

January 2023

Health Emergency Programme Update – Somalia



Training health workers in trauma management and critical care in Madina hospital, Mogadishu © WHO Somalia

KEY HEALTH INDICATORS – December 2022

130	52 (40.0%) active health cluster partners in 56 districts.
7.8 million	People in need of health care

HEALTH NEEDS AND PROVISION

- 7.8 million people estimated to be affected by the current drought; 1.3 million have been internally displaced by drought and 50 000 have migrated to Ethiopia and Kenya¹.
- Approximately 6.3 million people – 37% of the population – are experiencing acute food insecurity. 45% of children are facing acute malnutrition².
- 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 Somalia: Drought Response and Famine Prevention (15 November - 15 December 2022) - Somalia | ReliefWeb
2 Integrated Food Security Phase Classification Report -December 2022

HIGHLIGHTS

- 762 Community Health Workers (CHWs) deployed in 44 districts across six states, including 31 drought-affected districts where the World Health Organization (WHO) is implementing drought response activities.
- 674 562 people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 632 alerts of COVID-19 were notified to district-based rapid response teams, 39 (6.2%) were confirmed as true.
- 1 767 children under the age of 5 years with acute diarrhoea were identified and treated with oral rehydration salt (ORS) and zinc in the community.
- 16 278 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 6 384 (39.2%) were suffering from moderate acute malnutrition (MAM) and 2 621 (16.1%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 3 537 pregnant women were given iron and folic acid supplements, 2 587 children aged 6 to 59 months were given vitamin A supplements, and 30 527 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 3 075 severely malnourished children with medical complications were admitted to nutrition stabilization centres that are supported by WHO, of whom 2 463 (80%) recovered and were discharged.
- 21 555 drought-affected communities, including 10 156 (47.1%) children under 5 years, received integrated primary health care services.
- WHO donated emergency medical kits to all states to provide care and support to 300 000 people which includes 1 500 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, WASH cluster partners presented the gaps and planned activities for the scaling up WASH interventions in drought-affected districts while nutrition cluster partners developed a joint plan of action to provide food supplementation to people living with HIV/AIDS and drought-affected communities. In Jubaland state, WASH and Health partners reviewed the implementation of cholera response activities in Kismayo and Afmadow districts. The partners developed a plan to scale up response activities to all districts of Jubaland due to the ongoing outbreak on the Kenyan border. In Banadir region, the partners developed a plan to scale up the implementation of primary health services in drought-affected districts focusing on Daynile and Kahda, which have the highest concentration of people displaced by the ongoing drought.

The Federal Ministry of Health (FMOH), WHO, the United Nations Children's Fund (UNICEF) and WASH cluster partners convened a meeting to review the findings of the joint assessment on the implementation of WASH activities in 307 health facilities in Banadir (39), Galmudug (53), Hirshabelle (33), Jubaland (40), Southwest State (55) and Puntland (87). Of the 307 health facilities assessed, 204 were in urban areas while 103 were in rural areas. 188 were public health facilities and 99 were private health facilities. The assessment found that 217 (70.7%) of the health facilities did not have protocols for the implementation of WASH activities, while 120 (39.1%) did not have protocols and standard operating procedures (SOPs) for waste management. The partners agreed the following action points: development of a national strategy for WASH and infection prevention and control (IPC) interventions in health facilities; establishment of coordination committees at national and state level to oversee the implementation of WASH activities in health facilities; and regular monitoring visits to be conducted by partners to ensure implementation of WASH interventions in health facilities.

Implementation of community-based surveillance

- WHO deployed 762 CHWs to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management for common childhood illness in 44 districts, including 31 districts in which WHO is implementing drought response activities.
- CHWs visited 79 755 households and sensitized 674 562 persons with preventive messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 632 COVID-19 alerts to district-based rapid response teams of which 39 (6%) alerts were confirmed as true following investigation.

In the 31 drought-affected districts in which WHO is implementing drought response interventions, CHWs conducted the following activities:

- Identified and treated 1767 children under the age of five years with acute diarrhoea with ORS and zinc. 85 (5%) children with severe dehydration were referred for further management in health facilities.
- Screened 16 278 children under 5 years for malnutrition using MUAC tape, of whom 6384 (39.2%) were suffering from MAM and 2621 (16.1%) were suffering from SAM. Children suffering from MAM were referred to outpatient therapeutic programs (OTP) for additional treatment while those suffering from SAM were referred to stabilization centers.
- Provided iron and folic acid to 3537 pregnant women and vitamin A to 2587 children aged 6 to 59 months.
- Educated 30 527 lactating mothers on IYCF practices.
- Identified and reported 288 community deaths, of which 114 (39.6%) were children under 5 years.

