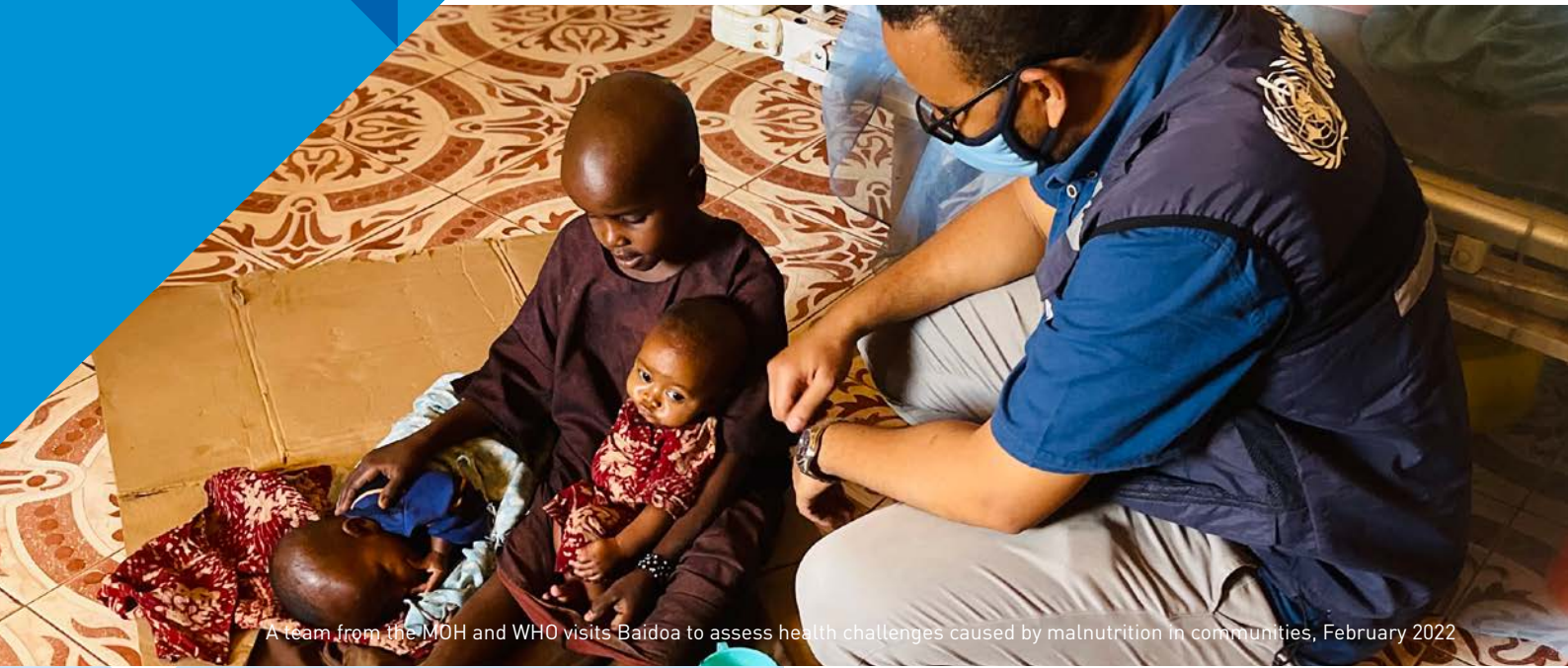


February 2022

Health Emergency Programme Update – Somalia



A team from the MOH and WHO visits Baidoa to assess health challenges caused by malnutrition in communities, February 2022

KEY HEALTH INDICATORS –February 2022

130 Health Cluster partners
6.5 million people in need of health care

HEALTH NEEDS AND PROVISION

- 7 million people in need of humanitarian assistance in Somalia
- 4.3 million people in 71 districts are affected by severe drought; 671 000 have been displaced from their homes
- Fewer than 1 consultation per person per year reported during the month (as compared to the OCHA standard of 1 new visit/person/year)

