



SAVING LIVES IN THE HORN OF AFRICA

A CRISIS AFFECTING LIFE, LIVELIHOODS AND WAYS OF LIFE
AND HOW YOUR SUPPORT IS MAKING A DIFFERENCE

The crisis in the Horn of Africa is complex and multilayered. It has brought suffering to millions and imposed new pressures on communities already straining to cope. At the heart of the crisis are children and women – always the most vulnerable in any emergency. Weakened by malnutrition, threatened by disease and left exposed to danger, they are UNICEF's top priority.

"Inaction is not an option."

- Elhadj As Sy, Regional Director, UNICEF Eastern and Southern Africa

HELPING THE HORN OF AFRICA

UNICEF results: July to September 2011

9,740
metric tonnes of
supplies delivered



48,000
children in
child-friendly spaces



108,000
severely malnourished
children treated with
therapeutic feeding



1.2 MILLION
children vaccinated
against measles



2.2 MILLION
people with access
to safe water



INTRODUCTION

The situation in the Horn of Africa is dire. Severe drought combined with soaring food prices and the political conflict in Somalia have caused famine in some Somali regions and taken a staggering toll on children. In early July, the flow of refugees leaving Somalia caused the situation to escalate into a regional crisis, with hundreds of thousands of people on the move, fleeing famine and conflict into neighbouring countries. Currently, over 13 million people are in need of humanitarian assistance, including 320,000 severely malnourished children.

Drought is a recurring theme in this region, and communities are accustomed to adopting coping mechanisms to adapt to the realities of a changing climate. For this crisis, however, community coping strategies have not been enough: the impact of a particularly severe drought has been exacerbated by food price increases of up to 250 percent across the Horn of Africa. The political unrest in Somalia further complicates the situation.

**Children are at the centre of this emergency.
Your support is making a difference.**

Child survival is under extreme threat among the Somali refugees who have recently crossed the border into Kenya, Ethiopia and Djibouti in search of humanitarian assistance. The majority have fled to the large refugee camps around Dadaab in north-eastern Kenya and Dollo Ado in Ethiopia, with a smaller number moving to Djibouti. Most of those who set out on this risky trek to neighbouring countries were women and children, arriving exhausted and malnourished after weeks on the road.

Suffering from acute malnutrition, threatened by disease (which is aggravated by lack of access to water and poor sanitation and hygiene) and exposed to increased protection risks, these women and children are fighting for their very survival. There

are increasing reports of measles cases, and cholera and acute watery diarrhea (AWD) are looming threats as the region awaits the coming rains.

Thanks to support from donors like you, UNICEF was able to rapidly scale up our response when famine was declared in Somalia a little over three months ago. Over 108,000 severely malnourished children have been treated through therapeutic feeding centres, and hundreds of thousands of children across the four countries continue to benefit from a range of nutrition and feeding programs. UNICEF has also stepped in to fill the gap in general food distribution with blanket supplementary feeding programs in the affected areas in Somalia.

Due to the efforts of UNICEF and our partners, water is now accessible to 2.2 million people, immunization campaigns are underway to protect children from the risk of disease during the coming rainy season, and 1.2 million children and young people have been vaccinated against measles. To reduce protection risks, 48,000 children are accessing Child Friendly Spaces. This is all thanks to donor support of UNICEF's work.



Did you know?

Famine has been declared in six areas of Central South Somalia, with the lives of 750,000 people at risk by December if relief operations are not scaled up.

NUTRITION

UNICEF is helping to provide life-saving nourishment to people in the famine-affected areas by supplying enhanced blanket supplementary feeding programs. These programs include: monthly take-home rations; wet feeding to provide three daily hot meals, mainly to internally displaced persons (IDPs) fleeing their homes and in transit; and therapeutic and targeted supplementary feeding for acutely malnourished children at the community and health facility level.

In Somalia, almost 350,000 people have benefitted from blanket supplementary feeding through an innovative effort to prevent malnutrition by providing families with monthly food vouchers. Meanwhile, 30,000 households have been reached by a wet feeding program that provides cooked meals to Somali families in transit to refugee camps in Kenya and Ethiopia.

In the pastoralist areas of northern Kenya, UNICEF admitted almost 12,000 severely acutely malnourished children to therapeutic feeding centres in July and August. Another 33,000 children with moderate acute malnutrition received supplementary feeding.

In the Dadaab refugee camps in northeast Kenya, UNICEF and its partners – working with the United Nations refugee agency – admitted 6,700 severely malnourished children to therapeutic feeding programs and reached 11,700 moderately malnourished children with supplementary feeding in July and August.

In Ethiopia's drought-affected regions, UNICEF supported the treatment of 54,600 severely malnourished children under five in July and August, working through the government's Health Extension Program. In the refugee complex at Dollo Ado, Ethiopia, UNICEF has supported the distribution of essential nutrition supplies and the promotion of exclusive breastfeeding.

In Djibouti, where the population is smaller but the proportional impact of the crisis is large, 4,500 children under five were being treated for severe malnutrition and 16,000 for moderate malnutrition at the end of September.

