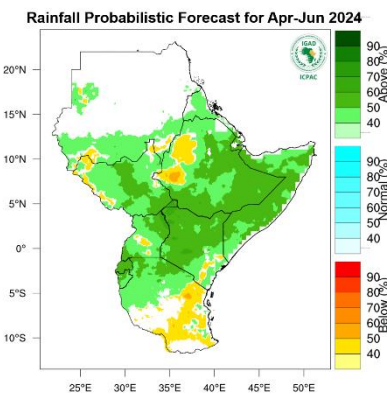




The GHOA region accounts for close to 22% of the global humanitarian caseload in 2024. It is one of the most vulnerable regions to climate change. The historic four-year drought that hit East Africa caused massive suffering. Over the past few months El Nino has exacerbated needs bringing torrential rains and exceptional floods in the same Horn, while bringing more drought to the west of the region, mainly in northern Ethiopia and Sudan. The increase in deadly climate-related disasters together with conflict has driven large displacements and extremely high levels of hunger. 45.9 million people are facing high level of food insecurity (IPC3+) with escalating hunger levels in Sudan, northern Ethiopia and South Sudan. 10.8 million children under the age of five years are estimated to be facing acute malnutrition by June 2024 and this is expected to worsen during the lean season. The surge in disease outbreaks including cholera, malaria, measles, rift valley fever, yellow fever, polio and anthrax can be directly linked to extreme climate events and conflict, with severe impact on illness and loss of life. Forecasted wetter than normal conditions during the Mar-May24 rainfall season raise concerns about further increased risk of water-borne and vector-borne diseases outbreaks, particularly in flood-prone areas.

RAINFALL FORECAST

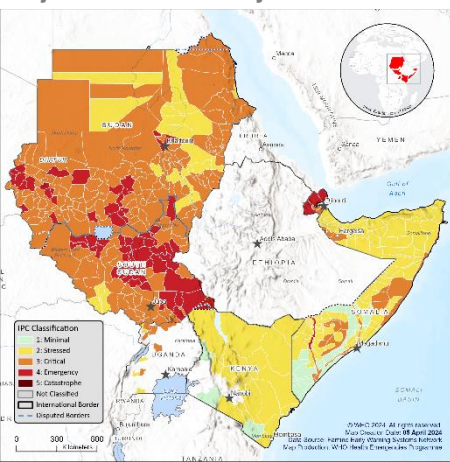


IPC CLASSIFICATION

45.8M people in IPC3+ in 7 countries, representing **21%** of the vulnerable people in need of aid assessed

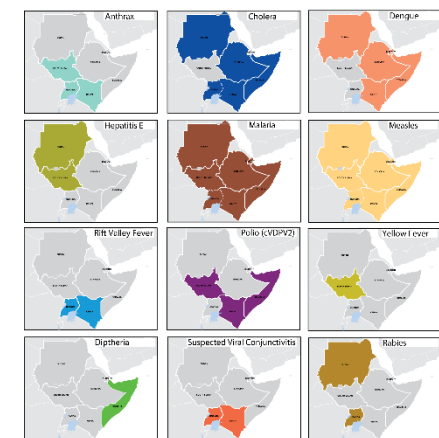
221M people assessed.

Projected food insecurity levels across different timelines

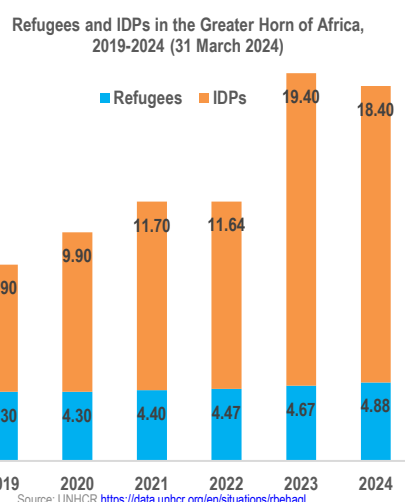


Projection Period	Assessed Population	Crisis (IPC Phase 3)	Emergency (IPC Phase 4)	Catastrophe (IPC Phase 5)	IPC Phase 3+	IPC3+ as % of assessed Pop
DJIBOUTI* (Jul - Dec 23)	1,181,675	185,312	100,102	0	285,414	24%
KENYA/ Asal Counties (Apr 24 - Jun 24)	16,617,000	1,197,750	25,750	0	1,223,500	7%
SOMALIA (Apr 24 - Jun 24)	18,706,931	2,695,880	714,360	0	3,410,240	18%
SOUTH SUDAN (Apr 24 - Jul 24)	12,613,120	4,684,000	2,336,000	79,000	7,099,000	56%
SUDAN* (Oct 23 - Feb 24)	48,190,706	12,828,395	4,898,486	0	17,726,881	37%
UGANDA/ Karamoja* (Sept 23 - Feb 24)	1,285,000	293,150	48,440	0	341,590	27%
Sub-Total		21,884,487	8,123,138	79,000	30,086,625	
ETHIOPIA 2024	123,000,000	People in need of food assistance (Source: HRP 2024)			15,800,000	13%
Total food insecure population in need of assistance IGAD Caseload					45,886,625	

