Horn of Africa – Complex Emergency

OCTOBER 21, 2022

SITUATION AT A GLANCE

- The CHC forecasts that areas across the Horn of Africa will receive low rainfall from October to December.
- Prolonged and severe drought is exacerbating food insecurity and acute malnutrition in the Horn of Africa.
- Health actors declared a new cholera outbreak in Ethiopia’s Karsadula woreda, Somali Region, on October 10.
- WFP assisted 4.6 million people in Somalia in September with support from USAID/BHA and other donors.

1 FY 2023 funding for the Horn of Africa will be included in future products when committed/obligated. For information on the U.S. Government’s funding toward the response in FY 2022, refer to Horn of Africa Fact Sheet #3 released on September 21, 2022, available on the USAID website at https://www.usaid.gov/humanitarian-assistance/where-we-work.
KEY DEVELOPMENTS

CHC, FEWS NET Forecast Low Rainfall Across the Horn of Africa

Areas across the Horn of Africa are projected to experience moderate to severe rainfall deficits during the October-to-December 2022 rainy season, according to the University of California, Santa Barbara’s Climate Hazards Center (CHC). The CHC further anticipates that the region may experience below-average rainfall from March to May 2023 and warns that the projected rainfall deficits could exacerbate food and water insecurity, as well as contribute to worsening health outcomes, in drought-affected areas. The CHC forecast aligns with projections from an August Famine Early Warning Systems Network (FEWS NET) report, which warned that low rainfall during the October-to-December 2022 and March-to-May 2023 rainy seasons could exacerbate acute food insecurity in southeastern and southern pastoral areas of Ethiopia.

Relief Actors Warn of Rising Food Insecurity and Malnutrition in Kenya and Somalia

Drought conditions and high commodity prices are contributing to rising food insecurity in Kenya’s arid and semi-arid lands (ASALs), according to a September 28 IPC analysis. Fifteen of Kenya’s 23 ASAL counties were facing Crisis—IPC 3—levels of acute food insecurity as of September 28, four more counties compared to the initial projection for the same period from February. The IPC analysis projects that food insecurity will increase across all 23 ASAL counties between October and December 2022 and warns that four counties—Isiolo, Mandera, Marsabit, and Turkana—may shift from Crisis to Emergency—IPC 4—classifications as households gradually deplete their food stocks. Elevated food prices are impeding many households in the area from meeting their basic food needs.

Meanwhile, the Somalia Nutrition Cluster—the coordinating body for humanitarian nutrition activities, comprising UN agencies, non-governmental organizations (NGOs), and other stakeholders—continues to express concern about rising malnutrition risks facing internally displaced persons (IDPs) in Bay Region’s Baidoa District. The cluster’s September 19–24 malnutrition screening campaign in areas of the district hosting large IDP populations found extremely high rates of global acute malnutrition and severe acute malnutrition—59 and 24 percent, respectively—that exceeded findings from the post-gu seasonal food security and nutrition assessment conducted between May and July. In response to rising food insecurity and malnutrition risks, relief actors continue to distribute emergency food assistance and nutrition commodities to vulnerable households in Ethiopia, Kenya, and Somalia.

Ethiopia Health and WASH Clusters Report Cholera Outbreaks in Oromia and Somali

Health actors in Ethiopia confirmed a cholera outbreak in Somali Region’s Karsadula woreda, or district, on October 10. The declaration follows the Ethiopia Water, Sanitation, and Hygiene (WASH) Cluster’s September 14 announcement of a new cholera outbreak in neighboring Oromia Region’s Harena Buluk woreda. Health actors had recorded more than 250 confirmed cholera cases and eight related deaths across the two regions as of October 20. In response, USAID Bureau for Humanitarian Assistance (USAID/BHA) partner the UN Children’s Fund (UNICEF) had deployed staff to Harena Buluk as of September 20 to support the relief effort. UNICEF was also supporting the NGO GOAL to deploy a mobile health team to provide case management services in the woreda. Meanwhile, USAID/BHA partner the UN World Health Organization (WHO) recently deployed rapid response teams to Karsadula and established working groups at the zone and woreda level to facilitate information sharing.

