

Regional six-month Progress Report • April 2012

RESPONSE TO THE HORN OF AFRICA EMERGENCY

A CONTINUING CRISIS THREATENS HARD-WON GAINS



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An unprecedented response to an unprecedented crisis

“The sustained massive humanitarian response in the second half of 2011 coupled with largely favourable rains have eased conditions faced by people in the Horn of Africa, in particular those living in the arid and semi-arid areas.



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Yet the crisis is far from over.

In Kenya, Ethiopia and Djibouti, the food security outlook shows some improvement, but the situation remains fragile and in many respects, uncertain. New shocks — a below-average harvest, continued or expanded restrictions on humanitarian access, major outbreaks of disease — can quickly erode the hard-won gains.

Despite significant progress — including the recent downgrading of Somalia’s three remaining famine zones to ‘emergency’ status, nearly a third of that country’s population — over 2.5 million people — are still in acute humanitarian crisis. More immediately, tens of thousands of Somali children located mostly in southern regions and where humanitarian access has been a continuing problem, continue to face the combined risks posed by conflict, displacement, malnutrition and disease. At the same time, over half a million Somali children and mothers now resident in refugee camps in neighbouring countries continue to require support.

This report highlights UNICEF’s response to the Horn of Africa crisis for the period July-December 2011. Thanks to the generous response to our 2011 appeal, UNICEF and partners have been at the forefront of delivering life-saving assistance and responding to the protection and education needs of thousands of children and women throughout the region.

With sustained support in the crucial months ahead, we can continue our vital interventions on nutrition, health, water, sanitation and hygiene, education and child protection to bolster and protect the gains made so far. These interventions must be accompanied by efforts to address the underlying development challenges and vulnerabilities that have placed children at such high risks of suffering.

Together we are making a difference.”

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

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Executive summary

The situation

Following one of the worst droughts in recent memory, the Horn of Africa ended 2011 with marked improvements in a number of conditions underpinning the regional humanitarian crisis. The chronic and often acute vulnerability of these affected communities highlights the need for a sustained humanitarian response in 2012 which places resilience building and disaster risk reduction approaches at its center.

At the height of the crisis in July 2011, more than 13 million people in Somalia, Kenya, Ethiopia and Djibouti were impacted by severe drought exacerbated by conflict and reduced humanitarian access in Somalia that displaced many people from their homes and into neighboring countries. In July and August, the UN classified parts of Southern Somalia as famine zones. UNICEF declared the crisis a Level 3 emergency – triggering its Corporate Emergency Activation Procedure – through January 2012 and, in the case of Somalia, until May 2012.

A combination of favorable rains in much of the eastern Horn of Africa in late 2011 and a significantly scaled-up international aid response have improved the dire conditions of affected communities including displaced and refugee children. This was especially evident in the containment and progressive easing of previously declared famine conditions in six areas of Southern Somalia. Across the arid and semi-arid areas that characterize this drought-prone region, improved pasture and projected increased agricultural production pointed to a tentative recovery in early 2012.

However, as of the end of March 2012 over 8 million people remain in need of urgent humanitarian assistance and the projection of below-average seasonal rains for the March – May period (2012) highlight that the prospects for a sustained recovery are precarious. The tentative gains of the 2011 emergency response are in jeopardy as vulnerable communities face renewed shocks and disruptions.

The most recent rainfall projections highlight the vulnerability of livestock dependent communities who have already suffered heavy losses in terms of both animal resources and household income. Food prices have continued to escalate, and the conflict in central and southern Somalia continues to imperil the survival and livelihoods of children, households and whole communities. Humanitarian access continues to be constrained and in the case of Southern Somalia has become increasingly complex. In parts of northern and north-eastern Kenya, access has deteriorated following an upsurge in ethnic violence, banditry and terror attacks. In many of these areas the targeting of aid workers poses a major threat to the continuity of essential services for the large number of refugees and drought-affected populations in Somalia, Kenya, Ethiopia and Djibouti.

The response

Children have been at the centre of the crisis – whether they have remained in the areas worst affected by famine or conflict, or have been suffering displacement either within Somalia or across borders into Kenya, Ethiopia and Djibouti. In support of national action, and through a broad network of implementing partners, including line ministries, international and national NGOs and community-based organizations (CBOs), UNICEF contributed to a major humanitarian response that saved the lives of thousands of children and their families.

UNICEF's response has demanded rapid scale-up of a diverse set of emergency interventions accompanied by the timely mobilization of skilled personnel and life-saving supplies.

This has only been possible due to a robust donor response, including bilateral donors, the UNICEF National Committees, and private sector support. UNICEF raised \$405.7 million by the end of 2011 or 95.5 per cent of its total required amount of \$424.7 million for

the four-country response.¹ This outpouring of support enabled life-saving actions including the procurement of more than 3,000 tonnes of ready-to-use therapeutic food (RUTF), the vaccination of 7.9 million children, and provision of improved water sources to 3.2 million people.

Key results of this unprecedented intervention include:

- In Somalia, UNICEF support contributed to downgrading of the six famine areas by one degree to emergency status by early January 2012
- In Kenya's Turkana region, UNICEF's scaled up response contributed to a three-fold reduction in global acute malnutrition
- In Ethiopia, thanks to support from UNICEF and others, recovery rates from acute malnutrition exceeded global standards.

In Somalia, UNICEF geared up life-saving interventions through its network of close to 140 mostly local partners. Interventions included the vaccination of more than one million children against measles, support for the provision of safe water to close to 1.8 million people, and the treatment of over 107,000 children for severe acute malnutrition.

In Kenya, the second half of 2011 saw almost 60,000 severely malnourished children reached with nutrition programmes and close to 1.1 million people provided with access to safe water, including substantial numbers of refugees within the Dadaab camps.

In Ethiopia, some 171,000 severely malnourished children were treated and more than 6.7 million children were vaccinated against measles, including children at very high risk within the Dollo Ado camps.

In Djibouti, almost 6,000 severely acutely malnourished children benefited from UNICEF's nutritional programmes and over 3,200 children were vaccinated.

Across the vast affected area in the Horn of Africa, children received essential protection interventions ranging from cash transfers to assist school attendance to measures to mitigate abuse and gender-based violence within families and communities.

Fast facts

Scale and impact

- **As of the end of March 2012 over 8 million people continue to need humanitarian assistance across Somalia, Kenya, Ethiopia and Djibouti, compared to 13.3 million in July 2011.**
- **In February 2012, the Food Security and Nutrition Analysis Unit for Somalia announced that famine in the three remaining areas of Somalia had receded, due to a combination of scaled-up humanitarian assistance and above average harvest thanks to long awaited rains. However, despite progress made, 2.51 million Somalis remain in crisis. This includes 323,000 acutely malnourished children, 224,000 of them in southern and central regions.**
- **Over 290,000 Somalis are estimated to have left their country in 2011, with most now living in refugee camps in Kenya and Ethiopia. Ethiopia is also grappling with an influx of refugees fleeing conflict in Sudan and South Sudan.**

UNICEF response with partners between July and December 2011 across the region included:

In Somalia, 241,469 malnourished children were treated in UNICEF-supported nutrition centres and one million children were vaccinated against measles.

- **In Ethiopia, 171,066 severely malnourished children were treated. An average recovery rate of 85% and a mortality rate of 0.4% were recorded, comparing favourably with the Sphere international standards of 75% and less than 5% respectively.**
- **In Kenya, scaled-up UNICEF interventions resulted in a dramatic reduction in global acute malnutrition in the Turkana North East region, down from 37 per cent to 13 per cent. Nationwide, safe water was provided to an additional 1.1 million people.**

UNICEF's funding requirement for 2012 is \$413.8 million to support relief, recovery and disaster risk reduction operations across the four countries and regional office operations.

Somalia: \$289.1 million

Ethiopia: \$58.3 million

Kenya: \$47.1 million

Djibouti: \$7.3 million

UNICEF's regional office operations: \$11.9 million

¹ All references to currency in this document are in US dollars.

UNICEF's central role in building alliances in programme partnerships has added value to its increased emphasis on strengthening the humanitarian response by positioning disaster risk reduction (DRR) within longer-term development responses. This has accelerated the effectiveness of interventions whilst building the conditions for greater resilience of local populations vulnerable to multiple challenges to their survival and development.

Looking ahead

Despite the gains made in recent months, the situation of children remains highly fragile and progress in their well-being may be reversed. In 2012, UNICEF needs \$413.8 million for its emergency and early recovery operations across the Horn of Africa. This amount reflects the tenuous improvement in the conditions of children in the affected areas alongside continued and acute humanitarian needs, particularly in southern Somalia.

While UNICEF's humanitarian priority areas will continue to focus on prevention and treatment of severe acute malnutrition, prevention and response to major child illnesses including vaccination and further expansion of access to safe water, sanitation and hygiene, the response will increasingly stress resilience building and disaster risk reduction strategies.

UNICEF will also continue to support access to learning and education opportunities in contexts of stress and displacement while supporting community systems to monitor and prevent cases of child exploitation, violence and abuse.

Central to ensuring sustainable progress – and to better linking emergency and development interven-

tions – is the transitioning of humanitarian response to the provision of longer-term investments for children. To facilitate this, UNICEF will continue to expand its strategic partnerships – including its capacity development efforts and integration of core interventions – toward scaled-up mitigation programming focussed on achieving the core conditions of resilience. UNICEF will further develop its programming responses in three broad areas:

- Livelihood opportunities that include improved food security and access to safe water
- Greater access to basic social services: Promotion of enabling governance in health and nutrition, education, WASH, child protection and HIV/AIDS, capacity building of governing bodies, civil society, and other institutions to identify and mitigate risks
- Access to assets and safety nets that are responsive to seasonal factors and external shocks: Provision of cash in emergencies, support to other social protection mechanisms.

Within this context, UNICEF's action for children will continue to emphasize national leadership along with strategic inter-agency cooperation via country-level humanitarian clusters and formal partnerships with government, UN agencies and non-governmental organizations (NGOs). UNICEF will also ensure that children are part of the agenda in national and inter-governmental initiatives to promote human security, economic recovery and growth in these chronically high-risk environments.

UNICEF extends its deepest appreciation to governments, implementing partners, donors and all the people of goodwill who have joined efforts to overcome the formidable challenges to child survival and development in the Horn of Africa.

UNICEF Emergency Action

SOMALIA

Response to date



© UNICEF/NYHQ2011-1205/Kate Holt - Somalia, 2011

Six months after the declaration of famine in parts of Somalia (July 2011), Somali women and children continue to live in the harshest conditions. Their country remains in a state of chronic vulnerability, characterized by a complex political environment, extreme poverty, poor health and nutrition, conflict and instability.

The 2011 famine in Somalia was a children’s crisis, with children accounting for half of the tens of thousands of people thought to have died in southern Somalia before famine was declared in two regions in July 2011. By September, six regions were famine-stricken and the overall number of people in crisis had risen from 2.4 million in January to a peak of 4 million people.

By mid-November, the trend changed. As a result of the combination of a massive scale-up in humanitarian assistance, substantial flows of food aid commodities into local markets, the arrival of the *Gu* (the main rainy season) and off-season cereal harvests, the famine status of three of the six regions was lifted. However, these regions remain at critical pre-famine levels, with continuing high malnutrition and child mortality indicators. Approaching years’ end an estimated 250,000 people were still at risk of starvation if urgent assistance was not provided.

UNICEF’s response focused heavily on reaching the most vulnerable and deprived children and families whether still in their home areas or displaced, despite

continuous barriers to access. This required a major scale-up of traditional UNICEF-supported programmes, and the introduction of new approaches at scale to reach the most vulnerable families and children. To respond to the famine, UNICEF partnered with close to 140 NGOs and CBOs.

Six months on (by the end of December), this massive effort had begun to bear fruit, revealing positive progress for children and women in southern Somalia. Almost twice as many nutrition programmes are now operating with UNICEF support, and monthly average admissions and the treatment of children suffering from severe acute malnutrition (SAM) have more than doubled. Similar improvements have been recorded across other interventions such as access to safe water, to schooling and to Child Friendly Spaces (CFSs), notably in famine-affected regions of the south.

Despite such progress, critical challenges remain and hard-won gains are under threat. While there has been an increase in the number of children reached through immunization interventions, non-state entities (NSEs) continue to resist outreach immunization services (outside facilities) – a persistent constraint to the attainment of required coverage levels in several regions of the Central and Southern Zone (CSZ). As a result, close to 1.9 million children in these areas could not access measles and polio vaccination campaigns. The escalation of hostilities, the movement of people and ongoing military interventions all heighten the risk

of children's recruitment into armed groups, separation from their families, neglect and exploitation, and leaves women and girls more vulnerable to abuse and sexual violence. On 28 November, Al Shabaab – the main radical Islamist group in Somalia – banned 16 humanitarian organizations, including UNICEF, from operating inside militant-controlled areas of the south.

Regular monitoring, quality assurance, training and capacity development initiatives in insecure areas are difficult and often impossible. Monitoring is done mainly through reports from established and long-term partners, independent third party verification arrangements (which also provide photographic evidence of projects) and UNICEF field staff visits to project sites, where access and security permit. The challenges in delivering much needed long-term capacity development for service providers and partners prevent effective resilience building and durable progress. One key issue is the very limited funding that is long-term and predictable.

