

August 2023

Health Emergency Programme Update – Somalia



Child is screened for malnutrition at Daynile IDP camp. ©: WHO Somalia / Ismail Taxta.

KEY HEALTH INDICATORS – AUGUST 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) are in need of humanitarian assistance¹.
- 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 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 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 Integrated Food Security Phase Classification Report -April 2023

HIGHLIGHTS

- 460 Community Health Workers (CHWs) were deployed in 27 districts across six states, including nine drought-affected districts where the World Health Organization (WHO) is implementing drought response activities.
- 185 833 people were reached with preventative messages for epidemic-prone diseases including COVID-19.
- 935 children under the age of 5 years with acute diarrhoea were identified and treated in the community with oral rehydration salts (ORS) and zinc.
- CHWs screened 5096 children under the age of five for malnutrition using mid-upper arm circumference (MUAC) measurement, of whom 1729 (33.9%) had moderate acute malnutrition (MAM) and 1133 (22.2%) had severe acute malnutrition (SAM). Children with MAM were referred to an outpatient therapeutic programme (OTP) while those with SAM were referred to stabilization centres.
- 1583 pregnant women were given iron and folic acid supplements, 345 children aged 6 to 59 months were given vitamin A supplements, and 8467 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 2751 severely malnourished children with medical complications were admitted to 48 nutrition stabilization centres that are supported by WHO, of whom 2628 (95.5%) were cured, 37 (1.3%) were registered as defaulters, while 21 (0.8%) died.
- 50 993 people in drought-affected communities, including 23 260 (45.6%) children under 5 years, received integrated primary health care services.
- 535 789 (90.8% of those targeted) people received a single dose of oral cholera vaccine, of whom 275 444 (51.4%) were female, 158 507 (29.6%) were children aged 1-4 years, 150 858 (28.2%) were aged 5-15 years and 226 424 (42.3%) were aged above 15 years.

Coordination meetings

- The Regional Emergency Director (RED) and Regional Adviser of Health Systems Strengthening in Emergencies of WHO Eastern Mediterranean Region conducted a field mission to Somalia to assess the progress of implementation of drought response activities and COVID-19 response activities. During this visit field missions were conducted in different locations. In Baidoa, the impact of drought among displaced communities was assessed by the mission members. In Banadir, a number of sites were visited including the PSA oxygen plants, the national public health laboratory and the nutrition stabilization centre. A number of meetings were also attended by the mission members with Heads of Programme to understand the progress and needs of emergency response activities in Somalia. After the mission, a plan is expected to be developed to follow up on the highlights and main targeted action points coming out of the mission.



WHO Regional Emergencies Director visits Daynile IDP camp.
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- WHO convened coordination meetings with health cluster partners for the scale up of primary health care activities in all Somali states. In Hirshabelle and Jubaland states, partners reported that 90% of people displaced by floods had returned to their homes following the recession of flood water. In Beletweyne, 70% of internally displaced people (IDPs) were reached with primary health care services. In Puntland state, health cluster partners reviewed the implementation of primary health care services in drought-affected districts including displaced communities in Laascaanood. In Galmudug state, health cluster partners developed an El Niño preparedness plan focusing on the prevention of diseases attributed to climate change.
- WHO, in collaboration with UNICEF, the World Food Program (WFP) and health cluster partners, conducted a field assessment to identify the humanitarian needs of 210 120 people affected by floods and drought in Buloburde district of Hirshabelle state. During the assessment the team conducted meetings with community leaders and visited selected households within the camps. The field team was informed of the increasing influx of people in Buloburde town from newly liberated areas, increasing humanitarian needs. The urgent humanitarian needs identified include food, shelter, primary health care services for the prevention of water-borne diseases (especially acute watery diarrhea) and low coverage of water, sanitation and hygiene services (WASH). The partners recommended strengthening coordination of response activities through the inter-cluster working group to scale up implementation of primary health care services, provision of food and nutrition services by the nutrition cluster and provision of water and proper sanitation services to the new arrivals by WASH cluster partners.

Implementation of community-based surveillance

WHO deployed 460 Community Health Workers (CHWs) in 27 districts including in nine districts where WHO is supporting drought response operations. The CHWs conducted risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management of common childhood illnesses.

- CHWs visited 30 645 households and sensitized an estimated 185 833 people with preventative messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 324 COVID-19 alerts, 276 measles alerts and 670 alerts of acute watery diarrhoea to district-based rapid response teams (RRTs).

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

- Identified and treated 935 children under the age of five with acute diarrhoea with ORS and Zinc. 74 (7.9%) children with severe dehydration were referred for further management in health facilities.
- Screened 5096 children under the age of five for malnutrition using MUAC, of whom 1729 (33.9%) had MAM and 1133 (22.2%) had SAM. Children with MAM were referred to an OTP while those with SAM were referred to stabilization centres.

