World Health Organization

# Somalia Drought Response

Situation Report No. 3

Reporting Period: 1st - 31st March, 2018

Oral Cholera Vaccination (OCV) team administering the vaccine at a school in Afmadow district.

5.7 Million In Need of Health Services

2.1 Million Displaced

4.3 Million People Targeted

265 EWARN Sentinel Sites

736 Cholera Cases

## KEY FIGURES

| | |
|---|---|
| **40** | WHO STAFF IN THE COUNTRY |
| **HEALTH SECTOR** | |
| **70** | **HEALTH CLUSTER PARTNERS** |
| **5.7M** | **PEOPLE IN NEED OF HEALTH SERVICES** |
| **4.3M** | **TARGET POPULATION** |
| **HEALTH FACILITIES** | |
| **1074*** | **TOTAL NUMBER OF HOSPITALS** |
| **800** | **HOSPITALS FUNCTIONING** |
| **VACCINATION** | |
| **1M** | **ORAL CHOLERA VACCINE** |
| **1,417,839**** | **POLIO** |
| **4.354.538M***** | **MEASLES** |
| **FUNDING US$** | |
| **29** | **% FUNDED** |
| **US$17.4M** | **REQUESTED** |
| **71** | **% FUNDING GAP** |

*According to Service Availability and Readiness Assessment (SARA), 2016
**2018, ROUND 1 AND 2 vaccination campaigns
***2018 Measles vaccination conducted In Puntland, Somaliland and South Central.

## HIGHLIGHTS

- The country-wide measles vaccination campaign was concluded during the reporting period. More than 4.3 million children aged from 6 months to 10 years were vaccinated.
- 736 cases of AWD/cholera and 1 death reported in March. These cases were reported from four regions (Middle Shabelle, Lower Jubba, Banadir and Hiraan) where an outbreak has been confirmed.
- Health cluster partners reached over 253,900 people with life-saving health services during the reporting period.
- In Puntland state, 20 clinicians received Training of Trainers training for case management of severe acute malnutrition with medical complications.
- 23 Case Surveillance and Response (CSR) officers underwent a WHO-supported Training of Trainers training on the Electronic early Warning Disease Surveillance system (EWARN) in Puntland.

## Situation Update

The State-by-state drought analysis released by OCHA in February 2018 shows that drought continued to contribute to the deterioration of the humanitarian situation in the first quarter of 2018. The unprecedented drought spanning over four consecutive poor rainy seasons severely aggravated the humanitarian crisis in Somalia. Humanitarian needs increased drastically due to limited rain, large-scale displacement, lack of access to basic services and, at its root, ongoing conflict. Prior to the current drought crisis that begun in 2015, Somalia suffered two devastating famines (1992 and 2011). These occurred in the context of a protracted civil war that began in 1991. During this period, most of the public health infrastructure was destroyed, resulting in significant deterioration of health service delivery across the country. As a result, the country currently has some of the lowest humanitarian and development indicators in the world with a wide range of inequalities across different social groups. The fragile status of Somalia over the past two and a half decades has resulted in weakening of the health sector, its systems and personnel shortages, with a subsequent focus on emergency response interventions to recurrent crises and outbreaks.

Somalia is also among the least developed countries with the worst economic indicators in the world. Over 51.6 percent of Somalis live below the poverty threshold (World Bank Group, 2016).

