

Somalia Health Cluster Bulletin #42



Photo: HIJRA
A pregnant women at Daryel MCH in Lafoole (Afgooye Corridor) is receiving medical assistance by a midwife of HIJRA

December 2010

The Somalia Health Cluster Bulletin provides an overview of the health activities conducted by the health cluster partners operating in Somalia.

The Health Cluster Bulletin is issued on a monthly basis; it is a tool to supplement and support the overall information-sharing. It is available on the Health Cluster Website at www.emro.who.int/somalia/healthcluster.htm

Contributions are to be sent to cluster@nbo.emro.who.int

HIGHLIGHTS

- In 2010, a total of 7,634 weapon-related injuries were reported from three hospitals in Mogadishu.
- Of 2,522 cases of suspected malaria in December (in Banadir, Lower and Middle Shabelle, Bay, and Hiraaan regions), 56% (1,412) were confirmed by either laboratory or rapid diagnostic tests (RDT).
- This month, 2 out of 18 samples for whooping cough in Lower Shabelle tested positive.

SITUATION OVERVIEW

Conflict and displacement

- In December, two main hospitals in **Mogadishu** reported 338 weapon-related casualties, including 7% (23) children younger than five years and no registered deaths. In 2010, a total of 4,528 weapon-related casualties, including 751 under five years of age and 109 related deaths, have been reported from these two hospitals. The deaths on site of injury remain unknown. A third major hospital reported 217 weapon-related injuries this month, bringing the total of reported cases in this hospital in 2010 to 3,106.
- OCHA¹ reported in December over 110 people killed and almost 250 wounded in **Mogadishu**.
- As of 23 December, UNHCR reported² a total of 53,000 displacements since 1 October. Some 15,800 of the displaced have left the city, while 11,600 moved to areas within **Mogadishu**.
- After high tension and final fighting between two major insurgent groups in mid December in several locations in **South Central Somalia**, the two groups merged later in the month.
- OCHA³ reported that on 4 December, one person was killed when a fire burnt more than 100 huts in Hiraaan, an IDP settlement in **South Galkayo** (Puntland). Property of unknown value was destroyed; the cause of the fire was not immediately established.
- According to OCHA³, on 6 December, clashes erupted between two clans in the east of Galkayo town in **Puntland**. Reports indicate that at least 6 people were killed and 12 others were wounded in the skirmishes.

Climate - rainfall, food security and nutrition

- Based on the alert⁴ by FSNAU and partners, the *La Niña* phenomenon is already affecting the food security prospects in Somalia. OCHA⁵ highlighted the clear signs of a worsening food security situation in key areas under threat in Somalia, resulting from the unusually low rainfall caused by the *La*



Photo: WHO
The situation in drought-affected areas especially in South and Central Somalia are likely to worsen until March 2011

¹ OCHA weekly humanitarian bulletin #48-51, 3-31 December 2010

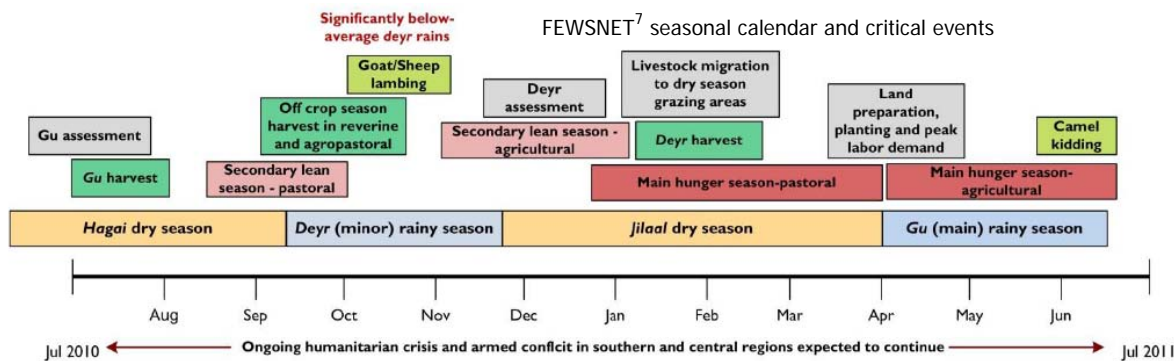
² OCHA weekly humanitarian bulletin #50, 17-23 December 2010