DISEASE OUTBREAKS

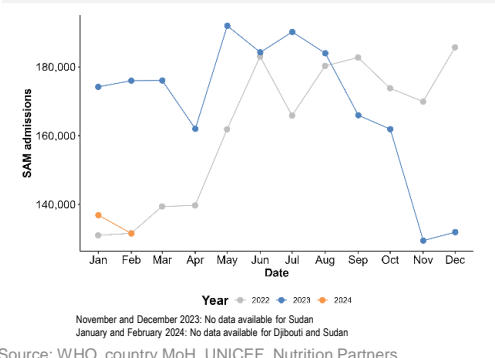


DISPLACEMENTS



MALNUTRITION

Est. Acutely malnourished children (2023/24)
 GAM: **10.8M** | **2.8M** SAM



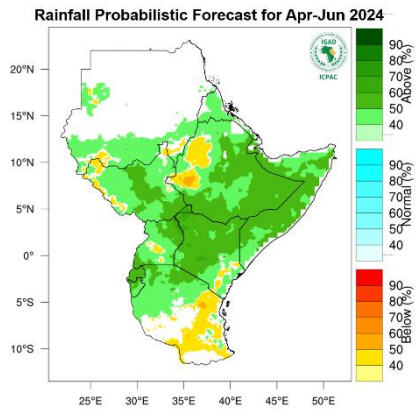
Source: IPC Food Insecurity Projections and numbers for Ethiopia *IPC Projections are outdated for these countries

Source: WHO, country MoH, UNICEF, Nutrition Partners



The Karamoja region in North Eastern Uganda is a semi-arid area that receives one season of rainfall annually. Compared to the rest of the country, it has higher poverty levels and the highest levels of food insecurity and malnutrition, attributable to structural poverty, insecurity due to cattle rustling, and local pastoral traditions centered on livestock. Extreme weather, including prolonged drought, has worsened poor feeding practices as well as hygiene and sanitation. The poor WASH status with a per capita water availability of 21% and latrine use of 30% also increases the risk for diarrheal diseases. The region bears a high burden of malaria, diarrhea, and tuberculosis, which are exacerbated by malnutrition. The food security situation in the region has persistently been at IPC Phase 3 or above. There was an increase from 27 percent in June 2020, to 30 percent in April 2021, 41 percent in April 2022, and to 45 percent in May 2023. From October 2023 to January 2024, there was the usual annual reduction in food insecurity following the harvest season.

RAINFALL FORECAST

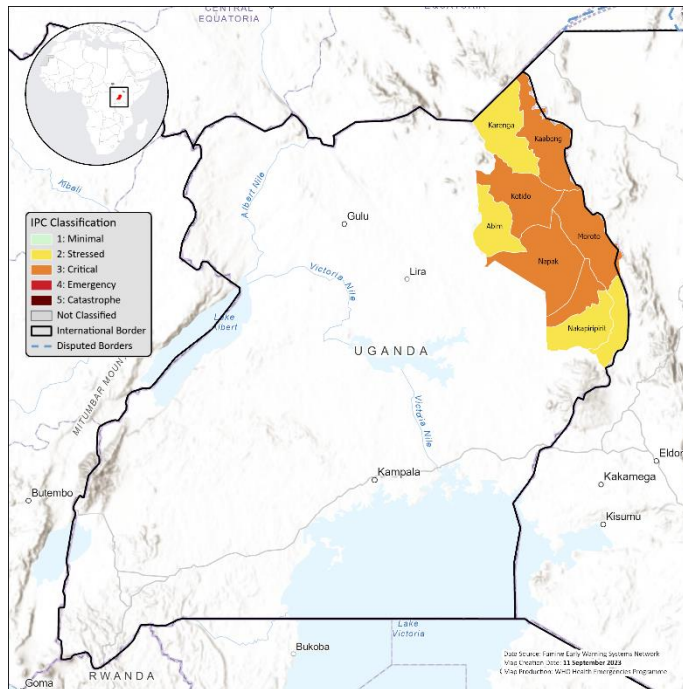


IPC CLASSIFICATION – (September 2023 – Feb 2024)

341K people in IPC3+.
Representing **27%** of the people assessed in Karamoja region.

1.28M people assessed.

