







SITUATION REPORT: 01 Feb - 31 Mar 2023
Greater Horn of Africa Food Insecurity and Health Grade 3 Emergency

Estimated Total Population 292.7 M 	Acutely Food Insecure Population (IPC 3+) 45.8 M 	Acute Malnutrition (OCHA, IPC, UNICEF 2023) 11.9 M est. 	Number of Refugees/IDPS (UNHCR Mar 2023) 11.6 M/4.5 M 	Ongoing Outbreaks (WHO) Measles 7 countries Malaria 6 countries Cholera 4 countries Dengue 2 countries Mpox 1 country
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Key Highlights



- Countries in the greater Horn of Africa continued to face extreme weather events including drought due to five failed rainy seasons and flooding since March 2023.
- Nearly 46 million people in IPC3+ are in a state of crisis characterized by elevated levels of acute food insecurity. Six million people are in IPC phase 4 and 129 thousand in IPC phase 5 (South Sudan and Somalia).
- Over 16 million people have been

displaced due to conflict, drought, and flooding with 11.6 million being internally displaced while 4.5 million are refugees and asylum seekers. 2.3 million people have been displaced due to drought since January 2022.

- Nearly 12 million children under five are likely to be acutely malnourished with 2.9 million of them requiring treatment for severe acute malnutrition in 2023.
- A steep increase in SAM admissions in South Sudan and Kenya, the highest numbers in the last 3 years and an increased number in Somalia, Ethiopia, and Uganda since January 2022 to 31 March 2023.
- A new cholera outbreak was declared in March 2023 from South Sudan after two patients tested positive for *V. Cholerae* in Malakal County, upper Nile state which makes four countries dealing with the outbreak. Measles outbreak is ongoing in all the seven countries resulting in increased morbidities and mortalities in the region.
- In response to the outbreaks, several reactive measles vaccination campaigns were conducted in all countries as well as, OCV (oral cholera vaccination) campaign in Kenya, Ethiopia, Somalia, and South Sudan.
- WHO continues to provide all the necessary support on leadership and coordination, surveillance and health information, outbreak prevention and control, essential nutrition actions and health services to all 7 countries in the greater horn of Africa (Djibouti, Kenya, Ethiopia, Somalia, Sudan, South Sudan, Uganda).

1. Situation Overview

1.1 Food Insecurity and malnutrition situation

- The Horn of Africa (HOA) countries have continued to face serious drought due to five failed rainy seasons. Rainfall is projected to be below average in some areas while some of the countries have been affected by flooding since the beginning of the rainy season in March 2023¹.
- As of 31 March 2023, nearly **46 million people** are facing crisis levels of acute food insecurity and above with 19 million in crisis, 6 million in emergency and 129 thousand people in parts of South Sudan and Somalia in the catastrophe stage².
- **Nearly 12 million children** under the age of five are likely to face acute malnutrition, out of which **2.9 million** will require treatment for severe acute malnutrition (SAM) in 2023. Sudan, Ethiopia, Somalia, South Sudan, and Kenya have the highest SAM numbers³.
- A record level of SAM admission was reported in horn of Africa countries in 2022 as well as the first quarter of 2023 showing significant numbers in comparison to the last 3 years.
- More than **two million children under five** received treatment for SAM since January 2022 with Ethiopia, Somalia and South Sudan having the highest admissions.

Country (Projection period)	Estimated Population	Assessed	IPC 3+	IPC 4	IPC 5
Djibouti (July 22 – Dec 22)	1.2 M	1.2 M	192K	12.4 K	0
Ethiopia (Jan–Dec 2023)	115 M	-	20.1 M*		
Kenya (Mar – Jun 2023)	55 M	14.8 M	5.4 M	1.2M	0
Somalia (Apr-Jun 2023)	17 M	17 M	5 M	1.4 M	96 K
South Sudan (Apr 23 – Jul 23)	12.4 M	12.4 M	6.3 M	2 M	33 K
Sudan (Oct 22 – Feb 23)	47.9 M	47.9 M	7.7 M	1.5 M	0
Uganda (Sep 22 – Jan 23)	44.2 M	7.4 M	1.1 M	50.9 K	0
Total	292.7 M	100.7 M	45.8 M	6.2 M	129 K

Table 1: Projected Food Insecurity in GHOA countries, March 2023. (IPC, OCHA)

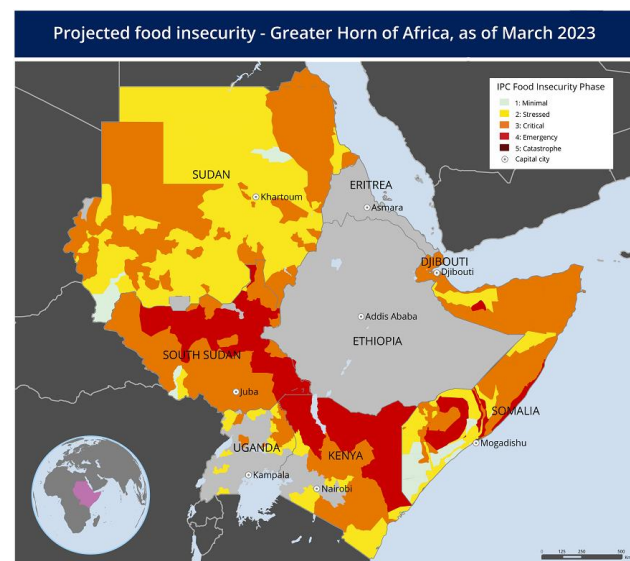


Figure 1: Projected Food Insecurity in GHOA countries, March 2023. (IPC, OCHA)

1.2 Weather Outlook

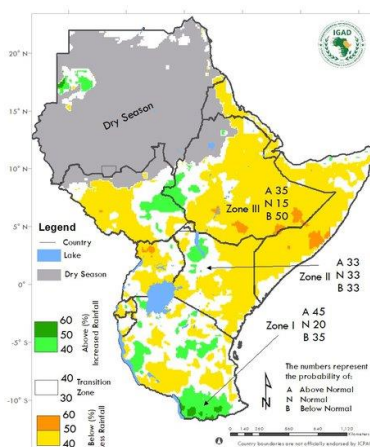


Figure 2: Rainfall forecast, March - May 2023. (IGAD, ICPAC)

- Most parts of Kenya, Uganda, Southern South Sudan, much of Ethiopia, Djibouti and parts of northern and southern Somalia were moderately to severe wet in March 2023.
- According to the IGAD/ICPAC rainfall forecast, during March to May 2023 season drier than usual conditions were expected in most parts of the GHOA, while wetter than usual rainfall over cross border areas of South Sudan, Ethiopia, and North-Western part of Kenya.⁴
- Warmer than average temperatures were also expected across the region during the same period.

