

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

18 December 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 454,000 as of December 14, 2006. Regions affected are Gedo, Middle and Lower Juba in Juba riverine; and Hiran, Middle Shabelle and Lower shabelle in Shabelle riverine.

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.

See Annex 1 for Who is doing What and Where matrix

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. WHO and Health cluster partners work closely with the Water & Sanitation cluster on water and sanitation interventions.

See Annex 2 for Water & Sanitation Cluster response plan

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. 96 outbreak surveillance sentinel sites in South and central zone of Somalia and 18 non-sentinel health facilities (12 WHO mobile clinics and partner facilities) have been alerted to report on any unusual increase in diarrhoeal diseases and Malaria.

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.

See Annex 3 for available malarial supplies in Somalia

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. Three of sixteen samples sent to AMREF laboratory in Nairobi resulted positive for *V. Cholerae*. Total number of suspected cases was at 97 as of December 11, 2006 with 2 - 3 new cases per day. 80% cases were children under five with 2 deaths in the same age group. MSF – Holland has established a CTC with 40 beds and has adequate supplies and personnel in Jilip district. 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.

See Annex 4 for cholera preparedness in the affected regions and available supplies

Interventions by WHO - Somalia

General

Current:

- Health cluster response plan developed and flash appeal document launched on December 5, 2006 for 3 months (*See Annex 5*)
- WHO entomologist and EHA staff in Lower Shabelle on assessment mission from November 24 to 28, 2006
- EHA Staff on assessment mission to Lower and middle Juba in the last week of November
- 96 outbreak surveillance sentinel sites in South and central zone of Somalia and 18 non-sentinel health facilities (12 WHO mobile clinics and partner facilities) have been alerted to report on any unusual increase in diarrhoeal diseases and Malaria.
- Three new emergency health kits (NEHKits, each for 10,000 population for 3 months) have been distributed to partners in flood affected regions.
- Three diarrhoeal disease kits (each for 100 severe and 400 moderate cases) pre-positioned in Mogadishu
- Two NEHKit pre-positioned in Mogadishu.
- One new emergency health kit, for 10,000 population for 3 months, pre-positioned in Wajid.
- Local purchase of drugs and supplies for mobile clinics and health facilities to fill the urgent gaps and maintain buffer stocks (*See Annex 6 a – d for details of supplies*).

- Anti Malarial drugs air lifted from Nairobi to Mogadishu for affected regions
- One senior national officer placed in Kismayo since last week
- International field officer visited Kismayo last week
- Three national officers to work on disease surveillance and control activities in the affected regions in addition to the 5 national and 1 international officer within Somalia.

Planned:

- 5 NEHKits ordered to be airlifted to arrive in the coming week.
- 5 each Italian D and F Diarrhoeal kits ordered to arrive by sea transport
- 200 basic health kits (each for 1000 population for 3 months) have been ordered by sea transport.
- Senior epidemiologist, Public health officer and logistics/procurement officer to join the response team in the next week. (*Ref. Teleconference with RA/EHA*)
- Continue to meet the requirements in drugs and medical supplies in the severely affected regions with special emphasis on Lower Shabelle, Lower and middle Juba
- Strengthening the outbreak surveillance system and improve the reporting by regular feedback and monitoring
- Storage capacity of partners to be improved at regional level and drugs and supplies to be stored under the custody of focal agency in the region

Specific to regions

Hiran

Current:

- Mobile clinic in Beltweyne district through Africa Muslim Agency (AMA)
- Two national officers working on disease surveillance and control activities

Planned:

- Additional mobile clinic in Beletweyne through IMC to increase coverage and access
- Assessment of the situation in the 1st week of January to plan for the next 2 months, including rehabilitation of damaged health facilities

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 2 mobile clinics in Jowhar and balad districts.

Planned:

- Assessment of the situation in the 1st week of January to plan for the next 2 months, including rehabilitation of damaged health facilities

Banadiir / Mogadishu

Current:

- Mobile health clinic through Muslim Aid – UK for displaced people in Mogadishu.
- 5 additional basic health kits is provided to Muslim Aid – UK to meet the demand

Planned:

- Additional mobile clinic / health posts for IDPs.

Lower Shabelle:

Current:

- Three mobile outreach clinics through COSV in Merka, Kattunwery and Qorayley.
- Released one new emergency health kit (adequate for 10,000 population for 3 months) and anti-malarial drugs to COSV to use in their fixed health facilities.

Planned:

- Assessment of the situation in the 1st week of January to plan for the next 2 months, including rehabilitation of damaged health facilities

Gedo:

Current:

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

Middle and Lower Juba:

Current:

- One mobile outreach clinic in Buale through Africa Muslim Agency (AMA)
- Two mobile outreach clinics in Jilip through Muslim Aid – UK and Africa Muslim Agency (AMA)
- Two mobile outreach clinics through Muslim Aid – UK in Afmedow and Jamame.
- Released 5 additional basic health kits to Muslim Aid – UK to use in their health facilities.
- Additional diarrhoeal supplies through Muslim Aid – UK to stock pile within the region in addition to the stocks of MSF – H and SRCS/ICRC.
- International field officer went on assessment mission to Kismayo and Jamame.

Planned:

- One international public health officer to be based in Kismayo (pending security clearance)
- Regular presence of international officers to continuously assess the situation and coordinate the health response appropriately at the field level from December 25th.

See Annex 7 for a map showing the distribution of WHO supported mobile clinics

Funding status

WHO Somalia has been utilizing funds from other projects for the flood response and has requested USD 1,050,000 USD for the current flood response and post flood activities for the first three months of 2007 via a flash appeal. A pledge of approx. USD 970,000 has been made by Norwegian government in response.

Constraints

Security clearance for international staff not permitted and therefore forced to work with available national staff. However this is covered by the use of existing national staff in other programs and recruiting three national officers in key locations.

However EHA international field officer visited Kismayo last week for initial assessment and from next week three international officers will move into regions, especially Merka, Jowhar, Jamame and Kismayo on a regular basis while one international officer will remain (for at least 3 weeks a month) in Kismayo to coordinate the health response.

EHA capacity in Nairobi limited. EHA Coordinator covers health cluster coordination and the only public health person in the team. No Project officer – Monitoring reporting or Project officer for coordination to support the effort. No epidemiologist to work on disease surveillance, preparedness and response.

Annexes:

- 01. Who is doing What and Where matrix*
- 02. Water & Sanitation cluster response plan*
- 03. Malarial supplies in Somalia*
- 04. Cholera preparedness in South Central zone*
 - a. Organizational commitments*
 - b. available supplies*
- 05. Health cluster response plan for flash appeal*
- 06. Locally purchased Supplies and distribution*
 - a. Supplies and distribution from Mogadishu*
 - b. Supplies in stock in Wajid*
 - c. Supplies provided to AMA*
 - d. Supplies provided to WVI*
- 07. Map of WHO supported mobile clinics*