

UNICEF HUMANITARIAN ACTION UPDATE

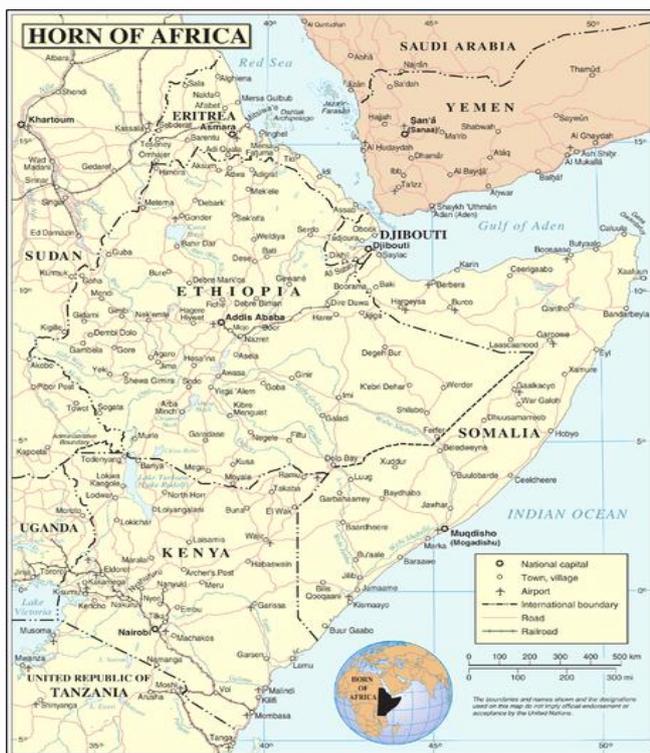
Horn of Africa crisis

UNICEF Somalia, Kenya, Ethiopia and Djibouti

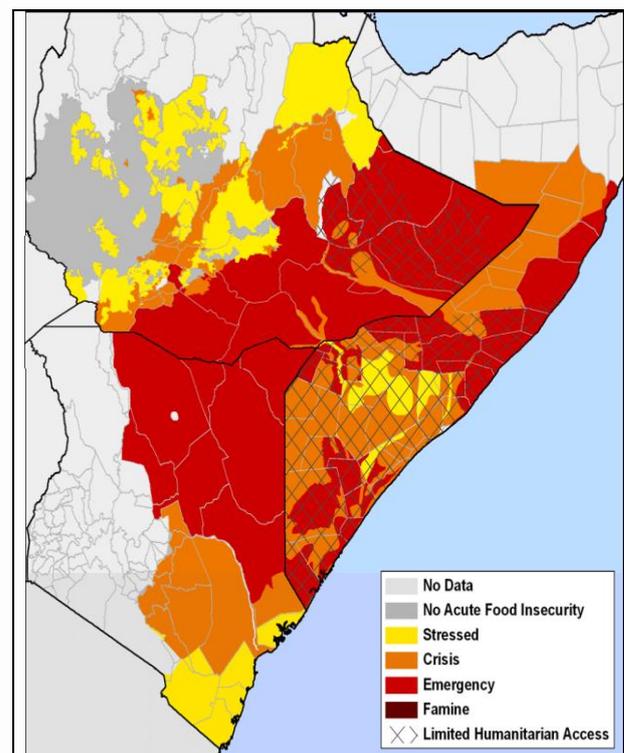
8 July 2011

UNICEF urgently requires US\$31.8 million for the next three months to provide humanitarian support to crisis affected children and women in four countries

- Urgent life-saving actions are needed to prevent the deaths of an estimated 480,000 severely malnourished children in drought affected Kenya, Somalia Ethiopia, and Djibouti. A further 1,649,000 children are moderately malnourished. All crisis affected persons are at high risk of disease outbreaks including measles, acute watery diarrhoea and pneumonia
- Full funding will ensure that vulnerable women and children will:
 - ✓ receive treatment for severe acute malnutrition through provision of Ready-to-Use-Therapeutic Food at community level or at therapeutic feeding centers
 - ✓ gain access to clean water through the repair of pumping stations, digging of boreholes, chlorination of water sources and water trucking
 - ✓ receive vaccines against measles, polio and other deadly diseases
 - ✓ resume education through temporary learning spaces and school-in-a-box kits



Horn of Africa – focus to Kenya, Somalia and Ethiopia



Forecasted food security outcomes (July-September 2011) FEWSNET

1. ISSUES FOR CHILDREN

The **Horn of Africa** is facing a severe crisis due to the convergent effects of the worst droughts in decades, a sharp rise in food prices, and the persistent effects of armed conflict in Somalia, which has combined to trigger one of the sharpest refugee outflows in a decade to Kenya and Ethiopia. Over ten million people are at high risk including 2.85 million persons in Somalia, 3.2 million in Ethiopia and 3.5 million in Kenya.

