

Humanitarian Bulletin

Eastern and Southern Africa region*

Issue 01 | 01 – 31 January 2016

HIGHLIGHTS

- El Niño “drought effect” likely to have a long-lasting impact as people’s resilience continues to be eroded
- Ethiopia battling worst drought in decades
- Drought, food insecurity and power shortages stalk southern Africa region
- Cholera, a preventable disease, kills thousands across eastern and southern Africa
- Protracted conflicts to complicate humanitarian situation
- Funding shortfalls paralyse humanitarian responses

FIGURES

# Food insecure	
Southern Africa	20 m
Eastern Africa	14 m
# of Cholera cases in both regions	42,000
IDPs in the Horn of Africa region (January 2016)	8.2 m
Refugees in both regions	Est 4 m

FUNDING

CERF allocation
US\$64 million
(January 2016)

2016 HRP

South Sudan: \$1.3 billion

Somalia: \$0.885 million

Ethiopia: 1.4 billion

Burundi, Djibouti, Sudan
HRPs being finalised



WFP trucks transporting food to Thekerani, Malawi, are grounded due to heavy rains in the area.
Credit: UNICEF

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Climatic shocks to persist in the region

Reports by the [Food Security and Nutrition Working Group in eastern Africa](#), and the [Southern Africa Development Community \(SADC\)](#), indicate that the number of food insecure people has sharply increased in several countries in the region as a result of El Niño-related drought. Over 20¹ million people are reportedly food insecure in eastern Africa, while another 14² million people are food insecure in southern Africa.

Food pipeline break likely in Ethiopia in May – additional funds needed

In the Horn of Africa region, the El Niño “drought effect” north of the equator, including northern parts of Sudan, Ethiopia, parts of Eritrea, Djibouti and North Somalia, has had much greater humanitarian impact than the “flooding effect” south of the equator in eastern and central parts of Uganda, isolated parts of South Sudan, coastal and western Kenya as well as the southern western parts of Ethiopia and South Central Somalia.

Ethiopia is by far the worst affected country in eastern Africa, with 10.2 million people currently in need of emergency assistance. This is in addition to the 7.9 million people receiving assistance through the Government Productive Safety Net Programme. The [Humanitarian Country Team](#) predicts 1.7 million cases of moderate acute malnutrition and 400,000 cases of severe acute malnutrition in 2016, should there be significant delays in providing emergency assistance; particularly food.

Of the US\$1.4 billion requested by the 2016 Humanitarian Requirements Document for Ethiopia, \$1.2 billion is for food. The overall Appeal is funded at 46 percent (\$680 million). The current funding available for food aid will be exhausted by 1 May, and the risk of pipeline breaks on other sectors is deeply concerning. In addition to securing additional resources, the Government’s continuing efforts to ensure maximum fast-tracking of humanitarian supplies from the Port of Djibouti is crucial. WFP has recently also started using the Port of Berbera in Somaliland given the heavily congested port in Djibouti.

Acute water and pasture shortages have also been [reported](#) in drought-affected parts of **Puntland** and **Somaliland** in Somalia, where nearly 380,000 people are food insecure. An estimated 65 per cent of Puntland face drought conditions. Authorities in Puntland issued an appeal on 21 January 2016 to assist the over 220,000 people affected by drought. **In Djibouti**, which has one of the harshest climate in the world, more than 58 per cent of the rural population is food insecure.

¹ 20 million people estimated in millions for: Burundi (1.0); Djibouti (0.226); Eritrea(1.0); Ethiopia (10.2); Kenya (0.3); Somalia (0.855); South Sudan (2.7); Uganda (0.316) and Sudan (3.6) Source: Country Office Reports and Integrated Phase Classification (IPC)

² 14 million people estimated in millions for: Angola (1.2); Botswana (0.049); DRC (4.45); Lesotho (0.464); Madagascar (1.89); Malawi (2.83); Mozambique (0.176); Namibia (0.370); Swaziland (0.2); Tanzania (0.424); Zambia (0.798) and Zimbabwe (1.49) Source: SADC

El Niño related dry conditions in southern Africa are expected to deepen until April 2017, as drought conditions spread across the region

Drought stalks the land in Southern Africa

The southern Africa region has over the past few months been experiencing one of the most powerful El Niño episodes on record with very little to no rainfall recorded across the region during the rainy season. The lean season and its impact on food security are expected to continue and deepen until at least April 2017. Already failed harvests in affected areas are driving prices of imported maize beyond the reach of most people and meteorological predictions indicate that the current rainfall season will remain below average for the next three months.

