

Federal Republic of Somalia
Ministry of Health & Human Services

SOMALIA HEALTH BULLETIN **SEMI ANNUAL REPORT** **FROM JAN TO JUN 2023**



MINISTRY HEALTH AND HUMAN SERVICES

SOMALIA

SEMI-ANNUAL HEALTH STATISTICS BULLETIN

JANUARY – JUNE 2023

Ministry of Health has the responsibility to generate, analyze and disseminate health information to facilitate effective policy formulation, management, planning, budgeting, implementation, monitoring and evaluation of health service and program interventions in the health sector by all.

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Foreword

This semi-annual health statistics bulletin will offer some insights into the country's health status and the progress of government-initiated service interventions. These insights are derived from routine health data collected at various health service delivery points.

The ministry has successfully built an integrated Health Information System (HIS) that is responsible for collecting all health and related information. The Ministry of Health decided to utilize Dhis2 as the exclusive national HMIS platform for collecting and reporting routine health information, including surveillance case-based data. In the 2021 HMIS revision, new systems were integrated into the Routine Health Information Platform: the e-IDSR (Electronic Disease Surveillance and Response) and the Nutrition Module.

After years of dedicated effort with the support of our Stakeholders and the revision of HMIS tools, the ministry has achieved a 95% reporting rate from public health facilities across the country into the national HMIS platform (DHIS2). Notably, around 40% of health information originates from private hospitals. The ministry has taken steps to enhance private sector engagement, resulting in a current reporting rate of 2% from private hospitals to the government platform (DHIS2). The Ministry of Health is actively pursuing greater engagement with the private health sector, striving for good coverage reporting on the national information system platform for the government.

The Ministry of Health's HMIS has exerted significant effort to establish a unified platform for collecting comprehensive routine health information and generating statistical bulletins. This initiative addresses the escalating demand from policy makers, health sector stakeholders, private enterprises, and researchers seeking health data. The Ministry's HMIS remains dedicated to providing and disseminating health information aligned with government, global standards and the principles of official statistics set forth by the United Nations.

The semi-annual health statistics bulletin encompasses a range of variables, including but not limited to: the count of individuals attended to in OPD across all public health facilities over the past six months, the nation's nutritional status, the count of children who have received vital vaccinations to combat early childhood diseases, and updates on notifiable public health emergencies of international significance. It is anticipated that this report will serve as a valuable tool for monitoring health service delivery interventions, assessing investments in the health sector, and prioritizing interventions. Additionally, it will facilitate tracking indicators linked to the global pursuit of achieving the Sustainable Development Goals (SDGs).

The Office of the Director General of the Ministry of Health, along with other senior officials, remains steadfast in their commitment to ensure that all decisions are founded on health information, enabling evidence-based policy-making that caters to our fundamental requirements. The HMIS is dedicated to enhancing the accessibility of all health-related information for the nation, and we highly value your insights and recommendations concerning this report.



Dr Guled Abdijalil Ali

Director General

Ministry of Health & Human Services- Federal Republic of Somalia

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EXECUTIVE SUMMARY

The Ministry of Health of Somalia has made significant efforts to align healthcare service delivery with the Essential Package of Health Services (EPHS) framework and improve health services utilization. The OPD (Outpatient Department) consultation rate has shown notable improvement, aiming to achieve universal health coverage and promote the health and well-being of the Somali population.

The OPD consultation rate increased from 0.36 in Jan-Jun 2022 to 0.43 in Jan-Jun 2023, indicating improved accessibility and utilization of health services. The Ministry of Health provided a total of 3.2 million OPD consultations to patients in 578 public health facilities during the reporting period. Females were accounted for 60% of the consultations, while 40% were male.

There was a significant increase in OPD consultations, with 553,804 additional consultations from Jan-Jun 2023 compared to the same period in 2022. This increase aims to promote health, disease prevention, and reduce the spread of pandemics, particularly among vulnerable populations such as women and children.

Child health is a fundamental concern, where from Jan-Jun 2023, 2,090,630 children received OPD consultations across the country. This represents a 12.9% increase (1,178,256 additional children) compared to the same period in 2022. The focus on strengthening access and quality of OPD consultations for under-five children aims to reduce morbidity and mortality rates among children in Somalia.

Diarrhoea cases remain a significant health issue, with 230,790 cumulative cases reported in Jan-Jun 2023. Factors such as poor access to safe drinking water, inadequate sanitation facilities, and the impact of drought and conflict on internally displaced persons (IDPs) contribute to the prevalence of diarrhoea. Out of the reported cases, only 11% were laboratory confirmed. The number of reported diarrhoea cases increased more than twice for Jan-June 2023, compared to the same period in 2022.

Pneumonia cases accounted for 3% of overall OPD consultations during the reporting period. Severe pneumonia cases requiring urgent treatment face challenges due to limited access to oxygen. Oxygen availability is primarily limited to higher-level health facilities and hospitals, while many health centers lack this service.

The report highlights the progress in OPD consultations, particularly for women, children, and under-five children. However, it also underscores the need to address challenges such as diarrhoea prevalence and limited access to oxygen for pneumonia cases. Continued efforts are necessary to strengthen healthcare services, improve access to safe drinking water and sanitation facilities, and enhance the availability of essential medical resources like oxygen.

The routine health information has been made a progress in terms of the number of health facilities reporting to Dhis2, and also, in terms of the data set reporting rate per program, we observed 20% and 17.5% of increase respectively, in Jan-June 2023, comparing the same period in 2022. Additionally, the Ministry had made a progress for reporting the public health notifiable diseases on immediate bases as per the IHR requirement and the FMOH National technical guidelines for IDSR, the current reporting rate (IDSR) of 74% is 6% below the expected completeness rate of 80% as per the Ministry of Health guidelines for immediate reporting. This shortfall can be attributed to the ongoing pilot implementation of e-IDSR (electronic IDSR) for immediate reporting.



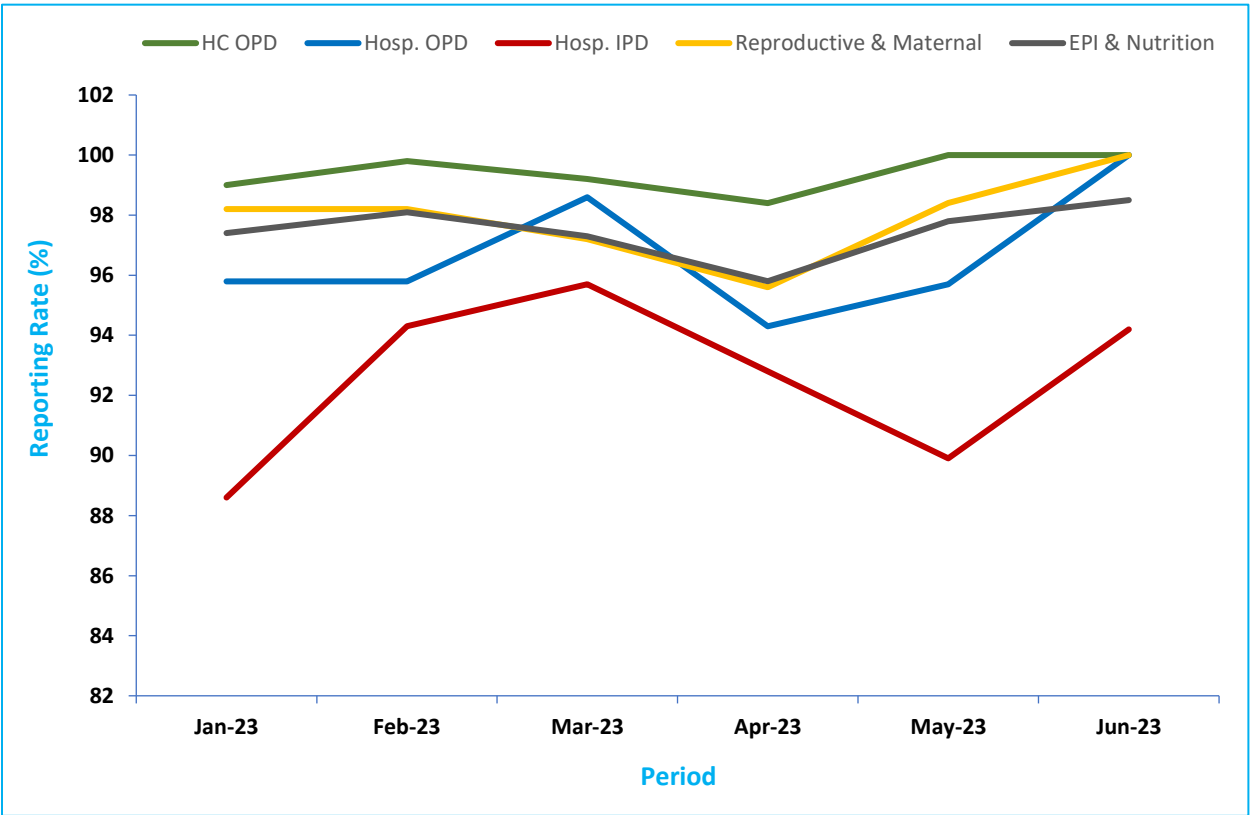
HMIS REPORTING PROGRESS

Decision-makers at all levels need reliable, timely and comparable health-related data to make evidence-informed policies and decisions, allocate and manage resources, analyze population health, monitor health systems performance and evaluate health reforms. According to the HSSP III the ministry of Health shall promote a single reporting system using Dhis2 as the national platform in order to avoid the duplication of information and the compatibility of the data sets.

