

UNICEF HUMANITARIAN ACTION

DROUGHT AFFECTED PARTS OF ETHIOPIA, KENYA AND SOMALIA

DONOR UPDATE 27 JANUARY 2006

- In Ethiopia more than 1.75 million people are affected by the drought; in Kenya 4.5 million people are affected by the shortage of water; and around 2 million vulnerable Somali children and women face serious food shortages.
- UNICEF recently launched its Humanitarian Action Report 2006 in which the total funding requirements for emergency interventions in Ethiopia, Kenya and Somalia amount to USD 69,266,330.
- Due to the rapidly deteriorating situation, UNICEF urgently requires USD 16,393,747 (out of the total USD 69,266,330 requested for 2006) to carry out life-saving programmes for drought-affected children and women over the next three months. These will include therapeutic and supplementary feeding programmes, measles and vitamin A campaigns, water and sanitation programmes, child protection, and education.



SUMMARY FUNDING TABLE

Funding Gaps by Sector	Ethiopia	Kenya	Somalia	Total
Water and Sanitation	2,070,103	1,000,000	526,000	3,596,103
Health and Nutrition	5,464,715	1,500,000	2,412,000	9,376,715
Education	0	500,000	0	500,000
Child Protection	0	0	0	0
Shelter/Non-Food Items	198,250	0	456,000	654,250
Logistics support	210,206	0	300,000	510,206
Sub-total	7,943,274	3,000,000	3,694,000	14,637,274
UNICEF Indirect Programme Support Cost (12%)*	1,756,473			
Total	16,393,747			

*) The actual recovery rate on individual contributions will be calculated in accordance with the Executive Board Decision 2003/9 of 5 June 2003.

1. EMERGENCY OVERVIEW AND ISSUES FOR CHILDREN

ETHIOPIA

A major humanitarian crisis is building up along Ethiopia's remote south-eastern border with Kenya and Somalia – sparked by the almost complete failure of two successive rainy seasons. The resulting drought will leave more than 1.75 million Ethiopians¹ struggling to survive without sufficient food, health, nutrition and care in the country's Somali and lowland Oromiya regions. More than 737,000² people urgently need emergency water supplies.

Women and children are already bearing the brunt of the growing emergency. Worrying levels of severe acute malnutrition have been recorded. 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 over the next three months which are traditionally a dry season in the region.

Measles – linked to more than 20 percent of the deaths of children under five in the area's last major drought in 2000 – is also on the rise. So far 195 suspected cases of measles were reported from Degehabur, Liben and Warder zones of Somali region; 14 deaths have so far been reported. Measles immunisation coverage in both areas is very low. Routine EPI coverage for measles in the lowland Oromiya areas during the last quarter of 2005 was only 10%. Diarrhoea was also blamed for the deaths of 13 children in the Somali region's Moyale zone this December.

Schools are starting to close across the regions, as pastoralist parents remove their children to take them on long migrations to find water and better pasture. In Borena zone of Oromiya region, five schools and 11 alternative basic education centers have closed so far, affecting about 1,500 children.

Many pastoralists are taking drastic measures to preserve their livestock, slaughtering newborn calves to save their weak mothers. The prices of water and cereals are sky-rocketing (up to 50 per cent higher than normal levels), while the price of livestock – the pastoralist's main trading commodity – is falling. There are also increased reports of thefts and begging in the region's main settlements.

Field monitors have reported growing signs of panic among the largely pastoralist population. Their pasture and water resources have been hit by the lack of rain, and by competition from cattle flooding into Ethiopia to escape the growing drought in northern Kenya and Somalia. Livestock deaths and sightings of emaciated cattle are both on the rise. As a result, Ethiopian pastoralists have also started to walk hundreds of kilometers in search of better pasture – often straying over the border into drought-stricken districts in Kenya.

