

Somalia Health Cluster Bulletin #40



Responding to an alert from SAMA of increased numbers of suspected Kala Azar cases in Labatunjerow (Bay), WHO and SOS conducted a joint case investigation mission

October 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

- In October, three major hospitals in Mogadishu reported over 660 weapon-related injuries.
- More than 20,000 people have been displaced in October due to fighting in South Central Somalia
- The health cluster submitted 45 projects to the Consolidated Appeals Process (CAP) 2011, requesting a total of US\$ 58.6 million for humanitarian health interventions in Somalia

SITUATION OVERVIEW

Conflict and displacement

- In October, two main hospitals in **Mogadishu** reported 501 weapon-related casualties, including 11% (54) children younger than five years and five registered deaths, all older than five years. Since January 2010, 3,490 weapon-related casualties, including 645 under five years of age and 104 related deaths, have been reported from these two hospitals. The deaths on site of injury remain unknown. A third major hospital reported 161 weapon-related injuries.
- According to the Human Rights Organisation ELMAN¹, between 1-3 October, at least 50 people were killed and 174 others were wounded during heavy clashes in **Mogadishu**. The group said that the number of those killed and wounded could be higher since there is no official casualty data available. WHO² estimates that over 500 people have been killed in Mogadishu since the beginning of 2010, although deaths on site are not reported.
- SOYDA reported that at least 19 civilians including women and children were killed in fighting during the last two days of October in **Mogadishu**, and almost 50 people were wounded. SOYDA supports ambulance services in the capital through attachment of volunteer nurses.
- OCHA³ reported that fighting continued in **Mogadishu** in October but at a much lower intensity compared to previous months. According to UNHCR, displacements within and from the city also reduced from 16,800 in September to 13,300 in October. Of the total displacements in October, 8,200 have left Mogadishu while 5,100 have relocated to relatively safer areas in Mogadishu.

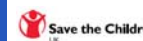


Many injured in Mogadishu are carried by relatives or transported on wheelbarrows to hospital because road blocks are hampering ambulance services. This delay drastically lowers the survival rate of the victims.

¹ OCHA Somalia Weekly Humanitarian Bulletin #39, 1-8 October 2010

² WHO Emergency Humanitarian Action weekly highlights 2-8 October 2010

³ OCHA Somalia Humanitarian Overview vol.3 issue 10



- October was marked by numerous clashes also in different other parts of south central Somalia causing civilian casualties and displacement. According to OCHA³ reports, fighting erupted in Belet Xaawo town (**Gedo Region**) on 17 October. While almost no civilian casualties were reported, UNHCR reports indicated that, as of 26 October, more than 6,000 people, mostly women and children, had crossed into the Kenyan border town of Mandera. Limited assistance is reaching the newly displaced within the Somali border in Belet Xaawo due to access constraints. Despite limited access, the hospital in Belet Xaawo run by an international NGO is operational. While some outreach centres around the town have been affected by the fighting, other medical centres in neighbouring districts remain open and currently have sufficient medical supplies.
- In mid-October, tension also rose in **Bakool Region** due to fighting. A total of 20,900 people are estimated to have been displaced due to the recent fighting mainly in Gedo (i.e. Belet Xaawo), **Hiraan** (i.e. Ceel Gaal town near Belet Weyne) and Bakool (i.e. Rabdhure).

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Field coordination and assessments

- On 31 October, representatives of the humanitarian community met with authorities in Galkayo North (**Mudug Region**) to discuss ways forward in regard to Halabokhad IDP settlement.
- Muslim Aid as the focal agency for **Lower Jubba** together with WHO and other partners reinforced information sharing mechanisms in the region to strengthen integrated disease surveillance, joint outbreak response, and to ensure basic quality standards of health services (e.g. aseptic techniques, case management guidelines)

Communicable diseases and environmental health

Surveillance⁴, outbreak detection⁵ and response

- Between epidemiological weeks 40-43 (4-31 October), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South** and **Central Somalia** reported 7,182 consultations for 7 health events, including 4,233 (59%) children⁶. Most common causes of morbidity (see table 1) were acute watery diarrhoea (AWD), suspected malaria (MAL) and acute bloody diarrhoea (ABD). Also reported were 36 cases of suspected measles, 41 cases of suspected whooping cough, 30 cases of suspected meningitis, and 126 cases of neonatal tetanus.
- Thirteen sites participating in the integrated disease surveillance and response network (IDSR) in **Lower** and **Middle Jubba** regions reported a total of 3,417 consultations for 14 health events in epidemiological weeks 40-43. Children⁶ accounted for 1,872 (55%) of all consultations. Leading causes of morbidity were influenza like illnesses (ILI) in 1,297 cases, including 891 (69%) children; suspected malaria in 1,125 cases, including 476 (42%) in children; and AWD in 605 cases, including 474 (78%) children. Two districts (Jilib and Kismaayo) alone accounted for 61% 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, and **SORDES** in Hagar. **WHO** is distributing cholera case management guidelines to ensure early reporting and effective response in case of outbreaks.
- In epidemiological weeks 40-43, **Banadir Hospital** (Mogadishu) reported 156 cases of AWD, including 79% (123) children⁶. All 4 reported deaths (CFR 2.6) were under the age of 5 years. **WHO** and partners continue to monitor and carry out preventive and case management interventions in Banadir.

