

# UNICEF HUMANITARIAN ACTION

## HORN OF AFRICA

# DONOR UPDATE

3 JULY 2006

The humanitarian situation in the drought-affected countries of the Horn of Africa remains serious

- Seasonal rain has not brought an end to the emergency and has even compounded the already fragile situation in many places.
- Child malnutrition rates are unacceptably high in some regions, especially in Kenya and Somalia.
- Outbreaks of diarrhea and other water-borne diseases are reported across the region.
- Torrential rains have caused flash floods in several areas, leading to displacement, and loss of homes and livelihoods, especially in Ethiopia and Kenya.
- UNICEF still requires close to US\$ 43 million to respond to the urgent needs of millions of children and women.



## 1. ISSUES FOR CHILDREN

The impact of the drought in the Horn of Africa has been most severe in pastoral areas, particularly in Kenya and Somalia where nutrition assessments indicate malnutrition levels far beyond emergency thresholds, but also in Ethiopia, Eritrea and Djibouti. Pastoralist children usually enjoy a diet rich in protein, but when livestock waste away during a drought, stop producing milk and then collapse and die, the deprivation of their normal diet comes as a shock to their metabolism. Within a couple of months, the children become severely undernourished.

Findings from latest nutrition surveys covering the most affected areas in the Horn of Africa have shown that the nutrition situation remains critical. In some areas, the findings are indicating an alarming further deterioration. The majority of the surveys showed levels of GAM about 20%; it is estimated that around 200,000 out of about 1 million children affected by the drought in the Horn are suffering from Global Acute Malnutrition (GAM).

A total of 44 nutritional surveys have been undertaken between January and May 2006 in four of the Horn countries (Eritrea, Ethiopia, Kenya, Somalia) affected by the humanitarian crisis. Three surveys were undertaken in Eritrea, 17 in Ethiopia, 15 in Kenya, and 9 in Somalia, with a focus on the most affected areas. A multiple indicators cluster survey (MICS) is underway in Djibouti and results are expected by July 2006. The latest information available for Djibouti comes from a rapid assessment that was undertaken in February 2006 using the mid-upper arm circumference (MUAC). Thirty-two of the surveys showed acute malnutrition rates in children under-five at and above the critical threshold of 15% indicating that the situation is critical. This emphasizes the urgent need for a timely and effective emergency response that addresses the direct and underlying causes of under-nutrition in children so as to reduce mortality and malnutrition rates, particularly among the most vulnerable children.

Many pastoralist families who have lost most of their livestock over the past few months, have migrated in search of water, food, jobs and support from family members in urban areas. In recent years these pastoral populations have become increasingly vulnerable due to political and economic marginalization and resource management issues, which has reduced their coping mechanisms to deal with the effects of cyclical droughts.

In some parts of the region, the onset of the long rainy season has now replenished open water sources and brought some regeneration of pasture, but for many affected pastoral communities the arrival of the rains has brought little relief as major numbers of their livestock had already died.

In some of the affected areas, the new water has also brought its own problems to the already weakened population, and has caused an increase in the number of water-borne diseases. 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 do not effectively reach these populations. There is a growing consensus among aid agencies and governments that a better response would therefore be to adapt services to the nomadic lives of the pastoralists, instead of compelling them to adopt a sedentary way of life for which they are ill equipped. Before the next drought strikes, existing infrastructure needs to be strengthened through the introduction of mobile services that are suited to the pastoral lifestyle.

UNICEF would like to express its gratitude to those donors who have already contributed to the emergency response in the Horn of Africa. UNICEF still urgently requires almost US\$ 43 million to be able to respond to the immediate and longer-term needs of affected children and their families.

## EMERGENCY OVERVIEW BY COUNTRY

### Djibouti

Over 80,000 people are at risk in Djibouti, and 12,500 are children under five. As a result of the current drought, the severe acute malnutrition rate has reached 10.6 per cent and global acute malnutrition is at 28 percent, which is critically high. The traditional mechanisms families and clans use to cope with drought have strained to the breaking point, and may have further negative impacts on child mortality and morbidity rates. Loss of livestock, estimated at 30 per cent in some areas, has had a devastating effect on coping mechanisms. Consumption of unsafe water is linked to a very high proportion of childhood illnesses in Djibouti, including diarrhoea. Many water systems are non-functioning and traditional water points have dried up. Even more worrying, most Djiboutian mothers do not exclusively breastfeed and are known to give their children water during the first months of life, with many of these children being given un-boiled water. The already poor situation is likely to aggravate now that Djibouti is entering the summer period during which temperatures above 50°C are usually experienced. Water needs are expected to increase whilst the country's water resources management practices are characterized by unequal access. This is further exacerbated by the poor quality of available water everywhere and the lack of it in some places.

### Eritrea

The lack of adequate rain, access to clean water and sanitation, in addition to frequent diarrhoea and acute respiratory infections in children under five years of age have contributed to high levels of malnutrition. Three surveys were undertaken in three regions in 2006, showing levels of GAM between 11% and 21%. Recent data has shown that the situation has deteriorated in Gash Barka, where GAM levels increased from 17% in July 2005 to 21% in February 2006. Similarly, SAM prevalence in Gash Barka has increased from 1.5% to 2.3% over the same time period. The two other surveys undertaken in 2006 for Maekel and Southern Red Sea showed GAM levels in under-five children at 11.1% and 12.2% respectively. For Maekel, this represents a slight increase in GAM prevalence from 8.8 % in October 2005 to 11.1% in February 2006. The only region where rates of GAM decreased is Southern Red Sea, where prevalence declined from 14.4% in May 2005 to 12.2% in January 2006. However, this does not reflect the failure of the rain in December/January in this region. In these affected areas, it is estimated that a total of 110,000 children suffer from GAM. According to Ministry of Health estimates only 20,000 children are covered with supplementary feeding, which means that around 90,000 children in Eritrea are not being reached.

