



Somalia Emergency Weekly Health Update

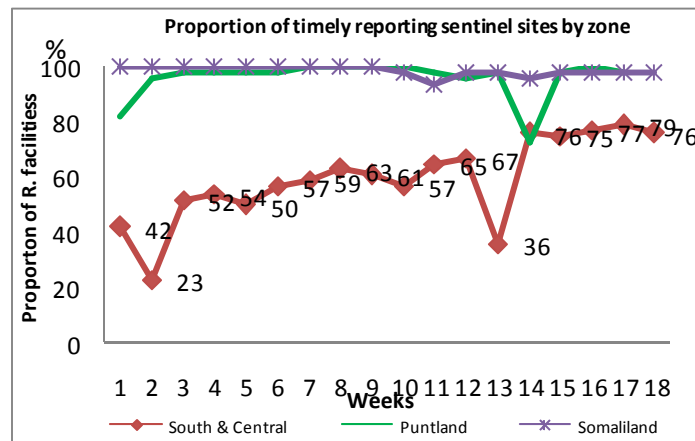
The Somalia emergency weekly health update aims to provide an overview of the health activities conducted by WHO and health partners in Somalia. It compiles health information including nine health events (epidemiological surveillance) reported in Somalia, information on ongoing conflicts in some regions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

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BULLETIN HIGHLIGHTS

Reporting dates 5 – 11 May 2012
(reflecting Epidemiological week 18)

- The Ministry of Health, WHO and UNICEF have successfully concluded the two phases of **Child Health Days** in **Banadir Region**. The two phases of the vaccination campaign reached more than 295 000 children under the age of five and more than 317 000 women between the ages of 15 and 49. **Child Health Days** were also organized on 10 April 2012 in **Gedo region**, where a total of more than 47 000 children under the age of five and more than 35 000 women between the ages of 15 and 49 were reached.
- During a routine water quality monitoring exercise in 14 districts of Mogadishu, a WHO team conducted daily water testing for 50 water sources over three consecutive days. Of these, 50% (25) had no chlorine residual over the three days of testing. WHO recommends improvement in water source chlorination and adding point-of-use, where appropriate. In addition, accelerated hygiene promotion is needed in view of confirmed cholera cases in Mogadishu and the ongoing transmission season that stretches to July.



Of the 222 sentinel sites reporting weekly from the three zones of Somalia, for **week 18**, 98% (53) in Somaliland, but only 76% (94) sentinel sites reported on time from South and Central Somalia. Puntland did not report on time. This means that for the whole country 66% (147) of all sentinel sites did report on time for this week.

EPIDEMIOLOGICAL SURVEILLANCE (EPI WEEK 18)

SITUATION OVERVIEW:

The leading causes of morbidity varied across the zones with **suspected cholera** accounting for most consultations in **South Central Somalia** (3.4%). Suspected **measles** remains the leading cause of morbidity in **Somaliland** (see tables). A steady increase in the number of consultations continues to be observed with almost all areas on Somalia experiencing rains.

SOUTH CENTRAL SOMALIA

Table 1. South and Central Somalia	Week 18 (30 April - 6 May 2012) - Number of sentinel sites 123, reporting sites 94	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	777 (74%)	3.40%
Susp. Shigellosis	211 (55%)	0.91%
Susp. Measles	168 (78%)	0.72%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	153 (72%)	0.66%
Confirmed Malaria	623 (46%)	2.69%
Neonatal Tetanus	3 (100%)	0.01%
All other consultations	21217 (52%)	

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

In the last three weeks, the number of suspected pertussis (whooping cough) cases have double in South Central Somalia while the number of reporting sites have remained steady (77 cases for 75% of facilities vs. 153 cases for 76% of facilities, respectively). This is born out in the increasing proportional from 0.4% to 0.7% from week 15 to week 18, respectively. Reinforcement of EPI with DTP needs to be pushed for all clinic visits of children, including providing catch-up doses.

SOMALILAND

Table 2. Somaliland	Week 18 (30 April - 6 May 2012) - Number of sentinel sites 54, reporting sites 53	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	33 (97%)	0.72%
Susp. Shigellosis	32 (50%)	0.70%
Susp. measles	90 (49%)	1.97%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	1 (100%)	0.02%
confirmed malaria	0	0
Neonatal tetanus	0	0
All other consultations	4403 (54%)	

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

Suspected measles was the leading cause in Somaliland (see table 2). For **week 18**, the proportional morbidity for suspected measles remains high since a couple of weeks. Burao district (Togdheer region), which also has the lowest vaccination coverage for the recently conducted Child Health Days, accounts for most of the cases.

