

Somalia Health Cluster Bulletin #29



Photo: WHO

Newly established Bu'aale field hospital expanded health services to the conflict-affected population of Lower and Middle Jubba

November 2009

The Somalia Health Cluster Bulletin provides an overview of the health activities conducted by the health cluster partners operating in Somalia.

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

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

HIGHLIGHTS

- CAP 2010 will be launched on 3 December in Nairobi. 174 projects coordinated by the 9 clusters and enabling programmes appealing for a total of US\$ 689 million to address the most urgent humanitarian needs in Somalia in 2010 considering the feasibility of implementation.
- More than 350 health workers were trained this month on topics including AWD/cholera case management; malaria prevention, diagnosis and treatment; emergency blood safety; sexual and gender based violence; and family planning methods and basic emergency obstetric care.

SITUATION OVERVIEW

Conflict

- According to OCHA¹, 12 international staff members of the UN and an international NGO were relocated from **Bu'aale** (Middle Jubba) as renewed conflict spread in the region.
- Admissions and inpatients in Kismaayo hospital have gradually reduced early this month before fighting increased again on 22 November around **Kismaayo** (Lower Jubba).
- Through reports from health facilities and other stakeholders, WHO estimates a total of 670 people wounded and an estimated 180 killed since the beginning of October in **Middle** and **Lower Jubba** regions, mostly between Kismaayo and Afmadow. WHO and World Vision in Bu'aale, and SAWA, AFREC, SRCS and Somali Development Society are providing emergency medical assistance in Afmadow and Hagar. The patients were admitted to Afmadow hospital or transferred to Mararey and Kismaayo hospitals for further treatment.

Flooding

- After the rainy season started in October and heavy rains in the first week of November, riverine areas such as **Lower** and **Middle Jubba**, and **Lower** and **Middle Shabelle**, have been at risk of flooding. From previous such events, WHO and partners expect floods to cause increasing numbers of acute watery diarrhoea, malaria, acute respiratory infections and other health risks. In the first week of November, the Flood Information Group (FIG) estimated² at least 16,000 people displaced by flooding in **Hiraan**, **Gedo** and **Lower Shabelle** regions. However, risks of further flooding remained moderate throughout the month, according to SWALIM³.
- Reports from several partners have alerted the health cluster about flash floods and moderate flooding in several locations in Southern Somalia. A joint assessment mission by KISIMA and DIAL in Kismaayo and Jamaame districts (**Lower Jubba**) between 7-17 November reported 2 river overflows (in Kamsuma and Shangal Mafula) and 2 flash floods (in Mashaqo and Koban) displac-

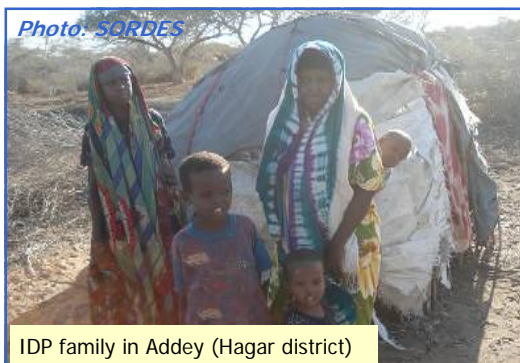


Photo: SORDES

IDP family in Addey (Hagar district)

¹ source: OCHA weekly humanitarian bulletin #45

² source: OCHA weekly humanitarian bulletin #43

³ see <http://www.faoswalim.org/subsites/frmis/currentlyflooded.php>



ICRC



ing at least 180 people. Over 45 farms were destroyed and 12,000 hectares of fields left flooded affecting 500 households. In regard to water and sanitation aspects, more than 20 water sources were damaged and/or polluted, and 12 latrines destroyed by the floods. Even though the risk of flooding is currently rather moderate, KISIMA, DIAL and other national and international agencies are present in the area ready to respond in case of more floods. According to WHO field reports, 6 houses in Duqiyo village near Bu'aale (*Middle Jubba*) were demolished by the heavy rains in the first week of November.

