

# Somalia Health Cluster Bulletin #16



A resident of a village near K50 settlement is collecting water from Shabelle river  
Photo: WHO Somalia

## October 2008

The Somalia Health Cluster Bulletin aims to provide an overview of the health activities conducted by the health cluster partners active in Somalia.

The Health Cluster Bulletin is issued on a monthly basis.

Contributions are to be sent to [cluster@nbo.emro.who.int](mailto:cluster@nbo.emro.who.int)

### HIGHLIGHTS

- Humanitarian aid continues in Somalia despite deadly attacks in Bossasso and Hargeysa
- Trend of cholera outbreaks in Merka, Jowhar, and Bossasso on decrease
- Provision of safe drinking water and social mobilization remain major challenges in control of diarrheal diseases
- Floods of Jubba and Shabelle Rivers destroy farmland and villages in Southern Somalia

### SITUATION OVERVIEW

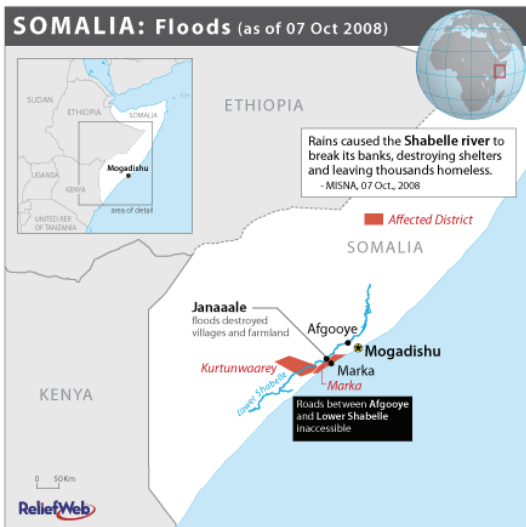
- Car-bomb attacks to the UNDP compound in Hargeysa/ **W' Galbeed** in Somaliland and other institutions in Bossasso/ **Bari** region in Puntland on October 29 shook the humanitarian community of Somalia. Two UN staff were killed and six injured. The UN is currently evacuating other staff in need of medical attention and counseling support. However, the UN does not suspend the work in Somalia; essential staff involved in life-saving assistance are remaining in country with restricted movements.
- 52 NGOs have signed a statement calling for attention of the rapidly deteriorating humanitarian situation in Somalia—the third such calling after one in October 2007 and April 2008, emphasizing increasing numbers of people in humanitarian need and dramatic malnutrition rates due to conflict and natural disaster; increasing violence and risks especially for national humanitarian workers; and the deteriorating access for aid agencies to respond effectively to the need of the affected populations.

### HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

#### 1. Assessment and Monitoring

- Jubba river burst its banks on 19 October after heavy rainfall in Ethiopian highlands in the past month, affecting mainly Jamaame, Jilib and Buuale districts in **Middle and Lower Jubba**. Villages in Jilib district were flooded, while farmers in Bidi/ Buuale district lost their recently planted crops to the floods. **Muslim Aid, WHO**, and local NGOs **Jubba Shine** and **Jubba Foundation** assessed the situation in 5 affected villages (Shogolomafula; Makalango; Kamtiirey; Koban and Araare) on 26 October. While basic health services are covered by health posts with trained CHWs and TBAs in each village, regularly supplied with drugs by **Muslim Aid** and **UNICEF**, major challenges lie in the sector of water and sanitation as most families in the areas have no access to safe drinking water.





The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations. Narrative and Statistical Sources: MISNA. Lower Shabelle: Floods hit displaced by conflict. 07 Oct., 2008. UNHCR. Displaced Somalis hit by heavy flooding. 07 Oct., 2008. Map Sources: UNCS. UNDRP. Map created 07 Oct., 2008.

## 2. Health Coordination & Capacity Building

### Training activities

- Between 20 and 30 October 2008, **Diaspora Action Group** conducted workshops addressing genital mutilation and HIV/AIDS awareness in Hagar/ **Lower Jubba** for a total of 60 participants, predominantly women from different community groups. The initiative is funded by Somali diaspora based in USA, UK, Canada and Holland.
- **WHO** conducted an AWD outbreak assessment between 16-18 October in Berbera/ **W. Galbeed**. In order to standardize cholera treatment and case management, and to decrease CFR, 15 staff from Berbera hospital and three MCHs were trained in case management, using WHO standard protocols and guidelines.

Case Management Training in Berbera, 18 October



## 3. Communicable Diseases and Environmental Health

- In the third week of October, **Muslim Aid** conducted follow-up visits for their Schistosomiasis program to 10 villages in Jamaame district/ **Lower Jubba** (Shongolamafuula; Makalaangoow; Buulo-Dhinbiloo; Buulo-Isaaq; Migwa; Mashaqa; Masagarow; Madhammeey; and Araare). In the same week, a total of 870 patients, mainly children of school going age, were treated.

