

# Somalia Health Cluster Bulletin #27



Displaced children awaiting medical assistance at Banadir hospital in Mogadishu *Photo: WHO*

## September 2009

*The Somalia Health Cluster Bulletin aims to provide 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](http://www.emro.who.int/somalia/healthcluster)*

*Contributions are to be sent to [cluster@nbo.emro.who.int](mailto:cluster@nbo.emro.who.int)*

### HIGHLIGHTS

- In a joint inter-agency assessment mission WHO, WFP, UNICEF, UNHCR and OCHA visited three IDP camps and two hospitals in Mogadishu
- This month, health cluster partners finalized the health cluster response plan and project inclusion criteria for the Consolidated Appeals Process for 2010
- Increasing numbers of cases of AWD and localized confirmed cases of Cholera in the month of September are indicating the beginning of the "Cholera season" anticipated in October

### SITUATION OVERVIEW

- Numerous attacks<sup>1</sup> on TFG bases in **Mogadishu** were reported between 4th and 11th September, with more than 50 people killed and at least 80 others wounded. According to Elman Human Rights Group based in Mogadishu both Islamist insurgent groups and government forces are launching attacks in residential areas.
- On 17 September<sup>2</sup> insurgents launched a suicide attack on the African Union Mission for Somalia (AMISOM) force headquarters located within the **Mogadishu** International Airport, killing 21 people and wounding at least 40 others.
- On 20 September<sup>3</sup>, fighting between insurgents and Transitional Federal Government/AMISOM forces killed at least 20 people in **Mogadishu**. More clashes were reported on 22 September killing at least 12 civilians and wounding more than 17 others. At least 5,000 people were displaced from Mogadishu during the week due to insecurity, with a total of 87,000 displaced since 1 July. Some 58,000 have left the city to other parts of the country while 28,100 are displaced within Mogadishu.
- On 7th September, the health cluster met to prepare for the **CAP 2010**; health cluster response plan, objectives and inclusion criteria were discussed in the second health cluster CAP meeting on 23rd September. A Steering committee composed of cluster chair, co-chair, one local NGO, one international NGO and one UN agency was established to coordinate and work through the process.

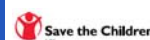
<sup>1</sup> source: OCHA Weekly Humanitarian Bulletin issue #35, 2009

<sup>2</sup> source: OCHA Weekly Humanitarian Bulletin issue #36, 2009

<sup>3</sup> source: OCHA Weekly Humanitarian Bulletin issue #37, 2009



ICRC



## Assessments & Monitoring

- On 7th September an inter-agency (WHO, WFP, UNICEF, UNHCR, OCHA and other agencies) assessment mission<sup>2</sup> visited three IDP camps (namely Burhan, Goba 1 and Goba 2 accommodating a total of over 900 displaced families) and two hospitals (Banadir and Medina) in **Mogadishu**. Key health risks in these settlements include lack of hygiene and sanitation; overcrowding; insufficient quantity and quality of water; absence of vaccination activities. Health services for the IDPs are provided either in Medina or Banadir hospital. While Medina hospital with the support of ICRC is in well functioning condition, Banadir hospital is facing major constraints including: insufficient equipment; lack of vaccines and other emergency medical supplies; limited funds for hospital management; and under-staffing. As an immediate result of the assessment, WHO will be sending inter-agency emergency health kits to Banadir Hospital, each covering 10,000 people for 3 months. Humanitarian agencies met with local authorities to initiate coordination of joint humanitarian response.
- OCHA has produced a map<sup>1</sup> of health interventions in **Galgaduud** region based on information from the health cluster 3W matrix.