While assessments are ongoing in southern Africa to determine the full impact of El Niño on the main April harvest, there are indications that it will be severe. WFP assessment analysts estimate that more than 40 million people in rural areas and nine million in urban areas of the region live in geographic zones that are highly exposed to the fall-out from El Niño. Seven of the nine provinces of **South Africa** have been declared drought disasters, including the Free State, North-West and Mpumalanga, which collectively accounts for almost 90 per cent of the country's maize production, and about 30 per cent of Southern Africa's.

In **Lesotho**, the Government has declared a drought emergency and at least 725,000 people, a third of the population, are expected to be affected. As elsewhere, water is in extremely short supply for both crops and livestock and has resulted in a disruption in basic services; hospitals, clinics and schools are unable to maintain their services due to water shortages.

Mozambique is planning for a possible ten-fold increase in food insecurity, which could affect an estimated 1.8 million people by March 2016, according to initial government estimates.

Planted area for all cereal crops in **Zimbabwe** has decreased by about 40 per cent from last year, which itself was 89 per cent below the five-year average. This decrease is due mainly to below average rainfall attributed to El Niño; crop and livestock production is expected to be below average or completely fail in some areas.

In **Swaziland**, food insecurity is expected to increase from 200,000 to 350,000 people affected by April 2016, which translates to 35 per cent on the rural population. This figure may increase once February assessments are completed. Water restrictions are in place.

Angola is also a growing cause of concern, with acute malnutrition severely and increasingly threatening lives in three southern provinces of Cunene, Huila and Namibia. The National Civil Protection Department in Cunene estimates that over 700,000 people are at risk of food insecurity (some 72 per cent of the total population), up from 500,000 last year; while in Huila approximately 460,000 people are at risk of food insecurity as food stocks have started dwindling. Crop losses are expected to be as high as 60 per cent in parts of Huila Province; and as high as 75 per cent in other southern areas, according to FAO.



Mokhotlong, Lesotho (Jan 2016) - Collecting water from a river that has been reduced to a trickle. Credit: WFP/Tsitsi Matope

In southern Africa even if rain were to return to normal levels today, it is already too late for maize farmers in affected areas: the crops have wilted past the point of recovery

Planned import of staple foods in southern Africa will result in an increase in food prices for both citizens and neighbouring countries that import food from South Africa

Shortage of staple foods and a weakening currency necessitate increased imports in southern Africa

Food prices, especially for basic commodities are on the increase in southern Africa, largely due to low stock levels and the weakening Rand; making importation necessary and expensive. South Africa will need to **import** at least six million tons of maize and at least two million tons of wheat as well as soya beans to mitigate the effects of the drought on crop production in the country. This will likely lead to a food basket increase of 25 per cent in 2016 (in 2015 maize prices **doubled**), and will further complicate the food security situation of neighbouring countries that traditionally rely upon South Africa for food imports to cover their deficits. The price of maize – the staple for most of the region – is 73 percent higher in Malawi than the three-year average, and 65 per cent higher in Swaziland. This trend is set to continue and will further decrease people's ability to cope.

Power outages and water rationing paralyse operations, as main water dams dry up in southern Africa

Zambia and Zimbabwe are experiencing severe power shortages, with the hydro-electric Kariba Dam (the world's largest man-made dam) at 12 per cent capacity. This has forced operators to reduce power output to just 25 per cent. The dam water level was 477.25 meters above sea level in mid-January 2016 but is now just 2 meters (0.4 per cent) above the point of **working capacity**, meaning any further drop could see the plants shut down completely.

Zambia, the second-biggest copper producer on the continent, typically **generates** almost half of its electricity output from a hydropower plant at Kariba. The power shortage is deepening an economic crisis due to a plunge in metal prices, a widening budget deficit and a collapse in the nation's currency.

Kariba also produces half of Zimbabwe's **electricity** - where 18-hour power outages have become common- as well as provides some to South Africa, which in 2015 experienced months of power shortages.

Dams have also dried up across **Namibia and Botswana**; in the latter, the Gaborone Dam that serves the capital stands at 1.2 per cent. The situation is likely to get worse as the region is currently in the middle of the rainfall season, with predictions of continued below average rainfall for the remaining three months.

