

HEALTH CLUSTER BULLETIN
Apr 2021



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

- Low uptake of COVAX among the Somali Population
- Cases of AWD/Cholera reported in parts of the Country
- Concerns over increased river levels along the Shabelle River
- The launch of Health 3W dashboard

HEALTH CLUSTER

121 HEALTH CLUSTER PARTNERS

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

2.5 M TARGETED POPULATION

HEALTH ACTION



CONSULTATIONS

124,445 Consultations provided in Apr

747,306 Total # of consultations

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



HRP

Health requested: 91.7M

Funded: 14.9M (16.2 %)

COVID-19 UPDATE

There was a total of 471 new cases with 66 deaths confirmed across the country in the period between 4th and 10th April 2021. This translated to a positivity rate of 11.97% and Case fatality rate of 8.91%. The highest number of infections were reported from Somali-land with 250 cases and a case fatality rate of 15.8%. Overall, approximately 68% of the cases confirmed are male, while the age range of total infections is between 20-60 years. The total number of healthcare workers infected is 213, with highest number of infection among health care workers reported from Banadir.

There was concern raised on cases reported from Jubaland where 198 out of 207 suspected cases were confirmed to be positive representing a positivity rate of 53% in the last week of March. Partners were been urged to step up surveillance and response activities in this area. In the same period, a total of 68 deaths were reporting with a majority of patients dying from isolation centers in Somaliland. A comparison with the past data indicates an increase in number of deaths in Somaliland as compared to other areas, where number of deaths have been reducing. Partners were also requested to step up response efforts in Somaliland. On the other hand, 49,300 people were recorded to have received the COVAX. There have so far been no adverse effects reported so far.

COVAX Update

From the 2nd week of December 2020 various countries approved the use of the Pfizer, Moderna and the Oxford/AstraZeneca coronavirus vaccines. The objectives of the vaccination exercise include to reduce deaths and disease burden from the COVID COVID-19 pandemic; protect those who bear significant additional risks and burdens of COVID COVID-19 to safeguard the welfare of others, including health and other essential workers; protect the continuing functioning of essential services, including health services; reduce societal and economic disruption, facilitate easy access to travel and join pilgrims like Hajj. In the first phase, Somalia received 300,00 doses of vaccines to cover the needs of 3% population front line workers, those with underlying medical conditions and the elderly population. In next phase, GAVI will support cover another 17% population. The plan is to vaccinate estimated 3 mil-lion people. The target population for the first phase of the vaccination exercise include Health care workers including support staff of public and private sectors, staff at points of entry (air/ sea ports etc.), police, municipal staff, teachers, other front like workers like people working with NGOs, Community support staffs etc. elderly population (50 years and above) with elevated risk of sever diseases. Population below 50 years with comorbidities, people living with high high-risk conditions and disadvantageous group like IDPs.



Out of the allocated 300,000 vaccines, only 110,941 people had been vaccinated as of the 13th of April 2021, 70% of them being male and 94% live in urban areas. Out of these, Somaliland Hirshabelle and Galmudug have reported the highest percentage of people vaccinated per target population at 75, 38 and 36 percent respectively. Some of the lessons learnt from the exercise so far is that there is more focus on fixed site strategy in public health facilities; there is lack of involvement of private sector and NGOs; there is also delay in decision making to adopt revised strategies and low demand for COVAX vaccination and vaccine hesitancy.

AWD/Cholera

Case of AWD/Cholera has been reported by Partners in Addale district middle Shabele region; Hirshabelle State from 15th April to 1st of May 2021 partners reported 155 cases. mostly were under five children and older people with reported cases of mortality. 10 cases of Samples were taken and transported to Mogadishu NPHRL managed by FMOH, the laboratory resulted 9 tested positive out of the 10 samples collected. A total of 116 cases of AWD/Cholera were recorded from Adale CTU managed by Health Authority. All these cases were reported in Adale district town sections, particularly, Bulo-Karamo and Howldon. WHO donated a kit of Cholera to Adale for Outbreak Response management.