Somalia

The humanitarian crisis in **Somalia** continues to deepen, with the country facing one of the most severe food security crises in the world, especially in the south where the humanitarian community has not had sufficient access to prevent further deterioration of the situation. As a result, since the beginning of the year, tens of thousands of Somalis have fled into neighbouring Ethiopia and Kenya. UNICEF faces serious challenges in accessing and maintaining nutrition and other supply pipelines due to security, funding, and other constraints. One of the worst droughts in 30 years, heightened conflict and severe food insecurity are crippling what is left of a country that has faced persistent and recurrent humanitarian shocks for over 20 years. The continuing catastrophe is now affecting 2.85 million people, an increase of nearly twenty per cent since January.¹ Data shows that one Somali child out of nine dies before his/her first birthday and one in every six children dies before age 5. In the worst affected areas, only 20 per cent of the population has access to clean water, further increasing risks of outbreaks. By April 2011, the school drop-out rate reached 38 per cent in the south, an increase from 30 per cent since February.

Current estimates indicate that 554,508 children under five are acutely malnourished (434,364 suffering from moderate acute malnutrition and 120,144 from severe acute malnutrition), an increase from 476,000 at the beginning of the year (representing over 16 per cent increase). The south, currently in *Critical to Very Critical* phases according to The Food Security and Nutrition Analysis Unit - Somalia (FSNAU), is worst affected, hosting 75 per cent of the acutely malnourished and 80 per cent of all the severely malnourished children. This is one of the worst nutrition situations in the world. In some areas of the south, one in three children is acutely malnourished.



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Somali refugees wait to register for food and other aid in the Dagahaley refugee camp in North Eastern Province, near the Kenya-Somalia border. The camp is among three that comprise the Dadaab camps, located on the outskirts of the town of Dadaab in Garissa District.

Kenya

In Kenya, more than 385,000 children and 90,000 pregnant and lactating women suffer from malnutrition with 65,000 of these children being severely malnourished. Crude mortality and under-5 mortality rates have surpassed emergency levels in Turkana, an administrative district in the Northwestern Rift Valley Province of Kenya. By the end of April 2011, the number of children affected by severe and moderate acute malnutrition (SAM and MAM) and admitted for treatment increased sharply: 30 per cent and 78 per cent increase for moderate and severe acute malnutrition respectively, compared to the same time period in 2010. 20,346 pregnant and lactating women are in treatment for acute malnutrition. While the failure of 2010 rains signalled a worsening crisis in many of the arid and semi-arid areas of the country, the 2011 relief response was further challenged by the steep increase in food and fuel prices, with food prices alone rising 23 per cent in the last six months.

¹ The Food Security and Nutrition Analysis Unit - Somalia (FSNAU)

Water sources across the arid and semi-arid districts have dried up, and distances between pasture and water sources have increased to as much as 40 km in some areas. Pressure on boreholes and other water systems, including government water trucking has become unsustainable. The conflict and drought in neighbouring Somalia has put additional pressure on resources at the border and on the limited services available in overcrowded Dadaab refugee camps with more than 380,000 refugees and 10,000 new arrivals per week. Many of these refugees are entering the country in a state of advanced malnutrition and with low vaccination rates, making the risk of disease outbreak extremely high. Children constitute a significant proportion of the arriving refugee population, coming from extreme hardship in Somalia. These children are the most susceptible to acute malnutrition, related health threats and increased mortality.

