



World Health Organization

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Summary

The Somalia drought affected regions have experienced dry weather that has not been perceived for decades and moderate rainfall during the current seasons. It is still early to project the crop yield and stock feed at least for a month to come. Due to the crises the number of mal-nourished children has reached over 20%, and the worst affected area is in the Gedo region. Water and sanitation is a problem, the health infrastructure has been devastated during the past conflict in the drought affected areas. An Immediate health cluster is planned but due to the difficult terrain and distance the coordination may take place in at least two different locations. Procurement of essential drugs supply is needed and an urgent need for a simple basic mobile outreach service to reach out to those who are unable to travel far distances. Building the capacity of the community for this selected region to serve in the affected areas and focusing on training of Para-medical is a top priority as health facilities are deserted or destroyed for quite some time and the remaining staff need to be reintegrated into the profession. In addition there are other areas of health which can be strengthened such as local authority for water and sanitation, and health and nutrition. The Surveillance system is operationally poor and if it is to work across the region there is need for reviving or strengthening the system.

Background

The insufficient rain fall in Southern and Central Zones of Somalia (SCZ) during the rainy seasons of “GU” and the fact that the long rains from April to June are phasing out soon and the delay of the short “Dayr” in October, is resulting in a devastating farming and livestock practice. The ongoing internal conflict since 1991 across the country coincided with the drought from the poor rain for the last three years and has aggravated the needs for basic medical care. Currently some of the affected especially the nomadic population is congregating around the river bank area or where rain fall has been sufficient. The health infrastructure is of a modest kind as it is from the early days of the conflict there is however little to mention on rehabilitation. Taking into consideration mainly that entire populations are depending on agriculture and livestock the potential risks and economic loss on families can be devastating.

A direct result from the destructive drought is that mass immigration occurred which has resulted in a follow-on congregation of population to the nearest water supply or potential water point supplied by national or international agencies. People often have to

travel long to camp, and face risks of contaminated water. A concerted effort to introduce sanitation and hygiene education, and maintain water quality standards to reduce the risks with regards to water and environment related morbidity and mortality is an area where UNICEF and WHO could work together for instance. (as was pointed out by the UNICEF field cluster officer). Also, Strengthening the local community capacity as well as supporting local authorities to provide clean water sanitation and hygiene is needed. Many Somalis are sacrificing their livestock through mass slaughtering of weak and ill animals and this practice poses serious health hazards particularly when carried out unhygienic conditions and where there is a high density of displaced persons.

As the “GU” now is phasing out a number of people including FSAU who are running 100 sensitized centers around the five regions (Bakool, Geddo, Bay, Lower and Middle Juba) are monitoring the progress of the drought closely and WHO affiliated staff who are also involved with drought situation have indicated that there have been rains during this season however, the rainfall measure is under the expected level of rain in some pockets that are normally in dire need of health care. Some parts have received sufficient rains and normally have sufficient water even if the season rain fall fails, for instance Northern Geddo received little rains (See photos marked ‘blood’ mass slaughtering) and people lacking basic health facilities are in a dire situation. There is however, one international NGO known as the Geddo Health consortium that supports a few basic facilities across the seven districts and according to our staff from the area there are clear indications of an overload for the NGO. (See list of national and international NGOs). The FSAU report will be published soon to include the rainfall level for both months of April/May and this will clear the ambiguity of the conflicting reports. The List of health facilities for Bakool, Bay, and Geddo is attached annex 2) for lower and middle Juba information indicates very few health facilities which are mainly feeding or supplementary feeding centers and few MCHs which are supported by one national and international NGO namely AFREC and MSF Holland who are also planning to build a hospital. Reports indicate a clear lack of essential drugs due to a shortage of resources or security constraints

Current situation

The nutrition situation remains alarming through drought affected areas and in the health and nutrition meeting held in Nairobi (country level) it has been revealed that over 53000(this figure was confirmed by the field nutrition coordinator in Wajid who indicted over 20% mal-nourished children at the present) mal-nourished child have been registered.. When we visited the international health agencies in Wajid there was one therapeutic feeding centre run by Action contra La fame. (ACF). The in-charge officer indicated that they operating with a registered full capacity of severe mal-nourished children since they started operation from 19TH March 2006. Statistics do not show a decrease in the number of patients, but also indicate that CTC is foreseeing an intervention which is planned to take place very shortly. They operate only in Wajid and have indicated that they would send regular updates to WHO .(A Table of severe and mal-nourished children is attached annex1)

