

# Somalia Health Cluster Bulletin #28



Child in Banadir hospital for AWD treatment Photo: WHO

## October 2009

The Somalia Health Cluster Bulletin provides an overview of the health activities conducted by the health cluster partners operating in Somalia.

The Health Cluster Bulletin is issued on a monthly basis; and is available online at [www.emro.who.int/somalia/healthcluster](http://www.emro.who.int/somalia/healthcluster)

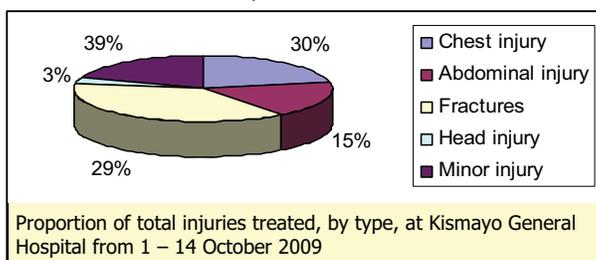
Contributions are to be sent to [cluster@nbo.emro.who.int](mailto:cluster@nbo.emro.who.int)

### HIGHLIGHTS

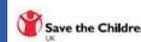
- 2 cases of Cholera in Banadir hospital have been laboratory confirmed.
- War casualties were the major challenge for health partners in South Central Somalia after conflict and fighting erupted in Kismayo, Afmadow, and continued in Mogadishu.
- Health cluster submitted 36 projects amounting to US\$ 46,444,971 to the CAP 2010.
- Seasonal rains (short *Deyr*) have started in Puntland, Somaliland, and in the Jubba and Shabelle catchments. A flooding contingency plan for Somalia is in place.

### SITUATION OVERVIEW

- On 1 October, fighting erupted between two Islamist groups in **Kismayo** (Lower Jubba). Based on information from various sources, WHO estimates over 80 people were killed and estimated more than 410 wounded, most affecting adult males. Trauma was mainly due to gunshots and shrapnel. The hospital<sup>1</sup> is struggling with the high caseload and is in need of trained health professionals. ICRC sent emergency medical supplies to various medical facilities in Kismayo, Marheere, Doble, Afmadow and Jilib districts in Middle and Lower Juba. SRCS also sent two trauma surgeons and an anesthesiologist to Kismayo to support the local hospital, taking with them 400kg of surgical supplies from ICRC to treat war-wounded patients. Unconfirmed numbers of people were displaced and mostly moved to Jilib and Jamaame areas in Middle Jubba. According to local partners on the ground, IDPs from Kismayo are continuing to return after a break in hostilities has been announced both parties, specifically those in Buulo-Gudud and Kama-suma village of Jamame.
- During the first week of October<sup>1</sup>, heavy shelling of various civilian residential areas in **Mogadishu** was reported. On 3 and 4 October, Bakara market was shelled as fighting broke out between insurgents and African Union Mission for Somalia (AMISOM) troops killing at least 10 people and wounding more than 20 others. UNHCR reported fighting between insurgents and government forces killed 145 people and injured 285 others in Somalia, the majority in Mogadishu, Kismayo and Belet Weyne in September. Some 17,000 people have fled the three cities, including 11,000 who left Mogadishu.
- Three aid workers of Action Against Hunger (**ACF**) were released<sup>1</sup> on 3 October in Somalia. They had been captured in Kenya's border town of Mandera and taken into Somalia on 17 July. Currently, 10 humanitarian aid workers remain in captivity in Somalia.
- According to WHO field reports, fighting between insurgent groups erupted on 5 October in Qabaa (12km North of **Afmadow** town, Lower Jubba) leaving 7 killed and at least 10 wounded. All wounded were admitted to Mararey and Dinsoor field hospitals. The next day, 12 people were killed and more than 23 wounded in confrontation in Birta Dheer and Soyaa (60km South of Afmadow, Lower Jubba). The wounded were admitted to Kismayo and Afmadow hospitals.