Water shortages are also being reported across the region; In February, **Swaziland** experienced four days of continuous water rationing in some of its urban areas. The water shortages from the drought are already costing lives and having serious health effects on the community. The **Lesotho** Ministry of Health is reporting a large increase in diarrhoea diseases, with numbers increasing 300 per cent between November and December 2015, from 88 to 262. As many health clinics are without water, and government resources to truck water to the clinics are overwhelmed; many community members are discouraged from reporting to the clinics.

Specific vulnerable groups are being impacted more than others. The Lesotho Ministry of Health reports that in some areas pregnant women are no longer giving birth in health clinics due to lack of water in these facilities. They are also reporting that they have come across cases of elderly people who have died due to dehydration as they were less able to cart water from water points. In addition, observations of a number of HIV/AIDS and TB patients ceasing to take their ART and other medication because of lack of food is emerging, including some cases that resulted in death.

Communicable diseases on the rise

Over the past year, communicable diseases have been on the rise in the eastern and southern Africa region. **South Sudan** is experiencing an unprecedented **malaria outbreak**, with nearly 2.28 million malaria cases and 1,340 deaths reported across the country - a sharp increase compared to 1.54 million cases and 718 deaths in 2014.

Pregnant women in Lesotho are no longer accessing health clinics, while a number of elderly people have reportedly died of dehydration due to the spiking water shortages in the region.

Malaria cases in South Sudan increased by 74 per cent to nearly 2.28 million cases by the end of 2015

WHO reports that as of 22 January, there were 74 cases and 1 death of measles in Kenya, and 31,000 cases of the outbreak in Ethiopia

In **Somalia**, an increase in cases of **acute watery diarrhoea (AWD)** has been reported in Baidoa, Bay region and Kismayo, Lower Juba region since December 2015. Reports from the Health Cluster accessed by **OCHA Somalia** indicate that 462 and 521 new cases of AWD were reported in Baidoa and Kismayo, respectively, between 1 December 2015 and 4 January 2016. However, in January 2016, the number of new cases has dropped considerably due to strengthened and timely response by the Health and WASH clusters.

Measles outbreaks have been reported in **Mandera County, Kenya** and in 13 districts of **Ethiopia** (nine in Oromia). As of 22 January, **WHO** had registered 74 cases of measles and 1 related death in Kenya, and 31,000 measles cases in Ethiopia.

A **scabies** outbreak, with more than 300 000 reported cases is ongoing in Amhara and Tigray regions. A local outbreak of **meningitis C** is on-going in Kule refugee camp in Gambella.

IN FOCUS: Cholera, a preventable disease, kills more than 1,000 across eastern and southern Africa

The Cholera outbreaks in the region in the past year have been remarkable in both their tendency to reappear soon after they are put down, and in their ability to affect vast geographical areas. As of February 2016, more than 42,000 cholera cases and over 550 deaths had been reported across the regions, affecting Ethiopia, Kenya, Malawi, Mozambique, South Sudan, Tanzania, Uganda and Zimbabwe.

The situation in **Tanzania** is of particular concern. Since the start of the outbreak in May 2015, the disease has spread in 21 of the country's 30 regions, including the islands of Pemba and Unguja in **Zanzibar**. Over 15,100 cases and 231 deaths had been reported by end of January. The cholera risk remains high in villages around entry points for asylum seekers in Kigoma region, western Tanzania. The cholera outbreak in the urban areas of Dar es Salaam accounts for 44 per cent of the cases.

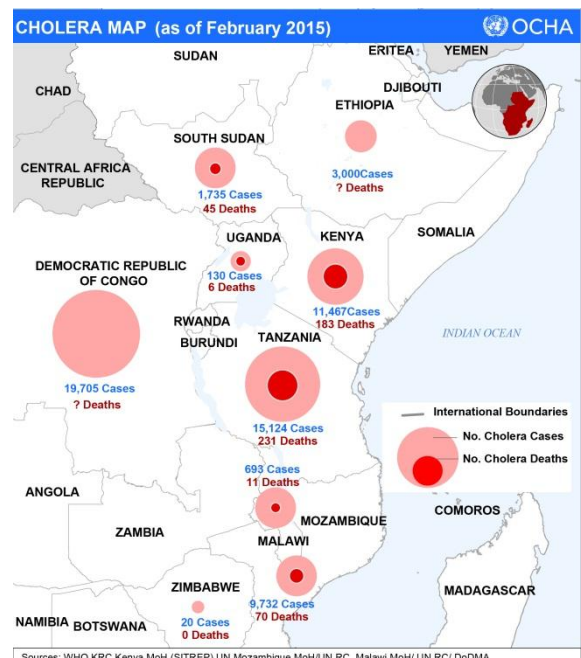
In **Kenya**, 14 of the 25 counties affected by cholera since 26 December 2014 have managed to control the outbreak. The outbreak is currently active in nine counties of Wajir, Marsabit, Tharaka Nithi, Tana River, Garissa, Mombasa, Migori, Kajiado and some parts of Nairobi. Of major concern is the outbreak on 18 November in Dadaab refugee camp; host to over half a million refugees. As of 22 January, 11,467 cases and 183 deaths had been reported; the majority being children between 5 and 14 years old.

