Somalia Health Cluster Bulletin #49

The child health situation in Somalia is worsening with high levels of malnutrition

July 2011

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 July 2011

- The 1st round of Child health Days (CHDs) were conducted in the Northeast/Northwest regions of Somalia. In Puntland, campaigns were completed in 28 districts, vitamin A and de-worming was provided for about 240,000 children and 260,000 women of child bearing age.
- WHO (Somalia and Kenya), the Kenyan Government and UNICEF conducted emergency vaccination campaigns in Dadaab and the three districts bordering the Somali-Kenyan border to avoid outbreaks of vaccine-preventable diseases like measles and polio especially in children.
- Out of 154 reported deaths, AWD accounted for 48 per cent with 85 per cent being children.

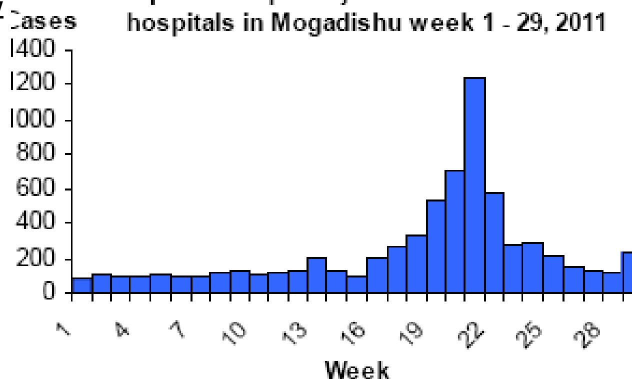
Situation Overview

Conflict and displacement

- In July, OCHA[1] estimated the population in need of assistance in Somalia to be 3.7 million with 2.8 million coming from Southern Somalia. Over 24,700 new IDPs sought refuge in Mogadishu with 24,300 (98 per cent) moving due to drought.
- According to OCHA[2] approximately 4,800 Somalis were registered at the Dadaab refugee camps in Kenya while an average 1,000 people were received daily in Ethiopia's Doolow Ado camp.
- In July, WHO reported that three hospitals in ***Mogadishu*** registered 6543 weapon-related injuries since January 2011 including 1482 (23 per cent) children[4] with 60 reported deaths including five children. The exact number of deaths on site are unknown. An estimated 100 000 people were displaced since January due to conflict and drought (56910) and insecurity (34730).

Climate - rainfall, food security and nutrition

- On 25 July, the Famine Early Warning System Network (**FEWSNET**[6]), reported that severely reduced food access, acute malnutrition, and the crude mortality indicate that famine was ongoing in two areas of southern Somalia in the Bakool agro-pastoral livelihood zone and all areas of Lower Shabelle. The



[1] OCHA Situation Report #4 July 2011 .
[2] OCHA Weekly Humanitarian Bulletin #27, 2-8 July 2011
[3] Extensive communications and information materials by WHO are available online at www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm
[4] The term children here refers to those under the age of 5 years
[5] OCHA Situation Report #7 July 2011

humanitarian response was inadequate and famine was expected to spread across all regions in the south in the coming 1- 2 months for the 3.7 million people.

- According to **FSNAU**[7] analysis, markets will continue to function despite the many challenges for market participants and reduction in effective demand caused by collapsing livelihoods and weak purchasing power across southern Somalia, prices for locally produced grains will most likely continue to increase as long as they remain available.

Mobile clinic screening services for IDPs in Hodan and Waberi districts (Benadir Region)

Field coordination and assessments

- **HIJRA** undertook a rapid assessment to determine the severity of the situation affecting IDPs (Old IDPs-91, 651 addition IDPs -52,500) in the recent drought in South Central Somalia. The assessment was conducted from 4-14 July 2011 in Dharkenley (Badbaado IDP camp), Wadajir and Hodan districts and focused on issues related to health including sanitation, hygiene.

