

Somalia Health Cluster Bulletin #39



Photo: WHO

WHO trains medical students in obstetric care and gynecology in Kulmiye Hospital (Afgooye Corridor)

September 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 September, three major hospitals in Mogadishu reported over 750 weapon-related injuries.
- All samples collected from AWD cases in Bu'aale district (Middle Jubba) and Habeeb CTC (Mogadishu) tested negative for *Vibrio cholerae*.
- The health cluster prepared the cluster response plan for the Consolidated Appeals Process (CAP) 2011

SITUATION OVERVIEW

- Mercy USA had to cease activities in 4 health facilities in **Hiraan Region** on 15 September¹, and their health and nutrition supplies as well as assets were seized. Consequently, health, nutrition and WASH activities of the agency are being relocated to other areas such as Galgaduud, Mudug, Puntland and Somaliland.

Conflict and displacement

- Between 1-24 September 2010, two main hospitals in **Mogadishu** reported 339 weapon-related casualties, including 17% (58) children younger than five years and one registered death. Since January 2010, 2989 weapon-related casualties, including 591 under five years of age and 99 related deaths, have been reported from these two hospitals. The deaths on site of injury are still unknown. It remains a challenge to classify victims as combatants or non-combatants².
- On 9 September, two suicide bombs went off at the **Mogadishu airport**, killing at least eight people and wounding several others. Civilians continued to be caught in the crossfire with at least 30 killed and more than 50 others wounded³.
- On 23 September, fierce fighting erupted in **Mogadishu** following a period of relative calm. At least 20 people were killed and more than 80 others were wounded with most of the fighting taking place in Hodan, Hawl Wadaag, Shibis, Boondheere and Cabdicasiis districts⁴.
- Unconfirmed reports by local media⁵ state that on 29 September at least 11 people were killed and 20 others wounded in fighting around Bakara Market in **Mogadishu**.
- Access in **Southern Somalia** continues to decline and has reached the lowest point since 2006⁴. In the third week of September, three aid organizations were expelled from Southern Somalia based on accusations of having ties with the US Government. They were working in areas of agriculture and livelihoods, health, nutrition, and WASH. This incident brings the total number of aid organisations expelled from Southern Somalia to eight since January.
- UNHCR⁶ estimates that as of end of September, 38,900 people have been displaced from Mogadishu since 23 August. Of those displaced, 23,300 have left Mogadishu while 15,700 people are estimated to have relocated to relatively safer areas within Mogadishu.

¹ OCHA Weekly Humanitarian Bulletin #36, 9-17 September 2010

² WHO Emergency Humanitarian Action Weekly Highlights 25 Sept-1 Oct 2010

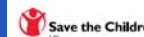
³ OCHA Weekly Humanitarian Bulletin #35, 3-9 September 2010

⁴ OCHA Weekly Humanitarian Bulletin #37, 17-24 September 2010

⁵ Radio Garowe http://www.garoweonline.com/artman2/publish/Somalia_27/Somalia_11_killed_in_Mogadishu_market_shelling.shtml



ICRC



Food security and nutrition

- In September, the Food Security and Nutrition Analysis Unit (FSNAU) presented the results of their latest survey⁷ in which the nutrition situation of January and July was compared and analyzed. Results state that the national median rate is 15.2% Global Acute Malnutrition (GAM) and 2.4% Severe Acute Malnutrition (SAM), which means that 1 in 6 children is acutely malnourished and 1 in 42 children (in South Central Somalia, even 1 in 22) is severely malnourished. In other words, 230,000 children are acutely malnourished, of which 35,000 severely – 81% of all acute cases and 89% of all severe cases are in South Central Somalia.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁸, outbreak detection⁹ and response