Blanket supplementary feeding programs provide a food/micronutrient supplement for all members of groups at high risk of becoming malnourished. The primary aim is to prevent deterioration in the nutritional status of the population, but also to reduce the prevalence of acute malnutrition in children under five, thereby reducing the mortality and morbidity risk.

To treat malnourished children, health workers can give mothers a one- to two-week supply of **Ready-to-Use Therapeutic Food (RUTF)**. RUTF is made from peanuts, powdered milk, sugar, oil, vitamins and minerals. It comes in a single-serving foil sachet and has a 24-month shelf life, allowing mothers to treat their children at home.

Wet feeding programs describe the daily distribution of cooked food at feeding centres. The number of meals provided can vary in specific situations, but a minimum of two or three meals is provided per day. These programs were put into place because sometimes take-home rations are shared with other family members and don't reach the intended recipient. Also, when the security situation is poor, beneficiaries are at risk when returning home carrying food supplies.



HEALTH

Despite historically limited access to healthcare facilities and outreach in this region, UNICEF's strategy has included scaling up the existing health services and increasing outreach through community-based interventions. It is our top priority to address the lead causes of illness and death in children and to prevent and control contagious diseases. In particular, UNICEF has supported community case management of pneumonia, diarrhea and malaria, as well as maternal and newborn health, and has helped to provide emergency medical supplies to community health centres.

Since July in Central South Somalia, over 964,000 children have been immunized against measles, 426,000 have been vaccinated against polio, more than 900,000 have received vitamin A supplements and about 167,000 have received de-worming medication.

In Kenya, UNICEF has strengthened immunization coverage for children in drought-affected areas. To prevent disease outbreaks in the congested refugee camps of Dadaab and surrounding communities, over 170,000 children under five have been vaccinated against measles.

In Ethiopia, UNICEF has provided technical assistance and supplies in response to suspected outbreaks of acute watery diarrhea in drought-stricken regions. Since July, 35,000 refugee children in Ethiopia have been vaccinated against measles.

Acute malnutrition is marked by low weight for height (wasting) or the presence of swelling caused by fluid retention. Children who are weakened by nutritional deficiencies cannot stave off illness for long, and the frequent and more severe bouts of illness they experience make them even weaker. More than a third of the children who die from pneumonia, diarrhea and other illnesses could have survived if they had not been undernourished. Children suffering from **severe acute malnutrition** are up to nine times more likely to die than a healthy child.

Chronic malnutrition is marked by low height for age (stunting), with irreversible, lifelong impacts on physical and mental development.

WATER, SANITATION AND HYGIENE

UNICEF and implementing partners have focused on meeting the water, sanitation and hygiene (WASH) needs of communities and displaced people, while minimizing the related health risks caused by the drought and mass migration.

In Central South Somalia, about 1 million people were accessing safe water through chlorination, water trucking and the construction or rehabilitation of water sources by the end of September. Nearly 56,000 had access to new sanitation facilities, and 171,000 had received hygiene and household water-treatment supplies.

In Kenya's drought-affected regions, UNICEF and partners are now providing 1.13 million people with access to safe water or water sources. In addition, UNICEF has supported water and sanitation facilities in 172 schools, benefitting approximately 78,000 children. It is also providing refugees in Kenya with access to safe water while they are in transit, and once they have settled in camps and host communities.

In Ethiopia, UNICEF's support for the rehabilitation and expansion of water sources – particularly in the Somali region – has ensured a safe water supply for almost 280,000 people since July, including about 44,000 children under five. At the same time, water trucking is benefitting children and families at the refugee complex in Dollo Ado.



EDUCATION

Even in emergencies, UNICEF remains committed to providing children with access to education. We know that by restoring education to children through provisional or temporary learning spaces, we help give them some sense of normalcy during a crisis.

In September, UNICEF supported the reopening of schools in Somalia with teacher incentives and text book distribution, facilitating the enrollment of about 320,000 children in over 1,300 schools.

In drought-affected areas of Kenya, schools were kept open during the August holidays to ensure continued learning and allowing 1.2 million children to receive one meal a day. In Dadaab, UNICEF has provided teaching and learning materials to enable refugee children to continue their education.

In Ethiopia's drought-affected regions, UNICEF has provided education supplies to 28,000 children since July, and about half of these students are girls. Before the start of classes in October, UNICEF delivered tents and other supplies to Child Friendly Spaces serving 11,500 refugee children, and education supplies for 20,000 children in the Dollo Ado camps.



CHILD PROTECTION

UNICEF is working with partners to address the array of protection concerns for children that have been heightened by famine, conflict and displacement. Many children have been separated from their families and are now travelling alone. They are at risk of child recruitment by armed groups and of gender-based violence.

In Somalia, UNICEF is working with partners to support reintegration programs for children associated with armed forces or groups. We are also helping to provide programs for non-formal education, vocational training, and psycho-social care and support.

