



HEALTH CLUSTER

Health Cluster Bulletin - April 2019



Polio Vaccinator, Door Marking Photo: WHO/Somalia

Somalia

Emergency: Drought, Conflict

Reporting Period: Jan-April 2019



4,200,000
Affected



2,600,000
Displaced



115,600
Refugees

HIGHLIGHTS

- The Health Cluster as part of the Disaster Operations Coordination Centre (DOCC) is planning and operationalising the health response component of the Humanitarian Response Plan (HRP) for the drought.
- Polio outbreak response: completed the First National Immunisation Day of 2019 (24 – 27th March, 2019). A total of 2,728,336 children have been reached in 19 regions; with 84,667 have been vaccinated for the first time. This coverage represents 82% of children under 5 years-old.
- Health facilities run by cluster partners collectively provided a total of 457,968 Out Patient Department consultations; as well as 22,620 Skilled Birth Deliveries.
- The primary causes of illness are: Severe Acute Respiratory Illness (SARI), 1,650 cases; Influenza like Illness (ILI), 4,656; and Malaria, 402.
- The Health Cluster reviewed proposals submitted to the Somali Humanitarian Fund first allocation for 2019. 4.3 million USD is allocated to seven (7) National NGOs and two (2) INGOs.

HEALTH SECTOR

144 Health Cluster Partners
2.4M Targeted Population

HEALTH FACILITIES



993 Total No. Of Hospitals
315 No Of Functioning Hospitals

HEALTH ACTION



457,968 Consultations
22,620 Assisted Deliveries
2,128 Referrals

VACCINATION

2,728,336 Polio



FUNDING (\$)

