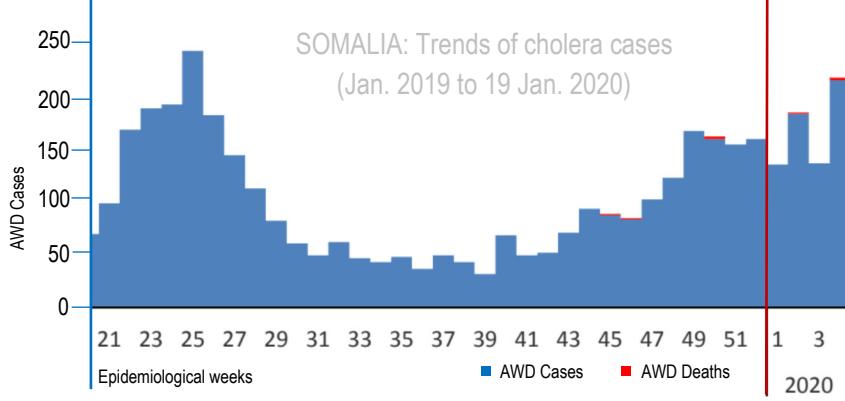




HEALTH CLUSTER BULLETIN

1-31 January 2020

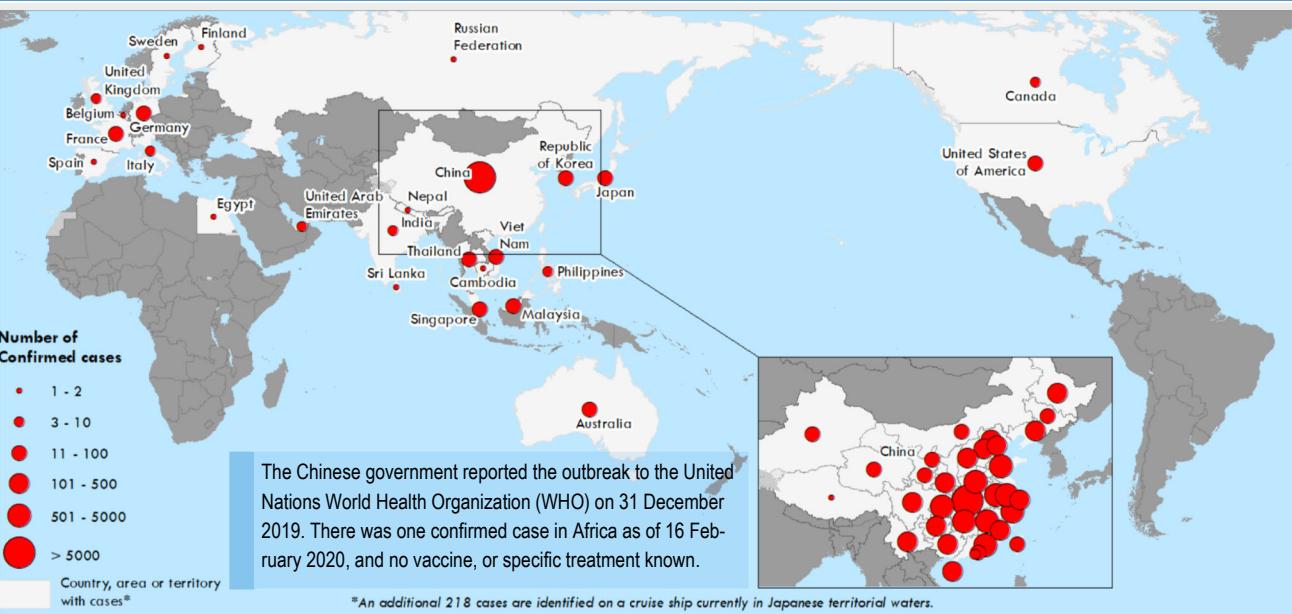


During the second week of January 2020, an alert of a suspected outbreak of acute watery diarrhea (AWD) was reported from Beletweyne district of Hiran region, Hirshabelle state. More than 250 cases were recorded. Of these 128 (48.5%) female and 136 (51.52%) cases male.

Country Name: Somalia

Emergency Type: Conflict, Drought, Floods, Outbreaks, Desert Locusts.

Reporting Period: 1-31 January, 2020



On February 11, the World Health Organization announced COVID-19, the official name for the disease causing the 2019 novel coronavirus outbreak.

