



## HEALTH CLUSTER BULLETIN Nov 2020



### 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

- Deyr rainy season and Cyclone GATI have led to displacement of 138,269 and 42,000 respectively.
- Despite immunization campaign done in Kismayo still 139 cases of measles have been admitted in Kismayo Hospital in November
- Health Cluster Advocates for integration of GBV services to health programming

#### HEALTH CLUSTER

<b>121</b>	HEALTH CLUSTER PARTNERS
<b>4 UN; 32 INGOS; 80 NNGOS AND 4 OBSERVERS</b>	
<b>2.5 M</b>	TARGETED POPULATION

#### HEALTH ACTION



#### CONSULTATIONS

<b>99,167</b>	Consultations provided in Nov
<b>1,695,458</b>	Total # of consultations (Jan – Nov)

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



#### HRP (Excluding COVID-19)

Requested: 55.7 M  
funded: 17.9 M (32.1%)

#### COVID-19

Requested: 47.6 M  
Funded: 18.1 M (38.0%)

#### Total

Requested: 103.4 M  
Funded: 36.0 M (34.8%)

### COVID-19 UPDATE

In the month of November, an increase in confirmed COVID-19 cases was reported in Somaliland and Puntland; while there was a decline in Banadir, Hirshabelle, Jubaland and Galmudug. Testing has been increased following the setup of additional labs in Puntland and Somaliland. The overall positivity rate of tests was 1.2%. The exact reason for the increase in the two specific locations is unknown, but it is suspected that the increase may be related to behavioral factors. To understand this, WHO is supporting MoH to continue to provide surveillance system including community surveillance system, through community engagement teams jointly supported by MoH, WHO and UNICEF. After improvements in surveillance (RRTs) reach, only seventeen (17) silent districts remain. Over the period of the response nineteen (19) isolation centers were established. Due to low utilization, as only severe cases were presenting to the isolation centers, WHO has since scaled down to sixteen (16) isolation centers with a capacity of 300 beds in fifty-one (51) high priority districts. Stand-by capacity remains if scale-up is needed. It remains concerning that the population is not exhibiting good practices in general such as mask wearing and social (physical) distancing; and health-care seeking behavior remains low.

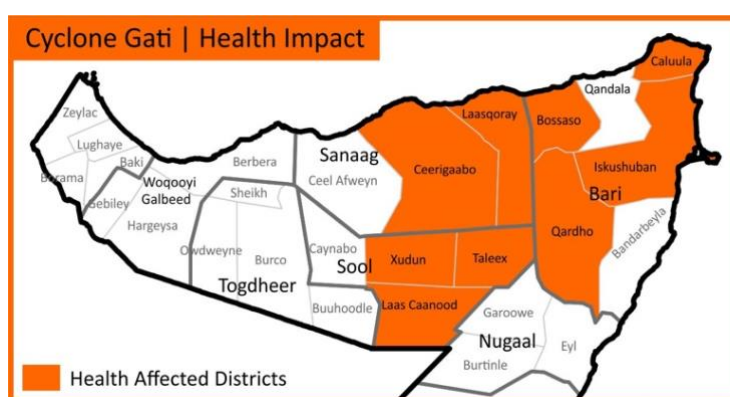
## Cyclone Gati

Cyclone Gati struck the coastal areas of Puntland and progressed into Somaliland on 22nd November, affecting 180,000 people, displacing approximately 45,000 people, the affected include farmers, fishermen, traders, and other rural inhabitants. In Bossaso district alone, over 38,000 people were affected by heavy rains and strong winds that lasted more than 24 hours in the town.

Health partners reported that in the 9 most affected districts in the regions of: Bari (Bossaso, Qardho, Caluula, Iskushuban); Sanaag (Laasqoray, Ceerigaabo) and; Sool (Taleex, Xudun, Laas Caanood) at least 139,318 individuals are health affected. The number of people in need of health services due to flooding, displacement or loss of health care services estimated to be 71,068 and the number of people needed to reach through temporary and mobile services is 41,988. Seventeen (17) HCFs are affected: 8 remain partly functional, 9 are fully functional; serving a catchment population of 222,000. The EWAR system is disrupted due to communications services down; and may cause delays in picking-up potential outbreaks.

