HORN OF AFRICA DROUGHT CRISIS

ETHIOPIA | KENYA | SOMALIA

UNFPA RESPONSE PLAN 2022/2023

Somalia - A mother sits with her young son on her lap in an IDP camp, Baidoa. **Photo credit: UNFPA Somalia**

Situation Overview

> When households are food insecure, this elevates household stressors, which in turn contributes to different forms of GBV, including intimate partner violence (IPV), other forms of family violence and child marriage.

Somalia - Huts providing shelter for people displaced by drought in an IDP camp, Baidoa. **Photo credit: UNFPA Somalia**

The Horn of Africa region is experiencing the worst drought in four decades. Across the Horn of Africa, at least 36.1 million people face multiple and severe food security challenges, health vulnerabilities and protection risks as a result of the drought which began in October 2020, including 24.1 million in Ethiopia, 7.8 million in Somalia and 4.2 million in Kenya. This represents a significant increase from July 2022 (when an estimated 19.4 million people were affected), reflecting the impact of the drought in additional geographic areas of Ethiopia, as well as the rising needs in Somalia and Kenya. The 2020-2022 drought has now surpassed the horrific droughts in 2010-2011 and 2016-2017 in both duration and severity and will continue to deepen in the months ahead, with catastrophic consequences.

At least 20.5 million people are already waking each day to high levels of acute food insecurity and rising malnutrition across Ethiopia, Kenya and Somalia, and this figure could increase to between 23 and 26 million by February 2023, according to the Food Security and Nutrition Working Group (FSNWG). In Somalia, 7.1 million people are now acutely food insecure—including over 213,000 people in Catastrophe (IPC Phase 5)—and eight areas of the country are at risk of famine between now and February 2023, with Bay and Bakool regions of particular concern. About 9.9 million people in Ethiopia and some 3.5 million people in Kenya are severely food insecure due to the drought.[1]

Among the affected populations in the Horn of Africa region, over 9 million are women of reproductive age (15 to 49 years) who face particular dangers to their health and aggravated risks of gender-based violence.

Female headed-households and adolescent girls are particularly vulnerable to increased violence, exploitation and abuse. In some communities, child marriage has reportedly risen, with families marrying-off young girls in order to lessen demands on their own resources and potentially get money that they can use for food and other necessities.

The drought has increased the risk of disease and death, and is having devastating consequences for the health of affected communities. Malnutrition is prevalent and continues to rise among pregnant and lactating women, leading to negative pregnancy and child development outcomes including stunting. Malnutrition and disease have a synergistic relationship, with malnutrition increasing the likelihood of falling sick—especially for children and pregnant and lactating women—while sick people become more easily malnourished, according to WHO.

1 https://reliefweb.int/report/ethiopia/horn-africa-drought-regional-humanitarian-overview-call-action-revised-24-august-2022