Projected food insecurity outcomes September 23 – February 2024



Source: IPC Food Insecurity Projections

DISEASE OUTBREAKS

Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Malaria	12,430,124**	12,109(0.10%)	01/01/23 - 24/03/24
Cholera	132	-	26/06/23 – 24/03/24
Anthrax	49(03)**	24(48.97%)	01/08/23 - 26/02/24
Measles	1,655(6)**	1(0.06%)	01/01/23 - 24/03/24
Rift V. Fever	189(60)**	13(7.18%)	01/01/23 - 11/03/24

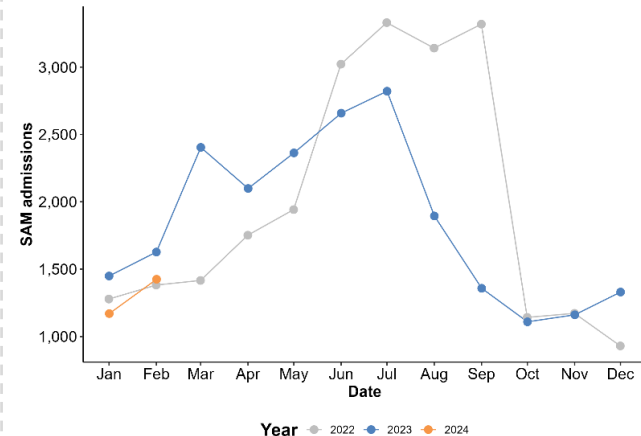
MALNUTRITION – Karamoja

Est. Acutely malnourished children (2023/24)

GAM: **89K** | **20K** SAM

Source: IPC

Actual SAM admissions reported (2022 – Feb. 2024)



Source: WHO, country MoH, UNICEF, Nutrition Partners

DISPLACEMENTS

IDPs

1.70M refugees

returnees

Source: UNHCR (31 March 2024)

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

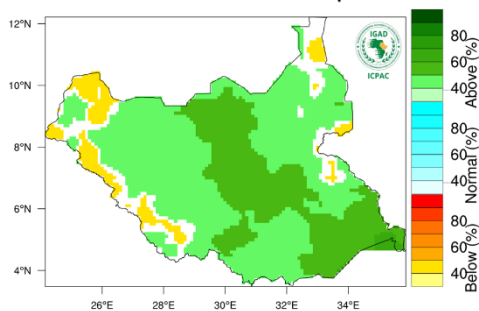
Update date: 07 April 2024 Sources: IGAD/ICPAC meteorological data and predictions GHOA and <https://www.ipcinfo.org/ipc-country-analysis/ipc-mapping-tool/>, Country HRP Feedback: Samuel Omara omaras@who.int HIM Team GHOA_info@who.int www.who.int



The compounding effects of years of conflict, sectarian violence, extreme weather events, food insecurity and epidemics, and the spill over effects of the Sudan crisis are at the root of the complex humanitarian situation in South Sudan. In 2024, a total of 9 million people need humanitarian support, and 6.3 million people require health assistance. The food insecurity situation continues to persist in the country, resulting in a devastating impact on the already vulnerable population. An estimated 7.1 million (56% of the total population) are facing a crisis or worse level of food insecurity. The situation is expected to worsen, during the lean season between June and September 2024. Malnutrition prevalence remains critical at 16.0%, beyond the emergency threshold of 15 percent. An estimated 2.5 million individuals are at risk of malnutrition, including 1.65 million children and 870,000 pregnant and lactating women acutely malnourished and in need of treatment in 2024. A high level of food insecurity, poor infant and young child feeding practices, poor WASH conditions, and a high morbidity rate have contributed to the increased prevalence of malnutrition.

RAINFALL FORECAST

Rainfall Probabilistic Forecast for Apr–Jun 2024



IPC CLASSIFICATION – (April – July 2024)

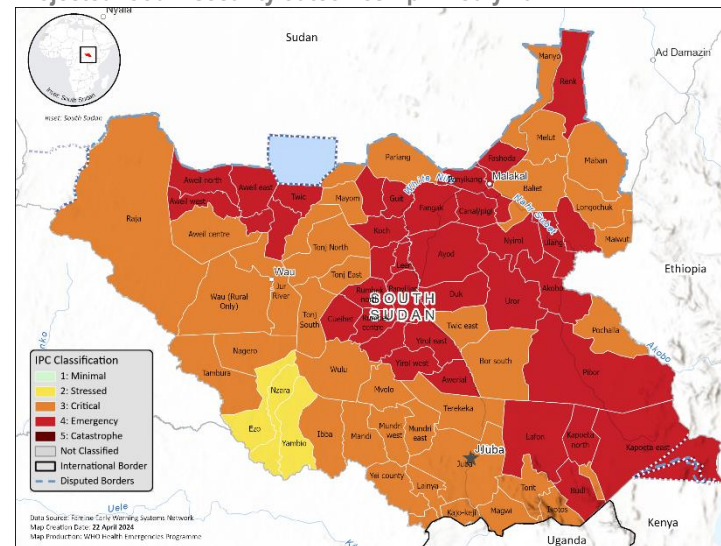


7.1M people in IPC3+ in South Sudan. A projected **6.3M** in need of health assistance (HRP 2024)



