



Health Cluster Bulletin

November 2017

(Issued 17 December)

260 Sentinel Sites

1.1m Internally Displaced

6.2m People Affected

5.5m in Need of Health Services

Consultations in November

265,795

Total Consultations in 2017

2,909,024

Health Cluster Partners

66

Active Subnational Hubs*

4

Funding Received

\$54 million (50.4%)

Polio Vaccinations**

5,007,882

Health Facilities***

800

* Puntland, Galmudug, Jubaland, Southwest state

** From January to November 2017 *** SARA 2016

Highlights

- 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 2.9 million health consultations from the beginning of the year which is 68% of its yearly target. It has provided more than 265 thousand consultations in November alone which is 74% 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 1,159 deaths have been reported in 55 districts of 16 regions across Somalia. No cholera related deaths have been reported in November in any region across Somalia
- 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 nurse in Afmadow inserting IV cannula in a patient with pneumonia. Photo courtesy of WRRS

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 reached 21,225 women of child bearing age (WBA) with Reproductive Health education. These efforts have led to an increase in the numbers seeking health care including skilled deliveries and other RH services .

UNFPA has provided Antenatal Care, Delivery Care, Birth Spacing and PMTCT/ STI counseling and testing through 32 Maternity Waiting Homes spread over 14 districts in Banadir, Hiran, Bay, Mudug, Middle Shabelle and Lower Shabelle regions. Altogether 4889 clients were admitted for in-patient services in these maternity waiting homes, 2266 women accessed safe delivery care services, among them 115 had obstetric complications successfully managed at MWHs, 10 women received Caesarean Section and 10 clients were referred to hospitals to tertiary care.

SAMA in partnership with UNFPA, has delivered maternal reproductive health services through 6 maternity homes (MHs) functioning in 3 IDP camps in Baidoa town and 3 rural locations outside the town in order to provide life saving, integrated safe delivery services and GBV prevention and response services for the reproductive age women and GBV survivors. Moreover, one GBV stop center is also functioning in Bayhaaw Hospital, to provide GBV prevention and response services for GBV survivors

WRRS provided a total of 144 caregivers with messages on exclusive breastfeeding and appropriate complementary feeding, 125 children aged 6-59 months have been supplemented with Vitamin A supplement and 140 pregnant and lactating mothers given iron /folic or micronutrients tablets.

Child Health

Somali Aid has begun the process of acquiring a cold chain for two health centers in Badhade district in lower Juba. In particular it is planning to roll out EPI services in Burgabo health center so that immunization services can continuously be provided to the community of Burgabo town. Kulbiyow health center will as well be taking EPI services from Dhobley in the near future.

SOYDA launched 16 Days of Activism for non-violence against Women and children campaign on 25th of November. The theme of the campaign for 2017 is “Leave no one behind: end violence against women and girls.” This campaign started in SOYDA health facilities in Banadir and Lower Shabelle Region which aims to raise community awareness and mobilize people everywhere to bring about change.



MCH services provided to a beneficiary at UNFPA & SAMA supported GBV stop center in Baido. Photo courtesy SAMA

Partner Updates ctd..

Cholera

MedAIR has distributed hygiene kits to 334 new IDP families in order to prevent outbreak of waterborne diseases such as cholera .

WHO in cooperation with MoH trained a total of 250 community health volunteers on management of AWD/Cholera in 6 high risk districts of Banadir and one high risk district in Dhobley of Lower Jubba. And another 25 health workers and laboratory staff were trained in stool sample collection and analysis using Rapid Diagnostic Test (RDT).

UNICEF has prepositioned Essential lifesaving supplies in strategic areas sufficient to treat 40,000 cases.

WHO provided training for 16 staff of the Ministry of Health as national trainers on Managing and Storage of Emergency Medical Supplies (EMS) and health commodities. The trainers are expected to provide cascade training workshops on management and storage of EMS and health commodities in different hotspot areas to manage emergency supplies in the Drought and Acute Watery Diarrhea (AWD)/Cholera prone areas.

Nutrition

SOYDA provided 1879 Children and PLW with acute malnutrition treatment and also provided IYCF and NHHP counseling during this reporting period.

WHO together with the Nutrition Cluster organized a training for 48 physicians and nurses working in hospitals that admit severely malnourished children with complications. The participants were selected from 23 Stabilization Centers from various states. The course focused on the case management of Severe Acute Malnutrition with complication according WHO training guidelines.