PUNTLAND

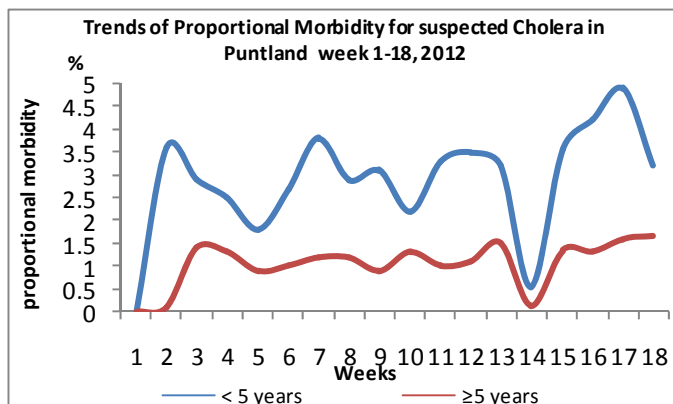
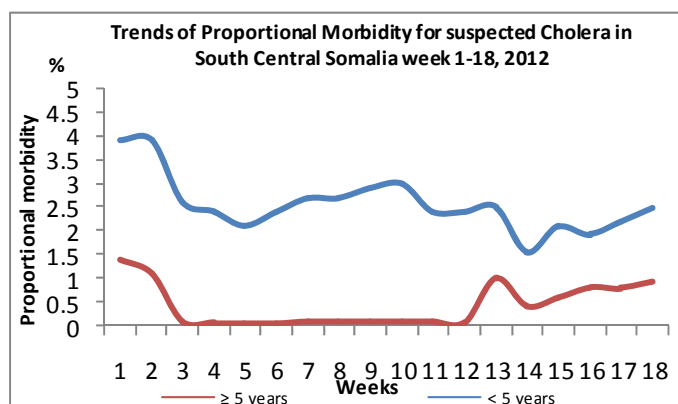
Table 3. Puntland	Week 18 (30 April - 6 May 2012) - Number of sentinel sites 45, reporting sites 43	
Health Event	Total cases (% < 5 yrs)	*Proportional Morbidity
Susp. Cholera	188 (67%)	4.85%
Susp. Shigellosis	47 (57%)	1.20%
Susp. Measles	35 (43%)	0.89%
Acute flaccid paralysis	0	0
Susp. Hemorrh. Fever	0	0
Susp. Diphtheria	0	0
Susp. Whooping cough	0	0
Confirmed Malaria	0	0
Neonatal Tetanus	0	0
All other consultations	3659 (48%)	

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

During **week 18**, the leading cause of morbidity for Puntland is suspected cholera accounting for most of the consultations (proportional morbidity of 6.5%). A steady increase in the number of consultations for suspected cholera is being observed with almost all areas in Somalia experiencing rains.

MAIN CAUSES OF MORBIDITY:

SUSPECTED CHOLERA (SOURCE: CSR SENTINEL SITES)



Many areas in Somalia have received rains in the past weeks. The number of suspected cholera cases is on the increase, particularly in South and Central Somalia and Puntland. This is expected to increase further.

Case definition of suspected cholera ¹	<ul style="list-style-type: none"> - Person aged 5 years or more with severe dehydration OR death from 3 or more acute watery stool per day (24 hours), with or without vomiting - Child aged 2-4 years with severe dehydration OR death from acute watery diarrhea, with or without vomiting
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A steady increase in the number of reported suspected cholera is observed in **South and Central Somalia** for both age groups (under the age of five, and five and older). Banadir region alone accounted for 49% of the 777 cases reported in week 18. Confirmed cholera cases have been identified in Banadir region. Although these do not suggest a major outbreak at the moment, the risk of an outbreak in Banadir region, the Afgooye corridor and the neighboring Balcad corridor in Middle Shabelle region cannot be understated. Numerous informal settlements and population displacement following the increasing personal insecurity within Mogadishu due to

¹ Case definition for cholera is available at: http://www.emro.who.int/sudan/pdf/Cholera_CaseDefinition.pdf

undeterminable daily explosions over the past weeks (see casualty data) pose a major challenge in prevention and control of diarrheal diseases outbreaks including cholera; which are accelerated by the ongoing rains and limited access to safe and clean drinking water.

During a routine water quality monitoring exercise in Mogadishu (), a WHO team conducted daily water testing for 50 water sources over three consecutive days. Of these, 50% (25) had no chlorine residual over the three days of testing. Of the 25 without residual, 25% were chlorinated between 1 month and 1 week prior to the visits, 2 were chlorinated 3 months ago, while 24% (6) have never been chlorinated and one well manager refused to have his well chlorinated. He refused because he lost customers after chlorination. Of those with residual chlorine, five had 0.2-0.5% chlorine residual on day 1, 10 had residual on day 2 and 13 on day 3 (see table 4 below). Some wells had chlorine levels higher than what is recommended for human consumption which may render the wells unusable.

Table 4. Water quality monitoring exercise in Mogadishu

	<0.2%	0.2-0.5%	0.6-0.8%	2-3%	8-9%
Day 1	0	5	2	1	0
Day 2	3	10	1	3	0
Day 3	2	13	3	1	1

This highlights the lack of capacity among implementing partners for WASH and health to adequately maintain chlorination of water sources and monitor the residual chlorine levels effectively. Most partners providing chlorination have no pool testers to test the water sources before and after chlorination. Information gathered also shows that partners chlorinating wells do not measure turbidity levels and may not know the actual volume of the wells they are chlorinating.

