

June 2022

# Health Emergency Programme Update – Somalia



Community members queue patiently to collect water from the newly rehabilitated borehole in North Galkayo, June 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 million people in need of humanitarian assistance in Somalia.
- 6.1 million people are affected by severe drought; 805 000 have been displaced from their homes in search of water and food<sup>1</sup>.
- 5.2 million people experiencing acute food insecurity, including 38 000 people classified as catastrophic (Integrated Phase classification (IPC) 5)<sup>2</sup>.
- Fewer than 1 consultation per person per year reported during the month (as compared with the OCHA standard of 1 new visit/person/year).

<sup>1</sup> Somalia: Drought response and famine prevention - Situation Report No. 8 (As of 30 June 2022) - Somalia | ReliefWeb

<sup>2</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

- 2164 community health workers (CHWs) deployed in 79 districts, including in 24 drought-affected districts where WHO is implementing drought response activities.
- 1 487 385 people reached with key messages for health promotion and disease prevention.
- 1882 COVID-19 alerts were notified by CHWs, of which 48 (3%) were validated as true by district rapid response teams.
- 1522 pregnant women were provided iron and folic acid supplements.
- 13 539 children aged 6 to 59 months were given vitamin A supplements.
- 6002 lactating mothers were educated on infant and young child feeding (IYCF) activities.
- 1900 severely malnourished children with medical complications treated in nutrition stabilization centres that are supported by the World Health Organization (WHO); Of these 1548 (94.2%) children recovered and were discharged.
- 5863 cases of trauma treated in health facilities supported by WHO.
- A total of 897 086 (96%) people aged one year and above, including pregnant women, received their first dose of oral cholera vaccine (OCV) in nine districts of South West and Hirshabelle states and in Banadir region.
- 18 triage corners established in 18 health facilities located in drought-affected districts to support the treatment of patients in need of critical care services.
- Five Interagency Emergency Health Kits (IEHK) and five kits for the management of severe cases of malnutrition with medical complications distributed to Puntland and South West states.

## Coordination meetings

- The World Health Organization (WHO) Eastern Mediterranean Regional Office (EMRO) and WHO African Region (AFRO) convened a drought response meeting in Nairobi from 26-27 June 2022 to jointly discuss and scale up plans for the health response being delivered in seven countries in both WHO regions affected by drought. The WHO Assistant Director-General for Emergency Response, Dr Ibrahim Soce Fall, Dr Mamunur Rahman Malik, WHO Representative to Somalia, and other WHO country representatives and technical officers from Djibouti, Ethiopia, Kenya, South Sudan, Sudan, Somalia and Uganda attended the meeting, among others. The meeting aimed to remind partners that the cost of inaction in the ongoing drought response would be high and that the health component of the drought response needs more attention in order to save lives. The drought response activities in these countries that fall in the Greater Horn of Africa will be coordinated by a WHO hub that has been established in Nairobi. During the meeting, the countries developed implementation plans on drought response that will be funded by the WHO Contingency Fund for Emergencies (CFE). The CFE supports WHO with resources to mount rapid responses to disease outbreaks and health emergencies, to save lives and prevent outbreaks in dire emergencies.
- WHO EMRO and the US Centers for Disease Control and Prevention (CDC) convened a meeting in Amman, Jordan, to review the implementation of influenza surveillance. They also worked to reorient national focal persons on the monitoring and evaluation requirements for influenza surveillance under the pandemic preparedness plan framework. The national influenza focal persons from 22 countries from EMRO participated in the meeting and updated their respective pandemic preparedness plans in line with new funding requirements.
- WHO participated in a joint mission led by the UN Office for Coordination of Humanitarian Affairs (OCHA) in conjunction with the water, sanitation and hygiene (WASH), and health and nutrition clusters to assess the humanitarian situation in Beletweyne district following severe drought and blockage by non-state actors. The mission also identified gaps in the implementation of humanitarian response interventions. The health needs of the affected populations include: limited access to primary health care services; lack of adequate shelter for women, exposing them to gender-based violence (GBV); lack of emergency obstetric care services for pregnant women; lack of safe water; and high levels of food insecurity. The mission made the following recommendations for the health cluster: to open a stabilization facility in Beletweyne; deploy mobile clinics to provide primary health care services, including emergency obstetric care services; advocate for WASH cluster partners to provide safe water and ensure adequate sanitation; and encourage camp coordination and management partners to provide adequate shelter to prevent cases of GBV.
- WHO convened monthly coordination meetings with health cluster partners and state-based ministries of health. In the South West State, partners reviewed the implementation of response activities for drought, cholera, including the implementation of a reactive cholera vaccination, and measles. The partners resolved to engage the WASH cluster to strengthen access to WASH services and ensure more people are vaccinated against cholera. In Puntland state, health cluster partners conducted assessment missions to drought-affected districts to identify gaps in the drought response. Partners resolved to fast-track the implementation of a measles vaccination campaign in drought-affected districts.



