



# Somalia Emergency Weekly Health Update

*The Somalia emergency weekly health update aims to provide an overview of the health activities conducted by WHO and health partners in Somalia. It compiles health information including nine health events (epidemiological surveillance) reported in Somalia, information on ongoing conflicts in some regions of Somalia and health responses from partners.*

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## BULLETIN HIGHLIGHTS

Reporting dates 28 July – 3 August 2012  
(reflecting Epidemiological week 30)

- In the month of July, the regions of South and Central Somalia reported a significant decrease in number of reported cases for suspected cholera, suspected measles and confirmed malaria. A 84% and 38% decrease in suspected cholera cases was observed in South and Central Zones respectively.

### IN FOCUS STORY:

#### **World Breastfeeding Week 2012**

World Breastfeeding Week is celebrated every year from **1 to 7 August** in more than 170 countries to encourage breastfeeding and improve the health of babies around the world. It commemorates the Innocenti Declaration made by WHO and UNICEF policy-makers in August 1990 to protect, promote and support breastfeeding.

Breastfeeding is the best way to provide newborns with the nutrients they need. WHO recommends exclusive breastfeeding until a baby is six months old, and continued breastfeeding with the addition of nutritious complementary foods for up to two years or beyond. According to the Multiple Indicator Cluster Survey 2006, only 9% of children are exclusively breastfed (< 6 months) in Somalia.

In Mogadishu, from 27-30 June 2012, Somali Young Doctors Association (SOYDA) in collaboration with Polish Humanitarian Aid (PAH) held a four days workshop on breastfeeding awareness and hygiene promotion, for about six community mobilizers and 10 community health workers (CHW) from the Bondhere and Halwaadag health centers. The aim of the workshop was to increase their level in providing awareness to mothers regarding breastfeeding and hygiene practices which would improve the status of malnourished children. Other aspects of the workshop were the importance and concept of breastfeeding children under the age of 2 including the linkages between malnutrition and breastfeeding; application of skills acquired in community-based hygiene care and promotion systems; to demonstrate knowledge and skills in community-based health and nutrition care and referral system in relation to outpatient therapeutic or supplementary feeding programs with a view to strengthen the link between the community and health care facility services and; to enhance coordination and networking between community mobilizers, CWHs, internally displaced persons and health facilities providing nutritional services.

For more information on Breastfeeding Week go to:

[http://www.who.int/mediacentre/events/annual/world\\_breastfeeding\\_week/en/index.html](http://www.who.int/mediacentre/events/annual/world_breastfeeding_week/en/index.html)

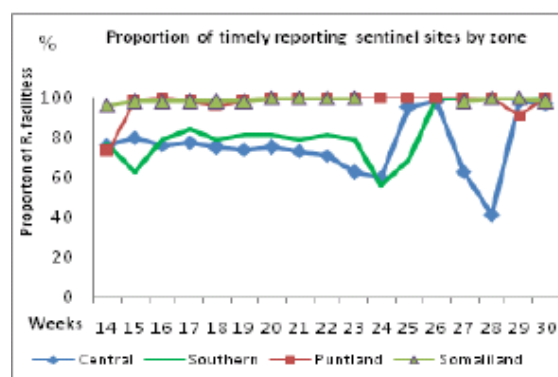


*In Somalia, building the capacity of CHWs is vital in raising awareness of public health issues*

## EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 30, 23 – 29 July 2012)

### TIMELY REPORTING:

In **week 30**, of the 196 facilities currently reporting to the CSR network on nine diseases and conditions, 193 reported on time including all reporting facilities in Southern Somalia and Puntland. In Central Somalia 59 (96.7%) sentinel sites reported on time while in Somaliland, 53 (98%) sites reported on time.



