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UNICEF Somalia Newsletter

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Child survival: A Global Priority

Child Survival is a global UNICEF priority and nowhere more so than in Somalia.

In environments of great poverty and scarce resources, development debates rage about whether to invest in governance, security, the rule of law and order, the economy and wealth creation, infrastructure, the promotion of public goods or the provision of basic services. There is no need for debate on the issue of child survival. At some level almost everyone has an interest in children surviving: whether the children are in their household, their community or their country.

Children do not have to die when inexpensive and proven actions can effectively prevent child mortality. If children are dying of preventable causes we must act! The imperative to do so transcends religious, political and institutional divides and unites us all in motive and action.

Child survival is at the heart of UNICEF's actions in Somalia. Everything we do is aimed at promoting access to basic welfare services. But the bottom line is to ensure that children and their mothers survive. Somalia is a country where, even at the best of times, 1 in 7 children

dies before their 5th birthday and where simple interventions which could make a world of difference never reach more than 50% of all children (and frequently reach less than 20%).

What are these interventions? Actions such as vaccinating children against common childhood diseases, exclusive breastfeeding, hand-washing after using the latrine and before preparing and eating food, vitamin A supplementation, boiling drinking water and treating children against intestinal parasites.

Preventing and treating acute malnutrition and simple infectious diseases is our objective now and will be for years to come in Somalia. And in order to do a good job we have to ask what does each child in Somalia have a right to and how can we reach every child?

By understanding the causes and remedies of high child mortality our work is driven by our responsibility to deliver a package of preventive measures and solutions to all children.

As events in Somalia put children at increased risk of violence, injury, displace-

ment, hunger and disease, UNICEF's mission - to ensure that children survive - is the highest priority.

We would like to take this opportunity to thank donor partners who have contributed to the health and well being of Somali children through their generous donations to UNICEF. We would also like to thank health authorities as well as our partners (international and local NGOs) for their commitment and support to child survival programmes.

Christian

Christian Balslev-Olesen
UNICEF Representative, Somalia

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Somalia to launch 'Child Health Days' : What? When? Where? Why?

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The under five child and maternal mortality rates for Somalia are among the highest in the world. In her lifetime, the average Somali woman will most likely give birth to six children and yet about one out of 10 children die within one month of their birth. Similarly one out of every 100 women dies due to pregnancy or child-birth related causes.

Infectious diseases, notably respiratory infections and diarrhoeal diseases are the leading killers of infants and young children, accounting for more than half of all child deaths in Somalia, while measles and its related complications still result in widespread illness and premature deaths when outbreaks occur. Unsafe water, poor sanitation and inadequate hygiene contribute to the health conditions leading to child mortality and morbidity. Malnutrition is also a chronic problem in Somalia, with 25 per cent of children underweight (moderate and severe).

Following the collapse of the government in 1991 and consequent collapse of the health care system, health care services like routine immunization (EPI), polio eradication, and accelerated measles control services were disrupted throughout Somalia. In Central and South Somalia (where the majority of the population reside), there is very limited access to health services due to destruction and prevailing insecurity.

Immunizations are yet among the most successful and cost-effective public health interventions, and their use has led to the eradication of smallpox, regional elimination of measles and polio, and substantial reductions in the morbidity and mortality attributed to diphtheria, tetanus and pertussis.

In 2006, only 12% of Somali children under 1 year of age were fully vaccinated against Diphtheria, Tetanus and

Pertussis (DPT), while measles vaccine coverage was only 19% (MICS, 2006). Only about 5% of children under one have all six recommended vaccinations.