¹ Outbreak and Crisis Response Appeal, Greater Horn of Africa. <https://www.who.int/emergencies/funding/outbreak-and-crisis-response-appeal/2023/2023-appeals/appeal-horn-of-africa>.

² Acute Food Insecurity Classification analysis for 2023. [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinfo.org\)](https://www.ipcinfo.org/)

³ Estimated number of children with acute malnutrition in 2023. [IPC Country Analysis | IPC - Integrated Food Security Phase Classification \(ipcinfo.org\)](https://www.ipcinfo.org/); [Ethiopia: Humanitarian Response Plan 2023 \(February 2023\) - Ethiopia | ReliefWeb](https://reliefweb.int/)

⁴ IGAD/ICPAC Weather Forecasts GHOA: March -May 2023. <https://www.icpac.net/seasonal-forecast/march-may-2023>

1.3 Displacements (Refugees, returnees, and internally displaced persons)

- Due to the ongoing conflict, drought, and flooding in the region, **over 16 million people** are internally displaced, refugees and asylum seekers. Of these, 11.6 million are internally displaced persons (IDPs) and 4.5 million are refugees and asylum seekers⁵.
- Uganda, Sudan, Ethiopia, and Kenya are countries hosting the highest numbers of refugees and asylum seekers.
- Sudan, Somalia, Ethiopia, and South Sudan have the highest number of internally displaced persons in the region respectively.
- Countries within the region continued to experience increased numbers of displacements within and to the neighbouring countries due to conflict, the drought situation coupled with flooding.

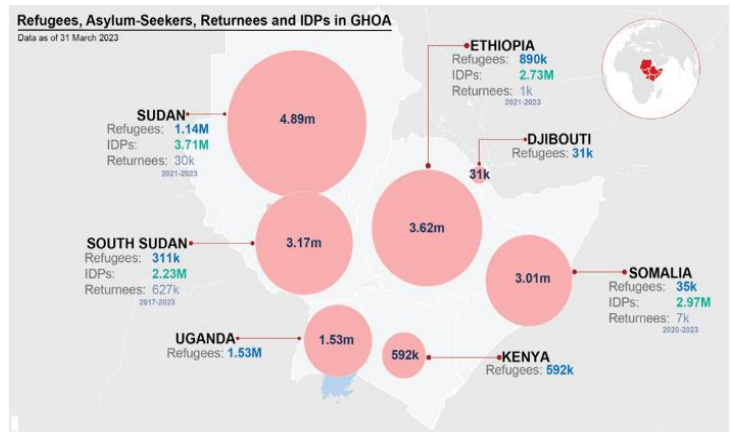


Figure 3: Number of refugees, asylum seekers, returnees and IDPs in GHOA countries, March 2023. (UNHCR)

1.4 Ongoing disease outbreaks

- The region is dealing with multiple disease outbreaks including cholera, measles, malaria, meningitis, dengue fever, anthrax, and hepatitis E.
- Most of the outbreaks have been in areas affected by drought and resulted in an increase in morbidities and mortalities. Four countries (Ethiopia, Kenya, Somalia, and South Sudan) are currently affected by cholera outbreaks. Highest case load was reported from Mendera triangle where Ethiopia, Kenya and Somalia are bordering. Refugee and IDP camps were also affected by the outbreak resulting increased morbidity and mortality.
- All seven countries have been reporting measles outbreaks with high numbers reported from Ethiopia, Sudan, and South Sudan.
- There is a high number of suspected meningitis cases and outbreak of anthrax in Ethiopia, along with hepatitis E (Sudan, South Sudan), dengue (Sudan) and an increased number of malaria cases in most of the seven countries.

2. Public Health risks and concerns

- The prolonged drought in the region resulted in a significant number of people being displaced, placing the community at increased risk for disease outbreaks and malnutrition. More than **2.3 million people** have been displaced in Somalia, Kenya, and Ethiopia due to drought since January 2022⁶.
- Ongoing conflicts in the region are affecting service delivery at health facilities and community level exposing vulnerable communities like women and children to increased risks.
- The growing number of SAM cases and disease outbreaks, especially in children under five, is of great concern due to the relationship between malnutrition and diseases.
- The effect of the COVID-19 pandemic, ongoing conflict, and insecurity as well as the ongoing drought has affected health systems especially and interrupted maternal and child health programmes including routine immunization services. This has heightened the risk of vaccine preventable disease like measles, polio, pertussis, and diarrheal diseases.
- Areas getting heavy rains are also experiencing flooding, leading to the destruction of roads and health infrastructure, in turn raising the risk of water and vector-borne diseases like cholera, malaria and dengue fever. Flooding is also affecting the movement of essential commodities to health facilities as well as to communities.

⁵ Regional Dashboard RB EHAGL: Refugees, returnees and internally displaced persons in the IGAD region as of 31 March 2023. <https://data2.unhcr.org/en/documents/details/100543>

⁶ UNHCR update on impact of drought on displaced population, FSNWG update in March 2023.

