








Situation Report

Greater Horn of Africa Food Insecurity and Health - Grade 3 Emergency

Djibouti, Somalia, Sudan, South-Sudan, Ethiopia, Kenya, Uganda

Key Figures

	Estimated Total Population (GHOA)	294 million
	Acutely Food Insecure Population	47 million (IPC 3+)
	Number of Refugees	4.5 million
	Internally Displaced	13.5 million
	Acutely Malnourished Children (Estimated)	11 million

- The drought in the Greater Horn of Africa (GHOA) is predicted to continue into the late annual rainy season (Figure 1). For the first time in 40 years, four consecutive seasons of below-normal rains have been recorded in the GHOA countries.

- The continued deterioration of the nutrition situation in the GHOA is driving an increase of Severe Acute Malnutrition admissions.

- Food insecurity compounded by rising food prices continues to negatively impact the quality of diets and the rate of malnutrition relapse in the GHOA countries

- Trends in new admissions of acute malnourished cases among U5 children in nutrition programs in refugee sites and nutrition screening among new arrivals indicate critical levels of global acute malnutrition (above 15% of emergency) and acute food insecurity with further deterioration likely in 2023.

- Famine (IPC Phase 5) is projected among agropastoral populations in Baidoa and Burhakaba districts and displaced people in Baidoa town of Bay region in southern Somalia, where malnutrition and mortality levels are already very high.

- Emerging threats include Ebola disease caused by the Sudan virus –currently reported in Uganda, and other epidemic-prone diseases including measles, monkeypox, and cholera.
- WHO continues to provide support through coordinating the work of health sector partners, scaling up its support to countries to detect, prepare for and respond to disease outbreaks, to strengthen the provision of emergency health and nutrition services for those most affected. WHO is deploying funds, personnel, technical expertise and supplies.
- Donors continue to provide financial support. However, as of 10 October, only 28% of the 123.8M WHO appeal for 2022 has been funded, with additional 5% pledged. Continued humanitarian assistance will be required to address the high needs beyond December 2022 - and a rapid identification of additional funding and resources is now needed to mitigate morbidity and mortality.

1 Thematic Focus: Nutrition in the Greater Horn of Africa Countries

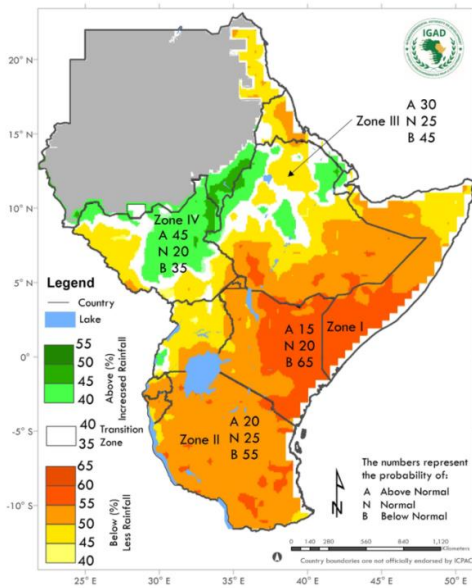


Figure 1: Predictions of precipitation in the GHOA during October-December 2022. Source: ICPAC August 2022

The seven countries in the greater Horn of Africa (GHOA) are facing one of the worst episodes of food insecurity seen in decades. A major driver for the current situation is drought, with this year’s early rainy season prelude one of the most severe droughts in the last 70 years. Moreover, more than 80% of the eastern Horn of Africa received below average precipitation which is recorded to be worse than the signature drought years 1984 and 2011. Rainfall forecast simulations from multiple forecast agencies consistently predict reduced rainfall during the late annual rainy season (October-December). In other areas there is flooding going on, for multiple years in a row. These unprecedented drought, flooding and other drivers translate in current and predicted high levels of food insecurity. Food insecurity is both a driver of forced displacement and an outcome of displacement in general. However, in the current situation both the displaced as well as the host populations are facing high levels of food insecurity. Following the Integrated Food Security Phase Classification (IPC), level 3 and level 4 food insecurity are no exception anymore - and with the late-year rainy season predicted to fail - preparing for and preventing the highest level of food insecurity (5, famine) is paramount for WHO and other actors. The food insecurity, compounded by rising food prices continues to

impact negatively on the quality of diets and the rate of malnutrition relapse. The IPC acute malnutrition levels typically follow the trend of food insecurity in a lagged fashion, usually measured as Global, Moderate and Severe malnutrition (GAM, MAM, SAM) in children between 6 months and 5 years old (Figure 2). Consequently, continued deterioration of the nutrition situation in the GHOA has already led to a significant increase in SAM rates recently. A combination of reduced access to potable water, access to food and the subsequent displacement results in increased vulnerability to communicable disease, such as measles and cholera.

