

# Health Cluster Office of the United Nations Resident & Humanitarian Coordinator for Somalia

## Somalia

### Donor Alert

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## Deteriorating health situation in South and Central Somalia calls for urgent humanitarian action

### Situation

The civil strife in Somalia has had a debilitating effect on the social services infrastructure particularly health, in the South and Central parts of the country. The widening of life threatening gaps between essential and life saving health services coverage are compounded by inadequate access to safe water and sanitation, increasingly eroded livelihoods, and mass displacement.

The increasing frequency of communicable disease outbreaks, rising rates of severe acute malnutrition, decreasing immunization rates, and other serious health risks for vulnerable groups, particularly women and children, are symptomatic of the poor coverage and quality of essential health care (including maternal, neonatal and child care), and shortages of life saving medicines and trauma supplies.

With the country already facing one of the highest infant and maternal mortality rates in the world, the humanitarian health community is finding itself constrained by the health funding deficit, leaving a number of critical life saving health projects uninitiated and ongoing ones under threat of cessation.

### Background

A new wave of fighting in Mogadishu since early May 2009 has displaced approximately 200 000

people in addition to over 400 000 already displaced in and around Mogadishu and along the Afgooye Corridor.

There are approximately 105 Mother and Child Health Centres, 31 hospitals and five operational mobile clinics in the affected areas that function by receiving critical life-saving medicines, trauma supplies, financial support for health work force and basic operations from Health Cluster partners. These facilities are able to extend essential health services including maternal care, childhood immunizations and other life saving interventions to these internally displaced persons (IDPs).

Currently hospitals in Mogadishu are facing pressure on clinical and emergency surgical services. At least 650 people were injured in the last round of fighting. Medical facilities are overcrowded with insufficient safe water, poor hygiene and sanitation leading to a high risk of communicable disease outbreaks and an increase in avoidable death and disease. Pregnancy related complications, vaccine-preventable childhood illnesses, unmanaged chronic diseases, and complications of trauma are also a strong possibility.

As it is, confirmed cholera outbreaks have been reported in Lower Juba, Lower Shabelle, Bay, Mogadishu and the Afgooye corridor. Since 2007, significant gains have been made in reductions in the frequency (> 25%) and deaths (> 60%) from diarrheal diseases attributable mainly to pre-

positioning of drug stocks and better surveillance-early detection and out break response, health education and better coordination among health partners. These gains, however, are at serious risk of reversal and continued provision of essential health services in jeopardy due to an acute funding deficit.

## Geographic areas

Southern Central Somalia (Lower Shabelle, Lower Juba, Bay, Mogadishu and areas in Afgooye corridor hosting IDPs).

## Critical health needs

- Improve access and availability of skilled, and emergency obstetric care where and when

required, during pregnancy and childbirth for IDPs and vulnerable host communities.

- Sustain the coverage of basic primary and secondary health care services including life saving drugs and other medical/trauma supplies, especially for expanding IDP camps and other informal settlements in remote areas.
- Improved surveillance, early detection and timely outbreak response capacities for communicable disease outbreaks (especially cholera).
- Immunization coverage for vaccine-preventable diseases, especially measles and tetanus.
- Clinical and emergency surgical services in Mogadishu.

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