

SAMA



A number of children among IDPs relocating from Baidoa to Qansadheere (**Bay region**) have been clinically diagnosed with measles

September 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

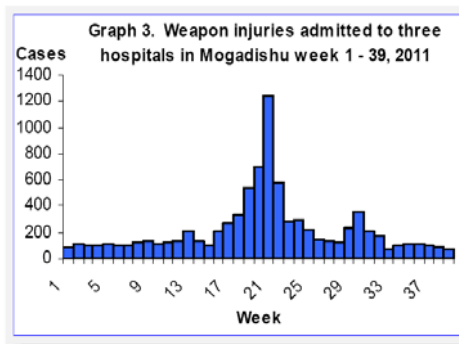
HIGHLIGHTS IN SEPTEMBER 2011

- Famine was declared in the Bay region of Somalia bringing the number of affected regions to six with 4 million people, 3 million people are in the south.
- 65,700 cases of pneumonia and acute respiratory infection were reported in Central and South Somalia.
- Over 1017 suspected measles cases (including 683 under the age of five) and 13 related deaths were reported in South and Central Somalia.
- WHO installed a field hospital in Dolow Somalia district, along the Somali-Ethiopian border
- The Health Cluster conducted coordination trainings for health partners in Mogadishu, Hargeisa and Garowe

SITUATION OVERVIEW

Conflict and displacement¹

- During the first week of September 2011, famine was declared in the Bay region of the South Central Somalia, reported OCHA². This brought to six the number of affected areas along with Bakool, Lower Shabelle, Middle Shabelle, Afgooye corridor IDP settlement, and the Mogadishu IDP community where famine was declared between July and August 2011.
- OCHA³ further reported that partners scaled up response activities in September to reach the worst-affected populations in order to avert further unnecessary deaths. Response was made to the estimated 585,000 urban dwellers who had been projected that they would be in crisis by December 2011. About 80 per cent of the worst-affected population in the current famine are reported to be Children⁴.
- In September 2011, WHO⁵ reported that there were 359 casualties from weapon-related injuries treated in the three hospitals in Mogadishu. There were three related deaths and the number of weapon-related casualties reported from these hospitals remained stable over the month. The deaths on site of injury remained unknown.
- WHO provided one inter-agency health kit (IEHK) to Mudug Regional Hospital in response to the fighting reported in September. WHO also



¹ A country-wide overview of the conflict situation and protection environment is provided in the weekly Protection Cluster Update circulated by UNHCR

² OCHA Situation Report No.12, 6 September 2011

³ OCHA Situation Report No.14, 14 September 2011

⁴ The term children here refers to those under the age of 5 years.

⁵ EHA weekly highlights 24-30 September 2011. Extensive communications and information materials by WHO are available online at www.emro.who.int/somalia/CollaborativeProgrammes-eha.htm



distributed additional medical supplies to health facilities and partners in Banadir region including three IEHKs, a diarrheal disease kit and two trauma kits.

Climate - rainfall, food security and nutrition

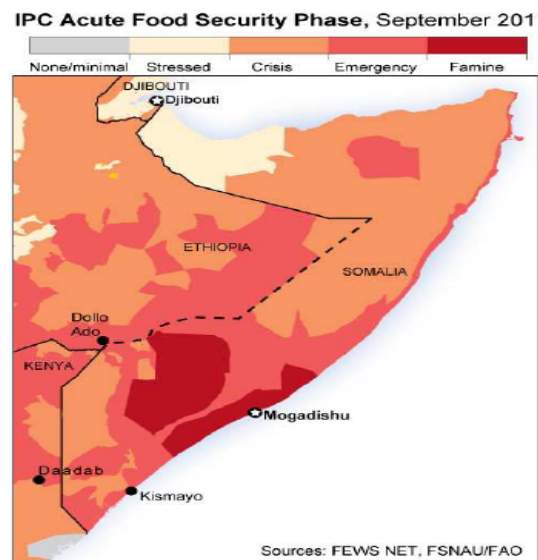
- According to the Food Security and Nutrition Analysis Unit⁶ (FSNAU) and the World Meteorological Organization⁷, in the most-likely scenario the September-December rains for Somalia are expected to start on time and overall season totals are expected to be average, though rains during the second half of the season are likely to be less favorable. Among the principal factors influencing the evolution of rainfall over the coming season are the currently available scenarios for neutral to weak La Niña conditions over the tropical Pacific, warmer than average sea surface temperatures in the tropical western Indian Ocean, and the associated monsoonal winds.
- Famine is anticipated in the agro-pastoral and riverine areas of Gedo, Juba, Middle Shabelle and Hiraan by December 2011. Massive, multi-sectoral responses that prevented additional deaths and the total collapse of livelihoods as well as interventions that improved food access and addressed health/nutrition issues were needed, reported FSNAU.

