



HEALTH CLUSTER BULLETIN

September—October 2019



One of the Health Centers in Hawo Tako, Beletweyne District in Hiraan Province close to the Ethiopian boarder affected by flooding. (Photo credits: Relief International)

Country Name: Somalia

Emergency Type: Complex Emergency—Conflict; Food Insecurity, Drought, Floods and Disease Outbreaks

Reporting Period: September to October 2019

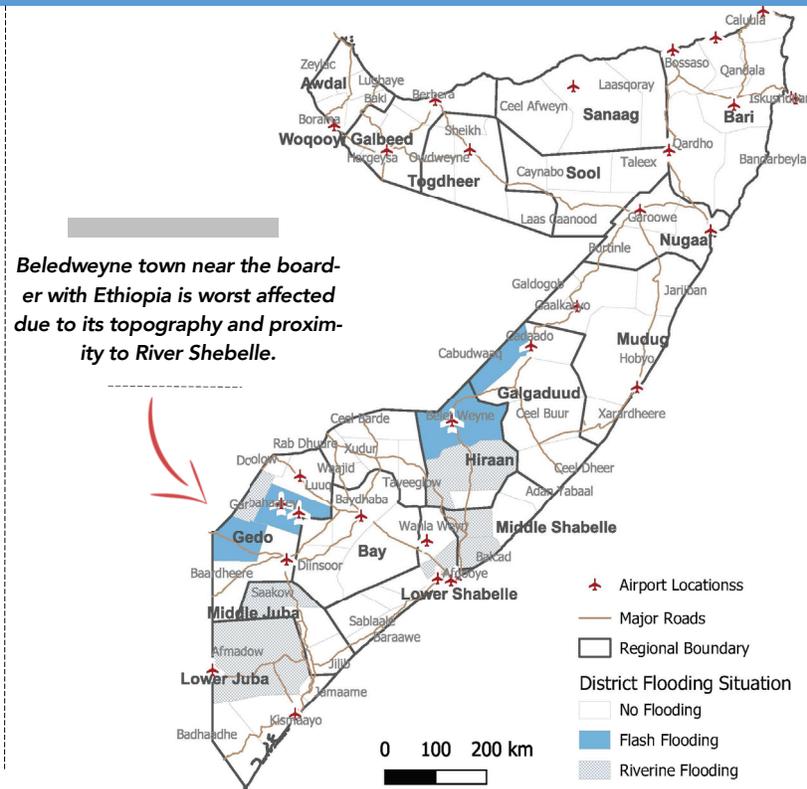
Floods Situational Update

Widespread flooding in low-lying riverine communities of the Shabelle and Juba rivers in southern Somalia have displaced of more than 230,000 people, with 111 settlements underwater according to the Somalia Water and Land Information Management system (FAO), (Somalia Flash Update No. 3, 1 Nov 2019, OCHA).

River flooding is likely to worsen over the coming weeks, and there is a high risk of flash flooding in low-lying areas in Hiraan, Gedo, and Juba regions.

An inter-agency assessment mission to Berdale, 04 November 2019 led by UNOCHA documented an increase of diarrheal diseases, acute respiratory infections (ARI), skin diseases, intestinal worms and malnutrition during the last week of October and beginning of November; with cases of malnutrition seen in health facilities. Beletweyne town near Somalia's boarder with Ethiopia is worst affected due to its topog-

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3.0M

People in need of life-saving health assistance in the Somalia HRP, 2019.



2.4M

People targeted for health assistance in the HRP 2019 for Somalia.



\$20.4M

Received out of \$93.3M requested, as of 13 November 2019. Learn more at <https://fts.unocha.org/appeals/667/clusters>



\$41.3M

Allocated in 2019. Contribution paid is \$46M (92%) out of \$51M total contributions. More at <https://pfbi.unocha.org/>

703,563

People reached with life-saving health assistance in September and October.

Monthly partner reporting data indicates that of the people reached with life-saving health assistance, **464,845** were female, **238,717** were male and **348,340** were children.

The services included births administered by skilled birth attendants, children screened for MUAC, children vaccinated against measles, outpatient consultations, antenatal care, health education messaging contraceptives and Penta 3 vaccinations, illustrating an ongoing effort by partners to provide a comprehensive package of services in the face of significant constraints.

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raphy and proximity to River Shebelle; an area often experiencing flooding.

The regional Hospital in Beletweyne is flooded halting service delivery; disrupting health care for more than 500,000 people. With further flooding expected, additional population displacement is likely.

