

WHO / EHA Situation Report: Flood in South / Central Zone, Somalia

(As of Nov. 25, 2006)

South / Central zone of Somalia has been flooded by Shabelle and Juba rivers. Total number of affected people in both riverine areas is approximately 330,000 as of November 23, 2006. Based on weather forecasts, continuous rainfall in catchment areas and historical evidence from previous floods, experts predict that the flood would be severe and may affect approximately 900,000 people before the end of this year.

The following are the breakdown of affected population per riverine areas;

Riverine basin	Region	Best estimate as of 23/11/2006	Projection (Based on 10 year flood cycle)	Remarks
Shabelle River	Hiran	94000	62565	Some regions have displaced people above the prediction. Shabelle is stable now but may get worse depend on the heavy rainfall in Ethiopian highlands. Juba is expected to get worse soon because of continues heavy rainfall according FAO, FSAU & SWALIM
	Middle Shabelle	66000	112,889	
	Lower Shabelle	24000	365,484	
Juba River	Gedo	36000	32059	
	Middle Juba	100000	104,444	
	Lower Juba	10,000	224,744	

Issues of importance for WHO and health partners

1. Access

Inability of flooded health facilities to function; damage to (loss of) equipment, supplies and vehicles are seen in many places. Disruption of surface transport, hence deliveries of supplies and fuel to other health facilities temporarily cut off by floods have made this situation worsen. Access is the major hindrance faced by both service providers and patients. Health personnel are displaced and not available in the facilities or with their respective teams.

WHO and partners are engaged in mobile medical / health clinics in the areas, where people are displaced, either by y vehicle and boat while ensuring the continuous supply of adequate equipments, drugs and medical supplies to all functioning services both mobile and fixed facilities.

2. Water & Sanitation

Contamination of water supplies by flood water and overflowing latrines are a very common scenario. In Hiran, 70% of the latrines were over run by flood water. WO and Health cluster partners work closely with the Water & Sanitation cluster on water and sanitation interventions.

See annex for a comprehensive response plan from Water & Sanitation cluster.

3. Communicable disease control

Increased transmission of endemic water- and vector-borne diseases after the flood (due to the emergence of new breeding sites and the disruption of vector control activities), and among people displaced (due to overcrowding in shelters) is common and in the case of South central zone of Somalia, the important diseases of interest are Malaria and diarrhea. Existing sentinel sites of outbreak surveillance system were requested to alert on any unusual increase in cases for both. However, considering the uneven distribution of these sentinel sites and ad hoc reporting, especially in the south central zone, specific activities related to these two diseases are mandatory.

A. Malaria

WHO in collaboration with Global fund and partners is involved in ensuring adequate supplies, including; anti malarials and test kits to manage the malaria cases in all health facilities and facilitate the distribution of ITNs with appropriate health education and social mobilization.

B. Diarrheal diseases (Acute watery and bloody diarrhea)

There is a general increase in the number of diarrhoeal cases in the flood affected areas.

Cholera has been confirmed in Jilip district in Middle Juba. Two of the nine samples sent to AMREF laboratory in Nairobi resulted positive for *V. Cholerae*. Total number of suspected cases was at 50 as of November 22, 2006 with 3 – 4 new case per day. 80% in children under five and 60% of cases were from a defined locality of this district. MSF – Holland has established a CTC with 40 beds and has adequate supplies and personnel Jilip district. It is expected to contain the disease within the locality. Health cluster partners are engaged in chlorination and health education in the area along with Water and sanitation cluster. WHO has moved some cholera supplies to the area through Muslim Aid – UK. There are adequate supplies with MSF – H, WHO, UNICEF and ICRC to respond in case of an outbreak of large scale.

Interventions by WHO - Somalia

General

Current:

- Health cluster coordination to come up with the cluster response plan (See annex)
- WHO OIC Mogadishu participated in joint UN assessment missions
- WHO entomologist and EHA staff in Lower Shabelle on assessment mission from November 24 to 28, 2006
- Two diarrhoeal disease kits (Italian D and F) and one new emergency health kit, for 10,000 population for 3 months, pre-positioned in Mogadishu.
- One new emergency health kit, for 10,000 population for 3 months, propositioned in Wajid.
- Local purchase of drugs and supplies distributed and in stocks
- Anti Malarial drugs air lifted from Nairobi to Mogadishu for affected regions

Planned:

- 5 NEHKits and % each Italian D and F Diarrhoeal kits ordered to be airlifted
- Two EHA Program staff to go to Lower and Middle Juba for assessment for 6day from November 25, 2006

Specific to regions

Hiran

Planned:

- Mobile clinic in Beltweyne district through Africa Muslim Agency (AMA)
- WHO entomologist to go next week to assess the malaria situation and vector control measures

Middle Shabelle

Current:

- Released one new emergency health kit, adequate for 10,000 population for 3 months, to InterSOS to use in the Jowhar regional hospital and mobile clinics.

Banadiir / Mogadishu

Current:

- Mobile health clinic through Muslim Aid – UK for displaced people in Mogadishu.

Planned:

- 5 additional basic health kits shall be provided to Muslim Aid – UK to meet the demand.
- Increase the number of mobile outreach health clinics.

Lower Shabelle:

Current:

- Mobile outreach clinic through COSV initially in Merka and moved to Kattunwery.

Planned:

- Release one new emergency health kit (adequate for 10,000 population for 3 months) and anti-malarial drugs to COSV to use in their health facilities and mobile clinics.
- Two more mobile clinics to cover severely affected Kattunwer and Qatravely

Gedo:

Current:

- Mobile outreach clinic in Bardera district through Africa Muslim Agency (AMA)
- Drugs and medical supplies to Gedo Health Consortium (GCH) for their clinics in 5 of the 7districts in the region.

Middle Juba:

Planned:

- Initiate mobile outreach clinic through World Vision and supply adequate drugs

Lower Juba:

Current:

- Mobile outreach clinic through Muslim Aid – UK in Afmedow and Jamame.
- Released 5 additional basic health kits to Muslim Aid – UK to use in their health facilities and mobile clinics.

- Additional diarrhoeal supplies through Muslim Aid – UK to stock pile within the region

Planned:

- Additional two mobile clinics in Afmedow and Jamame districts through Muslim Aid – UK, via vehicle and boat.

Constraints

- Security clearance for international staff not permitted and therefore forced to work with available national staff.
- Only three EHA staff in the field and all of them are support staff and not well trained.
- Access to areas a continuing issue with less frequent flights for security and flooded air strips.

Annexes:

- 01. Draft Health cluster response plan with the following three matrices;*
 - a. Who is doing What and Where*
 - b. Malaria supplies*
 - c. Cholera preparedness plan for South and Central Zone*
- 02. Water & Sanitation cluster response plan*
- 03. OCHA flood matrix with WHO interventions*