45,171

Globally confirmed cases

44,739

Cases confirmed in China

441

Confirmed outside of China

Distribution of COVID-19 Cases (February 16, 2020, WHO). Coronavirus Disease (COVID-19) spreads through droplet transmission, mainly from symptomatic patients. There was one confirmed case in Africa as of 16 February 2020, and no vaccine, or specific treatment known. The Somali Health Cluster continues to receive updates from WHO, closely monitors how the outbreak is evolving. Visit <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> for information on COVID-9 advice to the public.

SOMALIA 2020 HUMANITARIAN RESPONSE PLAN (HRP)

The 2020 HRP estimates that overall 5.2 million people are in need of humanitarian assistance (compared to 4.2 million in 2019). Overall 3.0 million people have been targeted for assistance.

The number of people targeted for humanitarian assistance reduced from the 3.4 million in 2019 due to the realization that although the people in need are vulnerable, many of them will benefit from development, recovery and resiliency programs.

COVID-19 OUTBREAK: The COVID-19 outbreak is spreading from person to person in China and limited spread among close contacts has been detected in some countries outside China.

There is no record of the COVID-19 disease spreading in Somalia as of 16 February 2020. The greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected.

WHO has shared the case definition for COVID-19 highlighting the criteria for assessing and determining suspected, probable and/or confirmed cases.



5.2m
PEOPLE IN NEED



3.0m
PEOPLE TARGETED



US\$1.03b
TOTAL REQUIREMENTS

HRP 2020—Health Overview

The health response seeks to reach those who are most-at-risk due to poor physical and/or mental well-being, as well as those who face limited access to healthcare services. Life-saving and preventive interventions will target several intersecting vulnerable groups: those displaced and marginalized; those



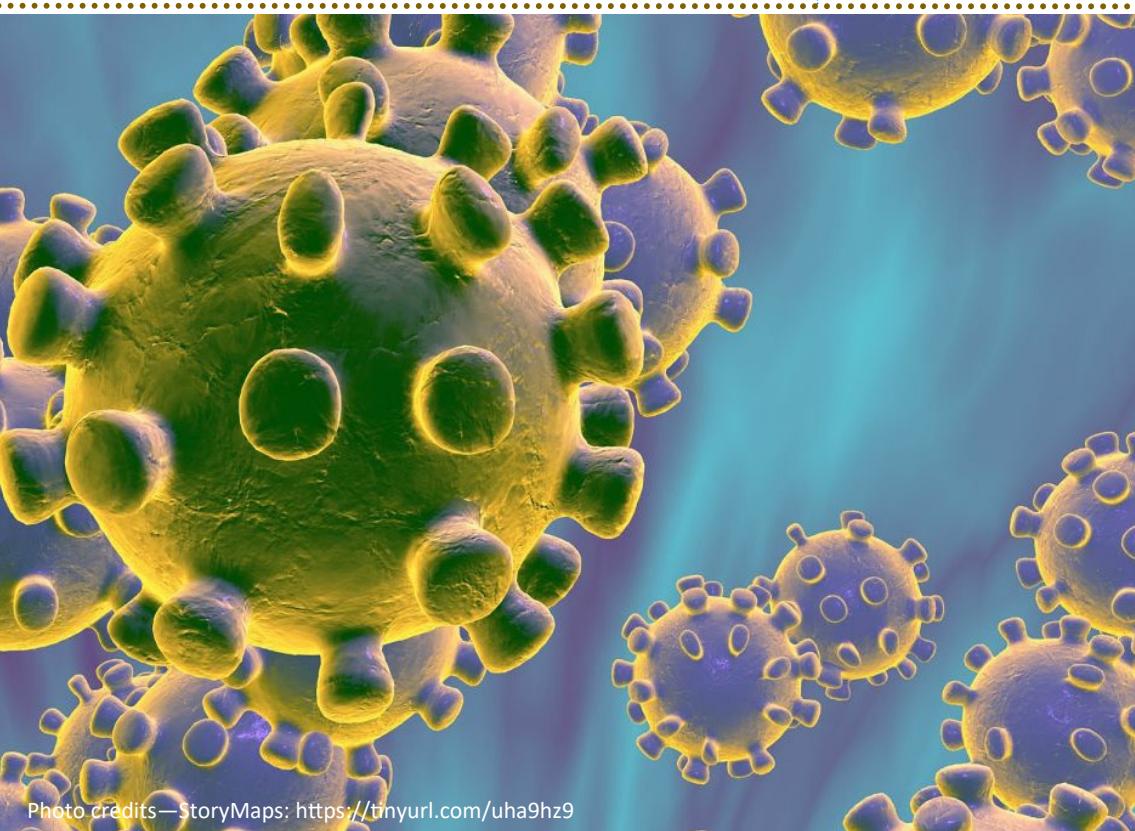
suffering from malnutrition and concomitant illnesses; those with insufficient access to water leading to diarrheal disease; those yet to be immunized, exposing the wider population to outbreaks; and survivors of gender-based violence. Violence and traumatic injury claim many lives and result in permanent disabilities if not addressed. The Cluster objectives are to:

