

This report is produced by OCHA in collaboration with humanitarian partners. It was issued by OCHA Eastern Africa. It covers the period from 3 to 10 August. The next report will be issued on or around 17 August.

I. HIGHLIGHTS/KEY PRIORITIES

- ICRC is gradually scaling up its operations in central and southern Somalia from 162,000 food beneficiaries to an additional 1.1 million people – roughly half of those currently cut off.
- Al-Shabaab announced its withdrawal from Mogadishu on 6 August. However insecurity remains a concern for humanitarian actors in the Somali capital.
- A fourth refugee camp in Ethiopia's Dollo Ado region, at Hilaweyn, officially opened on 5 August, with the first transfers of refugees from the overcrowded Dollo Ado transit centre.
- About half of food aid beneficiaries in Ethiopia will get an incomplete ration of pulses and Corn Soy Blend in the next round of distributions, due to lack of funding and procurement difficulties.
- Kenya's food needs for the rest of the year are being assessed by mobiles teams fanned out across the country, as the government sets up a task force to manage all relief food distribution.

II. Situation Overview

In Somalia 3.7 million people are in crisis, 3.2 million people need immediate, life-saving assistance and 2.8 million or 80 per cent are in the south. Five areas of Somalia are officially in a state of famine, and the rest of southern Somalia could follow within the next four to six weeks. On 6 August, Al-Shabaab announced its withdrawal from Mogadishu, but the move is not expected to end insecurity in the Somali capital nor immediately open up humanitarian access elsewhere. An uptick in cases of Acute Watery Diarrhoea – a symptom which can result from cholera – has been reported in Mogadishu, and has led to 11 deaths, including 4 children.

In Ethiopia, a fourth refugee camp in the Dollo Ado region, at Hilaweyn, officially opened on 5 August, with the first transfers of refugees from the overcrowded transit centre, where some 15,000 Somalis are currently staying. There are over 118,271 refugees from Somalia in the Dollo Ado area. The measles outbreak in the refugee camps is being met with a campaign to vaccinate children and raise awareness on the symptoms of measles, but supplies of vaccine are low. Food aid allocations countrywide for the next round of distributions will be short on CSB and pulses, which will mean an incomplete dietary ration for at least 2 million people.

According to Government, UN and NGO sources, the most affected areas in Djibouti are the regions of Obock, Tadjoura and Alisabih. There is a serious shortage of water in the Northern regions of Obock and Tadjourah. Many of the wells are dry and people are resorting to use contaminated water. Increasing levels of malnutrition among children under age 5 are reported.

Somali refugees continue to flood into Kenya, outpacing the ability to process them for formal registration. The registered population of the Dadaab camps is now over 400,000, with more than 30,000 awaiting processing by the Government of Kenya. New arrivals receive food, health and nutrition services, as well as non-food items and access to clean water and sanitation facilities. The Minister of State for Special Programmes, Ms. Esther Murugi, convened a task force on the distribution, planning, coordination and monitoring of food distribution. UN agencies, NGOs, the Red Cross Movement and Government are members. The results of the long rains assessment currently underway will project food and other humanitarian needs for the rest of year.

III. Humanitarian Needs and Response



EDUCATION

Kenya

Needs: In response to the increased number of school dropouts due to the crisis, the Ministry of Education and partners resolved to waive school fees for children in secondary schools in arid areas (primary education is free), increase boarding school grants and support school feeding.

Response: In support of the government's initiative to keep affected schools open during school breaks and maintain them as feeding centres, WFP will provide one meal a day to students and teachers, while the national Teacher Service Commission will support teachers who remain in schools during this time to supervise the children.

Gaps & Constraints: Poor funding of the humanitarian education sector has limited the ability of schools in affected areas to effectively address educational needs and provide additional welfare services.

Somalia

Needs: There are currently 1.52 million primary school-aged children in Somalia, of whom only one in three is in school (one in four girls). Recent assessments highlight the needs of displaced children in the regions of Benadir, Lower Shabelle, Gedo, and Lower Juba. Significant long term loss of education personnel is expected as a result of displacement (in Bay, Lower Juba and Middle Juba regions).

Response: Education Cluster partners have procured supplies for the education response including tents, recreation materials and kits of basic learning materials for 300,000 children.

