

July 2023

Health Emergency Programme Update – Somalia



WHO team meets with Minister of Health to discuss response to floods in Beletweyne. © WHO Somalia | Flickr

KEY HEALTH INDICATORS – JULY 2023

- 130** Health Cluster partners; 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

- 516 Community Health Workers (CHWs) were deployed in 27 districts across six states, including 11 drought-affected districts where the World Health Organization (WHO) is implementing drought response activities.
- 141 367 people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 23 266 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 2449 children under the age of five for malnutrition using mid-upper arm circumference (MUAC) measurement, of whom 744 (30.4%) had moderate acute malnutrition (MAM) and 466 (19.0%) 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.
- 2649 pregnant women were given iron and folic acid supplements, 327 children aged 6 to 59 months were given vitamin A supplements, and 6728 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 3204 severely malnourished children with medical complications were admitted to 48 nutrition stabilization centres that are supported by WHO, of whom 2882 (90.0%) were cured, 33 (1.0%) were registered as defaulters, while 42 (1.3%) died.
- 50 993 people in drought-affected communities, including 23 260 (45.6%) 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 including synchronization of implementation of reactive oral cholera vaccination campaigns in border districts. During the meetings, the three countries discussed the epidemiological situation for cholera, risk factors and response mechanisms. All countries reported steady reduction in the number of new cholera cases reported in border districts attributed to improved coordination and harmonized implementation of response interventions. In addition, the participants, who included technical officers from the three countries, confirmed that all had received additional vaccines for cholera that will be implemented in the Manderla triangle districts in addition to scaling up disease surveillance, case management, risk communication and community engagement and implementation of water, sanitation, and hygiene (WASH) interventions. A harmonized implementation plan will be agreed upon so that all countries can implement a reactive oral cholera vaccination campaign in border districts at the same time.
- WHO convened coordination meetings with health cluster partners for the scale up of primary health 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 IDPs were reached with primary health care services. In Jubaland state, partners developed an implementation plan for the planned reactive oral cholera vaccination campaign in five districts targeting 590 000 people, in addition to scaling up the provision of primary health care services to internally displaced people (IDPs) in districts where alerts of acute watery diarrhoea are still being reported.
- WHO, in collaboration with UNICEF and health cluster partners, conducted a field assessment to identify the humanitarian needs of 500 households affected by floods in Balad districts of Hirshabelle state. During the assessment the team conducted meetings with community leaders and visited selected households within the camps. The urgent humanitarian needs identified include food, shelter, primary health care services for the prevention of water-borne diseases (especially acute watery diarrhea) and gender-based violence (GBV). WHO donated medical kits including cholera kits adequate to treat 5000 people with infections.



Multi-casualty management simulation exercise in Bay Regional Hospital, Baidoa.
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Implementation of community-based surveillance

- WHO deployed 516 CHWs in 27 districts including in 11 districts where WHO is supporting drought response operations. CHWs conducted risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management of common childhood illnesses.
- CHWs visited 28 441 households and sensitized an estimated 141 367 people with preventative messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 569 COVID-19 alerts, 300 measles alerts and 233 alerts of acute watery diarrhoea to district-based rapid response teams (RRTs).
- In the 11 drought-affected districts where WHO scaled up the implementation of health interventions, CHWs conducted the following activities:



MUAC measurement in Stabilisation Centre at Kismayo General Hospital, Kismayo.
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- Identified and treated 116 children under the age of five years with acute diarrhoea with ORS and Zinc. 11 (9.5%) children with severe dehydration were referred for further management in health facilities.
- Screened 2449 children under the age of five for malnutrition using MUAC, of whom 744 (30.4%) had MAM and 466 (19.0%) 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 2649 pregnant women, vitamin A supplementation to 327 children aged 6 to 59 months and deworming tablets to 369 children aged 12 to 59 months and sensitized 6728 lactating mothers with key messages on IYCF activities.

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 July 2023, 11 704 cases and 30 deaths (case fatality rate: 0.3%) 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 the drivers 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, particularly in Jubaland state. Uncontrolled border movement by communities in Ethiopia, Somalia, and Kenya in search of water, food and humanitarian assistance has been identified as the drivers of the epidemic in border communities.



WHO worker conducting community outreach to internally displaced people in Dollow.
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To contain the outbreak, WHO has supported the Ministry of Health (MoH) to implement the following activities:

- 12 community water sources in Gedo region were tested by technical teams from the Ministry of Water and confirmed as contaminated with coliform. The contaminated water sources were referred to the WASH cluster for water treatment.
- 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 (Luuq, Dolow, Belethawo, Dobley 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 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 31 districts in Galmudug, Jubaland, Southwest, Hirshabelle and Banadir region. WHO deployed integrated outreach teams, who:

- Delivered integrated primary health care services to 50 993 people in drought-affected communities, of whom 23 260 (45.6%) were children under 5 years of age.
- Treated 23 266 children under 5 years with acute diarrhoeal diseases using ORS while 20 788 children aged 6 to 59 months were given vitamin A supplementation.
- Vaccinated 11 594 children under 5 years with the first dose of pentavalent vaccine, 9702 with the third dose of pentavalent vaccine, 9249 with the first dose of measles containing vaccine (MCV1) and 8134 with the second dose of measles containing vaccine (MCV2).

