



Ambulances are rushing wounded civilians to hospital in Mogadishu. 566 weapon-related injuries were reported from two major hospitals in March.

March 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 MARCH 2011

- As of end of March, 70 stool samples have been collected in Somalia so far—67 from Mogadishu (Banadir) and 3 from Merka (Lower Shabelle). 5 out of 40 tested were positive for *Vibrio cholerae*, the results of 30 samples are outstanding.
- In March, two hospitals in Mogadishu reported 566 weapon-related injuries.
- This month, a total of 85 stool samples were collected in South Central Somalia. Of those, 7 tested positive for *Vibrio cholerae*, including 6 children under the age of 1 year.

SITUATION OVERVIEW

Conflict and displacement¹

- In mid March, OCHA² reported renewed fighting in Mogadishu and in Diif village (Lower Juba).
- The situation in Ceel Gaal village in Belet Weyne district (Hiraan) was reported² as tense with sporadic eruption of fighting. The continuing tension is expected to cause civilian displacement.
- Military movements were reported² from Gedo region. Civilians are moving back and forth between Belet Xaawo and Mandera (Kenya). The anticipated humanitarian response on the Kenyan side may attract more people to the refugee settlements. By 7 March, 90% of the estimated 42,000 population of Belet Xaawo were reported³ to have been displaced with 11,000 having crossed over to Kenya.
- Tension and fighting were reported between Dhobley (Lower Jubba) and Kenya. Around 20 March, focal agency for Lower Jubba AFREC reported over 8,000 newly displaced within 2 days bringing the total of IDPs in the area to over 17,000, the majority fled to Deganlaba in Elasha. In response to the increasing needs of the population affected by the conflict, AFREC mobilized WASH and health activities, including the provision of basic health care to the IDPs and the referral of complicated pregnancies to health facilities in the nearby Liboi town (Kenya).
- In March, two major hospitals in **Mogadishu** reported 566 weapon-related casualties, including 26 (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.
- Based on the **Somalia Population Movement Tracking System**, in March, UNHCR reported a total of 25,200 displacements nationwide, including 12,700 from (6,300) and within (6,400) Mogadishu. Reasons for the nationwide displacements are related to insecurity in

Ms Gurcharan Virdee has been assigned as **GenCap Adviser** for the humanitarian system in Somalia, hosted by OCHA. GenCap stands for the Gender Standby Capacity Project. The main purpose of the GenCap is to strengthen inter-agency mechanisms, such as clusters, with the support of senior gender experts on how to address gender in the humanitarian work.

¹ A country-wide overview of the conflict situation and protection environment is provided in the weekly Protection Cluster Update circulated by UNHCR

² OCHA Somalia Daily Situation Update 14 March 2011

³ OCHA Somalia Daily Situation Update 7 March 2011



69%, drought in 23% and lack of livelihoods in 8%.

Climate - rainfall, food security and nutrition

- On 21 March, the Famine Early Warning Systems Network (FEWS NET)⁴ warned of the high risk of extreme food insecurity due to drought and severely restricted humanitarian access throughout southern Somalia.
- On 29 March, an inter-agency drought assessment mission lead by OCHA visited Addisoone, Libaawar, Sanjilbo, Kheyr-Kulaalo and Har-rad-Weyn villages in Qardho (230km North of Garowe in Karkar region in Puntland). Of major concern is assistance for estimated 300 pastoral families with water and food, as well as sanitation and public health due to unhealthy conditions caused by livestock carcasses.

Field coordination and assessments

- On 8 March, an interagency mission lead by OCHA visited Mandera (North-Eastern Kenya) to assess the situation in the refugee camps which host between 10,000 and 23,000 people. Major concerns raised by the interviewed refugees were security and protection, food, water and sanitation, and shelter. Major needs in regard to health were identified as immunization and vaccination services, health screening and nutritional programmes.
- An adhoc meeting was called by OCHA and attended by 15 NGOs on 16 March in Mandera to discuss access opportunities, need assessments and response in the conflict-affected districts of Gedo region. According to the OCHA report, the hospital in Belet Xaawo was closed as doctors and other staff were among the estimated 50,000 who fled the district due to the fighting. Partners who contributed to the assessment estimate that half of those who fled have returned within days.
- Medecins du Monde (MDM) and Water for Life (WFL) are ceasing activities in Merka (Lower Shabelle).
- The field coordination meeting for health in **Banadir** and **Lower Shabelle** was held in Mogadishu on 9 March for partners to share information about achievements and challenges faced in their health activities during the previous month.
- According to Human Development Concern (HDC) report, on 7 March, representatives of 5 humanitarian agencies attended the health and WASH working group meeting in Bardera town (Gedo). The partners shared updates on the current health situation of Bardera and Bulahawa districts. Major activities in the area by WHO include polio eradication and child health days campaigns as well as surveillance and outbreak response activities.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁵, outbreak detection⁶ and response

- Between epidemiological weeks 9-13 (28 February—3 April 2011), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South** and **Central Somalia** reported 9,994 consultations for 7 health events, including 6,759 (68%) children⁷. Most common causes of morbidity were acute watery diarrhoea (AWD) in 5,770 cases, suspected malaria (MAL) in 1,879 cases and acute bloody diarrhoea (ABD) in 1,299 cases. Suspected measles⁸ (MSL) were reported in 850 cases, suspected whooping cough (WCO) in 142 cases, and suspected meningitis in 36 cases.



