

WHO



Emergency vaccination campaigns targeting 215,000 children under 5 with measles and polio vaccines together with Vitamin A and de-worming tablets undertaken along the Somali-Kenya border.

## August 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](http://www.emro.who.int/somalia/healthcluster.htm)

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

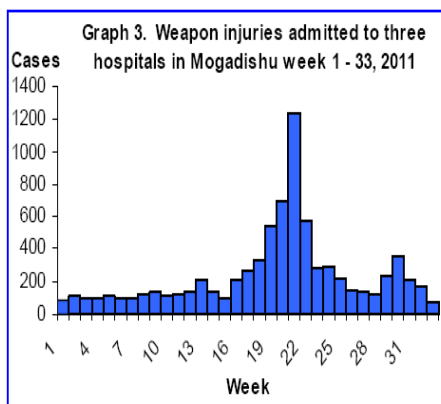
### HIGHLIGHTS IN AUGUST 2011

- Mass measles campaigns completed in IDP camps in Mogadishu for 88,000 people and 65,000 in the six border districts of Gedo. A further 700,000 (218,000 children) were targeted in Mogadishu and Galgaduud regions.
- Alarming rates of laboratory confirmed cholera cases among IDPs reported in Mogadishu, from 30 stool samples collected 18 tested positive for Vibrio cholera serotype 'inaba'.
- The emergency revision of the Somalia Consolidated Appeal completed, US\$1.06 billion requested and \$500 million (47%) received as of 10 August 2011.

### SITUATION OVERVIEW

#### Conflict and displacement<sup>1</sup>

- In early August, OCHA<sup>2</sup> reported that Somalia was facing the most severe humanitarian crisis in the world with the worst food security crisis in Africa since the country's 1990/91 famine. Approximately 1.46 million people had been displaced within Somalia with Mogadishu hosting 370,000 old IDPs and about 100,000 more moving into the city. Displaced persons continued to cross into Kenya at a rate of 1,500 people per day and to Ethiopia at a rate of 300 people per day.
- Since the declaration of famine in parts of southern Somalia and establishment of a disaster management agency to coordinate the provision of humanitarian assistance, a considerable number of IDPs started returning from the IDP camps in the Afgooye corridor and other parts of Mogadishu (OCHA<sup>3</sup>). Efforts were made to estimate the number of people in urgent need of assistance in the newly accessible parts of Mogadishu and the potential influx of IDPs who had fled the city due to the conflict.
- OCHA<sup>4</sup> reported that the number of IDPs that arrived daily in Doolow, Gedo, Bay and Bakool regions, decreased from 300/400 to 80/100 while the Somali refugees in Ethiopia were reported to be returning to Somalia to benefit from the wet feeding programs.



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

<sup>2</sup> OCHA Humanitarian Bulletin #32, 5 - 12 August 2011

<sup>3</sup> OCHA SITREP #9, 17 August 2011

<sup>4</sup> OCHA SITREP #10, 23 August 2011



- Since **1 January 2011**, WHO<sup>5</sup> has reported **7450 casualties** from weapon-related injuries have been treated in the three hospitals in Mogadishu. Sixty-seven related death were reported. The deaths on the injury sites remained unknown.

#### **Climate - rainfall, food security and nutrition**

- According to the Famine Early Warning Systems Network (FEWSNET)<sup>6</sup>, famine spread into the Bay region and about 750,000 people faced imminent starvation. August survey results indicated that prevalence of acute malnutrition and the rate of crude mortality surpassed the famine thresholds in the Bay Region of southern Somalia. This region joined Bakool agro pastoral livelihood zone and the Lower Shabelle region where famine had been declared on July 20th together with the agro pastoral areas of Balcad, the Cadale districts of Middle Shabelle and the Afgoye corridor IDP settlement.
- A total of 4 million people are in crisis in Somalia with 750,000 at risk of death in the coming four months in the absence of adequate response. Tens of thousands of people have already died, over half of whom were children, reported FEWSNET.