NEW PUBLICATIONS

WHO published the *mhGAP Intervention Guide for Mental, Neurological and Substance-use Disorders in non-specialized Health Settings*. The guideline is based on a review of all the science available in this area and presents the interventions recommended for use by non-specialized health care providers. It addresses the widely shared but mistaken belief that mental health interventions are sophisticated and can only be delivered by highly specialized staff. Research in recent years has demonstrated the feasibility of delivery of pharmacological and psychosocial interventions in non-specialized health-care settings.

Table 1: Major causes of morbidity in South and Central Somalia, weeks 40-43 (source: CSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
AWD	3577	2590	72
MAL	2095	829	40
ABD	1277	708	55



In October, 79% of the 156 patients who received treatment for AWD in Banadir Hospital (Mogadishu) were children

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.

- In October, **Habeeb** cholera treatment centre (CTC) in Mogadishu reported 111 admissions, including 61% (68) children⁶ and 3 deaths (all older than 5 years) in epidemiological weeks 40-43.
- During epidemiological weeks 40-43, the **IDSR** in **Lower Shabelle Region** reported 19,421 consultations and 22 deaths from 33 health facilities. Children⁶ accounted for 46% (9,001) of consultations. Major causes of morbidity (see table 2) were acute respiratory infections (ARI); severe malnutrition (SMN); malaria (MAL); AWD (to which 3 of the reported deaths were related to); and measles (MSL). Of all malaria cases, 48% (189) were confirmed by either laboratory or rapid diagnostic tests (RDT). 49% (79) of all AWD cases were reported from Afgooye district. Injuries accounted for 55% (12) of all deaths.
- The CTC in **Merka Hospital** (Lower Shabelle Region) reported 27 additional cases of AWD in epidemiological weeks 40-43. Of those, 67% (18) were children⁶.
- Local NGO **HIJRA** reported 618 consultations in epidemiological weeks 40-43 from **Daryeel MCH** in Lafoole along Afgooye Corridor (Lower Shabelle Region). Children⁶ accounted for 62% (384) of all consultations. Leading causes of morbidity were ILI in 317 cases (including 62% children); AWD in 185 cases (65% children); severe acute respiratory infections (SARI) in 60 cases (78% children); suspected malaria in 23 cases (26% children). Also reported were 4 cases of suspected whooping cough and 3 cases of suspected measles⁸. The number of AWD cases continued to increase. In two weeks in October, a total of 40 life births and one still birth were reported from the facility.
- In October, **Muslim Aid** reported a total of 13,324 consultations, including 4,099 (31%) children⁶ and 6,083 (46%) women from 12 health facilities in IDP settlements along **Afgooye** and **Bal'ad corridors** - namely the following OPDs: Agriculture (1,399 consultations), Orphanage (992), Garasbaley (1,282), Daynile (1,620), Kaxda (709), El Erfit (941), Aliyalo (634), KM18 (1,616), Madina (1,113), Hamarjajab (1,541), 21 October (1,239) and Polytechnic (416).
- During epidemiological weeks 40-42 (4-24 October), **Islamic Relief** reported a total of 3,090 consultations from the following IDP settlements in the **Afgooye Corridor** (Lower Shabelle Region): Sabir in Hawa Abdi (1,011), Saacid in Ceelasha (948) and Giumale in Arbis (1,131). Of all consultations, 42% (1,293) were children⁶. Most common causes of morbidity in all three areas were ARI in 950 cases (including 56% children); suspected malaria in 210 cases (including 38% children); severe malnutrition in 81 cases (including 76% children); and AWD in 18 cases (including 67% children). Of all malaria cases, 55% were confirmed by either rapid diagnostic tests (RDT) or laboratory.
- As part of the cholera preparedness in **Lower Shabelle Region**, WHO⁷ has planned joint induction activities for community health workers to improve case detection, case management and prevention of outbreaks in all seven districts.
- During epidemiological weeks 40-43, **Medair** and local partner **SAACID** reported 215 consultations, including 56 (26%) children⁶, from **Cadale MCH** in Middle Shabelle. Leading causes of morbidity were ILI in 105 cases (including 25% children), suspected malaria in 41 cases (including 12% children), and AWD in 19 cases (including 95% children).
- During epidemiological weeks 40-43, **Trocaire** reported from 8 health facilities (3 hospitals and 5 MCHs) in **Gedo Region** a total of 1,727 consultations, including 871 (50%) children⁶. Leading causes of morbidity were suspected malaria in 683 cases (including 39% children), ILI in 524 cases (including 48% children), and AWD in 296 cases (including 81% children). Also reported were 3 cases of suspected measles.
- 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 October, the facility reported 1,026 consultations, including 47% (478) children⁶ and the death of one child related to acute respiratory infection. While the most common cause of morbidity of patients above 5 years of age was urinary tract infection (UTI) in 145 cases