³ OCHA weekly humanitarian bulletin #48, 3-10 December 2010

⁴ http://www.disasterriskreduction.net/La_Nina and <http://www.fsnau.org/drought-alerts>



Mina weather phenomenon. Main areas of concern in Somalia are Sool and Sanaag, Bari and Nugal, coastal areas Central regions especially Mudug and Galgadud, Hiraan (with 9 consecutive seasons of below rainfall), Lower Shabelle and the riverine Jubba regions. However, OCHA⁶ field reports indicate that humanitarian conditions also continue to deteriorate in Bay, Bakool, and Gedo regions. Similar findings were reported by local NGO SORDES in Middle Jubba and Gedo regions. The acute water shortage and food insecurity in the drought-affected areas will likely⁷ worsen until March 2011.



Field coordination and assessments

- On 14 December, cluster focal agency for Banadir **WARDI** re-established health cluster field coordination meetings in **Mogadishu**. The health cluster field coordination meeting is organized together with health authorities and will be held on a monthly basis in Mogadishu.
- In the first week of December, **WHO** field staff conducted rapid health assessment in **Afmadow** and **Kismaayo districts** in Lower Jubba (namely Buulo-Gudug, Giobweyne, Qaamqaam, Yoontooy and Buulo-Obliko villages) to document the impact of drought and consequent population movement and nutritional status of the people on the overall health situation. During the mission, 4 suspected cases of pulmonary TB were detected and referred to the Muslim Aid TB centre in Afmadow town. WHO and partners established a temporary emergency health centre in Buulo Gudug village (30km North of Kismaayo town) where 540 patients were treated within the first week of December.
- During a situation assessment mission to **Bay Region** between 1-14 December, **WHO** staff noted the impact of drought and conflict (especially in Burhakaba early December). The deteriorating situation calls for flexible solutions to provide health care in the area, such as mobile health services.
- Between 4-6 December, 9 humanitarian agencies and the Gal-mudug State Representatives conducted a joint inter-agency drought assessment in **Hobyo district** (Mudug Region). The region has experienced six consecutive failed rainy seasons, and the communities in the affected areas were not able to recover from the previous droughts. According to the mission results, health is among the critical issues in the visited areas. Most of the existing health centers are lacking medical supplies, qualified health personnel and staff incentives. Without a functioning district hospital, Hobyo only has one MCH which is under-staffed with only one auxiliary nurse. The nearest referral hospital is in Galkayo which is difficult to reach on time due to distance, costs and road condition. More remote villages lack even health-posts, medicines and equipment. MCH staff was trained in Galkayo to run 4 new MCHs with Mercy USA and new health posts but none of them have yet started. Major causes of morbidity in the visited areas include diarrhoeal diseases, hepatitis, typhoid, pneumonia, common cold and malnutrition. Conclusive recommendations of the mission, as summarized by OCHA, include that health facilities should be upgraded by providing necessary medical supplies and staff incentives to the MCH/OPD centers and other necessary supplies in case possible AWD outbreak. Additional coverage should be considered for Budbud and Af-Barwaqo.