<sup>1</sup> Source: OCHA *Weekly Humanitarian Bulletin issue #39, 2009*



- The *Deyr* rainy season started in the last week of September in **Puntland**<sup>2</sup>. Heavy rains were reported from Las Anod, Badhan, Qardo, Iskhusban and Eyl. In western areas of **Somaliland**<sup>3</sup>, persisting wet conditions in September have lead to improved soil moisture conditions, water resources and pastures. "Good amounts of rainfall" were reported from Dilla, Hargeisa, Boroma, Gebiley, Aburin and Qulajeed. According to the report, these rains are expected to continue in the coming months. As yet, there are no reported health incidents related to flooding and flood warning levels remain minimal, however the situation of communicable disease continues to be monitored particularly in areas of high displacement. In the **Jubba** and **Shabelle** catchments<sup>4</sup>, river levels are expected to continue rising in the coming weeks due to recent and foreseen rains with moderate risk of flooding in lower reaches of Shabelle and no flood risk on the Jubba. Flash floods were reported by local partners in Elwak District of **Gedo** region.



Somali Emergency Aid MCH in Geri-Jir (Galgaduud) Photo: SEA-NGO

## HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

### Assessments & Coordination

- Local NGO **Somali Emergency Aid** (SEA-NGO) conducted a basic health gaps assessment in **Gari-jir town** and 20 surrounding villages of Guriel district (Galgaduud) between 10 and 14 October. The area is home to 1,032 households (ca. 9,500 people of whom 63% are children and 20% are women) but no health facilities are available within a range of 45km. According to the assessment report, the major causes of morbidity in adults are malaria, typhoid, jaundice and TB; and in children diarrhoeal diseases, fever, malaria and measles.
- Health cluster submitted 36 project sheets to the **CAP 2010** with a total budget of US\$ 46,444,971. The steering committee prioritized all projects against an established list of criteria. The 8 projects rated as high priority require US\$ 29,822,075.
- WHO updated the health cluster website with links<sup>5</sup> to various **technical guidelines** for the management of public health emergencies and other related topics.
- Health cluster developed a **flood contingency plan** for South Central Somalia in coordination with WASH cluster. The plan sets out specific needs for supplies, training of health workers for disease control and operational support in the case of flooding. This initiative has been incorporated within general AWD preparedness activities. WHO and inter-cluster<sup>6</sup> partners are continuing to work together to be able to respond to possible flooding, particularly through monitoring of the situation of IDPs in flood-prone areas. The Somalia Water and Land Information Management (SWALIM) is coordinating the flood risk and response management system<sup>7</sup>, funded by ECHO and UNICEF and implemented by FAO. A Flood Information Group<sup>8</sup> has been established to review, triangulate and consolidate all flood reports.
- Nine health cluster partners contributed input to the **AWD preparedness matrix**<sup>9</sup> which aims to monitor stocks of AWD supplies and levels of preparedness of partners on the ground.
- Weekly **health cluster meetings** are held in Garoowe (Nugaal) every Saturday. At this occasion, WHO, Merlin and Ministry of Health share information and updates concerning outbreak and health related activities in **Puntland**.

### SPECIAL EVENTS

- In collaboration with Habeb Public Mental hospital, WHO commemorated this year's **"World Mental Health Day"** on **10 October** at the Institute of Health Science in Mogadishu. Mental health workers from Bay, Middle Shabelle and Lower Jubba regions, medical students and families of those with mental disorders came together to raise awareness of the need to dramatically improve treatment and pastoral care. Find more information at [www.emro.who.int/somalia/CollaborativeProgrammes-mnh.htm](http://www.emro.who.int/somalia/CollaborativeProgrammes-mnh.htm).
- **14 October** was the **"International Day for Disaster Reduction"**, dedicated to raising awareness to the importance of making "Hospitals Safe from Disasters." The day coincides with the culmination of the two-year World Disaster Reduction campaign based on the same theme and organized by the UN International Strategy for Disaster Reduction, WHO and the World Bank. More on global events at [www.who.int/hac/events/iddr/en/index.html](http://www.who.int/hac/events/iddr/en/index.html).
- **"1,000 cities - 1,000 lives"** is a campaign under the overall activities related to **World Health Day 2010** which will focus on urbanization and health. The goal of the campaign is for 1,000 cities to close off portions of streets to traffic for activities promoting better health and to collect 1,000 stories of urban health champions who have taken action to improve health in their cities. Garowe, Merka and Hargeisa are already registered in the campaign. For more information see [www.who.int/world-health-day/2010/en](http://www.who.int/world-health-day/2010/en).