- Provided iron and folic acid to 1583 pregnant women, vitamin A supplementation to 345 children aged 6 to 59 months and deworming tablets to 399 children aged 12 to 59 months and sensitized 8467 lactating mothers with key messages on IYCF activities.
- Reported 411 community deaths of whom 194 (47.2%) were children under five years.

Cholera response in drought-affected districts

Somalia is currently experiencing a cholera outbreak in 28 drought-affected districts following uninterrupted cholera transmission since 2022. The current cholera outbreak is attributed to a high proportion of IDPs with limited access to safe water and proper sanitation. As of August 2023, 12 592 cases and 30 deaths (case fatality rate: 0.2%) have been reported in 28 districts including six districts in Jubaland state, which is the epicenter of the current outbreak. Uncontrolled border movement by communities in Ethiopia, Somalia, and Kenya in search of water, food and humanitarian assistance has been identified as a driver of the epidemic in border communities. In the past two months, the number of cholera cases reported in drought-affected districts in Somalia have decreased by more than two-fold, with no new cases reported in Afmadow, Dhobley, Luug and Hudur districts of Jubaland state.

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

- WHO supported community sensitization targeting 10 000 IDPs on home-based water treatment and community management of water sources to prevent contamination.
- WHO supported laboratory technical officers to collect 1068 stool samples from the five districts (Luug, Dolow, Belethawo, Dhobley and Afmadow) targeted for oral cholera vaccination and 505 of the stool samples were tested positive by Rapid Diagnostic Kit (RDT) while 167 were tested positive for stool culture and *Vibrio cholerae* O139 Ogawa was isolated. The positive stool culture samples will be shipped to WHO collaborating centers for additional testing.
- WHO teams in Somalia, Ethiopia and Kenya convened cross-border coordination meetings and reviewed the progress of cholera response activities as well as planning for reactive oral cholera vaccination campaign in the three countries.

Implementation of reactive cholera vaccination campaign in Jubaland state

- The Federal MOH and Jubaland state MOH implemented a 5-day cholera vaccination campaign in five districts to control the spread of cholera to neighboring countries i.e., Ethiopia and Kenya. Of the 590 058 people aged one year and above targeted, 535 789 (90.8%) people received a single dose of cholera vaccine of whom 275 444 (51.4%) were female, 158 507 (29.6%) were children aged 1-4 years, 150 858 (28.2%) were aged 5-15 years and 226 424 (42.3%) were aged above 15 years. The oral cholera vaccination campaign was implemented by 788 Acute Flaccid Paralysis (AFP)/Polio teams each composed of vaccinators, data managers and social mobilisers. During the campaign, WASH cluster partners distributed hygiene kits to targeted communities while health cluster partners scaled up surveillance activities. No adverse events following immunization (AEFI) were reported. The campaign was implemented at the same time with Ethiopia and Kenya. Following the vaccinations, MOH will continue strengthening cholera response activities in collaboration with neighboring countries due to uncontrolled movement of populations across borders shared by the three countries. WHO and partners will conduct a post-campaign survey to ascertain the coverage among targeted populations. The cholera vaccines used during the campaign were provided by the International Coordinating Group (ICG) on vaccine prevention and operational funding provided by GAVI, the vaccine alliance.



Oral cholera vaccination campaign in Banadir region. © WHO Somalia

Implementation of drought response activities in 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 27 districts in Galmudug, Jubaland, Southwest, Hirshabelle and Banadir region. WHO deployed integrated outreach teams, who:

- Delivered integrated primary health care services to 15 945 people in drought-affected communities, of whom 5753 (36.1%) were children under 5 years of age.
- Treated 884 children under 5 years with acute diarrhoeal diseases using ORS while 3074 children aged 6 to 59 months were given vitamin A supplementation.
- Vaccinated 1995 children under 5 years with the first dose of pentavalent vaccine, 1717 with the third dose of pentavalent vaccine, 1453 with the first dose of measles containing vaccine (MCV1) and 801 with the second dose of measles containing vaccine (MCV2).
- Vaccinated 824 pregnant women against tetanus.

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

- Provided primary health care services to 5124 displaced people suffering from different drought-associated diseases, of whom 2191 (42.8%) were children under 5 years.
- Screened 2004 children for malnutrition, of whom 183 (9.1%) had SAM and were referred to stabilization facilities for therapeutic nutrition while 593 with MAM were referred to OTP for supplementary feeding.
- Provided 1292 children with vitamin A, dewormed 1244 children using albendazole tablets and treated 190 cases of acute watery diarrhea using ORS.
- Vaccinated 194 children with Bacille Calmette-Guérin (BCG) as well as 259 with the first dose of oral polio vaccine (OPV1) and first dose of pentavalent vaccine (DPT1), 432 children with the second dose (OPV2) and second dose of pentavalent vaccine (DPT2), and 397 with the third dose of oral polio vaccine (OPV3) and third dose of pentavalent vaccine (DPT3). 397 children received the first dose of inactivated polio vaccine (IPV1) and 427 received the second dose (IPV2). 427 children received the first dose of measles containing vaccine (MCV1) and 209 received second dose (MCV2).

