REACHING OUT
- MÉDECINS SANS FRONTIÈRES IN SOMALIA

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TABLE OF CONTENTS

MAP OF SOMALIA	3
INTRODUCTION: AN EXCEPTIONAL YEAR	4
MUDUG REGION: CROSSING THE GREEN LINE	6
GALGADUD: BRANCHING OUT	8
BAKOOL: INCREASING NUMBERS, UNCHANGING NEEDS	10
JOWHAR AND MAHADAY: REACHING OUT TO RURAL AREAS	12
BAY REGION: MEDICAL RESPONSE TO INSTABILITY	13
MOGADISHU: MEDICAL AID IN A BULLET-SCARRED CAPITAL	15
LOWER JUBA: A MARGINALISED PEOPLE IN A NEGLECTED COUNTRY	17
EXPANDING OUR WORK AND RESPONDING TO EMERGENCIES	19
HOPING FOR HELP	21
LIST OF ACRONYMS	22

MAP OF SOMALIA

Somalia, at the Horn of Africa, East Africa

AN EXCEPTIONAL YEAR

With the rise and fall of the Union of Islamic Courts, the establishment of a weak Transitional Federal Government and Ethiopian troops crossing the border to fight in Somalia, the turbulent past year briefly placed Somalia on the international agenda.

But despite the international interest, the deplorable humanitarian conditions that Somalis are forced to endure remain grossly underreported. Floods, wars and droughts only exacerbate the suffering in a country where one in 10 women dies during childbirth (Lifetime Risk of Maternal Mortality)[1] and approximately 22.5% of children die before their fifth birthday.[2]

Somali health standards are among the worst in the world. Malnutrition is chronic and in many places above the threshold that would cause an emergency intervention in other countries. Tuberculosis infection is rampant. Rare but fatal diseases like kala azar are endemic in certain areas. Many children die from easily curable disease every day, including malaria and respiratory infections.

A vast majority of Somalis have no access to healthcare. What little medical aid there is, is privatised and costly and therefore out of reach for most.

Since the country's last President with widespread authority, Siad Barre, was ousted in 1991, the estimated 11.5 million[3] Somali people have been without a functional central government providing any kind of public health services. 350,000 people are thought to have been internally displaced and 300,000 have sought refuge abroad. An additional 321,000 were displaced by the fighting in Mogadishu in early 2007.[4]

MSF has worked in Somalia for over 17 years. At the time of going to press, we have over 50 international and around 600 national staff working in 10 out of 11 regions in south and central Somalia, covering basic medical needs for tens of thousands of people.

Each location is unique in the clan makeup, the people in charge, the security arrangements necessary, and in some cases, the prevalence of diseases. All locations share huge needs and a war economy that has not allowed a governmental structure to provide any social services for over a generation. But many areas are inaccessible to MSF due to insecurity. For the same reason, patients are not always able to reach our facilities.

1 Data from UNFPA, UNICEF, WHO, 2000
2 UNICEF, 2005
3 Economist Intelligence Unit Country Report, Somalia, May 2007
4 UNHCR, April 2007

2006 was an exceptional year for MSF's projects in Somalia. Our staff performed more than 300,000 outpatient consultations, and 10,000 inpatients were admitted in our hospitals. Many of MSF's established projects have increased and expanded their activities in the past year. For instance, in Xudur health centre (Bakool region), consultations for kala azar patients rose by 530% between 2004 and 2006. In the same period, adult inpatient admissions rose by 83%, overall outpatient consultations by 58% and under 5 consultations by 65%. Quality indicators, such as cure rates, have also risen dramatically in the same period. Many of MSF's other projects throughout Somalia have seen similar growth.

In 2006 and early 2007 MSF also opened new projects in the regions of Galgadud (Dhusamareeb and Guri El), Hiraan (Belet Weyne) and Lower Juba (Jamaame). Likewise, in 2007 activities were also opened on an emergency basis in Afgooye, Hinder, Gal Hareeri and Mogadishu in
response to outbreaks of cholera and/or displaced people fleeing the capital.

