Greater Horn of Africa Food Insecurity and Health
Grade 3 Emergency

SITUATION REPORT AS OF 16 SEPTEMBER 2022

Highlights

- With the expectation of a poor rainfall season in late 2022 and prolonged drought, food insecurity and its impacts will increase the burden on the affected communities with already exhausted coping capacities. Health is an essential component of a food insecurity response to avert morbidity and mortality as a result of the crisis.

- Internally displaced people (IDPs) and refugees are vulnerable populations in the food insecurity crisis, and increased health and nutrition risks and needs are expected to further displacement.

- An intensified humanitarian response is required to deal with the very serious health and nutrition situation of IDPs and refugees.

- IPC Phase 5 is projected to emerge in late 2022 in three areas of Bay Region, Somalia, including settlements of newly arrived IDPs.

- Communicable diseases are a major public health concern, especially with further displacement and disruption of living conditions and sanitation.

- WHO is ramping up its response in all 7 affected countries 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 in this regard.

- Currently only 27% of the WHO appeal for 2022 is funded. Continued humanitarian assistance will be required to address the high needs beyond December 2022, and a rapid release of additional funding and resources is now needed to reduce the risk of morbidity and mortality.

Key Figures

- Estimated Population (GHoA) 294 million
- Acute Food Insecure Population 31 million (IPC 3+)
- Number of Refugees 4.5 million
- Internally Displaced 12.7 million
- Acutely Malnourished Children (Estimated) 11 million
1 Thematic Focus: Health of Internally Displaced People (IDPs) and Refugees

Displaced people and refugees are among the most vulnerable populations in the food insecurity emergency in the greater Horn of Africa (GHoA). They are facing health risks of malnutrition, communicable diseases as well as other health risks resulting from the loss of assets and means of subsistence, disruptions to community-based safety nets, and have increasing health needs for preventive and curative health services.

According to UNHCR, the number of IDPs has increased to 12.7 million, while refugees and asylum seekers have reached 4.5 million in the seven countries (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, and Uganda) of GHoA. UNHCR has reported an increasing trend that has continued in 2022 as a result of ongoing conflict and weather shocks (prolonged drought, flooding), forcing people to leave in search of food, water, and pasture for their animals.

In the region, Ethiopia has the highest number of IDPs (4.5 million) particularly in northern and western Ethiopia, followed by Sudan (3 million) in Darfur and South Kordofan, and Somalia (2.97 million). South Sudan is the main country of origin of refugees in the area (2.3 million) while Uganda hosts the highest number of refugees (1.5 million) in 13 settlements across the country.

In Djibouti, 68% of the refugees are women and children. In addition to refugees, a large number of nomadic/semi-nomadic populations continue to cross the towns and rural areas looking for safety or to meet basic necessities. Diarrhea, dehydration, anemia, fever and pulmonary infection, and malnutrition were the most common illness registered for both adults and children.

In Somalia, newly displaced populations are experiencing extreme nutrition and health crises. Acute malnutrition in children is at critical levels. By July 2022, acute malnutrition levels among children under five had reached 24.9 percent among rural populations and 28.6 percent among newly-arrived IDPs, while mortality levels reached 1.69 deaths per 10,000 people per day among rural populations and 1.11 deaths per 10,000 people per day among newly-arrived IDPs. According to Norwegian refugee council report, data from 11 selected IDP sites in Baidoa, and Diinsor revealed that global acute malnutrition (GAM) by mid-upper arm circumference (MUAC) ranging from 21% in Khada to 28% in Baidoa, 63% of severe acute malnutrition (SAM) cases attending an outpatient therapeutic program (OTP), and 53% of moderate acute malnutrition (MAM) cases attending an OTP or supplementary feeding program (SFP), the numbers of measles and acute watery diarrhea cases are very high, and crude under-five death rates are at emergency levels.

