

Horn of Africa crisis

UNICEF Somalia, Kenya, Ethiopia and Djibouti - 24 July 2011
Addendum to HAU issued 8 July

UNICEF requires urgent increased donor support to scale up life-saving interventions for children and women in the Horn of Africa

- Famine has been declared in Lower Shabelle and parts of Bakool regions of southern Somalia and malnutrition rates are at emergency levels in arid and semi-arid regions across much of the Horn of Africa. Over 2.3 million children in Ethiopia, Kenya and Somalia are estimated to be acutely malnourished.
- With over half a million severely malnourished children at risk of imminent death, access to food for these populations must be scaled up immediately to stabilize stress migrations and to ensure the impact of nutritional care.
- The acute food security and nutrition crisis requires an integrated nutrition, WASH, health and livelihood response for internally displaced, refugee and drought affected populations.
- UNICEF is rapidly scaling up its interventions in the area of nutrition, water, sanitation and hygiene, child protection, education and health, including immunization and other preventative interventions.
- Over the next two months, UNICEF will expand blanket supplementary feeding in Somalia to reach 300,000 families including 360,000 children under five years, with the aim to further expand to 510,000 families over the next six months. In Ethiopia, US\$1.2 million in UNICEF emergency supplies has been dispatched to the Somali region, and UNICEF Kenya has provided partners with US\$1.4 million in supplies for children in camps and drought-affected pastoral areas.
- UNICEF is working closely with Governments, UN and NGO partners. In this respect, an Operational Partnership between UNICEF, WFP and UNHCR is being set up to strengthen synergy and ensure a cohesive and more effective response.
- Based on the Executive Director's July 21 declaration of a Corporate Emergency in the Horn of Africa, UNICEF is garnering all of its resources to ensure an effective response.
- To reach the increasing numbers of children and women suffering in drought affected areas of the Horn of Africa, UNICEF humanitarian requirements for 2011 have been revised to nearly US\$ 300 million. This includes funding for to date largely under-funded Cluster coordination in Somalia, Ethiopia and Kenya.



Kenya, 2011: Women wait with their children at a nutrition screening site in the northern pastoralist Turkana District, where over 37 per cent of children suffer from global acute malnutrition. @UNICEF/NYHQ2011-114/Holt

RECENT DEVELOPMENTS

Somalia

Famine has been declared in parts of south Somalia (Lower Shabelle and parts of Bakool). In these areas¹, 270,000 people² are facing famine conditions. Population-wide death rates are above the famine threshold with more than two deaths per 10,000 people every day or four child deaths per 10,000 children every day. Across Somalia, out of a total 3.7 million people, as many as 1.85 million children are in need of urgent humanitarian assistance. This represents an 85 per cent increase since mid-2010, and an increase of over 35 per cent, or 1 million people, since January this year. Access to the most vulnerable populations remains extremely challenging with the epicentre of the drought located in the South. Urgent food deliveries are needed to stabilize the plight of children and families on the move. The number of acutely malnourished children has risen from 476,000³ in January to 780,000⁴ with 82 per cent of all acutely malnourished in the south—where 640,000 children are acutely malnourished⁵. Under five death rates are higher than 4/10,000/day in all areas of the south where data is available, peaking at 13-20/10,000/day in riverine and agro pastoral areas of Lower Shabelle. Only 20 per cent of the population in the south have access to clean water. In April, school drop-out rates had already increased to 38 per cent in the south⁶.

Due to the desperate situation in the south, where the humanitarian response is seriously constrained and inadequate, people continue moving in the thousands, both internally and to neighbouring countries to access assistance. Since 1 July, over 15,300 people (including 9,000 children) have been displaced into Mogadishu from other regions. It is reported that an average of 1,100 and 850 Somali children are arriving in Ethiopia and Kenya respectively on a daily basis. Those who survive the long and exhausting journey arrive in appalling conditions. A recent nutrition survey in Ethiopia's camps revealed that over 47 per cent of newly-arrived Somali children were acutely malnourished; illustrating the extreme conditions they left behind in southern Somalia⁷. The acute food security and nutrition crisis must be addressed through immediate access to food along with an integrated package of nutrition, WASH, health and livelihood interventions. The priority nutrition action is to save lives through treating and preventing malnutrition and addressing other causes of malnutrition, such as water borne diseases and measles vaccination. UNICEF is one of the largest service providers in Somalia, leading two clusters: nutrition and water, sanitation and hygiene, co-leading the education cluster with Save the Children, and leading the child protection sub-cluster. Humanitarian operations have been very difficult but not impossible, with increasing access to the south gradually being tested. UNICEF will continue to work with government, UN agencies, international NGOs and a network of capable national partners in 2011 to meet the pressing needs of 1.85 million children.

