

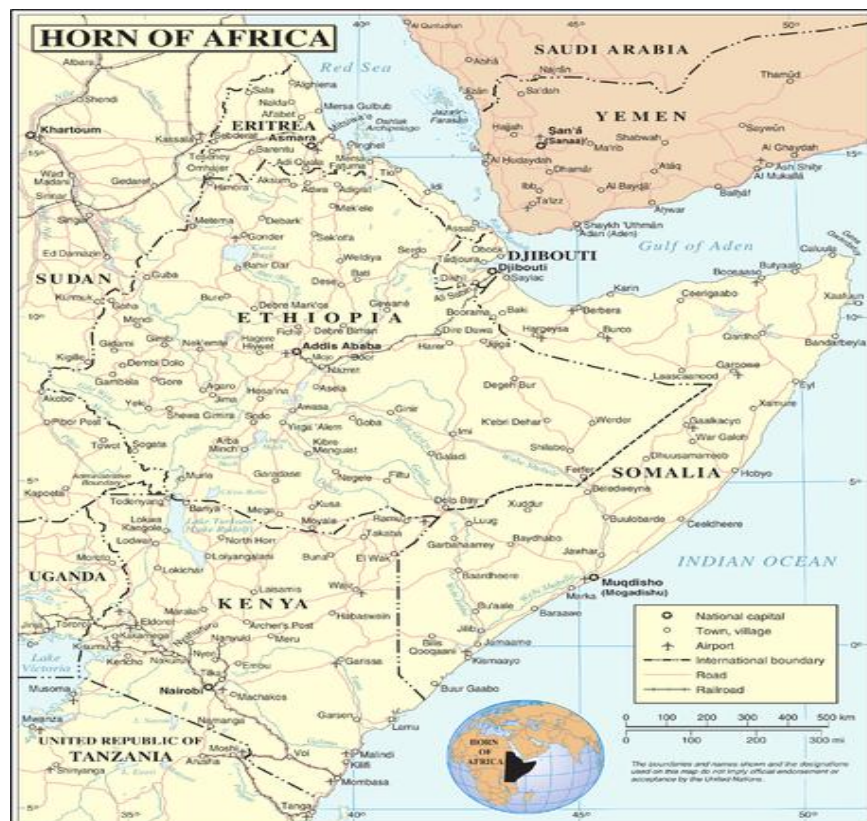
# UNICEF HUMANITARIAN ACTION UPDATE

## Horn of Africa

4 December 2009- Regional appeal with priority funding requirements  
December 2009 - February 2010

**UNICEF urgently requires USD 42,5 million to ensure the continuity of emergency assistance over the next three months for up to 24 million people affected by drought, chronic food insecurity and conflict in the Horn of Africa**

- Across the Horn of Africa some 500,000 children under five are presently suffering from severe acute malnutrition.
- In 2009, UNICEF in Djibouti, Eritrea, Ethiopia, Kenya, Somalia, and Uganda, UNICEF only received 42 per cent of its funding requirements despite 24 million people requiring emergency assistance in these countries.
- Poor humanitarian access and under-resourced humanitarian needs in Southern Somalia greatly increase the risk of refugee outflows to neighbouring countries.



## 1. ISSUES FOR CHILDREN

Ongoing chronic food insecurity, conflict and political instability are threatening the well-being and lives of millions of children in the Horn of Africa, a region where up to 50 per cent of under-5-year-olds are chronically malnourished and one in eight children die before reaching his or her fifth birthday. Since May 2009, the number of young children in need of emergency assistance in the Horn has increased by almost 1 million. According to UN data, some 24 million people in **Djibouti, Eritrea, Ethiopia, Kenya, Somalia** and parts of **Uganda** now need food aid and other humanitarian assistance, up from 20 million earlier this year. UNICEF estimates some 500,000 children under five are currently suffering from severe acute malnutrition across the Horn of Africa. In Somalia, nearly 5 million children under the age of five are suffering from the consequences of chronic food insecurity caused by prolonged drought and the impact of the continuing conflict, which both affect wider parts of the region; the dry spell has already led to enormous losses in livestock, increases in food prices and severe water shortages. A forecasted El Niño weather pattern for the current rainy season has already brought flooding in parts of the region including crop loss and a further increase of water-borne diseases and acute malnutrition.

