



# HEALTH CLUSTER SOMALIA



Mobile outreach activities in Afgoye supported by Juba foundation & ACF  
Photo courtesy - Juba foundation

HEALTH CLUSTER BULLETIN  
FEBRUARY 2023

**Emergency type:** Conflict, Drought, Floods, and Diseases outbreak (AWD/Cholera, Measles, Covid-19 )

**Reporting period:** January 2023

16.9M POPULATION	6.7M PEOPLE IN NEED	1.9M IDPs	5.9M PEOPLE TARGETED	197M US\$ REQUESTED
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## KEY HIGHLIGHTS

- Conflict causes increased mass displacement in Laas Canood, Hirshabelle and Galgaduud, increasing likelihood strained access to health services, coupled with increased risk of outbreak of communicable diseases, protection and other health related risks.
- Access denials hamper humanitarian assistance in conflict areas, increasing burden of access to health services in these areas.
- New cholera outbreak confirmed in Jubaland State, presenting an additional burden to increased displacements in the state.
- Rapid needs assessment conducted by Galmudug State level MoH reveals gaps in health service provision in Galmudug state.
- WHO and partners reached newly accessible districts and provided trivalent oral polio vaccine (tOPV) to the zero doses children.

## HEALTH SECTOR

	43	REPORTING HEALTH PARTNERS INGO 14 NNGO 25 UN AGENCY 4
	5.9M	TARGETED POPULATION

## HEALTH ACTION

	CONSULTATIONS	
	609,303	NUMBER OF CONSULTATIONS FEBRUARY 2023
	6,214	NUMBER OF ASSISTED DELIVER- IES FEBRUARY 2023

## VACCINATION

	16,913	NUMBER OF VACCINATION AGAINST MEASLES FEBRUARY 2023
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## FUNDING US \$ - FTS

	197M	HRP Requested
	8.8%	Funded
	91.8%	Gap

## Situation Updates

Somalia is currently experiencing a historic dry spell with a predicted fifth consecutive failed rainy season, a situation not witnessed in more than four decades. More than 90 per cent of the country is experiencing severe to extreme drought conditions. Humanitarian needs are growing high due to the impacts of the consecutive seasons of poor rainfall, and exceptionally high food prices, exacerbated by concurrent conflict/insecurity and disease outbreaks (primarily acute watery diarrhea/cholera and measles). Moreover, the nutrition situation has deteriorated across most of the country. Acute malnutrition cases admissions have slightly reduced from 3,108 Severe Acute Malnutrition (SAM) cases admitted in January to 2,754 in February. This may be attributed to intense response efforts by partners, however, the total SAM admission cases still remain high at 5,862 in February, according to data from the Nutrition Cluster.

An estimated 6.5 million people are experiencing severe food insecurity, including 2.2 million people who are estimated to be in Integrated Food Security Phase Classification (IPC) Phase 4 (emergency levels) and at least 300,000 people in Phase 5 (catastrophe levels). Between July 2022 and June 2023, an estimated 1.8 million children under the age of 5 will experience wasting, including more than 513,000 who are likely to be severely wasted. The total acute malnutrition burden is 54.5 per cent among the children in Somalia.

Overall, nearly 1,007,297 persons were displaced between July-Dec 2022, mainly due to drought related (50%) and insecurity/Conflict (47%). Conflict/Insecurity and drought related displacements are expected to continue through mid-2023, further exacerbating food insecurity across many parts of Somalia, mainly in the South/central.

The recent and ongoing conflict in Laas Caanood has displaced tens of thousands in and around Laas Caanood, exacerbating the humanitarian situation in the district. Access gaps remain significant as a result of access constraints for hard-to-reach and unreached areas. This is due to expanding conflict (e.g., Laas Caanood district, as well Galgadud and Hirshebelle States), the anticipation of conflict, and the perception of high security risks in relation to the low acceptance of international aid organizations by Nonstate Armed Actors Groups and almost all crossline humanitarian operations originating from government controlled areas.

Continued administrative impediments imposed by all armed actors, including access denials, continue to be a significant issue. Urgent, coordinated, and timely funding to support the continuation of high levels of integrated humanitarian assistance (in-kind food, cash/voucher transfers, nutrition, WASH, and health-related) is required through at least June 2023, and likely through late 2023, to prevent extreme and deteriorating food insecurity, nutrition outcomes and excess mortality.

