Somalia
Drought Response
Reporting period (1st January 2018 to 28th February 2018)

In 2018, humanitarian organisation in Somalia estimated approximately 6.2M to be need of some kind of protection and humanitarian assistance. This equates to about half the total population of Somalia.

Of this 6.2M, humanitarian actors have targeted to reach 5.4M.

The Somalia Health Cluster on the other hand has identified 5.5M people to be in need of health services. Largely due to collapsed health infrastructure as a result of decades of conflict and insecurity. Persistent drought has further exacerbated the situation.

Of the 5.5M people in need, the health cluster targets to reach 4.3M people due to limited resources and inaccessibility of most parts of South and Central Somalia.

The drought in 2017 triggered an AWD/Cholera outbreak affecting 79,172 people with 1,159 deaths with a case fatality ratio of 1.46%.

The weakened health system carries forward the 2017 AWD/Cholera, measles and AFP/Polio burden to 2018.

In January and February of 2018, 2,853 new suspected cases of measles was reported. This follows 23,353 suspected cases of measles reported in 2017.

In the same period, a total 826 new suspected AWD/Cholera cases with 7 deaths and a Case Fatality Rate (CFR) of 0.8% has been reported.

Another 66 suspected cases of AFP/Polio was reported since the beginning of 2018.
Situation Update

For the last two decades, Somalia has experienced a series of challenges ranging from conflicts, insecurity, floods, droughts and outbreaks of communicable disease. This precarious situation has led to massive displacement of people both within the country and in the East Africa region. Further, it has led to the loss of lives and destruction of several property and social infrastructures including health, education, agriculture and security services. Without such essential services, the livelihoods of the populace is threatened leading to disruption of sources of employment and poor nutrition standards. In their analysis in 2017, Food Security and Nutrition Analysis Unit (FSNAU) notes that more than 3.1M Somalis are food insecure. In addition, the Global Acute Malnutrition (GAM) rate of children under five in Somalia according for FSNAU is 17.4% which is higher than the 15% emergency threshold. All these have a negative impact on the health and wellbeing of the general population.

Relating to health, in 2017 alone, Somalia experienced two communicable disease outbreaks and drought leading to displacement of over 1 million people. A joint monitoring by WHO/UNICEF and Federal Ministry of Health (FMoH) reported 345 suspected cases of AFP/Polio and over 23,000 suspected cases of measles (rash and fever). Further, the December 2017 WHO Cholera situation report noted that there were over 79,000 suspected cases of AWD/Cholera with 1,100 deaths representing a CFR of 1.46%. Children suffered the most as 73.2% of the AWD/Cholera cases were children under five years.

Public health risks, priorities, needs and gaps

Health infrastructure in Somalia is limited, in some cases non-existent leaving the community fragile to frequent outbreaks of communicable diseases.
Communicable diseases

The most common health risk Somalia is a high prevalence of communicable diseases including AFP/Polio, AWD/Cholera, and measles. Below is a highlight of the current trends of these diseases in comparison to previous years.

**AFP/Polio:** During the reporting period, a total of 66 AFP/Polio suspected cases were recorded. Comparing with the previous years, as shown in the graph, from January and February, the total suspected cases is equal to that reported in 2014 and more than all the previous years reported.

Monthly trends of suspected AFP/Polio cases in January and February of the last five years

![Graph showing monthly trends of suspected AFP/Polio cases in January and February of the last five years.](image)

Source: Week 10, Somalia EPI/POL Update WHO/UNICEF.

Breaking down these figures to weekly 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 the total reported cases in February (33 cases) was more than January (25 cases).

Weekly trends of EFP/Polio in Somalia

![Graph showing weekly trends of EFP/Polio in Somalia.](image)

Source: Week 10, Somalia EPI/POL Update WHO/UNICEF.