Previously, every report, development plan and review of the health sector in Somalia points to weaknesses in the health information system as mentioned in the HSSP III. Despite to that, Currently, the health information shifts to top under the leadership of the HMIS with the support of the stakeholders, revision of the HMIS tools, Dhis2 roll-out resulted in a huge progress in terms of the number of facilities reporting to the dhis2, and the availability of reliable data in the platform (Dhis2).

The routine health information has been made a progress in terms of the number of health facilities reporting to Dhis2, we observed 20% of increase in Jan-June 2023 (588), comparing the same period in 2022 (486). Also, the Health Information has made a progress in terms of data set reporting rate, aggregate reporting rate shifts to high for 17.5% in Jan-June 2023 (94%), compared to Jan-June 2022 (80%). For the last Six-months, the monthly reporting rate of the all-data sets were above 93%, except the Laboratory data set which is almost 80%.

Figure 1: Reporting Rate Per Data Set



OUTPATIENT SERVICES

Based on the revised HIS strategies, the Ministry of Health has put all of efforts to make sure that the strategies and providing direction to the all implementing partners ensure that health care service delivery is align with the EPHS framework and people are educated and increased the health services utilization. According to the standard threshold for OPD attendance rate, is expected to be 1 new visit/person per year Follow-up which indicates accessibility and utilization of health services, based on this, the ministry of health has made significant progress improvement of the OPD consultation rate from 0.36 in Jan – Jun 2022 to 0.43 in Jan to June 2023 respectively that is aimed to achieve the universal health coverage to promote the health and well-being of Somalia people.

From January to June 2023, the ministry of health provided a total of 3.2 million patients OPD consultations in 588 the public health facilities, those received their life-threatening health emergency services include women and children. Additionally, 60% (1,945,297 out of 3,233,527) of the OPD consultations were females.

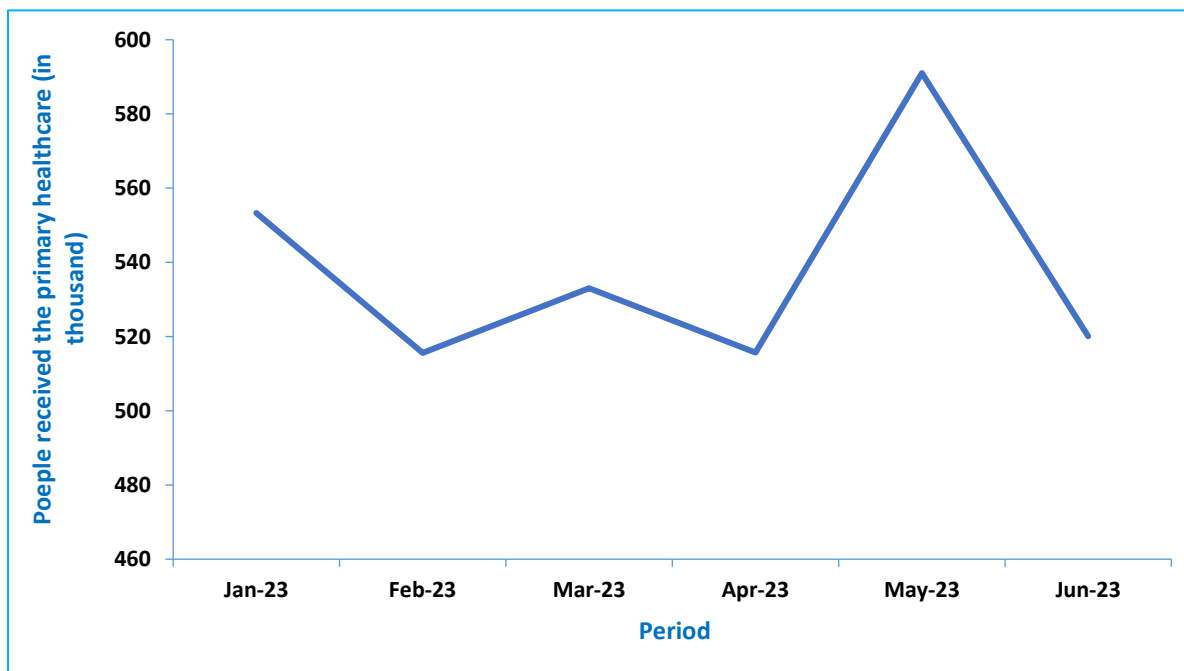
21% (553,804) extra consultation were seen in January to June 2023, comparing same period in 2022. This is aimed in promoting health, prevent disease, and reduce the spread of Pandemics among the vulnerable people including women and children.



3.2M

Cumulative number of the
OPD visits Jan – June 2023

Figure 4: Number of the people visited the Outpatient Department (In thousands)



CHILD HEALTH

Protecting and improving the health of a children is a fundamental principle of every child in this globe. from Jan-Jun, 2023 a total of 209,0630 children received OPD consultations in 588 Public health facilities across the country. this indicates 12.9% (1,178,256) extra children received OPD consultation comparing 912,374 same period in 2022. This is part of the strengthening the access and quality of the OPD consultation among under-five children in the country. this will further avert the morbidity and mortality of 1,178,256 children across the country.

DIARRHOEA

As per the Somalia Health Demographic survey indicate the status of access to safe drinking water and improved sanitation accounted 35% have a poor sources of drinking water, and 43% have poor sanitation facilities in combined with the drought and conflict led IDPs is believed to be attributing 230,790 diarrhea cases reported to Dhis2 from the 588 public Health facilities for routine HMIS data in Somalia. Of these 230,790 reported diarrhoea cases, 11% were laboratory confirmed. This was increased for 108% (119,862) in Jan-Jun 2023, comparing 110,928 same period in 2022.



230,790

Cumulative number of the Diarrhoea Cases Jan – June 2023

PNEUMONIA

A severe case of pneumonia seen in OPD services requiring urgent treatment to survive. Access to oxygen has been unavailable to those who need it. In Somalia, oxygen is only available at higher level health facilities and hospitals while most of health centers not available for this service.

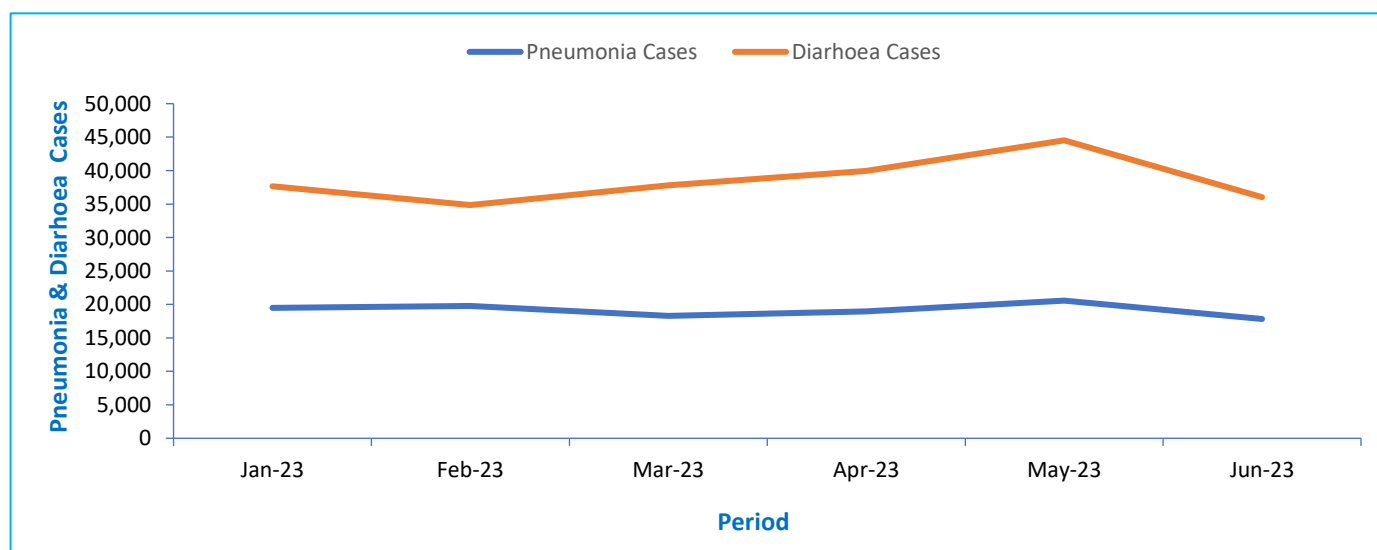
Based on the routine health information reports from the 588 public health facilities, 106,875 of Pneumonia cases were seen across the country, that is 3% of the overall OPD consultations during the reporting period in 2023.



114,944

Cumulative number of the Pneumonia Cases Jan – June 2023

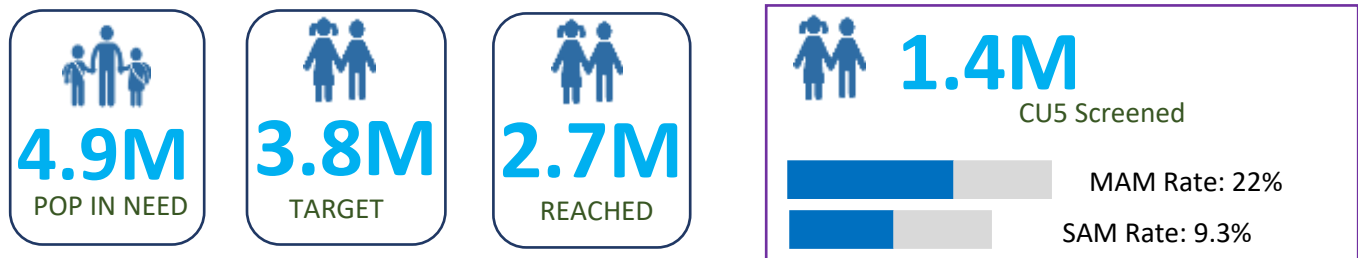
Figure 3: Trend of Pneumonia and Diarrhea Cases Among the Children (In thousand)



NUTRITION

Due to the' climate-related issues including frequent droughts, floods, lack of access to suitable nutrients, and conflict led IDPs a total of 1,039,312 children screened between Jan to Jun 2023, of which 22% (231,290) were moderately malnourished, 9% (96,401) were severely malnourished and 0.3% oedema.

