



HEALTH CLUSTER BULLETIN April - June 2020



RRP Medical Staff attending to patients: RRP BEmONC project in Beletwyne District Hiraan Region

Somalia

12.3M POPULATION	5.2 M P'LE IN NEED	2.6 M IDPS	6.3M FOOD INSECURE	1.03B US\$ REQUESTED
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HIGHLIGHTS

- Increase frequency of online Coordination meetings for information sharing and coordination of activities meetings floods caused by the *Gu* rains
- Capacity building webinar sessions held to support partners better respond to COVID-19
- First ever Health and GBV integrated project implemented in central Somalia
- A total of 4834 cases of Cholera (CFR 0.5%) recorded as of week 26 of 2020
- Floods have directly affected 548,339 and displaced 279,108 people in nine regions within sixteen districts in Somalia
- Eighteen (18) isolation facilities set-up with 376 functional beds in response to COVID-19 in the country; supported by 16 partners.

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



367,565 CONSULTATIONS

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%)

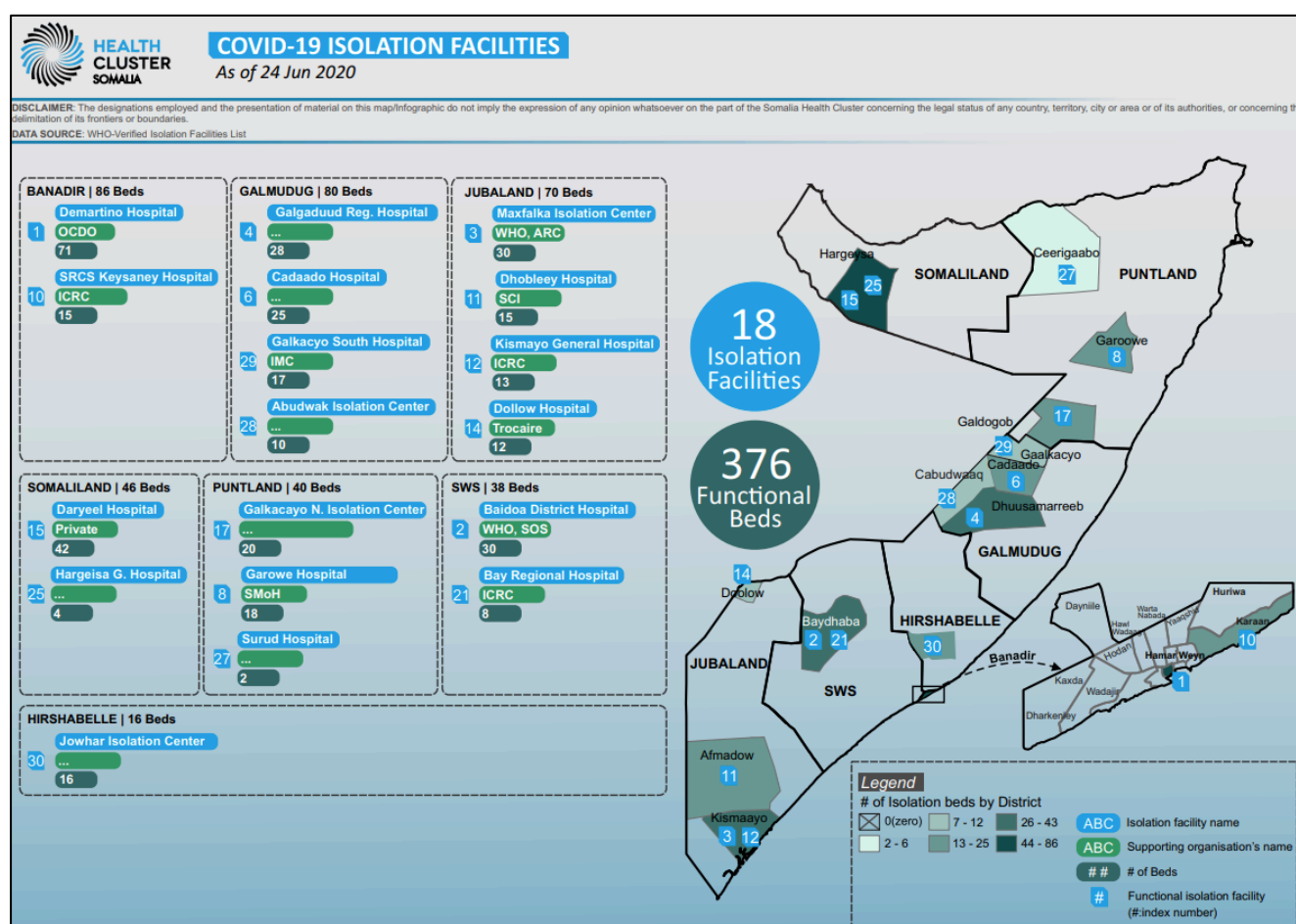
SITUATION UPDATE

COVID-19 UPDATE

COVID-19 continues to spread directly affecting communities and health care workers. COVID-19 is also disrupting key services, including vaccination and maternal and child health services.

Since the onset of the COVID-19 outbreak in Somalia, a total of 2,878 COVID-19 cases have been laboratory-confirmed including 90 associated deaths; as of 27th June 2020. The large majority (81%) of cases are aged between 20 and 60 years; and Case Fatality Rate (CFR) 3%. with 869 recoveries.

Partners are supporting the establishment and operations of isolation centers for the treatment of COVID-19 patients. WHO is working with Health Authorities and partners to assess Isolation Centers as the Case Management Pillar lead. By the end of June there were 18 isolation facilities with 376 functional beds which WHO have verified.



The infographic above can be downloaded via [this link](#)

Following the COVID-19 outbreak in Somalia in March 2020, the Health Cluster changed to online meetings, and increased to weekly meetings to ensure timely information sharing and coordination of activities in response to the Pandemic.

The meetings minutes can be found via the link below:

<https://www.humanitarianresponse.info/en/operations/somalia/health/documents/document-type/meeting-minutes>

CAPACITY BUILDING

Mental Health and Psychosocial Services (MHPSS) Webinars