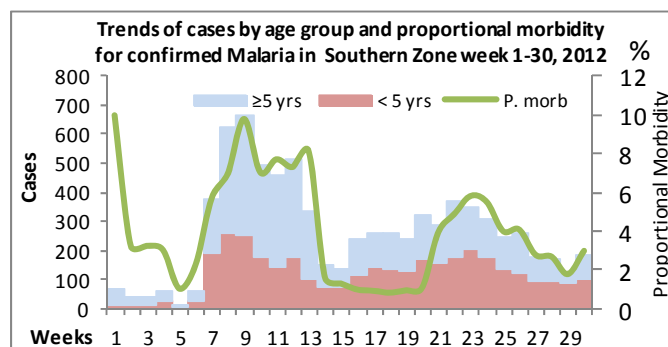
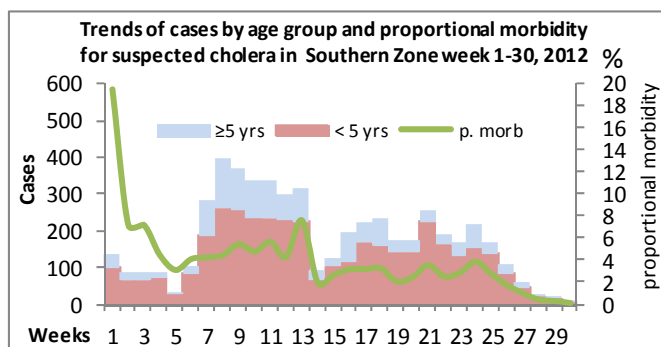
### SITUATION OVERVIEW:

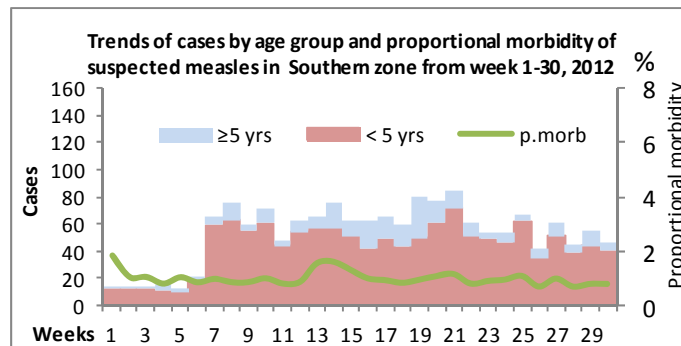
The number of suspected cholera cases is expected to remain relatively stable with the rains having reduced across Somalia. Health facility visits are observed to have remained stable in most regions. This particular trend is expected to be sustained over the next coming weeks.

### SOUTHERN SOMALIA

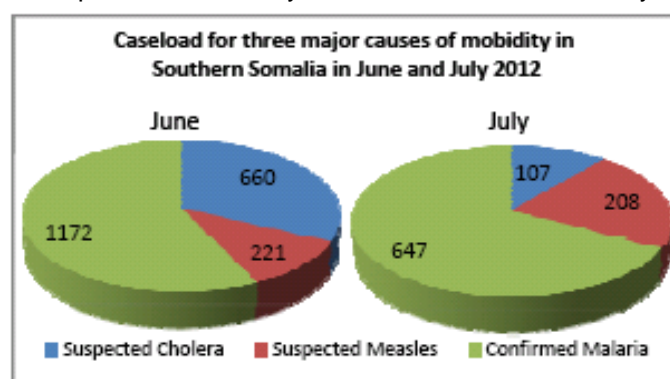
Table 1. Southern Somalia (36 sentinel sites)	Week 27 (2-8 July 2012) - number of reporting sites 36		Week 28 (9-15 July 2012) - number of reporting sites 36		Week 29 (16-22 July 2012) - number of reporting sites 36		Week 30 (23-29 July 2012) - number of reporting sites 36	
Health event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	59 (78.0)	1.0	23 (91.3)	0.4	19 (84.2)	0.3	6 (66.4)	0.1
Susp. Shigellosis	62 (61.3)	1.0	51 (68.6)	0.8	50 (62.0)	0.7	39 (66.7)	0.6
Susp. Measles	61 (83.6)	1.0	45 (86.7)	0.7	55 (80.0)	0.8	47 (85)	0.8
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0
Susp. Whooping Cough	52 (63.5)	0.8	38 (71.1)	0.6	60 (73.3)	0.9	62 (82.2)	1.0
Confirmed Malaria	175 (55.4)	2.8	168 (54.2)	2.7	122 (69.7)	1.8	182 (56)	3.0
Neonatal Tetanus	0	0.0	0	0.0	0	0.0	0	0
All other consultations	5760 (39.6)		5981 (43.0)		6618 (43.7)		5725 (45.7)	
Total consultations	6170 (41.2)		6320 (44.2)		6924 (44.9)		6061 (46.8)	

