

Regional three-month Progress Report • October 2011

RESPONSE TO THE HORN OF AFRICA EMERGENCY

A CRISIS AFFECTING LIFE, LIVELIHOODS AND WAYS OF LIFE



unite for
children

unicef 

“The combination of severe drought, soaring food prices and conflict in Somalia has resulted in a humanitarian crisis rarely seen in the Horn of Africa.

UNICEF has mounted an unprecedented response to reach children in need, wherever they are. Nutrition, health, water, sanitation and hygiene interventions are saving thousands of lives and, together with programmes for child protection and education, are laying the foundations for a better future.

Much more, however, needs to be done to respond to the magnitude of the crisis. With continued support we can further scale up our interventions in the affected communities in Somalia, Kenya, Ethiopia and Djibouti. Our combined efforts will continue to make a difference.”

Elhadj As Sy,

**UNICEF Regional Director for Eastern and Southern Africa
& Global Emergency Coordinator for the Horn of Africa Crisis**



Contents

Executive summary	4
Fast facts	5
UNICEF in action	
Somalia	7
Kenya	13
Ethiopia	18
Djibouti	23
Managing the response	25
Resource mobilization	30
Looking ahead	32
One crisis, many stories	34
Partners and counterparts	36
Acronyms	38
References	39

Executive summary

This year's severe drought in the Horn of Africa, combined with soaring food prices and the conflict in Somalia, has caused famine in some Somali regions and taken a staggering toll on children. The refugee flow caused by the dire situation inside Somalia escalated into a regional crisis in early July, with hundreds of thousands of people on the move, fleeing famine and conflict, into neighbouring countries. Over 13 million people are in need of humanitarian assistance, including some 700,000 Somali refugees¹ and nearly 1.5 million displaced people inside Somalia. Half of those in need are children.

The problem

Drought has been recurrent in the region and communities are used to adopting coping mechanisms to adapt to the changing climate realities. The situation has become more severe in recent years as droughts have become more frequent. They now occur almost every other year, leaving too little time for recovery. Pastoralist and agro-pastoralist communities in drought-affected areas across the region are facing a rapid deterioration of their livelihoods. In an effort to cope, men are moving on in search of water and grazing lands to keep their livestock — the family's main asset — alive, while the elderly, women and children remain behind. Farmers, meanwhile, are tied to their land and have little flexibility to respond to the progressing drought. This time around, community coping mechanisms have been stretched to the maximum, as the impact of a particularly severe drought has been exacerbated by food price increases of up to 250 per cent across the Horn of Africa. In Somalia, the combination of natural disaster and man-made problems has resulted in a famine declaration across six areas of Central South Somalia.

Children are at the centre of this crisis.

- The situation is most dire for those staying behind in the worst-affected areas of Central South Somalia, where an estimated 750,000 could die if humanitarian assistance cannot be scaled up significantly.

- Child survival is under extreme threat among the Somali refugees who have recently crossed the border into Kenya, Ethiopia and Djibouti in search of humanitarian assistance. The majority have fled to the large refugee camps around Dadaab in north eastern Kenya and Dollo Ado in Ethiopia, with a smaller number moving to Djibouti. Most of those who set out on this risky trek to neighbouring countries were women and children, arriving exhausted and malnourished, sometimes after weeks on the road. Men and boys often stay behind to take care of the remaining animals, and to avoid the risk of being recruited into armed groups en route.
- The majority of people affected by the drought and escalating food prices live outside the camps, in arid and semi-arid lands across the Horn of Africa where the impact of the drought threatens their livelihoods and their whole way of life.

The emergency has exacerbated multiple threats for children and women as they become weakened by acute malnutrition, threatened by disease aggravated by lack of access to water and poor sanitation and hygiene, and exposed to increased protection risks. More than 320,000 children are severely malnourished, half of them in Central South Somalia. There are increasing reports of measles cases, and cholera and acute watery diarrhoea (AWD) are looming threats as the region awaits the coming rains. Education has resumed for many children after the hiatus of the school holidays, but is now endangered by the massive migration of families. Recent assessments show that significant numbers of girls and women are exposed to sexual violence during their journeys and on their arrival in overcrowded settlements, as well as to early and/or forced marriage – a coping mechanism used by families to protect their daughters.

The response

Given the recurring drought situation in the Horn of Africa, UNICEF had integrated disaster risk reduction – particularly drought mitigation – into its regular programmes since the end of 2010 and had accelerated its response to the effects of the worsening drought since the end of 2010. An even worse situation was averted across much of the Horn of Africa as systems and services – such as the UNICEF supported Health Extension Programme in Ethiopia – were already in place to mitigate the effects of the drought on the most disadvantaged people. With the rapid escalation of the crisis in mid-2011, UNICEF scaled up operations in all affected countries significantly. Generous public and private funding contributions enabled the rapid expansion of the emergency programmes for famine-affected populations in Somalia; the provision of life-saving services for thousands of refugees crossing into Kenya, Ethiopia and Djibouti; and the strengthening of existing programmes in drought-affected communities in Kenya and Ethiopia.

UNICEF contributed to the coordination of a collective response through leadership of the humanitarian clusters for the Nutrition, Water, Sanitation and Hygiene, and Education (with Save the Children) sectors in Somalia, and provided technical support to government-led coordination in these sectors in Kenya, Ethiopia and Djibouti, with UNHCR coordinating the refugee response.

Three months on from the declaration of famine in parts of Somalia, and UNICEF's activation of its Corporate Emergency Procedure, the scaled up humanitarian response is demonstrating initial results: over 108,000 severely malnourished children have been treated through therapeutic feeding centres; hundreds of thousands of children across the four countries continue to benefit from a range of nutrition and feeding programmes; UNICEF has stepped in to fill the gap in general food distribution with blanket supplementary feeding programmes in Somalia. Water is now accessible to 2.2 million people due to the efforts of

Fast facts

Scale and impact

- **13.3 million people are in need of assistance across Somalia, Kenya, Ethiopia and Djibouti, half of them children.**
- **Famine has been declared in six areas of Central South Somalia, with the lives of 750,000 people at risk by December if relief operations are not scaled up.**
- **There are more than 320,000 severely malnourished children in the four countries.**

UNICEF response with partners since July 2011 across the region:

- **Over 108,000 severely malnourished children are being treated through therapeutic feeding centres.**
 - **1.2 million children vaccinated against measles.**
 - **2.2 million people provided with access to safe water.**
 - **48,000 Children accessing Child Friendly Spaces or safe environments.**
- * This covers the reporting period 1 July through 30 September.**

UNICEF's total funding requirement for 2011 is \$424.7 million, including an additional request of US\$ 61.1 million for further programme scale-up in Somalia to address nutrition, health, WASH, cash support, shelter and education needs. As of 30 September, the remaining funding gap is \$79.8 million.

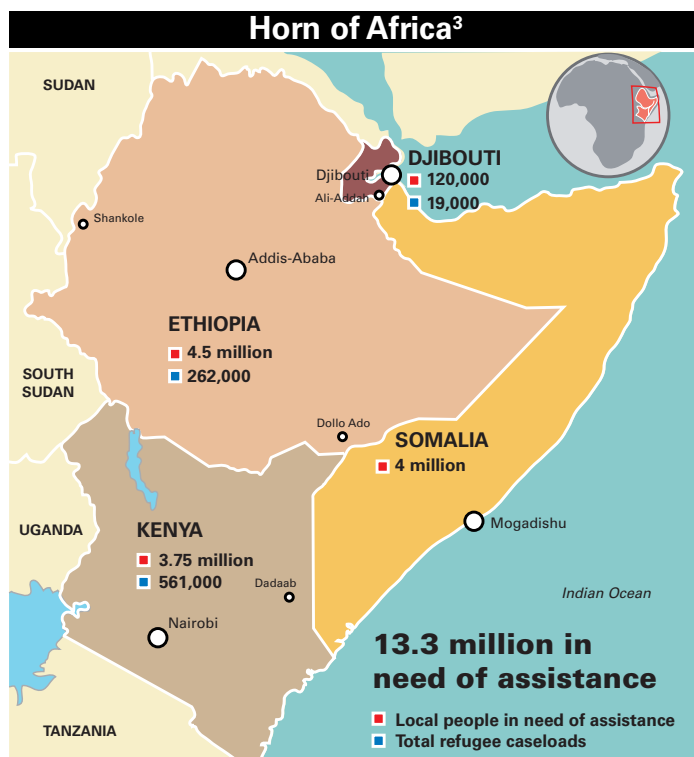
UNICEF and its partners; 1.2 million children and young people had been vaccinated against measles by end September and immunization campaigns are underway to protect children from the risk of disease during the coming rainy season; 48,000 children are accessing Child Friendly Spaces to reduce protection risks – heightened when families are forced to migrate and their coping mechanisms are stretched to the maximum – in an effort to provide a safe environment.

The scale up of the response has been challenged by the on-going conflict and insecurity in Somalia and particularly the restricted humanitarian access and logistical obstacles. In an effort to address some of these challenges, the programmatic response has been accompanied by a massive logistics scale-up. Between July and September, 9,740 metric tons (MT) of life-saving supplies were moved to the region from Europe, Dubai, India and other parts of Asia, including 3,901 MT by 113 flights. For Somalia alone, 6,627 MT of supplies were delivered for famine affected children by air, land and sea routes. UNICEF built on its continuous operational presence in Somalia since 1972 and its existing country programmes with integrated emer-

gency preparedness and response capacity in Ethiopia, Kenya and Djibouti by bringing in an additional 176 surge staff (in addition to the existing 813 staff members) to work through four Country Offices and 17 field offices to strengthen the emergency response capacity. To achieve the greatest possible access to children and women in need in Central South Somalia, UNICEF has worked closely with a range of partners on the ground and is working to coordinate improved reach as a member of the Humanitarian Country team. The results included in this report reflect available information on achievements until the end of September while the full impact of the scale-up will be reflected as further data become available in the coming weeks.

Looking ahead

The emergency interventions have reached thousands of children and their families to date. However, much more must be done – by UNICEF, Governments, UN agencies, NGOs, donors and partners – to further scale up and sustain the crisis response, especially in Somalia where the situation continues to deteriorate. While the drought situation for Kenya and Ethiopia has started to improve due to recent rainfalls, in Somalia the famine is not over and is expected to spread even further by the end of the year without a further scale up of the response.² The coming months will be decisive in efforts to avert the death of an estimated 750,000 people, and continuous funding support will be required to sustain and further expand operations until the middle of 2012 at the very least. Above all, the humanitarian community must be enabled to continue to expand its response to save lives.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations

UNICEF and humanitarian partners count on the continued generosity of donors to be able to reach as many children and families as possible in Somalia and provide quality assistance to refugees in Kenya, Ethiopia and Djibouti. Donor support is also vital to our work with government and community partners in Kenya, Ethiopia and Djibouti to start the transition from the current emergency response to expanded disaster mitigation efforts to avert future crises. With continued support, more lives and livelihoods will be saved, and ways of life sustained in the Horn of Africa’s arid and semi-arid lands.

UNICEF Emergency Action

SOMALIA

Response to date



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Central South Somalia has been heavily affected by the cumulative effects of consecutive years of harsh droughts, which have resulted in repeated crop failure, depletion of livestock, rising food prices, deteriorating purchasing power and a perpetual state of emergency for much of the population. This has been compounded by decades of armed conflict, political instability and the virtual absence of basic social services.

In addition to this, the ban imposed by non-state entities on major organisations has limited the number of capable organizations offering essential services, especially food aid. By September 2011, famine had been declared in six areas in five regions of Somalia including in and around Mogadishu. Despite months of warnings of a rapidly worsening situation from humanitarians, the severity of the crisis was only recognized by the larger international community when the situation had deteriorated gravely and distraught refugees were crossing the borders into neighbouring countries.

Four million people — half of them children — are in need of immediate food security/livelihoods assistance in Somalia. Three million of these are living in the south of the country, much of it controlled by the Al Shabaab movement, and the lives of 750,000 of them are at risk in the coming months if urgent assistance is not provided.

Acute malnutrition rates illustrate an almost unimaginable situation, with 36 per cent of children under five in the south wasted, and 58 per cent of children in the worst-affected region, Bay, acutely malnourished — nearly four times the emergency threshold.

These figures translate into an estimated 336,000 children under the age of five across the south being acutely malnourished, nearly half of them so severely that they could die within weeks. A total of 450,000 children under five are now malnourished across Somalia. Another concern is the fact that malnutrition has struck significant numbers of children over the age of five, unlike most emergencies. Once treated, however, malnourished children can recover in a relatively short period of time.

As the crisis worsens, acute watery diarrhoea (AWD), cholera, malaria and measles cases are being reported increasingly across southern regions, especially among the displaced who are living in overcrowded conditions, and primarily among children under five. Suspected measles cases have increased six-fold since last year.

Despite a massive scale-up in operations in one of the most complex aid environments in the world, the restricted access to large parts of Somalia has posed formidable challenges in reaching populations in need. As long as the country is riddled by armed conflict and continued displacement, it will be difficult for humani-

tarian programmes to reach the populations most in need and monitor the impact of interventions. This has restricted specific programmes such as outreach vaccinations in Al Shabaab-controlled areas with grim consequences for child survival. Despite the volatile context, UNICEF has continued operating inside Somalia – including the central south – since 1972, through a network of over 100 international and national partners.

