

Somalia Health Cluster Bulletin #47



Children are less able to withstand the high impact of shelling and explosions which can lead to severe burns (here treated in Daryeel MCH, Afgooye corridor) or internal injuries

May 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

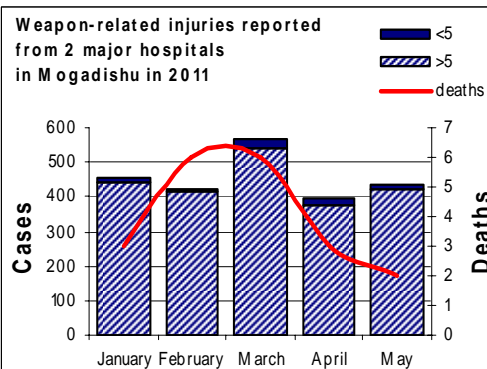
HIGHLIGHTS IN MAY 2011

- Cholera is confirmed in Mogadishu (Banadir), Afgooye Corridor (Lower Shabelle), Baidoa (Bay) and Haradere (Mudug). In total, this month, 16 out of 28 samples tested positive for *Vibrio cholerae*.
- In May, four hospitals in Mogadishu reported 3,239 weapon-related injuries.
- This month, WHO and partners investigated unspecified diseases in Huddur (Bakool), Tieglow (Bay) and Berbera Port town (W' Galbeed).

SITUATION OVERVIEW

Conflict and displacement

- According to OCHA¹, The military offensive that had started on 23 February continued in Mogadishu and parts of Southern Somalia throughout May. OCHA² further reported heavy fighting on 18 May in Hodan and Hawl Wadaag districts (**Mogadishu**) which left at least 20 civilians killed and another 80 wounded. Civilians continue to bear the brunt of the ongoing conflict in Mogadishu. The majority of the civilian casualties reportedly occurred inside Bakara market. In the following week (20-27 May)³ fighting continued in the Northern districts of the city killing another 50 civilians and wounding 140 more.
- In May, WHO reported that three hospitals in **Mogadishu** registered 3,047 weapon-related casualties, including 1,238 (41%) children under the age of 5 years and 5 related deaths of which one was under the age of 5 years. The exact numbers of deaths on site cannot be established. A fourth hospital reported another 192 weapon-related casualties. This month, fighting was more intense among the warring parties in Mogadishu, involving highly populated areas like Bakara market.
- On 31 May, WHO⁴ expressed strong concerns about the high toll of wounded children in the latest violence in **Mogadishu**. According to the press release, in May, weapon-related injuries reached almost 1,600 cases compared to 320 in April, representing an 80% increase. Nearly one in two reported weapon-related injuries is now a child younger than five years. Health cluster partners confirmed reports of heavy fighting in Mogadishu, especially around Bakara market where civilians continue to bear the brunt of the fighting.
- OCHA⁵ reported heavy fighting in **Garba-haarey (Gedo)** on 2 May, which left at least four civilians killed and 3 others wounded. Reports indicate that several houses, including business premises, were burnt down during the fighting. An unconfirmed number of people were displaced.



¹ OCHA Humanitarian Update - Mogadishu, 31 May 2011

² OCHA Weekly Humanitarian Bulletin #20, 13-20 May 2011

³ OCHA Weekly Humanitarian Bulletin #21, 20-27 May 2011

⁴ Extensive communications and information materials by WHO are available online at www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm

⁵ OCHA Weekly Humanitarian Bulletin #18, 29 April - 6 May



- OCHA³ reported fighting on 23 May in Balcad village in **Belet Weyne district (Hiraan)**. Casualties and exact numbers of displaced could not be verified.
- Based on the **Somalia Population Movement Tracking System**, UNHCR reported in May a total of 16,000 displacements nationwide (though mainly in South Central Somalia, especially Banadir, Lower Shabelle and Lower Jubba regions), including 8,200 from (3,700) and within (4,500) Mogadishu. Nationwide displacements are related to insecurity in 50%, drought in 26%, lack of livelihoods in 13%, and due to eviction in 11%.