Also affected is **Migingo Island** in Lake Victoria where sanitation conditions are reportedly poor. The island attracts fishermen and traders from Kenya, Uganda and Tanzania.

WHO has also intensified country support to the cholera outbreak in **Malawi** and **Mozambique**. Cross border meetings are being facilitated across the two countries to agree on a common approach to prevent the outbreak from spreading further.

In **Uganda**, as of 23 October a cholera outbreak in the southwestern district of Hoima had claimed the lives of six people and left more than 100 others hospitalized. The outbreak is common among fishing communities along Lake Albert area because of poor sanitation, with latrine coverage in these areas at about 20 per cent.

Humanitarian actors are advocating for increased funds for the WASH and community health responses that are currently underfunded across the region.



As of 21 January, over 42,000 Cholera cases and more than 550 related deaths had been reported in the region

Cholera: A development problem overstressing humanitarian responses

According to WHO, the main causes of cholera are lack of clean water and inadequate sanitation conditions and facilities. However the current outbreak in the region has also emerged in more well established urban areas, where infrastructure is dilapidated and water treatment systems have disintegrated; a key indicator of lack of social development

While the main causes of Cholera may be developmental issues, once the disease appears it becomes a humanitarian emergency requiring an immediate response.

While these may be developmental issues, once cholera appears it becomes a humanitarian emergency requiring an immediate response. Provision of clean water through water trucking and chlorination, the treatment of patients with oral rehydration salts, and educating communities on hygiene practices can successfully curb the spread of the disease by more than 80 per cent, according to WHO. Early detection of new cases for management is however critical, thus calling for heightened surveillance in high risk areas.

Health partners in collaboration with Government Ministries of Health and national Red Cross Societies in the affected countries have stepped up efforts to treat and prevent the further spread of the disease in the region. National Cholera taskforces have been set up; while Health promotion and Water Sanitation and Hygiene interventions have also been intensified at district and county levels. These measures however remain inadequate in most areas due to limited resources and inadequate coordination mechanisms. The affected areas are also structurally weak in terms of health facilities and the few available are overstretched. More is still required to ensure availability of clean safe water to both urban slums and rural areas, where these services are generally non-existent.

In South Sudan, health partners observe that the timely initiation of prevention and control measures, helped avert increased illness and death amongst IDPs who had been at high-risk of the disease. This included the pre-emptive vaccination of displaced people in with oral cholera vaccine. WHO however reports that the emergence of new and more virulent strains of cholera continues to place a heavy disease burden on countries. (Source: WHO)

Eastern Africa: conflict watch in 2016

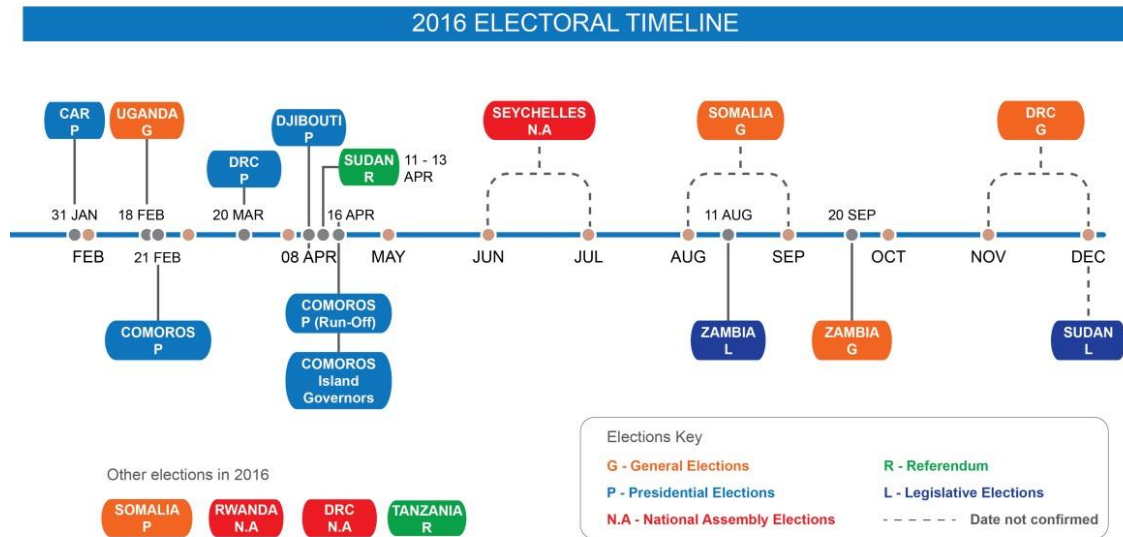
Political stalemates and insecurity to complicate the humanitarian situation