Immense logistical challenges remain, with poor transport infrastructure, lack of direct commercial operators, high transport-related costs, and port congestion and customs formalities in Kenya, alongside limited access to road corridors due to the volatile security situation and impassable roads during rainy seasons.

Responding to immediate needs

Nutrition

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

- enhanced blanket supplementary feeding programmes (BSFPs) that provide a monthly take-home ration
- wet feeding to provide three hot meals per day, mainly to internally displaced persons (IDPs) fleeing their homes and in transit
- therapeutic and targeted supplementary feeding for acutely malnourished children.

To enhance access to food in CSZ and compensate for the lack of general food distribution, UNICEF introduced BSFPs rapidly in August. These reached 109,066 households (about 660,000 people) by December with at least one monthly food ration in the worst affected CSZ regions (just over half of the target of 200,000 households). UNICEF-supported wet feeding programmes provided a daily average of 10,000 hot meals from August to December, to 51,363 households (including 47,206 children under five years) comprising mostly IDPs and those in cross-border transit to Ethiopia and Kenya.

From July to December, UNICEF reached 241,469 malnourished children in Somalia, including:

- 107,069 with severe acute malnutrition (SAM) – 77,152 in CSZ alone – of a targeted 110,000
- 134,400 with moderate acute malnutrition (MAM) – 132,683 in the South) – exceeding the target of 99,000.

During the same period, UNICEF-supported nutrition sites increased by 117 per cent, from 973 to over 2,100 across Somalia.

Restrictions on access have limited much needed technical supervision and training. In response, UNICEF established a call centre, operational since November and staffed with one nutritionist, one logistician and one health worker to support nutrition and health service providers at facility level.

Health

Health services in CSZ have, historically, been constrained by limited access to facilities, and immunization coverage has been severely hampered by the restrictions imposed by NSEs.

Following the famine declaration, UNICEF's scale-up strategy included the expansion of the number of supported health facilities and increased outreach and access through community-based interventions to address the top causes of illness and death in children and prevent and control contagious diseases. UNICEF has supported community case management of pneumonia, diarrhoea and malaria, provision of emergency medical supplies for health centres throughout Somalia,

provision of routine and emergency measles and polio vaccines, communication strategies and health education messages, and preparedness and response to outbreaks of measles, malaria and acute watery diarrhoea (AWD)/cholera.

Since July, 1,074,331 children aged 6 months to 15 years have been vaccinated against measles in CSZ (of a targeted 2.9 million), while 1,009,401 children aged 6-59 months received Vitamin A (against a target of 1.3 million) and 426,354 children aged 12-59 months received deworming tablets (against a target of 1.1 million). In addition, 465,505 children under five years were vaccinated against polio and 210,611 women of child-bearing age were vaccinated against tetanus toxoid. Services have been delivered through a combination of Child Health Days and outreach and Measles Plus campaigns.

However, virtually no children in militant-controlled areas in regions affected by famine have been reached with immunization as a result of restrictions on outreach services (with the exception of Mogadishu IDPs).

To ensure access to treatment of common diseases, UNICEF has, since July:

- expanded its support (including financial support for incentives and training of health service providers) from 120 to 183 Maternal and Child Health (MCH) centres, from 200 to 323 health posts (HPs) and to an additional 23 hospitals
- distributed 395 health kits (consisting of drugs, medicine, equipment and medical items) through its partners to 120 MCH centres, 200 HPs and 23 hospitals across CSZ to serve an estimated 1.2 million people (of 2 million targeted) with basic emergency obstetric and neonatal care, clean home delivery, antibiotics to treat major infections such as respiratory infections, AWD, dysentery and typhoid, sterilization and disinfection.

UNICEF continued to work with the World Health Organization (WHO) and other partners to prevent and respond to disease and outbreaks in anticipation of, and during, the rainy season. A cholera response action plan was developed, supplies such as diarrhoeal disease kits were procured and delivered, and coordina-

tion and capacity development were supported for 179 staff throughout CSZ in cholera prevention and case management. The introduction of the new oral cholera vaccine in selected areas is being considered.

Access constraints continue to be the biggest challenge to effective service delivery, increasing the risk of outbreaks particularly as a result of the inability to directly oversee the quality of services at hospital and MCH level.

The rains started in early September 2011 with localized flooding in some areas that triggered further population displacements and heightened risks of large scale malaria epidemics. UNICEF, WHO and partners across CSZ planned and implemented malaria epidemic prevention and response activities, while building overall malaria control capacity. UNICEF teamed up with a network of local partners on the ground to prevent and/or reduce the impact of malaria epidemics in IDP camps around Mogadishu and flood-risk communities, particularly those living in riverine communities in middle and lower Shabelle, Gedo and middle and lower Juba regions.

Indoor Residual Spraying (IRS) campaigns began in the middle of October, targeting the flood-affected areas at risk of malaria; 46 IRS supervisors and 428 IRS sprayers and educators were trained on principles of malaria causation, transmission and prevention, and 23 community health workers were trained on malaria case management. A total of 34,493 shelters were sprayed in Benadir and Gedo, mainly in IDP camps.

From July-December, UNICEF and partners provided 144,000 long-lasting insecticide-treated mosquito nets (LLINs) to 72,000 households (out of 140,000 targeted) in accessible areas across central and southern Somalia. This included the reallocation of 79,000 nets to serve the emerging needs of Baidoa IDPs and hospitals as well as accessible areas of Afgoye and Mogadishu camps, as a result of inaccessibility and lack of authorization from local authorities to enter other areas.

UNICEF also distributed over 70,000 malaria diagnostic tests and 55,280 malaria treatment and prevention supplies to a total of 268 health facilities in south central Somalia, benefiting 125,280 people.

Results to date (1 July 2011 – 31 Dec. 2011)²

Indicators	Cluster target (people to be reached by 31 Dec.)	Cluster progress by 30 Sept. (people reached)	Cluster progress by 31 Dec. (people reached)	UNICEF target (people to be reached by 31 Dec.)	UNICEF progress by 30 Sept. (people reached)	UNICEF progress by 31 Dec. (people reached)
Nutrition						
No. of children under five with SAM admitted in TFPs	110,000 ³	30,615 ⁴ (28%)	107,069 (97%)	110,000	30,615 (28%)	107,069 ⁵ (97%)
No. of children under five with MAM admitted in SFPs	160,000	76,293 (48%)	262,884 (158%)	99,000	53,167 (54%)	134,400 ⁶ (138%)
No. of households reached by enhanced blanket feeding distributions				200,000/ month	62,900 (31%)	109,066 (at least once) (55%)
Health						
No. of children 6 mths to 15 years vaccinated against measles				2.9 million	964,200 (33%)	1,074,331 (37%)
Water, Sanitation and Hygiene						
No. of people with access to safe water	3.1 million	1.8 million (55%)	2 million (temporary) 1.2 million (sustained) ⁷	1.5 million	1 million (67%)	1.28 million (temporary) 484,834 (sustained) ⁸ 1.76 million (117%)
No. of people with new access to sanitation facilities	1.3 million	490,600 (38%)	657,753 (51%)	150,000	55,900 (37%)	81,421 (54%)
Child protection⁹						
No. of children formerly associated with armed forces and groups and children/minors at risk of recruitment enrolled in reintegration programmes	950 ¹⁰	239 (25%)	610 (64%)	950	239 (25%)	655 (69%)
No. of children reached with community-based psychosocial activities through Child-Friendly Spaces	45,500	19,700 (22%)	34,356 (75%)	45,500 ¹¹	19,700 (22%)	34,356 (75%)
Education						
No. of primary school-aged children accessing education (wherever possible combined with essential health, nutrition, WASH services in schools)	435,000	381,200 (88%)	491,671 (113%)	300,000	321,400 (107%)	420,271 (140%)
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 for sharing the overall results achieved by cluster members collectively.						

² Most targets were revised upwards in July 2011 to cover the period from July to December 2011, though programmes were already in place in many cases.

³ This represents 18,500 children per month.

⁴ All actors working on SAM treatment in southern Somalia are supported by UNICEF, except a few NGOs that neither report to nor participate in the cluster

⁵ All admissions of children with SAM in this period, 72% were in CSZ alone. Both SAM and MAM data are undergoing extensive cleaning, so there is a reduction in the six month totals. However, UNICEF is also following up on un-submitted reports from partners, and numbers for 2011 are expected to increase into early 2012.

⁶ Admissions in the south comprise 99% of the countrywide total.

⁷ Temporary interventions include people accessing safe water through chlorination, Operation and Maintenance (O&M), water trucking, and vouchers (excluding household water treatment). Sustained interventions include people accessing safe water through rehabilitation and construction of water points. People reached with sustained water access are partially included in the temporary interventions results – these cannot be aggregated due to programme overlap.

⁸ The decline in coverage reflects previous calculation errors.

⁹ All sub-cluster targets are the same as UNICEF targets at present.

¹⁰ Target is for period ending 31 December 2012.

¹¹ Downwards revision of target due to a lower mobile child population than anticipated.

Water, sanitation and hygiene

UNICEF and partners focused on meeting the water, sanitation and hygiene (WASH) related needs of communities and displaced people, while minimizing the health related risks resulting from drought, floods and mass migration.

From July to December, 1.8 million people across central and southern Somalia (of 1.5 million targeted) were accessing water. The construction and rehabilitation of 400 water systems provided access for 480,534 people, complemented by temporary measures such as water vouchers, trucking, support for operations and maintenance functions and chlorination that provided access to water for 1,280,220 people.

Of 150,000 people targeted, 81,421 were newly accessing sanitation facilities and 364,813 people were supported to practice good hygiene and undertake household water treatment (HHWT). These interventions assisted the response to AWD and cholera, especially in areas with existing, newly arrived and transiting IDPs. A major hand washing promotion campaign in October reached over 1.5 million people countrywide, and included hand washing demonstrations, life-saving messages on cholera and AWD prevention, and distribution of essential supplies (such as soap, buckets and water purification tablets).

Child protection

UNICEF continued to work with partners to address child protection concerns heightened by famine, conflict and displacement. By December, 655 children (of a targeted 950 children) were reached by reintegration programmes for children associated with armed forces/groups or at risk of recruitment and provided with non-formal education, vocational training, psychosocial support and twice-daily meals. The existing Monitoring and Reporting Mechanism reported 1,115 child rights violations from July to December, of which 545 (49 per cent) concerned child recruitment. UNICEF partner agencies make regular referrals to psychosocial support providers, medical assistance and other services as needed. 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 their delivery of an Identification, Documentation, Tracing and Reintegration (IDTR) system for unaccompanied and separated children in transit areas. By December, 378 separated and unaccompanied children were registered at transit points, with information shared on the Kenyan side to expedite children's transport and access to services. Children are placed in interim care with host families while efforts are made to reunite them with family members.

A total of 353 new CFSs (100 per cent of the target) were established in IDP camps, transit points and host communities in famine-affected regions and are now providing 34,356 children (34 per cent of them girls) with safe spaces to play and learn and to access improved water and sanitation facilities. The centres enable facilitators to address child protection issues and to register and respond to child protection cases.

Education

From September to December, UNICEF supported the reopening and running of schools by providing training on pedagogy, psychosocial support and life skills to 6,747 teachers (of whom 5,371 received incentives) and distributing school supplies – including textbooks – to over 260,000 children. This facilitated the enrolment of 420,271 children (42 per cent of them girls) to exceed the target of 300,000 across 2,230 schools in CSZ.

During the school break (June to September) some 37,000 children (at least 40 per cent of them girls) continued their education through 155 IDP schools, where UNICEF provided supplies and teacher incentives.

Support to Community Education Committees (school management bodies of teachers, elders, parents and students) continued throughout the school year to ensure effective governance and management of schools in CSZ areas that lack education authorities. Over 12,000 Committee members have been trained (23 per cent of them female).

Almost 30,000 children in 318 schools received monthly food vouchers that their families can redeem through local merchants to increase school attendance using an incentive ration.

A coordinated response

To ensure a more coordinated response to the famine, strategic partnerships were established between sectoral clusters, especially among the WASH, Health, Nutrition, Food Assistance, Education, Agriculture and Livelihoods clusters. An Inter-Cluster Strategy for famine response was developed, enabling heightened collaboration for accelerated responses. Clear responsibilities and delegation of duties for WASH and Health to improve AWD/cholera preparedness and response were developed and applied. These helped to ensure that there were no major cholera outbreaks during the reporting period and created a more effective system for reporting on AWD/cholera.

UNICEF led the WASH cluster, working to empower the regional WASH cluster Focal Points, introducing the role of District Lead Agency for AWD/Cholera and Flooding, and acting to improve long-term community resilience through increased access to sustained water sources. A newly established Strategic Advisory Group prioritized challenges to achieve effective sustainable humanitarian WASH action, and developed a three to five year plan to jointly address those challenges. An Inter-Cluster Hygiene Promotion Sub-working Group was established to address capacity gaps within WASH agencies and developed standards and Somalia-specific information, education and communication (IEC) materials for emergency hygiene promotion, and coordinated capacity development events. A Technical Working Group held in Mogadishu developed and implemented standards for effective chlorination of water sources and latrine design.

The UNICEF-led Nutrition cluster strengthened in-country coordination by establishing regional cluster coordination mechanisms in CSZ that enabled the identification and filling of programme gaps. Cluster membership increased from 57 in January to 111 by December. Programme sites increased during 2011 from 973 to over 2,100, increasing access to treatment and curative services. The cluster conducted capacity building mapping exercises for partners that will lead to a multi-year capacity development plan, and conducted Nutrition in Emergencies training benefitting 30 partners, with additional training planned for 2012.

