

Somali Health Cluster Bulletin #24



Women collecting water from rainwater pond in K50
Photo: WHO

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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

- 8 out of 21 samples collected in Kismaayo district tested positive for *Vibrio Cholerae*.
- Estimated 169,000 people have been displaced from Mogadishu since fighting broke out again on 7 May 2009.
- UNICEF compound in Jowhar and WFP compound in Merka remain under control of insurgent groups.

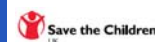
SITUATION OVERVIEW

- The largest in-patient health facility in South/Central Somalia (278 beds), in Xudur town and several health posts in **Bakool** region have been closed as of 17 June 2009 due to "unacceptable" security risks and hostility against humanitarian workers in the region.
- The violence and fighting in **Mogadishu** is ongoing. As of 25 June, UNHCR¹ estimates that 169,000 people have been displaced since 7 May. Of those, 51,000 have moved within Mogadishu or to IDP settlements along the outskirts of the city; and 48,000 fled to the Afgooye corridor.
- In the last week of June, UNHCR and partners have started to record population figures in the **Afgooye corridor**. The data collection is ongoing, and analysis is expected by end of July.
- The new wave of hostility and aggression against humanitarian aid work in Somalia, and particular Southern Central parts of the country, is jeopardizing urgently needed services and health care for the population. UNICEF has been raising strong concerns about the loss of supplies and equipment and inaccessibility of facilities needed in order to deliver life-saving services, after the looting and occupation of Jowhar compound (**Middle Shabelle**) by militiamen since 17 May. On 22 June, the WFP compound in Merka (**Lower Shabelle**) was taken over by militiamen.
- The security situation in Belet Weyne (**Hiraan**) and surrounding areas has been tense and unpredictable in the past months. In the latest incident, on 18 June, a suicide car bomb killed at least 34 people and injured 30. On 23 June, a curfew was imposed and security measures increased in Belet Weyne town.
- At this point, a total of 7 humanitarian workers have been abducted since January 2009, and 16 are still held in captivity in Somalia since January 2008.
- On 23 June, FEWS NET issued an alert statement highlighting a rapidly deteriorating drought condition in northern Somalia. The drought in central Somalia has extended north into key pastoral areas of the north (Sool plateau, Nugal Valley and the Hawd live-

¹ Information concerning the situation and developments in Mogadishu is provided in regular updates by the Mogadishu Emergency Operations Room (MEOR) and UNHCR updates.



ICRC



likelihood zones). The poor 2009 *Gu* rains, in combination with several successive seasons of below normal rainfall have resulted in poor pasture leading to decreased livestock productivity and value. According to the statement, the drought in these areas is jeopardising the livelihoods of more than 700,000 pastoralists and a significant number of urban households whose income and food sources are linked to livestock marketing and trade.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable Diseases & Environmental Health