- A flood preparedness task force (WHO, Save the Children, Muslim Aid, Islamic Relief, COSV) has been established and is focusing on the areas identified by SWALIM as being at high risk of flooding - *Lower Shabelle, Lower Jubba* and *Hiraan*. The flood contingency plan was developed and distributed by the health cluster to the field level. WHO has prepositioned medical supplies including diarrhoeal disease kits, IAEHKs and trauma kits, as well as cholera treatment center (CTC) supplies for flood preparedness.



Photo: KISIMA & DIAL
Farmhouses and fields flooded in *Farta Shangal* tribute near Kamsuma, Jamame district (Lower Jubba) on 8 November

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Assessments and coordination

- The local NGO Somalia Relief and Development Society (**SORDES**) conducted an assessment of IDPs in Addey village in *Hagar district* (Lower Jubba). Findings included that the nearest health facility is in Hagar, at a distance of 35 km from the village; increasing numbers of displaced people in the area pose greater challenges for sufficient food aid supplies and shelter.
- At the end of November, **WHO** assessed the situation of health and health services for conflict-affected communities in *Elbon* (Bakool). WHO will be following up with health and WASH partners to strengthen available services. WHO will provide emergency health supplies including 1 basic unit of the IAEHK to partners delivering health services in the area.



Photo: WHO
WHO assessment of health facilities in Afgooye Corridor

Training and capacity building

- Between 1-7 November, **WHO** conducted a training on emergency blood safety techniques in *Merka hospital* (Lower Shabelle). A total of 18 laboratory technicians from various hospitals in Mogadishu and South Central Somalia participated. Ensuring the safety of blood for emergency health services is particularly important considering the current high levels of casualties and conflict-related trauma.
- Between 11-20 November, **SRCS** conducted a first aid workshop for 30 volunteers in *Bu'aale* (Middle Jubba) with the aim to strengthen the local capacities to respond to the current conflict in the region.
- **UNFPA** conducted several trainings for each 30 health workers from health facilities in *Banadir* and *Lower Shabelle*. The sessions covered the following topics: medical management of SGBV (sexual and gender-based violence) survivors; basic emergency obstetric care (BEmOC); and family planning methods. An advocacy workshop on SGBV prevention was held with 30 community members, and a

CONSOLIDATED APPEAL PROCESS (CAP) UPDATE

- 18 health cluster partner agencies contributed a total of 36 projects with total requirements of USD \$46,444,971 to the CAP 2010 which is being launched on 3 December. Currently, agencies are being encouraged to collaborate with new partners for joint response. All agencies are reviewing the 3W matrix for health and are providing inputs to the AWD preparedness matrix⁴.



Photos: WHO
Internally displaced people (IDPs) in Afgooye Corridor have access to health facilities within 1.5km from the camps

⁴ The latest update (as of 15 October 2009) of the document is available at www.emro.who.int/somalia/healthcluster.htm

health education/ awareness raising workshop on HIV/AIDS and STI prevention addressed 70 people including school children, religious leaders, youth and women groups in Mogadishu.

- **WHO** conducted AFP surveillance refresher trainings in **Puntland** and **Somaliland**; another training will be conducted in South Central in early December. In line with efforts to establish/ strengthen case-based surveillance of measles, WHO is further planning to conduct training throughout Somalia by February 2010.
- **World Vision** conducted a workshop for community health workers in **Bu'aale** (Middle Jubba) between 15-18 November. The 38 participants were instructed in malaria prevention, diagnosis including rapid diagnostic tests, and malaria treatment protocols.
- On 8 and 9 November, **WHO** jointly with **Banadir University** held a training workshop for acute watery diarrhoea case detection and case management for Banadir region and Afgooye Corridor area in Banadir University, Mogadishu. 28 participants (24 qualified and 4 auxiliary nurses) from Banadir hospital, SRCS, Muslim Aid, SOS hospital, Hawa Abdi hospital, Forlanini hospital, Afgooye hospital and SOYDA were trained in diagnosis of diarrhoeal diseases, AWD case detection, pathology and transmission of cholera, and AWD/cholera case management. The training complements other ongoing activities in preparedness for possible outbreaks of AWD in the current rainy season, including contingency planning and pre-positioning of essential supplies.
- Between 11-25 November, **WHO** conducted 3 two-day training sessions on tuberculosis (TB) control and multi drug resistance (MDR) surveillance in **Hargeisa**. The 84 participants from Somaliland and South Central were instructed in epidemiology and management of TB; methodology of collection, storage, packaging and transport of specimen.



