



# Carruurteenna "our children"

UNICEF Somalia Newsletter

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## Combating malaria for better health for children and women

**By Christian Balslev-Olesen  
Representative, UNICEF Somalia**

UNICEF remains committed to reducing mortality and morbidity rates for Somalia's infants, children and women which are among the highest in the world.

According to the UNICEF Multiple Indicator Cluster Survey (MICS) 2006, the maternal mortality rate (MMR) stands at 1,044 per 100,000 live births and the Under 5 mortality rate at 135 per 1,000 live births with some of these deaths especially among children attributable to malaria.

In its quest to ensure better health for children and women, UNICEF Somalia is committed to achieving the Millennium Development Goals (MDGs) of reducing child mortality; improve maternal health and combat HIV/AIDS, malaria and other diseases.

One of the ways to achieve these goals is by intensifying malaria control and prevention efforts. Malaria in Somalia is considered a major public health problem accounting for between 5 to 20% of all the cases seen in the health facilities.



**Faduma Sheikh Mudey a beneficiary of LLIN distribution in Garowe internally displaced persons (IDP) camp with her children. © UNICEF Somalia/2009**

With an estimated 608,831 cases and 3,491 deaths reported in 2008 (reference WHO Annual report 2008), malaria remains a major problem in Somalia that requires a concerted approach for effective control. The average transmission is low and unstable across the large areas of central and northern part of the country but localized high transmission poses a great risk to all age groups.

Pregnant women and children below five years bear the greatest brunt of the disease. UNICEF Somalia with funds from the Global Fund to fight AIDS,

Tuberculosis, and Malaria (GFATM) has been coordinating and supporting implementation of a Malaria Prevention and Control Programme across Somalia in collaboration with Ministries of Health, local authorities, NGOs and community-based organizations.

Malaria control requires a multi-pronged approach that targets the vector (mosquito) that is responsible for transmission and the parasite causing the disease in man hence malaria prevention and treatment.

For malaria prevention, UNICEF has adopted a community mass Long Lasting Insecticide treated mosquito nets (LLINs) distribution strategy that aims at reaching all households in malaria prone areas with two mosquito nets.

In addition to offering physical protection, the LLINs repel the mosquitos that transmit malaria. The LLINs are given at no cost to the beneficiaries. Through the procurement and distribution of malaria diagnostic and treatment supplies to all health facilities, UNICEF with partner organizations address proper malaria case detection.

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### Somali Child Health Days go nationwide for the first time

For the first time ever in Somalia, a Child Health Days (CHDs) campaign has been implemented nation-wide by UNICEF, the World Health Organization, NGOs, ministries of health and local authorities in collaboration with communities and non-governmental partners.

The CHDs take health care out of the facility and directly to the community through teams of hundreds of vaccinators and health workers – reducing access barriers (transport, security, and cost) and creating a bridge between health clinics and homes.

Local community members are organized to bring women and children to central public sites on specific days to receive packages of high impact health and nutrition interventions that includes vaccination against measles, polio, diphtheria, pertussis and tetanus, Vitamin A, de-worming, oral rehydration salts provision, home-based water treatment for children and tetanus toxoid vaccination for women.

The approach draws on notable successes specifically the previous mass measles campaigns as well as polio eradication

activities. The CHDs started in Somaliland in December 2008 and it took two months to complete coverage in all regions.

In March 2009, the CHDs commenced in Central/Southern Somalia. The first round in Central/Southern Somalia was completed by end April. Currently all districts except one are covered - Gedo, Middle and Lower Jubba, Bakool and Bay regions in the south.

The CHDs were also accomplished in Middle Shebelle, Hiran and Galgaduud regions in the Central Zone. CHDs in Benadir and Lower Shabelle were delayed due to access problems and insecurity. The table (see page 5) shows the coverage of vaccination.

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**In 2008 a total of 608,831 cases of malaria were reported in Somalia with 3,491 deaths ...**

Keeping malaria at bay through community prevention and treatment

About 50 Kms north of Hargeisa town within Gabiley district in Northwest Somalia ("Somaliland") lies Agabar village. The village is located within an agricultural area with a high potential for irrigation farming given the flat terrain. In November 2006 the Ministry of Health and Labour (MoHL) identified Agabar village as an area with localized transmission of malaria in a generally low malaria endemic zone after 52 malaria cases were reported in two weeks.

This created impetus to help the Agabar community combat malaria. Upto then this had been done through a health post operated by a volunteer health worker and which had limited capacity to provide effective malaria diagnosis and treatment.

An additional challenge was that despite having access to drug supplies for malaria treatment, they were not effectively utilized in accordance with national malaria treatment guidelines.