Responding to immediate needs

Nutrition

UNICEF has responded to the famine with a three-pronged strategy of:

- Enhanced blanket supplementary feeding to prevent people reaching famine conditions by providing a monthly take home ration
- Wet feeding to provide three daily hot meals, mainly to IDPs fleeing their homes and in transit
- Therapeutic and targeted supplementary feeding for acutely malnourished children.

As an immediate measure to enhance access to food in the central south and compensate for lack of general food distribution, UNICEF rapidly introduced blanket supplementary feeding programmes in August, reaching over 62,900 households (about 377,400 people) by 30 September with monthly rations in the worst-affected regions (out of a target of 200,000 households per month). UNICEF-supported wet feeding programmes provided an average of over 6,600 hot meals per day in August and September, reaching over 88,300 people, mostly Internally Displaced Persons (IDPs) and those in transit across the border to Ethiopia and Kenya.

At least 30,615 severely malnourished children across Somalia (out of a targeted 110,000 to be reached through end December) were treated in Out-Patient Therapeutic Feeding Programmes (OTP) and Stabilization Centres (SC) by September. (Note: less than 50 per cent of partner implementation reports were received, thus the actual number of

children treated is expected to be much higher.) Another 53,167 moderately malnourished children (of a target 99,000 to be reached through end December) were admitted to Targeted Supplementary Feeding Programmes (TSFP) by September. By August, the number of nutrition sites (OTP/SC and TSFP) had increased from 925 (January) to 1,142 with an additional 200 sites planned to be operational in the coming months. Access restrictions have also limited much needed technical supervision and training, so UNICEF is establishing a call centre of one nutritionist, one logistician, and one health worker to provide technical, administrative and logistical support to nutrition and health service providers. The centre is expected to start taking calls from October and will operate out of Nairobi.

UNICEF and cluster partners issued a Joint Statement on Breastfeeding and Breast-Milk Substitutes and called for support to optimal infant feeding during the current emergency and caution against the unnecessary use of infant formula. Use of breast milk replacements poses a significant risk to infants in terms of increase risk of disease and associated mortality. There is, at present, limited monitoring and control of breast milk substitutes and donations.

Emergency cash-based response

Building on experience elsewhere, UNICEF is scaling up its emergency cash assistance response to address the nutrition security and livelihood crisis and ease the impact of soaring food prices and the lack of general food distribution. The programme has the potential (if fully funded) to support 50,000 vulnerable households in southern Somalia, for whom high prices represent the main and overriding barrier to access food.

The cash grant and vouchers are sufficient for a family to buy a basic food basket for one month. By mid-September, some 4,000 households had received \$90 food vouchers in Lower Shabelle and another 3,000 households an \$85 cash grant in Middle Juba. A common monitoring system is in place for the eight implementing NGOs and UNICEF, which is expected to provide information on the impact of the programme.

Health

Health services in Central South Somalia have been constrained, historically, by limited access to facilities and, over the last two years, by restrictions on outreach services. UNICEF's strategy includes scaling up the existing health services and increasing outreach and access through community-based interventions to address the top causes of illness and death in children and to prevent and control contagious diseases. In particular, UNICEF has supported community-case management of pneumonia, diarrhoea and malaria and the provision of emergency medical supplies for health centres throughout Somalia. UNICEF has provided routine and emergency measles and polio vaccines, communication strategies and health education messages, as well as measures on preparedness and response to outbreaks of measles, malaria and cholera.

Immunization coverage has been severely limited by restrictions imposed by non-state entities and local authorities, with preliminary results showing an estimated 964,200 children aged six months to 15 years reached out of the 2.9 million targeted with measles vaccinations. Of those, 903,400 children received Vitamin A supplementation and over 166,800 received de-worming medication depending on age groups, while 426,000 children under 5 years received oral polio vaccine. To ensure access for treatment of common diseases, UNICEF will supply clinics and health posts across the central south with enough medicines and equipment by the end of October to serve an estimated 1.35 million of the 2 million children targeted.

UNICEF is also working to prevent or respond to disease in anticipation of the rainy season. With WHO and partners, it has focused on developing an action plan for cholera response, procurement of supplies such as diarrheal disease kits, and supporting coordination and capacity development of staff from four hospitals and 28 maternal and child health clinics in case management of cholera. But access constraints in Al Shabaab-controlled areas threaten services and increase the risk of outbreaks, particularly due to the inability to directly oversee the quality of services at hospital and Maternal and Child Health (MCH) levels.

Work on malaria has focused on prevention. It has included the provision of 110,000 long-lasting insecticide-treated mosquito nets to 55,000 households (of the 140,000 targeted) and pre-positioning of 50,000 more, as well as preparedness planning with partners to estimate supply needs, procure diagnostic tests, malaria treatment and prevention supplies and to enhance surveillance.

Water, sanitation and hygiene

UNICEF and implementing partners have focused on meeting the water, sanitation and hygiene (WASH) related needs of communities and displaced people, while minimizing the related health risks caused by the drought and mass migration. By end September, about one million people (of the 1.5 million targeted over six months) were accessing safe water through a combination of chlorination, water trucking and construction or rehabilitation of water sources. Some 55,900 people (of the 150,000 targeted) had new access to sanitation facilities. A total of 171,100 people have been supported with the means to practice good hygiene and undertake household water treatment in Bay, Bakool, Benadir, Lower Shabelle, Gedo and Lower and Middle Juba. All interventions are also contributing to the response to control AWD and cholera, especially in areas with existing, newly arrived and transiting IDPs.

Child protection

UNICEF is working with partners to address the array of protection concerns for children heightened by the famine, conflict and displacement. Reintegration programmes have reached 239 children associated with armed forces/groups (CAAFG) or at risk of recruitment (out of a targeted 950 children by 31 December 2012) and provided non-formal education, vocational training, psychosocial care and support and two meals per day. The existing Monitoring and Reporting Mechanism reported 306 child rights violations in July and August, the majority of them consisting of child recruitment (214). Out of the 306 cases, 103 children were referred to psychosocial support, medical assistance or other services. UNICEF is working to strengthen the capacity of seven child rights monitoring organizations in Mogadishu.

Given the risks to children in mass population movements, UNICEF is supporting partners in an Identification, Documentation, Tracing and Reintegration (IDTR)

system for unaccompanied and separated children in transit areas. At the Dobleby transit point in Lower Juba – en route to Dadaab – 139 separated children and 46

Results to date (1 July 2011 – 30 Sept. 2011)¹

Indicators	Cluster target (people to be reached by end 2011)	Cluster total progress by 30 Sept. (people reached)	UNICEF target (people to be reached by end 2011)	UNICEF total progress by 30 Sept. (people reached)
Nutrition				
# of children under five with Severe Acute Malnutrition admitted in Therapeutic Feeding programmes	110,000 ²	30,615 ³	110,000	30,615
# of children under five with Moderate Acute Malnutrition admitted in supplementary feeding programmes	160,000	76,293	99,000	53,167
# of households reached by enhanced blanket feeding distributions			200,000/month	62,900 ⁴
Health				
# of children 6 ms<15 years vaccinated against measles			2.9 million	964,200
Water, Sanitation and Hygiene				
# of people with access to safe water	3.3 million	1.8 million	1.5 million	1 million ⁵
# of people with new access to sanitation facilities	1.3 million	490,600	150,000	55,900
Child protection⁶				
# of former CAAFG ⁷ and children/minors at risk of recruitment enrolled in reintegration programmes	950 ⁸	239	950	239
# children reached with community-based psycho-social activities through Child Friendly Spaces (jointly with education)	88,400	19,700	88,400	19,700
Education				
# of primary school-aged children accessing education (wherever possible combined with essential health, nutrition, WASH services in schools)	435,000	381,200 ⁹	300,000	321,400 ¹⁰
UNICEF, as cluster lead agency for Nutrition, WASH, Child Protection and Education (with Save the Children), is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.				

¹ Most targets were revised upwards in July. Results are since July only, though in many cases programmes were already in place.

² This represents 18,500 children per month.

³ Actors working on SAM treatment in southern Somalia are all supported by UNICEF, except organizations that do not report and do not participate in the Nutrition Cluster.

⁴ The number reflects households reached since the inception of the programme in August until 30 September.

⁵ This includes people in Central South Zone (CSZ) to be reached with on-going and new access to emergency water trucking/vouchers, new and on-going access to sustained water schemes and people benefiting from chlorination and operation and maintenance of water sources and systems, as part of UNICEF's combined famine and cholera response, excluding household water treatment and WASH in schools.

⁶ All Sub-Cluster targets currently the same as UNICEF target.

⁷ Children associated with armed forces and groups.

⁸ Target is for period ending 31 December 2012.

⁹ Some supplies have reached schools and some are en route. Teacher incentives are being provided monthly.

¹⁰ Ibid.

unaccompanied children have been registered to date, with information shared on the Kenyan side to expedite their transport and access to services.

As a multisectoral effort with education and WASH, a total of 194 Child Friendly Spaces (CFS) (out of the target 353) have been established in IDP camps, transit points and host communities in famine-affected regions and are currently providing 19,700 children with safe spaces to play and learn and to access safe water and sanitation facilities. The centres also allow for facilitators to address child protection issues and register and refer child protection cases.

Education

UNICEF supported the reopening of schools in September by providing incentives for over 3,650 teachers and distributing enough textbooks for 72,620 children (one book for two children) with some already dispatched and some arriving in October. This has facilitated the enrolment of 321,400 children (48 per cent girls) in over 1,300 schools. Children have also benefited from existing UNICEF-supported WASH facilities and supplies from the last school year. School reopenings in September were met with low enrolment in all regions with the exception of those in the Afgoye corridor and Mogadishu, which has seen an influx of displaced children.

In addition, some 37,000 children — at least 40 per cent of them girls — continued their education during the school holidays (June-September) through 155 IDP schools, where UNICEF provided supplies and teacher incentives. A rapid needs assessment with cluster partners in August showed an estimated 200,000 school-age children had moved with the thousands of households migrating to urban areas or across borders.

A coordinated response

UNICEF-led clusters (Nutrition and WASH, and Education with Save the Children) and clusters supported by UNICEF such as Health and Protection, were operational before the scale-up. All clusters have been actively

working to establish sub-national cluster coordinators, with WASH and Nutrition appointing focal agencies in most regions of the Central South. By end of September, UNICEF had 11 cluster-dedicated staff in Nutrition (4), WASH (4), Education (2) and Child Protection (1). The WASH cluster comprises a total of 71 active partners. In Nutrition, UNICEF coordinates the efforts of over 80 national and international partners across the south, while in education there are 50 active national and international partners. Thematic working groups within the education cluster — each with lead agencies — were formed to consolidate information and harmonize guidelines.

Coordination in all clusters remains limited by the lack of international presence permitted in Al Shabaab-controlled areas, and limited mobility in Mogadishu for UN agencies. Scaling up cluster partners, technically and in human and financial resource management, also requires intensive training, dependent on access.

Challenges and way forward

The overall challenge remains finding entry points to implement key programmes in a highly restricted environment. The mass displacement has also meant planning and managing interventions with scarce and/or fluid data on population movements, making it difficult to determine coverage and impact of interventions. Operationally, Somalia presents a myriad of challenges. Extensive negotiations are required on every supply movement and clearance from local authorities for programme implementation and staff movement is granted on a case-by-case basis (sometimes meaning inspection of supplies by central authorities prior to dispatch to final destination). The needs are also outstripping the available transport infrastructure, with flight cargo insufficient or extremely expensive in the early weeks of the scale-up, and humanitarian cargo is now threatening to overwhelm the capacity of Mogadishu and surrounding ports. Ongoing customs and tax waiver negotiations to expedite the transit goods that need to be repacked for fast onward transport from Kenya have resulted in further delays.

Priorities for October-December include addressing risks anticipated for the upcoming rainy season, by scaling up malaria control programmes including indoor residual spraying and insecticide-treated plastic sheeting targeting IDP camps, and nets for households. Cholera prevention and response activities will continue to be scaled up. A major hand washing promotion campaign in mid-October is expected to reach over one million people, alongside distribution of household water treatment supplies to at least 200,000 people.

In education, distribution of textbooks should be completed in October, and emphasis in the coming month will be placed on ensuring an integrated package of health, nutrition, WASH and food vouchers through schools, as well as increasing enrolment wherever possible. New stocks of teaching, learning and recreation supplies for 400,000 children are expected to reach schools across the south in the coming months.

Denial of outreach campaigns and public advocacy for immunization in Central South Somalia has made it almost impossible to reach 2.9 million children in need of measles immunization, raising fears for the months to come. Mop-up measles vaccinations are planned in Mogadishu for late October-early November targeting all 16 districts and 750,000 children aged six months to 15 years. They are to be carried out by WHO and UNICEF, with the support of NGOs, and with the Centers for Disease Control (CDC) already on board. Stockpiling and planning is on-going for other regions/districts in the event that access becomes possible, including one additional location in Lower Juba that has been approved for vaccinations by local authorities, where UNICEF is expecting to reach 43,270 children. By end October, there are expected to be enough drugs and supplies in transit to reach 85 clinics and 250 health posts – sufficient to ensure access to basic health care for 1.35 million people.