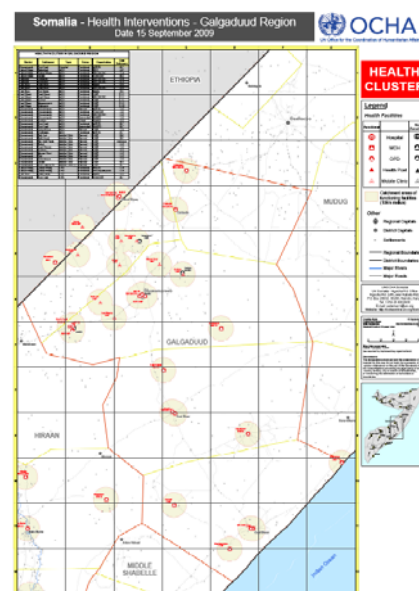


## HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

### Communicable Diseases & Environmental Health

#### Surveillance of Diarrhoeal Diseases/ Cholera

- In epidemiological weeks 35-38 (29th August - 25th September), 435 cases of Acute Watery Diarrhoea (AWD) were reported from Afmadow (66), Hagar (110), Kismaayo (110), and Badhaadhe (45) in **Lower Jubba**, and Bu'aale (35), Sakoow (34), and Salalge (35) in **Middle Jubba**. This is an increase of 34% compared to the previous month. 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, 82% (356) were children under 5 years.
- In response to rumors of increased numbers of AWD in **Badhaade** (Lower Jubba), on 7th September **AFREC** initiated case investigation in Badhaade town and contacted 11 surrounding villages (Kulbio, Dalayat, Santaro, Jila, Wadajir, Kuda, Burgavo, Hida, Jadecaley, Bushbushle and Korima). According to their findings, 34 cases of AWD (all children under 5) and six related deaths (CFR 17.65%) were reported from Badhaade town.
- Between 13th and 16th September, a total of 57 AWD cases was reported from an IDP camp near **Hagar town** (Lower Jubba). **AFREC** has provided 12,000 Aquatabs; and the situation is managed and under control.
- In epidemiological weeks 35-38 (29th August - 25th September), EWARS in **Lower Shabelle** reported a total of 16,568 consultations. Acute Respiratory Infections (ARI) accounted for 20% (3,388), Diarrhoeal Diseases (DD) for 9% (1,531 cases of which 141 were Acute Watery Diarrhoea and 327 bloody diarrhoea). Other common causes of morbidity were injuries (552); severe malnutrition (320); Malaria (345 cases of which 37 were laboratory confirmed); Mumps (49) and Measles (54). 81% (44) of the measles cases were reported from Merka district, of which 50% (22) in epidemiological week 35 by Wadajir MCH. Ceelasha OPD in Afgooye district reported 8 cases during the same period.



<sup>1</sup> The map and similar documents are available at <http://ochaonline.un.org/somalia>

<sup>2</sup> For more details see WHO mission report at [www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm](http://www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm) and photo-story at [www.who.int/features/2009/somalia\\_struggling/en/index.html](http://www.who.int/features/2009/somalia_struggling/en/index.html)

- In response to a renewed<sup>1</sup> sudden increase of AWD cases in **Warsheikh district** (Middle Shabelle) the Cholera Treatment Center (CTC) was re-opened on 5th September 2009. As of 30th September, the CTC reported 44 cases of which 52% (23) were below five years, and one related death (CFR 2.27%). Between 23rd and 30th September, only 3 cases were admitted to the CTC, all of them above five years of age.

Between 1st-23rd September the outpatient department (OPD) under the management of **Intersos** reported a total of 90 cases and 3 related deaths (CFR 3.33%) from 13 locations in the district. Of those, 44% (40) were reported from Maxaay; 13% (12) from Warsheikh; 11% (10) from Baasheey. 61% (55) of all cases and 1 of the deaths were five years or older.

- Banadir hospital (**Mogadishu**) reported 276 cases of AWD between epidemiological weeks 35 and 38. Of those, 26% (71) were above five years of age. Of the 5 related deaths (CFR 1.81%), 3 were above 5 years. **WHO** is monitoring the situation and trends.
- On 20th September, the local NGO HARD reported rumors of suspected AWD cases and related deaths in **Elwak district** (Gedo region). WHO initiated rumor verification in consultation with **COSV**. Active case investigation revealed that between 22nd and 30th September, a total of 102 cases of AWD and 2 related deaths (CFR 1.96%) were reported from the district. 53% of the cases were children under the age of 5 years. The initial alarming alert could not be confirmed with respective data.
- Between 15-17th September, a joint mission of **Merlin, WHO, MoH** and **SRCS** investigated rumors of AWD in **Burtinle district** (Nugal). A total of 167 cases of AWD and 10 related deaths (CFR 5.99%) were reported between 5-17th September. 62% (103) of all cases and half of the deaths were children under three age of 5 years. One (5 months old boy) out of the five stool samples collected in Burtinle (Mudug) on 16 September tested positive for *Vibrio Cholerae*, serotype *Inaba*.
- **SRCS** reported 10 cases of Acute Bloody Diarrhoea from Xaliimo-Caddey village in **Badhaade district** (Lower Jubba) between 5th - 11th September. WHO has provided case management guidelines, and SRCS has initiated water chlorination activities.

