

Somali Health Cluster Bulletin #26



August 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

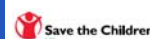
HIGHLIGHTS

- No Cholera cases have been reported in July and August. However, increasing cases are anticipated in the "Cholera season" in October.
- Field consultations for the preparation of CAP 2010 were conducted for all three zones of Somalia.
- Since OFDA funding was put on hold in June, delays are affecting the implementation of health activities by different partners.

SITUATION OVERVIEW

- The **drought** in Mudug, Galgaduud, Hiraan and Bakool regions caused by five consecutive seasons of drought has led to 75 percent of the total population being classified as being in Humanitarian Emergency. There is also an alarming deterioration in the food and nutrition situation in the north after 2-3 consecutive seasons of below normal rainfall. As of end of August, an estimated 255,000 people are identified in Acute Food and Livelihood Crisis, while another 25,000 are in Humanitarian Emergency.
- Half the Somali population, 3.8 million people, are in need of **livelihood and humanitarian support**. This is an 18 percent increase from 3.2 million since January, according to the latest post *Gu* (rainy season April – June) assessments by FSNAU. In a press statement on 24 August, FSNAU also warned that a further deterioration in the humanitarian situation may occur if current fighting levels continue. Some 75 percent of the people in need are concentrated in South/Central Somalia, where most of the fighting is taking place, causing loss of life and livelihoods and impeding humanitarian access.
- On 21 August a new wave of **fighting** erupted in Mogadishu killing at least 20 people and injuring more than 40 others, mostly civilians. In the last week of August, at least 50 people were killed with dozens more wounded in different incidents between government forces and insurgents. More than 250,000 people have been displaced from Mogadishu since fighting started in early May. Clashes between Islamist groups and government forces have been observed also in other parts of South/Central Somalia. More than 1.5 million Somalis are internally displaced (IDPs) as of end of August 2009.
- According to UNHCR at least 90,000 people have been displaced across Somalia since 1 July; of those, 26,000 have moved to areas within Mogadishu and 50,000 moved out of the city (22,000 to Afgooye). An estimated 11,500 people have established new IDP settlements along Mogadishu-Balad tarmac road in the North of the capital. Health cluster partners are preparing services for these **newly displaced**.
- On 16 August¹, unidentified gunmen shot and killed an aid worker of a local NGO in Km 13 IDP settlement along the Afgooye corridor. The motive behind his killing is unknown. A total of nine **humanitarian aid workers** have been killed in Somalia since January. On 22 August, two offices of local NGOs in Mogadishu were looted.

¹ source: OCHA weekly humanitarian bulletin #32



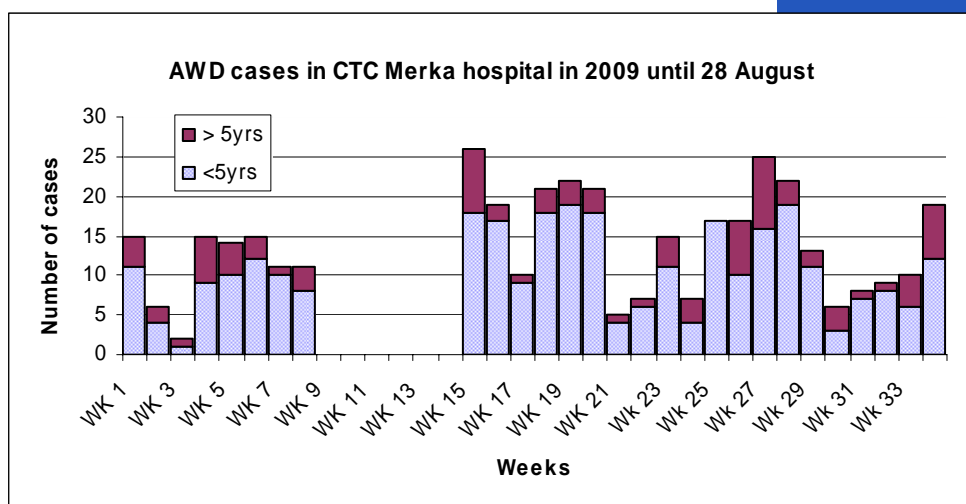
- Four aid workers and two pilots who were held hostage since their abduction in Dhuusamarreeb (Galgaduud) in November 2008 were released on 11 August². To date, 13 aid workers remain in captivity in Somalia.
- On 5 August, WHO had to move their staff from Jamaame (Lower Jubba) to Buu'ale (Middle Jubba) after their offices were taken over by insurgent groups. The WFP compound in Waajid, Bakool region, was attacked by armed militia on 16 August. This is the fourth UN compound deliberately targeted in Somalia within two months.
- Field consultations for the Consolidated Appeals Process (**CAP**) 2010 took place in Hargeysa (Somaliland) on 10 August and in Garowe (Puntland) on 12 August with more than 150 participants, including local authorities. The consultation workshop for South Central Somalia had to be conducted in Nairobi on 18 August due to security constraints incountry.
- Several key partners in health who in previous years have relied on **OFDA** funding as a major funding source for their humanitarian health projects have not received 2009 contributions after OFDA funding for 2009 for the fiscal year was put on hold in June. Amongst others, these include WHO, UNICEF, IMC, Medair and Merlin. In the case of joint programming, the lack of funding in different agencies will have a negative impact on the effectiveness of others. For example, the delay is affecting joint implementation of WHO-UNICEF programmes of Child Health Days.
- The first World Humanitarian Day (**WHD**) was marked on 19 August to praise the constant improvement of humanitarian work, remember the fallen and the formidable challenges that remain for the humanitarian community.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable Diseases & Environmental Health