Ethiopia

In Ethiopia, the failed seasonal rains in October-December 2010 in southern and south eastern regions were followed by poor *belg* rains (short seasonal rains from February to May) in major parts of Somali, Southern Nations, Nationalities, and People's (SNNP), and Oromiya regions. In these areas, as well as in Afar, Amhara and Tigray regions, the rains have been late in onset, inadequate in amount and uneven in distribution, adversely affecting the food security situation. Subsequently, during the first half of 2011, the number of people in need of emergency food assistance in Ethiopia has increased from 2.8 million at the beginning of the year to 3.2 million² in April. The combined effects of drought, food price increases, and insufficient resources for preventive measures have resulted in increased malnutrition among children. During the first five months of 2011, increased admissions rates of acutely malnourished children into Therapeutic Feeding Programmes (TFPs) were reported. This deterioration particularly affected SNNP and Oromiya regions – where the number of admissions to TFPs increased by 90 per cent and 30 per cent respectively between March and April.

In total, UNICEF estimates that 312,740 severely malnourished children will require life-saving nutrition treatment in 2011. This represents a 33 per cent increase from projections made at the beginning of the year, and is in part due to improved situation monitoring. AWD and other disease outbreaks pose an increased threat to children already suffering from malnutrition. Reported AWD cases increased significantly in Somali Region in June and early July, reaching a total of 167 suspected cases. Starting from August, the usual movement of hundreds of thousands of pilgrims and migrant workers to and from 'holy water'³ sites and private farms in Oromiya, Amhara and Tigray regions are expected to contribute to the spread of AWD. The high risk of large-scale flooding, often a consequence of extended drought periods during the second half of the year, will further exacerbate the situation.

Since January, the number of refugees from Somalia into Ethiopia has been increasing, with current levels estimated at 2,500 refugees per day being registered by UNHCR, which reports the pre-existing refugee caseload at 110,000. High levels of moderate acute malnutrition and severe acute malnutrition are reported among the refugee population.

Djibouti

In Djibouti, women and children are affected by the lack of access to potable water and increased levels of malnutrition among children. Malnutrition rates have risen in poorer neighbourhoods of the principal urban areas. Médecins Sans Frontières (Switzerland) reports that moderate acute malnutrition rose from 7 per cent in May 2010 to 22 per cent in May 2011, affecting approximately 26,000 children in Balbala, PK12, Arhiba, and Ambouli neighbourhoods of Djibouti City (based on MUAC measurements). Severe acute malnutrition stood at 6 per cent in these areas in May 2011. More than 49 per cent of people in rural areas do not have access to a protected source of drinking water. The supply of potable water is one of the key risk factors for a child's survival and well-being at any time, and particularly so during an emergency. A high proportion of childhood illnesses in Djibouti, including diarrhoea are linked to the consumption of unsafe water or to inadequate water use. The poor quality of water becomes even more worrisome considering the fact that most Djiboutian mothers, who are not exclusively breastfeeding, are known to give their children water during the first month of life, with an important portion of these children being given un-boiled water. There is

² Humanitarian Requirements –2011, Joint Government and Humanitarian Partners' Document, February & April 2011.

³ IRIN Plus News Global HIV/AIDS Analysis. "ETHIOPIA: Church Endorses 'Holy Water' and ARVs as People Flock to Miracle Mountain" ENTOTO, 25 May 2007. <http://www.plusnews.org/report.aspx?ReportId=72375>

currently a threat of increased incidence of epidemics, such as AWD. In June 2011, the Ministry of Health reports a high number of cases of measles in Hoboken (Nikhil region), as well as cases of watery diarrhoea and dysentery in Nikhil and Ali Sabah. Children and pregnant and lactating women are particularly at risk.

2. UNICEF RESPONSE: ACTIVITIES, ACHIEVEMENTS AND CONSTRAINTS

Somalia

UNICEF Somalia is responding to the deteriorating humanitarian situation by engaging with partners to maximize the use of resources already on the ground (human, financial and supply). UNICEF has fully activated its emergency response in order to scale up interventions in the south, where the needs are greatest. Despite facing serious challenges in access, negotiations to seek authorization and security clearance to inaccessible areas of the south are in process. Supply and logistics challenges, however, are delaying the scale-up of operations. Despite the severe conditions and access constraints, UNICEF, along with 100 national and international partners continues implementing the great majority of the overall response, especially in the south. This includes initiation of cash transfers to improve access to food for the most vulnerable families affected by acute malnutrition; water vouchers, emergency water and sanitation, cholera response and prevention, sanitation and well chlorination activities, scaling up malnutrition treatment in 6 of the most affected regions and incorporating hygiene promotion and improving water supply at nutrition centres and vaccination campaigns; especially for the influx of IDPs in Mogadishu, and Afgoye. Even this response, however, is inadequate to meet the many needs present in the country.

