

# Humanitarian Requirements for the Horn of Africa Drought

Djibouti

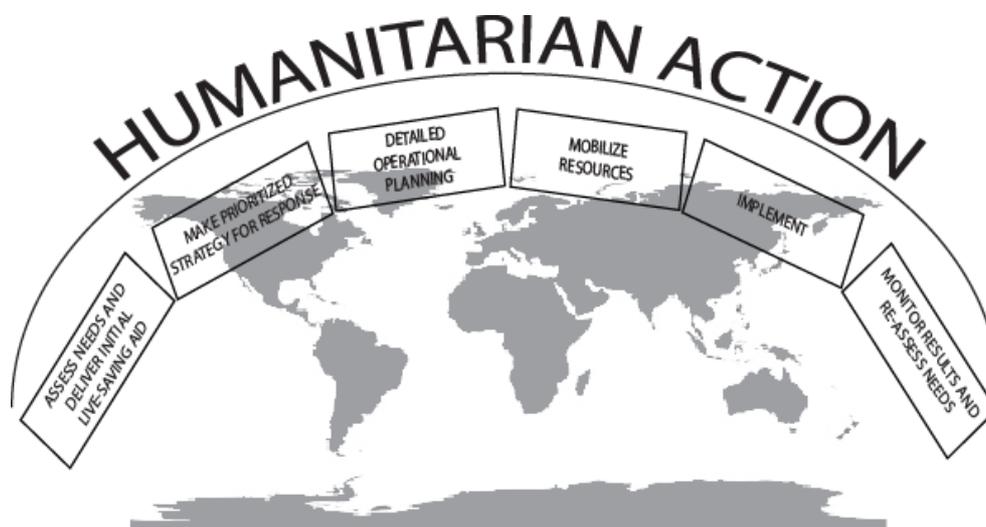
Ethiopia

Kenya

Somalia

July  
2011





**Sample of organizations participating in the humanitarian plans for the Horn of Africa**

ACF	Handicap International	Mercy Corps	UNDSS
ACTED	HELP	MERLIN	UNESCO
ADRA	HelpAge International	NPA	UNFPA
AVSI	Humedica	NRC	UN-HABITAT
CARE	IMC	OCHA	UNHCR
CARITAS	INTERSOS	OHCHR	UNICEF
CONCERN	IOM	OXFAM	WFP
COOPI	IRC	<i>Première Urgence</i>	WHO
CRS	IRIN	Save the Children	World Vision Int'l
CWS	Islamic Relief Worldwide	<i>Solidarités</i>	
DRC	LWF	TEARFUND	
FAO	MACCA	<i>Terre des Hommes</i>	
GIZ	Malteser	UNAIDS	
GOAL	Medair	UNDP	

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## Preface

Faced with the current humanitarian emergency in the Horn of Africa, the humanitarian teams in the affected countries of Djibouti, Ethiopia, Kenya and Somalia have come together to contribute to this Humanitarian Requirements overview.

This document draws on the latest updates of each country's humanitarian plan (the Consolidated Appeal for Somalia; the Kenya Emergency Humanitarian Response Plan, the Djibouti "Drought Appeal"; and Ethiopia's revised "Humanitarian Requirements Document for 2011") to outline the needs and response plans arising from the drought, both country-specific and with a regional overview. It reflects the major emergency revision of the Somalia Consolidated Appeal which that humanitarian country team is now preparing, plus significant new funding requirements for Kenya.

Strategic humanitarian plans have already been in place in the four affected countries in the Horn of Africa. Most of their elements directly related to the current drought. Drafting a new, regional, CAP for this emergency was therefore not recommended. Moreover, extracting the drought-related elements from the existing humanitarian plans would risk fragmenting humanitarian planning and monitoring. However, in the coming days and weeks, the humanitarian country teams will take opportunities to highlight the most urgent and drought-related needs, response actions, and resource gaps.

This Humanitarian Requirements for the Horn of Africa presents the key elements of the current emergency for which there is an urgent and credible need for an immediate donor response, and for which there are reliable information, projections and planning. It is divided into a regional overview plus country chapters describing each one's drought-related humanitarian programmes, together with information on the response to date and on funding requirements.

Donors are encouraged to consider this document as a resumé of the current situation, and to consult the relevant consolidated appeals or comparable documents for more detailed information on the situation in each country when considering their funding decisions.

## Executive Summary

The Horn of Africa is experiencing the most severe food crisis in the world today. Over 12 million people in Djibouti, Ethiopia, Kenya and Somalia are severely affected and in urgent need of humanitarian aid, and there is no likelihood of this situation improving until 2012. This figure of affected people is a 38% increase since the figure recorded in March 2011. The situation is continuing to deteriorate, with famine in the lower Shabelle and Bakool regions of southern Somalia officially declared by the UN on 20 July. Eight other regions of southern Somalia are at risk of famine in the coming 1-2 months unless aid delivery increases in proportion to needs. While the famine declaration pertains to Somalia only, large parts of Ethiopia, Kenya and Djibouti are also suffering from severe food insecurity as a result of drought and high food prices, and are seeing significant inflows of refugees fleeing the drought in Somalia.

The trigger for this massive movement of people from and within Somalia (tens of thousands of people have been displaced to Mogadishu in search of help) is directly attributable to the drought, but also to the ongoing conflict in southern Somalia which has restricted access for humanitarian agencies. Somalia, in particular south-central Somalia, presents an array of security challenges, including but not limited to protracted armed conflict, civil unrest, crime, extremism and piracy. The situation is compounded by political uncertainty, isolation and extreme under-development. Unable to receive assistance in the most affected areas, people are forced to walk long distances under difficult conditions. Already in a very bad physical state when they begin their journeys, people – particularly women and children – are arriving in camps in Djibouti, Kenya and Ethiopia in appalling health condition and overwhelming the already-stretched response capacity and resources on the ground.

Across the region, the situation is severe. Drought conditions in Kenya's northern and north-eastern districts, where most refugees are arriving, have worsened further after the inadequate performance of the March-June long rains. Food insecurity is expected to reach crisis levels in August and September in these areas. In Ethiopia, the prolonged *La Niña* conditions have affected two consecutive rainy seasons, causing rapidly deteriorating food security in the drought-affected lowlands of southern and south-eastern Ethiopia, and in parts of the central and southern highlands that depend on short-cycle crops cultivated during the February-to-May rainy season. In Djibouti, the current drought far exceeds normal variation, and has forced many pastoral and rural households to migrate. Increased rural-urban migration has led to a concentration of 70.6% of the population in urban areas, including 58% in the capital city. Urban food insecurity is rising due to high levels of unemployment and an increase of food prices, currently at 68% over the five-year average, aggravated by deteriorating terms of trade. The country's resistance to international food price fluctuations is weak, as 90% of food is imported.

The current food security emergency across the region is expected to persist at least for the coming three to four months. The people in need of urgent humanitarian aid could increase by as much as 25% during this period. The areas of highest concern for the coming six months have been identified as southern and central Somalia; the north, south and south-east of Ethiopia; north-eastern and south-eastern Kenya; and the refugee camps in Djibouti, Kenya and Ethiopia. Towards the end of 2011, food security levels in the worst-affected areas of Ethiopia and Kenya are expected to ease from "emergency" to "crisis" levels. However, the crisis in southern Somalia is expected to continue to worsen through 2011, with all areas of the south slipping into famine. This deterioration is likely given the very high levels of both severe acute malnutrition and under-five mortality in combination with expected worsening pastoral conditions, a continued increase in local cereal prices, and a below-average *Gu* season harvest.

Civil insecurity and armed conflicts continue to be additional, serious threats to food security in most areas of southern and central Somalia, and obstruct the delivery of humanitarian aid. If access for humanitarian aid and workers to the worst-affected areas of Somalia does not improve, continued flows of refugees to the Kenyan and Ethiopian borders can be expected.

## **Humanitarian Requirements for the Horn of Africa Drought 2011**

In the medium term, interventions that rebuild and support livelihoods will be critical. Securing long-term food and nutrition security in the Horn of Africa requires focussing on a range of issues affecting the region, including conflict, preservation of humanitarian space, nutrition, disaster risk reduction, health and education services, and climate change adaptation. Building resilience in the agricultural sector will be essential to avoid recurrent food security crises in this region.

**Table: Requirements and funding to date per country**

Funding Status: Horn of Africa Crisis 2011 as of 28 July 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Appeal	Updated requirements	Funding to date	% funded	Unmet requirements	Uncommitted pledges for appeal	Non-appeal or ambiguous pledges	Uncommitted pledges that may be available for appeals	Non-appeal committed funding
	a	b	c	d	e	f	g=e+f	h
	(\$)	(\$)		(\$)	(\$)	(\$)	(\$)	(\$)
Kenya EHRP	\$741 million	\$357 million	48%	\$383 million	\$23 million	\$7 million	\$29 million	\$85 million
Djibouti Drought Appeal	\$33 million	\$14 million	42%	\$19 million	\$0 million	\$0 million	\$0 million	\$10 million
Somalia CAP	\$1,063 million	\$408 million	38%	\$654 million	\$49 million	\$23 million	\$72 million	\$124 million
Ethiopia Humanitarian Requirements, * July-December 2011	\$398 million	\$146 million	37%	\$253 million	\$0 million	\$46 million	\$46 million	\$127 million
Ethiopia refugee-related requirements	\$246 million	\$22 million	9%	\$224 million	\$41 million	n/a	\$41 million	n/a
Funding for the Horn in general, committed to agencies in the various appeals, hence destined to be appeal funding when allocated **		\$86 million						
Pledges and committed funding for Horn in general, not yet country- or appeal-specific						\$91 million	\$178 million	\$16 million
<b>Total</b>	<b>\$2,481 million</b>	<b>\$1,034 million</b>	<b>42%</b>	<b>\$1,447 million</b>	<b>\$112 million</b>	<b>\$167 million</b>	<b>\$280 million</b>	<b>\$362 million</b>
Plus Ethiopia funding received against January-June requirements		\$182 million						
<b>Grand total of Horn appeal contributions</b>		<b>\$1,215 million</b>						

NOTES: (\*) The breakdown of total Ethiopia funding (as reported by FTS) into HRD, non-HRD, and refugee is provided by OCHA-Ethiopia based on local information.  
 (\*\*) contains funding committed to UN agencies but earmarked only for the Horn drought. Those agencies will eventually inform FTS as to how much they are allocating to each country and appeal

"Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

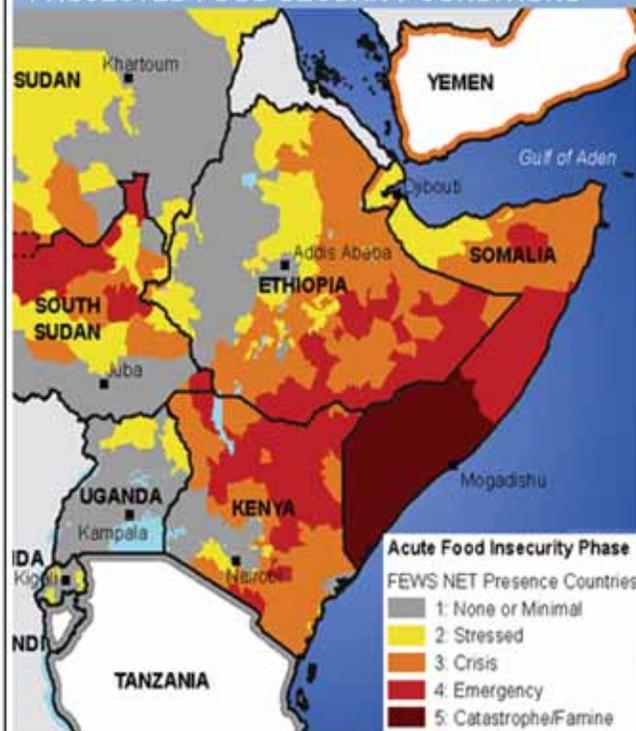
## Humanitarian Dashboard – Horn of Africa Drought (as of 28 July 2011)

### SITUATION OVERVIEW

- 12.4 million people are severely affected by the food crisis and require urgent life-saving assistance.
- Emergency levels of global acute malnutrition (<5 years old) reported in multiple locations.
- Most affected groups:** Pastoralists, agro-pastoralists, conflict-affected and displaced households, women and children.
- Most affected areas:** Famine declared for Lower Shabelle and southern Bakool in southern Somalia (and 6 other Somali regions are at risk of famine in the coming 2 months).
- Main drivers of the crisis:** Combination of severe drought, crop failure, rising food prices and conflict in certain areas.
- Displacement:** Since January around 100,000 Somalis were displaced internally and 184,000 were forced to flee the country (total number of refugees in the region is 800,000 with 1.46 million IDPs).
- Outlook:** The food security emergency is likely to last at least through the coming 3 to 4 months.