Supportive supervision activities for community health workers

- District-based rapid response teams conducted 116 supportive supervisory visits for CHWs to assess the quality of data and activities implemented by CHWs. Findings of the supervision included (i) 78% of CHWs could demonstrate correctly how to conduct active case search for epidemic-prone diseases in the community, (ii) 52% were engaged in health promotion and risk communication activities, (iii) 90% had movement plans with maps showing the households to be visited each day, (iv) 100% reported using the electronic tool provided, and (v) 90% demonstrated proper use of the electronic tool.

Cholera response in drought-affected districts

Somalia is currently experiencing a cholera outbreak in 23 drought-affected districts which has been uninterrupted since 2017.. The current cholera outbreak is attributed to a high proportion of internally displaced people (IDPs) with limited access to safe water and proper sanitation. In Afmadow district, which borders Kenya, uncontrolled cross-border movement has also contributed to spread of cholera from Kenya. High levels of open defaecation have also contributed to contamination of water sources in Kismayo district of Jubaland state. Since epidemiological week 1 of 2023, 892 cases including 1 death have been reported from 23 districts which represents a 50% reduction in the number of reported cases compared with the same period in 2022. To contain the outbreak, WHO supported the state-based Ministry of Health (MoH) to implement the following activities:



Community health workers educating women on Young and Child Feeding options in Daynile district in Banadir region © WHO Somalia

- Capacity building for frontline health workers to manage suspected cases of cholera using standard protocols.
- Support the referral of severe cases of cholera from community oral rehydration points to the WHO-supported cholera treatment center (CTC) located in drought-affected districts for appropriate care and treatment.
- Deployment of district-based rapid response teams (RRTs) to investigate and validate alerts as reported by CHWs. The district-based RRTs collected and shipped 29 stool samples to the national public health laboratory in Mogadishu, of which three (1.1%) tested positive for *Vibrio cholerae* serotype 01 Ogawa.
- Deployment of CHWs to conduct community engagement and sensitization using key messages for cholera prevention.
- Convening 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).
- Conduct a risk assessment jointly with WASH and Health cluster partners and identify cholera hotspot districts where WASH interventions will be scaled up.
- Development of cholera preparedness and response plan highlighting the strategic activities to be implemented in cholera hotspot areas.

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 affected districts as part of the drought response plan. Epidemiological reports are periodically shared with health partners to guide the implementation of health interventions in districts with a high risk of cholera.

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 31 districts in Galmudug, Jubaland, Southwest, Hirshabelle and Banadir region. WHO deployed integrated outreach teams to implement the following activities:

- Provide integrated primary health care services to 21 555 people in drought-affected communities, of whom 10 156 (47.1%) were children under 5 years of age.
- Treated 3325 children under 5 years with acute diarrhoeal diseases using ORS while 8428 children aged 6-59 months were given vitamin A supplementation.
- Vaccinated 4664 children under 5 years with the first dose of pentavalent vaccine, 3039 with the second dose of pentavalent vaccine, 4160 with the first dose of measles containing vaccine (MCV1) and 2978 with the second dose of measles containing vaccine (MCV2).
- Vaccinated 1826 pregnant women against tetanus.

Additionally, in January, WHO expanded service delivery in two districts in Banadir and integrated outreach teams:

- Provided outpatient consultations to 7177 displaced people suffering from different drought-related diseases, of which 3658 (50.9%) were children under 5 years and 4545 (63.3%) were female.
- Screened 3125 children for malnutrition, of whom 186 (5.9%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 981 children with vitamin A, dewormed 2047 children using albendazole tablets and treated 758 cases of acute watery diarrhoea using ORS.
- Vaccinated 279 children with bacille Calmette-Guérin (BCG) as well as 522 with first dose of oral polio vaccine (OPV1), 289 children with the second dose (OPV2), and 238 with the third dose (OPV3). 650 children received the first dose of pentavalent vaccine, 1,278 received the second dose, and 2,130 received the third. 3,248 children received the first dose of inactive polio vaccine (IPV1) and 357 received the second dose (IPV2). 470 children received first dose of measles containing vaccine (MCV1) and 167 received second dose (MCV2).

Capacity building for the implementation of International Health Regulations in Somalia

