

# QUARTERLY HEALTH STATISTICS BULLETIN

Quarter 3, 2023



MINISTRY OF HEALTH  
AND HUMAN SERVICES



FEDERAL GOVERNMENT OF SOMALIA  
MINISTRY OF HEALTH AND HUMAN SERVICES



MINISTRY HEALTH AND HUMAN SERVICES

**SOMALIA**

QUARTERLY HEALTH STATISTICS BULLETIN


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JULY – SEPTEMBER 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

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This quarterly 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 quarterly 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 3 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).

Currently, the MOH implemented the Electronic Immunization Registry (EIR) within the DHIS2 this is the part of the digitalization efforts, office of the Director General promotes this milestone towards improving the immunization coverages among the children through building reliable routine immunization data. I call all the partners and donors interested in the health sector to put all their efforts and resource into the implementation and utilization of the EIR.

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.



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**Dr Guled Abdijalil Ali**

Director General

Ministry of Health & Human Services- Federal Republic of Somalia

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# ON-GOING INNOVATIONS AND DIGITAL ACTIVITIES IN THE HEALTH INFORMATION

DISPLAYING KEY HIGHLIGHTS AND ACHIEVEMENTS IN THE HMIS SECTION



## HARMONIZED HEALTH FACILITY ASSESSMENT

The Ministry of Health of Somalia aims to strengthen health care delivery and ensure equitable access to basic health care for all men, women, and children across Somalia. Primary health care is the foundation of the country’s health system, with a focus on essential, life-saving services for the poor and vulnerable and protecting households from the risk of impoverishment due to out-of-pocket spending on health care. The Ministry of Health with the support of the WHO and other partners conducted the Harmonized Health Facility Assessment that will further support the government implementation of the EPHS.

Health facility assessments are the gold-standard data collection methodology for generating information on service availability, readiness, and quality of care. In 2022, Somalia adopted the WHO Harmonized Health Facility Assessment (HHFA), which provides an approach for conducting a comprehensive assessment of health service availability, readiness and quality of care to further strengthen its efforts towards achieving Universal Health Care (UHC). The HHFA is a comprehensive, standardized health facility survey that provides reliable and objective information on the availability of health services and the capacities of facilities to deliver the services effectively.

The Ministry of Health, in collaboration with the World Health Organization (WHO), has successfully-

completed the validation of the HHFA data. Currently, the finalization and dissemination processes are scheduled to be completed by December, 2023 for use of data officially.

## ELECTRONIC IMMUNIZATION REGISTRY

Delivering vital immunizations remains a key challenge for the Ministry of Health. Issues such as inaccurate target population calculations for immunization rates, difficulty in uniquely identifying infants who drop out (defaulter tracing), and poor data visibility from facility to district levels for stock management persist.

To address these challenges, the Ministry of Health has decided to implement the Electronic Immunization Registry (EIR) within the DHIS2, with the support of its partners. Currently, EIR Training of Trainers (TOTs) has been conducted, and the pilot program is scheduled to be launched by December this year in selected health facilities in the Benadir Region.

The EIR is expected to significantly improve the availability of reliable routine immunization data. It will support program performance by aiding in the identification of defaulters, thereby reducing the number of zero-dose children. Additionally, it will contribute to increasing coverage rates, ensuring timely vaccinations, and enhancing stock management.

## HEALTH INFORMATION STRATEGY

The Health Information Section with the support of its partners prepared and finalized 5 years costed Health Information Strategy that will guide the HIS main priority areas. This strategy will Develop and implement legal tools and protocols for health information management. Also, will Increase the quality, reliability and validity of health and health related data and information, will Improve institutional capacity on data management, especially at facilities and district level on data compilation, analysis, interpretation, reporting, dissemination and use, will Enhance the national disease surveillance and response systems, including public health emergency and disease reporting system, will Strengthen monitoring and evaluation system and promote health research.

## PILOT OF ELECTRONIC HEALTH RECORDS IN BENADIR REGION HEALTH FACILITIES

The implementation of Electronic Health Records (EHRs) marks a significant milestone in enhancing healthcare services within the country. The adoption of EHRs is not only more cost-effective but also more reliable compared to traditional paper-based systems. Recognizing these advantages, the Government has strategically partnered with Spider to invest in and pilot the use of EHRs. This initiative aims to substantially improve the country's ability to establish an integrated Health Information System, elevating healthcare services and empowering the Ministry to promptly detect outbreaks in real-time.

The HMIS section has initiated the pilot implementation of EHRs, supported by the Government of Sweden through ESPIDER. Currently, the pilot phase has been launched in two health facilities in BRA, with plans for subsequent implementation in Galmudug and Puntland. It is worth noting that the two health facilities where RAAD EMR has been installed are integrated into the Health Management Information System (HMIS)-DHIS2.

The Ministry of Health plays a critical role in developing the second National Statistical Strategy. This strategy will enhance the country's capacity to generate reliable statistics, further supporting the government's ability to allocate resources to priority areas based on evidence-based data.

## INNOVATIONS AND UPDATES IN DHIS2

DHIS2 is a free and open-source software platform for the collection, reporting, analysis and dissemination of aggregate and individual level data, it's the most commonly used as Health Information Platform globally, the government of Somalia decided to utilize the DHIS2 as the national HMIS platform, there is no other vertical health data collection are allowed the country as outlined Ministry of Health key strategies and documents.

By utilizing the flexibility/features of the DHIS2 the HMIS section with the support of the HISP experts developed individual level data (tracker) case-based information such as:

**e-IDSR**-The Ministry of Health, with support from its partners, has successfully developed an electronic IDSR system, incorporating case-based data collection. Currently, this system has been implemented across all states. - The Electronic Integrated Disease Surveillance and Response (IDSR) System is a digital platform transforming disease monitoring and reporting at all levels. It enables real-time data collection, analysis, and sharing to swiftly identify and respond to health threats. By facilitating digital reporting of disease cases and outbreaks, it minimizes delays, enhances coordination between healthcare facilities, and empowers decision-making through data visualization tools and proactive alert mechanisms. Despite challenges like infrastructure limitations and data security, this system significantly improves data accuracy, timeliness, and accessibility, serving as a crucial tool for efficient and informed public health interventions.

**HIV tracker:** The Ministry of Health, with the support of its partners, has been working on the development of an HIV tracker digital implementation using an open-source platform DHIS2. This initiative aims to enhance the efficiency and effectiveness of electronic data recording and reporting for HIV-related information.