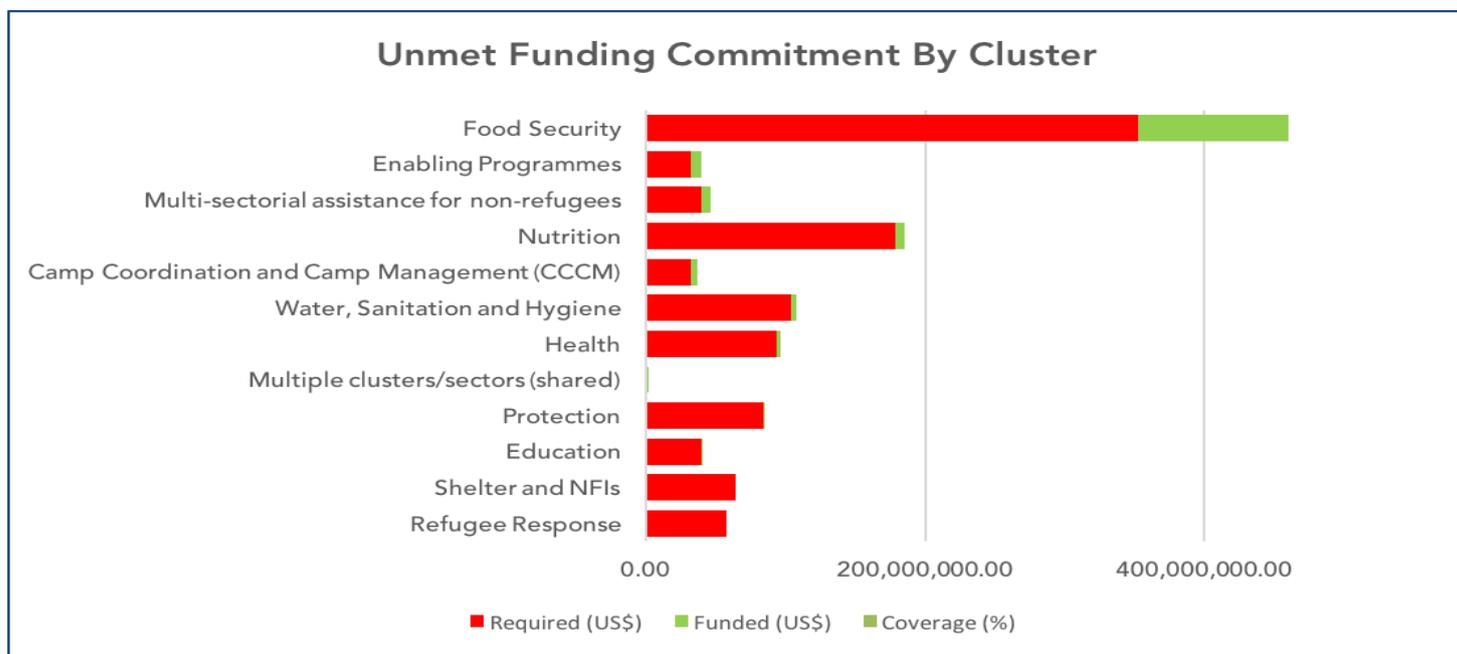


34.95M FUNDED
124.4M REQUESTED

Situation Update

The overall health situation remains fluid. A combination of conflict, natural disasters (drought and flooding) and a weak health infrastructure and system continue to adversely affect health operation and outcomes. Drought conditions have caused a AWD/cholera outbreak that has lingered in waves of high incidence in many regions and a sustained prevalence that leaves IDP populations vulnerable. Weak Routine Immunization (RI) coverage has led to a cVDPV outbreak that is currently a public health threat, also linked to RI coverage are sporadic outbreaks of Measles. The absence of a mental health policy, strategy and framework has led to a high prevalence of gender based violence and a high levels of stigma and abuse of mentally ill persons. A disappointing Dyer have created disruptive weather conditions - some regions experiencing drought and others floods, emerging data showing increasing incidence of severely malnourished children and a steep rise in the cost of water means significant portions of the population are vulnerable to disease and illness. The health cluster is coordinating the health response. Partnering with DOCC partners (Disaster Operations Coordination Centre) and engaging with field level partners to deploy or redeploy resources wherever possible

However, resources remain stretched. The health cluster remains behind needs and projections, in 2019 only 2.9%2 of projected needs in terms of financing (\$93.2M) has been met. In comparison with other sector needs health remains critically underfunded. See Fig1 below.



Health Cluster Monitored Indicators are seen below:

Indicator	Numbers
Number of outpatient consultations per person per year	0.127
# vaccinated Penta 3 in < 1 year old (surviving infant, reached Jan-March)	116,603
# of births assisted by a skilled birth attendant	22,620
Proportion of communicable diseases outbreaks investigated and responded to in the first 96 hrs	*98%

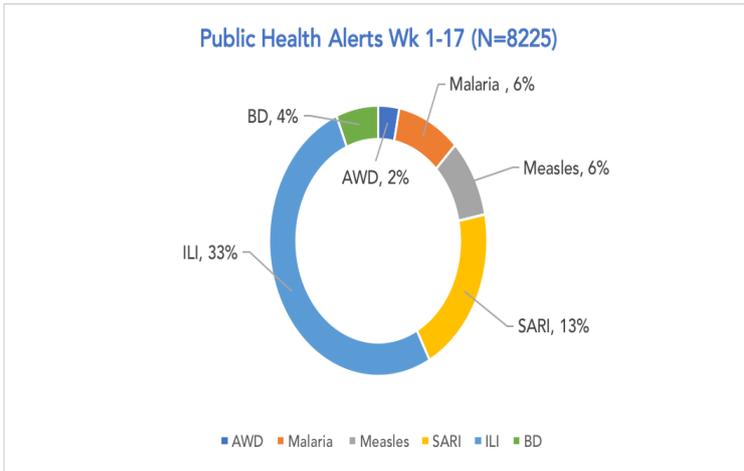
*98% refers to investigation of suspected AFP cases. This is the only data available.

Available data (seen above) suggests that number of consultations per person per year is 0.127 (annualized), this suggests that access to health facility is less than optimal (rate should be >1), PENTA3 coverage at an annualized rate of 17% suggests that the coverage for 2019 will be approximately 68%, the target rate is 85%. Disease surveillance and case investigation is strong but this appears to be only for polio, data is not adequately collated for other ailments.