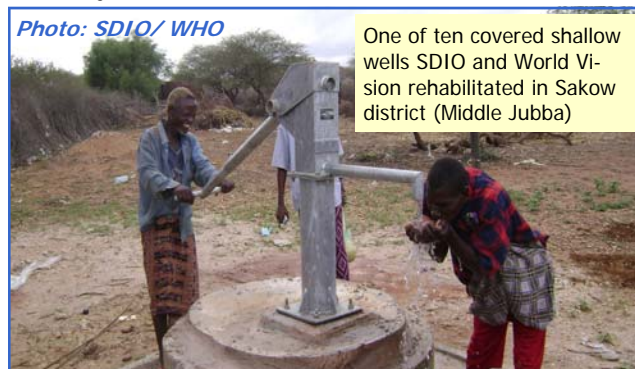
AWD training in Banadir University

Communicable diseases and environmental health

- **Pandemic Influenza A (H1N1) 2009** has been confirmed in Somalia for the first time. Two out of 10 samples tested positive for novel H1N1 (pandemic strain) on 3 November 2009 in KEMRI referral laboratory in Nairobi, Kenya. Somalia is the last country in WHO's Eastern Mediterranean Region (EMRO) to report confirmed cases of H1N1. WHO's response in collaboration with partners and health authorities include trainings in Hargeisa and Garowe on case management, surveillance, outbreak communication and social mobilization, infection control, and vaccination for 70 health workers; establishment of an H1N1 committee with members from health authorities and partners in all zones; health education messages in Somali aired daily through radio broadcasts by IRIN since May 2009; technical guidelines including for the dissemination of health education messages, disease surveillance, and infection control; development of a national plan for H1N1 vaccination and priorities (i.e. for vaccination of health workers and high-risk groups such as pregnant women) according to WHO guidelines; pre-positioning of Personal Protection Equipment and laboratory diagnostic kits for infection control and rapid diagnosis. Antiviral treatment (Oseltamivir) is available and vaccines have been ordered by WHO.

Outbreak detection and response

- In epidemiological weeks 43-47 (24 October – 27 November), 450 cases of acute watery diarrhoea (AWD) were reported from Afmadow (48), Hagar (72), Kismayo (143) and Badhaadhe (66) in **Lower Jubba**, and Bu'aale (26), Sakoow (35), and Salalge (60) in **Middle Jubba**. The number of reported cases remained stable compared to last month. The data was not available from Jamaame (Lower Jubba) and Jilib (Middle Jubba) in the reporting period due to security reasons. Of all cases, 78% (351) were children under 5 years.
- In order to prevent water-borne diseases and to provide clean drinking water, local NGO Society Development Initiative Organization (**SDIO**) rehabilitated more than 10 covered shallow wells in Faafka, Baarka, Degars, Doodey, Wandid, Halgan, Nusduniya, Kaskey, Laweyti East and SDIO compound in **Sakow district** (Middle Jubba) with support from **World Vision**.
- Water chlorination and hygiene promotion in **Middle** and **Lower Jubba** are ongoing with **World Vision** in Buu'ale, Sakow and Salalge; **AFREC** in Afmadow; and **SRCS** in Hagar, Badhade and Kismaayo.
- In the same period, EWARS in **Lower Shabelle** reported a total of 17,883 consultations. Acute respiratory infections (ARI) accounted for 19% (3,612), diarrhoeal diseases (DD) for 8% (1,355 cases of



One of ten covered shallow wells SDIO and World Vision rehabilitated in Sakow district (Middle Jubba)

which 104 were AWD and 203 bloody diarrhoea). Other common causes of morbidity were injuries (543); severe malnutrition (254); malaria (240 cases of which 19 confirmed by either laboratory or RDT); and measles (106). 88% (93) of the suspected measles cases were reported from Merka; 6 from Afgooye; and 5 from Wanlaweyne districts.