HIGHLIGHTS

- 124 community health workers (CHWs) deployed in 71 districts, including 66 drought-affected districts
- 13 692 people reached with key messages for disease prevention
- 161 alerts of epidemic-prone diseases notified by CHWs, of which 19% were verified as true after investigation
- 1507 cases of severe acute malnutrition with complications treated in stabilization centres supported by the World Health Organization (WHO)
- 4140 cases of trauma treated
- WHO donated a total of 9 paediatric severe acute malnutrition kits to Banadir and Hirshabelle as a response to the drought-affected communities in Banadir, Middle Shabelle and Hiran. The medicines will support a 90-bed paediatric unit for three months

Coordination meetings

- The World Health Organization (WHO), SPIDER centre and Health Alliance for Digital Development and Action (HADDA) convened a coordination meeting to review the development of electronic tools for the health information management system in Somalia and the progress of implementing the Integrated Disease Surveillance and Response System (IDSRS). Action points of the meeting included the development of an action tracker for IDSRS implementation. WHO, the SPIDER centre and HADDA will support the Ministry of Health (MOH) to develop a strategy for implementation of an electronic Health Information System that will be useful to collect quality health data required for implementation of public health activities.
- The Ministry of Health in Puntland convened a coordination meeting with the technical team of the WHO Emergency Programme to discuss the implementation of drought response and COVID-19 response activities. During the meeting, the team reviewed drought response plans for the MOH and updated them to include the re-activation of community-based surveillance, response to measles, support to the public health laboratory in Garowe for enhanced COVID-19 testing and activation of the Early Warning Alert and Response Network (EWARN) for timely detection of alerts of epidemic-prone diseases in drought-affected districts.
- Health cluster partners organized coordination meetings in Puntland and Jubaland states. In Jubaland state, partners reviewed the implementation of drought response activities in drought-affected districts and the overall response to COVID-19. Action points of the meeting included re-activation of EWARN for timely detection and alerts to measles and other epidemic-prone diseases in drought-affected districts; strengthening laboratory capacity for the diagnosis of epidemic-prone diseases in drought-afflicted districts; and providing support to affected populations for malnourished children. In Puntland state, health cluster partners reviewed the measles outbreaks and implementation of the second edition of District Health Information Software (DHIS2). As action points from the meeting, the MOH will share weekly epidemiological updates on the measles outbreak; health cluster partners, including the United Nations Children's Fund (UNICEF) and Save the Children, will support the MOH to develop a response plan for the ongoing measles outbreak; and partners will ensure weekly coordination meetings are organized to review the implementation of drought response activities in different districts of Puntland.
- The Federal MOH, US Centers for Disease Control and Prevention, Intergovernmental Authority for Development (IGAD), WHO and other stakeholders convened a meeting to review the lessons learnt during the first cohort of Field Epidemiology Training Program (FETP). Action points of the meeting included- (i) MOH to establish an institutional structure of the FETP programme; (ii) the second cohort of FETP candidates to be recruited in March 2022; (iii) The local mentors from a mentorship training workshop – conducted by the MOH and WHO – for 13 FETP graduates from the first cohort are expected to support and supervise the candidates of FETP cohort 2.