In the Dadaab camps and surrounding areas in Kenya, almost 28,000 refugee children were benefitting from Child Friendly Spaces by the end of August. In response to reports of gender-based violence against refugee women and girls crossing from Somalia into north-eastern Kenya, UNICEF and partners have provided tented safe spaces in and around Dadaab, where they can receive services, information and support.

In Ethiopia, UNICEF has provided technical support to its partners for reunification or alternative care benefitting more than 800 unaccompanied and separated children in refugee camps.



ABDILE AND ADEN'S STORY

A FATHER AND SON IN A SOMALI REFUGEE CAMP

More than 80 percent of the Somali refugees crossing into Kenya are women and children. Many of the families queuing at the Dadaab refugee reception centres are headed by mothers, grandmothers and older sisters. In a community of mothers, Abdile Mohammed stands apart as the consummate father.

In early August, three-year-old Aden was brought to the nutrition stabilization centre at the Hagadera refugee camp in Dadaab by his worried father, Abdile. Like many children arriving at the UNICEF-supported facility, Aden was close to death – malnourished, dehydrated and suffering from respiratory infections.

Aden's journey to Hagadera had been painful. Aden's family had trekked from Somalia for 25 days. On that long journey, Aden's mother succumbed to starvation, but Abdile was forced to will his family forward, at times literally carrying three of his four children on his back.

"We had no choice, but to continue," says Abdile. "We had to keep moving or we would die."

Aden, his youngest son at three-years-old, grew increasingly malnourished as their food and water supply dwindled. By the time the family reached the refugee camps in Dadaab, Kenya, Aden was so weak that he had not the strength to

lift his head or swallow. As he was rushed to the hospital, his 5-kilogram body was perilously close to shutting down. Doctors at the Hagadera hospital wondered whether he would survive.

Abdile didn't leave his son's side for four weeks while the medical staff and nutritionists treated Aden with antibiotics, therapeutic milk and food.

After a month of treatment, Aden's condition improved. In fact, his recovery was so successful that he was able to leave the centre. His family set up a new home amidst the tents and shelters that accommodate thousands of other Somali refugees in the area.

Sometimes, the tremendous suffering seen makes the humanitarian challenges on the ground seem insurmountable. But the story of Abdile and Aden – their struggle, their bond and their triumph – is important to remember. There is still hope in this land.

**We couldn't do what we do without you.
Your generosity is what makes the survival
stories of children like Aden possible.
Thank you.**



Abdile and Aden before help from UNICEF



Abdile and Aden after help from UNICEF

THE MONTHS AHEAD

The current outlook for the Horn of Africa is worrying. Despite a massive infusion of humanitarian aid, immediate needs across the Horn outstrip even this high level of support. In Somalia, food stocks are expected to remain low in drought-affected areas. Famine could extend into new areas of the country by December. Malaria and measles epidemics are expected with the rains, which also bring an increased risk of cholera and acute watery diarrhea outbreaks.

Building Resilience for the Future

Over the years, donor investments have allowed UNICEF to achieve positive results in preventing hunger, famine and dependence in the Horn of Africa. Now there is a need for a concerted drive to build on these successes and strengthen resilience in countries most susceptible to drought, crop failure, displacement and insecurity.

Integrating disaster risk reduction with regular programs in the Horn is key to the long-term viability of the region. Risks must be identified from the outset so that both immediate threats and the underlying causes can be addressed. Programs such as the community management of water resources and maintaining nutritional surveillance to enable quick responses to malnutrition spikes will be vital.

Building resilience also means recognizing the importance of not only saving lives but also protecting livelihoods and long-established ways of life. Thank you again for your commitment to ensuring a better future for the children in the Horn of Africa.

UNICEF Canada's President and CEO, David Morley, was recently in the Horn of Africa and saw first-hand the importance of long-term solutions to help build resilience for the future. Here is an excerpt from his blog post from Riba, Kenya:

"UNICEF has been drilling borehole wells all around Wajir District and putting up water systems; here in Riba, there are two systems: one for humans and the other for the camels.

A herd had just arrived and was drinking. They had been gone for 20 days, crossing into Somalia looking for pasture, and then back here to their home village for water.

The village water committee manages the system after we have installed it and they normally charge 7 cents for a camel to drink. However, because of the drought, they have temporarily waived all fees.

Many people have lost camels in the drought. Herds are half the size they used to be. This is a great loss. The camels provide milk and meat, and can bring money into the community, too. The price of camels is depressed now, down to \$100 or \$150 a camel. No one wants to buy camels because it is so hard to keep them alive.

But unlike the herders yesterday, these people are managing to survive. Their herds are still alive. Their way of life has not been destroyed. And, as well as water, we have supplied therapeutic food for the most malnourished children."



Did you know?

In the last decade, UNICEF has worked to diversify the international ready-to-use therapeutic food supplier base. Now, half of the suppliers are producing locally in countries where the product is used. These efforts have helped to secure availability, build local economies and stabilize prices, despite increases in demand. Niger, Ethiopia, Kenya and South Africa are currently producing RUTF.