Background

A joint OCHA and UNICEF Mission to Belet Xaawo (Belet Hawa) started on 12 June 2016. The team met with Belet Hawa Cholera Preparedness Task Force, WASH and Health partners in the district, Local Authority and MoH District Medical Officer. The mission was composed of meetings and observation visits to existing health facilities.

According to UNFPA 2014 population estimate of Belet Hawa is 86,684 people, the town is bordering Mandera town of Kenya and Suftu of Ethiopia. The reported suspected AWD/Cholera cases started 2nd May 2016. On 2nd May 2016, District Hospital alarmed to the other health facilities to be aware of the possibilities of AWD increase in the area as the Hospital admitted the first patient with signs of AWD/Cholera as reported by the Hospital Doctor in his presentation attached on 12th June meeting organized by UNICEF at Beled Hawa. Since then, the referral cases have been set well and the few emergency health supplies available were mobilized and transferred to the District main hospital for use. The taskforce was also encouraged to keep the hard work in putting all means to coordinate and share relevant information in time.

In May 2016, 808 suspected AWD cases were reported from the health facilities of which 318 cases have been inpatients. From the beginning of June till today 13th June 173 suspected AWD/Cholera cases were treated in the health facilities of which 97 of them were admitted at the District main Hospital (Khalil) according to the Hospital’s line listing data recorded. Another 40 cases were admitted at Jubba Hospital, which is private clinic.
The beginning of May 2016 till now Chikungunya disease has affected over 2,000 people in Balet Xaawo town and the number is reportedly still rising. The total of health facilities in Belet Hawa town are:-

- District Hospital (Khalil) that is managed by the District Health Board and supported by Trocaire since 1991.
- Trocaire managed MCH
- HIRDA (UNICEF partner) managed MCH
- HDC (UNICEF partner) managed MCH
- A private hospital called Juba Hospital that is owned by business people
- Around 50 to 100 commercial pharmacies and drug stores

**Key objective and expected outcome of the mission:**

To meet with the District Authority, Ministry of Health (FGS & Jubaland), Health partners and WASH partners and get a good sense of the situation of needs, clear chain of communication, documenting of ongoing responses and analyze gaps documented to inform response.

**Current Situation**

The above 2 MCHs, a Private Clinic called Juba and the District main Hospital called Khalil have first started handling the suspected AWD without expecting the situation could reach alarming proportions. They started treating patients without a proper record. The numbers of critical cases are increasing for the last one week. Of 13 June, 39 critical cases are in the district main hospital, while 10 cases are in the private hospital. Although the health facilities and supporting partners are trying their best, patients are still treated inside normal health facilities, thus can increase infection and facilitate the spread of the disease. A facility to serve as a CTC has been identified, but it is not yet functional.

UNICEF and OCHA mission members together with the District Cholera preparedness Task Force have secured Cholera Treatment Centre (CTC) center. It was constructed by Diaspora people and they have been planning to set up an MCH, but it does not have latrines and digging latrines is also difficult as the area is near a hill and have a hard below earth surface. There is an urgent need of emergency movable latrines, so that suspected cases are transferred to the CTC.

Medical doctors in the health facilities have indicated that there are problems which are leading to an increase in AWD cases. These include:

- Fear of the people to take medicine due rumors that people affected with Chikungunya may die if the take medicine.
- No movement at night time in Belet Hawa town hence a challenge if a patient is affected at night time, cannot be taken to the Hospital
May 2016 trends according Trocaire Hospital management:

Data source is from the District Hospital only. From 1-13 June cases admitted by the Hospital were 97 cases. Stool samples collected results are yet to be released by the MoH FGS lab

Response Capacity:

HIRDA: (UNICEF Partner)