#### **Field coordination and assessments**

- **WHO and UNICEF** developed a Cholera/Acute Watery Diarrhoea Health Action Plan for the period August-December 2011. The planning assumption will target approximately 5 million people in southern Somalia who are at risk of cholera and AWD. This is attributed to malnutrition, lack of access to clean water, sanitation and hygiene, population movements and crowding in displaced and urban sites.
- The objectives of the Action Plan include strengthening coordination within and among key sectors/clusters to reduce the spread of disease and decrease mortality. Coordination meetings among key partners will take place on a regular basis, to exchange information and track programme implementation. On surveillance, the Early Warning and Response System (EWARS) was launched in various regions of South and Central Somalia and is fully functional in 90 reporting sites throughout the 10 regions.
- **WHO** team held a number of health response coordination meetings with the ministry of health (MoH) and representatives of Banadir Hospital in **Mogadishu**. They donated two inter-agency health kits from the Saudi Government in response to the famine situation in Somalia. The team also undertook health assessment at the Maajo and Tarbush camps in Mogadishu.

#### **CONSOLIDATED APPEALS PROCESS (CAP) AUGUST UPDATE**

The Emergency Revision of Somalia CAP 2011 was launched to reach and provide assistance to affected populations. The revised requirements increased from US\$561million following the mid-year review to \$1.06 billion during the emergency scale up review by the beginning of August 2011. A total of \$342 million was received in less than two months (CAP and non-CAP combined), more than the total amount the Somalia CAP received in 2010 amounting to \$251 million. As of 10 August 2011, the overall response was US\$500 Million (47%) while the unmet requirement was about US\$563 Million (53%).

Non-traditional donors especially from the Arab world (Saudi Arabia, Brazil, China, Kuwait, the United Arab Emirates and Qatar) contributed substantially, a total of \$69.2 million. The new and non-traditional donors represent 29 per cent of all recent contributions received for the famine response.

For more information, please visit the [Financial Tracking Services Somalia Webpage](http://fts.unocha.org) at <http://fts.unocha.org>



WHO team visiting Mogadishu to donate medical supplies and assess the health situation at the internally displaced persons (IDPs) camps.

### **HEALTH RESPONSE TO THE HUMANITARIAN CRISIS**

#### **Communicable diseases and environmental health**

#### **Surveillance<sup>7</sup>, outbreak detection<sup>8</sup> and response**

<sup>5</sup> EHA weekly highlights 20 - 26 August 2011.

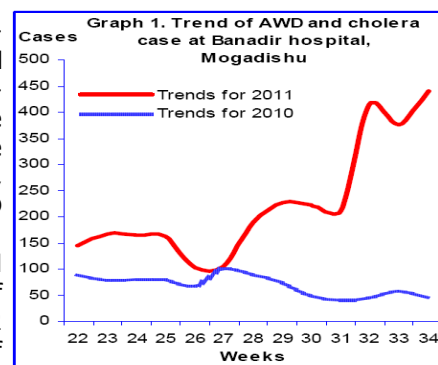
Extensive communications and information materials by WHO are available online at [www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm](http://www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm)

<sup>6</sup> For more information also see FewNet Somalia Rain Watch, SWALIM Somalia Dekadal Rainfall update, and other products at [www.faoswalim.org](http://www.faoswalim.org) or [www.fews.net](http://www.fews.net)

<sup>7</sup> Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

<sup>8</sup> Health cluster partners are advised to submit any outbreak alerts and/or epidemiological information to [break@nbo.emro.who.int](mailto:break@nbo.emro.who.int) and [angalukia@nbo.emro.who.int](mailto:angalukia@nbo.emro.who.int) to facilitate coordinated and timely response.

- Between epidemiological weeks 31-35, 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South and Central Somalia** reported 9,237 consultations for 7 health events, including 5896 (64%) children<sup>9</sup>. 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 measles<sup>10</sup> (MSL), suspected whooping cough (WCO), and suspected meningitis (MEN). AWD accounted for 48% of all 154 reported deaths, including 85% children. Seventeen sites participating in the integrated disease surveillance and response network (IDSR) in **Lower and Middle Jubba** reported a total of 6,816 consultations for 16 health events. Children accounted for 3,562 (52%), women and girls for 3796 (56%) 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, none were confirmed by laboratory or RDT.



