

Somalia Health Cluster Bulletin #44



Photo: SAMA

February 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

More than 900 patients have sought medical care in Labatunjerow MCH (Bay) in February

HIGHLIGHTS IN FEBRUARY 2011

- Two hospitals in Mogadishu reported 425 weapon-related injuries.
- The health cluster is receiving US\$4.25 million under the second standard allocation of CHF.
- 28 health cluster partners contributed to the integrated disease surveillance and reporting network, reporting on 16 clinically diagnosed diseases.
- No outbreaks of communicable diseases were reported this month.

SITUATION OVERVIEW

Conflict and displacement

- In February, partners reported newly increased fighting in **Mogadishu**. Especially the area of and around Bakara Market is highly contested by opposing forces. OCHA^{1, 2} reported continuing heavy battles throughout the month which killed at least 57 civilians and left more than 137 others wounded. On 20 February, a suicide explosion in the capital killed at least 7 people and wounded 35 others. Two children, aged 10 and 11 years, were among those killed in the blast. The explosion was targeted at a TFG military base in Mogadishu. Al Shabaab claimed responsibility for the incident.
- In February, two major hospitals in **Mogadishu** reported 425 weapon-related casualties, including 10 (2.4%) children under the age of 5 years and 6 registered deaths (all above 5 years). The exact numbers of deaths on site remain unknown.
- According to OCHA reports^{2, 3}, in the last week of February, conflict intensified in **Mogadishu** while at the same time warring groups fought in **Belet Xaawo** (Gedo) and **Belet Weyne** (Hiraan). Since 7 February^{1, 2}, heavy fighting also occurred in **Buuhoodle district** (Togdheer) between opposing forces. In the course of the month, at least 20 people were killed and 22 others wounded, including civilians. According to media reports some 3,000 people have been displaced in the initial period of the fighting.
- Based on the **Somalia Population Movement Tracking System**, in February, UNHCR reported a total of 29,000 displacements nationwide, including 10,000 from (5,900) and within (3,900) Mogadishu. Over 50% of all displacements are related to the ongoing drought.

Climate - rainfall, food security and nutrition

- On 23 February, Famine Early Warning Systems Network (FEWS NET)⁴ published the latest public food security alert for East Africa. Key concerns for Somalia included that (1) households in pastoral and marginal cropping areas are facing high levels of food insecurity due to ongoing drought, deteriorating purchasing power, and, in some areas, limitations to humani-

¹ OCHA weekly humanitarian bulletin #6, 4-11 February 2011

² OCHA weekly humanitarian bulletin #8, 18-25 February 2011

³ Somalia Humanitarian Overview vol.4, issue 2, February 2011

⁴ For more detailed information and regular climate-related updates see www.fews.net



tarian assistance. (2) Poor performance of March-May rainfall would result in further deterioration in food security. Large-scale emergency assistance to address current food insecurity is needed; contingency planning, given the possibility of a major crisis, should also be implemented.

- As confirmed by OCHA², humanitarian agencies have increased response activities due to the growing influx of drought-displaced people into Mogadishu and neighbouring areas. These activities are mainly focusing on food assistance, nutrition, WASH, health, agriculture and livelihood support.

Field coordination and assessments

- The field coordination meeting for health in **Banadir** and **Lower Shabelle** was held in Mogadishu on 9 February at HIJRA office. The focal agency for Banadir WARDI together with the Ministry of Health chaired the meeting which was attended by 9 health cluster partner agencies. The meeting serves for partners on the ground to exchange current affairs, achievements of the previous month and plans for health activities in the coming month. In regard to the drought and related displacement, the participants identified 3 key areas - (1) Wadajir, Dharkenley and Hodan districts, (2) Hamar Jabab, Hamarweyne, Waberi and Shingani districts, and (3) Afgooye Corridor - and recommended capacity building of field actors and additional emergency medical and nutritional supplies.
- In the field coordination meeting for health in **Banadir** and **Lower Shabelle** in March, eight partner agencies shared their information on achievements, ongoing response activities and population movement in February, discussed the humanitarian and health impact of the renewed conflict in Mogadishu, current gaps in the provision of health services, and developments in the second standard allocation for CHF. SOYDA, WARDI, Islamic Relief, HAMD, SAACID, HIJRA and the National Youth Development Centre (NYDC) presented their current state of health activities. The meeting minutes will be available on the health cluster website.
- On 10 February, OCHA published a summary of the situation of IDPs who have moved to **Mogadishu** in the last few months, largely due to the drought. This summary is based on information acquired through recent rapid assessments and will assist agencies undertaking immediate response. Most urgent humanitarian needs identified were related to food, WASH, shelter and health.
- On 2 February, the UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Ms. Valerie Amos, visited Somalia. She met with government officials in **Garowe**, including the President of Puntland, to discuss humanitarian concerns and priorities such as drought response, support to displaced populations and protection of civilians. In **Galkacyo** (Mudug), she met a local drought committee, set up to respond to the growing needs of the drought-affected populations in Somalia. Ms. Amos also visited the Halabokad settlement for internally displaced people (IDP) located on the outskirts of Galkacyo town, one of the few IDP settlements where the displaced people own their land, the result of a local initiative in April 2010 to secure land tenure rights for IDPs and is a model for good and sustainable IDP policy.