(OCHA 26/07, UNHCR 25/07)

### PROJECTED FOOD SECURITY CONDITIONS



Trend August to September 2011, FEWS NET: <http://www.fews.net>

### PEOPLE IN NEED

Country	Affected population	Refugees*	Total
Djibouti	146,600	18,427	165,027
Kenya	3,200,000**	525,674	3,725,674
Ethiopia	4,567,256	233,437	4,800,693
Somalia	3,700,000	Incl. 1.5 million IDPs	3,700,000
			<b>12,391,394</b>

\* All refugees, approx 80% are Somalis (OCHA 28/07)

\*\* Provisional figure for Kenya

### KEY FIGURES

Estimated number of acutely malnourished children:

**2.23 million**

Estimated number of children with life threatening severe acute malnutrition in Somalia, Kenya and Ethiopia:

**564,220** (UNICEF 28/07)

Current daily arrival rate to Kenya and Ethiopia: **2,000**

More than **46,000** Somalis registered in Kenya, Ethiopia, Djibouti and Yemen so far this month.

Number of refugees at Dadaab camp: **391,014**

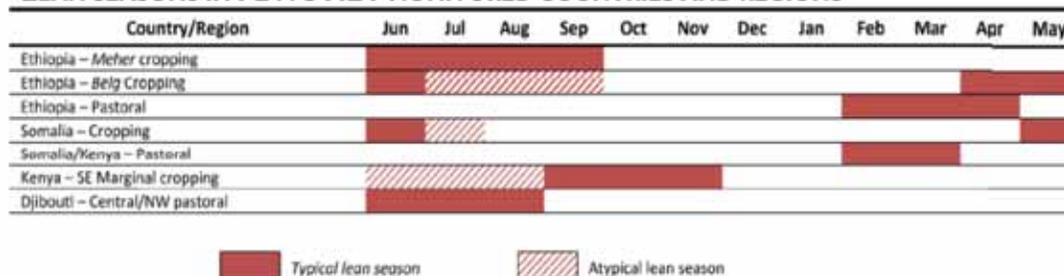
(UNICEF 25/07, OCHA 25/07, UNHCR 25/07)

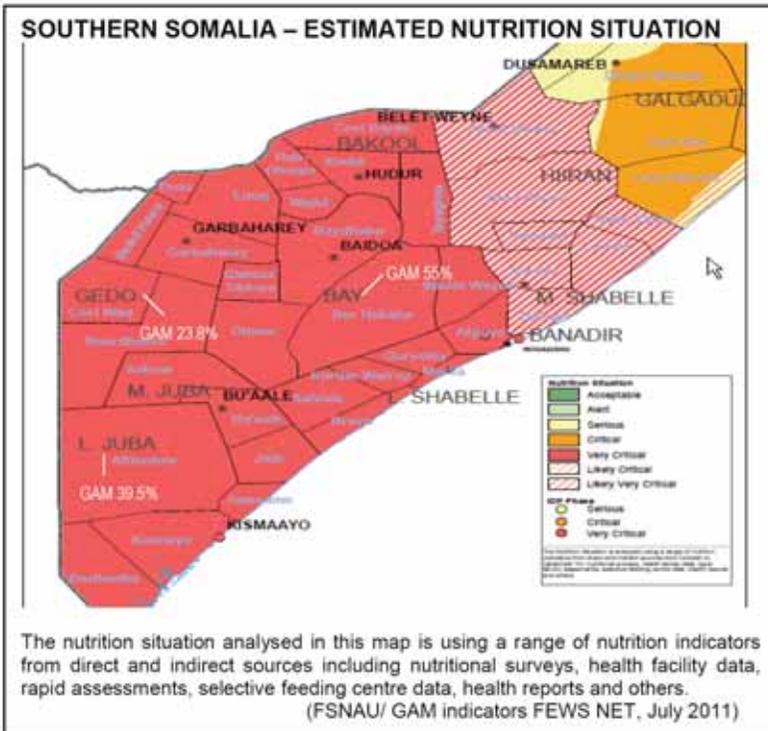
### PRIORITIES AND GAPS

- Food:** Around 25% of the affected population remains out of reach due to limited access in south central Somalia. Funding shortfalls have led to ration cuts and pipeline breaks.
- Nutrition:** Half of the 480,000 <5 year old children are currently being reached with nutrition treatment. Funding for SAM treatment is only at 50%. New arrivals are overwhelming camp capacities.
- Health:** Diarrhoeal diseases are a threat across the region (5 million are at risk in Ethiopia alone). Measles outbreak reported in northern Kenya and Mogadishu. Risk of health outbreaks in overcrowded camps.
- Water, Sanitation and Hygiene:** 50% of communities in drought affected areas can no longer afford clean water provision due to deteriorating household incomes. In the driest areas water trucking is required.
- Agriculture and Livelihoods:** Large proportion of herds died, undermining the ability of pastoralists to recover.

(OCHA 20/7, 15/07)

### LEAN SEASONS IN FEWS NET MONITORED COUNTRIES AND REGIONS





### TREND ANALYSIS

The current food security emergency across the region is expected to persist at least for the coming 3-4 months. This is based on the expectation for late and below-average long rains harvests, early depletion of pasture and water from the late April rains, and continued high prices for food and water. The situation is being exacerbated by conflict and limited humanitarian access in some areas. The population in need of urgent humanitarian assistance could increase by at least 25 % during this period and assistance needs will persist through at least December 2011.

By the 4th quarter of 2011, food security levels in the worst affected areas of Ethiopia and Kenya are expected to reduce from "emergency" to "crisis" levels. However, the crisis in southern Somalia is expected to continue to worsen through the 4th quarter, with all areas of the south slipping into famine. This deterioration is considered likely given the very high levels of both severe acute malnutrition and under-5 mortality in combination with an expectation of worsening pastoral conditions, a continued increase in local cereal prices, and a below-average Gu season harvest.

Civil insecurity and armed conflicts continue to represent an additional, serious threat to food security in most areas of southern and central Somalia, as well as presenting an obstacle to the delivery of humanitarian assistance. If access of humanitarian aid and workers to the worst affected areas of Somalia does not improve, continued flows of refugees to the Kenyan and Ethiopian borders can be expected.

In the medium term, interventions that rebuild and support livelihoods will be critical. Securing long-term food and nutrition security in the Horn of Africa requires focussing on a range of issues affecting the region, including conflict, preservation of humanitarian space, nutrition, disaster risk reduction, health and education services and climate change adaptation. Building resilience in the agricultural sector will be essential to avoid recurrent food security crises in the region.

(OCHA 25/7)

### BASELINE INDICATORS (pre-crisis reference)

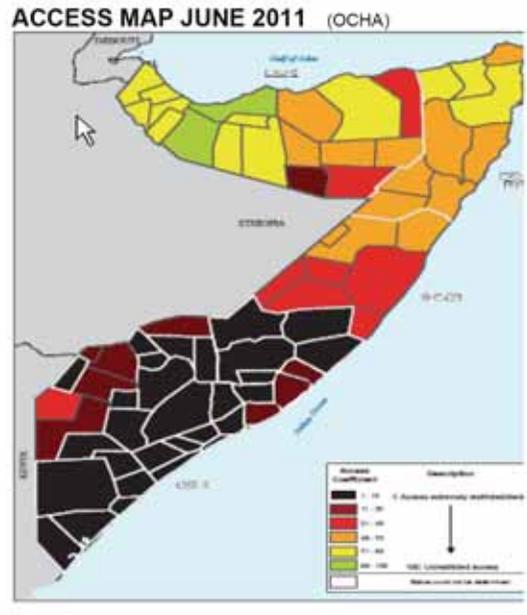
	Somalia	Ethiopia	Kenya	Djibouti
Population	9,100,000	82,800,000	41,100,000	818,159
Population growth	2.3%	2.6%	2.6%	2.04%
Life expectancy(F)	52 years	58 years	60 years	57 years
Life expectancy (M)	48 years	53 years	58 years	54 years
<5 mortality	180/ 1,000	104/1,000	84 /1,000	45/1,000
<5 suffering from moderate and severe underweight (WHO, 2003-2009)	32%	33%	16%	31%
<5 suffering from severe underweight (WHO, 2003-2009)	12%	11%	4%	9%
Infants with low birth weight	-	20%	8%	10%
Literacy rate in %	-	30%	87%	-
HDI Rank (of 169)	-	157	169	147
Rural population	63%	83%	78%	50%
Urban population	37%	17%	22%	50%

(WHO, UNAIDS, World Bank, UNDP, UNFPA, UNICEF – 2009, 2010, 2011)

### OPERATIONAL CONSTRAINTS

- Humanitarian access to affected areas in Somalia: Ongoing insecurity and restrictions imposed by armed groups is limiting humanitarian access to the most drought affected areas, affecting 2 million food insecure people.
- Funding: Funding for the Kenya EHRP+, Djibouti Drought Appeal, Somalia CAP and Ethiopia Humanitarian Requirements remain insufficient.
- Access limitations for international humanitarian agencies are a factor in Ethiopia. In Eritrea there is little or no international access, nor independent information on humanitarian needs.

(OCHA 25/7, WFP 24/7)



## Regional Context

### Regional Situation

The Horn of Africa is experiencing the most severe food crisis in the world today. 12.4 million people in Djibouti, Ethiopia, Kenya and Somalia are severely affected, with no likelihood of improvement until 2012. This is a 38% increase since March 2011. The situation is continuing to deteriorate with famine (Integrated Phase Classification/IPC phase 5)<sup>1</sup> officially declared by the UN on 20 July in the lower Shabelle and Bakool regions of southern Somalia. Eight other regions of southern Somalia are at risk of famine in the coming 1-2 months unless aid response increases in proportion to needs. While the famine declaration pertains to Somalia only, large parts of Ethiopia, Kenya and Djibouti are also suffering from severe food insecurity as a result of drought and high food prices (IPC phase 3 and 4).

	Local	Somali refugees*	Other refugees	Total
Djibouti	146,600	16,917	1,510	165,027
Kenya	3,200,000**	447,897	77,777	3,725,674
Somalia	3,700,000			3,700,000
Ethiopia	4,567,256	155,395	78,042	4,800,693
<b>TOTAL</b>	<b>11,613,856</b>	<b>620,209</b>	<b>157,329</b>	<b>12,391,394</b>

\* UNHCR update 25 July 2011

\*\* Provisional figure for Kenya

### Regional Priorities

Aid agencies have been bringing critical medical, water, sanitation, hygiene, and nutrition supplies into Somalia to areas where people can be reached. But there are large areas in southern Somalia where people cannot be accessed directly at the moment. Humanitarian partners working in Somalia, Kenya and Ethiopia are developing strategies to reduce the number of people perishing on the treacherous journey from their home to places of relative safety inside of Somalia or across the border in Kenya or Ethiopia.

#### Cross-border concerns

Approximately 183,000 Somalis have fled their country since January, mainly due to drought. Conflict has been a fact of life for them for many years – it is the drought that has pushed them to this level of crisis. Many who have walked for days are exhausted, in shocking health and desperate for food and water. For the last two months the number of new arrivals has been rising exponentially with several hundred people crossing into Ethiopia and approximately 1,300 into Kenya daily. Overcrowding in Dadaab, the largest refugee settlement in the world, is severe and resulting in refugees not getting the assistance they need. There is reportedly an upsurge in sexual violence against women and girls, putting them at high risk of and exposure to HIV/AIDS. Some 60,000 people are currently settled on the outskirts of the main camps where access to services is minimal. Increasing tensions between the refugee population and local communities, particularly in Dadaab, threatens to exacerbate the situation by increasing insecurity and creating additional protection concerns. The Kobe refugee camp in Ethiopia that opened at end June has already reached full

<sup>1</sup> Famine is declared when acute malnutrition rates among children exceeds 30 per cent, more than two people per 10,000 die per day and when at least 20% of households face extreme food shortages with limited ability to cope.

## Regional Context

capacity, compelling the government and partners to begin work on a fourth camp to house as many as 40,000 refugees.

Access to reproductive health is hindered due to lack of established services in the resettlement areas or during population displacement, which could lead to excessive maternal and neonatal death and disability.