Heavy rainfall has been affecting most states of Sudan, causing widespread floods that have resulted in more displacement and damage as well as increased risks of water and vector-borne diseases. Almost 265 000 affected people, approximately 56 000 houses have been damaged or destroyed (OCHA report) and 31 health facilities have been damaged or destroyed according to FMOH. In Kalma camp, one of the largest camps in Darfur with 300 000 residents, more than 200 homes have completely collapsed due to the heavy rains. Additionally, the number of malnutrition cases among children has increased to reach 5 250 cases. WHO is undertaking a risk mapping of potential cholera hotspots to prepare and initiate preventative oral cholera vaccination (OCV) campaigns. WHO is also supporting health authorities by supplying rapid response kits to health facilities, enhancing surveillance including zero reporting, water quality testing, vector control interventions and disseminating hygiene materials.

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1 Regional Bureau for East, Horn of Africa, and the Great Lakes - Refugees, asylum-seekers, refugee returnees and IDPs, UNHCR (as of 31 July 2022)

2 Nutrition and Mortality Monitoring in IDP Populations Report on Round 1, Norwegian refugee council report - July 2022
Suspected cholera cases and persistent transmission of Hepatitis E virus (HEV) continue to be reported in Bentiu IDP camp, Unity state in South Sudan. Multisectoral joint cholera and HEV response coordination are in place at the state level comprising health, water, sanitation and hygiene (WASH), and other clusters. Surveillance has been enhanced through the provision of refresher training, the establishment of case definitions, and strengthening other reporting tools. Public health centers provide basic health services while severe cases are referred to the hospital. Cholera and HEV health messages were disseminated as part of risk communication and awareness activities. OCV campaigns were implemented in the cholera hotspots including Rubkona county where the Bentiu IDP camp is located. A coverage of 85% for the first round and 88% for the second round was achieved. A HEV vaccination campaign was conducted in Bentiu IDP Camp targeting those aged 16-40 years, including pregnant women. A coverage of 91% for the first round and 82% for the second round was achieved, and the third round is expected to be conducted in October 2022. Concerning the health facility availability and accessibility, and as of 14 September 2022, 30% of the IDPs and returnees are > 5km from functional health facilities according to the health service functionality monitoring dashboard.

In Uganda, spates of insecurity due to cattle rustling have led people to leave their initial settlements in the villages and move to urban centers, disrupting their lifestyles and impacting their access to health services. Health facilities in remote areas have limited service hours and community-integrated outreach activities. WHO is providing technical support to the Ministry of Health (MOH) on surveillance for all diseases with outbreak potential, capacity building for refugee hosting districts through rapid response training in surveillance, infection prevention and control (IPC) and case management. Sixty health workers have been trained for OCV activities in Nakivale and Nyakabande, and 40 health workers were trained in Isingiro district to strengthen mortality surveillance in both the host and refugee settlements. A total of 18 905 new arrivals above one year of age have received a dose of the OCV since June 2022. Additionally, the deployment of 92 000 doses of OCV to Nakivale Refugee settlement is in progress in September 2022 and two Cholera kits were deployed to the Isingiro district. More than 15 suspected cases of monkeypox have been investigated in the refugee-receiving and hosting districts. WHO is also continuing to support COVID-19 testing and has provided rapid diagnostic tests (RDTs) and 45 000 PCR kits were provided to the central public health laboratory.

WHO is working with partners on a stand-alone information product on health and displacement – expected in Q4 of 2022.