CONSOLIDATED APPEALS PROCESS (CAP) UPDATE

- On 1 December, the humanitarian appeal for Somalia was launched⁸ in Nairobi by the UN Humanitarian and Resident Coordinator for Somalia Mark Bowden and the Secretary-General Special Representative for Somalia, Augustine Mahiga. The United Nations High Commissioner for Refugees, António Guterres and Dr. Lul Mohammed, a paediatric physician at Mogadishu's Banadir Hospital gave key note addresses.
- The 2011 appeal is seeking US\$529,520,029 for 229 projects from 15 UN agencies and 90 international and national nongovernmental organizations (NGOs) to respond to the most urgent humanitarian needs in Somalia. The health cluster appealed for a total of US\$58.79 million for 45 projects.
- In a statement issued on the same day, Mr. Bowden said, "The priority in 2011 is to ensure that humanitarian assistance gets to those who need it, wherever they are. Even with all the challenges of access and security in Somalia, we know it can be done because we managed in 2010."

⁵ OCHA Summary paper on Drought Concern and Response Plan, 23 December 2010

⁶ OCHA weekly humanitarian bulletin #51, 23-31 December 2010

⁷ FEWSNET Somalia Food Security Outlook, October 2010 to March 2011

⁸ OCHA weekly humanitarian bulletin #47, 26 November—3 December 2010

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁹, outbreak detection¹⁰ and response

- Between epidemiological weeks 48-52 (29 November 2010 - 2 January 2011), over 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (CSR) in **South** and **Central Somalia** reported 7,987 consultations for 7 health events, including 4,918 (62%) children¹⁰. Most common causes of morbidity (see table 1) were acute watery diarrhoea (AWD), suspected malaria and acute bloody diarrhoea (ABD). Also reported were 87 cases of suspected measles, 56 cases of suspected whooping cough, 20 cases of suspected meningitis, and 6 cases of neonatal tetanus.
- Thirteen sites participating in the integrated disease surveillance and response network (IDSR) in **Lower** and **Middle Jubba** regions reported a total of 5,152 consultations for 14 health events in epidemiological weeks 48-52. Children¹¹ accounted for 2,987 (58%) of cases. Leading causes of morbidity were influenza like illnesses (ILI) in 1,978 cases, including 1,223 (62%) children; MAL in 1,435 cases, including 668 (47%) in children; and AWD in 912 cases, including 712 (78%) children. Jilib and Kismaayo districts alone accounted for 57% of all consultations.
- Health education, hygiene promotion, AWD awareness and prevention activities continue in **Lower** and **Middle Jubba** regions with **AFREC** in Kismaayo, Dhobley and Afmadow districts, **Muslim Aid** in Kismaayo and Jamaame districts, **SRCS** in Badhade, Jilib, Gududey and Kismaayo districts, and **SORDES** in Hagar. **WHO** is distributing cholera case management guidelines to ensure early reporting and effective response in case of outbreaks.
- In epidemiological weeks 48-52, **Banadir Hospital** (Mogadishu) reported 355 cases of AWD, including 79% (279) children¹¹. Of the 11 reported deaths, 6 were children. During week 50, of 7 collected stool samples, one tested positive for *Vibrio Cholerae*, serotype "ogawa". The predominant serotype in the past two years has been "inaba". **WHO** and partners continue to monitor and carry out preventive and case management interventions in Banadir.
- In December, **Habeeb** cholera treatment centre (CTC) in Mogadishu reported 21 admissions, including 90% (19) children¹¹ and no deaths.
- In two weeks in December, **WARDI** reported 433 consultations from **Hamarjabjab MCH** in Mogadishu. Children accounted for 49% (213) of all cases. Leading causes of morbidity were ILI in 128 cases (75% children), AWD in 127 cases (72% children), SARI in 85 cases (65% children), and malaria in 52 cases (46% children). Of all malaria cases, 30 (58%) were confirmed by laboratory or RDT. Also reported were 21 cases of suspected whooping cough (62% children).
- In December (epidemiological weeks 48-52), **SOYDA** reported a total of 14,500 consultations from 3 health facilities in **Mogadishu** and **Afgooye Corridor**. Of all consultations, 39% (5,652) were children¹¹. Leading causes of morbidity were ARI in 4,386 cases, including 44% (1,940) children, malaria in 642 cases including 43% (276) children, AWD in 227 cases including 42% (96) children. Of all malaria cases, 64% (408) were confirmed by laboratory or RDT. Of all consultations, 34% (4,895) were reported from Elasha MCH, 32% (4,645) from Wadajir MCH, and 21% (3,063) from Lafoole MCH. Also reported were 843 ANC consultations from the three facilities.
- During epidemiological weeks 48-52, the **IDSR in Lower Shabelle Region** reported 25,050 consultations from 33 health facilities. Children¹¹ accounted for 46% (11,401) of consultations. Major causes of morbidity (see table 2) were acute respiratory infections (ARI); malaria (MAL); suspected measles¹² (MSL); suspected whooping cough (WC); and AWD. Of all malaria cases, 70% (386) were confirmed by either laboratory or

