UNICEF HUMANITARIAN ACTION

HORN OF AFRICA

DONOR UPDATE

11 MAY 2006

**UNICEF'S FUNDING GAP IS AT ALMOST US$ 54 MILLION.
FUNDING IS URGENTLY REQUIRED TO CONTINUE THE SCALE-UP OF LIFE-SAVING INTERVENTIONS FOR CHILDREN AND WOMEN IN DROUGHT-AFFECTED PARTS OF DJIBOUTI, KENYA, ERITREA, ETHIOPIA AND SOMALIA**

- **More than 8,780,000 people - including 4,455,000 children - are in urgent need of humanitarian assistance**
- **Failure of crops and loss of livestock have increased morbidity and mortality, including malnutrition, in children**
- **In all five countries, UNICEF is providing cluster coordination leadership in nutrition and water and sanitation, whilst contributing significantly to WHO-led coordination in health, and supporting education and child protection**

For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY

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1. ISSUES FOR CHILDREN

Number of people affected by Country

Country	Total number in need of humanitarian assistance	Total number of children (Under 18 years)	Total number of children (Under 5 years)
Djibouti	80,000	39,000	12,500
Eritrea	Est 500,000	261,000	90,000
Ethiopia	2,600,000	1,330,000	445,000
Kenya	3,500,000	1,775,000	574,000
Somalia	2,100,000 m	1,050,000	394,000
Total	**8,780,000**	**4,455,000**	**1,515,500**

The drought has led to failure of crops and lack of fodder and pasture, resulting in a large case loss of livestock and increased morbidity and mortality, including malnutrition, in children. In recent weeks, the onset of the long rainy season across many of the affected areas has replenished open water sources and brought some regeneration of pasture, but major numbers of livestock of the pastoral communities have already died. Reports suggest that the spatial distribution of rain has been scattered and some districts have remained dry. The rain therefore has not significantly changed the very precarious situation of malnourished and vulnerable children in the short term.

Even in none-drought situations, development indicators in the affected areas remain low. The pastoralist and agro-pastoralist communities within each of the countries tend to be among the least served by basic services when compared to the rest of their respective countries. The mobile nature of the pastoralists also means that the standard mechanisms and infrastructure for delivering services due not effectively reach these populations. This marginalization of the pastoralists increases their vulnerability to the elements of nature and repeated crises.

Country updates

Despite some patchy rains in Somali and Borena, the humanitarian situation is continuing to deteriorate in Ethiopia's Somali and Oromia regions. In addition, worrying signs are appearing in the lowlands of Oromia (Guji, Bale and Harargue zones) as well as in Northern Afar. The number of people in need of emergency assistance is increasing in Oromia's worst-hit Borena zone (from 155,000 to 220,000). The official number of beneficiaries in the Somali region currently stands at 1.5 million, but this figure is expected to rise following an ongoing UNICEF-backed, government-led reassessment of the impact of the drought in the region. According to the current figures, the drought has impacted on more than 445,000 Ethiopian children under five years of age (16.6% of Ethiopia's population are aged under 5).

The rains in Borena and Somali in early April did ease the situation for some livestock. However, the showers have so far been insufficient to have a significant impact on pasture levels in all areas. The showers have also raised a new fear of the spread of water-borne, diarrheal diseases. Carcasses of animals that died earlier in the drought are still piled up around habitations and water sources. Stagnant pools could act as breeding grounds for malaria. There are also concerns that the unequal distribution of rains may lead to increased migration of flocks and the possibility of conflict over resources.

In Kenya, 3.5 million people, including 574,000 children under five, are in need of emergency assistance. The drought affected large areas of eastern and northern Kenya. The government declared an emergency at the beginning of the year, appealing for both food and non food assistance. More than 28 districts were affected by the drought. These are traditionally Arid and Semi-Arid Lands (ASAL) and are inhabited mainly by pastoralists. Thousands of livestock have died from lack of pasture and water, depriving people of a vital source of livelihood and leaving an increasing number unable to provide for their nutritional needs. In eastern Kenya, people who depend on the short rains for their main harvest are also in desperate need of assistance. Rain is beginning to fall but while this is easing the most serious water shortages, it is increasing the risks to children who are already vulnerable due to malnutrition. In the aftermath of drought, children who are weakened due to malnutrition often die in even larger numbers from malaria and diarrhoea which increase as soon as rain begins to fall.

In Somalia, 'Gu' season rains have began falling in many areas. 2.1 million people are vulnerable (mostly in the South) in complex emergency conditions, of which approximately 394,000 are children under five years of age. Insecurity and limited access remain overriding constraints to the drought response, limiting the field presence of humanitarian agencies, clouding information on the extent and magnitude of needs and the setting of priorities, complicating logistics and increasing both cost and delay. A shaky ceasefire holds in North Mogadishu between the Sharia Court militia and their "Anti-terror" opponents. The possible large scale fighting many see as likely to break out would have major repercussions across southern Somalia at a time when local stability and cooperation will most directly influence the success or failure of the humanitarian response. UNICEF staff and partners continue to face serious security risks in conducting activities most recently in Gedo and Lower Juba regions.

In Djibouti, over 80,000 people, of whom 12,500 are children under five year old, are at risk in the current situation. Fluctuating rainfall and the occurrence of drought are intrinsic features of arid and semi-arid lands such as the Djiboutian territory.

In Eritrea, the 'bahri' rains, which normally fall between October and February in the Northern Red Sea Zone and the eastern escarpments, are relatively light but very important locally for pasture and crops in an otherwise arid area. This season, the rains failed.

Major risks and vulnerable groups

Children are the most vulnerable group, especially malnourished children and their malnourished mothers. Malnutrition is caused by poor health care, lack of food, poor sanitation. Children are at most risk to opportunistic diseases, such as measles, child vaccination coverage rates for measles in the drought affected areas are well below the 95% required. Studies suggest that more than 20 per cent of child deaths in Ethiopia's last drought in 2000 were linked to measles. Other diseases that have broken out include meningitis. A major vaccination campaign will still be needed in Eritrea. A polio outbreak has also occurred in drought affected parts of Somalia, with more than 204 confirmed cases. With the onset of the rains, weakened and vulnerable children and women are susceptible to acute respiratory infections, to diarrhoeal diseases, including cholera and to malaria.