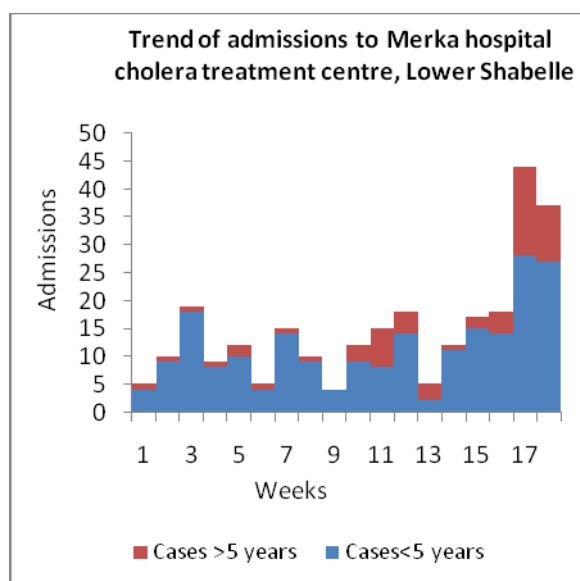
WHO recommends improvement in water source chlorination and adding point-of-use, where appropriate. In addition, accelerated hygiene promotion is needed in view of confirmed cholera cases in Mogadishu and the ongoing transmission season that stretches to July.

During week 18, the **Hodan cholera treatment centre** (CTC) managed by American Refugee Committee (ARC) located in Mogadishu reported 43 admissions including 88% (36) children under 5 years of age, implying a lack of specificity to the case definition. Of all patients, 56% were women and girls. There were no deaths. This indicates a steady increase in the number of admissions but an uncertainty of the use of the surveillance case definition. Hodan CTC has a large capacity for admitting suspected cases of cholera and is a referral CTC. Partners are requested to mobilize communities in the catchment area of Hodan CTC to refer cases early or report cases in the community when detected.

Merka hospital cholera treatment centre in Lower Shabelle region reported 37 admissions during week 18 including 72% (27) children under the age of five. Of all patients, 57% were women and girls and there were no associated deaths. A slight reduction in the number of admissions has been noted compared to week 17 when 44 cases were admitted (see graph). There has been no confirmed cholera case in Merka.

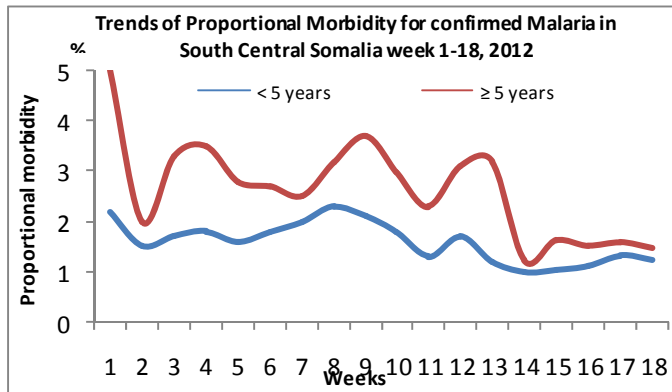
During week 18, **Banadir hospital** also reported a 33% increase in the number of suspected cholera cases. A total of 315 patients, including 81% (255) children under the age of five, with 2 associated deaths under the age of five were treated at the hospital. Of all cases, 39% were women and girls. Of all case under the age of five, 75% were children under 2 years of age, which should be excluded according to the surveillance case definition for suspected cholera.

District	Number of wells
Hodan	7
Howlwadaag	3
Wardhiigley	3
Yaaqshid	3
Karaan	3
Bondheere	3
Shibis	3
Abdiaziz	3
Shangani	2
Hamarweyne	4
Hamarijab	3
Waberi	5
Wadajir	4
Dharkeynley	4



