

August 2022

# Health Emergency Programme Update – Somalia



WHO providing an integrated outreach consultation to the drought affected IDPs in Banadir Region in August 2022. © WHO Somalia

## KEY HEALTH INDICATORS – June 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 Somalia<sup>1</sup>.
- 7 million people in 74 districts are affected by severe drought; 918 000 have been displaced from their homes .
- 5.2 million people experiencing acute food insecurity, including 38 000 people classified as catastrophic (Integrated Phase classification (IPC) 5).
- Fewer than one (1) consultation per person per year reported during the month (as compared to the OCHA standard of 1 new visit/person/year).

<sup>1</sup> <https://reliefweb.int/report/somalia/2022-somalia-humanitarian-needs-overview>

<sup>2</sup> OCHA Somalia Drought response and famine prevention Situation Report No.9

<sup>3</sup> 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 24 drought-affected districts where WHO is implementing drought response activities.
- 559 488 people reached with key health promotion and disease prevention messages.
- 1844 COVID-19 alerts were notified by CHWs; of which 1775 (96%) were investigated and 17 (1%) were validated by district level rapid response teams (RRTs).
- 1794 children aged 6 to 59 months with acute diarrhoea were treated with oral rehydration salt (ORS) and Zinc by CHWs.
- 20 961 children aged 6 to 59 months were screened for malnutrition using mid upper arm circumference (MUAC) tape of which 7544 (36%) were referred to an outpatient therapeutic program (OTP) for additional treatment by CHWs.
- 1229 pregnant women were given iron and folic acid supplements.
- 6626 children aged 6 to 59 months were given vitamin A supplements.
- 5525 lactating mothers were educated on infant and young child feeding (IYCF) activities.
- 2602 severely malnourished children with medical complications treated in nutrition stabilization centres that are supported by the World Health Organization (WHO); Of these 2104 (92.1%) children recovered and were discharged.
- 4969 cases of trauma treated in health facilities supported by WHO.
- 53 paediatric kits for the management of severe cases of acute malnutrition with medical complications were distributed to stabilization facilities in seven (7) states.
- 5 cholera kits adequate for the management of an estimated 500 cases of acute watery diarrhoea (AWD) were distributed in drought affected districts currently reporting cholera outbreaks.
- Additional medical supplies including antibiotics, antimalarials, Vitamin A capsules, oral rehydration salt (ORS) were procured and distributed to health facilities to be used for the provision of integrated primary health care service provision in drought affected districts.

## Coordination meetings

- The World Health Organization (WHO) convened monthly drought response coordination meetings with health, water sanitation and hygiene (WASH), nutrition cluster partners and state-based ministries of health (MoH). In Galmudug state, health partners reviewed the reporting rates of diseases alerts using an early warning, alert and response network (EWARN), scaling up vaccination campaigns and support stabilization facilities in the state. In Puntland state, partners reviewed the disease alerts reported in drought affected districts using EWARN. Measles was identified as one of the commonest causes of morbidity in Puntland. Partners developed a plan to scale up the implementation of measles vaccination campaign in 15 drought affected districts. The partners also resolved to coordinate with WASH cluster partners to scale up implementation of relevant interventions to prevent outbreaks of cholera and other acute diarrheal disease cases. In South West state, health cluster partners convened a coordination meeting with state based MoH and reviewed the implementation of drought response activities. High risk villages and internally displaced persons (IPDs) were identified and a scale up plan supported by all partners was developed.
- Federal ministry of health (FMoH) convened a monthly coordination meeting with WHO and water, sanitation and hygiene (WASH) cluster partners to assess the implementation of WASH as well as the infection prevention and control (IPC) interventions in drought affected districts. The partners identified the needs to assess the implementation of WASH and IPC interventions in health facilities including cholera treatment centers in drought affected districts. The assessment will be jointly conducted by MoH, WHO and UNICEF to help enable partners identify critical gaps affecting the implementation of WASH and IPC interventions in health facilities.