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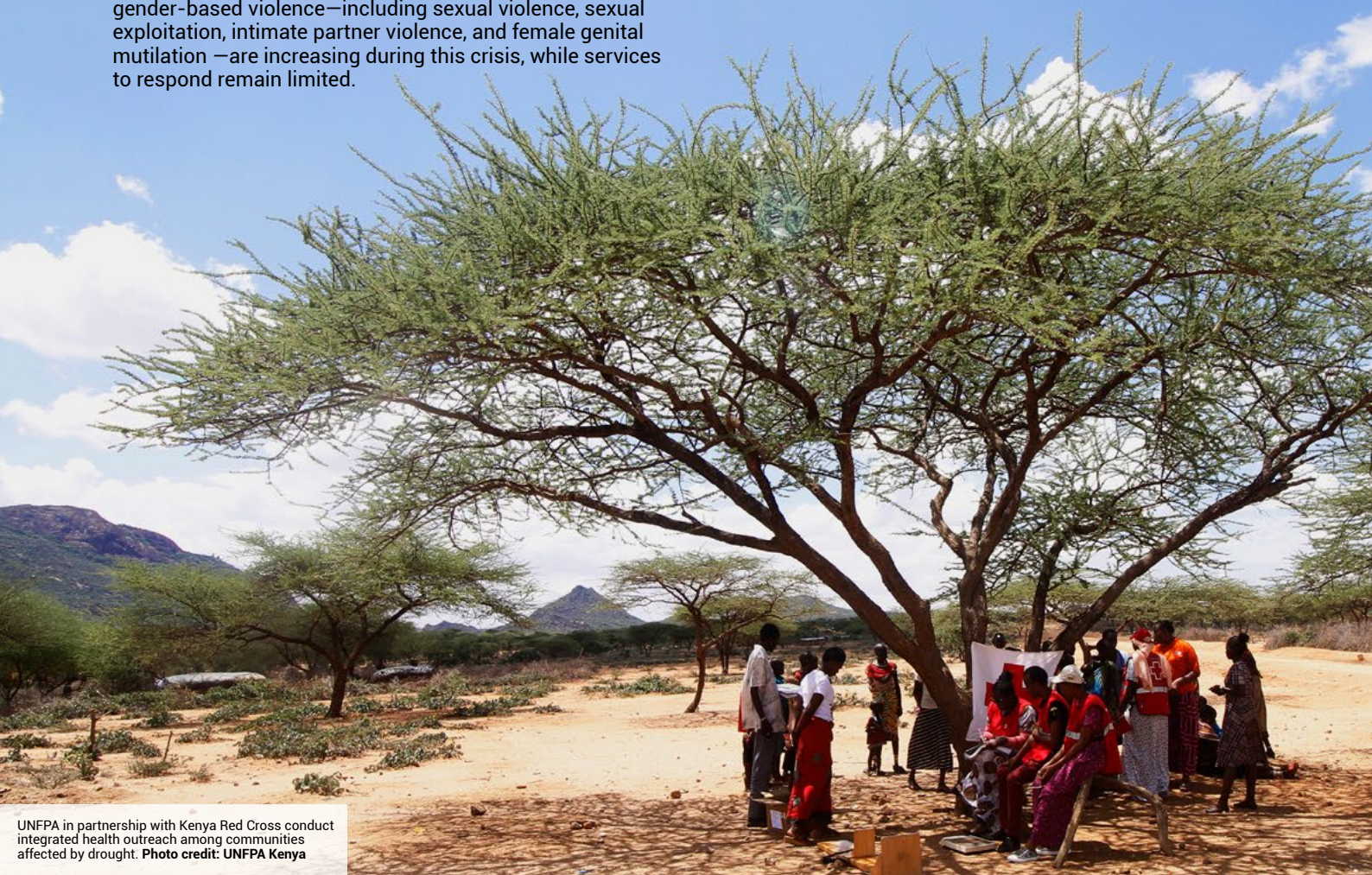
As the price of food rises and people have lost their livelihoods, families may be forced to choose between food and health care, increasing the risk of people discontinuing treatment for underlying health conditions including for HIV. Pregnant women may not prioritize their own health needs and may also not have the financial means to access pregnancy and delivery related health services.

More than 16.2 million people cannot access enough water for drinking, cooking and cleaning across the Horn of Africa, including 8.2 million in Ethiopia, 3.9 million in Somalia and 4.1 million in Kenya, according to UNICEF. Water shortages are impacting infection prevention and control in health facilities and schools, leading to poor treatment outcomes for children, pregnant women and other vulnerable groups. In Ethiopia and Kenya, there are already reports of an increase in pregnant women being exposed to infections—the worst of which have resulted in death—following deliveries both at home and at health facilities due to limited availability of water.

The drought is exposing women and children to multiple and intersecting vulnerabilities, heightening the risk of gender-based violence and sexual exploitation and abuse, and hampering children's access to education. Risks of gender-based violence—including sexual violence, sexual exploitation, intimate partner violence, and female genital mutilation —are increasing during this crisis, while services to respond remain limited.

During droughts, people adopt negative coping strategies such as skipping meals and reducing portion sizes. Cultural norms dictate that women and girls are often the last to eat.

The region is already faced with multiple humanitarian crises occasioned by protracted conflict, climate change related events (floods and landslides), and locust infestation. This is worsened by the current food and fuel prices escalation, a consequence of the Ukraine crisis and continued effects of the COVID-19 pandemic. While resilience-building efforts across the region have made important progress, the frequency and severity of droughts in recent years, combined with the exceptionally prolonged nature of the 2020-2022 drought, have made it harder and harder for families to recover between shocks. In the past 10 years alone, the Horn of Africa has endured three severe droughts (2010-2011, 2016-2017 and 2020-2022).