Malnutrition rates

Nutrition assessment has been undertaken by all countries during first quarter of 2006 with a focus on the most seriously affected areas. Data is now available for the following areas:

- Moyale, Marasabit, Samburu in Kenya,
- Gash-Barka and Southern Red Sea in Eritrea
- Somali, Oromia, Amhara, Afar, SNNPR in Ethiopia
- Bakul, Bay, Gedo, Lower Jubba, Middle Jubba, Hiran and Galgadud in Somalia

It is important to note, however, that even these findings are becoming quickly outdated as the rainfall conditions continue to have improved. As additional nutrition information data becomes available based on findings of more recent surveys, this will need to be further substantiated in terms of child malnutrition rates (GAM and SAM), particularly for the affected areas.

In Kenya, GAM in all the three districts surveyed is at a critical level ranging from 18.2% to 29.9%, while SAM prevalence rates are between 2.1% to 3.5%. Previous data is available for only Marasabit (where survey was undertaken in Feb/March, 2004), and most recent data available (March 2006) indicate a deterioration in terms of GAM from 26.6% in Feb/March 2004 to 29.9%in March 2006). Given that the two surveys were undertaken around the same month, seasonality is taken into account. While, in terms of SAM, over the same period, there was an increase from 1.6% to 3.5%.

In Eritrea, according to survey undertaken in February 2006, GAM prevalence rates is high in Gash-Barka at 21%, representing deterioration from July/August 2005 where GAM prevalence rates was at 17.2%. Similarly, with regards to SAM, the prevalence rate increased from 1.3% in July/August 2005 to 2.3% in February 2006. The difference cannot be explained by seasonality alone as the recent survey was undertaken before the medium period (February to May) before hunger-gap (which is ifrom June to September) for Gash Barka, which means that this could a real deterioration warranting immediate attention.

In Ethiopia, GAM prevalence rates are critically high based on the most recent data available (based on surveys undertaken between Jan-March, 2006), particularly in the Somali region, with GAM prevalence rates ranging from 23.5% to 18.6% in Denan District and Cherati Town respectively. This represents possible deterioration among all the districts surveyed (Guna Goda, Denan, East Imey, Dolo Ado and Dolo Bay among agro-pastoralists and pastoralists, Cherati Town, and Moyale and Hudet) as compared to the regional average of 13.6% in 2005 (undertaken during the peak hunger season). SAM prevalence in Somali region also remains high ranging between 3.9% in Guna Gode district to 1.6% in Dolo Ado & Dolo Bay (among agro-pastoralists). In the remaining regions covered by the nutrition assessment, the level of deterioration was not as high as in the Somali region. The following districts showed nutritional deterioration: Dire and Moyale as compared to 2005 (peak hunger season) of regional average for Oromia region; Dessie Zuria and Kalu as compared to the 2005 (peak hunger season) estimated regional average for Amhara, and Konso as compared to regional the 2005 (peak hunger season) average for SNNPR.

In Somalia, data basd on March 2006 surveys from Rabdure and Wajid in Bakool district have shown that acute child malnutrition remains critically high at GAm prevalence rates of 15.9%, 14.7% an 19.4%, respectively.

Previous data is vailable for Radbure only for September 2002 where GAM was at 14.8% and recent data show some slight detrioration. Although there was no comparative data available for Q/dheree in Bay region, the current GAM prevalence rate is higher than surrounding districts where data for these existed in 2003-2004.

In Djibouti, the most recent data on nutrition are those collected from the rapid assessment in February 2006 using MUAC of the impact of the current drought related emergency. The assessment has estimated global acute malnutrition at 28% and severe acute malnutrition at 10.6%, which is critically high. MICS survey is underway, which will provide more accurate data. The results are expected in July. The most recent national survey was conducted in 2002, which has shown that moderate acute malnutrition among children under five years of age was seriously high at 17.9% and severe acute malnutrition was critical at 5.9%. The results of the rapid assessment which used MUAC seem in line with data obtained from the 2002 national survey, and indicate further deterioration.

The recent survey results from all the four countries indicate a critical situation requiring immediate and targeted intervention in the drought affected areas. National wasting prevalence has shown steady decline, particularly in Kenya, which represents significant development for children. This means that current nutrition strategies (including supplementary and therapeutic feeding plus safety nets) to address prevailing high acute child malnutrition rates have been effective. However, there is concern that improvements in wasting trends seen in the last decade could reverse if adequate and timely support is not provided to the most affected and most vulnerable groups – children and women particularly among pastoralists. There is a need to review policies and strategies to mitigate drought effects on food security and nutrition among the most vulnerable population groups including destitute pastoralists. Follow-up in-depth analysis is needed on key issues: impact of social protection safety nets and food among destitute pastoralists, nutrition in relation to food, infant and young child care and HIV/AIDS. Continued timely, disaggregated, and cause-related analyses are warranted from national and sub-national surveys for timely and effective response.

Access to water and sanitation

Twenty-eight districts in Kenya are considered water deficit with and an estimated 4.5 million people affected by unreliable and/or severe shortage of water. Of these 500,000 require emergency water services. In addition, more than 200,000 school children required water. Some areas of Marsabit, Wajir, Mandera and Isiolo have been rendered inaccessible by road due to heavy rains. Rainwater that has collected in some areas is contaminated by rotting carcasses.