1. Reduce excess morbidity and mortality due to disease outbreaks driven by climatic shocks and conflict among 1.6 million IDPs and non-displaced by 5%;
2. Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities;
3. Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.3 million IDPs and 1.1 million non-displaced host population;
4. Improve case management and referral services for 120,000 survivors of sexual or gender-based violence.

The cluster will collect information through an established health monitoring system: the direct reporting of consultations by partners. A system is also to be established to monitor the functionality of healthcare facilities. Partners will disaggregate data in their reporting by age, sex, disability and IDP/non-IDP. The cluster will work with partners to enhance population feedback mechanisms.

COVID-19 Preparedness

Ongoing COVID-19 preparedness activities in Somalia include screening at points of entry, contingency preparedness plans developed by the Ministry of Health and the World Health Organization, procurement of infection prevention control (IPC) and sample collection materials, training of health workers and airport staff, sample shipment to identified reference laboratories, translation and printing of risk communication materials from English to Somali, and monitoring of SARI and ILI cases through the Early Warning and Response Network (eWARN).



Acute Watery Diarrhea in Beledweyne—Situation Update

249,337

District population

261

Total cases reported

128

Confirmed as vibrio cholerae

04

Total deaths

2.4%

CFR in Beledweyne

An outbreak of acute watery diarrhea was reported in Beletweyne during the third week of January 2020. The outbreak was associated with inadequate clean water and sanitation following the recent floods in the area.

On 10th February 2020 in Kacaanka, Mahaday town, 20 AWD cases were reported, with vomiting and severe dehydration. Some of these were treated in private dispensaries while others were referred to the Regional Hospital in Jowhar town. Although the number of cases has decreased as compared to past days, additional cases were reported from Balad and Bula-burde villages in Hirran and Middle Shabelle.

The response activities included collection of and transportation of stool samples to the Federal Reference Lab in Mogadishu for laboratory testing and case confirmation. The result confirmed that 6 out of 10 were positive for Vibrio Cholerae Ogawa. An additional 16 stool samples were taken in first week of February 2020, 5 out of which were positive.

The State Ministry of Health established a new Cholera Treatment Center (CTC) at the

Eljalle neighborhood of Beletweyne for case management. In addition, RRT and IERTS from the SMoH and WHO were vigilant, closely monitoring the situation, strengthening surveillance, verification and providing decentralized treatment. Health and WASH Cluster partners worked in close coordination on case tracing, scaling up community awareness on hygiene and sanitation at facility and outreach level in the affected areas. They sensitized health workers on standard case definition, case detection and early treatment with oral rehydration salts, infection prevention control and provision of medical supplies.

The most recent updates—as of 13 February 2020 indicate a stabilizing situation, with a daily average of 1 to 2 new cases being admitted to a cholera treatment center (CTC) in Beledweyne for treatment.

Since the onset, Rapid Response Teams have reported at least 261 cases recorded, with a CFR of 2.4% in Beletweyne. This calls for urgent interventions to bring it down to <1%. Most of the cases have been reported to come from Kooshin, Hawo-Tako and Buundaweyn.

Health and WASH TWG on Prevention and Response to WASH-related Outbreaks

The Somalia Water, Sanitation and Hygiene (WASH) and Health Clusters maintain a technical working group that aims to prevent and respond to water- and vector- borne related disease outbreaks in hotspots areas in Somalia. The objective of the working group is to reduce mortality and morbidity related to WASH-related diseases in identifying risk factors for their transmission and preventive measure to reduce occurrence of outbreaks.

With WASH and Health as lead and co-lead respectively, the TWG comprises representatives from Ministry of Water and Environment, the Federal Ministry of Health, national and international Non-Governmental Organizations and the respective cluster information management officers.

