Almost half of the 12.3 million population of Somalia, 5.5 million people, are in urgent need of emergency health services. Insecurity, displacement, poor health seeking practices, concentration of health facilities in urban areas, as well as the continuous spread of measles, AWD/Cholera and complications arising from severe malnutrition has complicated health crises in Somalia.

The health cluster through its partners has provided more than 3.1 million health consultations in 2017 which is 73% of its yearly target. It has provided more than 226 thousand consultations in December alone which is 68% of its monthly target.

Since the start of the year, a total of 78,560 cumulative cases of AWD/cholera recorded from health facilities across the country and 1,160 deaths have been reported in 55 districts of 16 regions across Somalia. 316 cases and 1 deaths have been recorded from sections of Beletweyne town and surrounding villages.

The numbers of suspected cases of measles still remain at epidemic levels with 20,809 suspected cases of Measles reported mainly from Nugal, Mudug, Bari, Banadir and Lower Shabelle. Approximately 84% of these being under ten years of age. Although there has been a decline in recent months, the number of cases is 4 times as high as those reported in 2015 and 2016.

(Left) A patient receiving treatment at a UNICEF supported cholera treatment centre Photo courtesy ©UNICEF Somalia/2017/Prinsloo
Summary of Humanitarian Situation

Somalia is in its second year of widespread drought. Conditions in 2017 have continued to deteriorate following poor and below normal Gu rains. Overall 6.2 million people are now in need of life-saving and livelihoods support. 2017 has seen two major communicable disease outbreaks take place across Somalia – measles and cholera. For the period through to the end of September, more than 78,240 cases of cholera/AWD and 19,316 cases of measles have been reported. The drought has affected a population with pre-existing poor health status and in a country where the health system is largely challenged. Furthermore prior to the onset of the current drought, 42% of children under the age of 5 years were stunted whilst 13.2% were wasted. The under 5 mortality rate of 137/1000 as well as maternal mortality ratio of 732/100,000 live births are the highest in the region.

The Health Cluster is coordinating a humanitarian health response which involves more than 60 partners. The work of partners includes the strengthening of system-wide capacities to ensure an effective and predictable health response to the main causes of avoidable death, illness and disability.

Partner Updates

Maternal, new-born and reproductive health

ARC is currently supporting three health facilities in Kismayo (two MCHs and maternity department in Kismayo general hospital) which targets vulnerable populations including IDPs, returnees and the host community. Through its facilities, 1118 pregnant women received ANC services while 458 mothers received PNC services. Additionally, 213 mothers delivered at the three health facilities (142 at the hospital with 13 c-section cases and 71 in the two MCHs). However due to lack of funds, ARC support to Kismayo hospital maternity ward will end in January and no partner has so far received funding to take over the maternity ward.

Relief International has reached 3780 women with antenatal care in its health facilities and has distributed Long Lasting Insecticide treated Nets (LLIN) to more than 430 pregnant and lactating women.

HINNA provided essential maternal and child health services to 115 beneficiaries in its clinic in Daynille including provision of essential drugs and LLIN.

Somali Aid has responded to the fragile health situation through provision of life saving health and nutrition services in both urban and rural areas in Kismayo and Badhade districts of lower Juba. In the month of December it has provided more than 10,000 ANC consultations across all their facilities as well as 155 successful live deliveries. Somali Aid has already acquired a cold chain for Burgabo and as a result immunization services are continuously provided to the community of Burgabo.

Child Health

Relief International is currently implementing 12 fixed health centers and 2 mobile clinics in Hiran, Banadir and Gedo regions focusing on primary health care, including Maternal, new-born, child health and nutrition interventions. It has reached 5284 children with various vaccinations including for BCG, Penta 1 & Penta 3 as well as measles. It has also treated 818 children under 5 for acute diarrhoea in its facilities.

Preparations for a further mass measles campaign, targeting 4.2 million children aged 6 months to 10 years, has begun with regional states completing their district micro-plans with support from MOH/WHO/UNICEF technical teams. The campaign is due to commence Jan 21-25 in the central & southern regions through the support of UNICEF, WHO and other health cluster partners.

Photo courtesy Relief International
Partner Updates ctd..

Cholera

Whilst an overall decline is being reported, new AWD/cholera cases have been reported from Beletweyne district of Hiran region during December. Between 5th-31st Dec, a total of 316 cases and 1 deaths have been recorded from sections of Beletweyne town and surrounding villages alongside the river.

WHO supported the collection of stool samples and shipped to Mogadishu for analysis. Over 60% of the stool samples were confirmed positive for cholera. Affected communities are using contaminated water from the Shebelle river.

The Ministry of Health (MoH) technical team was supported by WHO to conduct a technical mission to Beletweyne where health workers were re-oriented on the management of AWD/cholera cases using standard guidelines.