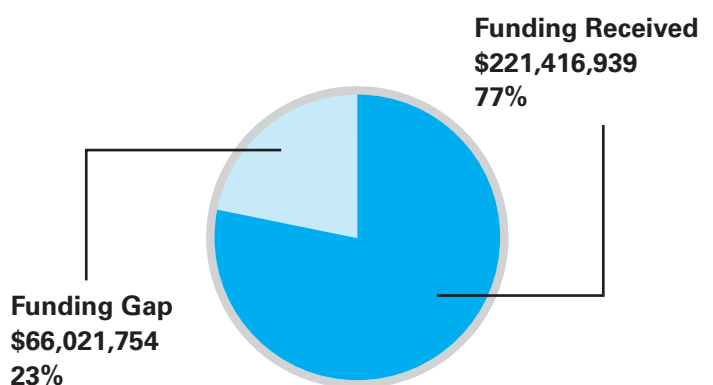
Restricted social mobilization efforts also prevent families and children from accessing nutrition services, with only a limited number of people coming to seek assistance at feeding programmes, and quality control limited by the lack of training opportunities.

The nutrition programmes aim to scale up the capacity for treatment of severely malnourished children to over 18,500 per month and scale up coverage for treatment of moderately malnourished children. Enhanced blanket supplementary feeding will continue, aiming to reach 200,000 families per month. By November, access permitting, the introduction of a community health worker system in the south should begin to increase demand for services and to address issues such as follow up of defaulters and improved referrals. By early October as mentioned above, a call centre will be functional to help address the many challenges surrounding partner capacity and reporting from the 1,100-plus feeding sites.

UNICEF and partners also plan to expand systems for unaccompanied and separated children, while integrating child protection measures and measures to address gender-based violence (GBV) to mitigate the heightened risk of violence, abuse and exploitation through entry points such as Child Friendly Spaces and nutrition and health centres. The Cash programme is anticipated to reach 40,000 households by end October as access negotiations, beneficiary registration and preparations on site are scaled up.

Funding

Requirements: \$287,438,693



UNICEF Emergency Action

KENYA

Response to date



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In Kenya, successive seasons of poor rains have resulted in multiple crop failures and loss of livestock, destroying livelihoods. Coupled with rising food and fuel prices, an estimated 3.75 million people are in need of food assistance, mostly in the northern regions of Turkana, Wajir, Mandera, Isiolo, Marsabit, West Pokot and Moyale, but also in the southeast (Ukambani) and coast following 80 per cent crop failure. On May 30, 2011, President Kibaki declared the drought a national disaster. Access to water in many of these drought-affected areas is becoming critical, resulting in increasing pressure on remaining sources and further exacerbating tensions over rights of access. Incidence of acute watery diarrhoea (AWD) have been increasing steadily over past months, and measles outbreaks have been reported.

Simultaneously, tens of thousands of refugees have fled drought, armed conflict and famine in Somalia, adding to the 20-year-old, already teeming camps around Dadaab, some 98 km from the Kenyan-Somali border. For many Somalis, and especially children and women, the route to the border in Somalia and then the trek to Dadaab presents a gauntlet of protection concerns, including family separation, gender-based violence and abduction by armed groups – aside from basic survival challenges related to health and nutrition. The policies of the Government of Kenya to minimize and dissuade a further influx of Somali refugees into the country has resulted in the original three

Dadaab camps being stretched beyond their initial capacity, with two new camps in the process of opening. The refugee population in Dadaab – with an initial capacity to house 90,000 people – and its surrounding has topped 450,000,⁴ including an estimated 100,000 who have arrived since 1 June. Congestion has created threats to women and children’s health, education and protection.

UNICEF’s humanitarian response has focused on the rapid scale up of pre-existing systems and programmes with Government and partners. Nineteen staff members and 14 standby partners were deployed by the end of September. This includes added capacity for cluster/sector coordination arrangements where UNICEF has a co-lead responsibility with the Government (WASH, Nutrition, Education, and Child Protection). An emergency hub has been established in Lodwar, Turkana and a field office has been set up in Dadaab. Eleven new partnerships have been formed with NGOs and health surveillance was improved in drought-affected areas with increased staffing through the Government’s Provincial health system. Rapid response teams were established and supported for improved monitoring and timely repair of water sources. Systems to address separated and unaccompanied children have been significantly scaled up and procurement has been initiated for substantial supplies in all sectors.

Responding to immediate needs

Nutrition

Drought-affected areas

UNICEF has responded to the crisis by accelerating the scale-up of high impact preventive and curative interventions, including management of acute malnutrition at community and health facility level. In July and August, some 11,900 severely malnourished children (49 per cent of the target) had been admitted to the therapeutic feeding programme. Admissions have also been high for Moderate Acute Malnutrition (MAM), with 33,100 children under five (42 per cent of the July – December cluster target) admitted to supplementary feeding programmes since July 2011.

Refugee camps

UNICEF has extended its technical support to NGO partners through UNHCR to scale-up nutrition activities, particularly treatment of severe and moderate acute malnutrition. Through three stabilization centres, 16 outpatient treatment centres and 15 supplementary feeding centres, 6,700 severely malnourished children have been admitted in July and August, with 13,980 were admitted in 2011 to date.⁵ Caseloads have also been high for moderate acute malnutrition, with 11,700 children under five (81 per cent of the target) admitted to supplementary feeding programmes in Dadaab in July and August.

Health

Drought-affected areas

UNICEF has strengthened immunization coverage, emphasizing measles and polio, and scaled up maternal, new-born and child health activities at facility and community level. Preventive integrated measles campaigns have been delayed by response to the recent Wild Polio Virus (WPV) outbreak in Nyanza province, though surveillance systems have been strengthened in these areas to ensure early detection of cases and early warning of possible disease outbreaks. A WPV-measles campaign is due to commence in October. Routine immunization was weak in many of the affected areas, but the scaling up of integrated outreach services has improved overall coverage from 42 per cent at the start of August to 46 per cent (39,900 children under one) by the end of the month.

Refugee camps

Vaccination and Vitamin A campaigns have been provided for refugee and host communities to prevent disease outbreaks in and around the overcrowded camps. UNICEF has worked with UNHCR and the Kenya Provincial Health Authority in border areas to provide health stabilization support to refugees on arrival. Measles immunizations have reached 67,800 children under five in Dadaab and 103,000 children under five in host communities surpassing targets and the benchmarks set by the Core Commitments to Children in Humanitarian Action (CCCs). As refugee inflows increased, similar rates were reached for polio vaccinations (75,100 children under five in camps and 114,000 in host communities) and Vitamin A (68,000 children under five in camps; 99,900 in host communities).

Water, sanitation and hygiene

Drought-affected areas

UNICEF is supporting partners to reach 936,000 people including approximately 514,000 children — out of the overall cluster partner response of 1.63 million — with access to safe water or water sources through a combination of boreholes, wells, water trucking and installation and rehabilitation of water systems. In support of the nutrition response, 260,000 families with malnourished children have been supported with the means to practice good hygiene and undertake household water treatment. In addition, water supplies and sanitation facilities have been repaired or installed in 64 health facilities implementing nutrition programmes. In partnership with the District Health authorities and NGO partners, 1.3 million people have been reached through rapid hygiene promotion activities. In addition, UNICEF has been working with partners to ensure safe water supply and sanitation facilities in 154 schools, benefitting approximately 57,000 children.

Refugee camps

In close collaboration with UNHCR, the UNICEF WASH response has focused on providing refugees with access to safe water in transit to camps or within host communities. By September, at least 10,000 refugees had access to safe water en route to Dadaab through the installation of 16 strategic water points. This figure has been falling since August with the advent of transport organized for refugees between Liboi and Dadaab. These water points

also benefited some 122,500 people in the host communities. Some 18,000 refugee families (about 90,000 people) living in makeshift shelters around the main camps were benefiting from UNICEF WASH supplies and hygiene promotion activities.

Child protection

Drought-affected areas

Existing programmes in drought-affected areas have been expanded to meet the growing need for services as livelihoods and coping mechanisms deteriorate. A total of 1,089 children were reached through UNICEF-supported child protection centres in Garissa and Eldoret to provide psychosocial and medical support, sports and recreational activities, reintegration of separated children with their families and training of community child protection committees. A \$3.5 million cash transfer programme is expected to cover 12,000 households by the end of October and, with the Child Welfare Society of Kenya, UNICEF is expanding the separated children programme established in 2008 to reach at least 1,000 unaccompanied and separated children and child headed households. UNICEF has also partnered with the Ex-Street Children Community Organization (ECCO) in Eldoret to deliver services to street children.

Refugee camps

UNICEF has worked to strengthen child protection

mechanisms in camps, at border reception centres and in host communities. By end August, some 27,600 children benefitted from Child Friendly Space in Dadaab and surrounding areas. Psychosocial specialists were placed in camps to improve service delivery. New measures to address separated and unaccompanied children include fast-track procedures introduced in August to reduce the registration wait for vulnerable groups from 3-4 weeks to 1 day. This is in addition to services and treatment provided to those in need. A total of 46 separated or unaccompanied children identified were unified with families or provided with alternative care. As part of the response to reports of increasing sexual and gender-based violence in Somalia and en route to Dadaab, UNICEF worked in close collaboration with UNHCR, Save the Children, CARE, and IRC to conduct a rapid GBV assessment in the refugee camps and in the surrounding areas. UNICEF liaised with IRC to supply safe spaces with tents for women and girls to access services and receive information and support. UNICEF is also supporting IRC on providing 'dignity kits' for women and girls, including whistles, buckets and feminine hygiene items. In addition, UNICEF and partners have initiated protection monitoring activities at the border area between Kenya and Somalia and are facilitating access to available services in the camps for the displaced population, in particular GBV survivors.

Results to date (1 July 2011 – 30 Sept. 2011)¹

Indicators	Drought response				Refugee response	
	Cluster target (people to be reached by end 2011) * **	Cluster total progress by 30 Sept. (people reached)	UNICEF target (people to be reached by end 2011)	UNICEF total progress by 30 Sept. (people reached)	UNICEF target (people to be reached by end 2011)	UNICEF total progress by 30 Sept. (people reached)
Nutrition²						
# of children <5 with SAM admitted to therapeutic feeding programmes	24,300 ³	11,900	24,300	11,900	6,300	6,700
# of children <5 with MAM admitted to supplementary feeding programme	78,900	33,100	78,900	33,100	14,500	11,700

¹ Most targets were revised upwards in July. Results are since July only, though in many cases programmes were already in place.

² Nutrition figures through end August.

³ UNICEF's nutrition targets and the Cluster targets are identical for SAM because UNICEF provides nutrition commodities for all partners treating children under 5 in the drought affected areas.

Health						
# of children <5 who have received vaccination against measles					100% (60,100)	113% (67,800) 103,000 in host communities
# of children <1 who had been fully immunised.			100% (86,600)	46% (39,900)		
Water, Sanitation and Hygiene						
# of refugees on transit accessing safe water from additional water points established from border to Dadaab					40,000 people	10,000 Refugees 122,500 in host communities
# of people in drought affected areas with access to adequate and safe water	2.5 million	1.44 million	2.5 Million	936,000		
Proportion of schools and health facilities with adequate & functioning water supply and sanitation facilities	100% 325 Health facilities, 1,035 schools	96 Health Facilities w/ water (30%); 205 Health Facilities w/ hygiene (63%); 528 schools receiving water supplies (51%), including 244 assisted by cluster partners	100% 325 Health facilities, 260 schools	64 Health Facilities w/ water (20%); 205 Health facilities w/ hygiene (63%) 154 schools receiving water supplies (59%)		
Child protection						
# of children attending daily Child Friendly Spaces by sex and age					80% of children aged 5 to 18 (128,000)	27,600
# of separated children unified or provided with alternative care					100% of those identified (46)	46 (15 Boys, 31 Girls)
# of children that had received child protection related services disaggregated by sex, age type and location (Eldoret and Garissa)	Not Available	Not Available	100% of those identified (1,089)	1,089 (590 boys, 499 girls)		
Education						
# and proportion of school-age children (6-13) accessing the temporary learning spaces in Dadaab					12,000	2,700
# of children benefitting from Education supplies (ECD, Hygiene, Education Kit and mobile school kits)	Not Available	Not Available	63,000	63,500		
<p>* UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.</p> <p>** Cluster figures are for drought-affected areas only; Coordination in refugee camps is managed by UNHCR.</p>						

Education

Drought-affected areas

Following a joint assessment with education cluster partners and the Ministry of Education in drought-affected areas, UNICEF, cluster partners and WFP advocated to keep schools open during the August holiday period to ensure continued learning and allow 1.2 million children to access one meal a day. UNICEF supported access by providing 63,500 children with education supplies, boarding school supplies or mobile school kits.

Refugee camps

UNICEF has enabled children to continue education through the provision of teaching and learning materials — including textbooks for 55,500 children — and 30 tents that have provided classrooms for 2,700 children. UNICEF is working with partners to construct semi-permanent schools and Early Childhood Development Centres allowing 12,000 children aged 3-13 years to continue learning, including 9,000 primary school-age children.