Dr Mamunur Rahman Malik, WHO Representative to Somalia, Dr Ibrahim Soce Fall WHO Assistant Director-General for Emergency Response, and Mr Altaf Musani, WHO Director of Emergency Health Interventions at a Greater Horn of Africa drought response meeting, Nairobi, June 2022  
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## Implementation of a first round of reactive oral cholera vaccination campaign in drought-affected districts

WHO, in close collaboration with the Federal Ministry of Health (FMOH), the United Nations Children's Fund (UNICEF) and health partners implemented the first round of cholera vaccination campaign in nine high-risk districts from 14-26 June 2022. A total of 897 086 (96%) people aged one year and above, including pregnant women, received their first dose in Wadajir (135 755), Daynile (77 687), Dharkenley (61 196), Hodan (169 822), Jowhar (55 847), Afgoi (93 292), Marka (63 951), Wanlaweyne (61 260) and Baidoa (178 276). Of the people vaccinated, 446 545 (49.8%) were aged >15 years, 287 344 (32%) were aged 5-15 years and 163 197 (18.2%) were aged from 1-4 years. During the campaign, 1251 social mobilizers provided an estimated 1.5 million people preventive messages for waterborne diseases for seven days. The vaccination campaign is expected to control the spread of cholera in these districts, in addition to strengthening the implementation of WASH interventions, risk communication, enhanced surveillance, and case management. The second round of the campaign is scheduled for implementation 24-28 July 2022.



A lady receives a vaccine to protect her from cholera during a vaccination campaign conducted in the most-affected locations, June 2022.  
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## Implementation of community-based surveillance in Somalia

WHO deployed 2 164 CHWs to conduct risk communication, community education, alert detection, reporting, screening for malnutrition among children and support home-based management for common childhood illness in 79 districts, including 24 in which WHO is implementing drought response activities.

CHWs performed the following activities:

- Visited 174 638 households and sensitized 1 487 385 people with health promotion messages for preventing epidemic-prone diseases including COVID-19.
- Detected and reported 1882 COVID-19 alerts to district-based rapid response teams, of which 1827 (97%) alerts were investigated and 48 (3%) were confirmed as true.
- Identified 5020 children under the age of five years with acute diarrhoea and treated them with oral rehydration salt and zinc and referred 213 (4%) children with severe dehydration to health facilities for further management.
- Screened 10 977 children under the age of five for malnutrition using the mid-upper arm circumference (MUAC) tape and referred 4 600 (42%) to an outpatient therapeutic program (OTP) for additional treatment.
- Provided 1522 pregnant women with iron and folic acid supplements; provided 13 539 children aged 6 to 59 months vitamin A supplements, and educated 6002 lactating mothers on infant and young child feeding (IYCF) practices.
- District-based rapid response teams conducted 113 supportive supervisory visits to assess the quality of data and activities implemented by CHWs. Findings of the supervision included: 60% of the CHW teams could demonstrate correctly how to conduct active case search for epidemic-prone diseases in the community; 61% were engaged in health promotion and risk communication activities; 92% had movement plans with maps showing the households to be visited each day; all the teams reported using the electronic tool provided; and 99% demonstrated proper use of the electronic tool.