## 2 Ongoing public health risks and concerns

### Table 1: Projected populations by integrated phase classification status.

<table>
<thead>
<tr>
<th>Country</th>
<th>Projection period</th>
<th>Total pop. ('22)</th>
<th>Population Assessed</th>
<th>IPC 1 – Minimal</th>
<th>IPC 2 – Stressed</th>
<th>IPC 3 – Crisis</th>
<th>IPC 4 – Emergency</th>
<th>IPC 5 – Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Djibouti</td>
<td>(July – Dec 2022)</td>
<td>1,002,197</td>
<td>1,181,675</td>
<td>574,741</td>
<td>414,767</td>
<td>179,778</td>
<td>12,390</td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td>(Jul – Sep 21)</td>
<td>117,876,226</td>
<td>5,961,747</td>
<td>526,747</td>
<td>1,037,478</td>
<td>2,193,953</td>
<td>1,802,111</td>
<td>401,313</td>
</tr>
<tr>
<td>Kenya</td>
<td>(Oct – Dec 2022)</td>
<td>54,985,702</td>
<td>Not reported</td>
<td>5,370,000</td>
<td>5,110,000</td>
<td>3,143,000</td>
<td>1,212,000</td>
<td></td>
</tr>
<tr>
<td>Somalia</td>
<td>(June – Sep 22)</td>
<td>16,359,500</td>
<td>Not reported</td>
<td>Not reported</td>
<td>4,060,200</td>
<td>4,730,510</td>
<td>2,127,580</td>
<td>231,180</td>
</tr>
<tr>
<td>South Sudan</td>
<td>(April – July 22)</td>
<td>11,381,377</td>
<td>12,348,961</td>
<td>1,700,000</td>
<td>2,901,000</td>
<td>4,765,000</td>
<td>2,892,000</td>
<td>87,000</td>
</tr>
<tr>
<td>Sudan</td>
<td>(Oct – Feb 23)</td>
<td>44,909,351</td>
<td>47,881,430</td>
<td>22,371,931</td>
<td>17,746,553</td>
<td>6,189,076</td>
<td>1,549,705</td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td>(Aug 22– Feb 23)</td>
<td>47,123,533</td>
<td>1,245,600</td>
<td>431,085</td>
<td>499,840</td>
<td>276,290</td>
<td>38,385</td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td>293,637,886</td>
<td></td>
<td>31,769,838</td>
<td>21,477,607</td>
<td>9,634,171</td>
<td>719,493</td>
<td></td>
</tr>
</tbody>
</table>

Source: IPC Mapping Tool from IPC website

**Ethiopia:** Severe acute malnutrition has increased by 36% in 2022 over 2021. As of the last week of August, 79% of the reported severe acute malnutrition are from the most drought-affected regions; mainly from Oromia and Somali regions.
Kenya: according to the current acute food insecurity data (July-September 2022), 3.5 million (24% of the population) are facing high acute food insecurity (IPC phase 3 and above), and the projected figures (October-December 2022) show an increase of 26% to reach 4.4 million, with people in emergency phase exceeding 1.2 million. Approximately, 942,000 children (6-59 months) are acutely malnourished, of which 26% severely. Moreover, about 134,000 pregnant/lactating women are expected to suffer acute malnutrition. Insecurity and resource-based conflicts were reported in Baringo, Nyeri, Meru, Lamu, Mandera, Turkana, and Marsabit counties.

Somalia: according to the food security and nutrition analysis unit (FSNAU) and famine early warning systems network (FEWS NET), famine (IPC Phase 5) is projected to emerge in three areas of Bay Region, Somalia, in late 2022 in the absence of urgent, multisectoral humanitarian assistance. Although levels of acute malnutrition among children and the rate of hunger-related deaths have not yet met the IPC’s technical definition of famine (IPC Phase 5), those thresholds are expected to be reached from October to December 2022. The three areas are the Baidoa and Burhakaba districts and settlements of newly arrived IDPs in Baidoa town. Admission and treatment outcomes of severely acutely malnourished children with medical complications are reported from 53 stabilization centers across the country supported by WHO. A total of 13,923 children were admitted from January to July 2022 with an 83% cure rate and 2% fatality.

South Sudan: the number of acutely malnourished children is estimated to reach 1.3 million by the end of 2022, including 302,000 SAM. In addition, 676,000 pregnant/lactating women are also estimated to suffer acute malnutrition. The number of SAM admissions between January and July 2022 increased by 26% compared to the same period in 2021.

Uganda: From January to August 2022, a total of 17,100 total cases of SAM were admitted to a therapeutic care. An increasing trend of SAM admission was observed in 2022. There were 870 admissions in January, increasing to 1,980 admissions in August 2022.

3 Disease Surveillance and Health Information

All seven countries are malaria-endemic countries. Six countries (Djibouti, Ethiopia, Kenya, Somalia, South Sudan, and Sudan) are dealing with cases of measles. Immunization coverage is low in many countries in the region, but especially so in Somalia (46% for measles; MCV1). Cholera cases have been detected in Somalia, South Sudan, and Kenya. Anthrax cases have been reported from Kenya, South Sudan, and Uganda. Sudan and South Sudan are seeing cases of meningitis. There are yellow fever outbreaks in Kenya and Uganda. Hepatitis E cases have been reported from Sudan and IDP camps in South Sudan. Monkeypox cases have been reported in West Darfur, Sudan. Vaccine-derived poliovirus type 2 is a concern in the region; in Somalia, three circulating Vaccine-Derived Poliovirus type 2 (cVDPV2) cases were identified among acute flaccid paralysis cases as of 16 September 2022, additionally, three cVDPV2 environmental samples and one Vaccine Derived Poliovirus type 2 (VDPV2) environmental sample were confirmed.