\*Proportional morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.





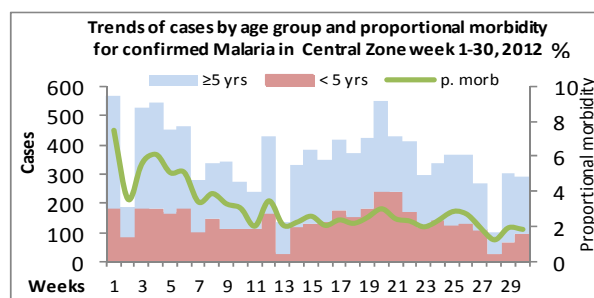
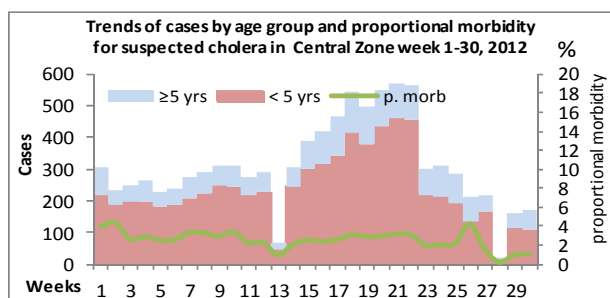
Continued decline in reported **suspected cholera** cases have been observed in South Zone where the number of reported cases and the proportional morbidity have declined possibly due to an end of the rainy season along with prevention activities. While the number of reported **suspected shigellosis** cases is higher, the trend is similar to that of suspected cholera cases. However the trend in **suspected whooping cough** cases raises concerns while **suspected measles** cases remain stable. Immunization coverage in the South Zone is low due to reduced access and insecurity. Sixty percent of all **confirmed malaria cases** were reported from three districts namely Afgooye, Baidoa and Kismayo. The reasons for the increase in reported confirmed malaria cases and proportional morbidity are being investigated. In comparison to the month of June, in July the number of reported cases for suspected cholera decreased by 84%, suspected measles by 6% and confirmed malaria by 45% (see chart below).

