

Somalia Health Cluster Bulletin #43



Photo: Muslim Aid

Muslim Aid reported that in January 1,239 patients sought medical assistance in 21 October OPD (Afgooye Corridor), of them 48% were children under the age of 5 years.

January 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 January, 618 weapon-related injuries were reported from three hospitals in Mogadishu.
- No outbreaks of communicable diseases were reported from Somalia in January.
- WHO and health partners have raised concerns that the effects and impact of the ongoing drought could increase the risk of communicable disease outbreaks.

SITUATION OVERVIEW

Conflict and displacement

- Between 1-31 January, two major hospitals in **Mogadishu** reported 457 weapon-related casualties, including 16 children under the age of 5 years and 3 registered deaths (all above 5 years). The exact numbers of deaths on site remain unknown. A third major hospital reported 161 weapon-related injuries this month, including 37% (60) women and 14 children under the age of 15 years.
- In the third week of January, SOYDA reported heavy shelling in the area of Bakara Market (**Mogadishu**) and sporadic fighting in Hodan and Bondhere districts, leaving 13 people wounded and 7 killed, including 2 children¹. WHO has been highlighting the alarming numbers of children directly affected by the fighting in Mogadishu.
- As of 28 January, UNHCR reported² a total of 10,900 displacements due to insecurity in Mogadishu since 1 December. Some 6,700 of the displaced have left **Mogadishu**, while 4,100 moved to areas within the city.

Climate - rainfall, food security and nutrition

- OCHA^{3, 4} has alerted partners that the drought situation is worsening in many parts of Somalia, particularly Middle and Lower Shabelle, Galgaduud, Gedo (critical), Middle and Lower Jubba, and Bakool regions. Hiraan, Sool, Sanag, Bari, Galgadud, Mudug, Nugal, and the coastal areas of central Somalia are also of major concern. People worst affected by the drought have started to move closer to urban centers in search of water and livelihoods as well as pasture for the animals.
- On 7 January⁵, the UN Resident and Humanitarian Coordinator for Somalia, Mr. Mark Bowden, issued a press statement expressing concern about the unfolding drought situation in Somalia and called for humanitarian access to the most affected areas. He said that the increasing threat of hunger and disease caused by the drought calls for a collective effort by all parties in Somalia to increase and facilitate access for a broader range of humanitarian actions.

¹ The term children here refers to those under the age of 5 years.

² OCHA weekly humanitarian bulletin #4, 21-28 January 2011

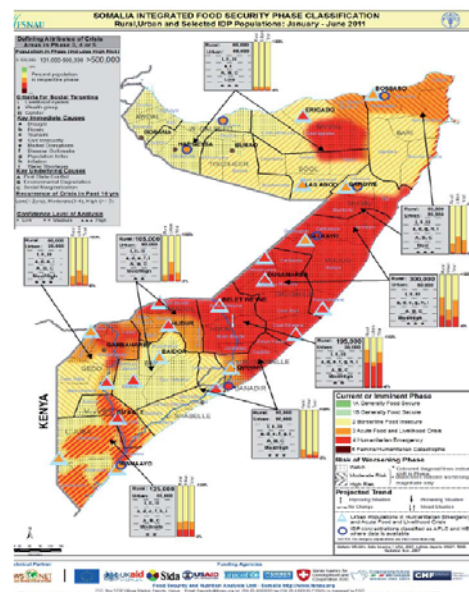
³ OCHA weekly humanitarian bulletin #3, 14-21 January 2011

⁴ Summary Paper on Drought Concerns and Response Plans, OCHA, update 28 January 2011