With a global acute malnutrition (GAM) prevalence among children under five in **Djibouti** reaching critical levels of 28.8 per cent nationally - 23.6 per cent moderate acute malnutrition (MAM) and 5.2 per cent severe acute malnutrition (SAM) - more than 30,000 children under five are estimated to be acutely malnourished. Clean water shortages are widespread due to poor quality water, with more than 70 per cent of water points polluted. In **Eritrea**, recent results from Nutrition Sentinel Surveillance reveal that acute malnutrition among the under-five children is high, while sharp increases have been observed in the admission rates in community-based therapeutic feeding centres. Admission rates in February 2009 were two to six-fold higher than at the same time in 2008. In **Ethiopia**, up to 6.2 million people will continue to need emergency food assistance, with an estimated 78,058 children under five requiring treatment for SAM from October to December 2009. Many more are estimated to require treatment following Acute Watery Diarrhoea (AWD), measles and malaria outbreaks. An estimated 220,000 school-aged children are not able to continue their education due to drought, floods, conflict and other crises.

The number of women and children affected by acute malnutrition in **Kenya** has risen 63 per cent since the beginning of the year, to include 281,000 children under five and 110,000 pregnant or lactating women. The possibility of additional displacement in 2010 is high due to potential flooding, plans to evict settlers from the Mau Forest as well as the potential for resurgence of tensions that could be triggered by processes to address the causes of the 2008 post-election violence. In addition, the ongoing Somali crisis continues to produce an influx of refugees with more than 57,000 new arrivals during 2009. Available living space and assistance services are overwhelmed in the three Dadaab refugee camps, located in a remote area 75km from the Somali border. Existing water, sanitation, health and nutrition services and protection systems in the Dadaab refugee camps are severely overstretched, now hosting 267,000 people, well beyond the planned capacity of 90,000.

**Somalia** continues to face the worst humanitarian crisis in 18 years, with 3.6 million people in need of emergency assistance. The nutrition situation is critical with visible deterioration since the beginning of the year. Almost a third of the children living in the south and central regions are affected by chronic malnutrition. One in five children is suffering from acute malnutrition (about 285,000 children) compared to one in six in early 2009; 1 in 20 with severe acute malnutrition (over 70,000 children) are at risk of death without proper treatment. Escalated violence in Mogadishu has resulted in high rates of displacement with over 1.5 million Somalis displaced and civilian casualties along with wider patterns of insecurity in many areas that have curtailed humanitarian access by UNICEF and other agencies. Child protection violations continue, including recruitment of children into armed groups. Much of the country, about 1.4 million of the rural and 655,000 of the urban population, is suffering the effects of a prolonged drought, although current rainfall is bringing some relief to affected areas. However, localized flooding near the Juba and Shabelle Rivers displaced thousands in October 2009, as is common given the strong drought flood cycle of Somalia. These factors combined with depressed economic conditions and widespread poverty have further eroded livelihoods and compromised the day-to-day survival of over 3.6 million people in the country, including some 720,000 children under five years of age.

In **Uganda**, 2009 brought an improvement in the humanitarian situation, with northern Uganda's transition from crisis to recovery even in the absence of a final peace agreement. About 928,000 displaced persons in the northern and eastern regions have returned to their villages of origin, yet return sites are often far from

basic social services, and as a result, access to water, sanitation, health care and education has actually declined in most districts. As a legacy of the conflict, an estimated 411,300 persons continue to reside in camps or temporary transit sites in the northern region. Child protection remains a grave concern, both in the temporary sites and in reintegration of children formerly associated with the Lords Resistance Army, when a peace and reconciliation process has not been formally established. The semi-arid north-eastern region (Karamoja) continues to face high food and nutrition insecurity, undermining livelihoods due to climate change and environmental degradation, and high food prices; the estimated number of people in need of food assistance has risen from 970,000 to 1,150,000 between April and May 2009.