Gaps & Constraints: Education requirements in Somalia are 82 per cent unfunded.



EMERGENCY SHELTER/NON-FOOD ITEMS

Somalia

Needs: There are an estimated 1.46 million displaced people in Somalia, of whom approximately 30 per cent (470,000 people) are in Mogadishu. An estimated 100,000 Somalis, driven by drought and famine, have fled to Mogadishu, in search of food, water, shelter and other assistance over the past two months alone. These people are in state of famine.

Response: 90,000 people, mainly displaced populations, have received emergency assistance packages, including a range of non-food items, in Mogadishu and southern Somalia since 20 July. A further 2,500 packages have been delivered by air since 8 August.

Gaps & Constraints: In addition to access and insecurity problems, registering displaced people and the provision of sanitation facilities are difficult. Currently only 36 per cent of the funding requirements of the shelter and non-food item (NFI) Cluster has been covered.



FOOD

Djibouti

Needs: Food insecurity is affecting 120,000 rural people of whom 80,000 are living in drought-affected areas in the northwest, central and southeast regions of the country. Last week, a USAID team visited Djibouti City to assess urgent needs, while the IFRC together with the Djibouti Red Crescent have just concluded a general needs assessment throughout the country, the results of which will be available soon.

Response: WFP is currently supporting 109,000 food insecure people including refugees through its humanitarian operation.

Gaps and Constraints: There is a lack of operational implementing partners in the field to facilitate access to affected people: only three international NGOs are present, and national NGOs have limited capacity.

Ethiopia

Needs: Some 4.56 million people have been targeted for relief food assistance: 41 per cent are in Oromia region, 32 per cent in Somali region and 9 per cent in Southern Nations, Nationalities, and People's Region (SNNPR). Of the caseload, WFP is directly covering 1.2 million people in Somali Region, and works with the government to cover an additional 2.3 million people in the rest of the country. The NGO consortium's Joint Emergency Operation (JEOP) is covering the needs of another 1 million people outside the Somali Region. The estimated total food requirement for the six months from July to December 2011 is 450,708 tons.

Response: The fifth round allocation of relief food assistance has been made with reduced rations of CSB in all areas and reduced rations of pulses for approximately half the relief food beneficiaries countrywide. To date, approximately 24 per cent of the 39,474 tons of supplementary food (CSB) required for the second half of the year has been funded. This has resulted in the shortfalls and reduced rations. Meanwhile, the fourth round of relief food distributions is ongoing in most parts of the country. Following the resumption of full WFP capacity in the Somali Region at the end of July, distribution of the delayed third and fourth round allotments is speeding up.

Gaps and Constraints: Reduced rations are likely to continue in the coming rounds, due to a long lead time on the food aid pipeline and incomplete funding. As of 4 August, 67 per cent of net food requirements for the remainder of the year had not yet been covered. The Food Management Task Force (FMTF) estimates that the cereal shortfall for the period is 113,387 tons. To accommodate the increasing influx of refugees from Somalia, WFP has revised the budget for its refugee operation for the remainder of the year, increasing projected needs from 226,000 to 415,000 people. The current funding shortfall to meet the needs of the refugee operation up to December 2011 amounts to about \$18 million.

Somalia

Needs: Of the 3.7 million people in Somalia in need of humanitarian assistance, an estimated 2.2 million are in the south. Numbers of IDPs from south and central Somalia are increasing in Somaliland, particularly in Burao town. Meanwhile, reports from eastern regions of Somaliland indicate that the livelihood situation is deteriorating.

Response: ICRC is currently distributing 3,000 tons of food reaching 162,000 people in drought-affected areas of southern and central Somalia (Gedo, Lower Juba, Middle Juba, Bay, Bakool, Lower Shabelle, Middle Shabelle and Mogadishu). ICRC announced on 4 August that they will assist an additional 1.1 million people with general food aid and other services. Where access allows, particularly Mogadishu, Gedo and Lower Juba, agencies have increased the supply of high energy biscuits and ready to use supplementary foods to combat child malnutrition and support the well-being of mothers.

Gaps & Constraints: Insecurity and limited access remain the main challenges to a rapid and large-scale increase in the delivery of food into Southern and Central Somalia.