<sup>2</sup> Source: SWALIM & MoAI *Puntland Monthly Weather Bulletin September 2009*

<sup>3</sup> Source: SWALIM & MoAI *Somaliland Monthly Weather Bulletin September 2009*

<sup>4</sup> Source: SWALIM *Update on Current Flood Situation on the Juba and Shabelle Rivers, 26 October 2009*

<sup>5</sup> Available for download at [www.emro.who.int/somalia/healthcluster-guidelines.htm](http://www.emro.who.int/somalia/healthcluster-guidelines.htm)

<sup>6</sup> Flood response and water treatment guidelines are available from the WASH cluster (jsnuggs@unicef.org)

<sup>7</sup> For latest updates, please see [www.faoswalim.org](http://www.faoswalim.org)

<sup>8</sup> Their email is [floodinfo@fsnau.org](mailto:floodinfo@fsnau.org).

<sup>9</sup> The latest update (as of 15 October 2009) of the document is available at [www.emro.who.int/somalia/healthcluster.htm](http://www.emro.who.int/somalia/healthcluster.htm)

## Trainings

- On 18-19 October, **WHO** and **Medair** with support of **SAACID** conducted a training on diagnosis, case management and reporting of diarrhoeal diseases with participation of 9 qualified nurses/ midwives and 4 auxiliary health workers in **Cadale** (Middle Shabelle).
- On 27-28 October, **WHO** in partnership with **World Vision** conducted an induction for AWD for 18 health workers in Wajid for **Ba-kool** region. The major aim of the workshop was to provide necessary knowledge and skills in cholera preparedness and response in case of outbreaks, including case definitions, early detection, reporting, case investigation and management, prevention and control.
- As part of the capacity building initiative for partners, **UNICEF** is organizing a 3-day training of New Cold Chain Technician between 28-30 October in Mandera (**Kenya**) with practical sessions in MCH facilities. 18 participants from South Central are attending.

WHO and Medair training in Cadaale as preparedness for AWD outbreaks  
Photo: Medair



## Communicable Diseases & Environmental Health

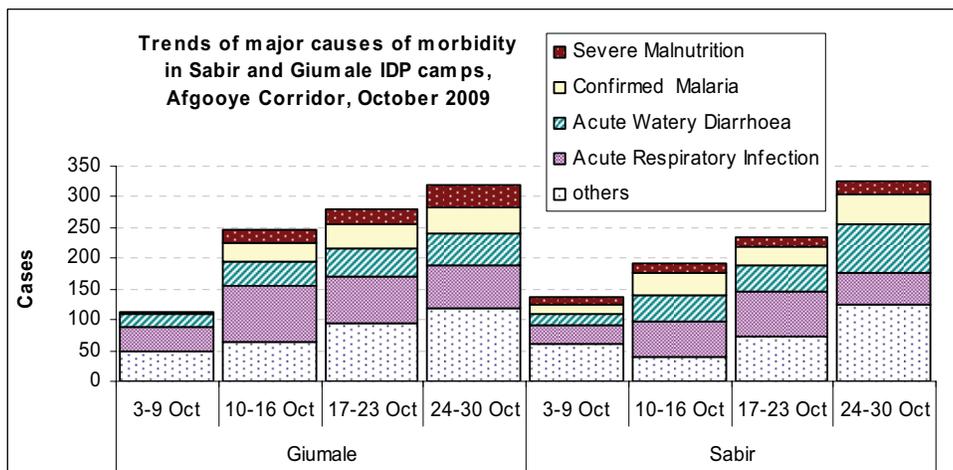
### Surveillance of Diarrhoeal Diseases/ Cholera