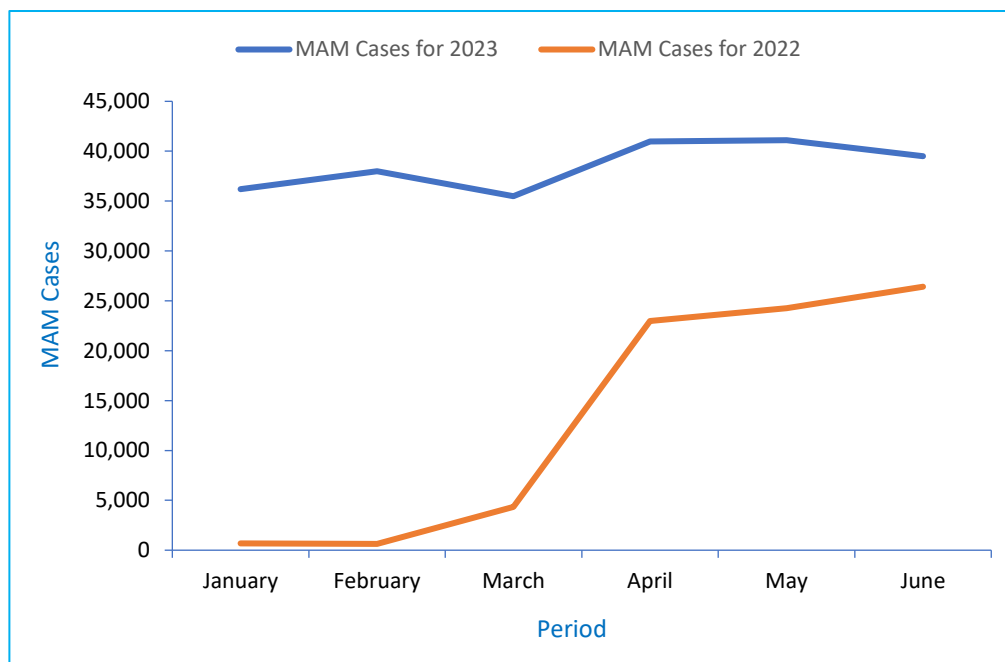
19% of increase for Moderately malnourished children were observed in 2023 (231,290), comparing the same period in 2022 (79,317). Additionally, 15% were increased for sever malnourished children (96,401) in 2023, comparing to 37,937 in 2022. Also, Oedema (3,177) were increased for 53% in 2023, comparing to 2,071 Oedema in 2022. The nutrition situation in the country is worsening based on the Routine data from the public health facilities reporting to the Dhis2 Somalia. This calls attention and the need to conduct nutrition assessment survey to ensure that the situation is under control.



MAM

According to the routine health information from the health facilities in the last two quarters, the results shows that 231,290 children with MAM were reported. The trends of MAM children showed a sharp increase for 77% in Jan-Jun 2022, comparing 130,500for similar period in 2022.

Figure 4: Comparing the trend of the MAM cases for 2022/23



130,500

Cumulative number of the MAM Cases Jan – June 2022

231,290

Cumulative number of the MAM Cases Jan – June 2023

MAM Cases were increased for 77% Jan – Jun 2023, comparing the same period in 2022

SAM

According to the routine health information from the health facilities in the last two quarters, the results shows that 96,401 children with SAM were reported. The trends of SAM children showed a sharp increase 72% in Jan to Jun 2023, comparing to 55,937 for similar period in Jan to Jun 2022.

Figure 5: Comparing the trend of the SAM cases for 2022/23

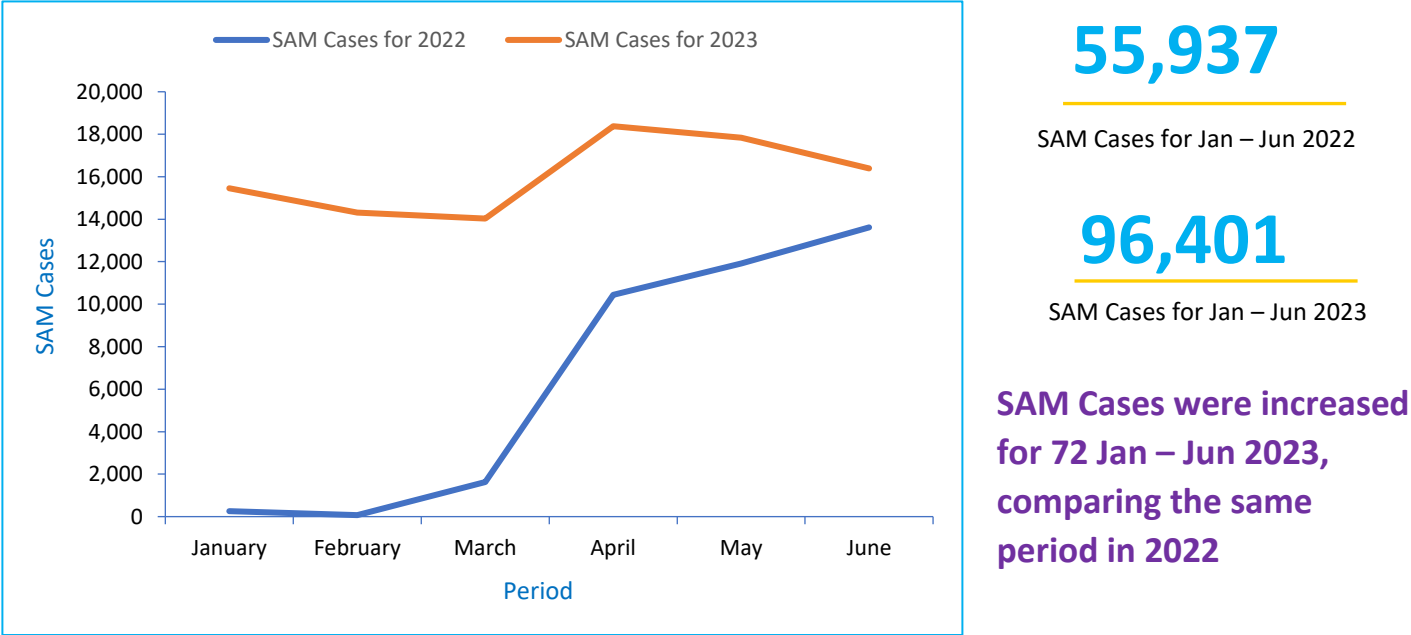


Figure 6: Distribution of SAM Cases among the States

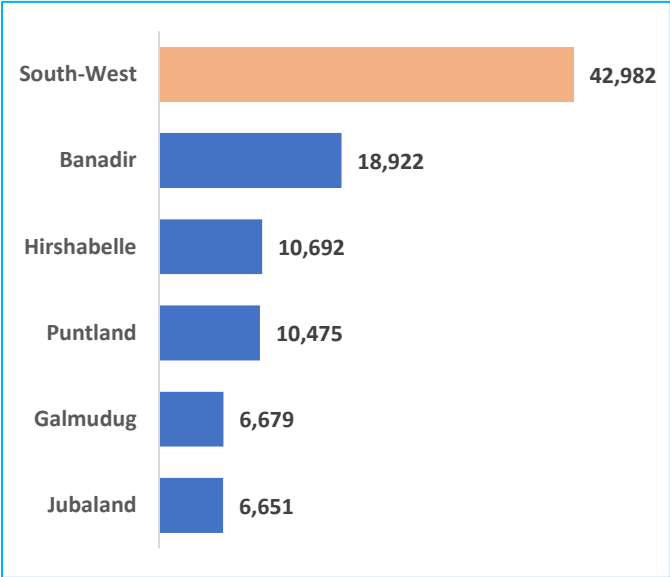
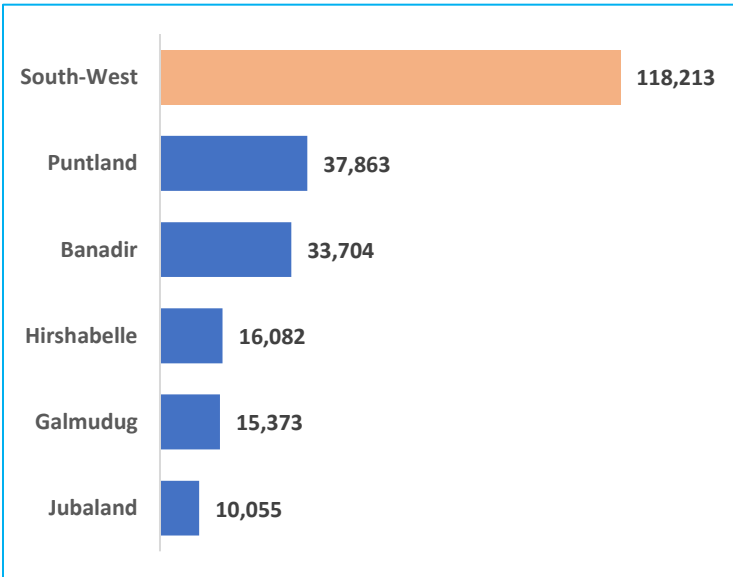