Utilizing this new online environment has greatly expanded the cluster's ability to provide capacity building through webinars on various topics. It has provided the opportunity to conduct joint sessions between the Health and Protection Clusters on MHPSS; conducted in May and June by the WHO MHPSS Regional Advisor (EMRO). These webinars were attended by Protection Cluster partners and their respective AoR partners; attracting between 100 – 150 participants in each session. Topics included:

- *MHPSS during COVID-19* on the importance of MHPSS as an integrated approach to wellbeing and in the context of COVID-19;
- *Staff care / Self-care* which refers to self-care and institutional responses to stress among humanitarian and health workers intended to mitigate distress and enhance resilience of staff in response to stressors encountered during the course of providing humanitarian assistance.

You can access the MHPSS webinars presentations and recordings via the links below:

Topic: ***MHPSS during COVID-19***

Presentation: [click here](#)

Recording: [click here](#) / password: 7x@\$Xk?.

Topic: ***MHPSS and Staff Wellbeing***

Presentation: [click here](#)

Recording: [click here](#) / password: 6h@2&^7r

Community Health Workers (CHWs) Webinars

The Health Cluster together with WHO and UNICEF carried out capacity building sessions as part of COVID-19 response efforts for Community Health Workers (CHWs) and partners, with sessions on Infection Prevention Control (IPC), Case Management, Maintaining of Essential Health Services during the COVID-19 response; as well as aspects of WASH as an important factor on COVID-19 infection prevention and control. There was also a joint session between the Health Cluster and the GBV Sub-Cluster on guidelines developed to improve integrated response to increased cases of GBV during the pandemic. CHWs Webinars presentations can be found via [this link](#).

GENDER-BASED VIOLENCE (GBV)

The Health Cluster worked together with the GBV Sub-Cluster facilitated the integrated Health and GBV response activities funded through the Somalia Humanitarian Fund (SHF). The integrated project awarded USD 300,000 to an International NGO working in the south-central area of Somalia supporting two (2) GBV centers; targeting approximately 4,000 beneficiaries. The Health Cluster and GBV Sub-Cluster continue to advocate for future resources for integrated Health/GBV services.

Updated Clinical Management of Rape and Intimate Partner Violence guidelines ([Click here to download](#)) were shared with approximately seventy (70) Health and GBV implementing partners.