Priorities for scaling up include: in **nutrition**, what is required first of all is general food aid for the entire target population enhanced by supplementary feeding for selected groups and the treatment of acute malnutrition. In the current critical situation, UNICEF is planning to more than double capacity for the treatment of severely malnourished children, scaling up coverage from the current 7,500 children per month to at least 17,000 per month, aiming at reaching 200,000 children (at least 100,000 over the next six months) through a network of over 200 Outpatient Therapeutic Programme (OTP) facilities in the south. Plans also include scaling up coverage of moderately malnourished children from the current 11,500 per month to 16,500 per month; aiming to reach 198,000 (at least 99,000 in the next six months) through more than 300 Supplementary Feeding Programmes (SFP) centres. To complement this, UNICEF's main area for scale up is the provision of blanket supplementary feeding for 510,000 families (over 3 million people), over the next six months including at IDP camps and transit areas⁸. Up to 200 maternal and child-health clinics and 100 health posts – reaching an estimated 2.5 million women and children – will have sufficient essential drugs, vaccines, basic equipment and training as well as stronger outreach health services for life-saving interventions. This includes expanded coverage of measles for children up to 15 years of age for a total of 2.5 million children (including 1 million children aged 6-59 months for Vitamin A supplementation, and 900,000 aged 12-59 months for deworming); and scale up and upgrading of Expanded Programme on Immunization (EPI) at nutrition and health centres. **Water, Sanitation and Hygiene (WASH)** related interventions will include massive scale-up upgrading water supply/sanitation facilities and hygiene

¹ Excluding Afgoye town

² Food security and nutritional analysis unit, (FSNAU) July 2011

³ 103,000 severely malnourished and 373,000 moderately malnourished

⁴ 340,000 severely malnourished and 440,000 moderately malnourished

⁵ 310,000 severely malnourished and 330,000 moderately malnourished. Food security and nutritional analysis unit, (FSNAU) July 2011

⁶ UNICEF/WHO joint monitoring programme WASH, 2008

⁷ UNHCR, 2011

⁸ This would be scaled down in the event that blanket food distributions are to be conducted in those areas.

promotion in the 500 supported nutrition centres, and ensuring large-scale distributions of WASH items (NFIs, soap and household water treatment product) and water vouchers, using OTPs as community entry points, targeting 300,000 children and their families (1.8 million people). The plan includes scaling up emergency water supply and sanitation for 50,000 IDPs at camps and transit sites, and 30,000 people in host communities. A strong component throughout will be hygiene promotion, with the aim to reach communities with hygiene messages through OTPs, in camps, in host communities, and through schools and child-friendly spaces. Through its **Education** programme, UNICEF is currently supporting over 37,000 IDP children (49 per cent girls) to attend IDP primary schools at 155 sites in established camps or neighbouring communities in the south. The Education and Child Protection sections are collaborating to establish 343 new Child Friendly Spaces (CFSs) in IDP camps/settings targeting an additional 30,000 children over the coming weeks while schools remain closed for the holidays. All children in CFSs will access safe and protective environments and benefit from psychosocial support, recreational materials, food vouchers, education activities, health and hygiene education and WASH facilities including 3 litres of water per child and gender adapted sanitation. UNICEF support will increase from 197,000 primary school children to reach 300,000 primary school children at an estimated 500 schools or temporary learning spaces in IDP camps and in host communities across the south. Through 15 **Child Protection** (CP) networks mostly in the south, 20 Monitoring organisation and 40 CP monitors, the focus is on scaling up community mobilisation activities on protection, including at transit centres and mainstream child protection messages and concerns/priorities in all programme sectors. UNICEF is also working with partners to identify Separated and Unaccompanied Children and to prevent separation. The network of Child protection monitors on the ground will also be leveraged for screening and referrals, and for provision of psychosocial support at CFS. The living conditions for up to 16,000 households (96,000 people) affected and/or temporarily displaced by rapid onset of conflict or flooding will be improved through provision of **Shelter/Non Food items**.