Protracted political and socio-economic challenges in the region will continue to draw much attention in 2016. Several States, including Burundi, Somalia, South Sudan and Sudan continue to face political unrest, violence and insecurity. Opposition political forces in Uganda whose general elections are scheduled for February 2016 have initiated vocal election campaigns to challenge the re-election of President Museveni who has ruled the country since 1986, creating greater scope for volatility and human rights abuse during the election period and beyond.

The crisis in **Burundi** threatens to destabilize the fragile Great Lakes region. More than 262,000 Burundians have fled their homes since April 2015, including 238,000 persons who have sought refuge in Rwanda, Tanzania, the Democratic Republic of the Congo and Uganda and an additional 25,000 persons internally displaced in three provinces of Kirundi, Makamba and Rutana. The Office of the High Commissioner for Human Rights reports that more than 440 people have been killed since last April, and nearly 4,000 cases of arbitrary arrests and detention documented.

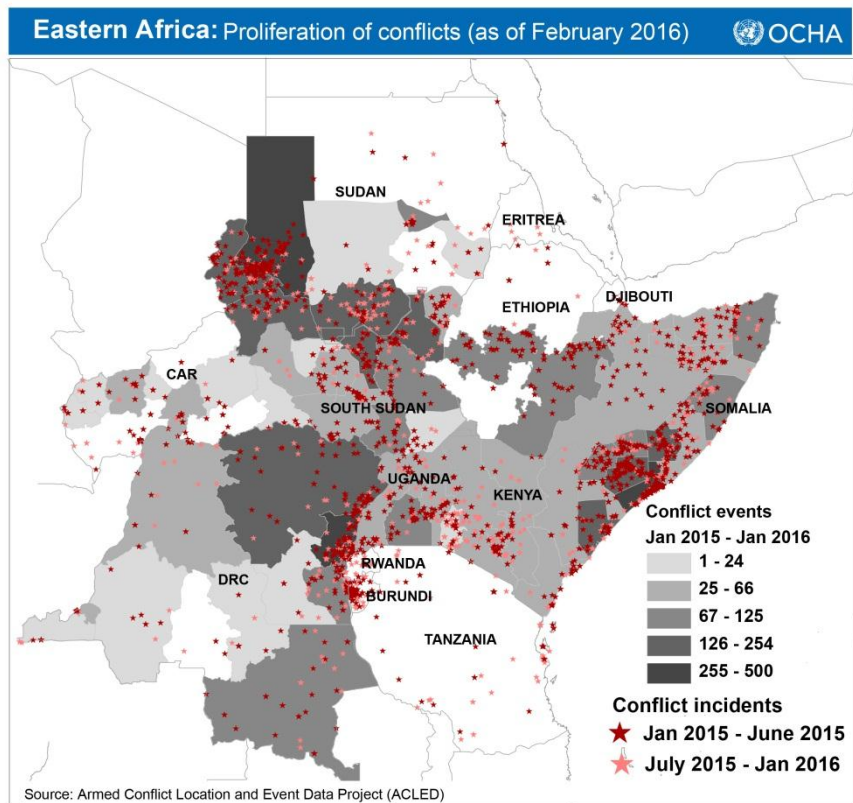
Since December there have been disturbing patterns of enforced disappearances and the existence of mass graves reported. Whilst male adolescent and youth remain most at risk of such violations, women and children face the threat of exploitation, trafficking and sexual violence. Localized violence against civilians, mostly in the capital Bujumbura, is expected to degenerate across the country, unless the crisis can be resolved through an inclusive political dialogue.

