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CHILD ALERT Horn of Africa

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Child Alert: Horn of Africa

Rain is falling in East Africa, but too late to halt much of the devastation of six months of drought. Millions of pastoralists have seen their livelihoods wrecked. Tens of thousands of children are so weakened as to be at serious risk of dying. Yet droughts are predictable, and the pastoralist life a sustainable one, given consistent support from central governments. The international community must also share responsibility, and change their approach to humanitarian assistance in the Horn.

Abdi Tadole is just two years old, but he might not have lived much longer if his grandmother, Sori Male, had not carried him 10 kilometres on foot from their home to the dispensary at the village of Bisan Biliqo in northern Kenya. There, a nurse diagnosed marasmus, a severe form of malnutrition, and treated him with a regimen of vitamin A, antibiotics and high-protein therapeutic food.

Male is a nomadic Boran tribeswoman who has roamed northern Kenya's Isiolo district in search of water and pasture for her herd of sheep and goats all her life. She chose to seek help in Bisan Biliqo because it is a distribution point for emergency food aid, and she had heard it was near a river that had not yet run dry. Several years of reduced rainfall, culminating in a searing drought in 2005 and early 2006, had dried up the watering holes and pastures, wiping out most of her herd of more than 500 sheep and goats. Of the remaining livestock, a dozen more had died from hypothermia during torrential rain. Ten goats survived, but they were too emaciated to provide her grandson

with milk and meat and the other supplements bought from the sale of animals that made up his diet.

With Abdi's mother looking for work in a distant town and his father having long since deserted the family, Male made the decision not to let Abdi perish with her animals. She rolled up her dome-shaped thatch hut, tied it to the back of one of the goats, carried her grandson to Bisan Biliqo, and unrolled the hut in the dust behind the dispensary – where she planned to stay a few weeks until Abdi was well enough to travel. If Male had waited a day or two longer, Abdi probably would have been dead on arrival, according to the nurse who treated him.

Across the five countries of the Horn, the United Nations estimates that the drought has affected 16 million people, half of whom require emergency assistance. Of these, almost four million are children under eighteen, 1.6 million of them under five. There are about 300,000 acutely malnourished children in Djibouti, Eritrea, Ethiopia, Kenya and Somalia, of whom 40,000 are so severely malnourished they urgently require therapeutic feeding. Despite the arrival of rain, many thousands of these children could die in the coming months.

"We call this *dib* in Boran, or *tabu* in Kiswahili," explained Saku Golicha Galma, a 70-year-old woman in Bisan Biliqo whose goat herd has been decimated, making it hard for her to care for her three orphaned grandchildren in a one-room house with no near water source. "There is a food shortage. There is hunger. When the children need clothing or medicine, there are no camels to sell."

Even in the best of times, pastoralist children stand a small chance of ever seeing a clinic, a school, a properly drilled bore well, or even a paved road in the remote but vast swathe of border territory they call home. "These things aren't provided by anyone here," says Male. The assistance that these children need to survive only comes when there is a crisis.

Pastoralist families are the most vulnerable to drought

For generations, the nomadic pastoral tribes of the Horn have lived on the edge in almost every sense of the word – geographically, politically and economically. They straddle the common borders of five countries, migrating back and forth year-round with their camels, cows, goats and sheep in search of pasture and water. They carry their huts in rolls lashed to the backs of their animals, pitching camp where and when they find it suitable. Their only economic assets are their livestock, which they sell and use for food.

The pastoralists have been politically marginalized since colonial times, when their traditional way of life was discouraged because the people could not be governed or taxed. Although they have claimed vast tracts of land – covering 58 per cent of the Horn of Africa's total area of 2.5 million square kilometres, or the equivalent of about two-thirds of the European Union – these areas are passed over when schools, hospitals, roads and wells are built. The result is that most pastoralist children grow up with no education and, usually, with no skills other than those required to herd livestock.

"The pastoralist areas are marginalized politically and economically. These are the less developed areas of the Horn. That

makes the impact of drought even more severe," says Daoud Tari, senior regional advisor to the United Nations Office for the Coordination of Humanitarian Affairs Pastoral Communications Initiative in Addis Ababa.

About 40 per cent of the Horn's estimated 19.5 million pastoral people survive on less than one dollar a day, a meagre income that is continually threatened because the livestock they depend on are vulnerable to the vagaries of nature. When a drought occurs, the animals wither and die, and these already marginalized people lose everything they own.

The next to die are their children under five years old, raised almost exclusively on a diet of milk and meat. According to Kenyan health workers and UNICEF officials, the nomadic children starve and succumb to commonplace infections about two times more quickly than children living in urban areas, who are accustomed to more varied diets. "When there's no food to protect the children," Male noted, "the sickness takes them faster than the ones in town."

As the drought deepens, in some areas parents risk being killed or injured in conflicts between tribes, clans and sub clans over access to increasingly scarce water and pasture, and in cattle-rustling incidents as they attempt to restock their herds.