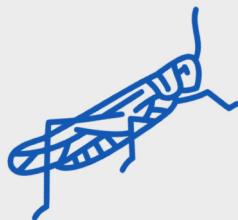
The TWG supports response and capacity mapping, conduct of needs assessments on WASH-related diseases in hot-spot areas; provides guidance to partners for effective and efficient preparedness and response, including developing Standard Operating Procedures, drafts and updates joint preparedness and response plans; facilitate and enhance collaboration between the health and the WASH Clusters partners and conduct field monitoring and evaluation missions to affected hotspots.

During the second week of February 2020, following the outbreak of acute watery diarrhea in Beledweyne late in January 2020, the TWG convened and inter-alia, discussed joint mapping of organizations that are operational in the AWD hotspot areas, establish the under-served areas with inadequate or no partner operational presence, facilitate coordination between Health and WASH Cluster partners and scale up joint response monitoring and gap analysis.

The TWG also agreed on the need for capacity mapping in AWD hotspot areas to establish the capacity of the Health and WASH cluster partners to respond to water, sanitation and hygiene-related disease outbreaks, address staffing, supplies and related issues that are essential for preparedness.

The last meeting of the TWG convened in July 2019, during which agreement was reached on TWG representation, formulation of action plans for TWG, co-branding of communication and information products with WASH and Health clusters logos or identities, inclusion of all TWG members in the Epi Watch product mailing list and sharing of the outcomes of scheduled analyses. The TWG agreed to conduct at least two

Desert Locusts: Government of Somalia declares national emergency



10,000,000

people already facing severe food insecurity in Ethiopia, Kenya, Somalia and Sudan are located in areas currently affected by the desert locust infestations.

3,240,000

severely food insecure people in Uganda and South Sudan, are also under threat, bringing the total number of the population at risk to over 13 million

In a press statement released on 2 February 2020, the Ministry of Agriculture and Irrigation of the Federal Government of Somalia declared a national emergency in view of the desert locust upsurge that posed a major threat to Somalia's fragile food security situation.

The IPC Food Security Phase Classification and Desert Locusts Update of 12 February 2020 indicates that the East and Horn of Africa region is currently facing one of the worst infestations of desert locusts - whose destructive impact is likely to cause large-scale crop damage and worsen food insecurity in countries already affected by recurrent drought, conflict and high food prices.

Current and projected IPC analyses indicate that more than 10 million people in Ethiopia, Kenya, Somalia and Sudan, who are already facing severe food insecurity (IPC Phase 3—Crisis) or worse, are located in areas currently affected by the desert locust infestations. See: <https://reliefweb.int/sites/reliefweb.int/files/resources/IPC-AFI-ECA-Desert-locusts-Alert-12-02-2020.pdf>

Health and Nutrition Clusters must continue to monitor and provide services to prevent further deterioration in malnutrition caused by potential worsening of the fragile food security situation. Urgent elements of the response are to enhance surveillance, data collection, timely malnutrition and disease reporting, while control activities are implemented on the ground.

Weekly Epidemiological Updates (WHO Somalia Weekly Epi Watch)

Measles Update (Week 3, 13-19 January 2020)

- As a result of the mass measles vaccination campaign conducted in Somalia in 2018, the number of suspected cases of measles decreased in 2019 compared with previous years. Another measles campaign conducted in November 2019 is further accountable for the reduction in number of cases.
- Since epidemiological week 1, 2020, a total of 254 suspected cases of measles have been reported in drought-affected districts. Adado and Madina were the most affected districts.
- A total of 148,078 (77%) children under 1 year of age out of the targeted 192,825 received measles 1 vaccine (MCV1) in drought-affected districts from March to November 2019.
- During the drought monitoring period, March to October 2019, the vaccination coverage was ranging between 61% and 83% per month against a monthly target of 21 425 children under 1 year of age.

Polio Update (Week 3, 13-19 January 2020)

- An integrated measles and polio vaccination campaign was conducted in Southwest, Jubbaland, Hirshabelle and Galmudug states from 24 to 28 November 2019. A total of 1,031,972 under-five year old children received polio vaccine, while 930,506 received measles vaccine. Up to 639,683 were dewormed and 924,401 received Vitamin A supplementation.
- No new cases of circulating vaccine-derived polio virus type 2 (cVDPV2) have been confirmed 2020. A total of 3 cVDPV2 were reported in 2019. Two cVDPV2 were isolated for environmental surveillance (ES), bringing the number of isolated cVDPV2 in 2020 to 3. The most recent cVDPV2 case was confirmed 8 May 2019.
- Additionally, no new cases of circulating vaccine-derived polio virus type 3 (cVDPV3) reported from 2018 to date. The last case of cVDPV3 in Somalia was confirmed on 7 September 2018. Two new environmental samples collected on 10 November 2019 tested positive for cVDPV2.