WHO providing outreach OPD consultation to the drought affected IDPs in Southwest state in August 2022. © WHO Somalia

## Assessment of drought response activities

- WHO supported state-based health teams to conduct monitoring visits to assess the progress of implementation of drought response activities In Banadir region. WHO in coordination with UNICEF, federal ministry of health (FMoH) and Banadir regional administration (BRA) teams conducted a joint supervisory support visit to an internally displaced persons (IDPs) camp setup in Bondhere district. The mission was led by WHO Representative, Dr Mamunur Rahman Malik to review the provision of health services including COVID-19 and routine immunization at the camp. The team reviewed the records and discussed the need for strengthening risk communication and community engagement (RCCCE) activities in and around the camp and educated people about water hygiene, sanitation, and nutrition issues. In South West state, the state-based health team monitored implementation of drought interventions in Barawe districts. The team convened meeting with health workers and community leaders to identify bottlenecks affecting implementation of planned activities. The community leaders noted poor coordination of response activities with partners resulting into 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
- In Puntland, state-based technical teams conducted supervision in nine health facilities to assess data quality reported in EWARN and identify major gaps affecting implementation of primary health services for drought affected populations. The supervision team identified shortage of essential medical supplies and lack of reporting tools in health facilities as major gaps. WHO and health cluster partners will provide essential medical supplies, reporting tools and on job training of health workers to improve data quality and reporting.

## Technical mission to identify needs for nutrition in Somalia

- The WHO Regional Office for the Eastern Mediterranean (EMRO) conducted a technical mission to Somalia to assess the nutrition needs in drought affected districts. The mission team convened meeting with technical unit in FMoH and state-based ministries, conducted field visits to WHO-supported stabilization facilities located in Banadir and Kismayo hospitals. During the meetings and field visits, the team identified lack of integration of nutrition activities in primary health care at all levels, lack of health workers with skills in management of severe cases of malnutrition with complications and lack of skilled workers for infant and young child feeding (IYCF) in the stabilization centers. The mission recommended to establish integrated community-based nutrition outreach program for prevention and treatment of malnutrition among children and pregnant lactating mothers, expand/integrate nutrition surveillance with the health information system (HIS) and recruitment of technical staff at national and state level to support the implementation of nutrition activities in drought affected districts.



Ministry of Health in Galmudug and WHO convened coordination meeting in Dusamareb districts in August 2022. © WHO Somalia

## Implementation of community-based surveillance

- WHO deployed 1929 Community Health Workers (CHWs), to conduct risk communication, community education (RCCE), alert detection, reporting, screening for malnutrition among children and home-based management for common childhood illnesses in 42 districts including 24 districts where WHO is implementing drought response activities. The CHWs conducted the following activities:
  - Visited 61 253 households and sensitized 559 488 persons with preventive messages for epidemic-prone diseases including COVID-19.
  - Detected and reported 1844 COVID-19 alerts to district-based rapid response teams (RRTs) of which 1775 (96%) alerts were investigated and 17 (1%) were confirmed as true.
  - Treated 1794 children aged 6 to 59 months with acute diarrhoea with oral rehydration salt (ORS) and Zinc while 93 (5%) of these children with severe dehydration were referred for further management to nearby health facilities.
  - Screened 20 961 children aged 6 to 59 months for malnutrition using mid upper arm circumference (MUAC) tape of which 7544 (36%) were referred to an outpatient therapeutic program (OTP) for additional treatment.
  - Provided 1229 pregnant women with iron and folic acid supplements, provided 6626 children aged 6 to 59 months with vitamin A supplements and educated 5525 lactating mothers on infant and young child feeding (IYCF) activities.
  - District level RRTs conducted 91 supportive supervisory visits to assess the quality of data and activities implemented by CHWs. Findings of the supervision included: 65% of the CHW teams could demonstrate correctly how to conduct active case search for epidemic-prone diseases in the community, 58% were engaged in health promotion and risk communication activities, 95% developed movement plans with maps showing the households to be visited each day, 100% reported data using the provided electronic tool and 94% demonstrated proper use of the electronic tool.

## Investigations for /suspected cholera in drought affected districts

WHO supported state-based ministries of health to investigate alerts of suspected cholera in drought affected districts of South West State, Jubaland and Banadir region. District based RRTs conducted field visits in Kismayo, Afgoye, Baidoa ad Barawe districts, recorded suspected cases of cholera in standard line list, identified most affected populations and conducted community engagement sessions to provide information for the prevention and control of AWD / cholera outbreaks. Of the 28 stool samples tested at the national public health laboratory, 16 were positive for *Vibrio cholerae* serotype Ogawa. Seven (7) of these positive samples came from Kismayo while eight from Afgoye.