Malnutrition in under-fives includes micronutrient deficiencies in iodine (25%), iron-deficiency anaemia (34%) and Vitamin A (42%); largely due to food insecurity. Children already weakened by malnutrition are at most risk to opportunistic diseases, such as measles. The coverage rate of vaccination against measles in Eritrea is relatively low at 80% leaving a number of children every year without protection. Under-nutrition among women of child-bearing age is among the highest in Sub-Saharan Africa, estimated at 38% nationally and at 53% in the most severely drought-affected regions. This is a sign of serious household food insecurity as disease is unlikely to be a major cause of adult malnutrition.

Eritrea's high number of IDPs means that families, especially near the Ethiopian border, are especially vulnerable to drought. Access to safe water and adequate sanitation is a significant problem in Eritrea, where in rural areas only 54 per cent of the population has access to a protected water source and only 3.6 per cent have access to improved sanitation facilities. Even before the drought, infectious diseases were the leading cause of death for children under five, with malnutrition contributing to over 60 per cent of under-five mortality rates. Acute respiratory infections and diarrhoea were other leading causes of under-five mortality.

### Ethiopia

Sustained aid is needed to save lives and livelihoods along Ethiopia's remote southeast border with Kenya and Somalia. Two main factors lie behind the humanitarian situation in the

country's affected Somali region and the Borena zone of its Oromia region:

1) The population is still suffering from the aftermath of a drought in the first three months of this year. More than two years of poor rainfall ended in April with the outbreak of heavy but patchy showers in many areas. These downpours have brought new pasture, easing the situation for some pastoralists whose herds managed to survive the drought. Availability of milk and milk products has improved. Recent data from admission in outreach therapeutic feeding (OPT) in Somali region confirm that the nutrition situation has stabilized, if not improved.

However, the drought has wiped out large numbers of cattle, sheep and goats, leaving many pastoralist families destitute without their traditional income. By early June, for example, more than 300 families had settled on the outskirts of the Somali region's second town Gode after losing all their livestock to the drought. Most are now dependent on food aid or scraping a living through the sale of firewood.

The rains are exposing the already-weakened population of both regions to the new threat of malaria, diarrhea and other deadly water-borne diseases. Diarrhea-related cases and deaths have been reported in Somali region's Adale district by UNICEF, in Dolo Odo by OCHA and in Elkere and Kelafo districts by Save the Children UK. Similar scenes have been widely reported in Borena's Dire, Miyo and Moyale districts.

Flash floods in rivers that originate in Ethiopia's highland region have also destroyed property and livestock in the Somali region. In late May, for example, nine villages were destroyed and 870 households displaced in the Chereti district of the region's Afder zone.

2) The area's predominantly pastoralist lifestyle is being threatened by a number of severe and continuous social pressures, chief among them conflict, restricted access to markets and very poor health infrastructure.

An intensification of clashes between Ethiopian government forces and separatist rebel groups in late May and early June is disrupting humanitarian activities across some areas of Ethiopia's Somali region. Restrictions have been placed on the movement of private vehicles and lorry-loads of humanitarian goods have been held up in towns for days at a time.

Looking ahead, the National Meteorological Agency reported in late May that no further rain is now expected in Ethiopia's southern pastoral areas until October. This is particularly bad news for the drought-hit regions as it is estimated that the rains that have fallen so far will have to continue through June if they are to have a significant beneficial impact on pasture levels and other humanitarian indicators. Current rain levels have not been sufficient to replenish shallow and deep ground water tables which are the main source of drinking water and have been drained by the past two years of poor rainfall.

## **Kenya**

The rainy season which began in early April has had mixed results in the drought-affected regions in Kenya. Heavy rains pounded many parts of the country, including the northeast and coastal regions that were hardest hit by the lack of rains during the prolonged drought. Other areas received below normal levels of rainfall, with some areas receiving no rain at all. The rains arrived too late in pastoralist areas to end the hunger crisis as well as prevent widespread animal losses.

Even though pasture conditions improved and immediate water needs were met in many areas, outbreaks of diarrhoea took the lives of 13 children in the month of May in one district alone. Weak livestock continued to die, increasing the danger of outbreaks of waterborne disease, with most water contaminated by rotting carcasses that are littered particularly around water points. As of 16 May 2006, flooding caused by the heavy rainfall had reportedly killed 53 people and displaced 150,000 of people in various districts. Moreover crucial roads, particularly between Garissa, Mandera and Wajir districts, were rendered impassable by the heavy rains, which in some instances delayed the distribution of relief food.

The rain has therefore not brought an end to the emergency crisis. It has actually made the situation worse by causing the spread of disease and making it difficult for food aid to get to affected communities. The food situation continues to deteriorate, with available food and non-food resources falling short of growing demands.

Three out of 15 surveys carried out in Kenya show levels of GAM at almost 30% (Marsabit, Isiolo, and El Wak/Mandera District), which is at the brink of a humanitarian disaster. In Turkana Area, for instance, the levels of GAM between Feb/March 2002 to May 2006 rose from 11% to 22.1%. In all assessed regions between 2002 and 2006 the rates of acute malnutrition and severe malnutrition increased significantly (in Loima & Turkwell from 11.9 to 23.6%, in Kainuk & Katilu from 12.7 to 21.2%, in Kakuma, Oropi, Lokichoggio from 11.4 to 26.6%, in Central, Kerio, Kalokol from 21.3 to 26.6%). All six surveys carried out in Turkana District in May 2006 showed GAM rates of above 20%. In particular, levels of Severe Acute Malnutrition (SAM) were found to be very high: all surveys showed levels of more than 3%, in three divisions within Turkana District SAM levels are above 4%. Compared to 2005 SAM levels in Turkana District have increased significantly. Additional nine surveys were carried out between January and May 2006 showed ranges of GAM between 13.2% (Isiolo District) and 29.9% (Marsabit District), the rates of SAM ranges between 2.1% (Samburu District) and 3.5% in Marsabit District. Nearly 3.5 million people including 700,000 children below the age of five still need emergency assistance. It is estimated that in the focus districts about 86,000 under five children and 9,300 pregnant and lactating mothers need nutritional support. Out of these nearly 1500 under five years old require therapeutic treatment.

