

## Scaling-up WHO's health humanitarian intervention in Somalia in 2011

### At a glance

Total population:  
7.5 million

Number of people of  
population in need of  
humanitarian assistance:  
2 million<sup>1</sup>

Infant mortality: 119 per  
1000 live births<sup>2</sup>

Child mortality: 200 per  
1000 live births<sup>2</sup>

Maternal mortality: 1400  
per 100 000 live births<sup>2</sup>

Global acute malnutrition:  
1 in 6 children  
under 5 years<sup>1</sup>

Severe acute malnutrition:  
1 in 20 children  
under 5 years<sup>1</sup>

Routine child immunization  
coverage among  
1-year-old children:  
measles 24%, DTP3  
31%<sup>2</sup>

Number of basic EmOC  
per 500 000 population:  
0.8 (international standard  
of 5)

Antenatal care coverage:  
26%<sup>2</sup>

### Context

Twenty years of civil war has devastated Somalia, hampering its health services and increasing health risks. Since January 2010, almost 6000 people have been wounded (20% being children) and 100 more killed in Mogadishu alone, according to reports from three hospitals. WHO estimates that over 500 people have been killed since the beginning of 2010, although the exact number of deaths on site are not reported. Humanitarian needs increased dramatically following the onset of heavy fighting, particularly in Mogadishu and other parts of South Central Somalia. Across Somalia, 2 million people need humanitarian assistance<sup>1</sup>, and 1.46 million people have been displaced by conflict and live in temporary settlements. This risk to health stems from greater number of weapon-related injuries and deaths, lack of access to safe drinking water and sanitation, and to life-saving health services. These factors heighten the risk of outbreaks of communicable disease as well as preventable death and disability amongst the vulnerable population.



**Young Somali children  
are highly affected by the  
ongoing conflict,  
accounting for almost  
20% of all weapon-  
related casualties.**

### **Child and maternal health in Somalia is one of the worst in the world.**

Children in Somalia are extremely vulnerable. Infant mortality rate is 119 per 1 000 live births and under-five mortality rate is 200. Maternal mortality in Somalia is extremely high, estimated to be around 1,400 per 100 000 live births. Women in Somalia have a 1 in 10 life-time risk of dying due to pregnancy and childbirth-related causes. 1 in 6 Somali children under the age of five years is acutely malnourished.

**Access to routine health services is severely limited** which almost exclusively relies on NGOs for delivery. They are hampered by a low number of health personnel often with limited capacity and skills, as well as poor infrastructure and an insufficient number of health facilities. Violence underscores the challenges facing Somalia's health workforce. This situation is reflected in very low levels of service coverage, for example fully immunized children (5%), routine measles immunization (24%), effective management of diarrhoea (7%) and attendance at antenatal care (26%).

<sup>1</sup> <http://www.fsnao.org/downloads/FSNAU-Post-Gu-2010-Technical-Report.pdf>

<sup>2</sup> WHO Statistics 2010 [http://www.who.int/whosis/whostat/EN\\_WHS10\\_Full.pdf](http://www.who.int/whosis/whostat/EN_WHS10_Full.pdf)

## WHO's humanitarian response in 2009-2010

With the overall objective of reducing avoidable death and disability within the current emergency situation in Somalia in 2009-2010, WHO has implemented activities in following areas:

**Extension of health services to vulnerable populations including internally displaced (IDPs) and conflict-affected people:** WHO provided a range of support to extend coverage of health services for vulnerable communities. Activities have included working with local authorities, deployment of trained staff and on-the-job training, monitoring and supervision of services and needs, gaps assessment and functional rehabilitation of health facilities. WHO has extended essential health services to IDP communities in the Afgooye Corridor through implementing partners. A range of on-the-job training were conducted, including over 170 health care providers in safe delivery and aspects of EmOC to extend to availability and network of service providers. Vaccination coverage achieved in Child Health Day (CHD) campaigns in 2009 included 93% for DTP3 vaccination. Lastly, WHO provided a range of essential medicines, supplies and equipment to health cluster partners delivering services to IDP and other vulnerable communities.