The HIV tracker system serves as a comprehensive platform designed to capture, monitor, and oversee both individual and aggregate HIV data, spanning from facilities to the national level. However, this system has not been implemented yet, as we are planning to conduct training sessions at all levels to facilitate its seamless implementation

**MICS**-The Somali National Bureau of Statistics, in collaboration with line ministries, is currently preparing and designing the Multiple Indicator Cluster Survey (MICS) with the support of Somalia's partners. This survey aims to provide vital information about child health, reproductive and maternal health, and the availability of improved drinking water among households. The training for enumerators and field data collection is scheduled to commence early next year in 2024.

# AVAILABILITY OF ROUTINE HEALTH INFORMATION

## HEALTH FACILITY REPORTING RATE COMPLETENESS

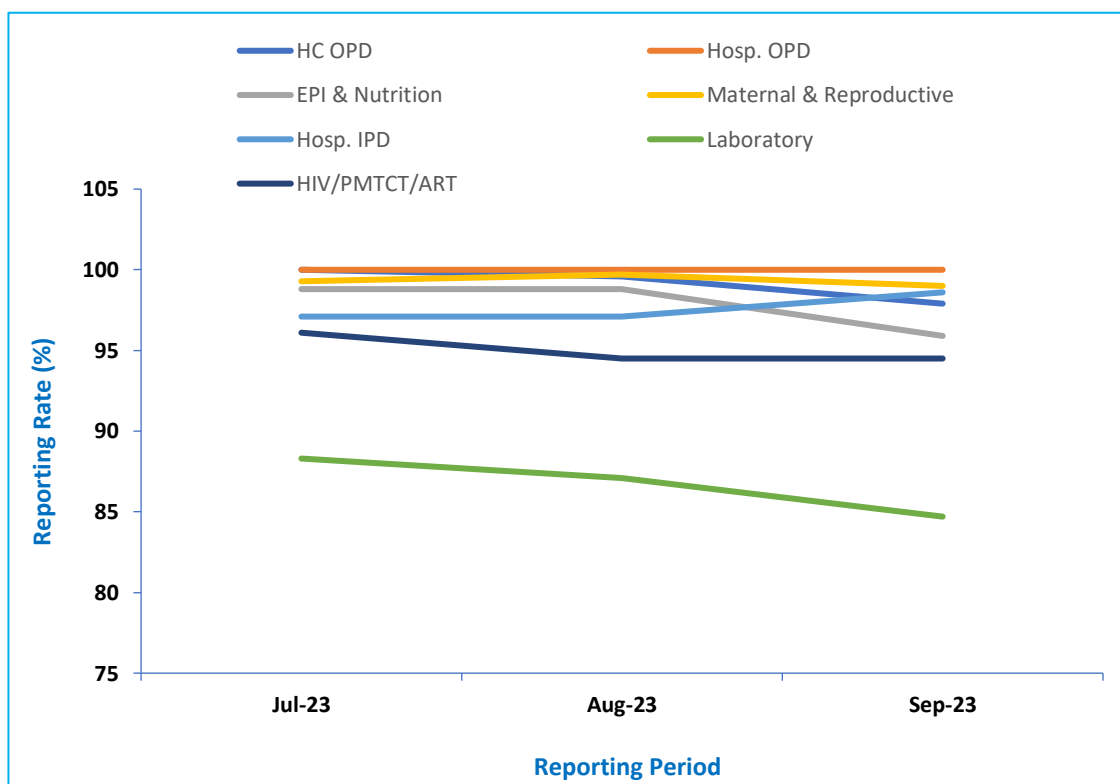
Decision-makers at all levels need reliable, timely and comparable health-related data to make evidence-informed policies and decisions, allocate and manage resources, analyze population health, monitor health systems performance and evaluate health reforms. According to the HSSP III and Investment Case for the Somalia Health 2022–2027, 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 Section 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 slight progress in terms of the number of health facilities reporting to DHIS2, we observed 9% of increase in July-September 2023 (579), comparing the same period in 2022 (532). Also, the Health Information has made a progress in terms of data set reporting rate, aggregate reporting rate were increased for 10.4% in this quarter, comparing the same quarter in 2022.

For the last 3 months, the monthly reporting rate of the all-data sets were above 94%, except the Laboratory data set which is almost above 85% this is due to lack of availability laboratory services in some health facilities. It is important to note that only a very small number of private hospitals are included in this data. However, as we continue to produce subsequent additions, we will work to improve the coverage of reporting rates from private hospitals in the report.

Figure 1: Trend of the Reporting Rate Completeness per data set



**95.8%**

Aggregate Reporting Rate for Q3 of 2023



**86.8%**

Aggregate Reporting Rate for Q3 of 2022

# SERVICE UTILIZATION -OPD & IPD

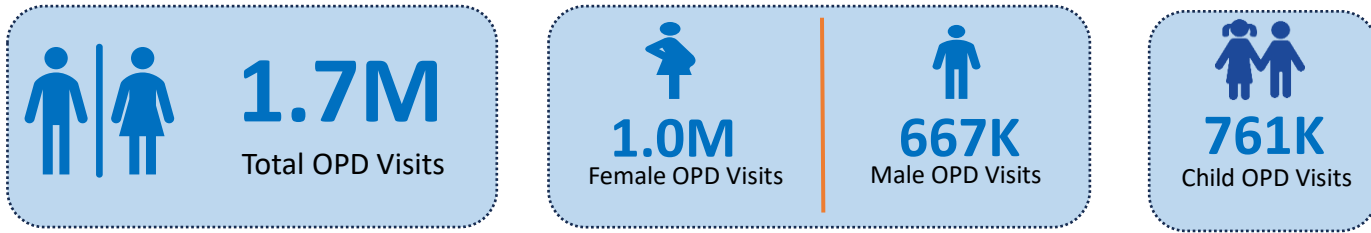
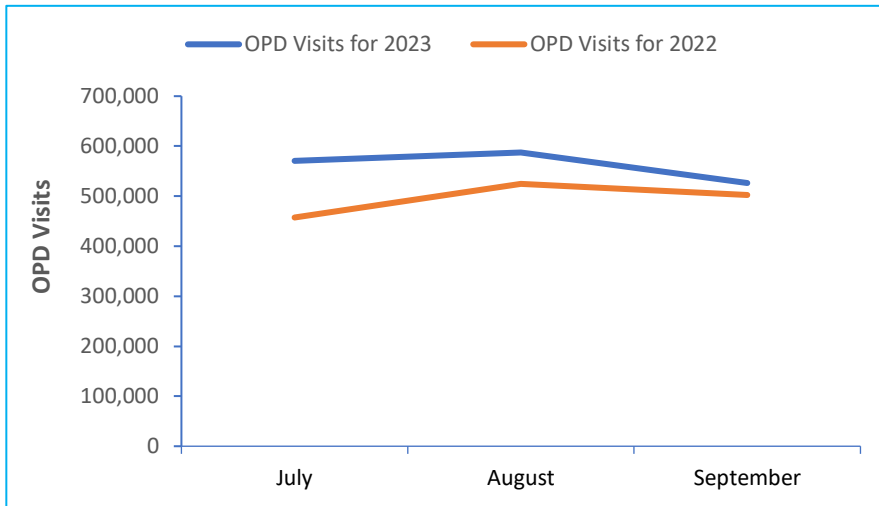