3. Surveillance and health information

3.1 Severe Acute Malnutrition (SAM)

- Countries in the region continued to report a record level of SAM admissions in children under five since 2022, with the highest numbers observed in the first quarter of 2023 from Kenya and South Sudan⁷.
- Nearly 12 million children under five are estimated to be acutely malnourished and 2.9 million of them will need treatment for SAM in 2023.
- High number of SAM admissions were reported from Ethiopia, Somalia, Kenya, and South Sudan.

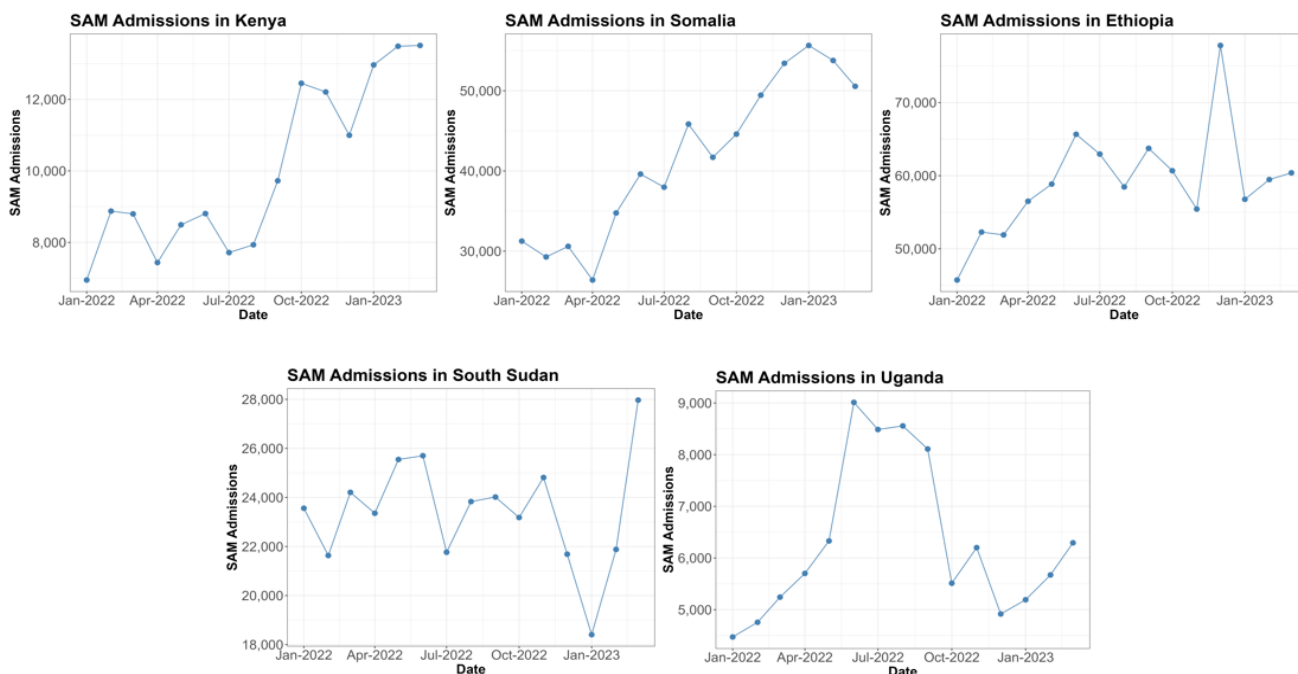


Figure 4: SAM admission trend in GHOA countries , January 2022- March 2023. (UNICEF, WHO)

Kenya

- 970,000 children under five are estimated to be acutely malnourished with 243,000 SAM in 2023.
- More than 150,000 SAM children under five were admitted since January 2022.
- Nearly 40,000 of the SAM admissions were in the first quarter of 2023, the highest in the last 5 years.

Somalia

- 1.8 million children under five are estimated to be acutely malnourished with 478,000 SAM in 2023.
- Nearly 617,000 SAM children under five were admitted since January 2022 with 160,000 of them in 1st quarter 2023.
- More than 104,000 under five children received treatment for SAM from February to March 2023.
- The country has recorded the highest SAM admission in 2023 in comparison to the last five years.

- More than 9,100 children with SAM and medical complications were admitted to stabilization centres from January to March 2023.

Ethiopia

- An estimated 4.2 million children are estimated to be acutely malnourished with 1.2 million of them suffering from SAM in 2023.
- More than 886,000 SAM children under five were admitted since January 2022 and nearly 177,000 of them in the first quarter of 2023.
- Nearly 120,000 children under five received treatment for SAM from February to March 2023 with the highest number recorded in March.
- Significantly high SAM admissions were reported in 2023 in comparison to the last five years.
- The number of children with SAM and medical complications admitted to stabilization centres increased in several regions with the highest number being from Tigray, Benishangul, SNNP, Afar and Oromia regions.

⁷ UNICEF monthly food security and nutrition working group (FSNWG) update, March 2023.

South Sudan

- An estimated 1.4 million children under five are acutely malnourished with 346,000 in a severe condition in 2023.
- More than 68,000 children under five were admitted to nutrition programmes for SAM management in the first quarter of 2023. Nearly 50,000 of them were reported during February to March 2023.
- The highest admissions were from Jonglei, NBeG, Unity and Warrap and Lakes states respectively.

Djibouti

- A total of 33,324 children under five are estimated to be acutely malnourished from January - December 2023 with 5,562 and 27,762 of them in SAM and MAM respectively.
- An estimated 2,917 pregnant and lactating women will require nutritional support during the same period.
- The numbers of SAM and MAM admissions have been increasing since the beginning of the year 2023.

Sudan

- A total of 3 million children under five are estimated to be acutely malnourished and 690,000 of them suffering from SAM in 2023.
- Nearly 40,000 SAM children with medical complications were admitted to the stabilization centre from January 2022 to February 2023.
- From January to February 2023, a total of 2,541 children with SAM plus medical complications received treatment in stabilization centres.

