

11 August 2024

UNICEF

# CHOLERA RESPONSE

## Situation Overview

UNICEF Somalia is engaged in containing the spread of **Acute Watery Diarrhea (AWD)/cholera** and other waterborne diseases, which have been exacerbated by El Niño and subsequent flooding.

**The scale remains significant, with 16,927 cases** recorded in **30 districts** across **all 7 states**. There is a **potential for continued spread**, which, if not addressed, could lead to severe consequences, including preventable illnesses and deaths.

**1.2 MILLION**

People at risk of  
cholera infection  
in 2024

Despite improvements in the AWD/cholera situation in recent months, UNICEF and partners remain concerned that the overall context in Somalia is conducive to a **resurgence in cases and deaths if response efforts are not scaled up**. In addition to the complex socio-political context and volatile security environment, the recent April-to-June Gu rainy season led to flooding that has destroyed critical health and WASH infrastructure, **increasing the risk of rates of cholera transmission**. While cholera has been endemic in large parts of central and southern Somalia, with uninterrupted transmission since 2017, new reported outbreaks in Somaliland and Puntland in the first half of 2024 underscore the severity of the risk of continued spread if not sufficiently addressed. **As of the end of July, a total of 16,927 cases had been reported, with 59% occurring in children under the age of five, resulting in 136 cumulative deaths, likely due to high levels of malnutrition**. Currently, confirmed cholera cases have been found in all 7 states, affecting 30 out of 74 districts in the country. Compared to the same period last year, the overall caseload is approximately 50 per cent higher, while the outbreak has spread beyond traditional hotspot areas in central and southern Somalia into northeastern districts such as Borama, Bossaso, Burco, Garowe, and Qardho, highlighting **the need for context-driven, targeted responses to immediately address new outbreaks**.

## UNICEF's Response

UNICEF and its partners are collaborating with the Government of Somalia to address the cholera outbreak at both national and subnational levels in these 30 districts. The response strategy encompasses several key pillars: 1) coordination and leadership, 2) Water, Sanitation and Hygiene (WASH) and health interventions, 3) case management, 4) risk communication and community engagement, and 5) logistics, equipment, and supplies. This comprehensive approach aims to contain the disease and prevent a major resurgence of the current AWD/cholera outbreak through multi-sectoral targeted interventions in high-risk districts. These interventions include early detection and rapid response mechanisms to effectively manage and contain the outbreak.

**Coordination and leadership:** UNICEF leads response coordination efforts in collaboration with government authorities and partners at the national, state, regional, and district level. Through key response structures such as area-based coordination and by working with cluster partners, UNICEF aims to scale-up its cholera response while avoiding duplication of efforts. Additionally, UNICEF seeks to sustain an integrated response and mitigate the spread and effects of cholera in high-risk districts, prioritizing areas in central and southern Somalia that have had critical WASH and health infrastructure damaged or destroyed by recent flooding, which can exacerbate existing outbreaks. They also support and evaluate response activities for outbreak control in affected districts. Due to UNICEF's extensive experience in responding to cholera outbreaks through enhanced field deployment and decentralized field offices, their tools and response strategies are well-developed and implemented in accordance with the size and scale of the outbreak. To strengthen multisectoral integration, UNICEF is also working with WHO and Health Cluster partners at cholera treatment centers (CTC)s to provide case management services for children suffering from both cholera and acute malnutrition.

Additionally, through the Cholera National Task Force, chaired by the Ministry of Health, UNICEF works with WHO and the Health and WASH Cluster partners on cross-border coordination and joint responses with UNICEF offices in Ethiopia and Kenya.

**Health:** UNICEF has ensured that 6,500 cholera infected people, (approximately 1% of the total target), in Kismaayo, Banadir, Jowhar, Beletweyne, Buloburte, Jalalaqsi, Bossaso, Garowe, and Afgoye received quality treatment and care. The management of cholera cases was strengthened through the operationalization of 25 CTCs, the deployment of 8 Rapid Response Teams, and the establishment of 16 additional community-based oral rehydration points. Furthermore, community health workers were trained and deployed on infection prevention and control and supplies were prepositioned in strategic hubs for rapid distribution to health authorities and implementing partners. The Federal Ministry of Health, in collaboration with WHO and UNICEF, conducted oral cholera vaccine campaigns targeting over 920,000 individuals across 7 hotspot districts. The campaign successfully reached close to 896,000 people, achieving an overall coverage rate of 97 percent.