Kenya

An estimated 3,500,000 people are affected by the drought and in need of food assistance in Northern Kenya. The most affected regions are: Turkana, Wajir, Mandera, Isiolo, Marsabit and Moyale. A sharp rise in food prices has severely hit the most poor and vulnerable populations leading to an increase in needs. Crude mortality rates are above the emergency threshold among drought-affected pastoralist communities in Turkana North (i.e. 2.13/10,000/day). Levels of acute malnutrition have significantly increased as a result of the deteriorating food security. In general GAM rates are above 25 per cent, with Turkana district having a GAM rate of 37.4 per cent. Admissions in therapeutic feeding programs are showing a sharp increase in 2011 with an increase of 78 per cent when compared to 2010. The nutrition sector estimates that 385,000 children below five years old and 90,000 pregnant and lactating women are currently affected by acute malnutrition with 65,000 children below five years affected by severe acute malnutrition. These levels of acute malnutrition and associated morbidity and mortality are expected to continue to increase if the current trends are not immediately addressed. In the drought affected north and eastern districts, routine immunization coverage is approximately 60 per cent, meaning 67,317 of the under-one year olds are unvaccinated, representing 336,586 of the under-fives susceptible to measles outbreaks. Counties in the Northeast Province, Turkana and other areas are already reporting an increased case load of diarrheal diseases.

In response to this UNICEF has distributed contingency drug supplies to the Northern arid areas of Kenya, provided financial support to the North East Province Health Management Office for surveillance strengthening and routine outreach service delivery, and continues to support the overall sector response with MOH, WHO and partners. WASH Emergency supplies to assist over 75,000 people have been distributed to District Public Health Officers, Water Service Boards and UNICEF field locations. Over 50 hand pump units are now being set up for installation in priority locations.

A combination of drought and the on-going armed conflict in neighbouring Somalia has triggered the sharpest refugee inflow in a decade and led to a refugee emergency in the border areas. The refugee population in Dadaab is currently 378,855, with an estimated 1,300 new arrivals every day, the majority of whom are women and children, stretching the already crowded Dadaab camps beyond their coping capacity. The levels of severe acute malnutrition and mortality in young children within the Dadaab camps are increasing at alarming rates in the face of limited resources to address the situation. Admissions to therapeutic feeding centres have increased by 200 per cent with 3,804 cases of severe acute malnutrition. 78 per cent of the admissions are new arrivals from Somalia. The mortality rates have risen considerably (above 0.6 per 1000 deaths/month), compared to the same period in 2010 where the rates were 0.2 per 1000 deaths per month. Compounded by malnutrition and poor sanitation, the risk of communicable

diseases outbreaks particularly measles, polio and cholera is high among the refugee population as well as the host communities.

UNICEF is responding to the crisis by increasing access to life saving **nutrition** interventions, through management of acute malnutrition, at community and health facility levels for children under five years old, children above five years old, adolescent, adults and elderly and by increasing access to preventive actions at community and health facility level (i.e., infant and young child nutrition, micronutrient supplementation, blanket supplementary feeding promotion of hygiene and sanitation). In the area of **health**, UNICEF is strengthening immunization coverage with emphasis on measles and polio, supporting scale-up of high impact Maternal, new-born and child health activities at both facility and community level. Specific interventions for refugee and host communities include a measles and vitamin A campaign targeting 158,000 children in the camp and surrounding areas. In collaboration with the Kenya Provincial Health Authority in border areas, health stabilization support will be provided to refugees on arrival. In **WASH**, UNICEF will promote dissemination of key health information targeting prevention and control of health emergencies and ensure access to adequate WASH services for refugees in Dadaab Refugee camps and in host communities. UNICEF will also enhance **child protection** interventions in Dadaab refugee camp, at the border reception centres and the host community through existing partnerships with Save the Children and other partners to prevent and address child protection issues. In order to improve access to **education**, UNICEF will provide temporary learning spaces/classrooms, education kits, recreation kits and Early Childhood Development kits to schools with a high influx of refugee children. Community mobilization for increased enrolment will be organized among new arrivals. The cluster system in Kenya is integrated within existing sector coordination mechanisms jointly with government. To support coordination of the humanitarian efforts, UNICEF co-chairs the WASH, Nutrition and Education sectors. In Dadaab, UNICEF is further strengthening its presence and support to the UNHCR-coordinated response for a total estimated target population of 350,000 children less than 15 years in the refugee camps and the host districts.