NUTRITION

Djibouti

Needs: Increasing malnutrition is reported among children under age 5 in northern regions of Obock and Tadjourah. A rapid assessment conducted in Obock concluded that out of 6,815 children, 484 were severely acutely malnourished (7 per cent) and 927 were moderately acutely malnourished (14 per cent). In Tadjourah, out of 15,607 children, 672 were severely acutely malnourished (4 per cent) and 2,779 were moderately acutely malnourished (18 per cent). Around Djibouti City, MSF have reported a marked increase of red and orange band measurements of MUAC (severely and moderately malnourished), up from 3 to 7 per cent to 7 to 23 per cent respectively, compared to last year.

Response: WFP is increasing its current operations to reach 7,000 children in the capital, with a supplementary feeding programme. UNICEF has scaled up ongoing community management of malnutrition in northern regions. For example, UNICEF screened 3,034 children under age 5 in Obock and Tadjourah, of whom 650 are receiving Plumpy'nut, 920 Wheat-Soy Blend (WSB), and 84 have been referred to the feeding centres. MSF is treating malnutrition in the peri-urban area of Balbala are of Djibouti City.

Ethiopia

Needs: The number of nutrition hotspot *woredas* (districts) in Ethiopia increased by 5 per cent in the second quarter of 2011 (from 330 in March to 347 in June). For the second half of the year, an estimated 159,000 children under age 5 are expected to require treatment for severe acute malnutrition (SAM), while more than 708,000 children under age 5 and pregnant and lactating women may require targeted supplementary feeding for moderate acute malnutrition.

Response: At present, out of the 90 drought-affected *woredas* identified in SNNPR, Somali and Oromia regions by the Nutrition Cluster, 83 are covered by Outpatient Therapeutic Feeding programmes (OTPs) implemented by 17 nutrition partners. However, only 57 of these *woredas* are covered by supplementary feeding programmes. Seven *woredas* have neither programme. From January to June 2011, a total of 155,930 SAM cases were admitted to Therapeutic Feeding Programmes (TFPs) across the country, numbers 46 per cent higher than projected in February 2011. Oromia, SNNPR and Somali account for 81 per cent of admissions. Based on the TFP monthly reports, some 35,641 severely malnourished children were admitted in 7,491 TFP sites in June 2011, compared to 38,552 admitted in May. This constitutes a 7.6 per cent reduction in TFP admissions nationwide from the previous month. The biggest decrease came from Oromia region, where admissions decreased by 17 per cent, but in Somali and Amhara regions they increased.

Gaps and Constraints: The Government has requested partners to extend coverage particularly to new Priority 1 *woredas* in which there is inadequate nutrition response. Twelve Mobile Health and Nutrition Teams are still required to strengthen response and increase coverage in Somali region. Nutrition partners have also been requested to provide support to the growing needs in the Dollo Ado refugee camps.

Kenya

Needs: Of the estimated malnourished 385,000 children under 5 in the arid and semi-arid areas, some 65,000 are undergoing treatment for severe malnutrition and some 320,000 are undergoing treatment for moderate acute malnutrition. As caseloads continue to increase significantly, funding and logistical constraints mean not all affected children may be treated. With the expansion of partnerships, an additional 20,000 children with severe acute malnutrition and 82,000 children with moderate malnutrition will be provided with treatment.

Response: The Nutrition Sector is supporting Vitamin A supplementation; use of zinc for diarrhea management; de-worming of children; and promotion of appropriate infant and young child feeding practices at health facility and community levels. It is estimated that the cost of weekly nutrition supplies is about \$400,000. Blanket Supplementary Feeding (BSF) has also begun in Turkana northeast, and will start in Marsabit, Mandera, Wajir, Isiolo and Samburu districts this month. The BSF is expected to reach a total of 340,000 children (aged 6 months – 3 years) and 26,799 pregnant and lactating women in the next three months. UNICEF has 18 full-time Nutrition Support Officers the most severely affected districts to support the Ministry of Health to meet district and country level targets for high impact nutrition interventions.

Gaps & Constraints: Achieving the BSF programme target of reaching 623,896 children and lactating women for six months in the six most-affected districts is only possible if the funding gap of \$15 million is filled.