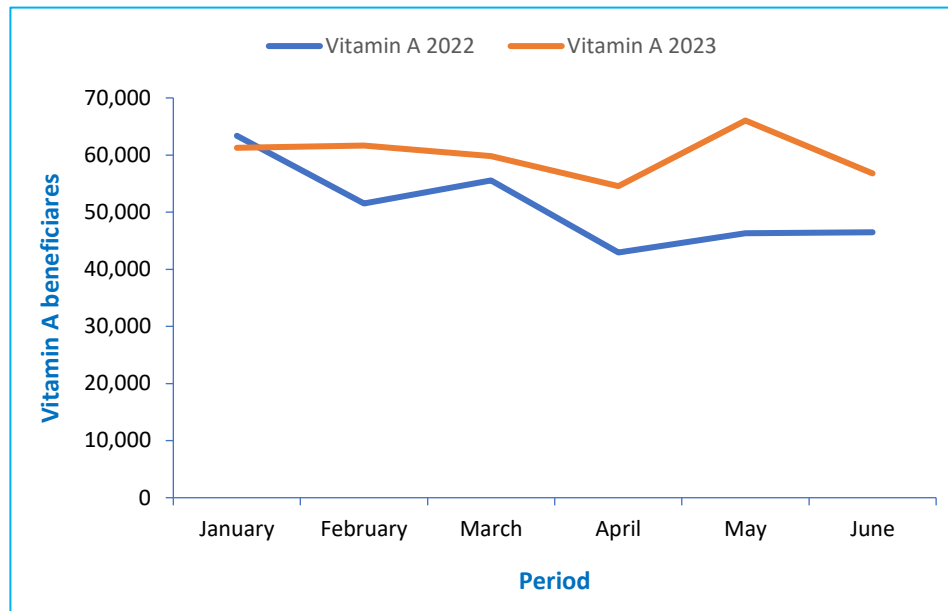
Figure7: Distribution of MAM Cases among the States



Vitamin A

According to routine Health information from the public health facilities in the last 2 quarters, the results shows that 360,156 of beneficiaries including women & children received for Vitamin A supplementation to prevent Anemia & Under-nutrition. Undernutrition persists in Somalia due to the numerous of the children and their mothers are both lack of Vitamin A

Figure 8: Comparing the trend of the Vitamin A for the first 2 2022/23



306,180

Beneficiaries of Vitamin A for Jan-Jun 2022

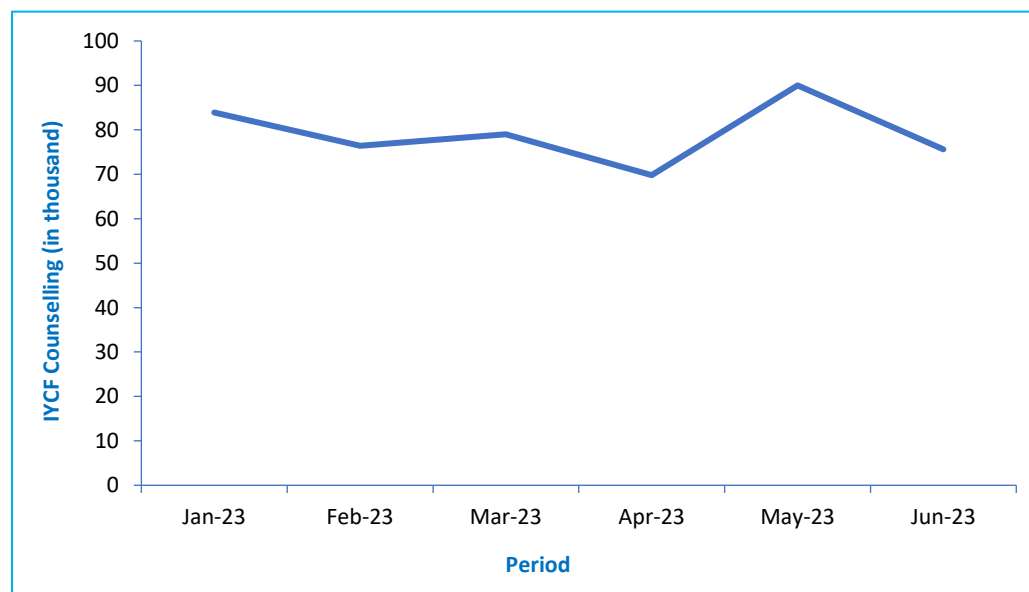
360,156

Beneficiaries of Vitamin A for Jan-Jun 2023

SAM Cases were increased for 17.6% in Jan – Jun 2023, comparing the same period in 2022

IYCF COUNSELLING

Figure 9: Number of the Mothers Received IYCF Counselling (in thousand)



474K

Cumulative number of the Mothers Received IYCF Counselling During ANC Jan – June 2023

289.1K

Cumulative number of the Mothers Received IYCF Counselling During PNC Jan – June 2023

REPRODUCTIVE AND MATERNAL SERVICES

The Ministry of Health and human services is focusing to improve the reproductive health as priority and the country is currently transitioning towards recovery, and implementing the Reproductive maternal, newborn, child and adolescent health (RMNCAH).

Monitoring the situation of reproductive, maternal and new-born health services particularly the vulnerable pregnant women and girls in crisis, is essential priority task, since the country is the highest rankings in infant, child and maternal mortality rates at 76.6, 121.5 and 692 per 1000 live births, respectively.

Under the strategic guidance of the recent published HIS, The Ministry of Health is monitoring closely the health situation of pregnant women and newborns, and ensuring they receive respectful health services.

During the reporting period Jan to Jun 2023, 578 public health facilities provided 350,202 ANC1 consultations and 107,414 ANC4 consultations, comparing same period in 2022 there a 29% increase of ANC consultations observed 578 public health facilities. Additionally, every pregnant women received blood pressures checks during ANC 1st visits with 10% variations, we observed a progress for the last six-months in terms of checking a blood pressure for every pregnant women who received antenatal care.

Figure 10: Number of the pregnant women received Antenatal Care (in thousand)

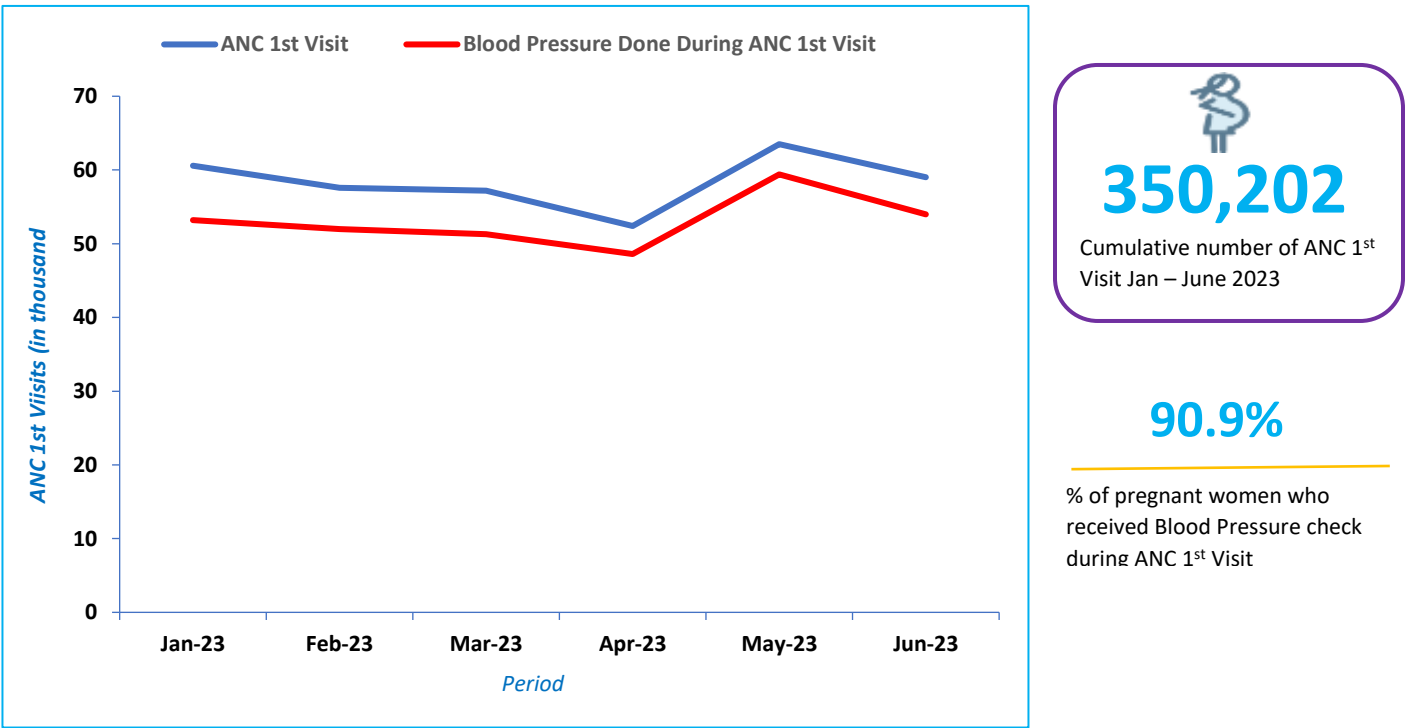
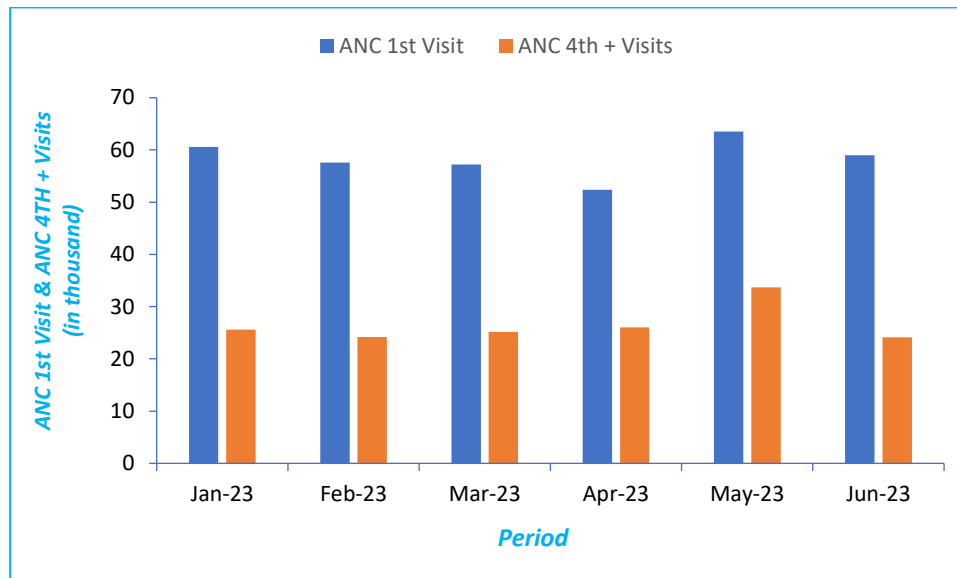