Due to favourable rainfall, there are improvements in surface water availability and pasture regeneration in most drought affected areas of Ethiopia. However, water remains the top priority in the southern zones of Somali region. More than 640,000 people remain in need of immediate water interventions. Meanwhile, in Borena zone of Oromia region, the rains have benefited most areas except for Moyale and parts of Dirre, where the rains were reported to be inadequate and pasture regeneration has been slow. In Borena zone of Oromia region, water tankering has been completely stopped. The scale of water tankering fleet has decreased in Somali region (from 104 in the beginning of April to 92 at the end of April) in the past two weeks following adequate rains.
The showers have also raised a new fear over the spread of water-borne diseases. Carcasses of animals that died earlier in the drought are still piled up around habitations and water sources. Sanitation has become a top priority in all affected areas. Stagnant pools could also act as a breeding ground for malaria.There are also concerns that the unequal distribution of rains may lead to increased migration of flocks and the possibility of conflict over resources.

In Djibouti, the joint field assessment undertaken in recent weeks indicates the scale and seriousness of the current lack of water has overcome coping mechanisms and internal support capacity of the affected families and tribes. The affected population, well used to recurrent insufficient access to water, are drawing a picture of very significant impact on their herds and clans' health and survival. Already, a very high proportion of childhood illnesses in Djibouti, including diarrhoea, are linked to the consumption of unsafe water or to inadequate water use. The poor quality of water becomes even more worrisome when considering that most Djiboutian mothers, who are not exclusively breastfeeding, are known to give their children water during the first month of life, with an important portion of these children being given un-boiled water.

Access to safe water is a significant problem in Eritrea with approximately 54% of the rural population having access to water supply from protected sources even under the best of conditions. Due to recurrent droughts in the last 5 years many water sources have dried up and the water table has significantly dropped in most parts of the country. Although in 2005 slightly above average rainfall was recorded in most parts of the country, recharging the water table to pre-drought levels has not happened as replenishing depleted or dried up aquifers requires multiple seasons of consistent rainfall. Sanitation coverage in Eritrea is still very low, with only 3.6% of the rural population with access to improved sanitation facilities.

Health situation

The disease burden among vulnerable groups like children, pregnant and lactating women has increased in Kenya. Hospitals are struggling to provide treatment as there has been an increase in admissions with up to 40 per cent of beds in paediatric wards occupied by malnourished children. The most common conditions seen at the health facilities are malaria, diarrhoea, malnutrition, respiratory infections and skin diseases. Approximately 460,386 children aged below 5 years and 152,076 pregnant and lactating mothers are at risk of contracting measles and other diseases due to malnutrition. The national measles immunization rate is 69% while that of polio vaccination is 71%.

The 2000, UN Human Development Report ranked Somalia lowest in all health indicators except life expectancy. The MDG health-related indicators in Somalia are among the very worst of the world with the rate of under-five mortality at 224. The proportion of under-five children who are underweight is 26%. The immunization coverage (1 year-old children fully immunized) was only 36% in 2000. Measles is reckoned to be responsible for most deaths resulting from vaccine-preventable diseases in children under-5 years (WHO, 2005). Malaria is a major health problem, affecting all strata of the population and representing the leading cause of death in under-five children. Since 1994 cholera outbreaks coincide with the dry season especially in the Central and Southern zones.

In Eritrea, infectious diseases including acute respiratory infections (30%) and diarrhoea (19%) are the leading causes of U5MR. Malnutrition underpins over 60% of U5MR. While in 2005 only one wild polio case was detected in Eritrea, infectious diseases such as meningococcal meningitis, polio and measles pose a risk and require a coordinated response among neighbouring countries. In 2006 there have been over 20 confirmed cases of meningococcal meningitis and a vaccination campaign was planned for early May. Unfortunately the campaign was postponed due to lack of vaccines on the global market. Taking into consideration that about 20% of children are not immunized against measles the risk of a measles outbreak is high, however there have been no confirmed cases as of mid May.

Women and children are already bearing the brunt of the growing emergency in Ethiopia. Estimates indicate that more than 56,000 children are currently vulnerable to moderate and severe malnutrition across the affected areas. These figures are expected to increase dramatically. There have been reports of diarrhoea in Dirre, Moyale and Miyo woredas – all of them part of Oromia's Borena zone. These reports have added to concerns over the further spread of water-borne diseases following last week's sporadic rains in the region mentioned above. The overall health service delivery system is very poor. All health posts in Somali Region's Afder and Liben zones, for example, are reported to have closed down due to lack of drugs and medical supplies.

Education and child protection situation

In Somalia the drought continues to negatively affect pupils' attendance in Bay, Bakol, Gedo, Lower and Middle Juba. An inter-agency technical assessment conducted in April has collected and compared data on enrolment in September 2005 (pre-drought period) and attendance in February 2006 and investigated the magnitude of the school closure in that period. On average, 40% of the schools have been closed since September 2005 in Bay, Bakol, Middle and Lower Juba. Those schools that are still functioning have an estimated drop out rate of 42%. Drought was the key reason cited (84%) for closure and decreased attendance. When analyzing the impact of the drought on pupils with a gender focus, data show that the proportion of gender disparity in enrolment is almost completely reflected in the one of attendance, meaning that the drought has negatively affected attendance of boys and girls equally.

In Kenya, according to the Ministry of Education data, 80 percent of school-aged children in North Eastern Province are out of school. Even in normal situations only two out of ten boys and one out of ten girls in North Eastern Province access basic education. When schools opened in January, the enrolment dropped in some areas. In Turkana district, Shabaha Secondary School in Lapur Division experienced a 72 per cent drop in attendance at the beginning of first term in 2006 compared to the previous term. In one class, enrolment dropped from 62 (28 boys, 34 girls) to only 15 (11 boys, 4 girls). Most of the schools that suffered the sharpest drops in attendance or were closed altogether were dependent on dams and shallow wells that had dried up. Not only was there no water for drinking, there was none to prepare the food supplied through the School Feeding Programme. More than 798 schools risked closure, affecting more than 250,000 children. Girls carried the larger brunt of the scarcity of water and poor sanitation, resulting in a higher percentage of dropouts. During drought women take much longer to collect water and many are forced to deploy their girls either to look after siblings or perform domestic chores, including the collection of water. Some girls and women report rape and abuse during their long search for water. While schools are still in urgent need of maize, beans, cooking oil and milk, recent reports from some districts indicate a slight increase in school enrolment, mainly due to the concerted interventions on water supplies and feeding programmes. In North Eastern Province, all the four districts of Garissa, Ijara, Wajir and Mandera have increased primary school enrolment from 75, 033 in November 2005 to 83,934 in February 2006.This places increasing pressure on boarding facilities, with requirements for additional beds and mattresses.