Under the title **THE STATE OF THE WORLD'S HUMAN RIGHTS** Amnesty International released the annual report 2011 on 13 May. The report on Somalia is available online at <http://amnesty.org/en/region/somalia/report-2011>

Climate - rainfall, food security and nutrition

- **FSNAU**⁶ reported moderate to heavy rainfall in most parts of Somalia since end of April. However, delayed onset of *Gu* rains⁷ across the country and below normal rains in some areas are likely to result in 30-35% decline in cereal production in southern Somalia. Following dramatic increase in cereal prices and displacements due to ongoing conflicts in South Central Somalia, the number of people in crisis has likely exceeded previous estimations by 25% from 475,000 to 590,000 urban population. The recent nutrition assessment indicates likely very critical (in Shabelle Riverine and Agropastoral, Jubba Agropastoral and Pastoral livelihoods, and Bari-Sool Plateau), to likely critical (in Juba Riverine) and critical situations (in Mogadishu). Contributing factor are reduced food access, and morbidity due to low health interventions, particularly in the South. The numbers of people in crisis are expected to increase from August.
- Health cluster partners in the field reported in the first week of May that heavy rainfall in Bu'aale, Jilib, Afmadow and Sakow districts of **Lower and Middle Jubba regions** washed away more than 60 houses and an unspecified number of pit latrines, leading to an increased risk of water-borne diseases. Areas of stagnant water are also likely breeding sites for mosquitoes which raises the risk of malaria transmissions.
- In Dhahar town⁸ and surrounding villages in **Eastern Sanaag region**, the heavy rainfall and flooding resulted in two fatalities and inaccessibility by road which rendered needs assessments impossible. 150 households were reportedly affected.



Heavy rains can increase the risk of transmission of diarrhoeal and water-borne diseases especially in temporary settlements without sanitation and hygiene infrastructure such as here in Hamar Weyne district (Mogadishu) on 19 May 2011

Field coordination and assessments

- Field health cluster meetings are held on a monthly basis in Mogadishu for Banadir and Lower Shabelle regions, and in Garowe for Puntland. The meetings serve the information sharing among partners on the ground and the coordination of health-related activities as part of the overall efforts of the health cluster to decentralize coordination to all regions of Somalia.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁹, outbreak detection¹⁰ and response

- Between epidemiological weeks 18-22 (2 May - 5 June 2011), 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (**CSR**) in **South** and **Central Somalia** reported 12,539 consultations for 7 health events, including 7,745 (62%) children¹¹. Most common causes of morbidity (see table 1) were acute watery diarrhoea (AWD), suspected malaria (MAL) and acute bloody diarrhoea (ABD). Also reported were suspected measles¹² (MSL), suspected whooping cough (WCO), and suspected meningitis (MEN). AWD accounted for 50% of all 244 reported deaths, including 92% children.

CONSOLIDATED APPEALS PROCESS (CAP) UPDATE

In May, all clusters requested partner organizations to report on achievements against targets (review of first 5 months of the year). OCHA organized inter-cluster reviews of strategic priorities and achievements in Puntland and Somaliland.

Finally partners reviewed their project sheets to reflect possible changes in the situation, needs, implementation, activities, etc. as well as funding requirements.

The above information contributed to the revised narrative cluster response plans.

According to the financial tracking system (FTS) and information from partners, as of 20 May, the health cluster projects in the CAP 2011 have received 26% of originally requested funding requirements. This includes US \$4.36 million through the second standard allocation round of the CHF.

