



HEALTH CLUSTER SOMALIA



WHO staff preparing supplies for distribution. Photo courtesy

Monthly Bulletin, June 2017



6.2m People Affected



5.5m in Need of Health Services



260 Sentinel Sites



1.1m Internally Displaced

HEALTH CLUSTER PARTNERS

66 Active 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

319,880 Consultations***

NO. OF PEOPLE VACCINATED

194,268 Measles****

2,382,137 Polio*****

FUNDING

\$106,8 Million Requested

\$24,7 Million Received

23% Funded

*As of June 2017

** 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

Highlights

During June, 11,228 cases of AWD/cholera were reported from 45 districts in 15 regions, a decrease from 13,656 cases reported in May. Across these same geographical areas, deaths have decreased from 77 in May to 68 deaths in June. Cumulative cases of cholera since January 2017 in these 45 districts are now recorded as 56,628.

In this reporting period, strong partnership and extensive dialogue has resulted in improved data availability from across all the country. During June 2017, across all other districts of the country, an additional 5090 cases and 9 deaths were reported which also represents a rise compared to the figure of 3841 and 8 deaths during these same areas in May 2017. Since January 2017, in these areas, a total number of 15,035 cases and 292 deaths of cholera have been reported.

The number of suspected measles cases reported in the last 26 weeks of 2017 is 4 times higher than in the same period in 2016. Banadir, Togdhere, Hiran, Lower shabelle and Gelbeed regions of Central and Somaliland are the top regions with a very high number of cases reported. The current mass population displacement as a result of droughts is worsening the situation and a nationwide emergency measles response campaign is being planned in response

Integrated Emergency Response Teams (IERT) provided medical assistance to 1,140 patients suffering from AWD/cholera and are operating in 5 hotspot areas

Background to the Somalia Crisis

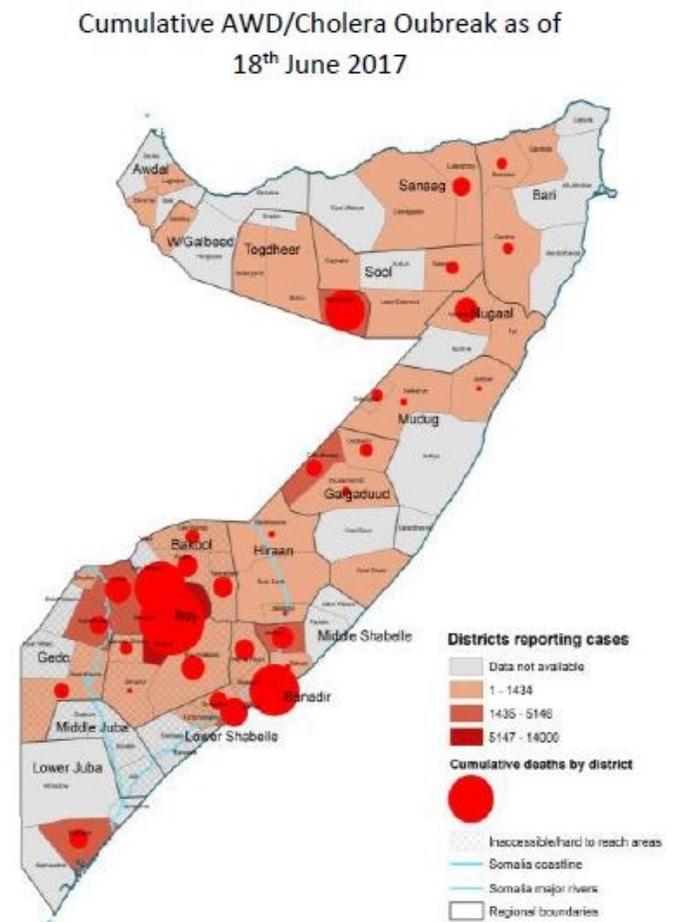
The humanitarian needs in Somalia have long been driven by an extremely complex mix of factors including the ongoing violence and instability, deterioration of living conditions largely as a result of years of conflict, floods and droughts, limited access for health care providers, and the continued 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 **60** 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

- Combining all sources of reporting for all parts of the country results in a figure in excess of 69,000 cumulative cases of AWD/cholera and 1098 related deaths (-CFR1.5%) since the beginning of 2017. The trend of cholera cases during June 2017 shows the situation stabilizing compared to May 2017 caseload.