UNICEF is one of the largest service providers in Somalia, leading three clusters: nutrition; education; and water, sanitation and hygiene (WASH); and leading the child protection sub-cluster. UNICEF will continue to work with government, UN agencies and NGO partners to meet the pressing needs of children and women, who are among the 2.85 million in need of urgent humanitarian assistance.

The Nutrition, WASH, Health, Livelihood and Shelter clusters have developed an inter-cluster strategy to address the acute food insecurity and nutrition crisis in the South and speed up a coordinated response. The nutrition cluster, led by UNICEF has 110 partners, 418 OTP/SC, and 449 targeted supplementary feeding programmes (SFP), and an additional 72 Maternal Child Health Nutrition centres providing supplementary feeding to children (6-23 months) and pregnant and lactating women. The WASH cluster, led by UNICEF, has improved the lives of 970,000 people via water access by voucher or water trucking, and over 950,000 people via life-saving chlorination of water sources in Mogadishu and Afgoye corridor. Improved cluster coordination in early 2011 resulted in the development of a WASH Severity Map to prioritise response in areas of greatest need. Linkages and synergies with other clusters have been strengthened in the first half of 2011 in order to ensure a consistent and equitable approach.

The UNICEF-led Nutrition cluster, which includes more than 60 national and international partners, is implementing approximately 90 per cent of the overall response in Somalia. As of May 2011, a total of 35,295 severely acutely malnourished children were admitted to 363 outpatient therapeutic centres and 22 stabilization centres across Somalia, mostly in the south. Of these, 21,170 were discharged and 294 died. In addition, a total of 63,746 moderately malnourished children have been admitted to 340 SFPs, with 13,399 discharges and 119 deaths. Through the cluster, over 7,500 acutely malnourished pregnant and lactating women also received treatment.

By the end of January 2011, only 31 per cent of the target children and women could be reached through Child Health Days (CHDs), compared to over 80 per cent in the CHDs conducted in April 2010. In March, a measles campaign was launched in 5 districts in Mogadishu and reached 75,197 (89 per cent) children with measles vaccinations, 107,949 (95 per cent) women of child bearing age received tetanus toxoid vaccinations and 76,575 (96 per cent) children with Vitamin A. A polio campaign which ran April-June in Benadir and Galgadud ensured that over 320,000 (84 per cent) children received 2 doses of polio. Security restrictions and impositions, however, have prevented access to other key areas in the central south zones. These restrictions mean that there is low vaccination coverage and high malnutrition rates, thereby creating a serious threat to the most vulnerable children in these areas. In central/south areas, a total of 114 maternal and child health centers (MCH) and 351 Health Posts (HPs) are being supported to provide basic primary health care services to 883,700 people, including internally displaced persons (IDP) and drought affected people from nomadic settlements.

UNICEF and its partners have provided access to safe water to over 1 million people in emergency affected areas in 2011. Since January, over 234,432 people gained access to safe water sources, through the construction/rehabilitation of 37 water points. UNICEF's support for operations, maintenance and chlorination of drinking water systems, including in Mogadishu and for large IDP populations in the Afgoye area ensures the availability of safe drinking water to over 1.32 million people. Hygiene education is benefiting over 77,000 beneficiaries of water and sanitation projects.

As of May, UNICEF and partners supported 30,488 emergency-affected and displaced children to access schooling, including 13,092 girls. About 1,400 teachers received incentives (304 female) to ensure continuity in education and teacher retention. In addition, children continue to be recruited into armed forces and sent to fight on the frontlines. Through a network of 19 human rights monitoring organizations and 14 child protection networks, UNICEF is supporting the documentation of over 600 grave child rights violations. The majority of these child rights violations cases are killing and maiming, abductions, child recruitment (from all parties to the conflict) and sexual violence. In the south, 330 former child soldiers and children at risk of recruitment are being reached through a community based programme offering vocational skills training and school reintegration.

