



## Qandala District Outbreak Investigation & Response Mission Report



(27<sup>th</sup> January 2010 – 5<sup>th</sup> February 2010)

**Investigation & Response team:**

1. Ministry of Health
2. District authority
3. Merlin

## Introduction

In mid January 2010 the acute watery diarrhea outbreak information started to flow from the district and it was mainly conveyed by the local people and the district authority. In the first two weeks of the month, 254 AWD related morbidity cases and 11 related deaths were reported with CFR of 4.3%.

It was very difficult at that point to confirm the existence of the outbreak or the cause of the reported deaths in the area and the main reason behind this was that the affected area is relatively remote with no apparent telecommunication infrastructure or functional health service provider to confirm and attend to the situation.

It was also known that the area is witnessing a very severe drought that is affecting the people's lives and their animals and the resultant water shortage could trigger the outbreak of infectious diseases or aggravate the existing ones. There is intensive population movement towards the coastal areas of the districts (or other neighbouring districts) where there is a recent fall of rains.

**The meeting in MOH:** in 15<sup>th</sup> of January 2010, there was a meeting that took place in the ministry of health compound in Garowe and the agenda was to discuss the suspected outbreak of AWD in Qandala district. After reviewing the available data of the suspected outbreak, it was decided that a team to be sent to the area to investigate and respond to the situation.

**The mission:** a team comprising of ministry of health, Merlin and the local authority was assembled to handle the situation and the mission was logistically and financially supported by Merlin

- Ministry of Health
  - CDC/Preventive health service director
  - Bari Regional Surveillance & HMIS focal Person
- Merlin
  - CDC/GFATM TB Project Assistant
- WHO
- District Authority
  - The secretary of the district municipality

The team departed from Garowe to Bosaso, the regional headquarters of Bari region, to brief the regional and the district authorities. During the departure from Garowe, the team took medical supplies with them. In Bosaso the team shortly briefed regional and district level authorities and then departed to the target areas.

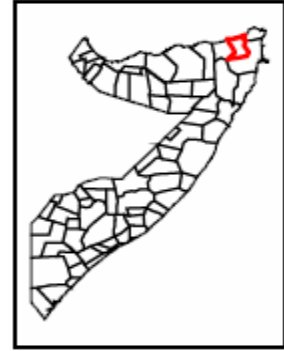
### Target areas of the mission:

- Qandala District
  - i. Beli wa'atay
  - ii. Bali dhidin
  - iii. Unuun
  - iv. Any other area in the district where people might have gone in search of water and pasture

**Qandala District:** Qandala district lies the east of Bosaso district. In the northern frontier, it is bordered by the red sea and in the south and western borders; there lies Alula and Iskushuban districts respectively. Qandala town is the headquarters of the district and is an ancient Port city in Somalia, 100 kilometers (60 mi) east of Bosaso City by sea route, 80 kilometers (50 mi) south of Aden (of Yemen), and 40 kilometers (25 mi) west of Socotra island in the red sea.

Under the district there are more than 30 villages and settlements.

Qandala district is one of the most productive districts of Bari region but despite this, it is one of the least developed areas of the country. Economically the district relies on frankincense (Gum) as the main productive sector followed by livestock trade.



Despite being located 100km to Bosaso city by sea route, it normally takes about 500km by road to reach Qandala town and this is caused by the roughness of the road and the nature of the land which is covered by range of mountains, rocky surfaces and valleys.

#### **In the community:**

After departing from Bosaso, it took us about 10 hours of continues drive to reach the community.

Along the road, we could easily see the effects of the drought.

Villages are half empty in most of the cases and you could barely see animals or humans in between villages and settlements because those who were able to migrate have moved towards the coastal areas of the red sea and the Indian Ocean in search of water and pasture for their animals. The coastal areas have had fairly recent rain falls.



#### **Meeting with the local people:**

In every community we reached, we organized a meeting with the local people to know the situation of their livelihood and the status of their health.

The desperateness of the people was very evident in their faces and in many instances they would tell you how frustrated they are because they feel neglected. The priority intervention they want as they say is emergency water supply. We enquired about the general situation, the status of health in the community, the existence acute watery diarrhea and other local ailments.