Field coordination and assessment

- **Mulrany International** conducted Health Assessments in Waaberi, Karaan, Boondheer and Yaaqshid between 11th and 18th September. These assessments are expected to enable planning while working with other health partners to open more Primary Health Care and Nutrition Centres to provide basic elements in the Primary health care.

Vaccine-preventable diseases (VPD)

- The phased measles⁸ vaccination campaigns which began in July, has immunized 964,240 children between six months and 15 years against measles, a 42 per cent of the 2.3 million target. Measles immunization reached 656,266 children⁴ in Banadir alone, constituting 88 per cent of the 750,000 children targeted in that region. In addition, 35,771 children aged between one and three years were immunized against diphtheria and 426,081 children immunized against polio.
- A total of 903,414 children received vitamin A supplementation and 166,851 were de-wormed. 178,958 women of child bearing age were also vaccinated against tetanus. More than 50 per cent of all vaccination beneficiaries were in the south in Banadir, Bakool, Bay, Gedo, Hiraan and Lower Juba regions.
- In September, 3151 cases of pneumonia or acute respiratory infections (including 1783 under the age of five) were reported in some regions of South and Central Somalia. The exact number of deaths was unknown due to challenges in death reporting in the country. The prevailing malnutrition and environmental factors such as crowded IDP camps contributed to the high burden of pneumonia cases.
- As part of the ongoing emergency measles campaign in regions of South and Central Somalia, **WHO** and **UNICEF** carried out vaccina-



SOYDA
Medical services are provided to IDPs in a camp in Mogadishu from a mobile clinic.



Muslim Aid
EPI vaccinations being conducted at an MCH in Fanoole, Kismayo.

⁶ <http://www.fsnau.org/downloads/FSNAU-Post-Gu-2011-Analysis-Presentation.pdf>

⁷ http://www.wmo.int/pages/mediacentre/press_releases/pr_926_en.html

⁸ All cases of fever and rash are considered "suspected measles".

tion activities in two accessible districts in Bakool region and another two districts in Gedo regions. The campaign targeted about 110 000 children under the age of 15.

- In September **ACF** provided medical services to children from various illnesses in Hodan district, Mogadishu. Through the extended immunization programme, 499 persons, including 296 children and 203 women were vaccinated. The medical team treated 19 AWD cases, 4 whooping cough cases and 4 measles cases, all under the age of five. About 170 women received antenatal and postnatal care.
- WHO** in collaboration with **SAMA** are providing health care services through mobile clinics to thousands of IDPs newly relocated from Baidoa to Qansadheere (Bay region). A number of children among the displaced were clinically diagnosed with measles and over 60 cases were reported by the mobile teams.

Vector-Borne Diseases

- In September 2011, a total of 1323 suspected malaria cases were reported in South and Central Somalia, including 739 cases of children⁴ and 5 related deaths (one under the age of five).
- In response to malaria, **WHO** and **UNICEF** distributed 4,286 insecticide treated bed nets to 40 major hospitals in central, south and north Somalia. Indoor residue spraying for malaria was conducted in 15 malaria-prone villages in the regions of Northeast zone. About 6800 households are targeted in northern Somalia. A malaria emergency preparedness plan that involves early detection and response to potential malaria outbreaks was implemented.

HEALTH RESPONSE TO THE HUMANITARIAN CRISIS

Communicable diseases and environmental health

Surveillance⁸, outbreak detection⁹ and response

- Between epidemiological weeks 36-39, 130 sentinel sites of the Communicable Diseases Surveillance and Reporting Network (**CSR**) in **South** and **Central Somalia** reported 12,374 consultations for 7 health events, including 8007 (65%) children⁴. 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 measles⁶ (MSL), suspected whooping cough (WCO), and suspected meningitis (MEN). This signifies a 34% increase in the number of reported consultations compared to the previous month. AWD accounted for 64% of all reported cases and 122 reported deaths, including 69% 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 36-39. Children⁴ accounted for 6,221 (57%), women and girls for 3150 (51%) 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, only 1% were confirmed by laboratory or RDT.
- In weeks 36-39, **Banadir Hospital (Mogadishu)** reported 866 cases of AWD. Children⁴ accounted for 587 (68%), women and girls for 361 (42%) cases. Of the 29 reported deaths, 18 (62%) were children. This signifies a 50% reduction

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

30 partners reported¹⁰ to IDSR in September 2011. Agencies which participated in the reporting were: AFREC; Al Hilaal; COOPI; COSV; Fiqi Hospital (Afgooye); Gargaar MCH (Afgooye); Hayat 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

Table 1: CSR South Central Somalia, weeks 36 - 39

cause of morbidity	total cases	<5 <5 % of total	<5 % of total
AWD	5591	4015	72
MAL	2753	1137	41
ABD	1666	1013	61
MSL	1902	1458	77
WCO	384	321	84
MEN	49	43	88

Table 2: IDSR Lower and Middle Jubba, weeks 36 - 39

cause of morbidity	total cases	<5 <5 % of total	<5 % of total
malaria	1995	762	38
ILI	2045	1325	65
AWD	1416	1078	76

Table 3: IDSR Lower Shabelle, weeks 36 - 39

cause of morbidity	total cases	<5 <5 % of total	<5 % of total
ILI	5174	2684	52
malaria	1054	411	39
MSL	863	735	85
AWD	639	438	69
WCO	196	187	95

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

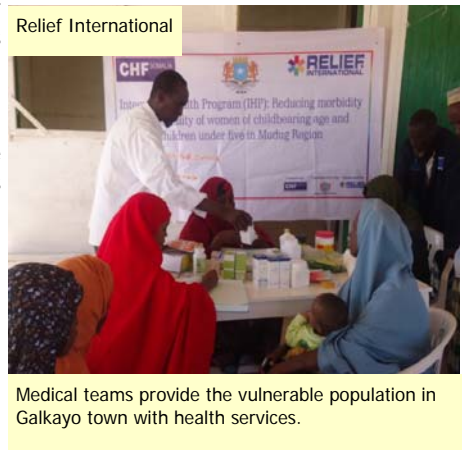
⁹ Health cluster partners are advised to submit any outbreak alerts and/or epidemiological information to outbreak@nbo.emro.who.int and angalukia@nbo.emro.who.int to facilitate coordinated and timely response.

¹⁰ Not all agencies reported on a regular basis but all submitted at least 2 weeks reports.

in reported cases and 58% reduction in number of deaths compared to the previous month. Children under the age of 2 years alone accounted for 46% of all reported cases and 62% of the related deaths. Ongoing population influx into Mogadishu and the surrounding and the subsequent increase in number of informal settlements without sanitary facilities and limited access to safe water in a malnourished population continue to provide favorable conditions for outbreaks. The onset of rains could further complicated the situation. The inter-cluster cholera taskforce is meeting on a regular basis to coordinate the response activities and both health and WASH partners have stepped up activities in response.

- In epidemiological weeks 36-39, the outpatient department (OPD) of **Baidoa Hospital (Bay)**, supported by **COOPI**, reported 694 consultations for 16 health events (IDSR). Of all patients, 352 (51%) were children and 386 (56%) were women and girls. Leading causes of morbidity were AWD in 20 cases, including 14 (70%) children; and malaria in 641 cases, including 328 (51%) children. Although cholera was declared under control, partners continue to monitor AWD trends in the region. The number of consultations and caseload for events under surveillance reduced by over 100% because IDPs were relocated to Qansadhere. As a result, health facility utilization has reduced.
- In weeks 36-39, **Habeeb** cholera treatment centre (CTC) in **Mogadishu** reported 9 admissions for AWD including 5 children. Women and girls for 15 (45%) cases. This signifies over 73% reduction in admissions compared to the previous month. However risk of increase remains.
- In epidemiological weeks 36-39, **WARDI** reported 532 consultations (new visits) for 16 health events (IDSR) from **Hamarjajab MCH** in **Mogadishu**. Children⁴ accounted for 312 (59%), women and girls for 231 (43%) of all cases. Leading causes of morbidity were ILI in 232 cases (including 59% children); AWD in 181 cases (65% children); and malaria in 70 cases (30% children). Of all malaria cases, 25 (36%) were confirmed by laboratory or RDT. Also reported were 17 cases of suspected measles¹², including 14 (82%) children. The caseload reduced compared to the previous months. Hamarjajab now has additional health facilities providing services during the ongoing crisis.
- In epidemiological weeks 36-39, **SOYDA** reported 487 consultations from Wadajir MCH in **Mogadishu**. Of all consultations, 189 (39%) were children and 304 (62%) were women and girls. Leading causes of morbidity were respiratory infections in 169 cases (including 37% children); confirmed malaria in 102 cases (including 30% children); AWD in 82 cases (including 48% children).
- Fifty one sites participating in the integrated disease surveillance and response network (IDSR) in **Lower Shabelle** reported a total of 40,033 consultations for 16 health events in epidemiological weeks 36-39. Children accounted for 18,695 (47%), women and girls for 11,619 (29%) 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, 77% were confirmed by laboratory or RDT.

DISTRIBUTION OF SUPPLIES IN SEPTEMBER 2011	
WHO provided:	
2	IAEH Kits w/o Malaria and 1 DDKit to SOYDA
1	IAEH Kit w/o Malaria and 1 DDKit to SORDO
2	IAEH Kits w/o Malaria to WARDI
1	IAEH Kit w/o Malaria to IRC
1	IAEH Kit +Trauma (A+B) to Dolow
1	IAEH Kit to ZAM ZAM
2	IAEH Kit to Banadir Hospital
1	Trauma Kit to Banadir Hospital
2	DD Kit to Kismayo Hospital
1	DD Kit to Banadir Hospital
1	IAEH Kit to Mudug Hospital



Medical teams provide the vulnerable population in Galkayo town with health services.

Primary and secondary health care and support to health facilities

- According to WHO⁵, Since week 1¹¹, 16474 AWD/ cholera cases including 4592 (71%) cases under the age of five with 261 related deaths have been reported from Banadir Hospital in **Mogadishu**. Children under the age of two bore the greatest burden of AWD



The newly installed field hospital in Dolow, Somalia



Medical supplies and equipment is delivered for the new field hospital in Dolow, Somalia.

¹¹Week 1: 3-9 January 2011

accounting for 49% of all reported cases and 45% of all reported deaths. While women and girls accounted for 47% of all AWD reported cases at the hospital.

- In response, **WHO** sent two diarrheal disease kits and 15 cholera beds to Kismayo hospital in Lower Juba to compliment the initial response supplies. Partners are operating 24 mobile clinics, each targeting an average of 10,000 people per month in the seven regions of Banadir, Bay, Galgaduud, Lower Juba, Middle Juba, Lower Shabelle and West Galbeed.

- At the end September, the trend for AWD/cholera cases decreased tremendously, the cholera treatment centre in Lower Shabelle region, in Merka Hospital, reported a 72% decrease. Activities such as indoor residue spray campaign for malaria was undertaken for 5300 households (32,000 beneficiaries) in North West Somalia were targeted.

- **WHO** distributed medical supplies in Banadir. One diarrheal disease kits was provided to Hormud clinic in Mogadishu. Banadir hospital received a trauma kit and health partners Zam Zam Foundation were supported with an inter-agency health kit and a trauma kit. As part of ongoing AWD response in the district of Kismayo in Lower Jubba region, WHO supported the rehabilitation of latrines at Kismayo Hospital to improve sanitation facilities.

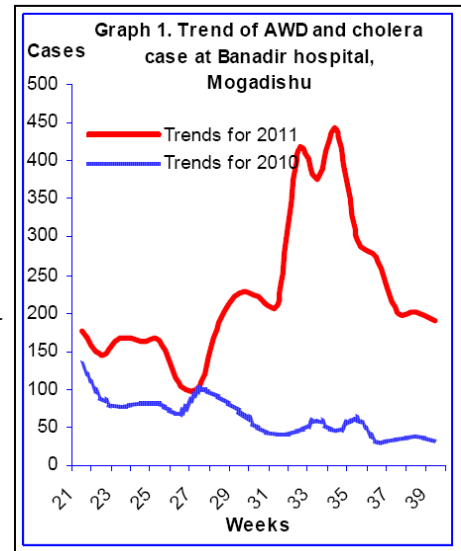
- **Mulrany International** is operating a primary health care clinic and trauma clinic in Wardhiigleey district in Banadir region. About 260 consultations were reported at the Wardhiigleey clinic, including 103 children under the age of five. Currently assessments are being carried out at four additional districts with the plan to open a PHC and nutritional centre, to respond to the famine situation affecting parts of the region.

- In September, **WHO** installed a new field hospital in Dolow Somalia, near the Ethiopian border to provide medical aid to thousands of Somali refugees. The hospital is a mobile self-contained, self-sufficient facility, which includes a tent with 8 beds, one operating theatre, and a basic laboratory. The hospital will treat patients mainly from the Gedo and Bakool regions.