The drought comes on top of an already high level of vulnerability. More than 50 percent of the populations in these areas have had to survive on emergency assistance since as far back as 1998. People have not recovered from the impact of successive shocks, including crop failures and the loss of productive assets. Livelihoods across the region have also been hit by increased restrictions on cross-border trade, worsening relationships between Somaliland and local traders, and the general deteriorating security situation.

The growing border drought amounts to the most pressing element of the current emergency situation across the whole of Ethiopia. Earlier this week, the Ethiopian government, together with UNICEF and other partners, appealed for just under US\$166 million to reach 2.6 million with emergency food and non-food aid through 2006.

KENYA

The 2005 short rains failed in many parts of Kenya, especially the arid and semi arid (ASAL) districts. This followed erratic and unevenly distributed 2005 long rains and 2004 short and long rains. The result has been a progressive deterioration of pastures and water sources over the last two years. Currently 27 ASAL districts are affected, with pockets of additional districts also drought-affected. Of these, 22 districts are facing critical food shortages. About 4.5 million people are affected by the shortage of water and require immediate water services provision. Some 1.2 million people are on general food relief with numbers projected to increase to over 2.5 million by the end of January, 2006. For pastoralists, the lack of pasture has meant a loss of livelihoods leading to migration in search of water, food and pasture.

Malnutrition and disease burden amongst the most vulnerable groups, especially young children and pregnant and lactating women, has increased. It is estimated that there are around 40,000-60,000 malnourished children and

¹ Somali region southern zones – 1.5 million people; Oromiya lowlands – 255,000 people

² Somali region southern zones – 637,000 people; Oromiya lowlands – 100,000 people

women in 27 districts who need immediate assistance. Routine immunization rates in many of these areas are as low as 9% for NEP. An emergency measles campaign was undertaken early in 2005, but the combination of malnutrition and measles is still a major threat.

Schools in the affected districts, already with very poor education indicators, are reporting a high proportion of absenteeism and drop outs. The failing rains have had a severe impact on household livelihoods. While the cost of cattle, sheep and goats has declined, the price of staple food has escalated, thus weakening the households' financial abilities to meet education costs. Migration has also impacted on children's ability to stay in schools. An average of 10% drop out was reported from the districts by the end of 2005. In some schools it has reached 70%. 27 schools in Wajir and Garissa have remained closed in the new year due to water scarcity.

The Government of Kenya declared an emergency at the beginning of the year, appealing for both food and non-food assistance from partners.

SOMALIA

Children, women and vulnerable communities in Somalia face a serious food shortage in the coming months. The FAO's Food Security Assessment Unit (FSAU) asserts that the humanitarian situation is steadily worsening and poor rains have dramatically affected food availability. FSAU estimates that 2 million are vulnerable to humanitarian emergency and/or acute food and livelihood crisis in Somalia, with 1.7 of them being in Central/Southern Somalia. In the worst affected regions of Gedo, Bakool, Bay and Middle and Lower Jubba, agencies are already reporting increased admissions at feeding centers and a rise in cases of diarrhea.

For many years the affected regions have faced food insecurity and destitution, local conflict, recurrent displacement and the absence of effective local administration. Contributory factors include the worst harvest in a decade; conflict that has caused displacement and disrupted markets and livestock migratory patterns; poor rains in neighboring countries; limited migratory options and support mechanisms; limited access to critical areas by humanitarian bodies; sea piracy causing disruption to delivery of supplies; and unacceptably high levels of chronic malnutrition ranging from 15 to >20% in some areas, this translates into as many as 60,000 malnourished children and women requiring nutritional support.

Immunization coverage in South/Central Somalia is low, with measles coverage at 13% and 35% for 2004 and 2005 respectively. Even lower is the measles coverage in Bay Region, at 9%, where a key partner withdrew in 2004. Mogadishu has reported the best immunization coverage results for the Zone in the past two consecutive years at 20% and 37%. However, in the context of a very weak routine immunization programme and low coverage rates, outbreaks are expected particularly between November and March when transmission is traditionally high. Reports received from Baidoa (Bay Region) and Mogadishu (Benadir Region) indicate that there is an abnormal incidence of measles cases for the period 1 November - 31 December 2005 with over 760 cases reported along with 48 deaths. The outbreak of WPV 1 in Mogadishu in July 2005 has now spread to L/Shabelle Region. There is an alarmingly high rate of refusals for Polio vaccination after seven years of Polio NID campaigns.