Thereafter, the Ministry of Health and Labour with support from UNICEF identified Agabar Health post as a pilot facility for the introduction of the new malaria treatment through training of Abdi Omer Askar as a community health worker to serve the health post.

It was also supplied with malaria Rapid Diagnostic Kits (RDT) alongside the recommended Artemisinin-based Combination Therapy (ACT) drugs.

Apart from the introduction of effective malaria treatment, UNICEF supported two NGOs to undertake community dialogue on malaria in Somaliland. It also organized a malaria field day to educate the community on malaria then distributed Long Lasting Insecticide Treated mosquito Nets (LLINs) in Agabar village with



**Mr Abdi Omer Askar (left) a health worker at Agabar Health Post with a visitor. © UNICEF Somalia/2009**

each household receiving 2 LLINs.

In an interview with UNICEF, Abdi Omer said that the new malaria treatment guidelines made control, prevention and treatment easier.

"In the past, every patient with fever was treated as a malaria case, but now thanks to UNICEF and the Global Fund Malaria Programme, with Rapid Diagnostic Kits/ Tests, we are able to confirm if the sickness is malaria and thereafter follow-up with treatment," he said.

The Rapid Diagnostic Tests enable the provision of ACT treatment based on the patient's age and guidelines. If the test is negative, then other possibilities of causing the disease are identified.

The community education approach encompassing promotion of dialogue and malaria awareness field days has contributed to increasing the awareness of malaria and distribution of Long Lasting Insecticide Treated Nets.

The nets are now used by most families and have reduced the incidence of malaria in Agabar. Only three positive cases

were observed between January and March 2009.

Mohamed Qalinle the chairman of Agabar community also expressed his opinion on the importance of community education, and awareness raising especially the proper use of LLINs.

"We have benefited from this initiative and our health has improved. We used to refer our children and pregnant women with malaria to Hargeisa which was the other nearest health facility for us. Now we first check in our health post, and our health worker gives us the right advice and treatment.



**Gabiley Community Health Worker, Abdi Omer received special training in malaria prevention and treatment. © UNICEF Somalia /2009**

"The productivity of people on their farms has increased because they fall sick less often. We thank all those who supported us in solving the malaria problem in Agabar village and its environs. We now have the energy to focus on other tasks."

Combating malaria for better health for children and women

From Page 1

UNICEF and its partners also guarantee effective treatment using the globally recommended Artemisinin-based Combination Therapy (ACT). This is strengthened by supporting the training of all health workers on malaria treatment guidelines.

Since pregnant women are at the greatest risk of malaria, UNICEF implements the prevention of malaria in pregnancy strategy in locations where there is a high risk of transmission mainly in central/south Somalia.

Apart from the use of LLINs, pregnant women are encouraged to visit health facilities during pregnancy so that they receive antenatal care that includes immunization, micro nutrient supplementation and malaria preventative treatment. All these interventions are supported by a strong malaria education and

promotion approach that aims at raising awareness, supporting and mobilizing communities to access these services across Somalia.

As part of this effort, on 25 April, UNICEF supported partners in 14 different locations in Somalia to commemorate World Malaria Day. UNICEF thanks the Global Fund for the financial support extended to Somalia and will continue to support the health institutions develop better information management; laboratory diagnosis and quality control; detection of malaria epidemics and implementing malaria control activities. UNICEF also takes the opportunity to thank local authorities, NGOs partners and community-based organizations assisting in the fight against malaria.

Globally-recommended malaria treatment being utilized in Somalia...

**Thanks to the nets, IDP camp inhabitants are protected against mosquitoes**

Eleven years ago Faduma Sheikh Mudey came to Garowe internally displaced persons (IDP) camp in Northeast Somalia ('Puntland') after fleeing militia violence in Qalafe in Lower Shabelle region, Southern Somalia. The Garowe IDP camp comprises of eight settlements that host residents many originally from Central/Southern Somalia.

Faduma has sound knowledge on how malaria is transmitted. She says that whenever she hears the buzzing sound of a mosquito in her hut she gets worried. Faduma who has six children says she and her children have suffered malaria many times in the past. However, she now stands a better chance of protection against malaria given that UNICEF through its partner, PUPA, a local NGO, working in Puntland recently distributed Long Lasting Insecticide Treated Nets (LLINs) in Garowe IDP camp.

Sharmarke Farah, the UNICEF Malaria Zonal Coordinator for Puntland says that though Garowe is within the low transmission zone, it hosts IDPs migrating from the highly malarious transmission zones of Central Somalia due to escalating insecurity and therefore a potential source for active malaria transmission. A high incidence of malaria (over 20% positivity rate) was recorded during a nutritional survey and therefore UNICEF planned a mass LLIN distribution within the eight IDP settlement that saw 2,490 families receiving two nets per household. The IDP population in Garowe and Sinujif is about 500 households.