The net enrolment rate stands at 52%, 48% female in Eritrea. Presently, severe drought is affecting an estimated 350,000 primary school students; mostly in five regions- gash Barka, Debub, Southern Red Sea, Anseba and Northern red Sea, where there is increasingly low attendance and high drop out rates in primary schools. These are caused by high cost of education, child participation in household chores, shortage of food at the household level and lack of basic amenities like drinking water supplies in schools and in the community. Other problems that plague the system include few schools and classrooms, lack of qualified teachers, especially female teachers and insufficient and inappropriate learning materials.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Water, Environmental Sanitation and Hygiene

Ethiopia

UNICEF has provided emergency water tankering to 96,000 of the worst-affected people in the drought in Somali and Oromia, including spare parts for water tankers, new water bladders and storage of equipment to the rental of trucks to ferry the water from boreholes to collection points. Five Water Purification Units in Somali region's Dolado, Dolobay, Chereti and Gode woredas provide water that is safe to drink for more than 50,000 people and are run through NGOs and ICRC with UNICEF support. Additionally, UNICEF has distributed 148 water bladders (of 5,000 liters each) across the drought affected zones, together with 131,000 Water Maker purification sachets. UNICEF Ethiopia supported the rehabilitation of all 55 motorized boreholes and hand-pumps that were identified as broken-down in the Borena zone at the beginning of the drought, benefiting 110,000 people. All selected schemes are the only reliable source of water in their areas - both for regular supplies for domestic use and livestock and for emergency water tankering. Total water beneficiaries are 250,000.

Sanitation work benefiting more than 800,000 people has included sensitization and promotion of emergency sanitation and hygiene education, as well as the construction of latrines in schools and health institutions. This includes addressing problems of waters-source contamination and the related water-borne diseases which accompany the patchy rain that has come. UNICEF has conducted training sessions on animal carcasses disposal for 100 selected individuals from strategic partner agencies, in the Borena zone of the Oromia region. Similarly, the Somali Region Health Bureau with the support of UNICEF has conducted a training on Emergency Hygiene and Sanitation (with focus on water disinfection methods) to 123 Heath workers and School teachers at from April 24-29, 2006. UNICEF has also sent 780,000 water purification sachets to Borena to help clean up water pools that may have been polluted by dead animals.

Kenya

UNICEF's water and sanitation emergency assistance has benefited 300,000 people, mostly in the districts of Mandera, Wajir, Turkana, Moyale, Isiolo, Tana River and Garissa. UNICEF purchased and distributed 163 5,000 liter water storage tanks to schools. They also supplied 150, 000 litres of diesel (30,000 each) to Mandera, Wajir, Garissa, Tana River and Kajiado to support water supply operations for affected communities. UNICEF is in the process of installing 23 solar systems in the districts of West Pokot, Kajiado, Turkana Kwale. Flood displaced populations in Isiolo district were issued with 45kg of chlorine powder and 14,000 water purification tablets while another 21,000 tablets were pre-positioned in Garissa. Also delivered were five generating sets 5 submersible pumps and accessories; electrical and mechanical spare parts for community operated boreholes in Mandera and Wajir districts. UNICEF also provided transport support to the Wajir Rapid Response Team/ District Water Office.

Somalia

The UNICEF led water cluster as a whole has played an active role in fostering partnerships in all affected areas, particularly in water trucking, where the cluster ensured that there were no overlapping activities and that partners maintained a common modality on the costs of water trucking and in ensuring a sustainable exit strategy through deepening shallow wells and rehabilitation of boreholes. UNICEF partners and other key sector actors include: ACF, ADRA, Oxfam, Concern Worldwide, CARE, World Vision, Coopi, FAO SWALIM an extensive network of LNGOs, CBOs and WES committees and the ICRC. In the period of January to March, UNICEF directly supported the provision of 3.3million m3 of water daily in Bekol, Bay, Gedo and Middle Juba benefiting an estimated 258,000 people or 34% of the target population of 762,000 in these four regions. Even as rains replenish water ponds and reservoirs in some areas, additional funding is urgently needed to ensure a continuing supply pipeline and response capacity in the coming months. To date, UNICEF has completed: borehole rehabilitation (24); borehole maintenance (35); deepening of shallow wells (240); water trucking in 40 locations; chlorination in all regions; and health and hygiene promotion focusing on cholera control and prevention and general awareness raising activities. A strong inter-agency cholera preparedness and response capacity is in place, led by WHO and based in Mogadishu.

Djibouti

UNICEF has supported water trucking, follow up and consolidation of water pumping stations (10), purchase of 50 water tanks of 3000 liters capacity to be used in affected rural areas, and strengthening partnership with the Ministry of Agriculture, Water, Livestock and the Sea. UNICEF will continue to support the rehabilitation of water infrastructures (boreholes, wells); the installation of hand pumps on 48 wells initiated with the support of WFP and upgrading the wells by ensuring sanitation around the wells; installation of 50 water tanks in vulnerable rural areas; creation of new water sources meeting sanitation standards; strengthening national capacity by repairing the only drilling rig and training staff on the use of GPS, dewatering pumps, Delagua testing kits, installation and maintenance of Afridev hand pumps; social community mobilisation to ensure their participation in water sources management; updating inventory of water sources; and routine water quality monitoring

Eritrea

Currently, about 500,000 people living in villages acutely affected by the chronic water scarcity or current drought are provided with water trucking on subsidized basis supported by government under the management of regional authorities. Water trucking is ongoing for 66 primary schools serving total of 32,000 pupils in Anseba and NRS regions. Funds have also been made available to support temporary water trucking for eight acutely affected villages in Anseba and NRS covering around 18,000 people. UNICEF is constructing nine water systems, which will provide water for a total of 65,000 people. Besides that, with the first tranche of the CERF funds, drilling activities are ongoing in 11 drought affected villages. A total of 27 boreholes have been drilled out of which only 9 wells have been successful. Preparation to install a total of 19 hand-pumps in these wells plus additional 10 wells previously drilled is ongoing. This would provide much needed water for 5,700 people. Furthermore, the Water Resource Department has identified a drilling company through competitive bidding to carry out borehole drilling and pump testing for 10 additional drought-affected villages, but this activity is awaiting funding.

