

February 2023

Health Emergency Programme Update – Somalia



Emergency Medical Teams undergoing training of management of trauma cases in Madina Hospital, Banadir-region © WHO Somalia

KEY HEALTH INDICATORS – FEBRUARY 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.
- Approximately 6.5 million people – 40.6% of the population - are experiencing severe food insecurity (Integrated Food Security Phase Classification (IPC) 3 or more) and 1.8 million children are facing acute malnutrition³.
- 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 Somalia post Dyer assessment and IPC analysis results-February 2023

HIGHLIGHTS

- 1919 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.
- 703 367 people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 4836 COVID-19 alerts were notified to district-based rapid response teams. 4234(87.6%) of these were investigated and 556 (11.5%) confirmed as true.
- 1492 children under the age of 5 years with acute diarrhoea were identified and treated with oral rehydration salt (ORS) and zinc in the community.
- 19 049 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 4816 (25.3%) were suffering from moderate acute malnutrition (MAM) and 1868 (9.8%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 3946 pregnant women were given iron and folic acid supplements, 2671 children aged 6 to 59 months were given vitamin A supplements, and 30 464 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 2896 severely malnourished children with medical complications were admitted to 41 nutrition stabilization centres that are supported by WHO, of whom 2423 (83.7%) were cured, 51 (1.8%) were registered as defaulters, while 48 (1.7%) died.
- 19 115 people in drought-affected communities, including 9046 (47.3%) children under 5 years, received integrated primary health care services.
- WHO donated emergency medical kits to all states to provide care and support to 300 000 people, including 1500 cases of acute diarrhoeal disease cases and 5000 cases of trauma.

Coordination meetings

WHO, United Nations Children's Fund (UNICEF) and Jubaland state Ministry of Health convened a cross-border coordination meeting with the Garissa County, Ministry of Health (in Kenya) to discuss the surging cases of cholera in the border communities between Somalia and Kenya. During the meeting, the epidemiological situation of cholera and drivers of the epidemic in both countries were discussed. Uncontrolled movement of people across the border in search of food, humanitarian assistance and trade were identified as the drivers of cholera. A mapping of resources in both Jubaland in Somalia and Garissa County was conducted and both Garissa and Jubaland Ministries of Health agreed to share cholera-related reports and harmonize the implementation of response activities in both communities.

WHO also convened a three-level meeting between WHO headquarters, Regional Offices for Africa and Eastern Mediterranean Region, and WHO country offices of Kenya and Somalia to discuss the scale up of vaccination services and provision of primary health care services to communities living at the border of the two countries. The participants resolved to develop a comprehensive plan that will be funded by GAVI to provide vaccination services and primary health care services to marginalized communities living at border points.

WHO, in collaboration with University of Liverpool, supported the Ministry of Health to conduct a prioritization exercise for zoonotic diseases in Somalia. The workshop was attended by participants from different government agencies responsible for implementation of One Health activities, United Nations (UN) agencies, health partners and academia. One of the key activities under the National Action Plan for Health Security in Somalia, the prioritization of zoonotic diseases was conducted using a US-CDC standard tool that has been implemented in 21 countries. The diseases prioritized for surveillance and response include Anthrax, Trypanosomiasis, Bovine Tuberculosis, Avian Influenza, Rift Valley Fever, Middle East Respiratory Coronavirus (MERS-CoV), Brucellosis and Zoonotic Enteric Parasites. Participants aligned these diseases to the newly launched Integrated Disease Surveillance and Response (IDSR) guidelines for Somalia and established a One Health multi-sectoral coordination mechanisms to strengthen timely detection and response to emerging and re-emerging zoonotic diseases. During the meeting, a plan highlighting key activities and outputs to strengthen zoonotic disease surveillance and response was developed.