Health screening and first aid services for the drought affected people in South and Central Somalia

Health Response to the Humanitarian Crisis

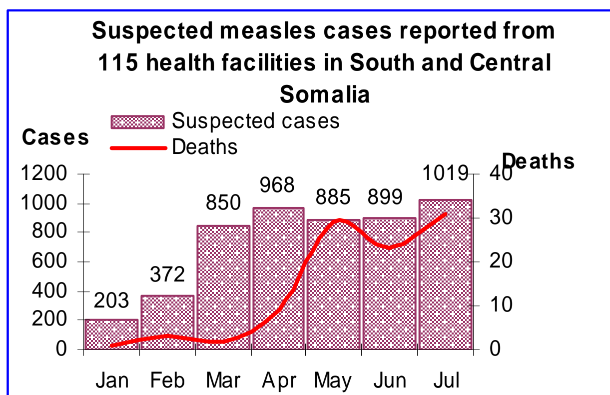
Communicable diseases and environmental health

Surveillance[8], outbreak detection[9] and response

- Between epidemiological weeks 27-30, 115 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (**CSR**) in ***South*** and ***Central Somalia*** reported 9,237 consultations for 7 health events, including 5896 (64%) children[4]. Most common causes of morbidity (see table 1) were acute watery diarrhoea (AWD), suspected malaria (MAL) and acute bloody diarrhoea (ABD). Also reported were suspected measles[12] (MSL), suspected whooping cough (WCO), and suspected meningitis (MEN). AWD accounted for 48% of all 154 reported deaths, including 85% children.

- Seventeen sites participating in the integrated disease surveillance and response network (**IDSR**) in ***Lower*** and ***Middle Jubba*** reported a total of 6,816 consultations for 16 health events in epidemiological weeks 27-30. Children[4] accounted for 3,562 (52%), women and girls for 3796 (56%) of the cases. Leading causes of morbidity (see table 2) were malaria, influenza like illnesses (ILI), and acute watery diarrhoea (AWD). Of all malaria cases, none were confirmed by laboratory or RDT.

- In weeks 27-30, **Banadir Hospital** (***Mogadishu***) reported 741 cases of AWD. Children accounted for 538 (73%), women and girls for 327 (44%) cases. Of the 51 reported deaths, 39 (76%) were children under the age of 5 years. Children under the age of 2 years alone accounted for 39% of all reported cases and 76% of the related deaths. There was a 24% and over 100% increase in number of reported cases and deaths compared to the previous months. The increase is associated with the exponential increase in the number of IDP influx into Mogadishu and the subsequent increase in number of informal



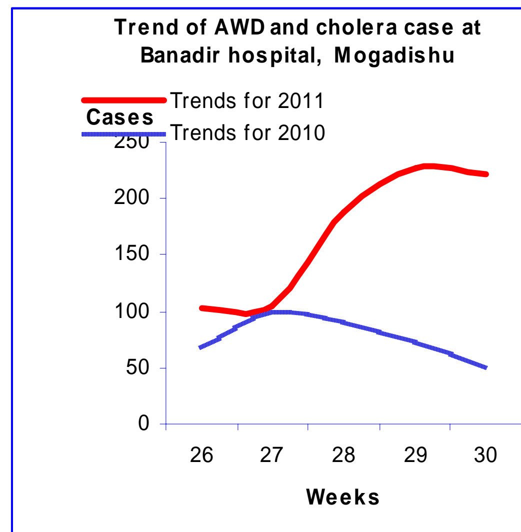
[6] For more information also see FewsNet Somalia Rain Watch, SWALIM Somalia Dekadal Rainfall update, and other products at www.faoswalim.org or www.fews.net

[7] Food Security Situation Analysis, July 28 2011

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

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

settlements without sanitary facilities and limited access to safe water in a malnourished population. The inter-cluster cholera task-force is meeting on a regular basis to coordinate the response activities and both health and WASG+H partners have stepped up activities in response.