The Public Health risk due to cyclone Gati:

- Significant water-borne disease (including Cholera) outbreak risk
- Probable increase in malaria cases
- Measles risk due to HCFs damaged, and difficulty in movement causing interruptions to vaccination
- Displacement will increase COVID-19 risk, due to interruptions in RCCE; and crowding / movement of people
- Dengue fever: most likely six months after water recedes leaving standing water for breeding grounds



Partners' responses reported so far for the affected communities:

- CARE: set-up and prepositioned 2 mobile teams and medical supplies in Ceerigabo and Lasqorey of Sanaag
- Save the Children deployed two mobile health and nutrition teams in Hafun district; covering 10 villages (Hurdiya, Xandha, Caraysimow, Dardaare, Haluule, Foocaar, Garan, Baarmadoobe, Dul-Xaafuun and Garan Sare)
- WHO sending essential medical supplies to the affected districts.
- MSF assessment of Bosaso

## FLOODS – Deyr Season

The recent Dayr season flash floods affected 73,000 people, including more than 13,000 displaced. At least five states, including Banadir, Jubaland, Hirshabelle, Galmudug and South West were affected.

Due to the flooding, new AWD/Cholera cases were reported by partners working in Marka Regional Hospital between 5 - 27 November, 5 cases (all below 5 yrs. old), were admitted and managed. Case investigation was initiated by WHO to confirm ongoing outbreaks for endemic Cholera locations of Banadir and Baidoa: 222 cases (81 from Biadoa and 141 Banadir) were reported, with 2 deaths (Banadir).

Population Affected and Displaced by District		
District	Population (#) Affected	Population (#) Displaced
Afgooye	55,178	53,385
Afmadow	59,170	13,525
Belet Weyne	572	203
Doolow	40,707	48,840
Qoryooley	1,051	1,100
Wanla Weyn	28,478	20,885
Banadir (Warta Nabada)	444	331
<b>Total</b>	<b>185,600</b>	<b>138,269</b>

Due to the flooding, new AWD/Cholera cases were reported by partners working in Marka Regional Hospital between 5 - 27 November, 5 cases (all below 5 yrs. old), all were admitted and managed. A case investigation effort was initiated by WHO for sample collection and confirmation of the ongoing outbreaks for endemic Cholera locations of Banadir and Baidoa; in November: 222 cases (81 from Biadoa and 141 Banadir) were reported, with 2 deaths (Banadir).

Eight (8) partners provided health care services to the affected population through 14 HCFs, reaching 55,335 people across 7 districts.

District	Population (#) Reached
Afgooye	22,386
Afmadow	4,86
Belet Weyne	14,119
Doolow	5,368
Qoryooley	1,1
Wanla Weyn	7,064
Banadir (Warta Nabada)	438
<b>Total</b>	<b>55,335</b>

## Polio

Vaccine-derived polio viruses continue to circulate in the Somali population due to under-immunization. The latest case (cVDPV2) was reported from Beletweyn district, during the last week of November. A non-circulating case of VDPV1 was identified in Lughaya District, Awdal region in January 2020. The most recent cVDPV3 case is from September 2018. The polio surveillance system continues to monitor environmental samples as well as through stool samples from identified cases of acute flaccid paralysis (AFP). The health AFP surveillance system in Somalia increased its threshold to 3 cases per 100,000 population among children under 15 years of age (from GPEI recommended non-polio AFP rate of 2/100,000 pop.) in order to increase sensitivity of the system. The majority of reporting districts have consistently surpassed the expected benchmark of AFP cases nationally; providing good confidence for the sensitivity of the system. A small number of districts are silent, reporting zero AFP cases over the last year. These areas are considered to have low under-15 y/o populations, but are still of concern and being evaluated. Some problems have been encountered in the monitoring system due to COVID-19, but overall, the reporting is going well and meeting set benchmarks.