Response Activities

- IERTs provided medical assistance to 1,140 patients suffering from AWD/cholera. Of these, 75 were referred to respective CTCs, CTUs and hospitals within South Central.
- WHO and UNICEF in collaboration with health cluster partners are planning a nationwide measles immunization campaign in November, targeting 4.2 million children 6 months to 10 years.
- An ad-hoc health cluster coordination meeting was held in Mogadishu, Garowe and Hargeisa to revise strategies to coordinate scaling up of response activities following the spike of AWD/cholera cases in Banadir region.
- Health and WASH cluster national team met in the Drought Operations Centre in Mogadishu and discussed ways to strengthen Integrated Emergency Response Teams (IERTs) activities.



Emergency Health Supplies

- In the month of June, WHO issued 1 cholera central Kit as well as a number of tents for use in cholera CTU in Burco and Hargeisa. An overall of 3375 different sizes of boxes weighing 60 Tons of emergency medicines & medical supplies were distributed by WHO Somalia in the first half of 2017 to the Drought and Cholera/AWD affected areas in the three Somali Zones. These emergency supplies were handed to Ministries of Health (MOHs) and public health facilities in the 3 Somali zones in addition to International & local NGO and other implementing Partners in the drought and Cholera/AWD affected areas. In addition, WHO printed distributed over 1600 standard operating protocols and case management tools on cholera to all health facilities affected by cholera epidemic and trained over 300 health workers in AWD cholera case management. Also, WHO supported 30 regional surveillance officers, 90 district Polio officers and 265 health workers in 265 sentinel sites to report cases daily and weekly. WHO also activated the electronic disease surveillance system (eDEWS) to support timely reporting of cholera case and other epidemic prone diseases.



Distribution of hygiene kits to targeted beneficiaries at the IDP camp who visited WRRS Danwaag MCH in Dhobley Photo by WRRS

Health Partners' Response

- Health and WASH Cluster partners jointly continue a mass campaign to scale up of preventive measures awd/cholera outbreak in six hotspots districts in Banadir. So far distribution of aqua tabs, ORS, Zinc tabs with mobilization are smoothly continuing in the targeted districts.

Lower and Middle Shabelle

- Intersos has provided Mobile health service to communities with poor access to health services by activating one Mobile clinic in Hawadley under Balc'ad District which will provide integrated health and Nutrition Services to the vulnerable communities.
- Save the Children delivered emergency life-saving supplies including 4,000 litres of Ringer Lactate to a health center in Elmacan in Warsheikh district to scale of ongoing responses of AWD/cholera outbreak
- Intersos has Prepositioned ORS in the AWD/cholera affected villages in Jowhar.



An OPD consultation desk by IOM mobile team at Wadajir district-Banadir region . Photo by IOM

Mudug

- IRC reached a total of 4791 beneficiaries with health services including 1423 children under 5 with routine vaccination, 673 pregnant women receiving antenatal care as well admission of 116 suspected measles cases in Galkacyo South Hospital

Banadir

- Health and WASH clusters in collaboration with Radio ERGO scaled up AWD/cholera awareness messages in hotspot districts in Banadir region. This is in response to increasing cases of AWD/cholera in region for the past three months.
- House to house AWD/cholera prevention and awareness sessions were conducted in the Afgoye corridor, Banadir region, where the epicentre of the latest AWD epidemic is located.
- IRC delivered health services to 1,451 drought affected beneficiaries living at K13 IDP



Health staff administering OPV to newborn Photo by ARC

Lower Juba

- In response to the ongoing drought WRRS provide integrated lifesaving healthcare services through mobile clinic in 11 sites/villages in Afmadow District targeting IDPS/drought affected people with a focus on children under 5 years and pregnant and lactating women and other vulnerable groups supported by SHF

Assessments

- Health cluster partners have conducted risk assessment in Banadir and Galgaduud regions to identify populations at risk of the AWD/cholera epidemic.

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. This has significant implications on spread of communicable disease
- 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.

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