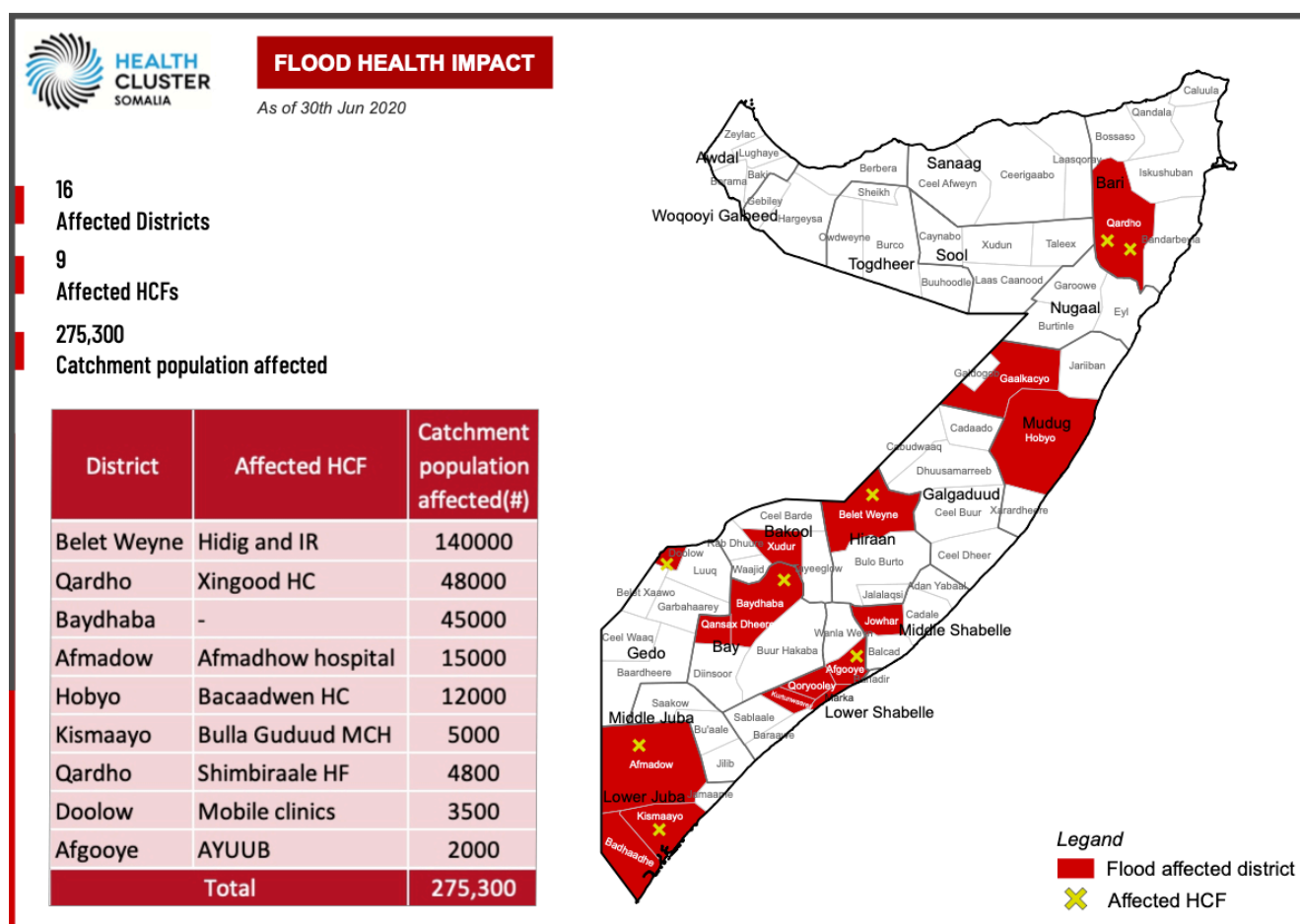
Clinical management of rape and intimate partner violence survivors

Developing protocols for use in humanitarian settings



FLOOD IMPACT

Flooding in 2020 directly affected at least 548,339 people and displaced 279,108 people in nine regions within sixteen districts; exposing the affected population with acute health risks as a result of the Gu rainy season flooding. The floods have exacerbated the humanitarian health situation at a time when responders are overwhelmed by COVID-19 responses. Nine (9) health care facilities (HCF) in eight (8) districts (Afmadow, Afgoye, Baidoa, Beletwayne, Doolow, Hobyo, Kismayo and Qardho) were affected; restricting access to the health services for 275,300 people.



