

Save the Children Providing Relief to Massive Needs of Children in 8 Countries

October 2017

The Emergency

A humanitarian crisis of catastrophic proportions is threatening the future of millions of people in East and West Africa. This is not a one-dimensional crisis – it is a crisis that is affecting every aspect of the lives of millions of children. Spurred by conflict, economic shocks, and the worst drought in seven decades, the crisis has left children and their families with little food and clean water, exposed to diseases, at risk of abuse and recruitment into militia, no access to schools, and little alternatives for gaining their livelihoods.

Eight countries are affected by this crisis – Ethiopia, Kenya, Niger, Nigeria, Somalia, South Sudan, Uganda and Yemen. Across these countries, the situation grows more alarming every day as children die from malnutrition, hunger and disease.



Lobeyo* holds her son, Lojuko (left) and daughter Nalimo (right) in a camp for internally displaced people in Puntland, South Sudan. They were both assessed for malnutrition at Save the Children's mobile clinic. Photo: Lily Partland/Save the Children * name changed to protect identity

In East Africa, over 25.9 million people are in need of lifesaving aid. In South Sudan, where a famine had previously been declared in one region, 1.7 million people are currently facing emergency levels of hunger, with over 1 million children under 5 estimated to be acutely malnourished. Those affected also include children and families who are on the move, and fleeing their homes in search of safety. Uganda – where an average of 425 South Sudanese refugees flee to every day – now hosts the largest refugee settlement in the world with over 1.3 million people of whom 60 percent are children. Parts of Somalia are also on the brink of famine, with the number of malnourished children projected to reach 1.2 million by next August. In Kenya, Ethiopia and Somalia, almost 600,000 children currently need treatment for life-threatening severe acute malnutrition and the education of 6 million children is at risk of being disrupted.

In West Africa, protracted conflict has left 14 million people in Nigeria in need of humanitarian assistance. Many have fled to neighboring Niger, where another 1.9 million people are facing food insecurity and malnutrition. And another 20.7 million people in Yemen, including 11.3 million children are in need of lifesaving assistance and protection. Conflict and a second wave of an uncontrolled cholera epidemic has expanded to almost the entire country already causing starvation and death.



Negative coping mechanisms to address challenges related to this unprecedented crisis are on the rise. More and more children are being forced to drop out of school in search of water or due to conflict. Families are being separated and communities displaced. Many others have turned to child labor and early marriage, subjecting children to an increased risk of violence and abuse. The threats to children are enormous.

Thanks to your support, Save the

Children is there, racing against time in these eight countries to save lives, alleviate hunger and protect the most vulnerable



children and families from diseases. According to the Famine Early Warning Systems Network, there is an increased likelihood of a below-average rainfall between October 2017 and February 2018, potentially exacerbating losses in livestock losses and spiking malnutrition as well as disease outbreaks.

Our Response

Save the Children is on the ground now in all of these countries, providing lifesaving support to children. We are working closely with governments, the United Nations and other humanitarian agencies to reach children and families who desperately need our help. Our priority is to reach children under age 5, who are less able to withstand acute malnutrition and are more susceptible to diseases like acute watery diarrhea/cholera and measles. Our Emergency Health Units completed their deployment to Somalia, Kenya, South Sudan and Uganda during which time they scaled up our efforts to screen and treat malnutrition, and provide primary health care and reproductive health services through fixed and mobile health units.

We are continuing to raise funds for the urgent work in these eight countries through our Global Child Hunger Crisis and Famine Relief Fund. Contributions are being pooled so that we have the flexibility to sustain and strengthen ongoing lifesaving programs, adapt our work as conditions change, and quickly deploy new humanitarian aid to reach more children in dire need.

Here are summaries of conditions in South Sudan, Uganda, Ethiopia, Somalia, Kenya, Yemen, Nigeria and Niger and our relief efforts.

South Sudan

There are 7.6 million people in South Sudan – more than half the population – believed to be facing severe food insecurity, and the situation continues to deteriorate because of conflict, disease outbreaks, poor harvests and a collapsing economy. Some 1.8 million South Sudanese have been internally displaced. A famine was declared in the Unity State in February, with over 1 million children estimated to be at risk of starvation. The crisis is compounded by the rise of deadly cholera, which has been confirmed in 19 counties.

