

Somalia Health Cluster Bulletin #46



Photo: SAMA

In April, SAMA reported 363 consultations, including 56% women and girls, in Labatunjerow MCH (Bay)

April 2011

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; it is a tool to supplement and support the overall information-sharing. It is available on the Health Cluster Website at www.emro.who.int/somalia/healthcluster.htm

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

HIGHLIGHTS IN APRIL 2011

- Cholera is confirmed in Mogadishu (Banadir)
- In April, four hospitals in Mogadishu reported 882 weapon-related injuries.
- 25 April marked World Malaria Day. This month, 5,717 cases of malaria, including 40% children¹⁰, were reported in Somalia - 18% of cases were confirmed by either laboratory or rapid diagnostic tests.

SITUATION OVERVIEW

Conflict and displacement¹

- Quoting ambulance and hospitals services, OCHA¹ reported 17 civilians killed and more than 70 others wounded due to fighting in **Mogadishu** in the first week of April. OCHA² further reported that, on 12 April, two mortar rounds exploded inside the Medina Hospital compound killing 2 people and wounding 8 others, including 2 hospital staff. In a separate incident, two people were reportedly killed and three others injured when a mortar round landed at the Bakara Market. The market remained inaccessible by main roads thus limiting livelihoods activities.
- In April, WHO reported that three hospitals in **Mogadishu** registered 702 weapon-related casualties, including 178 (25%) children under the age of 5 years and 13 registered deaths of which 1 was under the age of 5 years. The exact numbers of deaths on site remain unknown. A fourth hospital reported 180 weapon-related casualties. Women and girls are estimated to account for 38% of all cases.
- Tension continued in **Lower Jubba**. According to OCHA¹ and reports from health cluster partners, fighting occurred in Dhobley (Lower Jubba) on 3 April. Unconfirmed numbers of people were killed, more than 15 others were wounded, and at least 27,000 people are estimated to have been displaced. More fighting was reported³ from Tabto village (45km from Dhobley) on 20 April.
- **Gedo** region remained unstable with attacks or fighting and high tension in the area reported¹ in April. On 26 April⁴, a minibus transporting passengers hit a land mine which exploded and killed 10 people and wounded 14 others some 5km northeast of Luuq town, Gedo region. Most of the passengers, the majority being women and children, were IDPs hoping to reach refugee camps in Ethiopia.
- Based on the **Somalia Population Movement Tracking System**, UNHCR reported in April a total of 14,400 displacements nationwide, including 6,100 from (3,400) and within (2,700) Mogadishu. These displacements showed a downward trend since the beginning of the year with lowest figures reported since April 2009. Most displacements were reported in South Central Somalia. Nationwide displacements are related to insecurity in 51%, drought in 36% and lack of livelihoods in 12%.

¹ OCHA Weekly Humanitarian Bulletin #14, 1-8 April 2011

² OCHA Weekly Humanitarian Bulletin #15, 8-15 April 2011

³ OCHA Weekly Humanitarian Bulletin # 16, 15-21 April 2011

⁴ OCHA Weekly Humanitarian Bulletin #17, 21-29 April 2011



Climate - rainfall, food security and nutrition

- On 3 May, the Famine Early Warning Systems Network (FEWS NET)⁵ reported moderate rains in most parts of the South and some parts of the Northwest of Somalia. However, with the exception of some pockets in Bari and Sanaag regions, most of the Northeast and Central regions received light showers during 21-30 April. Parts of the country which received rains, field reports confirmed livestock death due to hypothermia. According to FewsNet⁶, key areas in need of life-saving emergency assistance are pastoral areas of Central, Nugal Valley and Sool Plateau, and agro-pastoral and marginal cropping areas of Southern Somalia, notably Lower Jubba and Hiraan.
- FAO⁷ alerted the humanitarian community that the number of Somalis in humanitarian need is likely to increase from the current 2.4 million in the coming months as the impact of drought continues to grip the region, coupled with ongoing conflict and related population displacement, and skyrocketing food prices.
- On 17 April, an inter-agency field monthly coordination meeting took place³ in Garowe, Puntland, to discuss the drought situation and response. During the meeting, UNHCR reported that there was an increase in displacement due to the drought into urban centres in Bari, Karkaar, Sool and Sanaag, Nugaal and Mudug regions.