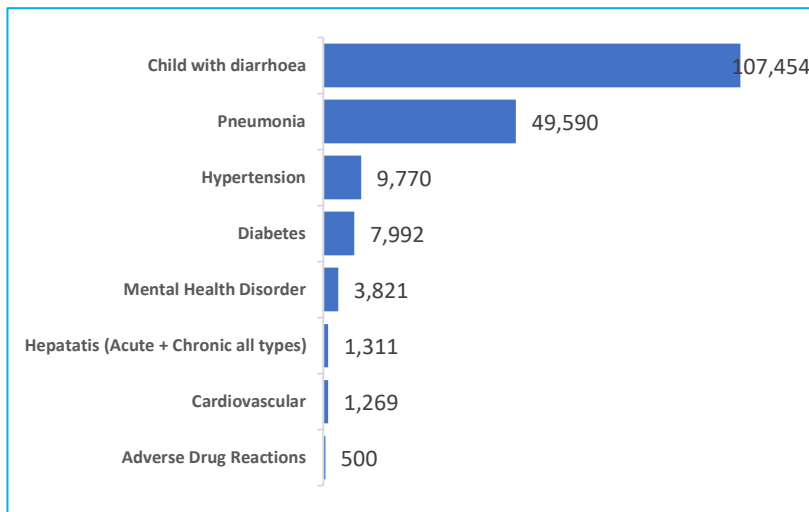
Figure 2: No. of the people visited the OPD for Quarter 3 of 2023



From July to September 2023, the ministry of health provided a total of 1.7 million patients OPD consultations in 579 public health facilities, those received their life-threatening health emergency services including; women and children. Additionally, 60% (1,018,845 out of 1,685,815) of the OPD consultations were females.

Figure 2: This quarterly Health statistics bulletin shows that 3% of increase for OPD consultations this quarter, comparing quarter 2 this year. The increase may attribute the Deyr floods as combined by El Nino floods.

Figure 3: Leading cause of Morbidity -OPD



In figure 3: showing the eight leading Morbidity cause in OPD, the highest leading cause seen in OPD was child Diarrhoea with 107,454 cases, and the least was an adverse drug reaction with 500 cases reported, during the reporting period 49,590 pneumonia cases were reported, 9,770 hypertensive cases reported of which 23% were new cases, and 7,992 diabetic cases reported of which 36% were new cases.

Figure 4: Leading cause of Admissions -IPD

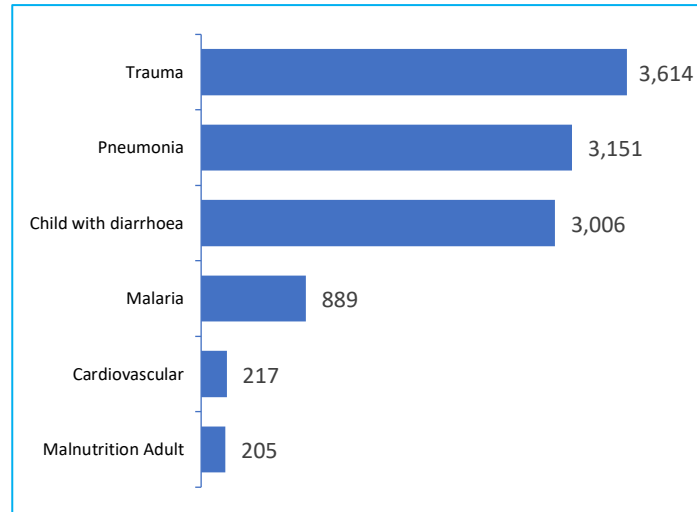
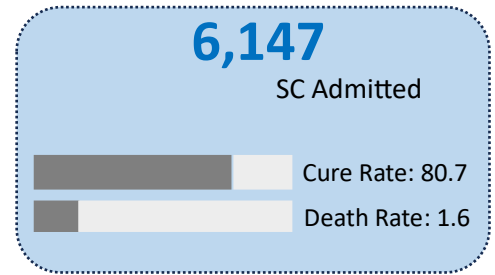
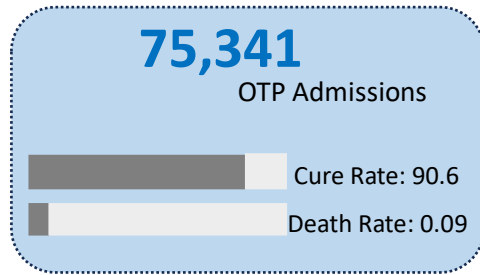
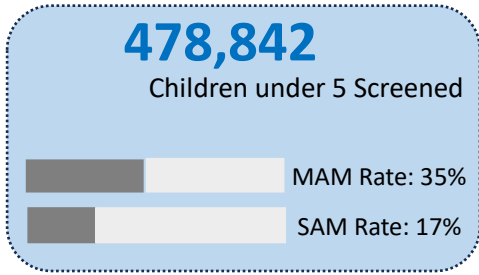


Figure 4: indicating the six-leading morbidity in IPD admissions trauma being the highest 3,674 cases of which 0.3%(died). And malnutrition in adult being the least 205. During the reporting period, a total of 3,614 trauma cases, 3,151 pneumonia cases, 3,006 children with Diarrhoea cases, 889 malaria cases, 217 cardiovascular cases and 205 adult malnourished cases were admitted to Inpatient Departments of the public health facilities across the country.

# NUTRITION



The Somalia's government is committed to improve the nutritional status of women and children in the country to achieve the UHC through evidence-informed information, the government's current commitment is guided by the routine health information in the DHIS2 produced by the health facilities across the country. For the last decades delivering nutritional services remained a key challenge; some of these challenges were lack of adequate information, but currently the government were fully integrated the nutrition data into the national HMIS platform (DHIS2), currently the government has adequate information on nutrition this will help the government to promote the child well-being.

