HEALTH CLUSTER BULLETIN # 02
March and April - 2018

Somalia
Drought Response
Reporting period (Week 9 to Week 17)

<table>
<thead>
<tr>
<th>POPULATION</th>
<th>IDPS</th>
<th>FOOD INSECURE</th>
<th>REQUESTED</th>
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</thead>
<tbody>
<tr>
<td>12.3M</td>
<td>6.2M</td>
<td>3.1M</td>
<td>1.5B US$</td>
</tr>
</tbody>
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**HIGHLIGHTS**

- In March and April 2018, health cluster partners provided consultation services to 559,772 individuals in 263 health facilities (including mobile health units). This includes 326,358 females and 219,131 children under five.
- Health cluster partners participated in the mass measles vaccination. A total of 3.6M children were vaccinated against measles. The campaign started in February in Puntland where 933,406 children were vaccinated.
- To support vaccination campaigns and maintain a constant availability of required vaccines, partners managed three zonal cold chain stores in South Central Somalia.
- A total of 1,534* cases of AWD / Cholera with five deaths was reported in March and April. In total, in 2018, 2,360 suspected cases were reported.
- During 2018, 2,389** suspected cases of measles were reported, 1,441 in March and 948 April. This follows 1,264 suspected cases in January and 1,589 in February.
- The health cluster has so far received a total of US$ 3,449,153****, accounting for 2.8% of the total requirement in the 2018 HRP.

**HEALTH CLUSTER**

<table>
<thead>
<tr>
<th>TOTAL</th>
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<tbody>
<tr>
<td>70</td>
<td>ACTIVE HEALTH CLUSTER PARTNERS</td>
</tr>
<tr>
<td>4 UN; 23 INGOS; 40 NNGOS AND 3 OBSERVERS</td>
<td></td>
</tr>
<tr>
<td>4.3M</td>
<td>TARGETED POPULATION</td>
</tr>
<tr>
<td>1,074</td>
<td>TOTAL HEALTH FACILITIES</td>
</tr>
<tr>
<td>263</td>
<td>REPORTING</td>
</tr>
<tr>
<td>21</td>
<td>TOTAL MOBILE HEALTH FACILITIES</td>
</tr>
<tr>
<td>559,772</td>
<td>CONSULTATIONS</td>
</tr>
<tr>
<td>265,988 IN MARCH</td>
<td></td>
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<tr>
<td>293,784 IN APRIL</td>
<td></td>
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<tr>
<td>MONTHLY TARGET IS 358,333</td>
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<tr>
<td>351,721</td>
<td>POLIO USING BOPV</td>
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<tr>
<td>2.6 M</td>
<td>MEASLES</td>
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<tr>
<td>182</td>
<td>POLIO SENTINEL SITES</td>
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<tr>
<td>3.4M</td>
<td>2.8% FUNDED</td>
</tr>
<tr>
<td>124M</td>
<td>REQUESTED</td>
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</tbody>
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* According to week 16 and 17 WHO/FMoH situation report for AWD/Cholera. This figure only includes data from week 9 to week 17.
** Number of functioning health facilities according to Service Availability and Readiness Assessment (SARA)
*** According to week 16 and 17 WHO/UNICEF EPI/POL update report. The figure includes data from week 9 to week 11 only.
Situation Update

In March 2018, the drought situation rapidly changed to floods as the Gu rains began with water levels rising along the Shabelle and Juba rivers. These rivers flow through the populated towns of Bardheere, Belet Wenye, Jowhar and Luuq, putting the population of these towns, especially the IDP community at risk.

In April the Gu rains continued to significantly increase flooding in both river Shabelle and river Juba (Somalia Flood Watch Bulletin by SWALIM).

Somalia is still grappling with the effects of the 2017 drought which, in addition to displacing over a million people, contributed to an increase in the number of water-borne diseases. The shortage of water and displacement exacerbated the incidence of AWD, including Cholera, infecting over 79,000 people with 1,159 deaths (WHO, EWARN Diseases Surveillance, Dec 2017). This represents a Case Fatality Rate (CFR of 1.47%).

This exponential rise in these areas destroyed buildings, garden and killed many animals. Health partners reported destroyed health facilities. A joint assessment in Belet Weyne indicated that four health facilities stopped operating after the floods. To meet the needs of the impacted population and to address possible health hazards, the partners responded with mobile health services.