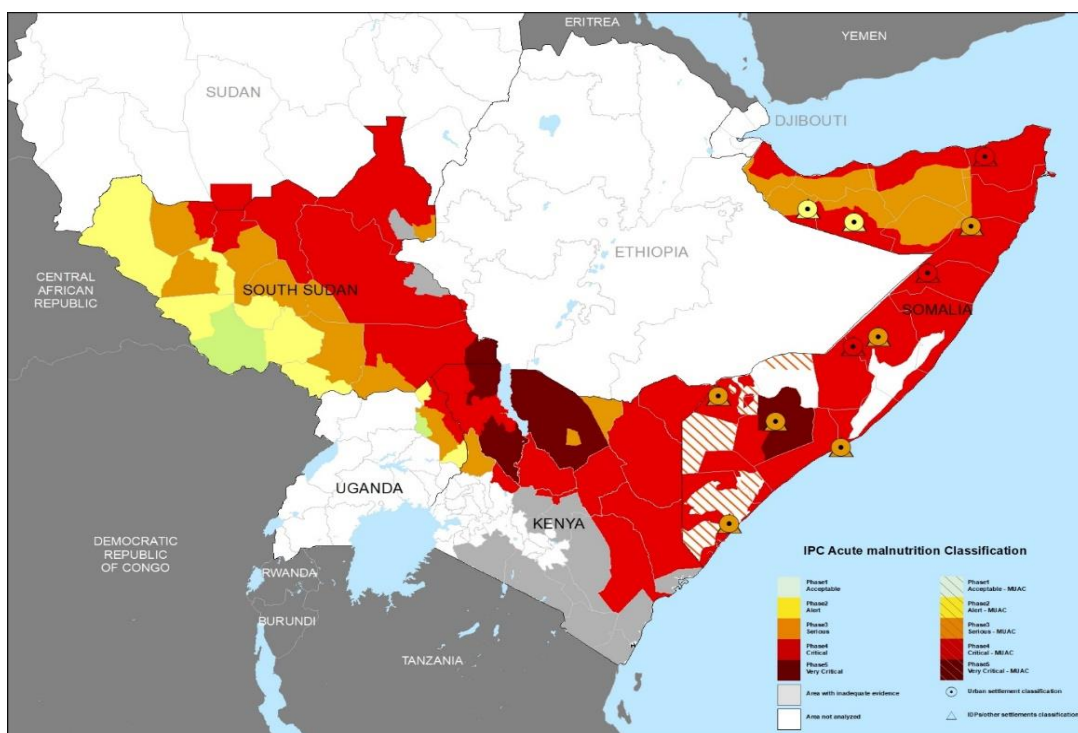


Figure 2: IPC Acute Malnutrition Classification in Kenya, Somalia, South Sudan and Uganda. *The Acute Malnutrition projections differ from country to country. Kenya (Aug - Oct 2022); Somalia (Oct - Dec 2022); South Sudan (Apr - July 2022); Karamoja-Uganda (Aug 2022 - Jan 2023).* Source: IPC, October 2022

The consequences of the relationship between increasing levels of malnutrition and health risks and needs are evident - especially for pregnant and lactating mothers, neonates, children, the elderly, and people living with chronic diseases and disabilities. Increased numbers of outbreaks of various infectious diseases due to the acute malnutrition situation are evident throughout the GHOA region.

In **Somalia**, acute malnutrition case admissions among children under age five have continued to rise. Based on various assessments (IPC, FSNAU¹), the total estimated acute malnutrition burden for Somalia from August 2022 to July 2023 is approximately 1.8 million children². This figure represents 54.5% of the total population of children in Somalia. Half a million children are likely to be severely malnourished. UNICEF is improving the access to nutrition, by stocking warehouses and by improving access to difficult to access areas. WHO assists with nutritional screening and malnutrition-related medical support at various locations in order to further assess the scale of the needs and provide the necessary support.

In the northern areas of **Kenya**, the nutrition situation has significantly deteriorated and is projected to exacerbate due to worsening food security situation resulting from four consecutive failed rainy seasons. Up to August, northern states experienced a rapid deterioration in indicators with malnutrition rising in many of the hardest-hit counties. Some areas have a GAM of above 30%, and even 40% (Figure 3)³. This is in most cases nearly an increase of 50% compared to last year's dry season. Sector partners support integrated outreach services ongoing in 9 arid counties in hard-to-reach areas. The second round of mass screening in northern Kenya has been done and will inform further targeting. WHO works on strengthening nutrition surveillance, oedema screening and referral of children in health facilities. Additionally, WHO supports by providing capacity building in the management of severe acute malnutrition and outbreak investigation and confirmation.

In recent months, a range of emergencies including extensive flooding, conflicts, and rising food prices, have pushed **South Sudan** into an unmatched food insecurity and nutrition crisis, with rising numbers of children at risk daily from malnutrition and an array of diseases. Over 1.3 million children below the age of five are currently acutely malnourished with SAM rising in multiple areas. From January – August 2022, a total of 189,580 children suffering from SAM were treated in inpatient and outpatient therapeutic programs³. The attained treatment was 78.4% of the annual target and 62.7% of people in need. From WHO there are support projects in Fangak, Leer, Mayendit, and Pibor (June-November 2022) supporting 11 health facilities through sub-grantees. WHO is also involved in conducting mobile outreaches in three counties affected by food insecurity and malnutrition.

In **Sudan**, recent SAM rates of 2.76 are reported in the worst hit counties. Already high prevalence rates of chronic malnutrition (36.4% stunting) and acute malnutrition (13.6% wasting) are projected to worsen³. Over 3 million children below age of 5 years are suffering from acute malnutrition in Sudan⁴.