Many international agencies such as the leading agency ICRC have commenced a 'stock programme' that subsidizes farmers in trade for their livestock and consequently cull weak animals. This practice was carried out throughout the drought affected areas, and some reports indicated that such practices are starting to decline and the live stock prices have increased, however in Wajid the farmers are still continuing to kill their animals and prices are still very low. An FAO field regional coordinator after visiting Wajid explained that the rainfall varies from area to area and some farmers have not managed to cultivate crops either because of poor seedlings or insufficient rains. Many conflicting reports but await verification from the FSAU report which will be documented at the end of this month. (please verify this paragraph)

Security problems persist in most of the affected drought areas and in the five region accessibility and mobility and difficult and the security situation as only worsened the situation further restricting movements. Jowhar is a potential district for the coordination meeting as it is just close for international this week. The hard hit drought affected area is Gedo but again it is closed due to the internal clans' on going conflict. Basically, Wajid which is considered up to this day as safe and in which most of the agencies are stationed, shows some possibility for a potential out break of fighting, and until the Wajid community is not allied with any clans and that may happen quickly. An airplane stationed in Wajid for quick evacuation and mobility of the staff is available. The office and accommodation in Wajid is within the WFP compound is basically congested with all UN sister agencies, plus NGOs. There are about to order 25 prefabricated guest house rooms and renovations are underway of an adjusting building that will accommodate all the agencies. UNICEF has procured prefabricated offices and a guest house for themselves.

WHO EHA Objectives

- Measure health indicators and rapidly assess health needs of populations affected by the disaster.
- Ensure that vital gaps in health response are quickly recognized and fulfilled.
- Revitalize and build capacity of health systems for preparedness and response.

Immediate objectives

- To organize a health cluster coordination meeting in the Central/Southern Regions of Somalia
- Strengthen the surveillance system in the Central/Southern Regions of Somalia to streamline data, and plan response and preparedness interventions.
- Establish a regular reporting system flow by trained staff from districts to country level.
- Identify appropriate interventions to the crises such as mobile clinics and continue to supply essential drugs to partners and agencies.
- Capacity building of local community and authorities and Para-medical personals from sister UN agencies, local NGOs and INGOS .

Immediate Plan

Negotiated plans with WFP at the field office in Wajid as well as in Nairobi for an appropriate collaboration and cooperation between WHO and WFP are underway. This is especially because WFP have an ongoing supply to all affected areas and have good relations and knowledge of local authorities and communities. The UN facility situation in Wajid is within the WFP compound who have an office, one large room, and two small rooms annexed with 14 basic rooms and simple roofed shade for meeting.

Rapid Health Assessment

Within the next few days we will begin to carry out the Rapid Health Assessment (RHA) to include the following as the minimum tools to assess the health situation in the south and central Zones of Somalia

- Assess the health situation in general i.e. situation trends and actual causes.
- Identify the exact areas that require humanitarian response.
- Rapid access to diverse information is important, however taking into account the limited expertise there therefore is a need to mobilize those who can contribute in every aspect of the cycle of health assessment and development i.e. colleges, community, partners, UN sister agencies and national and the international NGOs
- Identify available resources and highlight gaps that need to be addressed.
- The need to map the health situation without intervention and vice versa if no response is provided what would be the foreseen consequences of each case

The information that is being currently looked into and researched is as follows:

- A genuine emergency situation or the potential of an becoming emergency situation that would result in the increase levels of morbidity and mortality.
- Are the national resources insufficient to cope with the emergency situation?.
- Are the International or local resources not meeting the adequate emergency response? Or are unavailable.
- To ensure that WHO response is to improve the physical or the well being of the public and if it would affect the neighboring countries.

The result would therefore reflect a fruitful outcome of the emergency response and highlight that the coordination of the health cluster is becoming a priority.