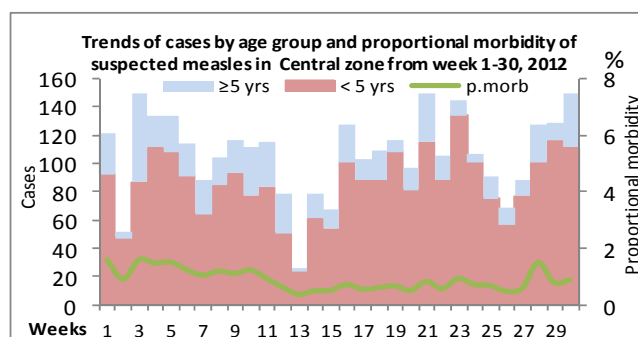


## CENTRAL SOMALIA

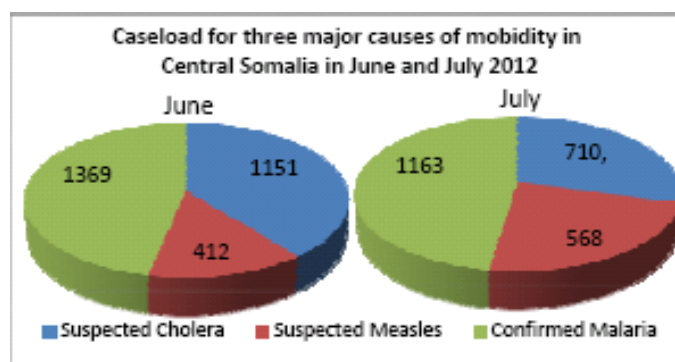
Table 2. Central Somalia (61 sentinel sites)	Week 27 (2-8 July 2012) - number of reporting sites 54		Week 28 (9-15 July 2012) - number of reporting sites 60		Week 29 (16-22 July 2012) - number of reporting sites 60		Week 30 (23 -29 July 2012) - number of reporting sites 59	
Health event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	217 (76.0)	1.2	160 (70.7)	1.0	161 (72)	1.0	172 (37.8)	1.1
Susp. Shigellosis	22 (72.7)	0.1	29 (79.3)	0.2	27 (78)	0.2	15 (73.3)	0.1
Susp. Measles	100 (87.0)	0.6	190 (78.9)	1.2	129 (90)	0.8	149 (74.5)	0.9
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0	0	0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0	0	0
Susp. Diphtheria	0	0.0	0	0.0	0	0	0	0
Susp. Whooping Cough	23(82.6)	0.1	29 (89.7)	0.2	27 (78.0)	0.2	32 (68.7)	0.2
Confirmed Malaria	300 (41.7)	1.7	271 (38.7)	1.3	301 (21.6)	1.9	291 (32.3)	1.8
Neonatal Tetanus	5 (100)	0.03	2 (100)	0.01	3 (100)	0.02	3 (100%)	0.02
All other consultations	17231 (41.8)		15808 (43.2)		15141 (40.7)		15253 (41.5)	
Total consultations	17891 (42.5)		16467 (44.1)		15786 (41)		15915 (41.9)	

\*Proportional morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.





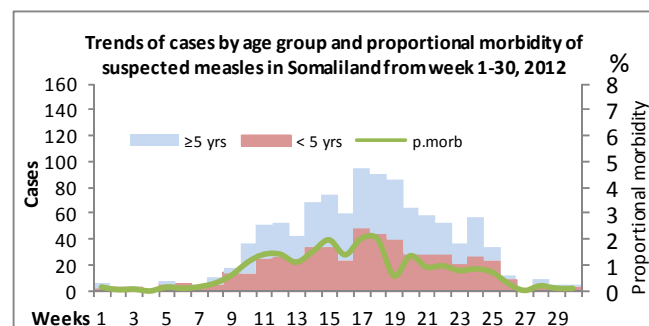
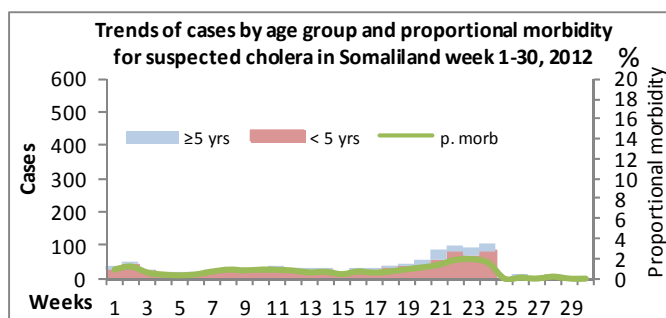
There was a 6.8% increase observed in reported **suspected cholera cases** in Central Zone, but a decrease seen among children under the age of five. Adherence to surveillance case definition still remains a challenge. About 98.8% of the cases were reported from Banadir region which is densely populated with the internally displaced persons (IDPs) moving into Mogadishu. **Suspected shigellosis** cases were reported from 11 of the 36 districts in the Central Zone. High numbers of **suspected measles** cases continue to be reported. Huruwaa district in Banadir region reported 67.8% of **suspected shigellosis** cases and **suspected measles** cases in week 30. **Confirmed malaria** cases among children under the age of five increased in week 30 after steady decline since week 26. Wadajir District accounted for 60% of the **confirmed malaria** cases reported in the zone. Central Zone continues to report **neonatal** cases mainly from Wadajir district where the three cases were reported. This district has reported at least one case since week 16, which may point to the low immunization coverage, poor cord care practices or poor application of the case definition. In comparison to the month of June, in July the number of reported cases for suspected cholera decreased by 38% and confirmed malaria by 15%. Suspected measles cases increased by 38% (see chart below).