UNICEF co-led – with Save the Children – the Education cluster that conducted various coordination activities, including rapid education cluster needs assessments in 10 regions of CSZ, data analysis, partner mapping and other information management activities.

In close partnership with the Protection cluster, the Education cluster developed a joint strategy for CFSs to reduce child vulnerability, and cluster partners – including the Ministry of Education (MoE) – undertook a series of capacity building trainings. This included two workshops on the Inter-Agency Network for Education in Emergencies Minimum Standards and one Education in Emergency (EiE) front-line responder training workshop to ensure timely, coherent and effective response during the famine/drought crisis.

Challenges and way forward

The difficult security situation in the country continues to threaten the painstaking progress being achieved. An added surge in insecurity and increasingly complex operating and programming environments have followed the incursions by the Kenyan Defence Force (KDF) into Gedo and Lower Juba (October) and the Ethiopian National Defence Force (ENDF) into Bakool, Bay, Gedo and Hiiraan (November) along with additional aid restrictions imposed by NSEs on 28 November – through the ban on UNICEF and other key humanitarian agencies in militant-controlled southern areas.

This has resulted in significantly diminished access for UNICEF and implementing partners. An estimated 3.5 million people or more – half of them children – are now out of reach in areas where the ban is in force, which are the most critically affected areas of southern Somalia. However, UNICEF is still able to operate in Mogadishu, border areas of Gedo, Lower Juba and northern Bakool, as well as Galgadud and Mudug, with the full range of interventions including integrated management of acute malnutrition, immunizations, primary health care, WASH, education and child protection.

Under the current circumstances, it is a challenge for UNICEF to move supplies to most southern regions controlled by NSEs. Unless this situation changes, over half of UNICEF-supported nutrition and health facilities will run out of supplies by April 2012. In addition, with the *Gu* rains expected to start in March, the main concern is the preparedness and response to AWD/cholera, which was mainly driven in terms of suppliers and programming by agencies (including UNICEF) that are now banned from operating in key southern areas.

In response to the ban, UNICEF is re-configuring its efforts in central and southern Somalia to aim for a flexible approach to programme coverage and target setting. The current situation has serious implications for humanitarian principles and civil/military lines, and critical challenges remain regarding the safety of staff and partners and for general security and stability in these areas.

To a large extent, UNICEF has been compelled to plan in the absence of reliable information on these access-constrained areas. Even so, UNICEF's core mandate remains to reach the most vulnerable populations, especially children and women, to save lives and build long-term resilience.

Despite the end of famine conditions in southern Somalia by early 2012, nearly one third of the population (2.3 million people, over 70 per cent of them in the volatile south) remain in crisis, unable to fully meet their essential needs.

Nationwide, 323,000 children are acutely malnourished, with 224,000 (70 per cent) living in the south. Crude death rates are below two deaths per 10,000 people per day, except for Mogadishu and Kismayo IDPs who remain above that rate. Most of the present improvements in food security are linked to humanitarian response rather than substantial recovery in productive capacities or enhanced resilience of livelihoods.

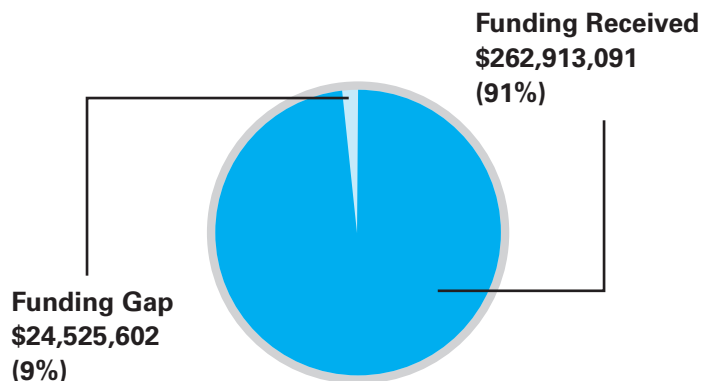
The nutrition situation across most of the south and in IDP settlements remains *very critical*. Global acute malnutrition (GAM) levels remain above 20 per cent, rising to above 30 per cent in Bay region and Juba Riverine. Around 20 per cent of IDP children in Mogadishu are acutely malnourished, an unacceptably high rate that stands well above the emergency threshold. Among IDPs in Mogadishu, the under five death rate stands at 5.5 per 10,000 children per day, significantly above the famine threshold of 4 per 10,000 children per day.

Under conditions like these, one good harvest will not be enough to mitigate the underlying vulnerability and the potential for a deteriorating situation until the next harvest. Any additional shocks to an already vulnerable population weakened by the devastating effects of the recent famine, such as a below-average harvest and/or disease outbreaks that are typical during the rainy season, could reverse recent gains.

Children's lives are still in imminent danger. The combination of malnutrition, killer diseases and escalating conflict continues to be a matter of life and death for tens of thousands of children with no foreseeable respite in 2012. UNICEF requires a total of \$289.1 million for its response to this situation in 2012.

Funding

2011 Requirements: \$287,438,693



UNICEF Emergency Action

KENYA

Response to date



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The food security and nutrition situation in most of the arid and semi-arid areas of Kenya improved significantly in the final quarter of 2011, due to above average rainfall between September and November and the concerted scale-up of humanitarian programmes by the Government, UNICEF and other partners.

The marked decline in malnutrition rates in the greater Turkana County demonstrates the impact of well-coordinated multi-sectoral humanitarian efforts, graphically illustrated by the reduction of GAM in Turkana North East from 37 per cent in May to 13 per cent by December. Localised flooding in North Eastern and Western areas following heavy rainfall, necessitated a concerted humanitarian response by the Government, local civil society and UNICEF. Investments in cholera preparedness meant that no cholera cases were reported in 'hotspots' in drought-affected areas, despite the heavy rains and poor sanitation levels.

However, malnutrition rates remained, at best, unchanged in Mandera and Wajir (North Eastern Province) despite interventions. In Eastern Wajir, GAM increased to 30 per cent by December. Insecurity in these areas contributed to a two-month pipeline break in the supplementary feeding programme (SFP) and rendered 25-35 per cent of nutrition programme sites in these districts inaccessible in November and December 2011.

Insecurity also challenged humanitarian operations in Dadaab refugee camps, preventing access to the camps that house 463,000 refugees for all but life-saving humanitarian missions for weeks at a time. UNICEF worked closely with the UN High Commissioner for Refugees (UNHCR) and other partners to develop continuity plans and more robust security arrangements to enable the continuation of life-saving services and mitigate risks to staff. Amidst these challenges, UNICEF and UNHCR finalized a joint Education Strategy with partners to guide education improvements in Dadaab in coming years, and reached agreement to proceed with multi-year child protection and gender-based violence (GBV) prevention strategies.

UNICEF's humanitarian response focused on the rapid scale-up of systems and programmes with Government and partners. Nineteen staff members and 14 secondees of standby partners were deployed by the end of September 2011. This included added capacity for cluster/sector coordination arrangements for which UNICEF has a co-lead responsibility with the Government (WASH, Nutrition, Education, and Child Protection). By the end of 2011, UNICEF had partnered with 37 NGOs to provide humanitarian assistance in drought and refugee responses. Recruitment of staff is well advanced for the UNICEF offices established in 2011 in Lodwar (Turkana) and the Dadaab refugee camps to take over the functions provided by standby partners and surge staff.

Responding to immediate needs

Nutrition

Drought-affected areas

UNICEF scaled-up High Impact Nutrition interventions through its existing systems with Government and 19 NGO partners. From July to December 2011, 34,482 severely malnourished children were provided with treatment (142 per cent of the target), as were 80,284 moderately malnourished children (102 per cent of the target). The 22 Nutrition Support Officers deployed to support capacity building, mentoring and coordination at the district level played a pivotal role to strengthen programme performance. By the end of December, 75 per cent of the health facilities in arid and semi-arid lands were offering high impact nutrition services supported by monthly subnational nutrition sector coordination. Nutrition monitoring systems were reinforced with 13 nutrition surveys carried out between September and December.

Refugee camps

Despite the volatile security situation since October 2011, UNICEF maintained technical and supply support to UNHCR and NGO partners working in the Dadaab camps to detect and treat severely malnourished children. Caseloads in Dadaab fluctuated during the last quarter because of challenges to access and outbreaks of diarrhoea. UNICEF initiated additional technical and financial support to improve infant feeding practices in the camps and, from July to December, 24,282 children were treated for SAM.

Health

Drought-affected areas

UNICEF strengthened routine immunization coverage (emphasizing measles and polio), and scaled up maternal and child health activities at facility and community level. Surveillance systems were strengthened to ensure early detection of cases and early warning of possible disease outbreaks. During the reporting period, overall coverage for children aged under one year improved from 83,011 (42 per cent) to 122,320 (62 per cent), with 87,217 children fully immunized in targeted campaigns. Rapid response to the malaria upsurge resulted in low

malaria case fatality and prompt management of other febrile epidemic diseases, including dengue fever. The polio outbreak in Nyanza province required two campaign rounds implemented in 32 districts, followed by two rounds expanded to 129 districts.

Refugee camps

UNICEF worked with UNHCR and the Kenya North East Province Provincial Health Authorities around the Kenya-Somalia border areas to provide health stabilization support to refugees en-route to Dadaab refugee camps. Integrated measles, polio vaccination, and deworming and Vitamin A supplementation campaigns for refugee and host communities have prevented disease outbreaks in and around the Dadaab camps. The vaccination of 67,800 children under five in Dadaab and 103,000 in host communities surpassed initial targets. As refugee inflows increased, children under five were vaccinated against polio (75,100 in camps; 114,000 in host communities) and provided with Vitamin A supplementation (68,000 in camps; 99,900 in host communities). An additional measles campaign targeting those aged 15 to 30 reached 79,078 people (86 per cent of target).

UNICEF supported the procurement of cold chain equipment for Dadaab refugee camps and measles vaccines for newly arriving refugees, increasing routine measles immunization coverage to 100 per cent and drastically reducing outbreaks. UNICEF has deployed seven Public Health Officers to support health and nutrition coordination on behalf of the Provincial Health Office and assigned three more officers who coordinated and trained 152 Community Health Workers on community-based tracking and management, contributing to the prompt detection and management of cholera cases.

Water, sanitation and hygiene

Drought-affected areas

Water trucking and the repair and rehabilitation of water sources enabled UNICEF to reach 1.1 million people (654,000 children) with access to safe water. This includes 270,000 people accessing emergency nutrition services in 85 health centres and 88,000 children accessing SFPs in 172 schools. Rapid hygiene promotion activities reached 1.3 million people, including 43,000 school children in 222

schools providing SFPs, and just over 1 million people accessed nutrition services in 254 health centres. In addition, 30,000 school children in 51 schools gained improved access to WASH facilities, including gender sensitive latrines, water supply and hand washing facilities, and hygiene promotion messages. Training courses for Public Health Officers were rolled out in cholera prone areas, training an estimated 2,600 Community Health Workers.

Refugee camps

In consultation with the Somalia program, UNICEF Kenya provided safe water to refugees in transit from Somalia to the Dadaab camps by establishing strategic water points along their main routes, benefiting at least 10,000 refugees and 122,500 people in the host communities. An estimated 18,000 refugee families (90,000 people) living in makeshift shelters while waiting to enter

Results to date (1 July 2011 – 30 Sept. 2011)¹²

Indicators	Drought response						Refugee response		
	Cluster target (people to be reached by 31 Dec.) * **	Cluster progress by 30 Sept. (people reached)	Cluster progress by 31 Dec. (people reached)	UNICEF target (people to be reached by 31 Dec.)	UNICEF progress by 30 Sept. (people reached)	UNICEF progress by 31 total (people reached by 31 Dec.)	UNICEF target (people to be reached by 31 Dec.)	UNICEF progress (people reached by 30 Sept.)	UNICEF progress (people reached by 31 Dec.)
Nutrition									
Number of children under 5 with SAM admitted to TFPs	24,300 ¹³	11,900 (49%)	34,482 (142%)	24,300	11,900 (49%)	34,482 ¹⁴ (142%)	6,300	6,700 (106%)	24,282 ¹⁵ (385%)
Number of children under 5 with MAM admitted to SFPs	78,900	33,100 (42%)	80,284 (102%)	78,900	33,100 (42%)	80,284 (102%)	14,500	11,700 (81%)	27,021 (186%)
Health									
Proportion of children under 5 who received vaccination against measles							100% (60,100)		113% (67,800), plus 103,000 in host communities
Proportion of children under 1 who were fully immunized				145,529	46% (39,900)	83% (122,320)	86,600		34% (29,213)
Water, Sanitation and Hygiene									
Refugees in transit accessing safe water from additional water points (5000L, water tanks and boreholes) established from border to Dadaab							40,000 people	10,000 (25%) plus 122,500 host community beneficiaries ¹⁶	10,000 (25%) plus 122,500 host community beneficiaries ¹⁷
Proportion of people in drought affected areas with access to adequate and safe water	2.5 million	58% (1.44 million)	72% (1.8 million)	2.5 million	37% (936,000)	44% (1.09 million)			

¹² Most targets were revised upwards in July; results shown are since July, though programmes were already in place in many cases.