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2 The Integrated Food Security Phase Classification (IPC) is a multi-partner initiative that developed a standardized scale to classify the severity and magnitude of food insecurity. The IPC scale, which is comparable across countries and time, ranges from Minimal—IPC 1—to Famine—IPC 5—for acute food insecurity.
among health actors operating in the district and surrounding areas. Health actors, including USAID/BHA partners, had established seven cholera treatment centers and more than 20 oral rehydration centers across Karsadula and Oromia’s Berbere, Delo Mena, and Harena Buluk woredas to treat individuals exhibiting cholera symptoms and help reduce disease transmission risks. Health and WASH actors are also conducting risk communication and community engagement activities in affected areas, as well as engaging in water quality monitoring and water treatment services.

Meanwhile, in Somalia, health actors continue to report suspected cases of cholera across 25 drought-affected districts in Banadir, Hirshabelle, Jubaland, and South West states. The Federal Government of Somalia Ministry of Health recorded more than 300 new suspected cholera cases from October 3 to 9, bringing the total number of suspected cases registered since January 1 to more than 11,000. In response, the Somalia Health Cluster—led by USAID/BHA partner WHO—is pre-positioning cholera kits in drought-affected district. Other health actors are administering oral cholera vaccines to vulnerable populations residing in nine high-risk districts.

**WFP Assists 4.6 Million Somalis in September**

The UN World Food Program (WFP) continued to support vulnerable households in Somalia throughout September, reaching approximately 4.6 million Somalis during the month with support from USAID/BHA and other donor agencies. The September beneficiary total includes approximately 4.1 million people who received cash transfers and emergency food rations and more than 506,000 people who received nutrition assistance from the UN agency. WFP continues to expand assistance to vulnerable populations in hard-to-reach areas of Somalia, a move which follows the September 5 release of the IPC Famine Review Committee’s Famine Projection in Bay Region’s Baidoa and Burhakaba districts. As of late-September, WFP had succeeded in reaching remote areas of Baidoa, which relief actors had faced difficulties accessing since 2006.

**KEY FIGURES**

**4.1 Million**
- People in Somalia reached with WFP food assistance in September.

**13 Partners**
- Providing health services to vulnerable communities in the Horn of Africa with USAID/BHA support.

**U.S. GOVERNMENT RESPONSE**

**FOOD SECURITY**

To address acute food insecurity in the Horn of Africa, USAID/BHA supports two UN agencies and nine NGOs across Ethiopia, Kenya, and Somalia to provide emergency food assistance—including U.S.-sourced wheat, or sorghum, pulses, and vegetable oil—to populations in greatest need, including refugee households. USAID/BHA partners in the region also provide cash transfers to food-insecure households, enabling them to purchase food from local markets, where available. In Somalia, USAID/BHA partner WFP provides vouchers redeemable for food in local markets to reduce food consumption gaps at the household level.

**HEALTH**

USAID/BHA supports ten NGOs and three UN agencies to improve access to health care services across Ethiopia and Somalia. USAID/BHA partners provide medical supplies, support mobile health units, and train community health workers to support urgent health needs, often integrated with nutrition and WASH programming. In addition, U.S. Department of State Bureau of Population, Refugees, and Migration (State/PRM) partners support essential health interventions for asylum-seekers, refugees, and other
vulnerable populations in Ethiopia and Somalia.

**NUTRITION**

USAID/BHA partners are leading efforts to prevent and treat wasting—the deadliest form of malnutrition—across Ethiopia, Kenya, and Somalia. Working through 11 NGOs and four UN agencies, USAID/BHA supports community-centered and evidence-based programs aimed at decreasing malnutrition-related morbidity and mortality by strengthening prevention efforts, as well as identification and treatment of wasting, particularly among children and pregnant and lactating women. USAID/BHA nutrition partners in Ethiopia, Kenya, and Somalia implement life-saving nutrition services as part of the national health systems and integrate nutrition assistance with food security, health, livelihood, and WASH interventions to prevent excess mortality and improve resilience among drought-affected households.