Conflict has escalated in the pastoral areas with at least 38 people left dead and the loss of thousands of heads of cattle, sheep, goats and camels reported.

Recent measles, vitamin A and polio immunization campaigns have reached an average 90 per cent coverage rate. However, frequent migration and low immunization coverage in neighbouring Somalia have increased the risk of measles and polio in Kenya.

With large numbers of cows, camels, and goats having died during the last eight months poverty levels have escalated - in some districts poverty levels have risen from 65% to 80%. Most pastoralists know no other way of life except livestock; work in the towns of the affected districts is scarce. There are reports of children getting involved in child labour as families try to make ends meet. The situation is not improving and there are fears of another peak of the emergency in the coming months since rains have been insufficient in many areas and coping mechanisms have dramatically depleted. This has been the worst drought that Kenya has experienced in the last ten years and the vulnerability of the population, especially women and children, remains a huge concern for the coming months, in terms of health and nutrition, water and sanitation, education and child protection.

## **Somalia**

Some 1.7 million people continue to live in conditions of humanitarian emergency, manifested primarily in the loss of livestock assets (>50% mortality of cattle in many areas) and failed crop production (<50% of the post-war average cereal production in many areas). This situation continues despite generally good rains in April-May bringing short term relief to southern Somalia following two successive failed rainy seasons. The main challenge to be addressed is continuing food insecurity and high rates of malnutrition.

The nine surveys undertaken between January and May in Somalia show rates of GAM that range from 15% to 24%. Furthermore, the recent surveys have shown that the highest rate of GAM was in the Gedo Region with 23.8% (March 2006). In the same region, SAM in children under five years of age was at 3.7%. The prevalence of GAM in Somalia was assessed in five regions between January and March 2006; ranging from 14.7% (Wajid, excluding IDP's) to 27.1% in two IDP camps in the same area. In four of the surveys, the nutritional situation is critical (GAM >15%). The most recent surveys undertaken in April and May 2006 in Gedo and Juba Regions also show critical malnutrition rates between 16.2% (Jilib Riverine District) and 21.9% (Buale and Sakow District). The current estimated number of malnourished children are about 58,000 from Bay, Bakool, Gedo Middle Juba and Lower Juba.

While support for food distribution, including supplementary and therapeutic feeding, is essential, food relief agencies (WFP and CARE in particular) have been unable to meet priority food needs due to lack of timely contributions from the donors. WFP's emergency food aid coverage is targeting roughly 1 million out of the overall 1.7 million. However, only 40% of the planned food distributions have been completed due to limited stocks, insecurity and impassable or difficult road conditions. The operational complexities (largely based on local insecurity) have also prevented UNICEF and other agencies from undertaking nutritional interventions to the required scale. MICS field work will begin in July, 2006 which will produce a broader national overview, disaggregated to the level of Somaliland, Puntland and Central Southern Somalia.

Even under normal circumstances, Somalia is characterized by a water scarce environment and hence improving access to water and sanitation is a central focus of the UNICEF Somalia programme. It is estimated that less than 30 percent of the population has reliable access to safe water throughout the year. Less than 50 percent of the population of Somalia is living in households with sanitary means of excreta disposal. These poor hygiene and environmental sanitation conditions provide a breeding ground for major causes of water-related diseases among children and women, like cholera and diarrhea. Of special concern is cholera, which is endemic in Southern Somalia. Improved hygiene and sanitation practices and access to clean water are essential for prevention of cholera and diarrheal diseases.

The humanitarian response continues in the wider context of a tenuous national reconciliation process characterized by recurring episodes of insecurity that disrupt and delay the efforts of aid agencies. An expanding civil conflict within greater Mogadishu, now extending to Belet Weyne, near the Ethiopian border, exacerbates the situation. Child survival conditions in the southern part of the country – the areas worst affected by drought and insecurity – are on average much worse than the already poor situation of children and vulnerable groups in the rest of the country, with indicators such as child mortality and literacy already among the highest and lowest in the world respectively.

In Gedo, Lower and Middle Juba, Bay and Bekol – the regions worst affected by the drought – food insecurity and malnutrition have replaced water shortages as the most compelling need. While the harvest of the now ending "Gu" rainy season will bring considerable relief to many affected households, this is not likely to have an impact on child nutrition before August and will have even less immediate an impact on pastoralist children whose families have been hardest hit by the loss of livelihoods and food security.

On average, 40% of schools in the drought affected regions have been closed and those that are still functioning have an estimated drop-out rate of 42%, thus resulting in a massive 65% of drop-outs (about 38,342 pupils). Among the reasons for the closure and decreased attendance are the drought (ranking first with an 84% score), followed by conflicts (9% with a special reference to Baidoa, Berdale and Qansandhere districts of Bay region), and lack of funds (5%, especially in Kisimayo district of Lower Juba and Tiye glow of Bakol region). When analyzing the impact of the drought on pupils with a gender focus, data show that the drought has negatively affected attendance of both boys and girls.

