

December 2022

Health Emergency Programme Update – Somalia



WHO mass casualty simulation exercise in Madina Hospital in December 2022 © WHO Somalia

KEY HEALTH INDICATORS – December 2022

130 52 (40.0%) active health cluster partners in 56 districts.

7 million People in need of health care

HEALTH NEEDS AND PROVISION

- 7.7 million people in need of humanitarian assistance with 2.9 million internally displaced in Somalia¹.
- 7.8 million people in 74 districts are affected by severe drought; 1.1 million have been displaced from their homes, 4.3 million people facing severe food insecurity and 6.4 million people have no access to safe water².
- 5.2 million people experiencing acute food insecurity, including 38 000 people classified as catastrophic (integrated phase classification (IPC 5)³.
- 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/2022-somalia-humanitarian-needs-overview>

2 <https://reliefweb.int/report/somalia/somalia-situation-report-31-aug-2022-enar>

3 IPC report published on 4 June 2022 by FAO available on [Somalia faces increased Risk of Famine as acute food insecurity, malnutrition and mortality worsen - Somalia | ReliefWeb](#)

HIGHLIGHTS

- 1968 Community Health Workers (CHWs) deployed in 67 districts across six states, including 27 drought-affected districts where the World Health Organization (WHO) is implementing drought response activities.
- 1 325 146 people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 4736 alerts of COVID-19 were notified to district-based rapid response teams, of which 4 181 (88.0%) alerts were investigated and 558 (13.3%) confirmed as true.
- 3 006 children under the age of 5 years with acute diarrhoea were identified and treated with oral rehydration salt (ORS) and zinc.
- 330 (11%) children with severe dehydration were referred for further management in health facilities.
- A total of 47 477 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 10 412 (21.9%) were suffering from moderate acute malnutrition (MAM) and 5292 (11.1%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 27 857 pregnant women were given iron and folic acid supplements, 29 203 children aged 6 to 59 months were given vitamin A supplements, and 86 879 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 1495 severely malnourished children with medical complications were admitted to nutrition stabilization centres that are supported by WHO, of whom 1209 (80.9%) recovered and were discharged.
- 44 544 drought-affected communities, including 24 499 (55%) children under 5 years, received integrated primary health care services.
- 5013 cases of trauma were treated in health facilities supported by WHO.
- WHO donated emergency medical kits to all states to provide care and support to 300 000 people, 1500 cases of acute diarrhoeal disease cases and 5000 cases of trauma.

Coordination meetings

WHO convened joint coordination meetings with partners from health and water, sanitation and hygiene (WASH) clusters in all states to discuss the progress of implementation of drought response activities. In Galmudug state, partners developed a plan to scale up the implementation of drought response activities in internally displaced persons (IDPs) settlements that had not been targeted during the initial phase of drought response planning. In Southwest state, partners analyzed the trends of cholera and measles cases and updated the response plan for the implementation of measles and cholera vaccination campaigns in IDP settlements. In Puntland state, partners reviewed the findings of the joint assessment conducted to identify health needs for people affected by flash floods in Qardho district. In collaboration with UNOCHA and the Ministry of Health (MoH) in Puntland, health and WASH partners will scale up the implementation of health and WASH activities to mitigate the negative impacts of the flash floods.

Implementation of community-based surveillance

- WHO deployed 1968 CHWs in 67 districts across six states, including 27 districts where WHO is implementing drought response activities, to carry out risk communication, community education, alert detection, reporting, child malnutrition screening, and home-based management of common childhood illnesses.
- CHWs visited 161 444 households and sensitized 1 325 146 persons with preventive messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 4736 COVID-19 alerts to district-based rapid response teams, of which 4181 (88.3%) alerts were investigated and 558 (13.3%) confirmed as true.

In the 27 drought-affected districts in which WHO is implementing drought response activities, CHWs conducted the following activities:

- Identified and treated 3006 children under the age of 5 years suffering from acute diarrhoea with ORS and zinc. 330 (11%) children with severe dehydration were referred for further management in health facilities.
- Screened a total of 47 477 children under the age of 5 years for malnutrition using MUAC tape, of whom 10 412 (22.0%) were suffering from MAM and 5292 (11.1%) were suffering from SAM. Children suffering from MAM were referred to outpatient therapeutic programs (OTP) while those with SAM were referred to stabilization facilities for additional treatment.
- Provided iron and folic acid supplements to 27 857 pregnant women and vitamin A supplements to 29 203 children aged 6 to 59 months. CHWs also dewormed 33 163 children and sensitised 86 879 lactating mothers on IYCF protocols.
- 757 community deaths were reported from different communities, of which 350 were children aged under 5 years.