***As 2009 winds down, UNICEF seeks immediate donor support to bolster ongoing humanitarian programmes and limit the effects of pipeline breaks and funding shortfalls.***

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

UNICEF **Djibouti** supported the Ministry of Health to improve facility- and community-based management of moderate and severe acute malnutrition, with an increased coverage to more than 60 per cent of children suffering from severe acute malnutrition. In parallel, a community programme to promote exclusive breastfeeding is underway with 156 experienced women trained for the counselling of mothers. Child Health Days were organized in May 2009 to increase the coverage of children with high impact interventions (vaccination, vitamin A and de-worming). UNICEF pursued its efforts to strengthen the provision of safe drinking water and water retention networks through water trucking operations for about 25,000 people in remote rural areas, promoting household water treatment and water storage at points of use. Some of the key challenges in Djibouti include the shortage of qualified personnel at the Ministry of Health to conduct multiple activities simultaneously and the limited warehousing capacity for the pre-positioning of Non-Food-Items, drugs and other materials.

UNICEF **Eritrea** continued supporting 54 facility-based therapeutic feeding (FBTF) and 72 community-based therapeutic feeding (CBTF) sites in 2009. Between January and April 2009, an estimated 1,062 severely acutely malnourished children were admitted to FBTF sites, with an 85 per cent recovery rate and 1,893 children were admitted to CBTF sites with a recovery rate of 77 per cent. A total of 24,000 moderately acutely malnourished children were reached by the supplementary feeding programme. Essential emergency drugs and equipment have been distributed to 187 health facilities nationwide benefiting about 515,000 children under five as well as 170,000 pregnant and lactating mothers. Community-based integrated management of newborn and childhood illnesses has expanded from 100 to 263 villages in three regions, and 173 health workers and 400 community workers were trained on service delivery. Fuel shortages in Eritrea and the fuel embargo on the UN imposed by the government since April 2008 impacted field monitoring carried out by UNICEF and counterparts. While UNICEF has enjoyed access to most parts of the country, international staff has often been denied travel permits, mainly the areas bordering Ethiopia and particularly the Southern Red Sea region.

In **Ethiopia**, UNICEF is supporting a national Therapeutic Feeding Programme (TFP) roll-out strategy in 342 districts to better respond to the needs of children suffering from severe acute malnutrition all over the country. Since the beginning of the year, UNICEF has provided training, technical assistance and 2,393 metric tons of Ready-to-Use-Therapeutic Food (RUTF) to Government and NGO-run TFPs for the treatment of more than 200,000 children suffering from SAM. In marginalized and drought-affected areas of Somali and Afar regions, 1.6 million people were able to access essential health, nutrition and WASH services as a result of the UNICEF-supported mobile teams. From January 2009 onwards, UNICEF has supported the response to acute watery diarrhoea outbreaks in Oromiya, Somali, Harari, Dire Dawa, SNNPR, Amhara and Afar regions, as well as in Addis Ababa by providing technical assistance, as well as 76 Case Treatment Centre kits and drugs sufficient to treat over 200,000 cases. To date, nearly 500,000 people living in districts with acute watery diarrhoea outbreaks have been reached with prevention measures through UNICEF coordination of WASH partners. The break in the food pipeline in June 2009 caused by a combination of resource shortfalls and transport congestion seriously impacted the availability of food for distribution as the main action to prevent further deterioration of the nutritional status of children. The lack of access has been a humanitarian challenge in particular in Somali region.

UNICEF **Kenya** has scaled up nutrition interventions with the support of partners in 24 districts. Since January, approximately 51,300 children under five with moderate acute malnutrition and 8,400 children with

severe acute malnutrition have been admitted in nutrition programmes. UNICEF has supported the Government and partners in response to the cholera outbreak through the provision of assorted medical supplies for treatment as well as supplies for water purification. UNICEF also supported the Government in seven rounds of targeted polio campaigns ensuring vaccination of 2.4 million children, while a countrywide measles campaign reached 5.5 million children under five. Using the Peace Education curriculum materials developed in 2008, work has been ongoing to roll-out training to schools in districts affected by post-election violence. So far this year, 2,172 primary school teachers from 203 primary schools in six districts have been trained making the curriculum accessible to 330,500 primary school children. Timely resource mobilization for scaling-up programmes in response to the deteriorating humanitarian situation has been the main challenge faced thus far in 2009. Finding predictable funding for critical interventions in Dadaab refugee camps has also been problematic.

