



HEALTH CLUSTER SOMALIA

HEALTH CLUSTER BULLETIN July 2020



HDC Health Staff doing facility based covid-19 sensitization
Photo courtesy: HDC

Somalia

Emergency type: Protracted; Covid-19, Floods, AWD Cholera, Measles



12.3M
POPULATION



5.2 M
P'LE IN NEED



2.6 M
IDPS



6.3M
FOOD INSECURE



1.03B US\$
REQUESTED

HIGHLIGHTS

- Persistent floods cause displacement of 124,200 people and increase the risk of increased AWD/Cholera outbreak
- Measles outbreak still persisted in Kismayo
- Roll out of HeRAMS in Somalia
- Health Cluster Regional Focal Point nominations for elections

HEALTH CLUSTER

130 HEALTH CLUSTER PARTNERS

5 UN; 32 INGOS; 79 NNGOS AND 5 OBSERVERS
PIN: **3.15 M** POPULATION

2.5 M TARGETED POPULATION

HEALTH ACTION



CONSULTATIONS

106.699 Consultations provided in Jul

1.246.388 Total # of consultations (Jan – Jul)

FUNDING (US \$) – FTS (FINANCIAL TRACKING SYSTEM)

HRP (Excluding COVID-19)
Requested: 55.7 M
funded: 9.7 M (17.5%)

COVID-19

Requested: 47.6 M
Funded: 8.9 M (18.6%)

Total

Requested: 103.4 M
Funded: 18.6 M (17.9%)

COVID-19

In the month of July, 2020 COVID-19 continues to spread in Somalia with a total of 3,212 COVID-19 cases confirmed; including 93 associated deaths as of second August 2020. The large majority (83 %) of cases are aged between 20 and 60 years, with a Case Fatality Rate (CFR) 3% and 1,827 recoveries. More information can be found in on this link [[click here](#)]

The Health Cluster continues weekly coordination meetings online to ensure timely information sharing and coordination of activities in response to the pandemic.

The table below displays COVID-19 cases confirmed by WHO during the month of July

KEY INDICATORS		12 - 18 JULY 2020	16 MARCH - 18 JULY 2020
 Suspected COVID-19 cases tested		889	9,085
 Laboratory-confirmed COVID-19 cases		60	3,111
 Reported COVID-19 deaths		1	93
 Recovered cases		180	1,410
 Close contacts identified		0	1,405
 Case fatality rate (CFR)		1.67%	2.99%

Response efforts continue at state level. In the South West State (SWS) IOM delivered PPE's to the MOH SWS with PPEs and other equipment's for use at the isolation centers in Baidoa. Further, a training of 22 health workers and immigration officials from the government were trained for 2 days on COVID screening, use of PPEs, reporting among other topics. PPE's were also provided to all the health facilities and mobile teams supported by IOM across the state with PPEs. In addition 48 frontline health workers in Bay and Lower Shebelle were trained on COVID 19 awareness, screening, case management and infection prevention and control (IPC). The training was facilitated by the ministry of health.



Women wading through flood waters in Banadir

CAPACITY BUILDING

Mental Health and Psychosocial Services (MHPSS) Webinar

The cluster provided capacity building through webinar in July, conducted by the WHO MHPSS Regional Advisor (EMRO) on Psychological first aid (PFA). One advantage of PFA is that it can be provided by anyone; not necessarily a health provider. It is important PFA to provide for the affected population; as long as measures are taken to prevent spread of infection. Partners are also reminded that frontline healthcare workers are also at high risk of psychological stress and themselves need PFA, PSS and mental health services. The webinar resources can be accessed via the links below:

Presentation: [click here](#) | Recording: [click here](#) / password: 0C!4!&?#

FLOODS UPDATE

Flash and riverine floods continued to affect many parts of the country in July and it is estimated 191,800 people in Hirshabelle, South West and Jubaland states as well as Banadir region are affected. Among those affected, about 124,200 people have been displaced from their homes. Another 5,000 people are at risk of further displacement in Jowhar, Middle Shabelle.

Further, according to the Hagaa Season Flood Update by OCHA, part of Afgooye district hospital was flooded affecting services at the facility. The hospital has a catchment population of approximately 150,000 people. Some roads are reportedly cut off, disrupting transportation. Schools, social centers, mosques and football fields in the affected villages have been affected.