Ethiopia

In response to the deteriorating food security situation, the Government of Ethiopia together with humanitarian partners released a revised 2011 Humanitarian Requirements Document (HRD) on 11 July 2011. The document highlights the findings of a multi-agency assessment and monitoring results indicating that approximately 4.5 million beneficiaries require relief food assistance during July to December 2011. This represents a 42 per cent increase compared to figures released in April. In addition, some 7.8 million chronically food insecure people continue to require assistance through the safety nets programme. In particular, support is urgently required for an estimated 159,220 children at risk of severe acute malnutrition, 2 million children at risk of measles, 5 million people at risk of acute watery diarrhoea, and 8.8 million at risk of malaria. The revised HRD is appealing for US\$ 68.6 million for health, nutrition, water/sanitation, and agricultural interventions; and further calls for a total of 419 MT of food valued at \$330 million.

UNICEF is scaling up its drought response in health, nutrition, WASH and education to meet the revised requirements of the population in Ethiopia; and continues to support the Government's on-going close monitoring of the population's nutritional status, as well as of disease outbreaks. Acute Watery Diarrhoea, greatly reduced in the last 18 months, remains a threat heightened by both population movements and the impact of the drought-floods cycle. UNICEF is expanding its measles outbreak response in drought-affected woredas, targeting 652,500 children under the age of five. Water trucking for an additional 120,000 people will be launched around late August in Somali and Oromiya regions; and it is expected to continue until October when the next rainy season is due to start.

The escalating humanitarian crisis in Ethiopia is compounded by an increasing number of refugees fleeing drought and conflict in Somalia. The number of refugees crossing over into the Somali region of Ethiopia has steadily increased over the past two months reaching the peak of 2,000 arrivals per day. More than 30,000 Somali refugees have arrived in Dollo Ado (Ethiopia) in June/July alone, bringing the total number of Somali refugees in Ethiopia to more than 135,000 and the numbers continue to increase. The vast majority of the refugees are women and children; with children under the age of 18 being over 80 per cent. They are in a very poor state of health, dehydrated and severely undernourished. UNHCR estimates that more the half of the refugee children are malnourished. This increasing influx of refugees is placing a significant additional burden on already scarce resources and systems in the Somali Region.

While UNHCR and nutrition partners are providing supplementary and therapeutic feeding to all children following screening upon arrival, UNICEF is supporting the vaccination of refugee children 6 month – 15 years of age upon arrival as part of the overall screening. UNICEF is further scaling up its response to meet the expanding immediate requirements of an estimated 112,000 Somali refugees who have settled near

Dollo Ado. This includes immunization and other health preventative interventions, nutrition response, clean water supply, hygiene, education and child protection.

In Ethiopia, UNICEF leads the WASH and Nutrition Clusters and co-leads Education with Save the Children Fund-UK. In view of the drought crisis in Somali region, cluster coordination capacities were recently reinforced through the deployment of region-level WASH and Nutrition cluster coordinators.

Djibouti

In Djibouti, 120,000 people, including 17,000 refugees require emergency assistance. Women and children are particularly affected by the lack of access to potable water and increased levels of malnutrition among children. Malnutrition rates have risen in poorer neighbourhoods of the principal urban areas. Médecins Sans Frontières (Switzerland) reports that moderate acute malnutrition rose from 7 per cent in May 2010 to 22 per cent in May 2011, affecting approximately 26,000 children in Balbala, PK12, Arhiba, and Ambouli neighbourhoods of Djibouti City (based on MUAC measurements). Severe acute malnutrition stood at 6 per cent in these areas in May 2011. More than 49 per cent of people in rural areas do not have access to a protected source of drinking water. The supply of potable water is one of the key risk factors for a child's survival and well-being at any time, and particularly so during an emergency. A 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 considering the fact 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. There is a threat of increased incidence of epidemics with children and pregnant and lactating women are particularly at risk.

To date, UNICEF has been responding to meet urgent humanitarian needs with a particular focus on nutrition and WASH. Emergency supplies have been distributed to children being treated for malnutrition, covering a total of 70 per cent of malnutrition cases and resulting in a 60 per cent recovery rate. 25,000 people in 20 locations have been provided access to safe drinking water through water trucking organized through water management committees.