## **2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS**

### **Djibouti**

#### **Water, Environmental Sanitation and Hygiene**

UNICEF has supported water trucking benefiting some 25 sites inhabited by at least 10,891 persons, ensured consolidation of (10) water pumping stations for at least 9850 people, purchased 50 water tanks of 3000 liters capacity to be used in affected rural areas, and strengthened partnership with the Ministry of Agriculture, Water, Livestock and the Sea responsible for Water resources. UNICEF will continue to support the rehabilitation of water infrastructures (boreholes, wells); the installation of hand pumps on 48 wells (out of which 40

were initiated with the support of WFP) and upgrading them by ensuring sanitation around the wells; installation of 50 water tanks in vulnerable rural areas; creation of new water sources meeting acceptable sanitation standards; strengthening national capacity by repairing the only drilling rig and training staff on the use of GPS, dewatering pumps, Delagua testing kits, and installation and maintenance of Afridev hand pumps; social community mobilization to ensure their participation in water resources management; updating inventory of water sources, starting with Tadjourah and Obock districts which are the most affected districts countrywide; and routine water quality monitoring.

### Health and Nutrition

In April 2006, UNICEF jointly with WHO supported the Ministry of Health to conduct a nationwide Polio campaign, to mitigate the risk of polio reappearance in the country (the last known case dates back to 1999), covering 74,982 children under 5. The coverage rate for the polio immunization throughout the whole country was 91% and distributed as follows by district:

| DISTRICTS    | Number of children     |                        |               |                 |           |
|--------------|------------------------|------------------------|---------------|-----------------|-----------|
|              | Target Population 2006 | Children 0 – 11 months | 12-59 months  | Total 0-5 years | %         |
| DJIBOUTI     | 54823                  | 11574                  | 37861         | 49435           | 90,17     |
| ALI SABIEH   | 8 381                  | 3369                   | 5439          | 8808            | 105       |
| ARTA         | 1875                   | 1013                   | 2357          | 3370            | 179       |
| DIKHIL       | 7591                   | 1379                   | 4479          | 5858            | 77,17     |
| OBOCK        | 2806                   | 903                    | 1892          | 2795            | 99,6      |
| TADJOURAH    | 7045                   | 929                    | 3787          | 4716            | 67        |
| <b>TOTAL</b> | <b>82 521</b>          | <b>19 167</b>          | <b>55 815</b> | <b>74 982</b>   | <b>91</b> |

UNICEF is continuing to support the Djibouti government's efforts to scale up nationally their response for targeted feeding through improved therapeutic feeding case management at both capital-based referral hospitals and through scaling up and better structuring and supervising rural home-based rations for therapeutic feeding programs. UNICEF also carried out the following activities:

- Revision of the nutrition protocol used by therapeutic feeding centers as well as the supplementary feeding centers and development of monitoring and evaluation tools.
- Evaluation of all health structures in the capital city of Djibouti offering supplementary and therapeutic feeding services.
- In terms of impact of nutrition services, data collected so far from the two referral hospitals of Djibouti offering therapeutic feeding services show that the fatality rate among children under five years suffering from acute severe malnutrition dropped down from 11% in 2005 to 6% from January to March 2006.

## Eritrea

### Water, Environmental Sanitation and Hygiene

UNICEF is constructing nine water systems, which will provide water for a total of 65,000 people. However, many people still rely on water trucking to cover their most basic needs. Currently, approximately 500,000 people living in villages affected by chronic water scarcity or the current drought are provided with water trucking on a subsidized basis supported by the Government. Water trucking is also ongoing targeting 66 primary schools serving a total of 32,000 pupils in Anseba and Northern Red Sea (NRS) regions.

UNICEF also provided support for water trucking for 26 schools (3200 school children) in drought affected areas in the Southern Red Sea Zoba and for 20 schools in Anseba for the benefit of 8,700 school children.

Challenges were encountered in finding water as only 9 out of 27 boreholes drilled were successful (30 per cent success rate) with the yield ranging from 0.2 l/sec to 6.5 l/sec. Adding 8 wells previously drilled, a total of 17 hand pumps are now under installation in 12 villages covering 5,100 people with 15 litres of water per capita per day.

### **Health and Nutrition**

Supplemental measles immunization activities are necessary for all children. This measure will reduce any build-up of susceptible individuals born since the last “catch up campaign” in 2003 and pave the way towards measles elimination. To control vitamin A deficiency in children under 5 years, vitamin A supplementation is part of the campaign. The Ministry of Health supported by UNICEF and WHO has wrapped up the preparations for implementing the national vitamin A + measles vaccination campaign scheduled for 28 June-2 July 2006. The target group is approximately half a million 6-59 month children. All zobas have received their share of vitamin A capsules, measles vaccines, syringes, IEC materials and other logistics. Dates of zoba micro-planning and pre-campaign assessments have been decided and already started in two zobas. A second round of vitamin A supplementation is planned for later this year.

To contribute to the reduction of child malnutrition, MoH supported by UNICEF is conducting an assessment of the current supplementary and therapeutic feeding project activities in the high risk Zobas such as Northern and Southern Red Sea and additional TFCs are opening in June/July. All the procured foods will be received and directly distributed by MoH. A community based therapeutic feeding plan has been developed to complement the facility based therapeutic feeding project. A consultant recruited to provide technical assistance to the MoH and UNICEF arrived on the 16<sup>th</sup> June.

### **Child Protection**

To increase the coverage of community based mine awareness, especially in the drought-affected regions of Debub and Gash Barka, UNICEF supported the training of 4 Mine Risk Education (MRE) teams consisting of 40 members of the Eritrea De-mining Authority. There are now ten teams targeting 665,000 people living in the most highly landmine/Explosives Remnants of War (ERW) impacted areas of the country with information and sensitization activities.

Mine Risk Education in schools focused on child to child activities and to promote children and youth participation in MRE efforts. UNICEF supported a MRE Training of Trainers (TOT) workshop that was conducted for 115 teachers, directors, supervisors and 3 journalists to strengthen school-based MRE programmes and mass media MRE awareness productions. This increases the number of MRE TOT to a total of 455 teachers and enhances the capacity of the Ministry of Education to provide MRE at schools.