INTEGRATED DISEASES SURVEILLANCE AND REPORTING (IDSR) NETWORK — 2010 IN REVIEW

- 25 partners reported on a weekly basis to IDSR in 2010. Not all of them reported on a regular basis but all submitted at least 5 weeks reports.
- Agencies which participated in the reporting were:

* AAH	* New Way
* AFREC	* SAACID
* BMO	* SAMA
* COOPI	* SEA NGO
* COSV	* SORDES
* DMO	* SRCS
* Haya Medical Group	* SWISSO Kalmo
* HIJRA	* Trocaire
* Intersos	* WARDI
* Islamic Relief	* WFL
* Medair	* WHO
* Muslim Aid	* Zamzam Foundation

Table 1: Major causes of morbidity in South and Central Somalia, weeks 48-52 (source: CSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
AWD	4,421	3,277	74
MAL	2,170	825	38
ABD	1,227	670	55

Table 2: Major causes of morbidity in Lower Shabelle, weeks 48-52 (source: IDSR)

Cause of morbidity	Total cases	Cases <5	% <5 of all cases
ARI	4,601	2,609	57
MAL	548	182	33
MSL	187	175	94
WC	109	74	68
AWD	84	65	77

⁹ Surveillance data as reported from partners is based on clinical diagnosis unless stated otherwise, e.g. samples collected, rapid diagnostic test confirmation, etc.

¹⁰ Health cluster partners are advised to submit any outbreak alerts and/or epidemiological information to outbreak@nbo.emro.who.int to facilitate coordinated and timely response.

¹¹ The term children here refers to those under the age of 5 years.

¹² All cases of fever and rash are considered "suspected measles".

rapid diagnostic tests (RDT). Samples were also collected for confirmation of suspected measles and suspected whooping cough (results in section “vaccine preventable diseases”). 43% (36) of all AWD cases were reported from Merka district. In early December, WHO team collected 7 stool samples for diagnosis. All samples tested negative for *Vibrio cholerae*.