- In epidemiological weeks 39-42 (26 September - 23 October), 468 cases of Acute Watery Diarrhoea (AWD) were reported from Afmadow (60), Hagar (86), Kismayo (161 and Badhaadhe (44) in **Lower Jubba**, and Bu'aale (34), Sakoow (43), and Salalge (40) in **Middle Jubba**. This is an increase of 8% compared to last month. The data was not available from Jamaame (Lower Jubba) and Jilib (Middle Jubba) in the reporting period due to security reasons. Of all cases, 81% (380) were children under 5.
- In the same period, EWARS in **Lower Shabelle** reported a total of 18,774 consultations. Acute Respiratory Infections (ARI) accounted for 19% (3,631), Diarrhoeal Diseases (DD) for 8% (1,518 cases of which 108 were AWD and 326 bloody diarrhoea). Other common causes of morbidity were injuries (597); severe malnutrition (338); Malaria (299 cases of which 31 confirmed by either laboratory or RDT); Mumps (49) and Measles (84). 95% (44) of the measles cases were reported from Merka district and 3 from Afgooye district.
- Between 3 and 30 October, **Islamic Relief** reported a total of 1,847 consultations, of which 44% (807) were of children under the age of 5 years, and no deaths, from Sabir (Hawa Abdi) and Giumale (Arbis) IDP camps in **Afgooye Corridor** (Middle Shabelle). Major causes of morbidity were Acute Respiratory Infections (516 cases of which 47% children <5); AWD (314 cases of which 55% children <5); and rapidly increasing cases of Malaria (68% of the total 360 cases were confirmed Malaria) and severe malnutrition (totaling to 147 cases in the reporting period). While the number of total consultations increased by 160% (from 248 to 646) within four weeks (comparing the first and last week of October), Malaria and severe malnutrition increased more than five-fold from 31 to 146 cases and from 11 to 59 cases respectively; while AWD increased by more than 150% from 41 to 103.



AWD induction 27-28 October in Bakool  
Photo: WHO

Consultation in health post in Afgooye corridor  
Photo: Islamic Relief



- Between 26 September and 16 October, 208 cases of AWD and 3 related deaths (CFR 1.44%) were reported from **Banadir hospital** (Mogadishu). 80% of all cases (166) and one third of deaths were children under the age of 5 years. **WHO** conducted rumour verification and case investigation and collected 10 stool samples (all from children under the age of 3 years) on 6 October. Two of them tested positive for *Vibrio Cholerae*, serotype *inaba*. **UNICEF** and **SOPHPA** under the coordination of the WASH cluster have initiated increased chlorination of water sources in the locations of confirmed cases (namely Madina and Hamarweyne in Mogadishu); WHO is pre-positioning essential medicines and equipment .

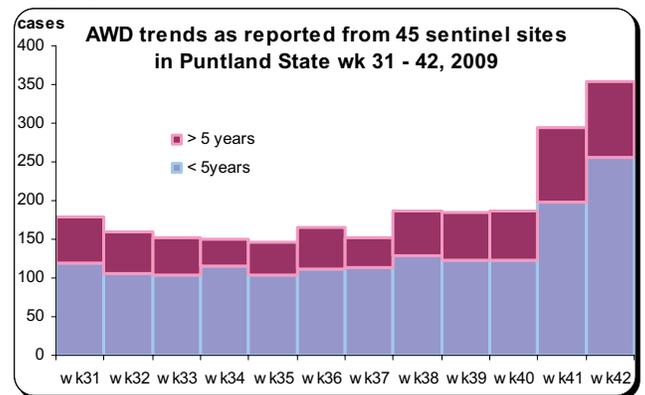


- After rumours of AWD were received from **Rabdhure district** (Bakool) on 6 October, **WHO** responded with rumour verification and outbreak investigation from Wajid on 8-9 October and continues to monitor the situation. A total of 90 cases of AWD (99% affecting children under 5) with 4 related deaths (CFR 4.44%) were reported from three locations in the district (namely Rabdhure, Washago and Bodan) between 19 August and 9 October. All 6 samples that were collected for laboratory confirmation on 9 October tested negative for *Vibrio Cholerae*. WHO response included a 2-day practical workshop on 27-28 October (details see training section above).

