



HEALTH CLUSTER BULLETIN January 2021



Somalia

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

12.3M POPULATION	5.9 M P'LE IN NEED	2.6 M IDPS	6.3M FOOD INSECURE	1.09B US\$ REQUESTED
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HIGHLIGHTS

- Mass casualty and trauma care preparedness needs
- COVAX Roll out plans
- Cholera outbreak update

HEALTH CLUSTER

119 HEALTH CLUSTER PARTNERS
4 UN; 31 INGOS; 82 NNGOS AND 4 OBSERVERS

2.8 M TARGETED POPULATION
3.9 M PEOPLE IN NEED

HEALTH ACTION



CONSULTATIONS
226,146 Consultations provided in Jan

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



2021 HRP
Health requested: **91.7 M**
Funded: **0 (0%)**

Of note, released in February:
[Somalia Humanitarian Response Plan 2021](#)
[\[click here\]](#)

Mass Casualty Management & Trauma Care Needs

Trauma due to violence and accidents, is an increasing burden on the population and health system in Somalia. In December 2020 and January 2021, the WHO regional trauma team assessment confirmed that trauma imposes a heavy burden on the health system and the community at large in Somalia. Surveys of twenty-one practitioners, representing 21 Regional Hospitals, indicated an excess of 42,000 civilian trauma cases during 2020. Notably, there is a disproportionate impact on children (WHO, 2021); with over a quarter of the victims of violence under the age of fifteen. The Somali health system has neither the trained health care workforce nor the resources to adequately treat a pediatric trauma.

Mass casualty events are a frequent occurrence throughout Somalia, particularly so in Mogadishu and the regions in the south of the country, a situation which security analyses suggests that it is unlikely to change in the near future. WHO findings revealed that across the 21 Regional Hospitals, they had collectively responded 164 times to mass casualty events in 2020.

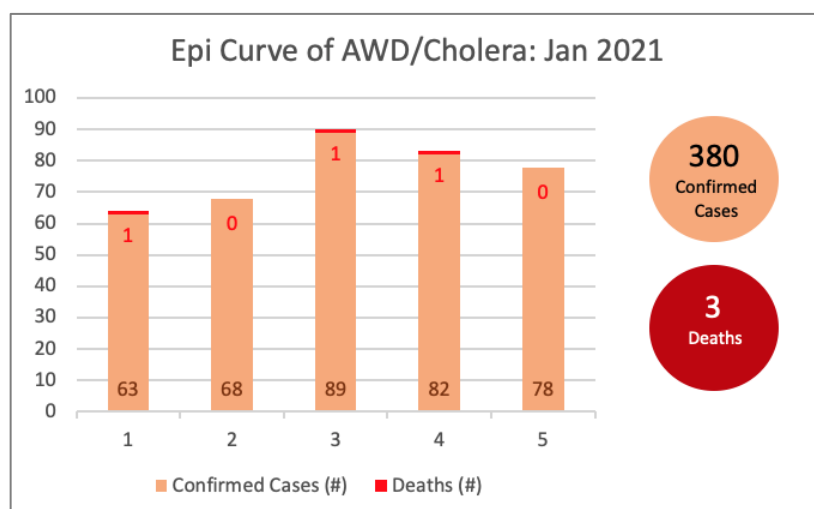
COVID-19 UPDATE: COVAX Roll Out Plans

At the beginning of this year, in early January the COVID-19 infections trend has showed a downward trend with cases reported significantly below the mean average in December 2020. Later in January 2020, an increase in cases was reported in Hargeisa and Banadir, associated with increased population movement. Trends have shown more males as having been infected than females. Plans are advancing to carry out the COVID-19 vaccination across the country. The National Deployment Vaccination Plan (NDVP) zero draft has been developed by MOH with support of WHO and UNICEF to guide the process. The vaccine made available by the COVAX facility will aim to deliver equitable access and distribution. The initial target will be 20% of the total population using a phased approach with a first target of 3% of the population to include health care workers and those above 50 years old. Activities are planned to begin towards the end of March and continue into the second quarter of the year. Some of the expected challenges include logistics; finding data of people with co-morbidities for targeting; pre-registration and follow up for the 2nd dose.

As part of wider response efforts, plans are ongoing to establish a Severe Acute Respiratory Illness/Influenza Like Illness (SARI/ILI) surveillance system. Trends have shown high numbers of SARI and ILI cases reported on a weekly basis on the Early Warning and Response Network (EWARN), however, there are no diagnostic tests conducted to ascertain the cause of the SARI and ILI. It is therefore worth-while to invest in capacity to test for these types of illness to ensure targeted response. Sentinel surveillance sites have been identified by health authorities to include, Banadir, Puntland, and Somaliland.

AWD/Cholera

The Cholera outbreak continues, beginning last year with a total of 380 cases including 3 deaths (CFR 0.5%) reported from 28th December to 31st January in Banadir (322) and Baidoa (58). In Banadir region, Daynile district is one of most affected due to insufficient access to drinking water and poor sanitation facilities; partners have swiftly responded where cases have been reported; conducting case investigations in IDPs, case management, referrals. WASH cluster was also engaged for potential support to access to safe drinking water and sanitation facilities.



Information Management Update

The Health Cluster revised the 3W reporting tool and the monthly 4Ws reporting platform (ReportHub). Updates were made to the reporting interfaces to simplify the two reporting requirements for partners.

The updated lists of 2021 activities for the 3W, and monitoring indicators, for ReportHub, are below:

- 3W Mapping Activity List: [\[click here\]](#)

- ReportHub Indicators: [\[click here\]](#)

In support of updating the reporting system, the health cluster arranged an online training for the partners to walk them through the reporting requirements and the platform where 70 partners attended the webinar. To view the recorded webinar [\[click here\]](#). After the webinar, the health cluster Partners started providing their 3Ws for their 2021 activities. 2021 operational presence maps and a new dashboard will be published soon.

Also, in January, the HC started the Strategic Advisory Group (SAG) 2021 Membership and Election Process and launched the Expression of Interest (EOI) survey for partners to indicate their interest in being member of the group. The EOI survey can be viewed at: [\[click here\]](#)

SUB-NATIONAL Update

In Hiraan, regional partners have reported limited access for health services due to limited funding and the a number of health facilities are overwhelmed by high numbers of people seeking services. Partners also reported a challenge in delivery of medicines and medical equipment due to insecurity; especially in Mataban, Jalalaqsi and Bulobarde, Hiraan is also facing acute water crisis as the water levels in the River Shabelle have significantly reduced; and disease outbreak, mainly diarrhea, may occur.

In Lower Juba, Kismayo district, cases of measles are still being reported by Kismayo General hospital in January (3rd to 30th January 2021); with a total of 191 cases (<5= 131, >5=60).

In Lower Shabele, partners have been advised to collect sample for any suspected cholera cases after an increase in of AWD cases was reported in health care facilities.

In Banadir, partners continue to respond to AWD/Cholera cases, following a reported outbreak in Deynile District. Cases were referred to Banadir Hospital with partners providing standby ambulances for referrals. Households adjacent to the original location of cases were provided with aqua tabs, Zinc tabs, ORS and albendazoles. Regular situation updates are shared with concerned cluster partners responding to the outbreak. Hygiene and sanitation promotion sessions at facility and community level have also been scaled-up.

COVID-19 response efforts are ongoing in close collaboration with FMOH where screening and referral, RCCE and infection prevention and control measures have been set up. In addition, partners continue to provide essential health services including: maternal and child health services; routine vaccination, common illness treatment, minor injury care, and nutrition services; among other activities.

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