

May 2023

Health Emergency Programme Update – Somalia



Child is vaccinated during World Immunization Week © WHO Somalia | Flickr

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 (Over half the population of Somalia) in need of humanitarian assistance.¹
- 7.8 million people (about half the population of Somalia) 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 Kenya.²
- 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 malnutrition.³
- 460 470 people affected by flash floods, of whom 219 000 have been displaced and 22 killed especially in Beletweyne in Hirshabelle, Baardheere district of Gedo region and Baidoa district of Southwest state.⁴
- 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: 2023 Flash and Riverine Floods Situation Report No. 1 (as of 14 May 2023) - Somalia | ReliefWeb

HIGHLIGHTS

- 1119 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.
- 241 COVID-19 alerts were notified to district-based rapid response teams. 191 (79.3%) alerts were investigated and, of these, 155 (81.2%) were confirmed as true.
- 5098 children under the age of 5 years with acute diarrhoea were identified and treated in the community with oral rehydration salts (ORS) and zinc.
- 65 936 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 16 987 (25.8%) were suffering from moderate acute malnutrition (MAM) and 6918 (10.5%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 14 811 pregnant women were given iron and folic acid supplements, 14 921 children aged 6 to 59 months were given vitamin A supplements, and 68 821 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 2740 severely malnourished children with medical complications were admitted to 46 nutrition stabilization centres that are supported by WHO, of whom 2432 (88.8%) were cured, 55 (2.0%) were registered as defaulters, while 54 (2.0%) died.
- 57 853 people in drought-affected communities, including 27 148 (46.9%) children under 5 years, received integrated primary health care services.

Coordination meetings

- Following flash floods that displaced 210 000 people and destroyed 11 health facilities in the Beletweyne district of Hirshabelle state, WHO, in collaboration with health cluster partners and the Ministry of Health (MOH) conducted a rapid needs assessment for the displaced people affected by floods. During the assessment, the team interviewed the community leaders and affected communities and identified the following urgent needs; emergency medical services for the prevention and control of waterborne (acute diarrhoea) and vector-borne diseases (malaria and dengue fever), food and housing facilities.
- 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 Mandera 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 Hirshabelle state partners discussed the health needs of the people displaced by flooding in Beletweyne. In response, WHO deployed nine integrated outreach teams that provided primary health care services to 9800 people and donated interagency health kits and cholera kits that are adequate to treat 20 000 people with acute diarrhoea and other infections. In Puntland, the Ministry of Health (MOH) convened a meeting with partners including WHO, UNICEF and Save the Children to discuss the epidemiological situation of the outbreak of dengue fever in Garowe, Qardo and Galkayo. Participants requested the MOH to engage local leaders in affected towns to mobilize communities to scale up the implementation of sanitation activities in their homes to remove breeding sites for mosquitos and that the malaria programme scale up the implementation of integrated management for vector control and update the response plan for the dengue fever outbreak in affected towns.

Implementation of community-based surveillance

WHO deployed 1119 CHWs to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management of common childhood illness in 43 of the 62 districts in which CHWs were deployed including 31 districts in which WHO is implementing drought response activities.

- CHWs visited 294 136 households (a 11% reduction against the previous month) and sensitized an estimated 1.2 million people with preventative messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 241 COVID-19 alerts (an 80% reduction compared to April) to district-based rapid response teams. 191 (79.3%) alerts were investigated, of these, and 155 (81.2%) were confirmed as true.



WHO provides medical supplies in flood-affected communities in Beletweyne
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In the 31 drought-affected districts where WHO scaled up the implementation of health interventions, CHWs conducted the following activities:

- Identified and treated 5098 children under the age of five years with acute diarrhoea with ORS and Zinc. 459 (9.0%) children with severe dehydration were referred for further management in health facilities.
- Screened 65 936 children under the age of five for malnutrition using MUAC tape (a 17% reduction compared to April), of whom 16 987 (25.8%) had MAM and 6918 (10.5%) 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 14 811 pregnant women, vitamin A supplementation to 14 921 children aged 6 to 59 months (a 34% reduction compared to the previous month), and deworming tablets to 16 283 children aged 12 to 59 months (a 23.5% reduction compared to the previous month) and sensitized 68 821 lactating mothers with key messages on infant and young child feeding (IYCF) activities (a 9% reduction compared to the previous month).
- Identified 2925 children with respiratory tract infections (a fivefold increase compared to the previous month), of whom, 1523 (52.1%) had one or more danger sign(s) and were referred to the nearest health facility for further investigation and management.
- Reported a total of 416 community deaths (a two-fold increase compared to the previous month), 42 of which were under the age of five years and 374 were 5 years and above.