MSF's presence shows that it is possible to provide both primary and, in many cases, secondary health services in Somalia. Even so, MSF is sometimes forced to suspend its
medical activities and evacuate international staff due to growing insecurity. At times of international staff evacuation, MSF projects continue to run under the management of
Somali personnel, who make up the backbone of our work in Somalia.

This document provides a closer look at MSF's efforts to alleviate the desperate medical situation Somalis continue to endure; a dramatic situation that receives little attention from either international donors or the international media. It provides a comprehensive overview of MSF's activities in Somalia in 2006 and early 2007.

MSF has increased its operations tremendously in Somalia in the past years, but our efforts are still a mere drop in the ocean compared to what is needed. We hope that our commitment to providing quality medical care in Somalia is not the exception and call on the international community to do more to assist the Somali people.

MUDUG REGION: CROSSING THE GREEN LINE

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The town of Galcayo is in the Mudug region of central Somalia. Rivalry between two clans has divided the town and an invisible "green line" separates North Galcayo from South Galcayo. People find it difficult to cross that line, although it has recently appeared to become a bit easier, particularly for women and children.

MSF started working in North Galcayo Hospital in 1997, serving thousands of people from hundreds of kilometres around the town.

In 2003, MSF also started working in South Galcayo Hospital, providing hospital services to a population that had been largely cut off from accessing services in the North.

Unfortunately at the end of June 2006 MSF had to withdraw its support to the hospital in the North due to differences of opinions with local authorities over the quality of healthcare and staffing.

However, TB care continues in the facility and MSF can provide life-saving treatment to 500 patients per year.

BASIC HEALTHCARE SOUTH GALCAYO

Project objective:
To provide basic health care and nutritional services in south Mudug while advocating on behalf of, and being near, the population.

Activities:
South Galcayo Hospital: Outpatient curative and preventative services including maternal care; inpatient, paediatric, maternity including emergency obstetric care, therapeutic feeding; tuberculosis treatment. Surgery for violence-related traumas.

North Galcayo: MSF TB centre, provision of treatment to TB patients.

The South Galcayo hospital is one of the few centres in central/south Somalia which offers surgical care — a life saving action for emergency obstetric cases and for the many wounded from violence. The hospital is treating over 500 victims of violent trauma per year on an ongoing basis. MSF offers in- and outpatient services, paediatric and maternal care, treating, on average, over 3,500 patients each month. The team has the capacity to respond to outbreaks such as cholera, measles or meningitis.

In 2006, MSF treated I2,530 patients in North Galcayo. In the South, MSF staff performed 2I,424 outpatient consultations, assisted in the delivery of 376 babies, and 629 seriously malnourished children were admitted to the feeding programme.

Ten international staff and approximately I50 Somali staff run the project. Over the past year the hospital has expanded despite frequent evacuations of the international team.

When the North Galcayo project was closed, MSF's international staff had to be evacuated for four months. During that time, Somali staff continued working in the South Galcayo hospital.

Since January 2007, the international team has been permanently back on the ground.

GALGADUD: BRANCHING OUT

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The 300,000[5] people of central Somalia's Galgadud region have been in dire need of quality medical care for years. In January 2006, MSF opened a project in Galgadud, offering acute medical care and life-saving surgery free of charge.

In Guri El town, MSF supports the 80-bed Istarlin Hospital. The hospital receives patients from the surrounding 250km.

Guri El is on the road between Mogadishu and Galcayo. Many of the trauma cases at Istarlin Hospital are victims of traffic accidents. Gunshot wounds and other injuries from fighting add to the hospital's surgical admissions. The bulk of the other surgical interventions are the result of complications during childbirth.

During 2006, over 18,000 people received consultations and free medication in the outpatient department (OPD) of Istarlin. 1,672 serious cases from the OPD were admitted to the inpatient department. A comprehensive mother and child healthcare (MCH) component is being introduced in 2007, including surgery for life saving deliveries.

Over 270 surgical interventions were performed in the last 10 months of 2006.

HEALTH ASSISTANCE GALGADUD

Project objective:
To provide quality healthcare in the northern Galgaduud region and improve the health status of the general population.

Activities:
Dhusamareeb Hospital: OPD and TB treatment.