### **Education**

A rapid assessment of the impact of drought on education was recently conducted in collaboration with the Ministry of Education and decisions were reached on the assistance to be given to schools. Essential educational materials for children have been procured and will be distributed at the start of the new school year in September.

### **Coordination**

UNICEF is the lead agency for WES and nutrition sectors and an active participant/ co-chair with WHO for the health sector. The cluster leader for WES arrived on the 14<sup>th</sup> June, unfortunately the nutrition cluster leader recruitment has been delayed. Interagency assessments have been conducted in Northern and Southern Red Sea zobas with WHO, reports are at present being drafted.

## **Ethiopia**

### **Water, Environmental Sanitation and Hygiene**

UNICEF provided support for the repair and rehabilitation of 78 motorised or hand-pumped boreholes and school cisterns in the early days of the drought – all that had been identified as malfunctioning. Work so far has benefited more than 200,000 people.

UNICEF is also funding the drilling of 27 new deep and shallow wells to ensure its interventions have a long term benefit.

Emergency sanitation and hygiene education, as well as the construction of latrines in schools and health institutions benefited more than 800,000 people.

UNICEF trained more than 200 community leaders in Borena zone in the safe disposal of animal carcasses and other sanitation measures. This was to prevent water contamination as the rains began and started to wash through the rotting bodies. UNICEF has also given US\$ 80,000 towards hygiene promotion activities across Somali region.

UNICEF provided emergency water tankering to 96,000 of the worst-affected people at the height of the drought – 76,000 of them in Somali region and 20,000 in Oromia.

UNICEF provided four Water Purification Units in Somali region's Dolado, Dolobay, Chereti and Gode districts along the main perennial Shebele, Genale, Weyib and Dawa rivers. Together they are processing 200,000 litres of water a day, benefiting 50,000 people.

So far UNICEF has distributed 148 5,000-litre water bladders across the drought affected zones, together with 1.2 million Water Maker purification sachets.

### **Health and Nutrition**

UNICEF Ethiopia pioneered the use of mobile health teams to reach highly-mobile pastoralists populations – 16 teams across Somali Region and seven in Borena. All are equipped with emergency health kits and are managing severe acute malnutrition using the outpatient therapeutic approach (with the provision of Plumpy Nut and BP5). The screening of severe malnutrition through the mobile clinics is providing an unprecedented source of nutrition data that are not usually available in pastoralist areas. The teams, trained, monitored and equipped by UNICEF and managed by regional health bureaux, are reaching more than 1.3 million people. If funding can be secured, there are plans to keep these running for at least the next six months. In many areas of Ethiopia's pastoralist regions, the mobile health teams are providing the only available health service.

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.

A total of 140,000 Long Lasting Insecticide Nets (LLINs) will be distributed in Somali region in June 2006. Another 150,000 LLINs will be distributed at about the same time in Borena. Major action is required to capacitate the very weak health system to manage malaria drugs and use them correctly to provide effective and prompt malaria diagnosis and treatment down to community level.

The Enhanced Outreach Strategy for Child Survival (EOS - the largest ever joint project between 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, nutritional screening and referral to supplementary feeding programmes in early February. Pregnant and lactating women also received nutritional screening and referral to supplementary feeding programmes. If funding can be secured, Somali region will have another round of EOS in September, followed by Oromia in October.

### **Coordination**

UNICEF has moved in to strengthen the coordination of drought responses, in line with the United Nations' Inter-Agency Standing Committee cluster lead approach. UNICEF is cluster

lead for Nutrition and WES and co-lead for Health together with WHO. This has included recruitment of key support staff, provision of secretarial support, encouragement of government bodies to hold meetings and distribution of coordination documents and maps.

## **Kenya**

### **Water, Environmental Sanitation and Hygiene**

A purchase order for 95,000 litres of diesel was received for Moyale, Marsabit, Isiolo, Samburu and Turkana districts. The subsidized fuel will be used for boreholes.

Water storage tanks (5000litres) were distributed in the following districts: Garissa- 10, Wajir - 15, Moyale -10, Marsabit- 15, Isiolo – 10, Turkana- 13, and West Pokot-20 for emergency interventions. UNICEF has also sent water treatment chemicals to Turkana in addition to other supplies from the Ministry of Water.

In West Pokot, 10 India Mark II hand pumps and 21 mobile toilets have been delivered.

UNICEF has sent 112,000 chlorine tablets, 40 drums (45kgs each) of chlorine and 500 20 litre jericans to Mandera, 112,000 chlorine tablets, 25 drums (45kgs each) of chlorine and 600 20 litre jericans to Turkana and a further 60,000 000 chlorine tablets, 30 drums (45kgs each) of chlorine to Wajir.

### **Health and Nutrition**

In Mandera district, where there has recently been an outbreak of diarrhoea, the office of the president, MOH, UNICEF, AAH, Islamic relief and water department formed a committee for district level planning and coordination. The MOH deployed personnel to boost capacity. UNICEF is mobilizing resources to the districts to facilitate the same. Clinical officers will be in charge of the zones, district officers and chiefs will organize public meetings.

UNICEF hired three additional vehicles to support mobilization of MOH staff to support the management of the diarrhoea outbreak. The team also did outreach services during the exercise in Fino, Rhamu and Takabe areas.

UNICEF supported the Ministry of health with Kshs 33 million worth of supplies/equipment and social mobilization funds, in addition to technical support in the design, implementation and supportive supervision of the Measles campaign activities.

In Tana River District, 121 vaccinators, 7 coordinators and 14 team supervisors were trained to participate in integrated measles campaign.

