



## **Somalia Sitrep No. 3 8 - 22 June 2006**

**Location:** (Somalia, SCZ, Bakool, Gedo, Bay, L. and M. Juba)  
**Organization:** WHO

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### **Summary**

The war torn country drought affected area in the Central Southern Zone in Somalia is striving for basic health services namely Bakool, Bay, Gedo, Lower and Middle Juba. The regions have some rains in April and moderate in May, still waiting the FSAU survey results for nutrition and crop cultivation yield to clear the picture for possible interventions by the agencies. During this month attended meetings includes UNICEF nutrition cluster meeting held in Wajid 20.06.06, UNOCHA inter agency meeting scheduled for 22.06.06 in Wajid and WFP interagency meeting in June 1<sup>st</sup> 2006. The first field health cluster meeting is scheduled to be held in Wajid on Sunday July 2<sup>nd</sup> 2006 at 10:00 in WFP conference room. Agenda of the meeting will be sent to WHO country office to disseminate information to all actors at country level. Attended the Horn of Africa CERF Review Meeting from 14<sup>th</sup> – 15<sup>th</sup> June 2006 in Nairobi. Participated in the Baidao hospital rehabilitation assessment mission from 07 to 12 June 2006. Interventions planned for this month includes two trainings for out reach and auxiliary nurses and out reach mobile clinics intervention.

### **Health Cluster Coordination**

Comprehensive cluster coordination meetings at field level is planned to identify task groups within the five districts namely; Bakool, Bay, Gedo, Lower and Middle Juba. 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 the international standards and guidelines. 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 to ensure disease controlled measures are in place where is possible. 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 are shared. The first meeting is scheduled to be held in Wajid on July 1<sup>st</sup> 2006 at 10:00 in WFP conference room. Agenda of the meeting will be sent to WHO country office to disseminate information to all actors at country level. UNICEF nutrition cluster meeting held in Wajid 20.06.06, UNOCHA inter agency meeting scheduled for 22.06.06 in Wajid, the meeting focused on cluster and UN reform clarifications, and sharing agencies activities, and plans ahead, will send the country office the minute as soon as it is available, we came to conclusion that the drought far away from over, still health services are inadequate, rains was during April but the rains fail during May. Attended WFP interagency meeting held in June 1<sup>st</sup> 2006 discussing food distributions to the NGOs and constraints encountered. WHO met with almost all agencies heads in the field. There is no national health information available therefore interagency and cluster meetings would enable information exchange.

### **Collaboration**

Currently under negotiation plans with UNICEF, WFP and NGOs at the field level in Wajid. Looking for an appropriate collaboration and cooperation principally between WHO, WFP, and UNICEF are discussed. For instance reviving the public health officer needs some incentive so, in principle WHO for training, UNICEF for support and WFP for incentive.

### **Baidao Hospital Mission from 07 to 12 June 2006**

The first day on our arrival met with Dr. Daher and Dr. Mario after short meeting to discuss the plan to meet the minister of health and the prime minister. We meet shortly the minister of health along the two Arab league doctors who are started already reviving the Baidao Regional hospital. After the meeting we went to the hospital, engineer Yusef followed us later on, three Italian also joined us, two from NGO and the third is a UNICEF engineer consultant. We all inspect the premises; the finding will be submitted by Dr. Daher and Dr. Mario. Next day we were scheduled to travel, therefore we tried to meet the prime minister as early as possible but in vein. We could only possible to meet the PM around the same time the UNCAS plane is scheduled to leave Baidao. Unfortunately the next plane was only heading to Nairobi, so stayed behind to meet our sub-office staff, NGOs and have more time to discuss with the Arab League doctors their plans and needs. They indicated the need for syrups as the kits does not have children essential drugs supply and requested WHO support for future needs, also indicated their willingness to travel to drought affected areas to assist with the mobile out reach. Referral hospital urgently needs it, for example Bakool region have one hospital in Hudor district supported by MSF Belgium, and however this hospital does not do surgery but all MCH in the region referred patients to it, during the cluster interagency they mentioned that they have 250 in-patients capacity and all time have full-house. Recently they indicated that kalazar patients have occupied half of their beds, therefore they have requested consultant from France to investigate the nature of the increase and why is coming from one area, they will send to WHO full report about the progress and immediately would send the locations where are the origins of the outbreak.

### **Nairobi 13 to 19 June 2006**

Attended the Horn of Africa CERF Review Meeting from 14<sup>th</sup> – 15<sup>th</sup> June 2006,

- Inter-agency health cluster presentation and discussions
- Horn of Africa drought affected areas consultation and discussions
- WHO in-house health cluster presentation and discussions

### **Wajid 19 to 31 June 2006**

20 June 2006 attended field cluster nutrition meeting held in Wajid, outcome of the meeting is

1. identifying gaps especially for food WFP would follow up
2. action on the previews issues such as overlapping/duplication food and essential drugs shortages, UNICEF have stock would follow up
3. WHO shared immediate plan with the participants
4. sharing information on all activities (food, nutrition, health, and water and sanitation)
5. constraints (mainly access due to security situation)

The minutes of the above meeting and the actions planned would share with country office shortly.

In principle agreements with WVI Wajid / L. Juba and SRCS Bay region to implement out reach mobile clinics.

1. Identified the needs for mobile out reach
2. Both agencies identified vulnerable areas
3. Identified drugs required
4. Mechanism to implement the interventions
5. Identified resources required

Soon the intervention will be replicated in Gedo, lower and middle Juba

### **Mobile out reach training course**

- Tentative date is first week of July
- Location Merka
- Participants about 30 from the five most affect areas
- 2 consultant specialized in out reach will facilitate the extensive training
  - Dr. Heba
  - Dr. Osama
- Duration five days

### **Emergency and communicable diseases crush course training**

- Tentative date is third week of July
- Location Merka
- Target group: Para medical staff/ auxiliary nurses,
- Participants about 30 from the five most affect areas
- Focus on emergency preparedness and response and communicable diseases, an extensive training would enhance the skills of Para-medical
- Duration 12 days
- Resources external and in-house facilitators

### **Public health officer training**

- Tentative date is first week of August
- Location Merka
- Target group: community/ public health officers
- Participants about 24 from the five most affect regions
- Focus on primary health care with an extensive training would enhance the skills of community
- Enhance capacity of existing public health officers supported by NGOs
- Duration 5 days
- Resources external and in-house facilitators

### **Outreach clinics**

- The mobile vehicle would include: basic equipment, nurse / assistant, NEHK and vaccine
- Identified pilot area and vulnerable clients
- In principle agreement with World Vision International (Bakool) and Somali Red Crescent Society in Bay and Gedo) to implement the intervention
- Intervention would start as soon as possible
- Resources WHO and possible contribution from NGOs
- Duration monthly and extendable
- WHO monitoring and evaluation

### **Conclusion**

1. Capacity building is the first priority for WHO intervention in the drought affected areas
2. Distribution for essential drugs and technical support is needed
3. Nomads and isolated area are in need for outreach services
4. Cluster coordination is planed for July 1<sup>st</sup> 2006 and other clusters coordination's meetings are in progress
5. Concerted effort needed to revitalized the health sector in the SCZ, possibly through the community in the absence of local government
6. Referral hospital is in dire need as the whole central was relaying on Baidao hospital and yet is not functioning
7. Surveillance system needs to be strengthen and health information in general need to be shared with actors in the field and forward to the decision maker
8. Immunization is carried out in areas, and others locations need to be covered.
9. There is no compiled national health information available