

Horn of Africa Emergency Health and Nutrition Project



Delivering emergency health and nutrition services to refugees in the Horn of Africa Support to refugee camps in Kenya and Ethiopia

Overview

The severe drought in the Horn of Africa has caused Somali refugees—and particularly women and children—to arrive in camps in Kenya and Ethiopia in urgent need of health and nutrition services. This regional International Development Association (IDA) grant supports the expansion of the United Nations Refugee Agency's (UNHCR) on-going program of health, nutrition, water, and sanitation service delivery to the largest refugee camps in Kenya and Ethiopia. By March 2013, this emergency operation is expected to provide services for an estimated 500,000 beneficiaries.

Challenge

The Horn of Africa is experiencing the most severe food crisis in the world today. As a result of this drought-induced food crisis, an estimated 25 percent of Somalia's population has been displaced, either within Somalia or to neighboring countries (primarily Kenya and Ethiopia). Unable to receive assistance in the most heavily affected areas of Somalia, people are being forced to travel long distances under difficult conditions. As a result, Somali refugees—and particularly women and children—are arriving in camps in Kenya and Ethiopia in urgent need of health and nutrition services. Given the sub-regional emergency context, refugee populations are overcrowding and overwhelming the existing response capacity in Kenya and Ethiopia, given the pre-existing food security emergencies in both countries.

The Horn of Africa Emergency Health and Nutrition Project contributes to the overall international response through the provision of financing for health and nutrition interventions to vulnerable populations in targeted refugee camps in Kenya (Dadaab) and Ethiopia (Dollo Ado).

Approach

World Bank Group management noted that the exceptional nature of the drought emergency in terms of scale and severity warranted a number of significant precedents to enable a robust crisis response. This operation sets at least three significant precedents: (a) it is the first operation to

More Results 

100 %

Polio immunization coverage among children 0-59 months of age

61,000

number of long lasting insecticide-treated bed nets procured

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- » Ethiopia Country Website
- » Kenya Country Website
- » UNHCR - Refugees in the Horn of Africa: Somali Displacement

receive financing through the dedicated Crisis Response Window (CRW) in IDA16; (b) it is the first CRW grant to a regional institution; and (c) it is the first and only IDA operation for which the 2008 United Nations Fiduciary Principles Accord (FPA) has been applied on an exceptional basis. The rationale for the application of the FPA was the need for rapid financial support for health sector service delivery in the refugee camps.

The project has delivered on this expectation of a rapid response, with 68 percent of the grant disbursing within three months of approval by the World Bank's Board of Executive Directors.

The project has enabled the grant recipient (UNHCR) to scale up its package of health, nutrition, water, and sanitation services within the largest refugee camps in Kenya and Ethiopia. Given the scope of the crisis in the Horn of Africa, the project was processed under Operational Policy/Bank Procedure (OP/BP) 8.00 (Rapid Response to Crises and Emergencies). UNHCR has an extended track record of service delivery in refugee camps in Kenya and Ethiopia, including those targeted by the project. Following extensive internal consultations across the World Bank, it was agreed that UNHCR would be the only agency able to respond with requisite speed to the health and nutrition crisis in targeted camps in the Horn of Africa. The above policy decisions and exceptions enabled IDA to channel emergency support to the refugee crisis in the Horn of Africa through its implementing partner, UNHCR. This project contributes to the Rapid Response phase of the Africa Region's Drought Response and Resilience Plan.

Results

The Horn of Africa Emergency Health and Nutrition Project focuses on expanding implementation of a health and nutrition package of services. The project initiated implementation in September 2011. Although the first full progress report is not due until May 2012, key results from the first quarter of implementation (October-December 2011) include the following:

In the Dadaab Camp (Kenya):

- 35,449 supplemental feeding sessions conducted with malnourished children (under five years), pregnant and lactating women, tuberculosis (TB) patients, and people living with HIV/AIDS as beneficiaries
- 8,500 children (6-18 months of age) underwent growth monitoring and received lipid nutrient supplementation
- Community management of acute malnutrition was implemented, reaching 18,627 children
- Polio immunization campaign was conducted in response to a recent outbreak and achieved 100 percent coverage among children 0-59 months of age
- 970 camp residents received mental health services
- 61,000 long lasting insecticide-treated bed nets were procured
- Five new boreholes drilled and five pump houses completed
- 47.5 km of water pipelines installed, along with 69 emergency tap stands and 97 permanent tap stands.