Faduma's 18-month-old child contracted Malaria in September 2008 and she ended up receiving treatment at the Gambool Maternal and Child Health (MCH) centre supported by UNICEF where she received treatment. "UNICEF supplies all the MCH centres in Somalia with malaria diagnostic kits and drugs for malaria treatment", says Sharmarke. Faduma is grateful to UNICEF that she received two LLINs in December 2008 and that



**Women and children such as these in Bulla Bush IDP camp in Bossaso, Northeast Somalia are beneficiaries of UNICEF support in Health and Nutrition. © UNICEF Somalia 2009**

she and her children now sleep under nets. It had always been her desire to purchase a mosquito net to protect her family from malaria but could not afford the nets available in the commercial outlets that retail for about three US dollars.

Aware of the dangers that mosquitoes pose, Faduma takes great care to preserve the LLINs and ensures that her family is well protected. She says 'the LLIN means we can sleep peacefully free from the fear and terrifying buzz of mosquitoes.

**Scaling up the distribution of long-lasting insecticide treated nets**

In Somalia, malaria patterns vary between Central/South and North. Northwest Somalia ('Somaliland') and Northeast Somalia ('Puntland') mostly have few cases of malaria but with occasional pockets of outbreaks whereas the Central/South served by two major rivers — Shabelle and Jubba— that cut across the zone, hosts many cases of malaria in Somalia.

UNICEF in an effort to reduce the malaria burden within Somalia has since 2006 been distributing Long Lasting Insecticide Treated mosquito nets (LLINs).

"The move behind this strategy is to ensure that we achieve a high LLIN coverage in a given location so as to have an impact in malaria prevention and control through mass protection," says Dr Suraya Dalil, the UNICEF Chief of Health and Nutrition.

Working with over 15 INGOs, UNICEF has so far distributed over 1.5 million LLINs across Somalia. The NGOs are issued with the LLINs and logistical support to ensure that distribution teams reach every household.



**Silhouetted against the insecticide-treated net covering him, a small boy rests secure from the threat of mosquitoes. © UNICEF Somalia/2005/Bbannon**

With a strong component of advocacy and community education, UNICEF ensures that beneficiaries of the LLINs receive the correct information on the use of LLINs.

Partners also assist the LLIN beneficiaries by educating them on how to hang the LLIN and how to unpack the LLINs.

Emphasis is placed on the need to prioritize pregnant women and children to sleep under the LLIN every night.

In 2009, UNICEF aims to distribute an additional 350,000 LLINs in 12 districts so as to complete the targeted districts while also replacing those LLINs distributed more than 3 years ago.

"It is hoped this will contribute to the control of the disease that everyone seems to have suffered from at some time in their life," says Dr Dalil.

**Working with about 15 international NGOs, UNICEF has distributed 1.5m nets...**

**Plumpy'doz helps fight malnutrition in Somalia**

One in six Somali child suffers from acute malnutrition, according to January 2009 estimates of Food Security and Nutrition Analysis Unit (FSNAU). This translates to a conservative estimated caseload of about 330,000 children with acute malnutrition in 2009, of which 96,000 have Severe Acute Malnutrition (SAM), a life threatening condition.

Considering the very high risk of death associated with acute malnutrition (nine times more risk of dying for children with SAM compared to non acutely malnourished children), UNICEF's priority nutrition intervention in Somalia up until recently has been treatment of acute malnutrition and addressing some of the critical underlying factors - prevention and control of diseases such as through measles vaccination; vitamin A supplementation to boost immunity and support growth and promotion of appropriate health and nutrition practices.

Acute malnutrition prevalence remains unchanged over the past years as underlying and basic causes are not easy to address. As a result treated children relapse and new crises such as drought and displacement continue with attendant high levels of acute malnutrition among children. Younger children aged six to 36 months are the most affected age group.

During late 2008, UNICEF Somalia initiated a further complementary nutrition intervention using a Lipid-based Nutrient Supplement (LNS) known as *Plumpy'doz* integrated with household water treatment (Aquatab) and management of diar-



**Halimo Lidow feeds her son, Aden with Plumpy'doz ready-to-use food in Bullo Eelay Bossaso IDP camp in 'Puntland' recently. © UNICEF Somalia**

rhea (ORS) as preventive measures against acute malnutrition.

The product is prepared in ready-to-use food (RUF) form and is resistant to bacterial contamination. About 130,000 children (6 – 36 months old) are targeted by this intervention for a period of eight months.