## Public Health Concerns

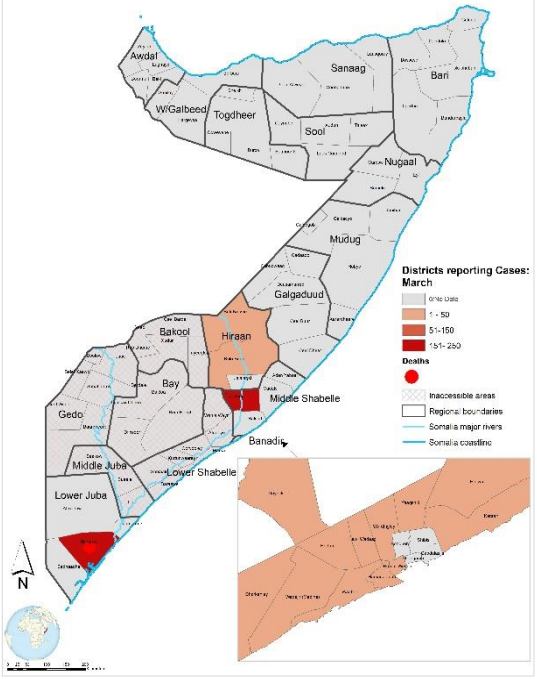
Drought and conflict are the main underlying factors responsible for the increasing health needs all across the country. The protracted crises and political instability in Somalia has disrupted the health systems leading to gross underperformance in the past two decades. The health situation further deteriorated in 2017, due the drought, which resulted in loss of livelihoods for more than half of the Somali population and causing displacement of over 2.1 million people. Displaced people leave in settlements with limited infrastructure such as shelter, potable water, healthcare services as well as food, leading to wide-spread malnutrition. These conditions created suitable conditions for the spread of communicable disease requiring urgent lifesaving interventions. Almost half of the population is in need of health services, with widespread malnutrition and outbreak of communicable diseases such as cholera and measles posing a major health threat especially to children and vulnerable IDP populations.

Somalia has recorded one of the highest wasting rate globally which surpassed the emergency threshold of 15%. Since the beginning of 2018, over 1,800 cases of AWD/cholera have been reported across the country. In addition, a suspected measles epidemic is affecting all regions with over 4,500 cases reported in all the regions of Somalia as of March 2018. Latest Integrated Phase Classification survey in 2017 showed that 25% of population are in critical (Level 3) and Emergency (Level 4).

## Epidemiological Update

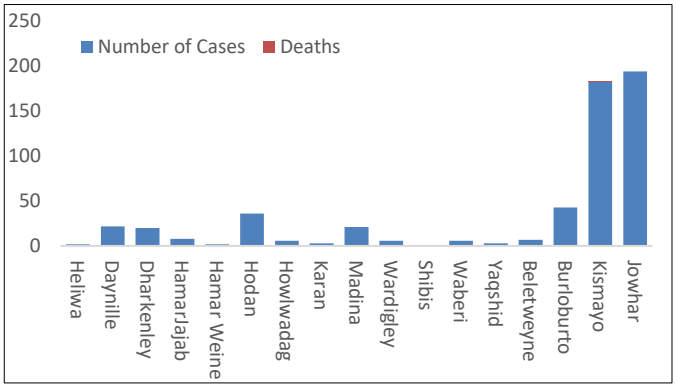
### AWD/Cholera Outbreak Situation.

Districts Reporting Cases: March 2018




- The ongoing AWD/cholera outbreak which started in December 2017 in Beletweyne district of Hiraan region continues to spread to other regions of the country.
- 736 AWD/cholera cases and 1 death (CFR-0.1%) were reported in March 2017.
- A cumulative total of 1,876 AWD/cholera cases and 9 deaths (case fatality rate of 0.4%) have been reported since the beginning of the current outbreak in week 49 of December 2017.
- The current outbreaks in Middle Shabelle, Lower Jubba, Banadir and Hiraan regions are associated with the use of contaminated water from unprotected water sources.
- 17 districts in 4 regions have reported new cases since December 2017.

AWD/Cholera Cases by District




Cumulative AWD/Cholera Cases

| Region | Cases | Deaths | CFR% |
|---|---|---|---|
| Hiraan | 565 | 1 | 0.2 |
| Banadir | 540 | 2 | 0.4 |
| L/Jubba | 377 | 4 | 1.1 |
| M/Shabelle | 394 | 2 | 0.5 |
| **Total** | **1,876** | **9** | **0.5** |

## AWD/Cholera Outbreak Response

### Coordination and Leadership

- The Federal Ministry of Health, with support from WHO, conducted weekly coordination meetings with Health and WASH cluster partners at national and sub-national levels.
- The Cholera treatment centre in Beletweyne was re-opened to manage AWD/cholera cases with support from local partners.

