



**HEALTH  
CLUSTER  
SOMALIA**



Sample collection procedure training in Puntland. Photo by WHO

## HEALTH CLUSTER BULLETIN October 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

- Concern on COVID-19 infections among Health Care workers (HCWs)
- Persistent floods caused by the *Hagaa* rainy season continues to cause displacements
- Health Cluster partners participate in the Humanitarian Response Planning for 2021
- Health Cluster plans to target 2.8 Million people facing significant barriers to quality health services in the 2021 Humanitarian Response Plan

### HEALTH CLUSTER

**121** HEALTH CLUSTER PARTNERS

**4 UN; 32 INGOS; 80 NNGOS AND 4 OBSERVERS**

**2.5 M** TARGETED POPULATION

### HEALTH ACTION



#### CONSULTATIONS

**119,978** Consultations provided in Oct

**1,596,291** Total # of consultations (Jan – Oct)

### 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%)

### FLOODS

The Hagaa season has led to flash and river flooding, which impeded access to health care facilities and movement of mobile services. Health cluster partners continued to respond in flood affected districts to include; Beletwayne, Bula Burto, Marka, Afgooye, Wanla weyn, and Kismayo with emergency primary health care. Funding remains insufficient to fully provide services to the flood affected population. Further, COVID-19 remains a concern especially for those in crowded conditions with limited water for hygiene, and its negative effects on health seeking behaviors.

## COVID-19 UPDATE: Focus on Infections among healthcare workers

From the month of September, overall COVID-19 cases decreased, with as of 31<sup>st</sup> Oct, 27 new cases were reported and one death. The case fatality rate has reduced to 1%. A number of cases have been detected at boarder points in Somaliland; with some travelers quarantined. Puntland has shown an increase in number of infections and WHO is working with Government Officials to identify causes of the increase. Previously silent district in Somaliland and Puntland were reached and positive samples found; suggesting active spread of the virus in these areas. Of sixty-one (61) districts that had not had samples tested for COVID-19 at all throughout the outbreak, termed as “silent districts”, WHO was able to collect samples from 44 of the 61 Districts, done in two phases. Regional and State level FMoH were engaged as there is currently capacity to collect samples. Out of the samples collected, 10 cases have so far been identified in Jubaland, while more results from samples collected from the other states pending. There has been a concern on infection rates among healthcare workers (HCWs). WHO data as of 8 October indicated that the majority of HCWs infected were non-medical staff at 36% followed by nurses, physicians and lab technicians at 33%, 27% and 4% respectively. Some of the factors contributing to infection among health care workers include: poor knowledge towards IPC and use of personal protection equipment; lack of personal protective equipment; poor waste management practices; lack IPC guidance information (e.g. posters) in facilities; lack of IPC training for non-medical staff; poor IPC implementation measurements/procedures for medical staff; lack of availability hand washing facility and decontamination materials.



## HUMANITARIAN PROGRAM CYCLE (HPC) 2021 UPDATE

For the 2021 HPC, over 3.9M people have been identified as in need of humanitarian health assistance in Somalia by partners during the Humanitarian Needs Overview development process. Out of this number, 2.8M people face significant barriers to quality health services; including 1.3 million IDPs and 1.5 million non-displaced people. The health cluster aims to reach those most at risk; those who are displaced due to conflict or natural disasters especially flooding and disease outbreaks.

### HeRAMS

The Health Resources and Availability Mapping System (HeRAMS) provides a platform to allow consistent tracking of availability of health services at facility level. Two webinars were organized with WHO: one specifically to prepare Workspace Owners to manage their assigned areas, and another introduction webinar for data contribution

Partners are requested to register in the planform in order to provide data contribution on HCFs they support. You may access the webinars via the links below:

Webinar: *Introducing HeRAMS for Workspace Owners*

Webinar link: [\[click here\]](#)

Password: x?qr7Z&z



Webinar: *Introducing HeRAMS for Data Contributors*

Webinar link: [\[click here\]](#)

## **SUB-NATIONAL UPDATES**

### **Jubbaland**

Kismayo: Partners, along with WHO responded to a measles outbreak and provided vaccination and vitamin A and 5-days of community mobilization to support the vaccination efforts. Services were provided at fixed sites as well as outreach sessions arranged for areas far from health facilities. As a result, 56,546 (95% of target) children from 6 months to 5 years received measles vaccine and vitamin A. 49,601 children above 1-year of age received deworming tablets. Children with measles continued to be admitted in Kismayo Hospital; coming from in access districts outside Kismayo with no vaccination services.

### **South West**

Afgooye District has been largely affected by recurrent desert locusts and conflicts; causing displacement. The affected population is in urgent need of humanitarian assistance, as well considering that this area is a hotspot for AWD/Cholera outbreak. The hard to reach areas in this district lack basic health, nutrition, and wash services. Conditions and risk are further exacerbated by COVID-19. Current response capacity provided by SWS MOH and partners operating in this district cannot meet current needs. In October, 2 cases of AWD/Cholera were reported by partners. The cases patients were managed at Marka District hospital.

### **Hirshabele**

During October, partners in Jowhar stepped up efforts to respond to COVID 19 by establishing isolation centers and recruiting more health staff to serve the community. Female health care workers were also recruited from the community as part of efforts to increase COVID-19 awareness. There is need for more screening capacity for diagnosing and tracking COVID-19. There is also a lack of PPEs for health care workers in the region.

In Hiraan, the river level at Belet Weyne is full and there was spillage in parts of the town. People were displaced and have started to evacuate from high-risk areas. As of 9 September 2020, the flood affected people in Belet Weyne town and riverine villages were estimated about 25,500 households (153,000 people) of which 23,000 Households (138,000 people) are displaced from their houses to elevated locations mainly Ceel Jaale, Ex-airport and rural villages. The river level in Bullaburte, Jalalaqsi remains high and also at risk of flooding but no displacement has been reported yet.

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