

# **Somalia Flood Response Preparedness: Health Cluster Contingency Plans (draft)**

**Updated- 22<sup>nd</sup> October, 2009**

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## **Summary:**

**Context:** Flooding of riverine areas in Central South Zone of Somalia, based on 2006/07 flooding scenario

**Main risk:** Displacement, Acute Watery Diarrheal, Respiratory infections, vector-borne-diseases, injuries, hampered access to health services, loss of health facilities infrastructures, zoonosis diseases

**Estimated flood affected population:** 450,000 persons

**Funding needs:** US\$ 635,250

## **Background:**

The flood response plan is aiming at ensuring that assistance to the affected areas targeting health assistance to the population affected by the floods, by ensuring supply of essential/ life-saving medicine and supplies, continued health care provision and reinforcement of disease surveillance aimed at outbreak prevention and containment and vector control.

The plan is based on the 450,000 planning figure for the flooding population as the worst case scenario.

## **Objectives:**

The plan will address the key objectives as outlined below:

### **Objective 1: Access to health services**

Inability of flooded health facilities to function; possible damage to (loss of) equipment, supplies and vehicles are seen in many places. Disruption of surface transport, hence deliveries of supplies and fuel to other health facilities temporarily cut off by floods have made this situation worsen. Access is the major hindrance faced by both service providers and patients. Health personnel are displaced and not available in the facilities or with their respective teams.

### **Therefore following activities are essential in the response:**

- Mobile medical / health clinics in the areas, where people are displaced (by vehicle and boat)-
- Hasten the functioning of damaged / flood merged facilities, as the flood recedes
- Supply of adequate equipments, drugs and medical supplies to all functioning services both mobile and fixed facilities including- Ant-snake venom, Ant-Rabies, TT

### **Annex 1: Who is doing What, Where matrix**

## **Objective 2: Communicable disease control**

Increased transmission of endemic water- and vector-borne diseases after the flood (due to the emergence of new breeding sites and the disruption of vector control activities), and among people displaced (due to overcrowding in shelters) is common and in the case of South central zone of Somalia, the important diseases of interest are Malaria and diarrhoea. Existing sentinel sites of outbreak surveillance system were requested to alert on any unusual increase in cases. However, considering the uneven distribution of these sentinel sites and ad hoc reporting, especially in the south central zone, specific activities related to these two diseases are mandatory.

### **(a). Malaria**

As the malaria and vector born diseases risk increases significantly during the rainy season/ floods because of the increased malaria transmission. Malaria control and prevention interventions; vector control, health education and community awareness will be scaled up in all the flood affected areas.

#### **Interventions of importance are:**

- Case management of Malaria with adequate supplies, including; anti-malarials and test kits. Distribution of ITNs with appropriate health education and social mobilization- a total of 100,000 ITNs will be need.
- Weekly reporting on Malaria cases in health facilities.

### **Annex 2: Matrix of Malaria stock-**

#### **(b). Diarrheal diseases (Acute watery and bloody diarrhoea)**

Contamination of water supplies by flood water and overflowing latrines, leading to increased levels of diarrhoea. Therefore, preparedness and response to diarrheal diseases is essential.

I. Case management with adequate supplies and drugs (currently diarrheal kits have been preposition in the following areas:

- Puntland has 2 kits for 10,000 people each
- Galkayo 1 IADK
- Wajid 1 Interagency diarrheal kits (IADK) for 10,000 people
- Garowe 1 IADK for 10,000 people
- Hargeisa 1 IADK for 10,000 people
- Mogadishu 1 IADK for 10,000 people
- There are 20 IADK currently en-route from manufacturer to Somalia- some of these Kits will be prepositioned in South Central.

There are also prepositioned cholera rapid test diagnostic tools in the main health facilities.

II. \*Water and sanitation interventions- (see WASH cluster response plan)

III. Health education and community mobilization

\* Water and sanitation interventions are not considered under the health cluster plan as they are covered under the Water & Sanitation cluster plan. However health cluster partners will work closely with Water and Sanitation cluster activities.

#### **Rift Valley fever:**

Rift Valley Fever (RVF) is a viral zoonosis (affects primarily domestic livestock, but can be passed to humans) causing fever. It is spread by the bite of infected mosquitoes, typically the *Aedes* or *Culex* genera. The disease is caused by the RVF virus, a member of the genus *Phlebovirus* (family *Bunyaviridae*).

Somalia have experienced several outbreaks of RVF during EL Nino 1997-98, 2006-7 with fatal outcomes (CFR >56%).

### **Annex 3: Rift Valley fever preparedness plan**

#### **Objective 3: Vector control:**

The vector control will include the larviciding and personal protection measures.

- Equipments for selective indoor residual spraying (IRS) – have been prepositioned in Hargeisa, Shebelle, Mogadishu, Garowe and some in Nairobi.
- Distribution of Long lasting insecticide treated nets (LLITN)
- Health Education on malaria prevention
- Social mobilization for cleaning the environment

#### **Targets**

- One health agency engaged in mobile health clinic in each affected district
- All functioning facilities have sufficient supply of anti malarial drugs and RDTs
- Case fatality rate of cholera below one percent (1%)

#### **Inter cluster coordination:**

- The Health cluster will work closely with other clusters including WASH (on issues related to water and hygiene promotion), Agriculture and Livelihood (on issues related to animal health and vector control).

#### **Strategic area for response:**

<b>Strategic Response location</b>	<b>Partner focal agency</b>	<b>Contacts</b>	<b>Storage Capacity</b>
<b>Marka Lower Shebelle</b>	COSVI	Email: somalia@cosvnairobi.org Phone: + 254 20 272 9993	To be confirmed
<b>Lower Juba Marere</b>	MSF H	Email: medco@field.amsterdam.msf.org Phone:	Adequate
<b>Jamaane</b>	Muslim Aid	Email: ibrahim@muslimaid.org Phone: +2521 5571454	To be confirmed
<b>Afgoye</b>	Islamic Relief	Email: iffthikar.mohamed@islamic-relief.or.ke Phone: 0713 20 9779	Adequate
<b>Beldaweyne</b>	Save the Children UK	Email: N.Jan@scuk.or.ke Phone: 072 3131 433	Adequate

**Annexes**

- 01. Who is doing what and Where matrix*
- 02. Malaria supplies matrix*
- 03. Acute Watery Diarrhoea preparedness plan*
- 04. Rift Valley Preparedness plan*
- 05. WASH cluster Response plan*