Uganda

- In the Karamoja region, a total of 92,000 children under five are estimated to be acutely malnourished with 23,000 being severely malnourished in 2023.
- Nationally, more than 94,500 children under five have been admitted for SAM treatment since January 2022. Over 17,000 of them were recorded in the first quarter of 2023 and showing an increased trend.
- A total of 5,700 SAM children received treatment in the Karamoja region during January to March 2023 representing higher numbers than in the same period over the last 3 years.

3.2 Disease Outbreaks

- The region is facing multiple outbreaks including cholera, measles, malaria, meningitis, anthrax, dengue fever and hepatitis E.
- Many of the areas which were most affected by the drought are also dealing with disease outbreaks.

Cholera

- Four countries (ETH, KEN, SOM, SSD) are currently dealing with cholera outbreaks and a significant increase in the number of cases reported in the area bordering ETH, KEN, and SOM (Mandera Triangle).

Ethiopia

- The cholera outbreak started in August 2022, affecting 23 woredas in Oromia and Somali regions.
- A total of 2,702 cholera cases were reported as of 31 March 2023, with 2,377 and 325 from Oromia and Somali regions respectively.
- 57 cholera related deaths were reported with a CFR of 2.1%.
- 1,856 cases were reported since January 2023 and continued to show an increasing

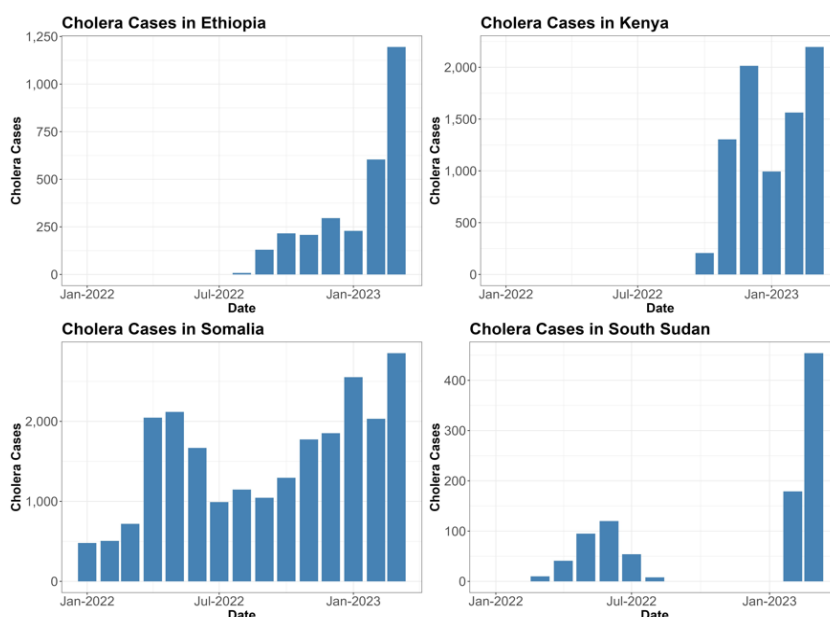


Figure 5: Epi curve for cholera outbreak in four countries, March 2023. (Ministries of health, WHO country office)

trend, amid expansion to more geographic areas.

- 96% of the cholera cases were from the drought affected areas of Oromia and Somali regions.
- Preparations were underway to conduct vaccination campaigns in the affected areas of Oromia and Somali regions - ICG approved nearly 2 million doses of OCV, and micro planning was in progress.

South Sudan

- The cholera outbreak was declared in March 2023 after two patients tested positive for V. Cholerae (PCR) in Malakal County, upper Nile state.
- A total of 633 cases and 2 deaths (CFR: 0.3%) were reported as of 31 March 2023.
- 342 (54%) of the cases were children 1-4 years old followed by those less than one year old 209(33%).
- The outbreak affected both Malakal town and Malakal POC (protection of civilians) camp.
- An OCV vaccination campaign was conducted in March 2023 with 54,538 people being vaccinated (82%).

Kenya

- The outbreak started in October 2022 and a total of 19 counties were affected as of March 2023.
- A total of 8,123 cholera cases and 132 deaths (CFR:1.6%) were reported as of 31 March 2023.
- Garissa, Mandera and Nairobi accounted for 64% of the total cases reported nationally.

- Children under 10 years are the most affected age group.
- The OCV vaccination campaign was conducted in February 2023 covering four counties and more than 2 million people were vaccinated (99.2%).

Somalia

- The ongoing outbreak continued to affect more areas and a total of 19,081 cases were reported since January 2022.
- A total of 102 deaths were reported with a CFR of 0.5% as of 26 March 2023.
- More than 3,400 new cholera cases were reported since the beginning of 2023 and 54% of the cases were children under five.
- An additional round of the OCV campaign was conducted in January 2023 in the drought affected districts and more than 1 million people were vaccinated.

Measles outbreak

- Measles is one of the main infectious diseases affecting all the seven countries in the region resulting in increased morbidity and mortality.
- The outbreak is still active in all the seven countries despite several reactive vaccination campaigns conducted.
- Most of the measles cases were reported from the drought affected areas.
- Ethiopia, Somalia, South Sudan, and Sudan continued to report the highest number of cases.
- Several reactive and nationwide integrated vaccination campaigns have been conducted in different countries for timely control of the outbreak.

