

SOMALIA: HEALTH, CAPACITY BUILDING, DISASTER PREPAREDNESS AND RESPONSE

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The very difficult security situation in Somalia continues to dictate Red Cross/Red Crescent activities, but over the course of the first six months of 1999 the programme has proved its effectiveness and demonstrated the excellent work being carried out by the Somali Red Crescent Society (SRCS). Despite the constraints encountered, two new branches have been opened over the reporting period, and other operating branches have continued to provide a much needed service in a region fraught with difficulties. In many regions throughout Somalia, this programme is the only possibility for the Somali population to gain access to quality health services.

The context

Somalia continues to suffer from the civil war that began in 1991, functioning without a central government or formal administration. Almost all infrastructure was either destroyed or paralysed due to the insecurity and civil order. Sporadic clashes and open conflict continue to occur from time to time in certain areas of the country, such as Gedo, Bay, Bakool, Kismayo and Mogadishu and its surroundings. People are forced to flee their homes and live as internally displaced. A number of political initiatives failed to improve the climate between the warlords and their militia groups. The prevailing security situation, and the ensuing lawlessness, has forced some NGOs to leave the country or to suspend their programmes. Regions in the north-east (Puntland) and north-west (Somaliland) have, however, been enjoying relative peace and stability, enabling organisations and agencies to continue relief and rehabilitation programmes in collaboration with the local authorities and/or Somali NGOs.

The infrastructure of the Somali Red Crescent Society (SRCS) was completely destroyed during the war years, and has lost its country-based resource mobilisation capacities. The SRCS has so far not been able to re-establish its governing bodies, except for the Executive Committee which has been meeting on a regular basis. The last such meeting took place in August 1998, when the five committee members announced that the SRCS will now focus on three major issues: security and the working environment in the country; the challenges facing the SRCS as a National Society; and a review of the programmes and activities. A self-assessment and review process was initiated in mid-1999, with the report being available in September. Meanwhile, the need for health care and training of health/medical personnel remains a real need.

Latest events

General w

The situation in Somalia has fluctuated between calm and high tension in the first six months of 1999, with pockets of inter-clan fighting occurring throughout the country.

Due to the failure of several harvests over the past few years, there has been a severe food shortage. Hope lay with the *gu* season expected in April, but the rains were insufficient leaving the country in the same difficult food situation. A severe drought over a period of several months also triggered problems and led to large population movements. As a result of Emergency Appeals, immediate food and water relief was provided with the support of humanitarian organisations and UN agencies, as well as the ICRC who supported water trucking in certain areas affected by the drought.

On 27th May, the Somalia Aid Co-ordination Body (SACB) expressed deep concern with the rapidly deteriorating situation in southern Somalia. Of particular concern is the recent arrival of arms into the country. The escalating banditry and general instability has made it extremely difficult for international organisations to access the vulnerable communities, and on 3 May the President of Kenya requested UNHCR to relocate the Somali refugee camps situated inside Kenya to Somalia.

Bay/Bakool w

On 6 June, the town of Baidoa changed hands following renewed fighting. Land-mines on all Baidoa roads continue to present extreme dangers.

A lack of food and water caused a large part of the population to move to Mogadishu at the beginning of the year. The harvest has been very poor due to lack of rains, and farmers have not been able to plant new crops following the interclan fighting.

Bosasso / North-East "Puntland" w

The situation in the main towns remained stable. In February, the leader of Puntland requested military support from the Ethiopian government.

There was a reported protest over increased taxation by the Puntland administration on the most essential commodities. Although rain had fallen in some parts of the region, a water shortage continues to be a problem since the reservoirs are empty. The ICRC initiated assistance to people affected by the drought by providing water trucking.

Kismayo w

On 11 June, the control of the town changed (after a period of six years), and the security situation is currently calm but tense.

Over 3,000 Juni refugees returned to Somalia after the closure of the Jomuvu refugee camp in Kenya late last year. The refugees shelter and food needs have been supported by UNHCR and ICRC.

Mogadishu w

The security situation has remained quiet but tense in general, although there is ongoing conflict between the sub-clans. The Somalia Police Force, which was set up last August, was disbanded due to a lack of food and payment of salaries in April 1999. The Mogadishu airport and seaport remain closed (since 1995).

Hargeisa / "Somaliland" w

The main towns of Hargeisa, Berbera, Borama and Burao remained stable over the reporting period. Somaliland has continued to experience peace and stability since its self proclamation as an independent state in 1991.

After the sixteen month ban on imports was lifted by the Saudi authorities, the first shipment of livestock left for Saudi Arabia on 28 May. In the ongoing conflict between Eritrea and Ethiopia, Somaliland has, through its port in Berbera, become an important transit point.