Figure 5: Comparing the SAM Cases for 2022/23 for same quarter

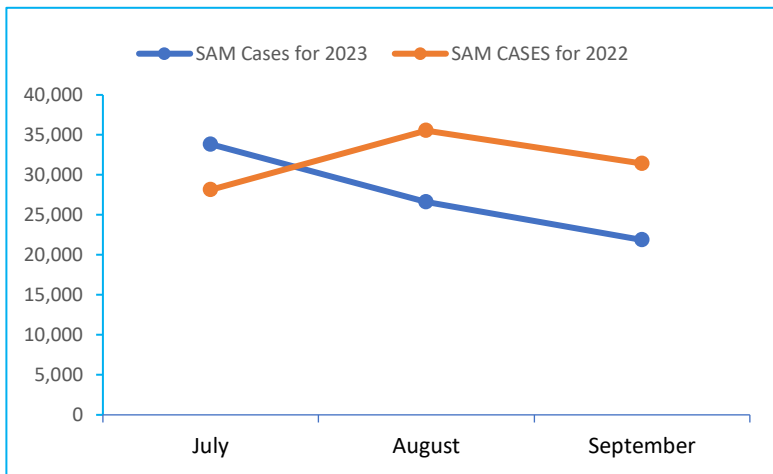


Figure 6: Distribution of SAM Cases by State, Q3 -2023

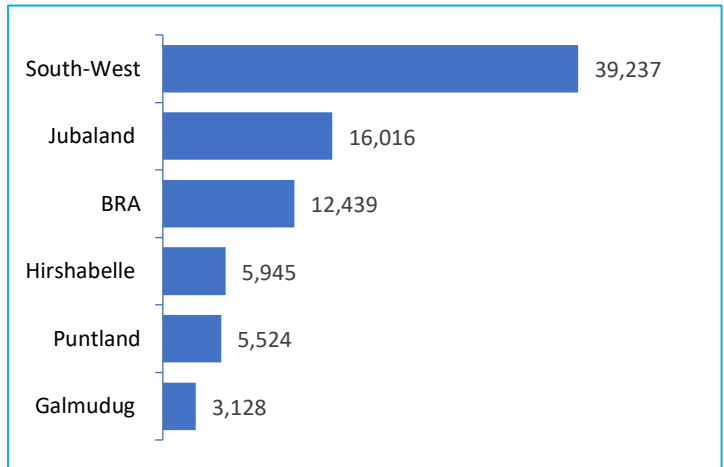


Figure 7: Comparing the MAM Cases for 2022/23 for same quarter

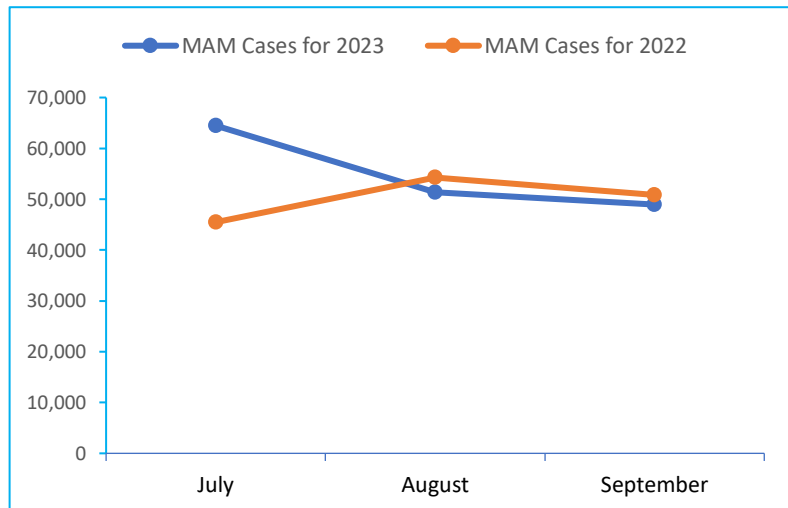
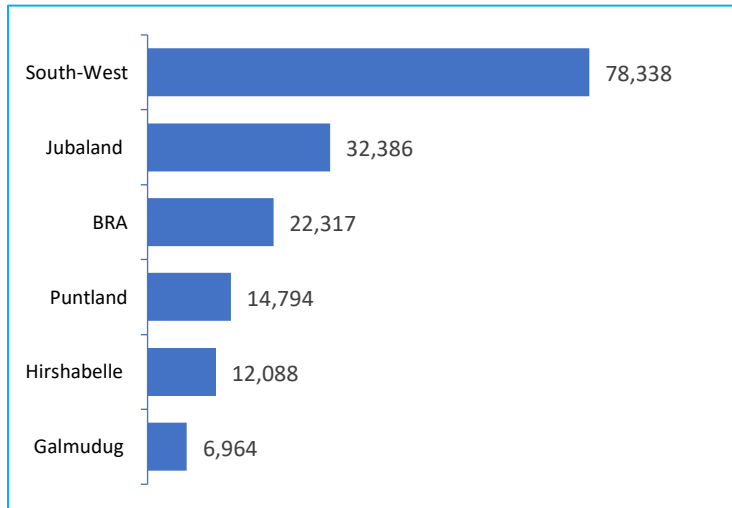


Figure 8: Distribution of MAM Cases by State, Q3 -2023



During the reporting period, 166,887 cases of MAM were reported, 45% of the MAM cases were reached and cured. Also, 82,343 of SAM cases were seen in the health facilities, only 8% of SAM cases were reached and cured in the stabilization centers across the country, 1.6% of the SAM cases reached were got died during the SC.

According to figure 6, showing that a significant decline for SAM cases this quarter, comparing the same period in 2022, this is the result of the government’s commitment towards improving the child well-being.

States reporting high burden of severe acute malnutrition (SAM cases) including South-West state, following by Jubaland and BRA respectively.