**Early detection and timely response to outbreaks of communicable diseases:** In Puntland and South Central Somalia, WHO has supported activities to improve the early detection and response to outbreaks within vulnerable communities, through the EWARS (Early Warning Alert and Response System). As of end of September 2009, WHO responded to over 60 outbreak responses including for acute watery diarrhoea (AWD), measles, bloody diarrhoea, pertussis, and rabies. WHO conducted laboratory confirmation and induction of health staff in case detection and management in conflict-affected areas. In coordination with UNICEF, WHO pre-positioned essential supplies across Somalia, particularly in areas prone to flooding.

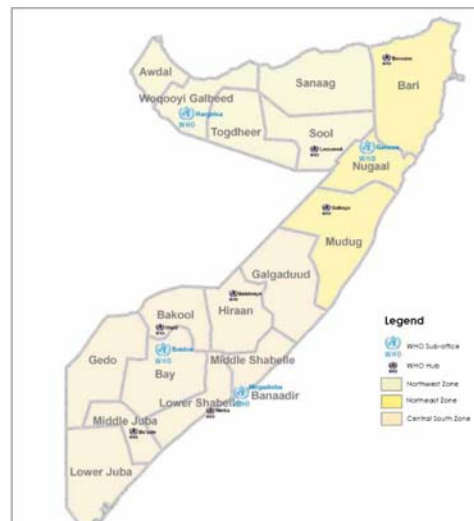
**Emergency preparedness, coordination and information sharing:** In 2009, WHO conducted a range of preparedness activities to strengthen the health cluster's response to health emergencies. In addition to leading the Consolidated Appeal Process (CAP), WHO in conjunction with the Water, Sanitation and Hygiene (WASH) Cluster, developed a flood preparedness plan which included assessment of available supplies for pre-positioning. WHO continued to ensure regular information-sharing within the health cluster through the health cluster bulletin which provides updates on the activities of partners within the humanitarian health response.

Despite the country's fragile situation, WHO has been able to establish and maintain its **presence** inside Somalia, including in:

- Baidoa
- Beletweyn
- Bossaso
- Bu'aale
- Galkayo
- Garowe
- Hargeisa
- Lascanod
- Merka
- Mogadishu
- Wajid

The liaison office in Nairobi, Kenya coordinates all programme activities.

### WHO's presence in Somalia



## WHO's humanitarian response in 2011

The humanitarian situation of health over 2010, in terms of dramatic increase in humanitarian needs and lack of adequate funding, has been brought to a critical point, signalling the need for a substantial scaling-up of the health intervention.

In 2011, WHO's response to the current humanitarian crisis in Somalia will focus **on meeting the health needs of IDPs, conflict-affected and other vulnerable communities.**

WHO's **3 main areas of focus** will be:

- Health cluster coordination and emergency preparedness
- Quality primary and secondary health care services for vulnerable people
- Outbreak preparedness and response

### 1. Strengthening health cluster coordination and emergency preparedness

In April 2006, the Health Cluster was launched in Somalia. WHO as the global and national health cluster lead agency, facilitates the coordination of health interventions in the different regions of Somalia. The Health Cluster approach addresses identified gaps in response (e.g. predictability, timeliness and effectiveness); facilitates joint strategic planning, resource mobilization, monitoring and reporting; and enhances the quality of humanitarian action by strengthening leadership, accountability, and local capacity.

In 2011, WHO will enhance cluster coordination efforts in Somalia using the following strategy:

- Strengthening health cluster coordination in Somalia and inter-cluster collaboration across clusters.
- Decentralizing health cluster coordination at regional level in the three zones of Somalia.
- Conducting regular health and health service assessments and develop regional health profiles.
- Strengthening the capacity of local partners in health emergency mitigation, preparedness and response planning and implementation, including for specific health risks such as flooding.
- Undertaking joint monitoring and evaluation of the health humanitarian intervention in Somalia.