Food and nutrition insecurity are significant public health concerns in **Djibouti**. For July to December 2022, the IPC estimates that nearly 192,000 people will be acutely food insecure in IPC Phases 3 and 4, representing 16% of the analysed population (of almost 1.2 million people)⁵. 54% of the rural households faced inadequate food consumption, with the highest levels in rural areas of Arta, Ali Sabieh and Obock. As a consequence of the situation MAM and GAM are recently increasing by up to 30%. UNICEF and WFP are taking the lead in the food insecurity response whereas WHO supports preparedness and response activities to prevent related disease and morbidity including efforts to decrease the prevalence of anaemia among pregnant women, capacity building on SAM and immunization campaigns.

¹ The Food Security and Nutrition Analysis Unit (FSNAU): <https://fsnau.org/>

² UNOCHA SitRep Somalia, September: <https://reports.unocha.org/en/country/somalia/>

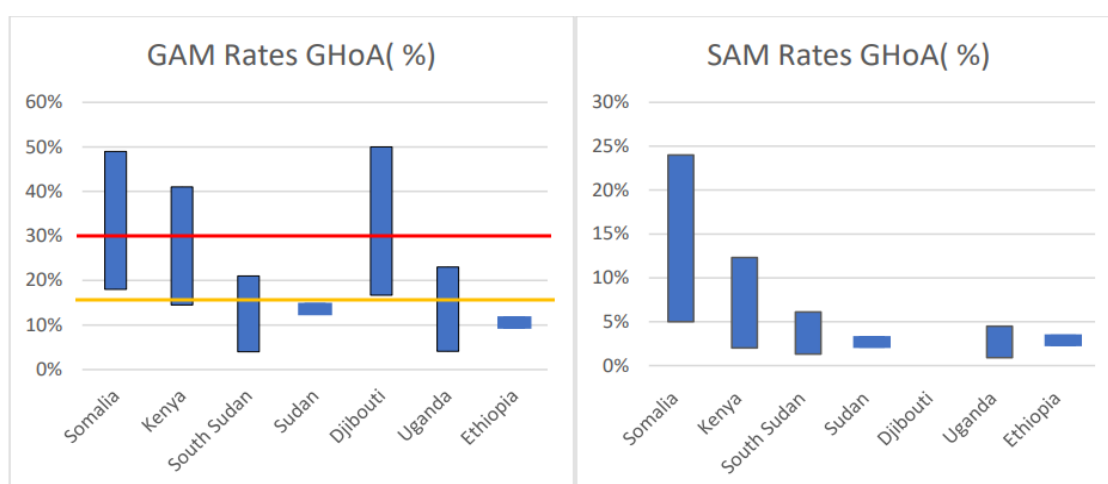
³ Food Security & Nutrition Working Group. Public meeting 29/09/2022

⁴ UNOCHA SitRep Sudan, September: <https://reports.unocha.org/en/country/sudan/>

⁵ Somalia IPC Acute Food Insecurity Trends: <https://www.ipcinfo.org/>

In Karamoja district in **Uganda** a trend of worsening malnutrition is observed. SAM rates in several areas are nearing 5% with MAM rates between 10-20% also recorded (Figure 3)⁶. The Inpatient Therapeutic Care program (ITC) performance has remained within the SPHERE standards from January-August 2022⁷. However, the Outpatient Therapeutic Care (OTC) program cure rates have been mainly below 75% due to high defaulter and non-response rates. To address the challenge, defaulter tracing has been intensified, and efforts to advocate for linkage with other nutrition-sensitive programs are made. WHO field teams at the regional hubs of Moroto, Gulu, and Soroti have identified the areas for support during monitoring visits to health facilities. These include nutrition screening at all health facilities and capacity building of health workers on management of nutrition data.

Sustained high levels of acute malnutrition in **Ethiopia** are reported, with SAM rates of above 2% (Figure 3) with a projection deterioration. The situation is affected by conflict in the northern Ethiopia and Somali region and cholera outbreaks in Oromia. UNICEF continues to strengthen emergency nutrition coordination at the national and the regional level. In 2022, 386,973 children admitted for SAM treatment representing 40% of the target. The number of children under the age of five years assisted with MAM for the same period is 1,045,459 and the pregnant and lactating women with acute malnutrition assisted is 615,985.



Country	GAM	MAM	SAM	Notes
Somalia	18-49%	13-25%	5-24%	<- September, range in 5 states
Kenya	14.5-41%	12.5-28.7%	2-12.3%	<- July, range in northern areas
South Sudan	4-21%	2.7-14.9%	1.3-6.1%	<- August, in 5 all states
Sudan	13.6%	10.8%	2.7%	2022 (<-Sept) SAM admissions/ <5y population
Djibouti	16.7-50%	11.1-41.7%	-	GAM: Range all regions, MAM: <2y old. <- August
Uganda	4.1-23%	3.2-20%	0.9-4.5%	In Karamoja. <- August, range in all districts
Ethiopia	10.6%	7.7%	2.9%	2022 (<-Sept) SAM admissions/ <5y population

Figure 3: GAM and SAM rates in the 7 GHOA countries. The IPC threshold for acute malnutrition (GAM) phase 4 is 15% (orange bar) and for the highest phase 5, 30% (red bar). Sources: WHO, UNICEF, OCHA, FSNWG, MoH of GHOA countries.

