

Emergency Drugs in great demand as the number of casualties increase following intense fighting between rival factions over these past few days in South and Central Somalia.



Somalia EHA SitRep # 3

Highlights

- Conflict mounts between rival factions in the South Central Zone (SCZ) with notable increase in the number of casualties.
- Conflict hindering transportation and airlifts for drug and other essential supplies, and communications with local staff
- Rift valley fever has been confirmed in the neighboring North Eastern Garissa district of Kenya, and adjoining area inside Somalia is under a close watch.
- Water from recent floods has subsided in some affected areas in SCZ but many villages remain inaccessible.
- Cases of acute watery diarrhoea receding and essential drugs/supplies pre-positioned.
- National staff is present in their respective duty stations in Wajid, Baidoa, Mogadishu and Kismayo.

Security

- The conflict involving the UIC forces, the TGF and Ethiopian forces has now spread from the outskirts of Baidoa to previously unaffected areas in Central Somalia namely Bandiradley, Belet Weyne and Jowhar. Air strikes have transpired over Mogadishu and conflict appears to be growing with increasing focus in and around Mogadishu.
- An estimated 500 people have reportedly been killed and over 800 war-wounded, according to ICRC, since the intensification of conflict began on 19 December. The deterioration of the security due to the opening of more fronts is complicating communications with national staff especially in Belet Weyne area.
- Each agency has been requested to take appropriate security measures for their local staff. All UN international staff have been relocated out of Kismayo according to OCHA. **WHO staff in Mogadishu will be working from their home until further notice.** All national staff are relocating to the neighboring town of Buli burti.
- Flights have been interrupted following restrictions from the warring factions and is slowing down the movement of essential supplies for many agencies.

Health Response

- WHO Mogadishu sub-office has been requested by a number of hospital managers to top up their medical supplies to meet the rising demand of supplies with reported increasing number of casualties and more expected according to local views. The ICU with the agreement of hospitals directors have agreed to transport the supplies and distribute them to the needy health facilities.
- WHO is devising a plan for the delivery and strategic pre-positioning of essential drugs to various INGOs (including to MSF and SRCS) inside SCZ to ensure continued availability and sustained delivery
- WHO has already provided one full NEHKit (adequate for 10,000 population for 3 months to Inter SOS to cover Middle Shabelle. The kit is now being utilized in Jowhar at the regional hospital and by two mobile clinics.
- One New Emergency Health Kit (NEHK) has been provided to COSV in Lower Shabelle and to

Muslim Aid UK ;an additional NEHK is pre-positioned at the Mogadishu warehouse ready to be dispatched.

- 5 NEHKits and 5 diarrhoeal disease kits D and F. are in the pipeline.

Current stock position of EHA Medical supplies available in WHO Somalia warehouses

WHO Hargeisa: 3 and half Diarrhoea Disease kits

WHO Garowe: 1 Diarrhoea Disease kit

WHO Mogadishu: 1 Diarrhoeal Disease kit and 1 New Emergency Health kit

WHO Wajid = Half kit of Diarrhoeal Disease kit and a NEHKit

Rift valley fever

Rift valley fever has been confirmed in Garissa district of Kenya. However no confirmed human or animal cases reported in Southern Somalia. All partners in the health sector as well as livestock sector have been alerted and requested to immediately notify cases.

* Health education messages are being developed and planning for a health education campaign is underway especially as mass slaughtering of livestock expected next week because of Muslim festival of Eid-ul-Adha.

* Dynamics of working jointly with the national/zonal assets (staff, IT, etc.) of the polio program inside SCZ are currently being worked out to utilize the established polio surveillance mechanism for RVF, other major communicable diseases of concern and for remedial health education campaigns in high risk areas.

Flood response

- Floods in the Shabelle and Juba river valleys that left over 450,000 people in acute need of humanitarian relief, are subsiding in some areas but a number of villages remain inaccessible to mobile health clinics - the Districts of Bualle, Hagar, Sakow, Afmadou, and Badhadhe are accessible only by air.
- WHO is monitoring on a daily basis reports of outbreaks of acute watery diarrhoea/Cholera and Malaria from all flood affected areas.
- Increased Acute watery Diarrhoea cases have been notified in Kismayo and Kismayo hospital has opened a treatment centre, with 63 cases and 4 deaths from December 19th to 23rd. Water Chlorination was conducted by SRCS in Farjano section of the town (Kismayo). For the last three days, 20 wells were chlorinated each day. Muslim Aid UK will also be conducting the training on water chlorination with UNICEF providing chlorine and health education materials.
- WHO is supporting twelve operational mobile health teams each composed of 1 nurse, 1 supervisor and 1 senior auxiliary nurse are currently operational in the flood affected regions. They are providing life-saving health care interventions to under-served populations affected by the floods and where fixed health care facilities are unavailable. The teams are also monitoring on a daily basis the health conditions of the affected populations.

Constraints

- Worsening security situation limits access not only to UN Staff and cargo but also to NGO staff and supplies, therefore service provision has come to a standstill in some districts.
- More international and national staff are required for effective and widespread response to the current conflict scenario.