## Drought Response Activities

Health partners are scaling up the provision of integrated primary health care services to drought-affected communities across the country. During the reporting month of February 2023, health cluster partners have reached a cumulative number of 655,107 people, with essential health care services. Out of this, 609,303 were reached with outpatient consultation, 16,913 with measles vaccination and 6,214 pregnant women with assisted safe deliveries.

World health organization (WHO) deployed 762 CHWs to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management for common childhood illness in 44 districts, including 31 districts in which WHO is implementing drought response activities. Health cluster is facing response gaps for the most in need of health services with only 8.8% funded so far for the HRP 2023. To ensure effective coordination and prioritization of responses, the health cluster team has been conducting monthly health sector coordination meetings at national and sub-national levels, engaging partners to mobilize resources and target those that are in most need of health services.

## Public Health Risks, Priorities, Needs and Gaps

### AWD & Cholera Updates

Somalia is currently experiencing a cholera outbreak in 26 drought-affected districts. Since 2022, the cholera outbreak has remained uninterrupted for 5 consecutive years in Banadir region. The ongoing cholera outbreak is associated to a high proportion of internally displaced people (IDPs) with limited access to safe water and proper sanitation. In Afmadow & Baled xaawo districts, which borders Kenya, uncontrolled cross-border movement has

Since epidemiological week 1-7 of 2023 a total of 1,504 suspected cases of cholera including one associated death (CFR 0.07%) were reported from 26 districts of Somalia. The overall case fatality rate (CFR) of 0.07% was reported from 26 drought affected districts which is below the emergency threshold of  $\geq 1\%$ . Since January 2023, the districts reporting the highest number of cases are Kismayo, Afgoye, Dhobley & Daynile.

WHO, in collaboration with the state-based MoH and health partners, are monitoring the trends of acute watery diarrhoea (AWD)/cholera and drought-related diseases in affected districts as part of the drought response plan. Epidemiological reports are periodically shared with health partners to guide the implementation of health interventions in districts with a high risk of cholera. Figure 1 highlights the trend of cholera/AWD cases.

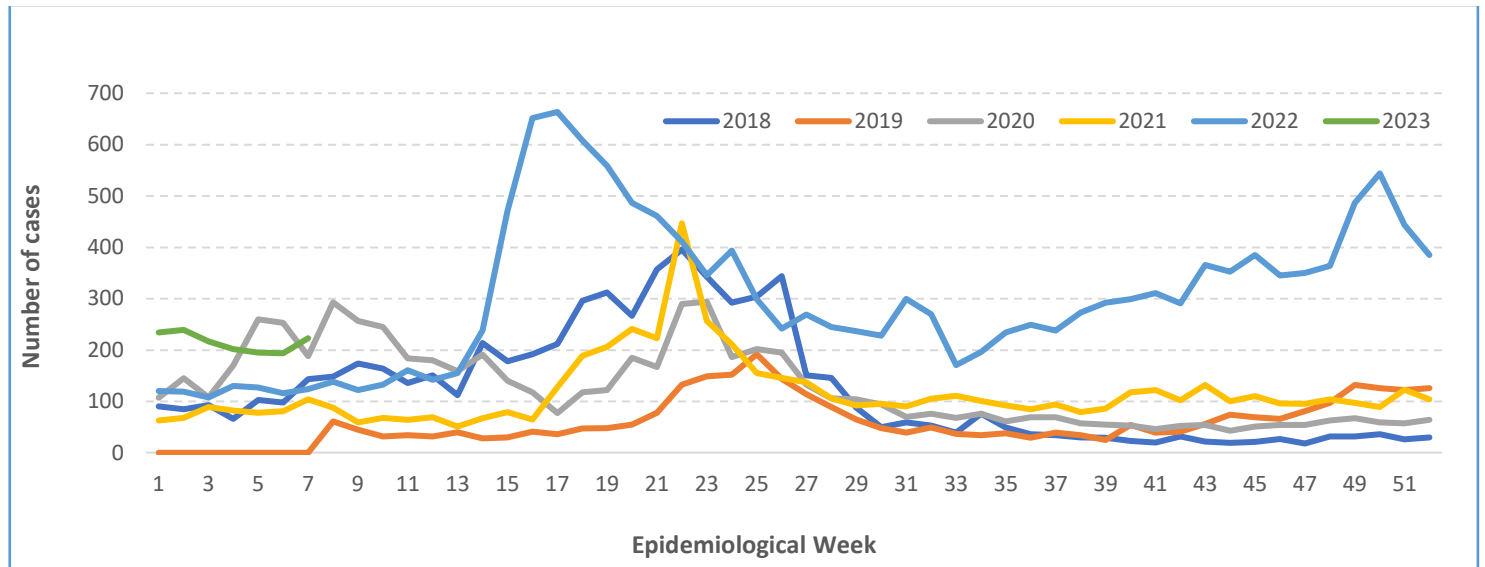


Figure 1: Trends of cholera/AWD cases reported in Somalia, by week and Year (2018–2023)

