



Food Security Update

According to the Government's Early Warning and Response Directorate of the Disaster Risk Management and Food Security Sector (DRMFSS), Ethiopia faces food shortfalls, particularly with regard to the availability of corn-soya blend (CSB) in the food assistance pipeline. Reduced rations of CSB were already distributed during previous rounds, and based on allocations for the fifth round of relief food 50 per cent of beneficiaries across the country will continue to receive reduced rations of CSB and pulses. Whilst a full ration should comprise 4.5kg of CSB, beneficiaries in DRMFSS-covered areas (2.3 million) will be provided with a ration of 2.5kg; beneficiaries in JEOP-assisted areas (1 million) will receive 3.5kg and beneficiaries in WFP-covered areas of Somali Region (1.2 million) will receive 3kg. As the food pipeline continues to be underfunded, the next rounds of relief food are likely to be distributed at reduced rations, which may exacerbate malnutrition in the drought-affected areas. Donor pledges and contributions towards the July-December 2011 Humanitarian Requirement Document (HRD) will be critical to bridge gaps and ensure coverage. The Government and its partners are working to address severe delays in dispatch and distribution of food assistance in Somali region which occurred as a result of security problems constraining the WFP operation. Following the decision to resume the operation, the percentage of the third and fourth round allocations delivered in Somali have increased from 15 to 40 per cent and 58 to 73 per cent respectively. For more information, contact: infodrmfss@dppc.gov.et & wfp.addisababa@wfp.org

Refugee Update

UNHCR and partners continue to scale up response to meet the needs of thousands of Somali refugees who have sought refuge in the Dolo Ado area of south-eastern Ethiopia. The total number of Somali refugees in this area stands at 115,489 as of 27 July 2011. Statistics show the overwhelming majority of refugees are children under 18 years of age who constitute 87 percent of the overall refugee population in the Dolo Ado camps. Adult females make up 8 percent of the population while adult males are only 4 percent. The arrival rate has gone down from a high of 2,000 to an average of 240 refugees per day over the past week. ARRA and UNHCR significantly scaled up capacities to increase registration from an average of 750 people per day to up to 2,000 people per day, clearing the backlog of refugees waiting at the transit centre. Congestion continues at the transit centre. Originally designed for up to 1,500 refugees, it is now hosting more than 14,000 people, forcing refugees to build temporary shelters outside the transit centre as they await relocation to the Hilowen camp. UNHCR and partners are expediting the installation of basic infrastructure and services at Hilowen camp which is expected to open shortly. MSF-Spain has stepped up medical screening at the reception and transit centers to detect malnutrition, particularly in children and the elderly, to ensure early intervention. Screening for the sick is also being carried out to ensure fast-tracked registration. Save the Children (USA) which runs the Supplementary Feeding Programme at the transit centre is currently feeding nearly 1,500 children each day. For more information, contact: gegziabk@unhcr.org & ocha-eth@un.org

Nutrition Update

Based on the therapeutic feeding programme (TFP) monthly reports from five regions (SNNPR, Oromia, Somali, Tigray and Amhara) a total of 34,802 severely malnourished children were admitted to TFP services in June compared to over 38,051 admitted in May, an 8.5 percent decrease as of 27 July. Regional, admissions have decreased in SNNPR, Oromia and Tigray while increasing in Somali and Amhara. From January to June a total of 154,462 Severe Acute Malnutrition (SAM) cases were admitted in TFP services across the country. Oromia and SNNPR accounted for 73.8 percent of the total admissions while Somali accounted for 6.8 percent of the total admissions. Altogether the three regions accounted for 80.6 percent of the total admissions reflecting the seriousness of the La Nina and poor Belg rain performance experienced in the first half of the year. Compared to the projected 106,862 in the January-June HRD, the countrywide increase is 44.5 percent.

The June hotspot woredas list was released by the government on 18th July and will serve as a reference until the next revision in September. Compared to the March 2011 hotspot list, priority 1-3 woredas increased slightly by 5 percent from 330 to 347. Priority 1 increased considerably by 34 percent from 128 in March to 172 in June. Priority 2 increased from 107 to 138 and priority 3 decreased from 98 to 37 as some of the priority woredas transferred to either priority 1 or 2 or a non-priority category. Note that the increase in priority 1 and 2 is associated with the *La Nina* and poor *Belg* rains performance particularly in SNNPR and Oromia regions. Hotspot status in Somali region remained unchanged. For more information, contact: isaackm@dppc.gov.et

Health Update

Between 18 and 24 July, initial reports by WHO field officers indicate a total of 160 cases of measles with no fatality in Daramalo (134 cases) and Arba Minch Zuria (6 cases) woredas of Gamo Gofa zone, SNNPR. This is the first time cases were reported in Daramalo. No new cases were reported in Oromia. WHO and UNICEF together with the Federal Ministry of Health (FMOH), the Ethiopian Health and Nutrition Research Institute (EHNRI)/Public Health Emergency Management (PHEM) and the Regional Health Bureau (RHB) conducted the third phase of training on acute watery diarrhoea (AWD) outbreak management for 92 health workers from 24 woredas in the four zones (South Omo, Segene, Gamo Gofa and Wolayita) of SNNPR. The training took place in Arba Minch town of Gamo Gofa zone from 21 to 23 July. Regions have reported a shortage of operational funds to conduct outbreak investigation, monitoring of interventions at therapeutic feeding programme (TFP) and outpatient treatment programme (OTP) sites, as well as for distribution of drugs and other medical supplies to those sites. For more information, contact: who-wro@et.efro.who.int