## Capacity building for implementation of influenza surveillance in Puntland state

- WHO and the Ministry of Health of Puntland state conducted a capacity building workshop on influenza surveillance in Garowe from 27 to 29 June 2022. A total of 30 participants (16 males, 14 females) were trained by the technical team from WHO and the Federal Ministry of Health on influenza-like illness (ILI) and severe acute respiratory infections (SARI) surveillance case definitions, case management, sample collection, outbreak investigation, epidemiological and virological data reporting using the Eastern Mediterranean Flu (EMFLU) platform. A coordination team was established to oversee the implementation of influenza surveillance in Puntland and each member of the team was assigned specific roles to ensure timely detection of cases and timely submission of reports in EMFLU.

## Strengthening laboratory capacity for diagnosis of emerging and re-emerging pathogens in states

- WHO supported the installation of real-time Polymerase Chain Reaction (rt-PCR) machines in Baidoa district of South West state and in Jowhar district, Hirshabelle state. As part of testing and validation of the rt-PCR machines, 12 oropharyngeal swab samples were tested in the PCR laboratory in the South West state and all tested negative for SARS CoV-2. WHO supported these laboratories with furniture and deep-freezing equipment in Galmudug, Banadir and Jubaland state laboratories to ensure timely diagnosis of pathogens. A technical team from WHO conducted a mission to the South West state to provide on-the-site technical support to state laboratory technicians. During the mission, the team convened a meeting with state-based technical teams, inspected storage facilities for the supplies and equipment donated by WHO, and conducted on-the-job capacity development for laboratory technicians on laboratory workflow arrangement, usage of the rt-PCR automation, and the use of personal protective equipment (PPE) while performing in the laboratory.

## Technical mission to assess laboratory capacity to conduct bacteriology testing in Somalia

- A technical officer from WHO EMRO conducted a mission to Somalia to assess the capacity of the national public health laboratory and state-based public health laboratories to conduct bacteriology diagnostics. The mission identified the following major limitations: quality assurance and standard antimicrobial susceptibility testing (AST) data interpretation elements are missing; there was limited laboratory furniture and technical experience. Recommendations of the mission included the need for quality assured basic bacteriology training, improvement of laboratories' layout and furnishing, and dedicated laboratory personnel specific to bacteriology activities.

## Assessment mission for measles testing in the South West state

- A technical team of WHO conducted an assessment for the diagnostic of measles samples in the South West state. During the mission, a meeting was convened with the technical officers in the Ministry of Health to identify gaps that are hindering the testing of measles samples within the state. The mission team recommended the installation of measles diagnostic equipment within the rt-PCR laboratory, which has adequate space to accommodate additional activities in addition to COVID-19 testing.

## Establishing capacity for the laboratory confirmation and case management of monkeypox virus infection

- WHO's Regional Office conducted a capacity building session for clinicians and technical officers, including 43 doctors, intensive care unit staff and nurses in 22 countries. The session focused on the implementation of infection prevention and control (IPC) practices to prevent the transmission of the monkeypox virus; early detection; new treatment modalities; and vaccination against monkeypox.
- WHO donated kits for the laboratory diagnosis of orthopoxvirus and monkeypox virus to the FMOH. These reagents are sufficient to test 480 samples for orthopoxvirus infections and 192 samples for monkeypox virus.

## Capacity building for Early Warning Alert and Response Network (EWARN) in the South West state

A cascade early warning and reporting network (EWARN) refresher capacity development session was conducted for 30 health workers (24 male and 6 female) from 18 health facilities in Baidoa district. The objective of the training was to build the capacity of frontline health workers to submit alerts of epidemic-prone diseases as per set timelines. The health workers were trained on the use of standard case definitions to submit reports, alert validation and investigation. District-based rapid response teams will follow up on the trainees to ensure timely submission of reports from the South West state.