12.6M people assessed

Projected food insecurity outcomes April - July 2024



Worsening situation during the lean season, April-July 2024, with an estimated 7.1 million people (56% of the population) will likely face IPC Phase 3 acute food insecurity or worse

DISPLACEMENTS



2.0M IDPs



455K refugees



116K returnees

Source: UNHCR (31 March 2024)

Source: IPC Food Insecurity Projections



DISEASE OUTBREAKS

Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Hepatitis E	1,245(181)**	13(1.04%)	01/01/23 – 17/03/24
Yellow Fever	104(03)**	6(6.25%)	11/12/23 – 04/04/24
Anthrax	85	1(1.18%)	01/01/23 – 31/01/24
Malaria	4,436,062**	1,324(0.029%)	01/01/23 – 17/03/24
Polio (cVDPV)	4 (2)	–	14/12/23 – 25/03/24
Measles	8,409(742)**	187(2.22%)	01/01/23 – 24/03/24



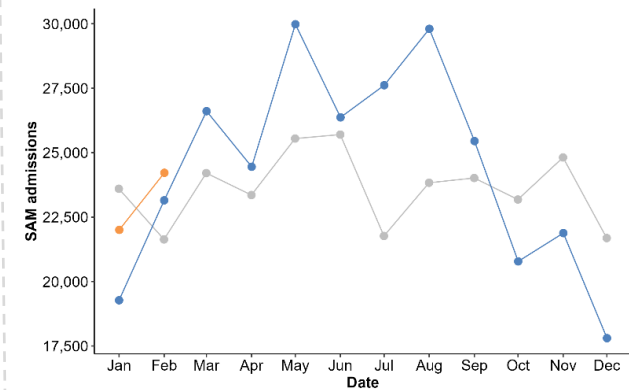
MALNUTRITION

Est. Acutely malnourished children (2023/2024)*

GAM: **1.7M** | **484K** SAM

Source: IPC

Actual SAM admissions reported (2022 – Feb. 2024)

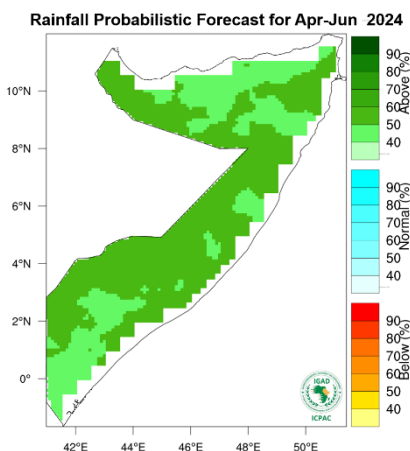


Year ● 2022 ● 2023 ● 2024
Source: WHO, country MoH, UNICEF, Nutrition Cluster



Prolonged conflict, frequent epidemics of cholera and measles, dengue fever, and diphtheria, emerging threats of Pertussis, Rift Valley fever, as well as widespread poverty, continue to weaken health provision in Somalia. The country is experiencing the impact of El Niño and is currently bracing for the rainy season amidst projections of a wetter-than-usual period with the potential to cause flash floods as well as river floods, likely due to an anticipated tropical cyclone. Conditions are expected to be favorable for desert locust breeding and spread, which could worsen food security. These are manifestations of extreme weather and are occurring as Somalia makes efforts to recover from nearly three years of drought exacerbated by flooding during the March-May and October-December rainy seasons in 2023. As of April 2024, more than 3.4 million people are experiencing high levels of acute food insecurity (18% of the population), which is a decline by 15% compared to the January to March 2024 projections related to the anticipated normal to above-normal Gu rains. Most of this improvement is expected in rural areas where enhanced pasture and water for livestock and increased agricultural activities in crop-dependent areas are foreseen. However, the number of children facing acute malnutrition is expected to increase from 1.5 million to 1.7 million, including 430,000 who will be severely acutely malnourished by December 2024.

RAINFALL FORECAST



IPC CLASSIFICATION – (Apr – Jun 2024)