A Cholera Treatment Center was opened in Beletweyne in response to AWD/cholera outbreak. The center is managing the cases with support from MoH and health cluster partners.

UNICEF supported 70 cholera treatment facilities throughout the year, providing essential supplies as well as on-the-job trainings in case management for health workers and raising awareness in communities. Two rounds of oral cholera vaccination campaigns (OCV) were conducted in Banadir, Beletweyne and Kismayo with the support of UNICEF; 453,920 people were vaccinated and 866,357 Somalis were reached with AWD/Cholera information and education materials. In December 2017 UNICEF also prepositioned essential AWD/Cholera drugs and supplies for the treatment and support of an additional 40,000 patients in known high-risk areas.

Primary Care Services

In response to the humanitarian consequences of a large scale eviction in KM13 in Kahda, the Health Cluster deployed mobile clinics to assist the affected communities estimated at over 4000 HHs. In between 30th Dec to 6th January 2018, 1,300 evicted IDPs in KM13 have received medical attention from the health cluster partners.

Throughout 2017, UNICEF provided essential primary health care services to 1,263,249 Somalia people, including 430,000 children U5 and 346,162 women as well as 503,183 internally displaced people. UNICEF and partners supported 175 health facilities and 133 integrated mobile units, including 36 rapid response teams across the central and southern regions as well as Puntland and Somaliland via the ‘Essential Health Package of Services’ (EPHS) which includes selected maternal, new-born, child health and nutrition interventions.

Rescue International delivered 33,130 outpatient consultations in its health facilities in Mudug, Galgadud and Benadir regions during December 2017. They have also reached 245 community members including camp leaders, women groups, traditional healers, and youth through the community engagement sessions at Karan clinic to strengthen community involvement and improve the program uptake.

DMO deployed IERT teams supported by UNICEF have reached 74,568 beneficiaries in Bay region with primary health care services

CEDA with the support of World vision Somalia has established a TB consultation and diagnosis wing in its health facility in Dollow town.
**Success Story**

**Strengthening Maternal and Child Health Services in Kismayo**

ARC has been supporting Bulo Abliko MCH in Farjano Village of Kismayo district since November 2013. The centre has become well known in the community for providing quality and free healthcare to women and children including both IDPs as well as the host community. In the MCH room the ARC team met Ayan and her seven month old son Ibrahim. They have come for their third diphtheria vaccination. ARC staff nurse Mr. Abdullahi checks Ibrahim’s card against his register to confirm the vaccination he is supposed to receive. With great routine and calmness that comes from years of practise he then administers the vaccination to Ibrahim.

After the vaccination Ayan and Ibrahim walk over to the next desk for the routine check which includes checking the 5 general danger signs, assessing the 4 main symptoms as well as checking malnutrition and anaemia. Ibrahim is luckily very healthy and does not need any medication. Ayan however has a fever and has recently travelled to the riverine areas. Mr. Hassan, an MCH nurse therefore decides to have her take a malaria test, for which she was fortunately negative. Ayan comes to Bulo Abliko MCH with all her five children and has even delivered Ibrahim at this MCH and has continued to receive safe delivery services, medication, neonatal kits and information packages. She is very grateful to ARC for these lifesaving service.

**Gaps and Challenges**

- Several partners have concluded projects in December 2017 and are actively looking for continuation funds. The overall health cluster funding shortfall continues to hamper delivery of life-saving health services to most vulnerable people including children and IDPs in Somalia.
- Influx of IDPs due to conflict or forced evictions have strained provision of health services in several regions of the country including lower juba, Banadir and Bay.
- Partners report the need to support strengthening of subnational cold chain hubs to facilitate routine immunization.
- Health systems weakness, especially in the supply chain, result in gaps in availability of essential health commodities at the facility level.

**Coordination Updates**

- The Galmudug subnational health cluster meeting was held in in Adado on the 25th of December.
- The South West State subnational health cluster meeting was held in Baidoa on the 19th of December.

**Assessments**

- Deeg-Roor Medical organization (DMO) alongside the South West State MoH undertook a supportive supervision assessment covering Horseed and Baidoa Maternal and Child Health Centers as well as 71 IDP sites from 10th -13th of December.
- A WASH Needs Assessment in Health Facilities (MCH/OTP/CTC/CTU), in Galmudug and Hirshabelle States of Somalia was conducted from 19 to 26 November 2017 by the Ministries of Health.

**Capacity Building**

- International Rescue Committee seconded staff attended Prevention of Mother to Child Transmission (PMCT) and Voluntary Counseling and Testing (VCT) training held by the Federal Ministry of Health in Adado town in December.
- WHO has trained 35 health workers in stool sample collection, shipment and analysis using Rapid Diagnostic Kits in Beletweyne.
- WHO trained 250 CHWs in community based case management of cholera in Banadir region.