⁵ OCHA weekly humanitarian bulletin #1, 31 December 2010 - 7 January 2011



- According to UNHCR reports, an estimated 20,000 people have been displaced country wide due to the drought in the last 2 months.
- The Food Security and Nutrition Analysis Unit (FSNAU) estimates that 2.4 million people are in Humanitarian Emergency (HE) and Acute Food and Livelihood Crises (AFLC) as of end of January, an increase of 20% within the past 6 months (see map⁶ on the right).
- The FSNAU 2010/11 *Deyr* Seasonal Analysis⁷ findings indicate increased malnutrition levels - 75% of the estimated 241,000 malnourished children are in the conflict-stricken southern regions. Also of great concern² is the deterioration of the nutritional status in the IDP population in Afgooye Corridor, outside Mogadishu, where the highest levels of acute malnutrition have been recorded since the establishment of the IDP settlements in early 2007. The increase in the rate of the acutely malnourished to 21 per cent from 15 per cent in the last six months is due to limited opportunities for income and limited agricultural labour.



Field coordination and assessments

- The field coordination meeting for health in **Banadir and Lower Shabelle regions** was held in Mogadishu on 9 January. The focal agency for Banadir **WARDI** together with the Ministry of Health chaired the meeting which was attend by 14 health cluster partners.
- In mid January, coordination meetings with focus on the drought situation were held in Mogadishu (**Banadir Region**) and in Mandera, Kenya for **Gedo Region**.
- On 10 January, a drought coordination meeting between humanitarian organisations and authorities took place in **Galkayo** (Mudug Region) to review results of recent drought assessments conducted in Galdogob, north Galkayo, Jariiban (inter-agency assessment) and in North Galgaduud by **UNICEF**. Priority areas identified were similar to those of **FSNAU** namely: the coastal areas of Mudug and Galgaduud; and concentrations of people and animals around water points as they move Westwards. The meeting expressed concern about those too poor to move and who remain in the coastal areas. Guriel and Matabaan were identified as new areas of concern. Pastoralists have moved into this area due to drought, mostly from Hiraan and fighting in South Maxaas.
- On 6 January, focal agency **AFREC** facilitated a meeting with 6 health cluster partners to plan a joint mission to **Lower and Middle Jubba** to assess the needs of the population and identify crucial gaps in services. Partners reviewed a proposed assessment questionnaire which was agreed to be adjusted to the current situation with focus on drought response.
- Between 14-18 January, **SOYDA** conducted a rapid situation assessment in Waberi, Hodan and Dharkenley districts of Mogadishu (**Banadir Region**) to identify nutritional and humanitarian needs as well as the overall situation of IDPs and host communities. During the mission, 923 children¹ (560 girls and 363 boys), 157 pregnant women and 278 lactating mothers from IDP communities were screened. The majority (57%) of households were headed by men. 33% of the residents in the areas are host community, 40% were displaced from other areas of Mogadishu and 16% had recently returned from Afgooye Corridor. 49% of the children had been immunized against measles and 27% had received vitamin A supplements in the previous 6 months. 40% of the children had experienced ARI and 17% AWD in the previous 2 weeks. Generally, **SOYDA** noticed serious nutritional conditions, especially among the children.
- On 26 January, **HIJRA** conducted a rapid assessment of the situation of IDPs in 6 settlements in Wadajir (ex-American-embassy, ex-control-point, Jezira) and Dharkenley (Boliqarni, Abagaado, Xoosh) districts of **Mogadishu** (Banadir Region) which were established by people fleeing the effects of the drought in South and Central Somalia and others returning from the Afgooye Corridor. An estimated 14,532 people, including 5,371 children¹ and 7,285 women (69% of the households are women-headed) are living in the settlements.



Photo: SOYDA
In a rapid mission to 3 districts of Mogadishu, SOYDA assessed health and nutrition concerns of IDPs and host communities