## Nutrition

Child malnutrition rates in many of the worst-affected areas are double or triple the emergency threshold of 15%. In parts of the famine-affected areas of Bakool and Lower Shabelle, malnutrition rates are at 50%, with the highest death rates exceeding six per 10,000 per day. Emergency thresholds are also surpassed in several districts of Ethiopia and Kenya, and among new arrivals in the refugee camps. The United Nations Children's Fund (UNICEF) estimates that in the drought-affected regions, some 2.23 million children are acutely malnourished. Without urgent intervention, 564,220 are at risk of death. Response has scaled up significantly over the last few months. In Ethiopia, 153,000 children have been treated in therapeutic feeding programmes (TFPs). In Somalia, aid agencies managed to reach more than 100,000 children through 800 nutrition centres. In Ethiopia admissions to TFPs increased substantially in Oromia Region, the Southern Nations, Nationalities and People's Region (SNNPR), and Somali Region between February and May. They have remained elevated, with the nutritional situation in SNNPR of most concern due to the 90% increase in TFP admissions reported from March to April, following a 42% increase from February to March. In Kenya, 21,428 children have been reached through child survival interventions (in June alone 10,600 children under five in Kenya). In Djibouti 26,000 children and 20,000 pregnant women have received nutritional support. However, a significant amount of children are not being reached. An estimated 310,000 severe acute malnourished children in southern Somalia, 159,000 children in Ethiopia and 42,500 children in Kenya require urgent therapeutic interventions. Blanket supplementary feeding, to prevent severe acute malnutrition (SAM), is facing serious funding shortages. In Kenya, only 21% of those in need of supplementary feeding are reached.

## Food Assistance

Food prices have risen substantially, pushing many moderately food-insecure households over the edge. Retail food prices have been rising since the below-normal short rains in Kenya in late 2010. They are also affected by global increases in prices. The price of grain in affected areas in Kenya is 30 to 80% more than the five-year average. In Ethiopia, the consumer price index for food increased by almost 41% in May 2011, compared to May 2010. Price increases have now reached other markets.

Out of the 12.4 million people requiring general food assistance an estimated 8.4 million are being reached. The gap in the response is due to the lack of complete access in the south of Somalia, where some 2.2 million people are currently not being reached, and the time it takes to scale up programmes in response to the increase in numbers of people in need in Kenya and Ethiopia.

## Water Sanitation and Hygiene (WASH)

Water trucking is needed in the driest areas, as natural water points failed to refill sufficiently, such as in Djibouti City. Hygiene, sanitation and clean water are essential to improve child health and even more so in areas with high levels of malnutrition. Nearly six million people have been provided with access to clean drinking water through water trucking or repair of critical boreholes in the first six months of 2011. Programmes in the WASH Sector will need to continue until water scarcity improves. Another priority of the sector across the region is to ensure that feeding centres have adequate sanitation and water facilities and are used as points for hygiene education and distribution.

### Health

Outbreaks of communicable diseases commonly associated with drought, such as measles, acute watery diarrhoea/AWD (cholera) and malaria, have thus far been contained through case management and distribution of insecticide-treated nets. In Ethiopia, 746,401 children have been vaccinated against measles. In Kenya and Somalia, large-scale child health campaigns are being planned.

Low immunization coverage and underlying poor health status in populations at risk, lack of access to water, sanitation and hygiene, displacement and crowding, and breakdown in prevention programs for malaria increase the risk of communicable diseases such as measles, polio, malaria, diarrhoeal diseases and pneumonia. These diseases already contribute to the most common causes of death in children under five in the region. Managing common causes of illness along with preventing and controlling outbreaks of communicable diseases is essential to reduce excess mortality from malnutrition. The Health Sector needs to ensure coordination and leadership, strengthen surveillance early warning and response for epidemic-prone diseases, prevent outbreaks (through scaling-up vaccination programs particularly for measles with vitamin A, polio and expanded programme on immunization / EPI according to national strategy, distribution of long-lasting insecticide-treated bed nets, link with WASH Sector and health education and promotion at the community level. The capacity of the health system needs to be scaled up and strengthened, particularly at the community level to manage the top causes of morbidity and mortality through training, availability of essential medicines and supplies and health education and behaviour change communication to promote key family practices.

### Agriculture/Livestock/Livelihoods

Agriculture is a core survival strategy in the Horn of Africa, and serves as the primary source of food and income for an estimated 80% of the region's population. This crisis requires strategies that simultaneously focus on saving lives and livelihoods, while building longer-term resilience. Providing support through agriculture and livestock not only provides essential food but an income for families.

Interventions to support agricultural production would increase cereal availability and help reduce food prices. Food access can be increased in the short term and assets protected in the long term through large-scale animal feed and veterinary services to poor pastoralist communities, reducing the risk of population movement and preventing permanent destitution.

Planned actions include:

- increasing access to water resources by rehabilitating and constructing water points
- providing vital agricultural inputs, such as drought-tolerant seeds, fodder and water for livestock
- using cash transfers to mitigate the rising prices of staple foods
- protecting remaining livelihood assets through plant and animal pest and disease surveillance and control
- improving community water management practices and training farmers on better dryland crop and livestock production systems
- investing in longer-term recovery to rebuild livelihoods and strengthen households' resilience to future shocks
- strengthening food security information systems across eastern Africa through the roll out of the Integrated Food Security Phase Classification (IPC) and continued support to the Food Security and Nutrition Analysis Unit (FSNAU)
- providing immediate relief through public good cash-for-work (CFW) activities for natural resource conservation to improve future livelihood resilience and

## Regional Context

- disseminating information, providing technical advice, and coordinating all actors' food security and livelihood interventions through humanitarian cluster mechanisms (such as the Global Food Security Cluster co-led by the Food and Agriculture Organization of the United Nations /FAO and the World Food Programme/WFP), and other coordination platforms (such as the regional Food and Security Working Group/FSNWG) in collaboration with governments in the region.

## Protection

Serious protection concerns for children and women are occurring as a result of the Horn of Africa crisis which require urgent attention such as increased exposure to sexual violence and abuse while displaced populations are in transit, or re-settle in insecure environments; transactional sex; expected increase in early/forced marriages; family separations as a result of massive displacement; increased risk of recruitment and use of children by armed forces/groups as a coping mechanism for survival; increased tensions between communities as conflict over scarce resource generating violence, including gender-based violence (GBV), between host and displaced communities; and harmful effects on children's and families' mental health and well-being.

## Logistics

Access constraints resulting from the security situation in some areas have complicated efforts to assess the needs of the affected populations and impacted the ability of the humanitarian community to quickly and effectively scale up operations in response to the crisis. Coupled with the regional needs of cross-border migration, nutrition, food assistance and WASH, the humanitarian community has highlighted a need to augment regional logistics capacity to ensure the unimpeded flow of life-saving relief items. Due to the complex nature of this emergency, this may require greater reliance on air operations, plus the situational use of commercial trucking companies that are able to move freely with minimal delays. This will be specifically evident in response to the already overcrowded refugee camps, the construction of new camps that will be able to handle the growing need, and issues related to rising food prices.

## Financial response to date

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Out of the US\$2.5 billion<sup>2</sup> in humanitarian requirements for Djibouti, Ethiopia, Kenya and Somalia, more than \$1 billion has been committed, but a further \$1.4 billion is needed. In addition to the funding committed to the Kenya and Somalia CAPs, \$209.5 million (\$124.3 for Somalia and \$85.2 for Kenya) has been committed and \$29.6 million (\$23 million for Somalia and \$6.6 million for Kenya) has been pledged to programs and activities not included in the appeals.

Since July 1, \$524 million has been contributed and \$195 million pledged for the four countries and the regional crisis. This constitutes 33% of total contributions since the beginning of the year, and 82% of total pledges. Another \$102 million has been committed, plus \$91.2 million pledged, for the Horn crisis in general; agencies will report on its allocation to specific countries.

The largest part of resourcing to date across the regional emergency has gone to food assistance: of the reported \$1.58 billion in total funding, \$870.3 million (55% of the total) is for food, followed by flexible funding (\$342 million), health and nutrition (\$93 million), multi-sector/refugee activities and WASH (both \$67 million).

In response to the intensifying crisis in the Horn of Africa in July, the Central Emergency Response Fund (CERF) allocated nearly \$60 million to provide urgent life-saving assistance. This funding, issued over the last two weeks, will contribute to the delivery of over 40,000 metric tons (MTs) of food in the region, providing emergency food to vulnerable children and mothers in the worst-affected

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<sup>2</sup> All dollar signs in this document denote United States dollars. Humanitarian funding for the Horn should be reported to the [Financial Tracking Service](#) (FTS, [fts@un.org](mailto:fts@un.org)). All funding figures are as reported by donors and recipient organizations to FTS as of 28 July 2011.

## Humanitarian Requirements for the Horn of Africa Drought 2011

areas, plus water, sanitation and hygiene support and mass vaccinations for livestock. The additional CERF funding is critical to enhance and expand the humanitarian response. The latest allocation follows the release of \$30 million to Djibouti, Ethiopia, Kenya, and Somalia in February and March 2011 when humanitarian partners reported emerging drought conditions and worsening food insecurity.

The July CERF allocation to Ethiopia supported humanitarian agencies with \$14.6 million of rapid response grants for food distribution, therapeutic feeding and emergency health interventions targeting malnourished communities. For Somalia, CERF released \$28 million in rapid response funds to enhance and expand humanitarian activities in drought-stricken areas of south and central Somalia. Kenya received \$13.5 million of rapid response grants for actions in agriculture and livestock, food aid and nutrition, health and WASH. The CERF granted an additional \$3.1 million to Kenya to support refugee response. Further CERF funding is under consideration for refugee assistance in Ethiopia.

## Country Overviews

### Djibouti

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#### Context analysis

Although rainfall fluctuations and drought are intrinsic features of Djibouti's semi-arid climate, the current drought far exceeds normal variation. Insufficient rainfall since 2005 – with less than 50% of the normal average recorded since September 2007 – has had a direct and life-threatening impact upon the most vulnerable people of Djibouti, particularly pastoralists and rural dwellers. During the last rainy season, two-thirds of the country received less than 10 mm of rain, according to Famine Early Warning Systems Network (FEWSNET), causing the depletion of water reserves, deterioration of livestock health and milk production, massive loss of livestock, and the resulting destruction of livelihoods and sources of income.

The drought has led rural households to migrate within their region or through neighboring regions and principally towards the capital, Djibouti City. Households that could not afford to migrate suffered a loss of 70% to 100% of their livestock. The number of cultivated plots dropped sharply in the last four years of drought. Increased rural-urban migration has concentrated 70.6% of the population in urban areas, including 58.1% in the capital city. Water shortages in Djibouti City are expected to become a serious issue over the coming months. Urban food insecurity is rising due to high levels of unemployment and an increase of food prices. Unemployment in the capital stands at 60% and is at its worst during the summer months (July - September). Currently food prices are 68% over the five-year average, aggravated by deteriorating terms of trade. The country's resistance to international food price fluctuations is weak, as 90% of food products are imported.

#### Needs analysis

An Emergency Food Security Assessment (EFSA) conducted in May 2011 confirmed the findings of a February 2010 rapid assessment that out of a total of 240,000 people living in rural areas, 120,000 people have been severely affected by the drought due to a substantial loss of livestock, destruction of livelihoods, and degradation of fields and pastures. Out of this group, 50%, or 60,000 people, are highly food-insecure. This group consists of women-headed households, the sick and handicapped, children, elderly people, and families with large numbers of children. The coping mechanisms of the highly food-insecure have been exhausted, leading to decreased food intake, increased malnutrition and associated health problems especially among children under five. WFP monitoring in July 2011 concluded that food security conditions in the north-west and south-east livelihood zones are expected to remain highly insecure through September as the lean season progresses.

Although the Drought Appeal remains focused on drought relief in rural areas, close monitoring of the situation in urban areas will be undertaken and should further assessments demonstrate a need for assistance, humanitarian actors will expand their programmes to the urban and peri-urban areas (26,600 people are currently estimated to be in need in urban and peri-urban areas).

A national Standardised Monitoring & Assessment of Relief and Transitions (SMART) nutrition survey, conducted in December 2010-January 2011, measured global acute malnutrition (GAM) among children under five at 10% (8.5% in urban areas and 11.4% in rural areas), down from 16.8% in 2007. According to the survey, food and nutrition programmes have been effective over the years, and contributed to this positive development. However, the national rate of stunting, caused by chronic malnutrition, has increased significantly by nine per cent, from 21.8% in 2007 to 30.8% in 2010. There is further evidence that malnutrition rates have risen in some specific areas, such as poorer neighborhoods of the principal urban areas. *Médecins sans frontières* (MSF) Switzerland reports that moderate acute malnutrition (MAM) rose from seven per cent in May 2010 to 22% in May 2011, in Balbala, PK12, Arhiba, and Ambouli neighbourhoods of Djibouti City (mid-upper-arm

circumference /MUAC measurements). Also, the SAM rate stood at 6% in these areas in May 2011.

