



*This report is produced by OCHA Eastern Africa in collaboration with humanitarian partners. It is issued by OCHA in New York. It covers the period 14-21 October. The next report will be issued on 28 October.*

## **I. HIGHLIGHTS/KEY PRIORITIES**

- On 16 October, Kenyan armed forces moved into Somalia
- After abduction and injury of aid workers in the Dadaab refugee camps, humanitarian partners have ceased all but life-saving activities
- Heavy rains across the region are impeding humanitarian access, displacing populations, and leading to the spread of water-borne disease

## **II. Situation Overview**

On 13 October, two international NGO staff were kidnapped at the Ifo camp of Dadaab. Following the incident, UN agencies and NGOs working in the camps have ceased all but life-saving activities while security measures are reviewed. In a separate incident, security threats led to the relocation of UN staff from the town of Mandera on 17 October. In response to the Dadaab abductions and previous security incidents, including recent abductions and killings of tourists on the Kenyan coast, the Government of Kenya has sent several hundred soldiers some 100 km into Somalia to pursue Al Shabaab combatants. Al Shabaab reacted immediately by threatening retaliation within Kenya.

The October to December rains have begun across the areas most affected by the drought in Somalia, Kenya and Ethiopia. The rains are reportedly improving water and pasture availability for livestock, and growing conditions for crops. However, they also bring a heightened risk of flooding and outbreaks of water-borne disease to communities already made vulnerable by the impact of the drought.

In Kenya, heavy rainfall and flooding has been reported in several districts (Garissa, Ijara, Hola, Mandera, Dadaab, Marsabit and Moyale) in the past week, with road conditions becoming difficult in many parts of the country. At the port of Mombasa, the rains are slowing the off-loading of arriving vessels and contributing to congestion in the port. The rains could also potentially lead to an upsurge in conflict, as pastoralists return to their old areas, sometimes with animals that do not belong to them. FAO warns that such conflict along the Somali border could soon affect livelihoods. Meanwhile, new disease outbreaks have been reported across northeastern Kenya, with increases in malaria and dengue fever. Over 10,000 people are estimated to be affected by dengue fever in Mandera, with six new cases in Nairobi and one in Wajir. Kenyan authorities and partners are working to control the outbreak through household-level surveillance and case management. In northwestern Kenya, a malaria outbreak has occurred in Turkana, including the Kakuma refugee camp, and in Pokot following rains and flooding. According to UNICEF, the malaria caseload since 1 September in Kakuma camp alone is 1,770, compared to the entire 2011 caseload of 2,052 cases. Prepositioned anti-malarial drugs supplied by the Government of Kenya and UNICEF are sufficient to reach the needs in health facilities in the drought-affected areas of Eastern, North Eastern and Rift Valley provinces.

In Somalia, many parts of the country (including Bakool, Banadir, Bay, Gedo, Lower Juba and Lower Shabelle) are experiencing heavy rains. In Gedo, media reports indicate that at least 100 houses were destroyed by floods in Ceel Waaq town. According to a Transitional Federal Government (TFG) official, about 1,000 households have been displaced in Ceel Ade. In Mogadishu, the rains have swept away some temporary shelters, affecting up to 2,000 people. In Lower Juba, the rains have reportedly made roads impassable, and are impeding the delivery of humanitarian aid. The floods are likely to affect tens of thousands of Somalis who will require further humanitarian assistance. The rains have also increased the risk of water-borne diseases such as Acute Watery Diarrhea (AWD)/cholera, malaria and dengue fever, and pneumonia (due to hypothermia). The humanitarian community is trying to reduce flood risks for IDPs, especially for lower-lying IDP settlements. Ongoing and planned mitigating measures include the pre-positioning of medication, mass public health promotion, the construction of drainage channels, the elevation of latrines, garbage collection, and the distribution of additional plastic sheeting. According to the health cluster, adequate supplies are in place to manage any increase in caseload.