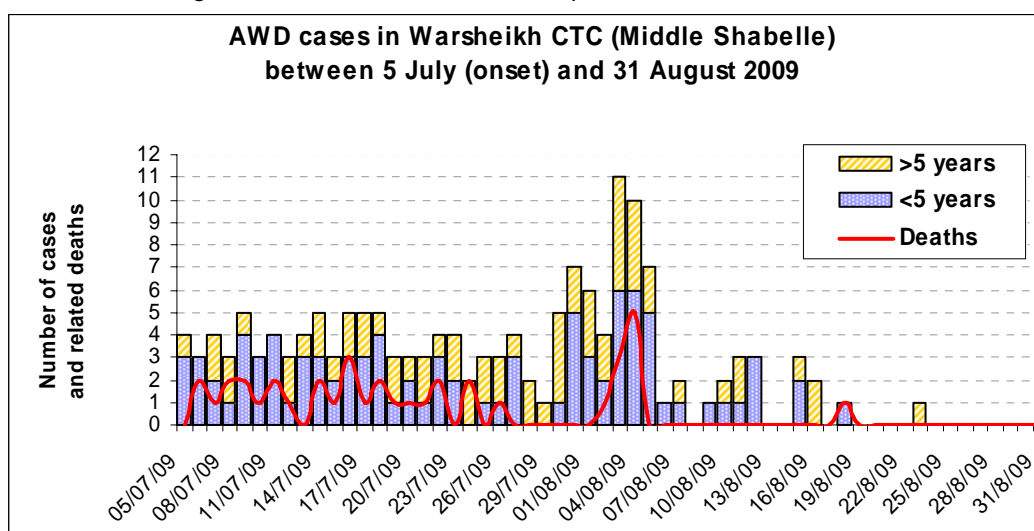
Surveillance of Diarrhoeal Diseases/ Cholera

- In epidemiological weeks 31-34 (1-28 August), 324 cases of Acute Watery Diarrhoea (AWD) were reported from Afmadow (44), Hagar (38), Kismaayo (82), and Badhaadhe (56) in **Lower Jubba**, and Bu'aale (33), Sakoow (47), and Salalge (24) in **Middle Jubba**. The data was not available from Jamaame (Lower Jubba) and Jilib (Middle Jubba) in the reporting period due to security reasons. Of all reported cases, 85% (274) were children under 5 years.
- In epidemiological weeks 31-34 (1-28 August), EWARS in **Lower Shabelle** reported 3,554 cases of Acute Respiratory Infections (ARI), a total of 1,510 cases of diarrhoeal diseases (DD) of which 138 were Acute Watery Diarrhoea (AWD) and 328 bloody diarrhoea. Other common causes of morbidity were injuries (630); severe malnutrition (456); Malaria (281) of which 26 were laboratory confirmed; Mumps (69); Measles (45); and acute jaundice syndrome (9).
- The review of epidemiological data from the CTC in **Merka hospital** (Lower Shabelle) shows a renewed gradual increase of AWD cases alerting for the upcoming peak of the "Cholera season" in October.



² source: OCHA weekly humanitarian bulletin #31

- **Islamic Relief** reported 197 consultations, of which 50% (98) were children under 5 years, from Giumale IDP camp in Arbis village, **Afgooye corridor** (Lower Shabelle) between 1-14 August. Most common causes of morbidity were Acute Respiratory Infections (ARI) in 38 cases (26 <5); Acute Watery Diarrhoea (AWD) in 28 cases (17 <5); Malaria and malnutrition. In the same period, Sabir camp in Hawa Abdi area of Afgooye corridor reported 143 consultations of which 59% (85) children under 5 years. Leading causes of morbidity here were AWD with 48% (48); ARI with 24% (34) and Malaria with 13% (18) of all cases.
- Rumors of increased cases of AWD which were reported in July from **Warsheikh district** (Middle Shabelle) were investigated and between onset on 5 July and 31 August, a total of 157 cases were reported. 59% (92) were children under the age of 5 years. In the same period, 38 deaths were reported as related to AWD. The resulting Case Fatality Rate (CFR) of 24.2% however, can only be explained with over-reporting of death associated with AWD irrespective of possibly other causes of mortality. The CTC was closed on 19 August after no new cases were reported.