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

All 18 health cluster projects which had been granted CHF funding under the second standard allocation have received the funds totalling to US \$4.36 million. Latest updates and additional information are available at <http://ochaonline.un.org/somalia/chf>

Table 1: CSR South Central Somalia, weeks 18-22

cause of morbidity	total cases	<5	<5 % of total
AWD	7,709	4,971	71
MAL	2,770	909	33
ABD	1,588	866	55
MSL	885	745	84
WCO	249	217	87
MEN	31	31	100

⁶ Food Security Situation Analysis, 26 May 2011

⁷ For more information also see FewNet Somalia Rain Watch, SWALIM Somalia Dekadal Rainfall update, and other products at www.faoswalim.org or www.fews.net

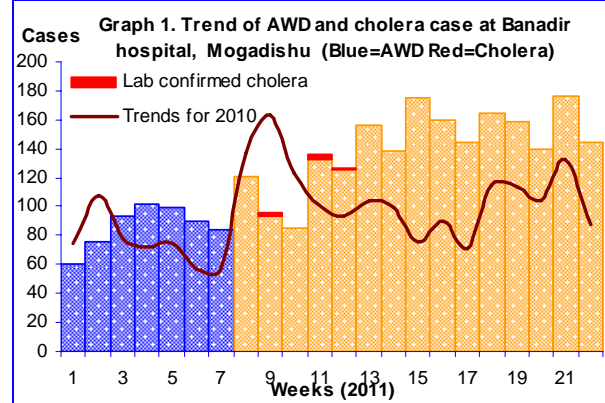
⁸ OCHA Weekly Humanitarian Bulletin #19, 6-13 May

⁹ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

- Seventeen sites participating in the integrated disease surveillance and response network (IDSR) in *Lower* and *Middle Jubba* reported a total of 7,937 consultations for 16 health events in epidemiological weeks 18-22. Children¹¹ accounted for 3,942 (50%), women and girls for 4,848 (61%) of the cases. Leading causes of morbidity (see table 2) were malaria, influenza like illnesses (ILI), and acute watery diarrhoea (AWD). Of all malaria cases, 359 (9%) were confirmed by laboratory or RDT.
- In weeks 18-22, **Banadir Hospital (Mogadishu)** reported 784 cases of AWD. Children¹¹ accounted for 570 (73%), women and girls for 366 (47%) cases. Of the 35 reported deaths, 32 (91%) were children under the age of 5 years. Children under the age of 2 years alone accounted for 52% of all reported cases and 54% of the related deaths. The inter-cluster cholera taskforce is meeting on a regular basis to coordinate the response activities.
- In May, **Habeeb** cholera treatment centre (CTC) in *Mogadishu* reported 106 admissions for AWD. Children¹¹ accounted for 54 (51%), women and girls for 54 (51%) cases.
- In May, eight nutritional sites of **SAACID/ Oxfam Novib** in *Mogadishu* have reported 1,694 medical consultations, all children¹¹, including 917 (54%) girls. Among these malnourished children, leading causes of morbidity were ILI in 1,210 (71%) cases, MSL in 207 (12%) cases, and AWD in 139 (8%) cases. Suspected measles accounted for 31% of the total 42 deaths.
- In epidemiological weeks 18-22, **WARDI** reported 437 consultations (new visits) for 16 health events (IDSR) from *Hamarjajab MCH* in *Mogadishu*. Children¹¹ accounted for 265 (61%), women and girls for 209 (48%) of all cases. Leading causes of morbidity were ILI in 155 cases (including 66% children); AWD in 137 cases (79% children); and malaria in 103 cases (19% children). Of all malaria cases, 11 (11%) were confirmed by laboratory or RDT. Also reported were 26 cases of suspected measles¹², including 25 (96%) children.
- In epidemiological weeks 18-22, **SOYDA** reported 577 consultations from Wadajir MCH in *Mogadishu*. Of all consultations, 209 (36%) were children¹¹ and 366 (63%) were women and girls. Leading causes of morbidity were respiratory infections in 303 cases (including 36% children); confirmed malaria in 135 cases (33% children); and AWD in 88 cases (40% children). Also reported were 47 cases of suspected measles (32% children).
- During epidemiological weeks 18-22, the **IDSR in Lower Shabelle** reported 36,434 consultations from 51 health facilities. Children¹¹ accounted for 16,924 (46%), women and girls for 19,694 (54%) of all consultations. Of the 40 reported deaths, 29 (73%) were under the age of 5 years, and 34 (85%) were related to AWD. Major causes of morbidity (see table 3) were influenza like illnesses (ILI); malaria; suspected measles¹² (MSL); acute watery diarrhoea (AWD); and suspected whooping cough (WCO). Of all malaria cases, 524 (56%) were confirmed by either laboratory or rapid diagnostic tests (RDT). Two districts, Merka and Afgooye, alone accounted for 74% of all reported consultations.
- Of 8 samples collected from AWD cases in the **Afgooye Corridor** on 18 May 2011, 2 tested positive for *Vibrio cholerae, serotype 'inaba'*. Both positive cases were girls of 3 and 4 years of age. Also collected were 5 samples from Kurajo IDPs in *Hamarweyne (Mogadishu)*, of which 2 tested positive for *Vibrio cholerae, serotype 'inaba'*. Partners in Banadir and the Afgooye Corridor continue activities for the prevention, control and treatment of cholera cases.
- In May, **SHARDO** reported a total of 113 cases of AWD and 21 related deaths (CFR 18.6) in *Warsheikh (Middle Shabelle)*. Children¹¹ accounted for only 14 (12%) of all cases and six (29%) of the deaths. Of all cases, 68 (60%) were women and girls. **WHO** provided the partner with medical supplies (see list of distribution) and the outbreak is currently considered under control.

