

Somali Health Cluster Bulletin #22



Patients of AWD in Banadir hospital (Mogadishu)
Photo: WHO

April 2009

The Somali Health Cluster Bulletin aims to provide an overview of the health activities conducted by the health cluster partners active in Somalia.

The Health Cluster Bulletin is issued on a monthly basis; and available online at www.emro.who.int/somalia/healthcluster

Contributions are to be sent to cluster@nbo.emro.who.int

HIGHLIGHTS

- **Cholera** is laboratory confirmed in Wanlaweyne (Lower Shabelle), Afgooye corridor, and Harfo (Mudug).
- WHO and UNICEF conducted **Child Health Days** in Hiraan, Middle Shabelle and Galgaduud of Central Somalia.
- UN **Pandemic Influenza A** Contingency Plan and National Preparedness and Response Plan for Somalia have been developed and are to be reviewed in May.
- The Mid Year Review for **CAP 2009** starts in May. Health Cluster has received only 3% funding.
- **Malaria** interventions have successfully decreased the prevalence in Somalia.

SITUATION OVERVIEW

- The erratic **security situation** in South/Central regions continued to place the lives of civilians and humanitarian workers under threat. Two Somali aid workers and their driver were killed on 10 April as they were leaving for a field trip in Elberde (Bakool region). On 13 April, one person was killed and five others wounded when a mortar hit a limb-fitting centre of SRCS in Mogadishu. The motive of the killings is unknown. Two international NGO staff were abducted on 19 April between Rab Dhuure and Zudur districts (Bakool region), and released on 27 April. The same day, a former employee of CARE was killed in Merka (Lower Shabelle). This year, a total of six aid workers have been abducted, 4 were released on the same day in March in Wajid (Bakool region). In 2008, 26 aid-related workers were abducted, and 16 remain in captivity.
- An international conference aiming to solicit funding from the international donor community in support of the Somali security institutions and the African Union Mission in Somalia (AMISOM) took place on 23 April, in Brussels, Belgium. The conference was convened by the United Nations Secretary-General, and hosted by the European Union/Commission. At the end of the conference, **donors** pledged total of US\$213 million.
- The Consolidated Appeal Process (**CAP**) for Somalia is 32 percent funded with US\$317 million received in the first quarter of 2009. At least 46 percent or US\$80 million was carry-over funds from late 2008. Sectors that have received most funding include Food Aid (40%), Nutrition (36%) and Logistics (14%). Health received 3% of pledged funds. Education, Security and Shelter remain unfunded. The Mid Year Review will be produced in May and is to be submitted in June.
- The Famine Early Warning Systems Network says the 2009 *Gu* rains (mid-April to mid-June) began during late March and early April in the North and in parts of South/Central, indicating a timely onset of the rains. In drought-affected regions of Galgaduud and Mudug, light rains have provided some short-term relief, improving water supplies. However, **FSAU** warns that even if the *Gu* rains are good and inflation continues to reduce, the currently affected population will continue to require humanitarian assistance since recovery will require several consecutive normal seasons due to the prolonged nature and severity of the crisis.
- Somalis continue to seek better lives outside of Somalia by attempting the dangerous journey across the **Gulf of Aden** into Yemen and beyond. On 4 April, some 20 people died when their boat capsized off the coast of Yemen. Another eight people died on 5 April when their boat also



ICRC



capsized. Since January, 17,035 people have attempted the journey with 74 reported dead and 51 missing and presumed dead.

- The UN contingency plan for **Pandemic Influenza A** and the national preparedness and response plan have been prepared for Somalia. The documents are to be reviewed by partners within the second week of May.
- Preparations of WHO, UNDP, WFP, UNDSS, UNON for the MCI (**Mass Casualty Incident**) Plan for humanitarian workers in Somalia are ongoing.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Assessments & Monitoring

- A joint mission of **UNDSS**, **WHO** and **UNON** was carried out in beginning of April to evaluate the health profiles for Wajid (**Bakool**), Hargeisa (**W' Galbeed**), Galkayo (**Mudug**), Jowhar (**Middle Shabelle**), and Bossaso (**Bari**).
- In the third week of April, **Muslim Aid UK** conducted assessments in **Jamaame** (Lower Jubba) with regard to challenges and constraints in the delivery of primary health care services. Findings included that each visited village had an operational health post, one trained CHW and TBA, medical supplies provided by **UNICEF** and distributed by Muslim Aid. Medical records and a referral system can be strengthened.