Photo: OCHA

The ongoing drought in many parts of Somalia is affecting people and their livestock. Pictured here: inter-agency assessment mission in Karkar

SPECIAL EVENTS IN MARCH 2011

8 March marked **International Women's Day** and was celebrated in Somalia by commemorating maternal deaths and complications and highlighting the activities of Edna Adan Maternity Hospital in Hargeisa as an example to improve the health of women in Somalia. For more see <http://www.unctsom.org/somwomanheroes.html>

On 22 March, the UN used the occasion of **World Water Day** to highlight how essential water is for life and urged for greater humanitarian access to assist Somalis suffering from drought and escalating conflict.

23 March **World TB Day**, celebrated also in Mogadishu www.emro.who.int/stb



Gedo health and WASH meeting, chaired by the Human Development Concern in Bardera (Gedo)

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

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".

- Fourteen sites participating in the integrated disease surveillance and response network (**IDSR**) in **Lower** and **Middle Jubba** reported a total of 5,157 consultations for 16 health events in epidemiological weeks 9-13. Children⁷ accounted for 3,242 (63%) of cases; women and girls accounted for 3,189 (62%) of the cases. Leading causes of morbidity were MAL in 1,851 cases, including 1,067 (58%) children; AWD in 1,485 cases, including 1,031 (69%) children; and influenza like illnesses (ILI) in 1,409 cases, including 948 (67%) children.

- In epidemiological weeks 9-13, **Banadir Hospital** (Mogadishu) reported 594 cases of AWD, including 80% (475) children⁷. Of the 16 reported deaths, 12 were children. **WHO** provided 1 diarrhoeal disease

Table 1: stool samples collected from AWD cases in Somalia in March 2011 and tested for *Vibrio cholerae*

Location (District)	# of samples collected	Positive	Remarks
Banadir Hospital (Madina and Wadajir, Mogadishu)	20	2	Cases: 8 years (M) 12 months (F)
Banadir Hospital (Waberi and Hodan, Mogadishu)	20	3	Cases: 1 year (M) 6 months (M) 3 months (M)
SOS Hospital (Heliwaa, Mogadishu)	7	1	Cases: 4 years (M)
Banadir Hospital (Wadajir, Mogadishu)	20	1	Cases: 5 months (M)
Sigaale village (Merka)	9	0	
Merka CTC (Merka)	3	0	
Awdhegle (Awdhegle)	6	0	

- Six of them tested positive for *Vibrio cholerae*, serotype 'inaba' (see table 1). Five out of the six positive cases are aged below 12 months, and three of those are 6 months and below. The infection in children that should ideally still be breastfed exclusively indicates challenges in the nutritional situation of pregnant and nursing mothers. The number of AWD cases is rising steadily not only in Banadir but also with rumours reported from Awdhegle district (Lower Shabelle) and Aden Yabal district (Middle Shabelle).

- In March, **Habeeb** cholera treatment centre (**CTC**) in Mogadishu reported 103 admissions, including 64% (66) children⁷ and 3 deaths (all older than 5 years).

- In epidemiological weeks 9-12, **WARDI** reported (under IDSR) 470 consultations (new visits) for 16 health events from **Hamarjajab MCH** in Mogadishu. Children⁷ accounted for 56% (262), women and girls for 50% (233) of all cases. Leading causes of morbidity were AWD in 173 cases, including 70% (122) children; ILI in 151 cases, including 62% (94) children; and malaria in 110 cases, including 22% (24) children. Of all malaria cases, 14% (15) were confirmed by laboratory or RDT. Also reported were 11 cases of suspected measles, including 9 children; and 2 cases of suspected whooping cough (both children). A total of 41 assisted deliveries (all live births) were reported; of those 29 in the health facility.

- In epidemiological weeks 9-13, **SOYDA** reported 1,516 consultations (under IDSR) from 3 health facilities in **Mogadishu** and **Afgooye Corridor**. Of all consultations, 42% (635) were children⁷ and 61% (931) were women and girls. Leading causes of morbidity were ILI in 454 cases, including 40% (181) children; confirmed malaria in 365 cases, including 34% (123) children; AWD in 258 cases, including 52% (133) children. Of all consultations, 488 were reported from Lafoole MCH, 510 from Elasha MCH, and 518 from Wadajir MCH.