30,000 regular nets and re- treatment kits were sent to Mandera (10,000), Wajir (10,000) and Garissa (10,000). A further 50,000 nets and re-treatment kits were sent to Ministry of Health Mandera, (13,000); Merlin, Wajir (15,000); Ministry of Health, Garissa (12,000) and to the Ministry of health Ijara (10,000).

UNICEF in partnership with Ministry of Health and international NGOs has addressed the acute situation, saved lives and rehabilitated children in nine of the ten drought affected districts through implementation of supplementary and Therapeutic feeding program and capacity building of Ministry of health workers. A total of 2400 severely and 38,000 moderately malnourished and nearly 5000 pregnant and lactating mothers children are reached through NGOs such as Action Against Hunger and Islamic Relief (in Mandera), MERLIN ( In Wajir and Turkana) World Vision and Samaritan's Purse ( in Turkana), Concern Worldwide ( in Moyale), Christian Children Fund ( Turkana), SCF-UK ( In Isiolo) , TearFund ( In Marsabit) and Catholic Relief Service ( In Tana River), Diocese of Lowdar ( In Turkana) and Ministry of health (in Garissa and Isiolo) .

UNICEF has supported MOH and NGOs with cash and commodities such as Plumpynut (2650 cartons), Sugar (870 bags of 25kg each) Oil (4,760 cartons of 20 litres each), Dry skimmed milk (79 bags of 25kg each), UNIMIX (540MT) , anthropometric equipment (Height boards, Salter scales, weighing pants), F-75 (181 boxes), F-100 ( 475 boxes), feeding Kits

and registration Kits, Vitamin A and Iron supplements and Deworming tablets worth about USD 900,000. In five of the affected districts, Vitamin A supplementation coverage ranged from 83%-123%.

#### **Education**

In collaboration with Grundfos, UNICEF is supporting the installation of 11 solar systems in Turkana. 8 will focus on supporting the Northern parts in improving girls' education. The pumps will support development of kitchen and school gardens.

#### **Non-food Items**

UNICEF has sent 500 20 litre jericans to Wajir. The jericans will be distributed at the Supplementary Feeding Centres to pregnant and lactating mothers.

#### **Coordination**

Since year 2000 the UNICEF programme supports the government-led emergency response coordination mechanism for health and nutrition (Ministry of Health), Water and Sanitation (Ministry of Water) and Education (Ministry of Education). The system comprises of committees chaired by senior government officials with technical and secretariat support provided by UNICEF. All non state actors in the emergency response are expected by government to form part of the coordination mechanism. These committees meet on a monthly basis and frequently more often depending on need. The same mechanism is mirrored at district level with national actors liaising with district emergency programme managers. It is these committees that compile overall assessments of the situations, collate information on who is doing what and where, and decide priorities for extra support when it is offered, maintain email lists, circulate rapid assessment reports and agree on standards and guidelines for emergency interventions. UNICEF has full time staff servicing the secretariat and technical support needs of these three committees and has brought-in extra staff in the last month to further strengthen this support function.

UNICEF plans to set up an outpost in Turkana which is an office based at the District Development Office. The purpose of the outpost is to improve the support provided by UNICEF to the Government and development partners in emergency response and longer term development objectives. The UNICEF agenda in Turkana is to reduce the under five mortality and morbidity rates and increase the participation of girls in education.

### **Somalia**

Despite the expanding conflict between the Islamic Courts Union and a coalition of Warlords recently pushed out of Mogadishu, the UNICEF drought response programme continues in Southern Somalia. Program support and management functions have been undertaken on a mobile basis following the precautionary relocation of staff from the Jowhar office in early June.

#### **Nutrition and Health**

Seven additional supplementary feeding programmes opened in late May 2006 in an effort to address the nutrition crisis. This makes the total number of supplementary feeding programmes 17 in emergency affected regions. These activities are being carried out by UNICEF in partnership with international NGOs. Major gaps remain in the number of children reached by supplementary and therapeutic feeding response, still well below the SPHERE standards (50% rural and 70% urban). The gap is attributed to factors of insecurity, lack of reliable access and comparatively few agencies with implementing capacity. As the Nutrition Cluster lead, UNICEF is actively coordinating the response, bringing together existing and potential NGO partners and other interested agencies to close gaps in coverage. Considering the magnitude of the nutrition crisis and the existing gaps, advocacy for increased response from other sectors like water and sanitation, health and especially food aid continues.

UNICEF and partners have been concentrating on the prevention of 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 is nearing completion. The campaign, which has been 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 have been targeted 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) being covered by the campaign. Recent militia clashes and the continuing tensions in Mogadishu (Benadir) have slowed down campaign coverage in the city. The 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 (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 following increasing diarrhea cases in the three main hospitals in Mogadishu in April. Recent suspected cholera cases in the Jowhar area were investigated and found negative.

Toward malaria prevention, UNICEF is working with four Global Fund recipients on 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 two doses. The next round is getting underway with five 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.

#### **Water, Environmental Sanitation and Hygiene**

UNICEF WatSan interventions in the five worst drought regions undertaken since February include the rehabilitation of 11 borewells, the deepening of 129 shallow wells, training of 57 village water committees and training of 170 water chlorinators. Water trucking operations that were assisting some 77 different communities were suspended in May following adequate rains and surface water replenishment in these areas. Insecurity, limited partner capacity and coverage have been the main constraints affecting emergency interventions. Continuing focus of WatSan operations is shifting more towards early recovery aspects, including extension of urban/rural water supply systems for the rehabilitated borewells, enhanced operational maintenance of new water points, upscaling of hygiene education activities and extension of WatSan activities into poorly accessed regions (Lower and Middle Juba and Gedo) as conditions allow.