## SOMALILAND

Table 3. Somaliland (54 sentinel sites)	Week 27 (2-8 July 2012) - number of reporting sites 53		Week 28 (9 -15 July 2012) - number of reporting sites 54		Week 29 (16 -22 July 2012) - Number of reporting sites 54		Week 30 (23-29 July 2012) - Number of reporting sites 53	
Health event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	0	0.0	9(44.4)	0.2	0	0.0	0	0
Susp. Shigellosis	23 (43.5)	0.6	11 (36.4)	0.3	36 (55.6)	1.0	28 (60.1)	0.7
Susp. Measles	1 (100)	0.02	9 (44.4)	0.2	5 (60.0)	0.1	4 (75)	0.1
Acute Flaccid Paralysis	0	0	0	0	0	0.0	0	0
Susp. Hemorrh. Fever	0	0	0	0	0	0.0	0	0
Susp. Diphtheria	0	0	0	0	0	0.0	0	0
Susp. Whooping Cough	0	0	0	0	1(0)	0.03	0	0
Confirmed Malaria	0	0	0	0	0	0.0	0	0
Neonatal Tetanus	0	0	0	0	0	0.0	0	0
All other consultations	4041 (48.4)		3953 (47.1)		3690 (50.7)		3865 (48.1)	
Total consultations	4104 (48.9)		3960 (47.0)		3694 (50.7)		3897 (48.2)	

\*Proportional morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.

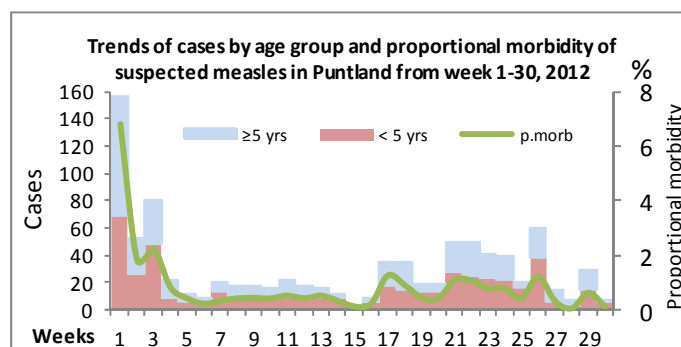
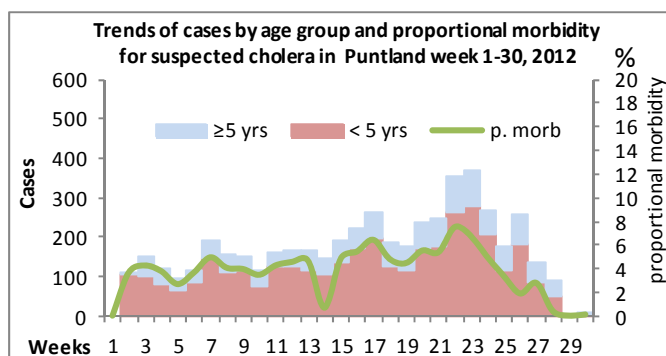


Somaliland reported cases of **suspected shigellosis** and **suspected measles**. Sixty-four percent of the suspected shigellosis cases were reported from Borama Hospital in Borama District (seven cases after at least 6 weeks without a reported case). Follow up of these cases is been undertaken. No suspected cholera cases have been reported for two consecutive weeks, attributable to the success of the prevention campaign including hygiene promotion and water chlorination that was undertaken by the Ministry of Health and health cluster partners.