UNFPA in partnership with Kenya Red Cross conduct integrated health outreach among communities affected by drought. **Photo credit: UNFPA Kenya**

Country Contexts

KENYA

AFFECTED POPULATION INCLUDES

1,131,000
Women of reproductive age

98,450
Currently pregnant women

32,700
Deliveries over the next three months

4,900
pregnant women expected to experience complications requiring a C-section during the next three months

UNFPA in partnership with Kenya Red Cross conduct integrated health outreach among communities affected by drought. **Photo credit: UNFPA Kenya**

The drought situation continues to worsen in twenty (20) of the 23 Arid and Semi-Arid Lands (ASAL) counties. The number of people in need of humanitarian assistance is projected to increase to 4.35 million by October 2022. Ten (10) counties, namely Isiolo, Mandera, Samburu, Kajiado, Tharaka Nithi, Turkana, Wajir, Laikipia, Tana River and Marsabit are under Alarm drought phase while ten (10) counties including Embu, Garissa, Kitui, Makueni, Meru, Narok, Nyeri, Taita Taveta, Kwale and Kilifi are in Alert drought phase. The remaining three (3) counties including Baringo, West Pokot and Lamu are in Normal drought phase.

Worsening household food security has resulted in acute malnutrition rates noted across the counties with 942,000 cases of children aged 6 to 59 months acutely malnourished and 134,000 cases of pregnant or lactating women acutely malnourished and in need of treatment. All the 10 counties in the alarm phase have lower health indices than the national average, six of them have maternal mortality ratios that are equally below the national average, and only three have present gender equality scores above the national average. Displacement of populations attributed to the drought has been reported in some counties. In Garissa County, 82% of settlements were reported to have absentees totalling over 42,500 households due to the drought.

Access to adequate essential health services continues to be impacted in regions with far-flung health facilities leading to a reduction in health-seeking behaviour, under-utilization of static health facilities, and reduced health service delivery approaches, such as integrated outreach. Rising severe acute malnutrition—including complicated cases—is impacting the health status of children and women, with deaths reported in some counties. Women of reproductive age are also increasingly experiencing pregnancy-related complications and limited access to family planning information and services. There are reports of an increase in pregnant women being exposed to infections—the worst of which have resulted in death—following deliveries both at home and at health facilities due to the limited availability of water.

Scaling up humanitarian interventions will be vital to ensure access to lifesaving health interventions that will avert deaths and mitigate the vulnerability of affected children, and women and men across the ASAL counties. UNFPA, in collaboration with partners, is providing integrated SRH services through community outreaches to reach the most unreachable, providing medicines and equipment to health facilities, supporting referral for emergency obstetric care for pregnant mothers and providing information on the availability and importance of sexual and reproductive health (SRH) services.

UNFPA is also sensitizing the communities to strengthen awareness on gender based violence (GBV) prevention and response. The affected communities are provided with hotlines linking survivors to service points including immediate psychological first aid. Dignity kits are also being distributed to the most vulnerable among the communities including women and girls with disabilities, the elderly and women and girl headed households.

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Local women from Lokapararai Village, Turkana County listen keenly during a session on prevention and response to GBV conducted by Community Health Volunteers from the Kenya Red Cross with support from UNFPA. **Photo credit: UNFPA Kenya**

Country Contexts

ETHIOPIA

AFFECTED POPULATION INCLUDES

6,025,000
Women of reproductive age

546,172
Currently pregnant women

182,000
Deliveries over the next three months

27,300
pregnant women expected to experience complications requiring a C-section during the next three months

Ethiopia — Sehan outside a shelter at Gabi'as informal settlement. **Photo credit: UNFPA Ethiopia**

> Of all the droughts I have experienced in my life, this is the worst. There is no water or pasture anywhere you go. I don't know how we are going to survive.

Climate shocks and extreme weather are fuelling mass displacement and driving up humanitarian needs across the Horn of Africa, with struggling health systems buckling under the pressure. Dr. Mahamed Sheh, Medical Director of Ethiopia's Gode General Hospital, explained, "We noticed an increase in maternal and newborn deaths in the last months. Almost all our cases are women who have travelled up to 200 kilometres to reach the facility, many with labour complications and no transport."

Following consecutive below-average rainfalls, the devastating drought in Ethiopia – the worst in 40 years – is affecting significant parts of the country, including Oromia, Somali, SNNP and Afar regions. The most severely impacted regions are the lowland areas of southern and eastern Oromia and Somali regions. Severe and complex health and protection risks are caused or exacerbated by the drought. In addition, living conditions are negatively impacted due to the scarcity of food and drinking water and the rapid deterioration of livelihoods. The majority of the population, reliant on farming and livestock, has already suffered crop failure, loss of livelihood and livestock, and an unsustainable increase in the cost of living. These effects, compounded by inter-communal tensions and widespread violence in different parts of the country, leave the civilian population with limited to no capacity to cope positively with the various shocks.