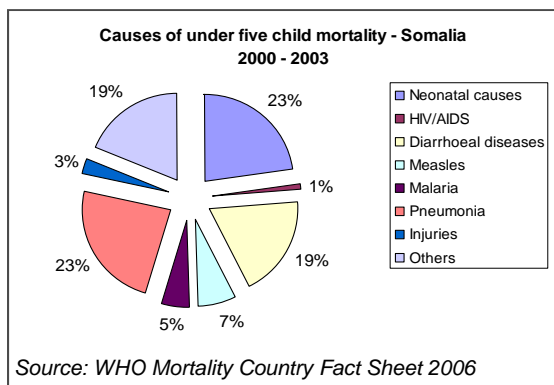
From 2005 to 2007, around 3 million children aged 9 months to 15 years were vaccinated against measles through a nationwide measles mortality reduction campaign led by UNICEF, WHO and partners. This campaign resulted in measles cases plummeting from 3,836 during the first half of 2006 to 564 cases during the same period in 2007, with only seven deaths reported for the first half of 2007.

However, the present measles immunization coverage of about 30 per cent in Somalia is far from sufficient to prevent a spread of vaccine preventable diseases.

One out of every 100 women in Somalia dies due to pregnancy related causes...

Somalia to launch 'Child Health Days' : What? When? Where? Why? Cont. from page 1

Existing evidence-based, low-cost, low-technology and high impact interventions such as vaccinations, micronutrient supplementation, improved breastfeeding practices and adoption of safe hygiene practices can prevent unnecessary maternal and child deaths and reduce under nutrition. Evidence from accelerated child survival and development programmes (ACSD) implemented in other African countries (Senegal, Mali, Benin and Ghana) during 2002 - 2004, suggest that by increasing the coverage of a package of high-impact interventions, the under-5 mortality rate (U5MR) was, on average, reduced by 20%, thereby saving an estimated 5,500 children's lives a year.



Realizing the need to accelerate child survival and development in Somalia in line with Millennium Development Goal (MDG) 4 to reduce under-five mortality, UNICEF and WHO, with national partners and NGOs, have embarked on a large-scale programme to deliver life saving interventions to at least 1.5 million children under five and more than one million women of child bearing age nationwide every six months. The Child Health Days (CHD) package includes immunizations, deworming, nutritional screening, oral rehydration salts, and distribution of Vitamin-A supplements as well as water, sanitation and hygiene interventions such as hygiene promotion water purification, and health education.

The aim is to reach all parts of the country during CHD campaigns through population-oriented scheduled services or campaign type strategies, with the help of committed partners, and involvement of community members and NGOs. The CHDs campaign is thus a renewal of UNICEF and WHO's commitment and efforts to increase coverage and maintain delivery of key high-impact health interventions to as many Somali children as can be reached.

Plumpy'doz: Complementing emergency treatment of acute malnutrition

Children become malnourished when they do not receive the adequate nutrients that their bodies require to resist infection and maintain growth. When nutritional deficiencies become too significant, a child will begin to 'waste' (get acutely malnourished) – as the child's body starts to consume his/her own tissues to obtain needed nutrients. Malnutrition weakens resistance and increases the risk of dying from pneumonia, diarrhea, malaria, measles and other infectious diseases.

One in six children under five in Somalia is acutely malnourished (FSAU 2008), with a national average prevalence of 18.6% Global Acute Malnutrition (GAM) and 2.5% Severe Acute Malnutrition (SAM), significantly greater than international emergency thresholds (>15%, WHO). Both the prevalence of acute malnutrition and numbers of affected children is worse in the central and south regions. However, pockets of high vulnerability are also seen in the urban centres and protracted IDP camps in the north.

UNICEF's and partners long-term response for preventing malnutrition includes improving access to higher-quality foods and to health care; improving nutrition and health knowledge and practices; effectively promoting exclusive breastfeeding for the first six months of a child's life; promoting improved complementary feeding practices for all children aged 6–24 months — with a focus on ensuring access to age-appropriate complementary foods (using local foods and micronutrient supplements); and improving water and sanitation systems and hygiene practices to protect children against communicable diseases.

The effectiveness of nutrition interventions for treating SAM has been expanded globally with the development of a new strategy of delivering essential nutrients through simple, highly nutritious and therapeutic ready-to-use food (RUF). Since 2006, the vast majority of children suffering from SAM, with no major medical complication, are treated using RUF (Plumpy Nut), at home, under the supervision of their mother or caregiver. This strategy enabled us to reach more children, has higher acceptability by the communities, reduced dropout rate and thereby reduced excess mortality associated with SAM. However, in complex emergencies like in Somalia, where access is limited and implementation of emergency as well as medium/ longer term interventions are frequently disrupted, we must find innovative ways of integrating preventive measures in our emergency response.