- Between epidemiological weeks 35-39 (30 August - 3 October), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South** and **Central Somalia** reported 8,820 consultations for 7 health events, including 5,383 (61%) children¹⁰. Most common causes of morbidity (see table 1) were acute watery diarrhoea (AWD), suspected malaria (MAL) and acute bloody diarrhoea (ABD). Also reported were 108 cases of suspected measles, 83 cases of suspected whooping cough, 47 cases of suspected meningitis, and 6 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 4,051 consultations for 14 health events in epidemiological weeks 35-39. Children¹⁰ accounted for 2,069 (51%) of all consultations. Leading causes of morbidity were suspected malaria in 1,417 cases, including 570 (40%) in children; influenza like illnesses (ILI) in 1,375 cases, including 776 (56%) children; and AWD in 631 cases, including 506 (80%) children. Two districts (Jilib and Kismaayo) alone accounted for 62% of all consultations.
- In mid September, **WHO** received rumours of an increasing number of AWD cases in **Bu'aale district** (Middle Jubba). During the outbreak investigation, retrospective data indicated 120 cases of mild watery diarrhoea over the previous 3 weeks. The five stool samples that were collected tested negative for *Vibrio cholerae* using SMART II test kit. It was concluded that there was no outbreak in the area.
- In epidemiological weeks 35-39, **Banadir Hospital** (Mogadishu) reported 197 cases of AWD, including 81% (159) children¹⁰. Of the 12 reported deaths (CFR 6.1), 8 were under the age of 5 years. **WHO** and partners continue to monitor and carry out preventive and case management interventions in Banadir.
- Habeeb CTC** in Mogadishu reported 126 admissions, including 79 children¹⁰ (63%) and 3 deaths in epidemiological weeks 35-39. All 7 samples that had been collected in July tested negative for *Vibrio cholerae*.
- During epidemiological weeks 35-39, the **IDSR** in **Lower Shabelle** reported 21,250 consultations and 15 deaths from 33 health facilities. Children¹⁰ accounted for 44% (9,416) of consultations. Major causes of morbidity (see table 2) were acute respiratory infections (ARI); severe malnutrition (SMN); confirmed malaria (CMAL); and AWD (to which 2 of the reported deaths were related to). Of all malaria cases, 331 (58%) were confirmed by either laboratory or rapid diagnostic tests (RDT).
- During epidemiological weeks 35-39, 45 sentinel sites of the **CSR** in **Puntland** reported 1,068 consultations and no deaths for 7 health events. 64% (682) of all consultations were children¹⁰. AWD accounted for 78% (828) of all cases and ABD for 22% (230 cases). Suspected measles were reported in 5 cases, suspected malaria in 2, and suspected meningitis in 3 cases.

INTERNALLY DISPLACED PERSONS (IDPs) NUMBERS		
In September, UNHCR revised the numbers of IDPs in Somalia based on an assessment of satellite imagery taken in July 2010.		
LOCATION	CURRENT FIGURE	REVISED FROM
Bossasso IDPs	49,000	28,000
Galkayo	59,000	45,000
Afgooye Corridor	409,000	366,000
Bal'cad Corridor	15,200	No previous data
Dayniile	54,900	No previous data
Kax Shiiqaal	7,300	No previous data
Total IDPs	1,460,000	1,410,000

Table 1: Major causes of morbidity in South and Central Somalia, weeks 35-39 (source: CSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
AWD	4521	3379	75
MAL	2696	1094	40
ABD	1359	738	54

Table 2: Major causes of morbidity in Lower Shabelle, weeks 31-34 (source: IDSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
ARI	4056	2347	58
SMN	726	601	83
CMAL	331	63	19
AWD	246	151	61

⁶ OCHA Weekly Humanitarian Bulletin #38, 24 September - 1 October 2010

⁷ The full report is available at www.fsnau.org

⁸ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

⁹ 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

¹⁰ The term children here refers to those under the age of 5 years.

- During epidemiological weeks 35-39, over 45 sentinel sites of the **CSR** in **Somaliland** reported 866 consultations and one death for 7 health events. 63% (547) of all consultations were children¹⁰. AWD accounted for 84% (728) of all cases including 492 children, and ABD for 11% (95 cases) including 44 children. Suspected measles were reported in 33, suspected malaria in 1 case and suspected whooping cough in 8 cases.

Vaccine-preventable diseases (VPD)

- In the first week of September, the **WHO** AFP surveillance and EPI sites have reported a total of 13 cases of suspected measles¹¹ from across **Somalia**. 46% (6) of all suspected cases were reported from Lower Shabelle Region.
- In mid September, WHO received rumours of suspected diphtheria from two villages (Berhani and Hareri) in **Kismaayo district** (Lower Jubba). The joint investigation by **WHO**, **SRCS** and **Muslim Aid** concluded that the symptoms of the four identified cases (all children under the age of 5 years) concurred with the case definition of measles¹¹. Three of the cases had not received any vaccinations at all. Implementation of vaccination activities in the area have been hampered due to insecurity and the lack of local administrative support.
- In the third week of September, **WHO** carried out National Immunization Days (NIDs) in the 16 districts of Mogadishu. 270 children under 5 were reached (85% of the target) with the polio vaccination. At the same time, NIDs in the Afgooye Corridor reached 63,000 children (93% of target). The NIDs are part of a global campaign aiming to eradicate polio worldwide.
- In September, cases of suspected whooping cough were reported from **Merka district** in Lower Shabelle region. **COSV** conducted case management of cases and preventive activities including targeted vaccination in affected areas. **WHO** provided sample collection kits for collection of samples from new cases. Awaiting collection and transfer for laboratory confirmation of diagnosis. WHO and partners continue to monitor the situation and to undertake response activities, including the implementation of child health days alongside routine vaccinations.

