



HEALTH CLUSTER SOMALIA



Intersos Cholera Treatment Centre in Jowhar. Photo by Intersos

Monthly Bulletin, 1st Dec. 2016 to 15 Jan. 2017



12.3m Affected



3.3m in Need of Health Services



1.1m Internally Displaced



260 Sentinel Sites

HEALTH CLUSTER PARTNERS

97 Health Partners*

Targeted Population - 1.87 Million

HEALTH FACILITIES (HF)

385 Health Centres and Primary Health Units**

78 Hospitals/Referral Health Centres

65% of HFs not Properly Functioning

HEALTH ACTION

950,899 Consultations***

NO. OF PEOPLE VACCINATED

192,152 Measles****

2,311,516 Polio*****

FUNDING

\$71.1 Million Requested

\$19.3 Million Received

27% Funded

*75 HRP and 22 non-HRP partners

** Run by Health Cluster partners

*** Mostly Outpatient Consultations for HRP projects from Jan. to Dec. 2016

**** January to September 2016

***** Children vaccinated during the last National Immunization Day (NID4)

HIGHLIGHTS

Due to worsening drought conditions, AWD/Cholera cases have spread to Lower Shabelle and Bayi regions. An increase from 629 cases and 14 deaths during the week-ending 8th January to 677 cases and 12 deaths during the week-ending 15th January 2017 was reported from different regions of Somalia.

A Measles Catch-up campaign was launched by the Jubaland State Minister of Health (MoH) in Kismayo town on 14th December 2016. It was part of the measles outbreak response plan developed by MoH, WHO and UNICEF.

Unicef and Federal Ministry of Health delivered two Diarrhoeal Disease Kits in Lower Shabelle to scale up the ongoing AWD/Cholera response.

From January to 31st December 2016, health cluster partners delivered primary and secondary health care services to 950,899 people (51% of the 2016 target).

Background to the Somalia Crisis

The health sector in Somalia is still in a critical condition with one of the worst health indicators in the world. With a population of 12.3 million, 1.1 million people are internally displaced. The under-five mortality rate is 137 per 1,000 live births while approximately 732 women per 100,000 live births die from pregnancy or childbirth-related complications. 3.3 million people are in need of health services. The humanitarian needs in Somalia have long been driven by an extremely complex mix of factors including (1) the ongoing violence and instability; (2) deterioration of living conditions largely as a result of years of conflict, floods and droughts, limited access to nearby safe havens for the displaced and limited access for health care providers, and (3) the continued lack of funding for the health sector. The rapid movement of IDPs has overwhelmed health facilities, while the national supply chain has ruptured and is unable to rapidly redirect support. Delivery of life-saving medicines and medical equipment has been irregular due to insecurity, road inaccessibility, electricity and fuel shortages and rupture of the cold chain. The situation remains fragile and the dire humanitarian needs in Somalia remain high. The Health Cluster coordinates the humanitarian health response of over 90 health partners and strengthens system-wide capacities to ensure an effective and predictable health response to disease outbreaks. Regular meetings, continuous updates on health status, coordinated needs assessments and response to service provision gaps are some of the activities of the cluster. Inter-cluster coordination is active and promotes collaboration with other clusters, particularly WASH and Nutrition.

AWD/Cholera Update

Hiraan

- In December, 139 cases of suspected AWD/Cholera and two deaths were reported in Beletweyne. In Bulaburde and Jalalaqsi, no cases have been reported since 1st January 2017. One Diarrhoeal Disease Kit (DDK) has been prepositioned in Bulaburde in case new cases arise.

Lower Shabelle

- 221 cases and 13 deaths from suspected AWD/Cholera were reported from Marka and Janale districts during December. A Cholera Treatment Centre (CTC) was established in Janale town. Unicef and Federal Ministry of Health (FMoH) delivered two DDKs in Lower Shabelle to scale up the ongoing AWD/Cholera response.

Bay

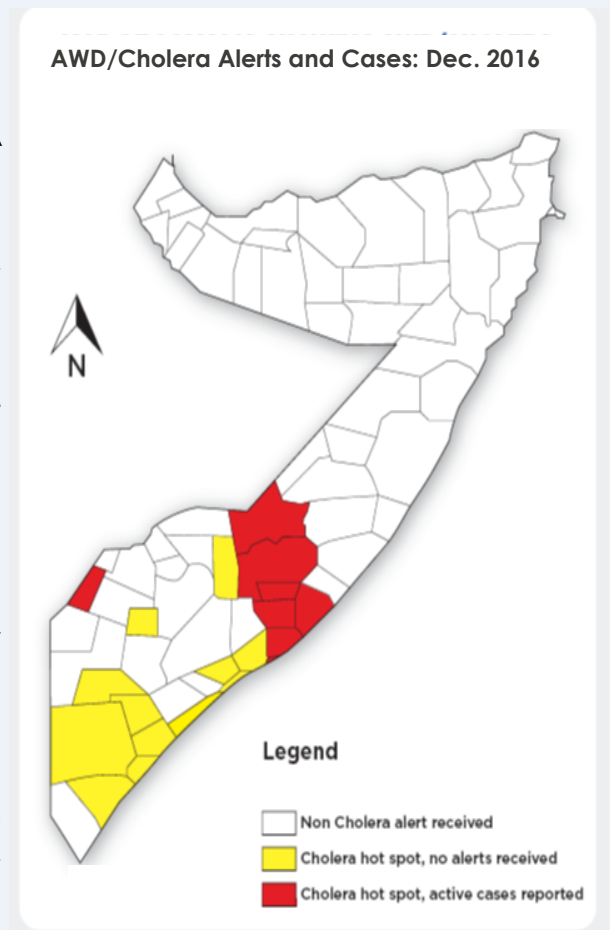
- During the week ending 8th January 2017, 320 cases and five deaths were reported in Baidoa town. There are two Cholera Treatment Centres (CTCs) managing AWD cases and they have reported severe shortage of essential drugs to treat patients.