The current drought is the worst in five years. The current drought is significantly more severe than that of 1999–2000, when 98,000 people died (the majority of them children under five) of an affected population of 1.5 million. This year, ever increasing numbers of children suffering from severe undernutrition, malaria, respiratory infections and diarrhoeal

diseases are showing up at health facilities.

The impact of repeated drought has become more severe in recent years, as repeated bouts of drought have defeated pastoralists' capacities to recover their stock levels. It is thought that as much as half the total stock holding of pastoralists in the Horn has been wiped out.

As a result, the immediate cross-border areas of Ethiopia, Kenya and Somalia that are currently threatened by a humanitarian emergency cover 575,000 square kilometres, an area slightly larger than France, according to Nicholas Haan, chief technical adviser to the Food Security and Analysis Unit of the UN's Food and Agriculture Organization in Nairobi. Large areas of Djibouti and Eritrea face the same problem.

The first rains in April 2006 have been erratic, heavy in some areas and non-existent in others. The success of this year's harvest is uncertain and, in some areas, pastures are not being replenished sufficiently for livestock to graze. Dead animals pollute water sources and surface water, and water-related diseases like malaria and cholera quickly kill already weakened children.

When the rains first fall after a prolonged period of dry weather, it actually exacerbates the impact of the drought, spreading water-related diseases like malaria and cholera that prey on children, while the surviving cattle perish from hypothermia.

A recurring crisis. The response to this recurring crisis has typically been an emergency operation intended to save as many lives as possible. Distribution of food, provision of water and a measles vaccination campaign

are generated in the worst-affected areas. As emergency operations are scaled back when the rains arrive, relief workers strike their tents and draw down operations, only to return with the next drought or flood. And the cycle of dependency in the Horn of Africa continues.

"It's the same emergency over and over again," said Lionella Fieschi, project coordinator of Medical Emergency Relief International, which feeds malnourished children in the Wajir district of northern Kenya. "The emergency has become chronic."

Mobile solutions

There is a growing consensus among aid agencies and governments that a better response would be to adapt services to the nomadic lives of the pastoralists, instead of compelling them to adopt a sedentary way of life for which they are ill equipped. Before the next drought strikes, existing infrastructure needs to be strengthened through the introduction of mobile services that are suited to the pastoral lifestyle.

Mobile health and education programmes have shown success in Ethiopia, Kenya and Somalia. Concern, Save the Children and Valid International, for example, feed sick children in their homes instead of waiting for their mothers to travel, often for several days, to their clinics. Oxfam is paying trained primary school teachers to accompany pastoralists with mobile classrooms instead of expecting them to send their children to school in a fixed location. Linkages have been created between seemingly divergent social services, such as primary education and children's feeding programs, bringing more children into classrooms.

Therapeutic feeding. One successful mobile program is community-based therapeutic care (CTC) for undernourished children. This approach is gradually supplementing inpatient care at a feeding centre. Inpatient care usually takes about three weeks and often requires a child's mother to leave her children with other caregivers or to fend for themselves while she finds a safe place to sleep near the hospital. The CTC model has been made possible by the development of dietary supplements that do not need to be refrigerated or mixed. Mothers receive these supplements from health care workers who visit their homes. The great advantage is that children without health complications are treated at home, reducing the size of specialized services and the attendant risk of wider infection.

"It seems so simple in one sense," says Angela O'Neil de Guilio, Concern Worldwide's regional director for the Horn of Africa. "It's the solution going out to the community as opposed to the community coming to the solution."

The model is Ethiopia, where the mortality rate among children treated for severe malnutrition has fallen since 2000, from about 60 per cent in inpatient feeding centres to just 2.1 per cent in community-based programmes today.

"It's all about training," says Dr. Michael Golden, who helped write the World Health Organization's *Management of Severe Malnutrition*. "The whole process we've been through in Ethiopia we're trying to reproduce in other countries."

Mobile clinics. Mobile and outreach approaches are already being applied across the Horn with varying levels of

success. In Ethiopia, for example, there are more than 20 new mobile health clinics. In that country's Somali region, 16 new mobile health teams are being set up to reach 1.4 million people in the coming months.

In insecure areas of Somalia, stationary facilities and the staff who run them are at risk of attack. Mobility is thus becoming a core aspect of all health and nutrition programmes, in the effort to reach children. UNICEF currently hopes to serve an estimated 16,000 people, mainly nomads from the north who have settled temporarily in Wajid and Baidoa and other areas where water is available.

Alternative education. In Kenya, the Arid Lands government agency, Oxfam and UNICEF finance a small-scale education program in which specially trained teachers are assigned to follow groups of pastoralists with portable classrooms from pasture to pasture.

Many schools, where the water has dried up or no school feeding is provided, have closed. But where aid agencies run feeding programmes out of schools, attendance has actually risen. In northwestern Kenya's Turkana district, for example, a girls' boarding school in Lokichoggio had to install new bunk beds to accommodate students who arrived during the drought.