Figure 9: Trend of Vitamin A Supplementations

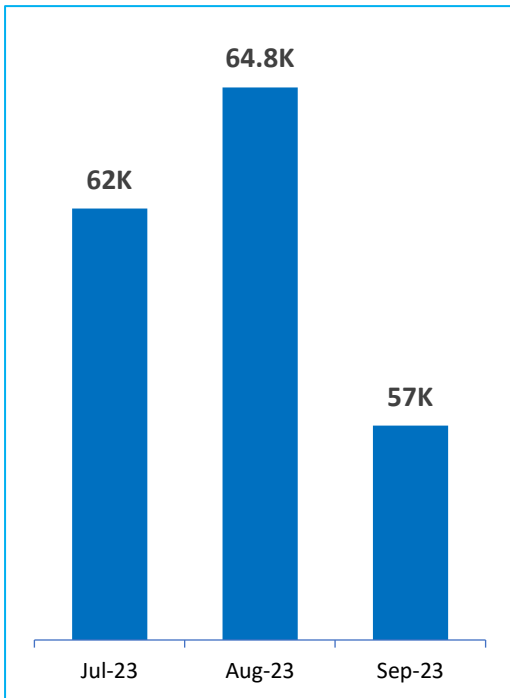


Figure 10: Trend of Deworming

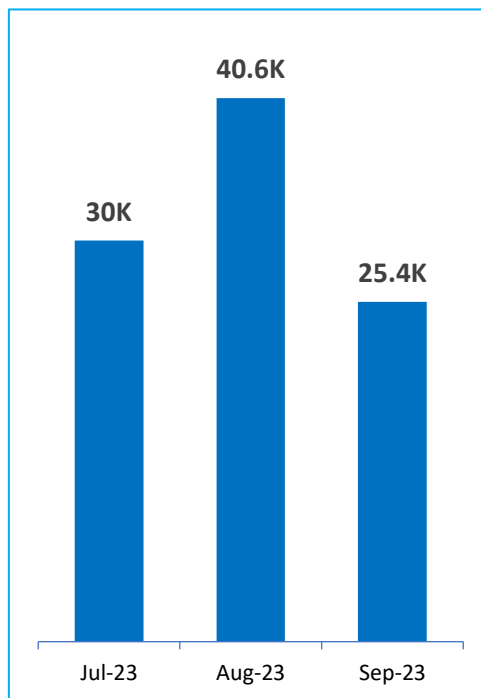
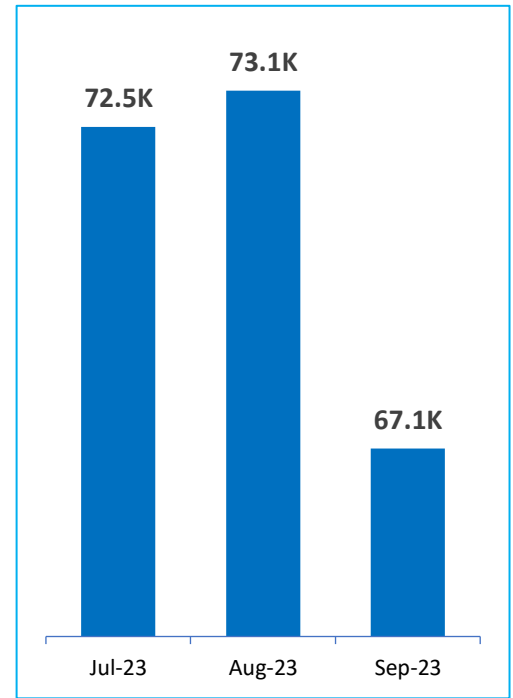


Figure 11: Trend of IYCF Counselling

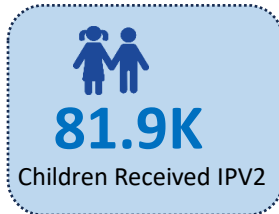
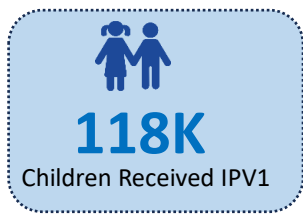
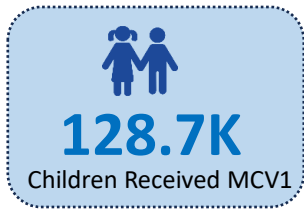


The Vitamin A, Deworming and IYCF are essential components of preventive child health care services provide to children under five years of age. During the reporting period a total of 183,750 received Vitamin A, this is about 73% of the malnourished children attended to nutrition centers in the 3rd quarter of 2023.

This means that 183,750 children received Vitamin A to help boost their immunity and prevent under five children from preventable disease and blindness. A total 95,887 received Deworming, this is about 39% of the malnourished children attended to nutrition centers in the 3rd quarter of 2023, were prevented from anemia and improved their nutrition status.

A total 212,681 received Infant and Young Child Feeding (IYCF) education sessions, this is expected to promote the mother behavior regarding breast feeding practices, that will further improve the immunity of the children.

# IMMUNIZATION- UPDATES



Immunization is one of the key pillars of the health services components in the EPHS framework of the ministry of health and human services. Also, Immunization is one of the most effective public health interventions, giving every child the opportunity to grow up health 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 quarter the ministry of health and human service has been made a huge progress towards an increasing the fully immunization coverage across the country through fixed and mass immunization campaigns.

To ensure childhood illnesses prevented, the Ministry of health with the support of its partners have reached 128,7000 children with MCV\_1, 118,000 children received IPV\_1, 81,900 children received Penta\_1 and 123,7000 children received penta\_3 antigens in the 3rd quarter of 2023.

The FMOH is committed to reduce the Zero dose children, the current drop-out rate for Penta\_1 to Penta\_3 is 13.4%, the results shows that the drop-out rates for Penta\_1 to Penta\_3 were declined for 1% this quarter comparing quarter 2 this year.