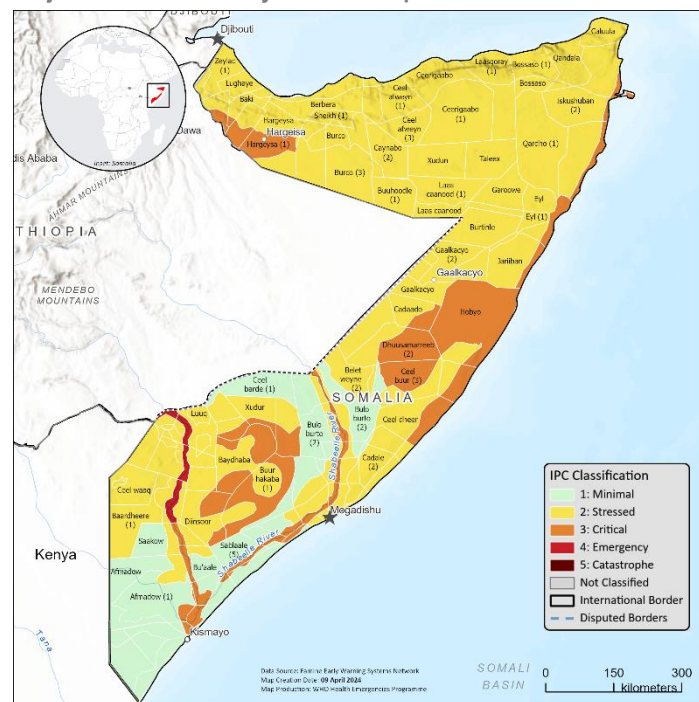


3.4M people in IPC3+ in Somalia.
Representing **18%** of population analyzed*.



18M people assessed.

Projected food insecurity outcomes April – Jun 2024



Source: IPC Food Insecurity Projections



DISEASE OUTBREAKS

Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Cholera	24,047	113(0.47%)	01/01/23 – 24/03/24
Diphtheria	437	62 (14%)	Up to 11/03/2024
Dengue	2,850(150)**	0	01/01/2024 - 24/03/24
Malaria	15,160(10,982)**	—	01/01/2023 - 24/03/24
Polio (cVDPV)	9 (cVDPV2)**	—	01/01/2023 - 06/03/24
Measles	17,074 (1,483)**	—	01/01/23 – 24/03/24



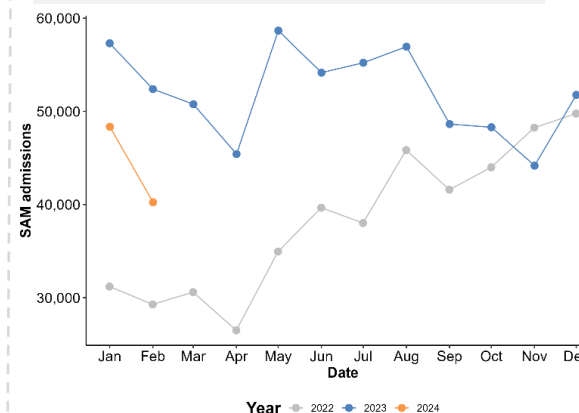
MALNUTRITION

Estimated Acutely malnourished children (2024)

GAM: **1.7M** | **430K** SAM

Source: IPC

Actual SAM admissions reported (2022 – Feb. 2024)



Source: WHO, country MoH, UNICEF

DISPLACEMENTS



3.9M IDPs



39K refugees



98 returnees

Source: UNHCR (31 March 2024)

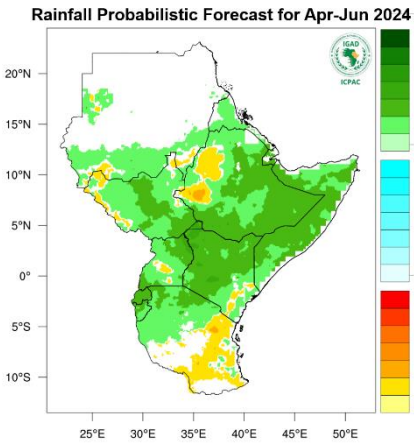
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Update date: 07 April 2024 Sources: IGAD/ICPAC meteorological data and predictions GHOA and <https://www.ipcinfo.org/ipc-country-analysis/ipc-mapping-tool/>. Country HRP Feedback: Samuel Omara omaras@who.int HIM Team GHOA_info@who.int www.who.int

The impacts of El-Niño rains which extended from October to January has continued to be felt in the country. The water-borne disease like cholera, diarrhea has reduced but the vector-borne disease outbreaks are still ongoing and being reported in different areas of the country like malaria, Dengue fever cases. The disease outbreaks has claimed three (3) deaths, Cholera (1), malaria (2) in the months of February and March. Rift valley fever has also claimed many deaths and abortion of animals. The country has also experienced other disease outbreaks like measles and upsurge of respiratory illnesses. The measles outbreak has now been reported in nine (9) counties affecting nineteen (19) sub counties. The respiratory illnesses are highly reported in the coastal counties, Mombasa, Kilifi and Kwale affecting more under-fives. The weather forecast by meteorology department for March, April and May (MAM) predicted above-average rainfall over the Lake Victoria Basin, Highlands West of the Rift Valley, Central, Northern and Southern Rift Valley, Highlands East of the Rift Valley (including Nairobi County), North eastern, South eastern Low lands, and North western regions. The potential impacts of the MAM rains 2024 may be both positive and negative. This may increase the food production and increase in productivity of livestock but on the other side, crops and livestock pests and diseases are likely to increase due to high humidity, coupled with warmer than average temperatures. The nutrition situation is expected to improve in some areas. Despite expected improvement, acute malnutrition remains prevalent in the Kenya ASALS. Based on the key assumptions for acute malnutrition in the period of March- June 2024, expected high rainfall and flooding is likely to increase disease burden in most areas with continuation of current outbreaks of cholera, measles, and dysentery. Increase in consumption of unsafe water and contaminated environment due to poor sanitation will increase the risk to disease.