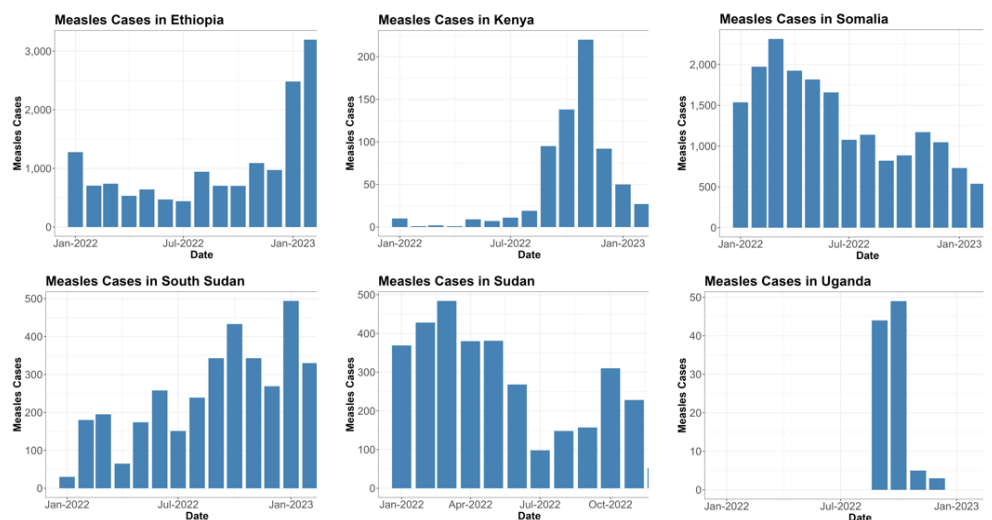


Figure 6: Epi curve for Measles outbreak situation in GHOA countries, March 2023. (MOH, WHO)

Ethiopia

- A measles outbreak has been ongoing since 2021 with a total of 14,775 cases and 153 deaths reported as of 31 March 2023.
- A total of 50 woredas in eight regions are reporting active cases as of 24th March 2023.
- Somali, Oromia, SNNP, Amhara are the regions with the highest caseload respectively.

Kenya

- The outbreak continued in 2023 and affected 8 counties.
- A total of 105 cases and three deaths (CFR: 2.9%) have been reported since January 2023.
- 76% of reported measles cases are children under the age of 15 and many of the cases reported were from Tana River, Garissa, and Turkana respectively.

Somalia

- The measles outbreak has been ongoing for over 2 years.
- A total of 19,298 cases have been reported since January 2022.
- 1,937 new cases were reported between January and March 2023 showing a reduction in comparison to 2022.
- The most affected regions in 2023 are: Bay, Banadir and lower Shabelle.

- 81% of suspected cases that were tested were found to be positive, with over 68% of suspected measles cases being children under the age of five.

South Sudan

- A measles outbreak was declared by the Ministry of Health on the 10th of December 2022.
- A total of 37 counties have been affected by the ongoing outbreak.
- A total of 5,810 cases were reported (4,137 in 2022 and 1,673 in 2023) with 59 deaths (CFR: 1.0%). 72.3% of the cases are children under the age of five.

Uganda

- The outbreak started in Sep/Oct 2022 in two refugee hosting districts (Kiryandongo, Lamwo) and continued in the first quarter of 2023.
- A total of 376 cases and one death (CFR: 0.3%) were reported.
- A reactive vaccination campaign was conducted in affected districts for timely control of the outbreak.
- The outbreak in Lamwo district was controlled as there was no new case reported since the end of Jan 2023.

Sudan

- Ten states and 20 localities have been affected by the outbreak in 2022 and 2023.
- A total of 813 suspected and 278 confirmed measles cases were reported between Jan and Mar in 2023.
- 86% of the measles cases were below 10 years, and 34% have never received a measles vaccine.

Malaria Situation

- Malaria is endemic in all seven countries in the GHOA, and higher numbers than previous year were reported in 2022 and in the first quarter of 2023.
- It's one of the major diseases being reported in outpatient consultations.
- Sudan, Uganda, South Sudan, and Ethiopia are reporting the highest numbers in the region.

Sudan

- A total of 489,856 malaria cases and 23 deaths were reported in all the states from January to 3 March 2023.
- Malaria contributed for 11% of morbidity from total consultations in the first week of March 2023
- The epidemic threshold was crossed in 4 states (East Darfur, Kassala, Gezira and South Darfur) in the same period.

Ethiopia

- Over 590,000 malaria cases were reported in the first quarter of 2023, showing a significant increase compared to the last two years.
- Amhara, Oromia, SNNP, SWEPR and Afar regions contribute to the highest caseload respectively.

Other disease outbreaks

Meningitis

- In Ethiopia, a total of 2,544 suspected cases and 29 related deaths were reported in the first quarter of 2023.
- Six regions (Oromia, Amhara, SNNP, Somali, Sidama and SWEF) contributed more than 80% of reported cases.

Anthrax

- A total of 313 cases were reported from Ethiopia between January and March 2023.
- About 90% of the total cases were from Amhara region followed by SNNP (5%) and Oromia (2.2%).

Hepatitis E

- The outbreak of Hep. E reported from South Sudan and Sudan in 2023.
- In Sudan, a total of 2,883 suspected cases and 24 deaths (CFR: 0.8%) reported from 6 states as of 31 March 2023
- Cases continued to be reported from Bentiu IDP camp in S. Sudan with 4,403 cases and 27 deaths since 2019.

Mpox

- A total of 378 cases (19 confirmed) and 1 death were reported in Sudan, as of 31 March 2023.
- The outbreak affected six states, with the highest number reported from Gedaref, West Darfur and Khartoum.
- 58% of confirmed cases were children under five years followed by 16% between 10 and 14 years and 16% above 40 years.

Dengue fever

- Sudan was affected by dengue, starting in July 2022 and a total of 8,530 cases (2,730 confirmed) reported as of 31 March 2023.
- 12 states reported cases with Khartoum State - 28% of the total cases reported from Khartoum state followed by North Kordofan (18%) and North Darfur (17%).
- This is the first time that a Dengue fever outbreak was reported in Khartoum State.

4. WHO Response

4.1. COORDINATION AND LEADERSHIP

In **Ethiopia**, with support from WHO a functional health sector coordination system was established at all levels for drought and drought related health emergencies and 92% of the planned meetings for the first quarter of 2023 was conducted. In addition, all the planned inter-cluster coordination meetings were held. Revision of the food security and health emergency plan as well as the joint operational review of the ongoing drought response activities was conducted in the first quarter of 2023.