Physical constraints, such as blockages and damaged infrastructure are restricting access to essential services and aid deliver. Insecurity caused by conflict and violence could add additional barriers to humanitarian response.

Cluster Response to the Floods Crisis

Health Cluster partners, in partnership with the government, through the Office of the Prime Minister and the Federal Ministry of Health, continue to scale-up response operations in flood affected communities. The Federal Ministry of Health is leading the coordination of health interventions and has instituted a floods taskforce to monitor the health impact of the floods in the most affected areas.

Disease prevention and control actions to prevent the potential spread of water- and -vector borne disease and vaccine preventable illnesses are being led by WHO. Active surveillance and on the ground rapid needs assessment provide early-warning monitoring. The monitoring of acute diarrhea (cholera/AWD), measles, malaria, dengue fever, is ongoing in hotspot districts for early detection.

WHO emergency supplies consisting of cholera modules and trauma kits that will treat an estimated 19,600 patients, will support the training and deployment of 20 Integrated Emergency Response Teams (ERTs); who have already responded to alerts of measles in Beletweyne district, and supportive treatment provided for confirmed cases. Malaria alerts are being investigated; with a number of suspected cases confirmed positive. Over 2,000 long-lasting insecticide-treated mosquito nets were provided by UNICEF; with the delivery of additional stocks of malaria drugs, nets and more supplies now limited by transport constraints. The regional cold-chain is being reinforced by WARDI, facilitating effective storage and timely availability of vaccine supplies to partners who are part of the response.

Two (2) mobile clinics are reaching those with difficulty accessing services, operated by Save the Children; who are also supporting affected populations with unconditional cash transfers. An additional two (2) mobile health units were activated by WARDI; expanding coverage to 12 far-

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Acute Watery Diarrhoea/Cholera Situational Update, Week 41, 7-13 October 2019.

The number of cholera cases so far reported in 2019 are 1,473 with no deaths. Active transmission is currently reported only in Banadir region, remaining controlled in other areas. A total of 820 stool samples have been tested for cholera at the national reference laboratory in Mogadishu. Out of 820 samples, 162 tested positive for *Vibrio cholerae*.

- During the week of 07 October, a total of 39 new cases of cholera and no deaths were reported from 7 districts of Banadir region and Badhadhe. No cases were reported from any other areas.
- Since December 2017, a total of 8,871 cumulative cases including 46 deaths (CFR 0.5%) were reported from 3 states of Somalia (Hirshabelle, Jubbaland and South West state) and Banadir region. Since then, a cumulative attack rate of 201 cases per 100,000 population was reported with Kismayo (Jubbaland) and Daynile (Banadir) being the most affected. Although the overall case-fatality rate (CFR) was 0.5%, higher rates were observed in Daynile, Waberi, Karan and Kurtunwarey districts exceeding the WHO's threshold of <1%
- Culture and sensitivity tests performed at the central public health laboratory in Mogadishu, show that the *Vibrio cholerae*, O1, serotype Ogawa is sensitive to chloramphenicol and tetracycline but resistant to ampicillin and nalidixic acid.

Announcing the 7th Fistula Repair Campaign

The campaign will take place in the newly established **National Fistula Treatment and Capacity Building Center (NFTCC)** located in Daynile General Hospital on **18th—31st November 2019**.

Organized by **Physicians Across Continents (PAC)**, the campaign aims to save the lives of 200 women. It is the second intervention during this year besides the continuous provision of fistula treatment service in the center.

Cluster Response to the Floods Crisis

An estimated 40,000 persons will benefit from the support, including the mass distribution of insecticide-treated mosquito nets.

A Public – Private partnership initiated by the Somali Medical Association (SMA) with the Commerce Chamber, Telecommunication foundations, drug companies, public and private hospitals are joining together to provide human resources, supplies, medications, financial support, to respond to the needs of flood affected populations.

A health center was opened in Ceeljaale, Beledweyne to provide 24/7 free-of-charge health services including outpatient consultations, antenatal care, delivery room, emergency surgical service, with male and female wards; beginning on 3 November 2019.

Two (2) health centers are operational, one in Ceeljaale IDP settlement, managed by WARDI, where the majority of the displaced people have settled, and in Hawlwadag, where 4,200 people visited the outpatient department, with up to 210 children under one year provided Penta 3 and 60 skilled deliveries were conducted between 20 October and 4 November 2019.