In Ethiopia, the timely onset and good performance of the *deyr* rains (October to December) over the past week in the southern and southeastern regions are expected to alleviate water shortages and improve pasture, at least in the short term. Longer-term food security prospects, however, depend on the overall

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performance and cessation of the rains, which major forecasts predict will be below normal to normal. Below normal performance or early cessation of the rains would limit *deyr* crop production and only allow for a partial improvement in water availability and pasture. This would, in turn, negatively impact on livestock conditions and productivity. Current crop production prospects are good in the northwestern surplus-producing areas, and near normal to normal in central areas of the country. Heavy rains have led to localized flooding in parts of Somali Region (southeastern Ethiopia), Amhara (central Ethiopia), Gambella (western Ethiopia) and Southern Nations, Nationalities and Peoples' Regional State (southern Ethiopia) in recent weeks.

### III. Humanitarian Needs and Response by Country

#### SOMALIA

**Food:** Of the 4 million food-insecure people throughout the country, humanitarian partners are reaching approximately 2.2 million with monthly interventions enhancing their access to food, including food distributions and food vouchers. So far in the month of October (1-14 October), approximately 679,888 beneficiaries have been reached. These figures do not include the assistance provided by the Organization of the Islamic Cooperation (OIC) and its members. According to the OIC, 16 of their NGO members have reached 1.4 million beneficiaries since April 2011. The current *deyr* rains have resulted in roads being blocked and trucks carrying food aid being stuck. The most affected regions are Gedo, Middle Juba and Bay.

**Nutrition:** Of the 450,000 malnourished children under age 5 in Somalia, an estimated 390,866 children have been admitted for treatment at outpatient therapeutic programmes, stabilization centres and targeted supplementary feeding centres throughout the country since January, including about 148,478 since July. In addition, the cluster has provided blanket supplementary feeding to 84,507 households with malnourished children under age 5, comprising 507,042 people, in Bay, Bakool, Hiraan, Lower and Middle Shabelle and Middle Juba. Key challenges include the capacity of partners to deliver quality nutrition programmes and to scale up quickly to cover all gaps; supplies pipeline to cover all needs; and insecurity hampering movement of humanitarian staff.

**Health:** Since the beginning of September, partners have reported over 900 measles cases; 5,591 cases of Acute Watery Diarrhoea (AWD)/cholera in the south and central zone, with 87 related deaths; 2,753 suspected malaria cases, including 11 related deaths; and 10,151 cases of pneumonia or acute respiratory infections in Banadir, Lower Shabelle, and Middle and Lower Juba. Disease monitoring has revealed that transmission of measles is sustained in Mogadishu and increasing in other parts of south-central Somalia. The emergency measles vaccination campaign targeting 2.3 million children aged between six months and 15 years in accessible regions of south and central Somalia (including with polio and measles vaccines, deworming tablets and vitamin A supplements) has been completed, reaching more than a million children. Cluster partners are engaging local authorities to obtain access in regions of south-central Somalia where general immunization activities have been interrupted for the last two years due to lack of access, namely in Bay, Bakool, Lower and Middle Juba and Hiraan. The influx of persons from these areas poses a threat to measles outbreak control activities. Due to the onset of rains, the risk of AWD, malaria and dengue has increased. Preparedness plans for these outbreaks are in place, and adequate medical supplies are available. Increased cases of pneumonia are expected due to hypothermia related to the rains; coordination is ongoing with other clusters to enhance delivery of blankets and shelter to rain affected people. Health cluster partners continue to provide primary health care through 24 mobile clinics across Somalia for areas with limited access to health care facilities. Each clinic reaches about 10,000 people per month.

**WASH:** The cluster aims to reach 3.3 million people with sustained access to safe water, and 1.3 million with emergency sanitation by the end of 2011. As of 14 October, the cluster had supported 1,190,016 people with sustainable water access since January. Concurrently, the cluster is reaching 1,835,283 beneficiaries with temporary provision of safe water. Since January, cluster partners have built latrines benefiting 517,071 beneficiaries. However, maintenance of latrines remains a problem. In addition, the cluster is currently focusing on prevention and preparedness for AWD/cholera outbreaks since the *deyr* rains began. It is targeting 100 per cent of people living in areas at high and medium risk of AWD/cholera (4.6 million people), namely Bakool, Mogadishu (Banadir), Bay, Gedo, Hiraan, Middle Juba, Lower Juba and Middle Shabelle. Activities include promoting hygienic practices to reduce the risk of diarrhoea and the spread of measles. Since January, 1,180,776 people have benefited from hygiene promotion and hygiene packages. Significant gaps in response exist in districts in Bay, Lower Shabelle and Middle Shabelle.