Plumpy'doz is one of the latest generations of RUFs that is designed to serve as a supplement to traditional and/or available food in order to satisfy the nutritional needs of young children 6 to 36 months as a short-term measure to prevent acute malnutrition. Like the therapeutic RUF (Plumpy Nut), *Plumpy'doz* is safe, palatable and soft and can be consumed easily by children from the age of six months. This RUF is composed of minerals and vitamins and contains all essential nutrients to meet the requirement of young children 6 to 36 months. Some preliminary field trial data from Niger suggests its effectiveness in preventing acute malnutrition, high level of acceptance and preliminary claims that it may also help in preventing stunting.

Over the next few months, UNICEF will reach out to over 130,000 children in some of the highest risk areas in Bossaso IDP camps in the north and Middle and Lower Shabelle in the south. *Plumpy'doz* will be delivered to the target population through UNICEF's partners, functioning health facilities, mobile outreaches and through the Child Health Days. As this is a new strategy with potential impact in preventing malnutrition and effectively complementing existing interventions, UNICEF and partners will be committed to document the experience including cost benefit analysis in order to advice on its expansion in Somalia as well as globally.

Only about 5 per cent of children under-1 have all recommended vaccinations...

Measles campaign and nutrition interventions in the Afgooye Corridor

In September 2007 inhabitants of Mogadishu started fleeing the intensified violence in the city and settled along the road north of Mogadishu towards the village of Afgooye, giving the name to what is known as the "Afgooye corridor". The strip of about 18 km hosts the largest concentration of IDPs in the world of more than 311,000 people, mostly women and children, in poorly constructed make-shift camps. The precarious security situation has made it difficult for the aid community to assist the population as attacks on aid workers are frequent. Despite this, UNICEF and partners continue to assist the population.

In a community where the purchasing power is weakened by an increase in food prices and household food insecurity is on the rise, it is important to protect children from killer diseases like measles, while ensuring that they receive sufficient quantities of quality foods to prevent malnutrition. One of the adverse effects of malnutrition is the weakening of the body's immune system which makes a child more susceptible to disease — whereas diseases often affect the nutritional status of the child and renders her more prone to a deadly state of severe malnutrition. Disease and malnutrition become a vicious cycle that is important to break which is why UNICEF has focused on malnutrition treatment and measles vaccination as the two major health and nutrition interventions in Afgooye.

In 2007 preparations also started to open therapeutic feeding programmes for severely malnourished children. After being trained by UNICEF, Muslim Aid UK opened the first outpatient therapeutic feeding programmes in Afgooye in January 2008. One fixed site and one mobile team mobilises the community, screens the children for malnutrition and refers them to the feeding sites for treatment. Since the start of the programme, more than 900 children have been treated for severe acute malnutrition and about 400 children benefit from

this life-saving intervention per month. A second mobile team is ready to start working within the next weeks to cover a larger area.

Due to the continued influx of IDPs into Afgooye, combined with the deteriorating food security situation, UNICEF began blanket supplementation of a vitamin and mineral fortified cereal called UNIMIX to children 6-59 months in May and distributed to close to 55,000 children by Jumbo Peace and Development Organisation (JPDO) on a regular basis. JPDO also undertook a new round of measles vaccination. In late August to early September this year, over 142,600 children between the ages of 9 months and 15 years were vaccinated against measles in the latest campaign carried out in Mogadishu and Afgooye.