Somalia

Needs: There are currently an estimated 640,000 malnourished children in Somalia, including 310,000 children suffering from severe acute malnutrition (SAM) and 330,000 suffering from moderate acute malnutrition (MAM) (OCHA 8/8). FAO's Food Security and Nutrition Analysis Unit (FSNAU) is conducting all the assessment and analysis and will be doing monthly nutrition and mortality surveys in all regions for the coming five months. FSNAU and FEWSNET will release the analysis of the Post *Gu* assessment on 19

August. FSNAU will start the August round of nutrition and mortality surveys in six regions this week in southern Somalia.

Response: Over the month of July, the Nutrition Cluster reached 23,300 children suffering from SAM in central and southern Somalia through the provision of Ready-to-use Therapeutic Food (RUTF) and 107,000 children received targeted supplementary feeding support in Benadir, Gedo, Middle Juba, Lower Juba, Bay and Lower Shabelle. Wet feeding is starting August in the south and southwest towns of Dolow, Luuq and Dhoobley. Daily meals will be provided for IDPs, with plans to scale up to 25,000 meals per day. Blanket supplementary feeding in accessible areas is starting to benefit an estimated 154,000 people.

Gaps & Constraints: The security situation and access remain the main challenges at the moment. The number of malnourished children is expected to increase unless a major boost in the delivery and distribution of emergency relief food and other services takes place in the near future.



HEALTH

Djibouti

Needs: MSF reports several outbreaks of acute watery diarrhoea (AWD) in the capital and regional urban. There has been evidence of cholera, but numbers are not sufficient to announce an epidemic. An outbreak of measles in Yoboki on the Ethiopian border has also been signaled.

Response: MSF is managing the diarrhoea treatment centre in the capital, while UNICEF has responded to a Ministry of Health request to control AWD in PK12. WHO, UNICEF and UNFPA are providing support to mobile clinic operations with drugs and diarrhoea treatment kits.

Ethiopia

Needs: An estimated 2 million children remain at risk of measles in Ethiopia, according to the revised Humanitarian Requirements Document, while some 5 million people are at risk from outbreaks of acute watery diarrhoea (AWD) and 8.8 million at risk from malaria. A measles outbreak has raised serious concerns in the Dollo Ado refugee camps, with at least 47 suspected cases of measles, and three deaths reported from Kobe camp in the past week. Suspected cases and more deaths have been reported in the other refugee camps in the area, as well as in the transit centre.

Response: UNICEF has provided additional vaccines to the drought-affected areas and refugee settlements in the *woredas* of Dollo Ado and Dolo Bay in the Somali region, including 3,000 doses of measles vaccine. Government and health agencies have begun vaccination against measles and polio of all refugee children between the ages of 6 months and 15 years being transferred from the transit centre to the newly-opened Hilaweyn camp. The Ministry of Health, with support from UNICEF and WHO, is providing the vaccines.

Gaps and Constraints: With outbreaks of measles and acute watery diarrhoea (AWD) reported from various regions, a shortage of operational funds to conduct outbreak investigation, further vaccination campaigns and distribution of drugs and other medical supplies, has been reported by some regions.

Kenya

Needs: An outbreak of measles has been reported in Isiolo North district, in addition to cases of Kala-azar in Marsabit and Isiolo districts.

Response: The sector has scaled up integrated measles campaigns in affected areas. Further support is being provided to the districts to diagnose and treat Kala-azar in the affected districts. A poliomyelitis, measles, deworming and Vitamin A supplement campaign reached some 250,000 children under five in five refugee-hosting districts around Dadaab. Health partners will support a larger integrated mop-up campaign in September targeting 526,778 children under age 5 with measles, polio, Vitamin A and deworming in upper Eastern Province, parts of Coast Province and upper Rift Valley Province.

Gaps & Constraints: Low immunization coverage among residents and particularly refugees is likely to lead to outbreaks of communicable diseases.

Somalia

Needs: In Mogadishu, 77 per cent of the 3,839 reported cases of AWD are children under age 5. There is a high risk of disease outbreaks in drought-affected areas due to poor access to potable water, overcrowded camps and susceptible malnourished children.

