

June 2023

Health Emergency Programme Update – Somalia



WHO emergency team conducting community engagement and sensitization in Daynile IDP, Banadir region. © WHO Somalia | Flickr

KEY HEALTH INDICATORS – JUNE 2023

130	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 of 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 62 districts across six states, including 31 drought-affected districts where the World Health Organization (WHO) is implementing drought response activities.
- 263 703 people were reached with preventive messages for epidemic-prone diseases including COVID-19.
- 40 COVID-19 alerts were notified to district-based rapid response teams. Two (5%) alerts were investigated and, of these, all the 2 (100%) were confirmed as true alerts
- 5564 children under the age of 5 years with acute diarrhoea were identified and treated in the community with oral rehydration salts (ORS) and zinc.
- 6191 children under the age of 5 years were screened for malnutrition by CHWs using mid-upper arm circumference (MUAC) tape, of whom 1912 (30.9%) were suffering from moderate acute malnutrition (MAM) and 1010 (16.3%) were suffering from severe acute malnutrition (SAM). MAM and SAM cases were referred for additional treatment.
- 4321 pregnant women were given iron and folic acid supplements, 1182 children aged 6 to 59 months were given vitamin A supplements, and 14 028 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 3363 severely malnourished children with medical complications were admitted to 47 nutrition stabilization centres that are supported by WHO, of whom 3004 (89.3%) were cured, 70 (2.1%) were registered as defaulters, while 55 (1.6%) died.
- 77 460 people in drought-affected communities, including 36 724 (47.4%) children under 5 years, received integrated primary health care services.

Coordination meetings

- A delegation from Somalia led by the Minister of Health in the Federal Ministry of Health and Human Services including technical teams from the World Health Organization and United Nations Children's Fund (UNICEF) country offices in Somalia, attended the global congress in Geneva, Switzerland, on the implementation of the international code of marketing of breast-milk substitutes. The main objectives of the global congress were to inform national actors on strategies to end the unethical marketing of breast milk substitutes, bottles, and teats; to support the development of national roadmaps for strengthening legislation, monitoring, and enforcement of the international code of marketing of breast-milk substitutes; and build regional networks to share information and support national action. During the meeting, the Somalia delegation emphasized the need to control unregulated marketing of breast-milk substitutes and the need to provide safe and adequate nutrition for infants through the promotion of breastfeeding. The delegation from Somalia agreed to strengthen collaboration and partnership among different stakeholders for the regulation of marketing breast milk substitutes in Somalia and seconded the endorsement of the international code of marketing of breastmilk substitutes and its implementation by 2025.
- WHO convened coordination meetings with Ethiopia and Kenya to discuss the implementation of cross-border cholera response activities. 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 Mandera 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 for the scaling up of implementation of primary health activities in all Somali states. In Hirshabelle and Jubaland states, the partners reported that 90% of the people displaced by floods had returned to their homes following the recession of flood water. WHO also supported technical officers from the Ministry of Water and the Ministry of Health to implement water quality surveillance and treatment of contaminated water sources. In addition, partners in Jubaland state developed a plan to implement a reactive oral cholera vaccination campaign targeting 590,000 people aged one year and above in five high risk districts located in the Mandera Triangle. The targeted districts include Dolow, Luuq, Belethawo, Afmadow and Doble.

Implementation of community-based surveillance

WHO deployed 516 CHWs in 27 districts including in 5 newly liberated districts in Hirshabelle state in which WHO is implementing drought response activities. CHWs conducted risk communication, community education, alert detection, reporting, screening for malnutrition among children, and home-based management of common childhood illness.

- CHWs visited 56 736 households and sensitized an estimated 263 703 people with preventative messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 40 COVID-19 alerts to district-based rapid response teams (RRTs). 2 (5%) alerts were investigated, of these, and both were confirmed as true.



Health workers vaccinating child against Polio in Banadir region. © WHO Somalia | Flickr

In the 31 drought-affected districts where WHO scaled up the implementation of health interventions, CHWs conducted the following activities:

- Identified and treated 904 children under the age of five years with acute diarrhoea with ORS and Zinc. 459 (50.8%) children with severe dehydration were referred for further management in health facilities.
- Screened 6191 children under the age of five for malnutrition using MUAC tape (a tenfold reduction compared to May), of whom 1912 (30.9%) had MAM and 1010 (16.3%) had SAM. Children with MAM were referred to an outpatient therapeutic programme (OTP) while those with SAM were referred to stabilization centres.

- Provided iron and folic acid to 4321 pregnant women (a threefold reduction compared to the previous month), vitamin A supplementation to 1182 children aged 6 to 59 months (a 12-fold reduction compared to the previous month), and deworming tablets to 1343 children aged 12 to 59 months (a 12-fold reduction compared to the previous month) and sensitized 14 028 lactating mothers with key messages on infant and young child feeding (IYCF) activities (a five-fold reduction compared to the previous month).
- Identified 4170 children with respiratory tract infections (a 42% increase compared to the previous month), of whom 79 (1.9%) had one or more danger sign(s) and were referred to the nearest health facility for further investigation and management.
- Reported a total of 72 community deaths 36 (50%) of which were under the age of five years.

Cholera response in drought-affected districts

- Somalia is currently experiencing a cholera outbreak in 28 drought-affected districts. . The current cholera outbreak is attributed to a high proportion of internally displaced people (IDPs) with limited access to safe water and proper sanitation. As of June 2023, 10 446 cases and 30 deaths (case fatality rate: 0.3%) have been reported in 28 districts including six districts in Jubaland state. In the past three months, the number of cholera cases reported in drought-affected districts in Somalia have decreased by more than two-fold particularly 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.

