

The drought and resulting food crisis in East Africa continues to be the largest emergency situation in the world. Millions are still facing severe malnutrition and tens of thousands are estimated to have died. However six months into the crisis we are beginning to see some improvements. The intervention of aid agencies such as Save the Children have helped to save millions of lives and continue to provide daily life-saving food, water, healthcare and nutritional support, as well as education and child protection to millions more. Save the Children cannot and will not stop our lifesaving work until the time when we are no longer needed.

Our East Africa appeal and emergency response has been the largest ever in our 90-year history, reaching 2.5 million people across the region. It would not have been possible without the generosity of our donors and the general public.

Thank you.

Mike Penrose
Emergency Director
Save the Children

The situation on the ground

East Africa experiences frequent drought and in recent years many of the people who live in the region have become increasingly vulnerable to its effects due to a number of complex factors, both immediate and longer-term:

- Failure of the October rains in 2010 and the March-April rains in 2011
- Soaring international food prices
- Regional insecurity
- Underinvestment in development and infrastructure
- Population growth

In 2011 this deadly combination left over **13 million people** at risk of malnutrition across East Africa. Lack of rains led to widespread devastation of farmland, failed harvests and livestock deaths. The majority of the affected population were pastoralists (shepherds or herders) and many have seen their last animals die of dehydration and hunger, or been forced to sell their last animal in order to provide for their family, losing their last source of income and food.

Food and water prices also rose beyond the reach of many, leaving millions dependent on aid to survive. Tens of thousands of people died, and hundreds of thousands were at risk of starvation.

The crisis was further compounded by mass displacement. Families in Somalia fled drought and the ongoing conflict, seeking refuge in neighbouring countries. Refugee camps such as Dadaab (Kenya) rapidly became overcrowded – at the height of the crisis 1,500 refugees were arriving every day. Dollo Ado (Ethiopia) received 100,000 new Somali refugees over the summer.

Effect on Children [STAND OUT BOX]

Children are always the most vulnerable in a food crisis. If they don't receive the right balance of nutrients in their diets they are at high risk of malnutrition. Malnutrition leads to children growing up with developmental issues, both physical and mental, a condition known as stunting. It also can increase the risk of them being infected by deadly diseases and ultimately can lead to death.

Children drop out of school and many start begging or working to help the family survive, often doing hazardous jobs. Families are forced to split up in search of food, leaving children alone, unprotected and exposed to abuse and exploitation.

Early response: saving lives from the outset

Save the Children has been working in East Africa for the past 40 years. Recognising the early warning signs, Save the Children began scaling up existing programmes across the region in late 2010, focusing on food, water, health care, livelihoods, child protection and education. The situation soon reached catastrophic levels and an emergency appeal was launched for Ethiopia, Kenya and Somalia in July 2011. **It became the largest ever emergency appeal and response in Save the Children's 90 year history.**

Over the past six months, with generous support from our donors, we have worked with local governments, international humanitarian organizations and affected communities to reach **2.5 million** people across East Africa.

We will continue our emergency response throughout 2012, while also working to reduce the impact of disasters and the ability of communities to cope with a changing climate. Our original fundraising target was £65m, which has now been increased to £125m in recognition of the continuing severity of the crisis.

High-level advocacy is also central to our work. In 2011 we worked with a coalition of non-governmental organisations (NGOs) to develop the Charter to End Extreme Hunger which lists specific actions for both governments and the international community. The Charter has received support from the UN Emergency Relief Coordinator and has been endorsed by the Prime Minister of Kenya.

Somalia:

We reached 285,325 people in some of the most dangerous and war-torn areas

- We tripled the size of our emergency response, increasing our long-standing programmes and expanding to new areas to reach the worst affected population in South Central Somalia and Puntland.
- We supplied life-saving water through trucks as well as water supply schemes and purification tablets which helped keep 99,250 people and their livestock alive and healthy.
- We prevented or treated malnutrition in 110,000 women and children.
- We helped in the improvement of school infrastructure and training of teachers which helped 7,700 children access education, many for the first time in their lives.
- In response to the flash floods in Mogadishu we provided food, water, health care and other immediate services, reaching 9,000 people.