Currently Rabdhure OPD is the only functioning health facility in the district, after two active partners had to pull out due to insecurities. The local partner **Iftin Development Agency** (IDA) now supports the OPD. There are only two small private pharmacies with small quantities of medicines available. Other concerns include the lack of available health staff which provides a challenge for effective case management especially for severely ill patients. The WHO mission also revealed that there is no functioning referral system should the situation deteriorate.

- After rumours of 31 cases of AWD and 6 related deaths were reported on 9 October from Waregsame, Bareda and Allula in **Puntland**, active case investigation by **WHO** and **MoH** on 10-11 October revealed that no cases in the area were admitted, and the situation was declared to be under control.
- In the first two weeks of October, a total of 338 cases of AWD were reported through the Early Warning Alert and Response System (EWARS) in **Puntland**. 67% (228) of the cases were children under 5

years. Of all cases, 36% (121) were reported from three health facilities in Bossasso. **Merlin** has prepositioned one Cholera kit in Garoowe (Nugaal) and purchased another two for distribution; **WHO** is pre-positioning essential supplies for case management of AWD, e.g. more than 1,000 litres of Ringer Lactate in Garoowe. Epidemiological data on the five diseases under surveillance (AWD); bloody diarrhoea, measles, meningitis and malaria) is gathered from 45 sentinel sites in 6 regions of Puntland and shared in weekly surveillance task force meetings. After incidents of over-reporting, Merlin conducted on-the-job training to clarify case definitions, in particular for measles. A refresher training for AWD management and control is planned in anticipation of increasing numbers in the upcoming raining season.



- According to reports of the Ministry of Health and Labor (**MoHL**), a medical emergency team conducted rumour verification in **Dararweyne** (Sanaag) on 3 and 4 October. The preliminary report states 71 cases of diarrhoeal diseases including 2 deaths (CFR 2.81%) between 17 September and 6 October; 76% (54) of all cases were 5 years or older. **UNICEF** has supported the assessment visits, provided chlorine powder and aquatabs, and prepositioned diarrhea kits in all the regions in **Somaliland**. The latest report of 11 October states 130 cases of AWD and 2 related deaths (CFR 1.53%) from **Sanaag**, and 123 cases with 2 deaths (CFR 1.62%) from **Togdheer** since onset 17 September. 40 cases of AWD and 1 related death (CFR 2.50%) reported from **Awdal** on 10 October is yet to be confirmed. Case management training in at least 6 sites is planned to be conducted by UNICEF, SRCS and WHO.

#### Water & Sanitation

- Water chlorination and hygiene promotion in **Middle** and **Lower Jubba** are ongoing with **World Vision** in Buu'ale, Sakow and Salalge; **AFREC** in Afmadow; **SRCS** in Hagar; and **Muslim Aid** in Kismayo.

### **Vaccine-Preventable Diseases (VPD)**

- In 2009, **WHO** and **UNICEF** conducted Child Health Days (CHDs) throughout Somalia. Two rounds were completed in Somaliland; one in Puntland, in all districts of South Somalia except for Kismayo and Lower Shabelle, and in Central Somalia (Middle Shabelle, Hiraan, Galgaduud). The second round in Puntland, South and Central Zones is planned in November/ December, once funding will be available.
- Emergency outbreaks response to measles was conducted by **WHO** and **UNICEF** in several districts of **Mogadishu** and parts of **Afgooye corridor**, combined with other child survival interventions.
- Between 26 September and 16 October, WHO AFP surveillance and EPI sites reported 134 suspected cases of measles from throughout Somalia. 78% (104) were reported from Puntland and 18% (24) from Central Somalia. Of all cases, 66% (88) were children under the age of 5 years.
- In mid-October, rumours of suspected cases of influenza A H1N1 were reported from Burao (Togdheer). The cases could not be confirmed but agencies are alerted.