Istarlin Hospital: Guri El town: Surgery, OPD, MCH, inpatient department (IPD), paediatric IPD and therapeutic feeding centre. Lab and x-ray facilities are provided.

Hinder Health Post: Under construction. OPD and referrals to other MSF health structures.

[5] WHO populations figures from polio eradication campaign, 2006

MSF also has an outpatient health centre in the regional capital, Dhusamareeb, 65km from Guri El. In 2006, over 6,400 OPD consultations were given. MSF is implementing TB treatment there in 2007.

Given that all figures rose during 2006, MSF expects significantly more patients in the coming year.

MSF is also constructing an outpatient centre in Hinder, which is planned to open in summer 2007.

Seven international and 70 national staff run the MSF project in Galgadud.

BAKOOL: INCREASING NUMBERS, UNCHANGING NEEDS

© Henrik Glette/MSF

Poverty, drought and the absence of public services largely define the daily life of Bakool's mostly pastoral and nomadic population. The main source of free medical care is the MSF network of health posts, centred around the organisation's health centre in the regional capital, Xudur.

The MSF health centre was established in 2000. Since then, the organisation has set up four health posts, reaching out to local communities and providing better medical coverage in the region. Trauma, respiratory infections, urinary tract infections and malnutrition are among the pathologies that would go untreated and claim many lives if MSF were not present in the region.

In Bakool, MSF also focuses on treating kala azar – 'black fever' – and TB. In 2006, MSF treated 1,002 children with kala azar. This is a huge increase from 2005 when 259 children were treated.

PRIMARY HEALTHCARE BAKOOL

Project objective:
To provide basic healthcare in Bakool region, with an emphasis on quality treatment for neglected diseases like TB and kala azar.

Activities:
Health centre in Xudur town with OPD and IPD.

The OPD mainly treats lower respiratory tract infections, urinary tract infections and trauma.

An MCH component addresses issues of Mother and child health during and after pregnancies.

The IPD consists of adult and paediatric wards, a kala azar ward, TB ward and Therapeutic Feeding Center (TFC).

Outreach activities:
Health posts in El Berde, El Garas, Labatan Jerow and Rabdurreh provide primary healthcare and refer TB and kala azar patients to the health centre in Xudur. There are nutritional screenings in Xudur, Istorte and Rabdurreh, with severe cases referred to TFC in Xudur.

Surveillance of diseases with epidemic potential is carried out.

In 2006, the Bakool project admitted 284 severely malnourished children (a 40% increase compared to 2005). 139 patients were enrolled in the health centre's TB treatment programme. The IPD facilities treated 580 general and 1,236 paediatric patients in 2006, not including the TB and kala azar departments.

MSF also runs four health posts in the Bakool region; in El Garas, El Berde, Labatan Jerow and Rabdurreh. The health posts provide primary healthcare and can refer patients to the health centre in Xudur. Nine international and 130 local staff ran the MSF Bakool project in 2006.

The target population are the 246,000[6] people living Somalia's Bakool region. In total, the Xudur health centre and surrounding health posts provided 45,000 patients with OPD and MCH consultations in 2006. This represents a 25% increase in the total number of consultations in the Bakool project from 2005.

[6] WHO population figures from polio eradication campaign, 2006

JOWHAR AND MAHADAY: REACHING OUT TO RURAL AREAS.

© Juan Carlos Tomasi

MSF began providing primary healthcare in the Jowhar and Mahaday districts of Middle Shabeelle region in November 1992.

Eight international staff and around 100 Somali staff run the project. An increasingly unstable context has forced MSF's international team to evacuate several times. However, the programmes have continued without interruption, thanks to Somali staff members, most of whom have been with the project since it started.

Today, MSF continues to provide basic healthcare through a network of six health centres in the rural districts of Jowhar and Mahaday, including mother and child services, and epidemiological activities through three mobile teams.

In February 2007, MSF opened a maternity ward in Jowhar. Sixty deliveries and 10 caesarean sections were done in the first month of operations. MSF also hopes to open a TB pilot project in the town of Mahaday in 2007.

There are 105,000 direct beneficiaries, from a target population of 175,000.

