

Somalia

The security situation in Somalia deteriorated further in 2010 and while needs have grown, basic medical services continue to dwindle. Despite a number of incidents directly affecting its staff in recent years, MSF is still working in the country.

International staff are unable to stay for long periods in Somalia due to the security risks, so MSF's projects depend heavily on the commitment of Somali staff, supported by teams of specialist staff based in Nairobi who visit the projects when possible.

Mogadishu

Fighting in Mogadishu was continuous in 2010, with major offensives in February and during Ramadan in August. It is estimated that only 500,000 people remain in the capital. For these remaining residents, healthcare facilities are virtually non-existent. There are two public hospitals, which provide surgery only for war-related injuries. The few clinics that are running charge fees for services that are of unreliable quality.

Daynile hospital is nine kilometres northwest of Mogadishu. MSF provides free emergency surgery and care for the war-wounded. The hospital has 59 beds and is equipped with two operating theatres and an intensive care unit. MSF also provides financial support and medical supplies. In 2010, more than 5,500 patients were admitted to the emergency department. Staff performed 1,136 surgeries.

Since it was forced to suspend activities in north Mogadishu in July 2009, MSF has provided short-term emergency assistance on several occasions. The resumption of activities in south Mogadishu, home to many displaced people and a scene of frequent conflict, is scheduled for early 2011.

In September, the agreed collaboration between Dr Hawa Abdi and MSF came to an end and MSF ceased its activities in Hawa Abdi, an area on the outskirts of Mogadishu mainly inhabited by displaced residents of the city. Over three years, the team had admitted over 8,000 children to its paediatric department, more than 34,000 children received treatment for malnutrition, and more than 330,000 consultations had been carried out. MSF continued to support the community hospital in Afgooye: staff provided maternity and general medical services, consultations and an outpatient feeding programme for children under five.

Regional healthcare services

In the rural districts of Jowhar, Mahadaay and Balcad, in the Middle Shabelle region in central Somalia, MSF works from a network of four health centres. Through mobile and fixed clinics, staff offer general healthcare, mother and child care, a nutrition programme, and an extended immunisation programme. In June, MSF teams began providing tuberculosis diagnosis and treatment in the districts of Mahadaay and Gololey.

Teams provide care in hospitals and clinics in another five regions, working in the towns of Belet Weyne, Dinsor, Dhusa Mareb, Galkayo, Guri El, Hinder, Jamaame and Marere. Staff offer maternal and paediatric care, general medical care and treatment for malnutrition. Altogether, more than 240,000 consultations were carried out in the hospitals. Belet Weyne, Guri El and Galkayo hospitals also have surgical departments. In April 2010 MSF set up a one-week “eye surgery camp” with the organisation Right to Sight in Galkayo, which is in the Mudug region in northern Somalia. More than 3,000 people were screened for sight problems and more than 600 had operations to help them regain their sight.

In Marere, in Lower Juba region, the provision of medical care became more difficult after the local administration imposed a number of restrictions on operations, including a ban on receiving medical supplies by plane and a prohibition on visits from international staff. These measures significantly disrupted support to the project, while flooding, droughts and bad harvests increased health needs. Nonetheless MSF staff managed to carry out 46,315 consultations and admitted almost 2,000 patients to hospital.

Telemedicine in Guri El

In December, MSF launched telemedicine technology in Istarlin hospital in Guri El, central Somalia, in order to provide direct and real-time support to doctors working in the paediatric department from a medical specialist based in Nairobi. The nine telemedicine consultations that were held in December had excellent results, and the plan is to expand the use of telemedicine to other departments.

Natural disasters

In Belet Weyne, central Somalia, after severe flooding led to the displacement of over 10,000 people, MSF teams distributed plastic sheeting to help build temporary shelters and screened children for malnutrition.

Galgaduud experienced a significant drought at the beginning of the year. The teams working in Dhusa Mareb, Guri El and Hinder trucked water to people living in the towns, delivering 2.9 million litres.

Somaliland

Somaliland declared independence from Somalia in 1991. The international community, however, continues to recognise it only as an autonomous region of Somalia. Somaliland has few natural resources and continued to suffer from drought, lack of infrastructure and lack of quality healthcare in 2010. Clan rivalries and tensions were held in check by government and traditional leaders, and Somaliland remained relatively stable.

Ceerigabo hospital is the main referral centre for Sanaag region, but it was barely functioning when MSF's team arrived in June. MSF staff supported the emergency surgery department, the paediatric and maternity wards, and have established links with health centres in the area to encourage referrals. Between June and December staff performed 28 major surgeries, admitted 127 patients to the surgical ward, delivered 181 babies and admitted 68 children to the paediatric ward.

In Hargeisa, regional capital of Maroodi Jeex region and capital of Somaliland, MSF provided free basic healthcare to people who are not recently displaced but still live in camp conditions and cannot afford to pay for healthcare. MSF staff carried out more than 11,400 consultations with children under age five and more than 3,500 antenatal consultations.

Measles vaccination campaign

Vaccination coverage in Somalia and Somaliland is poor. MSF carried out a measles immunisation campaign for children under 15 and a tetanus vaccination campaign for adults aged between 15 and 49. The campaign focused particularly on increasing the number of women protected against tetanus, as they are more susceptible to infection.

The campaign took place in a district in Woqooyi Galbeed, Somaliland, and in two districts in Galgaduud, central Somalia. Staff trained a team of "community mobilisers" to provide information about the vaccine and the date and location of the vaccinations. A telecommunications company also publicised the campaign by sending key information to its mobile phone subscribers. Almost 6,400 children were immunised against measles and almost 6,300 women were vaccinated against tetanus.

MSF has worked in Somalia since 1991.