The intervention is mainly targeted at high acute malnutrition prevalence and high population concentration areas in Northwest Somalia ('Somaliland'), Northeast Somalia ('Puntland') and Central/Southern Somalia.

This UNICEF initiative is half complete in most of the locations targeted. According to post distribution surveys conducted in many locations, a high degree of acceptance/liking of *Plumpy'doz* has been re-

ported. A major challenge is the compliance to recommended daily dosage which is only practised by about half of the target group; a problem being the consumption of the more than recommended intake and sharing with siblings and other family members. Nonetheless the aforementioned issue continues to be addressed through communication on the benefits of adhering to recommended intake.

Caregivers/guardians in all areas have reported that their children's appetite, skin condition, health and energy levels have improved since they started to supplement their diet with *Plumpy'doz*.

This is one of the largest-scale global interventions using this new product/approach. UNICEF and its partners are committed to document the lessons and impact of this project rigorously, using both programme and population-based data.

Lessons learned from the Somalia intervention will have a significant influence over future implementation and the scaling-up of this nutritional intervention both in Somalia and globally.

The intervention is carried out in partnership with both International and local NGOs, community-based organizations and women's groups and is funded mainly by USAID/OFDA and the governments of Denmark and the United Kingdom as well as the multidonor UN Central Emergency Response Fund (CERF).

**Somali Child Health Days go nationwide for the first time**

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For Khadija Issac, a widow who has to depend entirely on her relatives to provide for her four children, the free services are crucial. "I brought my four year-old son Ali today to get the vaccines because I want him to live a healthy life. I also got vaccinated against tetanus," she said. Because malnutrition rates in Somalia remain significantly above the emergency threshold, children's nutritional status is assessed on site and appropriate referral services are provided.

Habiba, a mother of five, came to one of the campaign sites set up in Wajid town with her children. Her malnourished children, twin one-year-old girls, were immediately referred by the health workers to the nearby therapeutic feeding centre.

All children aged less than five were screened for malnutrition during the CHDs and malnourished children were referred to nearby feeding programmes.

[See coverage table Page 5](#)



**A child gets injected to prevent disease during the CHDs in Somaliland in 2008. © UNICEF Somalia**

**Working with about 15 international NGOs, UNICEF has distributed 1.5m nets...**

## Child Health Days Coverage in Somaliland and Central/South Somalia\* - 25 December 2008 to 30 April 2009

Intervention	Age	Number reached	Coverage (based on CHD planning population)
Polio vaccination (OPV)	Children 0-59 months	920,245	81%
DPT 1-3 vaccination	Children 6 weeks-11 months	215,621	95%
Measles vaccination	Children 9-59 months	779,735	81%
Tetanus Toxoid vaccination	Women of Child Bearing Age (15-49)	729,259	56%
Vitamin A supplementation	Children 6-59 months	802,509	79%
De-worming (Albendazol)	Children 12-59 months	719,549	79%
ORS	Children 0-59 months	936,853	81%
Water Treatment Tablets	Children 0-59 months (to be used for ORS preparation)	949, 320	81%

\*(except Kismayo, Benadir and Lower Shabelle)



A small boy gets immunized during the Child Health Days campaign carried out by UNICEF in Central/Southern Somalia in March 2009. © UNICEF Somalia/2009

## World Malaria Day marked

World Malaria Day was commemorated on 25 April 2009 in various locations in Somalia. Members of local administrations, ministers, parliamentarians, UN and international and local NGO staff, media, religious leaders, teachers, members of women's groups, students and the general public participated in the activities that took place. In Northeast Somalia ('Puntland') President Dr Abdirahman Farole highlighted the need for continued distribution of nets saying both his maternal and paternal grandfathers died of malaria. "The situation is not as bad as then given advances in medicine. We must all work together to eliminate the killer disease from the region," he said.

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**25 April** marks the unified commemoration of the global effort to provide effective control of malaria around the world. World Malaria Day represents a chance for all to make a difference. Whether a government, a company, a charity or an individual, you can roll back malaria and help generate broad gains in multiple areas of health and human development.

For more information on our programming or to learn how you can help, please contact us at:

Christian Balslev-Olesen, Representative  
Iman Morooka, Communication Officer  
Dr Annie Sparrow, Malaria Programme Manager  
Robert Kihara, Communication Officer

cbalslev@unicef.org  
imorooka@unicef.org  
asparrow@unicef.org  
rkihara@unicef.org

+ 254 722 514 569  
+ 254 714 606 733  
+ 254 723 786 763  
+ 254 722 206 883

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