A coordinated response

With coordination at the government level, UNICEF has been co-leading sector working groups in Nutrition, WASH and Education (with Save the Children) and supporting working groups in Child Protection and Health. UNICEF and its standby partners have provided or co-funded nine cluster staff for coordination or information management: Nutrition (1), WASH (5) and Education (3 including a coordinator co-funded with Save the Children). All coordination structures were in place before the crisis, but have been intensified since the declaration of a national disaster. In WASH, information management structures — including online reporting — built on investments from past emergencies with dedicated capacity. Under the WASH Cluster, an inter-cluster Hygiene Promotion Working Group has been established, bringing together representatives from Health, Nutrition, Education and WASH sectors. The education cluster partners developed a schools database for 39 arid districts covering 387,000 students. Coordination of the response for all refugees, in particular in the Dadaab camps, is

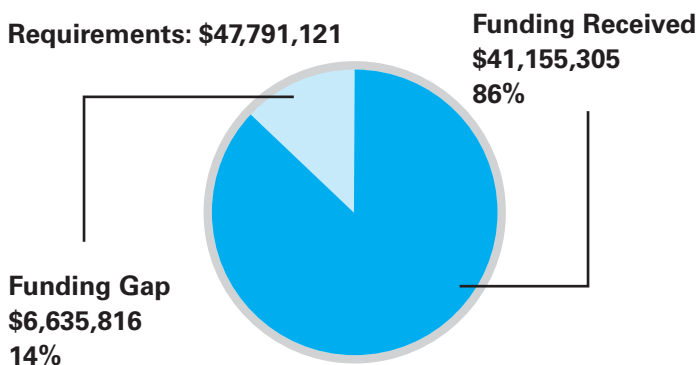
managed by UNHCR as the lead agency, with UNICEF providing programmatic support in various sectors.

Challenges and way forward

There are early signs of improvements in the nutrition situation in drought-affected areas, which is expected to continue in the coming months given a continued strong food security response. New admissions in specialized feeding programmes had decreased to 5,560 by end August from 6,379 in June. In both Dadaab and Northern Kenya, medical supplies have been prepositioned to meet possible outbreaks of epidemics, including cholera and measles. An expanded community health system covering the Dadaab refugee camp will be scaled-up. The number of people with access to safe water is expected to increase by 50,000 by October 2011. Twenty-six more schools on the school feeding programme will have access to WASH facilities in support of safe school feeding practices. Additional education supplies will support school access for 26,400 more children. The number of children accessing Child Friendly Spaces is expected to rise from 27,600 to 50,000 in October.

The greatest challenge has been scaling up operations to match the caseloads, in particular capacity for the responses to nutrition and gender-based violence. Immunization campaigns remain critical as low immunization rates among incoming refugees pose threats of measles outbreaks in camps especially. For WASH programmes, finding sustainable solutions to the long-term water access issues and the extremely high levels of open defecation in the drought-affected areas is a major challenge.

Funding



UNICEF Emergency Action

ETHIOPIA

Response to date



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In Ethiopia, the failed seasonal rains of October-December 2010 in the southern and south-eastern parts of the country were followed by poor rains in February-May 2011 in major parts of the Somali Region; Southern Nations, Nationalities, and People's Region (SNNPR); and Oromiya Region. The combined effects of drought, food price increases, and insufficient resources for preventive measures have resulted in increased malnutrition among children. Admissions to therapeutic feeding centres were already high between March and April. By July, a multi-agency assessment led by the Government of Ethiopia found 4.5 million people in need of food assistance, a 42 per cent increase from April. This included 159,000 children⁶ projected to suffer from severe malnutrition by the end of December. The UNICEF response to the emergency has been on-going since November 2010, when the situation started to deteriorate.

The response has benefited from Ethiopia's establishment of systems to address vulnerability at community level including the Productive Safety Net Programme (PSNP), the Health Extension Programme and a network of mobile health and nutrition teams supported by UNICEF and NGOs.

Ethiopia is responding to humanitarian requirements in drought-affected parts of the country as well as to refugees from Somalia crossing into the country. Since January 2011, more than 80,000 refugees have

arrived into Ethiopia from Somalia, settling in camps in the Dollo Ado area of Ethiopia's Somali region. During July, the number of refugees crossing per day reached 2,000, resulting in significant strains on basic services also used by host communities facing the consequences of drought. According to UNHCR, as of 20 September 2011, 183,000 Somali refugees are living in camps in Ethiopia, including some 123,000 in Dollo Ado. Mortality rates have been alarmingly high amongst new arrivals. More than 80,000 (68 per cent) of the Somali refugees registered in the four camps are under 18 years old.

Responding to immediate needs

Nutrition

Drought-affected areas

UNICEF support to Ethiopia's response to acute malnutrition has focused on community-based management through the government's Health Extension Programme and with the assistance of NGOs. The government's decentralized approach to the management of severe acute malnutrition continues to expand, reaching over 96 per cent of hotspot food insecure districts with UNICEF providing technical assistance and training, and as the main supplier of Ready-to-Use Therapeutic Food (RUTF) and other materials for use in the feeding sites. In the first half of 2011, 157,400 children under five with Severe Acute Malnutrition

(SAM) were treated in six drought-affected regions. In July and August, 54,600 children under five with SAM were admitted in therapeutic feeding programmes. In addition, total exits in July and August showed an average recovery rate of 86 per cent and mortality rate of 0.4 per cent, exceeding the national and Sphere (international) standards for recovery, and mortality rates which are above 75 per cent and less than 10 per cent respectively.

Refugee camps

Since July 2011, UNICEF has deployed one nutrition specialist to Dollo Ado to provide technical support to UNHCR and other partners in responding to the emergency nutrition situation. UNICEF has supported partners in Dollo Ado with essential nutrition supplies contributing to the treatment of complicated cases of severe malnutrition (a forthcoming UNHCR weekly system will provide data on admissions). A UNICEF assessment of Infant & Young Child Feeding (IYCF) practices in September concluded that the high levels of infant mortality and malnutrition in camps are linked to poor breastfeeding practices, among other causes. Subsequently UNICEF immediately trained 14 professionals from Government and NGOs in IYCF. Additional capacity will be mobilized in October with Save the Children US, ACF and other NGOs establishing Baby Friendly Spaces to address breastfeeding practices.

Health

Drought-affected areas

Mobile Health and Nutrition Teams (MHNT) have reached out to pastoralist populations, conducting 11,800 consultations, including 4,600 children under five, in July and August.⁷ This follows over 130,000 consultations including 46,000 children under five in the first half of 2011 in the Somali and Afar regions. UNICEF also provided supplies to 18 INGO-managed MHNTs, which conducted an additional 18,800 consultations including 6,200 children under five in July and August,⁸ UNICEF provided essential drug kits to health facilities covering a total population of five million, including 750,000 children under five. UNICEF with the Ministry of Health and partners supported a sub-national measles campaign targeting 6.9 million

children six months to 14 years in 134 drought-affected woredas. The campaign began on 25 September and reached 71,200 children in the first week. Since July 2011, UNICEF has provided technical assistance and supplies to support the response to seven suspected AWD outbreaks in four regions: Dire Dawa, Harari, Oromiya and Somali. Timely response and prevention efforts have kept the case fatality rate below one per cent in all outbreaks.

Refugee camps

From April 2011, UNICEF has supported measles and routine vaccinations for all new refugee arrivals during registration. Since July, some 35,000 children aged six months to 15 years (96 per cent coverage as per post campaign surveys)⁹ were vaccinated. In late August, UNICEF deployed two MHNTs to Dollo Ado refugee camps to support primary health interventions by UNHCR, government and other implementing partners. These two MHNTs have conducted 1,400 consultations, screened 1,600 children for malnutrition and arranged more than 100 referrals in one month of deployment.

Water, sanitation and hygiene

Drought-affected areas

Some 67,000 people (67 per cent of the target) — including 10,700 children under five — have been reached with water trucking operations since 1 July. About 195,000 people (31,200 children under five) were reached between November 2010 and June 2011. Continued support for the inspection, rehabilitation and expansion of water sources, particularly in the Somali Region, has ensured a sustained water supply for an estimated 278,000 people since July, including 44,480 children under five, and secured adequate supplies for water trucking. Some 347,000 people (112 per cent of the target), including 55,520 children under five, were reached with water treatment chemicals for two months of use. This figure includes those affected by drought and those exposed to the risk of AWD. An estimated 2,575,000 people, including those affected by drought and those at risk of AWD and participants in five major religious gatherings in Amhara and Oromiya regions, received critical hygiene and related

information. In addition, 245 out of 256 targeted health facilities (96 per cent of the target) were provided with WASH packages comprising water tanks, jerry cans, treatment chemicals and sanitation squatting plates.

Refugee camps

Since July 2011, UNICEF provided technical support, specialist equipment and critical WASH supplies to UNHCR, IRC and other partners in Dollo Ado. Interventions include water trucking in Kobe camp undertaken by IRC, and reaching an estimated 16,600 people including 5,000 children under five (67 per cent of the target). UNICEF, also through partnership with IRC, is establishing a piped water supply to serve refugees in Kobe camp. This will be completed in about four weeks. Water trucking operations continue in the interim. Based on UNHCR-led assessments in refugee camps in Dollo Ado and Benishangul Gumuz, UNICEF procured and delivered nine water treatment kits, pillow tanks, water storage containers and soap. The water treatment chemicals alone are sufficient for a population of 27,000 people. In terms of hygiene, UNICEF developed, refined, and provided communication materials on health seeking behaviours, toilet usage and hand washing to UNHCR and partners for dissemination in Somali camps. To date an estimated 85,400 people (69 per cent of the target) have been reached. UNICEF has also supported sanitation by providing technical support and two excavators to UNHCR, the latter to assist in pit toilet construction and pipe laying. The equipment should enable full coverage (currently 75 per cent).

Child protection

Drought-affected areas

Prior to July, and building on longer-term work in the Tigray Region, regional government bureaus with UNICEF enabled 150,000 people in 30 drought prone kebeles (communities) to access community care structures working to prevent and address vulnerability, abuse and exploitation. An additional 50 kebeles (with training of para-social workers) are planned to be reached in Oromiya, SNNPR, and Somali regions, following an exposure visit for government staff to Tigray in September.

Refugee camps

UNICEF and UNHCR developed a Verification Action Plan and a screening tool to identify and screen unaccompanied minors and separated children. The verification exercise began in Bokolmayo camp on 13 September and was conducted by Save the Children-US (SCF-US) and UNHCR, with support from UNICEF. UNICEF will provide training to UNHCR, ARRA and SCF-US on the identification, documentation, tracing and reunification (IDTR) forms and key principles of interviewing children. Meanwhile, UNICEF has provided technical support to Save the Children-UK on the reunification of, or alternative care for, 833 unaccompanied and separated children. UNICEF, UNHCR and SCF-US conducted a joint inter-agency child protection rapid assessment from 31 August to 3 September in all refugee camps and transit centres. UNHCR, UNICEF and IOM are preparing training on the prevention of sexual exploitation and abuse training for all humanitarian agencies in Dollo Ado, which is due to start in early October.

Education

Drought-affected areas

Since the end of 2010, UNICEF worked to strengthen access to and quality of education, undertaking an assessment of learning spaces, with a focus on the most vulnerable districts, and providing education supplies to 28,000 children, including 13,250 girls. Family movements in search of pasture for animals and drinking water had forced children to drop out of school and led to school closures before the end of the previous academic year (May/June 2011) in parts of the Oromiya and Somali Regions. In preparation for the start of the school year in September/October 2011, UNICEF pre-positioned education materials in drought affected regions to benefit over 26,000 children 4-18 years old. A training of trainers (TOT) on Education in Emergencies reached 35 professionals from the Ministry of Education and other cluster partners. An additional TOT was delivered to 80 teachers to reach hundreds of other teachers and non-qualified teaching personnel in communities affected by drought.

Refugee camps

In advance of the 10 October school start date, UNICEF delivered tents, recreational, early childhood development and hygiene kits to support 11,500 refugee children through eight child friendly learning spaces.

In addition, education supplies for 20,000 children reached Dollo Ado camps. Ethiopia's Administration for Refugee and Returnee Affairs (ARRA), UNICEF and partners will begin teacher training for more than 100 teachers for the Dollo Ado camps in early October.

Results to date (1 July 2011 – 30 Sept. 2011)¹

Indicators	Drought response				Refugee response	
	Cluster target (people to be reached by end 2011) * **	Cluster total progress by 30 Sept. (people reached)	UNICEF target (people to be reached by end 2011)	UNICEF total progress by 30 Sept. (people reached)	UNICEF target (people to be reached by end 2011)	UNICEF total progress by 30 Sept. (people reached)
Nutrition						
Children <5 years old with severe acute malnutrition (SAM) admitted to therapeutic feeding programmes	159,220	54,600	159,220	54,600	3,750	Not Available
Health						
Children 6m-15 years receiving measles vaccination	6.9 million	71,200	6.9 million	71,200 ²	74,800 ³	35,000
Water, Sanitation and Hygiene						
People provided with 5 litres of safe water per person per day through emergency water trucking ⁴	660,000	202,000	100,000	67,000	25,000	16,600
People who received advice on the safe management of water, hand washing and personal hygiene ⁵	2,800,000	2,575,000	2,800,000	2,575,000	122,000	85,400
Child protection						
Children unaccompanied/separated reunified or placed in alternative care					1,870	833
Education⁶						
# of school-aged children (4-18 years old) reached through the provision of learning materials	Not Available	Not Available	50,000	26,430	30,000	20,000
<p>* UNICEF, as cluster lead agency in Nutrition and WASH and co-lead in Education and Child Protection, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively.</p> <p>** Cluster figures are for drought-affected areas only; coordination in the Dollo Ado refugee camps is managed by UNHCR with Ethiopia's national refugee agency ARRA.</p>						

¹ Most targets were revised upwards in July. Results are since 1 July, and in many cases include only July and August. In many cases programmes were already in place.