- The local NGO **Somali Aid Foundation** received rumours of cases of Acute Bloody Diarrhoea from Naasariya village in **Hagar district** (Lower Jubba) in the third week of August. Case investigation has been initiated. Several locations in the district have reported bloody diarrhoea cases in the past month.

Water & Sanitation

- Water chlorination and hygiene promotion activities in **Middle** and **Lower Jubba** are ongoing with **World Vision** in Buu'ale; **AFREC** in Jilib, Kismaayo and Dhobley towns; and **Muslim Aid** in Kismaayo.

Vaccine Preventable Diseases (VPD)

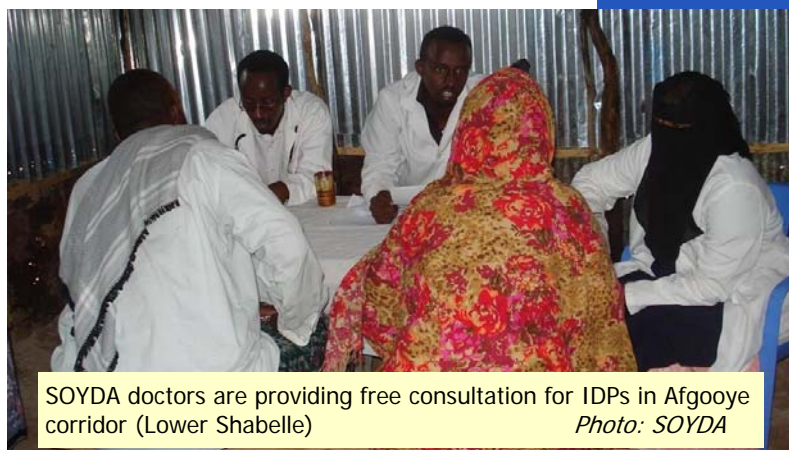
- Between epidemiological week 33 (15-21 August), WHO AFP surveillance and EPI sites reported 37 suspected cases of Measles from throughout Somalia. This is a decrease of cases by 40% compared to the previous week (61 cases). 70% (26) were reported from Puntland; 22% (8) from Lower Shabelle. Of all cases, 70% (26) were children under the age of 5 years.
- On August 12, **UNICEF** and **WHO** in partnership with local authorities launched the second round of Child Health Days (**CHDs**) for **Somaliland**. Approximately 440,000 children under five years and 500,000 women of child bearing age will be targeted by more than 5,000 volunteers. A package of critical health services including measles and polio immunization, vitamin 'A' supplementation, de-worming, aqua-tabs for water treatment, hygiene education, tetanus vaccination for women and nutritional screening and referral will be administered.

Primary and Secondary Health Care

- On 21 August, 10 doctors, 5 nurses and one laboratory technician of Somali Young Doctors Association (**SOYDA**) visited Tiida IDP camp in Dayniile district of **Mogadishu**. The purpose of the mission was health assessment; consultation and treatment services; data collection; and health education. Major findings included that clean drinking water and primary health care services are available, and hygiene in the camp was observed to be acceptable despite local overcrowding. 321 patients, 61% of them women, were examined in the free health treatment campaign. Major causes of morbidity in children under 5 years were Acute Respiratory Infections (ARI) with 22 cases; skin infections (16); and intestinal parasites (14); while the group of 5 years or older suffered most commonly from ARI and parasites (each 33 cases); skin infections (32); Urinary Tract Infections (URI) with 28 cases; and Anaemia (16).
- Action Contre la Faim (**ACF**) manage one OPD/MCH, two EPI centers and different nutritional programmes in **Mogadishu**. In August, the OPD received 1,912 patients; 45% (852) were children under 5 years. 32% (610) of all patients were IDPs. Major causes of morbidity were Lower Respiratory Tract Infections (604); intestinal parasites (443); Upper Respiratory Tract Infections (214); and Urinary Tract Infections (206). 720 patients consulted the MCH, 39% (280) of them were IDPs. The most common ailment was Anemia (358). A total of 289 laboratory tests were done in both facilities. The two vaccination centers attended 369 children under 5 years, and 429 women of child-bearing age.
- **AFREC** and **SRCS** continue to assist IDP families with basic services in **Dhobley** in Afmadow district (Lower Jubba).

Training Activities & Health Education

- Awareness raising, social mobilization and health education activities addressing environmental and personal hygiene, and prevention of water borne and other communicable diseases have been carried out in **Lower and Middle Jubba** by **World Vision** in Buu'ale, Salalge and Sakow districts, **SRCS** in Jilib district, **AFREC** in Afmadow and Jilib districts, and **SDIO** (Society Development Initiative Organization) in Sakow district .



SOYDA doctors are providing free consultation for IDPs in Afgooye corridor (Lower Shabelle)
Photo: SOYDA



AFREC distributing jerry-cans for collection of clean drinking water in Marerey village, Jilib district (Middle Jubba)
Photo: AFREC