RAINFALL FORECAST



IPC CLASSIFICATION – (Apr– Jun 2024)

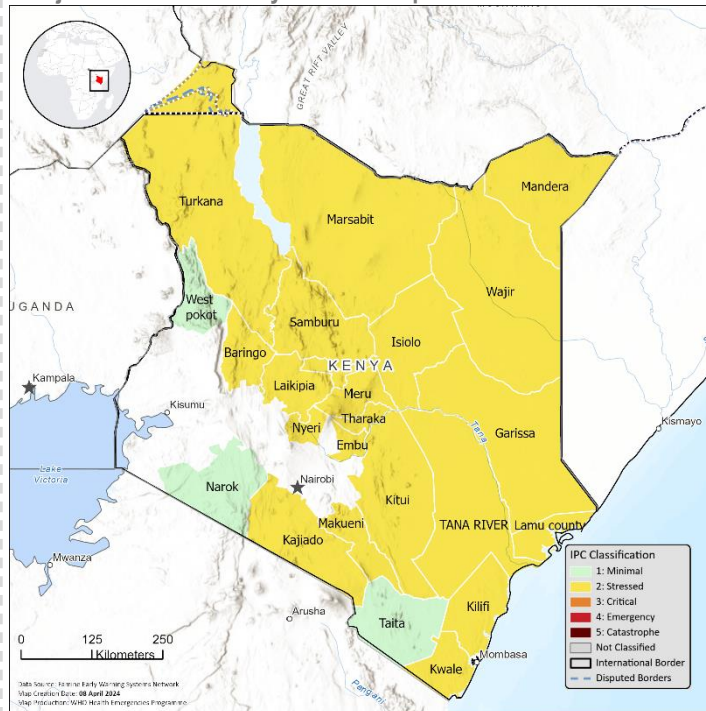


1.2M people in IPC3+ in Kenya.
Representing **7%** of the population analyzed.



16.6M
people assessed.

Projected food insecurity outcomes April - June 2024



DISEASE OUTBREAKS

Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Cholera	9,454(992)**	151(1.59%)	01/01/23 - 21/03/24
Anthrax	68	0	11/02/24 - 21/03/24
Malaria	13,260,763**	1,448 (0.0109%)	01/01/23 - 24/03/24
Polio (cVDPV)	14(cVDPV2)**	—	01/01/23 - 21/03/24
Rift. V. Fever	145 (7)**	0	15/01/24 - 12/03/24
Dengue	71(43)**	0	14/03/24 - 21/03/24
Measles	2,294(505)**	35(1.53%)	01/01/23 - 21/03/24



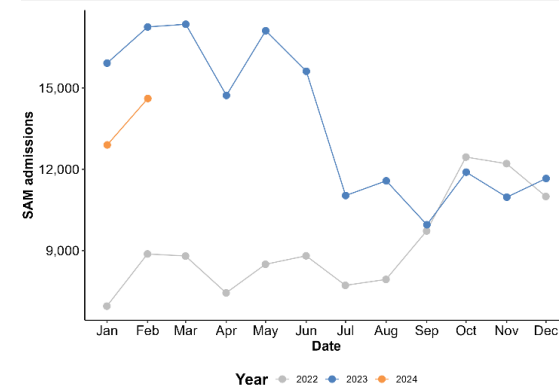
MALNUTRITION

Estimated Acutely malnourished children (2023/24)

GAM: **847K** | **195K** SAM

Source: IPC

Actual SAM admissions reported (2022 – Feb. 2024)



Source: WHO, country MoH, UNICEF, Nutrition Partners

DISPLACEMENTS



■ IDPs



767K refugees



■ returnees

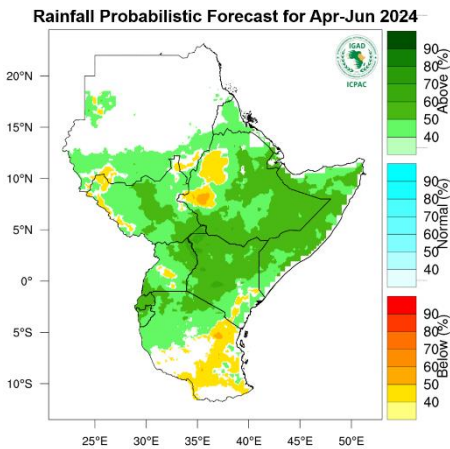
Source: UNHCR (31 March 2024)