² These are results for the first week of the campaign.

³ The target population may have been an over-estimate as post campaign surveys showed above 96% coverage.

⁴ In addition to people reached through emergency water trucking, UNICEF Ethiopia has supported partners to reach an additional 625,000 people through maintenance, rehabilitation and expansion of water sources and the provision of water treatment chemicals.

⁵ UNICEF is supporting the cluster as a whole with IEC materials and mass communication.

⁶ Schools were closed until the scheduled re-opening in late September. For the refugee children, schools will start on 10 October 2011.

A coordinated response

The overall responsibility for coordinating emergency prevention, preparedness and response activities rests with the Disaster Risk Management and Food Security Sector (DRMSFSS) of the Ministry of Agriculture and Rural Development, and the relevant line ministries coordinating activities in their sectors. UNICEF, as cluster lead in Nutrition and WASH and co-lead in Education and Child Protection, provides support to sector coordination. In nutrition, UNICEF has prioritized strengthening the government's Emergency Nutrition Coordination Unit (ENCU), housed within the DRMSFSS. The ENCU, comprised of four staff seconded by UNICEF at the federal level including a nutrition cluster coordinator and eight staff at the regional level (SNNPR, Oromiya, Somali and Amhara), has been supported by UNICEF for the past 11 years.

Due to the deterioration of the nutrition situation in the Somali region, UNICEF recruited an additional nutrition cluster coordinator for the region in June 2011. As the cluster lead for WASH, UNICEF is co-chairing the Federal and Regional WASH Emergency Task Forces with the Government and, since the onset of the current drought in November 2010, has added six national and one international WASH consultants in five regions. All but one are embedded directly in regional Government to strengthen sector coordination directly and to build capacity.

Coordination in the Dollo Ado refugee camps is managed by UNHCR with Ethiopia's national refugee agency ARRA.

Challenges and way forward

With good rains in the highlands and the start of the harvest, there has been a drop in the number of cases of severe acute malnutrition registered for three months in a row in the country's biggest regions. In the lowlands, however, the country is waiting for the October rains, which would bring immediate relief in terms of access to water and pasture for livestock. Late

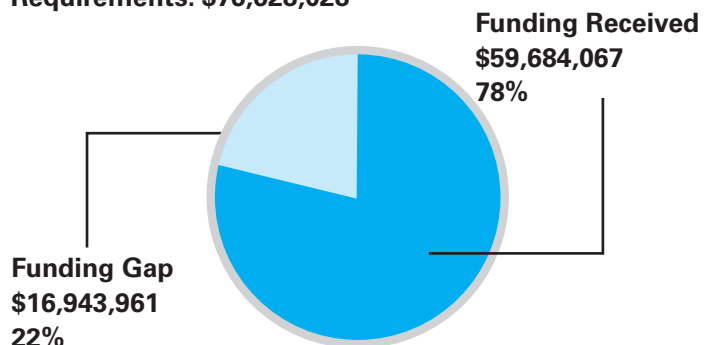
or erratic rains, however, would make a further deterioration more likely in the Somali Region.

Priorities for October-December in drought-affected areas include: completing/ continuing vaccination campaigns while maintaining access to health services in areas where the drought crisis is anticipated to deteriorate further (or where rains may bring new public health threats); expanding with partners the number of therapeutic feeding centres and the capacity to support them; strengthen water supplies to drought-affected and refugee communities and provide supplies and information for hygiene and sanitation; scale up education through the provision of supplies to school children affected by the drought and the strengthening of the capacity of teachers and communities; and strengthen regional and sub-regional community care structures to monitor, report and respond to child protection issues.

In the Dollo Ado camps, the priorities are to continue with decentralization of health and nutrition services, improve access to sanitation, get more children into schools and support the tracing and reunification process and the establishment of more child friendly spaces. Challenges include maintaining good access in the Somali Region, ensuring the sustainability of strategies in the pastoralist areas of the country and raising resources for programmes that deal with structural approaches to resilience including the UN Joint Programme on accelerating development in the pastoralist Developing Regional States.

Funding

Requirements: \$76,628,028



UNICEF Emergency Action

DJIBOUTI

Response to date



The 2011 lean season in most of the pastoral areas of Djibouti began two months earlier than usual, in April. Four consecutive poor rainy seasons have devastated livestock holdings, withered local livelihood systems and left 120,000 people in need of humanitarian assistance.

The drought has been compounded by increased prices of staple foods, which continue to exceed the purchasing power of poor urban and rural households. Water, too, is scarce in most pastoral areas.

As the drought intensified, the nutrition status of pastoralist children in Djibouti — as in Somalia, Kenya and Ethiopia — deteriorated as a result of the lack of milk, the main source of food for children under five at that time of year.

The food security situation in urban areas is also critical due to high food prices, reduced employment and limited petty trade activities, coupled with lack of access to potable water.

Beyond the initial results reported here, UNICEF has focused since July on strengthening systems for better coordination of humanitarian response, including establishment of the nutrition cluster, support to the Ministry of Health for the Health Information Management System and to the National Nutrition Programme.

Responding to immediate needs

Nutrition

With the nutrition situation deteriorating, a community-based active case screening, management and data reporting system has been put in place. The admissions in feeding programmes have increased significantly. From July to end September, the number of children under five being treated for severe acute malnutrition rose from 2,400 to 4,500 (93 per cent of the target), with Moderate Acute Malnutrition (MAM) rising from 12,600 to 16,100 children (89 per cent of the target). To strengthen monitoring of recovery and mortality rates, UNICEF is supporting the provision of mobile phones in 30 previously unconnected rural health posts to enable regular monitoring and technical assistance as part of a nutrition/health surveillance system.

Health

Measles campaigns following an outbreak in Yoboki reached 3,150 children aged nine months to 15 years. This was combined with provision of nutritional supplements for children under five with severe or moderate acute malnutrition and hygiene promotion.

Water, sanitation and hygiene

By end September, some 84,700 people in the most

affected areas were being reached by water trucks on a daily basis, while hygiene promotion campaigns were targeting 6,900 people in the rapidly deteriorating peripheral areas of Djibouti City. UNICEF continues to work on the construction and rehabilitation of water points in affected regions and schools for the use of communities and their livestock, as well as the rehabilitation of household latrines.

Child protection

A Conditional Cash Transfer programme has benefited 700 Orphans and Vulnerable Children (OVCs) since August 2011, as an incentive for families to support food, clothing, school and health care for such children. More specifically, clothes and school kits were provided to enable the OVCs to remain in school.

A coordinated response

UNICEF leads the Nutrition cluster, and is working with partners to jointly develop operational guidelines on the use of supplementary feeding for children aged six

Results to date (1 July 2011 – 30 Sept. 2011)¹

Indicators	UNICEF target (people to be reached by end 2011)	UNICEF total progress by 31 Aug. (people reached)
Nutrition		
Children <5 with Severe Acute Malnutrition in Therapeutic Feeding programmes	4,577	4,500
Children <5 with Moderate Acute Malnutrition in supplementary feeding programmes	18,000	16,100
Health		
Children <5 receiving measles vaccination	25,000	3,150
Water, sanitation and hygiene		
Emergency affected population provided with access to an improved water source	120,000	84,700
Child protection		
Children reached through safe environments	700	700

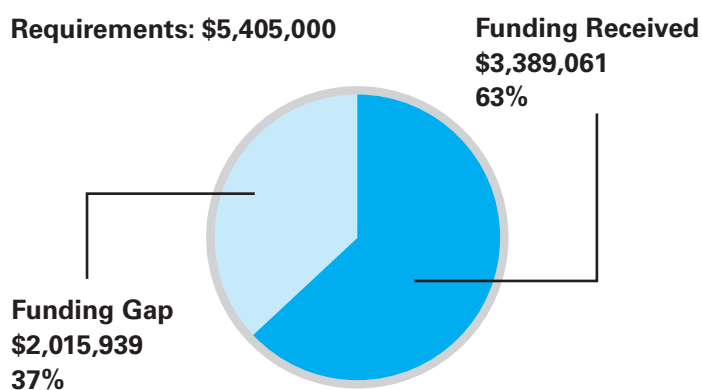
¹ Results are since July only, though in many cases programmes were already in place.

to 36 months, to be proposed to the Ministry of Health. Four rapid nutrition assessments were also conducted under the leadership of the government. Discussions to establish a WASH cluster that includes the government continue.

Challenges and way forward

Malnutrition screening and case management and surveillance systems need to be strengthened nationwide. UNICEF has sought partnerships with NGOs but the lack of national and international NGOs remains a challenge across programmes. Programmes such as cash transfers need to be expanded to cover more vulnerable children immediately outside urban areas. UNICEF is working with the Ministry of Women Affairs to scale up the number of children covered by conditional cash transfers. National information systems and routine data collection – complicated by community-based rather than facility-based interventions – also need to be strengthened to better understand the evolving situation and inform a better response. National capacities to plan, prioritize, implement and coordinate activities at national and regional levels need to be reinforced, while continuing to advocate for inter-agency support on assessment, monitoring and evaluation. UNICEF anticipates the number of people being provided with water and sanitation services to increase to around 100,000 in the next three months due to the rehabilitation of water points and construction of new wells. Coverage of the number of children under treatment for both SAM and MAM are expected to increase in the coming three months.

Funding



Response to date

MANAGING THE RESPONSE



Coordinating for results

Guided by UNICEF's Core Commitments for Children in Humanitarian Action (CCCs), Country Offices in the Horn had been accelerating the response to the effects of the worsening drought since the end of 2010. The rapid escalation of the crisis in mid-2011 required an organization-wide engagement. On 21 July, the day after the threshold for famine was crossed in Somalia, and following a mission to Turkana – one of the hardest hit areas in Kenya – Executive Director Anthony Lake activated UNICEF's Corporate Emergency Procedure for the multi-country Horn of Africa crisis response. The procedure triggered the mobilization of corporate capacities in support of country office response efforts – UNICEF offices across the globe were requested to mobilize. Elhadj As Sy, UNICEF's Regional Director for Eastern and Southern Africa, was appointed UNICEF's Global Emergency Coordinator (GEC), responsible for ensuring coordinated emergency management across the four countries, through mobilizing and coordinating all in-country support; immediately deploying additional experienced staff; and implementing simplified standard operating procedures.

UNICEF contributed to the coordination of a collective response through leadership of the humanitarian clusters for the Nutrition, Water, Sanitation and Hygiene, and Education (with Save the Children) sectors in Somalia, and technically supported the government-

led coordination in these sectors in Kenya, Ethiopia and Djibouti. Somalia (since 2006), Ethiopia (since 2007) and Kenya (since 2008) have been applying the cluster approach of coordinated humanitarian assistance for several years, while the UN Country Team (UNCT) in Djibouti activated the cluster approach in August 2011. UNHCR coordinates the sectoral responses in the Kenyan refugee camps around Dadaab, while the Ethiopian government leads response coordination in the Dollo Ado camps with support from UNHCR.

Human resources

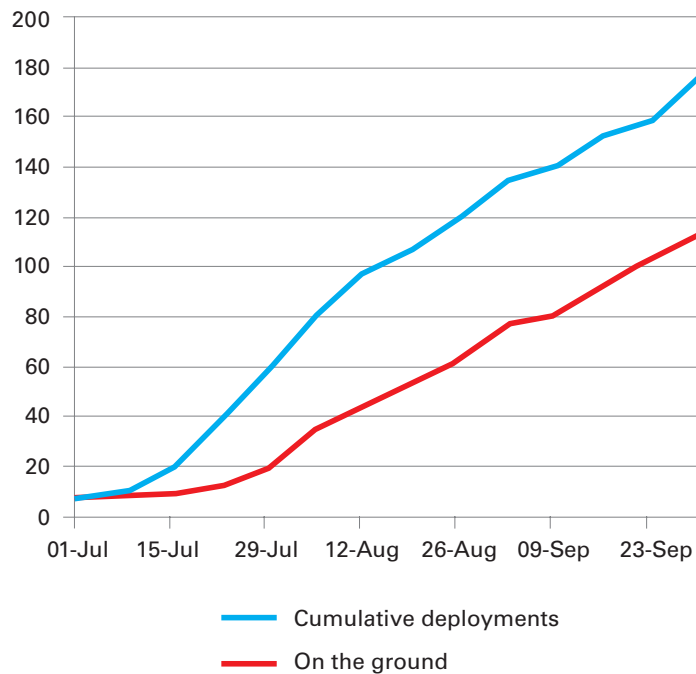
UNICEF, through its Country Offices and Eastern and Southern Africa Regional Office, had been responding to the drought for much of the past year. But the deepening drought, the declaration of famine in Somalia and the activation of the Corporate Emergency Activation Procedure increased the human resources mobilized for the response. From 1 July to 30 September, UNICEF surged 176 personnel to support the four Country Offices and Regional Office, including 68 for Somalia, 23 for Ethiopia, 31 for ESARO, 53 for Kenya and one for Djibouti. By end of September, 113 additional 'surge' personnel were on the ground supporting the response, in addition to the 813 regular staff in the five offices. Eighteen staff were surged specifically to help UNICEF fulfill its accountability as Cluster Lead Agency in the relevant countries, including 13 for WASH and six for information management.