HEALTH CLUSTER FOCAL AGENCIES FOR 2011 IN SOMALIA	
Region/ Zone	Agency
Somalliland	Save the Children
Puntland	Merlin
Galmudug	WHO/ Merlin
Hiraan	WHO (as last resort)
Gedo	WHO (as last resort)
Banadir	WARDI/ WHO
Middle Shabelle	Interos
Lower Shabelle	COSV
Bay	GTZ
Bakool	GTZ
Middle Jubba	AFREC/ Zamzam
Lower Jubba	Muslim Aid UK/ AFREC



Photo: Mohamed Dahir
Valerie Amos speaks with newly resettled IDPs at the Halabokad settlement in Galkacyo (Mudug)

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁵, outbreak detection⁶ and response

- Between epidemiological weeks 5-8 (31 January - 27 February 2011), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South** and **Central Somalia** reported 7,421 consultations for 7 health events, including 4,870 (66%) children⁷. Most common causes of morbidity (see table 1) were acute watery diarrhoea (AWD), suspected malaria (MAL) and acute bloody diarrhoea (ABD).
- Fourteen sites participating in the integrated disease surveillance and response network (IDSR) in **Lower** and **Middle Jubba** reported a total of 4,522 consultations for 16 health events in epidemiological weeks 5-8. Children⁷ accounted for 3,078 (68%) of cases; women and girls accounted for 2,624 (58%) of the cases. Leading causes of morbidity were AWD in 1,540 cases, including 1,187 (77%) children;

Table 1: Consultations for 7 health events in South and Central Somalia, weeks 5-8 (source: CSR)

health event	week 5		week 6		week 7		week 8		total	
	<5	>5	<5	>5	<5	>5	<5	>5	<5	>5
ABD	148	110	148	76	146	106	141	83	583	375
AWD	754	201	795	235	814	238	826	253	3,189	927
MAL	178	261	174	336	150	309	149	243	651	1,149
MSL	67	6	75	9	112	3	85	15	339	33
MEN	5	10	8	10	3	6	9	2	25	28
NTT	5	0	1	0	3	0	6	0	15	0
WCO	9	2	17	19	16	11	26	7	68	39
total	1,756		1,903		1,917		1,845		7,421	

influenza like illnesses (ILI) in 1,352 cases, including 916 (68%) children; and MAL in 1,189 cases, including 795 (67%) children. Jilib and Kismaayo districts alone accounted for 55% of all consultations.