More than 9 million people are affected by the drought, including 1.6 million IDPs in drought-affected areas alone, and need humanitarian assistance, including life-saving SRH and GBV services. Recent inter-sectoral assessments in drought-affected areas show increased psychosocial distress, especially among women and girls. Negative survival strategies include street begging, school drop-outs, and early marriage. The risk of GBV has significantly increased in drought-affected areas as women and girls are forced to walk long distances to fetch water. As male family members are away looking for food or livelihoods, women are often left behind to take care of the remaining family and are vulnerable. However, the systems responsible for preventing GBV and providing support to survivors and their families are weak or overstretched.

The health of the population affected by drought in Ethiopia continues to deteriorate as the drought expands to different parts of the country, and more regions report extremely dry weather conditions. An increase in disease outbreaks (diarrhoea, malaria, measles, dengue) continues to contribute to significant morbidity among the affected communities. Oromia, Somali, Afar, SNNP and Southwest contribute to over 80% of this caseload. Malnutrition among pregnant and lactating women is rampant, and some anecdotal information suggests increased maternal and neonatal mortality. Furthermore, increased numbers of displaced populations searching for food, water, and pasture have strained existing systems for provision of essential health services. The region of Afar and parts of Amhara and Tigray, which host a significant number of conflict-induced IDPs, are also severely hit by the drought resulting in unprecedented population displacement and a consequential increase in health care needs.

The health crisis resulting from the deteriorating drought requires technical and financial support to meet the increasing health needs of the affected communities. The health impact of the drought has affected all segments of the population while groups such as IDPs, women, children, elderly people, and persons with disability are particularly vulnerable. Multi-sectoral lifesaving assistance will target 17 million affected people until the end of 2022. This is an increase from 8.1 million people targeted in the last iteration of the Drought Response Plan, more than doubling the affected population identified at the beginning of 2022. The main challenges to scale-up the response to reach the most vulnerable are current underfunding, affected populations spread across a vast territory to cover, access constraints, limited response capacity, and limited operational presence.

UNFPA's drought response will focus on the provision of SRH services through mobile clinics and outreach services; provision of medical supplies and commodities to health facilities; referral for emergency obstetric care to facilities; capacity building of front-line service providers on the minimum initial service package (MISP) for sexual and reproductive health and clinical management of rape; and deployment of midwives to health facilities. In addition, UNFPA will continue to support and scale-up its GBV response through establishing and operationalising women and girls' friendly spaces and safety shelters; establishing and/or operationalising One Stop Centres for multi-sectoral GBV response; developing and disseminating GBV referral pathways; distributing dignity and menstrual hygiene kits; and provision of mental health and psychosocial support, including Psychological First Aid to GBV survivors.

Ayan, 24, had a life-saving caesarean operation while living in a settlement near Gode. She said, "When I saw my baby's hand coming out, I ran for our lives. We travelled nearly 90 kilometres to the nearest health facility... We are both lucky to be alive." **Photo credit: UNFPA/Paula Seijo**

Country Contexts

SOMALIA

AFFECTED POPULATION INCLUDES

1,950,000
Women of reproductive age

248,000
Currently pregnant women

82,700
Deliveries over the next three months

12,400
pregnant women expected to experience complications requiring a C-section during the next three months

Somalia - A young girl in a yellow hijab in an IDP camp, Baidoa. **Photo credit: UNFPA Somalia**

Somalia's prolonged humanitarian crisis is characterized by ongoing internal conflicts, collapse of state institutions, degradation of natural resources, recurrent droughts and other natural disasters, communicable disease outbreaks, and weak social protection mechanisms. Since 2020, further compounding shocks in the form of extensive floods, desert locust infestations, the COVID-19 pandemic coupled with the persistent drought have significantly deteriorated the humanitarian condition for the Somalian population who are already living under the strain of widespread poverty and decades of armed conflict and insecurity. Population growth outstrips economic growth leading to a host of inter-related conditions including acute poverty and political instability.

The high volume of displacement also accelerates rapid urbanization, making it necessary to address displacement-related challenges through long term and urban development approaches.

