



EMERGENCY PREPAREDNESS AND HUMANITARIAN ACTION NEWSLETTER DECEMBER 2009

WHO conducted 9 monitoring missions during December to assess the health services available in different regions of South Central Somalia. Pictured here: assessment at Luuq Hospital (Gedo)



Photo: WHO

Health events & situation overview

Banadir Region

- On 3 December, a suicide bomber at Banadir University (Mogadishu) killed at least 15 people, including the Minister of Health, Dr Qamar Aden Ali, teaching staff of the medical college and recently graduated medical students at their graduation ceremony. More than 50 people were injured, 13 of which were injured seriously and transferred to Nairobi.
- Between weeks 42 and 51, a total of 696 cases of acute watery diarrhoea (AWD) were reported including 86% (594) children under the age of 5 years of which 84% (499) were

The Emergency Preparedness and Humanitarian Action (EHA) Newsletter provides a summarized overview of the current humanitarian health situation in Somalia and activities that WHO is carrying out in response to the ongoing humanitarian crisis.

The newsletter is issued on a monthly basis and is available online at www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm

WHO response and activities

Banadir Region

- In response, WHO provided trauma supplies to hospitals in Mogadishu, treating those injured in the 3 December bomb attack, including 2 trauma kits which provide supplies for 200 surgical procedures.
- In follow-up to confirmation of cholera in mid-October 2009, WHO conducted a field visit to Banadir Hospital (Mogadishu) on 26 and 27 December 2009. Seven stool samples were collected during the visit, 6 of them from children under the age of 1 year. 1 out of the 7 samples tested positive for *Vibrio cholerae* with SMART II rapid diagnostic testing (RDT). In terms of the number of cases, the outbreak



Photo: WHO

AWD patient recovering in Banadir hospital (Mogadishu)

aged under 2 years. 17 deaths were reported of which 82% (14) were children under 2 years (case fatality rate of 2.44%).

VACCINE-PREVENTABLE DISEASES

- After rumours of localized cases of suspected whooping cough were reported in the first week of December from Bu'aale and Hagar districts in Lower Jubba, WHO initiated active case finding to confirm the immunization status of the patients.
- In the first two weeks of December, WHO AFP surveillance and EPI sites reported 40 suspected cases of measles from throughout Somalia. Almost 48% (19) were reported from Lower Shabelle. The region has seen increased cases since August 2009. Due to limited access because of security threats and local authorities' refusal, the 2 planned rounds of Child Health Days (CHD) for 2009 could not be implemented in the area. In light of this situation, more measles outbreaks are expected in Lower Shabelle.
- In early December UNICEF, WHO and partners completed the second round of CHD in Puntland. In Central Somalia, the campaign has been completed in Hiraan, Galgaduud, and Banadir (except for 4 districts which will be covered in early January). Middle Shabelle is scheduled for January in two phases. In Puntland, 145,422 (85%) out of targeted 171,534 children under five and 96,862 (49%) of targeted 186,578 women of child-bearing age received the package of life-saving health services including immunization against measles and polio and nutritional screening.

Lower and Middle Jubba regions

- In epidemiological weeks 48-51 (28 November – 25 December 2009), 425 cases of AWD were reported from Afmadow (54), Hagar (66), Kismayo (128) and Badhaadhe (48) in Lower Jubba, and Bu'aale (48), Sakoow (38), and Salalge (43) in Middle Jubba. The number of reported cases remained stable compared to last month. The data was not available from Jamaame (Lower Jubba) and Jilib (Middle Jubba) in the reporting period due to security reasons. Children under 5 years accounted for 76% (321) of all consultations.
- Through reports from local health partners, as of 31 December 2009, WHO estimates a total of 742 people were wounded and 202 killed since 1 October 2009 in Middle and Lower Jubba regions, mostly between Kismayo and Afmadow.

¹ The case fatality rate (CFR) refers to the number of deaths per 100 cases. The globally accepted standard CFR for AWD/ cholera is 2% for IDP settings and rural populations.