In Sudan, a new Dengue outbreak is reported by the Federal Ministry of Health in Kassala and the West Kordofan States in the first week of September. As of 15 September 2022, a total of 1,337 suspected cases (attack rate= 1.4/10,000 Pop) and zero associated deaths have been reported from four localities in the two states. Out of 32 specimens received by the national public health laboratory, 17 specimens were confirmed by PCR.
Table 2: Reported cases (suspected and confirmed) of selected communicable diseases, GHoA, 2022*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Item</th>
<th>Djibouti</th>
<th>Ethiopia</th>
<th>Kenya</th>
<th>Somalia</th>
<th>South Sudan</th>
<th>Sudan</th>
<th>Uganda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>Cases</td>
<td>183</td>
<td>7,519 (4,284**)</td>
<td>19 (8**)</td>
<td>12,950 (439**)</td>
<td>535 (68**)</td>
<td>953</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>0.7%</td>
<td>0.0%</td>
<td>0.4%</td>
<td>0.4%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cholera</td>
<td>Cases</td>
<td>319 (2**)</td>
<td>9,677 (218**)</td>
<td>56</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>0.6%</td>
<td>0.5%</td>
<td>0.3%</td>
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<td></td>
<td></td>
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<tr>
<td>Hepatitis E virus</td>
<td>Cases</td>
<td>3,046 (104**)</td>
<td>2,676</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>0.8%</td>
<td>0.9%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Yellow fever</td>
<td>Cases</td>
<td>123 (3**)</td>
<td>402 (2**)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>8.9%</td>
<td>0.0%</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Anthrax</td>
<td>Cases</td>
<td>11 (1**)</td>
<td>108 (8**)</td>
<td>51 (5**)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>0.0%</td>
<td>4.6%</td>
<td>3.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dengue</td>
<td>Cases</td>
<td>1,337 (17**)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>0.25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chikungunya</td>
<td>Cases</td>
<td>189 (5**)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CFR</td>
<td>0.5%</td>
<td></td>
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</tbody>
</table>

* 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

4 Health service availability and utilization

In Ethiopia, the volatile security situation in Somali, Oromia, and SNNPR regions and surrounding areas poses challenges for delivering routine health services and emergency response programs.

In South Sudan, according to the health service functionality monitoring dashboard and out of 1,970 health facilities, 91% of the health facilities completed reporting on functionality, 16% are non-functional with no basic package of health and nutrition services (BPHNS) provided, and only 12% are highly functional with a full package of BPHNS services available and open for the required hours.

In Sudan, according to the Health Resources and Services Availability Monitoring System (HeRAMS) and FMOH only 45% of the health facilities remain functional with 31% availability of essential medicines and 23% of emergency medicines. Additionally, the disease surveillance system is fragmented with only 34% of the health facilities represented in sentinel surveillance.

As of 14 September 2022, the WHO Surveillance System for Attacks on Healthcare reported cumulative 26 attacks on healthcare in Somalia, South Sudan and Sudan, resulting in 64 deaths and 38 injuries respectively.

Table 3: WHO Surveillance System for Attacks on Healthcare, Greater Horn of Africa Reporting Countries, 2021 – 14 Sep. 2022

<table>
<thead>
<tr>
<th>Country</th>
<th>Attacks 2021</th>
<th>Deaths 2021</th>
<th>Injuries 2021</th>
<th>Deaths 2022</th>
<th>Injuries 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>48</td>
<td>0</td>
</tr>
<tr>
<td>South Sudan</td>
<td>13</td>
<td>10</td>
<td>35</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Sudan</td>
<td>29</td>
<td>18</td>
<td>38</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
5 WHO Response

5.1 Coordination and leadership

WHO Djibouti has established a surge team comprising of a data manager and immunization manager to support the response to the health needs of the emergency.