In March, 518 patients sought medical attention in Wadajir MCH (Afgooye Corridor)

- During epidemiological weeks 9-13, the **IDSR** in **Lower Shabelle** reported 37,665 consultations from 51 health facilities. Children⁷ accounted for 43% (16,265), women and girls for 56% (21,033) of consultations. Of the 34 reported deaths, 24 (71%) were under the age of 5 years, and AWD accounted for 85% of all reported deaths. Major causes of morbidity (see table 2) were influenza like illnesses (ILI); malaria; acute watery diarrhoea (AWD); suspected measles⁸ (MSL); and suspected whooping cough (WCO). Of all malaria cases, 63% (471) were confirmed by either laboratory or rapid diagnostic tests (RDT). Two districts, Merka and Afgooye, accounted for 73% of all reported consultations.

Table 2: Major causes of morbidity in Lower Shabelle, weeks 9-13 (source: IDSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
ILI	4,630	2,514	54
MAL	744	279	38
AWD	369	221	60
MSL	256	204	80
WCO	157	138	88

- The **CTC** in **Merka Hospital** (Lower Shabelle) reported 62 additional cases of AWD and no death in March. Of all cases, 66% (41) were children⁷. The 3 samples collected from the CTC in March tested negative for any enteric pathogens. In response to the increasing numbers of AWD in the region, **WHO** prepositioned 1 DDK in Merka Hospital and 1 DDK in Qoryoley. **WHO**

continues to monitor AWD trends in the region. Results are outstanding for samples from SOS and Banadir hospitals in Mogadishu, Merka and Awdheghele districts in Lower Shabelle.

- In March, **Islamic Relief** reported a total of 1,886 consultations (under IDSR) from the following IDP settlements in the **Afgooye Corridor** (Lower Shabelle): Sabir in Hawa Abdi (607), Saacid in Ceelasha (300), Horseed in Lafoole (607), and Giumale in Arbis (372). Of all consultations, 60% (1,139) were children⁷ and 50% (949) were women and girls. Most common causes of morbidity in all four areas were ILI in 1,064 cases (including 59% children); malaria in 305 cases (42% children); suspected measles in 110 cases (75% children); and AWD in 16 cases (94% children). Of all malaria cases, 39% (120) were confirmed by either RDT or laboratory. Also reported were 2 deaths, both under the age of 5 years and due to suspected measles.
- Rumours of increasing cases of AWD with high mortality were reported in March from different villages in **Aden Yabal district** (Middle Shabelle). **WHO** and **Intersos** responded with mobile activities in the affected villages to verify information. WHO also provided 1 complete diarrhoeal disease kit (DDK) adequate for 100 severe adult patients; and 1 inter-agency emergency health kit (IEHK) adequate for 10,000 population for 3 months to facilitate initial needs-based response to the situation. Also provided was one *Cholera SmartII* rapid diagnostic test kit that contains 25 tests for confirmation of diagnosis on site.
- This month, WHO supported COSV in the AWD rumour verification and sample collection in Awdheghele district (Lower Shabelle). All 6 samples tested negative for *Vibrio cholerae*, and the number of AWD cases decreased.
- During epidemiological weeks 9-13, **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 2,092 consultations for 16 health events. Of all consultations, 36% (758) were reported from Garbaharey, 30% (630) from Dolow, 26% (514) from Luuq, and 14% (303) from Belet Xaawo districts. Children⁷ accounted for 54% (1,136), women and girls for 50% (1,045) of all consultations. Leading causes of morbidity were suspected malaria in 645 cases (including 40% children), ILI in 600 cases (51% children), and AWD in 512 cases (72% children).
- In epidemiological weeks 9-13, the outpatient department (OPD) of **Baidoa Hospital** (Bay), supported by **COOPI**, reported 588 consultations for 16 health events (IDSR). Of all patients, 317 (54%) were children⁷ and 303 (52%) were women and girls. Leading causes of morbidity were confirmed malaria in 355 cases (55% children) and AWD in 179 (48% children).
- In epidemiological weeks 9-13, **WARDI** reported from **Beletweyne MCH** (Hiraan) a total of 945 consultations (under IDSR) of which 413 (44%) were children⁷. Women and girls accounted for 58% (550) of all cases. The leading causes of morbidity were malaria in 374 cases (15% children), ILI in 246 cases (68% children), AWD in 193 cases (73% children), and suspected measles⁸ in 39 cases (82% children). Of all malaria cases, 44% (164) were confirmed by either laboratory or RDT. Also reported were two cases of suspected whooping cough (both under the age of 5 years).
- In response to AWD rumours reported from Barag Ciise village in