- In weeks 31-35, **Banadir Hospital (Mogadishu)** reported 1737 cases of AWD. Children accounted for 1020 (59%), women and girls for 787 (45%) cases. Of the 69 reported deaths, 44 (64%) were children<sup>9</sup> while children under the age of 2 years alone accounted for 36% of all reported cases and 25% of the related deaths. There was over 100% increase in number of reported cases compared to the previous months. The increase is associated with the ongoing population influx into Mogadishu and the surrounding and the subsequent increase in number of informal settlements without sanitary facilities and limited access to safe water in a malnourished population. The inter-cluster cholera taskforce is meeting on a regular basis to coordinate the response activities and both health and WASH partners have stepped up activities in response.

cause of morbidity	total cases	<5	<5 % of total
AWD	7109	5019	71
MAL	2572	1038	40
ABD	1647	1530	61
MSL	1903	756	93
WCO	332	308	93
MEN	42	36	86

- In epidemiological weeks 31-35, the outpatient department (OPD) of **Baidoa Hospital (Bay)**, supported by **COOPI**, reported 1321 consultations for 16 health events (IDSR). Of all patients, 723 (55%) were children, and 644 (49%) were women and girls. Leading causes of morbidity were AWD in 27 cases, including 11 (41%) children; and confirmed malaria in 1205 cases, including 549 (45%) children. Although cholera was declared under control, partners continue to monitor AWD trends in the region.

cause of morbidity	total cases	<5	<5 % of total
malaria	4051	1845	46
ILI	1723	1204	70
AWD	2492	1688	68

- In weeks 31-35, **Habeeb cholera treatment centre (CTC) in Mogadishu** reported 33 admissions for AWD. Children accounted for 19 (58%), women and girls for 15 (45%) cases. This signifies over 50% reduction in admissions compared to the previous month. However risk of increase remains.

- Fifty one sites participating in the integrated disease surveillance and response network (IDSR) in **Lower Shabelle** reported a total of 42,960 consultations for 16 health events in epidemiological weeks 31-35. Children accounted for 19,842 (46%), women and girls for 24,040 (56%) of the cases. Leading causes of morbidity (see table 3) were malaria, influenza like illnesses (ILI), and acute watery diarrhoea (AWD). Of all malaria cases, 68% were confirmed by laboratory or RDT.

cause of morbidity	total cases	<5	<5 % of total
ILI	5566	2878	52
malaria	780	340	44
MSL	857	708	83
AWD	821	548	67
WCO	227	222	98

#### **Vaccine-preventable diseases (VPD)**

- According to **WHO** the number of suspected measles<sup>10</sup> cases in Somalia increased by over 660% compared to the same time last year. Major factors driving the increase were low coverage, malnutrition, population movements and overcrowded IDP camps. The Health Cluster aims to assist 2.6 million people with access to primary and/or basic secondary health care services, vaccinations for 518,000 children under five years of age and 296,000 women of child-bearing age.
- Malnutrition is high among the Afgooye IDPs with a GAM rate of 39.4 per cent and SAM of 15.3 per cent. Between July and first week of August, 40,000 children were reached in a measles campaign and 46,000 women of child bearing age received tetanus vaccination.
- WHO, UNICEF and Health Authorities** started an emergency measles vaccination campaign in all accessible areas of south and central Somalia. About 2.3 million children aged between 6 and 15 years in all 10 regions, including 745,000 children in Mogadishu. In Gedo region, an immunization campaign

<sup>9</sup>The term children here refers to those under the age of 5 years.

<sup>10</sup>All cases of fever and rash are considered "suspected measles".

was completed covering 55,000 children for measles and 72,800 women of child-bearing age for tetanus toxoid.

- Pneumonia is on the rise in Somalia, particularly among children due to living in crowded IDP camps and indoor air pollution. Since January to end July, about 60,400 cases of pneumonia or acute respiratory infections were reported in some regions of South and Central Somalia. Lower Shabelle region reported 11,259 cases compared with the same month in 2010, the number of pneumonia cases increased by 168%. Exact figures of deaths are unknown due to challenges in death reporting in the country.