MSF provided 103,390 outpatient and 19,142 pregnancy care consultations in 2006. The most important diagnosis were upper respiratory tract infection, lower respiratory tract infection. A measles vaccination campaign for children between 6 months and 15 years old, also took place, reaching over 3,600 children. Most of the target population is rural, and includes members of the minority Bantu ethnic group.

PRIMARY HEALTHCARE AND MATERNITY MIDDLE SHABEELLE

Project objective:
To provide basic health services, epidemiological surveillance and response to emergencies in the districts of Jowhar and Mahaday.

Activities:
Network of six health centres, providing outpatient preventive and curative services, mother and child care and epidemiology points; three mobile epidemiology teams throughout both districts and one maternity in town.

Response to emergencies:
26,387 children vaccinated in the measles mass vaccination campaign (between March and April 2006) and distribution of 16,632 mosquito nets in 58 villages affected by the floods of October and November 2006.

BAY REGION: MEDICAL RESPONSE TO INSTABILITY

© Marcus Bleasdale

The Bay region of south-western Somalia was one of the epicentres of the famines of 1990 and 1991. The region has been particularly unstable since 1996. Invasion, shifting alliances and armed conflict among militia groups have led to widespread suffering for a people living without even the most basic health services.

Dinsor is in the middle of the Bay region, with an estimated population of 20,000. The small town is a marketplace for the region. Herds of camels are gathered in Dinsor before being marched off to be sold in Mogadishu.

It is also the site of the MSF health centre, providing Dinsor and its surroundings with free medical care. Some seven international and more than 100 national staff run the Dinsor health centre.

The target population of the health centre's OPD is approximately 28,000 people from Dinsor and the surrounding 20km. The OPD performs more than 4,000 consultations a month, a total of 52,713 in 2006.

The 65-bed inpatient department serves Dinsor district's approximately 100,000 people. In 2006, 2,459 patients were admitted. The health facilities also receive patients from Bardera, Buale and Baidoa areas.

DINSOR HEALTH CENTRE

Project objective:
To provide adequate primary and secondary level healthcare in Dinsor district and the Bay region, and to react to any unattended emergencies in the surrounding area.

Activities:
Outpatient department:
Treatment of respiratory tract infections, hypertension, diabetes, skin diseases, sexually transmitted diseases, urinary tract infections and some diarrhoea and malaria.

Inpatient department: Trauma, respiratory tract infections, life saving surgical activities including caesarean sections, tuberculosis treatment, Kala Azar and treatment of severely malnourished children.

In September 2004, MSF started treating TB in Dinsor. In the first half of 2007, 413 patients were enrolled in the programme.

MSF's TFC in Dinsor usually admits 10 malnourished children a month. However, in January 2006, the number of admissions multiplied by almost 10, and a total of 1,429 severely malnourished children were eventually integrated in the feeding programme in 2006.

During that same period, MSF started scaling up activities in and around Dinsor in response to the drought. A nutritional survey was conducted in Qansah Dheere district, 80km north of Dinsor. MSF constructed a new TFC building in Dinsor town in the summer of 2006, opposite the health centre, with a 75 bed capacity, and started mobile nutritional activities in a selected number of locations around Dinsor. Unfortunately, these ambulatory activities had to be suspended towards the end of 2006 due to security reasons. In July 2007, this ambulatory programme still had not resumed.

MOGADISHU: MEDICAL AID IN A BULLET-SCARRED CAPITAL

© Pep Bonet

The Somali capital is fragmented into dozens of areas controlled by different groups, with regular outbreaks of fighting. The civilian population lives in constant fear and violence is committed with impunity. The entire public infrastructure — water and sanitation, health structures, schools — has been destroyed.

Although some private medical services are available, they are either very expensive or of poor quality. Access to healthcare is extremely difficult for the already impoverished population, including hundreds of thousands of internally displaced people.

During the first half of 2006, the city suffered large-scale fighting between the Union of Islamic Courts (UIC) and a coalition of warlords, resulting in many civilians being wounded and killed. The brief control of the capital by the UIC brought some security — MSF was able to launch a large measles vaccination campaign throughout the city in August 2006, after months of delays.