- In epidemiological weeks 27-30, the outpatient department (OPD) of ***Baidoa Hospital*** (***Bay***), supported by **COOPI**, reported 1195 consultations for 16 health events (IDSR). Of all patients, 535 (45%) were children[4], and 581 (49%) were women and girls. Leading causes of morbidity were AWD in 121 cases, including 54 (45%) children; and confirmed malaria in 525 cases, including 227 (43%) children. Although cholera was declared under control, partners continue to monitor AWD trends in the region.
- In weeks 27-30, **Habeeb** cholera treatment centre (**CTC**) in ***Mogadishu*** reported 69 admissions for AWD. Children[4] accounted for 37 (54%), women and girls for 31 (45%) cases. This compares to the previous month. However risk of increase remains.
- In epidemiological weeks 27-30, **WARDI** reported 1164 consultations (new visits) for 16 health events (IDSR) from ***Hamarjajab MCH*** in ***Mogadishu***. Children[11] accounted for 827 (71%), women and girls for 565 (49%) of all cases. Leading causes of morbidity were ILI in 253 cases (including 65% children); AWD in 515 cases (44% children); and malaria in 146 cases (13% children). Of all malaria cases, 7 (5%) were confirmed by laboratory or RDT. Also reported were 125 cases of suspected measles[12], including 87 (70%) children.
- In epidemiological weeks 27-30, **SOYDA** reported 538 consultations from Wadajir MCH in ***Mogadishu***. Of all consultations, 203 (38%) were children[11] and 333 (62%) were women and girls. Leading causes of morbidity were respiratory infections in 175 cases (including 36% children); confirmed malaria in 103 cases (including 31% children); AWD in 107 cases (including 41% children).
- Fifty one sites participating in the integrated disease surveillance and response network (**IDSR**) in ***Lower Shabelle*** reported a total of 37,112 consultations for 16 health events in epidemiological weeks 27-30. Children[11] accounted for 17,956 (48%), women and girls for 20,927 (56%) of the cases. Leading causes of morbidity (see table 2) were malaria, influenza like illnesses (ILI), and acute watery diarrhoea (AWD). Of all malaria cases, 66% were confirmed by laboratory or RDT.

INTEGRATED DISEASE SURVEILLANCE AND REPORTING (IDSR) PARTICIPATING AGENCIES/ FACILITIES IN JULY 2011

30 partners reported[11] to IDSR in July 2011. Agencies which participated in the reporting were: AFREC; Al Hilaal; COOPI; COSV; Fiqi Hospital (Afgooye); Gargaar MCH (Afgooye); Hayat Medical Group; HIJRA; Intersos; Islamic Relief; Kismaayo Hospital; Kulmiye Hospital (Afgooye); Muslim Aid; Neuroclinic (Afgooye); New Way; SAACID/ Oxfam Novib; Somali Aid Foundation; Saagi Hospital (Afgooye); SAMA; SORDES; SOS (Mogadishu); SOYDA; SRCS; SWISSO Kalmo; Trocaire; VMS Hospital (Afgooye); WARDI; WFL; WHO; and Zamzam Foundation

CONSOLIDATED APPEALS PROCESS (CAP) JULY UPDATE

The CAP is 60 per cent funded at USD335 million with funding gap amounting to USD226 million. Health is 32 per cent funded.

Revision of the current CAP projects for the emergency intervention scaled up the Health Cluster request to about USD80 million, USD22 million more than the original USD59 million.

For more information, please visit the Financial Tracking Services Somalia Webpage.

Vaccine-preventable diseases (VPD)

- **WHO**[10] Somalia/Kenya, the Kenyan Government and UNICEF conducted emergency vaccination campaigns in Dadaab and three districts bordering the Somali-Kenyan border to avoid outbreaks of vaccine-preventable diseases like measles and polio especially in children.
- **WHO, UNICEF**, the health authorities and partners initiated the 1st round of Child health Days (CHDs) in the Northeast and Northwest Somalia regions from 10 July 2011. In Puntland, CHD campaigns were completed in 28 districts, vitamin A and de-worming for

The health screening sessions were both diagnosis and treatment to the drought affected IDPS in Mogadishu camps such as Badbaado, Afisyoni and other small camps scattered in the city.

[10]EHA weekly highlights 23-29 July 2011
[11]Not all agencies reported on a regular basis but all submitted at least 2 weeks reports.

children[4] (240,000) and women (260,000) of child bearing age were provided.

- **WHO and UNICEF** plan CHD vaccination activities in Somaliland, Puntland and Banadir/Galgaduud regions for Diphtheria, tetanus, whooping cough, measles, polio to children[4] and tetanus vaccines for women of child-bearing age, and non-vaccines of de-worming medicine, aqua-tabs for chlorination and nutritional screening for children. About one million children and 1.1 million women are targeted.

- **WHO, UNICEF** and health partners plan an emergency measles vaccination in Mogadishu (Banadir region) targeting under 15 (fifteen) years of age among the IDPs and host communities. There are also plans to undertake this exercise in Lower Shabelle region when there is access.

