

# Somali Health Cluster Bulletin #15



Meeting of cholera task force in Merka/ Lower Shabelle, 14 September 2008

## September 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.*

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

### HIGHLIGHTS

- Cholera outbreak in Merka/ Lower Shabelle still ongoing, with 329 cases as of 24 September
- Fighting in Mogadishu displaced 30,000 people
- CAP 2009: Health Cluster has completed response plan and submitted 30 projects
- Floods in Banadir and the Shabelle regions claimed at least 9 lives

### SITUATION OVERVIEW

- UNHCR estimates that 30,000 people have fled fighting in **Mogadishu** since 20 September moving to relatively safer districts of Mogadishu, Afgooye corridor, and some to Merka, Qoryooley and Jowhar (OCHA Situation Report #39, 01 Oct 2008); more than 80 civilians were reportedly killed and at least 110 were wounded between 21-24 September alone.
- Security threats, particularly targeting humanitarian workers, have been persisting throughout the month (OCHA Situation Report #35, 05 Sep 2008). Incidents have been reported from **Merka** and **Afgooye** corridor/ Lower Shabelle; **Mogadishu**; **Ceel Waaq/ Gedo**; and **Belet Weyne/ Hiraan**.
- On 4 and 5 September, **Banadir** and the **Shabelle regions** experienced torrential rains. As OCHA reports (Situation Report #36, 12 Sep 2008) 9 people, including 4 children, were killed. Roads and an estimated 66 houses in Merka were destroyed and trading activities disrupted.

### HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

#### 1. Assessment and Monitoring

- Based on the assessment of 45 health posts in Salalge, Sakow and Buuale districts/ **Middle Jubba**, **World Vision** initiated extensive health education at household level and training of CHWs and TBAs on the prevention of the transmission of conjunctivitis.
- **WHO** assessed the Operation Theatre of Merka hospital in **Lower Shabelle** end of August. Findings included the need for maintenance and upgrading of technical equipment and medical supplies.

#### 2. Health Coordination & Capacity Building

- The Health Cluster has completed the response plan including objectives and submitted all 30 project sheets for the Consolidated Appeals Process (CAP) 2009.
- In order to strengthen partnership and coordination of health response activities in **Puntland**, the **health cluster** has initiated the process of updating contact list, mapping of health partners and facilities by district, region and state level.



### Training & Capacity Building

- Between 29 August and 7 September, **WHO** in partnership with **COSV** conducted a training of trainers (ToT) on safe delivery and referral guidelines for 6 qualified midwives in Merka/ **Lower Shabelle**. Another training was conducted for 171 TBAs and 15 midwives between 10-15 September. Outcomes of the trainings include planning of safe delivery and complications management; building community support; as well as skilled care and appropriate care-seeking behavior.
- **WHO** continues giving technical support to MoH in Hargeisa/ **Somali-land** in the formulation of National Drug Policies.



ToT on safe delivery and referral guidelines in Merka/ Lower Shabelle Photo: WHO

### 3. Communicable Diseases and Environmental Health

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

- Between 13 August and 24 September 2008, a total of 329 cases of AWD, including 4 deaths (CFR: 1.22%), were reported from Merka hospital/ **Lower Shabelle**. 63% were less than 5 years old, 51% were male. A total of 22 stool samples were tested by AMREF in Nairobi between 18 August and 19 September. All samples had been collected in the Cholera Treatment Center (CTC) in Merka Hospital. 77% of the samples tested positive for *V. Cholerae* serogroup 01.
- Between 21 September and 5 October, 180 cases of AWD, including 23 deaths (CFR: 12.78%)<sup>2</sup>, were reported from Gololey area (27km South-West of Jowhar/ **Middle Shabelle**). 82% of the cases were equal or more than 5 years old.
- A total of 245 cases of AWD, including 3 deaths (CFR: 1.22%), were reported between 23 August and 3 October 2008 (epidemiological weeks 35-40) from Jilib, Jamaame and Afmadow districts in **Lower and Middle Jubba**. 78% (191/245) were less than 5 years old.
- A total of 54 cases, including 2 deaths (CFR: 3.7%), were admitted to Bossasso hospital/ **Bari region** between 6-16 September from 4 IDP camps (Shabele, Bulla Bush, Ajuran, and Tuur Jaley) and 7 villages (Ajuke, Waberi, Hafad Arab, Rafiyo Raho, S'Waag, Marsaya, and Ridwaan). As of 5 October, the total caseload had increased to 179 of which 47% were children under 5. Initial laboratory samples were taken; none tested positive for cholera. A task force composed of **MoH, UNICEF, WHO, SRCS, SORSO, NRC, DRC, Muslim Aid**, Bossasso hospital, and a number of local NGOs has been established.
- Between 1 September and 7 October, a total of 235 cases of AWD, including 4 deaths (CFR: 1.7%), have been reported from Berbera/ **W. Galbeed**. 147 of the cases were in children under 5 years of age. Between 11 September and 3 October, 85 cases of AWD (of which 50 were children under 5) with no deaths were reported from Burao/ **Togdheer**. **WHO** and **UNICEF** responded to the increased AWD caseload in both locations in Somaliland by providing medicines including antibiotics, ORS, ringer lactate, IV sets, and disinfectants. Task Forces have been established in both locations. Laboratory confirmation of the stool samples collected is pending.