There has been a rise in communicable diseases such as measles, diarrheal diseases, tuberculosis and pulmonary infections such as pneumonia, and there is a threat of increased incidence of epidemics including AWD. Scarcity and diminished quality of water is aggravating the risk of epidemics. More than 49% of people in rural areas do not have access to a protected source of drinking water. Out of these, at least 30% resort to unprotected sources that do not conform to minimum sanitary requirements. An assessment of water quality made at end 2010 found that more than 70% of water points are polluted. As a result of the drought, 50 traditional surface and sub-surface water sources dried up while the water table level of an additional 20 boreholes went drastically down. In Djibouti City, water shortages are expected to become serious during the current summer months.

Increasing numbers of refugees are entering Djibouti. There are presently 17,000 refugees (as at 26 July) based in Ali Addeh camp, principally of southern/central Somali origin. Somali refugees continue to arrive in Djibouti in relatively large numbers, although at a lower rate than in Ethiopia and Kenya. From January to end of June 2011, the United Nations High Commissioner for Refugees (UNHCR) registered a total of over 2,600 new arrivals. Monthly arrivals are in the range of some 500 refugees. It is expected that more than 5,000 Somalis will arrive in Djibouti this year, more than double UNHCR's planning figure for 2011.

The total number of Somali refugees in Djibouti stands currently at some 17,000, of whom 70% are women and children. Based on current rates of arrivals, UNHCR expects that the total refugee population in Djibouti may reach 20,800 people by the end of 2011. The Government of Djibouti has allocated the former refugee site of Hol Hol, with a capacity for 15,000 people, to UNHCR for rehabilitation in order to decongest the existing Ali Addeh refugee camp and to host the new arrivals. UNHCR's total requirements in Djibouti for 2011 amount to \$26.8 million, mostly for Somali refugees and asylum-seekers. This amount includes \$4.8 million in emergency requirements for arriving Somali refugees.

### Response

A total of 4,327 MTs of mixed food commodities have been distributed, reaching 82,000 beneficiaries. From January to April 2011, the size of rations was reduced by 20% to avoid a pipeline break during the lean season. As of May, rations have been restored to standard. Food-for-work (FFW) activities reached 23,510 people and contributed to the rehabilitation of 1,070 km of roads, supported 28 agricultural cooperatives in horticulture production, realized 16 water conservation activities and planted 1,900 trees. Through school feeding 569 MTs of food was distributed to 12,013 children in all 77 primary schools in rural areas. In addition, 4,078 girls received take-home rations to encourage parents to send them to school.

In the agriculture and livestock sector, actions have been implemented supporting restocking of animals and distribution of complementary foods, veterinary campaigns, construction and rehabilitation of water points, agricultural production and diversification, multiplication of production of grazing plants adapted to local conditions, plant nurseries, and distribution of agricultural tools and seeds.

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% and a death rate under five per cent, though with a default rate of 30%. In total, 70% of malnutrition cases are being covered. Vitamin A supplements have been distributed to children 6-59 months of age and mothers during the post-partum period, at a coverage rate of 95% for children under five, and 60% for mothers. Additionally, 4,600 moderately malnourished children under five and malnourished pregnant and lactating mothers were assisted with supplementary feeding through 36 health centres around the country. In the capital, 5,500 people benefited from family protection rations targeting the families of severely malnourished children under five.

## Country Overviews

In the WASH Sector, access to safe drinking water has improved for about 25% of 120,000 people in the northern and western regions. People now have access to safe water supplies, rehabilitated wells, cisterns, hygiene supplies (such as jerrycans), water bladders, soap and water filters; 25,000 people in 20 localities were provided with clean drinking water through water trucking; 50,000 people benefited from water purification tablets distributed to 35 localities; 20 water management committees were established in rural localities, particularly in the north-west, and were provided with training aimed at making communities responsible and accountable for water management and water point protection and maintenance. Community-led efforts in more than 35% of the affected localities centred on specific strategies to reach the poorest, to address gender equity and to provide information about safer hygiene practices. Hand-washing campaigns were organized in ten schools with hand-washing materials and soap distributed.

In health, mobile teams supported through the CERF have ensured better delivery of health care services in hard-to-reach rural areas – covering 120,000 people, including 25,000 children and 5,300 pregnant women.

Refugees received food assistance, including around 1,000 moderately malnourished children under five and malnourished pregnant and lactating mothers under supplementary feeding. Meanwhile, 470 refugee girls in grades three to five who attended at least 80% of school days received take-home rations.

### **Priority actions**

The Humanitarian Country Team (HCT) has identified food assistance, nutrition, WASH, health, livelihood support and support to refugees as their priorities. However, refugee requirements, with the exception of food, are currently not included in the drought appeal.

The appeal for Djibouti is extended to March 2012 in the understanding that needs will continue until at least the first quarter of next year.

*Please click [here](#) for the latest financial tracking tables on FTS.*

## Ethiopia

In Ethiopia, the prolonged La Niña conditions have affected two consecutive rainy seasons, causing rapidly deteriorating food security in the drought-affected lowlands of southern and south-eastern Ethiopia, as well as in parts of the central and southern highlands that depend on short-cycle crops cultivated during the February to May rainy season. By July 2011, the number of people identified in the Government's revised Humanitarian Requirements Document (HRD) as requiring relief food assistance had increased by 47%, to 4.56 million. The largest increases were recorded in Oromia (178%) and SNNPR (187%), and the 1.4 million people in Somali targeted for relief food assistance constitute approximately one-third of the region's population.

In the lowlands of the Somali region, southern Oromia and southern SNNPR, the failure of the short October-to-December rains in 2010 was followed by poor long rains from March to May 2011. While some rains belatedly fell in parts of the drought-affected region in May, the temporary relief they brought from severe water and pasture shortages is already being exhausted. Water trucking, which began in some areas as early as November 2010 and expanded to include all woredas (districts) of the Somali region and most of southern Oromia and southern SNNPR by late April, was resumed in the southernmost woredas of Somali and Oromia in July as the drought-affected areas entered a new dry season. Water shortages in most areas are expected to

re-emerge and grow more severe in the months leading up to the next rains, in October 2011. Early and large-scale migrations of pastoralist households and their livestock within Ethiopia and from other countries have been reported, as have poor body condition, reduced productivity and high rates of livestock death. High food price inflation nationally – up to 45% in June 2011 compared to the same month in 2010 – and limited availability of food and other goods in some markets, particularly in Somali region, have exacerbated the situation.

In the belg (February to May) cropping areas of the central and southern highlands, the late arrival of the rains in May delayed the planting of short-cycle crops, extending the annual lean season by at least two months. With green harvest not expected before the end of August and the main maize harvest delayed until late September, food security has rapidly deteriorated as indicated by sharp spikes in the number of children under five admitted to TFPs. The situation is particularly acute in parts of SNNPR that depend on consumption of sweet potatoes as a bridging food, as the root crop harvest failed completely this year.

The deterioration in food security has had a serious impact on nutrition in the affected areas, with monthly reports from the TFPs showing increasing admissions trends between February and May 2011, and largely holding at the elevated levels in June. In SNNPR, TFP admission increased by 42% from February to March, by 90% from March to April, and by 16% from April to May before stabilizing at this elevated level in June. In Oromia, TFP admission increased by 37% from February to March, continued at that level in April, and then doubled in May (100% increase) as a region-wide nutrition screening was conducted. In June, admissions decreased by 17%, although they remain elevated overall. In Somali region, where there are far fewer TFPs operating, admissions have increased gradually since February, rising by 6% from March to April and then by 9% from May to June. In pocket areas of the region, reports of alarmingly high malnutrition have been received in July. Overall, an estimated 154,462 children under five were admitted to TFPs across the country between January and June (with a reporting rate above 80%) or 43% more than the projected caseload.

<b>Ethiopia Revised Humanitarian Requirements Document for 2011: Key parameters</b>	
<b>Duration</b>	July - December 2011
<b>Key milestones in 2010 -2011</b>	<i>Deyr/hagaya</i> rains (October-December) <i>Gu/genna/sugum</i> rains (March-May) <i>Belg</i> rains (February-May) <i>Belg</i> harvest (August-September) <i>Kiremt</i> rains (June-September) <i>Meher</i> harvest (November-December)
<b>Target beneficiaries</b>	4,567,256 relief food beneficiaries 233,437 refugees Total: 4,795,270
<b>Total funding requested</b>	<b>Funding requested per beneficiary</b>
<b>\$398,439,730</b> (Ethiopia) <b>\$246,128,368</b> (refugees)	<b>\$87</b> <b>\$1054</b>

## Country Overviews

More than 81% of admissions were in the three most drought affected regions, Oromia, SNNPR and Somali. An additional 159,000 expected to require treatment in the second half. More than 700,000 children and women are estimated to need targeted supplementary feeding (TSF) to respond to moderate acute malnutrition.

On top of ongoing outbreaks of measles (more than 17,500 cases reported in the first six months of the year) and meningitis, the risk of other disease outbreaks, particularly AWD and malaria, remains high. Between five and nine million people are at risk of these diseases respectively, according to the revised HRD, while two million children under five are at risk of measles. Weak access to clean water, low levels of improved sanitation and poor hygiene practices increase the risk of waterborne disease outbreaks, particularly in areas that see seasonal labour movements and public or religious events. Access to basic health care remains low. Health partners are working to enhance disease surveillance, improve case management and build the capacity of the health system to effectively respond to public health emergencies, including access to life-saving maternal and neonatal services.

Water trucking, rehabilitation and maintenance of boreholes and other water sources, and provision of water purification and treatment chemicals are expected to be required for up to 4 million people in the second half of the year. At the height of the severe water shortages in April-May 2011, more than 2 million people depended on water trucking.

Agriculture and livestock supports are also required to restore and protect people's livelihoods in affected areas. The revised HRD includes support for smallholder farmers and pastoralist households in affected areas, including provision of seeds and sweet potato cuttings to more than 200,000 households, and animal health care and supplementary feeding for livestock of more than 500,000 pastoralist households.

The advent of the long rains (June to September) over the highland areas, which were predicted to be normal to above-normal, particularly in western areas, increases the risk of flooding and outbreaks of waterborne disease. To enhance preparedness and response planning, the Government re-activated the Flood Task Force in early June and requested it to update the national Flood Contingency Plan. The national AWD preparedness plan has also been updated.

In addition to immediate relief, the Government and humanitarian actors are working to promote disaster risk reduction and early recovery approaches across all sectors, in keeping with the national transition to a disaster risk management footing. A combination of immediate and longer-term assistance is needed to help affected populations rebuild their resilience more quickly and reduce the potential for such predictable crises to recur.

Humanitarian partners in Ethiopia continue to support the Government in assessing and responding to the increased needs stemming from the drought and poor rains, monitoring the developing situation and advocating for the resources to support a timely and effective response adequate to the needs on the ground. Despite generous funding from the donor community to date – overall, Ethiopia has received some \$476 million in humanitarian funding in 2011 – the increasing needs, rising prices and time required to bring relief items into country have led to serious shortfalls in key food pipelines, notably for corn-soya blend (CSB, used for TSF programmes). As of the fifth round of food assistance (allocated in July 2011), all areas of the country will receive a reduced ration of CSB, with Disaster Risk Management and Food Security Sector (DRMFSS)-covered areas to receive 2.5 kg per person, WFP-covered areas (Somali region) to receive 3 kg and areas covered by the non-governmental organization (NGO) consortium's Joint Emergency Operation to receive 3.5 kg. Reduced rations and incomplete food baskets have previously had to be distributed in DRMFSS-covered areas since the second round, although prioritization efforts had previously ensured that beneficiaries in the most affected areas received full rations. Funding of WASH and nutrition interventions has been strong to date; however, continued donor support is required, particularly if water trucking must be expanded in the coming months. Additional funding will be needed for TSF programmes in woredas newly identified as nutrition hotspots when the July list is published. Additional funding for agriculture and livestock and emergency education is also required. Overall, the current funding gap for needs identified in the revised HRD is some \$252.7 million.

## Humanitarian Requirements for the Horn of Africa Drought 2011

At the same time, an additional \$224 million is required for refugees in Ethiopia, including in response to the massive influx of refugees from Somalia witnessed this year. Refugee response is managed separately from the rest of the humanitarian portfolio in Ethiopia, under the joint coordination of UNHCR and the National Administration for Refugee and Returnee Affairs.