Red Cross/Red Crescent action

SRCS Integrated Health Care Programme (SRCS IHC) w

The SRCS Integrated Health Care programme continued to provide health services from its 32 MCH/OPD clinics and 12 OPD Health Posts. The Federation supports 24 of the clinics, with ICRC covering the remainder (plus 12 health posts). The branches running the programme are Garoe, Baidoa, Mogadishu, Kismayo, Hargeisa, Berbera, Borama and Burao, with the latter two having been brought into service last April.

The most common ailments seen over the reporting period were diarrhoeal diseases, malaria, ARI, anaemia, worms and skin infections. Several areas reported localised cholera outbreaks and one branch dealt with a number of measles.

Clinics	Estimated population	Total Patients					Vaccinations			
		Children < 5 yrs	5-14 years OPD	>14 yrs (M) OPD	>14 yrs (F) MCH/OPD	Ante +Post Natal	Total MCH+OPD	Children < 5 yrs	Women	Total
30 clinics	641,400	43,854	55,108	65,592	72,196	44,288	281,038	31,932	8,532	40,464

Note: June statistics from Baidoa and Kismayo are not included.

An evaluation of the long relationship between the SRCS and the Norwegian Red Cross took place in June, with a team of external consultants visiting eight areas in Somalia/Somaliland where the NS is working to interview staff and people from the communities. The report, which will also cover issues related to the whole Movement, will be discussed by the SRCS Executive Committee in their meeting on July 23-24 and should be available for Federation, ICRC and interested PNSs by August/ September 1999.

Baidoa w

(Four clinics and two orphanages).

Clinic Activities: A suspected cholera outbreak occurred in January, and 33 deaths (out of 380 people) were reported. The SRCS volunteers have been managing the temporary Cholera Treatment Center (CTC) in Baidoa. Suspected cholera cases continued to be reported from Berdale and Kanshadere districts in the Bay region for several months. ORS was distributed to these districts and health education on prevention of diarrhoeal diseases was given to the communities. Meetings and education on the same issues were also held in the other two districts, emphasising sanitation in particular.

Following the drought in the first three months of the year, the nutritional status of the communities deteriorated with women and children affected most. During the period it was common to see people moving in search of food and security. Signs of children with malnutrition was common in the town.

Orphanages: The situation in the orphanages remains poor, especially the nutritional level of the children. The clinic staff continue with their usual duties providing outpatient treatment to the orphans.

Training/Health Education: Health education and social mobilisation on the prevention and treatment of cholera at MCH/OPD level was conducted by branch health teams. Posters were used and distributed in public areas and mosques to convey these messages. A health education course was held and 12 youth members benefited from this training. Health education was also provided to both Berdale and Kanshadere community members in March. Ten people from the community completed a first aid course.

Garoe w

(Fourteen clinics).

Clinic Activities: With the exception of Baadweyn, the clinics continued their activities. EPI activities also continued to be carried out effectively in most of the clinics, but delivery of the vaccines in Sinjuff and Godobjiran were irregular and Harfo suffered from the theft of the solar panels for the refrigerator in January. The panels were later returned in March. In Eyl the refrigerator is not working, thereby hindering the speed of the programme. Galkaio's cold chain facility is also experiencing difficulty.

An outbreak of measles was reported in several places, but particularly in the nomadic settlements. Vaccines for measles and a Vitamin A supplement are being distributed. A total of 79 cases of measles was reported in Galkayo in May. The drought has continued in most areas, creating food shortages leading to malnutrition and outbreaks of several opportunistic diseases. Vaccinations are being carried out to prevent any further spread.

Training/Health Education: In January, head nurses conducted health education activities on environmental and personal hygiene for the youths from the villages, and EPI training was held for seven clinical staff in Garoe from 21-27 February 1999. In March, a two-day training on chlorinating of wells was held in Garoe town.

Nine people from the Garoe branch participated in a March workshop in Djibouti on a survey programme concerning "People on War." A governance workshop organised by UNDP took place in Garoe in February, with the participation of government officials. A first aid course was held in the branch in May for 28 people.

Branch Activities: The SRCS actively participated in water distribution in the drought stricken areas, and have attended several meetings to discuss the situation. The branch staff assisted in distributing 2,300 sacks of super-mix food to the SRCS health clinics in June.

Kismayo w

(Six clinics)

Clinic Activities: In Badadhe, there were indications of 10 suspected cases of cholera. With the exception of Mugambo (which did not receive the vaccines required due to the security situation), EPI activities continued effectively.