Provided additional funds are available an estimated 140,000 people affected by drought, resettling and other emergencies will be provided access to safe drinking water through urgent temporary water supply means as well as establishment of sustainable water supply systems managed by communities. 18,000 primary school children from 60 schools and 10 health facilities will also be provided with water supply and sanitation facilities in collaboration with UNDP and several INGOs, including Oxfam, IRC and CARE. Water, hygiene and sanitation promotion activities are also planned to ensure improved WASH practices for targeted communities. A total of 17,000 people are in urgent need of trucking water as an emergency response, while drilling and development of water sources for the most affected villages is a top priority.

Health

Ethiopia

The Enhanced Outreach Strategy (jointly UNICEF, WFP and the Ethiopian Government) reached 314,000 children, aged under 5, in remote parts of Somali region with a life-saving package of interventions including measles vaccination, vitamin A supplementation, de-worming and nutritional screening in early February.

Additionally, UNICEF with regional health authorities, SCF-US, the International Medical Corps and CARE backed a mass measles immunisation campaign targeting more than 1.5 million children across both drought-affected regions which began March 24. Children also received de-worming tablets, Vitamin A supplementation and, in Borena zone, polio immunisation. The first phase of the campaign in Somali region was carried out in 26 woredas, reached more than 220,000 children, with coverage rates between 95-100%. The second phase of the campaign in 30 woredas and targeting more than 400,000 children has also been completed by the end of April. The measles campaign in Oromia region has been completed in Borena, Guji and Bale zones, initial figures suggest that a 100 % coverage rate may have been achieved in large parts of Borena.

UNICEF Ethiopia has also pioneered the use of mobile health teams to reach highly-mobile pastoralists populations who are missing out on the patchy treatment currently offered by the poorly staffed and equipped static health posts. Eleven mobile health teams, equipped and trained by UNICEF, are currently working across Somali region. Recruitment of health professionals for the five remaining mobile teams has finally been completed and they are currently taking a training in treatment of drought-related diseases and malnutrition. As soon as the training is completed, the five teams will be dispatched across the region. All 16 teams will have the capacity to reach a population of more than 1.3 million people with a package of life-saving health interventions, including mobile nutritional screening and treatment. Seven mobile health teams have been covering Borena's seven drought-hit regions since April 10. All mobile health teams have been equipped with emergency health kits. This includes malaria supplies coartem.

Funding for 9 million Long Lasting Insecticide Nets (LLINs) has been secured for 2006. Out of the 9 m LLINs, 140,000 will be distributed for Somali region in June 2006. At about the same time, another 150,000 LLINs will be distributed in Borena zone of Oromia region.

The Federal Ministry of Health, in collaboration with UNICEF and WHO, launched a four-day, house-to-house polio immunisation campaign on 14 April. The campaign targets five million children under the age of five in 15 identified high-risk zones of Tigray, Amhara, Oromiya, and Harari regions, as well as Dire Dawa City Administration. The latest polio case was found in Warder zone of Somali Region, bringing the total number of confirmed cases in the country to 25 since December 2004.

Kenya

310,000 people in Wajir, Mandera and Garissa are benefiting from primary health care interventions through basic and supplementary kits provided at mobile clinics and static health facilities; such kits have been supplied to approximately 50 per cent of health facilities. Mobile clinics offer a vital service in areas where distances to health facilities are very long and quality of service is inadequate. Currently in North Eastern Province 30 mobile clinics are operational, many of them using vehicles lent to the Ministry of Health by other government departments for the direction of the emergency; some of these vehicles required spare parts and servicing and money for fuel to get them back on the road and resources have been provided by Government of Kenya and UNICEF. However, this new focus on integrated outreach services is a new approach for the province and work is currently underway to support the service increase its coverage from the current 30 per cent of people living in the province.

Late last year, 180,000 children in five districts (West Pokot, Ijara, Garissa, Wajir and Moyale) were vaccinated against measles. In addition, 1.9 million children in 23 districts were vaccinated against polio and given Vitamin A, on average reaching more than 90% of children. The high levels of coverage helped to protect children from diseases that could have been fatal in the severe drought conditions of recent months. However the frequent migration and low immunization coverage in neighbouring Somalia has increased the risk of measles and polio in Kenya. In recent months several deaths due to measles have been reported in Kenya. UNICEF is therefore assisting the Government to undertake an emergency measles and polio campaign. The first phase runs from 29 April to 5 May and covers North Eastern Province and Nairobi, since these areas are the most likely entry points for measles and polio from Somalia. The rest of the country will be covered in the second phase in June. In addition, UNICEF will provide anti-malarial treatment to 20,000 adults and 50,000 children and will build capacity of service providers and supply health kits to 200,000 people.