Other mobile solutions range from veterinary care, which would allow pastoralists to treat their livestock at the very beginning of a drought, to handheld satellite radio receivers that cost as little as \$40 and would connect pastoralists with the rest of the world.

A call to action

It is clear that services and resources are inadequate for the needs of pastoralists' children. But governments

and the international community needs to learn a great deal more about their plight before it can be more meaningfully addressed. If parents are constantly on the move, children cannot easily attend schools in fixed locations or be attended to by medical staff for vaccination or feeding programmes. Solutions must be found which respect and support the pastoralists' nomadic way of life, which, in fact, is well-suited to the fragility of the Horn's natural environment.

For its part, the international community must ask why this recurring crisis is allowed to continue. Droughts and famines can be predicted. If appropriate social services had been in place in the pastoralist heartland that forms the drought's epicentre, 40,000 children would not currently be in danger.

"There's nothing natural about how people die in natural disasters," said Stephen Jackson, associate director of the Conflict Prevention and Peace Forum in New York, and a former aid worker in Somalia and Kenya. "What strikes the Horn every few years is an unnatural disaster."

While an emergency response is warranted for every crisis in order to save the lives of children, the international community and governments must work to limit the depleting effect of drought cycles in the Horn. Pastoralist children must have equitable access to government services which respect their management of their lands and their lives.

Six faces of drought

UNDERNOURISHED CHILDREN.

Pastoralist children usually enjoy a diet rich in protein. But when livestock waste away during a drought, stop producing milk and then collapse and die, the deprivation of their normal diet comes as a shock to their metabolism. Within a couple of months, the children become severely undernourished.

"This is a time of scarcity," said Gedi, a 12-year-old girl from the village of Gedo in northern Kenya's Isiolo district whose family had 10 cows and 15 goats until the herd was completely wiped out by the drought this year. "We have no money. My father isn't working. My mother doesn't work." She has been living on food aid, mainly grain mixtures, and hasn't had milk or meat since last November.

CONFLICT OVER RESOURCES. The head of the household, usually the father, temporarily leaves the family to drive the herd off the familiar migration route in search of pasture and water in the territory of another clan or family. Conflict might arise with townspeople or other pastoralists over access to water, or with cattle rustlers who are rebuilding their own decimated herds.

Osman Dida of Shambole village in Isiolo district lost all seven of his cows when a herdsman he had hired, Ali Galgalo, was shot to death while defending them against cattle rustlers in December 2005. Now all Osman has to feed his two-year-old son, Jimale Ali Osman, is a grain mixture donated as food aid. "I feel bitter. There should be revenge for the cattle rustling," says Osman.

BURDEN ON CHILDREN. Watering the livestock is the work of children,

and during a drought the time it takes to find water and wait one's turn at a bore hole can increase from the usual one or two hours to 12 to 18 hours.

The daily chore of gathering water for use at home usually takes about three hours in the morning, and is also the work of women and children.

During the drought, Asnino Ibrahim Halkano, a 14-year-old orphan girl from Kenya's Bisan Biliqo village, drove a donkey loaded with three empty jerry cans of different sizes and a total capacity of 50 liters three kilometers through a sand-floored forest to the bank of the crocodile-infested Ewaso Nyiro River every day.

FALLING BEHIND. School attendance has always been extremely low among pastoralist families, but many of the children who did attend school before their livestock died have dropped out because they cannot afford uniforms or pencils. In Kenya's Northeastern Province, 4,484 children could not attend class when 27 primary schools closed down after their wells ran dry. In Somalia, a recent survey showed that nearly 60 per cent of primary schools had shut down as a consequence of the drought and that many teachers at schools that remained open were not being paid. "A hungry teacher cannot teach in the first place," says Ibrahim Abdi Hussein, headmaster of Wajid Primary School in Wajid, Somalia.

OPPORTUNISTIC INFECTIONS. Undernourished and overworked, children become too weak to fight off diseases that would not normally kill a healthy child. Health facilities are usually far away, and often understaffed. First measles, then cholera and malaria spread and kill children. In Somalia, where polio was eradicated in 2002, more than 200

cases of wild polio have been confirmed since September 2005. Due to the nomadic nature of the people of Southern Somalia and frequent cross border travel into Kenya and Ethiopia, the virus threatens the rest of the Horn as well.

BURDEN ON MOTHERS. Left alone with the children, a mother may face an agonizing dilemma. If one child is sick and her other children still healthy, she must choose between carrying the sick one to the nearest clinic or staying home to make sure the others do not fall ill. In Djibouti, one in eight children normally die before their fifth birthday and one in 10 die before their first birthday.

"The burden is too much," says Diko Abdulahi, a 30-year-old mother of three from the village of Malkadeka. Her malnourished three-year-old son Sadam vomits when he tries to eat, but Diko says she could not leave her two well children with her neighbors to take Sadam to the nearest health centre 40 kilometres away.

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For further information on this Child Alert, contact childalert@unicef.org

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