Surveillance of AWD/Cholera

- An increase of Acute Watery Diarrhoea has been observed in several districts in **Lower** and **Middle Jubba** regions in the past weeks. After 165 cases were reported from the two regions in epidemiological week 23 (6-12 June 2009), effective response and preventive measures including health education and chlorination activities decreased the numbers of reported AWD cases in most districts. However, the caseload continued to increase to 192 in week 24, mainly from Kismaayo (62 cases) and Jilib (58 cases) districts. After the peak in week 24, cases are decreasing in both locations.
- In summary, in epidemiological weeks 22-25 (30 May - 26 June 2009), a total of 797 cases was reported from Jamaame (77), Afmadow (41), Hagar (49), Kismaayo (180), and Badhaadhe (68) in **Lower Jubba**, and Jilib (171), Bu'aale (82), Sakoow (71), and Salalge (58) in **Middle Jubba**. 77% (616) of all cases, and the two related deaths reported from Jilib, occurred in children under 5.
- Between 2 and 9 June 2009, 5 villages (Buulo-Kuusoow, Majir, Kuudud, Kurkumeyse, and Diidimeyse) in Dhasheeg-Waamo of **Kismaayo** district (Lower Jubba) reported a sudden increase of AWD with a total of 190 cases and 6 related deaths (CFR 3.16%). 62% (117) of all cases were children under the age of 5 years. Rumour verification and active case investigation by **WHO** and **Muslim Aid** teams found that no health facilities are present in the affected areas; all shallow wells are uncovered and the communities have no means of chlorination. ORS was distributed to all affected households; chlorination of shallow wells and at household level accompanied by health education has been initiated. 9 stool samples were collected, of which 3 tested positive for *Vibrio Cholerae* with SMART II rapid diagnostic tests. Makeshift Cholera Treatment Centers (CTC) were established in each affected village.
- In addition to the routine reporting from health facilities in **Kismaayo** district (Lower Jubba) a sudden increase of AWD cases was reported between 23 and 26 June 2009 from 6 villages (namely Buulo-Gudug, Goloweyn, Yoontooy, Buulo-Obliko, Dheyteenboow, Buulo-Kuusow). Rumor verification and case investigation revealed that most of the patients admitted to the makeshift CTCs had attended a wedding ceremony the previous night; leading to the assumption that this gathering was the center of transmission. The affected villages are located en route between Mogadishu and Kismaayo; increasing the risk of spreading the Cholera and other Diarrhoeal Diseases due to the current massive population movement in the region. 86% of the 200 cases, and 3 out of the 4 deaths (CFR 2%), occurred in children under the age of 5 years. **WHO**, **Muslim Aid** and the local NGO **Jubba Shine** initiated rumor verification and case investigation. 5 out of 12 stool samples tested positive for *Vibrio Cholerae* with the SMART II rapid diagnostic test. Makeshift Cholera Treatment Centers have been established to provide ORS and rehydration measures to patients. WHO conducted training for Cholera case management and provided Cholera management supplies.
- In the second week of June, a total of 111 localised cases of AWD were reported from 5 villages (namely Arare; Koban; Wirkooy; Baarka; and Sanguni) in **Jamaame** district (Lower Jubba). **Muslim Aid** conducted rumor verification and response activities including health messages. All 10 stool samples that were collected and tested with SMART II were negative for *Vibrio Cholerae*. The situation is under control.

- On 19 June, an increase of AWD cases was reported from 5 villages around **Hagar** (Lower Jubba), namely Buulo-Golol, Qalawille, Egaarhore, Xasan-Bidaar, and X-Waajuu. **SRCS** initiated rumor verification and case investigation, which recorded a total of 159 cases, of which 50% (80) children under the age of 5 years. Shallow wells in all locations were not protected and had not been chlorinated in the past 2 months. Response activities included chlorination of water sources; distribution of ORS; and health education.
- The CTC in **Mararey** (Lower Jubba), established in epidemiological week 10, had experienced a peak of AWD cases in epidemiological week 17. Until week 22, a total of 410 patients, of which 73% (300) children under the age of 5 years, were treated, and 4 deaths (all children under the age of 5 years) reported (CFR 0.98%). All 7 stool samples collected on 7 June tested negative for *Vibrio Cholerae*. The CTC was closed on 14 June, after no new cases were admitted.
- The lack of safe drinking water, and poor environmental and personal hygiene, contributed to the increase of numbers of AWD cases in **Jilib** district (Middle Jubba). In response, a Cholera Treatment Center was established in epidemiological week 14; until week 23, a total of 380 patients, of which 84% (321) children under the age of 5 years, were treated, and 3 deaths reported (CFR 0.79%). **WHO** and **Mercy USA** conducted active case investigation in Biliq-Marow, 20km North West of Jilib town. After no new cases of AWD were admitted, the CTC was closed in the third week of June.
- Acute Bloody Diarrhoea cases were reported from agro-pastoral communities East of **Jamaame** town (Lower Jubba) in the first week of June. Case investigation in the affected villages (namely Waaddo, Naftaakhuur, Adad-Geri, Deemo, and Billiq) by **Muslim Aid** recorded 85 cases (of which 15 children under the age of 5 years), including 1 death in Waaddo village. All cases were related to a festival in Deemo village. Children were treated with Zinc tablets, other patients received antibiotic treatment with Ciprofloxacin.
- In epidemiological weeks 22-25 (30 May—26 June 2009), EWARS in **Lower Shabelle** reported a total of 18,305 consultations, including 17 deaths. Leading causes of morbidity were Acute Respiratory Infections (ARI) with 4,368 cases, and Diarrhoeal Diseases (DD) with 1,526 cases, including 3 related deaths. Other reported diseases included 171 cases of severe malnutrition; 51 cases of whooping cough; 12 cases of acute jaundice syndrome; and 4 cases of measles.