According to UNHCR, the total number of refugees from Somalia in Ethiopia in the Dollo Ado area is 115,364 as of 27 July 2011, of which more than 74,000 have arrived since January, including 18,500 in July alone. This is in addition to the roughly 41,000 refugees from Somalia in three camps in Jijiga zone in northern Somali region. While daily arrivals have dropped from the high of 2,000 per day recorded in early July in the second half of the month, several hundred new refugees continue to arrive each day. With the camps at Bokolomanyo (established in 2009) and Melkadida (2010) at greater than maximum capacity (30,000), a third camp at Kobe was opened at the end of June 2011 and quickly filled. UNHCR and partners are now working to open a fourth camp at Hiloweyn, which will have twice the capacity of the other camps in the region, while planning for a fifth, even larger camp at Bora-Amino is in the works.

Refugees are arriving in very poor states of health, dehydrated and severely undernourished, especially the children. According to the nutritional screening conducted at the reception and transit sites in Dollo Ado, one in three children under five is suffering from SAM. Even within the established camps, malnutrition rates are alarmingly high, with 33% of children under five in Melkadida and 22% in Bokolomanyo malnourished.

Water shortages pose a serious challenge at nearly all of the refugee-hosting sites in Dollo Ado, as well as in camps established for other refugee populations around the country. Moreover, the food shortfalls affecting relief distributions across Ethiopia are expected to hit WFP's refugee programme if additional donations are not forthcoming.

The refugees from Somalia are not the only new arrivals in Ethiopia in 2011. According to UNHCR, increasing numbers of refugees from Eritrea continue to arrive, while concern about potential influxes from Sudan remains high. The continuing flow of asylum-seekers from Eritrea prompted the Government and UNHCR to open a new camp in late 2010.

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*Link to full Ethiopia Revised Humanitarian Requirements Document, July 2011:*

[http://reliefweb.int/sites/reliefweb.int/files/resources/fullreport\\_68.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/fullreport_68.pdf)

Please click [here](#) for the latest financial tracking tables on FTS.

## Kenya

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### Contextual analysis

Drought conditions in Kenya's northern and north-eastern districts have deteriorated further after the poor performance of the March-June long rains. The current drought comes against a backdrop of climate change and associated global warming set to intensify the severity, duration and frequency of droughts. An analysis of the rainfall performance by the Kenya Meteorological Department for the last 60 years illustrates that the long rains have particularly been deficient in the last ten years.<sup>3</sup> Recovery gains made after the 2009/2010 El Niño heavy rains have been eroded. The severe drought is a consequence of several years of rainfall failure occurring in consecutive rainfall seasons – a situation that has eroded communities' ability to cope and recover from poor seasons. This has worsened food insecurity and water shortages; led to increased conflict in pastoral areas; and has increased the risk of human and livestock disease outbreaks.

There are currently 3.2 million people needing food aid assistance, and numbers are expected to increase in the coming weeks. Rates of GAM for children under five have exceeded and in some instances doubled the emergency thresholds in Turkana, Marsabit, Wajir and Mandera districts.<sup>4</sup> A mid-season Kenya Food Security Steering Group (KFSSG) assessment in May 2011 found that up to 3.5 million people may soon require food aid assistance, while a Long Rains Assessment conducted from 25 July - 17 August will determine the number of drought-affected people.

The most affected districts are in northern and north-eastern Kenya, where food insecurity is expected to reach crisis levels in August and September. Kenya-wide, the areas most severely affected by drought include the northern and eastern pastoral districts of Wajir, Marsabit, Isiolo, northern Garissa, northern Tana River, Mandera, and Samburu; and the south-eastern districts of Kitui, Makueni, Mwingi, and Tharaka. While Turkana has received some rain, malnutrition levels far exceed emergency thresholds. The dry spell between June and October, when the next rains are expected, will lead to further food and water stresses. A combination of food insecurity, falling nutrition levels, and poor access to health and water facilities has left thousands in need of urgent support. Immunization coverage is extremely low; measles coverage is 24%, polio 28% and diphtheria, pertussis, tetanus (DPT-3) 31%, which puts the majority of the under-five population at risk.

The shortage of maize and other cereals has increased food prices. Additionally, fuel price hikes, a combination of high poverty levels, and poor access to basic services in urban poor settlements has left many in need of hunger safety net programmes to guard against malnutrition.

Meanwhile, drought across the Horn of Africa has had similar consequences, with famine having been declared by the UN on 20 July in two regions of southern Somalia. The devastating drought impacts have forced thousands of Somalis into Kenya's overcrowded Dadaab camps, overwhelming the already stretched response capacity and resources on the ground. June and July have seen an unprecedented Somali refugee influx to Dadaab, with more than 63,000 new arrivals registered between 6 June and 26 July. UNHCR has registered 35,000 of these arrivals, leaving a backlog of 28,000 whom UNHCR intends to register by 21 August.<sup>5</sup> The influx has raised serious public health concerns for the refugee population and the host community, where health facilities are in worse conditions than those available to refugees.

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<sup>3</sup> Kenya Metrological Department Press Release on Drought in Kenya.

<sup>4</sup> FEWS NET.

<sup>5</sup> UNHCR Dadaab/26 July 2011.

## Priority actions identified

Various consultations (with Sectors and the Kenya Humanitarian Partnership Team (KHPT), and recent CERF and Emergency Response Fund /ERF prioritization meetings) have agreed to prioritize food and nutrition; health; water and sanitation; and agriculture and livestock interventions in the worst-affected districts in northern and north-eastern Kenya. Districts currently under watch and where drought conditions are expected to worsen in coming months are also a priority for ERF attention. The KHPT, Sectors, and Urban Vulnerability forums have all strongly recommended that urban poor settlements be a priority for response. Furthermore, UNICEF and WFP have indicated increased funding requirements in the 2011+ Emergency Humanitarian Response Plan (EHRP) for the sectors they lead (food, WASH, education, child protection) after the mid-year revision based on increased humanitarian needs in Dadaab. There is a renewed call for heightened risk reduction programming to respond to drought. The Early Recovery Sector, which has been dormant for nearly two years, is being reactivated.

On refugee multi-sector response, addressing severe acute malnutrition, especially among Somali refugee children, is the top priority in Dadaab, where approximately one quarter of the children arriving from southern Somalia are malnourished, with child deaths reported inside Somalia and among new arrivals at the camps. There is an urgent need to relocate to the Ifo extension some 35,000 people settled on a flood plain in the Ifo outskirts, in addition to the ongoing need for decongestion of Dadaab camps currently holding some 389,759 (as at 26 July) – four times the capacity for which the camps were built. On 14 July, the Kenyan Prime Minister announced the Government's intention to allow UNHCR to settle refugees on the developed Ifo site, but controversy within the Government continues over what some officials term "security threats". Official authorization is yet to be granted by the Government for refugees to settle on the 'developed' Ifo site. Relocation of refugees from the overcrowded Ifo outskirts to the Ifo extension tented site has begun. UNHCR and partners plan to move 1,000 people (200 families) per day; on 25 and 26 July, some 300 families were relocated to Ifo extension tented site.

Additionally, relocation to Kambioss from the Hagadera outskirts was ongoing. The site is expected to host 180,000 (up from the initial 160,000). UNHCR expects to complete relocation to this site by the end of November. Protection monitoring at the reception centres and Liboi border crossing require expanded capacity and accelerated screening of unaccompanied and separated children, children associated with armed forces and armed groups and survivors of GBV. The high levels of sexual violence on the border and en route to Kenya is of particular concern, and further highlights the need to increase resources for GBV response services in Dadaab. Single women, female-headed households and adolescents girls are most at risk.

A rapid child protection assessment was carried out in July 2011 in collaboration with the education sector. An initial review of the results of this assessment reveal important concerns for protection of children and in particular separation from parents (children left to relatives as parents move with livestock); increased number of child-headed households (mostly in rural areas); drastic changes in school enrolment and attendance; increased child labour; and increased GBV including sexual violence.

## Projected Trends

Emergency conditions in the food, nutrition, WASH, health, agriculture and livestock, education and protection sectors will continue to prevail through October 2011 with slight improvements in food security to occur if the short rains (October-December) are timely and well distributed.<sup>6</sup> Recovery from this severe drought is expected to take longer because of the drastic impacts the drought has had on livelihoods. Insecurity in pastoral areas is likely to intensify and remains a concern in both the conflict-prone areas of the north-west (Turkana), as well as in other areas where livestock have been clustered. Conflict incidents have heightened in Turkana, Samburu and Isiolo districts, where 76 people were killed in conflict in June 2011 and hundreds of livestock stolen. As drought intensifies,

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<sup>6</sup> FEWS NET, July 2011.

## Country Overviews

more conflict is anticipated alongside the escalating competition for resources. Investments in long-term risk reduction programmes continue to fall through the cracks, especially during the peak of emergency response.

The ongoing Long Rains Assessment will provide concrete analysis on the extent of the drought impacts and consequences for coming months.

Furthermore, UNHCR projects that the refugee influx to Dadaab will be sustained at 1,200 refugees per day for the next six months as conditions (both drought and access to assistance) in Somalia are not improving. There is pressure on aid agencies to address urgent humanitarian needs and the continued refugee influx is set to stretch the resources and capacity on the ground. Issues on refugee shelter and access to basic services are likely to continue with the high influx being experienced.

## Funding Analysis

There are critical funding gaps in the EHRP for Kenya for sectors responding to urgent drought needs. The funding is as follows: Nutrition 15%; Food aid (76%), Health 14%, WASH 34%; Agriculture and Livestock 20%; Coordination 47%; refugee multi-sector response 42%; Protection 7%; Education 16% and Early Recovery 28%. (See table on page 27).

The ERF has just recently been replenished bringing the balance in the fund to \$3.4 million, of which \$1.8 million will be used to fund 12 projects addressing the drought situation and other related emergencies.

*Link to full Kenya Emergency Humanitarian Response Plan 2011 Mid-Year Review:*

[http://ochadms.unog.ch/quickplace/cap/main.nsf/h\\_Index/MYR\\_2011\\_Kenya\\_EHRP/\\$FILE/MYR\\_2011\\_Kenya\\_EHRP\\_SCREEN.pdf?openElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/MYR_2011_Kenya_EHRP/$FILE/MYR_2011_Kenya_EHRP_SCREEN.pdf?openElement)

*Please click [here](#) for the latest financial tracking tables on FTS.*

## Somalia

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### Context analysis

Somalia is currently facing the most serious food and nutrition crisis in the world in terms of both scale and severity and the humanitarian community needs to immediately scale up its operations to save lives and prevent further deterioration. On 20 July, a famine was declared in two regions of southern Somalia: southern Bakool and Lower Shabelle.<sup>7</sup> This announcement was based on the latest round of nutrition assessment data collected in early July in southern Somalia and a comprehensive analysis of local and imported food commodity prices, pasture availability, expected July *Gu*-season harvests, and October-December rainfall forecasts. The analysis brought the estimated number of people in crisis nationwide to 3.7 million, of whom an estimated 2.8 million people are in the south. Prior to this declaration, humanitarian agencies had already revised their strategies and planning figures in the mid-year review of the Somalia 2011 CAP based on an estimated planning figure of 2.5 million people in crisis. The new increase in the number of people requiring immediate life-saving aid necessitates further scale-up and crisis planning.

In the last few months, tens of thousands of Somalis, the majority of whom are children, have died. Affected by consecutive droughts and ongoing conflict, malnutrition rates are currently the highest in the world, with peaks of 50% in certain areas of southern Somalia. The regions of Lower Shabelle, Middle and Lower Juba, Bay, Bakool, Benadir, Gedo and Hiraa host an estimated 310,000 acutely malnourished children. Over 184,000 people have fled the country to seek assistance and refuge in neighbouring Kenya and Ethiopia and 100,000 people have been internally displaced since January due to conflict and drought, bringing the total number of internally displaced people (IDPs) to 1.46 million.

In addition to famine, south-central Somalia presents security and access challenges. The dynamics of the conflict are changing rapidly and in the past year humanitarian access has shrunk to unprecedented levels in certain areas, curtailing the ability of some organizations to provide a timely, full-scale response. Following Al Shabaab's early July statement allowing international humanitarian operations in southern Somalia, some organizations have been able to scale up activities and access new areas; however continued WFP access restrictions in the area since early 2010 present an enormous challenge.