## Implementation of WASH interventions in drought affected districts

- WHO and MoH conducted a two-days medical waste management assessment enumerator's training for 27 enumerators including 6 females in Banadir region. WHO convened a meeting with Puntland MoH, the Garowe General Hospital director, and the Puntland referral Laboratory and PCR director in Garowe, Puntland state capital, Somalia to discuss the implementation of medical waste management assessment in Puntland state. During the meeting the team resolved to conduct an assessment in Garowe general hospital, Bosaso general hospital (Banadar-qasim) and the Laboratory in Garowe

## Capacity building for health security and laboratory

- WHO supported MoH to train 10 laboratory technicians including 5 female technicians on SARS-CoV-2 genomic sequencing in the public health laboratory in Garowe. The participants were trained on standard procedure for sample collection, sample preparation, PCR testing and sequencing, data analysis, reading and result interpretation. Since the establishment of the sequencing, a total of 238 SARS-CoV-2 samples were analyzed for genome sequencing, out of which 28 were reported as sequenced samples which included 18 Omicron, 8 delta, 5 Alpha and 2 Beta variants of concern.

## Capacity building for trauma management

- WHO in collaboration with the MoH trained 45 healthcare workers including 18 doctors and 27 nurses from seven (7) states including Banadir on the principles of management of non-operative care for musculoskeletal injuries and trauma management. The training focused on radiological interpretation of fractures and non-invasive management of fractures.

## Capacity building for disease surveillance

- WHO supported a training of ten (10) frontline health care workers including four (4) female health workers on generating alerts of suspected disease outbreaks in Barawe district of SWS using early warning and response network (EWARN) mobile application. During the training, health workers were trained on the use of standard case definitions to submit reports on standard timelines. The technical team provided reference materials to the health facilities that will be used to improve the quality of data submitted in EWARN from Barawe district.
- WHO supported the MoH of the Puntland state to conduct a two-day training for 30 frontline health workers including 23 females to improve their skills in the implementation of measles-based surveillance in drought affected districts. The health workers were trained on use of measles standard case definition to detect and report measles alerts, signs and symptoms of measles case, sample collection and packaging and management of complicated cases. During the training, health facility micro plans for the implementation of vaccination outreaches for measles were developed to help scale up vaccination outreaches in drought affected districts. Additionally, 167 data managers including 79 females were trained in 9 regions of the Puntland state (Ayn, Bari, Gardafuu, Haylan, Karkar, Mudug, Nugal, Sanag and Sool) on harmonized health facility assessment (HHFA). The training helped improvising the implementation of integrated disease surveillance and response activities in the state.

## Nutrition update

- WHO in collaboration with the partners of nutrition cluster supported 42 stabilization centres in drought affected districts to provide care and treatment to severe cases of malnutrition with medical complications in drought affected districts. During the reporting period 36 (86%) stabilization centres supported by WHO in 7 states submitted monthly reports which are used to monitor trends of severe cases of malnutrition with medical complications among children aged 0 to 59 months.
- A total of 2730 new cases of severe acute malnutrition (SAM) with medical complications were admitted to 36 stabilization centres which include 3 from Banadir region, 7 from Jubaland, 6 from Galmudug, one from Hirshabelle, 11 from South West State and 8 from Puntland state. Overall, there were 2197 (91%) recoveries, 63 (2.6%) defaulters, 79 (3.3%) medical referrals, and 68 (2.8%) deaths reported in July 2022.

## 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 August 2022, 5318 trauma-related injuries were reported from the health facilities in all states through the district health information system (DHIS-2). Of these, the majority (59%) were non-weapon-related injuries, which included burns and road accidents. These injuries represent an 14% year-on-year increase (4564) when compared to 5318 injuries reported during the same period in August 2021. The reported cases of injuries were managed in different hospitals in all the states. The most affected regions include Banadir (591 cases), Gedo (617cases), and Mudug (502 cases).



Health workers conducting nutrition screening through integrated outreach services in Abudwak district of Galmudug state in August 2022. © WHO Somalia

### Contacts

Dr Mirza Mashrur Ahmed, [ahmedmi@who.int](mailto:ahmedmi@who.int)  
Ms Fouzia Bano, Communications Officer, [banof@who.int](mailto:banof@who.int)  
Mr Kyle Defreitas, External Relations Officer, [defreitask@who.int](mailto:defreitask@who.int)  
Dr Omar Omar, Information Management Officer, [oomar@who.int](mailto:oomar@who.int)

### 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



@WHO Somalia



@WHOSom



somaliawho