Water & Sanitation

- Water chlorination, health education and hygiene promotion activities in Middle and Lower Jubba are ongoing with **Jubba Shine** in **Jamaame**, **SRCS** in **Badaade** and **Hagar**, local NGO **SDIO** (Society Development Initiative Organization) in **Sakow** district, and **Muslim Aid** in **Kismaayo**.
- In order to ensure environmental hygiene, local NGO **DIAL**, with support of **CESVI** and **UNHABITAT**, conducted a Solid Waste Management (SWM) project in **Kismaayo** (Lower Jubba), surrounding villages, near beaches, and IDP camps. Activities included the set up of a garbage dump site; clean up and waste collection; and community awareness raising and sensitization.

Vaccine Preventable Diseases (VPD)

- The first round of Child Health Days (CHDs) throughout Somalia, with exception of North Eastern Zone, as well as Banadir and Lower Shabelle regions in South Central Zone, reached almost 1 Million children and over 700,000 women of childbearing age.
- In the first week of June, **WHO** conducted workshops in **Middle** and **Lower Jubba** in preparation of upcoming National Immunization Days (NIDs). Topics addressed included



social mobilization; cultural taboos about polio vaccination; prevention of polio and the roles of traditional healers and clerics; polio case definition and identification.

Primary and Secondary Health Care

- According to **ICRC**, fighting all over **Mogadishu** is ongoing but calmed down in the last days of June. ICRC is managing Medina and Keysani hospitals. ICRC is working directly with a private ambulance service which has transported a total of 678 wounded to different health facilities throughout Mogadishu between 25 May and 24 June. 569 of those wounded were admitted to Medina and Keysani hospitals. A peak of admissions was observed between 15 and 21 June. The capacity of both Medina and Keysani hospital is 80 beds each. However, temporarily up to 260 patients (wounded) were admitted to Medina hospital; and up to 160 wounded to Keysani hospital. Even though the number of beds and medical professionals is limited, the hospitals are coping with the high influx of war-wounded. ICRC confirms that the supply system is functioning well and sufficient material is provided to the hospitals. **WFP** supports both hospitals with food supplies. As both Medina and Keysani hospital are surgical hospitals, patients with AWD or other cases from Mogadishu are admitted in Banadir hospital; other cases such as AWD from Afgooye corridor are admitted in Afgooye hospital.
- Local NGO **SOYDA** (Somali Young Doctors Association) provided free consultation and treatment services for Ceelasha Biyaha IDPs on **Afgooye corridor** on 27 and 28 May. A total of 569 consultations was recorded in the 2-day campaign. 70% (397) of the patients were children under the age of 5 years. Major causes of morbidity were skin infections such as, among others, eczema and scabies (95); acute respiratory infections (83); intestinal parasites (71); and urinary tract infections (47).
- **Muslim Aid** is managing 5 OPDs on the **Afgooye corridor**, namely Daynile,; Kaxda; Garasbaley; Laphole Boys Orphanage; and Faculty of Agriculture OPD. In the first week of June, WHO provided 5 basic units of the Interagency Emergency Health Kit for these facilities.
- **AFREC** continues to assist IDP families in **Dhobley, Afmadow** and **Kismaayo** (Lower Jubba).
- **Mercy USA** reported increasing numbers of Schistosomiasis by 20% in the past month according to daily consultation registers in **Jilib** MCH (Middle Jubba); and responded with awareness activities for prevention of Schistosomiasis.
- In the third week of June, **AFREC** conducted awareness raising and prevention activities for Schistosomiasis in **Afmadow** district (Lower Jubba).

Training Activities & Health Education

- The local NGO **Juba Foundation** has started educational activities to raise awareness for genital mutilation and HIV prevention in **Jamaame** and **Jilib** districts (Lower and Middle Jubba). Topics include prevention of sexually transmitted diseases and attainable prevention measures like abstinence for sexually active age groups; and addressing community members with implications of outdated practices of genital mutilation.
- In the second week of June, **AFREC** conducted a 2-day workshop for 23 participants from different community groups of Tarri, Tobaney, Godeya, and Magar villages in **Afmadow** district (Lower Jubba). The training addressed prevention of water borne diseases, such as Cholera; and participants returned to their villages to carry out environmental hygiene activities.