### Strategy and priority actions

In response to the deepening crisis and increased needs, the humanitarian community adjusted the strategic priorities of the CAP to better address the immediate needs of the 3.7 million people in need, thus to reduce excess mortality and displacement. The strategy will concentrate on addressing the effects of the drought and conflict. It will also aim at providing urgent humanitarian aid to prevent the situation from deteriorating before the October planting season, while addressing the needs of those who have already been displaced. A three-pronged approach to humanitarian assistance has been adopted: 1) reach and provide assistance to affected populations still in their areas of origin where their traditional coping mechanisms could be strengthened – this is to avoid further displacement because people become more vulnerable while moving; b) provide assistance to those who are already displaced and stranded en route; and c) assist currently displaced populations and host communities who are in emergency and acute food and livelihoods crisis. Currently there is improved access in Mogadishu and some other areas and scale-up of response has already begun. Humanitarian agencies are developing new multi-cluster programmes and partnerships. Agencies already on the ground in the most affected areas are scaling up existing activities to reach more men, women and children with life-saving interventions. These activities will also mitigate the pressure to cross borders and avert the creation of large and unmanageable concentrations of IDPs, strengthen traditional coping mechanisms, and enable host communities to share resources in areas where this is still possible.

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<sup>7</sup> Famine is declared when acute malnutrition rates among children exceed 30%; more than two people per 10,000 die per day; and people are not able to access food and other basic necessities.

To reduce excess mortality, immediate scale-up of food, nutrition, health and WASH activities is required. Increased access to food is a priority and all possibilities including direct distributions, local purchase, vouchers and cash distributions are being pursued. Protecting the livelihoods of populations still residing in the most affected areas, particularly in advance of the upcoming planting season, is crucial to prevent further deterioration and save lives and livelihoods, plus to build the resilience of vulnerable communities. Emergency integrated nutrition programmes are focused on treating the most affected, while simultaneously providing safety nets for other vulnerable populations and improving overall food access. Experience has shown that in a famine, health and WASH interventions, closely linked to food and nutrition activities, are required to prevent communicable disease outbreaks, particularly among those on the move and populations forced to congregate in large numbers in small spaces. Disease control through surveillance and early warning, vaccinations, and emergency health services are key actions. Basic non-food items (NFIs) and shelter for the displaced are essential for survival, and will be coordinated with WASH, nutrition and food interventions to ensure synergy. Protection will be mainstreamed in the humanitarian response and protection activities will continue to focus on populations on the move, GBV prevention and response, and family reunification. Child protection activities will be emphasized through joint education and protection interventions. Clearing air strips and ensuring expedited clearance procedures for cargo entering Somalia are essential for the effective delivery of humanitarian assistance.

### Funding analysis

Emergency scale-up plans have been developed to target areas where people are most in need, but scale-up requires immediate funding. To date \$408 million has been committed or received for the programmes and actions included in the Somalia 2011 appeal, and an additional \$49 million has been pledged. Additionally, some of the funding currently recorded as regional drought response can also be expected to go to the Somalia emergency. However, given the steep increase in funding requirements (from \$561 million following the mid-year review to \$1.06 billion during the emergency scale-up<sup>8</sup>), the appeal for Somalia is only 38% funded. In addition to generous donor contributions, the Somalia Common Humanitarian Fund (CHF) has filled part of the funding gap through its first standard allocation of 2011 (\$43.6 million) plus \$12.1 million in allocations from the CHF's emergency reserve in response to the most immediate needs, including access to food. In July, the CERF released \$28 million in rapid response funds to enhance and expand humanitarian actions in drought-stricken areas of south and central Somalia.

*Link to full Somalia Consolidated Appeal 2011 Mid-Year Review:*

[http://ochadms.unog.ch/quickplace/cap/main.nsf/h\\_Index/MYR\\_2011\\_Somalia/\\$FILE/MYR\\_2011\\_Somalia\\_SCREEN.pdf?openElement](http://ochadms.unog.ch/quickplace/cap/main.nsf/h_Index/MYR_2011_Somalia/$FILE/MYR_2011_Somalia_SCREEN.pdf?openElement)

*Please click [here](#) for the latest financial tracking tables on FTS.*

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<sup>8</sup> The full emergency revision of the Somalia CAP, including cluster scale-up plans, will be finalized next week.

## Roles and Responsibilities

In Djibouti, Kenya, Somalia and Ethiopia, coordination and prioritization of programmes are ensured through humanitarian structures such as Humanitarian Country Teams, sectors and clusters.

Operational coordination and humanitarian decision-making are country-based, while at regional level the Regional Humanitarian Partnership Team (RHPT) and the Food Security and Nutrition Working Group (FSNWG) continue to support country-level operations through analysis, early warning, reporting, advocacy, resource mobilization and, where needed, surge capacity and technical support. More specifically, the RHPT meeting, co-chaired by OCHA and IFRC, ensures coordination of operational agencies with regional mandates in eastern Africa, while the FSNWG ensures regional situation analysis on food security.

A new inter-agency drought web page has been launched on [www.disasterriskreduction.net](http://www.disasterriskreduction.net) which focuses on the current drought crisis in the Horn of Africa.

### Djibouti

Sector	Government institution	Sector lead	Other humanitarian stakeholders
Food	Ministry of Interior and Decentralization (MID)	WFP	MID, National Office for Assistance to Refugees and Affected People (ONARS), MoH, MoA
Health and Nutrition	Ministry of Health (MoH)	WHO / UNICEF	WFP, MoH, UNFPA, National Union of Djiboutian Women (UNFD)
Agriculture and Livestock	Ministry of Agriculture, Fisheries, Livestock and Marine Resources (MoA)	FAO	MoA, UNFD, Agricultural Cooperatives
Water, Sanitation and Hygiene	Ministry of Energy and Water (MoEW)	UNICEF	MoEW, MoH, Djibouti Agency for Social Development (ADDS), Leadership for Sustainable Development and Environment in Djibouti (LEAD), Association for Integrated Development in Tadjourah-Mablas (ADIM), Djibouti Red Crescent Society
Emergency Preparedness and Response	Executive Secretariat for Disaster Risk Management (DRM)	UNDP	WFP, Executive Secretariat for DRM

### Ethiopia

In Ethiopia, the Government-led Multi-Agency Coordination (MAC) forum is responsible for the overall coordination of the emergency response, with line ministries and specialized bodies ensuring sectoral and refugee coordination.

### Kenya

Coordination of response is taking place at national and district level. The Kenya Humanitarian Partnership Team (KHPT; an expanded IASC Country Team) provides strategic-level direction for response, alongside the Government's Permanent Secretary level of Crisis Response Centre. The Government-led Crisis Consultative Forum brings together UN-Sector co-leads (under KHPT guidance) and technical line ministry representation (under CRC guidance). Furthermore, individual Sector meetings are taking place at Nairobi level. At district level, the District Steering Groups (DSGs) are leading multi-sector response meetings, in addition to technical sector meetings on thematic issues (Nutrition, Health).

## Roles and Responsibilities

Sector	Government institutions	Sector lead	Other humanitarian stakeholders
Food aid	Ministry of State for Special Programmes	WFP	Action Aid, catholic Diocese, Child Fund, COCOP, COOPI, Concernwide, Family Health International, Help Heal, KRC, Oxfam GB, World Vision, Turkana Rehabilitation Project, Ramati, ELBERTA
Nutrition	Ministry of Public Health and Sanitation	UNICEF	Save the Children , FHI, IR, MERLIN, ACF, CONCERN W, MERCY USA, IRC, WV, IMC, WFP, UNICEF
Health	Ministry of Public Health and Sanitation, Ministry of Medical Services	WHO	International Rescue Committee (IRC), Merlin, World Vision, African Development and Emergency Organisation(ADEO), IOM
Water and Sanitation	Ministry of Water and Irrigation	UNICEF	Ministry of Water and Irrigation, Ministry of Public Health and Sanitation, Ministry of Education,
Agriculture and Livestock	Ministry of Agriculture, Ministry of Livestock	FAO	VSF Belgium, ACTED, CARE Kenya, PACIDA, Vetworks East Africa, Catholic Diocese,
Education	Ministry of Education	UNICEF	Save the Children
Protection	Kenya National Commission for Human Rights	UNHCR UNICEF (Child Protection)	NCKK, UNICEF, IOM, OXFAM-GB, HELPAGE INTERNATIONAL, IRC, DRC, SC-UK, KITUO CHA SHERIA, CWSK, KNCHR
Early Recovery	Ministry of State for Special Programmes	UNDP	World Vision International (WVI), International Rescue Committee (IRC), OXFAM GB, IOM, Diakone Emergency Aid, African Development and Emergency Organisation(ADEO), ADRA, HelpAge, Goal Ireland
Refugee/Multi-Sector Response	Ministry of Immigration/Department of Refugee Affairs	UNHCR	COOPI, DRC, IOM, IRC, OXFAM GB, SC-UK, UNICEF, UNHCR, WFP, WHO

## Somalia

Cluster	Cluster lead(s)	Cluster members
Agriculture and Livelihoods	<b>FAO and Somali Organic Agriculture Development Organization</b>	Horn Relief, AFREC, COOPI; FAO, GEELO, SOADO, OCHA, VSF Suisse
Education	<b>UNICEF and SC</b>	IR, NRC, INTERSOS, UNICEF, UNESCO, AFREC, SC, CISP, FENPS, CED, COSV, Farjano Foundation and Relief International
Food Assistance	<b>WFP</b>	DRC, Horn Relief, AFREC, COOPI; FAO, GEELO, SOADO, OCHA, VSF Suisse, ACF
Health	<b>WHO and MERLIN</b>	AAH-I, ACF, AFREC, AVRO, CESVI, CISP, COOPI, COSV, CPD, DIAL, GIZ, GRT, Habeb Hospital, HIJRA, HOPEL, InterSoS, IR, MDM, Medair, Mercy USA, MERLIN, Muslim Aid, RI, SAACID, SAMA, SC, SOADO, UNICEF, WHO, WARDI, UNOPS, UNFPA, WV, Zamzam Foundation
Logistics	<b>WFP and WV</b>	UNICEF, UNHCR, WHO, NRC, FAO, UNDP, IR, Horn Relief, Intersos, MERLIN, SC, MDM
Nutrition	<b>UNICEF</b>	DIAL, OCHA, WFP, OXFAM NOVIB, SC, CAFDARO, GTZ SORRDO, <i>Action Contre la Faim</i> (ACF), FAO/FSNAU, SORRDO, SORDES, HARD, SOADO, Trocaire, JCC, MEDAIR, COSV, APD, CISP, AMA, AFREC, SDRO, RI, WOCCA, SAF, INTERSOS
Protection	<b>UNHCR and DRC</b>	CESVI, CISP, Danish Demining Group, Dialog Forening, DRC, GRT, Halo Trust, IIDA, INTERSOS, IOM, KAALMO, NAPAD, NRC, Oxfam Novib, RI, SARD, SOHRA, UNFPA, UNHCR, UNICEF, UNMAS, WOCCA
Shelter and NFIs	<b>UNHCR and UNHABITAT</b>	UNHCR, UN-HABITAT, NCA, NRC, DRC

## Humanitarian Requirements for the Horn of Africa Drought 2011

Water, Sanitation and Hygiene (WASH)	<b>UNICEF</b>	ACTED, ADA, ADRA, AFREC, Baniadam, CARE, Caritas, CESVI, CISP, COOPI, COSV, DIAL, DRC, FAO, FERO, GMC, GTZ, HWS & CDO, IAS, IIDA, IR, KAALO, Medair, NAPAD, NCA, NRC, Oxfam GB, Oxfam Novib, RI, SDRO, <i>Solidarités</i> & SADO, TGV, UNICEF, WARDI, WOCCA, YME
Enabling Programmes	<b>OCHA and UNDSS</b>	OCHA, FAO, UNDSS, DRC, NGO Safety Programme, IRIN

## Annexes

### Annex I: Financial tables

#### DJIBOUTI – Requirements and funding to date per cluster

Djibouti Drought Appeal 2011 as of 28 July 2011 <a href="http://fts.unocha.org">http://fts.unocha.org</a>
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Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AGRICULTURE AND LIVESTOCK	6,540,918	6,540,918	1,761,424	4,779,494	27%	-
EMERGENCY PREPAREDNESS AND RESPONSE	6,438,700	438,700	-	438,700	0%	-
FOOD AID	16,230,614	16,230,614	10,803,948	5,426,666	67%	300,000
HEALTH AND NUTRITION	7,607,500	7,672,500	859,559	6,812,941	11%	-
WATER AND SANITATION	2,381,606	2,381,606	479,012	1,902,594	20%	-
<b>Grand Total</b>	<b>39,199,338</b>	<b>33,264,338</b>	<b>13,903,943</b>	<b>19,360,395</b>	<b>42%</b>	<b>300,000</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## ETHIOPIA – Requirements and funding to date per sector