Supportive supervision activities for community health workers:

- District-based rapid response teams conducted 139 supportive supervisory visits to assess the quality of data collected and activities implemented by CHWs. Key findings of the supervision include: (i) 86% of CHWs could correctly demonstrate how to conduct active case search for epidemic-prone diseases in the community; (ii) 92% were engaged in health promotion and risk communication activities; (iii) 69% had movement plans with maps showing the households to be visited each day; (iv) 100% of the teams reported using the electronic tool provided; and (v) 86% exhibited proper use of the electronic tool.

Cholera response in Afmadow district, Jubaland state

A cholera outbreak was confirmed in Afmadow district in Jubaland state, bordering Kenya. The outbreak was attributed to a lack of access to safe water and proper sanitation among displaced populations. It is further compounded by uncontrolled cross-border movement between Somalia and Kenya. The number of cholera cases increased six-fold from 46 cases in epidemiological week 47 to a peak of 276 in epidemiological week 50 before sharply decreasing by 63% to 101 cases in epidemiological week 52. However, 10 cholera-related deaths (case fatality rate (CFR) 1.1%) were reported during the same period. The CFR reported in Afmadow district is higher than the WHO threshold of <1% expected during emergencies. To contain the outbreak, WHO supported the state-based MoH to implement the following activities:

- Supported capacity building for frontline health workers to manage suspected cases of cholera using standard protocols.
- Supported the referral of severe cases of cholera from community oral rehydration points to the WHO-supported cholera treatment center (CTC) located in Afmadow for appropriate care and treatment.
- Deployed district-based rapid response teams (RRTs) to investigate and validate alerts as reported by CHWs. The district-based RRTs collected and shipped 23 stool samples to the national public health laboratory in Mogadishu, of which

five (22%) samples tested positive for *Vibrio cholerae* serotype 01 Ogawa.

- Deployed CHWs who conducted community engagement and sensitization using key messages for cholera prevention.
- Convened a cross-border coordination meeting with Kenyan counterparts and resolved to strengthen coordination of cholera response activities between the two countries through the focal point for International Health regulations (IHR).

WHO, in collaboration with the state-based MoH and health partners, is monitoring the trends of acute watery diarrhoea (AWD)/cholera and drought-related diseases in Jubaland state as part of the drought response plan. Epidemiological reports are periodically shared with health partners to guide the implementation of health interventions in Jubaland state.



WHO is closely monitoring the cholera outbreak situation in Kismayo and Dhobley
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Implementation of drought response activities in drought-affected districts

WHO is collaborating with other United Nations (UN) agencies to scale up the provision of integrated primary health care services to drought-affected communities in 25 districts in Galmudug, Jubaland, Southwest, Hirshabelle and Banadir region. WHO deployed integrated outreach teams and implemented the following activities:

- Provided integrated primary health care services to 44 544 people in drought-affected communities, of whom 24 499 (55%) were children under 5 years of age.
- Treated 4416 children under 5 years with acute diarrhoeal diseases using ORS.
- Vaccinated 9481 children under 5 years with the first dose of pentavalent vaccine, 7703 with the second dose of pentavalent vaccine, 8864 with the first dose of measles containing vaccine (MCV1) and 6604 with the second dose of measles containing vaccine (MCV2).
- Vaccinated 2323 pregnant women against tetanus.

Implementation of Integrated vaccination campaign

- WHO, in collaboration with the United Nations Children’s Fund (UNICEF) and health partners, supported the Federal and State Ministries of Health to immunize all eligible children under 5 in 2022 to protect them from vaccine-preventable diseases like measles and polio. Integrated vaccination campaigns were implemented following coordination meeting with MoH at national, state, regional and district levels. Micro-plans were developed and rolled out in targeted districts. During the campaigns, 4088 teams, each comprising three vaccinators, two recorders, one social mobilizer, were deployed across the country to roll out, record and report on the campaign through the digital platform. WHO also supported health cluster partners to establish vaccine delivery points at the existing health facilities in each district and setting up outreach posts at nearby schools, mosques, bus stations, and settlements for internally displaced persons (IDPs). Social mobilizers were deployed in advance of the campaigns to mobilize communities, raise



WHO CHWs are providing Vitamin A to post child immunity and prevent night blindness in drought affected districts © WHO Somalia

awareness about the vaccine and familiarize the communities with available vaccination points in their proximity. Health partners developed a package of deliverables to vaccinate around 2.6 million children under 5 in the first phase of a 5-day campaign, which began on 12 November 2022. This package included administering the measles vaccine and trivalent Oral Polio Vaccine (tOPV) to children aged 6 to 59 months, and providing vitamin A supplements to children aged 6 to 59 months and deworming tablets (Albendazol) for children aged 12 to 59 Months.