2. UNICEF RESPONSE: ACTION AND IMPACT

ETHIOPIA

UNICEF continues to be responsible for inter-agency sector coordination in nutrition, water and sanitation, in addition to child protection and education.

WATER & SANITATION: UNICEF plans to provide emergency water tankering for up to 76,000 of the Somali region's worst-affected people in the early days of the crisis. Within three months, UNICEF's water and sanitation efforts will reach all 637,000 affected people in the Somali region with a range of interventions. Those will include the drilling of two new boreholes and the rehabilitation of 20 currently defunct motorized boreholes, alongside widespread sanitation promotion programmes. Plans for the lowland Oromiya regions include the maintenance and replacement of water scheme equipment (for 30 schemes); emergency drilling of 15 deep wells; support to water tankering to schools and health institutions, and scaling up of sanitation and hygiene education activities. These interventions will benefit more than 100,000 people.

HEALTH: In the Somali region, UNICEF will act quickly to support the treatment of 410,000 of the 1.3 million people estimated to be at risk of drought-related diseases by setting up 16 mobile health teams. Over the full three months UNICEF will work to reach the remaining affected population by strengthening eight health facilities and conducting measles/polio campaign covering 313,000 children aged under-five in areas not covered by the Enhanced Outreach Strategy (see below). In the Oromiya lowland region, UNICEF will reach half a million affected

children through the provision of emergency drug kits, anti-malaria drugs and ITNs; the training of health workers and community health workers; and through mass vitamin A supplementation. A measles campaign will reach 200,000 children under five years old in the area.

ENHANCED OUTREACH STRATEGY³: Under the partnership of UNICEF, the WFP and the Government, more than 314,000 under-five children in Somali region will receive in late January a life-saving package of interventions - including Vitamin-A supplementation, de-worming, measles vaccinations and nutritional screening.

NUTRITION: UNICEF will reach 12,000 severely malnourished children and women in the Somali region by supporting the implementation of 14 new therapeutic feeding programmes, seven new supplementary feeding programmes and 10 anthropometric surveys in hotspot areas of Somali region. Plans for Borena include the provision of technical support and therapeutic products and equipment for the treatment of severely malnourished children, both on an outpatient and inpatient basis, reaching 2,000 severely malnourished children and women.

FIELD OUTREACH: UNICEF is currently setting up a new base in Gode, at the heart of the drought-hit southern Somali region. Two UNICEF emergency officers and one health expert will use this as a base as they monitor UNICEF-funded activities and work to support government bodies in coordinating their multi-sectoral emergency response plan. Staff from UNICEF Ethiopia's Addis Ababa-based Oromiya office will be redeployed to Oromiya's lowland regions.

NON-FOOD ITEMS: The regional DPPB⁴ projects that there will be a need for non-food items (blankets, tarpaulins, jerry-cans etc) for the reported 100,000 IDPs in the Somali region. UNICEF is in the process of procuring these items for immediate deployment and will preposition them to protect women and children.

KENYA

The Office of the President is coordinating the overall response to the emergency, with support from the UN. UNICEF's role is to support the Ministry of Health, the Ministry of Water and the Ministry of Education in their coordination of emergency actions in those sectors. FAO supports the agriculture and the livestock ministries while WFP supports the Office of the President in the analysis of how many people require food assistance, and in the distribution of the food. The Government of Kenya will launch an updated appeal within the next two weeks supported by the UN, with separate budget lines for food aid, education, health and nutrition, and water and sanitation, as well as for agriculture and livestock requirements.