- On 9 June 2016- UNICEF delivered to Belet Hawa main hospital the following drugs: Cannula IV 22G – 100 pcs, Cannula IV 24G – 50 pcs and Erythromycin 250mg tabs/PAC-100 – 20. The supplies, served an estimated 75 – 100 people, but was depleted within two days.
- On 3 June 3 - UNICEF/HIRDA provided 10 cartons of sodium lactate solution, 4 boxes of Zinc and 2500 boxes of ORS to the main hospital which is overcrowded but it was not enough to cover the large number of patients since the turnout was mass in number. The supplies were enough for 150 – 200 persons depending on severity of each case. The gaps in supplies is Ringer Lactate/Sodium Lactate and ORS.
- On 11 June -UNICEF/HIRDA provided two big tents for Emergency multi-purpose, Gloves-5*500=2500 pieces, 10 boxes of Ringer and Sodium lactate solutions, Safety materials – 1000 pieces, seconded a HIRDA health Staff to the Hospital.
- Outpatient cases treated at HIRDA MCH in May was 71 suspected cases. They were referring cases that required admission and inpatient. 17 cases treated at HIRDA MCH in June as outpatient. Referrals keep going.

HDC: (UNICEF IP and Health Cluster chair):

- On 11 June HDC, provided 10 boxes of ringer lactate to district main hospital.
- Outpatient cases treated at HDC MCH in May was 33 suspected cases. They were referring cases that required admission and inpatient. In June 19 cases treated as outpatient

NCA: (UNICEF WASH Partner)

- Scaled up the ongoing WASH project by improving the water system to supply clean water to increase water access to some locations to Belet-Hawa town and Khalil hospital( District main Hospital) by using piped water system, this is expected to contribute to the decrease of the increasing cases of suspected AWD/Cholera.
- Hygiene promotion at schools using trained teachers on Child to Child approach and children to convey hygiene messages to their catchment/localities.
- Available resources are 20 cartons of Bar Soaps in Belet Hawa store.
LLG (WASH Cluster Gedo)

- On the second week of May, Life Line Gedo (LLG) with funding support from Concern World Wide have distributed 3,000 hygiene kits to benefit 3000 households in 10 villages of Belet Xaawo district to prevent further AWD outbreak on these village. The items were included 5,000 of 20 liter JERRY CANs, 11,682 BAR SOAPS, 511,830 AQUA-TABS, ORS, 2,000 PLASTIC POTTIES and 2000 of 20 Liter Bucket. LLG had also provided 350 full Hygiene’s kits comprising 20 liter jerry cans, 20 liter buckets, 70,000 pieces of aqua-tabs and 1750 bar soap of 800grams from UNICEF supply hub in Luq and 3500 sachets of ORS from their (LLG) contingencies to Belet Hawa to the district main hospital to support the visiting patients especially those in those with under five children. LLG had also provided 60,000 liters of clean water to the hospital. LLG also chlorinated the 6 shallow wells in Malkariyey village that are main water sources for the town and surrounding villages of Belet Hawa.

World Vision International:

- On 2 June 2016, World Vision had supplied Balet Xaawo District hospital following drugs through Regional Medical Officer of Jubbaland. The supplies are for 200 people (outpatient and inpatient for 4 days. Recorded in patients were 97 as from 1-12 June

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ringer lactate infusion 500ml</td>
<td>20 cartons</td>
</tr>
<tr>
<td>Normal saline infusion</td>
<td>20 cartons</td>
</tr>
<tr>
<td>Glucose infusion 5%</td>
<td>2 cartons</td>
</tr>
<tr>
<td>ORS</td>
<td>4000 sachets</td>
</tr>
<tr>
<td>Cotrimaxazole syr</td>
<td>600 bottles</td>
</tr>
<tr>
<td>TTC 250mg cap</td>
<td>20 tins of 1000 caps</td>
</tr>
<tr>
<td>Zinc tab</td>
<td>10,000 tabs packed in 10 x 10 x 100</td>
</tr>
<tr>
<td>Gentamycin inj 80mg</td>
<td>1000 amps</td>
</tr>
<tr>
<td>Doxycycline cap 100mg</td>
<td>10,000 caps packaged in 10 by 10 blister packs 10 x 10 x 100 in a carton</td>
</tr>
<tr>
<td>Methylated sprit</td>
<td>10</td>
</tr>
<tr>
<td>Disposable gloves</td>
<td>1000 pairs = 10 packets</td>
</tr>
<tr>
<td>Fortified Procaine Penicillin 5 MU</td>
<td>400 vials</td>
</tr>
<tr>
<td>Paracetamol injection</td>
<td>500 vials</td>
</tr>
</tbody>
</table>

Trocaire:

- Gedo Regional WASH supply Hub managed by SHRA (UNICEF partner) released 772 Hygiene kits to Trocaire and were delivered at the hospital on 13.