Mother and Child Health Centre run by Muslim Aid Jamaame (Lower Jubba) Photo: WHO

Communicable Diseases & Environmental Health

- After several reports of increasing numbers of dying animals in **Jilib** and **Afmadow** districts (Middle and Lower Jubba), **AFREC** is supporting efforts to remove and bury carcasses. **WHO** is further investigating causes of deaths other than related to the drought. An estimated 50% of the cows in the region have died.

Surveillance of AWD/Cholera

- In epidemiological weeks 13-16 (28 March - 24 April), a total of 672 cases was reported from Jamaame (110), Afmadow (71), Hagar (43), and Kismaayo (126), and Badhaadhe (45) in **Lower Jubba**, and Jilib (154), Bu'aale (35), Sakoow (47), and Salalge (41) in **Middle Jubba**. 79% (529) of all cases and the **one** related death reported from Kismaayo occurred in children under the age of 5 years.
- After the only borehole in **Jamaame** town (Lower Jubba) broke on 10 April, people started fetching drinking water directly from Jubba River, posing a great risk of Cholera infections. Subsequently, increased numbers of AWD were observed in Jamaame (16) and riverside villages, namely Adad-Geri (4), Muganbow (1), and Bandar-Jadiid (2) between 10-13 April. All cases were referred to the CTC established in Jamaame.
- Since 29 April, a sudden increase in cases of AWD was reported from **Kamasuma** village (18km North of Jamaame town, Lower Jubba), with 12 cases and 1 related deaths as of 2 May. **Muslim Aid UK** is doing active case investigation, 6 cases have been referred to Mararey field hospital.
- **WHO** provided Cholera treatment supplies, such as 4 cartons of Ringer lactate, to **Muslim Aid UK** in **Kismaayo** (Lower Jubba) for AWD interventions in the middle of April.
- In epidemiological weeks 13-15 (28 March – 17 April), the 35 EWARS reporting sites in **Lower Shabelle** reported a total of 988 cases of AWD and 22 related deaths. While the overall AWD caseload of April shows an increase of 178% compared to March 2009; deaths decreased by 12%; bringing down the CFR from 7.02% to 2.23%.
- Since the beginning of the year (03 Jan - 01 May), EWARS in **Lower Shabelle** reported a total of 8,361 cases of all diarrhoea types (23.3% AWD; 15.7% BLD; and 61% other diarrhoeas) including 96 deaths (overall CFR 1.14%).
- A sudden increase of AWD cases was registered in **Merka** hospital CTC (Lower Shabelle) since epidemiological week 15, with 55 cases (80% under the age of 5 years) reported between 11 April and 1 May 2009.



Patient being attended in Merka hospital Photo: WHO

- Somali Young Doctors Association (**SOYDA**) conducted an AWD assessment mission to Wanlaweyne, Libaaxyda, and Riiglow villages in **Wanlaweyne district** (Lower Shabelle) between 28 and 31 March. A total of 184 cases of AWD (91 in Libaaxyada, 62 in Wanlaweyne, and 31 in Riiglow) and 9 related deaths (CFR 4.89%) was seen during the mission; 33% (60) of all cases and 56% (5) of the deaths were children under the age of 5 years.

- 20 stool samples were collected in **Wanlaweyne district** (Lower Shabelle) between 25 and 27 March, and sent to AMREF in Nairobi for laboratory investigation. 5 samples (all from patients above 5 years of age) tested positive for *Vibrio Cholerae* serotype *inaba*. The positive Cholera cases came from Wanlaweyne, Libaxley, Ta-beelaha, Yaqbariweyne, and Fulader.

