

November 2022

Health Emergency Programme Update – Somalia



WHO handing over medical supplies for the mass casualty event. ©WHO Somalia

KEY HEALTH INDICATORS – November 2022

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| 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,
- 1 129 835 people were reached with prevention messages for epidemic-prone diseases including COVID-19.
- 3034 alerts of COVID-19 were notified to district-based rapid response teams, of which 2505 (82%) alerts were investigated and 389 (13%) confirmed as true.
- 2768 children under the age of 5 years with acute diarrhoea were identified and treated with oral rehydration salt (ORS) and zinc.
- 47 196 children under the age of 5 years were screened for malnutrition using mid upper arm circumference (MUAC) tape and 31 437 (66.6%) were referred to outpatient therapeutic program (OTP) for additional treatment.
- 19 378 pregnant women were given iron and folic acid supplements, 21 835 children aged 6 to 59 months were given vitamin A supplements, and 74 834 lactating mothers were sensitized on infant and young child feeding (IYCF) activities.
- 2105 severely malnourished children with medical complications were admitted to nutrition stabilization centres that are supported by WHO of whom 1826 (85%) recovered and were discharged.
- 9699 drought-affected communities, including 8267 (85%) children under 5 years, received integrated primary health care services.
- 4673 cases of trauma were treated in health facilities supported by WHO.
- WHO donated 77 tons of medical supplies to support the casualties affected by the explosions in October 2022.

Coordination meetings

WHO convened joint coordination meetings with partners from health and water, sanitation and hygiene (WASH) clusters in all states. In Jubaland state, partners reviewed the implementation of cholera response activities, identified risk factors responsible for increasing cases and developed an action plan aimed at scaling up the implementation of cholera response interventions. In Hirshabelle state, partners reviewed and updated the state response plan for drought and developed a monitoring framework for drought response in collaboration with OCHA. In Southwest state, partners reviewed and updated the response plan for epidemic-prone diseases including COVID-19, measles and acute watery diarrhoea/suspected cholera. In Puntland state, partners discussed strategies to scale up the implementation of drought response activities, measles vaccination, and uptake of COVID-19 vaccines among most at-risk communities.

Response to mass casualty event in Mogadishu

A mass casualty event that was caused by a vehicle-borne improvised explosive device (VBIED) was reported in Mogadishu at the end of October. 344 people, including 78 women and 13 children, were injured and 117 people died. In response to this event, WHO supported the Federal Ministry of Health (MoH) and the Banadir regional administration to:

- Convene a coordination meeting with the directors of Madina hospital and technical team from MoH and develop a plan aimed at providing care and support for mass casualties admitted to the hospital.
- Organize a blood donation campaign in which 33 units of blood were donated by WHO staff and other UN agencies.

WHO donated 77 tons of trauma kits (can be used for 2400 trauma cases), orthopaedic equipment, and oxygen concentrators to Madina hospital to support the management of cases admitted in the Intensive Care Unit and deployed experts from the WHO regional office to support the management of trauma cases, and conduct on-the-job training for frontline health workers, hospital directors and trauma management teams on the management of trauma-related injuries.

Response to dengue fever outbreak in Mogadishu

An outbreak of dengue fever was reported in Somalia in October 2022. In Banadir region a total of 211 suspected cases including no associated death (case fatality rate (CFR) 0%) were detected of which 101 (47.9%) were female and 110 (52.1%) were male. Most cases were reported from Wadajir, Hoadan, Daynile districts. Of the 211 suspected cases, 18 tested positive for dengue-specific immunoglobulin M (IgM) and 13 tested positive for dengue-specific protein SN1. In response to the dengue fever outbreak, WHO supported the MoH to conduct the following activities:

- Coordination meetings were convened with the MoH technical team and health cluster partners and a contingency plan for the response to dengue fever outbreak was developed.
- A three-level risk assessment for dengue fever in Somalia was conducted by a WHO team comprising country office, Regional office and WHO headquarters representatives. The overall risk was classified as high nationally, high in the region and low globally.
- Scaled up disease surveillance for timely detection of cases and listing the cases in a standard line list that was used to conduct a description of the cases reported.
- Capacity building for frontline health workers by a team of experts was arranged by the WHO regional office on the management of dengue cases. The technical team prepared and disseminated standard case management guidelines to frontline health workers to ensure appropriate management of cases.
- Risk communication materials were translated, printed, and distributed to all high-risk locations. Through Radio Ergo, WHO sensitized high-risk communities on the prevention of dengue fever. An estimated 2 million people, mostly in Mogadishu, were reached with these messages.
- Rapid diagnostic kits were provided to the three state-based laboratories. The kits are sufficient to test 5000 suspected cases of dengue fever and other arboviruses.
- Fogging of 2327 households with an estimated 20 726 household members was conducted to reduce the vector density responsible for transmitting dengue fever.
- Scaled up vector surveillance in Mogadishu to establish the location of mosquito breeding sites for targeted interventions.