Table 2: IDSR Lower and Middle Jubba, weeks 18-22

cause of morbidity	total cases	<5	<5 % of total
malaria	4,073	1,536	38
ILI	1,706	1,174	69
AWD	1,699	1,174	69



In May, children accounted for 41% of all weapon-related injuries in three hospitals in Mogadishu.

Table 3: IDSR Lower Shabelle, weeks 18-22

cause of morbidity	total cases	<5	<5 % of total
ILI	5,487	2,936	54
malaria	942	421	45
MSL	622	503	81
AWD	770	473	61
WCO	251	221	88

¹⁰ Health cluster partners are advised to submit any outbreak alerts and/or epidemiological information to outbreak@nbo.emro.who.int and angalukia@nbo.emro.who.int to facilitate coordinated and timely response.

¹¹ The term children here refers to those under the age of 5 years, unless mentioned otherwise.

¹² All cases of fever and rash are considered "suspected measles".

- This month, **WHO** confirmed, 8 out of 10 samples collected from AWD patients in **Baidoa (Bay)** tested positive for *Vibrio cholerae*, serotype 'inaba'. A cholera treatment center (CTC) was established in premises of Baidoa Regional Hospital to provide additional support to the 200 cases reported as of 21 May, and a cholera task force with health cluster partners was reactivated to coordinate response activities. WHO provided 1 DDK and complementary supplies to the hospital, and sent 10 cholera beds and 1 dispensary tent to increase the CTC space. **COOPI** also provided medical supplies, and **SAMA** with the support of **WHO** initiated social mobilisation and chlorination activities. **UNICEF** and partners intensified chlorination of water points and provided relevant response supplies³.
- In epidemiological weeks 18-22, the outpatient department (OPD) of **Baidoa Hospital (Bay)**, supported by **COOPI**, reported 1,803 consultations for 16 health events (IDSR). Of all patients, 969 (54%) were children¹¹, and 809 (45%) were women and girls. Leading causes of morbidity were AWD in 898 cases, including 516 (57%) children; and confirmed malaria in 564 cases, including 263 (47%) children. Of the 15 reported deaths, 9 were children.
- In May, Salama Medical Agency (**SAMA**) provided health services in **Labatunjerow MCH (Bay)** and through mobile outreach activities in surrounding villages. SAMA reported 365 consultations this month, including 201 (55%) children¹¹ and 193 (53%) women and girls. Most common causes of morbidity were respiratory infections in 250 (68%) cases of which 131 (52%) were children, suspected malaria in 62 (17%) cases of which 27 (43%) were children, and AWD in 45 (12%) cases of which 42 (93%) were children. SAMA reported that the facility lacks cold chain equipment and EPI services. Social mobilization activities this month reached 286 people with information on breastfeeding practices, nutrition requirements for pregnant women and children, sanitation and personal hygiene.
- In the first week of May, two **WHO**¹⁴ health workers and field staff travelled to Biyo Guur settlement (**Bay**) and Suubey village (**Bakool**) to investigate rumors of an increase in AWD cases in the areas. The team carried initial response supplies, including ringer lactate, intravenous infusion solutions, oral rehydration salts, erythromycin and doxycillin. About 50 children¹¹ with severe dehydration can be treated with those medicines. The response team will provide treatment for the cases and conduct active surveillance for unreported cases in the villages and their surroundings.