Activating the 'Rapid Response Mechanism' procedures — a regional instrument to surge qualified and pre-screened staff from the Region for up to three months — UNICEF Country Offices throughout the region responded rapidly to the need for additional staff. Most responded within 24 hours, providing a total of 39 deployments. UNICEF also facilitated the rapid deployment of 28 additional staff members from around the world. Standby partners deployed 28 personnel and UNICEF's National Committees seconded four staff. UNICEF also ensured its procedures were responsive to the needs, recruiting vacant regular posts on an 'emer-

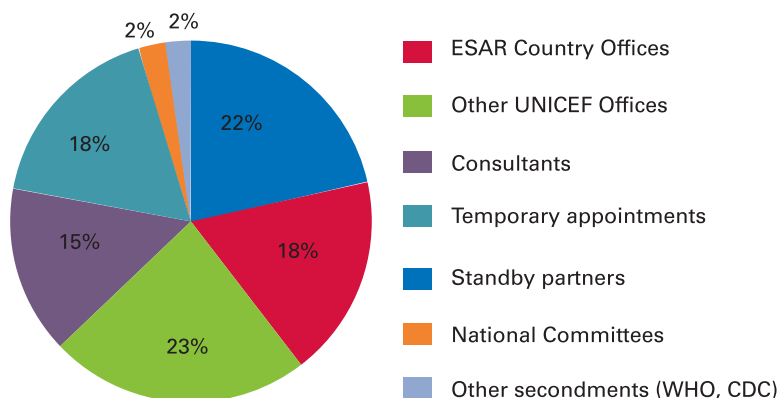
gency basis' using fast track recruitment procedures, and hiring short-term technical staff. Headquarters fast-tracked recruitment of 19 international professional posts while the Regional Office approved appointments of 11 National Professional Officers using the same mechanism.

In addition, the need to create regular posts to address long term needs was addressed through an emergency PBR/budget planning exercise, which resulted in the establishment of 38 new positions for Somalia, Kenya and Ethiopia Country Offices to complement existing staff.

UNICEF Surge capacity



Total response



Security

Humanitarian response across the Horn of Africa has been complicated by varied security concerns. Somalia continues to be characterized by armed conflict, terrorism, crime, targeted killings and civil unrest. Most of Somalia remains at a high to extreme security level (SL5-SL6 with SL6 as the highest security level). After the famine declaration in July, there was some discussion by Al Shabaab on facilitating greater access for aid agencies into areas under their control. This, however, proved futile and the risk to humanitarian activities remains high. Since the claimed withdrawal of Al Shabaab from Mogadishu on 6 August, six explosions have been reported in the capital, with the latest attack on 4 October reportedly killing more than 100 people and injuring over 100. Al Shabaab hostility extends to anti-Al Shabaab areas of the Bakool region and Doble.

Much of Central South Somalia still remains unreachable by previously suspended agencies. UNICEF continues to engage in negotiations with various local authorities, and access has improved in Gedo, parts of Lower Juba, and Bay, but the situation remains highly volatile and unpredictable. Despite increased security in Mogadishu, the influx of IDPs coupled with persistent militant elements continues to pose threats and place new strains on overstretched resources.

Since August, there has been an upsurge of security incidents in Kenya, and many of the most affected areas across the North and North Eastern parts of the country are classified a moderate security level (SL3), limiting UN staff to the implementation of critical humanitarian operations. The country is grappling with a variety of concerns including: armed conflict along the borders; direct terrorism threats against international interests; increased crime and car-jackings by armed bandits and runaway soldiers; and strained inter-clan relations across the North.

In the Somali region of Ethiopia, where the majority of camps are based, the context ranges between a moderate to high security level (SL3-SL4). Clan conflict and

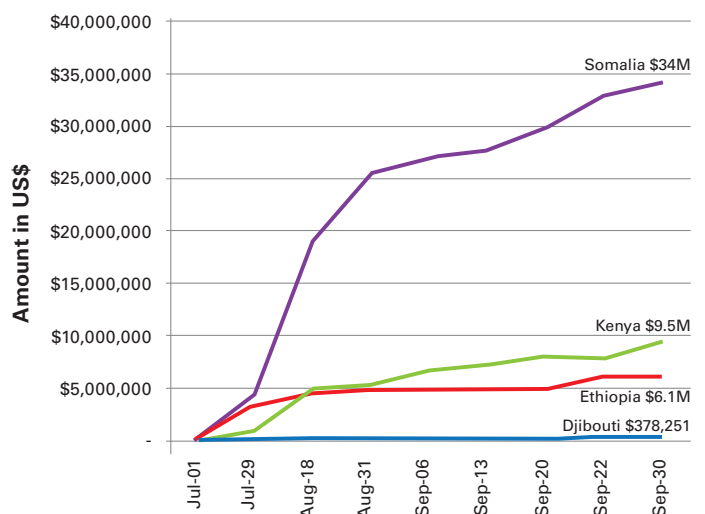
Ogaden National Liberation Front (ONLF) rebel activity continue to be of primary concern, with one UN staff having been killed and two abducted in May. Although UNICEF's operations continued without interruptions, proper monitoring and the timely delivery of aid has been reduced due to access constraints.

In Djibouti access to the north-western parts of the country is particularly difficult, with areas of the region being consider a no-go-zone for UN agencies. Across much of the affected area, and particularly near the Ethiopian border, access is severely obstructed by the lack of developed infrastructure and road networks.

Supply and logistics

The procurement and distribution of supplies has been a key element of UNICEF's response to the Horn of Africa (HoA) crisis in Kenya, Somalia, Ethiopia and Djibouti. During the first half of the year, Country Offices initially responded by using and distributing supplies from contingency stocks. Following the declaration of a Level 3 Corporate Emergency in July, each Country Office prepared a 180-day supply plan to facilitate a procurement strategy and enhance the monitoring of all supply inputs as part of the emergency response.

Supplies ordered for the Horn of Africa (HoA) in US\$, local and offshore



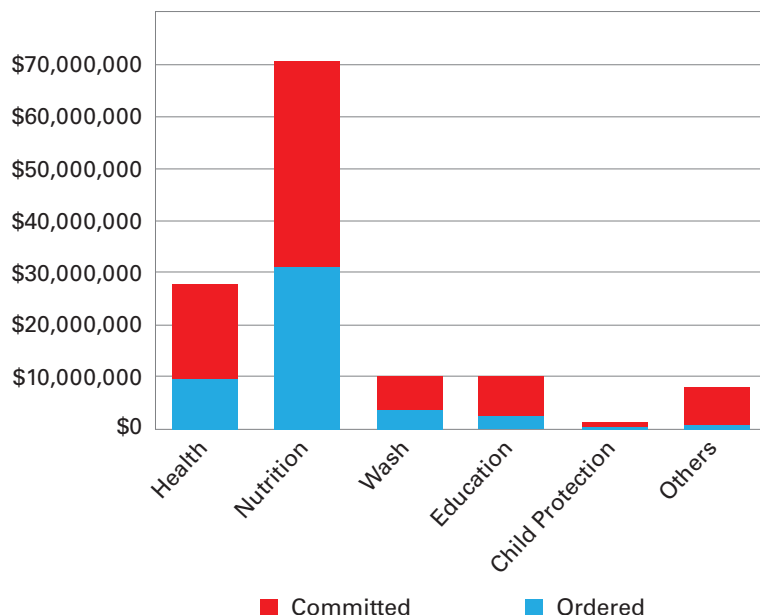
To date, UNICEF (Kenya, Somalia, Ethiopia and Djibouti) has purchased a total of \$50.2 million worth of supplies. More than three-quarters of these supplies were procured offshore, where the main suppliers for supplementary and therapeutic foods are based. Although the cost of air freight is 10 times higher than transporting freight by sea, air freight was essential in August and September to deliver life-saving supplies to the region as quickly as possible while sea freight was en route and UNICEF worked to establish a sea corridor. In addition to the cost of supplies, UNICEF spent \$9.7 million on freight alone from 1 July through 28 September.

UNICEF Supply Division in Copenhagen facilitated the overall coordination of offshore procurement and chartering of emergency supplies (supplementary and therapeutic foods). Between July and September, 113 flights and 39 vessels were chartered by Supply Division, carrying the equivalent of 9,740 MT of essential supplies via Mombasa, Nairobi and Addis Ababa. Significant in-kind assistance was received from different partners, which allowed the airlift of 491 MT of supplies. Supply and logistics surge support – including from standby partners – was provided to the Somalia, Kenya and Ethiopia offices.

The greatest scale up has occurred in the Central South Zone (CSZ) of Somalia; from 1 July to 7 September, UNICEF has transported a total of 6,627 MT of supplies to southern Somalia; by road (70 trucks), air (70 flights) and sea (seven shipments). Since July, UNICEF has scaled up the average number of flights into Somalia from three per month to one or two per day. To reduce the time needed from requisition to dispatch to partners inside Somalia (average 22 days) UNICEF is exploring the possibility of delivering directly to partners for their onward distribution to beneficiaries in targeted locations. UNICEF is also routing some of the bulk volume sea shipments via Dubai directly to Mogadishu to reduce transit time, allow for more regular schedules and avoid the Kenyan transit customs complexities.

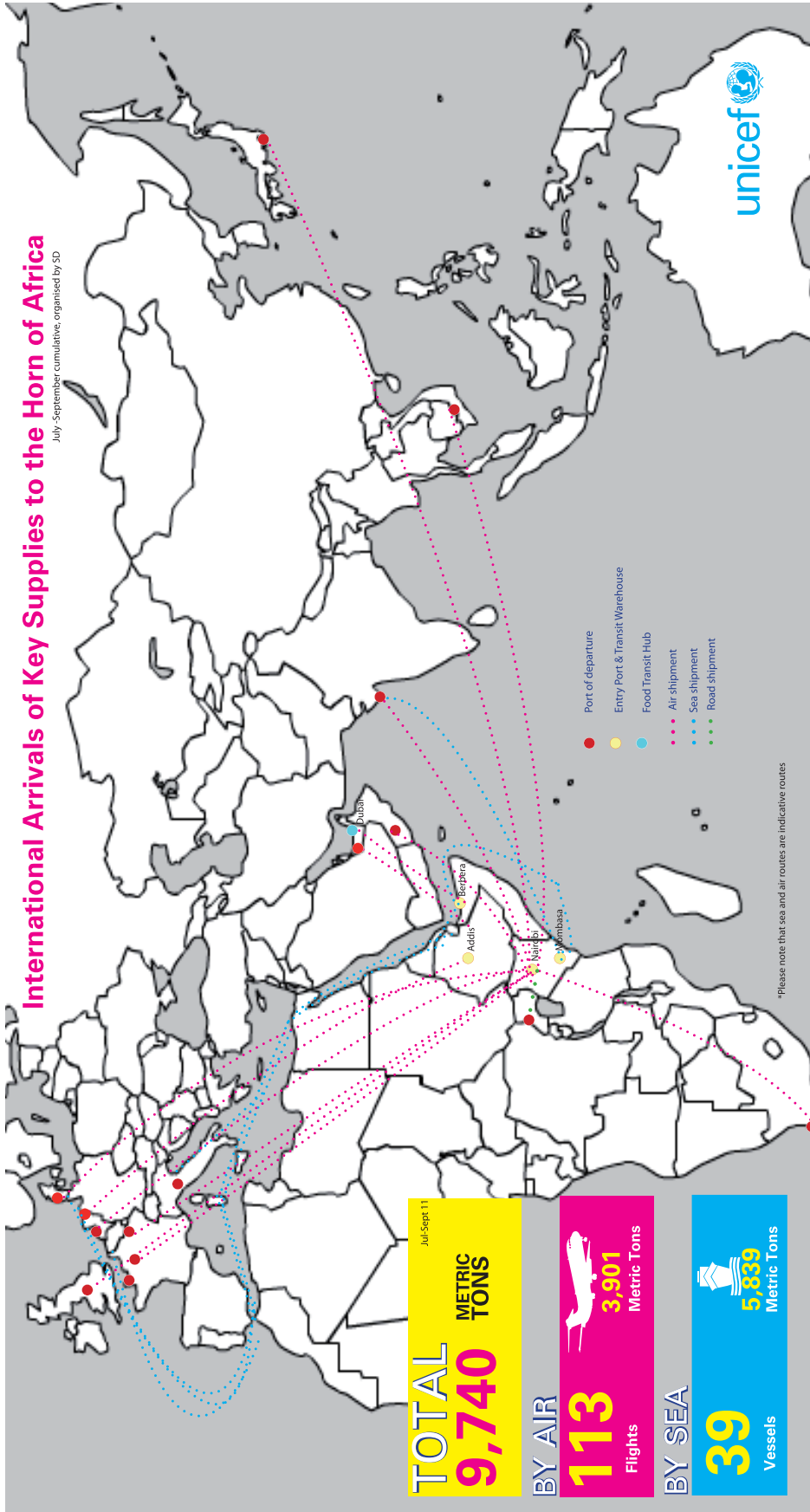
The UNICEF Kenya, Ethiopia and Djibouti Country Offices scaled up as well their response, distributing emergency supplies in partnership with UNHCR in the refugee camps of Dollo Ado in Ethiopia, Dadaab in Kenya and Ali Ade in Djibouti as well as through partners in drought affected areas and host communities for a value of \$34 million.