Figure 12: Trend of the children received their vital immunization

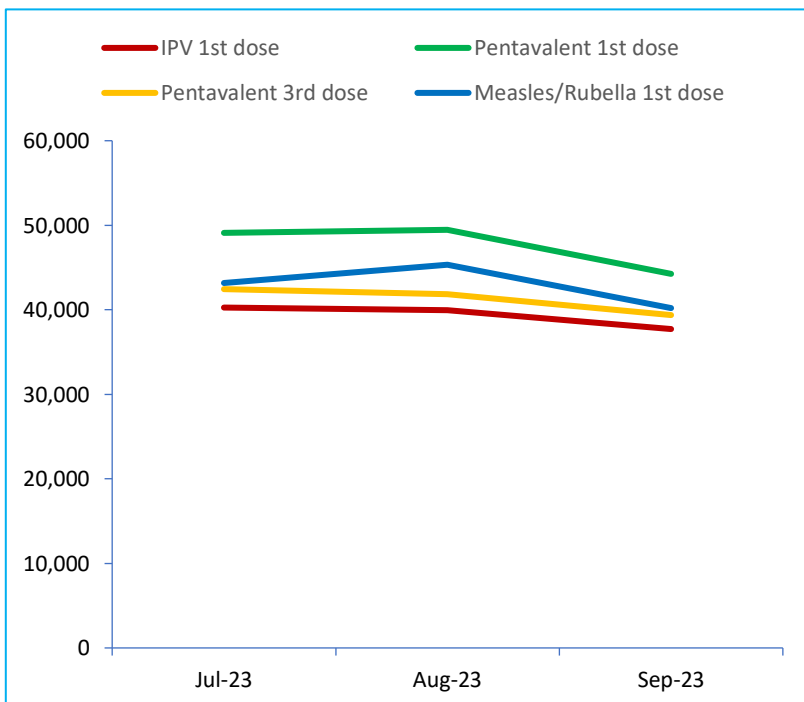
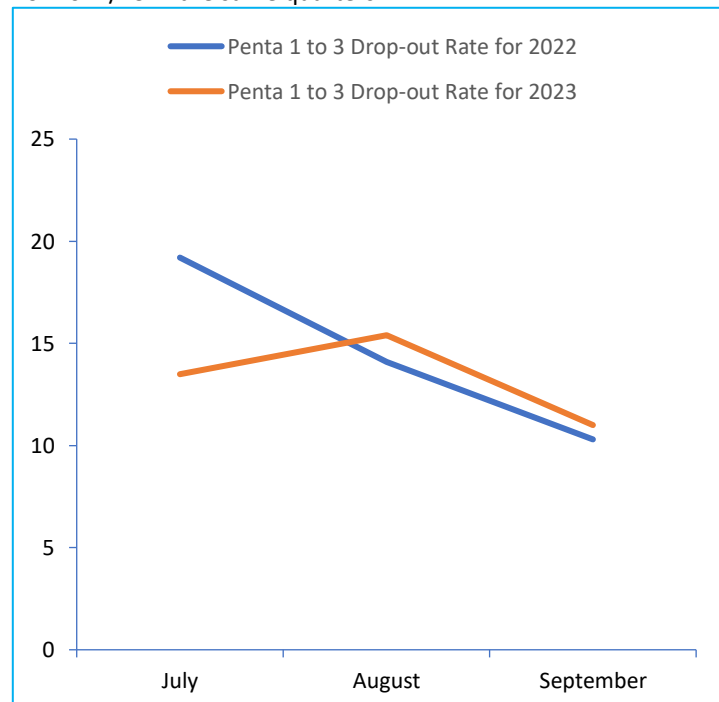


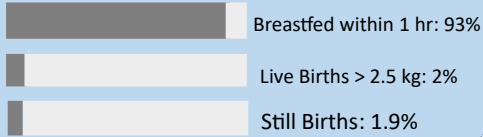
Figure 13: Comparing the Penta\_1 to Penta\_3 drop-out rates for 2022/23 in the same quarters



# REPRODUCTIVE & MATERNAL SERVICES

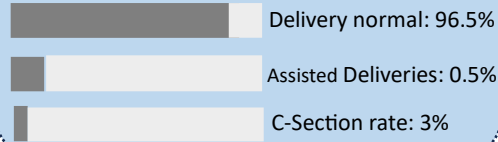
**71,607**

Live Births in a Facility



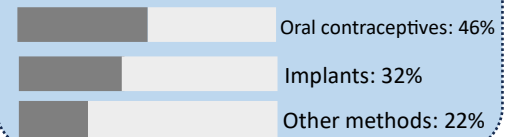
**73,313**

Total Delivery in a Facility



**12,003**

Newly Contraceptive Users



Monitoring the status of reproductive, maternal, and newborn health services, particularly for vulnerable pregnant women and girls in crisis situations, is an essential priority. This is due to the country having the highest rates of infant, child, and maternal mortality, standing at 76.6, 121.5, and 692 per 1000 live births, respectively. Under the strategic guidance provided by the 2020 The Somalia Health and Demographic Survey (SHDS), the Ministry of Health is closely monitoring the health situation of pregnant women and newborns to ensure they receive respectful healthcare services.

Based the data from the DHIS2 of the ministry of health and human services indicate that a total of 71,607 live births were conducted, 73,313 facility deliveries conducted, of which 96.5% were normal delivery, 0.5% assisted deliveries and 3% Cesarean section deliveries. During the reporting period total of 12,003 mothers received birth spacing services, of 32% received implants contraceptives, 46% received oral contraceptives and 22% received other contraceptives methods. The contraceptives services showed 2% increased utilization this quarter as compared same period of 2022. This is a result of leadership of the ministry of health in improving reporting rate and capacity building to the implementing partners who are reporting to the DHIS2.

During the reporting period, from July to September 2023, 576 public health facilities provided 191,614 ANC1 consultations, and 56,849 ANC4 consultations. This is the result of improving the antenatal services in the country.