- In mid February, **WHO** received rumours of bloody diarrhoea from Naasariya and Qalawilley villages of **Hagar district** (Lower Jubba). Rumour verification was conducted and revealed that the reported cases were among the guests of a wedding ceremony. No additional cases were identified during the investigation.
- Health education, hygiene promotion, AWD awareness and prevention activities continue in **Lower** and **Middle Jubba** with **AFREC** in Kismaayo, Dhobley and Afmadow districts, **Muslim Aid** in Kismaayo and Jamaame districts, **SRCS** in Badhade, Jilib, Gududey and Kismaayo districts, **Zamzam** in Jilib, **SAF** and **SORDES** in Hagar district. **WHO** is distributing cholera case management guidelines to ensure early reporting and effective response in case of outbreaks.
- In epidemiological weeks 5-8, **Banadir Hospital** (Mogadishu) reported 395 cases of AWD, including 83% (327) children⁷. Of the 13 reported deaths, 11 were children. **WHO** and partners continue to monitor and carry out preventive and case management interventions.
- In February, **Habeeb** cholera treatment centre (CTC) in Mogadishu reported 43 admissions, including 70% (30) children⁷ and 2 deaths (both older than 5 years).
- In February, **WARDI** reported (in HMIS) 997 consultations (new visits) from **Hamarjabjab MCH** in Mogadishu. Children⁷ accounted for 33% (331), women and girls older than 5 years for 50% (499) of all cases. Leading causes of morbidity were respiratory infections (RTI) in 140 cases, including 49% (68) children; AWD in 69 cases, including 81% (56) children; and malaria in 56 cases, including 48% (27) children. Of all malaria cases, 9% (5) were confirmed by laboratory or RDT. Also reported were 4 referrals to Banadir Hospital and 30 assisted deliveries (all live births) were registered, of those 13 in the MCH.
- In epidemiological weeks 5-8, **SOYDA** reported 2,688 consultations (under IDSR) from 3 health facilities in **Mogadishu** and **Afgooye Corridor**. Of all consultations, 46% (1,251) were children⁷ and 62% (1,663) were women and girls. Leading causes of morbidity were SARI in 1,520 cases, including 44% (671) children; confirmed malaria in 448 cases, including 37% (164) children; AWD in 263 cases including 60% (158) children. Of all consultations, 36% (972) were reported from Lafoole MCH, 34% (908) from Elasha MCH, and 30% (808) from Wadajir MCH. Also reported were 77 cases of suspected measles⁸ and 54 cases of suspected meningitis.
- During epidemiological weeks 5-8, the **IDSR** in **Lower Shabelle** reported 25,682 consultations from 51 health facilities. Children⁷ accounted for 44% (11,336), women and girls for 57% (14,547) of consultations. The 2 reported deaths were under the age of 5 years. Major causes of morbidity (see table 2) were influenza like illnesses (ILI); malaria (MAL); suspected measles⁸ (MSL); acute watery diarrhoea (AWD); and suspected whooping cough (WCO). Of all malaria cases, 61% (483) were confirmed by either laboratory or rapid diagnostic tests (RDT). Two districts, Merka and Afgooye, accounted for 72% of all consultations.
- The **CTC** in **Merka Hospital** (Lower Shabelle) reported 30 additional cases of AWD and no death in February. Of all cases, 80% (24) were children⁷.
- Local NGO **HIJRA** reported an additional 372 consultations (under IDSR) in epidemiological weeks 5-8 from **Daryeel MCH** in Lafoole along Afgooye Corridor (Lower Shabelle). Children⁷ accounted for 54% (200), women and girls for 51% (188) of all consultations. Leading causes of morbidity were severe acute respiratory infections (SARI) in 132 cases (including 64% children); ILI in 150 cases (47% children); confirmed malaria in 54 cases (57% children) and AWD in 36 cases (42% children). In three weeks of the month, a total of 65 deliveries, all life births, were reported from the facility.



Photo: WHO

Health education on personal and environmental hygiene in communities is essential in the prevention of outbreaks of communicable diseases such as diarrhoea



Photo: SOYDA

Children accounted for almost half of the 2,688 consultations reported from 3 MCHs

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
ILI	3,347	1,826	54
MAL	790	272	34
MSL	113	103	91
AWD	98	85	87
WCO	76	72	94

⁵ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

⁶ Health cluster partners are advised to submit any outbreak alerts and/or epidemiological information to outbreak@nbo.emro.who.int to facilitate coordinated and timely response.

⁷ The term children here refers to those under the age of 5 years.

⁸ All cases of fever and rash are considered "suspected measles".

⁹ Not all agencies reported on a regular basis but all submitted at least 2 weeks reports.

- In February, **Islamic Relief** reported a total of 2,154 consultations (under IDSR) from the following IDP settlements in the **Afgooye Corridor** (Middle Shabelle): Sabir in Hawa Abdi (530), Saacid in Cee-lasha (683), Horseed in Lafoole (603), and Giumale in Arbis (338). Of all consultations, 62% (1,346) were children⁷ and 52% (1,118) were women and girls. Most common causes of morbidity in all four areas were ILI in 951 cases (including 45% children); SARI in 779 cases (37% children); malaria in 446 cases (40% children); suspected measles in 77 cases (87% children); and AWD in 21 cases (86% children). Of all malaria cases, 34% (152) were confirmed by either RDT or laboratory.

- **WHO** conducted an outbreak investigation after receiving rumours of increasing AWD cases in week 4 from **Sablaale district** (Lower Shabelle). However, no cases of AWD were seen during the outbreak investigation visit, and the information was clarified as misreporting.