According to the 2022 Humanitarian Response Plan commissioned by the UN Office for the Coordination of Humanitarian Affairs (OCHA), nearly 50 per cent of the people living in Somalia are in urgent need and sustained humanitarian assistance. More than 1 million persons are displaced as a result of the drought within Somalia, a majority of whom live in 3,374 formal and informal settlements for internally displaced persons (IDPs). These settlements are largely managed by private landowners who often take advantage of their vulnerable status by charging exorbitant prices for necessities and providing little in terms of personal protection. A major cause for this displacement is the current drought and food insecurity. Data indicates that 74% of survivors who accessed GBV services and/or Clinical Management of Rape Services between 2019 and 2021 were IDPs; 99% of whom were females.

The current drought, the worst in 40 years, has affected about 7.8 million people, nearly half of Somalia's estimated population. The majority of those affected are children and women and of these 1.95 million are women of reproductive age. Water shortage has led to deteriorated hygiene conditions, and the unavailability of drinking water has resulted in increased disease outbreaks, such as cholera and diarrhoea. More than half the population is facing water scarcity. The World Food Programme has estimated that over 1.5 million children under five suffer from acute malnutrition, of which 386,000 face a high risk of disease and death; especially vulnerable are those IDPs from rural sites.

Male members of families are migrating with livestock to more fertile regions, leaving women and children behind unprotected.

The search for food and water has led to an increase in population mobility including movements across borders into Ethiopia and Kenya. Due to the lack of registration and borders control by Somalia, the resultant migration data and information cannot be captured by the Statistics Bureau and offices, resulting in a lack of key information that could help informed planning and decision making. Internally, the rise in regional migration has increased pressure on the available infrastructure services, and access to services by the IDPs and migrants in their host communities.

The drought is also having devastating consequences for women and children, who make up over 80 percent of the displaced population, according to the UN Humanitarian Country Teams' (UNHCT) data collection on the ground, rapid assessments, and estimations. The GBV IMS data of the first two quarters of 2022 recorded an increase in reported incidents of intimate partner violence by 60% and reported incidents of rape by 21%, compared to the data of the fourth quarter of 2021.

Older men did not move with their families. Some preferred to wait for the rainy season, while others stayed due to the lack of transportation and prioritising the safety of their families. Newly displaced individuals and families that join existing IDP settlements as a coping mechanism often agree to unclear tenure arrangements that make them vulnerable to forced evictions. It is expected that such secondary displacements and evictions will continue in the coming months due to the worsening climate crisis and ongoing influx of IDPs. The situation is made worse by weak institutional and legal frameworks, and rapid urbanization. A majority of those displaced women (including pregnant and lactating mothers) and children, and the lack of proper shelter and privacy in overcrowded IDP settlements has left them exposed to increased risk of GBV including rape and physical assaults.

In the absence of skilled birth attendance in functional health facilities, maternal and newborn mortality, which is already very high in Somalia, is likely to increase to devastating levels. In addition, the drought emergency has disrupted education for millions of children; where girls are much more likely to drop out of school than boys. The COVID-19 pandemic also added an additional layer of challenge that continues to impact the humanitarian situation.

The UN system is establishing four operational hubs (Baidoa, Kismayo, Doolow, Beletweyne) out of which UNFPA has operational presence in three (Baidoa, Kismayo, Doolow) and will work with partners present in the fourth hub. UNFPA is currently supporting 67 health facilities out of which 26 EmONC (17 BEmONC / 9 CeMONC) facilities are in 25 of the most affected districts. UNFPA Somalia has started scaling up implementation and preparation for GBV and SRH services in 18 IDP sites. The sites were selected based on severity of needs, access to services, flow of new IDPs, and presence of other UN agencies, clusters, and local partners for complementarity of services provided and will scale up its reach further throughout 2023. UNFPA is also scaling-up its GBV AOR coordination presence at federal and state levels.

UNFPA is building its support on existing service delivery points (CEmONC and BEmONC facilities and One Stop Centres and Women and Girls Safe Spaces), prioritising integrated services in the existing facilities close to and within IDPs settlements. One priority will be on reinforcing the referral and mobile clinics in under-served and hard-to-reach areas with a planned procurement of mobile clinics / hospitainers.