National: Mogadishu

Health Cluster Coordination Meeting: The National Health Cluster meeting of 21 January 2020 provided an opportunity for the partners to showcase summaries of their life-saving health activities during the year 2019. The Year in Review Presentations focused on the main activities conducted in 2019; the main achievements; notable impact of their respective interventions; key innovative ideas and lessons learnt.

Through group discussions, partners critically reviewed their performance through a Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis. Partners brainstormed on ways to build on what they did well, address what lacked, minimize risks, and take advantage of opportunities for success in 2020. Learn more at <https://tinyurl.com/vurv869>

COVID-19 Preparedness: To build capacity for COVID-19 preparedness, WHO conducted a two-day training of trainers (ToT) on COVID-19 in Mogadishu in order to boost preparedness. The training was attended by representatives from the Federal Ministry of Health, Airport staff and other health workers.

Puntland: Garowe

The sub-national Health Cluster Coordination meeting of 30 January 2020 in Garowe, Puntland featured eWARN Updates, with a focus on key disease outbreaks, including Chikungunya and Dengue in Galkayo. It also included briefing on Novel Corona Virus (COVID-19), and health cluster partner reporting, using ReportHub. A detailed presentation on communicable disease surveillance and response highlighted 720 SARI cases, 5,062 cases of influenza-like illnesses (ILI), 3,468 cases of other acute diarrheal (OAD) diseases, 49 suspected diphtheria cases, 85 Suspected AWD cases, 25 Suspected measles cases and 508 confirmed malaria cases.

There was a decrease in the number of **suspected SARI cases** in January 2020, at 710 cases, compared to 815 in December 2019. Of the 710 suspected cases, 461 (64%) were children under 5 years, with Bosaso, Baran, Gol Dogob, Galkacyo, Jaribar, Armo and Widh-Widh as the most affected districts. The number of **AWD/suspected cholera cases** decreased to 85 in January 2020, compared to 115 in December 2019. Of the 85 cases, 68 (80%) were in children under 5. The most affected areas were Yako and Gardo.

There was a decrease in the number of other acute **watery diarrheal diseases** in January 2020. The reported cases in December 2019 were 5,344 compared to 3,468 cases in January 2020. Of these, 2,483 (72%) of the cases were in children under the age of 5 years. The most affected districts were Bosaso, Garowe, Galkacyo, Gardo, Baran, Jaribar, Bargal, Dhahar, Hudun, Taleh, Dangorayo, Burtinle, Rasko, Widh-Widh and Taleh. **Suspected diphtheria cases** increased to 49 in January 2020. In December 2019, there were 28 cases. Of the 49 cases in January 2020, 18 (37%) were in children under 5 years of age, with the most affected districts being Yube and Laasqoray.

National/Sub-national Updates

IMAWG Meeting: OCHA convened the Information Management and Assessment Working Group on 29 January 2020. Key issues included HNO/HRP 2020 Lessons learned and way forward to 2021; Humanitarian Data Exchange (HDX) data grid and the current status for Somalia; Integration of the Information Management Working Group (IMWG) and the Assessment Working Group (AWG) as one forum; review of the terms of reference; updating the Assessment Registry on the Humanitarian Response website; training and capacity building for IMAWG and election of a new Co-Chair for the IAWG.

Health Cluster partners have the obligation to **share details of planned, ongoing and completed assessments**. The Health Cluster Coordination team will support the partners to document bibliographic data about the assessments conducted, and centrally make this information accessible to others (with the consent of the partners responsible for the assessment in question). The International Organization for Migration (IOM) is the co-chair of the IMAWG for 2020 with OCHA as chair.

Challenges: The key challenges highlighted included gaps in personnel capacity at Widh-Widh Health Center, with respect to IPC, IMCI, case management and surveillance and case definition. Also highlighted poor sanitation at the drinking water supply sources in Widh-Widh, lack of outbreak management guidelines and gaps in routine immunization.

To manage the different outbreaks, there was need for urgent training of health workers for case management, IMCI and infection prevention control to Widh-widh health center staff, strengthening disease surveillance and response, malaria microscope refresh training to Kalkal Referral health center staff in Widh-widh District and distribution of updated guidelines on case definition, IMCI, WASH and Nutrition to Widh-Widh health center. Also recommended was water chlorination and hygiene promotion in Widh-widh district, strengthening of the Regional Health Office to supervise the functions of Widh-Widh health facilities, and conduct of routine immunization to prevent vaccine preventable diseases.