Supportive supervision activities for CHWs

- District-based rapid response teams conducted 109 supportive supervisory visits to assess the quality of data and activities implemented by CHWs. Findings of the supervision included (i) 70% of CHWs could demonstrate correctly how to conduct active case search for epidemic-prone diseases in the community (ii) 66% were engaged in health promotion and risk communication activities, (iii) 78% had movement plans with maps showing the households to be visited each day, (iv) 100% 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 28 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, 8987 cases and 26 deaths (case fatality rate: 0.3%) have been reported in 28 districts. In the past two months, the number of cholera cases reported in drought-affected districts in Somalia have decreased by 70%, specifically in Jubaland state which is the epicenter of the current outbreak. 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 Belethawo in Somalia.



Oral cholera vaccination campaign in Daynile district
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To contain the outbreak, WHO has supported the MoH to implement the following activities:

- Building the capacity of frontline health workers to manage suspected cases of cholera using standard protocols.
- Supporting the referral of 292 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. A total of 1162 mild and moderate cases were treated in the six Oral Rehydration Points (ORP) supported by WHO.
- Deploying district-based rapid response teams (RRTs) to investigate and validate alerts reported by CHWs. The RRTs collected and shipped 1098 stool samples to the public health laboratory in Kismayo, of which 25 (2.28%) 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.
- CHWs sensitized 29 723 individuals in cholera-affected districts of Jubaland with key messages for the prevention and control of cholera.

- 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 57 853 people in drought-affected communities (a 12% decrease compared to the previous month), of whom 27 148 (46.9%) were children under 5 years of age.
- Treated 4508 children under 5 years with acute diarrhoeal diseases using ORS while 19 307 children aged 6 to 59 months were given vitamin A supplementation (a 30% reduction compared to the previous month).
- Vaccinated 8632 children under 5 years with the first dose of pentavalent vaccine (a 21% reduction compared to previous month), 6834 with the third dose of pentavalent vaccine (a 20% reduction compared to the previous month), 8366 with the first dose of measles containing vaccine (MCV1) (a 22% reduction on the previous month) and 6148 with the second dose of measles containing vaccine (MCV2) (an 18% reduction compared to the previous month).
- Vaccinated 2853 pregnant women against tetanus (a 43% increase on the previous month).



Community health worker visits households in Mogadishu. © 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 9622 displaced people suffering from different drought-associated diseases, of whom 5244 (54.5%) were children under 5 years .
- Screened 2863 children for malnutrition, of whom 198 (6.9%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 1262 children with vitamin A, dewormed 2842 children using albendazole tablets and treated 649 cases of acute watery diarrhoea using ORS.
- Vaccinated 329 children with Bacille Calmette-Guérin (BCG) (no change from the previous month) as well as 743 with the first dose of oral polio vaccine (OPV1) (a 20% increase from the previous month), 720 children with the second dose (OPV2) (16% increase from the previous month), and 706 with the third dose (OPV3) (a 11% increase compared to the previous month). 742 children received the first dose of pentavalent vaccine (a 20% increase compared to the previous month), 712 received the second dose (a 65% increase compared to the previous month), and 705 received the third dose (a 11% increase compared to the previous month). 706 children received the first dose of inactive polio vaccine (IPV1) (an 11% increase compared to the previous month) and 549 received the second dose (IPV2). 636 children received the first dose of measles containing vaccine (MCV1) (a 32% increase on the previous month) and 538 received second dose (MCV2) (a 60% increase on the previous month).

Nutrition update in drought-affected districts

- WHO, in collaboration with the nutrition cluster, supported 58 stabilization centres to provide care for children suffering from SAM with medical complications in drought-affected districts. In April 2023, of the 58 stabilization facilities supported, 46 (79.3%) submitted reports on time, including two in Banadir region, nine in Jubaland, six in Galmudug, two in Hirshabelle, 16 in Southwest state and 11 in Puntland state. In April, 2740 children suffering from SAM with medical complications were admitted to stabilization facilities – this represents a 9% increase compared to the previous month.

Of these, 2432 (88.8%) were cured, 55 (2.0%) were registered as defaulters, while 54 (2.0%) died. The districts that reported the highest number of SAM cases with medical complications were Baidoa in Southwest State (418) and Banadir (389).

- WHO donated one WHO-PED-SAM kits for the management of an estimated 100 children suffering from SAM with medical complications to Beletweyne regional hospital stabilization center in Hirshabelle, to support the clinical management of children affected by severe malnutrition with medical complications in flood-affected communities
- WHO, with coordination from the nutrition cluster and International Medical Corps (IMC), conducted a 5-day capacity building workshop for 21 frontline health workers from stabilization facilities in Galmudug (3), Hirshabelle (2), Jubaland (3), South West state (9) and Banadir region (4). The aim of the training was to improve the capacity for the management of severe cases of malnutrition with medical complications from drought-affected districts in different states. Participants were trained on identification of severe forms of malnutrition, standard treatment protocols for SAM cases with medical complications, health promotion for IYCF, supplementary feeding and reporting of SAM cases in the District Health Information System (DHIS2). After the training, participants were provided with reference materials for use while in the field.