### Measles Situation Updates

Since epidemiological week 1 of 2023 to week 8, a total of 1,269 suspected cases of measles were reported through AFP/Polio surveillance system for fever and rash of which 71% (891) of the suspected cases were under five years of age. The regions reporting the most cases include Bay (481), Banadir (367) and lower Shabelle (89). Figure 2 highlights the trend.

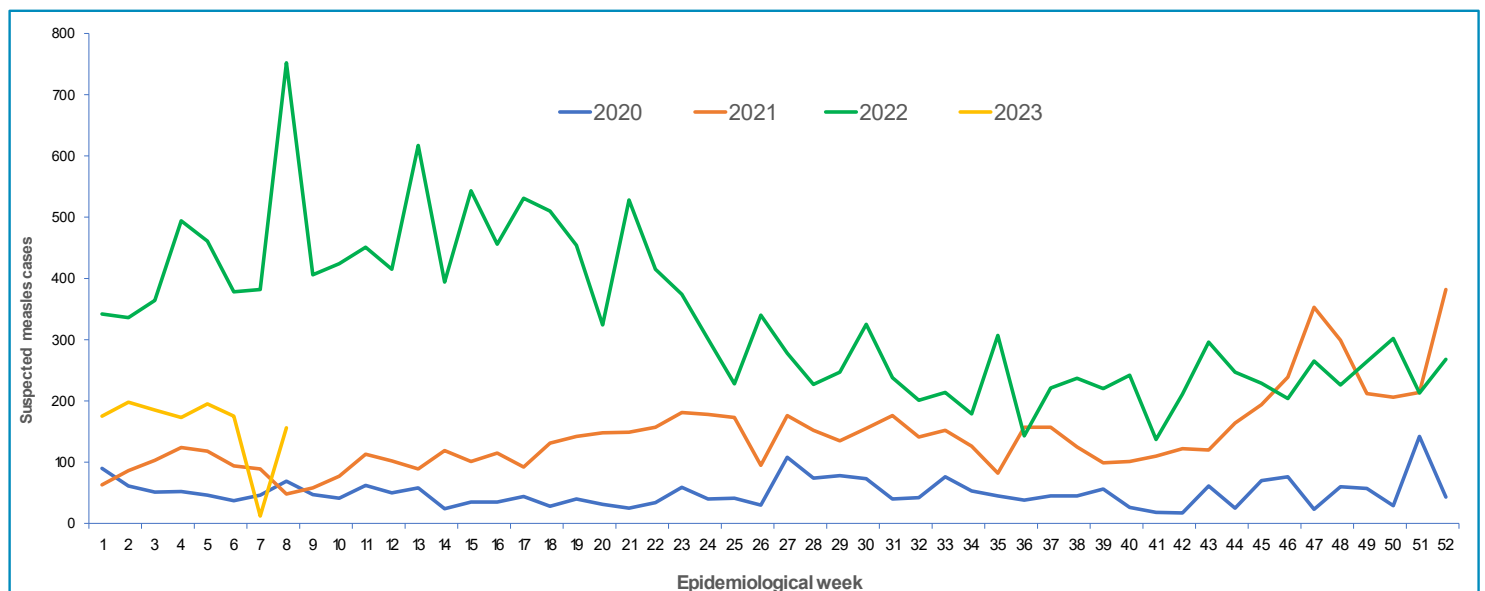


Figure 2: Trend of suspected Measles cases weekly from 2018 – 2023

## Malaria Situation Updates

The number of laboratory-confirmed cases of malaria reported through DHIS2 has gradually decreased which might be linked to implementation of additional malaria control interventions in drought affected districts. Since epidemiological week 1 of 2022, a total of 336,840 cases of suspected malaria have been reported of which 11,550 (3.4%) have been confirmed positive by rapid diagnostic test (RDT) and blood smear, of the 11,550 confirmed cases, 2970 (25.7%) are children under 5. Regions reporting most of the suspected malaria cases since 2022 are Banadir (39,659) Bay (29,544) and Mudug (27,978).

