

Somalia Health Cluster Bulletin #36



Photo: HIJRA
Cholera beds and mattresses were donated by HIJRA and Oxfam in June to the children's ward of Banadir Hospital (Mogadishu)

June 2010

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

- Fighting in and around Mogadishu continues. Women and children are among the most vulnerable in this conflict
- Confirmed cholera outbreaks continue in Merka and Banadir hospitals
- The Common Humanitarian Fund (CHF) for Somalia has been launched in mid June

SITUATION OVERVIEW

Conflict and displacement

- According to UNHCR, approximately 20,900 people were displaced in June throughout Somalia. An estimated 12,900 people were displaced due to insecurity in Mogadishu of which approximately 8,100 were reported to have fled Mogadishu and 4,800 were reported to have moved to areas within the city.
- According to OCHA¹, fighting continued in Mogadishu throughout the month of June. In the same period, health partner AVRO reported to the health cluster more than 59 people killed and 95 wounded - many of whom are women, children and civilians from districts including Karaan and Hamar-Jajab.
- In June, three major hospitals in Mogadishu reported over 585 admissions, including 72% (422) weapon-related injuries.
- Renewed fighting was also reported¹ end of May/ beginning of June from Elberde town (Bakool), Belet Weyne (Hiraan), Mareergur (Galgaduud), and Buhoodle (Togdheer).
- OCHA² reported that on 15 June, insurgent groups took over IMC offices in Belet Weyne affecting activities in health, nutrition and water sanitation & hygiene in and around Belet Weyne. IMC was running two Mother and Child Health centers (MCH), a maternity hospital and 25 village health posts.
- On 13 June, one person died when a fire gutted three IDP camps in Bossasso (Puntland), affecting an estimated 1,200 households. A rapid assessment organized by OCHA² established that the fire destroyed personal belongings of the IDPs including food aid they had recently received.



Photo: AVRO
AVRO and Amin provide assistance to a child wounded by a stray bullet near Ged-Jacel in Wardhigley district of Mogadishu



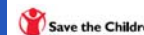
Photo: AVRO
Child wounded in mortar shell in Mogadishu

¹ OCHA Weekly Humanitarian Bulletin #21, 28 May - 4 June 2010

² OCHA Weekly Humanitarian Bulletin #23, 11-18 June 2010



ICRC



Floods

- According to the Somalia Water and Land Information Management SWALIM³, floods end of May have affected several villages in Belet Weyne (Hiraan), Jamaame (Middle Jubba), Afgooye, Awdheegle, Kurtunwaarey (Lower Shabelle), Jilib, Bu'aale and Sakow/ Salagle (Middle Jubba) leaving people displaced and in need of humanitarian interventions¹ including health care services.

COMMON HUMANITARIAN FUND (CHF) UPDATE

The first allocation round of the CHF for Somalia was launched on 29 June 2010.

Priority regions with the most urgent humanitarian needs as defined by the CHF board are Mudug and Galgadud, the Afgooye Corridor in Lower Shabelle and Banaadir, Lower Jubba and Bay.

18 health project proposals were submitted, of which 14 were approved and received a total of US \$5 million in funding. 11 of the 14 projects have been proposed by NGOs who received 61% (US \$3.06 million) of the allocated funds.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Assessments and coordination