A child is immunized against measles during the Afgooye campaign. © UNICEF Somalia/2008

This latest measles campaign is a follow-up to a campaign in 2007 that reached 450,000 children aged nine months to 15 years in CSZ. The earlier campaign resulted in measles cases plummeting from 3,836 during the first half of 2006 to 564 cases during the same period in 2007, with only seven deaths reported for the first half of 2007 nationwide. These campaigns

are part of a global effort aimed at reducing measles deaths by 90 per cent worldwide by 2010 (compared to 2000), an effort supported by the Measles Initiative – a partnership led by the American Red Cross, U.S. Centers for Disease Control and Prevention, UNICEF, the United Nations Foundation and WHO, with significant support from the Global Alliance for Vaccines and Immunizations (GAVI) and other groups.

It is impossible to quantify how many lives have been saved by the interventions supported by UNICEF but, it is certain that they have contributed to preventing measles outbreaks as well as a malnutrition situation (which is better than the average situation of the South and Central parts of Somalia). The situation is still bleak, but amidst the challenges there is some glimpse of hope for the children living in the largest IDP camp sites in the world.

Special Update: The fight to end Polio

Somalia was polio free from 2002-2005 until the re-introduction of a new Wild Polio-Virus (WPV) of Nigeria origin. The explosive outbreak that began in Mogadishu in July 2005 caused more than 230 young Somali children to become paralyzed. Since then, WHO, UNICEF and partners supported about 30 rounds of polio national immunization days (NIDs) reaching over 1.4 million children under five in each round. Joint efforts succeeded in interrupting the transmission of wild polio virus resulting in a polio free Somalia for the past year and a half (last case reported in March 2007 in Hoby, Mudug).

In 2008, more than 1.8 million children under five were immunized during four polio NIDs. During the campaigns, over 1.4 million benefited from Vitamin-A supplements and 1 million from de-worming activities (with albendazole tablets). More than

10,000 volunteers were deployed throughout Somalia to carry out the campaign. The NIDs were implemented in a staggered manner due to the current insecure environment.

In order to maintain the immunity profile of under-five children and continue vital Vitamin A and de-worming activities. UNICEF, WHO and partners have planned at least two NIDs during the first half of 2009.

Based on the success of past and present polio campaigns in Somalia, Child Health Days (CHDs) will aim to provide multiple child survival interventions, including polio vaccination, to reduce child mortality among children under five with the support of all partners, NGOs and donors.

Easily preventable diseases such as diarrhea remain a major child killer...

Scaling up malaria prevention across Somalia

“Jiro ragaaleed” in Somali refers to a malaria season that often follows the country’s two rainy seasons. This local knowledge has generated community interest and acceptance for mosquito nets as a malaria prevention tool. UNICEF has seized on this and since 2005 has distributed more than 1 million Long Lasting Insecticide Treated Nets (LLINs) to communities affected by malaria across Somalia.



A Somali woman is shown how to prepare the LLIN in Lower Juba. © UNICEF Somalia/2008

Malaria is a serious public health problem in Somalia and it is estimated that there are approximately 600,000 malaria cases a year in Somalia resulting in some 3,500 deaths (World Malaria Report 2008, WHO). The disease affects all age groups because the transmission pattern (low and unstable) is such that the population does not gain immunity. Malaria transmission is highest in parts of Central and South Somalia, mainly in-between and near the Juba and Shabelle Rivers. There are also localized transmission areas within Somaliland and Puntland.

In such an environment, LLINs have been shown to have a high protective effect against malaria. 2007 figures from Somalia have shown that persons who slept under a mosquito net were 54% less likely to be infected with malaria (WHO, 2008). With support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNICEF has scaled-up LLIN distributions from 132,000 distributed in 2005 to more than 400,000 in 2007. It is projected that by the end of 2009, an additional 600,000 LLINs will be distributed which will result in a coverage of more than 60% of households living in malarious areas.

In order to achieve these targets, UNICEF is working with multiple partners made up of international and local community NGOs to distribute nets free of charge through community based distribution campaigns. Challenges have arisen along the way due to on-going conflict as well as the country’s poor infrastructure. However, in the face of these obstacles, local solutions have been sought such as using boats and donkeys to get LLINs to their final destinations when roads are impassable following heavy rains.

With local know-how and support from communities, UNICEF and its partners are confident that the scale-up of LLIN distributions will continue and the aim to reach the MDG target to halt and begin to reverse the incidence of malaria, will be met.