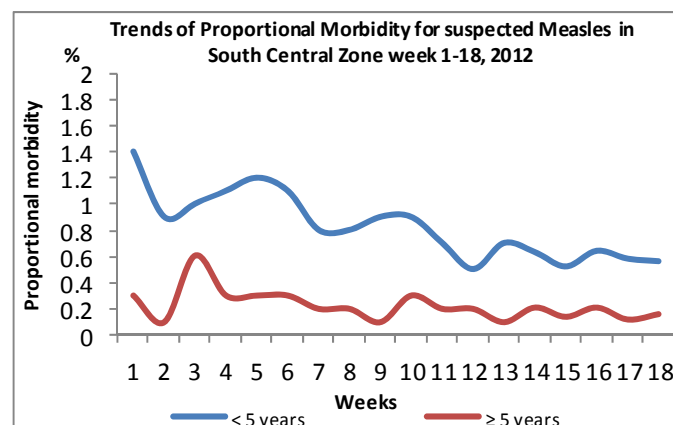
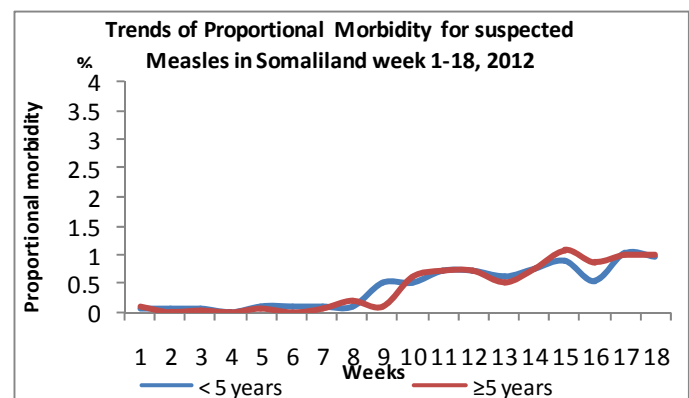
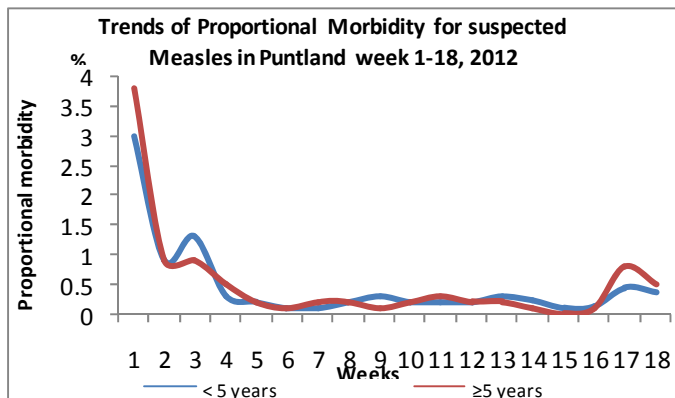
As response, WHO is providing 2 diarrheal disease kits to Banadir hospital which will treat 200 severe adult cases and 800 mild moderate cases of suspected or confirmed cholera. WARDI, a national humanitarian aid organization is **opening a cholera treatment centre in Hamarjajab** district (Mogadishu) as part of the WHO collaborative activities to decongest Banadir Hospital. Mulrany International is also in the initial stages of opening an additional **cholera treatment center in Xamar Weyne** district (Mogadishu).

CONFIRMED MALARIA (SOURCE: CSR SENTINEL SITES)



In regards to malaria, the trends have remained stable.

SUSPECTED MEASLES (SOURCE: CSR SENTINEL SITES)



The increase in proportional morbidity for measles in **Somaliland** continues. Since the beginning of 2012, Burao district (Togdheer region) alone accounted for 424 of the 628 reported measles cases (or 67.5%). The current measles outbreak was detected back in February of this year, and case investigation has been conducted with the support of WHO.

Distribution of the measles cases

Based on the data obtained from the records of 8 MCH and one hospital (all located in Burao town), with additional house to house search, it was found out that the majority of the measles cases in Burao town have to be situated in the age group of 1-4 years and 5-9 years (see table 5). Looking at the vaccination status of those 520 measles cases in Burao town, the majority of them were not vaccinated (see table 6).

Table 5: Distribution of measles cases by age group, Burao town (1 February-30 April 2012)

Age group (years)	Number	Percentage
< 1	51	9.8
1 – 4	155	29.8
5 – 9	136	26.2
10 – 14	81	15.6
15 – 19	56	10.8
> 19	41	7.9
Total	520	100

Table 6: Distribution of measles cases according to their vaccination status (1 February-30 April 2012)

Vaccination status	Number	Percentage
Vaccinated	31	6.0
Not vaccinated	402	77.3
Unknown	39	7.5
Form not filled	48	9.2
Total	520	100

Response activities from health partners

- Zonal and regional health authorities, in collaboration with partners, have organized on 2 May 2012 a special media session with interviews of RMO, hospital director, pediatrician HS department head of MOH, and mothers of measles patients. The BBC Somali service and local media did air these sessions.
- In addition, a team from the Somaliland Health authorities facilitated a television debate on the importance of vaccination among medical doctors, sheiks and other prominent and influential persons from the region with the presence of the governor.
- Strengthened surveillance and case management

The Ministry of Health, UNICEF and WHO have successfully concluded the two phases of **Child Health Days** in **Banadir Region**. The Child Health Days package includes immunization against polio, measles, diphtheria, pertussis and tetanus. They received vitamin A supplements and de-worming tablets, as well as oral rehydration salts to prevent diarrheal dehydration, and water-purification tablets. The campaign took place in two phases, the first one from 14-18 April and phase two from 22-26 April 2012. The two phases of the vaccination campaign reached more than 295 000 children under the age of five and more than 317 000 women between the ages of 15 and 49 (see table 5 below).



Child Health Days in Mogadishu

A total of 52 independent monitors (22 from UNICEF, 10 from Ministry of Health and 20 from WHO) were deployed in those 16 districts to ensure smooth running of the campaign.

The team supervisors and monitors had evening meetings to discuss the major issues of the day and to plan next day. Vaccines and other supplies were prepositioned early in the morning within the fixed posts set up for the campaign and each vaccination team started their work at 7:00 am.