Primary and secondary health care and support to health facilities

- **WARDI** reported 1,198 visits in September to their health centre in **Hamarjajab MCH** in Mogadishu. The 9 nurses and midwives in the facility also attended 221 antenatal care visits and 20 deliveries (11 of the children were born in the MCH). 675 mothers received health education on breastfeeding and hygiene practices. While the health facility also provides nutrition-related services, patients with suspected TB, measles and other diseases that need more elaborate treatment were referred to hospitals in Mogadishu.
- The Somali Young Doctors (**SOYDA**) continue their assistance in 3 health centers in **Mogadishu** and along the **Afgooye Corridor**. Between weeks 35-39, a total of 15,448 consultations, including 40% children¹⁰, were reported from Wadajir (4,201), Lafoole (5,742) and Elasha (5,505). The leading cause of morbidity reported from the 3 health facilities was ARI in 4,550 cases (42% children). Malaria was reported in 579 cases (including 257 children) of which 60% were confirmed by either RDT or laboratory. AWD accounted for 81 cases (52% children). Also reported were 1,111 antenatal visits.
- Between 27-28 September, **SOYDA** visited **Garasbaley IDP camp** in the Afgooye Corridor. According to SOYDA, 20 new families arrive every month in the camp—a settlement that can accommodate 17,000 people but hosts 4 times the maximum capacity. During this additional 2-day health service campaign, 592 patients, including 339 women and girls and a total of 212 children¹⁰, sought medical assistance. Major causes of morbidity as reported by SOYDA were skin diseases in 19% of all cases, respiratory infections in 17%, intestinal parasites in 12% and urinary tract infections in 10% of all cases.
- Local NGO **HIJRA** reported 658 consultations in epidemiological weeks 35-39 from **Daryeel MCH** in Lafoole (Afgooye Corridor). Children¹⁰ accounted for 62% (409) consultations. Leading causes of morbidity were ILI in 269 cases (including 59% children); suspected malaria in



Photo: WARDI
WARDI provides medical and nutritional services in Hamarjajab MCH (Mogadishu)



Photo: SOYDA
In September, SOYDA reported 5,505 visits to their health centre in Elasha (Afgooye Corridor)



Photo: SOYDA
592 patients received medical assistance in SOYDA's 2-day visit in Garasbaley IDP camp

¹¹ All cases of fever and rash are considered "suspected measles".

181 cases (51% children); AWD in 85 cases (85% children); and severe acute respiratory infections (SARI) in 76 cases (87% children). Also reported were 13 cases of suspected whooping cough (77% children). There was a significant increase in the number of reported AWD and suspected malaria cases compared to the previous month.

- Islamic Relief** reported a total of 2,603 consultations from the following IDP settlements in the *Afgooye Corridor* (Middle Shabelle): Sabir in Hawa Abdi (1,174) weeks 35, 36, 37 and 39, Saacid in Ceelasha (536) weeks 35, 37 and 39 and Giumale in Arbis (893) weeks 35, 36 and 39. Of all consultations, 39% (1027) were children¹⁰. Most common causes of morbidity in all three areas were ARI in 772 cases (including 59% children); suspected malaria in 173 cases (including 37% children); and severe malnutrition in 56 cases (including 70% children). Of all malaria cases, 80% were confirmed by either rapid diagnostic tests (RDT) or laboratory.
- In line with efforts to “making pregnancy safer”, **WHO** is supporting *Kul-miye Hospital* in the Afgooye Corridor with maternal health services and capacity building of the health workforce. Between 1-15 September 2010, about 334 out-patients visited the hospital. Most of them were treated for pelvic inflammatory diseases. A couple of female patients also underwent pre-natal screening. During those two weeks, 42 women gave birth to 25 boys and 17 girls in the hospital. Another eight emergency obstetric operations were carried out. In the same period, four medical students from the Banadir University were trained in obstetric care and gynecology. This training is in close collaboration with the Ministry of Health and WHO. More on-the-job trainings at the hospital are planned in the coming months.
- During epidemiological weeks 35-39, **Medair** and local partner **SAACID** reported 219 consultations, including 74 (34%) children¹⁰, from *Cadale MCH* in Middle Shabelle. Leading causes of morbidity were ILI in 105 cases (including 30% children), malaria in 87 cases (including 24% children) of which only 50 (57%) were confirmed, and AWD in 19 cases (including 42% children).
- Swisso Kalmo** reported that in September they treated 4,324 patients, 60% (526) of them children, in 4 health facilities (Jilib Marka, Madino Majabto and Merka Peter Durner health centres, and Agaaran hospital) in *Lower Shabelle*.
- Baidoa Hospital* (Bay), supported by **COOPI**, reported 683 consultations in epidemiological weeks 35-39, including 375 (55%) children¹⁰. Of all consultations, 316 (46%) were women and girls. Leading causes of morbidity were malaria in 405 cases (57% were children) of which 66% were confirmed and respiratory tract infections (RTI) in 238 cases (52% were children). Also reported were 5 cases of suspected measles.
- Salama Medical Agency (**SAMA**) continues providing basic health services in *Labatunjerow MCH* (Bay). In September, 988 consultations, including 46% (458) children¹⁰; and no deaths were reported from the facility. Urinary tract infections (all 137 patients were older than 5 years) and malnutrition (66% of the 149 cases were children) were each reported in 15% of all consultations. The next most common cause of morbidity was ARI in 128 cases, including 48% (62) children. Activities also included health education sessions on sanitation and safe drinking water in *Abal village* (Bakool) and *Seydhelow* and *Busul villages* (Bay). In additional outreach services during this month in 4 villages (Mileklow, Anole, Faajher, and Alligabe), SAMA assisted another 203 patients, including 83 (41%) children. Most common causes of morbidity were UTI in 35 (17%) cases, ARI in 31 (15%), and suspected malaria in 18 (9%) cases.
- In September, **WARDI** reported that 1,362 people sought medical assistance in their MCH in *Belet Weyne* (Hiraan). 105 pregnant women came for antenatal care visits, and 20 children (11 boys, 9 girls) were born during the reporting period (5 of them in the health facility). While WARDI also provides nutrition-related activities, patients with suspected TB, STIs, measles and other diseases who needed more elaborate treatment were referred to Belet Weyne General Hospital.