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 113 497 households in 67 districts and sensitized 1 129 835 persons with preventive messages for epidemic-prone diseases including COVID-19.
- CHWs detected and reported 3034 COVID-19 alerts in 67 districts to district-based rapid response teams of which 2505 (82%) alerts were investigated and 389 (16%) confirmed as true.

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

- Visited 169 661 households and reacted out to 1.4 million household members with key messages on the prevention of epidemic-prone diseases.
- Treated 2768 children suffering from acute diarrhoea using ORS and zinc, 21 834 children aged 6-59 months were given vitamin A supplements and 17 258 children were dewormed using albendazole.
- Educated 74 834 pregnant women with key messages on IYCF protocols.
- Provided iron and folic acid supplements to 19 378 pregnant women.
- Screened 47 196 children for malnutrition of whom 31 437 (66.6%) had no malnutrition, 10 604 (22.5%) had moderate acute malnutrition (MAM) and were referred to outpatient therapeutic programs (OTPs) while 5155 (10.9%) children had severe acute malnutrition (SAM) and were referred to stabilization facilities.
- 1001 children with respiratory illness were detected of whom 326 (32.6%) had one or more danger signs and were referred to health facilities for advanced treatment.
- 919 community deaths were reported from communities located in drought-affected districts of whom 436 (47.4%) were children aged below 5 years.

Cholera response in Kismayo district, Jubaland state

A cholera outbreak was reported in Kismayo districts in August 2022. It has been attributed to limited access to safe water and proper sanitation among communities who have been displaced due to the escalating drought that has affected over 300,000 people in Kismayo and displaced 120,000 in search of water and humanitarian assistance. As of November, a total of 2268 cholera cases and 19 deaths have been reported in Kismayo. In response to this outbreak, WHO conducted a mission to assess the cholera situation and risk factors in Kismayo to scale up the implementation of cholera response activities to contain further spread. While in Kismayo, WHO conducted the following activities:

- Conducted field visit to Kismayo cholera treatment centre (CTC) and assessed the management of admitted cases. The team identified gaps including poor infrastructure of the CTC, poor implementation of infection prevention and control, a lack of standard tools for case management of suspected cholera cases, and high fatality rate of children below five years affected by cholera.
- Reviewed surveillance records containing epidemiological data for admitted cases. Findings included cases which did not fit the standard case definition leading to over-reporting, and incomplete documentation leading to low quality data.
- Convened a coordination meeting with WASH and health cluster partners and UN agencies including UNICEF and OCHA to discuss the gaps negatively impacting the effective implementation of response interventions.



WHO Community health workers providing hygiene Health messages for prevention of cholera at Kahda IDPs in November 2022 © WHO Somalia

Following the field visit, review of reports from health and WASH clusters and interviewing technical staff from other UN agencies supporting the response, WHO summarises the risk factors contributing to the spread of cholera in Kismayo as poor implementation of infection prevention and control practices in the CTC and communities, high levels of malnutrition among children aged below 5 years which leads to lowered immunity, high levels of open defaecation in camps leading to contamination of water sources, and limited access to health care in remote areas.

Health and WASH cluster partners identified key intervention areas that will be implemented to control further spread. These included: strengthening coordination with the MoH and Ministry of Water, establishing temporary CTCs using cholera hardware kits, construction of mobile latrines, scaling up alert investigation in other districts, supporting quality data collection, analysis and dissemination for public health action, capacity building for frontline health workers on the management of cholera cases with complications, implementation of reactive oral cholera vaccination campaign targeting displaced communities, including community leaders for community sensitization sessions, and scaling up chlorination of water sources.

Implementation of integrated outreaches in drought-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 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 9699 drought-affected communities, of whom 8267 (85%) were children under five years of age.
- Treated 2349 children under five with acute diarrhoeal diseases using ORS.
- Vaccinated 5331 children under five with the first dose of pentavalent vaccine, 4825 with the second dose of pentavalent vaccine, 4950 with first dose of measles containing vaccine (MCV1) and 3345 with the second dose of measles containing vaccine (MCV2).
- Vaccinated 1468 pregnant women against tetanus.