By knocking on the doors of houses, the social mobilizers informed mothers to bring their children to the fixed posts. Each team consisted of two social mobilizers. In addition, sound tracks with microphones were also used in each district to intensify the mobilization.

Child Health Days were also organized on 10 April 2012 in **Gedo region**, where a total of more than 47 000 children under the age of five and more than 35 000 women between the ages of 15 and 49 were reached (see table 6 below).

Table 7: Overview of Child Health Days 2012, first round in Banadir Region, Somalia (14-26 April 2012)

Region	District	OPV (0-59 Months)		Measles 9-59 Months (90% of <5yrs)			DPT (6 weeks - <12 Months)				DPT (12 - 23 Months)				TT Target (WCBA)								
					Coverage			Coverage			Coverage					Coverage							
		Target	Coverage	Target	9 – 11 months	12 – 59 months	Total	Target	DPT1	DPT2	DPT3	Total	DPT1	DPT2	DPT3	Total	Target	TT1	TT2	TT3	TT4	TT5	Total
Banadir	Madiina	25,024	23358	21,270	2427	17087	19,514	5,005	1846	1417	846	4,109	0	18	24	42	28,778	7992	5938	4947	3082	2154	24,113
	Dharkeynley	23,621	21,070	20,078	6,957	12,396	19,353	4,724	2183	1743	588	4,514	0	42	25	67	27,164	10872	8347	3927	1022	345	24,513
	Shibis	24,918	22382	21,180	2,950	16,720	19,670	4,984	1915	1131	653	3,699	25	17	18	60	28,656	2590	1605	7130	11767	938	24,030
	Shangani	6,310	5,876	5,364	1718	3334	5,052	1,262	589	357	116	1,062	18	10	2	30	7,257	4121	1479	459	123	31	6,213
	Karan	36,489	32,085	31,016	2861	25922	28,783	7,298	2511	1921	692	5,124	0	140	112	252	41,962	6612	9755	8892	5652	1526	32,437
	Heliwaa	18,934	14,579	16,094	719	11512	12,231	3,787	974	828	697	2,499	0	209	132	341	21,774	4768	3647	3114	2623	1921	16,073
	Dayniile	13,547	7,143	11,515	311	5914	6,225	2,709	471	419	364	1,254	0	112	98	210	15,579	1882	1743	1619	1544	1426	8,214
	Wardhiigley	18,476	17,754	15,705	2221	12601	14,822	3,695	1647	700	489	2,836	0	19	27	46	21,247	6748	3637	3093	2265	1787	17,530
	Bondhere	15,835	14,880	13,460	2,111	10,748	12,859	3,167	1493	677	475	2,645	0	42	105	147	18,210	6435	4640	2432	1498	881	15,886
	Hamarweyne	14,429	14,200	12,265	1,515	10,455	11,970	2,886	693	548	656	1,897	0	147	223	370	16,593	4437	2727	2441	1990	4753	16,348
	Hamar Jajab	13,738	13,392	11,677	2,868	8,604	11,472	2,748	1828	297	305	2,430	0	0	0	0	15,799	13602	553	318	235	124	14,832
	Wabari	14,494	13,702	12,320	1508	10620	12,128	2,899	871	532	444	1,847	122	441	368	931	16,668	6100	3248	2271	1868	1496	14,983
	Yaqshiid	45,290	40,200	38,497	1755	33345	35,100	9,058	3127	2346	2053	7,526	0	94	85	179	52,084	8766	9984	8752	8001	6164	41,667
	Hodon	36,192	33,300	30,763	1053	28263	29,316	7,238	2801	2100	1719	6,620	0	91	79	170	41,621	9035	8032	7041	7302	5047	36,457
	Howlwadaag	17,095	15,788	14,531	3415	10230	13,645	3,419	1677	964	347	2,988	12	0	5	17	19,659	9254	5678	1543	859	49	17,383
Abdiaziz	6,823	6,473	5,800	1789	3534	5,323	1,365	715	361	134	1,210	0	0	0	0	7,846	4251	2091	789	103	27	7,261	
Total		331,215	296,182	281,535	36,178	221,285	257,463	66,244	25,341	16,341	10,578	52,260	177	1,382	1,303	2,862	380,897	107,465	73,104	58,768	49,934	28,669	317,940