WATER AND SANITATION: UNICEF will support fuel for boreholes to subsidize communities; water trucking including to schools and feeding centers; fast moving spares and service parts; opening of contingency boreholes; supply of submersible pumps; standby generating sets; vehicles; support to RRT teams; water tanks; water treatment equipment and chemicals; removal/incineration of carcasses around water points; and social mobilization for hygiene and sanitation.

HEALTH AND NUTRITION: UNICEF will support the Government of Kenya's efforts to scale up response for targeted feeding through more therapeutic and supplementary feeding programmes; support integrated outreach services, through mobile clinics where needed, in underserved and hard-to-reach locations targeting 300,000 people; improve preparedness and management of diarrhoeal diseases; strengthen district capacity to provide basic health services through provision and distribution of emergency health kits to 400,000 people; provide 150,000 children with long-lasting insecticide-treated nets and train community resource persons on promotion and distribution of nets; provide anti-malarial treatment to 40,000 adults and 100,000 children as part of emergency response; and mobilize and deploy health workers to man the new feeding centers to be established. A nationwide measles campaign will take place in the middle of the year. Sufficient funds are currently available for carrying out the measles campaign.

EDUCATION AND CHILD PROTECTION: UNICEF will provide water tanks (100) to 100 schools and supply low cost boarding schools with necessary facilities; provide bursaries to 64 secondary school girls to enable them to continue their education; supply education learning materials to students in need; and train teachers and community members (including youth and children as appropriate) on psychosocial skills such as guidance and counseling.

³ The full name is the Enhanced Outreach Strategy / Targeted Supplementary Feeding for Child Survival Interventions. It is the largest ever partnership between UNICEF, the WFP and the Ethiopian government and targets 6.8 million children under 5, as well as pregnant and lactating mothers, in 325 drought affected districts. It provides a child survival package twice a year of vitamin A supplementation, de-worming, measles catch-up, nutritional screening, referral to supplementary or therapeutic feeding programmes and, increasingly, polio immunization and malaria nets.

⁴ Disaster Prevention and Preparedness Bureau

SOMALIA

The UNICEF-led water sector committee has developed a draft inter-agency response plan. Since early December UNICEF has begun drought water and sanitation activities in seven locations and is finalizing project agreements with partners in a number of other affected areas. UNICEF has already convened sectoral meetings focusing on water and sanitation and nutrition and health response, in collaboration with WHO. UNICEF has strengthened emergency coordination capacities in nutrition, water and sanitation and education sectors. UNICEF is shifting increased numbers of technical staff into the worst affected areas, supported by senior management and coordination staff from the main office in Jowhar and Nairobi. Necessary field coordination systems are in place and/or being strengthened with WFP and OCHA, including use of the Wajid WFP base of operations in Bekol region as the main coordination centre.

WATER AND SANITATION: UNICEF is presently undertaking drought response actions in six districts of Gedo, Middle Juba, Bay and Bekol regions. These include provision of fast moving spares and equipment, shallow well rehabilitation, well-deepening and chlorination. Additional response actions are being discussed with other NGOs. UNICEF is coordinating the Water and Sanitation sector and taking steps to strengthen overall coordination functions. Despite the continuing paucity of implementing partners, UNICEF is coordinating with NGOs and community-based organizations on ways to expand coverage in the most vulnerable areas through short term emergency actions, including water trucking.

HEALTH: Joint Health and WES response is being undertaken in several locations where an increase in diarrhea has been reported. An inter-agency cholera response plan will be activated as required and UNICEF maintains pre-positioned stocks in numerous locations in Central and Southern Somalia. UNICEF and WHO are working together towards adopting a special disease surveillance tool to enable timely detection and response to the main killer diseases. Through the Global Fund program, UNICEF (PR) is also positioning further ITNs in the event of an increase in malaria outbreaks.