- In June, the Global Health Cluster (GHC) held a 2-day meeting to identify ways to improve the international community's ability to respond to public health needs during natural disasters, conflicts and other emergencies. The meeting concluded that gains in responding to health needs in disasters and crises are being made, but challenges persist. Findings included that (a) full engagement and understanding of the Health Cluster approach is needed by more governments and international humanitarian bodies; (b) coordinating the activities of healthcare providers must keep improving in large-scale humanitarian emergencies; (c) more coordinate assessments of the impacts of disasters are needed quickly for effective response; and (d) the Health Cluster has improved information sharing among health care providers helping to better plan and organize the response to emergencies.
- Between 19-27 June, WHO conducted a monitoring and rumour verification mission to Hudur and Tieglow (Bakool) and surrounding villages (namely Baani, Abal, Dondardir, Dhanawe, and Dheemo) to identify the general health situation of the communities in both districts, as well as AWD and Kala Azar trends, and crucial health intervention needs. Most common diseases reported were respiratory infections, malaria, and diarrhoea in children. According to the findings, the hospital in Hudur has limited capacity since the withdrawal of the supporting health partner in June 2009. Currently, the only functional health facility in Hudur town is the MCH supported by GTZ. Kala Azar patients are particularly affected since Hudur Hospital was the referral centre for Bay and Bakool regions. During the visit, 7 blood samples were collected and sent to Nairobi for diagnosis; 2 of them tested positive for Kala Azar. WHO is supporting the hospital with tuberculosis (TB) supplies which will be delivered in partnership with Muslim Aid. At the time of the visit, 21 out of the 43 admitted patients were related to TB, 12 of them had tested smear positive. Needs in sanitation and environmental hygiene have been addressed by the community through the establishment of garbage collection and waste disposal initiatives.
- In June, WHO conducted an assessment of health facilities in six districts of Mogadishu, in line with the rehabilitation plan which was developed by WHO and partners. Preliminary results indicate that public health facilities are in poor condition, with services being provided in rundown buildings, risking the lives of both patients and health workers. Data from facilities that provide maternal and child health care services indicate high neonatal mortality. WHO says there is need for an urgent comprehensive approach to address the weak infrastructure and the lack of essential supplies and equipment.



Photo: WHO

Community interview in Baani Village during WHO monitoring visit in Bakool Region



Photo: WHO

Kala Azar patient with marks of traditional healing on the belly. The child is currently under treatment in the WVI MCH in Tieglow (Bakool Region)



Photo: AVRO

AVRO nurse is providing first aid in the ambulance to a girl injured in Mogadishu

Distribution of Supplies in June 2010

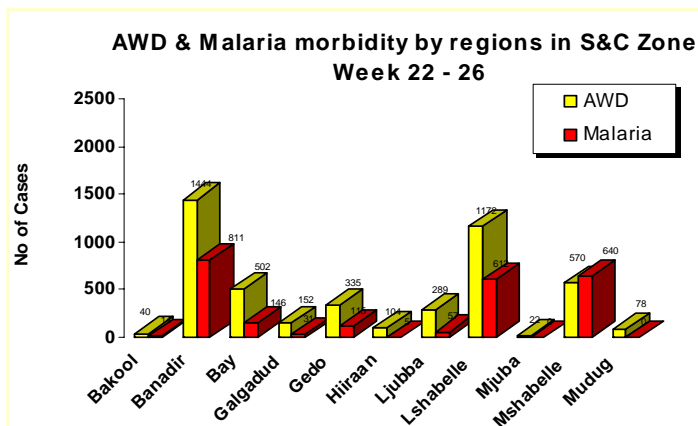
- In mid June, WHO provided one diarrhoeal disease kit, one health post kit and 35,000 Aquatabs to SOYDA in Mogadishu
- Transport media were provided from WHO to Belet Weyne SCUk for the collection of samples for suspected whooping cough cases
- WHO provided antibiotics, 1 basic health kit and supplementary drugs to Save the Children end of May for the response of the suspected whooping cough outbreak in Hiraan