A community learns how to protect itself from Malaria

“We always had problems with mosquitoes in Buulow town in the past but nowadays even other insects like cockroaches, flies, bedbugs and other insects had gone since the net was brought to our house a month ago,” says resident Lul Mohamed Nur.

Lul, a 30 year-old Somali mother of five is not exceptional, but rather one of the beneficiaries of the recent long-lasting insecticide treated net (LLIN) distribution in Bakool Region who expressed gratitude to UNICEF and implementing partners. Many people mentioned that they saw a benefit in a community approach where nets were distributed house-to-house.

UNICEF in cooperation with partners International Medical Corps (IMC) and LPC (Livelihood Promotional Centre) recently distributed 66,000 LLINs in Bakool Region prior to the Deyr (rainy season) as part of the distribution campaigns taking part across Central-South Somalia with support from the Global Fund Against Tuberculosis and Malaria (GFATM). Bakool Region is generally dry and arid but the area in which Lul resides, Huddur District, has many shallow wells and is known to have stagnant water for months following the rainy seasons (Gu and Deyr). These are ideal mosquito breeding grounds leading to increased malaria transmission, which is why the area was selected for an LLIN distribution.

As many people residing in rural parts of Somalia do not have access to information on health issues, the GFATM-Malaria programme emphasizes health education as part of the LLIN distribution process. Community dialogues before and after the distributions promote key messages on how to prevent and treat malaria.

Asked whether she is aware of malaria transmission modes, Lul correctly pointed out that a mosquito bite is the reason people get malaria and praised the LLIN as a good tool to prevent mosquito bites in her home for herself and her children. Lul also recognized some of the symptoms of malaria but her limited knowledge on the need to seek treatment early shows that more work needs to be done to build awareness.

“As people better understand how malaria is transmitted and how they can protect themselves, our focus needs to shift to how to improve the treatment seeking behavior. We should always encourage that prompt and effective treatment goes hand in hand.” commented Dr. Abdinor Mohammed, UNICEF’s zonal malaria coordinator.



Somali women and children line up to receive LLINs in Bakool. © UNICEF Somalia/2008

There are approximately 600,000 malaria cases a year in Somalia...

With UNICEF support, a community takes action against malnutrition

Achieving the Millennium Development Goals (MDGs) and eradicating poverty needs to be done at the local level with the involvement of both the community and the local authorities. Communities play an important role in identifying their priorities and needs and have the capacity to effectively organize and make use of resources targeted at poverty reduction.

This was evident in Darole community located in Berbera District in Somaliland where the Community Development Committee (CDC) was concerned with the increased level of malnutrition in their community due to the recent drought which limited access to food - a situation that has affected many families with women and children bearing the highest brunt.

The Darole CDC realized that quick and immediate action needed to be taken in order to salvage the situation in stead of waiting for relief organizations to come to their community. The CDC therefore mobilized the community in carrying out an assessment to identify the most affected families. 150 families were identified and registered based on a criteria developed by the CDC and endorsed by the larger community, which looked at families that are very poor, have the highest number of malnourished children and mothers who

are currently breastfeeding. Following this assessment, the CDC advocated for support to these families with the Regional Health Officer who put them in touch with the WFP. 150 families are now receiving monthly food ration from WFP through its local partners as a result of the initiatives taken by the CDC. Through this, the Darole CDC has been able to save children whose lives were being threatened by malnutrition.

The Darole CDC is a legalized body operating as a Community Based Organization (CBO) with 10 members (3 women and 6 men) elected through a participatory process by the community to oversee the development activities in their community. The formation of the committee was an outcome of a community mobilization and empowerment process supported by UNICEF through the joint project on Community Driven Recovery and Development (CDRD) which is supported by UNICEF, the Danish Refugee Council, UN-HABITAT, DFID and the World Bank.