⁶ FSNAU Somalia Food Security Outlook, January-June 2011

⁷ Reports and updates are available online at www.fsnau.org

⁸ OCHA weekly humanitarian bulletin #47, 26 November—3 December 2010

- Various humanitarian actors and government representatives participated in a joint participatory mission on 16 January to **Galdogob** (Mudug Region) to assess the situation in Laasaxa IDP settlement and available services like health facilities and boreholes. The settlement hosts approximately 100-150 IDPs among an estimated host community more than 45,000. Among the concerns raised in several group discussions were: poor shelter, lack of water and sanitation, lack of food and income generating activities. In regard to health, the district hospital is not functional and the MCH appears not to be providing sufficient health services, according to the findings in the mission report. Severe cases have to be transferred to Galkayo. One qualified and one auxiliary nurse and one qualified midwife provide regular services in the MCH supported by SRCS. Additional 20 volunteers and 8 TBAs assist if need arises. The facility is situated 1.5 km from the IDP settlement.
- The Humanitarian Gaps Analysis for IDP settlements in **Bossasso** (Bari Region), coordinated by **OCHA** and **UNHCR** with support from all clusters, humanitarian partners and local authorities, was finalised and widely disseminated this month. Health services for IDPs and host communities in the area are provided in 5 MCHs, and Bossasso General Hospital provides inpatient care. Health and nutrition clusters work closely together to ensure access to medical support for severely malnourished children. Major health facilities are regularly supplied with emergency health kits and essential medicines. Key gaps identified in regard to health were limited access to health facilities due to distance to settlements, prohibitive costs of private facilities, and limited number of adequately trained medical personnel. Proposed activities to counter these gaps include expansion of community-based health services through establishment of health posts and training of community-based health workers, strengthening of EPI services, training of birth attendants and provision of clean delivery kits, outreach services around selected settlements, and adequate support for patients with chronic illnesses or disabilities.

WHO prepares and posts videos, photo stories, reports and other information sharing and advocacy documents about health activities in Somalia on the internet. For latest products check www.emro.who.int/somalia/ (reports and photo stories) and www.youtube.com/user/WHOSomalia (videos)

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁹, outbreak detection¹⁰ and response

- Between epidemiological weeks 1-4 (3-30 January 2011), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (**CSR**) in **South** and **Central Somalia** reported 7,253 consultations for 7 clinically diagnosed diseases, including 4,918 (62%) children¹. 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** regions reported a total of 3,337 consultations for 16 clinically diagnosed diseases in epidemiological weeks 1-4. Children¹ accounted for 2,441 (73%) of cases; women and girls older than 5 years accounted for 1,694 (51%) of the cases. Leading causes of morbidity were AWD in 1,120 cases, including 854 (76%) children; MAL in 1,053 cases, including 705 (67%) in children and 6 related deaths (all under the age of 5 years); and influenza like illnesses (ILI) in 905 cases, including 755 (83%) children. Jilib and Kismaayo districts alone accounted for 59% of all consultations.
- Health education, hygiene promotion, AWD awareness and prevention activities continue in **Lower** and **Middle Jubba** regions 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, and **SORDES** in Hagar.
- In epidemiological weeks 1-4, **Banadir Hospital** (Mogadishu) reported 332 cases of AWD, including 80% (266) children¹. Of the 10 reported deaths, 9 were children. **WHO** and partners continue to monitor and carry out preventive and case management interventions in Banadir.
- In January, **Habeeb** cholera treatment centre (**CTC**) in Mogadishu reported 40 admissions, including 68% (27) children¹ and 2 deaths (both above 5 years).

Table 1: Consultations for 7 clinically diagnosed diseases in South and Central Somalia, weeks 1-4 (source: CSR)

disease	week 1		week 2		week 3		week 4		total	
	<5	>5	<5	>5	<5	>5	<5	>5	<5	>5
ABD	142	130	117	89	123	88	167	111	549	418
AWD	694	281	661	263	800	251	850	272	3,005	1,067
MAL	183	323	191	318	192	313	164	240	730	1,194
MSL	39	3	33	9	32	4	67	16	171	32
MEN	3	1	5	1	4	1	5	1	17	4
NTT	2	0	1	0	0	0	2	0	5	0
WCO	16	0	14	1	13	0	16	1	59	2
total	1,817		1,703		1,821		1,912		7,253	

⁹ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc. Health worker adherence to the recommended standard case definitions for clinically diagnosed diseases under surveillance in Somalia remains very poor. As such, wrong classification and reporting continues to be observed. WHO Somalia has integrated IDSR in all communicable disease preparedness and response trainings.