Save the Children worked in South Sudan prior to its independence in 2011, and we remain on the front lines of the relief effort there. We are the lead health and nutrition provider in six of 10 states. We run 45 outpatient therapeutic centers and 58 feeding program sites for infants and young children in the East

Save the Children.

Equatoria region. We help to prevent the spread of communicable diseases and increase access to lifesaving drugs for children and families, and we protect children from harm and provide access to education. With the unfortunate outbreak of cholera, we are now opening cholera treatment units and prepositioning medical supplies, water and sanitation equipment to save lives.

Uganda

With approximately 1.3 million refugees, Uganda has more refugees than any other African nation. As of August, over one million of these refugees are from South Sudan – on average of 425 refugees cross the border into Uganda each day. The Bidi Bidi refugee camp is now the largest in the world, with almost 285,000 South Sudanese living in substandard conditions. Uganda also hosts drought-affected Kenyans who have arrived in desperate search of water and grazing for livestock and people fleeing conflict in the Democratic Republic of the Congo.

Our support to South Sudanese refugees is ongoing in five camps and includes both fixed and mobile health units that provide basic health and reproductive health services. We also run over 30 child friendly spaces and 17 accelerated learning programs and classroom construction projects so that children can catch up on their education. Our child protection teams reunite children who were separated from their families, monitor the status of unaccompanied children and train case workers and our partners on important practices to ensure that children are safe from abuse and their rights are protected.

Ethiopia

Across much of Ethiopia, continued failed rains have resulted in a spike in the number of food insecure households. There are an estimated 12.6 million people in need of food assistance now, with a rapidly deteriorating nutritional status among children in the Somali region. Over 3.6 million children and pregnant and lactating women are moderately malnourished. To make matters worse, parts of the country are experiencing an infestation of voracious army worms, which consume crops and pasture.

Save the Children is the largest provider of community-based malnutrition program in the country where we deploy mobile health and nutrition teams across the Somali region to run 544 outpatient therapeutic treatment sites and 63 inpatient stabilization centers. We have also established diarrhea



Nunea, 30, holds her her six-month old child, Mohammed, who benefited from Save the Children's Outpatient Therapeutic Program in Shebelle Zone, Ethiopia. He is gaining weight and is now exclusively breastfeeding. *Photo: Emnet Dereje/Save the Children*

treatment centers, trucked water to places where internally displaced people have settled, and installed water tanks. We provide child protection services for refugees at the border in Dollo Ado, as well as school feeding programs inside the Dollo Ado refugee camp. Our livelihoods staff are helping families find alternative incomes and providing animal feed – crucial for those whose livestock has died. Our Education in Emergencies program, operating in nine states where internally displaced people live, has benefited more than 7,000 children with school feeding and learning.



Somalia

While collective humanitarian efforts have staved off a declaration of famine in Somalia, Somaliland is showing increasing signs of deterioration, especially in displacement camps in Baidoa, Dollo and Afgoye. The projected number of children who are or will be acutely malnourished through August 2018 is now estimated to be 1.2 million. The drought has also forced some 40,000 children out of school as families enlist them to search for water.

We are trucking water to the worst-affected communities, providing cash transfers to thousands of vulnerable families, and running nutrition screening and feeding programs for children and pregnant and lactating women. We established a cholera task force and are training local doctors and nurses to expand treatment services. To date, Save the Children has reached 2.7 million people, including 1.7 million children with our response programs.

Kenya

Light showers in Turkana and Mandera have temporarily improved water availability for these regions. However, water scarcity remains a long-term problem for the country and barring further rain, it's now estimated that 3.5 million people will be food insecure. Dwindling milk consumption through the short rainy season (October - December) is likely to increase malnutrition, especially for children under five and pregnant and lactating women.

In four of the driest counties in the north, we are conducting nutritional screenings and treatment in 149 sites. Alongside these screenings, we provide children with curative and preventive health services. In Turkana County, we have a supplemental feeding program in partnership with the World Food



Save the Children's Emergency Health Unit distributed cholera prevention supplies, consisting of water purifiers, soap and buckets in Wajir, Kenya. *Photo: Allan Gichigi/Save the Children*

Program. In addition, we are helping keep schools and health facilities open by trucking clean water and providing technical assistance in water well and storage systems.