### **Primary and secondary health care and support to health facilities**

- In early August, about 20 confirmed cases of AWD were reported in Kismayo per week especially among newly arriving IDPs. One death was also observed during the period at Kismayo general hospital. In response, **WHO** provided diarrheal disease kits and dispatched cholera beds to the Hospital.
- **WHO** sent one diarrheal disease kit to Kismayo General Hospital to complement the initial response supplies adequate to treat 100 severe adult cases and 400 moderate AWD cases. Additional medical supplies, including 2 diarrheal disease kits were prepositioned in Bu'aale while awaiting permission from the local authorities to move to Kismayo.
- A **WHO** investigation team, together with the local authorities and the Kismayo hospital team, monitored the AWD trends in Kismayo. Stool samples were collected and referred to Nairobi for confirmatory diagnosis. In the Afgooye Corridor, WHO provided funding for rehabilitation of toilets to improve human waste disposal and support to three mobile teams who are providing basic medical treatment targeting about 15,000 people.
- At Banadir hospital in Mogadishu, over 200 cases of cholera/acute watery diarrhea (AWD) were reported between 24 July and 7 August. The Health Cluster organized case detection and management trainings for health workers in the affected areas. Cholera treatment units and 20 DD Kits were provided in the regions of Banadir, Mudug and Bay.
- Mobile clinics supported by **WHO, Islamic Relief** and **COSV** are operating in IDP camps in the Bay, Bakool, Lower Shabelle, and Banadir regions. There is urgent need for more (mobile clinics) to provide basic health care services to the many people living in IDP camps in major towns and the remote villages.
- **WHO** supported eight mobile clinics in the IDP camps in Hargeisa, Gaalkayo, Dinsor, Xuddur, Tiye glow, Afgooye Corridor, Bondheere and Hodan Districts (Mogadishu). Emergency diarrheal disease kits (DDK) were provided to 13 hospitals across the south. In addition, the case management of severe dehydration with and without malnutrition was strengthened. Focus is now on mobilizing a network of already trained community health promoters to move from door to door with health hygiene education messages.
- **Mulrany International** is operating one Primary Health Care and a trauma clinic in Wardhiigleey district for a population of 80,000. They plan to open four more PHC and Nutrition centers to offer basic Primary health care including Nutrition in Karaan, Boondheer, Waaberi and Yaaqshiid districts targeting

SOYDA



A child is examined for pneumonia in SC Somalia, Lower Shabelle region. Between January and July, 11,259 cases were reported, an increase of 168% compared with the same month in 2010.

UNFPA



Midwives receiving clean delivery kits in Galkayo medical center Warehouse.

### **INTEGRATED DISEASE SURVEILLANCE AND REPORTING (IDSR) PARTICIPATING AGENCIES/ FACILITIES IN AUGUST 2011**

30 partners reported<sup>11</sup> to IDSR in August 2011. Agencies which participated in the reporting were: AFREC; Al Hilaal; COOPI; COSV; Fiqi Hospital (Afgooye); Gargaar MCH (Afgooye); Hayat Medical Group; HI-JRA; 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

<sup>11</sup> Not all agencies reported on a regular basis but all submitted at least 2 weeks reports.

a population of 371,000.

- The **Arab Medical Union** (AMU<sup>12</sup>) in Mogadishu is providing various health services with over 1074 consultations (about 170 per day), 382 for children. Almost all children seen in the clinic are suffering from diarrhoea and different degrees of malnutrition. There were 11 children and 2 adults with suspected measles. AMU in collaboration with WHO, will start supporting the Early Disease Warning System through provision of data and coordination of drugs supply, and provision of Medical Doctors to partners such as Direct Aid and Zamzam.
- **AVRO** provided free medical check-ups to 230 cases, including 53 (23%) children, 111 (48%) women and 66 (29%) men from KM-50 in Lower Shebelle Region. Other patients come from Bay, Bakool, Middle Jubba and Gedo. They provided ambulance mobile units for about 241 patients, 134 (55%) children, 63 (27%) women and 44 (18%) men. Those affected by conflicts were provided with ambulance service in Mogadishu and later transferred to Medical hospitals.
- **HIJRA** are providing medical services in Daryeel maternal and child health centre. Over 110 IDPs were treated including 48 deliveries .
- **WARDI** reported 14 deliveries in their community health center in Hamar Jab Jab district (Banadir region). A total of 7 cases were referred to the hospital and 141 IDPs got medical treatment at the health centre.
- **INTERSOS** and **SOYDA** are supporting treatment of AWD/cholera and measles cases, as well as strengthening the role of the TB and HIV prevention centers in Jowhar Regional Hospital. The total number of beneficiaries is estimated at 220,000 people (120,000 from Jowhar and 60,000 from Balad). Three mobile teams provide basic medical treatment, targeting about 15,000 people in the Afgooye corridor.
- In South Central, **UNFPA** provided emergency RH kits and 3,600 clean delivery kits to midwives and various NGOs for distribution to expectant mothers in six hospitals and 11 MCH centres in Galkayo. Distribution of locally assembled dignity/nutrition kits for 8,000 pregnant women and GBV coordination is ongoing through the