Through inter-agency assessments and other joint initiatives, WHO coordinates with partners for a coordinated response to the humanitarian situation in Somalia



Through regular information-sharing within the health cluster, WHO is coordinating health partners' inputs to the overall health response in Somalia



On behalf of cluster partners, WHO produces a regular bulletin of all cluster activities which improves the coordination of activities and minimizes duplication

## 2. Improving and sustaining access to quality primary and secondary health care services for vulnerable people



In 2011, WHO will continue working with health cluster partners to extend essential health services to IDPs and other vulnerable communities.

Ensuring access to essential **health care service** packages for **vulnerable populations** will be a **key priority** for WHO in 2011.

In close collaboration with local health authorities and partner agencies, WHO will be focusing on efforts supporting direct humanitarian assistance in health and early recovery activities. This will be achieved by expanding the capacity of health service providers in providing basic emergency health service packages to extend coverage at the level of the community including primary health care and hospital care. The package will include outpatient consultation, communicable disease management, maternal and child care, mental health services, and management of non-communicable diseases.

As part of a longer-term strategy to extend services, WHO will address the need and take the opportunity to initiate revitalization and early recovery of the disrupted health system.

In 2011, WHO will carry out the following **activities** to strengthen the delivery of health services through its programme for emergency preparedness and humanitarian action (EHA):

- Extending and supporting primary care services in primary health units for IDPs, vulnerable groups, and host communities.
- Ensuring free access to the emergency basic health service package for vulnerable populations.
- Supporting reproductive health and mental health services for IDPs and host communities.
- Ensuring adequate supply of essential medicines, medical supplies and equipment.
- Strengthening secondary care services in hospitals and referral health centres, including obstetric care and surgical/trauma management.
- Initiating targeted physical and functional rehabilitation of health facilities in priority locations.

### 3. Outbreak preparedness and response

Mass population movement and resettlement in temporary locations, economic and environmental degradation, impoverishment, water scarcity, poor sanitation and waste management, poor nutrition, and limited access to health care all heighten the risk of outbreaks of communicable disease, including both water and vector-borne diseases.



A child affected by cholera receives medical attention from health workers

The collapse of public health infrastructure and absence of health services hamper prevention and

control programmes, with a consequent rise in vector-borne diseases (e.g. malaria), and vaccine-preventable diseases (e.g. measles). AWD is endemic in most parts of the country.

Outbreaks of viral haemorrhagic fevers are also becoming increasingly problematic in complex emergencies, the latest of which occurring in Somalia in 2007. In late 2007, an outbreak resulted when 103 suspected cases of Rift Valley Fever (RVF) were reported from Central and South Somalia, including 50 related-deaths (CFR 48%).

This situation leads to a high burden of preventable death and disability amongst the vulnerable population.

Addressing the environmental health interventions within monitoring the quality of drinking water, waste product management and vector-control in line with seasonal factors, can mitigate the risk of water and vector-borne diseases.

Supported by a coordinated and timely response, health cluster partners can reduce the burden of communicable diseases amongst the vulnerable population.

**Over 1.46 million people are currently displaced across Somalia, increasing the risk of preventable death and disability**



**WHO conducting AWD rumour verification in South Central Somalia in 2010**

Within the context of disrupted reporting systems, WHO in 2011 is seeking to strengthen preparedness for, reporting of and timely response to outbreaks of communicable disease to reduce preventable death and disability amongst the vulnerable population.

**In 2011**, WHO will address the public health risk of communicable diseases through the **following interventions**:

- Establishing disease reporting and response system, including data collection, analysis and dissemination.
- Conducting epidemic preparedness activities.
- Carrying out prompt rumour verification, and outbreak investigation and response.
- Undertaking health education and hygiene promotion in close collaboration with WASH cluster agencies.
- Strengthening the expanded programme of immunization and child survival interventions.
- Monitoring of drinking water quality, and strengthening waste product management in health facilities and vector-control interventions at the time of expected outbreaks.

### WHO's humanitarian response for Somalia in 2011:

Activity	Budget required
Ensuring access to primary health and emergency services	3,200,000 USD
Mitigating communicable disease outbreaks and outbreak response	1,100,000 USD
Strengthening the coordinated health intervention in Somalia	800,000 USD
<b>Total critical needs</b>	<b>5,100,000 USD</b>

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