

May 2022

Health Emergency Programme Update – Somalia



WHO works closely with the State Ministry of Health in Jubaland and Federal Ministry of Health to conduct nutrition screening, May 2022. © WHO

KEY HEALTH INDICATORS – May 2022

130 Health cluster partners
7 million People in need of health care

HEALTH NEEDS AND PROVISION

- 7.7 million people in need of humanitarian assistance in Somalia.¹
- 6.1 million people are affected by severe drought; 771 400 have been displaced from their homes in search of water and food.²
- 5.2 million people experiencing acute food insecurity including 38000 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 2022 Somalia Humanitarian Needs Overview

² Somalia: Drought Situation Report No.7 (As of 20 May 2022) - Somalia | ReliefWeb

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

- 2164 community health workers (CHWs) deployed in 79 districts, including in 24 drought-affected districts where WHO is implementing drought response activities.
- 1 650 141 people reached with key messages for health promotion and disease prevention.
- 2170 COVID-19 alerts were notified by CHWs, of which 188 (9%) were validated as true by district-based rapid response teams.
- 1546 children with severe acute malnutrition (SAM) and medical complications treated in stabilization centres supported by the World Health Organization (WHO).
- 5863 cases of trauma treated in health facilities supported by WHO.
- 71 triage corners established in health facilities located in drought-affected districts to support the treatment of patients in need of critical care services. Two are functioning so far.
- Five Interagency Emergency Health Kits (IEHK) adequate for treatment of 50 000 people for three months and five paediatric kits for the management of severe cases of malnutrition with medical complications distributed to Puntland, Hirshabelle, and Jubaland states adequate for the treatment of 250 cases of SAM with medical complications.

Coordination meetings

- WHO convened drought response coordination meetings with the health; water sanitation and hygiene (WASH); and nutrition cluster partners in all states. In the South West state, participants reviewed the implementation of cholera response activities. Participants resolved to scale up water quality surveillance, distribution of hygienic kits and provision of safe water to displaced communities. In Banadir region and Jubaland state, the participants discussed the increasing number of measles cases and severe acute malnutrition among children under five years. Participants developed an implementation plan to ramp up measles vaccination campaigns among displaced communities. In Puntland state, health cluster partners reviewed the measles situation in drought-affected districts and the implementation plan for conducting mass measles vaccination campaigns in drought-affected districts. In Banadir region, partners reviewed the performance of the Early Warning Alert and Response Network (EWARN). The partners resolved to: (i) add new health facilities to the network; (ii) deactivate the non-reporting health facilities; and (iii) train new partners whose health facilities were added recently. In Galmudug state, WHO's emergency team convened a drought response meeting with the polio and expanded programme on immunization (EPI) teams to review the progress of implementation of drought response activities. The participants agreed to: (i) strengthen coordination of drought response activities with the state MOH; and (ii) conduct joint supervision visits for state-based rapid response teams and CHWs.



The Regional Director of the World Health Organization's Regional Office for the Eastern Mediterranean, Dr Ahmed Al-Mandhari visits health facilities in Mogadishu and Galkacyo, May 2022 © WHO Somalia

Implementation of community-based health service

WHO deployed 2164 CHWs to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children and home-based management for common childhood illnesses in 79 districts, including 24 districts in which WHO is implementing drought response activities. The CHWs conducted the following activities:

- Visited 295 413 households and sensitized 1 650 141 people with preventive messages for epidemic-prone diseases, including COVID-19.
- Detected and reported 2170 COVID-19 alerts to district-based rapid response teams, of which 1545 (71%) alerts were investigated and 188 (9%) confirmed as true.
- Identified 4898 children under the age of five years suffering from acute diarrhoeal diseases and treated with oral rehydration salt (ORS) and zinc. Of this, 316 (7%) children with severe dehydration were referred for further management to health facilities.
- Screened 42 427 children under the age of five for malnutrition using mid-upper arm circumference (MUAC) tape and 3992 (9%) children with severe forms of malnutrition were referred to an outpatient therapeutic programme (OTP) for additional treatment.
- Distributed iron and folic acid supplements to 1031 pregnant women vitamin A capsule to 12 696 children aged 6 to 59 months, and sensitized 5942 lactating mothers on infant and young child feeding (IYCF) activities.
- Conducted 135 supportive supervisory visits by the district-based rapid response teams to assess the quality of data and activities implemented by CHWs. The supervision visits found: (i) 65% of the CHW teams could demonstrate correctly how to conduct active case search for epidemic-prone diseases in the community; (ii) 59% of CHWs were engaged in health promotion and risk communication activities; (iii) 89% of CHWs had movement plans with maps showing the households to be visited each day; (iv) all of the teams reported using Open Data Kit (ODK) provided; and (v) 98% of CHWs demonstrated proper use of electronic tools available.