- The **CTC** in **Merka Hospital** (Lower Shabelle Region) reported 28 additional cases of AWD in December. Of those, 68% (19) were children¹¹.
- Local NGO **HIJRA** reported 917 consultations in epidemiological weeks 48-52 from **Daryeel MCH** in Lafoole along Afgooye Corridor (Lower Shabelle Region). Children¹¹ accounted for 51% (468) of all consultations. Leading causes of morbidity were ILI in 383 cases (including 52% children); AWD in 318 cases (58% children); severe acute respiratory infections (SARI) in 86 cases (45% children); suspected malaria in 67 cases (37% children). Also reported from the facility were 66 deliveries, including 4 still births.
- In December, **Muslim Aid** reported a total of 14,339 consultations, including 4,269 (30%) children¹¹ and 5,362 (37%) women and girls above 5 years from 12 health facilities in IDP settlements along **Afgooye** and **Bal'ad corridors** - namely the following OPDs: Agriculture (1,040 consultations), Orphanage (745), Garasbaley (895), Daynile (1,125), Kaxda (761), El Erfit (670), Aliyalo (494), KM18 (466), Madina (941), Hamarjajab (1,170), 21 October (1,769) and Polytechnic (1,092). In total, ARI were reported in 1,521 cases (56% children), AWD in 819 cases (67% children), and malaria in 489 cases (29% children). Of all malaria cases, 69% (336) were confirmed by either laboratory or rapid diagnostic tests (RDT). Also reported were 16 cases of suspected measles¹².
- During epidemiological weeks 48-52, local partner **SAACID** reported 659 consultations, including 127 (19%) children¹¹, from **Cadale MCH** in Middle Shabelle. Of all patients, 64% were women and girls older than 5 years. Leading causes of morbidity were ARI in 164 cases (30% children), malaria in 48 cases (13% children), and AWD in 14 cases (all children). Of all malaria cases, 6% (3) were confirmed by laboratory or RDT. Also reported were 132 children who received vaccinations. 28 pregnant women were vaccinated for tetanus and received intermittent preventive treatment for malaria. 17 deliveries, including 1 still birth, were reported from the facility.
- During epidemiological weeks 48-52 (except for 51), **Trocaire** reported from 8 health facilities (namely Garbaharey Hospital, Luuq and Belet Xaawo hospitals, and Ceelcaade, Buurdubbo, Ceelbon, Geedweyne and Dolow MCHs) in four districts of **Gedo Region** a total of 2,104 consultations for 14 health events (IDSR). 998 (47%) of all consultations were children¹¹. Leading causes of morbidity were ILI in 1,002 cases (52% children), suspected malaria in 643 cases (30% children), AWD in 337 cases (74% children) and SARI in 126 cases (41% children). Also reported were 12 cases of suspected measles¹² (25% children).
- In epidemiological weeks 48-52, the outpatient department (OPD) of **Baidoa Hospital** (Bay Region), supported by **COOPI**, reported 909 consultations for 14 health events (IDSR), including 418 (46%) children¹¹. Of all patients, 418 (46%) were women and girls older than 5 years. Leading causes of morbidity were malaria in 665 cases (45% children), AWD in 131 cases (52% children), and SARI in 75 cases (41% children). Of all malaria cases, 29% were confirmed by either laboratory or rapid diagnostic tests (RDT). Since mid October, **WHO** is supporting fistula repair activities in the hospital .
- Salama Medical Agency (**SAMA**) continues providing basic preventive and curative health services in **Labatunjerow MCH** (Bay Region) including maternal and child health, hygiene promotion and health education, outpatient and outreach health services. In December, the facility reported 347 consultations for 14 health events (IDSR), including 54% (189) children¹¹ and no deaths. The most common causes of morbidity were ILI in 192 cases (50% children), suspected malaria in 81 cases (44% children), and AWD in 38 cases (all children).



Photo: HIJRA

Midwives in Daryeel MCH (Lower Shabelle) received on-the-job training by HIJRA in mid December

COMMUNICABLE DISEASES — 2010 IN REVIEW

- In 2010, WHO and health cluster partners responded to 89 rumors of communicable diseases across Somalia. Of all rumors, 29% were of vaccine preventable diseases, one of H1N1 and one of rabies, the remaining were related to acute watery diarrhoea (AWD).
- Over 95% of the rumors were reported from South Central Somalia. As a result of the restricted movement of health workers in areas under control of opposing factions, especially between February and May, only 72% of these rumors were investigated within 96 hours.
- Samples collected:
 - * Stool (for cholera): 146
 - * Throat swabs for measles: 48
 - * Throat swabs for whooping cough: 18
 - * H1N1: 4
 - * Rabies: 1

