



## Health assessment: Labatunjerow village, Bay Region, South Central Somalia

20-23 December 2009

**Background:** In Somalia, WHO conducts routine field health monitoring visits regularly alongside ongoing sentinel sites-based surveillance of communicable diseases. Between 20 – 23 December 2009, WHO visited Labatunjerow village to assess the situation of health and health services.

Labatanjerow is a hard-to-reach area located midway between Baidoa and Hudur towns in Bay Region and is home to an estimated 75,000 population, who are mostly agro-pastoralists, according to the local community.



Currently, SAMA is the only agency providing health services in Labatunjerow village, Bay Region in South Central Somalia

**Access to health services:** There is limited access to basic health care in the area due to poor distribution and availability of health facilities. This is compounded by a low level of community awareness about health services and low demand which can be partly attributed to traditional beliefs around medical practices.

There is only one currently functioning MCH/OPD run by the local NGO, Salama Medical Agency (SAMA) in Labatunjerow and its sub-locations which was opened in 15 December 2009. The MCH is staffed with 1 qualified nurse, 8 auxiliary nurses, 1 cleaner and 2 security guards. There are no currently no immunization services available. In addition to the MCH, SAMA also conducts mobile clinics in the main villages twice a month. Their mobile team is composed



WHO assessed the availability of medical supplies in the area

[eha@nbo.emro.who.int](mailto:eha@nbo.emro.who.int)

of 1 qualified nurse, 2 auxiliary nurses, 1 traditional birth attendant and 1 registration clerk.

SAMA is currently in need of medical supplies and is appealing to international organizations for support. (See current needs below). There are no private pharmacies in Labatunjerow however some shops sell paracetamol and amoxicilline among other food commodities.

During the visit it was noted that the only available supplies for acute watery diarrhoea (AWD) case management incase of an outbreak were:

- Erythromycin syrup (100ml bottle): 1. Expiry: 10/2010
- ORS 1 litre sachet: 70. Expiry: 10/2010
- Disposable gloves: 50 pcs. Expiry: 11/2010
- Tetracycline 250mg capsules: 500. Expiry: 5/2011

**Health situation:** The common causes of morbidity reported at the MCH are acute respiratory infections (ARI), sexually-transmitted diseases (STD), urinary tract infections (UTI), diarrhoea, malaria, malnutrition and anaemia. Between 1 - 21 December 2009, 88 cases of ARI were reported including 47% (41) children under 5 years and 3 associated deaths; all under 5 years (case fatality rate (CFR) 3.4%). During the same period, 23 watery diarrhoea cases were reported, all below 5 years including 1 associated death: CFR 4.3% and 29 cases of bloody diarrhoea including 90.0% (26) children under 5 years and 1 death under 5 years.

**Water and sanitation:** Available water sources for the community include water catchments, hand dug (open) shallow wells and a number of boreholes. The majority of the water sources (except the rig wells) are highly exposed to contamination by animal and human excreta posing a high risk of transmission of water-borne diseases. In Labatunjerow village, there is one borehole and 4 water catchments. The generator of the borehole is currently not functioning hence a generator has been rented by the community.

**Most of the water sources in Labatunjerow are exposed to contamination including from animal and human excreta**



There are no public sanitary facilities leading to open defecation posing significant risks to public health. There are only 10 toilets which are located in private residences in Labatunjerow village.

**Previous AWD outbreak:** During an informal interview with community members, AWD outbreak was reported in April 2008 in some villages with in including in

- Bulo Gogle 14 km north of Labatunjerow town
- Abagle 12 km north east
- Jelow 30km north west
- Dora Weri 20 km north.

An estimated 30 adults were affected of whom 10 died. Some of the cases were treated at the health post previously run by MSF in Labatunjerow town that was functional at that time whilst others were referred to Baidoa Hospital.

**Current needs:** Current needs identified by SAMA include medical supplies, rapid diagnostic tests and strips, mosquito nets, aqua tabs and chlorine supplies, MCH kit and cold chain equipment, TBA kit and also provision of nutritional supplements for the initiation of a supplementary feeding programme as necessary. For provision of drinking water, the community has identified the need for a generator and maintenance of brackets.

**Conclusion:** There is currently no outbreak in Labatunjerow. Currently, SAMA lacks adequate capacity as the sole agency providing health services in the area and needs support to be able to continue activities. WHO will continue to monitor the situation and has adequate supplies for response to outbreaks pre-positioned in Wajid should the need arise.

## Recommendations

- SAMA to share morbidity, mortality and other activity data including mobile clinics by sending weekly updates to inform decision-making of health cluster towards type and quantity of resources to be allocated.
- SAMA to liaise with UNICEF regarding acquisition of EPI equipment, vaccines and implementation of the EPI programme
- SAMA and community to liaise with UNICEF regarding water supply issues for technical support and implementation of hygiene and health promotion activities
- WHO to connect SAMA to health cluster partners to establish any interested prospective partners for joint-working and other forms of support
- WHO to include SAMA staff in any training activities planned for Bay and Bakool regions
- Subject to the sharing of activity data, WHO to fill gaps by providing support for medical supplies to SAMA to increase access to basic health care services