UNICEF holds the position of chairperson of the Water, Infrastructure and Sanitation Sectoral Committee of the Somalia Aid Coordination Body (SACB) and chairs the IASC WATSAN cluster for the Central and Southern Zone (CSZ) drought response. Frequent coordination meetings of the Drought Working Group have been organized both at field and Nairobi level to ensure an effective WATSAN drought response. During the drought in the CSZ, this cluster has ensured that there are no overlapping activities, and that partners maintain a common modality on the costs of water trucking and in ensuring a sustainable exit strategy through deepening shallow wells and rehabilitation of boreholes. In the period of January to March, UNICEF directly supported the provision of safe drinking water to the drought affected population in Bakol, Bay, Gedo and Middle Juba benefiting an estimated 258,000 people or 34% of the target population of 762,000 people.

#### **Education/Child Protection/Non-Food Items**

The UNICEF led cluster response for the education sector is ongoing with tents distribution for IDP camps, school feeding in collaboration with WFP, teacher incentives and provision of educational material in all the drought affected regions, in particular in Northern Gedo, through Trocaire and NCA, in Bakol through World Vision, in Bay through Intersos, in Middle Juba through World Vision, in Lower Juba through World Concern and Dial and in Hiran through ADRA. IDP camps in Bakol have been assisted with school tents and educational material and are followed up by World Vision.

The education response will reach a total of 20,687 pupils in the month of June, representing 54% of the initial target population. The emergency response is planned to include also Hiraan and Galgadud regions from June 2006 thus increasing the targeted beneficiaries.

Discussions are ongoing at field level to identify reliable local NGOs and CBOs (Community Based Organisations) to cover the gaps and to increase the number of beneficiaries of the education response. The main challenge remains limited access to certain locations due to insecurity and logistical problems.

Another challenge is the planned school closure from mid June to August that corresponds to the in-service training of teachers until end of July. During the month of June and July all the teachers will receive training from UNICEF that will include emergency education and an orientation on psycho-social care for children exposed to crisis. During the training, teachers will be sensitized to resume educational activities in August, one month before the official start of the Somalia scholastic year with the aim of recovering the lost period due to the drought.

### **3. IMPACT OF UNDER-FUNDING**

UNICEF currently has a funding gap of almost US\$ 43 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**

UNICEF Djibouti has achieved its funding target to respond to the emergency in 2006.

#### **Eritrea**

While Eritrea has received generous funding during the past few months, enabling UNICEF to invest in coordination, capacity development and expansion of both WES, health and nutrition services, the situation of children remains critical. General food distribution is not available and the next harvest not expected before November. In order to reach the estimated 100,000 undernourished children with therapeutic or supplementary feeding, UNICEF will require secured funding at least until the end of the year.

If funds are not made available, UNICEF has to withdraw funding for the water trucking in the worst affected villages along the Red Sea coast, where the next rains are expected only in December. This will lead to further loss of livestock and displacement of families including interruption of education.

Although 280,000 USD were recently received in response to the request of US\$946,400 in the Consolidated Appeal for education, further funding is needed to enable UNICEF to support child-friendly learning spaces for children affected by drought; train 200 teachers/facilitators in child-friendly and gender fair teaching methodologies and life-skills, and provide gender appropriate materials to support children's learning.

#### **Ethiopia**

If sufficient funding is not received soon, UNICEF would have to withdraw funding from the mobile health teams currently operating across the regions. The majority of the population would be left without access to adequate health care just as the threats of malaria and diarrhea are peaking. The next EOS rounds in Somali region and Borena would be severely undermined. This could have an impact on child morbidity and hit immunization levels against

measles – one of the main child killers in the region's last major drought in 2000. Already weakened children would be left vulnerable to the rise in malaria infections that has been predicted. Although drugs and Rapid Diagnostic Test (RDT) kits are available, urgent action is needed to capacitate Health facilities and communities to conduct rapid diagnosis and treatment of all emergency malaria cases. Ambitious plans to supply every Ethiopian household with two malaria nets over coming months would also take a hit.

Absence of a strong emergency preparedness mainly in Somali region and Borena zone of Oromia region is a major impediment that hampers coordination of swift emergency response activities to the more frequent emergencies in these areas. Funding this component would facilitate the reduction in the vulnerability as well as the morbidity and mortality of children, women and men at risk from both recurrent and acute emergency situations in the two regions.

### **Kenya**

Kenya has so far received 42 percent of the funds requested in the Consolidated Appeal. The generous funding during the past few months, has enabled UNICEF to invest in coordination, capacity development and expansion of both WES and health and nutrition services. However, the situation of children remains critical in the ten affected districts. General food distribution is not available and the next harvest is not expected before November. In order to reach the estimated 100,000 undernourished children with therapeutic or supplementary feeding, UNICEF will require secured funding at least until the end of the year.

In order to make its actions more efficient in the shortest term and reach the highest number of children, UNICEF Kenya is particularly focusing its interventions on Schools. Boarding schools and other ordinary schools in the majority of districts affected by the drought, – Garissa, Wajir, Ijara, Mandera, Moyale, Marsabit, Turkana - saw a substantial increasing of enrollments in the last months as a result of meals in the boarding facilities. As a consequence of the drought, more families are taking their children to school hoping they can find shelter and care. Shortness of funding, will compromise enrolment, the possibility for schools hosting children and the quality of education.

UNICEF Kenya is consolidating its support to the Ministry of Health Outreach System; expanding it to all the affected districts. UNICEF is supporting Supplementary and Therapeutic Feeding Centers in ten districts. A lack of funding will make the already high malnutrition rates unsustainable in the short term and lives will be lost. With the dramatic loss of livestock, which is the main source of income and nutrition, the already vulnerable populations risk disease and death.

The recent long rains season has brought some water reserves however it is estimated that by the end of August the majority of Water Pans and Dams will be empty. Water trucking is ongoing in some hard hit areas; rehabilitation of boreholes remain critical, fuel to run the boreholes have become a necessity since the loss of livelihood of most means that the communities themselves can no longer support this themselves; the contamination of water sources requires awareness and sensitization campaigns on the problems of unsafe water and hygiene; and the district level rapid response teams need to be put into place for more effective future responses. A lack of funding would end many of these life-saving activities.