Gaps, Constraints and Way Forward

Physical constraints, including road blockages and damaged infrastructure are restricting access to the affected populations. At least 37 villages in Beletweyne are still flooded, with communities surrounded by water and with no access to proper sanitation and hygiene facilities.

It has also been reported that the responding health organizations are all concentrated around Eljaalle, while other equally flood-affected areas are hardly reached by any organization. There is also a significant gap in the availability of psychosocial support by flood-affected populations.

Partners also highlight the need for accessible nutrition stabilization centers; and scaling up vaccination of children under 5 years of age, especially measles and Oral Cholera Vaccine (OCV). Lack of insecticide-treated mosquito nets for distribution to the displaced people remains a key constraint to the prevention of malaria among the flood-displaced people.

The Health Cluster, together with the Ministry of Health will continue deploy and maintain Rapid Response Teams and Integrated Emergency Response Teams for response and surveillance, increase OCV coverage in the flood-affected districts and continue the with the distribution of medical supplies, including trauma kits, cholera kits and the distribution of mosquito nets. The Cluster is also working with WHO to expand the number of health facilities reporting to

EWARN as it enables early detection, identification and timely response to disease outbreaks. The cluster is advocating for closely coordinated IERT response to the floods and is currently discussing with the WASH and Nutrition Clusters to identify avenues of collaboration.

HeRAMS to address Health Information Management Challenges in Somalia



For the first time since the start of the humanitarian operation in the Horn of Africa, WHO will facilitate the rollout of the Health Resources and Services Availability Monitoring System (HeRAMS) in Somalia to facilitate seamless access to information about health facilities and service availability in the country. It is an approach providing essential health information to support decision making and coordination of health cluster actors in emergencies.

HeRAMS is an electronic system for monitoring service availability to the population, optimized and standardized for emergency and crisis contexts. It allows for self-reporting to monitoring of the status of health facilities and the availability of health services; and tracking of the main constraints and factors limiting services.

It is a collaborative process involving all health [cluster] actors, adaptable to any emergency or country context. It is a cost and time-efficient tool primarily designed to help key stakeholders and decision makers to overcome access, security, time and resource constraints.

An important mid-term aim of the system is to bridge the humanitarian – development (NEXUS) health system information needs for immediate and longer-term planning.

HeRAMS is supported by an online application (<https://primewho.org/>) that maximizes data entry and data management processes to provide real-time analysis of the situation. A COMPREHENSIVE HeRAMS ROLL OUT PLAN FOR SOMALIA WILL BE COMMUNICATED IN DUE COURSE.

EWARN Updates, 7-13 October 2019.

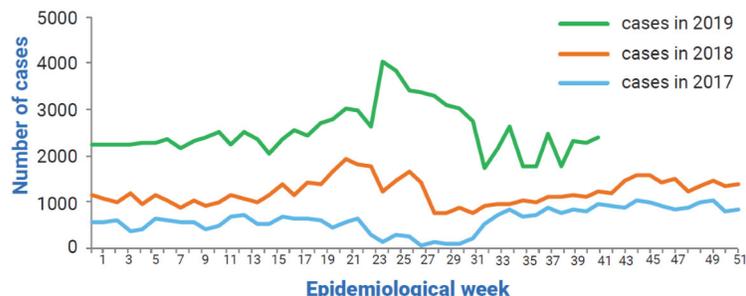
Acute Diarrhoeal Diseases (Source: WHO Weekly Epi Watch)

Cases of acute diarrhoea have increased in 2019 compared with previous years; this is linked to the shortage of safe water, and poor hygiene and sanitation as illustrated in the chart to the right.

Since the beginning of the year, a total of 105,113 cases of acute diarrhoea have been reported from drought-affected districts through EWARN. The most affected districts are Baidoa, Lasanood, Marka, Beletweyne and Burco .