**Agriculture/Livelihoods:** The strategy for enhancing livelihoods involves working with the same beneficiaries who, depending on their needs, receive food vouchers, cash (cash-for-work or unconditional cash), productive assets or asset protection over periods ranging from three, six or 12 months. From January to end-September, over 890,000 had benefited from agricultural and livelihoods interventions. The cluster estimates that some 497,495 beneficiaries are benefiting from ongoing or completed livelihoods interventions thus far in October. Limited access to funding continues to hinder the cluster's scale-up response plan.

**Education:** Of the targeted 435,847 students (number of students enrolled in school in south central Somalia before the crisis), the cluster estimates that it is reaching 380,000 students. Of the estimated 1.8 million children out of school, 7,413 are receiving non-formal education in 138 education cluster-supported child-friendly spaces in Bay, Bakool, Banadir and Lower Shabelle.

**Shelter & NFIs:** The most pressing concern for the cluster relates to the link between hypothermia and inadequate shelter. Reports of temporary shelters being washed away due to rains, and deaths due to pneumonia, have been received. In the week ending 14 October, the cluster scaled up its response in Banadir (Mogadishu), Nugaal and Bari regions. The scale-up is expected to continue in October as more supplies have arrived in Mogadishu and an increasing number of partners are engaging in activities to provide transitional shelter. From January to date, the cluster has reached 619,302 people with EAPs and 40,596 people with transitional shelter, representing 47 per cent and 68 per cent of the respective targets. Difficulties in negotiating access to affected populations in Mogadishu have been hampering distributions.

**Protection:** Displacement due to the famine, coupled with insecurity, have increased vulnerability and protection violations. From January to date, cluster partners report that 12,942 survivors of protection violations have been reached with psychosocial, legal, and medical support. The cluster's population movement tracking observations in September 2011 indicate that displacements in Somalia continue to decrease since the peak of 63,000 in July 2011, with 34,000 displacements recorded in September and 42,000 displacements recorded in August. Key challenges include limited funding and limited access, particularly for more sensitive activities such as those addressing gender-based violence.

## KENYA

**Food:** September distributions were completed in most districts, but due to partial food shortages and a problematic transport situation, some districts will continue distributions in October. Figures for September distributions are anticipated next week. WFP, in cooperation with the Government, expects to reach 2.8 million beneficiaries during the month of October through general food distribution, food-for-assets and cash-for-assets. Beneficiaries in districts previously covered by the Government will be covered by WFP as of November, the majority through unconditional cash transfers and the rest through general food distribution. With these additional districts, WFP expects to reach the entire 3.75 million food insecure population. Access difficulties due to the rains may have significant implications for food distributions.

**Nutrition:** Across drought-affected areas of Kenya, UNICEF reports that a total of 11,915 children under age 5 with SAM have been treated since July 2011, representing 49 per cent of UNICEF's target of 24,375 children for the period July-December 2011. Of the 11,915 children treated since July for SAM, 5,837 have recovered, reflecting an achievement of 32 per cent of UNICEF's recovery target of 18,000 for the period July-December 2011. Most children with SAM are treated through outpatient programmes before developing medical complications, which require inpatient care. 18,773 children with SAM are currently in the Outpatient Therapeutic Programme. Meanwhile, a total of 33,101 children under age 5 with MAM have been admitted to supplementary feeding programmes since July 2011, which constitutes 42 per cent of the target. 67,374 children with MAM are currently in the Supplementary Feeding Programme. There are currently 655 SFP sites and 630 outreach sites for the treatment of MAM. According to UNICEF, results of two nutrition surveys indicate that in Isiolo and Laikipia acute malnutrition levels are not significantly higher than those recorded a year ago. Routine weekly surveillance data shows that SAM admissions for children under age 5 are declining in some drought affected districts, including Mandera, Turkana and Marsabit, with the peak in admissions having occurred in July.