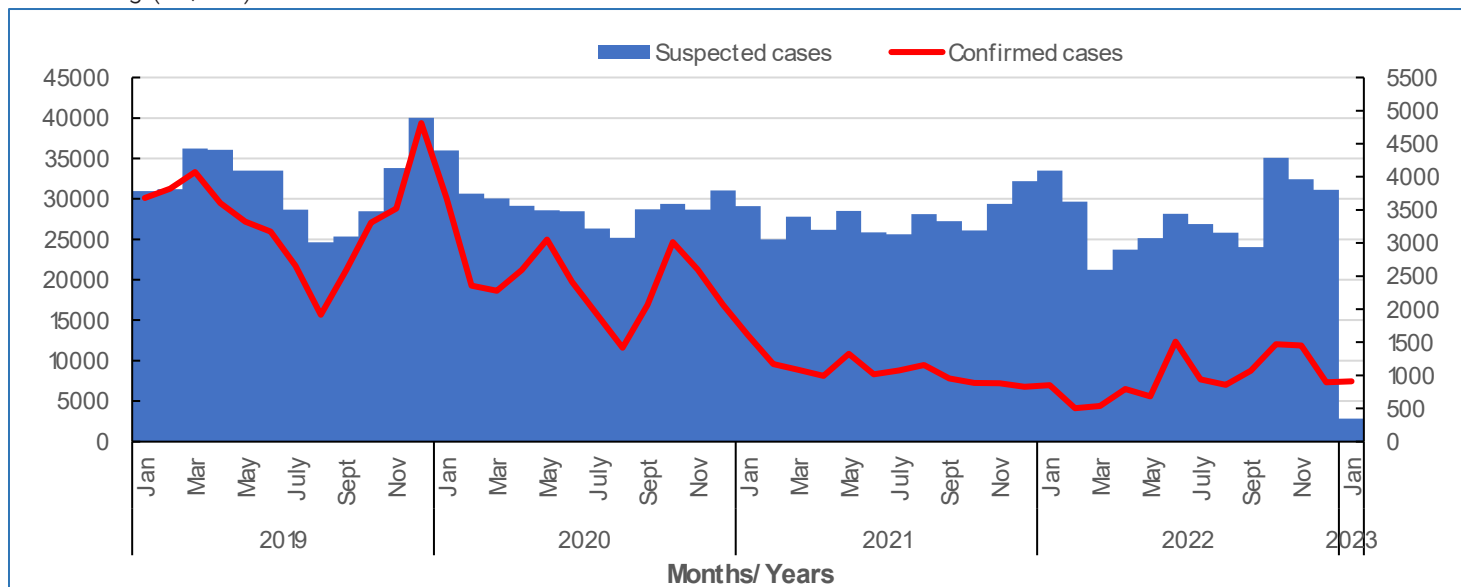


Figure 3: Trends of malaria cases reported in drought-affected regions, 2019-2023

## Polio Updates

In 2023, a total of 52 acute flaccid paralysis (AFP) cases were reported, with 26 cases being female and 26 cases being male. Out of these cases, 34 (65%) have lab results available, while 18 (35%) are still pending processing. Among the AFP cases with lab results (34), one AFP tested cVDPV2, one tested sabin 27 cases were isolated for enterovirus (EV) and 25 of them are negative. Of the total 52 AFP cases reported in 2023, 39 (75%) are in the 6-59 months age group. Immunity profile of the non-polio AFP cases in the 6-59 age group shows, that of the 39 cases under five years, 10(26%) were under-immunized having less than 3 doses of OPV from NID + EPI combined. 5 (50%) of the 10 under-immunized children are in the access compromised regions of South and Central Somalia. 89% (36 of 39) AFP cases 6-59 months age group reported in 2023 have had at least one or more OPV doses from NIDs or routine EPI. Of the 52 AFP cases three (3) cases were reported as zero-dose in 2023; 3 AFP cases among the zero dose cases belong to 6-59 months age group.