UNICEF is currently scaling up its response with a focus on responding to the priority health, nutrition and WASH needs for those children and women who are most vulnerable. An estimated 10,000 children suffering from acute malnutrition will be screened and managed at the community level through supplementation of RUTF. Children with complications will be supported through health centres. UNICEF will scale up water trucking to provide access to safe drinking water in 30 areas where water is scarce, targeting 25,000 people. An estimated 20,000 people will benefit from the maintenance and repair of 20 water pumping stations. 30 existing wells will be deepened, sanitary sealed and fitted with hand pumps to ensure access to drinking water for an additional 20,000 people. Plans are underway with the MOH for a vaccination campaign including Vitamin A supplementation and de-worming to prevent outbreaks of killer diseases. Although the Cluster Approach is not formalized in Djibouti, UNICEF is active in sector coordination leading in areas of WASH and nutrition.

Emergency Coordination and Support (Eastern and Southern Africa Regional Office)

The Eastern and Southern Africa Regional Office (ESARO) is the primary coordination point for the multi-country response, led by the Regional Director, recently appointed as Global Emergency Coordinator for this crisis by the UNICEF Executive Director. ESARO continues to strengthen systems to enhance UNICEF country office capacities for response. This is being undertaken in close coordination and liaison with Headquarters with major focus on emergency information management, strategic humanitarian response planning, high level humanitarian advocacy, support to Cluster accountabilities and cross-border programmatic and operational coordination, resource mobilization, staff surge and overall supplies and logistics management. ESARO program advisor teams continue to provide dedicated emergency support including first-line technical assistance and surge support on Health and Nutrition, WASH, Education, Child Protection, Monitoring, Reporting and Evaluation.

REVISED FUNDING REQUIREMENTS

In order to respond to rapidly increasing needs, this revised Humanitarian Action Update is adjusting the funding requirements for UNICEF humanitarian operations reflected in the UNICEF Humanitarian Action for Children (HAC) Report 2011 for Somalia, Kenya, Ethiopia and Djibouti as well as the Eastern and Southern

Africa Regional Office⁹. In response to the drought emergency in Southern Somalia, UNICEF is dramatically scaling up its programme to respond to the urgent and increasing needs of women and children. For 2011, UNICEF has therefore increased its requirements for Somalia from US\$ 60.7 million to US\$ 136.2million to scale-up its emergency response and continue its work on improving the delivery, speed and coordination of emergency services in a country characterized by increased frequency and intensity of natural and human-made disasters. The funding needs for Kenya have increased to 73, 1 million and for Ethiopia to US\$ 76.6 million. Funding requirements for UNICEF Djibouti and the Eastern and Southern Africa Regional Office (ESARO) remain at US\$ 5,4 million and 7,5 million respectively.

The overall funding needs for the Horn of Africa have now risen to nearly US\$ 300 million reflecting the annual humanitarian requirement in the crisis affected region. This includes funding for to date largely under-funded Cluster coordination in Somalia, Ethiopia and Kenya.

Country	Total HAC 2011 requirements in previous update (8 July 2011)	Revised Total HAC 2011 requirements	Total Funds received as of 21 July 2011	Unmet Requirements (US)	% Unfunded
Somalia	60,698,000	136,172,005	43,711,552	92,460,454	68%
Kenya	23,629,000	73,120,000	12,391,176	60,728,824	83%
Ethiopia	57,416,000	76,628,028	28,653,218	47,974,810	63%
Djibouti	5,405,000	5,405,000	774,439	4,630,561	86%
ESARO	7,450,000	7,450,000	100,000	7,350,000	99%
Total	154,598,000	298,775,033	85,630,385	213,144,649	71%

UNICEF's ability to undertake the massive humanitarian assistance needed in the Horn of Africa depends entirely on funding from donors. UNICEF gratefully acknowledges the generosity of the supporters who have already contributed to making a difference. UNICEF invites donors to maintain or increase their commitments to reach children and women suffering in drought affected areas of the Horn of Africa.

Further information on the UNICEF emergency programme in the Horn of Africa can be obtained from:

<p>Elhadj As Sy UNICEF Global Emergency Coordinator, Horn of Africa Emergency Crisis/ Regional Director Eastern and Southern Africa Regional Office (ESARO) UNICEF Nairobi Tel: + 254 20 762 2226 Fax: + 254 20 762 2045 Email: esy@unicef.org</p>	<p>Dermot Carty Deputy Director Office of Emergency Programmes (EMOPS) UNICEF Geneva Tel: + 41 22 909 5601 Fax: + 41 22 909 5902 E-mail: dcarty@unicef.org</p>	<p>June Kunugi Deputy Director Public Sector Alliances and Resource Mobilization (PARMO) UNICEF New York Tel: + 1-212 326 7009 Fax: + 1-212 326 7165 Email : jkunugi@unicef.org</p>
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⁹Funding needs for Kenya and Somalia are partly included in the 2011 CAPs mid-year reviews. The needs for Kenya, Somalia, Ethiopia, Djibouti and the ESARO are all included in UNICEF's Humanitarian Action for Children, currently under review. These documents are both being harmonized to include the increasing needs and funding requirements.