Capacity building for field epidemiology

- WHO, the National Institute of Health (NIH), African Field Epidemiology Network (AFENET) and the United States Centers for Disease Control (US CDC) conducted a workshop for the second cohort of frontline field epidemiology training in Mogadishu from 22 to 26 May. A total of 25 participants attended the workshop and were trained by the technical team on conducting outbreak investigation, epidemiological data analysis using Microsoft Excel software and writing reports following outbreak investigation. During the workshop, participants presented reports for disease surveillance and data quality assessment reports from the 25 health facilities that they had supported during their field activities. After the workshop, the trainees were deployed back to the field to support disease surveillance and response focusing on drought-affected districts.

Improving management of burns in Somalia

- 38 nurses and doctors in major hospitals in Somalia adopted treatment protocols on the management of burns. The orientation workshop was conducted by the technical unit of the WHO Eastern Mediterranean Regional Office (EMRO), the WHO Somalia country office and the Federal Ministry of Health (MOH). Participants were informed on the classification of burns, complication of burns and management of patients with different types of burns and injuries. WHO procured and prepositioned standard kits in health facilities that will be used for the management of cases with burns in different locations.

Improving management of SAM cases with medical complications

- In response to the increasing number of cases of SAM with medical complications in the drought-affected districts in South West state, a technical team from WHO conducted supportive supervision and provided on-the-job training for ten health care workers (7 male and 3 female) in stabilization units located in Bayhow and Bay regional hospitals. Participants have improved knowledge on the management of SAM cases with medical complications. The supervision aimed to improve the hands-on skills of frontline health workers in managing SAM cases with medical complications to reduce the fatality rates among affected children in drought-affected districts in the South West State. WHO provided reference materials and standard guidelines for the management of SAM with medical complications. A follow up supervision visit will be conducted by WHO in collaboration with technical officers in the state MOH.

Outbreak investigation for measles in drought-affected districts of Puntland

- WHO supported district-based rapid response teams to investigate measles alerts in ten drought-affected districts of Puntland state. The teams that were composed of surveillance officers and medical officers visited health facilities, convened meetings with health workers. They also recorded all suspected cases that met the case definition for suspected measles in the standard line list and conducted descriptive analyses to identify the most affected villages and population groups. The teams collected 112 blood samples from suspected cases, of which 32 tested positive for measles specific immunoglobulin M (IgM+). WHO, in coordination with health partners and the state ministries of health, is monitoring the trends of measles and other epidemic-prone diseases in drought-affected districts through the EWARIN. WHO has developed a drought response plan that will be used to scale up the implementation of measles vaccination campaigns in drought-affected districts where measles cases have been reported.

Response to cholera outbreak in the South West state

- WHO supported district-based rapid response teams to investigate alerts of suspected cholera in Baidoa district of the South West state. The team conducted field visits in the internally displaced persons' (IDP) camps that are reporting alerts, where they listed all suspected cases in a standard line list, conducted analysis of data and, as a result, identified the most vulnerable communities. The team collected 18 stool samples and sent them to the national public health laboratory for bacteriology. Two of the samples tested positive for *Vibrio cholerae* Ogawa. The affected communities were linked with the WASH partners, who

started the chlorination of community water sources, community sensitization and distribution of hygienic kits. The severe cases are managed in a WHO-supported cholera treatment centre located in the Bay Regional Hospital. As part of the AWD/cholera outbreak response in South West state, WHO has donated kits for the management of cholera cases and laboratory kits for the diagnosis of suspected cases reported from drought-affected communities.