**Water sanitation and hygiene (WASH):** UNICEF reached over 214,000 people (more than 30% of the total target) through hygiene promotion messaging, which included promoting handwashing with soap, safe water handling, safe sanitation practices, and safe personal and food hygiene. House-to-house visits, community meetings, facility-level and chlorination of urban water systems helped to achieve this outcome. Additionally, over 45,000 people, (approximately 6% of the total target), including 6,000 people with disabilities, were provided with appropriate sanitation facilities. Over 1,500 gender-segregated latrines with handwashing facilities were constructed in IDP camps in Belet Weyne, Kismaayo, Baardheere, Luuq, and Doolow. UNICEF is currently intensifying the cholera response by rolling out Case Area Targeted Interventions (CATIs) training and implementation in Beletweyne, Afgoye, and Banadir.

**Risk communication and community engagement:** In collaboration with the Ministry of Health UNICEF supported awareness-raising campaigns by training and deploying 200 community health workers in cholera hotspot districts and thereby reached over 104,000 households, (approximately 70% of the total target). House-to-house mobilization, counselling, and the dissemination of messages to close to 900,000 people, facilitated timely access to cholera prevention and management related services. Additionally, 10 community radio stations broadcasted messages and reached over 1.5 million people.

**Logistics, equipment, and supplies:** In coordination with WASH Cluster and local NGO partners, UNICEF procures essential health and WASH supplies and strategically pre-positions them at regional supply hubs and UNICEF warehouses to enable efficient delivery when implementing response activities. The procured WASH supplies include hygiene kits and will reach 128,000 households (80% of the total requirement).

As a result of scaled up interventions, there has been incremental improvement in the overall cholera caseload within the last three months. Between January and the end of April, more than 10,600 cholera cases had been reported across the country, with 120 deaths, representing a CFR of 1.1 per cent, above WHO’s CFR severity threshold of one per cent. However, between May and the end of July, approximately 16,900 cases had been recorded, with 136 deaths, representing a CFR of 0.8 per cent. In the last three months, there has been a reduction in both the severity and the volume of the cholera outbreak, with the average monthly caseload falling by nearly 25 per cent. For the cholera situation to continue to improve across Somalia, it is critical for UNICEF to be able to scale up its interventions in the coming months.