The infographic above can also be downloaded via [this link](#)

Specific vulnerabilities exacerbated by flood identified by sub-national cluster hubs

People living with disabilities, women and children face significant barriers to access health services during this flooding season as compared to other groups. Women and children are reported to be experiencing worse situation in terms of access to health care services than men.

Increased exposure and cases of physical and sexual violence on women have been witnessed within the displaced population due to the floods.

Needs

There is a need to increase availability and access to Mental Health and Psychosocial Services (MHPSS) during floods. Over half (60%) of affected areas reported manifestations in the population of increased psychosocial needs. Alternatively, that 40% of areas did not highlight this as a need may indicate a need to raise awareness on MHPSS needs during acute emergencies.

Coordination hubs prioritized mobile medical units and outreach to provide access health care to flood displaced population in a timely and equitable manner.

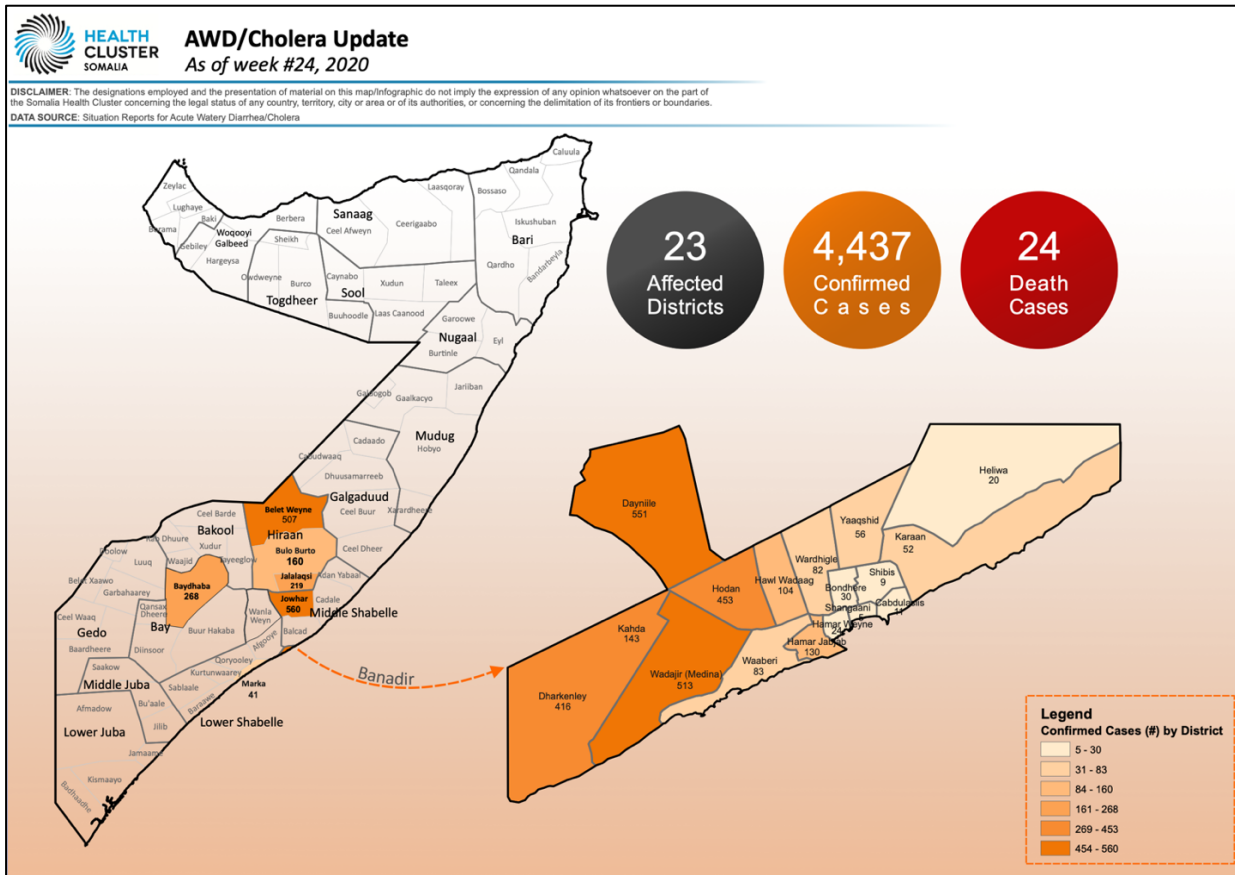
CHOLERA / AWD OUTBREAKS

It is evident that these floods have led to outbreaks of acute watery diarrhoea AWD/cholera reported in many parts of the country as of 29th Jun 2020:

