I. HIGHLIGHTS/KEY PRIORITIES

- The estimated mortality rate for children among the Mogadishu IDP community is 15.43 deaths per 10,000 individuals a day, above the famine threshold of 2 deaths per 10,000 per day.
- A notable decline in crude mortality rate has been reported in the Dollo Ado camps in Ethiopia, from 4-5 deaths to 1.1 deaths per 10,000 persons per day in Kobe.
- Over 5,000 people have been affected by a dengue fever outbreak in Kenya, with cases tested positive in Somalia.
- More than $218 million of new humanitarian aid was pledged at the UN Mini-Summit on the crisis in the Horn of Africa.

II. Situation Overview

In response to the Horn of Africa crisis affecting over 13.3 million in the region, leaders from more than 80 countries met on 24 September for a Mini-Summit to raise awareness of the scale and urgency of the humanitarian situation. The Prime Ministers of Kenya and Somalia, the President of Djibouti and Deputy Prime Minister of Ethiopia expressed their commitment to a united, coordinated and effective response, called for greater access and safety for humanitarian workers and pledged to increase their focus on building resilience to make communities better able to withstand future crises. The President of the General Assembly encouraged Member States to use the framework of multilateral assistance and stressed that “effectiveness will depend on the ability of people to work together”.

The food security situation in Somalia remains severe, with 750,000 at risk of death without urgent intervention. The mortality rate among children under 5 is alarmingly high, with an average of 15.43 deaths per 10,000 individuals. In the Ethiopian and Kenyan camps hosting refugees from Somalia, however, the crude mortality rate is declining due to the scaling up of humanitarian assistance and government response. In the Dollo Ado camps of Ethiopia, for example, the crude mortality rate has declined from 4-5 deaths per 10,000 persons per day in July to 1.1 deaths per 10,000 persons per day. The situation in Somalia will continue to contribute to instability and food insecurity throughout the region, until its root causes are addressed.

According to a 28 September report by the Somalia Food Security and Nutrition Analysis Unit, the nutrition situation through November 2011 is likely to deteriorate in southern regions. Even with a large-scale increase in humanitarian response, evidence suggests that food security in agropastoral and riverine areas of the south will deteriorate further in the coming months. Famine is therefore considered likely by December 2011 in Gedo and Juba, and agro-pastoral areas of Middle Shabelle and Hiraan. Famine has already been declared in Bakool, Bay, Lower and Middle Shabelle, the Afgooye corridor IDP settlement and the Mogadishu IDP community.

The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.

Celebrating 20 years of coordinated humanitarian action
Somali refugees continue to migrate into Kenya at an average rate of 1,100 a day and into Ethiopia at an average rate of 200-300 a day. There are now over 910,000 registered Somali refugees in neighbouring countries in the region. IOM has been given approval by the Government of Kenya to transport stranded and vulnerable Somalis from villages on the Kenya/Somali border to the Dadaab camps.

UNHCR reports an increase in the number of refugees from Sudan arriving at the border with Ethiopia due to air strikes in Sudan’s Blue Nile State since 21 September. The latest arrivals seem more willing to be transferred to Sherkole refugee camp, a change from earlier arrivals who mostly wanted to remain close to the border.

### III. Humanitarian Needs and Response by Country

#### SOMALIA

**Food:** Four million people throughout the country are food insecure, including three million in south Somalia.  
**Response:** Between 1-23 September, 1.85 million people benefitted from food assistance, up from 1.3 million in August. Of the 1.3 million assisted in August, 471,000 were in Mogadishu and 415,000 were in the south (in all districts apart from Middle Juba and Middle Shabelle). Cluster activities include general food distribution, blanket supplementary feeding, enhanced supplementary feeding and targeted supplementary rations. Preparations are still underway for a further scale-up in south and central Somalia, with the aim of reaching two million people by the end of the month. The food assistance cluster is drafting guidance on a minimum basket of food assistance and vouchers that will soon be circulated.