2 Ongoing Public Health Risks and Concerns

Table 1: Projected populations by integrated phase classification status. Source: IPC Mapping Tool from IPC website (September 2022). *For Ethiopia, data from UNOCHA humanitarian response plan, IPC 3 level or higher.

⁶ UNICEF Uganda Humanitarian Situation Report

⁷ SPHERE: standards for humanitarian action and promotes quality and accountability: <https://spherestandards.org/>

Country	Projection period	Total pop. ('22)	Population Assessed	IPC 1 – Minimal	IPC 2 - Stressed	IPC 3 - Crisis	IPC 4 – Emergency	IPC 5 – Catastrophic
Djibouti	(July – Dec 2022)	1,181,675	1,181,675	574,741	414,767	179,778	12,390	
Ethiopia*						20,400,00		
Kenya	(Oct – Dec 2022)	54,986,000	14,834,569	5,370,418	5,109,606	3,143,733	1,212,812	
Somalia	(Oct - Dec 22)	16,384,726	16,384,726	6,568,556	3,135,400	4,200,310	2,179,900	300,560
South Sudan	(April – July 22)	12,400,000	12,348,961	1,700,000	2,901,000	4,765,000	2,892,000	87,000
Sudan	(Oct – Feb 23)	47,881,435	47,881,430	22,396,097	17,746,553	6,189,076	1,549,705	
Uganda	(Aug 22– Feb 23)	44,212,000	1,245,600	431,085	499,840	276,290	38,385	
Totals:		292,009,836	93,876,961	37,040,897	29,807,166	18,754,187	7,885,192	387,560

In **Djibouti**, approximately 16% of the total population are estimated to be acutely food insecure (IPC Phase 3 & 4) in the period between July and December 2022. The three areas of Ali Sabieh Rural, Ali Sabieh Ville, and Arta Rural, as well as the three refugee camps (Markazi d'Obock, Ali Addeh, and Holl-Holl d'Ali Sabieh) are identified as being in Crisis (IPC Phase 3), with at least 20 to 40 percent of their populations acutely food insecure (IPC Phase 3 and 4). An urgent response is needed to save lives, reduce food consumption gaps, and protect the livelihoods of food insecure people in Crisis and Emergency (IPC Phase 3 and 4)⁸.

The food security situation in **Kenya** has been worsening since 2020 after multiple seasons of drought (Figure 4A). It is projected to worsen in the October – December 2022 period and more people will require urgent action to reduce food gaps and protect their livelihoods⁹. It is estimated that 4.4 million people will face acute food insecurity (IPC phase 3 or above), representing 29% of the population analysed. Seven counties including Garissa, Isiolo, Mandera, Marsalit, Samburu, Turkana and Wajira in Kenya are projected to have more than 50% of its populations in acute food security situation IPC phase 3 and above (Figure 4A).

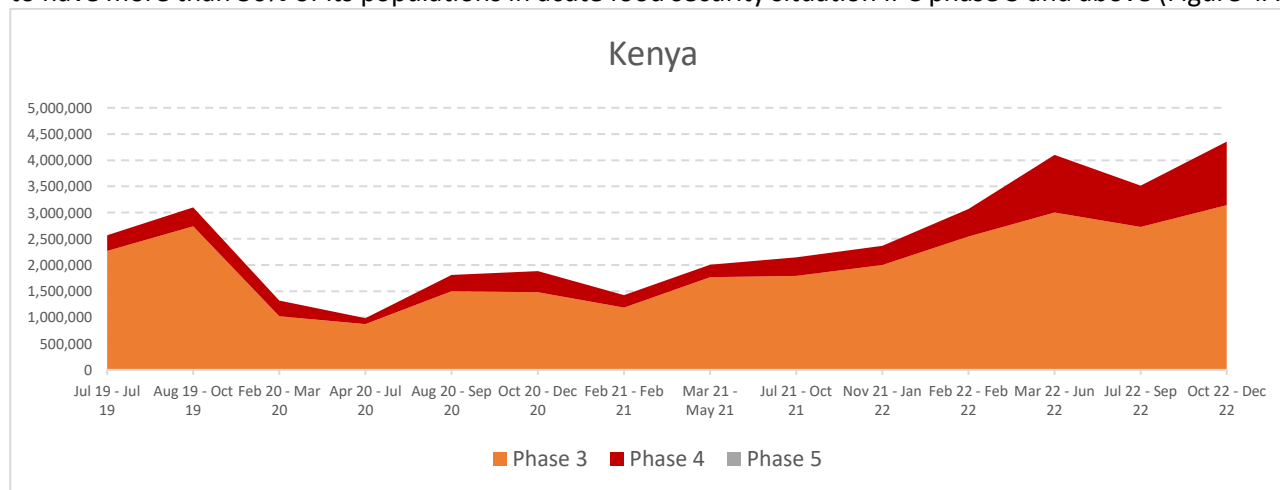


Figure 4 A: Kenya - Previous and current (Oct-Dec 2022) projections of food insecure populations in IPC phases 3, 4 and 5 (Source: Kenya IPC Projected Acute Food Insecurity Trends)

Between October and December 2022, 41% of the total population in **Somalia** are expected to face high levels of food insecurity with 2.5 million people in Emergency or Catastrophic situation (IPC phase 4 or 5) (Figure 4B). Famine is projected among rural residents in Baidoa and Burhakaba districts and displaced

⁸ Djibouti IPC Acute Food Insecurity Trends: <https://www.ipcinfo.org/>

⁹ Kenya IPC Acute Food Insecurity Trends: <https://www.ipcinfo.org/>

people in Baidoa town of Bay region in southern Somalia, where malnutrition and mortality levels are already at alarming levels⁷. Urgent funding and lifesaving humanitarian response is essential to avoid a human catastrophe especially since several areas in central and southern Somalia are facing an increased risk of famine.