Zone	Region	District													
			Deworming (12-59 Months)				Vit A (6-59 Months)				ORS (0-59 Months)	Aqua Tabs (0-59 Months)	MUAC (6-59 Months)		
				Coverage				Coverage					Severe	Mild	Normal
			Target	12 – 23 months	24 – 59 months	Total	Target	6- 11 months	12 – 59 months	Total	Coverage	Coverage	<11cm and / or	11 to 12.5 cm	≥ 12.5 cm
Central	Banadir	Madiina	20,019	2868	14219	17087	22,522	2427	17087	19514	23358	23358	34	521	18959
		Dharkeynley	18,897	2275	10121	12396	21,259	7723	12396	20119	21,070	21,070	2	14	20103
		Shibis	19,934	549	16171	16720	22,426	3121	16720	19841	22382	22382	15	454	19372
		Shangani	5,048	1278	2056	3334	5,679	1991	3334	5325	5,876	5,876	2	1451	3872
		Karan	29191	594	25328	25922	32,840	3082	25922	29004	32,085	32,085	32	132	28840
		Heliwaa	15147	2878	8634	11512	17,041	1438	11512	12950	14,579	14,579	0	76	12874
		Dayniile	10838	1478	4478	5956	12,192	622	5914	6536	7,143	7,143	0	13	6523
		Wardhiigley	14781	2777	9824	12601	16,628	3365	12601	15966	17,854	17,854	109	672	15185
		Bondhere	12,668	3042	7706	10748	14,252	2826	10748	13574	14,880	14,880	53	554	12967
		Hamarweyne	11,543	2201	8254	10455	12,986	2089	10455	12544	14,200	14,200	63	601	11880
		Hamar Jajab	10,990	2151	6453	8604	13,045	3824	8604	12428	13,392	13,392	0	915	11513
		Wabari	11,595	2533	8087	10620	13,045	1616	10620	12236	13,702	13,702	0	165	12071
		Yaqshiid	36,232	8336	25009	33345	40,761	3510	33345	36855	40,200	40,200	0	196	36659
		Hodon	28954	5653	22610	28263	32,573	1163	28263	29426	33,300	33,300	2	82	29342
		Howlwadaag	13676	4678	5552	10230	15,386	4423	10230	14653	15,788	15,788	10	5547	9096
		Abdiaziz	5458	1678	1856	3534	6,141	1982	2402	4384	6,473	6,473	4	968	3412
		Total	264,971	44,969	176,358	221,327	298,776	45,202	220,153	265,355	296,282	296,282	326	12,361	252,668

Table 7: Overview of Child Health Days 2012, first round in Gedo Region, Somalia (10 April 2012)

Region	District																		
		OPV (0-59 Months)		Measles 9-59 Months (90% of <5yrs)			DPT (6 weeks - <12 Months)				TT Target (WCBA)								
					Coverage				Coverage					Coverage					
		Target	Coverage	Target	9 – 11 months	12 – 59 months	Total	Target	DPT1	DPT2	DPT3	Total	Target	TT1	TT2	TT3	TT4	TT5	Total
Gedo	Belet-hawa	15,621	13437	13,649	1,120	10,492	11,612	3,124	917	748	515	2,180	17,964	2857	2589	2423	862	404	9,135
	Gedwein	5,908	5,185	5,162	765	3,673	4,438	1,147	418	248	205	871	6,597	1664	960	890	657	447	4,618
	Dolo	5,060	4,565	4,301	666	3,107	3,773	983	378	276	126	780	5,479	1185	634	569	442	345	3,175
	Luuq	16,793	14,673	15,114	1213	11684	12,897	3,359	1040	825	755	2,620	19,312	2906	3430	2453	1925	533	11,247
	Elwak	11,497	9,441	10,147	741	7,642	8,383	2,299	850	510	432	1,792	13,221	2345	1856	1503	1143	397	7,244
	Total	54.879	47.301	48.373	4.505	36.598	41.103	10.912	3.603	2.607	2.033	8.243	62.573	10.957	9.469	7.838	5.029	2.126	35.419

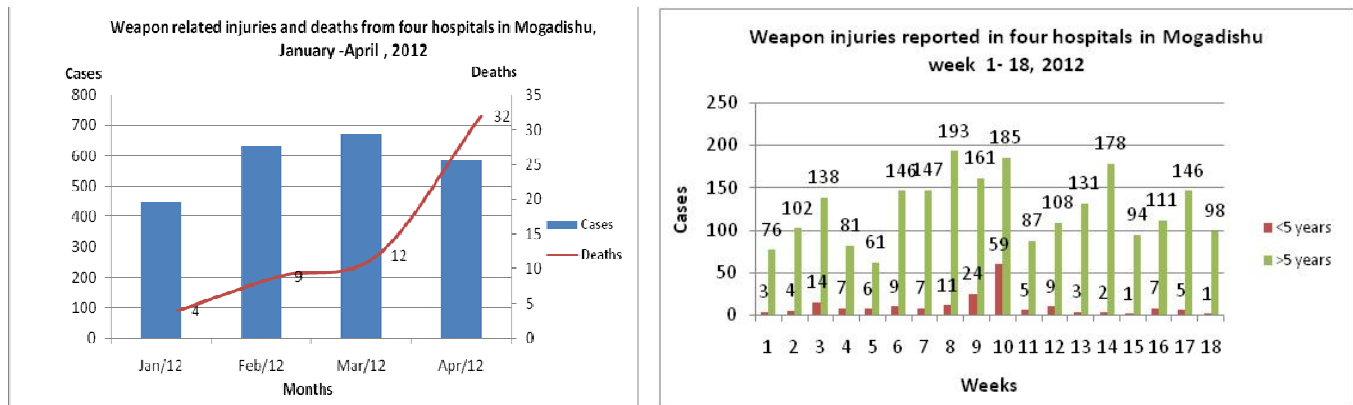
Region	District														
		Deworming (12-59 Months)				Vit A (6-59 Months)				ORS (0-59 Months)	Aqua Tabs (0-59 Months)	MUAC (6-59 Months)			
			Coverage				Coverage					Severe	Mild	Normal	
		Target	12 – 23 months	24 – 59 months	Total	Target	6- 11 months	12 – 59 months	Total	Coverage	Coverage	<11cm and / or Oedema	11 to 12.5 cm	≥ 12.5 cm	Total
Gedo	Belet-hawa	12,133	1695	8797	10492	13,649	1219	10492	11711	13437	0	38	1715	9958	11,711
	Gedwein	4,589	852	2821	3673	5,162	915	3673	4588	5185	0	21	816	3751	4,588
	Dolo	3,930	788	2319	3107	4,422	845	3107	3952	4,565	0	36	965	2951	3,952
	Luuq	13,434	1574	10110	11684	15,114	1685	11684	13369	14673	0	64	2057	11248	13,369
	Elwak	9,198	1777	6341	8118	10,347	889	7708	8597	9441	0	29	975	7539	8,543
	Total	43,284	6,686	30,388	37,074	48,694	5,553	36,664	42,217	47,301	0	188	6528	35447	42,163