- Since mid May, **WHO** mobile teams conducted outbreak investigation in **Huddur district (Bakool)** in response to rumours of an unspecified disease. As of 23 May, 21 patients (81% of them female) were identified by the team. Core symptoms for all patients were recorded as slight fever with general body weakness, swelling of legs (non pitting), back ache, skin lesions (not rash), mild diarrhoea and mouth ulcers. All patients were above 5 years (age range: 25-70). The onset of symptoms ranges from the period between February and May, and new cases continue to be identified by the investigation teams. The teams were equipped with two basic units of the Interagency Emergency Health Kit (IEHK) which cover a population of 4,000 for 3 months, a Health Post Kit which serves as the equipment module, and vitamin B supplements which are being prescribed to all patients. During the visit, 8 serum samples were collected to be tested for Dengue Fever and micro-nutrient deficiency (to rule out Beriberi). At the same time, WHO prepositioned an additional IEHK and Diarrhoeal Disease Kit (DDK) in Wajid to ensure continuity of activities and outbreak response capacity in case of AWD.
- In May, cases with similar symptoms were reported also from **Tieglow (Bakool)**. The WHO investigation team initiated negotiations for access with local authorities.
- In weeks 18-22, **WARDI** reported from **Beletweyne MCH (Hiraan)** a total of 491 consultations (under IDSR) of which 317 (65%) were children¹¹. Women and girls accounted for 241 (51%) cases. The leading causes of morbidity were ILI in 192 cases (including 72% children), malaria in 104 cases (37% children), and AWD in 93 cases (80% children). Of all malaria cases, 10 (9%) were confirmed by either laboratory or RDT. Also reported were 6 cases of suspected measles¹² (all of them above 5 years).

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

30 partners reported¹³ to IDSR in May 2011. Agencies which participated in the reporting were: AFREC; Al Hilaal; COOPI; COSV; Fiqi Hospital (Afgooye); Gargaar MCH (Afgooye); Hayat Medical Group; HIJRA; Intersos; Islamic Relief; Kismaayo Hospital; Kulmiye Hospital (Afgooye); Muslim Aid; Neuroclinic (Afgooye); New Way; SAACID/ Oxfam Novib; Somali Aid Foundation; Saagi Hospital (Afgooye); SAMA; SORDES; SOS (Mogadishu); SOYDA; SRCS; SWISSO Kalmo; Trocaire; VMS Hospital (Afgooye); WARDI; WFL; WHO; and Zamzam Foundation

DISTRIBUTION OF SUPPLIES IN MAY 2011

WHO provided

- * 2 DDKs, 10 cholera beds, 1 dispensary tent and complementary supplies to Baido Hospital (Bay) in response to cholera outbreak
- * 1 additional IEHK and 1 DDK to Wajid (Bakool)
- * 1 DDK to Haradere Hospital (Mudug)
- * Mobile teams equipped with 2 basic units of the IEHK, 1 health post kit and vitamin B supplements in Huddur district (Bakool)
- * 1 DDK and 1 IEHK to Garoowe (Nugal)
- * 1 DDK and 1 IEHK to Galkayo (Mudug)
- * 500l Ringer Lactate, 3,000 tablets Doxycylin, 1,000 tablets and 9,000ml syrup of Erythromycin, gloves, IV canulas, scalp vein needles and 50,000 Aquatabs to SHARDO for AWD response in Warsheikh (Middle Shabelle)

SPECIAL EVENTS IN MAY 2011

The WHO World Health Assembly was held for 8 days in May in Geneva, with more than 2,700 delegates including health ministers and senior health officials, NGOs, civil society groups and other observers. In the end, 28 resolutions and 3 decisions were adopted to guide the upcoming work of the organization and to address priority global health issues.