Field coordination and assessments

- Between 30 March and 2 April, WHO conducted an ad hoc assessment mission to Sakow and Banada in Bu'aale district and Naasariya and Qalawilley villages in Hagar district (*Middle Jubba*). The locations are provided with basic health services by SRCS and a local NGO Somali Aid Foundation (SAF).
- Health cluster focal agency for Banadir region WARDI together with the Ministry of Health and seven partner agencies held the health/ WASH field cluster coordination meeting for *Banadir and Lower Shabelle* regions in Mogadishu on 3 April. Focus of the meeting was the issue of AWD in Mogadishu and surrounding drought affected areas. WARDI reported activities in response to AWD in Wanlaweyne district, Belet Amiin, Hakaw and Dudumay villages. Partners shared information about achievements and challenges faced in implementing health activities during the previous month.
- Following alarming and conflicting information on Acute Watery Diarrhoea (AWD) in *Middle Shabelle*, particularly Aden Yabal and Ruunirgood districts, OCHA called for an ad hoc meeting on 13 April. Five organizations were represented and provided additional information.
- On 17 April, an inter-agency field monthly coordination meeting³ took place in *Garowe*, Puntland, to discuss the drought situation and response. During the meeting, UNHCR reported that there was an increase in displacement due to the drought into urban centres in Bari, Karkaar, Sool and Sanaag, Nugaal and Mudug regions.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁸, outbreak detection⁹ and response

- Between epidemiological weeks 14-17 (4 April - 1 May 2011), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in *South and Central Somalia* reported 8,260 consultations for 7 health events, including 5,653 (68%) children¹⁰. Most common causes of morbidity were acute watery diarrhoea (AWD) in 4,534 cases (including 75% children), suspected malaria (MAL) in 1,615 cases (38% children) and acute bloody diarrhoea (ABD) in 1,085 cases (57% children). Suspected measles¹¹ (MSL) were reported in 850 cases (70% children), suspected whooping cough (WCO) in 141 cases (90% children), and suspected meningitis in 29 cases (90% children).

CONSOLIDATED APPEALS PROCESS (CAP) UPDATE

In April, OCHA initiated the mid-year-review (MYR) process for the CAP 2011. The health cluster shared all relevant information with all partners, including timeline, guidelines, specific roles and deadlines templates for the partners, coordinators and other parties of the overall humanitarian community of Somalia.

The health cluster coordinator highlighted that the collaboration and contribution (e.g. timely feedback and reporting) from partners in the MYR process is crucial and will be considered in upcoming funding rounds for the clusters.

Updates on the progress and timelines as well as all background information about the mid-year-review are available at <http://ochaonline.un.org/Somalia/CAP2011>.

According to the Financial Tracking System (FTS) and information from partners, as of 7 April, the health cluster had received 12% of the requested US\$ 58.79 million funding against the CAP 2011. Additional US\$ 4.21 million were granted to health cluster projects in the second standard allocation round of CHF.

COMMON HUMANITARIAN FUND (CHF) AND CENTRAL EMERGENCY RESPONSE FUND (CERF)

Eighteen projects by health cluster partners were granted a total of US\$ 4.21 million under the second standard allocation of the CHF. Disbursement of the funds is still ongoing. As of end of April, only 2 agencies had received the funds. Latest updates and additional information are available at <http://ochaonline.un.org/somalia/chf>

⁵ FewsNet Somalia Rain Watch, 3 May 2011, for more detailed information and regular climate-related updates see www.fews.net/somalia

⁶ Fewsnet Somalia Food Security Outlook, April to September 2011

⁷ FAO/ FSNAU/ SWALIM Press Release, 27 April 2011

⁸ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

⁹ Health cluster partners are advised to submit any outbreak alerts and/or epidemiological information to outbreak@nbo.emro.who.int and angalukia@nbo.emro.who.int to facilitate coordinated and timely response.