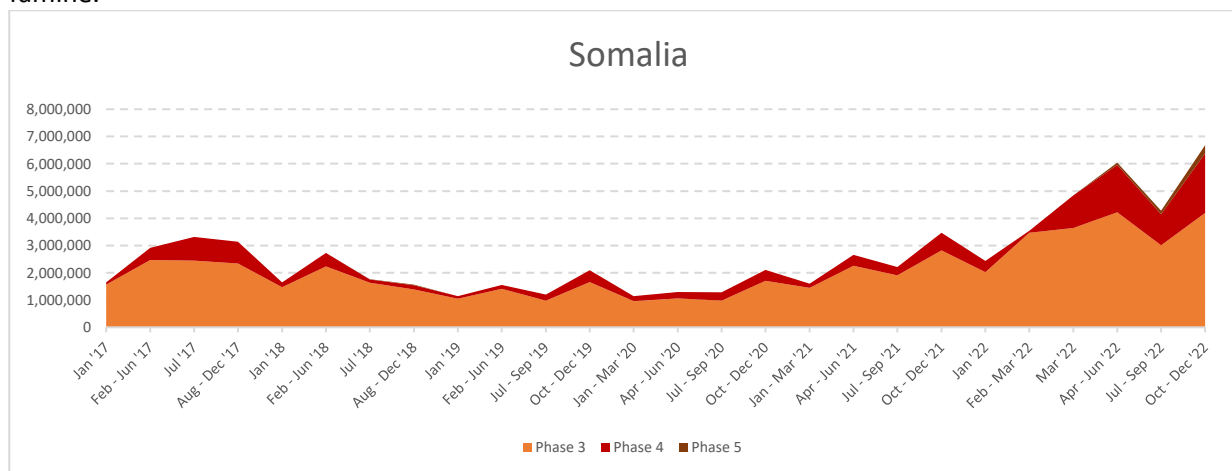


Figure 4B: Somalia - Previous and current (Oct-Dec 2022) projections of food insecure populations in IPC phases 3, 4 and 5 (Source: Somalia IPC Projected Acute Food Insecurity Trends)

In **South Sudan**, despite the harvest, levels of acute food insecurity are expected to further deteriorate in most areas between October and January 2023, during which time widespread Emergency (IPC Phase 4) outcomes are likely¹⁰. The previous projection period of April – July 2022 estimated that 7.74 million people (62.7% of the population) were likely to face high acute food insecurity (IPC Phase 3 or above), with 87,000 people likely to be in Catastrophe (IPC Phase 5) in Fangak, Canal/Pigi and Ayod counties in Jonglei State; Pibor County in Greater Pibor Administrative Area; Cueibet and Rumbek North counties in Lakes State; and Leer and Mayendit counties in Unity State.

According to the latest IPC analysis in **Sudan**, urgent and timely interventions are needed to prevent population in Sudan from slipping into worse phases. Between October 2022 and February 2023, an estimated 7.7 million people will likely be acute food insecure (IPC phase 3 or above)¹¹. Recent flooding, intercommunal clashes as well as the above average food prices will continue to contribute negatively on the food security situation in the country.

In the Karamoja region of **Uganda**¹², it is anticipated that the food security situation will slightly improve in the projection period (August 2022 – February 2023), with a reduction of the population in IPC AFI Phase 3 or above from 518,000 (41%) to 315,000 (25%). 38,000 people (3% of the population analysed) will be in IPC Acute Food Insecurity Phase 4.

3 Disease Surveillance and Health Information

Table 2: Reported cases (suspected/confirmed) of selected communicable diseases, October 7 2022*

Disease	Item	Djibouti	Ethiopia	Kenya	Somalia	South Sudan	Sudan	Uganda
Sudan Virus	Cases							44
	CFR							23%
Measles	Cases	183	9,850 (5,806 **)	137 (61**)	14,037 (500**)	535 (68**)	973	81 (81**)
	CFR		0.6%	0.0%		0.4%	0.4%	0.0%
Monkeypox	Cases						17	
	CFR						5%	

¹⁰ South Sudan IPC Acute Food Insecurity Trends: <https://www.ipcinfo.org/>

¹¹ Sudan IPC Acute Food Insecurity Trends: <https://www.ipcinfo.org/>

¹² Uganda IPC Acute Food Insecurity Trends: <https://www.ipcinfo.org/>

Cholera	Cases		191	319 (2**)	10,164 (193**)	56		
	CFR		2.09%	0.6%	0.5%	0.3%		
Hepatitis E virus	Cases					3,046 (104**)	2,659	
	CFR					0.8%	0.9%	
Malaria	Cases	68,917			204,495 (6,341**)			1,348,247
	CFR				0.0%			
Yellow fever	Cases			139 (3**)				402 (2**)
	CFR			7.9%				0.0%
Anthrax	Cases			11 (1**)		108 (8**)		51 (5**)
	CFR			0.0%		4.6%		3.9%
Dengue	Cases						618 (40**)	
	CFR						0.2%	
Chikungunya	Cases			291 (5**)				
	CFR			0.3%				

* The latest reported date varies across the countries and diseases. This is the latest available data with WHO country offices as of the date indicated at the top of the situation report. ** Laboratory confirmed cases.

