



Child Protection Key Messages

Food and Nutrition Crisis in 2017

Children at High Risk in Famine

An estimated 23.8 million girls and boys are at imminent risk of violence, exploitation, abuse, neglect, and death from severe acute malnutrition as result of food and nutrition crisis across the Horn of Africa, including Somalia, in South Sudan as well as Yemen and Nigeria. There is urgent need to ensure children's specific needs are taken into account with both stand-alone actions and enhanced mainstreaming and integration efforts. However, at this time, Child Protection in each of the affected countries is significantly underfunded, with an average funding gap of 80%.

Impacts of Famine and Food Insecurity on Child Protection

Existing vulnerabilities of children and families are exacerbated in famine, particularly in conflict-affected countries. Children's rights and wellbeing are often disastrously affected when families are forced to make difficult decisions about survival. Children drop out of school to search for food, may be forced into marriages or hazardous child labour, face increased levels of physical and sexual abuse and greater likelihood of abduction and trafficking, or are left behind or alone by parents who are searching for food.¹ Thousands of children across the affected countries are already showing signs of severe psychosocial distress, including extreme fear, hopelessness, and suicidal thoughts.

In South Sudan, girls who search for food or collect water in risky areas within the Protection of Civilian (PoC) sites or outside of these sites are at grave risk of sexual harassment and assault. Older boys and girls are continuously targeted for recruitment and use by armed forces and groups.² Family separation, in particular, increases girls' vulnerability to life-threatening forms of abuse and exploitation.³ In South Sudan, children are separated from their primary caregivers as a result of conflict-related displacement; these children are now living with relatives or on their own and are often not prioritised for education or meals when food is scarce.

Research has shown that adverse childhood experiences lead to long-term health outcomes and psychological impacts. These long-term impacts may exacerbate and maintain conflict, perpetuate cycles of poverty and reinforce family and community instability.⁴ The prolonged situation of conflict in Yemen has led to a significant increase in families resorting to negative coping mechanisms, putting children at even greater risk of abuse and exploitation including early marriage and recruitment to armed groups.

¹ In Kenya, for example, 170,000 children have not attended school since January, and the number of children on the streets has increased, e.g. in some parts of Turkana County even tenfold over the last 10 months

² In South Sudan alone, it is estimated that over 17,000 children are still associated with armed forces and armed groups. (double check figure)

³ *A Matter of Life and Death*, CPWG report

⁴ *A Matter of Life and Death*, CPWG report



History Shows Action is Needed Now to Protect Children:

Evidence of previous droughts showed an increase in child labour, gender-based violence, and recruitment into armed forces or armed groups that promise food and other benefits in conflict-affected countries. The 2011 famine in Somalia revealed associated child protection impacts, including increased child marriage, labor and sexual exploitation.⁵ In addition, families married off daughters aged as young as nine to pay their dowries in kind before their livestock died during the 2011 drought in the Horn of Africa⁶

What to Do to Protect Children

Lessons learnt show that protection, including child protection, should be central in the design and delivery of humanitarian assistance. The humanitarian community runs the risk of causing unintentional harm to affected children if sectors do not cater to girls' and boys' specific needs and vulnerabilities or fully integrate child protection principles in their response. Further specialised protection services and expertise need to be prioritised, in order for children to have access to psychosocial care, family reunification, and other critical services.

Increased action and resources that must be put in place to protect children include the following:

- Child protection specialists need to be present in the field in order to provide standalone services and coordination of child protection responses with other sectors to ensure programming and quality integration of child protection concerns in Sector/Cluster assessments, response plans, and monitoring;
- Development of protection mainstreaming strategies and referral pathways in collaboration with the protection cluster, all other clusters, partners and government ministries where possible
- Targeted child protection prevention and response services as part of a multi-sectoral response is crucial.⁷ For example, psychosocial support and care for children in extremely vulnerable situations (e.g., separated children), family tracing services, support for community-based protection mechanisms, and advocacy for children associated with armed forces and armed groups and others exploited in child labour;
- Linkages with the Gender-based Violence (GBV) Sub-Clusters to further address girls' and boys' safety and ensure the use of GBV referral pathways;
- Linkages with the Education clusters, recognizing the protection value of children being in school and the potential to work through education to keep children safe and identify those at risk;
- Specialised psychosocial interventions due to rising needs and complexity of children's emotional and psychological health.
- In order to provide urgently needed funding for coordinated efforts in affected countries please be in contact with the Child Protection Area of Responsibility at cp_aor@unicef.org

⁵ Child Protection Rapid Assessment, Somalia, 2011

⁶ *A Matter of Life and Death*, Annex 2

⁷ For instance, it is imperative that separated, unaccompanied or orphaned children are identified, registered, and placed in alternative care arrangements if not already with an appropriate adult caregiver as soon as possible to reduce risks.