¹⁰ The term children here refers to those under the age of 5 years.

- Seventeen sites participating in the integrated disease surveillance and response network (IDSR) in **Lower and Middle Jubba** reported a total of 4,597 consultations for 16 health events in epidemiological weeks 14-17. Children¹⁰ accounted for 2,646 (58%), women and girls for 2,878 (63%) of the cases. Leading causes of morbidity (see table 1) were suspected malaria (MAL); acute watery diarrhoea (AWD); and influenza like illnesses (ILI).

- In epidemiological weeks 14-17, **Banadir Hospital** (Mogadishu) reported 618 cases of AWD, including 470 (76%) children under the age of 5 years. Of the 22 reported deaths, 19 were children¹⁰. Children under the age of 2 years alone accounted for 52% of all reported cases and 68% of the related deaths. These figures suggest that the mode of transmission is predominantly person-to-person and that many people are carriers of cholera and bacteria are shed seasonally. With the technical guidance of **WHO**, an **inter-cluster cholera taskforce** has been established in **Mogadishu** after a cholera outbreak was declared on 31 March 2011. WHO prepositioned 17 diarrhoeal disease kits and 7 interagency emergency health kits in Mogadishu which were distributed to selected health partners. With these kits, about 1,700 severe AWD cases can be treated and 70,000 people can be medically assisted for the next three months.

- In April, **Habeeb** cholera treatment centre (CTC) in Mogadishu reported 90 admissions, including 47 (52%) children¹⁰ and 1 death (under the age of 5 years).

- In epidemiological weeks 14-17, **WARDI** reported 361 consultations (new visits) for 16 health events (IDSR) from **Hamarjajab MCH** in Mogadishu. Children¹⁰ accounted for 206 (57%), women and girls for 188 (52%) of all cases. Leading causes of morbidity were AWD in 111 cases (including 82% children); ILI in 110 cases (63% children); and malaria in 100 cases (18% children). Of all malaria cases, 31 were confirmed by laboratory or RDT. Also reported were 18 cases of suspected measles¹¹, including 17 children.

- In epidemiological weeks 14-17, **SOYDA** reported 1,530 consultations (in IDSR) from 3 health facilities in **Mogadishu** and **Afgooye Corridor**. Of all consultations, 600 (39%) were children¹⁰ and 950 (62%) were women and girls. Leading causes of morbidity were ILI in 584 cases (including 35% children); confirmed malaria in 362 cases (33% children); AWD in 250 cases (44% children); and SARI in 209 cases (37% children). Also reported were 31 cases of suspected measles (84% children). Of all consultations, 546 (36%) from Elasha MCH, 533 (35%) were reported from Lafoole MCH, and 451 (29%) from Wadajir MCH.

- During epidemiological weeks 14-17, the **IDSR in Lower Shabelle** reported 29,963 consultations from 51 health facilities. Children¹⁰ accounted for 13,265 (44%) cases, women and girls for 16,338 (55%) of consultations. Of the 21 reported deaths, 13 (62%) were under the age of 5 years, and 18 (86%) were related to AWD. Major causes of morbidity (see table 2) were influenza like illnesses (ILI); malaria; suspected measles¹¹ (MSL); acute watery diarrhoea (AWD); and suspected whooping cough (WCO). Of all malaria cases, 285 (54%) were confirmed by either laboratory or rapid diagnostic tests (RDT). Two districts, Merka and Afgooye, alone accounted for 75% of all reported consultations.