WHO implementing Integrated outreach teams in action Kahda IDP camp in Mogadishu, Somalia on November 2022. © WHO Somalia

Assessment of implementation of WASH interventions in health facilities

WHO, in collaboration with UNICEF, supported the state-based ministries of health to assess the level of implementation of WASH interventions in health facilities. A joint team of technical officers led by two technical staff from WHO selected health facilities in which to conduct the assessment, trained enumerators to conduct field visits and assessed the implementation of WASH activities using the standard Joint Management Program (JMP) tool jointly developed by WHO, UNICEF and MoH. Of the 308 health facilities assessed, 87 were Puntland, 40 in Banadir, 33 in Hirshabelle, 40 in Jubaland, 53 in Galmudug, and 55 in Southwest state. The major gaps identified during the assessment included a lack of standard WASH guidelines and tools, a lack of training of frontline health workers in implementation of WASH activities and an absence of protocols for the management of medical waste generated in health facilities. WHO and UNICEF will support the MoH to develop a plan of action to address the gaps identified.

Capacity building for health security and laboratory

In collaboration with the national public health laboratory in Mogadishu and state-based laboratories, WHO built the capacity of 35 laboratory technicians (five from each state) to improve the quality of implementation of quality assurance activities in line with safety standards for global health security. The laboratory technicians were trained on the quality diagnosis of disease-causing pathogens using real-time Polymerase Chain Reaction (rt-PCR) techniques, and the packaging and transportation of biological samples containing high threat pathogens. In Baidoa district, five laboratory technicians were given additional on-the-job training on the collection and analysis of blood samples from suspected cases of measles.

Of the 37 samples tested from suspected cases of measles in internally displaced persons in Baidoa, 30 tested positive for measles-specific immunoglobulin M(IgM)

Capacity building for Field Epidemiology Training Program (FETP) in Somalia

WHO supported the MoH to build the capacity of 28 additional frontline health workers in field epidemiology under the Field Epidemiology Training Program (FETP). The trainees for FETP were trained in disease surveillance, outbreak response, surveillance data analysis and monitoring response to outbreaks using standard indicators. FETP in Somalia is implemented by the National Health Institute in the MoH with support from WHO, the United States Centre for Disease Control and AFENET. After the training, the trainees were assigned to respond to cholera outbreaks in 25 drought-affected districts and the dengue outbreak in Banadir region, in collaboration with state-based ministries of health and health cluster partners. A total of 44 frontline health workers (a quarter of whom are female) have been trained through the FETP since September 2021. The graduates are currently posted in state-based ministries of health and other agencies supporting detection of and response to health emergencies.



WHO convened Malaria surveillance training as part of the prevention and control of Malaria /Dengue in Banadir © WHO Somalia

Capacity building activities for frontline health workers for drought response

WHO supports state-based ministries of health to improve the capacity of frontline health workers to implement drought response health interventions and improve the quality of care provided to drought-affected communities. In Southwest state, WHO and MoH trained and deployed 42 frontline health workers (22 females and 20 men) to provide integrated primary health care services in hard-to-reach communities affected by drought in Baidoa and Burhakaba districts. During the same period, 40 health workers (17 females and 23 males) from 40 health facilities were trained on the implementation of infection prevention and control to prevent the transmission of infections from patients to health workers. These health workers were also trained on the implementation of environmental hygiene and medical waste management. To improve timely submission of surveillance information from drought-affected districts, WHO conducted a cascade training to 10 health workers in Qasandhere and Dinsoor districts of Southwest state on submitting alerts of epidemic-prone diseases using the mobile application tool for the Early Warning Alert and Response Network (EWARN). In Puntland, the MoH, with support from WHO, trained 40 frontline health workers (12 male and 28 female) to improve their knowledge and skills in the implementation of infection prevention and control practices in health facilities and drought-affected communities. The training targeted hospital directors, medical officers, health workers deployed in isolation facilities where severe cases of infectious diseases are managed, and nursed.

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 October 2022, of the 53 stabilization facilities supported, 44 (83%) submitted reports on time of which two are in Banadir region, nine in Jubaland, six in Galmudug, 16 in Southwest state, one in Hirshabelle and 10 in Puntland state.
- During the month of October, of the 2105 children suffering from severe acute malnutrition with medical complications who were admitted in 44 stabilization facilities, 1826 (85%) were cured, 47 (2.2%) were registered as defaulters, 146 (7%) were referred to specialised hospitals for further management while 40 (1.9%) died.
- WHO donated 10 standard kits for the management of severe cases of acute malnutrition with medical complications (WHO-PED-SAM kits) to nine stabilization centres in Puntland state. The kits delivered to Puntland are adequate to support the 300-bed paediatric 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 October 2022, 4673 trauma-related injuries were reported from the health facilities in all states through the District Health Information System (DHIS-2). Of these, the majority (63%) were non-weapon-related injuries, which included burns and road accidents. These injuries represent a 13.8% year-on-year decrease (645) when compared to 5318 injuries reported during the same period in November 2021. The reported cases of injuries were managed in different hospitals in all the states. The most affected regions include Banadir (452 cases), Hiran (791 cases), and Mudug (625 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>
- COVID-19 Dashboard-Somalia



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