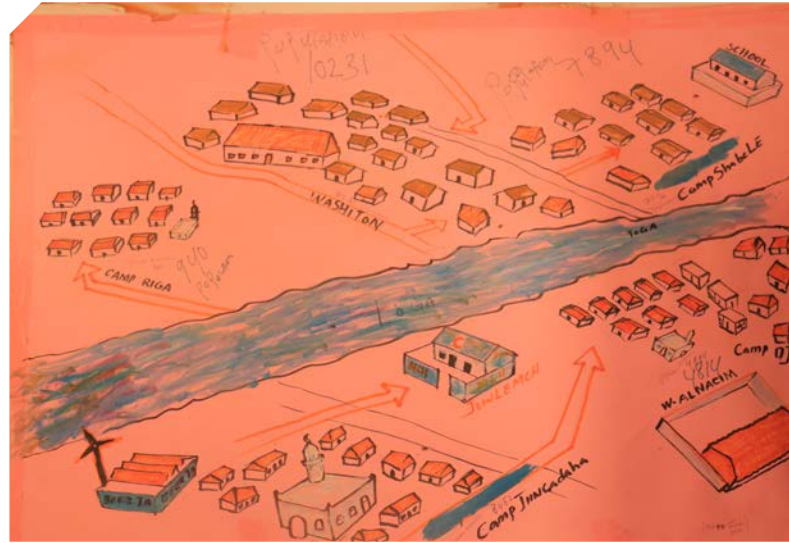


WHO and the MOH in Puntland investigating a measles outbreak at a health centre in an internally displaced persons' camp, February 2022

Drought response operations

Implementation of community-based surveillance

- WHO, in collaboration with state-based ministries of health, reviewed and developed a plan for the deployment of CHWs in 71 drought-affected districts. In February, only 7 (10%) districts of the 71 target districts implemented community-based surveillance activities due to limited funding. Out of 1833 CHWs, 124 of them from 7 drought-affected districts submitted community event-based surveillance reports. In addition, 3440 households and 13 692 people were reached out with preventive messages for COVID-19 and epidemic-prone diseases. Two new contacts of COVID-19 were identified and followed up.
- CHWs reported to district-based rapid response teams (RRTs) alerts for 3 cases of acute flaccid paralysis (AFP), 25 acute watery diarrhoea (AWD), 5 acute febrile illness, 46 cases of unexplained fever and rash, 20 cases of cough or difficult breathing, 56 cases of acute malnutrition, 6 deaths of under-fives in the community, and 6 deaths for children aged above five years.



A microplan showing households is being updated to plan for measles vaccinations in an IDP camp in Puntland, February 2022

Supportive supervision of drought response activities

- WHO technical officers and the MOH organized joint supportive supervision and monitoring visits in districts affected by drought. In Jubaland state, the technical officers conducted field visits to Afmadow and Dhobley districts. The mission team noted the increasing number of displaced populations who are in urgent need of safe water and a high proportion of unvaccinated children. The joint supportive supervision mission recommended health risks and diseases outbreaks to be monitored, which include measles, acute diarrhoea, respiratory tract infections, scabies, and pneumonia among the vulnerable people, including pregnant women, under-five children and people suffering from disabilities.
- In Puntland state, technical officers conducted a supervisory visit to the public health laboratory in Garowe to assess the capacity for testing of measles, COVID-19 and AWD/suspected cholera. The team delivered cholera kits to the laboratory to conduct culture and sensitivity studies on stool samples from suspected cholera cases. The team identified lack of reagents for testing of measles samples in the public health laboratory in Garowe despite the reported measles alerts in different districts of Puntland.

Measles outbreak investigation in Puntland state

- WHO supported the state-based RRTs to investigate measles alerts in Garowe district, in Nugal. The response team identified suspected cases and recorded them in a standard line list form and collected 4 blood samples from suspected cases, all of which tested positive for measles-specific immunoglobulin M (IgM) in the Laboratory. Health cluster partners are supporting the MOH to develop a response plan for the measles outbreak in Puntland and other states.

Capacity building for mass casualty management and critical care

- WHO is supporting the establishment of triage corners in 20 primary health care centres in 7 drought-affected states (7 in Southwest State, 5 in Galmudug, 3 in Jubaland, 2 in Puntland, 2 in Somaliland and 1 in Hirshabelle). The objective of these triage corners was to improve the provision of quality primary health care services, which include mass casualty and critical care management, maternal and child health services. Additional equipment that includes oxygen concentrators, monitors and pulse oximeters will be provided to these health care facilities to improve the quality of care of critically ill patients in need of life support.