Figure 11: Number of the pregnant women who visited the ANC at least 4 times
ANC 4+ (in thousand)

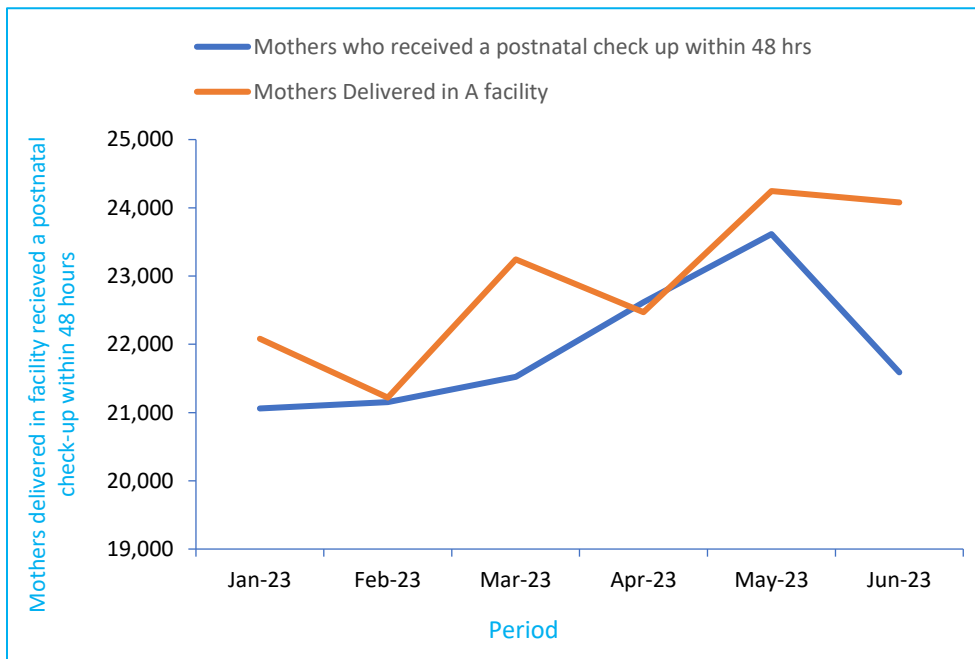


350.2K

Cumulative number of ANC 4+ Visits Jan – June 2023

Based on the Dhis2 for the last six-months, indicates that almost 55% of the mothers were received ANC4 +

Figure 12: Number of mothers delivered in the public health facility who received a postnatal checkup within 48 hours of delivery.



137,344

Cumulative number of Deliveries in a Facility Jan – June 2023

95.8%

% of the mothers who received a postnatal check-up within 48 hours of delivery

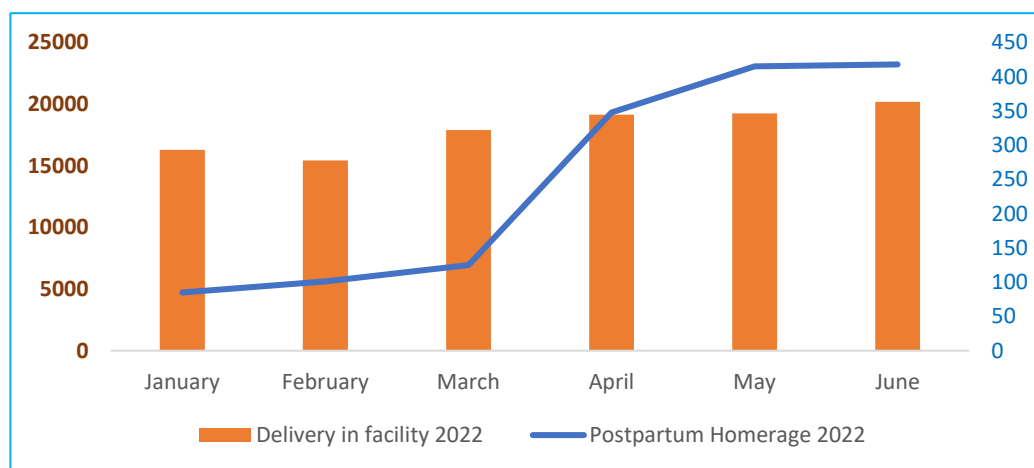
DELIVERIES IN THE PUBLIC HEALTH FACILITIES

Delivery services is very vital and urgent as well as emergency in most cases. There are some Pregnant related risks and many uncertainties of the pregnancy outcome. To ensure safe mother hood and safe delivery plan the ministry of health ensures to make available all the maternal health services components through RMNCH.

During the reporting period From Jan to Jun 2023, a total of 132,456 normal deliveries were conducted, 1,005 Assisted deliveries and 3,935 cesarean section deliveries conducted in 578 public health facilities those are currently reporting to the Dhis2.

Based on the Dhis2, the government had made a progress for improving the maternal health, this indicates that 27% (28,072) extra mothers delivered in the public health facilities, comparing to 104,384 delivered in the public health facilities for same period in 2022. Additionally, the cesarean section increased from 2,778 to 3,935 by 42% which indicates improvement of access to CEMONC and BeMoNC services

Figure 13: Comparing Postpartum Homerages and Deliveries in the Facility for 2022

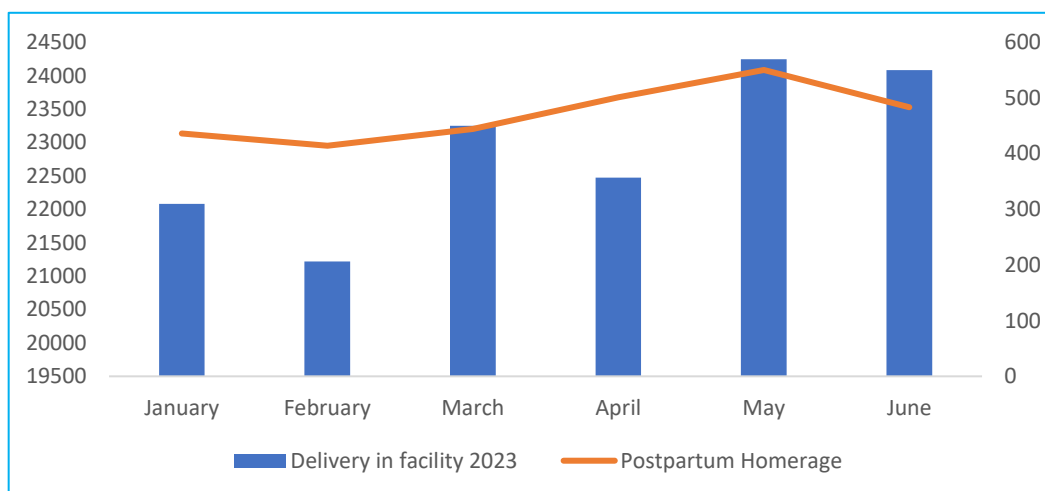


108.2K

Total mothers delivered in a public health facility, Jan – Jun 2022

In Jan – Jun 2022, 1.8% (1,939 out of 108,210) deliveries were got a postpartum Homerage

Figure 14: Comparing Postpartum Homerages and Deliveries in the Facility for 2023