Key Interventions by UNFPA and Partners across the Horn of Africa

Sexual and Reproductive Health

1. Support the governments and partners to activate and operationalise the SRH sub-working group/ Task Force for coordination of life-saving SRH interventions including the minimum initial service package (MISP) for sexual and reproductive health; and to participate in joint rapid needs assessments;
2. Procurement and distribution of Inter-Agency RH (IARH) kits to equip and supply health centres and hospitals with essential RH medicines and commodities in order to strengthen provision of SRH and GBV clinical services;
3. Provision of infection prevention and control (IPC) supplies including personal protective equipment (PPE) for health facilities;
4. Deployment of Midwives and other skilled health care workers to provide SRH services in static and mobile units;
5. Support referral services for Basic and Comprehensive Emergency Obstetric and Neonatal Care (BEmONC/CEmONC);
6. Build the capacity of service providers on emergency SRH programming (MISP, clinical management of rape /CMR, and Basic and Comprehensive Emergency Obstetric and Neonatal Care;
7. Strengthen and support safe spaces and survivor-centred services, introducing, and building the capacity of a multidisciplinary team to provide integrated SRH and GBV services including through One-Stop Centres;
8. Collaborate with other humanitarian service providers such as WFP, UNICEF, and WHO to provide comprehensive and complementary support packages to pregnant and lactating women including persons living with disability (provision of micro-nutrients, food, ANC/PNC and delivery services);
9. Support awareness-creation activities as part of a demand-creation initiative that will promote institutional delivery among pregnant women, increase the use of modern family planning, and use of facility-based safe motherhood services and GBV prevention, mitigation and response services;
10. Deployment of local and international staff to build surge capacity to provide technical support, coordination and programme facilitation;

Gender Based Violence

1. Support national/sub-national GBV AoR coordination and capacity building of front-line workers on GBV prevention and response prioritizing interventions that are life-saving, promote integration of actions into other drought response measures and build the agency of individuals and communities to mitigate climate effects while progressively developing resilience;
2. Support implementation of the Minimum Initial Service Package (MISP) in response to sexual and reproductive health interventions that focus on sexual violence (objective 2) while focusing on implementation of the sixteen GBV in emergencies minimum standards;
3. Establish and operationalise women and girl-friendly Safe Spaces and One Stop Centres offering integrated service;
4. Strengthen and support survivor-centred services, introducing, and building the capacity of a multidisciplinary team to provide integrated SRH and GBV services including through One-Stop Centres offering integrated services;
5. Procure and distribute dignity and menstrual hygiene kits to most vulnerable women and girls;
6. Map out, establish, and update and support GBV referral pathways for GBV case management services and access to shelters and safe spaces;
7. Facilitate psychological first aid (PFA) training to inter-sector front line NGO and other stakeholders who are staying in the affected areas or are deployed there;
8. Share information with communities about humanitarian assistance and availability of services and ensure prevention of sexual exploitation and abuse (PSEA);
9. Support access to livelihood and protection support in the form of cash-based transfers in order to cushion survivors and those at risk against possible cases of sexual exploitation and abuse, and harmful practices such as child marriage as households strive to alleviate the impact of the drought on food security;

Funding Needs UNFPA HoA Drought Response in US$ (in million)

2023 figures will be updated in alignment with respective humanitarian response plans and other appeals

	Ethiopia			Kenya			Somalia		
	Q4 2022	2023	Total	Q4 2022	2023	Total	Q4 2022	2023	Total
SRH	1.0	5.5	**6.5**	1.0	3.5	**4.5**	4.6	22.1	**26.7**
GBV	1.5	7.2	**8.7**	0.7	2.0	**2.7**	7.9	25.0	**32.9**
Human Resources	0.3	1.1	**1.4**	0.0	0.0	**0.0**	0.8	3.1	**3.9**
Supplies	1.0	5.0	**6.0**	1.0	1.5	**2.5**	3.0	12.0	**15.0**
Other	0.2	0.9	**1.1**	0.3	0.6	**0.9**	0.0	0.9	**0.9**
Total	4.0	19.7	**23.7**	3.0	7.6	**10.6**	16.3	63.1	**79.4**

Total funding needs (Ethiopia, Kenya, Somalia) through 2022: **USD 23.3 million**

Total funding needs (Ethiopia, Kenya, Somalia) in 2023: **USD 90.4 million**

Combined funding needs (Ethiopia, Kenya, Somalia) in 2022 and 2023: **USD 113.7 million**

UNFPA in partnership with Kenya Red Cross conduct integrated health outreach among communities affected by drought. **Photo credit: UNFPA Kenya**

For more information

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