

September 2022

Health Emergency Programme Update – Somalia



WHO country representative launching second round of oral cholera vaccination campaign in Mogadishu Somalia. © WHO Somalia

KEY HEALTH INDICATORS – September 2022

130 Health Cluster partners; 44 (33.8%) 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

- 1929 community health workers (CHWs) deployed in 60 districts, including in 25 drought-affected districts where WHO is implementing drought response activities.
- 717 919 people were reached with key health promotion and disease prevention messages.
- 1 275 COVID-19 alerts were notified by CHWs; of which 1 172 (92%) were investigated and 382 (33%) were validated by district-level rapid response teams (RRTs).
- 1 392 children aged 6 to 59 months with acute diarrhoea were treated with oral rehydration solution (ORS) and Zinc by CHWs, 192 (14%) children with severe dehydration were referred to the nearby health facilities for further management.
- 19 533 children aged 6 to 59 months were screened for malnutrition using mid-upper arm circumference (MUAC) tape of which 1 603 (8.2%) were referred to an outpatient therapeutic program (OTP) for additional treatment by CHWs.
- 3 735 pregnant women received iron and folic acid supplements.
- 2 898 children aged 6 to 59 months received vitamin A supplements.
- 5 193 lactating mothers were educated on infant and young child feeding (IYCF) activities.
- 2 781 severely malnourished children with medical complications treated in nutrition stabilization centres that are supported by the World Health Organization (WHO); Of these 2 575 (93%) children recovered and were discharged.
- 4524 cases of trauma treated in health facilities supported by WHO
- Distributed medical supplies including six paediatric kits for the management of severe cases of malnutrition in Benadir region, four interagency health kit (IHK) distributed to two health facilities in Puntland adequate to manage an estimated 4 000 cases with different infections and assorted medical supplies adequate for the management of 6800 drought affected people in South West state.

Coordination meetings

- The World Health Organization (WHO) convened monthly drought response coordination meetings with health, water sanitation and hygiene (WASH), nutrition cluster partners and seven state-based ministries of health (MoH). In South West State partners identified inaccessible populations and developed a response plan to ensure provision of primary health care services to them through integrated outreach teams and interagency partnerships. Partners also developed an integrated micro plan for the implementation of measles, oral cholera vaccination and COVID-19 vaccination campaigns in drought affected districts. In Juba land state, health and Water Sanitation and Hygiene (WASH) cluster partners identified the gaps in the implementation of cholera response activities. The partners identified poor infrastructure of cholera treatment facilities, lack of trained health workers in cholera treatment facilities, poor implementation of infection prevention and control interventions and limited access to safe water as some of the drivers of the ongoing cholera outbreak. With support from the health cluster and WHO, the state MOH established a second CTC with the capacity to manage 100 cases of cholera, partners developed a plan to build capacity for frontline health workers for cholera case management and enhanced community education with cholera preventive messages using community health workers while WASH cluster will scale up water tracking to communities affected by drought, distribution of hygienic kits and deploy additional community health workers and religious workers to scale up community education and hygiene promotion campaigns in IDP communities and accessible villages .



WHO high- level mission for Universal Health Coverage at Gambol PHC in Garowe district, Puntland state of Somalia. © WHO Somalia. © WHO Somalia

High-level field visits to the drought-affected districts in Somalia

- The under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mr. Martin Griffiths along with the Deputy Special Representative of the Secretary-General and the United Nations Resident and Humanitarian Coordinator in Somalia, Mr. Adam Abdelmoula visited Bay regional hospital and Al-Baraka internally displaced persons (IDP) settlement site in Baidoa district of South West State to assess the impact of the ongoing drought. The high-level delegation convened meetings with drought-affected communities, government officials, UN agencies and partners to review the progress of the implementation of drought response activities as stipulated in the drought response plans. During their visit to IDP sites, the second round of the oral cholera vaccination (OCV) campaign was launched which aims to prevent outbreak of cholera among the most vulnerable. During the discussion with partners and UN agencies supporting the drought response activities, visiting dignitaries appreciated the ongoing collective response efforts and requested all stakeholders to scale up the response activities to avert a catastrophe.
- A technical team from the headquarters of WHO in Geneva and the WHO Regional Office for the Eastern Mediterranean (EMRO) conducted a mission to Somalia to assess the progress of the implementation of the universal health coverage (UHC). The team convened meetings with the minister of health, technical leads at the ministry of health (MoH), heads of UN agencies and health cluster partners to understand the impact of the current drought on the implementation of UHC and health security activities. The team visited IDP camps, health facilities and stabilization centres in Baidoa, Mogadishu and Puntland. In Baidoa district, one of the worst affected by drought, the mission convened a meeting with local partners and advocated for integrated approach as well as scaling up of the implementation of health activities among inaccessible communities, especially those left out by other humanitarian agencies and state government.