## PUNTLAND

Table 4. Puntland (45 sentinel sites)	Week 27 (2-8 July 2012) - number of reporting sites 45		Week 28 (9 -15 July 2012) - number of reporting sites 45		Week 29 (16-22 July 2012) - number of reporting sites 41		Week 30 (23-29 July 2012) - number of reporting sites 45	
Health event	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity	Total cases (% < 5 yrs)	*Proportional morbidity
Susp. Cholera	136 (64.0)	2.8	90 (53.3)	0.4	0	0.0	5 (60)	0.1
Susp. Shigellosis	33 (66.7)	0.7	17 (58.8)	0.1	1 (0)	0.02	4 (50)	0.1
Susp. Measles	14 (57.1)	0.3	7 (28.6)	0.03	29 (51.7)	0.6	7 (71.4)	0.1
Acute Flaccid Paralysis	0	0.0	0	0.0	0	0.0	0	0
Susp. Hemorrh. Fever	0	0.0	0	0.0	0	0.0	0	0
Susp. Diphtheria	0	0.0	0	0.0	0	0.0	0	0
Susp. Whooping Cough	0	0.0	0	0.0	0	0.0	0	0
Confirmed Malaria	0	0.0	0	0.0	0	0.0	0	0
Neonatal Tetanus	0	0	0	0.0	0	0.0	0	0
All other consultations	4722 (44.5)		5124 (46.6)		4548 (42.6)		5360 (43.3)	
Total consultations	4903 (46.4)		5252 (46.8)		4578 (42.6)		5376 (43.3)	

\*Proportional morbidity is the number of cases for individual health event as a proportion of all consultations for the reporting week.



Reported cases of **suspected cholera** and **suspected shigellosis** have reduced. In week 30, only five **suspected cholera** cases were reported from districts of Galdogob and Galkacyo. This reduction in cases is possibly attributed to ongoing capacity building of health workers in communicable disease surveillance and response.

**CONFLICT-RELATED INJURIES (Source: four major hospitals in Mogadishu)**

From **1 January – 29 July 2012**, 4107 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 216 cases (5.3%) under the age of five. A total of 81 deaths above the age of five and 13 deaths below the age of five years were registered.

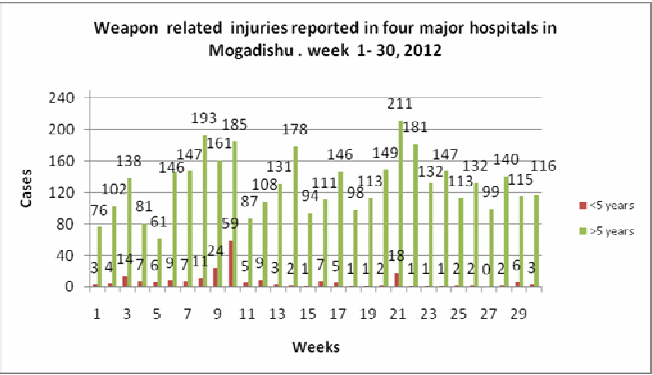


Table 5: Breakdown of casualties treated at the four major hospitals in Banadir region, from 23 - 29 July 2012

	Number of Casualties	Number of discharged	Number of casualties under the age of five	Number of burns	Number of fractures	Number of chest injuries	Number of operations carried out	Number of patients transferred to Nairobi or other place	Number of deaths in hospital
Hospitals	119	52	3	15	6	7	20	0	1



## HEALTH RESPONSE

Activity data from 21 – 26 July 2012



*A doctor at the Badbado health centre in Mogadishu attends to patients.*



*ARC staff examines a patient at their health facility*



*Community health mobilizers in training*

From 24-29 July 2012, **Centre for Peace and Democracy** (CPD) conducted training for about 20 community health mobilizers, on community mobilization and hygiene promotion. The main objective of the training that was held at Banadir University was to strengthen community awareness on hygiene practices.