## **FINDINGS**

**The general situation:** all the way to our final destination and with in the district the effects of the drought was loud and clear. There are no vegetations for livestock feeding and the sources of water have dried up. Communities rely on berkets (ground water storage tanks that collect the surface water during rainy season) as a source of water. The situation worsens as you reach Beli-wa'atay village and there is no single berket that has water and people buy water from water tankers and the price of the 200liter barrel is roughly \$ 10, a price that is not affordable for many people. In Bali-dhidin the water shortage is severe but relatively not as bad as in Beli-wa'atay and Unuun villages.

The rationing of water in these areas encourages the emergency of infectious diseases such as watery diarrhea, bloody diarrhea and skin infections. The drought severely affects the livelihood of the people in the area. The production of frankincense gum is in a record low severely lowering the purchasing power of the people. The migration of livestock and people from the area also had a negative effect on the business transactions and the supply of essential commodities such as milk and meat, the major source of energy and protein for the locals. The migration makes every thing scarce and expensive for the remaining locals. In places like Beli-wa'atay, the primary school which was the only functional social infrastructure has closed because of the drought.

**The status of health:** in terms of health service infrastructure, there are two health posts. One in Bali-dhidin and the other in Unuun but none of them is functional or has the capacity to respond to the local needs because they don't basically have medical supplies never to mention the lack of supervision, mentoring or incentives to operate. One of the problems in these remote areas is that nobody cares or bothers simply because they are remote. It has been months since they had received supplies and again the drought is taking a toll in the sector.

As per **AWD** existence in the area, the community orally states that they have witnessed many cases of acute watery diarrhea in the last month not only in the villages but also in the remote nomadic settlements. The death of 3 elderly people because of watery diarrhea in the last 3 weeks was orally confirmed and all the 3 deaths occurred in Beli-wa'atay village. In Beli-wa'atay there was also one family who has transferred their children to Bosaso town because of acute watery diarrhea. In this village, there is no health service in existence thus no health personnel to confirm or a document to show that.

During our mission in the area, we have not encountered any acute watery diarrhea in the outbreak category and this could be explained in the sense that the response was kind of late. It is good to mention that because of the drought and the lack of operational health service in the area, people were sick with other local ailments in which case we started to treat the people with the medical supplies we came with.

We have done this case management in two of the target areas and it was very much needed. Apart from the case management, we have carried out intensive awareness rising in the areas of sanitation and the referral of patients with severe cases to the nearest functional health service.



Please the following table showing patient case management details in Beli-wa'atay village:

Diagnosis	< 5yrs		> 5yrs		Total
	Male	Female	Female	Male	
Bloody diarrhea	0	0	2	2	4
Watery diarrhea	2	1	0	0	3
Anemia	0	0	4	1	5
UTI	0	0	4	7	11
Skin infection	0	0	0	4	4
ARI	3	3	2	1	9
Anemia	0	0	2	2	4
Trauma	0	0	0	1	1
PID	0	0	5	0	5
Others	0	0	2	2	4

Please the following table showing patient case management details in Hamure village:

Diagnosis	< 5yrs		> 5yrs		Total
	Male	Female	Female	Male	
Bloody diarrhea	1	0	1	4	6
Watery diarrhea	2	0	0	0	2
UTI	0	0	2	1	3
Skin infection	0	0	0	1	1
ARI	4	2	3	4	13
Anemia	0	1	9	4	14
Trauma	0	0	1	0	1
Otitis media	3	1	1	1	6
Gastro-enteritis	1	1	1	1	4
Eye infection	0	0	0	2	2
Others	0	0	4	5	9

**Provision of health post kits to Health posts:** in an effort to improve the health service functionality we provided health post kits to Bali-dhidin and Dharjaale health posts. This will at least help the community for some time until the much needed social and emergency intervention arrives

**Recommendations:**

- Ministry of health and Bari regional authority to organize and share the report with the Humanitarian Affairs and Disaster Management Agency (HADMA) and UN OCHA in an effort to raise awareness and mobilize resources to respond to the situation
- There is an emergency need for water tracking to help these communities
- Ministry of health to provide medical supplies to the existing functional health posts with the help of its international and local partners
- Setting up & dispersing of a mobile clinic to treat the sick in the areas where there is no existing health service
- There is a need for supervision and mentoring trips to be sent to these remote areas on continuous basis to better improve the health service in the area
- Close monitoring and supervision of the situation because it can change in any time
- In Beli-wa'atay village, there is a dire need for health post installation