Somalia

Thus far, the inter-agency health response is focusing on prevention activities. In particular, UNICEF and partners are working to prevent outbreaks of measles, malaria and cholera and, critically, in curtailing the spread of the polio outbreak which has already affected over 200 children. The UNICEF/WHO supported measles/vitamin A campaign, undertaken with a strong consortium of international and national partners continues in the South, aiming to immunize all children aged 9 months - 15 years with measles vaccine irrespective of previous immunization or disease status. A total of 2.45m children are being vaccinated countrywide, including 765,000 living in the worst drought affected regions of the South of which, so far 406,000 (53%) have been vaccinated. Presently, most of Bekol Bay, Gedo and Lower/Middle Juba regions have been completed and results are still being received. The campaign has since extended to Benadir and Hiran followed by Middle/Lower Shabelle, Galgaduud and Mudug with the entire Central South (and thus national) campaign to be completed by end of April. Recent militia clashes and the continuing tensions in Mogadishu (Benadir) have slowed down campaign coverge in the city. Benadir region is the most populous with 268,000 under fives.

UNICEF supported health outreach is reaching 1.54 million people in Southern/Central Somalia or roughly 57% of the population based on ongoing support to some 100 Maternal and Child Health Centres operated by 15 different NGO and CBO partners. The inter-agency cholera preparedness and response plan has been activated as increasing diarrohea cases are reported by the three main hospitals in Mogadishu; two suspect cholera cases found this week in the Jowhar area are being tested.

Toward malaria prevention, UNICEF is working with four Global Fund recipients in various activities including distribution of supplies and the training of 75 health workers on effective distribution of anti-malarial drugs, rapid diagnostic kits and insecticide treated nets for 360,000 people in most endemic areas.

To stop the spread of polio – which has major implications in Somalia and regionally due to population movements related to the drought – aggressive immunization campaigns are underway, with nearly 1.5 million children already reached with one dose. The next round will take place in May followed by six additional rounds by the year’s end.

The campaign will continue until the disease is eradicated. These activities are being conducted jointly by WHO and UNICEF.

Djibouti

Jointly with WHO, UNICEF is supporting the Ministry of Health to conduct a nationwide Polio campaign, currently taking place to mitigate the risk of polio reappearance in the country (the last known case goes back to 1999), covering 82,000 children under 5. A nationwide measles campaign was completed in December 2005, covering 215,159 children from 9 months to 15 years of age. The vaccination coverage rate achieved for measles was 83.46%.

Eritrea

A nation-wide measles and Vitamin A campaign will begin in June, covering 580,000 under-five children (including recent/planned resettled IDP children). Distribution of Insecticide Treated Bed nets (ITNs) is-ongoing, with special focus on Gash Barka and Anseba where there is the highest malaria prevalence. An additional 10,000 will be ordered using the new funding from US Fund for UNICEF.

Nutrition

Ethiopia

The priority for UNICEF is to advocate for the prevention of further nutritional deterioration of the population affected and especially those of the children. WFP took the responsibility of distributing general food rations to a total of 6.1 million people together with a blanket food distribution to 2.1 million children, women and elderly people (35%).

UNICEF is intervening in an integrated manner with the following: 1/ Enhanced Outreach Strategy (EOS)/ Targeted Supplementary Feeding for Child Survival: vitamin A supplementation, de-worming, measles vaccination, screening for acute malnutrition and referral to targeted supplementary feeding (Governent/ WFP) and/ or therapeutic feeding programme when appropriate; 2/ Treatment of severe malnutrition through in and outpatient approaches (health centres and mobile clinics); 3/ Support of the regional Emergency Nutrition Coordination Unit (ENCU) for nutrition surveillance and emergency coordination.

UNICEF supported the Regional Health Bureaux to implement the EOS to address the immediate causes of malnutrition. All the EOS interventions have direct and positive impact on children's nutritional condition and their survival. They are part of the basic Child Survival package aiming at reducing child morbidity and mortality as well as achieving the MDGs.

The use of mobile health teams to treat and screen for malnutrition is an innovation in UNICEF responses to drought situations. The plan has been drawn up in response to the extremely challenging environments in both Oromia and Somali regions. The mainly pastoralist populations have very little access to established health services. Families are also highly mobile – often making them difficult to track down or treat in one static centre. The mobile health teams, made up of four people including two health professionals, are following set routes across pastoralist areas every week. During that time, they are screening children for malnutrition and are providing treatment where needed and possible on the spot. Where appropriate, families are given Plumpy'Nut for the affected children and BP5 biscuits for the remaining care-givers.

The mobile clinics are covering a population of 1.3 million persons and it can be estimated that around 14,000 children severely malnourished will be identified and treated using the out-patient approach.

The health facilities linked to the mobile clinics are supported in order to be able to receive the complicated cases of severe malnutrition and to treat them adequately. Provision is also made to support NGOs such as SC-UK, GOAL, MERLIN and/ or MSF-B if they open Therapeutic Feeding Programme following the nutrition surveys recommendations.

The Emergency Nutrition Coordination Unit is in charge of the monitoring of the nutritional situation as well as of the coordination of the emergency nutrition response. UNICEF is supporting the unit to make sure that they can fully assume their functions during this emergency period.

Kenya

Despite the beginning of the long rains, an estimated 73,000 children and pregnant and lactating women are malnourished and in need of immediate assistance, based upon the results of the nutritional surveys undertaken in 2006. The findings of seven surveys conducted in the four most affected districts (Mandera, Marsabit, Samburu and Moyale) show Global Acute Malnutrition reaching nearly 30% for under fives in Mandera and Marsabit. Hospitals are seeing an increase in admissions, with up to 40% of beds in paediatric wards occupied by malnourished children. The most common complaints are malaria, diarrhea, respiratory infections and skin disease.

More than 50,000 children reported to be facing malnutrition are currently not being reached due partly to insufficient resources and partly to a lack of government capacity and a shortage of NGO partners in certain districts. UNICEF is helping to strengthen government capacity in this area and late last year, helped the Ministry of Health to train health workers from drought- affected districts in management of severely malnourished children.