Nutrition update in drought-affected districts

- WHO, in collaboration with the nutrition cluster, supported 63 stabilization centres to provide care for children suffering from SAM with medical complications in drought-affected districts. In July 2023, 46 (73.0%) stabilization centers submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, three in Hirshabelle, 14 in Southwest State and 11 in Puntland. In July, 2751 children suffering from SAM with medical complications were admitted to stabilization facilities – of whom 2628 (95.5%) were cured, 37 (1.3%) were registered as defaulters, while 21 (0.8%) died. The districts that reported the highest number of SAM cases with medical complications were Dolow in Gedo region (297) and Banadir (258).
- WHO conducted a two-day workshop with UNICEF, nutrition cluster and MOH to review and update national guidelines for maternal, infant, young child, and adolescent nutrition (MIYCAN). During the workshop, participants discussed the importance of improving infant and young child nutrition, with a special focus on the communities affected by the drought. Participants recommended improving nutrition knowledge, behaviours, attitudes, and practices as well as increasing the coverage and quality of MIYCAN services at the community levels.



Receiving health services at Daynile IDP camp © WHO Somalia / Ismail Taxta

Capacity building for the implementation of Infection Prevention and Control activities in Somaliland and Galmudug states

- WHO supported the Somaliland Ministry of Health and Development (MOHD) to build the capacity of 80 frontline health workers on the implementation of infection prevention and control (IPC) activities in health facilities. The 80 health workers, of whom 35 were female, were selected from six regions including Awdal (8), Togdheer (18), Sahil (10), Hargeisa (23), Sool (12), and Sanaag (9). In Galmudug state, 25 health workers were trained, of whom 15 were female. Health workers were trained on implementation of IPC guidelines in health facilities, coordination of IPC activities in health facilities, medical waste management, use of personal protective equipment (PPE), risk assessment for IPC, safe injection practices, and monitoring and evaluation of IPC implementation. At the end of the training, a plan to assess IPC capacities in health facilities of Somaliland and Galmudug using the WHO/UNICEF standard tool was developed. The information collected during this assessment will be used by health partners to improve implementation of IPC activities in health facilities.

Capacity building for implementation of influenza surveillance and other respiratory pathogens in Somaliland

- WHO supported the MOHD in Somaliland to build the capacity of ten frontline health workers from Hargeisa Group Hospital on the implementation of integrated surveillance activities for influenza and other respiratory pathogens. The trainees were trained on the epidemiology of influenza and other respiratory pathogens, case detection using standard case definitions, reporting of alerts, sample collection and analysis. After the training, the WHO technical team convened a coordination meeting with the director of Hargeisa Group Hospital which was designated as the sentinel site for influenza surveillance in Hargeisa. During the meeting, the hospital director was requested to develop an implementation plan that will be used by the trained frontline health workers to identify and report cases of influenza-like illness (ILI) and severe acute respiratory illness (SARI). The WHO technical team also provided on-the-job training for the laboratory team on the collection, analysis and reporting of ILI/SARI cases. After the piloting of the ILI/SARI response plan in Hargeisa, WHO and MOH will develop a plan to scale up detection of ILI cases from other regions of Somaliland.



Laboratory staff at DeMartino Public Health Laboratory, Mogadishu.
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Capacity building for field epidemiology training program in Somaliland

- WHO supported the implementation of the basic frontline field epidemiology training programme (FETP) in Somaliland in collaboration with the MOHD, African Field Epidemiology Network (AFENET) and the Swedish Public Health Agency. The first cohort of ten frontline health workers was selected from different technical units in MOHD, the Somaliland national reference laboratory and regional level. Participants were trained in principles of outbreak investigation, disease surveillance and response activities including data quality audits and improving reporting of disease alerts. The agencies supporting the FETP developed a scale-up plan for capacity building of additional frontline health workers that will be essential to improve the skills of frontline health workers on disease prevention and control in Somaliland.

Capacity building and simulation exercise for mass casualty management in Garowe

- The WHO technical team from the country office, supported by the technical unit from regional office for the Eastern Mediterranean) conducted a mass casualty management (MCM) simulation exercise in Garowe hospital. The simulation exercise aimed to test the hospital's preparedness and response plan for mass casualties. The simulation highlighted the hospital's core capacities for strengthening mass casualty management. The exercise involved health workers working in the emergency department of Garowe Hospital, MOH and health cluster partners.

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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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