² Details about the contents of the inter-agency emergency health kit (IAEHK) are available at http://whqlibdoc.who.int/HQ/2006/WHO_PSM_PAR_2006.4_eng.pdf

is currently under control. Monitoring activities will continue, and adequate case management supplies are pre-positioned in Mogadishu. To investigate the high CFR¹ observed, WHO will further assess the timing of presentation of the patients who have died during the outbreak. Pending the results, WHO will contact WASH partners in Banadir to strengthen community awareness activities to facilitate early referral to hospital and reduce the CFR.

MONTHLY SUMMARY OF SUPPLIES PRE-POSITIONED/ DISTRIBUTED BY WHO

- In the first week of December, WHO provided 2 basic units of the inter-agency emergency health kits² serving a population of 2,000 people for 3 months, 100 litres of ringer lactate, 100 IV sets, 2,000 ORS sachets, 2,500 Aquatabs, 600 doses of Doxycycline, and 2,000 Erythromycin tablets to Hagar and Afmadow districts (Lower Jubba).
- In mid December, WHO distributed 7 trauma kits to Banadir, Madina, Merka, Bu'aale, and Baidoa hospitals in South Central Somalia. These supplies are equipped for 700 surgical interventions.
- In follow-up to a recent assessment, WHO will be providing health supplies to providers serving communities in Elbon, Gedo Region.
- On 7 December, WHO donated 2 trauma kits sufficient for 200 surgical procedures, IV fluids (ringer lactate and glucose), laboratory equipment and examination gloves to Hargeisa and Boroma hospitals in Somaliland.
- WHO has provided 2 trauma kits (200 surgical procedures) and case management supplies to MOH in Somaliland and have further established a pipeline for distributing emergency health supplies to parts of South Central.

Lower and Middle Jubba regions

- WHO conducted an assessment mission to 10 villages (Bantaa; Jabi Hose and Jabi Kore; Qaranri; Duqiyo Yantaar; Tatey; Gubato; Bu-ulo Golol; Kafinge and Burfule) in Bu'aale district, Middle Jubba, in mid-December. Further assessments are planned for Bay and 3 regions of Puntland including Bossasso, Galcayo and Gardo hospitals.
- All 25 patients who were operated upon, under the supervision of WHO and in partnership with World Vision in Bu'aale field hospital in Middle Jubba (as reported in the EHA newsletter November 2009) have been discharged

TRAINING AND CAPACITY BUILDING

- In 3 sessions, WHO trained over 60 health workers on HIV/AIDS, mental health, TB, laboratory techniques and H1N1 preparedness in Hargeisa. The participants came together from all over Somalia.
- In the first week of December, WHO trained staff of the polio programme from 9 districts in Lower and Middle Jubba on AFP surveillance. The training addressed clinical case definitions, case classification, and how to improve the disease surveillance system.

Lower and Middle Shabelle regions

- Between epidemiological weeks 48-52 (28 November 2009 - 1 January 2010), EWARS in **Lower Shabelle** reported a total of 23,281 consultations. Acute respiratory infections (ARI) accounted for 19% (4,529), diarrhoeal diseases (DD) for 7% (1,709 cases of which 127 were AWD). Other common causes of morbidity were injuries (674); severe malnutrition (355); malaria (365 cases of which 65 confirmed by either laboratory or RDT); and suspected measles (65). Children under 5 constitute 41% (9,609) of all consultations, 77% (98) of AWD cases, 65% (231) of severe malnutrition, 58% (38) of suspected measles, and 53% (2,412) of all ARI cases.
- Cadale MCH (Middle Shabelle) is run by Medair in collaboration with national partner SAACID. Sufficient supplies in case of outbreaks are available from Wajid, Bakool.
- Local NGO SHARDO manages an MCH/OPD in Warsheikh district of Middle Shabelle. Intersos runs an OPD in the same area.



Bay and Bakool regions

- Huddur district (Bakool) is home to an estimated 70,000 people including significant numbers of IDPs from Banadir, Hiraan and other districts of Bakool. In June 2009, the two

without any complications. The overall medical intervention was well received by the local community who had not been able to directly access surgical procedures for several decades.

- To support partners providing emergency health services to the conflict-affected people in Lower Jubba, WHO sent 2 basic units of the inter-agency emergency health kit to Hagar and Afmadow districts.

