



HEALTH CLUSTER SOMALIA

Monthly Bulletin, April 2017



6.2m People Affected



5.5m in Need of Health Services



260 Sentinel Sites



1.1m Internally Displaced



WHO Representative for Somalia, Dr Ghulam Popal talks to parents of an AWD infected child at Baidoa Hospital . Photo by WHO.

HEALTH CLUSTER PARTNERS

97 Health Partners*

Targeted Population - 4.3 Million

HEALTH FACILITIES (HF)

1,074 Health Facilities (Hospitals, Health Centres, Primary Health Units and Referral Health Units)**

800 Health Facilities Functioning

HEALTH ACTION

338,671 Consultations***

NO. OF PEOPLE VACCINATED

194,268 Measles****

2,382,137 Polio*****

FUNDING

\$107 Million Requested

\$5.9 Million Received

6% Funded

HIGHLIGHTS

2,691 AWD/Cholera cases and 22 deaths were reported from 44 districts in 15 regions during the week ending 7th May.

WHO Representative for Somalia Dr Ghulam Popal and Somalia's Minister of Health and Social Services H.E. Dr Fawziya Abikar conducted a visit to Baidoa to assess the AWD/Cholera situation and outbreak response in South West State.

Health, WASH and Nutrition clusters, in collaboration with Federal and State Ministries of Health (FMoH), developed operational guidelines for 34 Integrated Emergency Response Teams.

In Baidoa and Jowhar districts, MoH, in collaboration with WHO, UNICEF and partners, launched the second phase Oral Cholera Vaccination (OCV) campaign, targeting 463,000 beneficiaries above one year of age. 442,099 people (95% coverage) were vaccinated during this campaign.

FMoH, with support from WHO, provided an AWD/Cholera Prevention, Case Management, Surveillance, Outbreak Investigation and Rumour Verification cascade training to 110 Health Workers, District Medical Officers and Social Mobilizers from Banadir, Middle and Lower Shabelle regions.

338,671 people received primary and secondary health care services from health partners in April.

*76 HRP and 21 non-HRP partners

** According to Service Availability and Readiness Assessment (SARA) 2016

*** Mostly Outpatient Consultations for HRP projects

**** January to September 2016

***** Vaccination during the last National Immunization Day (NID1) 2017

Background to the Somalia Crisis

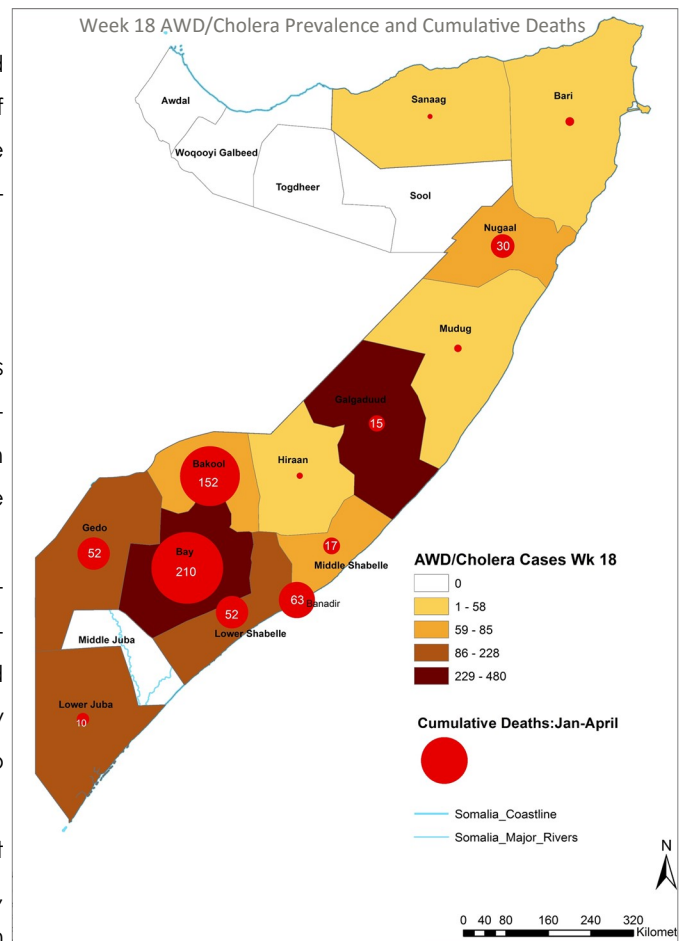
The health sector in Somalia is still in a critical condition with one of the worst health indicators in the world. With a population of 12.3 million, 1.1 million people are internally displaced. The under-five mortality rate is 137 per 1,000 live births while approximately 732 women per 100,000 live births die from pregnancy or childbirth-related complications. 5.5 million people are in urgent need to access emergency health services. The humanitarian needs in Somalia have long been driven by an extremely complex mix of factors including the ongoing violence and instability, deterioration of living conditions largely as a result of years of conflict, floods and droughts, limited access for health care providers, and the continued lack of funding for the health sector. The rapid movement of IDPs has overwhelmed health facilities, while the national supply chain has ruptured and is unable to rapidly redirect support. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages and rupture of the cold chain. The situation remains fragile and the dire humanitarian needs in Somalia remain high. The Health Cluster coordinates the humanitarian health response of over 90 health partners and strengthens system-wide capacities to ensure an effective and predictable health response to disease outbreaks. Regular meetings, continuous updates on health status, coordinated needs assessments and response to service provision gaps are some of the activities of the cluster. Inter-cluster coordination is active and promotes collaboration with other clusters, particularly WASH and Nutrition.

