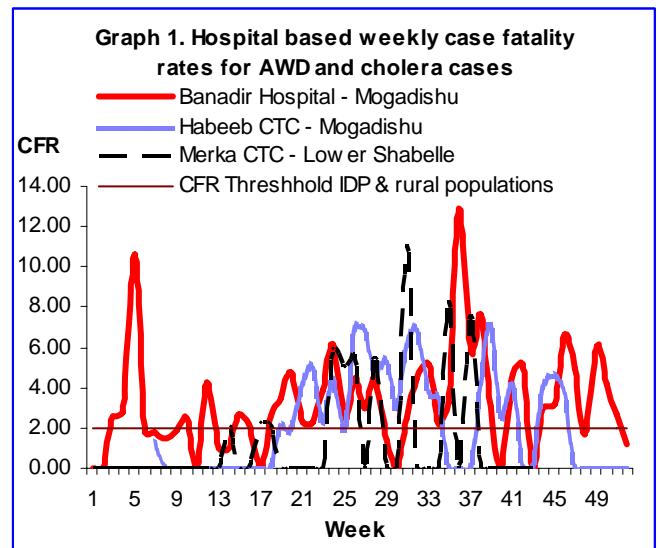




Acute watery diarrhoea (AWD) prevention and control training and review of integrated disease surveillance tools for health workers in Bay region 13-14 March 2011

Background: Acute watery diarrhea/cholera is endemic in Somalia. Seasonal transmission is known to occur in period between end of March and mid-month August and the period between end of October which sometimes continues through to the month of January. In 2010 over 60 000 cases of AWD including 151 deaths were reported across Somalia. Two cholera outbreaks were confirmed in Merka, **Lower Shabelle region** and Mogadishu, **Banadir region**. Weekly case fatality rates (CFR) observed in the Banadir outbreak ranged from 0 to 12.9 with over 70% above the recommended threshold in rural areas and internally displaced people camps (see graph 1). This was an indicator of poor case management at health facility and late arrival or referral of cases to health facilities. In 2010, supplies were not an issue in areas that experienced outbreaks. It has remained a challenge to determine the actual fraction of the CFR that is attributable to late arrival. Health seeking behavior surveys were not effective in measuring this due to insecurity and the cultural notion that diarrhoea is a disease for the poor. Even known victims of cholera did not want their past symptoms associated with the disease. There is a degree of stigma on cholera despite the high endemic levels and frequent occurrence.



In 2011, the escalating armed conflict in Mogadishu between the transitional federal government (TFG) and opposing forces has created new displacements including along the Afgooye Corridor. Some of the displacements are previously displaced people. On the other hand, the current drought has also created additional population displacement as people migrate to urban areas in search of other viable economic activities and others in search of water sources and pasture for their livestock. As a result, there are now numerous emerging informal settlements. These populations live in makeshift shelters with no access to water and sanitary facilities and limited access to basic health services. The migrating population go through areas highly endemic for various communicable diseases including cholera. At the same time, they have poor access to food hence the observed high malnutrition levels among Somalis. All these factors provide for the increased risk of communicable diseases outbreaks.

Effective outbreak response does not merely depend on the availability of adequate case management supplies but more so the ability of health workers to institute effective case management. As such, knowledge of disease detection, case management and control and of the recommended case definition is core.

Response: As part of the response preparedness plan for the seasonal communicable diseases outbreaks especially cholera, WHO has planned a series of trainings for health workers. The main aim is to impart the much needed knowledge for effective outbreak response.

Following negotiations with the local authorities, WHO was granted permission to conduct a training for health workers on AWD case detection, management and control. This course also involved the review standardized case definitions and reporting tools for the integrated disease surveillance and reporting (IDSR).

The training took place at the **Baidoa Hospital** training hall from **13-14 March 2011**. Around 33 participants (15 nurses, 13 auxiliary nurses, one public health officer, one pharmacist, one sanitarian) from 12 health facilities that included nine MCHs; one hospital; an out-patient department and a mental health center, and health committees from seven districts in Bay region benefited from the training course. Teaching methodologies used were mainly discussions, practical demonstrations and group-work. Additional materials provided were IDSR posters to put up at health facilities and pamphlets for health worker as a reference document.

The health workers who attended the training will also act as the WHO contact persons for outbreak and surveillance reports at the field level.

Conclusion and recommendations: There is need for continuous monitoring of the health situation in outbreak-prone areas and the increase of information sharing among partners. Capacity building of health workers capacity building should be carried out form time to time.

Bay region is one among the regions in Somalia that are underserved by health care services. The distribution of health facilities is very poor especially after the expulsion of the major actors such as the International Medical Corps and World Vision. As such, it is crucial to equip the few health workers who are available, with knowledge and skills to be able to detect and report outbreaks.



A family living in a temporary shelter in Wanbati, Dinsor district in Bay region