The drought is worsening the already bad situation of the children, especially in the pastoralist districts. There are reports of increasing number of children getting involved in child labor as families try to make ends meet. Exploitation is rife in such situations as children are underpaid and work under harsh conditions adversely affecting their mental and physical well being-adding to the number of children languishing in poverty. As a result of shortness of funding, no child protection emergency services/centers had yet been established in the some drought affected districts.

### **Somalia**

UNICEF has benefited from a generous donor response to the revised CAP issued in March, with 43% of its requirement met. In the meantime, good rains have reduced the revised

WatSan requirement downwards. The failure of Somali authorities to reach a genuine peace agreement and thus no significant improvement in operating conditions on the ground means that UNICEF is unlikely to be able to program to the scale envisioned earlier this year.

#### 4. FUNDING REQUIREMENTS

##### SOMALIA

| Bay, Bekol, Gedo, Lower and Middle Juba regions |                     |                     |                     |
|---|---------------------|---------------------|---------------------|
| Sector  | 2006 appeal         | Funds received*     | Gaps                |
| Water and sanitation                            | \$10,442,000        | \$3,979,108         | \$6,462,892         |
| Health and nutrition                            | \$12,504,262        | \$5,933,073         | \$6,571,189         |
| Education                                       | \$7,069,000         | \$1,109,000         | \$5,960,000         |
| Protection                                      | \$2,788,600         | \$1,806,000         | \$982,600           |
| Coordination and support services               | \$579,000           | \$1,525,420         | 0                   |
| <b>Total</b>                                    | <b>\$33,382,862</b> | <b>\$14,352,601</b> | <b>\$19,976,681</b> |

\*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, the Government of Italy, DFID, UK Committee for UNICEF, Mercury (the US Fund for UNICEF), OFDA and the UN CERF.

##### KENYA

| Sector                           | 2006 appeal         | Funds received*    | Gaps                |
|----------------------------------|---------------------|--------------------|---------------------|
| Water and sanitation             | \$9,956,000         | \$1,927,219        | \$8,028,781         |
| Health and nutrition             | \$7,600,000         | \$4,249,446        | \$3,350,554         |
| Education                        | \$1,175,000         | \$300,000          | \$875,000           |
| Protection                       | \$333,000           | \$30,912           | \$302,088           |
| Cross-sectoral                   |                     | \$362,748          | -\$362,748          |
| Not yet allocated to the sectors |                     | \$1,493,868        | -\$1,493,868        |
| <b>Total</b>                     | <b>\$19,064,000</b> | <b>\$8,364,193</b> | <b>\$10,699,807</b> |

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

##### ERITREA

| Sector                              | 2006 appeal         | Funds received*    | Gaps               |
|-------------------------------------|---------------------|--------------------|--------------------|
| Water and sanitation                | \$6,392,800         | \$4,030,186        | \$2,362,614        |
| Health and nutrition                | \$5,759,488         | \$2,493,456        | \$3,266,032        |
| Child Protection and Non-food items | \$1,965,440         | \$347,449          | \$1,617,991        |
| Education                           | \$946,400           | \$338,286          | \$608,114          |
| Not yet allocated**                 |                     | \$350,000          | -\$350,000         |
| <b>Total</b>                        | <b>\$15,064,128</b> | <b>\$7,209,377</b> | <b>\$7,504,751</b> |

\*Funds received include contributions from the Government of the Netherlands, OFDA, US Fund for UNICEF, the UN CERF and funds borrowed from the UNICEF EPF. \*\*A contribution from the German Committee for UNICEF of US\$350,000 was received at the time of finalizing this donor update. The funds have not yet been allocated.

##### ETHIOPIA

| Sector               | 2006 appeal           | Funds received*    | Gaps               |
|----------------------|-----------------------|--------------------|--------------------|
| Water and sanitation | \$3,860,202           | \$1,893,464        | \$1,966,738        |
| Health and nutrition | \$6,312,541           | \$4,826,527        | \$1,486,014        |
| Non food items       | \$323,250             | 0                  | \$323,250          |
| Operations support   | \$248,278             | \$81,924           | \$166,354          |
| <b>Total</b>         | <b>**\$10,744,271</b> | <b>\$6,801,915</b> | <b>\$3,942,356</b> |

\*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.

#### ESARO

| Sector   | 2006 appeal        | Funds received*    | Gaps             |
|--|--------------------|--------------------|------------------|
| Information, analysis, coordination and leadership | \$912,000          | \$945,647**        | \$1,288,753      |
| Nutrition  | \$992,000          |                    |                  |
| Protection   | \$330,400          |                    |                  |
| <b>Total</b>                                       | <b>\$2,234,400</b> | <b>\$1,286,908</b> | <b>\$947,492</b> |

\*Funds received include contributions from the Government of Norway, the Government of Denmark, the Government of the Netherlands, the Government of Ireland, DFID, the German Committee for UNICEF, and the UN CERF.

\*\*Funds are currently being allocated to the different sectors. This will be reflected in the next donor update.

#### DJIBOUTI

| Overall rural districts |                  |                    |          |
|-------------------------|------------------|--------------------|----------|
| Sector                  | 2006 appeal      | Funds received*    | Gaps     |
| Water and sanitation    | \$540,000        | \$1,232,000        | 0        |
| Health and nutrition    | \$220,000        | \$380,000          | 0        |
| <b>Total</b>            | <b>\$760,000</b> | <b>\$1,928,777</b> | <b>0</b> |

\*Funds received include contributions from the Governments of Ireland, Germany, the Netherlands, Norway, USAID, and the UN CERF.

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

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