## Measles

Measles continues to be reported in Kismayo; despite a measles vaccination campaign being completed in October. In November, Kismayo General hospital treated 139 (>5 28, <5 111) patients with measles. The incidence has been attributed to lack of vaccination services outside Kismayo that are mostly inaccessible due to security concerns, resulting in the recent campaign only targeting accessible villages within Kismayo.



## Integration of Gender-based Violence (GBV) response in health programing

The Health Cluster supports efforts to strengthen GBV prevention and response in emergencies by advocating for the integration of GBV services into health programing. Together with the GBV Sub-Cluster, the Cluster held a joint training on integration of GBV in health programs. The target audience were NGOs carrying out health activities through the Somalia Humanitarian Fund (SHF). This training was part of a series of trainings organized by the Humanitarian Financing Unit under OCHA-Somalia. The Health Cluster though financing from WHO translated the Clinical Management of Rape / Intimate Partner Violence ([CMR-IPV](#)) for use in Somalia by partners. The partners also participated in a session during the cluster meeting that identified opportunities in health programing where GBV can be integrated. The discussions were guided by this year's theme 16-days of activism against GBV: "Fund, Respond Prevent, Collect"

## SUB-NATIONAL UPDATES

### South West State:

In Bakool Region the current rainy season increases breeding sites for mosquitos, and partners are reporting a significant increase of malaria positive cases across all health facilities in the region; children below-five and pregnant and lactating women are particularly at risk. Moreover, health facilities lack sufficient supplies to manage these cases due to roads being cut off due to the recent rains. On COVID-19 the region being in boarder point to minimize the risk, The SWS-MoH, supported by WHO, IOM and partners, made improvements to surveillance mechanisms at the border entry points and facilities, as well routine sample collection efforts are on-going. Partners also cite the lack of referral hospitals in accessible districts like Wajid to manage major medical complications.

### Puntland State

In Bari Region, in Bossaso town over 38,000 people are affected, with many of the affected being internally displaced persons and refugees/asylum seekers who have been living in flood prone areas. Partners have been advised to monitor and strengthen the surveillance on water-borne disease (AWD/Cholera) and malaria, and to share information for improved operational coordination.

### Jubbaland State

In Lower Juba, due to heavy rains, the regional cluster focal points conducted a joint WASH and Health Cluster meeting to plan prevention and response to AWD/Cholera in the region. The health partners highlighted funding gaps for health services, including the pediatric and OPD units of Kismayo General Hospital; the main referral center in Lower Juba. There are also shortages of medical supplies in Afmadow Hospital, and lack of health services in villages outside Kismayo (e.g. Yontoy).

### Hirshabele State

In Hiraan region, a small number of AWD/Cholera cases are reported in Beletewayne. Partners are reminded to improve surveillance, provide risk-communications to prevent water-borne disease spread during the rainy season as cholera is endemic in the region. Funding shortfalls are reported for partners providing mobile health services in Beletwayne town; leading to poor immunization coverage. For COVID-19 response partners have reported shortage of PPEs exposing frontline health care to the risk of infection.

### Galmudug State

COVID-19 lab capacity in currently reduced due to the gene-expert machine not functioning due to lack of test cartridges; samples are being sent to Mogadishu, resulting in some delay to timely results. A number of service delivery gaps are seen, primarily due to funding gaps.

#### Contacts:

**Cluster Coordinator**  
Craig Hampton  
[hamptonc@who.int](mailto:hamptonc@who.int)

**Cluster Co-coordinator**  
Dayib Ahmed  
[Dayib.ahmed@savethechildren.org](mailto:Dayib.ahmed@savethechildren.org)

**IMO**  
Onur Mavi  
[Omavi@immap.org](mailto:Omavi@immap.org)

**Cluster Support Officer**  
Matilda Kirui  
[kirui@who.int](mailto:kirui@who.int)

Email: [so.health@humanitarianresponse.info](mailto:so.health@humanitarianresponse.info)  
subscribe to mailing list on: <http://eepurl.com/gW6Hcl>