- 3 out of 6 stool samples collected on **Afgooye corridor** on 16 April also tested positive for *Vibrio Cholerae* serotype *inaba* in the AMREF laboratory investigation in Nairobi. The positive cases, of which 2 were under the age of 5 years, came from X Abdi, Madiina, and Afgoje.



Water trucking in Afgooye district Photo: WHO

- After rumours of increased cases of Acute Watery Diarrhoea (AWD) from Banadir hospital in **Mogadishu**, a **WHO** investigation team visited the hospital in the first week of April to verify the rumours, confirm the outbreak, and assist in the outbreak response. 304 cases of AWD, including 6 deaths, were documented between 1 March and 3 April 2009. 20% (60) of all cases and 33% (2) of deaths were found in patients of 5 years or older. Two stool samples collected on 2 April from a 3 months and a 5 year old patient tested positive for *Vibrio Cholerae*. Ten more samples have been sent to Nairobi for laboratory confirmation and further diagnosis (results are pending). CTC has been established in the hospital, accommodating 35 patients at the time of the visit. WHO has provided sufficient supplies for the treatment of all patients in the CTC. The cases originate from different locations in Banadir, including Daynile, Hamar Weyne, Tawfiq, Wahara Cadde, Yaqshid, Waabari, and Elasha. Possible factors contributing to the occurrence of the Cholera in these areas may be the massive population movement to Mogadishu, drought, and interruption of water and sanitation activities due to conflict and violence in Mogadishu and the region. Local NGO **SOPHA** with support of **UNICEF** is carrying out chlorination activities, targeting 195 water wells in Mogadishu.

- *Vibrio Cholerae* was laboratory confirmed in March by AMREF in Nairobi in all three stool samples collected in **Jamaame** (Lower Jubba); all six samples from **Mareere** (Lower Jubba); five out of ten samples from **Yaqbariweine** (Lower Shabelle); two samples from **Buurhakaba** (Bay); one out of four samples from **Baidoa** (Bay); and out one of 5 samples collected from **Harfo** (Mudug) on 2 April and tested in Bossasso hospital laboratory.

- Between 20 February (onset) and 19 April, a total of 531 cases of AWD, including 15 related deaths (CFR 2.82%) were reported by **World Vision** from several villages within **Buurhakaba district** (Bay). 38% (146) of cases and 20% (3) of deaths occurred in children under the age of 5 years.

Dhinaawe (17-19 April): 143 cases (55 <5) and 3 deaths (1 <5) CFR 2.09%;
 Elbashir (9-19 April): 161 cases (40 <5) and 5 deaths (1 <5) CFR 3.1%;
 Ali Gele (9-19 April): 67 cases (19 <5) and 5 deaths (2 <5) CFR 7.46%;
 Misare (12-19 April): 204 cases (39 <5) and 7 deaths (2 <5) CFR 3.43%;
 and Ikirey (14 April): 63 cases (14 <5) and 4 deaths (1 <5) CFR 6.34%.

World Vision reported that from 6 April, the case trend shot up to an average of 30 cases per day. 4 Cholera treatment sites have been set up. **WHO** provided Cholera kits from Wajid to World Vision in Buurhakaba.



World Vision CTC in Buurhakaba Photo: World Vision

Water & Sanitation

- **COOPI** is supporting the mobilization for the construction of pit latrines in **Jamaame** (Lower Jubba) and surrounding villages, and educating mothers in the prevention of water borne diseases
- **ICRC/SRCS** have changed their water chlorination intervention strategy in **Kismaayo** from general shallow well chlorination to household level/ jerry can chlorination at water collection points.