Although Somalia Measles SIA was planned in line with the global Measles Mortality Reduction strategy, the present context in Central & Southern Somalia calls for a more rapid response to reduce child mortality. The implementation of the measles campaign in Bekol region in late 2005 has provided the experience to go to scale in the rest of the region. Conducting the campaign as early as possible in 2006 will: i) respond to the threat of massive measles outbreaks within the malnourished populations of the drought-affected; and ii) provide a strong argument for behavior change in favor of polio vaccination. Further micro-planning is underway for the national 'catch-up campaign' now scheduled to begin in Bay, Bekol, Gedo, Lower and Middle Juba regions from 1 March and then expand to the other regions of the Central and Southern Zone. This is a continuation of the campaign begun in the northern zones in 2005 under WHO/UNICEF technical and financial assistance. The campaign will be conducted in a phased approach between March and April 2006 starting with those regions worst affected by the drought crisis. Funding requirements have been secured.

NUTRITION: UNICEF is presently supporting seven feeding centres in the affected areas as an ongoing program targeting the chronic high malnutrition found in the districts of Gedo, Middle Juba, Bay and Bekol regions. Expanded procurement of nutritional commodities is underway as current feeding programs will need to expand to an increasing demand that could exceed over 50,000 children under five requiring supplementary and therapeutic interventions. Further planning is underway in this regard. UNICEF is relocating an international nutritionist with emergency experience from its Hargeisa office to the Central/South to enhance the quality of this response. At the national level, as with the WES sector, an Emergency Drought Sector Coordinator will be secured to ensure that UNICEF fulfills its IASC sector lead responsibilities.

EDUCATION: UNICEF has already deployed and distributed 45 school tents to the drought affected areas in Bakol and Bay regions while other school tents for Gedo drought areas were moved to sub-distribution points and will be soon dispersed. Education sector inputs, including the distribution of Education Kits and textbooks, have been made ready for dispatch to the emergency affected communities. School tents have been pre positioned for the response.

3. FUNDING REQUIREMENTS

ETHIOPIA

Somali and Oromiya lowland regions			
Sector	Immediate funding needs 3 months	Funds received	Gaps
Water and Sanitation	2,420,103	350,000	2,070,103
Health and Nutrition	5,714,715	250,000	5,464,715
Non-Food-Items	198,250	0	198,250
Logistic support	210,206	0	210,206
Total	8,537,409	600,000	7,943,274

KENYA

27 ASAL Districts			
Sector	Required Budget Initial 3 months	Funds received	Gaps
Water and Sanitation	1,220,000	220,000	1,000,000
Health	1,220,000	470,000	750,000
Nutrition	1,592,883	842,883	750,000
Education	500,000	0	500,000
Child protection	30,000	30,000	TBD
Total	4,562,883	1,562,883	3,000,000⁵

SOMALIA

Bay, Bekol, Gedo, Lower and Middle Juba regions			
Sector	Required Budget Initial 3 months	Funds received	Gaps
Water and Sanitation	1,462,000	936,000	526,000
Health	1,558,000	500,000	1,058,000
Nutrition	1,860,000	506,000	1,354,000
Education	180,000	180,000	TBD
Shelter/ NFIs	456,000	0	456,000
Logistics support	300,000	0	300,000
Total	5,816,000	2,122,000	3,694,000⁶

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

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⁵ As stated, this figure represents immediate requirements for the next three months. The HAR figures for Kenya were based on an analysis carried out before the full extent of the emergency was clear. These figures will be updated within the next two weeks as part of the Government of Kenya appeal, highlighting funding requirements until end 2006. These figures will be higher than what was originally presented in the HAR.

⁶ Total CAP funding priorities as of 16 January 2006 is USD 3,694,000 [In addition, UNICEF has also reprogrammed from RR (900,000 for Health and Nutrition which is not included in the total above) and is reviewing further possible funding needs subject to updated operational assessments with field partners. Note also that UNICEF has pre-positioned stocks of family tents, family relief kits and school tents. The figure of US\$456,000 constitutes the additional needs for NFIs. In addition to this, UNICEF has sufficient supplies and funds for its Education response to the drought.]