CONFLICT-RELATED INJURIES

From **1 January – 6 May 2012**, 2420 casualties from weapon-related injuries were treated in four hospitals in Mogadishu, with 177 cases (7.3 %) of under the age of five. A total of 48 deaths above the age of five and 11 deaths below the age of five years were registered.

During the **month of April 2012**, 585 casualties from weapon-related injuries were treated in the four hospitals in Mogadishu. A total of 22 deaths of above the age of five and 10 deaths below the age of five years were registered.

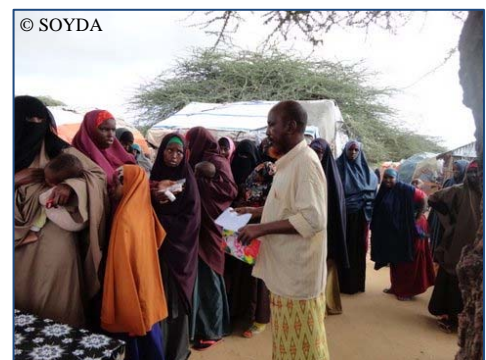
There was a significant decrease observed in week 18 (see graph below).



HEALTH RESPONSE

PRIMARY HEALTH CARE:

During the reporting week, the **Somali Young Doctors Association (SOYDA)** and partners OCHA and Doctors Worldwide Turkey continued to extend their health services through health centers/health posts, sentinel sites and mobile clinics in the districts of Lower Shabelle and Banadir region. From 5-10 May 2012, 1688 consultations were reported in Lower Shabelle, including 594 under the age of five and 913 female. In Banadir, 3625 consultations were reported including 1577 under the age of five and 1438 female. These facilities are targeting a population of more than 250 000 for 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 as part of the integrated health and nutrition.



Patients queue outside the Lafole health centre

Salama Medical Agency (SAMA) in collaboration with OCHA and WHO, runs 12 mobile clinics in a number of districts in the regions of Bay and Bakool. In addition, two functioning emergency immunization clinics are supported by UNICEF. The mobile clinics are serving targeted populations of the most affected by the recent drought and the ongoing conflict. SAMA provides access to life-saving emergency health care services to the host and internally displaced population in particular vulnerable groups such as women, children, elderly and the marginalized. In April 2012, more than 10 000 consultations were reported at these health facilities including 3658 children under the age of five and 5548 female. More than 1300 children under the age of five and 686 pregnant mothers were vaccinated against vaccine-preventable diseases. Social mobilization services have benefited about 6000 people. The current gaps and health needs include the lack of routine or mass immunization services in many settlements as reports of whooping cough and measles cases continue. Most of the health facilities are in need of sufficient medical supplies. In addition, secondary health care facilities need to be put in to be place including the establishment of a well-functioning referral hospital in Baidoa.



Centre for Peace and Development in collaboration with Save the Children is providing a number of primary health care services including immunization, an outpatient department and antenatal care services in districts of Banadir region namely Hodan and Howlwadaag targeting about 14 000 households. From 5-10 May 2012, about 1611 consultations were reported at their health facilities including 958 children under the age of five and 1024 female. During the same week, 12 health staff participated in a 3-days emergency care and triage training at the Banadir University. About 6000 people are to benefit from their health interventions.



A nurse injects IV fluid to a dehydrated child

CAPACITY BUILDING:

As part of ongoing capacity building activities in Somalia, WHO doctors, a surgeon and anesthesiologist conducted on-the-job training for two nurses at the Dolow field hospital (Gedo region). The training took place from 27 April to 3 May 2012. During this time four operations were carried out. The hospital is also supported by WHO with medical supplies.