Jan 2019 - October 2019

105 113
acute diarrhoea
cases



Measles (Source: WHO Weekly Epi Watch)

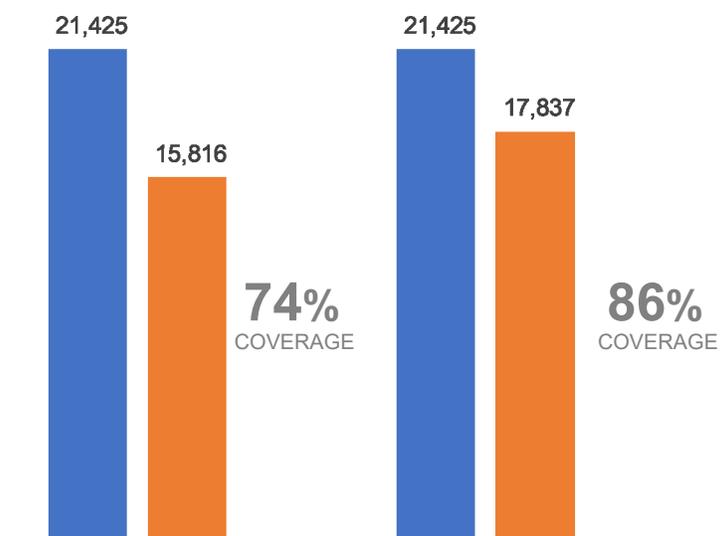
The update illustrated in the charts to the right cover the months of August and September, just before the start of the flooding season.

Overall, the number of suspected measles cases has decreased in 2019 compared with previous years.

Since the first week of 2019, a total of 1,890 suspected cases were reported in drought-affected districts, with the most affected being Madina, Marka, Jowhar, Beletweyne and Baidoa. The last three are also among the ten priority districts most affected by the floods

AUGUST

SEPTEMBER



■ Monthly target ■ Children vaccinated against measles

Polio (Source: WHO Weekly Epi Watch)

No new cases of circulating vaccine-derived polio virus type 2 (cVDPV2) were confirmed this week. Between epidemiological weeks 1 and 41, three new cVDPV2 cases were confirmed in Somalia (Map). The most recent case of cVDPV2 was confirmed on 8 May 2019.

No new cases of circulating vaccine-derived polio virus type 3 (cVDPV3) reported from acute flaccid paralysis cases in 2019. The last case of cVDPV3 in Somalia was confirmed on 7 September 2018. All environmental samples were negative for both cVDPV2 and cVDPV3 in 2019.

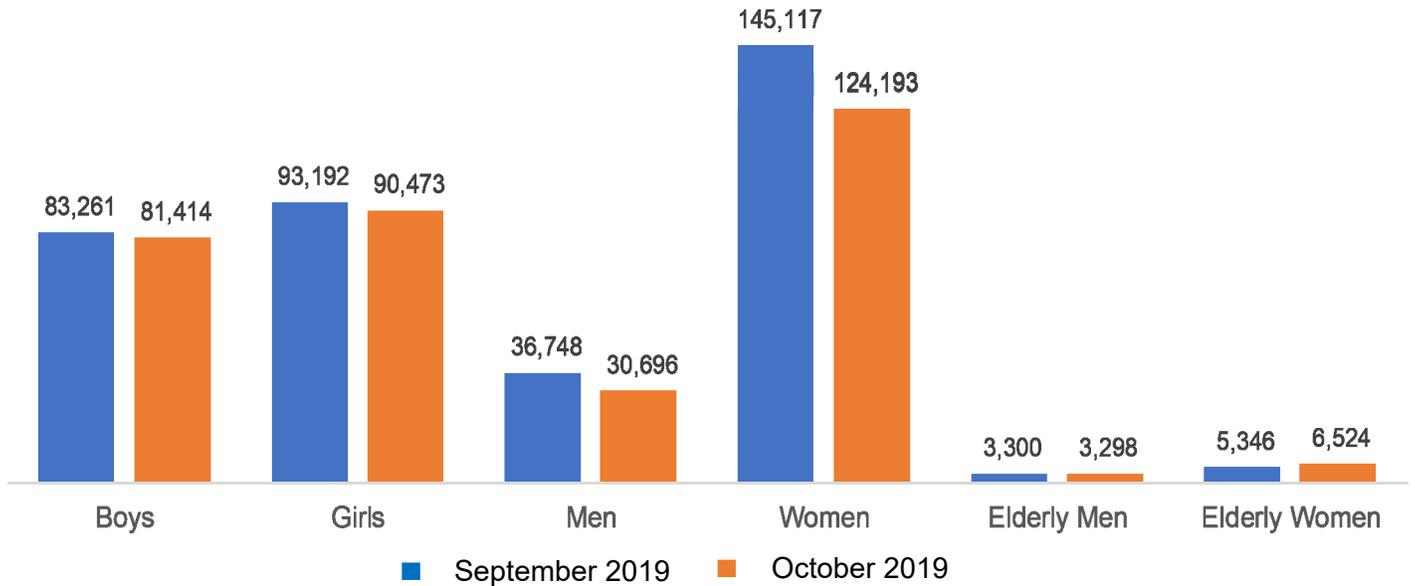
The first round of the response campaign to the three cases of cVDPV2 was conducted from 24 to 27 June 2019 in 21 target districts of Somaliland and Puntland.