Table 1: CSR South Central Somalia, weeks 27 - 30

cause of morbidity	*total cases*	*<5*	*<5 % of total*
AWD	4415	3310	75
MAL	2379	865	36
ABD	1161	664	57
MSL	1025	820	80
WCO	217	206	95
MEN	27	18	67

- Partners[13] supported emergency measles vaccination campaigns in eight districts of Mogadishu, targeting 40,000 children and 46,000 women. Other measles campaigns ongoing in Gedo region are targeting 55,000 children[4,] and tetanus immunization targeting 72,580 women of child bearing age.

- In Puntland, the Child Health Days campaign was completed in 28 districts providing Vitamin A and deworming to 240,000 children and 260,000 women of child bearing age

Table 2: IDSR Lower and Middle Jubba, weeks 27-30

cause of morbidity	*total cases*	*<5*	*<5 % of total*
malaria	3825	1584	41
ILI	1214	895	74
AWD	1521	994	65

<u>Primary and secondary health care and support to health facilities</u>

- **OCHA** estimated that 883,700 people were receiving primary health care services including IDPs and the drought-affected through 114 Mother and Child Health Centers and 351 Health Posts in south and central regions of Somalia.

- Since January, 3,320 Acute Watery Diarrhea cases including 2,500 children[4] have been treated in Banadir hospital, with 121 related deaths.

- **WHO** in collaboration with **COSV** responded to AWD cases following reports of an increase in the cases from Wanlweyne district, ***Lower Shabelle region*** additional supplies for response were distributed.

- **WHO**[10] supported 6 mobile clinics in Tiyeglow and Hudur districts, (Bakool region), North Galkaayo IDP camp in Mudug region, IDP camp in Hargeisa, (W.Galbeed region, the districts of Awdhegle and Wanlaweyne in Lower Shabelle region and the Afgooye Corridor which has the highest concentration of IDPs. Distribution of kits was planned for various purposes to the health facilities and partners on the ground in the drought-stricken regions of South Central Somalia for a period of 6 months.

The lack of safe drinking water (rain water) and overcrowding at IDP settlements will accelerate the current risk in AWD and cholera

- **SOYDA** carried out 2-day mobile free health services for newly arrived IDPs in Hodan and Waberi District. Most children suffered from malnutrition, and Acute Respiratory Diseases.

- **Islamic Relief** provided routine consultations for the common health problems related to chest, skin and prasitic infections and measles. There were severe malnutrition cases which were reffered to the **SOS** and **ACF** feeding centres in Mogadishu**.**

- **AVRO** mobile team provided first aid services for the war-affected people in Mogadishu on 16-17 July 2011 for cases of cardiac resuscitation, DC shock, and oxygen supply. AVRO also provided health screening for about four thousand drought affected people from the South and Central Regions and necessary medical aid was provided to the women and children[4] for malnutrition, malaria and Diarrhoeal, bronchitis and pneumonia.

- **WARDI** provided medical treatment in IDP camps and the host community in

Table 3: IDSR Lower Shabelle, weeks 27-30

cause of morbidity	*total cases*	*<5*	*<5 % of total*
ILI	5397	2963	55
malaria	935	414	44
MSL	658	555	84
AWD	727	458	63
WCO	214	188	88

[12] All cases of fever and rash are considered "suspected measles".
[13] OCHA Weekly Humanitarian Bulletin #30, 22-29 July 2011

Hamar Jab Jab district through routine screening for malnutrition of children[4] and pregnant women. WARDI has scaled up health interventions by opening an OPD at Badbaado IDP camp in Dharkinley and a Health Post at Maalin IDP in Hawlwadag district.

Training and capacity-building

- **OCHA** and Cluster Leads are planning a rapid response and scale up of operations in Mogadishu and Gedo areas. The Inter-Cluster Strategy for addressing food crisis and malnutrition in South Somalia will be used as the basis for scaling up operations.
- **WHO**[10] conducted a 2-days training on 13—14 July at Galkaayo North Hospital (***Mudug region***), on surgery management. The aim of the training was to build the skills of health workers to deliver life-saving health services, including surgical procedures within the humanitarian response. Ten health workers consisting mostly of medical doctors from conflict-affected regions were targeted.