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

Communicable diseases and environmental health

Surveillance⁴, outbreak detection⁵ and response

- Between epidemiological weeks 22-26, over 110 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South** and **Central Somalia** reported 9,274 consultations for 7 health events. AWD accounted for 51% (4,708) of all cases, suspected malaria for 26% (2,431 cases), and acute bloody diarrhoea (ABD) for 21% (1,905 cases). Also reported were 120 cases of suspected measles, 77 cases of suspected whooping cough, 28 cases of suspected meningitis, and 5 cases of neonatal tetanus.
- Between epidemiological weeks 22-26 (31 May - 4 July), the integrated disease surveillance and response system (IDSR) in **Lower Shabelle** reported a total of 27,342 consultations and 23 deaths from 35 health facilities. Children under the age of 5 years accounted for 11,360 (42%) of consultations. Major causes of morbidity were acute respiratory infections (ARI) in 21% (5,634) of all consultations, including 84% (4,721) children; severe malnutrition in 317 cases, including 64% (204) children⁶; malaria in 638 cases of which 147 (23%) were confirmed by either laboratory or RDT, including 263 children (41% of all reported malaria cases), and AWD in 220 cases including 154 (74%) children under the age of 5 years and 4 related deaths.
- The Cholera Treatment Centre (CTC) of **Merka Hospital** (Lower Shabelle), reported additional 88 cases of AWD between epidemiological weeks 22-26. Of those, 63% (50 cases, including 3 deaths) were children⁶. The case fatality rate (CFR) for this reporting period was 3.4. Four out of 5 samples (including 3 from patients older than 5 years) tested positive for *Vibrio cholera* serotype 'inaba'. WHO reiterates the call for partners and stakeholders in Somalia to remain vigilant and report any unusual AWD trends in the context.
- In epidemiological weeks 22-26, **Banadir Hospital** (Mogadishu) reported 394 cases of AWD, including 90% (353) children⁶. Of the 15 reported deaths, 13 were children (CFR 3.8). All 15 samples (including 9 from patients older than 5 years) tested negative for cholera.
- In June, local NGO **WARDI** reported a total 2,056 consultations, including 1,088 (53%) children⁶ from the **Hamar Jajab MCH** in Mogadishu. Major causes of morbidity were AWD in 412 cases of which 50% (206) were children, ARI in 390 of which 50% (195) were children, and BD in 306 cases of which 50% (153) were children. Also reported were 21 deliveries. Of all consultations, 876 (43%) were women and girls.
- During epidemiological weeks 22-26, **Medair** and local partner **SAACID** reported 995 consultations, including 249 (25%) children⁶, from **Cadale MCH** (673), **Haji Ali HP** (76), **Geel Bub HP** (199) and **Ali Guduud HP** (47) in Middle Shabelle. Of all consultations, 53% (525) were women and girls. Leading causes of morbidity were ARI in 24% (234) and AWD in 5% (52) of all consultations. Also reported were 40 antenatal visits. No ITNs (insecticide treated nets) were distributed during this period.
- In June, **Intersos** reported a total of 244 consultations, including 15 children⁶ from **Bal'ad health post** (Middle Shabelle). Most common causes of morbidity were reported as uncomplicated malaria in 80 cases (including 3 children), UTI in 60 cases (including 2 children), respiratory infections in 38 cases (including 3 children), bilharzia in 20 cases (including 1 child) and watery diarrhoea in 15 cases (2 of them children). Of all consultations, 113 were women and girls.
- In the same reporting period, **Intersos** reported a total of 433 consultations, including 152 children⁶ from **Hawadley health post** (Middle Shabelle). Most common causes of morbidity were reported as uncomplicated malaria in 75 cases (29 of them children), skin diseases in 40 cases (14 of them chil-



With 8 health workers, local NGO WARDI is providing health services in Hamar Jajab MCH in Mogadishu

⁴ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

⁵ 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

⁶ The term children here refers to those under the age of 5 years.

dren), water diarrhoea in 27 cases (18 of them children), respiratory infections in 21 cases (all older than 5 years) and bilharzia in 18 cases (including 2 children). Of all consultations, 178 were women and girls.