- Between 24 October and 27 November (epidemiological weeks 43-47), 270 cases of AWD were reported from **Banadir Hospital** (Mogadishu) including 6 deaths of patients aged below 5 years (CFR 2.22%). Of all cases 85% (229) were children aged below 5 years. Results for 17 follow-up stool samples collected during a **WHO** monitoring visit to Banadir region and Afgooye Corridor are expected this week to guide the revision of the cholera outbreak status in the region. WHO has provided supplementary AWD case management supplies including IV infusions and antibiotics.
- After the last AWD outbreak in **Burtinle** (Nugaal) in April 2009 was successfully brought under control in joint efforts, the local Shaafici MCH supported by Merlin reported an increase of AWD cases early in November. A total of 182 cases and 7 related deaths (CFR 3.84%) were reported between 8-19 November. 64% (117) of cases and 71% (5) of deaths were amongst children under the age of 5 years. Eighteen severe cases were referred to Galkayo hospital. **MoH, WHO** and **Merlin** initiated a joint response mission on 15-20 November. The response team provided case management supplies such as ORS, ringer lactate and antibiotics and supported the ongoing treatment of patients. MCH staff was trained on AWD case definitions, case management, disease surveillance and reporting. Chlorination, social mobilization and health education activities were integral parts of the response. The five collected stool samples tested negative for cholera with the SMART rapid diagnostic kit.



Photo: Merlin/ MoH/ WHO
On-the-job training in Shaafici MCH as part of the joint response to AWD in Burtinle (Nugaal)

Vector-Borne Diseases (VBD)

- **SCDF** has raised concerns about increasing numbers of malaria in Mudug after recent heavy rains in urban areas of **South Galkayo** and in Bacadweyne MCH in **Hobyo district**, affecting mainly children and pregnant women.
- **WHO** distributed malaria treatment guidelines to partners such as SRCS, World Vision, AFREC, Muslim Aid and local partners in **Lower** and **Middle Jubba** to highlight symptoms and detection of malaria, prevention strategies and treatment protocols.

Vaccine-Preventable Diseases (VPD)

- Between 17 October and 13 November, WHO AFP surveillance and EPI sites reported 124 suspected cases of measles from throughout Somalia. This constitutes a slight decrease of 7% compared to the previous four weeks. Almost 60% (73) were reported from Lower Shabelle, most of them from Howlwadag MCH in Merka district, and 25% (31) from Mudug. Of all cases, 70% (87) were children under the age of 5 years.
- **WHO** and **UNICEF** have pre-positioned supplies and conducted district trainings for vaccinators in preparation of the second round of the Child Health Days (CHDs) which will start in Puntland on 5 December. Preparations for South Central Somalia are ongoing and the second round is planned to be completed by end of December.

Primary and Secondary Health Care

- In response to ongoing conflict in South Central Somalia, with over 400 casualties reported from Kismaayo hospital and surrounding health facilities as of early November, **WHO** in conjunction with **World Vision** and **WFP** installed a field hospital in **Bu'aale** (Middle Jubba) and conducted on-the-job training on emergency surgery, basic EmOC and trauma management for 36 key health workers. The field hospital is based on the extension of Bu'aale MCH with tents, equipment and essential medical supplies providing an additional 12 beds, operating theatre, and hospital pharmacy. The service complements the emergency health care of Mararey field hospital (Lower Jubba), Dinsoor district hospital (Bay) and Kismaayo hospital (Lower Jubba). Between 10-15 November, more than 240 patients were screened with 145 patients receiving a full medical examination and 25 patients underwent surgical operations for a range of medical conditions. All patients are received post-operative care by the WHO field officer and were discharged within two weeks without any complications.



Photo: SOYDA
SOYDA is providing PHC services to IDP communities



Photo: WHO
The capacity of Bu'aale MCH was extended with WHO field hospital providing 12 additional beds

- **Muslim Aid** with support of **WHO** has increased health services from 5 to 8 OPDs in **Afgooye Corridor** (Faculty of Agriculture, Garasbaley, Daynile, Kaxda, Laphole Orphanage, and km18) and **Balad Corridor** (El-Irfid and Alyalo). The new facilities have been well received by the population; Alyalo and km18 OPDs each received 15% of all patients. In November, the facilities reported a total of 8,604 consultations of which 40% (3,471) were children under the age of 5, and 56% (4,891) were women and girls. Most common causes of morbidity were respiratory infections (1,502), anaemia (955), skin diseases (784), acute watery diarrhoea (658) and intestinal parasites (618).