UNICEF **Somalia** and WHO were able to reach over 1 million children under five and 800,000 women of child-bearing age during round one of Child Health Days<sup>1</sup> doubling the immunization coverage where Child Health Days took place, in a country where immunization rates are among the lowest. During the second round of Child Health Days over 360,000 children under five and 224,000 women of child bearing age were reached in Somaliland. The second round kicked off in Puntland in early December. In October/November an estimated 46,000 children under-five and 37,000 women of child bearing age in Afgoye Corridor and an estimated 92,000 children and 95,000 women in six out of 16 districts in Benadir/Mogadishu, the epicentre of the conflict, were reached with Child Health Days for the first time ever. With immediate funding, children and women in the remaining regions in CSZ including the ten remaining districts of Benadir/Mogadishu, could benefit from the second round by the end of December. An estimated 150,000 acutely malnourished children - 93,000 children with MAM and 57,000 with SAM - are receiving treatment while an additional 132,000 children aged 6-36 months have received a blanket distribution of Ready - to - Use Food (Plumpy'doz), to prevent acute malnutrition for vulnerable children in high risk locations. UNICEF's support for operations, maintenance and chlorination of drinking water systems, including in Afgoye Corridor has provided safe drinking water to over 908,000 emergency affected people throughout Somalia reducing their vulnerability to waterborne disease. About 89,000 children (49 per cent girls) in Puntland and CSZ gained access to education. In northern Mogadishu and Afgoye, enrolment was doubled (relative to 2008) among displaced children as a result of the establishment of temporary learning spaces. Over 590 communities nationwide were mobilized to prevent and respond to violence, exploitation and abuse of children, benefiting some 800,000 children, women and other vulnerable people, half of whom are displaced.

UNICEF **Uganda** supported the Government to undertake three polio campaigns reaching 6.5 million Ugandan children under five and a major measles campaign reaching over 5 million children in June 2009. The nutritional status of over 257,000 acutely malnourished children improved through enhancement of community-based case management, referral and treatment, and the establishment of a nutrition surveillance system. More than 6,000 children received life-saving treatment for severe acute malnutrition. Some 18,000 children at sixty primary schools and 30,000 households in areas at high risk of Hepatitis E gained improved access to a safe water sources and sanitation facilities as per national standards, while 499,200 persons (representing 54 per cent of the returnee population) and 130 schools in 14 districts were reached with interventions to improve knowledge, skills and capacity to promote and practice proper hygiene. At least 81 per cent of all sub-counties across the north, 69 per cent in the northeast and 56 per cent in eastern regions have at least one community-based child protection structure. This mechanism recorded that over 9,366 children were assisted between January and June 2009. UNICEF is working closely with counterparts to transition from the Inter-Agency Standing Committee (IASC) cluster coordination to a system that supports the government-led working groups and targets to accomplish this by 31 December 2009.

### 3. FUNDING REQUIREMENTS AND RECEIPTS

This Humanitarian Action Update is highlighting the priority needs for the coming three months (December 2009- February 2010) as a critical bridge to address immediate and growing needs. The total regional amount of US\$ 42, 5 million for the six countries is composed of the following needs: US\$ 0, 9 million for Djibouti, US\$ 5 million for Eritrea, US\$ 15 million for Ethiopia, US\$ 4 million for Kenya, US\$ 12 million for Somalia and US\$ 5.5 million for Uganda. The priority needs for Kenya, Somalia, and Uganda are included in

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<sup>1</sup> Child Health Days are a new initiative that brings a package of high impact health services directly to children and women every six months, providing immunization (measles; diphtheria, pertussis, tetanus; oral polio vaccine), vitamin A supplementation, de-worming tablets, oral rehydration salts, water disinfection tablets, nutritional screening and referral for children under five, and tetanus toxoid vaccination for women of child-bearing age.

the 2010 CAPs which were recently launched and all of the countries are included in the forthcoming UNICEF Humanitarian Action Report 2010.