In **Kenya**, a stakeholders meeting was conveyed twice a month at both county and subcounty levels. A national drought management authority (NDMA) has been engaged at county level while a multi-disciplinary rapid response team was constituted at both county and subcounty levels for timely detection, reporting and response. Additionally, WHO supported the surge training for a 120-member multidisciplinary rapid response team from 27 February to 07 March 2023.

In **Somalia**, there is an ongoing strong health cluster coordination and collaboration with the involvement of 53 health partners in 61 out of the 74 districts. Also collaborated with WFP and UNICEF for an integrated response in IDPs and underserved communities of the drought affected areas. This includes harmonization of SAM training and response to the ongoing cholera outbreak in the country. A sub-national incident management system was established in the five most affected states to strengthen multi-sectoral coordination and response. In response to the cholera outbreak centre on the Mander triangle, there is ongoing cross border collaboration with Ethiopia and Kenya.

In **South Sudan**, 53 partners are reporting to the existing integrated humanitarian health response system in place which includes food insecurity. Three states have been supported with additional staff to strengthen the sub-national cluster coordination system.

In **Uganda**, three WHO regional hubs (Soroti, Gulu, Moroto) have been established for better health cluster coordination and response to the drought and food insecurity. WHO **Sudan** has also continued supporting public health emergency operation centres by providing technical assistance at federal and state levels. Health cluster partners from 162 localities are also reporting activities in the country. In **Djibouti**, WHO working in collaboration with WFP and UNICEF activated a technical working group to coordinate capacity building, information/data exchange and to monitor nutrition indicators in drought -affected areas.

4.2. SURVEILLANCE AND HEALTH INFORMATION

In **Ethiopia**, several capacity building activities were conducted for Rapid response teams, integrated disease surveillance and response (IDSR) / public health emergency management (PHEM) officers and community health workers on detection and notification of epidemic prone diseases. GIS as well as data collection and reporting training was conducted for 23 PHEM officers among others. A joint situational analysis was conducted to guide national and sub-national planning, supportive supervision, and active case search in a total of 1,728 health facilities in drought affected areas. The aim was to improve the health workers capacity in the timely detection, investigation, and reporting of outbreak prone disease.

In **Kenya**, work is underway to enhance a community and facility-based surveillance system for outbreak prone diseases. WHO conducted capacity building for laboratory staff, supported RRTs training across the counties and supplied necessary investigation kits including cholera RDT kits. In **Somalia**, WHO country office is strengthening surveillance at community level by deploying over 2,300 community health workers to improve the capacity for early detection and reporting. It also initiated a mortality surveillance system in collaboration with a local university and the London School of Hygiene and Tropical Medicine (LSHTM) to monitor mortality trends in the Banadir region, in addition to studies to estimate “excess” deaths due to the crisis, which is a joint effort among WHO, LSHTM, and UNICEF. Team is also working closely with UNICEF and WASH cluster through regular data sharing for the ongoing cholera response and enhanced the measles surveillance system in drought affected states in collaboration with the EPI program. Integrated disease surveillance and response system (IDSRS) has been rolled-out in the country and MoH and WHO are analysing and using the data to prioritize response actions.

In **South Sudan**, WHO trained 20 public health officers on cholera active case searches within the health facilities in Malakal, implemented performance-based incentives mechanism for county and state surveillance officers to improve alerts detection, data collection and reporting. A team was deployed to investigate cholera and Hepatitis E alerts. In **Uganda**, WHO supported weekly analysis and validation of epidemiological surveillance data and reports. It also conducted RRT training for 169 officers and capacity building on mortality surveillance for 62 health workers from eight hospitals and point of entry surveillance officers. WHO also trained 31 health workers on mortality surveillance, following which mortality surveillance was completed in five hospitals in the Karamoja region. In **Sudan**, WHO supported the compilation of data and the production of information products on the health situation. Covered in this were, outbreaks and response activities including a situation report, an in-depth report, and infographics on the dengue fever outbreak. WHO **Djibouti** provided support in improving surveillance data collection and analysis for outbreak response activities, among other areas connected to the drought.

4.3. OUTBREAK PREVENTION AND CONTROL INTERVENTIONS

In **Ethiopia**, WHO responded to the ongoing measles and cholera outbreaks by supporting the surveillance, case management and reactive vaccination campaign with over 1.5 million people vaccinated for measles at national level and more than 100,000 people (99.8%) received cholera vaccines in priority cholera affected woredas within Oromia, and Dolo Ado and Bokollomayo woredas of Somali regions. A surge team was deployed to the drought affected regions and more than 300 health care workers and 450 community health workers and volunteers were trained on how to respond to the outbreaks of cholera and measles.

In **Kenya**, an OCV campaign was conducted in February in four prioritized counties in response to the cholera outbreak. More than two million people were vaccinated (99%). Water quality testing, monitoring and capacity building was conducted in Mandera with 30 Public health officers (PHOs) trained.

In **Somalia**, WHO supported a nationwide infection prevention and control assessment framework (IPCAF) and capacity building efforts for 480 health care workers to improve infection prevention and control (IPC) practice within health facilities in the drought affected areas. IPC and case management training for health workers was conducted in the Gedo region focusing on the cholera outbreak. Technical and logistic support was provided in support of the establishment of cholera treatment centres, and oral rehydration points. Other support provided was a donation of 72 cholera kits, 35,000 packets of oral rehydration salt (ORS) to hotspot districts.

South Sudan conducted an OCV campaign with a total of 54,538 people being vaccinated (82%), mainly in Malakal POC and town with the support from WHO and partners. Additional measles reactive vaccination campaign was conducted covering five counties in the first quarter of 2023. Assistance was also provided to train health care workers in cholera case management, water quality testing as well as in the provision of emergency medical supplies and through the deployment of teams to contain outbreaks of cholera and hepatitis E.