- The **CTC in Merka Hospital** (Lower Shabelle) reported 62 additional cases of AWD and no death in April. Of all cases, 28 (45%) were children¹⁰. WHO provided 1 DDK to Merka Hospital and continues to monitor AWD trends in the region.

- In April, **Islamic Relief** reported a total of 2,225 consultations (under IDSR) from the following IDP settlements in the **Afgooye Corridor** (Lower Shabelle): Saacid in Ceelasha (737), Sabir in Hawa Abdi (565), Horseed in Lafoole (554), and Giumale in Arbis (369). Of

INTEGRATED DISEASE SURVEILLANCE AND REPORTING (IDSR) — PARTICIPATING AGENCIES/ FACILITIES IN APRIL 2011

- 29 partners reported¹⁴ to IDSR in April 2011. Agencies which participated in the reporting were: AFREC; COOPI; COSV; Fiqi Hospital (Afgooye); Gargaar MCH (Afgooye); Hayat Medical Group; HIJRA; Intersos; Islamic Relief; Kismaayo Hospital; Kulmiye Hospital (Afgooye); Muslim Aid; Neuroclinic (Afgooye); New Way; SAACID/ Oxfam Novib; Somali Aid Foundation; Saagi Hospital (Afgooye); SAMA; SORDES; SOS (Mogadishu); SOYDA; SRCS; SWISSO Kalmo; Trocaire; VMS Hospital (Afgooye); WARDI; WFL; WHO; and Zamzam Foundation



Photo: WARDI
WARDI provides health services for children in the pediatric department of Hamarjajab MCH in Mogadishu

Table 1: IDSR Lower and Middle Jubba, weeks 14-17

cause of morbidity	total cases	<5 <5 % of total	<5 % of total
MAL	1,717	896	52
AWD	1,389	900	65
ILI	1,280	792	62



Photo: SOYDA

SOYDA reported 451 consultations in April from Wadajir MCH (Mogadishu).

Table 2: IDSR Lower Shabelle, weeks 14-17

cause of morbidity	total cases	<5 % of total
ILI	4,570	56
malaria	526	49
MSL	456	83
AWD	441	52
WCO	195	88

¹¹ All cases of fever and rash are considered "suspected measles".

all consultations, 1,461 (66%) were children¹⁰ and 1,084 (49%) were women and girls. Most common causes of morbidity in all four areas were ILI in 1,274 cases (including 60% children); suspected measles¹¹ in 298 cases (84% children); malaria in 185 cases (48% children); and AWD in 10 cases (8 children). Of all malaria cases, 54 (29%) were confirmed by either RDT or laboratory.