¹⁰ 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.

- In January, **WARDI** reported 509 consultations from **Hamarjabjab MCH** in Mogadishu. Children¹ accounted for 80% (406), women and girls older than 5 years for 305 (60%) of all cases. Leading causes of morbidity were respiratory infections (RTI) in 200 cases, including 92% (183) children; MAL in 38 cases, including 87% (33) children; and AWD in 35 cases (all children). Also reported were 407 antenatal consultations. None of these pregnant women received the recommended tetanus vaccination nor intermittent preventive treatment for malaria.



Of all consultations in 3 SOYDA health facilities in Mogadishu and Afgooye Corridor, 39% were children younger than 5 years

- In January (epidemiological weeks 1-4), **SOYDA** reported a total of 11,471 consultations from 3 health facilities in **Mogadishu** and **Afgooye Corridor**. Of all consultations, 39% (4,453) were children¹. Leading causes of morbidity were ARI in 3,390 cases, including 43% (1,449) children; malaria in 368 cases, including 43% (158) children; AWD in 230 cases including 47% (109) children. Of all malaria cases, 90% (332) were confirmed by laboratory or RDT. Of all consultations, 34% (3,891) were reported from Elasha MCH, 34% (3,904) from Lafoole MCH, and 32% (3,676) from Wadajir MCH. Also reported were 33 cases of suspected measles¹¹ and 19 cases of suspected meningitis. Pregnant women (680) attended the health facilities for antenatal consultations.

- In January, **Islamic Relief** reported a total of 2,410 consultations from the following IDP settlements in the **Afgooye Corridor** (Middle Shabelle): Sabir in Hawa Abdi (1,154), Saacid in Ceelasha (1,095) and Giumale in Arbis (1,040). Of all consultations, 41% (1,337) were children¹. Most common causes of morbidity in all three areas (see table 2 on previous page) were ARI; suspected malaria; and severe malnutrition. Of all malaria cases, 70% (124) were confirmed by either RDT or laboratory. Obstetric complications are referred to Banadir Hospital.

Table 2: Major causes of morbidity in Lower Shabelle, weeks 1-4 (source: IDSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
ILI	2,302	1,200	52
MAL	548	149	27
AWD	157	112	71
MSL	98	80	82
WC	90	79	88

- During epidemiological weeks 1-4, the **IDSR** in **Lower Shabelle Region** reported 20,262 consultations from 42 health facilities. Children¹ accounted for 41% (8,385), women and girls older than 5 years for 55% (11,128) of consultations. Of the 9 reported deaths, 3 were under the age of 5 years and 5 were related to AWD. Major causes of morbidity (see table 2) were influenza like illnesses (ILI); malaria (MAL); acute watery diarrhoea (AWD); suspected measles¹¹ (MSL); and suspected whooping cough (WC). Of all malaria cases, 68% (373) were confirmed by either laboratory or rapid diagnostic tests (RDT). Two districts, Merka and Afgooye, accounted for 68% of all consultations.

- In January, the **CTC** in **Merka Hospital** (Lower Shabelle Region) reported 32 additional cases of AWD and 1 death (under the age of 5 years). Of all cases, 84% (27) were children¹.

- Local NGO **HIJRA** reported 625 consultations in epidemiological weeks 1-4 from **Daryeel MCH** in Lafoole along Afgooye Corridor (Lower Shabelle Region). Children¹ accounted for 51% (320), women and girls older than 5 years for 52% (323) of all consultations. Leading causes of morbidity were severe acute respiratory infections (SARI) in 259 cases (including 50% children); AWD in 186 cases (49% children); suspected malaria in 96 cases (58% children); and ILI in 96 cases (46% children). Also reported were 4 cases of suspected measles¹¹ and 2 cases of suspected whooping cough. In three weeks of the month, a total of 43 deliveries, including 1 still birth, were reported from the facility.