Public Health Risks, Priorities, Needs and Gaps

The major public health risks are: Severe Acute Respiratory Illness (SARI), Influenza Like Illness (ILI) Acute Watery Diarrhea/Cholera, Measles and Malaria. These risks form the bulk of received/true alerts. See Fig3 below:

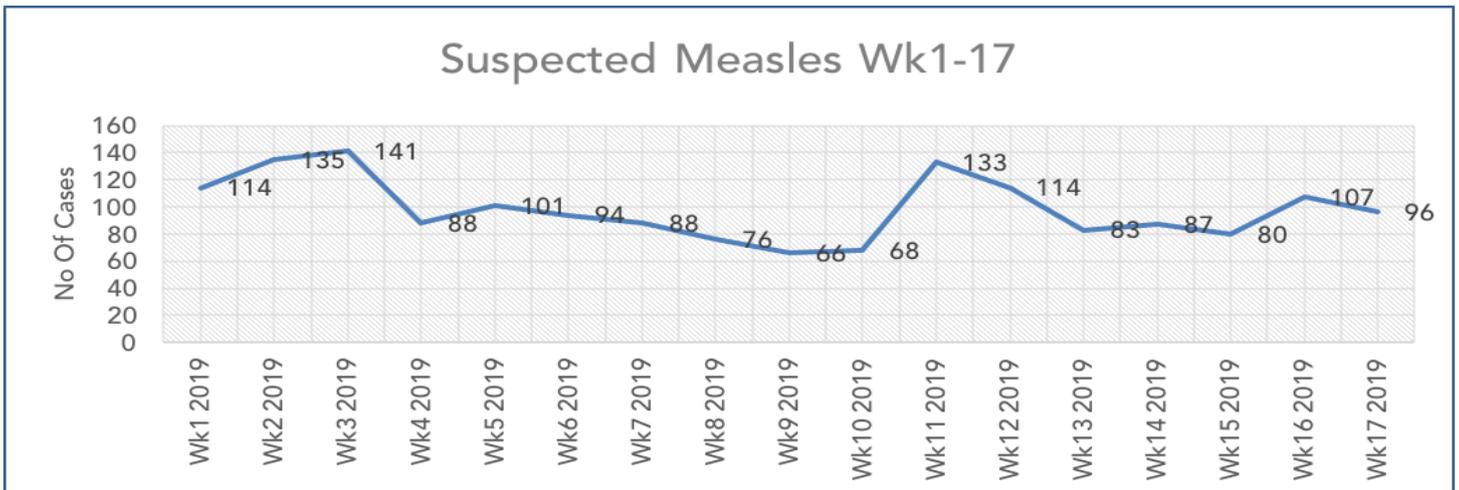
Communicable Diseases:



AWD/Cholera:

The current cholera outbreak started in December 2017 following floods that affected the districts in the basins of rivers Shabelle and Jubba. As of week 16, the outbreak has been contained in 5 regions with only Banadir reporting active transmission. Since the beginning of the outbreak a total of 7,104 including 46 deaths (CFR 0.7%). However; the drought affecting many parts of the country has led to limited access to safe water and food insecurity and this is expected to lead to increased spread of cholera cases to other regions.

Measles:



