



## Health assessment: Hudur district, Bakool Region, South Central Somalia

15-17 December 2009

**Background:** As part of its regular monitoring activities of the health situation of conflict-affected populations in Somalia, WHO visited Hudur district between 15-17 December 2009. Hudur district is located 90 km from Wajid, Bakool Region in South Central Somalia. The district is home to an estimated 69,000 people which include a significant number of IDPs from Banadir and Hiraan regions, and other locations from within Bakool regions. Access for humanitarian agencies to the area, remains a challenge.

**Effect of pull-out of agencies:** In June 2009, key international agencies serving conflict-affected populations in the district were forced to pull out of Bay and Bakool regions due to security concerns. MSF was running the largest health centre in the district with more than 100 health workers. To ensure continuity of treatment, particularly for TB and kala azar upon closure of the programme, MSF left adequate stocks of drugs and upon closure of the project so that enrolled patients continued to receive drugs from MSF stocks. TB drugs are now regularly supplied by WHO however stock-outs of laboratory reagents and kala azar antimicrobials were reported by health staff.

IMC was providing reproductive health services at the MCH in Hudur and three OTP/supplementary feeding centres in the district. The MCH building previously used is currently non-functioning however continues to house medical equipment, and maintains its water supply system and generator.

Both agencies were the major providers of health services in the district and since the pullout, health services, particularly for reproductive health, have dramatically deteriorated.

**Access to basic health care:** In November 2009, GTZ, with the support of UNICEF, established an MCH in Hudur town to provide health services for women and children. GTZ is also running 5 health posts in the villages in Hudur district with a further 7 in the pipeline.

**Newly-diagnosed TB patients currently have limited access to services following the pullout of key international agencies in Hudur Town**



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

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The previously MSF-supported hospital in Hudur is functioning with health staff working on a voluntarily basis. There is a shortage of essential medicines, supplies and equipment in addition to lack of staff incentives and food for patients. At the time of the visits, there were 10 TB patients in the hospital being treated as inpatients, 2 of which were new cases admitted within previous week. There were a further 13 patients with kala azar cases and one prostate cancer case.

## Water sources



**In Hudur town, the community collects drinking water mainly from catchments. There are 2 catchments in the town, one of which has been recently rehabilitated by GTZ reducing the salinity and restricting access for animals to avoid contamination.**

There are 2 water catchments in Hudur Town, 5 protected wells and about 20 shallow wells. Local sources reported that most communities use the water catchments because the water from the shallow wells is considered to be too saline.

One of the water catchments, War Cadee, has been recently rehabilitated by GTZ, which has a capacity of 32 000 m<sup>3</sup>. Prior to its rehabilitation, water from the dam was only used for washing due to its high salinity. As part of the dam's rehabilitation, GTZ lined the dam with plastic sheeting to reduce water loss and salinity. Consequently, War Cadde is the only water catchment in Huddur where the communities can access clean water for domestic use and animals are not allowed to drink from the catchment to avoid contamination.

Following rehabilitation, the catchment is currently being managed by a community-selected committee. In order to control access to the water catchments, the community has erected fencing and bought new tanks thus making it easier for collection from outside the catchment. Community members have been assigned to manage water distribution. The cost is 10,000 Somali shillings per barrel and 1,000 shillings per 20 litre can which contributes to maintenance costs.

Unfortunately the recently-constructed water bracket has collapsed and GTZ is currently negotiating with sub-contractors for its repair.

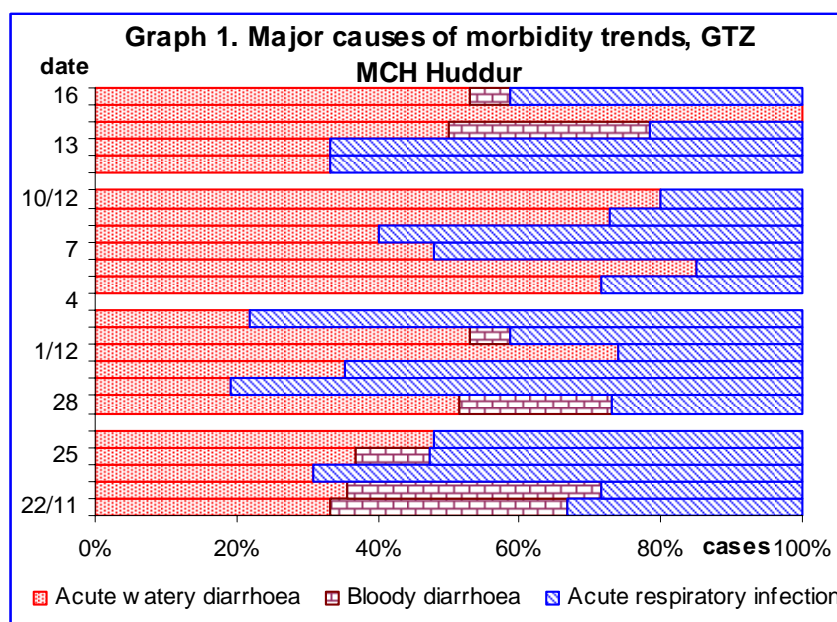
The community are planning to fence off the remaining water catchment and will be seeking financial assistance to purchase generators and piping system, and for the

construction of water brackets to provide clean drinking water to the community outside the water catchments.

**Available AWD case management supplies:** At the time of visit, health facilities had the following stocks:

- GTZ MCH had 11 500 sachets of ORS (Expiry date: 10 February 2013)
- Hudur Hospital (previously run by MSF) has ORS stocks
- ADRA has 1 drum of chlorine (25kg) in stock in Hudur
- Private pharmacies currently have no AWD supplies available at the local market except for ORS.

**Morbidity and mortality trends:** During the visit, the team conducted a review of health facility-based records at MCH in Hudur town run by GTZ to establish any trends in the common causes of morbidity. Among the main causes of morbidity were acute watery diarrhoea (AWD), bloody diarrhoea and acute respiratory infections (ARI). Between 22 November -16 December 2009, a total of 188 cases of ARI; 38 cases of bloody diarrhoea and 193 cases of AWD were reported. There were no associated deaths with any of the events. Graph 1 illustrates the cumulative trends for the three major causes of morbidity.



**Conclusion:** Based on the current reported health facility data, there is no evidence to suggest an ongoing outbreak in the area of any of the AWD or other outbreak-prone diseases.

**Recommendations**

- Training for health workers from the MCH and Hudur Hospital on disease surveillance and reporting
- Training on AWD case definitions and case management
- Intensified support for TB and kala azar control and treatment programmes

- Continued WASH activities at both levels of community and household levels in conjunction with continuous community socio-mobilization and hygiene promotion

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

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