

March 2023

Health Emergency Programme Update – Somalia



Child is screened for malnutrition in Daynille district © WHO Somalia | Flickr

KEY HEALTH INDICATORS – MARCH 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 – 31.3% 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

- 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.
- 1 602 943 people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 4746 COVID-19 alerts were notified to district-based rapid response teams. 3992 (84%) of these were investigated and 757 (19%) confirmed as true.
- 3528 children under the age of 5 years with acute diarrhoea were identified and treated with oral rehydration salts (ORS) and zinc in the community.
- 55 624 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 13 750 (24.7%) were suffering from moderate acute malnutrition (MAM) and 5468 (9.8%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 7483 pregnant women were given iron and folic acid supplements, 9211 children aged 6 to 59 months were given vitamin A supplements, and 74 207 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 1693 severely malnourished children with medical complications were admitted to 29 nutrition stabilization centres that are supported by WHO, of whom 1480 (87.4%) were cured, 26 (1.5%) were registered as defaulters, while 29 (1.7%) died.
- 51 337 people in drought-affected communities, including 4780 (9.3%) children under 5 years, received integrated primary health care services.

Coordination meetings

WHO participated in a joint technical meeting with the United Nations Food and Agricultural Organization (FAO), the United Nations High Commission for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Program (WFP) and the United Nations Population Fund (UNFPA) to develop a road map for the Global Action Plan on Child Wasting. During the meeting, partners developed an action plan and agreed on multisectoral and joint interventions for the early prevention, detection and treatment of child wasting in Somalia to reduce avoidable morbidity and mortality attributed to malnutrition. WHO emphasized the need to focus on essential maternal and child nutrition interventions including: protection; promotion and counselling on breastfeeding and complementary foods and feeding; micronutrient supplementation, including vitamin A supplementation and deworming prophylaxis; vaccination and treatment of common childhood diseases; regular screening for the early detection of child wasting; early treatment of child wasting in the community or referral to a facility in case of medical complications.

Implementation of community-based surveillance

WHO deployed 1969 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 392 041 households and sensitized 1 602 943 persons with health promotion messages for epidemic-prone diseases including COVID-19.
- Detected and reported 4746 COVID-19 alerts to district-based rapid response teams of which 3,992 (84%) alerts were investigated and 757 (19%) confirmed as true.

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

- Identified and treated 3528 children under the age of 5 years suffering from acute diarrhoeal disease with ORS and zinc. Of the 3528 cases, 105 (3.0%) children with severe dehydration were referred to health facilities for further management.
- Screened 55 624 children under the age of 5 for malnutrition using MUAC tape, of whom 13 750 (24.7%) had MAM while 5468 (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 7483 pregnant women, vitamin A to 9211 children aged 6 to 59 months, and deworming tablets to 8571 children aged 12 to 59 months.
- Educated and sensitized 74 207 lactating mothers with key messages on infant and young child feeding (IYCF) practices.
- Identified 1747 children with acute respiratory tract infections, of whom 559 (32.0%) had one or more danger signs and were referred to the nearest health facility for additional treatment.
- Reported 930 community deaths, of which 468 (50.3%) were children under 5 years and 462 (49.7%) were over five years.



Mother waits with her child to be vaccinated © WHO Somalia | Flickr

Supportive supervision activities for CHWs-

- District-based rapid response teams conducted 156 supportive supervisions to assess the quality of data and activities implemented by CHWs. Findings of the supervision included 62% of CHWs were engaged in health promotion and risk communication activities; 84% had movement plans with maps showing the households to be visited each day; all CHWs

reported using the electronic tool provided; and 94% demonstrated proper use of the electronic tool. However only 1% of the CHW could correctly demonstrate how to conduct active case search for epidemic-prone diseases.

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 internally displaced persons (IDPs) with limited access to safe water and proper sanitation. Since epidemiological week 1 of 2023, 3455 cases and 10 deaths (case fatality rate: 0.3%) have been reported in 26 districts. In the past four weeks, the number of cholera cases reported in drought-affected districts in Somalia have increased three-fold compared to the same period last year. The epicenter of the current outbreak is in Afmadow and Beletweyne districts bordering Kenya, where a cholera outbreak has also been declared. 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 Beletweyne in Somalia.



Oral cholera vaccination campaign in Daynile district
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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 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 7 stool samples to the public health laboratory in Kismayo, of which five (71.4%) tested positive for *Vibrio cholerae* serotype 01 Ogawa.
- 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 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 water, sanitation, and hygiene (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.
- Prepositioned cholera kits in Jubaland that are adequate to manage 500 additional cases of cholera and other acute diarrhoeal disease cases.

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 51 337 people in drought-affected communities (two-fold increase compared to the previous month), of whom 25 173 (49.0%) were children under 5 years of age.
- Treated 4712 children under 5 years with acute diarrhoeal diseases using ORS (an 88.5% increase on the previous month) while 30 914 children aged 6 to 59 months were given vitamin A supplementation (a sixfold increase on the previous month).
- Vaccinated 11 727 children under 5 years with the first dose of pentavalent vaccine (a sixfold increase on the previous month), 8 948 with the third dose of pentavalent vaccine (a fivefold increase on the previous month), 11 699 with the first

dose of measles containing vaccine (MCV1) (a sixfold increase on the previous month) and 7 904 with the second dose of measles containing vaccine (MCV2) (a fivefold increase on the previous month).

- Vaccinated 3826 pregnant women against tetanus (a threefold increase on the previous month).