Large scale emergency assistance and unrestricted humanitarian access are urgently needed across the southern regions in order to serve the neediest where they live, protect children, treat acute malnutrition, and prevent further loss of lives, livelihoods and assets.

Kenya

In Kenya, the UNICEF office shifted into emergency response mode across all sectors last month in response to President Kibaki's declaration of a national disaster. Within the Cluster arrangements in Kenya, UNICEF is co-leading the nutrition, WASH, education and child protection clusters with the relevant ministries at the government⁴

The frontline of the emergency response has been in nutrition, responding to soaring global acute malnutrition rates following the failure of the long rains. UNICEF with a dedicated cluster coordinator is co-chairing the nutrition sector with the Ministry of Public Health Services, and has been mobilizing other partners such as MSF for immediate short term support in Turkana and Marsabit. The nutrition outreach is being scaled up in 26 districts in North Rift, Northern and North Eastern Provinces, to address soaring global acute malnutrition rates and alarming crude mortality rates emerging in parts of Marsabit province. Areas with insufficient coverage have been mapped and extra support for those areas has been identified, including human resources, logistic supports and supplies.

UNICEF is supporting the screening for acute malnutrition in all affected districts thorough the provision of anthropometric equipment. To ensure treatment of severe acute malnutrition UNICEF is providing 100 per cent of therapeutic foods. Plans are in place for SFPs in all districts with a global acute malnutrition rate above 20 per cent, together with WFP and other partners. The Ministry of Health is committing USD 500,000 for supplementary feeding in affected districts. Given the extreme crisis in Dadaab camp, UNICEF is also responding to UNHCR's request to assist with technical oversight, logistics support and therapeutic feeding supplies for Dadaab camp, where more than 10,000 new refugees are arriving every week. The nutrition section is bringing in a full-time surge capacity officer to be based in Dadaab to provide technical support.

Linked to the nutrition crisis and population movements, planning is underway with UN and government partners to increase coverage of measles vaccinations and to implement other elements of a high-impact integrated health response in drought-affected districts and Dadaab camp. UNICEF responded to the polio and measles outbreak in the drought prone area by organizing three rounds of polio and one round of measles campaigns. In addition, emergency medical supplies have been distributed in several of the affected areas. Planning is underway to organize a special measles campaign, including deworming and vitamin A supplementation from 25 – 29 July.

⁴ UNICEF co-leads the nutrition cluster with the Ministry of Public Health Services, education cluster with the Ministry of Education; the child protection cluster with the Ministry of Gender and Children's Affairs; and the WASH cluster with the Ministry of Water and Irrigation.

UNICEF is co-leading the WASH cluster with the Ministry of Water and Irrigation, and UNICEF is expecting to bring onboard additional surge capacity dedicated to cluster coordination for the duration of the crisis. The UNICEF WASH sector is engaging with UNHCR to support the provision of clean water in host communities and in Dadaab camp itself, and to strengthen partnerships in Marsabit and Wajir for drilling of new boreholes and maintenance of existing water points. The support in Dadaab will consist of drilling of three boreholes equipped with solar or wind pumps where possible to include storage tanks, distribution lines and water kiosks with pipe line extension to schools and health facilities. Ten existing boreholes will be equipped with storage tanks, distribution pipe lines and water kiosk and pipe line extension to school and health facility in Isiolo (2), Chalbi (1), Mandera East (2), Lagdera (1), Garisa (1), Fafi (2) and Ijara (1). This intervention will be complemented by WASH interventions in 13 schools, providing improved WASH services in eight health facilities, protecting existing hand-dug wells with provision of proper lining and installing hand pumps. Rapid needs assessments are being carried out in areas to which populations have been displaced, with a view of supporting child protection centres in appropriate areas. Child protection issues primarily deal with the child separation due to drought migration, where children are sent off to beg or work in urban centres of the North or North East.

Child Protection concerns are also rife in Dadaab camp, where screening for unaccompanied minors at registration has been suspended in order to accelerate the process whereby refugees are registered and admitted to the camp. Save the Children, UNICEF's key protection partner in Dadaab, is concerned about the implications for identification of unaccompanied minors. Furthermore, it is clear that in 2011, the number of children who have experienced grave rights violations and exposure to the conflict has greatly increased over 2010; closer coordination with UNHCR is planned to ensure systematic monitoring and reporting of violations, and the extension of improved protective services to children.