**Djibouti (US\$)\***

Sector	2009 HAR Requirements	Funding received in 2009	Priority needs (Dec '09 -Feb 2010)
Health	500,000	212,653	200,000
Nutrition	1,024,334	1,451,436	0
Water, sanitation and hygiene	4,253,348	624,952	600,000
Child Protection	200,000	0	60,000
Education	200,000	0	40,000
<b>Total**</b>	<b>6,177,682</b>	<b>2,289,041</b>	<b>900,000</b>

**Eritrea (US\$)\***

Sector	2009 HAR Requirements	Funds received in 2009	Priority needs (Dec '09 -Feb 2010)
Nutrition and health	19,000,000	6,849,960	3,000,000
Water, Sanitation and Hygiene	5,100,000		1,000,000
Education	1,200,000	139,815	300,000
Child Protection	1,200,000	294,058	400,000
Mine Action			
Cross-sectoral	58,760	89,525	60,000
Shelter/Non-food items	250,000	-	250,000
<b>Total**</b>	<b>26,808,760</b>	<b>7,373,358</b>	<b>5,010,000</b>

**Ethiopia (US\$)\***

Sector	2009 HAR Requirements	Funds Received in 2009	Priority needs (Dec '09 -Feb 2010)
Health	9,000,000	6,083,864	3,850,000
Nutrition	30,000,000	16,062,723	9,500,000
WASH	6,360,000	4,659,509	970,000
Education	3,800,000	218,855	0
Child Protection & HIV / AIDS	2,800,000	139,862	750,000
<b>Total **</b>	<b>51,960,000</b>	<b>27,164,813</b>	<b>15,070,000</b>

**Kenya (US\$)\***

<b>Sector</b>	<b>2009 HAR Requirements</b>	<b>Funds Received in 2009</b>	<b>Priority needs (Dec '09 – Feb 2010)</b>
Health	3,090,000	2,005,418	500,000
Nutrition	11,537,300	10,307,140	1,000,000
Water, Sanitation and Hygiene	6,699,090	4,815,620	1,000,000
Education	4,400,000	0	500,000
Child Protection	5,309,500	177,422	500,000
Cross-Sectoral Preparedness and Coordination	1,200,000	74,671	500,000
<b>Total**</b>	<b>32,235,890</b>	<b>17,380,271</b>	<b>4,000,000</b>

**Somalia (US\$)\***

<b>Sector</b>	<b>2009 HAR Requirements</b>	<b>Funds received in 2009</b>	<b>Priority needs (Dec '09 – Feb 2010)</b>
Health	12,162,183	6,982,752	5,537,250
Nutrition	17,102,720	4,374,792	2,461,000
Water, Sanitation and Hygiene	17,153,000	9,484,167	2,091,850
Education	13,388,500	2,264,920	1,230,500
Protection ( and HIV)	8,935,200	2,104,675	492,200
NFIs and Emergency Shelter	808,470	0	246,100
<b>Total**</b>	<b>69,550,073</b>	<b>25,211,306</b>	<b>12,058,900</b>

**Uganda (US\$)\***

<b>Sector</b>	<b>2009 HAR Requirements</b>		<b>Funds received in 2009</b>	<b>Priority needs (Dec '09 – Feb 2010)</b>
	<b>Humanitarian Actions</b>	<b>Recovery Actions</b>		
Health and Nutrition and HIV	7,056,650	29,124,000	3,266,775	2,000,000
Water, Sanitation and Hygiene	4,515,430	15,000,000	1,422,674	1,500,000
Education	2,167,430	12,500,000	614,415	1,000,000
Child Protection	2,803,400	6,500,000	2,253,712	500,000
Emergency Preparedness and Response and Non-Food Items	1,378,470	0	0	500,000
<b>Total**</b>	<b>81,045,380</b>		<b>7,557,576</b>	<b>5,500,000</b>

\* 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.

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

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