**Nutrition:** Child malnutrition rates in Somalia are the highest in the world, where one third of Somali children are malnourished (450,000 out of an estimated 1.3 million). The cluster is aiming to admit an average of 45,000 children per month for the treatment of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM).  
**Response:** Since July, cluster partners treated 62,124 children for MAM and SAM, with 90 per cent of cases in the south. In addition, the nutrition cluster has been providing Blanket Supplementary Feeding to families with malnourished children under age 5, reaching an estimated 402,648 people since August.  
**Gaps and Constraints:** Partner capacity for a scale-up remains a challenge due to limited human and financial resources, and the security situation continues to hamper access to certain areas.

**Health:** Although the trend for Acute Watery Diarrhea (AWD)/cholera decreased last week, the onset of rains anticipated in October could again fuel the spread of water and vector-borne diseases. Cases of dengue fever have tested positive in south central Somalia, and WHO is collecting samples. Since September, the cluster reports 957 cases of measles and 13 related deaths; 2,797 cases of AWD with 24 related deaths; 1,323 cases of malaria and 3,151 acute respiratory infections. The health cluster aims to assist 2.6 million with access to primary and/or secondary health services and 2.3 children in an emergency vaccination campaign.  
**Response:** Since July, the cluster has immunized over 964,000 children against measles, 35,771 against diphtheria, and 426,081 against polio. 903,414 children were provided Vitamin A supplements and nearly 179,000 women were vaccinated against tetanus. More than 50 per cent of vaccination beneficiaries were in the south, namely Banadir, Bakool, Bay, Gedo, Hiraan and Lower Juba. WHO is finalising the mapping of health facilities.  
**Gaps and Constraints:** The vaccination coverage is limited by the lack of access, particularly in Lower Shabelle. Health facility and community-based training need to be coordinated.

**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.  
**Response:** Since January, the cluster has supported over 1.08 million people with sustainable water access (33 per cent of target). Over 40 per cent of these people have been reached since July, marking a scale-up in response. In addition, the cluster has provided temporary water access to 1.76 million people, and access to sanitation facilities to over 470,000 people. Over 1.1 million are benefitting from hygiene promotion and hygiene packages. The cluster continues to scale up preparedness measures to prevent AWD/cholera spread during the onset of anticipated October rains.  
**Gaps and Constraints:** A limited number of WASH agencies have access and experience in the south, where most of the needs are. Restriction on the movement of personnel remains a challenge to effective response.

**Agriculture & Livelihoods:** Since July, the cluster has reached over 626,000 people of the 2.4 million in need through various interventions including agricultural inputs, cash for work, cash relief, food vouchers, food for work and emergency livestock interventions. Interventions were carried out in all regions in south Somalia.  
**Gaps and Constraints:** Limited access to funding continues to hinder the cluster’s ability to implement its scale up response plan. The cluster’s CAP requirement is 29 per cent funded.
Education: Schools report high dropout rates, reaching 35 per cent in Lower Juba, where there has been widespread displacement. Response: Since schools reopened in September, 154,936 out of a targeted 443,202 children have benefitted from educational activities. Eighty eight learning spaces are being installed in the south central zone, which will benefit up to 400,000 children. The establishment of 212 Education-supported Child Friendly Spaces (CFS) and child registration is ongoing. Gaps and Constraints: Restrictions on the establishment of CFSs by Al Shabaab in some areas are a constraint.

Emergency Shelter and NFI: The cluster is aiming to provide 1.3 million people with emergency assistance packages (EAP) and 60,000 people with temporary/transitional shelter across Somalia this year. Response: Since January, about 500,000 people have received EAPs and over 33,000 have received shelter. Average EAP distributions have increased from 30,000 a month between January and June to 105,000 from June to date. Discussions are ongoing for a rapid shelter assessment in Mogadishu to determine the remaining gaps.