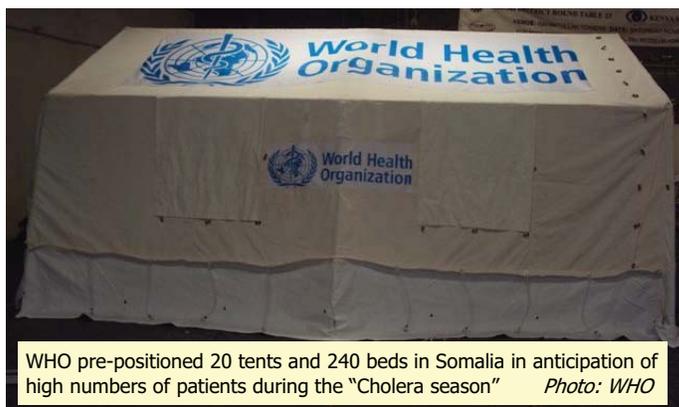
Child survival interventions in Mogadishu Photo: WHO

### **Primary and Secondary Health Care**

- Somali Young Doctors Association (**SOYDA**) visited **Garasbaley** IDP camp on Afgooye corridor on 18-19 October for an assessment of the health situation of the more than 450 families living in the area, and a free consultation campaign. 610 patients were examined, of whom 40% (241) were children under the age of 5 years and 28% (169) women. 15% (90) of all consultations were skin infections including fungal, parasitic and bacterial causes; 13% (82) were acute respiratory infections such as bronchitis, pneumonia, common cold and otitis; and 12% (74) were related to intestinal parasites. According to the assessment findings, the most common cause of morbidity are related to poor environmental sanitation, over-crowdedness, lack of shelter and safe drinking water.
- **UNFPA**<sup>5</sup> in collaboration with NGO COGWO, started supporting a fistula campaign in **Mogadishu** through the AMISOM Hospital. More than 20 fistula patients have already been operated on.
- Through support received from the CERF, **WHO** and **Muslim Aid** have established 1 new OPD at km18 in the **Afgooye Corridor** and two in **Balad Corridor** (at El-Irfid and Alyalo) in support of the already existing 5 OPDs in Afgooye corridor serving IDP communities. WHO provided 5 basic units of the inter-agency emergency health kit to the 8 OPDs operated by Muslim Aid in the second week of October. The clinics are extending essential health services to IDP populations in the Afgooye Corridor.
- **Lower** and **Middle Jubba** regions have faced increased hostilities and conflict throughout October. Swedish African World Agency (**SAWA**) reported lack of antibiotics and dressing materials from their OPD in Afmadow; Kismayo hospital is fully equipped with necessary medical supplies with support of **ICRC**. In response to the increased need of affected facilities, **WHO** supplied 2 basic units of the inter-agency emergency health kit, one each to Hagar and Afmadow districts.

### **Rehabilitation & support to health facilities**

- **COOPI** has been strengthening health services in **Baidoa district hospital** (Bay region) in collaboration with **WHO** (staff training, facility assessment, equipment); **WFP** (inpatient feeding programme); **UNICEF** (antenatal care and water/ sanitation); **UNFPA** (reproductive health kits); and **UNOPS** (rehabilitation). In the past three months, activities included monthly hospital running costs and staff incentives; on-the-job training of 2 doctors and nurses (WHO); establishment and monthly meetings of directive committee for the supervision of hospital activities, service delivery and increased capacity of collaboration with health authorities. The committee and other hospital staff were trained on managerial capacities including computer literacy, financial procedures, and hygiene awareness programme, etc.
- This month, **WHO** distributed 7,200 litres of diesel and 90kg oil supplies equally to Baidoa, Banadir and Merka hospitals for a 3 months period to alleviate the challenges of the hospitals in ensuring uninterrupted delivery of essential health services particularly to conflict-affected communities in the regions.



WHO pre-positioned 20 tents and 240 beds in Somalia in anticipation of high numbers of patients during the "Cholera season" Photo: WHO

<sup>5</sup> Source: OCHA Weekly Humanitarian Bulletin issue #39, 2009