The Kudha clinic was reopened on 25 February and resumed its activities two days later. The number of clinic attendants has increased since returnees from Kenya moved to the island (more than 3,000 people came back from Kenya to Kudha and Juni Islands). Most of the under five children seen in the clinic were above the 80% weight for height indicator, but 29 children showed indications of severe malnutrition. EPI activities have gone well in all the clinic where 454 children received a Vitamin A supplement.

Cholera Outbreak: Cholera was first reported in the last week of December in Kismayo town, and continues to affect many parts of the region, with cases being reported from Badade, Jelib, Jamame, Kismayo, Kasuma, Marere and Mugambo areas. MSF-Belgium set up a Cholera Treatment Centre (CTC) in Kismayo with support from the SRCS branch on prevention activities. As of February, 694 cases had been brought to the CTC, out of which 12 died. However, the situation is improving due to the active prevention activities. In the Badhade area and its surrounding villages, an outbreak of watery diarrhoea (not cholera) was reported in January, affecting about 327 people. The SRCS delivered ORS, chlorine and IV infusion to the affected population. In March the Jelib clinic reported 128 cases of suspected cholera

Training/Health Education: During the reporting period training has covered the prevention and cure of diarrhoea, malaria, conjunctivitis, breast feeding, whooping cough, measles and hygiene, as well as emphasising the chlorination of drinking water. Ten First aid sessions on bleeding, artificial respiration, coma, choking and burns were given to 60 people in IDP camps in March.

Branch Activities: Field trips aimed at monitoring ongoing activities, including the supply and collection of data, were conducted as usual. Three dissemination meetings were held at the SRCS compound in February. Mugambo did not receive EPI supplies and could not continue this activity for two months due to insecurity on the road.

Balad and Afgoi w

(Two clinics).

Clinic Activities: In January the head nurse of Afgoi visited a group of displaced people in a village 35 km west of Afgoi and reported that many were suffering from malaria, TB and malnutrition. This information was passed to ACF which is the leading NGO in nutritional surveillance in the area.

The midwife and TBAs in both clinics attended 1,098 deliveries, visited 1,537 homes and referred 21 ante-natal cases to hospital. The main problem in Afgoi is diarrhoeal diseases, and the head nurse mobilised the community in improving their environmental hygiene. Both clinics are providing ORS and, where necessary, IV infusions.

A cholera outbreak was reported by both clinics in February, and sites were opened and run on a voluntary basis to cope. By April, 538 cases were reported, with 49 deaths. Towards the end of May the cholera epidemic appeared to have stabilised with only a few cases reported in the Bay region, Merca and Mogadishu.

There are also indications of measles, with the majority being children under five.

Training/Health Education: The Balad clinic conducts a monthly discussion theme for staff and volunteers. In January, the topic "Wounds and Fractures" was discussed, and will be repeated at a later date once posters are available as an illustrated talk is much easier to understand. A women's group meeting was held on 3 February in Balad following the circumcision, and subsequent heavy bleeding, of a 3 month old baby girl. The clinic's midwife took the case up with the group and called the meeting to emphasise the disadvantages of this practice.

The Afgoi head nurse participated in a two day workshop in Merca organised and facilitated by WHO. First aid courses are held at the beginning of every month, and health education is an ongoing activity in both clinics where the communities receive information on how to prevent and cure diseases like diarrhoea, malaria, preparation of ORS, and environmental and personal hygiene.

Branch Activities: The branch health team undertake weekly visits to the clinics in a supervisory capacity, and ensure that adequate supplies are available. Branch meetings are held twice a month to discuss activities and future goals.

The head nurse from Balad and two volunteers visited Walmoy village in February to lend support following a diarrhoea outbreak. The SRCS / NorCross Co-operation Evaluation Team visited the branch in June, to assess the activities of both the branch and the two MCH/OPD clinics.

Hargeisa and Berbera w

(Four clinics)

Clinic Activities: The SRCS IHC programme was expanded in Somaliland by the opening of two new MCH/OPD clinics in Bown (Borama branch) and Kenya (Burao branch). The Federation Health Officer helped in the recruitment of the Regional Health Officers and staff for the two branches. Two other clinics in the area, run by an international NGO, were closed due to a lack of funding.

The IHC Programme continues to run effectively well with weekly monitoring from the Regional Health Officer. The four clinics provide much needed health services to the poorest people in areas where there are no other alternatives. Common ailments treated are dysentery, anaemia, pneumonia and the common cold. EPI activities are also running well in general, except in Bown, where ice packs in cool

boxes only last for three days due to the hot weather. UNICEF is willing to support the SRCS in whatever way necessary to deal with this problem.

All the MCH/OPD clinics continue to visit those vulnerable people who are unable to attend the clinics due to some disability of one kind or another.

