

April 2023

Health Emergency Programme Update – Somalia



Children wait to be vaccinated in camp for internally displaced people. © WHO Somalia | Flickr

KEY HEALTH INDICATORS – APRIL 2023

130	43 (33.1%) active health cluster partners in 56 districts.
7.8 million	People in need of health care

HEALTH NEEDS AND PROVISION

- 8.3 million people in need of humanitarian assistance¹
- 7.8 million people estimated to be affected by the current drought; 1.4 million have been internally displaced by drought and 50 000 have migrated to Ethiopia and Kenya².
- Nearly 6.6 million people - 38.8% of the population - are experiencing acute food insecurity including 4.6 million in emergency (IPC 3) and 40 350 in catastrophe (IPC 5). 1.8 million of children are facing acute malnutrition³.
- 175 000 people affected by flash floods, of whom 14 000 have been displaced especially in Baardheere district of Gedo region and Baidoa district of South West state⁴.
- Fewer than 1 consultation per person per year reported during the month (as compared to the OCHA standard of 1 new visit/person/year).

1 <https://reliefweb.int/report/somalia/somalia-humanitarian-response-plan-february-2023>
 2 Somalia: Drought Response and Famine Prevention (15 November - 15 December 2022) - Somalia | ReliefWeb
 3 Integrated Food Security Phase Classification Report - April 2023
 4 Somalia: Gu rainy season 2023 Flash Floods Update No. 3 (13 April 2023) - Somalia | ReliefWeb

HIGHLIGHTS

- 1969 Community Health Workers (CHWs) were deployed in 62 districts across six states, including 31 drought-affected districts where the World Health Organization (WHO) is implementing drought response activities.
- 1.2 million people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 1202 COVID-19 alerts were notified to district-based rapid response teams. 955 (79.5%) alerts were investigated and, of these, 245 (25.6%) were confirmed as true.
- 5320 children under the age of 5 years with acute diarrhoea were identified and treated in the community with oral rehydration salts (ORS) and zinc.
- 79 548 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 20 441 (25.7%) were suffering from moderate acute malnutrition (MAM) and 9516 (12.0%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 14 674 pregnant women were given iron and folic acid supplements, 20 021 children aged 6 to 59 months were given vitamin A supplements, and 75 359 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 2521 severely malnourished children with medical complications were admitted to 47 nutrition stabilization centres that are supported by WHO, of whom 2379 (94.4%) were cured, 60 (2.4%) were registered as defaulters, while 43 (1.7%) died.
- 8586 people in drought-affected communities, including 4820 (56%) children under 5 years, received integrated primary health care services.

Coordination meetings

- WHO convened coordination meetings with Ethiopia and Kenya to discuss the implementation of cross-border cholera response activities. During the meetings, the three countries discussed the epidemiological situation for cholera, risk factors and response mechanisms. The participants who included technical officers from the three countries resolved to request additional oral cholera vaccinations for communities living in the Mander triangle in the three countries and implement joint activities for the control of cholera spread.
- WHO convened coordination meetings with health and water, sanitation and hygiene (WASH) cluster partners in different states to discuss the drought situation and expected heavy rains starting in several regions. In Jubaland state, partners discussed the current cholera situation that has spread to Dollow and Luuq districts and developed an updated cholera response plan. In addition, partners discussed the effect of flash floods that displaced 100 000 people in Baardheere districts and identified needs for the displaced populations which included shelter, food, safe water and medical supplies. These will be provided by responsible cluster partners. In Puntland, the Ministry of Health (MOH) reviewed the health needs of people displaced by flash floods in Qardo district with health and WASH cluster partners. WHO and health partners will provide essential medical supplies for the management of acute diarrhoea and waterborne diseases while WASH cluster partners will scale up implementation of WASH interventions among populations affected by floods.
- A technical team from WHO and the Inter-Cluster Coordination Group (ICCG) conducted a joint field visit to Baardheere district in Gedo region to monitor the drought situation, strengthen the relationship with local authorities and humanitarian partners, monitor the ongoing drought response activities, and identify gaps faced by the humanitarian partners as well as the affected population. Key findings of the mission included Baardheere district has adequate support for nutrition activities from partners offering different nutrition interventions for the treatment of acute malnutrition including an outpatient therapeutic programme (OTP) and a targeted supplementary feeding programme (TSFP); most of the cases of malnutrition treated in the Baardheere stabilization centers are from inaccessible districts i.e. Buuale, Sakow, and Diinsoor. The cases are usually admitted very late with advanced SAM with medical complications. Key recommended actions include: scaled-up preventative nutrition activities by nutrition partners, ensuring all internally displaced persons (IDPs) have access to the basic nutrition package of interventions, especially malnutrition screening by using MUAC tape, and education of lactating mothers with key messages on infant and young child feeding (IYCF) practices; strengthen coordination and collaboration between nutrition and health partners, and integrate WASH activities to mitigate the increased risk of acute watery diarrhoea (AWD)/cholera outbreaks associated with the impact of the current rains and floods.