Lower Jubba

- There are currently no admissions of AWD cases at Kismayo hospital CTC and health cluster partners are closely monitoring the situation.

Bakool

- In December, an increase in AWD/Cholera cases was reported in Maddaa village. The Ministries of Health, WASH and Health partners have begun dispatching AWD/Cholera supplies and rapid response teams to the affected areas.



Partner Response Update



PMTCT training at for health workers in Karaan district. Photo by IRC.

Banadir

- International Rescue Committee (IRC) trained 34 health workers in Karaan district on Prevention of Mother-to-Child Transmission of HIV (PMTCT) while 20 community health workers received training on Integrated Community Case Management.
- During the reporting period, IRC started an Integrated Community Case Management project in Karaan to treat children living in hard to reach areas of the district.



Jubbaland Minister of Health vaccinating a child inside PAC MCH in Kismayu. Photo by MOH

Lower Jubba

The Measles Catch-Up campaign was launched in Kismayu town on 14th December 2016. The immunization campaign, which was launched by the Jubbaland State Minister of Health, was part of the Measles outbreak response plan developed by MoH, WHO and UNICEF. The campaign targeted 54,000 children aged from nine to 119 months. 90 vaccination teams and 14 supervisors were dispatched for the campaign while the Ministry of Health, WHO and UNICEF monitored and supervised the campaign.

Somaliland

The health cluster coordination system was activated in Somaliland. Save the Children was nominated as the focal agency in an acting capacity. The first coordination meeting took place in Hargeisa on 7th December 2016.

Assessments Conducted

Mudug and Galgaduud

• An Inter-agency drought assessment was conducted in Mudug and Galgaduud regions from 18th to 27th December 2016. The main objective was to collect, collate and analyze data on the impact of the drought in the affected areas.

Preliminary findings include:

- An estimated 60 percent of the health facilities in Mudug and Galgaduud are poorly equipped.
- Limited availability of ambulance services is reported among the rural communities.

Initial recommendations include the need to upscale health services in Bahdo, Do'oley, lidoole and Gelinsoor villages of Ca-daado district where there is increased demand due to Internally Displaced Persons (IDPs).

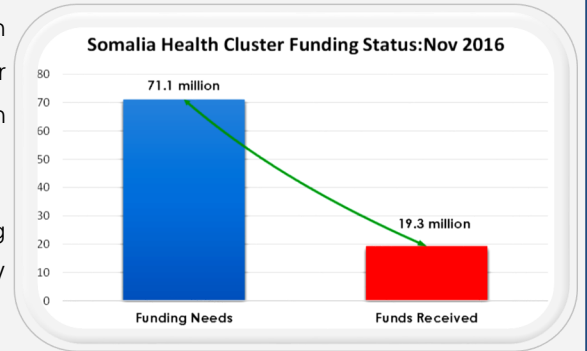
Hiraan

An inter-Agency Drought Assessment was conducted in Beletweyne, Mataban and Maxaas districts from 26th to 29th December 2016. Findings include:

- There are no health facilities in most assessed villages, especially among the pastoralist communities.
- Health officials reported increased cases of skin infections, upper respiratory infections, measles, respiratory tract infections (RTI), dysentery and fever of unknown origin.
- Initial recommendations include the need to upscale health services of existing and functional health facilities in the region and establishment of mobile health teams to cover the basic health needs of settlements that have no health facilities.

Gaps and Challenges

- As of 31st December 2016, only 27% of Somalia's 2016 humanitarian health needs (\$71.1million) had been funded. The health cluster funding shortfall continues to hamper delivery of life-saving health services to most vulnerable people including IDPs in Somalia.
- Inaccessibility of some areas as a result of insecurity is affecting delivery of basic health services to communities affected by AWD/ Cholera and Measles.
- There is need for additional support with life-saving medical supplies to health facilities, especially in drought-affected areas of Somaliland and Puntland.



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The Health Cluster is co-led by Save the Children