Country Name: Somalia
Emergency Type: Complex Conflict, Drought, Floods, Disease Outbreaks, Locusts.
Reporting Period: 1-31 December 2019

There was a significant reduction of rainfall and flooding activities in areas around River Shabelle and River Juba, as well as in many districts of Bay and Bakool regions. In Puntland, Somaliland and Central regions, there has been an improvement in terms of flooding, with no further risk of flash floods. Overall, larger parts of the country have remained dry since the end of December 2019.

In line with the Somalia Flood Response Plan, November 2019–January 2020, the Health Cluster priorities were to prevent avoidable mortality and morbidity due to flood-driven environmental health hazards and displacement through access to health care and preventative measures, targeting 200,000 people. PAGE 2.

Locusts: A Threat to Public Health


The long term effect of locusts infestation on public health is that as they destroy acres of farmland, the mass destruction of food crops will result in severe acute malnutrition (SAM) among children.

Locusts have already destroyed 70,000 hectares (175,000 acres) of farmland in Somalia and Ethiopia, threatening food supplies in both countries in the worst locust invasion in 70 years, reports FAO. PAGE 2.
The long term effect of locusts infestation on public health is that as they destroy acreages of farmland, the mass destruction of food crops will result in severe acute malnutrition (SAM) among children. “Locusts are pests, not vectors. Unlike mosquitoes, they are not associated with disease transmission”, says Dr. Athanasius Mutaawe from WHO in Somalia.

Chemical spraying in locust control poses a risk to human health, with pregnant women and children most vulnerable. Safety measures must be in place to ensure that communities will not be exposed to locust insecticides in areas where locust spraying is undertaken.
From 23 November to 6 December 2019, WHO commissioned a GBV scoping mission to Somalia, facilitated by the Health Cluster. The aim was to understand the current health responses for Gender-based Violence (GBV) in Somalia, identify challenges and opportunities.

The mission took place at a time when the international world observed the International Day for the Elimination of Violence against Women, and the start of the 16 Days of Activism Against Gender Violence. The 16 Days of Activism Against Gender-based Violence (International Human Rights Day) highlighted 16 key facts on intimate partner and sexual violence against women.

A half day workshop was held on 26 November 2019 with partners from the Health Cluster to discuss current GBV service provision, gaps and identify priorities to improve responses. Two field visits were conducted to health facilities in Mogadishu (Benadir Hospital and Medina Hospital) to meet with staff and assess GBV services at the facilities.

The findings highlighted limited coordination between the GBV sub-Cluster and the Health Cluster; limited health services for GBV and referral options - with only a few health facilities providing CMR, health care for IPV or MHPPS services; Gaps in supplies for post-rape care treatments (RH Kit 3 and 9); lack of data and information on the availability and quality of GBV health services - with no integrated system tracking the availability or quality of GBV health responses in Somalia; and lack of knowledge and capacity among health providers on how to respond to IPV and sexual violence.

The mission recommended the need to improve GBV integration into the Health Cluster plans and strategy in 2020, with the Health Cluster strategy for 2020 providing an opportunity to agree on priorities, resources and what the different health programming approaches that can be adopted by health partners to increase their GBV health services. It also recommended an increase coordination and collaboration between the GBV sub-Cluster and Health Cluster; provision of training and capacity building of health partners to improve GBV services; enhancement of health information management systems to safely and ethically collect, collate and analyse GBV related health data.

Attacks on health care constitute any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health services during emergencies. Attacks on health care could be on:

- Health facilities (occupation, bombing/destruction, confiscation of supplies/equipment, blockage of access);
- Health transportation (bombed/destroyed, confiscated, checkpoints and delays);
- Health workers (shot, beaten, threatened, interrogated, kidnapped, tortured, raped, arrested); or
- Patients (shot, beaten, threatened, interrogated, kidnapped, tortured, raped, or arrested).