In Wanlayn district in Lower Shabele health cluster partner HIJRA, reported to have recorded increased cases of suspected AWD/Cholera of 170 (9 over five years and 161 under 5 years) managed in their health facilities. WHO State Public health officer has been engaged to support in case investigation and confirmation.

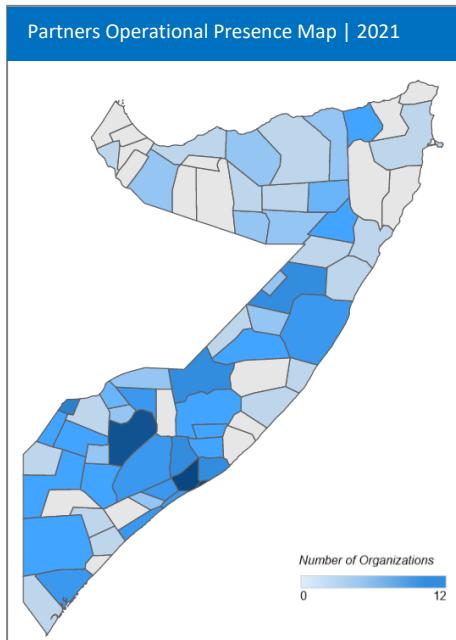
Information management Update

The health cluster launched the 3W partners mapping survey and mapped the operational presence and activities of 48 partners in 72 districts. There are still 18 districts where we don't have partner operational presence reported.

After cleaning and analyzing the collected 3W we created an online Dashboard which is publicly available. Through the dashboard you can navigate the operational presence of partners by Region and district and you can also navigate through the activities provided by every partner on a district level.

The online dashboard can be accessed via the link below:

<https://bit.ly/2Rqv14I>



SUB-NATIONAL UPDATES

Banadir

Banadir partners had an issue with Memorandum of understanding (MOU) on which Benadir Regional Administration (BRA) sent to all health implementing organizations; among the key issues partners raised which is preventing partners to signed are: The financial obligations in the MOU as partners are not funded as indicated. Partners in their sub-nation meeting discussed this and agreed to form a small group to take up this issues with BRA Health directors and negotiate that:

- Partners need to have strategic MOU which has no financial obligations and MOU which project based and obligations are based on funding received
- The MOU should be in principle of partnership and not as framed now
- Make the director understand that partners only work with funding from donors and some issues raised can only be achieved if BRA works with partners and donors commit to fund

On Banadir tension in late April: Partners have reported to have only closed health facilities in the first day of the tension and have re-opened health facilities; a partner in Hodan district have experience low turn up of beneficiaries despite re-opening the health facilities as families fled their homes. Since then, the situation came back to normal.

Hirshabele

Partners in Hirshabele have raised concerns have reported increased river levels along the Shabelle over the last week of April 2021, following heavy rains within the Ethiopian highlands leading to risk of flooding due to existing open river banks. Partners have limited funding capacity to upscale and increases responses in the event of displacement due to flooding.

Jubballand

in Afmadow district measles outbreak which led to State MOH in support from MSF initiated 1-month measles Mop-up campaign which is covering the 5 villages of Dhobley and Diff with targeted number of children to be vaccinated as 12,000. The Sub-national cluster partners have also advocated for funding to support health services in Deg-elema and Tulo-barwako health posts which IOM funding ended in March and upscaling Dhobley hospital Emergency, trauma care and in patient services

South West State

Partners have shown concerns on drought effect and insecurity leading to displacement of population to main towns specially Biadoa; including the recent Berdale displacement, Partners have limited resources to increase access to basic health services on top of the already caseloads in IDP camps and are appealing for more funds.

On Berale displacement: There are three (3) health partners that reported providing services to new IDPs in Bardale. This includes three (3) fixed site MCHs within the town accessible to the IDPs. One partner is running a pre-existing Mobile Medical Unit; serving IDPs at Berdale Airstrip and Danwadaag. The current partners have no plans to upscaling in their current response capacity. GREDO in partnership with Save the Children current funding is ending May 31st, but they are anticipating Integrated project with Health and Nutrition from June to work in same area. Partners working in Berdale informed of limited funding and need of support both financial and medical supplies to reach out IDP sites at edge of the town as IDPs sites increase.

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