The GHOA continue to witness disease outbreaks and surges in October due to ongoing conflicts, flooding, population displacements and poor vaccination coverages among other factors.

On 20th September 2022, the Ministry of Health in **Uganda** declared an outbreak of Sudan virus (SUDV) after a case managed at Mubende Regional Referral Hospital (MRRH) in Mubende district was confirmed through testing at the Uganda Virus Research Institute (UVRI)¹³. This follows investigations by the National Rapid Response Team of suspicious deaths that had occurred in the district earlier in the month. This is the first time in more than a decade that Uganda reports an outbreak of SUDV. As of October 7th, 44 confirmed cases in districts and 10 confirmed deaths bringing the Case Fatality Rate (CFR) to 23% (Figure 5). The Ministry of Health (MoH) supported by WHO, Districts, and partners are implementing several outbreak control interventions in Mubende and the surrounding districts to contain the disease spread.



Figure 5: Map of SUDV affected districts

In **Ethiopia**, a cholera outbreak has been confirmed in Oromia region since September with 191 cases and 4 deaths as of October 10th. Oromia region also remains one of the most drought-affected areas with increasing malnutrition cases and reports of measles' outbreak. Since the beginning of 2022, 21 measles outbreak waves have been confirmed in Oromia. As a result, in the first week of October, Bale zone registered 219 new meningitis cases and a rising trend.

In **Kenya** measles outbreaks are newly reported. The outbreak has been reported in six counties totalling 137 cases until 7 October (Table 2), but without deaths so far. During the last week at the time of reporting, 67 cases were reported. Additionally, visceral leishmaniasis confirmed and suspected cases have been reported in nine counties. The outbreak is active in four counties and seven new cases were reported in October, as of the time of reporting. Malaria and cholera outbreaks are of continuous concern.

¹³ Ministry of Health of Uganda SUDV Sitrep 9/10/2022

Outbreaks of cholera in **Somalia** are witnessed where the drought and food insecurity are most intense. 318 new cholera cases were reported from 18 districts. Furthermore, new cases of measles are reported on a regular basis. **Sudan** has experienced an increase in confirmed Monkeypox cases totalling 7 of 17 cases confirmed, with a CFR of 14.2%.

In **Djibouti** In October 25 new cases of measles have been confirmed, totalling 183 (Table 2). And although malaria has been a reoccurring challenge, outbreaks remain below average, which is possibly a side effect of the drought. Per the country's surveillance system, AWD is rising in all 6 regions.

3.1 Health Service Availability and Utilization

Partial health service availability and utilization data are available for the seven countries. HeRAMS data is available in part for Somalia, Sudan and Ethiopia. For South Sudan, service availability data is regularly updated through an existing stand-alone system.

Regularly updated, high quality health service availability information is essential to inform the necessary response and direction of resources. WHO aims to work with partners to ensure availability of this data, including analysis on barriers to healthcare, in order to ensure services can be utilized where they are needed.

4 WHO Response

4.1 Coordination and leadership

Health Clusters are currently active in four of the seven GHOA countries: Somalia, South Sudan, Sudan and Ethiopia.

WHO **Kenya** is liaising with national disease control programmes (polio, malaria, cholera, meningitis) and EPI/measles elimination programmes to secure synergies and collaboration in protecting populations in the identified high-risk counties (i.e. areas with low vaccination coverage, high food insecurity/high malaria risk). Despite efforts of WHO Kenya and partners to jointly collaborate on various disease related response considering the food insecurity crisis, improvements are required for national and subnational intersectoral coordination mechanisms for joint assessment, analysis, planning and programming for nutrition, food and health crises.

Based on the findings from the nutrition site monitoring in the GHOA by drought and food insecurity worst affected area of Baidoa (**Somalia**) during September, the nutrition cluster will strengthen current nutrition facilities/services in Baidoa town. This rationalization aims to maximize coverage and improve the quality of nutrition services. WHO supports with screening and access to related medical needs.

In the most recent **Sudan** Health Cluster Multi-Sector Needs Assessment (MSNA) survey conducted between June and August in 156 out of the 189 Sudan localities, from the over 21,000 surveyed household across the country, 70% reported difficulty in accessing health services, while 22% did not specify only 8% reported no difficulty. The three most reported reasons are cost of service, lack of medicines and overcrowding and shortage of workers.

WHO **South Sudan** supported an assessment, that assessed the impact of flooding on health facilities and service delivery, and to identify response gaps and propose recommendations to fill the gaps in terms of health. Many health centres have been affected in the flooded areas. WHO and MoH are working with numerous health partners to support these health centres.

WHO **Uganda** continues to lead the partner mapping exercise for the health response. Moreover, WHO is leading the training of Rapid Response Teams from Karamoja region and surrounding districts on drought response commenced on the 19th of September 2022.