Yemen

The UN's Office for the Coordination of Humanitarian Affairs recently estimated that 20.7 million people – or nearly 7 in 10 Yemenis – require assistance resulting from civil war, collapsing services, food shortages and diseases. Some 4.5 million children and pregnant or lactating women are in urgent need of nutrition services to treat or prevent malnutrition, and there is a risk that the country could slip into famine. A second deadly cholera outbreak is also sweeping Yemen, affecting over 660,000 people in 22 out of 23 governorates. Over half of the cases in the most affected areas are children below 18 years of age.

Save the Children has 400 national staff members responding to the crisis in nine governorates in the north, center, and south of Yemen. We distribute food, operate mobile health clinics, and support 97 fixed health



facilities. Our health teams have consulted and treated over 670,200 people. We have treated 68,500 children under age 5 for malnutrition and supported more than 825,000 people with food.

In response to the cholera outbreak, Save the Children is running diarrheal treatment centers and oral rehydration therapy corners. We plan to open more of these facilities. Our mobile medical teams support hospitals with diagnosis and treatment, and provide medical supplies and fuel to keep them open. We are providing clean and safe water and improving sanitation and hygiene



practices to reduce the spread of the illness. We have joined other aid agencies in developing a cholera response plan and are appealing for funds for this collaborative effort.

Nigeria

Nigeria is also experiencing civil conflict, severe food insecurity, malnutrition, disease, floods and people being forcibly displaced. The most affected states are in the northeast (Borno, Adamawa and Yobe), which are currently hosting most of the 1.8 million internally displaced people, over half of whom are children. A recent cholera outbreak in the camps in Borno has already affected hundreds of people. About 5 million people are facing severe food insecurity with pockets also experiencing famine-like conditions in some areas.

We are distributing monthly food baskets to vulnerable families; in total, over 29,000 people have been reached. Our team has established seven outpatient therapeutic feeding centers that have served over 12,600 children and four outreach centers that provide infant and young child feeding support for those suffering from malnutrition. Our teams have also engaged over 55,800 girls and boys in psychosocial support activities.

Niger

Niger is weathering a multi-faceted humanitarian crisis. Food insecurity, malnutrition, epidemics of cholera, measles and meningitis, floods and displacement are the main causes of humanitarian need, where 1.9 million people will require assistance in 2017. High unemployment, combined with an economic slowdown and deep poverty, mean that many families are unable to provide for their children's basic needs.

Our goal is to save lives and alleviate suffering among child refugees, returnees, internally displaced children and the local population in the Diffa region through health, nutrition, child protection, food security and livelihoods programs. We also make clean water accessible and educate people about good hygiene. Key activities within these program areas include providing medical supplies to health centers; screening and treating malnourished children; training community volunteers in child protection; providing electronic cash transfers to vulnerable families and distributing hygiene kits to schools.



Examples of Your Support in Action

\$4,800 can pay one year of wages for a social worker reaching about 12 families per week with psychosocial services in Kenya

\$15,600 can pay for the construction of a pond to restore life-saving water for 5,400 people in Somalia



\$23,000 can run a 24-hour-a-day stabilization center for one month to bring severely malnourished children back to health in South Sudan, including the qualified staff, drugs, equipment and transport of supplies to remote areas

Why Save the Children?

Save the Children is the world's leading child-focused humanitarian organization. We have nearly 100 years' experience responding to children and their families during and after crises. We are exceptional among aid agencies because we provide comprehensive emergency preparedness, relief and recovery programs that are



A girl collects water at a water point Save the Children installed in the informal displacement camp at Musari, Nigeria. Photo: Tommy Trenchard/Save the Children

specifically designed to meet the unique needs of children and their families. We have well-trained national staff ready to respond at a moment's notice. Our international experts in health, nutrition, food security, shelter, water and sanitation, education and child protection can join our local staff if needed. We also have pre-positioned relief supplies and medicines.

Because we work directly with children and families in the heart of the crisis, we know immediately when conditions change and can adapt our programs to meet children's most urgent needs. Save the Children also stays as long as it takes to help children, families and communities recover from their losses, rebuild their lives and become more resilient to future shocks.

Nobody knows when the next crisis will strike. That's why 10 percent of your generous gift goes to helping our emergency teams prepare for and provide critical assistance when and where children need us the most.