**PROTECTION**

In response to rising protection needs resulting from conflict and drought conditions, USAID/BHA is supporting 12 implementing partners across Ethiopia and Somalia. Partners are expanding gender-based violence (GBV) case management support, training social workers and community-based case workers, and providing dignity kits—which contain items to address the specific needs of women and girls—to GBV survivors. Implementing partners are also providing mental health and psychosocial support services to conflict-affected communities in both countries. In addition, State/PRM supports implementing partners in Ethiopia and Somalia to provide protection services to crisis-affected refugees and IDPs.

**WASH**

USAID/BHA and State/PRM support WASH programming throughout the Horn of Africa to prevent communicable disease outbreaks, such as cholera, and acute malnutrition in children and mothers. With USAID/BHA support, 21 NGO partners and two UN agencies across Ethiopia, Kenya, and Somalia are providing WASH services—including conducting hygiene awareness sessions, rehabilitating water systems, and providing safe drinking water—to IDPs and other people in need. In Somalia, USAID/BHA partners are improving access to safe drinking water and sanitation infrastructure, distributing materials to test and treat contaminated water, and providing technical support for community-led experts responsible for managing water and sanitation infrastructure. Additionally, State/PRM is supporting the Office of the UN High Commissioner for Refugees (UNHCR) to implement WASH activities that assist refugees sheltering across Ethiopia. In Kenya, USAID/BHA partners are supporting communities, as well as local and national governments, to rehabilitate and manage water systems in drought-affected areas and promote improved hygiene and sanitation practices for both drought-affected Kenyans and refugees.
CONTEXT IN BRIEF

- Populations across Ethiopia, Kenya, and Somalia struggle with the confluence of recurring climatic shocks, widespread food insecurity, and reduced access to livelihoods. These ongoing challenges, exacerbated by persistent conflict and resultant displacement, contribute to sustained humanitarian needs and ongoing complex emergencies. U.S. Government humanitarian assistance is designed to remain flexible and respond to needs as they arise, providing support to crisis-affected populations across the Horn of Africa.

- USAID/BHA continues to respond to acute needs resulting from persistent dry weather in parts of Ethiopia, Kenya, and Somalia, with four consecutive seasons of poor rainfall between 2020 and 2022 leading to the most severe drought on record in the Horn of Africa in the last 70 years. Critical water shortages in drought-affected areas have significantly undermined livestock conditions, livelihoods, and food security. The former USAID Office of Food for Peace and the former USAID Office of Foreign Disaster Assistance responded to heightened food and nutrition needs resulting from drought in Ethiopia between 2015 and 2018, as well as drought in Kenya and Somalia between 2016 and 2018.

- Intercommunal conflicts in Ethiopia have generated displacement, exacerbated humanitarian needs, and impeded humanitarian access since 2018. In Somalia, ongoing conflict—related to al-Shabaab attacks and resultant military operations, as well as intercommunal violence—continues to contribute to displacement and food insecurity, while restricting access to livelihoods. Sustained life-saving assistance, coupled with interventions aimed at building resilience, is critical to help conflict-affected households meet their basic needs and rebuild assets.


PUBLIC DONATION INFORMATION

- The most effective way people can assist relief efforts is by making cash contributions to humanitarian organizations that are conducting relief operations. A list of humanitarian organizations that are accepting cash donations for disaster responses around the world can be found at interaction.org.

- USAID encourages cash donations because they allow aid professionals to procure the exact items needed (often in the affected region); reduce the burden on scarce resources (such as transportation routes, staff time, and warehouse space); can be transferred very quickly and without transportation costs; support the economy of the disaster-stricken region; and ensure culturally, dietarily, and environmentally appropriate assistance.

- More information can be found at:
  - USAID Center for International Disaster Information: cidi.org
  - Information on relief activities of the humanitarian community can be found at reliefweb.int.

USAID/BHA bulletins appear on the USAID website at usaid.gov/humanitarian-assistance/where-we-work