AWD/Cholera Updates

- Cumulatively, 37,930 suspected AWD/Cholera cases and 683 deaths (Case Fatality Rate-1.8%) have been reported from 52 districts across 14 regions since the beginning of 2017. AWD/Cholera cases recorded in the past 18 weeks are significantly more than cases reported during the same period in 2016.

Response Activities

- Health partners continued to scale up response activities meant to curb the spread of AWD/Cholera in affected areas. 10 Rapid Response Teams were dispatched to South West State, Jubbaland and Banadir regions to control the outbreak.
- 5 Cholera Treatment Centres (CTCs) and 8 Cholera Treatment Units (CTUs) were opened in Abdudwak, Dhusamareeb (Galgadud), Waajid, Elberde (Bakool), Balcad (Middle Shabelle), Buuhoodle, Buroa (Togdheer), Dolow (Gedo), and Wanlaweyne (Lower Shabelle) in response to the increase in AWD/Cholera cases in the districts.
- In Middle and Lower Shabelle, 68 health workers underwent a five-day cascade training on AWD/Cholera Prevention, Case Management, Surveillance, Outbreak Investigation and Rumor Verification. The training was conducted by FMOH, with support from WHO.
- Training of 30 integrated health response teams was conducted in Baidoa, Gedo and Mogadishu.
- Airing of AWD/Cholera prevention messages on local radio stations to raise public awareness is continuing.



For latest detailed AWD/Cholera Sitrep, please follow the link below:

<https://www.humanitarianresponse.info/en/operations/somalia/document/somalia-cholera-sitrep-week-18>

Emergency Health Supplies

- 8 Diarrhoeal Disease Kits (DDKs) and 150 Cholera beds were distributed to Cholera Treatment Facilities in affected regions of Gedo, Togdheer, Awdal, Middle and Lower Shabelle. Each kit is enough to treat 10,000 people for 3 months. In addition, health partners recruited additional medical staff, dispatched tents, medicines and emergency mobile teams to respond to new AWD/Cholera cases in Puntland and Somaliland. A Trauma A kit containing medicines and medical material was also dispatched to Baidoa district.