Capacity building for health security and laboratory strengthening

- WHO, in collaboration with state-based ministries of health in Benadir, Jubaland, Galmudug, Hirshabelle, Southwest state and Puntland, built the capacity of 32 laboratory technicians (of whom 10 were female) on laboratory quality assurance and provision of quality laboratory services. After the training, a coordination meeting was convened with technical officers from six states to review the performance of implementation of real-time polymerase chain reaction (rt-PCR) studies for the diagnosis of emerging pathogens. A plan to scale up rt-PCR to additional laboratories in 2023 was developed and submitted to WHO for technical support.
- WHO provided equipment to support the laboratory in Kismayo hospital to conduct analysis of stool samples for enteric pathogens. The support will be useful in the timely diagnosis of cholera in Jubaland state during the ongoing drought.

Capacity building for strengthening trauma care services in Somalia

- Following the deadly October 2022 twin-blasts, which left more than 100 people dead and another 300 injured, the WHO Country Office, in addition to providing medical care and supplies to the MoH, deployed a trauma operational and advisory team (TOPAT) from WHO Regional Office for the Eastern Mediterranean to conduct a rapid assessment of the capacities of public hospitals in managing trauma and mass casualty events. After this assessment and in consultation with the MOH, the WHO country team developed a short- and long-term plan for building the capacities of both frontline health care workers, including drivers, nurses and paramedics working on ambulances or emergency wards of hospitals, and directors and senior managers of hospitals, to enable them to prepare emergency wards and staff of health facilities to manage mass casualty events in a professional, cost-effective and ready-to-serve manner. WHO, with the support of the Regional Office, designed a customized 4-day community first aid responders (CFAR) training. A total of 40 paramedics, drivers and nurses, including 16 females, working with both public and private hospital ambulances across Mogadishu were trained in two batches on the basic skills of ABCDE (airway, breathing, circulation, disability and exposure). The training was delivered by WHO trauma care experts, both from the WHO Regional Office and country office.



In December 2022, WHO conducted a community first aid responders in Mogadishu
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- In December 2022, WHO also arranged a 4-day mass casualty management (MCM) training for 22 hospital directors and managers, including 5 females, selected by the Federal MoH from 5 public hospitals: Madina from Mogadishu, Dhusamareb and Galkayo from Galmudug, and Hudur and Afgoye from Southwest State. This training, held in Mogadishu, focused on developing the knowledge and skills of senior managers around planning, implementation, monitoring, and accountability of managing a mass casualty event and preparing emergency wards and staff to follow established standard operating procedures (SOPs). Both the CFAR and MCM training included simulation exercises conducted at Madina hospital to help demonstrate the handling and management of the before, during and after trauma events. WHO plans to cascade both trainings to other states. The Federal MoH has collected a list of 80 frontline staff from all states for CFAR training, which is scheduled to be rolled out and completed at the state level within the first quarter of 2023.

Nutrition update in drought-affected districts

- WHO, in collaboration with the nutrition cluster, supported 53 stabilization centres to provide care for children suffering from severe acute malnutrition with medical complications in drought-affected districts. In November 2022, of the 53 stabilization facilities supported, 30 (56.6%) submitted reports on time of which three are in Banadir region, nine in Jubaland, six in Galmudug, two in Southwest state, one in Hirshabelle and nine in Puntland state.
- During the month of November, of the 1495 children suffering from SAM with medical complications who were admitted in 30 stabilization facilities, 1209 (80.9%) were cured, 23 (1.5%) were registered as defaulters, 58 (3.9%) were referred to specialised hospitals for further management while 34 (2.3%) died.
- A technical team from WHO Somalia conducted joint supportive supervision of the stabilization centres in Banadir (1), Kismayo (1), Baidoa (1), and Beletwein (1) with a nutrition officer from state-based Ministries of Health in Jubaland, Hirshabelle and Southwest. The aim of the supervision was to monitor the current drought response activities and assess the capacity of the stabilization facilities to manage severe cases of malnutrition with medical complications in drought-affected districts. During the visits, the team provided on-the-job training on inpatient management of SAM with medical complications for 13 healthcare workers (of whom three were female) at stabilization centres. The main gaps identified by the team were a lack of dedicated healthcare workers and a shortage of essential medical equipment for the inpatient management of SAM with medical complications.



WHO implementing Mobile outreach services in Daynile © WHO Somalia

Trauma case monitoring and critical care

As the country is experiencing different types of emergencies, including conflict, WHO is closely monitoring the number of people affected by these events and responding accordingly. In December 2022, 5013 trauma-related injuries were reported from health facilities in all states through the District Health Information System (DHIS-2). Of these, the majority (57%) were non-weapon-related injuries, which included burns and road accidents. These injuries represent a 9.6% year-on-year increase (481) when compared to 4532 injuries reported during the same period in December 2021. The reported cases of injuries were managed in different hospitals in all states. The most affected regions include Banadir (387 cases), Hiran (425 cases), and Mudug (561 cases).

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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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