¹³ UNICEF's nutrition targets and the cluster targets are identical for SAM because UNICEF provides nutrition commodities for all partners that treat children under five in the drought-affected areas.

¹⁴ The situation deteriorated as a result of drought in June 2011, although the targets were based on nutrition surveys undertaken before May 2011.

¹⁵ Targets were set prior to the influx of Somali refugees in July to November 2011.

¹⁶ Only 25% of the target was reached because the use of buses to move incoming refugees from Liboi Town to the Dadaab Camps was restarted, so few refugees were walking along the roads and using the strategic water points.

¹⁷ The inflow of refugees to Kenya fell markedly from October to December 2011.

Proportion of schools and health facilities with adequate and functioning water supply and receiving hygiene promotion materials <ul style="list-style-type: none"> Number and proportion of health facilities receiving water. Number and proportion of health facilities providing hygiene promotion messages & training. Number and proportion of schools receiving water. 	325 health facilities, 1,035 schools	30% (96 health facilities with water); 63% (205 health facilities with hygiene); 51% (528 schools with water supplies, including 244 assisted by cluster partners)	39% (127 health facilities with water); 86% (287 health facilities with hygiene); 53% (546 schools with water supplies)	100% (325 health facilities, 260 schools)	20% (64 health facilities with water); 63% (205 health facilities with hygiene); 59% (154 schools receiving water supplies)	24% (79 health facilities receiving water); 78% (254 health facilities receiving hygiene promotion messages & materials); 66% (172 schools receiving water supplies)			
Child protection									
Children attending CFSs regularly (daily) by sex and age ¹⁸							128,000 (80% of children aged 5-18)	27,600 (22%)	50,046 (39%) (36,415 boys, 13,631 girls)
Separated children united with their families or provided with alternative care				100% of those identified (346)		89 (32 girls, 57 boys)	100% of those identified	46 (15 boys, 31 girls)	126 (alternative care: 110, reunified: 16)
Children that received child protection related services disaggregated by sex				100% of those identified (5,507)		5,507 (1,513 girls, 3,994 boys)	100% of those identified (4,758) ¹⁹		1,421 ²⁰ (657 boys, 764 girls)
Education									
Number and proportion of school-age children (6-13) accessing the temporary learning spaces in Dadaab							12,000	2,700 (23%)	3,150 ²¹ (26%)
Children benefitting from education supplies (ECD, Hygiene, Education Kit and mobile school kits)	508,000		141,280 (28%)	63,000	63,500 (101%)	105,100 ²² (167%)			
<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>									

18 Cumulative, daily attendance at the seven CFSs for the past 180 days, as reported by partners.

19 Number of children referred to protective services for assessment.

20 Children receiving acute protective care.

21 After targets were set, temporary learning spaces were not seen as the best strategy so alternative approaches were used, such as accelerated classes in existing schools during the school break.

22 Leveraging Government preparedness allowed for greater reach than has originally been anticipated. The MoE's EPRP effectively supported Government scale up

the camps benefited from WASH supplies and hygiene promotion activities. UNICEF is working with UNHCR to construct four new boreholes as well as pumping equipment and infrastructure in the new camp of Ifo West as part of more sustainable long-term efforts to ensure access to safe water for an estimated 60,000 refugees.

Child protection

Drought-affected areas

The drought crisis saw a marked increase in the number of children living on the street and separated from their families. UNICEF provided technical support and supplies to drop-in centres and programmes supporting 5,507 street children through the Government and a network of partners. This includes active IDTR from October 2011 for separated children that, by the year's end, had identified 346 vulnerable children (282 boys, 64 girls) in Eldoret, Kitale and West Pokot and 89 children (32 girls, 57 boys) were reunited with their families or provided with alternative care. UNICEF's cash transfer programme began, focusing on vulnerable children in 15,000 households in seven drought-affected districts. The programme provides approximately \$30 to each family per month to protect children at risk of family separation and/or reliance on child work due to household food insecurity, and to help households recover from the effects of the drought. The transfer programme is building local capacity to identify vulnerable children, and gathering evidence to support the planning of a focused national social protection response to vulnerable families in future emergencies.

Refugee camps

UNICEF deployed specialized child protection and GBV personnel to Dadaab to scale-up its existing child protection partnerships in service provision and outreach and establish new partnerships to provide legal advocacy and support to refugees. Insecurity in Dadaab has had an impact on service outreach, although integrated missions have travelled to the camps as the security situation has allowed. While 50,046 children (36,415 boys and 13,631 girls) were reached through CFSs during the reporting period, attendance dropped dramatically in November and December due to security incidents. Inter-country collaboration with UNICEF

Somalia improved support to children with acute protection problems, and UNICEF partnered with NGOs working in the border areas to identify unaccompanied and separated children and survivors of sexual violence, and refer them to the services they need.

Education

Drought-affected areas

An estimated 508,000 children have seen their education disrupted in drought-prone areas of North and North Eastern Kenya. UNICEF partnered with NGOs to provide education and boarding school supplies and mobile school kits for 105,100 drought-affected children. The Government's Emergency Preparedness and Response Plan (EPRP) – developed with UNICEF support and in place since 2010 – has enabled Government-led coordination and UNICEF collaboration with the Ministry of Education (MoE) for a rapid assessment in the 39 arid districts most affected by drought, strengthening existing government systems for emergency response countrywide.

Support to boarding schools is a key means of providing both food security and education to children in Kenya's drought-stricken areas. With the MoE, UNICEF developed a disaster risk reduction (DRR) manual for low-cost boarding schools and reinforced the capacity of 236 school head teachers and heads of boarding houses on disaster preparedness and management for future droughts.

Refugee camps

Over 110,000 refugee children aged 6 to 17 are out of school. As an immediate response, UNICEF worked with NGOs to support education access by providing 49,100 children with Early Childhood Development (ECD) materials, teaching and learning materials, and recreation kits. It also developed the capacity of 930 primary school teachers – including refugee teachers in Dadaab – on how to create a child-centred teaching and learning environment in schools. UNICEF collaborated with UNHCR and NGOs to finalize the Dadaab Education Strategy 2012-2015 to improve access and quality of education in the camps, which led to the MoE's development of a government policy on refugee education in Kenya.

A coordinated response

While the Government of Kenya leads overall coordination, UNICEF has been co-leading emergency 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 provided or co-funded nine cluster staff for coordination or information management during the reporting period: 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 and have been strengthened since declaration of a national disaster.

WASH information management structures – including online reporting – will build on investments from past emergencies. Under the Water and Environmental Sanitation Coordination (WESCOORD), the WASH cluster sector working group, an inter-cluster Hygiene Promotion Working Group has been established with representatives from Health, Nutrition, Education and WASH sectors. All sectors have strengthened sub-national coordination through the reactivation of district/county coordination mechanisms, training for partners, strengthening assessment and information tools, and national/sub-national level linkages, guided by sector coordination plans and facilitated by National Officers (being recruited).

Challenges and way forward

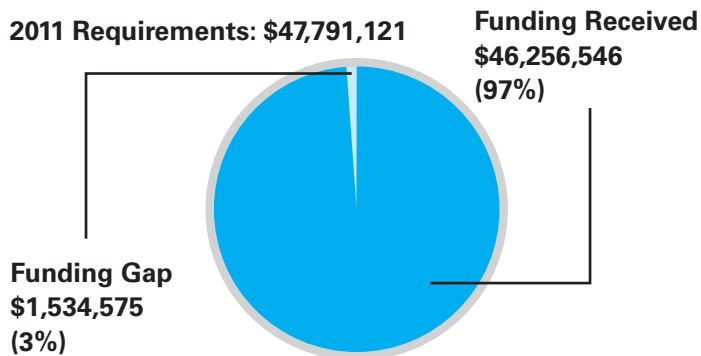
With recent improvements in the food security and nutrition situation, the current challenge is to ensure support for sustained recovery in the northern drought affected areas. The impact of this crisis on children and their families cannot be rectified by one season of good rain. Programming in 2012 will emphasize sustained programme coverage for vulnerable popula-

tions and mainstreaming of DRR strategies through all humanitarian and development programmes. UNICEF will further enhance the building of capacities of the Government and communities to prevent and prepare for future drought crises, with an emphasis on building robust and resilient national capabilities.

In areas of North Eastern Province – including the Dadaab refugee camps where insecurity has hampered programme implementation – UNICEF will continue its work with the Government and partners to develop strategies for vulnerable children who cannot be reached through traditional means by maximizing the use of local capacities and putting in place partnership agreements to strengthen remote programming.

UNICEF will continue to work with UNHCR, the Government of Kenya and other partners to ensure that life-saving programmes continue to reach refugees. Longer-term strategies, alongside community-based action plans, will strengthen access to and enjoyment of basic rights by children in this protracted refugee situation. UNICEF's 2012 requirements for the response in Kenya total \$47.1 million.

Funding



UNICEF Emergency Action

ETHIOPIA

Response to date



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Dry weather worsened Ethiopia's humanitarian situation in 2011 and triggered an emergency response to both drought-affected areas and to areas that hosted the influx of refugees from Somalia. Drought, increased food prices and insufficient resources for preventive measures escalated the rates of child malnutrition. Admissions of children under five into TFPs more than doubled to over 40,000 between January and May. By July, a Government-led multi-agency assessment found that 4.5 million people required food assistance, a 42 per cent increase since April. Shortages of clean water, exacerbated by poor access to health services, contributed to outbreaks of AWD, measles and malaria. As families left their homes in search of water and other resources, an estimated 87,000 children dropped out of school and more than 300 schools closed.

The second half of 2011 saw improvements in drought-affected areas due to seasonal rains, declining food prices and on-going humanitarian assistance. Between May and November, TFP admissions declined by 46 per cent. There were fewer outbreaks of AWD and meningitis in the second half of 2011, due to enhanced efforts by the Government of Ethiopia and its humanitarian partners. Those estimated to need food assistance in the first half of 2012 fell to 3.2 million people.

By the end of 2011, UNHCR reported that more than 142,000 Somali refugees were living in five refugee

camps and one transit centre in the Dollo Ado area of the Somali Region. Approximately 97,000 refugees arrived in 2011, placing significant strain on basic services in host communities. A daily average of 120 refugees continued to arrive in December. One quarter of the camp population is under the age of five and two-thirds are under the age of 18.

UNICEF's response to the crisis has been on-going since November 2010, when the situation started to deteriorate. With its partners, UNICEF has helped to mitigate potentially devastating crises by building on Ethiopia's existing systems, including the Productive Safety Net Programme (PSNP), the Health Extension Programme (HEP) and a network of mobile health and nutrition teams (MHNTs). The 180-Day Emergency Response Plan has allowed UNICEF the opportunity to work with the Government and partners to strengthen the capacity of these structures, so that they are better equipped to respond to – and withstand – future humanitarian crises.

Responding to immediate needs

Nutrition

Drought-affected areas

Ethiopia's response to acute malnutrition among women and children was strengthened substantially during the reporting period. With support from UNICEF, the

treatment of SAM through the HEP now reaches 99 per cent of the country's most food-insecure districts, or 'hotspots'. Emergency nutrition interventions are integrated increasingly into general health service delivery, with over 10,000 health centres across the country now able to treat acute malnutrition, up from 8,900 in July. Between July and December, 164,785 children (103 per cent of the target) were admitted into TFPs. An average recovery rate of 85 per cent, default rate of 4.2 per cent and mortality rate of 0.4 per cent exceed the national and Sphere (international) standards for recovery. In addition, 440,629 children under five with MAM were admitted to SFPs. UNICEF supported the Government by monitoring the quality of services, training Health Extension Workers, providing technical assistance, and distributing 2,271 tonnes of RUTF, together with therapeutic milks and routine drugs. The nutrition situation was monitored regularly using the nutrition monitoring matrix tool based on the revised hotspot *woredas* list. The information was published in the weekly humanitarian bulletins by the Office for the Coordination of Humanitarian Affairs (OCHA), the Disaster Risk Management and Food Security Sector (DRMFSS) monthly early warning bulletins and the Emergency Nutrition Coordination Unit (ENCU) quarterly bulletins, and was used by stakeholders to mobilize the resources needed to respond to the emergency and fill gaps.

Refugee camps

UNICEF supported the response to acute malnutrition in Dollo Ado by procuring and distributing essential nutrition supplies, building capacity of Infant and Young Child Feeding (IYCF) practices and providing technical support. UNHCR reports that 6,281 children under five were admitted to TFPs (167 per cent of the target) between July and December 2011. Another 9,962 children under the age of five were admitted into SFPs to treat MAM. In September, a UNICEF assessment revealed exceptionally poor breastfeeding practices in the camps. Since then, IYCF training has been held for 57 government and NGO professionals and steps have been taken to establish 16 Baby Friendly Spaces in partnership with Save the Children US (SC-US). UNHCR, UNICEF and other partners de-

veloped a nutrition strategy – including cross-sector performance targets – in response to year-end findings of high rates of acute malnutrition in the Dollo Ado camps, accompanied by a joint plan of action finalized by UNHCR and UNICEF.