- In January, **Muslim Aid** reported a total of 12,666 consultations, including 4,315 (34%) children¹ and 7,172 (57%) women and girls older than 5 years from 12 health facilities in IDP settlements along **Afgooye** and **Bal'ad corridors** - namely the following OPDs: Agriculture (1,179 consultations), Orphanage (768), Garasbaley (954), Daynile (1,280), Kaxda (559), El Erfit (861),

INTEGRATED DISEASE SURVEILLANCE AND REPORTING (IDSR) – PARTICIPATING AGENCIES/ FACILITIES IN JANUARY 2011

- 27 partners reported on a weekly basis to IDSR in January 2011. Not all of them reported on a regular basis but all submitted at least 2 weeks reports.
- Agencies which participated in reporting were:

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

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

Aliyalo (560), KM18 (1,211), Madina (925), Hamarjabab (1,300), 21 October (1,061) and Polytechnic (829). In total, respiratory tract infections were reported in 1,926 cases (51% children), AWD in 834 cases (64% children), and malaria in 455 cases (32% children). Of all malaria cases, 81% (367) were confirmed by either laboratory or rapid diagnostic tests (RDT). Also reported were 33 cases of suspected measles¹¹ and 282 deliveries.

- During epidemiological weeks 1-4, local partner **SAACID** reported 195 consultations, including 52 (23%) children¹, from **Cadale MCH** in Middle Shabelle. Of all patients, 55% (107) were women and girls older than 5 years. Leading causes of morbidity were ILI in 95 cases (32% children), suspected malaria in 38 cases (16% children), and AWD in 17 cases (47% children).
- During epidemiological weeks 1-4, **Trocaire** reported from 8 health facilities in **Gedo Region** (namely Garbaharey Hospital, Luuq and Belet Xaawo hospitals, and Ceelcaade, Buurdubbo, Ceelbon, Geedweyne and Dolow MCHs) a total of 1,872 consultations for 16 clinically diagnosed diseases (IDSR). Of the consultations, 35% (646) were reported from Garbaharey, 32% (592) from Belet Xaawo, 19% (255) from Luuq, and 15% (279) from Dolow districts. Of all consultations 960 (51%) were children¹. Leading causes of morbidity were suspected malaria in 753 cases (30% children), ILI in 554 cases (59% children), AWD in 279 cases (79% children) and SARI in 212 cases (45% children).
- In epidemiological weeks 1-4, the outpatient department (OPD) of **Baidoa Hospital** (Bay Region), supported by **COOPI**, reported 793 consultations for 14 clinically diagnosed diseases (IDSR), including 409 (52%) children¹. Of all patients, 388 (49%) were women and girls older than 5 years. Leading causes of morbidity were malaria in 528 cases (52% children), AWD in 134 cases (62% children), and SARI in 108 cases (38% children). Of all malaria cases, 33% (175) were confirmed by either laboratory or rapid diagnostic tests (RDT). The hospital is also providing fistula repair activities with support from WHO.
- Salama Medical Agency (**SAMA**) continues providing basic preventive and curative health services in **Labatunjerow MCH** (Bay Region) including maternal and child health, hygiene promotion and health education, outpatient and outreach health services. In January, the MCH reported an increase of consultations by 150%, from 347 consultations in December 2010 to 881 this month. This increase is attributed to nomadic populations moving into the area in their search for water and pasture. Children¹ accounted for 45% (394) of all cases and the one death (related to respiratory infections). Most common causes of morbidity were SARI in 109 cases (57% children), ILI in 92 cases (50% children), suspected malaria in 82 cases (45% children), and AWD in 33 cases (97% children). The outreach services attended to another 565 patients, including 56% (319) children.
- In January, **WARDI** reported from **Beletweyne MCH** (Hiraan Region) a total of 1,235 consultations of which 669 (54%) children¹. Women and girls older than 5 years accounted for 57% (699) of all cases. The leading causes of morbidity were respiratory tract infections (RTI) in 235 cases (48% children), malaria in 224 cases (44% children), AWD in 209 cases (79% children), and suspected measles¹¹ in 8 cases (all children). Of all malaria cases, 29% (66) were confirmed by either laboratory or RDT.
- Between epidemiological weeks 1-4, over 45 sentinel sites of the **CSR** in **Puntland** reported 918 consultations and no death for 7 clinically diagnosed diseases. 68% (621) of all consultations were children¹. AWD accounted for 77% (708) of all cases including 500 children, and ABD for 19% (175 cases) including 92 children. Also reported were suspected measles¹¹ in 22 cases.
- Between epidemiological weeks 1-4, over 45 sentinel sites of the **CSR** in **Somaliland** reported 570 consultations and no death related to 7 clinically diagnosed diseases. 74% (419) of all consultations were children¹. AWD accounted for 80% (454) of all cases including 349 children, and ABD for 15% (88 cases) including 46 children. Suspected measles¹¹ were reported in 25 cases, suspected meningitis in 2 cases and suspected whooping cough in 1 case. The Ministry of Health is responding to the situation.