In Ethiopia, cross-border collaboration was established at Mandera Triangle, emergency operation centers were established at the zonal level, and the health partners’ presence increased by 10% from March to August 2022. Intersectoral collaboration and the proposed integrated package of interventions were introduced and discussed with regional and district authorities, partners, and communities.

WHO Sudan is coordinating the health partners' response to the floods in nine localities in Central Darfur and the response to conflict affected population in Blue Nile and White Nile states. The response to outbreaks in Kordofan, Gadaref, and Kassala states.

WHO Uganda has deployed staff and recruited a surge team to support the response to the health needs of the emergency, and working on the partner mapping exercise in the Karamoja region to improve coordination. WHO has supported the Ministry of Health to develop and institute incident management team structure for response.

WHO Kenya continues to participate in the Kenya humanitarian technical working group through bi-weekly partners coordination meeting convened by UNOCHA and National drought management authority (NDMA) to help review drought and emergency response status and provide guidance and support the Ministry partners in the health cluster response facets. WHO support is focusing on ensuring affected populations in the priority 23 counties can access essential health services, treating sick children with severe malnutrition, and preventing, detecting and responding to infectious disease outbreaks.

5.2 Health operations and technical expertise

WHO Somalia is supporting outreach services to drought-affected districts. In August, 46 440 children received different childhood vaccines, 3 645 pregnant women received tetanus-diphtheria vaccine, and more than 1.7 million people were reached with health promotion messages.

WHO Djibouti has trained a total of 157 vaccinators to administer the measles vaccine to about 45 500 children. In addition, over 314 community workers were also trained on peripheral activities, including social mobilization.

In South Sudan, WHO distributed 452 Interagency Emergency Health Kits (IEHK) which will support about 452 000 people for 3 months as well as distributed 23 SAM kits.

WHO Sudan has delivered 33 cartons of personal protective equipment (PPE) to the Malaria department in Central Darfur, and distributed 1500 mosquito nets and other medical supplies like antibiotics, IV fluids, and oral rehydration solution (ORS) in Gadarif. WHO supported the emergency department of Kassala teaching hospital with different tools and equipment including trolleys, sphygmomanometers, stethoscopes, adult and pediatric scales, and waste management tools. WHO distributed additional supplies of 334 RRKs, 75 IEHK to cover the needs of around a million people for 3 months.

In Uganda, WHO supplied essential health supplies to Napak district. It includes medicines, personal protective equipment (PPEs) and other health supplies. WHO also supplied weekly surveillance report forms, COVID-19 antigen test kits, PPEs, and case definition charts to Abim district.

In Kenya, WHO in partnership with UNICEF Kenya Nutrition program is supporting capacity building of MOH structures in the priority counties to manage severe acute malnutrition. WHO is supporting the Ministry counterparts with rumour monitoring, outbreak investigation and confirmation, and newly updated guidelines on disease surveillance, early warning, reporting and control.
5.3 Prevention and control of epidemics

In Ethiopia, the integrated disease surveillance and response system is in place and WHO facilitates the capacity building and follow-up on the alert investigation. Over 470 people have been trained for rapid response and more than 80% of the alerts were investigated within 48 hours. Additionally, 159 cholera investigation kits were prepositioned in all regions.

In Djibouti, a supplementary measles vaccination campaign was conducted during the second week of September in Arta, Dikhil, Djibouti-ville, and Tadjourah regions targeting 45,500 children (6-59 months) combined with vitamin A supplementation.

In Somalia, a measles vaccination campaign was conducted in late July 2022 which covered children from 6 to 59 months in 15 districts in Puntland and 2 districts in Galmudug. The campaign achieved 94% of the target (> 450,000 children).

An OCV campaign was conducted in four counties in South Sudan with around 1 million doses of OCV administered so far. Campaigns are ongoing in two locations. A reactive measles vaccination campaign was conducted covering 9 counties with confirmed outbreaks. For strengthening surveillance and health nutrition data collection, 29 rapid response teams received refresher trainings, 80 community health workers were trained on integrated community case management, and 23 laboratory personnel were trained on laboratory sample collection and handling.

In Sudan, WHO delivered 30 pumping machines for vector control activities in Central Darfur which are expected to serve 1.5 million individuals.