Vaccine Preventable Diseases (VPD)

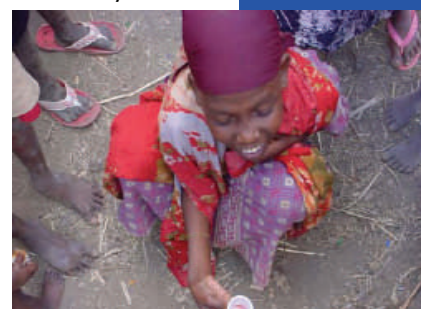
- The Child Health Days (CHDs) by **WHO** and **UNICEF** include immunization with Measles, DPT, OPV and de-worming and Vitamin A supplementation for all children under 5 years of age and TT vaccine for women of child bearing age (15-49 years), ICE materials, distribution of ORS and Aqua tabs for water purification, and awareness of health care services. In February CHDs in **Somaliland** were successfully completed. In March all CHDs supplies and materials in **South and Central zone** were pre-positioned, training of vaccinators and supervisors with the participation of MOH and NGOs staff conducted. The first phase of CHDs implementation covered about 50% of the districts within a region and the rest of the districts in phase two. In the **South zone** CHDs have been completed in all regions and districts except for Kismaayo district (delayed due security reason), and the reported coverage shows above 90% for OPV and Measles as indicators. In the first weeks of April, 12 districts of Middle Shabelle, Hiraan, and Galgaduud regions in **Central Somalia** have completed the campaign and coverage is estimated at 90%. **Puntland** is expected to start CHDs implementation in the second week of May.

Malaria

- There has been a drop in malaria prevalence in Somalia, attributed to increased distribution of Long Lasting Insecticide-Treated Mosquito Nets (LLINs). A press statement issued on 24 April by **UNICEF** stated, "evidence has shown that wide scale use of LLINs conferred the best protection against malaria in South/Central Somalia with an overall prevalence among LLINs user being 6.9 percent compared with 17 percent in those who do not sleep under a net." The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) has committed to support UNICEF's malaria programme in Somalia until 2013.
- **Muslim Aid** conducted a trainings for Malaria prevention and treatment protocols with focus on pregnant women and children under the age of 5 years for auxiliary nurses and community health workers from **Jamaame** and **Kismaayo** health centers.

Primary and Secondary Health Care

- In the third week of April, fighting around Kismaayo (Lower Jubba) between freelance clan militias of Buulo Xaaji (60km South West of Kismaayo) and Islamic administration group claimed 3 deaths and 9 injured. All injured were treated in **Kismaayo General Hospital**.
- **AFREC** continues to assist IDP families in **Dhobley, Afmadow** and **Kismaayo** (Lower Jubba). The majority of medical cases were reported as respiratory infections, scabies or other skin diseases, injuries, worms, AWD, conjunctivitis and Malaria.
- While **Muslim Aid UK** continues their Schistosomiasis treatment programme in **Jamaame** district; Schistosomiasis Control Initiative (**SCI-SOM**) with support of **WHO** is carrying out urinary Schistosomiasis and Deworming mass treatment in primary schools in Lower and Middle Shabelle, targeting school-age (under 15 years of age) and adult high risk groups. In April, 2,270, of which 1,372 under the age of 5 years, were treated for Bilharzia, and 250 children were dewormed.



De-worming mass treatment for children in Lower and Middle Shabelle by **SCI-SOM**

Support to and rehabilitation of health facilities

- Rehabilitation of **Wajid** Russian Hospital (Bakool) supported by **WHO** and implemented by **UNOPS** is ongoing. In the first phase of the project, rehabilitation of the left wing of the hospital was completed. The presence of IDPs residing in the hospital has been a major challenge to the implementation and completion of the rehabilitation. With joint effort of OCHA, UNHCR, World Vision, UNOPS and WHO, the residents are being encouraged to vacate the premises and are given shelter (housing area equipped by **UNICEF** and **World Vision** with latrines and shallow well with hand pump) on nearby land allocated by local authorities.
- Technical consultations between **UNOPS** and **WHO** regarding Phase 2 of **Baidoa** hospital rehabilitation are ongoing.



Shallow well in Wajid IDP resettlement site

Photo: **WHO**