COVID-19 Preparedness Activities—A meeting was scheduled with the Immigration Directorate to discuss the deployment of screening teams at the Puntland Airports, need for the Ministry of Health to issue a press release for public awareness, production printing and dissemination of information, education and communication (IEC) materials for Health Cluster partners. WHO is to continue with surveillance and dissemination of updates on the corona virus disease, conduct training of MoH airport screening teams for Novel Coronavirus. MoH to establish a preparedness and response coordination committee and conduct weekly preparedness and response coordination meetings on the outbreak.

Somaliland: Hargeisa

A Health Sub-sector Emergency Coordination Meeting convened in Hargeisa, Somaliland on 30 December 2019, attended by the Ministry of Health Development (MoHD), WHO, MERCY-USA, OCHA, SCI, HEAL, HPA, SRCS, WVI, CARE and ARC. The RHO presentation highlighted updates on pneumonia, diarrhea and an unknown fever in Widh Widh district, outbreak of diarrheal Diseases, conflict-related injuries and gunshots, HMIS and partner updates.

During the period 16th-29th December 2019, there were 2,657 newly reported cases of fever, pneumonia and diarrhea in Widh Widh district. The death toll reached 10 people of whom 8 were under ten years old. The number of cases reduced due to interventions from both MoHD, HPA and Mercy-USA.

Hirshabelle: Hiran Region

RICCG Meeting: The Regional Inter-Cluster Coordination Group Meeting in Belet Weyne, Hiraan, 17 December 2019 met to discuss the Belet Weyne flood situation and post-flood preparedness, conduct a verification of the flood-affected minority clans, with respect to exclusion from humanitarian assistance, Belet Weyne flood responses, gaps and challenges per cluster, the flood situation in Bulo Burto and Jalalaqsi and suggestions for preventing river flooding in Belet Weyne.

The Shabelle River water level dramatically reduced from 7.90 meters to 5 metres as of 17 December 2019, way below the high-risk level of 6.50 meters. Most of the people had returned to their homes. Humanitarian actors were urged to deal with the issues of stagnant water, mosquito breeding areas, contaminated shallow wells, and rehabilitation of collapsed latrines as an emergency priority, to avoid outbreaks of communicable diseases.

South West State: Bay and Lower Shabelle

Joint Inter-Agency and Authorities Meeting in Baidoa: Convened on 26 January to discuss the humanitarian situation, security, access and updates about the Too Swayne emergency situation following Al Shabab pressures and attacks on the community and subsequent displacement in the village, 60kms west of Baidoa town. SWS continues to suffer from insecurity and pressures from the militant group of Al Shabab resulting into displacements and negative impact on people's livelihoods.

Displacements were triggered by Al Shabab's clash with the community leaders on alleged ideological differences, forced taxation and child recruitment. The displaced were in urgent need of safety, better livelihood opportunities and access to water, health, education, food, protection.

Partners agreed to share information on ongoing and planned interventions in Berdale in response to the situation; OCHA updates partners and the authorities about any developments to that affect; advocacy for resource mobilization for early interventions to minimize suffering of those affected; advocacy for support to returning families whose shelter was destroyed, and follow up.

At least 462 cases of diarrhea reported in Ainabo and the surrounding villages in Sarar region. MoHD and its partners responded immediately by supporting the region with health supplies. At least 260 new cases of diarrhea were reported in Daad Madhedh Region. Owing to limited supplies, with no emergency response teams on ground, most of the cases were referred to Burao hospital.

In Sanag region, conflict-related injuries, gunshot wounds and knife stabs from tribal conflicts constituted the main emergency conditions. Emergency response teams are in place in the region, helping to respond to the crisis. In Gabley, the health concerns reported included malaria cases and road traffic accident (RTA)-related injuries. It was reported that the region lacked ambulances, storage units for drug supplies and lacked emergency preparedness and response teams.

A fact-finding mission by the Protection, CCCM, WASH Clusters, together with OCHA, UNICEF and MCAN was conducted to Ceel Jaale IDP settlement on 12 December to verify the concerns on exclusion of minority clans from humanitarian assistance.

The main recommendations included conduct of multi-cluster post flood assessment in the flood affected areas to assess the impact of the floods on the community and find out the humanitarian needs for full recovery; advocacy for clusters to increase the humanitarian assistance till the next harvest season in July 2020; further in-depth verification assessment to the IDP settlements to prove and come up with ways to resolve the marginalization and exclusion issues; conduct training for all humanitarian actors to improve coordination and information sharing to reach the right people in need of assistance; advocate for humanitarian assistance to the flood-affected population in Jalalaqsi and Bulo Burto, advocate for durable solutions for the recurrent floods in Belet Weyne.

