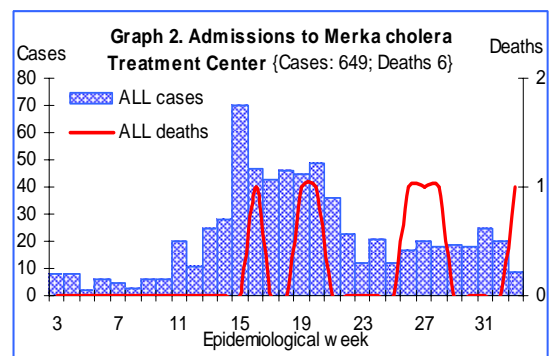
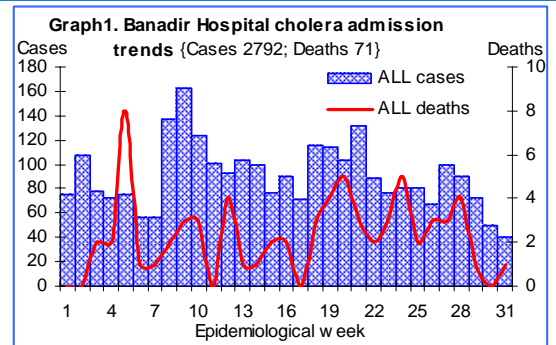




Induction in AWD case detection and management for health workers in Bay region August 2010

Background: Acute watery diarrhoea (AWD) is highly endemic in Somalia, especially in riverine areas where transmission occurs throughout the year, with observed sporadic and seasonal outbreaks. Since March, two cholera outbreaks have been confirmed in Merka (Lower Shabelle region) and Mogadishu (Banadir region). Of concern is the reporting of more cases despite continued outbreak response activities especially in Mogadishu and the Afgooye corridor that is home to over 360 000 internally displaced people living in makeshift conditions and faced with limited access to safe drinking water and quality health services. The ongoing conflict has not only led to the displacement of already previously displaced populations but has also interrupted population-based health interventions. On the other hand, the outbreak in Merka district which is a major economic hub and home to a large number of internally displaced persons is a health concern of large proportion in terms of geographical transmission, that could limit the effectiveness of outbreak response activities in affected areas. The next cholera transmission season is expected to start in coming weeks. Bay region borders Lower Shabelle region and some of its districts lie along the main road to Mogadishu and Merka.



Capacity building: In light of the recent cholera outbreak reported in the two regions, Banadir and Lower Shabelle, WHO Somalia conducted a training in AWD case detection and case management from **4-5 August 2010**, for health workers from **Bay region**. The objective of the training was to improve the capacity of the health workforce in effective response to AWD/cholera outbreaks in the region including rumor investigation and management of identified cases in a standardized manner.



Photos by WHO/Somalia

Outcome: Health workers mainly from hospitals, mother and child health centres, trainees from IDP camps, members of women groups and, water and sanitation committees participated. The 32 participants were provided with knowledge in cholera, standardized case definitions used for health events under surveillance in Somalia and in the integrated disease surveillance system. They will also be able to train other colleagues in the field. The induction will also strengthen the current integrated disease surveillance and response (IDSR) activities in Bay region besides rumor reporting and verification.

Conclusion: As part of the AWD preparedness measure, pre-positioning of outbreak supplies alone is not sufficient. Capacity building for health workers in all regions of Somalia is also crucial for the successful control of seasonal and other disease outbreaks.

A tri-cluster approach is necessary, hence the need to involve the water, sanitation and hygiene (WASH) cluster in these trainings. Also recommended is the participation of the local authorities in the regions.