



International
Medical Corps

EMERGENCY STANDBY TEAMS

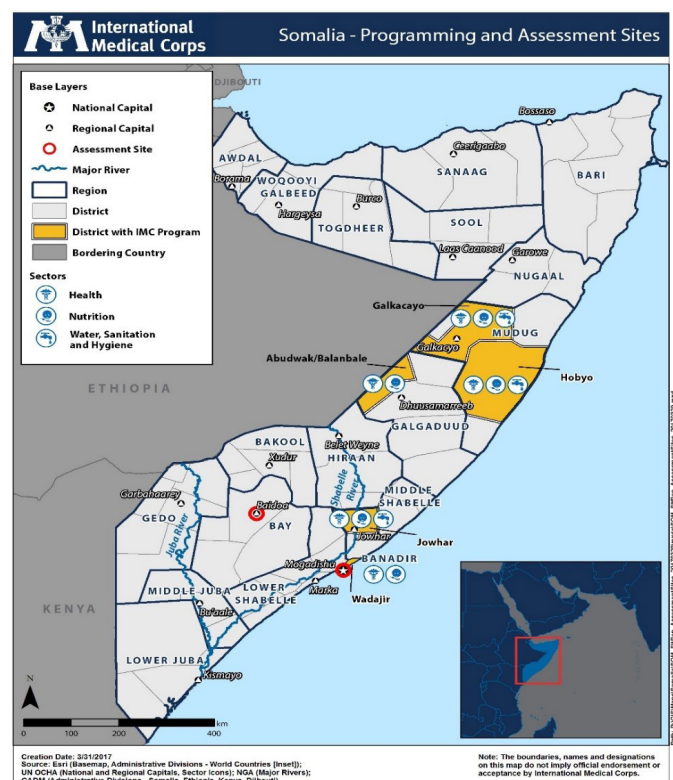


Emergency Standby Teams in Somalia

Rife with armed conflict, natural disaster, disease, and food insecurity, Somalia is one of the longest running and most complex humanitarian emergencies in the world. The country's decades-long civil war has crippled basic development gains, leaving most Somalis without access to health care, clean water, or other basic services and highly vulnerable to outbreaks of deadly illnesses such as measles and cholera. Somalia is also prone to drought and other natural catastrophes, which can destroy crops and livestock and trigger widespread hunger—even famine.

Today, subsequent failed rains have left more than three million people in Somalia at-risk of famine. The drought has destroyed crops, killed livestock, and driven up food prices, leaving families unsure of where their next meal is coming from. As a result, more than 360,000 children under five are estimated to be malnourished and 766,000 people have fled their homes in search of water and humanitarian assistance. At the same time, an outbreak of acute watery diarrhea/cholera this year has sickened more than 70,000 people.

International Medical Corps has worked in Somalia since 1991 and reaches people across South-Central Somalia with life-saving health, nutrition, and water and sanitation programs. Our areas of operation include Middle Shabelle, Banadir, Mudug, and Galgaduud



Emergency Preparedness

Given the high levels of insecurity, risk of disease, drought, and other disasters—which often strike simultaneously—International Medical Corps maintains an emergency standby capacity in country to respond crises as they flare up. This is especially critical in areas where there are few national and international medical organizations operating.

The following are potential crises that International Medical Corps has prepositioned staff, supplies, and plans to respond to:

- **Acute Watery Diarrhea (AWD)/ Cholera outbreak**
- **Measles**
- **Food crisis/malnutrition**
- **Population displacement**
- **Violence/war-wounded**

Other possible crises include outbreaks of Meningococcal meningitis, malaria, Rift Valley Fever, shigellosis, dengue, and Chikungunya fever as well as natural disasters like flooding and drought.

Emergency Standby Teams

This year, as consecutive failed rains and ongoing instability sparked pre-famine conditions across Somalia, International Medical Corps established emergency standby teams who are ready to deploy to our areas of operation and respond to crises as they break.

International Medical Corps emergency standby team members actively monitor staff-managed internal and external warning systems on disease outbreaks, security incidents, malnutrition rates, and other emergency indicators. This information then allows International Medical Corps to respond quickly with lifesaving services, from cholera treatment to trauma care.

Pharmaceuticals and other supplies are also prepositioned in strategic locations across our program areas, allowing our teams to start to provide life-saving care immediately and scale up quickly to meet the needs.

International Medical Corps has the capacity to establish cholera treatment centers within six hours of a reported outbreak.



The emergency standby teams build on International Medical Corps' long history of responding to crises in Somalia. This includes famines in 1992 and 2011 and, most recently, outbreaks of cholera and measles; drought-related displacement; and widespread hunger and food insecurity.



Emergency Standby Teams In Action

In December 2016, International Medical Corps' health facilities saw a rise in diarrhea cases in Jowhar district in Middle Shabelle. When the cases reached the WHO emergency threshold, International Medical Corps deployed cholera response teams to set up cholera treatment centers (CTC's). The teams were made up of existing staff, who were responsible for operationalizing the emergency plans already in place and hiring and training new staff to run the CTC's once established.

“Cholera is only deadly when timely treatment is not available. We have supplies and staff on standby who can immediately deploy and set up CTC's when AWD or cholera cases flare up. Speed is critical to ensure lives are saved and the outbreak is contained.” - Dr. Mohamed Hussein, International Medical Corps' medical director for Somalia

The first CTC International Medical Corps established was in mid-December at Kulmis health care center in Jowhar town. The facility had 40 beds and provided 24-hour care to 850 people until it closed in April 2017. Forty-percent of the CTC's patients were children under five years old.

Meanwhile, in Gololey, a rural area made up of mostly farmers and pastoralists roughly 75 km northwest of Mogadishu where International Medical Corps was the only health actor, AWD cases were increasing. International Medical Corps set up an oral rehydration treatment corner and, when cholera was confirmed, set up a CTC that cared for 184 patients.

In addition to directly treating of cholera patients, the International Medical Corps teams created safe drinking water sources, improved sanitation, reached 20,000 people with hygiene promotion sessions, and provided hygiene kits to 1,000 households. International Medical Corps also trained all cholera rapid response team members on all health and water, sanitization, and hygiene aspects of cholera prevention and response, further bolstering the response capacity in the country.





About International Medical Corps

Since our inception more than 30 years ago, International Medical Corps' mission has been consistent: relief of the suffering of those impacted by war, natural disaster, and disease by delivering vital health care services that focus on training. This approach of helping people help themselves is critical to returning devastated populations to self-reliance.

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