Biadoa District: In Biadoa 81,497 people have been directly affected by the floods. Cases of AWD/Cholera have been on the rise since the Gu rainy season started. Samples were taken to the National laboratory for confirmation of which 17 samples tested positive for *Vibrio Cholerae* leading to declaration of cholera outbreak by MoH. 524 cases have been so far admitted in Biadoa Cholera Treatment Centers (CTCs) with 6 deaths. Patients are primarily admitted in Bayhaw CTC, under the State MoH with support from partners which include SAMA, MSF and SCI. Bay Regional hospital has also been admitting cases but was closed by MoH on 21st June. Cholera cases from Baidoa district were reported to be on the decline. Health and WASH cluster partners are closely monitoring case management and prevention activities.

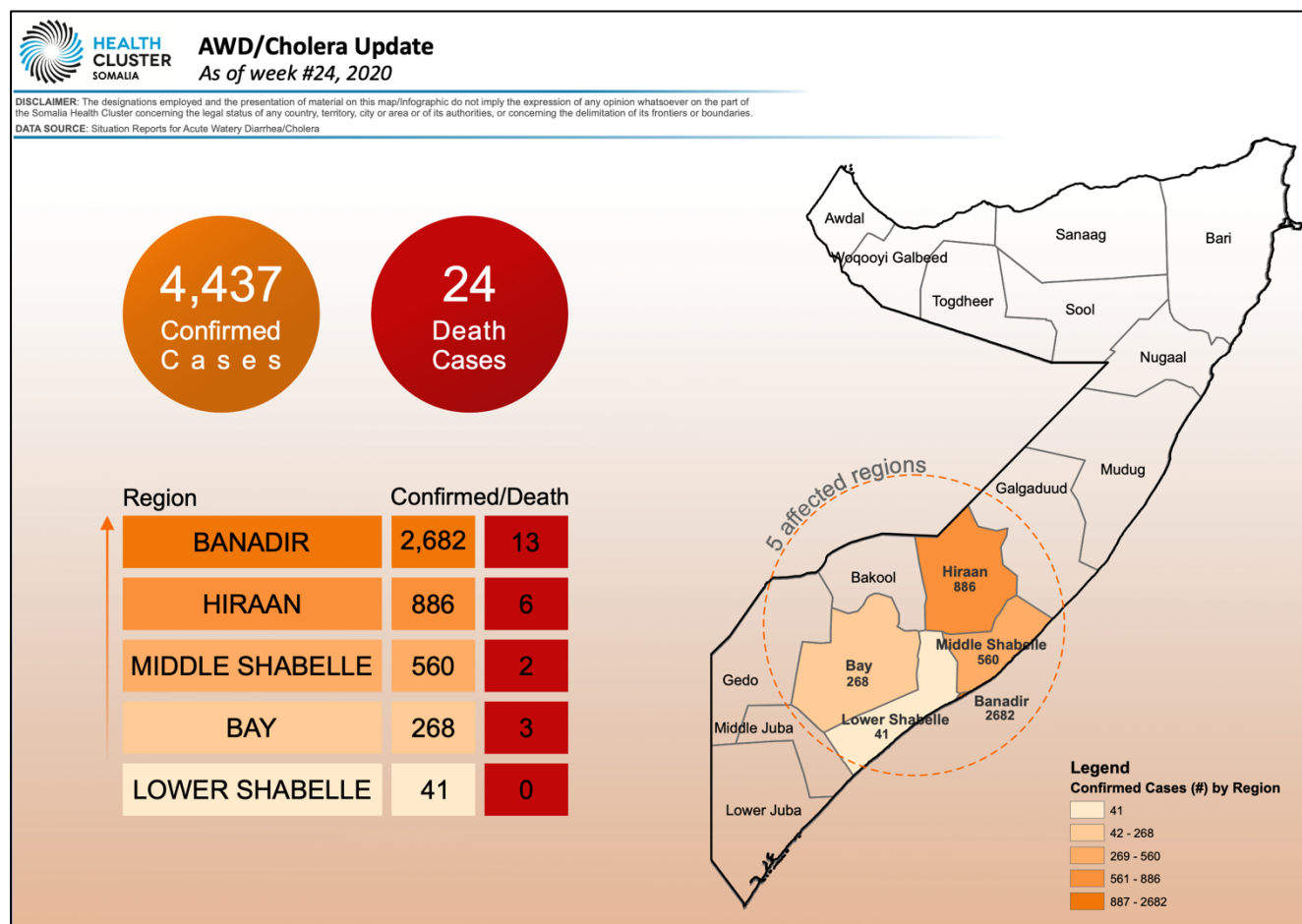
Marka District experienced over 30,000 people directly affected by the floods; leading to displacement of 23,060 persons. Floods contributed to the outbreak of cholera, with 271 cases so far admitted to the Marka district hospital CTC. Sample collections in Marka were delayed for some time due to challenge in transport to the national laboratory for confirmation. 2 samples tested positive for *Vibrio Cholerae*. Marka CTC is not well equipped and needs support for medical supplies and other equipment. However, partners on ground are supporting the CTC led AYUUB Organization

