



Somalia Health Cluster: Flood Response Plan

Objectives

01. To provide access to basic health services for affected people
02. To prevent and control outbreak prone diseases, especially diarrheal diseases and Malaria

Objective 1: Access

Inability of flooded health facilities to function; possible damage to (loss of) equipment, supplies and vehicles are seen in many places. Disruption of surface transport, hence deliveries of supplies and fuel to other health facilities temporarily cut off by floods have made this situation worsen. Access is the major hindrance faced by both service providers and patients. Health personnel are displaced and not available in the facilities or with their respective teams. Therefore following activities are essential in the response:

- a. Mobile medical / health clinics in the areas, where people are displaced (by vehicle and boat)
- b. Hasten the functioning of damaged / flood merged facilities, as the flood recedes
- c. Supply of adequate equipments, drugs and medical supplies to all functioning services both mobile and fixed facilities.

Annex 1: Who is doing What, Where matrix

Objective 2: Communicable disease control

Increased transmission of endemic water- and vector-borne diseases after the flood (due to the emergence of new breeding sites and the disruption of vector control activities), and among people displaced (due to overcrowding in shelters) is common and in the case of South central zone of Somalia, the important diseases of interest are Malaria and diarrhea. Existing sentinel sites of outbreak surveillance system were requested to alert on any unusual increase in cases. However, considering the uneven distribution of these sentinel sites and ad hoc reporting, especially in the south central zone, specific activities related to these two diseases are mandatory.

A. Malaria

Interventions of importance are;

- a. Case management of Malaria with adequate supplies, including; anti malarials and test kits.
- b. Distribution of ITNs with appropriate health education and social mobilization.
- c. Weekly reporting on Malaria cases in health facilities.

Annex 2: Matrix of Malaria stocks

B. Diarrheal diseases (Acute watery and bloody diarrhea)

Contamination of water supplies by flood water and overflowing latrines, leading to increased levels of diarrhea. We have confirmed Cholera cases in Jilip district in the Jubas. Therefore, preparedness and response to diarrheal diseases is essential.

- a. Case management with adequate supplies and drugs
- b. *Water and sanitation interventions
- c. Health education and community mobilization

Annex 3: Cholera preparedness matrix with stocks and supplies sheet

*** Water and sanitation interventions are not considered under the health cluster plan as they are covered under the Water & Sanitation cluster plan. However health cluster partners will work closely with Water and sanitation cluster activities.**

Targets

- One health agency engaged in mobile health clinic in each affected district
- All functioning facilities have sufficient supply of anti malarial drugs and RDTs
- Case fatality rate of cholera below one percent (1%)

Annexes

01. Who is doing What and Where matrix

02. Malaria supplies matrix

03. Cholera preparedness matrix