- Vaccinated 2799 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 3460 displaced people suffering from different drought-associated diseases, of whom 1556 (45.0%) were children under 5 years.
- Screened 1921 children for malnutrition, of whom 179 (9.3%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 458 children with vitamin A, dewormed 1185 children using albendazole tablets and treated 190 cases of acute watery diarrhea using ORS.
- Vaccinated 142 children with Bacille Calmette-Guérin (BCG) as well as 433 with the first dose of oral polio vaccine (OPV1), 377 children with the second dose (OPV2), and 375 with the third dose (OPV3). 433 children received the first dose of pentavalent vaccine, 377 received the second dose, and 375 received the third dose while 371 children received the first dose of inactivated polio vaccine (IPV1) and 347 received the second dose (IPV2). 350 children received the first dose of measles containing vaccine (MCV1) and 215 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 June 2023, 48 (76.2%) stabilization centers submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, three in Hirshabelle, 16 in Southwest State and 11 in Puntland. In June, 3204 children suffering from SAM with medical complications were admitted to stabilization facilities – of whom 2882 (90.0%) were cured, 33 (1.0%) were registered as defaulters, while 42 (1.3%) died. The districts that reported the highest number of SAM cases with medical complications were Dolow in Gedo region (286) and Banadir (462).



Community outreach and vaccination in border communities. © WHO Somalia | Flickr

- WHO supported the Jubaland Ministry of Health to build the capacity of 31 frontline health workers (of which, 11 were female) from Kismayo stabilization facility on the management of severe cases of malnutrition with medical complications. The improved capacity of health care workers is expected to improve the quality of care of admitted children and contribute to the reduction in case fatality rates registered in the stabilization facility in Kismayo hospital. After the training, participants were given job aides to use while managing cases of severe acute malnutrition with medical complications.
- WHO donated five WHO-PED-SAM kit to five stabilization centres in Banadir and Middle Shabelle regions to be used in the treatment of severe cases of malnutrition with medical complications. The kits are adequate to manage 250 children admitted to stabilization facilities.

Capacity building for the implementation of IDSR in Hirshabelle state

- WHO supported the State Ministry of Health in Hirshabelle to build the capacity of 42 frontline health workers (including 7 females) on the implementation of Integrated Disease Surveillance and Response (IDSR) guidelines. Participants were trained on the importance of IDSR in improving the implementation of disease surveillance and response activities, alert detection, reporting, data analysis, preparation and response to outbreaks, composition of rapid response team as well as monitoring and evaluation of response operations. At the end of the training, participants were provided with job aides that they will use to detect and report alerts of public health importance.

Investigation of suspected cases of diphtheria in Mahaday district Hirshabelle state

- The surveillance division of the Federal MoH received alerts of suspected diphtheria cases among children under 5 years in newly liberated villages of Mahaday district in Hirshabelle state. WHO supported the MoH to deploy a district-based RRT to investigate the alert. The RRT that was composed of experts from the emergency department of the Federal MoH and conducted community engagement and sensitization. The team listed 20 suspected cases including four deaths. 35% of the suspected cases were aged under five and had no history of vaccination. Index case was reported on 6 July. The team found that the community leaders were attributing the outbreak to traditional beliefs and were seeking support from religious and traditional healers. In response, WHO donated laboratory kits for the collection and analysis of samples in addition to 300 doses of diphtheria anti-toxin (DAT). The MoH deployed integrated health outreach teams to scale up vaccination campaigns in newly liberated areas. WHO is supporting the field teams to conduct enhanced surveillance to identify, report and respond to new cases. As of the end of July, no new case of suspected diphtheria has been reported from Mahady district.



Laboratory worker conducting testing, Galmadug. © WHO Somalia | Flickr

Capacity building and simulation exercise for mass casualty management in Somalia

- WHO supported capacity building on pre-hospital trauma care for 11 trainers in Mogadishu. The participants were trained on securing the accident scene and the ABCD approach for managing cases of trauma and mass casualties. In the Bay region, WHO conducted a simulation exercise for frontline health workers from the Bay Regional Hospital on Mass Casualty Management (MCM) with the help of international instructors. The purpose of the exercise was to test the hospital's preparedness plan for the management of mass casualties, identify gaps and rectify them while in the field. The exercise involved the hospital director, who acted as the incident commander, emergency healthcare providers and the hospital security team. A variety of mass casualty scenarios were simulated, including a blast, a terror attack, and a natural disaster. Participants were tasked with triaging patients, providing medical care, and managing the flow of patients to the hospital.

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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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