Health Cluster Coordination

As the first step is to start by the emergency operation and coordination among the health actors it is an initial pillar to get all parties/partners involved to mainstream the effort to bring about common programming and to try to preserve the local health system. The coordination would address the risks related to the environment and look at ways in

which the health care is accessible and that there are enough essential drugs as well as humanitarian assistance which is in line with international standards. Proposals of appropriate health strategies and preparations of plans and guidelines for the implementation of proposed humanitarian action for instance in health care, rehabilitation of services can ensure disease controlled measures are in place. To ensure that WHO standards, national policies, and the international protocols are best practiced and all parties are aware of results and reports including NGO's international and national agencies.

Resolving the dilemma in conducting comprehensive coordination meetings and identifying task groups is almost impossible due to the in-accessibilities such as conflicts amongst many faction groups, difficult terrain and distance within the five districts namely; Bakool, Bay, Gedo, Lower and Middle Juba. It is difficult to have the means to host such coordination meetings and disseminate information to all parties concerned.

Recommendation

- Equipment for the field office.
- Vehicle hire for the mobility of staff and monitoring the activities.
- Procurement of essential drugs to be distributed to selected worst hit affected areas such as Gedo, lower and middle Juba
- Design of an adequate training programmes; such as local authority health professionals training, community and Para-medical staff for emergency preparedness and response, upgrade of auxiliary nurses, mobile clinics operation, public health.
- Procurement of basic outreach clinics to reach out to communities that are vulnerable and unable to travel far distances.
- Recruitment of EHA field assistance to assist in monitoring activities that are difficult to reach by international field coordinator due to security restriction.
- In the absence of a functioning government a structured building capacity for Para-medical and local authorities is an urgent much needed action.
- Empower communities to help themselves to assist local authority for all aspects of health as appropriate by intervening through the community as well as training.

Sub-total of malnourished children in 5 most affected regions (Bay, Bakool, Gedo, M.Juba and L.Juba)								58148	10540
<i>Hiran</i>									
Belet Weyne	163,150	31,000	0	19	32630	15	1.5	4895	489
Bulo Burti	87,060	18,000	0	21	17412	10	1.5	1741	261
Jalalaqsi	30,670	5,000	0	16	6134	10	1.5	613	92
SUB-TOTAL	280,880	54,000	0	19	56176			7249	843
<i>Galgadud</i>									
Abudwaq	62,500	3,000	0	5	12500	15	1.5	1875	188
Adado	48,740	7,000	0	14	9748	15	2.5	1462	244
Dusa Mareb	88,425	15,000	0	17	17685	15	2.5	2653	442
El Bur	56,155	13,000	0	23	11231	10	1.5	1123	168
El Der	63,915	0	0	0	12783	5	1.5	639	192
SUB-TOTAL	319,735	38,000	0	12	63947			7752	1234
Total malnourished children in the drought affected regions of South and Central Somalia (in need of supplementation)								73149	12616
SAM* - a conservative severe acute malnutrition of 1.5% has been used in districts without the latest SAM rates annex1									

Agency	Field of Operation	Area of operation (Gedo district)
Gedo Health Consortium	Health and nutrition	Belet-Hawa, Garbahary, Luuk, Doolow, and Burdauba
Trocaire	Education	Belet-Hawa, and Doolow
Care International	Food aid	Elwak, Belet-Hawa, Doolow, and Luuk
NCA	Education	Garbahary and Burdahuubo
EPACK	Livestock	Belet-Hawa and Garbahary
AMA	Nutrition	Belet-Hawa, Garbahary, Elwak, Bardheere

Agency	Field of operation	Area of operation (Bay and Gedo)
World Vision	feeding	Wajid, teaiglo (Bakool)Baidoa, Burakaba (Bay)
SRCS (local)		Baidao Ansahdera, Berdaly(Bay), teaiglo (Bakool)
IMC		Houdor, Habdama, Alberdi (Bakool)
MSF Belgium		Hudour (Bakool)
ACF	Feeding expanding in CTC	Wajid (Bakool)
MSF Swiss		Dinsaw (Bay)
DMO local		Baidao (Bay)

Information from Lower and middle Juba reports is not available information from local NGO couple of local NGOs runs MCH as well and international agency runs couple of MCHs annex2