To contain the outbreak, WHO has supported the Ministry of Health (MoH) to implement the following activities:

- Supporting the referral of 23 severe cases of cholera from community oral rehydration points (ORPs) to WHO-supported cholera treatment centers (CTC) located in drought-affected districts for appropriate care and treatment. A total of 138 mild and moderate cases were treated in the six ORPs supported by WHO Capacity building for 104 frontline health workers from Belethawa (20), Baadhreere (26) Dolow (30) and Luuq (28) districts on cholera case management, infection prevention and control, and enhanced surveillance for cholera.
- Conducting a water quality assessment in hotspot districts to identify contaminated water sources for treatment by the WASH cluster partners.
- Supporting CHWs to visit 5103 households and sensitize 18 098 individuals in cholera-affected districts of Jubaland with key messages for the prevention and control of cholera.
- WHO teams in Somalia, Ethiopia and Kenya convened cross border coordination meetings and reviewed the progress of implementation of cholera response activities in the three countries as well as planning for reactive oral cholera vaccination campaign in the three countries.



Community health workers conducting vaccination campaign in Kismayo. © WHO Somalia

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 77 460 people in drought-affected communities (a 33% decrease compared to the previous month), of whom 36 724 (47.4%) were children under 5 years of age.

- Treated 5564 children under 5 years with acute diarrhoeal diseases using ORS while 25 728 children aged 6 to 59 months were given vitamin A supplementation (a 33% increase compared to the previous month).
- Vaccinated 13 548 children under 5 years with the first dose of pentavalent vaccine (a 57% reduction compared to previous month), 10 884 with the third dose of pentavalent vaccine (a 59 % increase compared to the previous month), 10 812 with the first dose of measles containing vaccine (MCV1) (a 29% increase on the previous month) and 9228 with the second dose of measles containing vaccine (MCV2) (a 50% increase compared to the previous month).
- Vaccinated 3790 pregnant women against tetanus (a 33% increase on the previous month).

Additionally, WHO expanded service delivery in two districts in Banadir with the highest concentration of IDPs. Integrated outreach teams delivered the following activities:

- Provided outpatient consultations to 7737 displaced people suffering from different drought-associated diseases, of whom 5244 (67.8%) were children under 5 years.
- Screened 3627 children for malnutrition, of whom 198 (5.5%) had SAM and were referred to stabilization facilities for therapeutic nutrition.
- Provided 1262 children with vitamin A, dewormed 2842 children using albendazole tablets and treated 649 cases of acute watery diarrhea using ORS.



WHO technical team conducting capacity building for rapid response teams in Mogadishu. © WHO Somalia | Flickr

- Vaccinated 304 children with Bacille Calmette-Guérin (BCG) (8% reduction compared to the previous month) as well as 670 with the first dose of oral polio vaccine (OPV1) (a 9.8% reduction from the previous month), 673 children with the second dose (OPV2) (a 14% increase from the previous month), and 673 with the third dose (OPV3) (a 5% reduction compared to the previous month). 670 children received the first dose of pentavalent vaccine (a 10% reduction compared to the previous month), 617 received the second dose (a 13% reduction compared to the previous month), and 673 received the third dose (a 5% reduction compared to the previous month). 670 children received the first dose of inactive polio vaccine (IPV1) (a 5% increase compared to the previous month) and 413 received the second dose (IPV2). 453 children received the first dose of measles containing vaccine (MCV1) (a 14% increase on the previous month) and 393 received second dose (MCV2) (a 27% increase on the previous month).

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 May 2023, 47 stabilization centers submitted reports on time, including three in Banadir region, nine in Jubaland, six in Galmudug, two in Hirshabelle, 16 in Southwest state and 11 in Puntland. In May, 3363 children suffering from SAM with medical complications were admitted to stabilization facilities – a 22.7% increase compared to the previous month. Of the 3363 cases, 3004 (89.3%) were cured, 70 (2.1%) were registered as defaulters, while 55 (1.6%) died. The districts that reported the highest number of SAM cases with medical complications were Baidoa in Southwest State (470) and Banadir (405).

Capacity building for influenza surveillance in Puntland

- WHO supported the Federal MOH to build the capacity of 29 frontline health workers (including 17 females) in the implementation of disease surveillance activities for influenza and other respiratory pathogens. Participants were selected from five high volume health facilities in Garowe and Bosaso districts and were trained on identification and reporting of suspected cases of influenza using standard case definitions; reporting of suspected cases in the Eastern Mediterranean Flu (EMFLU) network software; data analysis and dissemination; and collection, packaging, and shipment of samples from suspected cases. Influenza surveillance in Puntland state is currently implemented in Garowe General Hospital sentinel sites supported by the state-based level two biosafety laboratory with support from the United States Center for Disease Control (US-CDC) and Pandemic Influenza Plan (PIP) framework.

Capacity mental health during health emergencies

- In collaboration with the Federal and Galmudug MOHs, WHO trained 25 frontline health workers (including 19 females) from four different health facilities in Dhusamareeb on priority mental health conditions using the mental health Gap Action Programme (mhGAP) training modules with the support of the Italian government. The mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings is an integrative training in resource-constrained regions including those in conflict and post-conflict settings. The aim of this training is to build health workers' capacity to address mental health issues within existing health services.

Building laboratory capacity respiratory pathogens in Somaliland

- WHO supported the Somaliland MOH to build the capacity of 21 frontline laboratory staff (including 6 females) on laboratory quality assurance techniques in microbiology and molecular biology techniques. In addition, WHO supported capacity building for 90 healthcare workers in the use of Rapid Diagnostic Kits for the diagnosis of COVID-19 and other respiratory pathogens. This will significantly improve the capacity of the MOH in Somaliland in the timely detection and response to emerging respiratory pathogens.



WHO donating essential medical supplies to communities affected by floods in Hirshabelle state. © WHO Somalia

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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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