WHO **Uganda** supported measles outbreak response activities including capacity building, a donation of kits for case management, community sensitization as well as assistance during the reactive vaccination campaign. In **Sudan**, WHO supported the integrated mono-valent oral polio vaccine (mOPV) vaccination campaign as well as the inactivated polio vaccine (IPV)/Yellow Fever campaign in March 2023, reaching an administrative coverage of 98%, 95% and 80% for mOPV, IPV and YF respectively. Additionally, support was provided for RCCE activities, water quality monitoring and testing, as well as monitoring the implementation of WASH activities across outbreak affected states. WHO **Djibouti** in collaboration with UNICEF is supporting the MOH in accelerating routine immunization activities targeting children with zero doses who are at risk or infected by measles.

4.4. ESSENTIAL NUTRITION ACTIONS

In **Ethiopia** with the support of WHO, 35 health care workers were trained on SAM with medical complications and infant young child feeding in emergency (IYCF-E). Nutritional interventions including screening and the referral of SAM cases were integrated during the preventive measles vaccination campaign that was carried out. Also supported was training and deployment of the mobile health and nutrition teams (MHNTs) through partners and regional health bureaus especially in Somali and SNNP regions. In **Kenya**, WHO provided capacity development for more than 225 HCWs on Integrated Management of Acute Malnutrition (IMAM) across nine drought-affected counties, in collaboration with MOH, UNICEF and other nutrition partners.

In **Somalia**, support is ongoing to strengthen the capacity of health workers in the management of SAM cases through training, supportive supervision, and in functionality assessment for stabilization centres. There is ongoing engagement with NGOs and other stakeholders at sub-national level for interventions in most vulnerable communities. WHO **South Sudan** trained 276 health workers on inpatient management of SAM with medical complications, infant and young child feeding practices and nutrition surveillance. Moreover, 62 nutrition sentinel sites in the 5 states affected with high levels of food insecurity and acute malnutrition were strengthened.

In Uganda, Family led MUAC approach for community nutrition surveillance in 10 priority districts was implemented and with the WHO support scaled up community mass screening for malnutrition including the integration of nutrition interventions. Mentorship and supportive supervision were conducted in 19 affected districts focusing on IMAM and nutrition data management. WHO **Sudan** supported the treatment of 2,541 children under five with SAM and medical complications in different health facilities. This led to the achievement of a 92% recovery rate and 5% defaulter rate, both are within the expected standards. A total of 553 health care workers were trained in the treatment of SAM with complications and all the stabilization centres (SC) were provided with the necessary essential medicines and supplies.

In **Djibouti**, WHO supported the MOH to train 41 health workers including nutrition focal points and head nurses on the management of SAM with medical complications. Similar assistance was rendered during the rapid evaluation of the nutrition situation in different health facilities.

4.5. ESSENTIAL HEALTH SERVICES

As part of strengthening essential health services, WHO **Ethiopia** in collaboration with partners and regional health bureaus supported the training and deployment of 141 MHNTs to Afar, Somali, Oromia and SNNP regions. Support was also provided for mental health and psycho-social services through the training of 175 health workers in Afar, Oromia and Southwest Ethiopia regions. In **Kenya**, support was provided in the distribution of WASH items in cholera affected counties and sensitization of community health volunteers and assistants on disease prevention and control measures. WHO **Somalia** scaled up the outreach team from 46 to 160 with the aim of improving basic health services including immunization in vulnerable communities and new IDPs in the five most drought affected states. More than 2,300 CHWs were deployed to conduct household visits, screening for malnutrition and referral, IYCF counselling, RCCE on diarrhoea and malnutrition, deworming and provision of Vit A to children and folate supplementation to pregnant women.

In **South Sudan**, a total of 661 CHWs were trained to identify, manage, and report common illnesses such as malaria, pneumonia, and diarrheal diseases. WHO **Uganda** supported integrated Child Health days plus activities in Oyam and Otuke districts, training 171 health workers on TB management followed by onsite mentorship to improve identification and treatment outcome. Also undertaken was, integrated supportive supervision with MOH to Moroto regional referral hospital and Napak district to monitor key health sector performance indicators in order to improve performance gaps. Two training workshops on basic emergency care and mass casualty management were supported by WHO **Sudan** with 750 health care workers being trained in the first quarter of 2023. WHO **Djibouti** continued its support in drought affected areas to improve nutrition and essential health services.

4.6. OPERATIONS, LOGISTICS AND SUPPLIES

WHO continued to provide support in improving essential health services, nutrition actions as well as in responding to multiple emergencies and disease outbreaks. In **Ethiopia**, more than 164 MT of drugs and emergency supplies, 53 MT of PED/SAM kits and stabilization centre supplies along with two tents for the cholera and measles outbreak response were distributed. An emergency operation centre (EOC) was equipped in the South Omo zone of SNNP region. The centre has the capacity of 50 people and used to coordinate the drought response activities in the area. Additionally, 10 rental vehicles were deployed to drought affected areas to support the response. In **Kenya**, WHO procured essential nutrition supplies, including 5,000 cartoons of ready to use therapeutic food (RUTF), 2000 cartoons of F-75 and F-100 each to support a minimum of 25,000 SAM children in priority counties affected by the drought. Also procured were RDTs, ELISA kits, PCR extraction and detections kits, viral and bacterial transport medium, and laboratory refrigerators for storing specimens and reagents. All these supplies were meant to improve the timely detection and response to different disease outbreaks as well as routine health service delivery.

In **Somalia**, WHO provided 15.2 MT of SAM Kits to 65 stabilization centres for improved quality of care for SAM cases with medical complications. WHO also distributed 3,813 emergency kits (cholera: 1045, IEHK: 1813, PED-SAM: 265, TESK: 688) and 1400 sachets of ORS to support outbreak and nutrition response activities in the country. A total of 674 emergency health kits comprising 499 Inter-Agency Emergency Health (IHEK) kits, 144 SAM kits and 31 cholera and 59 laboratory kits were distributed by WHO **South Sudan**. Logistical support was also provided for the deployment of eight teams for an investigation of suspected measles cases in different states.