Lower and Middle Shabelle regions

- WHO conducted a follow-up mission to Cadale MCH/OPD on 14-15 December 2009. The review of facility records from Cadale MCH, and Haji Ali, Geel Gub and Ali Gudug health posts showed a stable situation of AWD in the area with 80 cases, including 48% children under 5 years reported in November and 16 cases, including 81% children under 5 years and 1 death between 1-12 December 2009.



- As part of routine health monitoring, WHO visited health facilities in Warsheikh district (Middle Shabelle) between 20-22 December. The review of health records at the SHARDO-run MCH/OPD showed 14 cases of watery diarrhoea of which 43% (6) affected children under 5 years between 1-21 December. No cases were reported during the same period from the OPD under Intersos management.

Bay and Bakool regions

- Between 15-17 December, WHO conducted routine health monitoring in Huddur district (Bakool) to assess the current health situation in the area after recent changes in the presence of partners and availability of health services.
- Between 20-23 December, WHO visited Labatunjerow village for routine health monitoring.

For WHO Somalia updated information, reports, and guidelines see www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm. For more information about WHO's coordination role and health cluster documents see www.emro.who.int/somalia/healthcluster.htm

major humanitarian agencies providing health services in Huddur district (Bakool) including for significant numbers of IDPs from Banadir, Hiraan and other districts of Bakool were forced to pull out of the region due to security concerns. To ensure continuity of treatment, particularly for TB and kala azar, they left stocks of medicines for enrolled patients. TB medicines are now regularly supplied by **WHO**, however stock-outs of laboratory reagents and kala azar antimicrobials were reported by health staff. In November 2009, GTZ opened an MCH with support from UNICEF in Huddur town and established 5 health posts with a further 7 in the pipeline.

- Labatunjerow village between Huddur and Baidoa in Bay Region is home to an estimated 75,000 people who are mainly agropastoralists. The area has only one functioning MCH/OPD which was opened this month by the local NGO Salama Medical Agency (SAMA).
- Tieglow town is home to approximately 12,000 people, with a total of 58,000 people in the district according to World Vision estimates. World Vision supports 1 MCH/OPD and 1 TB centre in the town, and 14 health posts in surrounding villages.

Gedo Region

- Luuq and surrounding villages in the district have an estimated total population of 48,000. Luuq hospital, Elbon health centre, and 22 health posts (each run by one community health worker and one birth attendant) in the area are supported by Trocaire (formerly Gedo Health Consortium). Trocaire has pre-positioned initial AWD emergency response supplies, and is prepared to mobilize additional supplies and staff when required to respond to any outbreak in the area.
- Belet Xawa district is home to approximately 75,000 people, according to local sources. Trocaire supports 1 MCH in Dollow town and another in Gedweyne village; as well as 7 health posts, 5 OTP sites and an outreach/mobile team in Dollow district. In case of AWD outbreaks, Trocaire can immediately avail sufficient medical supplies.

Newly-diagnosed TB patients currently have limited access to services following the pullout of key international agencies from Hudur Town (Bakool)



Photo: WHO

SAMA has 12 staff running the MCH/OPD including 1 qualified nurse and 8 auxiliary nurses as well as mobile clinics. EPI services have not yet been initiated. SAMA will be providing WHO with weekly epidemiological reports which will enable WHO to support them with medical supplies. The health cluster is looking to establish new partnerships with local NGOs and agencies in underserved areas.

- WHO visited Tieglow between 28-30 December for routine monitoring of the health situation in the district. Findings³ included that the World Vision run MCH/OPD provides an average of 50 consultations per day. As of 28 December, 166 cases of ARI (of which 41% were children under 5 years) and 27 cases of AWD (81% children under 5) were reported from the health facility this month. The permanent staff of the health facility include 2 qualified and 4 auxiliary nurses, and 1 qualified midwife. Each health post is staffed by CHWs and TBAs. Another MCH/OPD is operating in Biyoley village, 12km from Tieglow, under the management of SRCS.

Gedo Region

- Between 5-6 December, WHO visited Luuq Hospital and health facilities in the surrounding area for routine monitoring of the health situation in Gedo Region. In a further visit between 7-8 December WHO expanded the assessment to to Belet Xawa district.

³ The complete and detailed report will be available at www.emro.who.int/somalia/collaborativeprogrammes-eha.htm