Between 2018 and 2019, WHO’s Surveillance System for Attacks on Healthcare documented a total of 9 verified cases of attacks on healthcare in Somalia. Partners are urged to remain vigilant, and to report all cases of known attacks on health. Success on this requires vigilance. As a Health Cluster partner, you have the responsibility to report about the known cases of attacks on healthcare wherever and whenever they occur. All reported cases are subjected to a verification and validation process. As the Health Cluster lead agency, WHO is providing global leadership on the methodology for collection of information on attacks on health care and its dissemination.
During the period 9-15 December 2019, a total of 126 new cases of cholera and two deaths were reported from 11 districts of Banadir region. Since December 2017, a total of 9,613 cumulative cases, including 50 deaths (CFR 0.5%), were reported from 3 states of Somalia (Hirshabelle, Jubbaland and South West state) and Banadir region.

Since December 2017, a cumulative attack rate of 218 cases per 100,000 people was reported with Kismayo (Jubbaland) and Daynile (Banadir) being the most affected districts. Although the overall CFR was 0.5%, higher rates were observed in Abdilaziz, Daynile, Waberi, Karan and Kurtunwarey districts exceeding the WHO’s threshold of <1% CFR.

Of the 922 stool samples tested for culture since December 2017, 207 samples were tested positive for Vibrio cholerae serotype Ogawa. Culture and sensitivity tests performed at the central public health laboratory in Mogadishu, show that the Vibrio cholerae, O1, serotype. Ogawa is sensitive to chloramphenicol and tetracycline but resistant to ampicillin and nalidixic acid.

A total of 126,653 (74%) of children under one year of age out of the targeted 171,400 children received measles 1 vaccine (MCV1) in drought-affected districts since March 2019. During the drought monitoring period, March to October 2019, the vaccination coverage has been ranging between 61% and 83% per month against a monthly target of 21,425 children under 1 year of age.

No new cases of circulating vaccine-derived polio virus type 2 (cVDPV2) were confirmed this week. Between epidemiological weeks 1 and 48, three new cVDPV2 cases were confirmed in Somalia. The most recent case of cVDPV2 was confirmed on 8 May 2019. Similarly, no new cases of cVDPV3 were reported from acute flaccid paralysis cases in 2019. The last case of cVDPV3 in Somalia was confirmed on 7 September 2018. All environmental samples were negative for both cVDPV2 and cVDPV3 in 2019. An integrated measles and polio vaccination campaign was conducted in Southwest, Jubbaland, Hirshabelle and Galmudug states, 24-28 November. A total of 918,338 under 5 year children received polio vaccine, 825,654 the received measles vaccine, 548,917 received deworming and 820,052 received Vitamin A supplementation.
Presented an update on the flood response mission to Beletweyne during the last week of November 2019 where the mission met with different health cluster partners operationally in Hiran region, visited health facilities and IDP sites. During an ad hoc health cluster meeting held in Beletweyne on 28 November, partners discussed ongoing response activities, gaps and challenges.

An integrated polio and measles immunization campaign (POPV, VitA, Albendazole) was conducted from 24 to 28 Nov 2019, and fogging/space spraying exercise (National Malaria Control Program) started as of 27 Nov and is expected to end on 10 Dec 2019.

CCPM Survey—Partners received briefing on the CCPM process, background, and purpose. An overview of the CCPM survey results was presented. It provided the foundation for group discussions to identify areas in of improvement in the following year.


**Key Action Points**

Partners not attending Cluster meetings for three consecutive months to be eliminated, have their Cluster membership revoked, with room to reapply.

Effective January 2020, only partners reporting through ReportHub to appear on Cluster 3W Operational Presence maps and information products.

Partners with updates asked to forward them to the Cluster Coordination team. Health Cluster Workplan for 2020 to be presented to partners for comment, once drafted. Minutes at [https://tinyurl.com/qvequuh](https://tinyurl.com/qvequuh)

**National: Somalia Stakeholders Meeting, 18 December 2019**

Convened by OCHA, a stakeholders meeting took place at the AMISOM VIP Conference Center in Mogadishu, 18 December 2019. In attendance were representatives from Government, the Donor Community, United Nations (including UNDP), and Non-governmental Organizations.

**Main Highlights**

The discussions centered on the nexus (sequencing vs. concurrent mainstreaming of the nexus) in humanitarian, recovery and development interventions.

Nature and timing of funding steams—with a focus on single-year vs. multi-year planning (a multi-year HRP), or shorter-term planning, with a call for the availability of ready funding (besides SHF, CERF) that can be tapped into to address immediate humanitarian needs.