Health

Drought-affected areas

Health sector support in 2011 contributed to a more robust health system moving into 2012 with strengthened capacity to respond to emergencies and greater resilience to their impact. The Government's sub-national measles supplementary immunization campaign, launched on 25 September 2011, reached 6.7 million children aged six months to 15 years (97 per cent of the target). It focused on 150 drought-affected *woredas* across most-affected regions. UNICEF supported the Ministry of Health (MoH) and Regional Health Bureaus by providing vaccines and supplies, technical support and intensive social mobilization efforts. MHNTs continue to reach pastoralist populations in Afar and Somali Regions that would otherwise have limited access to basic health services. MHNT coverage increased from 24 teams in July to 28 in December (24 in Somali and four in Afar), and 169,178 consultations were conducted (117 per cent of the target) including 69,838 for children under five.²³ In addition to operational costs, UNICEF provided MHNTs with 164 essential drug kits and 82 renewable kits, 3,919 clean delivery kits, and nutritional, hygiene and other supplies. UNICEF's prepositioned supplies and technical support helped facilitate the rapid response (within 72 hours) to 14 AWD outbreaks. Timely response and prevention efforts ensured a low case fatality rate of 0.7 per cent.

Refugee camps

Refugees receive measles vaccines upon arrival in Dollo Ado, with UNICEF supplying the vaccines to UNHCR since April 2011. This, coupled with the Expanded Programme on Immunization (EPI), resulted in the vaccination of 43,340 children aged six months to 15 years between July and December 2011, representing a 96 per cent coverage rate (but only 58 per cent

23 The actual figure may vary slightly from this estimate, as not all MHNT reports had been received at the time of this report

of the target, due to fewer children than expected in Dollo Ado). Two MHNTs were deployed to Hiloweyn and Kobe camps in September and have since provided an estimated 6,000 consultations (81 per cent of the target), including consultations for approximately 3,000 children under five. While there were no AWD outbreaks, unanticipated rains increased the threat of malaria. UNICEF supplied partners with rapid diagnostic test (RDT) kits and malaria treatment drugs. The capacity of Ethiopia's Administration for Refugees and Returnee Affairs (ARRA) to deliver essential health services was strengthened through supplies provided by UNICEF: eight essential drug kits, anti-malarial drugs and RDT kits, six cholera treatment kits and measles and other vaccines. An ambulance was procured so that emergency (including obstetric) cases can be transported quickly by ARRA to nearby health facilities. UNICEF and partners also established and supported cold chain maintenance. All procured supplies have been distributed to the target population, while six Case Treatment Centre kits remain prepositioned for use should an AWD outbreak occur.

Water, sanitation and hygiene

Drought-affected areas

UNICEF's WASH drought response focused on the inspection and rehabilitation of critical water points, water trucking, and coordination. Some 114,400 people (114 per cent of the target), including 18,304 children under five, were reached with water trucking operations between July and December. The need for trucking decreased in Oromia and Somali during the October to December *Deyr* rainfalls and increased again at the year's end. Continued support for the inspection, rehabilitation and expansion of water sources ensured a sustained water supply for an estimated 395,500 people since July, including 63,280 children under five. Up to eight UNICEF-supported mobile maintenance teams kept critical water points functional, including 157 boreholes in Somali and 64 boreholes in Oromia. Approximately 384,480 people (124 per cent of the target), including 61,516 children under five, were reached with water treatment chemicals for two months of use, including those affected by drought and those exposed to AWD risk.

An estimated 4,428,425 people (158 per cent of the target) received critical hygiene supplies and related information, including live stage dramas for over 900,000 people in 52 food-insecure districts on topics such as improved practices in hygiene and sanitation, routine EPI, and malaria and AWD prevention. In addition, 245 health centres (96 per cent of target) supporting emergency feeding programmes in Oromia and SNNP (Southern Nations, Nationalities and People's) regions were provided with WASH packages comprised of water tanks, jerry cans, treatment chemicals and sanitation squatting plates.

Refugee camps

UNICEF has been working closely with ARRA and UNHCR to respond to the influx of refugees from Somalia. As part of this response, UNICEF provided on-site technical support and emergency WASH supplies and equipment. Formal partnerships were established with the International Rescue Committee (IRC) to focus on water supply in one camp and Intermón Oxfam to provide much-needed WASH services for the host communities. Water trucking reached an estimated 25,831 people (102 per cent of the target), including 4,109 children under five. UNICEF, through partnership with IRC, is establishing a piped water supply to serve refugees in Kobe camp. Based on UNHCR-led assessments in refugee camps in Dollo Ado, UNICEF procured and delivered five water treatment kits, 20 pillow tanks, water storage containers and soap, reaching 28,183 refugees. UNICEF developed communication materials on health (mainly hygiene) seeking behaviour, toilet usage and hand washing, duly provided to UNHCR and partners for dissemination, reaching an estimated 137,692 people (113 per cent of the target) between July and December. Technical support includes assisting UNHCR with four personnel for the coordination and promotion of hygiene in camps and support to the construction of latrine pits and pipeline trenches in hard rock conditions.

Child protection

Drought-affected areas

Following previous long-term work in Tigray Region, UNICEF supported regional bureaus to develop and

establish a community care framework for drought-affected communities in the Oromia, SNNP and Somali Regions. Between July and December, 121,000 people were reached through 50 Community Care Coalitions (48 per cent of the target) that enhance the protection of vulnerable children and their families through early identification and timely community-based interven-

tions supplemented by government resources for individual cases. UNICEF supported training in late 2011 of 160 para-social workers (106 per cent of the target) to work in the Somali Region managing Community Care Coalitions and to manage protection issues. Similar trainings are planned for Oromia and SNNP Region in early 2012.

Results to date (1 July 2011 – 30 Dec. 2011)²⁴

Indicators	Drought response						Refugee response		
	Cluster target (people to be reached by 31 Dec.) * **	Cluster progress by 30 Sept. (people reached)	Cluster progress by 31 Dec. (people reached)	UNICEF target (people to be reached by 31 Dec.)	UNICEF progress by 30 Sept. (people reached)	UNICEF progress by 31 Dec. (people reached)	Sector target (people to be reached by 31 Dec.)	Sector progress by 30 Sept. (people reached)	Sector progress by 31 Dec. (people reached)
Nutrition									
Children under 5 with SAM admitted to TFPs	159,220	54,600 (34%)	164,785 (103%)	159,220	54,600 (34%)	164,785 (103%)	3,750		6,281 ²⁵ (167%)
Health									
Children aged 6 mths to 15 years receiving measles vaccination	6.9 million	71,200 (0.01%)	6.7 million (97%)	6.9 million	71,200 (0.01%)	6.7 million (97%)	74,800	35,000 (47%)	43,340 ²⁶ (58%)
Water, Sanitation and Hygiene									
People provided with 5L of safe water per person per day	660,000	202,000 (31%)	244,600 (37%)	100,000	67,000 (68%)	114,400 (114%)	25,000	16,600 (66%)	25,831 (103%)
People who received advice on the safe management of water, hand washing and personal hygiene ²⁷	2,800,000	2,575,000 (92%)	4,428,425 (158%)	2,800,000	2,575,000 (92%)	4,428,425 (158%)	122,000	85,400 (70%)	137,692 (113%)
Child protection									
People reached through community care structures in hotspot <i>woredas</i>				250,000		121,000 (48%)			
Unaccompanied/separated children reunified or placed in alternative care							1,870	833 (45%)	2,204 (118%)
Education²⁸									
School-aged children (4-18 years) reached through the provision of learning materials				50,000	26,430 (53%)	91,000 (182%)	30,000	20,000 (67%)	30,000 ²⁹ (100%)
<p>* UNICEF, as cluster lead agency, is responsible for information management of cluster partner results and sharing overall results achieved by cluster members collectively. ** Cluster figures are for drought-affected areas only; coordination in the Dollo Ado refugee camps is managed by UNHCR with ARRA.</p>									

²⁴ Most targets were revised upwards in July 2011. Results are since July only, though programmes were already in place in many cases.

²⁵ Estimate provided by UNHCR.

²⁶ The target is low due to fewer children than expected in Dollo Ado.

²⁷ UNICEF is supporting the cluster as a whole with IEC materials and mass communication.

²⁸ Schools were closed until the scheduled re-opening in late September. For the refugee children, schools started in late October 2011.

²⁹ 30,000 kits have been delivered to partners in Dollo Ado for distribution. As of 31 December, all children who attend school in four camps (17,000) received kits. Remaining kits are prepositioned for distribution to newly-enrolled children.

Refugee camps

Since July 2011, UNICEF has been working with SC-US, UNHCR and ARRA in Dollo Ado to support the response to the refugee influx from Somalia, focusing on establishing a child protection staffing structure for efficient programme delivery in Bokolmayo, Hiloweyn, Kobe and Melkadida refugee camps. This includes registering unaccompanied minors and separated children and their receipt of suitable alternative care services, plus family tracing and reunification assistance. Between July and December, 2,204 separated (1,855) and unaccompanied (160) children were verified and documented by SC-US, with technical support from UNICEF. All separated children were reunited with their families or provided with kinship care. All unaccompanied children were placed by SC-US in formalized foster care within the camps (403 per cent of the target).

UNICEF has been supporting UNHCR and ARRA to strengthen child protection mechanisms in Dollo Ado by developing child protection training for primary school and preschool teachers. In October, UNHCR, UNICEF and the International Organization for Migration (IOM) trained 40 humanitarian workers in Dollo Ado on issues and skills that included reporting and handling cases related to sexual abuse and exploitation. A partnership between SC-US and UNICEF led to the establishment of 12 CFSs that are providing 7,981 children (32 per cent of the target) with psychosocial services.

Education

Drought-affected areas

UNICEF ensured the continued education of 91,000 children (45 per cent girls; 182 per cent of the target) in seven drought-prone regions between July and December by providing learning spaces, materials, advocacy and teacher training. Essential learning materials were provided to the federal and regional education authorities, and included 300 ECD kits, 200 teachers' kits, 1,000 learners' kits, 190 recreational kits, and 1,500 hygiene kits for adolescent female students. UNICEF is also supporting the Somali Regional Government in its plans to construct two permanent schools in host communities near Dollo Ado camps.

Communities in the Benishangul-Gumuz, Gambella, Oromia and Somali Regions have acquired strengthened capacity to provide psychosocial support to children affected by emergencies; 244 teachers have undergone training-of-trainers that included basic pedagogy, psychological support, peace education and DRR. By the end of 2011, trainers were training their colleagues, resulting in 12,200 school-aged children (six per cent of the target) gaining access to psychosocial support. This number will increase throughout the academic year (ending in July 2012), as all regions have now initiated roll-out training and trained educators are returning to their classrooms.

In late 2011 UNICEF, MoE and OCHA completed the Rapid Assessment of Learning Spaces (RALS). Maps and summary data were produced for hotspot *woredas* in Afar, Oromia, Somali and Tigray Regions and are now being used as planning tools.

Refugee camps

In Dollo Ado, UNICEF has provided enough education supplies to support EiE interventions for 30,000 refugee children (100 per cent of the target). More than 17,000 refugee children from Somalia are continuing their basic and early childhood education in safe temporary learning spaces, assisted by UNICEF's procurement of 256 school tents. To facilitate regular school attendance, UNICEF supplied 2,500 hygiene kits to benefit 12,500 adolescent female students. It delivered 35,000 learner's kits, 200 schools-in-a-carton to serve 8,000 children, and 100 ECD kits (sufficient for 4,000 children aged three to six years for both refugee and host communities). Learning materials were distributed to all children who attend school in four camps, and the remaining materials are pre-positioned. Subsequent supply distribution will target newly enrolled children in need. UNICEF delivered training-of-trainers to 33 teachers in Dollo Ado, benefiting an estimated 3,300 students in two shifts (11 per cent of the target). It took longer than anticipated to recruit teachers in 2011, so 10 additional roll-out trainings will be undertaken in 2012, targeting 600 teachers in order to reach 30,000 children (100 per cent) by the end of academic year in July 2012. The construction of four primary schools in the refugee camps has commenced, with support from UNICEF and partners.

A coordinated response

The overall responsibility for coordinating emergency prevention, preparedness and response activities rests with DRMFSS 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 the strengthening of the DRMFSS's ENCU, comprised of four staff seconded by UNICEF at the federal level, including a Nutrition Cluster Coordinator, and 11 staff at the regional level (Afar, Amhara, Oromia, SNNP, Somali and Tigray). The Unit has been supported by UNICEF for the past 11 years. Because of the deterioration of the nutrition and water supply situation in the Somali Region, UNICEF recruited an additional Nutrition Cluster Coordinator and one WASH Cluster Coordinator in June 2011. The Health cluster is supported by WHO with the Public Health Emergency Unit of the Federal MoH. As the cluster lead for WASH, UNICEF is co-chairing the federal and regional WASH Emergency Task Forces with the Government. UNICEF and co-lead Save the Children UK have played pivotal roles in revitalizing the Education cluster and regional EiE Task Forces. With cluster support, the MoE has revised its resource mobilization strategy for EiE interventions, steps have been taken to institutionalize the Inter-Agency Network for Education minimum standards, and technical support has been provided to Regional Education Bureaus.

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

Challenges and way forward

While timely rainfall, relatively declining food prices, a good *Meher* harvest and well-utilized humanitarian assistance have mitigated the crisis, challenges persist.