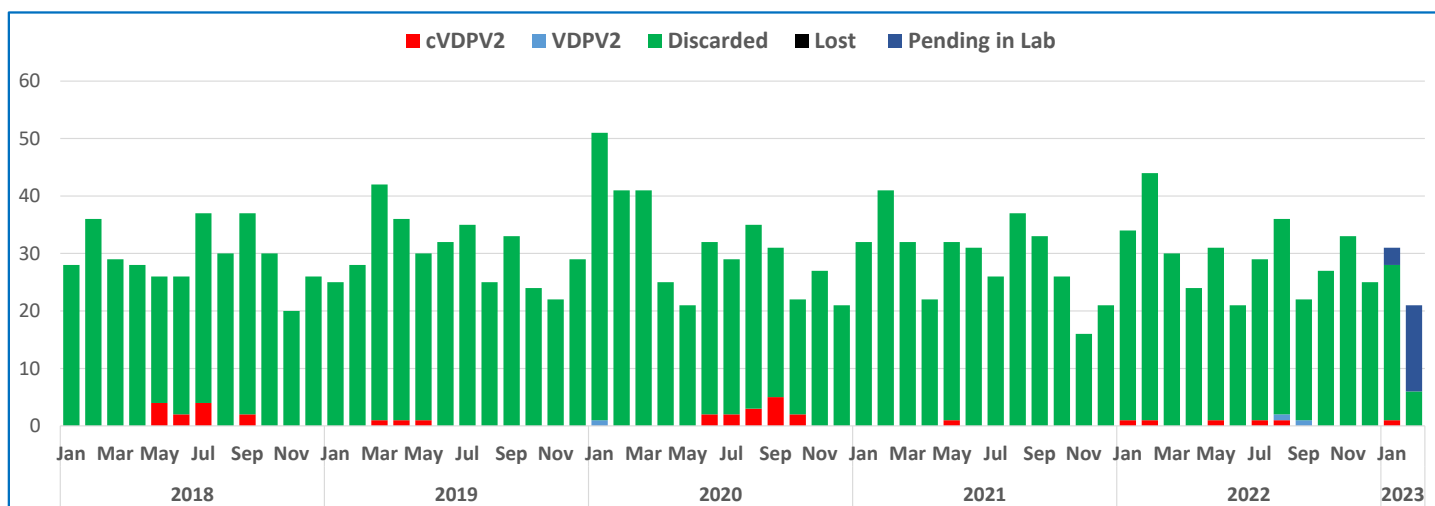


Figure 4: Trend of AFP cases distribution monthly from 2018 – 2023

A polio vaccination campaign was conducted in February 2023, which targeted 2,546,474 children under 5 years of age across a total of 81 district in 11 regions in south and central Somalia, including two newly accessible districts (Runnigod and Adenyabal). Of the total children targeted, 2,432,351 children under five years of age were vaccinated for polio using trivalent oral polio vaccine (tOPV).

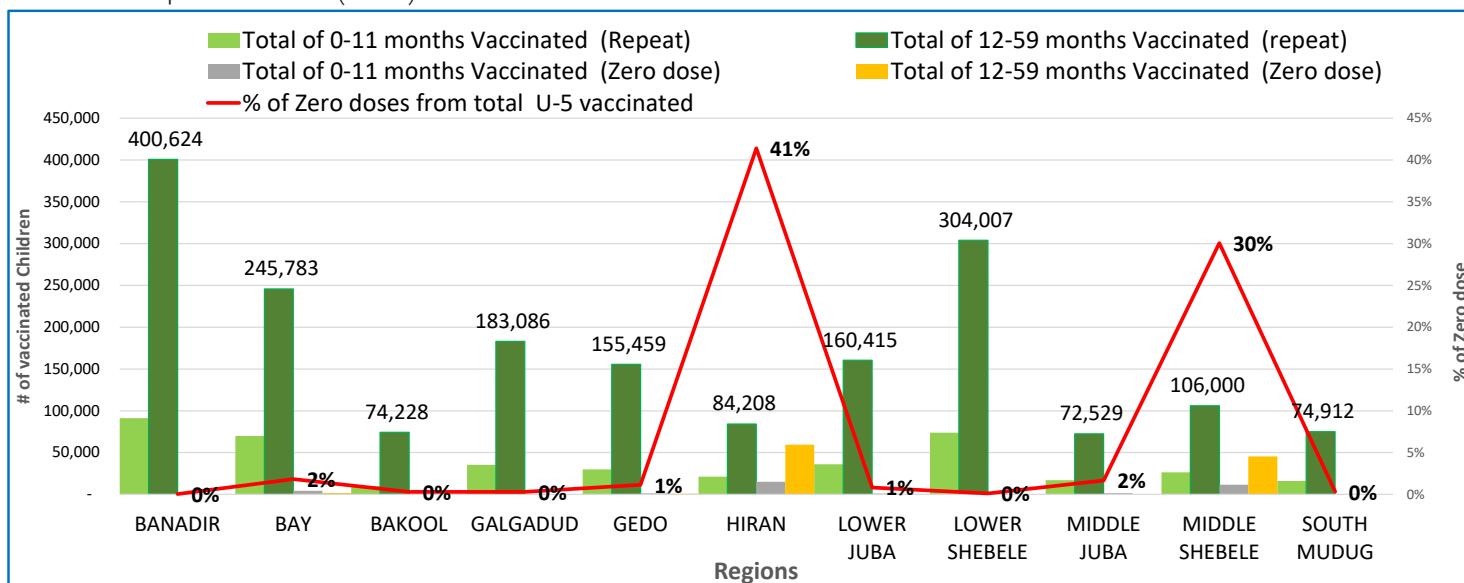


Figure 5: # of Zero doses and vaccinated children by age group and % of total zero doses from total vaccinated by region.