Implementation of community-based surveillance

- WHO deployed 1929 community health workers (CHWs) in 60 districts, including in 25 drought-affected districts to conduct risk communication and community engagement (RCCE), alert detection, reporting, screening for malnutrition among children and home-based management for common childhood illnesses.
- The CHWs conducted the following activities:
 - Visited 72 745 households and sensitized 717 919 persons with preventive messages for epidemic prone diseases including COVID-19.
 - Detected and reported 1 275 COVID-19 alerts to district based rapid response teams (RRTs) of which 1 172 (92%) alerts were investigated and 382 (33%) confirmed as true.
 - Treated 1 392 children aged 6 to 59 months with acute diarrhoea with oral rehydration salt (ORS) and Zinc, while 192 (14%) children with severe dehydration were referred for further management in health facilities.

- Screened 19 533 children aged 6 to 59 months for malnutrition using mid upper arm circumference (MUAC) tape of which 1603 (8.2%) were referred to an outpatient therapeutic program (OTP) for additional treatment by CHWs.
- Provided 3 735 pregnant women with iron and folic acid supplements for the prevention of anaemia in pregnancy, provided 2 898 children aged 6 to 59 months with Vitamin A supplement
- Educated 5 193 breast feeding mothers on infant and young child feeding (IYCF) activities.
- District based rapid response teams conducted 126 supportive supervisory visits to assess the quality of data and activities implemented by CHWs. Findings of the supervision included;
 - 74% of the CHW teams could demonstrate correctly how to conduct active case searches for epidemic prone diseases in the community,
 - 80% were engaged in health promotion and risk communication activities,
 - 56% o had movement plans with maps showing the households to be visited each day,
 - 100% of the teams reported using the electronic tool provided,
 - 90% demonstrating proper use of the electronic tool.

Supervision and monitoring of drought response activities

- WHO provided technical and financial support to state-based teams in drought-affected areas to conduct monitoring and supervision of drought response activities implemented by health partners. In South West state, the state-based health team monitored implementation of drought interventions in Barawe districts. The team convened meetings with health workers and community leaders to identify bottlenecks affecting the implementation of planned activities. The community leaders noted poor coordination of response activities with partners resulting in fragmented response. The community leaders requested state-based teams to mobilize partners to scale up implementation of response activities in drought affected districts of Lower Shabelle region.

Integrated primary health care outreaches conducted in drought-affected districts

- WHO supported state ministries of health to deploy 148 integrated outreach teams to drought-affected districts and hard-to-reach areas to provide basic health services including outpatient consultation, treatment of acute diarrhoeal diseases, childhood vaccination, nutrition screening, micronutrient supplements and deworming as well as referral to health facilities. The outreach teams implemented the following activities;
 - Vaccinated 223 665 children (including 46 915 zero dose children who had never been vaccinated before) aged 6-59 months against measles and other vaccine-preventable diseases,
 - Vaccinated 19 119 pregnant women against tetanus,
 - 133 021 children aged under 5 years received vitamin A supplements,
 - Treated 43 551 children with acute diarrheal diseases using ORS and Zinc and provided vitamin A to 133 021 children,
 - Provided 139 733 drought affected communities with outpatient consultation services including psychosocial counselling to patients identified with psychosocial disorders,
 - Educated 1.7 million people with health promotion messages in drought affected districts.



Health workers conducting integrated outreach services in Abudwak district of Galmudug state. © WHO Somalia

Implementation of second round of the reactive oral cholera vaccination (OCV) campaign

- WHO in collaboration with health and WASH cluster partners supported MOH to implement the second round of reactive oral cholera vaccination (OCV) campaign in Daynile, Hodan, Wadajir and Dharkenley districts of Banadir region as well as district Jowhar of Hirshabelle. A house-to-house campaign was implemented by the polio/EPI teams supported by the district and community social mobilizers and independent monitors.
- A total of 537 649 internally displaced people aged one year and above received the second dose of OCV.
- An additional 7.4% (37 162) of drought affected populations received the first dose OCV.
- The remaining districts i.e., Baidoa, Afgoi, Wanlaweyne and Marka will implement the second round in the first week of October 2022 which will be integrated with WASH activities including distribution of hygienic kits and community sensitization to prevent cholera outbreaks.

Investigations for AWD/Suspected cholera in drought affected districts

- WHO supported district based rapid response teams (RRTs) to investigate and validate alerts of acute watery diarrhea (AWD)/suspected cholera in one drought affected district of South West state. District based RRTs in South West state
 - Investigated alerts of suspected cholera outbreaks in Marka district.
 - Recorded all suspected cases in a standard line list, identified populations most at risk and
 - Collected 13 stool samples from suspected cases of which one sample was tested positive for *Vibrio Cholerae* Serotype Ogawa.
 - Conducted on-the-job training for frontline health workers in Marka hospital CTC on cholera case management and
 - Advised the community leaders to educate communities with cholera preventive messages.