Response to Dengue fever outbreak in Puntland

- The State-based Ministry of Health in Puntland reported confirmed cases of dengue fever from three districts: Garowe, Bosaso and Laascaanood. Since January 2023, 80 suspected cases have been reported of which 14 have been confirmed positive using a Rapid Diagnostic Kit (RDT) in the Garowe laboratory. Of the 14 confirmed cases, four have been reported from Bosaso districts, five from Laascaanood and four cases from Garowe. 9 (64.3%) are females and 8 (57.1%) were aged between 10 and 30 years. In response to the dengue fever outbreak, the MOH convened a partner meeting to develop action points to contain the outbreak. Action points included scaling up disease surveillance, line listing of cases and timely reporting, distribution of RDTs to test additional cases, and provision of real time Polymerase Chain Reaction (rt-PCR) kits for advanced testing to identify the serotype of dengue fever in the communities. The vector control unit in MOH will scale up community engagement to ensure that people clean their environment to remove the breeding sites for mosquitos. Community leaders will scale up community sensitization to provide communities with key messages for the prevention of dengue and other arbo viruses using standard information, education and communications (IEC) materials provided by WHO

Capacity building for influenza surveillance

- WHO supported the Federal MOH to build the capacity of 50 frontline health workers (25 females) in the implementation of disease surveillance activities for influenza and other respiratory pathogens. Participants were selected from proposed new sentinel sites in Galmudug, Baidoa, Kismayo in Jubaland and Jowhar hospital in Hirshabelle state. Participants were trained on identification and reporting of suspected cases of influenza using standard case definitions, reporting of suspected cases in EMFLU software, data analysis and dissemination, collection, packaging, and shipment of samples from suspected cases. Influenza surveillance in Somalia is currently implemented in four sentinel sites, three in Mogadishu and one in Garowe. The capacity building program for influenza surveillance in Somalia is supported by the United States Center for Disease Control (US-CDC) and Pandemic Influenza Plan (PIP) framework.

Capacity building for Field Epidemiology

- WHO conducted training for the fourth cohort of frontline health workers from different states and technical units of the MOH under the Field Epidemiology Training Programme (FETP). A total of 24 participants (15 females) were trained on the principles of epidemiology, outbreak investigation and response, surveillance, data quality management, monitoring and evaluation, and reporting of health alerts. Following the training, participants were deployed in flood and drought-affected districts of Somalia to scale up the implementation of public health interventions. Since the beginning of the FETP program in Somalia in 2021, a total of 71 frontline health workers (23 female) have graduated. FETP in Somalia is supported by WHO in collaboration with US-CDC, the Intergovernmental Authority on Development (IGAD) and Africa Field Epidemiology Network (AFENET).

Building laboratory capacity for mass casualty management in Somaliland

- WHO supported the Somaliland MOH to build the capacity of 11 health workers (10 doctors) on mass casualty management. The trainees were trained on organization of triage facilities for critically ill patients including those affected by trauma, formation of response teams including assigning roles and responsibilities for team members and basic principles of critically ill patients. The trainers organized a simulation exercise to mimic the real-life scenario for mass casualty management in a complex emergency setting. Following the training, the MOH convened a stakeholders' meetings to develop a plan for the implementation of mass casualty activities including preparing a cascade training for frontline health workers in all major hospitals. The meeting was attended by technical officers from WHO, Somaliland MOH, academic institutions, and health cluster partners. A WHO Biomedical Engineer conducted supportive supervision activities in Somaliland, Puntland and Mogadishu to assess the functionality of oxygen plants and other equipment useful for management of mass casualties. The engineer found that the oxygen plants are functioning well however there is need to build additional capacity for local technical officers to ensure safety and sustainability of the project.

Capacity building for preventing sexual exploitation, abuse and harassment (PSEAH) in Somalia

- WHO supported capacity building for 22 district polio officer (DPO) and 17 regional Polio Officers (RPO) in Banadir region on Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH). The aim of the training was to provide knowledge and skills to frontline line workers in the prevention of sexual violence and exploitation in line with the 2023 Somalia Humanitarian Response Plan (HRP) and WHO protocols. Participants were trained on the meaning of sexual exploitation, abuse, and harassment as well as the impact on individuals, communities, and the humanitarian response; application of policies, guidelines, and codes of conduct related to PRSEAH, especially the UN's zero-tolerance policy; identification of risk factors and vulnerabilities that may contribute to incidents of PRSEAH, particularly in humanitarian contexts; recognizing and responding to incidents of PRSEAH in a culturally sensitive and survivor-centered manner, including reporting and referral mechanisms; and promoting a safe and respectful work environment for all health workers and beneficiaries, including strategies for preventing and addressing incidents of PRSEAH. After the training, participants were provided with reference materials that will be used in the field.

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

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

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- <http://www.emro.who.int/countries/somalia/index.html>
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