¹³ Not all agencies reported on a regular basis but all submitted at least 2 weeks reports.

¹⁴ EHA weekly highlights 30 April–6 May 2011

- **Haradere Hospital (Mudug)**, supported by CISP, reported 337 cases of AWD/ cholera, including 161 (48%) children¹¹ between 3-31 May. Women and girls accounted for 191 (57%) of all reported cases. Of the 14 deaths (CFR 4.2), six (43%) were under the age of 5 years. Of the 5 samples collected, 4 tested positive for *Vibrio cholerae*. WHO provided 1 DDK to the hospital and will provide additional supplies.
- Following up on the unspecified disease affecting children in **Xingood village**, Hobyo district (**Mudug**), WHO reported that all of the 10 throat swab samples collected last month tested negative for any infectious agents. The patients had improved under antibiotic treatment and no new cases were identified since the visit.
- In May, **Boroma Hospital (Awdal)** in Somaliland, supported by COOPI, reported 244 consultations, including 156 (64%) children. Women and girls accounted for 112 (46%) cases. Main cause of morbidity was AWD in 183 cases, including 138 (75%) children.
- In May, WHO received rumours of increasing cases of unspecified, prolonged fever among patients in **Berbera Port town (W' Glabeed)** in Somaliland. Outbreak investigation was conducted together with MoH. Of the 30 serum samples which were collected from the hospital, 9 tested positive for Dengue Fever. MoH and health partners are conducting social mobilization and vector control activities. Virus cell culture results are pending for all samples. Outbreaks of Dengue Fever were reported in Somalia in the 1980s, and in Hargeisa in 1993 during 'Operation Restore Hope'.



© WHO
All 10 throat swab samples collected in Xingood (Mudug) in April tested negative for any infectious agents

Vaccine-preventable diseases (VPD)

- Between epidemiological weeks 18-21 (2-29 May 2011), the WHO AFP surveillance and EPI sites have reported a total of 1,532 cases of suspected measles¹² from across **Somalia**. Of the total of suspected cases, 29% (446) from Lower Shabelle, 28% (429) were reported from Banadir, and 13% (192) from Bari.
- On 6 May, WHO launched the polio documentary "I have polio" which is available online at <http://www.youtube.com/watch?v=dut--mDk1Co>. The short film tells the story of two Somali children who got polio in 2007. Somalia has remained polio free since then, although treats put the country in danger and therefore vaccinations are still needed.
- This month, WHO and UNICEF supported the health authorities in conducting the 2nd round of National Immunization Days (NIDs) in **Banadir** and **Galgadud regions**. NIDs aim at boosting the immunity of children below 5 years against polio. In Galgadud, NIDs were conducted between 31 May – 2 June, targeting over 100,000 children¹¹ and in Banadir the campaign was implemented in two phases between 30 May-8 June, targeting more than 280,000 children.
- The first of the two recommended rounds of Child Health Days (CHDs) is planned to be implemented from end June to July in all accessible areas (Somaliland, Puntland, Banadir and Galgadud) targeting children below 5 years and women of child bearing age.



© WHO
A child with suspected measles is applied with cold compress in order to reduce the body temperature. In May, 1,532 suspected cases of measles were reported from across Somalia

Neglected tropical diseases

- WHO and partners have established a task force for the prevention and treatment of Visceral Leishmaniasis (kala azar). The disease is endemic in Southern Somalia, particularly Bay, Bakool and Lower Shabelle regions. In an initial planning meeting, all involved parties agreed on reporting formats which will be used for the surveillance of the disease. WHO is planning on-the-job training for health workers, and provided already active partners with medical supplies to support the detection and treatment of kala azar.