Table 2: Major causes of morbidity in Lower Shabelle, weeks 40-43 (source: IDSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
ARI	3809	2181	57
SMN	905	776	86
MAL	393	129	33
AWD	162	118	73
MSL	105	99	94



Photo: SAMA
Patients receive medical assistance in SAMA MCH in Labatunjerow (Bay)



Photo: SAMA
During an joint investigation mission by WHO and SOS for Kala Azar, 3 out of 5 samples were confirmed positive.



Photo: WHO

⁷ WHO Emergency Humanitarian Action weekly highlights 9-15 October 2010

(14% of all consultations), 25% (121) of all children seen were reported with malnutrition. Cases of AWD reduced from 40 in September to 33 in October. However, the recent lack of rainfall and overcrowding at the few water sources contributes to a high risk of outbreaks of AWD or cholera. The additional outreach programme assisted 272 patients, including 52% (142) children, in October through visits to Dubigaa, Jeelow, Buli Haanshi, Doraweri and Abagle villages. SAMA reported 44 cases (16% of the mobile consultations) of ARI, 38 cases (14%) of UTI and 26 cases (10%) of suspected malaria.

- The outpatient department (OPD) of **Baidoa Hospital** (Bay Region), supported by **COOPI**, reported 1,745 consultations in epidemiological weeks 40-43, including 467 (27%) children⁶. Leading causes of morbidity were malaria in 445 cases (44% were children), AWD in 38 cases (66% children). Also reported were 5 cases of suspected measles⁸. The hospital reported a total of 115 admissions (bed occupancy rate 22.7%), 25 life births and 2 still births (20 normal deliveries, 3 instrument deliveries and 2 Caesarian Sections). Since mid October, **WHO** is supporting fistula repair activities in the hospital.
- During epidemiological weeks 40-43, Badbaado Medical Organization (**BMO**) reported from **Ufurow MCH** (Bay Region) a total of 160 consultations, 69 (43%) were women and girls. The leading causes of morbidity are ILI in 43 cases (including 79% children⁶), SARI in 40 cases (including 55% children), and suspected malaria in 32 cases (including 56% children).
- During epidemiological weeks 40-42, 45 sentinel sites of the **CSR** in **Puntland** reported 558 consultations and no deaths for 7 health events. 66% (367) of all consultations were children¹⁰. AWD accounted for 74% (415) of all cases and ABD for 23% (131 cases). Suspected measles were reported in 7 cases and suspected malaria in 5 cases.
- During epidemiological weeks 40-42, **Islamic Relief** reported 142 consultations from **North Galkayo** IDP camps (Mudug Region), including 78 (55%) children⁶. Leading causes of morbidity were ARI in 56 cases (including 59% children), suspected malaria in 18 cases (including 33% children), and AWD in 16 cases (all children).
- In epidemiological weeks 40-43, local NGO **SEA** reported from **Gerjir HP** (Galgaduud) 436 consultations, including 126 (29%) children⁶. Leading causes of morbidity were suspected malaria in 165 cases (33% children); suspected whooping cough 115 cases (30% children); and AWD in 24 cases (17% children). The number of suspected measles cases reduced from 75 in September to 4 cases in October.
- During epidemiological weeks 40-43, over 45 sentinel sites of the **CSR** in **Somaliland** reported 832 consultations and no deaths for 7 health events. 67% (555) of all consultations were children¹⁰. AWD accounted for 84% (699) of all cases including 499 children, and ABD for 12% (98 cases) including 37 children. Suspected measles were reported in 27, and suspected whooping cough in 5 cases.

CONSOLIDATED APPEALS PROCESS (CAP) UPDATE

- In October, 45 health cluster partners submitted a total of 60 project sheets for the CAP 2011.
- After 3 review sessions by the cluster review committee (CRC) and the cluster gender focal point, 12 of the projects were rejected and 5 project sheets were merged into 2, leaving a total of 45 projects accepted to be included for health in the CAP.
- Of all approved project sheets, 9 were submitted by UN agencies, 21 by international and 15 by national NGOs.
- The total funding requirement for the 45 health projects is US\$ 58.6 million

DISTRIBUTION OF SUPPLIES IN OCTOBER 2010

WHO provided two inter-agency health kits to the Ministry of Health in Somaliland.