**Surveillance and Laboratory activities**

- An average of 260 sentinel health facilities submitted reports to the electronic disease surveillance system. This is in addition to AWD/cholera reports received from cholera treatment facilities.
- In March, 30 stool samples were collected. 12 samples (6 from Jowhar hospital and 6 from Burloburto) tested positive for vibrio cholera while 18 samples tested negative.

**Water Sanitation and Hygiene**

- Community education and mobilisation sessions were conducted in AWD/cholera affected communities in Beletweyne and Balcad districts of Middle Shabelle.
- 400 hygiene kits were distributed to affected communities in Beletweyne district.
- Mobile vans were deployed to sensitise communities on good hygiene practices in Beletweyne.
- Mobile teams were deployed to high risk villages of Beletweyne district.

**Capacity Building**

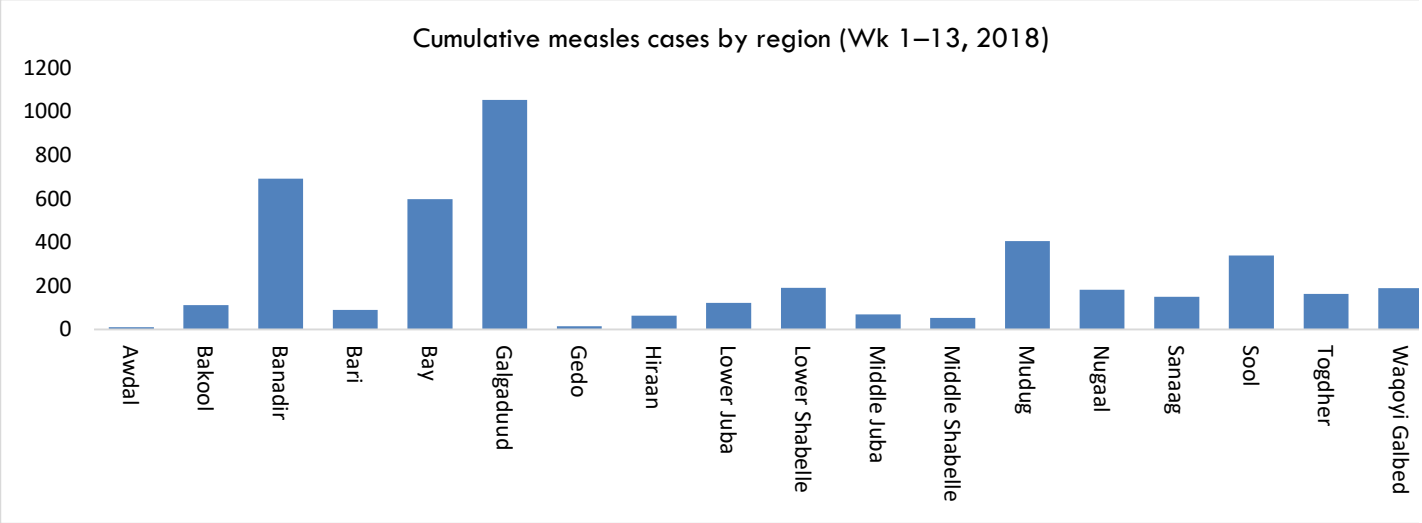
- In Puntland state, 23 Case Surveillance and Response (CSR) officers underwent a WHO-supported Training of Trainers (ToT) training. The objective of the training was to build the capacity of regional trainers for the EWARN system. The trainers will cascade the training to health workers from 124 health facilities in Puntland.
- 20 participants in Puntland state underwent a ToT training for commodity management of emergency supplies.
- In Puntland, 20 clinicians received ToT training for case management of severe acute malnutrition with medical complications.
- In Puntland, 20 medical doctors and senior health staff from 12 stabilization centres were qualified by WHO as Facilitators to support dissemination of information and training on case management of severe acute malnutrition (SAM) with medical complications. The facilitators will support Puntland state Ministry of Health in facilitating future training, contribute to improving performance indicators at the SC level and provide on-the-job training whenever needed.