- The Country Preparedness and Readiness unit of WHO's Regional office for the Eastern Mediterranean conducted a capacity building workshop in Mogadishu. The workshop was attended by 30 participants from Somalia National Institute of Health, state-based Ministries of Health and health cluster partners that support the implementation of the National Action Plan for Health Security (NAPHS), which was developed to improve the implementation of IHR core capacities in Somalia. During the workshop, participants were trained on: monitoring and evaluation of IHR core capacities, planning and execution of simulation exercises, reporting public health events of international concern, terms of reference and functions of the national IHR task force, and State Party Annual Reporting (SPAR).
- The MoH, WHO, AFENET and partners convened a capacity building workshop for the third cohort of the frontline Field Epidemiology Training Program (FETP) in Mogadishu. During the workshop, the 27 trainees (of which 12 were female health workers) presented on the outputs of the activities implemented in the field. Activities implemented by the trainees included disease surveillance, data audits, outbreak investigation and response, identifying gaps in disease surveillance using root cause analysis techniques, and supportive supervision. Since the start of frontline FETP, a total of 68 frontline health workers (including 20 females) have been trained and are currently supporting implementation of health services at national and state level.
- WHO and health partners supported the MoH to train 45 frontline health workers in the implementation of Integrated Disease Surveillance and Response (IDSR), which is one of the key activities highlighted in the NAPHS for Somalia. Participants were trained on an integrated approach for timely detection, reporting and analysis of public health events and epidemic-prone diseases, outbreak investigation, preparedness and response to public health events and epidemic-prone disease, risk communication, monitoring, supervision and evaluation. Participants were also trained on reporting of health events using the new version of DHIS2 by technical officers from the Tanzanian Health Information Service Prover (HISP). During the workshop, participants developed a plan that will be used to conduct cascaded IDSR training at state and health facility levels. IDSR is a strategy aimed at strengthening the implementation of different existing surveillance systems in Somalia with the overall objective of improving the efficiency of disease surveillance and response using the limited resources available.

Implementation of single dose oral cholera vaccination campaign

- WHO, in collaboration with UNICEF and health partners, supported the Federal and State Ministries of Health to vaccinate 905 229 people living in IDP camps against cholera using a single dose of oral cholera vaccine (OCV) in 10 drought-affected districts, reaching 90% of the target. Of those vaccinated, 149 555 (16.5%) were aged 1 to 4 years, 300 712 (33.2%) were aged 5 to 15 years while 454 962 (50.2%) were aged over 15 years. The 5-day house-to-house campaign was implemented by 1 328 vaccination teams each comprised of two vaccinators, a data manager and social mobilizers from the polio program. The campaign was implemented in IDP camps in 10 drought-affected districts that are currently experiencing active cholera transmission. In Southwest state, 156 039 (90%) of the targeted IDPs were vaccinated, of whom 8 417 were in Baidoa, 3 561 were in Marka while 36 238 were in Afgoi. In Banadir region, 600 117 IDPs were vaccinated, including 9 939 in Dharkenley, 251 205 in Daynile, 41 487 in Hodan, 79 391 in Harmajajab, and 218 102 in Kahda district. In Jubaland state, 119 620 IDPs were vaccinated in Kismayo while in Hirshabelle state 29 453 were vaccinated in Jowhar district. The OCV campaign took an integrated approach including scaling up the implementation of WASH interventions, risk communication and community education, case management and enhanced surveillance activities.

Capacity building for strengthening trauma care services in Somalia

- Somalia was affected by mass casualty events in October 2022 in which an estimated 100 people died and 300 experienced multiple injuries. Injured patients were admitted in public and private health facilities in Mogadishu where access to standard trauma care was limited. WHO deployed an Emergency Medical Team (EMT) from the United Kingdom (UK-Med) to assess the requirements for the improvement of trauma and critical care in Somalia and build capacity of the local health workforce in the management of trauma and critically ill patients. In January 2023, the EMT trained surgeons, nurses, anesthetic officers and hospital directors on primary surgical interventions for trauma patients, monitoring critically ill patients using echocardiogram (ECG) (34 doctors and nurses trained), setting up surgical theatres (10 nurses trained), basic nursing care for trauma and critically ill patients (16 nurses trained), standard IPC interventions for critical care (10 nurses and doctors trained), management of patients with burns and other types of wounds (42 nurses trained), and basic anaesthetic care (10 nurses trained). The trainers then developed a plan of action jointly with WHO and the MoH aimed at strengthening capacity for trauma management in Madina and other hospitals in Somalia.



Health workers vaccinating children against cholera in Kahda IDP camp in Banadir region © WHO Somalia

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 December 2022, of the 53 stabilization facilities supported, 44 (83%) submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, 15 in Southwest state, one in Hirshabelle and ten in Puntland state.
- In December, of the 3075 children suffering from SAM with medical complications who were admitted to stabilization facilities, 2463 (80%) were cured, 52 (1.7%) were registered as defaulters, while 66 (2.1%) died. The districts that reported the highest number of SAM cases with medical complications were Banadir (509) and Baidoa (348).
- WHO donated essential medical equipment including oxygen contractors, pediatric oxygen masks, pediatric pulse oximeters, and pediatric nasal oxygen cannulas, to stabilization centers in Banadir (2), Hirshabelle (2), Galmudug (6), Southwest (9) and Jubaland (8). The medical supplies are adequate to manage over 500 cases of SAM with medical complications

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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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