- From **Warsheikh health post** (Middle Shabelle), **Intersos** reported a total of 511 consultations, including 133 children⁶, in the month of June. Most common causes of morbidity were reported as UTI in 75 cases (7 of them children), respiratory infections in 66 cases (26 of them children), intestinal parasites and worms in a total of 85 cases (18 of them children), and ear infections in 37 cases (10 of them children). Of all consultations, 368 were women and girls.
- In the month of June, **Islamic Relief** reported a total of 5,174 consultations, including 3,301 women and girls (64%), from Sabir in Hawa Abdi (1,829), Saacid in Ceelasha (1,862) and Giumale in Arbis (1,483) IDP settlements in the **Afgooye Corridor** (Middle Shabelle). Of all consultations, 59% (3,076) were children⁶. Most common causes of morbidity in all three areas were ARI in a total of 1,105 cases (21% of all consultations), malaria in 166 cases, and severe malnutrition in 114 cases.
- The **IDSR** in 7 districts of **Lower** and **Middle Jubba** reported a total of 5,222 consultations for 14 health events in epidemiological weeks 22-26. Children⁶ accounted for 2,699 (52%) of all consultations. Leading causes of morbidity were suspected malaria in 2,379 cases, including 1,079 (45%) in children; influenza like illnesses (ILI) in 1,432 cases, including 833 (58%) children; and AWD in 827 cases, including 605 children. 22% (1,135) and 20% (1,026) of all consultation were reported from Kismayo and Afmadow respectively.
- **World Vision, SRCS, Muslim Aid, SORDES** and **AFREC** continue health education, hygiene promotion and water chlorination activities in the districts of Bu'aale, Sakow, Salalge, Kismayo, Hagar and Afmadow in **Lower** and **Middle Jubba**. About 50 shallow wells have been de-contaminated in villages in Afmadow and Kismayo districts to prevent water-borne diseases in flood-affected communities.
- **Baidoa Hospital** (Bay), supported by **COOPI**, reported 498 consultations in June, including 302 children⁶. Leading causes of morbidity were suspected malaria in 218 cases (44% of all consultations), including 132 children and ILI in 144 cases (29% of all consultations), including 65 children.
- In epidemiological weeks 22-26, Salama Medical Agency (**SAMA**) reported 927 consultations for 14 health events, including 44% (407) children⁶ from **Labatunjerow MCH** (Bay). The health facility is staffed with 1 qualified and 8 auxiliary nurses. Major causes of morbidity were ARI in 14% (133) of all cases, including 65 children; malnutrition in 14% (130) of all cases, including 79 children; 106 cases of suspected malaria of which 49 were children; and 32 cases of AWD, all children. Also reported were 24 suspected cases of tuberculosis (TB). SAMA also continued their sanitation and hygiene activities in the area during the reporting period.
- **World Vision** reported 528 consultations from the **Burhakaba MCH** (Bay) between epidemiological weeks 22-26. Leading causes of morbidity were AWD in 140 cases (27% of total consultations), including 133 children⁶; suspected malaria in 76 cases (14% of all consultations), including 7 children; ILI in 61 cases (12%), including 19 children.
- In the same period, **World Vision** reported a total of 279 consultations from Burdhuhunle (79) and Kurto (200) in Wajid district (Bakool). Of all consultations, ILI accounted for 170 cases including 82 children⁶; AWD for 18 cases, all children; and malaria 6 cases, 2 of them children.
- From **Tieglow MCH** (Bakool), **World Vision** reported 253 consultations, including 116 children⁶, between weeks 22-25. Leading causes of morbidity were ILI in 104, including 36 children; malaria in 101 cases, including 41 children; and AWD in 13 cases, including 12 children.
- In epidemiological weeks 22-26, local NGO **SEA** reported a total 446 consultations, including 5 deaths from **Gerijir health post** (Galgaduud). Of all consultations, 209 were children⁶. Leading cause of morbidity was malaria in 166 cases, including 68 children; AWD 91 cases, including 42 children. Also reported were 5 cases of tetanus, including 4 children.
- In epidemiological week 23-26, **COSV** reported 715 consultations, including 483 children⁶, from **Elwak Hospital** (Gedo). Most common causes of morbidity were ILI in 329 cases, including 229 children; malaria 164 cases, 107 children; severe acute respiratory infections (SARI) in 132 cases, including 88 children. Also reported were 81 cases of AWD, including 56 children.
- Between epidemiological weeks 22-26, over 50 sentinel sites of the **CSR** in **Somaliland** reported 837 consultations for 7 health events. 72% (604) of all consultations were children⁶. AWD accounted for



In June, a total of 1,483 consultations, including 66% children under the age of 5 years, were reported from Giumale health post (Afgooye Corridor)