Options for effective decentralization of coordination. OCHA made a presentation highlighting the ongoing coordination and associated challenges at the sub-national level. Coordination focal points (from NGOs, and with demanding job roles) volunteer to call and chair coordination meetings. A lot of information exists, but is not structured, and there lacks a coherent mechanism to collate it, use it to inform decision. Appealed for a mechanism towards standardization of tools, templates, and methods across the different states and regions to collect analyze and use such information to provide the needed evidence to support informed programming/action. A Country Humanitarian Forum was established by MHADMA to strengthen coordination at the local level and avoid overlaps. Challenged by capacity gaps for local authorities.

Discussion along the need for capacity building for local authorities. It is an area that is grossly lacking. There is urgent need to build and strengthen the capacity of local authorities in basic information management, conduct of needs assessments, and reporting, among other aspects.

Somalians in the diaspora a very important source of funding. Key challenge is lack of accountability for such funds. Appealed for UN involvement – as an observer on how funding from the diaspora is utilized.

Protection Cluster made presentation on the Centrality of Protection, highlighting the progress in getting key Clusters mainstream protection in programming. Announced a scheduled meeting on 16 January 2020 providing a forum to discuss the issue at greater detail.
Puntland: Garowe, 26 December 2019

EWARN presentation for Epidemiological week 50 and 51 highlighted 24 Suspected AWD cases; 8 Bloody diarrhoeal cases; 972 cases of Other Acute Diarrhoeal infections; 254 Chikungunya virus cases and 65 confirmed Malaria cases.

At least 36 cases of suspected AWD/Cholera in Yaka village reported. Noted confirmed cases of pneumonia in Xaabo IDP, Bossaso, with 3 deaths reported.

An ongoing malaria response in Arta, Armo district of Bari region with 30 confirmed cases reported from Bari region.

Suspected Chikungunya in North Galkayo where 254 Chikungunya virus cases were reported from Public Health facilities in north Galkayo.

Also highlighted the need for partners to update the matrix of ongoing and planned interventions for flash floods in Puntland, and a discussion on Jowle IDP and Health Center – Hygiene and sanitation issues to prevent AWD / Cholera outbreak.

Partner updates were received from World Vision international, Save the Children international, World Health Organization, UNICEF, IOM, , Somali Red Cross Society, Care international, TASS and NODO.

South West State: Bay and Lower Shabelle, 31 December 2019, Baidoa.

NWO interventions on course in Lower Shabelle, specifically in Qoryooley, Marka, Barawe. In Bay they were in Baidoa, Bardale and Awdinle. All health facilities were reported active from November 2019 to October 2020. In Afgooye, VCT for HIV was ongoing. SHF projects scheduled to end on 31st December 2019.

URRO was active in Qasaxdhere, intervening in Nutrition, WASH and Health. Reported confirmed malaria cases out of 25 tests in December 2019, and 3 suspected measles cases from Korimbowd, and Aabau.

DMO active in Baidoa and Awdinle village in Bay, Elberde in Bakol region as well as Barwaqo IDP in Baidoa, with funding from SHF, UNICEF, WFP and WV. As of December 2019, the SHF project benefited 5,233 female (1,899 over five females, 1,665 under five females, 932 PNC and 737 ANC).

WVI conducted a training on TIME TARGETED CANCELLING, benefitting 31 people in Baidoa district. Received 18 metric tons of medical supplies from Nairobi for its health facilities in different regions of South West State. Conducted an assessment on the health situation in Baidoa. WVI visited IDP camps, the Mental Health Hospital and the Prison. Planning to establish new ten health posts in Baidoa.

IMC operated one MCH in Suqa Hoolaha section and a mobile team covering 5 IDP camps in Baidoa town. Offering BE-MONC services and free ambulance services with toll-free calling in Baidoa. Also providing mental neurological substances for referral mechanisms.

SAMA conducted a 5-day psychosocial support training, December 2019 in Baidoa, benefitting 20 GBV staff from the SAMA GBV Support Center in Baidoa with funding from SHF. Faced a gap related to essential medical supplies and hospital equipment.