UNICEF is currently supporting emergency nutrition interventions in Turkana, Mandera, Wajir (excluding El wak), and Garissa. This involves supplementary and selective feeding programmes that are delivering essential support to vulnerable children and their families, reaching 30,000 children and pregnant women and breastfeeding mothers. Additionally, community based therapeutic feeding programmes and institutionalized TFC's, are being supported for 1000 severely malnourished children.

Given the high GAM levels, UNICEF will increase its support to Supplementary and Therapeutic Feeding Centers (S/TFCs). UNICEF's strategy will be to ensure that the majority of programmes treating acute malnutrition will be mobile and community based. WHO and UNICEF will also provide support to building the capacity for therapeutic feeding in provincial and district hospitals. Bulk food items such as CSB/UNIMIX, oil and sugar will be delivered by WFP with UNICEF acting as provider of last resort, whilst specialist items and technical support to the Government and NGO's will be UNICEF's responsibility.

Somalia

UNICEF has been selected to coordinate the Nutrition cluster response to the drought. In that capacity, work is ongoing with about 20 partners (including international and national NGOs) to coordinate and collaborate in the response. UNICEF itself is supporting 10 supplementary feeding centres and six therapeutic feeding centres with planned expansion to a new total 28 SFCs and 11 TFCs/CBTCs (excluding ongoing TFCs sponsored and managed by MSF-H and MSF-Swiss), likely to become operational in late April/May. Key partners in the selective feeding programmes include WFP, IMC, ACF, GHC, WVI, MSF-B, SRCS, DMO and CARE. Latest reports from some areas show a continuing increase in admissions to SFCs and TFCs. In May, out of the projected figure of 53,000 malnourished children (<80%WFH) in Bay, Bakol, Lower and Middle Juba and Gedo regions, nutritional coverage is expected to reach to about 20,000 or 38%. Based on this and recognizing the cost and difficulty in expanding feeding programs to areas lacking agency presence and plagued by insecurity, there is need for blanket general food distribution with optimal blended food component. UNICEF is in further discussion with the food aid agencies. On nutrition assessments, the Gedo nutrition assessment which was conducted in March 2006 recorded GAM rate of 23.8%. Additional nutrition assessments are currently underway in Bardera town, Gedo region (FSAU, UNICEF and SRCS) and in Buale, Sakow, Afmadow and Jilib districts (FSAU, UNICEF, WFP, WVI, Concern and AFREC).

Djibouti

In response to the crisis, UNICEF has supported the training of 50 health staff on malnutrition case management; has launched therapeutic feeding centers using as inputs prepositioned therapeutic milk; assessed the quality of services provided at therapeutic feeding centers as well as supplementary feeding centers; as well as ordered additional supplies of therapeutic milk and drugs to be used by therapeutic feeding centers and supplementary feeding centers. UNICEF will continue to support the Djibouti government efforts to scale up nationally their response for targeted feeding through improved therapeutic feeding case management at both capital-based referral hospitals, and scale up and better structure and supervise rural home-based rations for therapeutic feeding programs. UNICEF will also improve case identification and management for supplementary feeding programmes. UNICEF will support the use of Ready to use Food (RTUF/plumpy nut) for immediate action following initial identification of severely malnourished children in rural areas and use home-based dry rations instead of wet rations.

Eritrea

UNICEF assists a total of 42 therapeutic feeding centers catering for about 1,000 severely malnourished children. Supplementary and therapeutic feeding supplies have been ordered to cover the current case load and an increase of about 30% planned. The Ministry of Health has agreed to expand the therapeutic feeding to an additional 10 centers (up from 42 to 52) and requested UNICEF to facilitate the introduction of community-based management of severe malnutrition. Even with this increase, the coverage of TFC and SFC is below 50% and needs to be urgently expanded. High protein biscuits (BP5) for supplementary feeding will be provided to about 11,500 malnourished under-five children in Gash Barka and other drought affected regions for three months. Provided additional funds are available, another 50,000 under-five children in the worst affected regions of Gash Bark and Northern Red Sea will be protected against malaria by providing Insecticide Treated Nets. Due to departure of NGOs, there is an urgent need to expand the network of current TFCs and SFCs through capacity building of MoH and through rapid development of community based management of severe malnutrition. This will require additional technical assistance and resources for capacity development, training of staff and for supplies such as Plumpy Nut.

Education /Child Protection/ Non-food Items

Somalia

In the Northern Gedo, Trocaire and Norwegian Church Aid have started responding to the emergency from the month of January with provision of educational material, teacher incentives' policy and school feeding for children; as a result, attendance in the supported schools remained constant and rather increased. The UNICEF led cluster response plan for the education sector has been mainly based on this good example. In order to enable other NGOs to implement the response plan in other regions of Central-South Somalia, UNICEF is developing Partnership agreements with World Concern for Lower Juba, World Vision International for Middle Juba and Bakol, Intersos for Bay, Norwegian Church Aid for Gedo and ADRA Somalia for Hiraan region. Save the Children UK is also expected to embark in a multi-sectoral response in Middle Juba area. For the school feeding component, a joint UNICEF/WFP Pilot emergency school feeding project has been developed and will be implemented through the mentioned NGOs.

The target of these interventions is to resume educational activities where they have been disrupted, maintain the pupils' attendance level at pre-drought figures and provide educational assistance to the IDP population that has been forced to flee in search of water and food as a consequence of the drought and of recurrent conflicts. A follow up assessment on attendance levels will be conducted in the month of July to measure the impact of the response at school level. Child protection and participation activities in the drought affected areas are focusing on preventing abuse, violence and exploitation by enhancing the participation and commitment of the communities in securing a protective environment for their children, women and youth. Specific actions include community mobilization on child protection (drawing on the previously trained child protection advocates), building the capacity of teachers in psychosocial care and support and monitoring the situation of unaccompanied and separated children.

Eritrea

An estimated 8,800 displaced households living in the drought-affected regions of Debub and Gash Barka will be provided basic non-food items (family kits with blankets, jerry cans, etc), psychosocial care and support, and mine risk education.