- During epidemiological weeks 5-7, **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 1,530 consultations for 16 health events (IDSR). 19% (286) of the consultations were reported from Garbaharey, 24% (363) from Belet Xaawo, 11% (164) from Luuq, and 9% (142) from Dolow districts. Of all consultations, 54% (830) were children⁷. Leading causes of morbidity were ILI in 513 cases (49% children), malaria in 499 cases (42% children), AWD in 258 cases (80% children) and SARI in 147 cases (61% children). Of all malaria cases, only 3% (16) were confirmed by either laboratory or rapid diagnostic tests (RDT).

- In mid February, **WHO** received outbreak rumours from Dhaso village, **Ceel Waaq district** (Gedo). Health cluster partners on the ground confirmed that the situation is under control and no new cases were reported in the last two weeks of February.

- In epidemiological weeks 6-8, the outpatient department (OPD) of **Baidoa Hospital** (Bay), supported by **COOPI**, reported 390 consultations for 16 health events (IDSR). Of all patients, 189 (48%) were children⁷ and 183 (47%) were women and girls. Leading causes of morbidity were AWD in 112 (51% children) and confirmed malaria in 238 cases (46% children). With support from WHO, the hospital is also providing fistula repair activities.

- In early February, **WHO** received rumours of respiratory tract infection outbreak among drought victims in Waambati village in **Dinsoor district** (Bay). No fixed health facility is operating in the area. During assessment visits, retrospective data was reviewed but the alarmingly high numbers of cases and deaths could not be confirmed. In response to the current situation, WHO sent an investigation team with universal transport media kits to collect samples from selected cases of severe acute respiratory infections, one health post kit and one basic unit of the interagency emergency health kit, and additional Erythromycin syrup and tablets. In order to provide the essential health services, WHO established a health post which will be run by trained community health workers under direct supervision of WHO. UNICEF sent chlorine.

- On 10 February, 6 AWD cases (5 of them children⁷) and 1 related death were reported from Korombod, Koban and Yaa Qoore villages in **Qansadheere district** (Bay). **WHO** initiated rumour investigation and the situation was discovered under control. No new cases were reported in the second half of the month. Insecurity in the area necessitated the shortening of the investigation mission.

- Salama Medical Agency (**SAMA**) provides basic preventive and curative health services in **Labatunjerow MCH** (Bay) including maternal and child health, hygiene promotion and health education, outpatient and outreach health services. In February, reported consultations at the MCH continued to increase to 927, including 47% (437) children⁷ and 55% (509) women and girls. Most common causes of morbidity were SARI in 146 cases (50% children), suspected malaria in 80 cases (40% children), and AWD in 41 cases (98% children). Fifty women received antenatal care. The outreach services attended to another 379 patients, including 44% (167) children and 51% (192) women and girls in Jeelow, Tagaal, Qerimey, Ganugle and Dubigaas villages.

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

- 28 partners reported⁹ to IDSR in February 2011.
- Agencies which participated in the reporting were:

* AFREC	* Somali Aid Foundation
* COOPI	* Saagi Hospital (Afgooye)
* COSV	* SAMA
* Fiqi Hospital (Afgooye)	* SORDES
* Gargaar MCH (Afgooye)	* SOS (Mogadishu)
* Hayat Medical Group	* SOYDA
* HIJRA	* SRCS
* Intersos	* SWISSO Kalmo
* Islamic Relief	* Trocaire
* Kulmiye Hospital (Afgooye)	* VMS Hospital (Afgooye)
* Muslim Aid	* WARDI
* Neuroclinic (Afgooye)	* WFL
* New Way	* WHO
* SAACID/ Oxfam Novib	* Zamzam Foundation



Photo: SAMA

In February, fifty women received antenatal care in Labatunjerow MCH (Bay)

SPECIAL EVENTS IN FEBRUARY 2011

- 4 February: **World Cancer Day** For more information see <http://www.who.int/mediacentre/factsheets/fs297/en/index.html>
- 6 February: **International Day of Zero Tolerance for FGM** (Female Genital Mutilation)

- In three weeks of February, **WARDI** reported from **Belet-weyne MCH** (Hiraan) a total of 498 consultations (under IDSR) of which 215 (43%) were children⁷. Women and girls accounted for 54% (271) of all cases. The leading causes of morbidity were MAL in 217 cases (25% children), ILI in 105 cases (71% children), AWD in 86 cases (70% children), and suspected measles⁸ in 20 cases (70% children). Of all malaria cases, 32% (69) were confirmed by either laboratory or RDT. Also reported were 4 cases of suspected whooping cough.
- In epidemiological weeks 5-6, over 45 sentinel sites of the **CSR** in **Puntland** reported 430 consultations and no death for 7 health events. 66% (285) of all consultations were children⁷. AWD accounted for 74% (317) of all cases including 228 children, and ABD for 21% (89) including 48 children. Suspected measles⁸ were reported in 17, suspected malaria in 7 cases.
- Between epidemiological weeks 5-8, over 45 sentinel sites of the **CSR** in **Somaliland** reported 629 consultations and one death for 7 health events. 71% (445) of all consultations were children⁷. AWD accounted for 79% (494) of all cases including 363 children, and ABD for 16% (98 cases) including 58 children. Suspected measles⁸ were reported in 33 cases and suspected whooping cough in 4 cases.