Community health workers conduct outreach activities © WHO Somalia | Flickr

Implementation of community-based surveillance

WHO deployed 1969 Community Health Workers (CHWs) to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management of common childhood illness in 62 districts including 31 districts in which WHO is implementing drought response activities.

- CHWs visited 329 627 households and sensitized an estimated 1.2 million people with preventive messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 1202 COVID-19 alerts to district based rapid response teams of which 955 (79.5%) alerts were investigated, of these, and 245 (25.6%) were confirmed as true.

In the 31 drought-affected districts where WHO scaled up the implementation of health interventions, CHWs conducted the following activities:

- Identified and treated 5320 children under the age of five years with acute diarrhoea with ORS and Zinc. 67 (1.3%) children with severe dehydration were referred for further management in health facilities.
- Screened 79 548 children under the age of five for malnutrition using MUAC tape, of whom 20 441 (25.7%) had MAM and 9516 (12.0%) had SAM. Children with MAM were referred to an outpatient therapeutic programme (OTP) for additional treatment while those with SAM were referred to stabilization centres for treatment.
- Provided iron and folic acid to 14 674 pregnant women (a two-fold increase compared to the previous month), vitamin A supplementation to 20 021 children aged 6 to 59 months (a two-fold increase compared to the previous month), deworming tablets to 21 276 children aged 12 to 59 months (a three-fold increase compared to the previous month) and sensitized 75 359 lactating mothers with key messages on infant and young child feeding (IYCF) activities (a ten-fold increase compared to the previous month).
- Identified 630 children with respiratory tract infections, and 174 with one or more danger sign(s) by the CHWs and referred to the nearest health facility for further investigation and management.
- Reported a total of 157 community deaths (64 of which were under the age of five years and 93 were 5 years and above)



WHO staff talks to mother in stabilization centre in Kismayo. © WHO Somalia | Flickr

Supportive supervision activities for CHWs

- District-based rapid response teams conducted 119 supportive supervisory visits to assess the quality of data and activities implemented by CHWs. Findings of the supervision included (i) 72% of CHW could demonstrate correctly how to conduct active case search for epidemic-prone diseases in the community (ii) 64% were engaged in health promotion and risk communication activities, (iii) 80% had movement plans with maps showing the households to be visited each day, (iv) 100% reported using the electronic tool provided, and (v) 92% demonstrated proper use of the electronic tool.

Cholera response in drought-affected districts

Somalia is currently experiencing a cholera outbreak in 26 drought-affected districts which has been uninterrupted since 2012. The current cholera outbreak is attributed to a high proportion of IDPs with limited access to safe water and proper sanitation. Since epidemiological week 1 of 2023, 7442 cases and 24 deaths (case fatality rate: 0.3%) have been reported in 28 districts. In the past four weeks, the number of cholera cases reported in drought-affected districts in Somalia have decreased by 40%. Despite the reported reduction in number of new cases, the cholera outbreak spread to Dolow and Luuq districts in April. In addition to poor sanitation due to open defecation and limited access to safe water, in the border district, uncontrolled population movement has led to the further spread of cholera from Garissa and Wajir counties in Kenya to Afmadow and Beletawo in Somalia.

To contain the outbreak, WHO has supported the MoH to implement the following activities:

- Building capacity of frontline health workers to manage suspected cases of cholera using standard protocols.
- Supporting the referral of severe cases of cholera from community oral rehydration points to WHO-supported cholera treatment centers (CTC) located in drought-affected districts for appropriate care and treatment.
- Deploying district-based rapid response teams (RRTs) to investigate and validate alerts reported by CHWs. The RRTs collected and shipped 827 stool samples to the public health laboratory in Kismayo, of which 22 (2.7%) tested positive for *Vibrio cholerae* serotype 01 Ogawa.
- Convening a cross-border coordination meeting with Kenyan and Ethiopian counterparts, in which participants resolved to strengthen coordination of cholera response activities between the two countries through the focal points for International Health Regulations (IHR). During this meeting, partners also resolved to harmonize implementation of similar response activities in both countries.

- Conducting a joint risk assessment with WASH and health cluster partners and identifying cholera hotspot districts where WASH interventions will be scaled up.
- Reviewing and updating the cholera preparedness and response plan with health and WASH partners focusing on providing safe water and primary health care services to drought-affected communities in Jubaland and other states.