**Health:** Since 23 September to date, a total of 1,289 cases of dengue fever have been confirmed (of at least 10,000 suspected cases) by the Kenyan Ministry of Public Health and Sanitation and WHO in Mandera District. It is believed that some 40 per cent of the district's population (approximately 40,000 people) have come in contact with mild forms of the disease. Of the total cases, five suspected deaths have been reported, while eight cases have been confirmed to have come from Ethiopia and five from Somalia, highlighting the transboundary risk of disease in the region. Meanwhile, six cases of dengue fever in Nairobi

and one in Wajir have been confirmed. Following a confirmed case of polio in Rongo District, Nyanza Province, a mass vaccination campaign has been conducted in 32 districts of the province targeting 1,014,578 children under age 5. Initial results show 85.6 per cent coverage. The same districts and same target population will be given a booster vaccination from 22-26 October.

**Education:** An estimated 66,150 children in the arid and semi-arid lands (ASALs, including North Eastern, Upper Eastern, Rift Valley and Coast Provinces) have received education kits, early childhood development (ECD) kits, recreation kits, and boarding kits. In these same areas, a total of 353 head teachers, boarding masters and district education officials were reached through a recent 10-day training on child-friendly schools; boarding school management; school safety; and emergency preparedness. From 17-27 October, the Kenyan Ministry of Education is undertaking an assessment of the impact of drought in ASALs in an effort to determine if emergency needs still exist, and if so, to what extent. The assessment will also look at the possible impact of floods; the situation of WASH in schools; and protection needs. The education sector has highlighted Marsabit District, located in northern Eastern Province, as one of the regions hardest hit by the drought. A recent assessment by the Pastoralist Integrated Support Programme, a national local NGO based in Marsabit District, commissioned by the MoE, has found drastic declines in enrolment in ECD, primary and secondary schools. Currently, 59, 81 and 85 per cent of children in Marsabit Central, South and North respectively are not enrolled in primary school and ECD.

**Multi-Sector Assistance to Refugees:** As of 17 October, the refugee population of the Dadaab refugee camps stood at 463,795, 96 per cent of whom are from Somalia. **Food:** As of 13 October, WFP had provided food assistance to more than 542,000 registered refugees in Kakuma and Dadaab (83,000 and 459,000 respectively), through general food distributions (99 per cent of Dadaab population). **Nutrition:** According to UNICEF, since 1 July, 7,828 refugee children with SAM have been admitted into therapeutic feeding programmes (124 per cent of the target of 6,332); the number of children with SAM who have recovered is 1,125, representing 14.4 per cent of the target. Also since 1 July, a total of 11,778 MAM children have received supplementary food (80.9 per cent of the target). **Health:** Three cases of meningitis have been confirmed in Dadaab. **WASH:** UNICEF has established 16 new water points along three routes between the Somali border and Dadaab refugee camps, with the aim of reaching 160,000 people. Since 1 July, 132,530 people (83 per cent of target) have benefited from enhanced access to water, including 122,320 host-community Kenyans and 10,210 newly arriving refugees. **Education:** Access to education remains a challenge in the new areas of Dadaab, with the pupil-teacher ratio below minimum standards in Ifo 2; 18 classrooms are fully occupied with only 8 teachers available. An estimated 58,520 children have been provided with education kits, ECD kits, recreation kits, school tents, and Somali text books. UNHCR reports there are approximately 40,000 primary school-aged children in the six camps of Dadaab (the three long-established camps of Dagahaley, Hagadera and Ifo; and the three new camps of Ifo 2, Ifo 3 and Kambioos).

## ETHIOPIA

**Food:** Sixth round relief food dispatches are ongoing. As of 10 October, dispatches stood at 83 per cent overall. Meanwhile, allocations for the seventh round of food distributions started on 11 October. A joint scenario-building exercise is currently underway with participation from the Government, USAID, FEWS NET, WFP and Catholic Relief Services (the NGO that leads the JEOP). The aim of the exercise is to agree on estimated relief food needs for the first half of 2012 based on different scenarios, and to support planning for the national needs assessment that is scheduled to begin in mid-November.