The number of beneficiaries reached for Somalia is relatively low compared to Ethiopia and Kenya due to the high level of integration in Save the Children's programming in Somalia. In addition, the total population in each of the three countries varies significantly, with Somalia having the lowest.

Integrated, repeat programming is a significant part of the response in Somalia. The figures shown here are adjusted so that if a child is provided with repeated health, nutrition, blanket feeding and WASH services they will only be counted once. This level of integration is important in Somalia, a country with such a low level of basic services.

In addition, there is a high cost related to operating in Somalia with restrictions on supplies and donors. The constantly changing security situation and constraints of movement of staff and supplies has created challenges in delivering aid at the same scale as Kenya and Ethiopia.

Ethiopia: we expanded our programmes to reach over 1.8 million people

- Our livelihoods programme in Ethiopia reached over **1.1 million people** with food and cash vouchers as well as wide distribution of agricultural items such as seeds, fuel and animal fodder. We also ran livestock feeding, vaccination and treatment activities.
- Our emergency WASH (water distribution, rehabilitation, distribution of water treatment chemicals, rehabilitation of traditional water systems and hygiene promotion) reached 499,536 people.
- Our emergency health intervention reached 71,773 people.
- Our nutrition and feeding programmes have provided urgently needed nutrition services to nearly 118,752 pregnant women, new mothers and children under five.
- Save the Children's child protection programme reached more than 63,000 children in refugee camps and host communities.

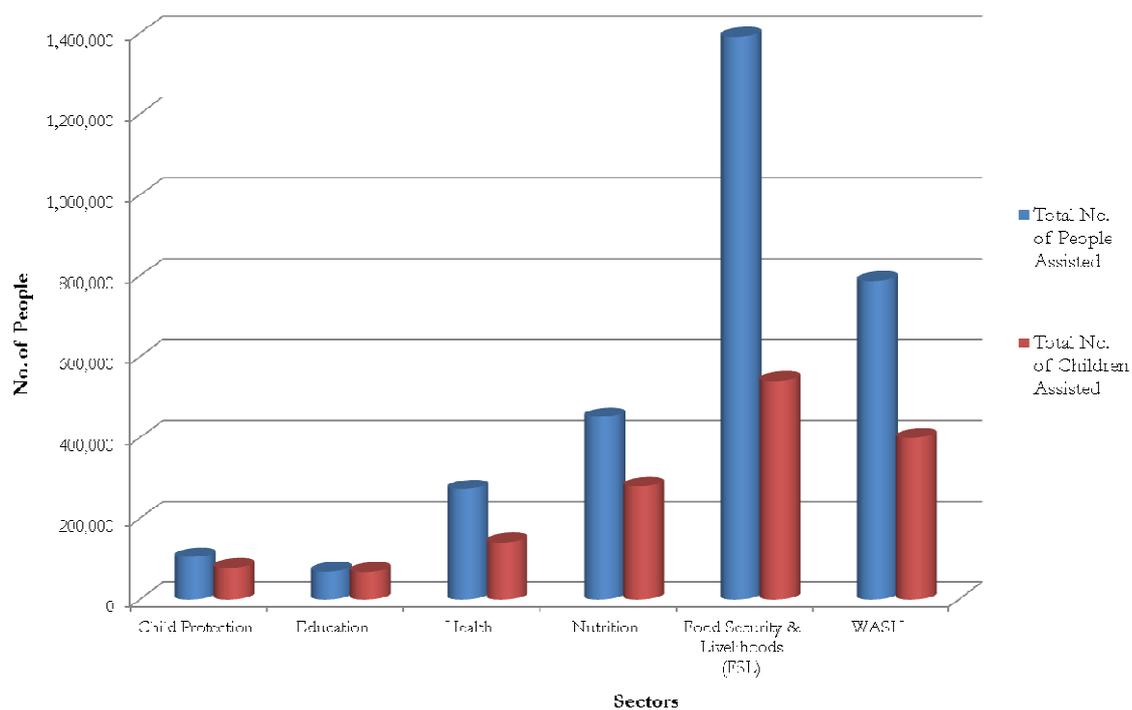
Kenya: successful advocacy and effective programmes helped us reach 445,086 people

- We successfully advocated for all children under five in the affected region to be fed. This resulted in over 121,500 children under five, pregnant women and breastfeeding mothers receiving food.
- We built up our child protection work at Dadaab refugee camp giving 23,000 newly registered children a safe space to learn and play in our Emergency Child Spaces.
- We have identified unaccompanied, separated and other vulnerable children, and reunited them with their families or found foster parents for them.
- With the financial support of DFID, we led an NGO consortium to fight hunger and increase resilience in drought affected communities.