Photos: WHO
Muslim Aid and Islamic Relief are among the partners providing health services for IDPs in Afgooye Corridor

- On 1-2 November, Somali Young Doctors Association (**SOYDA**) visited **Kaxda** IDP camp in Wadajir, Merka district (Lower Shabelle) where 621 families are living. A team of 9 medical doctors, 6 qualified nurses, 2 laboratory technicians and 2 pharmacists, conducted the free consultation and treatment campaign and examined 519 patients. Children under the age of 5 years constituted 29% (151) of all patients seen, and 37% (194) were women and girls above 5 years. The most common ailments seen were respiratory infections such as bronchitis and pneumonia with 18% (98) of all consultations; 17% (91) were skin infections including fungal, parasitic and bacterial causes; and 17% (88) were related to intestinal parasites. 48 cases (9%) of urinary tract infections (half of them in boys between 5 and 15 years and women over 15 years of age) and 29 cases of anemia (more than half were women of reproductive age) were treated. Also suspected cases of whooping cough and measles were seen in the examination campaign.



- In another free consultation and treatment campaign on 21-22 November, 18 members of **SOYDA** visited IDPs in University of Agriculture camp on **Afgooye Corridor** where more than 420 families are living. 587 patients were seen. Most of the consultations were related to skin infections (107), acute respiratory infections (100), intestinal parasites (71) and urinary tract infections (55). **SOYDA** further highlighted significant numbers of anemia (41 of which 12 were women of reproductive age), malnutrition (36 cases of which 31 were under the age of 15 years) and malaria (21 cases).

- **UNFPA** is supporting 8 Mother and Child Health centres (MCHs) in **Mogadishu**. The MCHs and Banadir and Medina hospitals received a total of 14 reproductive health kits. Since the beginning of October, 1,549 pregnant women benefitted from antenatal care packages and 4,422 children under 5 years received medical treatment. Through collaboration between NGO **COGWO** and UNFPA, more than 35 women have undergone obstetric fistula repair in Mogadishu; and together with NGO **COCO**, UNFPA distributed a total of 1,750 hygiene kits through IDP settlements and MCHs.



Mobile treatment campaign in Kaxda IDP camp, Wadajir (Lower Shabelle)

Photo: SOYDA

- Action Contre la Faim (**ACF**) manage one OPD/MCH and 2 EPI centers for health services in **Mogadishu**. In November 2009, the OPD received 2,094 consultations of which 42% were children under 5 years. 33% of all patients were IDPs. Major causes of morbidity were respiratory tract infections (676 cases which constitute 31% of all consultations) of which 70% affected children less than 5 years. Acute watery diarrhoea cases (17) constitute less than 1% of consultations. 428 patients consulted the MCH, 45% of them were IDPs. The most common ailment was gastritis in 29% of all patients. 280 women came for antenatal care services, 45% were IDPs. The EPI centres received 747 children under 1 year and 230 children between the age of 1-5 years. In addition, 549 women of child-bearing age were vaccinated. ACF is using the cold chain supported by UNICEF.

Rehabilitation & support to health facilities

- In the third week of November, **WHO** distributed 9 Trauma Kits (each for 100 surgical interventions) to Bossasso, Nugaal, Baidoa, Banadir, Merka, Bu'aale, Hargeisa and Borama hospitals, in addition to 10 cholera treatment tents and 182 beds to Bu'aale, Mogadishu, Bossasso and Garowe.
- On 19 November, **WHO** donated emergency supplies of Ringer Lactate; IV infusion sets; Doxycyclin tablets; Erythromycin syrup; disposable gloves; IV cannulas; scalp vein needles; and zinc oxide tape to **Banadir hospital** in Mogadishu for most common seasonal diseases .