**HoA Emergency supplies
(Somalia, Kenya, Ethiopia, Djibouti)**



International Arrivals of Key Supplies to the Horn of Africa

July-September cumulative, organised by UNICEF



*Please note that sea and air routes are indicative routes

TOTAL METRIC TONS
9,740

BY AIR
113 Flights
3,901 Metric Tons

BY SEA
39 Vessels
5,839 Metric Tons

Ready-to-Use Therapeutic Food
 100 MT treats 7,000 children with severe acute malnutrition

Supplementary Foods (incl. high-energy biscuits & CSB)
 100 MT feeds 2,000 families of 5 for 2 weeks

Basic Health Kits
 Each kit (10 components) serves a population of 10,000

Diarrhoeal Kits
 Each diarrhoeal kit treats 100 severe and 400 moderate cases of cholera

884 Kits

183,540 Children

110,020 Families

884,000 People

15,000 Patients

2,622 Metric Tons

5,501 Metric Tons

Key supplies:

Lifeline by Sea

Freight costs 10 times more by air compared to sea. But air was the only option while UNICEF worked in Aug. - Sept. to establish a sea corridor. In October, a food transit hub will be set-up in Djibouti as a collection point for supplementary food from the UK, the Netherlands and Belgium, which will be shipped to Mogadishu. The food transit hub will help improve the speed and efficiency of shipping 5,000 MT of required supplementary food into southern Somalia every month for as long as there is a need.



Funding against requirements

RESOURCE MOBILIZATION



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The response to the Horn of Africa drought has been on-going for the past year, and was built into the 2011 inter-agency Consolidated Appeals Process, UNICEF's Humanitarian Action for Children appeal and Ethiopia's 2011 Humanitarian Requirements Document, prepared jointly with the Government. But as the situation further deteriorated in the first half of 2011, the scale of needs increased. UNICEF issued a Humanitarian Action Update on July 8 in response to the growing nutrition emergency and released \$7 million to Somalia and \$1 million to Kenya from its internal Emergency Programme Fund loan. In the following week, UNICEF's Executive Director Anthony Lake visited one of the worst affected regions – Turkana, Kenya – and witnessed the severe impact of the crisis on children. Soon after his return, two regions of Somalia crossed the threshold for famine and the next day Lake activated UNICEF's procedures for a 'Level 3 Corporate Emergency'. UNICEF

issued a revised Humanitarian Action Update on July 24, and contributed to the UN's inter-agency Humanitarian Requirements document for the Horn of Africa Drought. The crisis continued to grow, and with the increasing needs in Somalia, UNICEF's total humanitarian needs for the Horn stood at \$424.7 million by end September.

Thanks to the generosity of public and private sector donors – governments, UNICEF National Committees, inter-agency cooperation arrangements, inter-governmental organizations, and UNICEF Country Offices – UNICEF had received \$344.8 million with an additional \$30.4 million in pledges by 30 September, enabling the organization to address some of the most urgent needs. The bulk (71 per cent) has come from public sector donors; primarily government donors who have provided 55 per cent of the funding received, with UNICEF's National Committees providing 28 per cent.ⁱ

Additional funding requirements for Somalia

Continued donor support is critical to enable further programme scale up to respond to the increasing needs in Somalia. An additional US\$ 61,016,861 will be required for :

- Acute watery diarrhea/cholera prevention, mitigation and outbreak response, including treatment and training,
- Family relief kits, dignity kits and hyperthermia kits in response to increased shelter needs,
- Expanded focus of Outpatient Therapeutic Programme to reach children up to age 10,
- Provision of additional supplementary plumpy through feeding programmes,
- Food vouchers through schools for pupils and their families in famine affected areas,
- Increased cash provision to provide additional support to affected families to meet their minimum requirements.

ⁱ The top donors (excluding pledges) were: United Kingdom (\$58,271,630); United States (\$45,917,375); CERF (\$36,617,474); Japan (\$22,400,000); European Commission (\$19,589,122); German Committee for UNICEF (\$17,532,538); French Committee for UNICEF (\$14,303,500); United States Fund for UNICEF (\$13,926,166); Sweden (\$13,826,550); and Australia (\$10,277,500).

The remainder has been received through UNICEF's Country Offices worldwide.

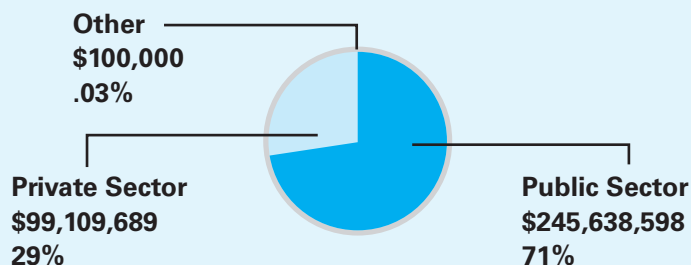
UNICEF would especially like to thank all donors who have contributed 'unearmarked' funding, which affords

essential flexibility to UNICEF to direct resources and ensure delivery of life-saving supplies and interventions where they are needed most. Of the funds received, 25 per cent has so far been contributed as 'unearmarked'.

UNICEF requirements: \$424.7 million

UNICEF has received a total of \$344.8 million from donors (excluding \$30.4 million in pledges) against the 2011 HAC appeal.

Of the total contributions received to date, \$285.7 million has been received since 1 July for the current crisis.



Contributions received by type of donor (excluding pledges) against the 2011 Humanitarian Action for Children appeal.

Funding allocation and utilization (in US\$), 2011

	Young Child Survival and Development	Child protection	Education	Other ¹	Total
Somalia					
Allocation	174,146,941	4,658,049	15,962,421	15,397,454	210,164,865
Utilization	124,380,602	4,003,059	8,689,980	6,238,639	143,312,280
Kenya					
Allocation	35,093,996	2,411,772	5,518,045	5,422,343	48,446,157
Utilization	26,991,761	2,020,608	4,604,722	1,565,877	35,182,968
Ethiopia²					
Allocation	50,736,159		2,608,149	4,721,329	58,065,637
Utilization	37,954,711		2,463,941	2,378,249	42,796,900
Djibouti					
Allocation	3,760,114	200,000	374,901	55,600	4,390,615
Utilization	2,534,909	177,876	39,219	5,600	2,757,604
Regional Office					
Allocation	308,000	211,000	24,000	3,485,595 ³	4,028,595
Utilization	207,337	43,219	0	3,289,494	3,540,050

Note: Amounts reported are on an interim basis as of 30 September 2011. Amounts include humanitarian funds received in 2011 for previous appeals as well as regional funds allocated. Utilization amounts include expenditures and commitments (commitments represent planned expenditures charged against programme budget allotments before actual payment and for which an obligating document has been issued, in accordance with UNICEF's Financial Regulations and Rules) and exclude recovery costs.

¹ Includes cross-sectoral/operational costs, communication for development, policy advocacy and partnerships and intersectoral programmes.

² Non-humanitarian funds have also been used in 2011 in support of nutrition programmes.

³ Includes supply procurement of \$2,984,227 for blanket feeding and therapeutic foods.

LOOKING AHEAD



© UNICEF Kenya/2011/Antony Njuguna

For Somalia, the situation is expected to further deteriorate unless a significant breakthrough can be made in humanitarian access to populations. However, livelihoods have already been destroyed and even when Somalia reaches a recovery phase it will take significant time to rebuild. The numbers reached by humanitarian agencies – although impressive – still remain modest in comparison to the enormity of needs. While people eagerly await the rains expected towards the end of the year, the rains will also increase the risk of floods and disease for Somalia's weakened children and women.

The news is, however, better for Ethiopia where rains in the highlands have already been reflected in a 20 per cent fall in admissions of children with severe acute malnutrition between August and September. If rains continue in the lowlands of Kenya and Ethiopia, this will bring access to water and some pasture for animals.

Elsewhere, farming communities will need three months for planting and then harvesting in crop-producing areas once it rains, necessitating assistance for the medium and long term. Services for refugees are picking up, despite the continued inflow into camps and border areas. Here, the humanitarian community has been able to provide services for populations in distress as far as possible, making a visible difference.

The character of the humanitarian response is already changing its face – from vertical service delivery to integrated and coordinated interventions that include stabilizing livelihoods, saving livestock and the health, nutrition and food security of families complemented by the provision of water, protection and education services.

The continuing challenges that curtail a more effective and scaled-up response in conflict-affected areas, particularly in Somalia, have no easy solution. The neutrality – and safety – of humanitarian actors trying to reach these populations remains threatened. UNICEF has been promoting a durable platform for humanitarian response involving all actors based on humanitarian principles: the humanitarian imperative, the impartiality of assistance based on needs and the neutrality of the humanitarian response and humanitarian workers.

Existing UNICEF capacities will need to be sustained, including field deployment and presence, programme throughput in supplies and cash, and strong capacities for coordination and the expansion of partnerships at regional, national and especially sub-national levels throughout 2012.

Finding lasting solutions to the repeated crisis that face the HoA requires nationally led strategies that

address the underlying socio-economic and governance causes in Ethiopia, Kenya and Djibouti — and alternative solutions to address the conflict in Somalia. Beyond the immediate life-saving programming, UNICEF is contributing to long term changes appropriate to affected populations' livelihoods and environments, such as community-based management of acute malnutrition, which enabled a quicker response to the crisis where it existed.

The crisis is not over. Results have been achieved, and more will be realized with the investments to come.

But alerts are already arriving that the situation will worsen, and famine is projected to spread to other parts of Somalia. Any early warnings should trigger early action to ensure we are prepared to maintain the response and accelerate it as needed. Learning from its experience in scaling up in July, UNICEF is poised to further scale up and accelerate the programme response, including through new strategic partnerships, pre-positioning of supplies and continuous adjustment of strategies to ensure it is ready to respond to maintain the gains and address the needs in the coming year.

ONE CRISIS, MANY STORIES



© UNICEF Somalia/ 2011/ Morocco

Mohamed, aged two, with his mother Malyon in the stabilization centre at Benadir Hospital in Mogadishu, Somalia, where he is being treated for malnutrition.

More than 320,000 severely malnourished children – each individual number in this figure hides a story, a story of hunger and despair but also a story of hope. The following are three of these stories from the Horn of Africa.

UNICEF SUPPORTS STABILIZATION CENTRES TO TREAT MALNOURISHED CHILDREN IN SOMALIA

Two year old Mohamed weighed just over five kg when he was brought to Benadir Hospital in Mogadishu recently. His family had arrived in the Somali capital just a month earlier. Due to prolonged drought, they had lost all of their livestock back home in Elbur, in central Somalia.

Mohamed, who was suffering from severe diarrhoea and malnutrition, was admitted to the hospital's UNICEF-supported stabilization centre. After treating his diarrhoeal condition, the hospital staff addressed his severe malnutrition with therapeutic formulas and round-the-clock medical care. The boy's weight has

now increased to 9 kg, and a nurse says he will soon be discharged from inpatient care. Mohamed's family is just one of tens of thousands across Somalia who have fled to Mogadishu, escaping the effects of famine and drought. "We now live in Badbaado camp for the displaced, where we intend to stay because we don't have any means to survive back home," says Mohamed's mother.

There are many Somali children like Mohamed falling into severe malnutrition and lucky enough to benefit or be saved through programmes like the one in Benadir. There are, however, too many children who still require treatment and must be reached. The stabilization centre at Benadir is operating beyond its full capacity, treating hundreds of severely malnourished children each month. The centre is one of four such specialized inpatient facilities in Mogadishu, and 16 throughout Central South Somalia, that UNICEF supports in order to provide treatment to severely malnourished children.

In response to the current drought crisis, UNICEF has more than doubled its support to both outpatient and inpatient facilities across southern Somalia.

'WATER IS OUR LIFE' – PASTORALISTS ADAPT TO VILLAGE LIFE IN DROUGHT-STRICKEN NORTH-EASTERN KENYA

“The last time I saw rain was five years ago,” says Fatima Suthi, a 50-year-old mother of eight living in Labisigale village, 15 km from Dadaab town in north-eastern Kenya. Host to over 400,000 refugees from Somalia in five camps, Dadaab is now considered the most populous refugee settlement in the world. But the area’s pastoralist communities are also struggling to cope with drought and insecurity. “We used to live in Waraha Labisigale, a two-hour walk from here,” explains Ms.Suthi. “I used to have over 200 goats and 50 cows. We lost everything, all our animals. They all died due to the drought.” She and her family are now benefitting from water, sanitation and hygiene interventions that UNICEF is supporting to ease the situation of drought-affected Kenyan families in Labisigale. The move has also improved her children’s access to education. “I was born in Dadaab, and my father refused to let me go to school when I was a child,” she recalls. “When we came to Labisigale, the school director came to talk to my husband and me. He told us that there was a school in the village and that the children could go to school. Out of my eight children, three are in the school.”