The Government and its partners recently released the 2012 Humanitarian Requirements document, in which 3.2 million people are identified as requiring food assistance during the first six months of 2012. This is less than recent estimates, but still exceeds the 2.8 million identified during the same period in 2011. Priorities for 2012 in drought-affected areas include:

- completing/continuing vaccination campaigns while maintaining access to health services in areas where the drought crisis is expected to worsen (or where rains may bring new public health threats)
- with partners, expanding the number of therapeutic feeding centres and the capacity to support them in hotspot *woredas*
- strengthening water supplies to drought-affected communities and providing supplies and information for hygiene and sanitation
- ensuring completion of supply distribution and monitoring effective utilization in the classrooms and continuing to roll out teacher training
- strengthening regional and sub-regional community care structures to monitor, report and respond to child protection issues
- supporting the implementation of the Government's disaster risk management strategies, including capacity development at sub-national levels for emergency preparedness and response and social protection programmes.

In the Dollo Ado camps, UNICEF's priorities include the continued decentralization of health and nutrition services, the initiation of joint monitoring to ensure nutrition service quality, the implementation of IYCF activities, and action toward the decentralization of community management of acute malnutrition services in the camps. Measures will be taken to improve the performance of routine immunization services and access to sanitation, to establish more CFSs and to support the tracing and reunification process. UNICEF will advocate for faster recruitment of teachers and increased access to temporary learning opportunities for refugee children, and support efforts to get more children into schools within the camps.

Challenges include:

- maintaining good access in the Somali Region
- developing sustainable strategies in the pastoralist areas of the country
- raising resources for programmes that deal with structural approaches to resilience, including the UN Joint Programme on accelerating development in the Developing Regional States.

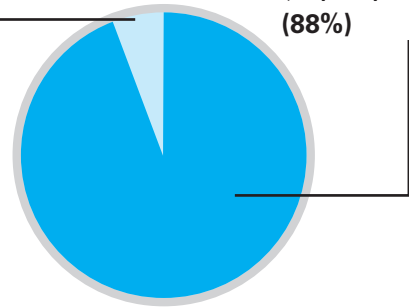
UNICEF's 2012 requirements for the response in Ethiopia total \$58.3 million.

Funding

Requirements: \$76,628,028

**Funding Received
\$67,328,600
(88%)**

**Funding Gap
\$9,299,428
(12%)**



UNICEF Emergency Action

DJIBOUTI

Response to date



More than 165,000 people in Djibouti – 20 per cent of the population – have been affected by the drought. Of these, 120,000 needed urgent humanitarian assistance making Djibouti proportionately, the second most affected country in the Horn of Africa. In total, 8,000 people, and 15,000 children in schools, need improved hygiene facilities. The SAM caseload increased markedly between August and November 2011 (from around 4,000 to 7,000). Since September, alternative arrangements (in partnership with NGOs) have been established to provide education to an additional 33,000 school age children in drought-affected areas, including in the refugee camp of Ali Ade.

Responding to immediate needs

Nutrition

UNICEF supported seven therapeutic feeding centres in Djibouti and 35 supplementary feeding centres through the training of 80 community workers and the provision of 'Plumpynut', the peanut-based therapeutic food for malnourished children. In addition, 22 community-based malnutrition management sites are supported in both the capital and the rural areas. Overall, the UNICEF-supported national nutritional programme treated 17,581 children suffering from MAM and 5,836 children for SAM.

Health

UNICEF strengthened the health information management system by delivering 60 phones for 55 health posts/sites and five regional health centres, five fax machines for the five regions, and a telephone for a cholera treatment centre in a peripheral area of Djibouti with one of the largest IDP populations.

UNICEF continued assistance to the MoH to treat 498 AWD cases near the capital city Djibouti also supporting mobile health clinics. Following measles outbreaks in June and August, which resulted in the deaths of two children under the age of five, UNICEF supported a mop-up immunization campaign: 3,213 children were vaccinated against measles, 70 against polio and tuberculosis, and more than 3,000 received Vitamin A. In December, the President of Djibouti launched a mass immunization campaign against measles and polio, alongside deworming and Vitamin A, supported by UNICEF and WHO, with 113,316 under five year old children (94 per cent coverage) vaccinated in Djibouti and the five regions.

UNICEF provided 26,400 LLINs to 24,000 children under five years and 2,400 pregnant women (12,000 families) in 16 malaria prone localities of Djibouti city and all five regions.

Water, sanitation and hygiene

Water trucking assistance reached 110,700 people countrywide, and 36,000 litres of water (36m³) were distributed daily to 500 vulnerable households living in informal settlements in Djibouti peri-urban areas. To improve household water storage, 150 highly vulnerable households in Balbala peri-urban area benefited from 650 200-litre barrels and 800 20-litre jerry cans. Access to sanitation was improved with the construction of 150 family latrines with community participation and 120 emergency latrines to benefit 720 women in Djibouti peri-urban areas.

A joint action plan by the World Food Programme, UNHCR and UNICEF was put in place to respond to the drought crisis. With the recent increase in the number of refugees, UNICEF has been supporting humanitarian interventions in the Ali Addeh refugee camp, by improving water access and quality and by helping to treat and prevent malnutrition in the camp through the provision of additional ready-to-use therapeutic

and supplementary foods. UNICEF is supporting the camp-based primary school through the construction of classrooms and provision of learning materials.

Child protection

Since the onset of the crisis, 700 orphaned and vulnerable children received conditional cash transfers and school kits in two phases, to improve their livelihood and facilitate continued school attendance.

A coordinated response

A Memorandum of Understanding (MoU) between UNICEF, WFP and the Ministry of Water is enabling the rehabilitation of water points. Under the Nutrition and WASH clusters, collaboration with UNHCR, WFP, the Food and Agriculture Organization (FAO), Médecins Sans Frontières and other partners, including local NGOs, was strengthened to support the National Nutrition Programme and WASH interventions through the Ministry of Water and Energy. These sectoral efforts

Results to date (1 July 2011 – 31 Dec. 2011)³⁰

Indicators	UNICEF target (people to be reached by 31 Dec.)	UNICEF progress by 31 Aug. (people reached)	UNICEF progress by 31 Dec. (people reached)
Nutrition			
Children under 5 with SAM in TFPs	4,577	4,500 (98%)	5,836 (128%)
Children under 5 with MAM in SFPs	18,000	16,100 (89%)	17,581 (97%)
Health			
Children under 5 receiving measles vaccination	25,000	3,150 (13%)	3,213 (13%)
Water, sanitation and hygiene			
Emergency affected population ³¹ provided with access to an improved water source	120,000	84,700 (71%)	110,700 (92%)
Child protection			
Children reached through safe environments	700	700 (100%)	700 (100%)

³⁰ Most targets were revised upwards in July 2011. Results are since July only, though in many cases programmes were already in place.

³¹ Emergency affected populations are both from rural and peri-urban areas of Ali Sabieh, Arta, Dikhil, Obock and Tadjourah Regions, and Djibouti Ville.

resulted in the Prime Minister's launch of the 2012 Consolidated Appeals Process (CAP) in October 2011. UN Radio from Geneva and UNICEF National Committees from Norway and UK sent envoys to cover the crisis and mobilize funds.

Challenges and way forward

Key challenges include poor data reliability due to a weak national information system and low government capacity to rapidly assess and respond to the needs of affected populations. Actions in 2012 will include improvement of hygiene facilities and access to water in 30 schools and communities countrywide. Under the MoU with WFP and the Ministry of Water, the rehabilitation of 50 water points will benefit 50,000 people. UNICEF's partnership with UNHCR will be expanded with the opening of a new refugee camp in Holl-Holl. UNICEF will assist UNHCR to improve access to school for 3,500 refugee children, and will continue to provide RUTFs and essential drugs to support the

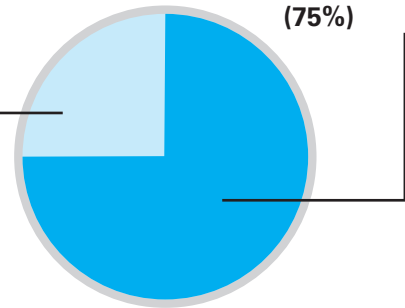
MoH. Opportunities to build new strategic partnerships with FAO and UNHCR will better meet humanitarian standards in responding to children's needs. UNICEF will accelerate the development and implementation of the DRR approach in Djibouti to build the resilience of the population to face future drought crises. UNICEF's 2012 requirements for the response in Djibouti total \$7.3 million.

Funding

2011 Requirements: \$5,405,000

**Funding Received
\$4,034,765
(75%)**

**Funding Gap
\$1,370,235
(25%)**



Response to date

OPERATIONAL COMMITMENTS



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Coordinating for results

Guided by UNICEF's Core Commitments for Children in Humanitarian Action (CCCs), Country Offices in the Horn of Africa have accelerated responses 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. This triggered the mobilization of corporate capacities in support of the response efforts of Country Offices in the region and 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 provided technical support to 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. In Kenya and Djibouti, UNHCR coordinates the sectoral responses in the respective Dadaab and Ali Ade refugee camps while in Ethiopia the government leads response coordination in the Dollo Ado camps with support from UNHCR. UNICEF has further strengthened its country-based partnerships with UNHCR across programming in such areas as education and nutrition strategies, improvement of water sources, vaccination programmes, strengthening of child protection mechanisms and drought response.

Human resources

The deepening of the drought, the declaration of famine in Somalia and the implementation of the Corporate Emergency Activation Procedure increased UNICEF's human resources mobilized for the response. In addition to over 800 regular staff involved in the immediate response, from 1 July to 31 December, UNICEF mobilized 248 personnel to support the four Country Offices – Somalia, Ethiopia, Kenya and Djibouti – and the Regional Office in Nairobi.

The East and Southern Africa Region (ESAR) 'Rapid Response Mechanism' procedures were activated – a regional instrument to surge qualified and pre-screened staff from the region for up to three months. Most Country Offices responded within 24 hours, providing a total of 44 deployments. UNICEF also facilitated the rapid deployment of 41 additional staff members from around the world. Standby partners deployed 42 personnel and UNICEF's National Committees seconded eight staff to the region. In addition, the need to create regular posts to address long-term needs was addressed through an emergency programme budget review/budget planning exercise held in August 2011, which resulted in the establishment of 38 new positions for Somalia, Kenya and Ethiopia Country Offices to complement existing staff.

The median deployment time from date of receipt of surge assignment request was just 19 days, down from the 36 days for the 2007 Horn of Africa drought response. An end-2011 analysis affirmed the effectiveness of the human resources response, with the success of the surge deployment attributed to several factors:

- early preparation of the Human Resources Strategy by the Regional Office during the first week of the emergency in collaboration with UNICEF's headquarters and country-level human resources colleagues
- strategic deployment of individual members of UNICEF's global Immediate Response Team (IRT) rather than full IRTs
- identifying staff with the right profile for the requested deployments
- simplification and fast-tracking of deployment and recruitment procedures
- coordination among human resources staff at country, regional and global levels
- rapid release of surge staff from Country Offices around the world
- the global commitment of UNICEF staff members to support the emergency.

The overall exercise is seen to offer a good model for future emergencies.

Security

Humanitarian operations across the Horn of Africa continue to be complicated by varied security concerns.

In *Somalia*, the on-going conflict continues to restrict humanitarian access and hamper the delivery of life-saving assistance. In recent months, all UN agencies – including UNICEF – have found it increasingly difficult to access areas within CSZ, particularly since November's ban issued by the militant group controlling large swathes of southern Somalia. This was further complicated by the military incursions over recent months. The security situation continued to deteriorate and to pose the greatest challenges in accessing the most vulnerable populations.

Apparent security gains since late 2011 came at a high human cost with many innocent lives lost in conflict, and the continued exposure of the most vulnerable women and children to increased abuse, exploitation and violence. The conflict and insecurity has also resulted in an exodus of Somali IDPs moving within the country – mostly into already overstretched camps in Mogadishu.

The security situation along the Kenya-Somali border deteriorated to such a point towards the end of 2011 that a number of refugees – already suffering the effects of flight and insecurity – resorted to further displacement within and across the border areas. In addition, since late January, thousands of displaced families taking refuge in ex-government buildings in Mogadishu have been evicted as part of a resettlement programme. The UN continues to emphasize the need to abide by international law on the rights of refugees and displaced persons.

In the Northern and North Eastern parts of *Kenya*, the situation continues to be affected by rising insecurity caused by clan clashes, cross-border military action and the threat of random cross-border attacks. In the last quarter of 2011 there was an increase in attacks by

improvised explosive devices in the region as well as the continued threat of kidnapping of humanitarian staff. Insecurity in Mandera and Wajir districts bordering Somalia has contributed to a two-month SFP pipeline break in November and December that rendered up to 25-35 per cent of nutrition programmes sites in these districts inaccessible. Insecurity has also made continuing humanitarian operations in the Dadaab refugee camps more difficult, impeding regular access to camps (except for lifesaving missions) that house nearly 463,000 refugees. In Isiolo, Marsabit and Moyale counties in North Central Kenya, conflict between ethnic communities has intensified, resulting in deaths and temporary displacement. This has complicated access to these areas and interrupted the drought response and access to displaced communities. By late 2011, North Central area was elevated from UN Security Level 3 (moderate) to Level 4 (substantial).

In *Ethiopia*, there were no significant security incidents affecting UNICEF staff or UNICEF assets during the this period. However, despite significant improvements in access, journeys to parts of Somali Region (notably Fik zone) were not always possible. In these cases, UNICEF was able to provide the required humanitarian response through Mobile Health and Nutrition Teams staffed by health counterparts. The security situation in Dollo Ado was monitored closely following reports of NSE targeting of humanitarian workers in the vicinity. The Area Security Management Team and Ethiopian Government authorities reviewed security measures to ensure staff safety in the border town and camps of Dollo Ado.