The MSF primary healthcare clinic in Yaqshid, opened in 1994, is one the few public health facilities in northern Mogadishu. It receives many patients from the neighbouring districts and as a result, it has more consultations than a single facility can reasonably absorb. Until very recently, the clinic was run entirely by Somali staff with support offered by a coordination team based in Nairobi.

PRIMARY HEALTHCARE NORTH MOGADISHU

Project objective:
To provide basic health services, epidemiological surveillance and response to emergencies such as epidemics.

Activities:
Yaqshid outpatient department: Preventive and curative services, including mother and child care, and vaccination

Response to emergencies:
Measles mass vaccination campaign in August 2006, with 49,682 children vaccinated.

Clinic with out-patient services: for children under five, Halwaadag district

The MSF clinic provided 109,931 outpatient and 7,125 pregnancy care consultations in 2006.

At the end of May 2007 MSF, working with the Somalia Medical Association, opened a cholera treatment centre and an outpatient clinic for children under five in Halwaadag district, Mogadishu, and treats an average of 80 patients per day.

LOWER JUBA: A MARGINALISED PEOPLE IN A NEGLECTED COUNTRY

© Juan Carlos Tomasi

In the Lower Juba region, MSF has provided basic healthcare since 2003. With seven international and 100 Somali staff, MSF works from its base in Marere village and also runs a supplementary feeding programme in Jilib town. The activities of the Marere Hospital are complemented by outreach activities.

Twice a year, Lower Juba experiences food shortages, so MSF has included a nutritional component in the project. The food shortages particularly affect the Bantu ethnic group, which makes up a large percentage of the Juba Valley population. The Bantu people are also socially vulnerable as they are not part of the Somali clan system.

MSF provided 34,000 outpatient consultations in Lower Juba in 2006. The year also saw 988 inpatient admissions and 920 admissions in the nutritional therapeutic programme and more than 2,800 in the supplementary feeding programme in Marere and the nearby village of Jilib.

In November, heavy rains caused flooding of the Juba and Shabelle rivers, cutting off most of the 50 villages in the area (the villages have between 50 to 600 households). MSF sent medical teams by boat to the isolated villages.

BASIC HEALTHCARE LOWER JUBA

Project objective:
To provide basic health and emergency response capacity for the populations in the Lower and Middle Juba Valley while advocating on behalf of, and being near, the population.

Activities:
Inpatient care for paediatric, medical and maternity cases; delivery including emergency obstetric care; therapeutic and supplementary feeding; (mainly obstetric) surgery; outpatient curative and preventative services; provision of additional sources of safe drinking water and protection of existing drinking water sources.

Somali medical teams with stocks were posted in several villages, as the receding waters might have made them completely unreachable due to roads being washed away.
During this time the outreach teams performed 919 consultations, and provided relief goods. In addition MSF opened a clinic in Marere village during the flooding which carried out 1,088 consultations.

In the past year the Marere project has also suffered from regular evacuations of international staff due to ongoing insecurity, but MSF's Somali staff were able to successfully continue activities.

In March and April 2007, MSF treated over 240 cases of cholera. In April an operation theatre was opened, mainly for obstetric surgery. Since it opened over ten major surgeries have been completed.

EXPANDING OUR WORK AND RESPONDING TO EMERGENCIES

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Opening new projects in Somalia is always challenging, it can often require months of negotiations between all the different parties in an area. In the first three months of 2007, MSF was able to open two new projects in the Hiraan and Lower Juba regions of Somalia.

In Belet Weyne, Hiraan Region, situated in the central part of Somalia and neighbouring Ethiopia, MSF started a hospital programme with a focus on surgical care. Around eight international staff and 85 Somali staff screened over 1,300 patients and carried out 95 major surgical interventions in the first two months of operations.

JAMAAME

Project objective:
To provide primary and secondary healthcare and respond to medical emergencies such as malnutrition and cholera.

Activities:
Therapeutic and supplementary feeding for malnourished children; inpatient and outpatient care for paediatrics, maternal health, respiratory tract infections; cholera treatment centre. Outreach activities: Mobile clinics and ambulatory therapeutic feeding care.

BELET WEYNE

Project objective:
To provide basic healthcare and emergency response to medical needs, including surgery, as well as nutritional needs to populations of Hiiraan region and neighbouring Ethiopian region.