Protection: The cluster is targeting 2.4 million vulnerable people including IDPs and survivors of human rights violations. Between 1-23 September, over 15,000 people benefitted from interventions including psychosocial counseling and medical support for GBV survivors, GBV awareness raising, police officer training on protection and GBV-related matters, distribution of material assistance to women and vocational training. Limited funding and partner capacity to report human rights violations remain major challenges.

Logistics: The cluster has accommodated some cargo movement requests on a WFP chartered vessel scheduled to depart from Mombasa to Mogadishu in the coming weeks and is evaluating the possibility of providing additional inter-agency cargo space on the vessel.

KENYA

Food: An estimated 3.75 million people remain food insecure countrywide. WFP is reaching 1.4 million Kenyans and over 550,000 refugees, and will scale up its coverage to 2.88 million people by October. The government will assist 780,000 people until end October, when WFP plans to take over these beneficiaries, with plans to scale up cash transfers to reach 840,000 people from November to February 2012.

Nutrition: The cluster is treating 149,326 out of the 269,500 targeted cases of severe and moderate acute malnutrition. Currently, there are 67,374 children with moderate acute malnutrition (MAM) in the supplementary feeding program and 16,533 children with severe acute malnutrition (SAM) in the outpatient feeding programme. UNICEF reports a declining trend in the number of weekly admissions of severely malnourished children under five in Turkana. Some 1,131 cases were admitted in August compared to 1,473 children in July. The drop is attributed to a scale-up in emergency response and/or the lack of physical access to the feeding centres since the onset of rains. Distribution of supplies in parts of Turkana County is currently affected by the destruction of roads following heavy rains in the area.

Health: The sector remains on high alert for an outbreak of water and vector-borne diseases during the rains. An outbreak of dengue fever in Mandera, northeastern Kenya, is spreading fast, with over five thousand people affected and four confirmed deaths within weeks. WHO has authorized the release of essential drugs, consumables and other supplies pre-positioned over a month ago. All neighboring districts have been alerted, technical staff deployed and the public has been advised to seek early medical attention. The measles outbreak in Mandera East and Lagdera has subsided however outbreaks have erupted in the Lower Rift Valley. Since January, 3,704 confirmed measles cases have been reported; 84.5 per cent in North East Province, Rift Valley Province and Nairobi; 74 per cent of all cases had not been adequately immunized. The cluster is currently carrying out a measles and polio vaccination along the Kenya-Somali border, targeting 215, 000 children under five years. A countrywide follow-up campaign is scheduled for 2012 and there is a need to expand the target age group to all children under 15. No new cases of polio have been confirmed. In response to the polio outbreak on 30 August, 1,014,828 children under age 5 were vaccinated in a campaign that ran from 24-28 September in 32 districts surrounding the confirmed case. In North Eastern Province, the number of AWD cases has increased from 118 to 357 since the first week of September. All cases were appropriately managed using health supplies pre-positioned by UNICEF. In the three main drought affected regions of Kenya, 37 out of the 93 districts reported bloody diarrhea cases.

WASH: Of the 2.5 million people in need of safe drinking water and sanitation facilities countrywide, an estimated 2.2 million people have benefitted from water trucking, borehole rehabilitation and aquatab distribution, according to a recently released Ministry of Water and Irrigation report. Of these, some 300,000 people currently have sustainable access to water through the rehabilitation and construction of new water sources. Over 20 NGOs, as well as government water boards are providing 315 health facilities and 200 schools with adequate supply of water and sanitation facilities. The Kenya Red Cross however reports
increasing distances to water sources across the northern drought-affected districts. In Turkana, Marsabit, Wajir, and Mandera, there is a frequent breakdown of water facilities and low latrine coverage.