Figure 14: Performance of Antenatal care Services

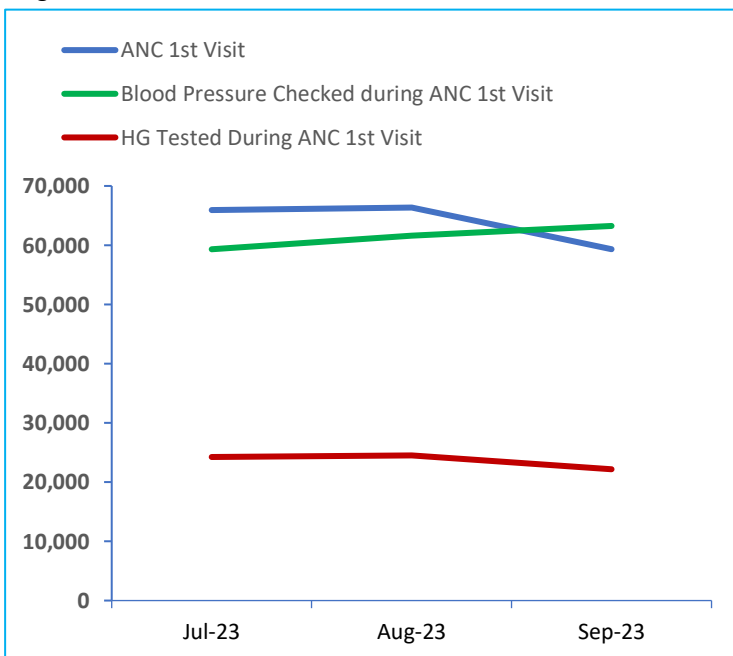


Figure 15: Comparing the trend of the contraceptive users for 2022/23

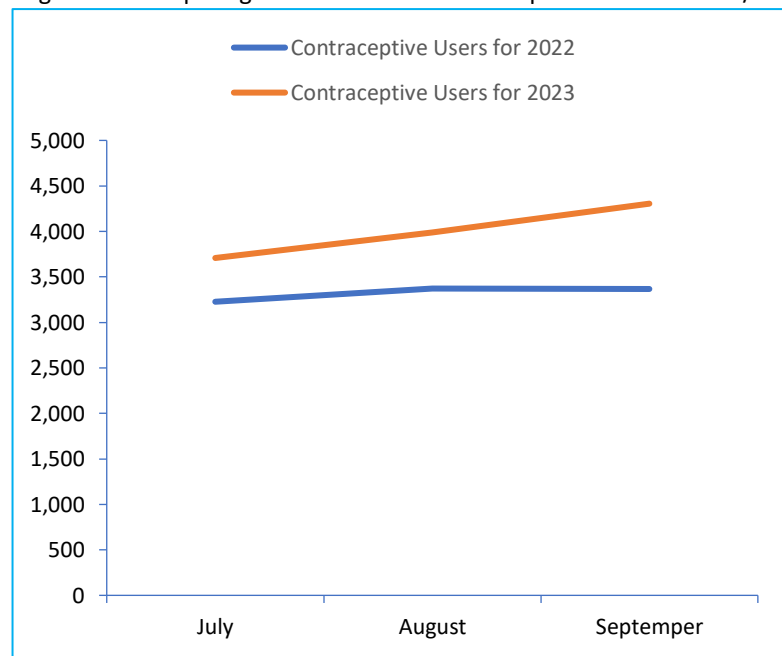


Figure 16: Comparing the ANC 1<sup>st</sup> Vs ANC 4<sup>th</sup> Visits

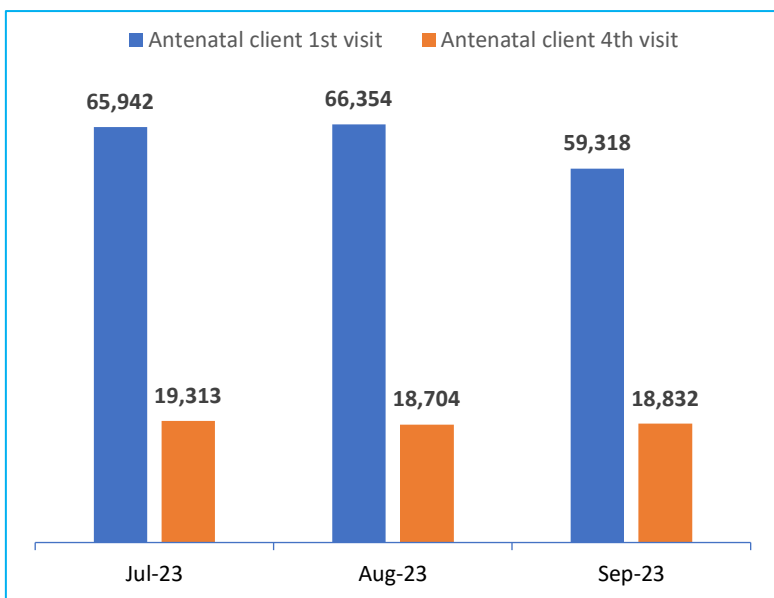
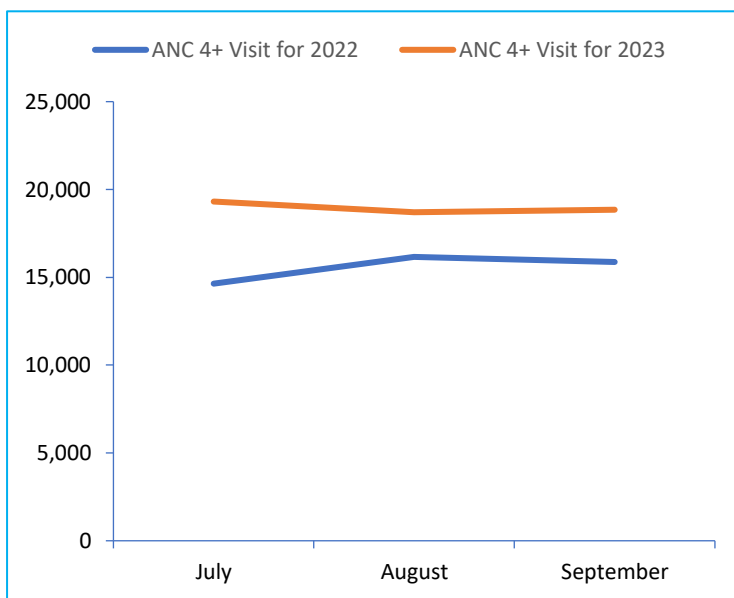



Figure 17: Comparing the trend of the ANC 4<sup>th</sup> Visit for 2022/23



## HIV TESTING

  
**21,393**

Cumulative number of the people tested for HIV from July to September 2023

  
**329**

Cumulative number of HIV positive cases from July to September 2023

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 22 HIV prevention, care and treatment centers across the country.

Based on the DHIS2 routine report from 171 public health centers across the country were screened 21,393 suspected cases of HIV/AIDs including women and children of which 329 out of 21,393 people tested were confirmed as HIV positive.

This indicates that the HIV detection rate was increased for 18.3% for this quarter (21,393) in terms of screening, comparing to the same period (18,088) in 2022.



## MALARIA



**66,953**

Total Malaria Cases Tested

4.4% (2,934 out of 66,953) were confirmed as a Positive



**2,934**

Malaria Positive Cases Treated

The government of Somalia remained committed to the on-going fights against Malaria by reaching zero malaria with the support of Global fund and the health partners, the FMOH has made a significance progress in expanding the coverage of key malaria interventions at the service delivery points, including the case management, and the distribution of Long-Lasting Insecticidal Nets (LLINs) to prevent the risk of mosquito.

Based on the routine health information in the DHIS2, the results shows that 67,035 malaria suspected cases were tested by RDT/slide, 4.4% (2,934 out of 66,953) suspected cases tested were found positive.

In addition, 52,165 LLINs distributed to the community at the service delivery points for this quarter.