Kenya

The Ministry of Education and UNICEF are finalizing plans to train teachers and education managers from the affected districts in psycho-social counseling. UNICEF is also procuring education kits for distribution to the most affected parts of Turkana, Marsabit and North Eastern districts.

UNICEF has appealed for US$1,038,195 in the Consolidated Appeal for its education interventions but funding for emergency education remains low. The agency is urgently seeking funds to provide water tanks to 502 more schools (915 schools were mentioned in the appeal but funds have been found for 402 tanks so far), as well as 750 double deck beds and 1,500 mattresses and bed sheets for the low cost boarding schools.

UNICEF is currently engaged in a wide- ranging assessment of protection issues in Garissa and the surrounding areas. Emergency preparedness plans, including the establishment of child- friendly shelters and safe spaces for displaced and vulnerable youths, have been agreed locally with key government and NGO actors. UNICEF is also developing targeted psychosocial interventions and training for Government and other staff to recognize and intervene appropriately where children and others have been traumatized. The reintegration of 30 conflict- affected children through the Community Education Investment Programme is also being supported.

Coordination

In all five countries, UNICEF is providing cluster coordination leadership in nutrition and water and sanitation, whilst contributing significantly to WHO-led coordination in health, and supporting education and child protection. To strengthen this, experienced international experts have been brought into Kenya, Ethiopia and Somalia to support nutrition and water and sanitation. Activities being undertaken include:

- To provide a predictable, timely and effective response in emergencies;
- To assess the situation within a broad framework of food security, food aid, health, and water and sanitation, and coordinate a harmonized response to demonstrate maximum results and impact;
- To strengthen the capacity of national and local institutions to respond to and coordinate emergency interventions;
- Coordinate the implementation of integrated rapid assessments, surveys and other key information activities with partners;
- Plan, prioritize and develop strategy of the response with partners and stakeholders (Refer to technical scope of the cluster below);

- Coordinate policy and programme implementation, including a coordinated, collective response towards a common objective, and the application of agreed upon policy guidance and standard methodologies;
- Identify key partners, their response capacity (planned and actual) and conduct a gap analysis;
- Identify and advocate for resources (human and financial) to ensure an effective cluster response;
- Monitor and report on progress against agreed upon cluster performance benchmarks;
- Train and build capacity of national authorities, government and civil society; and
- Serve as provider of last resort.

3. APPEAL REQUIREMENTS AND RECEIPTS

UNICEF currently has a funding gap of almost US$ 54 million. Funding is urgently required to continue the scale-up of life-saving interventions for children and women in the drought-affected parts of Djibouti, Kenya, Eritrea, Ethiopia and Somalia.

DJIBOUTI

Overall rural districts			
Sector	**2006 appeal**	**Funds received***	**Gaps**
Water and sanitation	$540,000	$794,000	0
Health and nutrition	$220,000		
Total	**$760,000**	**$794,000**	**0**

*Funds received include contributions from the Government of Ireland and the UN CERF.

ERITREA

Sector	**2006 appeal**	**Funds received***	**Gaps**
Water and sanitation	$6,392,800	$2,865,594	$3,527,206
Health and nutrition	$5,759,488	$1,766,602	$3,992,886
Child Protection and Non-food items	$1,965,440	$166,000	$1,799,440
Education	$946,400	$35,000	$911,400
Total	**$15,064,128**	**$4,833,196**	**$10,230,932**

*Funds received include contributions from the Government of the Netherlands, US Fund for UNICEF, the UN CERF and funds borrowed from the UNICEF EPF.

ETHIOPIA

Sector	**2006 appeal**	**Funds received***	**Gaps**
Water and sanitation	$3,860,202	$1,933,667	$1,926,535
Health and nutrition	$6,312,541	$4,399,058	$1,913,483
Non food items	$323,250	0	$323,250
Operations support	$248,278	$81,924	$166,354
Total	****$10,744,271**	**$6,414,649**	**$4,329,622**

*Funds received include contributions from the Swedish SIDA, the Government of Denmark, the Government of Norway, the Government of Turkey, the French Committee to UNICEF, and the UN CERF.
**These funds are part of the USD 45,580,000 HAR funds requested, and represent the specific needs of the drought-affected regions.

KENYA

Sector	**2006 appeal**	**Funds received***	**Gaps**
Water and sanitation	$9,956,000	$7,143,553	$11,920,447
Health and nutrition	$7,600,000		
Education	$1,175,000		
Protection	$333,000		
Total	**$19,064,000**	**$7,143,553**	**$11,920,447**

*Funds received include contributions from the Government of Norway, the USAID/OFDA, the US Fund for UNICEF, the UK Committee for UNICEF, the Irish Committee for UNICEF, the Spanish Committee for UNICEF, and the UN CERF.

SOMALIA

Bay, Bekol, Gedo, Lower and Middle Juba regions			
Sector	**2006 appeal**	**Funds received***	**Gaps**
Water and sanitation	$10,442,000	$2,829,108	$7,612,892
Health and nutrition	$12,504,262	$3,780,584	$8,723,678

Education	$7,069,000	$500,000	$6,569,000
Protection	$2,788,600	$300,000	$2,488,600
Coordination and support services	$579,000	$817,620	-$238,620
Total	**$33,382,862**	**$8,227,312**	**$25,155,550**

*Funds received include contributions from the Government of Norway, the Government of Denmark, the Government of Sweden, the Government of the Netherlands, the Government of Ireland, DFID, Mercury, the US Fund for UNICEF, and the UN CERF.

ESARO

Sector	2006 appeal	Funds received*	Gaps
Information, analysis, coordination and leadership	$912,000	0	$912,000
Nutrition	$992,000	0	$992,000
Protection	$330,400	0	$330,400
Total	**$2,234,400**	**0**	**$2,234,400**

*Funds received include contributions from the Government of Norway, the Government of Denmark, and the UN CERF.

Additional details on the Ethiopia, Kenya, Somalia Eritrea and Djibouti Programmes can be obtained from:

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