137.4K

Total mothers delivered in a public health facility, Jan – Jun 2023

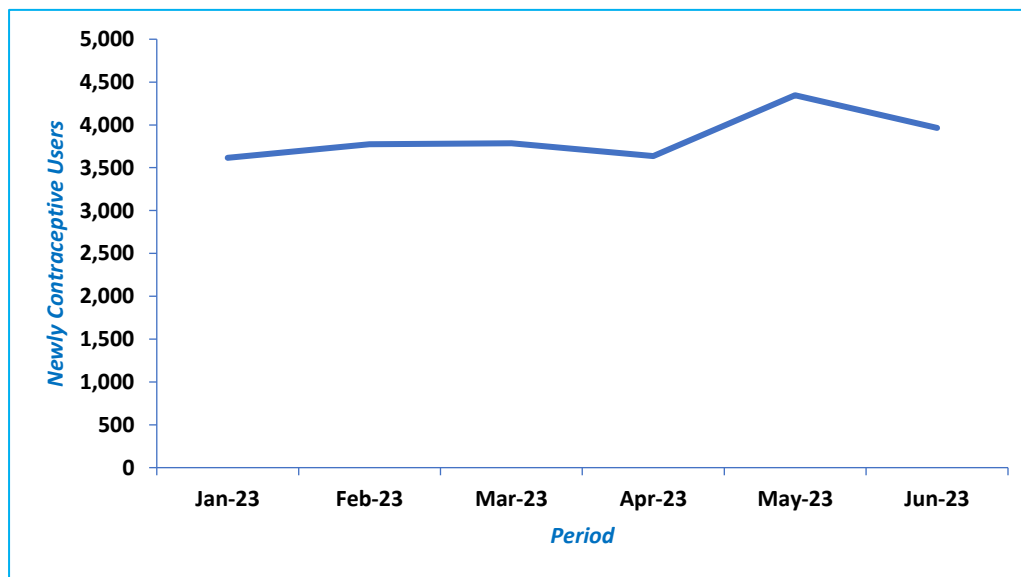
In Jan – Jun 2023, 1.3% (1,822 out of 137,396) deliveries were got a postpartum Homerage

FAMILY PLANNING

Family planning services is one way to reduce the maternal morbidity and mortality, and every mother has rights to have family planning services and education when most needed. the ministry of health has made a progress regarding the use of the family planning services in the last two quarters comparing the same quarters in 2022.

From Jan to Jun 2023, a total of 23,121 women in the reproductive age group started using the Family planning services that is provided in 578 public health facilities reporting to the Dhis2. We observed an increase for the family planning services utilization comparing to the same period in 2022. A total of 9,411 women started taking the Oral contraceptive in 2023, comparing 6,529 in 2022, that is 44% (2,882) of increase. Regarding implants 7,025 women started using implants which is the second commonly used family planning services in the public health facilities. And the injectables where 3,844 women started using it. The overall family planning services show high uptake comparing the same period in 2022.

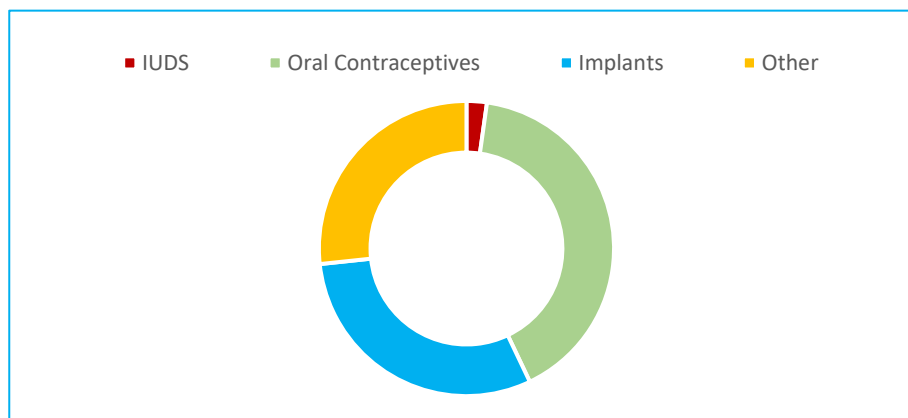
Figure 15: Number of the women in a child-bearing age whose are newly contraceptive users



23,121

Cumulative number of the newly contraceptive users for Jan-June 2023

Figure 16: The most commonly used contraceptive method



Based on Dhis2, we accounted 41% of the newly contraceptive users were started taking the Oral contraceptives, following by Implants (30%)



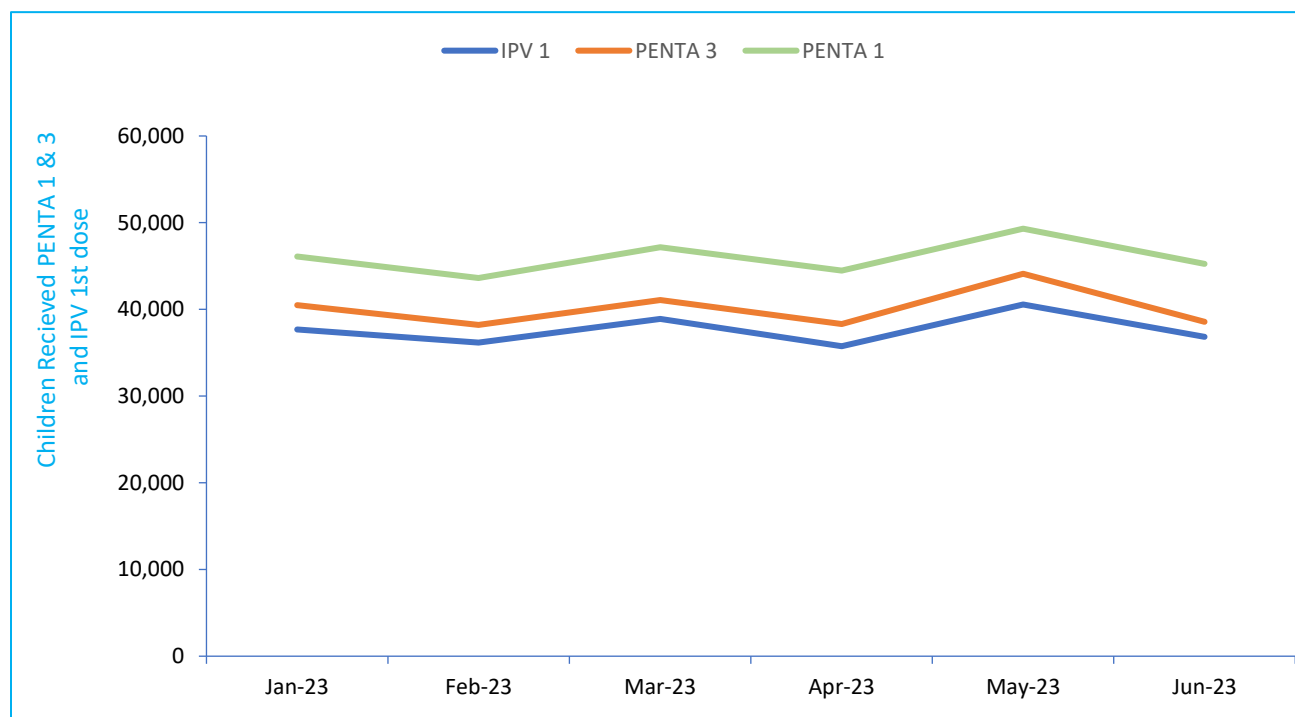
IMMUNIZATION

Immunization is one of the most effective public health interventions, giving every child the opportunity to grow up healthy and reach their full potential. FMOH is working tirelessly to make sure that every child - regardless of where they are - has access to the vaccines they need to not only survive, but thrive. According to the last two quarters the ministry of health and human service has been made a huge progress towards an increasing the fully immunization coverage across the country.

The ministry has reached almost 82% of the immunization plan against the Semi-Annual targets. Based on the routine information from the health facilities, the results show that 285K of the children were fully immunized against the population in need (children under 1 year).



Figure 17: Number of children under 1 year who received PENTA 1st and 3rd Doses, and IPV1



325,284

Cumulative number of Children under 1 year who received PENTA 1st dose Jan – June 2023

291,234

Cumulative number of Children under 1 year who received PENTA 3rd dose Jan – June 2023

285,142

Cumulative number of Children under 1 year who received IPV 1st dose Jan – June 2023