Photo: SAMA

Labatunjerow MCH (Bay) provides maternal and child health, hygiene promotion and health education, outpatient and outreach health services as well as nutritional screening at the SFP site

Vaccine-preventable diseases (VPD)

- In January, the **WHO** AFP surveillance and EPI sites have reported a total of 299 cases of suspected measles¹¹ from across **Somalia**. 39% (116) of all suspected cases were reported from Banadir Region, 27% (81) from Lower Shabelle Region, and 22% (65) from Togdher Region.
- The third round of UNICEF and WHO-supported Child Health Days (CHDs) was conducted in Banadir, Bay and Bakool regions in January 2011. This round of CHDs aimed to reach 520,721 children¹ and 589,061 women of child bearing age in South Central Somalia. Over 453,000 (87%) and 331,000 (85%)

children were immunized against polio and measles respectively, and over 410,000 (70%) women were reached with tetanus vaccine. The intervention ensures access to an essential package of health services (polio, measles, DPT vaccination, Vitamin A, deworming, ORS, water disinfection tablet, nutrition screening) to the most vulnerable women and children. CHDs for 2011 are tentatively planned for June/ July (1st round) and November/ December 2011 (2nd round).

- The first round of Polio National Immunization Days (NIDs) for 2011 is scheduled to start on 20 March as Somalia marks '4 years of polio free status'. The second round is planned for late April. The implementation depends on permission by the local authorities.

Primary and secondary health care and support to health facilities

- **AVRO** provide first aid services with four ambulances for the war-affected people in Mogadishu. In addition, a voluntary field rescue mobile team provides first aid on the ground, including cardiac resuscitation, DC shock, and oxygen supply. Two standby ambulances around Bakara market are ready to transfer injured to Daynile Hospital (North) or Madina Hospital (South).
- In January, **UNICEF** initiated the roll-out of Essential Package of Health Services (EPHS) in selected regions of **Somaliland** and **Puntland**, starting with assessments. The respective tools are to be field tested in Hargeisa in early February. Summary results of the assessments are expected by the first week of March.

Mental Health

- WHO has published a situation analysis of mental health in Somalia. The detailed report¹² includes key findings on the prevalence and determinants of mental and neurological disorders, cultural attitudes and approaches to mental illnesses and their treatment, information on policies and legislation, mental health services available in Somalia, human resources, as well as a set of recommendations.

Training and capacity-building

- In the first week of January, WHO and partners (including COSV and Muslim Aid) organized refresher training in Mogadishu to detect suspected H1N1 cases and how to collect samples. This followed three patients testing positive for pandemic H1N1 in December 2010.
- Between 20-21 January, **WHO** in collaboration with health partner **COSV** conducted an AWD case management training for 43 health workers in **Lower Shabelle Region**.



Photo: AVRO

First aid on site and ambulances services save lives of the victims of the conflict in Mogadishu

¹² available at http://www.emro.who.int/somalia/pdf/Situation_Analysis_Mental_Health_print.pdf