The *Djibouti* programme response was generally unimpeded by security incidents, though higher levels of security risk management were required – particularly for programme assistance in some border areas.

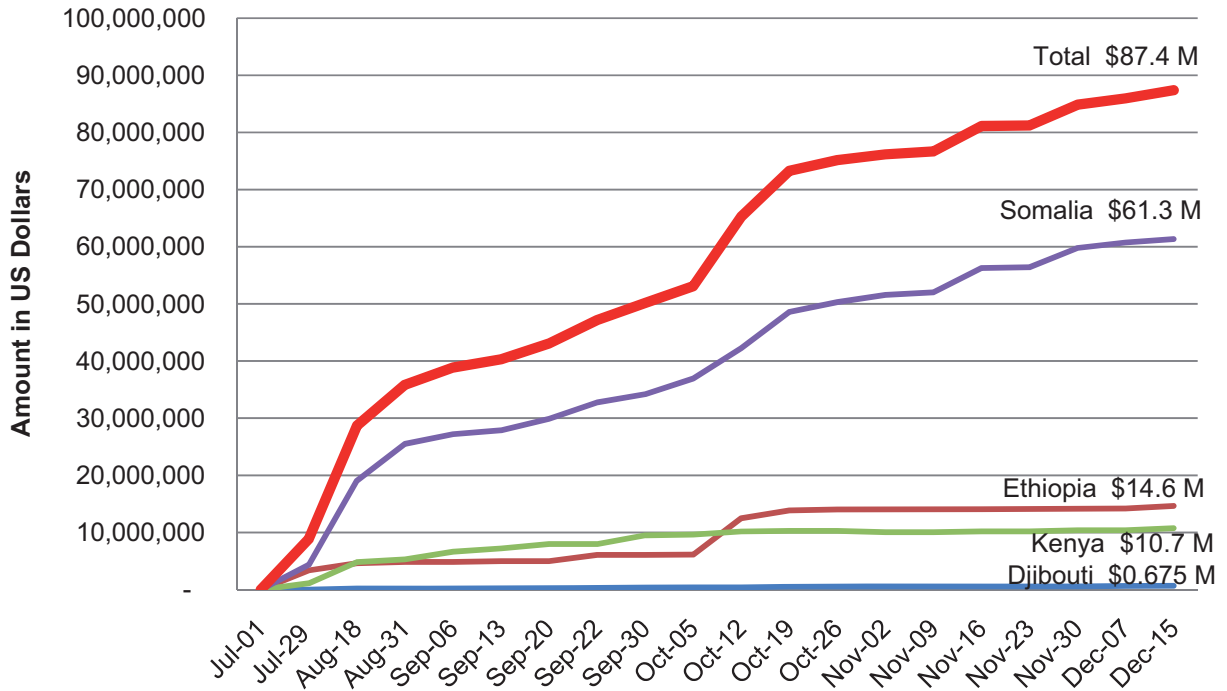
Supply and logistics

The procurement and distribution of supplies was a key element of UNICEF's response to the Horn of Africa crisis. During the first half of 2011, Country Offices responded initially by using and distributing supplies from contingency stocks. Following the declaration of a Level 3 Corporate Emergency in July 2011, 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. Between 1 July and 15 December 2011, UNICEF purchased \$87.4 million worth of supplies (local and offshore): 70 per cent for Somalia.

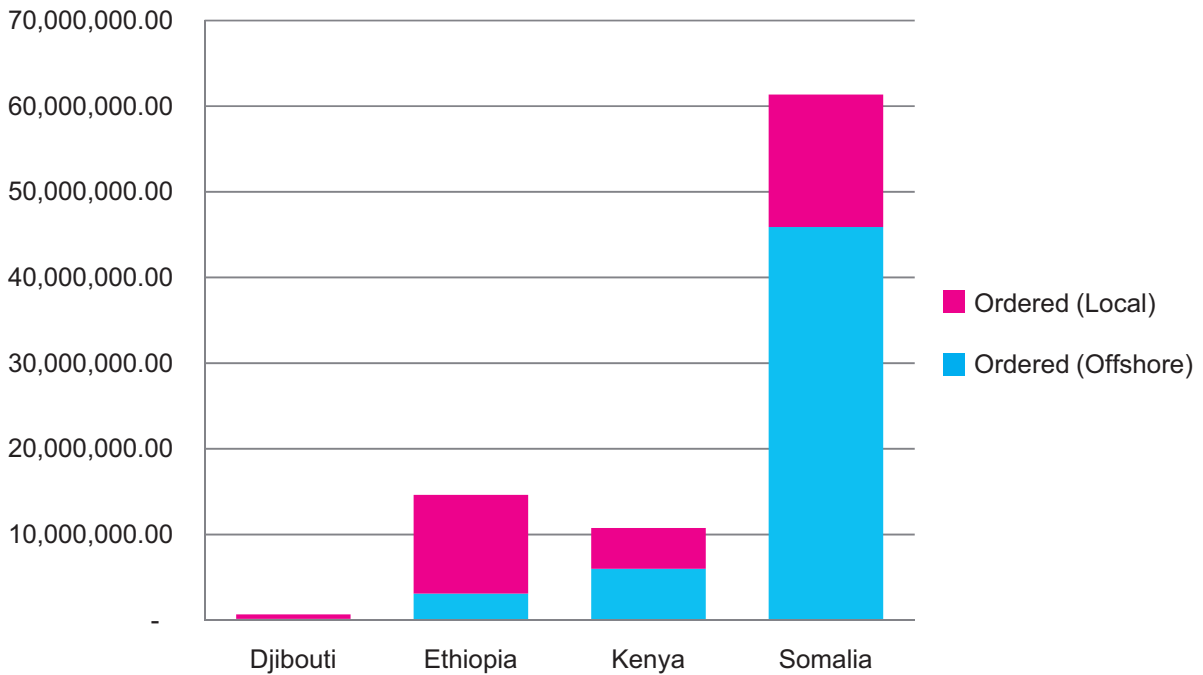
Of the total procured value, 37 per cent (\$32.3 million) was incurred locally in Djibouti, Ethiopia, Kenya and Somalia, and the remainder offshore where the main suppliers of supplementary and therapeutic foods are based. Recognizing the higher cost of air-lifts compared with sea-freight, it was nonetheless necessary to deliver life-saving supplies to the region as quickly as possible in the early scaling up of the response in July-September. Simultaneously, a sustained sea freight pipeline was established that removed the need for airlifting by October.

The Nutrition sector accounted for 57 per cent of all supplies, with Somalia Country Office accounting for 41 per cent of that outlay. UNICEF spent \$15.4 million on offshore freight (air and sea) during this period, which included \$1.4 million of donated in-kind flights from various airlines. Somalia accounted for 84 per cent of all offshore freight costs. UNICEF Supply Division in Copenhagen facilitated the overall coordination of offshore procurement and chartering of emergency supplies (supplementary and therapeutic foods).

Horn of Africa offshore and local orders in millions of US dollars



Horn of Africa offshore and local orders



Funding against requirements

RESOURCE MOBILIZATION



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The humanitarian response to the Horn of Africa drought had been underway since late 2010 and funding needs were built into the 2011 inter-agency CAP (Somalia and Kenya) and UNICEF's Humanitarian Action for Children (HAC) appeal (Ethiopia and Djibouti) at the start of 2011. However, the further deterioration of the drought situation during the first half of the year and the escalation of the humanitarian crisis by mid-2011 triggered a significantly scaled-up UNICEF response, both for affected communities and for the displaced and refugee populations.

On 8 July, UNICEF issued a Humanitarian Action Update in response to the growing nutrition emergency. The following week, Executive Director Anthony Lake visited one of the worst affected regions – Turkana, Kenya – and witnessed the children's face of the crisis. On 21 July, 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 appeal on 24 July, and contributed to the UN's Humanitarian Requirements document for the Horn of Africa Drought. By the end of July, UNICEF's total humanitarian needs for the Horn stood at \$363.7 million, increasing to \$424.7 million by end-September.

Thanks to the generosity of many around the world – governments, organizations, businesses and individuals – UNICEF has been able to address some of the most urgent needs. By 31 December, it had received \$405.7

million or 96 per cent of total requirements. The majority (59 per cent) has come from government donors while UNICEF's National Committees helped to push private sector contributions to 28 per cent. The remaining 13 per cent came from inter-organizational arrangements, primarily Central Emergency Response Fund (CERF) grants that were the third largest single funding source.

A number of key UNICEF allies joined the organization's efforts to draw international attention to the food crisis and mobilize support. Between the end of August 2011 and January 2012, representatives of 17 UNICEF National Committees, including 14 Executive Directors and other partners, visited the region to get first-hand insight into different aspects of the emergency and better understand UNICEF's humanitarian response. UNICEF Goodwill Ambassador Youssou N'Dour, a Grammy winning musician from Senegal, visited the refugee camp in Dadaab and met children enrolled in the UNICEF-supported education programme. During a press conference in Nairobi he called on African leaders to strengthen their humanitarian engagement for the Horn of Africa.

UNICEF wishes to express its deep gratitude to all public and private sector donors for the contributions and pledges received, which have made the current response possible. UNICEF would especially like to thank National Committees and donors who have contributed 'unearmarked' funding, which comprised 26 per cent of the funds contributed. 'Unearmarked' funding gives

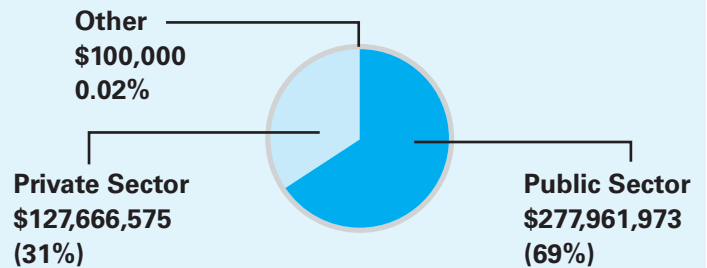
UNICEF essential flexibility to direct resources and ensure the delivery of life-saving supplies and interventions to where they are needed most – especially in the form of longer-term and predictable funding and in strengthening preparedness and resilience building.

Continued donor support is critical to continue scaling up the response, which is projected to last well into 2012. Requirements in support of the humanitarian need response for children are outlined in the 2012 CAP.

UNICEF requirements: \$424.7 million

UNICEF has received a total of \$405.7 million from donors (not including \$9.9 million in pledges) against the 2011 Human Action for Children (HAC) appeal.

Of the total contributions received, \$349.7 million (96 per cent) has been received since 1 July for the current crisis.



Contributions received by type of donor (excluding pledges) against the HAC appeal.

Funding allocation and utilization (\$), 2011

	Young Child Survival and Development*	Child protection	Education	Other	Total
Somalia					
Allocation	173,576,169	5,328,434	15,252,825	10,424,158	204,581,586
Utilization	155,646,319 (89.7%)	4,902,138 (92.0%)	14,230,199 (93.3%)	9,517,161 (91.3%)	184,295,817 (90.1%)
Kenya					
Allocation	32,353,634	2,455,663	5,158,514	2,971,708	42,939,518
Utilization	31,355,097 (96.9%)	2,432,820 (99.1%)	5,095,061 (98.8%)	2,917,766 (98.2%)	41,800,743 (97.3%)
Ethiopia					
Allocation	54,104,219		4,246,149	4,899,853	63,250,222
Utilization	46,902,261 (86.7%)		3,351,552 (78.9%)	2,645,391 (54.0%)	52,899,205 (83.6%)
Djibouti					
Allocation	3,302,101	143,704	21,450	5,600	3,472,855
Utilization	3,050,014 (92.4%)	143,704 (100%)	21,450 (100%)	5,600 (100%)	3,220,768 (92.7%)
Regional Office					
Allocation	682,500	425,000	83,200	4,501,261	5,691,961
Utilization	116,890 (17.1%)	87,621 (20.6%)	20,000 (24.0%)	3,131,473 (69.6%)	3,355,984 (59.0%)

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

* Aggregate of funding for Health, Nutrition and WASH

LOOKING AHEAD



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Across the eastern Horn of Africa, the humanitarian situation remains fragile. Improvement observed in many areas in late 2011, however tentative, will remain critically dependent on sustained life-saving interventions and the systems that underpin them complemented by integrated recovery and resilience-boosting programmes. Sustained donor support is essential if gains made are to be protected and built upon. Current analysis highlights that the risks of a worsening in humanitarian conditions remain high—given projections of a below-average rain performance in April-June 2012 and continued conflict and related violence that exacerbated the crisis in 2011, fanning large scale population movements and disrupting humanitarian service delivery.

In Somalia, the situation has, become even more complex. The consequences of continued armed conflict in many areas render the necessary recovery phase both uncertain and complex. Despite the results attained by UNICEF, its local partners and the wider international humanitarian response in late 2011, the situation remains grave; many communities and family livelihoods continue to require urgent and sustained assistance.