**Agriculture and Livestock:** Soaring maize prices and the decline of the Kenya shilling is aggravating pastoralist food insecurity. 1.4 million pastoralists in north and north eastern pastoral areas are at emergency levels (IPC Phase 4) and an additional 2.35 million pastoralists and agricultural farmers are in crisis and stressed (IPC Phase 2 and 3). Although good rains are forecasted for October, the current crisis is likely to continue due to escalating food prices. Interventions by FAO include livestock vaccinations ahead of the rainy season, distribution of veterinary drugs and procurement of drought-resistant seeds. The interventions are targeted at protecting livelihood assets and enabling crops to be planted during the next rainy season.

**Multi sector assistance to refugees:** As of 28 September, there were 452,041 refugees residing at the Dadaab refugee camps and its outskirts. Somali refugees constitute the majority (432,744 refugees), of which 141,769 were registered between January and 28 September. Some 4,254 await registration at the camps. New arrivals waiting for registration have access to basic services and assistance, including food and core relief items. Relocation of newly arrived refugees from the outskirts into Ifo camps resumed on 27 September, while operations at Kambioos resumed on 28 September. As of 28 September, 67,163 individuals had been relocated from Dadaab to the three new sites in Ifo extension and Kambioos.

Following the improvements in the registration process in Dadaab, the 21-day food rations in the reception centers have been substituted by a 3-day ration of compressed food bars to cover the period between recognition and the receipt of the standard food distribution. General food distributions, blanket and targeted supplementary feeding, and school meals are ongoing in the camps. Food for assets schemes for host communities are also ongoing. The activities, which reached close to 80,000 beneficiaries over the last month, focus on water harvesting as well as soil and water conservation.

High GAM and SAM rates continue to be reported across the three camps (with GAM rates of 22.4 per cent in Ifo, 17.4 per cent in Hagadera and 23.2 per cent in Dagahaley; and SAM rates of 6.8 per cent for Ifo, 4.6 per cent for Hagadera and 8.2 per cent for Dagahaley). Results for Dagahaley outskirts occupied by new arrivals show rates of 18.8 per cent SAM and 38 per cent GAM.

A dedicated radio channel for NGOs has been established by UNHCR in Dadaab. A wireless internet network, which can be accessed by humanitarian partners, has been established in the UNHCR office.

**ETHIOPIA**

**Agriculture and Livestock:** Livestock from the Somali Region have migrated to areas where rains have been relatively better, such as Filtu woreda and the midlands and highlands of neighbouring parts of Oromia Region. There has also been a substantial reduction in crop production in agro-pastoral areas of the drought-affected Ethiopian lowlands. For example, in Borena and Guji zones (Oromia Region), maize production is only 5 to 25 per cent of the reference year (2006). Meanwhile, price rises for staple foods and declining livestock prices have led to deteriorating terms of trade in most pastoralist areas, leading to significant declines in food consumption in these areas. **Response:** FAO is providing support to drought-affected households according to their primary livelihood activities. For instance, in smallholder farming areas, support is focused on preparing for the next planting season (early 2012). FAO is providing seeds and planting materials to smallholder farmers, with 3.9 million sweet potato cuttings distributed to vulnerable households in Southern Nations, Nationalities, and People's Region (SNNPR), of which 3 million were planted in June/July 2011. Support to pastoralists includes procurement and distribution of materials to 12 sites identified for water point rehabilitation in Oromia Region, to benefit 9,000 households. Distribution of supplementary livestock feed to benefit 3,000 households and animal health interventions benefiting at least 60,000 households are ongoing, as is slaughter de-stocking to support livestock keepers as a means of injecting cash into drought-affected communities and supporting household nutrition.