- During epidemiological weeks 14-17, **Trocaire** reported to IDSR from 8 health facilities (namely Garbaharey Hospital, Luuq and Belet Xaawo hospitals, and Ceelcaade, Buurdubbo, Ceelbon, Geedweyne and Dolow MCHs) in **Gedo** a total of 2,534 consultations for 16 health events. Of all consultations, 24% (614) were reported from Belet Xaawo, 14% (362) from Garbaharey, and 13% (323) from Geedweyne districts. Children¹⁰ accounted for 1,389 (55%) cases, women and girls for 1,322 (52%) of all consultations. Leading causes of morbidity were suspected malaria in 728 cases (including 42% children), ILI in 708 cases (52% children), and AWD in 585 cases (81% children).
- In epidemiological weeks 14-17, the outpatient department (OPD) of **Baidoa Hospital** (Bay), supported by **COOPI**, reported 540 consultations for 16 health events (IDSR). Of all patients, 247 (46%) were children¹⁰, and 267 (49%) were women and girls. Leading causes of morbidity were confirmed malaria in 279 cases (46% children) and AWD in 201 (45% children).
- In April, Salama Medical Agency (**SAMA**) provided health services in **Labatunjerow MCH** (Bay) and through mobile outreach activities (in Tagaal Erjeegle and Bowka villages), targeting approximately 75,000 people in the area. SAMA reported 363 consultations this month, including 196 (54%) children¹⁰ and 202 (56%) women and girls. Most common causes of morbidity were SARI in 126 (35%) cases, ILI in 102 (28%), suspected malaria in 88 (24%), and AWD in 39 (11%) cases.
- In epidemiological weeks 14-17, **WARDI** reported from **Beletweyne MCH** (Hiraan) a total of 410 consultations (under IDSR) of which 216 (53%) were children¹⁰. Women and girls accounted for 212 (52%) cases. The leading causes of morbidity were malaria in 117 cases (including 35% children), ILI in 118 cases (69% children), and AWD in 101 cases (79% children). Of all malaria cases, 23 (20%) were confirmed by either laboratory or RDT. Also reported were 7 cases of suspected measles¹¹ (six of them under the age of 5 years).
- After **WHO** had provided medical supplies in response to AWD rumours last month in Barag Ciise village (**Galmudug**), the WHO investigation team visited the area for follow-up. No additional cases were identified and the AWD sample collected tested negative for cholera using the Cholera Smart II rapid diagnostic test.
- In response to rumors of 250 suspected cases and 13 deaths related to a strange disease affecting children in Xingood village, Hobyo district (**Mudug**), **WHO** sent an outbreak investigation team to verify cases. The team collected 10 samples results are awaited. Patients were reached with mobile clinics in the area and received antibiotic treatment. Since the visit no new cases were reported.
- Between epidemiological weeks 14-17, over 50 sentinel sites of the **CSR** in **Somaliland** reported 780 consultations related to 7 health events and 1 death (due to AWD). 524 (67%) of all consultations were children¹⁰. AWD accounted for 631 (81%) cases including 453 (72%) children, ABD for 89 (11%) cases including 36 (40%) children, suspected measles¹¹ for 53 (7%) cases including 30 (57%) children.



Photo: WHO
During the launch ceremony of the vaccination week, the President of Puntland gave two polio drops to a child, while the Director-General of Health was holding the baby.

SPECIAL EVENTS IN APRIL 2011

The **World Vaccination Week** started on 23 April in about 180 countries and territories world wide. Somalia participated for the second time with activities across all parts of the country, including Mogadishu, Garowe, Bossaso and Hargeisa. Radio spots in English and Somali, and more information is available at the WHO website <http://www.emro.who.int/somalia/>.

On 25 April, the **World Malaria Day** was celebrated also in Garowe. The launch organised by the Ministry of Health with support from WHO included awareness raising activities with contribution and participation of government officials.

WHO used the **World Health Day** on 7 April with the theme "antimicrobial resistance: no action today, no cure tomorrow" to sensitize the world for the increasing resistance of microorganisms against medicines, such as antibiotics, which leads to the reduction in the effectiveness of available treatment of several infectious diseases. For more information see <http://www.who.int/world-health-day/2011/en/index.html>.



Photo: WHO
Vice Minister of Health of Puntland and other dignitaries took rapid diagnostic test during the World Malaria Day 2011 ceremony to raise awareness.

Vaccine-preventable diseases (VPD)

- Between epidemiological weeks 14-17, the **WHO** AFP surveillance and EPI sites have reported a total of 1,728 cases of suspected measles¹¹ from across **Somalia**. Of the total of suspected cases, 34% (593) were reported from Banadir, 26% (454) from Lower Shabelle, and 16% (271) from Bari.
- **WHO** and **UNICEF** supported the health authorities in conducting the second round of National Immunization Days (NIDs) which aim to maintain the polio-free status of Somalia. These supplementary immunization activities were conducted between 24-26 April in **Somaliland** and 25-27 April in **Puntland**, and the two accessible regions of South Central Somalia, Banadir and Galgaduud. A total of more than 890,000 children¹⁰ were reported to have received Oral Polio Vaccine (OPV). The IDPs in the Afgooye Corridor remained inaccessible for mass vaccination activities, bringing the number of children without vaccination coverage to almost 1 million. The lack of access to conduct Child Health Days (CHDs) planned for June/ July this year, poses the high risks of re-introduction of wild polio virus as well as transmission and outbreaks of other vaccine-preventable diseases in Somalia.