Vaccine-preventable diseases (VPD)

- Between weeks 40-43, the **WHO** AFP surveillance and EPI sites have reported a total of 183 cases of suspected measles⁸ from across **Somalia**. 72% (132) of all suspected cases were reported from Lower Shabelle Region. Response activities are hampered by restrictions of movement imposed by local authorities. 10% (18) of the cases were reported from Bay Region.
- Following investigation of suspected measles⁸ and whooping cough reported from **Merka district** in Lower Shabelle Region, in the first week of October, **WHO**⁹ and partners undertook clinical confirmations. COSV is undertaking response activities that will include catch-up vaccinations and providing treatment. The child health days are yet to be implemented in the region.
- Between 9-13 October, **UNICEF** and **WHO** conducted Child Health Days (CHDs) in **Gedo Region**. Of the 90,430 children⁶ targeted with oral polio vaccine (OPV), 93% (83,655) were reached during the campaign. Measles vaccination was administered to 88% (71,323) of the targeted 81,390 children. 64% (68,140) of the 107,301 targeted women of child-bearing age received tetanus vaccinations.
- Between 24-26 October, **WHO** and **UNICEF** carried out National Immunization Days (NIDs) in all regions of **Puntland**. The NIDs are part of a global campaign aiming to eradicate polio worldwide. **UNICEF** provides the supplies of polio vaccines and conducts social mobilization activities, while **WHO** implements the vaccination activities. The campaign reached 157,729 children⁶, exceeding the target of 155,789 due to population movement.

⁸ All cases of fever and rash are considered "suspected measles".

⁹ WHO Emergency Humanitarian Action weekly highlights 2-8 October 2010

Primary and secondary health care and support to health facilities

- The Somalia Red Crescent Society (**SRCS**) provides outreach health services in **Jilib district** (Xaramka, Shaikh-Nur, Hilo-Shiid, Kumbarara and Kaytooy-Biyomaal villages) in Middle Jubba Region, and in late October visited Bu'aale and Sakow districts to assess possibilities of establishing health centers.
- The Somali Young Doctors Association (**SOYDA**) reported that they are continuing their assistance in 3 health facilities in **Mogadishu** and along the **Afgooye Corridor**.
- **Swisso Kalmo** continue to actively report from 4 health facilities (Jilib Marka, Madino Majabto and Merka Peter Durner health centres, and Agaaran hospital) to the IDSR in **Lower Shabelle Region**.
- In response to reports by **SAMA** of suspected cases of Kala Azar in **Labatunjerow** (Bay Region), **WHO** and **SOS** conducted a joint investigation mission to the area, including Jeelow, Dubigaa and Seydhelow villages, between 21-24 October. During the visit, suspected cases were tested with IT Leish (rapid test for Kala Azar). Out of 5 samples, 3 tested positive (all boys, two of them under the age of 5 years). All confirmed cases were treated in the SAMA facility. SOS is the focal agency for Kala Azar in Bay Region.

Training and capacity-building

- In the third week of October, **WHO** provided on-the-job training to 63 health workers including 3 doctors and 50 qualified nurses at the **Mudug Regional Hospital** (Mudug Region). Two consecutive training sessions, targeting participants from both South and North Galkayo, were addressing the topic of improving access to emergency medical services for populations living in conflict affected areas.
- From 14 to 21 October, **WHO** supported training activities on surgical repair of vaginal fistulas in **Baidoa Hospital** (Bay Region). Somali health workers assisted in 14 operations.
- Between 27-30 October, **WHO** trained 38 health workers in **Baidoa** (Bay Region). The training provided the participants from 8 different agencies active in 7 districts of Bay Region with knowledge on standardized case definitions for all health events under surveillance in Somalia (IDSR) and tackled issues surrounding AWD and cholera among other outbreak prone diseases in Somalia. Full training reports are available on the WHO website¹⁰.

SPECIAL EVENTS IN OCTOBER 2010

To mark the **International Day for Disaster Reduction** on **13 October**, WHO called on governments and the international community to take measures that ensure existing and new health facilities are resilient enough to survive natural disaster and other hazardous events. "Hospitals, clinics and other health facilities are the foundation of any health response to be launched to save the lives of people injured when their city is struck by a disaster," said Dr Eric Laroche, WHO's Assistant Director-General for Health Action in Crises. "But we see too often that when disasters happen, health facilities and the staff who work in them count among the casualties."



SOYDA provide health services for IDPs in Mogadishu and the Afgooye Corridor and assist those injured in the conflict



In October, WHO conducted several health training sessions in south central Somalia



38 health workers were trained on integrated disease surveillance and outbreak response in Baidoa (Bay) and 63 health workers in Galkayo (Mudug) improved their knowledge and skills in emergency medical care



Photos: WHO

¹⁰ WHO website at www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm