



Somalia Emergency Health Update

BULLETIN HIGHLIGHTS

Weekly Highlights 25 Feb - 2 Mar 2012

- ✦ On 27 February 2012 an explosion took place in Mogadishu during a football match in Haraayale, central Wardhigley district. According to AVRO, 12 injured fans were admitted to the major hospitals in Mogadishu, including two children and two women. A total of five deaths were registered.
- ✦ From 23-25 February 2012, WHO and health partners conducted a training in Banadir hospital, Mogadishu, for 180 traditional birth attendants and 18 head nurses to improve early detection, or diagnosis of possible complications and referral of complicated cases on time.

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Epidemiological surveillance

- [Acute Watery Diarrhoea](#)
- [Measles](#)
- [Malaria](#)
- [Conflict Related Injuries](#)

Health Response

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Feature

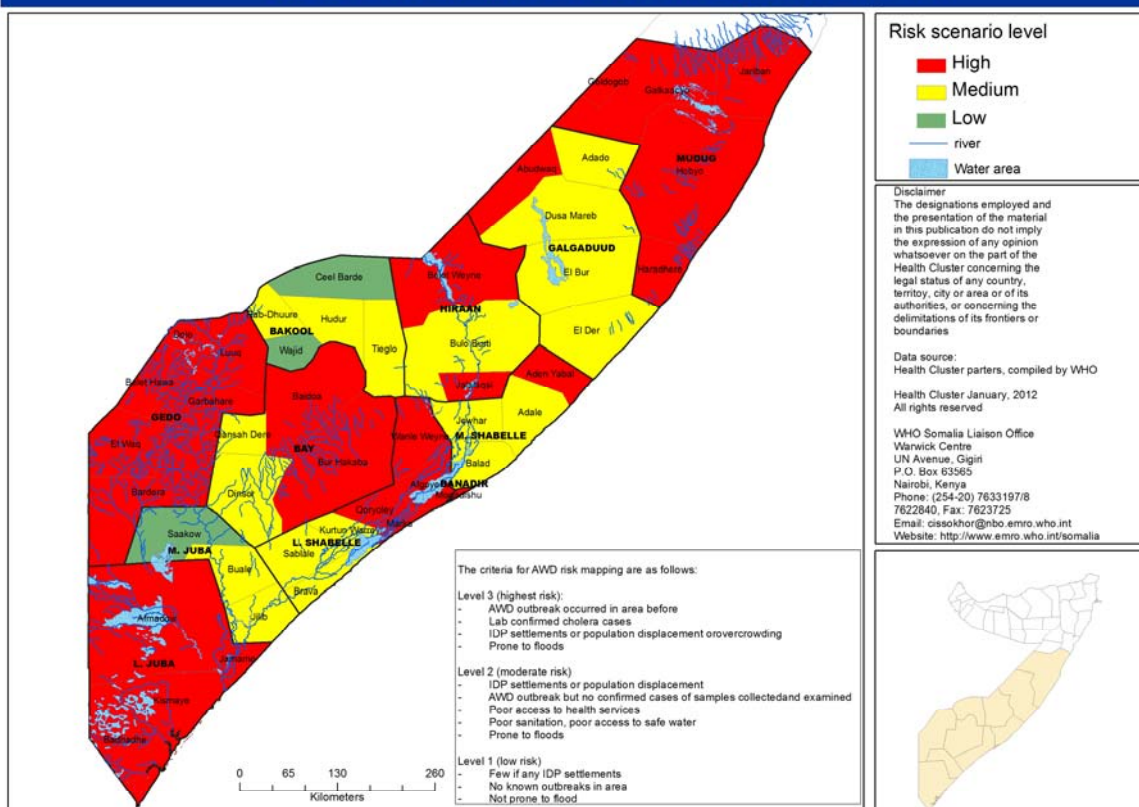
- [Reproductive health](#)

With the upcoming *Gu* rains, cases of waterborne diseases especially acute watery diarrhea (AWD)/cholera are expected to rise significantly.

WHO urges all health and WASH partners to step up community-based health education and preventive interventions such as water chlorination. WHO recommends the increase in coverage of point of use chlorination activities in Mogadishu and the Afgooye corridor. Partners are also urged to activate fixed oral rehydration centers for easy access and referral of severe cases to nearest health facilities.

The partners operating in high risk areas (see map below) are requested to report all rumors of AWD as soon as such information is received to facilitate early response and subsequently reduce the number of avoidable deaths among cases.

RISK SCENARIO FOR AWD/CHOLERA



EPIDEMIOLOGICAL SURVEILLANCE (20 - 26 FEBRUARY 2012, EPI WEEK 8)

ACUTE WATERY DIARRHOEA (SOURCE: CSR SENTINEL SITES)

South Central Somalia

- In the reporting week², 78 health facilities in South Central (SCZ) Somalia reported **671 cases of AWD**, including 482 (72%) children under the age of five. Two related deaths were reported giving a case fatality rate of 0.3. **Banadir region** reported 239 of the reported cases (183 or 77% under the age of five).

Banadir region

- For this reporting week, 16 health facilities from the region reported **239 cases of AWD**, including 183 (77%) children under the age of five.
- Banadir Hospital** reported **109 cases of AWD**, including 87 (80%) children under the age of five and two related deaths (see graph on hospital trends).

Lower Shabelle region

- 26 AWD cases** were reported from 24 health facilities, including 19 (73%) children under the age of five.
- Merka Hospital cholera treatment centre (CTC)** reported 10 AWD admissions including 9 (90%) children under the age of five.

Lower Jubba region

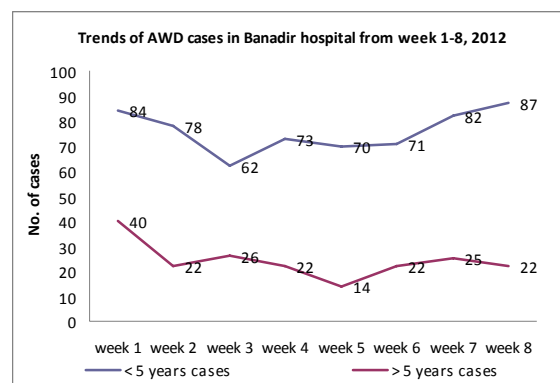
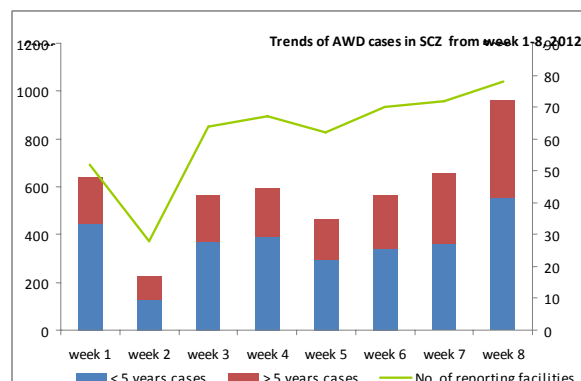
- Thirteen health facilities reported **154 AWD cases** were reported from 10 health facilities, including 115 (75%) children under the age of five. Of these cases, 108 (70%) are women and girls.

Middle Jubba region

- 7 facilities in the region reported a total of 126 AWD cases including 73 (58%) children under the age of five. Of these cases, 71 (56%) are women and girls.

Puntland

- 45 health facilities from the six regions reported **156 cases of AWD**, including 110 (71%) children under the age of five. **Bari** and **Nugal regions** accounted for 49 and 48 respectively.



MEASLES (SOURCE: CSR SENTINEL SITES)

South Central Somalia

- In week 8, 181 suspected measles cases were reported including 148 (82%) children under the age of five and one related death.

Banadir region

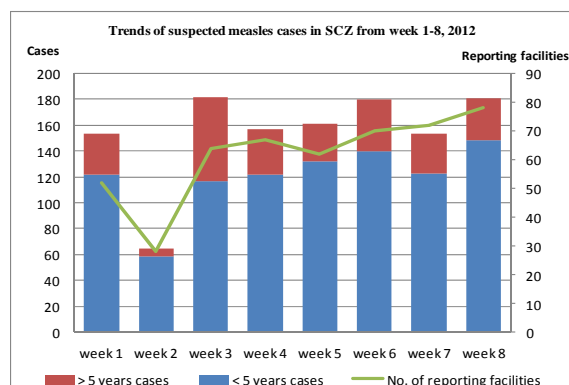
- 45 cases of suspected measles including 37 (82%) children under the age of five and one related death. Of all the cases in the region, Banadir hospital reported 32 (71%) all the cases reported in the region including 25 cases or 78% children under five.

Lower Shabelle region

- 24 health facilities reported 46 cases of suspected measles including 37 (80%) children under the age of five.

Puntland

- In week 8, 17 cases of suspected measles were reported from 45 health facilities in six regions, including 8 children under the age of five. **Bari region** accounted for 12 cases reported in Puntland including 5 children under the age of five.



MALARIA (SOURCE: CSR SENTINEL SITES)

South Central Somalia

- 71 health facilities in South Central Somalia reported 963 confirmed malaria cases including 405 (42%) children under the age of five and one related death. Of all these, women and girls accounted for 579 (60%) cases.

Banadir region

- 218** confirmed malaria cases were reported from 16 health facilities including 111 (51%) were children under the age of five and nine related death. Majority of the cases in the region were reported from Madina district, accounting for 184 (84%). Banadir hospital reported 113 cases including 98 (87%) children under the age of five.

Lower Shabelle region

- 103** confirmed malaria cases were reported from 24 health facilities including 26 (25%) were children under the age of five.

Lower Jubba region

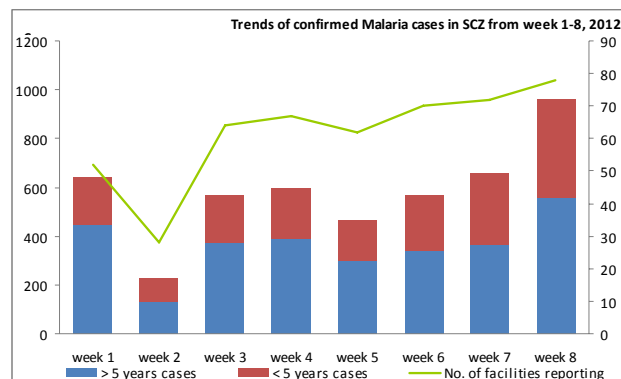
- 302** cases were reported from 13 health facilities including 110 (36%) were children under the age of five. Women and girls accounted for 189 (63%) of all the cases reported in the region.

Middle Jubba region

- 257** cases were reported from 7 health facilities including 128 (49.5%) were children under the age of five. Women and girls accounted for 173 (67%) of all the cases reported in the region.

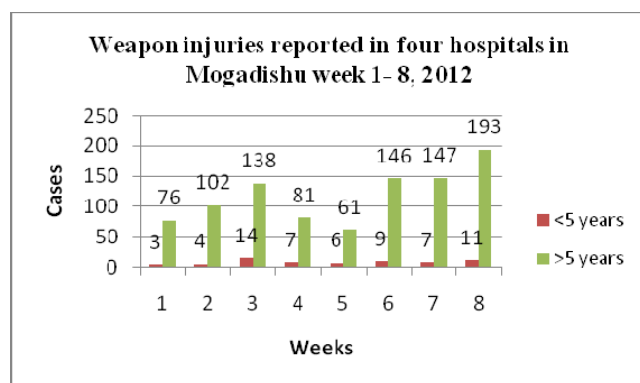
Puntland

- In the month of February including the reporting week, no cases of confirmed malaria were reported from the 45 health facilities.



CONFLICT RELATED INJURIES

- From **1 January–26 February 2012**, 1005 casualties from weapon-related injuries were treated in 4 hospitals in Mogadishu, with 61 (6%) cases under the age of five. Nine deaths (all above five years).
- On 27 February 2012 an explosion took place in Mogadishu during a football match in Haraayale, central Wardhigley district. According to **AVRO**, 12 people were following the incident and were admitted to two major hospitals in Mogadishu. Aamin Ambulance Service provided the emergency ambulance services and first aid. Of the injured cases two were children and 2 women. Five deaths were registered.



HEALTH RESPONSE

PRIMARY HEALTH CARE

- ✦ Between 24 February– 1 March 2012, the **American Refugee Committee (ARC)** reported a total of 1071 consultations including 455 children under the age of five, and 619 women. The NGO's three mobile teams provided primary health care services to IDPs in **Banadir region** in the districts of Hodan, Waberi, Shangani, Abdilaziz, Wardhigley and Xamarjajab. In addition, IDPs have been sensitized on basic hygiene, appropriate health seeking behaviors and prevention of diarrhea and/or cholera through health and hygiene messages.
- ✦ From 24 February - 1 March 2012, health partner **Mulrany International** reported from their 5 primary health care (PHC) facilities in **Middle Shabelle region** a total number of 1128 consultations, including 399 female patients and 407 children under the age of five. For the health facilities (one PHC and one trauma clinic) in **Wardhigley district** of Mogadishu (**Banadir region**), 314 patients received treatment, including 110 female and 128 children under the age of five. Among the disease reported were 64 cases of diarrhea, 24 malnourished cases and more than 200 had respiratory tract infections. Sexually transmitted diseases accounted for the highest number of consultations. These health services are targeted to benefit more than 120 000 people.
- ✦ Health cluster partner **Islamic Relief Services (IRS)** reported between 25 February - 1 March 2012, from their mobile clinic in Galkaayo (**Mudug region**), a total of 238 consultations, including 149 female and 152 under the age of 5 years. IRS is providing basic primary and secondary health care services for IDPs and host communities in Halaboqad, Alle-amin 1 & 2 and Garsoor IDP camps. Planned activities including training of health workers, rehabilitation of 3 health facilities and the distribution of medical supplies.
- ✦ From 14 MCHs in **Puntland**, **Agency for Peace and Development (APD)** reported 689 consultations including of major diseases like AWD(98), malaria (20), respiratory infections (150), malnutrition (67) and pregnancy related issues (133).
- ✦ From 26-29 February 2012, **WARDI Relief and Development Initiatives** mobile teams in **Banadir region** carried out free diagnostic and treatment at IDP camps including host communities in **Hodan** district, at their community health centre and primary health unit in **Hamar Jajab** and **Dharkeylay** districts respectively, targeting children, pregnant and lactating mothers and the elderly. 974 people including 304 children under the age of five, 380 lactating and pregnant women were reached and treated from a number of ailments including anemia, upper respiratory diseases, phenomena, malnutrition, measles, urinary tract infections, malaria, diarrhea, sexually transmitted infections, dysentery and skin diseases. WARDI also distributed long-lasting insecticide treated nets to the pregnant mothers at the camps. More than 20 cases of malaria and TB were diagnosed. Compact food was provided for the malnourished children under the age of five.
- ✦ The **Somali Young Doctors Association (SOYDA)**, in collaboration with Intersos, OCHA, WHO, Mercy Malaysia, Doctors Worldwide Turkey and Italian Cooperation extends their health services through health centers and mobile clinics in the districts of **Lower Shabelle** and **Banadir region**. Between 25 February - 1 March 2012, 2113 consultations were reported in Lower Shabelle, including 737 under the age of five, 1088 female. In Banadir, 5879 consultations were reported including 2125 under the age of five, 3150 female. These facilities are targeting a population of more than 250 000 in both regions. The mobile clinics that provide basic health services mainly target IDPs. Other health services provided include free medical treatment and nutritional screening of patients. From 24-27 February a total number of 1186 patients/IDPs from Shangani district were treated through mobile teams. The major illness reported was respiratory tract infections (300 cases including 177 children under five years).



CHILD HEALTH

- ✦ From 20-24 February 2012, **WHO** in collaboration with UNICEF facilitated another five-day local trainer supervisors course on Integrated Community Case Management (ICCM) of diseases affecting children under the age of five. The objective of the training is to decrease childhood morbidity and mortality in areas without access to basic health facilities targeting children 2 months up to 5 years with community based treatment of diarrhoea, confirmed malaria, fast breathing and identification of signs of severe and moderate malnutrition. About 9 participants from the various local NGO based in South Central Somalia attended the course that was held in Nairobi.

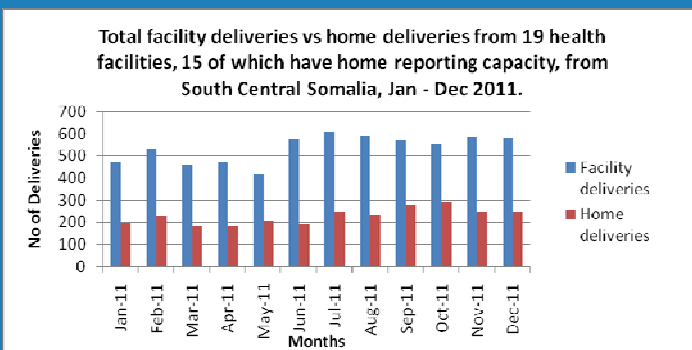
In Focus

Increasing need for safe deliveries in Somalia

Reproductive health is a challenge throughout Somalia. The maternal mortality ratio of 1044 deaths per 100,000 live births is one of the highest in the world. The lack of availability and access to basic and emergency obstetric care is a major cause of the high levels of maternal mortality and morbidity. Barriers to accessing reproductive health care are many as reflected in only one out of four pregnant women attending antenatal care. The present pool of qualified reproductive health staff is small, aged and under-trained, with a serious shortage of qualified midwives.

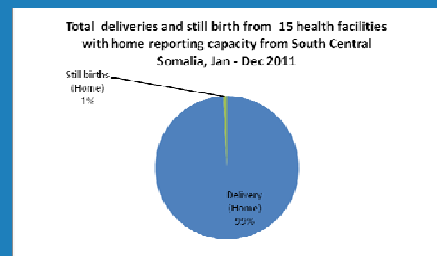
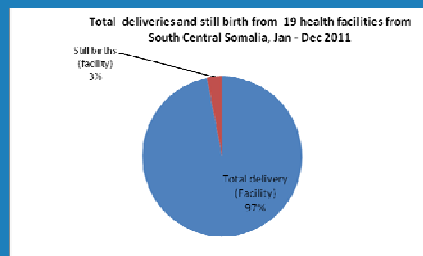
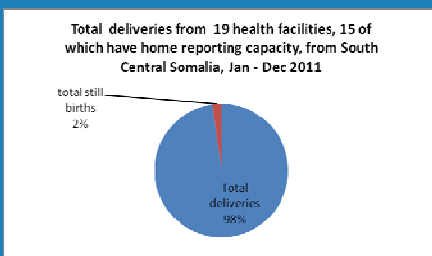


A trained traditional birth attendant checks upon a pregnant lady in one of the outskirts of Mogadishu.



Poor literacy levels and lack of health facilities are the major contributors to high mortality in rural Somali communities. Young pregnant women are at greater risk due to lack of awareness of the need to deliver in hospitals. During 2011, 43% of the pregnant mothers preferred to deliver at home instead of at a health facility (see graph left). The availability and accessibility of traditional birth attendants (TBAs) influenced their choice.

Even though, delivering at a health facility is much safer and decreases the risk for mother and baby to die, a higher number of still births were reported in the health facilities. During 2011, the selected health facilities in South Central Somalia reported 3% still births as compared to only 1% still births for the home deliveries (see pie charts below). This is due to the late arrival of the patients at the health facility, since many consider it as a second choice. In addition, transport to the health facility remains often a challenge and health workers do lack adequate skills and equipment to manage complications when they arise.



From 23-25 February 2012, WHO and health partners conducted a training in Banadir hospital, Mogadishu, for 180 traditional birth attendants and 18 head nurses to improve early detection, or diagnosis of possible complications and referral of complicated cases on time. In addition, a second training was organized 26-28 February 2012 targeting 55 doctors to improve their skills in comprehensive emergency obstetric care (CEmOC) services in case of complicated labor.

Groups work during the TBA training from 23-25 February 2012 in Banadir hospital, Mogadishu.