Our reach

SECTOR	TOTAL NUMBER OF ADULTS	TOTAL NUMBER OF CHILDREN	TOTAL NUMBER OF PEOPLE REACHED
Non Food Items (NFIs) *	21,021	38,375	59,396
Child Protection	26,608	77,793	104,401
Education	907	68,246	69,153
Health	132,485	140,086	272,571
Nutrition	171,310	279,503	450,813
Food Security & Livelihoods (FSL)	850,490	540,480	1,390,970
WASH	388,232	399,153	787,385
TOTAL**	1,420,639	1,162,703	2,583,342

Sector Beneficiaries



Funds raised

An initial appeal for £62 million was launched in July 2011 to begin immediate lifesaving work across East Africa. **We raised over £67 million and at the six month mark, have provided humanitarian aid to 2.5 million people.** We have now increased our appeal target to £125 million which will enable us to continue our lifesaving work. Without this, many of the children and families now receiving support - including vital supplies, clean water and healthcare - would become critically vulnerable and could fall back into extreme hunger.

KENYA	
Details	GBP
Revised Appeal Target	£ 28,500,000
Increase in Appeal	£ 4,500,000
Confirmed	£ 19,905,451
Spent (as of Jan.3, 2012)	£ 7,876,318

ETHIOPIA	
Details	GBP
Revised Appeal Target	£47,000,000
Increase in Appeal	£12,000,000
Confirmed	£24,102,113
Spent (as of Jan.3, 2012)	£14,162,916

SOMALIA	
Details	GBP
Revised Appeal Target	£48,000,000
Increase in Appeal	£24,129,588
Confirmed	£23,185,038
Spent (as of Jan.3, 2012)	£7,959,042

Delivering healthcare:

Drought conditions have led to severe food and water shortages, increasing malnutrition in children and the fact that children are now more prone to killer diseases such as pneumonia, diarrhea and malaria. The already weak public health services in the affected areas have further deteriorated due to limited human resources, under-resourced health facilities, insufficient medical supplies and lack of clean water.

We have reached **272,500 people** with primary health care across the region, including lifesaving treatment, vaccinations, ante and postnatal care. We provided equipment, medicine and training to staff in health centres. Our mobile outreach teams travelled deep into arid areas, reaching the most vulnerable nomadic communities with essential health care services. And in Mogadishu, we ran free health clinics to help stem the tide of waterborne diseases following flooding.

We will continue to restore basic health facilities, train communities and provide primary and preventative healthcare across the region.

Nutrition & feeding programmes:

Poor rains, increasing market prices and insecurity had caused widespread food shortage whereby deepening the underlying malnutrition that existed even before the food crisis struck East Africa. As the drought in 2011 deepened, millions of children, already weak, became dangerously malnourished.

We launched a massive screening and feeding programme for children under five, pregnant women and breastfeeding mothers in East Africa, reaching **450,800 people** (including 293,000 children) with nutrition support. Mobilising the local community, we have organized local infant and child feeding programmes, encouraging mothers to exclusively breastfeed up to the age of six months. We have established 409 outpatient sites to register new patients and 11 stabilisation centres to help critically malnourished children on the brink of death.

We will continue feeding programmes for vulnerable children and women until they are no longer needed. At the same time we are working to build the resilience of communities to the cycle of drought and hunger by training volunteers to recognise the early signs of malnutrition.

Back from the brink of death: Umi's Story

When three-month-old Umi was brought into a Save the Children supported health clinic in Wajir South district, Kenya, she weighed only 1.7 kg (3.5lbs). Umi was acutely malnourished, dehydrated and suffering from bronchial pneumonia. She had been vomiting and had not eaten properly for five days. Umi's mother was also suffering from malnutrition. Save the Children staff gave Umi antibiotics, and immediately took her to the stabilisation center at the district hospital in Wajir.