### Surveillance of AWD/Cholera<sup>1</sup>

- The cholera outbreak in Merka/ **Lower Shabelle** is still ongoing. However the trend shows a decrease in cases admitted to the CTC in Merka hospital in the past weeks from an average of 8 to 4 cases per day respectively. This trend is mainly due to effective control measures. Since onset, 13 August 2008, until 31 October, a total of 532 patients, including 8 related deaths, have been admitted to the CTC. 62% of the admitted cases were children under the age of 5 years. The Case Fatality Rate (CFR<sup>2</sup>) of 1.5% indicates adequate case management and early referral to the CTC.
- Between 6 September and 31 October 2008, a total of 300 cases of AWD, including 8 deaths, were reported from Bossasso/ **Bari** region. Children under the age of 5 years account for 51% of all admissions. The overall Case Fatality Rate (CFR) dropped from initial 3.7 to 2.7%. In their meeting on 10 October at UNICEF office in Bossasso, the **AWD task force** emphasised the urgent need for strengthening health education on hygiene and sanitation. Major findings of a recent assessment by **WHO** showed shortcomings in case management and delays in referral to CTC due to poor public awareness. An AWD case management training planned for 31 October had to be cancelled due to the prevailing security situation.



Child in village near K50 treated with IV fluids by CHW before referral to CTC in Merka hospital  
Photo: WHO Somalia

<sup>1</sup> more details in *WHO Somalia; Monthly Mortality and Morbidity Bulletin (MMMB), Somalia, September 2008/ Vol.2* as well as in the WHO situation updates of 25 September 2008 on *Laboratory confirmed Cholera Outbreak in Merka town, Lower Shabelle Region* and of 15 October 2008 on *Laboratory Confirmed Cholera Outbreak, Gololey Area, Jowhar town, Middle Shabelle Region*. All updates and bulletins were distributed to health cluster partners; the bulletins are also available on WHO Somalia website at <http://www.emro.who.int/somalia>.

<sup>2</sup> <http://www.who.int/topics/cholera/control/en/index.html> "Prompt and appropriate medical management of cases can significantly decrease mortality (Case Fatality Rate); when applied properly; case-fatality rate should be below 1%. In untreated cases the fatality rate may reach 30-50%. These levels are often observed in crisis situations with overcrowding, limited access to health care and precarious environmental management"

- The AWD outbreak in Gololey<sup>1</sup> (Jowhar district/ **Middle Shabelle**) has been confirmed as cholera when 6 out of 7 (86%) of stool samples, collected from the outpatient clinic in Gololey MCH on 2 October, tested positive for *V. Cholerae*. A cholera task force has been established; medical supplies have been provided; active case finding to detect any suspected cases is ongoing; and household chlorination supplies are being distributed.
- A total of 226 cases of AWD with no related-deaths were reported between 4 and 31 October 2008 (epidemiological weeks 41-44 inclusive) from Jilib (146), Jamaame (21) and Afmadow (59) districts in **Lower and Middle Jubba**. 82% (185/226) were less than 5 years old.
- The AWD outbreak in Burao/ **Togdheer** is under control, and case loads are decreasing in both Burao and Berbera/ **W. Galbeed**. Stool samples that had been taken in both locations tested negative for *V. Cholera*.
- An increase from 8 to 40 cases of Acute Bloody Diarrhea was reported on 2 October from Jamaame district/ **Lower Jubba**. Investigations are going on.

#### Water and Sanitation

- In the last week of October, local NGO **Jubba Shine**, supported by **UNICEF**, has started rehabilitating 20 shallow wells and installing hand pumps in Jamaame district/ **Lower Jubba** in order to mitigate water-borne diseases.

#### Vaccine Preventable Diseases (VPD)

- A total of 40 cases of measles have been reported from overall Somalia in epidemiological weeks 40-42 (for distribution of cases per region see table on the right).

#### 4. Primary and Secondary Health Care

- Kismayo General Hospital/ **Lower Jubba**, with continued support of **WHO** and **ICRC**, is assisting still more than 70 cases injured in the fighting end of August. Another 50 patients were submitted and treated in the last week of October alone, mainly from Badade district.
- **World Vision** continues supporting nomadic communities in Buaale, Sakow and Salalge districts of **Middle Jubba**. Conditions treated were mainly AWD, respiratory tract infections, conjunctivitis, malaria, fever, and urinary tract infections.

#### Health Education & Public Awareness

- In the third week of October, **AFREC** conducted massive health education in Afmadow MCH in **Lower Jubba**, targeting women of childbearing age and the elderly with focus on preventive measures to AWD.
- **SRCS** continues supporting feeding programs in Jilib district/ **Lower Jubba** and health education for women of childbearing age with focus on weaning practices in order to diarrheal diseases and other common pediatric conditions.

**Distribution of Measles in Somalia per region for epidemiological weeks 40-42<sup>3</sup>**

Region \ week	40	41	42
Banadir	0	0	0
Lower Shabelle	0	0	2
Middle Shabelle	0	0	1
Galgadud	0	0	0
Hiraan	1	1	0
<b>Central Zone</b>	<b>1</b>	<b>1</b>	<b>3</b>
Middle Jubba	0	0	1
Lower Jubba	0	0	0
Bay	0	0	0
Gedo	0	0	0
Bakool	0	0	0
<b>South Zone</b>	<b>0</b>	<b>0</b>	<b>1</b>
Mudug	1	0	2
Nugaal	2	0	0
Baari	0	0	0
<b>North/Eastern Zone</b>	<b>3</b>	<b>0</b>	<b>2</b>
Sool	0	0	0
Togdheer	11	1	0
Sahil	0	0	0
Galbeed	2	0	0
Awdal	7	4	2
Sanag	0	1	1
<b>North/Western Zone</b>	<b>20</b>	<b>6</b>	<b>3</b>
<b>Grand Total</b>	<b>24</b>	<b>7</b>	<b>9</b>

<sup>3</sup> source: *WHO Somalia Weekly Polio Update 31.10.2008*