**Health:** The emergency national measles campaign, which is targeting 6.9 million children aged between six months and 15 years across six regions of Ethiopia, was launched in the Somali Region at the end of September. By 10 October, nearly 313,000 (91 per cent) of the more than 340,000 children targeted in high-risk districts of the region had been vaccinated against measles. Another 111,000 (93 per cent) of the 120,000 children under age 5 targeted received oral polio vaccines.

**Nutrition:** The Government and nutrition partners continue to expand nutrition services in the most drought-affected areas, with targeted supplementary feeding coverage for moderately malnourished children under age 5 and pregnant and breastfeeding women having increased from 98 districts in August to 128 at the end of September. Outpatient therapeutic programme coverage for severely malnourished children increased from 114 districts to 146 over the same period. Around 21 nutrition cluster partners are currently implementing emergency response activities in drought-affected areas.

**WASH:** The onset of the *deyr/hagaya* rains in southern Somali Region and the lowlands of Oromia has led to increased water availability in these areas and has significantly reduced the number of trucks required for



water trucking operations, from 162 last week to 78 at present. Currently, 73 trucks are operating, covering an estimated 146,000 people, and leaving a gap of 5 trucks, or 10,000 people. Additional rapid assessments are planned to assess water availability and inform decision-making on the continued need for water trucking operations. Parts of northern Afar Region in northeastern Ethiopia continue to report critical water shortages as a result of poor and unevenly distributed *karma* (July to October) rains. Of the overall water trucking interventions, 40 per cent are being implemented by the Government with support from UNICEF, while 60 per cent are implemented by NGOs.

**Agriculture/Livestock:** As part of the livestock sector response, partners continue to support commercial and slaughter destocking. Through commercial destocking interventions by Mercy Corps in southern and southeastern Ethiopia, for example, some \$270,000 has been disbursed, benefiting more than 28,000 people/4,500 households. Other agriculture and livestock interventions being implemented by the sector include animal health, livestock feed supplementation and an increasing number of cash-based programmes to support livelihoods. More funding is required for the sector's drought management response.

**Protection:** Preparatory work is underway to establish 50 community care structures in 30 drought-affected areas of southern and southeastern Ethiopia. These structures will support the provision of a community-based social protection system, using community members and Government officials to monitor, report and respond to the needs of vulnerable families.

**Refugees:** As of 17 October, the Dollo Ado refugee camps were hosting 131,235 refugees from Somalia, with an average daily arrival rate of 430 refugees over the previous week. The fourth of the Dollo Ado camps, Hilaweyn, which opened in early August 2011, is approaching its maximum capacity of 25,000 inhabitants. A fifth camp, Buramino, is expected to open in early November to accommodate the continued arrivals from Somalia. UNHCR and the Government Administration of Refugee and Returnee Affairs (ARRA) have circulated a new "Who does What Where" matrix outlining partners' responsibilities in the camps. The findings of a recent inter-agency education needs assessment in Dollo Ado camps have shown that a total of 64,000 school-aged children were estimated to be in need of safe learning spaces. Registration of school children is currently ongoing for the new school year.

On the other side of the country, 12,854 refugees from Sudan have been registered by UNHCR to date, including 8,894 refugees who have been relocated to Sherkhole camp and 1,604 refugees relocated to Tongo camp (both in Beneshangul Gumuz Region of western Ethiopia). However, the overall figures on the new arrivals are fluctuating, as the majority of refugees still prefer to stay in host communities near the border rather than relocate to the refugee camps. Many Sudanese who are believed to have crossed the border in recent weeks have not yet been registered. UNHCR estimates that the overall figure of Sudanese refugees who have crossed since the start of the conflict in Sudan's Blue Nile State is estimated at about 28,000. UNHCR and ARRA are currently in discussions to establish an additional camp in Beneshangul Gumuz Region, as Sherkole is already at capacity and Tongo is nearly half full (Tongo's maximum capacity is 3,000 inhabitants). IOM is transporting refugees from the border to the existing camps.