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 9378 displaced people suffering from different drought-related diseases, of whom 4780 (51.0%) were children under 5 years and 4751 (50.7%) were female. Overall, this represents a 27.6% increase in outpatient consultations compared to the previous month.
- Screened 3473 children for malnutrition, of whom 186 (5.4%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 1307 children with vitamin A, dewormed 2047 children using albendazole tablets and treated 827 cases of acute watery diarrhoea using ORS.
- Vaccinated 441 children with Bacille Calmette-Guérin (BCG) (a 44% increase from the previous month) as well as 778 with the first dose of oral polio vaccine (OPV1) (a 54.3% increase from the previous month), 775 children with the second dose (OPV2) (46.4% increase from the previous month), and 557 with the third dose (OPV3) (a twofold increase compared to the previous month). 778 children received the first dose of pentavalent vaccine (a 54.3% increase compared to the previous month), 775 received the second dose (a 42.9% increase compared to the previous month), and 558 received the third dose (a twofold increase compared to the previous month). 548 children received the first dose of inactivated polio vaccine (IPV1) (a twofold increase compared to the previous month) and 652 received the second dose (IPV2). 759 children received the first dose of measles containing vaccine (MCV1) (a twofold increase on the previous month) and 420 received second dose (MCV2) (a two-fold increase on the previous month).



Mother and child wait to be vaccinated at an IDP camp in Daynile district
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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 to 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 programme for 120 frontline health workers from eight regional hospitals on basic first aid and casualty management skills. The three-day programme focused on 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 from which 173 deaths and 530 casualties were reported, WHO donated three Inter-Agency Emergency Health Kits (IEHK), which will support the care and management of 30 000 casualties for three months, and two trauma kits, which will 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 February 2023, of the 53 stabilization facilities supported, 28 (53.0%) submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, two in Hirshabelle and nine in Puntland state. In February 2023, 1693 children suffering from SAM with medical complications who were admitted to stabilization facilities which represents a 41.5% reduction compared to the previous months. Of the 1693, 1480 (92.0%) were cured, 26(1.6%) were registered as defaulters, while 29 (1.8%) died. The districts that reported the highest number of SAM cases with medical complications were Banadir (362) and Kismayo in Jubaland.

state (225).

- To further strengthen the capacity of healthcare workers to manage cases of Severe Acute Malnutrition with Medical Complication (SAM/MC) in nutrition stabilization centers, WHO Country Office, with support from WHO Regional Office for Eastern Mediterranean (WHO/EMRO) and WHO Regional Office for Africa (WHO/AFRO) conducted a 11-day training of trainers for the management of Severe Acute Malnutrition with medical complications in complex humanitarian settings. After the training the trainers from Somalia will be supported to cascade the training to frontline health workers working in stabilization centers located in other states of Somalia.

Building laboratory capacity for timely detection of emerging pathogens

- WHO supported state-based Ministries of Health to establish testing capacity for cholera in Jowhar hospital in Hirshabelle state. A total of 64 stool samples were collected from suspected cholera cases by district based rapid response teams from cholera endemic villages of Jowhar and all were tested negative for enteric pathogens. In Galmudug state, WHO supported the establishment of Real Time Polymerase Chain Reaction (RT-PCR) capacity for the testing of COVID-19 and other emerging pathogens. Four frontline health workers from Adado hospital were trained on the use of RT-PCR machines and the laboratory equipped with reagents for testing COVID-19, Measles, and viral transport media. In Garowe and Hargeisa laboratories, WHO distributed reagents for the testing of Monkey Pox and Viral Haemorrhagic Fever (VHF)

Building capacity for epidemic preparedness and response in Somalia

- WHO supported MOH to build capacity for 26 frontline health workers (including eight female health workers) on epidemic preparedness and response through the frontline Field Epidemiology Programme (FETP). The participants were trained in investigation of disease outbreaks, disease surveillance data collection, analysis and dissemination using standard epidemiologic tools and quality assurance for diseases surveillance. Fifty percent of the participants were selected from different states districts while the rest were selected from technical units of the Ministry of Health. After the training, participants were deployed to support drought and cholera response activities. Since the beginning of the frontline FETP in Somalia in August 2021, 71 frontline health workers (including 23 females) have graduated from the programme and are currently supporting epidemic preparedness and response activities in Somalia.

Building capacity for Infection Prevention and Control (IPC) in Somalia

- WHO technical team in coordination with the technical unit in MOH and cluster partners build capacity for 480 frontline health workers (including 247 females) in the implementation of IPC activities including medical waste management in major hospitals of Somalia. The participants were selected from Banadir (80), Puntland (80), Southwest State (80) Jubaland (80), Galmudug (80), and Hirshabelle (80). The frontline health workers were trained on the establishment of IPC committees, standard protocols for the implementation of IPC activities, utilisation of personal protective equipment and medical waste management. During the training, MOH commissioned the national IPC technical working group that was tasked to coordinate IPC activities, establish IPC capacities in all states and develop an IPC workplan and strategy for Somalia.

Building capacity for trauma management and critical care

- WHO supported the Ministry of Health to build the capacity of 71 frontline health workers from Banadir (13), Puntland (42) and Hirshabelle (16) on emergency management of trauma and screening of critically injured patients. The participants were trained on the Airway, Breathing and Circulation (ABC) approach, identification of danger signs, control of bleeding, management of airway for critically injured patients and management of fractures. At the end of the training, participants were provided with reference materials that they will use at their respective units for the management of trauma cases.
- WHO provided 45 oxygen concentrators with consumables to state-based health ministries to support the management of critically ill patients in need of oxygen therapy. The oxygen concentrators were supplied to Banadir (5), Hirshabelle (4), Galmudug (6), Jubaland (8), Puntland (10), Southwest State (12). In addition, WHO established and equipped corners for the rehydration of children with diarrhoea and malnutrition in seven health facilities located in drought-affected districts.



Community healthcare workers in Daynille district © 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>
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