Hands-on session

WHO continues to provide the much needed emergency health services through enhancing the skills of health workers in Somalia. This includes giving training on health staff in the area of trauma management and reproductive health. Since February 2012, at the Madina hospital in Banadir region, trainee doctors have been undergoing on-the-job training provided by WHO gynecologist. This ongoing activity was initiated in February and will continue till August 2012.

Since the beginning of April 2012, a WHO doctor is providing anesthesia training to health staff at the Hargeisa Group Hospital. About 6 graduate nurses have taken part in the training course on the various aspects of anesthesia practice, which is both theoretical and practical. So far, the trainees have conducted 5 cases of Ketamine anesthesia. Planned is a hands-on training on spinal anesthesia.

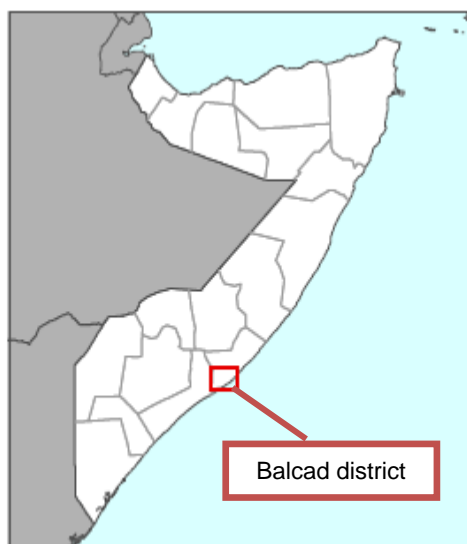


Trainees observed more than 40 operations done under different types of anesthesia techniques

IN FOCUS

Number of cholera cases in Somalia on the rise

Since end of March 2012, cholera was confirmed in Balcad district (Middle Shabelle region - see map). A cholera treatment unit (CTU) was set up on 28 March. Till date a total of 77 cases were admitted to the CTU (including two deaths), while another 33 cases received treatment from mobile teams visiting the peripheral villages around Balcad. Other intervention activities included airing of radio messages, community sensitization, awareness, active case findings, spraying of affected houses, chlorination of the water sources and distribution of aqua tabs by mobile team in Balcad and its peripheral villages. The outbreak is under control, however alarming rates of confirmed cholera cases among internally displaced people (IDPs) have been reported recently in Mogadishu.



Cholera is an intestinal infection caused by a bacterium - and is often linked to contaminated supplies of drinking water. It causes severe diarrhea and vomiting, leading to severe dehydrationⁱ and die within hours if not treated. Cholera is an extremely virulent disease. It affects both children and adults and can kill within hours. People with low immunity – such as malnourished children or displaced people – are at a greater risk of death if infected.

Since the beginning of the year, 8663 suspected cholera cases have been reported for South Central Somalia. Banadir region alone accounts for 3734 suspected cholera cases, representing 43% of all reported cases, the highest number for all regions of South Central Somalia.

This sudden increase has various reasons: the numerous informal IDP settlements with makeshift shelters, poor sanitation and limited access to safe water, limited capacity of existing health partners to access those informal settlements and provide essential health services.

Table 8: Overview of suspected cholera cases in South Central Somalia (2012)

Area/location	Month	Number of cases	Number of cases under the age of five (%)
South Central Somalia	January	1531	1159 (75.7%)
	February	1915	1416 (73.9%)
	March	3000	2161 (72.0%)
	April	2217	1652 (74.5%)
Banadir Region	January	880	679 (77.1%)
	February	838	652 (77.8%)
	March	921	770 (83.6%)
	April	1095	879 (80.2%)

As response to the confirmed cholera cases, WHO and health partners are currently running a total of five cholera treatment centers (CTC) in South and Central Somalia (see table 8). During the reporting week, WHO provided 4 diarrheal disease kits (two to Banadir hospital and two for the to-be opened CTC in Xamar Weyne district) which will treat 400 severe adult cases and 1600 mild moderate cases of suspected or confirmed cholera.

Table 9: Overview of CTCs in South and Central Somalia

Location (place/district/region)	Capacity (number of beds)
Merka CTC (Lower Shabelle)	25 beds, capacity to treat around 350 patients per month
Mogadishu, CTC, Hamarjajab district (to be opened soon)	25 beds, capacity to treat around 350 patients per month
Mogadishu, CTC, Xamar Weyne district (to be opened soon)	25 beds, capacity to treat around 350 patients per month
Mogadishu, CTC, Hodan district	50 beds, capacity to treat around 700 patients per month
Mogadishu, CTC, Medina district	50 beds, capacity to treat around 700 patients per month

A total of 23 Mother and Child Health clinics in South and Central Somalia have a CTU, and UNICEF has prepositioned 23 diarrheal disease kits to support these CTUs. Another 12 CTUs are to be opened soon. WHO and UNICEF have prepositioned adequate case management supplies for cholera across Somalia.

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Case definition of suspected cholera ⁱ	<ul style="list-style-type: none"> - Person aged 5 years or more with severe dehydration OR death from 3 or more acute watery stool per day (24 hours), with or without vomiting - Child aged 2-4 years with severe dehydration OR death from acute watery diarrhea, with or without vomiting
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