Key Points
  • Partners unanimously agreed work in coordination to avoid overlapping during activity implementation.
  • Partners agreed on cooperation in supplies sharing among to avoid stock out and expiry of drugs through health cluster and MoH-SWS.
  • Agreed timely updates to the HC focal point on key emergencies in health in Bay and Lower Shabelle.

Details online at https://www.humanitarianresponse.info/en/operations/somalia/document/somaliabayandlowershabellehealthclustermeetingminutes31dec2019
Radio Ergo: Health Concerns

During the first week of January 2020, the main health issues raised by the callers of Radio Ergo were on neglect at maternal centers, chikungunya outbreak with nine people reported dead, locust infestation, skin diseases and diarrhea.

I share this message with a heavy heart. There was a woman who gave birth to twins outside Do’oley but she died after losing blood profusely. This mother could not get necessary medical attention. There are many others who are rushed to Adado, as the hospitals here don’t have facilities. So, that is the situation. I wish the family and relatives all the best but there is neglect and lack of proper health care here.”

Caller from Do’oley, Galgadud.

“We have the Chikungunya disease here. We are a whole family who have been affected. We would like to know how we can treat this disease.” Female caller from Abudwak, Galgadud.

“There are huge numbers of locusts that have swarmed over the area. There is some disease that is affecting the people, forming rashes over their bodies, and we would like to know more about this disease.” Caller from Haarhaar, Mudug.

“This area has been invaded by locusts which are destroying the vegetation. There are also diarrhea cases in the area”. Caller from Bakool.

**CRISIS WATCH**

**Disease Outbreak in Yaka, Karkaar Region**

Ad hoc emergency Health Cluster meeting was conducted in Garowe at the Ministry of Health conference room on 31 December 2019 to discuss the current disease outbreak reported from Yaka village in Karkaar region (Suspected AWD/Cholera outbreak region (Pneumonia/Malaria Outbreak) and Galkayo (Suspected Chikungunya/Hemorrhagic fever).

The meeting was attended by H.E. Minister of Health, the Director General, all Directors from the MOH, technical staff, representatives from the United Nations, International and Local NGOs.

For immediate action:
- Ministry of Health to lead the response and Surveillance interventions to control the outbreak;
- SRCS to send a mobile team to Yaka village to conduct community awareness raising on Hygiene and sanitation and Chlorination of water sources by 1 Jan. 2020;
- WHO to deploy a disease outbreak investigation team to Galkayo and Widh Widh towns to confirm the reports by 1 Jan. 2020;
- MOH & SRCS to send Medical supplies to WIDHWIDH - the affected health facility by 1 Jan. 2020.

**Somalia Team attends HeRAMS Training in Amman, Jordan**

During the week of 15-19 December 2019, a team from Somalia attended the HeRAMS training in Jordan-Aman.

HeRAMS is an electronic system for monitoring service availability to the population, optimized and standardized for emergency and crisis contexts. It allows for self-reporting to monitoring of the status of health facilities and the availability of health services; and tracking of the main constraints and factors limiting services.

It is a collaborative process involving all health [cluster] actors, adaptable to any emergency or country context. It is a cost and time-efficient tool primarily designed to help key stakeholders and decision makers to overcome access, security, time and resource constraints.

Hand in hand with the Ministry of Health of the Federal Republic of Somalia, and WHO (the Health Cluster Lead Agency), the Health Cluster is is working on an ambitious exercise to avail the necessary geographical data on Somalia’s administrative structure, and comprehensive questionnaire that will enable data givers to seamlessly provide data at the health facility level.

HeRAMS is powered by an online application (https://primewho.org/) that maximizes data entry and data management processes to provide real-time analysis of the situation. A key benefit of the system is that it will bridge the humanitarian – development (NEXUS) health system information needs for immediate and longer-term planning.
People reached with life-saving health services, December 2019

Monthly reporting analysis indicates that at least 334,824 people were reached with health care services in December 2019. The number includes services delivered with both HRP and non-HRP or other funding modalities.

Funding progress (US$ ’000’000) with relation to key Clusters (FTS—https://fts.unocha.org/appeals/667/clusters)

As at the end of December 2019, Health Cluster funding received was US$21,236,329 (22.8% funded) out of US$93,203,762 appealed in the Somalia HRP 2019, with a pledge of US$1,633,359.

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