Umi's mother Amina said, "There's no water for the animals and people depend on their animals for food. Most animals are dying because of the drought. There is nothing to eat. The government is trying to distribute food but it's not enough."



Three months old acutely malnourished and dehydrated Umi

Umi was given therapeutic milk and her mother was helped to restart breastfeeding. Umi made a quick recovery. “She had a very bright face within three days of the treatment.” said one Save the Children health worker. Baby Umi and her mother were discharged from the centre after five days and have been regularly visited by Save the Children staff ever since.

Umi has now been moved onto high-nutrient peanut paste, weighs 4.7 kg, and is a healthy, plump and smiling baby girl.

“You know well that my daughter was almost dying,” said Amina, “but today I have a healthy daughter and I’m so happy. You cannot even compare the joy I feel today to the sadness I felt three months ago – it is just not comparable.”



Umi, three months after treatment in Save the Children’s therapeutic feeding programme.

Supporting livelihoods:

Dangerous shortages of water and pasture for livestock have led to illness and death in animals, and reduced milk and meat production. Dramatic rises in food prices have exacerbated the situation. Cereal prices have increased by 240% in Somalia, 117% in Ethiopia and 58% in Kenya. Regional insecurity and the global increase in fuel prices have also escalated the food crisis, leaving millions of people struggling to survive.

We have rapidly expanded our livelihoods programmes helping **1.3 million people** (including 403,000 children) by providing immediate help and improving the ability of the most vulnerable families to cope. We provided cash to stop families having to sell their last animals, and distributed animal feed to keep the livestock healthy. We distributed seeds and fuel to help struggling farmers stay afloat and provided food vouchers to enable parents to buy fresh food and vegetables from local markets.

We will continue to build communities’ ability to recover from droughts by creating and improving early warning systems. We will establish farmer cooperatives and train farmers on new and innovative techniques, and continue to provide veterinary care to help keep livestock healthy.

Providing water, sanitation & hygiene

Water sources across the region dried up and a lack of access to safe water and sanitation led to an increase in deadly diseases such as malaria and diarrhea.

We urgently brought in life-saving supplies of water, distributed hygiene kits - including jerry cans, buckets, soap and aquatabs (to make water safe), installed hand washing points and latrines in refugee camps, schools and health facilities, and created innovative rainwater harvesting systems. We have reached **787,000 people** with this water, sanitation and hygiene work.

We will continue to provide water, sanitation and hygiene services to the most vulnerable populations, promoting safe hygiene practices and helping communities to reduce their vulnerability to drought. We’ll do this by restoring water points and investing in drought-resistant farming techniques including livestock management.

Flash flooding in Mogadishu, Somalia [STANDOUT BOX]

Flash floods struck South Central Somalia in October 2011 causing immense hardship to the vulnerable communities already suffering from food shortages. Six year old Farhia was living at the Sigale camp in Mogadishu.



“I remember the rains very strongly. They were so hard and the water was rushing in around us. We had no good shelter here – just a small hut,” said Farhia’s mother Nafiso. “We survived by climbing into a building nearby but the next day Farhia was still cold. She was shivering and started coughing. I was scared because I did not know what was wrong with her or what to do. She had a fever. She was hot and cold at the same time. Someone told me to take her to the Save the Children health centre.

There were many people there after the rains. A nurse gave me a number and I waited just a short while. The doctor was very nice. He looked at Farhia and gave me some medicine for her.

I am so glad that Save the Children is here. Where would I have gone otherwise? The rains caused this illness, but she was already very weak. Before that night the last thing she had eaten was porridge. I only had a small coffee with no sugar as there was nothing else to eat, and I wanted Farhia to eat.”

Farhia is now part of a Save the Children health programme in Mogadishu – which means she receives medicine and regular health check-ups. Along with its local partner the Centre for Peace and Development, Save the Children has provided lifesaving food, water, medicine, and shelter kits to 285,325 people in Somalia. We are also providing emergency shelter, sanitation facilities, and community-driven education about waterborne disease prevention.

Ensuring children can get an education, even in an emergency

Thousands of children were forced to drop out of school to help find money for their families to survive, increasing their vulnerability to exploitation and abuse and often meaning they would never return to get an education.