**AWD/Cholera:**

In 2017, Somalia experienced an outbreak of AWD/Cholera. Much as the outbreak is now over, December 2017 saw new cases of Cholera being discovered in Belet Weyne district, Hiraan region. This has since spread to the nearby districts affecting a total of 826 individuals with 7 deaths indicating a case fertility ratio of 0.8%. A targeted Oral Vaccination of Cholera was carried out in the hotspots of Afmadow district, Jubaland State and Huddur district South West State in February.
Measles: Since the beginning of the year, a total of 2,538 suspected cases of measles was reported. The patients were identified by signs of high fever and skin rash, all signs of measles. As the epi-curve shows below, this is quite less than the prevalence in the same period last year but significantly higher than 2015 and 2016.

In addition, the weekly trends since January 2018 indicates a rising trend of patients exhibiting the signs of measles.

To stem this rise therefore requires urgent need for a vaccination campaign which is already planned to take place in the coming month. Meanwhile an approximate 1 Million children under five have already been immunised in Puntland State.

Reproductive health
Reproductive health is championed by the Sexual and Reproductive Health Working Group which is coordinated by UNFPA. Much as the Sexual and Reproductive Health Working Group is not a constituent sub group of the health cluster, most members of the health cluster also subscribe to the group. Partners representing several organisations participate in this working group.

The group holds its meetings independently of the health clusters’ meetings and draws its plans and reporting separate from that of the general health cluster.

Health Cluster Activities

Health cluster coordination
The health cluster conducted coordination activities both nationally and sub region. In the reporting period, one national coordination meeting and five sub national coordination meetings took place. A series of topics ranging from mobilising resources response strategy and reporting to the humanitarian coordinator were discussed. National cluster coordination meetings are planned to take place on the last Tuesday of each month. Further, the cluster convened a Strategic Advisory Group meeting in the third week of February 2018 to deliberate on the cluster direction and response in 2018.

Assessments
The health cluster in coordination with the Water, Sanitation and Hygiene(WASH) and Nutrition clusters are planning a joint forum to develop responses especially for the AWD/Cholera response. However, this initiative will be a stepping stone towards joint coordination in other health related responses.
Child health

Vaccinations

A national wide measles vaccination campaign started in Puntland and will extend to Somaliland and South Central Somalia in March. In Puntland, a total of 1 million Children were expected to be vaccinated. All in all, a total of 5M children under five (<=5) are targeted to receive measles vaccination by close of the campaign.

Health Cluster Membership

All partners

The health cluster membership is open to all entities undertaking health activities in Somalia. Currently, the cluster is comprised of seventy active members. This includes four UN agencies (IOM, UNFPA, UNICEF and WHO), 23 INGOs and 40 NNGOs. The membership also includes three observers: Building Resilient Communities in Somalia (BRCiS), International Committee of the Red Cross (ICRC)/International Federation of the Red Crescent Societies (IFRCS) and Medicines san Frontiers (MSF). Even though all members have to adhere to the terms stipulated in the clusters term of reference, partners also respect their individual mandates.

Operational partners

Operational partners are those that undertake the management of health facilities in Somalia. They work closely with the ministries of health in the states to provide services to those in need. These partners are mainly International NGOs and National NGOs, only International Office for Migration (IOM) manages health facilities from the United Nations category of organisation. On the other hand, some entities including AMISOM, Turkish and Qatar also run and operate health facilities. These are excluded from the health cluster operations due to their different mandates and target categories.

Funding status of action plan

For the first two month, the health cluster is yet to receive any funding from the Humanitarian Response Plan (HRP) appeal process. The activities currently being implemented are funded by bilateral arrangement between partners and donors. This includes, the organisations’ parent organisation providing direct resources. It also includes health cluster partners preparing proposals and getting funded. Other of funding is also through development partners which is not channelled through the HRP.

Other partners including Save the Children, UNICEF and WHO provide technical, material and financial support to both members of the cluster and the ministries of health both at federal and state levels.

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