## Provision of safe water to drought-affected communities in Galkayo

- The Regional Director of WHO Eastern Mediterranean Regional Office recently visited north Galkayo along with HE the Federal Minister of Health & Human Services to assess the humanitarian situation among people affected by drought. They observed the lack of safe water for the drought-affected communities. In response, WHO country office rehabilitated two boreholes in Salama and Halabqoad camps for internally displaced persons (IDPs) in North Galkayo, Puntland state of Somalia. An estimated 20 000 people are expected to receive safe water from these boreholes. The provision of safe water to drought-affected communities will contribute to the reduction of morbidity and mortality caused by waterborne diseases among drought-affected communities.

## Water quality surveillance activities in drought-affected districts

- WHO supported state-based technical officers from the MOH to conduct field visits and conducted water quality surveillance in sections/villages affected by the current cholera/ acute watery diarrhoea (AWD) outbreak. The surveillance officers conducted mapping of community water sources among displaced communities in Jowhar district of Hirshabelle state and sampled nine water sources of which seven (77.8%) were contaminated with coliform bacteria. The communities were sensitized on how to protect water sources from being contaminated. The eight contaminated water sources were chlorinated by WASH cluster partners.

## Investigation of outbreak of acute watery diarrhoea (AWD)/cholera in South West state

- Outbreak alerts of AWD were investigated in Hudur and Kurtunwarey districts. The district-based rapid response teams reviewed health facility records and ensured that all suspected cases of cholera/AWD are recorded in a standard line list. High-risk communities were identified and linked to the WASH cluster to scale up implementation of WASH activities. The team collected 29 stool samples from suspected cases, of which seven cases tested positive for *Vibrio cholerae* Ogawa. The suspected cases of cholera/AWD are managed by health clusters in cholera treatment units established in the two locations.

## Capacity building for provision of oxygen therapy and maintenance of oxygen concentrators in district hospitals

- WHO conducted a capacity building session for 15 health care professionals (doctors and nurses) and three focal points from the Hanano Hospital in Dhusamareb, Kismayo General Hospital (Jubaland) and Bay Regional Hospital (SWS) on the use of oxygen therapy for the management of critically ill patients, data management and maintenance of oxygen concentrators. WHO has provided solar-powered oxygen concentration systems to these three hospitals. The WHO Academy conducted a virtual training session for the national biomedical engineers and technicians. Participants learnt about medical oxygen therapy (including the mode of delivery, indication and follow up), documentation and monthly patients' data sharing and troubleshooting and maintenance of oxygen concentrators.

## Nutrition update

- A total of 27 (64.3%) stabilization facilities submitted reports from all states as of May 2022.
- The total number of new admissions in May 2022 is 1900, from 27 stabilization centres (2 in Banadir region, 9 in Jubaland, 6 in Galmudug, 2 in Hirshabelle, and 8 in Puntland). All 27 have submitted monthly reports for May 2022, compared to 33 in April 2022.
- A total of 29 (1.8%) deaths, 1548 (94.2%) cures, 27 (1.6%) defaulters, 40 (2.4%) medical referrals, were reported in May 2022.
- WHO donated a total of 6 WHO-PED-SAM kits to three stabilization centres in the South West state to fill the gap in critical medical supplies in response to the increasing number of children suffering from severe acute malnutrition (SAM) with medical complications in hospitals in Afgoi, Marka and Brava, and in the drought-affected communities in Lower Shabelle region. The medical supplies can cater for the health needs of a 180-bed paediatric unit for about three months.



A health worker measures the mid-upper arm circumference of a child to determine whether he is malnourished Kalkal IDP camp, Banadir.  
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## 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 and responding accordingly. In May 2022, 5863 trauma-related injuries were reported from the health facilities in all states through the District Health Information System (DHIS-2). Of these, the majority (52%) were non-weapon-related injuries, which included burns and road accidents. These injuries represent a 31% decrease (2 650) compared to 8 513 injuries reported during the same period in May 2021. The reported cases of injuries were managed in different hospitals in all states. The most affected districts are Puntland (1 545 cases), Puntland (2 010 cases) and South West State (739 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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