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

- 28 partners reported⁹ to IDSR in March 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 WHO
Testing a stool sample in Baraag Ciise (Galmudug) using Cholera Smart II rapid diagnostic test

DISTRIBUTION OF SUPPLIES IN MARCH 2011

- WHO provided
- * 1 DDK (for the treatment of 100 severe cases) and 1 IEHK (serving 10,000 population for 3 months) to Galmudug to support ongoing response activities in Barrag Ciise
 - * 1 DDK (for the treatment of 100 severe cases) and 1 IEHK (serving 10,000 population for 3 months) to Mudug Regional Hospital
 - * 1 DDK (for the treatment of 100 severe cases) , 1 IEHK (serving 10,000 population for 3 months) and one *Cholera Smart II* kit containing 25 rapid diagnostic tests to Jowhar Hospital to conduct mobile activities in response to increased AWD in the area
 - * 1 DDK to Banadir Hospital (Mogadishu)
 - * 1 DDK (for the treatment of 100 severe cases) each to Merka and Qoryoley hospitals

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

Galmudug, WHO provided 1 inter-agency emergency health kit (IEHK) and 1 diarrhoeal disease kit (DDK).

- Between epidemiological weeks 9-13, over 50 sentinel sites of the **CSR** in **Somaliland** reported 1,113 consultations and no death related to 7 health events. 70% (775) of all consultations were children⁷. AWD accounted for 80% (892) of all cases including 641 children, ABD for 9% (105 cases) including 54 children, suspected measles⁸ for 9% (99) of all cases including 64 children.

Vaccine-preventable diseases (VPD)

- Between epidemiological weeks 9-13, the **WHO** AFP surveillance and EPI sites have reported a total of 1,879 cases of suspected measles⁸ from across **Somalia**. 39% (737) of all suspected cases were reported from Banadir, 31% (590) from Bari, 11% (207) from Lower Shabelle, and 8% (146) from Togdheer.
- WHO and UNICEF conducted National Immunization Days (NIDs) at the occasion of celebrating 4 years polio-free Somalia. The 3-day campaign targeted 1.8 million children⁷ across the country to be vaccinated for polio. The campaign is being spearheaded by health authorities at national and local levels, in collaboration with WHO, UNICEF, other polio eradication partners and the Somali communities. Insecurity and inaccessibility especially in South Central regions which are home to an estimated 70% of all children, remains a major concern to reach all targeted children.

Training and capacity-building

- Between 2-3 March, **SOYDA** in collaboration with health authorities and WHO trained 30 health workers on outbreak response and diarrhoea management. The 30 participants came from 5 different agencies and health facilities in Banadir region. The aim of the training was to improve health workers' knowledge and skills on diarrhoea/ cholera case detection, case management and prevention based on recommended case definitions and treatment protocols.
- **WHO** trained 33 health workers from 12 health facilities across Bay region on AWD case detection, management and control in Baidoa Hospital on 13-14 March 2011. The event was also used to review current IDSR tools. On 19-20 March, another 21 health workers were trained in Huddur for Bakool region.
- From 19-20 March, **WHO** conducted a training on AWD case detection, management and control at the Hudur health centre, for 21 health workers from eight health facilities and for health committee members from four districts in *Bakool region*. The training also included a review of the integrated disease surveillance tools and case definitions.
- On 23-24 March, **SOYDA** conducted training for 40 traditional birth attendants (TBAs) and community health workers (CHWs) from Banadir and Lower Shabelle regions with the aim to improve health behaviours and pregnancy outcomes.



One of SOYDA's senior qualified nurse and experienced midwife was among the trainers addressing various issues related to maternal health and safe delivery during the training for TBAs on 23-24 March.

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

The second standard allocation of the CHF took place in February and March 2011. The Humanitarian Coordinator and the CHF Advisory Board agreed on a strategic allocation of \$45 million in available funding. Most of the funds – \$35 million – will be used for drought response in affected areas across the country. Another \$5 million will support assistance to displaced people in Puntland, and \$5 million are for critical common services. The emergency reserve of the CHF will be used for the continuation of the drought response and other acute needs in the country. Further information on the CHF is available on its website, at <http://ochaonline.un.org/somalia/chf>



SOYDA outbreak response and case management training 2-3 March



In March, WHO conducted 3 training sessions on AWD case detection, management and control, and surveillance which reached more than 200 health workers from Bay, Bakool, Banadir, Lower and Middle Shabelle regions



- Between 26-29 March, **WHO** in collaboration with Banadir University conducted two 2-day training sessions on AWD case detection, management, control and surveillance tools for IDSR. Over 150 health workers from 26 humanitarian organizations in Banadir, Middle Shabelle and the Afgooye Corridor participated.