Ethiopia

In Ethiopia, UNICEF intensified its support to the emergency response in nutrition, WASH and education. Nutrition and WASH clusters coordinators are now fully operational in the Somali regional capital of Jijiga and Nutrition cluster Coordinators are being deployed to SNNP and Oromiya regions. UNICEF Cluster Lead activities are focusing on providing technical support to the Government-led Sector Task Forces including Nutrition, WASH, Education, and ensuring the coordination at Federal level between implementing partners. UNICEF also continues to lead the Child Protection sub-cluster and co-leads the Education cluster.

UNICEF has increased its nutritional surveillance in the drought affected districts and continues to support the Government's emergency nutrition coordination unit. To increase awareness of the nutrition situation and the need for additional resources, UNICEF advocated with government officials (both federal and regional level) and convened donors and partners. To enhance access to basic social services for the conflict-affected areas of Somali region, UNICEF supported additional mobile health and nutrition teams, with an increase of four teams up from 20 supported by UNICEF and 18 supported by NGOs. From January to April, 460 additional Therapeutic Feeding Programme sites have been established, bringing the total number to 8,105 sites. Between January to April, a total of 78,100 severely malnourished children were treated in the six emergency drought affected regions of the country while in the same period, 1,205 metric tons (85,353 cartons) of Ready-to-Use-Therapeutic Food (RUTF) were dispatched to vulnerable woredas.

In terms of WASH activities, between January and May and with support from UNICEF, the Government and NGO partners water trucking operations reached 558,292 beneficiaries in the Somali, Oromiya, SNNP, Afar, Amhara and Tigray regions. In parallel, some 48 health centres and 18 schools have been provided with the WASH package, for a total of 250,000 people.

In Amhara Region, UNICEF is increasing measles vaccination coverage with partners through a targeted campaign for children aged 6-59 months. Following the drought, in parts of Somali and Oromiya regions, schools were closed as communities moved in search of pasture for animals and drinking water, which led to children dropping out of school. Some 28,000 children (13,250 girls and 14,750 boys) were able to continue their education partly due to provision of supplies from UNICEF, including 350 school-in-a-box kits and 38 tents serving as temporary learning spaces in the new locations. Priority emergency activities for the second half of 2011 include continuous support to the mobile health teams in Somali and Afar regions, increased nutrition response (particularly in SNNPR), resumption of water trucking in drought-affected areas of Somali and Oromiya region, and AWD preparedness and response.

One of the constraints faced by the nutrition response in SNNPR is related to the underestimated number of beneficiaries for general food aid distribution. However, the Government of Ethiopia is expected to release

the findings of the May pre-*belg* rain seasonal assessment on 7 July 2011. UNICEF is working closely to advocate with WFP for resources and funding for their food and CSB pipeline to prevent further nutritional deterioration. Access for NGO partners in SNNP region was initially constrained; however, following meetings at both federal and regional level, this situation is improving. The security situation in Somali region also remains a concern. In some part of the Somali Region, partners do not have reliable access to begin implementing programmes.

Although UNHCR maintains its leadership on multi-sectoral assistance and protection for refugees, UNICEF is providing ad hoc support when requested. Discussions are ongoing to formalize the collaboration. In May, UNHCR requested UNICEF to be part of a team assessing the situation of newly arrived refugees in Somali Region. There are current discussions ongoing at the UN country team level regarding partnerships to address refugees concerns, given the ongoing scale of the situation at the border with Somalia.

Djibouti

UNICEF Djibouti leads the sector coordination for WASH and Nutrition, pending the activation of the cluster mechanism. In 2011, UNICEF has been addressing pressing humanitarian needs related to nutrition and WASH sectors through a number of lifesaving activities. Emergency supplies have been distributed to children being treated for malnutrition, while malnutrition screening and case management has led to a recovery rate of 60 per cent, a death rate under 5 per cent, though with a default rate of 30 per cent. In total, 70 per cent of malnutrition cases are being covered. In addition, 25,000 people in 20 localities have received safe drinking water through water trucking while water management committees in 20 rural locales have been formed and trained, in order to become more accountable for water management and water point protection and maintenance.