Implementation of drought response activities in drought-affected districts

WHO is collaborating with other UN agencies to scale up the provision of integrated primary health care services to drought-affected communities in 31 districts in Galmudug, Jubaland, Southwest, Hirshabelle and Banadir region. WHO deployed integrated outreach teams to implement the following activities:

- Delivered integrated primary health care services to 64 588 people in drought-affected communities (a 25% increase compared to the previous month), of whom 32 778 (50.7%) were children under 5 years of age.
- Treated 4313 children under 5 years with acute diarrhoeal diseases using ORS while 27 360 children aged 6 to 59 months were given vitamin A supplementation.
- Vaccinated 10 994 children under 5 years with the first dose of pentavalent vaccine, 8486 with the third dose of pentavalent vaccine, 10 825 with the first dose of measles containing vaccine (MCV1) (a 7% reduction on the previous month) and 7476 with the second dose of measles containing vaccine (MCV2).
- Vaccinated 4978 pregnant women against tetanus (a 30% increase on the previous month).



Community health worker screens child for malnutrition in Baidoa camp for internally displaced people. © WHO Somalia | Flickr

Additionally, WHO expanded service delivery in two districts in Banadir with the highest concentration of IDPs. Integrated outreach teams delivered the following activities:

- Provided outpatient consultations to 8586 displaced people suffering from different drought-associated diseases, of whom 4820 (56.1%) were children under 5 years and 5393 (62.8%) were female. Overall, this represents an 8% reduction in outpatient consultations compared to the previous month due to Ramadan.
- Screened 2863 children for malnutrition, of whom 198 (6.9%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 1737 children with vitamin A, dewormed 2842 children using albendazole tablets and treated 575 cases of acute watery diarrhoea using ORS.
- Vaccinated 306 children with Bacille Calmette-Guérin (BCG) (a 30% reduction from the previous month) as well as 618 with the first dose of oral polio vaccine (OPV1) (a 20% reduction from the previous month), 608 children with the second dose (OPV2) (21% reduction from the previous month), and 634 with the third dose (OPV3) (a 14% increase compared to the previous month). 618 children received the first dose of pentavalent vaccine (a 21% reduction compared to the previous month), 431 received the second dose (a 44% reduction compared to the previous month), and 634 received the third dose (a 11% reduction compared to the previous month). 636 children received the first dose of inactive polio vaccine (IPV1) (a 10% reduction compared to the previous month) and 431 received the second dose (IPV2). 479 children received the first dose of measles containing vaccine (MCV1) (a two-fold reduction on the previous month) and 337 received second dose (MCV2) (a 20% reduction on the previous month).

Nutrition update in drought-affected districts

- WHO, in collaboration with the nutrition cluster, supported 57 stabilization centres to provide care for children suffering from SAM with medical complications in drought-affected districts. In March 2023, of the 57 stabilization facilities supported, 47 (82.5%) submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, one in Hirshabelle, 16 in Southwest state and 12 in Puntland state. In March 2023, 2 521 children suffering from SAM with medical complications were admitted to stabilization facilities – this represents a 48.9% increase compared to the previous month. Of the 2521, 2 379 (94.4%) were cured, 60 (2.3%) were registered as defaulters, while 43 (1.7%) died. The districts that reported the highest number of SAM cases with medical complications were Baidoa in Southwest State (394) and Banadir (391).
- WHO donated five WHO-PED-SAM kits for the management of an estimated 600 children suffering from SAM with medical complications to Jowhar regional hospital stabilization center in Hirshabelle, Galkayo hospital stabilization center in Galmudug, Bardere hospital stabilization centre in Jubaland, and Garowe hospital stabilization center in Puntland.

Building laboratory capacity for timely detection of emerging pathogens

In Puntland state, the WHO technical team supported the training of 55 frontline health workers (33 males and 22 females) on the use of Rapid Diagnostic Kits (RDTs) for the diagnosis of epidemic-prone diseases including malaria, COVID-19 and Arbo viruses. The training was aimed at scaling up capacity for timely detection of emerging pathogens among high-risk populations in Puntland state. During the training, participants were trained on the use of case definitions for reporting epidemic-prone diseases, collection of blood samples and analysis using the RDTs for different diseases. After the training, the trainees were provided with reference materials and kits to diagnose emerging pathogens in different health facilities.



Training health workers and laboratory technicians. © WHO Somalia | Flickr

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Our weekly and monthly information products

Weekly cholera infographic:

- <http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.html>

Monthly reports:

- <http://www.emro.who.int/countries/somalia/index.html>
- COVID-19 Dashboard-Somalia



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