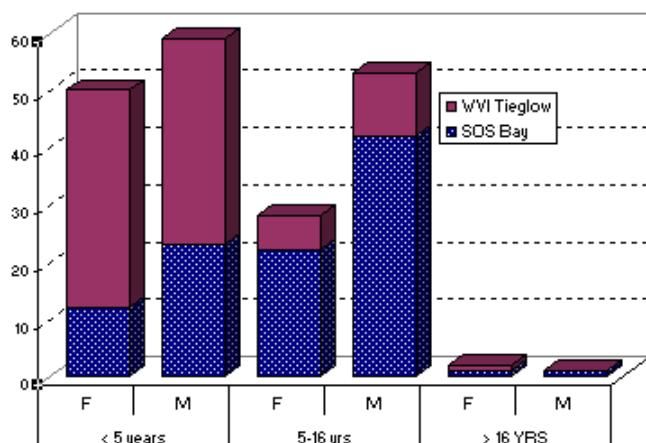


Photo: SAMA

Children accounted for more than half of the 347 consultations reported from Labatunjerow MCH (Bay) in December

- In two weeks of December, **WARDI** reported from **Beletweyne MCH** (Hiraan Region) a total of 495 consultations of which 303 (61%) children¹¹. The leading causes of morbidity were AWD in 118 cases (79% children), ILI in 90 cases (61% children), SARI in 86 cases (70% children), MAL in 78 cases (40% children), and suspected measles¹² in 9 cases (67% children). Of all suspected malaria cases, 72% (56) were confirmed by either laboratory or RDT.
- In epidemiological weeks 48-52, local NGO **SEA** reported from **Gerjir HP** (Hiraan) 571 consultations, including 178 (31%) children¹¹. Leading causes of morbidity were suspected malaria in 499 cases (32% children); suspected whooping cough 16 cases (38% children). Also reported were AWD in 10 cases (60% children) and 1 case of suspected measles¹².
- Between epidemiological weeks 48-52, over 45 sentinel sites of the **CSR in Somaliland** reported 581 consultations and one death for 7 health events. 72% (417) of all consultations were children¹¹ AWD accounted for 81% (469) of all cases including 353 children, and ABD for 14% (84 cases) including 47 children. Suspected measles were reported in 24 cases, suspected meningitis in 2 cases and suspected whooping cough in 2 cases.

Total number of Kala Azar cases by sex and age in 2010 in Bay and Bakool regions



Vaccine-preventable diseases (VPD)

- In epidemiological weeks 49-52, the **WHO** AFP surveillance and EPI sites have reported a total of 255 cases of suspected measles¹² from across **Somalia**. 48% (122) of all suspected cases were reported from Lower Shabelle Region, 24% (60) from Togdheer, and 13% (33) from Banadir. Lower Shabelle Region and Kismaayo district in Lower Jubba Region continue to be a concern since Child Health Days (CHDs) have not been conducted.
- On 27 December, **WHO** and **UNICEF** started a joint polio eradication campaign in **Bay Region** which is planned to cover all districts of the region.
- In the second week of December, **WHO** responded to rumors of more than 30 suspected cases of measles. 48 samples were collected from Qoryoley, Busley and Wagadi (**Lower Shabelle Region**), and Elbon (**Gedo Region**). All samples tested negative for measles. Of 18 collected samples for suspected whooping cough in Lower Shabelle Region, 2 tested positive for *bordetella pertussis*.

Primary and secondary health care and support to health facilities

- In December, **HIJRA** provided cleaning supplies for the CTC and paediatric ward in **Banadir Hospital** (Mogadishu). The supplies included powder soap, Dettol, heavy duty gloves, dust masks, cotton wool, aprons, and bar soaps.
- In the second week of December, **Muslim Aid** conducted outreach mobile clinic services around **Jamaame town** (Lower Jubba Region) in response to reports of newly displaced having arrived in Kamasuma, Koban, and