The Labisigale Early Childhood Development School, constructed by UNICEF, opened its doors early this year. There are now some 260 students in attendance there each day. For 220 of them, it’s the first time they have had the opportunity to enrol in school. Today, UNICEF is in the process of drilling a borehole for the school – a project that will also serve the wider community. “I will never go back to Waraha Labisigale,” says Ms. Suthi. “I have no animals, and it hurts me too much. Water is life, and we have water here. Having the water point so close, in the school, will be very good for us. We will be happy to have water all the time.”



Ayelech Koira hold two-year-old Tesfahun Bassa, flanked by her husband and two other children.

BUILDING RESILIENCE TO WITHSTAND THE WORST IMPACT OF NUTRITION EMERGENCIES IN ETHIOPIA

The rural landscape in Waraza Gerera Kebele is deceptively green. For Ayelech Koira, the late onset of rains this year together with the failed rains during the preceding season has meant having very little food at home to feed her three children. Soon after the family cow stopped giving milk, her two-year-old son Tesfahun Bassa became severely malnourished and developed oedema, a condition that can be deadly if untreated. “His body became all swollen, and I was terrified that he would die on me,” said Ayelech. That was when Tadelech Azano, one of two health extension workers assigned to the local Health Post, visited Ayelech’s home. The home visit is an essential part of the integrated health, nutrition and sanitation services that are provided as part of the Government of Ethiopia’s flagship Health Extension Programme, supported by UNICEF. “Tadelech checked my baby and told me to bring him to the health post immediately explaining that the swelling was due to malnutrition,” said Ayelech. “She comforted me, telling me that if I bring Tesfahun to the health post he would receive treatment and that he would survive.”

Tesfahun was enrolled in the UNICEF-supported Out-patient Therapeutic Feeding Programme (OTP), which provides treatment for severe acute malnutrition using ready-to-use therapeutic foods (RUTFs). The use of RUTFs means that Ayelech can apply the treatment at home and allows her to take care of the rest of her family. In addition to screening his nutritional status, Tadelech also takes Tesfahun’s temperature and checks for signs of pneumonia. Finally Tadelech gives Ayelech a sachet of RUTF to test Tesfahun’s appetite, which he passes enthusiastically. Satisfied with Tesfahun’s progress Tadelech bids mother and child good-bye with a reminder to come back again the following week, noting “Tesfahun no longer has oedema, and he should start gaining weight now.”

The Government of Ethiopia estimates that more than 150,000 children will require treatment for severe acute malnutrition during the second half of 2011. Already, thousands of lives have been saved.

Partners and Counterparts

Somalia

Government Bodies

Authorities in each region and district.

United Nations System

United Nations Food and Agriculture Organization (FAO) / Food Security and Nutrition Analysis Unit – Somalia (FSNAU), United Nations World Health Organization (WHO).

NGO & Civil Society:

International – African Muslim Agency (AMA), Breastfeeding Promotion and Support Consortium, CESVI (Cooperation and Development), International Committee for the Development of Peoples (CISP), Concern Worldwide, COSV, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), International Aid Services (IAS), International Centre for Disease Control Bangladesh (ICDCEB), INTERSOS, Muslim Aid, Norwegian Church Aid (NCA), Norwegian Refugee Council (NRC), Overseas Development Institute (ODI), Oxfam Novib/GB, Relief International (RI), SAACID, Save the Children, SOS Children's Villages, Hadia Medical Swiss, Swisso-Kalmo, Trocaire.

National – African Rescue Committee – Somalia (AFREC), Agency for Peace and Development (APD), Badhaado Medical Organization (BMO), Baidoa Regional Hospital, Banadir Primary Health Consortium, Bay Regional Educational Commission, Burhakaba Hospital District Committee (BHDC), Community Activity For Development and Relief Organization (CAF DARO), Community Care Centre Toosweyne (CCC), Community Empowerment And Development Action (CEDA), Centre for Peace and Democracy (CPD), Charity Relief Organization (CRO), Darasalam, Environmental and Water Development Organization "DEWDO", Deeg-Roor Medical Organisation (DMO), DEGGARAS, Dhobey Education and Development Organization (DHEDO), Development Initiative Access Link (DIAL), Deeg-Roor Medical Organization & Trauma Counseling Centre (DMO), EDRO, Elman Peace and Human Rights Centre, Galmudug Primary Health Consortium, General Service Agency (GSA), GALGADUD REGIONAL EDUCATION BOARD (GREB), Golweyne Relief and Rehabilitation NGO (GRRN), Gedo Women Development Organization (GWEDO), HANANO, HAPO

Child, Humanitarian Africa Relief Development Organization (HARD), Heralde Development Organization (HDO), HIDIG, Hiran Regional Education Committee, Himilo Relief Rehabilitation and Development Association (HIRDA), Hiran Women Association (HIWA), Horn of Africa Organization for Protection of Environment and Improvement of Livelihoods (HOPEL), Horsed Relief and Development Organization (HRDO), Hiraan Water Supply & Community Development Organization (HWS & CDO), IIDA Women's Development Organization, Jubbalandese Charity Centre (JCC), Madina Hospital, MARDO, Mercy Group of Volunteers (MGV), Regional Action Organization, SafaMarwa Relief and Development Organization (SAMRADO), Salama Medical Agency (SAMA), Somali Association for Relief and Emergency (SARE), Sahil Rehabilitation and Development Organization (SAREDO), Save Somali Woman and Children, Somali Community Concern, South Central Somalia PLHIV Network (SCSPNET), Shabelle Relief and Development Organization (SHARDO), Somali Human Rights Action (SHRA), Somali Child Protection and Development (SOCPD), Somo-Action International Fund (SAIF), Somali Aid Foundation (SAF), Somali Development and Relief Agency (SDRA), Somali Peace Line (SPL), SomaliAid, Somali Relief and Development Society (SORDES), Somali Young Doctors Association (SOYDA), Somali Red Crescent Society, Somali Rehabilitation and Development Agency (SRDA), Somali Humanitarian Relief Action (SHRA), Somali Socially Relevant Development Agency (SSRDA), Trauma Counselling Centre (TCC), Towfiq Umbrella Organization (TUO), Umbrella Relief and Rehabilitation Organization (URRO), WARDI Relief and Development Initiative (WARDI), Water Development Committee, Women and Child Care Association (WOCCA), Wamo Relief and Rehabilitation Services (WRRS), ZamZam Foundation.

Surge Capacity Standby Partners

RedR Australia, Swedish Civil Contingencies Agency (MSB), Danish Refugee Council (DRC), Norwegian Refugee Council (NRC), CANADEM.

Ethiopia

Government Bodies

Administration for Refugee and Returnee Affairs (ARRA), Disaster Preparedness and

Prevention Bureau (Somali Region), Ministry of Education, Ministry of Health, Ministry of Labour and Social Affairs, Ministry of Water & Energy, Ministry of Women, Children and Youth Affairs, Regional & Zonal Education Bureaus, Regional Health Bureaus, Regional Bureaus of Labour and Social Affairs, Regional Water Bureaus, Regional Bureaus of Women Children and Youth Affairs.

United Nations System

International Organisation on Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), United Nations World Food Programme (WFP), United Nations World Health Organization (WHO).

NGO & Civil Society

International – ACF, Adventist Development Relief Agency (ADRA), CARE, CONCERN Worldwide, GOAL, Intermon Oxfam, International Medical Corps (IMC), International Relief and Development (IRD), International Rescue Committee (IRC), Islamic Relief (IR), Jesuit Refugee Services (JRS), Save the Children UK/US, MSF Spain/Holland, Mercy Corps, Merlin, ZOA Refugee Care.

National – Afar Pastoralist Development Association (APDA), Association to Develop the Horn (Ad-Horn), Ethiopian Orthodox Church Development and Inter Church Aid Commission (EOC - DICAC), Ethiopian Islamic Relief, Ogadan Welfare and Development Association (OWDA).

Surge Capacity Standby Partners

Swiss Agency for Development and Cooperation (SDC), Norwegian Refugee Council (NRC).

Kenya

Government Bodies

District Public Health Officers (DPHOs), District Works Officers (DWOs), Ministry of Education, Ministry of Health, Ministry of Public Health and Sanitation (Division of Nutrition), Ministry of State for Development of Northern Kenya, Ministry of Youth Affairs and Sport, Northern Water Services Board, Rift Valley Water Services Board (RIT & Drought Response).

United Nations System

United Nations High Commissioner for Refugees (UNHCR), United Nations World Food Programme (WFP).

NGO & Civil Society

International – ACF-USA, ACTED, African Development and Emergency Organisation (ADEO), African Medical and Research Foundation (AMREF), Arid Region Integrated Development Agency (ARIDA), AVSI Foundation, CARE, Concern Worldwide, Danish Refugee Council (DRC), Family Health International, Food for the Hungry Kenya (FHK), FilmAid, Food For the Hungry (FH), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, International Medical Corps (IMC), International Rescue Committee (IRC), Islamic Relief, Lutheran World Foundation (LWF), Mercy USA, Mercy Corps, Merlin, MSF, Oxfam UK, Plumbers Without Borders, Save the Children UK, Windle Trust International, World Vision (WV).

Local – Dadaab Secondary School, Ex-Street Children Community Organization (ECCO), Islamic Relief Kenya, Pastoralist Integrated Support Programme, Pledge Action International, Rural Agency for Community Development and Assistance (RACIDA).

Surge Capacity Standby Partners

Irish Aid, Swedish Civil Contingencies Agency (MSB), Norwegian Refugee Council (NRC), RedR Australia, ProCap, Danish Refugee Council (DRC).

Djibouti

Government Bodies

Djiboutian Agency for Social Development (ADDS), Ministry of Education, Ministry of Energy and Water, Ministry of Health, Ministry of the Promotion of Women and Social Affairs, National Nutrition Programme.

United Nations System

United Nations Food and Agriculture Organization (FAO), United Nations High Commissioner on Refugees (UNHCR), United Nations World Food Programme (WFP), United Nations World Health Organization (WHO).

NGO & Civil Society

International – ACF, Association of Medical Doctors of Asia (AMDA), CARITAS, MSF USA, Famine Early Warning Systems Network (FEWS NET).

National – ADIM, Djibouti Red Crescent Society, Association Paix et Lait (Association of Peace and Milk).

UNICEF values all of its partnerships and works with a wide range of district authorities, community-based organizations, faith-based organizations, non-public actors and other groups and individuals, and recognizes that many of those could not be mentioned here.

Acronyms

ARRA	Administration for Refugee and Returnee Affairs
AWD	Acute Watery Diarrhoea
CAAFG	Children Associated with Armed Forces/Groups
CCCs	Core Commitments For Children in Humanitarian Action
CDC	Centers for Disease Control
CFS	Child Friendly Spaces
CO	Country Office
CSZ	Central South Zone (Somalia)
DRMFSS	Disaster Risk Management and Food Security Sector
ECCO	Ex-Street Children Community Organization
ECD	Early Childhood Development
ENCU	Emergency Nutrition Coordination Unit
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GEC	Global Emergency Coordinator
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HoA	Horn of Africa
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross / Red Crescent
IDP	Internally Displaced Person
IDTR	Identification, Documentation, Tracing and Reintegration
IOM	International Organization for Migration
IRC	International Rescue Committee
IYCF	Infant & Young Child Feeding
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health
MHNT	Mobile Health and Nutrition Teams
MSF	Médecins Sans Frontières / Doctors Without Borders
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
ONLF	Ogaden National Liberation Front
OTP	Outpatient Therapeutic Feeding Programmes
OVCs	Orphaned and Vulnerable Children
PSNP	Productive Safety Net Programme
RHPT	Regional Humanitarian Partnership Team

RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centres
SCF-US	Save the Children US
SNNPR	Southern Nations, Nationalities, and People's Region (Ethiopia)
TFG	Transitional Federal Government
ToT	Training of Trainers
TSFP	Targeted Supplementary Feeding Programme
UN	United Nations
UNCT	United Nations Country Team
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation & Hygiene
WFP	World Food Programme
WHO	World Health Organization
WPV	Wild Polio Virus

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- 3 From UNICEF Country Office data and Horn of Africa: Humanitarian Snapshot (as of 20 Sept. 2011), OCHA.
- 4 Horn of Africa Crisis, Situation Report No. 16, 29 Sept. 2011, OCHA.
- 5 UNHCR health and nutrition sector update, 19th August 2011.
- 6 The projected case load is based on admissions to therapeutic feeding centres.
- 7 14 out of 24 teams reporting for July and August.
- 8 Eight of 18 teams reporting.
- 9 Population in camp was lower than projected, and corrected later with surveys, bringing the coverage above 96 per cent.



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A woman and her children stand outside their makeshift tent in the Badbado displaced persons camp in Mogadishu, Somalia.