Source: IPC Food Insecurity Projections



A total of 21.4 million people need humanitarian support in Ethiopia including over 16.4m requiring health assistance due to the combined security, epidemiological, environmental, and socio-economic hardships. The country is experiencing multiple public health events such as disease outbreaks of cholera, malaria, dengue fever, measles, and malnutrition among many others. The effects of drought and localized conflicts have negatively impacted public health systems. These have been impacted by physical constraints to access, health facility damage, lack of medical supplies and equipment, lack of skilled healthcare workers, low partner presence in some locations and negative coping mechanisms resulting from the deterioration of livelihoods. Additional efforts are needed to address ongoing epidemic outbreaks in most parts of the country and to support the recovery process in conflict-affected areas (Afar, Amhara, Tigray, Oromia, and Benishangul Gumuz regions) that are now accessible.

RAINFALL FORECAST

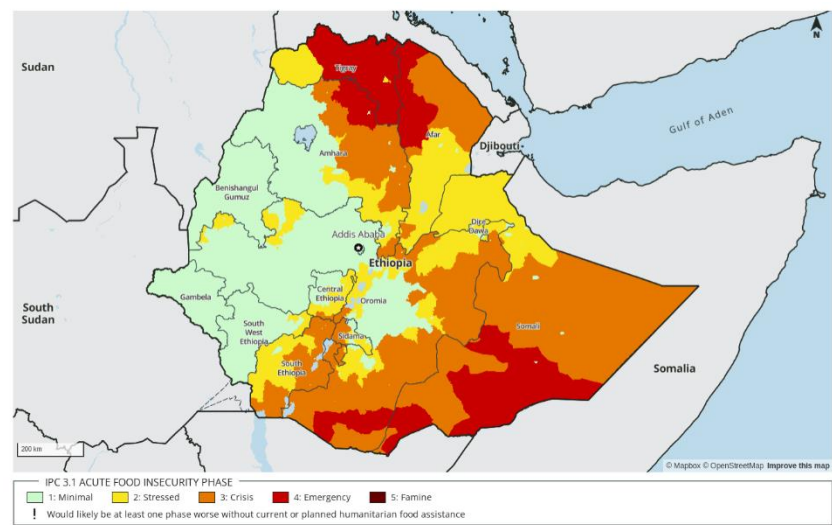


HUMANITARIAN RESPONSE PLAN ESTIMATES

15.8M* people food insecure. **15.5M** people targeted for humanitarian assistance due to drought (HRP 2024)

123M people assessed.

Projected food security outcomes, February – May 2024



DISEASE OUTBREAKS

Disease	Cases (confirmed)	Death (CFR %)	Reporting Period
Cholera	39,240**	464 (1.18%)	01/01/23 - 24/03/24
Dengue	23,381**	17(0.073%)	02/04/23 - 26/02/24
Malaria	5,124,234**	445(0.0086%)	01/01/23 - 24/03/24
Measles	50,741**	391(0.77%)	01/01/23 - 24/03/24

MALNUTRITION

Est. Acutely malnourished children (2024)
GAM: 3.4M | 942K SAM Source: IPC

Actual SAM admissions reported (2022 – Feb. 2024)

SAM admissions (Y-axis: 50,000 to 70,000)

Date (X-axis: Jan to Dec)

Year (Legend: 2022, 2023, 2024)

Source: WHO, country MoH, UNICEF, Nutrition Partners

DISPLACEMENTS

3.5M IDPs

974K refugees

3K returnees

Source: UNHCR (31 March 2024)

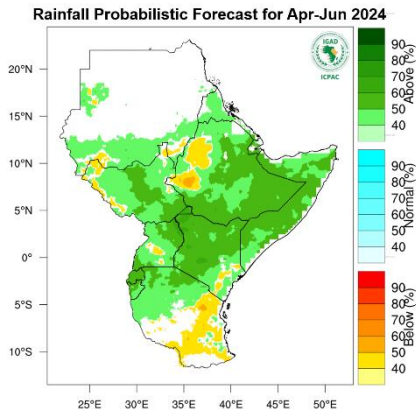
Source: <https://fews.net/east-africa/ethiopia>

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
 Update date: 07 April 2024 Sources: IGAD/ICPAC meteorological data and predictions GHOA and <https://www.ipcinfo.org/ipc-country-analysis/ipc-mapping-tool/>. Country HRP Feedback: Samuel Omara omaras@who.int HIM Team GHOA_info@who.int www.who.int