The project places communities at the centre of social service planning and oversight enabling them to set the development agenda and to influence authorities from an informed position. All activities are therefore demand-driven: selected by the communities and imple-

mented with community participation and the active involvement of local and central governance. UNICEF will continue to support the Darole nutrition driven initiative by conducting further nutrition screening and make referrals for treatment where needed as well as capacity building of the CDC in basic nutrition education as well as explore the same channels to create support and awareness for the upcoming Child Health Days in Somaliland.



Vulnerable families in Darole are provided with food rations. © UNICEF Somalia/2008

Alongside ministries, UNICEF assists children in Bossaso IDP camps

In an overcrowded IDP camp in Bossaso, Puntland, Zainabu (not real name), a 70 year-old new arrival weeps for the health of her 1 ½ year old grandchild: "Thanks to Allah, my granddaughter Maimuna is still alive. I did not know what was wrong with her. By the time we arrived at the camp in Bossaso, she had been sickly for the last month and a half with fever, cough, loss of weight and diarrhea. I thought she was going to die. When I took her to the MCH [Maternal and Child Health] clinic at Bossaso IDP camp, the nurse told me that she was malnourished, had lung infection and worms. She also had bad eyes and most likely already blind due to lack of vitamin A which the nurse told me could easily be obtained from any MCH clinic."

Zainabu and Maimuna are among 40,000 others living in a worsening IDP situation in Bossaso after being displaced from Central – South Somalia. Maimuna's mother and four-year-old sibling were killed in a recent bombing incident in Mogadishu and she is now under the care of her grandmother, who managed to travel the long and dangerous road to Bossaso. The internally displaced per-

sons live in very poor camps that are usually overcrowded and unhygienic. IDPs have limited access to health care services for various socio-economic reasons. To compound all that, there is also inadequate awareness on health and nutrition among the new arrivals to the IDP camps, poor health-seeking behaviour, and poor hygiene and sanitation practices. The children are exposed to indiscriminate

disposal of feces and lack of potable water, poor hygiene and hand-washing practices, predisposing them to diarrhea and other communicable diseases.

To address the health and nutrition needs of the Bossaso IDPs, UNICEF supports the Puntland Ministry of Health to provide health care services in four MCH Centres in the IDP settlements, and Out-Patients nutrition treatment and referral services targeting the IDPs. UNICEF also instituted a social mobilization and communication campaign to benefit 40,000 IDPs including 8,000 children under five and 2,000 pregnant women. The immediate strategy is to increase the coverage of high impact, cost-effective interventions such as immunisation campaigns through new initiatives such as Child Health Days.

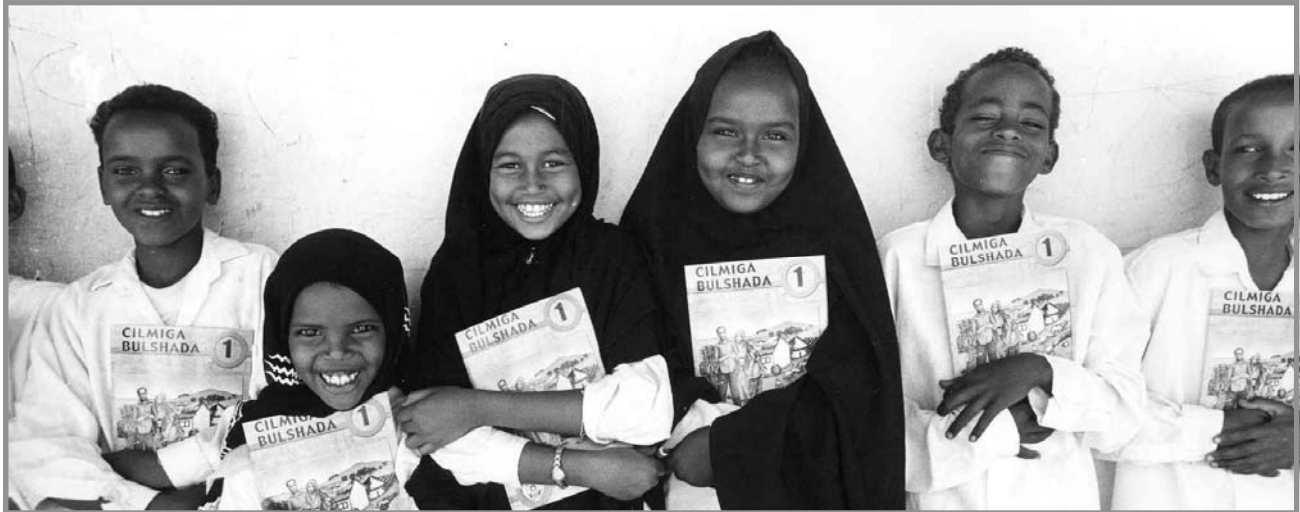
Through UNICEF's support to the IDP camps, over 300 cases of acute watery diarrhea (over 150 children under five) were referred and treated at Bossaso General Hospital between September and November. The health and nutrition status of these Bossaso IDPs has already shown improvement.