In the Dollo Ado Camp (Ethiopia):

- 15,850 malnourished children (6-59 months) provided with nutritional rehabilitation and care in supplemental feeding centers
- 24,433 children (under five years) have been receiving support through the Blanket Supplemental Feeding Program each month

- 100 percent of new arrivals from Somalia (aged 6 months to 30 years) were vaccinated against measles
- Water supply improved from 10 liters per person per day to 11 liters per person per day
- Due to construction of new sanitation facilities, latrine coverage improved from an average of 150 people per stand to 50 people.

Bank Contribution

The project involves a US\$30 million IDA grant to UNHCR in support of the expansion of its health, nutrition, water and sanitation services.

Partners

Given the magnitude of the refugee crisis in the Horn of Africa, the governments of Kenya and Ethiopia requested alternative implementation arrangements for this emergency operation, whereby UNHCR serves as the direct recipient of IDA funds and acts as implementing agency. Given UNHCR's extended track record of service delivery in refugee camps in Kenya and Ethiopia and following extensive internal consultations across the World Bank, it was agreed that UNHCR would be the only agency able to respond with requisite speed to the health and nutrition crisis in targeted camps in the Horn of Africa.

Through its programmatic support of UNHCR's program, this operation supports the Paris/Accra harmonization efforts. In addition, it supports the first phase of the World Bank's Horn of Africa Drought Response and Resilience Plan, which involves three phases: Rapid Response (first six months), Economic Recovery (six months to two years), and Drought Resilience (two to five years). To date, a US\$1.88 billion Drought Response Plan package has been identified including restructuring of existing projects, additional financing, trust fund contributions and proposed support from the Crisis Response Window. In addition to the provision of health and nutrition services to refugee populations, the immediate response focuses on boosting safety net programs, cash transfer and cash for work programs, followed by support to livelihood recovery, reinvigorating crops and livestock production, strengthening health facilities, and disaster preparedness.

Toward the Future

While the UNHCR program is already under implementation, on the ground, the number of refugees coming into the camps could grow exponentially if the drought continues and resulting food crisis persists, leading to crowding and stretching UNHCR's capacity and facilities to their limit in both countries. At the moment, a substantial financing gap also exists. As part of the Africa Drought Response Plan, IDA is mobilizing further support from its existing portfolio in Kenya and Ethiopia to address needs in the drought-affected areas. New regional and country-specific IDA financed operations are under preparation and are likely to be effective before this project is closed.

Beneficiaries

Provision of a reliable water supply in Dadaab Camp in Kenya

In a windy desert camp, two women vigorously insult each other over who will be the first to fill their plastic can with water. For much of their lives, the women have been accustomed to travelling several kilometers for the precious substance and it is a resource worth battling over.

Local leader Bashir Abdi Kassim, 38, arrives on the scene before the argument comes to blows. He takes the two Somali refugees aside and discusses the problem. The women do not yet understand that there is more than enough water for everyone at the new extension at Ifo camp, part of the sprawling Dadaab refugee complex in northeast Kenya. Kassim puts forward a solution that has the elegance of being both obvious and face-saving. Anyone who wants water must place his or her jerrycan in a line. Queue-jumping is not tolerated. "We've taken enough lessons about conflict and tribal clashes in Somalia to know that no arguments are good," says Kassim, who arrived in Dadaab more than a month ago from Gedo region in southern Somalia.

The dispute is part of the camp's social evolution. A delicate lattice of community has begun to

take hold among the thousands of refugees who inhabit the white tents. The sense of neighborhood is fragile, as would be expected among a group of strangers whose arrival reflects the desperation attendant with drought and conflict. An emergency still whirls around them with continued concerns about disease, security, and the provision of basic amenities.

The Horn of Africa Emergency Health and Nutrition Project supports the fact that provision of sufficient quantities of clean water is an essential component of nutrition and health programs. Activities being financed by the project to improve the quantity and quality of water available to refugees in the Dadaab and Dollo Ado camps include: (a) upgrading, expanding, and maintaining existing water networks; (b) construction of increased numbers of tap stands; (c) increased capacity for water tanking, storage and treatment facilities; and (d) distribution of jerrycans for water transport and storage.