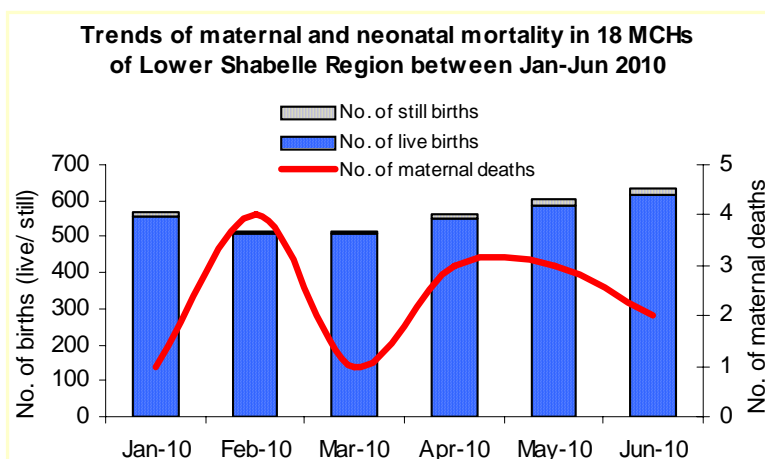
84% (702) of all cases and acute bloody diarrhoea for 15% (122 cases). Also reported were 9 cases of suspected whooping cough and 4 suspected measles, all in children under the age of 5 years.

Vaccine-preventable diseases (VPD)

- In the June Health Cluster meeting, **Save the Children** highlighted reported rumours of whooping cough from **Hiraan Region**. Between 5-10 June, 407 cases were reported from OTP centres in Mahas, Bulo-Burte, Mataban, Jalalaqsi and Belet Weyne districts. 357 of the cases were children⁶. WHO provided antibiotics, 1 basic health kit and supplementary drugs.
- In partnership, **WHO** and **UNICEF** started the first round of **Child Health Days** (CHDs) for 2010 on 22 May. The campaign was completed in Somaliland on 3 June and continued in Puntland. The campaign targeted over 640,000 children under the age of five years and more than 630,000 women of child-bearing age in the two zones, providing them with an essential package of lifesaving vaccination and nutrition services. The CHDs delivery strategy has raised coverage of measles vaccination from roughly 30 percent to over 80 percent. Over 401,000 (90%) children below 5 years were reached with OPV dose and 321,000 (86%) children between 9 and 59 months reached with measles vaccine in Somaliland. In Puntland, over 150,000 (86%) and 120,000 (86%) were reached with measles vaccine. The campaign is planned to continue in South Central Somalia in mid September.

Vector-borne diseases (VBD)

- In efforts to raise awareness for malaria prevention in **Lower Jubba**, **World Vision**, **AFREC** and **SRCS** continue to promote the use of bed nets and the timely treatment of malaria in flood affected communities around Bu'aale, Afmadow and Gududey.



Primary and secondary health care and support to health facilities

- **WHO** is reporting maternal and neonatal mortality data from 18 MCHs in **Lower Shabelle** on a monthly basis (see graph above). In the first 6 months of 2010, 3,326 live births, 70 still births and 14 maternal deaths were reported.
- **SWISSO-KALMO** has established a regional referral hospital for TB and chest complications. The Agaran Hospital near Merka town in **Lower Shabelle** region will open in July. Services will also include a VCT centre and leprosy department.
- **UNFPA** in collaboration with **COCO NGO** distributed 147 clean delivery kits to three IDP camps in **Mogadishu**. In June¹, the outreach team treated 305 women in antenatal clinics and 243 women in post-natal clinics. In addition, UNFPA continued supporting nine MCHs in Mogadishu distributing 130 delivery kits. Also, UNFPA in collaboration with a national women's NGO **COGWO** conducted 50 Fistula repairs for patients in Mogadishu during the second phase of their fistula campaign.
- In previous months, **SOYDA** have identified the special needs of veterans and their families in **Ex-Martini Hospital** in Mogadishu. In response, they are planning to provide up to 2 doctors for medical examinations and supplies twice per week. In June, 208 patients in Ex-Martini benefitted from the free medical services provided by 18 SOYDA health professionals.
- In response to the current situation in **Greater Mogadishu**, **SOYDA** are establishing 3 new health posts - in Wadajir district (Mogadishu) and Elasha Biyaha and Lafole (Afgooye Corridor). Between 21-28 June, SOYDA launched a one-week health campaign in Elasha Biyaha (Mogadishu). A total of 3,215 patients, including 1,267 (39%) children⁶ benefitted from the free services. Most common causes of morbidity included respiratory infections, intestinal parasites and skin infections.