Neglected tropical diseases

- In April, **SOS** reported 14 cases of suspected kala azar and 1 related death (7-years-old girl) in **Bay region**. All cases were children under the age of 15 years, 9 (all boys) were less than 5 years old, and 5 (2 girls and 3 boys) were between 5 and 14 years old.
- In the same reporting period, partners in **Bakool region** reported 4 cases (3 boys and 1 girl, all under the age of 5 years) of suspected kala azar and no related death from Tieglow. The reporting of cases is currently based on clinical diagnosis only.

Primary and secondary health care and support to health facilities

- Between 27 April—5 May, **AFREC** reported from the MCHs in Kismaayo, Afmadow and Dhobley (**Lower Jubba**) a total of 139 consultations, including 79% (110) children¹⁰ and 55% (77) women and girls. Of all cases, 29% (40) were reported as influenza like illnesses and 19% (27) as respiratory infections, in particular pneumonia. AFREC also reported 220 pregnant and lactating women to have received safe motherhood services. AFREC raised concerns about the increasing number of consultations due to the combination of drought, conflict and lack of health facilities in the area.
- Horn of Africa Mobile Doctors Initiative (**HAMDI**) has reported to provide emergency health care services to IDPs in **Mogadishu** and **Lower Shabelle** through mobile outreach and two OPD centers in Medina and Hodan districts (Mogadishu). The target population is estimated at 135,000. In April, the organization reported 798 consultations and conducted health education in 5 schools.
- As part of the drought response, **Intersos** with support from **WHO**¹² continued to operate mobile clinics in **Lower Shabelle** and facilitated access to emergency health services for displaced populations in areas where there are no operational health facilities.
- Between 4-8 April, **Baidoa Regional Hospital (Bay)** dispatched an emergency health response team to several villages in Dinsor. A total of 1,285 patients were seen during this outreach campaign. Most common ailments were respiratory tract infections in 18% of all consultations and diarrhoeal diseases. Major challenges in the area are related to acute water shortages.
- Emergency mobile teams were reported² to have been providing medical consultations and emergency treatment to 1,285 patients, including 379 children¹⁰ in 13 villages in Wantaba area of Dinsor (**Bay**). Most cases were treated for malaria, diarrhoeal diseases, respiratory infections or anaemia.

Training and capacity-building

- In their broad efforts to improve emergency obstetric care and reduce maternal mortality in Somalia, **WHO** conducted two consecutive trainings¹³ in Kulmiye Hospital (**Afgooye Corridor**) - from 2-9 April with 9 participants and 9-14 April with 10 participants. The trainings covered both theoretical and practical sessions on safe delivery, Caesarian section, and principles of emergency obstetric care.



Photo: HAMDI

A pregnant woman is receiving medical assistance in Hodan OPD in Mogadishu.

DISTRIBUTION OF SUPPLIES IN APRIL 2011

WHO provided

- * 1 diarrhoeal disease kit (DDK) for the treatment of 100 severe cases to Habeeb Hospital (Mogadishu)
- * 1 DDK and 1 IEHK (serving 10,000 population for three months) to Banadir Hospital (Mogadishu)
- * 1 DDK and 1 IEHK to Mudug Regional Hospital
- * 1 IEHK to Baidoa Hospital (Bay)
- * 1 IEHK to COSV in Merka Hospitals (Lower Shabelle)

¹² EHA weekly highlights, 9-15 April 2011

¹³ The second training is documented in a short film, and will be available at <http://www.youtube.com/WHO Somalia>

¹⁴ Not all agencies reported on a regular basis but all submitted at least 2 weeks reports.