Supportive supervision to Bay Hospital Cholera Treatment Centre (CTC) in Baidoa

- WHO technical officers conducted joint supervision and monitoring of the implementation of cholera response activities in the Bay Hospital CTC. During the exercise, the team convened a meeting with the health workers in the CTC and conducted an assessment using a standard check list. Major gaps identified included were: (i) the lack of coordination of response with the state MOH; (ii) shortage of cholera kits and essential medical supplies; (iii) poor implementation of infection prevention and control guidelines; (iv) the lack of information, education and communication (IEC) materials for cholera prevention; and (v) new frontline health workers are not trained on cholera case management. To address this situation, the WHO team has initiated following activities: (i) capacity building for the newly recruited frontline health workers on cholera case management, surveillance and reporting (ii) provide cholera kits to the CTC; (iii) support community engagement through community health workers; (iv) conduct timely reporting through EWARN; (v) capacity building for infection prevention and control (IPC); and (vi) medical waste management.

Water quality surveillance activities in drought-affected districts

- WHO supported state-based MOH technical officers to conduct field visits, and conducted water quality surveillance in sections/villages affected by the current cholera/AWD outbreak. The surveillance officers conducted a mapping of community water sources among displaced communities in Baidoa, and tested samples from 18 water sources, of which eight (44.4%) were contaminated with coliform. The communities were sensitized on protecting water sources from getting contaminated. Following this, WASH cluster partners chlorinated the eight contaminated water sources.

Establishment of triage corners for the management of critically ill patients in drought-affected districts

- As part of the implementation of WHO Somalia's drought response plan, WHO is currently distributing medical equipment to establish 71 triage corners in health facilities. So far, two triage corners are functioning. The triage corners in health facilities were equipped with oxygen concentrators, oximeters and additional equipment useful for the management of critically ill patients suffering from severe forms of trauma and other medical complications.

Cross-border surveillance activities in Puntland

- The Puntland MOH and WHO convened a coordination meeting for cross-border communities at four designated points of entry (POE). During the meeting, the participants were trained on using a standard assessment tool for designated POEs. The selected teams will be supported by WHO to conduct periodic capacity assessment for POEs in line with the 2005 International Health Regulations (IHR); (ii) conduct cross-border coordination meetings; and (iii) submit disease alerts to health facilities located in cross-border communities.

Genomic sequencing for COVID-19 in Puntland

- WHO supported genomic sequencing of 36 samples of severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) in Puntland. Of the 36 samples, 18 (50%) were analysed, of which 12 (67%) were 21K (Omicron variant), 1 (6%) 20A, 1 (6%) 20C, and 4 (22%) were found to be 19A clades. The results from the genomic sequencing were submitted to the Global Initiative on Sharing of Influenza Data (GISAIID).

Nutrition update

- Of the 52 stabilization centres supported by WHO, 33 (79%) submitted monthly reports to WHO and the MOH that were useful to monitor trends of SAM with medical complications among children aged below five years in different states.
- A total of 1546 new SAM cases with medical complications were admitted to 36 stabilization centres: 3 in Banadir region, 10 in Puntland; 9 in Jubaland; 6 in Galmudug; 2 Hirshabelle; and 6 in South West state. Overall, there were 1268 (98%) recoveries, 31 (2.4%) defaulters, 11 (0.8%) medical referrals, and 27 (2%) deaths reported.
- WHO supported the FMOH in the management of SAM cases with medical complications in the districts affected by drought and the long-term impact of floods and conflict. This support was provided in the form of technical expertise, capacity development, and the provision of supplies to Banadir, Hirshabelle and Jubaland states.
- WHO donated five WHO paediatric SAM (PED-SAM) kits and medical equipment to Hirshabelle (2), Puntland (2) and Jubaland (1) for the management of SAM with medical complications admitted in the stabilization centres. These would manage 100 cases for a period of three months.



Dr Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean, oversees community outreach activities, May 2022
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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 in the country and responding accordingly. In May 2022, 5863 trauma-related injuries were reported from the health facilities in all states through the District Health Information System (DHIS-2). Of these, the majority (52%) were non-weapon-related injuries, which included burns and road accidents. These injuries represent a 31% decrease (2650) compared to 8513 injuries reported during the same period in May 2021. The reported cases of injuries were managed in different hospitals in all states. Most cases of trauma are reported from Puntland and South West states.

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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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