Swisso-Kalmo will be providing health services in Agaran Hospital (Lower Shabelle) from July on



SOYDA have established special focus on health care for the 97 veterans and their families in Ex-Martini Hospital (Mogadishu) as their access to health services is particularly difficult due to their disabilities

- Local NGO **HIJRA** is supporting *Daryeel MCH* in Lafoole (Afgooye Corridor, 21km West of Mogadishu and 5km from Hawa Abdi health centre) and the pediatric department of Banadir Hospital in Mogadishu. In June, HIJRA conducted a campaign for the control of AWD/ Cholera in Mogadishu and Afgooye Corridor. 2 Nurses, 3 midwives and 1 medical assistant provide services in the Daryeel MCH including the provision of basic health care, distribution of clean delivery kits to pregnant women, basic maternal and newborn care and assistance in deliveries, diagnosis and treatment of malaria cases, as well as nutritional and hygiene promoting activities.
- In partnership with **Oxfam GB**, **HIJRA** also provided *Banadir Hospital* with 50 Cholera beds and mattresses.
- Muslim Aid UK**, in partnership with WHO and UNOCHA, continued supporting 8 OPDs in Afgoye corridor, in Mogadishu and Balaad Corridor, and in June added 4 new OPDs within Mogadishu. A total of 13,575 beneficiaries have been reached in June by the 12 OPDs. Children⁶ accounted for 4,285 of all consultations and women for 6,467. Muslim Aid also continue supporting their MCHs in Sanaag, Wanleweyn, Mogadishu, Kismayo, El Ali, and in addition established TB centers in Hudur, Bardhere and Afmadow.
- In the month of June, **GTZ** conducted a total of 5,370 consultations (2,771 of them female beneficiaries) in their health facilities in *Bay* and *Bakool regions*. The majority of cases were due to respiratory tract infections; also notable were 10 cases of suspected measles in Kasandhere (Bay) which are currently under investigation. In the same reporting period, a total of 8,263 children benefitted from immunization activities in both regions, and another 1,999 children received vitamin A supplements. 2,029 pregnant women received antenatal care, with 1,206 of them being first time visits; another 162 women were treated for post partum infections.

Training and capacity-building

- UNFPA** has initiated an 18-months training for 20 community midwives who, after completion of the course, will return to their communities to provide respective health services for at least 2 years. This initiative is addressing the moving of health professionals from communities to urban centres, leaving remote areas with no or limited services. The overall objective of the training is to increase the number of deliveries attended by qualified birth attendants.
- Between 14-18 June, the **SPRINT** Initiative (Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations), in collaboration with IPPF (International Planned Parenthood) and UNFPA, conducted a regional Training of Trainers course for sexual and reproductive health in humanitarian settings. Participants from Somalia included Concern Worldwide, MOH/L Somaliland, MOH Puntland, MDM, and IFRC. Topics covered in the training included Minimum Initial Service Package (MISP) for reproductive health in crisis situations, coordination, sexual violence, maternal and newborn health in crisis and post-crisis situations, priority interventions to address HIV/ STIs in emergencies, monitoring and evaluation.
- Between 17-21 June, **WHO** conducted an on-the-job training for 30 students and 50 graduates from the *Banadir University* in Mogadishu on basic and advanced emergency surgical trauma management and comprehensive emergency obstetric surgery. The training is part of an ongoing effort by WHO to improve the lifesaving skills of Somalia healthcare workers in the current crisis, especially in Mogadishu.
- World Vision** trained 120 health workers from Bu'aale and Salagle districts in *Middle Jubba* on cholera preparedness and hygiene. WHO provided guidelines on case management of diarrheal diseases.



Photo: HIJRA

The provision of Cholera beds and mattresses for Banadir Hospital by HIJRA and Oxfam supports the prevention of cross-infections and contamination by beddings which patients used to bring from their homes when admitted to hospital.



Photo: Muslim Aid

Polytechnic OPD is among 12 outpatient departments supported by Muslim Aid in Greater Mogadishu



Photo: WHO

The training sessions provided by WHO were both theoretical and practical with demonstrations on trauma and reconstruction surgery, removal of tumors and, basic skin graft.