Primary and secondary health care and support to health facilities

- Between 20 May - 2 June, AFREC reported a total of 501 consultations from the MCHs in Kismaayo (249), Dhobley (134), and Afmadow (118) in **Lower Jubba**, including 62% (310) children¹¹ and 53% (268) women and girls. Of all cases, 22% (108) were reported as AWD and 20% (101) as respiratory infections, in particular pneumonia. AFREC also reported 600 pregnant and lactating women to have received safe motherhood services, and 685 children to have received different vaccinations. AFREC



© AFREC
In May, 249 patients received medical services in Kismaayo MCH (Lower Jubba)

raised concerns about the increasing number of consultations due to the combination of drought, conflict and lack of health facilities in the area.

- This month, increasing numbers of IDPs were reported in **Bu'aale district (Middle Jubba)**. On 24-25 May, WHO and partners visited temporary settlements along the Bu'aale-Jilib road. During the mission, the medical officers provided consultations to 476 patients, including 184 (39%) children¹¹ and 294 (62%) women and girls. Most common ailments were suspected malaria in 160 cases and AWD in 97 cases. Overall, of major concern were the nutritional situation of the IDPs, sanitation and hygiene, as well as the prevention of vaccine preventable diseases and malaria.
- In support of overall efforts to strengthen health care delivery, with focus on emergency obstetric care and trauma services, in Lower and Middle Jubba regions, **WHO** has deployed one surgeon in **Bu'aale (Middle Jubba)**.
- **Muslim Aid** conducted mobile clinics in IDP camps of **Kismaayo Port town (Lower Jubba)** in the first week of May. More than 660 patients were seen, mostly for suspected malaria, respiratory tract infections and diarrhoeal diseases.
- In May, **HIJRA** supported the pediatric ward of **Banadir Hospital (Mogadishu)** with 52 pediatric beds, 52 mattresses and 104 matching bed sheets.
- In addition to 3 health centers in **Mogadishu** and **Af-gooye Corridor**, **SOYDA** provided outreach health services and nutritional screening for IDPs in Waberi district (Mogadishu) on 6 May. During the one-day campaign, 239 patients were seen. While most children¹¹ suffered from respiratory infections or diarrhoeal diseases; the older age groups more commonly suffered urinary tract infections or chronic diseases.
- As part of the overall efforts to strengthen comprehensive emergency obstetric care (CEmOC) services in the region, **WHO** supported **Mudug Regional Hospital in Galkayo** with the rehabilitation and equipment of the operation theatre, provision of medical supplies and deployment of an obstetrician to provide services and training. In May, 239 maternal consultations were reported in the outpatient department (OPD). Pelvic inflammatory diseases (PID), in approximately 60% of the women, are the most common reasons for visiting the OPD, followed by antenatal care (ANC) services and urinary tract infections (UTI). The high prevalence of PID may be related to female genital mutilation (FGM) practices. Between 6 April - 30 May, the WHO physician conducted 11 Caesarian Sections (CS) - 10 mothers and children were discharged in good condition without operative complications. However, 2 neonates died within 24 hours. In April, a total of 50 life births, 4 neonatal deaths, 7 still births and no maternal deaths were reported in the hospital. The daily on-the-job training of medical staff in the maternity department is complemented with weekly presentations and technical discussions on various topics related to maternal health and EmOC.

Training and capacity-building

- In response to the concerning increase of casualties among children¹¹ in the fighting in Mogadishu, WHO organized an adhoc training on basic and advanced emergency surgical trauma management for children in Banadir Hospital. A total of 40 doctors and nurses participated in both the practical and theoretical sessions.
- Between 14-16 May, WHO in collaboration with Puntland and Galmudug Ministries of Health trained 48 health workers from 9 districts in Mudug and Galgaduud on AWD/cholera prevention, case detection and management, as part of the preparedness activities for outbreak response.



© WHO
During a 2-day visit to Bu'aale district (Middle Jubba) where increasing numbers of IDPs were reported, medical officers provided consultations to 476 patients.



© HIJRA

The donation of beds, mattresses and sheets improved the overall status of the pediatric ward in Banadir Hospital (Mogadishu)



© SOYDA
Outreach health campaign 6 May in Waberi district (Mogadishu)



© WHO
WHO trained 48 health workers on disease surveillance and AWD case management in Galkayo (Mudug)