**Health:** Health response in Ethiopia is focused on mitigation and preparedness to reduce the risk of transmission from current cholera outbreaks in Djibouti and Somalia. Prepositioning of supplies is ongoing. Regions currently under surveillance include Somali (Kebridehar and Ayisha woredas), Oromia (Chiro and Miesso woredas), and one kebele of Dire Dawa. Given the outbreak of Dengue Fever in Kenya, WHO and the Ministry of Health (MoH) have taken steps to enhance preparedness for transmission of the disease within Ethiopia, including preparation and distribution of guidance on Dengue Fever management. According to the MoH, there have been no reports of Dengue Fever in Ethiopia to date.
Refugees: The Dollo Ado complex of camps in Ethiopia has received some 83,800 new arrivals from Somalia to date in 2011, bringing the total number of refugees in these camps to 124,279 as of 23 September. With the fourth camp in the Dollo Ado area, Hilaweyn, quickly reaching its capacity, UNHCR and the Government’s Administration for Refugee and Returnee Affairs (ARRA) are working to develop the fifth camp, Boramino. Response: Enhanced health and nutrition interventions in the camps have resulted in a notable decline in the crude mortality rate, particularly in Kobe camp (opened at the end of June 2011), which experienced the worst mortality rates in July with up to 10 deaths among children each day. The crude mortality rate in Kobe has now declined to 1.1 deaths per 10,000 persons per day, down from 4-5 deaths per 10,000 persons per day in July. Families that previously had no access to medical services are being reached by mobile health teams. Supplementary and therapeutic feeding programmes are reaching the most vulnerable, resulting in a decline in malnutrition across all the Dollo Ado camps to an average rate of 35 per cent. While this is an improvement from early July, when more than 50 per cent of children arriving in Ethiopia were severely malnourished, it is still well above UNHCR’s established emergency standard of below 15 per cent. Gaps: To address protection concerns for women collecting firewood, 2,000 cookstoves have been distributed to women in Kobe camp to date. Partners have committed to providing an additional 28,500 stoves to camps in the area before the end of the year.

In the refugee camps in the Dollo Ado area, UNICEF has committed to providing basic learning materials for 30,000 students, of an estimated total 80,000 school-age refugee children (under 18 years). In addition, 250 recreational kits (reaching some 10,000 children), 100 ECD kits (reaching 4,000 children) and 25,000 hygiene kits (one kit for one girl for six months) have been procured, which will benefit children in the camps more generally. Classes in the refugee camps are expected to start in mid-October.

At Godere (Gode woreda, Somali Region), where several thousand Somalis have reportedly sought refuge near the Ethiopia-Somalia border, UNHCR had registered more than 1,350 refugees as of 23 September. The majority of those registered were women and children. Meanwhile, an estimated 10,000 Somalis are sheltering at Elbade in Somalia, less than a kilometre from the Ethiopian border. Host communities at the border have been providing basic life-saving support since their arrival, placing further pressure on households already severely impacted by drought. Response: UN agencies and NGOs working on both sides of the border have been providing some limited assistance to those displaced in the area, as well as to the host communities, pending their registration as refugees.

UNHCR reports an increase in the number of refugees from Sudan arriving at the border with Ethiopia due to air strikes in Sudan’s Blue Nile State since 21 September. UNHCR, WFP, UNICEF and IOM launched on 27 September a joint appeal for $18.3 million to support Sudanese refugees in Ethiopia. An estimated 25,000 Sudanese from Blue Nile State have arrived at the border with Ethiopia in the past three weeks. While the refugee agency had reported a trend of people moving back and forth across the border in previous weeks, it now says the profile of new arrivals is shifting to families carrying with them their household goods and livestock. The latest arrivals seem more willing to be transferred to Sherkole refugee camp, a change from earlier arrivals who mostly wanted to remain close to the border to monitor the situation in their home areas. Most refugees remain in the host community near Kurmuk (the border area where most Sudanese have crossed into Ethiopia), with many sleeping in the open, posing an increased risk of illness and disease. The safety of refugees staying in villages around Kurmuk is of concern due to ongoing air strikes in the area. Response: UNHCR, IOM and ARRA have transferred more than 3,000 Sudanese refugees to Sherkole camp in Ethiopia’s Beneshangul Gumuz Region, where basic services and better protection are available. Meanwhile, the Government has allocated land to establish two transit centres at the main border crossing points of Kurmuk and Gizen for 3,000 and 5,000 people respectively. Development of Tongo camp in Beneshangul Gumuz is also proceeding as Sherkole is nearing capacity.