Maimuna at the MCH in the Bossaso IDP camp. © UNICEF Somalia/2008

One out of six Somali children under 5 in Somalia is acutely malnourished...

Learning from the Past, Looking to the Future – Helping to Save Children’s Lives



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UNICEF has been working in Somalia since 1972. By working with government, local authorities and through networks of religious, civil society and non-governmental organizations UNICEF has been able to provide major support to the health and nutrition sector by providing medical supplies and materials, vaccines, cold-chain fridges and freezers, training for health and nutrition staff and capacity building for local authorities.

Despite the introduction of various strategies to address health care access issues, vaccination coverage and acute malnutrition have remained fairly constant over the past 15 years. Even as actions by UNICEF and its NGO partners have extended services and resources to poor people and saved many lives, malnutrition and disease levels remain high and services to redress these problems have remained low.

Analysis of the problem has revealed the following:

- (1) The demand for health care and in particular preventive health care is low
- (2) The cost of treatment is one of many major barriers to the use of health care
- (3) Access to medical facilities i.e., transportation cost is another major barrier
- (4) There are multiple causes of malnutrition and disease and no single approach will be effective in reducing them.
- (5) There are many UNICEF-supported health posts and Maternal and Child Health facilities but too few to achieve any real coverage of health care services.
- (6) Health facilities that do exist are largely under-utilised. [Adding more facilities is not the answer – we must get the existing facilities to work effectively to produce real benefits.]
- (7) We have a knowledge-gap: about the costs and strategies required to extend access to health care services to all Somalis
- (8) It is difficult and expensive to access everyone: especially rural communities in far-flung areas of very low population density.
- (9) We have had some significant successes particularly in national strategies to eliminate polio and vaccinate children against measles.

To address these issues and exceed previous achievements, UNICEF (with WHO and partners) is taking an aggressive 4-point approach to accelerate child survival by investing in:

- (1) Greater public information and education programmes to equip Somali households with the knowledge they need to be able to manage their family health with their available resources – and to know when they should seek health care and where.
- (2) An outreach campaign of ‘Child Health Days’ to reach all Somali villages every six months with a basic package of cost-effective, high-impact health, nutrition and water/hygiene interventions including Vitamin A, de-worming, breast-feeding and hand-washing promotion, household water treatment, management of diarrhoeal diseases, nutritional screening and referral and vaccinations. This strategy will go beyond treating malnourished children and aim instead to prevent acute malnutrition in the most vulnerable groups (that is, children aged 6 months to 3 years) by providing high quality/high energy food supplements for children in selected areas.
- (3) Improving the quality of services provided through public health facilities by training staff; improving drug supplies; providing essential maternal and reproductive health services; and increasing supervision and management to create services that are accessible and meaningful to ordinary people.
- (4) Research and evaluate what does and does not work in order to adapt and improve our ways of working.

For more information on our programming or to learn how you can help, please contact us at:

Christian Balslev-Olesen, Representative
Denise Shepherd-Johnson, Chief of Communication
Robert Kihara, Communication Officer

cbalslev@unicef.org + 254 722 514 569
dshepherdjohnson@unicef.org + 254 722 719 867
rkihara@unicef.org + 254 722 206 883

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