SOYDA physician assesses a child as part of Primary health care services to IDP in Daynile. Photo courtesy SOYDA

Primary Care Services

MdM has undertaken mapping of community health workers in Bossasso in order to strengthen community outreach as well as promote referrals of targeted beneficiaries in the communities. This has improved supervision of CHW activities and increased effectiveness in response time

MedAIR has reached A total of 334 families (2000 individuals) of new IDPs who fled from their villages along Afgoye and Balcad border have received emergency primary health care services, including triaging of the sick children and referral of the cases to the facility, screening and referral of malnutrition cases, referral of the under one children for routine immunization, at the Daynile IDP camps in KM14.

UNICEF provided essential medical supplies for emergency healthcare needs of about 30,000 IDPs in Gal-mudug and Lower Shabelle . Basic health service provision in IDP communities remains low with only 5% of camps having access to health facilities and 26% providing maternity services.

IRC organized commemoration events at Health facilities in Benadir region to mark World Diabetic Day (WDD). A total of 200 (9 male, 191 female) participants, 75 (38%) pregnant women attended the WDD awareness raising on diabetes with special emphasis on Gestational Diabetes and associated risks in pregnancy.

Health partners, in coordination with MoH and support from UNICEF distributed over 85,000 long-lasting insecticidal nets to 24,987 households displaced by drought, living in the IDP camps in Kismayo.

Inpatient Clinical Services

In the month of November, a total of 17 obstetric and gynaecological operations were performed successfully by QRCS consultants and the medical team.



Health-workers providing blood-sugar test as part of World Diabetes day. photo courtesy of IRC

Success Story

The Journey of a fistula patient in Afgooeye

Halima Hassan Yussuf (Not her real name) 30 years old and a mother of 6, from Lafole village presented in Afgoye hospital with a complaint of urinary incontinence for a period of 7 months following the delivery of her last child. During her last pregnancy, she did not access antenatal services. After prolonged labour, the traditional birth attendant (TBA) in her village was called to attend to her but vaginal delivery was unsuccessful. She was then referred to a nearby health centre where the midwife informed her that she could not deliver vaginally. She was later referred to one of the hospitals in Mogadishu where doctors made a diagnosis of obstructed labour and recommended an emergency caesarean section. Instrumental delivery was done after her family declined the caesarean section which resulted outcome of still-birth male and subsequently development of an obstetric fistula. The stigma of the resulting urinary incontinence prevented her from going to market or leaving her house.

Obstetric fistula is both preventable and treatable. It can be prevented if women in labour are provided with adequate and timely emergency obstetric care when complications arise.

Halima became hopeful upon hearing the good news about free surgical operation in QRCS, Afgoye hospital. She successfully underwent the operation and currently is recuperating well. She was discharged home with continual follow up.



QRCS consultants performing obstetric and gynecological service in Afgoye hospital. Photo courtesy of QRCS

Gaps and Challenges

- Increasing incidents of insecurity in October have affected project activities in rural areas of Balcad and Afgooeye resulted in temporary suspension of non-essential activities by some partners
- 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 national health cluster meeting was held in Mogadishu on the 28th of November
- The Galmudug subnational health cluster meeting was held in Adado on the 20th of November
- Lower Juba subnational cluster meeting held on 26th November in Dhobley
- Gedo subnational cluster meeting held on 28th November in Doolow
- The Reproductive Health Working Group Meeting was held on 26 November 2017 in Mogadishu chaired jointly by UNFPA, and the Ministry of Health.

Assessments

- SCI in partnership with South West State Ministry of health undertook a supportive supervision visit to Horseed And Baidoa MCHs, Tawakal Two and Alle Tuuk IDP Camps on November 15th-17th
- WARDI and other agencies have done assessment for five IDPs and five Health facilities of KM 13 corridor of Afgoi road.

Capacity Building

- HINNA provided capacity building training for qualified midwives and Auxiliary Nurses in Daynile
- WARDI has conducted training of 20 Health promoters in awareness raising for AWD and referral system in the IDP camps of Daynile and Hodon districts.
- WHO has begun conducting a two-month training program for community health workers on case management of Acute Watery Diarrhea (AWD)/Cholera. The program began with 3 days training of 35 trainers (TOTs), who will cascade the training to the community level. The training program will be implemented between 1 November and 31 December 2017 and covers the 11 Southcentral Zone regions.

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