Revised Humanitarian Requirements Document for Ethiopia 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

<b>Sector</b> (All sectoral requirements and funding are 6 month figures based on the July-Dec revised HRD for Ethiopia except UNHCR refugee response, which are year-to-date figures)	<b>Revised requirements</b> <b>(\$)</b> <b>A</b>	<b>Funding</b> <b>(\$)</b> <b>B</b>	<b>Unmet requirements</b> <b>(\$)</b> <b>C=A-B</b>	<b>% Covered</b> <b>D=B/A</b>	<b>Uncommitted pledges</b> <b>(\$)</b> <b>E</b>
AGRICULTURE	12,131,129	5,328,910	6,802,219	44%	-
EDUCATION	4,950,000	-	4,950,000	-	-
FOOD	329,834,684	122,879,755	206,954,929	37%	-
HEALTH AND NUTRITION	31,360,739	14,713,593	16,647,146	47%	-
WASH	20,163,178	2,811,781	17,351,397	14%	-
<b>Sub-Total (Ethiopia)</b>	<b>398,439,730</b>	<b>145,734,039</b>	<b>252,705,691</b>	<b>37%</b>	<b>-</b>
REFUGEES	246,128,368	61,352,963	184,775,405	25%	-
<b>Grand Total</b>	<b>644,568,098</b>	<b>207,087,002</b>	<b>437,481,096</b>	<b>32%</b>	<b>-</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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## KENYA – Requirements and funding to date per cluster

2011+ Kenya Emergency Humanitarian Response Plan  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AGRICULTURE AND LIVESTOCK	16,864,992	33,153,036	6,534,835	26,618,201	20%	-
COORDINATION	2,094,100	2,085,530	984,652	1,100,878	47%	900,000
EARLY RECOVERY	6,970,950	8,333,512	2,300,000	6,033,512	28%	-
EDUCATION	1,036,460	3,199,360	518,939	2,680,421	16%	-
FOOD AID	106,316,713	217,729,907	166,381,300	51,348,607	76%	8,487,220
HEALTH	11,731,432	16,696,699	2,345,873	14,350,826	14%	-
MULTI-SECTOR ASSISTANCE TO REFUGEES	339,160,588	367,547,406	155,616,409	211,930,997	42%	8,295,527
NUTRITION	21,548,988	65,342,919	9,774,959	55,567,960	15%	-
PROTECTION	7,626,871	9,174,951	632,193	8,542,758	7%	-
WATER, SANITATION AND HYGIENE	12,476,700	17,436,680	5,923,694	11,512,986	34%	-
CLUSTER NOT YET SPECIFIED	-	-	6,357,521	n/a	n/a	5,111,821
<b>Grand Total</b>	<b>525,827,794</b>	<b>740,700,000</b>	<b>357,370,375</b>	<b>383,329,625</b>	<b>48%</b>	<b>22,794,568</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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## SOMALIA – Requirements and funding to date per cluster

Consolidated Appeal for Somalia 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Cluster	Original requirements (\$) A	Revised requirements (\$) B	Funding (\$) C	Unmet requirements (\$) D=B-C	% Covered E=C/B	Uncommitted pledges (\$) F
AGRICULTURE AND LIVELIHOODS	50,532,011	205,311,669	22,977,043	182,334,626	11%	-
EDUCATION	17,728,956	29,460,024	4,618,938	24,841,086	16%	-
ENABLING PROGRAMMES	15,605,425	21,564,508	11,722,253	9,842,255	54%	-
FOOD ASSISTANCE	188,135,412	423,124,375	221,272,911	201,851,464	52%	31,489,325
HEALTH	58,790,106	79,992,262	18,465,446	61,526,816	23%	10,000,000
LOGISTICS	29,871,895	31,871,895	19,627,604	12,244,291	62%	-
NUTRITION	36,066,437	86,510,382	21,774,522	64,735,860	25%	-
PROTECTION	46,479,655	52,003,822	6,074,549	45,929,273	12%	-
SHELTER AND NFIs	36,647,410	54,885,561	17,840,144	37,045,417	33%	-
WATER, SANITATION AND HYGIENE	49,662,722	77,785,569	26,774,045	51,011,524	34%	-
CLUSTER NOT YET SPECIFIED	-	-	37,221,396	n/a	n/a	6,618,404
<b>Grand Total</b>	<b>529,520,029</b>	<b>1,062,510,067</b>	<b>408,368,851</b>	<b>654,141,216</b>	<b>38%</b>	<b>48,107,729</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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## DJIBOUTI – Total funding to date per donor to projects listed in the Appeal

Djibouti Drought Appeal 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	4,686,930	34%	-
Central Emergency Response Fund (CERF)	2,998,167	22%	-
European Commission	2,584,567	19%	-
Allocation of unearmarked funds by UN agencies	1,057,174	8%	-
Canada	1,023,541	7%	-
African Development Bank	507,898	4%	-
France	429,185	3%	-
Switzerland	407,620	3%	-
Korea, Republic of	200,000	1%	300,000
Private (individuals & organisations)	8,861	0%	-
<b>Grand Total</b>	<b>13,903,943</b>	<b>100%</b>	<b>300,000</b>

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Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

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The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## KENYA – Total funding to date per donor to projects listed in the Appeal

2011+ Kenya Emergency Humanitarian Response Plan  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	122,153,357	34%	900,000
Carry-over (donors not specified)	84,586,352	24%	-
Japan	28,155,408	8%	-
European Commission	27,287,732	8%	-
Central Emergency Response Fund (CERF)	22,701,020	6%	-
Allocation of unearmarked funds by UN agencies	20,296,377	6%	-
Canada	15,078,957	4%	-
Germany	6,508,321	2%	-
Sweden	6,469,225	2%	-
United Kingdom	4,370,350	1%	20,894,568
Australia	4,357,298	1%	-
Various (details not yet provided)	3,042,500	1%	-
Spain	2,747,253	1%	-
Norway	2,288,314	1%	-
Switzerland	1,548,236	0%	-
Private (individuals & organisations)	1,030,695	0%	-
France	1,014,684	0%	-
Russian Federation	1,000,000	0%	-
Finland	953,678	0%	-
Saudi Arabia	744,137	0%	-
Ireland	536,481	0%	-
Korea, Republic of	500,000	0%	1,000,000
<b>Grand Total</b>	<b>357,370,375</b>	<b>100%</b>	<b>22,794,568</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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## SOMALIA – Total funding to date per donor to projects listed in the Appeal

Consolidated Appeal for Somalia 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding (\$)	% of Grand Total	Uncommitted pledges (\$)
Carry-over (donors not specified)	88,503,301	22%	-
Saudi Arabia	50,000,000	12%	10,000,000
Central Emergency Response Fund (CERF)	42,923,560	11%	-
United Kingdom	37,425,143	9%	5,591,054
Japan	35,831,072	9%	-
United States	34,702,118	8%	27,226,056
Brazil	20,100,725	5%	-
Allocation of unearmarked funds by UN agencies	15,036,608	4%	-
Norway	13,510,074	3%	-
Denmark	13,137,945	3%	-
Sweden	11,110,149	3%	-
Various (details not yet provided)	9,565,456	2%	-
European Commission	6,376,494	2%	-
Netherlands	6,000,000	1%	-
Australia	5,194,836	1%	-
Canada	5,087,517	1%	1,951,220
Spain	4,825,104	1%	-
Switzerland	3,070,322	1%	-
France	2,849,388	1%	1,353,276
Finland	2,811,000	1%	-
Germany	2,517,744	1%	-
Ireland	2,076,631	1%	-
Private (individuals & organisations)	930,881	0%	-
New Zealand	762,777	0%	-
Austria	715,308	0%	286,123
Korea, Republic of	500,000	0%	1,400,000
Estonia	156,703	0%	-
Allocation of unearmarked funds by IGOs	-	0%	300,000
<b>Grand Total</b>	<b>408,368,851</b>	<b>100%</b>	<b>48,107,729</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

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## DJIBOUTI – Total humanitarian funding to date per donor (appeal plus other)

Djibouti 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	5,586,930	24%	-
European Commission	4,756,996	20%	-
Central Emergency Response Fund (CERF)	2,998,167	13%	-
Carry-over (donors not specified)	2,996,250	13%	-
Japan	2,900,000	12%	-
Allocation of unearmarked funds by UN agencies	1,057,174	4%	-
Canada	1,023,541	4%	-
France	927,760	4%	-
African Development Bank	507,898	2%	-
Switzerland	407,620	2%	-
Germany	233,181	1%	-
Korea, Republic of	200,000	1%	300,000
Private (individuals & organisations)	8,861	0%	-
<b>Grand Total</b>	<b>23,604,378</b>	<b>100%</b>	<b>300,000</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## ETHIOPIA –Total humanitarian funding to date per donor in 2011

Ethiopia 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	216,717,907	45%	500,000
United Kingdom	69,370,612	15%	25,559,106
European Commission	55,523,378	12%	-
Central Emergency Response Fund (CERF)	25,596,604	5%	11,000,000
Allocation of unearmarked funds by UN agencies	23,829,955	5%	-
Japan	23,000,000	5%	-
Denmark	7,872,178	2%	-
Brazil	7,376,788	2%	-
Carry-over (donors not specified)	7,300,989	2%	-
Netherlands	6,875,000	1%	-
Spain	6,353,437	1%	5,405,474
Canada	6,098,751	1%	-
Sweden	3,010,019	1%	-
Italy	2,584,669	1%	1,430,615
Sudan	2,500,000	1%	-
Switzerland	2,464,054	1%	-
Norway	2,256,143	0%	-
Ireland	2,130,518	0%	-
Belgium	1,430,615	0%	-
France	1,069,293	0%	-
Finland	953,678	0%	-
Private (individuals & organisations)	921,202	0%	-
Korea, Republic of	500,000	0%	2,500,000
Germany	289,093	0%	-
Luxembourg	276,578	0%	-
Czech Republic	112,676	0%	-
<b>Grand Total</b>	<b>476,414,137</b>	<b>100%</b>	<b>46,395,195</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

Contribution: the actual payment of funds or transfer of in-kind goods from the donor to the recipient entity.

Commitment: creation of a legal, contractual obligation between the donor and recipient entity, specifying the amount to be contributed.

Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## KENYA – Total humanitarian funding to date per donor (appeal plus other)

Kenya 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	156,110,751	35%	900,000
Carry-over (donors not specified)	84,586,352	19%	-
European Commission	67,080,255	15%	-
Japan	28,555,408	6%	-
Central Emergency Response Fund (CERF)	22,701,020	5%	-
Allocation of unearmarked funds by UN agencies	21,463,512	5%	-
Canada	15,078,957	3%	-
Sweden	10,964,229	2%	-
Germany	7,195,134	2%	-
United Kingdom	4,370,350	1%	27,476,037
Australia	4,357,298	1%	-
Various (details not yet provided)	3,042,500	1%	-
Spain	2,747,253	1%	-
Switzerland	2,522,302	1%	-
Norway	2,288,314	1%	-
France	1,940,610	0%	-
Finland	1,634,877	0%	-
Belgium	1,430,615	0%	-
Private (individuals & organisations)	1,030,695	0%	-
Russian Federation	1,000,000	0%	-
Saudi Arabia	744,137	0%	-
Ireland	741,356	0%	-
Korea, Republic of	500,000	0%	1,000,000
Italy	429,185	0%	-
Denmark	90,462	0%	-
United Arab Emirates	10,096	0%	-
<b>Grand Total</b>	<b>442,615,668</b>	<b>100%</b>	<b>29,376,037</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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Pledge: a non-binding announcement of an intended contribution or allocation by the donor. ("Uncommitted pledge" on these tables indicates the balance of original pledges not yet committed.)

\* Includes contributions to the Consolidated Appeal and additional contributions outside of the Consolidated Appeal Process (bilateral, Red Cross, etc.)

The list of projects and the figures for their funding requirements in this document are a snapshot as of 28 July 2011. For continuously updated information on projects, funding requirements, and contributions to date, visit the Financial Tracking Service ([fts.unocha.org](http://fts.unocha.org)).