Response: Health partners have supported emergency measles vaccination campaigns targeting a total of 101,000 children under age 5, and tetanus campaigns targeting 118,580 women of child-bearing age in Mogadishu and Gedo. Over the past week, health partners in Mogadishu have provided health kits to 13 hospitals, enough for 130,000 people for 3 months. Contingency planning is underway and surveillance has been intensified ahead of the rainy season, due to begin in October, to ensure readiness in case of a malaria outbreak. Between 28 July and 4 August, Emergency Health Kits were dispatched to locations in southern Somalia enough for 130,000 people for three months.

Gaps & Constraints: The influx of IDPs in urban areas (specifically to Mogadishu, Afgooye Corridor and Galkaayo) is a major challenge to the few health service providers whose capacities are already overstretched. AWD and measles remain a threat.



WATER SANITATION HYGIENE

Djibouti

Needs: Many of the wells around the country are dry or pumps are breaking down. There is widespread movement of populations in search of water. WHO surveillance officers noticed that the population is resorting to buying and trucking water from exposed wells which could be contaminated.

Response: In addition to 5 new underground cisterns UNICEF and UNHCR are supplementing water provision to refugees. Water trucking capacity has been strengthened to reach 30,000 people in Obock and Tadjourah.

Gaps and Constraints: Water access remains a major challenge for remote rural populations. Technical support is required to assess the needs in peri-urban hygiene and sanitation facilities where nomadic populations from rural areas are likely to migrate.

Ethiopia

Needs: Water trucking is required in pocket areas of Somalia, Oromia, Afar and Tigray regions to meet the needs of 375,136 people affected by severe water shortages.

Response: In total, 58 water trucks are deployed in the four regions, reaching 288,585 people.

Gaps and Constraints: In Somali region, the government Disaster Prevention and Preparedness Bureau (DPPB) has requested that water trucking resume in six *woredas* (districts) of Korahe and Warder zones. In Oromia, additional water trucking support has been requested for four *woredas* in Borena zone in southern Oromia, where water trucking is currently ongoing. Four additional trucks are needed in Oromia to cover all needs in the *woredas* with current trucking, while seven additional trucks are needed in Afar and three in Tigray.

Kenya

Needs: Access to water is becoming more problematic due to the high cost of water, dried-up water sources and breakdowns resulting in additional pressure on functioning water points, especially in the arid and semi-arid lands (ASAL) areas. There is need to target water source maintenance and rehabilitation (boreholes), promotion of water treatment, improved water storage and capacity building.

Response: As part of the efforts of the WASH Sector, some examples of increased response include: ACF conducted borehole rehabilitation and provided water storage facilities benefitting 16,170 beneficiaries in Garbatulla. In Wajir, Mercy Corps has increased water trucking targeting some 66,000 people and subsidized borehole fuel for another 53,371 people. COOPI has supported water trucking in Mandera, Banissa and Dadaab for 82,671 beneficiaries, while borehole maintenance/construction has supported 25,000 people. The WASH Sector is working with the Nutrition Sector to provide WASH services in health facilities running malnutrition treatment services including 701 schools with feeding programmes.

Somalia

Needs: The revised beneficiary figure for the WASH Cluster is 800,000 for emergency sanitation and 2.5 million for emergency water.

Response: Ongoing WASH projects across southern and central Somalia have reached nearly 339,000 people. Water interventions, including borehole rehabilitation and water trucking have reached 817,000 people. Activities to prevent outbreaks of Acute Watery Diarrhea (AWD), such as chlorination, have reached 130,106 people. The WASH Cluster continues to provide potable water for 30,000 IDPs in the Afgoye Corridor. In Mogadishu, 220,000 people have benefited from chlorination of water sources and 44,000 from the construction of latrines since April. The WASH Cluster is also targeting people on the move by establishing facilities in the Gedo Region (Luuq, Doolow and Dhoobley), including the installation of water bladders, connection with existing towns' water supplies and provision of latrines.

Gaps & Constraints: The WASH Sector's funding requirements are currently only 35 per cent covered.