Vaccine-preventable diseases (VPD)

- In February, the **WHO** AFP surveillance and EPI sites have reported a total of 753 cases of suspected measles⁸ from across **Somalia**. 39% (292) of all suspected cases were reported from Banadir, 29% (218) from Bari, 13% (96) from Togdheer, and 8% (60) from Lower Shabelle.

Neglected tropical diseases

- In February, two health facilities in Bay and Bakool reported a total of 29 cases of suspected kala-azar. All cases are under the age of 15 years. 72% (21) of them are male.

Primary and secondary health care and support to health facilities

- **AFREC** continue outreach health services to IDPs in Bulo-Guduud, Yoontooy, Mokomaani, Qaamqaam and Gobweyne villages in **Lower Jubba**. Activities include health care delivery for and nutritional screening of hard-to-reach populations.
- **Somali Aid Foundation** established two additional health posts in Qalawilley and Naasariya villages in **Hagar district** (Lower Jubba) to respond to the increasing health needs of drought-affected populations.
- On 4 February, **SOYDA** provided free health services in Ex-American-Embassy IDP settlement in **Wadajir district** (Mogadishu). During the one-day campaign, 307 patients were seen. Most children⁷ suffer from respiratory infections and malnutrition. Generally, SOYDA observed that health, shelter, food assistance and hygiene are the major issues in the settlement where most people have recently returned from the Afgooye Corridor.

Mental Health

- WHO alerted partners and stakeholders of the impact that the prolonged conflict has on the mental well-being of civilians. Mental and neurological disorders include anxiety, depression, schizophrenia, mental retardation, substance abuse and epilepsy. Patients not only suffer from the lack of treatment options, supplies and appropriate care but also the strong stigma and discrimination.

Training and capacity-building

- Between 29-31 January 2011, **WHO** in collaboration with the Ministry of Health trained 20 midwives on safe delivery in **Kulmiye Hospital** in Afgooye Corridor. The midwives also participated in two practical demonstrations of operations undertaken for women with reproductive health problems. During that period, 150 consultations were reported from the hospital.

DISTRIBUTION OF SUPPLIES IN FEBRUARY 2011

WHO prepositioned 1 complete diarrhoeal disease kit (serving 100 severe adult patients) with supplementary medicines, 3 health post kits (equipment for facilities which serve a catchment population of 3,000 people), 96 bottles (100ml each) of Erythromycin syrup (full broad-spectrum antibiotic treatment for 96 children) and 3,000 Erythromycin tablets (full antibiotic courses for 200 patients) in **Wajid** (Bakool) to respond to the current drought.

One Trauma Kit (including A and B component, serving for 100 major operations) was provided to the Ministry of Health in **Mogadishu**.

WHO provided partners including HIJRA, CESVI, Muslim Aid, SAMA and WARDI in **Banadir, Lower Jubba, Lower Shabelle, Bay, and Mudug** with supplies and equipment for basic emergency obstetric care services.



Photo: SOYDA

More than 300 patients were seen in a one-day health campaign in Ex-American Embassy IDP settlement in Mogadishu

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

The second standard allocation of CHF earmarked US\$35 million for strategic drought response (including food, water, health, nutrition and livelihoods), US\$5 million for improving the living conditions of IDPs in Puntland, and US\$5 million for common services that support humanitarian activities in Somalia.

The standard allocation builds on the Consolidated Appeal for 2011 as the programmatic framework and humanitarian strategy for the year.

In total, the health cluster will be receiving \$4.25 million. This amount is equivalent to 9% of the second standard allocation.

An additional \$12 million was kept in the Emergency Reserve of the Fund.

Another \$15 million became available through the CERF and the Somalia submission included mainly efforts to mitigate the effects of the failed rains including access to water, nutrition and health services, food and livelihood support such as live-stock vaccination programmes in key regions in parallel with interventions to stabilize the ongoing displacement of people.