A total of 170 072 (98%) under five years children were vaccinated using mOPV2 in the targeted 12 districts of Somaliland and Puntland.

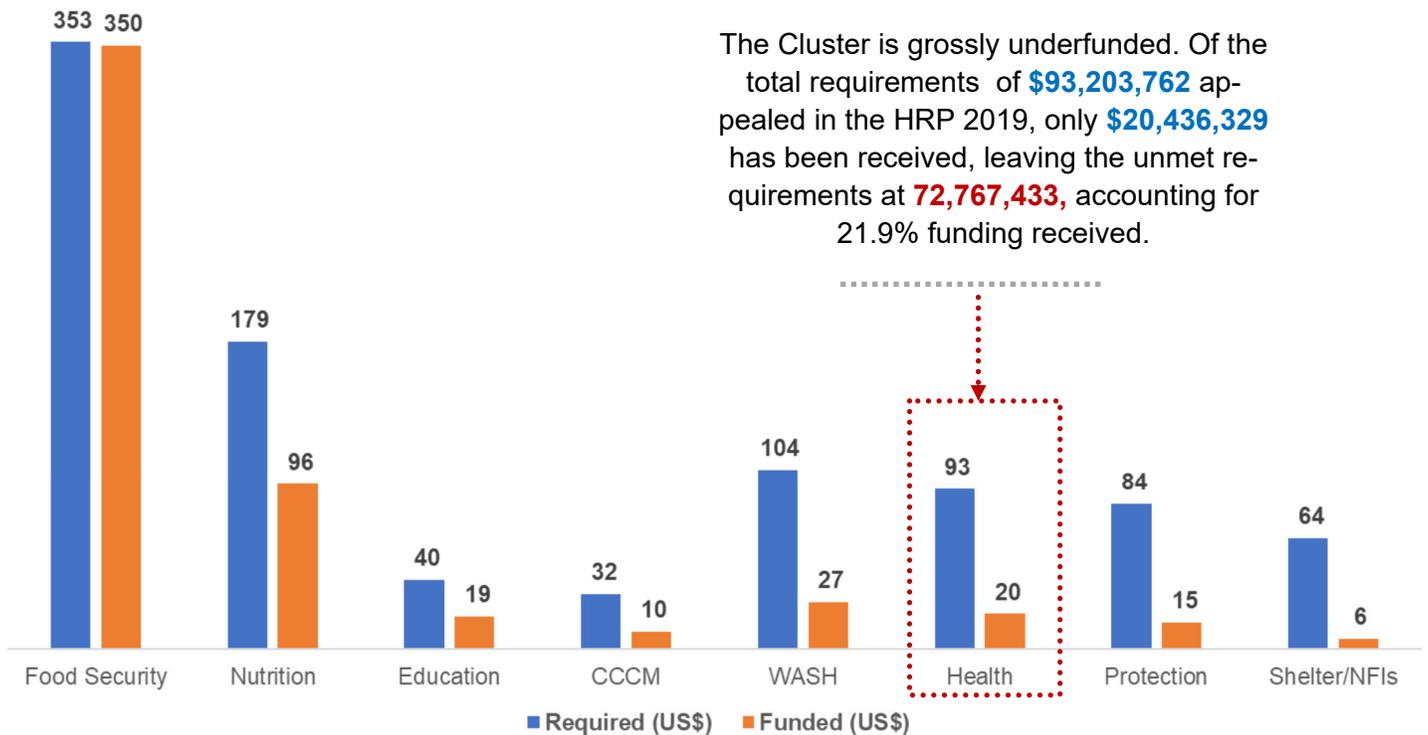
A total of 1.59 million (97%) under 5 children were vaccinated using bivalent oral polio vaccine (bOPV) in 41 high- risk districts from 23 to 26 September 2019 across Somalia

People reached with life-saving health services, September and October 2019

Monthly reporting analysis indicates that at least 703,563 people were reached with health care services in September and October 2019. 65% of the services were delivered through HRP funding, and 35% from other funding modalities.



Health Cluster funding progress (US\$ '000) with relation to key Clusters (Source: FTS, <https://fts.unocha.org/>)



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