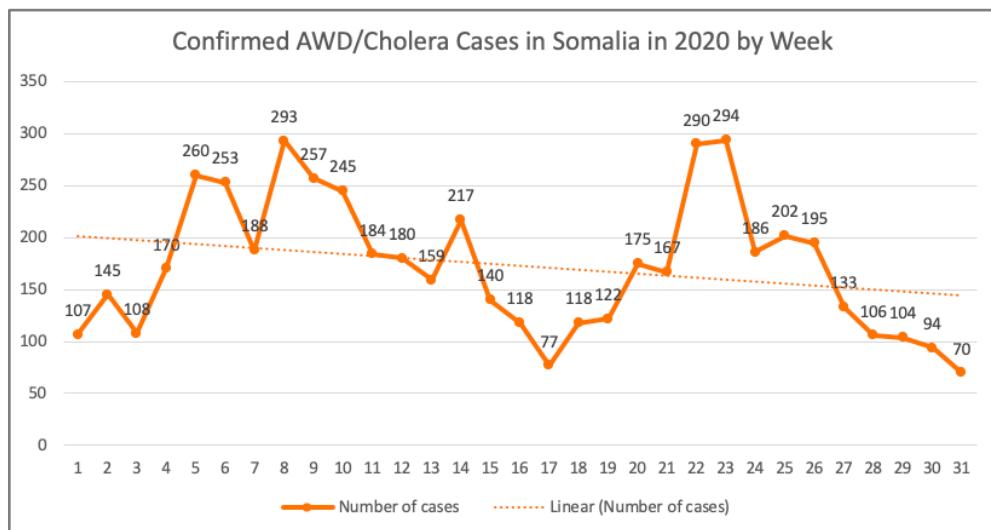
Humanitarian partners have scaled up health responses in flood affected regions, but continue to face funding shortfalls; especially as projects funded by the SHF come to an end.

AWD/CHOLERA OUTBREAK UPDATE

Cholera continues in several parts of the country. Confirmed cholera cases from the beginning of the year to epidemiological week 31 (2nd August 2020) recorded 5,341 cases, 29 deaths with a case fatality rate (CFR) of 0.5%.

Overall, cholera cases from the beginning of the year were from 5 regions in Somalia: Banadir, Hiraan, Middle Shabele, Lower Shabelle and Bay (23 districts: Biadoa, Marka, Beletweyne, Buloburte, Jalalaqsi, Jowhar the rest are from Banadir). However, during the month of July, no cases of have been reported in Middle Shabelle Region.

Partners continue to manage cases in HCFs and CTCs as well as supporting surveillance, community engagement and risk communication



AWD/CHOLERA SITUATION IN 'HOT SPOT' AREAS

Districts reporting cases are the ones that did not receive the OCV. Discussions at global level have been done on the feasibility of the OCV campaign during the COVID-19 outbreak. There is however more emphasis on response to COVID. Challenges expected are in relation to the transportation of the supplies considering the COVID-19 travel restrictions. The campaigns are normally supported by the Polio team that is currently engaged in COVID-19 response. The concerned team is deliberating on the issue so as to come up with a feasibility plan to reduce hitches during the OCV campaign in the midst of the COVID-19 response. District with cases in July are Biadoa, Marka and Banadir region.

HeRAMS ROLL OUT

The Health Resources and Availability Mapping tool (HeRAMS) provides a platform to allow consistent tracking of availability of health resources at facility level.

Orientation sessions to support roll out efforts at regional and state level are underway and the State-level platform and questionnaires are ready for testing and start-up. The Health Cluster plans to fully implement HeRAMS monitoring by the end of the year.

Partners are requested to provide information on individuals responsible from an organization to manage data contribution on HCFs they support. The form may be accessed via this link [[click here](#)]

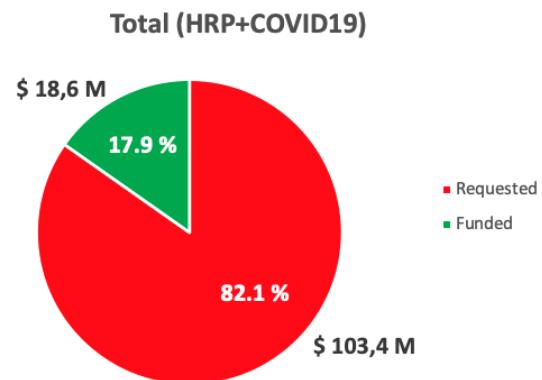
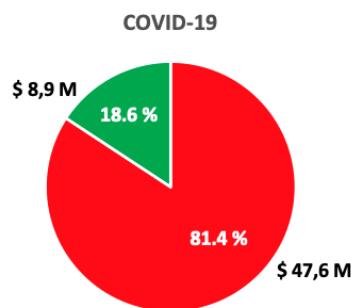
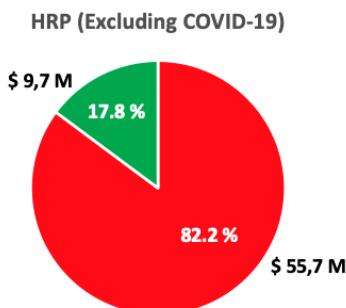


HEALTH CLUSTER REGIONAL FOCAL POINT ELECTIONS

In line with the Health Cluster efforts to decentralize coordination and strengthen leadership in preparedness and joint response to emergencies in Somalia, Health Cluster focal agencies functions to establish coordination mechanisms in collaboration with local health authorities where possible. As much as this function is purely voluntary, it provides an opportunity for partners to directly contribute to coordination efforts in their areas of operation. The RFPs selection process is electoral and all registered partners participate in the voting process. NGOs who are elected for the positions serve for a period of one year. During the month of July, the Health cluster started the selection process for the RFPs and with the elected partners expected to assume Regional Focal Point functions beginning in September 2020.

FUNDING STATUS

Resource mobilization efforts are ongoing with an emphasis on a multisectoral approach with particular emphasis on integration of health with aspects of GBV, Mental Health and Psychosocial Support as well as WASH and Nutrition.



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