**Impact on people with additional USD 4,2 million**

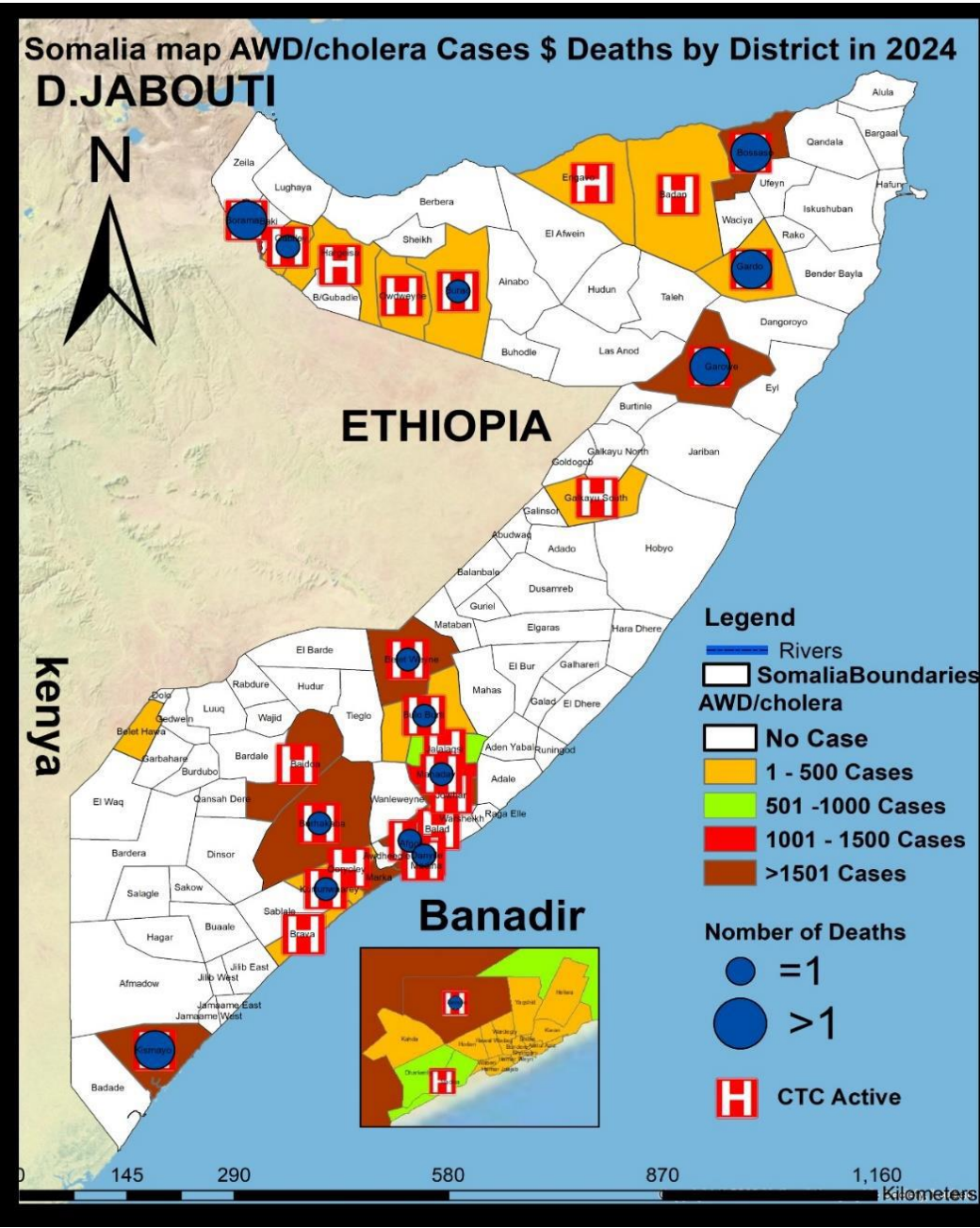
- 1. Joint efforts between WHO, Ministry of Health and UNICEF **will give 20,000 people access to lifesaving health services** in cholera treatment centres and oral rehydration points.
- 2. **700,000 people will be reached** by strengthened health systems’ capacity to manage acute watery diarrhoea and cholera cases, and by training and deploying hundreds community health workers.
- 3. **100,000 people** in vulnerable communities will **access clean and safe WASH services through the rehabilitation of water distribution points, chlorination of boreholes, and messaging on promotion of best community hygiene practices.**
- 4. **650,000 people will be reached with key messages** for acute watery diarrhoea and cholera prevention, along with efforts to solicit community feedback to evaluate the uptake of these messages.
- 5. **700,000 cases of acute watery diarrhoea** (500,000 for children aged 0-9 years and 200,000 for individuals aged over 9 years), including around **20,000 cholera cases will get essential health and WASH supplies** such as acute watery diarrhoea kits, oral rehydration solutions, zinc, hygiene kits, and water purification tablets.

**Funding Situation**

UNICEF Somalia has mobilised US\$3,447,164 and allocated limited internal resources for the response to address coordination. With a current **55 per cent funding gap, UNICEF needs urgent flexible funding** to be able to assist in the emergency response to cholera in Somalia.

Funding requirements (Dec 2023 – Sept 2024)	Required (US\$)	Received (US\$)	Balance needed (US\$)	People to be reached
Coordination and leadership	50,000	-	50,000	
Case management at facility and community level	1,415,250	637,884	777,366	20,000
Water, sanitation, and hygiene	3,274,381	1,811,272	1,714,399	100,000
Risk communication and community engagement	1,115,250	639,500	475,750	650,000
Logistics, equipment, and supplies including AWD kits	1,792,200	358,508	1,433,692	700,000
Total	7,647,081	3,447,164	4,199,917	700,000

Map of cholera caseload across Somalia and locations of active Cholera Treatment Centers.



Source: Somalia Federal Ministry of Health, July 2024

Who to contact for further information

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