### Water & Sanitation

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

### Vaccine Preventable Diseases (VPD)

- Between epidemiological weeks 35-38 (29th Aug - 25th Sep), WHO AFP surveillance and EPI sentinel sites reported 174 suspected cases of Measles from throughout Somalia. 47% were reported each from Puntland (81) and Central Somalia (81). Of all cases, 71% (123) were children under the age of 5 years.
- Throughout 2009, WHO and partners have seen a steady rise in reported cases of measles in Somalia. In September, four mobile clinics serving IDP camps in Afgooye Corridor and Mogadishu reported 58 suspected cases of Measles. This may represent only a fraction of actual cases, since visits to health facilities are difficult and reporting is compromised. Lower Shabelle, including Afgooye corridor was not targeted by the Child Health Days due to insecurity and limited humanitarian access. The EWARS reporting sites in the region registered another 54 suspected Measles cases between 29th August and 25th September. This brings the total suspected cases to 112, indicating the dire need to advocate for the implementation of targeted age group specific vaccination in the region.

### Primary and Secondary Health Care

- On 3rd and 4th September, 11 medical doctors and 6 nurses of Somali Young Doctors Association (**SOYDA**) provided a "free consultation and treatment campaign" in **km13** on Af-

<sup>1</sup> A previous AWD outbreak in the district with onset on 5th July had been reported in Somalia Health Cluster Bulletin #26, August 2009. 4 out of 7 samples that were collected on 6th and 7th August in Warsheikh had tested positive for *Vibrio Cholerae*. All 7 samples collected on 23rd August tested negative.

goyee corridor (Lower Shabelle) where more than 1,600 internally displaced families live. The preceding health assessment found overcrowding; poor personal and environmental hygiene; lack of drinking water; lack of health care and public services. During the campaign, 559 patients (of them 38% women and 33% children under 5 years of age) were examined. The three leading causes of morbidity were skin infections (95 cases of which 67% patients 5 years or older) including eczema, scabies, impetigo; respiratory infections (83 cases) including bronchitis, pneumonia, common cold, and otitis; and intestinal parasites (71 cases of which 65% children under 5 years of age) including giardiasis, ascariasis, schistosomiasis.



SOYDA's "free consultation and treatment campaign" in km13 on Afgoyee corridor (Lower Shabelle) Photo: SOYDA

- **SOYDA** reported that on 12th September a shell mortar hit Ex Martini hospital in Mogadishu where 97 disabled military veterans and their families live. The attack killed at least 13 people and seriously injured another 17. On 30th September, a team of 8 medical doctors, 5 nurses, 1 lab technician and 2 pharmacists of SOYDA conducted a free treatment campaign in the facility which reached 176 consultations (60% male patients; 22% off all patients under the age of 5 years). The assessment of the location revealed that no public health services are provided in the hospital building.
- Action Contre la Faim (**ACF**) reported a total of 2,298 consultations in September in their OPD (1,912) and MCH (386) in **Mogadishu South**. Major causes of sickness were Acute Respiratory Infections and Anemia. The activities for September in the ACF EPI centers included the immunization of 706 beneficiaries - 561 children under 5 and 145 women of child bearing age. ACF is planning to conduct refresher trainings for MCH staff on HB testing and Anemia diagnosis; and to open an additional EPI center in Mogadishu.
- **AFREC** and **SRCS** continue to assist IDP families with basic services in **Afmadow** and **Hagar districts** (Lower Jubba). Increasing numbers of internally displaced people (IDPs) have been reported in the course of September due to local land disputes. As of 29th September, the number of IDPs in Afmadow was estimated 3,000 and in Hagar 4,200. Active partners in the area such as SRCS and AFREC are alert to the related increased public health risk. WHO shared the information with UNICEF and UNHCR for shelter and food issues to be addressed, and is prepared in case of outbreaks.

Free treatment campaign in Ex Martini hospital, Mogadishu Photo: SOYDA



### **Rehabilitation & support to health facilities**

- On 17th September, **WHO** sent 23 cartons of emergency medical supplies from Wajid (Bakool) to **Buu'ale** (Middle Jubba) for preparedness of emergency health situations in the areas, as fighting (casualties) and outbreaks (Cholera) are anticipated in the area.