The continued lack of a sustainable political solution in the conflict-affected countries remains of great concern for the region



Sources: African Union, National Democratic Institute

In view of the lack of a political solution in **south-central Somalia, Sudan (western region of Darfur and southern states of South Kordofan and Blue Nile) and South Sudan**, the protracted conflicts are likely to continue during the first half of 2016. The last attempts of official peace talks for Sudan failed in November 2015. The humanitarian needs in the three countries are dire. More than 10 million people are displaced internally in the three countries, while another 2 million refugees in the region originate from these countries and all face a high risk of discrimination, violation of children’s rights and gender-based violence. Humanitarian access in some areas remains of concern due to continued constrains in bureaucratic restrictions ranging from visa and residency/work permit, inter-state and intra travel applications, staff security and approval of technical agreements.



Regional funding update

Funding shortfalls to impact humanitarian response in the region

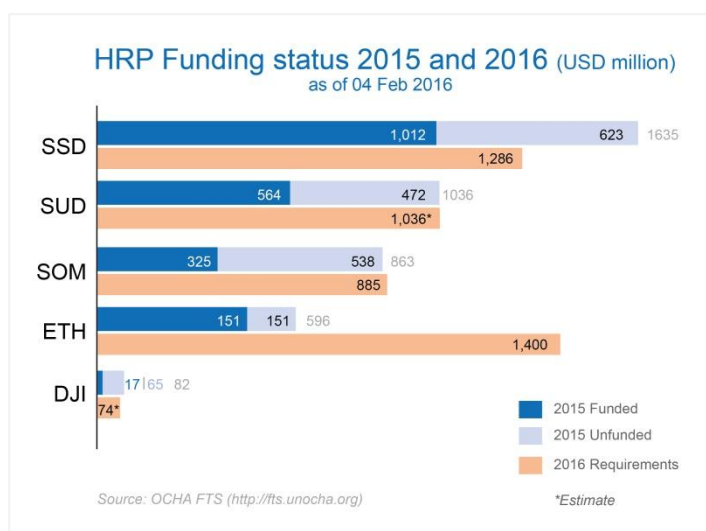
Global humanitarian funding requirements continue to grow and for 2016 exceed US\$20 billion. In line with global trends, the funding requirements for eastern and southern Africa have increased significantly, primarily due to the impact of the current El Niño event in several countries coupled with increased humanitarian need resulting from both sudden conflicts in Burundi and Yemen, and protracted conflicts in Somalia, Sudan and South Sudan. Humanitarian requirements for southern Africa are currently being revised upwards, following the El Niño induced drought.

Ethiopia, Somalia and South Sudan launched the Humanitarian Appeal Documents seeking a total of \$3.6 billion for humanitarian response in 2016. Ethiopia has registered an increase of 57 per cent from 0.6 million in 2015 to 1.4 billion in 2016, to address the deteriorating El Niño related drought conditions affecting a large section of the country. The Ethiopia appeal is funded at 46 per cent.

Humanitarian Response Plans (HRPs) for Burundi, Djibouti and Sudan are being finalized. The 2015 HRP for Sudan for 1.04 billion is 57 per cent funded and the humanitarian needs in 2016 are likely to increase.

The region is among the most under-funded regions globally, and received nearly two-thirds (\$64 million) of the January 2016 CERF Under-Funded Window allocation. This amount will support humanitarian partners in reaching 1.7 million displaced refugees and host communities. In 2015, the southern and eastern Africa region received over \$167 million in CERF Under-Funded and Rapid Response funding, which accounts for nearly 36 per cent of all CERF allocations done that year.

Given the challenges in ensuring humanitarian funding for ever increasing needs globally, closer co-operation with development partners is required including through new instruments such as the [\\$2 billion European Union Emergency Trust Fund for Africa](#) and the new [World Bank's Global Programme on Forced Displacement](#) to ensure a collective response to save lives and strengthen the resilience of communities to shocks.



OCHA Realignment

*OCHA Regional Office for Eastern Africa was in December 2015 realigned with the OCHA Regional Office for Southern Africa, and will starting January 2016 publish information products covering the two regions. Countries under the expanded regional OCHA office include Angola, Botswana, Burundi, Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, South Sudan, Sudan, Swaziland, Tanzania, Zambia and Zimbabwe.

For further information, please contact:

In Johannesburg, South Africa: **Hein Zeelie**, Humanitarian Affairs Officer, zeelie@un.org, Tel. (+27) 829081441

In Nairobi, Kenya: **Truphosa Anjichi-Kodumbe**, Humanitarian Reporting Officer, anjichi@un.org, Tel. +254 732500018

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