Relief International (RI):

- On first week of June RI distributed 1,000 hygiene kits to the Belet Xaawo town

Gaps of services and supplies (See attachment)

The gaps were identified by partners. These include:

- Weak social mobilizations and hygiene sanitation gaps observed. Majority of the cases come from a section in town that is overcrowded and needs hygiene and sanitation awareness.
- Hygiene kits distribution at household’s level is required. So far 1,000 hygiene kits have been distributed in the town and 3,000 outside the town by LLG and RI respectively. Plans were underway to distribute another 750 HK. 4000 households have benefited from the distributions.
**Human Resource Gaps:**

- The district hospital have active 8 inpatient health staff that are currently managing both the suspected cases of AWD and other public health patients hence observed to be not enough.
- The planned CTC human resources is estimated to be between 20 to 30 staff but currently Trocaire can only manage to provide 5 staff and HIRDA (UNICEF IP) promised to second one staff.

**WASH gaps:**

- Lack of IEC materials (Cholera Prevention posters and flyers materials in the public, community to get access for needed Cholera prevention message). Hygiene promotion is weak (Note: Draft AWD/cholera prevention messages and IEC materials developed jointly by UNICEF and FMOH. The messages are with the FMOH Emergency Unit for final approval. UNICEF has a budget to air the messages once they are received from the FMOH). Similarly, the FMOH has developed prevention messages on Dengue Fever and Chikungunya. Discussion is underway for UNICEF to support production and dissemination).
- Lack of hand-washing facilities in the hospitals and other hotspot areas.
- Distribution and introduction of ORS use/make locally for the far villages and hotspot areas in the town, since due to security and transport challenges is making patients very serious when they are admitted to the hospital. Delay at home or on the way.
- WASH materials including Emergency latrines, Storage facilities, water supply and tents, for Cholera treatment Center needed for a better prevention mechanisms
- Solid Waste Management tools and emergency latrines if CTC secured with no latrines.

**Coordination and Communication Status**

- The Cholera preparedness Task Force meets on an ad hoc basis, but the leadership and line of communication is not clear. The taskforce did not attend the cross border meetings and rumors were high in town and no proper data recording system is in place. OCHA will work with Task force to coordinate response efforts as UNICEF and other partners will deliver urgent supplies and as well mobilize their ground partners to keep the good work in their hands. The FMOH Emergency Unit is providing support to for a proper record of data. Chain of the data sharing is through the District medical Officer (MoH DMO) who is also the chair of the Taskforce.

**Key Challenges**

- No standard social mobilization messaging at facilities and no available of IEC materials on ground.
- The recently endorsed IEC and social mobilization materials not received and activated
- Community self-mobilized that patient who have been affected by the Chikungunya previously to not take medicine;
- The main district hospital Doctor, estimates that some 50 to 80 per cent of Belet Hawa population were affected by the viral Chikungunya disease hence some patients avoided medicine even when affected by the suspected AWD that led to patients admitted when he or she is very weak and unconscious. 16 of the 19 meeting participants had themselves been affected too, between May and June.
- No proper use of the standard line list of AWD data forms hence delay in data sharing
- No lab availability to test the suspected AWD samples stools hence no confirmation of the disease
- Short of emergency health and WASH supplies prepositioned and in stock
- Coordination was a challenge in the beginning and no proper local resource mobilizations
- A plot to establish a CTC identified, but the facility not established. Shortage of beds for AWD/cholera patients need to be addressed.
Mission Members

1. Abdifatah Osman Hussein-Programme Specialist Humanitarian and Resilience, UNICEF South Central Somalia
2. Mohamoud Muhamed Burale-Humanitarian Affairs Officer, OCHA Gedo region

Photo: Stool of a patient. Photo by Abdifatah Osman, UNICEF, on June 12, 2016