- **WHO** and partners continue to monitor health events and to respond to the ongoing situation in South Central Somalia: In response to AWD cases reported in Bullo Gudud in Kismayo district (**Lower Jubba region**), local authorities in the area constructed a makeshift oral rehydration therapy to treat cases. The team provided 120 litres of ringer lactate and accessories, 1500 ORS sachets and 2000 aqua tabs to be used for pre-referral patient stabilization by the village community health workers. Health education was also provided to the community.

- **WHO** distributed medical supplies to at health facilities and health partners. A total of 7 interagency emergency health kits (IEHK), 2 diarrheal disease kits and a trauma kit were supplied to partners **SOYDA, SORDO, WARDI** and **IRC**.

- **Relief International (RI)** is responding to the primary health care needs of the internally displaced persons (IDPs) and host communities in **Mudug region**. RI fully immunized 1,828 children⁴ against vaccine preventable childhood diseases. They rehabilitated two maternal health clinics, one health post and three outreach health sites in close partnership with Puntland ministry of health. RI has also established health posts in villages in the district of Jareeban and at an IDP camp in Galkaayo town. The health interventions are targeting more than 50 000 people. Since the start of the project in September 2010, about 400 births have been attended to by skilled birth attendants.



Mobile clinics response to IDPs in Hawl-Wadag and Wadajir Districts, Mogadishu



Distribution of delivery kits to pregnant mothers in Badbaado, Beledweyne in Hiraan region

- **SOYDA** extended Mobile clinics to Hawl-Wadag and Wadajir Districts IDPs to deliver basic primary healthcare. The clinics will enable SOYDA to treat several thousand patients every month and provide capacity-building in communities through training of local medical professionals.
- **SOYDA** and **INTERSOS** supported by **WHO** and **OCHA** are running two health centers and two mobile teams in *Lower Shabelle region* and a health centre and two mobile teams in Banadir region.
- **UNFPA** pre-positioned medical supplies including emergency reproductive health (RH) kits in Galkaayo (*Mudug region*). They distributed 3600 delivery kits to midwives for expectant mothers, hospital kits for six hospitals and 11 mother and child health centers. Distribution of locally assembled dignity or nutrition kits to benefit 8000 pregnant women is ongoing while Gender-based violence coordination activities through local NGOs are also underway.
- **HIJRA** is operating Badbado and Daryel clinics in Dharkeynley and lafole respectively. They receive about 795 and 450 patients in each of the clinics in a week.
- **IRC** established a health facility in Korsan IDP camp near the Airport. They plan to establish two more health facilities in Bondhere and Howlwadag near Arif Hospital with the help of **MOH**. The centre saw 2 suspected cases of measles.
- **Centre for Peace and Democracy/Save the Children** are running two health facilities, one in Hodan and another in Howlwadag. They Plan to establish a health facility to provide delivery services. About 232 patients were treated.
- **SHARDO** is running health centers in Warsheikh, Balcad and Dharkeenley districts. They are also providing immunization to about 85% of infants in Warsheikh villages.
- **SORRDO** are running an MCH in Wadajir district and are providing delivery services, vaccinations, VCT testing and treatment. SORRDO also runs an OPD in Siligga IDP camp.
- **AFRICAN MUSLIM AGENCY (AMA)** runs 4 health centers attached to AMA's 4 wet feeding centers in Hodan (Alhodaya camp near Trebun), Hamarweyne (Ma'alim jama school), Wadajir (Near 6 Piano or Silliga) and Waberi (Mahamud Mire School). IDPs attending the feeding centers benefit from the health centers. They provide health services to IDPs and register malnourished children. AMA has other wet feeding centers in Bardhera (two) and one each in Bulomarer, Gedo and Lower shabelle regions.
- **AVRO** are providing free medical checks and running ambulance mobile units in the districts of Wadajir and Wanlaweyn in *Lower Shabelle region*. They get about 230 and 241 consultations reported including 53 and 134 children in respectively in each of the two mobile units (districts).

Training and capacity-building

- **WHO** facilitated training for malaria sprayers in Haraf Somaliland, about 10 sprayers were trained between 17-23 September.
- In September, **The Health Cluster** conducted coordination trainings and held meetings for the health cluster partners in Mogadishu (South Central partners), Hargeisa (Somaliland partners) and Garowe (Puntland partners).



About 10 sprayers were trained this week to start with malaria indoor spraying activities in Haraf, Somaliland.