Save the Children and UNICEF jointly lead the UN Education Cluster through which we have played a key role in ensuring children were able to attend school during the drought. We also set up special education centres in refugee camps and affected communities, trained teachers and constructed permanent schools, providing essential equipment including tables, chairs, notebooks and school bags and giving **69,000 children** access to education, many for the first time in their lives.

We implemented an innovative approach to education through our “camel libraries project” in Ethiopia. This involved teachers with books travelling on camels to reach children in remote pastoral communities, ensuring that even the most isolated children have the opportunity to learn.

We will continue to construct temporary shelters and refurbish as many schools as possible to ensure children have access to quality education.

Protecting children

In the wake of the food crisis children faced many threats to their safety and wellbeing including separation from their families, risk of exploitation, abuse and violence. The loss of families' livelihoods forced children to scrounge for food and engage in hazardous labour to feed their families. In addition, life in overcrowded refugee camps disrupts their normal routines and poses serious long-term risks to child growth and development.

We placed trained staff at reception centres of displaced people/refugee camps to screen children and identify cases of abuse, violence and trauma. We established safe places for children to learn and play and access counselling and support from trained Save the Children staff. Being in these spaces enabled children to regain a sense of normalcy, stability and hope. Working with clan elders, our work tracing family members and reuniting them with their children has been expanded to include foster care arrangements for separated and unaccompanied children. In Ethiopia alone we have helped 3,532 children through this process.

We have reached **104,400 people** (including 77,700 children) with our vital child protection work and we will continue to protect children across East Africa from physical and sexual abuse, hazardous labour, trafficking and gender-based violence.

Farhan's story

Farhan arrived at the Dollo Ado refugee camps in Ethiopia along with his ailing mother and two older sisters. Soon after their arrival, Farhan's mother died leaving the children alone.

"The children were immediately sent to Save the Children's child protection office. We found them a foster family until we were able to reunite them with their father." says Fatuma Mohamad Noor, Save the Children's Child Protection Officer.

The children were placed in the care of a foster mother who already had four children of her own. In Somali culture, taking care of orphans and children is considered an honour hence refugees do not accept money for fostering children. Save the Children supports them by providing useful goods such as mattresses, soap, mosquito nets and clothes.

Farhan's right knee was injured on his way to Dollo Ado and had swollen to be twice the size of his left. The injury was more apparent as the boy was also severely malnourished. Our child protection team helped Farhan to seek out the medical attention and food that he so desperately needed.

Save the Children's volunteers were also able to trace the child's father with the help of respected community elders. They were reunited soon after.

"It was a very emotional reunion." said Fatuma.

Advocating for change

To help communities get through the next drought, Heads of East African Governments should use the African Union Summit in January to address the issue of food crises. They should use the Charter to End Extreme Hunger to frame discussion on the following issues:

- Ensuring that all development and humanitarian programmes seek to help communities identify and deal with the risks they face, including drought and flooding.
- Early warning signs must trigger earlier response. Governments and donors should work together to ensure that communities, NGOs, and local government can take the right action at the right time to prevent disasters.
- Increasing government investment in the driest areas. This includes helping communities make the best decisions to protect and diversify their livelihoods and to guarantee them a regular income even in the hardest times.

In addition, we will campaign for the rights of refugees across the region. The international community should support the efforts of the Kenyan and Ethiopian governments to host, protect, and assist high numbers of refugees.

The way forward

Over the next year, Save the Children's core values – accountability, ambition, collaboration, creativity and integrity – will continue to guide our programmes, addressing children's needs and saving their lives. As we move into the early recovery stage of the crisis over the course of 2012, we will continue to provide a full package of basic services to affected children and their families. We will also continue our work with communities and governments in order to enable them to cope and survive in the face of future droughts while supporting local markets. This will ensure the most vulnerable children have access to food, water, nutritional support, healthcare, education and child protection.

Thanks to our donors

Save the Children is very grateful to our donors for their generous support. Your contributions have enabled Save the Children to launch and sustain its largest ever appeal in our 90 year history, reaching 2.5 million drought-affected people in Kenya, Ethiopia and Somalia.

Your continued support will ensure that we can continue to save lives by providing food and support to the people who need it most. It will also help us to rebuild communities that are better able to cope with future crises. Thank you.