In addition to the humanitarian results, UNICEF Djibouti has already accomplished, the office will scale up its response to priority needs in health, nutrition and WASH over the next three months in order to reduce risk and vulnerability among women and children. 10,000 children suffering from acute malnutrition will be screened and managed at the community level with the supplementation of RUTF and at the health facilities for those having complications. The UNICEF office will also continue supporting water trucking to 30 communities in water scarce areas, reaching approximately 25,000 people. Approximately 20,000 people will gain access to safe drinking water through the maintenance and repair of 20 motorized water pumping stations. Thirty existing traditional wells will be deepened and sanitary sealed with concrete rings and draining platforms before being equipped with hand pumps. This activity will ensure potable water for an additional 20,000 people in chronically water scarce areas, saving human lives and preventing catastrophic water shortage effects, particularly on women and children.

UNICEF will improve immunization in Djibouti by assisting the Ministry of Health to increase the immunization coverage through routine EPI and also campaigns combined with Vitamin A supplementation and deworming. The routine EPI will be run according to the National Expanded Programme on Immunization. Vaccines will be supplied and the cold chain will be enhanced. UNICEF will also support the implementation of the comprehensive immunization multiyear plan. By increasing immunization coverage with all antigens, up to 91 per cent of children under-5 will be vaccinated for preventable diseases, significantly reducing their vulnerability. This immunization plan will therefore lead to an overall reduction of morbidity and mortality due to major childhood communicable diseases. UNICEF will ensure that other major childhood illnesses are managed according to national guidelines and protocols. Through community and health unit malnutrition screening and referral and case management, the case fatality rate due to acute severe malnutrition among children under-5 will be significantly decreased. Further, by training, equipping and supervising community health workers and health professionals, access and utilization of quality services at community and institutional level will be significantly improved.

A major constraint for the humanitarian response is related to the lack of human resources within the National Nutrition programme. The programme's storage and supply management capacity also needs to be strengthened.

The Eastern and Southern Africa Regional Office

The Eastern and Southern Africa Regional Office (ESARO) will continue providing technical support in order to enhance UNICEF country office capacities for response with focus to strategic planning and advocacy, early recovery and information management. Dedicated emergency support positions exist in WASH,

Nutrition, Education and Child Protection sector to provide sustained quality assurance, oversight and support in both UNICEF roles as cluster lead and in programme implementation.

3. FUNDING REQUIREMENTS AND RECEIPTS

This Humanitarian Action Update is revising the funding needs for UNICEF humanitarian operations reflected in the UNICEF Humanitarian Action for Children (HAC) Report 2011 for Somalia, Kenya, Ethiopia and Djibouti as well as the Eastern and Southern Africa Regional Office⁵. While the annual needs amount to 154.5 million the priority needs over the next three months in response to the growing food security amount to 31.8 million. Continuous underfunding will seriously hamper UNICEF's capacity to respond to increasing levels of malnutrition and low access to safe water.

Total requirements

Country	Total HAC 2011 requirements	Total priority needs over (July-Sept 2011)
Kenya	23,629,000	9,350,000
Somalia	60,698,000	9,364,631
Ethiopia	57,416,000	10,053,500
Djibouti	5,405,000	1,970,000
ESARO	7,450,000	1,050,000
Total	154,598,000	31,788,131

Requirements per country

Somalia

Somalia - Funding Gap					
Appeal Sector	Total HAC 2011 Requirements	Funds received as of 1 July 2011	Unmet Requirements (US)	% Unfunded	
Health	16,668,000	7,210,538	9,457,462	57%	
Nutrition	18,149,000	12,840,081	5,308,919	29%	
WASH	12,359,000	9,646,659	2,712,341	22%	
Education	6,371,000	4,318,548	2,052,452	32%	
Child Protection	5,537,000	3,203,556	2,333,444	42%	
Shelter/NFIs	804,000	492,170	311,830	39%	
Cluster Coordination	Nutrition	210,000	0	210,000	100%
	WASH	135,000	0	135,000	100%
	Other	465,000	0	465,000	100%
Total**	60,698,000	37,711,552	22,986,448	38%	

⁵ Funding needs for Kenya and Somalia are included in the 2011 CAPs mid-year reviews, which are presently under finalization for issuance later this month. The needs for Kenya, Somalia, Ethiopia, Djibouti and the ESARO are all included in UNICEF's Humanitarian Action for Children which is also currently under review.