Implementation of community-based surveillance

WHO deployed 1919 CHWs to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management for common childhood illness in 62 districts including 31 districts in which WHO is implementing drought response activities. The CHWs implemented the following activities:

- Visited 82 153 households and sensitized 703 367 persons with health promotion messages for epidemic-prone diseases including COVID-19.
- Detected and reported 4836 COVID-19 alerts to district-based rapid response teams of which 4234 (87.6%) alerts were investigated and 556 (11.5%) confirmed as true.



Community health workers conducting community mobilization for outreach services in Daynile IDP camps, Banadir region © WHO Somalia

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

- Identified and treated 1492 children under the age of 5 years suffering from acute diarrhoeal disease with ORS and zinc. Of the 1492 cases, 105 (7.0%) children with severe dehydration were referred for further management in health facilities.
- Screened 19 049 children under the age of 5 for malnutrition using MUAC tape, of whom 4816 (25.3%) had MAM while 1868 (9.8%) had SAM. Children with MAM were referred to therapeutic centres for supplementary feeding while those with SAM were referred to stabilization facilities for advanced treatment.

- Provided iron and folic acid supplements to 3946 pregnant women, vitamin A to 2671 children aged 6 to 59 months, and deworming tablets to 3053 of children aged 12 to 59 months.
- Educated and sensitized 30 464 lactating mothers with key messages on infant and young child feeding (IYCF) practices.
- Identified 565 children with acute respiratory tract infections of whom 153 had one or more danger signs and were referred to the nearest health facility for additional treatment.
- Reported 353 community deaths, of which 144 (40.8%) were children under 5 years and 209 (59.2%) were over five years.

Supportive supervision activities for CHWs:

- District-based rapid response teams conducted 129 supportive supervisions to assess the quality of data and activities implemented by CHWs. Findings of the supervision included (i) 64% of CHWs could correctly demonstrate how to conduct active case search for epidemic-prone diseases in the community; (ii) 59% were engaged in health promotion and risk communication activities; (iii) 90% had movement plans with maps showing the households to be visited each day; (iv) 100% of CHWs reported using the electronic tool provided; and (v) 96% 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, 1845 cases and 4 deaths (case fatality rate: 0.2%) have been reported in 26 districts. In the past four weeks, the number of cholera cases reported in districts bordering Kenya increased 2-fold while in Kismayo cases increased by 36%. In the border district, uncontrolled population movement have led to the further spread of cholera cases from Garissa and Wajir countries on the Kenyan side to Afmadow and Beletawo in Somalia.



A frontline Health Worker vaccinating children against cholera in Kahda districts of Banadir region © WHO Somalia

To contain the outbreak, WHO has supported the Ministry of Health to implement the following activities:

- Building capacity for 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 the WHO-supported cholera treatment center (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 district-based RRTs collected and shipped 10 stool samples to the public health laboratory in Kismayo, of which five (50.0%) tested positive for *Vibrio cholerae* serotype 01 Ogawa.
- Deploying 360 CHWs in ten districts of Jubaland state. These CHWs have treated 1298 cases of acute diarrhoea with ORS, referred 83 severe cases to CTCs for additional treatment and sensitized 7965 households with cholera prevention messages, mainly in Beletawo and Afmadow.
- Convening a cross-border coordination meeting with Kenyan counterparts, in which participants resolved to strengthen coordination of cholera response activities between the two countries through the focal point for International Health Regulations (IHR). During these meeting partners have resolved to harmonize implementation of similar response activities in both countries.
- Conducting a risk assessment jointly with water, sanitation and hygiene (WASH) and Health cluster partners and identify 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.

- Prepositioned cholera kits in Jubaland that are adequate to manage 300 cases of cholera and other acute diarrhoeal disease cases

The escalating drought is expected to increase the proportion of people with limited access to safe water and proper sanitation, increasing the likelihood of cholera spreading. WHO has activated the Early Warning Alert and Response Network (EWARN) in drought-affected districts in addition to deployment of CHWs to detect and report community alerts of suspected cholera which are investigated by district based rapid response teams. Epidemiological reports are periodically shared with health partners to guide the implementation of health interventions in districts with a high risk of cholera.