## Sub-National Updates

### Banadir Regional Administration

Banadir hosts the highest number of drought-displaced people in Somalia (305,000 from January–December 2022). The total number of IDPs hosted in Banadir as of September 2022 is 800,000 (IPC 12/09/2022).

In 2022, there was a sudden increase in the number of drought-displaced people arriving in the camps in the region, where food insecurity levels were already previously high. The rapid arrival of so many IDPs has increased the risk of famine (IPC Phase 5, also known as catastrophe).

From January–March 2023, more than 926,000 people in Banadir are expected to face severe acute food insecurity, with people facing Crisis (IPC Phase 3) or worse food insecurity levels. More than 117,000 people are projected to face catastrophe (IPC Phase 5) food insecurity levels.

This number (926,000) represents an increase of more than 17% compared to October–December 2022 and is the second-highest projected number for all Somali regions. Projections for April–June 2023 indicates a further 20% increase, with 1.1 million people facing acute food insecurity (IPC 3 or above).

### Southwest State (SWS)

The humanitarian situation in SWS is worsening due to the drought. Many water sources have dried up causing big movements of population and a surge in water prices. Health partners have reported a steady increase in the number of measles and acute watery diarrhea cases. Close to 1.1 million people in Bay region are projected to face severe acute food insecurity (IPC 3 or above) from January–March 2023, including over 150,000 facing IPC 5 levels.

The current drought is expected to severely affect two districts of Bay region in particular: Baidoa and Buurhakaba. As of 13 December 2022, the IPC Famine Review projected IPC 5 levels of food insecurity for these two districts for April–June 2023. Projections for April–June 2023 indicates that 1.15 million people in Bay, or close to 90% of the population of the region, will face severe food insecurity.

Health partners continue to scale up response through various strategies to rapidly deliver and sustain access to essential services for people affected by the drought. For example, health partners are using the first line integrated response framework to deliver services to newly displaced and community living in hard constraint areas in Bay, Bakool and Lower Shabelle.

This are some of the highlights from partners responding to the health need in the state. MARDO is providing integrated life-saving health interventions including immunization, OPD consultation, ANC/PNC, delivery by SBA, management of measles and AWD/Cholera case management to drought affected populations (women, men and children) in Hudur, Qasandhere, Berdale, Baidoa and Dinsoor through support from UNICEF and SHF. During this reporting month, 9,606 persons received first OPD consultation, while 67 deliveries were assisted by skilled birth attendants at supported health facilities. In addition, 1,684 children under 5 including children under 1 year were vaccinated against measles.

In partnership with SCI under the BHA project, GREDO is running an integrated project for Bay, Bakool, and Lower Shebelle. The organisation is also adding new mobile sites for scaled up health and nutrition services in Burhakaba, Bardale, and Dinsor adding a new mobile team to respond drought situation and expand basic services in these districts.



*Nutrition screening exercise by GREDO organization*

The main services include primary health care, nutrition components OTP/TSFP, immunization services, and IYCF counseling. GREDO also runs emergency health and nutrition in partnership with Concern Worldwide through funding from Irish Aid to implement health and nutrition in Baidoa by targeting drought-affected communities and new displacements.

GREDO is also planning to start the GAVI project in collaboration with IRC to implement in five locations of Bardale, Burhakaba, Dinsor, Yeed, and Elbarde by providing zero-dose vaccination against vaccine preventable diseases targeting children under 1 year and those five years and below. This exercise will include tetanus vaccine for pregnant women.

