



## Training of health workers for implementation of EWARS in Puntland

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Improving reporting can help prevent avoidable death and disability from communicable diseases

Recurrent conflict and natural disasters in Somalia in the past two decades have hampered the ability of the health system to respond to health emergencies. Insecurity from ongoing conflicts continues to displace populations and disrupt the social and economic infrastructure, with the health system disintegrating in most parts of the country.

The fragmentation of the health system limits its capacity to collect meaningful health information. Where elements of the health information system still exist, coverage remains low and is mainly determined

by access. This means that the information collected under-represents actual disease and caseload statistics. Furthermore the level of health knowledge varies between health facilities. In light of this situation, and coupled with a lack of or limited diagnostic facilities, a syndromic or clinical approach is mainly used to classify health status and events.

Puntland's health information system collects weekly information on five key diseases (acute watery diarrhoea, bloody diarrhoea, meningitis, measles, and malaria) from 45 sentinel surveillance sites. Ensuring that the original data reaches the central level at Garowe on time is challenging due to limited or non-existent transportation to and from reporting health facilities.

In addition to training key staff (see below), these challenges require a holistic approach to improve disease reporting. WHO and Merlin have provided communication tools for key personnel in reporting facilities. The data obtained by these persons are recorded and entered into a database at Garowe MOH. The information is then distributed to key health cluster partners. Merlin and WHO also support staff involved in data collation by providing incentives at MoH central level. Table 1 shows



Vice Minister of Health, Hon. Mumin Abdi Duale addresses participants in Nugaal, Cayn and Sool

the distribution of sentinel surveillance sites in the six main regions of Puntland.

## Training on EWARS

The main aim of the EWARS training workshop in July 2009 was to build the capacity of staff in the use of standardized case definitions, utilization of standardized data collection tools and systematic delivery of collected data from health facilities to the regional levels and subsequent delivery to zonal level. Through these efforts, WHO and partners are working to improve early detection, prevention and control of disease outbreaks in Somalia. Specific objectives of the training included:

- To detect outbreaks of communicable diseases requiring immediate action
- To monitor morbidity and mortality trends of communicable diseases for appropriate action.
- To monitor caseload at health facilities to maximize allocation of resources

Region	Number of reporting sites
Bari	6
Karkar	8
Nugal	12
Mudug	7
Sool	6
Sanag	6
<b>Total</b>	<b>45</b>

Table 1: Sentinel site by region in Puntland as of July 2009

## Implementation of EWARS training in Puntland

The state of Puntland covers an area of 212,510 km<sup>2</sup>. It is made up of six main regions including Nugaal, Cayn, Sanaa, Mudug, Karkaar and Bari. Of the 264 health facilities listed by the MOH, 137 (52%) are functional and targeted for EWARS reporting. A two-day training workshop took place in Garowe and Bosasso.

## Training content

Core training topics included case definitions for the individual communicable diseases events to be reported weekly and the data collection tools and modes of collation. There was an additional session on AWD since outbreaks occur frequently.



Nugaal, Cayn and Sool group after completion of training session

## Training outcomes

123 staff, comprising mainly of community health workers and nurses, from 113 health facilities attended the training sessions. Ten participants (9%) were hospital-based staff whilst 52 (46%) were from MCH clinics, with the remainder coming from OPDs and health posts.

While full implementation of EWARS remains a challenge, the training of key health workers in reporting has helped improve the situation and has enabled WHO and the health authorities to make good progress towards the future rollout of the system in Puntland.