**Prepositioning of Emergency Medicines and Medical Supplies**

- As of March 2018, WHO has supported the Federal Ministry of Health with over 40 tons of medicines and medical supplies which have been distributed to health facilities in different parts of the country.
- Additionally, WHO has increased the country's emergency response capacity through capacity building of staff, the medical supply chain and expansion of storage space in Somalia. 16 national trainers were trained to cascade training workshops on storage of emergency supplies and health commodities in different drought and AWD/cholera affected areas.

## Suspected Measles Outbreak Situation.

The measles outbreak started in April 2017, recording 23,353 cumulative cases from all the eighteen regions. The outbreak continued in 2018 with a cumulative total of 4,501 suspected cases recorded across all regions by end of March. In March alone, 1,393 suspected measles cases were reported.




### Measles Outbreak Response

- The country-wide measles vaccination campaign was concluded during the reporting period. 4,354,538 million children aged from 6 months to 10 years were vaccinated in all regions in South and Central states, Puntland and Somaliland, against a target of 4,680,334. This represents a 93 percent immunization coverage.

## Nutrition Situation.

In Somalia, malnutrition is one of the leading causes of child mortality as severely malnourished children are more at risk of disease and death if not urgently treated. Over 1.2 million children are projected to be malnourished in 2018, a majority of whom are among displaced communities. Nearly 301,000 children less than five years are acutely malnourished. Of these, 48,000 are severely malnourished and face increased risk of disease and death if urgent treatment is not provided. The Global Acute Malnutrition (GAM) prevalence in Somalia is considered critical in 15-30% of the population and very critical in over 30% of the population. Malnutrition status for both under 5 year old children and pregnant and lactating women continue to be among the major challenges for humanitarian partners in Somalia.

### Nutrition Response

- Nutrition cluster partners reached 46,913 children below 5 years, including 2,516 children diagnosed for SAM with medical complications.
- WHO provided medical equipment and supplies to Banadir hospital nutrition stabilization centre. The stabilization centre will be upgraded to centre of excellence for management of SAM with medical complications.

## Polio Eradication.

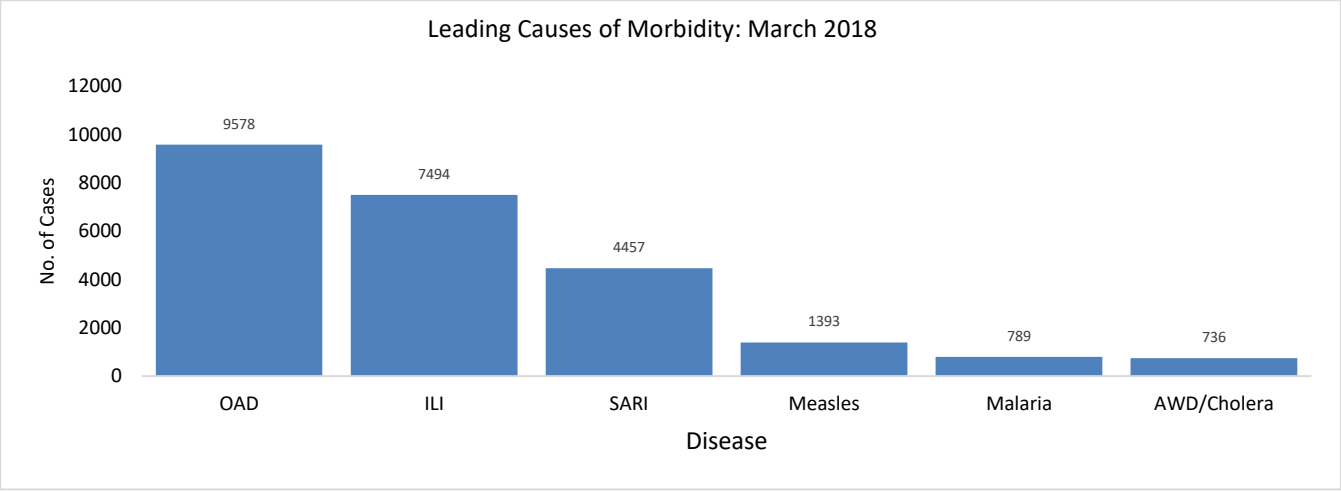
The polio eradication programme continues its efforts to eradicate polio in Somalia by strengthening Acute Flaccid Paralysis (AFP) surveillance activities as well as vaccinating children against the polio virus. Since the beginning of 2018, 55 AFP cases have been reported with no Wild Polio Virus (WPV) isolated from the AFP cases to date. However, three circulating vaccine-derived poliovirus type 2 (cVDPV2) were isolated from environmental samples collected in January 2018 in Banadir region. These latest isolates are genetically linked to cVDPV2 strains collected from environmental samples in the same province in October and November 2017. No associated cases of AFP have been detected.