Figure 18: The drop-out rates among, Penta 1 & 3, Penta 3 and IPV1

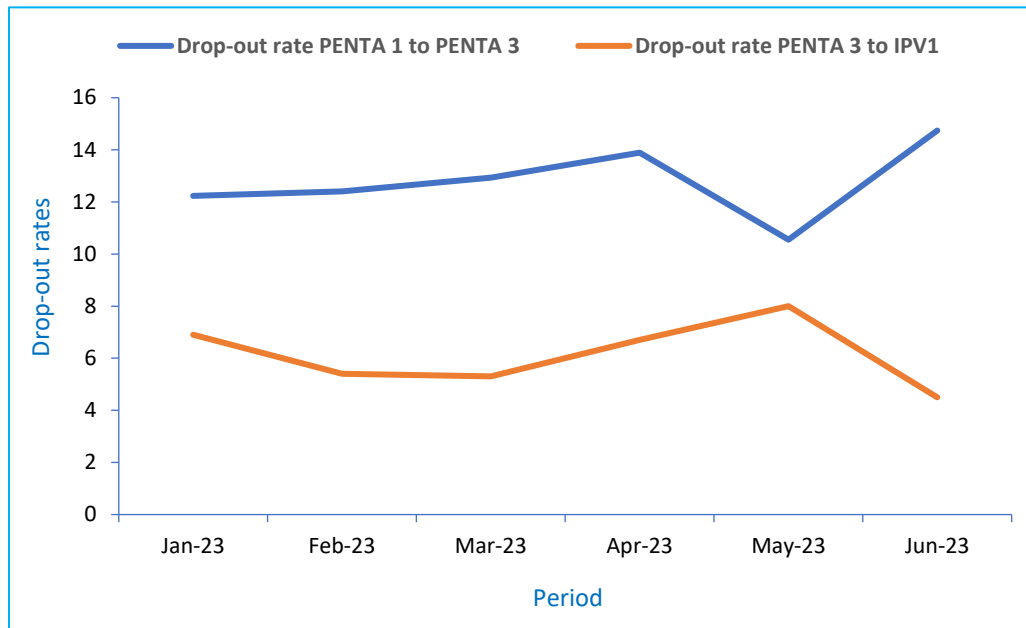
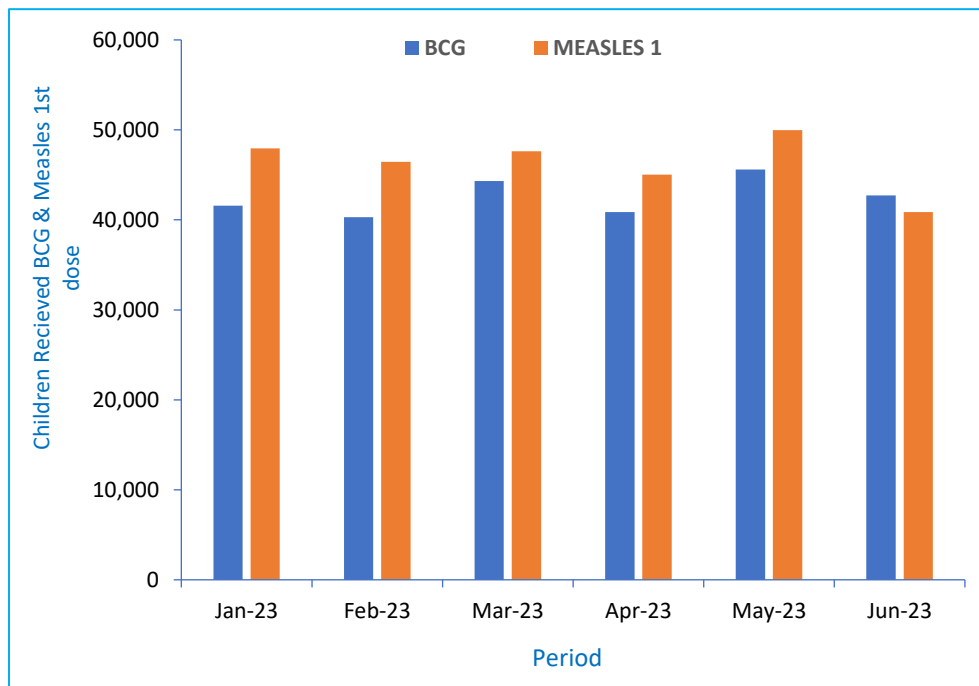
**12.6%**Drop-out rates between
PENTA 1 and Penta 3**6.2%**Drop-out rates between
PENTA 3 and IPV 1

Figure 19: Number of the children under 1 year who received Measles 1st dose & BCG.

**225,398**Cumulative number of Children
under 1 year who received BCG
Jan – June 2023**277,854**Cumulative number of Children
under 1 year who received
Measles 1st Dose Jan – June 2023

According to the national immunization policy, acceptable drop-out rates between Penta 1 to Penta 3 is less than 10%. But the current drop-out rate of the Penta 1 to Penta 3 is 12.6%, which is much higher than the acceptable rate. And also, when compared to the same period from Jan to Jun 2022 the dropout of Penta 1 to Penta 3 is 14%. That is much higher to the current period.

The government made a progress for reducing child dropouts from PENTA 1 to penta3 through community engagement of the female health workers and CHWs as well as provision of massive education sessions in the health facility and in the community. additionally, the ministry of health significantly managed to achieve 93.8% of the children completed PENTA 3, also received an IPV1.

IDSR-SELECTED PUBLIC HEALTH PRIORITY DISEASES

Given the recurrent epidemics in the country including cholera, measles and malaria; the country adopted the integrated disease surveillance and response (IDSR) to strengthen the early alert detection, investigation and response. There are 22 immediate notifiable diseases which the ministry of health leads the response of these epidemic as well as the COVID-19 pandemic. As the IDSR enables detection, verification, investigation and response to outbreaks of country priority list of diseases/events/conditions.

According to IDSR immediate and weekly surveillance report to the Dhis2 in the last Six-Months, indicates that 74% (253 out of 340) of the health facilities submitted the immediate and weekly surveillance reports. With an increase of 12% for the IDSR reporting rate in Jan-Jun 2023 (74%), comparing to Jan-June2022 (62%).

Currently we are 6% below the expected completeness rate (80%) as per the MOH guidelines for immediate reporting, this is due to the on-going piloting of the implementation of e-IDSR on immediate basis.

During the reporting period 24,032 alerts of Cholera notifiable disease were reported, where 10% of those alerts were investigated, 1.1% tested positive. Additionally, 6,673 alerts of Measles notifiable disease were reported, where 18% of those alerts were investigated, 2.1% tests were positive.

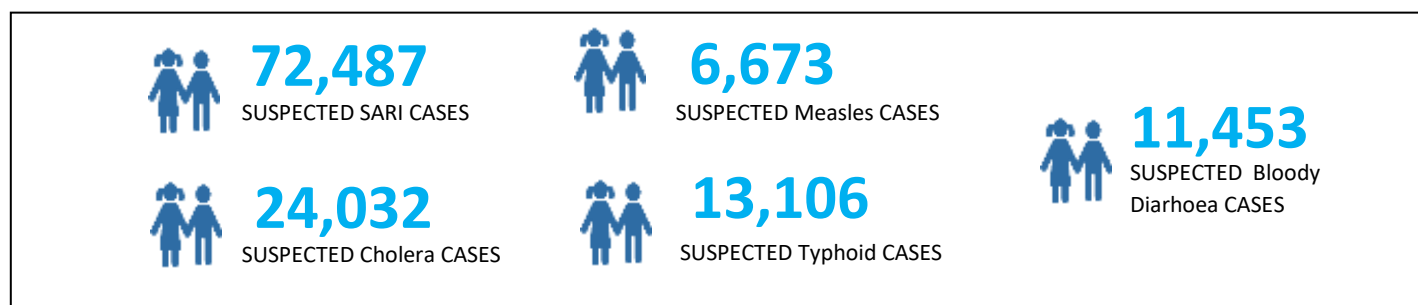


Figure 20: suspected cases of 5 public health priority diseases

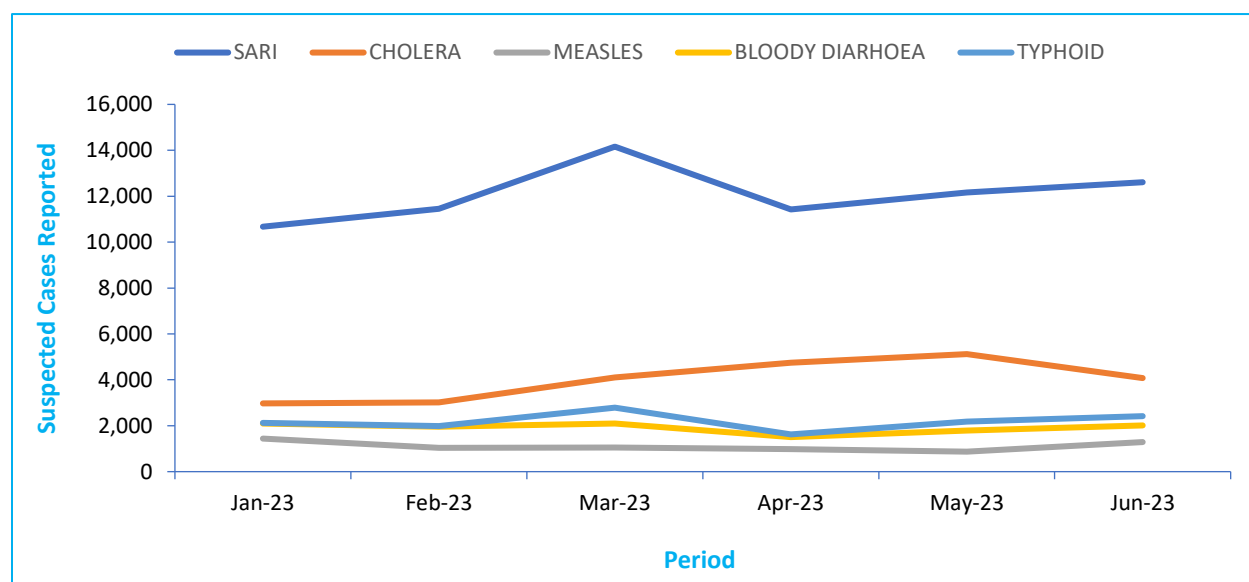
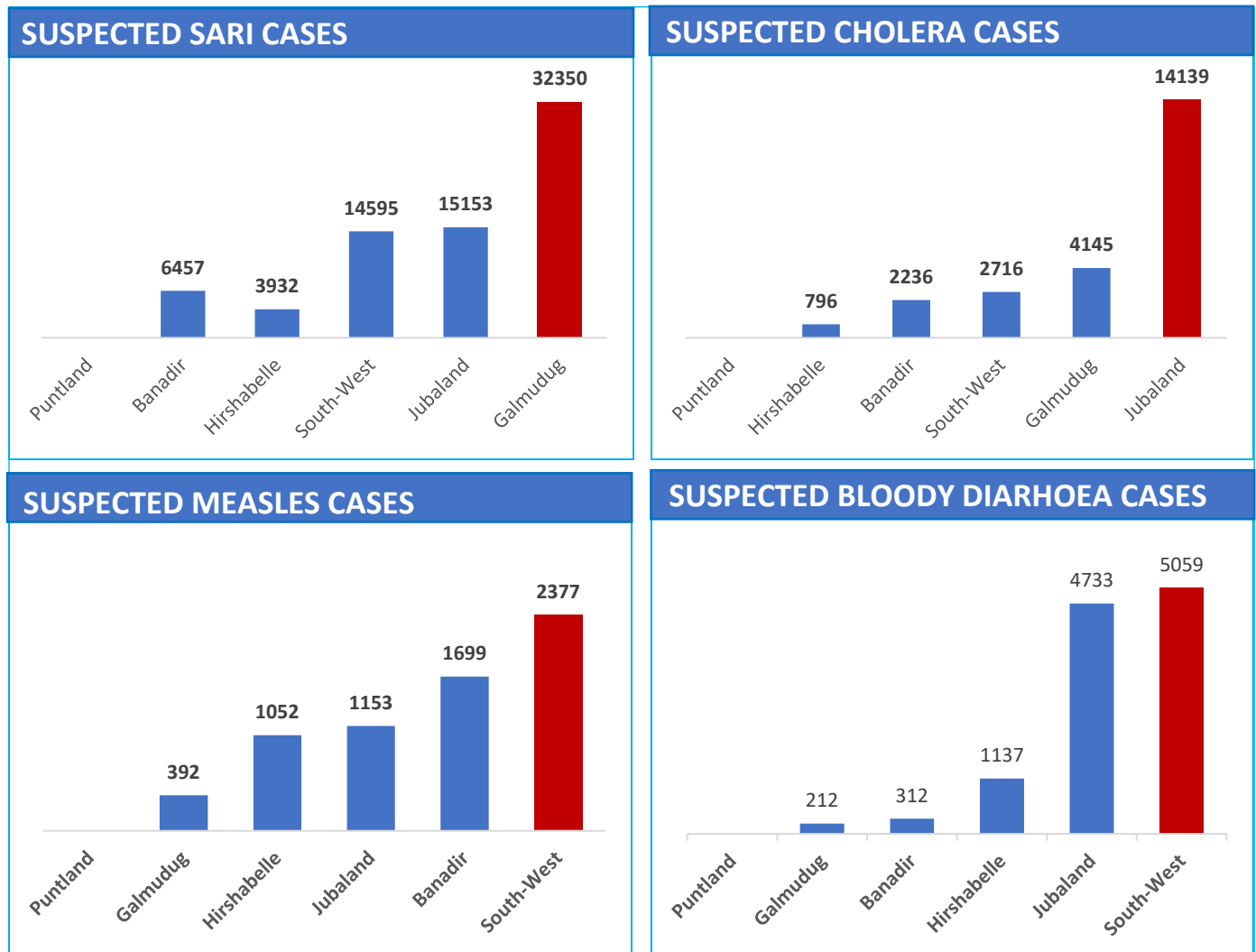