Health Partners' Response

- 34 Integrated Emergency Response Teams (IERT), each consisting of 1 Doctor, 2 Nurses, 1 Midwife and 1 Community Health Worker have been identified by FMOH and respective State Ministries. WHO, Save the Children, UNICEF and IOM have begun providing refresher training to the teams before deployment to hot spots. Banadir, Lower Shabelle, Bay, Bakool, and Gedo have been prioritized in the first pilot phase of IERTs deployment.
- In Baidoa and Jowhar districts, MoH, in collaboration with WHO, UNICEF and partners, launched the second phase Oral Cholera Vaccination (OCV) campaign, targeting 463,000 beneficiaries above one year of age. 442,099 (95% coverage) people were vaccinated during this campaign. The second round vaccination campaign will ensure efficacy and effectiveness of the vaccine and contribute to the reduction of morbidity and mortality associated with AWD/Cholera in Somalia.
- On 24th April, MoH, supported by WHO and UNICEF, launched an Emergency Measles Vaccination campaign in Baidoa IDP settlements. The campaign targeted 30,000 children under five years from drought displaced families (and who have never been vaccinated before). Vitamin A supplementation was also given to all children aged between 6 to 59 months.

Hiraan

- Mercy-USA opened a CTU in Goobo town. AWD cases are on the rise in Goobo due to increased inflow of IDPs from Galgudud and Mudug regions. Goobo and its surrounding villages have no access to alternative sources of clean water since wells in the villages are contaminated.
- In Beletweyne district, CESVI established 2 health facilities (one in Howlwadag section and another in Farlibah town) to respond to people affected by the worsening drought through provision of integrated emergency primary healthcare services and essential medical supplies.
- Mercy-USA, in collaboration with WARDI Relief and Development Initiative, Hiraan WASH sub-cluster and Save the Children, trained hygiene promoters, conducted hygiene promotion sessions and distributed 700 hygiene kits to beneficiaries in Goobo town.
- Relief International conducted 21 health education sessions, including hand washing, at facility and community levels in Mahas district.

Lower and Middle Shabelle

- In Middle Shabelle, Qatar Red Crescent Society (QRCS) established a CTU in Balad health centre and trained the AWD/Cholera response team to provide AWD case management.
- Medair deployed 2 mobile Integrated Nutrition and Health teams to Lower and Middle Shebelle to conduct health and nutrition interventions in hard to reach villages of Afgoy and Balcad district.



WHO Emergency Health supplies being off-loaded at Mogadishu airport. Photo by WHO.



A health worker attends to an AWD/Cholera patient at Mataban Health Centre. Photo by Relief International.

- In collaboration with WHO, QRCS established 4 mobile clinics in Lower and Middle Shebelle to provide life-saving health services to drought-affected people in the two regions.
- During the reporting period, CESVI began providing primary health care services through the newly built Maternal and Child Health centre in Jazeera town, Lower Shabelle region.
- In Lower Shebelle, Medair opened a new primary health care facility in Taredisho, Kaxda in KM 13 area where new IDPs have settled.

Bay and Bakool

- Swisso Kalmo conducted hygiene promotion sessions and distributed hygiene kits at 20 schools in Baidoa and Goofgadud Shabelow districts.
- Following a Joint Assessment on the recent AWD/Cholera outbreak along riverine villages conducted by MoH in collaboration with Health partners, Medair opened a CTU in Yaqle town to manage referrals from nearby villages.



IRC mobile health team providing consultation services at Bakar IDP camp in Mogadishu. Photo by IRC

Banadir

- International Rescue Committee established an outreach mobile team at K13 (Bakar IDP camp) targeting 30,000 people as part of scale up of health and nutrition services.

Gaps and Challenges

- The health cluster funding shortfall continues to hamper delivery of life-saving health services to most vulnerable people including IDPs in Somalia.
- Inaccessibility of some areas as a result of insecurity is affecting delivery of basic health services to affected communities.
- Additional support with life-saving medical supplies to health facilities, especially in drought and AWD/Cholera-affected areas of Somalia is urgently required.
- Gaps in access to basic health services will increase due to the ending of the Joint Health and Nutrition Programme which is the largest health sector development programme in Somalia.
- Additional Cholera Treatment Centres are required in Bayi, Bakool and Lower Jubba to treat people infected with AWD/Cholera

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