CONSOLIDATED APPEALS PROCESS (CAP) UPDATE

In September, the health cluster, based on the outcomes from the CAP field consultation workshops conducted in August and in consultation of the health cluster lead with partners and the cluster review committee (CRC), prepared the health cluster response plan, including situation analysis, overall objectives and targets for CAP 2011.

In the last week of September, all partners were invited to submit their one-page project sheet to the CRC for review. A total of 60 project sheets were received by the health cluster as of 4 October 2010.



Photo: Swisso Kalmo

Patient receiving medical examination in Swisso Kalmo health facility (Lower Shabelle)



Photo: SAMA

SAMA provides health services to women, men and children in Labatunjerow MCH (Bay)



Photo: SAMA

Health services provided by SAMA include first aid treatment of minor injuries

- In epidemiological weeks 35-39, local NGO **SEA** reported from **Gerijir HP** (Galgaduud) 720 consultations, including 31% children¹⁰. Leading causes of morbidity were suspected malaria in 339 cases (47% children); suspected whooping cough 123 cases (34% children); suspected measles in 75 cases (39% children). AWD in 25 cases (32% children).

Training and capacity-building

- From July –September, 2010, **AVRO** provided training to 68 health workers from Mogadishu's biggest hospitals (including **Benadir, Medina, Deynile** and **Keysaney**) and Benadir University on wound management, transportation management, basic and advanced first aid . The objective of the training was to improve the capacity of the staff in order to provide and deliver life-saving health services to the war-injured people of Mogadishu.
- **WHO** in collaboration with the **Ministry of Health**, is responding to the lack of skilled health work force in Somalia. In the last week of September, they trained 3 female health workers on caesarean section at the **Kulmiye Hospital** in the Afgooye Corridor to scale up safe delivery for women, thus reducing the high rates of mother and child deaths.
- In continuing capacity building efforts, **WHO** trained 48 participants from all 7 districts of **Lower Shabelle** including 24 qualified nurses and members of local health authorities on outbreak investigation and response, case definitions and reporting of communicable diseases, and case management of AWD. The induction was conducted between 4-12 September in Merka where communicable diseases such as acute watery diarrhoea and cholera are endemic. After the training, the health workers who participated continue in their various roles at health facilities in the region and will be called upon in case of outbreaks.



Photo: WHO

In September, WHO trained 48 health workers from Lower Shabelle on outbreak investigation and response

Special Events in September 2010

In celebration of **World Peace Day** on 21 September, HIJRA organized a day of garbage collection and clean up between Medina and Banadir hospitals.

HIRDO celebrated the day with several activities in collaboration with other actors. Together with the Banadir Youth Singers (BYS), HIRDO addressed the link between peace and health under the topic "Life with no peace is a life without health - a country with peaceful society is a healthy country", and also organized together with the Somali Peace and Development Network a youth football match in Mogadishu. Similar activities were also carried out in Guriceel of Galgaduud Region and Mataban of Hiran Region.

The Somali Aid Foundation (SAF) organized community activities in Nasariya and Hagar (Lower Jubba) addressing "peace, youth and development".