From 15-19 July 2012, a five days training on Integrated Management of Childhood Illness (IMCI) was organized in Xamarweyne, Mogadishu for 26 **American Refugee Committee** (ARC) health staff who provide health care services directly to target beneficiaries through various health interventions. The training is aimed at enhancing the participants understanding of the IMCI and setting foundation in applying to their day to day activities. The key areas covered in the course included how to assess, classify and treat a sick child between 2 months to five years of age; how to counsel the mothers and do proper follow-up.

<b>Partner</b>	<b>Region(s) or location</b>	<b>Health intervention(s)</b>	<b>Target Population</b>	<b>Total consultations</b>	<b>&lt;five years</b>	<b>Female</b>
Salama Medical Agency (SAMA)	Bay, Bakool	MCH/OPD, emergency health post, health centre	159 000	2193	639	1207
		Mobile clinic	21 000	468	214	265
		Fixed mobile clinic	25 000	383	141	174
SOADO	Banadir	MCH, OPD	8000 households	158	93	39
		Mobile clinic	12 000 households	163	82	71
Mulrany International	Banadir, Middle Shabelle	PHC, MCH, Trauma services	> 129 000	1224	484	383
Women and Health Alliance (WAHA) International	Banadir	MCH/OPD/non complicated deliveries, referral services to Hanano hospital	10783 families	554	335	219
		Maternal Hospital	> 100 000	86 in-patients, 160 OPD consultations		
		Forlanini Hospital- mother and child health	> 50 000		106	41
WARDI	Banadir, Hiraan	Primary health care, MCH, OPDs, health posts	> 270 000	2040	930	1048
		Mobile teams	>190 000	1783	916	813
		Cholera treatment centre	47 945	56	38	32
Warsan Youth Development Organization (WYDO)	Banadir, Lower Shabelle	MCH, hospital	12 950	594	385	209
Centre for Peace and Democracy/Save the Children UK	Banadir, Hodan and Holwadag districts	PHC including MCH, ORP and immunization services	> 120 000	2483	805	1187
CESVI	Banadir	Health centre (MCH/OPD)	215 000	965	459	412
		Mobile teams	84 000	2557	1129	681
PASOS	Banadir	Health centers	34 000	560	119	167
DMF	Banadir, Hodan district	Mobile clinic	4800	150	81	60
		MCH, OPD	5000	205	89	108
New Ways	Lower Shabelle	Hospital, MCH, health post	71 800	661	294	373
		Immunization activities	20 000	274	148	126
InterSOS	Middle Shabelle	Jowhar hospital, MCH, TB center	>800 000	887	321	461
		Health centers	20 000	310	86	121
American Refugee Committee (ARC)	Banadir, Hodan	Fixed OPD/ORP	80 940	1645	804	845
		Cholera treatment centre	197 740	52	31	21
SORDA	Banadir, Mudug	MCH, OPD	1197	1149	587	436
SWC	Banadir	Health center (MCH, OPD)	660	180	60	120
		Mobile clinic	400	120	32	88
VASCOM	Banadir	MCH	10 000	192	84	108
Muslim Hands	Banadir	MCH	6345	380	198	200
SWISSO-KALMO	Bay, Lower Shabelle	MCH, health post	218 000	1687	713	822
Islamic Relief	Banadir	OPD, antenatal care	-	1145	588	498
Somali Aid	Middle Jubba, Jilib district	MCH, OPD	73 140	301	49	182
		Leprosy Hospital	4035	69	-	30
Mercy Malaysia	Banadir	OPD	100 000	430	138	285
HIJRA	Banadir	Health centre	33 870	440	176	297
		Mobile teams	12 360	230	71	142
OREDO	Banadir	OPD	10 120	283	141	109
VASCOM	Banadir	MCH	10 000	192	84	108
WARD	Banadir	OPD, health center	51 000 households	1560	747	813
PHF	Banadir	MCH, OPD, medical specialist	41 700	670	123	151
		Watery diarrhea centre	20 500	492	303	189
		Training of doctors, nurses, auxiliary staff and students at Banadir hospital	70			

*\*Whilst the information contained in this bulletin has been presented with all due care, it does not warrant or represent that the information is free from errors or omission.*