Cluster Coordination Meeting: A sub-regional Health Cluster Meeting convened on 22 January 2020. It focused on the general humanitarian situation, partner reporting, desert locust infestation and the AWD/cholera situation. The areas most affected by the desert locusts included Awdinle, Labatunjerow, Seydhelow, Jee-low, Kurto, Misgaale, and Ufurow in Bay region and Wanlweyn of Lower Shabelle region.

At least 39 AWD cases were reported in Eljale-Merka, out of which 25 were under-five children. As part of the response, 6 samples were collected and taken to the national Laboratory Mogadishu, where 3 samples tested positive. An 8-day CVT was conducted in Eljale from 18th-25th January, targeting 14,000 individuals, conducted by a team of 8. Two CTUs were opened in Shalanbood and Lixmoor. Also reported were 8 suspected AWD cases admitted to Shalanbood CTU, with another 20 cases admitted to Lixmoor.

Partners agreed to report on over-stocks of supplies, and to share with those in need. Meeting underscored the need for the mapping of health facilities in Bay and Lower Shabelle regions. Regular attendance of meetings was highlighted.



HRP 2020

Humanitarian Consequence #1:

The HRP 2020 plans to address humanitarian needs by prioritizing critical problems identified for each of four humanitarian consequences, including physical and mental health (Somalia HRP 2020 Response Plan Overview).

ALIGNMENT

Health Cluster Objective #2:

Contribute to improvement in physical and mental wellbeing of the population affected by conflict and displacement among 1.6 million IDPs and non-displaced; including 140,000 people with disabilities

RENEWED COMMITMENT—Scaling up MHPSS Services to GBV Survivors

Gender-based violence is one of the greatest protection challenges individuals, families and communities face during humanitarian emergencies. It seriously impacts survivors' immediate sexual, physical and psychological health. Survivors typically require targeted, expert mental health care and psychosocial support during the aftermath of a violation.

According to the IASC Guidelines (<https://tinyurl.com/sqf4zpq>), the term **mental health and psychosocial support** (MHPSS) is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007).

Gender-based violence does not only violate and traumatize its survivors, but also undermines the resilience of their societies, making it harder to recover and rebuild.

Towards the end of 2019, WHO commissioned a GBV scoping mission, facilitated by the Health Cluster. The purpose was to enhance better understanding of the status of health responses for survivors of gender-

based violence, identify challenges and opportunities. Less recognized forms of gender-based violence, including intimate partner violence (IPV), child marriage and female genital mutilation—are also being committed with disturbing frequency.

The findings of the mission highlighted critical gaps and constraints in the provision of MHPSS to GBV survivors, notably, limited health services and referral services for GBV survivors - with only a few health facilities providing clinical management of rape, health care for intimate partner violence or MHPSS services. Despite the scope and severity of the problem, current programming to prevent gender-based violence and provide support for survivors is insufficient to deliver the desired results.

The Health Cluster is committed to prioritizing and supporting concrete actions that will scale up MHPSS to GBV survivors—by facilitating the provision of information to survivors in an ethical, safe and confidential manner about their rights and options to report risk and access to care and services, to know and apply the principles of psychological first aid.

Public Health Concerns raised by the Callers of Radio Ergo

Chikungunya Outbreak: A 16 January 2020 Weekly Feedback Report from Radio Ergo indicated that callers from all over the country including Hiran, Lower Juba, Mudug, Sool, reported disease outbreaks, especially chikungunya. Some were asking for information about the disease.

Use of livestock medicine to treat human ailments: An unnamed caller sought to know if it was safe to use goat carbonyl cyanide m-chlorophenyl hydrazone (CCCP) medicines for children, although he did not specify the kind of ailment his children had. Radio Ergo is working with the Health Cluster exploring the possibility of drafting and airing an advisory message informing people of the dangers of using livestock medicines on humans.

Devastating effect of Desert Locusts: Another common theme among callers was the devastating effect of desert locust swarms reported to be on the increase in southern regions of Bay, Bakool,

Gedo, Lower and Middle Shabelle. Callers reported the locusts causing havoc in the north and central regions, including Hiran.