AGRICULTURE & LIVESTOCK

Ethiopia

Needs: According to the Agriculture Task Force, pasture availability in affected areas is declining again, while livestock have not yet fully recovered, and their condition is likely to deteriorate ahead of the next rainy season. In southern and southeastern Ethiopia, further livestock mortality is expected at the end of the current dry season, with the month of September expected to be particularly harsh. According to the revised HRD, at least 700,000 drought-affected households require assistance, including provision of seeds and sweet potato cuttings to more than 200,000 households, and animal health care and supplementary feeding for livestock of more than 500,000 pastoralist households

Response: In pastoralist areas, support to commercial destocking is a primary response activity during drought. Among other partners working in the sector, CARE has opened 21 destocking sites to help pastoralists recover some value from emaciated and unproductive animals that would otherwise die, and to prevent conflict that might arise from competition around scarce pasture grounds. CARE pays cattle owners 800 Birr (\$47) per head of cattle, and provides hay and supplementary animal feed to save the lives of remaining cattle. Under supervision of official food inspectors, the meat from the slaughtered animals then goes to vulnerable families suffering from the food crisis. CARE also supports community resilience activities such as cash-for-work and savings groups that help people save their assets and buy food for their families.

Gaps and Constraints: There is insufficient information on livestock mortality in drought-affected areas, which makes it difficult to gauge the full impact on livelihoods. With no significant improvement of pasture and water availability in some areas, the condition of livestock in Borena zone of southern Ethiopia remains poor. Livestock migration in search of pasture continues to areas further north, where better rains were received, while influxes of livestock from Somali region, as well as from Kenya, also continue.

Kenya

Needs: The sector recommends the procurement and distribution of seeds, agricultural inputs and support to soil and water conservation in the marginal areas of Tharaka, Machakos, Mwingi, Kitui, Embu and Makueni Counties in view of the predicted rainfalls for October-December. Also required are livestock feeds, treatment and provision/rehabilitation of water sources in strategic livestock grazing areas. Priority areas, including for market-based off-takes, are all the ASAL counties, including Tana River, which has received very little support to date. An outbreak of *peste des petits ruminants* (PPR) was confirmed in June and there is great concern that the disease will spread to larger areas due to ongoing pastoral movements. Livestock body conditions are exceptionally poor, resulting in increased mortality. No estimated percentage is currently available.

Response: The government and NGO partners have scaled livestock off-take, vaccination/treatment and feeding in every ASAL district.

Gaps & Constraints: An estimated \$27.3 million is required to address the unmet needs in the Agriculture and Livestock Sector, including distribution of drought-tolerant seed and fertilizers; rehabilitation of small holder irrigation schemes; livestock off-take; animal disease surveillance and treatment; and promotion of drought-tolerant crops.

Somalia

Needs: The Agriculture and Livelihoods Cluster is targeting 2.59 million people in Somalia.

Response: Agriculture and Livelihoods Cluster members are distributing food vouchers in Mogadishu to 47,508 people. Cash-for-work activities are targeting 39,000 people in Lower Shabelle Region for one month and 84,000 people in Lower Juba and Lower Shabelle for two months. In Gedo Region, cash vouchers are being distributed to 18,000 people. The Cluster has also procured maize, sorghum, sesame seeds and fertilizer components targeting approximately 900,000 people in southern Somalia for the forthcoming Deyr rainy season. The cluster lead has also commenced emergency disease surveillance, treatment and vaccination of livestock targeting 300,000 animals, benefiting 36,000 beneficiaries.

Gaps & Constraints: Currently only 18 per cent of the total funding requirements of the Agriculture and Livelihoods Cluster has been covered.



REFUGEES

Djibouti

Need: The number of refugees entering Djibouti continues to increase due to conflict and drought in Somalia. According to UNHCR, there are currently 17,728 refugees in the Ali Addeh refugee camp (normal capacity is 7,000) and 809 refugees in urban areas. In 2011 to date, over 2,000 Somali refugees have been registered, while in June 500 new arrivals were registered.

Response: A second camp will be open in Holl-Holl village to decongest Ali Addeh camp. UNHCR has already started construction of the main infrastructure (medical centre; primary school; water facilities and distribution network; communal latrines) expected to open on 15 September to which some 6,000 refugees will be transferred. UNHCR and agencies are ensuring the registration of separated and unaccompanied children and focusing on family tracing and reunification.

Ethiopia

Needs: Originally designed for 1,500 refugees, the transit centre at Dollo Ado it is now hosting some 15,000 people, forcing refugees to build temporary shelters outside the transit centre as they await relocation to newly-opened Hilaweyn camp. In Kobe camp, opened at the end of June 2011 and quickly filled, only 50 per cent of refugees have shelter.