Somalia - Priority Needs - Highlights		
Appeal Sector	Priority needs (July-Sep 2011)	
Health	3,000,000	
Nutrition	2,000,000	
WASH	1,500,000	
Education	1,500,000	
Child Protection	1,000,000	
Shelter/NFIs	312,131	
Cluster Coordination	Nutrition	13,650
	WASH	8,925
	Other	29,925
Total**	9,364,631	

Kenya (US\$)*

Kenya - Funding Gap					
Appeal Sector	Total HAC 2011 Requirements	Funds received as of 1 July 2011	Unmet Requirements (US)	% Unfunded	
Health	2,300,000	1,000,000	1,300,000	57%	
Nutrition	10,500,000	1,688,145	8,811,855	84%	
WASH	6,000,000	1,933,650	4,066,350	68%	
Education	1,698,000	911,625	786,375	46%	
Child Protection	1,741,000	365,625	1,375,375	79%	
Cluster/ Sector coordination related costs	Nutrition	350,000	0	350,000	100%
	WASH	300,000	0	300,000	100%
	Other	140,000	0	140,000	100%
Cross sectoral	600,000	216,825	383,175	64%	
Total**	23,629,000	6,115,870	17,513,130	74%	

Kenya - Priority Needs		
Appeal Sector	Priority needs (Jul –Sep 2011)	
Health	1,000,000	
Nutrition	5,000,000	
WASH	2,000,000	
Education	500,000	
Child Protection	500,000	
Cluster/ Sector coordination related costs	Nutrition	112,500
	WASH	95,000
	Other	42,500
Cross sectoral	100,000	
Total**	9,350,000	

Ethiopia (US\$)*

Ethiopia - Funding Gap					
Appeal Sector		Total HAC 2011 Requirements	Funds received as of 1 July 2011	Unmet Requirements (US)	% Unfunded
Health		9,991,000	2,492,375	7,498,625	75%
Nutrition		26,665,000	7,904,614	18,760,386	70%
WASH		13,277,000	3,331,981	9,945,019	75%
Education		3,450,000	841,000	2,609,000	76%
Child Protection		1,687,000	0	1,687,000	100%
HIV/AIDS		700,000	0	700,000	100%
Cluster Coordination	Nutrition	1,201,580	0	1,201,580	100%
	WASH	395,040	0	395,040	100%
	Other	49,380	0	49,380	100%
Total**		57,416,000	14,569,970	42,846,030	75%
Ethiopia - Priority Needs - Highlights					
Appeal Sector				Priority needs (July-Sep 2011)	
Health				-	
Nutrition				5,417,000	
WASH				1,275,000	
Education				2,400,000	
Child Protection				550,000	
HIV/AIDS				-	
Cluster Coordination	Nutrition			300,000	
	WASH			100,000	
	Other			11,500	
Total**				10,053,500	

Djibouti (US\$)*

Djibouti - Funding Gap				
Appeal Sector	Total 2011 Requirements (HAC plus HAU)	Funds received as of 1 July 2011	Unmet Requirements (US)	% Unfunded
Health	600,000	0	600,000	100%
Nutrition	1,875,000	295,427	1,579,573	84%
Water, Sanitation and Hygiene	2,400,000	479,012	1,920,988	80%
Education	80,000	0	80,000	100%
Child Protection	400,000	0	400,000	100%
HIV/AIDS	50,000	0	50,000	100%
Total**	5,405,000	774,439	4,630,561	86%
Djibouti - Priority Needs - Highlights				
Appeal Sector	Priority needs (July-Sep 2011)			
Health	720,000			
Nutrition	550,000			
Water, Sanitation and Hygiene (WASH)	700,000			
Education	0			
Child Protection	0			
HIV/AIDS	0			
Total**	1,970,000			

ESARO (US\$)*

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

ESARO - Priority Needs - Highlights	
Appeal Sector	Priority needs (July-Sep 2011)
EPR/DRR	200,000
Nutrition	300,000
Health	150,000
Water, Sanitation and Hygiene (WASH)	200,000
Child Protection	100,000
Education	100,000
Total**	1,050,000

* 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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