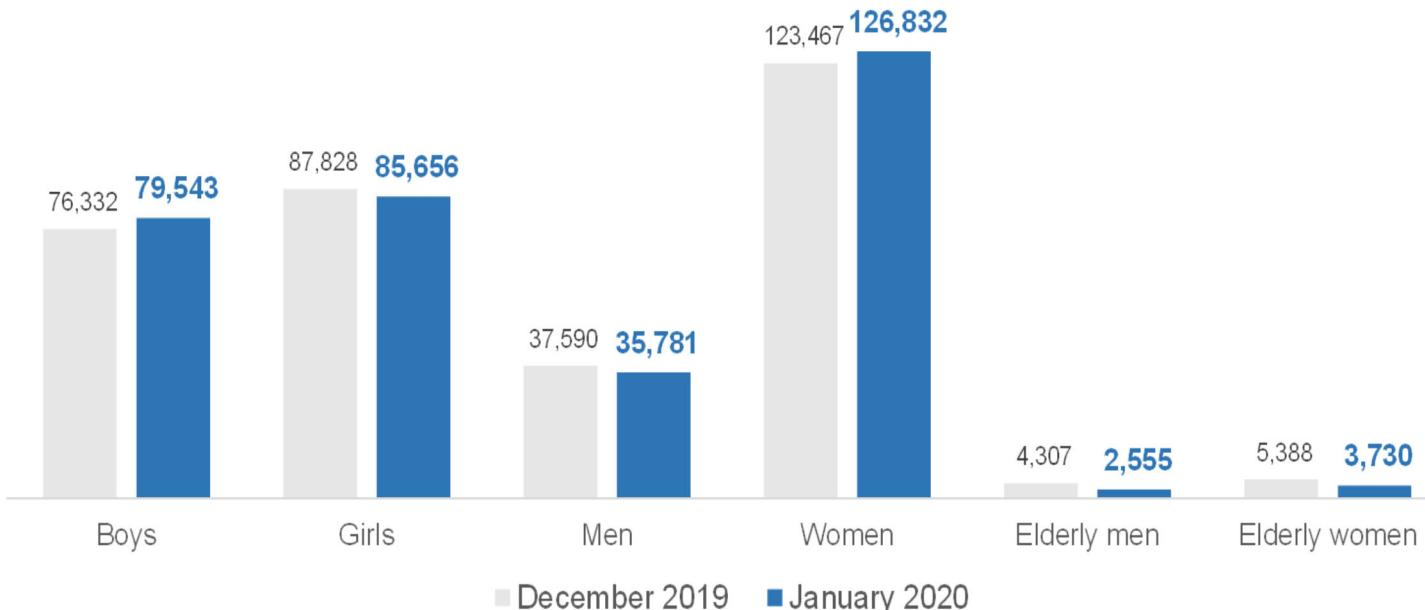
Callers reported that the farms had been wiped out, including in flood-recovering areas. Grazing land had been depleted of grass, with fears among pastoralists for their livestock ahead of the dry season. Many of the affected communities address their appeals for intervention, including for aerial spraying, to local and central governments as well as to humanitarian aid agencies. In Mudug, a community reported that they had bought their own pesticides and backpack cans to spray the locusts themselves.

Uncoordinated chemical control interventions--without due capacity building on safety precautions in handling spray chemicals puts people's health at risk. In Bay and Bakool, desperate farmers say they decided to prematurely reap what they could of their crops, even before they were ready for harvest.



People reached with life-saving health assistance, January 2020

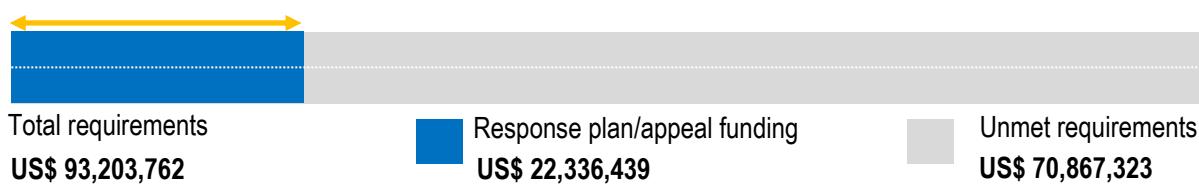
From the data reported by the Health Cluster partners at least **334,097** people were reached with life-saving health assistance in January 2020. This includes assistance delivered HRP and non-HRP funding.



Funding progress (FTS—<https://fts.unocha.org/appeals/667/clusters>)

HRP 2019 Health Funding Progress

24.0% COVERAGE



HRP 2020 Health Funding Status

0.0% COVERAGE



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