



Health assessment: Tieglow district, Bakool Region, South Central Somalia

3 January 2010

Background: WHO regularly conducts routine field visits to monitor the situation of health and health services for conflict-affected communities in Somalia, as well as assessing AWD preparedness at the local level.

From 28 -30 December 2009, WHO visited Tieglow district of Bakool region, in South Central Somalia. Tieglow lies approximately halfway between Hudur and Beletweyne. World Vision and the Somali Red Crescent Society (SRCS) are the health partners present in Tieglow, providing most of the primary health care services for the district.

According to World Vision, Tieglow is home to an estimated 12 000 people making a total estimated population of 58 000 people for the whole district (including the town and sub-villages).



Location of Tieglow district in Bakool Region, South Central Somalia



World Vision is supporting 1 MCH, 1 TB centre and 14 health posts in Tieglow district

Health services: World Vision currently supports 1 MCH/OPD, 1 TB centre in the town and 14 health posts in the sub-locations. An additional 5 health posts are planned and are awaiting medical supplies from UNICEF.

WV is also conducting WASH and nutrition intervention activities in Tieglow district.

MCH services: The MCH is providing the following services:

- Under 5 consultation
- OPD services
- Post/antenatal care
- EPI
- ORT corner
- SC for nutrition



Qualified delivery attendance in the MCH was planned though it is not yet implemented however all deliveries are attended at homes by a qualified midwife in collaboration with the 10 trained birth assistants in the town.

- A Kalazar programme is the planning process
- Laboratory facilities are available however are currently not functioning due to lack of trained staff and lack of reagents
- First aid services and dressing.

The average consultation on daily basis at the MCH is 50 consultations a day.

Health posts: The health posts providing daily consultation for minor injuries, common illnesses, attending deliveries at homes and providing health education. Cases complicated cases to MCH/OPD.

Services are staffed as follows:

- District medical officer (1 qualified nurse)
- MCH/OPD staff include 2 qualified nurses, 1 qualified midwife, 2 auxiliary nurses (1 of them casual) and 1 volunteer
- Health posts are manned by 1 qualified nurse for outreach health supervision, 2 CHWs, 2 TBAs and 7 village health committees.
- TB unit staff include 1 lab technician, 1 qualified nurse and 2 auxiliary nurses,

SRCS is also running an MCH/OPD in Biyoley village 12 km south west of Tieglow town as community members reported.

Private pharmacies: There are 5 private pharmacies in Tieglow which are run by untrained staff. Medication is usually provided on the basis of customers' preferences or depending on prescriptions from other sources. Medicines available include ampicilline, amoxycilline, co-trimaxazole and paracetamol. The most needed AWD intervention supplies are not available such as ORS, ringer lactate, chlorine, and doxycycline.



Health problems: Common diseases causing morbidity and mortality in the area are ARIs, malaria, intestinal parasites, anaemia and UTI. World Vision reported that kala azar is a further problem among communities currently affecting many people. From 1 November - 29 December 2009, 7 kala azar cases, all under 5 years, were reported at the MCH/OPD. 6 of the cases recovered and were discharged, only one is currently under treatment. World Vision currently have limited quantities of treatment drugs (SSG) and testing supplies such as Obtliesh. Therefore many cases are considered to be going undiagnosed and untreated and are need of support

Another disease that seems to them as a new disease that emerged during the past 18 years and locally known as 'Big belly' and is similar to ascitis is spreading among communities in Tieglow.



WHO assessed the available supplies in Tieglow in case of an AWD outbreak

Symptoms of the disease include slight fever, poor appetite, weight loss and then develops liver cirrhosis that leads to enlarged belly. The disease can last for several months leading to death. It affects mainly people over 40 years and is now understood that it is transmitted to co patients owing to lack of infection control.

World Vision reported that the disease has been transmitted amongst communities for many years and

have not yet been able to identify it, its causes, mode of transmission and the treatment. They have requested assistance diagnose and confirm cases of the disease. World Vision reported 25 cases (as of 28 December) of the suspected disease all of them adults since August 2009, out of these cases 8 died.

Previous AWD outbreak in Tieglow: An estimated 200 people were affected by AWD in March 2007, from which died. World Vision conducted appropriate case management, health education and distribution of aqua tabs for households during the outbreak. Majority of the cases were reported from the town.



The main water sources include shallow wells a water catchment and rig wells

WASH: Water sources in the district include shallow wells, water catchment and several rig wells. In Tieglow town, the current water sources are only hand-dug open shallow wells. 1 rig well is available in the town but is not functional since it is in need of maintenance

In 2008, World Vision has constructed over mouths for shallow wells and installed hand pumps on 26 shallow wells in the district with the support of SIDA. They established another 10 shallow wells over mouth constructed and put hand pumps on them in January 2009. They are planning to rehabilitate 3 rig

wells, 1 in the town and 2 in the villages, in addition to 74 shallow wells. They already shared the proposal with UNIEEF.

World Vision provides aqua tabs for household chlorination, equipment for refuse collection, and recently conducted training of community volunteers and management committees on improving water and sanitation. World Vision also regularly coordinates with local partner GRRN who conduct chlorination, with the support of UNICEF, as part of AWD preparedness. World Vision is also planning to construct 50 toilets, 20 of them in the health posts and 30 in selected villages

2 garbage disposals were established in the town by community groups with the support of World Vision in December 2009 and irregular garbage collection is being conducted by trained community volunteers.

Available AWD intervention supplies at WV Tieglow (as of 3 January 2010)

- Erythromycin tablet, 250mg: *5000 tablets* Exp. Sep. 2011
- Erythromycin syrup, 125mg/5ml: *70 bottles* Exp. Sep. 2010
- Doxycycline tablet, 100mg: *23,000* Exp. August.2010
- Ringer Lactate solution, 1000ml/bottle: *33 bottles* Exp. July 2010
- ORS 1 litre/sachet: *5 cartonsX10 boxes X 100 sachets* Exp. May 2012
- Aqua tabs: *2000 tablets* Exp. May 2012
- Water purifying 4 gm10 litres/sachet *15,000 sachets* Exp. June 2010
- Cholera beds: *25 beds*
- Tents: *2 pcs*

Recommendations

- Top-up of medical supplies for World Vision MCH/OPD
- Re-establishment of the Kalazar programme in Tieglow and provision of the necessary medical supplies as the key health partner in the Region.
- Investigation of cases of 'Big Belly', rumour verification and provision of laboratory testing supplies for laboratory confirmation.
- Improve capacity of health workers in surveillance and reporting of diseases
- Re-activation of the rig well in the town for access to clean safe water
- Initiation of water sources chlorination for prevention of possible AWD outbreak including the provision of aquatabs to World Vision for household chlorination
- Training of health workers, hygiene promoters and other key community members for water sources cleanliness, hygiene promotion and chlorine residual monitoring.
- Continue and escalate health education activities among communities particularly focusing on water and food safety, hygiene and general sanitation in addition to AWD case definition, transmission and management.