Child with Acute Watery Diarrhea in Bossasso hospital Photo: WHO

#### Water and Sanitation

- **COOPI** has been implementing water and sanitation improvement for nomadic communities East of Jamaame (i.e. Jenaale-Jaay, Deemo, Naftakhour) in **Lower Jubba** in order to prevent water-borne diseases due to seasonal water shortage.
- **SRCS** are continuing water chlorination in Jilib/ **Middle Jubba** in order to decrease fecal-oral transmitted diseases; while **Mercy USA** is conducting environmental hygiene promotion.

<sup>1</sup> more details in *WHO Somalia; Monthly Mortality and Morbidity Bulletin (MMMB), Somalia, August 2008/ Vol.1* as well as in the WHO situation update of 25 September 2008 on *Laboratory confirmed Cholera Outbreak in Merka town, Lower Shabelle Region*.

<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"

- In the third week of September, **AFREC** started chlorinating shallow wells in Afmadow district/ **Lower Jubba**, particularly in Tobaney, Xabaala Culimo and Magar villages.

- Since 16 September, **WHO** and partner NGOs have been distributing aqua-tabs for 14 days (280 tablets for 20 liters drinking water per person per day) to patients discharged from the Cholera Treatment Center (CTC) in response to the AWD outbreak in Merka/ **Lower Shabelle**. Another 540,000 have been provided to **COSV**, and local partners **IIDA**, **Ayuub** and **New Way** for distribution to the community, accompanied by social mobilization. Core health messages covering personal, environmental, and food hygiene are aired in Somali on radio.



- **COSV**, **WHO** and **UNICEF** have provided chlorine for chemical treatment of water wells in Merka/ **Lower Shabelle** in order to avoid spread of cholera to Afgooye and other areas out of Merka district.
- **Muslim Aid UK** is continuing to chlorinate shallow wells in Kismaayo/ **Lower Jubba**, in order to prevent water-borne diseases.

#### Immunization

- The 3rd round of EPI was completed by **UNICEF** and partners in the second week of September in Merka, Qoryooley, and Kurtunwaarey/ **Lower Shabelle**, reaching 21,339 children. Furthermore, 142,654 children between 9 months and 15 years were vaccinated against measles in IDP settlements in and around Mogadishu and Afgooye/ **Lower Shabelle** in the first week of September. 105 vaccination teams undertook the exercise through 85 fixed locations and 20 mobile set-ups.
- **World Vision** continued EPI program for nomadic communities in Buaale, Salagle, and Sakow in **Middle Jubba**. 425 children under 5 have been vaccinated.

#### 4. Primary and Secondary Health Care

- **AFREC** and **SAWA** conducted case management of wounded in Jirmo and Hararoba villages near Afmadow/ **Lower Shabelle**, before referral to Kismayo and Mararey hospitals for further treatment.
- **Muslim Aid UK** has been continuing their Schistosomiasis programme in Jamaame, **Lower Jubba**, and surrounding villages. Up to 600 patients have been treated per week.
- **AFREC** started a mobile clinic for nomadic communities in Afmadow district/ **Lower Jubba** focusing on communicable diseases due to the overcrowding in the area for pasture and water.

#### Rehabilitation and Support to Health Facilities

- **WHO** donated an assortment of emergency drugs and supplies to Baran and Garowe hospitals/ **Nugaal** in support of increasing access to secondary health care in Puntland.
- 1.5 metric tons of anti-psychotic drugs have been provided by **WHO** to the warehouse in Hargeisa/ **W. Galbeed** for distribution to mental hospitals free of charge. WHO currently supports 4 mental hospitals, namely Hargeisa and Berbera in Somaliland; Bossasso in Puntland; and Habeb in Mogadishu. Support is planned to be extended to Nasrullah Mental Home in Garowe/ Puntland after completion of the assessment of the health facility.



#### Health Education & Public Awareness

- **World Vision**, in partnership with **SDIO**, is continuing health education for hygiene promotion in Sakow district/ **Middle Jubba** (i.e. Goomir, Basro, Caliyow Keerow, Towfiiq, and Awjeelow villages) and training more than 160 participants from various community groups, women, youth, and religious leaders with focus on the prevention of water-borne diseases.