In **Uganda**, WHO provided essential health and nutrition supplies valued at USD 1.1 million to serve 3.7 million people in 19 drought affected districts. Also provided was a fully equipped 12 bed prefabs for management of SAM at Moroto regional referral hospital. In **Djibouti**, WHO also procured and distributed 13 SAM kits with therapeutic milk, F-75 and F-100 for the 6 regions, the refugees and migrants' health centres to support the ongoing nutrition interventions.

5. Gaps and challenges

In **Ethiopia**, despite the presence of multiple and protracted humanitarian crises and disease outbreaks, limited resources in terms of budget, drugs and supplies affected response activities. Moreover, the insecurity situation, especially in the drought affected areas limited the presence of partners and response needed.

Kenya's response to multiple and complex emergencies are hampered by insufficient funding, insecurity and inadequate drugs and supplies including laboratory items. A shortage of trained manpower in the management of SAM children at health facility level continued to be a major challenge especially in drought affected areas.

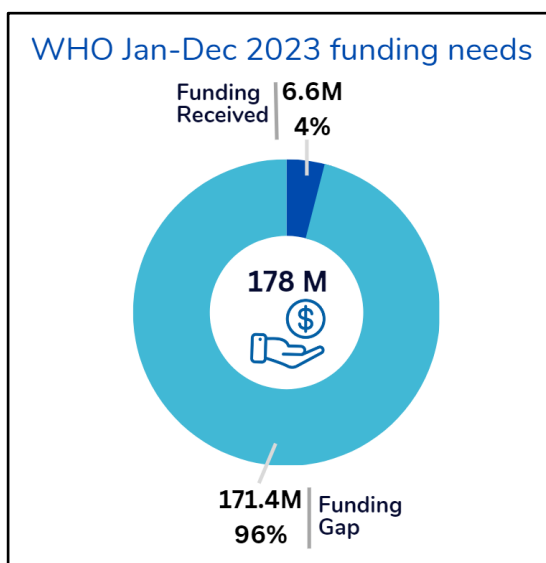
Due to ongoing conflict and high insecurity some areas are inaccessible to do supervision and provide the support needed in **Somalia**. The lack of adequate funding has limited the provision of basic health services to the affected population in the newly liberated areas.

In **South Sudan**, a funding gap affected the performance of the health system due to limited infrastructure, equipment, and trained personnel. Conflict and repeated attacks on health care facilities also affected the delivery of health service despite the high burden of acute malnutrition due to drought and insecurity.

The major challenges in **Uganda** were frequent stockouts of key health and nutrition commodities including therapeutic foods due to inadequate budget, the limited capacity of the nutrition managers and health care workers, especially in conducting proper nutrition surveillance and providing quality nutritional support. In **Sudan** about 37% of funding requirements through 2022 humanitarian response plan (HRP) had not been met, resulting in a huge gap in responding to the country's health needs. Violence and insecurity in several parts of the country have led to the displacement of civilians, along with attacks on health care facilities, in turn forcing partners to limit their support.

Both the availability and quality of data remained a challenge in **Djibouti** due to restricted access to the DHIS 2 data, coupled with a fragmented health information system. Inadequate coordination among sectors, high turnover of health workers and human resource shortages continued to affect drought and outbreak response activities.

6. Funding status



The funding request for 2023 (January to December) is USD 178 Million and as of 31 March 2023, only 4 percent has been funded.

7. Priority actions, recommendations, and next steps

- Four out of the seven countries in the region are dealing with cholera outbreaks, resulting in increased morbidity and mortality. Considering the global OCV vaccine shortage, there is a need for a strong multi-sectoral response, with special focus on water, sanitation, and hygiene (WASH) activities for the prevention and timely control of the outbreak. Additionally, more action is needed to improve cross-border coordination by involving local government, WASH sector partners and other payers active in border areas.
- There is a need to strengthen and maintain the emergency response capacity including HR as well as supply and logistics management taking into consideration the multiple and complex emergencies in the region.
- More advocacy and partnership are needed to facilitate and increase the prospects for additional funding and resources for the emergency response.
- Continuous capacity building of health care workers on disease surveillance as well as in the management of SAM both at outpatient and inpatient levels is very crucial in reducing both morbidity and mortality related to diseases.
- Health service delivery, especially maternal and child health programmes, including immunization services have been disrupted by drought, conflict, and flooding. More focus is needed to improve the routine immunization services at community and health facility levels including for the IDPs and refugees.
- Continuous technical support is needed in the management for the management of outbreak prone diseases especially cholera, measles, meningitis, and dengue fever. Just as important is infection prevention and control measures to improve the quality of care and outcomes.

8. Advocacy messages

The food insecurity and health situation in the seven countries of the GHOA continue to worsen with 46 million people in a state of crisis or worse. The underlying factors for food insecurity like climate change, drought, flooding, insecurity, displacement, and affected livelihoods remain. The numbers of children with acute malnutrition are at their highest in about four years. Multiple and frequent disease outbreaks including cholera, measles, dengue fever, meningitis as well as malaria have resulted in very high rates of illness and death. Most of the disease outbreaks are in areas affected by the ongoing drought. However, the demand for increased health service is coming when countries are facing a huge funding gap, rendering them unable to effectively respond. On 21 January 2023, WHO launched a funding appeal for USD 178 million for the food insecurity and health crisis in the region. To date only 4% has been funded, limiting the scope for ongoing response activities. which will have a significant impact on ongoing response activities. Multi-sectorial humanitarian assistance must be sustained and increased to reduce preventable deaths and immediate lifesaving response must be accompanied by investments in long-term solutions. URGENT Additional funding is required.

9. Contacts

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For further Information visit GHOA Drought and Food Insecurity Website:

[Drought and food insecurity in the greater Horn of Africa \(who.int\)](#)