WHO Uganda field teams are working with district surveillance focal persons to conduct active surveillance and sensitize health facilities on the need for screening for epidemic-prone diseases.

5.4 Nutrition Response (CMAM, GAM, SAM management)

WHO Djibouti is supporting the deployment of 7 nutrition focal points throughout the 6 regions. Twice a week, the focal points will be visiting the health structures to monitor, verify and help improve the quality of care, prevention, and data collection in compliance with the care protocol.

WHO Ethiopia has procured and distributed 17.39 metric tons of pediatric SAM kits, the health campaigns have integrated nutrition interventions – nutrition screening, vitamin A supplementation, and deworming. WHO supported capacity building for SAM management and infant and young child feeding for over 400 health workers, and is providing onsite mentorship at stabilization centers to improve case management.

In Somalia, Community Health Workers (CHWs) deployed by WHO screened about 38,000 children for malnutrition in August using MUAC measurement; 3874 (10%) children were identified as severe acute malnourished, and 9778 (26%) children as moderate acute malnourished.

In South Sudan, 25 health care workers were trained on SAM management.

WHO Sudan received 33 SAM Kits in Kassala state and is currently developing of distribution plan at the locality level. In South Darfur, SAM case management training was conducted for 20 nutrition staff in Kalma camp as part of WHO response to the recent increase in SAM cases.

In Uganda, WHO Uganda field team in Moroto supported two days’ orientation activity for MoH Nutrition surge team deployed to support the region. The 18 member MoH surge team comprises nutritionists and clinicians.

In Kenya, WHO has supported procurement for nutrition commodities towards supporting and scaling up response to the prevailing drought emergency especially in worst hit counties. The distribution of the commodities is managed under the MOH mechanisms with guidance of the nutrition division.
5.5 Essential health services delivery
WHO is providing essential medicines and medical supplies and equipment as well as deployment of mobile health and nutrition teams. In Ethiopia, 120 health workers were trained on the management of gender-based violence while the development of guidance with the ministry of health is ongoing. Four WHO officers were deployed to support the mental health and psychosocial support (MHPSS) network presence at the subnational level, and 268 health workers were trained on MHPSS.

WHO South Sudan is increasing access to essential health and nutrition services by conducting mobile outreaches in Pibor, Akobo, and Duk.

In Uganda, a district health facility functionality assessment is being planned with support from WHO AFRO. WHO team in Moroto regional hub conducted integrated support supervision in three facilities where 19 health workers and 20 village health teams were mentored on disease surveillance and cold chain management.

6 Gaps and Challenges
In Ethiopia, despite the increase in the health partner's presence, at least 50% of the districts are still without health partners. Shortage of essential medical supplies and WASH supplies is another challenge with the increasing number of people in need and the increasing number of SAM, Malaria, and measles cases.

In South Sudan, the in-country stock is running low with cholera investigation kits and RDTs awaiting shipment. Additionally, there is a reduction in funding for routine service delivery.

In Uganda, there is a gap in the capacity of health workers in the region to manage malnutrition and a shortage of anthropometric tools at health facilities.

In Kenya, the worsening household food security situation has resulted in acute malnutrition rates across the counties. There are reported challenges in the affected counties with limited availability of essential medicines and supplies across facilities, and overwhelmed/weak health systems.

7 Recommendations and key advocacy messages
Health is 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 as a result 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 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, pediatric SAM kits, and reproductive health kits to support essential health services and response to disease outbreaks.

8 Funding status of the food insecurity response
The World Health Organization (WHO) is asking for US$ 123.8 million to respond to the rising health needs in the Greater Horn of Africa until the end of 2022. A significant funding gap exists, with about two-thirds of the appeal remaining unfunded.

9 Focal Points / Contact

<table>
<thead>
<tr>
<th>Incident Manager</th>
<th>Health Information Management team</th>
</tr>
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<tbody>
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<td><a href="mailto:ghoa_incident_manager@who.int">ghoa_incident_manager@who.int</a></td>
<td><a href="mailto:ghoa_info@who.int">ghoa_info@who.int</a></td>
</tr>
</tbody>
</table>

Further Information: [Drought and food insecurity in the greater Horn of Africa (who.int)](http://www.who.int)