**Polio Response**

- WHO and its partners continue to support local health authorities to conduct field investigations and risk assessments to find out the overall risk of cVDPV2 in the country.
- Since detection of the initial isolates in 2017, two large-scale immunization campaigns were conducted in Banadir, Lower Shabelle and Middle Shabelle regions in December 2017, as well as in January and February 2018.
- A third immunization campaign was conducted in March 2018, and further response based on evolving epidemiology and ongoing risk assessment is being evaluated.
- Additionally, an inactivated Polio Vaccine (IPV) for 290,691 children under 2 years is planned for April 2018. This will be followed by 2 national immunization campaigns at the end of April 2018.

## Leading Causes of Illness in Somalia in March.

The leading causes of morbidity in March were Other Acute Diarrhoea-OAD (9,578 cases), Influenza-Like Illness-ILI (7,494), Severe Acute Respiratory Infections-SARI (4,457), suspected measles (1,393 cases), malaria (789 cases), AWD/cholera (736 cases and 1 death).



## Public Health Concerns.

- Limited access to health services by the population in some districts due to insecurity and inaccessibility.
- Safe water remains a major challenge due to the drought. As a result, communities are drinking from unsafe water sources resulting in the upsurge of AWD/cholera cases.

## Health Needs, Priorities and Gaps

- Provision of primary health care services to the internally displaced people living in IDP settlements and inaccessible areas.
- Aligning WHO operations to the current political administrative structures.

## WHO Action

**Leadership and Coordination.**

- WHO participates actively in the activities and meetings of the Humanitarian Country Team (HCT) as well as plays a technical advisory function to the Federal Ministry of Health (FMoH). As the lead of the Health Cluster, WHO coordinates the activities of 70 health cluster partners to support the FMoH to deliver lifesaving health services to those in need. WHO, in conjunction with FMoH, also leads health cluster coordination meetings and participates in inter-cluster working group meetings. In addition, the Information Management team of WHO participates in the activities of the inter-cluster Information Management Working Group.

**Health Cluster Coordination**

- Health cluster partners reached over 253,900 people with life-saving health services during the reporting period.
- State level health cluster coordination meetings were held in Cadaado, Baidoa, and Kismayo. The minutes of these meetings have been shared with health partners for follow up and action.
- The health cluster formed a Health Information Management Working Group that will meet every month.

## Funding Status

**Funding Status Of Appeals**

| | Name Of The Appeal | Required Funds | Funded | % Funded |
|---|---|---|---|---|
| WHO | Emergency Health Response Plan | US$17.4m | US$5m | 28.7% |
| Health Sector | Humanitarian Response Plan | US$124m | US$0 | 0% |

**For enquiries and more information please contact:**


Dr. Ghulam Popal
WHO Representative
WHO, Somalia
popalg@who.int

Dr. Abraham Debesey
Incident Manager
WHO, Somalia
debeseya@who.int

Annuh Seth
Information Management Officer
WHO, Somalia
annuhs@who.int