In **Djibouti** WHO is expanding its role in existing coordination mechanisms, such as the Emergency Response Task Force led by WFP and OCHA in support of the government of Djibouti. These platforms help share information and better develop strategies to better inform humanitarian preparedness and response

4.2 Health operations and technical expertise

In **Ethiopia**, there is continuous active case finding and contact tracing of infectious diseases of concern like measles, cholera and malaria. Risk factor identification for the cholera outbreak is ongoing. Cholera management training is provided to 72 health care workers.

Active case finding near confirmed cases and at facilities for the ongoing measles cases in **Kenya** is strengthened. Health workers are sensitized on the standard case definition of measles and on the reporting any suspected cases.

In terms of malnutrition in **Somalia**, UNICEF, WHO and WFP are setting up an integrated response for now focusing mostly in Baidoa. The goal is to roll this out in future to other areas.

In West Kordofan, **Sudan**, WHO supported advocacy and awareness campaigns on the importance of food fortification and micronutrients deficiency which targeted 37 participants in 7 localities.

In **South Sudan** the provision of health service delivery in the country is supported by WHO and various partners in numerous counties and for different infections like malaria and diarrheal diseases.

WHO **Uganda** has continued to scale up activities at the regional hubs of Moroto, Soroti and Gulu to fast track interventions in the region to mitigate the public health consequences of the food insecurity and drought. Deployment of technical staffs to region has continued. Additionally, in Uganda the WHO field team in Moroto supported a 2 days' orientation activity for the Ministry of Health Nutrition surge teams deployed to support the region for 30 days. The 18 member MoH surge team comprises nutritionists and clinicians.

WHO **Djibouti** is hiring and deploying nutrition experts in the country to build capacity for screening and referral systems at the community and health facility level for malnutrition and other vaccine-preventable diseases. WHO will work with UNICEF to ensure that relevant nutrition actions can be provided in all health facilities, including complementary and micronutrient supplementation

4.3 Prevention and control of epidemics

To respond to the current cholera outbreak, the **Ethiopia** Public Health Institute (EPI) and Oromia Region Health Bureau (ORHB), with the support of the World Health Organization (WHO), continued its support for a multidisciplinary rapid response team.

Against the fresh outbreak of visceral leishmaniasis in **Kenya**, WHO interventions support the implementation of the national guidelines, including enhanced surveillance activities, detection, confirmation, and managing of cases and community awareness and sensitization,

In Kismayo, **Somalia**, the cholera outbreak response is being rolled out. WHO is supporting with supplies and working with other partners at the field level.

In South Darfur (**Sudan**), WHO till date has trained 260 health staff on different topics including on Cholera, Meningitis, Viral Hemorrhagic fevers, Monkeypox surveillance, reporting and case management.

Health responses from WHO **South Sudan** and partners has been relatively effective, but should be scaled up by strengthening the capacity of the existing health facilities to ensure continuity of services.

WHO field teams in **Uganda** are working with district surveillance focal persons to conduct active surveillance and sensitize health facilities to be screened for epidemic prone diseases.

During the ongoing measles outbreak in **Djibouti**, approximately 39,000 children between 0 to 59 months of age were vaccinated against measles. Vitamin A supplement was also given to the children to boost their immune systems. As the recent environmental lab surveillance detects the cVDPV2 polio virus, some 156,000 children are targeted for polio vaccination from October 11 to 13 in all 6 regions.

4.4 Essential health services delivery

Cholera treatment kits have been sent to the affected cholera areas in **Ethiopia**.

Kenya successfully distributed Long Lasting Insecticide-Treated Nets (LLITNs) to children under 5 years and to pregnant women in health facilities. Mass prevention immunization campaigns for meningitis and measles are being rolled out to reach vulnerable non-immunized populations. WHO sent 7 tonnes of medical and non-medical supplies to Marsabit county, one of the most affected areas.

In Blue Nile state, WHO **Sudan** reached 125,000 people via outreach with WHO supporting mobile clinic services in areas with IDPs. Furthermore, in continuous support to the country and nutrition response, WHO has distributed cartons of SAM kits to support across stabilization centers, 18 in West Darfur, 40 in West Kordofan 63 in White Niles and five in Kassala.

In **South Sudan** WHO donated five Interagency Emergency Health Kit Supplementary Medicine (10,000 people for three months per kit supported), two Pneumonia Kits and five boxes/20 bottles of Ringers' Lactate to Rumbek State Hospital and Cueibet hospital to maintain patient access to health care services aiming to reduce mortality among the flood affected communities. WHO participated in the ongoing IRNA assessment in the flood affected communities in Yirol West.

WHO **Uganda** supplied essential health supplies to Napak district. (Paracetamol 500mg 1,900 tablets, Oral Rehydration Salts 2,000 Sackets, Lidocaine 1% 160 vials, male circumcision kits 36, 100 infant feeding tubes, 120 Foleys catheters, 48 urine bags, 48 gallipots, Bupivacaine 100mg 40 vials and 530 N95 face masks.

Health needs assessment in **Djibouti** at two refugee camps and settlements in Ali-Sabieh and Dilkhil regions are ongoing. Many children under the age of 5 years and their mothers are suffering from malnutrition and dehydration.

5 Gaps and Challenges

There is limited nutrition support at cholera centres in **Ethiopia**. Furthermore, a lack of financial resources to support adequately the meningitis disease surveillance and a shortage of case management resources has been reported.