Djibouti continues to experience multiple public health events such as disease outbreaks of malaria, dengue fever, AWD, suspected cases of measles, and acute malnutrition. The effects of drought and food insecurity have gravely impacted an already fragile health system, worsening the access to health facilities, the quality of healthcare, lack of medical supplies and equipment, scarcity of human resources, and low presence of NGOs in the country. Furthermore, access to health services is hindered by cultural and geographical barriers, low literacy and disparities in access to healthcare between urban, rural and nomad. 285,000 people, representing 24 percent of the population analyzed, were projected to be acutely food insecure from July to December 2023 including 100,000 people estimated to endure extreme food shortages and acute malnutrition (IPC phase 4). Djibouti is a very important transit country for migration in the East and Horn of Africa due to its geographical proximity with the Arabian Peninsula. Thousands of irregular migrants use Djibouti as both a country of destination and transit on their journey. Recently, Djibouti has witnessed an increasing flow of migrants and asylum seekers from the Horn and Eastern Africa (mainly Somalia and Ethiopia), owing to the critical situation in these countries. The situation has worsened during recent months due to increased food insecurity and political instability in the region. In December 2023, the Displacement Tracking Matrix(DTM) reported that migration along the Eastern Corridor through Djibouti's western borders increased by 29% compared to the previous month. Tadjourah, Obock and Ali Sabieh regions, hosting migrants and refugees, face the highest food insecurity and malnutrition prevalence.



RAINFALL FORECAST

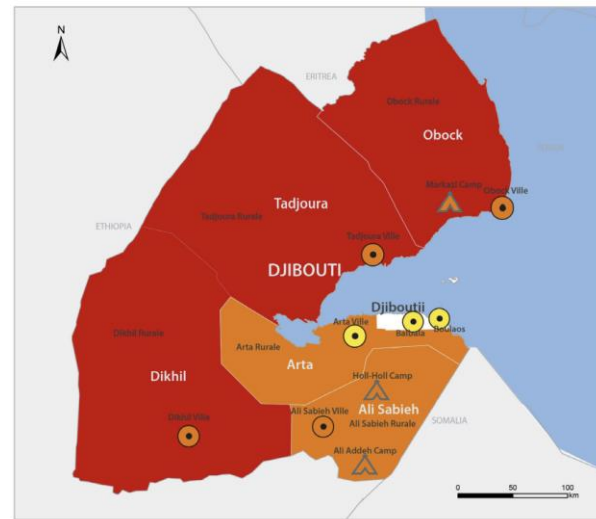


IPC CLASSIFICATION – (July – Dec 2023)

285K people in IPC3+ in Djibouti.
From July– Dec 2023, about 24% is projected to be facing high acute food insecurity (Phase 3 and 4)

1.2M people assessed.

CARTE ET TABLEAU DE LA POPULATION DE L'INSÉCURITÉ ALIMENTAIRE AIGUË PROJÉTÉE (JUILLET - DÉCEMBRE 2023)



LÉGENDE
Classification IPC des phases d'insécurité alimentaire aiguë (IAA)
(la Phase cartographiée représente la sévérité qui touche au moins 20 % de la population)

Symboles de la carte
● Classification des zones d'installation urbaines
▲ Classification des zones d'installation de PDI/autres

La zone reçoit une importante aide alimentaire humanitaire
(pris en compte dans la classification des phases)
● Au moins 25% des ménages ont 25-50% de leurs besoins caloriques couverts par l'assistance alimentaire humanitaire
● Au moins 25% des ménages ont plus de 50% de leurs besoins caloriques couverts par l'assistance alimentaire humanitaire

Niveau de preuve
** Moyen

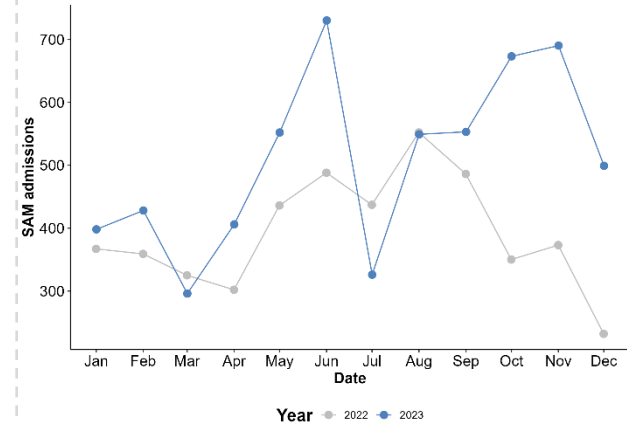
MALNUTRITION

Est. Acutely malnourished children (2023)

GAM: **33K** | **5.5K** SAM

Source: IPC

Actual SAM admissions reported (2022 – Dec 2023)



DISPLACEMENTS

■ IDPs

■ 32K refugees

■ returnees

Source: UNHCR (31 March 2024)

Source: IPC Food Insecurity Projections

Source: WHO, country MoH, UNICEF, Nutrition Partners

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Update date: 07 April 2024 Sources: IGAD/ICPAC meteorological data and predictions GHOA and <https://www.ipcinfo.org/ipc-country-analysis/ipc-mapping-tool/>. Country HRP Feedback: Samuel Omara omaras@who.int HIM Team GHOA_info@who.int www.who.int