- WHO Eastern Mediterranean Regional Office convened a webinar on emergency, critical and operative care. The technical staff from the WHO Eastern Mediterranean Regional Office, WHO headquarters and WHO country office attended. The aim of the webinar was to share country experiences on the implementation of critical and operative care for trauma patients during COVID-19 pandemic. During the webinar, WHO country office of Somalia shared with countries in the WHO Eastern Mediterranean region (EMR) the progress made in emergency, critical and operative care during the COVID-19 pandemic, which included leveraging hospital management and leadership quality; capacity building of frontline health care professionals; and the improvement of service delivery at hospitals. Challenges experienced by Somalia include: (i) lack of baseline data; (ii) scarcity of training materials and inappropriate participant selection; (iii) outcome analysis, supervision and monitoring; (iv) fragmented institutional capacity; (v) inadequate funding; and (vi) lack of national emergency and critical care guidelines.

Installation of oxygen plants in Banadir and Mogadishu

- WHO provided support of delivery and installation of a Pressure Swing Adsorption (PSA) oxygen plant in the De Martino Hospital in Banadir region that will be useful to provide oxygen to critically ill patients admitted in the De Martino Hospital and neighboring health facilities. WHO's biomedical engineer trained MOH technical staffs on the management and maintenance of the oxygen plant.
- In Puntland state, WHO supported the MOH to complete the construction of the PSA oxygen plant, connection of power, and installation of a backup generator. The construction of civil works in Garowe site was also completed, to store the PSA plants and back-up generators.
- WHO also installed a solar-powered oxygen system in the Hanano General Hospital and initiated the procurement of two additional solar-powered oxygen systems for the regional hospitals in Kismayo and Bay, in South West and Jubaland state respectively.

Capacity building for biomedical equipment

- The biomedical engineer deployed by WHO strengthened the capacity of two national biomedical engineers (one female, one male) on the management of intensive care unit equipment in Mogadishu. The equipment that was repaired and installed included (i) oxygen concentrators; (ii) patient monitors; (iii) pulse oximeters; and (iv) anesthesia machines in the Garowe Hospital.

Nutrition update

- WHO supported the Federal Ministry of Health in the management of severe acute malnutrition (SAM) cases with medical complications in the districts affected by drought, floods, and conflict in Somalia. This support was in the form of technical expertise, capacity development, and the provision of supplies to 9 WHO paediatric and SAM kits to Banadir and Hirshabelle. WHO donated 9 paediatric and SAM kits to Banadir and Hirshabelle as response to the drought-affected communities in Banadir, Middle Shabelle, and Hiran. The medicines will support a 90-bed pediatric unit for three months.
- In January 2022, 31 (74%) stabilization facilities from all states submitted monthly reports. A total of 1 507 new SAM cases with medical complications were admitted to 30 stabilization centres in Somalia (3 in the Banadir region, 7 in Puntland, 7 in Jubaland, 6 in Galmudug, 2 in Hirshabelle, and 5 in the South West state). Overall, there were 1250 (92.2%) recoveries, 45 (3.3%) defaulters, 23 (1.7%) medical referrals, and 30 (2.2%) deaths were reported.



A WHO technical mission visiting Jubaland state to support a health situation assessment for the ongoing drought, February 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 February 2022, 4140 trauma-related injuries were reported from the health facilities in all states through the District Health Information System (DHIS-2). Of these, the majority (71%) were non-weapon related injuries, which included burns and road accidents. These injuries represent a 13.28% decrease (634) compared to 4774 injuries reported during the same period in February 2021. The reported cases of injuries were managed in different hospitals in all states. The most affected districts are Afgoye (195 cases), Balcad (207 cases) and Daynile (201 cases).



WHO and the Ministry of Health in Somaliland conducted a health emergency coordination meeting in Hargeisa, February 2022

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- <http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.html>

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- <http://www.emro.who.int/countries/somalia/index.html>
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