farmers with land holdings of up to two hectares, often financed through loans. "Their livelihood is agriculture, and now they've lost their basis for their income, which is the next priority for CARE," she says.

"Since the floods hit, CARE has worked with communities to identify the most practical help that can be offered, at the time that it is needed, which currently means distributing food and other supplies. The next stage will ascertain changing needs through continual community liaison and adapting our work accordingly to support practical and sustainable livelihood restoration, through providing rice and vegetable

seeds for example, as well as community restoration by repairing local infrastructure.

"CARE is also concerned about the impact of the floods on already poor households with outstanding agricultural and other loans. CARE, along with other NGOs, has commissioned a study into levels of household indebtedness to guide our response and to inform future interventions. This is part of a larger initiative to improve access to affordable finance in rural Cambodia."

The disaster has claimed 247 Cambodian lives and displaced 70,000 people throughout the region. "CARE is one of the organisations working with communities on disaster disk reduction. We've helped communities better prepare themselves, and amongst the tragedy we've seen some evidence of the success of that capacity building," Stav Zotalis says.

For people like Tith Meth, restoring her family's livelihood is crucial, but food security is immediate. She estimates the rice and other food she received from CARE will feed her family for the coming six weeks. "I have not slept well since the floods came," she said. "But even though I have not yet eaten anything, I do not feel sick and I do not feel hungry. Today, I feel relief."

By Richard Wecker, CARE Vietnam and Michelle Alexander, CARE Cambodia.

Barry, you have just started as the Director of CARE's Safety and Security Unit. Can you explain what your role entails?

"My job description states that I will lead on policy development, support CARE's operations, exercise oversight, monitoring and coordination, and serving as a member of the CI Secretariat team. I will coordinate and cooperate with the Safety and Security Management Working Group to define our policy within CARE. I will work with our operational members to stay up to date with issues in the various countries we are working in. Furthermore, I will support the CARE Emergency Group and all our programmers to fulfil our mandate and facilitate communication and learning throughout CARE. And, by doing all of the above I will advance our vision whilst keeping CI informed of the security situation and how best to resolve any issues.

I think the most important thing I, and the Safety and Security community in CARE, are aiming for is a proactive and effective Safety and Security Management system that is fully integrated into everything we do. What we are attempting is creating a culture wherein silos are broken down and Safety and Security is synonymous with good programming practices."

"Today, the world is a far more dangerous place for humanitarians"

Interview with Barry Steyn, CARE International's new Safety and Security Director

You have many years of experience in the security sector. How has the security situation for NGOs changed over the past decade?

"There was a time when humanitarian workers were "good people doing good work" and were respected as such. Unfortunately, we now live in a world where we can be targeted simply because of who we are and what we are perceived to represent. There are many parts of the world where people think we represent something foreign,



dangerous and different and are therefore legitimate targets. Another development has been the massive increase in privatization of the sector accompanied by private security firms and the aim of military forces utilizing humanitarian aid to win "heart and minds". These organizations do not always hold humanitarian principles dear and local populations cannot be expected to tell the difference between us. In short, I think the world is a far more dangerous place than it was a decade or two ago for humanitarians.

But NGOs have also changed: Having full time security advisors in risky locations has become the norm and it is now an every-day occurrence to see NGO's conducting risk assessments. At CARE we have changed too. Our Safety and Security Unit (CISSU) was created and national members have hired safety and security staff. The increasingly insecure situation in places where we work has led to the realization that spending time, money and effort on security and insurance is the price of doing good programming."

If you look at CARE's history in terms of security, how has our own security system improved in the past years? What are the challenges?

"Within CARE, the increasing recognition of the importance of security has led to various policies and guidelines, such as the Safety and Security Principles, the Safety and Security Management Plan and a host of tools all aimed at enabling Country Offices to successfully and proactively manage their security situation. We are extremely lucky that we have a very dedicated and experienced team of security professionals around the world who are happy to support whenever and wherever they are needed. This team collaborates under the auspices of the Safety and Security Management Working Group to ensure cooperation and collaboration across the spectrum of CARE members. One of our strengths at CARE is the fact that Safety and Security is standardized across our membership. This has led to an accessible, easy to understand system that Country Offices can tap into whenever required.

There are many challenges we face including keeping current in a rapidly changing environment. The biggest challenge however remains in "creating the security culture", meaning everyone working at CARE internalizes and follows security and safety procedures. I feel we have made massive strides in the past decade and even though there is much we can still do I have no doubt we are working quickly and efficiently in the right direction."