# INTEGRATED DISEASE SURVEILLANCE AND RESPONSE (IDSR) UPDATES

Figure 18: Suspected Cases of 5 Public Health Priority Diseases

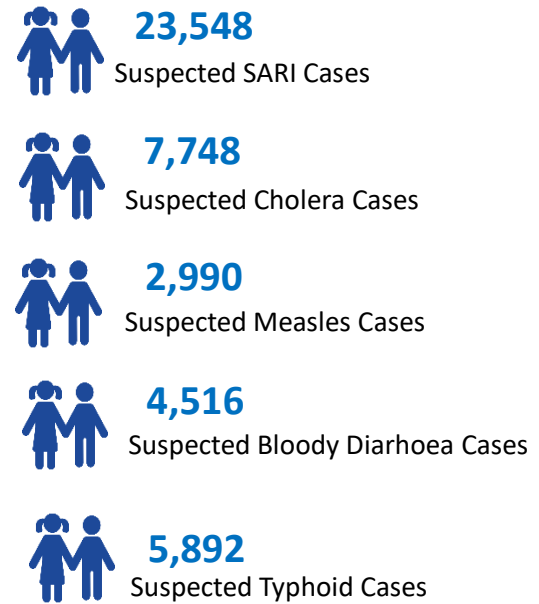
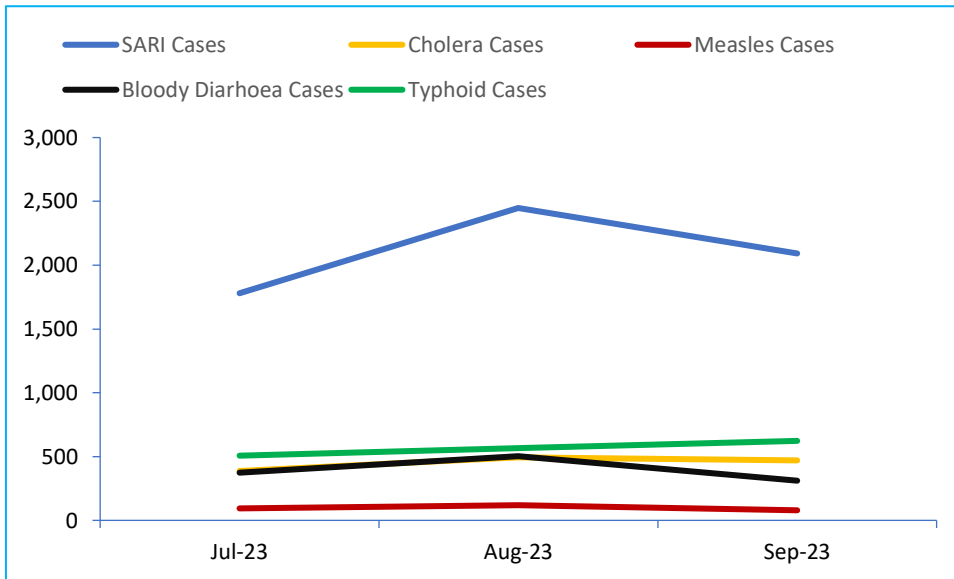
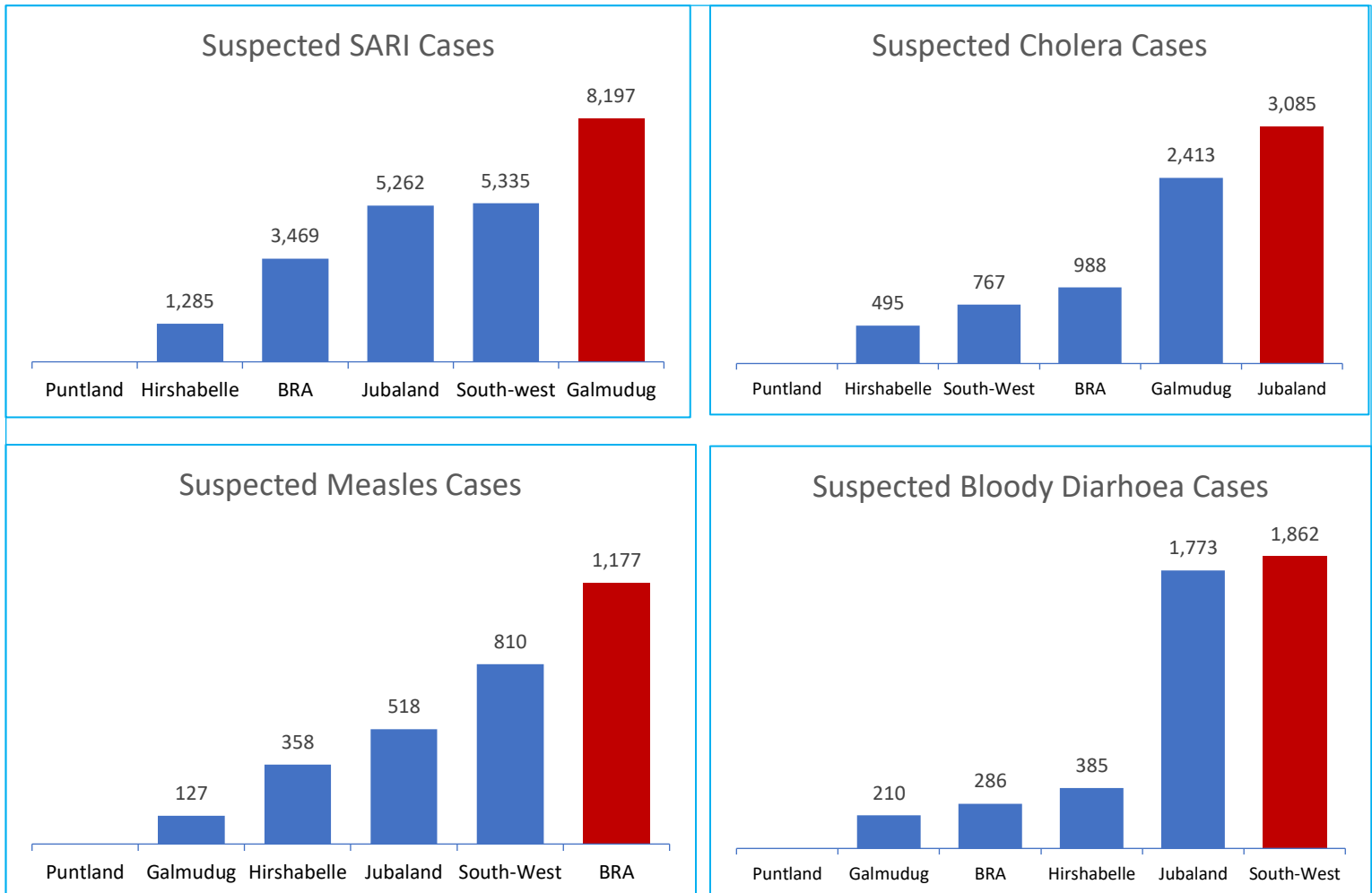


Figure 19: Distribution of Selected Public Health Priority Diseases Across the Country






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. ***Please help us improve future editions by sending your comments and suggestions to:***

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