## **Jubaland State**

The humanitarian situation of the state is deteriorating due to the worsening of the drought and increased displacement has been noted from various parts of the state, with people arriving in Kismayo, Dollow, Bardhere and other major towns. The drought has caused many people to lose their livelihood, forcing them to move to towns for survival. Another wave of cholera cases has been confirmed in Jubaland state. In El-waaq 7 samples have been collected and one tested positive and in Afmadow ten stool samples have also been collected and five tested positive for Vibrio Cholerae at Kismayo General Hospital PCR. It has been addressed that the current outbreak is a result of increasing number of people who have no access to safe water and sanitation due to the drought. The current situation is further driven by high cases of malnutrition among children under 5 that are mostly from the drought affected population. Cholera cases are mainly treated in cholera treatment centers in Kismayo, Balet xaawo & Dhobley. Health partners are responding to the current outbreak through close coordination with WASH partners. In this regard a taskforce team has been formed to closely follow up the situation focusing on responses, gaps, challenges etc and provide updates to the national health cluster team.

## **Hirshabelle State**

Health partners continue to provide primary health care services for IDPs across conflict-affected areas of Hiran and Middle Shabelle regions. Partners have been responding the health needs in the state, however key partners have reported ending of some key lifesaving project in March 2023 and more than 7 health facilities will be likely be closed in Hiran region due to lack of funding after March 2023.

In addition, there is access challenge to the recently recovered areas, these areas/locations have very high health gaps and moving to these new areas has been faced by access challenges by humanitarian partners. There is increased risk of epidemic-prone diseases due lack of clean water, proper hygiene and sanitation and lack of access to health services in most districts in the state. The increasing conflict and population displacement leads to increased health demands on facilities due to new and pre-existing conditions including diseases, mental health burden, sexual and gender-based violence, and other sexual and reproductive health needs that outstretch existing capacities in the facilities.

## Galmudug State

Most of the districts of Galmudug are in humanitarian priority Phase 1. The Somali Health and Nutrition Programme (SHINE) project which was supporting a number of districts is coming to end, increasing the needs in the state. Districts with significant gaps include Cabudwaaq, Balanable, Guriel, Afbarwago, and Hobyo. The major services gaps are medical emergency, CEmONC, ambulance for referral, outreach teams, and other basic essential health services. Galmudug State MoH conducted a rapid assessment in the three newly recovered districts (Xarardheere, Galcad and Ceel Dheer). Key findings included, health status of the population is very poor; health services almost non-existent; health facility infrastructures are very poor neither equipped; lack of referral ambulance and severe shortage of qualified healthcare providers; lack of trauma care facilities, no general services like integrated vaccination activities, high maternal mortality due to no CEmONC services or referral mechanism, and poor sanitation and hygiene. In addition, the population in these areas are repeatedly displaced due to recurrent fighting leaving them in a fully vulnerable situation.

## Puntland State

Close to 96% of the health facilities in Puntland submitted the surveillance reports during the month of February, reporting, 4,734 Influenza cases, 3,307 suspected cases of other acute diarrhea, 667 suspected cases of SARI, 142 new suspected acute watery diarrhoea (AWD), 77 cases of suspected measles cases and 33 confirmed malaria cases. Community based surveillance teams were extended up to April 2023 in high-risk districts in Puntland with support from WHO Somalia.



Health facility destroyed in Laascaanood

Ministry of health and Puntland Water Development Agency conducted water quality testing in drought affected districts in Nugaal, Mudug, Sanaag, Karkar and Bari region that to assess the quality of water used in water wells or boreholes.

The samples were collected from 13 water sources, 4/13, which is 30% of the total samples collected have shown existence of Coliform bacteria in the water sources sampled.

## Laascaanood Conflict Update

An interagency assessment mission conducted by humanitarian partners in Puntland visited villages that are hosting internally displaced people (IDPs) in Boocame, Taleex, Buuhoodle and Xudun Districts in Sool Region from 11 to 13 February. The assessment team reported that more than 185,000 people have been displaced by the fighting in Laas Caanood. An estimated 89 per cent of the IDPs in the assessed areas are women and children. Many of the IDPs are reportedly sleeping under trees while some are living in schools and other public buildings. The majority of locations assessed reportedly have a health facility but lack medical supplies or services from mobile health teams. Transportation of health and nutrition supplies from Laascaanood town remains a challenge due to insecurity. According to the assessment mission, at least 90 per cent of the displaced children under one year old have not received routine immunizations. The team recommended a detailed health and nutrition technical assessment, especially in areas where household interviews showed a prevalence of acute malnutrition in children and the elderly. Access to Laascaanood is limited as fighting continues. Authorities and partners in Puntland report that areas that are receiving IDPs, including Taleex, Boocame, Xudun, Kalabeyr, Widhwidh and Buuhoodle, can be accessed from Puntland. Movement along the road connecting Laas Caanood to Garowe is limited due to the ongoing insecurity. Transport disruptions are also reported along the main road that connects Bossaso to Laas Caanood and Burco to LaasCaanood, affecting the availability of supplies and driving commodity prices up. Despite access constrains, health partners are responding to save lives and alleviate sufferings: The following are key partner responses to Laascaanood conflict.