Children and women in drought prone regions of Kenya, Ethiopia and Djibouti, stand a better chance of sustainable recovery in 2012, given the easing of drought conditions in many areas, resilience focused

programming, an established humanitarian response network and strong government-led coordination. Nevertheless, the situation demands sustained support at scale to ensure that the multiple needs of large numbers of vulnerable children are met alongside measures to safeguard against a possible deterioration in food security, further insecurity and related disruptions to basic services. The progress in the humanitarian response, which has moved from initial vertical service delivery to more integrated and coordinated interventions and from a life-saving emergency to a life-sustaining focus, highlights the need for adaptive programme approaches.

Increasingly UNICEF and its partners have strengthened the humanitarian response throughout the Horn of Africa by integrating resilience and disaster risk reduction measures approaches within longer-term development responses. Associated recent actions supported by UNICEF have included: the productive safety net programme that protects assets and delivers public works projects (projects such as soil and water conservation contributing to DRR and climate change adaptation), district level participatory vulnerability and capacity assessments, mapping of WASH facilities in high risk areas to enable better preparedness, establishment of community water user management teams, mobile health teams enabling preventative outreach to remote communities, teacher training programme including in peace-building and DRR, and

strengthening of child protection systems in hazard prone areas. Specific examples of UNICEF-supported resilience-building programmes in the Horn of Africa include:

- **Community Management of Acute Malnutrition (CMAM).** Until the 1990s, the conventional treatment for severe acute malnutrition was to bring affected children into a clinic and provide therapeutic feeding under medical supervision. CMAM enables malnourished people and their carers to treat themselves at home using Ready to Use Therapeutic Foods (RUTFs), such as 'plumpy nut'. Bringing the treatment to the patient not only reduces the risk of infection but allows patients and their carers to remain at home, reducing the costs of being in a clinic. Carers can look after other children, attend to other household requirements and maintain their livelihoods.
- **Water management.** In Somalia, UNICEF worked with numerous stakeholders in conflict-affected towns in South Central Somalia, in a public-private partnership approach to water management. Building on the capacities of local actors, project implementation continued even when these locations were inaccessible.
- **Alternative Basic Education (ABE).** This education model is currently being applied in Ethiopia, Kenya and Uganda (Karamoja). The model uses flexible schooling hours, mobile schooling, and other alternative strategies to promote access to primary education for hard-to-reach populations, including pastoralists. Similarly, there are several projects underway involving combined mobile and static health services.
- **Cash transfers.** In Somalia, where high prices represent the main barrier to accessing food, cash transfers have been among the primary tools em-

ployed by UNICEF in the response. UNICEF uses targeted cash transfers in tandem with direct feeding and food commodity distribution. Cash distribution and blanket food distribution are sometimes combined and sometimes independent from each other depending on local conditions, and the cash component is coordinated closely with the UNICEF nutrition program.

To reduce future risk, UNICEF is further advancing an inventory of experiences with a view to strengthening the knowledge base, improving our analysis of risks and developing good programme practices.

Looking ahead, the strategic focus of UNICEF's work will continue to be on 'risk reduction and boosting resilience' whereby a DRR approach is complemented with a strengthening of livelihoods and community access to basic social services and social protection and safety net measures.

UNICEF's humanitarian interventions in 2012 are focused even more explicitly on an integrated approach that adds value to effective partnerships to meet both the survival and developmental needs of children in a timely manner. In this regard, donor investments act to leverage returns for child survival, development and protection and a continued level of emergency preparedness and response. This is a critical moment: multiple vulnerabilities persist and programming modalities must remain attuned and responsive to the volatility of the various threats. Moreover current trends also hold out opportunities for improved access to people in areas where access was tenuous or denied in 2011. In the current situation, a total contribution of \$413.8 million remains necessary for UNICEF's 2012 humanitarian interventions across the Horn of Africa.

ONE CRISIS, MANY STORIES



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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 330,000 severely malnourished children: each individual number in this massive figure reflects a crisis with many faces but one central story. A story of hunger and despair, but also of hope. The following are three of these stories from the Horn of Africa.

COMBATting MEASLES IN SOMALIA'S DISPLACEMENT CAMPS

“He doesn't sleep,” said Furiyay, a mother whose young son sat lethargically on her lap at a displacement camp in the Somali capital of Mogadishu. The boy was thin and his legs were covered with sores. “He vomits the whole night and has diarrhoea,” she added.

It was September 2011 and Furiyay's son was suffering from measles, one of more than 18,000 suspected cases of the disease reported in Somalia over the course of the year.

Over 180,000 people displaced by drought and conflict still live in camps like this around the city. Space is tight; perfect conditions for an infectious disease like measles.

“Children living in overcrowded settlements like IDP camps are particularly susceptible to infectious diseases like measles, which spreads easily through

the air, or through direct or indirect contact,” said Dr. Osamu Kunii, Chief of the Child Survival Programme with UNICEF Somalia. “Displaced children are particularly vulnerable as many of them are already suffering from poor health, nutrition and hygiene conditions, which only add to the risk of contracting measles. And this is on top of the children coming in from areas where they have been denied immunization services for the past couple of years.”

Many of the children living in camps in and around Mogadishu came with their families from the Lower Shabelle, Middle Shabelle, Bay and Juba areas, where conflict over the previous two years had resulted in the suspension of most immunization activities.

Malnutrition makes the situation even worse, as children's immunity dwindles and they become more vulnerable to deadly diseases. In southern Somalia – a region where it is estimated that over 20 per cent of children under the age of five are acutely malnourished – the risks of contracting illness are particularly high.

Since July 2011 UNICEF and partners have expanded emergency health campaigns massively in parts of Mogadishu and central south Somalia. By end of December 2011 more than one million children aged 6 months to 15 years were vaccinated against measles. Almost one million children under the age of also

received Vitamin-A supplementation, de-worming tablets and polio vaccination.

“We needed to ensure that we reach every child wherever we can with vaccination, which can prevent over 95 per cent of those immunized from contracting measles,” explains Dr. Kunii. “In Mogadishu, where hundreds of thousands of children are at risk, we conducted a follow-up campaign – what we call a ‘mop-up’ campaign – to make sure that as many children as possible are immunized. We used radio announcements and week-long door to door visits to tell people about this initiative”.

REDUCING MALNUTRITION IN KENYA’S HARD-TO-REACH PASTORALIST COMMUNITIES

Twice a month, Jimmy Loree drives the 23 kilometres from Makutano town to Nakalale, a remote village in Kenya’s Turkana North East region. His relatively short journey is one that over the past year has literally made the difference between life and death for thousands of children at risk in nomadic and pastoralist communities. “The people who live in this area tend to be very poor, and if we hadn’t met them half way to provide medical treatment, many would have died months ago,” says Loree, Head Nurse at the UNICEF-funded Makutano Health Facility.

Turkana North East was one of the regions hardest-hit by the drought of 2011. Each year large sectors of the population migrate to Ethiopia and Uganda during the dry months of June and July in search of better land on which to graze their cattle. But in the first half of 2011, poor rains in Ethiopia and Uganda forced nomadic and pastoralist communities in Turkana North East to stay put.

Elsewhere in Kenya, drought and multiple crop failures had also created serious food shortages, forcing the President to declare a national emergency on 30 May 2011. That same month, Global Acute Malnutri-

In addition to outreach campaigns, UNICEF supports regular vaccination services provided through normal health facilities as well as treatment for children affected by the disease.

Bisharo is a two-year-old girl who was brought by her mother to the Waberi Maternal and Child Health Clinic (MCH) in Mogadishu when she got sick with measles. “She was very sick with high fever and rashes all over her body, but after receiving treatment at this MCH clinic where she was given antibiotics and vitamin tablets, she feels much better now,” said Bintu, Bisharo’s mother. “I brought all my six children to receive the measles vaccination at this clinic because I don’t want any of my children to get sick again,” she added

tion (GAM) rates in Turkana North East reached a high of 37 per cent, meaning that tens of thousands of children were suffering from a range of associated diseases, many of them life-threatening.

Kenya’s emergency declaration triggered an immediate scaling-up of the nutrition, food assistance, and water and sanitation outreach programmes provided by the government with support from UNICEF.

Mr. Loree was part of one of hundreds of medical teams that fanned out across the district to conduct medical check-ups and admit malnourished children into community level therapeutic feeding programmes.

The result of this emergency multi-sectoral response effort was dramatic: By December 2011, GAM rates in Turkana North East had dropped three-fold to 13 per cent.

“The marked decline in malnutrition rates in Turkana North East demonstrates that wherever UNICEF and partners could reach children and families affected by the crisis, we could make a real difference,” says Megan Gilgan, Chief of Field Operations and Emergency in the UNICEF Kenya Country Office. “Given the vulnerability of areas like Turkana North East, we must now redouble our efforts to build resilience to insulate the community from similar food and water crises in the future.”

SAVING ETHIOPIA'S CHILDREN THROUGH THERAPEUTIC FEEDING PROGRAMMES

Berida Jateni appeared worried and gaunt and much older than her 40-years. Sitting near her hut in drought-ravaged Borena near the Kenya border she described the true impact of failed rains.

"I used to have 40 head of cattle", said Berida. "I only have five left, and they are also dying."

The loss of livestock has meant the loss of a critical source of income and nutrition, with a particular impact on her children. Berida's youngest daughter, 10-month-old Firdoze, was diagnosed with severe acute malnutrition (SAM), a condition that is deadly if untreated.

Health Extension Worker Kalkidan Yimam found Firdoze in August 2011 when going from house-to-house to screen children for malnutrition. Using a specialized measuring tape around the arm of the little girl, Kalkidan determined that she was severely malnour-

ished and asked her mother to bring her to the Meleb Health Post and enrolled her in the UNICEF supported Outpatient Therapeutic Feeding Programme (OTP). When she arrived, Firdoze weighed just 5.7 kilograms.

"She was in a really bad condition", recalls Kalkidan, and explains that she started giving Firdoze ready-to-use therapeutic food (RUTF). "She is doing well and her weight has gone up", said Kalkidan, noting that the girls had added almost one kilogram after just two weeks of treatment.

Since 2008, UNICEF has supported the training and provision of supplies for health extension workers in OTP, enabling them to provide the life-saving service in more than 9,000 locations. In 2011, this surge in national capacity ensured the timely and effective delivery of humanitarian assistance to ease the worst impact of the drought. Thousands of children's lives were saved.

"I was really afraid my child would die", says Berida. "Kalkidan came to see us and my child has survived. You can't imagine how happy I am."

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).

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

United Nations High Commissioner for Refugees (UNHCR); United Nations World Food Programme (WFP); United Nations World Health Organization (WHO).

NGOs and civil society

International – Action against Hunger (ACF); Adventist Development Relief Agency (ADRA); CARE; CONCERN Worldwide; GOAL; Intermón Oxfam; International Medical Corps (IMC); International Organization on Migration (IOM); International Relief and Development (IRD); International Rescue Committee (IRC); Islamic Relief (IR); Jesuit Refugee Services (JRS); Save the Children UK/US; Medecins Sans Frontieres (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).

NGOs and civil society

International – Action against Hunger (ACF-USA); Agency for Technical Cooperation and Development (ACTED); African Development and Emergency Organisation (ADEO); African Medical and Research Foundation (AMREF); Arid Region Integrated Development Agency (ARIDA); Association of Volunteers in International Service (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; Medecins sans Frontieres (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 for the Promotion of Women, Family, Welfare and Social Affairs; National Nutrition Programme.

United Nations system

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

NGOs and civil society

International – Action against Hunger (ACF); Association of Medical Doctors of Asia (AMDA); CARITAS; Medecins san Frontieres (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 these could not be mentioned here, given the limitations of space.

Acronyms

ARRA	Administration for Refugees and Returnee Affairs (Ethiopia)
AWD	Acute watery diarrhoea
BSFP	Blanket supplementary feeding programme
CAP	Consolidated Appeals Process
CERF	Central Emergency Response Fund
CFS	Child friendly space
CSZ	Central and Southern Zone (Somalia)
DRM	Disaster risk management
DRMFSS	Disaster Risk Management and Food Security Sector
DRR	Disaster Risk Reduction
ECD	Early childhood development
EiE	Education in Emergency
ENCU	Emergency Nutrition Coordination Unit
ENDF	Ethiopian National Defence Force
EPI	Expanded programme of immunization
EPRP	Emergency Preparedness and Response Plan (Kenya)
ESAR	Eastern and Southern Africa region
FAO	Food and Agriculture Organization (UN)
GAM	Global acute malnutrition
GBV	Gender-based violence
HAC	Humanitarian Action for Children
HEP	Health Extension Programme
HHWT	Household Water Treatment
HP	Health post
IDP	Internally displaced person
IDTR	Identification, documentation, tracing and reintegration
IEC	Information, education and communication
IGAD	Intergovernmental Authority on Development
IRS	Indoor Residual Spraying
IRT	Immediate Response Team
IYCF	Infant and young child feeding
LLIN	Long-lasting insecticide-treated mosquito net
KDF	Kenyan Defence Force
MAM	Moderate acute malnutrition
MCH	Maternal and child health
MHNT	Mobile health and nutrition team

MoE	Ministry of Education
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-governmental organization
NSE	Non-state entity
O&M	Operation and maintenance
OCHA	Office for the Coordination of Humanitarian Affairs (UN)
RUTF	Ready-to-use therapeutic food
SAM	Severe acute malnutrition
SC-US	Save the Children US
SFP	Supplementary feeding programme
SNNP	Southern Nations, Nationalities and People's (region of Ethiopia)
TFP	Therapeutic feeding programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WFP	World Food Programme (UN)
WHO	World Health Organization (UN)

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