Annex I. Detailed Requirements per country

Somalia - Funding Gap (US\$)					
Appeal Sector	Total 2011 Requirements	Funds received as of 1 July 2011	Unmet Requirements (US)	% Unfunded	
Health	30,017,762	8,960,522	21,057,240	70%	
Nutrition	59,119,163	17,090,080	42,029,083	71%	
WASH	22,659,303	9,630,402	13,028,901	57%	
Education	14,524,226	4,323,908	10,200,318	70%	
Child Protection	6,587,250	3,214,469	3,372,781	51%	
Shelter/NFIs	1,854,301	492,171	1,362,130	73%	
Cluster Coordination	Nutrition	510,000	0	510,000	100%
	WASH	435,000	0	435,000	100%
	Education/Other	465,000	0	465,000	100%
Total*	136,172,005	43,711,552	92,460,454	68%	

Kenya (US\$)*

Kenya - Funding Gap (US\$)					
Appeal Sector	Total HAC 2011 Requirements	Funds received as of 21 July 2011	Unmet Requirements (US)	% Unfunded	
Health	27,500,000	2,972,329	24,527,671	89%	
Nutrition	27,500,000	4,051,079	23,448,921	85%	
WASH	6,300,000	3,902,377	2,397,623	38%	
Education	6,730,000	623,756	6,106,244	91%	
Child Protection	3,800,000	623,756	3,176,244	84%	
Cluster/ Sector coordination related costs	Nutrition	350,000	0	350,000	100%
	WASH	300,000	0	300,000	100%
	Other	140,000	0	140,000	100%
Communications, Monitoring & Evaluation	500,000	217,880	282,120	56%	
Total**	73,120,000	12,391,176	60,728,824	83%	

Ethiopia - Funding Gap (US\$)					
Appeal Sector	Total HAC 2011 Requirements	Funds received as of 21 July 2011	Unmet Requirements (US)	% Unfunded	
Health	16,331,000	2,962,262	13,368,738	82%	
Nutrition	28,812,364	18,409,242	10,403,122	36%	
WASH	14,913,960	6,240,714	8,673,246	58%	
Education	9,704,704	841,000	8,863,704	91%	
Child Protection	4,520,000	0	4,520,000	100%	
HIV/AIDS	700,000	0	700,000	100%	
Cluster Coordination	Nutrition	1,201,580	0	1,201,580	0%
	WASH	395,040	200,000	195,040	49%
	Other	49,380	0	49,380	100%
Total**	76,628,028	28,653,218	47,974,810	63%	

Djibouti - Funding Gap (US\$)				
Appeal Sector	Total 2011 Requirements (HAC plus HAU)	Funds received as of 21 July 2011	Unmet Requirements (US)	% Unfunded
Health	600,000	0	600,000	100%
Nutrition	1,875,000	295,427	1,579,573	84%
Water, Sanitation and Hygiene	2,400,000	479,012	1,920,988	80%
Education	80,000	0	80,000	100%
Child Protection	400,000	0	400,000	100%
HIV/AIDS	50,000	0	50,000	100%
Total**	5,405,000	774,439	4,630,561	86%

ESARO - Funding Gap (US\$)				
Appeal Sector	Total HAC 2011 Requirements	Funds received as of 21 July 2011	Unmet Requirements (US)	% Unfunded
EPR/DRR	700,000	100,000	600,000	86%
Nutrition	1,000,000	0	1,000,000	100%
Health	5,000,000	0	5,000,000	100%
Water, Sanitation and Hygiene (WASH)	350,000	0	350,000	100%
Child Protection	200,000	0	200,000	100%
Education	200,000	0	200,000	100%
Total**	7,450,000	100,000	7,350,000	99%

* Funds received against this appeal will be used to respond to both the immediate and medium-term needs of children and women as outlined above. If UNICEF should receive funds in excess of the medium-term funding requirements for this emergency, UNICEF will use those funds to support other, under-funded emergencies.

** The total includes a maximum recovery rate of 7%. The actual recovery rate on contributions will be calculated in accordance with UNICEF Executive Board Decision 2006/7 dated 9 June 2006.