### Training and capacity-building

- **AMU** conducted trainings on treatment guidelines for diarrhoea and malnutrition for 14 health care workers from NGOs, 42 doctors and medical students in Banadir hospital and Banadir University and 10 paediatric and other staff from Banadir Hospital. AMU is planning to train staff on epidemiology, anaesthesia and Obs/Gyn while in Cairo, AMU is arranging training on CME courses for different medical specialities.
- **Mulrany International** is offering training to health staff (nurses and doctors) working in their PHC clinic on drug management, health hygiene and management of blast and gunshot wounds.
- With support of **WHO**, **HIJRA** is undertaking community health

### **Leaders visit Somalia to highlight the crisis**

A number of high level dignitaries visited Somalia and the horn of Africa during the reporting period to ensure that everyone understood the depth of the crisis.

In August, the ERC, Ms Valerie Amos conducted a one-day visit to Mogadishu's Banadir Hospital where the most severe cases of malnutrition, mostly children are treated. She highlighted the need for more safety and security for people in Mogadishu to enhance access for those in need. The ERC also visited Dadaab refugee camps in northern Kenya where more than 163,000 Somali refugees arrived since January. She was accompanied by the Director of Operations of the Office for the Coordination of Humanitarian Affairs, Mr John Ging.

The UN High Commissioner for Refugees Antonio Guterres also visited Somalia on 30 August and called for greater efforts to provide life-saving aid to tens of thousands of displaced Somalis inside their country. Guterres was accompanied by Sweden's Minister for international Development and Cooperation. Other dignitaries included presidents and ministers from various other countries.

More information at: <http://ochaonline.un.org>

### **DISTRIBUTION OF SUPPLIES IN AUGUST 2011**

WHO provided:

- 1 DD Kit Merca (COSV)
- 1 DD kit Banadir Hospital
- 1 IEH Kit to Mudug Regional Hospital
- 1 IEH Kit Galkacyo Islamic Relief;
- 1 IEH Kit Hargeisa Islamic Relief;
- 2 IEH Kit COSV Lower Shabelle;
- 2 IEH Kit Banadir Hospital;
- 10 basic units to IDP camps around Mogadishu

WHO



One of the many vaccinators delivers life-saving immunization to children under the age of five after undergoing refresher training by the Kenya MoH in collaboration with WHO. About 200 children were seen by one vaccinator per day during the vaccination

<sup>12</sup> Arab Medical Union weekly report # 34, 20–26 August 2011 .

education for expectant mothers at Badbaado MCH in Mogadishu.

- **WHO** and health partners plan to train 150 community health workers on first aid practices and referral of complicated cases in South Central Somalia. This will bridge community case management of pneumonia and diarrhea by community health workers.
- The Health Cluster has organized case detection and management trainings for health workers in Banadir, Mudug and Bay regions. They also supported cholera treatment units in those regions due to alarming rates of cholera cases among IDPs in Mogadishu
- **UNFPA** trained 8 medical doctors on EmOC procedures for one month, 28 midwives on BEmOC for 2 weeks and 20 Reproductive Health (RH) emergency focal points from partners on the Minimum Integrated Service Package (MISP) in Galkayo, Mudug Region.



Community Health education sessions conducted in August for expectant mothers at Badbaado MCH in Mogadishu.