Beletweyne District: This is one of worst flood affected districts with most of the settlements submerged, affecting 250,000 people; and led to displacement of 200,000 people. The number of cholera cases recorded in Beletwayn from the onset of the outbreak is 556 cases with 5 deaths reported. Cholera cases were reported to have subsided as the water level receded and Beletwayn CTC is hence closed. Partners are managing AWD/Cholera cases in their respective health care facilities.



The infographic above can also be downloaded via [this link](#)

Banadir: Though not as significantly affected by flooding, this area has the highest concentration of IDPs and poor WASH conditions and is leading in the all weekly infection rate of cholera in the country since the beginning of 2020. A total of 2,994 cases including 17 deaths (CFR 0.6%) have been reported in 17 districts of Banadir. Treatment of cholera cases is done in Banadir Hospital CTC led by MOH with support from partners include PAC.



The infographic above can also be downloaded via [this link](#)

Dolow experienced AWD cases beginning in Mid-April, with a total of 430 cases admitted in health care facilities. There is no stand-alone CTC in Dolow District. Partners, including HDC, Trocaire, and CEDA, have responded swiftly in terms of enhanced early case management and distributing essential supplies to the IDPs as the most affected resulting to the decline in AWD cases.

Kismayo cases of AWD were first reported on 01 May, with 165 cases recorded by partners conducting AWD management in Kismayo health care facilities. Kismayo general hospital as the only referral hospital provides inpatient case management; supported by ICRC. As of mid-June, the cases reduced significantly. WHO and MoH only collected two (2) samples that turned negative for *Vibrio Cholerae* on testing. Therefore, no outbreak was declared in Kismayo by the State MoH, and cases have declined since the last two weeks of June

Overall, high-risk districts for Cholera/AWD have been identified due to geographical proximity to riverbanks. These areas are also characterized by high number of IDPs, who experience an increased case load compared to other districts. These districts include: Beletwayne, Bula Barde, Biadoa, Kismayo and Banadir (Medina, Hodan, Dharkaynley, Dayniile). Apart from recurrent flooding, one of

the key factors exacerbating the situation is the insufficient access to clean drinking water in IDP camps

Augmenting partner support for AWD/Cholera case management at CTCs, Cholera Kits were distributed by WHO to State MOH in Hirshabele, Jubbaland and South West States.



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

MEASLES

Kismayo: During week 26 (22-28/06), thirty-four (34) patients presented with measles, and since week dd/mm (week 10), 315 have been admitted in Kismayo General Hospital on which its supported by ICRC.

Previously planned measles mass vaccination campaigns in March were unfortunately suspended due to COVID-19. Assessment of immunization activities, enhanced surveillance and planning for resumption of campaigns is under way.

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