## SOMALIA – Total humanitarian funding to date per donor (appeal plus other)

Somalia 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
Carry-over (donors not specified)	88,503,301	17%	-
United States	52,983,152	10%	27,226,056
United Kingdom	50,772,280	10%	26,198,082
Saudi Arabia	50,000,000	9%	10,000,000
European Commission	48,327,930	9%	-
Central Emergency Response Fund (CERF)	42,923,560	8%	-
Japan	39,731,072	7%	-
Brazil	20,100,725	4%	-
Norway	17,642,814	3%	-
Denmark	15,892,359	3%	-
Allocation of unearmarked funds by UN agencies	15,036,608	3%	-
Sweden	13,275,364	2%	-
Kuwait	11,440,000	2%	-
Various (details not yet provided)	9,565,456	2%	-
Germany	7,584,621	1%	-
Canada	7,381,095	1%	1,951,220
Netherlands	6,000,000	1%	-
Switzerland	5,467,223	1%	-
Australia	5,194,836	1%	-
Finland	5,112,575	1%	-
Spain	4,825,104	1%	-
France	3,414,959	1%	3,570,730
Ireland	2,691,782	1%	-
United Arab Emirates	2,130,983	0%	-
Belgium	1,430,615	0%	-
Private (individuals & organisations)	1,252,881	0%	-
Islamic Development Bank	1,000,000	0%	-
New Zealand	762,777	0%	-
Austria	715,308	0%	286,123
Qatar	619,200	0%	-
Korea, Republic of	500,000	0%	1,400,000
Other income	195,389	0%	-
Estonia	156,703	0%	-
Allocation of unearmarked funds by IGOs	-	0%	300,000
South Africa	-	0%	146,199
<b>Grand Total</b>	<b>532,630,672</b>	<b>100%</b>	<b>71,078,410</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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## ALL HORN OF AFRICA COUNTRIES - COMBINED – Total humanitarian funding to date per donor in 2011

Horn of Africa Countries and Region 2011  
as of 28 July 2011  
<http://fts.unocha.org>

Compiled by OCHA on the basis of information provided by donors and appealing organizations.

Donor	Funding* (\$)	% of Grand Total	Uncommitted pledges (\$)
United States	431,398,740	27%	28,626,056
Carry-over (donors not specified)	183,386,892	12%	-
European Commission	175,688,559	11%	-
United Kingdom	124,513,242	8%	79,233,225
Japan	95,186,480	6%	-
Central Emergency Response Fund (CERF)	94,219,351	6%	11,000,000
Australia	68,671,631	4%	-
Allocation of unearmarked funds by UN agencies	61,387,249	4%	-
Saudi Arabia	50,744,137	3%	10,000,000
Germany	40,337,795	3%	-
Denmark	31,134,049	2%	-
Canada	29,582,344	2%	1,951,220
Brazil	27,477,513	2%	-
Sweden	27,249,612	2%	30,950,170
Norway	22,187,271	1%	-
Spain	13,925,794	1%	5,405,474
Netherlands	12,875,000	1%	-
Various (details not yet provided)	12,607,956	1%	-
France	11,644,468	1%	3,928,384
Kuwait	11,440,000	1%	-
Switzerland	10,861,199	1%	-
Finland	7,701,130	0%	-
Private (individuals & organisations)	6,399,931	0%	47,923,323
Belgium	5,722,460	0%	-
Ireland	5,563,656	0%	-
Italy	3,013,854	0%	1,430,615
Sudan	2,500,000	0%	-
United Arab Emirates	2,141,079	0%	-
Korea, Republic of	1,700,000	0%	5,200,000
Islamic Development Bank	1,000,000	0%	-
Russian Federation	1,000,000	0%	-
Luxembourg	988,829	0%	-
New Zealand	762,777	0%	-
Austria	715,308	0%	286,123
Qatar	619,200	0%	-
African Development Bank	507,898	0%	-
Czech Republic	406,533	0%	-

## Annexes

<b>Donor</b>	<b>Funding*</b> <b>(\$)</b>	<b>% of Grand Total</b>	<b>Uncommitted pledges (\$)</b>
Other income	195,389	0%	-
Estonia	156,703	0%	-
World Bank	-	0%	12,000,000
Allocation of unearmarked funds by IGOs	-	0%	300,000
South Africa	-	0%	146,199
<b>Grand Total</b>	<b>1,577,614,029</b>	<b>100%</b>	<b>238,380,789</b>

NOTE: "Funding" means Contributions + Commitments + Carry-over

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## Annex II: Acronyms and Abbreviations

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AAH.I	Action Africa Help - International
ACF	<i>Action Contre la Faim</i> (Action Against Hunger)
ADA	Active in Development Aid (Somalia)
ADDS	<i>Agence Djiboutienne de Développement Social</i> (Djibouti Social Development Agency)
ADEO	African Development and Emergency Organization
ADIM	Association for Integrated Development in Tadjourah-Mablas (Djibouti)
ADRA	Adventist Development and Relief Agency
AFREC	African Rescue Committee (Somalia)
AMA	Assistance Mission for Africa (Somalia)
APD	Agency for Peace and Development (Somalia)
AVRO	Aamin Voluntary Relief Organization (Somalia)
AWD	acute watery diarrhoea
<i>Belg</i>	short rainy season from March to May (in highland and mid-land areas)
BSF	blended supplementary food
CAFDARO	Community Activity for Development and Relief Organization (Somalia)
CAP	consolidated appeal <i>or</i> consolidated appeal process
CDO	Community Development Organization (Somalia)
CED	Centre for Education and Development (Somalia)
CERF	Central Emergency Response Fund
CESVI	<i>Cooperazione e Sviluppo</i>
CFR	case fatality rate
CFW	cash-for-work
CHF	Common Humanitarian Fund
CISP	<i>Comitato Internazionale per lo Sviluppo dei Popoli</i>
COCOP	Consortium of Cooperating Partners
COOPI	<i>Cooperazione Internazionale</i> (International Cooperation)
COSV	<i>Comitato di Coordinamento delle Organizzazioni per il Servizio Volontario</i>
CPD	Center for Peace and Democracy (Somalia)
CRS	Christian Relief Services
CSO	civil society organization
CTC	community therapeutic centre
CWSK	Child Welfare Society of Kenya
<i>Deyr</i>	short rainy season from October to December (in Somali Region)
DIAL	Development Initiatives Access Link (Somalia)
DPPB	Disaster Prevention and Preparedness Bureau (Ethiopia)
DPT	diphtheria, pertussis, tetanus
DRC	Danish Refugee Council
DRM	disaster risk management
DRMFSS	Disaster Risk Management and Food Security Sector
DRMTWG	Disaster Risk Management Technical Working Group (Ethiopia)
DRM	disaster risk management
DRR	disaster risk reduction
EDKs	essential drug kits (Ethiopia)
EFSA	Emergency Food Security Assessment
EFSSR	emergency food security reserve (Ethiopia)
EHK	emergency health kit
EHNTF	Emergency Health and Nutrition Taskforce (Ethiopia)
EHRP	Emergency Humanitarian Response Plan
EMWAT	Emergency Water Treatment Kit (Ethiopia)
ENCU	Emergency Nutrition Coordination Unit (Ethiopia)
EOS/TSF	Extended Outreach Strategy/Targeted Supplementary Feeding (Ethiopia)
EPI	Expanded Programme for Immunization
ERF	Emergency Response Fund

## Annexes

EWRD	Early Warning and Response Directorate (Ethiopia)
EWS	Early Warning System
FDA	food distribution agents (Ethiopia)
FDPs	food distribution points (Ethiopia)
FENPS	Formal Education Network for Private Schools (Somalia)
FERO	Family Economy Rehabilitation Organization (Somalia)
FEWSNET	Famine Early Warning Systems Network
FFW	food-for-work
FHI	Food for the Hungry International
FMIP	Food Management Improvement Project (Ethiopia)
F/MoH	Federal/Ministry of Health (Ethiopia)
FMTF	Food Management Taskforce (Ethiopia)
FSNAU	Food Security and Nutrition Analysis Unit (Somalia)
FSNWG	Food and Security Working Group
FTS	Financial Tracking Service
GAM	global acute malnutrition
GBV	gender-based violence
GIZ	<i>Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH</i>
GMC	Galmudug Concern (Somalia)
GRT	<i>Gruppo per le Relazioni Transculturali</i>
Gu	main rainy season from March to June (Somali Region)
HARD	Humanitarian Africa Relief Development Organization (Somalia)
HCT	Humanitarian Country Team
HEA	household economy approach (Ethiopia)
HIJRA	Humanitarian Initiative Just Relief Aid (Somalia)
HNEs	Health and Nutrition Emergencies
HOPEL	Horn of Africa Organization for Protection of Environment and Improvement of Livelihoods (Somalia)
HRD	Humanitarian Requirements Document
HRF	Humanitarian Response Fund
HWS	Hiran Water Supply and Community Development Organization (Somalia)
IAS	International Aid Services (Somalia)
IIDA	Women's Development Organization (Somalia)
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
IR	Islamic Relief
IRC	International Rescue Committee
IRIN	Integrated Regional Information Network
ITNs	insecticide-treated nets
JCC	Jubaland Charity Centre (Somalia)
JEOP	Joint Emergency Operation Programme (Ethiopia)
KAALMO	Kaalmo Women Development and Relief Organization (Somalia)
KFSSG	Kenya Food Security Steering Group
KHPT	Kenya Humanitarian Partnership Team
KNCHR	Kenya National Commission on Human Rights
KRCS	Kenyan Red Cross Society
LEAD	Leadership for Sustainable Development and Environment in Djibouti ( <i>Leadership pour l'Environnement et le Développement Durable à Djibouti</i> )
MAC	multi-agency coordination
MAM	moderate acute malnutrition
M/BoARD	Ministry/Bureau of Agriculture and Rural Development (Ethiopia)
MDM	<i>Médecins du Monde</i>
Meher/Kiremt	long and heavy rain season usually from June to September (in highland and mid-land areas)

## Humanitarian Requirements for the Horn of Africa Drought 2011

MHNT	mobile health and nutrition teams (Ethiopia)
MID	Ministry of Interior and Decentralization (Djibouti)
MoA	Ministry of Agriculture, Fisheries, Livestock and Marine Resources (Djibouti)
MoEW	Ministry of Energy and Water (Djibouti)
MoH	Ministry of Health
MoWR	Ministry of Water Resources (Ethiopia)
MSF	<i>Médecins sans frontières</i>
MT	metric ton
MUAC	mid-upper-arm circumference
NAPAD	Nomadic Assistance for Peace and Development (Somalia)
NCA	Norwegian Church Aid
NCKK	National Council of Churches of Kenya
NDPPC	National Disaster Prevention and Preparedness Commission (Ethiopia)
NFI	non-food items
NGO	non-governmental organization
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of Humanitarian Affairs
ONARS	<i>Office National d'Assistance aux Réfugiés et Sinistrés</i> (National Refugee Assistance Office – Djibouti)
OTP	outpatient therapeutic programme
PACIDA	Pastoralist Community Initiative and Development Assistance
PSNP	Productive Safety Net Programme (Ethiopia)
RHB	Regional Health Bureau (Ethiopia)
RI	Relief International
RUTF	ready-to-use therapeutic food
RWB	Regional Water Bureau (Ethiopia)
SADO	Social-Life and Agricultural Development Organisation (Somalia)
SAF	Somali Aid Foundation
SAM	severe acute malnutrition
SAMA	Salama Medical Agency (Somalia)
SARD	Sustainable Agriculture and Rural Development (Somalia)
SC	Save the Children
SDRO	Somali Development and Relief Organization
SIA	Sub-national Immunization Activity
SITREP	situation report
SOADO	Somali Organic Agriculture Development Organization
SOHRA	Somali Human Rights Action
SORDES	Somalia Relief and Development Society
SORRDO	Somali Relief, Rehabilitation and Development Organization
SMART	Standardized Monitoring & Assessment of Relief and Transitions
SNNPR	Southern Nations, Nationalities and People's Region
TB	tuberculosis
TFP	therapeutic feeding programme
TFU	targeted feeding unit (Ethiopia)
TGV	Technoplan Group Volunteers (Somalia)
TSF	targeted supplementary feeding
UN	United Nations
UNAIDS	Joint United Nations Programme for HIV/AIDS
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFD	<i>Union Nationale des Femmes Djiboutiennes</i> (Djiboutian Women's National Union)
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

## Annexes

UNMAS	United Nations Mine Action Service
UNOPS	United Nations Office for Project Services
VSF	<i>Vétérinaires sans frontières</i> (Belgium and Switzerland)
WARDI	Wardi Relief and Development Organization (Somalia)
WASH	water, sanitation and hygiene
WB	World Bank
WES	water and environmental sanitation (Ethiopia)
WFP	World Food Programme
WHO	World Health Organization
WOCCA	Women and Children Child Care Organization (Somalia)
<i>Woreda</i>	administrative/geographic unit, equivalent to district (Ethiopia)
WV	World Vision
YME	YME Foundation (Somalia)



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