DJIBOUTI

Agriculture and Livelihoods: The country is experiencing critically low levels of water, pasture and high livestock mortality rates. Karan/Karma rains have been below average in intensity and spatial distribution, and pastures and water points have not regenerated. According to FEWS NET, most parts of the country show deficits of 40 mm compared to the 2006-2010 average. The FAO rural water point rehabilitation programme to increase access to underground sources of water in pastoralist communities is ongoing and scaling up to reach a further 10,000 beneficiaries in all five regions of Djibouti. The emergency animal health programme is targeting 180,000 heads of livestock throughout the country. Funds are required for a mass livestock vaccination campaign; to expand water provision and fodder production; to support food insecure in refugee camps; and to support the government to increase medium- and long-term resilience to drought.

Food: WFP is supporting 130,000 out of 146,000 food insecure people through general food distribution and supplementary feeding at 213 sites and 39 health centres countrywide. In the capital, 7,000 families with
moderately malnourished children under age 5 are receiving food rations every month. The school feeding programme is ongoing, providing on-site feeding daily and take-home rations to 13,500 children in all 77 rural primary schools. WFP is also reaching 11,600 refugees in Ali Addeh camp with general food distributions and targeted supplementary feeding programmes to reduce and stabilise acute malnutrition levels.

**Nutrition:** UNICEF is treating 4,800 children for SAM and 16,686 for MAM of an estimated 31,006 in need of treatment (78 per cent). ACF has opened six outpatient therapeutic programmes in urban areas to reach a further 5,760 beneficiaries. ACF technical support to the Ministry of Health is ongoing in more than 40 health centres to train government health workers to diagnose and treat acute malnutrition.

**Health:** The Ministry of Health, WHO and UNICEF have completed a series of missions in Dikhil, Obock, Tadjourah and Arta to screen, refer, treat and vaccinate sick and malnourished children. Medical supplies procured through the Central Emergency Response Fund are being distributed to regional hospitals. The outbreak of AWD is ongoing with 300 cases reported in July and August, 75 per cent of cases in Djibouti town. A new outbreak of measles has been reported in Yoboki in Dikhil district causing 4 deaths. The measles campaign has vaccinated 3,150 children aged 6 months to 15 years of the target population of 6,200 children. Vaccination coverage is limited in certain areas due to lack of access.

**WASH:** UNICEF is reaching over 84,700 people with water trucking services in all five regions of Tadjourah, Obock, Ali Sabieh, Dikhil and Arta.

**Refugees:** By end-August, 19,000 refugees had been registered at Ali Addeh camp (12,000 over capacity). This includes 17,532 Somalis who make up 89 per cent of the refugee population. The new refugee camp Holl Holl, due to open this month, is not complete yet.

### IV. Coordination

On 26-27 September, a meeting was held in Nairobi bringing together 120 participants from 70 organisations, including the UN, Red Cross/Red Crescent Movement, Islamic and western international NGOs and Somali NGOs. Jointly organized by the Humanitarian Forum and the Organization of the Islamic Cooperation, the meeting aimed to create greater understanding about coordination and to discuss priorities for moving from relief to development. Emphasis was given to the need to improve security for humanitarian organisations working in Somalia and the challenge to build the capacity of local Somali organisations.

### V. Funding

Around $200 million of new humanitarian aid was pledged at the UN Mini-Summit on the crisis in the Horn of Africa held on 24 September. Updated Horn of Africa funding table and detailed reports by country are available at: [http://fts.unocha.org](http://fts.unocha.org)

On 24 September, the World Bank announced it was increasing to $1.88 billion from more than $500 million its support to countries in the Horn of Africa to address short-term needs for millions of people and fund long-term recovery. The announcement came a week after the World Bank approved $30 million through UNHCR to respond to the needs of Somali refugees in Kenya and Ethiopia.

*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.*

### VI. Contact

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