In September 2022, WHO is responding the cholera outbreak in Kismayo Somalia. © WHO Somalia

Implementation of WASH interventions in drought affected districts

- WHO supports the state-based health teams to conduct water quality testing and analysis in Kismayo, Jubaland, as part of the AWD/Cholera response. Eight samples were collected from eight water sources of shallow wells and business water tabs and all the eight water sources were found to be contaminated with coliform. The contaminated water sources were chlorinated by the WASH cluster in addition to 158 additional water sources, distribution of aqua tablets to 4 645 households and reached 12 407 people with key messages for the control and prevention of cholera in drought affected communities in Jubaland

Capacity building for health security and laboratory

- WHO supported federal ministry of health (FMoH) to train 20 laboratory staff including nine (9) female staff from Somalia. The main objective of the training was to train the laboratory technicians on bacteriological methods for isolation and identification of enteric pathogen from stool samples and antimicrobial resistance detection and surveillance. Training participants were from national and state public health reference laboratories. Of the 20-laboratory staff trained, nine belonged to Banadir region, two from Jubaland state, five from Puntland, two from Galmudug and one each from South West and Hirshabelle states. The training was conducted at the African Medical and Research Foundation (AMREF). The participants were trained on collecting stool samples using standard procedures, stool sample preparation for culture and sensitivity studies, biosafety and biosecurity for handling fecal specimen, isolation of pathogens from fecal specimens and interpretation of results; laboratory data collection, analysis and dissemination. The trainees were given reference materials for use at their workstations and state based public health reference laboratories are expected to establish bacteriological testing. After the training, the technical team from AMFER will be supporting to conduct supportive supervision and mentoring for the newly trained laboratory technicians.

Capacity building for disease surveillance and response

- WHO supported the training of the third cohort of the frontline field epidemiology training program (FETP) which included 28 health workers including 11 females from national, state and district level. The participants were trained on basic principles of outbreak investigation and response, data quality analysis, supportive supervision of health facilities for the improvement of disease surveillance and response.
- Since the beginning of the implementation of the FETP program in Somalia a total of 44 frontline health workers including 11 females have been enrolled and graduated. The graduates have been deployed in drought-affected districts to support the implementation of public health interventions aimed at reducing the negative impact of drought. The frontline FETP program in Somalia is implemented by National Institute of Health (NIH) and supported by World Health Organization (WHO), African Field Epidemiology Network (AFENET), US Centers for Disease Control and Prevention (US CDC), Global Implementation solutions (GIS), Public Health Agency of Sweden (PHAS) and Intergovernmental Authority on Development (IGAD).

Nutrition update in drought affected districts

- WHO supports 53 stabilization centres in drought-affected districts to provide care and treatment for severe cases of malnutrition with medical complications in drought-affected districts in collaboration with the nutrition cluster.
- Out of 53 stabilization facilities supported by WHO, 38 (72%) submitted reports during the reporting period which include two in Banadir region, seven in Jubaland, six in Galmudug, one in Hirshabelle, 14 in South West and eight in Puntland state.
- 2 781 new admissions were recorded from the 38 stabilization centers (2 in Banadir region, 7 Jubaland, 6 Galmudug, 1 Hirshabelle, 14 South West, and 8 Puntland) in August.
- Out of 2 781 reported cases of severe acute malnutrition admitted in the stabilization facilities in August 2022, 2575 (93%) were cured, 57 (2%) defaulted, 92 (3.3%) were referred for advanced treatment, while 76 (2.7%) deaths were reported.
- WHO supported state-based nutrition team in Jubaland state and nutrition cluster partners to monitor the status of implementation of nutrition activities and review the causes of the reported increase in the number of children admitted with severe acute malnutrition with medical complication in Dolow district. During the supervision, the team convened a meeting with district health team to understand factors contributing to the deteriorating status of nutrition among children, conducted on job training for five nutrition staff on integrated management of severe cases of malnutrition with medical complications and supported the development of plan to scale up the provision of nutrition support to children below 5 years of age in Dolow. Severe food insecurity in Dolow district was identified as one of the contributing factors to increasing number of cases of severe malnutrition with complications. The team will ensure that World Food Program scale up food distribution to drought affected populations in Dolow.
- WHO donated six WHO-PED-SAM kits to three stabilization centre in Banadir region to fill the critical medical supplies gap and to meet the demand of growing number of SAM with medical complications in Banadir, De-Martino and Hamar Jajab stabilization centres in Banadir region. These supplies are considered enough to meet the needs of a 180-bed pediatric unit for about three months.
- 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 September 2022, 6509 trauma-related injuries were reported from health facilities in all states through the district health information system (DHIS-2). Of these, the majority (43%) were non-weapon-related injuries, which included burns, snake bites, and road accidents. These injuries represent a 15.8% year-on-year increase (1031) when compared to 5478 injuries reported during the same period in September 2021. The reported cases of injuries were managed in different hospitals in all the states. Most of the injuries were reported from Banadir (687 cases), Hiran (1201), Southwest state (365), and Galgadud (786 cases).
- WHO built capacity for 46 health workers including nurses and doctors on the management of trauma using non-invasive techniques. The participants were trained in the conservative management of simple fractures, dislocation of joints, and basic care and management for critically injured patients. After the training, the participants received reference materials that they will use at their health facilities. A follow-up plan to offer on-job training and supervision was developed and shared with the state-based ministries of health



Community health worker screening a child for malnutrition in Abudwak district of Galmudug state. © WHO Somalia

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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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