Response: The relocation of 15,000 refugees from the transit centre has been slowed by an outbreak of measles. UNHCR fears the outbreak could lead to high mortality and serious illness in an already vulnerable refugee population.

Kenya

Needs: The rate of new arrivals for Somalis at Dadaab remains at between 1,300 and 1,500 people per day since June. Using these estimates, UNHCR predicts that some 180,000 new arrivals will have entered the camp between June and December 2011. Registration of new arrivals and transfers to new tented sites are struggling to keep pace with arrivals. To ensure continual rations for some 440,000 refugees and those awaiting processing, the current stock levels in Dadaab are low at 7,700 tons of assorted commodities, barely a month's supply. With the current population of over 400,000 beneficiaries, 24,000 tons of the required assorted commodities would be ideal. The nutrition sector reports that 50 percent of admissions at the selective feeding programmes are new arrivals. Outpatient and inpatient therapeutic feeding programmes have a current caseload of 4,780 children with acute malnutrition. More than 90 measles cases have also been reported among new arrivals. The primary school enrolment rate stands at 42 per cent but this is expected to drop with the new influx. There is also a lack of child-friendly spaces for children in the new relocation sites. Additional funding is required to for temporary learning structures, teachers, and teaching and classroom materials.

Response: In shelter, some 9,000 recently erected tents are in use in Dadaab as refugees are relocated. Some 12,000 refugees now occupy the new site. In food, WFP is expecting arrivals of about 12,620 tons of assorted food commodities for September /October. For nutrition, there are 15 supplementary feeding sites, 16 outpatient therapeutic sites and three stabilization centres in the three Dadaab camps. In addition there are supplementary feeding programmes for the moderately malnourished, and other vulnerable groups. There is improvement in WASH services and in management of watery diarrhoea. The poliomyelitis, measles, Vitamin A Supplementation and deworming campaign in both the host communities and the refugee camps was completed successfully (1-5 August).

Gaps & Constraints: More shelter material and tents are required to meet the increasing needs. Based on the above figures, the sector anticipates a shortfall of some 14,000 tents for up to the end of the year. There are no schools or health care facilities in the relocation sites (both Ifo Extension and Kambioss) but in one example of response, MSF-Spain is providing primary health care services from their health post located on the outskirts of Ifo camp and are also planning to construct an additional three health posts at Ifo extension. WASH services, including piping, trucking and latrine construction have begun to supply the new sites to keep up with the pace of relocation. The drilling of new boreholes awaits permits from the government.

IV. Coordination

In Djibouti, a humanitarian coordination meeting including UN agencies, NGOs, IGAD and donors on 9 August strengthened sector coordination mechanisms with the support of OCHA. It is recognized that immediate humanitarian assistance should be accompanied by concerted and substantial strengthening of national disaster preparedness and response coordination, which remains limited.

In Kenya, Somalia and Ethiopia, coordination and prioritization of programmes is ensured through humanitarian structures such as Humanitarian Country Teams, sectors and clusters. In Ethiopia, the Government-led Multi-Agency Coordination (MAC) forum is responsible for the overall coordination of the emergency response, with line ministries and specialized bodies ensuring sectoral and refugee coordination.

Operational coordination and humanitarian decision-making is country-based, while at regional level the Regional Humanitarian Partnership Team (RHPT) and the Food Security and Nutrition Working Group (FSNWG) continue to support through analysis, early warning, reporting, advocacy, resource mobilization and, where needed, surge capacity and technical support.

V. Funding

In a fast-moving funding situation, OCHA has set up live reporting on the Horn of Africa crisis.

The updated table of needs can be found here: <http://goo.gl/F7T8c>

A table listing contributions by donor is here: <http://goo.gl/ZTEQw>

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.

**\$2.4
billion**

Total funding
requirements

**\$1.28
billion**

Shortfall

VI. Contact

Ben Parker, interim Head of Office, OCHA Eastern Africa; Mobile: +254 733 860082; email: parkerb@un.org

Matthew Conway, Public Information Officer, OCHA Eastern Africa; Mobile: +254 732 500010; email: conwaym@un.org

For more information: ReliefWeb Horn of Africa: <http://www.reliefweb.int/horn-africa-crisis2011>