## DJIBOUTI

A World Bank-led Post-Disaster Needs Assessment mission that began on 10 October, in collaboration with the Government, the EU and the UN, is due to conclude on 21 October. The number of new refugee arrivals has decreased. There are now 20,611 refugees in Djibouti, of whom 18,159 are from Somalia.

**WASH:** UNHCR has concluded an agreement with the Ministry of Water for borehole rehabilitation in Ali Addeh camp, and a contract was signed with the Centre for Studies and Research to conduct hydrogeological surveys aimed at identifying water points in both Ali Addeh and Holl-Holl camp sites. Meanwhile, a team of geophysics experts from Neuchatel University arrived to Djibouti to carry out a feasibility study on the construction of subsurface dams at Ali Addeh camp.

**NFIs:** Distribution of 25-litre jerrycans at household level started in Ali Addeh camp with the aim of preventing diarrhoea and water-borne diseases among the refugee population. A total of 8,000 will be distributed to families, together with powder soap.

**Health:** Health workers continue to report cases of cholera in Djibouti, but no figure is available as the authorities refuse to recognize the outbreak.

**Food Security:** The Food Security Cluster was established at the beginning of October and is managed by WFP and FAO. WFP is currently assisting 130,000 beneficiaries throughout the country. In the capital, WFP

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is targeting 35,000 beneficiaries with a monthly family protection ration for malnourished children under age 5 and their families. To date, 7,500 beneficiaries have been assisted through this programme. School feeding activities have resumed with the beginning of the school year; the project provides on-site feeding and take-home rations to all rural primary schools of the country, reaching 13,500 children from 80 primary schools. Take-home rations are also provided to girls attending the schools as part of the programme. In drought-affected rural areas, food distributions are reaching 70,000 beneficiaries – 10,000 more people than one month ago. WFP is also reaching 18,200 refugees in Ali Addeh camp with general food distributions and targeted supplementary feeding programmes to reduce and stabilise acute malnutrition levels. The results of the UNHCR/WFP nutrition and food security survey will be available in early November.

#### IV. Coordination

OCHA is working with WFP, FAO and OXFAM to finalize the Horn of Africa Plan of Action (POA) into an operational plan that will build on country programmes on drought management developed by countries in the Horn of Africa. The POA will be closely linked to the outcomes of the Heads of State Summit hosted by Kenya in September.

In Djibouti, OCHA is supporting the development of a funding appeal for 2012. Discussions with the four active clusters (WASH, nutrition, food security and health) demonstrated a need for reinforcement of relations between humanitarian agencies and Government line ministries to develop integrated preparedness and response strategies.

OCHA has established a continuing presence in Dadaab with the recruitment of a Humanitarian Affairs Officer to continue OCHA's work over the last three months supporting coordination to the drought response and building partnerships for implementing a strategy to support host communities.

#### V. Funding

As of 21 October, funding coverage for the appeals for the four drought-affected countries in the Horn of Africa region was: Djibouti Drought Appeal - 53%; Ethiopia Humanitarian Requirements - 73%; Ethiopia refugee-related requirements - 51%; Kenya Emergency Humanitarian Response Plan - 68%; Somalia CAP - 78%. An updated funding table and detailed reports by country are available at: <http://fts.unocha.org>

**2.4 billion  
requested (US\$)**

**74%  
funded**

***All humanitarian partners including donors and recipient agencies are encouraged to inform FTS of cash and in-kind contributions by sending an e-mail to [fts@un.org](mailto:fts@un.org). To support an accurate planning process for 2012, it is imperative that accurate financial reporting for 2011 be in place.***

#### VI. Humanitarian Giving

To make a donation through the United Nations, please consider one of the following options:

1. Support the appeals in the countries of the Horn of Africa
2. Give to the Central Emergency Response Fund (CERF)
3. Give to the Pooled Funds in Somalia, Kenya and Ethiopia
4. Give to OCHA's response to the Horn of Africa Crisis

For details on how to make a donation, please consult the "OCHA Guide to Humanitarian Giving" on the OCHA website: <http://www.unocha.org/crisis/horn-africa-crisis>

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