Activities:
Surgical activity at the main hospital recently rehabilitated. Emergency response to floods and distribution of non food items to populations in need.

BOSSASO

Project Objective:
Improve the nutritional situation of the internally displaced and refugee population

Activities:
Opening of a stabilisation centre (50 beds), 5 ambulatory TFC's, regular nutritional screenings and references, targeted food distributions and nutritional surveys (for the refugees and residents), permanent monitoring of the living conditions and health situation of the migrant population

MSF expects to further increase its activities during the course of 2007. A paediatric ward has already been set up and maternity care is being provided.

In Jamaame, Lower Juba Region, MSF opened a small 25-bed hospital with a large nutritional component and outreach activities in early March 2007. Since its opening, 780 children have received treatment in the feeding programme.

A team of three national and two international staff conduct mobile clinics in the area, screening children and pregnant women and providing ambulatory medical care. In the hospital, MSF also carries out 800 outpatient consultations and admits 80 patients in its IPD every month. Between April and mid June 2007, 224 cases of cholera were admitted.

The main morbidities are malnutrition, respiratory tract infections and diarrhoea. The teams also provide medical care for a number of gunshot wound victims, accident victims and women with complicated deliveries every week.

About 30,000 internally displaced Somalis en refugees have gathered in the coastal town of Bossaso (Puntland), from where most are hoping to cross the Gulf of Aden to Yemen. The health situation and living conditions in the I9 camps around town are deplorable, and the arrival of new displaced in the past months has even more deteriorated their situation, especially in terms of food. An exploratory mission by MSF in July 2007 showed a high level of malnutrition in the camps (I2% severe acute malnutrition, 32% global malnutrition among children) and no adapted health care available.

MSF therefore decided to start working in Bossaso in August 2007, targeting children under five years old and pregnant/lactating women (a target group of approximately I5,000 people). The main goal is to prevent and reduce morbidity and mortality as a result of acute malnutrition and to continue to monitor the living conditions and health situation of this "invisible" population.

When the worst violence in I6 years hit Mogadishu in March and April 2007, forcing thousands of people to flee the capital, MSF witnessed the arrival of displaced people in all its projects around the country. As many thousands of people stayed on the periphery of Mogadishu with no healthcare and little shelter or drinking water, MSF set up an emergency response in Afgooye and Balad, providing medical care, water and basic necessities and vaccinating children against measles. MSF also set up cholera treatment centres around the country both in rural and urban areas. In Gal Hareeri, over 500 cholera patients received treatment.

In Mogadishu MSF teams treated over I,300 patients, more than double the number treated in previous cholera epidemics. Many of MSF's other projects opened cholera/ acute watery diarrhoea treatment centres.

HOPING FOR HELP

2006 was an important year for MSF in Somalia. Projects have been expanded, new projects were opened, and drought, armed conflict, floods, displacement and cholera have demanded additional emergency responses. In the course of the last year, MSF has reached out to more Somalis than ever before. At the time of writing, the organisation is active in ten regions of southern and central Somalia, providing healthcare to hundreds of thousands of people.

But against the backdrop of Somalia's abysmal health indicators, this response is far from sufficient. The need for more humanitarian aid — medical and otherwise — remains acute.

Somalia is not an easy place to work. It is a violent country where clashes among rival clans are common. But with the strong support of the community and the transparent delivery of assistance to those in need, it is possible. Humanitarian aid actors must be clearly independent of all political agendas, the presence of international staff can help to avoid diversion of aid, the quality of their services must be high, and they must relate to authorities and clans in a completely neutral manner.

MSF will continue to provide impartial, neutral and independent humanitarian aid for and in solidarity with the Somali people. Our fervent hope is that other actors will do the same.

Médecins sans Frontières
July 2007

LIST OF ACRONYMS

IPD	INPATIENT DEPARTMENT
MCH	MOTHER & CHILD HEALTHCARE
MSF	MÉDECINS SANS FRONTIÈRES
OPD	OUTPATIENT DEPARTMENT
TB	TUBERCULOSIS
TFC	THERAPEUTIC FEEDING CENTRE
UIC	UNION OF ISLAMIC COURTS