VISCERAL LEISHMANIASIS — KALA AZAR

- Visceral Leishmaniasis is a protozoal disease **transmitted** by the bite of sandflies.
- Kala Azar is among the **notifiable disease** and as such included in the new reporting form of the **IDSR**.
- Currently, most of the cases of Kala Azar in Somalia are reported from **Bay and Bakool regions**.
- A dramatic upsurge in the **number of cases** in Bakool Region was reported since September 2005 when the average case load suddenly increased from previously stable 140 cases per year to 1,002 cases in 2006.
- **Outbreaks** of Kala Azar have been associated with massive movement of non-immune population to endemic areas, malnutrition, and civil unrest and related diseases.
- The current approach to **control** the disease by passive case detection and treatment of clinically and serologically confirmed cases, leaves many cases undiagnosed and untreated and thus is not sufficient in the control of epidemics.
- In 2010, in the effort to reduce the morbidity and mortality caused by Kala Azar, **WHO Somalia** worked closely with **SOS** in Bay Region and **World Vision** in Tieglo in Bakool Region (which had to close activities in September 2010)
- Both partners **reported** a total of 381 suspected cases in 2010, of which 185 cases **tested** positive for *Leishmaniasis donovani*, and 6 related **deaths**.
- **WHO** Somalia provided both partners with **diagnostic tools and anti-leishmanial medicines**.
- Opti-Leish or rk39 is used as a **rapid test** and Sodium stibogluconate (SSG) is used as **treatment**. The new WHO treatment guideline for Kala Azar in East Africa is recommending the use of combined treatment with SSG and paromomycin to avoid the development of drug resistances.
- **WHO is urging health cluster partners to contribute to the surveillance and control of Kala Azar in all regions of Somalia by integrating Kala Azar in their primary health care activities.**



Four suspected cases of pulmonary TB (one patient pictured here) were identified in Lower Jubba in December and transferred to Muslim Aid TB center in Afmadow town

Arare villages. The number of IDP arrivals in the area is reported to have increased significantly in the past three weeks. In the 3-day campaign, 322 patients were seen, most of them nomads.

- **AFREC** provide outreach health services to IDPs in Bulo-Guduud, Yoontooy, Mokomaani, Qaamqaam and Gobweyne villages in **Lower Jubba Region**. Activities include health care delivery for and nutritional screening of hard-to-reach populations. Also vaccination activities will be initiated

Training and capacity-building

- Between 29 November and 6 December, **WHO** in collaboration with **Banadir University** in **Mogadishu** trained 118 health workers, local health authority and community members to form district-based outbreak investigation and response teams in Banadir and Middle Shabelle regions. This capacity building exercise is particularly important to improve outbreak response especially in south central Somalia where some geographical areas have no resident aid agency or functional health facility, or remain inaccessible due to political or armed conflict. Similar trainings have been conducted for Lower Shabelle, Bay, Mudug and Galgaduud regions. Alongside the trainings, WHO has and continues to preposition essential outbreak response supplies in strategic locations including Mogadishu, Hargeisa, Garowe, Bu'aale and Galkayo.



Photo: AFREC

AFREC provide health assistance to IDPs in Yontooy village, 25km North of Kismaayo (Lower Jubba)

SPECIAL EVENTS IN DECEMBER 2010

On **1 December**⁸, the AIDS Commissions in the three zones of Somalia (Puntland, Somaliland and South Central), authorities and civil societies organized events to mark the **World AIDS Day**. This year's global theme was '*Universal Access and Human Rights*'. The key messages communicated were on the danger of the disease and that those infected should not be discriminated against.



Photo: UNICEF

- From 2-9 December, **WHO** provided support to the **Kulmiye Hospital** (Afgooye Corridor) by training 2 medical students in safe delivery. During the same week, 25 safe deliveries were registered at the health facility. Some 230 patients with chronic pelvic pains and obstetric problems related to prenatal care were examined.



Photo: WHO

As part of WHO's overall efforts to strengthen outbreak response in South Central Somalia, 118 health workers were trained in Banadir University (Mogadishu)