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 19 115 people in drought-affected communities, of whom 9046 (47.3%) were children under 5 years of age.
- Treated 2499 children under 5 years with acute diarrhoeal diseases using ORS while 5831 children aged 6 to 59 months were given vitamin A supplementation.
- Vaccinated 2113 children under 5 years with the first dose of pentavalent vaccine, 1953 with the third dose of pentavalent vaccine, 1853 with the first dose of measles containing vaccine (MCV1) and 1706 with the second dose of measles containing vaccine (MCV2).
- Vaccinated 1223 pregnant women against tetanus.



Community Health worker conducting household visit in Kismayo, Jubaland state
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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 7348 displaced people suffering from different drought-related diseases, of which 3960 (53.9%) were children under 5 years and 4751 (64.7%) were female.
- Screened 3125 children for malnutrition, of whom 186 (5.9%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 981 children with vitamin A, dewormed 2047 children using albendazole tablets and treated 758 cases of acute watery diarrhoea using ORS.
- Vaccinated 306 children with Bacille Calmette-Guérin (BCG) as well as 504 with the first dose of oral polio vaccine (OPV1), 529 children with the second dose (OPV2), and 258 with the third dose (OPV3). 504 children received the first dose of pentavalent vaccine, 542 received the second dose, and 261 received the third dose. 251 children received the first dose of inactivated polio vaccine (IPV1) and 338 received the second dose (IPV2). 342 children received first dose of measles containing vaccine (MCV1) and 284 received second dose (MCV2).

Capacity building for strengthening trauma care services in Somalia

- Somalia was affected by a mass casualty event in October 2022 when an estimated 100 people died and over 300 experienced multiple injuries. Injured patients were admitted in public and private health facilities in Mogadishu where access to standard trauma care was limited. In addition to capacity building activities for trauma management conducted by the Emergency Medical Team (EMT) from the United Kingdom (UK-Med), the trauma operational and advisory team from WHO's regional office developed a training program for 120 frontline health workers from eight regional hospitals on basic first aid and casualty management skills. The three-day programme focused on delivering knowledge about basic emergency care and providing hands-on skills to control haemorrhage, airway management, application of tourniquets, immobilization of fractures, and basic management of spinal cord injuries, head trauma, and trauma in pregnant women
- In response to the conflict in Lasanod districts in which 173 people were reported to have died and 530 casualties were also reported, WHO donated three Inter Agency Emergency Health Kit (IEHK) adequate, to support the care and management of 30 000 casualties for three months, and two trauma kits, to manage 100 cases with injuries.

Nutrition update in drought-affected districts

- WHO, in collaboration with the nutrition cluster, supported 53 stabilization centres to provide care for children suffering from SAM with medical complications in drought-affected districts. In January 2023, of the 53 stabilization facilities supported, 41 (77.4%) submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, 12 in Southwest state, two in Hirshabelle and nine in Puntland state.
- In January 2023, of the 2896 children suffering from SAM with medical complications who were admitted to stabilization facilities, 2423 (83.7%) were cured, 51 (1.8%) were registered as defaulters, while 48 (1.7%) died. The districts that reported the highest number of SAM cases with medical complications were Banadir (373) and Baidoa (281).
- A technical team from WHO and the Ministry of Health conducted a supervision visit to Banadir hospital stabilization centre and assessed the capacity for the management of severe cases of malnutrition with medical conditions. The technical team identified limited skills among newly recruited health workers in the management of SAM cases with medical complications. During the visit, WHO donated four WHO-PED-SAM kits to the stabilization centre, which are adequate to manage 200 cases of SAM with medical complications. WHO will provide technical support in building the capacity of newly recruited frontline health workers in the standard management of severe cases of malnutrition with medical complications.

Contacts

Dr Mirza Mashrur Ahmed, ahmedmi@who.int
Ms Fouzia Bano, Communications Officer, banof@who.int
Mr Kyle Defreitas, External Relations Officer, defreitask@who.int
Dr Omar Omar, Information Management Officer, oomar@who.int

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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