In **Kenya**, enhanced nutritional surveillance and the monitoring of barriers to accessing health, implementation of outreach services and a scale up of human resources for health would increase the effectiveness of the current efforts. In addition, an integrated WASH intervention strategy to address communicable disease remains a gap.

In **Somalia**, partners supporting fixed nutrition sites (in health facilities) are requested to offer nutritional and health services more regularly – on a daily basis ideally. The admissions to the program are requested to be on demand and not for specific days only. Outreach/mobile services dates should be well communicated, and the communities mobilized in advance of the outreach day.

The WHO **Somalia** team requires additional funding from several donors in order to respond to the expected health needs.

In South Darfur, **Sudan**, only 218 health facilities are functioning out of 419 facilities, an urgent need for technical support is requested here.

There is an urgent need for mobile teams to provide health care services to the displaced populations affected by the floodings in **South Sudan**. Moreover, an urgent provision of drugs and supplies (including snake antivenom) for the functional and non-functional health facilities- antimalarials, antidiarrheals and antibiotics are required.

In **Uganda** a gap in the capacity of health workers in the region in management of malnutrition has been recorded. Additionally, a shortage of anthropometric tools at health facilities is reported.

WHO **Djibouti** is advocating for means to reduce malnutrition cases within the target communities by addressing underlying causes of malnutrition: poor hand washing practices, poor human faecal management, safe water storage and treatment at the household

6 Recommendations and key advocacy messages

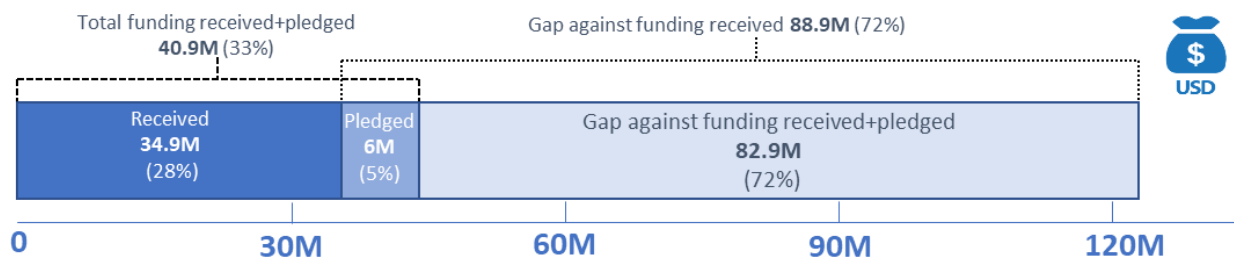
Health response actions are essential to avert morbidity and mortality in a food insecurity crisis. Across the GHOA the focus is to prevent avoidable deaths resulting from the health consequences of the food insecurity in these countries. This is because of malnutrition, epidemic-prone diseases caused by limited access to safe water, food, and proper sanitation and hygiene, among other causes. Disruptions in access to health care can further increase morbidity and mortality, including through disruption of immunization, and must be addressed.

There is continuing need for advocacy at various levels to enhance partnership and collaboration and for additional health and nutrition partners to support the drought and food insecurity response in the region.

There is also a need to continue the advocacy for the provision of essential medical equipment, supplies, vaccines, and medicines including cholera kits, interagency emergency health kits, malaria medicines, paediatric SAM kits, and reproductive health kits to support essential health services response to disease outbreaks and increased funding.

Crucially, more resources are needed to put in place a health response across the five pillars of the Food Insecurity and Health Strategic Framework, covering coordination, surveillance and information, outbreak prevention and response, essential nutrition actions and essential health actions. Due to the likely protracted nature of the crisis, it is essential to build on and strengthen existing systems.

7 Funding status of WHO's food insecurity and health response



8 Focal Points / Contact

Incident Manager ghoa_incident_manager@who.int	Health Information Management team ghoa_info@who.int
--	--

Further Information: [Drought and food insecurity in the greater Horn of Africa \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/drought-and-food-insecurity-in-the-greater-horn-of-africa)

9 External Weblinks to Sources Used

<https://www.ipcinfo.org/>
<http://www.emro.who.int/fr/countries/dji/index.html>
<https://microdata.worldbank.org/index.php/catalog/?page=2&country%5B%5D=79&ps=15>
<https://www.humanitarianresponse.info/en/operations/djibouti>
<https://www.humanitarianresponse.info/en/operations/ethiopia/health>
<https://www.humanitarianresponse.info/en/operations/ethiopia/health/infographics>
<https://reports.unocha.org/en/country/ethiopia>
<https://www.humanitarianresponse.info/en/operations/somalia/health>
<https://www.humanitarianresponse.info/en/operations/somalia>
<https://www.unicef.org/somalia/emergencies>
<https://reports.unocha.org/en/country/somalia/>
<https://www.afro.who.int/countries/south-sudan/publication/south-sudan-weekly-disease-surveillance-bulletin-2022>
<https://www.humanitarianresponse.info/en/operations/south-sudan/health>
<https://www.humanitarianresponse.info/en/operations/south-sudan/>
<https://healthcluster.who.int/countries/sudan>
<https://www.humanitarianresponse.info/en/operations/sudan/health/infographics>
<https://www.humanitarianresponse.info/en/operations/sudan>
<https://reports.unocha.org/en/country/sudan/>