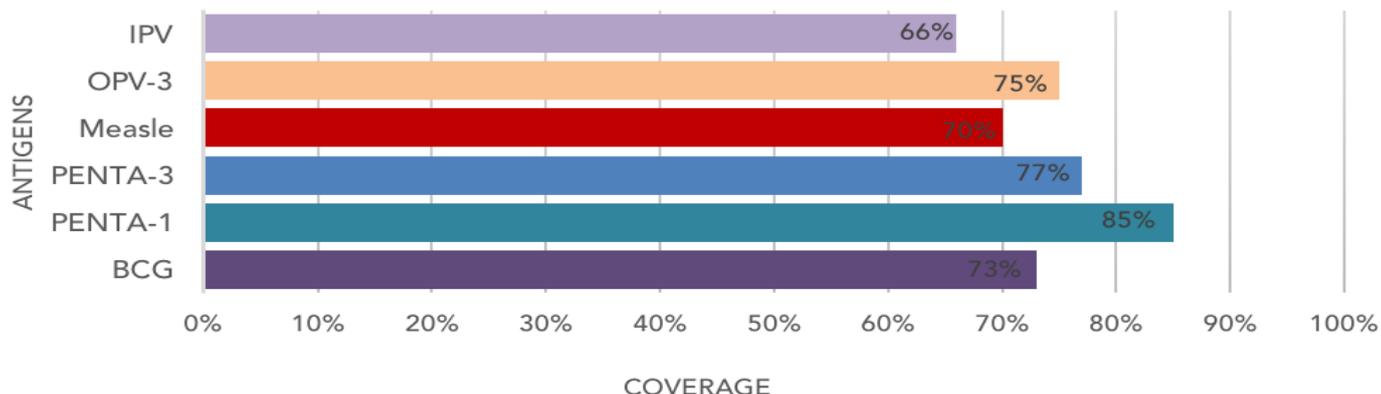
The top five highest burden regions are Banadir (586), Lower Shabelle (236), Middle Shebelle (127), Hiran (72), and Galgadud (64) and 81% of the cases are from these 5 regions. On a general note, measles trends point downwards in the country at large. There are outbreaks as can be seen in Wk11-12 (Mar 11-24). These trends show that there is an underlying vulnerability to measles and even though routine immunization appears to be holding steady at 70% (annualised) there is evidence that this is not enough.

Confirmed malaria cases have been risen for three weeks in a row. In Week 14: 486 confirmed cases, in Week 15: 582 and in week 16: 729 cases. The number of confirmed cases in Week 16 are the second highest number of cases confirmed in a Week in 2019. Insecticide treated mosquito nets distribution has intensified. :

Child Health:

A confirmed circulating vaccine derived polio virus (cVDPV) ha been confirmed in Las Anood district of Sool Region. The case was confirmed from a sample collected from a resident of Adhicadeye IDP Camp. Routine immunization coverage is currently 77%(annualized) for PENTA3 (see Fig4 below).

ROUTINE IMMUNISATION COVERAGE - 1ST QTR 2019



Non communicable diseases and mental health:

The mental health situation is gaining higher visibility. The immediate priority is to formalize intervention and management of mental health incidence by instituting a formal mental health policy. The Federal Ministry of health is currently working on getting this done. In conjunction with policy formulation, clinical intervention though minimal is available at a few community health centres. The health cluster has set up the mental health working group in conjunction with the protection cluster in order to influence quicker action on mental health matters.

Health Cluster Action:

Monthly health cluster meetings:

The health cluster partners have met in each of the months covered in this bulletin. The meeting of March 26th focused discussions on the Accountability to Affect Persons framework and the need to collect the evidence (the data) that adequately demonstrates transparency in resource use and accuracy in coverage and operations. The meeting of April 30th focused discussions on the best use of available resources to respond to the drought situation.

Reviewing and Recommending proposals:

The Somalia Humanitarian Fund call for proposal for 2019 1st Allocation consisted of \$2 million for health projects. The aim of this allocation was to compliment nutrition recovery efforts amongst populations in critical IPC phases. 24 projects were reviewed and after review and ranking, 9 projects were selected. The new projects are located in: Nugaal, Lower Juba, Bar, Sanaag, Sool, Mudug, Galgaduud, Bay and Waqooyi, Galeed.

Leading the implementation of the safety audit recommendations:

In line with the recommendations of the health cluster is carrying the following action points forward:

- 1.) Work closely with the CCCM, camp leaders and camp security committee and security if available to address safety within and around health facilities.
- 2.) Redesign pathways within the facilities to ensure easy access.
- 3.) Where feasible, consider establishing mobile clinics and ambulances in sites lacking health services that can provide emergency care especially at night.

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