Training/Health Education: The clinics' staff are also visiting nearby villages, giving lectures and using posters (and other means) to pass on their messages to various groups within the communities. The aim of these sessions is to promote knowledge on disease prevention and the treatment of common ailments at household level. Subjects covered include common health problems, low cost and locally available nutritious food, importance of immunisations, childhood diseases, appropriate weaning practices, breast feeding and TB prevention methods.

A comprehensive course was held in the Hudisa and Adadley clinics in March which covered: health education on personal and environmental hygiene, basic preventative and treatment methods of diarrhoeal infections, purification techniques for drinking water, preparation of home oral re-hydration therapy, appropriate and early weaning practices, breast-feeding, burning and burying of dead animals, the danger and severity of poisonous substances to human life, importance of immunisation and early treatment of infections. First aid training is also done on a monthly basis.

Branch Activities: As a result of continuous co-operation between the SRCS Health department co-ordination office in Hargeisa, MOH&L and other Aid Agencies, the SRCS / Federation IHC Programme in Somaliland is widely recognised for its efficient and organised way of service provision. This has led to the active involvement of the MoH&L and other NGOs/agencies in the catchment areas of the clinics. In Adadley, UNICEF is looking at the possibility of expanding the water supply system, and a team from UNDP/SSC "Mine action" visited the village with the aim of looking at de-mining activities. In Hudisa, local intellectuals and elders with financial support from Berbera Local Municipality, have established basic education services for their growing children. In March the newly recruited health staff visited Hudisa and Adadley villages to gain practical health knowledge and skills from the operational MCH/OPDs run by the SRCS.

Garoe Community Hospital w

General: In June the hospital received a donation of extra paediatric drugs from UNICEF and an Islamic NGO in addition to the routine supplies from the Federation. A joint nutritional survey was made in different villages of the Nugal region by Garoe hospital and UNICEF staff. Those who were malnourished were given super-mix, and a supply was donated to the hospital for under weight children and pregnant mothers.

There are regular meetings between the hospital administration and officials from Puntland Government Health Department which cover such topics as how to strengthen the collaboration between the various health people, with the objectives of co-ordinating health activities and initiatives in Nugal region, and utilising the available resources in the best way possible.

Following the cholera outbreak in other regions a water chlorinating campaign was carried out in Garoe. The most common ailments seen in the hospital were ARI, malaria, watery diarrhoea, Typhoid fever and TB. In January there were 28 cases of measles, of which 10 were under five years of age and 13 were between 5 and 14 (the remainder were adults). A third case of a child with retinoblastoma was also reported following two cases last November. All three patients died, a cause for concern in Nugal -- an area in which this disease has not been previously reported.

Month	Admissions	OPD	Operations	Deliveries	Laboratory	Dressing Room	X-Ray
1st Half 1999	822	2,139	104	36	4,247	1,099	1,481

Meetings: Several meetings were held in June, including one where seven members were selected for a hospital committee. A subsequent meeting was held in the Nugal Region administration office (together with SRCS branch officials) where the roles, responsibilities and duties of each individual staff were clearly defined. In late June, the staff committees duties were explained and the committee was officially inaugurated. On June 20, the Minister of Social Affairs (health is also under this ministry) for Puntland attended a meeting in the hospital where he was briefed by the director on the hospital activities. He in return briefed the hospital management team on the discussions he had with the Federation Head of Delegation and SRCS president in Nairobi and stated his commitment to be more involved in the hospital activities.

Outstanding needs

Considering the very difficult circumstances in Somalia, this programme has only limited chances of becoming sustainable. A long-term commitment from donors to ensure that the Somali population has access to quality health services is essential. The major funding problem for 1999 is related to the Garoe hospital which has traditionally been supported by the Italian Red Cross. The hospital is running effectively, but delayed contributions result in the Federation facing a funding deficit. If operations are to be continued in the hospital an urgent cash contribution will be needed.

External relations - Government/UN/NGOs/Media

The Somalia Delegation enjoys a good relationship with the UN agencies, in particular UNICEF, with observer status in UNCT meetings. These meetings play an important role as a source of information for the security and political developments in Somalia. The SACB Health Committee holds monthly co-ordination meetings, and is another important and useful forum as a source of information on what steps are to be taken and what programmes are being implemented in the country. UNICEF has been providing free vaccines for the IRH programme in all the MCH/OPD clinics since the programme was implemented. Free medical supplies are also provided by UNICEF to two of the clinics in Somaliland.

Co-operation with ICRC is, and has been very good. All partners, the SRCS, Federation and ICRC, are profiting from this very transparent relationship when implementing/running programmes, as well as in the planning and budget processes.

Contributions

See Annex 1 for details.

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