Availability of health care services, and accessibility of health care continues to be limited by fragile health infrastructure damaged during persistent conflict, insecurity, and recurring droughts and floods in Somalia over the last two decades.

Public health risks, priorities, needs and gaps

Limited health infrastructure and low investment in the health sector leaves the community exposed to health risks and results in ill-health.

Communicable diseases

The most common health risk Somalia is a high prevalence of communicable diseases including acute diarrheal disease (AWD/Cholera), malaria (mainly after Gu and Deyr raining seasons) and measles. Below is a highlight of the current trends of these diseases in comparison to previous years.

AWD/Cholera:

New cases of acute diarrhoea including Acute Watery Diarrhoea (AWD) and Cholera gradually increased in March and April. The rise began in December 2017 and was attributed to returnees from Kenya who missed the Oral Cholera Vaccine (OCV) campaign in March 2017 and the high prevalence of households use water from shallow wells; that are often contaminated by nearby latrines. Another OCV campaign took place in March 2018 targeting hotspot districts of Belet Weyne and Kismayo.
The same graph also indicates a spike in CFR in Week 7, comprising five deaths; one in Banadir, two in Lower Juba and two in Middle Shabelle. Whereas in Banadir, the death can is due to the ongoing case. In Lower Juba and Middle Juba, the death was due to a resurgence of AWD in the regions after two months without any case. The populace in the area could have easily become complacent in responding to several hygiene promotion campaigns.

The quick reduction in the CFR thereafter could be attributed to the robust case management of the suspected cases by the health cluster partners. Tracking of the cholera treatment centres indicate that partners are well positioned to provide case management to reduce deaths.

However, the rise of suspected cases in April is attributed to the floods contributing to the contamination of numerous water points; further limiting access to portable water for day to day use.

Weekly trends of AWD/Cholera in Somalia

Measles:

Since the beginning of the year, a total of 5,242 suspected cases of measles was reported, with the overall trend decreasing from 2016-17. Surveillance is based on signs of high fever and rash, providing high sensitivity to identify measles. The declining trends reflects the completed measles vaccination campaign in February and March that reached 94% of children under-10 years old (UNICEF/WHO).
**AFP/Polio:**

For the past three years, not a single case of Polio has been reported. A robust monitoring system is in place to detect potential polio cases in all areas of Somalia. The system tracks suspicious cases, through surveillance of acute flaccid paralysis (AFP), with samples from suspicious cases quickly obtained for testing.

During the reporting period, the system recorded a total of 60 AFP/Polio suspected cases. This brings to 118 total suspected AFP/Polio cases since the beginning of 2018. Of these suspected cases, 98 were discarded and the rest are pending laboratory results.

Weekly analysis of surveillance reports indicates a flat trend of newly reported suspected cases of AFP/Polio in Somalia as shown in the graph below. However, monthly data indicated that more cases were reported in March (35 cases) than any other month this year. The same number of (25 cases) was reported in both January and April. While 33 cases were reported in March.

Weekly trends of AFP in Somalia

![Graph showing weekly trends of AFP in Somalia](image)

Source: Week 19, Somalia API/POL Update WHO/UNICEF.

Most of these cases are reported in Mogadishu, Bari and Bay the most populated regions in Somalia. However, reports come in from all over the country and a few cases are reported almost everywhere. The EPI reports indicate that, “… there is no district in Somalia which is silent for more than 52 consecutive weeks” (UNICEF/WHO EPI/POL report, week 17 - 2018 page 12).

**Health Cluster Response**

The health cluster has provided consultation to a total of 1.1 Million patients against a target of 1.43 Million in 2018. The consultation has been consistently increasing largely due to increased reporting by health cluster members. In March and April however, the increment was due to increased response to flooding in Belet Weyne, Jowhar and Luuq districts.

In the two months, health cluster partners opened five mobile clinics in addition to the health facilities they operated. Much as reports of three health facilities were destroyed by the flooding, most remained operational, in some cases partially. With these facilities, a total of 197,000 patients were consulted as a response to the flooding.
Total monthly consultation provided by health cluster members

Funding status
Overall operations and reach is challenged by limited funding. In the first four months of the year, health partners have received a total of 3.4M USD of the targeted 124M USD. This is just 2.8% of the total required in the 2018 Humanitarian Response Plan.

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