- ◇ WHO, SRCS, SCI, PSI and AAH have distributed essential and emergency medicines and medical supplies to health facilities in Kalabeyr, Boocame, Taleh and Garowe.
- ◇ Supporting provision of maternal, reproductive and child health services through 17 fixed health centers in Laascaanood, Taleh, Hudun, Boocame and Buuhoodle districts in Sool and Ayn regions.

- ◇ Deployed 5 integrated health and Nutrition mobile teams in Karinkarfood, Fardhidin, Hadhwanaag, Buurowadal, Buulal, Dan, Falayryaale, Kalabeydh and 10 sites in Buhoodle district.
- ◇ WHO delivered three trauma kits; two interagency emergency health kits (IAEHK), 50 Ringer Lactate Solutions and two tents to support the scale up of medical emergency live saving. Deployed 20 community-based surveillance teams to support community level health services including health promotion and referral of severe cases to health facilities in Hudun and Buhoodle; additionally on the process of supplying biomedical equipment to Kalabeydh Health center to establish Triage corner.
- ◇ SRCS has deployed one surgical team to Garowe General Hospital, Ambulance with spinal board carrying, and supporting with walking aids and physiotherapy including 5 wheelchairs.
- ◇ ACF distributed mosquito nets for 1000 households of IDPs in Boocame district.
- ◇ UNICEF is working to implement integrated Health and Nutrition services through existing health facilities in 17 affected sites in Laascanood Taleh and Buhoodle district.
- ◇ 1000 households in Falidhyaale and Burawadal girls and women received dignity and menstrual hygiene kits with support from UNFPA.
- ◇ Reproductive health kits distributed for free Sexual and reproductive health services to over 30,000 IDPs (for 3 months) fleeing LAS'ANOD conflict.

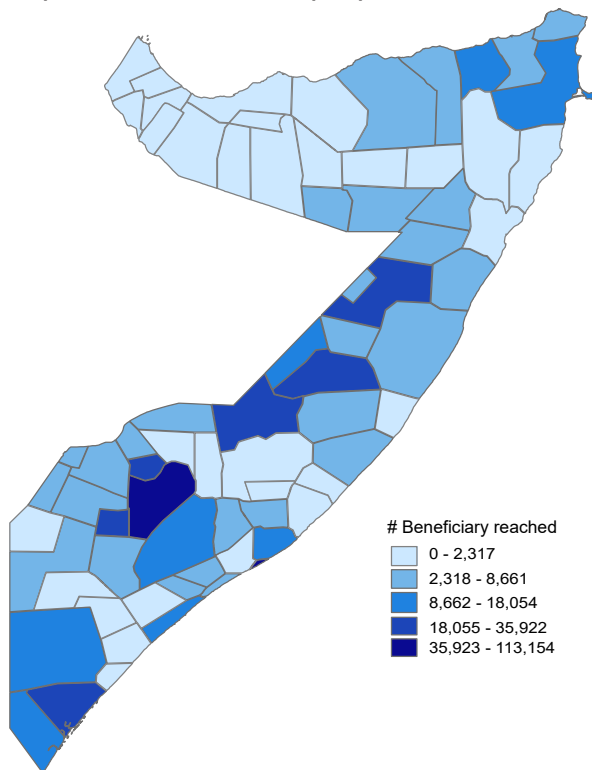
### Health Cluster Regional focal point updates

The health cluster has engaged partners in the selection process toward health cluster coordination in some selected regions. The health cluster has received expression of interest and has concluded this process. The new regional focal points are expected to undergo an orientation exercise in March and facilitate coordination roles in their proposed region. The health cluster will also unveil the new team to the health partners during the subsequent monthly national health cluster meeting.

### Summary of Health Cluster updates

During the month of February 2023, Health Cluster partners have reached a cumulative number of 655,107 beneficiaries in the country. The response activities include outpatient services, routine measles vaccination, safe deliveries for pregnant women, antenatal care, child health and nutrition services, mental health and psychosocial services, clinical management of rape, trauma consultation, as well as mobile health services. In the reporting month of February, through 43 active cluster partners, the health Cluster has achieved 11% of the target for the 2023 response plan. In total, since January 2023, the health Cluster has achieved 39% of the target for the 2023 response plan.

Map with distribution of people reached with Health service for February 2023



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