Figure 21: Distribution of Selected public health priority Diseases across the country (Suspected Cases)



Based on the geographical distribution of the alerts from Jan – Jun 2023, a total of 72,487 alerts of SARI suspected disease were reported across country. The most (44.6%) of the suspected alerts were reported from Southwest State, following by Jubaland State (21%).

The prevalence and cases reported among states and BRA are quite different. Most Cholera suspected diseases were reported from Jubaland State as per the Dhis2. Based on the Laboratory results, the most (86.6%) lab confirmed Cholera alerts were reported from Jubaland State.

The suspected cases reported into dhis2 are significantly different in terms of geographical distribution. Most (35.6%) of the Measles suspected diseases were reported from South-West State. According to the Laboratory information, the most (37%) lab confirmed Measles alerts were reported from Hirshabelle State.

HIV

The government of Somalia gives a special consideration of the global efforts for control and prevention of HIV. in 1991 all basic social services were distracted due to the collapse of the government, the government re-started the HIV prevention, care and treatment services in 2006. Currently, there are XXX HIV prevention, care and treatment centers across the country.

According to the sentinel Surveillance for 2018 and 2019, "Somalia is considered to be a low epidemic HIV in comparison with other countries in the Region.

Based on the DHIS2 routine report from 171 public health centers across the country, screened 41,065 suspected cases of HIV/AIDs including women and children of which 436 out of 41,065 people tested were confirmed as HIV positive

This indicates that the HIV detection rate shifts from 41,065 in Jan-June 2023, comparing to 16,112 as compared to the same period 2022.

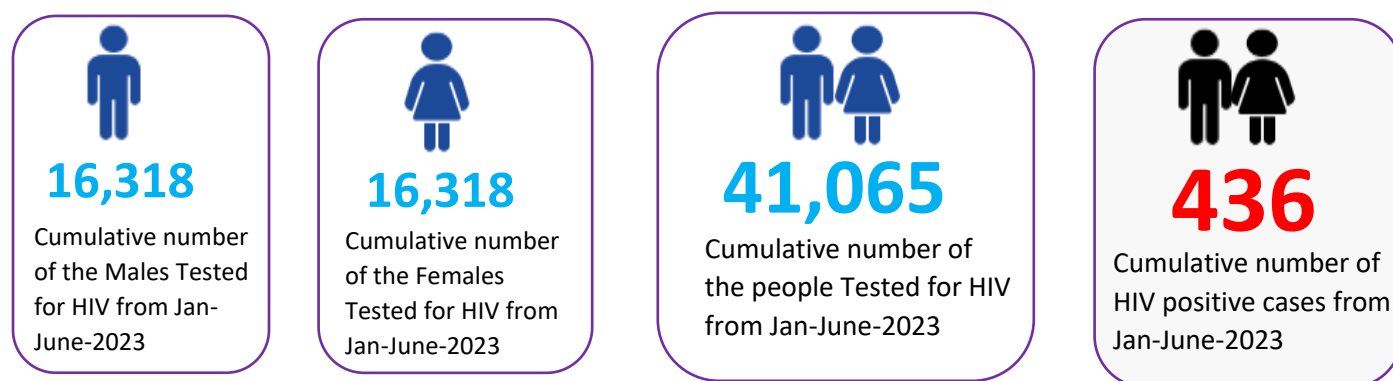
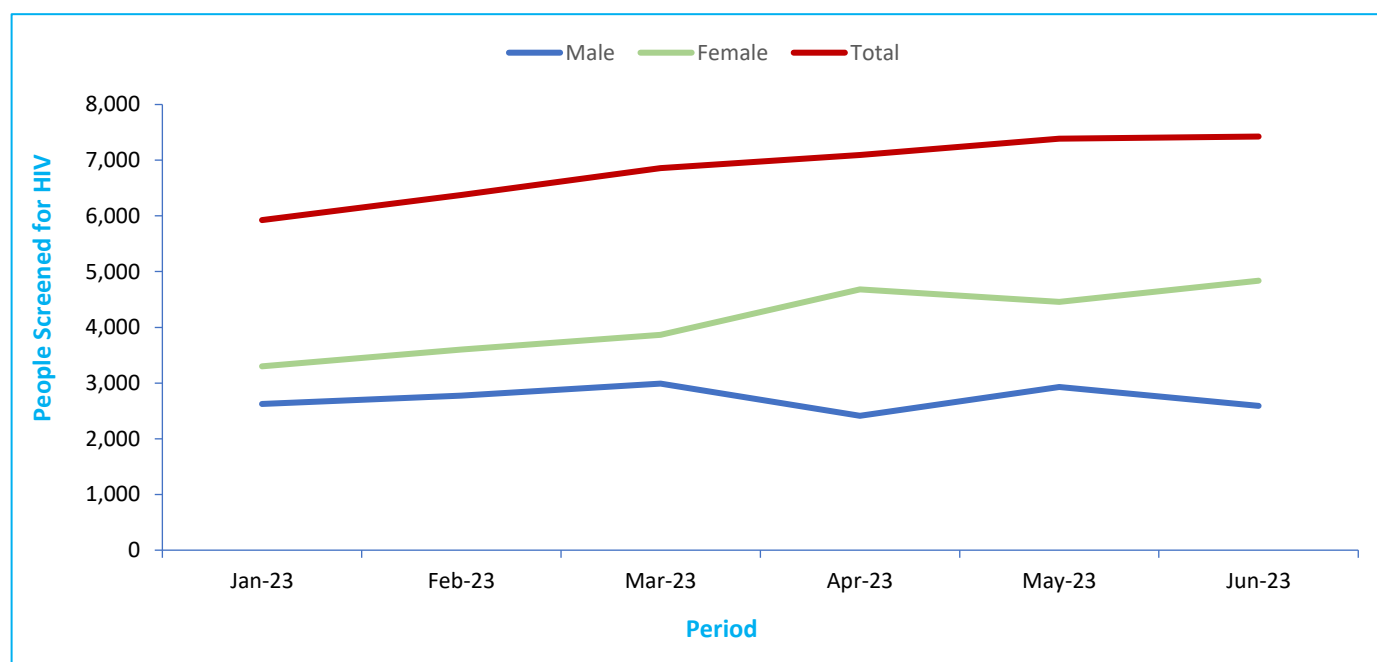


Figure 22: Trend of the people Tested for HIV







Ministry of Health has the responsibility to generate, analyze and disseminate health information to facilitate effective policy formulation, management, planning, budgeting, implementation, monitoring and evaluation of health service and program interventions in the health sector by all.

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